



UNICEF and WFP Collaboration in Emergency Nutrition Response

Accelerating Results for Children in Malawi



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FOREWORD

WFP and UNICEF partnered to respond to the high levels of malnutrition through scaling up response to reach more beneficiaries, when the Government of Malawi declared a Food security crisis in 2016. The two UN agencies collaborated with the Government of Malawi through Ministry of Health and other stakeholders and partners to respond to record-levels of food insecurity affecting 40 percent population of Malawi in 25 districts and with a doubled burden of acute malnutrition.

The experiences, lessons learned and recommendations shared in this report are valuable. They will guide us moving forward and help us as we continue to address the needs of the most vulnerable and support building stronger, more resilient communities.

We will continue to support a harmonized approach to the nutrition response using the established national coordination structures and creating complementarity at the district level. This will ensure full nutrition coverage and services across the country.

We must continue to encourage collaboration and share good practices in combatting hunger and malnutrition. This conversation becomes part of building the post-2015 agenda; which must include the elimination of chronic undernutrition.



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EXECUTIVE SUMMARY

The series of emergencies faced by Malawi from 2015 until 2017 overwhelmed the capacity of the country to respond adequately to protect lives, recover and sustain livelihoods as vulnerable children and women were displaced by the floods and required food and nutrition assistance for most parts of the year. This situation warranted a well-coordinated emergency response that involved many players including the government of Malawi, Donors, United Nations agencies, national and international humanitarian organisations and the community who needed to be assisted.

Guided by the Global framework of cooperation, UNICEF and WFP fostered sound cooperation at the ground, in conjunction with some of the major UN agencies involved in humanitarian work across various spheres to collaborate in responding to the emergencies according to their mandates. The global memorandum of understanding and the policies and technical guidelines is fully endorsed by the Malawi government.

To this end, UNICEF and WFP jointly collaborated with other stakeholders in:

- Coordinating the nutrition emergency at national level as guided by their mandates;
- Leading and co-lead respective clusters (with WFP co leading the Food Security cluster and UNICEF co-leading the nutrition cluster);
- Mobilising resources and financially supporting the implementation of the nutrition emergency response;
- Providing technical leadership and guidance in updating relevant protocols and guidelines;
- Advocating for support to the emergency and generally strengthened the response and managed to save lives.
- Facilitating both food security and nutrition assessments
- Joint information sharing through the monthly food security and nutrition clusters bulletin

This report provides a joint reflection on several lessons learnt during the response cycles from 2015-2017, but also opportunities, recommendations and mitigating measures for now and the future.



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ACRONYMS

AAP	Accountability for Affected Populations	MVAC	Malawi Vulnerability assessment Committee
CMAM	Community Management of Acute Malnutrition	NECS	Nutrition Education and Communication Strategy
CMST	Central Medical Stores Trust	OTP	Out Patients Therapeutic Programme
CSB	Corn Soya Blend	PLW	Pregnant and Lactating Women
DFID	Department for International Development	NFM	Nutrition Field Monitor
DHO	District Health Officer	NGO	Non-Governmental Organisation
DHMT	District Health Management Team	NNP	National Multi sectoral Nutrition Policy
DNHA	Department of Nutrition HIV and AIDS	NRU	Nutrition Rehabilitation Unit
FAO	Food and Agricultural Organisation of the United Nations	RCT	Randomised Controlled Trial
GAM	Global Acute Malnutrition	RESOMAL	Rehydration Solution for Malnutrition
GBP	Great British Pound	RUTF	Ready to Use Therapeutic Food
GNC	Global Nutrition Cluster	SAM	Severe Acute Malnutrition
HSA	Health Surveillance Assistant	SFP	Supplementary Feeding Programme
IP	Implementation Partner	SOP	Standard Operating Procedure
INGO	International Non-Governmental Organisation	SMART	Standardised Measurements and / assessments in Relief and Transitions
IYCF	Infant and Young Child Feeding	SUN	Scaling Up Nutrition
JEFAP	Joint Emergency Food Assistance Programme	TNP	Targeted Nutrition Programme
MAM	Moderate Acute Malnutrition	UNDAF	United Nations Development Assistance Framework
MOH	Ministry of Health	UNFPA	United Nations Population Fund
MOU	Memorandum of Understanding	UNICEF	United Nations Children's Fund
MUAC	Mid Upper Arm Circumference	WFP	World Food Programme



1.0

Background

The WFP and UNICEF collaborations are guided by a global updated memoranda of understanding of 2011, between the organisations which stipulates the mandates and areas of collaboration and commitments by both organisations. These commitments are expected to guide operations and the relationship at both global, regional and national level.

