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| PROGRAMME AREAS | WFP'S COMMITMENTS | UNICEF'S COMMITMENTS | JOINT PRINCIPLES AND ACTION |
| **Nutrition Assessment: Anthropometric and micronutrient status**  In consultation and collaboration with WFP, UNICEF will generally take the lead in undertaking nutrition surveys. However, in geographic regions or among certain beneficiary groups where WFP intervenes, WFP can request UNICEF to collect data or will organize the collection by itself. Both agencies can take responsibility for baselines, monitoring & evaluation (M&E) sample surveys, impact assessments in the context of specific operations research or pilot activities where nutrition is a key element of the activity.  WFP will generally take the lead in emergency food security assessments, seeking inputs from UNICEF and other partners on issues of nutrition and related non-food resource needs. Meanwhile, UNICEF will seek WFP’s expertise to assess the link between food insecurity and undernutrition when doing a nutrition survey.  In certain country settings the activities described above are conducted in the framework of the emergency nutrition and food security clusters. In this case the arrangements as agreed within the cluster take precedent. | To participate in the technical discussions, planning and design of nutrition surveys.  To provide staff who will actively participate in surveys.  To take the lead, where appropriate, in nutrition surveys required to assess the nutrition situation in emergencies, or as baselines and follow-ups to development programming.  . | To provide a lead role in surveys on nutrition.  To provide technical support for survey design and training.  . | To share all data on nutrition, mortality and morbidity supporting national governments' activities, which are developed by either agency.  To develop joint methodologies (assessment tools, including the equipment and measures used), indicators and reporting methods for different purposes.  Joint review of analysis and interpretation of the findings. |
| **Nutrition surveillance**  UNICEF and WFP will work together with partners for the development and strengthening of nutrition surveillance systems as required | To act as an active member in forums designed for the development of nutrition surveillance, especially in relation to food security.  To collaborate in defining indicators, designing surveys and providing systems support. | To provide a lead role in setting up nutrition surveillance systems.  To provide technical support for the design and training in nutrition surveillance  To provide supplies and equipment, and support training of government counterparts | To provide technical support for the design of and training on nutrition surveillance systems.  To support relevant government institutions in the development of protocols and guidelines for nutrition surveillance.  To disseminate findings and results of surveillance reports for the public audience  To promote the establishment and enhancement of national government surveillance systems in the context of preparedness and prevention. |
| **Emergency food security and nutrition assessments**  WFP and UNICEF will enhance the role of nutrition, including attention to special needs in areas of high mortality or HIV prevalence and conflict zones, within emergency assessments | Take the lead in organizing joint Emergency Food Security Assessment (EFSA) missions and vulnerability analysis and mapping (VAM) | To participate in EFSA on a more regular basis, if appropriate, by providing technical support on nutrition assessment. | To define the role of nutrition within EFSA, VAM and other food assistance tools |
| **General ration and vulnerable group feeding**  WFP is primarily responsible for food needs assessment, planning and design of the rations. When general food distributions are implemented, food baskets will be designed in accordance with the joint UN guidelines on “Food and Nutrition Needs in Emergency” (2000) or more recent relevant guidance documents. | To take the lead in meeting food assistance requirements.  To provide transport, storage and other non-food equipment required for food management.  To distribute food to affected beneficiaries directly or through partners in a timely manner and will take responsibility for the overall management of food assistance programme.  To provide training related to food management. |  | To monitor the impact of food rations on the nutrition status of the affected populations. |
| **Supplementary feeding programme for young children**  WFP will coordinate and manage the organisation of supplementary feeding programmes for children 6 months and older and Pregnant and Lactating women (PLW). | To take the lead, in consultation with Governments, UNICEF, and the appropriate food security and nutrition emergency clusters, in designing and implementing SFPs for children and PLW.  To provide supplementary foods (improved fortified blended foods and ready-to-use supplementary foods) for the management of moderate acute malnutrition in child and PLW.  To explore and promote local production of food products for the prevention and treatment of moderate acute malnutrition..  To support the training of health staff on the treatment of MAM. | To take the lead in organizing nutrition co-ordination meetings, as the global nutrition cluster lead, with partners to review the nutrition aspects of SFPs  To take the lead in ensuring access to public health care, safe water, sanitation and hygiene for children with MAM.  In case WFP is unable to provide SFP, UNICEF may do so after discussion with WFP at country level. If no arrangement can be made, agreements will be made at the regional or headquarters office level. | To assist governments in adopting MAM treatment protocols, including the appropriate food products, in collaboration with WHO.  Together with partners, seek program synergies for mobilizing, screening and assigning children to the appropriate treatment programme.  It is recognized that exclusive breastfeeding (0-6 mo old children) and continued breastfeeding (6-24 mo old children) should be promoted and protected.  To carry out joint resource mobilisation for the management of acute malnutrition  To strive towards joint training of staff on the management of acute malnutrition. |
