



World Food
Programme

20
23

**WFP Nutrition
in Numbers**

July 2024

Content

CONTENT	2
WFP NUTRITION IN REVIEW	3
OVERVIEW	4
HOW DOES WFP DELIVER?	6
SPECIALIZED NUTRITIOUS FOODS	6
FOOD FORTIFICATION	7
CASH FOR NUTRITION	9
NUTRITION IN CRISIS	10
IMPACT ON NUTRITIONAL OUTCOMES	11
TREATMENT OF WASTING	11
COVERAGE OF TREATMENT PROGRAMMES	11
PREVENTION PACKAGE AND ENSURING HEALTHY DIETS	12
NUTRITIONALLY ADEQUATE HOUSEHOLD FOOD ASSISTANCE	13
DIETARY DIVERSITY	14
HOW DID WE PERFORM ON DIETARY DIVERSITY OUTCOMES FOR CHILDREN?	14
DIETARY DIVERSITY RESULTS FOR WOMEN AND GIRLS IN 2023	14
NUTRITION INTEGRATION	16
HIV PROGRAMMING	17
CONTRIBUTIONS AND EXPENDITURES FOR NUTRITION	18
WAY FORWARD	19

WFP Nutrition in Review

- In 2023, WFP provided direct assistance to 152 million people through in-kind food delivery, cash-based transfers (CBTs), commodity vouchers, and individual capacity strengthening.
- 54 percent of WFP's direct beneficiaries globally were reached with a combination of fortified food, specialized nutritious products, and actions to support diet diversification across 53 countries.
- Over 28 million people were reached with nutrition interventions, notably through malnutrition treatment and prevention programmes.
- This includes 18 million children under 5 who were reached with services to prevent and address malnutrition.

- As well as 10 million pregnant and breastfeeding women and girls (PBWG) were reached with nutrition services.
- 77 percent of distributed fortifiable cereals such as maize meal, wheat flour, and rice were fortified.
- WFP MAM supplementation programmes were effective, meeting a recovery rate of 91 percent of children enrolled in these programmes, and achieving SPHERE standards.
- 26 countries where WFP used different strategies to increase access and affordability of nutritious foods and healthy dietary practices showed improvement in dietary diversity among women and children.



28.3 Million

People reached with nutrition services

14.9 Million

With Treatment of Malnutrition

13.4 Million

With Prevention of Malnutrition



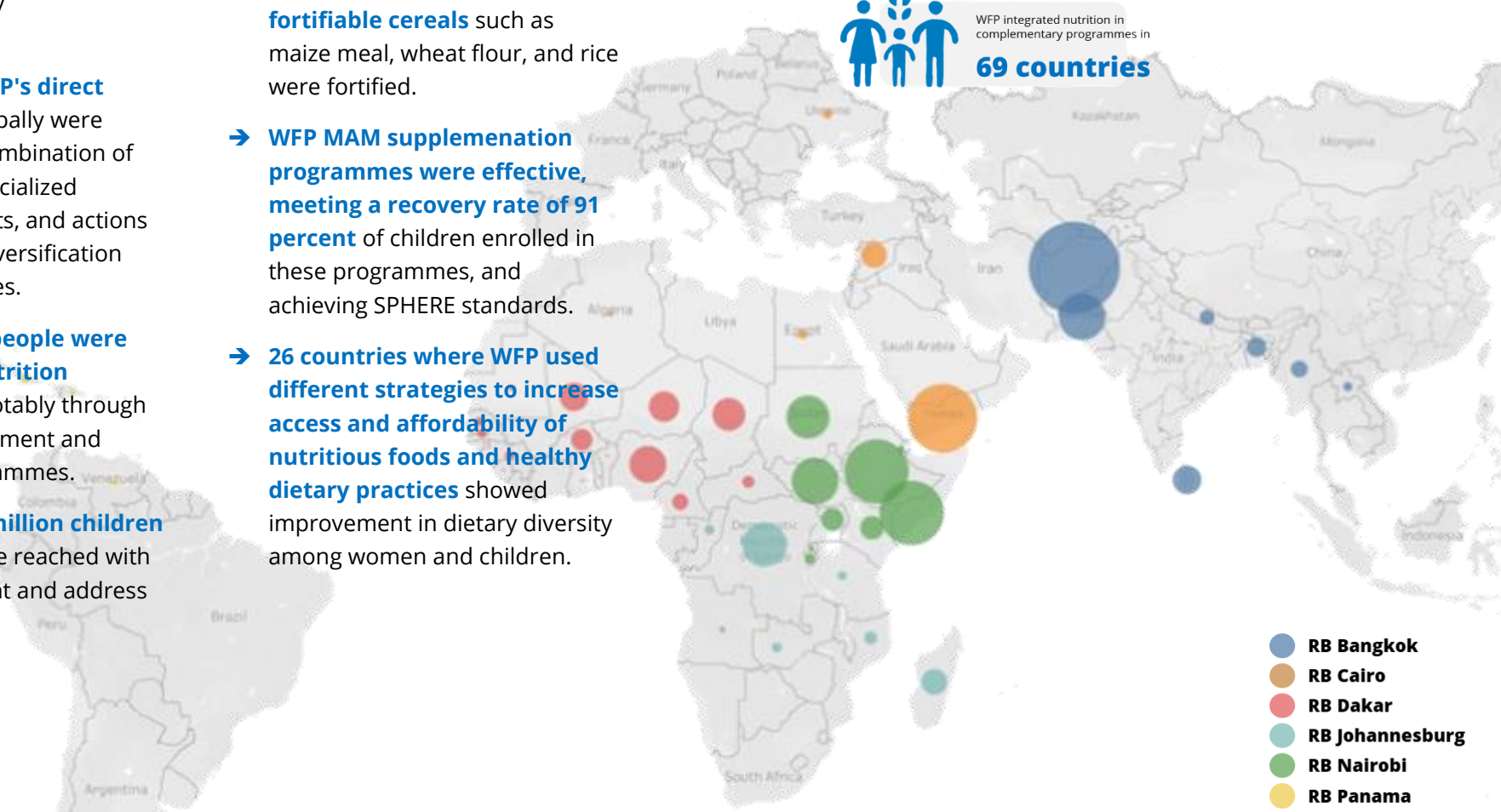
WFP implemented malnutrition treatment and prevention programmes in

53 countries



WFP integrated nutrition in complementary programmes in

69 countries



- RB Bangkok
- RB Cairo
- RB Dakar
- RB Johannesburg
- RB Nairobi
- RB Panama

Overview

Operating in over 83 countries, the World Food Programme (WFP) is the leading humanitarian organization dedicated to combating hunger. WFP provides emergency food assistance working with communities to improve nutrition and build resilience. WFP's Strategic Plan puts addressing malnutrition and improving diets at the centre of its operations and ensures that people receive not only enough food, but the right combination of nutrients vital for survival and growth.