Under the United Nations Development Assistance Framework (UNDAF), UNICEF and WFP have collaborated in nutrition specific and nutrition sensitive interventions to address malnutrition in Malawi over the years. These collaborations are particularly critical in the country where the prevalence of stunting is 37.1%¹ and global acute malnutrition (GAM) rate is 2.2%². Concerted efforts in support of the Government are therefore required to holistically deal with reducing the levels of malnutrition and improve the survival of children into productive adults that improve the developmental prospects of the country.

Within the Malawi UNDAF plans (2012-2016) the two organisations collaborate on Outcome 2.2 which focuses on ensuring that “Children under five years of age, pregnant women and lactating women in selected districts have access to and use quality nutrition services” through support to i) national policy and strategy ii) treatment of acute malnutrition iii) nutrition surveillance for fortification iv) maternal and infant and young child feeding. Guided by the individual mandates the two organisation collaborated and supported the Ministry of Health to develop and revise the nutrition protocols like the community management of acute malnutrition (CMAM) and the Nutrition Care Support and Treatment (NCST), as well as the Nutrition

Education and Communication Strategy (NECS). In Malawi, WFP and UNICEF finds collaborative platforms from a technical level. Several collaborative platforms are active in Malawi where along with other organisations, donor agencies, UNICEF and WFP collaborates through the, monthly bilateral meetings, targeted nutrition programme (TNP) platform, the nutrition cluster platforms, the inter-cluster forums for the Nutrition Cluster and the Food Security Cluster.

From 2015 to 2017 the protracted emergency in Malawi occasioned by flooding, the concomitant displacement of people and the drought emergency resulted in increased level of food and nutrition vulnerability among the population. According to the Malawi Vulnerability Assessment Committee (MVAC) forecast from April 2015 to March 2016, 2.8 million people and from April 2016 to March 2017, 6.7 million (approximately 40% of the population) were projected to require emergency food assistance for periods ranging from 3 to 9 months³.

In April 2016, the insidious drought emergency resulted in the government of Malawi declaring a state of emergency. Invariably this came along with a complex coordination and implementation environment and hence the need to resuscitate and revamp the emergency coordination platforms through the cluster system⁴, mobilise more resources through donors and supporting partners including the government of Malawi.

This complex coordination and implementation environment created by the intermittent flooding and drought emergency provided opportunities for collaborations between WFP and UNICEF from a policy, coordination, technical and implementation perspective from national to sub-national levels particularly district levels.

3 MVAC Report April 2016 to March 2017 Forecast.

4 The Cluster system in Malawi though mirroring the Inter Agency standing Committee (IASC) approach is led by the Department of Disaster Management (DODMA).

1 Malawi Demographic Health Survey, 2016.

2 Malawi Vulnerability Assessment Committee (MVAC), SMART Survey Results, May 2017



2.0

Collaborations between UNICEF and WFP during the Emergency Response

Accelerated Results Through Collaborated Efforts

October 2015 - June 2017



78,635 lives of children suffering from SAM were saved



206,604 lives of children suffering from MAM were saved



1.1 million children screened every month

426,074 children with SAM and MAM conditions were referred to health facilities.



SPHERE minimum standards were maintained

Cure rate >75%;
Defaulter rates <15%;
Death rates <10%

FIG 1. MAJOR RESULTS OUTLOOK

2.1 Guided by Global MOU and Mandates for WFP and UNICEF

UNICEF and WFP have a global MOU which was updated in March 2011, which stipulate and guides the areas of cooperation and implementation of nutrition specific interventions. These mandates provided the framework for joint and complementary services in responding to the high level of malnutrition during the intermittent drought and flooding emergency.

On one hand, the MOU mandates that within the CMAM continuum of care, UNICEF is the provider of last resort of critical therapeutic commodities like Ready to Use Therapeutic Food (RUTF), F75, F100, Rehydration Solution for Malnutrition (RE-SOMAL) for the treatment of Severe Acute Malnutrition (SAM). On the other hand, WFP takes leadership in being the provider for Moderate Acute Malnutrition (MAM) and provide fortified blended foods and Super Cereals.

Both agencies contribute to technical support and policy guidance on prevention of malnutrition and contribute to strengthening nutrition surveillance systems. Areas where coordination was strengthened are further detailed in the following sections.

