برنامج الأغذية العالمي | Programme Alimentaire Mondial | World Food Programme | Programa Mundial de Alimentos

Executive Board
First Regular Session

Rome, 13–15 February 2012

POLICY ISSUES

Agenda item 5

For approval

WFP NUTRITION POLICY

Distribution: GENERAL
WFP/EB.1/2012/5-A
17 January 2012
ORIGINAL: ENGLISH

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.

Director, PS*:	Mr M. Aranda da Silva	tel.: 066513-2988
Chief, PSN**:	Mr M. Bloem	tel.: 066513-2565

Should you have any questions regarding availability of documentation for the Executive Board, please contact Ms I. Carpitella, Senior Administrative Assistant, Conference Servicing Unit (tel.: 066513-2645).

* Policy, Planning and Strategy Division
** Nutrition and HIV/AIDS Policy

EXECUTIVE SUMMARY

Saving lives has always been a WFP priority, particularly in emergencies. Because of their high nutritional needs and vulnerability children are at particular risk of stunting and mortality when access to a diet that meets all their nutrient needs is lacking. Pregnant and lactating women are also at risk of mortality. Poor nutrition for pregnant women can impede foetal growth, resulting in low birthweight and increasing the risk that children's growth will be stunted. Undernutrition weakens the immune system and increases the risk and severity of infections. One-third of all child deaths are related to undernutrition, which kills a child every ten seconds – more than HIV, tuberculosis and malaria combined. Wasting and stunting are responsible for approximately 20 percent of childhood mortality, and micronutrient deficiencies in non-wasted non-stunted children another 8–10 percent.

Not only does undernutrition kill, it also prevents children from growing up to live productive lives. Children without access to an adequate diet during the first 1,000 days between conception and 2 years of age suffer irreversible, long-term consequences such as impaired physical and cognitive development. They are also at higher risk of chronic conditions such as cardiovascular disease, obesity and diabetes later in life. Stunting holds back development, so preventing it can protect and improve the livelihoods of entire societies.

Treating and preventing undernutrition in children is therefore very important in both emergency and non-emergency settings, to reduce mortality and to protect and improve livelihoods. *The Lancet* medical journal has indicated that if undernutrition can be overcome – especially during the first 1,000 days – not only can lives be saved, but children can also grow up to realize their full potential.

Undernutrition has many causes, so efforts to tackle it must be multi-disciplinary, engaging diverse stakeholders in line with national priorities. Based on its mandate and comparative advantage, WFP ensures physical and economic access to a nutritious, acceptable and age-appropriate diet for those who lack it. While reaching more than 90 million beneficiaries every year – many of them children – and meeting both their caloric and nutrient needs, WFP can also have an indirect impact on the lives of many more people by advocating for comprehensive solutions and developing the capacity of governments and other partners to include food-based components in their strategies for tackling undernutrition.

Action on nutrition is accelerating in different sectors, nationally and globally, and involving governments, United Nations agencies, non-governmental organizations, civil society and the private sector. This policy paper presents WFP's vision of how to contribute to this global movement and defines a policy framework for doing so. WFP's mission in nutrition is focused on its comparative strengths related to food:

… to work with partners to fight undernutrition by ensuring physical and economic access to a nutritious and age-appropriate diet for those who lack it and to support households and communities in utilizing food adequately. WFP ensures access to the right food, at the right place, at the right time.

WFP will strive to accomplish this mission by designing and supporting the implementation of programmes and operations in the five areas covered by its policy framework:

i) treating moderate acute malnutrition – wasting;

ii) preventing acute malnutrition – wasting;

iii) preventing chronic malnutrition – stunting;

iv) addressing micronutrient deficiencies among vulnerable people, to reduce mortality and improve the health of all groups, through fortification;

v) strengthening the focus on nutrition in programmes without a primary nutrition objective and, where possible, linking vulnerable groups to these programmes.

WFP will continue to improve its internal processes and capacity to support food-based solutions where appropriate. It will leverage its expanded toolbox – which now includes a greater variety of specially formulated, nutritious food products, and cash and voucher distribution – ensuring that all tools contribute to the achievement of nutrition objectives. WFP will also expand its focus on research, assist partners in developing improved and more cost-effective products, and ensure an adequate supply to meet growing demand for these products.

Undernutrition is a complex, multi-faceted problem, and responses need to include many diverse actors. WFP's contribution is essential: in a context of poverty, the right food, at the right place at the right time is a prerequisite for a successful response.

DRAFT DECISION*

The Board approves "WFP Nutrition Policy" (WFP/EB.1/2012/5-A).

* 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. Recent years have seen rapidly growing interest in nutrition, galvanized by the *The Lancet* medical journal's 2008 series on maternal and child undernutrition, which describes the scale and consequences of undernutrition and identifies proven interventions and strategies for reducing this burden.[1] *The Lancet* series also highlighted that the first 1,000 days – from conception to 24 months of age – is a window of opportunity, when appropriate complementary feeding combined with breastfeeding can ensure that a child's nutrient needs are met. WFP's work has shown the immense price that undernutrition exacts from entire economies by holding back the growth of gross domestic product (GDP). A 2007 study by WFP and the Economic Commission for Latin America and the Caribbean (ECLAC) in Central America and the Dominican Republic showed that child undernutrition costs these economies US$6.7 billion, or more than 6 percent of their GDP.[2] Of this total, 90 percent is caused by higher death rates and lower education levels. Following experience of ready-to-use therapeutic foods for treating severe acute malnutrition, the world now understands that nutritionally vulnerable people need access to diets that provide a full range of essential nutrients.

2. There are a staggering number of hungry and undernourished people in the world: about 1 billion are undernourished, while 2 billion suffer from micronutrient deficiencies. Among children under 5, 127 million are underweight[3] and 56 million suffer from wasting.[1] Compared with non-stunted children, the 195 million stunted children – most of whom also suffer from micronutrient deficiencies – are at higher risk of mortality and of suffering irreversible, long-term consequences of chronic undernutrition.

3. *The Lancet* estimates that of the almost 9 million child deaths every year, one-third are related to undernutrition – more than any other cause of mortality. Children who survive early childhood despite an inadequate diet grow up stunted. Stunting carries a high price in terms of impaired physical and cognitive development, increased risk of chronic disease later in life, and early mortality. It is therefore important to both treat and prevent undernutrition in emergency and non-emergency settings.

4. Undernutrition starts before birth because women's nutrition during pregnancy is closely linked to birth outcomes. Stunting is also passed between generations: stunted mothers tend to have children with low birthweight, who are likely to remain stunted. Because of their increased nutrition needs and greater vulnerability, both children and pregnant and lactating women need to be at the centre of WFP's work. Between conception and 2 years of age, lack of access to an adequate diet for a couple of months or more – caused by an emergency for example – deprives children of essential nutrients, leading to micronutrient deficiencies, constrained development and stunting. Once children reach 2 years of age, most of this damage cannot be undone.

