The Food Aid Organization of the United Nations

30 November 2009

Subject; United Nations High Commissioner for Human Rights’ request for an overview of initiatives and activities within the UN system that address all causes of preventable maternal morbidity and mortality.

Dear Sir/Madam,

In response to the request for an overview of initiatives and activities within the UN system that address all causes of preventable maternal morbidity and mortality, we are pleased to submit you the WFP brief which gives an overview of WFP interventions that contribute to addressing maternal morbidity and mortality, in the attachments of this e-mail.

For further background reading on the topic of maternal morbidity and mortality, we suggest the following references; Lancet series on Maternal and Child Undernutrition¹, Infant and Young Child Nutrition (IYCN)², H.E Burchett and S.H. Mayhew, ‘Maternal mortality in low-income countries: What interventions have been evaluated and how should the evidence base be developed further?’, 2009³

In hoping to have fulfilled your request, and pleased to assist you in any further activities, we are looking forward to seeing your findings.

Kind Regards,

Chief, Nutrition and HIV/AIDS Policy,
Martin Bloem,

¹ http://www.thelancet.com/series/maternal-and-child-undernutrition
² http://www.iycn.org/index.php
Brief United Nations High Commissioner for Human Rights

November 2009

Context
The United Nations High Commissioner for Human Rights has requested an overview of initiatives and activities within the UN system that address all causes of preventable maternal mortality and morbidity. The following brief gives an overview of WFP interventions that contribute to addressing maternal mortality and morbidity.

WFP food assistance
As the United Nations frontline agency in the fight against hunger, WFP’s strategic plan focuses on;
- Saving Lives and Protect Livelihoods in Emergencies
- Preventing acute hunger and invest in disaster preparedness and mitigation measures
- Restoring and Rebuilding Lives and Livelihoods in Post-Conflict, Post-Disaster or Transition Situations
- Reducing Chronic hunger and undernutrition

WFP contributes to addressing maternal mortality and morbidity through a number of food assistance interventions either directly or indirectly.
Maternal Child Health (MCH) interventions, which most often include supplementary feeding to pregnant women, are WFP’s primarily food assistance activity that address maternal health and nutrition and thereby may contribute to reducing maternal mortality and morbidity. These programmes are usually designed as a complement to maternal health interventions. Women are identified as needing food assistance based on biomedical criteria such as body mass index (BMI) and MUAC. Food assistance is given based on referrals from the health sector. The food basket often includes special food products with high energy and micronutrient content.

HIV-infected pregnant women are usually targeted specifically through PMTCT programs. These programs are designed to prevent the transmission of the virus to the newborn either pre- or postpartum. Food is given both as an enabler for enrolment and adherence, but also to improve nutritional status of the mother and the child.

Other WFP programs may address maternal mortality and morbidity indirectly. This is the case when a pregnant woman is part of a broader programme, usually targeting her household. In such cases, households receive food assistance due to their food insecurity. While Food for Work (FFW), Food for Training (FFT) and Food for Assets (FFA) do not specifically target pregnant women, they often adjust the food basket to address the special needs of those beneficiaries. Given the vulnerability of pregnant women, it is often another family member who works or is being trained in exchange for the food assistance.

In addition, in emergency operations WFP can provide blanket feeding, during which the entire population at risk is provided with food assistance, irrespective of gender and age. This population will also include pregnant women, but for practicality reasons WFP often does not specifically count them as such in its reports.

WFP female beneficiary numbers in 2008
In total WFP provided food assistance to approximately 22 million females in 2008. Of these, WFP supplied approximately 3 million pregnant and lactating women through its MCH interventions, 2 million through FFW, 1 million through FFT and approximately another million through food assistance to female beneficiaries impacted by HIV/AIDS in 77 countries. Pls refer to the table 1 below (further details can be found in the attached table – WFP Beneficiary numbers as reported in Standard Project Report using 2008 data).

1 WFP 2009 standard project reporting (SPR) data will become available approximately March 2010.
<table>
<thead>
<tr>
<th>Pregnant and lactating women in MCH / supplementary feeding programmes</th>
<th>Female FFW participation</th>
<th>Female FFT participation</th>
<th>Of which adolescent girls</th>
<th>Female beneficiaries impacted by HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of beneficiaries in 2008</td>
<td>2,789,000</td>
<td>1,735,000</td>
<td>991,000</td>
<td>25,000</td>
</tr>
</tbody>
</table>

Table1; WFP Beneficiary numbers (Standard project report 2008 data)

However, caution is necessary when using these figures. They may overestimate female beneficiary numbers due to an undefined amount of overlap where individual female beneficiaries can be included in more than one intervention simultaneously. For example a pregnant woman may be enrolled into an MCH programme, while her household also receives a general food ration due to its food insecurity. On the other hand, there is a possible underestimation of the total female beneficiary numbers due to the exclusion of general food distribution as an intervention that indirectly addresses maternal mortality and morbidity. Especially in emergency operations, general food distribution will be the main intervention during the first days of the emergency. The proportion of beneficiaries that are female is not reported to headquarters in such cases.