

CASE STUDY:

Using QuIP to evaluate health and nutrition outcomes in families with young children

- **COMMISSIONER:** Save the Children
- **COUNTRIES:** Tanzania, Mozambique, Zimbabwe, Malawi
- **SAMPLE SIZE:** 30-96 individual interviews & FGDs in each country
- **YEARS:** 2017, 2019, 2021, 2024

ABOUT THE PROJECT

Save the Children is an international charity focused on improving children's lives through interventions tackling education, health, poverty and nutrition. This case study provides an overview of four qualitative evaluations conducted on integrated health and nutrition programmes in rural communities in Africa. All programmes featured an integrated package of interventions, using community-based advisors and groups to provide support and guidance on sanitation & hygiene, nutrition & agricultural skills, income & savings management, and perceptions of gendered roles within the household. The aim of this integrated approach is to build a resilient and sustainable approach to community ownership and management of family health and nutrition. Although the focus is on improving the wellbeing of infants and mothers through pregnancy

and the early years of childhood, the approach relies on the engagement of the wider household and community in achieving sustainable and mutually reinforcing outcomes. In Malawi, the community-based interventions were trialled alongside two different size cash transfers given to new mothers by GiveDirectly, resulting in three different groups for the evaluation; families receiving only community training and support, and those also receiving a smaller or larger monthly cash transfer.

The links below will take you to the full QuIP reports published by Save the Children, which contain more information about the projects and the detailed results. These reports span seven years and reflect developments in the approach to QuIP analysis (and causal mapping) over this period!

- [Harnessing Agricultural & Nutrition Outcomes, Tanzania \(2017\)](#)
- [Linking Agribusiness and Nutrition, Mozambique \(2019\)](#)
- [Garden Trust project in Zimbabwe \(2021\)](#)
- [MAZIKO Integrated Maternal and Child Grant Project, Malawi \(2024\)](#)

WHY USE QuIP?

Save the Children selected QuIP for these projects both to help provide evidence of impact, but also to focus on the **pathways** of change. This is particularly important for these integrated approaches, to understand which aspects connect and reinforce each other, and which, according to respondents, are most critical to achieving intended outcomes.

In some cases, QuIP was used to look for evidence of impact where there was little other monitoring and evaluation data at that point in the programme lifecycle, in others it was run alongside a survey or randomised control trial. QuIP does not require baseline counterfactual data, instead relying on self-reported attribution for why and how change has happened. For those evaluations conducted at midterm, the relative speed of delivery of the QuIP helped provide timely evidence for learning and adaptation.

APPROACH

In each country, interviews and focus group discussions were conducted by local research teams with members of participating households. The respondents were selected based on criteria unique to each project, including:

- **Sex** – most interviews were conducted with women, but some also included men where relevant to understand how messages had been absorbed via different mechanisms, and to understand the impact on relationships within households from both men and women’s perspectives
- **Exposure** - to different programme interventions, and/or length of time as a beneficiary
- **Location** - ensuring sufficient saturation within different districts and communities to capture variation and control for external effects

Questions focused on the following broad domains, seeking to understand what changes respondents had experienced in these areas:

- Health and hygiene
- Farming
- Income
- Food consumption (for all members of the household)
- Spending and saving
- Household relationships
- Community relationships
- Overall wellbeing

For Tanzania, Mozambique, and Malawi a narrative analytical report was submitted by Bath SDR, using tables, causal maps and quotes to analyse and present the findings. The respective project teams then held workshops using the QuIP reports alongside survey and monitoring data to triangulate evidence. In the Zimbabwe study this analysis was carried out by a Save the Children staff member from another office, trained to undertake QuIP analysis independently using the Causal Map software. Using a different team for analysis helped to maintain a certain independence, whilst bringing skills in-house.

USE OF FOCUS GROUPS

Focus group discussions (FGDs) are used selectively in QuIP evaluations to complement the individual interviews, or to explore different aspects of a programme. In Zimbabwe and Tanzania, the Save the Children FGDs were organised using a very similar questionnaire guide to the individual interviews, and were used as a point of triangulation; split by location and gender. By conducting discussions away from respondents’ homes, and inviting more general responses, these were intended to offer a different perspective to the individual interviews, as explained by a member of the local research team.

“The difference was in the fact that where a respondent raised a point, it assisted the other members to ponder, reflect and comment hence enriching the experience.”
QuIP research team member

In Mozambique the FGDs were used for a process evaluation, divided by intervention type and including more targeted questions about the intervention to facilitate deeper, more confirmatory discussion about the different activities within the project. In Malawi the FGDs were conducted with men who had been exposed to the Male Champions programme, to help understand the impacts of that strand, as well as to understand their perceptions on household relationships and role sharing as compared to the women’s perspectives.

