Global Action Plan on Child Wasting

A framework for action to accelerate progress in preventing and managing child wasting and the achievement of the Sustainable Development Goals

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Cover Picture: Draupadi Sehai holds her 8 month old son Lakshminarayan Sehai who is suffering from Severe Acute Malnutrition (SAM) rests at a Nutrition Rehabilitation Centre (NRC) in district hospital in Guna in Madhya Pradesh. © UNICEF/UNI147505/ Romana

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The Challenge

In 2015 the world committed to the Sustainable Development Goals (SDGs) including the elimination of malnutrition in all its forms by 2030. To do so, the SDGs incorporated the World Health Assembly targets to reduce the proportion of children suffering from wasting[1] to <5% by 2025 and <3% by 2030[2].

Yet, since these targets were adopted, the proportion of wasted children has remained largely unchanged[3]. Today, an estimated 7.3% (50 million) of all children under five suffer from wasting at any given time[4]. Wasting affects children in virtually every continent on the planet, with the largest number of children suffering from wasting today being found in South Asia.

For much of the past two decades, global efforts to address wasting have primarily focused on providing treatment for wasted children, especially in humanitarian crises. In 2019, an estimated 11 million children received treatment for wasting[5]. Although the coverage of treatment services has steadily increased since 2010, the proportion of wasted children who can access treatment remains unacceptably low with just one in three severely wasted children receiving treatment.

To achieve the SDG targets on wasting and undernutrition, a crucial policy shift is needed, increasing efforts to prevent all forms of malnutrition. There is an urgent need to develop and scale up radically improved solutions addressing the fundamental drivers of malnutrition. The immediate drivers are well known: frequent common childhood illnesses, unhealthy diets. Children in disadvantaged circumstances experience recurrent infections and may not receive the right food at the right time or have increased, but unmet, requirements for essential nutrients due to preventable illnesses; infants born with low birth weight are vulnerable to further growth failure in the first year. The underlying drivers of wasting are, however, complex and vary across seasons, regions and contexts, but include environmental conditions, inadequate or lack of hygiene and sanitation, household food insecurity and lack of age-appropriate caregiver and child interactions. Such conditions are in turn the consequence of inadequate functioning of food, health and other systems, including social protection. Emergencies, outbreaks of communicable diseases and disasters may trigger or aggravate the incidence of child wasting.

A sustainable and positive impact on these determinants and drivers can only be achieved through a combination of sustainable and resilient food systems to ensure access to healthy diets, health services that provide quality universal health coverage with essential nutrition actions throughout the life course, and social protection mechanisms that seek to weed out the worst of inequalities. Prevention efforts can and should be improved, but even then, some children will be affected by wasting. When prevention fails, treatment for wasting becomes essential, and must be made more readily available and accessible to all who need it regardless of the context.

Today, this coherent and coordinated response to prevent and treat child wasting is not a reality. Systems are often dysfunctional, unaligned and not always inclusive. In addition, actors are organized around siloed systems such as agriculture, health, social protection and water, hygiene and sanitation rather than coherently and collectively working effectively and efficiently together towards a common goal.

The fragmented response by actors, including the UN system, and the unpredictable nature of current financing for wasting also limits the effectiveness and efficiency of core services to prevent it and treat it. Now, more than ever, there is an urgent need for a more purposeful, systematic, integrated, transparent and accountable collaboration that leverages the collective strengths of all stakeholders – including governments, UN agencies, civil society and the private sector – to more effectively help countries accelerate progress in the forthcoming "UN Decade of Action" on the wasting-related SDGs and WHA targets.

It is in this context that the United Nations Agencies working on the prevention of child wasting (the Food and Agriculture Organization of the UN [FAO], the Office of the High Commissioner for Refugees [UNHCR], the UN Children's Fund [UNICEF], the World Food Programme [WFP] and the World Health Organization [WHO]) have developed this Framework for the Global Action Plan (GAP) on Child Wasting. This Framework identifies four critical outcomes to achieving the SDG targets on child wasting and to improving early detection and treatment for those who need it. Under each of these outcomes, the Framework identifies proven pathways to accelerate the delivery of essential actions and to create a more enabling environment for their success. The goal of this Framework is to provide a common focus to guide individual and collective action to accelerate progress towards the SDGs on child wasting.

This Framework will enable UN agencies to develop a more targeted Roadmap for Action, supporting countries where children are most vulnerable and most affected by wasting to develop concrete, context-specific commitments, targets and actions to accelerate progress and contribute to reaching the global SDG targets. This Framework, and the accompanying Roadmap for Action, will become the Global Action Plan on Child Wasting.

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1 The term 'wasting' within this document incorporates severe acute malnutrition (SAM, which includes severe wasting – also known as marasmus, kwashiorkor and marasmus kwashiorkor both with and without the presence of oedema) and moderate acute malnutrition (MAM).

2 The extension of the 2025 Maternal, Infant and Young Child Nutrition targets to 2030: discussion paper. Geneva: World Health Organization, United Nations Children's Fund; 2018 (https://apps.who.int/nutrition/global-target-2025/discussion-paper-extension-targets-2030.pdf?ua=1, accessed February 1st, 2020).

3 Since 2013, the UNICEF–WHO–World Bank Joint Child Malnutrition Estimates have reported wasting prevalence rates of 8.0% in 2013, 7.5% in 2014, 7.4% in 2015, 7.7% in 2016, 7.5% in 2017 and 7.3% in 2018. From the Global database on child growth and malnutrition: UNICEF–WHO–World Bank joint child malnutrition estimates – levels and trends [website]. Geneva: United Nations Children's Fund, World Health Organization, International Bank for Reconstruction and Development/The World Bank; 2020 (https://www.who.int/publications/i/item/jme-2020-edition, accessed February 1st, 2020).

4 Levels and trends in child malnutrition: key findings of the 2019 edition of the joint child malnutrition estimates. Geneva: United Nations Children's Fund, World Health Organization, International Bank for Reconstruction and Development/The World Bank; 2019 (https://apps.who.int/nutgrowthdb/estimates2018/en/index.html, accessed February 1st, 2020).

5 This estimate is based on the United Nations Children's Fund's reported number of admissions for children with severe wasting and other forms of acute malnutrition into therapeutic treatment in 2019 (4.9 million children) and the World Food Programme's Annual Performance Report for 2019. [Annual performance report for 2019. Rome, Italy: World Food Programme; 2020 (https://www.wfp.org/publications/annual-performance-report-2019, accessed February 1st, 2020).

PHOTO: CHRISTINE NESBITT (UNICEF 2010)

The Approach

Preventing and reducing wasting generally requires that children are born to healthy, well-nourished mothers who receive appropriate antenatal care, and live in households with access to adequate food and care practices as well as to functional quality primary health care services, potable water, safe sanitation and good hygiene. This is especially critical during the first 1000 days window of opportunity from when a child is conceived and through infancy and early childhood but remains vital throughout the entire lifecycle. Healthy children grow into healthy adolescents, adults and parents.

The Framework recognizes that effective responses to address child wasting must be defined on the basis of stronger evidence of how specific drivers manifest and interplay to increase vulnerability to child wasting across different contexts, populations and seasons, and how national governments and their partners can mobilize to address these.

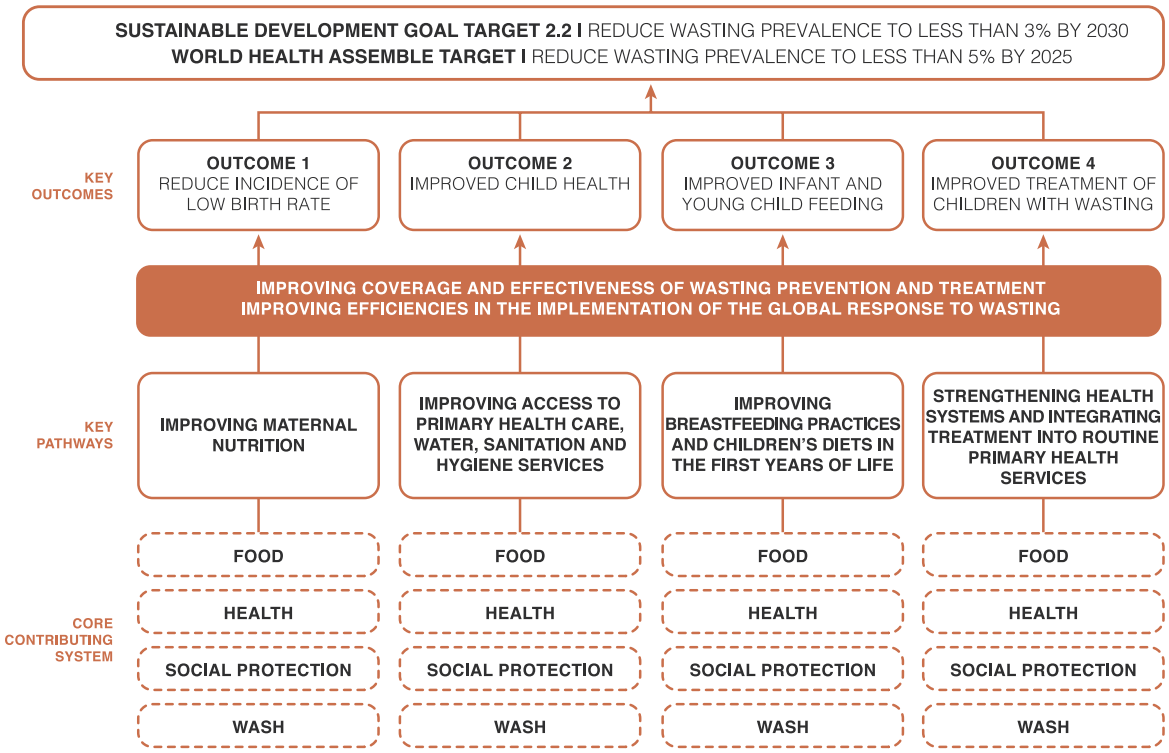
In most contexts, this can be achieved by strengthening national health, food and social protection systems. The Framework aims to shift collective focus towards ensuring that these systems are responsive and aligned to deliver healthy diets and sufficient mother and child care- including nutrition interventions. The Framework, however, also recognizes that in many contexts additional support is needed in the form of child and family-centered food assistance, to ensure that families can manage resources and children receive sufficient food, of sufficient quality and quantity to avoid becoming wasted. The goal must be to accelerate the delivery of essential actions to address the immediate determinants of child wasting, whilst aligning actions across multiple systems to simultaneously address underlying drivers that continue to limit our collective ability to protect communities, households and children from wasting.

The Framework prioritizes the delivery of these preventative actions in a more coordinated manner, but it also recognizes that their combined effect will come too late for many children who will experience wasting and will require care and treatment. The Framework therefore focuses on identifying concrete actions that will facilitate the integration of early detection and treatment of child wasting into routine primary and community health services, as the most sustainable and effective path to ensuring that all children in need of treatment – today and tomorrow – can access it.

In approaching both prevention and treatment efforts, the Framework recognizes that engaging and empowering communities is and must remain at the heart of our collective efforts. The Framework is designed to be relevant for all populations, including people affected by humanitarian situations due to conflict or natural disasters (e.g. internally displaced persons, asylum-seekers and refugees), migrants, prisoners or people being held in detention, stateless persons, indigenous populations, people living with disabilities, the rural and urban poor and other marginalized groups, as well as specific demographic groups, such as pregnant and lactating women, children under two years of age, adolescent girls and the elderly. The success of our collective efforts on child wasting will depend on our ability to understand and respond to their nutritional vulnerabilities.

The Framework for Action

The objective of the GAP is to reduce wasting prevalence to less than 5% by the year 2025 and further reduce wasting prevalence to less than 3% by the year 2030.



To achieve this, the GAP will accelerate action towards four key outcomes that will directly contribute to the achievement of the SDG targets on wasting:

1 Reduced incidence of low birth weight

2 Improved child health

3 Improved infant and young child feeding

4 Improved treatment of children with wasting

These four key outcomes described above can be addressed in multiple ways. Building on evidence and programmatic experience from the last few decades, however, the GAP has identified specific effective and cost-effective pathways to achieve them. These four pathways will not be the only approach that will be required, and the UN agencies working on child wasting anticipate and encourage actions across other complementary pathways. Nevertheless, these pathways will represent the primary focus of our collective response and as such, they provide the key path for identifying operational priorities and our agencies' commitments towards this Plan.

Finally, in developing and implementing the GAP, we will be driven by seven common principles.

1 PROMOTE government leadership and ownership of prevention and treatment of wasting in all contexts and at all levels.

2 RE-POSITION prevention at the center of our collective efforts to reduce the number of children suffering from wasting and increase the efficiency of our collective efforts.

3 PRIORITIZE scalable responses that are cost-effective, efficient and designed to be practical and feasible at scale, increasing access to and access for hard-to-reach populations.

4 ENHANCE the life cycle approach to ensure inclusion of adolescents, pregnant women, breastfeeding women, infants 0-5 months and children 6-59 months in prevention, protection and treatment.

5 GROUND the design of wasting interventions on key present and future factors that impact on wasting, including urbanization, climate change, demographics shifts and increasing inequalities.

6 COMMIT to gender, equality, women's empowerment, community participation and ownership and inclusion of excluded groups and responsiveness to special needs, including populations on the move.

7 ENCOURAGE iterative action and learning, acting on what we already know and gradually adapting on the basis of emerging evidence and data to ensure maximum effectiveness.

The Strategic Priorities

The four outcomes list the priority interventions attributed to the most relevant system: health, food, water, hygiene and sanitation, or social protection.

OUTCOME 1

REDUCED LOW BIRTHWEIGHT BY IMPROVING MATERNAL NUTRITION

While the prevention of malnutrition is critical for a women's own well-being, a child's nutritional status is closely linked to the nutritional status of the mother before, during and after pregnancy. Poor maternal nutrition impairs fetal development and contributes to low birthweight, subsequent wasting and other forms of malnutrition. Undernourished girls have a greater likelihood of becoming undernourished mothers, who in turn have a greater chance of giving birth to low birthweight babies, perpetuating an intergenerational cycle of malnutrition. This cycle can be compounded further in young mothers, especially adolescent girls who begin childbearing before attaining their own adequate growth and development. Short intervals between pregnancies and having several children may accumulate or exacerbate nutrition deficits, passing these deficiencies on to the children. In regions like South Asia, where the prevalence of low birth weight[6] and wasting is highest, children are more likely to experience wasting in the first six months of life than at any other phase of their lives.

Evidence suggests that investments in the nutrition of children and adolescents can improve current and future nutrition, while breaking the intergenerational cycle of malnutrition in all its forms. It is therefore crucial that interventions policies, strategies and programmes focus on the prevention of malnutrition in women and adolescent girls before, during and after pregnancy. To effectively reduce the number of children suffering from wasting we must place greater emphasis on strengthening systems to establish a continuum of care for adolescent girls, mothers and their children. There is a need to improve peri-conception care, and care during and after pregnancy.

BY 2025, REDUCE LOW BIRTHWEIGHT BY 30%

SYSTEM	OUR PRIORITIES
HEALTH	Increase the number of infants born safely at health facilities having received appropriate antenatal care support[7]
	Scale up services to provide iron and folic acid supplements to women of reproductive age, particularly those who go through a pregnancy. In populations with a high prevalence of nutritional deficiencies provide services to give multiple micronutrient supplements to pregnant women that include iron and folic acid
	Prevent adolescent pregnancies by supporting country efforts to prohibit marriage before the age of 18 years and increase the use of contraception
	In undernourished populations, establish programmes of balanced energy and protein supplementation in pregnant mothers in Antenatal Care services
FOOD	Strengthen food value chains that aim to increase the accessibility and affordability of sustainable healthy diets for women of reproductive age (minimum diet diversity with an emphasis on animal source foods, pulses, fruits and vegetables and fortified foods as needed)
	Improve the design of micronutrient fortification programmes through food fortification of common staple foods (wheat or maize flour, rice, condiments) Include biofortification of staple crops using conventional breeding techniques as part of food security and resilience agricultural strategies to improve diets of vulnerable rural communities that rely heavily on few staples
	Improve the design of food assistance programmes on the basis of the specific nutritional needs of adolescents, pregnant and breastfeeding women and girls
	Strengthen institutional procurement as part of national and/or large-scale programmes (e.g. school meals, cash and vouchers, food assistance)
SOCIAL PROTECTION	Improve the use of school platforms to support efforts to reach adolescent girls with school feeding and education/messaging around nutrition and reproductive health
	Align nutrition and social protection policies, strategies and programmes to leverage social protection systems to more effectively contribute to nutrition results for vulnerable adolescent girls and women

6 UNICEF-WHO low birthweight estimates: levels and trends 2000–2015. Geneva: World Health Organization, United Nations Children's Fund; 2019 (https://apps.who.int/nutgrowthdb/lbw-estimates/en/index.html, accessed February 1st, 2020)

7 WHO Recommendations on antenatal care for a positive pregnancy experience. Geneva, 2016. (https://apps.who.int/iris/bitstream/handle/10665/250796/9789241549912-eng.pdf;jsessionid=3E683A7957BA562D8F0826278EE0FDBC?sequence=1, accessed February 1st, 2020)

OUTCOME 2

IMPROVED CHILD HEALTH BY ENHANCING ACCESS TO PRIMARY HEALTH CARE AND TO WATER, SANITATION AND HYGIENE SERVICES, AND BY INCREASING FOOD SAFETY.

Despite improvements, millions of people globally lack adequate water, sanitation and hygiene services. In 2017, 785 million people lacked basic drinking water services, including 144 million people who are dependent on surface water. Globally, 2 billion people still do not have access to basic sanitation facilities such as private toilets or improved latrines and nearly three quarters of the population in least developed countries lack handwashing facilities with soap and water[8].

An unhealthy environment and poor water, sanitation and hygiene (WASH) services increases the risk of diarrhea, malaria, acute respiratory and other infections, particularly amongst children. Lack of access to WASH may affect a child's wellbeing in many ways (e.g. via diarrheal diseases, intestinal parasite infections and environmental enteropathy) but its impact on these children is always significant. In 2016, inadequate water, sanitation and hygiene were responsible for 297,000 deaths among children under five in low- and middle- income countries, representing 5.3% of all deaths in this age group[9]. Today, children under five years of age bear 40% of the foodborne disease burden. To reduce the number of children suffering from wasting, availability and access to WASH services of adequate quality must be increased.

Improved access to primary health care including in protracted crises and fragile settings, is equally essential to ensure that childhood illnesses, which are closely associated with wasting can be prevented and addressed early and growing efforts towards Universal Health Coverage (UHC) provide a unique opportunity to accelerate progress in this regard. As countries implement their national health plans and UHC roadmaps, their journeys are marked by incremental expansions across three dimensions: expanding the population that has access to health care; expanding the package of quality health services and essential health services in fragile and conflict affected settings; and reducing out of pocket payments, such as user fees, which currently push 100 million people into poverty each year. To reduce the number of children suffering from wasting, UHC efforts must be accelerated.

BY 2030, ACHIEVE UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR ALL

SYSTEM	OUR PRIORITIES
HEALTH	Increase access and coverage of essential interventions[10] for promotion of child health and wellbeing, caregiver mental health, and prevention and treatment of common childhood illnesses close to where children live
	Provide tailored and coordinated country support to strengthen health systems for primary health care by generating evidence; country prioritization, planning and budgeting; mobilization of financing and health workforce development to improve coverage and equity, including in fragile and vulnerable settings
	Integrate Essential Nutrition Actions[11] into the package of health services as part of national health plans and UHC roadmaps, ensuring access for those most left behind including in crises and emergencies
	Strengthen and expand services for the early detection of growth faltering and continuum of care for low-birth weight infants including preterm births
FOOD	Reduce the contamination of crops on farms; enhance food safety in markets; improve food storage and food handling at the household level (i.e. food hygiene), focusing particularly on complementary and supplementary foods for young children.
WATER, SANITATION, & HYGIENE	Increase the implementation of joint nutrition and WASH programmes and increase the coverage of handwashing facilities and WASH services (safe water and sanitation)
	Promote the provision of soap and relevant WASH services through all food assistance platforms

8 Progress on household drinking water, sanitation and hygiene 2000-2017: special focus on inequalities. New York: United Nations Children's Fund, World Health Organization; 2019 (https://apps.who.int/iris/handle/10665/329370, accessed February 1st, 2020).

9 Safer water, better health. Geneva: World Health Organization; 2019 (https://apps.who.int/iris/handle/10665/329905, accessed February 1st, 2020).

10 Essential interventions, commodities and guidelines for reproductive, maternal, newborn and child health. Geneva: World Health Organization; 2011 (https://www.who.int/pmnch/knowledge/publications/201112_essential_interventions/en/, accessed February 1st, 2020).

11 Essential nutrition actions: mainstreaming nutrition through the life-course. Geneva: World Health Organization; 2019 (https://apps.who.int/iris/handle/10665/326261, accessed February 1st, 2020).

OUTCOME 3

IMPROVED INFANT AND YOUNG CHILD FEEDING BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

Adequate caring and feeding practices are crucial for child wellbeing. Ensuring that children have access to an adequate and diverse diet in the first years of life is critical and demands sustainable and resilient food systems that can deliver these diets. Feeding habits are equally critical and promoting, protecting and supporting appropriate Infant and young child feeding (IYCF) practices - exclusive breastfeeding during the first six months, followed by continued breastfeeding with adequate complementary feeding up to two years - is essential to protect children from growth faltering and wasting. Therefore, policies, programmes and strategies that support breastfeeding as a norm, support children's right to a healthy diet, including access to diverse, nutritious, safe and age-appropriate foods should be promoted.

In contexts characterized by limited availability of or access to nutritious food, the inclusion of child-centered food assistance may be warranted. This may include providing rations of specialized nutritious food to prevent wasting or cash-based transfers. The appropriate use of these interventions should be closely monitored, and the use of specialized products should be discontinued as soon as the situation allows to encourage the shift to more appropriate and sustainable home food diets.

BY 2025, THE RATE OF EXCLUSIVE BREASTFEEDING IN THE FIRST 6 MONTHS WILL INCREASE UP TO AT LEAST 50% AND AT LEAST 40% OF CHILDREN BETWEEN 6-23 MONTHS CONSUME A MINIMUM DIET DIVERSITY WITH AN EMPHASIS ON ANIMAL SOURCE FOODS, PULSES, FRUITS AND VEGETABLES

SYSTEM	OUR PRIORITIES
HEALTH	Increase early initiation and exclusive breastfeeding rates and adequate complementary feeding and hygiene practices and eliminate harmful effects of inappropriate marketing of breast-milk substitutes and processed foods, high in added sugar, salt and trans fats
	Support the systematic implementation of the Nurturing Care Framework[12] to ensure that children are developmentally on track in health, learning and psychosocial wellbeing. Include kangaroo mother care for small and sick neonates
	Promote that age-appropriate Infant and Young Child feeding and care practices and caregiver mental health are systematically integrated in routine maternal and child health care services, including in community-based services
FOOD	Strengthen food value chains that aim to improve the availability and affordability of healthy and nutritious diets, for all vulnerable groups at all times, including animal source foods, pulses, fruits and vegetables biofortified crops (using conventional crop breeding methods) and fortified complementary food, when needed
	Strengthen the analysis, decision-making and response as well as the design of interventions to improve the diets and nutritional status of populations
	Strengthen storage capacity and transport infrastructure for foods and the management of post-harvest loss by including training on the use of silos to minimize post-harvest loss as well as the use of minimal processing to improve household access to healthy and nutritious food at all times
	Improve the design of micronutrient fortification programmes through food fortification of common staple foods (wheat or maize flour, rice, condiments). Include biofortification of staple crops using conventional breeding techniques as part of food security and resilience agricultural strategies to improve diets of vulnerable rural communities that rely heavily on few staples
	Support the integration of livelihood dynamics and seasonality in the design and delivery of emergency and resilience building programmes countries to meet the nutritional needs of children in situations of acute food insecurity
SOCIAL PROTECTION	Improve access to age-appropriate nutritious, affordable and sustainable foods through social protection transfers (cash or in kind) targeting at risk children and women

12 Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018 (https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf, accessed February 1st, 2020)

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

Over the last decade, significant improvements have been made in the capacity to effectively treat children with wasting. Since the introduction of outpatient treatment for wasting in 2007[13], treatment services to address severe wasting have been integrated into the national health system of over 70 countries around the world. Yet, the proportion of children with wasting in need of therapeutic treatment who receive it is still low, with an estimated 2 out of every 3 children with severe wasting still not accessing the care they need.

To address this, key action is needed to make treatment of wasting a routine part of primary and community health care, by leveraging and integrating into existing platforms at a facility level (Integrated Management of Childhood Illnesses[14]) and at a community-level (including Integrated Community Case Management). Making the treatment of child wasting routinely available and accessible to all those who need it will require targeted actions across several components of the health system, including health workforce, financing, governance and service delivery. It will also require modifications to ensure that health services treat children with wasting until they achieve full recovery from the condition, and that key commodities (e.g. Ready to Use Therapeutic Food) are routinely available and managed as part of national health systems. In contexts where these systems are fragile, additional complementary action will be needed to increase the capacity of caregivers to seek care and to ensure and to offer those living in hard-to-reach areas equitable access to the care they need.

BY 2025, WE WILL INCREASE BY 50% THE COVERAGE OF TREATMENT SERVICES FOR CHILDREN WITH WASTING

SYSTEM	OUR PRIORITIES
HEALTH	Strengthen the integration of early detection and treatment for wasting as part of routine primary and community health care services and ensure referral systems are in place for appropriate management of wasting in children
	Increase the capacity of community health workers to identify and, whenever possible, treat children with uncomplicated wasting and monitor their nutritional rehabilitation in the home
	Adopt programmatic solutions that will improve the cost-effectiveness of early detection and treatment of child wasting
	Strengthen national health information systems to regularly monitor and report wasting and wasting-related data to support and inform the implementation of national services for its effective prevention and treatment
	Empower caregivers to monitor the healthy growth of their children using low-literacy/numeracy anthropometric tools
	Support the inclusion of Ready to Use Therapeutic Foods (RUTFs) into the Model Essential Medicine List by identifying/developing an appropriate category for this commodity and taking into account country level assessments on benefits versus potential harms
FOOD	Streamline supply chain systems for the delivery of key commodities for the treatment of child wasting
	Ensure the safety and quality standards of locally produced specialized nutritious food required for the treatment of child wasting, through improved collaboration with the private sector
	Support efforts to prevent and reduce aflatoxin and other toxins in therapeutic foods
SOCIAL PROTECTION	Support governmental shock-responsive social protection in areas with food insecurity by providing a safety-net for families with at-risk children.

13 World Health Organisation, World Food Programme/United Nations System Standing Committee on Nutrition/The United Nations Children's Fund. Community-based management of severe malnutrition: a joint statement. May 2007

14 Integrated management of childhood illness: caring for newborns and children in the community. Geneva: World Health Organization; 2011 (https://apps.who.int/iris/handle/10665/44398, accessed February 1st, 2020)

PHOTO: NASER SIDDIQUE (UNICEF 2006)

The Research Agenda

To support the delivery of impactful actions for the prevention and treatment of child wasting, policy and practice will need to be reviewed and updated to reflect the latest evidence. Over the course of 2019, WHO and its partners have identified evidence gaps which will require additional operational and scientific research. This is based on initial technical consultations and builds on the wealth of existing research priorities that were outlined by WHO and other initiatives to identify research priorities for wasting. This Agenda will be further detailed in consultation with key stakeholders at global, regional, and country level to identify specific evidence needs to support operational delivery at scale and global normative guidance.

The timelines for the initiation and implementation of research to produce sufficient evidence in the areas identified in this Research Agenda will vary. Some areas and questions will be more advanced or closer to having evidence sufficient to support operational and normative guidance actions in the short-term. Others will require more time to be fully addressed, and evidence may continue to be collected and associated policy changes may be made beyond 2025.

Over the next five years, WHO with the support of other UN agencies, will coordinate and oversee the generation of new evidence to address these gaps and accelerate the process to update global normative guidance and country-level guidance for the prevention and treatment of child wasting. In doing so, WHO will collaborate with national governments, academics, donors and other stakeholders to regularly update the global community on key emerging evidence and their wider implication for policy and practice.

RESEARCH PRIORITIES

OBJECTIVES

Ensure updated guidelines reflecting the latest evidence on:

1. Approaches for identification and risk characterization of children with wasting before and during treatment
2. Management of infants and children with wasting
3. Prevention of wasting in infants and children

GLOBAL ACTION

- Refine research questions
- Support research proposal development and implementation
- Mobilise research funding
- Synthesise evidence and guideline processes

REGIONAL/COUNTRY ACTION

- Research teams conduct clinical research
- Implementation research jointly undertaken by academic and programme teams
- Operational research embedded into programmes and data collected to inform and optimise local service delivery

RESEARCH AREAS & SPECIFIC QUESTIONS

RISK STRATIFICATION, SCREENING AND MONITORING

Which anthropometric and non-anthropometric measures or combinations of measures among children with wasting best predict the risk of mortality, serious morbidity or longer term adverse outcome?

Which measures or combinations of measures used for children with wasting best predict who will have an immediate response to treatment(s) and sustained recovery after treatment?

What community and environmental factors (e.g. prevalence food insecurity, seasonality, health system quality and coverage, humanitarian emergencies) best characterise populations to inform appropriate wasting prevention strategies in children?

What is the best metric for monitoring the effectiveness of programmes to prevent wasting and to achieve sustained functional recovery among children identified with wasting?

MANAGEMENT

What interventions (nutrition specific or sensitive) are most cost-effective for achieving sustained nutritional and functional recovery of children with moderate wasting according to risk stratification?

Should treatment approaches of children with severe and moderate wasting - accounting for differences in metabolic and other physiological functions/needs - be similar in order to achieve full nutritional and functional recovery?

Can milk-free/amino-acid enriched RUTF formulas achieve comparable/improved recovery outcomes and/or at a reduced cost than traditional RUTF formulations? What other formulation considerations (pulses, emulsifiers, etc.) affect cost and effectiveness of products for treatment? Can using pulses improve the gut function and nutrient absorption in children affected by wasting and exposed to environmental enteric disorder?

Under what circumstances can community health workers provide appropriate and safe care for children with wasting?

PREVENTION

What is the effect of a pre-pregnancy and pregnancy maternal health intervention on the prevention of low birth weight?

What is the effect of an integrated package of care for LBW infants in reducing stunting, wasting and underweight in the first 2 years of life?

What is the impact of interventions for managing growth failure among infants less than 6 months of age on the risk of wasting between 6-24 months?

In populations where children are at risk of wasting, what programmatic approaches, according to population context, are most effective at improving quality complementary feeding?

OPERATIONAL RESEARCH QUESTIONS

What are health workforce requirements for the management of childhood wasting according to setting?

How can early detection and treatment of child wasting be integrated into primary health services effectively, efficiently, while ensuring quality of care?

How can the coverage of treatment services delivered as part of primary health services be increased in a sustainable manner?

How can community health workers be more directly involved in finding, treating and following- up children with uncomplicated wasting in the communities?

What are the most effective and cost-effective models for integration of diagnosis and treatment into decentralized, community-based platforms?

Which measures or combinations of measures best predict who will have an immediate response to treatment(s), sustained recovery after treatment and the risk of relapse during and after treatment, and which can also be used to monitor programme delivery?

What are the most effective (low-literacy/numeracy anthropometric) tools for use by community members, including caregivers and community health workers to diagnose wasting.

How can existing interventions (e.g. growth monitoring, IMCI) better detect and support children 0-59 months of age who are failing to thrive?

How can the cost-effectiveness of treatment services delivered as part of primary health services be improved?

What is the most effective and cost-effective dosage of RUFs to ensure optimum treatment and recovery outcomes?

How can key commodities for the treatment of child wasting be integrated into national supply chain systems effectively and efficiently?

OUR APPROACH TO IMPROVED COORDINATION & IMPLEMENTATION OF THE PLAN

The principal measure of success of the Global Action Plan will be the progress made towards achieving World Health Assembly and Sustainable Development Goals related to child wasting. But all agencies recognize that our success in supporting the achievement of these targets will in turn depend on our ability to improve when, where and – most importantly - how we work together in supporting national governments and their partners on the ground.

To-date, the design of the Global Action Plan has been primarily driven by our efforts to harness the UN Agencies individual and collective visions and strategies in a more effective, efficient and impactful manner and to do so in way that improves coordination and accountability amongst UN agencies. The priorities listed in this Framework reflect this new, more coordinated approach to accelerating the prevention and treatment of wasting.

We will engage with national governments, development and humanitarian partners, bilateral and multilateral organizations, non-governmental organizations, civil society and the private sector in order to break historical silos and to create a more holistic and comprehensive Global Action Plan to achieve a goal that can only be achieved with a multi-sectoral, multi-stakeholder action. To do so, we will leverage existing coordination mechanisms within and across sectors at a global, regional and national level, to prioritize commitments and identify additional actions and commitments necessary to accelerate progress on the prevention and treatment of child wasting in response to context-specific needs. Furthermore, we will actively encourage national governments and their partners to prioritize and provide adequate resources for the services and actions necessary to address these context-specific needs and opportunities.

To work more effectively and efficiently in supporting the implementation of this Framework, the UN Agencies will lead and coordinate their efforts in a more streamlined and impactful manner, building on their specific mandates, expertise and capacities.

The Food and Agriculture Organization (FAO) will take the lead to transform food systems to deliver sustainable and healthy diets for all, in particular women of reproductive age and young children, to effectively prevent wasting. FAO will prioritize fragile and conflict affected countries to build the development-humanitarian nexus using a livelihood approach. To that end, by 2022, 16 priority countries affected by conflicts and protracted crises will have enhanced analytical and response capacity to prevent child wasting by systematically employing established international-endorsed tools and mechanisms (e.g. IPC Acute Malnutrition). By 2025, FAO will have partnered with UN Agencies and other relevant stakeholders to ensure that food systems deliver sustainable and healthy diets for young children in an additional 10 countries with prevalence of child wasting above 10 percent.

UNHCR will support the lead agency for normative guidance and the lead agency to prevent and treat wasting and the lead agency to transform food systems to effectively prevent and treat wasting - with a special focus on refugee contexts or other people in conflict-generated humanitarian situations including host populations. To that end, UNHCR commits to working together in support of the roll-out and effective implementation of the GAP Roadmap for Action and to play a pivotal role in ensuring the inclusion of refugees and other people under the mandate of UNHCR in global and national policies, plans and activities to improve the effectiveness and efficiency of prevention and treatment of maternal and child wasting following the principles of the Global Compact on Refugees[15].

UNICEF will be the lead, coordinating agency at a global, regional and national level for the operationalization of efforts to prevent and treat child wasting in all contexts. To that end, UNICEF commits to lead and coordinate the development of a multi-year, multi-country, multi-stakeholder GAP Roadmap for Action by August 2020, including establishing a multi-stakeholder accountability and reporting mechanism, and to oversee and coordinate support for its implementation under the UN Decade of Action on Nutrition (2016-2025).

The World Food Programme (WFP) will play a supporting role in ensuring the lead agency for normative guidance and lead agency to prevent and treat wasting are able to address wasting in all contexts - with a special focus on fragile contexts where government systems are fractured or not fully functioning. To that end, WFP commits to support the roll-out and effective implementation of the GAP Roadmap for Action and to play a central role to improve the effectiveness and efficiency of prevention and treatment of maternal and child wasting under the UN Decade of Action on Nutrition (2016-2025).

The World Health Organization (WHO) will be the lead agency at a global, regional and national level for the development of normative guidance and tools to support governments on the prevention and treatment of child wasting in all contexts. To that end, WHO commits update normative guidance for the prevention and treatment of wasting by the end of 2021, to support the review and update of national guidelines by 2023, and to oversee all future research and policy efforts on child wasting under the UN Decade of Action on Nutrition (2016-2025).

