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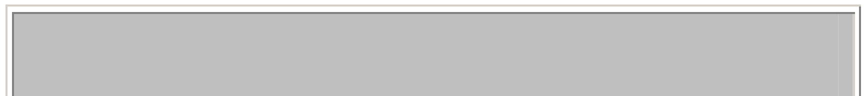
POLICY ISSUES

Agenda item 5

For approval

FOOD FOR NUTRITION: MAINSTREAMING NUTRITION IN WFP



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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for approval.

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

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EXECUTIVE SUMMARY

Most preventable deaths among hungry people take place outside emergency contexts. In countries not involved in conflicts or natural disasters, malnutrition is directly implicated in the deaths of millions of children and mothers each year. Thus, WFP's great efforts focused on saving lives in emergencies should be mirrored by efforts aimed at tackling malnutrition, and hence saving lives, beyond emergencies as well.

While food sufficiency is not the same as good nutrition, food is nevertheless an important part of the nutrition equation. New scientific evidence confirms that it is possible to have positive nutritional impacts with food aid. Consistent with Strategic Priority No. 3, WFP seeks to use food resources to achieve nutritional impacts in three complementary ways: (i) enhancing the effectiveness and impact of targeted mother-and-child health and nutrition interventions that combine food and appropriate non-food inputs; (ii) enhancing the nutritional value of WFP food, for instance through micronutrient fortification; and (iii) enhancing the nutritional impact of other WFP interventions. These approaches represent a mainstreaming of nutrition across WFP's activities. Adoption of evidence-based programming, joint interventions with partners and new project designs offer the promise of greater WFP effectiveness and impact in the coming years.

This paper should be read in conjunction with two other policy papers—"Micronutrient fortification: WFP experiences and ways forward" (WFP/EB.A/2004/5-A/2) and "Nutrition in emergencies: WFP experiences and challenges" (WFP/EB.A/2004/5-A/3).

DRAFT DECISION*

In accordance with decision 2002/EB.A/4, the Board requests the Secretariat to add the following language to "Consolidated Framework of WFP Policies: A Governance Tool" (WFP/EB.A/2002/5-A/1) under cross-cutting issues:

"WFP will mainstream nutrition in its programmes, advocacy and partnerships in order to (i) tackle malnutrition directly, responding to and/or preventing malnutrition when food can make a difference, and (ii) enhance national and household capacities to recognize and respond to nutritional challenges. WFP will expand its efforts to achieve and document positive nutritional outcomes. This will include putting in place appropriate staff capacity at country, regional and Headquarters levels in nutritional assessment, programme design, project implementation and data collection and management. WFP will engage more fully in global and national policy dialogues on malnutrition problems and solutions in collaboration with appropriate partners."

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.

INTRODUCTION

"Reducing malnutrition is central to reducing poverty.
As long as malnutrition persists, development goals
for the coming decade will not be reached."
World Bank 2003[1]

1. Malnutrition is a formidable challenge, but not an intractable one. Today, we know better than ever why it is critical to treat and prevent nutritional deficiencies. We also know that it is possible. The number of stunted children—low height for age—was reduced from 220 million in 1990 to 180 million in 2003.[2] The number of under-weight children—low weight for age—also fell from 177 million to 140 million. Fewer people suffer iodine deficiency than a decade ago, and in some countries birth-weights and infant survival have improved.[3]

2. Such gains are important. They demonstrate that progress was possible despite population growth, devastating conflicts and natural disasters, and limited advances in agricultural productivity in most food-deficit countries. That said, much remains to be done. Malnutrition is not a just a physical state, a snap-shot of current well-being; it is a process. Reduced food consumption, ill-health and poor caring practices lead to infection, weight loss and compromised mental capacity. Nutritional deterioration is related not only to prevailing levels of consumption, health and care, but to past well-being in terms of birth weight and severity of episodes of illness. Some periods of life are more critical in nutrition terms than others, for example birth, infancy, early childhood, adolescence, pregnancy and lactation. Nutrition vulnerability is also associated with diseases such as measles, tuberculosis (TB) and HIV/AIDS.

3. WFP plays a growing role in fighting malnutrition and is already recognized as a key player in emergency nutrition, micronutrient fortification, HIV-nutrition programming, school nutrition and enhanced mother-and-child interventions. The Strategic Plan for 2004–2007 reconfirms WFP's commitment to support the improved nutrition and health of children, mothers and other vulnerable people. Yet malnutrition also cuts across strategic priorities, being a core aspect, for example, of the Enhanced Commitments for Women 2003–2007 and central to most emergency responses.

4. This paper explains how WFP uses food aid to support nutrition programming, and defines strategic directions to ensure greater effectiveness and impact. Building on recent field evidence and reviews of best practice, as well as consultations with United Nations and other partners in nutrition, this paper highlights links between nutrition and overall development goals, takes stock of WFP's current nutrition activities, defines areas for expansion and intensification of activities and considers challenges to be overcome in mainstreaming nutrition in WFP.[4]

[1] World Bank. 2003. *Combating Malnutrition: Time to Act*. Washington DC, Human Development Network.

