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# Nutrition Improvement Approach

## *Maximizing Food Assistance Programs for Optimum Nutrition Benefit*

January 2010

Executive Board Informal Consultation



# WFP New Nutrition Approach

## Main Components

### 1. *Right foods at the Right Time*

- Latest R&D: new safe and effective nutritious products for use in operations
- Focus on prevention and under-two nutrition



### 2. Partnerships, Coherence, Capacity building

- Global, regional, and country level
- Governments, private sector, NGOs, research, REACH



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# Latest Science in Nutrition

- Alarming rates of hunger & undernutrition
  - 1.02 billion hungry (FAO 2009)
  - Nearly 200 million stunted & 130 million underweight children (UNICEF)
- Undernutrition:
  - one-third of child deaths
  - > 3.6 million maternal & child deaths
- Stunting in first 2 years:
  - Small window of opportunity
  - Increased mortality, and long-term irreversible physical & cognitive damage (economic cost; Copenhagen consensus)
- Undernourished children & gain weight rapidly later:
  - high risk of nutrition-related chronic disease, e.g., diabetes, obesity, and cardio-vascular disease. (Economic cost)



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# Global Response

- Consensus among the global nutrition community (WHO/UNICEF/WFP meeting on treatment and prevention of malnutrition, Lancet, GAP).
- Many countries are changing their nutrition policies and program designs.
- Many donors are actively engaged in the development of new nutritious products
- The HIV/AIDS field has taught the world not to have double standards



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# WFP priorities

- Focus on first 1000 days of life (from conception to 2 years).
- Nutrition focus in all WFP's programs (EMOPs, PRROs, and CPs):
  - Reduction/prevention of mortality: vitamins and minerals (MNPs) for children in all age-groups;
  - Reduction/prevention of malnutrition: Right food products for children aged 6-24 months: CSB++, RUSFs, MNPs;
  - Nutritional support for pregnant and lactating women.
- Offering appropriate responses to other vulnerable groups, incl.
  - malnourished under-fives
  - school age children,
  - people affected by HIV and AIDS.....

# WFP Nutrition

## Right foods at the Right time

### Better meeting beneficiary needs

1. Enhanced nutrition tool box/food basket
2. Better assessment & targeting
3. Using more delivery modalities
4. Local production, Food safety and quality
5. Ensuring nutrition impact: M&E, effectiveness

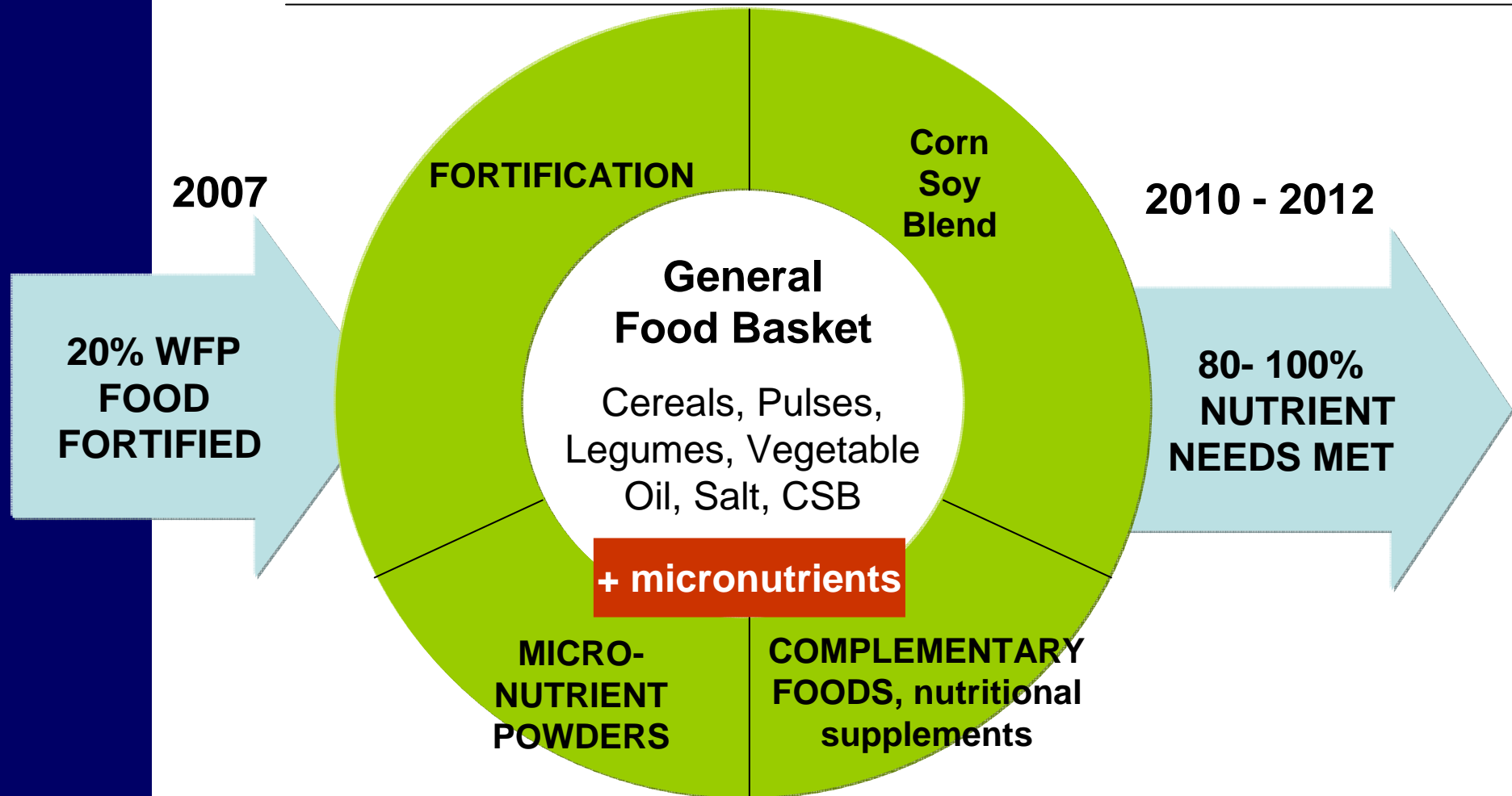
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# FEEDING BETTER FOOD...



