

Nutrition Policy (2017-2021)

First Informal Consultation

25 November 2016



World Food Programme

The Nutrition Team

Plus gender expert – Heike Wach

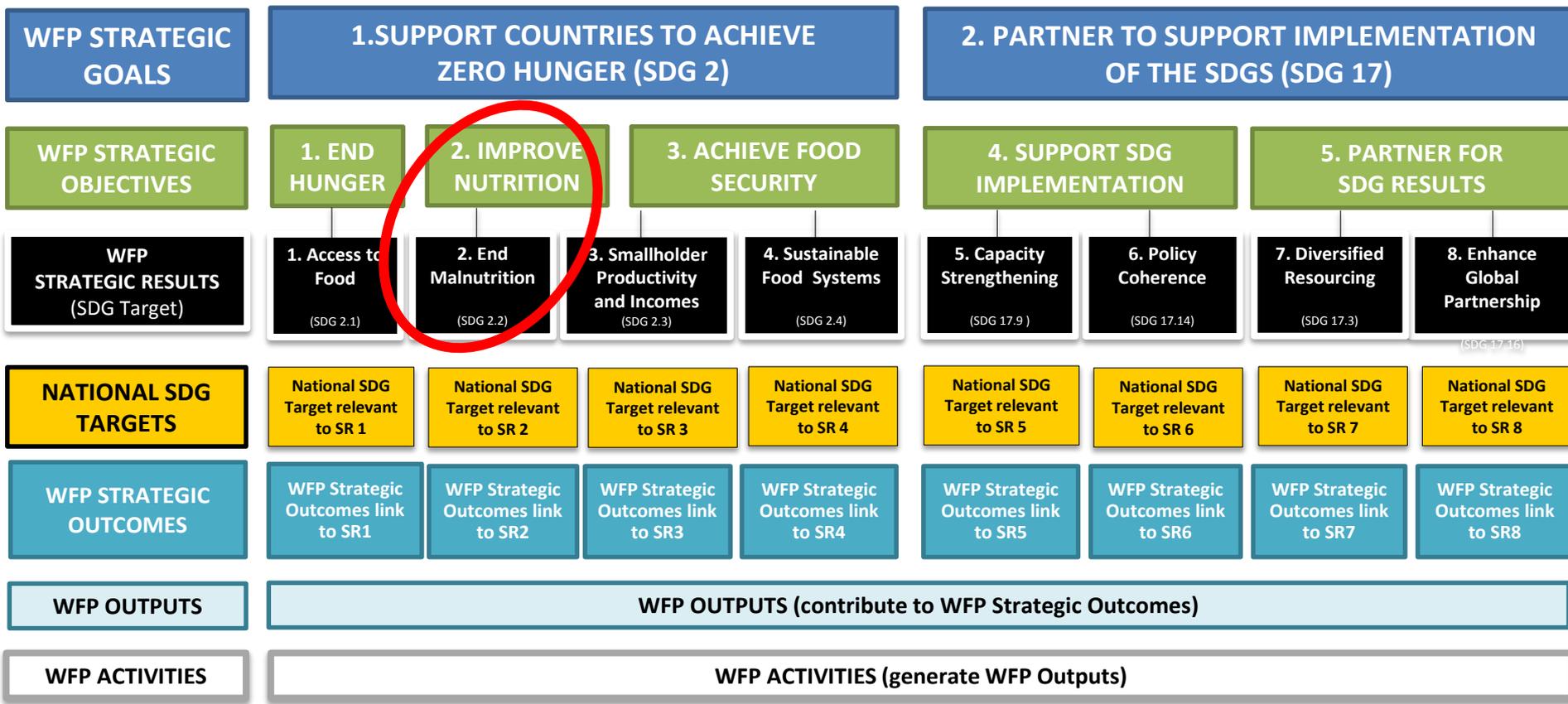


Why a new Nutrition Policy?

