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## Nutrition in Numbers

An overview of WFP nutrition programming in 2018



Updated—July 2019

# Contents

<b>WFP Nutrition in 2018</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>Global Overview</b> .....	<b>3</b>
By activity type .....	3
By beneficiary type .....	4
By region .....	5
<b>Trends in Nutrition</b> .....	<b>6</b>
<b>Humanitarian and Emergency Contexts</b> .....	<b>7</b>
<b>Specialized Nutritious Foods (SNF)</b> .....	<b>8</b>
SNF distribution by region.....	8
Foods used in nutrition-specific programming.....	9
SNFs used in General Food Assistance and School Meals.....	10
<b>Food Fortification</b> .....	<b>10</b>
<b>Social Behaviour Change Communication (SBCC)</b> .....	<b>11</b>
<b>Outcome Indicators</b> .....	<b>13</b>
MAM Treatment Performance Indicators .....	13
Coverage and Participation Indicators .....	14
Minimum Acceptable Diet (MAD) .....	15
Minimum Dietary Diversity for Women (MDD-W).....	16
<b>Annex</b> .....	<b>17</b>
Table 1: Actual versus planned nutrition-specific beneficiaries by activity.....	17
Table 2: Nutrition beneficiaries by age group .....	18
Table 3: Nutrition beneficiaries by region.....	18
Table 4: Nutrition beneficiaries by region and country, 2018.....	18
Table 5: Distribution of nutrition beneficiaries (in percentage) by region and activity .....	20
Table 6: Nutrition-specific beneficiaries reached in emergency and non-emergency contexts .....	20

# WFP Nutrition in 2018...



implemented **Nutrition-specific and/or sensitive programmes** in **66 countries** worldwide

Nutrition-specific **59 countries** | Nutrition-sensitive **57 countries**



reached a total of **15.8 million** beneficiaries with **Nutrition-specific programming**



**52%** beneficiaries reached through **treatment programming**



**48%** beneficiaries reached through **prevention programming**



WFP reached **over 5 million** people with nutrition messaging (SBCC)

## Nutrition-specific beneficiaries include



**5.8 million**  
Children 6-23 months



**3.6 million**  
Children 24-59 months



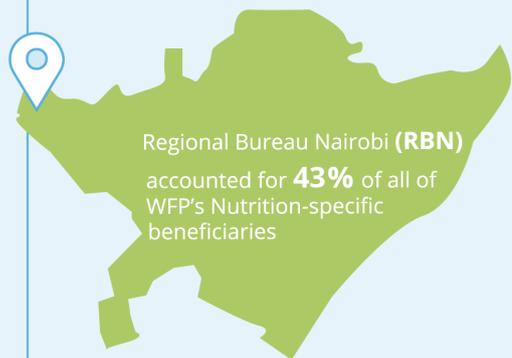
**0.1 million**  
Aged 5-18 years



**5.6 million**  
Pregnant and Lactating Women (PLW)



**0.7 million**  
Above 18 years of age (non-PLW)



Regional Bureau Nairobi (RBN) accounted for **43%** of all of WFP's Nutrition-specific beneficiaries

**87%** of Nutrition-specific beneficiaries were in countries facing a humanitarian crisis

**32 countries** monitored at least one dietary outcome indicator (out of MAD, MDD-W, and/or FCS-N)



## Specialized nutritious foods

were included in

**74%** of Nutrition-specific programmes

**20%** of countries for **General Distribution**

**6%** of countries for **School Meals programmes**



# Introduction

*Nutrition in Numbers* presents the World Food Programme's (WFP's) global nutrition portfolio. WFP is a leading humanitarian organization fighting hunger worldwide, delivering food assistance in emergencies and working with communities to improve nutrition and build resilience. Depending on the context – from immediate humanitarian support to longer term development programming – WFP works with governments and partners to improve nutrition of the most vulnerable populations<sup>1</sup>.

Relying on corporate reporting, *Nutrition in Numbers* captures WFP's nutrition-specific programming, namely: treatment and prevention of acute malnutrition, prevention of stunting, and prevention of micronutrient deficiencies<sup>2</sup>. The data presented here is drawn from WFP's internal systems including the 2018 Annual Performance Report (APR), Standard Project Reports (SPRs), Annual Country Reports (ACRs), and Enterprise Resource Planning (ERP) system SAP (in WINGS)<sup>3</sup>.

## Global Overview

In 2018, WFP assisted 86.7 million people across 83 countries through diverse programmes including nutrition, general food distribution, school meals, resilience, and capacity strengthening in both development and humanitarian contexts<sup>4</sup>. Of these, nearly 16 million (15.8 million) beneficiaries across 59 countries were reached through nutrition-specific programmes. WFP also reached 57 countries with nutrition-sensitive programmes.

### By activity type

WFP reached 8.3 million beneficiaries through treatment of acute malnutrition, accounting for 52 percent of all nutrition-specific beneficiaries. The remaining 7.5 million (48 percent) were reached through malnutrition prevention programming. Globally, WFP's nutrition-specific programmes reached 69 percent of planned beneficiaries in 2018 (Figure 1).

- Treatment programmes reached more than 76 percent of total planned beneficiaries;
- Prevention programmes reached 63 percent of planned beneficiaries;

1 2017 WFP Nutrition Policy, <https://documents.wfp.org/stellent/groups/public/documents/eb/wfp289329.pdf>

2 Beneficiary reach and activities related to nutrition-sensitive, HIV/TB, capacity strengthening, and certain aspects of technical assistance are not presented in detail.

3 This report does not include data or reporting for trust fund projects or operational grants.

4 Data included in this report date from January 2018 to December 2018. Updated data were extracted at the time of publication of this report.

### Box 1. What is the difference between nutrition-specific and nutrition-sensitive programming?

WFP nutrition-specific programmes address the direct causes of malnutrition – poor diet and disease – while nutrition sensitive programmes address the underlying causes of malnutrition, such as the lack of access to nutritious foods or suboptimal child care practices<sup>1</sup>.

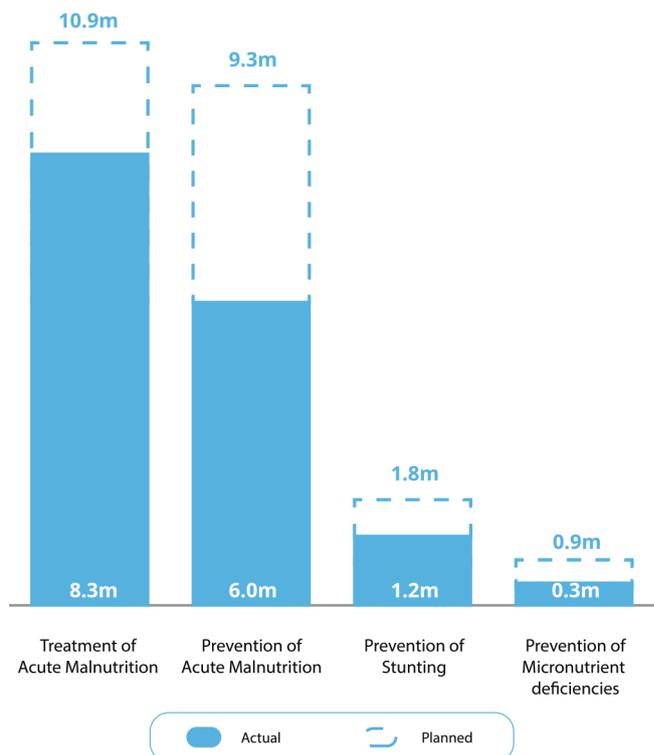
- Prevention programmes for acute malnutrition and stunting reached 65 percent of planned beneficiaries, and
- Programmes to prevent micronutrient deficiencies reached approximately 39 percent of planned beneficiaries.

Refer to [Table 1 in the annex](#) for more details on the number of beneficiaries per activity type.