# New products increasing in programs

## MNP distribution in...

- Kenya, Nepal, Haiti, Ethiopia, Philippines, Uganda, Bangladesh

## RUSF distribution in...

- Afghanistan, Burkina Faso, Sudan, Ethiopia, Somalia, Uganda, Yemen

## Other products...

- Improved CSB (CSB ++) planned for children under 2 years in Burkina Faso, Kenya, Niger
- Ready-to-use supplementary foods for young children in India, Pakistan





# Delivery models and programme effectiveness

Options: targeted/non-targeted

Through:

- Government-run health care system
- NGO-run health services
- community-based approaches
- schools/pre-schools (for blanket feeding)
- commercial channels, shops/vouchers



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# Local Production

## Right foods at the Right Time



# Local chickpea-based RUSF

- Developed by WFP's CO in India
- Chick peas, milk powder, soy bean oil, soy flour, rice flour, sugar, vitamins and minerals
- Used for prevention and supplementary feeding of children with moderate acute malnutrition
- Locally produced

# Ensuring Food Quality & Safety

## How to improve our system?

- **Engaging** with National authorities
- **Commitment** of management & **Communication** to the staff
- Drafting of a Quality **Management** System (specifications, suppliers, service providers, procedures, etc.)
- **Training** plans: staff, food chain actors, beneficiaries
- **Monitoring, Traceability & Evaluation**



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# Assessing Impact





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# Improving M & E

## Example of Burkina Faso

- Performance Monitoring in Burkina Faso –
  - Reverse increasing rates of undernutrition in food insecure regions (PRRO 10541.0)
- Multi-stakeholders, partnering with research institute /technical experts
- Surveys: Baseline, follow-up every 6 months, under three children, pregnant/lactating women
- M&E: Identified areas for improvement
- External evaluation: improvements in nutrition status



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# Effectiveness Research

## Assessing impact of products

- **Products:** improved fortified blended foods, micronutrient powders, ready to use supplementary foods
- **Ongoing studies:**
  - **Mali** UC Davis California, HKI, UNICEF, Mali MoH
  - **Malawi** Washington University, University of Malawi
  - **Burkina Faso** Institute Tropical Medicine Belgium
  - **Kenya/Ethiopia** University of Copenhagen, MSF
  - **Cambodia** University of Copenhagen
  - **Kenya, Bangladesh, Nepal** DSM, John Hopkins University



# Nutrition Improvement Approach

## Part II

- Partnerships
- Coherence
- Capacity building



# WFP alone cannot solve malnutrition

## Complementary Set of Nutrition Interventions

- Right Foods at the Right Time

- Preventive health,  
water/sanitation

- Caring practices

Partnerships



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# Building Partnerships

## Partnerships:

- UN & NGO implementing partners
- Private sector
- Academia/research
- Foundations/Policy institutions