- **Align with the WFP Integrated Road Map**



WFP Strategic Plan 2017-2021



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- Align with the WFP Integrated Road Map
- **Focus on the SDGs**



Supporting achievement of Target 2.2

Goal 2. End hunger, achieve food security and improved nutrition, and promote sustainable agriculture



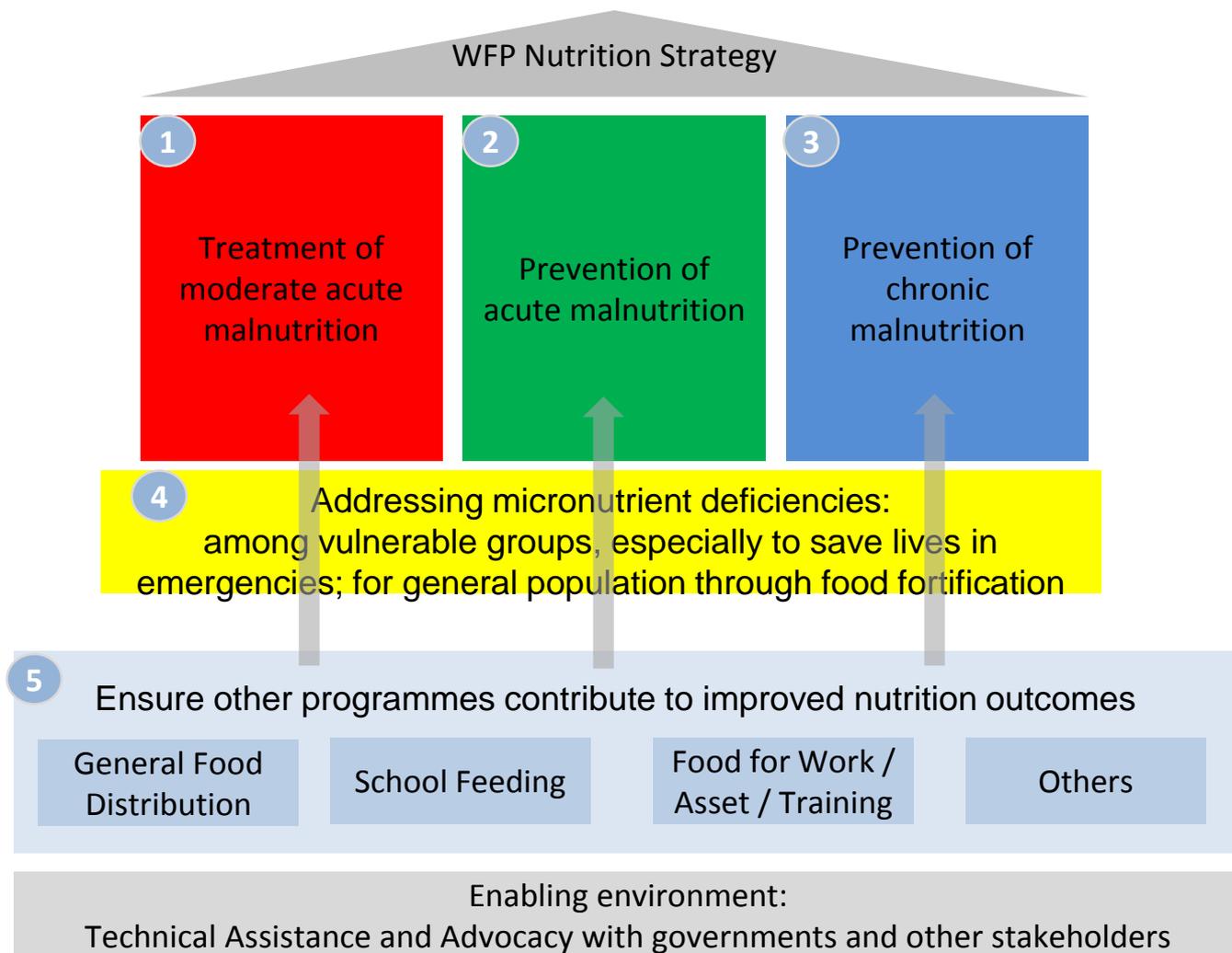
- 2.2 by 2030 **end all forms of malnutrition**, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons

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



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%**

The Global Nutrition Report (2016)

- 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 **300 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)

Sources: Micronutrient malnutrition: WHO (2009); overweight and obesity: WHO (2016); child stunting, wasting, and overweight: UNICEF, WHO, and World Bank (2015); calorie deficiency: FAO (2015b); diabetes: WHO (2016c). Multiple burdens: The cutoffs for placing countries in each indicator category are as follows: under-age-5 stunting ≥ 20 percent, women of reproductive age anemia ≥ 20 percent, and adult overweight and obesity (BMI > 25) ≥ 35 percent. Full results appear in Appendix Table A1.1.

Why a new Nutrition Policy?

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- Focus on the SDGs
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- **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.**

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- 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**



Developing the 2017 Nutrition Policy



What was the approach to policy development?