In addition to FGDs, some of these evaluations included key informant interviews with programme staff and/or community leaders. In Mozambique, the researchers also interviewed CSOs and government officials to understand progress towards the longer-term goal of local sustainability of the initiatives beyond the programme.

FINDINGS

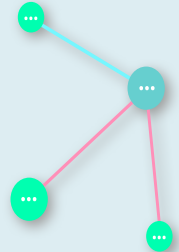
Findings across the countries were wide-ranging and unique to each project so will not be aggregated or broken down in detail for this case study, however we have selected a few examples to showcase how the analysis was undertaken. More information can be found on each QuIP via the links included at the start of this brief. The map below is from the evaluation in Mozambique, it provides an overview of the causal pathways related to nutrition, as reported by the 48

individual respondents across two provinces.

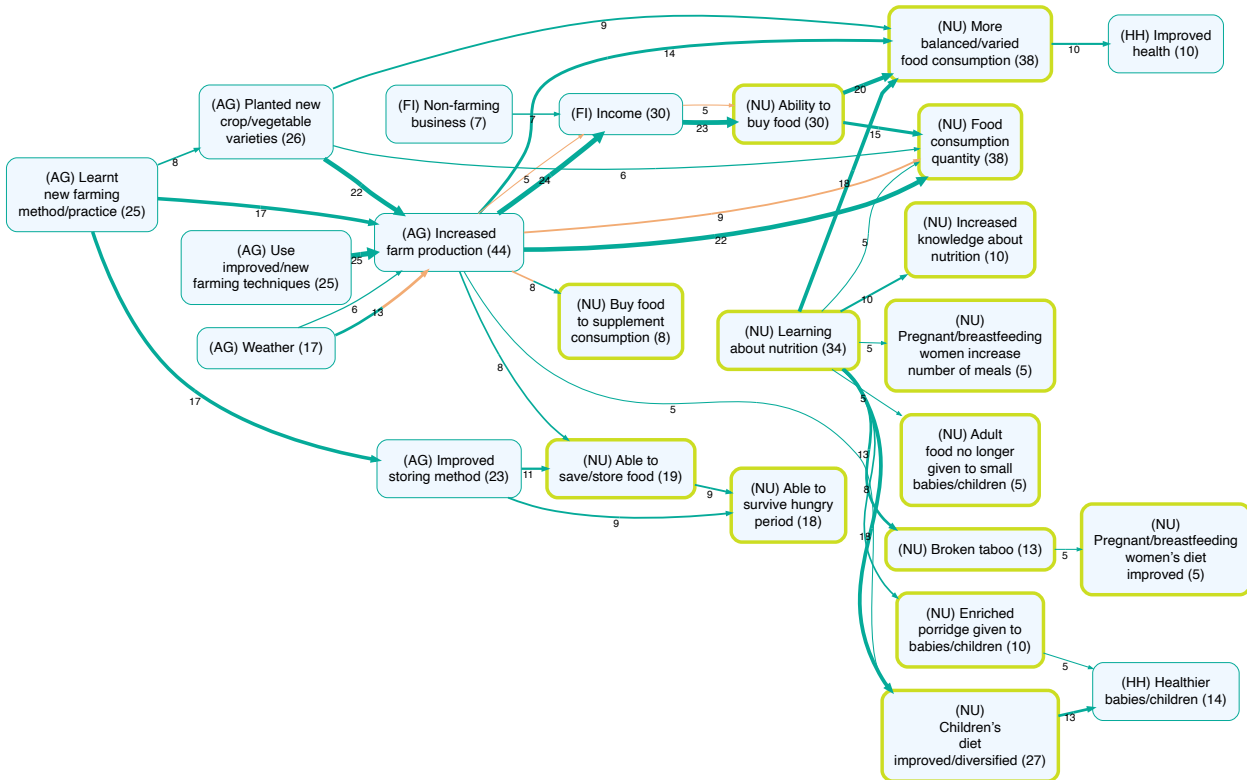
The map has been filtered to search for the main drivers and outcomes of any factors starting with the label 'NU' - a tag added by the analyst to group these factors under the theme of nutrition. Different colour links denote whether 'more' or 'less' of something is leading to a change; orange links represent decreased/reduced; green links represent increased/improved.