15 Global compact on refugees. New York: United Nations; 2018 (https://www.unhcr.org/5c658aed4, accessed February 1st, 2020)

Annex 1: Country Commitments

SUMMARY OF COUNTRY TARGETS

	OUTCOME 1	OUTCOME 2	OUTCOME 3	OUTCOME 4	
	REDUCTION IN LOW BIRTH WEIGHT	**UNIVERSAL HEALTH CARE COVERAGE**	**EXCLUSIVE BREASTFEEDING IN THE FIRST SIX MONTHS**	**COVERAGE OF TREATMENT SERVICES FOR SEVERELY WASTED CHILDREN**	**COVERAGE OF TREATMENT SERVICES FOR MODERATELY WASTED CHILDREN**
AFGHANISTAN	down by 30%	100%	up to >50%	up to 50%	up to 50%
BANGLADESH	down to 10%	80%	up to 70%	up to 80%	NA
BURKINA FASO	down to <9.5%	65%	up to 69%	up to 87.3%	up to 50.1%
BURUNDI	down to 7%	80%	up to >85%	up by 50%	up by 50%
CAMBODIA	down to 7.5%	NA	up to 68%	up by 200%	up by 200%
DRC	down by 30%	60%	up to 70%	up by 50%	up by 50%
ETHIOPIA	down to <10%	50%	mantain towards 60-65%	75,000 SAM	1.5 million MAM
HAITI	down by 30%	60%	up by 50%	up by 50%	up by 50%
INDIA	NA	NA	NA	NA	NA
INDONESIA	down by <10%	98%	up to >60%	up to 90%	NA
KENYA	down to 5%	100%	up to >75%	>75%	>50%
MADAGASCAR	down to 9%	NA	up to 65%	up to 100%	up to 100%
MALAWI	down to 8%	80%	up to >75%	up to 75%	up to 75%
MALI	down to 10.5%	75%	up to 56%	up to 100%	up to 100%
NIGER	NA	NA	up to 50%	up to >75%	up to > 75%
NIGERIA	down to 4.9%	NA	up to 65%	up to 50%	up to 50%
PAKISTAN	down to 15%	65%	up to 55%	up by 50%	up by 50%
PNG	NA	NA	up to 65%	up by 30%	up by 30%
PHILIPPINES	down to 10.2%	100%	up to 86.9%	up by 50%	up by 50%
SOUTH SUDAN	down to 9.6%	79% (U5), 76% (PLW)	up to 75%	up to 80%	up to 80%
SUDAN	down to 27.3%	70%	up to 75%	up to 70%	up to 50%
TIMOR LESTE	down to ≤7%	NA	up to 70%	up to ≥80%	up to ≥80%
YEMEN	down to 27.9%	54.6%	up to 25%	up by 15%	up by 15%

SUMMARY OF ANNUAL TARGET POPULATIONS

	OUTCOME 1		OUTCOME 2		OUTCOME 3		OUTCOME 4	
	REDUCTION IN LOW BIRTH WEIGHT		**UNIVERSAL HEALTH CARE COVERAGE**		**EXCLUSIVE BREASTFEEDING IN THE FIRST SIX MONTHS**		**COVERAGE OF TREATMENT SERVICES FOR WASTED CHILDREN**	
	TARGET POPULATIONS	TARGET HH/GROUPS	TARGET POPULATIONS	TARGET HH/GROUPS	TARGET POPULATIONS	TARGET HH/GROUPS	TARGET POPULATIONS	TARGET HH/GROUPS
AFGHANISTAN	14,070,039	747,609	17,304,676	373,805	1,470,988	411,185	379,564	-
BANGLADESH*	17,837,267	3,588	12,017,804	75,000	8,621,348	2,634	11,856,749	12,300
BURKINA FASO	571,660	-	1,992,664	5,610	706,160	33,100	1,379,207	-
BURUNDI**	4,013,237	280,000	2,912,940	150,000	1,968,000	150,000	692,000	-
CAMBODIA	484,944	-	427,036	-	372,988	-	59,244	-
DRC***	1,934,435	56,192	3,983,809	-	405,168	116,050	33,320,818	1,000
ETHIOPIA	2,241,150	80	8,115,670	226	1,860,005	390	3,000,000	85
HAITI	207,952	250,000	211,158	131,725	321,182	219,952	1,018,963	500
INDIA	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
INDONESIA	15,311,912	-	-	-	9,994,645	-	13,775,000	-
KENYA****	429,854	5,192	2,926,749	1,210,674	2,772,817	400,012	379,479	42
MADAGASCAR	3,712,103	391	2,853,678	-	3,790,997	-	3,720,000	-
MALAWI	8,813,323	-	8,901,736	1,770,527	6,034,512	-	2,550,143	-
MALI*****	808,814	-	3,265,496	-	1,639,350	-	760,000	-
NIGER	8,190,312	2,020	2,182,533	30	5,267,557	562,060	382,000	-
NIGERIA	10,947,124	-	22,004,806	2,100,000	210,000	3,100	76,860	2,250,000
PAKISTAN	NA	NA	NA	NA	NA	NA	NA	NA
PNG	2,871,631	-	570,317	-	204,298	-	100,001	-
PHILIPPINES	4,002,176	3,715	128,317,390	425,000	18,896,815	161	12,020,778	1,943
SOUTH SUDAN	2,115,417	-	1,984,063	-	3,174,288	-	946,619	-
SUDAN	3,310,000	-	2,867,970	-	906,029	-	1,415,612	-
TIMOR LESTE	31,222	10,455	52,377	52,400	144,144	10,442	248,770	-
YEMEN******	4,793,425	-	10,198,794	-	1,690,843	191,930	7,948,005	5,840

*In Bangladesh, there were an additional 8,145 institutions targeted as part of their GAP Framework

**In Burundi, there were an additional 276 institutions targeted as part of their GAP Framework

***In DRC, there were an an additional 23,120 institutions targeted as part of their GAP Framework

****In Kenya, there were an additional 7,620 institutions targeted as part of their GAP Framework

*****In Mali, there were an additional 970,961 institutions targeted as part of their GAP Framework

******In Yemen, there were an additional 11,859 institutions targeted as part of their GAP Framework

SUMMARY OF ANNUAL COUNTRY BUDGETS (USD)

	OUTCOME 1	OUTCOME 2	OUTCOME 3	OUTCOME 4	TOTAL
	REDUCTION IN LOW BIRTH WEIGHT	**UNIVERSAL HEALTH CARE COVERAGE**	**EXCLUSIVE BREASTFEEDING IN THE FIRST SIX MONTHS**	**COVERAGE OF TREATMENT SERVICES FOR WASTED CHILDREN**	
AFGHANISTAN	US$ 117,620,993	US$ 9,775,804	US$ 28,258,415	US$ 25,156,400	**US$ 180,811,612**
BANGLADESH	US$ 37,909,425	US$ 3,252,370	US$ 143,147,873	US$ 1,026,858	**US$ 185,336,526**
BURKINA FASO	US$ 13,442,063	US$ 26,786,637	US$ 13,444,396	US$ 18,292,741	**US$ 71,965,837**
BURUNDI	US$ 64,374,643	US$ 18,013,510	US$ 32,562,990	US$ 23,247,500	**US$ 138,198,643**
CAMBODIA	US$ 3,542,815	US$ 718,834	US$ 1,220,142	US$ 3,073,900	**US$ 8,555,692**
DRC	US$ 10,083,420	US$ 87,825,375	US$ 4,686,314	US$ 34,433,275	**US$ 137,028,384**
ETHIOPIA	US$ 2,920,935	US$ 190,006	US$ 4,715,098	US$ 1,845,004	**US$ 9,671,043**
HAITI	US$ 70,972,528	US$ 11,290,985	US$ 16,262,720	US$ 27,266,298	**US$ 125,792,532**
INDIA	NA	NA	NA	NA	**-**
INDONESIA	US$ 10,874,682	US$ 2,176,945	US$ 25,639,024	US$ 14,925,000	**US$ 53,615,652**
KENYA	US$ 10,073,666	US$ 33,769,378	US$ 26,114,726	US$ 10,776,820	**US$ 80,734,590**
MADAGASCAR	US$ 11,814,658	US$ 5,728,007	US$ 79,042,637	US$ 26,950,000	**US$ 123,535,302**
MALAWI	US$ 53,424,879	US$ 77,912,281	US$ 77,893,801	US$ 37,544,665	**US$ 246,775,626**
MALI	US$ 51,673,654	US$ 96,010,000	US$ 164,595,635	US$ 80,492,100	**US$ 392,771,389**
NIGER	US$ 58,487,802	US$ 10,963,003	US$ 42,411,461	US$ 34,437,629	**US$ 146,299,895**
NIGERIA	US$ 23,871,492	US$ 24,400,278	US$ 2,721,931	US$ 3,098,157	**US$ 54,091,860**
PAKISTAN	NA	NA	NA	NA	**-**
PNG	US$ 2,065,464	US$ 6,510,655	US$ 7,239,139	US$ 20,050,000	**US$ 35,865,258**
PHILIPPINES	US$ 59,440,186	US$ 359,013,257	US$ 51,372,254	US$ 65,231,416	**US$ 535,057,116**
SOUTH SUDAN	US$ 102,569,087	US$ 79,562,347	US$ 368,005,125	US$ 123,900,277	**US$ 674,036,836**
SUDAN	US$ 63,576,925	US$ 24,019,578	US$ 55,843,565	US$ 108,255,540	**US$ 251,695,608**
TIMOR LESTE	US$ 10,198,089	US$ 21,516,734	US$ 12,794,311	US$ 877,721	**US$ 45,386,854**
YEMEN	US$ 232,404,938	US$ 92,571,141	US$ 361,475,909	US$ 285,559,739	**US$ 972,011,726**
TOTAL	**US$ 1,011,342,346**	**US$ 992,007,126**	**US$ 1,519,447,467**	**US$ 946,441,041**	

Annex 2: Operational Country Roadmaps

Afghanistan

In Afghanistan, two thirds of the country (27 out of 34 provinces) is experiencing rates of wasting that exceed emergency levels (based on the WHO classification). In 2020, 2.8 million children U5 suffered from wasting and 780,000 of these children U5 were identified as severely acutely malnourished. This is more than double than the 1.3 million children U5 suffering from wasting that were identified in 2017, indicating an upward trend based on historical data.

Rates of wasting at the national level are currently 11.3% but there is a wide spectrum of regional disparities that range from 27.4% in Jawzjan to 9.6% in Logar provinces. The provinces with the highest levels of acute malnutrition are associated with a higher proportion of acutely food insecure people (> 38% of people classified as being in crisis and emergency phases of food insecurity (IPC phase 3+)), higher rates of diarrheal morbidity among children (> 18%), and a higher concentration of internally displaced people (above the national median IDP population of 3,150 people).

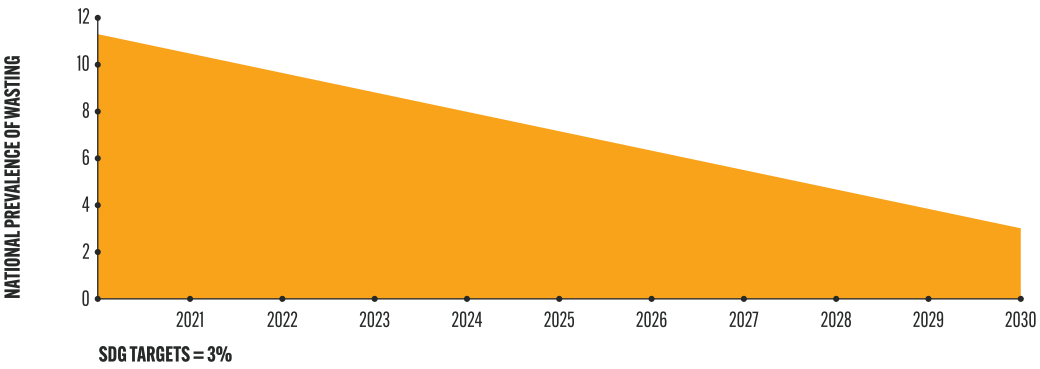
Altogether, the deterioration of the nutrition situation is driven by a series of complex factors. These include the COVID-19 context, poor access to health services, acute household food insecurity (due to shocks and chronic poverty), inadequate diets, sub-optimal childcare and feeding practices, poor access to water and sanitation, eroded livelihoods, as well as conflict-related shocks. A drought is also expected in 2021, and this is anticipated to negatively impact the situation. Seasonal fluctuations also exist and there are increases in acute malnutrition occurring during the months of July to September.

In response to the current nutrition situation, implementing partners deliver nutrition curative and preventive services across the country. They are delivered in health facilities, via community health workers (CHWs) at the community level, through mobile teams for the underserved population in the hard-to-reach areas and for displaced people in the IDP settlements, and through encashment centers for the cross-border population. In addition, the government and key partners are supporting the delivery of nutrition sensitive interventions through different forums such as the government led Food Security and Nutrition Plan (AFSeN) and the Nutrition Cluster.

One of the notable gaps in acute malnutrition programming is the inconsistency in the availability of therapeutic supplies that are supported mainly through short term humanitarian funding. As the government works towards the integration of the integrated management of acute malnutrition (IMAM) into the health system, achieving longer term sustainability requires addressing supply chain bottlenecks, as well as strengthening government capacity to procure and supply therapeutic commodities through their regular supply chain management procedures (SEHATMANDI), and adding nutrition supplies to the national essential medicines list.

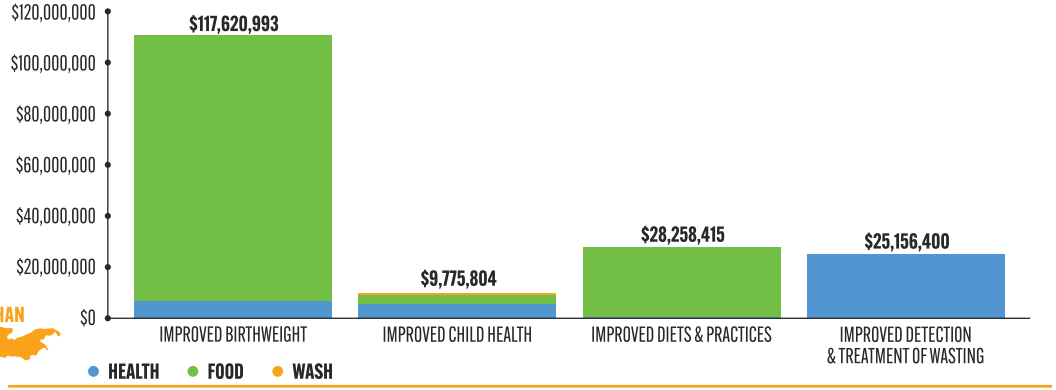
GEOGRAPHICAL PRIORITY AREAS

REACHING THE SDG TARGET BY 2030



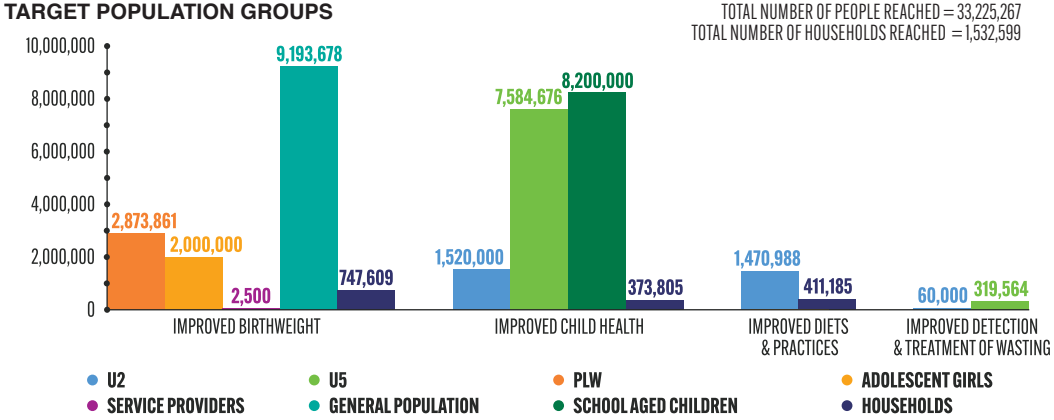
ANNUAL COST (USD)

TOTAL ANNUAL COST = $180,811,612



TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED = 33,225,267
TOTAL NUMBER OF HOUSEHOLDS REACHED = 1,532,599



By 2025

- REDUCE LOW BIRTHWEIGHT BY 30%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO AT LEAST 50%
- INCREASE TREATMENT BY REACHING 50% OF CHILDREN WITH WASTING
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR ALL

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	1. IFA supplementation to PLW 2. IFA weekly supplementation to adolescent girls
FOOD	Promote home-based sustainable integrated farming practices: • Production of nutrient-rich foods, including legumes, through provision of fertilizers, improved seed and other agro inputs • Establish backyard poultry, provision of milking sheep/goats/cows for women headed households • Establish greenhouses, kitchen/school gardens and semi-density orchards Promote balanced diets and good nutrition practices Strengthen regulations and promote the consumption of fortified food with special focus on iodized salt, fortified wheat and oil Strengthen institutional procurement as part of national and/or large-scale programmes (e.g. school meals, cash and vouchers, food assistance) Early identification and provision of special nutritious food to malnourished pregnant and lactating women
SOCIAL PROTECTION	Social protection mainstreaming in government interventions

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Strengthening routine measles vaccination and campaign of measles Strengthening vitamin A supplementation and deworming and additional micronutrient supplementation
FOOD	Capacity building of extension officers and farmers on harvest and post-harvest management and Good Agriculture Practices to ensure food safety
WASH	Improve access to safe drinking water Improve hygiene and sanitation practices (improved sanitation facilities, community-led total sanitation (CLTS), improved WASH in health faciliites) Rehabilitation of water system of in-patient severe acute malnutrition (SAM) centers

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Maternal, infant and young child nutrition (MIYCN) practices improved, exclusive breastfeeding (EBF) and complementary feeding (CF) Scale up baby friendly hospital initiative Strengthen national standards to regulate the sale of breastmilk substitutes and enforce the code of marketing of breast-milk substitutes
FOOD	Establish agricultural and livestock processing and packaging centers for women Increase dairy milk production, processing and marketing
SOCIAL PROTECTION	Nutrition-sensitive social protection programmes

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Early identification and supplementary feeding of <5 year old children (with focus on <2 year old) with MAM (including use of domestically produced lipid-based nutritional supplements, and appropriate recipes using local ingredients and products for home-based hygienic preparation of energy-dense, nutrient-rich foods). Integrated management of <5 year old children (especially those <24 months old) with SAM through in-patient and out-patient treatment Strengthen national health information systems to regularly monitor and report wasting related data to inform the implementation of national services for its effective prevention and treatment Support the inclusion of RUTF into the Essential Medicine List
FOOD	Support secure delivery chain of critical supplies - establishing systems to support the procurement, storing and delivery of critical supply such as therapeutic food etc. Study the feasibility and in-country capacities to produce ready-to-use therapeutic and supplementary foods (local recipes) and study the effectiveness of these local recipes in treatment of acute malnutrition in compare with RUSF and RUTF in different livelihood zones of the country
SOCIAL PROTECTION	Social protection programmes

Global Action Plan on Child Wasting | Country Roadmap

Bangladesh

Bangladesh has made admirable progress on many nutrition indicators but reductions in rates of wasting have stagnated. From 2012-13 to 2019, the rates of wasting have been 9.6% and 9.8%, respectively. The impact of Covid-19 could increase these rates by 14.3%.

Vulnerability to wasting is geographically unevenly distributed. Rates of wasting range from 11% in Sylhet to 8.7% in Dhaka. In urban slums and amongst the Rohingya refugee population in Cox's Bazar, the rates of wasting are 16% and 11.3%, respectively.

The key determinants of wasting include poor maternal nutrition and health, food intake, food insecurity and inadequate social protection and WASH.

Low birth weight (LBW) increases the risk of wasting. Early pregnancies and malnutrition among adolescent girls as well as pregnant and lactating women (PLW) increase the risk of LBW. 56.4% of girls between 10-19 years old, and 11% of women between 19-49 years are underweight. Over 50% of girls are married before the age of 18 years. Adolescent anemia is 56%. 46% of pregnant women (PW) are anemic with only 3.2% of PW received and consumed 100 Iron-Folic Acid tablets. Less than 18% of PW receive adequate antenatal care. Anemia among the refugee children 6-59 months is 37.1% and >55% among children 6-23 months.

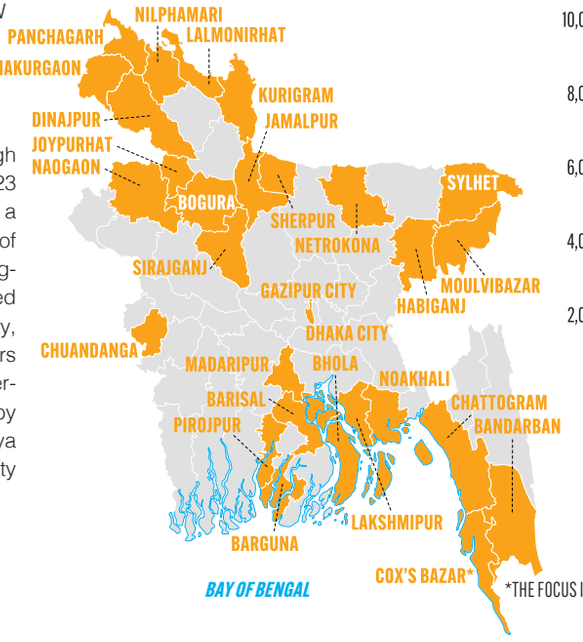
28 districts are food insecure, correlating with high levels of wasting. Only a fourth of children 6-23 months in the lowest wealth quintile received a Minimum Acceptable Diet and less than 50% of women receive Minimum Dietary Diversity. Emerging negative trends – including those exacerbated by COVID-19 – comprise agricultural labor scarcity, seasonal food price peaks, unpredictable disasters and emergencies, and climate change. High vulnerability levels among refugees were also worsened by the COVID-19 pandemic and 86% of the Rohingya refugee population were classified as vulnerability prone in 2020.

Nutrition-sensitive social safety nets (SSN) play an essential role in addressing wasting and reaching vulnerable people. Between 2014 and 2019, inequality increased, but only 11% of urban households and 36% of rural households are enrolled in SSN.

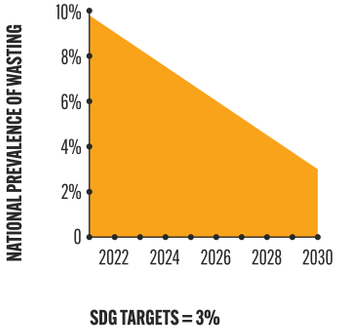
Poor WASH is directly associated with wasting, contributing to an annual death of 20,000 children under five in Bangladesh. Eighteen million people do not have adequate handwashing facilities at home and only 40% understands the necessity of handwashing with soap before eating. In refugee camps, poor sanitation is also a major risk factor for wasting.

Nutrition and food security are key policy priorities to the Government of Bangladesh. A rich policy environment coupled with the Bangladesh National Nutrition Council paves the way towards impactful multi-sectoral nutrition programming. However, a national CMAM protocol is not in place and further efforts are needed to develop an effective national program that addresses child wasting through an integrated approach of prevention, control, and treatment.

GEOGRAPHICAL PRIORITY AREAS

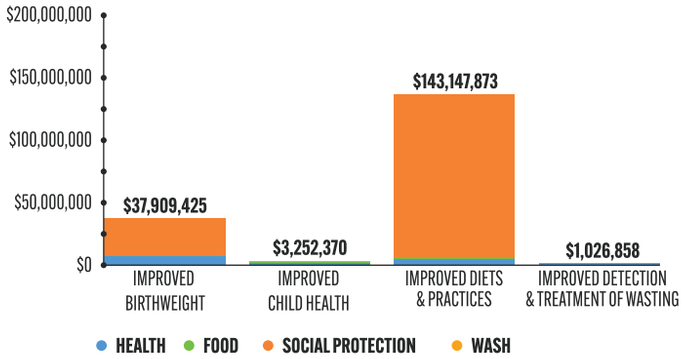


REACHING THE SDG TARGET BY 2030



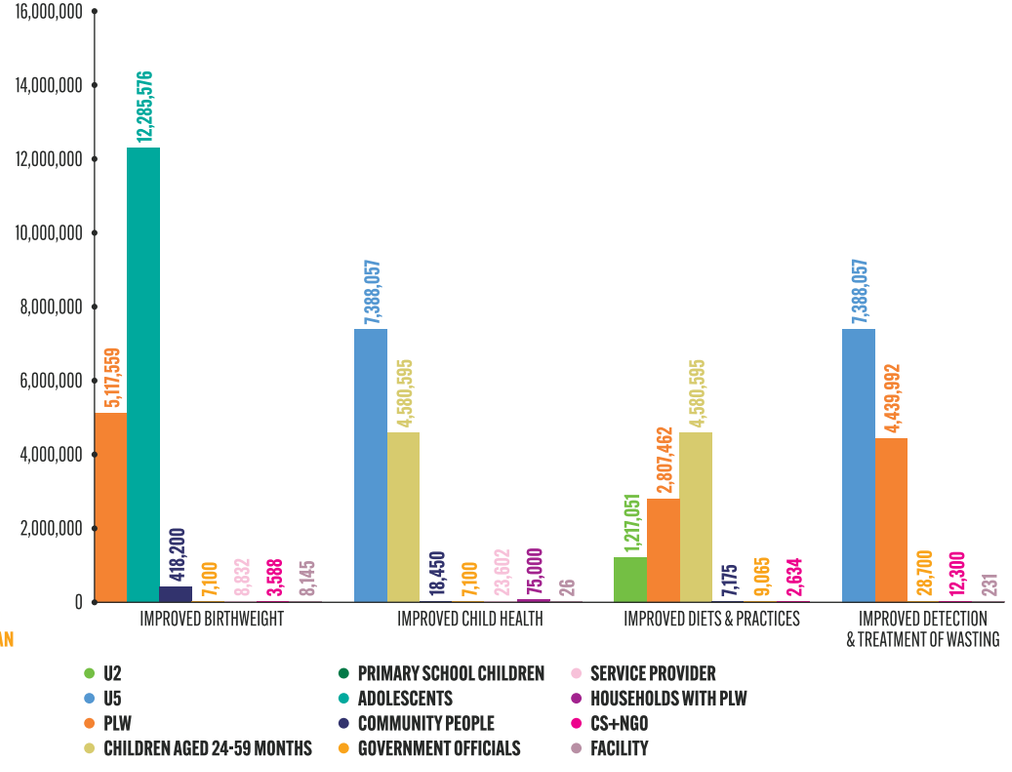
ANNUAL COST (USD)

TOTAL ANNUAL COST (USD) = $185,336,526



TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED = 50,333,168
TOTAL NUMBER OF GROUPS REACHED = 93,522



*THE FOCUS IS ON ROHINGYA REFUGEE CAMPS IN COX'S BAZAR DISTRICT

By 2025

- REDUCE LOW BIRTHWEIGHT TO 10%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 70%
- INCREASE THE COVERAGE OF TREATMENT SERVICES TO 80% FOR SEVERELY WASTED CHILDREN
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR 80% OF THE POPULATION

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Increased ANC coverage (4+ visits, nutrition counselling, IFA, weight measurement) Ensure facility readiness for nutrition service delivery for PLW Provision of FP services to promote birth spacing Strengthen community-based platforms to increase uptake and coverage of maternal nutrition interventions Conduct SBCC activities to improve awareness on maternal nutrition care at facility and community level along with NCD awareness (using all types of means) Identify and manage malnourished PLW (<21 cm MUAC) with children below 6 months Demonstration for maternal micronutrient supplementation to prevent LBW to generate evidence Provision of supplementary food to PLW in Rohingya refugee camps to support good maternal nutrition Adolescent micronutrient supplementation i.e. IFA, deworming according to Government guidelines, counselling, SBCC Introduce adolescent nutrition indicators in DHIS2 Integrate nutrition with School health programme/Little Doctor programme/Adolescent Reproductive and Sexual Health (ARSH), Adolescent health service (corner) Restriction of unhealthy food and promotion of healthy food through school and community level (development of marketing strategy and action plan)
FOOD	Conduct training of trainers on food based nutrition and food safety to enhance knowledge and practices for safe, diversified and healthy diets with an emphasis on dietary guidelines, FCT, nutrient-dense recipes, correct food combinations, safe and healthy cooking, processing and storage technologies to enhance shelf life, nutritional quality an safety of food as well as nutrient labelling Fielding research outcomes (production and consumption perspectives) through nutrition sensitive agriculture/horticulture/FLS interventions targeting for women with small landholdings
SOCIAL PROTECTION	Provide orientation/training on adolescent nutrition to the relevant stakeholders Mobilize Community Support Group/Girl guides/Scout/adolescents and youth through Nutrition Challenge Badge initiative and adolescent club programme Capacity strengthening for nation-wide scale up school feeding to support the nutritional needs of primary school aged children Develop and disseminate e-learning/virtual trainings on integrated nutrition modules for youth and adolescents Development of adolescent nutrition guideline and awareness raising Programme to promote adolescent nutrition in secondary schools/madrasah and adolescent clubs in community, and other government service delivery programs, as well as in Local Clubs and child friendly spaces Expand existing nutrition-sensitive social safety net programmes to increase their coverage in both urban and rural areas Strengthen existing nutrition sensitive social safety net programmes along with integration of nutrition SBCC, improved targeting, nutrition sensitive transfer modalities and enhanced linkages to health and specific nutrition and complementary multi-sectoral interventions for both urban and rural areas Evidence generation on the effectiveness of social protection on maternal nutrition and low birth weight Promote and access of inclusion of nutritious food, including fortified foods, in addition to food grains under the PFDS for households with nutritionally vulnerable groups including adolescents and pregnant and lactating women Integrate SBCC on nutrition, WASH and food hygiene and nutrition training in social protection safety nets

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Vitamin A supplementation through campaign Deworming for young children Organizing national and sub-national level SBCC (advocacy/orientation, etc.) programmes on NVAC+ and vitamin A rich food Strengthening of Real Time Monitoring and Reporting (RTMR) Integrate Growth Monitoring and Promotion (GMP) into all EPI platforms, and in health and nutrition facilities, community clinics including refugee response, hard to reach areas and urban areas
FOOD	Provide training and enable implementation of safe food handling, preparation and storage to multisectoral partners and all actors across the food supply chain with a focus on complementary feeding Promote safe, hygienic food preparation, storage and processing technologies at community levels. Utilization of food safety indicators to track food contamination and dietary risk exposure across the food chain
WASH	Develop guidelines for WASH in essential nutrition service delivery Develop SBCC materials for WASH to use in essential nutrition service delivery Promote handwashing at 3 critical times (after defecation, prior to feeding and preparation of food) Strengthening WASH interventions prioritizing the recovery of SAM and MAM children with provision and utilization of hygiene kits to targeted mothers, households, U5 children Ensure provision of safe adequate water in health care facilities to prevent enteric infections

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	SBCC for IYCF promotion (continued breastfeeding and introduction of appropriate and safe, healthy complementary feeding for infants and young children using improved CF recipes, IYCF practice during emergency etc.); SBCC for restriction of unhealthy diet for children Update and strengthen National Strategy, communication framework, implementation plan and monitoring for IYCF Revitalization, strengthening and increase the number of BFHI and effective monitoring Strengthening national and subnational level monitoring system and implementation of BMS Act 2013 and rules 2017 both in emergency and non emergency setting, Advocacy on importance of BMS monitoring with the policy and programme implementers of GoB Promote work station, private sector and public place, emergency setting, support for protecting breastfeeding through establishment of breastfeeding corner at health and public private facilities, shelter with trained service providers Strengthen strategy for community-based platform interventions on IYCF based on the existing initiatives Advocacy to include IYCF issues in the emergency response plan Establish and strengthen a holistic approach for ECCD and Nutrition through health sector platforms utilizing community/home-based approaches Provision of supplementary food to children 6-23 months in Rohingya refugee camps to support nutrient dense complementary feeding
FOOD	Produce reliable and timely FNS information through an improved system of data collection, analysis, coordination, validation, exchange, and dissemination as well as provision of support to existing e-marketing platforms to facilitate access safe and diversified foods Use research results (1) to develop tools on nutrient dense foods (2) to support the development of production plans which consider wasting prevention and control strategies to enhance the availability and access of nutrient dense food to improve IYCF Engage agricultural platforms to promote diversified food production and consumption for improving complementary feeding to prevent wasting (incl. recipes)
SOCIAL PROTECTION	Promote social and economic access to food and complementary feeding (IYCF) for the poorest sections of the population in times of crisis and in areas most affected by disaster Linking safety net beneficiaries to primary health care services such as vitamin A, deworming, growth monitoring and immunization Support SBCC and access to safety net beneficiaries to increased consumption of healthy diets of young children, in particular good IYCF practices both in emergency and non emergency settings. Evidence generation on resilience of agricultural systems and supply chain to enhance availability of fresh, nutritious and safe foods at urban markets accessed by safety net beneficiaries, particularly those with young children Evidence generation on the promote consumption of fresh and nutritious foods in complementary feeding through targeted social protection transfer and SBCC

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Capacity development of service providers on screening, referral, management, counseling and reporting system on acute malnutrition Strengthen linkages with health OPs especially (HSM, CBHC, MNC&AH, MCRAH, NCDC, NTP and HIV/AIDS Ops/TB etc) and including urban programes to ensure screening of malnourished children, detection of respective cases and ensure management and nutrition supplementation Operational research on community-based management for uncomplicated SAM and MAM children to generate evidence Strengthen community-based interventions under multisectoral platform for early detection, referral and management of wasting including emergency and non emergency settings Strengthening of integrated Nutrition Information System (NIS), with special emphasis on urban, CHT, emergency prone areas etc., incl. capacity development, data quality audits, improved monitoring and supervision systems Conduct surveys, surveillance, research for wasting under both normal and emergency situations Publish monitoring report, newsletter, policy brief etc. Policy analysis to monitor progress of CIP2 and NPAN2 through the preparation and dissemination of annual monitoring reports Strengthen and coordination for supply chain management by establishing an online Supply Chain Management Portal (SCMP) Logistics Management Information System (LMIS) to ensure a relieable pipeline of nutritional treatment, NM supplies , anthropometric equipment and drug from central to service delivery points
FOOD	Engage agricultural platforms to promote screening by health service providers to improve early detection and management at community level, and referral for treatment at health facilities for cases of SAM Promote nutrient-dense recipes to support community-based management of wasting
SOCIAL PROTECTION	Inclusion of screening and referral of wasted children for in-patient treatment for SAM with complication and community management for uncomplicated wasting through social protection safety net

Global Action Plan on Child Wasting | Country Roadmap

Burkina Faso

Over the past ten years, the nutritional situation in Burkina Faso has shown a downward trend in the prevalence of wasting. It has fallen from 10.5% in 2010 to 9.1% in 2020. Recent stagnation in this decline could be related to the national insecurity that the country has faced since 2017.

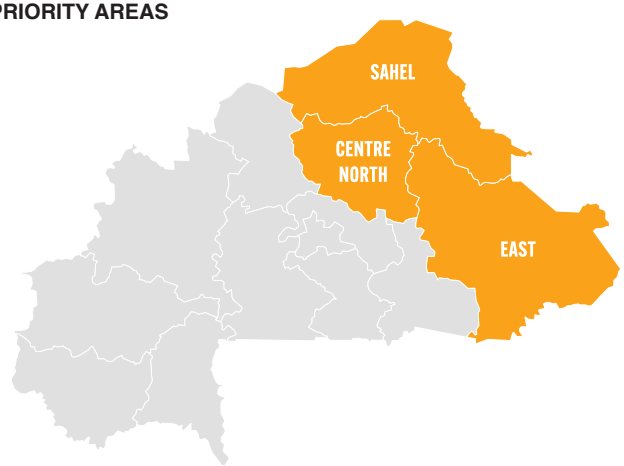
Since December 2018, Burkina Faso's national security has deteriorated resulting in an exponential number of internally displaced persons (IDPs). More specifically, there were 87,000 internally displaced persons (IDPs) in January 2019 and 1,423,378 on August 31, 2021. Also, in August 2021, 83 health facilities were closed nationwide with a remaining 273 operating at minimum capacity.

The results of the IPC Acute Malnutrition analysis done in January 2021 showed that 631,787 children aged 6 to 59 months (151,214 SAM children and 480,573 MAM) and 128,672 pregnant and lactating women (PLWs) would suffer from acute malnutrition during the year 2021. Furthermore, the March 2021 harmonized approach analysis showed that 2,867,061 persons (13% of the total population) are in of need immediate food assistance. Centre Nord, Sahel, Nord, and Est are the most affected regions.

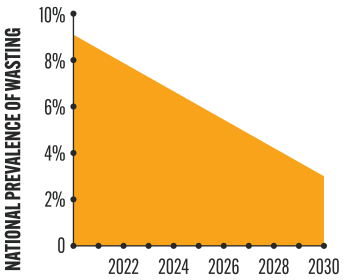
The main determining factors of wasting are poor infant and young child feeding (IYCF) practices, diseases, food insecurity, insufficient access to clean drinking water and inadequate hygiene. The aggravating factors include political insecurity, epidemics, the COVID-19 pandemic, and the internal displacement of the population. More specifically, although the rate of exclusive breastfeeding is 64.3%, there are more children (71%) aged 6 to 23 months that don't have access to appropriate diet diversity. Furthermore, the rate of access to sanitation is 23.2% at national level but there are disparities between rural (17.6%) and urban (38.4%) areas. Open defecation remains widely practiced with 55% of the population defecating outside rather than in a toilet.

The national nutrition response includes interventions that are both preventive and curative for acute malnutrition. These interventions include screening and management of acute malnutrition, promotion and counselling on optimal IYCF practices for PLWs, control of micronutrient malnutrition for children under 5 years as well as pregnant women, and target food distributions. Results show that the coverage of the integrated management of acute malnutrition (IMAM) program has varied from 51% to 79% between 2012 to 2020, the coverage of Vitamin A supplementation is around 98% but community IYCF promotion is only implemented in 40% of villages. The Government of Burkina Faso had proposed to focus activities under the global action plan (GAP) in three regions: Sahel, Centre North and East.

