

WFP NUTRITION IMPROVEMENT APPROACH



INFORMAL CONSULTATION

12 January 2010

World Food Programme
Rome, Italy

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 malnutrition 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 solutions 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.

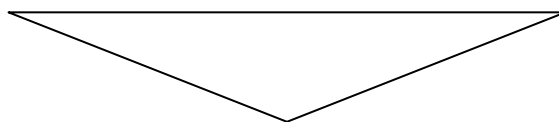
Internal consultations were broad. A Nutrition Steering Committee made up of WFP's senior management in areas related to nutrition – including policy, programme design and vulnerability analysis and mapping (VAM), communications and procurement – and field representatives, reviewed the document at different 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 will be discussed at the informal consultation on 12 January 2010.

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 content 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 malnutrition 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 billion people are undernourished; 130 million children under 5 are underweight and nearly 195 million suffer from stunting, 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
2. WFP's role and importance in the fight against hunger and undernutrition have 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, HIV nutrition, 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, a lack of knowledge about the importance of foods' nutritional quality, and the limited range of food items available. 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 though all three 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. Research has also 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 a significant and sustainable impact.
4. At the same time, advances in nutrition science and technology, coupled with collaboration with the private sector have created promising new solutions and programme approaches. These include nutritionally enhanced food products (ready-to-use supplementary or therapeutic foods (RUSFs/RUTFs) and micronutrient powders (MNPs)); preventive food supplementation targeting all children of 6 to 24 months and all pregnant and lactating women, regardless of their nutrition status; and food vouchers.
5. As WFP transforms itself from a food aid to a food assistance agency, it must focus on ensuring long-term solutions to the hunger challenge. This 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

² www.un.org/millenniumgoals/

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.

STATEMENT OF PURPOSE

7. The purpose of the WFP nutrition improvement approach is to map out the systemic 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.

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).

- vi) Enhance nutrition assessments, targeting, and micronutrient 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 provided beneficiaries who have special nutrition needs that could not be met by the standard food basket with fortified blended foods (FBFs). Recently, the development of successful food products for the treatment of severe acute malnutrition (SAM) has made available a variety of specially formulated and nutritionally fortified foods. These new nutritionally enhanced products make it possible to meet the nutrition needs of different beneficiary groups for the first time. Several of these products are commercially available and should be used increasingly in WFP programmes. The Annex provides a matrix that specifies the contexts in which various food items are to be used.
- 10. WFP's enhanced nutrition toolbox combines the newly available food products with programmatic innovations. To be effective, the use of nutritionally enhanced foods has to be well programmed, tailored to the specific needs of target population groups, and accompanied by rigorous monitoring and evaluation (M&E).

Testing the Effectiveness and Feasibility of New Nutritionally Enhanced Foods

- 11. 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.
- 12. 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.

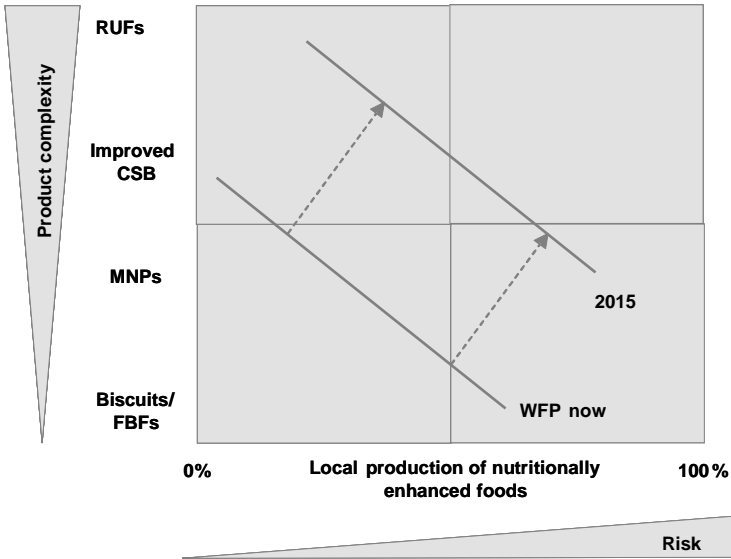
Development of Additional Nutritionally Enhanced Foods

- 13. 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 effective nutritionally enhanced food products, such as RUSFs, lipid-based nutrition supplements (LNS), complementary food supplements, and MNPs; and
 - scaling up fortification efforts.