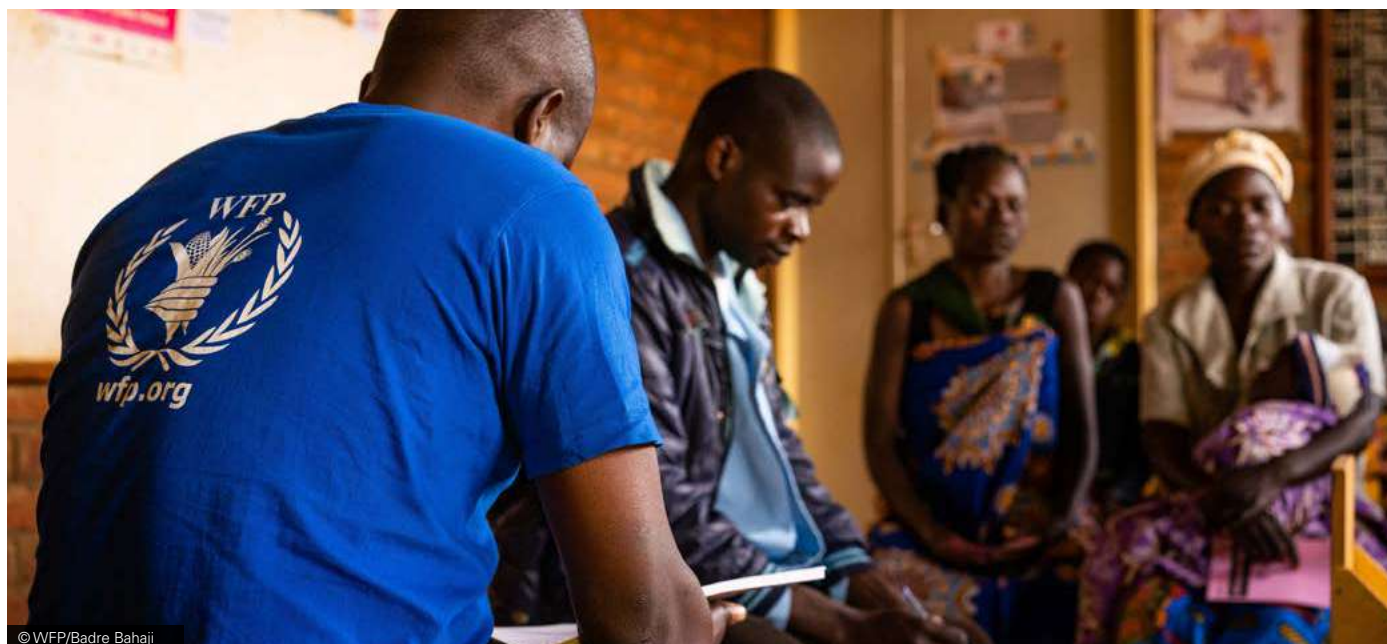
2.2 National Level UNICEF - WFP Collaboration during the Emergency

UNICEF and WFP at national level in Malawi cooperates at different levels in the national nutrition response. During the

emergency response, the cooperation was strengthened through joint coordination, technical cooperation and nutrition programme implementation of the response to save lives in the country. Below are several areas where coordination was strengthened in addition to cooperation that had been on going. Notably the emergency related resources were also put to good use to strengthen these different levels and types of collaboration.

