

## How WFP Supported the Scaling-up-Nutrition (SUN) Roll-Out in Malawi

A Case Study on Stunting Prevention Programming at Scale

## SUMMARY

In 2014, the WFP Policy, Programme, and Innovation Division initiated a project to support Regional Bureaux and Country Offices in knowledge sharing through the documentation of a series of technical case studies in nutrition programming. The project was in response to numerous requests from programme and nutrition officers for examples of how WFP has implemented nutrition-specific and nutrition-sensitive interventions. The first phase of the project highlighted flour fortification in Egypt, local production of specialized nutritious food in Pakistan, nutrition-sensitive interventions in Ecuador and the Dominican Republic, and scaling-up nutrition interventions in Niger and Malawi. WFP headquarters sent officers to each of the countries to interview stakeholders, review programming documents, and visit implementation sites. The nutrition programmes were then summarized into these case studies, which focus on key success factors and lessons learned to date from each of the experiences. The project also developed a template and guidance for writing technical case studies in order to facilitate further documentation of other experiences. The goal in sharing these case studies is to commend the hard work and successes of WFP Country Offices, and to leverage the experiences to support nutrition programming globally.

This initiative was made possible through the generous financial contribution of the Children's Investment Fund Foundation (CIFF).



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# How WFP Supported the Scaling-up-Nutrition (SUN) Roll-Out in Malawi

### Overview:

The Government of Malawi, with technical support from the World Food Programme (WFP) and partners and financial support from the Children's Investment Fund Foundation (CIFF), is implementing a stunting prevention programme in Ntchisi District of the Central region of Malawi as part of the national Scaling-Up-Nutrition (SUN) movement. This programme is a large-scale, community-based intervention, which includes a social and behavior-change communication (SBCC) campaign around appropriate dietary intake during pregnancy, optimal infant and young child feeding practices (IYCF), and hygiene promotion. The programme also provides a small-quantity lipid-based nutrient supplement (SQ-LNS) to all children 6-23 months of age and supports the treatment of moderate acute malnutrition in Pregnant and Lactating Women (PLW). In Malawi, the SUN movement has brought together stakeholders from Government, the United Nations, civil society, business, research, and non-governmental

As part of the integrated nutrition programme, all children 6 – 23 months of age receive a small-quantity lipid-based nutrient supplement (SQ-LNS). Most children love the taste and mothers report that children are sick less often, more energetic, play more with friends, and generally look better. (WFP Internal Report, July 2014)



organizations. This combined effort has encouraged an increased commitment and multi-sectorial alignment to address malnutrition, and is thus gaining attention from donors. This programme aims to support, facilitate, and catalyze the actions of SUN partners in Ntchisi district to scale-up 13 essential SUN actions through evidence-based programming that considers the immediate, underlying, and basic causes of malnutrition.

### Key WFP Success Factors

- Well-structured National SUN Framework
- Systematic and Evidence-Informed Programme Design
- Reliable Coordination Platforms and District Ownership
- Data-Informed Programming
- Sustained WFP Presence at District Level
- Integrated Approach to Stunting Prevention
- Strong Nutrition Capacity of WFP
- Innovation in Technology to Improve Programme Efficiency

### Quick Facts:

- Malawi is a landlocked country in southern Africa with a population of 13.1 million - almost half younger than 15 years.
- Nearly all babies born are breastfed (97%) and most children under 5 (U5) receive vitamin A supplements (86%).
- 47% of children 6-23 months receive minimum meal frequency; 27% consume diverse diets; and 15% have minimum acceptable diet.
- Chronic malnutrition affects more than 40% of U5s

## Country Context

Stunting is the most apparent manifestation of chronic malnutrition, and is the recommended indicator of this nutritional problem. Currently, nearly 1 million Malawian children U5, almost half of all children in this age group, are stunted. The prevalence of stunting has been well above the World Health Organization threshold considered to be a severe public health problem (40%) since the first national survey to report these data in 1982. Rapid population growth of 3% per annum<sup>1</sup> means that in real terms the number of children suffering stunting has increased in recent years. Approximately 16% of children U5 suffer underweight, and 4% suffer wasting<sup>2</sup>. Furthermore, anemia is a severe public health problem<sup>3</sup> affecting 61% of children between 6 – 59 months. In sum, the nutritional status of children in Malawi is poor.

### Chronic malnutrition

Chronic malnutrition is caused by extended periods of poor nutrient intake, repeated bouts of food insecurity and low food intake, and/or frequent illness. It is most notably manifested in poor growth and development, often referred to as stunting. Stunting predominantly occurs during the gestational period and the first two years of a child's life when there are high nutrient requirements that are commonly not satisfied. This time from conception to a child's second birthday, the 'first 1000 days', is a critical time during which chronic malnutrition can lead to irreversible impairment of physical growth and cognitive development leading to lack of school readiness, poor school performance, and reduced human capital due to lower physical and mental capacity in adulthood. This time is also a critical window of opportunity during which interventions can have lasting positive effects on the individual, community, and society.