[2] UNSCN. 2004. *5th Report on the World Nutrition Situation*. Geneva; World Bank, 2003.

[3] UNICEF/MI. 2004. *Vitamin and Mineral Deficiencies: Global Damage Report*. New York.

[4] Constructive comments on earlier drafts from UNICEF, FAO, IFAD, UNHCR and WHO are gratefully acknowledged.

NUTRITION AND THE MILLENNIUM DEVELOPMENT GOALS

5. The burden of malnutrition is carried not only by individuals, but by entire societies. On the one hand, there are inter-generation effects. Maternal malnutrition determines the status of newborns and the trajectory of infant growth, an "inheritance of hunger" passed from parents to offspring. On the other hand, malnutrition has serious developmental implications. According to the World Bank, "…the Millennium Development Goals (MDGs) cannot be reached without significant progress in eliminating malnutrition."[5] This is not just rhetoric: such statements are grounded in an accumulation of evidence documenting the importance of nutrition not just as an outcome of development, but as underpinning the development process itself.

Malnutrition, Disease and Mortality

6. There are critical interactions between nutrition and most of the MDGs, but particularly between malnutrition and hunger (MDG 1), child mortality (MDG 4), maternal health (MDG 5) and diseases such as HIV/AIDS (MDG 6). For example, malnutrition is directly implicated in more than 50 percent of the 10 to 12 million children under 5 who die each year.[6] Women are equally affected by malnutrition: iron-deficiency anaemia contributes to hundreds of thousands of maternal deaths each year and stunting is a major factor in obstructed labour during childbirth, another cause of maternal mortality. As a result, a woman living in Africa has a 1 in 16 chance of dying in pregnancy or child-birth, compared with a 1 in 2,800 risk for a woman in an industrialized country.[7]

7. Malnutrition's main contribution to mortality is through disease. Infant and maternal under-weight together rank as the leading risk factor in the global burden of disease, together contributing an estimated 170 million disability-adjusted life years (DALYs).[8] When a body's ability to resist infection is impaired, severe illness may result, which in turn decreases appetite and reduces the absorption of nutrients. The interaction between nutrition and disease is especially critical in relation to TB and HIV/AIDS (MDG 6). While research is still needed, malnutrition is thought to hasten disease progression and death. Treatment of HIV/AIDS with anti-retroviral drugs may be less efficacious and have more side-effects for malnourished individuals. With more HIV/AIDS testing becoming available to affected populations, and with a growing scientific understanding of links between malnutrition and HIV/AIDS, new opportunities are emerging for developing nutrition interventions specifically for food-insecure people with HIV/AIDS.

Malnutrition and the Dimensions of Poverty

8. Equally important though less direct interactions exist between malnutrition and poverty (MDG 1), education (MDG 2) and gender equality (MDG 3). Productivity losses in developing countries from the combined effects of stunting and iodine and iron deficiencies are equivalent to as much as 4 percent of gross domestic product per year.[9]

[5] World Bank. 2003.

[6] Jones, G. *et al*. 2003. How many child deaths can we prevent this year? *The Lancet*. 362: 65–71. Rice, A. *et al*. 2000. Malnutrition as an underlying cause of childhood deaths. *Bulletin of the WHO*. 78 (10): 1,207–21. Black, S. *et al*. 2003. Where and why are 10 million children dying every year? *The Lancet*. 361: 2,226–34.

[7] WHO. 2003. *Maternal Deaths Disproportionately High in Developing Countries*. Brief WHO/77 (Oct). Geneva.

[8] WHO. 2002. *The World Health Report*. Geneva.

[9] Horton, S. 1999. Opportunities for investment in nutrition. *Asian Development Review*. 17 (1/2): 246–73.

This effect is largely due to the impact on wages, productivity and low labour force participation resulting from absenteeism linked to ill-health. Low weight and height among adults is linked to reduced output and wages; an increase of 1 percent in caloric intake among Brazilians consuming only 1,700 kcal per day—well below the minimum required—results in almost a 2 percent increase in income through higher productivity.[10]

9. Other determinants of low income relate to education and gender discrimination. According to FAO, "…there is sufficient empirical evidence to indicate that early childhood nutrition plays a key role in cognitive achievement, learning capacity and ultimately household welfare."[11] The effects are greater for girls than boys, since girls already face more hurdles in gaining access to and retaining places in school. Greater gender balance in schools, coupled with improved performance by girls as a result of reduced malnutrition, contributes significantly to the enhanced status of adult women.

10. Such far-reaching interactions suggest that WFP should pay more attention to nutrition in its activities to support the achievement of *all* MDGs, not just MDG 1 on hunger. This will require not only enhanced impact through targeted nutrition interventions, but a mainstreaming of nutrition across its food-supported activities.