GEOGRAPHICAL PRIORITY AREAS



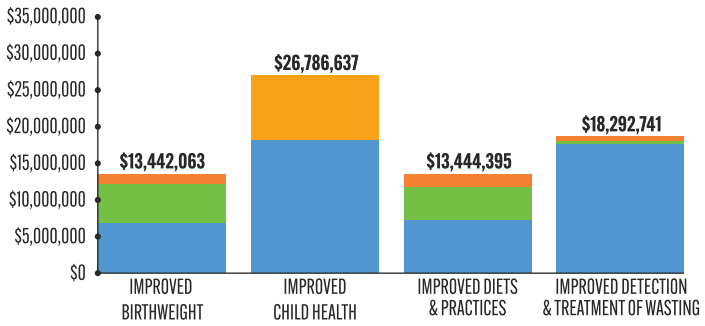
REACHING THE SDG TARGET BY 2030



SDG TARGETS = 3%

ANNUAL COST (USD)

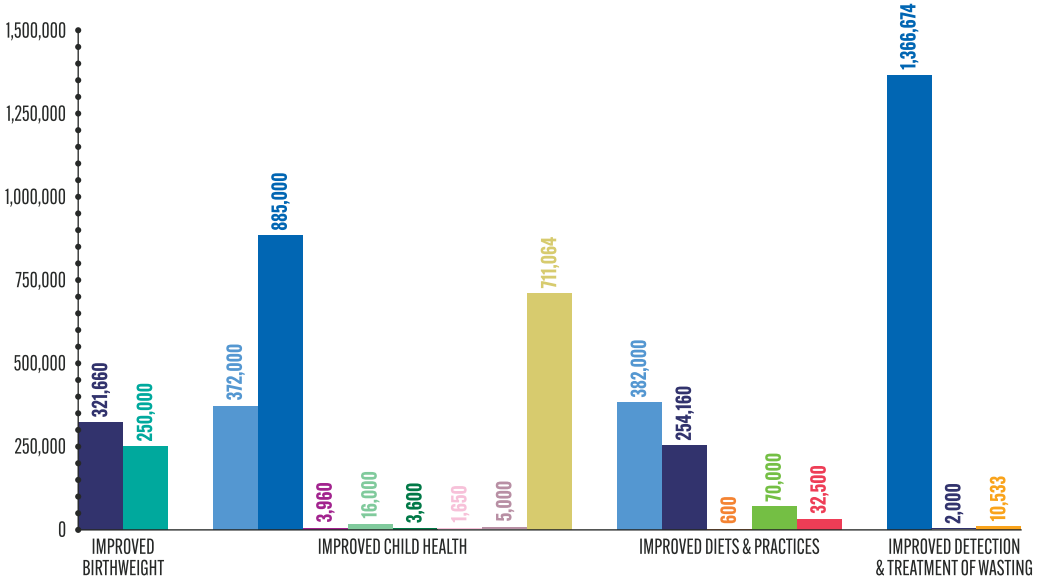
TOTAL ANNUAL COST (USD) = $71,965,837



HEALTH · FOOD · SOCIAL PROTECTION · WASH

TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED = 3,895,691
TOTAL NUMBER OF HEALTH WORKERS, GOVERNMENT HEALTH ACTORS, PHARMACISTS, HYGIENISTS, COGES MEMBERS = 38,710



- U2
- U5
- PLW
- HUSBANDS, MOTHER-IN-LAWS, TRADITIONAL CHIEFS
- HEALTH FACILITY USERS
- NUTRITION CHAMPIONS, PLWS, HUSBANDS, MOTHERS-IN-LAW, HEALTH WORKERS
- SAM CHILDREN AND CAREGIVERS
- HOSPITALIZED SAM CHILDREN
- HEALTH WORKERS
- HEALTH WORKERS, ASBC, HYGIENISTS, SCHOOL MANAGEMENT COMMITTEE MEMBERS (COGES)
- HEALTH WORKERS, PHARMACISTS, CONTROL AND SURVEILLANCE SERVICE WORKERS, PLWS
- GENERAL POPULATION
- REGIONAL HEALTH DEPARTMENT ACTORS, OTHER SECTOR GOVERNORS; ACTORS IN THE CENTRAL DEPARTMENTS OF THE CONTRIBUTING SECTORS
- INTERNALLY DISPLACED PERSONS (IDPS)

By 2025

- REDUCE LOW BIRTHWEIGHT TO <9.5%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 69%
- INCREASE THE COVERAGE OF TREATMENT SERVICES TO 87.3% IN 2024 AND 95% IN 2029 FOR SEVERELY WASTED CHILDREN AND 50.1% IN 2024 AND 70% IN 2029 FOR MODERATELY WASTED CHILDREN
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR 65% OF THE POPULATION

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Reinforcement of Antenatal Care (ANC) and postnatal care for women integrating nutrition counseling, folic acid iron supplementation (IFA) / multiple micronutrient supplementation (MMS) Improve communication for social change with key people (husbands, mothers-in-law, traditional leaders) in order to improve nutrition, reduce the workload, improve the continuity of prenatal services for pregnant women Nutritional care for malnourished pregnant and breastfeeding women
FOOD	Distribution of protection rations to vulnerable pregnant and lactating women (PLW) (within host and displaced populations)
SOCIAL PROTECTION	Monetary transfers (coupons / cash transfer) for the benefit of the poor and vulnerable

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Healthy infant consultation including IYCF counseling Support for the Integrated Management of Childhood Illnesses (IMCI): Clinical and Community Strengthening the functionality and efficiency of multisectoral coordination frameworks (CNCN and CRCN) Emergency coordination - Nutrition Cluster Advocacy for an increase in the budget line for nutrition and for better domestic financing of nutrition.
WASH	Improving access to drinking water and sanitation in health facilities Improvement of water quality (treatment) Capacity building of actors (health workers, CBHAs, hygienists, COGES) on WASH in Nutrition Promotion of the CLTS approach and sanitation marketing including the promotion of good practices of handwashing with soap, clean water / ash including the prevention of COVID-19 Promotion of the CLTS approach and sanitation marketing including the promotion of good practices of handwashing with soap, clean water / ash including the prevention of COVID-19

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Extension / strengthening of the quality and coverage of community interventions to promote IYCF best practices, including in emergency situations Support for the protection and promotion of best IYCF practices at the level of health structures Implement SWBO (Stronger with Breastmilk Only) campaign activities Establishment of a control and surveillance system for the application of the international code of marketing of breastmilk substitutes
FOOD	Strengthen the environment that is favorable to IYCF (promotion of small animal husbandry + nutritious garden promotion of hygiene practices) as well as the protection and promotion of best IYCF practices Support for the production of infant meal and the distribution of protection rations to children 6 to 23 months (Blanket Feeding)
SOCIAL PROTECTION	Money transfers (coupons / cash transfer): A- benefit of the poor and vulnerable people that have a child under 2 years old during the lean period B- Voucher for the acquisition of flour for children C- For victims (having experienced a shock) with children under 2 years old

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Integrated SAM case management (IMAM) Management of MAM cases Support the referral of malnourished children during active screening for acute malnutrition during mass campaigns, during food distributions as well as GASPAs (IYCF Practice Learning and Monitoring Group) Implementation of MUAC screening at home for malnutrition Support for national SMART nutritional surveys, Rapid SMART for IDPs, SENS surveys, IPC / Acute Malnutrition analysis
FOOD	Food rations for caregivers accompanying children that are hospitalized with SAM
SOCIAL PROTECTION	Support national social protection programs in food insecure regions targeting vulnerable families with malnourished children

Burundi

Burundi is the second most densely populated country in sub-Saharan Africa. It ranks very low (185 out of 189 countries) on the human development index and over 65% of the population lives below the national poverty line.

Burundi's rate of global acute malnutrition (GAM) is estimated at 6.1% among children under five years. 1.1% suffer from severe acute malnutrition (SAM). Regional disparities exist across the 18 provinces in the country with 9 provinces being classified in an "alert" situation and 3 provinces (Karusi, Kayanza and Kirundo) having relatively high rates of acute malnutrition. In the refugee camps, survey results have indicated a decrease in acute malnutrition across all camps between 2013 and 2017.

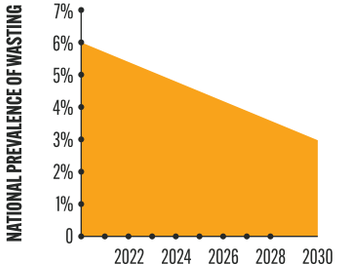
The main determinants of wasting include poor quality of food intake by children, high levels of food insecurity, high incidence of childhood illnesses and poor water, sanitation and hygiene practices. With reference to the food consumption classification, data shows that 7.6% of households are classified as "poor", 21.1% are "borderline" and 71.2% are "acceptable". This scoring is a proxy to a household's caloric availability. Dietary diversity scores reveal 35.3% of households being "low", 39.9% being "middle" and 24.8% are "high". It is also noted that food intake of children is poor even in provinces where acute food insecurity is low, suggesting poor knowledge and awareness on infant and young child feeding (IYCF) practices. High levels of food insecurity impact 44% of households across the country. Furthermore, rates of childhood illnesses include fever at 38%, diarrhea at 31% and respiratory tract infections at 19%. These rates are further compounded by diseases (malaria, measles, water-borne), and the effects of the Covid-19 pandemic. Finally, anemia in women of reproductive age (15-49 years) remains high across all provinces and iron folic acid (IFA) supplementation is a priority activity to reduce maternal and newborn mortality.

Burundi also faces climatic hazards, water deficits, the El Nino phenomenon, epidemics, and population displacement. The occurrence of these shocks negatively impacts the vulnerability of children as well as pregnant and lactating women, increasing their risk of acute malnutrition. Among these vulnerable populations are internally displaced people and returnees.

There is a large network of actors and community platforms (community health workers, Maman Lumieres, agricultural monitors, etc.) who promote nutrition sensitive agricultural practices, essential nutrition practices and early detection of malnutrition in Burundi. The management of acute malnutrition is integrated into the health system with 100% coverage for hospital care, 80% for outpatient therapeutic care and 20% for complementary feeding practices. The management of moderate acute malnutrition (MAM) covers only 4 out of the 16 priority provinces of the country, threatening a deterioration in the nutrition status of children due to a rise in the total number of SAM cases.

GEOGRAPHICAL PRIORITY AREAS

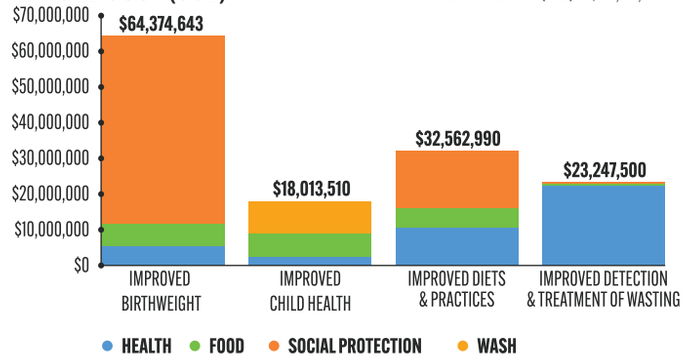
REACHING THE SDG TARGET BY 2030



SDG TARGETS = 3%

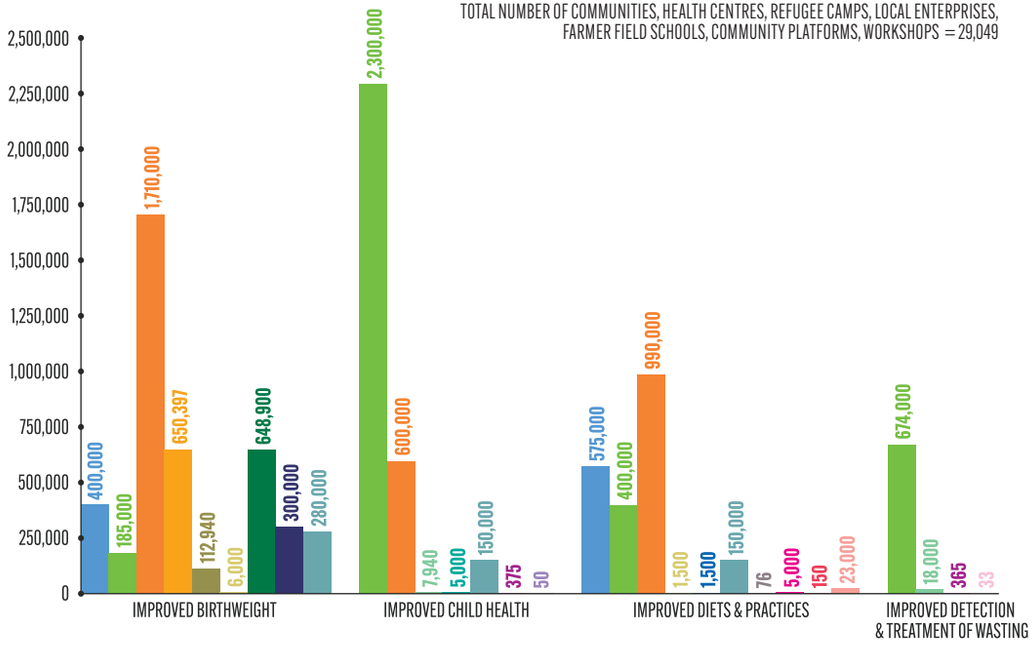
ANNUAL COST (USD)

TOTAL ANNUAL COST (USD) = $138,198,643



TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED = 9,586,177
TOTAL NUMBER OF VULNERABLE HOUSEHOLDS = 580,000
TOTAL NUMBER OF COMMUNITIES, HEALTH CENTRES, REFUGEE CAMPS, LOCAL ENTERPRISES, FARMER FIELD SCHOOLS, COMMUNITY PLATFORMS, WORKSHOPS = 29,049



- U2
- U5
- PLW
- ADOLESCENTS
- TECHNICAL PERSONNEL
- RETURNEES, REFUGEES, REPATRIATED PERSONS
- SCHOOL AGE CHILDREN, ADOLESCENTS
- HEALTH PROFESSIONAL
- WASH PROFESSIONAL
- PREGNANT WOMEN, ADOLESCENTS, HEADS OF HOUSEHOLDS
- PARLIAMENTARIAN & WOMEN LEADERS/ TECHNICAL STAFF
- VULNERABLE HOUSEHOLDS
- LOCAL ENTERPRISES
- VULNERABLE COMMUNITIES
- SITES OF VULNERABLE ZONES, HEALTH CENTRES IN VULNERABLE ZONES
- VULNERABLE COMMUNITIES, HEALTH CENTRES, REFUGEE CAMPS
- FARMER FIELD SCHOOL
- COMMUNITY PLATFORMS
- WORKSHOPS

By 2025

- REDUCE LOW BIRTHWEIGHT TO 7%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO > 85%
- INCREASE THE COVERAGE OF TREATMENT SERVICES BY 50% FOR WASTED CHILDREN
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR 80% OF THE POPULATION

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Promote social and behavioral change interventions on maternal nutrition targeting adolescent girls and women (including refugees and internally displaced migrants) Promote social mobilization and sensitization of young people on healthy eating habits and culinary skills, through the establishment of Youth Friendly Health Centers and schools. Strengthen health facility and community capacity on basic and emergency obstetric and newborn care, danger signs, sexual and reproductive health and rights (SRHR), and adolescent and youth sexual and reproductive health (AYSRH). Strengthen the prevention of anemia and infectious complications in pregnant and breastfeeding women (Iron and folic acid supplementation, deworming, use of impregnated mosquito nets and vaccination) Provide treatment for moderate acute malnutrition in pregnant and lactating women (PLW)
FOOD	Support the production and promotion of biofortified foods (orange-fleshed sweet potato and beans, etc.) and the regular renewal of crop varieties that can adapt to climate change for an adequate and diversified maternal diet. Support the food value chain of local agricultural, animal and fishery products and their sustainable use by communities. Promotion of gender and nutrition sensitive agriculture and livestock. Support food systems that provide healthy and nutritious food (which meets the needs of children and women / girls). Establishment of standards and guidelines for supplying school canteens with local products. Promotion of vegetable gardens.
SOCIAL PROTECTION	Support and facilitate access for pregnant women and adolescent girls to mutual health insurance and administrative documents (Marriage certificate, birth, death certificate). Promote the use of school platforms to support efforts to reach adolescent girls with school feeding as well as nutrition and reproductive health education. Improve coverage of food assistance and blanket feeding programs. Ensure access of children and adolescents to the school feeding program. Extend cash transfer programs for pregnant women and adolescent heads of households.

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Capacity building for improving the quality of services and strengthening of the technical platform including a health insurance system for all. Increase the coverage of integrated structures for the care of childhood illnesses including SAM at institutional and community level (IMCI, IMAM, Reproductive, Maternal, Neonatal, Infant and Adolescent Health (RMNCAH)) Ensure the management of moderate acute malnutrition (MAM) in children under 5 years old. Promote the integration of essential nutrition actions in all health services and at the community level (production and dissemination of directives, tools and implementation approaches).
FOOD	Support capacity building for the improvement of food quality standards and control to ensure the availability of healthy foods. Ensure food security through improved technologies for food storage and handling throughout the food value chain. Promote the improvement of storage / conservation of crops through community granaries / silos / hermetically sealed bags.
WASH	Improve access to drinking water and basic sanitation services at the level of communities, health facilities, refugee camps and schools. Strengthen the management capacities of drinking water and basic sanitation infrastructure at the community level, health facilities, refugee camps and schools. Strengthen the management capacities of drinking water and basic sanitation infrastructure at the community level, health facilities, refugee camps and schools. Improve access to drinking water and hygiene at a basic level for communities, health facilities, refugee camps and schools. Capacity building for the management and maintenance of drinking water and basic sanitation infrastructure at the community level, health facilities, refugee camps and schools. Promotion of good hygiene and sanitation practices Popularize "Tippy Tap", support for local soap production Provide price subsidy for national soap SBCC WASH promotion of hygiene practices and child care in households.

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Support the scaling up and strengthening of interventions promoting IYCF practices through integration into maternal and child health services. (Make the IYCF protocol, guidelines and tools available to all health facilities; capacity building, monitoring and evaluation). Implement and monitor the interventions included in the early childhood development strategy. Promote the Baby Friendly Hospital Initiative (BFHI) and baby-friendly communities to advocate, protect and support breastfeeding in health services and communities. Promote good IYCF practices at the community level including for breastfeeding and adequate and appropriate complementary feeding at the age of the child through community leaders, CHWs, light mothers and other community approaches. Micrronutrient supplementation for children 6 to 23 months old. Home fortification by micronutrient powder supplementation of children from 2 to 12 years old Support the process of developing and adopting the marketing code for breastmilk substitutes and support monitoring of its implementation
FOOD	Support the establishment of units for the production of nutritious (fortified) foods based on local products. Improve the analysis of determinants of complementary feeding according to the systems approach to guide decision-making as well as the design of interventions to improve the diets and nutritional status of children 6-23 months. Support the strengthening of nutritional and culinary education for households with children aged 6-23 months. Support for vulnerable households for the production of foods with high nutritional value (seeds, tillage equipment, etc).
SOCIAL PROTECTION	Support the improvement of access to age appropriate nutritious, affordable and sustainable foods through social protection transfers (cash or in kind) targeting children aged 6-23 months and lactating women (at risk). Provide unconditional food assistance to vulnerable households, including refugees, displaced persons and blanket feeding assistance to children 6 to 23 months, pregnant and breastfeeding women, etc during lean periods and other situations of crisis.

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Support capacity building in the management of the supply chain (construction or rehabilitation of storage stores at District level, make resources available for logistics, decentralize the Medicines and Equipment Purchasing Center, increase the health staff to ensure treatment for malnutrition, etc) Institutional and community capacity building for early screening and detection (mother MUAC) and quality of case management of malnutrition in health services. Support the integration of the prevention and management of malnutrition into the medical school curriculum. Strengthen the national health information system for the production of GAM data, in order to support and inform decision-making, including in emergency situations. Strengthen the national program for the management of acute malnutrition: treatment of SAM at the health facility level and MAM at community level in children under 5 years old. Support the implementation of a pilot study on the simplified protocol in the management of acute malnutrition.
FOOD	Establish an incentive framework to facilitate private sector investments in the local production of specialized nutritious foods. Establish an incentive framework to facilitate private sector investments in the local production of specialized nutritious foods. Support the establishment of a legal framework for the supply of specialized nutritious foods.
SOCIAL PROTECTION	Support the operationalization of social services at the health facility level by providing assistance (cash / live) to accompanying persons of malnourished children in the care structures.

Cambodia

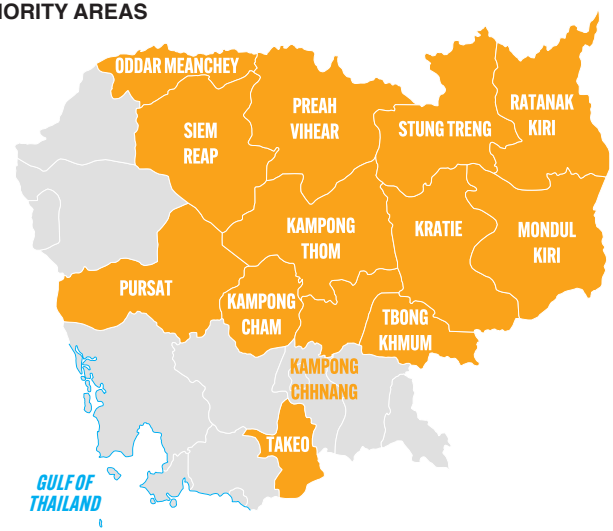
Cambodia has achieved remarkable success over the past two decades. There have been registered economic gains coupled with declining rates of undernutrition and food insecurity across the population. Despite this progress, the rates of malnutrition continue to be high, including 9.6% of children under 5 years suffering from wasting.

Acute malnutrition is a significant concern in Cambodia and there is national variability in the wasting prevalence rates across the different provinces. In eight (out of twenty-four) provinces, the prevalence of wasting exceeds 10%, indicating a "serious" situation and, in one province (Oddar Meanchey), the rates of wasting exceed 15%, indicating a "critical" situation. Other provinces (Kampong Cham, Tbong Khmum, Takeo, Kampong Thom, Siem Reap, Pursat) have a high rate of wasting and population density, translating into a high absolute number of wasted children.

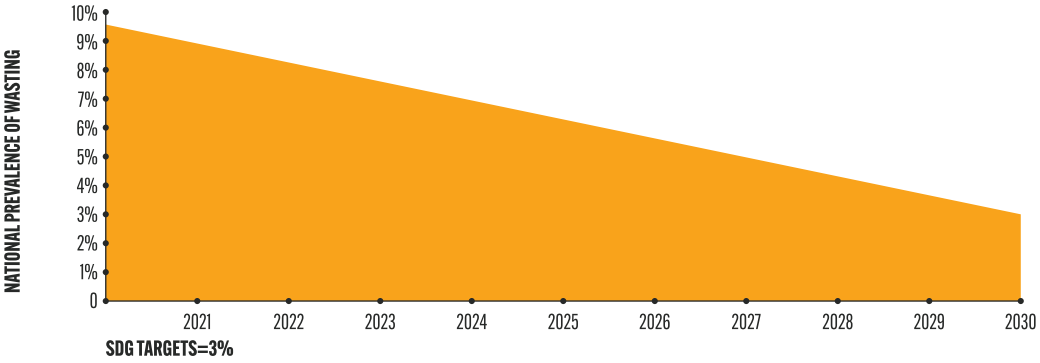
The determinants of wasting are directly related to the socioeconomic status of the household and residential area. The poorest households and rural areas exhibit the highest prevalence of wasting. It is also higher among children whose mothers are thin or have no education. For example, maternal malnutrition is highest (16%) in three provinces (Kratie, Stung Treng and Preah Vihear) and low birth weight is highest (25%) in two provinces (Ratank Kiri, Modul Kiri). Sub-optimal infant and young child feeding practices also contribute to high rates of wasting across the country. In Cambodia, nutritious diets are unaffordable, especially in two provinces (Ratank Kiri, Mondul Kiri) . This is driven by weaknesses in the food system. Finally, lack of access to safe water supply, hygiene and sanitation situations, as well as lack of health care access and utilization also contribute to higher rates of wasting.

In 2020, Cambodia was affected by severe flooding in fourteen provinces as well as the COVID-19 pandemic. The flooding destroyed a significant number of crops and this, coupled with the secondary impacts of COVID-19, challenged the food security of these regions. The COVID-19 impact is also estimated to cause an increase of 14% in the prevalence of acute malnutrition in low and middle-income countries, including Cambodia. Altogether, these events are expected to negatively impact the nutritional status of the Cambodian population, with young children being the most vulnerable.

GEOGRAPHICAL PRIORITY AREAS

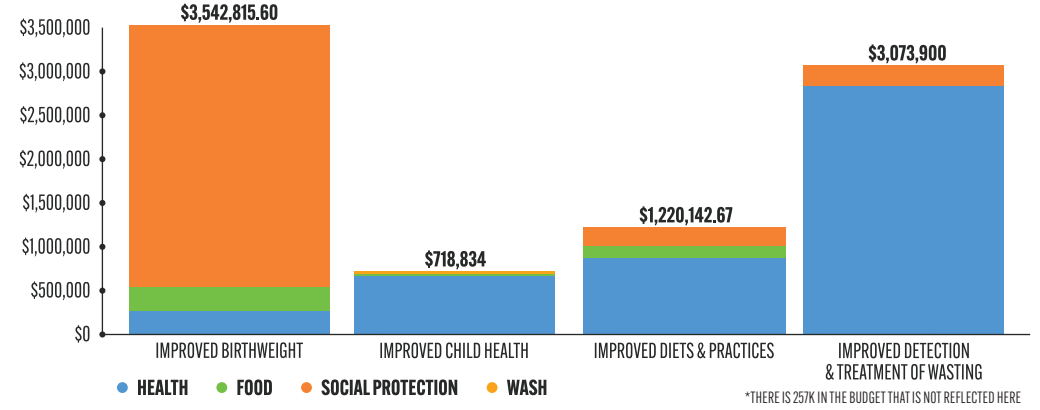


REACHING THE SDG TARGET BY 2030



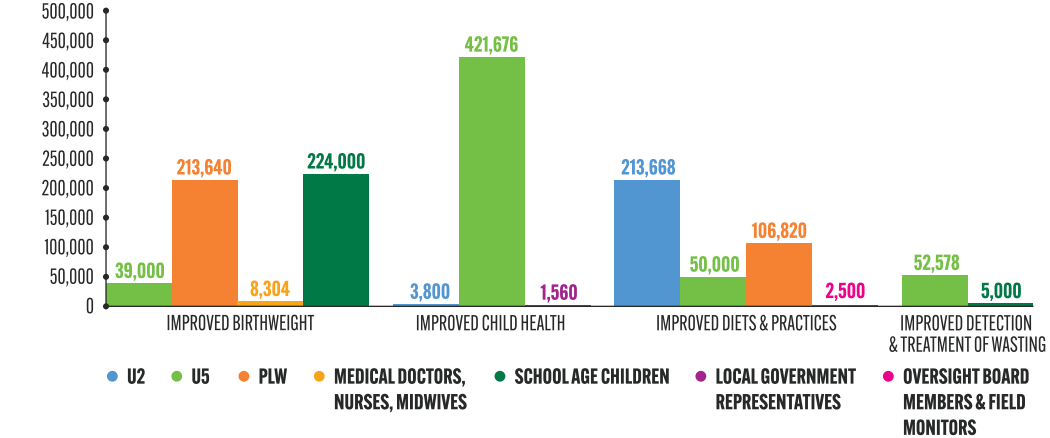
ANNUAL COST (USD)

TOTAL ANNUAL COST = $8,555,692.27



TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED =1,344,212



By 2025

- REDUCE LOW BIRTHWEIGHT TO 7.5%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 68%
- INCREASE THE COVERAGE OF TREATMENT SERVICES BY 200% FOR CHILDREN WITH WASTING
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR A SELECT % OF THE POPULATION

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Capacity building of health workers (training and provision of appropriate tools) to reinforce full ANC service package (4+ visits) with all components including counselling on maternal nutrition. Conduct feasibility assessment on MMN supplementation for pregnant women. Support adaptation of the National Micronutrient Guideline for inclusion of MMN supplements to pregnant women, that include iron and folic acid. Implement MMN supplementation.
FOOD	Strengthen food systems in gender equality, women's empowerment, community participation, ownership and inclusion of excluded groups, and responsiveness to special needs, including populations on the move and both urban and rural populations. Develop national fortification standards and reinforce regulatory frameworks and promote fortification of staple foods (rice and condiments) and biofortification through conventional breeding. Work with the private sector to develop a business case for the regulatory framework and promote food fortification utilization and diversification in production and consumption. Promote food diversity, safety and quality and provide capacity development programmes for women in nutrient dense food production, processing, value addition and agri-business. Promote production and consumption of local nutritious foods. Integrated SBCC campaign to promote healthy diets especially for pregnant and lactating women.
SOCIAL PROTECTION	Support school based nutrition program through procurement of supplies, financial assistance, technical assistance and coordination support. Align nutrition and social protection policies, strategies and programmes to leverage social protection systems to more effectively contribute to nutrition results for vulnerable adolescent girls and women. Explore possibilities for delivery of nutrition interventions to prevent and support treatment of wasting through safety nets. Strengthen systems to link vulnerable pregnant women and children under 2 years with social cash transfer program.

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Update Fast Track Road Map for Improving Nutrition (FTRIN 2014-2020), IMCI clinical Guideline, and GMP operational Guideline. Support implementation of Integrated Maternal Newborn Child Health and Nutrition that includes: EENC, IMCI, GMP and Immunization, maternal nutrition and micronutrients, newborn care including Identification and management of LBW. Implementation of the MIYCN-SBCC strategy at national and sub-national levels, including the rollout of revised IPC tools and SBCC campaign, focusing on the first 1,000 days of life. Assess effective delivery platforms for MNP. MNP distribution for children 6-24 months.
FOOD	Establish and enforce policies, laws and regulations on national food standards for quality and safety, according to National Laws (Food Safety Law in draft), Sub-Decree 133, ISO 22000 and Codex Alimentarius.
WASH	Integrate promotion and counselling on hygiene and sanitation behavior and practices, specifically in community-based nutrition programmes through capacity building of local government and communities.

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Develop effective communication strategies and tools to promote and support optimal IYCF practices including use of use mass media and social media platforms for campaigns and Inter Personal IPC. Develop dietary guideline for children GMP and developmental milestone tracking integrated with Integrated Early Childhood Initiative (IECD). Support community based implementation of the GMP guideline and developmental milestone tracking. Scale up MIYCN interventions (Maternal Nutrition, EIFB, EBF, continued BF, adequate CF, and dietary diversity) to be implemented during all MCH contacts in health facilities and community levels. Reinforcement of the implementation of Sub-Decree 133 through capacity building of national BMS code oversight board and ongoing monitoring of implementation.
FOOD	Include livelihood dynamics and seasonality in the design and delivery of emergency and resilience building programmes. Advocate for responsiveness of food systems programmes to the needs of pregnant and lactating women during food systems dialogue. Provide improved access to low-cost, adaptable and replicable technologies, practices and resources to food insecure farmers in order to support household income and food and nutrition security.
SOCIAL PROTECTION	Provision of fortified foods through school meals; advocate for integration of nutrition considerations in social assistance. Support workplace lactation and advocacy for extension of maternity leave.

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Adapt simplified approaches for early identification of wasting, referral and actions (update guidelines, capacity building of health workers, community volunteers and parents with low-literacy/numeracy anthropometric tools). Scale up Management of SAM to provinces and districts with high burden of wasting including capacity development, provide necessary supplies and conduct and monitoring and quality assurance. Conduct assessment of barriers to RUTF utilization and compliance to SAM treatment in order to improve SAM treatment outcomes (increase cure rate, reduce defaulter rate). Treatment of MAM. Consultation between stakeholders to identify suitable interventions for dietary supplementation, sectoral leadership in sustainable manner, what capacity is available and to review current treatment of moderate acute malnutrition. Conduct growth promotion, growth assessment, and growth monitoring for school-aged children using Mid Upper Arm Circumference (MUAC) screening at pre-school level. Include indicators related to SAM (admission and treatment outcome) in HMIS; Build capacity of health workers on reporting nutrition data through HMIS. Technology for development (T4D): introduction of low-cost easy-to-use digital health tools (e.g. RapidPro) to support real-time monitoring and feedback mechanisms, particularly at community level (for caregivers, community members and service providers).
SOCIAL PROTECTION	Strengthen existing cash transfer mechanism, registration, and link programme to FSN through capacity building of commune council and nutrition service providers and nutrition sensitive social protection mechanisms, such as conditional cash transfer. Provide capacity strengthening to local communities and authorities for preparedness and readiness for emergencies.

DRC

The Democratic Republic of Congo (DRC) is one of ten countries that account for 60% of the global burden of wasting among children under 5 years. The rate of Global Acute Malnutrition (GAM) is 6.1% and rates of Severe Acute Malnutrition (SAM) exceed the emergency thresholds of 2% in 11 out of 26 provinces. It is estimated that 3.3 million children under five years will suffer from acute malnutrition in 2021, including at least 1 million with SAM.

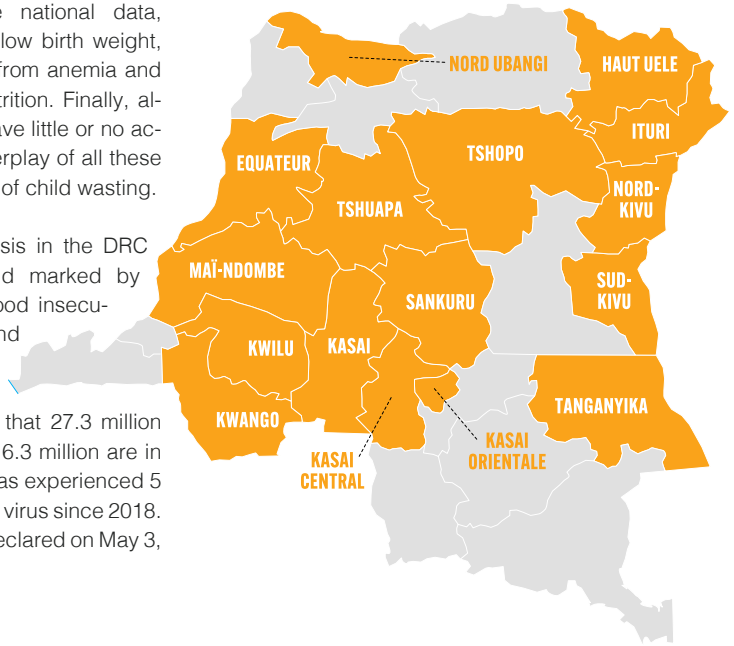
The main drivers of wasting in the DRC are poor infant and young child feeding (IYCF) practices, food insecurity, epidemics, ongoing insecurity, poor water, sanitation and hygiene, poor maternal health, the socioeconomic consequences of the COVID-19 pandemic and limited access to health services.

In summary, 46.5% of children under 6 months are not exclusively breastfed, 92% of children 6-23 months do not receive a minimum acceptable diet, 66.1% of households do not have access to safe drinking water, 32.6% of the population use improved sanitation facilities, 79% of households cannot wash their hands with soap and 12% of the Congolese population still practice open defecation. According to available national data, 7.1% of children are born with a low birth weight, 38.4% of pregnant women suffer from anemia and 15% of women suffer from malnutrition. Finally, almost 70% of Congolese people have little or no access to basic health care. The interplay of all these variables negatively impacts rates of child wasting.

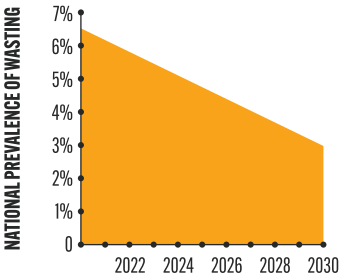
Furthermore, the humanitarian crisis in the DRC remains acute and complex and marked by population movements, chronic food insecurity, acute malnutrition, conflicts, and epidemics. The September 2020 Integrated Food Security Classification (IPC) Framework showed that 27.3 million Congolese are food insecure and 6.3 million are in an emergency. Also, the country has experienced 5 consecutive outbreaks of the Ebola virus since 2018. The 12th recorded outbreak was declared on May 3, 2021, and this came only two and have months after the end of the 11th outbreak in Equateur province. At this time, there is an ongoing outbreak of Ebola in the country and these outbreaks may increase the proportion of wasted children. Finally, the DRC has also been affected by the COVID-19 pandemic like other countries in the world, thus increasing food insecurity and the vulnerability of children.

Efforts to fight wasting in the DRC have focused on wasting treatment for children under 5 years. However, only a limited portion (31%) of health zones offer treatment services. It is essential to strengthen the operational capacities of the National Nutrition Program (PRONANUT) within the Ministry of Health by improving coverage of treatment services, scaling up prevention strategies, integrating nutritional care into routine health services and improving early detection of wasting in the community. Finally, advocating for domestic funding as well as introducing the simplified approaches will also ameliorate the services to treat child wasting.

