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UPDATE ON THE NUTRITION POLICY



* In accordance with the Executive Board's decisions on governance, approved at the Annual and Third Regular Sessions, 2000, items for information should not be discussed unless a Board member specifically requests it, well in advance of the meeting, and the Chair accepts the request on the grounds that it is a proper use of the Board's time.

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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for information.

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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Should you have any questions regarding availability of documentation for the Executive Board, please contact the Conference Servicing Unit (tel.: 066513-2645/2558).

* Nutrition Advisory Office

** Nutrition and HIV/AIDS Unit

EXECUTIVE SUMMARY

At the request of the Board, WFP provides regular updates on implementation of its nutrition policy, which was approved in February 2012.

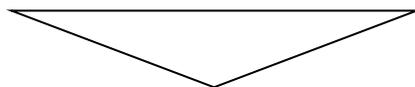
Since then, WFP has been involved in: i) expansion of the Scaling Up Nutrition movement to cover 33 countries; ii) consultations for the post-2015 development agenda; and iii) the new series in *The Lancet* on nutrition to be published by the middle of 2013.

WFP's work in nutrition is coordinated with the United Nations Children's Fund, the World Health Organization and the Food and Agriculture Organization of the United Nations. It is harmonized by working through Scaling Up Nutrition, the Ending Child Hunger and Undernutrition Partnership, the cluster system and the Standing Committee on Nutrition, with a view to promoting effectiveness, efficiency, complementarity and holistic approaches. WFP and its partners support governments in developing and implementing nutrition policies, working through United Nations Development Assistance Frameworks.

The policy has four nutrition-specific pillars: i) treatment of moderate acute malnutrition among children under 5, pregnant and lactating women and people living with HIV or receiving treatment for tuberculosis; ii) prevention of acute malnutrition; iii) prevention of stunting during the first 1,000 days; and iv) addressing micronutrient deficiencies. The policy also covers nutrition-sensitive interventions within school feeding, general food distributions, food for assets, training or work, and other interventions in which nutrition is not the primary goal. WFP works in partnership with governments, academia, non-governmental organizations, donors and the private sector to provide technical support and implement programmes, evaluate impacts, enhance programming, guide nutrition policies and strategies and contribute to the nutrition evidence base.

WFP will continue to identify approaches for preventing acute malnutrition, addressing malnutrition in pregnant and lactating women, and guiding the use of cash and vouchers to improve nutrition outcomes. With its partners, WFP will continue to develop the post-2015 agenda, enhance education and nutrition outcomes and improve modalities intended to prevent chronic malnutrition among young children during the first 1,000 days following conception and thereby contribute to breaking the intergenerational cycle of undernutrition.

DRAFT DECISION*



The Board takes note of “Update on the Nutrition Policy” (WFP/EB.A/2013/5-E).

* 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

1. The Board approved WFP's nutrition policy in February 2012,¹ setting out WFP's work with partners in the United Nations, civil society, academia and the private sector to assist governments in defining and implementing nutrition policies. Beginning with this update, the Secretariat will provide updates at alternate Annual Sessions of the Board.
2. This update covers engagement and action at the global and country levels and issues for the future. The next update, to be presented at the 2015 Annual Session, will reflect the recommendations of the planned evaluation of the nutrition policy.
3. Since the June 2012 follow-up to the policy,² the momentum for action and for the use of innovative modalities has accelerated. The number of countries engaged in the Scaling Up Nutrition movement had increased to 33 by March 2013, reflecting a new level of commitment. The scale and sustainability of operations have increased as a result of more effective partnerships and better coordination in designing and delivering nutrition programmes. The 2013 update of the series on nutrition in *The Lancet*, in which WFP had an advisory role, will enhance understanding of the optimum ways to address undernutrition. Moreover, it will address obesity, diet, nutrition-sensitive policies and developments in nutrition governance. This will lead to improvements in WFP's engagement and will highlight areas where synergies between agencies can be leveraged. Through its engagement with frameworks for action, advocacy, research and lessons learned, WFP continues to influence the global and national nutrition agendas.