THE ROLE OF FOOD IN NUTRITION PROGRAMMING

11. Much is known today about how to design effective nutrition interventions.[12] Food is not the only or always the optimal resource needed in such activities. However, where malnutrition is linked to constrained food access, and where food of sufficient quality and quantity is required to meet identified needs in combination with relevant non-food resources, then food *is* an important element.[13]

12. The importance to nutrition programming of food *as* food rather than as resource transfer or incentive is increasingly documented. Well designed trials involving *food,* rather than just micronutrient supplements or medicines, document a range of positive outcomes, including maternal weight gain, improved birth weights and positive growth responses in children in locations as diverse as The Gambia, Indonesia and Nepal.[14] Indeed, in Mexico it has been shown that food supplements to children under 3 in the poorest households had a significant impact on child growth and reduced stunting. This impact, from "nutrition supplements alone", is estimated to account for an increase of almost 3 percent in lifetime earnings for those children through improved growth and productivity.[15]

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[10] Thomas, D. & Strauss, J. 1997. Health and wages. *Journal of Econometrics*. 77: 159–85.

[11] FAO. 2003. *Nutrition Intake and Economic Growth*. Rome.

[12] Allen, L. & Gillespie, S. 2001. *What works?* Geneva, UNSCN/Asian Development Bank.

[13] OECD/WHO. 2003. *Poverty and Health*. DAC Guidelines and Reference Series. Paris.

[14] Kramer, M. & Kakuma, R. 2004. Energy and protein intake in pregnancy (Cochrane Review). *The Cochrane Library.* 1/2004. Chichester, UK. Wiley, J. *et al*. 1997. Effects on birth weight and perinatal mortality of maternal dietary supplements. *British Medical Journal*. 315: 786–90. Ramachandran, P. 2002. Maternal Nutrition. *Nutrition Reviews*. 60 (5): 26S–34S; Rivera, J. & Habicht, J-P. 2002 Supplementary feeding on the prevention of mild-to-moderate wasting. *Bulletin of WHO*. 80 (12): 926–32.

[15] Behrman, J. & Hoddinott, J. 2001. *An Evaluation of the Impact of PROGRESA on Preschool child height*. Food Consumption Discussion Paper. No. 104. Washington DC, IFPRI.

13. Evidence of the nutritional impact of *food aid* is also accumulating. One recent study in Ethiopia showed that food aid had a significant protective impact on child growth during droughts.[16] Another study showed that households receiving food aid through food-for-work activities including WFP's *Meret* programme, showed positive results in terms of child weight-for-height.[17] Other work among Bhutanese refugees in Nepal demonstrated that WFP's fortified blended food (FBF) was associated with enhanced birth outcomes: between 1994 and 2001, camp-based birth weights improved, coinciding with the introduction of FBFs in the general ration.[18] Similarly, a trial among WFP-supported refugees in Algeria found that FBF given to stunted children permitted rapid nutritional improvement.[19] The latter study suggests that treatment of micronutrient deficiencies and growth retardation can be achieved among seriously malnourished children even up to the age of 5.

14. These scientific results confirm not only that food aid can play an important part in nutrition programming alongside other essential inputs, but also that WFP already has a solid basis on which to enhance its effectiveness.[20] The aim in coming years should be not only to explore new avenues for action but to expand and enhance what is already done well.

WFP AND NUTRITION PROGRAMMING

15. Nutrition has long been important to WFP. During the 1960s, WFP began supporting "mother-and-infant" projects that delivered supplementary food through health clinics—an activity that accounted for 6 percent of WFP development expenditure during the decade. Such experiences resulted in a resolution being adopted by the World Food Conference in 1974 which called on governments supported by multilateral food and financial assistance to provide supplementary foods to vulnerable groups "…on a scale large enough to cover on a continuing basis a substantial part of their need".[21] In response, WFP activities were expanded, particularly in Asia, such that the share of support to mother and infant programmes rose to almost 13 percent of the development portfolio during the 1970s, involving 1.5 million people.

[16] Yamano, T. *et al*. 2003. Child Growth, Shocks and Food Aid in Rural Ethiopia. *World Bank Policy Research Working Paper Series* No. 3096.

[17] Quisumbing, A. 2002. Food Aid and Child Nutrition in Rural Ethiopia. *World Development*. 31 (7): 1,309–132.

[18] Shrimpton, R. *et al*. 2003. *Maternal nutrition, birth weight and infant growth in Nepal*. London, Institute of Child Health.

[19] Lopriore, C. & Branca, F. 2001. *Strategies to fight anaemia and growth retardation in Saharawi refugee children*. Rome, Italian Nutrition Institute.

[20] Other positive impacts of WFP nutrition programming have been documented in the context of Ecuador's country programme evaluation of 2002, flour fortification in Bangladesh and reduced malnutrition in DPRK from 1998 to 2002.

[21] Memorandum on Special Feeding Programmes—Joint Action by FAO/WFP. File FP 1/1. 24 March 1976. Rome.