| **Management and treatment of severe acute malnutrition (Therapeutic Feeding programmes)**  UNICEF will coordinate and support treatment programmes that follow established and agreed upon UN protocols, such as the Community Based treatment for Severe Acute Malnutrition. | To seek provision of food for the recovery phase of TFPs, as well as for the provision of food to support family members of children suffering from SAM.  In case UNICEF is unable to provide support for TFP, WFP may provide support after discussion with UNICEF at country level. If no arrangement can be made agreements will be made at regional or headquarters office level. | In community as well as in hospital setting to take the lead in the support and coordination of the organization of therapeutic feeding programmes and interventions. This includes the care, protection and feeding of unaccompanied children.  To mobilize resources and ensure the availability of RUTFs and other supplies and products required for the treatment of children suffering from SAM  To support the training of health staff on the treatment of SAM. | To assist governments in adopting SAM treatment protocols in collaboration with WHO.  To explore and promote local production of therapeutic food products.  Together with partners, seek program synergies for mobilizing, screening and assigning children to the appropriate treatment programme.  To strive towards joint training of staff on the management of acute malnutrition. |
| **Targeting nutritionally vulnerable people**  Adequate nutrition and health care is essential during key periods of the life cycle – pregnancy and lactation, infancy, early childhood and adolescence.  UNICEF strives to ensure that the basic health and nutrient needs of children are met; while WFP strives to ensure that basic food and nutrient needs of vulnerable people are met. UNICEF gives particular emphasis on ensuring that children have access to basic health and care services; that they are protected from vaccine preventable childhood diseases; and that they benefit from prevention and treatment of diarrhoeal diseases.  WFP and UNICEF will collaborate in ensuring pretection of breastfeeding, especially exclusive breastfeeding in emergency settings. | To provide nutritious food to mothers and children through targeted maternal and child health and nutrition (MCHN) activities.  To support food for education activities on the basis of vulnerability analysis mapping (VAM) indicating food deficits  To provide nutrition education material through partners  To include breastfeeding in determination of family foods  To document, in collaboration with UNICEF and WHO, positive nutrition outcomes of interventions where nutrition goals are explicit  To facilitate the provision of deworming tablets, in collaboration with UNICEF and WHO, in the context of pre and primary schools and MNCH services where intestinal worms are a nutrition and health concern. | To take the lead and responsibility for implementing public health interventions such as water, sanitation, health services (eg immunization, vitamin A, ORS).  To support capacity building and knowledge on caring practices (e.g. breastfeeding, adequate complementary feeding) through health and community workers and to implement large scale communication programmes to improve caring practices.  UNICEF will take the lead on ensuring safe supplies of water, while WFP will support such activities. | To ensure the promotion and protection of breastfeeding in both emergency and non-emergency settings.  To jointly prepare and provide nutrition education materials, in collaboration with partners.  To seek linkage between food support and resources relating to water and sanitation, as well as caring practice..  To promote the essential package approach to all MCHN and school based interventions.  To explore responsibility for technical guidance and other support for procurement and distribution of special foods for orphans unable to breastfeed. |
| **Nutrition education and communication**  Behavior change is one of the keys to sustained nutrition improvement. UNICEF and WFP will also support expanded activities in this area as appropriate. | To support the preparation and use of information, education and communication (IEC) | To implement large scale IEC programmes with the aim to improve infant and young child feeding | To pursue analysis of best practice in the design and implementation of nutrition education, test the most appropriate methods for assessing effectiveness and impact, and standardise data collection on behaviour change.  To promote operational research related to nutrition. |
| **Micronutrients and fortification**  UNICEF will take a lead role in assessment of micronutrient deficiency and in collaboration with WFP, in the design of programmes, treatment and quality control. WFP will ensure that food commodities are adequately fortified.  WFP will take responsibility for defining micronutrient concerns within food needs assessment and will document progress in resolving micronutrient deficiency in WFP operations.  Food commodities will be appropriately fortified. WFP and UNICEF will work together on advocacy with donor nations in favour of appropriately fortified foods. They will also work together to increase capacity for local milling and fortification of cereal products and local production of fortified blended foods. | To ensure that all processed food commodities provided are fortified (e.g. salt, oil, blended foods, flours)  To take the lead, where necessary, in the design and implementation of milling/fortification, including quality control at local and national levels.  