GEOGRAPHICAL PRIORITY AREAS



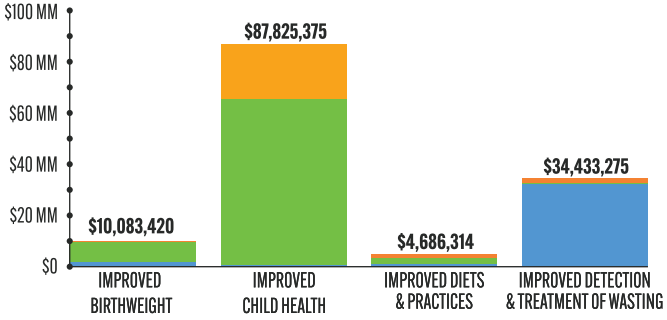
REACHING THE SDG TARGET BY 2030



SDG TARGETS = 3%

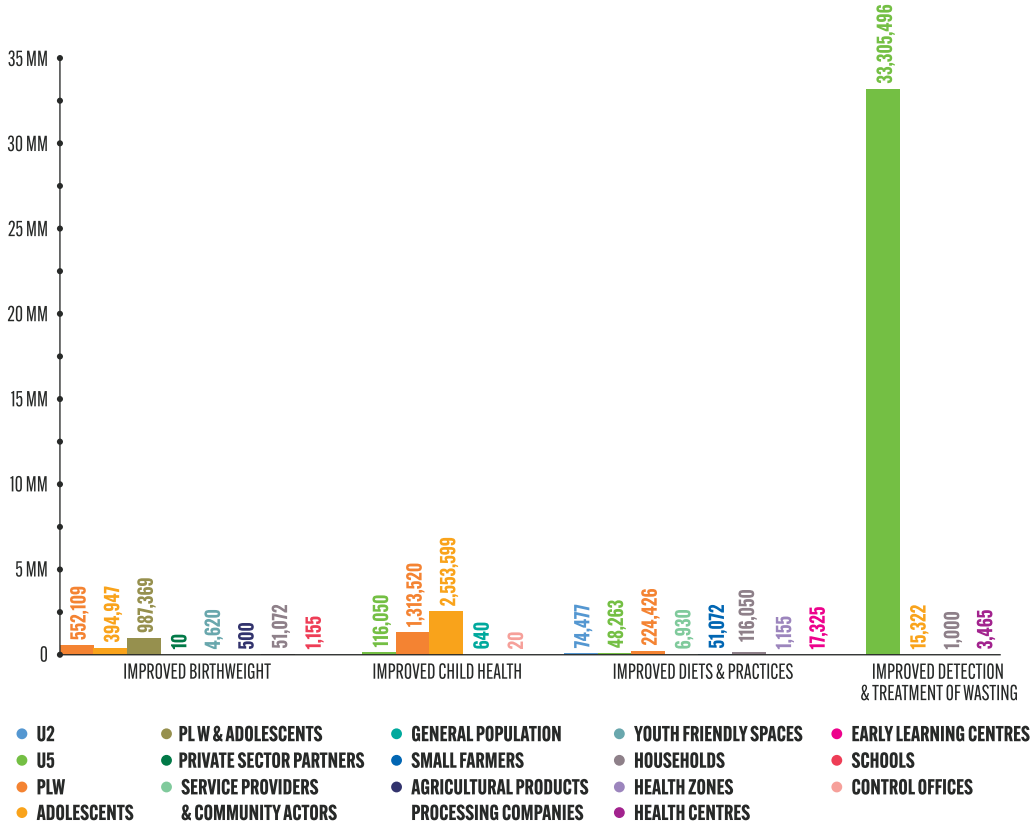
ANNUAL COST (USD)

TOTAL ANNUAL COST (USD) = $137,028,384



TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED = 39,643,590
TOTAL NUMBER OF HH/GROUPS REACHED = 173,242



By 2025

- REDUCE LOW BIRTHWEIGHT BY 30%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 70%
- INCREASE THE COVERAGE OF TREATMENT SERVICES BY 50% FOR WASTED CHILDREN
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR A SELECT 60% OF THE POPULATION

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Strengthen iron folate supplementation for PLW Iron folate supplementation for teenage girls Strengthen deworming for PLW Strengthen deworming for adolescents Support the introduction and distribution of micronutrients to pregnant women Support youth friendly spaces that take into account family planning and everyday life skills Promote the use of reproductive health services including, family planning Support the development and evaluation of the strategic plan for the health and well-being of adolescents and young people Integration of postpartum family planning (PPFP) in the midwifery training curriculum Support the management of seropositive PLW Popularize maternal nutrition guidelines in the various sectors at the national level Advocacy and sensitize donors as well as other stakeholders on the importance of improving maternal and child nutrition.
FOOD	Support small producers to improve their production along the different value chains Support food diversification programs targeting pregnant,lactating and adolescent women Promote family fish farming and small and medium-sized agricultural enterprises: production, processing and marketing of fishery products Facilitate women's access to micro credits (land, materials and equipment, working capital) Revitalize the alliance for food fortification Develop partnership with the private sector for food systems for nutrition Support agrifood processing programs, fortification and bio-fortification of foods. Distribute fortified organic seeds to vulnerable families Support nutrition-sensitive food aid programs based on the specific nutritional needs of adolescents, pregnant and lactating girls and women
SOCIAL PROTECTION	Support the scaling up of the school feeding program using local products Support the promotion of nutrition, health and hygiene in educational establishments Support the research and planning departments of various nutrition-sensitive ministries to integrate nutrition into their sector plans Scale up social protection programs to support households during shocks and for the resilience of populations

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Advocacy at the national and provincial level for the improvement of the budget allocation and disbursement on "nutrition" in the state budget Strengthen multisectoral governance at the national and decentralized level for the establishment and revitalization of multisectoral nutrition committees Integration of the management of malnutrition in the flowcharts of care and in the therapeutic guides developed by the Ministry of Health, mainly in the management of medical complications of SAM Support deworming with Albendazole in children (aged 1-14 years) and adolescents Reinforce routine vitamin A supplementation every 6 months for children 6 to 59 months Support the Office Congolais de Contrôle (OCC) for the control of iodine salt at the borders (distribution of iodization kits) Scale up community based nutrition interventions
FOOD	Organize, structure, and strengthen the capacities of actors in each sector in associations and / or cooperatives. Introduce improved breeds in rural areas for each sector Rehabilitate and / or create, and make operational centers for the multiplication of broodstock Set up processing, conservation and storage units for livestock products Adopt, implement and popularize a legal framework in accordance with recognized food health standards, in particular in the provisions enacted by the WTO and the Codex Alimentarius Improve agricultural governance Promote the integration of the gender approach and strengthen human and institutional capacities Lead the advocacy for the creation of the High Council for Food and Nutrition Security, responsible for developing a control strategy and coordinating nutrition and food security activities Strengthen animal and plant health for the detection, prevention and fight against animal diseases according to international sanitary regulations recommendations Improve agronomic research as well as the dissemination of appropriate technology Sensitize the populations on adequate food and nutritional practices (hygiene)
WASH	Put on the scale of treatment and consumption of drinking water (home treatment) Promote hand washing with soap at community level, in health centres and in schools (Tippy Tap promotion) Promote the use of hygienic latrines and their maintenance Ensure the implementation of vector control for malaria Conduct initial and final household KAP survey in communities of malnourished children

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Scaling up and strengthening of interventions promoting IYCF practices Advocate for the adoption of a policy for the protection of maternity and breastfeeding in the workplace Ensure the popularization of the International Code of Marketing of Breastmilk Substitutes Strengthen the application of the "kangaroo care" method for sick and low weight newborns Develop and popularize a national early childhood development strategy for health structures and the community Set up early learning centers for the psycho-emotional stimulation of children at the level of health structures and in the community Train providers and community actors on the mental health of caregivers and IYCF practices
FOOD	Monitor and create a legal framework that requires the fortification of consumer food products Revitalize and support the functioning of the national alliance for the fortification of consumer food products Update the national strategic plan for fortification of consumer foods Support small farmers and private sector networks with training and inputs for the production of fortified organic foods Support the popularization of fortified organic foods among households for consumption Support households in agricultural inputs, fishing and breeding for the diversified production of food Promote home gardens in communities Provide blanket nutrition to PLWs and children aged 6-23 months during the lean season Provide vulnerable households with inputs and equipment necessary for food security
SOCIAL PROTECTION	Provide nutritional supplements to PLWs and children 6-23 months of age during the critical period Support the membership of agricultural households in the Mutuelle de Sante Set up the mixed cash approach (cash plus infant food) for children under 2 years of age in emergency situations

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Scale up the simplified approach to CMAM with MUAC screening Scale up the simplified CMAM approach at community, health center and hospital level in the country Strengthen the scaling up of treatment programs for severe acute malnutrition according to the standard approach (SC, OTP) Strengthen the scaling up of treatment programs for moderate acute malnutrition according to the standard approach (SFP) Integrate the complementary nutrition module in the DHIS for all provinces and analysis workshops, correction of results Integrate nutritional inputs into the national supply chain for essential drugs Strengthening the nutritional surveillance and early warning system at the national level Carrying out SMART SENS surveys and coverage in all health zones of the country
FOOD	Engagement in sustainable banking network (SBN) as an initiative to contribute to the safety of locally produced nutritional products Streamline supply chain systems for the delivery of key commodities needed to treat childhood wasting. Follow strict quality assurance (QA) standards. Guarantee the safety and quality standards of locally produced specialized nutritious foods necessary for the treatment of child wasting, through better collaboration with the private sector. Support efforts to prevent and reduce aflatoxin and other toxins in therapeutic foods.
SOCIAL PROTECTION	Promotion of Cash Transfer in school canteens targeting vulnerable households Donate cash in a food insecure situation, urban response (Kinshasa) to COVID-19 and construction of the transition to shock-responsive social safety net systems (cash transfer intervention, modeling and extension of a shock-responsive social protection program supporting resilience)

Ethiopia

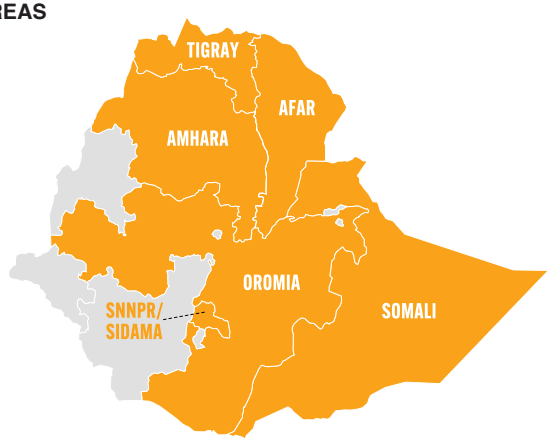
Ethiopia is home to more than 16 million children under five (U5) years old and it is a country with high levels of child wasting. Significant efforts have been made by the Government to develop policies, programs and interventions to tackle wasting in children U5, as well as pregnant and lactating women, but the increased frequency and magnitude of environmental and anthropogenic shocks as halted any progress. Despite millions of dollars spent annually on treatment, child wasting remains a major public health problem in Ethiopia.

A time-series analyses of the various rounds of demographic health surveys (DHS) illustrated that some progress was made in reducing the prevalence of wasting in the past 20 years. In 2000, the prevalence was 12.2% and this dropped to 7.8% in 2018. However, irregularities during this timeframe have kept the prevalence around 10% between 2005 and 2016. Significant peaks in the number of wasted children were observed in 2005 and 2016, which closely matches with periods of the 2002–2004 food crises and the 2015–2016 El Niño crises. Another peak is expected due to the COVID-19 pandemic, locust invasion and civil unrest in the north which is having a lasting effect on the economy, food, and health systems.

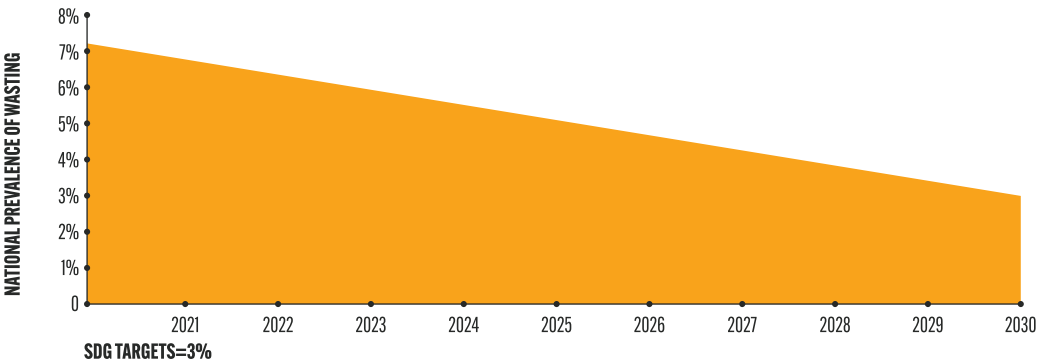
The main determinants of wasting in Ethiopia include poor diets and disease due to food insecurity, inadequate maternal and childcare as well as poor health services and the environment. More than 80 percent of urban or rural children aged 6 to 23 months do not receive the minimum acceptable diet on a daily basis. In addition, nutrient-dense foods are highly subject to loss and waste, given their tendency to perish. Increasing access to healthy diets through faster, stronger implementation of supply and demand-side strategies that address the underlying drivers of today's faulty food systems is imperative to solve these problems, as well as to address related environmental and economic costs. Added to this are the 1.8 million pregnant and lactating women who are wasted and require special attention to prevent the vicious, inter-generational cycle of malnutrition. Finally, WASH appear to have important factors in acute malnutrition.

Achieving the ambitious nutrition target to prevent wasting and improving the health and nutrition status of children requires the partnership and collaboration amongst stakeholders. These stakeholders need to adopt an integrated approach that supports and enhances national food and health systems, particularly in fragile settings, while taking full advantage of the synergies between the different organizations.

GEOGRAPHICAL PRIORITY AREAS

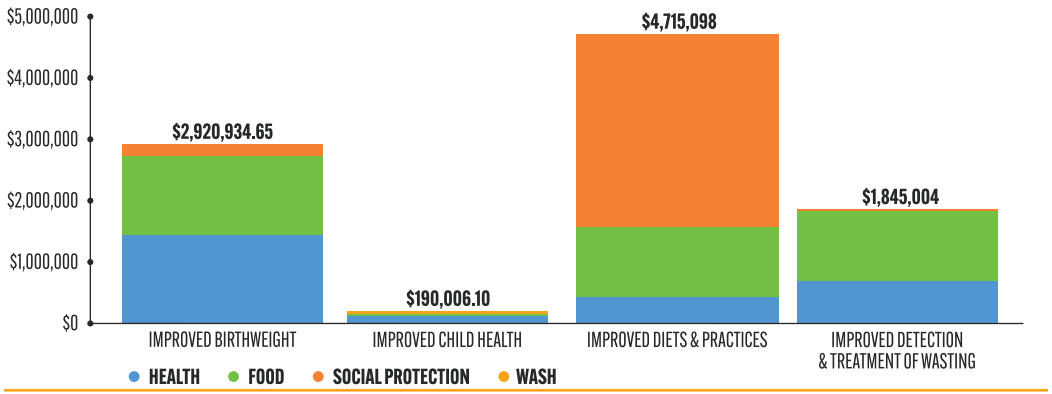


REACHING THE SDG TARGET BY 2030



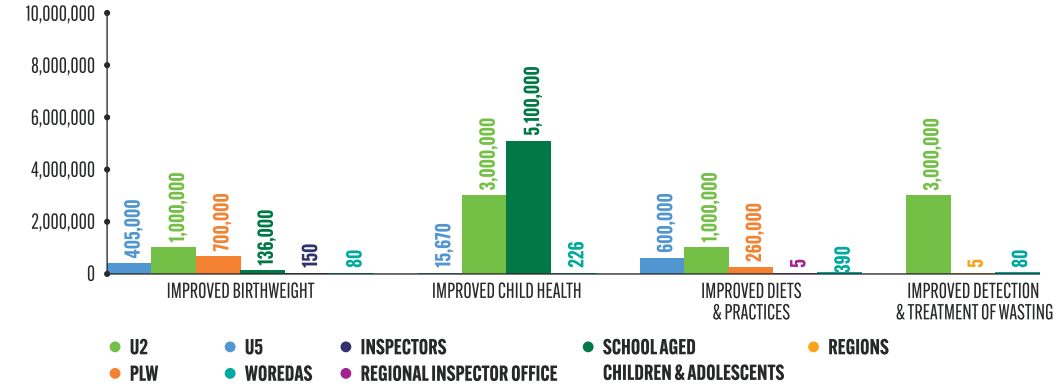
ANNUAL COST (USD)

TOTAL ANNUAL COST (USD) = $9,671,043.05



TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED = 15,216,825
TOTAL NUMBER OF WOREDAS AND REGIONS = 781



By 2025

- REDUCE LOW BIRTHWEIGHT TO <10%
- MAINTAIN THE RATE OF EXCLUSIVE BREASTFEEDING TOWARDS 60-65%
- INCREASE THE COVERAGE OF TREATMENT SERVICES FOR WASTED CHILDREN
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR 50% OF THE POPULATION

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Revitalize pregnant mothers conference at community/HP level to promote early initiation of Antenatal care and nutrition counselling Support the revision, training and dissemination of the national ANC guideline - adaptation of the latest WHO guidance for "ANC for a positive pregnancy experience guideline"aimed at improving early intiation of ANC, Nutritional interventions during pregnancy Support procurement of the IFA supplement and test kits for hemoglobin in support of the scale up of services to provide iron and folic acid supplements to women of reproductive age Provide free insecticide-treated nets (ITNs) for all pregnant women in all malaria endemic areas and procurement of malaria test kits for routine screening for malaria during ANC Support Mobile Health and Nutrition Teams (MHNTs) for the most vulnerable population with limited access to health services to provide essential care services including counseling and treatment Promote antenatal care and inclusion of nutrition messages and ensure quality youth and Adolescent friendly services including in refugee camps Empower the mothers women development army (WDA) leaders to detect acutely wasted pregnant women from PSNP and refugee camps and not who are more at risk of a low birth weight children Provide Multiple Micronutrient supplements and small quantity LNS (SQ-LNS) to women and adolescents girls during pregnancy
FOOD	Produce diversified and nutrient dense foods (fruits and vegetables), including development and promotion of production of bio fortified crops Strengthen production and productivity of livestock and fisheries Promote and avail home grown school feeding program for school aged children and adolescents through promoting school gardening and strengthening school-community linkage in collaboration with FTCs/PTCs to produce diversified food items Strengthen income generating activties for PLW in a time and effort saving manner Improve food safety across the value chain Strengthen the linkages among food value chain actiors To increase production of adequately fortified salt, wheat flour and vegetable oil and fats and biofortified foods; and upscale programs to promote their consumption Support CBI/CVA with appropriate modalities and sytems either multipurpose cash, fresh food voucher, cash for work and digital cash transfer (voucher/cash) for nutrient dense food
SOCIAL PROTECTION	Advocate for productive safety net program (PSNP) contingency budget to support PLW with low MUAC and support implementation within hotspot woredas 1 and 2 Target the poorest of productive safety net program (PSNP) clients and vulnerable refugee households with livelihood grants Feeding programmes for prevention (in high risk populations) and treatment of moderate acute malnutrition in PLWs Advocate for adolescent school nutrition and feeding programs in academic institutions

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Support CBI/CVA with appropriate modalities and sytems either multipurpose cash, fresh food voucher, cash for work and digital cash transfer (voucher/cash) for nutrient dense food Strengthen health worker capacity to provide quality essential childhood services and especially nutrition counseling in line with the National guidelines Strengthen and expand services growth monitoring and promotion for children under 5 years, screening of under-twos, providing continum of care for low birth weight infants including preterm births and referal system for acutely malnourished children Implement high impact nutrition interventions including early breastfeeding and supplementation (vitamin A and deworming prophylaxis) and catch up campaign Support Mobile Health and Nutrition Teams (MHNTs) for the most vulnerable population with limited access to health services to provide essential care services including counseling and treatment
FOOD	Improve food storage and food handling at household level (food hygiene), with a focus on complementary and supplementary foods for young children
WASH	Strengthen linkages for nutrition/WASH education through the school curriculum. Mainstream nutrition/WASH in curriculum reform and development of strategies to support articulation of curriculum content. Improved nutrition, WASH and child protection practices for adolescents, particularly girls through innovative campaigns (Yegna and others) Strengthen/promote an enabling environment for private sectors to produce affordable, sustainable and locally acceptable WASH services and supplies (PPP) for enhanced local access Implement Baby WASH initiatives such as; Baby WASH friendly health facilities, hygienic community playgrounds etc. Provide full WASH package for priority areas and collaborating with ONE WASH Integrate handwashing message and hygiene during health and agriculture promotion sessions

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Strengthen the capacity and numbers of health facilities in provision of Baby friendly Hospital Initiative (BFHI) to increase early initiation and exclusive breastfeeding rates and adequate complementary feeding and hygiene practices Build capacity of the health worforce (pre-service and in-service) on breast feeding and appriopriate complementary feeding to ensure mothers have access to skilled support in intiating breastfeeding and sustaining appropriate feeding practices Ensure nutrition counselling during screening and growth monitoring by Health staffs with context specifc adapted SBCC materials Amend and enforce directive 30 & 33/2016 on BMS code to reflect WHA69.9, then strengthen measures to control marketing of unhealthy foods for children. Link children with growth faltering (GMP and/or screening) to special care services such as distribution of SQ-LNS and LNS in emergencies Roll out training of Comprehensive and Integrated Nutrition Services Delivery Guideline for the Pastoral and Agro-pastoral Communities Advocate for Multisectoral approaches to support and enable access to basic services to Households with pregnant and lactating women with focus on the 1000 days of life Promote age-appropriate Infant and Young Child feeding and care practices and caregiver mental health are systematically integrated in routine maternal and child health care services, including in community-based services such as linkage and engagement of health and agriculture sectors in awareness raising around ap-propriate complementary food.
FOOD	Adopt/develop nutrition sensitive agriculture technologies and innovations to improve affordable access to fruits, vegetable and animal source foods for children aged 6-59 months Provide technical suport to smallholder farmers and their organizations to increase diversified food production, reduce post harvest loss and supply to home-grown school feeding (HGSF) programme; and strengthen farmers cooperatives to supply quality and safe food to schools, educate schools on nutrition and food safety. Develop context specific and affordable complementary feeding recipes based on different agro-ecologies and promote them through health extension workers (HEW) and HAD Provision of SBCC services for diversified complementary feeding in different plateforms (market, religious leaders, health and agriculture extension worker) Decentralization of market centers for nutritious foods (fruits, vegetables, animal source food (ASF))
SOCIAL PROTECTION	Support CBI/CVA with appropriate modalities and sytems either multipurpose cash, fresh food voucher, cash for work and digital cash transfer (voucher/cash) for nutrient dense food Support CBI/CVA with appropriate modalities and sytems either multipurpose cash, fresh food voucher, cash for work and digital cash transfer (voucher/cash) for nutrient dense food

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Empower the mothers; women development army (WDA) leaders to detect and treat acutely wasted children under 2 years old who more at risk of mortality including in refugee camps Strengthen the integration of early detection (like family MUAC and other initiatives) and treatment for wasting as part of routine primary and community health care services and ensure referral systems are in place for appropriate management of wasting in children Strengthen national health information systems (HMIS, DHIS2, PHEM, IDSR) and include MAM indicators to regularly monitor and report wasting and wasting-related data including during emergencies to support and inform the implementation of national services for its effective prevention and treatment Roll-out training on the new National Guidelines for the Management of Acute Malnutrition at Federal/Regional/Zonal/District/Community level Generate evidence on mainstreaming integrated management of acute malnutrition (IMAM) into Primary and Community Health Services Support simplify approach for the treatment of acute malnutrition at different stage and evidence generation and adapt national guidelines Integrate WASH message during treatment and follow-up visit Support research and acceptability of new initaitives including the Ready-to-Use Food formulations without milk powder at lower cost to inform evidence generation Develop a mechanism to monitor safety, quality and adherance to standards for nutrition supplies for management of wasting, including end user monitoring Promote enabling enviroment for quality local production of specialized treatment commodities Promote adequate nutritious food solution to avoid relapse after treatment and create evidence on its sustainability and affordability Advocate for domestic funding for specialized nutrition commodities
SOCIAL PROTECTION	Advocate for PSNP contingency budget to support children treated for wasting and support implementation within hotspot woredas 1 and 2

Haiti

The Republic of Haiti is in the Greater Antilles archipelago of the Caribbean Sea. Its geographic position exposes the country to natural disasters such as cyclones, hurricanes, tropical storms, torrential rains, floods, and earthquakes.

These climatic events have contributed to food insecurity. Between 2013 and 2020, the number of chronically food insecure people rose from 600,000 to 3 million.

These natural disasters and emergencies have also weakened the situation related to Water, Sanitation and Hygiene (WASH). According to ONEPA/Système d'Information sur l'Eau Potable et l'Assainissement (SIEPA), only 55% of the population has access to improved and functioning water points and 47% of health care facilities had basic access to water services.

Haiti's geographical vulnerability has also affected the health care system, which is precarious. This includes low vaccination coverage, limited availability and accessibility to family planning methods and the use of contraceptives, limited support to infant and young child feeding practices and support to maternal nutrition.

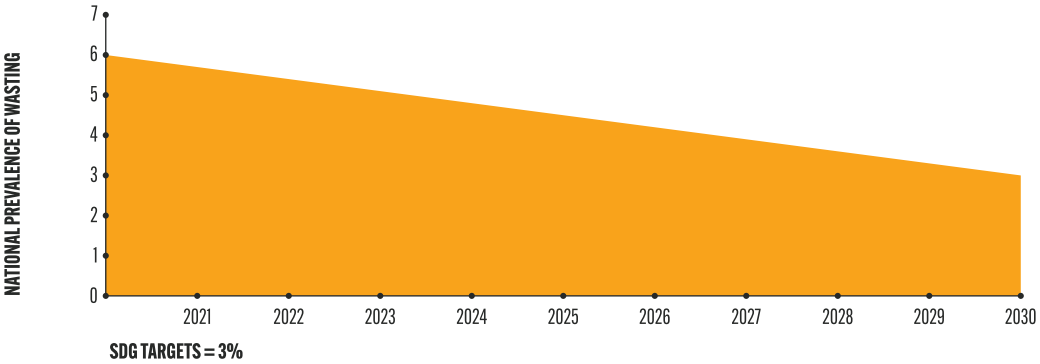
Furthermore, Haiti's structural vulnerability makes many households sensitive to shocks and the purchasing power of the poorest households is impacted by many variables. These include inflation, socio-political crises, devaluation of the gourde and reduction in remittances of the diaspora. Existing social protection systems are not sufficient to address these challenges and prevent increases in poverty and inequalities

All these factors have negatively affected nutrition and have contributed to the high rates of wasting in children under 5, which is a major public health problem in Haiti. Currently, the national prevalence of wasting is 6%.

To respond to the worrying situation regarding wasting, the Ministry of Public Health and Population (MSPP), through the Food and Nutrition Programme Coordination Unit, implements Infant and Young Child Feeding interventions at the institutional and community levels and conducts the management of acute malnutrition. Innovative strategies that have been adopted include simplified approaches: a community screening that empowers caregivers to screen their own children for wasting, the use of single product for treatment, and simplified dosage. Altogether, treatment needs to be coupled with health, social protection, food and WASH interventions in the short, medium, and long term, to reduce the impact of malnutrition on children's well-being and the development of the country.

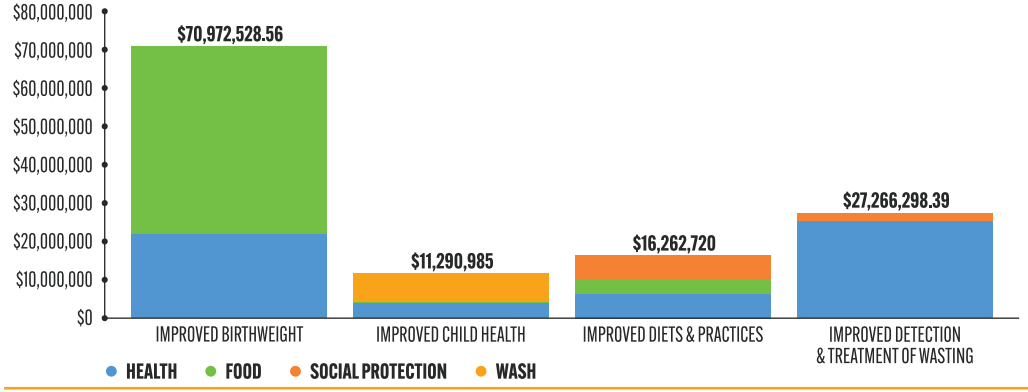
GEOGRAPHICAL PRIORITY AREAS

REACHING THE SDG TARGET BY 2030



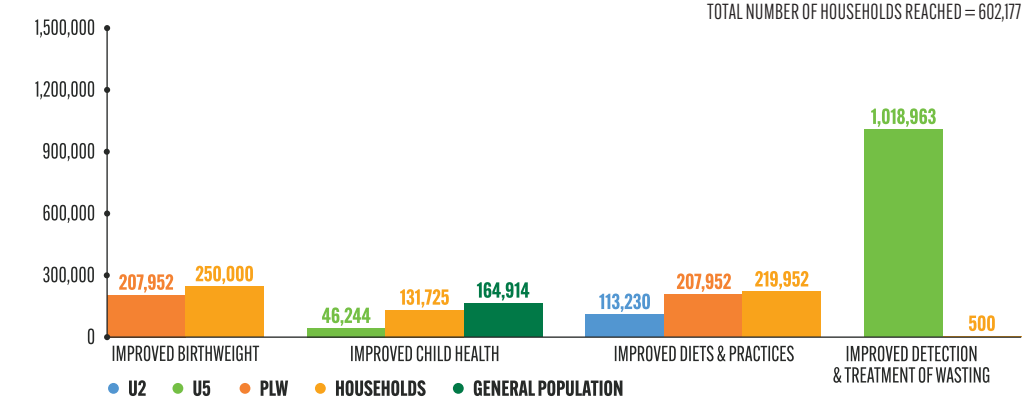
ANNUAL COST (USD)

TOTAL ANNUAL COST = $125,792,532



TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED = 1,759,255
TOTAL NUMBER OF HOUSEHOLDS REACHED = 602,177



By 2025

- REDUCE LOW BIRTHWEIGHT BY 30%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING BY 50%
- INCREASE THE COVERAGE OF TREATMENT SERVICES BY 50% FOR CHILDREN WITH WASTING
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR 60% OF THE POPULATION

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Screening for malnutrition in pregnant and lactating women and adolescents Treatment of malnutrition in pregnant and lactating women and adolescents Iron Folic Acid or multivitamin supplementation for pregnant and lactating women and adolescents Vitamin A supplementation for post partum lactating women and adolescents Prenatal and postnatal care as well as institutional delivery Early initiation of exclusive breastfeeding Supplementation of fortified foods (AK1000, Nouriplus) for pregnant women at risk of malnutrition Supplementation of fortified foods (LNS-SQ) for pregnant women at risk of malnutrition Generate demand for immunization services, the appropriate use of these services, citizen engagement and participation through the mobilization of civil society organizations Increase the number of infants born to mothers of known HIV status
FOOD	National program of vouchers for local food products for the ultra-poor: Programme National Bons Produits Alimentaires Locaux (PN-BPAL) Increase agricultural production and productivity (plants, animals and fisheries) in order to improve the incomes of farmers Promote the preservation, processing and marketing of nutritious foods to diversify the diet throughout the year Promote the consumption of fortified foods Support the production of biofortifed foods (sorghum, red peas, corn, cassava, sweet potato, etc) through strengthening the capacities of producers Promote proper / adequate preventive nutrition for children 6-23 months and pregnant and lactating women

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Operational research at the level of the 4 departments on the monitoring of the growth and development of the child; screening, deworming, vaccination, diarrhea management and micronutrient supplementation in children under 5 Conditional cash transfers (such as a commitment for regular growth monitoring, complete vaccination, Vitamin A) to vulnerable families with children under 5 years old and those with children under 5 years old detected malnourished or recovered from malnutrition to avoid relapses and facilitate access to primary health care services
FOOD	Set up, strengthen and expand the "Farmer Field Schools" strategy
WASH	Carry out the Community Approach for Total Sanitation (CATS) and create the Sanitation Action and Monitoring Committee, monitoring visits, promotion of the construction and use of individual latrines Promote the construction of family hand washing systems and raise awareness of basic hygiene concepts Carry out the construction and / or rehabilitation of Adduction Systems and / or Drinking Water points in communities and schools and health centers Set up and/or revitalize water point management committees

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Promote, protect and support exclusive breastfeeding for the first six months of life and the continuation of breastfeeding for 23 months with introduction of complementary foods from the 6th month Supplement children from 6 to 23 months with fortified foods (AK1000, Nouriplus) Supplement children 6 to 23 months with fortified foods (LNS-SQ)
FOOD	Improve the availability of basic food products through the development of public health agriculture based on the promotion of crops with high nutritional value (i.e. yellow-fleshed sweet potato, moringa, etc.) and small livestock Alert institutions and the population in time to climatic or food price shocks, allowing rapid and effective food and nutrition emergency responses through predefined and well-established operating mechanisms.
SOCIAL PROTECTION	Scale up existing promotion and social protection activities based on home visits to families with children under 5, adolescents and pregnant women identified as malnourished via cash or in kind transfers.

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Institutional and community screening (ASCP, Mothers leaders) Achieve the management of severe acute malnutrition Achieve the management of moderate acute malnutrition Operationalize health information system (SISNU) at community level Make therapeutic foods available by improving the supply system
FOOD	Ensure the quality control and quality assurance of therapeutic foods Ensure the quality control and quality assurance of fortified foods (CSB +, AK1000)
SOCIAL PROTECTION	Enlist vulnerable populations not covered in emergency situations or who have fallen into poverty or extreme poverty due to the shock in existing cash transfer programs.

Global Action Plan on Child Wasting | Country Roadmap

Indonesia

Indonesia is home to more than 6 million children under five suffering from wasting. Greater than 2 million of these children under five are severely wasted, putting them at a greater risk of death and disease in comparison to their healthy counterparts.

Trend data indicates a decrease in the prevalence of child wasting between 2007 to 2018. However, the resulting 2018 national prevalence (10.2%) is still classified as "high" by the World Health Organization (WHO). Regional disparities across provinces also exist, indicating a serious situation in some areas. For example, in 2019, the rates of wasting ranged from 'very high' (15.8% in Maluku) to 'low' (3.3% in Bali).

The key determinants of child wasting in Indonesia are multifaceted. While poverty is the fundamental bottleneck, inadequate dietary intake, suboptimal care practices, and high burden of infectious diseases lead to high rates of child wasting. Poor maternal health also plays a role, with suboptimal maternal dietary intake, and common practice of early marriage and pregnancy, collectively contributing to high incidence of low-birth-weight babies which is a strong risk factor for child wasting. Open defecation is still practiced by around 20% of households in Indonesia, leading to high burden of childhood diarrhea and subsequent wasting episodes. The positive trend in wasting prevalence may be related to healthy economic growth of over five per cent per year and improving the food security status but Indonesia still struggles to establish a healthy, sustainable, and productive nutrition and food system.

Between 2015-2018, Integrated Management of Acute Malnutrition (IMAM) programming was revealed to be an effective intervention for the treatment of acute malnutrition in the Indonesian context. In turn, IMAM was included in their national guidelines and a series of capacity building initiatives were launched, including online training options to mitigate against the Covid-19 pandemic interruptions.

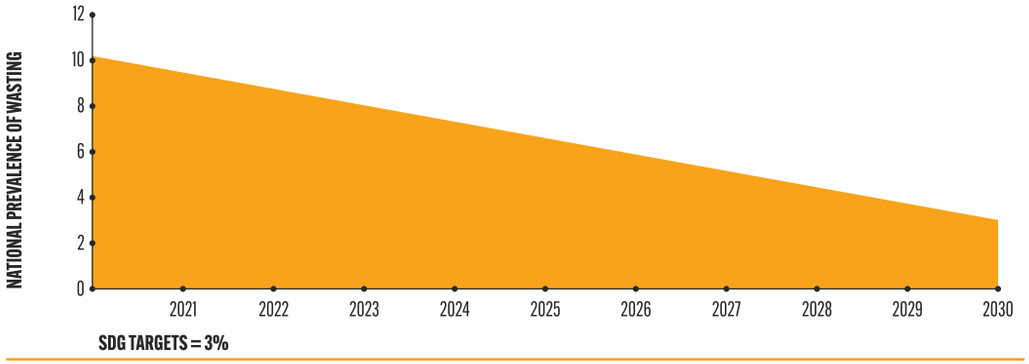
The government of Indonesia has also made bold commitments in identifying food systems transformation as one of their national policy priorities. This commitment is further reflected in the Food Law No.18/2012 and Presidential Decree No.18/2020 on Mid-term Development Plan 2020-2024 that stated the food systems transformation has been designated as one, as the regulatory framework to ensure sufficient, affordable, safe, and balanced diets for all.

Finally, Indonesia has made impressive progress in the expansion of social protection systems since 2014. This includes a more nutrition sensitive focus and a multi-sectoral coordination group to facilitate the acceleration of the reduction of child wasting in Indonesia.

GEOGRAPHICAL PRIORITY AREAS*

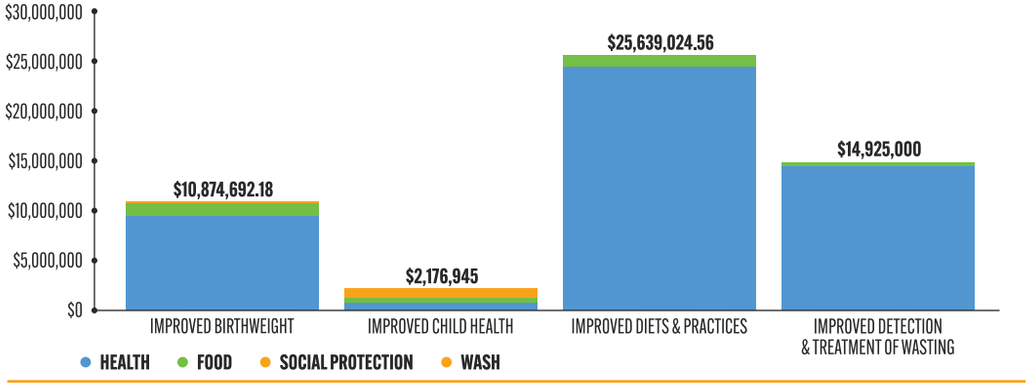
*There are 10 provinces that are prioritized. Unicef is working in 7 (Aceh, Central Java, East Java, East Nusa Tenggara, West Nusa Tenggara, South Sulawesi, Papua), UNHCR is working in 4 (Greater Jakarta, West Java, Banten, Aceh) of these provinces and FAO in Greater Jakarta. Other UN agencies (WFP and WHO) target the national area.

REACHING THE SDG TARGET BY 2030



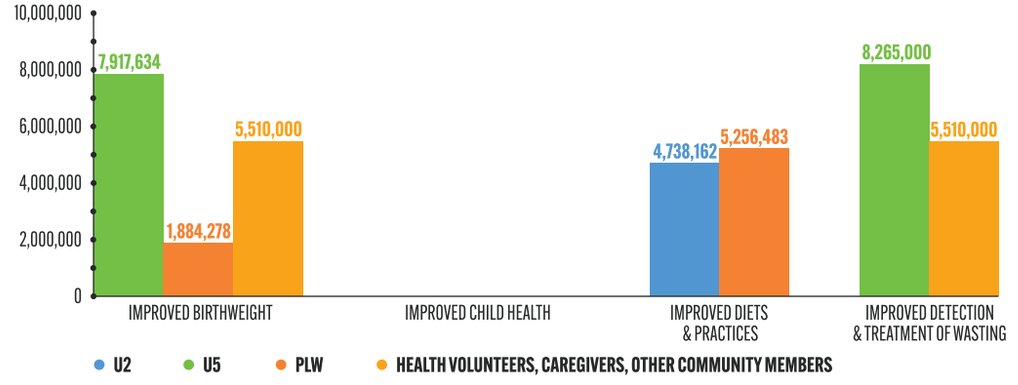
ANNUAL COST (USD)

TOTAL ANNUAL COST (USD) = $53,615,651.74



TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED = 39,081,557



By 2025

- REDUCE LOW BIRTHWEIGHT TO <10%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO AT LEAST 60%
- INCREASE THE COVERAGE OF TREATMENT SERVICES TO 90% FOR SEVERELY WASTED CHILDREN
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR 98% OF THE POPULATION

OUTCOME 1

REDUCE LOW BIRTH WEIGHT BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Strengthen existing maternal nutrition programs (maternal iron-folic acid supplementation, maternal dietary counselling, food supplementation) through 1) capacity strengthening; 2) improving monitoring and information system; and 3) Social Behavior Change Communication Strengthen supplementary food distribution program through 1) capacity strengthening; 2) improving monitoring and information system; 3) Social Behavior Change Communication Strengthen the coverage and quality of essential nutrition services in the context of Covid-19 through 1) Capacity building, 2) data management system, 3) social behavior change communication, 4) evidence generation; 5) guideline development Enhance the government capacity in implementing School Health Unit Program (comprise of weekly iron-folic supplementation, social behavior change communication to promote healthy eating and lifestyle) by 1) strengthening capacity; 2) improving monitoring and information systems; 3) high-level advocacy
FOOD	Strengthen and supporting food systems transformation with focus on increasing the affordability of healthy diet for all including vulnerable population through 1) evidence based policy, 2) advocacy and 3) capacity building to national and subnational government. Supporting the implementation of family farming according to the National Action Plan of Family Farming 2020-2024. Provide technical assistance to National Logistics Agency (BULOG) to improve the production of rice fortification in order to support the inclusion of Fortified Rice in social safety nets programme (SEMBAKO). Assist the government in developing the national standard for rice fortification; Increase awareness among the rice miller companies on the benefits of fortified rice
SOCIAL PROTECTION	Strengthen government nutrition-sensitive and gender-responsive social protection programmes through enhancing the facilitators capacity on health and nutrition promotion, conduct study on the effectiveness of Family Development Session (FDS) and KAP, improve targeting and monitoring system.

