

NUTRITION AND FOOD QUALITY SERVICE

WFP
World Food Programme

SAVING LIVES
CHANGING LIVES

Protecting and improving diets through social assistance to prevent acute malnutrition

Guidance Note

July 2025

GLOSSARY

Acute malnutrition: Sudden weight loss or oedema, caused by a decrease in food consumption and/ or illness. In children under 5. Acute malnutrition is identified by weight-for-height Z-scores (WHZ), mid-upper arm circumference (MUAC), or bilateral, pitting oedema. In adolescents, it is measured by Body Mass Index (BMI) for age Z-scores. In pregnant and breastfeeding women and girls (PBWG) it is measured by MUAC. In adult men, and women who are not pregnant or breastfeeding, it is measured by BMI.

Wasting is defined as a low WHZ but does not include children with bilateral pitting oedema

Global acute malnutrition (GAM) refers to the total number of children aged 6-59 months in a given population who have moderate acute malnutrition (MAM) or severe acute malnutrition (SAM). It is expressed as a percentage of the total number of children measured in the same age group[1]

Healthy diet: Healthy diets promote health, growth and development, support active lifestyles, prevent nutrient deficiencies and excesses, communicable and noncommunicable diseases, foodborne diseases, and promote wellbeing.[2]

Home diet: The home diet refers to any food that a child receives and consumes within the household setting. Home foods are typically locally available and form part of the family's regular diet. While these foods may meet general dietary needs, they often lack the nutrient density required to support the recovery of a child with moderate wasting. In many contexts, the home diet alone may be insufficient to meet the elevated energy and nutrient needs of moderately wasted children, particularly in terms of essential micronutrients and high-quality protein.

Nutritious food: Nutritious foods are defined as a food that in the context where it is consumed and by the individual that consumes it, provides beneficial nutrients (e.g. vitamins, major and trace minerals, essential amino acids, essential fatty acids, dietary fibre) and minimises potentially harmful elements (e.g. antinutrients, quantities of saturated fats and sugars)[3]

Social assistance: In this document, it refers mainly to social transfers (cash/in-kind) and food subsides, which address household food insecurity and poverty**.**

Social protection: Social protection includes: 1) *Social assistance*: non-contributory resource transfers to households or individuals, e.g., social transfers, public works and asset creation programmes. 2) *Social insurance*: e.g., contributory pensions, formal unemployment benefits, disability allowance, and crop or livestock insurance. 3) *Labour market programmes*- such as job-search services, training, and maternity benefits, 4) *Social care: interventions* to support people facing vulnerability or deprivation, that aren't resource transfers. Examples include child protection services, family support services, and domiciliary care.

Social transfer: in this document, it refers to social transfer to indicate transfers (in-kind or cash-based) made to persons or families, as part of a national social assistance programme to address food insecurity and poverty, but not specific nutrition needs.

[1] WHO Child Growth Standards and the Joint Malnutrition Estimates by UNICEF, WHO, and the World Bank

[2] What are healthy diets? Joint statement by FAO and WHO; 2024.

[3] Drewnowski. 2005. Concept of a nutritious food: toward a nutrient density score; Katz et al. 2011. A cost comparison of more and less nutritious food choices in U.S. supermarkets

Executive Summary

Amid a pivotal moment for the humanitarian system—marked by reduced funding and escalating shocks—this guidance note underscores the transformative role of social protection in operationalizing the *2023 WHO Guideline on the prevention and management of wasting and nutrition oedema (acute malnutrition*), in line with *Global Action Plan on Child Wasting* framework and the principles of the humanitarian reset which call for dismantling siloes, prioritizing localized solutions, and leveraging existing systems to protect lives sustainably.

In this context, prioritising acute malnutrition is critical to mitigate immediate risks of mortality and long-term developmental harms, while also addressing its synergistic relationships with stunting, micronutrient deficiencies and other forms of malnutrition.

Social assistance programmes typically provide household transfers to reduce poverty and promote economic stability; however, this guidance note recommends key programme tweaks to existing and/or planned social assistance programmes to also contribute preventing acute malnutrition.