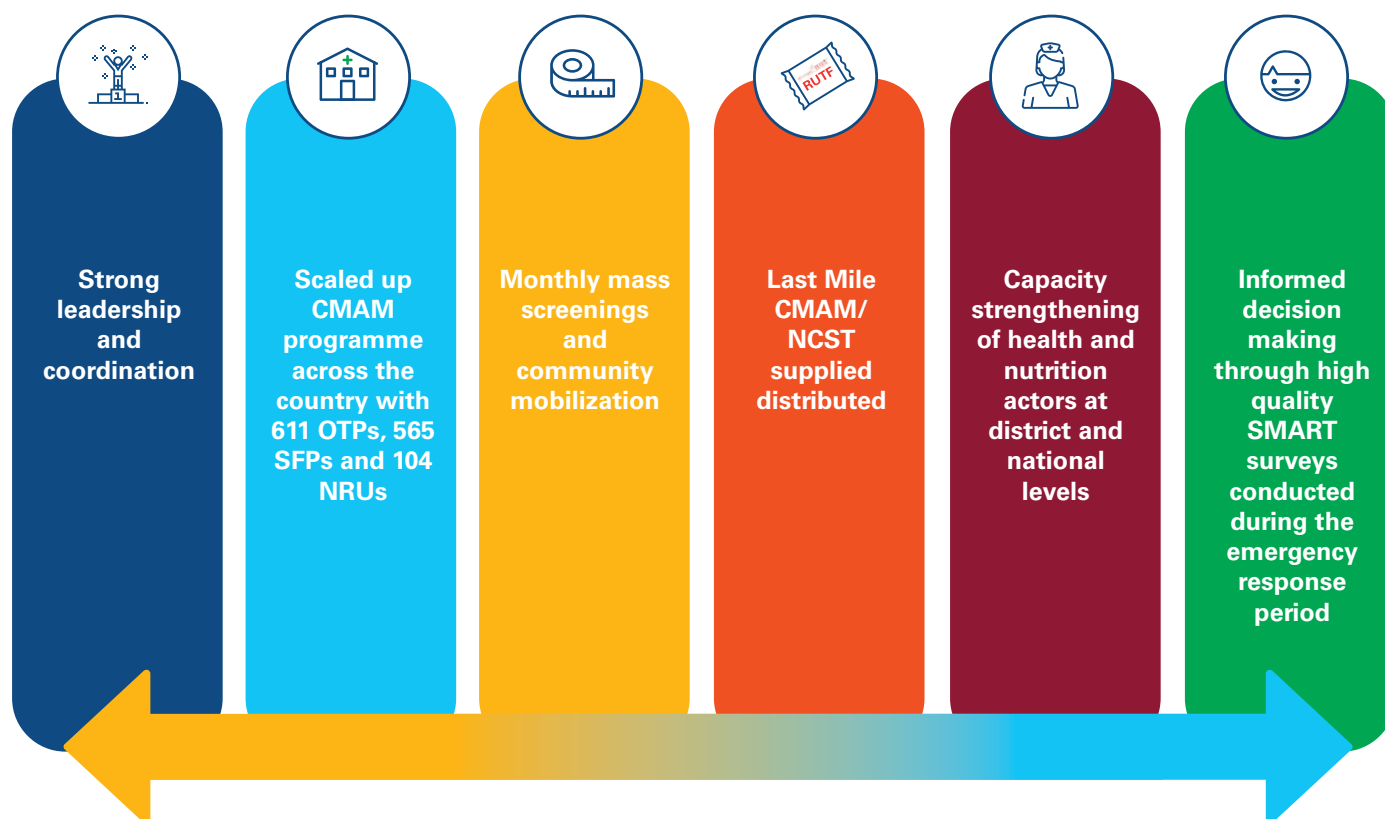
Nutrition Cluster Coordination

Nutrition Cluster coordination in Malawi is led by the Department of Nutrition, HIV and AIDS (DNHA) and UNICEF co-leads. Other important members critical in the coordination of nutrition interventions are the Ministry of Health and WFP. The nutrition cluster in Malawi provided an important platform to coordinate nutrition interventions in the country where 40% of the population needed food assistance for periods ranging from 3 to 9 months. The presence of UNICEF and WFP along with the DNHA, MOH and other NGOs at this forum achieved great results in the emergency response as in 2016, where lifesaving support to 78,635 children with severe acute malnutrition and 206,604 children with moderate acute malnutrition. The nutrition cluster provided a regular platform for updates, assess bottlenecks, strategies to achieve the most from the resources that were mobilised for the emergency interventions.



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FIG 2. NUTRITION CLUSTER RESPONSE



Technical Cooperation through the Targeted Nutrition Programme (TNP) Platform

The Targeted Nutrition Programme (TNP) technical working group led by the Ministry of Health is a quarterly meeting held to discuss and update partners on technical issues related to the treatment of acute malnutrition programmes, specifically CMAM, and NCST. The large numbers of vulnerable children due to the drought emergency and the resources at the disposal of the response enabled this platform to be revived. Along with the MOH, NGOs and other partners, WFP and UNICEF managed to collaborate in related technical matters and provided updates for the CMAM and NCST programmes. Key issues that were normal under the agenda in the TNP quarterly meeting included CMAM programme's treatment achievements, NCST updates, status of equipment and supplies, printing of the updated CMAM guidelines, the costed national CMAM operational plan, the emergency nutrition response and partner updates⁵.

⁵ Minutes of the TNP Meeting Held in April 2017.