There are many immediate and underlying causes of the poor nutritional status of Malawian children. Immediate causes include the common "bulky" staple diet that lacks essential fatty acids and micronutrients and fails to meet the dietary needs of young children<sup>4</sup>. Indicators of IYCF suggest that 53% of Malawian children 6-23 months of age do not receive the minimum number of meals per day; only 29% consume acceptable dietary diversity; and 15% receive a minimum acceptable diet.

Infections are also very common in young children of Malawi. Malaria is the number one cause of death in children U5, and 20-30% of children U5

have diarrhea or fever at any given time. These immediate causes of malnutrition are exasperated by underlying issues such as poor awareness of nutrition; poor water, sanitation and hygiene; poor access to diversified foods; high financial and material costs of food and health care; inadequate health services; and low educational attainment and lack of women's empowerment in the country.

### Programme overview

WFP, with financial support from the Children's Investment Fund Foundation, is providing technical and logistical support to the Government of Malawi to address chronic malnutrition through a large-scale, community-based intervention in the Ntchisi District of the Central Region of Malawi. WFP has partnered with a non-governmental organization and other stakeholders at the district level to support Government as part of the SUN movement. The roll-out of nutrition-related activities in Ntchisi is a unique example of local operationalization the global SUN movement.

The primary objective of the programme in Ntchisi is to prevent stunting during the first 1,000 days of life. Secondary objectives include: 1) leveraging lessons to support and improve prevention programming; 2) generating tools and guidance for prevention programming; and 3) influencing the national and global scale-up of prevention programming by documenting good practices, models, and evidence of impact. The programme is aligned with Malawi's National Health Research Agenda<sup>5</sup> (NHRA) in which nutrition is one of the top five research priorities. The NHRA makes specific reference to supporting strategies for the prevention of chronic malnutrition as well as strategies to improve the micronutrient content of foods.

### The Scaling-Up Nutrition (SUN) Movement

- SUN is an initiative culminating from a consultative process by the United Nations Interim Team and Taskforce members who raised the need to scale-up nutrition in recognition of the negative impact of malnutrition on the economic growth of highly-affected countries.
- As of March 2015, 54 countries, most of which are in Africa, had joined the SUN movement.
- SUN countries are encouraged to share nutrition resources, including policies, programmes, and best practices with one another.

<sup>1</sup>National Statistics Office. 2012. Malawi Population Data Sheet 2012. Zomba, Malawi: National Statistical Office.

<sup>2</sup>National Statistical Office. 2014. Malawi MDG Endline Survey 2014, Key Findings. Zomba, Malawi: National Statistical Office.

<sup>3</sup>WHO. 2001. Classification of Public Health Significance of Anaemia. Geneva.

<sup>4</sup>J. Mazunda, K Droppelmann (Workshop paper September 2011. Maize consumption and Dietary Diversity in Malawi)

<sup>5</sup>National Health Research Agenda 2012 – 2017. Malawi.

Activities central to the programme include a SBCC campaign targeting health workers, community leaders, households, and caregivers to improve maternal diets, IYCF practices, and hygiene; as well as, messaging around the distribution of a fortified blended food for the treatment of moderate acute malnutrition in PLW and the distribution of a SQ-LNS to all children 6-23 months of age. The SBCC strategy has a core focus of interpersonal communication reinforced by mass media to promote a range of nutrition-related behaviors at community, household, and individual levels. Care Groups, which meet twice a month for training and visit no fewer than 10 households per month, are the primary channels of communication.

WFP and the partnering non-governmental organization are also supporting community mobilization efforts to identify all PLW and children 6-23 months of age for programme enrollment through community nutrition-action agents. These individuals are chosen by their communities and are responsible for initiating and spearheading any nutrition-related activities in the community. Initially, by harnessing the power of the nutrition-action agents, the programme successfully registered eligible beneficiaries through a mass registration campaign conducted in the last quarter of 2013. Subsequently, as pregnant women and unregistered children are identified, government health workers, WFP food aid monitors, and nutrition-action agents continue to register eligible beneficiaries.

Another key component of the programme is the provision of SQ-LNS to all children aged 6 – 23 months. The SQ-LNS, 20 g/day, contains protein, lipid, carbohydrate, kilocalories, and an array of critical micronutrients, including essential amino acids, vitamins, and minerals needed to fill the identified nutrient gap during the critical period of early child development. Monthly distribution of the SQ-LNS occurs at both health centers and extended distribution points, a strategy designed to minimize walking distances for care givers to collect the product.

Government health workers, WFP personnel, and non-governmental organization staff facilitate and document distribution of the SQ-LNS in accordance with the programme design. The programme utilizes an electronic monitoring system, an innovative information technology solution, which allows programme staff to register and track each beneficiary's programme participation. It also provides near real-time updates on coverage and participation by distribution point. Informed by this new monitoring system, the programme is able to make evidence-informed, rapid adjustments to improve implementation. WFP also monitors the

performance of the programme through post-distribution monitoring surveys, conducted every 4 months, and an external evaluation team is measuring nutritional impact indicators (e.g. growth, micronutrient status) at baseline, intermediate, and final time points.