16. Today, WFP allocates roughly 20 percent of its development resources to what are now called mother-and-child health and nutrition (MCHN) interventions. This accounts for about US$40 million per year, targeted to 2.3 million people.[22] Most WFP beneficiaries inhabit South Asia (38 percent) and sub-Saharan Africa (49 percent). South Asia suffers the highest prevalence of low birth weights, maternal undernutrition and child stunting. Africa has higher rates of child mortality and acute malnutrition; indeed, Africa is the only continent in which malnutrition is getting worse rather than better.[23]

17. Of the 30 African countries hosting country programmes, 11 currently have MCHN interventions. In some cases, such as Malawi and Ghana, tackling malnutrition represents the primary country programme activity. The total number of beneficiaries reached in Africa was over 3.5 million during 2002. While this represents about half WFP's global MCHN beneficiaries, the number is relatively small given current levels of malnutrition. It also reflects the particular difficulty of implementing MCHN activities in countries with limited absorptive capacity related to weak infrastructure development, limitations in the coverage of government health systems in rural areas and lack of qualified implementing partners.

18. In Asia, by contrast, where six country programmes contain nutrition activities, there is a tradition of nationally-owned food-based nutrition interventions. India, Bangladesh and Cambodia, for example, have considerable institutional capacity with which WFP has been able to partner. India's Integrated Child Development Service, established in 1975 and supported by WFP since 1977, reaches almost 20 million young children and 3.5 million mothers per year.[24] Although WFP's support to India has diminished in recent years due to a geographic concentration of country programme activities and resource constraints, current activities in five states still reach over 1 million children annually.

19. WFP supports nutrition in the other regions, but on a smaller scale. The Latin America and Caribbean region includes seven countries with MCHN interventions, reaching more than 500,000 beneficiaries. Nutrition is the primary activity of country programmes in Guatemala and Honduras. The Middle East/North Africa region accounted for the remaining 9 percent of global MCHN beneficiaries, the largest activities located in Yemen and more recently in Pakistan.

Nutrition Goals of MCHN

20. The objectives of WFP's MCHN interventions are by no means standard, despite their common concerns. Goals range from combating acute malnutrition in Benin and Central African Republic to preventing weight loss among small children in Pakistan, reducing iron-deficiency anemia among mothers in Nepal and Honduras, reducing vitamin A deficiency among children in Bolivia, improving nutrition knowledge and practices in Sri Lanka and Bangladesh, reducing maternal mortality in Mauritania and even reducing the incidence of low birth weight in Ghana and Madagascar.

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[22] WFP data for 2003. This excludes WFP expenditure on nutrition in the context of emergencies (roughly 11 percent of relief expenditure), which during 2003 involved an additional 6 million mothers and children. Comparable spending by UNICEF on non-emergency nutrition averaged US$24 million annually during the 1990s; annual nutrition investments by the World Bank are less than US$100 million per year (Shrimpton, R. *et al*. 2002. *UNICEF Nutrition Portfolio Review*. New York; and World Bank, 2003.)

[23] World Bank. 2002. *Human Development in Africa*. Washington DC.

[24] WFP/M.S. Swaminathan Foundation. 2001. *Enabling Development: Food Assistance in South Asia*. Oxford, UK, OUP.

21. The variety of objectives reflects the multifaceted nature of malnutrition and the diverse contexts in which WFP operates. For instance, in the context of development programming WFP contributed food to over 12,000 acutely malnourished children in Zambia during 2002, and to 5,000 children in Burkina Faso. Conversely, there are emergency operations that seek not only to save lives but also to promote longer-term behavioural change through nutrition education. During 2002, ten PRROs included nutrition education in their activities. Some emergency responses also channelled supplementary foods to malnourished children through MCHN institutions—300,000 in Afghanistan and almost 1.5 million in the Democratic People's Republic of Korea (DPRK). Additional health and nutrition inputs were needed to prevent further deterioration of nutritional status—a preventive action.

22. Since malnutrition cuts across WFP's resourcing categories, it is important for WFP to build links where possible between development and emergency programming. WFP and its partners must be attentive to the precise nature of nutrition needs and seek to respond appropriately; a one-size-fits-all approach to malnutrition cannot be effective.

EVOLVING PRINCIPLES AND PRACTICES

23. While the provision of supplementary food to mothers and children remains central to many of WFP's nutrition activities, much has changed during recent decades. First, the nature of MCHN activities has evolved so that food delivery is no longer the only objective, and programmes are better tailored to problems they seek to overcome. Second, there is increased attention to maximizing the nutritional value of food rations. Third, the scope of nutrition programming now goes beyond narrowly-defined MCHN projects to include nutrition concerns in non-MCHN interventions.

The Changing Nature of MCHN Interventions

24. The promotion of mother-and-child nutrition is a complex activity. To be effective, WFP should only intervene when a primary factor limiting child growth or maternal weight gain is inadequate food, including micronutrient intake, and where food can generate leverage for necessary non-food inputs to be provided as well.[25] In such cases, food supplements can be an essential element of successful nutrition interventions. Indeed, WFP activities of recent years have generally shared design principles framed around lessons learned during the 1990s; among the most important are those set out in the following paragraphs.

25. The first is **good problem analysis** that clarifies the role of food. Closer attention by vulnerability analysis and mapping (VAM) and emergency needs assessment to nutrition problems has led to enhanced analysis of sub-national dimensions of malnutrition. Is the problem more to do with a lack of food or unsanitary water? Is the priority concern infants, school-aged children, mothers or adolescents? The result has been better geographic targeting to areas of food insecurity that *also* have nutrition and food consumption problems, and a better clustering of activities to gain value-added from food combined with non-food resources.

