



World Food
Programme

SAVING
LIVES
CHANGING
LIVES

Nutrition in Numbers

An overview of WFP nutrition
programming in 2020

July 2021

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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
FBF	Fortified blended foods
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	Tuberculosis direct observed therapy short-course
WFP	World Food Programme

WFP Nutrition in 2020...



World Food Programme

THE 2020
NOBEL PEACE
PRIZE LAUREATE



Implemented Nutrition-specific and/or sensitive programmes in

74 countries

Nutrition-specific
51 countries

Nutrition-sensitive
69 countries



Reached a total of

17.3 million

beneficiaries with
Nutrition-specific programming



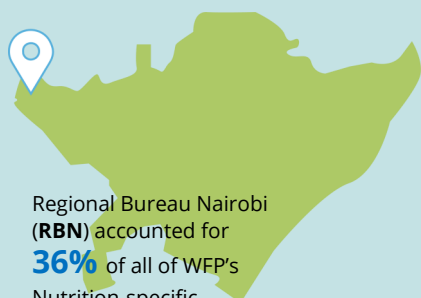
52%

beneficiaries reached
through treatment
programming



48%

beneficiaries reached
through prevention
programming



Regional Bureau Nairobi
(RBN) accounted for
36% of all of WFP's
Nutrition-specific
beneficiaries



85%

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

Nutrition-specific beneficiaries include:



7.1 million

Children 6-23 months



4.2 million

Children 24-59 months



300,000

Aged 5-18 years



5.3 million

Pregnant and lactating women
and girls (PLWG)



400,000

Above 18 years of age (non-PLWG)



In addition,
WFP reached over **51 million**
people with approaches for Social Behaviour
Change Communication*

Specialized nutritious foods

were included in**



82% of
Nutrition-specific
programmes



15% of
General food
assistance



3% of
School-based
programmes

540,643 people

Reached through HIV and
tuberculosis specific programmes,
including care and treatment, and
mitigation and safety nets



51 countries

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

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

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

Introduction



WFP/Sayed Asif Mahmud

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 eight years are also presented. This report relies on 2020 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 and nutrition-sensitive programming.

Information related to nutrition-sensitive programming presented in this report is limited to beneficiaries reached 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.

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. Nutrition-sensitive programmes in WFP take place in sectors complementary to nutrition, and are designed to address some of the underlying and basic determinants of malnutrition. A nutrition-sensitive programme can also be used as a platform to scale up nutrition-specific actions and, as such, address the immediate determinants of malnutrition.



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 are not fully captured through 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 beneficiaries⁴:

- **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 mandatory or large scale fortification of staple foods.⁵

Photo: WFP/Kevin Ouma

Global overview

In 2020, WFP assisted a total of 115.5 million people – of whom over 61.6 million women and girls and 53.9 million men and boys – through diverse programmes, including but not limited to nutrition, general food assistance, school meals, resilience, and capacity strengthening, in both development and humanitarian contexts.⁶ Globally, 83 million people received unconditional food assistance. WFP also supported 17.3 million schoolchildren through the provision of nutritious meals, school snacks and take-home-rations, and 7.7 million people through asset creation and livelihood activities.

In 2020, WFP nutrition programmes were carried out in 74 countries (see [annex](#) for full list of countries). Among these, nutrition-specific programmes directly providing food and/or cash transfers were implemented in 51 countries, reaching a total of 17.3 million beneficiaries. Nutrition-sensitive programming integrated in programmes addressing underlying causes of malnutrition were also implemented in 69 countries.

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

5 COVID-19 Interim Guidance T2 and T3 Beneficiaries: <https://docs.wfp.org/api/documents/WFP-0000117999/download/>

6 Data included in this report date from January 2020 to December 2020. Annual Performance Report for 2020: https://executiveboard.wfp.org/document_download/WFP-0000127445

Leveraging strategic partnerships for influence and impact on nutrition



Photo: WFP/Vladimir voronin

UN partnerships, multistakeholder partnerships and multilateral processes

With today's complex and unprecedented challenges, no one organization can end malnutrition alone. WFP is committed to playing a leadership role in shaping global nutrition policy and governance. WFP is supporting multi-stakeholder and multi-sector collaboration and comprehensive nutrition approaches in line with national priorities, including by strengthening cooperation with other UN Agencies, through membership in the **UN Nutrition** and **the Committee on World Food Security (CFS)**, as well as a key stakeholder in the **Scaling Up Nutrition (SUN) Movement**. In 2020, WFP contributed to the SUN Movement Strategy for the third phase (2021-2025)⁷, including helping to secure a strong focus on fragile contexts and better leveraging the role of the private sector in scaling up nutrition. To improve UN coordination on nutrition, WFP supported the creation of UN Nutrition, merging UN Network for SUN and the UN Standing Committee on Nutrition, including by serving as interim chair of the UN Nutrition Steering Committee during the transition. WFP also contributed to the consultations, drafting and negotiations of the **CFS Voluntary Guidelines on Food Systems and Nutrition**⁸ throughout 2020. As one of 5 core UN partners, WFP was instrumental in developing the **Global Action Plan on Child Wasting**⁹, launched in March 2020, which aims to respond to the slow progress on reducing childhood wasting, and to growing calls for a more coordinated and streamlined UN approach to addressing this challenge. Through the WFP strategic

partnership with the Joint **United Nations Programme on HIV/AIDS (UNAIDS)**, more WFP country offices received funding in 2020, allowing for new and additional HIV programming and implementation globally. WFP, together with UNHCR and the ILO were also heavily engaged and influential in the development of the new UNAIDS Global AIDS Strategy¹⁰, providing technical inputs throughout the development process, resulting in two new strategic priorities on social protection and humanitarian settings.

Private sector partnerships and innovative financing

WFP engages, mobilises, and convenes the private sector as a key development partner in the nutrition space. This includes leveraging significant multi-year partnerships, aimed at increasing funding for and impact of our programmes and operations, as well as exploring new resourcing models such as individual giving and innovative financing mechanisms such as debt swaps, increased South-South and triangular cooperation, and access to pooled funds for addressing persistent funding gaps in longer-term programmes. WFP works with private sector partners to develop strategic partnerships that create synergy between our interests and goals, exchanging valuable expertise to generate impact that shifts business one step closer to Zero Hunger.

7 SUN Movement Strategy 2021-2025: <https://scalingupnutrition.org/about-sun/the-sun-movement-strategy/>

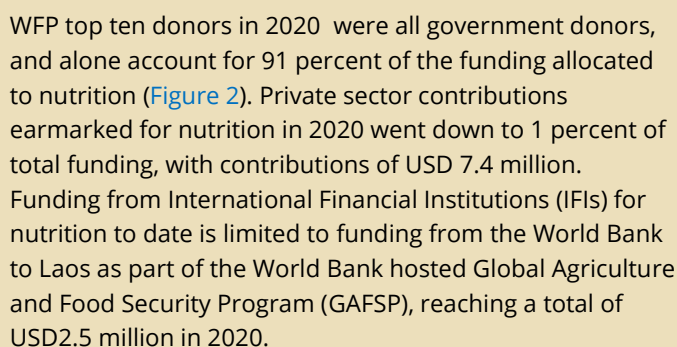
8 CFS Voluntary Guidelines on Food Systems and Nutrition: http://www.fao.org/fileadmin/templates/cfs/Docs2021/Documents/CFS_VGs_Food_Systems_and_Nutrition_Strategy_EN.pdf

9 Global Action Plan on Child Wasting: <https://www.who.int/publications/m/item/global-action-plan-on-child-wasting-a-framework-for-action>

10 UNAIDS Global AIDS Strategy: https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf

In 2020, the SBN, co-convened by WFP and GAIN, supported 27 countries to mobilise business for nutrition impact (Figure 1). The platform has expanded to over 1,000 business members, including 25 global members. This growth was made possible by leveraging existing and new partnerships with governments, multinational companies, donors and the broader SUN Movement to support key initiatives, including strengthening the resilience of Small and medium-sized enterprises (SMEs) to recover from the shock of the COVID-

Figure 1. WFP-supported national SUN Business Networks



A bar chart titled 'Top 20 Donors to UNICEF in 2019'. The vertical axis is labeled 'USD million' and ranges from 0.0 to 350.0 in increments of 50.0. The horizontal axis lists 20 donors. The bars are blue. The USA has the highest contribution at approximately 320 million USD. Saudi Arabia is second at about 135 million USD, and Germany is third at about 90 million USD. The contributions of the remaining donors decrease significantly, with the 20th donor, the World Bank, contributing less than 10 million USD.

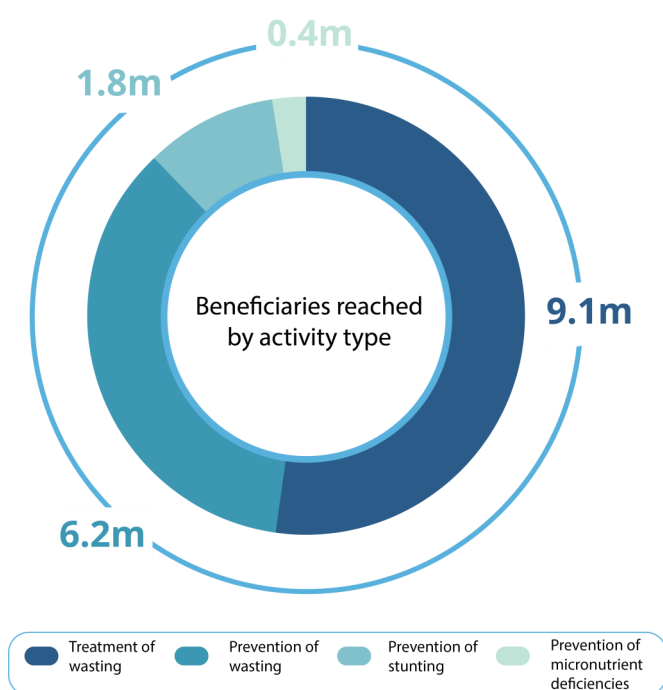
Donor	Contribution (USD million)
USA	320.0
Saudi Arabia	135.0
Germany	90.0
UN CERF	55.0
European Commission	35.0
Canada	15.0
Republic of Korea	12.0
United Kingdom	11.0
Japan	10.0
Pakistan	8.0
UN Other Funds and Agencies...	5.0
Colombia	4.0
Private Donors	3.0
France	2.0
Netherlands	2.0
Russian Federation	1.0
Sweden	1.0
Ireland	1.0
UN Country Based Pooled Funds	1.0
World Bank	1.0

Nutrition-specific beneficiaries by activity type

In 2020, WFP reached a total of 17.3 million beneficiaries through nutrition-specific activities across 51 countries.

- Delivering on global commitments, 9.1 million people suffering from acute malnutrition benefitted from malnutrition treatment programmes in 2020.
- Nearly 8.4 million were reached through malnutrition prevention programming, including prevention of acute malnutrition, stunting and micronutrient deficiencies.

Figure 3. Nutrition-specific beneficiaries by activity type¹¹



WFP NUTRITION-SPECIFIC PROGRAMMES REACHED PEOPLE IN...



