

DRAFT NUTRITION POLICY



Informal Consultation on Nutrition

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EXECUTIVE SUMMARY

1. Saving lives and protecting and improving livelihoods have been priorities for WFP for many years. Because of their increased nutritional needs and greater vulnerability, children are at greatest risk of stunting and mortality when they lack access to a diet that meets all their nutrient needs. 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 their 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. Undernutrition kills one child every ten seconds – more than HIV, tuberculosis and malaria combined. While wasting carries the highest mortality risk for affected individuals, more deaths globally result from micronutrient deficiencies and stunted growth because these affect so many children.
2. But undernutrition does not only kill, it also prevents children from growing up to live long and productive lives. Children who do not have access to an adequate diet during the first 1,000 days between conception and age two suffer irreversible, long-term consequences such as impaired physical and cognitive development. They are also at higher risk of chronic diseases such as cardiovascular diseases, obesity and diabetes later in life. Stunting is passed down between generations because stunted mothers tend to give birth to low birthweight children. Stunting affects individuals for life and holds back the development of entire societies.
3. Treating and preventing undernutrition in children is therefore very important in both emergency and non-emergency settings. *The Lancet* medical journal has indicated that if undernutrition can be overcome, – especially during the critical window of opportunity of the first 1,000 days – not only can lives be saved, but children can grow up to their full potential.
4. Given that undernutrition has a range of immediate, underlying and basic causes, efforts to tackle it must be multi-disciplinary and engage multiple stakeholders in line with national priorities. WFP works with governments, United Nations partners and public, academic and private-sector stakeholders to overcome undernutrition. 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. WFP's interventions for over 90 million beneficiaries every year – many of them children – are designed to meet not only caloric, but also nutrient needs.

5. The costs of providing adequate nutrition in order to overcome global undernutrition estimated by the World Bank as part of the Road Map for Scaling Up Nutrition amount to US\$10 billion annually. While the amount may seem large, it is a small investment that will pay off many times through reduced child mortality and morbidity, better educational achievement and life-long productivity, reduced chronic disease and increased life expectancy. It is an investment in the world's future with a very high rate of return.
6. Action on nutrition is accelerating in different sectors at the national and global levels, involving governments, United Nations agencies, non-governmental organizations, civil society and the private sector. The Scaling Up Nutrition movement brings together multiple actors to support country-led processes for reducing undernutrition, with a particular focus on the window of opportunity for preventing future risks: the period from conception until age 2.
7. This policy paper presents WFP's vision and objectives in the field of nutrition, and defines a policy framework for its implementation.
8. WFP's mission in nutrition is focused on its comparative strengths related to food:
Working with partners to fight undernutrition in all its forms by ensuring access to the right food at the right time at the right place,¹ to save lives and improve health and development.
9. The following objectives will allow WFP to accomplish this mission:
 - i) Scale up high-quality food assistance programming to ensure the specific nutrition needs of different beneficiary groups are met and to maximize the overall impact of WFP operations in the five areas covered by its policy framework:
 - a. Treat moderate acute malnutrition (wasting): Focus on children 6–59 months, pregnant and lactating women, and malnourished people in treatment for HIV and tuberculosis.
 - b. Prevent acute malnutrition (wasting): Focus on children 6–23 months (possibly 6–59 months in sudden-onset emergencies) and pregnant and lactating women.

¹ The 'right food' refers to food that provides the nutrients required by the particular target group. The 'right time' refers to the moment in life, such as early childhood, when the opportunity for making a lasting investment in future health and development is greatest, and to the moments when needs are highest such as during emergencies, recovery and rehabilitation. The 'right place' refers to identifying the most vulnerable groups by geographic areas, and the locations and settings where food assistance is best delivered.

- c. Prevent chronic malnutrition (stunting and micronutrient deficiencies): Focus on children 6–23 months and pregnant and lactating women.
 - d. Address micronutrient deficiencies among vulnerable people (children 6–59 months and pregnant and lactating women), especially to reduce the risk of mortality during emergencies and to improve the health of all groups through fortification.
 - e. Strengthen the nutritional focus of programmes without a primary nutrition objective² and whenever possible link vulnerable groups to these programmes.
- ii) Ensure a sufficient and timely supply of safe and effective nutritious foods to support programme scale-up and to increase local production of nutritious food products and local fortification whenever possible and required.
 - iii) Serve as a resource, advocate and thought leader on food-based nutrition interventions to address undernutrition.
 - iv) Strengthen WFP’s internal systems, skills, processes and capacity for high-quality nutrition leadership and programming.
 - v) Build governments’ and partners’ capacity to implement cost-effective programmes.
10. Undernutrition is a complex, multi-faceted problem and the response needs 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 needs to be part of the response.

² These are referred to by the Scaling Up Nutrition (SUN) Framework as ‘nutrition-sensitive interventions’ – programmes whose primary objective is not nutrition, but which can improve the food and nutrition security of beneficiaries.

INTRODUCTION

11. Recent years have seen a rapid increase in the momentum around 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.³ The series in *The Lancet* also highlighted that the first 1,000 days of life (from conception to 24 months) is a window of opportunity, where appropriate complementary feeding combined with breastfeeding can ensure that children's nutrient needs are met. WFP's work has shown the immense price undernutrition exacts from entire economies by holding back the growth of gross domestic product (GDP). A 2007 study carried out 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 over 6 percent of their GDP.³ Of that cost, 90 percent is the result of higher death rates and lower education levels. With experience with ready-to-use therapeutic foods for treating severe acute malnutrition, the world now acknowledges that nutritionally vulnerable people need access to diets that provide a full range of essential nutrients.
12. The number of hungry and undernourished people in the world is staggering: close to 1 billion people are undernourished while 2 billion people suffer from micronutrient deficiencies. Among children under 5, 127 million are underweight⁴ while 56 million suffer from wasting.⁵ The 195 million stunted children, – most of whom suffer from micronutrient deficiencies as well – will suffer irreversible, long-term consequences of chronic undernutrition such as impaired physical and cognitive development, increased risk of chronic disease later in life and early mortality.
13. *The Lancet* estimates that one third of the 9 million annual child deaths are related to undernutrition – more than any other cause of mortality. The children who do manage to survive early childhood despite an inadequate diet will grow up stunted. Stunting carries a hefty price in terms of impaired physical and cognitive development, increased risk of chronic disease later in life and early mortality. It is therefore important

³ Rodrigo et al., 2008. The cost of hunger: Social and economic impact of child undernutrition in Central America and the Dominican Republic.