The WFP nutrition programme has reached:

- 40 countries with treatment of acute malnutrition
- 37 countries with prevention of acute malnutrition
- 22 countries with prevention of stunting
- 5 countries with prevention of micronutrient deficiencies

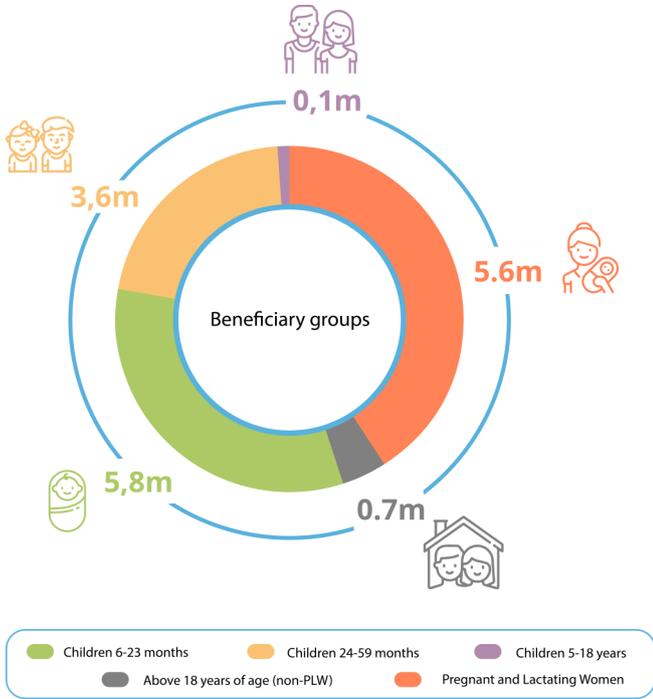
Figure 1: Actual versus planned nutrition-specific beneficiaries by activity



## By beneficiary type

Figure 2 illustrates WFP's targeting of those who are most nutritionally-vulnerable. Children aged 6-59 months account for 59 percent of all nutrition beneficiaries. 35 percent of nutrition beneficiaries are pregnant and lactating women.

Figure 2: Nutrition beneficiaries by beneficiary group



Beneficiaries aged 5-18 years (not including young mothers or PLW) were included in nutrition programmes in 20 of the 59 countries reached in 2018 (seen below, Figure 3). These consist of programmes targeting prevention and treatment of acute malnutrition among adolescents.

Figure 3: Map of countries with nutrition programming targeting beneficiaries aged 5-18 years

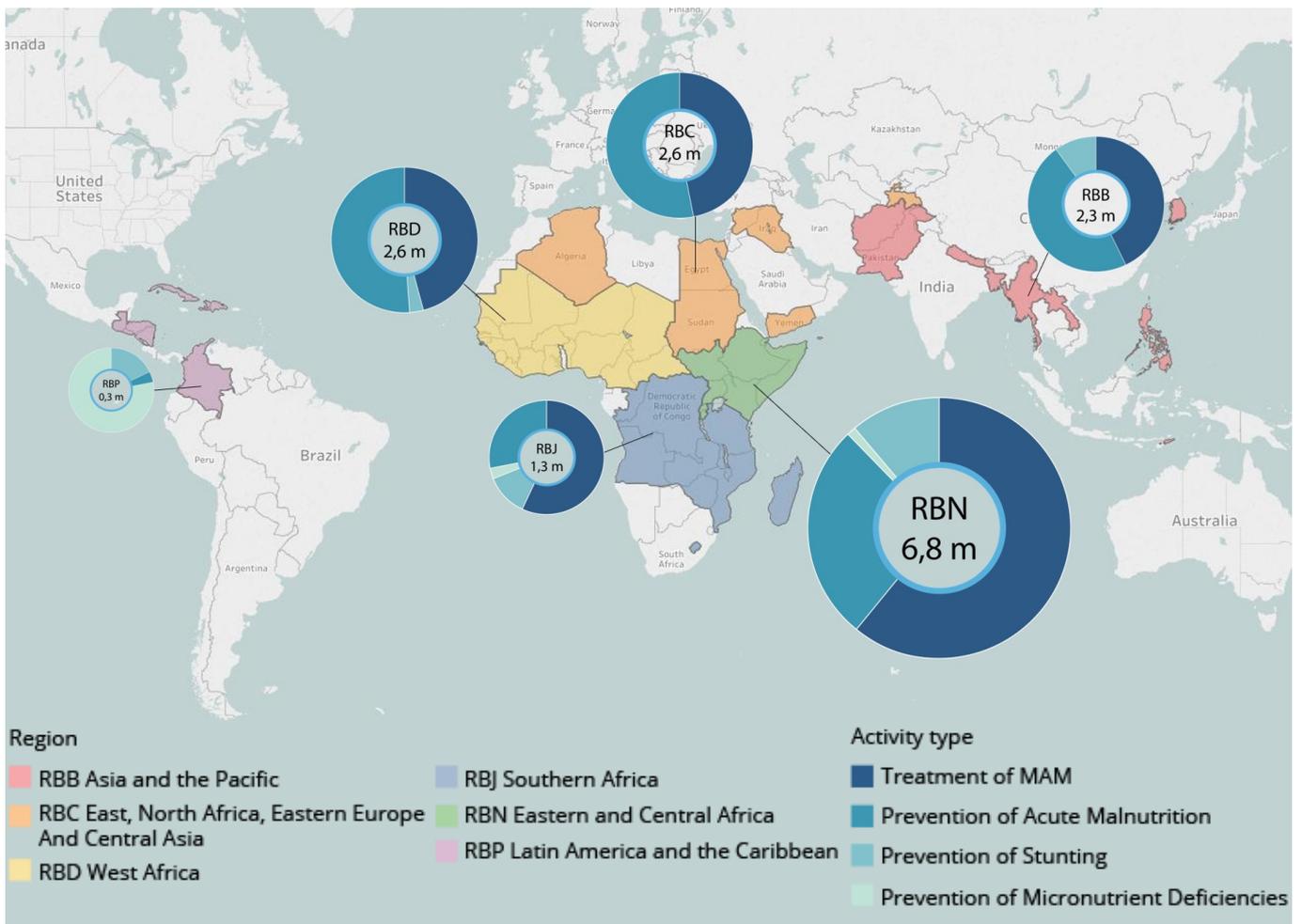


## By region

WFP operates across diverse global settings, implementing diverse, context-specific programming (see [Figure 4](#) for detail). [Tables 3 and 4 \(in annex\)](#) provide a detailed disaggregation of beneficiaries by region and country.

- Regional Bureau Nairobi (RBN):** The RBN nutrition programme accounts for 43 percent of WFP nutrition beneficiaries. This is due to the scale of humanitarian needs, the high burden of acute malnutrition and WFP's large-scale operations in Ethiopia, Somalia, and South Sudan.
- Regional Bureau Dakar (RBD):** Nutrition beneficiaries in the West Africa region accounted for 16 percent (2.6 million beneficiaries) of global reach. The largest programmes were in Niger, Mali and Nigeria.
- Regional Bureau Cairo (RBC):** Nutrition programming in RBC reached 17 percent of nutrition beneficiaries worldwide (2.6 million). This represents a 34 percent increase in comparison to 2017. This is driven by large programmes in Yemen and Sudan.
- Regional Bureau Bangkok (RBB):** Accounting for 14 percent of beneficiaries, RBB programmes reached about 2.3 million beneficiaries. Due to the large-scale operations in Bangladesh (370,773 beneficiaries reached) RBB's overall reach increased by 168 percent in comparison to 2018. Other large-scale operations include Democratic People's Republic of Korea, Afghanistan and Pakistan.
- Regional Bureau Johannesburg (RBJ):** RBJ accounted for 8 percent of WFP's nutrition beneficiaries. The Democratic Republic of Congo, RBJ's largest programme, increased its beneficiary reach by 35 percent above 2017.
- The Regional Bureau Panama (RBP):** Although contributing 2 percent of WFP's total nutrition-specific beneficiaries reached, RBP has a robust nutrition programme. Nutrition-sensitive programmes include school meals, resilience programming and social and behaviour change communication (SBCC). Cuba and the Dominican Republic were the largest contributors to RBP's nutrition specific portfolio.

Figure 4: Nutrition beneficiaries by region and activity type<sup>5</sup>



<sup>5</sup> This map only displays the 59 countries where WFP implemented nutrition-specific programming in 2018.

# Trends in Nutrition

Between January and December 2018<sup>6</sup>, WFP nutrition-specific programming reached 15.8 million beneficiaries in 59 countries, accounting for more than 18 percent of all WFP beneficiaries reached in 2018. While the number of beneficiaries reached in 2018 declined slightly in comparison to 2017; the reported number does not capture the full breadth and diversity of WFP's nutrition programming. (Figure 5)

- In 2018, the number of prevention programme beneficiaries increased (Figure 6). This is partially attributed to large scale prevention programmes in Yemen and South Sudan.
- Nutrition-sensitive programmes reached beneficiaries in 57 countries;
- Over 5 million beneficiaries were reached with SBCC activities, inclusive of nutrition messaging and education.
- Fortified rice has been included in 24 countries to address micronutrient deficiencies.