Collaboration in Supplies Management

Over the year collaboration between WFP and UNICEF for logistics cooperation have been fostered. This support include support to supply chain management to government. Since 2017, both UNICEF and WFP have supported the nutrition supply integration in the essential government health lists. Additional UNICEF and WFP provided technical support to Ministry of Health in national nutrition quantification and forecasting exercise which has resulted in inclusion of the MAM and SAM commodities in the 2018/2019 financial year. Additional the two agencies supported the government in developing the nutrition commodity management guidelines. WFP and UNICEF also entered into an agreement where joint procurement of nutrition supplies would be undertaken, particularly on Micronutrient Powders where UNICEF procures and facilitate last mile handling on a cost recovery basis.

2.3 Collaboration in the Policy Level

Along with other designated lead ministries⁶ and government departments, UNICEF and WFP supported the revisions and operationalisation of several nutrition policies, strategies and guidelines in Malawi through provision of technical support, resources and high-level advocacy for adoption. The following list provides the policies that UNICEF and WFP jointly supported their finalisation, through technical review and participation in the technical groups that were drafting these key policy documents, including:

- National Multi-Sectoral Nutrition Policy (NMNP) – 2017-2021
- Food and Nutrition Bill (2016)
- CMAM operational plan (2017 – 2021)
- National Education and Communication Strategy (NECS II) 2017-2021
- National School Health and Nutrition Policy
- National School Health and Nutrition Strategy and Guidelines

⁶ Key ministry include Ministries of Health, Local Government and Rural development and Ministry of Agriculture and Irrigation and Water Development

2.4 Monthly Bilateral Organisational Coordination Meetings

UNICEF and WFP held monthly bilateral meetings at national level. There were two level of meetings, firstly the management meeting which brought the senior management Country directors and their technical teams from nutrition, education, social protection and emergency. On a technical level, nutrition sections also had their monthly meeting to discuss mutual areas of interest and collaboration. The technical meeting composed of national level nutrition managers and field based officers. The agenda usual looked at areas of strategic collaboration as well as operational collaborations. Additionally, other emergency response activities were discussed, accountability to affected populations (AAP), nutrition interventions activities, and social protection issues. One key aspects advocated for during this meeting was the issue of targeting of vulnerable families during the MVAC. This collaboration facilitated the revision of the JEFAP guidelines incorporated malnutrition as a basis for targeting. Several other meetings were held between UNICEF and WFP and discussions centred on social protection, emergency response, nutrition, and protection and food security interventions during the emergency. A fixed meeting calendar



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for these meeting was established and meetings were chaired on a rotational basis by leads from the two agencies. Minutes of these minutes were shared with the senior management of both agencies.

2.5 Joint Resourcing, DFID Proposal and the DONUTS Platform

Joint Proposals

The scale of the emergency meant that more resources had to be mobilised in order to match the scale of the response that had not been experienced in Malawi in the past 10 years. As a result, innovative approaches were employed to mobilise funds including joint resourcing between UNICEF, WFP and UNAIDS. This was a framework for ensuring that, resources are timely and efficiently mobilised. The Nutrition cluster mobilized 93% funding for first phase during October 2015 to April 2016 and 100 per cent funds for second phase from July 2016 to March 2017 to run a smooth response and services delivery for the children of Malawi. For both phases of the nutrition emergency response, the nutrition cluster required 38.4 million USD which was 96.5 per cent funded with cooperation from DFID, World

Bank, USAID, Japan, Swiss, BMZ, German and Korean grants. Both the phases received approximately 50 per cent funding jointly by UNICEF and WFP from DFID to support nutrition services for treatment of acute malnutrition in children under 5 years as well as adolescent and adults with TB and HIV/AIDS.

Donor Nutrition Security Group (DONUTS) - Resource Mobilisation and Advocacy for Funds to Support Nutrition Programmes

The DONUTS group was also a platform where WFP and UNICEF collaborated along with other agencies and donors in raising funds, discussion of policy issues with the development partners (DP), monitoring support to both nutrition specific and nutrition sensitive interventions. The two organisation provided an active leadership for the nutrition emergency response. In each of the DONUTS meetings both UNICEF and WFP provided joint updates of the status of the response and the prevailing nutrition situation. Finally, the presence of WFP and UNICEF in DONUTS where nutrition donors participated was a strategic advocacy platform for resources to support the nutrition interventions in the country.

2.6 Technical Support and Leadership through Guidelines/ Protocol Updates

UNICEF and WFP have collaborated along with other stakeholders and partners like the MOH to update the technical guidelines for the CMAM programme⁷, the NCST protocols⁸ for adolescents and adults with TB and HIV and AIDS patients. The collaboration in the updating of the guidelines was very important as the quality of care in CMAM and NCST is important for the survival of clients targeted within these programmes.

