

WFP NUTRITION IMPROVEMENT APPROACH



INFORMAL CONSULTATION

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NUTRITION IMPROVEMENT APPROACH

Context

The understanding of hunger and nutrition has changed significantly over the last decade. Recent scientific knowledge has revealed the short window of opportunity – from conception to age 23 months – for preventing chronic undernutrition with a proven set of appropriate responses. It is now fully accepted that food is a critical response and a primary vehicle for delivering adequate nutrition. New nutritionally enhanced food products are becoming increasingly available for addressing the specific nutrition needs of all beneficiary groups, particularly children under 2 years of age. It is therefore vital that WFP increases the nutritional impact of all its programmes through a better understanding and incorporation of the right interventions, including the best food products, with a particular focus on children under 2.

Given the combination of an increased proportion of cash resources, new programmatic approaches such as voucher programmes, and private sector support, WFP now has a unique opportunity to strengthen its approach to tackling hunger and undernutrition by ensuring that all food assistance delivers the maximum nutritional benefit and, in partnership with others, make lasting gains in the fight against hunger.

Consultation Update

WFP has increased its focus on nutrition topics for many years. The policy papers that went to the Board in 2004 were one important milestone in making WFP's food assistance more nutritious. The WFP Strategic Plan (2008–2013) was another milestone, as it put renewed emphasis on nutrition. The new nutrition improvement approach was developed in the spring and summer of 2009 to expand on the 2004 policy papers and to help WFP field offices translate the nutrition implications of the Strategic Plan into reality in the field.

Internal consultations were broad. A Nutrition Steering Committee made up of WFP's senior management in areas related to nutrition – including policy, programme design and vulnerability analysis and mapping (VAM), communications and procurement – and field representatives, reviewed the document at different stages. The Policy Committee, which includes all Regional Directors, was then consulted. The Executive Policy Council approved WFP's new nutrition improvement approach in August 2009.

In the second half of 2009, the Nutrition Improvement Approach was presented at the country directors meetings in the regions of Southern, Eastern and Central Africa, Asia, West Africa and Middle East, Central Asia and Eastern Europe.

Some external consultations have been carried out since then, initiated by either WFP or the external party. Informal discussions have been held with Board members who expressed an interest in being briefed on nutrition topics. Several private-sector partners have been briefed because it is hoped that some private-sector contributions, especially from the food sector, could be channelled to enhance nutrition at WFP. Initial discussions have been held with NGO partners.

Because it has become clear that Board members wish a more comprehensive overview of the scope and implications of WFP's nutrition improvement approach, the topic was discussed at the informal consultation on 12 January 2010. Based on informal feedback received at the January consultation, this document has been revised to incorporate comments and suggestions from Board members.

EXECUTIVE SUMMARY

The role of food as a means of providing optimum nutrition is now undisputed; this requires WFP to ensure that its food assistance programmes and interventions incorporate best practices in food-based nutrition interventions. In accordance with the WFP Strategic Plan (2008–2013)¹ and previous institutional policies, WFP must improve its overall approach to nutrition by considering the nutritional value of all its food rations, using new nutritionally enhanced food products, incorporating appropriate nutrition gap analysis and utilizing the most appropriate programme tools to make lasting gains against hunger and undernutrition.

Building on WFP's efforts over recent years to ensure fortification of all milled cereals, new scientific evidence and new products now allow WFP to target the specific needs of different groups of beneficiaries with adequate, safe and cost-effective nutritionally enhanced food products. This provides a new opportunity to prevent chronic undernutrition from being handed down between generations. WFP can help countries to break the intergenerational cycle of hunger and undernutrition by introducing newly available food products into its efforts to meet the nutrition needs of pregnant and lactating women and children under 2, using preventive supplementary feeding for children under 2 where necessary.

To achieve this, WFP must increase its human and institutional capacity at all levels. Sound assessments and problem analysis, use and development of existing and new nutritionally enhanced food products, innovative programming, effective collaboration with partners, and documentation of results will require more skills, sustained funding and a commitment to prevention, as well as cure.

Nutrition capacity must be enhanced at the country, regional and Headquarters levels, to ensure that WFP can implement best practices in nutrition and document the results. Each regional bureau and large operation should be more systematically staffed with appropriate nutrition expertise, supported by nutrition training for all relevant staff categories. The approach will require WFP to commit to longer-term capacity building, while seeking to facilitate policy-level and private-sector initiatives that contribute to meeting the needs of nutritionally vulnerable individuals.

Many factors – food, health, caring practices and service delivery – interact to determine nutritional well-being, so WFP must continuously expand its collaboration with partners including governments, United Nations agencies, non-governmental organizations, the private sector, research and policy institutions and experts in nutrition policy and programming. WFP cannot win the fight against hunger and undernutrition alone, but it must accelerate its own work in order to fulfil its mandate.

¹ The WFP Strategic Plan (2008–2011) was extended until 2013 as per Board decision 2009/EB.A/3.

CONTEXT

1. There are staggering numbers of hungry and undernourished people in the world: 1.02 billion people are undernourished; 130 million children under 5 are underweight and nearly 195 million children are stunted, while more than one-third of all deaths of children under 5 are directly attributable to undernutrition. Globally, at least 2 billion people suffer from micronutrient deficiencies. The negative impact of undernutrition on the well-being and economic development of societies is undisputed, and action to assuage it must be accelerated – particularly for progressing towards the Millennium Development Goals.²

In order to find sustainable solutions to undernutrition, especially among children, it is critical to develop a good understanding of when and why vulnerable populations develop symptoms of inadequate nutrition. The most common symptoms include the following:

- Wasting – also known as acute malnutrition – is measured by low weight-for-height, usually has a sudden onset and is often caused by a combination of sudden food shortage and disease. Severe wasting results in high mortality and needs to be addressed immediately. Moderate wasting needs to be treated so that it does not lead to severe wasting.
- Stunting – also known as chronic malnutrition – is measured by short height-for-age and usually develops before 2 years of age. It is critical to prevent stunting because it is very difficult to correct without major dietary and environmental changes and becomes irreversible at a very young age. Stunting is usually associated with other nutrient deficiencies that result in developmental delays, many of which cannot be corrected later in life. A short-term intervention between conception and 2 years of age (a time period also described as –9 to 23 months) can prevent stunting.