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Guideline development and implementation of family-based mental health, includes mental health and psychosocial support system for child parenting; Improving quality of mental health access regarding pre and post natal care, children mental health through capacity building on psychosocial first aid, mental health Gap Action Programme (GAP), life skills and Quality Rights; Development of adolescent mental health campaign in relation to the risk of suicide and other mental health issues Update of the national guidelines, algorithm and training modules and implementation of IMCI Technical support for policy and road map development; capacity building of healthcare workers, especially to deliver nutrition services in emergencies Strengthen government capacity to provide essential nutrition service in the context of emergency through 1) capacity building, 2) data management system, 3) social behavior change communication, 4) evidence generation; 5) guideline development Psychological First Aid Capacity Building for selected refugees Awareness raising sessions on mental health issues to larger refugee community groups. Access to urgent psychological counselling for refugee, including refugee children and caregiver with suicidal thought/ depression Mindfulness sessions and campaigns for children and adolescents refugees Guideline development and implementation (update of the national guidelines on Stimulation, Detection and Early Intervention of child growth and development, care for low-birth weight infants) Capacity building for subnational level and health care workers Implementation Monitoring Social Behavior Change and Communication
FOOD	Improve food safety control system assessment through evidence based generation and policy advocacy
WASH	Improve access to safe WASH in health care facilities, through: 1) capacity building of water safety plans and safely managed sanitation; 2) development costed plan; 3) PHC Environment Health Standard for PHC Review; 4) WASH in PHCs technical guidelines development; 5) pilot implementation of the water safety plan Improve access to safe WASH in community, through: 1) Development of roadmap and costed plan for ODF; 2) Development of on-site sanitation inspection tool and implementation; 3) Development of EHRA tool; 4) Documentation and learning sharing of STBM-Stunting; 5) Advocacy and Horizontal Learning on ODF acceleration; 6) Strengthen the innovative financing for ODF; 7) Development and dissemination of technical guideline on utilization of ZISWAF for sanitation Improve WASH in schools through STBM triggering guideline in schools Improve the quality of Safely managed drinking water: 1) Support data analysis of national water quality survey and its publication; 2) Subnational advocacy for drinking water quality surveillance; 3) Bottleneck analysis and roadmap for drinking water; 4) guideline development on drinking water quality surveillance Strengthen Hand Hygiene for All (HH4A): 1) Development of roadmap and costed plan for HH4A; 2) Development of Public-Private Partnership for Hand Hygiene; 3) Market Assessment for hand hygiene; 4) Development of training module for hygiene behaviors change (hand hygiene) and training at national and subnational level; 5) Hand hygiene promotion in community, schools, PHCs Promote food safety at household level by mitigating risks and hygiene promotion at the household level, through implementing risk-based inspections

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Improve infant and young child feeding practices through 1) high-level advocacy; 2) strengthening capacity of health workers and community volunteers; 3) improving monitoring and information system; iv) implementing social behavior change communication activities Policies on marketing of breastmilk substitutes and processed foods to be strengthened by engaging in policy advocacy Guideline development (adapting the Nurturing Care Framework into national Stimulation, Detection and Early Intervention of child growth and development guidelines) Development of training modules materials Improve age appropriate complementary feeding and maternal nutrition through 1) strengthening capacity to provide counselling; 2) improve monitoring and information system; 3) strengthen policy to eliminate the harmful effects of inappropriate marketing of processed food high in added sugar, salt and transfer
FOOD	Strengthen and supporting food systems transformation with focusing on increasing the affordability of healthy diet for all including vulnerable population through 1) evidence based policy, 2) advocacy and 3) capacity building to national and subnational government Provide technical assistance to National Logistics Agency (BULOG) to improve the production of rice fortification at regional level in order to support the inclusion of Fortified Rice in social safety nets programme (SEMBAKO) Assist the government in developing the national standard for rice fortification Increase awareness among the rice miller companies on benefit of Fortified Rice Strengthen and supporting food systems transformation with focusing on increasing the affordability of healthy diet for all including vulnerable population through 1) evidence based policy, 2) advocacy and 3) capacity building to national and subnational government

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Institutionalization of mass screening, treatment of child wasting, and referral system as part of the routine primary primary and community health care services by 1) capacity building; 2) improving monitoring and information system; 3) high-level advocacy; and iv) community mobilization Integration of screening and treatment data, including MUAC measurement results into national health information system (e.g. e-PPGBM) Empower caregivers to monitor growth of their children using low-literacy/numeracy anthropometric tools (include family MUAC); detection of growth faltering; Social Behavior Change and Communication Support consultative meetings at national with different stakeholders/experts to include RUTF into the Model Essential Medicine list for Indonesia context Provide technical support to strengthen the supply chain system for the treatment of child wasting
FOOD	Support evidence generation and dissemination of local RUTF studies Advocacy on regulation of RUTF local production Establish nutritional standards of local manufactured RUTF, protein quality in particular, according to Codex Allimentus Nutrition Committee standard

Global Action Plan on Child Wasting | Country Roadmap

Kenya

The World Health Assembly (WHA) target and the Sustainable Development Goals (SDGs) aim to reduce the proportion of children suffering from wasting to <5% by 2025 and <3% by 2030. Kenya is hailed to be among the eight countries that are on track to achieve the four World Health Assembly targets by 2025, including the reduction of wasting. According to the Kenya Demographic and Health Survey 2014, the national prevalence of wasting is 4%. However, a closer look at the sub-national prevalence shows that major equity gaps remain, and a significant part of the country still records high and very high levels of wasting (based on WHO thresholds).

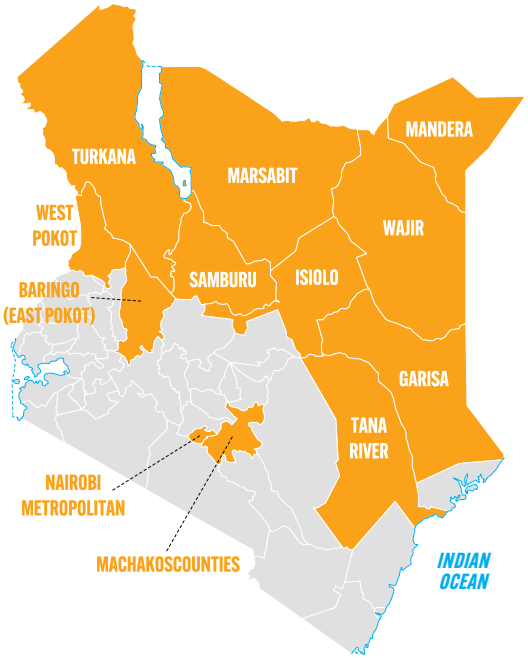
The 10 top counties with the highest burden of acute malnutrition are Nairobi, Mandera, Turkana, Garissa, Wajir, Marsabit, Baringo, West Pokot, Kilifi and Isiolo. Together, they account for 65.4% of the total caseload of wasted children in the arid and semi-arid lands (ASAL) as well as urban counties in Kenya. Select arid counties record persistently high levels of wasting and during the drought years, wasting reaches very critical levels. Kenya is also hosting some 0.5 million vulnerable refugees with a high dependence on humanitarian assistance. Nutrition surveys reveal high levels of malnutrition among refugees compounded by poor water and sanitation as well as high levels of morbidities among children under 5 years.

The main determinants of wasting in Kenya include food insecurity coupled with increased morbidities due to the deterioration of WASH practices. This in turn leads to spikes in the population requiring food assistance as well as the treatment of acute malnutrition. In non-drought years, the rates of wasting remain above the emergency thresholds due to endemic factors such as inadequate infant and young child feeding practices (exclusive breastfeeding and especially complementary feeding), poor childcare practices, persistent food insecurity, suboptimal coverage of health and nutrition services, and inadequate social protection. The situation is further aggravated by a limited coping capacity, low literacy levels and poverty.

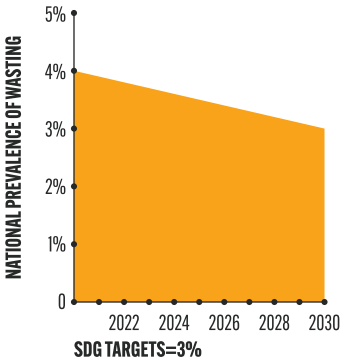
The system strengthening efforts over the past decade have enabled Kenya to avert excess mortality despite high rates of wasting. For example, 2011 and 2017 saw high levels of wasting with some hot-spot sub-counties recording a prevalence of wasting well over 30%. Unlike the excess mortality recorded in 2011, the system response in Kenya kept mortality rates within the non-emergency levels in 2017.

While Kenya has been able to progressively reduce the average prevalence of wasting at the national level, many ASAL counties remain above the global emergency thresholds. The areas with high levels of wasting face repeated emergencies threatening the lives of children and draining of national resources. Kenya's limited ability to prevent wasting increases the risk of excess childhood deaths, as well as long term effects of malnutrition to the children who survive the wasting episode. This reinforces the need to focus efforts on the prevention of wasting through multi-sectoral programming.

GEOGRAPHICAL PRIORITY AREAS

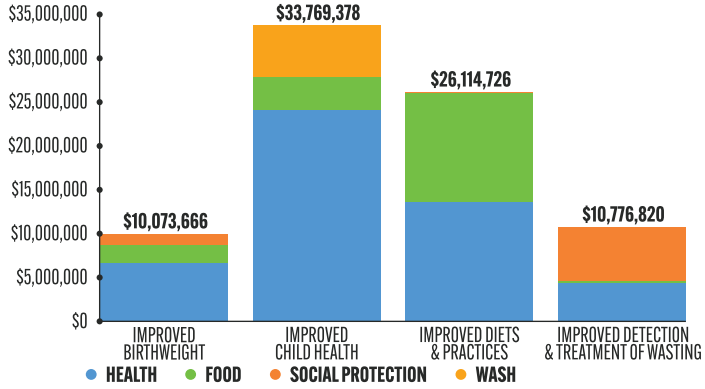


REACHING THE SDG TARGET BY 2030



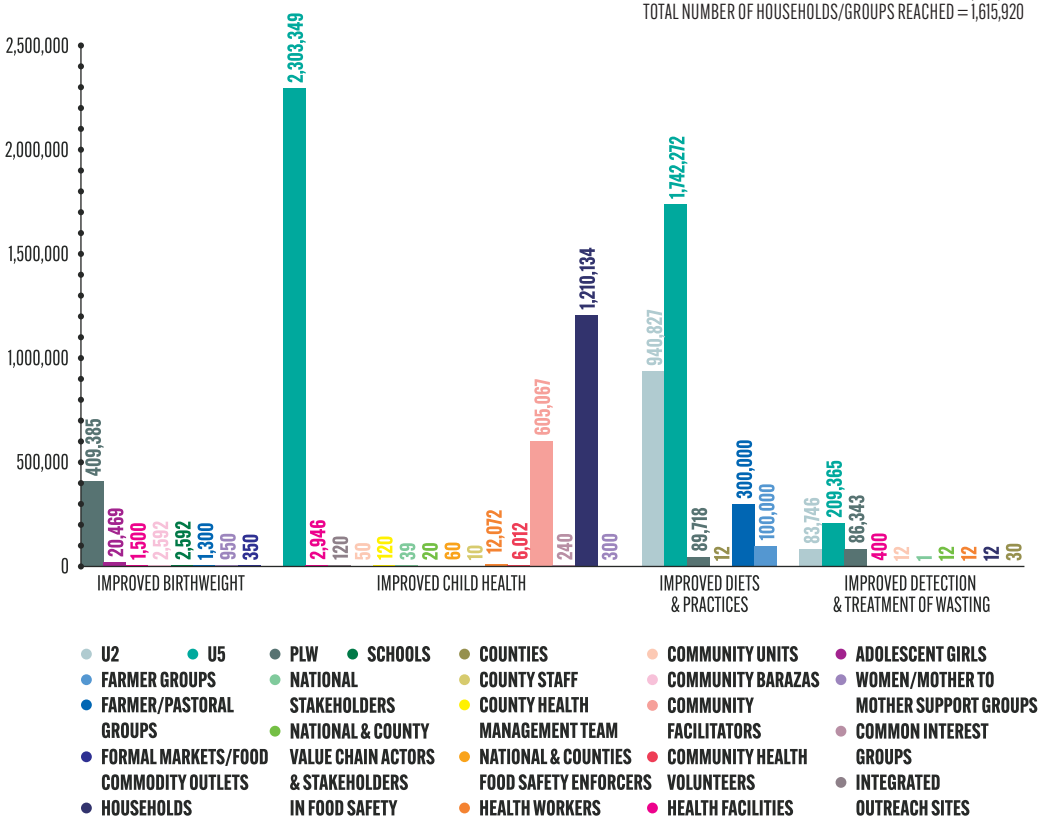
ANNUAL COST (USD)

TOTAL ANNUAL COST = $80,734,589



TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED = 6,508,899
TOTAL NUMBER OF HOUSEHOLDS/GROUPS REACHED = 1,615,920



By 2025

- REDUCE LOW BIRTHWEIGHT TO 5%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO AT LEAST 75%
- INCREASE TREATMENT BY REACHING AT LEAST 75% OF SEVERELY WASTED CHILDREN AND AT LEAST 50% OF MODERATELY WASTED CHILDREN
- IMPROVE CHILD HEALTH BY ACHIEVING 100% UNIVERSAL HEALTH COVERAGE

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Provide quality ANC, obstetric, newborn and postnatal care services to pregnant women during pregnancy, delivery and postpurtum including refugee population. Integration of screening for malnutrition among PLW/G during ANC, PNC Delivery and post partum including refugee population. Provision of nutritious food supplementation to target vulnerable/ undernourished PLW/G including refugee population. Strengthen linkages for nutrition education through the school curriculum. Mainstreaming nutrition in curriculum reform and development of strategies to support articulation of curriculum content. Strengthen implementation of school health programs that includes nutrition service delivery incorporating nutrition assessment components in school health. Provide iron and folic acid supplements to women and adolescents girls during pregnancy. Enforce prohibition of sexual violations, FGM and child marriages through community level platforms. Support the education sector to operationalize the school health policy and strategy and revise the school curriculum to allow comprehensive and age-appropriate sexuality and reproductive health education. Rollout of social behaviour change communication on reproductive health, nutrition and FGM.
FOOD	Promote increased production of nutrient-rich foods by promoting food diversification. Increase the number of nutrition sensitive agriculture technologies and innovations such as kitchen gardens and livestock. To increase production of adequately fortified salt, maize flour and wheat flour, including blended flours and vegetable oil and fats as well as upscale programs to promote their consumption. Support operationalization of standards and guidelines for institutional feeding, including school meals. Promote biofortification of potential food crops using conventional breeding techniques as part of food security and resilience agricultural strategies to improve diets of vulnerable rural communities that rely heavily on few staples.
SOCIAL PROTECTION	Advocate for alignment of nutrition and social protection policies, strategies and programs to leverage social protection systems. Provide pregnant adolescent girls an opportunity to re-enter school after delivery and referral for sexual reproductive health. Support development and implementation of school meals programs that offer support for nutritious meals to ensure intake. Support the implementation of food/cash supplementation program for pregnant and adolescents girls from vulnerable households.

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Scale-up the implementation of baby friendly hospital and community initiatives and include kangaroo mother care for small and sick neonates (BFCI). Advocacy and creating awareness through global/national events that promote MIYCN e.g. world breastfeeding week, world food day, nutrition week, world premature day, malezi bora etc. Promote optimal complementary feeding (6 -23 months) and integrate IYCN initiatives in early childhood development and multisectoral platforms between MOH and line ministries (all). Promote work place support initiatives for women to combine work and breastfeeding both in formal and informal sector. Integrate MIYCN interventions into ECD initiatives. Develop/review policies, standards and guidelines in line with the international standards, conventions and global commitments on MIYCN (MIYCN policy, strategy and training packages, feeding preterm and lowbirth weight guidelines, MIYCN-E operational guidance, BMS Act regulations and training curiculum) and disseminate to frontline health workers, monitor implementation and evaluate policy performance and impact. Strengthen mechanisms for implementation and monitoring and enforcement of the international Code and enforcement of the Breastmilk Substitute Act and regulations on unhealthy foods to minimize harmful effects to children due to inappropriate marketing. Strengthen capacity of frontline health workers on MIYCN interventions. Strengthen MIYCN information systems for decision making and growth monitoring and promotion for children under 2 years.
FOOD	Promote technologies and strengthen food value chains that aim to improve the availability, affordability and consumption of health and nutritious diets including dark green leafy vegetables, biofortified staples and tubers, underutilized indigenous and climage resilient crops and livestock. Promote biofortification of potential food crops using conventional breeding techniques as part of food security and resilience agricultural strategies to improve diets of vulnerable rural communities that rely heavily on few staples. Improve storage capacity, post-harvest loss management, distribution, transport infrastructure and value addition and minimal processing to improve household food access to healthy and nutritious diets at all times. Activity to be intergrated with of nutrition education. Improve production and market access for diverse nutritious foods, including improving post-harvest loss management, storage, distribution and transport infrastructure. Improve agriculture income to enhance dietary diversity including value addition of crop and livestock products; and integration of nutrition education in agribusiness programmes. Promote livelihoods diversification to improve climate resilience of livestock and crop dependent communities and households. Improve analysis, decision-making and response as well as the design of nutrition sensitive interventions; including evidence generation for nutrition sensitive programming.
SOCIAL PROTECTION	Integrate nutrition interventions in cash and in-kind transfers and include nutrition vulnerabilities in the criteria for inclusion.

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Strengthen the design and delivery of integrated/ comprehensive maternal, neonatal, child health service packages in health facilities (EMONC, IMCI) and communities (ICCM, PHC) including through integrated outreaches and functional community health units. Undertake health education through community health volunteers and other community structures, social media, print media and other forums for the increased utilization of Maternal, Neonatal and Child Health (MNCH) services among vulnerable populations. Strengthen and enhance planning, budgeting and coordination of essential Maternal, Neonatal and Child Health (MNCH) services at national and county levels. Initiate or strengthen mental health initiatives among caregivers including promoting wellbeing and social support. Strengthen the supply chain for essential newborn and child health commodities. Disease surveillance, epidemic preparedness and response including promotion of utilization of essential services during the COVID 19 pandemic. High impact nutrition interventions including breastfeeding and complementary feeding promotion and counselling, micronutrient supplementation (vitamin A supplementation, micronutrient powders), deworming prophylaxis, nutrition care and support including during emergencies. Growth monitoring and promotion.
FOOD	Promote safe food production among pastrolists, farmers and fisherfolks including safe use of agro-chemicals during food production, proper storage and handling to control incidents of food-related disease outbreaks and contamination. Support development, adoption and implementation of appropriate food safety standards along the value chains including food production, processing, storage, distribution and enforce implementation. Enhance the regulatory capacity of the National and County institutions involved in product development, standards establishment and monitoring of quality.
WASH	Encourage, facilitate and promote sanitation solutions for households towards eliminating open defecation and improving sanitation behaviours through market based solutions and self support approaches. Improve access to and use of safe and sufficient drinking water at household and institutional level (treatment, strorage). Integrate handwashing message and hygiene during health promotion sessions. Promote joint resource mobilization for integrated WASH and nutrition activities.

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Scale up IMAM services across the target counties. This includes outreach for hard to reach areas including refugee populations, scale up of IMAM surge, and ensuring consistent commodity pipelines. Strengthen and scale up nutrition care for wasted inpatients and clients with disease and/or co-morbidities. Improve screening and referral for acute malnutrition at household, community, health facilities and institutional level. CHVs engagement through community units (such as ICCM), empower mothers/caregivers through family MUAC, growth monitoring at health facility, ECDs and at household level by CHVs. Strengthen nutrition screening and assessment for disease related malnutrition in health facilities. Develop infrastructure and capacity of health workers and institutions for service delivery. Conduct trainings, on the job training, continous medical educations and mentorships, provision of technical guidelines and job aids. Use available mechanisms for coordination of IMAM and to link IMAM services with other programmes (WASH, livelihood, social protection and food security). These coordination forums include nutrition technical forums, emergency nutrition advisory committee (ENAC) and multisectoral coordination forums. Scale up innovative approaches for nutrition education and communication such as Nutrition Improvement Through Health Education (NICHE), adoption of rapid-pro and other SBCC strategies. Strengthen MEAL to ensure evidence based decision making and accountability to service users. Conduct operational research for new approaches. Adopt community initiatives to promote community empowerment for accountability including complaints and response mechanisms, community conversations, community dialogues and actions through community units. Advocacy, resource mobilization and financing for nutrition service delivery including supply chain and ensuring this is covered by government health insurance such as NHIF/UHC. Inclusion of nutrition budget lines in county and national annual budgets, especially for nutrition commodities. Support the development of county strategic planning proceses including CIDP, AWPs, CNAP.
FOOD	Strengthen supply chain systems for the delivery of key commodities for the management and treatment of child wasting including disease related malnutrition. Improve reporting through online systems logistics management informations systems, accurate projection and timely requisition of nutrition commodities. Strengthen mechanisms to monitor safety, quality and adherence to standards for nutrition supplies for management of wasting, including end user monitoring. Strengthen and scale up local production of nutrition commodities.
SOCIAL PROTECTION	Provide regular and predictable cash transfers to all households with pregnant and lactating women with children below 2 to five years, poor and vulnerable households taking care of orphans and vulnerable children (consolidated cash transfer (CCT) programme). This may be universal coverage of use of at risk criteria for targeting (including for universal child benefit- UCB). Support to scale up unconditional cash/food transfer during shocks such as drought. Floods and pandemics to reduce exposure to poor health and nutrition.

Madagascar

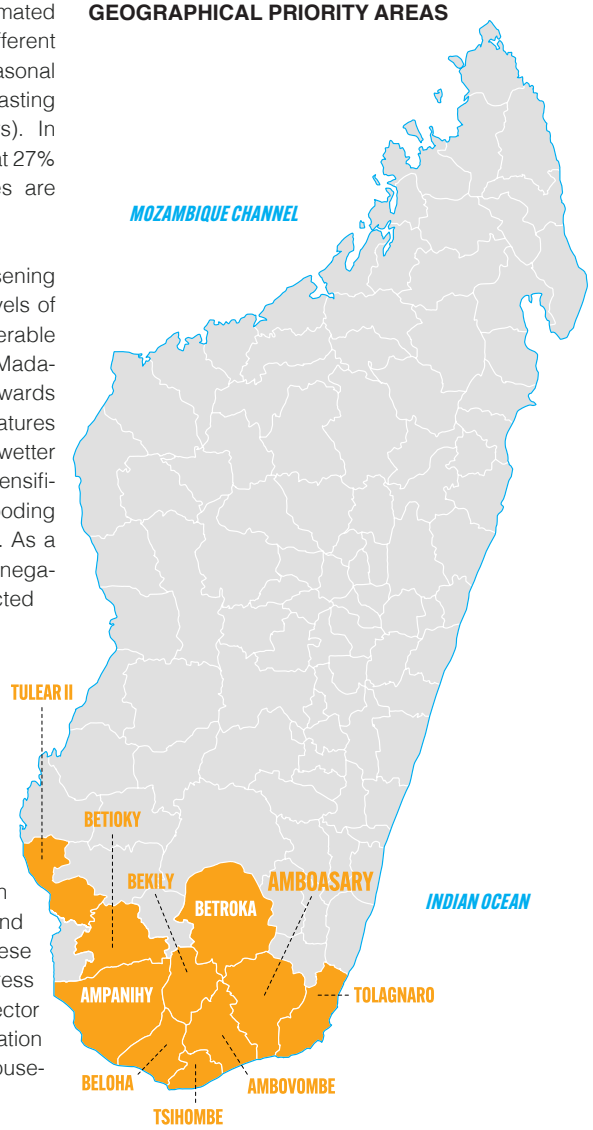
Madagascar has one of the world's highest percentage of people living in extreme poverty. More than four out of five children live in monetary poverty. Current trajectories suggest that Madagascar is unlikely to reach any of the SDGs by 2030, including the child wasting target of 3%.

National child wasting rates are currently estimated at 6% with regional disparities across the different districts. In the South, there are regional seasonal pockets with emergency levels of child wasting rates (GAM >15% with aggravating factors). In 2021, after exceptional wasting rates peaked at 27% in some districts and these very high rates are attributed to the severe drought.

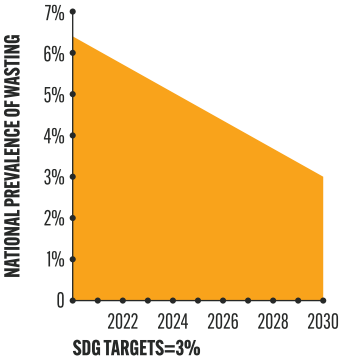
Climate change is accountable for the worsening droughts in the country, and it pushes up levels of child wasting. Known as one of the most vulnerable countries to climate change in the world, Madagascar is experiencing increased threats towards destructive droughts as increased temperatures are causing hotter and drier dry seasons and wetter rainy seasons. This has also resulted in an intensification of cyclones, increased incidence of flooding and landslides, soil degradation and erosion. As a result, crop production has been reduced, negatively impacting the food security of the affected regions and, in turn, levels of child wasting.

In addition to food security, other determinants of child wasting in Madagascar include sub optimal infant and young child feeding practices, poor maternal and adolescent health and nutrition, low access to adequate agricultural inputs (seeds, fertilizers, etc.) adapted to the locally harvest potential, and inadequate access to health services, water, sanitation and hygiene, and social protection. Unfortunately, many of these factors have not made discernable progress during the past decade. The agricultural sector has been impeded due to sustained population growth, impacting dietary diversity at the household level, and, social protection programs have increased but they are still insufficient to meet children's needs. All these variables, coupled with climate change, the Covid-19 pandemic as well as insecurity in the South have negatively compounded the number of children suffering from child wasting.

GEOGRAPHICAL PRIORITY AREAS

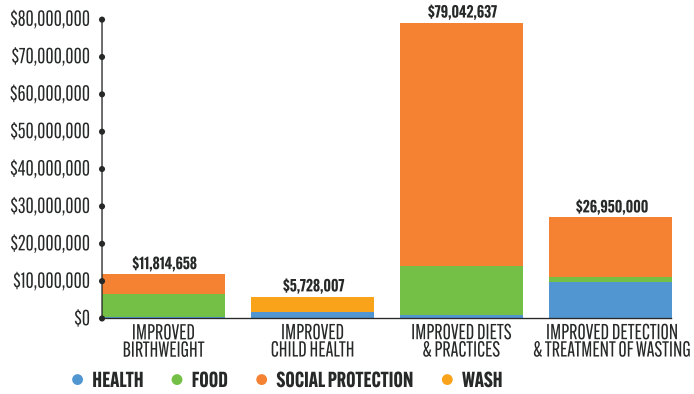


REACHING THE SDG TARGET BY 2030



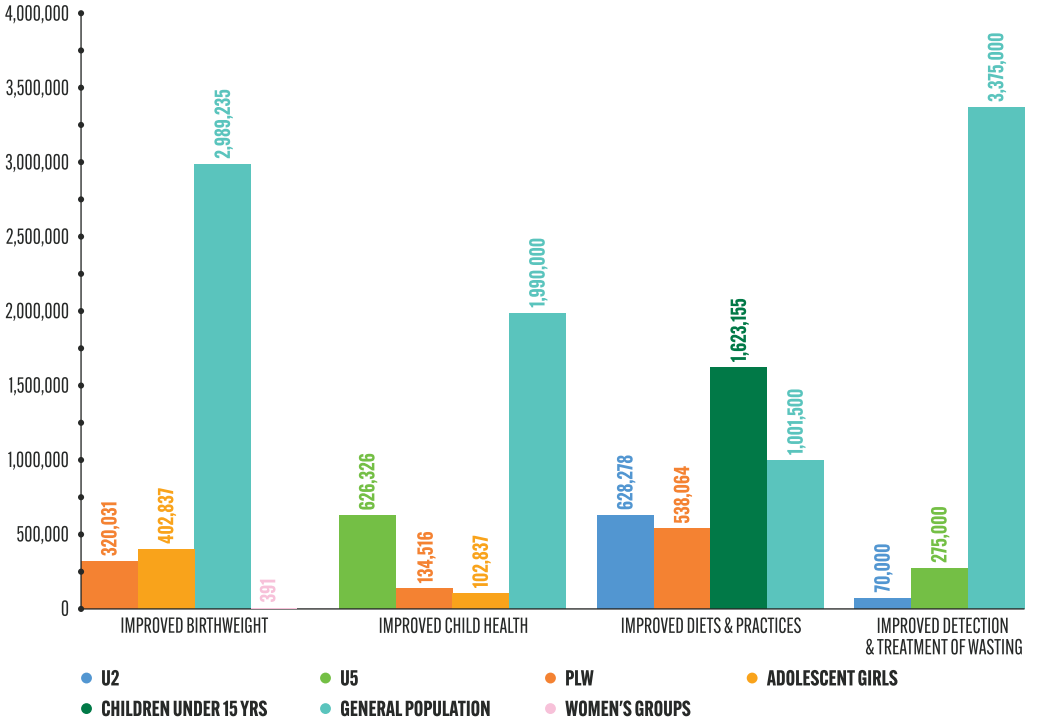
ANNUAL COST (USD)

TOTAL ANNUAL COST = $123,535,302



TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED = 14,076,779
TOTAL NUMBER OF GROUPS REACHED = 391



By 2025

- REDUCE LOW BIRTHWEIGHT TO 9%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 65%
- INCREASE THE COVERAGE OF TREATMENT SERVICES TO 100% FOR CHILDREN WITH WASTING
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR A SELECT % OF THE POPULATION

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Strengthen the health system to improve maternal and infant quality service delivery (increase number and capacity of health staff; improve health supply chain; support effective outreach strategy) and create demand for this service through inclusive community dialogue (involving Community Health & Nutrition Workers, community leaders, traditional birth attendants and religious leaders). The service includes ANC, IFA and/or MMS supplementation, intermittent preventive treatment of malaria and promotion of ITNs. Provide IFA and/or MMS supplementation to adolescent girls
FOOD	Support women's group to develop agribusinesses adapted to their local context and markets (training in agricultural entrepreneurship from production to transformation and preservation to marketing and financial management, dotation of supplies and equipment, close and regular follow-up and support) Support producers to produce biofortified foods such as moringa, beans Cal98 and orange-fleshed sweet potatoes (training in agricultural entrepreneurship from production to transformation and preservation to marketing and financial management, dotation of supplies and equipment, close and regular follow-up and support) During acute food insecurity periods, distribute specialised nutritious food (ex: LNS) to vulnerable pregnant and lactating women and adolescent girls. Support small and middle-scale salt producers in the Southern region to iodise salt and reinforce the quality control mechanism.
SOCIAL PROTECTION	Expand the coverage of the national social cash transfers programmes (FIAVOTA/ TMDH) through a Universal Child Benefit (UCB) covering pregnant women (unconditional, universal coverage).

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Strengthen the health system to improve MIYCH&N quality service delivery (increase number and capacity of health staff; improve health supply chain; support effective outreach strategy) and create demand for this service through inclusive community dialogue (involving Community Health & Nutrition Workers, community leaders, traditional birth attendants and religious leaders). The service includes Family Planning and Reproductive Health, IMNCI, EPI, VAS and deworming.
FOOD	Strengthen the capacity in food safety at all levels: i/ National level: training of the Codex Alimentarius National Committee and advocacy for national Rules & Regulations and control mechanisms; ii/ Local level: training of producer's associations and Community Health & Nutrition Workers on food transformation and preservation; iii/ Training of managers of restaurants and street food sellers.
WASH	Support communities to develop access to multiple uses of water (construction or rehabilitation of water points, training on multiple and efficient uses of water for human consumption, animal consumption and home gardening) and Community-Led Total Sanitation/ Safely managed sanitation services. Support health facilities and community nutrition sites (capacity building, supply and equipment, tools) to certify "3 stars" in terms of water, sanitation and hygiene practices.

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Integrate Early Childhood Development/ Nurturing Care activities in the health service package and in the community nutrition package (development of material and tools, health staff and community nutrition workers capacity strengthening, equipment for dedicated children's space, parental coaching) Support the promotion of IYCF (individual and group counselling) in health facilities and community nutrition sites.
FOOD	Support vulnerable households to produce and consume nutritious and diversified food (training in production, transformation, preservation and consumption, donation of supplies and equipment, close and regular follow-up and support) During acute food insecurity periods, distribute specialised nutritious food (ex: LNS) to vulnerable children 6 to 59 months old. Undertake a national micronutrient deficiency survey to document and advocate for food fortification; Support the development of Rules & Regulations on food fortification; Support research projects on food fortification of rice and breadfruit for use in school canteen programmes.
SOCIAL PROTECTION	Expand the coverage of the national social cash transfers programmes (FIAVOTA/ TMDH) through a Universal Child Benefit (UCB) covering children under 15 years old (unconditional, universal coverage).

OUTCOME 4

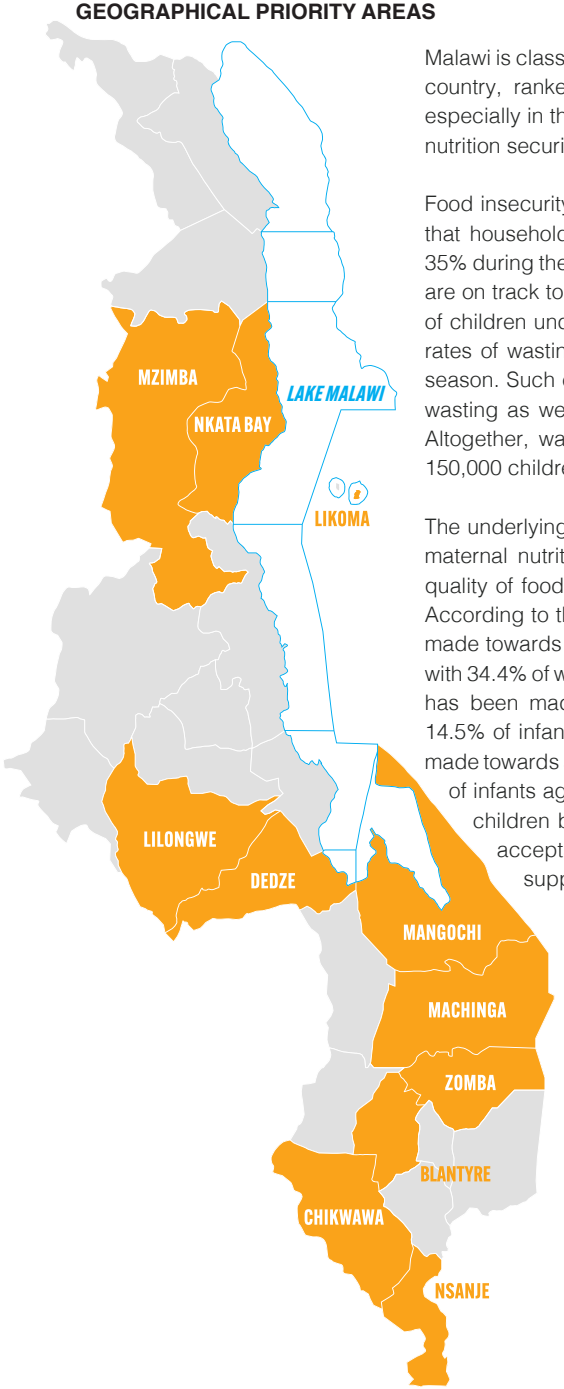
IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Strengthen the health system to improve MIYCH&N quality service delivery (increase number and capacity of health staff; improve health supply chain; support effective outreach strategy) and create demand for this service through inclusive community dialogue (involving Community Health & Nutrition Workers, community leaders, traditional birth attendants and religious leaders). The service includes the management of severe and moderate wasting. Expand the number of families using MUAC and oedema verification for early wasting identification and referral (training and equipment of new families, refresher training and equipment of families already trained). Ensure the continuous supply of RUTF and full integration of the supply chain for nutrition commodities with other health commodities. Ensure the continous supply of RUSF and full integration of the supply chain with the ONN/ UPNNC.
FOOD	Support (technical assistance) the private sector to ensure the production of aflatoxin-free peanuts for the local production of RUTF and RUSF (use of imported peanuts at the moment). During acute food insecurity periods, distribute food protection ration to families with SAM and MAM children 6 to 23 months old.
SOCIAL PROTECTION	Implement the shock responsive social safety net mechanism adapted to different areas of intervention and various types of shock.

Global Action Plan on Child Wasting | Country Roadmap

Malawi

GEOGRAPHICAL PRIORITY AREAS



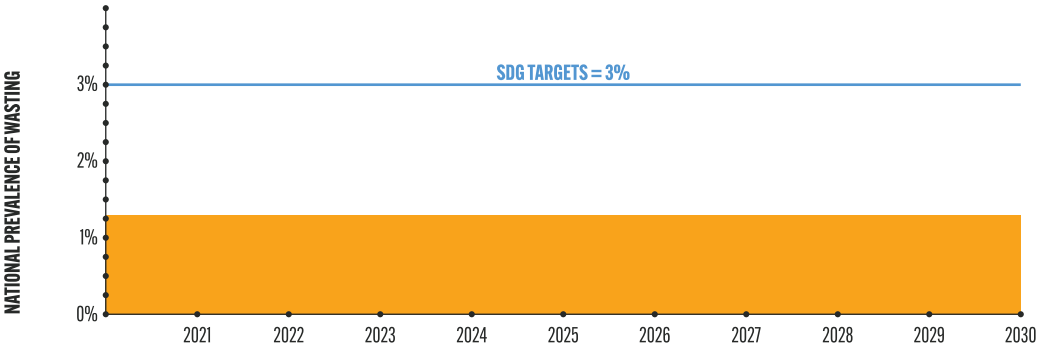
Malawi is classified by the United Nations as a low human development country, ranked 174 out of 185 countries. Poverty is widespread, especially in the rural population. The country faces multiple food and nutrition security challenges.

Food insecurity is prevalent during the lean season, but figures show that households consuming four or more food groups increases by 35% during the harvest. At the national level, rates of acute malnutrition are on track to meet the WHA and SDG targets for wasting, with 1.3% of children under 5 years affected. However, at the subnational level, rates of wasting are variable and subject to change during the lean season. Such changes could include an 80% increase in the rates of wasting as well as climbing admission rates in treatment programs. Altogether, wasting remains a public health issue with greater than 150,000 children under 5 years still at a high risk.

The underlying causes of wasting are multi-faceted, inclusive of poor maternal nutrition, poor feeding practices, inadequate quantity and quality of foods as well as a high prevalence of illness and disease. According to the 2020 Global Nutrition Report, no progress has been made towards reducing anaemia among women of reproductive age, with 34.4% of women aged 15 to 49 years now affected. Some progress has been made towards achieving the low-birth-weight target with 14.5% of infants having a low weight at birth. No progress has been made towards achieving the exclusive breastfeeding target, with 59.4% of infants aged 0 to 5 months exclusively breastfed. Finally, 92% of children between 6-23 months are unable to meet the minimum acceptable diet due to unstable and poorly diversified food supplies caused by the seasonality of food production.

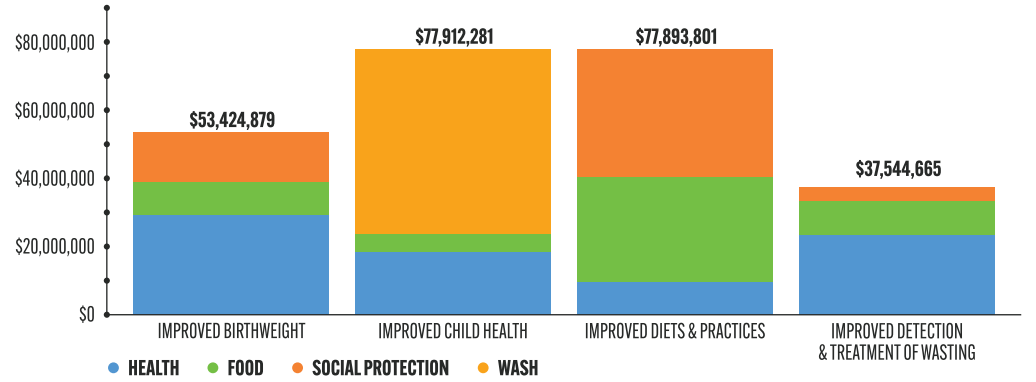
Despite the issues mentioned above, the government has successfully reduced malnutrition in Malawi over the years. A multisectoral and resilience building approach is credited as critical for sustaining these gains. It will meet both the immediate and long-term needs linked to the survival and well-being of families as well as communities. It will also mitigate against climate related hazards like droughts and floods that impact the food and nutrition security situation in the country.