Figure 6: Nutrition beneficiaries by activity 2013-2018

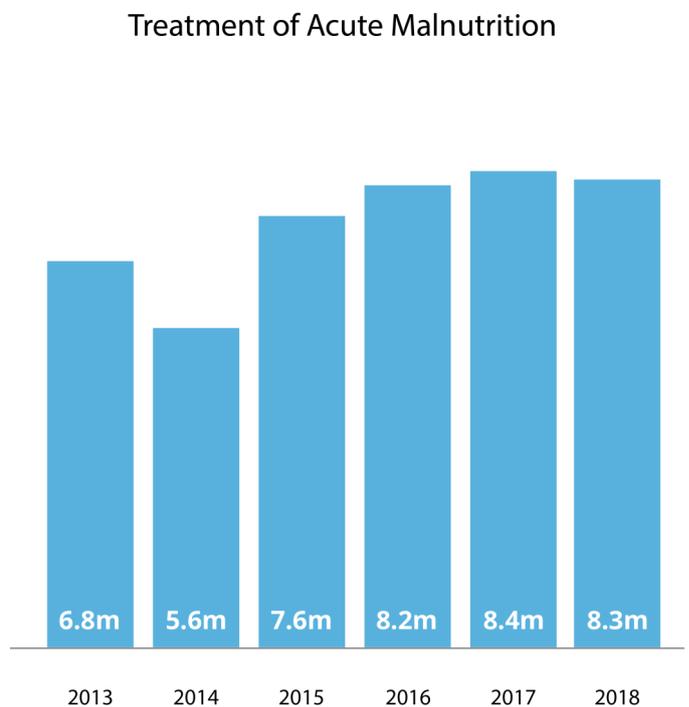
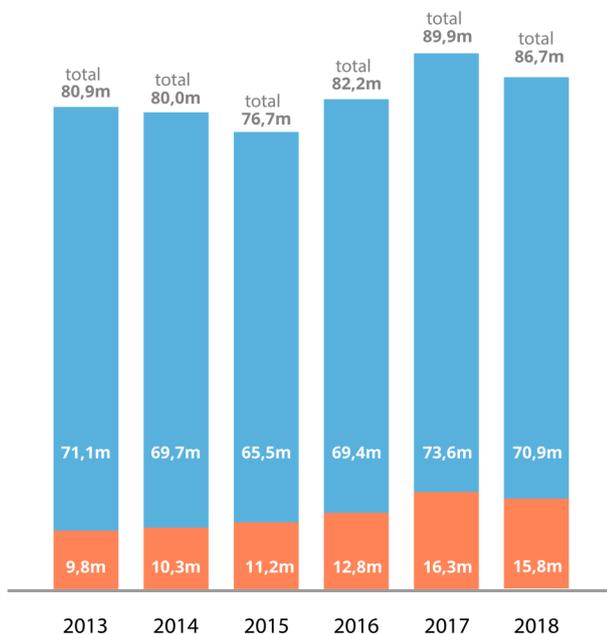
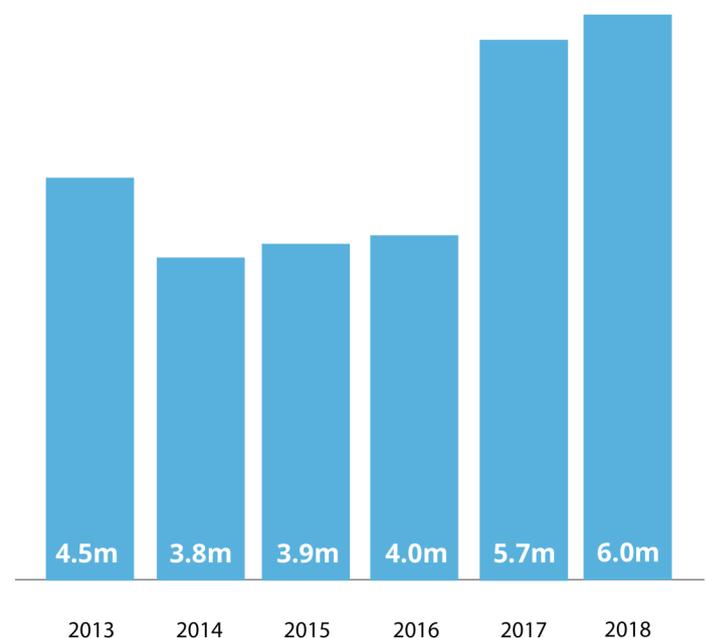


Figure 5: WFP beneficiaries 2013-2018



Prevention of Acute Malnutrition



<sup>6</sup> The data used to calculate the number of beneficiaries were collected between January and December 2018. Updated data for this timeframe were provided and extracted in June 2019.

# Humanitarian and Emergency Context

WFP works in countries dealing with conflict, post-conflict or disaster situations, as well as in countries in fragile state due to food insecurity, providing emergency food assistance to the most vulnerable populations. This includes delivering food to refugees and internally displaced persons (IDPs) to ensure that their basic food and nutrition needs are met. In 2018, approximately 87 percent of WFP’s nutrition-specific beneficiaries were reached in humanitarian and emergency settings<sup>7</sup>.

As shown in Figure 7, 93 percent of beneficiaries in treatment programmes and 81 percent in prevention programmes were reached in humanitarian contexts. In this setting, 75 percent of planned treatment and 64 percent of planned prevention beneficiaries were reached (Figure 8).

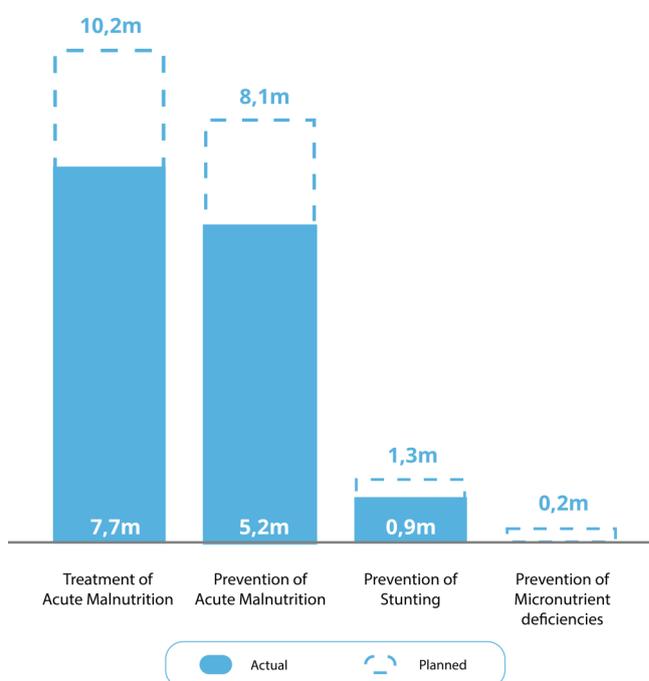


## Box 2. Nutrition in Emergency—Surge Team

WFP remains a leader in nutrition programming in emergencies. In addition to launching monthly dashboards to track nutrition programming response in L2 and L3s in 2018, WFP maintained a **Rapid Response Team (RRT)** consisting of 3 “**Surge Nutritionists**”. Collectively, the Surge Nutritionists had expertise conducting surveys and other assessments, rapid emergency response management, community-based management of acute malnutrition (CMAM), and prevention of malnutrition. The RRT was deployed to numerous countries including Yemen, Bangladesh, Uganda, DRC, Chad, Mauritania, Burkina Faso, Mozambique and Nigeria – **over 840 days** deployed.

Figure 7: Nutrition-specific beneficiaries reached in humanitarian/emergency and non-emergency contexts

Figure 8: Actual versus planned nutrition-specific beneficiaries in humanitarian and emergency contexts



7 WFP defines emergencies as : “urgent situations in which there is clear evidence that an event or series of event has occurred which causes human suffering or imminently threatens humans lives or livelihoods and which the government concerned has not the means to remedy; and it is a demonstrably abnormal event or series of events which produces dislocation in the life of a community on an exceptional scale.” Definition of Emergencies. Emergency events may range from sudden onset to slow onset, and include complex and /or protracted emergencies. Source : [WFP/EB.1/2005/4-A/Rev.1 Definition of Emergencies](#).

# Specialized Nutritious Foods

Working in partnership, WFP is a global leader in the appropriate, context-specific and targeted use of specialized nutritious foods (SNF) for the treatment of acute malnutrition and to help meet nutrient gaps for vulnerable populations. Over the past five years, WFP's global procurement of SNF has increased by 40 percent. In 2018, about 314,000 metric tonnes were procured (see Figure 9 for details).