This approach is particularly relevant in contexts where global acute malnutrition rates are elevated or where there is a risk of deterioration of the nutrition situation due to shocks and crises. Key strategic adjustments include prioritising **coverage** for households with pregnant and breastfeeding women and girls and children under 5; enhancing the **adequacy** of transfers provided to meet nutritional requirements; and improving its **comprehensiveness** by establishing or strengthening linkages with complementary services to holistically address the primary drivers of malnutrition.



About this document

Audience:

This document is aimed at **WFP nutrition and social protection officers** and anyone supporting the design, strengthening and/or implementation of national social assistance programmes at WFP country, regional and global levels.

Purpose:

This guidance note aims to **clarify the primary entry points to support governments in leveraging existing or planned social assistance programmes, including their shock-responsive elements**, to:

1. safeguard and enhance home diets
2. increase access to complementary feeding foods and protect breastfeeding practices,
3. promote access to and sustained use of maternal and child nutrition and health services.

This can also inform and advance child wasting action plans for Global Action Plan (GAP) on Child Wasting frontrunner countries and other contexts.[4]

Structure:

This guidance note aligns with the WFP's Strategy to improve diets and address malnutrition 2025-2030 and is complementary to the WFP Revised Wasting Approach operational brief which presents WFP updated approach to address child wasting and maternal undernutrition. It is structured around two main parts:

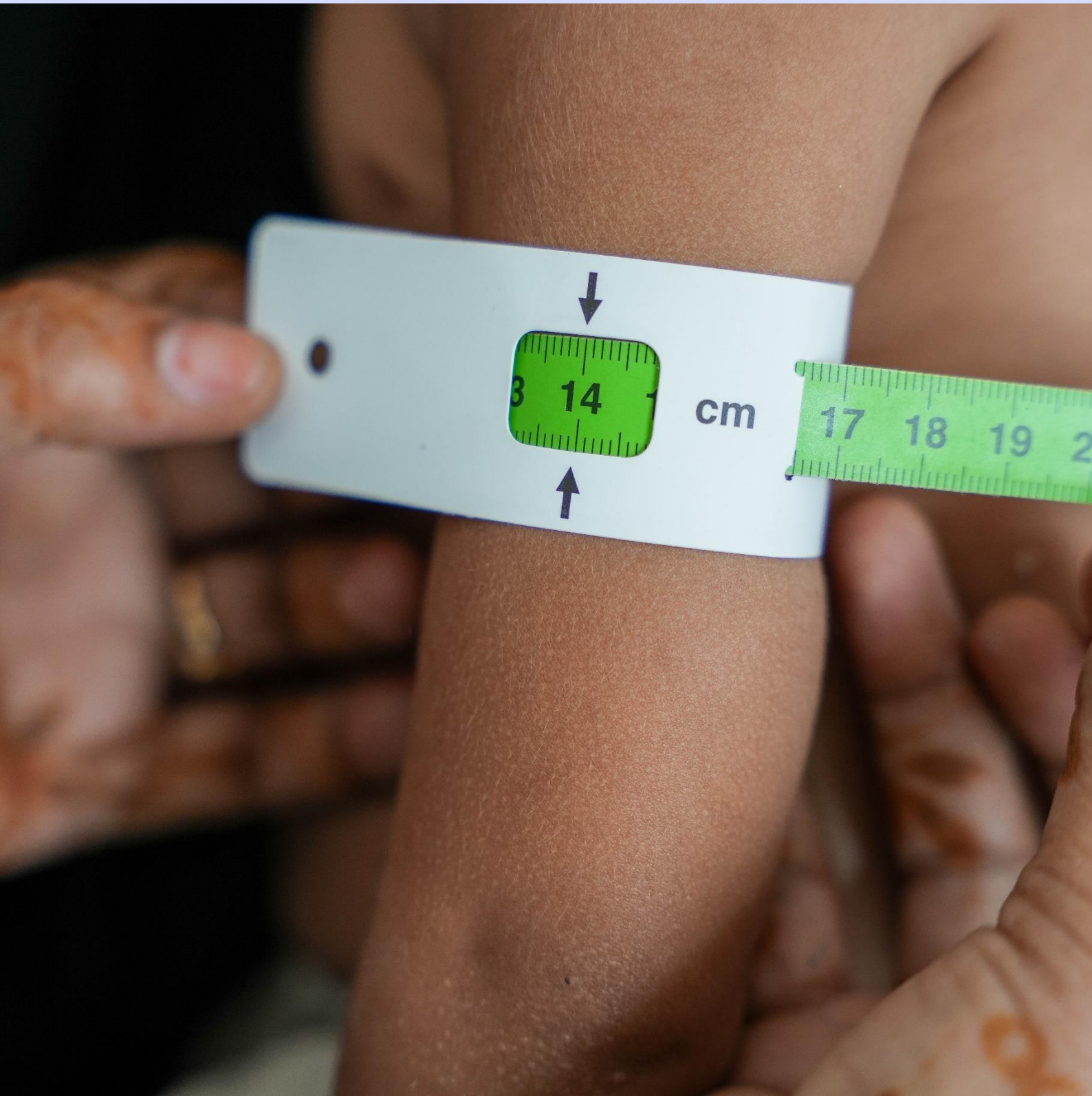
Part A: This section introduces social protection as a strategic platform for preventing malnutrition, outlining key initiatives and guidance that support this approach. It also defines basic social protection concepts and establishes critical parameters to guide why, who, what, where, how, and when social assistance can contribute to preventing acute malnutrition.