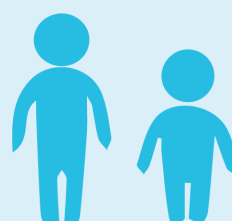
35 COUNTRIES

WITH TREATMENT OF ACUTE MALNUTRITION



32 COUNTRIES

WITH PREVENTION OF ACUTE MALNUTRITION



24 COUNTRIES

WITH PREVENTION OF STUNTING



6 COUNTRIES

WITH PREVENTION OF MICRONUTRIENT DEFICIENCIES

¹¹ About 101,000 pregnant and lactating women and girls (PLWG) and 21,000 children participated in both prevention and treatment programmes in Burkina Faso and Somalia. This overlap was accounted for in the total number of beneficiaries reached in 2020 through nutrition-specific interventions..

COVID-19 Adaptations

Consequences of the COVID-19 pandemic disrupted the already strained food and health systems in countries of concerns, exacerbating malnutrition rates. The risks of malnutrition have increased, particularly for children and women in low- and middle-income countries. Experts estimated that during the first 12 months of the pandemic, an additional 6.7 million children under age 5 were at risk of becoming malnourished, an approximate 14.3 percent increase of child wasting owing to COVID-19.¹² No data are available on women.

In all regions, the pandemic caused WFP to expand operations into urban areas, shift to remote working modalities, adapt school feeding, nutrition and asset creation programmes and accelerate its use of mobile food security monitoring to track real-time evolving needs, anticipate pipeline shortfalls and reducing the lead time for deliveries of specialized nutritious foods (SNF). WFP also developed new strategies and partnerships to scale up the coverage of nutrition services, helping to ensure the continuity of operations despite shortages of vital supplies.

In the short-term, WFP pre-positioned nutritious food products and essential commodities and identified nutrition entry points into the social protection and food systems. In the longer-term, WFP is laying the foundations for nutritionally resilient communities and using evidence and analysis to gain a deeper understanding of the barriers to nutritious diets and how to make them more accessible and affordable. In addition, WFP in collaboration with UNICEF and other stakeholders developed guidance on nutrition programming adaptation from prevention to detection and treatment to allow continuity of services while preventing transmission of COVID-19, where the health system was overwhelmed.

Distribution of fortified foods

While WFP was close to meeting the 2020 target for the quantity of foods delivered globally (4.6 million MT planned versus 4.2 million MT actually distributed), there was an important shortfall in meeting the specific target for delivery of SNF (607,000 MT planned versus 287,200 MT actual). The impact of COVID-19 on supply chains, coupled

with a global production shortfall in one of the main commodities—fortified blended foods (FBF)— contributed to the gap in achieving that target for the second year in a row.

Due to production capacity constraints, **WFP substituted FBF with lipid nutrient supplement (LNS) products** to ensure the continuity of nutrition programmes. Further, **WFP distributed more fortified food than originally planned** (1.3 million MT versus 264,000 MT).

Family MUAC Approach

Over 1.3 million mothers across 26 countries were trained by WFP and 11 cooperating partners to use mid-upper arm circumference (MUAC) tapes and identify early signs of malnutrition in their children in 2020.¹³

This initiative helped WFP adapt to COVID-19 context by limiting transmissions. This also allows early detection of malnutrition, and prevents further deterioration of nutritional status.



Photo: WFP/Martin Karimi

¹²The Lancet, "Impacts of COVID-19 on childhood malnutrition and nutrition-related mortality": [https://www.thelancet.com/article/S0140-6736\(20\)31647-0/fulltext](https://www.thelancet.com/article/S0140-6736(20)31647-0/fulltext)

¹³The State of Acute Malnutrition: The Family MUAC Approach: https://www.acutemalnutrition.org/en/Family-MUAC?utm_source=All%20contacts%20No%20Wasted%20Lives%20%26%20State%20of%20Acute%20Malnutrition&utm_campaign=4f2943556b-EMAIL_CAMPAIGN_2020_09_16_01_13_COPY_02&utm_medium=email&utm_term=0_3bd3355758-4f2943556b-195878301



Photo: WFP/Elizabeth Zalkind

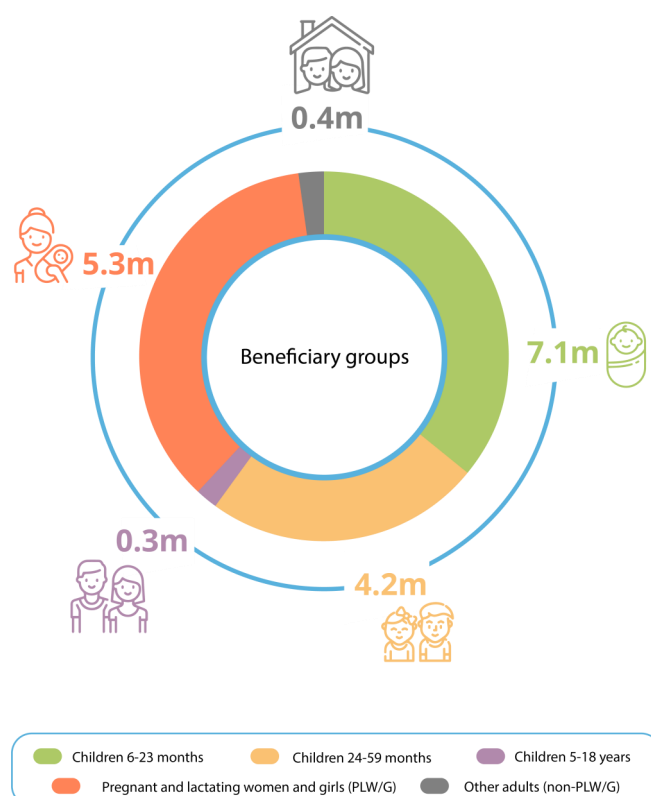
Nutrition-specific beneficiaries by beneficiary group

Figure 4 illustrates WFP's reach through nutrition-specific intervention by beneficiary group. Children under 5 years of age accounted for 65 percent, and pregnant and lactating women and girls (PLWG) accounted for 31 percent of beneficiaries reached. The remaining 4 percent were other adults, including men, activity supporters, and people undergoing antiretroviral therapy (ART) and tuberculosis (TB) treatment.

Beneficiary groups reached through nutrition treatment and prevention programmes:

- About 6.0 million children under 5 and 3.0 million PLWG were reached through treatment of wasting.
⇒ 120,000 other adults and children over 5 years of age were also reached through treatment activities.
- WFP significantly scaled up malnutrition prevention programmes in 2020, reaching a record number of 5.8 million vulnerable children and 2.6 million PLWG.

Figure 4. Nutrition-specific beneficiaries by beneficiary group¹⁴



¹⁴ An overlap of about 121,000 children and PLWG were included in both prevention and treatment programmes in Burkina Faso and Somalia.

By region

WFP operates across diverse global settings, implementing varied, context-specific programming (see [Figure 5](#) for detail). Tables 4 and 5 (in Annex) provide a detailed disaggregation of beneficiaries by region and country.

Regional Bureau Nairobi (RBN): The nutrition-specific programme in RBN accounted for 36 percent of WFP's global nutrition-specific beneficiaries (6.2 million), including large-scale operations in South Sudan (1.8 million), Somalia (1.4 million), and Ethiopia (1.3 million).

Regional Bureau Cairo (RBC): RBC reached 19 percent of nutrition-specific beneficiaries worldwide (3.2 million). This number was driven by programmes in Yemen (2.7 million) and Syria (456,000).

Regional Bureau Dakar (RBD): Nutrition-specific beneficiaries in the West Africa region accounted for 17 percent (2.9 million) of global reach. The largest programmes were in Niger (648,000), Chad (613,000), Nigeria (516,000), Mali (302,100), and Burkina Faso (271,000).

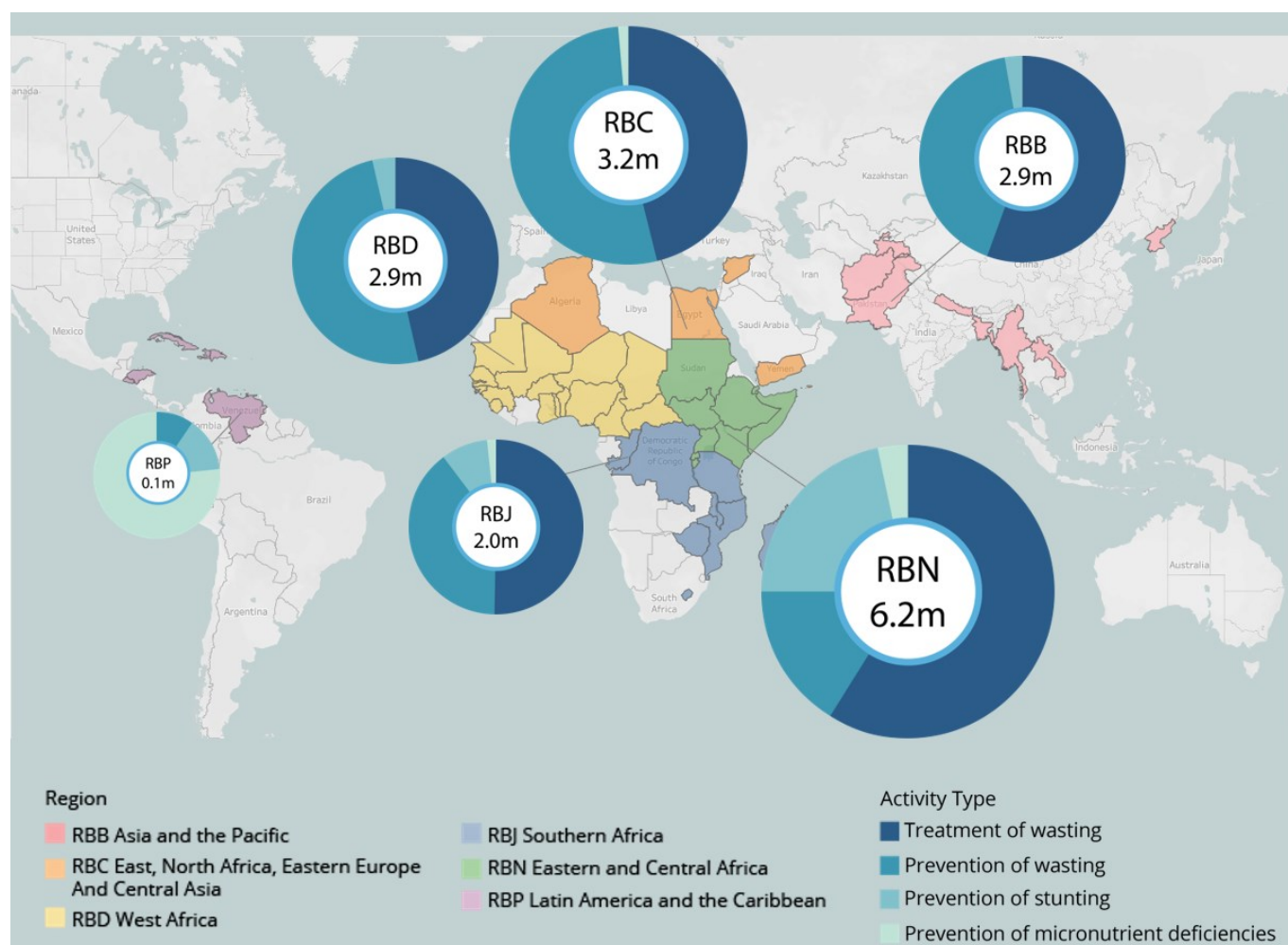
Regional Bureau Bangkok (RBB): Accounting for 17 percent of beneficiaries, RBB programmes reached 2.9 million people. Large-scale operations included

Afghanistan (1.3 million), Democratic Republic of Korea (623,000), Pakistan (450,000), and Bangladesh (290,000). Note that an important part of the work on nutrition in RBB fall under capacity strengthening, which may not be reflected in the analyses presented in this report.

