NUTRITION, FOR EVERY CHILD

Global Annual Results Report 2022
Students enjoy a nutritious home-prepared meal during their midday break at school in Nepal. At the school’s encouragement, more families have been sending their children to school with homemade meals instead of processed and packaged foods.
Expression of thanks

The results reflected in this report are a testament to the continued support of UNICEF’s global thematic resource partners for maternal and child nutrition. UNICEF would like to thank its partners for their continued commitment to and investment in realizing the right to nutrition for every child.

The UNICEF Strategic Plan, 2022–2025 outlines UNICEF’s commitment to promoting the rights of all children, everywhere. Through Goal Area 1 of its Strategic Plan, UNICEF programmes contribute to the intended outcome that “every child, including adolescents, survives and thrives with access to nutritious diets, quality primary health care, nurturing practices and essential supplies”.

This report summarizes the specific contribution of UNICEF Maternal and Child Nutrition programmes to achieving Strategic Plan results for children in 2022. To contribute to the Goal Area 1 outcome, UNICEF programmes cover three results areas: (1) nutrition in early childhood; (2) nutrition of adolescents and women; and (3) early detection and treatment of malnutrition. The results achieved in these three results areas during the Strategic Plan, 2022–2025 are expected to contribute towards the SDG 2 targets for ending hunger and malnutrition in all its forms by 2030.
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Executive summary

Sarobidy Lovaso, age 31, holds her son in the village of Ampasimpotsy, in the Analanjiro region of Madagascar, where UNICEF is supporting a nutrition and early childhood development programme.

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Malnutrition, in all its forms, is a violation of children’s rights. UNICEF prioritizes interventions to prevent malnutrition in children, adolescents and women – including stunting, wasting, micronutrient deficiencies, overweight and obesity. Where prevention falls short, the early detection and treatment of life-threatening wasting is critical to saving lives and setting children on a path towards healthy growth and development.

The past decade has seen important gains in improving maternal and child nutrition. The prevalence of child stunting has fallen by one third since 2000, which means that the number of stunted children today is 55 million lower than it was in 2020, and this is without considering population growth. Significant declines in stunting have been reported in many regions and countries. Despite this progress, however, malnutrition is still jeopardizing children’s potential to survive and thrive. About 45 million children under 5 years of age suffer from wasting; 149 million children under 5 experience stunted growth and development; 136 million children aged 5–9 years are living with overweight or obesity; and at least 340 million children under the age of 5 suffer from anaemia and micronutrient deficiencies.

Progress towards ending malnutrition faced significant threats in 2022, as many countries plunged into a global food and nutrition crisis fueled by poverty, conflict, climate change and the enduring impacts of the COVID-19 pandemic. Since the beginning of the crisis, the number of children suffering from severe wasting in the 15 worst-affected countries has increased at an alarming speed; one child becomes severely wasted every minute.

In the first year of the Strategic Plan, 2022–2025, UNICEF continued full-scale roll-out of its global Nutrition Strategy 2020–2030, which prioritizes the scale-up of policies and programmes to deliver nutritious and affordable diets, essential nutrition services, and positive nutrition practices that support good nutrition for children, adolescents and women, everywhere. In addition, UNICEF spearheaded an immediate response to the global food and nutrition crisis – the No Time to Waste acceleration plan for the early prevention, detection and treatment of child wasting – to save lives and protect the gains made in nutrition over the last decade (see page 25).

In 2022, UNICEF implemented nutrition programmes in 141 countries, in development and humanitarian settings and in fragile contexts, with the support of 750 staff members and more than 1,500 consultants. These country-driven programmes aimed to improve maternal and child nutrition at key moments, from early childhood to middle childhood and adolescence, and during pregnancy and breastfeeding. Knowledge generation is at the heart of this work, with evidence guiding advocacy, policies and programmes.

With the support of global thematic funding partners, and building on progress achieved during the previous Strategic Plan period, UNICEF achieved the following headline results in 2022:

- 356.3 million children under 5 years of age and mothers benefited from programmes for the prevention of malnutrition, compared with 336.4 million in 2021.
- 116.1 million children 5 to 19 years of age benefited from gender-responsive programmes for the prevention of anaemia and other forms of malnutrition, from 67.4 million in 2021.
- 182.4 million children under 5 years of age benefited from early detection and treatment of malnutrition, from 154.4 million in 2021; of these, 7.3 million children with wasting received life-saving treatment, from 5.4 million in 2021.

These results put UNICEF on track to reach Strategic Plan targets for all three nutrition results areas, with progress rates above 100 per cent (Figure 1).

**FIGURE 1. Progress in nutrition results areas, 2022**

<table>
<thead>
<tr>
<th>RESULT AREA</th>
<th>Nutritional indicator</th>
<th>Progress rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition in early childhood</td>
<td>119%</td>
<td></td>
</tr>
<tr>
<td>Nutrition of adolescents and women</td>
<td>113%</td>
<td></td>
</tr>
<tr>
<td>Early detection and treatment of malnutrition</td>
<td>150%</td>
<td></td>
</tr>
</tbody>
</table>

**Source:** Data companion & scorecard to the annual report for 2022 of the Executive Director of UNICEF.

**Notes:** Presentation of progress rates: the progress rate of a given result area is calculated as a non-weighted average of the progress rates for all output indicators in that specific result area.
Results: Maternal and child nutrition

A woman feeds her daughter nutritious food during a health outreach session in Lao People’s Democratic Republic.

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Nutrition in early childhood

The primary objective of UNICEF nutrition programmes is to prevent malnutrition in all its forms. In early childhood – one of the most critical developmental periods for preventing malnutrition – UNICEF programmes aim to ensure that children are protected from stunting and wasting, micronutrient deficiencies, and overweight and obesity, in development and humanitarian contexts.

Globally, most children are not being fed enough of the right foods at the right time in their development. Even before the current global food and nutrition crisis, only slightly more than two in five children under 6 months of age were exclusively breastfed, and fewer than one in three children aged 6–23 months received foods from the minimum number of food groups needed for healthy growth and development. Further, 202 million children under 5 globally live in severe food poverty, with extremely poor diets that include, at most, two food groups, putting them at risk of stunting, wasting and even death. To prevent malnutrition in early childhood and provide children with the diets, services and practices they need to survive and thrive, UNICEF works with governments to: protect, promote and support recommended breastfeeding practices from birth; promote and support age-appropriate complementary foods and feeding practices in the first two years of life; promote the use of adequate foods and feeding practices for children aged 3–5 years; support the use of nutrient supplements where nutrient-poor diets and micronutrient deficiencies are common; and improve children’s food environments.

In the first year of its Strategic Plan, 2022–2025, UNICEF met the milestones for all output level indicators related to the results area on early childhood nutrition (see Figure 3).

### FIGURE 2. Outcome results for nutrition in early childhood, 2022

<table>
<thead>
<tr>
<th>Outcome indicator</th>
<th>Source</th>
<th>Baseline (2021)</th>
<th>2022 value</th>
<th>2025 target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.17 Percentage of infants under 6 months of age who are exclusively breastfed</td>
<td>UNICEF IYCF database</td>
<td>44.1% (2014–2020)</td>
<td>48.4%</td>
<td>50%</td>
</tr>
<tr>
<td>1.18 Percentage of children aged 6 to 23 months who are fed a minimum diverse diet</td>
<td>UNICEF IYCF database</td>
<td>28.9% (2014–2020)</td>
<td>30.5%</td>
<td>35%</td>
</tr>
<tr>
<td>1.19 Percentage of young children who benefit from vitamin A supplements twice yearly</td>
<td>NutriDash</td>
<td>41% (2020)</td>
<td>63%</td>
<td>55%</td>
</tr>
</tbody>
</table>

IYCF, Infant and young child feeding.

### FIGURE 3. Output results for nutrition in early childhood, 2022

<table>
<thead>
<tr>
<th>Output indicator</th>
<th>Source</th>
<th>Baseline (2021)</th>
<th>2022 milestone</th>
<th>2022 value</th>
<th>2025 target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.6.1 Number of children under 5 years of age who benefit from programmes for the prevention of stunting, wasting, micronutrient deficiencies and/or overweight and obesity</td>
<td>NutriDash</td>
<td>336.4 million</td>
<td>≥300 million</td>
<td>356.3 million</td>
<td>≥300 million</td>
</tr>
<tr>
<td>1.6.2 Number of countries with a nutrition policy or strategy to prevent undernutrition and micronutrient deficiencies in children under 5 years of age</td>
<td>Country strategic indicators</td>
<td>66</td>
<td>70</td>
<td>71</td>
<td>≥80</td>
</tr>
<tr>
<td>1.6.3 Number of countries with strategies and programmes to improve diet diversity among children aged 6 to 23 months</td>
<td>Country strategic indicators</td>
<td>63</td>
<td>66</td>
<td>67</td>
<td>≥80</td>
</tr>
<tr>
<td>1.6.4 Number of countries with a national policy for the protection, promotion and support of optimal child nutrition, including legislation to protect children from harmful promotion/marketing of breastmilk substitutes and/or foods and beverages</td>
<td>NutriDash</td>
<td>66</td>
<td>68</td>
<td>68</td>
<td>88</td>
</tr>
</tbody>
</table>
Scaling up services for the prevention of all forms of malnutrition in early childhood

UNICEF tracks the number of children reached with essential services to prevent malnutrition in early childhood – such as infant and young child feeding (IYCF) counselling, vitamin A supplementation, home-based fortification with micronutrient powders and programmes for the prevention of overweight. With UNICEF’s support to mitigate service disruptions caused by the COVID-19 pandemic in 2020, these programmes had regained, and even increased, their coverage by the end of 2021. Building on these achievements, UNICEF continued to support strengthening and expanding these services in 2022, reaching 356.3 million children under 5 years of age with these key preventive programmes in early childhood. This is an increase from 336.4 million in 2021 (Strategic Plan [SP] target 1.6.1) (see Figure 4).

UNICEF has played a key role in generating evidence, advocating and providing technical support to national nutrition policies, programmes, guidelines and services that have created an enabling environment to improve nutrition at scale. With UNICEF support over time, investments in policies and programmes, and the scale-up of key preventive services, Kenya has made significant gains in reducing stunting in early childhood, the prevalence of which declined by one third – from 26 per cent to 18 per cent – between 2014 and 2022. UNICEF continued its support for programme scale-up in 2022. More than 7.2 million children were reached with essential services to prevent stunting and other forms of malnutrition (a 44 per cent increase, from 5 million in 2018). This includes 2.1 million caregivers of children 0–2 years of age benefiting from IYCF counselling and more than 5 million children (83 per cent) under 5 years of age reached with life-protecting vitamin A supplementation.

IYCF counselling, provided through health-care facilities and community platforms, is a key service that equips mothers and other caregivers with the knowledge and skills to improve child feeding practices. In 2022, UNICEF supported IYCF counselling for more than 79.3 million caregivers globally, a 37 per cent increase from the 57.5 million reached in 2021. These numbers have increased year upon year, including during the COVID-19 pandemic and the global food crisis, as programmes continued to scale up with UNICEF support (see Figure 5).

Through the scale-up of IYCF counselling across countries, along with stronger policies and legislation to protect breastfeeding, the global prevalence of exclusive breastfeeding has increased by 37 per cent since 2000. This means that, in the two decades since 2000, an estimated 655 million additional infants have experienced the nutrition and development benefits of exclusive breastfeeding. Some of the greatest progress has been made in Sierra Leone, Togo, Lesotho and Turkmenistan, where exclusive breastfeeding rates increased by 48, 47, 45 and 44 percentage points, respectively, during this period.  

