

Nutrition in Numbers An overview of WFP nutrition programming in 2021

SAVING LIVES CHANGING LIVES

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.

In 2021, WFP provided food and cash to more than **23.5 million people**, including women, girls and boys, through wasting treatment and prevention of malnutrition programmes in 51 countries worldwide (see figures 1 and 2).

- ⇒ 10.9 million people received services for the prevention of malnutrition, including wasting, stunting and micronutrient deficiencies.
- ⇒ 12.7 million people suffering from wasting were treated by WFP.¹

Figure 1: Number of women, men, girls and boys reached by WFP through treatment and prevention of malnutrition



8.6 million Children 6-23 months

6.3 million Children 24-59 months

441,000 Aged 5-18 years (non-PLWG)

7.4 million Pregnant and lactating women and girls (PLWG)

787,000

Above 18 years of age (non-PLWG)

1 An overlap of nearly 100,000 pregnant and lactating women and girls (PLWG) exists in Somalia since they were enrolled in both treatment and prevention programmes.



WFP nutrition programming *How does WFP improve nutrition?*

In 2021, WFP nutrition programmes addressed the immediate determinants of malnutrition, such as poor diet and disease, in **51 countries**. WFP also integrated nutrition in complementary sectors such as agriculture, social protection, and school-based programming in **69 countries** to address the underlying determinants of malnutrition, such as inadequate access to food and care for children and women.

WFP focuses on improving access to healthy and adequate diets and concentrates efforts on the most at-risk, targeting young children, pregnant and lactating women and girls (PLWG), and people living with HIV and TB.

In 2021, WFP reached **7.4 million PLWG** and **14.9 million children under the age of 5.** Figure 2 shows how many people were reached through treatment and prevention of malnutrition programmes, respectively.

Figure 2: Number of people reached through treatment and prevention of malnutrition by age and programme²





2 Other adults include men, activity supporters, and people undergoing antiretroviral therapy (ART) and tuberculosis (TB) treatment aged 18 years and older.

PROVIDING NUTRITIOUS FOODS TO THE RIGHT PEOPLE AT THE RIGHT TIME

WFP is increasingly sourcing and distributing **fortified foods**. We also advocate for fortification in policy and play a facilitating role in countries, connecting key actors. This year, **nearly 1.5 million metric tons** of fortified foods were distributed worldwide (Figure 3).

- 88 percent of distributed wheat flour was fortified, increasing the nutritional content of general food baskets and school meals.
- 34 percent of distributed maize meal was also fortified.
- 1 percent of rice distributed was fortified. This amount is equivalent to about 75.6 million bowls of rice,³ providing additional nutrients such vitamin A, zinc and iron that are important for people's health.

Figure 3: Quantities of fortified foods distributed by WFP in 2021^3



During the 2021 Nutrition for Growth summit, WFP

reinforced its efforts to scale up food fortification. To meet the nutrient needs of those furthest behind, WFP committed to increasing the volume of fortified staples distributed, growing the proportion of flours and rice that are fortified **from 60% in 2020 to at least 80% by 2025**.



Specialized nutritious foods (SNF)⁴ are used in WFP food baskets, school meals and nutrition programmes to treat and prevent malnutrition. In 2021, WFP distributed over **311,000 metric tons of SNF, about 21 million boxes**⁵ **in total**.

Children under 5, PLWG and people living with HIV and TB have special nutrient needs, and in periods of scarcity, are usually the first to become malnourished. SNF are lifesaving products formulated to provide specific amounts of energy, micronutrients and macronutrients needed to prevent and treat malnutrition. While a safe, diversified and nutritious diet is the best way to avoid malnutrition, this is not always possible in places where WFP works. SNF products are therefore used to supplement diets and ensure nutrient needs can be met in such contexts.

Figure 4 shows the diverse range of SNF products that were distributed in 2021, addressing the specific needs of primary targets.⁶ Due to the lingering impact of COVID-19 on supply chains and the continued global production shortfall in fortified blended flour such as Super Cereal and Super Cereal Plus, WFP substituted most these products with the less bulky lipid-based nutrient supplement (LNS) to ensure the continuity of nutrition programmes. WFP also prioritized distribution of scarce SNF for nutrition programming for the people most at risk, such as for the treatment of moderate acute malnutrition among children aged 6 to 23 months and PLWG. Only some countries at high-risk of global acute malnutrition, such as Ethiopia, were able to include fortified blended foods for general food distribution.

3 A bowl of rice is estimated here at about 75 grams of uncooked rice. A bag of wheat flour, maize meal, and rice is estimated at 50 kilograms each. A bottle of oil is estimated at 5 kilograms and a bag of salt at 1 kilogram each.

4 Fortified blended foods (i.e. Super Cereal and Super Cereal Plus), lipid-based supplement (LNS) products, and micronutrient powders are part of the diverse range of SNF available: <u>https://docs.wfp.org/api/documents/WFP-0000001477/download/</u>

5 SNF boxes are estimated at 15 kilograms each.

6 Although only primary targets were listed here, some of the SNF products may have been used by other population groups.

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Figure 4: SNF distribution based on metric tonnage, by product type



MAKING CASH DO MORE FOR NUTRITION

Cash-based assistance can contribute to improving maternal an child nutrition through three main pathways:

- ⇒ Increased economic and physical access to goods and services.
- ⇒ Participation in social and behaviour change activities.
- ⇒ Reduced economic pressures and household tension

There is also growing evidence that demonstrates the potential of cash-based assistance to significantly impact dietary outcomes, wasting, and even stunting.

In 2021, WFP distributed **USD 39.3 million** — as cash, commodity vouchers, and value vouchers — through nutrition interventions:

- USD 2.2 million as vouchers were given to support treatment of malnutrition programming for 66,000 people, including for HIV/TB treatment and care.
- USD 37.1 million were distributed to 717,000 people through prevention activities.

SOCIAL BEHAVIOUR CHANGE

Social and behaviour change communication (SBCC) is an integral part of WFP's nutrition programming and is often integrated into school feeding programmes, general food assistance, and other programmes aiming to improve nutrition. SBCC approaches are adapted to context and include interpersonal approaches, media, and community mobilization.

In 2021, 55 countries integrated SBCC approaches into their WFP programmes⁷ to improve knowledge, attitudes and behaviours of vulnerable populations groups regarding maternal, infant and young child feeding practices, dietary diversity, hygiene and sanitation (WASH), HIV/TB specific programmes, and childcare practices:

- **19.7 million people** participated in interpersonal interventions such as counselling and nutrition education.
- 15.4 million people were reached through approaches using media like radio or television.

Cover photo: WFP/Damilola Onafuwa

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⁷ SBCC was integrated in both nutrition programming and other programmes complementary to nutrition. Most countries with nutrition programming used SBCC approaches.