SAVING LIVES
CHANGING LIVES

Nutrition in Numbers

Beyond the Annual Perfomance Report 2019 Series

An overview of WFP nutrition programming in 2019

WFP
World Food Programme

June 2020

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List of acronyms

ART	Antiretroviral therapy
COMET	Country Office Tool for Managing (Programme Operations) Effectively
CO	Country Office
CRF	Corporate Results Framework
CSP	Country Strategic Plan
FCS-N	Food consumptions score for nutrition
FNG	Fill the Nutrient Gap analysis
GAM	Global acute malnutrition
GFA	General food assistance
HIV	Human immunodeficiency virus infection
IDP	Internally displaced person
LNS	Lipid-based nutrient supplement
LNS-LQ	Large quantity lipid-based nutrient supplement
LNS-MQ	Medium quantity lipid-based nutrient supplement
LNS-PLW	Lipid-based nutrient supplement for pregnant and lactating women
LNS-SQ	Small quantity lipid-based nutrient supplement
MAD	Minimum acceptable diet for children 6–23 months of age
MAM	Moderate acute malnutrition
MDD-W	Minimum dietary diversity for women
MNP	Micronutrient powder
OVC	Orphans and vulnerable children
PMTCT	Prevention of mother-to-child HIV transmission
PLW/G	Pregnant and lactating women and girls
RBB	Regional Bureau Bangkok – Asia and the Pacific
RBC	Regional Bureau Cairo – East, North Africa and Eastern Europe
RBD	Regional Bureau Dakar – West Africa
RBJ	Regional Bureau Johannesburg – Southern Africa
RBN	Regional Bureau Nairobi – Eastern and Central Africa
RBP	Regional Bureau Panama – Latin America and the Caribbean
SAM	Severe acute malnutrition
SBCC	Social and behaviour change communication
SM	School meal
SC	Super Cereal
SC+	Super Cereal Plus
SNF	Specialized nutritious food
TB	Tuberculosis
TB-DOTS	Direct observed therapy short-course
WFP	World Food Programme

WFP Nutrition in 2019...

implemented **Nutrition-specific and/or sensitive programmes** in **74 countries** worldwide

Nutrition-specific **49 countries**

Nutrition-sensitive **69 countries**

reached a total of **17.2 million** beneficiaries with **Nutrition-specific programming**

55% beneficiaries reached through **treatment programming**

45% beneficiaries reached through **prevention programming**

In addition, WFP reached **14 million*** people with approaches for Social Behaviour Change Communication

Regional Bureau Nairobi **(RBN)** accounted for **38%** of all of WFP's Nutrition-specific beneficiaries

80% of Nutrition-specific beneficiaries were in countries facing a humanitarian crisis

Nutrition-specific beneficiaries include

- **6.2 million** Children 6-23 months
- **4.1 million** Children 24-59 months
- **300,000** Aged 5-18 years
- **6.3 million** Pregnant and lactating women and girls (PLW/G)
- **290,000** Men and women above 18 years of age (non-PLW/G)

Treating some of the most nutritionally vulnerable:

- **5.7 million** Children reached through **MAM treatment**
- **3.3 million** PLW/G reached through **MAM treatment**

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

Specialized nutritious foods were included in

- **79%** of countries* through **Nutrition-specific programmes**
- **16%** of countries* through **General Food Assistance**
- **5%** of countries* through **School Meals programmes**
- **1%** of countries* through **HIV/TB programmes**

*Percentages were calculated out of the number of countries in which WFP works.

*SBCC beneficiaries were counted separately from nutrition-specific beneficiaries. SBCC beneficiaries were reached through a combination of interpersonal and media approaches.

Introduction

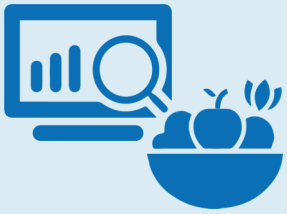
WHAT IS THE DIFFERENCE BETWEEN NUTRITION-SPECIFIC AND NUTRITION-SENSITIVE PROGRAMMING?

WFP nutrition-specific programmes address the immediate determinants of malnutrition, such as 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 childcare practices.

IDENTIFYING COUNTRIES WITH NUTRITION-SPECIFIC PROGRAMMING

Countries clearly stating direct assistance through the implementation of the following nutrition-specific activities were identified as "nutrition-specific":

- Treatment of acute malnutrition[1]
- Prevention of acute malnutrition
- Prevention of stunting
- Prevention of micronutrient deficiencies



IDENTIFYING COUNTRIES WITH NUTRITION-SENSITIVE PROGRAMMING

Countries clearly articulating nutrition-sensitive objectives in their country strategic plans (CSPs) and programme design were identified as "nutrition-sensitive". Countries with nutrition-sensitive objectives monitored at least one of the below corporate indicators:

- Proportion of children 6–23 months of age who receive a minimum acceptable diet (MAD)
- Food consumption score – nutrition (FCS-N)
- Minimum diet diversity for women (MDD-W)
- Percentage of targeted smallholder farmers reporting increased production of nutritious crops, disaggregated by sex of smallholder farmer
- Percentage increase in production of high quality and nutrient-dense foods

The World Food Programme (WFP) is the leading humanitarian organization fighting hunger worldwide, delivering food assistance in emergencies and working with communities to improve nutrition and build resilience. Across different contexts – from immediate humanitarian support to longer term development programming – WFP works with governments and partners to improve nutrition of the most vulnerable populations.[2]

Nutrition in Numbers presents WFP's global nutrition portfolio, including number of beneficiaries reached, outputs and outcomes achieved, and commodities distributed. Trends over the past seven years are also presented. This report relies on 2019 corporate data from WFP's Country Office Tool for Managing (Programme Operations) Effectively (COMET) to captures WFP's nutrition activities monitored through Corporate Results Framework (CRF) indicators for nutrition-specific programming and nutrition-sensitive interventions.

Information related to nutrition-sensitive programming presented in this report is limited to indirect reach of beneficiaries through social and behaviour change communication (SBCC), and outcome indicators for dietary diversity and diet quality.[3] Therefore, the full extent of the impact of these programmes is not captured by the nutrition indicators covered in this report.

1 Treatment of acute malnutrition consists of mainly addressing moderately acute malnutrition; although some countries may also include treatment of severely acute malnutrition as part of their interventions.

2 2017 WFP Nutrition Policy, https://documents.wfp.org/stellent/groups/public/documents/eb/wfp289329.pdf

3 Beneficiary reach and activities related to nutrition-sensitive, HIV/TB, capacity strengthening, and certain aspects of technical assistance are not presented in detail. WFP's nutrition-sensitive interventions go beyond the CRF indicators. Not all information nutrition-sensitive programming has been captured here. Other documentations such as the Nutrition Case Study series can be used to complement this current report: https://wfp.eu.crossknowledge.com/site/channel/759

Who are WFP Nutrition Beneficiaries?

WFP uses a three-tiered typology to identify beneficiaries[4]:

- **Tier 1 beneficiaries** are identifiable and recorded individuals who receive direct transfers such as in-kind food, cash-based transfers and/or individual capacity strengthening from WFP or cooperating partners, to improve their food security and nutrition status. The bulk of beneficiaries that WFP is currently counting fall into this category: when discussing beneficiary reach of nutrition-specific interventions, the Nutrition in Numbers report refers to Tier 1 beneficiaries.
- **Tier 2 and Tier 3 beneficiaries** are less discussed in this report as they are considered "indirect beneficiaries". Tier 2 includes individuals who have access to assets, knowledge and capacity, commodities and services delivered or transferred as a result of WFP support, such as through behaviour change communication interventions. Tier 3 consists of a wider population: those who could indirectly and potentially benefit from WFP's technical assistance, advocacy and support to policies, systems and national programmes, such as from changed policies or fortified stapled foods.

4 Guidance Note on Estimating and Counting Beneficiaires: https://docs.wfp.org/api/documents/WFP-0000109803/download/

Photo: WFP/Rein Skullerud

Global overview

In 2019, WFP assisted 97.1 million people across 88 countries through diverse programmes, including but not limited to nutrition, general food assistance, school meals, resilience, and capacity strengthening, in both development and humanitarian contexts. Globally, more than 60 million people received unconditional food assistance. These transfers also supported 17.3 million schoolchildren, and close to 9.6 million people participating in food for assets and training programmes activities.

In 2019, WFP nutrition programmes were carried out in 74 countries (see annex for full list of countries). Among these, nutrition-specific programmes providing food and/or cash transfers were implemented in 49 countries, nutrition-sensitive programmes reached beneficiaries in 69 countries, a total of 8 Fill the Nutrient Gap (FNG) analyses were conducted in 7 countries, along with 7 ongoing (to be completed in 2020), and Cost of the Diet analyses were carried out in 2 countries (see annex for details).

ACHIEVING ZERO HUNGER WITH FILL THE NUTRIENT GAP[6]

FNG Healthy diets are an aspirational goal for which context-specific solutions are required. The Fill the Nutrient Gap Analysis (developed over the past three years) is a a structured process to provide technical assistance to WFP country offices (COs) and stakeholders. FNG situation analyses and decision-making processes support the formulation of national policies and strategies towards achieving SDG 2, especially target 2.2 ending all forms of malnutrition, in a multi-sectoral manner. FNG analyses focus WFP CO portfolios towards areas of greatest need and opportunity for addressing malnutrition.

The availability, physical access, affordability and choice of nutritious foods and how systems can improve these aspects is central to the analysis. The FNG brings together secondary information and linear programming to support systems; e.g. food, health and social protection, to identify and address bottlenecks to sustainable healthy diets.

- Fill the Nutrient Gap Analyses conducted in 2019, including in fragile settings: **Somalia**, **Burundi** (national, refugees), **Lesotho**, **East Timor**, **Myanmar**, **Kyrgyzstan**, and **Bangladesh** (national, Cox's Bazar refugees).
- Fill the Nutrient Gap Analyses on-going in 2020: **Democratic Republic of Congo**, **Niger** (resilience), **Mali**, **Burkina Faso**, **Mauritania**, **Dominican Republic**, **Ethiopia** (national, Fresh Food Voucher program, COVID-19), **Afghanistan**, and **Nepal**.

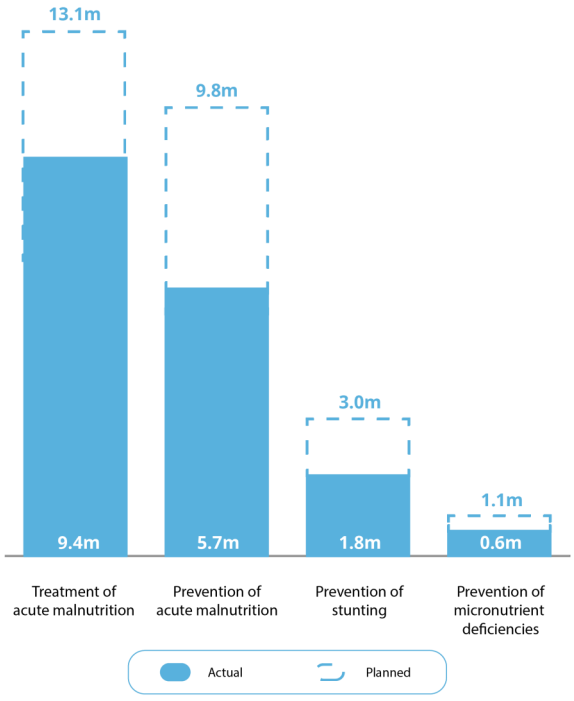
By activity type

In 2019, 9.4 million beneficiaries were reached through treatment of acute malnutrition programmes, accounting for 55 percent of all nutrition-specific activities. The remaining 8.1 million (45 percent) were reached through malnutrition prevention programming[7], including prevention of acute malnutrition, stunting and micronutrient deficiencies.