Regional Bureau Johannesburg (RBJ): RBJ accounted for 12 percent of WFP's nutrition-specific beneficiaries (2.0 million). The Democratic Republic of Congo (1.5 million), RBJ's largest programme, increased its beneficiary reach by 50 percent in comparison to that in 2019 (1.0 million).

Regional Bureau Panama (RBP): RBP accounted for 1 percent of WFP's total nutrition-specific beneficiaries (176,000), with the Dominican Republic (107,000) and Cuba (45,000) 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). Similar to RBB, the important work done on capacity strengthening for nutrition in the region is not well represented in this report.

Figure 5. Nutrition-specific beneficiaries by region and activity type



Trends in Nutrition

Between 2019 and 2020, WFP's total beneficiary reach increased by 18 percent (Figure 6). Nutrition-specific programming also increased by 1 percent since 2019, reaching a total of 17.3 million beneficiaries in 51 countries.

At the nutrition activity level (Figure 7) this represents:

- 3 percent decrease in treatment of wasting programming¹⁵
- 9 percent increase in prevention of wasting
- 6 percent decrease in prevention of stunting
- 33 percent decrease in prevention of micronutrient deficiencies

WFP committed to the United Nations **Global Action Plan on Wasting** adopted in March 2020.¹⁶ The action plan is set to accelerate country progress against wasting by addressing gaps in food, social protection and health systems. A new UNICEF-WFP partnership agreement was also finalized in November 2020 to improve the coverage and efficiency of joint efforts to address wasting globally.

In 2020, WFP reached a record of 6 million young children suffering from moderate wasting, a 3 percent increase from 2019.

WFP significantly scaled up malnutrition prevention programmes in 2020, reaching a record number of 5.8 million vulnerable children, a 16 percent increase compared to 2019.

Furthermore, WFP also aims towards changing lives by supporting food systems where everyone can access a healthy diet. For both nutrition-specific and -sensitive programming, in 2020, 51 countries monitored at least one outcome indicator for dietary diversity or diet quality (i.e. MAD, MDD-W, and/or FCS-N), in comparison to 32 countries in 2018 and 54 countries in 2019.

Figure 6. WFP beneficiaries 2013-2019

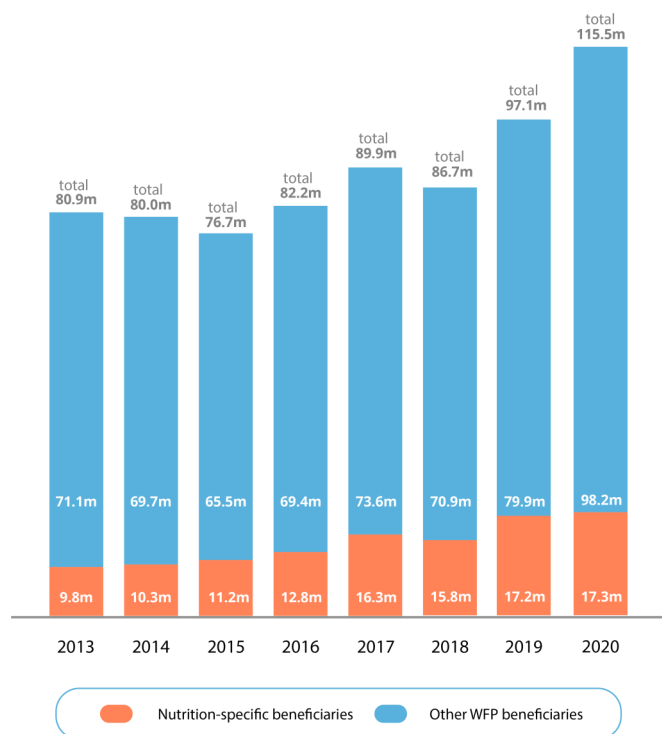
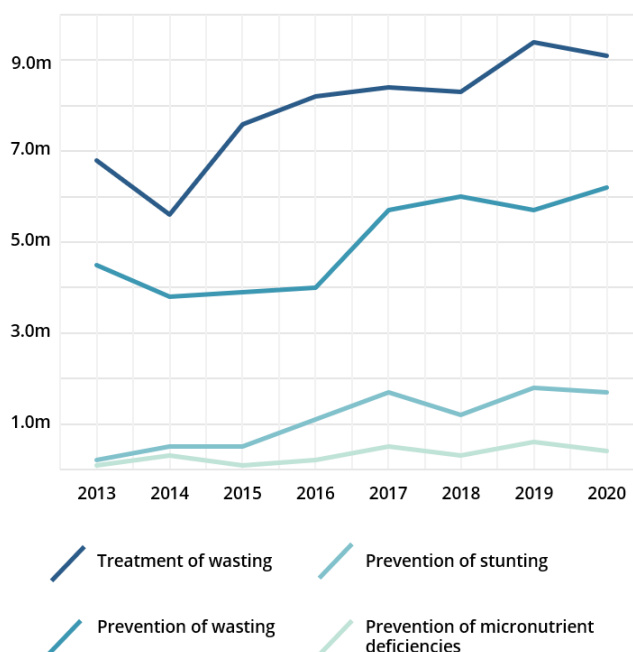


Figure 7. Nutrition-specific beneficiaries by activity type¹⁷



¹⁵ In 2020, 9.1 million were reached through treatment of wasting, including 6.0 million children under 5 and 3.0 million PLWG. In comparison, 9.4 million were reached through this type of programmes in 2019, which included 5.7 million children under 5 and 3.3 million PLWG.

¹⁶ Global Action Plan for Child Wasting: <https://www.childwasting.org/about>

¹⁷ An overlap of about 121,000 children and PLWG were included in both prevention and treatment programmes in Burkina Faso and Somalia.

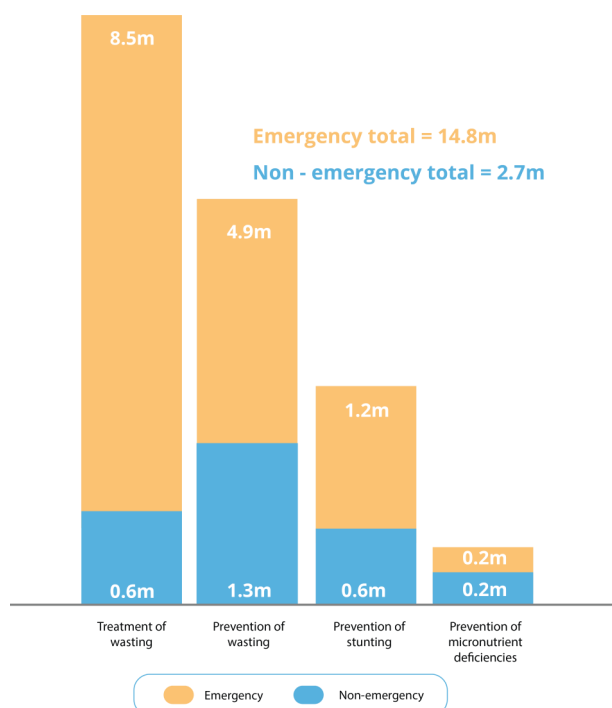
Humanitarian and emergency contexts

The majority of WFP's work is carried out in fragile contexts as a result of conflicts or disasters. By delivering food and nutritious products to host communities, refugees, returnees, and internally displaced persons (IDPs), WFP ensures that their basic food and nutrition needs are met.

WFP launched its first ever global Level 3 emergency response in March 2020 to meet the unparalleled need for food and nutrition assistance resulting from COVID-19 while also responding to Level 2 and Level 3 emergencies and sustaining support for existing beneficiaries in 16 out of 84 WFP countries.

Nutrition in emergencies^{18,19} represented 85 percent of WFP nutrition operations in 2020, with about 60 percent of total WFP nutrition beneficiaries reached in Yemen, South Sudan, the Democratic Republic of the Congo, Somalia, Afghanistan, and Ethiopia.

Figure 8. Nutrition-specific beneficiaries reached in humanitarian/emergency and non-emergency contexts²⁰

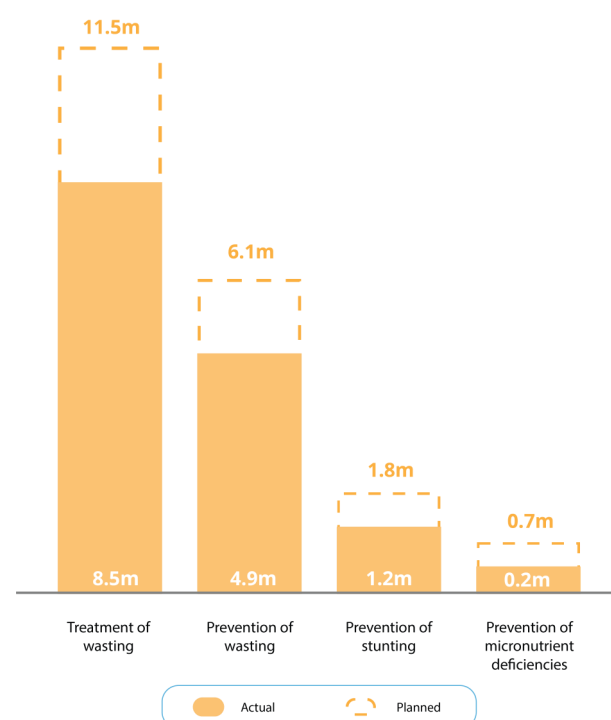


As shown in [Figure 8](#), 93 percent (8.5 million) of beneficiaries in treatment programmes and 75 percent (6.3 million) in prevention programmes were reached in humanitarian contexts. In these settings, WFP reached 74 percent of planned beneficiaries for treatment programmes and 73 percent for prevention programmes ([Figure 9](#)).

Moreover, 2.5 million of WFP nutrition-specific beneficiaries were IDPs, refugees and returnees:

- Approximately 790,000 were reached through nutrition treatment activities
- About 1.7 million were reached through nutrition prevention activities

Figure 9. Actual versus planned nutrition-specific beneficiaries in humanitarian and emergency contexts



¹⁸ Although some countries such as Pakistan may not be classified as a level 2/3 emergency, they have been identified here as a country of humanitarian or emergency context for nutrition as levels of malnutrition are drastically alarming. See [annex for list of countries with nutrition in emergency programming in 2020](#).

¹⁹ WFP defines emergencies/humanitarian context 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>.

²⁰ A beneficiary overlap of about 121,000 children and PLWG were found in both prevention and treatment programmes in Burkina Faso and Somalia in 2020.

HIV/TB programmes



In 2020, WFP supported the national HIV/TB response in 43 countries globally, including 19 Fast Track Countries, with HIV/TB specific, HIV/TB sensitive and/or capacity strengthening activities.

BENEFICIARIES OF HIV/TB PROGRAMMES²¹

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 (C&T) 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 (M&SN) 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).