### **Getting to Success: How WFP Supported the SUN roll-out**

#### **Key success factors for WFPs support to roll-out the SUN activities in Ntchisi District:**

- Well-structured National SUN Framework
- Systematic and Evidence-Informed Programme Design
- Reliable Coordination Platforms and District Ownership
- Data-Informed Programming
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### **Well-structured National SUN Framework**

In 2011, Malawi was the first country to join the SUN movement globally. However, the Government of Malawi was prioritizing nutrition, and specifically the prevention of chronic malnutrition, even before joining the SUN movement. For more than 15 years, until November 2014, the government's Department of Nutrition, HIV and AIDS (DNHA) was in the Office of the President and Cabinet, thereby giving it direct and efficient communication with the President of the country. The department now falls under the Ministry of Health but with the autonomy to coordinate its own activities. In addition to the NHRA, which prioritizes stunting prevention, the Malawi Nutrition Research Strategy, 2009 – 2014, developed by the DNHA and currently being updated, outlines a strategy to address malnutrition in Malawi with a special emphasis on chronic malnutrition, the second of nine priority research areas. These documents promote dietary diversification using the Malawi-specific six food groups, appropriate breastfeeding practices in the context of HIV, scaling up micronutrient supplementation of Vitamin A and iron, rehabilitation of moderately and severely malnourished children, iodization of salt, and the promotion of school health and nutrition projects. Furthermore, Malawi developed policies and strategic plans for other related sectors such as Agriculture and Food Security, Health, Education,

## SUN – 1000 Special Days



In July 2011, the first lady of Malawi, Madam Callista Mutharika, launched the *SUN -1000 Special Days* movement. She said the launch was a stepping stone for Malawi's progress towards reducing malnutrition.

Gender and Youth Development, in order to create an enabling environment for the implementation of nutrition interventions.

To facilitate the translation of policy into action, the DNHA, with support from the development community and other stakeholders, led a consultative process to develop the National Nutrition Education and Communication Strategy (NECS). The NECS development process lasted nine months, October 2010 to July 2011, and coincided with Malawi's

engagement with the SUN movement. Malawi synthesized its internal emphasis on the prevention of chronic malnutrition and the global SUN framework into a multi-sectorial, multi-stakeholder effort called the *SUN – 1000 Special Days* movement<sup>6</sup>.

After joining SUN, the Government of Malawi set up a national SUN taskforce to oversee the national nutrition programming in accordance with the *SUN*

– *1000 Special Days* movement. This taskforce committee comprises representatives from the governmental sectors of health, agriculture, information, trade, and gender; as well as, United Nations agencies, academia, civil society representatives, donors, and private sector actors. The national taskforce has matured in Malawi and now is well structured with support by the NECS strategy and nutrition policy documents. The early and consistent commitment by Government and stakeholders at the national level to address chronic malnutrition and the prevention of stunting, as indicated by the successful national SUN taskforce, has been a useful model for rolling-out SUN activities at district level. The NECS explicitly includes a list of steps for rolling out SUN activities, and the strong national support for the SUN movement and stunting prevention programming facilitated SUN activities in Ntchisi district.

### Systematic and Evidence-Informed Programme Design

The WFP-supported stunting prevention programme is aligned with global movements and initiatives, such as SUN, Renewed Efforts Against Child Hunger and undernutrition (REACH), and the Global Health Initiative. It draws heavily from evidence-based interventions to reduce maternal and child undernutrition. WFP, the donor agency, and an external consulting group<sup>7</sup>, designed the programme systematically by asking key design questions and considering evidence-informed and research-based answers to draw conclusions. This process lasted 9 months and asked the following key questions: Where should the programme target? To whom should the programme target? What interventions should the programme include? How should the programme be implemented? (Table 1).

**Table 1: Guiding questions for design of stunting prevention activities**

Question	Focus	Considerations	Result
<b>Where?</b>	Geographic target	Government priority Highest burden of stunting Partnership potential Feasibility of scaling-up	Ntchisi District
<b>Whom?</b>	Beneficiary target	Government priority Maximum attainable impact Disparities in stunting prevalence WFP policy guidelines	All children 6 – 23 months and PLWs*
<b>What?</b>	Intervention components	Evidence of effectiveness Potential to fill nutrient gap Potential to reach target beneficiary Logistics and transportation feasibility Cost	SQ-LNS to children, SBCC, Hygiene promotion
<b>How?</b>	Delivery channel	Potential coverage Mandate (traditional or institutional role) of potential channel Capacity of potential channel	Health sector (SQ-LNS) Care groups (SBCC)

\* PLW: Pregnant and lactating women; SQ-LNS: small-quantity, lipid-based nutrient supplement; SBCC: Social and Behavior Change Communication

<sup>6</sup><http://scalingupnutrition.org/sun-countries/malawi>

<sup>7</sup>The Boston Consulting Group

Data to answer these questions were gathered from Government, key stakeholders, nutrition and health surveys, vulnerability and analysis mapping documents, and published scientific literature from Malawi and elsewhere. WFP convened a group of international nutrition experts to interpret the evidence and provide technical and programmatic recommendations. WFP also consulted its own Nutrition Policy, which is based on scientific evidence and is aligned with other international initiatives for the reduction of malnutrition among vulnerable groups.