Globally, WFP's nutrition-specific programmes in 2019 reached 65 percent of planned beneficiary reach (Figure 1). Discrepancies between planned figures and actual reach may be due to gaps in funding and/or unforeseen circumstances, such as violence delaying distributions.

- Treatment programmes reached 72 percent (9.4 million) of planned beneficiaries (13.1 million);
- Prevention programmes reached 59 percent (8.1 million) of planned beneficiaries (13.9 million).

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



5 Data included in this report date from January 2019 to December 2019. Annual Performance Report for 2019: https://docs.wfp.org/api/documents/WFP-0000115522/download/

6 Fill the Nutrient Gap publications: https://www.wfp.org/publications/2020-fill-nutrient-gap

7 About 63,000 Pregnant and Lactating Women (PLW) and 280,000 children participated in both prevention and treatment programmes in Cameroon and Somalia. This overlap was accounted for in the total number of beneficiaries reached in 2019 through nutrition-specific interventions. Percentages by activity type were thus calculated out of 17.5 million beneficiaries reached; although, actual global reach was of 17.2 million "unique" nutrition-specific beneficiaries.

WFP NUTRITION-SPECIFIC PROGRAMMES REACHED PEOPLE IN...

42 COUNTRIES

WITH TREATMENT OF ACUTE MALNUTRITION

39 COUNTRIES

WITH PREVENTION OF ACUTE MALNUTRITION

30 COUNTRIES

WITH PREVENTION OF STUNTING

8 COUNTRIES

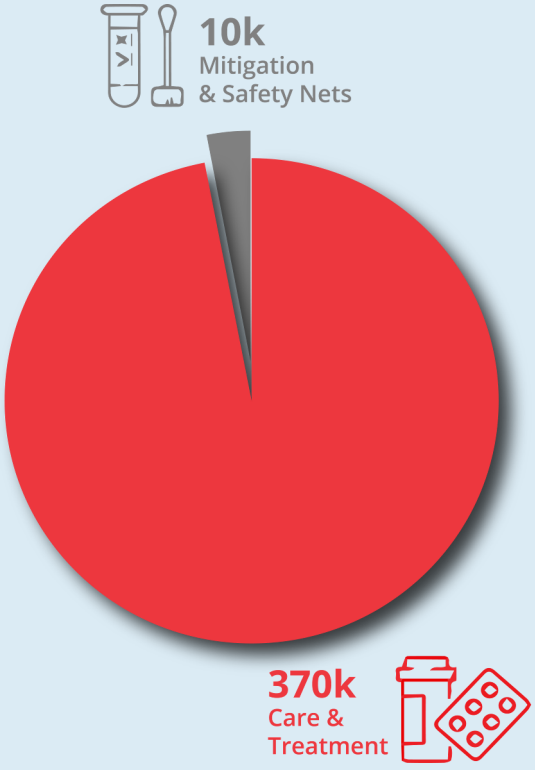
WITH PREVENTION OF MICRONUTRIENT DEFICIENCIES

BENEFICIARIES REACHED THROUGH HIV/TB PROGRAMMING[8]

Consistent with the WFP HIV and AIDS Policy, WFP HIV and tuberculosis (TB) specific programmes are comprised of two pillars: 1) **Care and treatment** and 2) **Mitigation and safety nets**.

Care and treatment programmes focus on improving the nutritional status of beneficiaries receiving antiretroviral therapy (ART), prevention of mother-to-child HIV transmission (PMTCT), or direct observed therapy short-course (TB-DOTS) clients. Mitigation and safety nets interventions provide a family ration—in the forms of in-kind, cash or voucher transfers—to food insecure households of ART programme, TB-DOTS and PMTCT clients as well as to families or institutions caring for orphans and vulnerable children (OVC).

In 2019, approximately **400,000 beneficiaries** were reached with food transfers (in the form of in-kind, cash or voucher) through HIV/TB programmes in **18 countries**, 97 percent of whom were reached through care and treatment:



8 2019 ACR Analysis: HIV and TB Programmes: https://docs.wfp.org/api/documents/WFP-0000116440/download/

By beneficiary type

Figure 2 illustrates WFP's reach through nutrition-specific intervention by beneficiary type. Children under 5 years of age account for 60 percent and pregnant and lactating women and girls (PLW/G) account for 36 percent of beneficiaries reached.

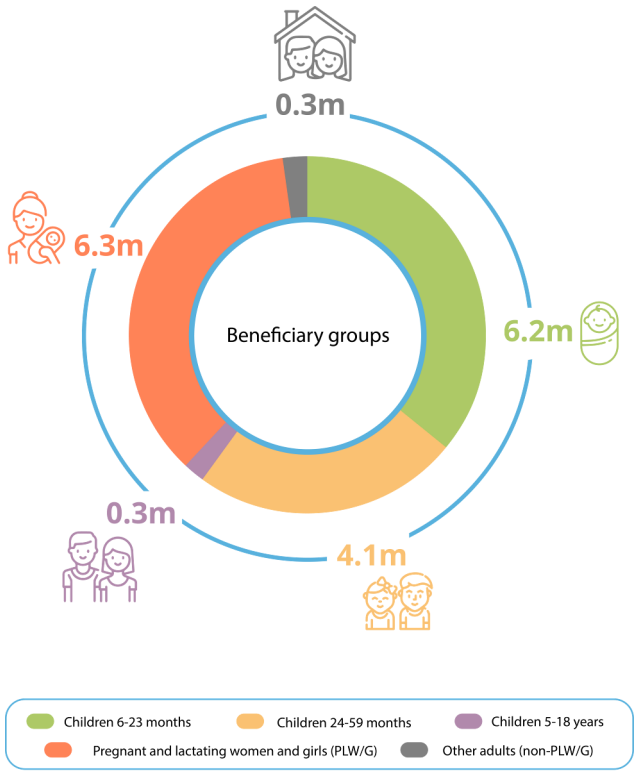
- About 5.7 million children under 5 and 3.3 million PLW/G were reached through **treatment of MAM**

⇒ The remaining 400,000 beneficiaries reached through treatment of acute malnutrition, including both MAM and SAM, were other adults and children above 5 years

- Over 5.0 million children and 3.0 million PLW/G were reached through **prevention interventions**[9]

⇒ Another 100,000 other adults were also reached through prevention of malnutrition activities

Figure 2. Nutrition-specific beneficiaries by beneficiary group



NUTRITION-SPECIFIC INTERVENTIONS INCLUDING ADOLESCENTS[10]

Twenty-five of the 49 countries with nutrition-specific programming, included interventions targeting 5 to 17-year-olds. 547,000 beneficiaries from this age group, including adolescents and PLW/G, were reached with treatment of acute malnutrition, prevention of acute malnutrition, prevention of stunting, and prevention of micronutrient deficiencies activities.

9 An overlap of about 340,000 children and PLW were included in both prevention and treatment programmes in Cameroon and Somalia.

10 Programming for Adolescents: Why should WFP do more? https://docs.wfp.org/api/documents/WFP-0000115848/download/

Photo: WFP/Kevin Ouma

By region

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

Regional Bureau Nairobi (RBN): The nutrition-specific programme in RBN accounts for **38 percent** of WFP's global nutrition-specific beneficiaries (6.5 million). This is due to the scale of humanitarian needs, the high burden of acute malnutrition and WFP's large-scale operations in Ethiopia (2.5 million), Somalia (1.8 million), and South Sudan (1.1 million).

Regional Bureau Cairo (RBC): RBC reached **27 percent** of nutrition-specific beneficiaries worldwide (4.7 million). This represents an 81 percent increase from 2.6 million in 2018, and is driven by large programmes in Yemen (3.2 million, Sudan (972,000), and Syria (427,000).

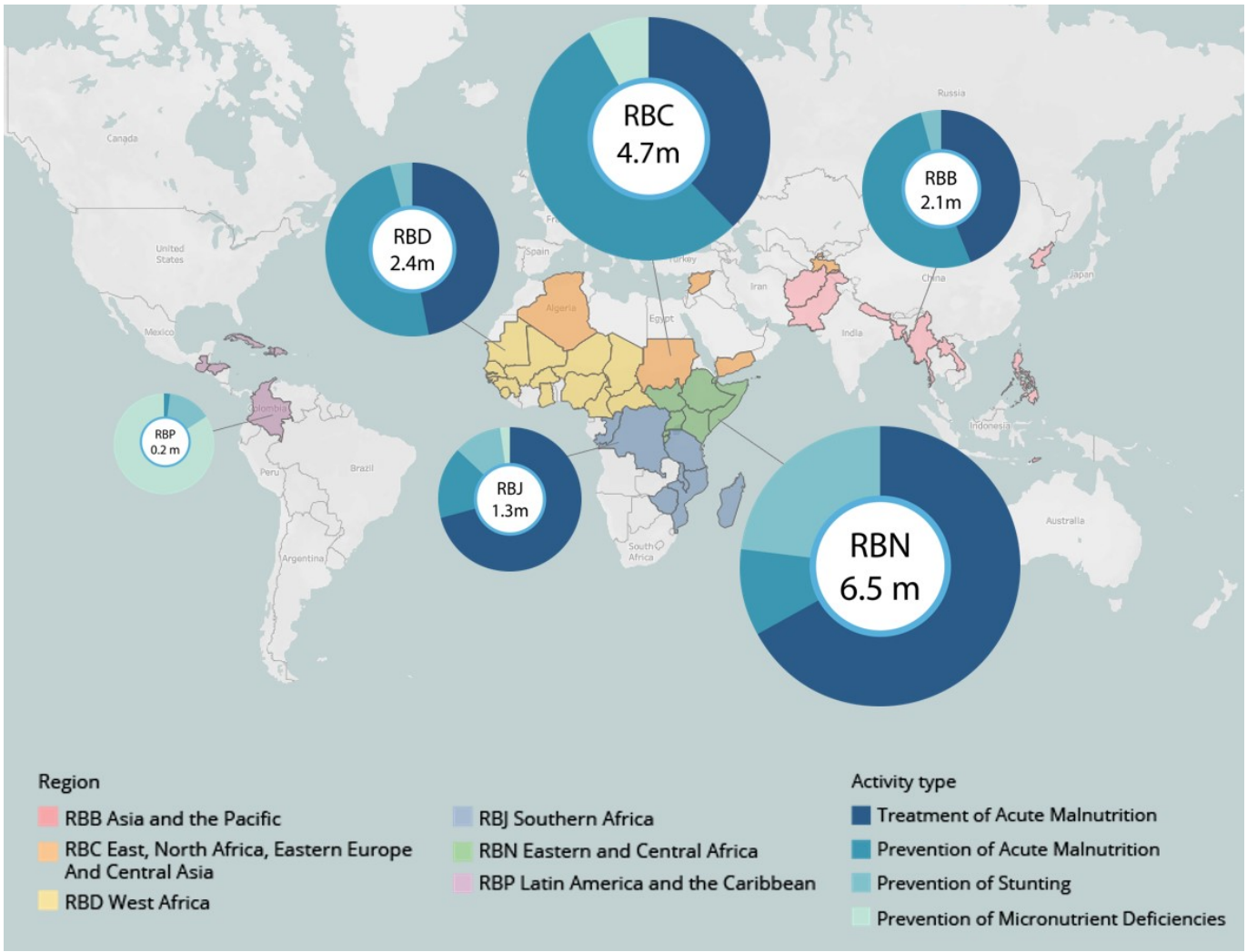
Regional Bureau Dakar (RBD): Nutrition-specific beneficiaries in the West Africa region accounted for **14 percent** (2.4 million) of global reach. The largest programmes were in Niger (570,000), Chad (528,000), Mali (358,000), and Nigeria (311,000).