FIGURE 4. Children under 5 years of age (millions) reached with services for the prevention of stunting, wasting, micronutrient deficiencies and/or overweight in UNICEF programme countries (SP 1.6.1)
In Pakistan, UNICEF supported 2.1 million mothers and caregivers with IYCF counselling and more than 27,700 health workers, including 500 paediatricians, received training to improve their skills in IYCF counselling provision in 2022. Parenting support training packages were also integrated within counselling services in 24 districts. This has contributed to an increase in exclusive breastfeeding, with the country now on track to meet the national target rate of 50 per cent and above, by 2025. Further, UNICEF supported a nationwide awareness-raising campaign during World Breastfeeding Week, which reached more than 12 million people with information about the protection, promotion and support of breastfeeding. With UNICEF support, the Breastmilk Substitutes Act was also revised and submitted for endorsement by government bodies in Baluchistan, Khyber Pakhtunkhwa and Sindh provinces.

Developing the capacities of health and community workers to support breastfeeding is critical to sustaining programme scale-up. In Burkina Faso, UNICEF support helped expand the reach of IYCF counselling both at health-care facility and community levels, reaching more than 937,000 pregnant women and breastfeeding mothers in 2022, compared with about 791,000 in 2021 (an 18 per cent increase). This rapid scale-up was due to UNICEF-led efforts to strengthen the capacities of community-based health and nutrition workers, which increased the trained workforce by nearly 34 per cent, from 8,870 in 2020, to more than 11,850 in 2022.

UNICEF is working to make its maternal and child nutrition programmes gender-transformative by tackling harmful gender and social norms related to child feeding. In

**FIGURE 5.** Primary caregivers (millions) reached with IYCF counselling in UNICEF programme countries, 2018–2022
Indonesia, UNICEF worked with AyahASI – a breastfeeding support network for fathers – to develop a training module that explores how fathers can more actively participate and share in child feeding, childcare and domestic work. The training has been rolled out by AyahASI through more than 100 workshops in rural and urban Indonesia. Previously, UNICEF had adapted the Community Infant and Young Child Feeding Counselling Package to include images of fathers in the counselling cards, alongside messages addressing the role that men can play in supporting maternal and young child nutrition, to challenge deep-rooted social and gender norms and power dynamics related to infant feeding. The package has now been rolled out in all 34 provinces of the country.

UNICEF is the main provider of vitamin A supplements globally, and has supported governments worldwide to implement vitamin A supplementation (VAS) programmes for more than two decades. UNICEF delivered 475.9 million vitamin A capsules to 71 countries in 2022, of which more than 91 per cent was through in-kind donations. In-kind donations from the Government of Canada were implemented by UNICEF and Nutrition International. With UNICEF support, 256.2 million children were reached with two doses of VAS in 2022, compared with 252.5 million in 2021.

UNICEF works with governments to integrate VAS and other essential nutrition services within routine health systems to strengthen systems, improve coverage and foster sustainability. Routine approaches to distributing VAS became particularly important at the start of the COVID-19 pandemic, when mass VAS campaigns were suspended due to concerns about social gatherings. Countries delivering VAS via routine health systems contacts were able to maintain and even increase VAS coverage for children. For example, Kenya, Madagascar, Mali and Papua New Guinea increased VAS coverage by more than 10 percentage points using routine delivery. These investments in integrating VAS delivery within routine health services for children will make programmes more resilient to respond to future shocks and crises.
Through investments in systems-strengthening, UNICEF supported countries to adapt, respond to and bounce back from the VAS delivery challenges posed by the COVID-19 pandemic. In Nigeria, for example, only one round of VAS was carried out in 2021 via campaigns. However, two rounds were completed in 2022 via routine delivery, reaching nearly 23 million children aged 6–23 months (72 per cent coverage). This was achieved by convening stakeholders at various levels to integrate VAS delivery within routine health services, including immunization against measles, yellow fever, meningitis A, and COVID-19.

UNICEF generated evidence to inform VAS programme planning by publishing analyses on the consumption of vitamin-A-rich foods and VAS for children under 2 years, and age distribution of all-cause mortality among children under 5 in low- and middle-income countries. UNICEF also developed specifications for a prospective redesign of vitamin A capsules, to make them easier to administer by health workers and to improve the integration of VAS delivery within primary health care (PHC).

The completion of the six-year Government of Canada-funded Enhanced Child Health Days project coincided with the documentation of lessons learned from VAS implementation in 15 countries. While VAS coverage does not differ significantly between boys and girls, analysis of survey data shows that some VAS programmes are insufficiently gender-responsive, meaning that the reach of these programmes to households with low levels of women’s empowerment is restricted. This indicates a need to better understand and address gender-based barriers within VAS programmes, as well as the impact of these barriers on coverage and equity, to reduce risks to children.

Improving the quality and diversity of children’s diets

Young children need to eat a diverse range of nutritious foods to prevent malnutrition and ensure healthy growth and development. However, progress in improving the quality of children’s first foods has remained stubbornly slow for more than a decade. UNICEF is tackling this slow progress by supporting the scale-up of programmes to improve children’s access to nutritious and diverse complementary foods: In 2022, 69 countries implemented programmes to improve dietary diversity among children aged 6–23 months, an increase from 63 countries in 2021 (SP 1.6.2). Many of these programmes leverage the food system to improve the availability of and access to the nutrient-dense foods that children need to grow up healthy.

At the federal and state levels in Nigeria, UNICEF helped strengthen institutional capacity for improving child diets in 2022, which culminated in the release of funding for the roll-out of costed multisectoral programmes to improve dietary diversity. Seventeen states developed state-specific costed plans and 14 states implemented programmes to improve dietary diversity in children. This contributed to an increase of 8 percentage points in the proportion of children eating the minimum diverse diet, from 23 per cent in 2018 to 31 per cent by 2022. To enable food systems to deliver good-quality, diverse, affordable diets year-round in Kano State, UNICEF also partnered with the Kano Emirate Council (an institutionalized religious structure), to advocate for children’s right to nutrition, influence heads of households to make land available to caregivers for home gardening and livestock rearing, improve the availability of diverse foods, and enable access to micronutrient powders. In 2022, UNICEF also distributed an innovative tool for promoting quality diets – the complementary feeding bowl and spoon – to 75,000 households in Nigeria, alongside counselling on adequate diverse diets for young children and handwashing. The UNICEF-developed bowl and spoon, which includes messages about food diversity, quality, consistency and age-appropriate quantities, is now being used globally by more than 500,000 households in 13 countries (compared with eight countries in 2021).

UNICEF’s work to leverage social protection systems for nutrition has been a critical strategy for improving the quality of children’s diets in contexts of severe food and nutrition insecurity. The Maternal and Child Cash Transfer Plus programme was launched in the Red Sea and Kassala states of the Sudan to support pregnant and breastfeeding women and their children with regular cash assistance. Social and behavioural change interventions were also supported by the programme, to improve nutrition knowledge and skills and facilitate access to nutrition, health, WASH, child protection and other essential services. The programme was supported by UNICEF and state and local partners, and benefited 52,000 mothers in 2022. Participants reported better knowledge of nutritious foods, and more than half of cash transfers were spent on purchasing nutritious foods for the household. Increases in antenatal care visits, as well as improvements in breastfeeding and complementary feeding practices were observed among programme participants. Specifically, 94 per cent of households reported an acceptable food consumption score and more than 90 per cent reported making positive changes in child feeding practices. The programme will be scaled up to other states facing severe food and nutrition insecurity, with efforts to strengthen integration and build local-level capacities.

UNICEF supports home-based fortification with micronutrient powders as a critical strategy for improving the nutrient quality of children’s diets in settings where micronutrient deficiencies are common. In 2022, 14.2 million children aged 6–59 months in 41 countries received micronutrient powders to improve the quality of home-prepared foods, compared with 13.6 million children from 30 countries in 2021. UNICEF also developed the first programming guidance for country offices, governments and partners on small-quantity lipid-nutrient supplements (another form of home-based fortification), which are designed to fill nutrient gaps in the diets of the most vulnerable children.
Building an enabling environment for the prevention of malnutrition in early childhood

UNICEF supports countries to develop strong national strategies and plans for the prevention of malnutrition. The adoption of a national strategy signals government commitment. Its effectiveness is measured by having key elements in place, such as a focus on evidence-based nutrition interventions, dedicated budgets, and an emphasis on coverage and service delivery provided at scale. In 2022, 71 countries had a nutrition policy or strategy to prevent stunting, wasting and/or micronutrient deficiencies in children under 5, compared with 66 countries in 2021 (SP 1.6.2).

Many countries adopted new national strategies for stunting reduction in 2022 with UNICEF support. In the United Republic of Tanzania, UNICEF and partners contributed to the signing of a new nutrition compact (2022–2030), which is expected to benefit more than 10 million children under 5 years of age every year and, at the same time, will contribute to building government ownership of and accountability for nutrition results. With UNICEF advocacy, the proportion of local government authorities that have multisectoral council steering committees for nutrition increased from less than 10 per cent in 2016 to 99 per cent in 2022. Further, UNICEF supported evidence-based planning and budgeting training sessions for multisectoral nutrition interventions in 184 councils. This training led to a 23 per cent increase in the number of councils allocating a minimal budget for nutrition for each child under 5 years of age, from 112 in 2021/2022 to 138 in 2022/2023.

In 2022, UNICEF supported countries to strengthen national frameworks, establish coordination structures and reinforce public financing for maternal and child nutrition. In Nepal, UNICEF supported scale-up of the Multisector Nutrition Plan, which leverages a multisystem approach to deliver nutrition interventions for children and women in all 753 local government areas. UNICEF’s support improved governance and strengthened the capacities of the National Nutrition and Food Security Secretariat, which coordinates nutrition services across line ministries, agencies and partners. UNICEF also worked with provincial coordinators to integrate nutrition objectives within local government workplans and budgets, and influenced the high-level Nutrition and Food Security Steering Committee’s policy decision to endorse the formulation of a gender and disability-friendly 2023–2030 Multisector Nutrition Plan. Through these efforts to foster an enabling environment for nutrition over the past several years, the number of children affected by stunting fell 22 per cent between 2019 and 2022.

UNICEF has also made strides in strengthening public financing for nutrition at the regional level. The East Asia and Pacific Regional Office developed a global online learning platform on public finance for nutrition, in which more than 500 people have already enrolled. In Eastern and Southern Africa, UNICEF held face-to-face training workshops on public financing for nutrition for eight countries, and is pursuing further capacity-strengthening and country-focused assessment and planning on public finance for nutrition.

Integrated social protection and nutrition policies strengthen the humanitarian–development–peace nexus, ensuring that systems and services are resilient and able to adapt, expand and respond in times of crisis, to support children’s nutrition needs. As a result of nutrition-responsive social protection policies, more than 12.5 million households received cash transfers together with IYCF counselling or other nutrition interventions in 2022, particularly in Bangladesh, Burundi, Cambodia, Egypt, Pakistan and Rwanda.

Nutrition objectives were integrated within the Government of Burundi’s national social assistance plan, implemented between 2018 and 2022, with the support of a partnership between the World Bank and UNICEF. Almost 60,000 poor and vulnerable households with children in four provinces facing food and nutrition insecurity were reached with cash transfers and nutrition interventions, including social and
behavioural change focusing on nutrition, hygiene and care practices. Behaviour change was reinforced through participatory food preparation and feeding demonstrations delivered by community agents. A community-based transformative approach known as ‘solidarity groups’ was also integrated, which engaged participants in small livelihood interventions, including savings and income-generating activities beyond social transfers. Household monitoring demonstrated positive results among participating households, including increased access to health care (+13 percentage points), increased exclusive breastfeeding rates (+5 percentage points, to reach nearly 92 per cent), decreased food insecurity for children (−20 percentage points), increased availability of a handwashing point with soap (+14 percentage points), increased presence of improved pit latrines (+18 percentage points), and increased joint decision-making between women and men in households (+13 percentage points). This national programme will be extended to reach 145,000 poor and vulnerable households in 18 provinces from 2022 to 2026.