26. For example, the India country programme concentrated its activities during 2003 on four priority states, with a further concentration of resources in ten districts. The aim is to create synergies among different WFP programmes: MCHN combined with FFW and

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[25] WFP. 2003. *A Desk Review of WFP and Other Agency Mother and Child Nutrition Interventions*. Rome; LoPriore *et al*. 2004. *Best Practices in the Use of Food for Maternal and Child Nutrition Interventions* (draft). Rome.

other development activities to generate multiplier effects. Similarly, in Mauritania WFP focuses on areas of high food insecurity and high malnutrition and encourages other agencies such as the World Bank-supported nutrition programme NUTRICOM to work in the same locations as WFP-supported community food centres.

27. Second, **complementary resources and skills** are needed for nutrition interventions. In terms of resources, WFP is moving towards defining an "optimum package for nutrition". MCHN programmes revolve around a set of mutually-reinforcing activities shown to reduce maternal and child malnutrition, including (i) supplementary feeding, (ii) nutrition education—promoting good breastfeeding and complementary feeding practices for infants, including appropriate feeding and re-hydration of sick children, (iii) health services—vaccinations, antenatal care and health referrals, (iv) vitamin/mineral supplementation, especially iron folate to pregnant women, vitamin A and iodized salt, (v) de-worming and (vi) disease control.[26]

28. While WFP has long worked with Ministries of Health to implement MCHN activities, government and donor spending on nutrition has generally been low and usually inadequate to address the scale of problem.[27] This is in part because nutrition and hunger in general have been overshadowed by the poverty alleviation agenda that dominates national and sectoral budgetary allocations.[28] Since good nutrition requires more than the delivery of food, multiple resources and skills are needed to make a change.

29. In terms of skills, WFP can play a role in building capacity at national and at household levels. Finding ways to bring nutrition into the political and poverty-alleviation agenda is a priority, including building national capacity to address malnutrition. WFP increasingly seeks to support local health and nutrition infrastructure development and service delivery in remote, rural locations where most WFP beneficiaries reside. That said, as per WFP's programming principles, many MCHN projects seek to identify centres that offer at least a minimum of non-food resources and services necessary to achieve nutritional impacts.[29]

30. Third, there is an increasing **focus on preventing malnutrition**, not just treating it. Having noted that *national* capacity for health and nutrition service delivery needs to be much enhanced, it is equally true that greater capacity to recognize and deal with malnutrition is also needed at *household* level. Prevention is the key to obtaining desired nutrition outcomes in the long term. To be effective, prevention has to start at the community level with improvements in the care of women during pregnancy, complementary feeding, infant feeding and weaning practices, child care and women's status and entitlements in general.[30]

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[26] UNICEF. 2002. *Facts for Life*. New York; Bonnard, P. *et al*. 2002. *A Review of the Title II Development Food Aid Program*. Washington DC, FANTA.

[27] Spending on nutrition is usually subsumed under health expenditures, which are low to begin with. For example, among African countries with a GNP below US$300 per year, the average spent on health is a mere 1.4 percent (US$3.2 per capita). Nutrition expenditure represents only a tiny fraction of that small amount. (See Peters, D. *et al*. 2000. Benchmarks for Health Expenditures in Africa. *Bulletin of the WHO.* 78 (6): 761–69.)

[28] World Bank, 2003.

[29] WFP. 2003. "Consolidated Framework of WFP Policies: An Updated Version". WFP/EB.3/2003/10-B.

[30] According to Amartya Sen, "Insofar as WFP can reduce future [nutrition] deprivations through preventative intervention, this may even help to economize on the necessity of future intervention." Sen, A. *The Entitlement Perspective of Hunger.* Lecture given at WFP/UNU Seminar, 31 May 1997.

31. This requires communities to be involved in problem analysis; identifying local practices needs to be encouraged.[31] WFP already supports a variety of community-level actions. In El Salvador, for example, pre-school children obtain supplementary food through day-care centres organized and managed by parents and local teachers. In Cambodia, communities are mobilized beyond institutional settings. During 2002, over 1,000 village-based volunteers monitored child growth and offered nutrition training to mothers at village meeting points. The volunteers were responsible for storing and distributing WFP food provided for some 40,000 children and mothers conditional on their participation in growth promotion and nutritional monitoring activities.

32. Concerning nutrition education, many women receiving supplementary feeding also receive nutrition training. For example, in Zambia 37,000 women were trained during 2002 in nutrition best practices. In the Central African Republic, over 8,000 women received training and informational materials on nutrition. In Pakistan, more than 5,000 health workers were trained in anemia management and nutrition counselling, and nutrition messages were printed on ration cards. WFP's activity in El Salvador goes a step further and includes fathers in nutrition education sessions. Indeed, WFP has been directly involved in preparing, publishing and disseminating well-regarded nutrition training and education materials from Nepal and India to Mauritania and Ghana.