Figure 9: Global procurement of SNFs in metric ton 2013-2018

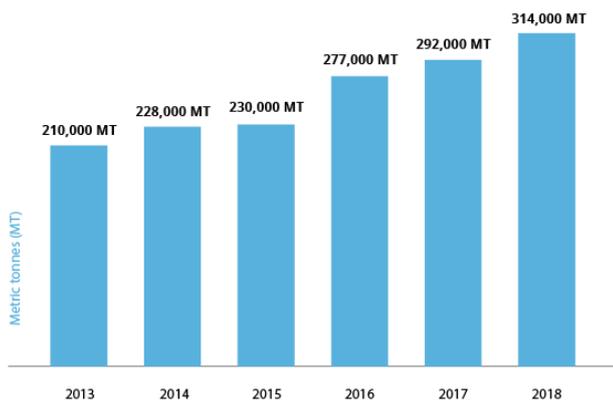
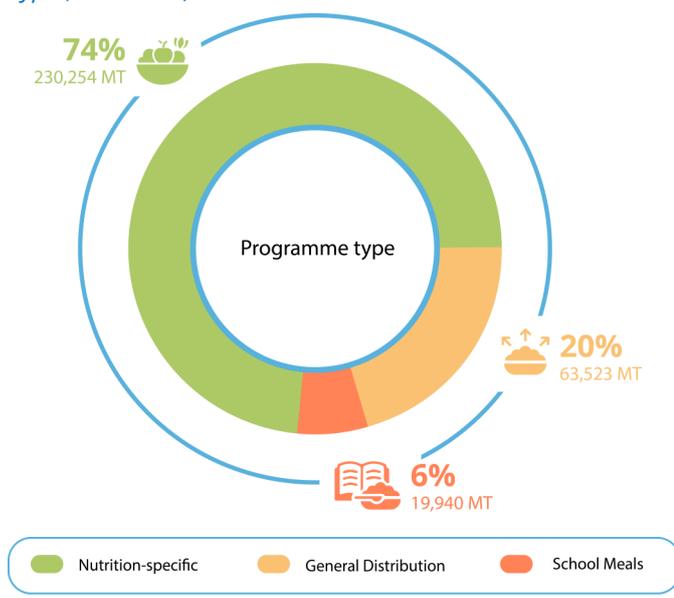


Figure 10 depicts the breakdown of how SNF are used across WFP's programme portfolio<sup>8</sup>. SNF usage breaks down as follows:

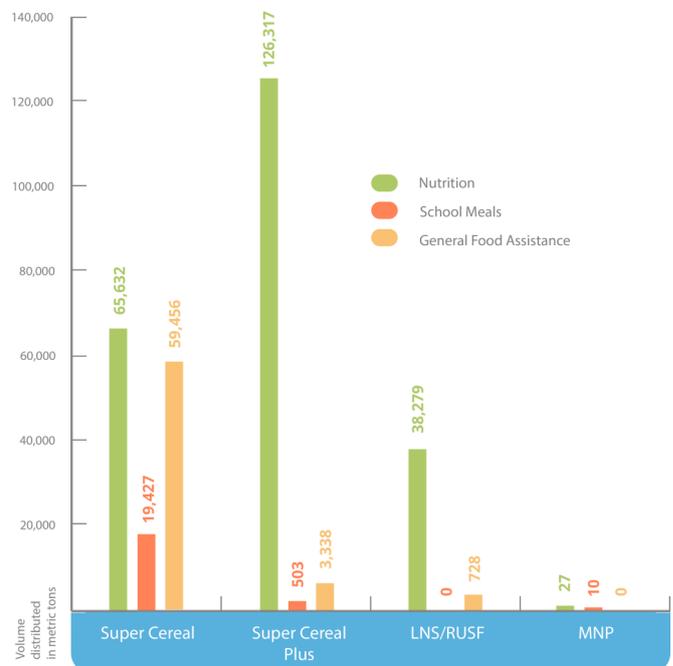
- 74 percent in nutrition-specific programmes;
- 20 percent in General Food Assistance (GFA);
- 6 percent in School Meals (SM).

Figure 10: SNF distribution in metric ton by programme type (2017-2018)



See Figure 11 below for the breakdown of SNF type by specific programme type.

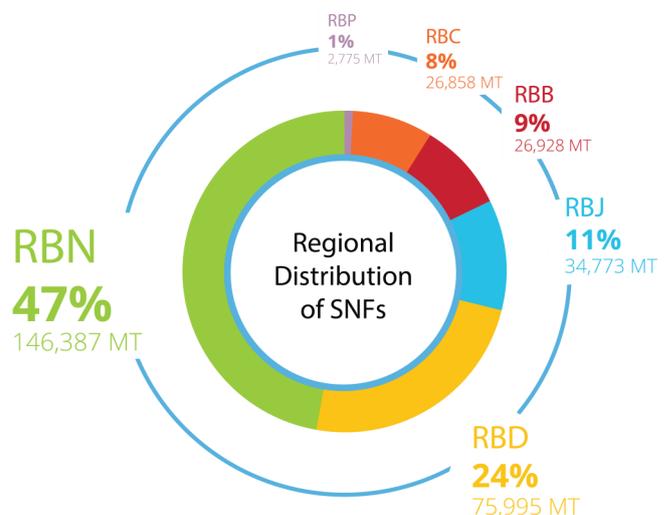
Figure 11: SNF distribution in metric ton by programme and SNF types



## SNF distribution by region

SNF distribution figures are aligned with regional context. Accounting for 42 percent of nutrition beneficiaries, RBN distributed the largest quantity of SNF (Figure 12). This is followed by RBD, RBJ, RBB, RBC, and RBP. The type of SNF utilized varies by region according to context. See the series of pie charts in Figure 13 for detail.

Figure 12: Proportion of total SNF (volume in metric ton) distributed by region



<sup>8</sup> The volume of SNF distributed for Asset Creation programmes have been included in the volume distributed for General Food Assistance. Similarly, SNF distributed for HIV/TB programming was included in Nutrition-specific programming.