Developments with SUN, SCN, REACH and the Cluster System

4. WFP coordinates its work in nutrition through the Scaling Up Nutrition (SUN) initiative, the Renewed Effort Against Child Hunger and Undernutrition (REACH) partnership, the Standing Committee on Nutrition (SCN) and the cluster system to promote effectiveness and efficiency.
5. The SCN coordinates work on nutrition by the Food and Agriculture Organization of the United Nations (FAO), the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and WFP, which currently chairs the SCN.
6. WFP actively participates in SUN, which has generated unprecedented political commitment for improving nutrition during the first 1,000 days: 33 countries are now members (see Table 1). The Executive Director is a member of the SUN lead group. WFP's nutrition policy is aligned with SUN with a view to promoting the scaling up of nutrition-specific and nutrition-sensitive approaches. WFP has operations in all SUN countries except Nigeria; it is also the participatory agency for SUN advocacy in seven other countries, and is part of the SUN multi-partner trust fund.
7. In the United Nations, FAO, UNICEF, WHO and WFP are the support network for SUN in that they coordinate the work of the SCN, which has a global mandate, and REACH, which operates at the country level. Through its engagement, WFP helps to ensure that field realities are adequately addressed by the SUN leadership and enables its regional bureaux and country offices to form partnerships and advocacy coalitions for scaling up nutrition at the country level.

¹ WFP/EB.1/2012/5-A.

² WFP/EB.A/2012/5-D.

TABLE 1: SUN AND REACH COUNTRIES, BY WFP REGION	
OMB: ASIA	OMC: MIDDLE EAST, NORTH AFRICA, EASTERN EUROPE AND CENTRAL ASIA
<ul style="list-style-type: none"> ➤ Bangladesh* ➤ Indonesia ➤ Lao People's Democratic Republic ➤ Nepal* ➤ Sri Lanka 	<ul style="list-style-type: none"> ➤ Kyrgyz Republic ➤ Yemen
OMD: WEST AFRICA	OMJ: SOUTHERN AFRICA
<ul style="list-style-type: none"> ➤ Benin ➤ Burkina Faso ➤ Gambia ➤ Ghana* ➤ Mali* ➤ Mauritania* ➤ The Niger* ➤ Senegal ➤ Sierra Leone* 	<ul style="list-style-type: none"> ➤ Madagascar ➤ Malawi ➤ Mozambique* ➤ Namibia ➤ United Republic of Tanzania* ➤ Zambia ➤ Zimbabwe
OMN: EAST AND CENTRAL AFRICA	OMP: LATIN AMERICA AND THE CARIBBEAN
<ul style="list-style-type: none"> ➤ Burundi ➤ Ethiopia* ➤ Kenya ➤ Rwanda* ➤ Uganda* 	<ul style="list-style-type: none"> ➤ El Salvador ➤ Guatemala ➤ Haiti ➤ Peru

* Countries where REACH is present.

8. WFP and the Global Alliance for Improved Nutrition (GAIN) chair the SUN Business Network, which was launched in December 2012 to engage businesses in supporting improved nutrition. The network seeks to involve businesses of all sizes in the food, finance, energy, natural resources, logistics and telecommunications sectors, and to build a virtual platform that will help businesses to engage.
9. The United Nations Children's Fund is the lead agency of the global nutrition cluster (GNC), which seeks to ensure that during emergencies nutrition needs are met. Working closely with UNICEF, WFP focuses on treatment of moderate acute malnutrition (MAM), prevention of acute malnutrition and addressing micronutrient deficiencies. WFP leads the MAM task force of representatives of UNICEF, donors, international non-governmental organizations (NGOs) and academic institutions, which recently released a decision-making tool for MAM in emergencies, partly based on WFP's experience in designing and implementing programmes addressing acute malnutrition. WFP is also chair of the 2013 Interim Strategic Advisory Group, which will guide the GNC for the coming year.

Addressing Undernutrition with other United Nations Agencies

10. The REACH initiative has piloted programmes in West Africa and Southeast Asia to find ways in which United Nations agencies can reduce chronic malnutrition and respond to immediate food needs. With support from the Government of Canada and other donors, REACH is present in the 12 countries marked with an asterisk in Table 1.