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.

WFP nutrition operations focus on safeguarding the nutrition of people facing or who are at risk from humanitarian crises. WFP aims to ensure sustainable and equitable access to more healthy diets for those most vulnerable to malnutrition thereby optimizing the organization's impact on saving lives, building resilience, and accelerating progress toward ending hunger and malnutrition. Through these efforts, WFP supports multiple SDGs by enhancing health, education, and poverty reduction.

Since 2021, more than 3 billion people in the world are unable to afford a healthy diet as disposable income declined for many and the cost of a healthy diet increased by 5 percent from 2020 to 2021 across Africa, Asia, and Latin America and the Caribbean.¹

 **28.3 M**
People assisted

 **18 M**
Children under 5 assisted

 **10 M**
PBWG assisted

 **53**
Countries with nutrition-specific programmes



¹ FAO, The State of the Food Security and Nutrition in the World 2023: <https://openknowledge.fao.org/server/api/core/bitstreams/a69f5540-6ee7-43f4-a8ef-9eb7b3e7b677/content/state-food-security-and-nutrition-2023/cost-affordability-healthy-diet.html>

In the contexts in which we work, WFP aims to enhance national programmes to ensure access to nutritious and healthy diets for all, complementing efforts to address malnutrition's root causes.

In 2023, WFP supported 28.3 million women and children with programmes to treat² and prevent malnutrition³ and support improvements in diets in 53 countries, including through food and cash-based transfers.

WFP also **integrated nutrition** in complementary sectors such as agriculture, social protection, and school-based programming in **nearly 80 percent of operating countries – i.e., 69 countries – to address the**

underlying determinants of malnutrition, such as inadequate access to food and care for children and women.

In collaboration with the governments of six countries, WFP also completed the Fill the Nutrient Gap analyses in 2023 aimed at identifying cost-effective interventions for improving nutrition in national food, health, social protection and education systems. WFP used the results to design context specific interventions to tackle malnutrition, as well as to advocate with donors and governments on increasing beneficiaries' access to more healthy diets. In addition, WFP initiated analyses with six other countries, continuing through 2024.



774,524

people reached with malnutrition management and prevention in Nigeria

In Nigeria, WFP also supported community groups like Mother-to-Mother support groups, which provided a forum for nutrition education and the live-cooking demonstration of nutritious recipes that incorporated locally available and preferred foods. With the help of community nutrition mobilisers (CNM), WFP supported malnutrition screening and the referral to treatment for all children under five in these communities. WFP also provided ready-to-use supplementary food and capacity building to support the supplementation of moderate acute malnutrition across the primary healthcare facilities in its operational areas.



²The World Health Organization launched the [Guideline on the prevention and management of wasting and nutritional oedema in infants and children under 5 years in 2023](#). This marked the introduction of the term “management of wasting” which includes treatment of severe wasting and supplementation of moderate wasting.

³ WFP prevention of malnutrition programmes include prevention of acute malnutrition, stunting and micronutrient deficiencies.

How Does WFP Deliver?

WFP provides direct transfers to improve nutrition and diets including for the most vulnerable population groups such as young children and pregnant and breastfeeding women and girls (PBWG), through food, cash, vouchers, and individual capacity strengthening. We also provide support by working with communities and enhancing national policies, systems, and programmes to increase access to healthy diets.

Specialized nutritious foods



Children under 5, PBWG and people living with HIV and TB have special nutrient needs, and in periods of scarcity, are usually the first to become malnourished. Specialized nutritious foods (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

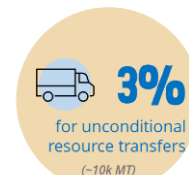
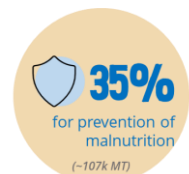
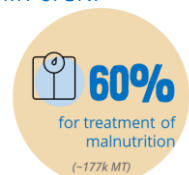
not always possible in places where WFP works. SNF products are therefore used to supplement diets and ensure nutrient needs can be met in such contexts.

SNF products are used in WFP food baskets, school meals and nutrition programmes to treat, supplement and prevent malnutrition. In 2023, **WFP distributed over 300,974 metric tons of SNF, about 20 million boxes⁴ in total**. This represents a 5 percent decrease since 2022 (317,000 metric tons distributed).

Despite increasing needs to address malnutrition, SNF distribution in 2023 was affected by several factors, including pipeline breaks, fundings shortfalls, and limited access related to insecurity. WFP is however working with key stakeholders to put in measures to ensure adequate delivery such as close monitoring of supplier performance, recruitment of new suppliers through a food procurement roster, and ensuring buffer stocks at key locations. In addition, WFP has implemented gradually shifted to using more cash-based transfers in areas where markets are functional, particularly as an individual nutrition top-up to prevent malnutrition (*see section below on CBT*).

This past year, **nearly 60 percent of distributed SNF reached individuals requiring life-saving malnutrition treatment services**. The other 40 percent supported malnutrition prevention interventions distributed through, unconditional resource transfers, and school-based programmes as part of efforts towards ensuring prevention is first.

 **301K**
MT of SNF



⁴ SNF boxes are estimated at 15 kilograms each.

Food Fortification


In areas where the majority of people cannot afford a healthy and diverse diet, and where affordability gaps are large, it is essential to enhance diets by improving both diversity and nutrient density. This is the reality for most of the contexts where WFP operates. Consequently, WFP's efforts focus on improving dietary quality by increasing dietary diversity and improving micronutrient content through the inclusion of fortified foods⁵.