As the guidelines and protocols become updated, further collaboration has already started through different platforms to facilitate training and capacity building of health cadres both at national and sub national workers and other critical staff. Roll out plans are already in place for supporting the capacity building efforts.

2.7 Collaborations on Treatment of Acute Malnutrition in the CMAM Continuum of Care

The CMAM continuum of care as guided by the treatment protocols provided one of the regular collaborative platforms involving WFP and UNICEF along with other stakeholders and leadership of the MOH. Through the platforms, and with more resources obtained from the emergency response support, served as impetus for close collaboration for treatment of acute malnutrition with or without complications in outpatients therapeutic programme (OTP) sites and nutrition rehabilitation units (NRU) by UNICEF. Part of the continuum of care gets completed through WFP supporting both prevention and treatment of MAM through provision of CSB and super cereal. Provision of supplies to OTP/ SFP and NRU that happens at district level was joint supported and a joint Standard Operating Procedure was developed by UNICEF and WFP for use by facility based health workers.

UNICEF and WFP collaborated on ensuring that joint monitoring and monitoring of the supply chain was established. Using the district based field monitors from both agencies, joint supervision of stock level at facility and district levels were done and reports of shortages of nutrition supplies would be communicated and immediate action taken to ensure stocks were available for treatment. A joint government led nutrition supplies management was also developed and is in use for enable safe handling and keeping of the nutrition supplies.

Against a background that NCST also utilised RUTF for treatment of severe acute malnutrition for adolescence and adults

as per the updated NCST guidelines/ CMAM guidelines, it was important for the two organisations to coordinate and collaborate on the management of this similar product being provided by both agencies. WFP and UNICEF collaborated with the MOH and developed standard operating procedures (SOP)⁹ which outlines the usage, targeting of these supplies as well as the storage and accounting for the RUTF for adult malnutrition and that for children programmes.

As part of working together through different platforms, plans for joint monitoring and supportive supervision were put in place. At national level, this included quarterly joint support and supervision visits being planned and executed. In October 2016, a joint monitoring visit across all the 14 districts done and a report¹⁰ for this country-wide visit was drafted.

2.8 District Based Collaboration and Field Monitoring

Collaboratively, WFP and UNICEF ensured joint presence by placing field monitors/ district focal point persons at district level to providing near real time programme monitoring and critical programme information on the available stock, support replenishment and prepositioning and overall coordination support. WFP prepositioned commodities in the Health facilities every quarter and UNICEF prepositioned every month. UNICEF provided weekly supplies tracker¹¹ that ensured supplies availability was monitored regularly and on a near real time basis. This provided a collaboration platform as any shortages of both nutrition commodities were reported weekly.

The CMAM continuum of care demands that supplies management involving therapeutic milks (UNICEF's responsibility) and supplementary feeding commodities like super cereal supplies (WFP's responsibility) be in stock all the time. Stock-outs of any of these commodities has negative consequences on the smooth implementation of the CMAM programme. For instance, any stock-outs of these supplies could negatively affect programme performance indicators (defaulter rates, cure rates and death rates) as mothers and children avoid attending if stock-outs are frequent on the one hand and on the other, absence of supplementary feeds could put pressure on available RUTF that could degenerate into stock-outs as available supplies will be overwhelmed by increased demands.

9 SOPs for the Storage of RUTF for Children and that for Adult Malnutrition

10 Joint Donor (DFID) Support Visit to the 14 Districts Supported with UNICEF and WFP Joint Efforts (Report – Joint Support and Supervision Donor (DFID) Support Visit by UNICEF and WFP – October 2017)

11 Weekly Supplies Tracker – for Near Real Time Monitoring of Supplies in Malawi.

7 CMAM Guidelines Updated

8 NCST Guidelines Updated



As part of efforts to improve supplies management, UNICEF led the designing of a supplies management handbook¹² and WFP made contributions to drafting the supplies training handbook. The draft was endorsed by the MOH and both agencies have managed to mobilise resources to facilitate cascade the training¹³ on the handbook from national, district and frontline workers that handle supplies in facilities.

2.9 MVAC Response and inter-cluster coordination

The MVAC food security response led by DODMA and co-led by WFP and other stakeholders within the Food Security Cluster played a very important complementary role in the nutrition response. Both UNICEF and WFP equally played significant roles along with the MOH and other stakeholders in the prevention of malnutrition. Mid-way through the MVAC response, it was noted that malnutrition cases continued to rise despite enormous efforts that were being done to prevent/ protect vulnerable families through the MVAC response in kind and cash transfer.

