Programme context in 2016: SDGs
SDG2: No hunger

End all forms of malnutrition, including achieving, by 2025, the internationally agreed nutrition targets.
LEVELS AND TRENDS IN CHILD MALNUTRITION

UNICEF / WHO / World Bank Group
Joint Child Malnutrition Estimates
Key findings of the 2017 edition

155 million
Stunting affected an estimated 22.9 per cent or 154.8 million children under 5 globally in 2016.

41 million
An estimated 6.0 per cent or 40.6 million children under age 5 around the world were overweight in 2016.

52 million
In 2016, wasting continued to threaten the lives of an estimated 7.7 per cent or nearly 51.7 million children under 5 globally.
High (but declining) levels of child stunting and Lower (but increasing) levels of child overweight
Why The World Needs Better Nutrition:

SCHOOLING: Early nutrition programs can increase school completion by one year

EARNINGS: Early nutrition programs can raise adult wages by 5-50%

POVERTY: Children who escape stunting are 33% more likely to escape poverty as adults

ECONOMY: Reductions in stunting can increase GDP by 4-11% in Asia & Africa

UNICEF Nutrition: Strategic plan 2014-2017

Improved nutrition for children and women

1. Infant and young child feeding
2. Micronutrient supplementation and food fortification
3a. Care for children with severe acute malnutrition
3b. Maternal and child nutrition in emergencies
4. General nutrition: An enabling environment

Nutrition programme areas

1. Health
2. HIV & AIDS
3. WASH
4. Nutrition
5. Education
6. Child Protection
7. Social Inclusion
UNICEF’s Strategic Plan 2018-2021: Five Goal Areas

GOAL AREA 1
EVERY CHILD SURVIVES AND THRIVES

GOAL AREA 2
EVERY CHILD LEARNS

GOAL AREA 3
EVERY CHILD IS PROTECTED FROM VIOLENCE AND EXPLOITATION

GOAL AREA 4
EVERY CHILD LIVES IN A SAFE AND CLEAN ENVIRONMENT

GOAL AREA 5
EVERY CHILD HAS AN EQUITABLE CHANCE IN LIFE

1 HEALTH
2 HIV & AIDS
3 WASH
4 NUTRITION
5 EDUCATION
6 CHILD PROTECTION
7 SOCIAL INCLUSION

GENDER
HUMANITARIAN ACTION
2018-2012: Three result areas for nutrition

1. Children receive services for the prevention of stunting and other forms of malnutrition

2. Children receive services for the treatment of severe wasting and other forms of severe acute malnutrition

3. Adolescent girls and boys receive services for the prevention of anemia and other forms of malnutrition
UNICEF’s strategic approaches in Nutrition: 2018-2021

**Improved nutrition for children, adolescents and women**

1. Children receive services for the prevention of stunting and other forms of malnutrition
   - **PA1: Early Childhood Nutrition**

2. Adolescent girls and boys receive services for the prevention of anemia and other forms of malnutrition
   - **PA2: Nutrition of School-Age children and Adolescents**

3. Children receive services for the treatment of severe wasting and other forms of severe acute malnutrition
   - **PA4: Care for Children with SAM**

- **PA3: Maternal Nutrition and the Nutrition of Women**

- **PA5: Nutrition in Emergencies**

- **PA6: Knowledge, Partnerships and Governance**

- **Support programme design and scale-up**
- **Engage communities, improve practice**
- **Generate knowledge, strengthen advocacy**
- **Analyze situation with equity-focus**
- **Improve governance and policy frameworks**
- **Strengthen national delivery systems**
KEY NUTRITION PRACTICES AND INTERVENTIONS SUPPORTED BY UNICEF

Iodine deficiency is a major cause of preventable mental retardation. It is especially damaging during pregnancy and in early childhood.

Vitamin A supplements
Achieving substantial reductions in child mortality means that all children 6–59 months old living in affected areas need to receive high-dose vitamin A supplements every 4–6 months.

Micronutrient powders
Home fortification with micronutrient powders aims to ensure that the diet meets the nutrient needs of young children whose diets are poor.

Early initiation & Exclusive breastfeeding
Exclusively feed breast milk to infants from birth to 6 months.

