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## **Update on the Nutrition Policy**

### **Executive Summary**

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

Since the policy was approved WFP has been involved in: i) expansion of the Scaling Up Nutrition (SUN) movement to reach 56 countries; ii) consultations on the post-2015 development agenda; iii) implementation of the nutrition policy in 53 country offices; and iv) increasing engagement with governments on nutrition.

WFP's work in nutrition is coordinated with the United Nations Children's Fund, the World Health Organization and the Food and Agriculture Organization of the United Nations. It is harmonized by working through the SUN movement, the United Nations Network for SUN and the nutrition cluster, with a view to promoting effectiveness, efficiency, complementarity and holistic approaches for nutrition. WFP and its partners support governments in implementing their nutrition policies by working through the United Nations Development Assistance Framework.

The policy has four nutrition-specific pillars: i) treatment of moderate acute malnutrition for children 6–59 months of age, pregnant and lactating women, and people living with HIV or receiving treatment for tuberculosis; ii) prevention of moderate acute malnutrition; iii) prevention of stunting during the first 1,000 days after conception; and iv) addressing micronutrient deficiencies. The policy also covers nutrition-sensitive interventions in school feeding, general food distribution, food assistance for assets, and other activities in which nutrition is not the primary goal. WFP works in partnership with governments, academia, non-governmental organizations, donors and the private sector to provide technical assistance and implement programmes, evaluate outcomes, enhance programming performance, guide nutrition policies and contribute to the nutrition evidence base.

At the request of the Board, the WFP nutrition policy underwent a mid-term review in 2015. Management accepted the recommendations of the evaluation, and the Nutrition Division is prioritizing actions to improve field-based programming on the basis of the findings.

While taking these considerations into account, WFP will continue to: identify approaches for preventing acute malnutrition; contribute to improvements in the evidence base on programming for malnutrition prevention and the use of local complementary fortified foods to meet nutrient needs; invest in improving assessments, monitoring and evaluation; and address malnutrition in pregnant and

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**Focal points:**

Ms L. Landis  
Director  
Nutrition Division  
tel.: 066513-6470

lactating women. With its partners WFP will continue to contribute to the Sustainable Development Goals, enhance education and nutrition outcomes, and improve programming modalities for preventing chronic malnutrition among children by focusing on the first 1,000 days following conception to break the intergenerational cycle of undernutrition. This work will include the incorporation of new target groups such as adolescent girls, and improvement in gender analysis in nutrition programmes.

## **Background**

1. The Board approved WFP's nutrition policy in February 2012,<sup>1</sup> outlining WFP's work with partners in the United Nations, civil society, academia and the private sector to assist governments in defining and implementing nutrition policies and delivering nutrition programmes.
2. The nutrition policy articulates WFP's priorities in nutrition engagement. The four pillars for nutrition-specific programming are: i) treatment of moderate acute malnutrition for children under 5 years of age, pregnant and lactating women, and people living with HIV or receiving treatment for tuberculosis; ii) prevention of moderate acute malnutrition; iii) prevention of stunting during the first 1,000 days following conception; and iv) addressing micronutrient deficiencies. The policy also covers nutrition-sensitive interventions in school feeding, general food distribution, food assistance for assets, training or work, and other activities in which nutrition is not the primary goal.
3. During the Board's 2015 Second Regular Session, in response to the mid-term evaluation of the nutrition policy the Secretariat provided an update on major achievements and key deliverables, which will help define the future direction for WFP's nutrition work.