⁴ http://www.childinfo.org/undernutrition_status.html

⁵ *The Lancet* series, 2008. Maternal and Child Undernutrition: global and regional exposures and health consequences.

to both treat and prevent undernutrition in emergency and in non-emergency settings.

14. Undernutrition starts before birth because maternal nutrition during pregnancy is closely linked to birth outcomes. Given their increased nutritional needs and greater vulnerability, both children and pregnant and lactating women need to be at the centre of WFP's work. Providing them with an age-adequate diet that includes not only sufficient calories, but all essential nutrients, is a prerequisite to saving lives and protecting and improving livelihoods.
15. As the world's major humanitarian agency and a prominent actor in development, WFP has long played an important role in the multi-stakeholder effort to overcome undernutrition. In 2004, the Board approved policies on mainstreaming nutrition, nutrition in emergencies and food fortification.⁶ These policies signalled WFP's emerging leadership role 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 a strong emphasis on promoting nutrition for WFP's beneficiaries in addition to delivering food. WFP does this by designing programmes to address acute undernutrition and chronic hunger, by developing capacity to find long-term solutions and by influencing the broader policy dialogue on food and nutrition security. WFP works with the private sector in addition to 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.
16. In August 2009, WFP's Executive Policy Council approved WFP's Nutrition Improvement Approach, which built on earlier policies and placed particular emphasis on the critical window of opportunity between conception and age 2.
17. This policy paper presents WFP's vision, mission and strategy on nutrition while outlining steps toward implementation with partners in the context of global initiatives on nutrition. It gives WFP the guidance it needs to save lives and protect and improve livelihoods. It replaces all previous policies and provides the foundation on which WFP can deliver results.
18. WFP is now better positioned than ever to implement this nutrition policy. WFP not only has the latest scientific evidence, but is able to

⁶ "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).

translate it 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 its beneficiaries.

Global nutrition initiatives

19. Following the series in *The Lancet* on maternal and child undernutrition, and building on earlier efforts by the World Bank and the Copenhagen Consensus,⁷ 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-sector action plan for scaling up interventions that have been proven to work in the world's most affected countries.⁸ It calls for both "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.
20. The SUN framework has been endorsed by over 100 partners, including WFP. The SUN movement fully recognizes the role of food as a source of nutrients essential for human growth, health and development, and WFP's expertise in the area of food-based interventions.
21. 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 for comprehensive needs assessment, advocacy, action planning and coordination among stakeholders, and to deliver an integrated, multi-intervention approach to address child undernutrition. In addition to country-level guidance and coordination, REACH has developed tools that can support advocacy efforts at the global level. Hosted at WFP Headquarters, REACH illustrates WFP's conviction that coordination among partners is crucial to holistically addressing undernutrition.
22. Nutrition is also being addressed within the revitalized Committee on World Food Security. In addition, the functions of the United Nations Standing Committee on Nutrition are being revised to take into account the changing context, and a study of the stewardship of the SUN movement is underway.

⁷ The 2008 Copenhagen Consensus summarizes the views of a panel of leading economists, including five Nobel Laureates, on the top ten development investments. Nutrition interventions ranked 1,3,5,6 and 9 – far higher than any other sector.

⁸ Scaling Up Nutrition – A Framework for Action. September 2010. Available at www.scalingupnutrition.org/key-documents/

23. All 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 as well as food sourcing and processing; a strong field presence, with solid networks of partners for delivering food assistance; and well-recognized expertise and capability to deliver support in emergencies and their aftermath.

WFP's VISION, MISSION AND OBJECTIVES

24. WFP's vision on nutrition:
- 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.
25. WFP's mission for nutrition is focused on its comparative strengths related to food:
- Working with partners to fight undernutrition in all its forms by ensuring access to the right food, at the right time, at the right place,¹ to save lives and improve health and development.
26. WFP's objectives for reaching its mission include:
- i) Scale up high-quality food assistance programming to ensure the specific nutrition needs of different beneficiary groups are met and to maximize the overall impact of WFP operations in the five areas defined in this policy.
 - ii) Ensure a sufficient and timely supply of safe and effective nutritious foods to support programme scale-up and to increase local production of nutritious food products and local fortification whenever possible and required.
 - iii) Serve as resource, advocate and thought leader on food-based nutrition interventions to address undernutrition.
 - iv) Strengthen WFP's internal systems, skills, processes and capacity for high-quality nutrition leadership and programming.
 - v) Build governments' and partners' capacity to implement cost-effective programmes
27. 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,