The terms “acute” and “chronic” can be misleading because both wasting and stunting develop in a relatively short period of time. Any intervention that lasts for one or two years can implement a short-term action with long-term impacts by providing the right nutrients to young children.

2. Reducing undernutrition in young children and vulnerable groups such as pregnant and lactating women and people living with HIV (PLHIV) requires a multi-sector approach. WFP is working with United Nations partners – particularly the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO) – to define the problem of undernutrition before tailoring specific nutrition interventions to address it. WFP’s role in the fight against hunger and undernutrition has grown over time. Since its inception in 1963, WFP’s nutrition programming has evolved from mother-and-infant supplementary feeding projects to a multi-faceted approach covering emergency nutrition, micronutrient fortification, nutrition in the context of HIV and AIDS, and mother-and-child health and nutrition (MCHN) programmes. Although the size and scope of nutrition activities have increased, the overall effectiveness of nutrition programming has remained limited owing to several converging factors. Historically, food aid has tended to be shaped by a large proportion of in-kind donations, which did not always allow for the most appropriate interventions. This was compounded by a lack of knowledge about the importance of foods’ nutritional quality, and the limited range of specialized food items available to meet the needs of specific groups such as young children. This was exacerbated by a programmatic focus on treating undernutrition and improving care, health services and household environments – with significantly less attention to household food security, even

² www.un.org/millenniumgoals/

though all of these factors are considered relevant and important in the United Nations Children's Fund (UNICEF) conceptual framework on the causes of undernutrition.

3. Recently, scientists have shed light on the devastating and irrecoverable effects of maternal and early childhood undernutrition. Sub-optimal nutrition during pregnancy and the first two years of a child's life causes irreversible developmental damage, ultimately having a negative effect on children's growth, health and learning ability, and on their future economic productivity and income generation capacity as adults. It is important to respond to undernutrition now to lay the foundation for the physical and mental development of future generations; it is also a cost-effective strategy. Leading economists, including five Nobel laureates, declared in the 2008 Copenhagen Consensus that five of the top ten most cost-effective solutions for development focus on undernutrition. Nutrition interventions, from micronutrients to community-based nutrition, ranked far higher than those in any other sector. Over the past several years, nutrition has gained momentum on the global agenda, including through the United Nations High-Level Task Force on the Global Food Security Crisis and the Global Action Plan on Nutrition.
4. Research has shown that the products currently provided to prevent and treat undernutrition, including micronutrient deficiencies, need to be improved if food assistance programmes are to have significant and lasting impacts. Advances in nutrition science and technology, coupled with collaboration with the private sector, have created promising new solutions and programme approaches. New and improved products include improved fortified blended foods (FBFs) and nutritionally enhanced, specialized food products such as ready-to-use supplementary foods (RUSFs) and therapeutic foods (RUTFs), along with micronutrient powders (MNPs). In areas with high levels of stunting, a successful programme approach provides preventive food supplementation targeting all children 6–24 months of age and all pregnant and lactating women, regardless of their nutritional status. When designing programmes, all possible modalities including cash transfers and food vouchers need to be considered to ensure that the most cost-effective modality is chosen.
5. As WFP transforms itself from a food aid to a food assistance agency, ensuring long-term solutions to hunger and undernutrition, it requires a coherent global strategy focused on partnerships, led by governments and including all stakeholders. Recognizing that hunger and undernutrition are major determinants of health, economic growth and prosperity, WFP will ensure that food assistance programmes prioritize nutrition. This entails focusing on prevention as much as on treatment of moderate acute undernutrition; tailoring nutritionally enhanced food interventions to the specific needs of all beneficiaries; and close collaboration with all partners, including national governments, local and international non-governmental organizations (NGOs) and United Nations agencies. As reflected in three policy papers of 2004,³ the Strategic Plan (2008–2013) and, most recently, the 2009 Nutrition Management Action Plan, WFP's policies provide an enabling environment for enhancing and mainstreaming nutrition in its programmes.
6. The growing availability of new nutritionally enhanced food products, an increased proportion of cash resources, coupled with new programmatic solutions such as voucher programmes, and private-sector support have created a unique opportunity for WFP to revolutionize its approach to nutrition and make lasting gains in the fight against hunger.

³ "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); and "Nutrition in Emergencies: WFP Experiences and Challenges" (WFP/EB.A/2004/5-A/3).

STATEMENT OF PURPOSE

7. The purpose of the WFP nutrition improvement approach is to map out the changes that need to take place across WFP in order to accelerate progress in its nutrition programming.

WFP GOALS

8. WFP will work with partners to help countries bring undernutrition below critical levels and break the intergenerational cycle of hunger. WFP will achieve this by focusing on the following goals:
 - i) WFP's food assistance programmes will provide targeted beneficiaries with the most appropriate food-based nutrition interventions tailored to their specific needs.
 - ii) All country directors and programme officers will have the ability to analyse nutrition problems and will work with governments and other partners to prevent and address undernutrition using an array of options including food, vouchers and, whenever possible, locally sustainable solutions.

OBJECTIVES OF THE WFP NUTRITION IMPROVEMENT APPROACH

- i) Implement proven food-based nutrition interventions that are backed by efficacy and cost-benefit studies and that meet the individual needs of specific beneficiary groups.
- ii) Support global and country-level advocacy and promote policies for proven food components of nutrition interventions.
- iii) Prioritize and enhance programme interventions to prevent and treat undernutrition in children from conception to age 23 months effectively.
- iv) Ensure that food and nutrition products follow internationally agreed quality and safety standards, undergo extensive testing and research where needed, and are sourced and distributed in collaboration with partners.
- v) Encourage production, processing and purchase of local nutritious foods, while ensuring the highest food quality and safety standards.
- vi) Enhance nutrition assessments, targeting, and nutrient and intervention gap analysis, and strengthen innovative tools such as food vouchers and nutritionally enhanced food products.
- vii) Increase professional capacity in nutrition across WFP.
- viii) Ensure that the financial framework supports efforts to mobilize and deploy resources towards enhanced nutrition programming.
- ix) Advocate for effective coordination and appropriate division of labour for country-level nutrition programming, with government and main stakeholders.

