Nutrition Policy (2017-2021)

First Informal Consultation

25 November 2016
The Nutrition Team

Plus gender expert – Heike Wach
Why a new Nutrition Policy?

- Align with the WFP Integrated Road Map
WFP Strategic Plan 2017-2021

WFP Strategic Goals

1. Support countries to achieve zero hunger (SDG 2)
2. Partner to support implementation of the SDGs (SDG 17)

WFP Strategic Objectives

1. End hunger
2. Improve nutrition
3. Achieve food security
4. Support SDG implementation
5. Partner for SDG results
6. Policy coherence (SDG 17.14)
7. Diversified resourcing (SDG 17.3)
8. Enhance global partnership

WFP Strategic Results (SDG Target)

1. Access to food (SDG 2.1)
2. End malnutrition (SDG 2.2)
3. Smallholder productivity and incomes (SDG 2.3)
4. Sustainable food systems (SDG 2.4)
5. Capacity strengthening (SDG 17.9)
6. Policy coherence (SDG 17.14)
7. Diversified resourcing (SDG 17.3)
8. Enhance global partnership

National SDG Targets

- National SDG Target relevant to SR 1
- National SDG Target relevant to SR 2
- National SDG Target relevant to SR 3
- National SDG Target relevant to SR 4
- National SDG Target relevant to SR 5
- National SDG Target relevant to SR 6
- National SDG Target relevant to SR 7
- National SDG Target relevant to SR 8

WFP Strategic Outcomes

- WFP Strategic Outcomes link to SR1
- WFP Strategic Outcomes link to SR2
- WFP Strategic Outcomes link to SR3
- WFP Strategic Outcomes link to SR4
- WFP Strategic Outcomes link to SR5
- WFP Strategic Outcomes link to SR6
- WFP Strategic Outcomes link to SR7
- WFP Strategic Outcomes link to SR8

WFP Outputs

- WFP Outputs (contribute to WFP Strategic Outcomes)

WFP Activities

- WFP Activities (generate WFP Outputs)
Why a new Nutrition Policy?

• Align with the WFP Integrated Road Map
• Focus on the SDGs
Goal 2. End hunger, achieve food security and improved nutrition, and promote sustainable agriculture

- 2.2 by 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons
Why a new Nutrition Policy?

- Align with the WFP Integrated Road Map
- Focus on the SDGs
- Build on the good progress of the previous policy, but reflect evidence and global trends that have emerged since 2012.
2012 Nutrition Policy

WFP Nutrition Strategy

1. Treatment of moderate acute malnutrition
2. Prevention of acute malnutrition
3. Prevention of chronic malnutrition
4. Addressing micronutrient deficiencies: among vulnerable groups, especially to save lives in emergencies; for general population through food fortification
5. Ensure other programmes contribute to improved nutrition outcomes

Enabling environment:
Technical Assistance and Advocacy with governments and other stakeholders

General Food Distribution
School Feeding
Food for Work / Asset / Training
Others
Evidence and the evolving challenge

The Lancet (2013)

• Maternal and child undernutrition is the underlying cause of more than 45% of deaths of children under five.

• Findings reaffirmed in 2013 series, and the need to extend the 1,000 day focus to include adolescent girls.

• Increased emphasis on nutrition-sensitive, finding that if 10 proven nutrition-specific interventions were brought to scale, stunting would be reduced by only 20%.


• At least 12 of the 17 Strategic Development Goals include indicators that are highly relevant to nutrition.

• More than 44 low- and middle-income countries (LMICs) are experiencing the “double burden” – a combination of undernutrition and overweight or obesity in the same population.
The Global Burden of Malnutrition

Out of a world population of 7 billion:
- About 2 billion people suffer from micronutrient malnutrition
- Nearly 800 million people suffer from calorie deficiency

Out of 5 billion adults worldwide:
- Nearly 2 billion are overweight or obese
- One in 12 has type 2 diabetes

Out of 667 million children under age 5 worldwide:
- 159 million under age 5 are too short for their age (stunted)
- 50 million do not weigh enough for their height (wasted)
- 41 million are overweight

Out of 129 countries with data, 57 countries have serious levels of both undernutrition and adult overweight (including obesity).

Why a new Nutrition Policy?