The strong relationship and clear communication between WFP and Government were critical building blocks for developing an evidence-informed programme with full support of stakeholders. The Malawi- and Ntchisi-specific evidence was particularly salient to Government and was critical for their early engagement. The systematic, evidence-informed, research-based nature of the programme design drew vital support and allowed the programme to commence smoothly.

### **Reliable Coordination Platforms and District Ownership**

Following the model of the national SUN taskforce and the NECS strategy, WFP initiated SUN activities in Ntchisi by first strengthening the already-existing District Nutrition Coordinating Committee (DNCC). Because the stakeholders of the DNCC and those of the district SUN taskforce overlapped in membership, mandate, and technical capacity, stakeholders chose not to initiate a district-level SUN taskforce separate from the DNCC, but rather as a sub-committee with expertise for specific SUN activities within the DNCC. Therefore, at the district level, the DNCC, advised by the SUN taskforce sub-committee, supported the SUN roll-out along with all other nutrition activities in the district, leading to sound coordination and clear nutrition governance. WFP has been pivotal in linking stakeholders across sectors in the common goal of reduction of malnutrition and supporting the DNCC in multi-stakeholder, multi-sectorial leadership.

To set up the DNCC, WFP worked closely with District Government to develop a Terms of Reference (TOR) based on guidance from the national NECS. The TOR described the implementation and oversight functions of the DNCC, membership roles and responsibilities, and methods of communication. With oversight of the district-level SUN activities, the DNCC has ownership and is fully engaged in the process and progress of the stunting-prevention program. WFP has organized, supported, and participated in DNCC monthly meetings since December of 2012 when the programme was in its infancy. WFP also advises the DNCC on feasible and potentially impactful

nutrition actions in Ntchisi District. Though the District Commissioner (head of District Assembly) chairs the DNCC, guidance and leadership from WFP (co-chairing, policy interpretation, technical and logistical support) improves coordination among stakeholders and prioritizes nutrition actions.

Following initial organization of the DNCC, priority activities included sensitizing and training district and local leaders to galvanize support for SUN activities; a highly publicized launch of SUN in the district; and sensitizing community members on chronic malnutrition and SUN activities. All these activities generated initial interest and demonstrated strong collaboration. The DNCC also strengthened coordination of nutrition actions at the district and sub-district levels (Traditional Authority, Group Village, and Village levels)<sup>8</sup>. The continuous contact between stakeholders at the DNCC monthly meetings has greatly improved communication, identified programme gaps, focused resource mobilization efforts, and guided coordination of nutrition-specific and nutrition-sensitive activities. The meetings have also kept the District Commissioner abreast of both village-level activities and the activities of all nutrition partners, reinforcing decentralisation of SUN activities and ownership by District Government. Through this process, the District Commissioner has displayed leadership and has become a champion for nutrition and SUN activities in Ntchisi District.

The District Commissioner's engagement and leadership have been vital to the success of the SUN roll-out in Ntchisi. The District Commissioner brings both the political side (local governance and decentralization) and government structures (technical arms such as agriculture, health, etc.) together. Such leadership has resulted in better district and community-level coordination,

### **Leadership and Community Sensitization**

Community leaders participate in a community sensitization and mobilization event. Leadership of the stunting prevention program by District Government and engagement of Traditional Authorities, Group Village Heads, and Village Chiefs have been vital to rolling-out the SUN movement



<sup>8</sup>Political subdivisions of a district in Malawi. Ntchisi district has 7 Traditional Authorities (TA), and each TA has numerous Group Village Heads who each is in charge of one or more villages.

engagement, and capacity strengthening; and it has facilitated local ownership of nutrition activities in each Traditional Authority, Group Village, and Village.

The systematic sensitization and capacity building process began with national SUN trainers teaching district-level SUN trainers, and then training cascaded down to approximately 250 local frontline workers and 800 village development committee members. WFP's investment of time and resources in the sensitization training cascade and communications has supported local engagement and empowerment.

In addition, WFP has engaged the local government and community in all aspects of programme design and implementation. WFP utilized Ntchisi-based engineers for upgrading and improving storage facilities at health centers, and contracted local artists to test different designs for the SBCC campaign. Furthermore, WFP is engaging local radio and theatre groups to support SBCC activities. By engaging multiple stakeholders in various sectors, WFP is investing in the community and supporting community ownership of the SUN roll-out.

