

SAVING
LIVES
CHANGING
LIVES



Nutrition in Emergencies

A user-friendly guide

This brief describes the key contributions required across WFP functional areas to ensure WFP's food and nutrition assistance in emergencies saves and changes lives

When disaster strikes, WFP is always at the forefront, providing not only food assistance but **GOOD NUTRITION**.



WHY is nutrition so crucial in emergencies?

Women and children are affected disproportionately and have a higher risk of malnutrition and higher risk of death.

In other words, **CHILDREN DIE FIRST**.

Good nutrition means that food assistance meets the recommended nutritional requirements of the population we serve.



WHO needs to be involved?

Everyone!

All WFP functional areas have a role to play to ensure nutrition is adequately integrated in WFP emergency response.

step 1

Context Analysis

BASICS ON NUTRITION INFORMATION

Nutrition information from key target groups, including women and children, can be linked to household level food security information to understand the overall nutrition situation.

VAM/ Nutrition/ Programme



Integrated nutrition and food response:

Given the **multiple** causes of malnutrition, WFP uses a comprehensive approach to address the **direct and indirect** causes of malnutrition in emergencies. Nutrition should be integrated in:

- The design of WFP emergency response: for targeting, estimation of food requirements, operational considerations.
- WFP systems and processes: approval of field-level agreements (FLAs), distribution plans, food

Before an emergency and in the first 24 hours

In the first 72 hours

After the first 2 weeks

Use available information	Assess nutrition needs	Refine the context analysis
<p>Estimate the deterioration of the nutrition situation by analyzing the secondary data that is available :</p> <ul style="list-style-type: none"> - Latest nutrition surveys - Demographic Health Survey - Integrated Phase Classification (IPC) acute malnutrition - Programme admission data - Information on risk factors such as decreased food security, increased childhood disease (e.g. measles, malaria, and other infections), increased population displacement. 	<p>A rapid needs assessment of the affected area helps to define appropriate programme responses.</p> <p>A rapid assessment needs to include nutrition indicators, ideally incorporating anthropometric measures such as mid-upper arm circumference (MUAC) and edema. It should also inform on the quantity and diversity of foods available to affected women and children.</p> <p>(See box below for methods)</p>	<p>Rapid assessments are used for initial planning assumptions. For refined quantification of nutrition needs and planning, more comprehensive data are needed. A survey is often recommended as a follow-up to rapid assessment.</p> <p>(See box below for methods)</p>

Brief focus on assessment methods

Rapid needs assessment

The methods of rapid assessments vary widely. Some countries have national guidelines or use the rapid SMART guidelines. Multisector Initial Rapid Assessment (MIRA) surveys are conducted to determine humanitarian needs in various sectors.

Standardized Monitoring and Assessment of Relief and Transitions (SMART)

is a survey estimating malnutrition prevalence. Basic anthropometry, morbidity and sometimes mortality data are collected during these surveys.

Food Security and Nutrition Assessment (JANFSA)

is a survey collecting food security and nutrition data which allows for an analysis of the relationship between the two, to better inform policy and programme decision-making.

step 2

WFP's Operational Structure

MUST INCLUDE

- ✓ An emergency nutrition expert.

HR/Nutrition/Programme/Management

If a nutritionist is not already in country, **request urgent support through one of the following surge mechanisms:**

- Temporary duty assignment (TDY)
 - Emergency roster
 - Nutrition rapid response team
 - Standby partner
- ✓ An inventory of staff dedicated to nutrition per office location. A minimum of 1 staff member needs to be nominated as nutrition focal point in each sub-office.

OBJECTIVES

WFP's primary role in nutrition in emergencies is to ensure that those affected by a crisis receive adequate nutrients – good nutrition – not just kilocalories.



NUTRITION SAVES LIVES!

The prevalence of global acute malnutrition (GAM) in children 6 to 59 months is the most common indicator to estimate the severity of the nutritional situation:

VERY LOW	LOW	MEDIUM	HIGH	VERY HIGH
Less than 2.5% of GAM	2.5 - <5% of GAM	5 - <10% of GAM	10- <15% of GAM	>> = 15% of GAM



PLANNING ASSUMPTIONS

WHERE? What are the locations of highest GAM?

Programme/Nutrition/VAM

WHO? How many children 6 to 23 months of age, 24 to 59 months of age, and pregnant and lactating women (PLW) are estimated in these locations?

Food requirements: From beneficiary estimates and ration size, estimate monthly food requirements, including specialized nutritious foods (SNFs)

Supply chain/RMBP

Availability of SNFs:

- ✓ Check what type of SNF and what quantity is immediately available
- ✓ Check which SNF and how much can be moved to the affected area in less than 3 weeks
- ✓ Establish procurement plans based on the information provided

Nutrition/Supply chain

Delivery platform:

- ✓ Establish delivery platforms to achieve the highest coverage and effectiveness, such as government health structures and community-based platforms
- ✓ Define the frequency of distributions, the storage of commodities, and secondary transport arrangements.

Key partners: The Government, international and national NGOs that have an FLA with WFP may be the first and fastest options.



DESIGN FOOD AND NUTRITION ASSISTANCE

Food assistance

Ensuring the **RIGHT FOOD** to affected populations is of utmost importance at the onset of an emergency. An adequate ration is defined as being nutritionally balanced (meeting minimum energy, protein, fat and micronutrient requirements for light physical activity), diversified, culturally acceptable, easily digestible for children and other affected vulnerable groups and easy to prepare/cook in people's living conditions.