5. Providing pregnant and lactating women, and children under 2 with age-adequate diets that include essential nutrients as well as sufficient calories is thus a prerequisite for saving lives and protecting and improving livelihoods. Micronutrient deficiencies must be

[1] Black, R., Allen, L., Bhutta, Z., Caulfield, L., de Onis, M., Ezzati, M., Mathers, C. and Rivera, J. 2008. Maternal and child undernutrition: global and regional exposures and health consequences. *The Lancet,* 371(9608): 243–260.

[2] Martínez, R. and Fernández, A. 2008. *The Cost of Hunger: Social and Economic Impact of Child Undernutrition in Central America and the Dominican Republic*., Santiago de Chile**,** WFP and ECLAC.

[3] www.childinfo.org/undernutrition_status.html.

prevented among all age groups because of their impact on the immune system and hence on morbidity and mortality.

6. As the world's major humanitarian agency and a prominent actor in development, WFP has long played an important role in multi-stakeholder efforts to overcome undernutrition. In 2004, the Board approved policies on mainstreaming nutrition, nutrition in emergencies and food fortification.[4] These policies signalled WFP's emerging leadership within and beyond the United Nations regarding the role of food and access to a nutritious diet. WFP's Strategic Plan 2008–2013 marked a shift from food aid to food assistance, and placed strong emphasis on promoting nutrition for WFP's beneficiaries as well as delivering food. To achieve this, WFP designs programmes for addressing acute undernutrition and chronic hunger, develops capacity for finding long-term solutions, and influences the broader policy dialogue on food and nutrition security. WFP works with the private sector, governments, United Nations agencies, civil society and academic partners to develop new, better and more cost-effective foods, and has documented success stories in countries such as Pakistan.

7. In August 2009, WFP's Executive Policy Council approved WFP's nutrition improvement approach, which built on earlier policies and emphasized the critical window of opportunity between conception and 2 years of age.

8. This policy paper presents WFP's vision on, mission in and strategy for nutrition, and outlines steps for implementing global initiatives in nutrition with partners. It replaces all previous nutrition policies.

9. WFP is better positioned than ever to implement this WFP nutrition policy. Not only does it have the latest scientific evidence, but also it is able to translate this into cutting-edge programmes that are designed and implemented with a range of partners, using new products and modalities in the most cost-effective manner for the benefit of beneficiaries.

Global Nutrition Initiatives

10. Following *The Lancet* series on maternal and child undernutrition, and building on earlier efforts by the World Bank and the Copenhagen Consensus,[5] the Scaling Up Nutrition (SUN) framework was developed in 2009 and 2010. It reflects the consensus on how to achieve a sustainable reduction in undernutrition and provides a detailed and costed multi-sectorial action plan for scaling up interventions that have proved to work in the world's most affected countries.[6] It calls for nutrition-specific and nutrition-sensitive interventions, with a focus on good nutrition during the 1,000 days between the start of a pregnancy and the child's second birthday.

11. The SUN movement recognizes food's role as a source of nutrients essential for human growth, health and development, and WFP's expertise in food-based interventions. The SUN framework has been endorsed by more than 100 partners, including WFP.

[4] "Food for Nutrition: Mainstreaming Nutrition in WFP" (WFP/EB.A/2004/5-A/1); "Micronutrient Fortification: WFP Experiences and Ways Forward" (WFP/EB.A/2004/5-A/2); "Nutrition and Emergencies: WFP Experiences and Challenges" (WFP/EB.A/2004/5-A/3).

[5] The 2008 Copenhagen Consensus summarizes the views of a panel of leading economists, including five Nobel Laureates, on the ten most important development investments. Nutrition interventions ranked 1, 3, 5, 6 and 9 – far higher than any other sector.

[6] Scaling Up Nutrition – A Framework for Action. 2010. Available at www.scalingupnutrition.org/key-documents/.

12. In 2008, WFP, the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the Food and Agriculture Organization of the United Nations (FAO) established REACH – a partnership for ending child hunger – to facilitate a country-led process of comprehensive needs assessments, advocacy, action planning and coordination among stakeholders, and to deliver an integrated, multi-intervention approach to addressing child undernutrition. In addition to country-level guidance and coordination, REACH has developed tools for supporting advocacy efforts at the global level. Hosted at WFP Headquarters, REACH illustrates WFP's conviction that coordination among partners is crucial for addressing undernutrition holistically.

13. Nutrition is also being addressed within the revitalized Committee on World Food Security; the functions of the United Nations Standing Committee on Nutrition (SCN) are being revised to take into account the changing context; and a study of stewardship of the SUN movement is under way.

14. These activities are expected to reform the international architecture for supporting national efforts to scale up nutrition. WFP contributes strong knowledge on food as a source of essential nutrients and on food sourcing and processing; a strong field presence, with solid networks of partners for delivering food assistance; and recognized expertise and capability in delivering support in emergencies and their aftermath.

WFP'S VISION, MISSION AND POLICY FRAMEWORK

15. WFP envisions a world in which all human beings have access to adequate nutrition, enabling them to develop their full potential and live healthy and fulfilled lives.

16. Based on its mandate and comparative advantage, WFP's mission is to work with partners to fight undernutrition by ensuring physical and economic access to a nutritious and age-appropriate diet for those who lack it, and to support households and communities in utilizing food adequately. WFP ensures access to the right food, at the right place, at the right time.[7]

17. To deliver on this mission, and to ensure that other causes of undernutrition are addressed, WFP works together with governments, United Nations partners and public, academic and private-sector stakeholders.

18. WFP's work on nutrition focuses on five distinct but related areas:

i) treating moderate acute malnutrition – wasting – particularly among children aged 6–59 months, pregnant and lactating women, and malnourished people in treatment for HIV and tuberculosis;

ii) preventing acute malnutrition, particularly among children aged 6–23 months – sometimes 6–59 months in sudden-onset emergencies – and pregnant and lactating women;

iii) preventing chronic malnutrition – stunting and micronutrient deficiencies – particularly among children aged 6–23 months and pregnant and lactating women;