Of the 17.3 million beneficiaries reached through nutrition-specific programming, only C&T beneficiaries, and not those reached through M&SN, were counted.

The total number of direct beneficiaries who receive direct food transfers through WFP HIV/TB specific interventions in crisis response, resilience and root causes focus areas was slightly more than half a million²²:

Pillar	Total Beneficiaries	Percentage
C&T	168,899	30%
M&SN	376,744	70%
Grand Total	540,643	

21 HIV in Numbers and Beyond: <https://docs.wfp.org/api/documents/WFP-0000129942/download/>

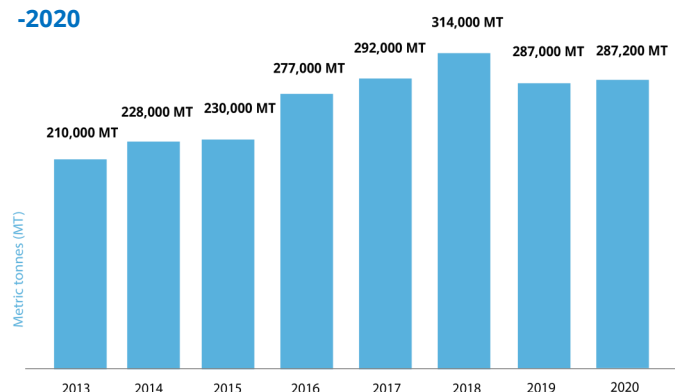
22 The number was calculated based on the ACR reports including information reported exclusively in the narrative. This justifies the discrepancy with the number reported by COMET which limited its reporting to the data included in the output tables.

Specialized Nutritious Foods

Working with our cooperating partners, WFP is a global leader in the appropriate, context-specific, and targeted use of specialized nutritious foods (SNF) for the treatment and prevention of undernutrition to help meet nutrient gaps for vulnerable populations.²³ Using SNFs in our food baskets and nutrition programmes means we don't just provide calories. Instead, we are providing nutrient dense foods that are effective when malnutrition threatens lives.

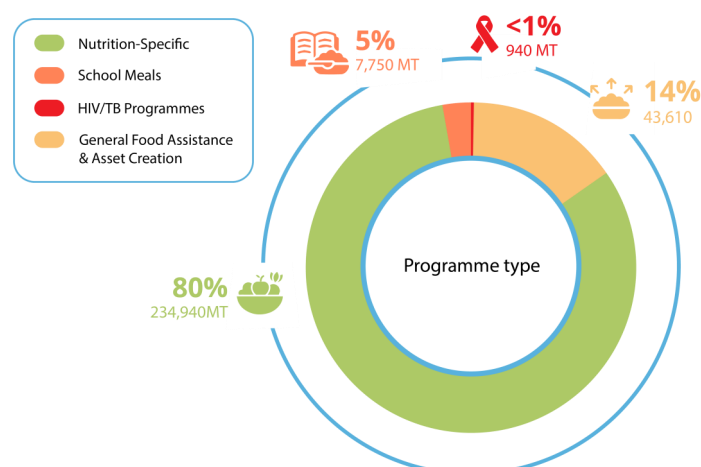
In 2020, WFP distributed 287,200 mt of SNF in 48 countries (Figure 10), for all global WFP programmes, as a cost-effective source of essential nutrients for vulnerable individuals, complementing food and cash-based nutrition interventions.

Figure 10. Global distribution of SNFs in metric tons 2013-2020



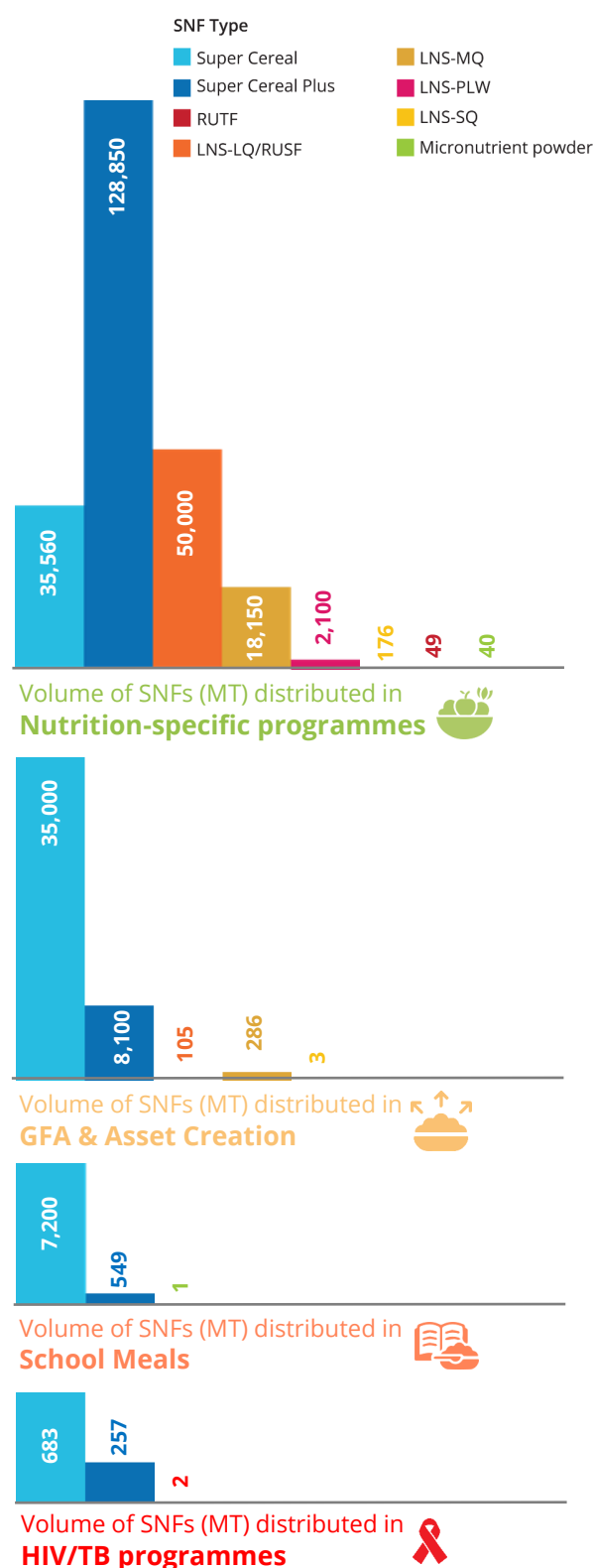
Due to reduced production levels and global shortages of FBF, WFP prioritized the use of SNFs for nutrition-specific programmes to treat and prevent malnutrition and reduced their use in nutrition-sensitive programmes such as general food assistance. Figure 11 depicts how the SNFs are used across WFP's programme portfolio.

Figure 11. SNF distribution in metric ton by programme type



See Figure 12 below for the breakdown of SNF type²¹ by specific programme type.

Figure 12. SNF distribution in metric tons by programme and SNF types²⁴



²³ Factsheet on "Why WFP uses Specialized Nutritious Foods" <https://docs.wfp.org/api/documents/WFP-0000111131/download/>

²⁴ For information on types of SNF products, refer to "SNF Substitution Guidance Note" <https://docs.wfp.org/api/documents/WFP-0000099472/download/> and "WFP Specialized Nutritious Foods Sheet" <https://docs.wfp.org/api/documents/WFP-0000001477/download/>

SNF distribution by region

SNF distribution figures are aligned with the number of beneficiaries reached for each region. Accounting for 36 percent of nutrition beneficiaries, RBN distributed the largest quantity of SNF, 42 percent of total SNF distributed (Figure 13). This is followed by RBD, RBC, RBJ, RBB, and RBP. The type of SNF utilized varies by region according to local context. See the series of pie charts in Figure 14 for details on the distribution of the different types of SNF by region.

Figure 13. Proportion of total SNF (volume in metric ton) distributed by region

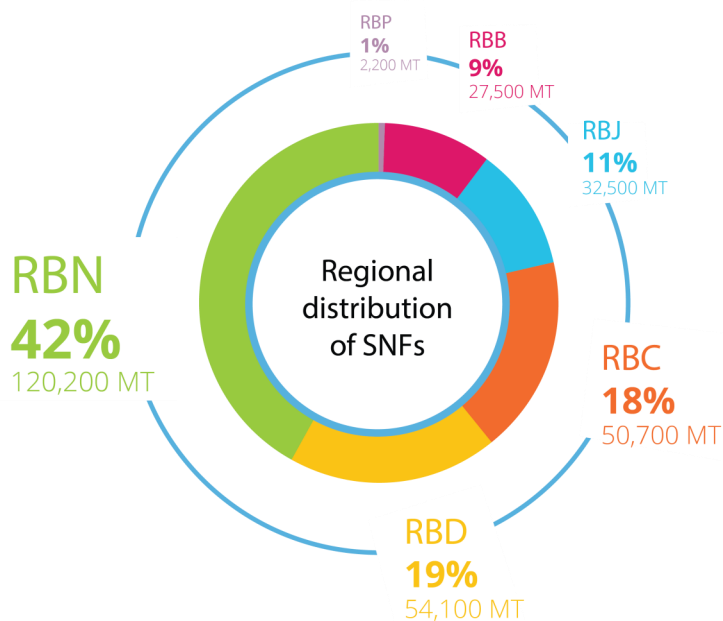
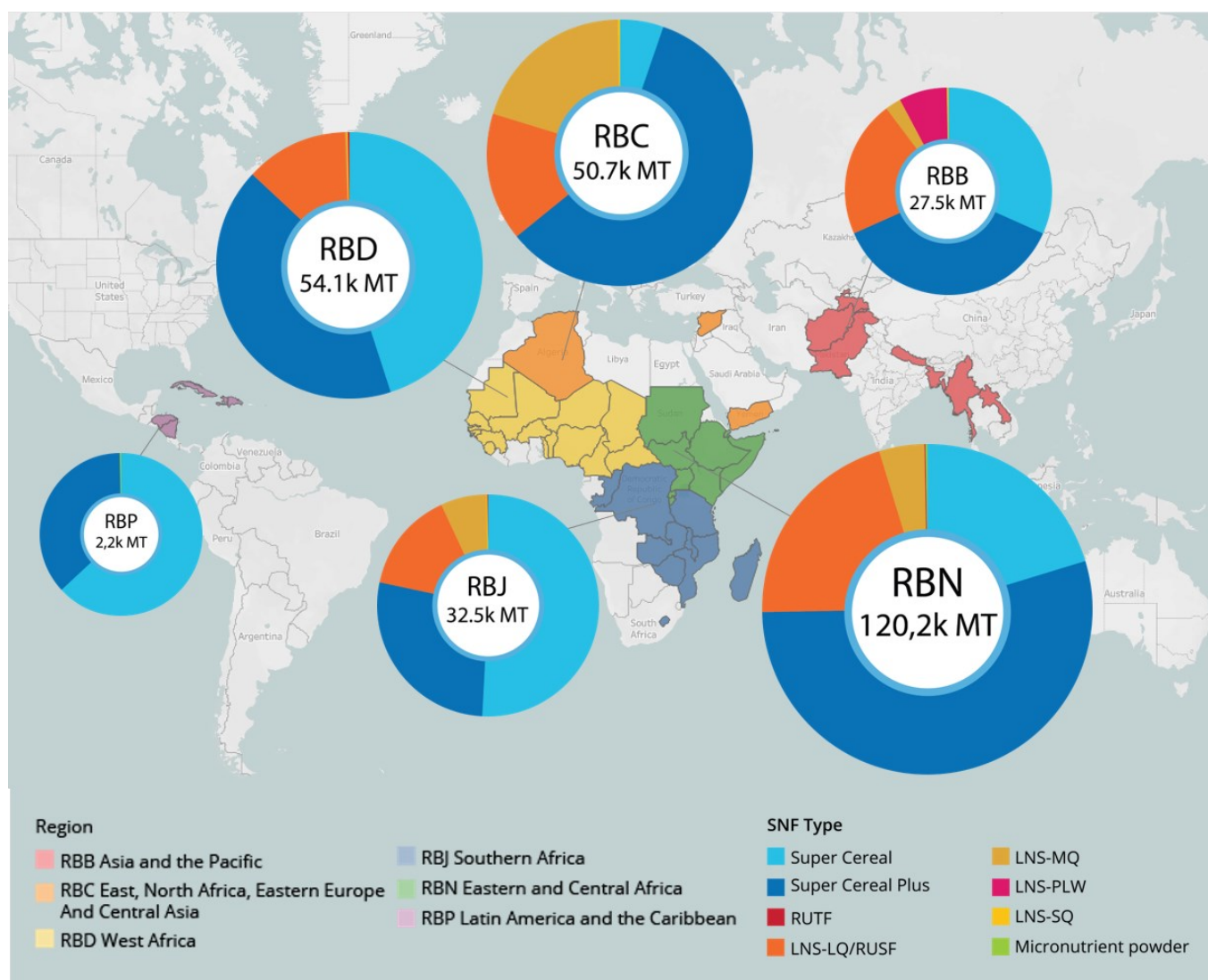