11. WFP is also participating in the SCN/REACH mapping of country-level actions by United Nations agencies with a view to optimizing joint responses to country needs and scaling up nutrition work in countries where REACH is not in place.
12. WFP supports government nutrition programmes through advocacy, capacity development, programme design and implementation with a view to improving access to food and nutrients. WFP and its partners also assist with situation analyses and the design of gender-sensitive responses based on combinations of food, cash and vouchers. WFP works with WHO, UNICEF, FAO, the Joint United Nations Programme on HIV/AIDS (UNAIDS), SUN and REACH to help governments: i) develop a multi-sectoral response to undernutrition; ii) integrate nutrition interventions with food security, health and social-protection programmes; and iii) develop and implement monitoring and evaluation (M&E) systems.
13. WFP and UNICEF coordinate work to address undernutrition. Their Executive Directors issued a joint letter in June 2012 committing the agencies to addressing undernutrition and education. Technical staff from the respective Headquarters met several times in 2012 to identify ways to enhance collaboration; a joint review to identify ways of improving the partnership is under discussion.
14. Staff of WFP and the Office of the United Nations High Commissioner for Refugees (UNHCR) met on several occasions during 2012. A joint planning meeting in March identified gaps and required actions; in May, WFP staff from country offices, regional bureaux and Headquarters participated in a workshop on nutrition programming in refugee settings; in November, Headquarters staff participated in the review of the anaemia strategy of UNHCR.
15. Examples of operational coordination among United Nations agencies in 2012 include meetings with FAO and WHO experts on microbiology and food safety, and work with UNICEF, *Médecins sans frontières* (MSF), the GNC and manufacturers to increase the production and distribution of lipid-based ready-to-use products.

Update on the Implementation of WFP's Nutrition Policy

16. The five pillars of WFP's new nutrition policy are: i) treatment of moderate acute malnutrition; ii) prevention of acute malnutrition; iii) prevention of chronic malnutrition; iv) addressing micronutrient deficiencies; and v) ensuring that programmes such as general food distribution, school feeding and food for assets contribute to improved nutrition outcomes. WFP works with governments and other stakeholders to design and implement nutrition strategies and to apply lessons learned with a view to enriching nutrition programming.
17. In 2012, WFP reached 12.5 million children aged 6–59 months and 3.9 million pregnant and lactating women with nutrition programming. In 35 of the 60 countries where WFP has nutrition activities, specialized nutritious foods were being used. For treatment, these included *SuperCereal Plus* and large-quantity lipid-based nutrient supplements (LNS) such as Plumpy'Sup and Acha Mum; for prevention, they included *SuperCereal Plus* or small-quantity or medium-quantity LNS such as Plumpy'Doz and Wawa Mum.³
18. WFP's nutrition programmes are informed by learning from country operations. After the 2010 earthquake in Haiti, for example, a large-scale nutrition programme was implemented by WFP, UNICEF and the nutrition cluster, with the Ministry of Health and NGOs: it included food assistance, supplementary feeding for children aged 6–23 months,

³ The LNS quantity size refers to the number of calories and portion size of the products.

support for infant and young child feeding, vaccinations and treatment of acute malnutrition. After the immediate response, WFP and other organizations continued to support the Ministry of Health nutrition programme to address existing and emerging nutrition problems; a 2012 nutrition survey showed that acute malnutrition had declined from 9 percent in 2005 to 4 percent in 2012. This suggests that an emergency response followed by long-term assistance can reduce acute malnutrition, and shows the value of working in partnerships to address the multiple causes of undernutrition.

19. When the 2012 drought in the Sahel threatened to increase already high rates of undernutrition WFP launched a programme to address acute malnutrition in eight countries, supported by the nutrition cluster and partnerships with the government, UNICEF and NGOs. The programme – treatment of malnourished pregnant and lactating women and children aged 6–59 months throughout the year combined with blanket supplementary feeding for children aged 6–23 months from May to September – reached up to 1.5 million beneficiaries each month. Studies of the blanket supplementary feeding component showed that 60 percent of the targeted children were reached.
20. WFP’s work in 2012 on programmes for the prevention of stunting provided a framework for research and lesson learning. An example is the partnership being planned with the Children’s Investment Fund Foundation (CIFF), which will reach 40,000 pregnant and lactating women and children aged 6–23 months in Malawi and Mozambique. Lessons learned from the design phase of this partnership have informed nutrition planning and scaling up in several other countries under the Nutrition Capacity Strengthening Plan funded by the Canadian International Development Agency, Norway and others.
21. WFP continues to improve its programming to address micronutrient deficiencies. WFP, UNICEF, GAIN, the Micronutrient Initiative and others work to ensure adequate micronutrient intake among those most vulnerable to deficiencies and consequent increased morbidity and mortality. Micronutrients are included in the specialized nutritious foods used for preventing and treating acute malnutrition, in fortified staple foods used to address food insecurity and in micronutrient powders and small-quantity LNS used to fortify meals after preparation. Since June 2012, the use of micronutrient powders in school feeding has expanded as Côte d’Ivoire, the Dominican Republic, Mali and the Niger have started to add them to school meals.
22. WFP is a member of the Home Fortification Technical Advisory Group,⁴ which aims to build consensus on related issues and provide standards and guidelines for policymakers, NGOs and corporations. This guidance informs the support provided by UNICEF, WFP and partners for countries designing and rolling out home-fortification programmes. At regional workshops in Asia, Latin America and Africa, WFP and its partners discussed experience and next steps; workshops for North Africa and the Middle East will take place in May 2013.
23. WFP supports malnourished people on anti-retroviral therapy or directly observed short-course therapy and people affected by HIV/AIDS or tuberculosis (TB) through nutrition-specific and nutrition-sensitive programming. WFP’s policy on nutrition and HIV/AIDS⁵ is in line with the 2011–2015 UNAIDS Getting to Zero approach, the UNAIDS Division of Labour and WFP’s Strategic Plan (2008–2013). WFP is the lead