Regional Bureau Bangkok (RBB): Accounting for **12 percent** of beneficiaries, RBB programmes reached 2.1 million beneficiaries. Large-scale operations included Democratic People's Republic of Korea (642,000), Afghanistan (607,000), Bangladesh (383,000), and Pakistan (260,000).

Regional Bureau Johannesburg (RBJ): RBJ accounted for **8 percent** of WFP's nutrition-specific beneficiaries (1.3 million). The Democratic Republic of Congo (1.0 million), RBJ's largest programme, increased its beneficiary reach by 55 percent above 2018 (570,000).

Regional Bureau Panama (RBP): RBP accounted for **1 percent** of WFP's total nutrition-specific beneficiaries (247,000), with Cuba (112,000) and the Dominican Republic (98,000) covering the largest share. Nutrition-specific activities were flanked by a robust nutrition-sensitive portfolio which included nutrition-sensitive school meals, resilience programming and social and behaviour change communication (SBCC).

Figure 3. Nutrition-specific beneficiaries by region and activity type



Trends in Nutrition

Between December 2018 and December 2019, WFP's total beneficiary reach increased by 13 percent thanks to the generous record-breaking USD 8 billion to WFP (Figure 4).[11] In 2019, WFP also responded to the highest number of severe emergencies ever: seven Level 3 and 11 Level 2 emergencies in 20 countries.

Nutrition-specific programming also increased considerably since 2018, reaching a total of 17.2 million beneficiaries[12] in 49 countries. This represents a 9 percent increase from 2018. Particular increases were linked with large emergency responses in countries such as Yemen, Syria, South Sudan and Democratic Republic of Congo.

At the nutrition activity level (Figure 5):

- 13 percent reach increase with treatment of acute malnutrition programming
- 5 percent decrease with prevention of acute malnutrition
- 50 percent increase with prevention of stunting
- 100 percent increase with prevention of micronutrient deficiencies

Figure 4. WFP beneficiaries 2013-2019

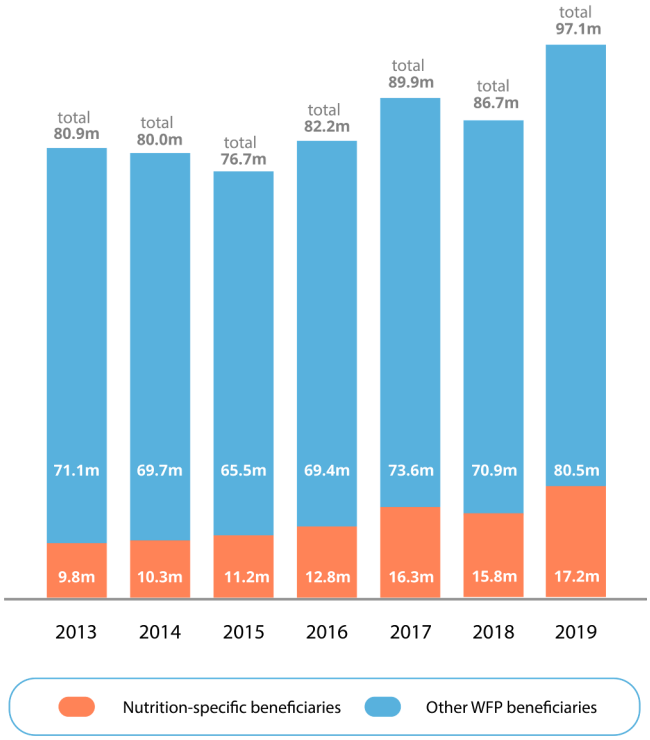
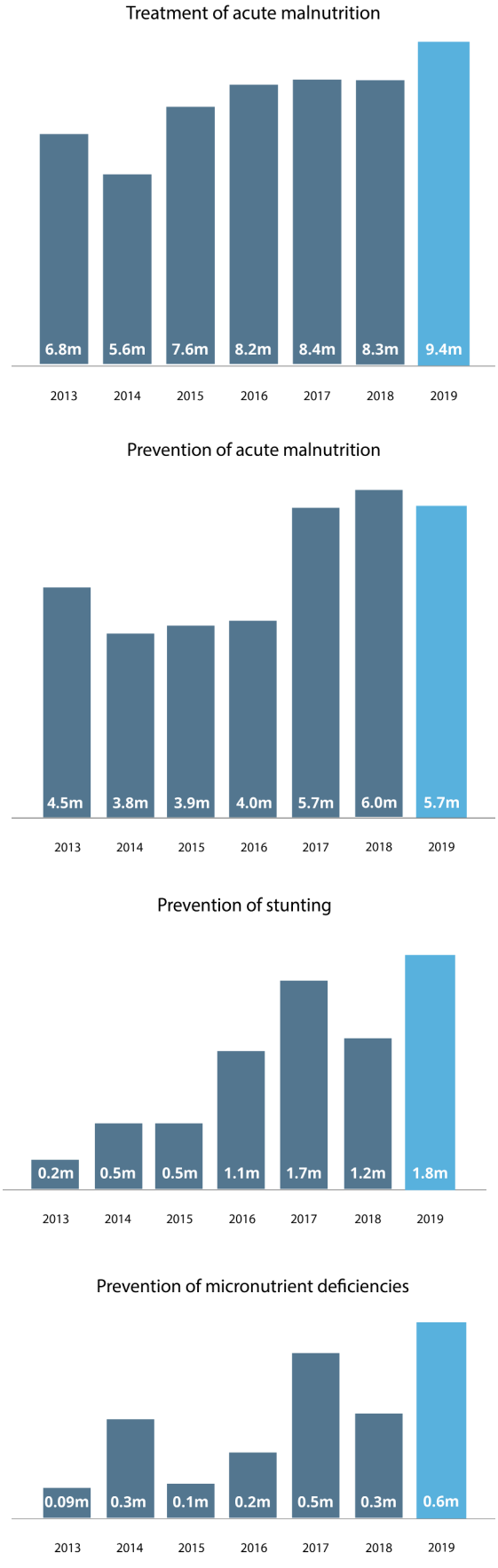


Figure 5. Nutrition-specific beneficiaries by beneficiary group[8]



11 2019 ACR Analysis: HIV and TB Programmes: https://docs.wfp.org/api/documents/WFP-0000116440/download/

12 In 2019, an overlap of about 340,000 children and PLW/G were included in both prevention and treatment programmes in Cameroon and Somalia. As such, WFP reached 17.2 million beneficiaries through nutrition-specific programming, rather than 17.5 million.

Humanitarian and Emergency Context

Much of WFP's work is carried out in fragile states and countries dealing with conflict, post-conflict or disaster situations. This includes delivering food to refugees and internally displaced persons (IDPs) to ensure that their basic food and nutrition needs are met. In 2019, WFP assisted 26.1 million forcibly displaced women, men, girls and boys, of whom 15.5 million were internally displaced and 10.6 million were refugees, plus an additional 2.9 million who had returned to their home countries.

Of the 17.2 million beneficiaries reached through nutrition-specific interventions, approximately 80 percent (14.0 million) were in humanitarian and emergency settings[13,14].

As shown in Figure 6, 83 percent (7.8 million) of beneficiaries in treatment programmes and 77 percent (6.2 million) in prevention programmes were reached in humanitarian contexts. In these settings, WFP reached 75 percent of planned beneficiaries for treatment programmes and 61 percent for prevention programmes (Figure 7).

Moreover, nearly 2 million of WFP nutrition-specific beneficiaries were IDPs, refugees and returnees:

- About 600,000 were reached through nutrition treatment activities
- About 1.4 million were reached through nutrition prevention activities

Figure 6. Nutrition-specific beneficiaries reached in humanitarian/emergency and non-emergency contexts[15]

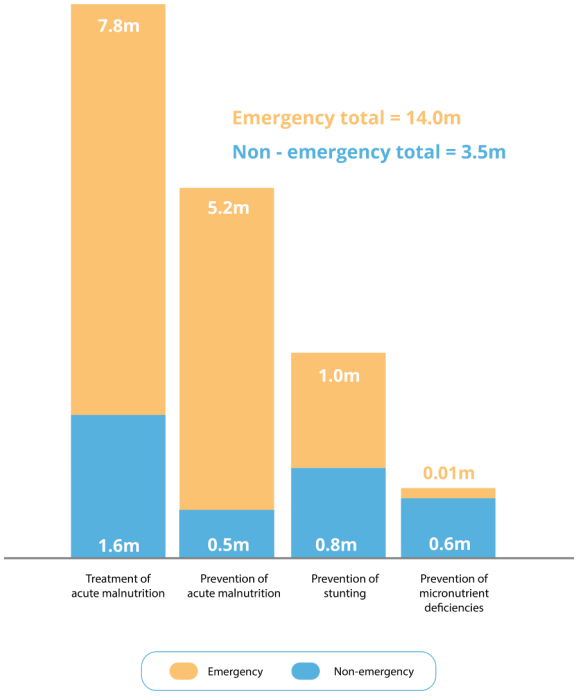
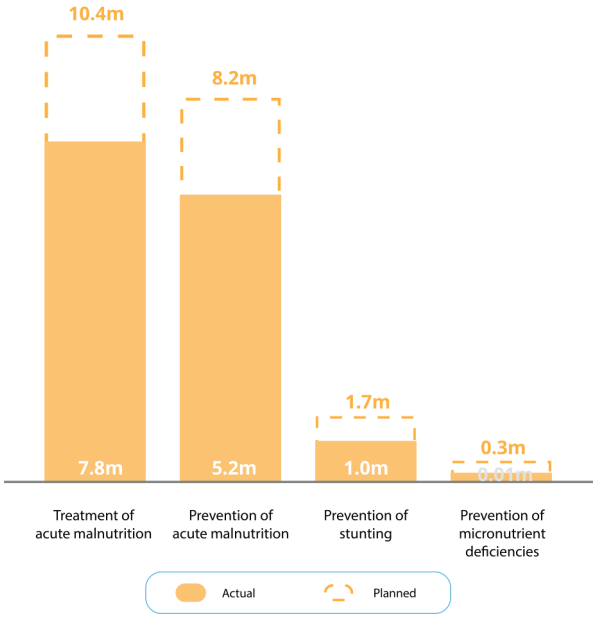


Figure 7. Actual versus planned nutrition-specific beneficiaries in humanitarian and emergency contexts



13 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: https://www.wfp.org/publications/definition-emergencies.