Figure 14. SNF distribution (volume in metric ton) by region and SNF type



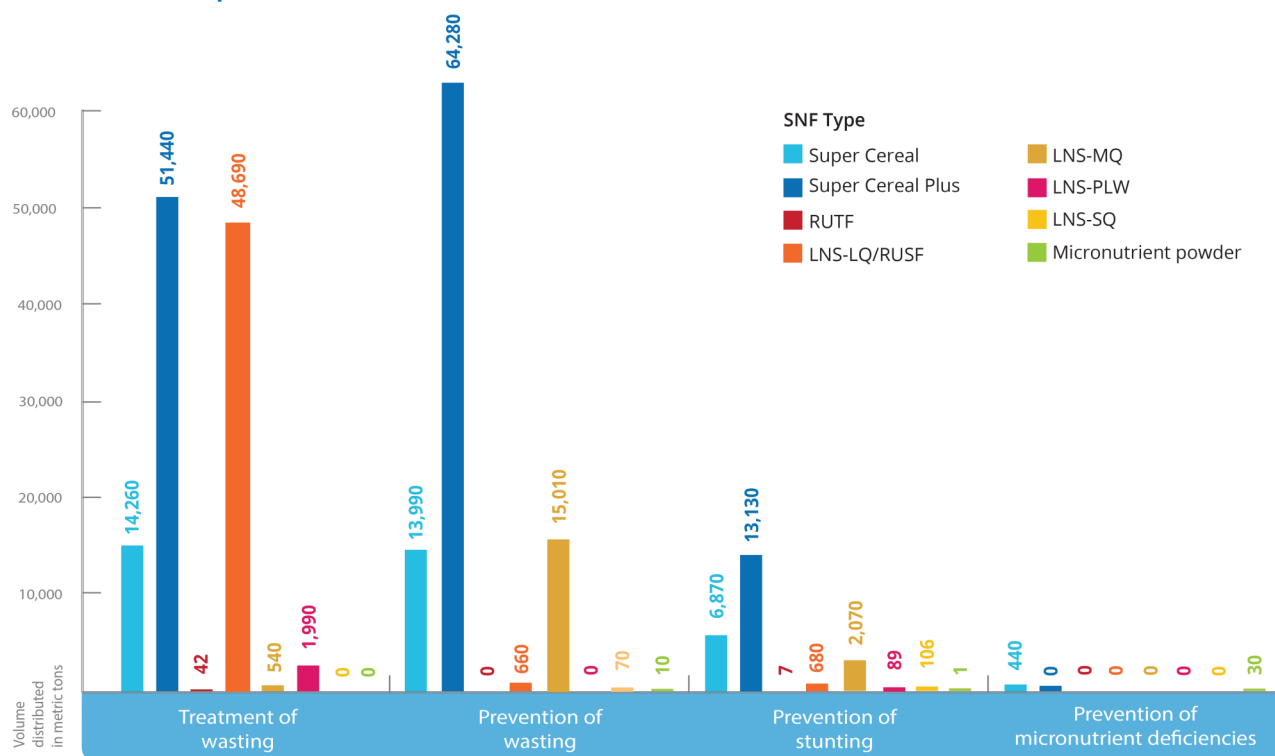
SNF used in nutrition-specific programming

SNFs are designed to meet the nutrient needs of vulnerable populations in specific contexts. Thus, it is essential to have a diverse range of products available, with varying nutrient composition and ration sizes. For example, a daily ration of Super Cereal for PLWG can be up to 250 grams per person to treat wasting; while a maximum of 1 gram of MNP is recommended for 6-59

months to prevent micronutrient deficiencies.²⁵

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 15. A total of 234,900 metric tons of SNF were distributed for the treatment and prevention of malnutrition.

Figure 15. SNF distribution in metric tons by SNF type for treatment and prevention of malnutrition



SNF used in General Food Assistance and School Meals

SNF were distributed in 48 countries globally in 2020. In addition to nutrition-specific programmes, SNF can be added to food baskets to help beneficiaries meet their nutrient requirements. Globally, 29 countries distributed SNF through general food assistance (GFA) and 17 integrated SNF into their school-based programmes (SBP). By commodity, this breaks down as follows:

Number of countries distributing SNFs through GFA:

- 24 countries included Super Cereal
- 12 countries included Super Cereal Plus
- 6 countries included LNS-LQ/RUSF
- 4 countries included LNS-MQ
- 1 country (i.e. Laos) included LNS-SQ

Number of countries distributing SNFs through SBP:

- 13 countries included Super Cereal
- 5 countries included Super Cereal Plus
- 3 countries included MNPs

25 Specialized nutritious foods sheet: <https://docs.wfp.org/api/documents/WFP-0000001477/download/>

Cash for nutrition



Photo: WFP/Marilou Cezar

Cash-based assistance can potentially improve nutrition, provided it leads to, directly or indirectly, enough dietary improvement and/or reduction of disease burden among the target groups most at-risk of malnutrition.²⁶

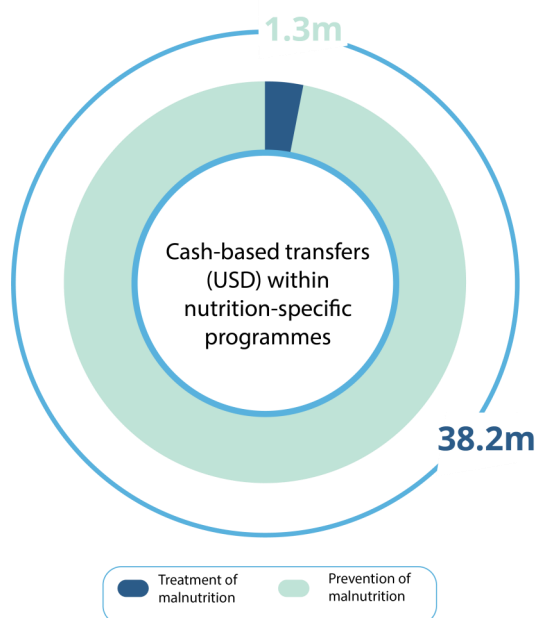
In 2020, WFP distributed USD 2.1 billion in cash-based transfers (CBT), including cash, commodity vouchers, and value vouchers. Of this sum, **USD 39.5 million were distributed through nutrition-specific programmes**²⁷:

- USD 1.3 million were distributed within treatment programming, including HIV/TB C&T.
- USD 38.2 million were distributed for prevention of malnutrition programmes.

Of the 17.3 million beneficiaries reached through nutrition-specific programming, over 645,580 people received CBT:

- 606,370 beneficiaries received CBT through nutrition prevention activities.
- 39,210 beneficiaries received CBT within nutrition treatment programming.

Figure 16. Cash-based transfers (value in USD) distributed within nutrition-specific programmes



²⁶ Making cash do more for nutrition: <https://newgo.wfp.org/documents/making-cash-do-more-for-nutrition>

²⁷ Nutrition-specific programmes consist of activities directly targeting treatment of wasting, prevention of wasting, prevention of stunting, prevention of micronutrient deficiencies, and HIV/TB care and treatment.

Food fortification

In 2020, WFP distributed over 1.3 million MT of fortified foods, including iodized salt, fortified rice, wheat flour, maize flour, and oil:

- **Over 970,000 MT of fortified wheat flour** was distributed globally, representing 85 percent of all wheat distributed (1.2 million MT)
- **About 58,500 MT of fortified maize flour** was distributed, representing 13 percent of all maize distributed (453,000 MT)
- **Globally 5,220 MT of rice distributed was fortified**, representing 2 percent of all rice distributed (342,000 MT).

Figure 17 shows that over 80 percent of WFP's fortified rice was distributed in the Asia and the Pacific region (RBB) (4,344 MT) in 2020, where 6 percent of the rice WFP delivered was fortified. The second largest was in RBD (433 MT), where about 8 percent was fortified.



Photo: WFP/Sayed Asif Mahmud

RICE FORTIFICATION | COUNTRY HIGHLIGHTS

Data from the COMET system does not fully capture the narrative of food fortification at WFP, especially those related to capacity strengthening. Below are some highlights to complement the presented data:

Peru

Incorporation of fortified rice in national and regional social protection programmes

- 2.4 million school children received fortified rice
- 5,000 beneficiaries received fortified rice through the Municipality of Lima
- 63,000 children under the age of 3 years received fortified rice

India

Fortified rice mainstreamed through food-based safety nets throughout the country and consumed

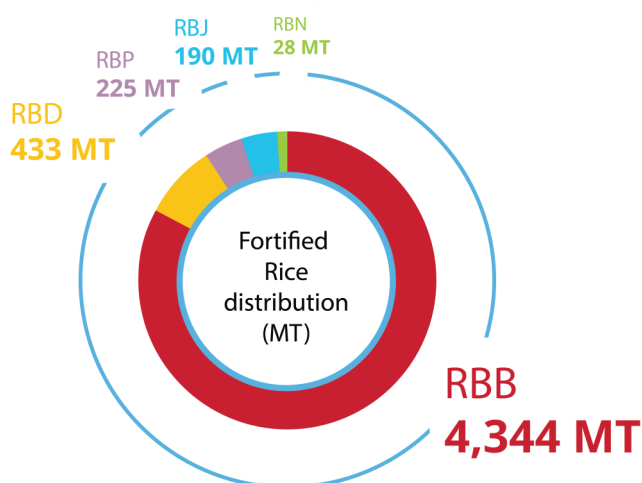
- 5.5 million people received fortified rice through the public distribution system

Bangladesh

Rice retail market strategy

- Over 7 million fortified rice consumer reached
- 6 rice premix kernel factories were made operational
- Over 75 blending units are also now operational
- 1 national lab established to test all six micronutrients to ensure a safe product

Figure 17. Where does WFP distribute fortified rice?