Part B: This part briefly introduces key pre-requisites in the system architecture[5] that are needed to enable the integration of nutrition into social assistance programmes. It also outlines key programme features requiring adjustments to prevent acute malnutrition.

[4] https://www.childwasting.org/the-gap-framework

[5] in line with the building blocks extensively presented in the WFP Social Protection Strategy

PART A



Background

Prioritizing Integrated Approaches to Acute Malnutrition

Despite concerted efforts, the global burden of acute malnutrition (or wasting) remains unchanged and unacceptably high[6], peaking in the poorest households[7]. More than half of the global population is at high risk of experiencing extreme weather events[8], which can increase the likelihood of wasting and underweight by almost 50 percent, further burdening vulnerable populations[9].

Acute malnutrition often occurs in response to economic, natural and man-made shocks. For example, evidence shows that a 5 percent increase in the price of food increases the risk of wasting in children by 9 percent[10]. Given its strong association with childhood mortality, acute malnutrition (or wasting) requires immediate attention[11].

In the current context of chronic funding shortfalls and a global humanitarian reset, prioritizing acute malnutrition has become even more critical. Acute malnutrition often overlaps with other forms of malnutrition[12]underscoring the need for integrated approaches that amplify limited resources.

Addressing acute malnutrition offers a strategic opportunity to mitigate immediate risks of mortality and long-term developmental harms, while also addressing its synergistic relationships with stunting, micronutrient deficiencies and other forms of malnutrition.

In recent years, multiple wasting-focused initiatives have prioritized linkages with social protection systems. Key developments include:

- In 2021 the UN Agencies[13] working on the prevention of child wasting developed the Framework for the Global Action Plan (GAP) on Child Wasting to promote a coherent coordinated and multisectoral response for early prevention, detection and management of child wasting, including social protection as one of the key system to build on[14].
- In 2023, WHO developed and updated normative guidance to support governments in the prevention and management of wasting and/or nutritional oedema in all contexts. The 2023 Guideline on the prevention and management of wasting and nutritional oedema (acute malnutrition) in children under 5 years emphasizes the **necessity of a multisectoral and multisystem approach** to address both the immediate and underlying causes of wasting. The guidance also underlines the **critical importance of ensuring a**

[6] UNICEF-WHO joint Child malnutrition estimates (JME) 2023

[7] Rahman MA, Halder HR, Rahman MS, Parvez M. Poverty and childhood malnutrition: Evidence-based on a nationally representative survey of Bangladesh. PLoS One. 2021 Aug 23;16(8):e0256235. doi: 10.1371/journal.pone.0256235. Erratum in: PLoS One. 2021 Dec 9;16(12):e0261420. PMID: 34424928; PMCID: PMC8382176.

[8] World Bank (2023). Counting People Exposed to, Vulnerable to, or at High Risk From Climate Shocks.