Approach to policy development



UN, NGO and Foundations

Organizations	
FAO	UNSCN
IFAD	UNFPA
UNICEF	UN Women
WHO	GAIN
Scaling Up Nutrition (SUN) Secretariat	Micronutrient Initiative
UN Network for SUN and REACH	CARE
UNHCR	Bill and Melinda Gates Foundation
UNAIDS	WFP Annual Partnership Consultation
Global Nutrition Cluster UN and NGO partners	Committee on World Food Security (CFS OEWG – Nutrition)

**Illustrative not exhaustive*

Bilateral Consultations in Rome and Capital

Organizations	
Belgium	Italy
Canada	Japan
Cuba	Netherlands
DEVCO	Panama
DFID	List C
ECHO	List D
Germany	List E
Guatemala	United States
Iran	African Union

Nutrition Policy 2017



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

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**

Nutrition Policy 2017



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.

□ 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

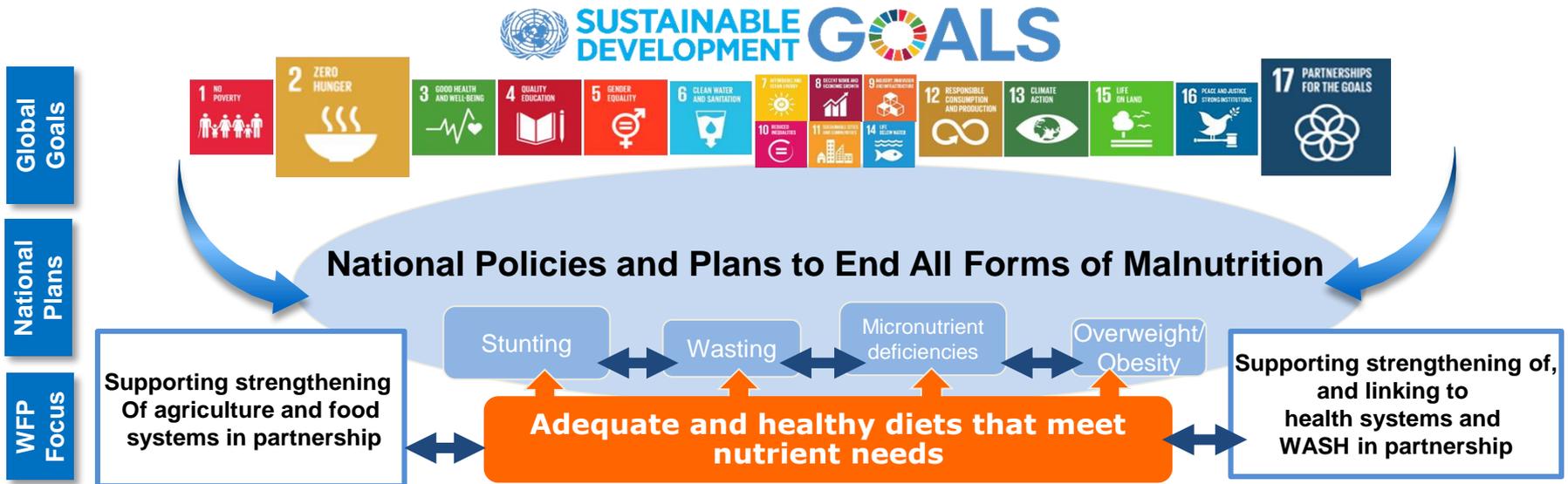
Nutrition Policy Approach

Global Goals

National Plans



Nutrition Policy Approach



Nutrition Policy Approach

Global Goals

National Plans

WFP Focus

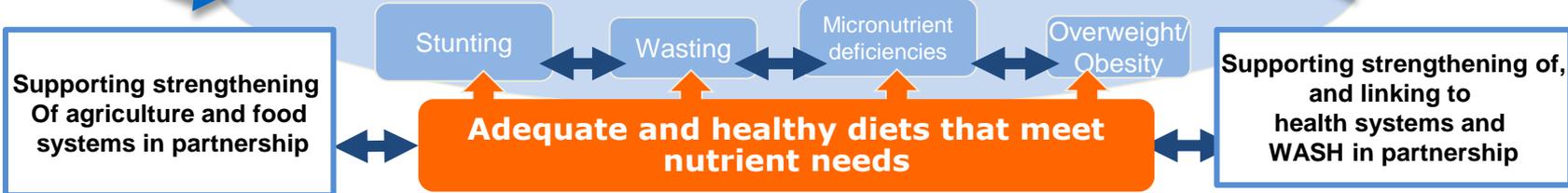
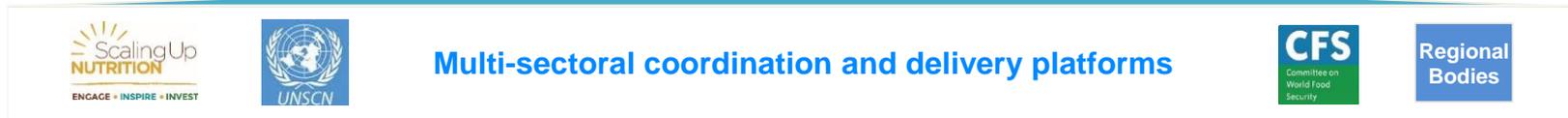
Platforms



SUSTAINABLE DEVELOPMENT GOALS



National Policies and Plans to End All Forms of Malnutrition

Multi-sectoral coordination and delivery platforms

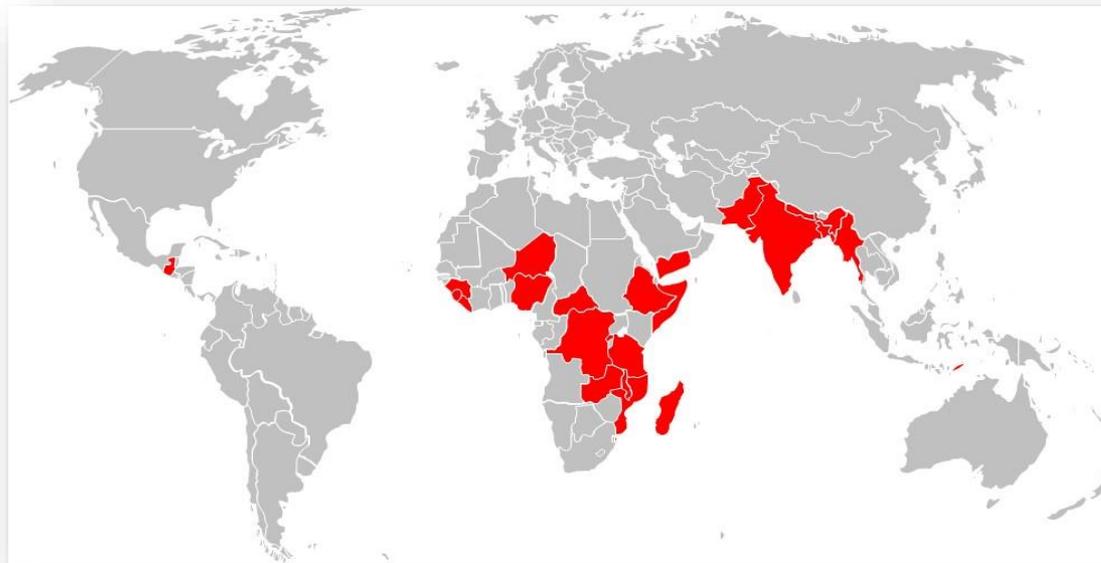
Logos for ScalingUp NUTRITION, UNSCIN, CFS (Committee on World Food Security), and Regional Bodies.