HOW TO READ CAUSAL MAPS

- Maps are designed to be read from left to right.
- The direction of the arrowhead on each link reflects the direction of causation or influence.
- Above each link there is a number which represents the number of participants who made that causal claim. Numbers in the boxes indicate how many people cited that factor.
- Maps have been filtered and simplified to focus on the most frequent links in relation to a particular query.



DRIVERS OF IMPROVED NUTRITION OUTCOMES - MOZAMBIQUE 2019



The nutritional outcomes reported by respondents range from the quantity and quality of food consumption to more specific dietary changes for pregnant or breastfeeding mothers and their children. One key driver of improved nutritional outcomes was advice provided by Save the Children and partners; references to the training made it clear that participants had understood the messages shared and were beginning to act upon them within their families.

However, a key factor linked to the amount and variety of food consumed was farm production, with farmers either using the extra yields to feed their own families or selling the surplus to buy more/varied food. The main driver of increased farm production was a change to crops or agricultural methods, in many cases explicitly linked to training provided by Save the Children. However, bad weather (particularly Cyclone Idai in 2019) led to decreased farm production, reduced availability of food and a dependency on buying food to supplement poor yields.

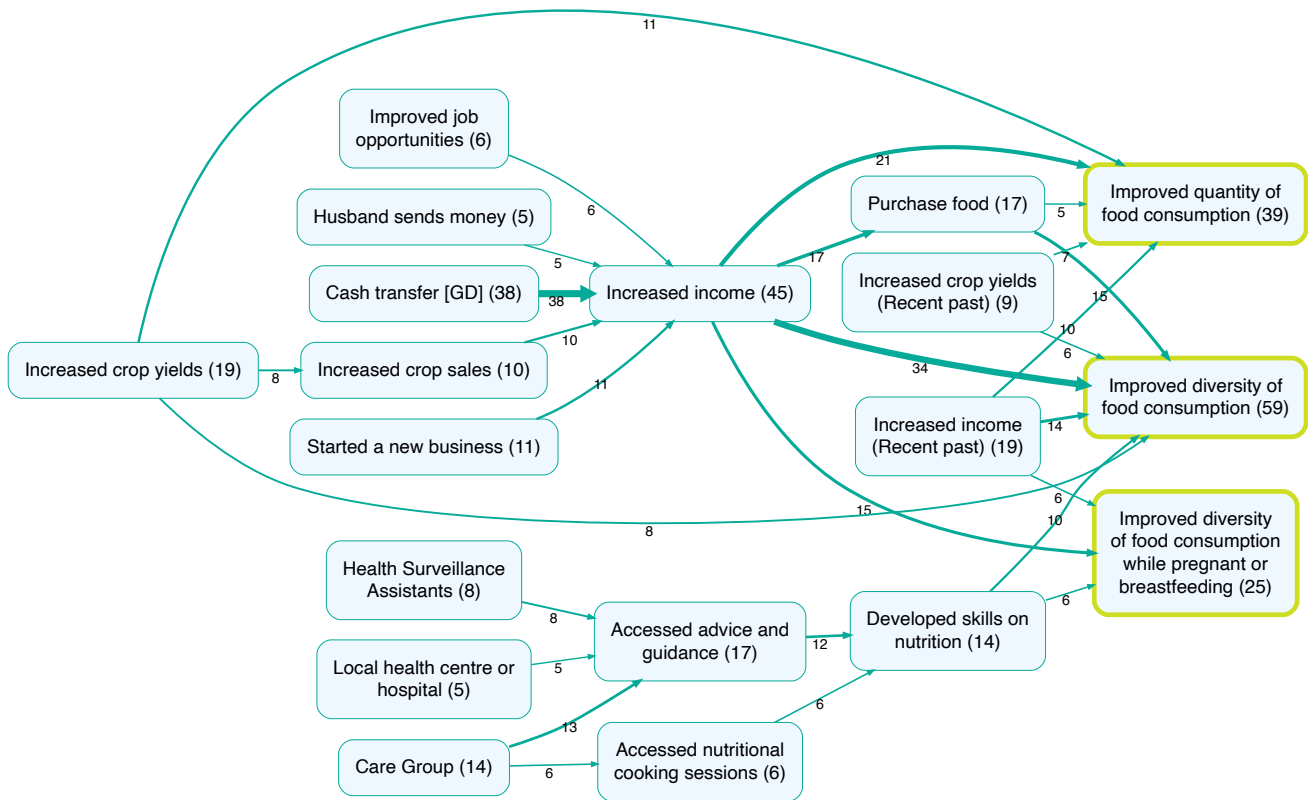
This study conducted interviews and FGDs in two provinces, Manica and Tete. Most of the respondents reporting decreases in farm production were from Tete which was worst affected, however the same group were also more likely to report positive changes related to the nutritional training. Differences in programme implementation (there were different delivery partners in each province) may have influenced these results, however this finding highlights the mitigating effect that training had even in difficult circumstances, and that nutrition outcomes were no longer entirely dependent on a traditional 'good year' for farm production. Indeed, the agricultural storage and savings components promoted by Save the Children also contributed to increased resilience through the hungry period.