- Align with the WFP Integrated Road Map
- Focus on the SDGs
- Build on the good progress of the previous policy, but reflect evidence that has emerged since 2012.
- Follow the 2015 Nutrition Policy Evaluation recommendation to update in 2017
Limitations identified by 2015 Evaluation

- Topics such as over nutrition (and ‘double burden’) were omitted from the policy.
- Gender was treated ‘superficially’
- The policy was too ambitious in its implied targets and for an expansion of WFP nutrition programmes.
- It focused too narrowly on product-based solutions
- There is a lack of dissemination of guidance to support policy implementation
- Food remains the dominant modality through which WFP delivers its nutrition interventions, with only limited use of cash-based transfers and vouchers.
- Various prescriptions and recommendations were not and still are not adequately supported by evidence. (Widely related to prevention).
- Insufficient funding for M&E, and more support needed to realize shift to new indicators
- To ensure sustainability of its nutrition programmes- WFP needs to emphasize strengthening national governments and nutrition governance.
Why a new Nutrition Policy?

- Align with the WFP Integrated Road Map
- Focus on the SDGs
- Build on good progress of previous policy, but reflect evidence that has emerged since 2012.
- Follow the 2015 Nutrition Policy Evaluation recommendation to update in 2017
- Update WFP’s role in nutrition to reflect the needs and programme innovations coming from the field
What was the approach to policy development?
## Approach to policy development

### UN, NGO and Foundations

<table>
<thead>
<tr>
<th>Organizations</th>
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<td>FAO</td>
<td>UNSCN</td>
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<td>IFAD</td>
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<td>UNICEF</td>
<td>UN Women</td>
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<td>WHO</td>
<td>GAIN</td>
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<td>Scaling Up Nutrition (SUN) Secretariat</td>
<td>Micronutrient Initiative</td>
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<td>UN Network for SUN and REACH</td>
<td>CARE</td>
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<td>UNHCR</td>
<td>Bill and Melinda Gates Foundation</td>
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<td>UNAIDS</td>
<td>WFP Annual Partnership Consultation</td>
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<td>Global Nutrition Cluster</td>
<td>Committee on World Food Security (CFS OEWG – Nutrition)</td>
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*Illustrative not exhaustive

### Bilateral Consultations in Rome and Capital

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<tr>
<td>Belgium</td>
<td>Italy</td>
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<td>Canada</td>
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<td>Cuba</td>
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<td>Guatemala</td>
<td>United States</td>
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<td>Iran</td>
<td>African Union</td>
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What will be refined and what will remain the same?
Enhancing Nutrition Capacities in Emergencies

Maintain and build capacity in emergency nutrition

- Creation of a Nutrition in Emergencies unit
- Enhance qualified nutrition surge capacity
- Development of Nutrition in Emergency standards
- Finalization and dissemination of NIE Toolbox
- Learning on preparedness and response to inform program design
Improving programmes

Programmatic Focus

- Continued focus on the **first 1000 Days**
- Bring MAM programmes to the “gold standard” with a commitment to CMAM and maintaining the continuum of care
- Enhanced partnership UNICEF and others
- Emphasis on prevention of malnutrition
What is new?
Nutrition-specific interventions are designed to address the immediate causes of malnutrition (inadequate dietary intake and disease), and have improved nutritional status as the main goal.

Nutrition-sensitive programmes take place in sectors complementary to nutrition and are designed to address some of the underlying and basic determinants of malnutrition. Though the primary objective is not specifically nutrition-related, nutrition-sensitive programmes must include a nutrition objective, outcomes and indicators that are measurable.
Nutrition-Sensitive in WFP

Key criteria:

✓ incorporate a nutrition objective and indicators

✓ include nutrition in the programme design

✓ are able to trace “impact pathways”

✓ Identify enabling and constraining factors along the pathway, and means of addressing them

✓ include gender inequality and lack of nutrition knowledge
Nutrition Policy Approach

Global Goals

National Plans

National Policies and Plans to End All Forms of Malnutrition

Stunting
Wasting
Micronutrient deficiencies
Overweight/Obesity
Nutrition Policy Approach

National Policies and Plans to End All Forms of Malnutrition

Adequate and healthy diets that meet nutrient needs

- Stunting
- Wasting
- Micronutrient deficiencies
- Overweight/Obesity

Supporting strengthening of agriculture and food systems in partnership

Supporting strengthening of, and linking to health systems and WASH in partnership

Global Goals

National Plans

WFP Focus
Nutrition Policy Approach

National Policies and Plans to End All Forms of Malnutrition

Supporting strengthening Of agriculture and food systems in partnership

Adequate and healthy diets that meet nutrient needs

Supporting strengthening of, and linking to health systems and WASH in partnership

Multi-sectoral coordination and delivery platforms

Key partners

Donors
UN
NGOs / CSOs
Academia
Private sector

Global Goals
National Plans
WFP Focus
Platforms

Scaling Up Nutrition
UNSCN
CFS
Regional Bodies
Country Strategic Reviews and Strategic Plans offer key opportunity to identify where WFP offers complementary expertise and develop 5-year plans.

Overlay CSP opportunities with countries managing the highest burdens of malnutrition.