[9] World Bank (2024). Investment Framework for Nutrition 2024. Human Development Perspectives Overview booklet. Washington, DC.

[10] Food Inflation and Child Undernutrition in Low and Middle Income Countries, IFPRI, 2022.

[11] Wasting is the most lethal form of malnutrition, accounting for 1 in 5 deaths of children under-5 worldwide (UNICEF. *Child Alert: Severe Wasting*. https://www.unicef.org/child-alert/severe-wasting#:~:text=Severe%20wasting%2C%20also%20known%20as,which%20compromise%20a%20child's%20immunity (2022).

[12] Garenne, M. , Myatt, M. , Khara, T. , Dolan, C. , & Briend, A. (2019). Concurrent wasting and stunting among under-five children in Niakhar, Senegal. Maternal & Child Nutrition, 15, e12736.

[13] FAO, UNHCR, UNICEF, WFP and WHO

[14] Ending Child Wasting: A Multisystem Approach Towards 2030 | Child Wasting Child Wasting

nutrient-dense home diet, as children and pregnant and breastfeeding women and girls (PBWG) obtain their essential food predominantly from household diet. Therefore, improving the quality and adequacy of family diets serves as a key entry point for preventing acute malnutrition.

- The 2023 WHO complementary feeding guidance highlights the importance of appropriate feeding practices and continued breastfeeding support in preventing acute malnutrition. It also underscore the need For families and caregivers to have the necessary resources and support to provide healthy diets for their children.

Introduction to social protection

Social protection refers to a broad set of policies and programmes aimed at preventing and protecting against poverty, vulnerability, and social exclusion by enhancing individuals' and households' capacity to manage economic and social risks (**Figure 1**).

Among these various instruments and interventions**,** social assistance, especially in-kind and cash transfer**,** is a direct entry point for improving access to healthy diet for the most vulnerable groups and therefore contributes to preventing acute malnutrition.

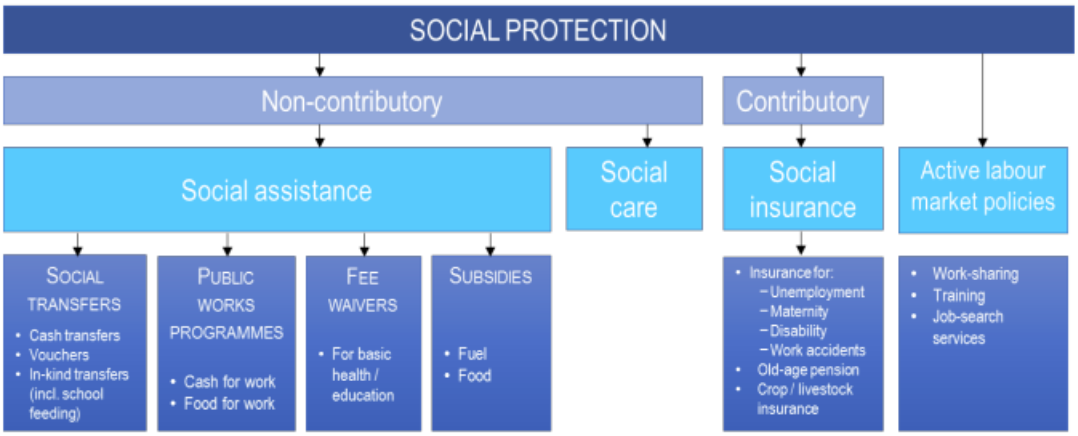
Over the past decade, there has been a significant increase in social assistance programmes across low-income countries, as the body of evidence supporting its effectiveness to address poverty has grown. These programmes are currently underutilised as platforms to improve nutrition, but they have the potential to make a substantial contribution, as they already target the poorest and most vulnerable to malnutrition.

What we mean with shock responsive social protection?

All social protection interventions are shock-responsive, in that they help households to deal with chronic or sudden events either **before** (ex-ante) or **after** (ex-post) they occur.