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, 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 development and sustainable production and 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, as the quality assurance mechanisms for them are well established and verified. Others, such as improved FBFs and ready-to-use foods (RUFs), are more frequently produced by international manufacturers. This trend is expected to change as the capacity to produce foods of a required quality expands. WFP is already at the forefront in promoting local production while maintaining the highest standards of food safety and quality.

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



Development of a New RUSF at the India Country Office

The India country office is developing a locally adapted RUSF to create a sustainable, locally adapted nutritionally enhanced product aimed at preventing undernutrition among young children. During product development, the country office was confronted with several challenges, including technological issues 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 systemic 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. 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; and
 - establishing procedures for dealing with products that are not up to standard.

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. 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 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 in emergencies 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 in this age range may 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, on the other hand, 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 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 tuberculosis and other vulnerable groups*

26. These 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 relative stability and otherwise food-secure populations suddenly face hunger owing to that disruption. The goal of WFP's interventions here is to prevent the deterioration of nutrition status while the affected population rebuilds its livelihoods. WFP does this by providing adequate levels of micro- and macronutrients as a food ration. 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 those infected with HIV or 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 food-based nutrition products.
29. In addition to existing intervention types – general food distributions, selective feeding programmes, school feeding, food for assets (FFA), and MCHN – WFP should: i) define nutrition objectives in many of its existing programmes, such as school meals and FFA; and ii) explore innovative programming options and modalities to achieve nutrition objectives, such as preventive 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.
31. **Selective feeding interventions:** Selective feeding interventions target either specific individuals within a group, based on nutrition status, or an entire vulnerable group who without the intervention is likely to experience deteriorating nutrition. The former is a curative intervention or treatment, while the latter is preventive. Both typically target specific vulnerable groups, such as pregnant and lactating women, children under 2, moderately malnourished children, and people living with HIV/AIDS and TB. Selective feeding interventions often complement general food distribution by providing extra nutrients to vulnerable individuals whose households may already benefit from standard 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 malnutrition – wasting and/or stunting – regardless of their nutrition status, to prevent malnutrition from developing and to reduce the related mortality and morbidity. This approach is appropriate when the threat is severe for entire subpopulations of children under 2. The preventive nutrition approach should be used as a minimum during the lean season or periods of severe food shortage. In these cases, the risk of undernutrition is so high that it is preferable to blanket-feed all children under 2 with supplementary foods rather than to invest in targeting only those children who are identified as already malnourished. This preventive nutrition approach has been shown to be more effective than a recuperative approach, for instance, in Haiti.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 times higher than that of preventing undernutrition. As a child's vulnerability to malnutrition 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 in addition to a package of non-food interventions. Specific nutrition objectives can address micronutrient deficiencies where they are of public health importance. WFP's school meal programmes also provide a platform for teaching about healthy nutrition and food. They often leverage school garden activities to complement the teaching and food distribution. Complementary interventions by partners, such as deworming or education about HIV and AIDS, make school feeding programmes go far beyond the distribution of food. WFP's school feeding 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 interventions 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 the provision of food assistance in the creation and improvement of sustainable physical assets, including those aimed at mitigating the effects of natural disasters. Specific fortified foods should be included, depending on the nutrition situation in the target area. WFP can also promote the production of nutritious foods through its FFA programmes. For instance, where FFA activities support agricultural activities, the promotion of nutritious crops such as pulses, vegetables or fruits, or of small-scale animal husbandry, could contribute to an overall improvement of people's access to a diversified, nutritious diet.

⁴ Ruel, M., Menon, P., Habicht, J.-P., Loechl, C., Bergeron, G., Pelto, 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., Harczi, 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.

34. **Food vouchers** linked to a variety of WFP interventions 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 identified needs in a timely and flexible manner in areas where effective nutritious food products are available on the market. WFP is currently piloting this approach in Burkina Faso and Pakistan.