25 countries have a stunting prevalence above 40%, the level defined as critical by WHO.
Strengthening Analysis

Improving Decision Making

- **Supporting the data revolution:**
  Using WFP innovations in M&E and data collection to answer the call

- **Moving beyond households:**
  Ensuring WFP’s data analysis identifies and responds to the nutrient needs of vulnerable household members

- **Gender-sensitive:**
  Assuring gender-sensitive nutrition analysis as a base for gender transformative nutrition programming in line with the WFP gender policy and action plan

Fill the Nutrient Gap

- **Aim:**
  identify the gap and barriers to adequate nutrient intake in a specific context

- **Methods:**
  Innovative analysis combined with better use of existing data on markets, local dietary practices and malnutrition to identify options for a more nutritious diet

- **Process:**
  The data analysis is done in collaboration with stakeholders from different sectors, who then lead the development of improved policies and programs
The Fill the Nutrient Gap Process

**IDENTIFICATION**
Define focus of analysis (target groups, geographies)

**POLICY ANALYSIS**
Analyse enabling environment

**ANALYSIS**
Analyse food and nutrient availability, access, intake, and local practices, and affordability of nutritious diets

**DECISION**
Identify effective, context-specific intervention and policy options to fill the nutrient gap

**IDENTIFICATION**
- Multi-stakeholder inception meetings
- Establish technical working group
- Consensus on key target groups and level of analysis

**ANALYSIS**
- Stakeholders provide data and insights on interpretation through follow-up meetings: bilateral and technical working groups
- Cost of the Diet analysis and modelling of interventions- engaging relevant stakeholders
- Draft final report

**DECISION**
- Technical working group validates preliminary results
- Multi-stakeholder dissemination meeting
- Joint identification of strategies to improve nutrient intake
### Madagascar Pre FNG

- National Nutrition Policy pre 2016:
  - Focused on implementing recommendations from Lancet Series 2008
  - Not context-specific
  - Very limited nutrition-sensitivity in other sectors

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### Madagascar Post FNG

  - Add focus on improving micronutrient status and awareness of diet and (reproductive) health among in- and out-of-school adolescents using different platforms
  - Increasing the emphasis on fortification, including setting national standards
  - Assess whether there may be opportunities to fortify e.g. rice, noodles
  - A fortified commodity is required in the diet of 6-23 mo old children – opportunity to scale-up existing initiatives with locally manufactured porridge (Koba Aina), small-quantity LNS (Kalina), MNP (Zaza Tomady)

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*“FNG process has been very helpful to align understanding among stakeholders and formulate recommendations for Madagascar specific approaches for improving nutrition, focusing on nutrient intake”*

Nora Hobbs, Madagascar CO
What will we do?

Focusing on priority groups and identifying opportunities based on context.
Focus on Priority Groups

**Priority groups**: children 0-23 months, children 24-59 months, pregnant and lactating women, adolescent girls, vulnerable populations (particularly people living with HIV/TB, refugees and emergency-affected populations)
Safe and Nutritious food is available

Increased availability of safe, nutritious foods

• In El Salvador, improved partnerships with relevant private sector actors, especially retailers, to make complementary foods more widely available and affordable in supermarkets.

• In Pakistan, WFP works with the private sector to produce fortified foods appropriate for young children for use in programmes to treat and prevent malnutrition.

*Examples are illustrative
Access to safe, nutritious food

Increased **availability** of safe, nutritious foods

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Improved **access** to safe, nutritious food

- In Syria, provision of vouchers for fresh and foods for pregnant women and mothers of children under the age of 2 where markets are functioning.

- In South Sudan, areas where no partners are in place WFP and UNICEF are delivering food-based nutrition interventions (treatment and prevention), food security, health and WASH services through mobile teams as part of the rapid response mechanism.

*Examples are illustrative*
Demand and consumption

**Increased availability** of safe, nutritious foods

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**Improved access** to safe, nutritious food

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**Increased demand and consumption** of safe, nutritious foods and services

- In northern Bangladesh, intensive SBCC linked with cash transfers was associated with a reduction of stunting in a pilot study.
- In Malawi, women traditionally bear most of the childcare burden. For that reason, WFP used participatory action learning activities to understand male influence in childcare activities related to nutrition, and to tailor nutrition education approaches accordingly.

*Examples are illustrative*
**An Example from Pakistan**

**Nutrition Situation**
Pakistan has extremely high rates of stunting, and high rates of wasting. While rates are higher in rural areas, absolute numbers of stunted and wasted children live in urban areas. Rural children have significantly lower prevalence of timely introduction of complementary foods and minimum meal frequency. These indicators are likely major contributing factors to the higher prevalence of wasting and stunting in rural children. Given the high rates of low birthweight and 50% anemia in women of reproductive age, maternal nutrition is also of concern.