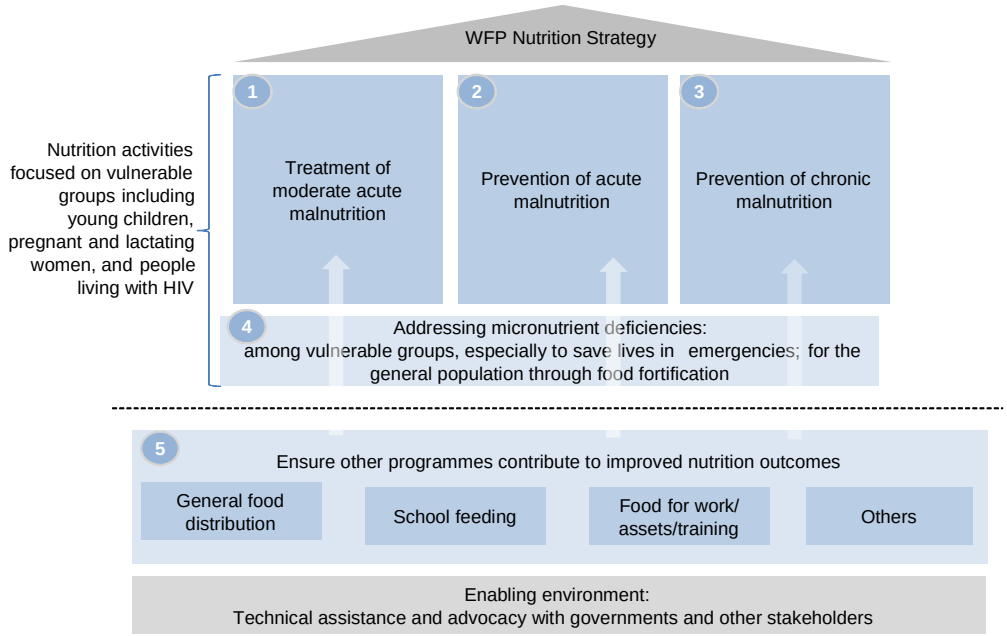
[7] The "right food" is food that provides the nutrients required by the target group. The "right place" refers to the geographic areas where vulnerable groups are located, and the locations and settings where food assistance is best delivered. The "right time" includes the time of life, such as early childhood, when the opportunity for making a lasting investment in future health and development is greatest, and the moments when needs are greatest, such as during emergencies, recovery and rehabilitation.

iv) addressing micronutrient deficiencies among vulnerable people – children aged 6-59 months and pregnant and lactating women – especially to reduce the risk of mortality during emergencies and to improve health, through fortification;

v) strengthening the focus on nutrition in programmes without a primary nutrition objective[8] and, where possible, linking vulnerable groups to these programmes.

19. Because undernutrition has a range of immediate, underlying and basic causes,[9] tackling it is a multi-disciplinary, multi-stakeholder task that should be led by national efforts. In most settings where WFP works, undernutrition cannot be overcome without access to a diet that provides required nutrients in the form of acceptable foods.

20. This comprehensive nutrition policy lays the foundation for strengthening WFP's role in reducing undernutrition. WFP's focus areas of work are presented in the following policy framework.



21. To deliver on its mission and on the areas outlined in the policy framework, WFP will pursue the following objectives:

i) Scale up high-quality food assistance programming, to ensure that the specific nutrition needs of different target groups are met and to maximize the overall impact of WFP's operations in the five areas of its policy framework; ensure a sufficient and timely supply of safe and effective nutritious foods to support programme scale-up; and increase local production of nutritious food products and local fortification whenever possible and required, through:

[8] The SUN framework refers to these as "nutrition-sensitive interventions" – programmes whose primary objective is not nutrition, but that can improve the food and nutrition security of beneficiaries.

[9] Immediate causes include dietary intake that does not meet nutrient needs, and diseases that cause nutrient loss and increase needs. Underlying causes include inadequate access to nutritious food, poor care practices, and inadequate environmental hygiene and health services. Basic causes include poverty, poor governance, and lack of human and financial resources.

- expanding and improving WFP's toolbox of safe and effective food commodities, including by developing and producing specific commodities;
- using a variety of delivery modalities, pre-positioning and ensuring the timely supply of the right foods; and
- increasing local purchasing and processing of effective and safe foods.

ii) Serve as a resource, advocate and thought leader for food-based nutrition interventions to address undernutrition, through:

- supporting country-led assessment of the causes of undernutrition, identifying the most appropriate strategies and interventions for reducing undernutrition, and leading the development of sound programme design and implementation;
- integrating WFP's work into national policy frameworks, and including nutrition in national strategies;
- expanding the development and use of different food-assistance delivery modalities, ensuring they contribute to the achievement of nutrition objectives;
- improving monitoring and evaluation (M&E) systems for measuring results and documenting the impact of nutrition interventions;
- conducting operational research on and cost-benefit analyses of the effectiveness of programme interventions and products, jointly with academia; and
- engaging in global nutrition initiatives aimed at enhancing collective knowledge, promoting best practices, harmonizing policies and engendering political commitments at the highest levels – such as SUN, REACH and SCN.

iii) Strengthen WFP's internal systems, skills, processes and capacity for nutrition leadership and high-quality programming:

- To provide the most people with good nutrition, WFP needs to ensure effective implementation of its own programmes, provide technical assistance and increase the capacity of governments and partners to implement these programmes; this requires skills, capacity and support systems and processes, including good documentation and knowledge management within WFP.
- WFP needs to enhance its own nutrition skills and capacity at all levels so it can be an effective partner for governments in developing capacity to analyse nutrition problems and devise solutions.

iv) Develop the capacity of governments and partners to implement cost-effective programmes:

- In line with the Paris Declaration on Aid Effectiveness, WFP contributes to a government-led, multi-stakeholder effort to reduce undernutrition, and works with partners at all levels of implementation; WFP's work on nutrition should focus as much on developing partner capacity as on designing and implementing programmes.

WFP NUTRITION POLICY IMPLEMENTATION

Guiding Principles for Implementation of the Policy

22. **WFP is part of a multi-stakeholder global effort to achieve an integrated and comprehensive response to undernutrition.** National governments are WFP's primary partners. At the country level, WFP coordinates with other United Nations agencies, using the United Nations Development Assistance Framework (UNDAF) or other mechanisms to support government-led strategies and programmes. In emergencies, coordination frequently relies on the cluster system, which incorporates other humanitarian actors.

23. Memoranda of Understanding (MOUs) and informal agreements guide the division of labour and collaboration on nutrition between WFP and fellow agencies, such as UNICEF and the Office of the United Nations High Commissioner for Refugees (UNHCR). MOUs have been updated to define collaboration in joint efforts for addressing undernutrition in light of recent scientific and programmatic evidence. WFP is responsible for the dietary access dimension, expertise on the right food, at the right place, at the right time, and the treatment and prevention of moderate acute malnutrition (MAM); UNICEF is responsible for the treatment of severe acute malnutrition (SAM), and advises governments on appropriate caring practices, access to water and hygiene. WFP will work with partners to ensure that beneficiaries in WFP-supported programmes utilize food appropriately for improving their nutrition status. WFP works with UNHCR to ensure that the nutritional needs of refugees and internally displaced persons (IDPs) are met, and with WHO to ensure that adequate normative guidance directs operations. FAO and the International Fund for Agricultural Development (IFAD) ensure that agriculture contributes to improved diets in terms of food quantity and quality. FAO and WFP often jointly implement programmes to empower beneficiaries in overcoming food insecurity through improved agriculture, including homestead food production. In the Joint United Nations Programme on HIV/AIDS (UNAIDS), WFP leads the ten co-sponsors on food and nutrition issues related to HIV and tuberculosis.