Protecting children’s right to nutrition through stronger legislation

UNICEF supports governments in adopting and strengthening legal measures to protect children's right to nutrition. This includes legislation to: restrict the marketing of breastmilk substitutes; adopt maternity leave and other family-friendly policies; mandate food fortification; establish taxes on sugar-sweetened beverages and other unhealthy foods; and impose front-of-package food labelling measures and comprehensive restrictions on the marketing of unhealthy foods and beverages to children. In 2022, 62 countries had adopted legislation to protect children from harmful promotion and marketing of breastmilk substitutes and/or foods and beverages (SP 1.6.4). In 2022, 19 countries implemented front-of-package warning labels to identify foods high in saturated fats, trans-fatty acids, free sugars and/or salt; while 16 countries reported applying taxes to unhealthy foods or beverages (e.g., ‘soda taxes’).
In 2022, UNICEF leveraged evidence-driven advocacy, policy dialogue and partnerships to drive food systems transformation for children, through stronger legislation. Latin America and the Caribbean is a front-runner region in this area, with 12 UNICEF country offices supporting national governments with policies and measures aimed at improving children’s food environments. In Argentina, UNICEF successfully advocated for the approval of the Healthy Eating Law (which regulates front-of-package labelling and marketing practices) and developed a study and evidence-based policy paper outlining the impacts of the food and beverage industry on child rights. In Mexico, UNICEF advocated successfully with the Supreme Court to enforce the regulation on front-of-package warning labelling and restrict the use of cartoon characters, celebrity endorsements and marketing techniques that aim to persuade children to consume nutrient-poor, unhealthy ultra-processed foods and beverages. UNICEF also supported the Government of Mexico to strengthen measures restricting the marketing of breastmilk substitutes.

Most countries lack national legislation to appropriately regulate the nutrient composition and labelling practices of commercially produced complementary foods (CPCF) for young children. This means that these products may exceed recommended levels of sugar, salt or fat, and may be labelled in ways that mislead caregivers. UNICEF is a member of the Consortium for Improving Complementary Foods in Southeast Asia (COMMIT), which was established in 2022 to help ensure that the CPCF sold and consumed in the region contribute to healthy diets, instead of unhealthy ones. This includes supporting governments to set up regulatory environments that enable access to healthy food, adequately regulate unhealthy products and protect consumers from inappropriate marketing practices. In 2022, COMMIT began implementing a series of research activities to help identify current consumer CPCF preferences, examine current CPCF nutrient composition and labelling practices, and analyse the strength of existing national legislation regulating CPCF. This research aims to equip governments with the information they need to implement robust and enforceable regulations on CPCF nutrient composition, labelling and marketing practices.

As part of efforts to protect breastfeeding, UNICEF provides technical support to governments to adopt, monitor and enforce national legislation reflecting the International Code of Marketing of Breast-milk Substitutes. In 2022, UNICEF and WHO released a report providing updated information on the status of implementation of the Code in countries, including the extent to which the provisions of the Code have been incorporated into national legislation. The report highlights that in the past five years, 26 countries have updated their legal measures or enacted new ones, whereas 86 countries continue to implement older laws and regulations. In Tajikistan, UNICEF and WHO advocated for members of the national parliament and key ministries to bring national legislation in line with the Code. The amendment will be reviewed by parliament in early 2023. In Côte d’Ivoire, new legislation on the marketing of breastmilk substitutes was adopted with UNICEF support in 2021 and, in 2022, UNICEF supported the training of 105 agents from the Ministry of Commerce to carry out monitoring of the new legislation.

Mandatory large-scale food fortification is a proven and cost-effective strategy for preventing micronutrient deficiencies across a broad population, and is central to food systems transformation. UNICEF supports these efforts by working with governments to strengthen national fortification policies and legislation, develop technical standards and monitor quality and compliance. A total of 143 countries mandated the fortification of maize flour, wheat flour, rice, edible oil or salt in 2022, compared with 142 in 2021. Of these countries, 83 reported fortifying staple foods with iron to prevent anaemia and micronutrient deficiencies, compared with 38 in 2021.15

In Tajikistan, UNICEF supported the launch of a national programme for the prevention of micronutrient deficiencies, 2022–2027, to accelerate progress towards universal salt iodization. A UNICEF-supported bottleneck analysis revealed that a sustainable supply of potassium iodate was the most important challenge for salt producers in producing adequately iodized salt. To resolve this challenge, UNICEF convened regional roundtable discussions with key stakeholders to introduce them to global mechanisms for accessing a legal, quality-assured product with preferential payment modalities. This resulted in an agreement to establish a central coordinating body for procurement and distribution of potassium iodate throughout the country, including a revolving fund managed by the government, with resources from the World Bank and the European Union. In 2022, UNICEF also helped develop national salt iodization standards to eliminate ambiguity and improve quality.

Global thought leadership and partnerships for nutrition

Through evidence generation, advocacy and communication, UNICEF prepared and published its first-ever global database and brief on Child Food Poverty: A Nutrition Crisis in Early Childhood.16 The 2022 report draws on data from the UNICEF global database on IYCF to draw attention to the one in three children under 5 years of age (202 million children in total) living in severe food poverty in early childhood, which puts them at risk of stunting and life-threatening wasting. The report outlines recommendations for bolder action and accountability from governments and the global community to prevent food poverty by making food, social protection and health systems more accountable for protecting children’s rights to food and nutrition.

In 2022, UNICEF accelerated its work to strengthen the capacity and accountability of social protection systems to improve nutrition across 25 countries. It published a
position paper on Leveraging Child Nutrition and Social Protection Programming to Address Malnutrition and Poverty, Including in Fragile and Humanitarian Contexts. Social protection for nutrition is also a key programme component of the UNICEF No Time to Waste acceleration plan in 15 countries that have been badly affected by the global nutrition crisis (see page 25).

UNICEF continued to lead on global breastfeeding advocacy though the UNICEF–WHO Global Breastfeeding Collective. In 2022, UNICEF and WHO carried out a multi-country study documenting how the formula milk industry influences decisions on infant feeding. The report draws on the experiences of more than 8,500 women and 300 health-care professionals in eight countries, to expose the aggressive marketing practices used by the formula milk industry to undermine breastfeeding. In addition, the partners hosted advocacy webinars during World Breastfeeding Week, where country experiences in adapting the 10 steps to successful breastfeeding were shared with more than 1,000 participants from 140 countries.

In 2022, UNICEF generated evidence and developed guidance to strengthen emerging areas of programming related to child feeding. UNICEF partnered with the Emergency Nutrition Network to address gaps in knowledge about young children’s diets during emergencies, by consolidating experiences and learning from 18 countries across seven regions. Through its partnership with the Infant Feeding in Emergencies Core Group, UNICEF also produced guidance on complementary feeding for the Ukraine humanitarian response. Based on the gaps in community IYCF counselling identified during a 2019 review, UNICEF began updating its community IYCF counselling package to include new content on responsive feeding and care, feeding of children with disabilities, and IYCF in emergencies. Finally, in 2022, UNICEF published “Essential actions on disability-inclusive nutrition”, which provides a checklist of actions during humanitarian crises.

As the designated lead agency in rolling out the Inter-Agency Standing Committee’s guidelines on mitigating gender-based violence (GBV), UNICEF led a global evidence review on GBV and nutrition that showed the important linkages between maternal caregivers’ exposure to intimate partner violence and poor nutrition outcomes for children. UNICEF is also leading the first-ever effectiveness study on GBV risk mitigation, with a focus on the nutrition sector. The baseline findings of research undertaken in South Sudan in 2022 show that gender norms and GBV-related safety considerations have important implications for women’s ability to access life-saving nutrition services.

The Global Nutrition Cluster Technical Alliance provides global support to UNICEF as the Cluster Lead Agency for Nutrition. At the end of 2022, the Alliance carried out an external evaluation of its appropriateness, sustainability and structure, and the final report was released in early 2023. In 2022, UNICEF developed a nutrition information systems diagnostics document to identify gaps and challenges in fragile and conflict-affected states, and to inform a new road map towards more resilient and reliable nutrition information systems. UNICEF also launched the Nutrition Vulnerabilities in Crisis project in 2022, which it now co-leads with the World Food Programme. The project is a multi-year strategy for strengthening nutrition information systems in fragile and conflict-affected states. It aims to optimize the impact of humanitarian nutrition responses through predictable and reliable information on nutrition vulnerabilities, to ensure better decision-making.

**Reflections and challenges**

UNICEF nutrition programmes have been able to adapt and recover from the challenges of the COVID-19 pandemic and other shocks in recent years, while leveraging the crisis to develop new ways of working. This is the result of years of investments in nutrition systems-strengthening and efforts to leverage programme innovations to maintain and re-establish essential programmes and services. For example, the shift towards routine approaches to distributing VAS via PHC, which began before the pandemic, made this programme more resilient to disruptions and better equipped to adapt and respond to the next crisis.

In 2022, UNICEF nutrition programmes faced an increasing number, scale and intensity of emergencies, including an unprecedented global food and nutrition crisis that is still unfolding. The crisis has amplified the nutrition challenges facing the most vulnerable children and families, making it more important than ever to reach children and women with the nutrition services and support they need to survive and thrive. It also underscores the importance of leveraging social protection systems to protect the nutrition rights of the most vulnerable, particularly in fragile and humanitarian contexts. These investments in and linkages between social protection and child nutrition strengthen the humanitarian–development–peace nexus and build resilient systems and services that can be scaled up or down in response to shocks, to support children’s nutrition.
Nutrition of adolescents and women

During middle childhood and adolescence, good nutrition fuels growth and development, improves learning, helps establish positive dietary practices that extend into adulthood. This contributes to breaking the intergenerational cycle of malnutrition. For women, good nutrition is essential for their own health and well-being, as well as being strongly linked to the survival, growth and development of their children.

Today, too many adolescents and women are deprived of the nutritious diets, essential services and positive nutrition practices they need to prevent malnutrition in all its forms. Gender inequalities can deny girls and women the resources and power to access nutritious foods, physical activity, essential health and nutrition services, and educational opportunities. Women and adolescent girls are particularly vulnerable to malnutrition during the nutritionally demanding periods of pregnancy and breastfeeding and because of gender-based discrimination and harmful gender norms, which can exclude them from receiving the diets, services and care they need.

In many settings, the secondary impacts of the COVID-19 pandemic and the escalating global food and nutrition crisis have constrained access to nutritious foods, with disproportionate consequences for adolescent girls and women. As families increasingly face challenges in securing nutritious and affordable food, the widespread availability of cheap, nutrition-poor, ultra-processed foods poses an ever-increasing threat to good nutrition for children, adolescents and women everywhere.

UNICEF programming to prevent all forms of malnutrition in school-age children, adolescents and women aims to ensure that adolescent girls and women benefit from gender-responsive diets, services and practices for the prevention of anaemia and poor nutrition, in development and humanitarian contexts. Work in this area is aligned with the UNICEF Gender Action Plan, 2022–2025.

In the first year of its Strategic Plan, 2022–2025, UNICEF met the majority of milestones for the output level indicators under this results area (see Figure 7).

Preventing all forms of malnutrition in school-age children and adolescents

UNICEF’s gender-responsive programmes for the prevention of all forms of malnutrition in middle childhood and adolescence aim to: improve availability and access to nutritious, safe, affordable and sustainable diets, including fortified foods; improve children’s food environments in and around schools; promote the use of micronutrient supplementation and deworming prophylaxis in settings where nutrient-poor diets are common; enhance children’s knowledge about good nutrition and physical activity; and promote good diets and active lifestyles through large-scale communication programmes.