The crucial distinction is between shocks that affect a large proportion of the population simultaneously (covariate shocks) and those that affect specific individuals or individual households, often through life cycle events such as a loss of

Figure 1: Typology of social protection



Source: OPM (2017)

jobs, illness, death (idiosyncratic shocks)[15]. When a covariate shock occurs, social protection systems and processes can deliver services to address needs in a way that eases the burden on humanitarian assistance, and offers greater effectiveness, efficiency and/or improved accountability.[16]

Shock responsive social protection (SRSP) encompasses the adaptation of routine/regular social protection programmes and systems to cope with changes in context and demand following shocks. SRSP actions can be ***ex-ante*** by building shock-responsive systems, plans and partnerships in advance of a shock to better prepare for emergency response**; *ex-post***, to support households once the shock has occurred. In this way, social protection can complement and support other emergency response interventions[17]**.**

When policymakers consider the use of a social protection system to address the needs of seasonal or humanitarian crises, there are a number of strategies for adapting social protection programmes to make them better at responding to shocks[18] (**Figure 2**).

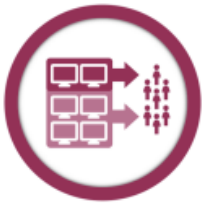
However, leveraging social protection systems for shock response is not always faster or more efficient than conventional emergency responses. The decision to use the social protection system depends heavily on contextual factors, including the overlap between existing beneficiaries and shock-affected populations, the adaptability of programme design, and the feasibility of scaling assistance effectively. In some cases, emergency response agencies may offer a more effective solution[19].

[15] Shock-responsive Social Protection System Research. Synthesis report
[16] ibid
[17] Shock responsive Social Protection Systems Toolkit. Appraising the use of social protection in addressing large sale shocks
[18] Shock-Responsive Social Protection in the Caribbean Handbook. WFP, 2021
[19] 10 Thing: You Wish You'd Always Known about Shock-Responsive Social Protection. WFP

Figure 2: Options for using social protection to respond to shocks



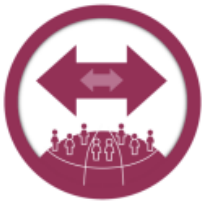
Vertical expansion
Increasing the benefit value or duration of an existing social protection programme or system.



Piggybacking
Using elements of an existing social protection programme or system for delivering a separate emergency response.



Design tweaks
Making small adjustments to the design of a core social protection programme.



Horizontal expansion
Temporarily extending social protection support to new households.



Alignment
Aligning some aspects of an emergency response with the current or possible future national social protection programmes.



Developing new programmes
Establishing a new temporary social protection programme that leverages existing capacities (i.e. processes, systems, staff) to address specific needs driven by a shock.

Source: WFP, 2021

Setting key parameters:

In the context of the shifts signalled by the new WHO guidelines and the overall humanitarian reset, social protection is increasingly recognised as a key system to contribute to the prevention of acute malnutrition, through social assistance programmes.

In this section, the key parameters are set up to guide **why**, **who**, **what**, **where**, **how** and **when** the social assistance can contribute to the prevention of acute malnutrition.

WHY

Social assistance has the potential to prevent an increase in acute malnutrition among reached populations by protecting and enhancing home diets, increasing access to complementary foods and support breastfeeding practices, and promoting access to and sustained use of other nutrition and health services, also in the face of recurrent crises and shocks.

WHO

Households with PBWG and children under 5 - or under 2, when further prioritization is needed- most vulnerable to acute malnutrition

WHAT

Three essential dimensions of social assistance programmes contribute mainly to the prevention of acute malnutrition, in line with the main drivers and root cause of malnutrition, identified in each context (for more information, refer to part B)

1. **Coverage**. This means ensuring that the programme is designed to reach the most nutritionally vulnerable groups, namely PBWG and children under 5.
2. **Adequacy**. This means to provide a transfer that helps to close specific nutrient gaps of PBWG and children under 5 that can lead to acute malnutrition, in a timely and regular manner; and
3. **Comprehensiveness**. This means addressing the drivers of acute malnutrition beyond economic barriers to meet immediate food and nutrition needs, as per UNICEF Conceptual Framework,. This includes promoting access to critical services (e.g., healthcare and nutrition services) and healthy and feeding practices (e.g., breastfeeding, dietary diversity).