ENHANCED NUTRITION TOOLBOX

9. For the past 40 years, WFP has complemented the standard rations of beneficiaries who have special nutrition needs with FBFs. Recently, more nutrient-rich versions of FBFs have been developed. In addition, food products developed for the treatment of severe

acute malnutrition (SAM) have inspired the use of similar products – specially formulated, nutritionally fortified and energy-dense – to address moderate acute malnutrition. These products, along with an improved capacity to analyse the causes of undernutrition in different populations, will enable WFP to meet the nutrition needs of different beneficiary groups for the first time in its history. The Annex provides a matrix that shows the range of products available and the contexts for which they have been designed.

10. WFP’s enhanced nutrition toolbox combines the newly available food products with programmatic innovations. To be effective, the use of nutritionally enhanced foods must be well programmed, tailored to the specific needs of target population groups, and accompanied by rigorous monitoring and evaluation (M&E).

Development of Additional Nutritionally Enhanced Foods

11. WFP is working to improve and diversify its nutrition toolbox in collaboration with public- and private-sector partners. WFP focuses on:
 - improving the nutritional quality of FBFs;
 - developing new and enhanced food products, such as RUSFs, lipid-based nutrition supplements (LNS), complementary food supplements and MNPs; and
 - scaling up fortification efforts.

Testing the Effectiveness and Feasibility of New Nutritionally Enhanced Foods

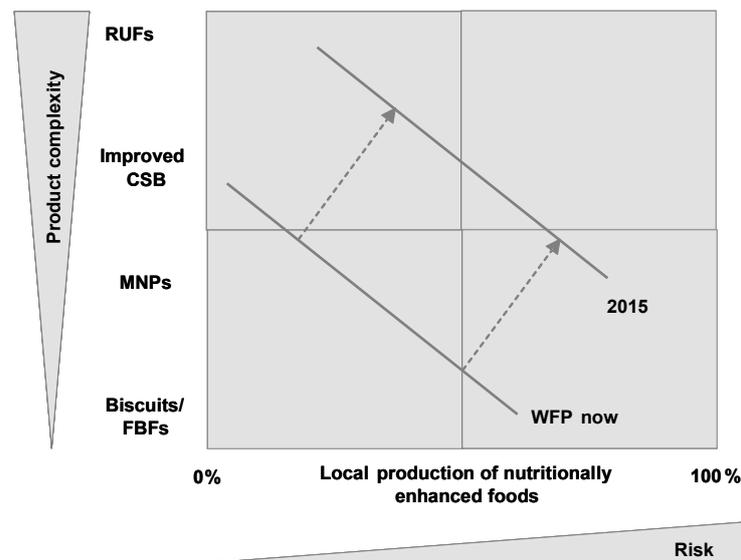
12. WFP will continue to test and monitor the use of new nutritionally enhanced food products to ensure that they address the needs of beneficiaries better than the products used in the past. Several new food products have been or are being piloted in more than 15 WFP country offices. Through this work, WFP will also ascertain the correct use of these foods in programme implementation, their cost-effectiveness and their success in addressing undernutrition among different populations.
13. WFP will engage increasingly in operational research, in collaboration with renowned research institutes and private- and public-sector partners. The results will enable WFP to enhance its nutrition interventions based on the best evidence available; to publish and publicize its findings; and, ultimately, to increase its global credibility in the field of food and nutrition.

Local Production of Nutritionally Enhanced Foods

14. Whenever possible, WFP encourages country offices to purchase locally produced or processed foods. The production, processing and fortification of food close to the consumer has numerous benefits, including increased local food processing capacity, shorter periods between production and consumption, resulting in longer shelf-life, employment generation and sometimes lower cost. Notwithstanding the numerous benefits, however, there are also considerable risks, and quality assurance and consumer safety are paramount. Local production of nutritionally enhanced foods can only be considered where there is local capacity for adequate research and development, quality assurance, and sustainable production in consultation with WFP technical experts.
15. As shown in the figure below, products such as FBFs and high-energy biscuits are relatively easy to produce and more readily produced locally because the quality assurance mechanisms for them are well established. Others, such as improved FBFs and ready-to-

use foods (RUFs), are still more frequently produced by international manufacturers. This trend is expected to change as the capacity expands to produce foods that meet certain standards. WFP is a leading promoter of local production that maintains the highest standards of food safety and quality, as demonstrated by its support for the production of a local RUSF in India.

Product Complexity Drives the Feasibility of Local Production (percentages are illustrative)



Development of a New RUSF by the India Country Office

The India country office is developing a RUSF to create a sustainable, locally adapted, nutritionally enhanced product for use in preventing undernutrition among young children. During product development, the country office was confronted with challenges such as technological difficulties and the product’s nutritional quality and acceptability. The country office is working with technical support from WFP Headquarters to optimize the product formulation and packaging so that it can be deployed safely in WFP- and government-run nutrition programmes.

Quality Assurance and Food Safety

16. As WFP engages more and more in the development of new nutritionally enhanced food products, it needs a system-wide approach to ensure the adequate quality, nutritional value and safety of all food products.
17. The processed food products traditionally used by WFP adhere to strict specifications for nutritional value, processing criteria, and acceptable levels of microbiological and chemical contamination, and are in line with Codex Alimentarius guidelines and/or national guidelines in the recipient country.
18. There is consensus on the minimum composition and processing standards for products used in the treatment of SAM. However, there is still no global consensus on standards for the new nutritionally enhanced food products used to treat moderate acute malnutrition. WFP is engaged in the dialogue among global experts and major organizations on the development, specifications and testing of these products.

19. WFP has established a Technical Advisory Group (TAG) to facilitate decision-making on the appropriateness of new food products for its operations and to avoid potential conflicts of interest. The TAG is composed of non-WFP experts in the fields of nutrition, food safety, food legislation, food packaging and consumer acceptability. In coordination with WFP's procurement and programming divisions, the TAG reviews applications formally submitted by the suppliers of prepared/processed/value-added foods and unprocessed commodities on behalf of WFP. The review covers:
 - compliance with established safety standards;
 - nutritional quality;
 - fitness for human consumption; and
 - appropriateness under typical WFP operational conditions: storage, transport and climate issues.
20. Furthermore, WFP is updating and improving its food control system with the aim of:
 - maximizing risk reduction by applying the principle of prevention throughout the farm-to-table continuum;
 - developing science-based food control strategies;
 - establishing procedures for dealing with products that are not up to standard; and
 - engaging with national authorities and strengthening their capacity.