33. In all cases, the aim is to equip individuals and households to identify and manage malnutrition themselves. The effectiveness and impact of information, education and communication activities supported by WFP needs to be better understood and disseminated with a view to bringing the benefits of nutrition knowledge to more households.

Maximizing the Nutritional Value of WFP Food

34. In acknowledging that food alone is not enough, the fundamental importance of ensuring that malnourished people have enough high-quality food to eat must be kept in mind. WFP places emphasis on enhancing the quality of rations, not only through balanced food baskets but by adding nutritional value to food through micronutrient fortification.

35. At a technical level, WFP is collaborating with the Office of the United Nations High Commissioner for Refugees (UNHCR) and the University of London Institute for Child Health to develop a software tool to enable WFP and UNHCR staff to better assess and compare alternative food basket compositions.[32] WFP recently established a system for external, scientific review of "new" foods proposed to WFP. A technical advisory group of experts in many fields works under the auspices of the United Nations University on WFP's behalf to review potential new commodities in terms of quality, safety, nutritional value and operational value, bearing in mind WFP's shipment, storage and handling requirements.[33]

36. At the programming level, WFP's role in food fortification has expanded. Roughly two-thirds of MCHN projects provide fortified commodities. Nutritious complementary foods are often not available to mothers for feeding children above 6 months, so WFP is

[31] Of course community-level programming should be supportive of, not isolated from, government health systems.

[32] This tool is at an advanced stage of design and testing and will be available to WFP field staff during 2004.

[33] Applications to the advisory group are coded so that assessments focus on technical qualities of the product and its intended uses. A WFP internal review panel reviews technical advisory group conclusions in relation to additional factors, such as (i) cost, (ii) procurement/shipment issues, (iii) administrative and political considerations, (iv) likelihood of large-scale use and (v) vendor/donor reliability.

increasingly involved in supporting production of low cost fortified complementary foods largely using local ingredients.[34] WFP has so far assisted in establishing blended fortified food production in 13 countries.[35] Indeed, WFP's use of FBFs in India alone doubled from 55,000 tons in 2001 to 105,000 tons in the first ten months of 2003.[36] This reflects the value of enhanced foods in MCHN and other activities.

Enhancing the Nutrition Contribution of Other WFP Interventions

37. The third approach to mainstreaming nutrition involves recognizing the scope for achieving nutrition results even through non-MCHN interventions. For example, an increasing number of **food-for-education** (FFE) activities incorporate goals of enhancing nutrition knowledge, as in Rwanda and Tanzania, and reduce micronutrient deficiencies through school meals.

38. A 2002 review of FFE activities in 68 countries showed that, (i) a majority of school meal activities included at least one fortified item in their food basket, (ii) thirteen included corn-soya blend and (iii) seven included four fortified commodities. Where these products were used, micronutrient deficiencies had been identified as a nutritional concern to be addressed through FFE. For example, an activity in Angola seeks not only to enhance capacity for milling and fortification of maize meal, but to target children in areas prone to pellagra caused by vitamin B deficiency using a school-feeding modality, thereby achieving multiple aims simultaneously. Similarly, in Bolivia WFP supports pre-school and school-based feeding with fortified wheat flour, iodized salt and fortified vegetable oil, coupled with distribution of de-worming tablets organized by the Ministry of Health, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). The combination of fortified food, de-worming, and education has important synergistic effects.

39. **De-worming** is also a growing area of interest centring on nutritional benefits. De-worming is one of the most cost-effective ways of ensuring that food consumed by a child provides optimum benefits with regard to nutrition outcomes. Individuals suffering serious worm infestations have high risk of anaemia and other nutritional deficiencies. Working closely with WHO on de-worming since 1998, WFP has increased coverage to over 2 million children, including 1.3 million in Africa, where the problem is widespread, with plans for expansion through schools and MCHN activities. For example, in Cambodia WFP supports the national Nutrition Investment Plan (2002–2007), which includes introduction of de-worming for children over 2 and pregnant women after the first trimester.

40. Gains can also be achieved through WFP's **income-generating activities.** In Bangladesh and Senegal, WFP encourages local production of fortified blended foods which help to tackle micronutrient deficiencies. In Bangladesh, fortified wheat flour is destined for families as a take-home ration, while in Senegal fortified maize-based foods are mainly for children under 3, consumed in community feeding centres. Longer-term sustainability is an important element, because these projects promote local business development as well as enhancing women's technical and managerial capacities.

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[34] The link with nutrition education is important, because mothers should be able to act on advice on appropriate complementary feeding of infants or the information conveyed will be seen as irrelevant.

[35] Bangladesh, Bolivia, DPRK, Ethiopia, Honduras, India, Indonesia, Kenya, Malawi, Nepal, Pakistan, Senegal and Zambia.

[36] WFP Wings/SAP database.

41. Finally, it is important to highlight WFP's role in **advocacy and support for national policy development**.[37] WFP is increasingly involved with national governments to:

- define more clearly the nature of nutrition problems in the context of advances in understanding the nature of livelihood risks and household food insecurity;
- define the roles of food-supported programming in addressing malnutrition, including national activities using domestic resources, as in India and Sri Lanka;
- raise public and donor awareness of the urgency of malnutrition problems and address these more explicitly in the context of poverty-reduction strategy processes and the MDGs; and
- assist in promoting new nutrition and/or food fortification policies and strategies, as in Cambodia and Bangladesh.