In 2023, WFP delivered **1.5 million metric tons of fortified food**, such as wheat flour, maize meal, rice, salt, and oil. For fortifiable cereals, 77 percent were fortified, supporting efforts to increase the proportion of flours and rice distributed that are fortified.

In 2023:

- 98 percent of distributed wheat flour was fortified.
- 38 percent of distributed maize meal was fortified.
- 9 percent of rice distributed was also fortified.

WFP also advocates for fortification in policy and plays a facilitation role in countries, connecting key actors. For instance, in countries such as Bangladesh and Peru, WFP trained 1,165 and 1,152 government and private sector stakeholder to advance rice fortification, respectively. These efforts reached over 14.7 million in Bangladesh and 3.6 million people in Peru with fortified rice.

 **1.5 M**
MT of fortified staples

 **77%**
fortification of distributed staples



470,000

metric tons of fortified foods distributed in Yemen

Under the flour fortification programme, WFP supported 44 flour mills throughout Afghanistan, providing technical training and premix of vitamins and minerals to fortify their flour production. Wide efforts led to the production of 246,000 mt of fortified flour, with WFP purchasing 148,800 mt to support its activities. Collaborative work internally also resulted in an increase in the number of contracted mills, from 21 to 24, improving production standards and quality in these wheat flour mills.

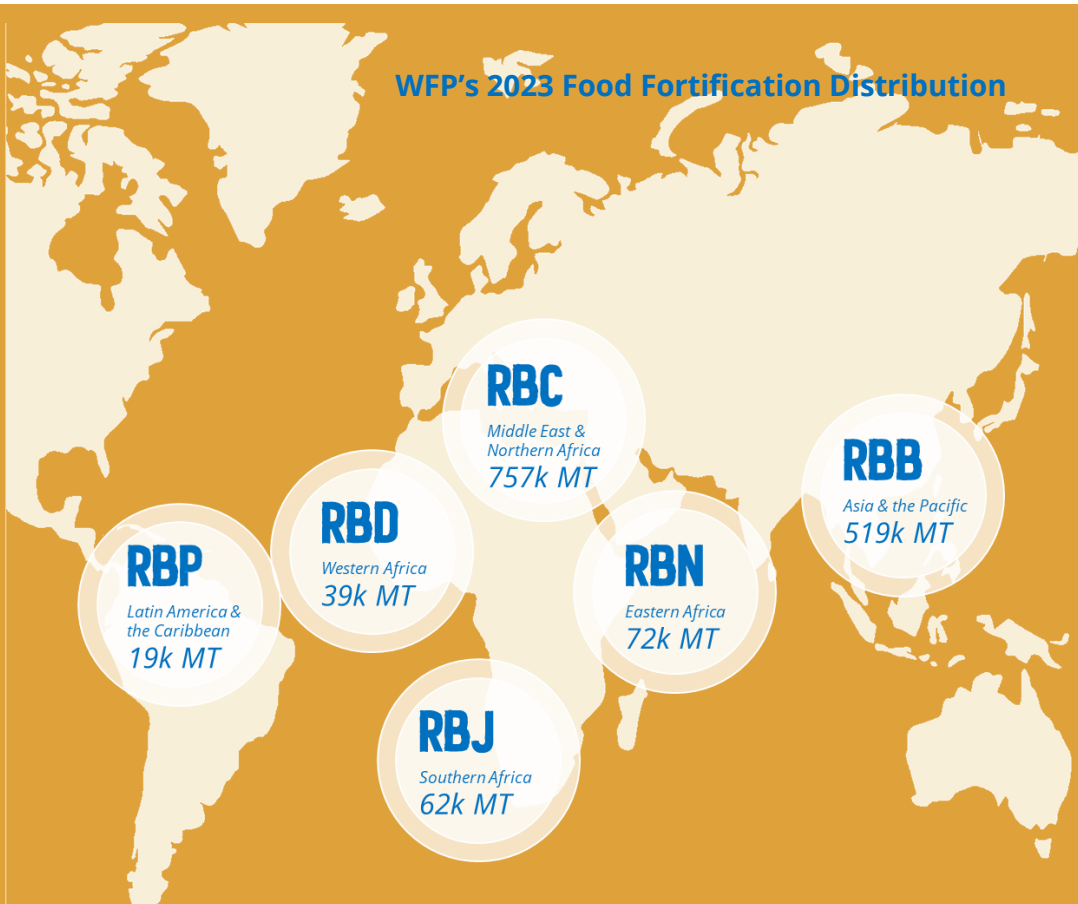
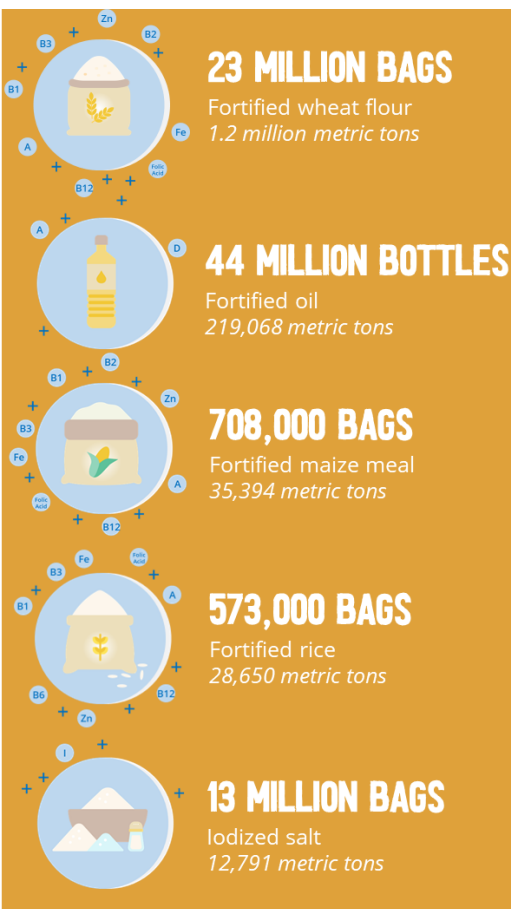
⁵ WFP Food Fortification factsheet: <https://www.wfp.org/publications/food-fortification>



1,046 MT

of iron-fortified rice distributed in the Philippines

WFP is supporting the Government to incorporate the Rice Fortification Strategic and Operations Plan into the national Food Fortification Strategic Plan. Producers, millers, and distributors participated in developing programmes to increase the availability and accessibility of fortified rice in the country. For instance, vulnerable communities in Mindanao received local iron-fortified rice through the food assistance for assets programme.