Schools are the primary platform for reaching school-age children and adolescents with essential nutrition interventions. In 2022, UNICEF continued to support countries in re-establishing school-based nutrition programmes, which had been disrupted during the pandemic-related school closures of 2020 and 2021. UNICEF also worked to expand some of the innovative strategies used to maintain service delivery during school closures, and to leverage them to reach out-of-school adolescents via community platforms.

In Bangladesh, UNICEF, the World Bank and partners advocated for and supported the Government to scale up a comprehensive programme for the prevention of malnutrition in adolescent girls. Based on evidence showing persistent thinness, emerging overweight and obesity, and declines in dietary diversity in adolescent girls in the country, UNICEF developed a series of advocacy briefs detailing: findings from the situation analysis and recommended enabling actions; a cost-effectiveness analysis of six priority interventions; and a call to action to support investment and implementation. These were presented in a series of workshops with the Ministries of
FIGURE 6. Outcome results for adolescent and maternal nutrition, 2022

<table>
<thead>
<tr>
<th>Outcome indicator</th>
<th>Source</th>
<th>Baseline (2021)</th>
<th>2022 value</th>
<th>2025 target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.20 Percentage of pregnant women who benefit from gender-responsive programmes for the prevention of anaemia (proxy indicator percentage of women reached with iron and folic acid supplementation)</td>
<td>DHS, STATcompiler</td>
<td>37.4% (2014–2020)</td>
<td>43.5%</td>
<td>45%</td>
</tr>
<tr>
<td>1.21 Percentage of population consuming at least one cereal fortified with iron and folic acid</td>
<td>NutriDash</td>
<td>20.5%</td>
<td>29.4%</td>
<td>30%</td>
</tr>
</tbody>
</table>

DHS, Demographic and Health Surveys.

FIGURE 7. Output results for adolescent and maternal nutrition, 2022

<table>
<thead>
<tr>
<th>Output indicator</th>
<th>Source</th>
<th>Baseline (2021)</th>
<th>2022 milestone</th>
<th>2022 value</th>
<th>2025 target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.7.1 Number of children 5 to 19 years who benefit from gender-responsive programmes for the prevention of anaemia and all forms of malnutrition</td>
<td>NutriDash</td>
<td>67.4 million</td>
<td>75 million</td>
<td>≥116.1 million</td>
<td>≥100 million</td>
</tr>
<tr>
<td>1.7.2 Number of countries with programmes to prevent overweight and obesity in school-age children and adolescents</td>
<td>NutriDash</td>
<td>31</td>
<td>35</td>
<td>33</td>
<td>50</td>
</tr>
<tr>
<td>1.7.3 Number of countries with gender-responsive programmes to prevent anaemia in adolescent girls and boys through school- and community-based approaches</td>
<td>Country strategic indicators</td>
<td>28</td>
<td>30</td>
<td>30</td>
<td>45</td>
</tr>
<tr>
<td>1.7.4 Number of countries implementing integrated anaemia prevention and nutrition counselling in their pregnancy care programmes for women</td>
<td>Country strategic indicators</td>
<td>30</td>
<td>35</td>
<td>40</td>
<td>≥45</td>
</tr>
</tbody>
</table>

Health and Education to prioritize a package of nutrition interventions to be delivered nationwide through schools, including nutrition education, iron and folic acid (IFA) supplementation, deworming and regular physical activity. All secondary schools in Bangladesh implemented the programme in 2022, reaching 3.5 million school-age children and adolescents with services to prevent anaemia. Evidence-based advocacy and capacity development across government, educational institutions and communities have been critical to facilitating ownership and mobilizing funds. The country has also expanded service delivery through community-based platforms, such as adolescent clubs, to reach out-of-school adolescent girls with the package of interventions.

IFA supplementation is the leading intervention for tackling anaemia in school-age children and adolescents. Adolescent girls are particularly vulnerable to iron deficiency anaemia, a form of malnutrition that remains stubbornly high globally, and is exacerbated by gender inequality. More than 116.1 million children and adolescents aged 5 to 19 years benefited from programmes for the prevention of anaemia and other forms of malnutrition in 2022; a 72 per cent increase from 2021, when 64.7 million were reached (SP 1.7.1). Gender-sensitive anaemia prevention programmes were implemented for adolescent girls and boys using school- and community-based approaches in 30 countries in 2022, compared with 28 (SP 1.7.3) in 2021. For these programmes to be considered, gender-sensitive countries must: have conducted a gender-based analysis of adolescent nutrition programmes; have a gender action plan addressing the differential nutritional needs and risks among girls and boys; or have sex-disaggregated data for anaemia available.

In Malawi, UNICEF implemented a participatory approach to IFA supplementation in schools. Adolescent girls were empowered to record their own weekly consumption of IFA supplements and assist teachers in tracking IFA supplementation in classrooms. Nutrition education and counselling were also provided. To reach out-of-school adolescent girls, community volunteers and front-line
workers convened adolescent nutrition groups. Through the programme, both in-school and out-of-school adolescent girls learned about improved dietary diversity and harvesting produce through demonstration plots. These plots are parcels of land allocated to adolescents by local leaders to facilitate experiential learning around integrated homestead farming, natural resource management, financial skills, and food processing and utilization. More than 845,000 adolescents benefited from this programme in 2022.

In response to the rising prevalence of overweight globally, UNICEF has been working to strengthen and scale up programming in this area, building on the important foundations set during the previous Strategic Plan period. Policies and programmes to prevent overweight and obesity in school-aged children and adolescents were implemented in 33 countries in 2022, compared with 31 in the previous year (SP 1.7.2). In Jamaica, for example, UNICEF and the Ministry of Education convened more than 2,000 stakeholders, including school principals, food vendors, parents, students and advocates to contribute to the draft National School Nutrition Policy, which aims to ensure that standards for healthy foods in schools are established and monitored. UNICEF also supported the institutionalization of the Jamaica Moves in Schools programme in 53 schools, and sensitized school stakeholders on the programme’s objective to integrate physical activity into the school day.

Children are increasingly exposed to the marketing of unhealthy foods and beverages across multiple channels, including online. These marketing practices impact children’s food choices and dietary intake, and are linked to childhood overweight and obesity. In addition to being a public health concern, there is growing consensus that food marketing undermines children’s rights. UNICEF’s advocacy and technical support to governments to strengthen legal measures that protect children from the marketing of unhealthy foods and beverages are described on page 11.
UNICEF fosters opportunities for adolescents to share their perspectives related to nutrition and engages young people in the design and implementation of nutrition programmes. In South Africa, UNICEF co-created a campaign with adolescents aimed at preventing non-communicable diseases, reaching more than 2 million adolescents and young people (see ‘Case Study: South Africa: Engaging adolescents in promoting healthier diets and lifestyles’). In Mongolia, the second session of the Teen Parliament in 2022 aimed to bring the voices of young people into decision-making under the theme of ‘Healthy Diets, Healthy Futures’. Topics included actions to improve food environments and to restrict the marketing of unhealthy foods to children. Training was given to 90 young parliamentarians, who then shared their views, with the goal of reaching an additional 9,000 adolescents through peer-to-peer advocacy. Adolescents from across Mongolia, along with parents, decision makers, government officers, researchers and representatives of international organizations gathered to present evidence, and to share success stories and lessons learned.

**Case Study: South Africa: Engaging adolescents in promoting healthier diets and lifestyles**

In South Africa, UNICEF is working with partners to promote healthier lifestyles and reduce modifiable risk factors for non-communicable diseases (NCDs), including overweight and obesity among adolescents and young people. NCDs are a leading cause of death and disability in South Africa and have enormous associated costs for patients, families, communities, the health system and the economy at large. Between November 2020 and May 2021, UNICEF conducted a comprehensive study in South Africa on diet and physical activity in adolescents and young people. The results showed that more than 31 per cent of 15–19-year-old girls and 60 per cent of 20–24-year-old women are affected by overweight or obesity. The marketing of unhealthy foods, the high cost of nutritious foods, limited knowledge and confusion regarding healthy diets, and the correlation between inactivity and NCDs, among others, were revealed as barriers to nutritious diets and physical activity.

The Communication Strategy of the National Food and Nutrition Security Implementation Plan (2018–2023), led by the Presidency, sets out the social and behavioural change framework for the National Strategy for the Prevention and Control of Obesity 2022–2027. UNICEF supported the National Department of Health in the drafting the National Strategy and facilitated its consultation process. This aimed to: (1) create an enabling environment for equitable and easy access to affordable, healthy food; (2) deliver evidence-based education and communication at all levels to prevent and control obesity; and (3) adopt policies, regulations and legislation to support a healthy food environment.

In 2022, to support the implementation of the Communication Strategy, UNICEF embarked on various social and behavioural change initiatives targeted at adolescents and young people, to increase awareness on the impact of the unhealthy food environment and its contribution to overweight and obesity. One of the initiatives, the My Body, My Health: My Wealth campaign, was launched during National Nutrition Week in 2022. The campaign supports the Department of Health’s focus on making healthy food choices easier and is aligned with the National Strategic Plan for the Prevention and Control of NCDs. Informed by the results of the UNICEF study (described above), the campaign aimed to prevent modifiable risk factors for NCDs among adolescents, with special emphasis on diet, physical activity and mental health.

Young people played a key role in creating the campaign content and implementing communication activities to reach adolescents and youth, both online and offline. Creative design, engaging content, live challenges and inspiring role models were used to spearhead the campaign. UNICEF leveraged its extensive network of young volunteers across the country, including youth clubs, to reach the target population.

More than 2 million adolescents and young people were reached through the campaign via social media, community radio and face-to-face events, with messages about nutritious diets, healthy lifestyles, mental health, SRHR and harmful gender and social norms. UNICEF provided technical support to prepare campaign materials and social media toolkits. Almost 180,000 infographics in the form of posters were distributed to schools, health-care facilities and existing youth community organizations within all nine provinces, to reach young people with no internet access.

UNICEF’s experience launching My Body, My Health: My Wealth in South Africa highlighted the importance of a collaborative approach to engage young people in the design and implementation of programmes that aim to improve their health and well-being. The lessons learned from this initiative will be mainstreamed, to support implementation of the National Adolescent and Youth Health Policy, through existing delivery platforms, such as the school health programme.
Preventing malnutrition in women during pregnancy and breastfeeding

UNICEF advocates for and supports gender-responsive policies, strategies and programmes to prevent malnutrition in women during pregnancy and breastfeeding. This includes supporting countries to deliver a package of interventions to support women’s right to nutrition, including: supplementation with IFA or multiple micronutrient supplements (MMS); deworming; counselling on nutritious and safe diets, physical activity and rest; and weight-gain monitoring, with specific support for adolescent mothers and other nutritionally at-risk women.

IFA supplementation is a critical strategy for preventing anaemia during pregnancy, a period when women are particularly nutritionally vulnerable. In 2022, 92 countries included preventive IFA supplementation for pregnant women as part of an antenatal care package, an increase from 85 in 2021 and 73 in 2020. A total of 61.6 million pregnant women from 52 countries received IFA supplementation in 2022. The countries with the greatest number of women reached are India, Bangladesh, Ethiopia, Indonesia, Mali, Nepal, Nigeria, Pakistan, the United Republic of Tanzania and Yemen.