Figure 13: SNF distribution ( volume in metric ton) by region and SNF type

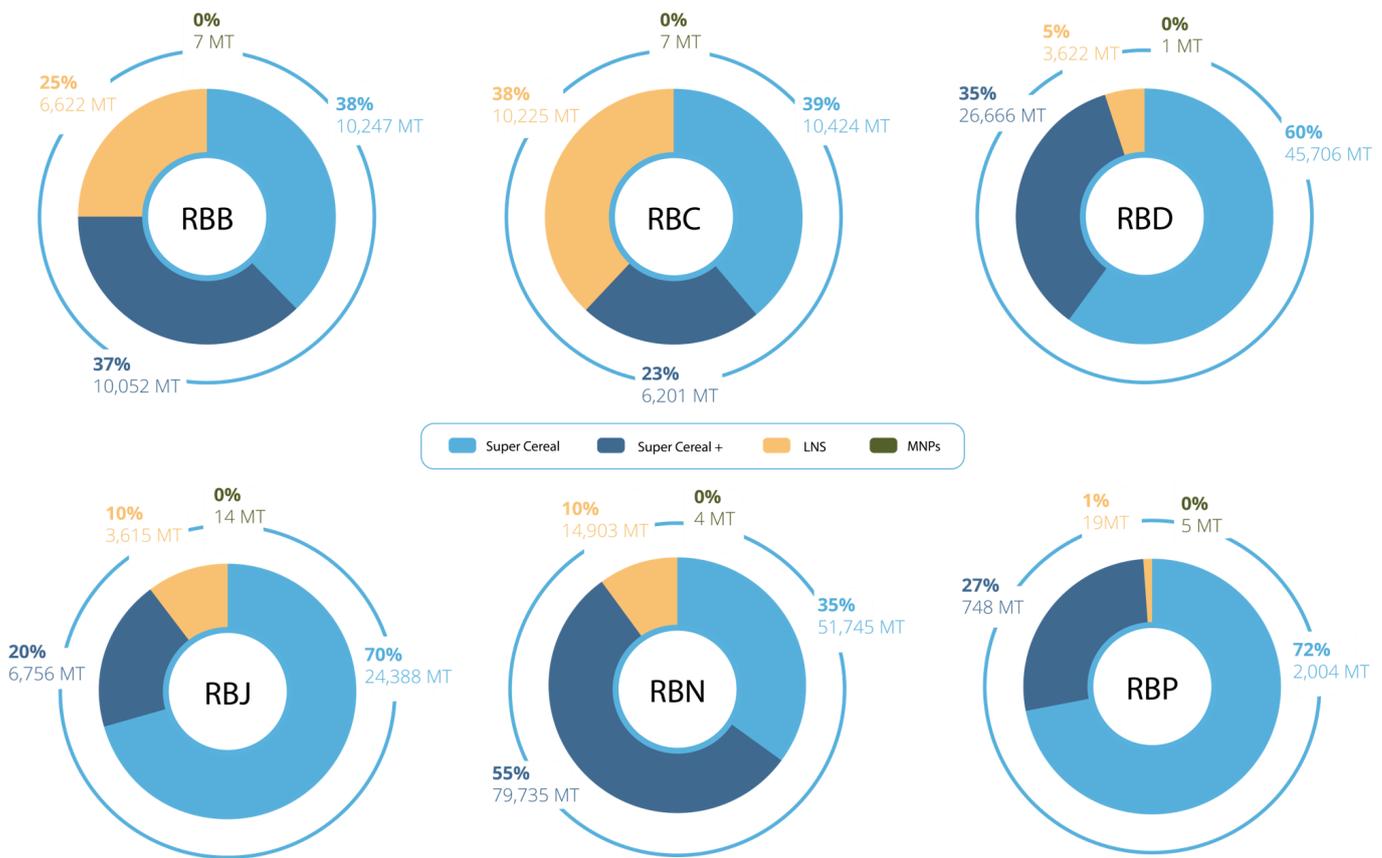
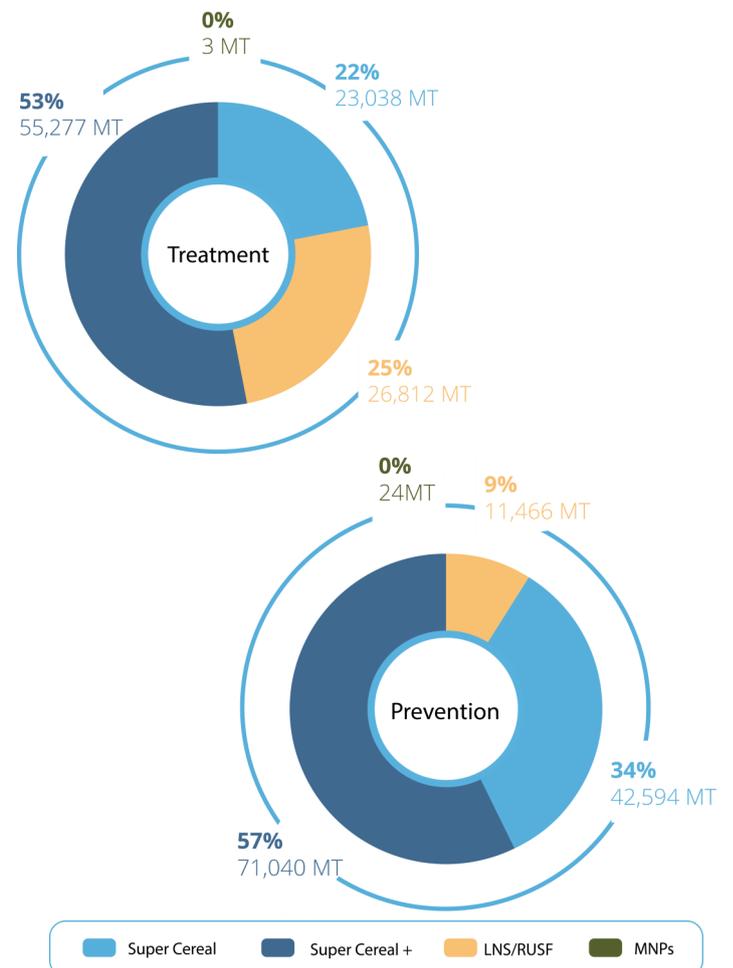


Figure 14: SNF distribution in metric tons by SNF type for treatment and prevention of malnutrition



## Foods used in nutrition-specific programming

This section provides an overview of the primary type of food transfers used by countries under different nutrition programmes. The results are illustrated in Figure 14. A total of over 230,250 metric tons of SNF were distributed for the treatment and prevention of malnutrition.

### Box 3. Distribution of Super Cereal and Super Cereal Plus to refugees, internally displaced persons (IDPs) and returnees

In 2018, more than 85 percent of WFP's nutrition-specific beneficiaries were reached in in humanitarian and emergency settings. WFP distributed over 208,900 MT of Super Cereal (107,668 MT) and Super Cereal Plus (101,234 MT) to refugees, IDPs and returnees, including through GFA and other WFP programmes. Approximately 71 percent was allocated to children under 5 years (82,926 MT) and PLW (66,447 MT).

## SNF used in General Food Assistance and School Meals

SNF are distributed in 52 countries globally. In addition to nutrition-specific programmes, 31 of these countries distributed SNF through general food assistance (GFA), and 17 integrated SNF into their school meal (SM) basket. By commodity this breaks down as follows:

### Number of Countries Distributing SNFs through General Food Assistance

- 28 countries included Super Cereal in GFA
- 13 countries included Super Cereal Plus in GFA
- 4 countries included LNS in GFA
- 2 countries included MNPs in GFA

### Number of countries distributing SNF through School Meals

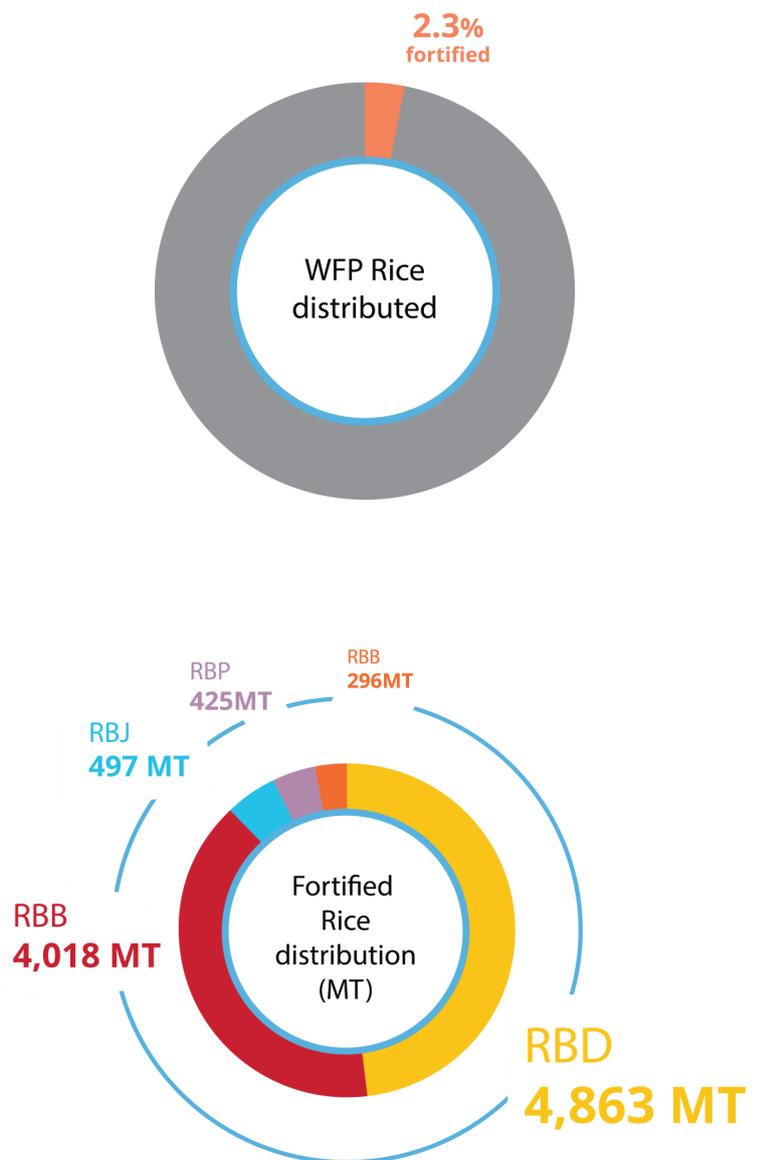
- 10 countries included Super Cereal in SM
- 5 countries included Super Cereal Plus in SM
- 5 countries included MNPs in SM.



## Food Fortification

In 2018, WFP distributed over 245,000 MT of fortified foods, such as iodized salt, fortified rice and oil. Globally 10,099 MT of fortified rice was distributed, representing over two percent of all rice distributed (418,694 MT). [Figure 15](#) shows that about half of WFP's fortified rice was distributed in the West Africa region (RBD), where 8 percent of rice was fortified. This was the region with the highest percentage of distributed fortified rice. The second largest (42 percent) was in RBB, where 3 percent of rice was fortified.