42. Such policy-level activities pursued in close collaboration with national experts and United Nations partners are important in framing an enabling environment in which targeted nutrition interventions on the ground can succeed. They represent critical elements of institutional capacity building that is much needed to support effective nutrition programming.

PROGRAMMING CHALLENGES FOR NUTRITION

Weak Demand for Nutrition Services Reflects Weak Capacity

43. Chronic malnutrition often goes unnoticed. Where more than half of all children are stunted it is hard for parents to identify the processes that lead to stunting in their own sons and daughters. Yet while malnutrition is overlooked, good nutrition is largely invisible. Healthy, productive individuals do not equate their well-being with sound nutrition. Thus, it is hard to stimulate demand for the products and services that contribute to nutritional well-being. Nutrition is also rarely high on the political agenda of local governments or donors. Consequently, nutrition priorities are easily bypassed in priority setting for budgetary allocations, resulting in weak capacity for bringing about change.[38]

44. Inadequate capacity at all levels is a problem to be overcome. Predictably, the weakest institutional and human capacities for nutrition programming coincide with the worst nutritional problems. Interventions are hampered by the limited reach of delivery infrastructure, a lack of skills in disciplines beyond medical training and limited availability of non-food resources.[39]

45. A greater shift towards community programming is one way to overcome institutional weaknesses, but it is not an easy option. Large investments in time and effort are needed to promote community ownership, and among competing priorities nutrition may still be side-lined. WFP seeks to work closely with the World Bank in countries such as Ethiopia to support initiatives that have government backing and resources earmarked for nutrition activities. However, communities often focus on more pressing needs such as clean water

[37] This includes linking nutrition concerns to other priorities such as gender mainstreaming. For example, the first of WFP's Enhanced Commitments to Women (2003–2007) focuses on meeting the nutritional needs of adolescent girls and mothers and raising their nutrition awareness.

[38] World Bank, 2003, p. 37: "…nutrition is not dealt with systematically in country assistance strategies or in poverty assessments."

[39] FAO, 2003; Gillespie & Allan, 2001.

or roads. This being the case, collaboration is needed with partners who not only contribute to programming but who support institutional and skills development at national and community levels, and who promote policy dialogue that brings malnutrition centre-stage alongside economic growth. "Demand" for nutrition has to be facilitated, just as demand for gender equality or decentralization of power has been facilitated in recent decades.

Partnerships

46. Because so many factors—food, health, care and service delivery—interact to determine nutritional well-being, WFP must expand its network of collaboration with agencies, institutions and experts in nutrition policy and programming. WFP is already a leading contributor to the budget and steering committee activities of the United Nations Standing Committee on Nutrition, the premier forum for policy dialogue on both scientific and operational issues in nutrition.

47. In terms of programme partnership, WFP is increasingly sought out by sister United Nations agencies seeking to combine forces on nutrition interventions. In Ethiopia, for example, UNICEF and WFP are working together to achieve a large coverage in a new MCHN activity by offering supplementary fortified food distribution as a conditional transfer linked to growth monitoring and promotion, health service delivery and vaccination. In Southern Africa, a new FAO, UNICEF and WFP joint activity will focus on meeting immediate and longer-term nutritional and food security needs of HIV/AIDS orphans in southern Africa. In Senegal, Mauritania and Madagascar, WFP works closely with the World Bank and United Nations volunteers.

48. Plans for joint work on nutrition are being developed by WFP and UNICEF and FAO, as are new umbrella agreements with the Centres for Disease Control and Prevention, the Italian Nutrition Institute, the Micronutrient Initiative and non-governmental organizations (NGOs). WFP commitments to nutrition must be underpinned by committed staff resources, not simply food resources. Expanded nutrition training for WFP staff, coupled with guidance on technical programming issues, remain priorities.

Non-Food Resources

49. WFP's capacity to contribute to partnerships relies not only on skills and capabilities but also on resources. Non-food resources are needed for training, to produce nutrition education materials and to develop technical modules for staff training. Nutrition projects also require non-food resources, including support for training of village volunteers and clinic-based counsellors, micronutrient fortification including milling, local purchase of FBFs, and improved nutrition data management. Documenting and disseminating results within a results-based management (RBM) framework will require WFP to collect, analyse and manage nutrition information. Flexible funding modalities that generate cash resources have in recent years underpinned much that is innovative in WFP's nutrition programming. Sources of cash to support enhanced nutrition activities across WFP must be identified and secured.

Documenting Nutrition Impact

50. Evidence-based programming is essential to achieve nutrition goals. The adoption of nutrition indicators in the context of RBM represents a significant shift in WFP's approach. However, since the use of nutrition information for corporate and management purposes is new to WFP, much needs to be done on staff training, technical guidance, analytical support and interaction with field partners in nutrition. For example, the International Fund for Agricultural Development (IFAD) and WFP collaborated during 2000–2001 in piloting

rapid nutrition assessment tools to establish benchmarks on malnutrition in China. Surveys conducted in partnership with national institutions in Shaanxi, Hubei and West Guangxi provinces will serve as reference points for impact evaluations in 2006.