24. Local and international non-governmental organizations (NGOs) are the cornerstones of WFP's programme implementation, usually delivering WFP food and activities and ensuring that local communities have a strong stake in any activity for addressing undernutrition. For change to be sustainable, communities must be involved in all the steps of a programme, from design and implementation to M&E. Relationships with local cooperating partners that have been built over many years are essential to fulfilling WFP's mandate. They help ensure that WFP meets needs by providing the right food, at the right place, at the right time.

25. At the global level, WFP will continue to be proactive in the SUN movement, REACH, SCN, the nutrition and food security clusters and other partnerships. It will continue to cooperate with governments, the private sector, civil society, universities and other United Nations agencies to respond as one.

26. **WFP's nutrition interventions are context-driven and needs-based.** WFP's nutrition programmes are based on needs and an accurate assessment of the country context.

27. **WFP's nutrition programmes have a strong M&E system in place.** WFP strives to implement a rigorous M&E system to measure progress and results. WFP is committed to promoting transparency, good governance and accountability with the governments, communities and stakeholders with which it works.

28. **WFP's nutrition interventions are gender-sensitive.** WFP will continue to integrate gender into food and nutrition activities, in line with its gender policy and strategy.[10] The intra-household dimension of undernutrition has often been neglected. In most societies, women and adolescent girls are responsible for making food-related decisions, in both food-secure and food-insecure environments. When properly trained and educated, women can deliver improved nutrition outcomes for their households and communities, even with limited resources. WFP will continue to create an enabling environment for gender equity by targeting women, girls and men in appropriate activities.

29. **WFP's nutrition interventions consider sustainability and cost effectiveness.** At a time when financing is a challenge, any proposed nutrition solution has to focus on sustainability, cost effectiveness, and achieving and measuring the desired impact. Cost effectiveness means achieving the desired outcome with the least resources possible. WFP will continue to expand its toolbox and innovative programming so it can do more with less. Whether they treat undernutrition after it has occurred or seek to prevent it, all WFP nutrition programmes must include activities and knowledge transfer that enable communities and countries to sustain their own development, and support strategies and programmes that address both the direct and the underlying causes of undernutrition.

Implementing Nutrition Interventions

30. WFP has worked on nutrition interventions for a long time; this policy broadens the scope for addressing undernutrition, and mandates a significant scale-up and quality improvement. WFP also aims to strike a balance between supporting households and providing specific nutrition support to vulnerable individuals, acknowledging that nutrition should be viewed in the broader food security context.

31. WFP will continue to treat and prevent undernutrition in emergency, transition and development contexts. Nutritional problems and their causes will be assessed and analysed in each situation, and the results will be used for identifying the most appropriate nutrition response.

Treating Moderate Acute Malnutrition

32. Wasting, stunting and micronutrient deficiencies are responsible for almost one-third of child deaths. At the individual level, SAM has the highest risk of mortality, but in absolute terms more deaths are related to stunting, with 14.5 percent, micronutrient deficiencies, with 10 percent, and MAM, with 10.2 percent, than to SAM, with 4.4 percent.[11]

33. As the lead United Nations agency responsible for addressing MAM, WFP has a long history of treatment and prevention through targeted supplementary feeding programmes. These include providing age-adequate, nutritious food and sensitizing mothers to good care practices. In 2011, WFP and UNICEF renewed their MOU, which defines their roles and mutual commitments for treating acute malnutrition.

[10] "WFP Gender Policy" (WFP/EB.1/2009/5-A/Rev.1).

[11] Because these conditions overlap, together they are responsible for 28 percent of childhood deaths. When suboptimal breastfeeding practices are included, undernutrition is responsible for 35 percent of all childhood deaths. Black, R., Allen, L., Bhutta, Z., Caulfield, L., de Onis, M., Ezzati, M., Mathers, C. and Rivera, J. 2008. Maternal and child undernutrition: global and regional exposures and health consequences. *The Lancet,* 371(9608): 243–260.

34. WFP will focus its MAM programming on areas with high levels of global acute malnutrition (GAM).[12] In countries, provinces or districts where GAM prevalence is at least 10 percent among children aged 6–59 months – or where it is 5–9 percent, but aggravating factors[13] exist – WFP will work with governments to strengthen and expand programmes for treating children aged 6–59 months with MAM and reducing undernutrition among pregnant and lactating women.

35. WFP is currently implementing programmes for treating MAM in more than 60 countries and is increasingly using commodities with appropriate nutrient content. Beneficiaries are targeted through the health sector, and programmes are usually community-based. Nutritious food products are provided to malnourished beneficiaries according to anthropometric entry and exit criteria.

36. Areas of continued focus for WFP include:

i) scaling up programmes and improving coverage to meet or exceed Sphere standards, and ensuring that all eligible children and pregnant and lactating women have access to MAM treatment, especially through community-based management of acute malnutrition (CMAM) programmes;

ii) improving the quality and cost effectiveness of programming, including through the optimal use of the right commodities;

iii) leading national and global efforts to improve M&E;

iv) leading efforts to strengthen emergency preparedness for nutrition programming within countries; and

v) strengthening national capacity for MAM treatment as part of CMAM programming.

37. In emergencies and protracted crises, WFP will play a lead role in SCN and the Food Security Cluster, or related coordinating mechanisms, to design and deliver timely and effective nutrition responses for MAM. High GAM levels, and other criteria – such as displacement, government and partner capacity, and access to cooking facilities – will be the basis for selecting and designing the most appropriate nutrition response. WFP will also take the lead in ensuring optimal emergency preparedness for nutrition in high-risk countries, including by pre-positioning, introducing new products, and updating national guidelines and protocols for MAM.

38. In transition and development contexts, WFP will work with partners to strengthen countries' capacity to treat MAM, while scaling up micronutrient interventions for at-risk populations. Effective targeting, programme performance, coverage and cost effectiveness will be important measures of success.

[12] GAM is the combination of wasting – Z-score of weight-for-height <–2 standard deviations of the median of the reference population – and oedema.

[13] These include food availability below the mean energy requirement; child mortality rate higher than 1/10,000/day; epidemic of measles or whooping cough; and high prevalence of respiratory or diarrhoeal diseases.