14 Although some countries such as Pakistan may not be classified as a level 2/3 emergency, they have been identified here as in a country of humanitarian or emergency context for nutrition as levels of malnutrition are drastically alarming.

15 A beneficiary overlap of about 63,000 PLW and 280,000 children were found between prevention and treatment programmes in Cameroon and Somalia.

Specialized Nutritious Foods

Working in partnership, WFP is a global leader in the appropriate, context-specific and targeted use of specialized nutritious foods (SNFs) for the treatment and prevention of malnutrition and to help meet nutrient gaps for vulnerable populations.[16] Over the past six years, WFP's global distribution of SNF has increased by 37 percent. In 2019, 287,000 metric tonnes were distributed (see Figure 8 for details).[17] This represents a 9 percent drop from 2018.

Moving forward, programmes such as GFA and school feeding have reduced their use of SNFs: for instance, home -grown school feeding has become a preference over food assistance for WFP school feeding programmes.

Figure 8. Global distribution of SNFs in metric ton 2013-2019

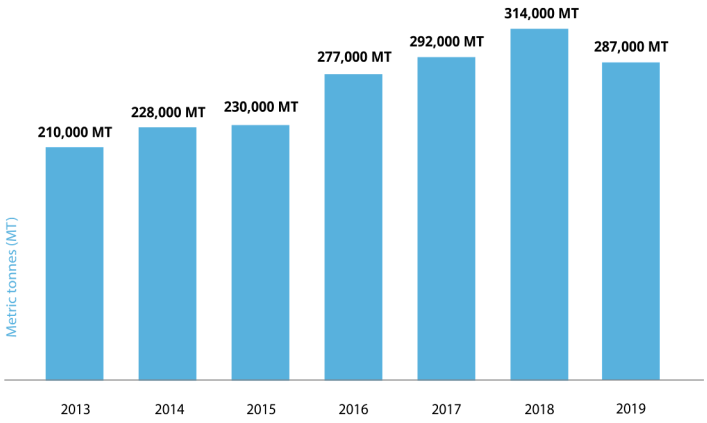
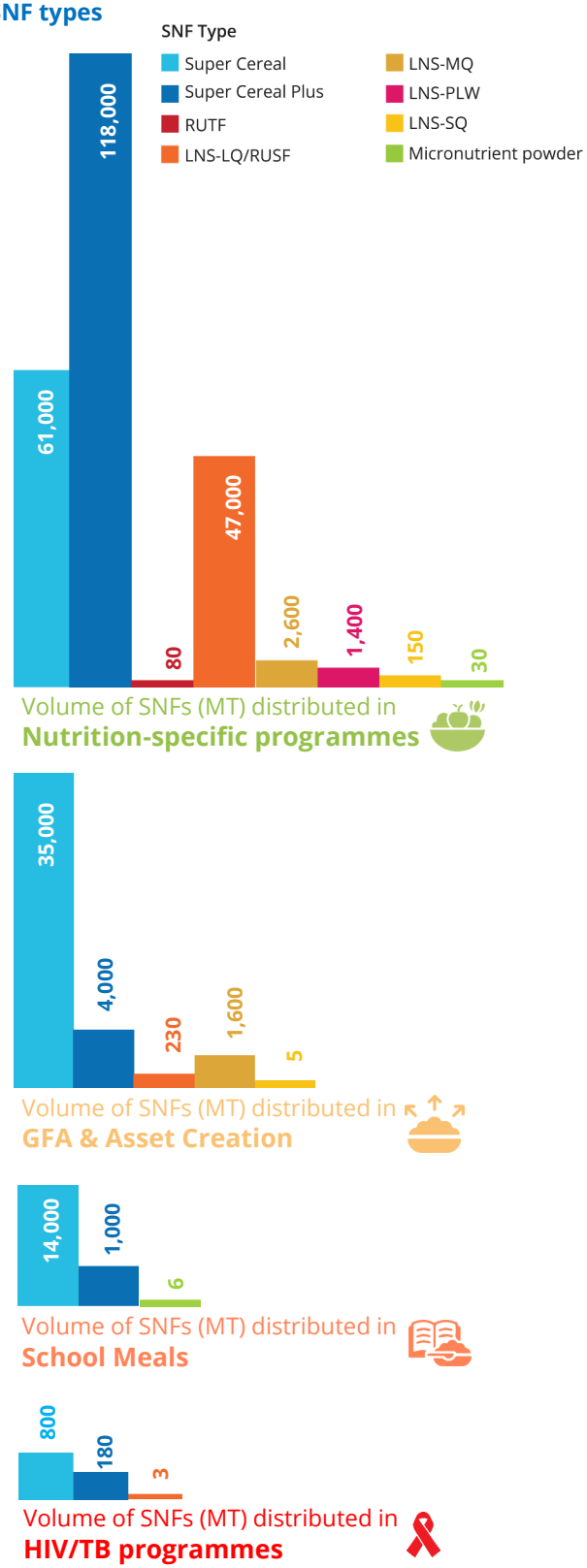


Figure 9 depicts the SNFs are used across WFP's programme portfolio.

Figure 9. SNF distribution in metric ton by programme type

See Figure 10 for the breakdown of SNF type by specific programme type.

Figure 10. SNF distribution in metric ton by programme and SNF types



16 Factsheet on "Why WFP uses Specialized Nutritious Foods" https://docs.wfp.org/api/documents/WFP-0000111131/download/

17 Note: Source data for this report (WFP COMET system) includes SNF MT distributed to beneficiaries by WFP. This is not equivalent to the total amount procured in the specified time period.

SNF distribution by region

SNF distribution figures are aligned with regional context. Accounting for 38 percent of nutrition beneficiaries, RBN distributed the largest quantity of SNFs, 43 percent of total SNF distributed (Figure 11). This is followed by RBC, RBD, RBJ, RBB, and RBP. The type of SNF utilized varies by region according to context. See the series of pie charts in Figure 12 for details on the distribution of the different types of SNF by region.

Figure 11. Proportion of total SNF (volume in metric ton) distributed by region

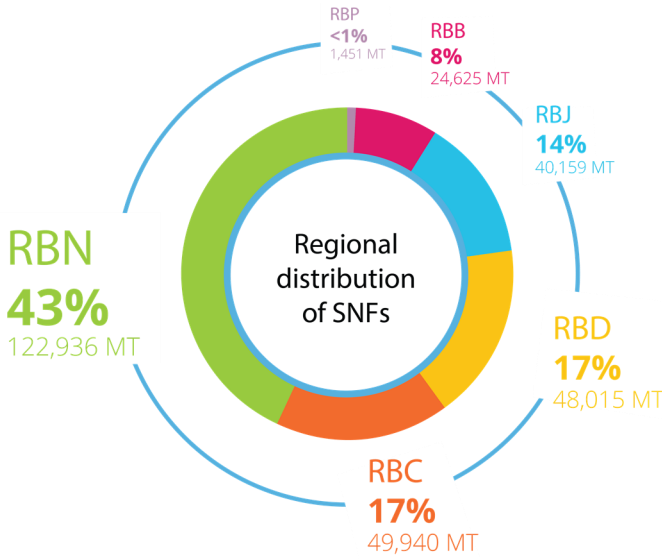
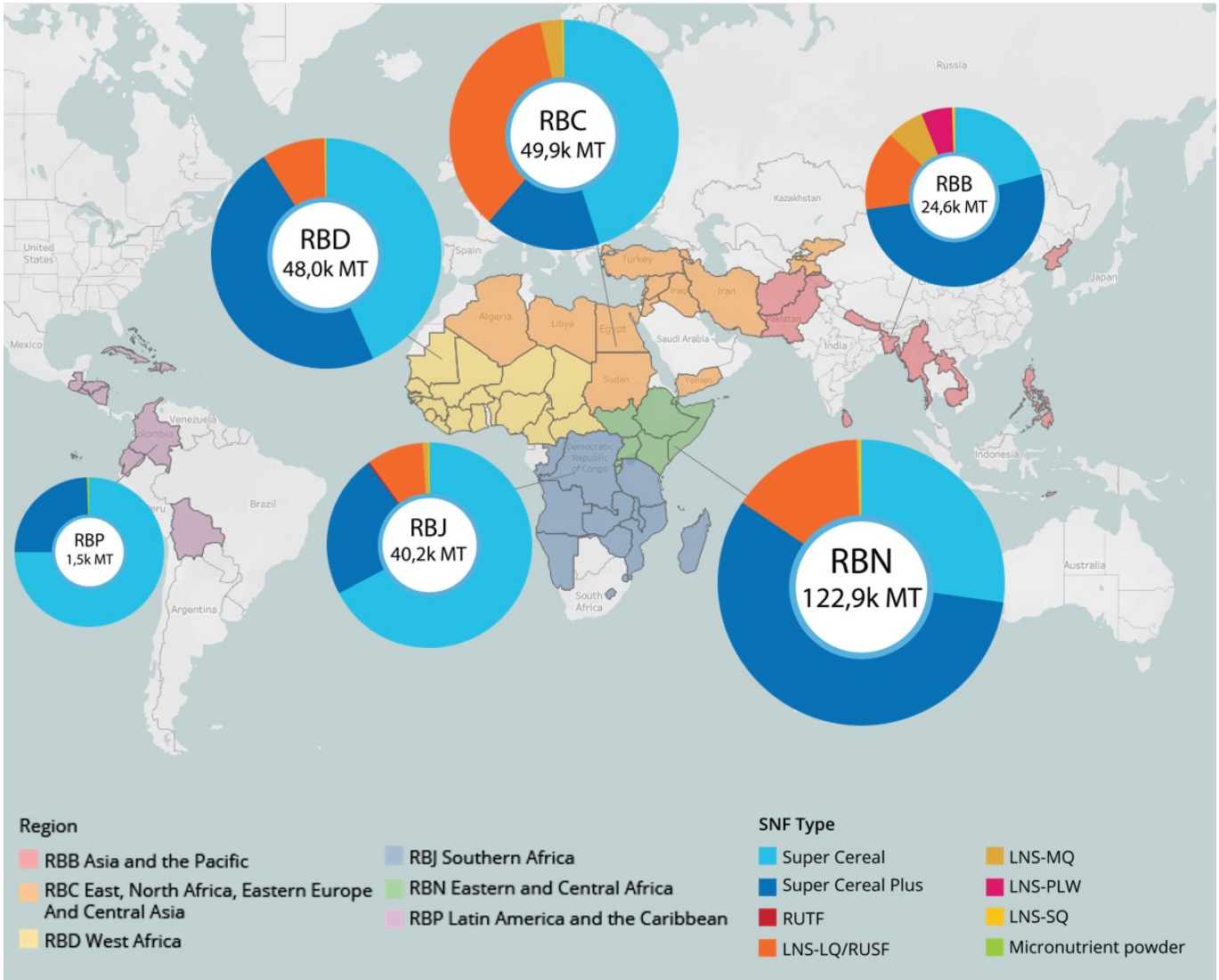