## **Developments with SUN, the Committee on World Food Security and the United Nations Network for SUN and the Nutrition Cluster**

4. WFP contributes to the SUN movement, supporting national nutrition plans and priorities as part of a multi-sectoral and multi-stakeholder approach. It also contributes to the nutrition cluster, promoting effectiveness and efficiency.
5. The SUN movement has expanded to 56 countries. The Executive Director is a member of the SUN Lead Group. Senior Nutrition Advisor, Martin Bloem has been appointed to the 15-member SUN Executive Committee for a two-year period to oversee and support implementation of the SUN strategy and to strengthen accountability within the movement. WFP hosts the Secretariat of the United Nations Network for SUN and Renewed Efforts Against Child Hunger and Undernutrition (REACH) and is part of the technical advisory group. The United Nations Network provides the platform for strengthening inter-agency coordination and harmonizing support to SUN countries. The Network facilitates REACH support to country SUN processes as requested by countries, including technical assistance, coordination, analytical and capacity development for country-led nutrition response. The United Nations Network for SUN/REACH Secretariat is developing the United Nations Network/REACH 2.0 strategy to be finalized in April 2016. WFP is also part of the SUN multi-partner trust fund.
6. WFP and the Global Alliance for Improved Nutrition chair the SUN business network, a platform to responsibly engage businesses in nutrition. The network involves businesses of all sizes in the logistics, finance, food, energy, natural resources and telecommunication sectors.

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<sup>1</sup> WFP/EB.1/2012/5-A

7. WFP plays a major role in the Committee on World Food Security (CFS), particularly in defining the committee's niche in nutrition as a multi-stakeholder platform for food systems, following the Second International Conference on Nutrition in November 2014. Senior Nutrition Advisor, Martin Bloem is on the technical task team for this work as well as for providing strategic advice to the CFS High-Level Panel of Experts.
8. The United Nations Children's Fund (UNICEF) is the lead agency in the global nutrition cluster. WFP's engagement with the cluster includes chairing the moderate acute malnutrition (MAM) task force, participating in the strategic advisory group, and playing a leading role in development of *Moderate Acute Malnutrition: A Decision Tool for Emergencies*, published in June 2014. WFP also contributed to the nutrition clusters established during emergencies, including in the Nepal earthquake response (2015) and the ongoing crisis in South Sudan.
9. WFP collaborated with multiple stakeholders to ensure that nutrition is appropriately considered in the Sustainable Development Goals (SDGs). Partly as a result of this work, SDG 2 reflects global needs for nutrition measurement.

### **Update on Implementation of the Nutrition Policy**

10. Through its nutrition programmes, WFP works with governments to ensure that the four nutrition-specific pillars of the nutrition policy are delivered to targeted beneficiaries, along with other nutrition-sensitive actions – the policy's fifth pillar – in areas of poor food security.
11. In 2014, WFP implemented nutrition programmes in 53 countries through 83 projects across all six regional bureaux. These programmes reached more than 10.3 million children aged 6–59 months and pregnant and lactating women. Half of the children were treated for MAM, and half through programmes to prevent undernutrition.
12. The Nutrition Capacity Strengthening Plan (NCSP), managed through a multi-donor trust fund, supported roll-out of the nutrition policy in nine countries: El Salvador, Guatemala, Kenya, Lao People's Democratic Republic, Madagascar, the Niger, South Sudan, the Sudan and Uganda. The NCSP has five strategic pillars: i) partnerships, advocacy and national capacity development on nutrition; ii) improved nutrition capacity, knowledge and skills; iii) improved nutrition analysis and monitoring and evaluation (M&E); iv) improved access to a nutritious diet, and nutrition products that meet safety and quality standards; and v) contributions to the global evidence base for nutrition.
13. Through the NCSP, the Sudan country office implemented a large-scale home-fortification programme using micronutrient powders (MNPs) targeting 140,000 children aged 6–59 months through a community-based delivery platform for prevention and treatment services. In addition to prevention and treatment of MAM in young children, activities delivered through the platform included behaviour change communication to improve feeding practices for infants and young children, and a cash transfer for pregnant women attending ante-natal care services.
14. In geographic areas not covered by the platform, an innovative market-based strategy was implemented for improving access to MNPs in urban areas. To generate sustainable demand for MNPs, a branding strategy and guidelines were developed by a national marketing company – the product's new name is the first commercial name assigned to an MNP in Sudan.
15. In South Sudan, the NCSP is contributing to capacity development on nutrition in non-conflict-affected states, and at the national level through support to the Nutrition Unit of the Ministry of Health, national SUN efforts and the state-level nutrition clusters. Despite the ongoing complex emergency, significant progress has been made in reviewing the national guidelines on community management of acute malnutrition and enhancing human capacity.
16. In line with the national *Plan del Pacto Hambre Cero*, WFP supports the Government of Guatemala through nutrition-specific actions to improve complementary feeding practices in children aged 6–23 months. In the Totonicapán department, since March 2014 WFP has supported the Government in implementation of a comprehensive programme addressing undernutrition. WFP's support includes education and behaviour change activities for improving infant and young child feeding (IYCF) practices and maternal nutrition through counselling at