39. WFP also supports the nutritional recovery and treatment of malnourished tuberculosis patients and people living with HIV in resource-limited settings. These people often start treatment while suffering from both pre-existing and disease-induced undernutrition, which increases the risk of mortality. In resource-limited settings, providing nutrition assessment, education and counselling, as well as adequate nutritious food in conjunction with treatment, is critical in accelerating nutritional recovery, reducing mortality, enabling adherence to treatment and improving treatment outcomes.[14]

Preventing Acute Malnutrition

40. The prevention of acute malnutrition – wasting – targets vulnerable groups who without assistance are likely to experience deteriorating nutrition status within a short time. This applies in emergency settings or when wasting increases seasonally and predictably, usually during the agricultural lean season. Programmes provide a nutritious food supplement to all young children and pregnant and lactating women who are at risk. Targeting is geographic rather than anthropometric because the objective is to prevent a predictable deterioration in nutrition status.

41. There is growing evidence that programmes for preventing acute malnutrition and reducing the incidence of SAM and mortality are effective. Based on situation analysis and needs assessments, WFP has supported and learned from such programmes in the past four major emergencies – Haiti, Niger, Pakistan and the Horn of Africa. In addition, several WFP operations have programmes for preventing acute malnutrition during the lean season.

42. This policy identifies the prevention of acute malnutrition as a major focus area for WFP. In emergency settings, WFP will play a leading role in defining nutrition responses for treating and preventing MAM, in collaboration with the nutrition and food security clusters and other clusters that contribute to better programmes. WFP will:

i) strengthen assessment for identifying countries and situations where programmes to prevent acute malnutrition are appropriate;

ii) strengthen preparedness and planning for nutrition programming within WFP and with the governments of high-risk countries;

iii) identify the best modalities – cash, vouchers, food – and most appropriate delivery mechanisms – general food distribution, health system, community-based – for interventions in different contexts and in line with nutrition objectives; and

iv) contribute to establishing the effectiveness of this relatively new approach.

43. When requested by governments, WFP will take an active role in implementing these programmes, targeting young children aged 6–23 months – or 6–59 months in some sudden-onset emergencies – and pregnant and lactating women. WFP will also lead in documenting evidence and best practices for implementing these programmes.

44. Good preparedness is critical to limiting and mitigating the consequences of any future disaster while strengthening the resilience of vulnerable groups. WFP will identify the countries at high risk of shocks or where seasonal peaks in acute malnutrition occur, and will work with governments and other partners to design effective programmes for mitigating the impact of these shocks on acute malnutrition.

[14] "WFP HIV and AIDS Policy" (WFP/EB.2/2010/4-A).

Preventing Chronic Undernutrition

45. During the 1,000 days from conception until 2 years of age, protracted inadequate dietary intake, often combined with frequent infections and inadequate care practices, results in stunting – short length for age – and micronutrient deficiencies. Both are associated with increased morbidity and mortality[15] and reduced physical and cognitive capacity for life. Stunting cannot be treated, and it accumulates gradually during the first 1,000 days, so interventions must ensure that pregnant and lactating women, and children aged 6–23 months[16] get the nutrients they need. In most low-income settings, access is a major issue, and a food supplement may need to be provided, along with sensitization on adequate care practices, and nutrition-sensitive activities such as homestead food production. Nutrition interventions for adolescent girls are also often required: while the window of opportunity starts at conception, most pregnant women do not attend a clinic until the second or third trimester of pregnancy. Strengthening of the continuum of care for reproductive, maternal, newborn and child health is therefore also supported.

46. WFP has worked with governments to establish programmes for preventing stunting in a few countries, but there is much scope for it to help increase the number of people reached and to advocate with more countries to prevent stunting among their most at-risk populations. These programmes typically target geographically, based on current stunting rates.

47. Prevention of stunting needs to become an additional objective in all of WFP's emergency and protracted relief operations. Even a short period without access to an adequate diet can harm for life those infants and children who live through the emergency during their first 1,000 days after conception, with far-reaching repercussions on communities and societies.

48. The WFP nutrition policy sets out that WFP's role in this intervention will include:

i) advocating for donor and recipient governments to acknowledge the benefits of preventing chronic undernutrition and to prioritize food and nutrition in national nutrition policies and strategies;

ii) providing analytical expertise to determine the most important causes of chronic undernutrition in specific settings, and the most appropriate and cost-effective strategies for increasing access to a healthy and nutritious diet;

iii) testing the efficacy and cost effectiveness of programme delivery mechanisms and modalities; and

iv) supporting programmes that provide adequate nutrients to poor food-insecure populations, in line with WFP's ongoing work and lessons learned from countries such as Guatemala, Haiti, Lao People's Democratic Republic and Mozambique.

49. In countries, provinces, districts or communities where stunting prevalence is at least 30 percent – or at a lower threshold established in national policies – or in high-risk situations, WFP recommends that all children aged 6–23 months and all pregnant and

[15] Stunting and micronutrient deficiencies cause more deaths than severe wasting because they affect many more children. While stunting can be prevented but not treated, micronutrient deficiencies can and should be addressed at all times.

[16] From birth until 6 months of age, infants should be exclusively breastfed.

lactating women in affected areas receive a nutritious dietary supplement[17] to meet their required nutrient needs for optimal growth and development. Beneficiaries can often be identified and reached through existing health systems or social protection mechanisms. As this intervention is preventive – designed to prevent a predictable shortfall in meeting nutrition needs – targeting is not individual but based on risk factors, which may be geographic or socio-economic. WFP will work with governments to leverage existing programmes for reaching those at the highest risk of stunting.

Addressing Micronutrient Deficiencies

50. Micronutrient deficiencies are responsible for the most childhood deaths and often co-occur with stunting and/or wasting.[1] Micronutrient deficiencies weaken the immune system, leaving those affected vulnerable to disease; when unresolved they ultimately result in death. Activities for treating and preventing MAM and preventing chronic malnutrition are designed to provide children and pregnant and lactating women who are affected or at risk with all necessary micronutrients, in addition to required macronutrients. This excludes the children and pregnant and lactating women who are not at risk of or suffering from wasting, or who are beyond the age at which stunting can be prevented – 24 months. This group requires an adequate micronutrient intake to ensure a strong immune system, thereby preventing disease and reducing mortality.

51. WFP advocates for a food-based approach to support this group. This differs from and complements medical approaches such as distribution of high-dose vitamin A capsules or iron/folic acid tablets, which are usually implemented by partner agencies and focus on a single or few micronutrients.

52. To address micronutrient deficiencies in young children, WFP has started the extensive use of micronutrient powders. These innovative products are usually provided in one-serving sachets of 1 g and include a range of essential micronutrients. They can be added to regular meals after cooking as a cost-effective way of closing the micronutrient gap for this population.

53. Micronutrient deficiencies also affect the general population. In line with the life-cycle approach to nutrition, a nutritious and healthy diet during school age, adolescence, pre-pregnancy and adulthood is very important for a healthy and productive life. Fortification of commonly consumed foods is an effective way of increasing the micronutrient intake of different population groups.