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 in a country, such as seasonality or rural/urban disparities, interventions and associated programme objectives should be fine-tuned to the specific needs of the identified target groups. In addition, 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 in general. 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 – children under 5, pregnant and lactating women – 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 both emergency and development contexts, operational success in terms of positive impacts on nutrition depends on the effective use of nutrition data – information that helps identify and define 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. There is still room for improvement however.
40. A thorough assessment of the food and nutrition security situation in a country or region is the first step towards informed decision-making and improved nutrition programming. When carrying out such an assessment, WFP needs to ensure that data collection methods allow the right analyses for mapping the nutrition situation. WFP's current approach to assessment, analysis and the subsequent design of programmes and targeting strategies

uses households' vulnerability to food insecurity as a guiding principle. A vulnerability and food insecurity index is determined by analysing a population's exposure to risks such as drought, market failure or conflict, in combination with its ability to cope with those risks. This poses a problem because patterns of food insecurity and undernutrition often do not match. Undernutrition in young children may, and often does, occur in situations of seemingly adequate food security, for example when young children do not receive the age-appropriate foods that meet their very specific requirements, owing in part to the family's limited access to these foods and/or the carer's understanding of the needs of the child.

41. Current needs assessments should therefore, as much as possible, also include data on nutrition security – the individual's rather than the household's access to an adequate quantity of quality food to meet nutrition requirements. This entails including specific nutrition security indicators that allow WFP to design programmes that target more effectively the population groups most in need in terms of nutrition, as well as to formulate more adequate responses to those needs. Assessment of the access to age-appropriate foods for infants and young children should become a standard element of comprehensive food security and vulnerability analyses (CFSVAs), and emergency food security assessments, where possible. To this end, WFP has started piloting the infant and young child feeding module developed by the World Health Organization (WHO).
42. As existing food security assessments use households as the unit of analysis, they cannot be used to measure in a representative manner the nutrition status of specific population subgroups as indicated by anthropometric, clinical or biochemical indicators.⁶ However, new methodologies being developed show that a relatively simple adaptation of the existing sampling method to allow the inclusion of anthropometric indicators, should be possible, so that valid conclusions can be drawn and used for the design of appropriate nutrition responses. In several CFSVAs, especially in West Africa, such modifications are already being put into practice. The expansion of such efforts and improvement of the existing tools will help reduce the need for separate nutrition surveys.

Targeting

43. Where divergent results are found regarding the food security and nutrition status of vulnerable groups, context-specific solutions will have to be designed. For instance, where overall food security is not considered a major problem, but children are becoming stunted at an early age, access to a diversified age-appropriate diet may be the problem. Solutions might vary from provision of special foods to provision of MNPs to complement what is available at the household level. In all cases pregnant women and children up to the age of 23 months should be the priority target groups.

Micronutrient and Intervention Gap Analysis

44. Until now, good nutrition has often been deemed synonymous with adequate caloric intake, without taking into consideration the quality of the nutrients. 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:

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.

- country policies and strategies for nutrition, including mandatory micronutrient fortification and existing protocols aimed at addressing malnutrition; and
 - market and accessibility analysis of micronutrient-rich food available in the region or country.
45. Where national policies are lacking, WFP should exert its influence in shaping national policies/legislation on known solutions, such as targeted food subsidies and fortification. Basing its programming on sound national policies will enable a country office to optimize its programmes and ensure sustainability.
46. In situations where families do not have the financial ability to buy adequate food, or where adequate food does not exist, markets are failing to address the problem of undernutrition. The private sector, particularly the food industry, should play an important role in remedying this situation. WFP should collaborate with major companies to develop new products and programming approaches that address the problem of undernutrition. This can be accomplished by creating new models for boosting local capacities in agricultural food production and processing; ensuring quality assurance; and making nutritious food available to the poorest segments of the market at affordable prices.

