



World Food Programme

SAVING LIVES
CHANGING LIVES

Nutrition snapshot

Every country in the world is affected by one or more forms of malnutrition

- ▶ 148 million children under 5 are chronically malnourished (stunted), 45 million are acutely malnourished (wasted), 37 million are overweight, and 1 in 2 preschool-aged children has at least one micronutrient deficiency.
- ▶ Malnutrition is a leading driver of death and disease among young children; it is the underlying cause in almost half of all deaths among children under 5.
- ▶ Malnutrition also fuels poverty, halts the development of nations, and increases humanitarian needs.
- ▶ The severity of malnutrition is most profound in countries that face conflict, climate shocks and economic crises. Such shocks and crises are set to worsen not lessen.

The lack of affordable, nutritious food is at the centre of the global malnutrition crisis

- ▶ 2.8 billion people are unable to afford a healthy diet
- ▶ Poverty, ineffective food systems and recurrent humanitarian emergencies are key barriers to people accessing the foods they need to survive, and to be healthy and resilient.
- ▶ Lack of access to nutritious food has long-term consequences on children's physical and mental development, contributing to a vicious cycle of poverty and malnutrition.

Calories alone are not enough – the right food at the right time is needed to save lives and change lives

- ▶ WFP works to ensure that families can afford a healthy diet by providing context-specific assistance.
- ▶ Our wasting prevention package includes a fortified food basket, cash or vouchers for nutritious foods, specialised nutritious foods (SNFs), and support to local nutritious foods and recipes.
- ▶ We also address the root causes of food insecurity and malnutrition, to ensure communities are better equipped to cope with shocks.

At a time of escalating needs, funding is dwindling and risks WFP's ability to respond

- ▶ Child wasting, the most deadly form of malnutrition, is at unacceptable levels
- ▶ Across WFP's 19 largest operations, the number of acutely malnourished children and women has increased by 17% - from 31 million in 2020 to 36 million in 2023.
- ▶ However, we have a global shortfall of over US\$1bn against total needs for lifesaving nutrition programming.

Reducing malnutrition is at the core of SDG2, and WFP has great potential to make an impact

- ▶ With its massive global footprint, solid relationships with national governments, robust supply chain and procurement expertise, WFP can make a significant impact on malnutrition, reduce humanitarian needs and build human capital.
- ▶ The inclusion of nutrition as a cross-cutting priority in WFP's 2022-2025 Strategic Plan is an opportunity to maximise the contribution we make to tackling malnutrition and improving diets across the globe.
- ▶ By harnessing our extensive programme portfolio, our systems and our people, WFP can improve nutrition outcomes even at a time of historic funding constraints.



In 2023, WFP achieved considerable nutrition gains

- ▶ WFP reached 28 million women and children with nutrition programmes in 2023
- ▶ We supported governments in 27 countries with 1300 initiatives to prevent and address malnutrition.

In 2024, we plan to increase our reach

- ▶ This year, WFP aims to reach 36 million children and women with programmes to prevent and address malnutrition, building the resilience of children, families, and countries.

A renewed and ambitious vision to tackle wasting

WFP and UNICEF have outlined new ways of working to address wasting in humanitarian crises.

WFP's food-based solutions and UNICEF's health and WASH-based solutions will better align for amplified impact. WFP will lead on managing moderate cases of wasting, while UNICEF will manage the most severe cases.

WFP will also work to prevent wasting through food and nutrition assistance which helps families meet their nutrient needs. From 2024, a three-year transition plan will guide how WFP, UNICEF and partners manage programmatic shifts and responsibilities in 15 countries facing the highest levels of acute malnutrition and food insecurity.

Supporting the nutrition of people living with HIV

WFP's commitment to leaving no one behind is reflected in our work to reach people living with HIV. Food security and nutrition contribute to treatment access and adherence, while reducing high-risk behaviours that can increase the transmission of HIV

WFP supports the nutritional status of people living with HIV through food and cash assistance so that they and their households can meet their essential nutrition needs.

GAZA



WFP and UNICEF adopted an innovative approach to gather data on the nutrition situation, as a lack of access precluded the collection of anthropometric measurements. The ensuing joint analysis shows that the nutrition situation has rapidly deteriorated. In North Gaza, rates of acute malnutrition among children under 2 reached 15% in January 2024, and then doubled to 30% in March. In Rafah, where WFP is able to distribute specialised nutritious food (SNF) to prevent acute malnutrition, rates increased at a slower rate, from 4.8% in January to 6.2% in March. While this is still a major increase compared to pre-conflict levels of 0.8%, it shows that SNFs are effective in preventing malnutrition and associated death and disease. Where access allows, WFP is distributing SNFs to children aged 6-59 months and pregnant and breastfeeding mothers, to help provide adequate nutrients for these nutritionally at-risk groups. Coverage will be expanded when conditions allow.

SUDAN



Acute malnutrition currently affects almost half of all Sudanese children under 5 years old and 30% of pregnant and breastfeeding mothers. Now, the current conflict is forcing between 1,000-2,000 people to cross the border into South Sudan. WFP is providing children under 5 and pregnant and breastfeeding mothers with a blanket distribution of specialised nutritious food (SNF), as well as malnutrition screening and referral. WFP is also providing SNFs at the transit centre in Renk, where one in four children under 5 are wasted. Chad, is also experiencing a massive influx of refugees, and even before this crisis levels of acute malnutrition were far above the WHO emergency threshold, at 19.3%. In 2024, WFP plans to provide food and nutrition assistance to 4 million food-insecure people in Chad, supporting 1.4 million children under 5, and PBWG.¹

GUATEMALA



Stunting affects 47% of children under 5 in Guatemala, with rates rising to 70% in some areas of the country, and peaking at 90% in the hardest hit areas. Almost half the population cannot afford the cost of a basic food basket, forcing many families to drop nutritious foods from their diets. WFP is supporting the government's efforts to prevent stunting by providing specialised nutritious food to children under 2, strengthening the capacities of government, and implementing social & behaviour change activities. In response to an increase in cases of acute malnutrition in children under 5, WFP supported the Ministry of Health to launch nutrition brigades for identification, management and prevention services. In 2022, WFP reached 11,208 beneficiaries with prevention programming.

BANGLADESH



Anaemia affects 26% of women of reproductive age in Bangladesh. WFP has supported the government to introduce fortified rice into its social safety net programmes since 2013, and in 2023, more than 14 million people were receiving fortified rice in their social assistance package. In January 2024, WFP began distributing locally fortified rice to the refugee Rohingya population in Cox's Bazar in response to the deteriorating food and nutrition situation in the camps. To date, fortified rice has reached approximately 240,000 Rohingya refugees. WFP's goal is to expand distribution to ensure all Rohingya refugees receive fortified rice from April 2024. WFP is also supporting the government to make fortified rice available and affordable on the commercial market.

¹ <https://newgo.wfp.org/documents/chad-messages-17-july-2023>

Photo page 1: WFP/Cheick Omar Bandaogo

Photo page 2: WFP/Arete/Fredrik Lerneryd

Photo page 3: WFP/Ali Jadallah

Photo page 4: WFP/Muna Abdelhakim, WFP/Giulio d'Adamo, WFP/Sayed Asif Mahmud