BENEFICIARIES

21. The goal of this approach is to ensure that WFP understands the nutrition needs of beneficiaries so it can incorporate best practices when providing food-based nutrition interventions.

Pregnant and Lactating Women and Children Under 2

22. New research has shown that the world has a unique opportunity to address chronic undernutrition permanently by intervening during the short but critical period from conception to 2 years (the first 1,000 days of life). WFP must significantly increase its focus on this beneficiary group to break the cycle of hunger and make a lasting difference to the lives of beneficiaries. While the investment may be high in the short term, the payoff is enormous in the medium and long terms. By preventing undernutrition during this critical period, WFP can help beneficiaries to grow to their full physical and mental potential, thus positioning them well for healthy and productive lives.

Other Beneficiaries

23. While prevention of life-long consequences is the goal for children under 2, WFP can also help mitigate the effects of undernutrition after age 2, through short and targeted interventions to ensure that nutrition status does not deteriorate, or through curative interventions for those already undernourished. The nutritionally enhanced products will allow WFP to be more effective and efficient in this endeavour.

Children over 2 suffering from moderate acute malnutrition

24. Children over 2 may still be highly vulnerable to moderate acute undernutrition and disproportionate mortality. Moderate undernutrition encompasses two conditions: wasting, from acute undernutrition; and stunting, from chronic undernutrition. Wasting generally results from weight loss due to reduced food intake or illness, and is treatable. Stunting is a consequence of poor nutrition during the first two years of life, and its consequences on a child's mental and physical development are largely irreversible after age 2. As growth continues well beyond the age of 2, stunting can also occur past that age, which is why WFP needs to meet the needs of slightly older children as well. Moderately undernourished children have an increased risk of death because of heightened vulnerability to infections. They are also at risk of developing SAM, which is immediately life threatening.

School-age children

25. School-age children often suffer from critical micronutrient deficiencies. These can be addressed through feeding programmes, such as school meals using fortified food, or point-of-use fortification/MNPs in cases where entire populations do not take in sufficient micronutrients through their normal diet.

People infected with HIV and/or tuberculosis and other vulnerable groups

26. These vulnerable groups have specific dietary needs that are often not met through the regular food basket. WFP provides nutrition and food assistance within the health and social assistance sectors to increase the access to, adherence to, and effectiveness of anti-retroviral therapy (ART), improve nutritional well-being and health status, support the care and protection of children and particularly vulnerable people, including women and girls, and support household food and livelihood security, protection and recovery.

General population

27. WFP normally targets the wider population only in emergency settings, where a sudden shock has disrupted stability and food-secure populations suddenly face hunger owing to that disruption. The goal of WFP's interventions in these cases is to prevent the deterioration of nutrition status while the population rebuilds its livelihoods. WFP does this by providing food rations with adequate levels of micro- and macronutrients. In emergencies, it is critical to focus on the needs of the vulnerable, as they will be the most affected by increases in morbidity and mortality. These people include young children, pregnant and lactating women, the elderly and the chronically sick, such as PLHIV or infected with tuberculosis (TB). WFP also feeds the general population where there are refugees and internally displaced persons (IDPs).

INTERVENTIONS

28. Depending on the situation, WFP works with partners to choose the most efficient and effective intervention to address beneficiary needs. The prevention and treatment of undernutrition require effective food-based nutrition interventions as part of a package of complementary programmes. WFP now has the potential to respond better to the nutrition needs of beneficiaries because it has an increased proportion of cash resources and a more varied and improved assortment of nutritious foods.

29. In addition to existing intervention types – general food distributions, selective feeding programmes, school feeding, food-for-assets (FFA)/ and food-for-work (FFW) programmes for PLHIV and for MCHN – WFP should: i) define nutrition objectives in programmes that traditionally do not include such objectives, such as school meals and FFA, depending on the nutritional situation of target groups; and ii) explore innovative programming options and modalities to achieve nutrition objectives, such as preventive (“blanket”) supplementary feeding approaches for children under 2 and food vouchers.
30. **General food distributions** involve the distribution of a standard ration of food items to every beneficiary within a crisis-affected population, refugee or IDP population or targeted geographic area, without distinction. The immediate aim of general food distribution is to meet the food needs of people with constrained access to normal sources of food. While standard food rations cover energy needs, fortification of food items such as cereals, salt or oil in the food basket helps achieve nutritional objectives such as meeting micronutrient needs. It is important to point out that fortification is usually carried out to meet adult needs, and vulnerable groups such as pregnant and lactating women, and children require a supplement or specially fortified product to meet their needs.
31. **Selective feeding interventions:** Selective feeding interventions target either specific individuals within a group based on nutrition status – which is a curative intervention – or an entire vulnerable group that without the intervention would be likely to experience deteriorating nutrition, which is a preventive intervention. Both typically include such vulnerable groups as pregnant and lactating women, children under 2, moderately malnourished children, PLHIV and TB patients. Selective feeding interventions may complement general food distribution to provide extra nutrients to vulnerable individuals whose households may be benefiting from food assistance.
- i) *Targeted supplementary feeding* seeks to treat children or pregnant and lactating women suffering from moderate acute malnutrition, to prevent them from becoming severely acutely malnourished and to support their recuperation.
 - ii) *Preventive feeding* provides supplementary nutritious food to all children under 2 or to pregnant and lactating women in food-insecure areas with high rates of undernutrition – wasting and/or stunting – regardless of their nutrition status, to prevent undernutrition from developing and to reduce the related mortality and morbidity. This approach is appropriate when the threat is severe for entire groups of children under 2. The preventive nutrition approach should be used at least during periods of severe food shortage. In these cases, the risk of undernutrition is so high that it is preferable to feed all children under 2 with supplementary foods (blanket-feed) rather than to target only those children identified as malnourished. This preventive nutrition approach has been shown to be more effective than a recuperative approach in Haiti, for example.⁴ Similarly, in a region in Niger where undernutrition is known to be seasonal, a preventive supplementary feeding approach for all children under 3 during the lean season was shown to prevent an increase in the prevalence of SAM, and thus to reduce the admission rates of malnourished children to clinics.⁵ Prevention is also cost-effective, as the cost of treatment is many

⁴ Ruel, M., Menon, P., Habicht, J.-P., Loechl, C., Bergeron, G., Peltó, G. and others. 2008. Age-based preventive targeting of food assistance and behaviour change and communication for reduction of childhood undernutrition in Haiti: a cluster randomised trial. *The Lancet*, 371 (9612): 588–595.