REACHING THE SDG TARGET BY 2030



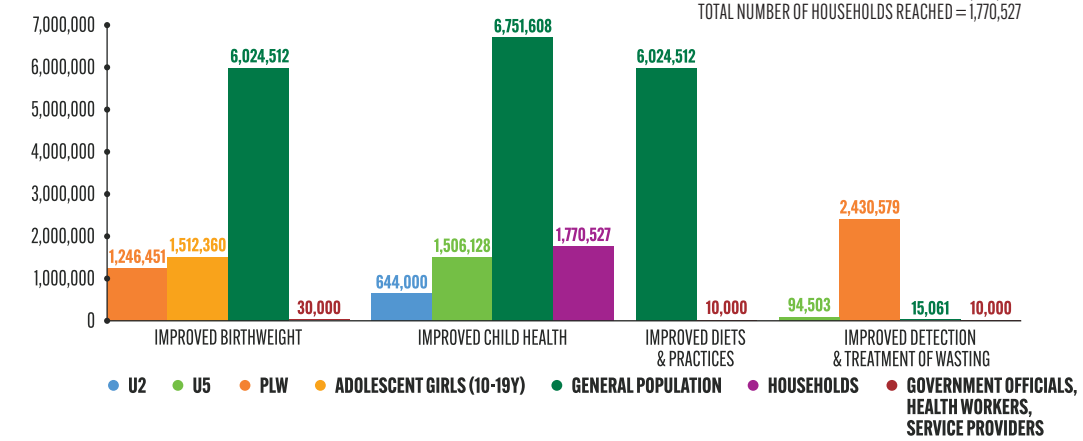
ANNUAL COST (USD)

TOTAL ANNUAL COST = $246,775,625.55



TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED = 12,894,675
TOTAL NUMBER OF HOUSEHOLDS REACHED = 1,770,527



By 2025

- REDUCE LOW BIRTHWEIGHT TO 8%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO AT LEAST 75%
- INCREASE TREATMENT BY REACHING 75% OF CHILDREN WITH WASTING
- IMPROVE CHILD HEALTH BY ACHIEVING THE ESSENTIAL HEALTH PACKAGE COVERAGE TO 80%

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Iron folate supplementation (adolescent girls and pregnant women) Promote behavioral change intervention (including counselling) on nutrition targeting adolescent girls and women including refugees, migrants and internally displaced women and girls Support the promotion and implementation of antenatal and postnatal services Prevent and control malaria among pregnant women Community mobilization and creation of enabling environment on importance of male involvement in reproductive health Facilitate access to and use of basic health care and nutrition services such as, ANC, PNC, reproductive health, malaria prevention, nutrition education, water and sanitation including shock affected households Review curriculum and train pre and in-service teachers on life skills education and adolescent nutrition. Monitor delivery of revised curriculum
FOOD	Awareness campaigns on the importance of consuming a diversified diet Strengthen food value chains that aim to increase the accessibility and affordability of sustainable healthy diets for women of reproductive age (minimum diet diversity with an emphasis on animal source foods, pulses, fruits and vegetables and fortified foods as needed)
SOCIAL PROTECTION	Advocate for policy change to expand social protection to deliberately include pregnant and breastfeeding women. Support development and implementation of nutrition sensitive social protection framework, and operation guidelines Scale up of school meals programme in primary and secondary schools for better retention and increased enrolment of students. Messaging around nutrition and reproductive health included and linkages to life skills development and ensure inclusion of the refugee, migrant and internally displaced population

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Improve access and utilization of vaccines to prevent vaccine preventable diseases Increase access and coverage of essential interventions to prevent and treat common childhood illnesses (malaria, diarrhoea, pneumonia and malnutrition) Conduct growth monitoring and follow up on LBW Strengthen nutrition screening in existing HIV and TB platforms
FOOD	Reduce contamination of crops in farms, enhance food safety in markets and improve food storage and food handling at household level (food hygiene), with a focus on complementary and supplementary foods for young children
WASH	Promotion of personal hygiene (hand washing with soap) and environmental sanitation (latrine refuse drop hole covers, solid waste management) Increase access to clean and safe water

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Scale up of BFHI in facilities and and strengthen continued breastfeeding support to communities through intergration of the 10 steps for improved quality of care for mothers and newborns Provision of skilled counselling to frontline workers and community volunteers Scale up of SBCC interventions to promote key family integrated practices including optimal breastfeeding practices and childrens diets with a focus on age appropriate complementary feeding plus WASH, Health and ECD interventions Support the finalisation and implementation of the code of marketing of breastmilk substitutes to protect and support optimal breastfeeding
FOOD	Promote production and utilisation of diversified high nutritive and safe, age appropriate, culturally acceptable and affordable foods along the value chains (including biofortified varieties) Strengthen the utilisation of the Malawi food composition tables, the costs and affordability of nutritive foods analysis Capacity building of multi-sectorall programme implementers and beneficiary groups on all levels on nutrition sensitive agriculture
SOCIAL PROTECTION	Support development and implementation of nutrition sensitive social protection national framework, and its operational guidelines to improve access to age-appropriate nutritious and affordable foods among children 6-24 months and pregnant women

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Roll out Family MUAC, integration into care group, growth monitoring Capacity building of health workers to streamlining early detection and referral, monitoring and reporting at every contact point including growth monitoring points, OPD, emergency and all entry points Integrate the treatment of wasting in iCCM for hard to reach areas Pilot the simplified protocols, review of the current CMAM guildelines, and build capacities of health workers in treatment of child wasting Ensure timely & quality management of SAM cases through capacity strengthening including the supply chain management system
FOOD	Pilot procurement and distribution of locally fortified MAM treatment commodities Capacity strengthening in production (suitable varieties in relation to weather) and post harvest handling (proper drying, storage/moisture content) of farm produce Inspection of production industries for implementation of quality standards. Development of safey and quality standards. Build capacity of local producers for implementation
SOCIAL PROTECTION	Advocate and influence increased budgetary allowance for nutrition interventions (e.g. financing for procurement and supply chain strengthening of nutrition commodities). Advocate for and support development and implementation of nutrition sensitive social protection national framework, and its operational guideline (provide cash and nutrition education to families with at risk children and pregnant/lactating women)

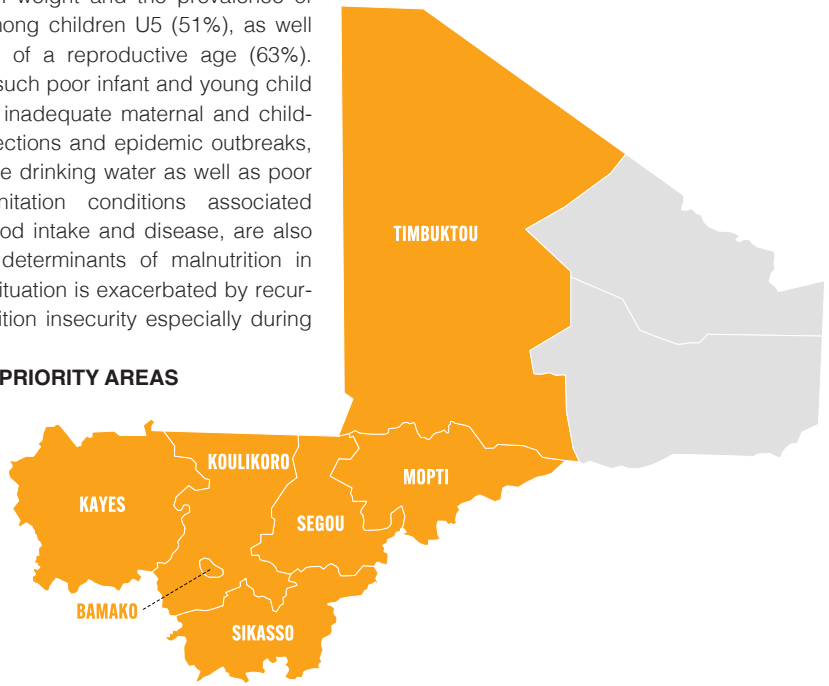
Mali

Mali, a vast Sahelian country, has a very low human development index of 0.434. It is positioned at 184 out of 189 countries and territories in the world for the three dimensions: a long and healthy life, access to knowledge and a decent standard of living. It is also classified as a low-income economy and 42.1% of the population lives in extreme poverty. Since 2012, the country has experienced instability and conflict which, according to the World Bank, has resulted in health, security, social, and political crises. In 2020, poverty rates increased by 5%, especially in the south where 90% of the country's poverty is concentrated in the densely populated rural areas.

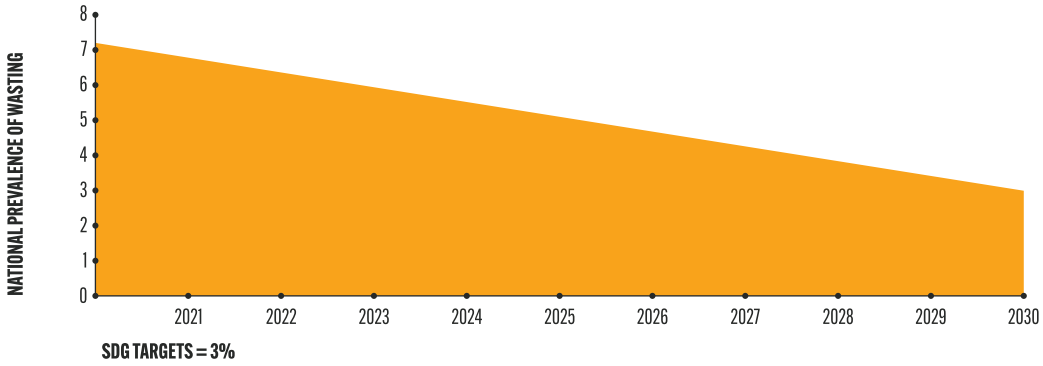
The nutritional situation in Mali is an ongoing public health concern that has not seen any improvements in the last decade. National rates of Global Acute Malnutrition (GAM) vary between 7.2 % (with 1.3% of severe acute malnutrition) during the post-harvest (SMART 2020) and 9.4% during the lean season (SMART 2019). Approximately, 15% of children are born with low birth weight and the prevalence of anemia is high among children U5 (51%), as well as among women of a reproductive age (63%). Additional factors such poor infant and young child feeding practices, inadequate maternal and child-care, recurrent infections and epidemic outbreaks, poor access to safe drinking water as well as poor hygiene and sanitation conditions associated with inadequate food intake and disease, are also deemed the key determinants of malnutrition in Mali. Overall, the situation is exacerbated by recurrent food and nutrition insecurity especially during the lean season where more than a million people need support (e.g., 1,245,569 persons projected in crisis between June -August 2021) for survival and increased resilience.

The ongoing conflict between government forces and non-governmental armed groups coupled with intercommunal violence has also impacted the security situation, community livelihoods as well as the health and nutrition status of the population. At least 346,864 internally displaced persons (IDP) were registered in January 2021, and 61% of the IDPs registered were less than 18 years old (in the northern and central regions of Mali). Except for Mopti, all the IDP sites (Gao, Koulikoro, Segou, Timbuktu, Bamako) reported high levels (>10%) of GAM. The overall humanitarian crisis in Mali has been aggravated by the effects of climate change and the COVID-19 pandemic resulting in compounded effects on an already ailing economy and nutrition status of children U5 as well as pregnant and lactating women.

GEOGRAPHICAL PRIORITY AREAS

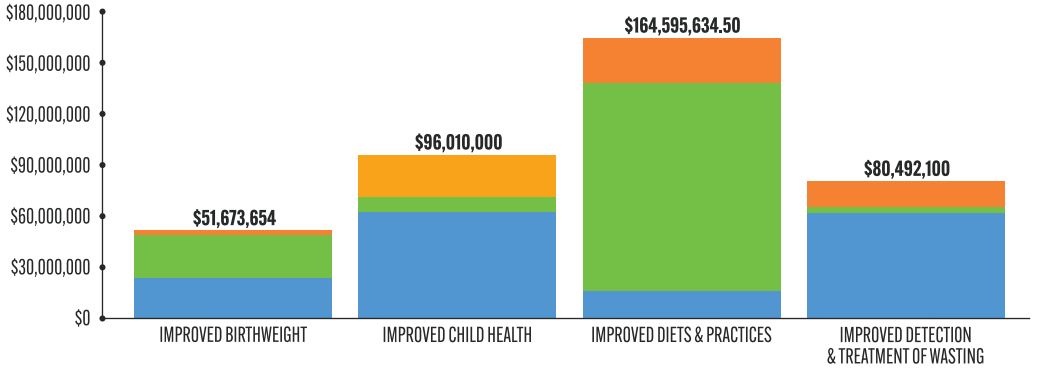


REACHING THE SDG TARGET BY 2030



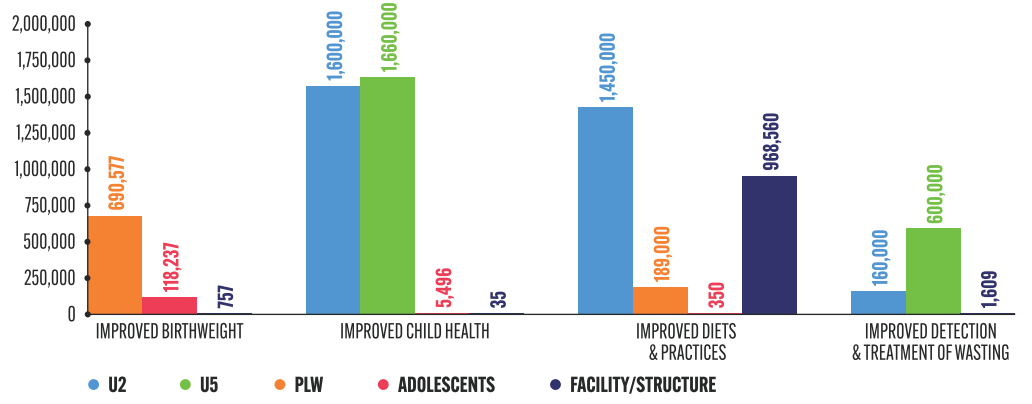
ANNUAL COST (USD)

TOTAL ANNUAL COST = $392,771,388.50



TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED = 6,473,660



By 2025

- REDUCE LOW BIRTHWEIGHT TO 10.5%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 56%
- INCREASE THE COVERAGE OF TREATMENT SERVICES TO 100% FOR WASTED CHILDREN
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR 75% OF THE POPULATION

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Support expanding coverage and quality of primary health care and related services and practices for pregnant women Scale up services to provide iron and folic acid supplements to women of reproductive age, particularly those who go through a pregnancy Early detection and treatment of undernutrition among pregnant women Strengthen the food value chain that aims to increase the accessibility and affordability of sustainable healthy diets for pregnant and lactating women
FOOD	Food fortification /bio-fortification Food assistance to pregnant women with energy and protein fortified food for popualtion with high rates of malnutrition Strengthening school feeding programs Promote Social Behaviour Change Communication to increase demand and utilization of healthy diet
SOCIAL PROTECTION	Optimization of use of school platforms for promoting nutrition and reproductive health to adolescent girls

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Improve access and coverage for immunization and an integrated treatment of common illnesses Support health systems strengthening (planning, budgeting, and mobilisation of resources) Integration of nutrition into the health system as part of health services in the national health plans, supply plan et roadmap to universal health coverage Strengthen early detection of wasting and growth faltering including the LBW
FOOD	Reduction of crops contamination in farms; enhanced food storage and handling, promotion of food safety throughout the food chain with main focus on food supplements for young children
WASH	Provision of water, hygiene and sanitation (access to clean water, latrines, refuse disposal and solid waste management) in health facilities including IPC measures for COVID-19 Hygiene and food safety promotion Ensure a WASH package for children with wasting and those afffected by emergencies (IDP, refugees)

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Skilled support for promoting early initiation and exclusive breastfeeding during the first six months Support the implementation of the code of marketing of breastmilk substitute Strengthening of Caring for caregivers' initiative
FOOD	Promotion of diet diversity through cultural methods and fortification Capacity building on food preparation and conservation Production units of locally fortified foods (complementary foods for young children) Support small scale infrastructure for food processing, preservation, storing and conditioning Seasonal food assistance to severely food insecure households
SOCIAL PROTECTION	Social assistance (cash or in-kind) programs targeting vulnerable communities

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Scale-up implementation of community Groups of support to nutrition actions (GSAN) in different health zones Strengthen early detection of Wasting through family MUAC, SIAN and CPS and referal of cases for treatment Scale-up Community management of severe acute malnutrition in ASC sites Roll out training of health workers and community health workers on simplified approaches for treatment of wasting Capitalisation of study pilots on simplified protocols and surge approach, and revision of the national IMAM protocol Strengthen Health and nutrition data collection in hard to reach areas
FOOD	Food assistance to caregivers of children with wasting including during inpatient care for SAM Support the feasibility study of local production of RUTF and strengthening governemnt supply chain of RUTF for management of wasting
SOCIAL PROTECTION	Social protection support to vulnerable families with wasted children living regions affected by food insecurity and malnutrition

Niger

All forms of undernutrition (wasting, stunting, underweight) remain a major public health problem in Niger. The national prevalence of Global and Severe Acute Malnutrition (GAM & SAM)) is 12.7% and 2.6%, respectively. These high rates have persisted for the past 10 years, and it is estimated that over 1 million children suffer from wasting each year.

Geographic variability for wasting exists across the country. Nationally, 5 out of the 8 regions (Diffa, Agadez, Diffa, Maradi, Tahoua, Zinder) have rates of GAM that are high or very high, based on WHO cut-offs. Furthermore, these same regions register rates of SAM that are near or above 3% (3.1% in Maradi, 3.3% in Agadez, 2.9% in Tahoua, 5.3% in Diffa and 3.3% in Zinder). Collectively, this indicates an alarming situation.

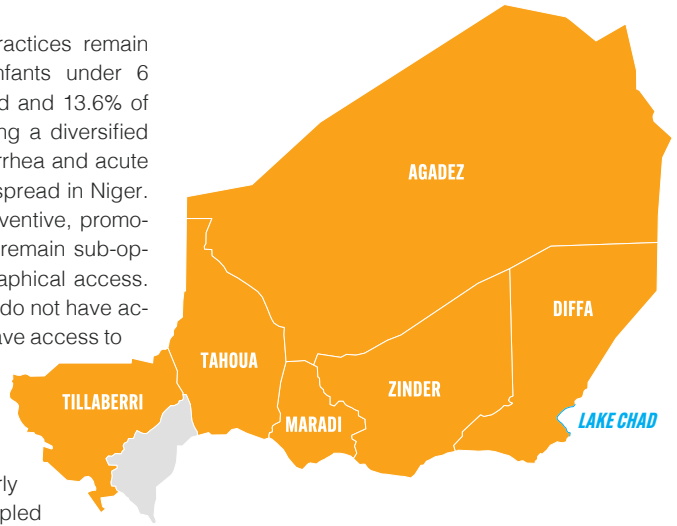
The main drivers of wasting in Niger include poor infant and young child feeding practices, inadequate dietary intake, high prevalence of morbidities, poor access to safe drinking water as well as poor hygiene and sanitation conditions, food insecurity and widespread poverty. This situation is further exacerbated by volatile insecurity as well as the impact Covid-19 on the food and healthcare systems.

Infant and young child feeding practices remain sub-optimal, with only 21% of infants under 6 months of age exclusively breastfed and 13.6% of children aged 6-23 months receiving a diversified diet. Diseases such as malaria, diarrhea and acute respiratory infections are also widespread in Niger. The coverage and utilization of preventive, promotional and curative health services remain sub-optimal due to challenges with geographical access. In addition, about 46% of Nigeriens do not have access to clean water and only 13% have access to basic sanitation. The prevalence of open defecation is estimated at 71%, and only 36% of rural mothers practice handwashing with soap or ash. High prevalence of early pregnancies in adolescent girls coupled with a high prevalence of anemia (58.4%) in women of reproductive age fuels the intergenerational cycle of malnutrition. Finally, 75% of the population (especially children under 5 years, adolescent girls, pregnant and lactating women) are challenged to cover their nutrition needs because they cannot afford a nutritious diet.

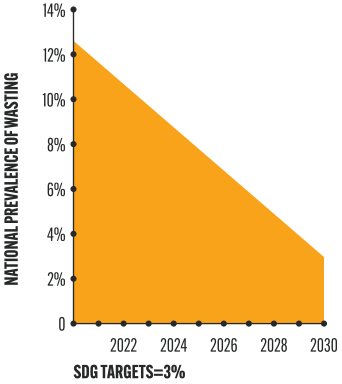
The overall nutrition situation is regularly exacerbated by seasonal shocks (pastoral crisis, lean season, peak of malaria), health epidemics, the consequences of climatic phenomena (droughts, floods) and insecurity incidents which lead to the displacement of populations.

The Niger's Global Action Plan on Child Wasting aligns with the National Nutrition Security Policy for the period 2017-2025. This multisectoral approach identifies the priority interventions that will accelerate progress towards achieving the World Health Assembly (WHA) and the Sustainable Development Goals (SDG) targets on child wasting.

GEOGRAPHICAL PRIORITY AREAS

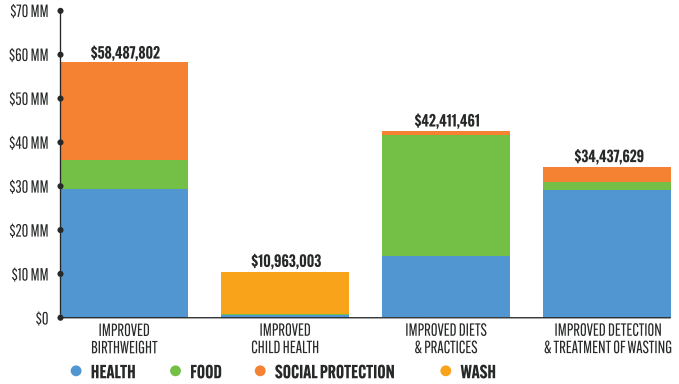


REACHING THE SDG TARGET BY 2030



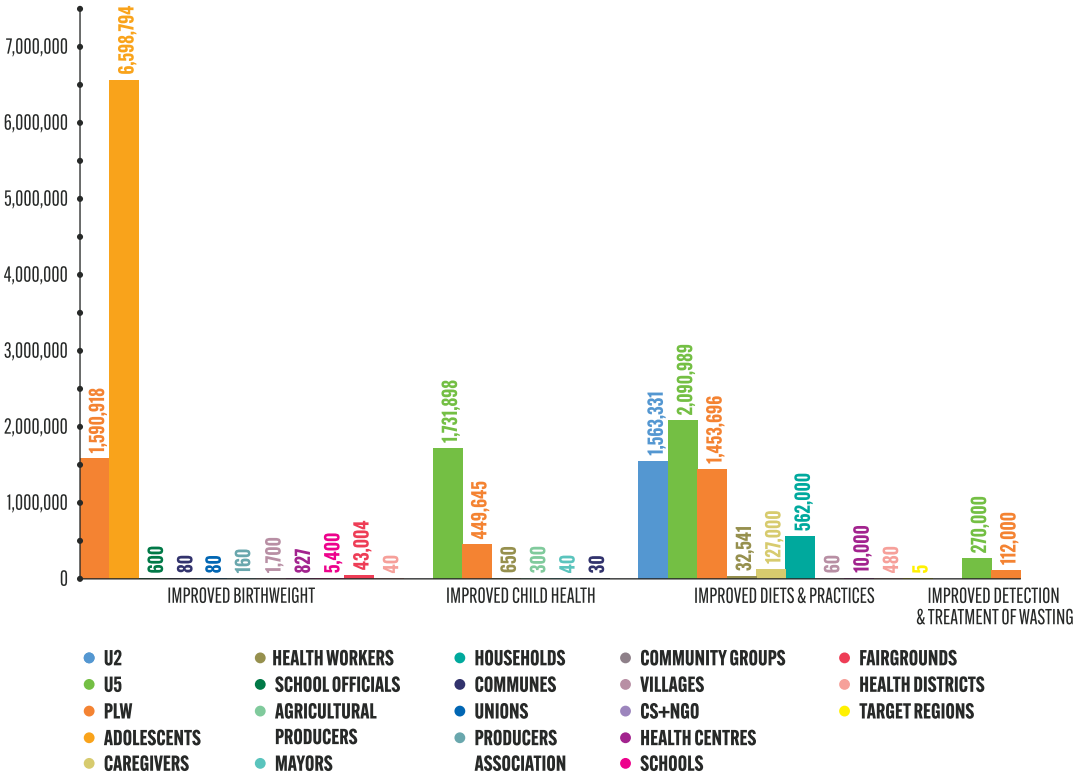
ANNUAL COST (USD)

TOTAL ANNUAL COST (USD) = $146,299,895



TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED = 16,022,402
TOTAL NUMBER OF HH/GROUPS REACHED = 564,110



By 2025

- REDUCE LOW BIRTHWEIGHT
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 50%
- INCREASE THE COVERAGE OF TREATMENT SERVICES TO >75% FOR WASTED CHILDREN
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR A SELECT % OF THE POPULATION

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Provision of package of essential nutrition interventions as per WHO recommendations during antenatal care Iron and folic acid supplementation coupled with SBCC on nutrition and reproductive health targeting adolescent girls
FOOD	Home vegetable gardening and seed support to produce a variety of plant origin foods; support to small livestock keeping coupled with SBCC to promote the consumption of nutritious foods Support capacity building of national/local institutions, producers and small holder farmers to increase/diversify the production of nutritious foods (agro-ecological, locally adapted, bio-fortified, animal source foods) Facilitate the access of producers to fertilizers, phytosanitary products, tractors, and animal traction kits Support the development of policies and regulations that promote and increase access to healthy diets Capacity building for the local production, quality control and marketing of fortified complementary foods for children 6-23 months as well as fortified cereals for pregnant women
SOCIAL PROTECTION	School feeding, iron and folic acid supplementation, sensitization on hand washing and menstrual hygiene targeting adolescent girls Conditional cash transfer programs targeting pregnant women attending ANC services

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Strengthen and expand the implementation of the integrated community case management (iCCM) approach, and increase access to routine immunization services Strengthen and expand physical/nutritional assessment for pregnant and lactating women as well as growth monitoring for children under five years
FOOD	Reduce contamination of crops in farms, enhance food safety in markets, and improve food storage and food handling at household level
WASH	Promote IYCF and other key family care practices, including hand washing and IPC measures as part of nutrition interventions Support the Government in scaling-up implementation of the WASH-in-Nut strategy Promotion of improved IYCF and hygiene practices through community-led total sanitation (CLTS) platforms

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Strenghten and expand the promotion of improved IYCF practices (SBCC through different communication platforms including promotion of diversified, affordable recipes based on locally available and affordable foods for complementary feeding) Strengthen and expand the Baby-Friendly Health Facility Initiative and strengthen continued breastfeeding support to communities through intergration of the 10 steps for improved quality of care for mothers and newborns Strengthen and expand mother-kangaroo care for low birth weight and sick newborns
FOOD	Support to local food production to improve diversification (plant based foods, small ruminants, fish), as well as support to the local production of fortified cereals Provide specialized nutritious food, cash/voucher including nutrition during lean season to support adequate diets for pregnant women and infants and young children up to 2 years of age Expand micronutrient fortification programmes through home fortification with micronutrient powders as well as large scale food fortification
SOCIAL PROTECTION	Support development and implementation of nutrition sensitive social protection national framework, and its operational guidelines to improve access to age-appropriate nutritious foods and to quality health care among children 6-23 months and pregnant women

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Scale-up of the Mother/Family MUAC approach for early detection and referral of children with wasting Support (capacity building) for the decentralization of treatment of children with wasting from health centers to community health platforms (integration with iCCM interventions) Screening for malnutrition (MUAC) through Seasonal Malaria Chemoprevention (SMC) campaigns as well as during food distribution activities; and timely referral of wasted children to nearest health facilities Strenghten supply chain management to ensure the timely availability of nutrition and medical supplies for the management of child wasting at health facility level
FOOD	Food assistance to caregivers of children with wasting who are hospitalized with medical complications
SOCIAL PROTECTION	Implementation of social assistance programs (cash or in-kind) targeting households with children under five years at risk of wasting

Nigeria

In Nigeria, the prevalence of wasting in children under 5 years is 7% at the national level. This translates into over 2.7 million wasted children under 5 years. A lot of progress has been made to address child wasting in the country over the past 2 decades, but disparities still exist across geopolitical zones and population strata.

Wasting is largely concentrated in the North with 58% of all cases residing there. In the North-East and North-West regions of Nigeria, the prevalence of wasting is 10% and 9%, respectively. This is approximately twice as high in comparison to the South and South-East regions (4.3% and 4.5%, respectively). However, recent data indicates that rates of wasting are rising in some Southern states that were previously known to have low rates of Global Acute Malnutrition (GAM).

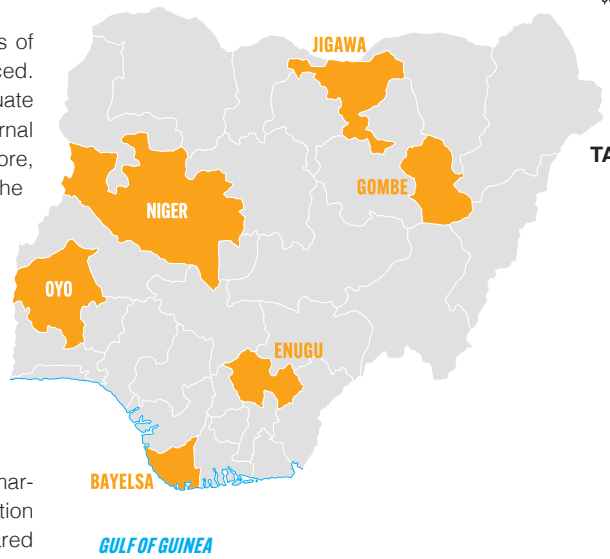
In addition, the proportion of children who are wasted between the age bracket of 0 to 23 months has increased from 16% to 22% when compared to the 2008 baseline. This is a sharp contrast to the relative reduction in wasting (14% to 7%) at the national level over the past decade.

Just like other forms of malnutrition, the causes of wasting in Nigeria are complex and multifaced. They range from childhood illness and inadequate diet to poor access to food, care as well as maternal and child health and nutrition services. Furthermore, a child's nutritional status is closely linked to the nutritional status of the mother before, during and after pregnancy. Poor maternal nutrition impairs fetal development and contributes to low birthweight, subsequent growth failure and wasting. Children under 5 years whose mothers are thin are 2 times more likely (14.7%) to suffer wasting in comparison to their counterpart (7.4%) whose mothers have normal BMI.

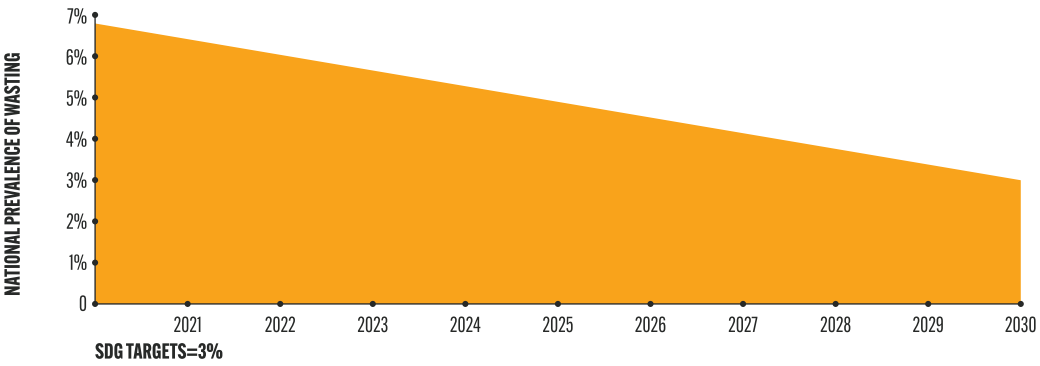
Furthermore, hazards such as flood caused a marginal decrease in cereals and cash crop production during the 2020/21 cropping year when compared with the 5 years average, resulting in the high cost of staple foods. The COVID-19 restriction measures also led to spikes in the cost of agricultural inputs and reduced agricultural operators' investment capacity during 2020/21 farming season. High incidences of insecurity including banditry and kidnapping as witnessed across several farming communities have also increased the number of internally displaced persons and thus leaving them vulnerable to food and nutrition insecurity.

Finally, the government is committed to addressing wasting and achieving the 2030 UN Sustainable Development Goals. In partnership with development partners and other stakeholders, they have developed multiple guidelines for interventions aimed at the prevention or management of acute malnutrition, as well as national policies. The major bottlenecks have been the fragmented implementation of interventions and inadequate funding to implement these policies at scale.

GEOGRAPHICAL PRIORITY AREAS

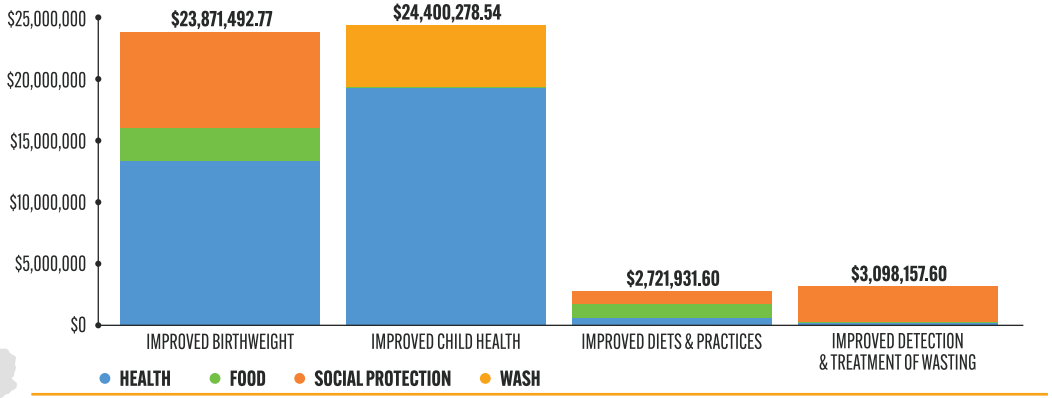


REACHING THE SDG TARGET BY 2030



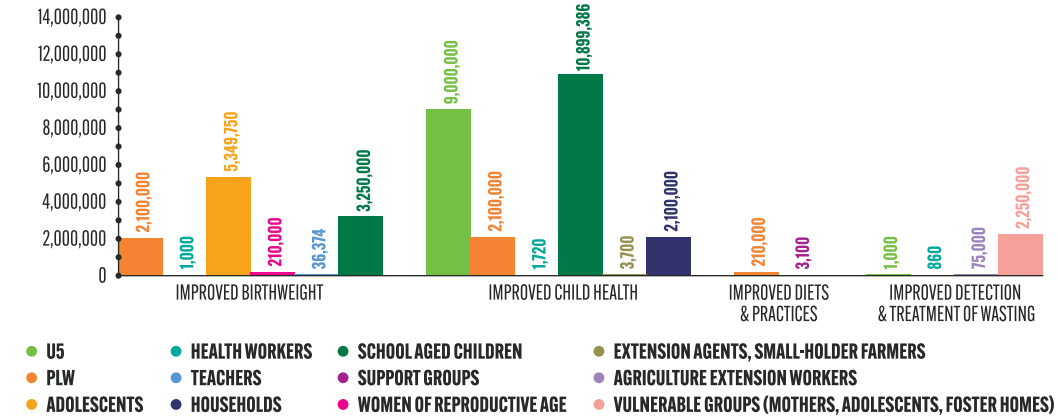
ANNUAL COST (USD)

TOTAL ANNUAL COST = $54,091,860.47



TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED = 33,238,790
TOTAL NUMBER OF HOUSEHOLDS/GROUPS REACHED = 4,353,100



By 2025

- REDUCE LOW BIRTHWEIGHT TO 4.9%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 65%
- INCREASE THE COVERAGE OF TREATMENT SERVICES TO 50% FOR CHILDREN WITH WASTING
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR A SELECT % OF THE POPULATION

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Scale up iron and folic acid supplementation for adolescents and pregnant women Introduction of Multiple Micronutrient Supplements for pregnant women for ananemia prevention and to optimize birth outcomes Nutrition Education focusing on adequate consumption animal source foods, locally available vegetables and fortified staples Promote mechanisms to ensure access to quality reproductive health services Community sensitization on the disadvantages of teenage marriage and promote access to schooling for all adolescents Dietary diversification programme for the vulnerable group using nutrition education Nationwide campaign to prevent nutrition transition and encourage consumption of locally available food materials in different geo-political zones
FOOD	Home Gardening and small animal husbandry Evidence generation through routine surveys, price monitoring, assessments of nutrition, food security and food systems Ennhancement of specific value chain of high economic/nutritional value Data generation on the costs of healthy diets and revision of the minimum expenditure baskets given to households in emergency settings Biofortification of staple foods (FMARD) Food fortification (FMOH, NAFDAC,SON) Local production of fortified nutritious foods
SOCIAL PROTECTION	Revise pre-service teachers curriculum Organize in-service training to update teachers in primary and secondary schools on food and nutrition Provide SBCC materials on nutrition for teaching and learning of teachers and in-school children and out of school children Home grown school feeding programme and home grown school meals Incorporate nutrition considerations into social protection programmes to address poverty, malnutrition and health of the vulnerable groups

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Growth Monitoring for children under 5 years of age using Mid-Upper Arm Circumference (MUAC) tape Expanded deworming programmes up to secondary schools and communities Vitamin A supplementation made available for children 6-59 months MIYCN counselling Operational research, prevalence studies and capacity building of health workers and advocacy
FOOD	Capacity building through training on Good Agricultural Practices (GAP), innovative storage methods (food and inputs) and ensuring food safety along the agricultural value chain Inclusion of food safety and prevention of food contamination information during ante-natal classes, community women group's forums and IYCF materials
WASH	Increase the implementation of joint nutrition and WASH programmes and increase the coverage of handwashing facilities and WASH services (safe water and sanitation) Promote the provision of soap and relevant WASH services through all food assistance platforms

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Intensify Zero Water Campaign across States using multiple platforms and contact points. Rigorously monitor the implementation of the national regulation and the international code and all WHA resolutions on the marketing of Breast Milk Substitutes (BMS) Advocate for legislation for extension of maternity leave entitlement to six months Support the implementation of nutritional assessment, counselling and support for pregnant and lactating mothers Scale up growth monitoring and promotion in health facilities as an entry point for dietary assessment and counselling on optimal complementary feeding Scale up IYCF support group linked with family-led MUAC at community level and integration with wasting prevention/treatment programmes Integrate complementary feeding bowl into IYCF programming
FOOD	Integrate homestead food production into nutrition programmes to improve dietary diversity of children 6-23 months Develop and promote the use of nutritionally adequate and affordable recipes using locally available ingredients for all age groups Partnership with the private sector for the production of nutritious complementary food Evidence generation and analysis on the cost of nutritious diets Support promotion and local production of fortified complementary foods Partnership with the private sector for the production of nutritious complementary food Evidence generation and analysis on the cost of nutritious diets support markets functionality and access, strengthen the capacities of local value chain actors, support the improvement of food supply chains (especially for perishable nutrient dense foods), interventions to enhance the nutritional value content and safety, support the development of policies and regulations that promote and increase access to healthy diets Data generation from the National Food Consumption and Micronutrient Survey, Cadre Harmonisé, NNHS, NHMIS Nutritient Gap analysis and Cost of the diet study Advocacy and policy influence to invest in research, monitoring, evaluation and learning for evidence generation
SOCIAL PROTECTION	Provide specialized nutritious food (SNF), cash/voucher plus behaviour change communication campaign (nutrition advice, counselling and mentoring to support the feeding and nutrition practices of pregnant women, infants and young children) from pregnancy until the child reaches the age of two

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Leverage community structures for family-led MUAC measurement for early detection and self referral Integrated approach for the management of acute malnutrition, including use SQ-LNS, RUSF and RUTF for prevention and treatment of wasting and as a minimum package of MNCH services in PHCs Integration of RUTF and other nutrition commodities into the National Health Logistic Manangement Information System Children under five years of age are screened for malnutrition at the community level
FOOD	Training and capacity building of caregivers, farmers, processors and agriculture extension workers on processing and preservation techniques along the value chain (especially groundnuts, soybeans, maize)
SOCIAL PROTECTION	Identify, develop, implement and sustain programmes that would provide safety nets to protect the most vulnerable groups, especially women, from negative effects of food crises and wasting as a result of inadequate dietary intake, illness, natural disasters and economic policies Support effective implementation of Conditional Cash Transfer Programmes (CCT), food rations or food supplements in emergency situation COVID-19 response: Ensure that households identified for CCT include pre-school (0-5 years) and primary school children. Support distribution of nutritious food baskets which promote healthy, diverse diets).