54. WFP already purchases oil fortified with vitamins A and D, iodized salt, and fortified maize meal, wheat flour and fortified blended foods. These fortified commodities are an essential component of WFP's food basket. However, in many countries, fortified staple foods – maize or wheat flour – and oil are not yet available,[18] or national fortification guidelines are not yet in line with current WHO guidance or national standards on food fortification.[19] WFP needs to renew its advocacy and capacity development with partners, including the private sector, to strengthen support to national, regional and global food

[17] Such as a low-quantity, lipid-based nutrient supplement of no more than 20 g/day, or a powdered supplement such as a micronutrient powder, which provides 50 to 100 percent of the daily recommended intake of essential nutrients, especially micronutrients.

[18] Flours have a shorter shelf-life than whole grains so should be sourced as near as possible to the point of distribution.

[19] Fortified blended food is sometimes added to household rations because it is the only fortified commodity available.

fortification initiatives, with the ultimate goal of distributing fortified food through all programmes it supports.

55. Rice fortification is a relatively novel technology, which has been implemented in only a few countries – Costa Rica, Egypt, the Philippines – and often on a small scale, employing suboptimal technology or with poor compliance. Large-scale rice fortification is a viable and cost-effective opportunity to deliver micronutrients through daily diets; WFP will continue to pursue it, building on experience in Egypt.

56. Point-of-use fortification[20] increases the intake of essential micronutrients and contributes to enhanced cognitive and learning capacity among school-age children. WFP implements point-of-use fortification programmes for school-age children and children aged 6–59 months in many countries.

57. Biofortification – the breeding of crops to increase their nutritional value[21] – is another promising avenue for improving the micronutrient content of populations' diets. In selected countries, WFP will explore the possibility of linking partners that promote the uptake of newly developed varieties to farmers' organizations and other WFP vendors under the Purchase for Progress (P4P) pilot. Biofortification differs from large-scale food fortification in that it focuses on growing more nutritious food rather than on adding vitamins and minerals during food processing; in general, biofortification involves fewer micronutrients.

Ensuring that other Programmes Contribute to Improved Nutrition Outcomes

58. Many programmes do not have nutrition as an immediate or primary objective but, as long as beneficiaries receive assistance, they still represent an opportunity for improving nutrition outcomes. As poverty is one of the underlying causes of undernutrition, any programme that remedies or mitigates poverty can address nutrition deficiencies. Having broad safety nets that enable access to healthy diets, and linking vulnerable groups to these can also have a preventive effect and can ensure that children who graduate from malnutrition treatment do not relapse shortly after. Such activities can be part of a broad multi-sector approach that includes activities from related sectors with the potential for having a positive impact on nutrition outcomes. Activities may reduce undernutrition indirectly, by influencing some of its root causes such as inadequate income, agricultural production of insufficient quantity and quality, poor education resulting in inadequate care practices, and gender inequality. Safety nets have many different forms and may or may not contribute to nutrition outcomes, but when they protect or increase incomes, they can also improve dietary diversity and help reduce undernutrition.

59. Beneficiaries of these activities may include school-age children and adults, as well as vulnerable groups. Examples include general food distributions, school feeding programmes, and food-for-work/food-for-assets and/or food-for-training (FFW/FFA/FFT) activities. As these activities provide food, or the means to acquire food with vouchers or cash, they also provide an opportunity – or even an obligation – to meet the target group's nutrient needs, especially when implemented in areas with high undernutrition. The following are some examples:

[20] In point-of-use fortification, micronutrient powder is added to a meal just before serving. When used at home, it is more commonly known as "home fortification". In school feeding, micronutrient powder can be packaged in multi-serving sachets of ten to 20 doses.

[21] This can be achieved through conventional selective breeding or genetic engineering.

- *General food distribution* involves the distribution of a standard ration of food to every beneficiary within a crisis-affected, refugee or IDP population, without distinction. Its immediate aim is to meet the needs of people with constrained access to normal sources of food. While standard food rations cover energy needs, fortification of foods such as cereals, salt and oil helps to achieve nutrition objectives, such as meeting micronutrient needs; any cereals distributed should therefore be in the form of fortified flour or rice. It should be noted that fortification usually aims to meet adult needs, while vulnerable groups such as children and pregnant and lactating women require supplements or specially fortified products (see the section Addressing Micronutrient Deficiencies).
- *School feeding programmes*[22] contribute to better learning outcomes. Staying in school and receiving a good education have also proved to delay first pregnancies and reduce the risk of HIV infection. School meals are a good opportunity to provide a significant share of the daily required micronutrient intake, contributing to improved child health, school performance, educational attainment, and pre-pregnancy nutrition status for adolescent girls. School feeding can also be linked to local agricultural production and combined with local or point-of-use fortification using micronutrient powder for improved micronutrient intake.
- *FFW/FFA/FFT activities* can deliver nutritional benefits when they not only increase incomes, but also provide access to more food of better quality. Many FFA programmes, including those for improved crops and agricultural practices, biofortification, erosion reduction and enhanced resilience to climate shocks, can be critical components of a sustainable solution to undernutrition by improving yields and providing households with access to more diversified diets. To improve micronutrient intake, especially for young children, these activities can be augmented by more targeted nutrition interventions.

60. In countries with high HIV prevalence, programme design should be sensitive to the needs of HIV-affected households.

WFP's Expanded and Improved Toolbox

61. As the ratio of in-kind to cash contributions changes over time, and with the introduction of vulnerability analysis and mapping (VAM) – which aims at developing a better understanding of each population's problems and the root causes of these – WFP is more able to differentiate among its beneficiaries' variable nutrition needs in different contexts and to design more appropriate responses.

62. To address the nutrition needs of different target groups more effectively, WFP has expanded and improved its toolbox, especially for situation analysis and response planning, transfer modalities, and the use of a variety of high-quality, safe and nutritious food products.

Situation Analysis and Response Planning

63. Providing the most cost-effective solution requires: i) sound problem analysis that assesses the dietary gap and the importance of food as part of the solution, and acknowledges that each context is different; and ii) a comprehensive response that addresses the underlying causes of undernutrition. WFP will continue to adapt and expand its VAM tools and processes for assessing the nutrition status and identifying the needs of

[22] "WFP School Feeding Policy" (WFP/EB.2/2009/4-A).

vulnerable groups. This will require focusing on vulnerable individuals' nutrition status and household food insecurity, and understanding how nutrient intake, food insecurity and undernutrition are linked to lack of economic access to a healthy diet. WFP will integrate concerns such as dietary diversity among vulnerable groups – especially children – and the minimum cost of a nutritious diet[23] into more of its situation analyses and assessments, strengthening its work with partners in this area.