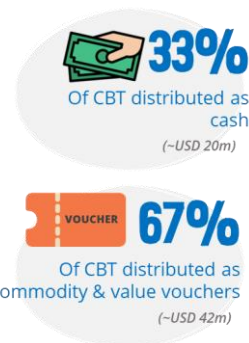


Cash for nutrition

Where markets are functional, cash-based assistance can offer people who receive WFP support greater freedom and flexibility to make decisions that enhance their nutritional wellbeing. It also contributes to the development of local markets and national systems, promoting the sustainable production of more nutritious foods.

In 2023, WFP transferred a value of nearly USD 3 billion to almost 54 million people. For nutrition interventions alone, notably for prevention of malnutrition and support to healthy diets, **847,875 people received USD 62 million in cash-based transfers in 27 countries**, including commodity and value vouchers. This is an increase of 40 percent from 2022 where 603,510 people were reached through CBTs.

 **USD 62 M**
Cash-based transfers



182,012

People reached in 66 municipalities in Mali

Despite access constraints, WFP worked in 66 municipalities to provide complementary feeding, nutrition top-ups, seed money, and capacity strengthening to 182,012 people (105 percent of target). This included the provision of food and cash-based transfers (CBTs). Of this total, 87,250 children (109 percent of target) received either in-kind or CBT assistance, including 271 mt of Super Cereal Plus for 26,847 children at risk of stunting. With the aim of preventing malnutrition, 27,456 children registered in the Unified Social Registry (RSU, in French) received CBTs through social protection nutrition top-ups, while 32,947 unregistered children were provided with CBTs to purchase locally available nutritious foods.

Overall, 80,830 PBWG (124 percent of target) benefited from CBTs to increase their purchasing power of nutritious foods in local markets. Sixteen percent of PBWG received electronic payments, contributing to financial inclusion efforts.

Nutrition in Crisis

Responding to both chronic and rapid onset humanitarian emergencies is a fundamental responsibility of WFP nutrition operations. Our goal in these situations is to treat and mitigate the risk of malnutrition among those most in need, including refugees, internally displaced individuals, and marginalized populations. In light of the complex nature of humanitarian crises driven by conflict, extreme climate events, and economic shocks, **WFP has responded to nutrition in crisis situations in 20 countries in 2023.**⁶ In these contexts, WFP's nutrition response targeted PBWG and young children, ensuring that they have access to the nutritious foods they require.

In 2023, **WFP reached over 23 million and children in need of nutrition services in these settings**, meeting their planned operations by 68 percent (planned target of 34 million women and children). Malnutrition prevention

programmes reached 59 percent of their operational target while treatment programmes met 77 percent.

Unfortunately, despite the high risk and levels of malnutrition, WFP operations were insufficient to meet the targets due to resource constraints in many cases.

For instance, in Sudan, limited funding and a substantial increase in the number of people needing nutrition services in late 2023 forced WFP to prioritize the most vulnerable for its treatment programmes and reduce targets, resulting in only 9 percent of children and women in need being reached. Similarly, in Ethiopia, resource constraints led to the halving of the number of beneficiaries targeted by WFP's wasting prevention programmes and eventually caused the suspension of the programme.



⁶ In 2023, WFP implemented nutrition in emergency programming in the following countries: Afghanistan, Burkina Faso, Central African Republic, Chad, Democratic Republic of Congo, Ethiopia, Haiti, Kenya, Madagascar, Mali, Myanmar, Niger, Nigeria, Pakistan, State of Palestine, Somalia, South Sudan, Sudan, Syria, and Yemen.

Impact on Nutritional Outcomes

Treatment of wasting⁷

Globally, child wasting remains a problem, affecting 45 million children under the age 5.⁸ Recognizing that an important proportion of wasting cases start in utero, WFP prioritizes the delivery of optimal maternal and child nutrition.

In 2023, WFP supported nearly 15 million women and children through treatment programmes. WFP programmes saw a strong recovery rate of 91 percent of children enrolled in treatment programmes meeting SPHERE standards.

Additionally, recovery rates remained high, similar to 2022 (91 percent in 2023 and 90 percent in 2022). Overall, the majority of WFP treatment programmes (32 out of 33 country offices) attained the required humanitarian standards:⁹

Indicator	SPHERE Standard Targets	2023 Performance in WFP Treatment Programmes
Mortality rate	<3%	0%
Default Rate	<15%	4%
Non-response rate	<15%	3%
Recovery rate	>75%	91%

COVERAGE OF TREATMENT PROGRAMMES

Between 2022 and 2023, the coverage of treatment programmes in WFP areas of operation showed varied trends. Data from 26 reporting countries indicate that in 2023, WFP coverage for treatment programmes was 65 percent. This demonstrates progress in expanding coverage. However, due to funding constraints, escalating needs, and access restrictions resulting from geographical and logistical challenges, coverage remains sub-optimal in many locations.

For instance, Uganda experienced a significant increase in coverage, rising from 56.1 percent in 2022 to 69.5 percent in 2023, marking a 24 percent improvement. However, several countries exhibited reductions in coverage: Ethiopia's coverage decreased by 4 percent (from 81 percent to 77.6 percent), Madagascar's by 5 percent (from 84 percent to 80 percent), and Somalia's by 29 percent (from 94 percent to 67 percent). Sudan had one of the highest burdens of acute malnutrition globally with 3.5 million children under 5 suffering from malnutrition as of April 2023. Despite the high need, WFP's nutrition operations in Sudan were severely impacted by limited funding, reaching only 9 percent of the people in need by the end of the year.



⁷ Following the release of the [WHO guidelines on child wasting and nutritional oedema](#) in 2023, terminology around management of acute malnutrition and wasting has been updated. Supplementation refers to services related to moderate wasting while treatment refers to those for severe cases of acute malnutrition.