51. This is not to suggest that WFP staff will collect most nutrition data; such data are frequently collected by implementing partners and need to be reported more systematically. In some cases, WFP country offices will need to work with counterparts to oversee data collection themselves, with support from Headquarters and regional bureaux. Collaboration with FAO, UNHCR, the International Committee of the Red Cross (ICRC), UNICEF and other agencies will be needed to build national and local institutional capacities in support of enhanced nutrition programming. Interaction among WFP's own technical units will also be needed to support enhanced data collection and analysis capability. Over time this will contribute to greater understanding and ownership of nutrition information in WFP.

52. These largely new activities will tax WFP capacity, particularly in small country offices with limited cash and heavily reliant on bilateral, in-level funds for value-added activities. It will be important to budget appropriate resources in project formulation for relevant baselines and follow-up surveys; something that has not been done on a consistent basis in the past.

CONCLUSIONS AND RECOMMENDATIONS

53. Targeted nutrition interventions represent roughly 11 percent of WFP's emergency expenditure and 20 percent of the development portfolio. When adding WFP investments in milling and micronutrient fortification, de-worming activities, nutrition education in PRROs and country programmes, the production and purchase of fortified blended foods and HIV/AIDS and school-based programming with explicit nutrition goals, it becomes clear that WFP's contribution to nutrition programming is indeed significant.[40]

54. The Strategic Plan 2004–2007 is committed to giving nutrition "a higher priority" in its activities and seeks to do so by broadening WFP's nutrition agenda, which will no longer be a niche activity but a mainstream activity known as food for nutrition (FFN). This includes new-generation MCHN activities and focuses on the leverage offered by food itself, the nutritional gains to be had even in the margins of food-supported activities and WFP's role in advocating at national and international levels for policies and actions against malnutrition.

55. FFN focuses on enhancing the capacity of the world's most food-insecure people to overcome the current and future burdens associated with malnutrition. This means building capabilities at national and household levels to recognize, manage and ultimately prevent nutritional deterioration. For nutrition programming to have impact, however, resources must be sustained and flexible. "Sustained" means a secure flow of food, with commodities arriving on time and together for the entire period of a nutrition programme, because maternal well-being, pregnancy outcomes and child growth are much harder to remedy once compromised. "Flexible" implies that conventional approaches to determining cash resources based on tonnage of food delivered are not conducive to nutrition programming, where quality matters as much as quantity.

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[40] Growing awareness of the scale of WFP's activities is reflected by the suggestion in UNDP's *Human Development Report 2003* that, "…international financing for community nutrition…could be organized under the World Food Programme as an international bank providing nutrition for all." (p. 90)

56. To achieve WFP's strategic nutrition goals, human and institutional capacity must be enhanced at all levels. Good problem analysis, innovative programming, effective collaboration with partners and documentation of results will require more skills, sustained funding and a commitment to prevention as well as cure. For this to be possible, the following requirements are essential.

- Nutrition capacity needs to be enhanced at country and regional levels to ensure that WFP can implement best practice in nutrition and document results. Each regional bureau and large priority operation should be more systematically staffed with appropriate nutrition expertise, supported by nutrition training for all staff categories.
- Modalities to support the special resource needs of nutrition interventions should be explored. Cash is critical for local fortification, local procurement of blended foods—where possible using local ingredients—production of nutrition education materials and support for local nutrition training. If nutrition is to be mainstreamed across WFP, internal sources of financing for nutrition may need to be earmarked. In the past, a few donors were instrumental in supporting WFP's nutrition programming through institutional support grants. Wider support of this kind, focused on nutrition programming, is desirable.
- The prevention of malnutrition requires creative food-supported programming as part of an optimum package of resources and skills. WFP should commit to longer-term capacity-building at the household and national levels while seeking to facilitate policy-level and private-sector initiatives that focus on meeting the needs of nutritionally vulnerable individuals.

ACRONYMS USED IN THE DOCUMENT

DAC	Development Assistance Committee
DALY	disability-adjusted life year
DPRK	Democratic People's Republic of Korea
FAO	Food and Agriculture Organization of the United Nations
FBF	fortified blended food
FFE	food for education
FFN	food for nutrition
ICRC	International Committee of the Red Cross
IFAD	International Fund for Agricultural Development
IFPRI	International Food Policy Research Institute
MCHN	mother-and-child health and nutrition
MDG	Millennium Development Goal
NGO	non-governmental organization
NUTRICOM	Nutrition, Food Security and Social Mobilization Project
OECD	Organisation for Economic Co-operation and Development
PROGRESA	*Programa de Educación, Salud y Alimentación*
PRRO	protracted relief and recovery operation
RBM	results-based management
TB	tuberculosis
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Childrens' Fund
UNSCN	United Nations Standing Committee on Nutrition
UNU	United Nations University
VAM	vulnerability analysis and mapping
WHO	World Health Organization