In the United Republic of Tanzania, UNICEF supported a gender-responsive anaemia prevention programme, reaching more than 2 million pregnant women (94 per cent) with IFA supplementation, an 11 per cent increase from 2021. UNICEF contributed to this result by working to address barriers hindering pregnant women from using antenatal care services, such as distance and difficult topography, low demand, lack of support from spouses and traditional beliefs associated with pregnancy. As part of efforts to increase the coverage of adequate equitable and quality maternal nutrition services at the community and facility levels, UNICEF supported a maternal nutrition social and behavioural change campaign, fostered men’s engagement in supporting maternal nutrition, and supported nutrition assessment, haemoglobin testing and nutrition counselling for pregnant women on diverse, safe, nutritious and adequate foods. In addition, UNICEF advocacy and training to 184 government authorities on evidence-based planning and budgeting contributed to increasing domestic procurement of IFA.

Alongside supplementation, UNICEF supports countries in strengthening the routine provision of nutrition counselling within pregnancy care programmes. The integration of nutrition counselling and other nutrition services within antenatal care is a critical step towards strengthening health systems, improving the quality of nutrition care and fostering sustainable access to care for pregnant
women. Anaemia prevention and nutrition counselling were integrated into pregnancy care programmes in 42 countries in 2022, compared with 30 countries in 2021 (SP 1.74). In collaboration with the National Health Commission in China, UNICEF launched a programme to strengthen maternal nutrition through health systems in 60 maternity health facilities across 10 provinces. With UNICEF’s technical and financial support, the Government developed an implementation plan and a technical guideline on maternal nutrition to standardize maternal nutrition counselling and ensure on-demand provision of early screening, referral and treatment for pregnant women at risk of nutrition-related diseases, such as anaemia, overweight and obesity, and hyperglycaemia. In addition, China adapted and tested UNICEF’s regional maternal nutrition counselling tool, which was used to counsel some 300,000 pregnant women in pilot health facilities on an annual basis. The tool serves as a job aid for health-care providers in explaining healthy diets, optimal weight gain, breastfeeding practices and disease prevention during antenatal and postnatal care visits, along with targeted information for those with nutrition-related pregnancy complications. Based on these experiences, the National Health Commission will issue and scale up national standards for comprehensive maternal nutrition services in health facilities in 2025, which will serve more than 12 million pregnant women annually.

In 2022, UNICEF continued its support to governments to scale up MMS to prevent micronutrient deficiencies, anaemia and low birthweight among pregnant women in low- and middle-income countries. In 2022, 30 countries included MMS as part of the antenatal care package. Through the advocacy of UNICEF and other agencies, MMS was added to the WHO Essential Medicines List in 2021 and, as of 2022, eight countries are including MMS within their national lists: Afghanistan, Azerbaijan, Belize, Botswana, Chile, the Islamic Republic of Iran, Madagascar and Paraguay. In 2022, UNICEF continued its implementation research on the use of MMS in Bangladesh, Burkina Faso, Madagascar and the United Republic of Tanzania to demonstrate how this product can improve the quality of care, strengthen systems, and improve access to and uptake of quality antenatal care services. Research shows that training community health workers in basic antenatal care and safe provision of MMS has brought services closer to the community, increased health-care seeking, promoted positive attitudes towards antenatal supplement use, and engaged men and other influential family members in facilitating women’s access to quality services.

As part of the MMS implementation research in Burkina Faso, UNICEF supported a qualitative behavioural insights analysis to identify social and psychological barriers to maternal nutrition programmes. The insights from this exercise were used to design interventions and messaging to help improve pregnant women’s knowledge of, willingness to seek and access to antenatal care and MMS. Adapted communication materials were also designed for community health workers (CHWs), with appropriate messaging and a calendar to remind pregnant women to take their MMS tablets. In the initial phase of the programme, 52,768 pregnant women (101 per cent of the target) were reached with MMS across two health districts.

Global advocacy, thought leadership and partnerships to improve the nutrition of adolescents and women

UNICEF generated evidence and strengthened its thought leadership in 2022, including through collaborations with a range of agencies, academic institutions and other partners. These efforts were critical to mobilize global and national investments in adolescent and maternal nutrition, areas which are often under-prioritized and under-resourced. To combat the lack of progress in reducing anaemia prevalence in women, UNICEF and WHO jointly established the Anaemia Action Alliance in 2022. The Alliance aims to bring together relevant stakeholders across disciplines, sectors and geographies to accelerate integrated and collective anaemia action among researchers, implementers, funders and policymakers. UNICEF is represented across all four of the Alliance working groups and chairs the national actions group. Through its dynamic research and learning agenda, the Alliance will be able to translate the scientific evidence faster into more effective, multisectoral, context-specific actions.

To address the neglect of women’s nutrition in humanitarian contexts, UNICEF worked with the Emergency Nutrition Network to summarize policy and programming approaches, evidence around what works, and current gaps and recommendations. The report was supplemented with a case study from Madagascar, describing the response to the droughts and cyclones experienced in the south of the country, and was presented at a webinar, where senior government staff from two countries (Madagascar and Pakistan) described their experiences in humanitarian programming for women.

In 2022, UNICEF and the Food and Agriculture Organization of the United Nations (FAO) collaborated to strengthen institutional capacities for nutrition education in schools, with support from the education, health and water and sanitation systems. Through this collaboration, schools are being supported to develop context-specific, behaviour-focused food and nutrition education along with other interventions, such as school meals, school food environment policies and micronutrient supplementation schemes. As part of the health-promoting schools initiative, UNICEF collaborated with WHO and the United...
Nations Educational, Scientific and Cultural Organization to strengthen uptake of the initiative across regions, by drafting technical guidance on nutrition and physical activity, and developing a comprehensive set of monitoring indicators to track programme implementation.

During the 2022 Transforming Education Summit, UNICEF collaborated with other United Nations agencies to lead a high-level event titled, ‘Healthy, Nourished and Educated’, with the goal of renewing collective commitments to advance integrated school health and nutrition programmes. This was an important platform for engaging government and stakeholders across education, health and nutrition to commit to a system-wide approach to promoting the health and nutrition of young learners. The Governments of Argentina, Jamaica, Malawi, Morocco and the Niger expressed their commitment to support an integrated package of services to ensure children’s well-being. To improve the evidence-base for designing effective policies and programmes, UNICEF also developed a social and behavioural change communication toolkit, a landscape analysis tool, technical advocacy packages for UNICEF’s priority food environment regulatory policies, a global report on school health and nutrition, and resource materials on school food and nutrition education and physical activity.

The problem of childhood overweight and obesity is often clouded in misconceptions and social stigma, and can be complicated to communicate. UNICEF is working to shift the narrative away from a focus on the individual behaviour of children and their families, and towards generating demand for policy action that supports enabling food environments where all children have access to nutritious, affordable foods and exercise, and where nutrient-poor, ultra-processed foods and beverages are absent. As part of this work in 2022, UNICEF launched ‘Shifting the Narrative: A playbook for effective advocacy on the prevention of childhood overweight and obesity’ to support country teams with rights-based policy and programme actions.21 The publication was informed by a global audience segmentation study involving 7,000 people across seven countries.

In 2022, UNICEF collaborated with academics in the Philippines, South Africa and Tunisia to conduct deep lived-experience research to better understand how the systems in which children live influence their diets. The findings were disseminated via a new publication, ‘A Systems Approach to Improving Children’s Diets: Learning from lived experience’, which demonstrates how children's lived experience can be translated into policy solutions to improve children's enabling environments.22

During the seventy-fifth World Health Assembly in 2022, Member States asked WHO to develop an acceleration plan to stop obesity, in response to the lack of progress towards the obesity-related SDG targets. UNICEF was approached to be a key implementing partner for the acceleration plan, which has thus far been adopted by 29 countries. UNICEF engaged in the initial phase of inter-country dialogues in Eastern and Southern Africa and in Latin America and the Caribbean, and provided support to 13 countries to complete national road maps for action: Argentina, Botswana, Brazil, Chile, Eswatini, Mauritius, Mexico, Panama, Peru, Seychelles, South Africa, Trinidad and Tobago, and Uruguay.

Reflections and challenges

Nutrition policies and programmes must recognize gender inequality as an important barrier to ending malnutrition in all its forms in children and women. Rather than falling outside the realm of nutrition programmes or being considered an add-on to existing actions, a gender-transformative approach to nutrition programming is an opportunity to tackle the underlying determinants of malnutrition more effectively and drive faster progress towards improved nutrition outcomes, while contributing to the broader movement towards gender equality and human rights. This approach to programming requires intentionally overcoming gender barriers related to adolescent girls’ and women’s agency, care burden and access to resources. It requires consideration of how gender norms and unequal power relations undermine access to nutritious diets, essential services and positive practices throughout life.

Barriers related to gender discrimination, early marriage, poverty and disability continue to keep millions of children out of school. These children are not only missing out on education; they also face greater challenges in accessing the essential nutrition services they need. Interventions to reach out-of-school children are often siloed, fragmented and poorly coordinated. Changing this requires improved collaboration between governments, the private sector, non-governmental organizations (NGOs) and community structures across the multiple systems that impact nutrition. Strengthened social protection systems are also critical to support vulnerable children and families, and enable access to schools.

Supporting the scale-up of MMS together with a package of nutrition interventions for pregnant women is an important strategy for driving country-level progress towards global targets to improve anaemia and low birthweight. Experience shows that MMS can also be an entry point for strengthening the integration and delivery of nutrition services in antenatal care and improve quality. Programming design choices and improved understanding of the target population can help ensure that MMS are accepted and used by pregnant women across a range of cultural contexts. Addressing the needs of pregnant and breastfeeding women in humanitarian contexts is an important area of work that requires further attention.
Early detection and treatment of malnutrition

Protecting children from the risk factors that lead to undernutrition in early childhood is a key UNICEF priority. But when efforts to prevent undernutrition fall short, the early detection and treatment of child wasting – in healthcare facilities and communities – are essential for children to survive and thrive.

As described in the Strategic Plan, UNICEF programmes for the early detection and treatment of malnutrition aim to ensure that children benefit from timely and quality supplies and services for the early detection and treatment of wasting and other forms of life-threatening malnutrition, in development and humanitarian contexts.

To detect and treat wasting in children under 5 years of age, UNICEF: supports the development of evidence-based protocols and strategies; strengthens the capacities of caregivers and facility- and community-based workers to identify and provide care for children with wasting; supports the scale-up of routine services for children affected by wasting; integrates nutrition supply chains into national supply systems to improve care for children with wasting; and promotes the cost-effective and sustainable production and delivery of ready-to-use therapeutic foods (RUTF).

In 2022, the risk of wasting increased dramatically for children, as a result of conflict, climate shocks, child food poverty, the COVID-19 pandemic and the rising costs of living. These crises led to many more children becoming acutely undernourished. At the same time, key nutrition and other life-saving services also became less accessible.

In the 15 countries that were worst affected by the global food and nutrition crisis, UNICEF estimated that 8 million children were suffering from severe wasting, the deadliest form of undernutrition, and 40 million were living in severe food poverty.

In response to the deteriorating nutrition situation, UNICEF launched the No Time to Waste acceleration plan for the early prevention, detection and treatment of child wasting, 2022–2023. This plan aimed to reach more than 26 million children and women with a package of essential maternal and child nutrition, and social protection actions to prevent, detect and treat child wasting at a cost of US$1.2 billion.
Despite the immense challenges of 2022, UNICEF met 100 per cent of its milestones for output level indicators under this results area in the first year of its Strategic Plan, 2022–2025 (see Figure 9).