Social and behaviour change communication (SBCC)

Social and behaviour change communication (SBCC) is an integral part of WFP's nutrition-specific programming and is increasingly being integrated into school feeding programmes, general food assistance, and other nutrition-sensitive programmes. SBCC approaches are adapted to context and include interpersonal approaches (e.g. counselling, nutrition education), media (e.g. radio, television) and community mobilization (e.g. issue groups and campaigns).

In 2020, WFP implemented SBCC approaches in 49 countries to improve knowledge, attitudes and behaviours of vulnerable populations groups regarding Infant and Young Child Feeding practices, dietary diversity, hygiene and sanitation, HIV/TB specific programmes, and childcare practices (Figure 18):

- 11.1 million people were reached through interpersonal approaches
- 39.9 million people were reached using media

In total, this is 264 percent increase from 14 million reached in 2019.

Figure 19 illustrates the number of countries that have incorporated SBCC approaches into their nutrition programmes. This includes:

- 43 out of 69 countries (62 percent) with nutrition-sensitive programming
- 34 out of 51 countries (67 percent) with nutrition-specific programming
- 28 out of 35 countries (80 percent) with treatment of acute malnutrition programming

- 22 out of 32 countries (69 percent) with prevention of acute malnutrition programming
- 17 out of 24 countries (71 percent) with prevention of stunting
- 4 out of 6 countries (67 percent) with prevention of micronutrient deficiencies
- 4 out of 12 countries with HIV/TB specific nutrition programmes (i.e. C&T)

Figure 19. Countries incorporating SBCC approaches into nutrition activities

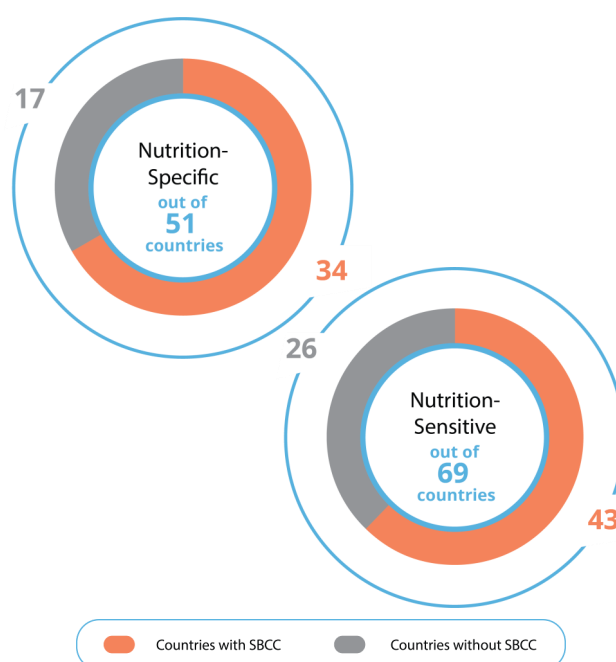


Figure 18. Countries with SBCC included in programmes



Systems analysis for nutrition

Healthy diets are an aspirational goal for which context-specific solutions are required. Systems analysis for nutrition, including **Fill the Nutrient Gap (FNG) and Cost of the Diet (CotD) analyses**,²⁸ plays an important role in identifying how the food, social protection, health and education systems contribute to improving nutrition and enable programme and policy decision-makers to apply systems-thinking for enhancing nutrition integration.

Each FNG exercise takes an analytical perspective to create a shared understanding of systemic barriers to an adequately nutritious and healthy diet and identify systems strengthening actions to address these. In addition, the FNG process is shaped to engage country offices and national stakeholders, including the government, NGOs, UN agencies, academia and the private sector, and to shift from a sector-based way of considering nutrition towards a system focused one.

In addition, the FNG analyses inform identification of vulnerabilities to the impact of COVID-19 on nutrition and opportunities to shape food assistance and social protection's assistance benefits to mitigate these consequences as best as possible.

In 2020, a total of 10 FNG analyses were also conducted in 8 countries, along with 8 ongoing (to be completed in 2021), and Cost of the Diet analyses were carried out in one country:



Photo: WFP/Deborah Nguyen

FNG analyses completed in 2020		FNG analyses started in 2020 and ongoing in 2021	
DR Congo		Nepal	
Niger (resilience)		Zambia	
Mali		Namibia	
Burkina Faso		Tunisia	
Mauritania		Guinea Bissau	
Dominican Republic		Cameroon	
Ethiopia (national, FFV, COVID)		Afghanistan	
Kenya (refugees)		Indonesia	

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

The team also published topic briefs on learning across different FNG analyses, including on food systems in fragile settings, food fortification, making social protection nutrition-sensitive, and combining Minimum Expenditure Basket (MEB) and FNG analyses to inform essential needs programming.

Outcome Indicators



Photo: WFP/Julian Frank

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

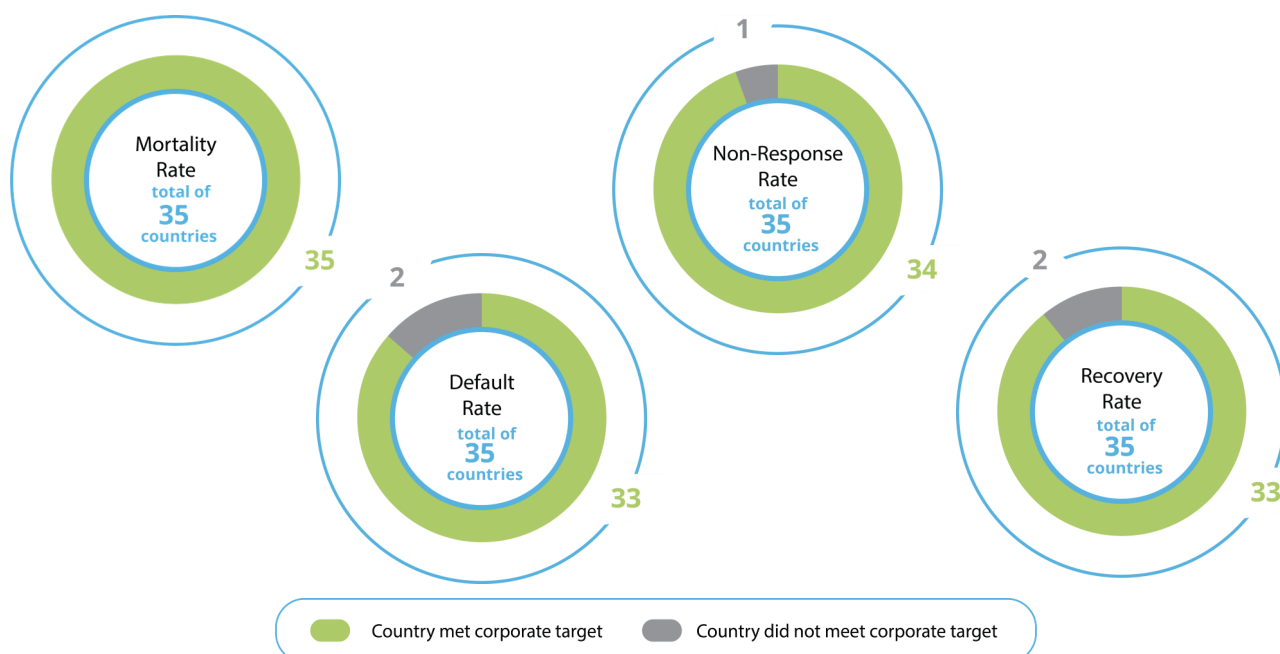
MAM treatment performance indicators

Every MAM treatment programme reports four performance indicators based on globally accepted SPHERE standards²⁹ 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 20), globally WFP programming met SPHERE standards. The global average of recovery rate was of 91 percent, 3 percent for non-response rate, 6 percent for default rate, and 0.1 percent for mortality rate.

Figure 20. MAM treatment performance indicators³⁰



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

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



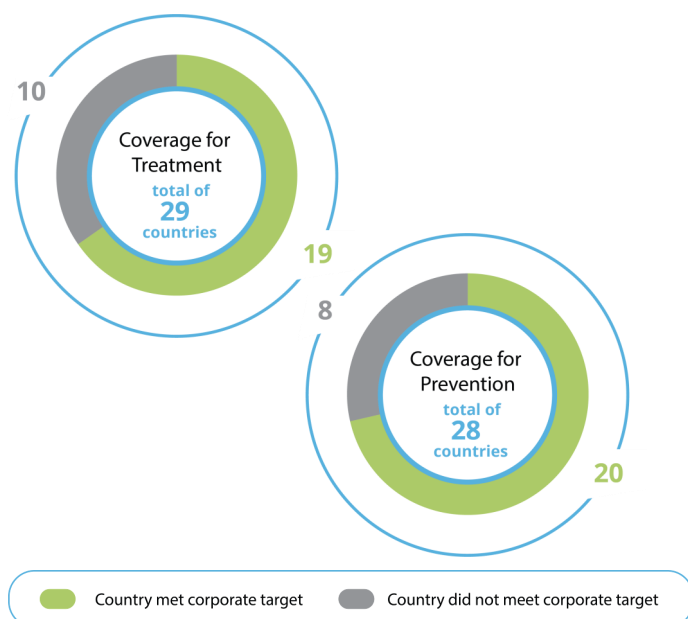
Photo: WFP/Nyani Quarmyne

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. As seen in Figure 21:

- 19 out of 29 countries (66 percent) reporting on coverage for treatment programmes, met the coverage threshold.
- 20 out of 28 countries (71 percent) with prevention programmes reporting on coverage achieved coverage targets.

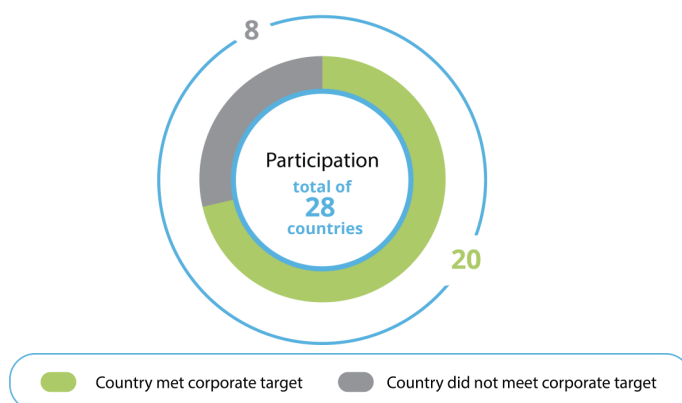
Figure 21. Coverage indicators



Participation (adherence), defined as “the proportion of target population participating in an adequate number of distributions” is a required indicator for all prevention programmes. The participation target is >66 percent. As seen in Figure 22:

- On average, 20 out of 28 countries (71 percent) reached the adherence (participation) target for prevention programming.

Figure 22. 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 more³¹. 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 SNF, 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 SNF are provided to children as part of nutrition-specific programming, through food assistance or 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 2020, 35 countries reported on MAD. Two countries – Ethiopia and Nepal – met the 70 percent MAD target. Thirteen countries achieved over a 10 percent increase from baseline (Figure 23).