## At all levels:

- Global
- Regional
- Country level

# Coherence

## Nutrition policies

Policy promotion on nutrition and role of foods

Policy coordination on nutrition

- WFP headquarters & regional bureaus
- Global: UN, SCN, GAP
- Regional: AU
- Country level: UNDAF, PRSP, REACH process



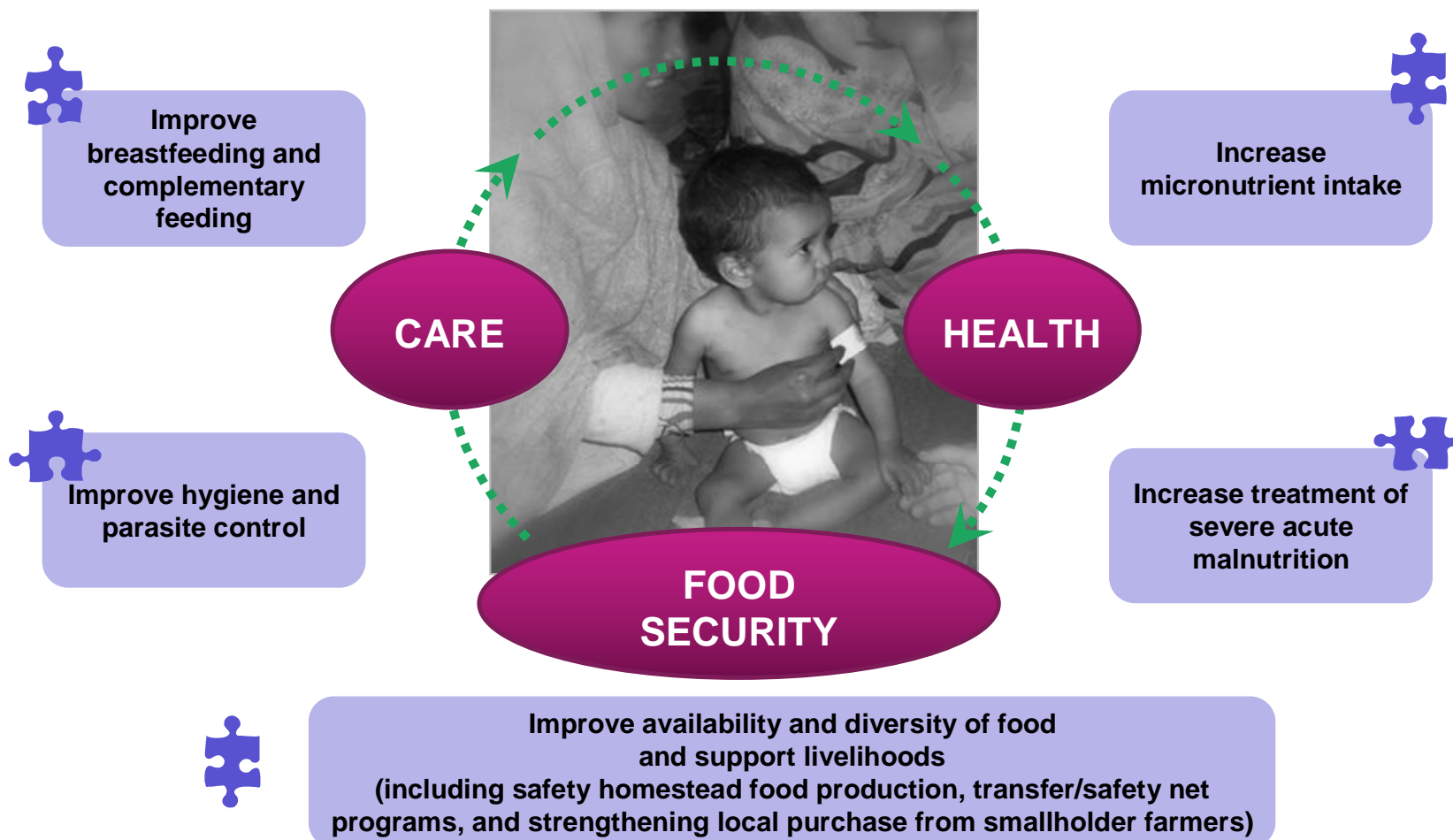
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# REACH – In-country policy coordination

## I. The child is at the center: the aim is to deliver as one

Pillars of the REACH approach



# Capacity building

- REACH:
  - supporting government-lead approaches
- WFP: local capacity strengthening
  - Policy /program development with governments
  - Fortification, local production new food supplementary products, MCHN program support



Thank you