⁵ Defourny, I., Minetti, A., Harczy, G., Doyon, S., Shepherd, S., Tectonidis, M., Bradol, J.-H. and Goldern, M. 2009. A Large-Scale Distribution of Milk-Based Fortified Spreads: Evidence for a New Approach in Regions with High Burden of Acute Malnutrition. *PLoS ONE*, 4(5): e5455.

times higher than that of preventing undernutrition. As a child's vulnerability to the irreversible effects of undernutrition starts in the womb and continues up to the age of 2 years, pregnant and lactating women may also be included in such blanket feeding programmes.

32. **School meal programmes** provide an important safety net for vulnerable children, and are used to increase enrolment and school attendance, improve health and nutrition and improve learning of school-age children, by providing them with a school meal and a package of non-food interventions. Where micronutrient deficiencies are of public health importance specific nutrition interventions can be used to address them. WFP's school meal programmes also provide a platform for teaching about healthy nutrition and food. School garden activities often complement teaching and food distribution, while complementary interventions by partners such as deworming or education about HIV and AIDS make school meal programmes go far beyond the distribution of food. WFP's school meal programmes can also provide a platform for reaching non-school-age beneficiaries in remote regions where there are no MCHN programmes. In such cases, WFP can reach out to the younger siblings of the school-age children to ensure that they have access to appropriate nutrition in addition to the food WFP distributes to their older siblings.
33. **Food for assets** is used to support food-insecure households and communities through food assistance provided for creating and improving sustainable physical assets, some of which are intended to mitigate the effects of natural disasters. Specific fortified foods should be included for the nutrition situation in the target area. WFP can promote the production of nutritious foods through its FFA programmes, such as pulses, vegetables or fruits, or small-scale animal husbandry, which could contribute to improved access to diversified, nutritious diets.
34. **Food vouchers** can support nutrition objectives when the voucher exchange is tied to the purchase of nutritious food items through local markets. Vouchers can be a powerful tool for improving nutrition and can help meet needs in a timely and flexible manner where nutritious food products are available on the market. WFP is piloting ways to improve the nutritional impact of voucher programming in Burkina Faso and Pakistan, and will extend those efforts.

PROGRAMMING ISSUES

Criteria for the Mandatory Inclusion of Nutrition Objectives in WFP's Programmes

35. While high nutritional quality needs to become a feature of all WFP's interventions, WFP will also encourage the inclusion of specific nutrition objectives in operations where the following criteria are met:
 - wasting/weight-for-height prevalence exceeds 10 percent;
 - underweight/weight-for-age prevalence exceeds 20 percent; or
 - stunting/height-for-age prevalence exceeds 30 percent.
36. If one of the above criteria is met, the country office should incorporate specific nutrition objectives in its operations and programmes in the affected areas.
37. Depending on the food security context and other factors such as seasonality or rural/urban disparities, interventions and associated programme objectives should be fine-tuned to the specific needs of each target group. An anaemia prevalence rate of more than 40 percent in children under 5 indicates a public health problem and is a proxy for

widespread micronutrient deficiencies. Such a prevalence rate should trigger careful consideration of the adequacy of the micronutrient content of food rations, and/or additional measures to address micronutrient deficiencies in the most vulnerable groups and in schoolchildren. The Annex presents an overview of how these criteria are applied in the countries where WFP is operational.

38. In an emergency setting, WFP will continue to use the norms for wasting or mid-upper arm circumference (MUAC) as indicative of a significant undernutrition problem within a population.

Adjustments to Needs Assessments and Food Security Analyses

39. In emergency, protracted relief and recovery, and development contexts, positive impacts on nutrition depend on the effective use of nutrition data – information that helps identify the problem, design appropriate responses, document change and report on effectiveness. Since 2004, nutrition data have been used increasingly in assessing needs and determining programme priorities and specifications – but there is still room for improvement.
40. A thorough assessment of the food and nutrition security situation is the first step in making informed decisions and improving nutrition programming. WFP needs to ensure that data collection methods support analysis for mapping the nutrition situation. WFP's current approach uses households' vulnerability to food insecurity as a guiding principle. This poses a problem because patterns of food insecurity and undernutrition often do not match. Undernutrition in young children often occurs in situations of apparent food security, for example when young children do not receive the foods that meet the requirements of their age, possibly owing to the household's limited access to these foods and/or its incomplete knowledge of the needs of the child.
41. Needs assessments should therefore include data on nutrition security when possible, focussing on individuals' access to an adequate quantity of quality food to meet nutrient requirements. This entails including nutrition security indicators that allow more effective targeting of – and more adequate responses to – the population groups with the greatest nutrition needs. Where possible, assessment of infants' and young children's access to age-appropriate foods should become a standard element of comprehensive food security and vulnerability analyses (CFSVAs), and emergency food security assessments. To this end, WFP is piloting the use of the recommended indicator module for assessing infant and young-child feeding developed by WHO and partners. The approach has been successful in Bangladesh and Benin, and will expand to other programmes in the future.
42. Because food security assessments currently use households as the unit of analysis, they do not typically measure the nutrition status of specific household members, the vulnerable ones in particular.⁶ There are indications that adapting the sampling method to allow the inclusion of anthropometric or biochemical indicators can be relatively simple; this would allow valid conclusions to be used for designing more adequate nutrition responses targeted to the needs of vulnerable groups within the household. Such new methods are already being used in several CFSVAs, especially in West Africa. Their expanded use, and improvement of existing tools, will reduce the need for separate nutrition surveys.