- In Mauritania, with a level of funding covering 73 percent of the needs-based funding requirements, careful resources management allowed WFP to successfully prevent interruption of food and cash assistance. This resulted in an overall improvement of the food and nutrition situation of refugees compared to 2019. The portion of children adopting a MAD in Mauritania increased from 5.7 percent to 16.4 percent over the year (389 percent increase).³²
- WFP Honduras was able to improve MAD for children 6-23 months despite disruptions in some programme activities by distributing of SNF in the form of Super Cereal and Super Cereal Plus among children and PLWG.³³
- In Zimbabwe, the positive results seen through the remote monitoring surveys can be attributed to the distribution of the Super Cereal Plus, nutrition messaging, sensitisations, and trainings among children.³⁴

Suboptimal MAD results were influenced by limited access to and high cost of nutritious foods, especially during the COVID-19 pandemic. Low MAD results are often influenced by suboptimal child feeding and care practices. To improve the MAD, WFP is utilizing and adapting SBCC to support communities to improve infant and young child feeding practices in programmes such as Ethiopia's Fresh Food Voucher programme.³⁵

31 WHO.2010. Indicator for Assessing Infant and Young Child Feeding Practices: <https://www.who.int/nutrition/publication/infantfeeding/9789241599290/en>

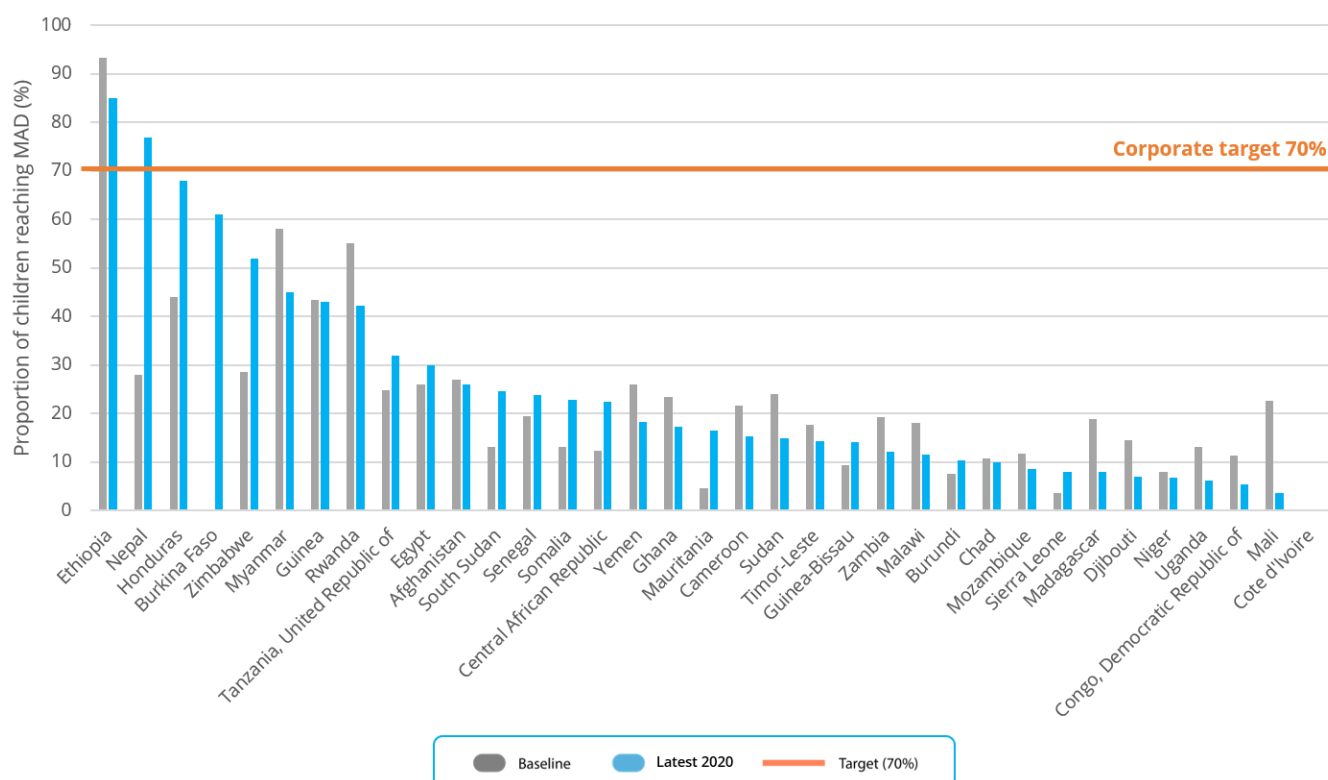
32 WFP Mauritania Annual Country Report 2020: <https://docs.wfp.org/api/documents/WFP-0000125395/download/?ga=2.218061264.771417135.1621359509-1761657973.1578597778>

33 WFP Honduras Annual Country Report 2020: <https://docs.wfp.org/api/documents/WFP-0000125440/download/?ga=2.256381261.771417135.1621359509-1761657973.1578597778>

34 WFP Zimbabwe Annual Country Report 2020: <https://docs.wfp.org/api/documents/WFP-0000125453/download/?ga=2.14037105.771417135.1621359509-1761657973.1578597778>

35 WFP Ethiopia Annual Country Report 2020 (2019-2020): <https://docs.wfp.org/api/documents/WFP-0000125422/download/?ga=2.253320399.771417135.1621359509-1761657973.1578597778> and (2020-2025): <https://docs.wfp.org/api/documents/WFP-0000125424/download/?ga=2.46520417.771417135.1621359509-1761657973.1578597778>

Figure 23. Proportion of children reaching minimum acceptable diet (MAD)



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 SNF, 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 protection's assistance benefits.

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 24](#), rates from 22 countries improved from baseline:

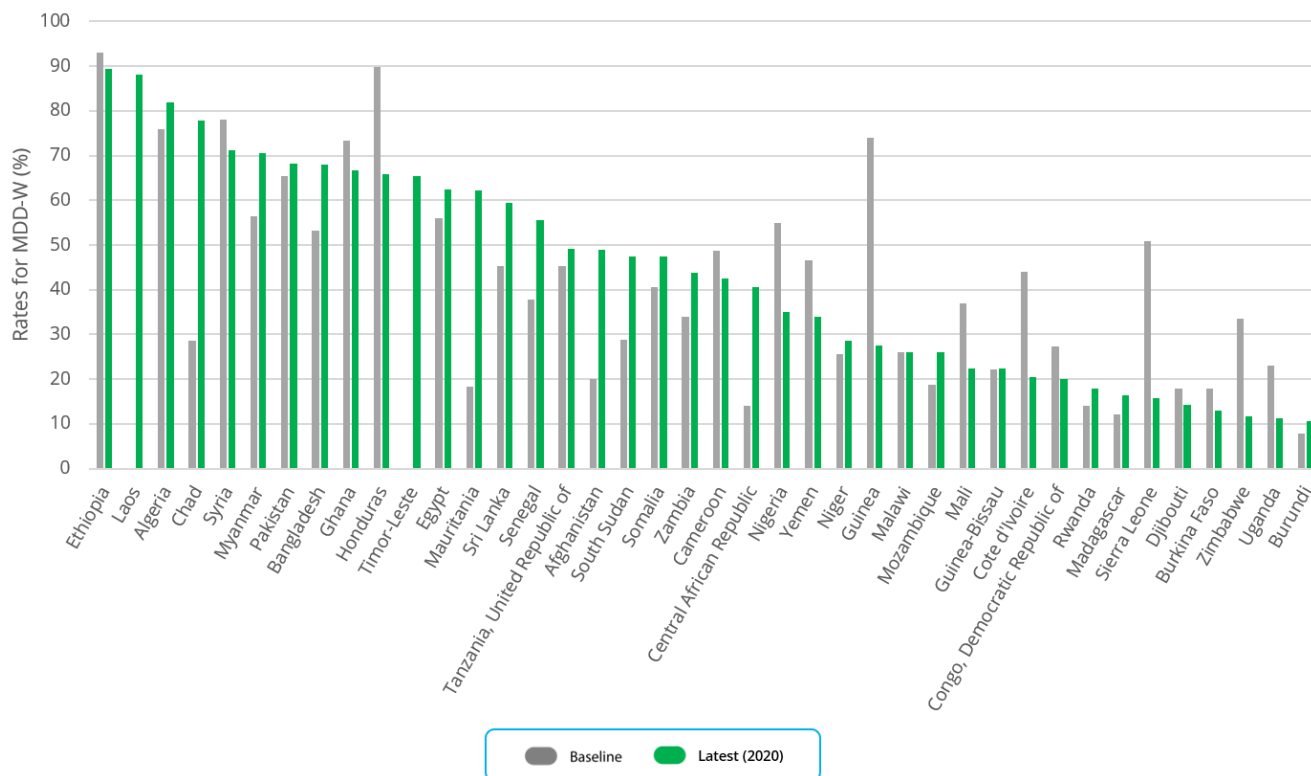
- The biggest improvement in Mauritania (from 18.8 percent to 62.5 percent) can be attributed to significant increase in funds, allowing WFP to prevent programme interruptions as previously mentioned.³⁶
- In Chad, nutrition activities were integrated into resilience activities and households were supported to diversify their diet, by promoting the cultivation of nutritious plants such as moringa. Small ruminants were also distributed, and mixed fortified flours was promoted, while PLW were encouraged to attend antenatal clinics with cash distribution incentives. As such, MDD-W increased by 172 percent compared to 2019 (from 28.9 to 77.8 percent).³⁷

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

36 WFP Mauritania Annual Country Report 2020: https://docs.wfp.org/api/documents/WFP-0000125395/download/?_ga=2.218061264.771417135.1621359509-1761657973.1578597778

37 WFP Chad Annual Country Report 2020: https://docs.wfp.org/api/documents/WFP-0000125383/download/?_ga=2.214962513.771417135.1621359509-1761657973.1578597778

Figure 24. Reported rates for minimum dietary diversity for women



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:

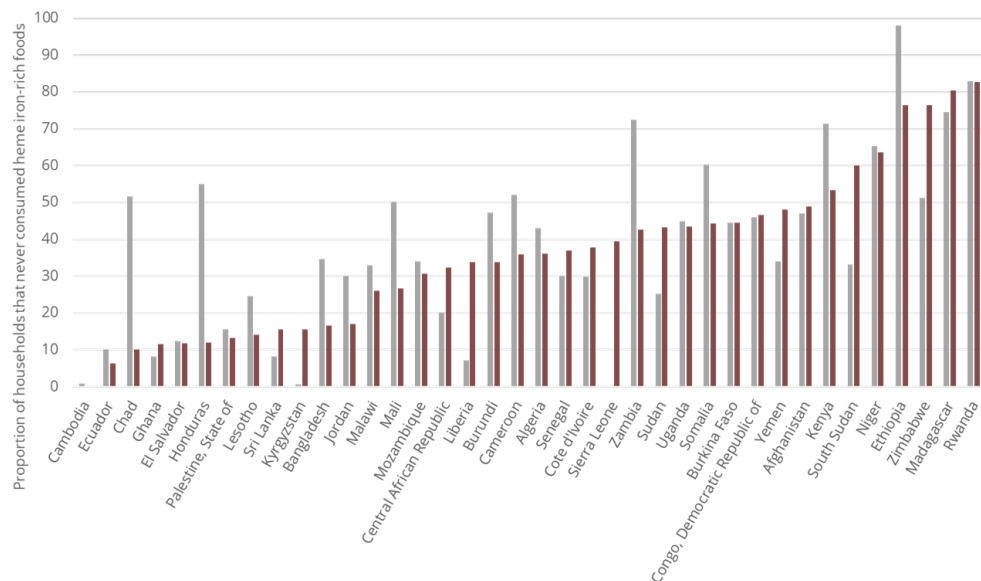
- Reduced proportion of beneficiaries never consuming protein-rich foods
- Reduced proportion of beneficiaries never consuming heme iron-rich foods
- Reduced proportion of beneficiaries never consuming vitamin A-rich foods