Transfer Modalities

64. The transition from food aid to food assistance has given WFP a broader choice of modalities. An adequate diet is a necessary component of any solution to undernutrition, and WFP is committed to identifying the most appropriate and cost-effective modality for achieving this, which may be a specialized food product, a voucher or a cash transfer. The optimal transfer modality depends on the context. WFP will ensure that voucher and cash programmes, including social safety net programmes, are designed for improved cost effectiveness – delivering good nutritional outcomes at the lowest possible cost – as well as greater cost efficiency.

Food Commodity Choice

65. The traditional food basket contains a cereal, pulses, oil, salt and a fortified blended food. Newly developed products include a special fortified blended food – Super Cereal Plus (CSB++/WSB++)[24] – for treating MAM in children under 2 and under 5. The micronutrient content of all fortified blended foods has been improved.

66. WFP has long used ready-to-eat foods during the first response in emergencies, especially high-energy biscuits. In recent years, it has scaled up the use of lipid-based, ready-to-use foods, such as peanut- and chickpea-based pastes for young children who cannot chew biscuits and are at highest risk of mortality during emergencies because of pre-existing micronutrient deficiencies and acute malnutrition. Ready-to-use foods have a much higher energy density than fortified, blended foods, require no preparation and do not spoil easily.

67. Ready-to-use-foods were first developed to treat SAM, but now include formulations and dosing regimens for both MAM and SAM as well as for prevention and treatment. Although more expensive per unit of weight, ready-to-use foods may lead to faster recovery in some contexts. Choice of the most cost-effective product requires careful analysis of each context. In the absence of specially developed foods for adults with undernutrition related to HIV or tuberculosis, ready-to-use products are also increasingly used for these groups.

68. In cooperation with partners in the home-fortification technical advisory group, including the private sector, WFP is involved in harmonizing formulations and quality assurance for micronutrient powders which have been designed and packaged to give young children one recommended nutrient intake of 15 essential micronutrients. Following

[23] This is a linear programming methodology that quantifies the minimum amount of income required to obtain all the micro- and macronutrients necessary for a household, based on actual nutrient needs, food composition and market prices. It provides a good proxy for economic access to required nutrients and – when analysed jointly with actual dietary intake – can assist in identifying the underlying causes of undernutrition and planning the appropriate response.

[24] Corn- or wheat-soya blend (CSB or WSB) with added milk powder, sugar, oil and an improved micronutrient premix.

successful pilots in several countries, WFP will continue to scale up its use of micronutrient powders, including in school feeding programmes.

Ensuring Supply of Specialized Commodities

69. Although the expanded food basket enables WFP to provide the right food, at the right place, at the right time, it also presents some procurement challenges. Most of the ready-to-use foods currently produced are procured by WFP, UNICEF and some international NGOs. There are relatively few producers, but they have sufficient production capacity to satisfy demand at most times. As in any market with concentrated demand and supply, there are few incentives for decreasing prices. In addition, demand is significantly influenced by emergencies, and supply bottlenecks may occur. To manage its own needs and avoid pipeline breaks, WFP has to exploit the more stable demand in its development programmes, modern forecasting techniques and pre-positioning. WFP also needs to expand its work with the private sector, through public-private partnerships, to find ways of overcoming supply bottlenecks while broadening demand. Many nutritious food products could have a market beyond the beneficiaries of WFP and UNICEF, thus improving the broader population's nutrition status.

WFP's Development and Production of Foods

70. In addition to purchasing different food commodities, WFP also works with governments, United Nations partners, academia and the private sector to develop nutritious foods for nutrition programmes.

71. The World Health Organization provides normative guidance on the nutrient composition of foods for treatment of undernutrition, and WFP assists in that process to ensure that guidance is realistic and takes into account food technology, manufacturing and programming needs.

72. For foods that prevent undernutrition, WFP must establish the nutrient requirements based on international consensus, Codex Alimentarius guidance on food ingredients, safety, labelling and processing, and national requirements. WFP conducts and supports operational research into the impact of different food products in specific circumstances.

73. WFP also collaborates with partners and relies on their research to test product efficacy and effectiveness. For example, Tufts University's Food Aid Quality Review, commissioned by the United States Agency for International Development (USAID) Office of Food for Peace, provides important impetus to the development of more efficacious foods that can be programmed in the most cost-effective way possible; this is closely aligned with WFP's work.

74. For the production of specific foods in developed and/or developing countries, WFP works with manufacturers to ensure adequate implementation of quality control and safety measures and to optimize production processes for maximum nutritional benefit, shelf-life, acceptability and timely production.

75. Rice fortification has yet to be implemented successfully at scale, but improved technologies[25] and global partnerships[26] have recently opened up new opportunities. WFP is a leader in the global effort to implement rice fortification.

[25] Alavi, S., Bugusu, B., Cramer, G., Dary, O., Lee, T.-C., Martin, L., McEntire, J. and Wailes, E. 2008. *Rice Fortification in Developing Countries: A Critical Review of the Technical and Economic Feasibility*. Washington, DC, A2Z Project.

Local Procurement and Processing

76. The main objective of WFP's food procurement is to ensure that appropriate food commodities are available to beneficiaries in a timely and cost-efficient manner.[27] While WFP's policy is to purchase food at the most advantageous price inclusive of transport, preference will be given to purchasing from developing countries,[28] as this generates benefits for local economies, transport times and costs, pipeline management, the CO_2 footprint, while also allowing the provision of fresh and culturally adapted products.

77. The P4P initiative develops smallholder farmers' capacity to increase productivity and income, increases their access to markets and credit, and links them to local food processing industries. Local procurement may also provide an opportunity to develop local food processing industries. This requires sound market studies and feasibility analyses, including appraising the local market's capacity to absorb processed food without WFP's presence. The complex task of building an enabling environment for local food fortification – including legislation, quality control and M&E systems – and increasing the availability of fortified food in local markets or through national safety nets should be advanced, in partnership with each country's government and a coalition of major actors.[29]

78. Local procurement presents challenges. Local food prices are sometimes higher than international prices, and local production may not meet WFP's quality and safety standards. Some of these challenges[30] also apply to processed or fortified foods, which are often required to fill the nutrition gaps of already vulnerable beneficiaries. WFP must markedly increase its capacity to ensure food quality and safety, especially when expanding local purchase.

Capacity Development

79. Its work on nutrition also requires that WFP continues to progress from focusing on implementation to being a partner in a broader coalition, strengthening countries' capacity to develop strategies and implement programmes while scaling up high-quality nutrition interventions at governments' request and with affected communities. This transition is well under way in several Latin American countries and in countries such as Burkina Faso, Cambodia, Haiti, Indonesia, Mozambique and Uganda, where WFP has initiated innovative work on advocating with national governments, influencing policy and developing capacity to implement.