**Delivering life-saving treatment and care to children with wasting**

In 2022, amid the worst food and nutrition crisis in modern history, governments, donors, United Nations agencies and implementing partners quickly came together. The goal was to maximize existing resources and leverage additional funds to reach the children with wasting who were at the highest risk of death. By leveraging global initiatives that had been established between 2019 and 2021 – such as the United Nations Global Action Plan on Child Wasting and the UNICEF No Time to Waste strategic guidance – UNICEF was able to mobilize key stakeholders and help generate an unprecedented amount of funding to respond to the increased number of children affected by wasting, thereby averting deaths and expanding early detection, treatment and care.

Globally, UNICEF screened more than 182.4 million children for wasting in 2022; this was 28 million more than in 2021, and 22.4 million beyond the target (SP 1.8.2). Of these, 73 million children with severe wasting received life-saving treatment and care – a 33 per cent increase from 2021 and the highest number ever reported in UNICEF programming. This means that 53 per cent of all children suffering from severe wasting accessed life-saving treatment in 2022, compared with 39 per cent in 2021 (SP1.22). This achievement is a significant leap towards the Strategic Plan target of treating 55 per cent of all children who are estimated to be affected by severe wasting by 2025 (see Figure 10).

UNICEF programmes have maintained a consistently high quality of treatment and care in all contexts. In 2022, 88 per cent of children fully recovered from wasting (the same proportion as in the previous three years); this result exceeds global performance markers and the quality targets set in the Strategic Plan (SP1.23).

Countries with the greatest burdens of child wasting admitted the greatest numbers of children for treatment in 2022, including Afghanistan, Chad, the Democratic
FIGURE 10. Number of children under 5 years of age (millions) admitted for treatment of severe wasting, 2018–2022

Republic of the Congo, Ethiopia, India, the Niger, Nigeria, Pakistan, Somalia, the Sudan and Yemen (see ‘Case Study: Yemen: Scaling up life-saving services while building stronger, more sustainable systems’). In Somalia, UNICEF leveraged its network of partnerships with NGOs to scale up its nutrition response in the context of a severe drought, ongoing insecurity and conflict, and the global food and nutrition crisis, which led to a dramatic increase in wasting prevalence beyond the global threshold for emergency. This enabled UNICEF-supported programmes to reach 3.4 million children with services to prevent undernutrition in 2022. In addition, UNICEF screened more than 9 million children for wasting and almost 460,000 children were treated for severe wasting. This represents a 75 per cent increase with respect to the number of children reached in the previous year and almost 90 per cent of the estimated number of children with severe wasting.

UNICEF supports governments to leverage programmatic innovations – including simplified approaches for early detection and treatment – to identify and treat more children with wasting and expand coverage to reach the most vulnerable children. Many countries adopted simplifications in the context of COVID-19 to successfully maintain and expand services, despite service disruptions and pandemic-containment measures. Simplified approaches continued to be important in 2022, particularly in the context of the global food and nutrition crisis, and were implemented in 33 countries. UNICEF is working closely with national governments to determine which simplifications are appropriate to adopt for longer-term use in national guidelines or emergency protocols, depending on the evidence in a given context.

One of the most common programme adaptations is empowering families and caregivers in the use of mid-upper arm circumference (MUAC) measurement tapes to identify children with wasting as early as possible. These colour-coded tapes allow families to visualize if children are ‘in the green’ and therefore growing well, or if they are ‘in the yellow or the red’ and require close attention or therapeutic treatment and care. This approach, known as ‘Family MUAC’ was implemented in 32 countries in 2022, compared with 30 in 2021 (SP 1.8.3). More than 2.1 million caregivers were trained in this approach.

In 2022, there was rapid deterioration in the nutritional status of children across the Horn of Africa. UNICEF embarked on a coordinated, multi-country effort that demonstrated its capacity to sustain nutrition services to prevent child wasting while expanding more targeted, life-saving treatment for children with severe wasting. In Ethiopia, UNICEF provided services for the prevention of wasting, reaching almost 7 million children and 2 million women living in the most vulnerable parts of the country. UNICEF also supported the early detection and treatment of 710,000 children with severe wasting, which was an increase of almost 50 per cent from 2021. This was made possible as a result of ‘find and treat’ campaigns to reach underserved or displaced populations, the rapid scale-up of decentralized treatment through health extension workers, the increased number of caregivers of children under 5 who were trained in Family MUAC to detect wasting at home, and increased access to RUTF.

In the Democratic Republic of the Congo, UNICEF established strategic partnerships with the Government, and national and international NGOs to accelerate the delivery of programmes and services for the prevention, early detection and treatment of severe wasting. Through these partnerships and with UNICEF support, 3.1 million children were screened for wasting in 17 provinces (compared with 14 provinces in 2021). UNICEF facilitated the roll-out of Family MUAC screening, which was effective in increasing the number of children receiving treatment. In 2022, more than 578,100 children with wasting were treated, compared with about 417,300 in 2021.
Strengthening systems and integrating treatment within routine primary health care

Services for children with wasting should be universally available and accessible to every child in need, in line with the universal health coverage agenda. The most effective and sustainable path for achieving this is by integrating the prevention, early detection and treatment of wasting within routine PHC services for children. UNICEF supports governments to foster such integration across the six building blocks of the health system; that is, service delivery, workforce, information systems, access to essential medicines (including RUTF), financing and leadership/governance.

With UNICEF support, the number of countries integrating care for children with wasting as part of an essential package of regular health and nutrition services has risen steadily. A total of 73 countries provided these integrated services in 2022, compared with 67 in 2021 (SP 1.8.2). For example, 73 countries included the early detection and treatment of severe wasting as part of a training package for CHWs; 51 countries included care for children with severe wasting within national health and nutrition budgets; and 42 countries included RUTF on the essential medicines list.

In Indonesia, UNICEF supported the Government to strengthen systems and integrate screening for wasting and referral services within PHC centres and community platforms, including early childhood development (ECD) centres, as a strategy for identifying more children in need of care (see ‘Case Study: Indonesia: Leveraging ECD centres to improve the early detection and referral of children suffering from malnutrition’). Overall, in the country, integrated services for the prevention and treatment of wasting were scaled up to an additional 25 districts in 2022, reaching 95 districts in total, across seven provinces. More than 13 million children were screened for child wasting, and over 87,000 children received treatment. UNICEF disseminated the findings of the first study on the acceptability and efficacy of local recipes for RUTF, and efforts are being made to support the development of national regulations on local RUTF production, to facilitate mass production in partnership with local food companies. In addition, a costing analysis was also undertaken of child wasting treatment services in Indonesia to advocate for increased allocation of local resources.

UNICEF invests in strengthening the skills and capacities of health and nutrition workers, in facilities and communities, to improve care for children with wasting. This includes developing curricula, providing training and supervision, and strengthening protocols for managing child wasting as part of a continuum of care to support growth and development. In South Sudan, UNICEF’s investments in strengthening the capacities of front-line workers and providing on-the-job mentorship and supportive supervision helped foster continuous improvements in the quality of treatment provided to children with severe wasting. This resulted in an increase in the cure rate from 95 per cent in 2021 to 96.3 per cent in 2022. Overall, 23 per cent more children with severe wasting were admitted for treatment in South Sudan in 2022 than in 2021.

Sustainable self-financing by governments is critical to ensure timely care for children with wasting. However, many governments are not providing sufficient domestic financing for RUTF. At the same time, the global response to the COVID-19 pandemic has diverted donor commitment away from national nutrition programmes. To tackle this problem, UNICEF and partners, including the Government of the United Kingdom of Great Britain and Northern Ireland, the Children’s Investment Fund Foundation and the Bill & Melinda Gates Foundation established a number of financing instruments, including the Match Window of the CNF, which was set up to incentivize greater resource allocation to nutrition supplies by matching governments’ contributions on a 1:1 basis.

The potential of the Match Window of the CNF to drive national investments is already becoming clear in Cambodia, Kenya, Mauritania, Nigeria, Pakistan, Senegal and Uganda, where more than US$6 million in domestic investments has already been matched. In Mauritania,
UNICEF and partners delivered more than 36,300 boxes of RUTF in April 2022 to treat more than 35,000 children suffering from severe wasting. Half of the total RUTF consignment was paid for by the Government of Mauritania and the remainder was covered by the Match Window. Similarly, in Uganda, the Government allocated US$1 million to procure commodities for children with severe wasting in 2022 and leveraged the match instrument, allowing an additional 22,000 children with severe wasting to be treated. The budget voted through by Parliament is expected to be maintained, which will improve programme sustainability and government ownership.

Through the CNF, UNICEF targets the reasons for insufficient budget allocations and supports countries in transitioning away from reliance on donors for the procurement of essential nutrition commodities and services and towards self-financing sustainability. This includes supporting governments to improve public procurement budgeting processes, annual and multi-year planning for nutrition supplies, and capacity-building in forecasting and budgeting.

UNICEF recognized that many governments and partners may not be able to provide adequate advance funding to secure timely access to RUTF supplies. To address this, in conjunction with the Vaccine Independence Initiative (VII) programme, a pre-funded window (the RUTF Window) was introduced to provide a guarantee against advance payment to suppliers that face liquidity constraints in the production of RUTF. The RUTF Window supports an increase of RUTF production and improves the availability of supplies. At the same time, VII addresses countries’ temporary cash flow timing issues by providing pre-financing support. This process helps countries get the RUTF they need, when they need it, while giving RUTF suppliers the liquidity to increase production and meet rising global demand.

Mobilizing partnerships and action to put child wasting on the global agenda

UNICEF’s US$1.2 billion No Time to Waste acceleration plan for the early prevention, detection and treatment of child wasting aims to support efforts across 15 countries that have been hardest hit by the global food and nutrition crisis. With a clear programmatic response plan at hand, UNICEF was able to successfully leverage global support to governments facing the brunt of the food and nutrition crisis. In July 2022, the United States Agency for International Development (USAID) announced that the United States would provide US$200 million to UNICEF. This is the largest contribution ever made by a government for the scale-up of life-saving treatment. In addition, philanthropic organizations committed an additional US$50

In Niger, Nana Hadiza, 28, holds her twin daughters as they sit on a hospital bed at the CHU Hospital of Maradi. The twins are treated for malnutrition with Ready-to-Use Therapeutic Foods
million, while USAID called on others to raise an additional US$250 million. At a United Nations General Assembly side event in September 2022 – which was co-hosted by USAID, UNICEF, the Government of Senegal and the Children’s Investment Fund Foundation – an additional US$280 million was pledged from the Governments of Canada, Ireland, the Netherlands and others. Through these global efforts and country-level action, more than US$600 million was raised by December 2022, with about US$300 million more raised by April 2023. UNICEF will build on this success and prioritize efforts to mobilize the remaining resources to sustain these achievements.

The acceleration plan was built on the foundation of the Global Action Plan on Child Wasting – a broad coordinated effort among United Nations agencies to drive progress on the prevention, early detection and treatment of child wasting. After its official launch in 2021, UNICEF worked closely with governments and partners throughout 2022 to develop and implement comprehensive road maps for action in 23 high-burden countries, particularly those hardest hit by the global food and nutrition crisis.

A number of strategic partnerships were established in 2022, including a new UNICEF–WHO Technical Advisory Group on Wasting, with a mandate to support the operationalization of the forthcoming revised WHO guideline on the prevention and management of child wasting and provide strategic direction for all research on the topic. UNICEF also served as co-chair of the Action Review Panel, which aims to promote accountability and improve the impact and sustainability of services to prevent and treat child wasting.

As part of its support to governments in scaling up simplified approaches, UNICEF commissioned the development of a training toolkit and a decision-making tool to facilitate implementation. It also continued to convene the global coordination group for simplified approaches.