WHERE

Countries or areas with High GAM Rates or High Baseline Vulnerability

In countries or areas with high GAM rates (> 10 percent) or medium GAM rates (5-9 percent) associated with high Baseline Vulnerability to acute malnutrition[20] programme tweaks need to be part of regular social assistance programmes as well as part of the shock-responsive social protection mechanism, when feasible.

[20] This baseline vulnerability can be measured through overlaying information on the food environment (the proportion of children 6-23m consuming an adequate dietary diversity of 5 of 8 food groups), the health services (access to health and nutrition treatment, proportion of children 6-59m with diseases such as acute respiratory infections, diarrhoea or cholera) as well as the care practices (infant and young child feeding practices). Countries with a high baseline nutrition vulnerability would likely be more strongly affected in the case of a shock than countries without a high baseline vulnerability.

Countries or Areas with Low GAM Rates

In countries or areas where GAM is < 5 percent , programme adjustments may not be included in regular social assistance in programmes under normal circumstances. However, if a shock occurs (such as a climate disaster, economic crisis, health emergency, or conflict), such considerations need to be included in the social assistance response and preparedness to the shock, when the system allows.

WHEN

- The delivery of nutrition components as part of the regular social assistance programmes, should be aligned with the usual pattern of acute malnutrition in a country or region. **Depending on the context, this can be implemented year-round or tailored to coincide with seasonal spikes in wasting**.
- Shock-responsive nutrition components **can be activated before (**for example through Anticipatory Action) **or after a shock occurs**. In this way, by preventing households from adopting negative coping mechanisms (e.g. selling assets) the prevention of acute malnutrition among children and PBWG will be maximized, When, a shock is not predictable, the nutrition shock-responsive component should be activated as soon as the shock occurs.

HOW

WFP uses two primary modes of support:

- **Support nationally led social protection systems** by providing technical assistance to social assistance programmes (for example on improving the targeting and registration process) and/or augmenting national capacity to deliver the programme, when requested.
- **Deliver complementary actions** through WFP's own programming to enhance the contribution of existing social assistance programmes to ensure nutrition requirements of children and PBWG are met, while also strengthening the national system.
  For example, WFP can reach geographical areas or populations that are not covered by the existing social protection programme; improve the adequacy of the transfer value by complementing a regular social assistance programme with the provision of cash top-ups or Specialized Nutritious Foods (SNF), deliver social behaviour change (SBC) interventions to accompany the social transfer and strengthen the linkages between social protection assistance and other services, such as health-based services.

PART B



Pre-requisites in the system architecture

The integration of a diet and nutrition focus in social assistance programming requires a suitable and enabling environment. To make this happen certain elements in the system architecture need to be in place to a certain extent or should be worked towards. WFP should advocate for the necessary changes, together with other partners.



Source: WFP, 2021

Policy and legislation

Relevant national and sub-national policies and strategies, such as social protection, nutrition, education and health and development frameworks, as well as emergency preparedness and response plans reflect the critical link between nutrition and social protection coherently.

Governance and capacity

There **should be existing or planned national social assistance programmes that can be adapted** to address acute malnutrition or heightened nutritional vulnerabilities during crises—and are supported by adequate institutional capacity and technical expertise. In addition, to be able to respond to shock, social protection is fully recognised as a key instrument for responding to emergencies, complementing national disaster management and other humanitarian response efforts.

Coordination

There should also be some level of **coordination between ministries responsible for and/or contributing to social protection and nutrition,** such as the ministries of health, social affairs and in the context of emergency and crisis, coordination with the ministry or authority coordinating the emergency response - disaster risk management (DRM) authority- the food security cluster, nutrition cluster, cash working groups and/or social protection coordination working group to enhance shock responsive nutrition programming.

Planning and finance

National government budget or relevant funds from international financial institutions or other donors that contain explicit thematic or sectorial allocations, such as health, education, and social protection, provide opportunities for discussions on nutrition financing and (re)allocation. **Established contingency funds** within national budgets or donor agreements - with pre-agreed activation triggers and protocol- specifically earmarked for nutrition in social assistance and flexible to support scalability in response to shocks.