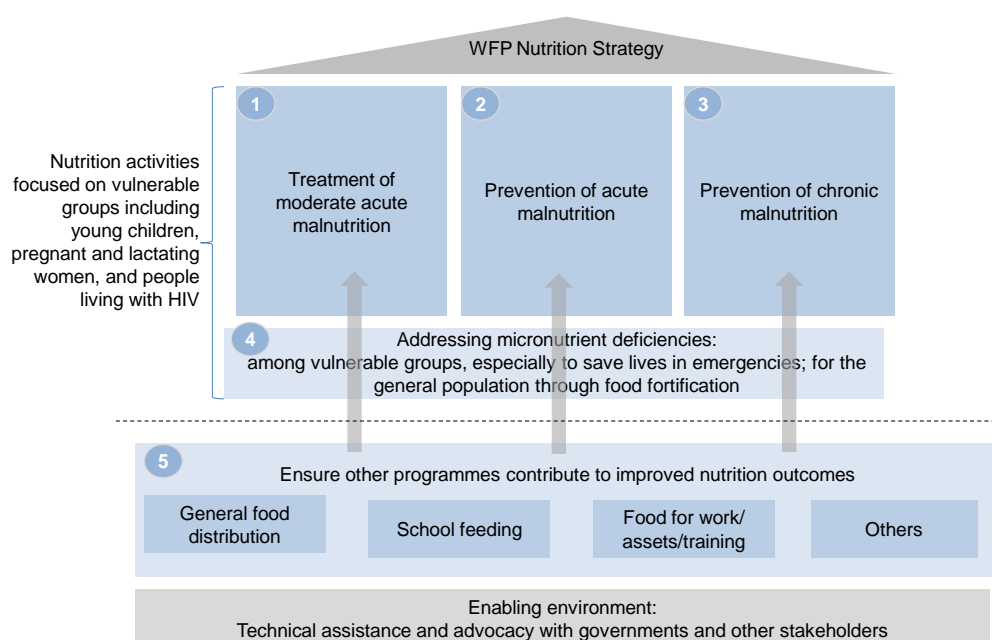
⁹ Immediate causes include: dietary intake not meeting nutrient needs and disease causing nutrient loss and increasing needs. Underlying causes include: inadequate access to nutritious food, poor care practices and inadequate environmental hygiene and health services. Basic causes include: poverty, poor governance and lack of human and financial resources.

undernutrition cannot be overcome without access to a diet that provides required nutrients in the form of acceptable foods.

28. WFP's mission, based on its mandate and comparative advantage, and in line with updated Memoranda of Understanding (MOU) with fellow agencies such as UNICEF and the Office of the United Nations High Commissioner for Refugees (UNHCR), is to ensure physical and economic access to a nutritious and age-appropriate diet for those who lack it. To deliver on this mission, and to ensure that other causes of undernutrition are addressed, WFP works with governments, United Nations partners and public, academic and private-sector stakeholders.

POLICY FRAMEWORK AND STRATEGY

29. 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 policy framework below.



30. In order to deliver on its objectives, WFP's strategy focuses on the following:
 - i) Scale up high-quality food assistance programming to ensure the specific nutrition needs of different target groups are met and to maximize the overall impact of WFP's operations:
 - a) Treat moderate acute malnutrition (wasting): Focus on children 6–59 months, pregnant and lactating women, and malnourished people in treatment for HIV and tuberculosis.

- b) Prevent acute malnutrition (wasting): Focus on children 6–23 months (possibly 6–59 months in sudden-onset emergencies) and pregnant and lactating women.
 - c) Prevent chronic malnutrition (stunting and micronutrient deficiencies): Focus on children 6–23 months and pregnant and lactating women.
 - d) Address micronutrient deficiencies among vulnerable people (children 6–59 months and pregnant and lactating women), especially to reduce the risk of mortality during emergencies and to improve health through fortification.
 - e) Strengthen the nutritional focus of programmes without a primary nutrition objective¹⁰ and where possible link vulnerable groups to these programmes.
- ii) 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:
- a) Expand and improve WFP’s toolbox of safe and effective food commodities, including the development and production of specific commodities;
 - b) Increase delivery modalities, pre-position and ensure the timely supply of the right foods; and
 - c) Increase local purchasing and processing of effective and safe foods.
- iii) Serve as a resource, advocate and thought leader on food-based nutrition interventions to address undernutrition:
- a) Support country-led assessment of the causes of undernutrition, identify the most appropriate strategies and interventions for reducing undernutrition, and serve as thought leader on sound programme design and implementation;
 - b) Integrate WFP’s work into national policy frameworks and include nutrition in national strategies;
 - c) Expand the development and use of different food-assistance delivery modalities;
 - d) Improve monitoring and evaluation (M&E) systems to measure results and document the impact of nutrition interventions;
 - e) Jointly with academia, conduct operational research and cost-benefit analyses on the effectiveness of programme interventions and products; and

¹⁰ These are referred to by the SUN Framework as ‘nutrition-sensitive interventions’ – programmes whose primary objective is not nutrition, but which can improve the food and nutrition security of beneficiaries.

- f) Engage in global nutrition initiatives aimed at enhancing collective knowledge, promoting best practices, harmonizing policies and engendering political commitments at the highest levels (e.g. SUN, REACH and the United Nations Standing Committee on Nutrition).
- iv) Strengthen WFP's internal systems, skills, processes and capacity for nutrition leadership and high-quality programming:
 - a. To reach the largest number of people with good nutrition, WFP needs to ensure quality 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.
 - b. WFP needs to enhance its own nutrition skills and capacity at all levels so it can be an effective partner of governments for developing capacity to analyse problems and devise solutions.
- v) Develop governments' and partners' capacity to implement cost-effective programmes:
 - a) 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. For this reason, WFP's work on nutrition needs to focus as much on developing partner capacity as on designing and implementing programmes.

POLICY IMPLEMENTATION

Guiding Principles for Implementation of the Policy

⇒ WFP is part of a multi-stakeholder global effort to achieve an integrated and comprehensive response to undernutrition.

31. 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.
32. Regardless of the context, MOU and informal agreements guide the division of labour between WFP and fellow agencies on nutrition. WFP collaborates with UNICEF and UNHCR; MoU have been updated to define the mutual collaboration and division of labour in joint efforts to address undernutrition in light of recent scientific and programmatic evidence. While WFP is responsible for the dietary access dimension,

expertise on the right food 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 care practices, access to water and hygiene. WFP works with UNHCR to ensure the nutritional needs of refugees and internally displaced persons (IDPs) are met and with WHO to ensure that adequate normative guidance directs operational needs. FAO and the International Fund for Agricultural Development (IFAD) ensure that agriculture contributes to improved diets in terms of quantity and quality. Within the Joint United Nations Programme on HIV/AIDS (UNAIDS), WFP takes the lead among the ten Cosponsors on food and nutrition issues related to HIV and tuberculosis.