### **Data-Informed Programming Mapping Report**

In 2013, the DNCC, supported by WFP, conducted a nutrition stakeholder and activity mapping exercise to define the scope and scale of nutrition activities in the district. The exercise divided the 13 high-impact nutrition interventions to improve maternal and child health<sup>9</sup> into three categories: behaviour change communication interventions, micronutrient and deworming activities, and complementary and therapeutic feeding interventions. The result was a register of the activities by category and organization mapped to the lowest possible geographic unit (villages). By developing a common understanding of the organizations working in the district, and the nature and scope of the work, the exercise supported better coordination of nutrition activities in the district. The exercise identified gaps in implementation of nutrition activities and areas of possible collaboration and synergies among organizations. The information also highlighted nutrition activities requiring further scale up to increase their impact on nutrition outcomes. The results informed the initial work plan of the district-level SUN taskforce and improved coordination and efficiency of the SUN roll-out. WFP is supporting Government and partners to periodically update this register to document changes in the scale and scope of nutrition activities over time.

### **Bottleneck analysis**

The national SUN taskforce requested partners

initiating SUN activities in each district of Malawi to conduct a situation analysis that included outlining the progress and gaps in the implementation of the 13 high-impact nutrition interventions. Nutrition stakeholders in Malawi refer to this analysis as a 'rapid assessment' or 'bottleneck analysis'. All district-level sectors and stakeholders participated in data collection; and WFP led the analysis through a group process of recognizing the bottlenecks in intervention programming and effective actions for improvement within each sector. Based on this shared understanding, the DNCC led development of the 2014-2016 SUN work plan including agreed upon targets for nutrition actions to hold stakeholders accountable. The bottleneck analysis was also used to mobilize resources for prioritized activities such as the expansion of supplementary feeding programmes and water, sanitation and hygiene activities; and the identification of geographic focus areas with the largest intervention gaps.

### **Monitoring and evaluation reports**

The programme emphasizes rigorous measurement of both the process and impact of intervention activities. WFP is conducting post-distribution monitoring surveys every 4 months. These surveys assess coverage and access to SQ-LNS distribution; caregiver knowledge, attitudes, and practices around SQ-LNS use and hygiene; use of iron/folic acid during pregnancy; and IYCF practices. Each survey uses population proportionate to size sampling, and, therefore, the results are representative of the beneficiary population. Data such as motivators and barriers to participation in the programme, distance to distribution points, and cost of transportation inform course corrections to improve programme effectiveness.

The external evaluator conducted a representative baseline survey before the initiation of the SUN roll-out in Ntchisi. The survey included households across Ntchisi and a comparison district where the WFP-supported programme is not being implemented. Additional surveys will be conducted at follow-up time points. The evaluator is also following a cohort of children in these areas to measure impact on linear growth and other nutritional indicators over time.

The results of data collected through the post-distribution monitoring surveys and by the external evaluator have been shared at DNCC meetings and other fora. The transparency of data collection and sharing of results fosters a collaborative relationship among all partners. The shared knowledge also heightens awareness of the nutrition issues faced by the population, and supports better coordination of action and alignment among all stakeholders.

<sup>9</sup>Bryce J, Coitinho D, Darnton-Hill I, Pelletier D, Pinstруп-Andersen P, and Maternal and Child Undernutrition Study Group. (2008). Maternal and child undernutrition: effective action at national level. *The Lancet*, 371(9611), 510-526.



**Key lessons learned for WFP from program planning and preparation:**

- Nutrition information sharing facilitates the identification of gaps, scale, and coverage of activities, as well as, fosters synergies and collaboration.
- Empowerment of district leaders and the local community for nutrition action is important for community engagement and participation.
- Success rolling-out SUN depends on the presence of “a champion” and capacity strengthening with guidance from district leaders.