Nutrition assistance

WFP's nutrition mandate includes the treatment and prevention of all forms of malnutrition.

Young children, pregnant and lactating women, and others at risk of malnutrition are the key target groups for WFP's nutrition interventions in emergencies.

Prevention:

Blanket Supplementary Feeding Programmes (BSFP) target all non-malnourished PLWs and children under 2 at **risk of malnutrition and should never be a stand alone activity**. Prevention **CHANGES LIVES**.

Which product for prevention?

For under 2:

For PLWs:



Treatment:

Targeted Supplementary Feeding Programmes (TSFP) and other essential services are provided to children Under 5 with moderate acute malnutrition and malnourished PLW. The objective is to support recovery from acute malnutrition and prevent their condition from deteriorating further to **SAVE LIVES**.

Which product for treatment?

For under 5:

For PLWs:



Infant & young child feeding in Emergency (IYCF-E)

All WFP interventions should contribute to protect, promote and support appropriate feeding practices. The recommended practices for an infant aged 0 to 5 months is exclusive breastfeeding. Children aged 6 to 23 months need diversified food in addition to breastmilk as optimal source of nutrients.

Any emergency assistance must respect the DO NO HARM principles: the dignity and rights of all those in need of humanitarian assistance must be respected and protected.



step 4 Programme implementation

OPERATIONAL CONSTRAINTS

In emergency situations, **NOTHING EVER GOES AS PLANNED!**

For effective implementation, all functional areas need to anticipate constraints and find solutions **as a team**.

SNF supply

Supply chain/Programme/Management/RMBP

If resource levels are low or transport is delayed, solutions include the substitution of SNFs, prioritization of key activities, and targeting the most vulnerable populations.

FLA approval

Approval of FLAs should be timely to avoid delays in initiating activities.

Food release notes and dispatch plan

Food release notes and dispatch plans should be timely to ensure distribution and continuity of programme.

Regular pipeline monitoring

To prevent pipeline breaks, at least 70% of the SNF pipeline needs to be secured for the next 3 to 6 months.

Reporting and payments

Reporting and payments should be timely to ensure feedback on activities is available and partners have resources to continue implementation.

REMEMBER

that a nutrition officer is not going to make a difference alone. **ALL WFP staff must work together.**

step 5 Coordination

AFFIRM WFP LEADERSHIP

Ensure strong, strategic engagement with the Nutrition Cluster/Sector **from the start of the emergency:**

- With the Nutrition cluster: to set the sector's priorities in terms of locations, targets and activities. Linkages must be established clearly with the Food Security Cluster.

Questions? Contact us at:

nutritioninemergency@wfp.org

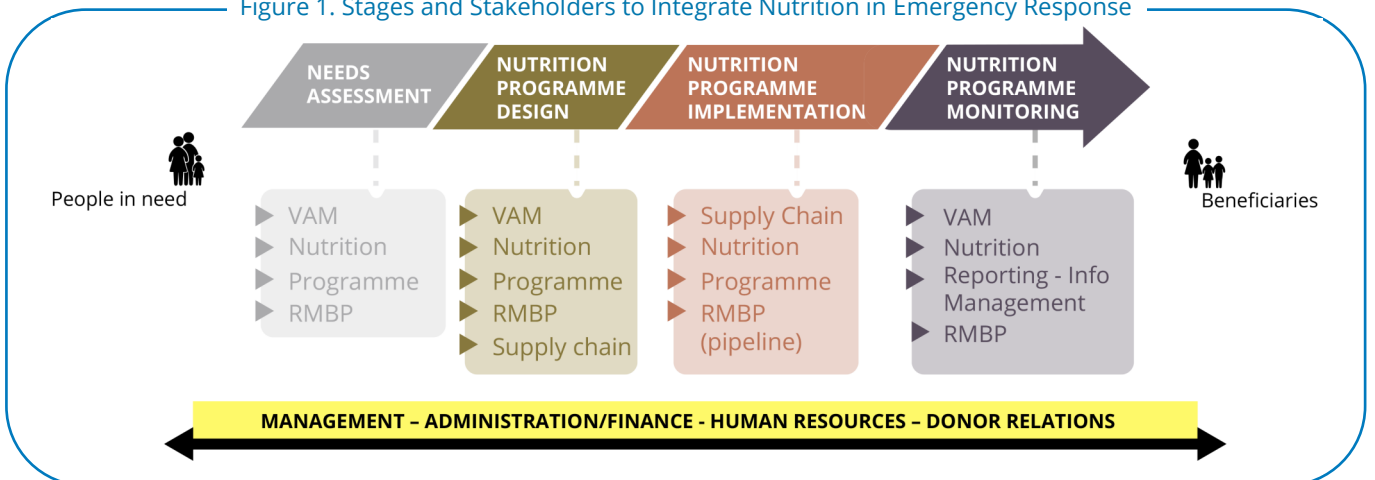
Nutrition Emergency tool box:

<http://newgo.wfp.org/collection/nutrition-emergency-toolbox-net>

Minimum standards for Nutrition in Emergency Preparedness and Response (NiE Minimum Standards):

<https://docs.wfp.org/api/documents/WFP-0000050333/download/>

Figure 1. Stages and Stakeholders to Integrate Nutrition in Emergency Response



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Photo page 1: WFP/Gabriela Vivacqua
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