Platforms and infrastructure

Data management systems for social protection, nutrition, health, WASH, and other sectors—as well as DRM systems—exhibit some level of interoperability and adaptability to accommodate nutrition information. For example, nutrition data is integrated into beneficiary registries, social registries used to identify the households to

target as well as into surveillance and early warning system data used to detect, analyse and communicate potential weather and climate-related risks and hazards. Moreover, **the delivery system** (such as the distribution of cash or in-kind transfers) should be able to sustain operations and adapt to accommodate fluctuations in nutrition related demand (e.g., managing SNF distribution pipelines or introducing cash top-ups), even in very challenging environments and during shocks.

Programme features:

Integrating nutrition indicators into vulnerability analyses is critical to identify the key drivers of acute malnutrition, and therefore inform which one of three key dimensions—**coverage, adequacy, or comprehensiveness**—require prioritisation to maximize their impact on prevention of acute malnutrition.

Each dimension must then be intentionally designed and aligned with evidence-based approaches that address those drivers. Whenever feasible and possible, the above dimensions need to be designed with flexibility and scalability to cater to changing needs **(responsiveness**). Such adaptability ensures programmes remain relevant in dynamic environments.

This section explores these dimensions and provides guidance on entry points for WFP to leverage its global expertise in social protection and nutrition.

Coverage

WFP can support governments in strengthening the coverage of existing or planned social assistance[21] to allow for **more targeted inclusion and prioritization of vulnerable households with children under 5 and PBWG.** Other vulnerable groups may include PLHIV and their families. In the context of shock responsive social protection, this is known as horizontal expansion.

Where there is an opportunity to support the government to revise or build a social and/or beneficiary registry, WFP can advise to include nutrition relevant information, such as information on date of birth of all family members (including children and women), gender, locations. Whenever possible, promote interoperability between social registry and other databases, such as health management information systems (for example, for pregnancy, HIV/TB or disability status).

Where there is no room for an extensive review of the social registry, WFP can support in maximising the use of available data and promote interoperability with any registration system in place and any other data sources.

Adequacy

This refers to ensuring **the nutritional adequacy of the existing social transfer to meet specific nutritional or dietary requirements** of children under 5 and PBGW. Thanks to its strong analytical capacities, procurement and logistical expertise, WFP is well-positioned to play a pivotal role in guiding the government in the design and delivery of transfers that cater to the needs of these nutritionally most vulnerable population groups. Increasing the transfer value and/or duration is known as vertical expansion in the context of shock responsive social protection.

[21] Horizontal expansion refers to the process of increasing the population coverage of a social protection programme, usually during a crisis or emergency. This expansion is aimed at reaching more people who need assistance, often in the same geographical area or in areas affected by the crisis but not covered by the regular programme.

For example, WFP can support strengthening the nutrition sensitivity of national social assistance programme by improving the quality of household ration (e.g., cereals, pulses, oil) for example by promoting the integration of fortified commodities, or by complementing the household ration with a cash or voucher targeted to improve complementary feeding for children under 2 and diet diversity for PBWG.

Alternatively, where markets lack sufficient capacity to supply nutritious foods, WFP can complement the cash transfers with the provision of an SNF and/or to meet the additional individual nutritional needs of children and PBWGs. The provision of adequate transfer can also help reduce the financial pressure on households, allowing mothers to prioritize breastfeeding without compromising their income or job security.[22]

It is important to note, that the **transfer value and modality** are primarily determined by governments. Transfer values generally depend on fiscal allocations and the ability to expand and sustain social assistance financing. Transfer modality is shaped by numerous factors, including socio-political circumstances, market functionality, service provider capacity and availability, national supply chain capability, and donor and government preferences. It is important to bear in mind that the transfer value and modality represent just two factors determining the adequacy of the transfer.