**Sustained WFP Presence at District Level**

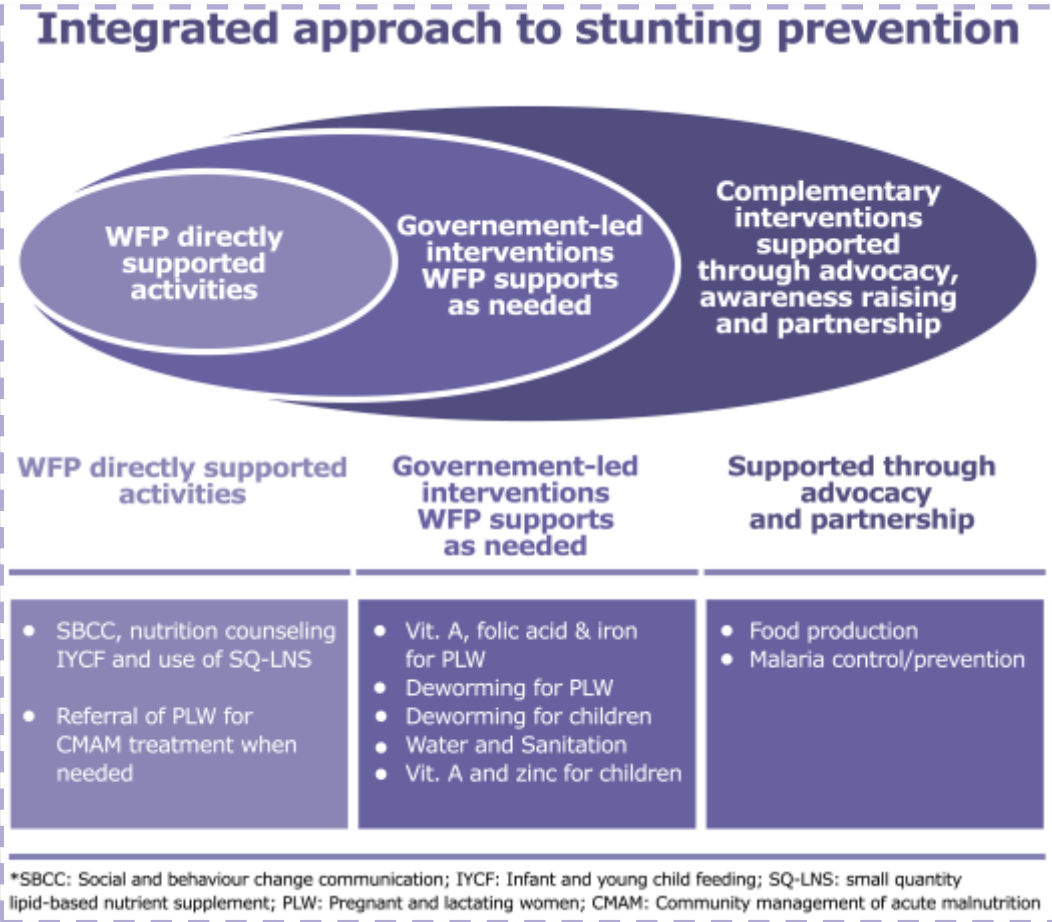
In 2012, WFP established a sub-office in the capital of Ntchisi District, the town of Ntchisi. WFP staffed the sub-office with a nutritionist as the Head of Sub-office, food aid monitors, an information technology specialist, and support staff. Additionally, staff from the WFP Country Office in Lilongwe frequently work in the sub-office to support specific activities such as governmental meetings, the mass registration of beneficiaries, and post-distribution monitoring surveys. The Head of Sub-office participates in district health and

nutrition activities, and maintains constant communication with the District Commissioner and the members of the DNCC. This strong communication has built trust between District Government and WFP. Having the sub-office and its staff locally placed also facilitates constant dialogue with other stakeholders such as development partners, civil society, and community members. The Head of Sub-office is always available to answer questions and clarify misunderstandings. He also facilitates constant sharing of data, documents, and reports with Government and partners. This collaborative relationship of mutual trust and respect has been vital to the success and sustainability of the SUN roll-out in the district because there is a shared sense of purpose and ownership. This structure is a replication of the national level structure and engagement by the project manager, a nutritionist, who participates in analogous meetings at the national level.

**Integrated Approach to Stunting Prevention**

The development of the programme included a review of the potential high-impact interventions for stunting prevention considered in the context of the WFP nutrition policy and WFP’s comparative advantage. WFP then categorized the activities that it could implement directly, those that it could

support indirectly, and those for which it could advocate with partners. Maintaining the focus of the programme on the goal of stunting prevention overall, and not only on the activities being directly implemented by WFP, has enhanced the quality of the SUN roll-out. A key success factor has been WFP’s ability to broker relationships among various sectors such as agriculture, sanitation, education, etc., and support the DNCC in integration.



WFP has advised the DNCC on innovative strategies for stunting prevention including engagement across these sectors. WFP staff continuously work to improve the programme by considering the emerging areas of potential engagement in a dynamic approach to programming. WFP also seeks to improve the delivery of the total package of activities by harnessing stakeholder linkages. Despite the many activities and partners in the SUN roll out, the programme focus of stunting prevention remains clear, and WFP supports efforts of integrated coordination to achieve this goal. One of the early lessons learned by WFP is that partners are more willing to explore and create synergies when there is coordination and when each role is clearly identified and acknowledged.