⁸ WHO Malnutrition Fact Sheet, last updated 1 March 2024: <https://www.who.int/news-room/fact-sheets/detail/malnutrition>

⁹ SPHERE standards: <https://www.spherestandards.org/wp-content/uploads/SphereHandbook-2018-EN.pdf>



90,000

Children under the age of 5 and women in Bangladesh

In Bangladesh, through the provision of SNF, WFP's moderate acute malnutrition (MAM) treatment achieved a coverage rate of 88.3 percent for over 90,000 children under the age of 5 years and women, with high recovery rates observed both within the camps and in surrounding communities. Additionally, there were nearly zero default and mortality rates recorded.



Prevention package and improving diets

WFP's wasting prevention packages includes food and cash assistance, individual targeted assistance with top-ups for pregnant and breastfeeding women and young children to meet higher nutrient requirements, social behaviour change and community engagement, and linkages with health services for early detection and referral of malnourished children. In non-acute settings, the package also involves strengthening food systems through food fortification and local food production, and incorporating nutrition-sensitive and

shock-responsive elements into social assistance.

In 2023, WFP reached over 10 million children and women through interventions to prevent acute malnutrition, 70 percent of eligible populations in areas of WFP operation.

In the past year, WFP programmes were delivered with good quality, as seen in the maintenance of participation and attendance of 75 percent of people enrolled in the programmes. This high level of participation increases the likelihood that prevention programmes achieved their intended impact.

NUTRITIONALLY ADEQUATE HOUSEHOLD FOOD ASSISTANCE

General food assistance is central WFP's revised strategy for preventing child wasting and maternal undernutrition.

It not only safeguards the most vulnerable households but also lays the groundwork for focused preventive measures, including direct nutritional support for children under five and PBWG. This strategy is in line with the latest WHO guidelines on preventing and managing wasting and nutritional oedema, which highlight the necessity of ensuring adequate diets for all family members in a household to prevent child wasting. WFP's general food assistance is vital for protecting affected populations from the severe consequences of crises. The food provided must supply essential nutrients, be distributed consistently, and for a sufficient duration to meet the nutritional needs of the affected groups effectively. Additionally, it is crucial that our assistance targets those most in need, particularly households with young children and PBWG.

In 2023, WFP introduced a high-level target and corresponding indicator in the 2022-2025 corporate results framework to guide planning, financing and implementation of nutritional adequacy of in-kind household assistance.

WFP has developed a standard for nutritional adequacy that aligns to the SPHERE standards.¹⁰ This indicator articulates three levels of food assistance: nutritionally adequate, partially nutritionally adequate, and nutritionally inadequate.

In terms of planned distributions¹¹, only 12 percent of rations for the year were nutritionally adequate and 44 percent were partially adequate. Looking at actual WFP in-kind transfers distributed across 57 countries in 2023, **only 1.4 percent were fully adequate, 6.3 percent were partially adequate, while the remaining distributed rations were inadequate in terms of their calorie and micronutrient content.**

Funding shortfalls hindered WFP's efforts to deliver adequate nutrients through its food distributions as country offices opted to reduce rations rather than exclude people from emergency assistance programmes. Additional impediments included limited fortification capacity and poor availability of fresh foods, insufficient cross-functional coordination, and government regulations and sanctions.

In 2023, WFP undertook an organization-wide consultation to address the need to improve the nutrient adequacy of in-kind food assistance. Recommendations were made to improve the planning and optimization of household rations at the same time as implementing stronger guidance on targeting and prioritization. WFP is supporting more timely and effective use of Optimus to plan rations during the CSP process and to advise on ration adjustments when funding becomes limited. WFP is also supporting national food fortification and more nutrition-sensitive local and regional procurement. Continued improvements in monitoring will help efforts to understand and minimize diversion and understand intrahousehold use and will provide a more comprehensive overview of the undesired outcomes of ration cuts, from a nutrition perspective.

¹⁰ Nutrition-adequate in-kind rations are defined as provision of 2,100 kilocalories per person, 10–12 percent of which come from protein and 17 percent from fat (according to the World Health Organization/Food and Agriculture Organization of the United Nations guidelines), and 75 percent of micronutrients such as vitamin A, iron, iodine and zinc. In cases where country offices do not aim to provide 2,100 kilocalories, the assessment of nutrition adequacy criteria was scaled down only if clear explanation was available on how beneficiaries would meet the remaining needs (e.g. through CBTs or other provision).

¹¹ Data for planned rations were assessed and reported in the [2022 Nutrition in Numbers](#).

Dietary diversity

WFP supports strategies to improve the dietary diversity of vulnerable populations. This includes interventions to strengthen household availability and affordability of local, nutritious food, home-grown school feeding to provide children with the micronutrients that are critical for healthy growth and development, and promotion of healthy, balanced diets, and optimum Infant and Young Child Feeding (IYCF) practices through Social Behaviour Change (SBC).

HOW DID WE PERFORM ON DIETARY DIVERSITY OUTCOMES FOR CHILDREN?

In 2023, 11 countries showed improvement in the proportion of children aged 6-23 months meeting a minimum acceptable diet (MAD)¹², of which 9 countries had an improvement of more than 10 percent. However, across the 35 reporting countries, nearly 75 percent of children covered by WFP programmes do not have minimally adequate diets (figure 1). In 25 countries, less than 30 percent of children met MAD; alarmingly, in 10 countries, less than 10 percent achieved MAD.



Niger Example

In Niger, 12,200 children aged 6-23 months received SNF, and 14 new market gardens spanning 56 hectares were established, equipped with solar-powered pumps, benefiting 19,000 people. These gardens enabled multiple yearly harvests of fruits and vegetables, increasing both food availability and income. As a result, the percentage of children with a MAD rose from 11.5 percent in 2022 to 21.5 percent in 2023. Despite these improvements, more than 75 percent of children in program areas

still do not consume minimally adequate diets.