This prompted the need to investigate the reasons why such a situation was emerging despite the response resources that should have made a positive impact. UNICEF and WFP along with other partners collaborated through the Nutrition Cluster System to undertake an assessment on the extent to which families with children in the CMAM programme and those in the NCST programme were being covered by the MVAC response¹⁴.

The assessment established that the MVAC response only covered about 40% of families with children in the CMAM programme and a similar percentage for families with members on the NCST programme. The food security response design targeted all households deemed as food insecure, however it was noted that some malnourished children could not be reached. This collaborative response provided further opportunities for WFP and UNICEF to collaborate in advocating for the specific targeting of these vulnerable households with acutely malnourished individuals.

Firstly, UNICEF and WFP collaborated in drafting a concept note¹⁵ that was presented to donors so that resources could be mobilised to support a possible package to families of chil-

dren in the CMAM programme as part of the MVAC response. Secondly, advocacy was done through a series of meetings, consultations and WFP and UNICEF organised strategic meeting¹⁶ that resulted in the inclusion of¹⁷ malnutrition as one of the important criteria for targeting in future MVAC responses. The review of the JEFAP guidelines was coordinated through the Food Security cluster under leadership of DoDMA and technical support from WFP and UNICEF along with other stakeholders on how to integrate nutrition criteria in the JEFAP guidelines which should result in a more inclusive targeting and the revision of the food basket.

2.10 Knowledge Management

UNICEF and WFP collaborated extensively in knowledge management and information sharing initiatives throughout the nutrition emergency response period. As the lead in the Nutrition Cluster, UNICEF led the production and sharing of a monthly emergency response updates¹⁸, which were shared with donors, stakeholders, government departments and other interested parties through the Humanitarian Response Committee. WFP also led the production and circulation of a monthly food security bulletin¹⁹ and again collaborating in information sharing, knowledge management while keeping stakeholders well informed and tracking progress of the response. Additional in most of the monthly food security and nutrition cluster meetings, the cluster leaders would come and present their respective cluster updates.

16 Minutes of the Strategic Meeting on JEFAP Guidelines between UNICEF and WFP, July 2017.

17 Draft Guidelines for the Joint Food Assistance Programme for Malawi, 2017

18 Nutrition in Emergency Response Update in Malawi – Access Portal: www.wfp.org

19 Food Security in Emergency Monthly Update in Malawi – Access Portal: www.wfp.org



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12 Supplies Management Handbook Training Manual, UNICEF 2017.

13 Capacity Building/ Training Schedule for the Supplies Management Handbook, 2017

14 Assessment on the Proportion of Undernourished Population in Malawi Included in the MVAC Humanitarian Assistance Program

15 Joint WFP and UNICEF Concept: Food and Nutrition Support for Malnourished Children and Households

FIG 3. SNAPSHOTS OF MONTHLY NUTRITION BULLETINS



2.11 UNICEF Sub-Office Housed Under the WFP Blantyre Sub Office

The southern districts of Malawi were hardest hit by both the flooding emergency in 2015/2016 and the El Nino induced food insecurity emergency in 2016/2017. This required close coordination presence at the epicentre of the drought emergency. This was only possible by ensuring office space for critical staff to undertake this important aspect of the response. UNICEF therefore obtained an office space domicile within the WFP Blantyre Sub Office while leveraging on the presence of another UN partner in the country.

2.12 Stunting Reduction and the SUN Movement

UNICEF and WFP are both involved in the stunting reduction activities at different scales. All the activities involved include nutrition specific and sensitive interventions. Currently, district level micronutrient interventions are being expanded with support from both organisations. UNICEF and WFP are part of the UN Network under the SUN Movement in Malawi and a joint work plan in line with the annual UNDAF plans is in place for the UN Network.