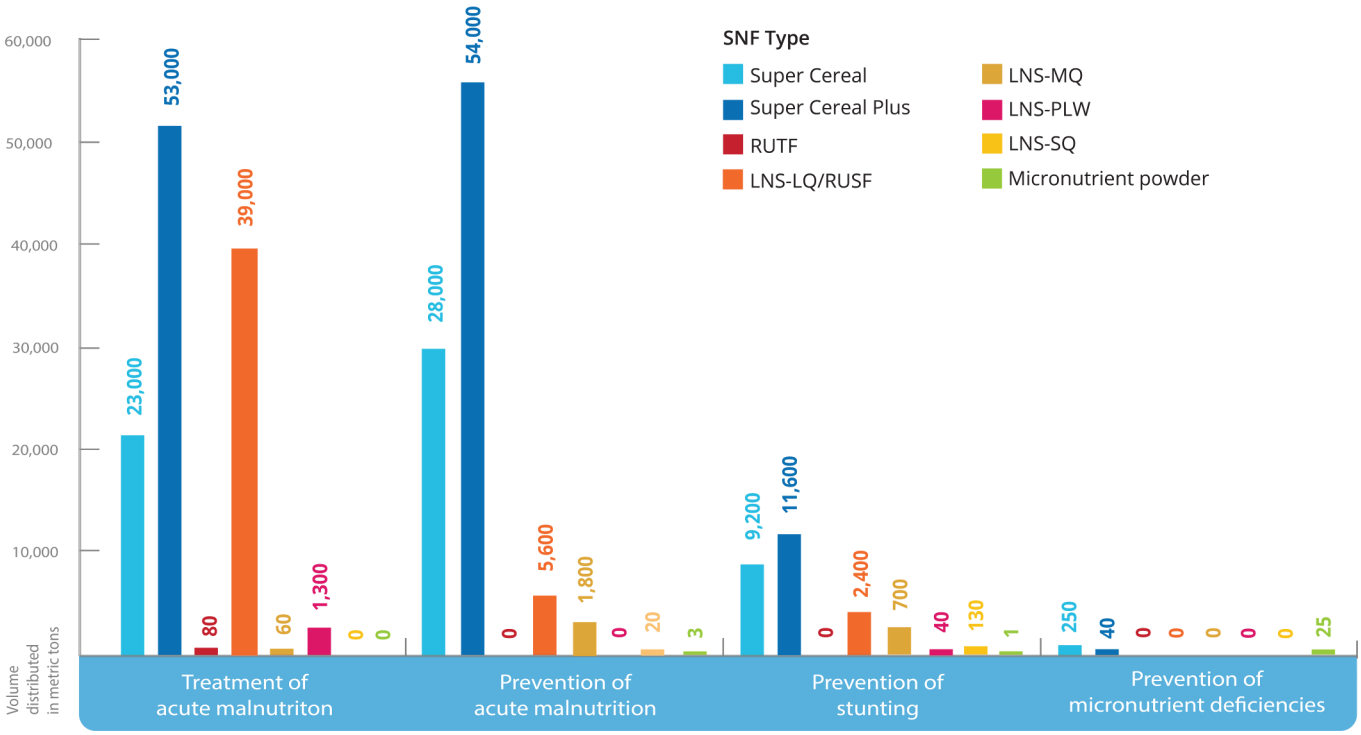
Figure 12. SNF distribution (volume in metric ton) by region and SNF type



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 13. A total of 230,000 metric tons of SNF were distributed for the treatment and prevention of malnutrition.

Figure 13. SNF distribution in metric tons by SNF type for treatment and prevention of malnutrition



SNF used in General Food Assistance and School Meals

SNFs were distributed in 50 countries globally in 2019. In addition to nutrition-specific programmes, SNFs can be added to the food baskets to help beneficiaries meet their nutrient requirements. Globally, 29 countries distributed SNFs through general food assistance (GFA), and 17 integrated SNFs into their school meal (SM) basket. By commodity, this breaks down as follows:

Number of countries distributing SNFs through GFA:

- 25 countries included Super Cereal in GFA
- 10 countries included Super Cereal Plus in GFA
- 5 countries included LNS-LQ/RUSF in GFA
- 3 countries included LNS-MQ in GFA
- 1 country (i.e. Laos) included LNS-SQ in GFA

Number of countries distributing SNFs through SM:

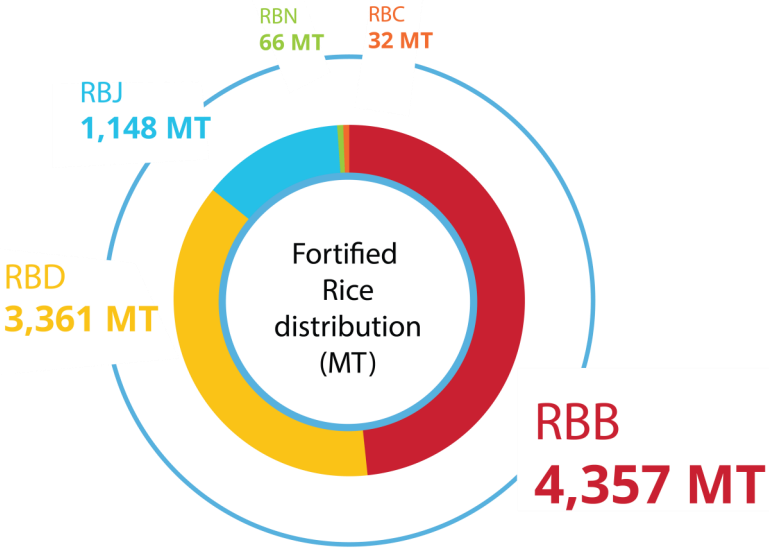
- 13 countries included Super Cereal in SM
- 4 countries included Super Cereal Plus in SM
- 3 countries included MNPs in SM.

Photo: WFP/Giulio d'Adamo

Food fortification

In 2019, WFP distributed 370,000 MT of fortified foods: iodized salt, fortified rice, wheat flour, maize flour, and oil. Globally 8,900 MT of fortified rice was distributed, representing 2 percent of all rice distributed (413,654 MT). Figure 14 shows that nearly half of WFP's fortified rice is distributed in the Asia and the Pacific region (RBB) (4,357 MT), where nearly 4 percent of the rice WFP delivered was fortified. The second largest (38 percent) was in RBD (3,361 MT), where about 5 percent was fortified.

Figure 14. Where does WFP distribute fortified rice?



WFP SUPPORTS THE PRODUCTION OF FORTIFIED RICE IN LATIN AMERICA AND THE CARIBBEAN

Data presented in Figure 15 pulls from the COMET system and therefore has the constraint of not fully capturing the full narrative of food fortification at WFP, especially as they relate to capacity strengthening.

For instance, WFP has been supporting the scale up of fortified rice in Peru since 2017, initially focusing on increased advocacy and communications capacity to the national school feeding programme, Qali Warma. In 2019, WFP supported the government of Peru to bring together more than 130 small and medium rice millers to produce fortified rice as part of the meals provided by Qali Warma. In its first year of implementation, 12,500 MT of fortified rice were produced and subsequently distributed to two million children.

Social and behaviour change communication (SBCC)

Social behaviour change and communication (SBCC) has become 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.

In 2019, WFP implemented SBCC approaches in 44 countries to improve the knowledge, attitudes and behaviours of vulnerable population groups regarding dietary diversity, hygiene and sanitation and childcare practices (Figure 15):

- 6.6 million people were reached through interpersonal approaches and messages
- 8 million people were reached using media

In total, this represents a 180 percent increase from 5 million people reached in 2018.

Figure 16 illuillustrates the number of countries that have incorporated SBCC approaches into their nutrition programmes. This includes:

- 31 out of 49 countries (63 percent) with nutrition-specific programming

⇒ 27 out of 42 countries (64 percent) with treatment of acute malnutrition

⇒ 25 out of 39 countries (64 percent) with prevention of acute malnutrition

⇒ 20 out of 30 countries (67 percent) with prevention of stunting

⇒ 7 out of 8 countries (88 percent) with prevention of micronutrient deficiencies

- 38 out of 69 countries (55 percent) with nutrition-sensitive programming

Figure 16. Countries incorporating SBCC approaches into nutrition activities

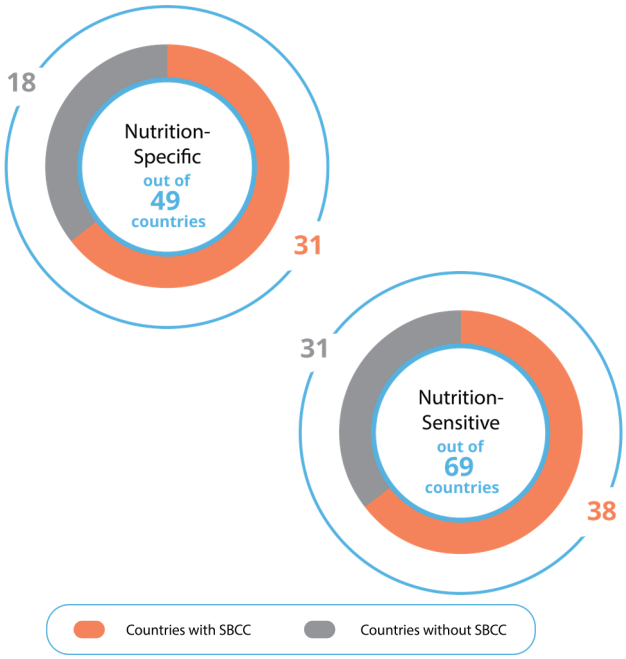


Figure 15. Countries with SBCC included in programmes

Outcome Indicators

This section presents the global corporate indicators of moderate acute malnutrition (MAM) treatment performance, coverage, beneficiary participation, minimum acceptable diet (MAD), minimum dietary diversity for women (MDD-W), and food consumption score nutrition indicators (FCS-N).