The way the intervention is designed and implemented also plays a crucial role in ensuring adequacy, encompassing aspects such as timing, location, duration, and frequency of support:

- **Timely, predictable, regular** (e.g., monthly, bi-weekly) **and reliable transfers** are recommended for meeting social assistance objectives including achievement of nutrition outcomes. Evidence shows that monthly assistance allows beneficiary households to regulate their food consumption and other demands influencing child nutrition outcomes.[23]
- **The duration of assistance** is guided by the scale and severity of acute malnutrition, the institutionalisation of the social protection system, and the availability of resources. In most circumstances, a minimum of six months is recommended to prevent acute malnutrition, to allow for an improvement and stabilisation of the nutrition situation (e.g., improved dietary diversity) of children under 5 and PBWG.[24] However, in protracted crises a longer programme cycle should be considered.[25]

Comprehensiveness

Social assistance alone cannot prevent acute malnutrition. In many contexts, acute malnutrition stems not only from economic barriers to adequate diets but also from low uptake of health services and weak food systems. A holistic approach addressing all these drivers simultaneously is essential.

It is therefore essential to coordinate with key stakeholders to complement with other programme components, services and

[22] Breastfeeding and family-friendly policies. An evidence brief. UNICEF 2019

[23] Evidence and guidance note on the use of cash and voucher assistance for nutrition outcomes in emergencies, GNC 2020.

[24] Food and nutrition handbook, 2018

[25] The relationship between wasting and stunting in young children: A systematic review. S. Thurstans, et al. September, 2021.

system activities to address other drivers of acute malnutrition, such as:

- **SBC**: Social assistance is more likely to improve maternal and child nutrition when it includes a strong SBC component[26], especially when the transfer modality is cash-based. For example, WFP can support the development of SBC strategies to enhance complementary feeding practices, maternal nutrition and improve health outcomes. Where SBC is delivered through health systems, WFP can support establishing linkages and revising messages or communication channels as needed. The design of a social assistance programme can be used to initiate consultations with national counterparts for developing SBC strategies. For more information on SBC, please refer to the SBC Operational checklist.

- **Health services:** Advocate and ensure linkages with essential health-based services, such as vaccination, deworming, growth monitoring, management of acute malnutrition, micronutrient supplementations, HIV/TB screening and treatment and ante and postnatal services, including breastfeeding support. WFP can support establishing linkages by promoting the use of health platforms for the registration of beneficiaries, and for the delivery of programme components.

- **Food system activities:** The transfer provided through social assistance, if sufficient and supported by SBC interventions, can increase the consumption of a more nutritious diet, both by family members as well as children and PBWG in recipient households. However, to further improve access, affordability, availability and stability of nutritious foods, linkages with the food system is essential. For example, WFP could leverage agricultural programmes and strengthen local procurement, whether implemented by WFP, the government or partners, to improve the availability of nutritious foods. Additionally, WFP can foster its expertise and local and global partnership around food fortification to foster the use of fortified foods (such as staple and complementary foods) in national social assistance (when receiving in-kind support), or the availability of fortified food in the markets (when receiving cash/voucher support).



[26] Nutrition-Sensitive Social Protection Programs within Food Systems, IFPRI, 2021.

Conclusion

The prevention of acute malnutrition demands urgent, coordinated action, particularly in contexts with high prevalence or heightened vulnerability to shocks. Social assistance programmes offer critical opportunities to safeguard and improve household diets and can serve as platform for promoting access to and sustained use of other nutrition and health services. To maximize their impact, social assistance programmes must be deliberately designed to address the root causes of acute malnutrition, with a focus on the following priorities:

Coverage: Strengthen targeting and registration mechanisms to prioritize households with PBWG and children under 5.

Adequacy: Design transfers to close nutrient gaps through predictable, regular, and sufficient support. Align modalities (cash, vouchers, in-kind) with local market dynamics and supply chains to maximize access to diverse, fortified, and culturally appropriate foods.

Comprehensiveness: Complement transfers with SBC, health and food system activities to address holistically the main drivers of malnutrition.

Only through integrated planning, coordination, and financing across nutrition, social protection, health, food systems, and disaster risk management can social assistance evolve from poverty alleviation to a frontline defence against acute malnutrition.

WFP is committed to providing technical expertise, fostering cross-sector partnerships, and supporting governments to operationalize these strategies—turning evidence into actionable, life-saving interventions.

This approach aligns with the 2023 WHO Guidelines and the Global Action Plan on Child Wasting and advances the broader humanitarian agenda toward sustainable, system-driven solutions.

By embedding nutrition into social protection systems, we can protect the most vulnerable from the immediate threats of acute malnutrition while building long-term resilience against future shocks.



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