Figure 15: Where is WFP distributing fortified rice?



# Social Behaviour Change Communication

Social behaviour change and communication (SBCC) is an integral part of WFP's nutrition programming, and is increasingly integrated into school feeding programmes, general food assistance, and other nutrition-sensitive programmes. SBCC approaches are adapted to context and include diverse channels such as community radio shows, television programmes, and caregiver support groups, policy-level working groups, among others.

Five million people across 42 countries were reached with nutrition education and counselling (see map in Figure 16). The countries with the highest reach included, Bangladesh, Madagascar, Pakistan and Syria reaching over 1.5 million people.

Figure 17 illustrates the number of countries by nutrition-specific activities that have incorporated nutrition messaging or counselling into their programmes. This includes:

- 14 countries in prevention of acute malnutrition programmes
- 12 countries in treatment programmes
- 11 countries stunting prevention programmes

SBCC strengthening workshops reached over 350 WFP staff and partners, across 40 countries. Several resources have also been developed, including the SBCC Guidance Manual<sup>10</sup> for WFP Nutrition, e-learning module and fact sheets.

## Box 4. Social Behaviour Change Programming in Peru

For example, the Peru Country Office created an SBCC activity called *Cocina con Causa*—a nationwide, 160-episode television show promoting healthy eating habits and prevention of anaemia among women. The programme has attracted strong support from stakeholders, including UNICEF and the President's Office of the Peruvian Government. In addition, in Ethiopia, the Country Office partnered with the government to create a strong, context-specific SBCC activity within the Fresh Fruit and Vegetable voucher programme, utilizing community radio, *coffee conversations*, and community theatre to promote the use of vouchers to purchase fresh foods and improve diets among women and children. Preliminary monitoring and evaluation of the activity demonstrated improvements in nutrition knowledge and intentions among target audience.

Figure 16: Countries with SBCC<sup>9</sup> included in programmes

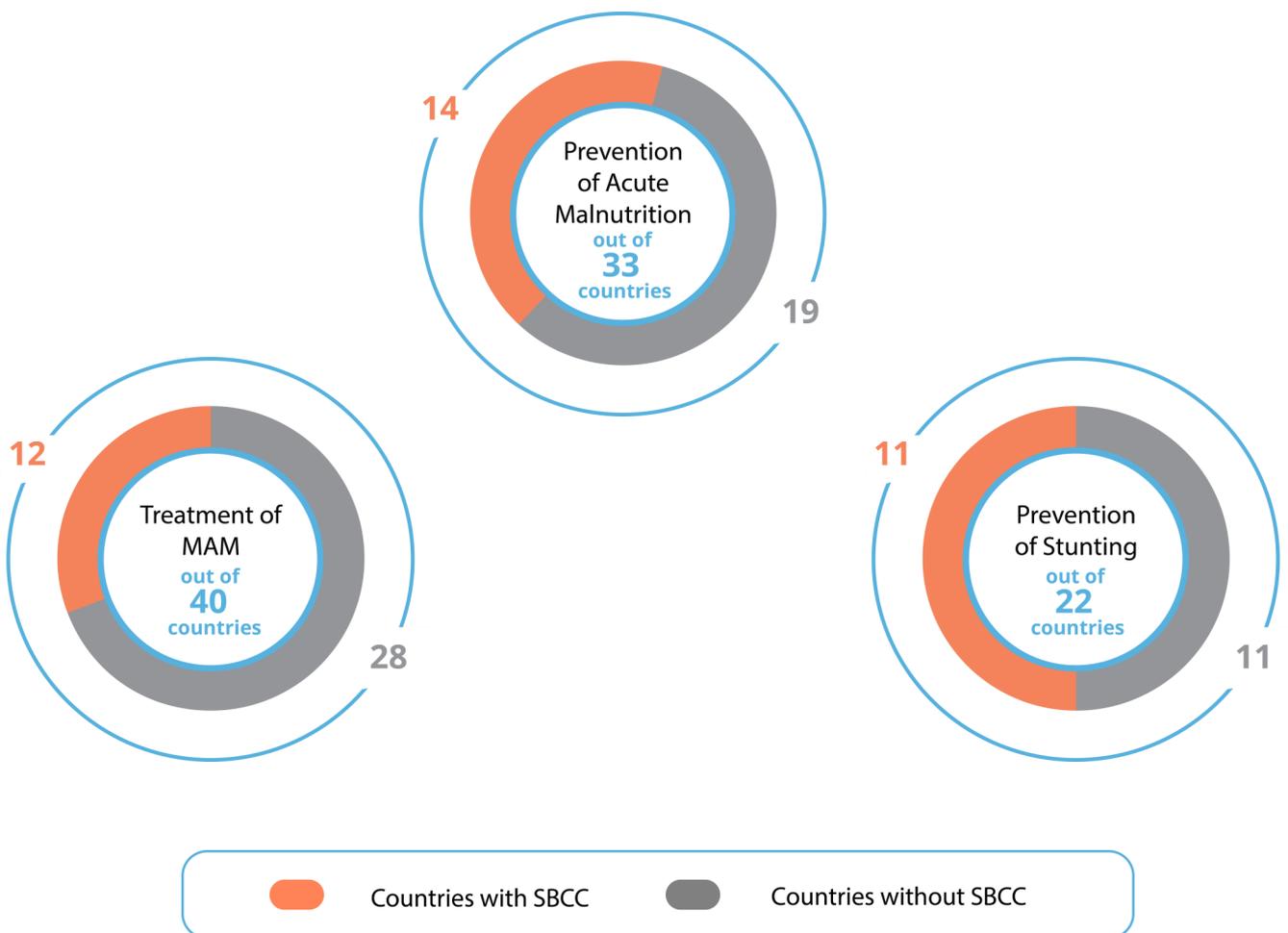


9 SBCC in this map references nutrition education and counselling, is not representative of diversity (e.g. radio, television, SMS, etc.) of all WFP supported SBCC.

10 Social and Behaviour Change Communication (SBCC) Guidance Manual for WFP Nutrition. <https://docs.wfp.org/api/documents/WFP-0000102103/download/>



Figure 17: Countries incorporating nutrition messaging or counselling into nutrition-specific activities



# Outcome Indicators

This section presents the global corporate indicators of MAM treatment performance, coverage, beneficiary participation, minimum acceptable diet (MAD), and minimum dietary diversity for women (MDDW).

## MAM Treatment Performance Indicators

Every MAM Treatment programme reports four performance indicators based on globally accepted SPHERE standards as follows:

- Mortality Rate (beneficiaries dying during this programme): Less than 3 percent;
- Default Rate (beneficiaries not returning to the programme) less than 15 percent;
- Non-response Rate (beneficiaries not recovering from acute malnutrition) less than 15 percent; and
- Recovery Rate (beneficiaries successfully recovering from acute malnutrition) more than 75 percent.



As shown below, globally WFP programmes met SPHERE standards with the average of 86.6 percent recovery rate, 3.4 percent non-response rate, 7.0 percent default rate and 0.2 percent mortality rate.

Figure 18: MAM Treatment Performance Indicators<sup>11</sup>



<sup>11</sup> Only countries reporting MAM Treatment Performance indicators at the time of this report were included in the analysis for this section.