3.0

Lessons Learnt, Recommendations, Challenges and Mitigatory Measures

3.1 Lessons Learnt and Recommendations

Challenges	Mitigation measures
Increased needs for both nutrition therapeutic and supplementary foods to cope with the overwhelming demand created by the emergency had not been complemented by commensurate supplies management systems (logistics and supply) within the government.	The supplies management handbook training should be rolled out promptly. This should be complemented by regular monitoring of supplies initiatives, inclusion of RUTF/ F75/ F100/ ResoMal in drugs protected by the drug and therapeutic committee policies.
Misuse of the commodities, unintended mixing of RUTF supplies for the different programmes.	Roll out of SOPs and labelling of the RUTFs specific for the different programmes and ensuring that culprits proven to have misused/ pilfered nutrition are disciplined.
Disproportionate number of SFPs and OTPs across districts.	Realigning the number of SFP to OTPs and where appropriate utilising mobile clinics and implementing an “every day is a CMAM day policy”
Occasional interruption and stock outs of nutrition supplies at facilities	Agencies to implement measures to avert stock outs, including last mile distribution, accurate forecasting of supplies among other
Interpretation of the Malawi CMAM guidelines that results in RUTF being used in stabilisation centre/ NRU.	UNICEF and MoH should spearhead commissioning of an operational research study to explore the impact of the interpretation of Malawi CMAM guidelines where RUTF is given to children in stabilisation centre/ NRU once they have passed the appetite test. Other countries or settings do not provide RUTF in NRUs.
Dependency on donor funds for the purchase of RUTF	Advocacy with the Government to provide domestic resources to support purchase of commodities for the treatment of acute malnutrition

3.2 Challenges and Mitigatory Measures

Lessons learnt	Recommendations
A revamped Nutrition Cluster at national level was critical to foster a strong and predictable coordination platform for many partners involved in the emergency response, lead the strategic plan, budgeting and resource mobilisation of the response	Timely resource mobilisation, coordination and strategic planning are essential elements of any response in an emergency or non-emergency context.
Regular and close coordination between UNICEF and WFP at all levels was critical in coordinating the nutrition emergency response and ensured effective and timely delivery of CMAM and NCST programs	Even after the cluster deactivation, coordination of all the nutrition response needs to continue using the established national coordination structures. UNICEF and WFP should continue creating complementarity at district level to ensure full coverage and complementarity of services at field level.
Commodities tracking and last mile distribution, replacement and replenishment are key success factors to avoid site level stock-outs by both WFP and UNICEF was a strategic action that should be adopted even beyond the emergency response phase.	UNICEF and WFP should continue bilateral coordination on supply chain management. Presence of district level focal point or staffs from both UNICEF and WFP is a critical asset.
SOPs for the storage of nutrition therapeutic commodities were essential in avoiding misuse of RUTF meant for children 6-59 months and those for adult malnutrition	There is need to fully implement and monitor the implementation of the SOPs that were jointly developed by WFP and UNICEF.
The Nutrition Cluster should explore other interventions in the prevention or treatment of acute malnutrition	Beyond the emergency, UNICEF and WFP should continue to support the MoH with the integration of the active case finding and community mobilisation into the care groups. UNICEF and DNHA should support the transitioning to active case finding, screening and early referral of children for early treatment
Community barriers related to community beliefs, attitudes and behaviours that results in children with malnutrition reporting late for treatment at the health facility or default treatment.	Work together to identify the beliefs, attitudes, behaviours and strategies the best options to address these. C4D effort should be strengthened to address these issues.

4.0 List of Documents, Meeting Minutes, Reports and Other Material Produced/Utilised from the Collaboration

1. Malawi Demographic Health Survey, 2016.
2. Malawi Vulnerability Assessment Committee (MVAC), SMART Survey Results, May 2017
3. MVAC Report April 2016 to March 2017 Forecast.
4. Minutes of the UNICEF-WFP Meeting Held on 8th November 2016 in Pakachere Conference Room, UNICEF Malawi Country Office
5. Minutes of the TNP Meeting Held in April 2017.
6. Final Joint WFP-UNICEF DFID Funding Proposal, June 2016.
7. CMAM Guidelines Updated
8. NCST Guidelines Updated
9. Note for the Record: Joint UNICEF WFP Planning and Coordination Meeting, 13th December 2017 - Cross Roads Hotel, Lilongwe
10. Weekly Supplies Tracker – for Near Real Time Monitoring of Supplies in Malawi.
11. Supplies Management Handbook Training Manual, UNICEF 2017.
12. Capacity Building/Training Schedule for the Supplies Management Handbook, 2017
13. Assessment on the Proportion of Undernourished Population in Malawi Included in the MVAC Humanitarian Assistance Program
14. Joint WFP and UNICEF Concept: Food and Nutrition Support for Malnourished Children and Households
15. Minutes of the Strategic Meeting on JFAP Guidelines between UNICEF and WFP, July 2017.
16. Draft Guidelines for the Joint Food Assistance Programme for Malawi, 2017
17. Nutrition in Emergency Response Update in Malawi – Access Portal: www.unicef.org/malawi/emergency/nutrition
18. Food Security in Emergency Monthly Update in Malawi – Access Portal: www.unicef.org/malawi/emergency/food-security
19. Proposed Structure and Content of the Stunting Reduction Bulletin Jointly Done by UNICEF and WFP – Note for the Record

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