### Strong Nutrition Capacity of WFP

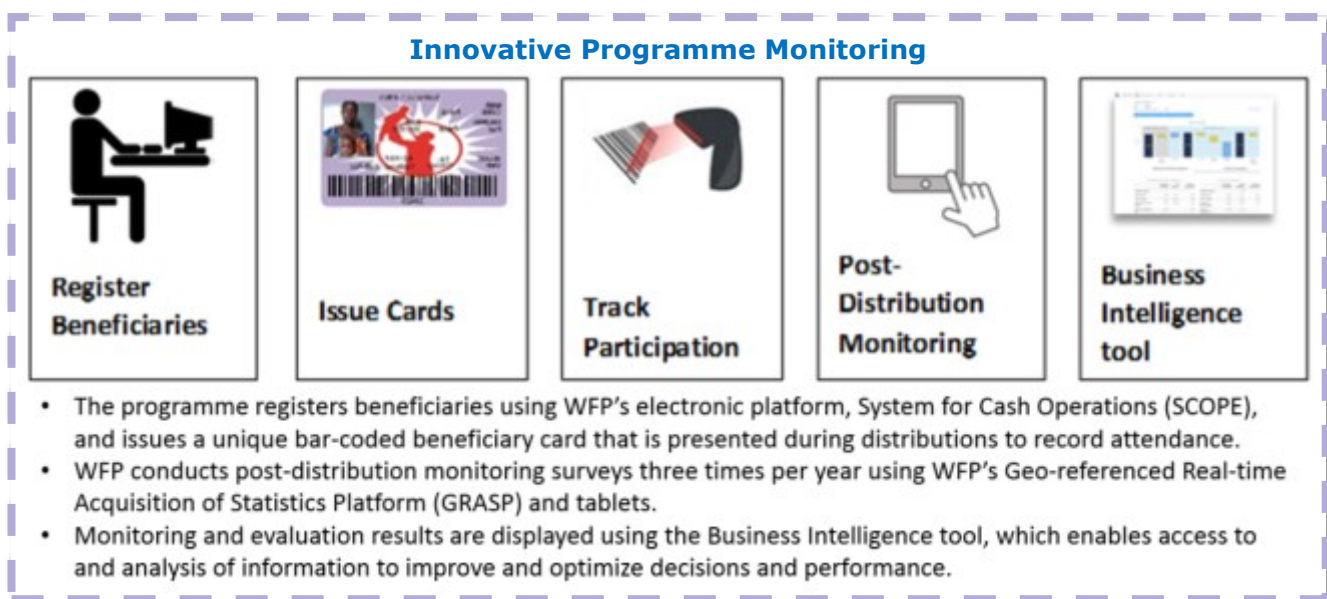
The nutrition capacity of WFP at both the national and district levels has been crucial in supporting the comprehensive SUN roll-out. It is because of this nutrition capacity that WFP has established itself as an important nutrition partner at the national level. WFP is currently co-chair of the nutrition donor group in Malawi, which both exemplifies the status of WFP within the nutrition community in Malawi and provides WFP a platform for improved communication and advocacy for nutrition. The nutrition capacity has allowed WFP to engage in technical discussions on nutrition programming and to positively influence the SUN roll-out. WFP has developed a strong role in advocacy, partnership building, and innovation by proving its technical capacity and showing promising results from the SUN roll-out in Ntchisi.

### Innovation in Technology to Improve Programme Efficiency

WFP has focused special attention on the M&E system of the stunting prevention programme. The M&E system requires special attributes to ensure the programme can make critical adjustments during implementation. Furthermore, the robust M&E system provides important evidence on process and impact.

As a first step in creating this system, a logic model was developed depicting the relationships among the intended outputs, outcomes, and impacts of the programme. On the basis of the logic model, a more detailed M&E plan was developed and included definitions of indicators as well as detailed steps for their measurement.

The monitoring system includes near real time dissemination of data regarding programme participation by each eligible beneficiary. The programme uses WFP's digital beneficiary and transfer management platform originally developed for cash and voucher programming called SCOPE. With SCOPE, the programme registers beneficiaries electronically, provides beneficiaries with unique barcode IDs, creates distribution lists and tracks participation through a dynamic database. SCOPE allows for quick "course corrections" to the programme design. After inputting information of beneficiaries, distributions, and participation, data are synchronized with a centralized server and are immediately available to authorized personnel, for near real time tracking. As a result of the contribution provided by the stunting prevention programme in Ntchisi, SCOPE can now be used to manage all types of WFP interventions, regardless of the transfer modality (cash, voucher, or in-kind).



WFP has successfully taken advantage of the near real time tracking to identify weaknesses in the programme and to make necessary programmatic adaptations. For example, WFP identified geographic areas with low participation and increased the number of distribution points in that area to decrease the travel time for mothers. These participation results combined with a qualitative follow-up also identified other barriers to participation such as a lack of awareness of distribution days or low perceived importance of programme participation. These challenges are continuously being addressed through increased mobilization and communication efforts. The results were also used to re-profile the responsibilities of the partnering non-government organization staff so that their roles would include more pro-active measures for increasing programme participation. Also, sharing these data with local stakeholders has led to a common understanding of strengths and gaps in programme coverage and local leadership response.

#### Key lessons learned for WFP from programme implementation:

- WFP's sustained presence at district-level has been key to successful programming.
- WFP needs nutrition expertise to effectively engage at national and local levels.
- Starting with an understanding of the community needs and then finding a multi-sectorial response to address those needs is desirable.
- Innovation and technology can improve program efficiency and effectiveness, particularly in M&E, and can provide results for better communication and increased programme engagement.

#### Summary

WFP has successfully assisted the Government of Malawi in rolling-out SUN activities at scale in the district of Ntchisi. An important part of the success has been the collaboration among Government, WFP, and other partners, as well as enhanced communication among stakeholders. The SUN movement in Ntchisi is focused on sustainable and durable solutions leading to a better nourished and stronger, economically sound Malawi. WFP implements activities that correspond to its expertise, and collaborates with other partners and sectors to leverage their expertise and maximize population benefits. As the SUN movement in Ntchisi matures, new opportunities and challenges emerge. The strong initiation of SUN in Ntchisi and the strong collaboration have allowed for exploitation of opportunities and quick responses to

overcome programmatic challenges. The current programme immediately fills a micronutrient gap by providing all children 6- 23 months in Ntchisi district with a SQ-LNS to enrich the typical complementary diet while investing heavily in long-term solutions. The extensive SBCC component of the programme, the innovation of the near real time M&E system, and the evidence generation components of the programme have been invaluable in addressing chronic malnutrition in this setting. The experiences of the SUN roll out in Ntchisi District, Malawi provide an example of how the global SUN movement can be operationalized to improve nutrition at the local level.