Reflections and challenges

The global food and nutrition crisis – and its impact on the most vulnerable children – posed the greatest threat to nutrition in 2022, including the risk of leaving behind a generation of malnourished children. Yet, with support from key resource partners, and guided by operational research, UNICEF and its partners supported the scale-up of standard and adapted approaches for the early detection and treatment of child wasting, contributing to a significant acceleration in programme coverage in 2022, despite the immense challenges. This achievement is a testament to the strong partnerships that rallied to scale up life-saving interventions, the evidence generated on innovative screening and treatment approaches, the leveraging of new financing opportunities, and years of investments in systems-strengthening together with national governments.

Reductions in unrestricted funding in the context of the global food and nutrition crisis, and the shrinking fiscal space for many donors and host countries, continued to be important challenges in 2022. UNICEF also faced rising programme delivery costs, due to the increased price of essential supplies and raw ingredients, such as those used to produce RUTF. The innovative financing solutions described in this chapter, particularly the pre-financing facility, will prove critical to support countries in surpassing this hurdle and guaranteeing that life-saving RUTF is available, accessible and affordable to every child in need.

A key reflection is that, while the acceleration of early detection and treatment services has enabled the highest number ever of severely wasted children to be treated, UNICEF, governments and partners need to do much more to prevent wasting in these hard-hit countries. Innovative solutions to improve the availability and access to nutrient-dense foods and expanded social protection schemes are core to effective prevention strategies. More effective resilience strategies for maternal and child nutrition, including in the context of climate change, will also be important. Framing preventive and curative nutrition interventions as important opportunities for climate financing also needs to be pursued.
Case Study: Yemen: Scaling up life-saving services while building stronger, more sustainable systems

In Yemen, UNICEF and partners are responding to children’s immediate health and nutrition needs while strengthening PHC systems and building coherence across the humanitarian–development–peace nexus.

In 2022, UNICEF strengthened PHC service delivery by scaling up the minimum package of health and nutrition services within 2,600 PHC facilities, from 2,000 in 2021. With UNICEF support, more than 4,000 facilities received life-saving medicines, vaccines and supplies. UNICEF ensured high-quality specialized referral services for mothers and newborn babies with medical complications in 24 selected hospitals, an increase from 17 in 2021. Some 5.2 million boys, girls and women were reached with PHC services through UNICEF support in 2022, including 2.5 million who received services for maternal and newborn health, nutrition and the integrated management of childhood illnesses.

Community systems are critical to bridge gaps between the formal health system and communities, contributing to the attainment of universal health coverage, strengthened community resilience, reduction in malnutrition and for overall improved sustainability. In 2022, UNICEF trained an additional 707 new CHWs across different districts and governorates, bringing the total to 3,600 CHWs who provided basic PHC services and health information to nearly 3 million people in hard-to-reach areas. Of these, most were children under 5 or women.

This expanded cadre of CHWs and nutrition volunteers also screened 4.9 million children for wasting using MUAC measurement, including via door-to-door screening campaigns, which were critical to detect more children with wasting who were in need of life-saving treatment. Through these efforts, more than 22,000 children under 5 and 19,000 women with malnutrition were identified and referred to PHC facilities in 2022.

Working with the Ministry of Public Health and Population and partners, UNICEF helped expand treatment services for child wasting from 4,489 health facilities providing outpatient therapeutic care in 2021, to 4,671 in 2022 (covering 92 per cent of all functional health facilities). These services have proved to be a critical strategy for addressing barriers related to access, disability and gender discrimination. Through these efforts, more than 376,580 children were admitted for treatment of severe wasting in 2022, compared with some 273,000 in 2021. Of these, 91 per cent fully recovered.

UNICEF support also helped increase the number of fixed health facilities, CHWs and volunteers who were equipped to provide IYCF counselling to caregivers, reaching 3 million mothers.

Investments in building the capacities of community health and nutrition volunteers, CHWs and community-based midwives have helped drive improvements in the coverage and quality of health and nutrition services. As part of this support, UNICEF provided quarterly incentives and per diem payments to more than 11,000 health staff. UNICEF also supported operational costs for health facilities, provided medical commodities and engaged governorate and district health officers in supportive supervision.

UNICEF also provided support to strengthen health information systems, improving the country’s ability to track and report on achievements. In 2022, UNICEF supported the roll-out and implementation of District Health Information Software 2 (DHIS2) in Yemen. This was scaled up to 15 northern governorates through the capacity-building of 74 coordinators and information officers from health and nutrition programmes where data from at least 3,500 health facilities (almost 65 per cent) are being collected. Facility-level data from therapeutic feeding centres, outpatient therapeutic programmes, infant and young child feeding programmes have been integrated into DHIS2, which has strengthened the health system’s capacity to streamline health and nutrition reporting from the district level upwards for overall improvement in data validation, quality, timeliness and consistency in reporting and analysis. Further improvements will be observed once the system is fully rolled out across other governorates and to the community level, where reporting gaps prevail.

UNICEF’s convening power and decentralized structure in the country, along with its Cluster Lead role across four key programme areas, enabled close coordination with local counterparts and authorities. There were also important challenges, such as logistical obstacles to paying health workers; scarce, low-quality or unavailable data to monitor the health and nutrition situation; and entrenched donor systems and approaches (i.e., short funding cycles, with limited focus on preventive interventions) that can constrain the scope of programmes and run counter to realizing a stronger humanitarian–development–peace nexus.

UNICEF’s experience in Yemen highlights important lessons for scaling up life-saving humanitarian interventions while taking steps to strengthen national and local capacities. This includes leveraging community-based services to strengthen PHC towards the goal of universal health coverage and engaging communities to foster ownership and programme sustainability.
Case Study: Indonesia: Leveraging ECD centres to improve the early detection and referral of children suffering from malnutrition

In Indonesia, UNICEF supported the Government to integrate the early detection and referral of children with wasting – the most life-threatening form of malnutrition – within PHC and community platforms, including ECD centres. Interventions based on this innovative approach are a small part of broader national efforts to nearly double the number of children screened for wasting, from 6.6 million in 2021 to more than 13 million by 2022.

Community health outposts (Posyandus) play a crucial role in the early identification of child wasting. However, attendance rates often decline after children complete routine immunizations or start attending ECD centres. This typically occurs around the age of 2, when they are still at high risk of becoming wasted. To address this challenge, UNICEF explored alternative ways of reaching these children, and ECD centres emerged as a promising opportunity. Like Posyandus, ECD centres are present in almost every village in Indonesia, making them an ideal platform for supporting children with services beyond education. Given the crucial role of nutrition in optimal learning, UNICEF focused on engaging with ECD teachers to empower them in the early detection of nutritional problems in children and to help foster an environment for children to grow and thrive.

In 2022, UNICEF, the Ministries of Health and Education, and other stakeholders, initiated a pilot programme in the provinces of East Nusa Tenggara, Papua and South Sulawesi. The aim of this programme was to build the capacities of ECD teachers to detect and to refer children with wasting to appropriate facilities. Some 6,144 children under 5 were screened for wasting and 1,269 ECD teachers and 9,396 caregivers/community members were trained across the three provinces.

With UNICEF support, operational guidelines were developed to support this programme, and information, education and communication materials were disseminated on integrating early detection and referral of child wasting within ECD centres through cascade trainings. Through these trainings, ECD teachers were empowered to strengthen their capacity to identify and refer children with wasting by:

- Organizing monthly screenings using MUAC tapes to identify children with wasting and refer them to PHC centres for treatment;
- Organizing monthly parenting sessions to ensure that caregivers understood the consequences of wasting and could identify and seek treatment for affected children; and
- Coordinating closely with Posyandus cadres and health workers from PHC centres, to strengthen referral mechanisms and share screening data, which enables project monitoring.

Results to date have already demonstrated that ECD centres are key to scaling up capacity for wasting prevention and treatment, and they have a role to play in improving children's nutritional status, health and well-being, in addition to their learning and development. UNICEF and the Ministry of Health are conducting an evaluation to strengthen the evidence-base for policy advocacy, and to support future scale-up. Fifteen districts across seven UNICEF focus provinces have already expressed their commitment to implementing interventions based on this approach, which is expected to result in a substantial increase in the number of children screened for wasting in the country.
Looking forward

UNICEF envisions a future in which every child survives and thrives, with access to nutritious diets, essential nutrition services, and positive nutrition and care practices. To achieve this outcome over the next three years of its Strategic Plan, UNICEF programmes will continue building on the lessons learned from the COVID-19 pandemic and other crises, mobilizing key partnerships, scaling up proven interventions to reach the most vulnerable children and families, and investing in stronger, more resilient systems to leave no child behind.

Children remain at the epicentre of a devastating global food and nutrition crisis that is still unfolding. Through its No Time to Waste acceleration plan, launched in 2022, UNICEF successfully rallied global partners and raised an unparalleled amount of funding to respond to this extraordinary challenge. In 2023, UNICEF will continue building commitment and momentum to meet the ambitious US$1.2 billion target. Recognizing the need for a joint United Nations response to the crisis, UNICEF, FAO, United Nations High Commissioner for Refugees, World Food Programme and WHO issued a call to action in January 2023, calling for accelerated progress on the Global Action Plan on Wasting in the 15 worst-affected countries. UNICEF will continue leading this response, together with partners, to scale up five priority actions as a coordinated package to prevent and treat child wasting, focusing on the most vulnerable children.

While UNICEF continues to address the urgent needs of the children most affected in the current context, the crisis has also reinforced the importance of strengthening the systems that protect, promote and support nutritious diets, essential nutrition services and care practices for millions of other children, wherever they live. The Nutrition Strategy 2020–2030 is the road map for these efforts, with its emphasis on ‘prevention first’, with timely detection and treatment when prevention fails. This agenda remains paramount in all countries and will be critical to protecting the important gains made in maternal and child nutrition over the past decade, while driving progress towards the SDGs and the next one-third reduction in malnutrition. Achieving sustainable results will require continued investments in strengthening the capacities and accountabilities of national systems – including food, health, water and sanitation, education and social protection systems – to deliver nutritious diets, essential nutrition services and positive nutrition practices for children, adolescents and women everywhere.
Nutrition financial report, 2022

A girl carrying her little sister, at the PMI Hospital in Man, in the West of Côte d’Ivoire.

© UNICEF/UN0613143/Dejongh
Financial resources to lead and support the design and implementation of nutrition policies, strategies and programmes have grown steadily over the last decade. In 2022, UNICEF spent US$797.2 million to support nutrition programmes across seven regions.

**Nutrition income, 2022**

Note: income received is lower than expenses because it reflects only earmarked contributions to nutrition for development purposes. It excludes regular resources and humanitarian funding (reported separately in the UNICEF Humanitarian Action – Global Annual Results Report).

In 2022, partners contributed US$327.6 million ‘other resources – regular’ for nutrition. This is a 42 per cent increase from the previous year (see Figure 11). Public sector partners (including governments, United Nations agencies, international financial institutions and other multilateral organizations) contributed the largest share of these resources to nutrition.

The top five resource partners to nutrition in 2022 were the Government of Germany, United Kingdom Committee for UNICEF, the United States Fund for UNICEF, the Government of the Netherlands and the European Commission (see Figure 13).