80. For WFP to implement best practices in nutrition programming in the field, all regional bureaux should have at least an international regional nutrition adviser and a food technologist. The nutrition adviser should engage in regional-level discussions on nutrition and development with partners and regional bodies, and support country offices in designing and implementing nutrition programmes. The food technologist should focus on

---

[26] The Rice Fortification Resource Group is a global alliance that facilitates the development of rice fortification around the world.

[27] "Food Procurement Policy" WFP Executive Director's Circular ED96/009.

[28] WFP Financial Rule 112.14 (f): For the Purchase of Foodstuffs and Related Packaging. *WFP Finance Manual,* Appendix A.1.4.13.

[29] Such as FAO, the United Nations Industrial Development Organization (UNIDO) and the Global Alliance for Improved Nutrition (GAIN).

[30] Potential drivers include scarce resilience to internal and external shocks; lack of laboratories for verifying product quality; breakdown of supply chains, influenced by inadequate infrastructure in remote areas and political unrest; underutilized capacity; and high fixed costs.

developing and adapting food products that use local ingredients as much as possible and that are produced locally or regionally, and on ensuring that appropriate quality and safety standards are maintained. Large country offices should have a senior nutrition professional or expert nutrition/public health practitioner. Smaller offices should have national nutritionists and continue to rely on regional bureaux and Headquarters for additional support.

81. WFP will also expand its long-term partnerships with academic institutions, the private sector and United Nations agencies, to increase its capacity for nutrition programming.

82. To accelerate this evolution, WFP will increase staff's awareness of nutrition, nutrients and quality foods at different organizational levels, and will enhance nutrition capacity and skills among managerial and technical staff. Training and tools will be developed to improve the knowledge and ability of managers and programme staff in designing and formulating quality programmes, including nutrition situation analysis, response strategies, advocacy and partnerships. Select programme and nutrition staff require more advanced training to facilitate the transition towards new programme approaches, the use of specialized foods, improved M&E, and capacity development for governments and other counterparts. Best practices will be shared and a nutrition information repository will be created to provide all WFP staff with access to up-to-date nutrition information.

83. To carry out this capacity development strategy, partnerships have been developed with the DSM Sight and Life initiative, academic institutions and technical partners.

Costs

84. Designing and implementing nutrition activities should not be considered a cost but an investment in the world's future. By subscribing to the SUN framework, donor and recipient countries have agreed that significant investment is needed from all actors, including WFP. This means that WFP should prioritize funding for the design of appropriate nutrition responses. While some additional financing may be necessary, the main need is to realign WFP's priorities and budgets to deliver better nutrition outcomes.

85. The nutrition and food technology expertise required at the country level should be included in programmes' direct support costs.[31] WFP has already used private sector funding to strengthen nutrition capacity at Headquarters. For research and development, WFP will partner with other agencies and the private sector in designing proposals and seeking funding jointly. Although it requires investment, strengthening M&E pays off in terms of improved programme design and greater effectiveness for future programmes.

86. Cost effectiveness can also be increased by basing modality and product choice on the cost per desired outcome rather than the cost per metric ton. This requires good situation analysis and a thorough understanding of the context. The use of more effective products that cost more per ton will not increase the overall cost of treating a malnourished child when he/she recovers and exits the programme sooner. The recent adaptation of WFP's financial framework to allow the implementation of activities that are not linked to distributing a certain quantity of food is very important for food items such as micronutrient powder and lipid-based nutrient supplements that weigh very little.

[31] This implies that when a country office drafts a new project proposal for Board approval, the budget will cover providing the right food, at the right place, at the right time, as well as the necessary human resources to implement the programme.

MEASURING RESULTS AND DOCUMENTING IMPACT

87. A rigorous M&E system that measures results and provides a good understanding of programme outcomes is critical not only for improving programmes, but also for accountability to donors, partners, governments and beneficiaries.

88. WFP is committed to ensuring proper project monitoring by collecting baseline and post-implementation data – using adequate indicators – and providing periodic reporting in line with its Strategic Results Framework. WFP is also committed to increasing its focus on measuring results, which will require funding. Impact evaluations are important in assuring donors and governments that programmes are effectively implemented. To distinguish programme impacts from general trends and the influence of other programmes and strategies, reference will be made to data from food and nutrition surveillance systems.

89. WFP will continue to improve its M&E system, paying particular attention to the following areas:

- *A comprehensive approach.* As different actors work on policies, strategies and programmes that have impacts on nutrition, WFP aims to participate in broader national M&E systems rather than creating its own.
- *Capacity at the country level.* Countries' capacity for sound M&E design and implementation needs to be developed, both within WFP and among in-country stakeholders. Fragmented sources of information and lack of capacity for data management and analysis also need to be addressed. WFP will partner with universities and others to ensure high-quality M&E and sound problem analysis based on available data, and will provide training and capacity development in this area.
- *Funding.* Sound M&E, the development of guidelines and training require adequate budgeting, because the results contribute to more cost-effective programmes. Synergies across systems and stakeholders may provide cost savings, as well as reducing overlap among national efforts in nutrition data collection.

CONCLUSION

90. Undernutrition is a complex problem. Poverty is a major underlying cause: lack of access to healthy and nutritious diets, and poor hygiene and health services lead to large numbers of preventable diseases and deaths. An inadequate diet during the 1,000 days from conception to 2 years of age causes stunting, preventing millions of children from developing their full potential, and reducing economic growth for entire societies.

91. Because undernutrition has many causes, the response needs to be multi-faceted and to include many different actors. WFP's contribution is essential – in the context of poverty, the right food, at the right place, at the right time must be part of the response.

92. This policy describes how WFP can help the world move closer to its own vision of a future in which all human beings have access to adequate nutrition, enabling them to develop to their full potentials and live healthy and fulfilled lives. Undernutrition will not be eradicated tomorrow, but WFP is ready to contribute to an effort that can succeed only if governments and partners from the United Nations, donor governments, civil society and the private sector join forces to overcome many challenges. Along the way, WFP can save many lives and protect and improve millions of livelihoods.

ACRONYMS USED IN THE DOCUMENT

CMAM	community-based management of acute malnutrition (programmes)
CSB	corn-soya blend
ECLAC	Economic Commission for Latin America and the Caribbean
FAO	Food and Agriculture Organization of the United Nations
FFA	food for assets
FFT	food for training
FFW	food for work
GAM	global acute malnutrition
GDP	gross domestic product
IDP	internally displaced person
M&E	monitoring and evaluation
MAM	moderate acute malnutrition
MOU	Memorandum of Understanding
NGO	non-governmental organization
SAM	severe acute malnutrition
SCN	Standing Committee on Nutrition
SUN	Scaling Up Nutrition
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VAM	vulnerability analysis and mapping
WHO	World Health Organization
WSB++	wheat-soya blend