DIETARY DIVERSITY RESULTS FOR WOMEN AND GIRLS IN 2023

In 2023, WFP collected data on Minimum Dietary Diversity for Women (MDD-W) in 47 countries among which **21 countries saw improvement in the proportion of women or reproductive age meeting minimum dietary diversity** since 2022. In 14 countries, more than 70 percent of women did not meet the minimum dietary diversity requirement.



Afghanistan Example

In Afghanistan, SNF were provided to approximately 2 million children aged 6-59 months and around 1 million PBWG from households at high risk of food insecurity. This effort was complemented by nutrition-sensitive cash transfers and support to smallholder farmers to enhance nutritional value chains. Consequently, 63 percent of women in WFP programmes in Afghanistan met MDD-W in 2023, up from 50 percent in 2022.

While some progress has been made in improving dietary diversity for children and women, significant gaps remain. Efforts must continue to focus on increasing access to diverse and nutritious foods, particularly in regions most affected by crisis, to ensure all children and women can achieve and maintain adequate dietary diversity. Notably, in highly food insecure and fragile settings, SNF and fortified foods are an important contribution to MAD and MDD-W.



26

Countries saw improvement in dietary diversity among children and PBWG



442M

People reached through interpersonal SBC approaches



29M

People reached through SBC approaches using media

¹² Calculated for children aged 6-23 months, MAD combines minimum meal frequency (MMF) and minimum dietary diversity (MDD).

Figure 1: Dietary Diversity Results for Children in WFP operations in 2023

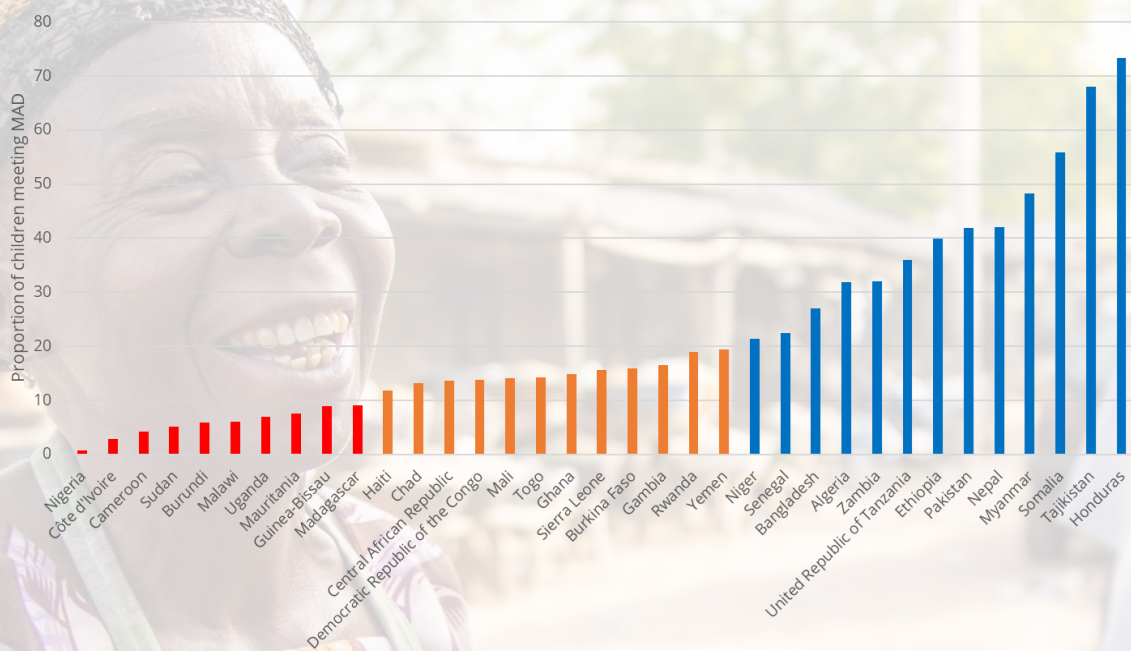
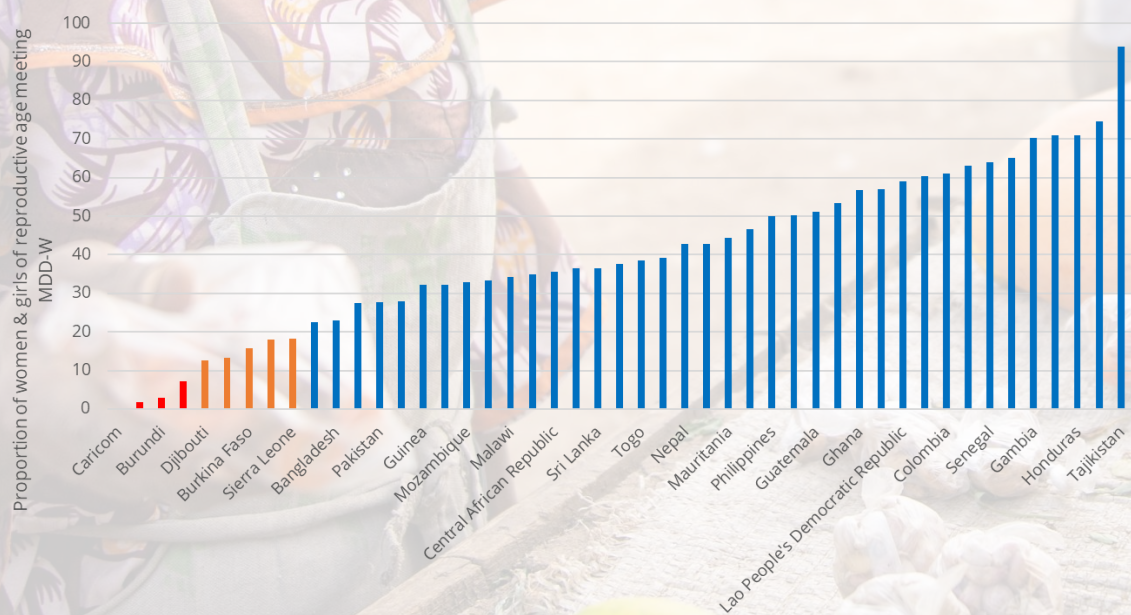


Figure 2: Dietary Diversity Results for women and girls in WFP Operations in 2023



Nutrition Integration

Amid a worsening global nutrition situation, WFP aims to prevent, detect, and treat malnutrition to achieve zero hunger, a key component of the sustainable development goal 2 (SDG 2). To optimise impact, WFP's 2022-2025 strategic plan integrates nutrition to improve outcomes for the most vulnerable. Country strategic plans and programmes include objectives to reduce malnutrition, improve diets, and ensure accessibility and sustainability of nutritious diets to those most at risk of malnutrition, especially during crises. In addition to programmes, nutrition integration includes enhancing procurement, supply chains, early warning systems, and workforce skills. WFP supports governments and global efforts to achieve SDG 2 by ensuring sustainable access to nutritious diets.