To continue efforts to meet recommendations for (micro)nutrient intake of the target population, among others through provision of micronutrient fortified foods.  To take all efforts to ensure the distribution of iodized salt. | To provide vitamin A and iron and other micronutrient supplements to pregnant and lactating women as required.  To design and support implementation of universal salt iodization strategies and legislation, and provide support for salt iodization to WFP if appropriate.  To provide micronutrient supplements for distribution, with WFP or alone, if appropriate. | To assess and optimize complementary operational roles in addressing micronutrient deficiency  With WHO to develop national supplementation and treatment guidelines  To advocate for greater national awareness and action on micronutrient deficiency  To examine appropriateness of the levels of micronutrients delivered by various methods.  To support the mandatory use of iodized salt for human and animal consumption at national level.  To support implementation of treatment protocols to reduce iodine deficiency in high prevalence areas.  To work with pre-mix producers, technical/scientific bodies and governments and private sector to support micronutrient fortification.  To mobilize resources to reduce micronutrient deficiencies. |
| **WFP Technical Advisory Group (TAG) on the Nutrition, Safety and Appropriateness of New Food Commodities**  WFP established a TAG with the aim of securing independent advice on the operational suitability of new commodities. | To make available the services of its external TAG to UNICEF as required.  To share, on request, TAG reviews with UNICEF Nutrition section | To propose, as appropriate, food commodities for scientific review by the TAG | To collaborate in periodically reviewing the composition and specifications of commodities used in addressing under nutrition in various contexts.  To jointly explore the potential for production of new complementary feeding products and to define responsibility for procurement and distribution |
| **Training and capacity development in Nutrition**  Various training modules exist including on Nutrition in Emergencies (cluster), infant feeding in emergencies, infant feeding for community based workers, complementary feeding etc. and their intensive use at country level will be encouraged and supported  Joint use of these training modules should be explored at country and regional level. | To invite UNICEF staff to participate in training sessions on nutrition | To invite WFP staff to participate in training sessions on nutrition | WFP and UNICEF will aim to conduct joint training sessions, and will explore the possibility to further develop joint training modules.  To explore the possibility to jointly train counterparts, in collaboration with partners, wherever appropriate.  To seek the enhancement of the capacity of national partners in nutrition programming. |
| **Nutrition and HIV and AIDS**  HIV affects the socio economic and nutrition security of people. Poor nutritional status and poverty in turn prevent PLHIV from adhering to ART. Thereby compromising treatment. Both agencies will seize opportunities to leverage food and nutrition activities to promote treatment ,prevention and care activities as outlined in the UNAIDS DoL.  Novel activities will be jointly explored for addressing HIV and AIDS by combining food and nutrition with health, care and agricultural development intervention support | To provide adequate food aimed at meeting nutritional needs of HIV and AIDS infected and affected populations.  This entails time-bound support to PLHIV of all ages who meet the anthropometric criteria for malnutrition as well as supporting affected households which are food insecure or at risk of food insecurity.  To expand activities in disseminating messages on HIV and AIDS prevention and to share experiences with UNICEF.  To jointly conduct assessments to determine local vulnerability to HIV and AIDS in the context of food insecurity, and appropriate food and non-food assistance. | To continue working in integrated HIV and AIDS programmes, including information and communication, and PMTCT and to share experiences with WFP.  To take the lead in the treatment of HIV affected children who suffer from severe acute malnutrition using therapeutic foods. | To collaborate (with other partners) on the development of joint policy and programme guidelines on HIV, AIDS and nutrition.  To collaborate in the identification of priority groups for programming interventions, where food support is appropriate in assisting improved uptake and adherence to treatment and PMTCT programmes and treatment of malnutrition.  To pursue where appropriate, joint programming especially for people living with HIV and AIDS or those affected by HIV and AIDS.  To ensure that the essential package of nutrition and other support should also include messages for prevention, access to testing, PMTCT and care support to those people who are HIV positive. |
| **Operations research on Nutrition**  WFP and UNICEF will support operations research on effective ways to address nutrition in emergencies and development context |  |  | To seek collaboration in applied research on nutrition issues of operational concern, such as the use of ready-to-use foods to treat and prevent moderate malnutrition.  To pursue and support joint research as appropriate  To share information on research planning, ongoing activities, and findings regularly  To collaborate, as appropriate, in raising funds in support of larger, multi-country nutrition research. |
| **Advocacy on Nutrition**  WFP and UNICEF will strengthen their joint approach and will strive to publish joint reports and publications on appropriate topics. |  |  | To disseminate finding and reports for a public audience  To pursue opportunities for better promoting nutrition on national and global forums  To collaborate in fund-raising to support nutrition programmes |