- health centres and in communities; distribution of a locally produced specialized nutritious food, *Mi Comidita* – SuperCereal Plus – with a better amino acid and micronutrient profile than the previously available product (Vitacereal); and capacity development for health staff at the national and district levels. The programme also includes operational research to compare the health and nutrition impacts of *Mi Comidita* and VitaCereal on children aged 6–23 months and to measure the impact of education activities on the diets of children aged 6–23 months and their mothers. The Government has expanded the programme to other departments.
17. In Rwanda, WFP, the Office of the United Nations High Commissioner for Refugees (UNHCR) and partners support efforts to reduce stunting and anaemia among Congolese refugees in five camps through a comprehensive package of essential preventive nutrition-specific activities and complementary safety net activities including treatment of acute malnutrition among children aged 6–59 months, prevention of chronic malnutrition and micronutrient deficiency through blanket supplementary feeding among children aged 6–23 months and pregnant and lactating women, and nutrition support to HIV and tuberculosis (TB) clients. Nutrition support is provided through early childhood development programmes for children aged 24–59 months, the school meals programme, and general food distribution through in-kind or cash modalities, depending on market conditions. The nutrition status of Congolese refugees in Rwanda has improved steadily since 2012, with prevalence rates of stunting and anaemia reaching their lowest recorded levels in 2015. The average stunting rate in the five camps declined from 37.5 percent in 2012 to 29.6 percent in 2015. While average anaemia prevalence decreased even more – from 55.6 to 30.2 percent. Reductions in anaemia and stunting have been consistent when stratified across the five camps.
  18. The Strategic Results Framework (2014–2017) introduced new measurement requirements for all nutrition programmes. Guidance on methodologies for supporting the new framework was developed in late 2013, and revised in 2014 and 2015 to suit evolving measurement requests from the field. Pilot assessments were conducted to test the feasibility of large-scale coverage of measurement techniques for MAM treatment programmes. Multiple training sessions were held at all regional bureaux to expose nutrition and M&E staff from regional bureaux and country offices to the new nutrition measurement requirements.
  19. Innovations in WFP’s nutrition programming at the country level include a joint nutrition scale-up plan for South Sudan, initiated with UNICEF in July 2014. Since then, the two agencies have demonstrated that in collaboration with nutrition cluster and government partners, they can respond to critical levels of malnutrition, even in the highly complex, insecure environment of South Sudan. UNICEF and WFP have built technical expertise, established partnerships, secured supplies and strengthened the evidence base to support expanded coverage of life-saving nutrition services. An innovative rapid response mechanism and social mobilization were used to reach children who would otherwise have been excluded, resulting in the two agencies treating far more children for acute malnutrition in the first half of 2015 than in the whole of 2014.
  20. WFP continues to invest in improving its capacity to implement nutrition prevention programmes and generate better evidence to inform programming. A stunting prevention programme for children under 2, funded by the Children’s Investment Fund Foundation in Malawi, applied an adaptive programming approach in which project managers and partners receive information on results almost instantly, in a format designed to guide and support management decisions. This approach also enhances effectiveness and efficiency by reducing inclusion errors. The learning generated will inform WFP’s work to improve evidence generation, M&E and programme integration.
  21. WFP is also investing in new approaches for nutrition assessments, including by pilot testing the Fill the Nutrient Gap tool, which WFP developed in 2014/15 with technical inputs from UNICEF and research institutes such as the University of California, Davis, the International Food Policy Research Institute and Epicentre. The tool provides a framework for enhanced analysis of the nutrition situation, including through increased use of the Cost of the Diet tool, and aims to facilitate decision-making by supporting the identification of strategies for improving complementary feeding, particularly through increased access to nutrients during the critical

first 1,000 days. The Fill the Nutrient Gap tool was pilot tested in El Salvador, Ghana and Madagascar in 2015.