⁴ The members are WFP, UNICEF, the Micronutrient Initiative, Sprinkles Global Health Initiative, Helen Keller International, Sight and Life, the Centers for Disease Control and Prevention, the University of California at Davis and GAIN.

⁵ “Update on WFP’s Response to HIV and AIDS” (WFP/EB.A/2013/5-D).

agency in UNAIDS for integrating food and nutrition support in national programmes for people living with HIV. WFP and UNHCR are co-convenors for HIV in humanitarian emergencies.

24. WFP is changing the focus of its HIV programmes from mitigation to enabling access to obtaining positive treatment outcomes through food and nutrition support. WFP collaborates with national stakeholders and governments to ensure that food and nutrition support is included in HIV and TB programmes. A 2011 gap analysis showed that this approach is effective. WFP's other programmes in areas of high prevalence are HIV-sensitive and TB-sensitive with a view to mitigating the consequences of the two diseases: these include school feeding programmes, life skills training and general food distributions.
25. WFP is contributing to the understanding of nutrition-sensitive programming by refining its approaches in interventions where improvement of nutritional status is not a primary objective, such as general food distributions, school feeding programmes, and food-for-work, food-for-assets and food-for-training projects. These provide food, vouchers or cash to enable beneficiaries to meet their nutrient needs, especially in areas with high undernutrition. WFP intends to incorporate the review of nutrition-sensitive programming in *The Lancet* into its plans later in 2013.
26. The Purchase for Progress initiative is developing models for aggregating small-scale farmers so that they can participate in WFP's food procurement system; it also exploits the link between agricultural growth and reduced undernutrition. Integrating small-scale farmers into value chains and markets increases the amount of fresh produce available to households and enhances the incomes and nutritional status of the farmers. The role of small-scale farmers in providing healthy foods is increasingly recognized, and agricultural growth involving smallholders, especially women, helps to reduce extreme poverty and hunger.

Cross-Cutting Issues

27. WFP and its partners are using new technologies to develop and improve nutritious foods and to deliver effective nutrition interventions. This involves research to optimize the palatability, stability and cost of nutrition products and setting specifications for nutrition and safety. WFP's partners include FAO, WHO, UNICEF, Koninklijke DSM and Wageningen University in the Netherlands, International Relief and Development, Johns Hopkins University and Kemin Industries in the United States of America, the Swiss nutrition think tank Sight and Life, the International Centre for Diarrhoeal Disease Research in Bangladesh, MSF and the French NGO GRET (*Professionnels du développement solidaire*, Professionals for Fair Development).
28. Major progress has been made in improving the nutritional value of *SuperCereal Plus* and *SuperCereal*, increasing the fortification of staples and condiments, developing ready-to-use foods and extending the range of safe nutritious products that can be deployed. WFP is working on large-scale rice fortification with Koninklijke DSM and the Seattle-based Program for Appropriate Technology in Health as a cost-effective way to deliver micronutrients through daily diets. Pilots are under way in Bangladesh, Cambodia and Ecuador; Egypt already uses fortified rice in its school meals programme.
29. Local development and production of nutritious foods is also increasing. In Ethiopia, the partnership of WFP, PepsiCo and local producer Guts is developing and testing a ready-to-use food based on chickpeas to treat and prevent MAM. In Bangladesh, the International Centre for Diarrhoeal Disease Research, Koninklijke DSM and WFP have

developed two ready-to-use food supplements intended to improve the diets of children aged 6–23 months; these are being tested by Johns Hopkins University, the International Centre for Diarrhoeal Disease Research and WFP. The fact that the products are locally produced by Olympic Industries contributes to sustainability. Three companies in Pakistan already produce chickpea-based ready-to-use foods called Wawa Mum and Acha Mum.