⁶ Anthropometric indicators measure height, weight and arm circumference. Clinical indicators evaluate general appearance, presence of oedema, and hair, nail and eye changes. Biochemical indicators refer to iron, vitamin A and micronutrient deficiencies as measured by blood and urine tests.

Targeting

43. Context-specific solutions will be designed where divergences exist between the food security and nutrition status of vulnerable groups, as when children are stunted at an early age because of limited access to an age-appropriate diet. Solutions might include providing special foods or MNPs; in all such cases pregnant women and children up to the age of 23 months should be the priority target groups. Country offices will work with the Nutrition and HIV/AIDS Service at Headquarters to target young children in the most cost-effective manner.

Micronutrient and Intervention Gap Analysis

44. Good nutrition is often equated with adequate caloric intake. However, problem analysis should focus on both macro- and micronutrients, including the body's ability to absorb the latter (bioavailability). It also requires an in-depth understanding of national policies, and the capacity to tackle undernutrition. To gain this understanding, country offices should collaborate with their national counterparts to obtain and analyse information on:
 - country policies and strategies for nutrition, including mandatory micronutrient fortification and existing protocols aimed at addressing undernutrition; and
 - market and accessibility analysis of micronutrient-rich food available in the region or country.
45. Where national policies are lacking, WFP should advocate for proven solutions such as targeted food subsidies and fortification. When a country office can base its programming on sound national policies it will be easier to optimize its programmes and ensure sustainability.
46. In situations where families do not have the means to buy adequate food, or where adequate food is not readily available, the private sector – particularly the food industry – should play an important role in remedying the failure of markets to address those problems. WFP should collaborate with companies to develop new products and approaches that address undernutrition, by creating new models to increase local capacities in food production and processing; ensuring quality; and making nutritious food affordable even to the poor.

Monitoring and Evaluation

47. WFP project monitoring and mid-term assessments are critical in guiding programme revisions. To assess the impact of nutrition components and programmes, well-designed M&E systems must be developed and implemented. Given that new, nutritionally enhanced food items cost more than the foods usually distributed, M&E becomes even more important, as donors will expect sound evidence that the increased cost is more than outweighed by better nutrition outcomes.
48. WFP recognizes the importance of analyzing impact and reporting results and continues to improve its processes in this regard. In Burkina Faso, for example, WFP's food aid monitors and NGO partners jointly collect and analyze growth monitoring data in order to better understand the underlying causes of undernutrition such as socio-economic status and the level of women's empowerment. Despite many positive examples in WFP, the current M&E processes of WFP and its partners often do not utilize adequate methods for survey design, data collection and the selection of project-specific indicators. M&E efforts are often underfunded or cut. To ensure that food assistance achieves its objectives and results in nutrition gains, M&E needs to be strengthened and donors persuaded that it is a worthwhile investment.

49. The Strategic Results Framework (SRF) charts a logical progression from interventions to outputs to outcomes. Nutrition objectives are critical for Strategic Objectives 1 and 4: it is mandatory to use and report on the corporate indicators linked to the chosen objective in the SRF. To strengthen annual corporate outcome reporting, WFP needs to ensure that country offices are accountable for impact analysis and reporting in line with the SFR.

PARTNERSHIPS AND POLICY ADVOCACY

50. WFP recognizes that food can make an even stronger impact on the lives of its beneficiaries when it is part of a broader package that also includes health and care. Many of the interventions of such a package are not part of WFP's comparative advantage or mandate. Partnerships with governments, United Nations agencies, NGOs, private-sector groups, policy institutions and private foundations support WFP in ensuring the best nutritional impact for beneficiaries.

Building Global Consensus through Partnerships and Policy Advocacy

51. WFP has always rooted its operations in partnerships and inter-agency collaboration, entering into Memoranda of Understanding (MOUs) and joint statements on nutrition with UNICEF, WHO, the Office of the United Nations High Commissioner for Refugees (UNHCR) and the United Nations Standing Committee on Nutrition (SCN). These partnerships facilitate comprehensive and cooperative actions among implementing partners in achieving a common vision for nutrition. In line with its mandate, comparative advantage and government requests for support, WFP will focus on the food component of comprehensive solutions. Partners include United Nations agencies, NGOs, academia and others, creating a multi-pronged approach to address undernutrition. Building on WFP's expertise, food-based nutrition interventions are promoted as essential programme tools that can target the specific nutrition needs of vulnerable population groups. WFP also contributes to promoting evidence-based approaches in inter-agency fora, including SCN, international policy conferences, scientific, stakeholder and donor meetings, and publications for both broad and targeted audiences.
52. WFP partnerships with the private sector have been critical in the recent development of new nutritionally enhanced food products. Partnerships facilitate the use of innovative approaches and techniques to develop appropriate, safe and effective nutrition interventions. Global partnerships have also been powerful tools in WFP's joint advocacy efforts to fight hunger and undernutrition.

Country-Level Nutrition Coordination and Advocacy

53. At the country level, bringing together all the main stakeholders has been beneficial in maximizing nutrition results, and can be more cost-effective in the long term. WFP's extensive deep-field presence allows it to engage in policy and programme development with host governments at the local and national levels. The formulation of comprehensive child-focused national nutrition policies and effective programme approaches should be coordinated among the national government, United Nations agencies, NGOs and the private sector. Each stakeholder brings unique expertise, capabilities and programme approaches for addressing undernutrition, which should be leveraged in a coherent manner.
54. WFP is building its efforts with partners, including national governments, to highlight the importance of preventing and addressing undernutrition in national policies and to advocate for more focused and coordinated programme approaches for nutrition that include food-based nutrition interventions, particularly for children under 2 and other vulnerable groups.

55. While emphasizing its critical role in implementing effective food-based nutrition interventions, and coordinating with other stakeholders to ensure that other causes of undernutrition are also addressed, WFP can help increase the commitment to nutrition within a country by:

- making more effective use of country mechanisms, including Poverty Reduction Strategy Papers, common country assessments, the United Nations Development Assistance Framework, the Consolidated Appeals Process (CAP), and Inter-Agency Standing Committee and country-level nutrition clusters;
- coordinating nutrition programming more effectively at the country level, with implementing partners such as UNICEF or the REACH partnership;
- assisting national governments in formulating strategies for improving nutrition, establishing national/regional nutrition programmes, and strengthening the capacity of national organizations and institutions to plan, implement, monitor and evaluate such programmes, and in turn bolstering local capacity;
- advocating with national governments for food and nutrition as a component of school feeding programmes, and working with partners to ensure that both are successfully integrated at scale; and
- strengthening its own nutrition programming, and leading by example.