**FIGURE 11. ‘Other resources – regular’ contributions, 2014–2022**

**FIGURE 12. Total funds received by type of resource partner, 2022: US$327 million**

Public Sector
US$259,531,897
79%

Private Sector
US$68,088,373
21%
### FIGURE 13. Top 10 resource partners by total contributions, 2022

<table>
<thead>
<tr>
<th>Rank</th>
<th>Donor name</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Germany</td>
<td>139,564,040</td>
</tr>
<tr>
<td>2</td>
<td>United Kingdom Committee for UNICEF</td>
<td>27,903,268</td>
</tr>
<tr>
<td>3</td>
<td>United States Fund for UNICEF</td>
<td>22,267,254</td>
</tr>
<tr>
<td>4</td>
<td>The Netherlands</td>
<td>19,069,315</td>
</tr>
<tr>
<td>5</td>
<td>European Commission</td>
<td>17,012,590</td>
</tr>
<tr>
<td>6</td>
<td>Democratic Republic of the Congo*</td>
<td>12,998,322</td>
</tr>
<tr>
<td>7</td>
<td>United Kingdom</td>
<td>12,546,648</td>
</tr>
<tr>
<td>8</td>
<td>United Nations Joint Programme</td>
<td>8,854,208</td>
</tr>
<tr>
<td>9</td>
<td>Nutrition International</td>
<td>8,217,702</td>
</tr>
<tr>
<td>10</td>
<td>Canada</td>
<td>5,199,969</td>
</tr>
</tbody>
</table>

Note: * Contribution from the World Bank Group

### FIGURE 14. Top 10 contributions to nutrition, 2022

<table>
<thead>
<tr>
<th>Rank</th>
<th>Total (US$)</th>
<th>Grant description</th>
<th>Resource partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>62,047,570</td>
<td>Programme Group, Germany (BMZ) contribution to global thematic fund: nutrition</td>
<td>Germany</td>
</tr>
<tr>
<td>2</td>
<td>24,678,440</td>
<td>Tunisia: Nutrition-sensitive cash transfers for particularly vulnerable children</td>
<td>KfW - Germany</td>
</tr>
<tr>
<td>3</td>
<td>19,069,315</td>
<td>Programme Group-Nutrition: No Time to Waste</td>
<td>Netherlands</td>
</tr>
<tr>
<td>4</td>
<td>14,777,597</td>
<td>Afghanistan: Sustainable improvement food security nutrition practices Phase II</td>
<td>KfW - Germany</td>
</tr>
<tr>
<td>5</td>
<td>12,998,322</td>
<td>Democratic Republic of the Congo: UNICEF nutrition. provision of nutrition supplies for the multisectoral health and nutrition project</td>
<td>Democratic Republic of the Congo*</td>
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<tr>
<td>6</td>
<td>10,636,354</td>
<td>Joint Integrated Resilience WFP-FAO-UNICEF in the Democratic Republic of the Congo</td>
<td>Germany</td>
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<td>7</td>
<td>8,514,524</td>
<td>PARSNIP: Progressing Action on Resilient Systems for Nutrition through Innovation and Partnership</td>
<td>Government of the United Kingdom (Department of International Development)</td>
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<tr>
<td>8</td>
<td>8,380,000</td>
<td>Support for UNICEF's multi-country child wasting collaboration - Children's Investment Fund Foundation</td>
<td>United Kingdom Committee for UNICEF</td>
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<tr>
<td>10</td>
<td>8,061,124</td>
<td>Zambia: Multisectoral Nutrition Programme (Scaling Up Nutrition II) in Zambia</td>
<td>KfW - Germany</td>
</tr>
</tbody>
</table>

Notes: Grants listed as cross-sectoral are excluded from the list above. * Contribution from the World Bank Group.

**Nutrition expenses, 2022**

Overall nutrition spending increased to US$797.2 million in 2022, from US$740 million in 2021. Half of these funds were earmarked for specific humanitarian action and post-crisis recovery. UNICEF would like to increase the share of regular resources for nutrition programmes, which currently stands at 13 per cent. These are the most flexible, unearmarked form of resources for UNICEF and are foundational to delivering results across the UNICEF Strategic Plan.

More than half of funds were allocated to support nutrition programming in fragile settings, including countries in the Horn of Africa, the Sahel and the Middle East. In addition to providing urgent life-saving services, UNICEF invested in systems-strengthening efforts, working with governments to build resilient and sustainable national systems to improve maternal and child nutrition over the long-term.

![FIGURE 15. Nutrition expenses by fund type, 2022](chart)

![FIGURE 16. Nutrition expenses by fund type and per region, 2022](chart)
Nutrition sector expenses supported the scale-up of services for the early prevention, detection and treatment of malnutrition. This includes, but is not limited to, the procurement of life-saving supplies. These services and supplies were critical to treat more children with severe wasting than ever before, amid an unprecedented global food and nutrition crisis. UNICEF also invested in and leveraged the strengths of a range of implementing partners and local actors to reduce programme costs and support the delivery of high-impact preventive and curative nutrition interventions, including during humanitarian responses.

**Global thematic funds for nutrition, 2022**

UNICEF received a total of US$76 million in global thematic funds for nutrition. The Government of Germany was by far the largest thematic resources partner to nutrition programmes in 2022, providing 81 per cent of all thematic nutrition contributions. Global thematic funds were allocated to UNICEF country offices to support the prevention of all forms of malnutrition, with a focus on areas of programming for which additional funding is needed. Funds were prioritized to strengthen the impact of social protection and nutrition programming on the children and women most impacted by poverty and malnutrition, including in humanitarian and fragile contexts. Funds were also prioritized to support programming for the prevention of childhood overweight, including supporting governments via advocacy, evidence generation, programme design change, development of policies and legislation, and the roll-out of effective social and behavioural change communication. Lastly, global thematic funds were used to support food systems transformation for children, including supporting governments to develop stronger policies and programmes to improve children’s foods, food environments and food practices.
### FIGURE 18. Thematic contributions by resource partners, 2022

<table>
<thead>
<tr>
<th>Rank</th>
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<th>Total (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Germany</td>
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<td>2</td>
<td>United Kingdom Committee for UNICEF</td>
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<td>3</td>
<td>German Committee for UNICEF</td>
<td>1,900,385</td>
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<td>4</td>
<td>Italian Committee for UNICEF</td>
<td>1,055,966</td>
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<td>5</td>
<td>Luxembourg</td>
<td>752,688</td>
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<td>6</td>
<td>Portuguese Committee for UNICEF</td>
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<td>7</td>
<td>United States Fund for UNICEF</td>
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<td>8</td>
<td>Polish National Committee for UNICEF</td>
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<td>9</td>
<td>Japan Committee for UNICEF</td>
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<td>10</td>
<td>French Committee for UNICEF</td>
<td>853,613</td>
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<td>11</td>
<td>Other thematic donors</td>
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<tr>
<td></td>
<td>Total</td>
<td>76,634,736</td>
</tr>
</tbody>
</table>

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**NO TIME TO WASTE**

Early prevention, detection and treatment of child wasting in the most vulnerable countries to the global food and nutrition crises

UNICEF’s Acceleration Plan 2022–2023

**SHIFTING THE NARRATIVE**

A Playbook for Effective Advocacy on the Prevention of Childhood Overweight and Obesity

**SOCIAL AND BEHAVIOURAL CHANGE COMMUNICATIONS FOR PREVENTION OF CHILDHOOD OVERWEIGHT AND OBESITY**

A TOOLKIT FOR COUNTRY TEAMS

**Marketing of breast‑milk substitutes**

National implementation of the International Code, Status report 2022

**GLOBAL BREASTFEEDING SCORECARD 2022**

Protecting breastfeeding through further investments and policy actions

Breastfeeding is essential for child survival and health. Breast milk is a safe, natural, nutritious, and sustainable food for babies. Breast milk contains antibodies that help protect against many common childhood illnesses such as diarrhoea and respiratory diseases. It is estimated that inadequate breastfeeding is responsible for 16% of child deaths each year. Breastfed children perform better on intelligence tests and are less likely to be overweight or obese later in life. Women who breastfeed also have a reduced risk of cancer and type II diabetes.

The Global Breastfeeding Collective has identified seven policy priorities for countries to protect, promote and support breastfeeding. The Nutrition for Growth Summit of 2021 announced a number of bold commitments from governments, development partners, UN agencies and civil society partners amongst others to improve nutrition, particularly through increased investments in exclusive breastfeeding. Further investments and actions are required to support mothers to breastfeed their babies.

The Global Breastfeeding Scorecard examines national performance on key indicators of the seven policy priorities identified by the Global Breastfeeding Collective. The 2022 Scorecard documents progress and challenges in improving infant and young child feeding (IYCF) against these priorities. Details on the indicators used in this Scorecard are available in a separate methodology document.

**NUTRITIONAL CARE OF WOMEN DURING PREGNANCY**

Status of national policies and programmes in sub-Saharan Africa and Asia

**MULTIPLE MICRONUTRIENT SUPPLEMENTATION**

An approach to improving the quality of nutrition care for mothers and preventing low birthweight

**NUTRITION GUIDANCE SERIES**

UNICEF PROGRAMMING GUIDANCE

Maternal Nutrition

Prevention of malnutrition in women before and during pregnancy and while breastfeeding

**UN Global Action Plan on Child Wasting**

**CALL TO ACTION**

Priority Actions for Immediate Acceleration in Response to the Global Food and Nutrition Crisis

**CHILD FOOD POVERTY**

A Nutrition Crisis in Early Childhood

**SHIFTING THE NARRATIVE**

A Systems Approach to Improving Children’s Diets

**GOOD NUTRITION, BRIGHT FUTURES**

Towards a world without malnutrition by 2030


5 Afghanistan, Burkina Faso, Chad, Democratic Republic of the Congo, Ethiopia, Haiti, Kenya, Madagascar, Mali, Niger, Nigeria, Somalia, South Sudan, Sudan, and Yemen.

6 The increase in child wasting is based on publicly available estimates for January and June 2022, as found in National Nutrition Cluster estimates (Burkina Faso, Chad, the Democratic Republic of the Congo, Mali, the Niger and Nigeria), Integrated Phase Classification Acute Malnutrition Analyses (Haiti, Kenya, Madagascar, Somalia, South Sudan and Yemen), Humanitarian Appeals for Children (Afghanistan, Ethiopia), and Humanitarian Needs Overviews (the Sudan). The total number of children projected to suffer from severe wasting in January and June 2022 was estimated to be 7,674,098 and 7,934,357, respectively; an increase of 260,259 additional children.

7 Source: Data companion & scorecard to the annual report for 2022 of the Executive Director of UNICEF.

8 Computation of progress rates: the progress of the Strategic Plan, 2022–2025 is measured at the output level, using the harmonized approach adopted in coordination with UNDP, UNFPA and UN Women. A maximum value of 150 per cent and a minimum value of 0 per cent is applied to all indicator progress rates when calculating outputlevel averages. As guided by the harmonized approach, UNICEF calculated the progress rates of its development output indicators from the baselines and against annual milestones set in its Strategic Plan, 2022–2025. The 2021 baseline values are derived from 2021 actuals, giving the following formula: Progress rate = (2022 actual – 2021 baseline)/(2022 milestone – 2021 baseline). Progress rates reflect the annual milestones and targets defined in the Integrated Results and Resources Framework of the Strategic Plan, 2022–2025 presented to the Executive Board at its annual session in 2022.


16 UNICEF, *Child Food Poverty.*

17 See <www.unicef.org/documents/impact-bms-marketing>
18 For more information about the 10 steps, see <https://www.who.int/teams/nutrition-and-food-safety/food-and-nutrition-actions-in-health-systems/ten-steps-to-successful-breastfeeding>.


22 For this indicator, countries must implement iron and folic acid/MMS supplementation, large-scale fortification and antenatal nutrition counselling.


25 UNICEF, Child Food Poverty.


28 Simplified approaches include: reducing the regularity of follow-up visits for children with wasting, from weekly to bi-weekly or monthly; using MUAC measurement to screen for wasting; increasing stocks of RUTF at district/facility level; treating children with uncomplicated wasting using a single product (i.e., RUTF); providing treatment for uncomplicated wasting in communities via community health workers; using a single anthropometric criterion for admission, follow-up and discharge; simplifying the RUTF dosage; prioritizing children under 2 for treatment.

29 Supply Alert June 2022.