30. WFP continues to enhance staff awareness and skills in food safety and to improve quality-assurance systems for specialized nutritious foods. The aim is to ensure that food delivered by WFP has maximum nutritional impact so that beneficiaries live healthier lives. The activities include food specification reviews, routine audits of food producers and reviews of service providers such as inspection companies and laboratories.
31. WFP also supports food safety in local food production in countries where it operates to ensure that quality standards are met. This is done by providing control kits for farmers' organizations, constructing containerized units in Afghanistan and supporting *SuperCereal Plus* suppliers.
32. In collaboration with United Nations agencies, NGOs and academic organizations, WFP is developing guidelines on supply chain management of specialized nutritious foods for the treatment of MAM and the prevention of undernutrition.
33. To improve its delivery pipelines, WFP has established a working group to ensure that specialized nutritious foods are available as required. The Forward Purchase Facility was established to enable WFP to: i) improve the punctuality of food deliveries by reducing lead-times; ii) procure food at the best times and seasons; and iii) reduce delays in emergency responses that occur because funding can only be secured shortly before nutrition products need to be available. WFP's response to the Horn of Africa emergency utilized demand planning and forward purchases of food to reduce by one third the time between funding becoming available and the arrival of food at a port.
34. Monitoring and evaluation is essential for adjusting programme implementation and assessing coverage, acceptance and impact. WFP utilizes several information streams for planning, delivering, tracking and managing its nutrition programmes.
35. WFP is working with academic institutions to evaluate its nutrition programmes, particularly when innovative products or delivery modalities are used or when evidence is being developed. Impact evaluations are being conducted with the Centers for Disease Control and Prevention, CIFF, Groundwork Inc., the International Food Policy Research Institute and others in Bangladesh, Kenya, the Lao People's Democratic Republic, Malawi and Mozambique. Assessments of the effectiveness of products and programmes focus on programme delivery, coverage, acceptance and utilization with a view to increasing understanding of what works – where, for whom and why.
36. As part of the nutrition element of the response to the 2012 Sahel crisis, WFP monitored and evaluated its blanket supplementary feeding programmes, focusing on development of the logic model, an indicator framework and an M&E plan. The results, particularly the rigorous design of the programme in the Niger, contribute to the evidence base for nutrition programming in emergencies and to knowledge about the type and scale of financial and human inputs required for monitoring and evaluating nutrition interventions.
37. In partnership with CIFF, WFP is developing tools for monitoring and evaluating interventions to prevent stunting in Malawi and Mozambique. These will focus on three critical areas for achieving impact and will use several performance indicators. WFP will be accountable for reporting on output indicators and some outcome-level indicators;

Johns Hopkins University will assess results at the impact level and some outcome indicators. Learning to date includes the value of developing M&E in parallel with programme design, and the work required to plan and carry out efficient M&E.

Contributing to the Nutrition Evidence Base

38. WFP and its partners are researching into efficiency and effectiveness in: i) the performance of specialized nutritious foods in various aspects of nutrition programming; ii) influencing households' use of food to improve intake and reduce sharing; and iii) programme changes to maximize the achievement of nutritional objectives. The partners are Epicentre/MSF, Project Peanut Butter, Washington University, Tufts University, Johns Hopkins University, the United States Agency for International Development, Wageningen University, the International Centre for Diarrhoeal Disease Research in Bangladesh, the Institute of Research for Development in Montpellier, University College London and Sight and Life; work is ongoing in Bangladesh, Cambodia, Malawi, Nepal, the Niger and Sierra Leone.
39. Research by WFP and Epicentre/MSF compared the impact of cash and specialized nutrition products with a combination of child-specific nutrition support and cash or food for households on the prevention of wasting during the lean season in Niger. The combination of *SuperCereal Plus*, *Plumpy'Doz* or *Supplementary'Plumpy* for children under 2 with cash support for households of 38 euros per month or food support of 1,077 kcal per person per day offered the best protection; this combination was the most expensive, however. Cash modalities had the same impact as specialized foods on preventing wasting, but the cash approach cost more – 43 euros per month as opposed to 7 euros per month for food, excluding transport and distribution. These results show: i) that nutrition support for young children is most cost-effective in the form of food; and ii) that in vulnerable households a specialized nutritious product should be included for children under 2 and pregnant and lactating women.
40. WFP is mapping the range of MAM programming by different agencies, building on UNICEF's mapping of community management of acute malnutrition programming in 2009 and 2011. WFP and its partners are also assessing other approaches to preventing and treating MAM in WFP-supported programmes and those of other agencies that do not use WFP supplies. The findings will be used to improve WFP's support for partners in the field and to contribute to dialogue on the treatment of MAM and the prevention of acute malnutrition.
41. WFP delivers some of its food assistance in the form of cash and vouchers. The scale of cash and voucher programming increased by 76 percent – from US\$203 million to US\$359 million – between 2011 and December 2012, and currently accounts for 7.3 percent of WFP's Programme of Work. It is anticipated that an increasing share of WFP's assistance will be delivered in the form of cash, vouchers and new kinds of "digital food". These modalities have benefits such as reduced shipping costs and lead times, but it cannot be assumed that cash and vouchers are always more effective than in-kind food assistance, particularly for young children. There is to date little evidence linking cash or vouchers to improved nutritional status. WFP is examining contexts in which cash or vouchers may be the optimum modalities for delivering nutrition-specific support and is conducting analyses with a view to improving the nutritional impact of cash and voucher programming.