REACH – An Example of Country-Level Coordination

56. By hosting the REACH partnership at Headquarters, WFP demonstrates its overall leadership in nutrition and reinforces its conviction that effective country-level coordination of nutrition programming is essential to addressing undernutrition among children in a holistic manner. REACH was jointly established by WFP, WHO, UNICEF and the Food and Agriculture Organization of the United Nations (FAO) in 2008 to facilitate an effective country-led process for comprehensive needs assessment, advocacy, action planning and coordination among stakeholders, for delivering an integrated, multi-intervention approach to address childhood undernutrition.

57. In addition to country-level efforts, REACH has developed several tools that can support nutrition advocacy efforts at the global level, including a knowledge-sharing system for country experiences and success stories. REACH's financial spreadsheet tool can budget the costs of nutrition interventions and programmes as a whole and be used to demonstrate the cost-savings of nutrition programming to governments, particularly in light of competition for resources.

CAPACITY NEEDS

Staffing Requirements

58. For WFP and its partners to implement best practices in nutrition programmes in the field, and to support these actions from Headquarters and regional bureaux, appropriate nutrition expertise is required across all WFP staff categories and in partner organizations. WFP frequently works with experts from academia, the private sector and United Nations partner agencies to increase its capacity on nutrition programming. Despite this cooperation, WFP requires additional staff with professional backgrounds in nutrition, nutrition programme design, food technology, and public health and epidemiology.

59. Highly skilled and experienced nutrition professionals are needed to ensure innovative and sound nutrition programming that incorporates WFP's new strategic direction in nutrition. This will serve to reinforce WFP's support to strengthen national, regional and international nutrition policies and programmes through more effective policy analysis, development and communication. More effective problem analysis will enable WFP and its partners to develop the right policy and programme solutions, and incorporate necessary food-based nutrition interventions at the country level.
60. The improved staffing capacity will enable WFP to divide its tasks as follows.

Headquarters

61. The Policy, Planning and Strategy Division will:
- translate nutrition science into policy;
 - continue to contribute to and engage in global technical/scientific and programming discussions with United Nations agencies, NGOs and academia that are relevant to identifying and building consensus on nutrition solutions for preventing and treating undernutrition and to positioning WFP as a leading agency in nutrition;
 - together with the Private Partnerships Division, engage with private-sector companies to build partnerships that will contribute to WFP's nutrition improvement approach, and guide their technical and financial support to country offices and local businesses;
 - where necessary, assist regional bureaux and country offices in the development of regional nutrition strategies with other stakeholders, and in solving issues in the nutrition cluster or with specific United Nations or NGO partners regarding programme approaches, choice of food items, etc.
62. The Programme Design Service will:
- translate nutrition science and policy into programmes and practice;
 - provide country offices that lack access to expertise at the regional level with adequate corporate guidance on designing the nutrition components of new programmes
 - emergency operations (EMOPs), protracted relief and recovery operations (PRROs), country programmes (CPs) and development programmes (DEV)–baseline studies/surveys, choice of indicators, M&E, and ensuring that programmes are in line with the Strategic Plan and the SRF;
 - work with country offices and regional bureaux in identifying opportunities for local production of nutritious food products, helping to ensure that these meet international norms and standards and engaging local, regional and global private-sector partners where possible;
 - work with country offices interested in generating evidence for the appropriateness and effectiveness of new nutrition approaches and products; and
 - expand links with WFP's private-sector partners and academic institutions.

Regional bureaux

63. All regional bureaux should have, at minimum, an international regional nutrition adviser and a food technologist. The nutrition adviser will engage in regional-level discussions on nutrition and development with partners and regional structures such as the African Union, and will support country offices in incorporating, implementing and communicating WFP's new strategic nutrition direction. The food technologist's focus will be on developing and adapting food products that use local ingredients to the extent possible and are produced locally or regionally, and on ensuring that appropriate quality and safety standards are maintained.

Large country offices

64. Large country offices should have a senior nutrition professional, nutritionist or expert nutrition/public health programme practitioner, and a food technologist. The additional staffing should be included as a component of direct support costs (DSC) and will act to:
- improve the nutrition/health skills of programme staff;
 - train country directors and heads of programmes on the nutrition component of programme design; and
 - design nutrition programmes or nutrition components of broader programmes, including appropriate staffing needs, in CPs, PRROs and EMOPS.

Smaller country offices

65. Smaller offices that do not have a nutritionist or food technologist on their staff will rely on regional bureaux and Headquarters for nutrition and food technology expertise. Where possible and applicable, they can also contact the relevant staff of larger country offices, especially when dealing with similar programmes or introducing the same new items.

Training

66. WFP staff will need skills and nutrition knowledge to design, implement and assess the enhanced nutrition programmes outlined in the WFP nutrition improvement approach.
67. In addition to a general understanding of nutrition and related policies, effective policy-making and communications skills are also valuable when advocating for nutrition and WFP's role in policy discussions. Many of the necessary skills can be gained and improved through the Human Resources Division's existing training courses; nutrition-specific modules will be added to these training courses. As the WFP nutrition improvement approach is rolled out, training materials will be updated where necessary and new materials developed as described below.

Food and Nutrition Handbook

68. The Handbook is directed to WFP staff who are involved in delivering food assistance to WFP beneficiaries. It serves as both a reference and a training manual, enabling staff to assess and analyse nutrition situations and helping them to manage the design, implementation and M&E of interventions. The Handbook is being converted into an e-learning module with the collaboration of the Human Resources Division..

Measuring and Interpreting Undernutrition and Mortality

69. This manual aims to build the capacity of WFP staff, partners and national counterparts to collect and interpret survey-derived data, ensuring that the data are collected using appropriate methods, interpreted meaningfully, and presented and used in transparent and

appropriate ways. It provides step-by-step guidance intended not only for nutritionists and nutrition focal points, but also for all staff involved in data management, programme design and reporting.