Pakistan

The prevalence of wasting in Pakistan has been on the rise since 1997. Trend data indicates that between 1997 and 2018 the prevalence of wasting in children under five years has increased from 8.6% to 17.7%. Despite improvements in socioeconomic indicators, acute malnutrition today exceeds the WHO emergency threshold of 15% in all provinces/regions except for two (ICT and Gilgit Baltistan). As per the NNS 2018, it is the highest national rate of wasting in Pakistan's history.

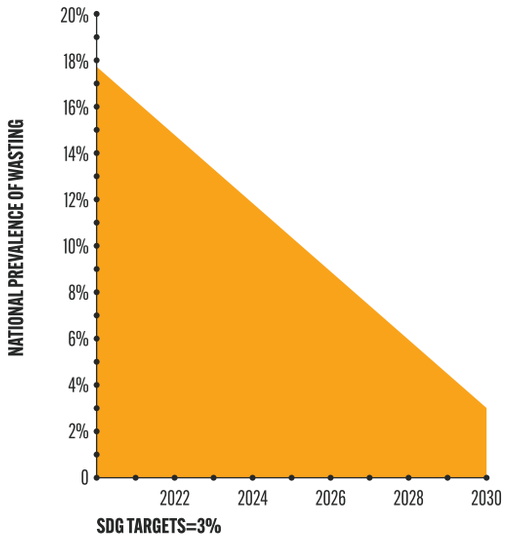
Disparities in rates of wasting exist across regions, provinces, and population groups. Out of the 17.7% children under five years of age suffering from wasting, 16.2% of children reside in urban locations and 18.6% in rural areas. Furthermore, 18.4% of boys are affected by wasting as compared to 17% of girls. The provinces of Sindh, Balochistan and Khyber Pakhtunkhwa, including newly merged districts, are most affected with a higher prevalence of wasting in comparison to the national average. It is noted that Khyber Pakhtunkhwa is home to the majority (58%) of the 1.4 million Afghan refugees residing in Pakistan.

Different analyses reveal several common predictors of wasting and stunting in Pakistan, including poor maternal nutrition (underweight or low stature) and poor water and sanitation. The age distribution of wasting and stunting differs but there are common drivers and both conditions may already be present at birth and persist concurrently in the first year of life. The high prevalence of concurrent wasting and stunting prevalent among the districts with high rates of maternal underweight (body mass index (BMI) <18.5 kg/m2) suggest that maternal factors play a major role in early infant growth failure and that integrated strategies for prevention and management should target pregnancy and early infancy.

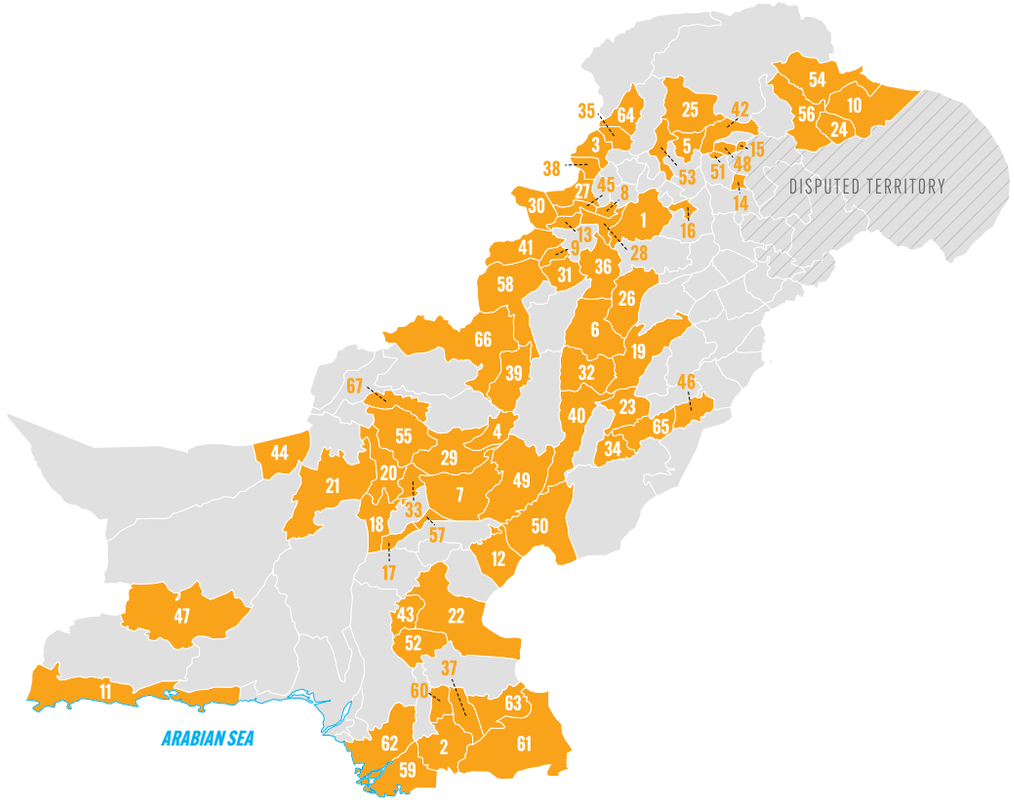
Despite the presence of provincial community-based management of acute malnutrition (CMAM) programs to manage severe wasting in Pakistan, the coverage of treatment services remains below 10%. This is largely due to CMAM programming initially being emergency-driven with short term and unpredictable funding as well as a lack of integration of wasting treatment services into the routine health system, particularly in development settings. However, for the past 4-5 years, it is now an integral part of all PC-1s for Nutrition but it is the high cost that remains a barrier for its integration into routine health service delivery. To date, it remains a special initiative.

Another contributing factor to the low investment in wasting management in Pakistan has been the global drive to scale up multi-sectoral nutrition programming to reduce levels of stunting. This has helped put stunting reduction high on the national political agenda but it negatively impacted resource allocation for wasting management. Recently, through federal PC-1 on stunting reduction, wasting is made an integral part of implementation strategy. Altogether, Pakistan needs one narrative on stunting and wasting as wasting prevention and management is central to the stunting reduction.

REACHING THE SDG TARGET BY 2030



GEOGRAPHICAL PRIORITY AREAS



1. ATTOCK
2. BADIN
3. BAJOUR
4. BARKHAN
5. BATAGRAM
6. BHAKKAR
7. DERA BUGTI
8. FR KOHAT
9. FR LAKKI
10. GANCHE
11. GAWADAR
12. GHOTKI
13. HANGU
14. HATTIAN
15. HAVELI
16. ISLAMABAD CAPITAL TERRITORY
17. JAFFERABAD
18. JHAL MAGSI
19. JHANG
20. KACHHI
21. KALAT
22. KHAIRPUR
23. KHANEWAL
24. KHARMONG
25. KHOISTAN
26. KHUSHAB
27. KHYBER
28. KOHAT
29. KOHLU
30. KURRUM
31. LAKKI MARWAT
32. LAYYAH
33. LEHRI
34. LODHRAN
35. LOWER DIR
36. MIANWALI
37. MIRPUKHAS
38. MOHAMAND
39. MUSAKHEL
40. MUZAFFARGAR
41. NORTH WAZIRISTAN
42. NEELUM
43. NOSHEROFEROZ
44. NOUSHKI
45. ORAKZAI
46. PAKPATTAN
47. PANJGOOR
48. POONCH
49. RAJANPUR
50. RY KHAN
51. SADHNOTI
52. SHAHEED BA
53. SHANGLA
54. SHIGER
55. SIBBI
56. SKARDU
57. SOHBATPUR
58. SOUTH WAZIRISTAN
59. SUJAWAL
60. TANDOALA YAR
61. THARPARKAR
62. THATTA
63. UMERKOT
64. UPPER DIR
65. VEHARI
66. ZHOB
67. ZIRAT

1 NNS 2018

By 2025

- REDUCE LOW BIRTHWEIGHT TO 15%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO AT LEAST 55%
- INCREASE TREATMENT BY 50% FOR CHILDREN SUFFERING WITH WASTING
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE FOR 65% OF THE POPULATION, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Provision of Iron Folic Acid (IFA)/ micronutrient supplements to adolescent girls and pregnant and lactating women through community outreach and through Antenatal care (ANC) and Postnatalcare (PNC) Engagement of Lady Health Worker (LHW) program for maternal nutritional counseling and improved IFA/MMS compliance Provide Balanced Energy Protein (BEP) to undernourished pregnant mothers in ANC services Advocacy to education sector on provision of service delivery platform for IFA (Weekly Iron Folic Acid-WIFA) supplementation for adolescent girls Advocacy for Investments/resource allocation on health and nutrition services in education sector to improve nutrition status and key behaviours; and additional school-based supplementation or feeding programs targeting young children and teenage girls Ensure inclusion of nutritious and healthy food during school feeding programs
FOOD	Institutionalization of home based poultry and cattle raising capacity through social welfare, Pakistan Baitul Mal (PBM) and Ehsaas program Provide regulatory environment and enforcement of laws to enable fortification of salt, oil, flour and other formulated and nutritious foods and Explore opportunities for fortification of new staple foods and carry out fortification To enhance research and access to bio-fortification through farmers' education and incentivization in a phase wise manner on pilot basis. Resource mobilization and program scale-up for bio-fortification programs Undertake mass campaign to create awareness among the population about the need to uptake fortified food and sensitization of producers about the need and importance of flour fortification with vitamins and minerals Establish guidelines/develop national action plan on micronutrient supplementation and fortification Establish partnership with social safety programmes to enhance their technical capacity on nutrition sensitive food assistance program Ensure inclusion of nutritious and healthy food during food distribution in emergencies inhouseholds with PLWs and Adolescents Developing effective linkages between government procurement policies and programs through social protection and producers to enhance market access and entry to value chains
SOCIAL PROTECTION	Implementation of comprehensive interventions providing nutrition education and ensuring access to affordable and nutritious food through Ehsaas Program Linking of Social Protection Programs (federal and provincial), other humanitarian and emergency relief programs to nutrition interventions through evidence-based nutrition-focused activities (to be included in cash transfer programs) and inclusion of nutrition objectives and interventions into emergency relief programs. Linking of Social Protection Programs (federal and provincial), other humanitarian and emergency relief programs to nutrition interventions through evidence-based nutrition-focused activities (to be included in cash transfer programs) and inclusion of nutrition objectives and interventions into emergency relief programs. To coordinate and plan integrated implementation of nutrition sensitive and specific services by Ministry of Health (MoH) and Ehsaas Program Advocacy to education sector on provision of service delivery platform for IFA (Weekly Iron Folic Acid-WIFA) supplementation for adolescent girls and for Investments/ resource allocation on health and nutrition services within the sector to improve nutrition status and key behaviours; and additional school-based supplementation or feeding programs targeting young children and teenage girls

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Development of National Nutrition Action Plan using Universal Health Coverage (UHC) roadmap for Essential Nutrition Action with inclusion of crisis and emergencies and subsequent development and implementation of Provincial Nutrition roadmaps. Development and implementation of Provincial Nutrition roadmaps Provincial nutrition investment case/UHC benefit package development to integrate ENA into package of health service
FOOD	Promoting preventive approach of food safety throughout supply chain of food products instead of corrective approach and create general awareness Enforce compulsory certification of all processed complementary foods and implement the WHO set of Recommendations on marketing of foods and non-alcoholic beverages Improved regulatory, monitoring and control mechanisms for hygienic food processing and improved packaging Food safety regulations and implementation of Codex Alimentarius and Codex infosan. Hazard Analysis and Critical Control Point (HACCP) and food safety trainings
WASH	Technical support for enhanced coordination of both sectors for implementation of synergistic nutrition and WASH programs Ensuring handwashing and hygiene facilities in health system and availability of safe water in nutrition based health facilities Nutrition messages and awareness activities in school academic curriculum including promotion of healthy foods, good hygiene and sanitation along with relevant capacity building initiatives

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Approval of revised federal Breast Milk Substitutes(BMS) code and provincial acts (including regulations about trans fat, sugars and salt) Implementation and enforcement of BMS code according to revised code and acts Scaling up of Baby Friendly Hospital Initiative (BFHI) Country wide Infant and Young Child Feeding (IYCF) campaign to mobilize the masses Finalize national Early Childhood Development (ECD) policy framework, develop provincial ECD policy and plan Development of institutional frameworks for coordination of ECD Development of ECD standard, index and rolling out Strengthening of facility based promotion of IYCF services and practices Development of community based structures to promote IYCF in the community Increased coverage of community engagement to improve community based IYCF counseling (e.g. through religious leaders) and capacity building of LHWs Implementation of IYCF Social and Behaviour Change Communication (SBCC) interventions at facility and community level
FOOD	Improve and enhance infrastructure such as storage, post harvest processing, and transport facilities Developing/modifying standards for grading, processing and packaging for entrepreneurs Provide incentives for food processing/value addition at farm level through cluster approach under public private partnership arrangements Increasing production of critical food items mainly in the remote areas of Pakistan Support activities that improve access to food for food insecure and poor households Collaboration with national and international agencies in food and fodder production in conflict affected and disaster hit areas Create awareness about livestock feed resources among livestock owners and promote its production in disaster prone districts Feeding in emergencies providing fortified supplementary and complementary food for PLWs and children 6-59 month using CCT
SOCIAL PROTECTION	Nutritional awareness campaign including promotion of adequate health and nutrition practices, breast feeding and age specific complementary feeding, hand washing, sanitary and hygiene practices through community based service delivery structure as a part of social protection initiative Feeding of most disadvantaged and poor families focusing on Pregnant and lactating women through food distribution via social protection Targeting PLWs and children under 2 in food insecure and high burden areas for prevention of malnutrition by providing specialized access to specialized nutrition food

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Support capacity building of stakeholders at all levels for implementation and coordination of wasting management programs Efficient reporting and data collection on nutrition indicators and logistic management for quality monitoring Revision of Community Management of Acute Malnutrition (CMAM) guidelines as per new WHO guidelines including development setting Scaling up of management of wasting- implementation of federal nutrition Planning Commission I (PCI) Integration of wasting management in routine healthcare service delivery structures (primary, secondary and tertiary healthcare) Alignment of nutrition reporting and surveillance systems with DHIS II under UHC for informed decision making Undertake actions to increase efficiencies in the nutrition supply chain Capacity building of all CHWs on identification/ screening , referral and follow up of children with wasting Capacity building of CHWs on treatment of uncomplicated wasting at home along with monitoring of nutritional status Technical support for adapting standards of food supplements (Ready to Use Therapeutic Foods-RUTF, F75, Resomal, Ready to Use Supplementary Food-RUSF, MMS) Advocacy with Drug Regulatory Authority of Pakistan (DRAP) for approval/registration of these supplements and inclusion in essential drug list Advocacy in resource allocation across all levels Capacity building of local industry in production of specialized nutritious food as per the defined standards and quality Provision of locally produced specialized foods offering balanced energy protein supplement with in affordable prices for target risk groups to address wasting
SOCIAL PROTECTION	Provision of conditional cash stipend to PLWs (linked with Specialized Nutritious Food (SNF) consumption and immunization) and children less than 2 years to address malnutrition and prevent stunting Implement Kifalat un-conditional cash transfer programme aiming to target poorest section of the country facilitating women empowerment

Global Action Plan on Child Wasting | Country Roadmap | Papua New Guinea

Papua New Guinea (PNG) has the highest rates of all forms of child malnutrition in the region and it is off-track in reaching the global nutrition targets. About 14% of children under five years are wasted, comprising child survival, optimal health as well as growth and brain development in these children.

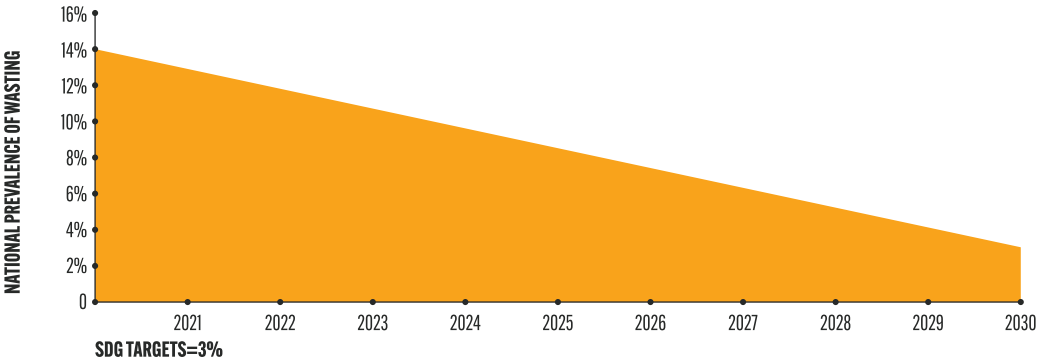
The determinants of wasting in PNG are wide ranging but include the following: poor childcare and feeding practices (leading to inadequate food intake), poor maternal nutrition especially among adolescent mothers (leading to fetal growth retardation and low birth weight); high prevalence of preventable diseases including malaria, diarrhoea and pneumonia; and limited or lack of nutrition services across the life cycle. For instance, only 18% of diets of children aged 6-23 months meet the recommended minimum acceptable diets, 62% of infants aged 0-5 months are exclusively breastfed and 32% of children have an adequately diverse diet. These factors are compounded by the weak implementation of the national nutrition policy, low resourcing of the nutrition sector as well as a non-existent multisectoral coordination.

PNG also faces unpredictable climate catastrophes, including active volcanos and inconsistent rainfall, that affect or exacerbate food insecurity and, therefore, wasting. PNG ranks 28 out of 190 countries globally, and first among countries in the South-East Asia and Pacific region, on the INFORM risk assessment, which looks at hazard and exposure, vulnerability, and lack of coping capacity. Since 2015, PNG has been affected by the climate phenomenon El Niño, which caused a disruption in weather patterns and a drastic decrease in rainfall in the region. Reduced rainfall led to issues producing crops and livestock and resulted in a severe drought in the region. Food availability was already low in many regions and the drought led to even more hunger in PNG. The COVID-19 pandemic has compounded this situation even further as it is putting the food security of many citizens in the country at risk. PNG also faces a high risk of natural disasters, particularly earthquakes and tsunamis.

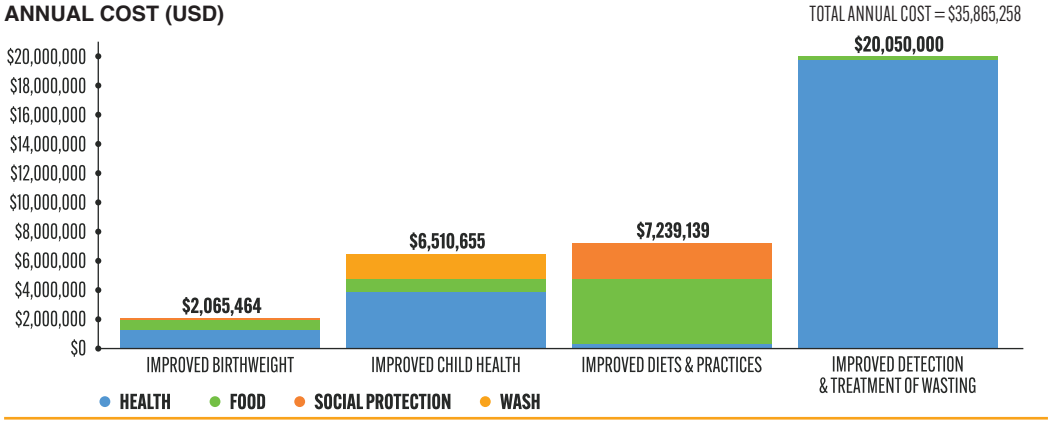
PNG's capacity to manage wasting is limited. The strengths include a strengthened health care capacity for the provision of treatment services being available for severely wasted children. The limitations include the absence of treatment services for moderately malnourished, a lack of integration of services into the primary health care system, weak data collection and reporting methods and a limited implementation of early detection and referral of wasted children. Finally, preventive interventions for wasting are limited to infant and young child feeding initiatives. Altogether, strong governance and an enabling environment facilitate excellent opportunities for nutrition programming in the country and the government of Philippines is currently leading as well as supporting multiple nutrition initiatives.

GEOGRAPHICAL PRIORITY AREAS

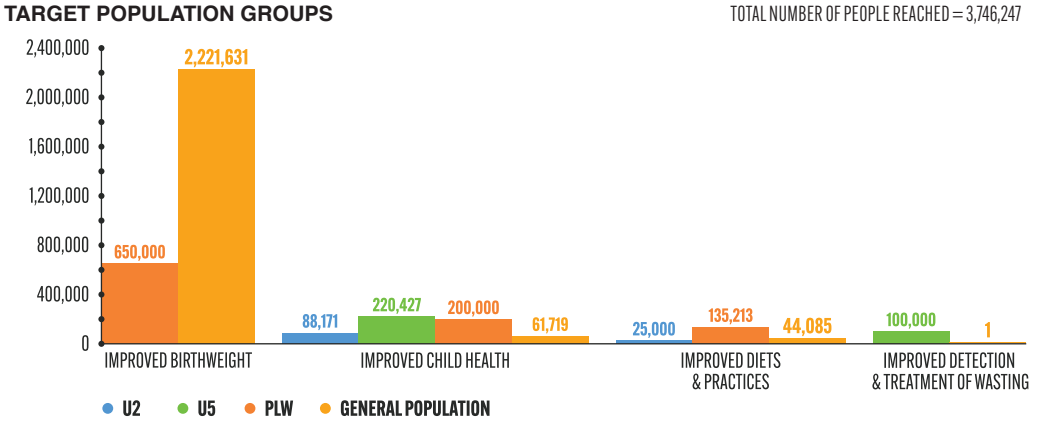
REACHING THE SDG TARGET BY 2030



ANNUAL COST (USD)



TARGET POPULATION GROUPS



By 2025

- REDUCE LOW BIRTHWEIGHT
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 65%
- INCREASE THE COVERAGE OF TREATMENT SERVICES BY 30% FOR CHILDREN WITH WASTING
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR A SELECT % OF THE POPULATION

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Safe motherhood (promotionof maternal nutrition through counselling). Iron-folate supplementation and deworming during adolescence, pregnancy and lactation.
FOOD	Capacity building of farmers in small scale food processing, preservation and storage. Food fortification of staple foods such as Wheat, Rice, Oil; Condiments: Salt.
SOCIAL PROTECTION	Nutrition for school age children and adolescents (Package for school age children: Nutrition education,Deworming, Vitamin A supplementaion for children in ECD centres, integration of nutrition into basic education curriculum, physical exercise: Package for adolescents girls: Intermittent supplementation with Iron Folate, nutrition education, physical exercise). Cash transfers for nutrition (child grants).

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Child immunisation. Integration of nutrition services into the health care system.
FOOD	Post-harvest management for perishable products to ensure quality and to reduce waste.
WASH	Promotion of hand washing with soap and clean water during critical times. Construction of water points, hand washing facilities and latrines.

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Advocacy and technical support for the development and passage of the international code of marketing of breast milk substitutes. Integration of and provision of counselling on appropriate child feeding practices at health care facilities and community levels.
FOOD	Agricultural production of crops and animals; strengthening of food value chain with focus on inputs, production and distribution. Promotion of appropriate nutrition practices.
SOCIAL PROTECTION	Social safety nets/cash transfers for the most vulnerable/impoverished children under five, pregnant and lactating women (1000 days period).

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Screening and referral by Village Health Volunteers (VHVs). I. Outpatient Therapeutic Program (OTP) 2. Inpatient stabilization of SAM cases with medical complications Nutrition Information System established through development of data collection & reporting tools, piloting, training of health workers, analysis & feedback and integration into the National Health Information Systems (NHIS).
FOOD	Multisectoral Coordination across systems is established and is operational at national & subnational levels.
SOCIAL PROTECTION	Safety nets for vulnerable groups.

Global Action Plan on Child Wasting | Country Roadmap

Philippines

GEOGRAPHICAL PRIORITY AREAS

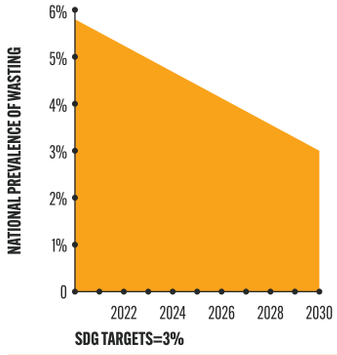
The Philippines is one of the most disaster-prone countries in the world. Among 180 countries, it is ranked as 9th for having the highest risk of a disaster. Disasters impact levels of childhood wasting because the threat of developing this form of malnutrition increases during and after humanitarian emergencies. Over the past decade, the Philippines has decreased their rates of wasting and they would like to maintain these gains independent of the threats of future disasters, the secondary impacts of the Covid-19 pandemic as well as the other determinants of malnutrition.

Coupled with natural and human-made disasters, there are basic and underlying causes of malnutrition, including wasting, in the Philippines. At the household or family level, this includes insufficient access to healthy foods, inadequate caring and feeding practices, poor water, sanitation, food safety, and inadequate health services. At the societal level, this includes poor/inadequate access to the food supply, low income, poverty, inadequate maternal education, lack of food and health systems, poor water supply as well as road infrastructure limiting the overall access and flow of resources. When the causes of malnutrition are more indirect, there is a wider population group that is affected.

According to the latest Expanded National Nutrition Survey (ENNS), results showed that rates of malnutrition, particularly stunting and wasting, remain very high. Stunting declined slowly from 33.4% in 2015 to 28.8% in 2019 whereas there was more progress made with wasting. From 2013 to 2019, the rates of wasting decreased from 8.1% to 5.8%. This latter rate is nearing the SDG and PPAN 2017-2022 targets. Micronutrient deficiencies also persist – anemia among children 6-59 months old has decreased from 32.5% in 2003 to 12.5% in 2019. Undernutrition accounts for 38% of annual child deaths and the heavy economic toll includes an annual loss of $667M from the forgone workforce due to child mortality. Altogether, the country has seen economic growth in recent years but any progress on the nutrition indicators is still lagging.

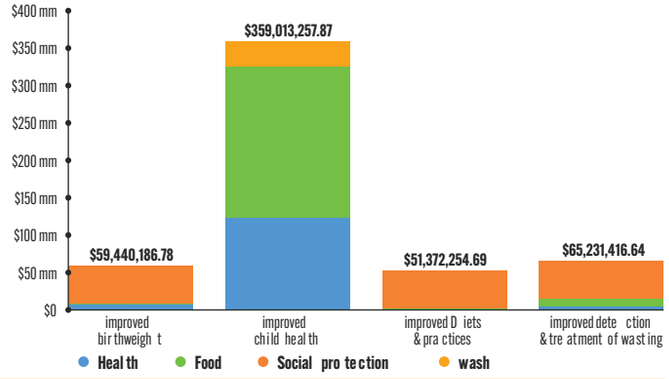
To combat wasting, the Department of Health (DOH), with UNICEF's technical support, led the development of national wasting guidelines. This work led to the 2015 release of the National Guidelines for the Management of Acute Malnutrition for children under 5 years and the Manual of Operations (MOP) for SAM Management. The World Food Program (WFP) provided technical support to the DOH in developing the MOP for MAM Management.

REACHING THE SDG TARGET BY 2030



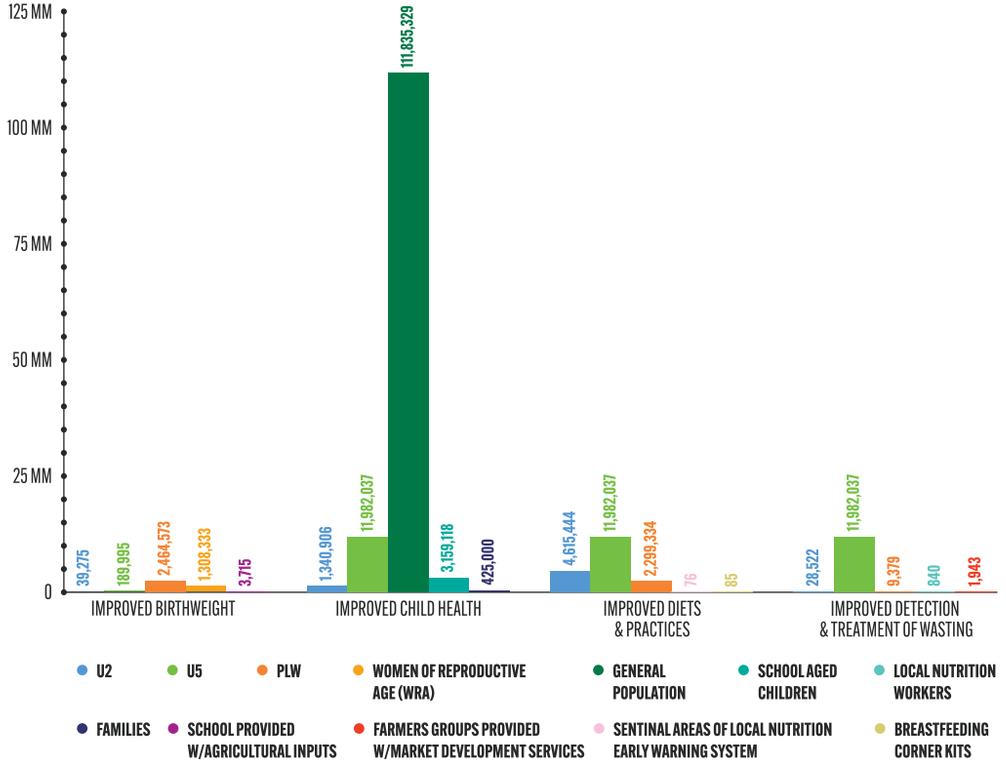
ANNUAL COST (USD)

TOTAL ANNUAL COST = $535,057,115.98



TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED = 163,237,159
TOTAL NUMBER OF GROUPS REACHED = 430,819



By 2025

- REDUCE LOW BIRTHWEIGHT TO 10.2%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 86.9%
- INCREASE THE COVERAGE OF TREATMENT SERVICES BY 50% FOR CHILDREN WITH WASTING
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR ALL

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Implementation of AO 2016-0035 on the Provision of Quality Antenatal Care: 1. Pregnancy tracking and enrollment to antenatal care services (ANC) 2. Regular follow-up to complete the recommended minimum number of quality ANC care visits with proper management referral for high-risk pregnancies 3. Nutrition , WASH , smoking cessation and Infection prevention (including malaria and STI's) education and counseling integrated in quality ANC visits 4. Multiple micronutrient supplementation and deworming Supplement non-pregnant, non-lactating adolescents and women with Iron Folic Acid Supplementation (IFA): 1. 1 tablet weekly for non-pregnant, non-lactating adolescents and women 2. Starting at least 3m prior to conception for women planning pregnancy Weekly Iron Folic Acid supplementation for Grade 7 to 10 female adolescents. Supplementary feeding of pregnant and lactating women including teenage pregnant mothers.
FOOD	Rice fortification with iron is enforced. Provision of supplemental food to pregnant women for 90 calendar days. Provision of agriculture inputs (i.e. garden tools, seeds). Linked to increased dietary diversity/reduced wasting in school-aged children.
SOCIAL PROTECTION	Conditional Cash grants to pregnant women (pregnant women is an eligibility criteria in the targeting) accompanied by attendance to 4Ps Family Development Sessions; pre and post natal visits in health facilities.

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Implementation of four time-bound Essential Newborn Care (ENC) interventions: 1. immediate and thorough drying, 2. early skin-to-skin contact followed by, 3. properly-timed clamping and cutting of the cord after 1 to 3 minutes, and 4. non-separation of the newborn from the mother for early breastfeeding initiation and rooming-in Updating and Revitalization of the Integrated management of childhood illness (IMCI). Early Detection and Prompt Treatment through a strengthened case-finding mode. Quality case management of sick children by health worker. Conduct of routine immunization for infants/children/women through the Reaching Every Barangay (REB) strategyDeployment of physicians, nurses, midwives, and allied health professionals. Provision of primary care preventive services, diagnostic examinations, drugs and medicines.
FOOD	Enhance food safety in the primary production and post harvest stages of food supply chain. Complementary foods for 6-23 months children (17 regions - 34 functional production facilities). Provision of supplementary food to wasted children in schools. Provision of supplementary food to wasted children in day care centers.
WASH	Accessibility to WASH services in all health care facilities. Implementation of DepEd WASH in school program: a. Health Care Supplies (Health Kits) Provision of Personal Hygiene and Cleaning kits; Training Child Development Workers on WASH. Providing access to safely managed water and sanitation services. Provide essential services on WASH.

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	IYCF counselling on breastfeeding. IYCF counselling on complementary feeding. Enforcement of Milk Code. Integration of IYCF services into routine health service delivery/catch up services (vaccination). Strong SBCC (Strategic communication developed for the mass communication sector). Strengthen EENC or Unang Yakap implementation: 1. immediate and thorough drying, 2. early skin-to-skin contact followed by, 3. properly-timed clamping and cutting of the cord after 1 to 3 minutes, and 4. non-separation of the newborn from the mother for early breastfeeding initiation and rooming-in Tracking of development of children. Community follow up for Kangaroo Mother Care (KMC) services.
FOOD	Establish/strengthen early warning system for emergency preparedness and response. To provide information to decision-makers and members of the local nutrition committee on: 1. Trends on the food and nutrition situation 2. Causes and associated factors of food and nutrition insecurity 3. Possible interventions to respond to identified issues and concerns (National Food and Nutrition Strategy, (7th draft) 2019)
SOCIAL PROTECTION	Provision of supplemental food to children 6-23 months for 180 days. Provide conditional cash transfer to poor, vulnerable households (members must included persons aged 0-18 years or pregnant at the time of registration) through the national poverty reduction strategy and human capital investment program the 4 Ps (the Pantawid Pamilyang Pilipino Program). The health/ nutrition grant component includes health/ nutrtion promotion to improve the health and nutrition status of vulnerable pregnant & post-partum mothers and young children. Provision of ready to eat complementary as part of the family food pack for young children 6mos to 2 years. Availability of breastfeeding corner in evacuation centers during emergency and disasters. Provision of medical services, WASH, NiE, and Mental Health and Psychosocial Support Services (MHPSS).

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Integrate Integrated Management of Childhood Illness (IMCI) with First 1,000 Days of Life (FIKD) Manual of Procedures. Integrate PIMAM with IMCI, EPI and other routine child health interventions. Capacity building for mainstreaming nutrition protection in emergencies. Support early response and implementation of nutrition during disasters and emergency situations. In-service training of health care providers at all levels on the management of acute malnutrition SAM (ITC, OTC), MAM and community level. Improve quality of care of SAM (ITC and OTC) and MAM through monitoring and supportive supervision. Pre-service training and dissemination of the Hospital Nutrition and Dietetics Service Management Manual where management of acute malnutrition is included. Update pre-service training of frontline workers to comprehensively address wasting and Nutrition in general. Development of guidelines for PIMAM integration in the UHC and support to LGUs and Service Delivery Networks/Health Care Provider Networks. Quality Analysis, Adaptatation of use of MUAC. Improvement of active-case finding through capacity building of health volunteers and other community members including family members. Training and capacity building of frontline workers and communities on active case finding through PIMAM tainings and Job aids. Enhance guidelines to include simplified approaches evidence generated. Development/update of guidelines/manual of procedures on PIMAM (SAM and MAM). Development of PIMAM training materials including pre-service, E-learning curricula and job aids. Inclusion of the collection and analysis of PIMAM indicators in government -led information systems health, social protection and education systems (e.g. FHISIS, HOMIS, FIKD RS, OPT, SWID etc.). Capacity building of frontline workers and data officers on nutrition data management. Development of real-time reporting platform (ODK, ONA). Evidence generation on the use of simplified approaches e.g.: Family MUAC, Single Product use, reduced dosage and use of community health workers for case management. Development of Nutrition Supply Chain Management guide and capacity building on supply chain management. Establishment of a real-time supply chain mechanism for nutrition commodities. Establishment of Nutrition Supply Chain Working Group. Enhancement of Facilities capacity to manage nutrition commodities e.g. RUTF, F-75 to ensure consitstent availability of commodities.
FOOD	Linking of farmers for procurement of fresh commodities.
SOCIAL PROTECTION	Provide conditional cash transfer to poor, vulnerable households (with members aged 0-18 years or pregnant at the time of registration) through the national poverty reduction strategy and human capital investment program the 4 Ps (the Pantawid Pamilyang Pilipino Program). Family Development Sessions or FDS as one of the program components that provides its partner beneficiaries with a venue to enhance and acquire new skills and knowledge in responding to the needs of their family. Integration of wasting indicators on SWDI, Review and Assess FDS Module.