In 2023, 54 percent of individuals enrolled in WFP-supported malnutrition prevention and treatment programmes, or benefiting from nutrition-sensitive initiatives, were able to meet their nutritional needs. This success was driven by programmes that effectively combined the distribution of fortified foods and specialized nutritious products with efforts to support diet diversification.

El Salvador

As part of the school meals programme, WFP installed three Kitchen-in-a-Box (KIAB) units, and due to the project's success, the Government intends to expand its implementation. To **ensure nutritional adequacy and food safety**, WFP recommended implementing a segregated food delivery approach in schools, tailored to their nation-wide infrastructure. Since 2020, WFP has supported the Government in **integrated a fortified beverage** (Biofortik) School Feeding and Health Programme made from white maize and sorghum, is fortified with essential nutrients such as B-complex vitamins, folic acid, iron and zinc. WFP also conducted tailored **nutrition education** workshops on safe food practices for families participating in early recovery and resilience programmes to promote healthy eating habits.

China

The **nutrition-sensitive potato value chain project** was initiated to address zinc deficiency in rural areas. Nutrition was integrated by incorporating zinc nutrition indicators into seed breeding and cultivation processes. **Dietary guidance** was provided to teach rural residents how to maintain zinc during cooking. Collaboration with local project management included **integrating nutrition-focused metrics** into maternal and child health programmes, with growth monitoring and data collection during routine check-ups. Integrated nutrition and health services ensured continuous monitoring of children with abnormal health indicators. **Partnerships** aimed to promote nutritious diets and eliminate unhealthy foods, supported by **nutrition awareness campaigns** and **community leader training**. A mentorship program connected experienced nutritionists with community health workers, and collaboration with local universities incorporated nutrition education into kindergarten curricula, ensuring children not only received meals but also learned about healthy eating habits.

Lesotho

Nutrition integration was achieved through various complementary approaches. The country office programme started by **prioritizing vulnerable groups** and **disseminating nutrition messages to nutritionally vulnerable households**. It designed a **diverse food basket** tailored to micronutrient needs for economically disadvantaged households during the lean season. **Climate-smart vegetable production guidance** increased food consumption and promoted sustainable practices. Drought-tolerant crops and vegetable varieties, distributed with FAO, and water source rehabilitation supported optimal cooking and WASH practices. **Collaboration with the Ministry of Agriculture, Food Security, and Nutrition** enabled technical officers to guide caregivers on nutrient preservation, WASH issues, and climate-smart technologies at pre-school centers. The programme supported the **inclusion of nutrition objectives** in the National School Feeding Policy and enhanced the capacity of national vulnerability assessment teams. It also established community-based nutrition clubs and trained national stakeholders on the **SMP plus tool** to measure menu nutrition adequacy.


HIV Programming

HIV remains one of the world's most serious public health challenges. At the end of 2022, 39 million people were living with HIV, including over 1.5 million children under the age of 14 years.¹³

In 2023, WFP directly assisted 346,162 people living with HIV and tuberculosis and their families to meet their essential nutrition needs.

This was achieved through transfer of food, cash and individual capacity strengthening transfers, through activities such as general food distribution, treatment of malnutrition, prevention of malnutrition, social and

behaviour change (SBC), resilience and livelihood support, as well as social protection. Direct implementation of HIV programming spanned across all regions worldwide reaching 22 country offices¹⁴, 11 of which were corporate emergency contexts. WFP's support also included country capacity strengthening in 15 additional countries¹⁵, which consisted of awareness raising and partnership, policy development and systems strengthening through technical assistance, guidance and training, and evidence generation.

 **346K**
People living with HIV and TB assisted

 **22**
Countries with direct implementation of HIV programming

 **15**
Countries supported with capacity strengthening for HIV assistance



Piloting the new nutrition programme in Mozambique with Mothers2Mothers

5,000
people supported



In this 6-months pilot project, Mother Mentors worked across three districts in the Cabo Delgado province in Mozambique – Chiure, Metuge, and Natite in Pemba City. The programme identified PBWG, infants, and families living with, or who are at risk of key vulnerabilities like TB or HIV, together with internally displaced people (IDP) in resettlement centres who faced severe food and nutritional challenges. Beneficiaries were targeted with a tailored, community-centered approach to access a varied and balanced diet for better health outcomes. These included counselling and clinical appointment follow-up, nutrition education and screening, nutritional rehabilitation and referral linkages to nutrition services, breastfeeding support, culinary demonstration school, and radio listening sessions. Together with WFP colleagues in Mozambique – M2M tailored the existing WFP food security and SBCC suite of materials to be relevant and accessible for the defined target group.

96 percent of clients in the programme completed at least 95 percent of their scheduled visits and appointments. Additionally, 100 percent of women in the programme received appropriate antenatal care and counselling on infant and young child feeding practices.

“When I started classes at culinary school, as I was unemployed and with the trainer's encouragement, I realized a great opportunity to earn self-support. I started the badjia (bean fritter) business, and with it I have a good profit and I can offer a better life for my family. I am very happy and thankful for this opportunity of participating in this program” – Zena, a participating woman.

¹³ UNAIDS. 2023. [Global Factsheet – World AIDS Day 2023](#)

¹⁴ Burkina Faso, Cameroon, Central Africa Republic, Democratic Republic of Congo, Djibouti, Gambia, Guinea, Guinea Bissau, Haiti, Kenya, Madagascar, Mali, Mozambique, Myanmar, Rwanda, Senegal, Sierra Leone, Somalia, South Sudan, Republic of Tanzania, Ukraine, and Zimbabwe.