## Coverage and Participation Indicators

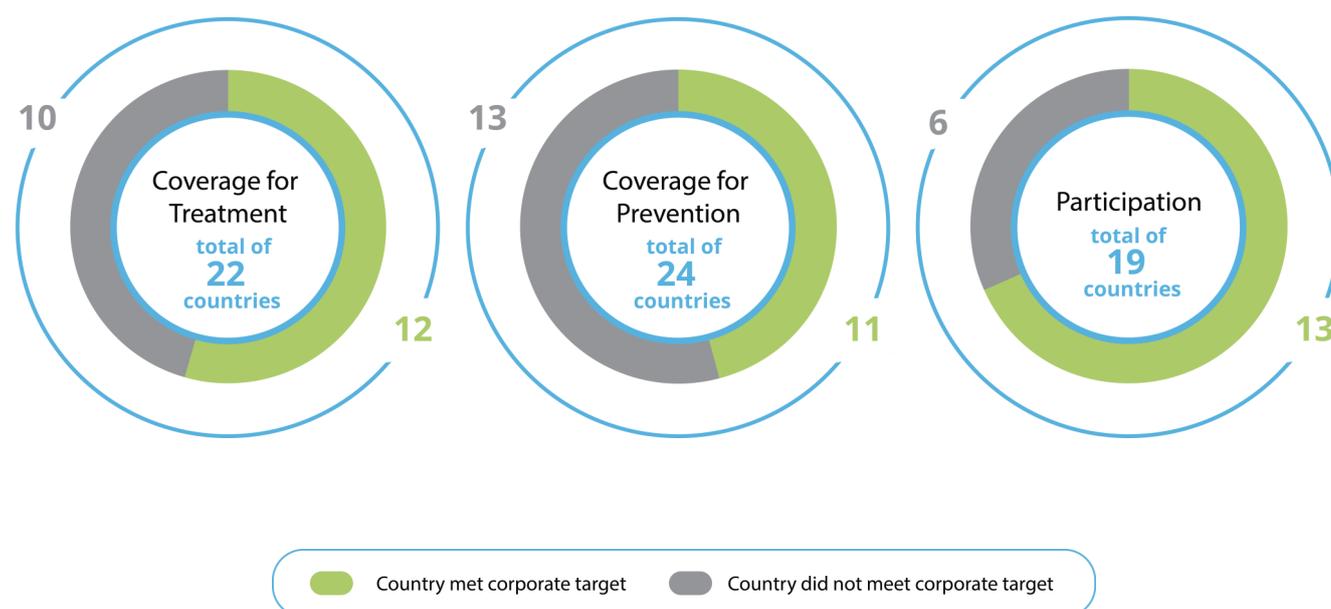
Coverage, defined as the “proportion of eligible population who participate in the programme” is a required indicator for all nutrition programming. The coverage target is defined based on context (rural > 50 percent; urban >70 percent; and camps >90 percent)

Participation, defined as “the proportion of target population participating in an adequate number of distributions” is a required indicator for all prevention programmes; not for treatment programmes. The participation target is > 66 percent.

- 55 percent of the 22 countries reporting on coverage for treatment programmes, met the coverage threshold.
- 46 percent of the 24 countries with prevention programmes reporting on coverage achieved coverage targets.

On average, 13 out of 19 countries (68 percent) reached the adherence (participation) target for prevention programming.

Figure 18: Coverage and Participation Indicators<sup>12</sup>



12 Only countries reporting Coverage and Participation indicators at the time of this report were included in the analysis for this section.

## Minimum Acceptable Diet (MAD)

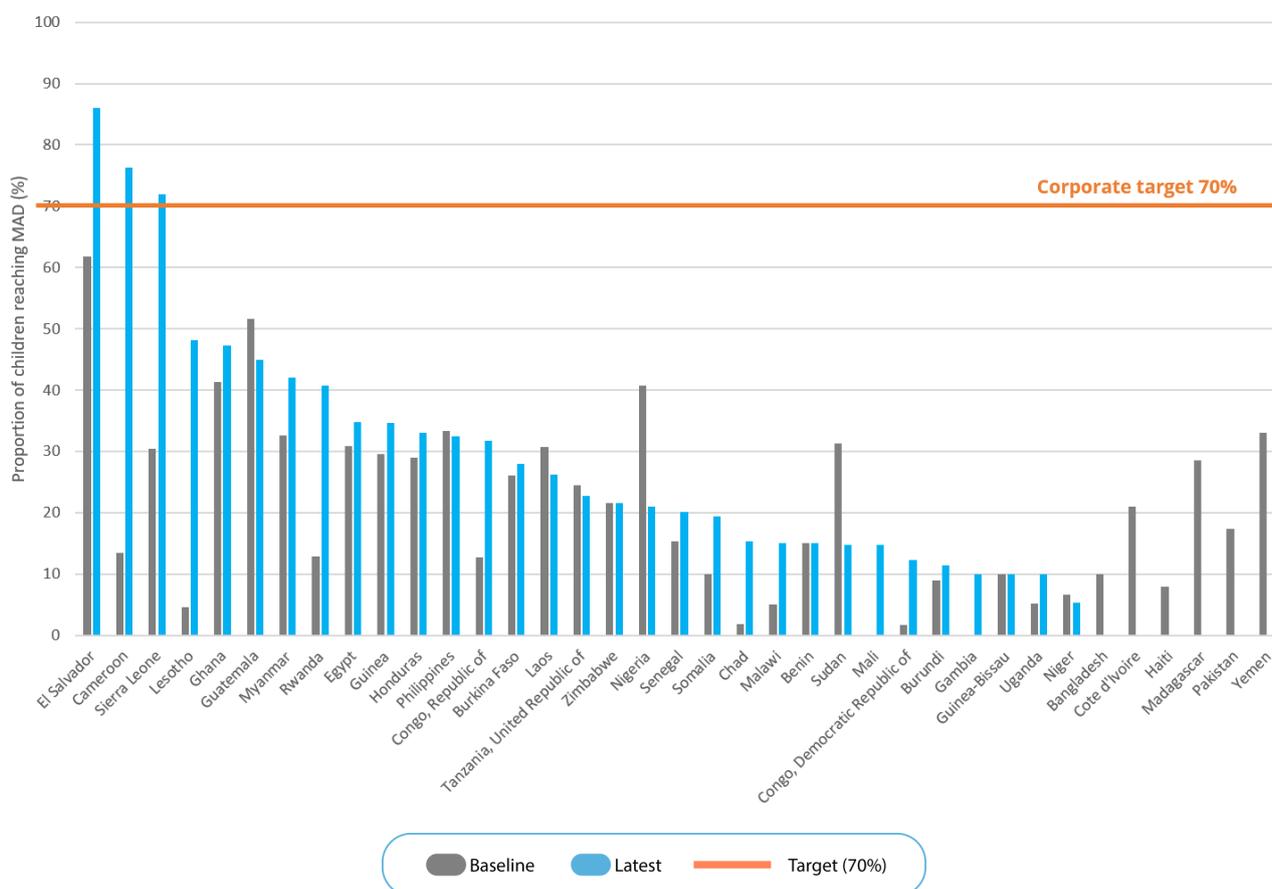
Minimum acceptable diet (MAD), an international infant and young child feeding indicator, is one of WFP's corporate indicators for stunting prevention and nutrition sensitive programming. Calculated for young children (age 6 – 23 months), MAD combines meal frequency and dietary diversity. WFP has set its corporate target as achieving greater than 70 percent of children consuming a minimum acceptable diet by programme end, or an annual increase of at least a ten percent.

In 2018, 31 countries reported on MAD. Three countries - El Salvador, Cameroon, Sierra Leone met the 70 percent MAD target. Six countries - Lesotho, DRC, Somalia, Senegal, Burundi and Honduras – achieved over a 10 percent annual increase.

Suboptimal MAD results were influenced by limited access to and high cost of nutritious foods. Low MAD results are often influenced by suboptimal child feeding and care practices<sup>13</sup>. To improve the MAD, WFP is utilizing SBCC to support communities to improve infant young child feeding practices.



Figure 20: Proportion of children reaching Minimum Acceptable Diet (MAD)<sup>14</sup>



13 For country-specific results and detailed information, please refer to Annual Country Reports, [https://annualreports.wfp.org/search?page=0&page\\_size=10](https://annualreports.wfp.org/search?page=0&page_size=10)

14 Baseline data may differ in terms of year reported depending on the country. Latest reported data consists of the last reported rate for MAD in 2018. Months of reported rates for baseline and latest reported data may differ; as such, seasonality may impact the results.