33. Regarding WFP's programme implementation, local and international NGOs are the cornerstones, usually covering the last mile to the beneficiary and ensuring that local expertise and networks are engaged. Relationships with local cooperating partners have been built over many years and are essential to fulfilling WFP's mandate. They give WFP an edge in meeting beneficiary needs by providing the right food at the right time.

34. At the global level, WFP will continue to play a proactive role through the SUN movement, REACH, nutrition and food security clusters and other partnerships. WFP will continue to cooperate with governments, the private sector, civil society, universities and other United Nations agencies to respond as one.

⇒ *WFP's nutrition interventions are context driven and needs based*

35. WFP's nutrition programmes are based on needs and designed on the basis of an accurate assessment of the country context.

⇒ *WFP's nutrition programmes have a strong M&E system in place*

36. 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 governments, beneficiary communities and stakeholders.

⇒ *WFP's nutrition interventions are gender sensitive*

37. WFP will continue to integrate gender into food and nutrition activities, in line with WFP's Gender Policy and Strategy.¹¹ The intra-household dimension of undernutrition has often been neglected. In most societies, women and girls are responsible for making food-related decisions, be it in a food-secure or food-insecure environment. When properly trained and educated, and given even limited resources, women can deliver improved nutritional outcomes for their households and communities. WFP will continue to create an enabling environment for gender equity by targeting women, girls and men.

⇒ *WFP's nutrition interventions consider sustainability and cost effectiveness*

38. In a time where financing remains challenging, any proposed nutrition solution will have to focus on sustainability and cost effectiveness in addition to achieving and measuring the desired impact. Cost effectiveness implies that the desired outcome is achieved with the least resources possible. WFP will continue to make strides towards a broader toolbox and innovative programming to do more with less. While many of WFP's nutrition programmes treat undernutrition once it has occurred and some of its other programmes prevent it, they need to 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 underlying causes of undernutrition.

Implementing nutrition interventions

39. While 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 needs to be seen in the broader food security context.
40. WFP will continue to work in emergency, transition and development contexts to treat and prevent undernutrition. Strong assessment and analysis will be undertaken of nutritional problems and their causes in each situation, and the results will be the basis for identifying the most appropriate nutrition response.

¹¹ "WFP Gender Policy" (WFP/EB.1/2009/5-A/Rev.1).

Treatment of moderate acute malnutrition (MAM)

41. Wasting and micronutrient deficiencies (often associated with stunting) increase the risk of mortality. At the individual level, SAM has the highest risk of mortality, and children with MAM are at risk of developing SAM.
42. 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 renewed its MOU with UNICEF, which defines their roles and mutual commitments for treating acute malnutrition.¹²
43. The level of global acute malnutrition (GAM)¹³ is the basis on which WFP will focus its MAM programming. In countries, provinces or districts with a high prevalence of GAM (10 percent or more among children 6–59 months old) – or where GAM prevalence is lower (5–9 percent) but aggravating factors¹⁴ exist – WFP will work with governments to strengthen and expand programmes designed to treat children 6–59 months with MAM, and to reduce undernutrition among pregnant and lactating women.
44. WFP is currently implementing programmes to treat MAM in more than 60 countries and increasingly using commodities with appropriate nutrient content. While beneficiaries are targeted through the health sector, these programmes are usually community based. Nutritious food products are provided to malnourished beneficiaries based on anthropometric entry and exit criteria.
45. 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 programmes (CMAM);
 - ii) improving the quality and cost effectiveness of programming, including the optimal use of the right commodities;
 - iii) leading national and global efforts to improve M&E;

¹² WFP is responsible for the treatment of MAM while UNICEF is responsible for the treatment of SAM.

¹³ GAM is the combination of wasting (Z-score of weight-for-height < -2 standard deviations of the median of the reference population) and oedema.

¹⁴ 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.

- 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.
46. In emergencies and protracted crises, WFP will play a lead role in the Inter-Agency Standing Committee Nutrition and Food Security Clusters (or related coordinating mechanisms) to design and deliver a timely and effective nutrition response for MAM. High GAM levels in addition to other criteria such as displacement, government and partner capacity, and access to cooking facilities will be the basis for designing the most appropriate nutrition response. In addition, WFP will take a lead role in ensuring optimal emergency preparedness for nutrition in high-risk countries (including pre-positioning, introduction of new products, updated national guidelines and protocols for MAM).
47. In transition and development contexts, WFP will work closely with governments, civil society, UNICEF, WHO, academia and the private sector 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.
48. In addition, WFP supports the nutritional recovery and treatment of all malnourished people living with HIV and tuberculosis patients in resource-limited settings. People living with HIV and tuberculosis patients often start treatment with both pre-existing and disease-induced undernutrition, which increases the risk of mortality. Providing nutrition assessment, education and counselling in resource-limited settings as well as adequate nutritious food in addition to treatment is critical to accelerate nutritional recovery, reduce mortality, enable adherence to treatment and improve treatment outcomes.¹⁵

Prevention of acute malnutrition (wasting)

49. The prevention of acute malnutrition (wasting) targets vulnerable groups that without any assistance would likely experience a deterioration of nutritional status within a short time. This applies in emergency settings or when wasting increases seasonally in a predictable manner – 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

¹⁵ "WFP HIV and AIDS Policy" (WFP/EB.2/2010/4-A).

anthropometric since the objective is to prevent a predictable deterioration in nutritional status.