Monitoring and Evaluation

47. WFP project monitoring and mid-term assessments are critical in guiding programme revisions and adjustments. To assess the impact of nutrition programmes and the nutrition components of larger 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. The current M&E processes of WFP and its partners often do not utilize adequate methodologies for survey design, data collection and the selection of project-specific indicators. M&E efforts are often underfunded or are cut when there are funding shortfalls. To ensure that food assistance operations and programmes achieve their objectives and result in nutrition gains for target populations, M&E needs to be strengthened and donors to be persuaded that M&E is a worthwhile investment.
49. The Strategic Results Framework (SRF) has been developed to show a logical progression from interventions to outputs to outcomes. Nutrition objectives are critical for Strategic Objective 1 and 4. Once an objective has been chosen, it is mandatory to use and report on the corporate indicator that is linked to that 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 SRF.

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 service delivery package that includes food, health and care. Partnerships with governments, United Nations agencies, NGOs, private-sector groups, policy institutions and private foundations are therefore central to WFP in playing its part to deliver the best nutritional impact to its beneficiaries.

Building Global Consensus through Partnerships and Policy Advocacy

51. Throughout its history, WFP has rooted its operations in partnerships and inter-agency collaboration, entering into numerous Memoranda of Understanding (MOUs) to encourage and facilitate systematic, predictable and cooperative action among implementing partners in achieving a common vision and objectives for nutrition. WFP has also issued several joint statements on nutrition with UNICEF, WHO and the Office of the United Nations High Commissioner for Refugees (UNHCR). While continuing to coordinate its efforts with all stakeholders at the global level, WFP should highlight its critical role in addressing and reducing global levels of undernutrition, specifically through the prevention of chronic and the treatment of moderate undernutrition. Food-based nutrition interventions should be promoted as essential programme tools that can target the specific nutrition needs of vulnerable population groups. WFP should highlight ongoing efforts and evidence for food-based approaches in inter-agency fora, international policy, scientific, stakeholder and donor meetings and conferences, 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 should work with its partners 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 Appeal 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-ending child hunger and undernutrition 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;

- 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, staff with appropriate nutrition expertise are required across all WFP staff categories and in partner organizations. WFP requires more 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 leadership and role in national, regional and international nutrition policy arenas through more effective policy analysis, development and communication.
60. The improved staffing capacity will enable WFP to divide labour 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 Donor Relations 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) – 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 that are interested in operational studies focused on generating evidence for the appropriateness and effectiveness of new nutrition approaches and products; and
- expand links with WFP’s private-sector partners and with 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, as much as possible, use local ingredients and are produced by local and regional businesses, 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 increased skills and overall 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 national and regional policy discussions. Many of the necessary advocacy, negotiation and communication skills can be gained and improved through the Human Resources Division's existing organization-wide training courses. Nutrition-specific modules will be provided as part of these training courses. As the WFP nutrition improvement approach is rolled out, existing training materials will be updated where necessary, while the following new materials are developed.

⇒ *Food and nutrition handbook*

68. This handbook is directed to WFP staff at all levels 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 the nutrition situation in their country or region of responsibility and helping them to manage the design, implementation and M&E of interventions. In collaboration with the Human Resources Division, this manual is currently being converted into an e-learning module.

⇒ *A manual: measuring and interpreting malnutrition 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. This module is being finalized by the Programme Design Service and will be synchronized with the WFP nutrition improvement approach in its final draft.
71. As WFP relies heavily on partners to execute its programmes, it needs to help them enhance their nutrition capacity. WFP should therefore consider making some of the materials available to partners and including partners in its training.

FINANCIAL MECHANISM ADJUSTMENTS

72. The implementation of expanded and improved nutrition programming in the field, particularly when utilizing higher-value nutrition products, will increase the cost of programmes and the associated costs related to their implementation. Consequently, DSC will also 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. To meet these increased funding needs, country offices should, in the short term, improve their management of existing budgets and resources so that they cover costs related to enhanced nutrition programming more effectively. For example, better problem analysis and partnering strategies can allow country offices to achieve higher leverage with existing funds. In the long term, it is hoped that the review of WFP's financial framework will facilitate 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. On the other hand, the currently used daily ration for MCHN supplementary feeding for the same duration, containing corn-soya blend (CSB), vegetable oil and sugar, costs US\$50 per child per year. The CSB 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 is also believed that less sharing occurs with the complementary food supplements.
76. Most important, as the number of available nutritionally enhanced foods increases, selection of the product and the modality of the intervention needs to be driven by 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.

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.

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 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