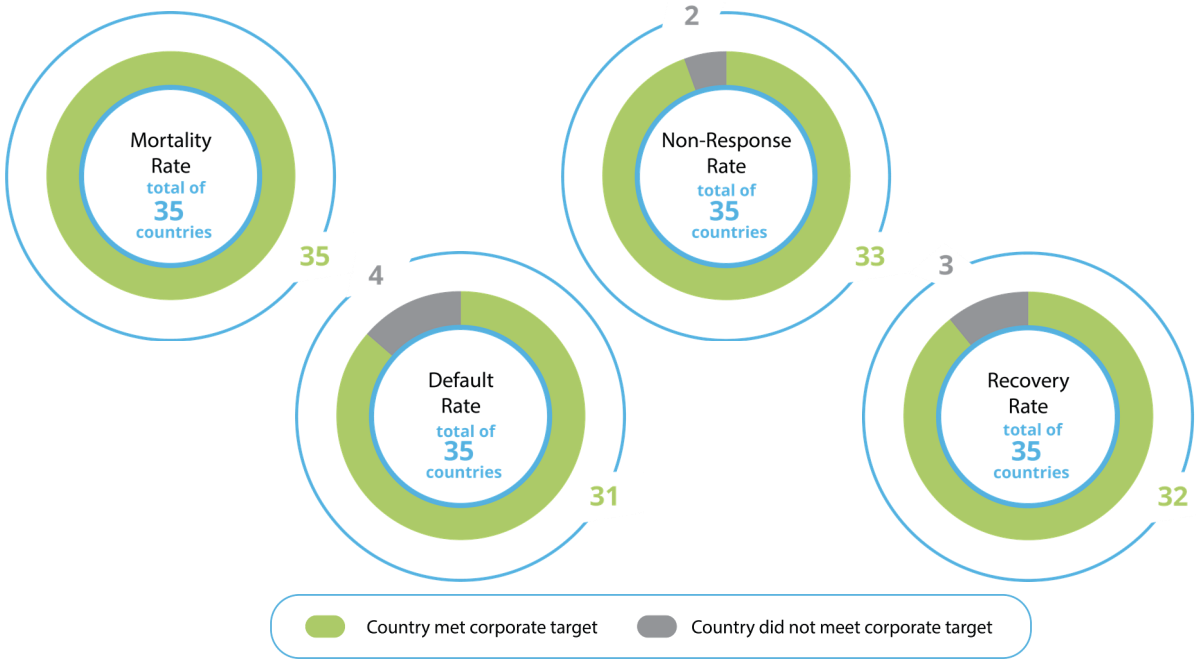
MAM treatment performance indicators

Every MAM treatment programme reports four performance indicators based on globally accepted SPHERE standards[18] as follows:

- **Mortality Rate** (deaths of beneficiaries during the 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
- **Recovery Rate** (beneficiaries successfully recovering from acute malnutrition): more than 75 percent

As shown below (Figure 17), globally WFP programming met SPHERE standards. The global average of recovery rate was of 85 percent, 3 percent for non-response rate, 6 percent for default rate, and 0.1 percent for mortality rate.

Figure 17. MAM treatment performance indicators[19]



18 Revised Corporate Results Framework (2017–2021) https://docs.wfp.org/api/documents/WFP-0000099356/download/

19 Only countries reporting on MAM treatment outcome indicators were presented and counted in this figure.

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 for treatment interventions is defined based on context (rural > 50 percent; urban >70 percent; and camps >90 percent); while the coverage target for prevention activities is set at >70 percent.

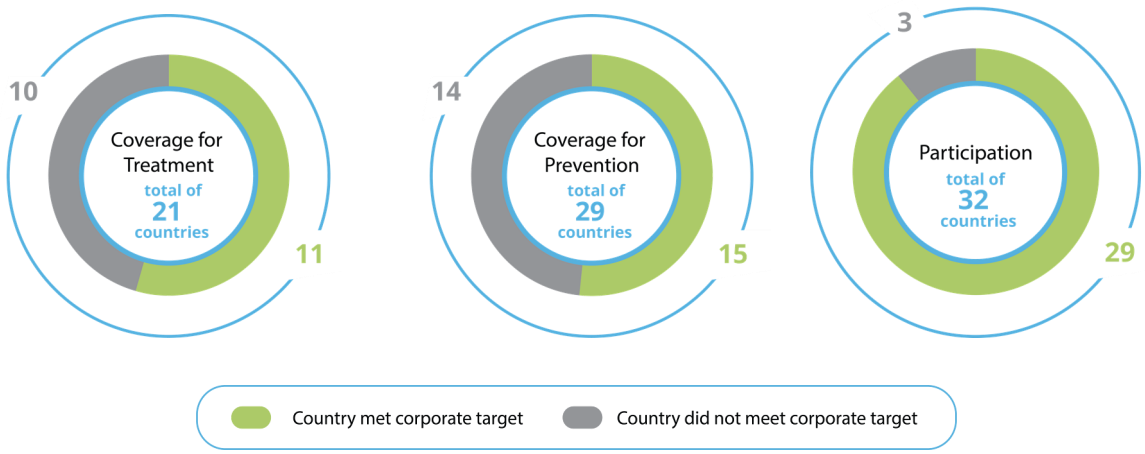
Participation, defined as "the proportion of target population participating in an adequate number of distributions" is a required indicator for all prevention programmes, but not for treatment programmes. The participation target is >66 percent. As seen in Figure 18:

- 12 out of 21 countries (52 percent) reporting on coverage for treatment programmes, met the coverage threshold.
- 15 out of 29 countries (52 percent) with prevention programmes reporting on coverage achieved coverage targets.
- On average, 29 out of 32 countries (91 percent) reached the adherence (participation) target for prevention programming.

In areas of conflict and high food insecurity when people face many challenges and competing priorities, treatment of acute malnutrition is often not a priority for families. Although coverage rates remain below standards in some countries, WFP has noted improvements:

- Treatment activities in Yemen covered 41 percent of the eligible population, compared to 29 percent at the beginning of year.
- In Mozambique, WFP's MAM treatment expanded significantly in the context of Cyclones Idai and Kenneth, reaching 23,180 children aged 6–59 months and 37,615 PLW/G across 475 health centres. As such, coverage increased from 30 to 40 percent overall in 2019.

Figure 18. Coverage and participation indicators



Outcome indicators for dietary diversity and diet quality

WFP not only provides food and cash assistance to save lives, but also changes lives by working towards supporting food systems where everyone can access a healthy diet. MAD and MDD-W are outcome indicators for both nutrition-specific and -sensitive programming to monitor dietary diversity. FCS-N is an outcome indicator for nutrition-sensitive programming to monitor diet quality.

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 children aged 6 – 23 months, MAD combines minimum meal frequency (MMF) and minimum dietary diversity (MDD).

The MMF is defined as the proportion of breastfed and non-breastfed children aged 6-23 months) who receive solid, semi-solid, or soft foods (including milk feeds for non-breastfed children) for the minimum number of times or more.[20] The MDD is defined as the proportion of children, aged 6-23 months, who receive foods from 4 or more, out of the 7 food groups, the previous day.

WFP utilizes a modified scoring of the MDD in order to capture the contribution to micronutrient intake from SNFs, such as Super Cereal Plus or Lipid Based Nutrient Supplements (LNS), Micronutrient Powder (MNP), which substantially increase the likelihood of having an adequate micronutrient intake. This allows WFP to capture additional micronutrient intake when SNFs are provided to children as part of nutrition-specific programming, through food assistance, or through social safety nets.

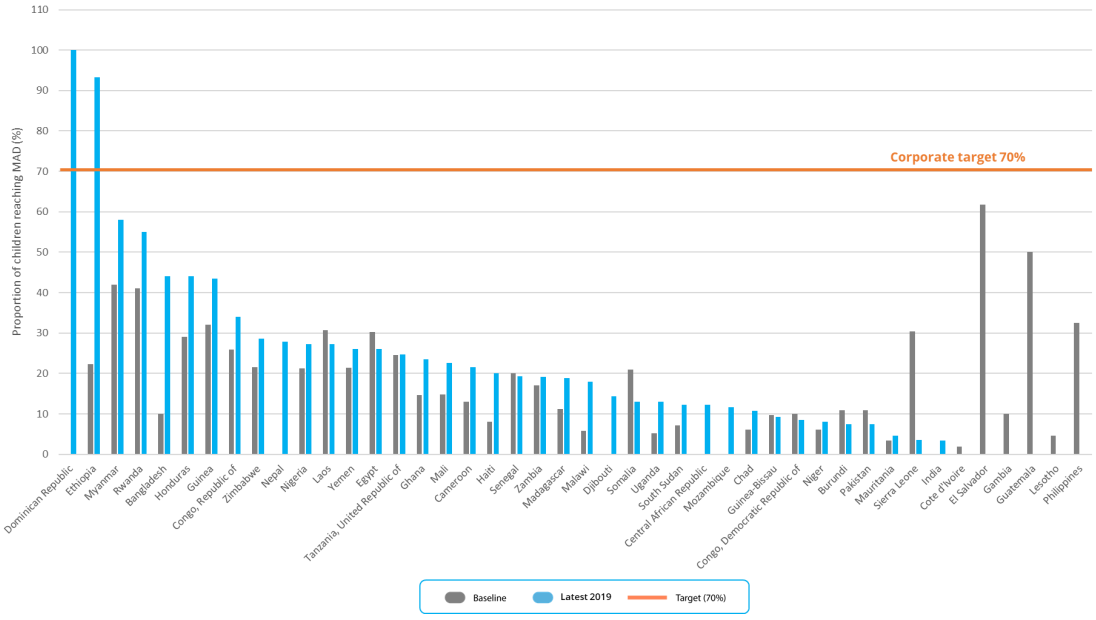
WFP has set its corporate target as achieving greater than 70 percent of children consuming a minimum acceptable diet by programme end, or an annual increase of at least a 10 percent.

In 2019, 38 countries reported on MAD. Two countries – Dominican Republic and Ethiopia - met the 70 percent MAD target. Twenty-three countries achieved over a 10 percent increase from baseline (Figure 19).

- Improvements in Ethiopia could be credited to the Fresh Food Voucher programme[21] in the country, which used SBCC activities to complement direct food assistance and e-vouchers to give more food choices to beneficiaries and support rural markets.
- Even though not meeting the corporate target, Myanmar had a steady improvement in the national score for MAD as part of its stunting reduction interventions in peri-urban areas of Kaatchin and Shan states, while also supporting the national Maternal and Child Cash Transfer programme.
- WFP provided both unconditional food assistance and unrestricted cash assistance to camp-based refugees, asylum seekers and returnees in Rwanda . Thanks to these activities, including contributions from donors, MAD scores increased from 44 percent in 2018 to 56 percent in 2019.

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. To improve the MAD, WFP is utilizing SBCC to support communities to improve infant and young child feeding practices.

Figure 19. Proportion of children reaching minimum acceptable diet (MAD)



20 WHO.2010. Indicator for Assesing Infant and Young Child Feeding Practices: https://www.who.int/nutrition/publication/infantfeeding/9789241599290/en

21 Ethiopia Annual Country Report 2019: https://www.wfp.org/operations/annual-country-report/?operation_id=ET01&year=2019#/15600

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 measuring whether women—15-49 years of age—have consumed at least 5 out of 10 defined food groups the previous day or night. The proportion of women who meet this minimum threshold in a population can be used as a proxy indicator for higher micronutrient adequacy, one important dimension of diet quality.