- Donors
- UN
- NGOs / CSOs
- Academia
- Private sector

Key partners

Not doing everything everywhere

- ✓ 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



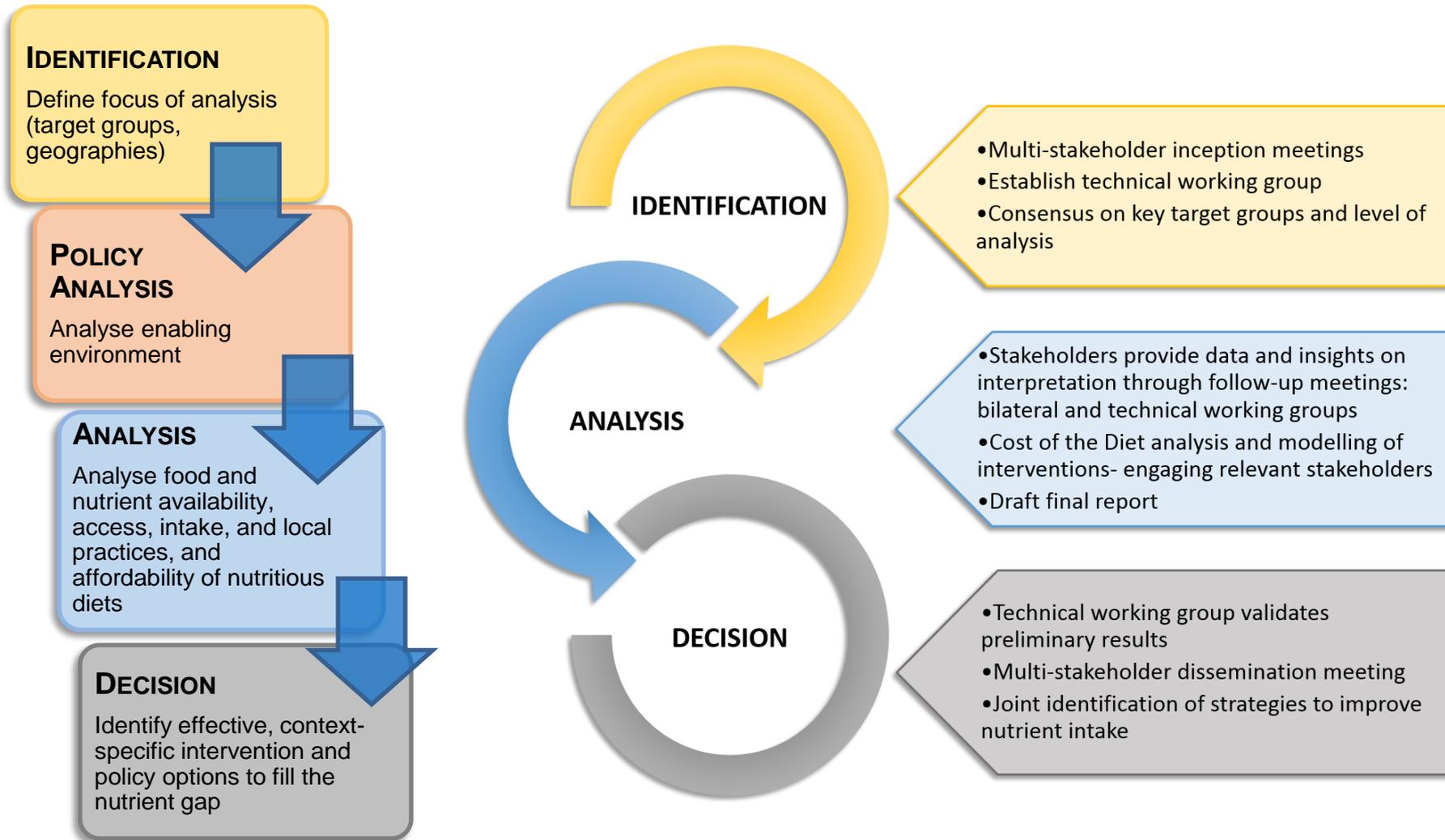
Improving Decision Making

- ✓ **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



Example: Madagascar



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

Madagascar Post FNG

- ❑ Input to formulation of new National Nutrition Policy (2017-2025) & Strategic Plan (2017-2021):
 - ✓ 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)**

“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

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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.

Demand and consumption

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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.

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.

Increased availability of safe, nutritious foods

Improved access to safe, nutritious food

Increased demand for safe, nutritious foods and services

Nutrition Specific

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

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.

Timely introduction of complementary foods and minimum meal frequency are low. BCC is needed to improve complementary feeding practice.

Nutrition Sensitive

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.

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.

WFP Nutrition Policy 2017-2021



National Nutrition Plans

Stunting

Wasting

Micronutrient Deficiencies

Overweight/
Obesity

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)

Increased **availability** of
safe, nutritious foods

Improved **access** to
safe,
nutritious food

Increased **demand/consumption**
for safe, nutritious
foods and services

Health

WASH

Social protection

Agriculture
And food

Education

Multisectoral
partnerships

***Note:** Where humanitarian needs overwhelm national systems or where plans are not in place, WFP will work with partners to prioritize emergency nutrition needs

Implementation



How will WFP implement the new policy?

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.