50. There is growing evidence of the effectiveness of programmes at preventing acute malnutrition and reducing the incidence of SAM and mortality over the past several years. Based on a careful situation analysis and need assessments, WFP supported and learned from programmes to prevent acute malnutrition in the past four major emergencies (Haiti, Niger, Pakistan and Horn of Africa). In addition, several WFP operations have programmes to prevent acute malnutrition during the lean season.
51. This policy specifically identifies the prevention of acute malnutrition as a key focus area for WFP. In emergency settings, WFP will play a lead role in defining the nutrition response 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 the organization 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 intervention in different contexts; and
 - iv) contribute to establishing the effectiveness of this relatively new approach.
52. When requested by governments, WFP will take an active role in implementing these programmes, targeting young children (6–23 months and possibly 6–59 months in sudden-onset emergencies) and pregnant and lactating women. WFP will also take a lead role in documenting the evidence and best practices for implementing these programmes.
53. In post-conflict, post-disaster, transition or development situations, and in complex, often long-lasting emergencies, good preparedness will be critical to mitigate the consequences of any disaster while strengthening the resilience of vulnerable groups. WFP will identify the countries at high risk of shocks or countries where seasonal peaks in acute malnutrition occur, and work with governments and other partners to design effective programmes to mitigate the impact of these shocks on acute malnutrition.

Prevention of chronic undernutrition (stunting)

54. Protracted inadequate dietary intake, often combined with frequent infections and inadequate care practices during the first 1,000 days of life from conception until 2 years results in stunting (short length for age) and micronutrient deficiencies, which are associated with increased morbidity and mortality,¹⁶ and reduced physical and cognitive capacity for life. Since stunting cannot be treated and accumulates gradually during the first 1,000 days, interventions must focus on ensuring that pregnant and lactating women, and children between 6 and 23 months¹⁷ get the nutrients they need. In most low-income settings, access is a major issue, and a food supplement may need to be provided in addition to sensitization on adequate care practices and nutrition-sensitive activities such as micro-gardening. Nutrition interventions for adolescent girls are often required as well: while the window of opportunity starts at conception, most pregnant women only access the health sector during the second or third trimester of pregnancy.
55. WFP has established programmes to prevent stunting in a few countries, but there is a large scope for increasing both the number of countries and number of beneficiaries reached. These programmes typically target geographically, based on current stunting rates rather than individually. They provide a food supplement to all children 6–23 months and pregnant and lactating women in the targeted area. While the type of supplement depends on context, it usually provides the required intake of essential micronutrients, while providing a relatively limited amount of calories.
56. Specifically, the policy sets out WFP's role for this intervention to include:
 - i) advocating for donor and recipient governments to acknowledge the potential benefits of preventing undernutrition and to prioritize food and nutrition in national nutrition policies and strategies;
 - ii) providing analytical expertise to determine the most important causes of undernutrition in specific settings and the most appropriate and cost-effective strategies to increase access to a healthy and nutritious diet;
 - iii) testing the efficacy and cost effectiveness of delivery mechanisms and modalities for programmes; and

¹⁶ More child deaths are related to stunting and micronutrient deficiencies than to severe wasting because they affect many more children. While stunting can only be prevented but not treated, micronutrient deficiencies can and should be addressed at all times.

¹⁷ From birth until 6 months, infants should be exclusively breastfed.

- iv) supporting programmes that provide adequate nutrients to poor, food-insecure populations. The support will be based on WFP's ongoing work and lessons learned from stunting-prevention programming and planning in countries such as Guatemala, Haiti, Lao People's Democratic Republic and Mozambique.
57. In countries, provinces, districts or communities with stunting prevalence over 30 percent (or a lower threshold in accordance with national policies), or in high-risk situations, WFP recommends that all children 6–23 months and pregnant and lactating women in affected areas receive a nutritious dietary supplement¹⁸ to meet their required nutrient needs for optimal growth and development. The objective is to prevent stunting and micronutrient deficiencies. Instead of setting up new, parallel systems, beneficiaries can often be identified and reached through existing health systems or social protection mechanisms. Given that the intervention is preventive (designed to prevent a predictable shortfall in meeting nutritional needs), targeting is not individual, but based on risk factors, which may be geographic or socio-economic. WFP will explore ways of leveraging existing programmes to access those most in need and at the highest risk of stunting.

Addressing micronutrient deficiencies

58. Micronutrient deficiencies are responsible for the greatest number of childhood deaths.¹⁹ Micronutrient deficiencies weaken the immune system, making those affected vulnerable to disease and when unresolved, ultimately resulting in death. Activities related to the treatment and prevention of MAM, and the prevention of chronic malnutrition are designed to provide all necessary micronutrients in addition to required macronutrients for children and pregnant and lactating women affected or at risk. This leaves the group of children and pregnant and lactating women who are not targeted for those interventions because they are not at risk or suffering from wasting, or are beyond the age during which stunting can be prevented (older than 24 months). This group requires an adequate micronutrient intake to ensure a strong immune system, thereby preventing disease and reducing mortality.
59. WFP advocates for a food-based approach to ensure adequate micronutrient intake and overcome dietary deficiencies among this group. This differs from medical approaches such as distribution of

¹⁸ This can be a low quantity lipid-based nutrient supplement (no more than 20 g/d) or a powdered supplement such as a micronutrient powder, which provides 50–100 percent of the daily recommended intake of essential nutrients, especially micronutrients.

¹⁹ Black, R.E. et al. 2008; *The Lancet* 371 (9608): 243–258.

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.