¹⁵ Burundi, Benin, Chad, Colombia, Republic of Congo, Dominican Republic, Ecuador, Ethiopia, Eswatini, Ghana, Guatemala, Namibia, Togo, Tunisia, and Uganda.

Contributions and Expenditures for Nutrition

In 2023, donors contributed over USD 802 million to WFP's programming for malnutrition supplementation and prevention¹⁶, a 27 percent decrease compared to the USD 1 billion allocated in 2022.¹⁷ As noted in a previous section of the report, this significant drop in humanitarian funding has severely impacted programme delivery for all humanitarian agencies, including WFP.

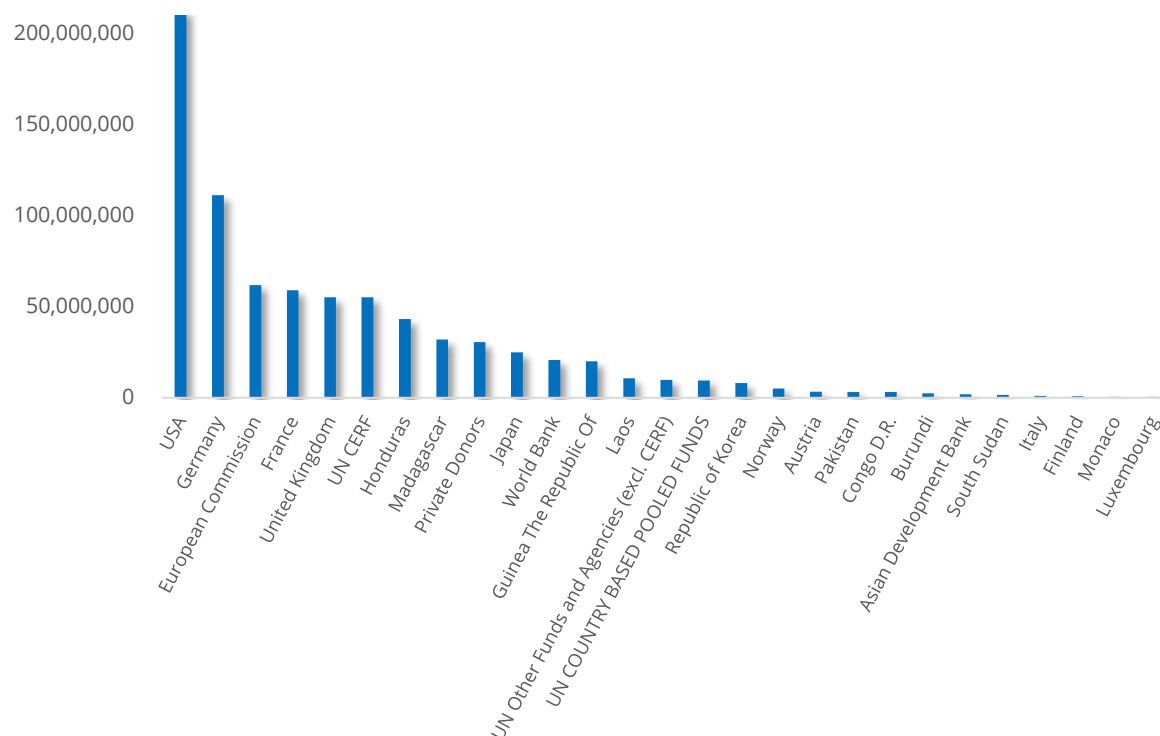
Nevertheless, expenditures for these nutrition activities remained substantial, with \$541 million allocated for malnutrition prevention and USD 346 million for treatment programmes, totalling USD 887 million. This represents a 4.5 percent

increase from the USD 849 million spent in 2022. The daily cost per person¹⁸ also increased this past year:

- ➔ The average cost of was 50 cents per person per day for delivering life-saving treatment programmes (versus 45 cents in 2022).
- ➔ The average cost of delivery for prevention activities was 34 cents (versus 29 cents in 2022).

Key cost drivers for delivering assistance included external factors such as food and fuel prices, foreign currency exchange rates, and internal factors such as programme design and operational decisions.

Figure 3: Top donors of nutrition & HIV programming



¹⁶ These figures on funding contributions and expenditures are only for nutrition-specific programmes, i.e. prevention and treatment, and thus do not include the information on funds and expenditures for nutrition integration.

¹⁷ Donor contributions refer to new funds contributed to nutrition programming in 2023, not including extended funds from the previous year. Annual expenditures were made using contributions from 2023, as well as remaining/extended funds from the previous year.

¹⁸ The expenditure or cost per beneficiary comprises of the transfer value (cost of food or amount of money transferred to each beneficiary), the cost of delivery and associated costs, the implementation costs, and direct and indirect support costs.

Way Forward

WFP's nutrition strategy seeks to safeguard the nutrition of individuals affected by humanitarian crises and assist governments in addressing long-term needs. It aims to expand solutions that allow those most vulnerable to achieve healthy, nutritious diets in a sustainable, dignified, and equitable manner. WFP will continue focusing on safeguarding the nutrition of populations affected by crises and emergencies while reaching those at greatest risk in more stable settings.

Building on the progress in the past seven years, WFP will employ innovative digital approaches, including CODA, to inform and manage malnutrition responses. This will support efforts to reduce the frequency and severity of malnutrition crises and boost the consumption of nutritious diets among at-risk populations. Enhancing national systems to mitigate the impact of crises on nutrition is also a key focus.

WFP will leverage its humanitarian presence and investments, as part of preparedness and in post-crisis, transition towards improved food and social protection systems to optimize the impact on preventing malnutrition and poor diets. Special emphasis will be placed on supporting the nutritional needs of children, adolescent girls, and PBWG, as they are the most vulnerable to malnutrition.



Additionally, WFP will expand its interventions to ensure cost-effective access to healthy diets through nutrition integration and address the root causes of malnutrition in collaboration with partners and governments. This includes increased investments in direct nutrition services and complementary programmes such as school feeding and social protection mechanisms. Support for people living with HIV and TB will remain a priority due to the strong links between HIV, food insecurity, malnutrition, and poor health outcomes.

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