"Yes, things have changed, during the last year I started eating more different things such as beans, green vegetables; this change is not only about the quantity of product produced but also from the learning that I acquired in the mother model group..." *LAN participant, Mozambique*

"In the past we were relying on farming to sell our crops... but now that we receive money, we are able to buy food anytime of the season. My child and I do not get sick frequently because we are eating a balanced diet. In order to stay healthy we have improved on the type of food that we eat, like vegetables, beans, eggs, nsima, rice, sometimes meat." *High Cash group respondent*

The map below is from the evaluation of the MAZIKO programme in Malawi, focusing on just the top level of drivers of change in food consumption. This map combines all three treatment groups (a total of 96 respondents), but the biggest driving factor across all was access to money to be able to buy food. This reflects the very challenging context during the two years prior to the evaluation; inflation and currency devaluation meant a reduction in purchasing power, and extreme drought and flooding led to very poor yields (including for seeds provided by MAZIKO).

TOP LEVEL DRIVERS OF IMPROVED NUTRITION OUTCOMES - MALAWI 2024



The challenge in this study was disaggregating pathways between treatment groups to understand the extent to which the cash transfer and the support programmes interacted to deliver positive outcomes and to mitigate negative blockers. Although there were many references to the Care Groups and Health Surveillance Assistants which are a key part of this project, we found that without cash most of the causal pathways stopped at learning (e.g. having a better understanding of the different food groups young children should be eating). Turning these skills into behaviours was not possible without additional support to purchase food.

Although it is perhaps not surprising that the group receiving a higher cash transfer reported better nutrition outcomes as a result of buying food, it is interesting to note that outcomes for the group receiving the lower amount of cash were in fact similar to those who received no cash at all. This suggested that the influence of the advice and guidance from the MAZIKO programme was a more important driver than lower amounts of cash, even if respondents tended to refer to both when they received cash. However, the interaction of both higher cash and improved skills is where we see the best nutrition outcomes.

“Through the training by the Care Group, I have learned to prepare more nutritious food for the children. Of course, I had some prior knowledge, but the trainings enhanced it. I have also learned how to prepare nutritious porridge, cassava and sweet potatoes by mixing them with soy and groundnuts flour.” *No Cash group respondent*

USE OF FINDINGS

Every Save the Children evaluation is followed up by a stakeholder workshop to consider learnings for programmatic design. Findings from the first study in Tanzania were written up in Chapter 7 of the QuIP casebook, [Attributing Development Impact](#) which considers what people’s perceptions of change tell us about how transformative mechanisms of change work and summarises what **worked well**, **what didn’t work well** and **recommendations** which came out of the QuIP follow-up workshops. One of the chapter contributors from Save the Children is quoted (Copestake et al 2019: 57),

“Schmidt recalls, ‘I was floored by the results and the changes QuIP was able to pick up on and document, as per testimonials from the community. Especially as I would say my expectations were quite low in terms of what impact we could hope to see, given inconsistencies in the design and implementation of the project...We can understand what worked well and did not work well with HANO and make appropriate changes to the design of this new project.’

With the project due to end, the study offered immediate feedback to staff in Lindi Region about activities to persist with, to review and to stop. Save the Children had similar projects starting up in two other regions... and were able, according to Schmidt, to take some of the evaluation findings and apply them to their work on these new projects.”

Similarly, the Maziko evaluation was followed up by a learning workshop in Lilongwe, Malawi with implementing partners, government and civil society stakeholders – considering the findings from the quantitative and qualitative mid-term evaluations together to reflect on plans for the remaining rollout plans.

These are two small snapshots from wider-ranging reports which present detailed comparison data and also consider gendered roles within the household and parenting skills. Please see the links to the Save the Children resources for much more, and for the MAZIKO project see more in a [blog](#) on the Bath SDR site about our journey to make overall findings more accessible using in-depth comparative analysis in the latest iteration of the analysis software Causal Map.



Bath Social & Development Research, curators of the QUIP, conducted this study.
For more information please see www.bathskr.org