WFP has introduced a modified way of scoring the MDD-W in order to capture the contribution to micronutrient intake from SNFs, such as *Super Cereal*, which substantially increase the likelihood of having an adequate micronutrient intake. *Super Cereal* is for example provided to pregnant and lactating women who receive food assistance or are targeted by social safety net programs.

WFP has set its corporate target as an increased proportion of women 15-49 years reaching MDD-W compared to the baseline value.

In 2019, 40 WFP country offices reported on MDD-W. As shown in Figure 20, scores from 23 countries improved from baseline:

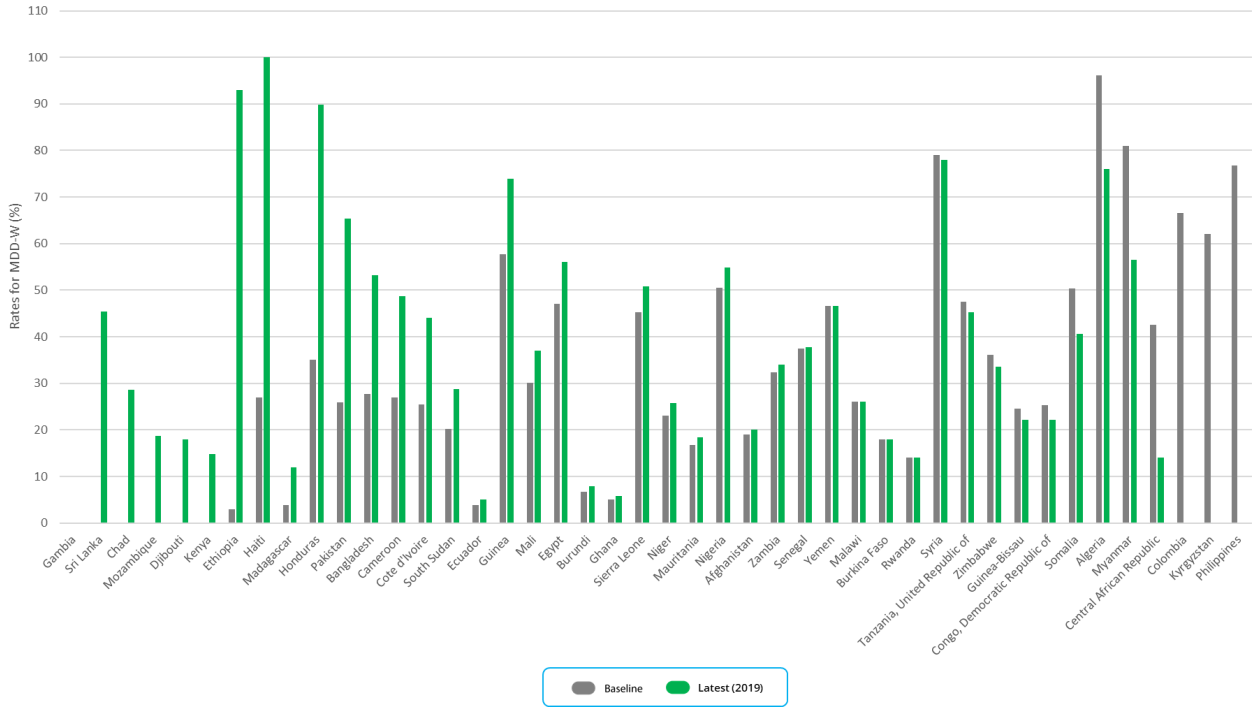
- The biggest improvement in Ethiopia could be credited to the Fresh Food Voucher programme[22] in the country.
- Thanks to the community-based targeting for SBCC interventions, Haiti improved its MDD-W score from 58 to 71 percent.


Photo: WFP/Gabriela Vivacqua

- WFP worked with the national government of Honduras on the Criando con Amor program to implement nutrition-specific and nutrition-sensitive programmes. This resulted in an improvement in MDD-W, as well as MAD for children aged 6-23 months.

For further details on country-specific results, please refer to Annual Country Reports.

Figure 20. Reported rates for minimum dietary diversity for women



22 Ethiopia Annual Country Report 2019: https://www.wfp.org/operations/annual-country-report/?operation_id=ET01&year=2019#/15600

Food consumption score – nutrition (FCS-N)

The **food consumption score (FCS)** is a proxy indicator for households' food access and is based on frequency of consumption and dietary diversity. **FCS-N** goes beyond these two components of the FCS by assessing the quality of a household's diet in terms of regular intake of protein and important micronutrients such as iron and vitamin A.

WFP has the following corporate targets for FCS-N:

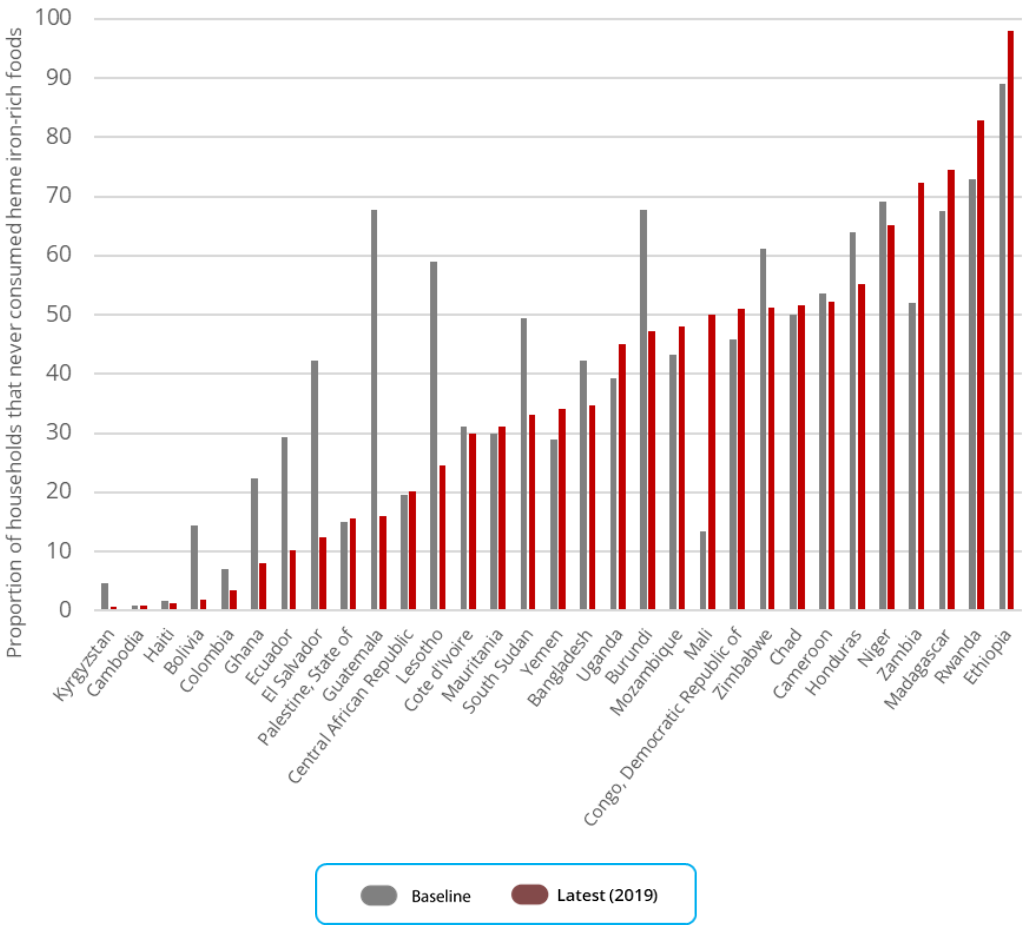
- Reduced proportion of beneficiaries never consuming protein-rich foods
- Reduced proportion of beneficiaries never consuming heme iron-rich foods
- Reduced proportion of beneficiaries never consuming vitamin A-rich foods

In 2019, 31 countries reported on FCS-N (Figure 21). Of these countries:

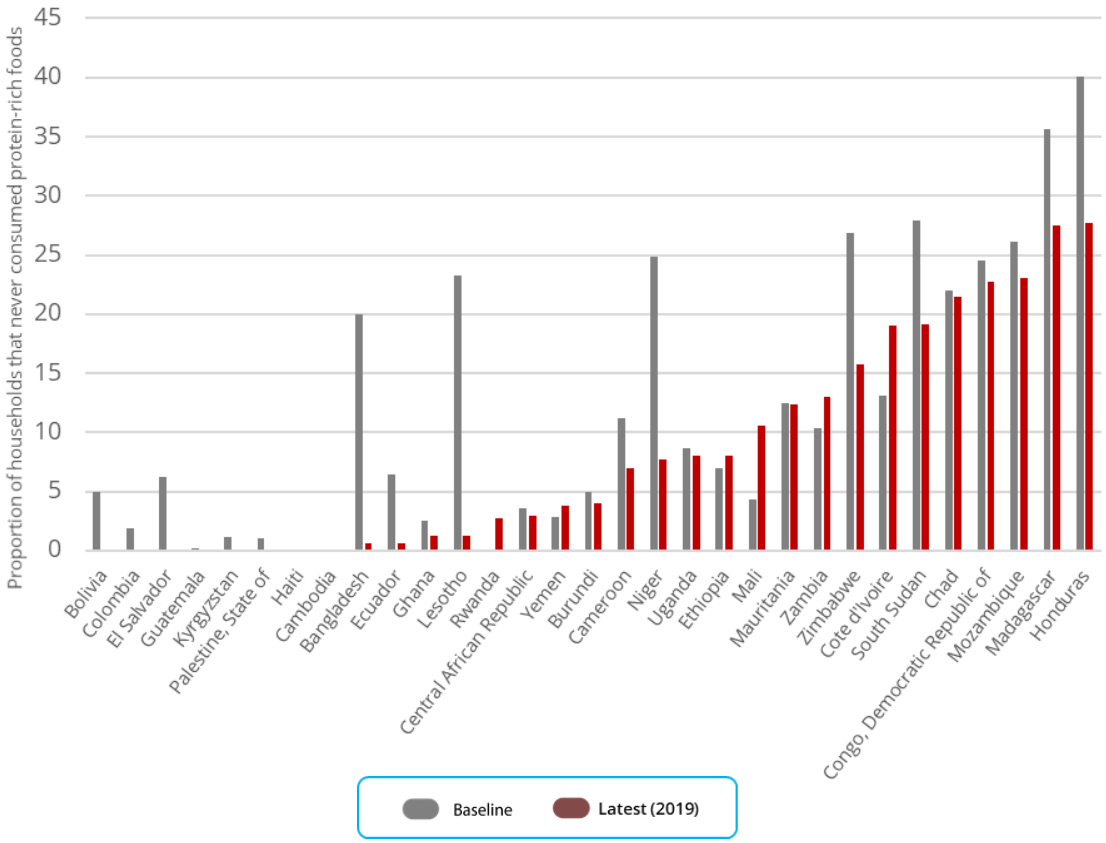
- 17 countries reduced the proportion of households never consuming heme iron-rich foods;
- 17 countries reduced the proportion of households never consuming protein-rich foods; and
- 22 countries reduced the proportion of households never consuming vitamin A-rich foods.