60. A recent product innovation that WFP has started to use extensively to address micronutrient deficiencies in young children involves micronutrient powders, which are usually provided in one-serving sachets of 1 g and include a range of essential micronutrients. Micronutrient powders can be added to regular meals after cooking to close the micronutrient gap for this population in a cost-effective manner.
61. 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. For these population groups, fortification of commonly consumed foods is an effective way to increase micronutrient intake.
62. In accordance with its 2004 policy on food fortification, WFP is already purchasing fortified oil (Vitamins A and D), iodized salt, maize meal, wheat flour and fortified blended foods to ensure that beneficiaries meet their micronutrient requirements. These fortified commodities are an essential component of WFP's food basket. However, in many countries, fortified staple foods (maize or wheat flour) and fortified oil are not yet available,²⁰ or national fortification guidelines are not yet in line with current WHO guidance (or national standards) on food fortification.²¹ WFP needs to renew its advocacy and capacity development efforts with partners, including the private sector, to strengthen support to national, regional and global food fortification initiatives, aiming to distribute fortified food through all its programmes.
63. Rice fortification is a relatively novel technology, which so far has only been implemented in a few countries (Costa Rica, Egypt, the Philippines) and often on a small scale or with poor compliance. Large-scale rice fortification remains a viable and cost-effective, but untapped opportunity to deliver micronutrients through daily diets, which WFP will continue to pursue, building on its experience in Egypt.

²⁰ Note that flours have a shorter shelf life than whole grains and therefore need to be sourced as near as possible to the point of distribution.

²¹ Fortified blended food is sometimes added to household rations because it is the only available fortified commodity.

64. Point-of-use fortification²² increases the intake of essential micronutrients and also contributes to enhancing the cognitive and learning capacity of school-aged children. WFP is working to implement point-of-use fortification programmes for school-age children and children 6–59 months in many countries.
65. Bio-fortification, a method of fortifying food by breeding crops to increase their nutritional value,²³ is another promising avenue for improving the micronutrient content of populations' diets. In selected countries, the possibility will be explored of linking partners that are promoting the uptake of newly developed varieties by farmers and consumers with farmer organizations and other vendors to WFP under the Purchase for Progress (P4P) pilot. Bio-fortification differs from large-scale food fortification because it focuses on growing more nutritious food as opposed to adding a premix of vitamins and minerals to foods as they are processed; in general, the focus is on fewer micronutrients.

Ensure other programmes contribute to improved nutrition outcomes

66. Many programmes may not have nutrition as an immediate or primary objective, but as long as beneficiaries receive assistance, these programmes still represent an opportunity to contribute to improved nutritional outcomes. Given that poverty is one of the underlying causes of undernutrition, any programme that remedies or mitigates poverty can address nutritional deficiencies. Having broad safety nets that enable access to healthy diets – and linking vulnerable groups to them – can also have a preventative effect and ensure that children do not graduate from treatment of malnutrition only to relapse and return shortly after. Such activities can be part of a broad multi-sector approach, which includes activities from related sectors that can positively impact nutritional outcomes. They may reduce undernutrition in an indirect manner by influencing some of its root causes such as inadequate income, agricultural production insufficient in quantity and quality, poor education resulting in inadequate care practices and gender inequality. Safety nets exist in many different forms and may or may not contribute to nutritional outcomes, but when they protect or increase incomes, they can also improve dietary diversity and contribute to reducing undernutrition.

²² Point-of-use fortification consists of adding micronutrient powder to a meal just before serving. When used at home, it is more commonly known as “home-fortification”. In school feeding, where it is known as “point-of-use fortification”, micronutrient powder can be packaged in multi-serving sachets with 10 to 20 doses.

²³ This can be achieved either through conventional selective breeding or through genetic engineering.

67. Beneficiaries of these activities may belong to the vulnerable groups mentioned above, but they may also include school-age children and adults. Examples include general food distributions, school feeding programmes, food-for-assets (FFA) and food-for-training (FFT) activities. The fact that these activities provide food, or the means to acquire food (vouchers, cash) means that 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. Some examples are listed below:

- **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. The immediate aim of general food distribution 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 nutritional objectives such as meeting micronutrient needs; any cereals distributed should therefore be in the form of fortified flour (or fortified rice). 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 supplements or specially fortified products to meet their needs (see the section on addressing micronutrient deficiencies).
- **School feeding programmes**²⁴ contribute to better learning outcomes. Staying in school and receiving a good education have also been proven 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 and educational attainment. School feeding can also be linked to local agricultural production and combined with local fortification or point-of-use fortification using micronutrient powder for improved micronutrient intake.
- **Food-for-work/assets/training (FFW/FFA/FFT)** activities can deliver nutritional benefits when they do not only increase incomes, but also provide access to an increased quantity and improved quality of food. Many FFA programmes, including those for improved crops and agricultural practices, bio-fortification, reducing erosion and improving resilience to climate shocks, can be critical components of a sustainable solution to undernutrition by

²⁴ “WFP School Feeding Policy” (WFP/EB.2/2009/4-A).

improving yields and providing households access to more diversified diets. In order to improve micronutrient intake, especially for young children, these activities can be augmented by more targeted nutrition interventions. In countries with high HIV prevalence, the programmes should be designed in a way that is sensitive to the needs of HIV-affected households.

WFP's expanded and improved toolbox

68. As the ratio of in-kind to cash contributions has changed over time, and with the introduction of vulnerability analysis and mapping (VAM), which aims at better understanding each population's problems and their root causes, WFP has become better able to differentiate between the variable nutritional needs of its beneficiaries in each context and to design more appropriate responses.
69. In order to better address the nutritional needs of different beneficiary groups, WFP has expanded and improved its toolbox, especially with regard to situation analysis and response planning, transfer modalities (food, cash, vouchers), and the use of a variety of high-quality, safe and nutritious food products.