The Mother-and-Child Health and Nutrition Toolkit

70. The aim of this toolkit is to provide a common knowledge base for the formulation and implementation of MCHN programmes, and to strengthen capacity at the country office/regional bureau level to improve the reach and effectiveness of MCHN programmes. It is being finalized by the Programme Design Service and will be synchronized with the WFP nutrition improvement approach in its final draft.
71. WFP relies heavily on partners to execute its programmes. To enhance their nutrition capacity, WFP will make some materials available to them and include them in training where feasible.

FINANCIAL MECHANISM ADJUSTMENTS

72. The implementation of expanded and improved nutrition programming in the field will increase the cost of programmes. Associated and direct support costs may rise owing to increased staffing needs; staff training requirements; M&E efforts that complement nutrition programming; contracts for partners implementing auxiliary programme components, such as community-level awareness-building and advocacy campaigns; research and development efforts; and food safety and quality assurance.
73. Country offices should adjust their management of existing budgets and resources to cover costs related to enhanced nutrition programming. Improved problem analysis and good partnering strategies can make existing resources go further and produce better results. It is hoped that in the long term the review of WFP's financial framework will facilitate funding of better nutrition programming.

RESOURCE REQUIREMENTS AND MOBILIZATION

74. Chronic undernutrition has very serious long-term consequences. Increased health care costs, reduced cognitive development, adult productivity losses and premature death are direct outcomes of early childhood undernutrition. The long-term cost-effectiveness of preventing undernutrition compared with treating it is therefore undisputed. In the short term, however, the development and use of new nutritionally enhanced products to prevent undernutrition will have an impact on the cost of operations.
75. For example, it has been estimated that daily use of a complementary food supplement containing most of the essential nutrients for children aged 6 to 18 months would cost US\$70 to US\$100 per child per year.⁷ Daily consumption of such a product should markedly improve growth and mental development, giving the child a far better start in life. The daily ration current used for MCHN supplementary feeding for the same duration, which contains corn-soya blend (CSB), vegetable oil and sugar, costs US\$50 per child per year. That ration may be slightly cheaper, but the complementary food supplements have higher energy density, may be of better nutritional value and do not require preparation, thus making them safer for consumption. It appears that less sharing of rations occurs with the complementary food supplements.

⁷ The example provided is for a lipid-based supplement such as Plumpy'Doz™. All numbers given in this section are for food only and exclude any transportation and distribution costs.

76. As the number of available nutritionally enhanced foods increases, the product and the intervention modality should be chosen on the basis of sound situational analysis. Donors should be asked to pay for more expensive interventions only if the return on their investment justifies the cost. Implementing improvements in assessment, M&E, and nutrition mapping and gap analysis across WFP operations will enable donors to make informed funding decisions and optimize the use of their resources.

WFP Enhanced Nutrition Toolbox – Food Component		
Type of intervention	Special target group	WFP's new toolbox
Curative	Moderately malnourished children 6–59 months	<ul style="list-style-type: none"> ➤ RUFs to treat moderate acute malnutrition (e.g. Supplementary Plumpy™ or Indian ready-to-use food for children (RUFC)) ➤ FBFs with improved micronutrient content and bioavailability, including milk powder, sugar and oil ➤ High-energy biscuits with improved micronutrient profile ➤ FBFs, preferably with improved micronutrient profile, where none of the above are available
Preventive	Children 6–23 months	<ul style="list-style-type: none"> ➤ FBFs with improved micronutrient content and bioavailability, including milk powder, sugar and oil ➤ RUFs: LNS (such as Plumpy'doz™, Indian RUFC, Nutributter™) ➤ Where appropriate, powdered complementary food supplements: soya powder with micronutrients or MNP
Preventive	Children 24–59 months	<ul style="list-style-type: none"> ➤ FBFs with improved micronutrient content and bioavailability ➤ Locally available food with improved micronutrient profile ➤ MNP
Preventive/curative to address existing micronutrient deficiencies	School-age children, adolescents and adults	<ul style="list-style-type: none"> ➤ Food fortification, including of grain flours, vegetable oil, iodized salt, improved FBFs and, in the future, fortified rice ➤ MNP added to school meals that use locally grown ingredients and are prepared at schools
Preventive/curative to address existing micronutrient deficiencies and other nutrient deficiencies in foetus or infant	Pregnant and lactating women	<ul style="list-style-type: none"> ➤ Improved FBFs ➤ MNP ➤ LNS such as Nutributter™, Indian RUFC
Curative to support medical treatment	Chronically ill, TB and AIDS	<ul style="list-style-type: none"> ➤ RUFs, such as LNS (e.g. Plumpy'Nut™, Indian RUFC, Plumpy'Doz™) ➤ Improved FBFs ➤ MNP ➤ Note, different products can be used at different stages of treatment
Food provision	General population: highly food-insecure such as refugees, disaster-affected	<ul style="list-style-type: none"> ➤ Food baskets containing cereal, pulses, oil, sugar, salt and FBFs (all fortified as much as possible), high-energy biscuits such as BP5 RUFs ➤ Note, different items are preferred at different stages of assistance provision, depending on situation of target population

ACRONYMS USED IN THE DOCUMENT

ART	anti-retroviral therapy
CAP	Consolidated Appeal Process
CFSVA	comprehensive food security and vulnerability analysis
CP	country programme
CSB	corn-soya blend
DSC	direct support costs
EMOP	emergency operation
FAO	Food and Agriculture Organization of the United Nations
FBF	fortified blended food
FFA	food for assets
IDP	internally displaced person
LNS	lipid-based nutrition supplement
M&E	monitoring and evaluation
MCHN	mother-and-child health and nutrition
MNP	micronutrient powder
MOU	Memorandum of Understanding
MUAC	mid-upper arm circumference
NGO	non-governmental organization
PRRO	protracted relief and recovery operation
RUF	ready-to-use food
RUFC	ready-to-use food for children
RUSF	ready-to-use supplementary food
RUTF	ready-to-use therapeutic food
SAM	severe acute malnutrition
SRF	Strategic Results Framework
TAG	Technical Advisory Group
TB	tuberculosis
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