Figure 21. Percentage of households that never consumed heme iron-rich foods, protein-rich foods, and vitamin A-rich foods

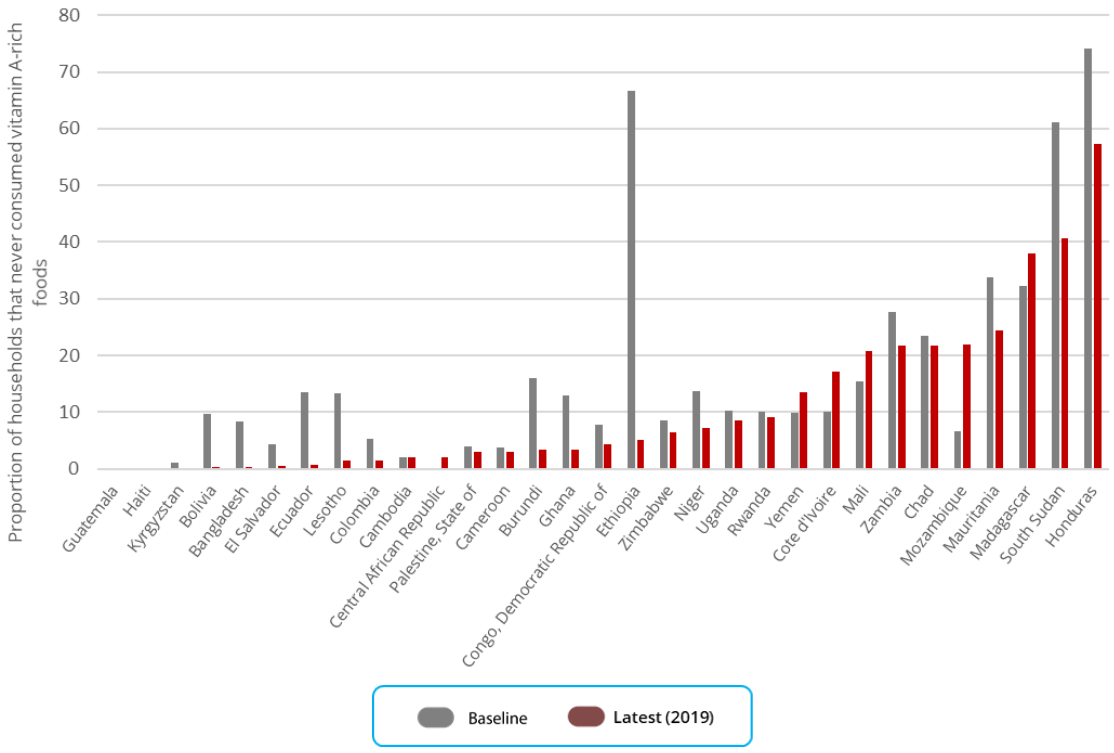
A. Never consumed heme iron-rich foods



B. *Never consumed protein-rich foods*



C. *Never consumed vitamin A-rich foods*



Annex

Table 1: List of countries with nutrition-specific and nutrition-sensitive programmes

Region	Country	Nutrition-Specific	Nutrition-Sensitive
RBB Asia and the Pacific	Afghanistan	✓	✓
	Bangladesh	✓	✓
	Bhutan		✓
	Cambodia		✓
	China		✓
	India		✓
	Indonesia		✓
	Laos	✓	✓
	Myanmar	✓	✓
	Nepal	✓	✓
	Pakistan	✓	✓
	Philippines	✓	✓
	Sri Lanka		✓
	Korea, Democratic People's Republic of	✓	
	Timor-Leste	✓	
RBC East, North Africa, Eastern Europe And Central Asia	Algeria	✓	✓
	Armenia		✓
	Jordan		✓
	Kyrgyzstan		✓
	Lebanon		✓
	Libya		✓
	Palestine, State of		✓
	Sudan	✓	✓
	Syria	✓	✓
	Tajikistan	✓	✓
	Yemen	✓	✓
RBD West Africa	Benin		✓
	Burkina Faso	✓	✓
	Cameroon	✓	✓
	Central African Republic	✓	✓
	Chad	✓	✓
	Cote d'Ivoire		✓
	Gambia	✓	✓
	Ghana	✓	✓
	Guinea	✓	✓
	Guinea-Bissau	✓	✓
	Liberia		✓
	Mali	✓	✓
	Mauritania	✓	✓
	Niger	✓	✓
	Nigeria	✓	✓
	Sao Tome and Principe		✓
	Senegal	✓	✓
	Sierra Leone	✓	✓

Region	Country	Nutrition-Specific	Nutrition-Sensitive
RBJ Southern Africa	Angola		✓
	Congo, Democratic Republic of	✓	✓
	Congo, Republic of	✓	✓
	Eswatini		✓
	Lesotho		✓
	Madagascar	✓	✓
	Malawi	✓	✓
	Mozambique	✓	✓
	Namibia		✓
	Tanzania, United Republic of	✓	✓
	Zambia		✓
	Zimbabwe	✓	✓
RBN Eastern and Central Africa	Djibouti	✓	✓
	Ethiopia	✓	✓
	Kenya	✓	✓
	Somalia	✓	✓
	South Sudan	✓	✓
	Burundi	✓	
	Rwanda	✓	
	Uganda	✓	
RBP Latin America and Caribbean	Bolivia		✓
	Colombia	✓	✓
	Cuba	✓	✓
	Dominican Republic	✓	✓
	Ecuador		✓
	El Salvador		✓
	Guatemala	✓	✓
	Haiti	✓	✓
	Honduras	✓	✓
	Nicaragua		✓

Table 2: List of countries with completed Fill the Nutrient Gap and Cost of the Diet analyses in 2019 and ongoing in 2020

FNG analyses completed	FNG analyses ongoing
2019	2020
Somalia Burundi (national, refugees) Lesotho East Timor Myanmar Kyrgyzstan Bangladesh (national, Cox's Bazar refugees)	DR Congo Niger (resilience) Mali Burkina Faso Mauritania Dominican Republic Ethiopia (national, FFV, COVID) Afghanistan Nepal
Cost of the Diet only, completed	**Cost of the Diet only, on-going**
Syria DRC (IDPs)	Kenya (refugees)

Table 3: Nutrition-specific beneficiaries by region

Regions	Planned Beneficiaries	Beneficiary Reach	% Actual vs Planned
RBB Asia and the Pacific	2,950,078	2,156,280	73.1
RBC East, North Africa, Eastern Europe And Central Asia	9,971,353	4,662,650	46.8
RBD West Africa	3,443,118	2,388,609	69.4
RBJ Southern Africa	2,932,429	1,306,687	44.6
RBN Eastern and Central Africa	7,235,860	6,464,244	89.3
RBP Latin America and Caribbean	605,508	247,060	40.8

Table 4: Nutrition-specific beneficiaries by country and region

Region	Country	Beneficiary Reach
RBB Asia and the Pacific	Korea, Democratic People's Republic of	641,967
	Afghanistan	606,961
	Bangladesh	383,025
	Pakistan	260,047
	Myanmar	116,344
	Nepal	66,969
	Philippines	35,313
	Timor-Leste	26,321
	Laos	19,333
RBC East, North Africa, Eastern Europe And Central Asia	Yemen	3,229,322
	Sudan	971,701
	Syria	426,540
	Algeria	24,338
	Tajikistan	10,749
RBD West Africa	Niger	569,180
	Chad	527,911
	Mali	357,910
	Nigeria	310,608
	Burkina Faso	176,117
	Cameroon	155,114
	Central African Republic	87,931
	Sierra Leone	56,469
	Gambia	42,676
	Ghana	31,791
	Mauritania	31,508
	Guinea	24,350
	Senegal	14,062
	Guinea-Bissau	6,662
RBJ Southern Africa	Congo, Democratic Republic of	1,005,397
	Malawi	233,542
	Madagascar	200,247
	Tanzania, United Republic of	122,085
	Mozambique	57,772
	Congo, Republic of	16,200
	Zimbabwe	11,337
RBN Eastern and Central Africa	Ethiopia	2,546,944
	Somalia	1,798,355
	South Sudan	1,142,406
	Uganda	447,870
	Kenya	251,465
	Burundi	236,592
	Rwanda	25,096
	Djibouti	15,516
RBP Latin America and Caribbean	Cuba	112,356
	Dominican Republic	98,323
	Honduras	15,908
	Haiti	8,660
	Guatemala	8,383
	Colombia	3,430

Table 5: Volume of SNFs distributed in metric ton by region and SNF type

SNF Type	RBB	RBC	RBD	RBJ	RBN	RBP	Total (MT)
Super Cereal	5,159	22,601	20,897	27,039	33,630	1,089	**110,415**
Super Cereal Plus	12,784	8,122	22,778	9,076	70,312	356	**123,428**
RUTF	0	0	0	76	0	0	**76**
LNS-LQ/RUSF	3,545	17,581	4,324	3,614	18,386	0	**47,450**
LNS-MQ	1,638	1,601	0	322	599	0	**4,160**
LNS-PLW	1,406	0	0	0	0	0	**1,406**
LNS-SQ	93	22	10	22	9	0	**156**
MNP	0	13	5	9	0	5	**32**
Total (MT)	**24,625**	**49,940**	**48,015**	**40,159**	**122,936**	**1,451**	**287,123**

Table 6: Volume of SNFs distributed in metric ton by nutrition-specific activities and SNF type

SNF	Treatment of acute malnutrition	Prevention of acute malnutrition	Prevention of MND	Prevention of stunting
Super Cereal	22,340	28,104	251	9,189
Super Cereal Plus	52,186	53,539	41	11,631
RUTF	76	0	0	0
LNS-LQ/RUSF	38,590	5,586	0	2,428
LNS-MQ	62	1,779	0	706
LNS-PLW	1,363	0	0	43
LNS-SQ	0	22	0	130
MNP	0	3	24	1
Total (MT)	**114,617**	**89,032**	**317**	**24,128**

Table 7: Volume of rice and fortified rice in metric ton distributed by region

Fortified vs. Non-Fortified Rice	RBB	RBC	RBD	RBJ	RBN	RBP	Total (MT)
Rice Non-Fortified	111,336	97,434	69,463	78,261	40,679	7,517	**404,690**
Rice Fortified	4,357	32	3,361	1,148	66	0	**8,964**
Total (MT)	**115,693**	**97,466**	**72,824**	**79,408**	**40,745**	**7,517**	**413,653**
Percent fortified	**3.77**	**0.03**	**4.62**	**1.45**	**0.16**	**0.00**	**-**

Photo: WFP/Fauzan Ijazah

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