22. In collaboration with partner agencies, governments, research institutions and the private sector, WFP is increasing the momentum of and commitment to introducing and scaling up rice fortification as an effective strategy for addressing micronutrient deficiencies. The Bangkok Regional Bureau coordinated with partners to host the first regional workshop on scaling up rice fortification in Asia, at which major stakeholders discussed the latest policy and technical developments and the evidence base, and exchanged experiences and lessons learned.

### **Future Direction for Nutrition at WFP**

23. At the request of the Board, the WFP nutrition policy underwent a mid-term review in 2015. Management agreed with the review's recommendations, and review findings are informing the Nutrition Division's work to improve field-based programming.
24. WFP is developing an operations research strategy for nutrition. Core actions include: i) cataloguing all current nutrition-related operational research in WFP; ii) identifying priorities for nutrition-related operational research over the coming years; and iii) working with partners and major stakeholders to identify synergies for catalysing action. As recommended in the mid-term review, the Nutrition Division will give priority to investments in operations research to expand the evidence base on prevention programmes and complementary fortified foods. The research will focus on improving programme implementation to alleviate the barriers to access nutrients.
25. The Nutrition Division has invested significantly in nutrition M&E activities since the policy's inception. Actions for ensuring that the new metrics are of high quality will include disseminating guidance on coverage assessments of MAM treatment programmes and on the use of programme impact pathways to improve programme design, implementation and M&E through greater use of performance data.
26. The Nutrition Division will prioritize actions that contribute to increasing staff's understanding of nutrition-sensitive actions, including the development and dissemination of guidance on nutrition-sensitive programming, generating evidence on the linkages between nutrition-sensitive programming and nutrition outcomes, and enhancing the complementarity between nutrition-specific and nutrition-sensitive programming.
27. Adolescent girls, especially those who are most marginalized, have been identified as a new target group for nutrition activities. As a significant proportion of first pregnancies occur among adolescents, it is essential to reach adolescent girls before conception to break the intergenerational cycle of undernutrition and reduce the risk of mortality during childbirth. However, there is little evidence of effective, efficient and wide-reaching solutions for addressing adolescent malnutrition, especially through multi-sectoral approaches. To fill this gap, vulnerable adolescents require services that include education, health, nutrition and livelihoods training. As part of this holistic approach, WFP will contribute nutrition-specific, nutrition-sensitive and behaviour change communication activities in conjunction with services provided by other partners.
28. The Nutrition Division prioritizes the incorporation of gender analysis into nutrition programmes. This work includes improving gender analysis and monitoring in line with the new gender policy, improving collaboration with the Gender Office and the Vulnerability Analysis Unit, and updating guidance and tools for the incorporation of gender issues into assessments.
29. The Nutrition Division is developing a communication strategy for improving the dissemination of guidance, research, case studies and updates on nutrition issues. The strategy will apply a two-pronged approach, focusing on improving opportunities and platforms for internal and external communication, including new content for internal and external websites.

**Acronyms Used in the Document**

CFS	Committee on World Food Security
M&E	monitoring and evaluation
MAM	moderate acute malnutrition
MNP	micronutrient powder
NCSP	Nutrition Capacity Strengthening Plan
REACH	Renewed Efforts Against Child Hunger and Undernutrition
SDG	Sustainable Development Goal
SUN	Scaling Up Nutrition
UNICEF	United Nations Children's Fund