Complementary feeding and breastfeeding
Adequate complementary foods and feeding practices ensure that children consume nutritious, age-appropriate and safely prepared foods starting at 6 months. Breastfeeding should also continue until age 2 or longer.

Severe Acute Malnutrition
Severe acute malnutrition happens when children suffer severe wasting that may or may not be accompanied by swelling of the body from fluid retention.

Treatment with ready-to-use therapeutic food (RUTF)
Key Components of Micronutrient Programme

- Vitamin A supplementation (Children 6-59 months)
- Iron folate supplementation
- Home fortification with Micronutrient Powders (MNPs) (Children 6-59 months)
- Salt iodization
- Grain fortification
Global updates in care MNP programming

WHO guidelines (2016)

Available at: http://apps.who.int/iris/bitstream/10665/252540/1/9789241549943-eng.pdf?ua=1

HFTAG Programme Guidance (2011)

Available at: http://www.gainhealth.org/hftag/
All food-grade salt, used in household and food processing should be fortified with iodine as a safe and effective strategy for the prevention and control of iodine deficiency disorders in populations living in stable and emergency settings (strong recommendation).

World Health Organization, 2014
Supply issues: Micronutrients for children

MNP formulation/packaging
- Optimize iron forms to reduce potential non-benefits for microbiota and infections
- Explore addition of other growth promoting nutrients (such as calcium, magnesium, phosphorous)
- Reduce antinutrient content (e.g. by adding phytase)
- Develop more environmentally friendly packaging

Delivery science
- Rapid appraisal methodology for designing behavior change strategy (incl locally tailored package design)
- Evaluate best practices on how to monitor and sustainably scale up the intervention
- Improve links with malaria-control programs (where indicated)
- Strengthen demand for infant and young child services, and water, sanitation, and hygiene interventions

Adolescent Iron folate (IFA) supplement (Iron 60 mg and folic acid 2800 mcg)
- Sustainable supply of IFA supplements
Key Components of IYCF Programme

- Legislation
  (Code of marketing of BMS Maternity protection)

- Skilled support by the health system

- Community-based counselling, support & promotion

- Communication

- Additional complementary feeding components

- IYCF in difficult circumstances
  (HIV, emergency)
Global updates in IYCF

Improvement of children’s diet is an important component of the new Strategic Plan

• Update of the IYCF programming guide including decision-making tree will guide choice of solutions to meet nutrient gaps
• Use of various tools that can be used in different combinations to improve situation analysis, planning and implementation for complementary feeding

Update of the IFE operational guidance to address needs of non breastfed infants
الرضاعة الطبيعية خلال السفر

١. اللقاحات
٢. الحفاظ على التسامح
٣. الإستراحة
٤. تغذية الطفل
٥. متابعة الرعاية الصحية

أهمية الرضاعة الطبيعية الحضرية خلال أول ٢ أشهر

الرضاعة الطبيعية ضرورية للحفاظ على صحة الطفل و健康成长ه.
Supply issues: IYCF programming

- New UNICEF guidance and Supply Directive on procurement and distribution of BMS (including ready to use infant formula) in support of non-breastfed infants in emergencies.

- Reframe of micronutrient supplementation (vit A suppl.) and home fortification (MNP) under infant and young child feeding in new strategic plan.
Key components for care for children with SAM

- Early detection at community level
- Inpatient care of medically complicated cases
- Outpatient care for uncomplicated cases
- Medical care and nutritional rehabilitation
- Promotion of IYCF and prevention promotion
- Stimulation and care

[Images of RUTF packets]
Global updates in care for children with SAM

- Update of the 2007 Joint Statement on CMAM
- WHO UNICEF SAM Manual from 2013 Recommendations
- Collaboration to accelerate access to SAM treatment and prevention
Supply issues: Care for children with SAM

- Packaging of therapeutic milks transition planning
- RUTF Arabic labelling to improve adherence
- RUTF local production support in high burden countries
- Reduced dosage trials underway
Forecasting: The role of NutriDash

• Used by SD in forecasting:
  • Vitamin A
  • MNP
  • Therapeutic supplies (RUTF, F100, F75, Resomal, etc.)

• Considers historical information in planning

• Some variations happen at country level due to:
  • Availability of funding
  • Forecasting timeframe
  • Request for large volumes via multilateral donors
Thank you!