Situation analysis and response planning

70. Providing the most cost-effective solution requires: i) a sound problem analysis, which assesses the dietary gap and the importance of food as part of the solution; and ii) a comprehensive response that addresses the underlying causes of undernutrition. WFP will continue to adapt and expand its VAM tools and processes in order to reflect the nutritional status and needs of vulnerable groups. This will require focusing on vulnerable individuals' nutritional status in addition to household food insecurity, and better understanding how nutrient intake, food insecurity and undernutrition are linked to lack of economic access to a healthy diet. WFP will more frequently integrate concerns such as dietary diversity among vulnerable groups (especially children) and the minimum cost of a nutritious diet²⁵ into its situation analyses and assessments. WFP will strengthen its work with partners in this area.

²⁵ The minimum cost of a nutritious diet is a linear programming methodology that quantifies the minimum amount of income required to afford all necessary micro- and macronutrients for a household based on actual nutrient needs, food composition and market prices. It is 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.

Transfer modalities

71. WFP's transition from food aid to food assistance has enabled the organization to rely on a broader choice of modalities. While an adequate diet is a necessary component of any solution to undernutrition, WFP is committed to carefully analysing which modality is most appropriate and cost effective to achieve it. It may be a specialized food product, a voucher or a cash transfer. Context will drive the optimal transfer modality. WFP will ensure that voucher and cash programmes, including social safety-net programmes, are designed not only for greater cost efficiency, but also for improved cost effectiveness – delivering good nutritional outcomes at the lowest possible cost.

Food commodity choice

72. The traditional food basket contains a cereal, pulses, oil and salt as well as a fortified blended food. Among the new products, a special fortified blended food – Super Cereal Plus (CSB++) – has been developed for children under 2 and children under 5 in treatment for MAM. In addition, the micronutrient content of all fortified blended foods has been improved.
73. WFP has long used foods that are ready for consumption for the first response in emergencies, especially high-energy biscuits. In recent years, WFP 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 as a result of pre-existing micronutrient deficiencies and acute malnutrition. Ready-to-use foods have a much higher energy density than fortified, blended foods, are ready to eat and do not spoil easily.
74. While ready-to-use-foods were first developed to treat SAM, different formulations and dosing regimens now exist for different purposes (treatment of severe versus moderate acute malnutrition, treatment versus prevention and prevention of chronic versus acute undernutrition). While more expensive per unit of weight, ready-to-use foods may lead to faster recovery in some contexts. The most cost-effective product choice 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 those groups.
75. In cooperation with partners in the home-fortification technical advisory group, including the private sector, WFP is scaling up the use of micronutrient powders and is involved in harmonizing formulations and quality assurance. Micronutrient powders have been designed to give

young children one recommended nutrient intake (RNI) of 15 essential micronutrients. After successful pilots in a number of countries, WFP will continue to scale up its use of micronutrient powders, including in school feeding programmes.

Ensuring supply of specialized commodities

76. While the expanded food basket enables WFP to provide the right food, at the right time, at the right place, it also presents some procurement challenges. Most ready-to-use foods are currently procured by WFP and UNICEF as well as by some international NGOs. Producers are relatively few, but have sufficient production capacity to satisfy demand at most times. As in any market with concentrated demand and supply, incentives to decrease price are low. In addition, demand is significantly influenced by emergencies, and supply bottlenecks may occur, particularly during emergencies. WFP has to exploit the more stable demand in its development programmes, modern forecasting techniques and pre-positioning to manage its own needs and avoid pipeline breaks. WFP also needs to expand its work with the private sector through public-private partnerships in order to find ways to overcome supply bottlenecks while broadening demand. Many nutritious food products could also have a market beyond WFP's beneficiaries and thus contribute to populations' nutritional status.

WFP's development and production of foods

77. WFP not only purchases different food commodities, but has taken the lead in developing nutritious foods required for its operations. It contributes to these efforts through guidance on nutrient composition, ingredient choice and sourcing, processing, quality and safety standards, shelf-life, packaging and cost.
78. For foods to prevent undernutrition, WFP must set nutrient requirements based on international consensus and refer to Codex Alimentarius guidance on food ingredients, safety, labelling and processing, and national requirements. WFP also conducts and supports operational research into the impact of different food products used in specific circumstances.
79. For development and modification of foods, and for the testing of their effectiveness compared to currently used products, WFP works closely with donors, academia and the private sector. For example, Tuft's Food Aid Quality Review, commissioned by the United States Agency for International Development (USAID) Office of Food for Peace, provides an important impetus to the development of more efficacious foods that

can be programmed in the most cost-effective way; it is strongly aligned with WFP's work.

80. While WHO provides normative guidance on the nutrient composition of foods for treatment of undernutrition, WFP works with WHO to ensure that this guidance is realistic and takes into account food technology, manufacturing and programming needs.
81. For production of specific foods, whether in developed 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, beneficiary acceptance and timely production.
82. Regarding fortification of staple foods, no satisfactory solution is yet available for rice-consuming countries. However, new technologies²⁶ and global partnerships²⁷ around rice fortification have recently opened up new opportunities. WFP is part of the global effort to implement rice fortification.

Local procurement and processing

83. 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.²⁸ While WFP's policy is to purchase food at the most advantageous price after the cost of transport, preference will be given to purchasing from developing countries,²⁹ given the benefit this generates to local economies while reducing transport time and cost, improving pipeline management, reducing the CO₂ footprint and ensuring fresher and more culturally adapted products.
84. The P4P initiative builds smallholder farmers' capacity to raise 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. To this end, sound market studies and feasibility analyses need to be conducted, including appraising the local market's absorption capacity for processed food beyond WFP's presence. The complex task of building

²⁶ For a detailed illustration of available technologies, refer to: Alavi, S. et al. 2008. Rice Fortification in Developing Countries: A Critical Review of the Technical and Economic Feasibility. A2Z Project, Washington DC.

²⁷ The Rice Fortification Resource Group is a global alliance dedicated to facilitating the development of rice fortification around the world.

²⁸ "Food Procurement Policy" WFP Executive Director's Circular ED96/009.