In 2020, 38 countries reported on FCS-N (Figure 25). Of these countries:

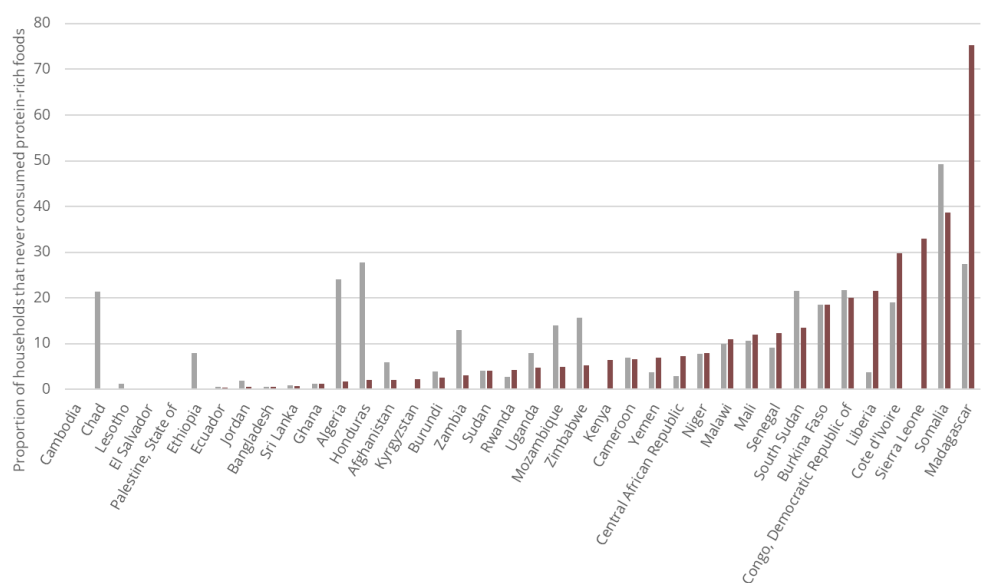
- 22 countries reduced the proportion of households never consuming heme iron-rich foods;
- 20 countries reduced the proportion of households never consuming protein-rich foods; and
- 19 countries reduced the proportion of households never consuming vitamin A-rich foods.

Figure 25. Percentage of households that never consumed heme iron-rich foods, protein-rich foods, and vitamin A-rich foods

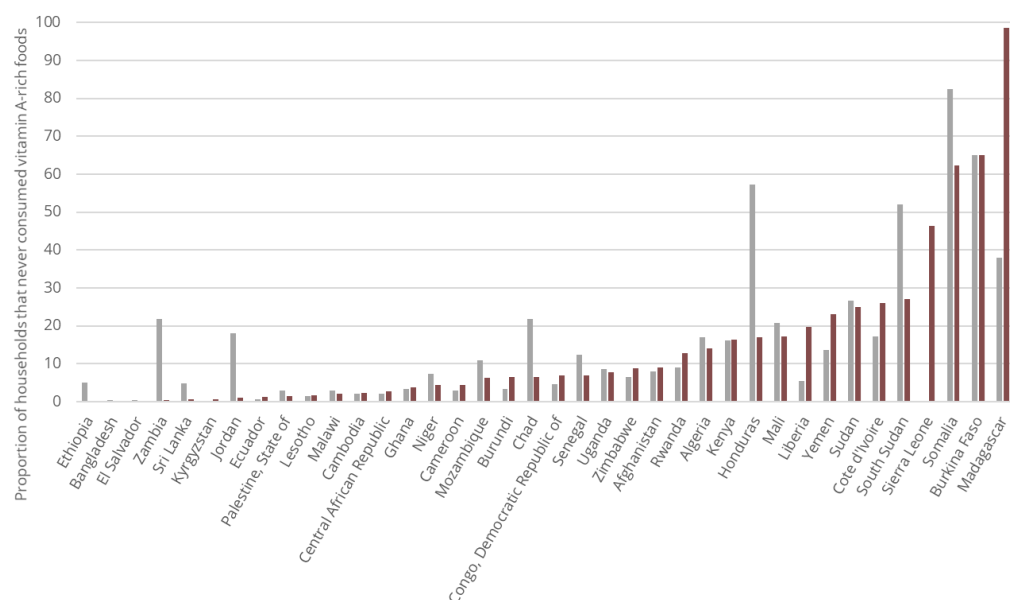
A. Never consumed heme iron-rich foods



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-Sensitive	Nutrition-Specific
RBB Regional Bureau for Asia and the Pacific	Afghanistan	Yes	Yes
	Bangladesh	Yes	Yes
	Bhutan	Yes	
	Cambodia	Yes	
	India	Yes	
	Indonesia	Yes	
	Korea, Democratic Republic		Yes
	Kyrgyzstan	Yes	
	Laos	Yes	Yes
	Myanmar	Yes	Yes
	Nepal	Yes	Yes
	Pakistan	Yes	Yes
	Philippines	Yes	
	Sri Lanka	Yes	
	Tajikistan	Yes	Yes
RBC Regional Bureau for the Middle East and Northern Africa	Algeria	Yes	Yes
	Armenia	Yes	
	Egypt		Yes
	Jordan	Yes	
	Lebanon	Yes	
	Libya	Yes	
	Syria		Yes
	Yemen	Yes	Yes
RBD Regional Bureau for Western Africa	Benin	Yes	Yes
	Burkina Faso	Yes	Yes
	Cameroon	Yes	Yes
	Central African Republic	Yes	Yes
	Chad	Yes	Yes
	Cote d'Ivoire	Yes	
	Gambia	Yes	Yes
	Ghana	Yes	Yes
	Guinea	Yes	Yes
	Guinea-Bissau	Yes	Yes
	Liberia	Yes	
	Mali	Yes	Yes
	Mauritania	Yes	Yes
	Niger	Yes	Yes
	Sao Tome and Principe	Yes	
	Senegal	Yes	Yes
	Sierra Leone	Yes	Yes
	Togo	Yes	Yes

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

Table 2: List of countries with completed Fill the Nutrient Gap and Cost of the Diet analyses in 2020 and ongoing in 2021

FNG analyses completed in 2020	FNG analyses started in 2020 and ongoing in 2021
DR Congo	Nepal
Niger (resilience)	Zambia
Mali	Namibia
Burkina Faso	Tunisia
Mauritania	Guinea Bissau
Dominican Republic	Cameroon
Ethiopia (national, FFV, COVID)	Afghanistan
Kenya (refugees)	Indonesia

Table 3: List of countries with nutrition programming in emergency/humanitarian context

List of countries	
Afghanistan	Mozambique
Bangladesh	Myanmar
Burkina Faso	Niger
Chad	Nigeria
Cameroon	Pakistan
Central African Republic	Somalia
Congo, Democratic Republic of	South Sudan
Ethiopia	Sudan
Mali	Yemen
Madagascar	Zimbabwe

Table 4: Nutrition-specific beneficiaries by region

Region	Beneficiary Reach
RBB Asia and the Pacific	6,157,915
RBC East, North Africa, Eastern Europe And Central Asia	3,226,950
RBD Western Africa	2,861,435
RBJ Southern Africa	2,880,121
RBN Eastern and Central Africa	2,013,061
RBP Latin America and Caribbean	175,587

Table 5: Nutrition-specific beneficiaries by country and region

Region	Country	Nutrition beneficiaries
RBB Regional Bureau for Asia and the Pacific	Afghanistan	1,305,701
	Korea, Democratic Republic	623,960
	Pakistan	450,462
	Bangladesh	288,929
	Myanmar	109,033
	Nepal	80,728
	Laos	12,900
	Tajikistan	8,408
RBC Regional Bureau for the Middle East and Northern Africa	Yemen	2,707,515
	Syria	455,620
	Egypt	40,548
	Algeria	23,267
RBD Regional Bureau for West-ern Africa	Niger	647,786
	Chad	613,487
	Nigeria	516,564
	Burkina Faso*	270,798
	Mali	302,097
	Cameroon	156,224
	Central African Republic	94,601
	Mauritania	58,147
	Ghana	53,372
	Guinea	50,449
	Sierra Leone	44,358
	Gambia	19,674
	Benin	9,951
	Guinea-Bissau	9,847
	Senegal	7,330
	Togo	6,750
RBJ Regional Bureau for South-ern Africa	Congo, Democratic Republic of	1,507,950
	Madagascar	230,792
	Tanzania, United Republic of	117,325
	Malawi	61,491
	Lesotho	38,496
	Congo, Republic of	26,987
	Mozambique	24,161
	Zimbabwe	5,859
RBN Regional Bureau for East-ern Africa	South Sudan	1,815,414
	Somalia*	1,405,543
	Ethiopia	1,297,397
	Sudan	967,074
	Uganda	284,697
	Burundi	203,383
	Kenya	142,135
	Rwanda	26,996
	Djibouti	15,276
RBP Regional Bureau for Latin America and the Caribbean	Dominican Republic	106,963
	Cuba	45,247
	Honduras	16,309
	Haiti	6,255
	El Salvador	533
	Caribbean Community	280

*The presented numbers of beneficiaries reached in Burkina Faso and Somalia are adjusted figures, i.e. considering overlap between treatment and prevention of malnutrition programmes.

Table 6: Volume of SNFs distributed in metric ton by region and SNF type

SNF Type	RBB	RBC	RBD	RBJ	RBN	RBP	Total (MT)
LNS/RUSF	5,867	7,938	6,795	4,759	24,785	0	50,143
LNS-MQ	643	10,124	153	2,179	5,344	0	18,442
LNS-PLW	2,078	0	0	0	0	0	2,078
LNS-SQ	59	69	15	34	1	0	179
RUTF	0	0	33	6	10	0	49
Super Cereal	8,759	2,810	24,483	16,538	24,573	1,369	78,532
Super Cereal Plus	10,126	29,759	22,623	8,966	65,514	797	137,784
MNP	0	0	10	7	22	3	41
Total (MT)	27,531	50,700	54,110	32,488	120,249	2,169	287,248

Table 7: 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	14,260	13,988	6,873	441
Super Cereal Plus	51,442	64,283	13,124	0
RUTF	42	0	7	0
LNS/RUSF	48,693	658	684	0
LNS-MQ	536	15,014	2,605	0
LNS-PLW	1,989	0	89	0
LNS-SQ	0	70	106	0
MNP	0	10	1	29
Total (MT)	116,962	94,024	23,489	470

Table 8: 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	68,530	73,982	100,734	35,740	42,433	15,471	336,892
Rice Fortified	4,344	0	433	190	28	225	5,220
Total (MT)	72,874	73,982	101,168	35,930	42,461	15,696	342,111
Percent fortified	6.0%	0.0%	0.4%	0.5%	0.1%	1.4%	-

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