#### Sustainable and durable solutions

- 1) Increased awareness and demand for antenatal care services, iron and folic acid, and better nutrition/health in pregnancy and infant and young children;
- 2) Improved breast feeding and IYCF\* practices through comprehensive SBCC implementation;
- 3) Developed platform (Care Groups) for dissemination of knowledge and improvement of any array of health practices through interpersonal, peer-to-peer communication, mass media, and community delivery of services;
- 4) Developed capacity for monitoring and evaluation, commodity and supply chain management, and SBCC in the government health system and in the partnering non-governmental organizations;
- 5) Increased knowledge and consumption of nutrient-rich foods that would be the cornerstone for any future market-based approach to filling nutrient gaps; and,
- 6) Supported partners in implementing nutrition-sensitive interventions, including improved value chains for nutrition and a focus on improved hygiene.

\*IYCF: Infant and Young Child Feeding; SBCC: Social and Behavior Change Communication

#### Key success factors, lessons learned and recommendations

Table 2 summarizes the key success factors, main lessons learned, and recommendations that were identified in the Malawi case study that can inform other SUN initiatives.

**Table 2: Key success factors used in WFP operations in Malawi and recommendations for applying them in other programmatic settings**

<b>ACTIVITIES</b> <i>Used by WFP in Malawi to support the SUN roll-out at scale</i>	<b>KEY SUCCESS FACTOR</b> <i>Or</i> <b>LESSON LEARNED</b>	<b>RECOMMENDATIONS</b> <i>For applying success factors or lessons learned to other programmes</i>
<b>Early and Consistent Engagement with Local Coordination Platforms</b>		
<ul style="list-style-type: none"> <li>• Programme activities were planned within the global Scaling Up Nutrition (SUN) movement.</li> <li>• WFP initiated programme activities through the strong national government structures already in place to address malnutrition.</li> <li>• At the district level, WFP supported the strengthening of key stakeholder groups for guiding programme development.</li> </ul>	<ul style="list-style-type: none"> <li>• Nutrition activities within a country can take advantage of global movements such as SUN to build momentum and gain credibility.</li> <li>• Working with government structures is a facilitating factor for strong programme development.</li> <li>• Before putting entirely new structures in place, review of the local landscape revealed existing structures that required strengthening.</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to the development of a new programme or initiative, it is crucial to assess guiding global, national, and local policies which may be important for programme development.</li> <li>• Engage consistently and closely, with policy makers, stakeholders, and other partners at all levels to align goals and activities of a new programme, as well as to define the roles and responsibilities of each partner. Doing so will help to build local ownership and thus enhance programme sustainability.</li> </ul>
<b>Systematic and Innovative Approach to Programme Planning</b>		
<ul style="list-style-type: none"> <li>• Central to programme planning, WFP worked thoroughly to understand the local nutrition landscape.</li> <li>• WFP took advantage of new innovations in monitoring and evaluation to ensure program quality.</li> </ul>	<ul style="list-style-type: none"> <li>• Taking the time during a formative planning period to understand the proposed target area is important for programme development.</li> <li>• Utilizing new technologies in the field can allow for near real time information gathering and course corrections when needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Take advantage of approaches or tools such as “bottleneck analyses” or “rapid assessments” to gain understanding of local contexts prior to initiating new programme activities in a new place.</li> <li>• Investing in new approaches, technologies, and knowledge platforms can pay dividends for programmes that are willing to go the extra step in creating sound programme designs; nutrition programming is ever evolving and it is important to stay on top of changes in the field.</li> </ul>
<b>Strong Team Leadership, Talent, and Presence</b>		
<ul style="list-style-type: none"> <li>• WFP built a team with strong nutrition capacity at national and district levels to assist the SUN roll out.</li> <li>• WFP built and staffed a sub-office at the district level to oversee and help guide the smooth delivery of programme activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Strong nutrition capacity at multiple levels is imperative for lobbying efforts, communication among partners, and local capacity building.</li> <li>• Creating a sustained, local presence in Ntchisi district, rather than just in the capital of Malawi, proved very important in programme roll out.</li> </ul>	<ul style="list-style-type: none"> <li>• Finding staff to build a team can be challenging but taking the time to choose a strong team with nutrition capacity and leadership is invaluable when scaling up nutrition efforts in a new setting.</li> <li>• When a programme is the first of its kind with new activities in place, creating a local and sustained presence is essential for garnering stakeholder support and enhancing programme quality.</li> </ul>