²⁹ WFP Financial Rule 112.14 (f): For the Purchase of Foodstuffs and Related Packaging, WFP Finance Manual, Appendix A.1.4.13.

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.³⁰

85. Local procurement also presents challenges. Sometimes, local food prices are higher than international prices. Furthermore, local production may not meet WFP's quality and safety standards. Some of these same challenges³¹ apply to processed or fortified foods, since these foods 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

86. WFP's work on nutrition also requires the organization to continue to evolve from a focus on implementation to being a partner in a broader coalition – building countries' capacity to develop strategies and implement programmes while continuing to scale up high-quality nutrition interventions upon governments' request. This transition is well under way in several Latin American countries, and countries such as Burkina Faso, Cambodia, Haiti, Mozambique and Uganda, where WFP has initiated innovative work on advocating with national governments, influencing policy and building capacity to implement.
87. 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's focus should be on 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 on site, but should continue to rely on regional bureaux and Headquarters for additional support.

³⁰ Examples of actors include FAO, the United Nations Industrial Development Organization (UNIDO) and the Global Alliance for Improved Nutrition (GAIN).

³¹ Potential drivers include scarce resilience to internal and external shocks, lack of laboratories to verify the quality of products, breakdown of supply chains (influenced by inadequate infrastructures in remote areas and political unrest) underutilized capacity and high fixed costs.

88. WFP will also build stronger long-term partnerships with academic institutions, the private sector and United Nations partner agencies to increase its capacity for nutrition programming.
89. To accelerate this evolution, WFP will also increase its awareness of nutrition, nutrients and quality foods at different organizational levels, and enhance nutrition capacity and skills among managerial and technical staff. Training and tools will be developed to improve managers' and programme staff's knowledge and ability to design and formulate quality programmes, including nutrition situation analysis, response strategies, advocacy and partnerships. More advanced training is needed for programme and nutrition staff to facilitate the transition towards new programme approaches, the use of specialized foods, improved M&E and development of governments' and other counterparts' capacity. Best practices will be shared and a nutrition information repository will be created in order to provide all WFP staff with access to available, up-to-date nutrition and food programming documents.
90. To carry out this capacity development strategy, partnerships have been developed with the DSM Sight and Life initiative, and a number of academic institutions and technical partners.

Costs

91. Designing and implementing nutrition activities should not be considered a cost, but an investment in the world's future. Donor and recipient countries have agreed by subscribing to the SUN framework that a significant investment is necessary by all actors, including WFP. This means that WFP should make funding for designing appropriate nutrition responses an internal priority. While some additional financing may be required, what is required above all is to realign WFP's priorities and budgets to deliver better nutrition outcomes.
92. The required nutrition and food technology expertise should be included as a component of programmes' direct support costs. For research (and where possible also for development), WFP will partner with other agencies and the private sector to jointly design proposals and seek funding. While it requires some investment, strengthening M&E also pays off in terms of improved programme design and greater effectiveness of future programmes.
93. Cost effectiveness can also be increased by basing modality and product choice on 'cost per desired outcome' instead of 'cost per metric ton'. This requires good situation analysis and a thorough understanding of the context upfront. WFP's financial framework was recently adapted to allow for implementing activities that are not linked to distribution of a

certain quantity of food, which is very important for food items such as micronutrient powder and lipid-based nutrient supplements that weigh very little.

MEASURING RESULTS AND DOCUMENTING IMPACT

94. A rigorous M&E system to measure results and provide a good understanding of programme outcomes is critical not only for improving programmes, but for accountability to donors, partners, governments and beneficiaries.
95. WFP is committed to ensuring that projects are properly monitored by collecting baseline and post-implementation data using adequate indicators and providing periodic reporting in line with WFP's Strategic Results Framework. WFP is also committed to increasing its focus on measuring results, which will require funding. Impact evaluations are important to assure donors and governments that programmes are effectively implemented. In order to distinguish programme impact from general trends and the influence of other programmes and strategies, reference will be made to data from food and nutrition surveillance systems.
96. WFP will continue to improve its M&E system, paying particular attention to the following areas:
 - **A comprehensive approach.** With different actors working on policies, strategies and programmes impacting nutrition, WFP aims to participate in broader national M&E systems rather than creating its own.
 - **Capacity at the country level.** Capacity for sound M&E design and implementation needs to be strengthened in countries, both within WFP and among in-country stakeholders. Potentially fragmented sources of information and lack of capacity for data management and analysis also need to be acknowledged and addressed. WFP will partner with universities and others to ensure high-quality M&E and sound problem analysis using available data, and training and capacity development in this area.
 - **Funding.** It is important to budget adequately for sound M&E, the development of guidelines and training given that the results will contribute to more cost-effective programmes. Synergies across systems and stakeholders may provide some cost savings, along with reducing overlap among national efforts at nutrition data collection.

CONCLUSION

97. 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 a large number of preventable diseases and deaths. An inadequate diet during the 1,000-days window of opportunity causes stunting, holding millions of children back from developing to their full potentials and reducing economic growth for entire societies.
98. Because there are many causes of undernutrition, the response also needs to be multi-faceted and include many different actors. WFP's contribution to the solution is essential – in the context of poverty, the right food, at the right place, at the right time needs to be part of the response.
99. This policy outlines WFP's enormous opportunity to execute its mission to ensure access to the right food, at the right place, at the right time, and to help the world move closer to its vision: a world 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 stands ready to contribute to an effort that will only succeed if partners from the United Nations, donor and recipient governments, civil society and the private sector join hands 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++	Super Cereal Plus
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
IFAD	International Fund for Agricultural Development
M&E	monitoring and evaluation
MAM	moderate acute malnutrition
MOU	Memorandum of Understanding
NGO	non-governmental organization
P4P	Purchase for Progress
SAM	severe acute malnutrition
SUN	Scaling Up Nutrition
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
VAM	vulnerability analysis and mapping
WHO	World Health Organization