## Minimum Dietary Diversity for Women (MDD-W)

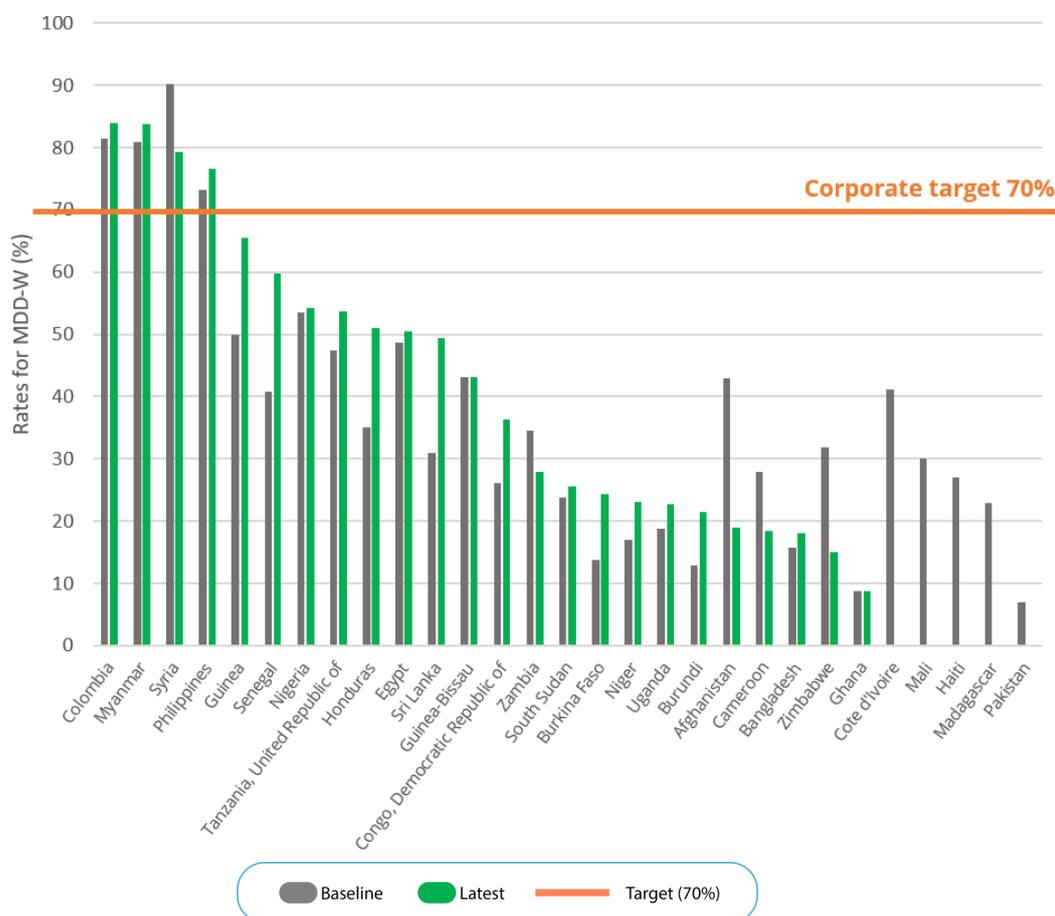
Minimum Dietary Diversity for Women (MDD-W) is one of WFP’s corporate indicators for stunting prevention and nutrition-sensitive programming. MDD-W is a dichotomous indicator of whether or not women 15-49 years of age have consumed at least five out of ten defined food groups the previous day or night. The proportion of women 15-49 years of age who reach this minimum in a population can be used as a proxy indicator for higher micronutrient adequacy, one important dimension of diet quality.

WFP has set its corporate target as 70 percent of women 15-49 years reaching MDD-W by the end of the project.

In 2018, 24 WFP country offices reported on MDD-W. As shown in [Figure 21](#), Democratic of Colombia, Myanmar, Syria and the Philippines achieved the MDD-W corporate target of 70 percent.

For further details on country-specific results, please refer to Annual Country Reports<sup>15</sup>.

Figure 21: Reported rates for Minimum Dietary Diversity for Women<sup>16</sup>



<sup>15</sup> Annual Country Reports, [https://annualreports.wfp.org/search?page=0&page\\_size=10](https://annualreports.wfp.org/search?page=0&page_size=10)

<sup>16</sup> Baseline data may differ in terms of year reported depending on the country. Latest reported data consists of the last reported rate for MDD-W in 2018. Months of reported rates for baseline and latest reported data may differ; as such, seasonality may impact the results.

# Annex

**Table 1: Actual versus planned nutrition-specific beneficiaries by activity**

Activity Type	Number of Beneficiaries Actual	Number of Beneficiaries Planned	Percent Actual vs Planned (%)
<b>Total</b>	15,844,774	22,839,387	69.37
Treatment of acute malnutrition	8,311,381	10,905,223	76.21
Prevention of acute malnutrition	5,962,069	9,285,649	64.21
Prevention stunting	1,226,602	1,750,538	70.07
Prevention MNDs	344,722	887,977	38.82

**Table 2: Nutrition beneficiaries by age group**

Adjusted Beneficiary Numbers by Beneficiary Type	Number of Beneficiaries Actual
Children 6-23 months	5,837,115
Children 24-59 months	3,605,305
Children 5-18 years	81,648
Pregnant and lactating women (PLW)	5,627,016
Above 18 years of age (non-PLW)	708,186

**Table 3: Nutrition beneficiaries by region**

Region	Number of Beneficiaries Actual	Number of Beneficiaries Planned	% Actual vs Planned
RBB Asia and the Pacific	2,297,607	4,474,487	51.35
RBC East, North Africa, Eastern Europe And Central Asia	2,620,188	3,850,201	68.05
RBD West Africa	2,570,164	3,620,196	71.00
RBJ Southern Africa	1,263,130	2,218,956	56.92
RBN Eastern and Central Africa	6,766,206	8,223,746	82.28
RBP Latin America and Caribbean	327,479	451,801	72.48

**Table 4: Nutrition beneficiaries by region and country, 2018**

Region	Number of Beneficiaries Actual	Number of Beneficiaries Planned
<b>RBB Asia and the Pacific</b>		
Korea, Democratic Republic	648,704	678,705
Afghanistan	551,668	2,144,806
Pakistan	453,212	747,550
Bangladesh	370,773	450,767
Nepal	136,242	126,559
Myanmar	74,708	226,200
Philippines	29,911	32,300
Laos	18,715	19,500
Timor-Leste	13,674	48,100
<b>RBC East, North Africa, Eastern Europe And Central Asia</b>		
Yemen	1,456,605	1,906,000
Sudan	878,493	1,584,701
Syria	239,303	305,000
Algeria	22,127	24,000
Egypt	15,640	25,000
Tajikistan	8,020	5,500
Iraq	0	-
<b>RBD West Africa</b>		
Niger	485,167	805,810
Mali	481,746	426,807
Nigeria	462,718	401,544
Chad	341,162	611,306
Burkina Faso	231,797	549,989
Cameroon	159,958	160,550
Guinea	69,064	11,422
Sierra Leone	65,569	132,807
Central African Republic	62,426	68,552
Mauritania	60,767	103,381
Senegal	59,436	85,500
Gambia	51,801	42,500
Ghana	35,930	40,000
Benin	1,423	11,751
Guinea-Bissau	1,200	19,633
Liberia	0	15,474
Cote d'Ivoire	0	133,170

**Table 4: Nutrition beneficiaries by region and country, 2018 (continued)**

<b>RBJ Southern Africa</b>		
Congo, Democratic Republic of	569,087	1,181,175
Madagascar	252,901	238,787
Malawi	161,570	489,893
Tanzania, United Republic of	134,964	156,232
Zimbabwe	51,218	70,925
Mozambique	47,133	20,225
Congo, Republic of	31,904	39,664
Lesotho	6,744	10,250
Zambia	4,553	3,548
Angola	3,056	8,257
<b>RBN Eastern and Central Africa</b>		
Ethiopia	2,721,711	3,312,648
Somalia	1,596,090	2,068,000
South Sudan	1,233,848	1,385,707
Kenya	652,671	763,000
Uganda	302,236	366,388
Burundi	226,616	279,700
Rwanda	24,875	25,003
Djibouti	8,159	23,300
<b>RBP Latin America and Caribbean</b>		
Cuba	155,229	175,000
Dominican Republic	109,788	138,348
Guatemala	27,755	33,000
Honduras	21,033	13,878
El Salvador	5,170	20,000
Colombia	4,389	28,075
Haiti	4,115	41,000
Nicaragua	-	2,500

**Table 5: Distribution of nutrition beneficiaries (in percentage) by region and activity**

Region	RBB	RBC	RBD	RBJ	RBN	RBP
Treatment of MAM	43.35	46.61	45.85	56.70	62.06	0
Prevention of acute malnutrition	47.19	53.39	50.73	28.19	26.70	3.75
Prevention of stunting	9.46	0	3.42	11.93	10.54	17.69
Prevention of micronutrient deficiencies	0	0	0	3.18	0.70	78.56

**Table 6: Nutrition-specific beneficiaries reached in emergency and non-emergency contexts**

Activity	Total Beneficiaries Reached	Beneficiaries Reached in Humanitarian Contexts	Non-Humanitarian Context	Percent in Humanitarian Context (%)
All	15,844,774	13,692,167	2,152,607	86.41
Treatment of acute malnutrition	8,311,381	7,673,678	637,703	92.33
Prevention of acute malnutrition	5,962,069	5,146,833	815,236	86.33
Prevention stunting	1,226,602	871,656	354,946	71.06
Prevention MNDs	344,722	0	344,722	0

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