<table>
<thead>
<tr>
<th>Increased availability of safe, nutritious foods</th>
<th>Improved access to safe, nutritious food</th>
<th>Increased demand for safe, nutritious foods and services</th>
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</thead>
<tbody>
<tr>
<td>Availability of complementary foods is a challenge. WFP works with the private sector to produce fortified foods appropriate for young children for use in programmes to treat and prevent malnutrition.</td>
<td>Provision of vouchers for fresh and fortified foods for pregnant women and mothers of children under the age of 2 in the poorest quintile, conditional upon attendance to antenatal care and child checkups.</td>
<td>Timely introduction of complementary foods and minimum meal frequency are low. BCC is needed to improve complementary feeding practice.</td>
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<td>Pilot add on cash transfer in school meals programmes with the objective of empowering adolescent girls, keeping them in school and eventually contributing to improved nutrition through empowerment.</td>
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<th>Nutrition Sensitive</th>
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<tr>
<td>WFP to work with academia to conduct operational research and determine if CCT in school meals programmes can improve nutritional status of school children and their mothers.</td>
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</table>
Priority groups: children 0-23 months, children 24-59 months, pregnant and lactating women, adolescent girls, vulnerable populations (particularly people living with HIV/TB, refugees and emergency-affected populations)

*Note: Where humanitarian needs overwhelm national systems or where plans are not in place, WFP will work with partners to prioritize emergency nutrition needs*
How will WFP implement the new policy?
Implementation

Action plans and capacity needed

✓ **Develop regional action plans and costing**
  • Allow for contextualization of challenges
  • Budget estimates reflect reality on the ground

✓ **Build capacity of WFP staff and partners**
  • Enhance Nutrition Learning Academy established in 2016 with cross-divisional support

✓ **Increase learning, knowledge management and capacity building**
  • Improve knowledge management for nutrition through the Nutrition Community of practice which includes other organizations with technical expertise
  • Build south-south learning in nutrition through centers of excellence
  • Grow operations research to build evidence that is aligned with field priorities.
Enhancing emergency response for nutrition  

Refining CMAM in partnership  

Building resilience  

Gender transformative programming  

Strengthened analysis  

Maintain and build capacity in emergency nutrition  

Focus on maintaining the continuum of care for management of acute malnutrition  

Supporting communities and individuals to build resilience to nutrition shocks  

Incorporating gender-sensitive analysis in line with the WFP Gender Policy to leverage transformative opportunities  

Identifying nutrient needs, not just calories
Summary

Diets

National plans

All forms of malnutrition

Stronger focus on partnership

Nutrition-sensitive

Starting from local foods to build healthy, nutritious diets as the goal

Using national platforms, where they exist, as a point of departure

Following target 2.2, with a primary focus on undernutrition

More work on clusters & other international platforms with a country-level emphasis

Adding more nutrition to WFP programmes in a measurable way
**How will WFP monitor programmes?**

<table>
<thead>
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<th>Strategic Goal 1: Support countries to achieve zero hunger</th>
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<tr>
<td><strong>Strategic Objective 2: Improve nutrition</strong></td>
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<tr>
<td><strong>Strategic Result 2</strong>: No one suffers from malnutrition (SDG target 2.2)</td>
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**Relevant SDG indicators**

- Prevalence of stunting among children under 5 years of age
- Prevalence of malnutrition among children under 5, disaggregated by type (wasting and overweight)

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<tr>
<th>Strategic outcome categories</th>
<th>Outcome indicators*</th>
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</table>
| **2.1 Improved consumption of high-quality, nutrient-dense foods among targeted individuals** | 2.1.1 Proportion of eligible population that participates in programme (coverage)  
2.1.2 Proportion of target population that participates in an adequate number of distributions (adherence)  
2.1.3 Proportion of children 6–23 months of age who receive a minimum acceptable diet  
2.1.4 Moderate acute malnutrition (MAM) treatment performance: recovery, mortality, default and non-response rate  
2.1.5 Minimum Dietary Diversity – Women |
| **2.2 Improved value chains for high-quality, nutrition-dense foods** | 2.2.1 Percentage increase in production of high-quality and nutrition-dense foods |
| **2.3 Enhanced social and public-sector capacity to identify, target and assist nutritionally vulnerable populations** | 2.3.1 Zero Hunger Capacity Scorecard |

Under Strategic Result 2, WFP will aggregate results from nutrition-sensitive outcomes from SR 1, SR 3 and SR 4 for financial and performance reporting on **improved dietary intake, food environments, and/or access to health through nutrition-sensitive programming.**
Thank you!