Update on Funding

42. To implement its nutrition policy, WFP will have to make one-off extra-budgetary allocations to: i) enhance partnerships and develop national capacities in nutrition; ii) strengthen nutrition-related skills among staff; iii) assess the availability and utilization of nutrient-rich foods for young children and women; iv) accelerate delivery mechanisms and make them more reliable, for example through forward purchasing and local and regional procurement; v) improve M&E capacities; and vi) carry out research and cost-effectiveness studies.
43. Implementation of these improvements over five years is expected to require an additional US\$15.3 million in extra-budgetary funding. WFP has received additional support from Norway since the June 2012 follow-up to supplement the support from Canada, Luxembourg, Saudi Arabia and the United States of America, and from partnerships with CIFF, the Micronutrient Initiative and Koninklijke DSM; this brought commitments in support of roll-out of the nutrition policy to US\$9.9 million. Norway and the Canadian International Development Agency made contributions totalling US\$16 million for nutrition operations in Guatemala, Kenya, the Lao People's Democratic Republic, Madagascar, the Niger and the Sudan.
44. In line with Fit for Purpose, the regional bureaux will have a major role in supporting country nutrition programming, M&E and capacity development. WFP will continue to engage with the private sector and governments to expand partnerships that exploit comparative advantages, and will update the Board every two years as to developments in the nutrition policy and progress in fundraising.

Future Directions for Nutrition in WFP

45. WFP and other agencies are working together to help define the post-2015 development agenda. WFP and FAO led the informal consultation of the Committee on World Food Security in collaboration with the International Fund for Agricultural Development, Bioversity International and the governments of Spain and Colombia: 180 governments, international organizations, civil society organizations and private-sector stakeholders participated in the event. The consultation was an opportunity for WFP to advocate the importance of adequate nutrition in the first 1,000 days of life and to establish the reduction of stunting as a goal rather than an indicator in the post-2015 development agenda.
46. School feeding programmes implemented by WFP and its partners have contributed to addressing the Millennium Development Goals of reducing hunger by half, achieving universal primary education and achieving gender parity in education by 2015. Enrolment and attendance have improved, but action to improve access to and quality of education is needed to consolidate these gains. The United Nations Educational, Scientific and Cultural Organization, UNICEF and WFP are collaborating to improve educational outcomes for needy children in a three-year initiative called Nourishing Bodies, Nourishing Minds, which helps governments to ensure that sound education is available and that children can take advantage of it. The initiative includes the development of replicable models incorporating partnerships of humanitarian agencies and private-sector organizations that support national priorities and local institutions.
47. In view of the importance of the 1,000 days window of opportunity for nutrition, and acknowledging that one third of stunted children were also small for gestational age, WFP is improving its programming, particularly for pregnant and lactating women, to address the intergenerational cycle of undernutrition. WFP is reviewing the literature and its own

programming with a view to making evidence-based recommendations for innovative programming based on holistic approaches to addressing undernutrition.

ACRONYMS USED IN THE DOCUMENT

CIFF	Children's Investment Fund Foundation
FAO	Food and Agriculture Organization of the United Nations
GAIN	Global Alliance for Improved Nutrition
GNC	Global Nutrition Cluster
LNS	lipid-based nutrient supplement
M&E	monitoring and evaluation
MAM	moderate acute malnutrition
MSF	<i>Médecins sans frontières</i>
NGO	non-governmental organization
REACH	Renewed Effort Against Child Hunger and Undernutrition
SCN	Standing Committee on Nutrition
SUN	Scaling Up Nutrition
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organization