Summary

Enhancing emergency response for nutrition



Maintain and build capacity in emergency nutrition

Refining CMAM in partnership



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

Building resilience



Supporting communities and individuals to build resilience to nutrition shocks

Gender transformative programming



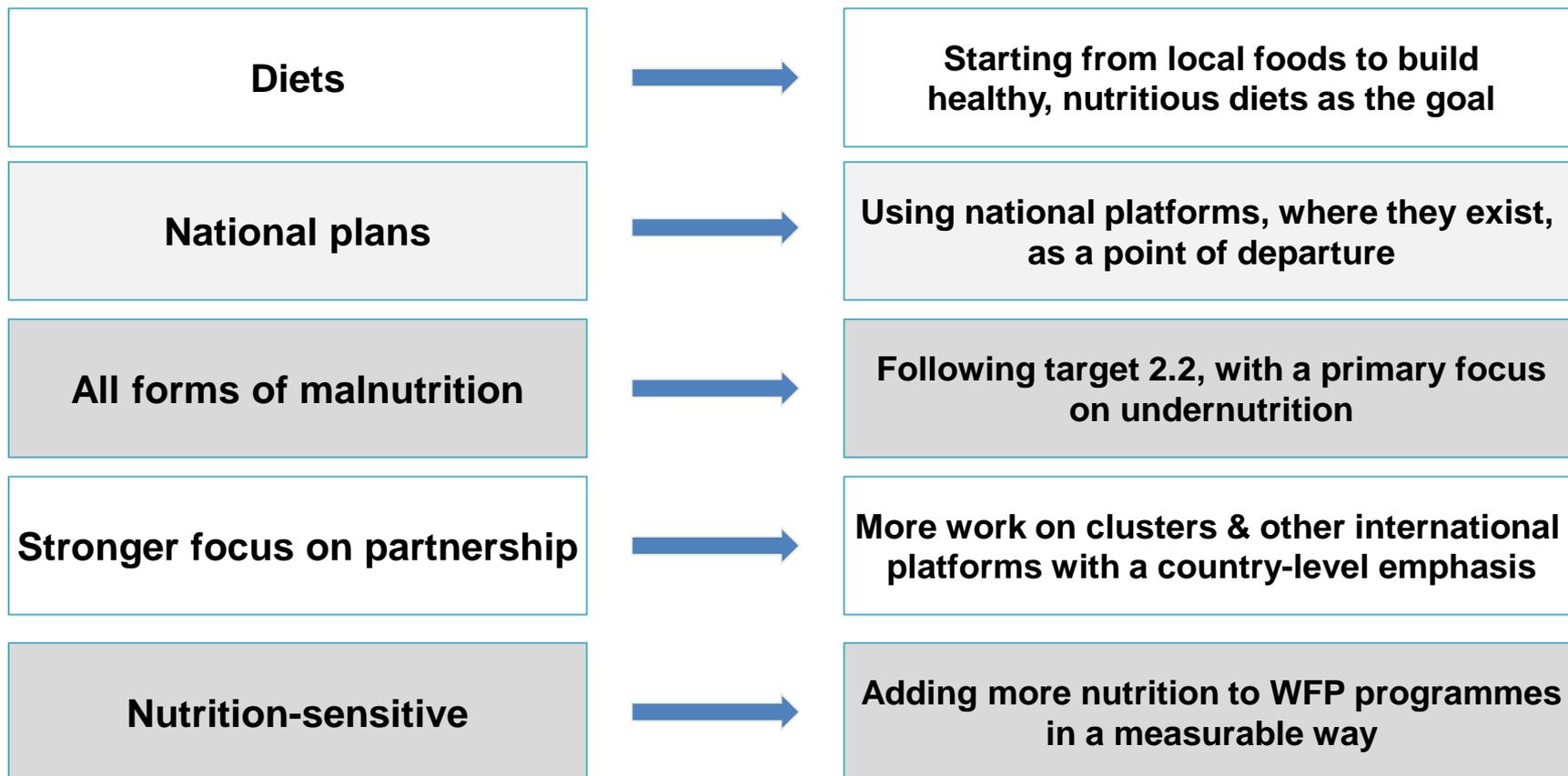
Incorporating gender-sensitive analysis in line with the WFP Gender Policy to leverage transformative opportunities

Strengthened analysis



Identifying nutrient needs, not just calories

Summary



How will WFP monitor programmes?



Strategic Goal 1: Support countries to achieve zero hunger

Strategic Objective 2: Improve nutrition

Strategic Result 2: No one suffers from malnutrition (SDG target 2.2)

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)

Strategic outcome categories	Outcome indicators*
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 <i>Minimum Dietary Diversity – Women</i>
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 <i>Zero Hunger Capacity Scorecard</i>

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!