South Sudan

South Sudan's protracted humanitarian crisis is a result of civil war, mass displacement of people, a collapsing economy and a deteriorating food and nutrition security situation.

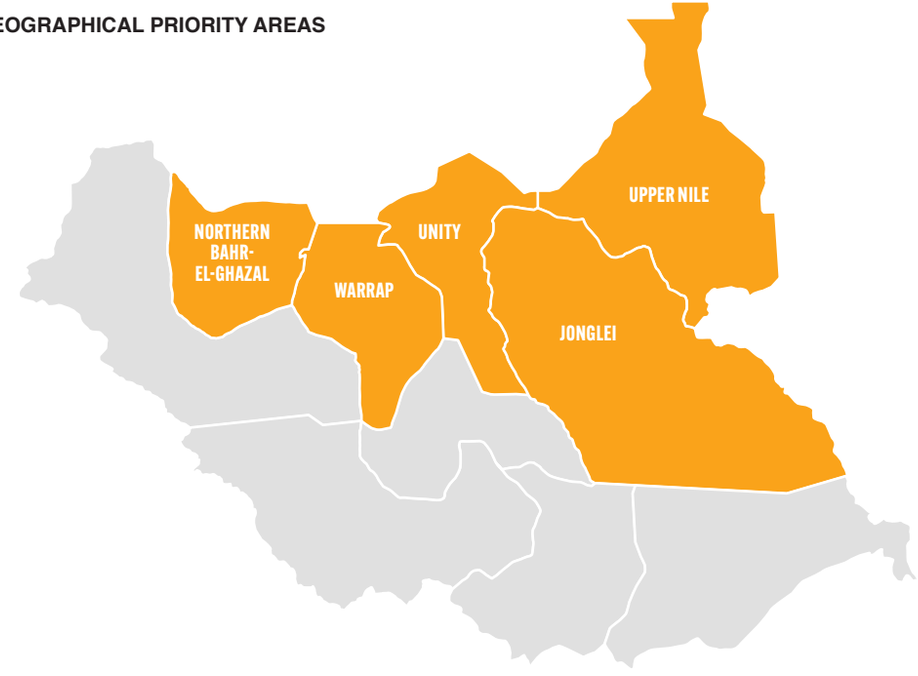
Since the start of the conflict, rates of food insecurity have continued to rise. It is estimated that the number of food insecure people has increased from 3.9 million in 2015 and it is projected to reach 7.2 million by July 2021. The rate of Global Acute Malnutrition (GAM) is 16.2%, exceeding emergency thresholds.

South Sudan hosts 316,298 refugees that are distributed across 10 refugee camps. The refugees rely on humanitarian food assistance due to limited livelihood opportunities. Rates of GAM and Severe Acute Malnutrition (SAM) are 11.2% and 2.3%, respectively. This is indicative of a serious situation.

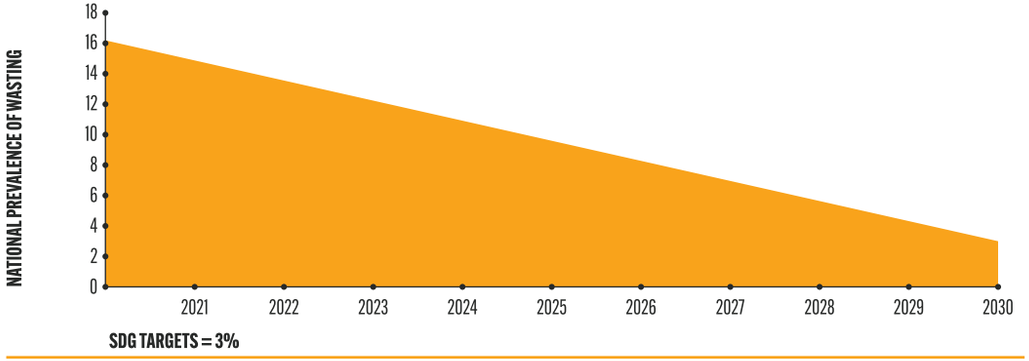
The determinants of acute malnutrition are poor infant and young child feeding practices, frequent illness, high food insecurity, poor maternal nutrition as well as lack of access to health and other social services. In South Sudan, only 7% of children under 2 years receive the minimum number of calories required to support their daily basic needs and only 15% of children receive the minimum number of food groups per day. It is also reported that frequent illness is prevalent with recent assessment figures revealing 38% of children having reported an illness within the 2 weeks preceding the assessment.

The COVID pandemic, flooding, worsening economic crises and heightened intercommunal conflict are all 2020 shocks that have impacted the nutrition situation of children as well as nutrition service delivery in South Sudan. Their effects have perpetuated the causes of acute malnutrition and limited the impact of efforts made towards preventing and treating this form of malnutrition.

GEOGRAPHICAL PRIORITY AREAS

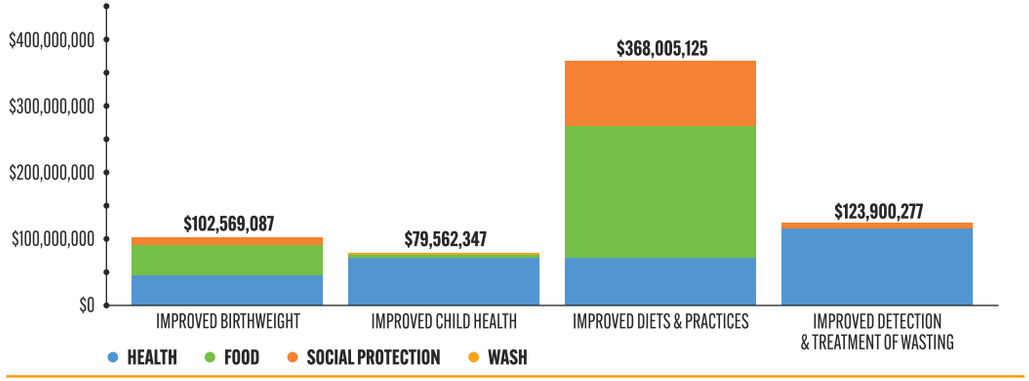


REACHING THE SDG TARGET BY 2030



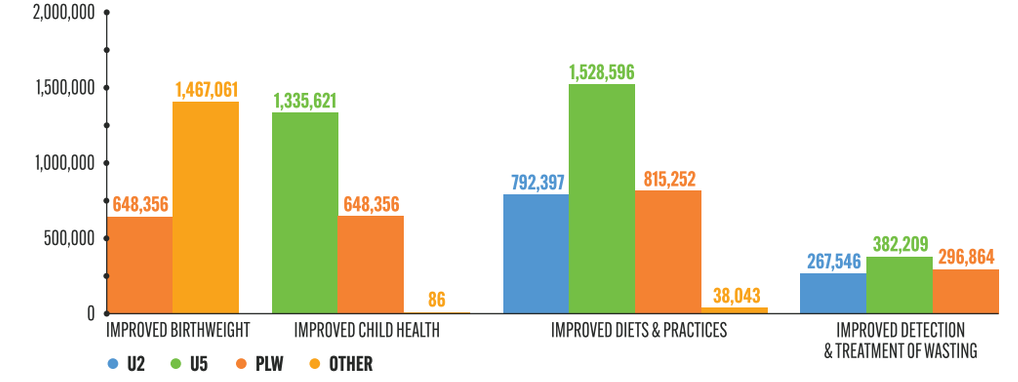
ANNUAL COST (USD)

TOTAL ANNUAL COST = $674,036,836.21



TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED = 8,220,387



By 2025

- REDUCE LOW BIRTHWEIGHT TO 9.6%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 75%
- INCREASE TREATMENT BY REACHING 80% OF CHILDREN WITH WASTING
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR 79% OF CHILDREN UNDER 5 AND 76% OF PREGNANT AND LACTATING WOMEN

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Iron Folate Supplementation Promote Skilled Birth Attendants/Deliveries in Health Facilities Promote Antenatal Care Increase the use of Effective Contraception MUAC screening of all Pregnant Women Deworming of Pregnant Mothers Treatment of Acute Malnutrition in Pregnant and Lactating Women Essential Micronutrient Supplementation
FOOD	Facilitate the establishment of Model Farms Blanket Supplementary Feeding Programme for Prevention Targeted Supplementary Feeding Programme for Treatment Subsidy and other production-based entitlements to most vulnerable community
SOCIAL PROTECTION	Contribute to school feeding programs as a means to improve nutritional quality of school meals and to create markets for local produce Establishment of school gardens to be used to supplement the diet and act as a teaching platform for school children (for nutrition and agricultural skills), on-school demonstration for parents Nutrition education & cooking demonstrations

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Provision of Integrated Management of Neonatal and Childhood Illness (IMNCI) Integrated Community Case Management through BOMA Health Initiative (iCCM/BHI) Increase access to routine Immunization services Early Childhood Development including birth registration Provision of long-lasting Insecticide Nets (LLIN) for malaria prevention Support testing and treat malaria for early detection and prompt malaria treatment Screening for children with TB/HIV Build capacity of midwives and TBAs to identify low-birth weight cases in home delivery and refer to the health facilities Counselling and support for optimal infant and young chid feeding Growth monitoring, breastfeeding support Assessment of maternal physical and mental health
FOOD	Promote integrated pest and disease management (IPDM) methods and practices including promotion of prudent use of appropriate chemical pesticides Training of households/communities on hygiene Teaching of households on the importance of hand washing with soap and water Develop strategy to ensure that foods produced, handled, stored, processed and distributed are safe, wholesome and fit for consumption Develop capacity of stakeholders and farmers to handle food safety with quality issues
WASH	Handwashing with soap (HWWS) at critical times, safe disposal of faeces and safe water treatment and storage Provide water including use of solar piping to increase coverage and multiple water use and sanitation facilities in communities and institutions (health centers, Health/ Nutrition facilities, schools) Increase access to hygiene by families of children with SAM and PLW in refugee populations

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Conduct social behavioural change communication training of health care providers, community nutrition volunteers and Boma Health Workers mothers/ caregivers on key MIYCN practices Community engagement in all of the cycles of MIYCN activities Revision/Development of policy/strategy/standards on BHFI/BMS/MNP/LMS Mass media component (radio spots, radio jingles, dramas on nutrition). Endorse Codes and Standards like BMS and BFHI Enrollment of pregnant women for antenatal to timely educate mothers to improve positive uptake of breastfeeding messages
FOOD	Distribution of seeds Provision of small ruminants (e.g., goats, sheep) and poultry to increase household access to proteins as well as income (from scale of livestock products) to diversify diets Blanket supplementary feeding program distribution for vulnerable groups (Under 3, pregnant and lactating mothers prioritizing locations with GAM>5, general food distribution, support for kitchen gardens (seeds, irrigation kits, training, etc.) Training on harvesting and post-harvest handling of food commodities to ensure foods remain safe and nutritious for consumption Distribution of food preservation equipment (e.g., Purdue Improved Crop Storage (PICS) bags, etc.) Training key technical stakeholders on MIYCN Practical cooking lessons of locally available health veg/meal selection Training and provision of crop & vegetable seeds, as well as fishing kits and small ruminants (goats, sheep) and poultry to increase access to nutritious foods and diversified diets Build the capacity of households - through training - to engage in alternative livelihoods e.g., beekeeping etc. for income diversification in order for them to be able to purchase food and diversify their diets Setting up of closely monitored Village Savings and Loan Association (VSLA) groups
SOCIAL PROTECTION	Linking to scaling up cash/food vouchers for vulnerable groups including PLW and children discharged from CMAM programme Scaling up CASH based transfer, vouchers/Food for Asset (FFA), BSFP and emergency relieve interventions General food assistance, Preventive supplementary feeding Kitchen garden for growing locally available diverse foods at family level for use in daily cooking

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Conduct systematic active and passive screening for children and pregnant and lactating women at the community and various health service delivery points Roll out the use of family MUAC/Caregiver MUAC/Mother MUAC for easy detection of wasted children Set up a referral mechanism for timely referral of wasted children for timely treatment and management Procure and distribute anthropometric equipment Development of standard curriculum and roll out training of community nutrition volunteers and skilled health workers Strengthen on job coaching and mentorship of CNVs and skilled health workers ICCM including treatment of acute malnutrition in areas with no/limited access to PHC services Develop reporting and monitoring system and training database of CNVs and health workers trained Support the Nutrition information reporting through the national DHIS2 Support the roll out of SCOPE-CODA, digital beneficiary management system Sharing Nutrition Information System data with MOH Printing and distribution of recording and reporting tools Advocate with the government to include Ready to Use Therapeutic Foods (RUTF) and Ready to Use Supplementary Foods (RUSF) into the Model Essential Medicine List Advocate with government for budgetary allocation to procure, store and distribute RUTF and RUSF Procure and distribute Ready to Use Therapeutic Foods (RUTF), Ready to Use Supplementary Foods RUSF) and therapeutic milk (F75 and F100) supplies for treatment of wasting
FOOD	Capacity building of government relevant department on procurement, distribution and general management of Specialised Nutrition Food (SNF) pipeline. This to ensure adequate resource allocation, timely procurement, prepositioning and distribution. Capacity strengthening of quality control staff within the ministry to ensure therapeutic food and SNFs quality monitoring and that a public health response capacity is in place to prevent occurrence and advice on response.
SOCIAL PROTECTION	Link families with wasted children under 5 years and Pregnant and Lactating Women are targeted and supported (second level targeting) with nutrition sensitive Food Security and Livelihood (FSL) e.g., inclusion in complementary fresh food voucher distribution, provision of agricultural inputs; re-stocking accompanied by technical training support and other income generating activities

Sudan

Sudan has one of the largest numbers of malnourished children in the world, ranking 13 out of 96 countries for high rates of undernutrition. Their prevalence of child wasting is 13.6%.

Geographic variability in child wasting exists across the different states in Sudan. The states with the highest prevalence of global wasting are the Red Sea, River Nile, Khartoum, and part of the Darfur states. Furthermore, very high rates of global and severe acute malnutrition (GAM & SAM) are reported among refugee children, ranging from 9.1-19.4% and 1.3-6.1%, respectively.

Key drivers of undernutrition include an ongoing complex emergency that results from continued conflicts, internal displacements, food insecurity, economic crisis, lack of access to basic social services, drought, and disease. Moreover, inadequate dietary intake, disease, inadequate care for mother and child as well as health services are also driving these high rates of child wasting.

High levels of food insecurity results in a limited variety of foods available or consumed, with an estimated 9.6 million being food insecure. Although 62.3% of children under 6 months are exclusively breastfed, only a quarter (25.4%) and 12.8% of children 6-23 months received a diversified and adequate diet, respectively. Between October 2021–February 2022, the harvest is anticipated to improve but the number of households facing crisis is expected to remain high.

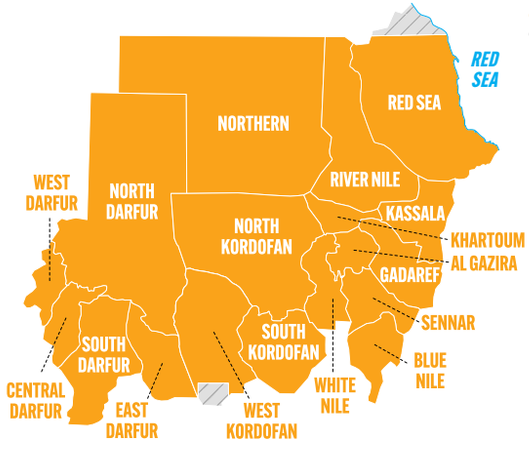
Rates of disease are also high in Sudan, resulting in increased nutrient requirements and the prevention of absorption of consumed foods. The prevalence of diarrhea, acute respiratory infection (ARI) and fever among children is 24%, 23.7% and 23.1%, respectively. Several diseases are endemic in Sudan and annual outbreaks of these diseases are common across several states. Finally, only 64% of the population has access to a health facility within 30 minutes of travel and only half of those who visited a health facility were attended to by a health worker.

Environmental enteropathy, a sub-clinical disorder primarily caused by poor sanitation and resulting intestinal infections, is a common cause of undernutrition in children, due to reducing nutrient absorption. 37.4% have access to improved toilet facilities and 73.7% of households have access to basic drinking water sources within 30 minutes of their home.

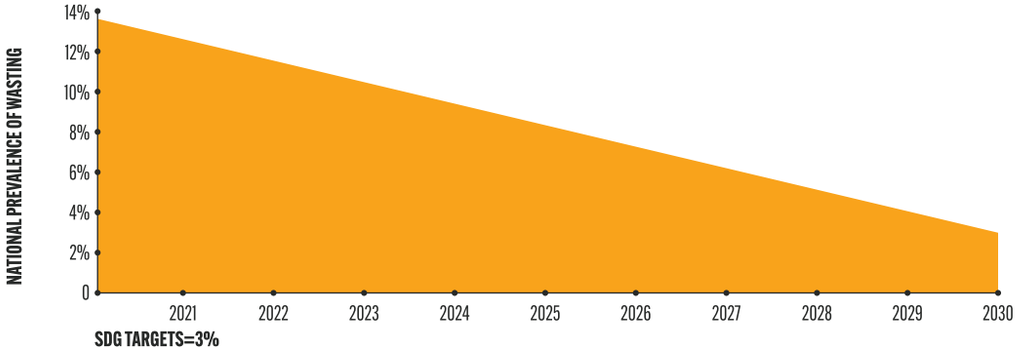
Many cultural practices undermine good nutrition, including limited knowledge of undernutrition, lack of time for care and poor education levels among mothers. Moreover, the prevalence of early marriage (at or below 18 years) was 60.2% across the whole country, of which 26.6% were marriages before 15 years of age.

Altogether, the humanitarian, political and security situation in Sudan remains fluid. Covid-19 has exacerbated the nutrition crisis and the climatological trends are having powerful consequences on nutritional status, loss of agricultural production and household income. Sudan will likely face many of the same challenges, possibly on a larger scale, in 2022.

GEOGRAPHICAL PRIORITY AREAS

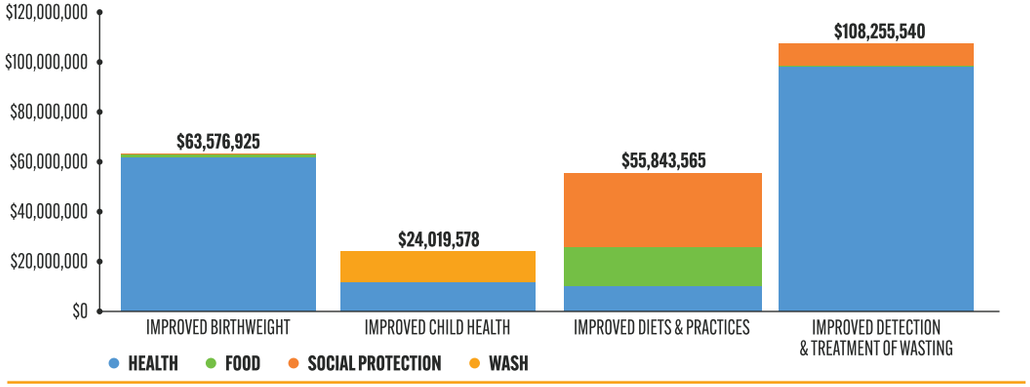


REACHING THE SDG TARGET BY 2030



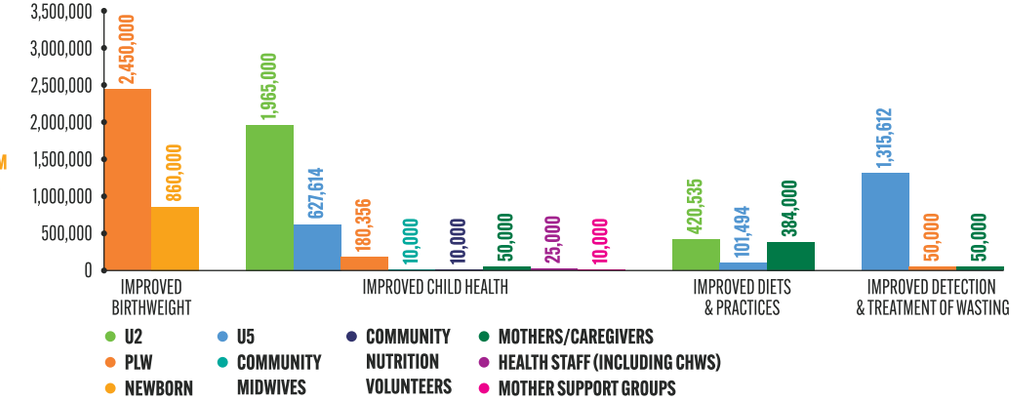
ANNUAL COST (USD)

TOTAL ANNUAL COST (USD) = $251,695,608



TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED = 8,499,611
TOTAL NUMBER OF GROUPS REACHED = 10,000



By 2025

- REDUCE LOW BIRTHWEIGHT TO 27.3%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 75%
- INCREASE THE COVERAGE OF TREATMENT SERVICES TO 70% OF SAM CHILDREN (OUTPATIENT CARE), 60% OF SAM CHILDREN (INPATIENT CARE) AND 50% OF MAM CHILDREN (TSFP)
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR 70% OF THE POPULATION

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Scale up provision of iron and folic acid and multiple micronutrient supplements for pregnant and lactating women with a special focus on areas with a high level of malnutrition Increase the number of pregnant women who attend ANC 4+ times during pregnancy Scale up of quality maternal and newborn care services, including EMoNC and ensure improved access and quality of ANC, delivery and PNC services Rehabilitation of moderate acute malnourished pregnant and lactating women to prevent morbidity and mortality associated with acute malnutrition Prevention of child marriage and adolescent pregnancy through actions at different levels including passing and enforcing legislation of the minimum age for marriage and community engagement related interventions
FOOD	Prevention of acute malnutrition among pregnant and lactating women through provision of Specialized Nutrition Foods during emergency to minimize the impact of the shocks Strengthen enabling legislative and policy environment for food fortification and implementation of universal salt iodization work plan
SOCIAL PROTECTION	Support convergence between nutrition and social protection programmes to enable vulnerable adolescent girls and women to access services and nutritious diet

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Strengthen the integration of critical nutrition interventions into the package of health services as part of national health plans ensuring better access to services at PHC and community level Strengthen the integration between CMAM service delivery sites (OTPs/ TSFPs) with the different components of the Primary Health Care package of services at community and facility level Empower caregivers to monitor the healthy growth and the nutrition status of their children through user friendly anthropometric tools Support capacity development on Primary Health Care package of services to services providers at health facility & community level Support growth monitoring and growth promotion activities at facility, community and household level and strengthen their integration with IYCF interventions Provision of MNPs for girls and boys from 6-59 months to prevent morbidity and mortality associated with micronutrient deficiencies.
FOOD	Improve food storage and food handling at household level (food hygiene), with a focus on complementary and supplementary foods for young children
WASH	Support innovative approaches to integrate specific nutrition interventions with WASH at community & facility level such as upgrading health facilities with wash services Support the provision of hygiene kits for admitted malnourished boys & girls and their families Strengthen multisectoral collaboration between WASH and social safety nets.

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Promote optimal infant and young children feeding practices including early initiation of breast feeding, exclusive breastfeeding, timely introduction of proper and diversified complementary feeding Support proper integration of Early Childhood Development (ECD) activities & nurturing care into Nutrition Programming including promoting responsive feeding and early stimulation Support the enforcement of the maternity protection law including ensuring that working mothers are having sufficient maternity leave and lactating hours, so they are able to take care of their infants Supporting accelerating the endorsement of the national code of marketing of Breast Milk Substitute (BMS) and strengthen the monitoring on BMS code violation and handling BMS donations
FOOD	Support integrated nutrition, livelihood, resilience-building and food security project that aims to reduce stunting through targeting nutrition specific and nutrition sensitive interventions at key stages of the life cycle Enhancement of child nutrition through blanket feeding distribution response during emergencies to improve nutrition status Provision of specialized nutritious food to girls and boys from 6-23 months to enhance daily intake, and promotion of IYCF through food-based prevention of malnutrition approach
SOCIAL PROTECTION	Support the provision of social protection related activities including nutrition-purposed cash assistance to the most vulnerable HHs to contribute to the improvement of the health and nutrition status of children & mothers

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Strengthen the integration and scale up of early detection and treatment for wasting in U5 girls and boys (severe and moderate) including IDPs, refugees and children in inaccessible areas as part of routine primary and secondary health care services Increase the capacity of community cadre (community nutrition volunteers, mother support group) to identify and refer children with wasting and follow their nutritional status Adopt, implement and assess the household MUAC approach (involving Caregivers/ mothers, fathers) to screen and refer cases for early treatment. Strengthen national health information and reporting systems including CMAM database, surveys and nutrition surveillance for improved health & nutrition programming Continue the advocacy efforts for the inclusion of Ready to Use Therapeutic Foods (RUTFs) into the National Essential drug List and for the long term integration of nutrition supply system into National Medical Supply Funds (NMSF). Strengthen partnership with private sector in RUTF/RUSF production, as a cost effective approach which is contributing in injecting/stimulating country economy Strengthen nutrition supply chain management system at all levels (proper forecasting, timely procurement, supplies transportation, warehousing, capacity development of key stakeholders, stock tracking & reporting etc.) Minimize the risk of infection for staff working in In-patient/outpatient nutrition centers and the community cadre through ensuring that frontline health workers and community cadre wear appropriate Personal Protection Equipment and follow proper hygiene protocols. Support innovative approaches to integrate CMAM related interventions with health, WASH & other related sectors at community & facility level Support capacity development of services providers at facility and community level on CMAM including the possibility to treat uncomplicated cases at community level through Community Health Workers (CHWs) if feasible.
FOOD	Explore innovative funding initiatives for the locally produced RUTF/RUSF, advocate for increased government contribution and strengthen quality control activities
SOCIAL PROTECTION	Support the provision of cash assistance to the most vulnerable HHs as part of family support programmes, including Mother and Child Cash Transfer Plus programme (MCCT+)

Timor Leste

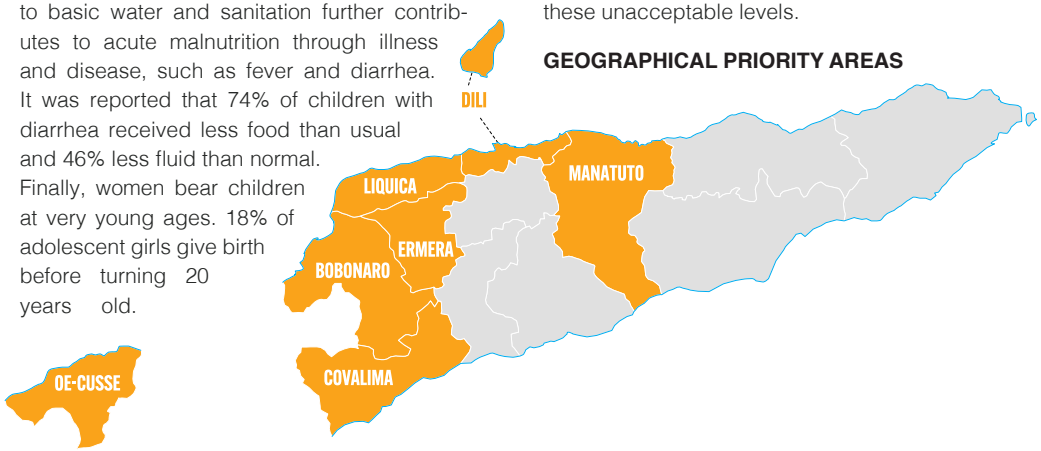
Although rates of undernutrition have declined in Timor-Leste over the past decade, the national rate of wasting (8.6%) is classified as 'moderate', but the regional variability reveals three municipalities having 'high' rates of acute malnutrition (13% in Oe-cusse, 11.8% in Bobonaro, 10.1% in Dili) based on the WHO cut-offs. Dili is also very populated, translating into a high burden of wasting.

Several factors are impacting wasting outcomes in Timor-Leste. Only half of the children under 6 months are exclusively breastfed and 14% were fed a Minimal Acceptable Diet (MAD), including 53% achieving minimal meal frequency for children 6-23 months. The cost of a healthy diet is 3 times more for children aged 12-23 month and the prevalence of acute malnutrition is higher in this age bracket. Furthermore, the Food Insecurity Experience Scale (FIES) revealed that 34.8% of households are classified as moderately food insecure whereas 15.6% are severely food insecure in 2020. This data is coupled with the 2018 IPC analysis where 36% of households suffer chronic food insecurity, 21% moderate chronic food insecurity and 15% severe chronic food insecurity. Also, inadequate access to basic water and sanitation further contributes to acute malnutrition through illness and disease, such as fever and diarrhea. It was reported that 74% of children with diarrhea received less food than usual and 46% less fluid than normal. Finally, women bear children at very young ages. 18% of adolescent girls give birth before turning 20 years old.

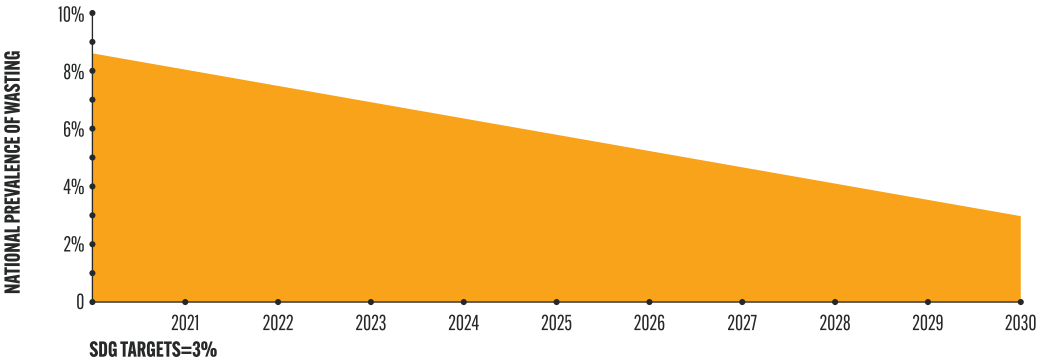
This coupled with a high prevalence of anemia (24%) (TLDH 2016) amongst women aged 15-49 years contributes to an increased risk of delivering low birth weight babies and perpetuating the cycle of malnutrition.

Natural disasters have also contributed to the high rates of wasting. In 2020 and 2021, Timor-Leste experienced floods that destroyed farmlands, severely affecting rice and maize production. Dili municipality, which has the highest burden of acute malnutrition, was severely affected. The Covid-19 pandemic has also had compounding effects on wasting due to an increase in food prices, despite the government efforts to control them, as well as reducing access and utilization of health services due to the fear of contracting Covid-19. Altogether, despite recent progress, the stunting rate is still considered "very high", exceeding the WHO thresholds of 30% and are among the highest rates in the world. The National Nutrition strategy notes that in addition to the immediate and underlying causal effects of malnutrition (UNICEF framework for malnutrition), society's broad economic, political, educational, and cultural features are also contributing factors to these unacceptable levels.

GEOGRAPHICAL PRIORITY AREAS

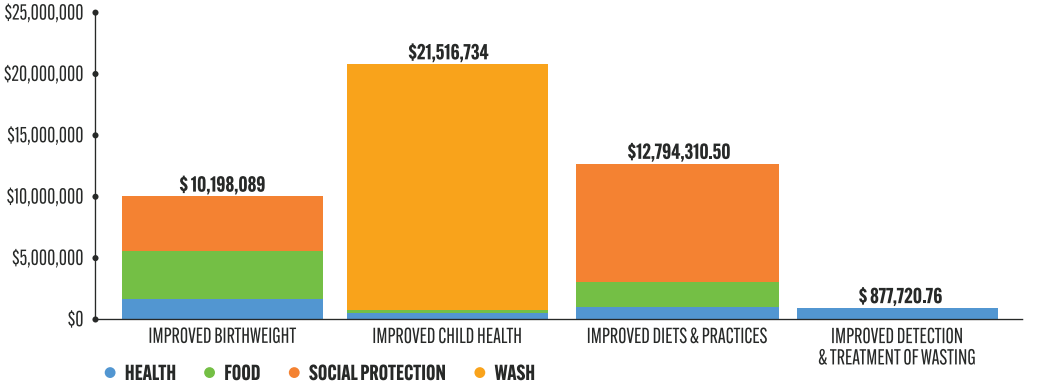


REACHING THE SDG TARGET BY 2030



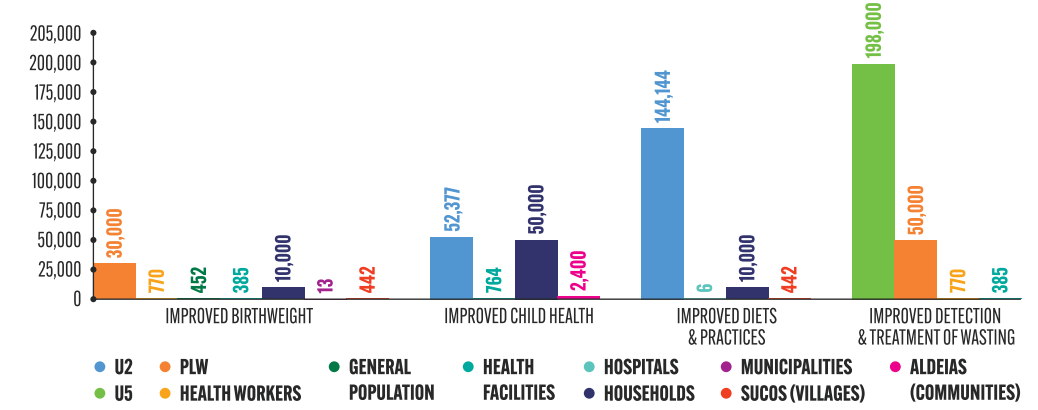
ANNUAL COST (USD)

TOTAL ANNUAL COST (USD) = $45,386,854.26



TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE REACHED = 476,513
TOTAL NUMBER OF HH/MUNICIPALITIES/VILLAGES/COMMUNITIES REACHED = 72,400



By 2025

- REDUCE LOW BIRTHWEIGHT TO ≤7%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 70%
- INCREASE THE COVERAGE OF TREATMENT SERVICES TO ≥80% FOR WASTED CHILDREN IN RURAL AND URBAN AREAS
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR SELECT % OF THE POPULATION

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Increase access and demand to high quality continuum of care through pregnancy, ANC, delivery, postnatal as well as family planning health services, including hard to reach populations. Support will be provided to build the capacity of health workers to provide quality ANC (4 visits) at health facilities including counselling for recommended feeding during pregnancy. Support the MoH to strengthen micronutrient supplementation including formative research to introduce and scaling up of multiple micronutrient supplementation (MMS) for pregnant women and adolescent girls including submission to National Directorate for Pharmaceutical and Vigilance for inclusion in EML. Protect, support, promote and improve the Integrated Management of Acute malnutrition for pregnant women.
FOOD	Promote increase and diversification of domestic food production and improving access to nutritionally adequate foods. Develop and legislate a National Food Fortification Decree Law. Provide technical support to introduction and scale-up of fortified rice through public sector programs and open market.
SOCIAL PROTECTION	Accelerate reduction of maternal and child under-nutrition through nutrition specific and nutrition sensitive interventions. Support the expansion of Bolsa da Mae Jenerasaun Foun (cash transfer) to reach more children under six years and pregnant women in all 13 municipalities.

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Support to strengthen the implementation of Integrated Maternal Newborn Child Health and Nutrition that includes: Essential Newborn Care (ENBC), Integrated management of childhood illnesses (IMCI) including triage for acute malnutrition, immunization, maternal nutrition and micronutrients supplementation. Strengthen and expand services for the early detection of acute malnutrition and growth faltering through growth monitoring promotion and assessment (GMP) for children under-five, pregnant and lactating women, provision of counselling and continuum of care for low-birth weight infants including preterm births.
FOOD	Reduce contamination of crops in farms, enhance food safety in markets and improve food storage and food handling at household level (food hygiene), with a focus on complementary and supplementary foods for young children.
WASH	Support strengthening (including rehabilitation) of waters system at health facility to improve behaviour promotion and demand creation for households level safe water management and empowerment of frontline health workers to promote household water treatment . Behaviour promotion and demand creation for households level management of improved non-shared sanitation facilities and empowerment of frontline health workers to promote hygiene and sanitation behaviours, and establishing a stable supply chain system to facilitate adoption of recommended behaviours.

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Support the MoH to increase the proportion of early initiation, and counseling for exclusive breastfeeding rates and adequate complementary feeding and promotion of hygiene practices, strengthern vitamin A supplementation and growth monitoring, scaling-up of MNP for children 6-23 months (to fill the nutrient gaps), and eliminate harmful effects of processed foods, high in added sugar, salt and trans fats. Support the MOH to present the decree-law for regulating the promotion and marketing of breastmilk substitutes to the Council of Ministers, socialization of the decree-law and put in place measures to effectively implement the actions including development of SOPs and monitoring adherence to the promotion of BMS. Support to strengthen and scale-up of community groups promoting nutrition (including Mother support groups) related behavior and practices related to diets, and provide parents access to information and support for preventing growth faltering in under 2 year old children.
FOOD	Strengthen the food value chains that aim to improve the availability and affordability of healthy and nutritious diets for all vulnerable groups at all times, including animal source foods, pulses, fruits and vegetables crops (Agrobiodiverse foods using conventional crop breeding methods) and fortified complementary food products, when needed. Promote nutrition sensitive food trade policies to minimize importation of fatty/sugary foods that are harmful for health. Improve access to diverse nutritious food at HHs. Strengthen storage capacity, transport infrastructure and post-harvest loss management, including distribution of and training on post-harvest loss siloes as well as minimal processing to improve household food access to healthy and nutritious diets at all times • Awareness raising on food loss and waste • Promote improved and safe food storage and transportation practices & facilities • Capacity building for HHs food processing/transformation processes Support the integration of livelihood dynamics and seasonality in the design and delivery of emergency and resilience building programmes countries to meet the nutritional needs of children in situations of acute food insecurity • Promote convergence actions at community level for food and nutrition security assessment and monitoring • Community capacity building to plan and implement FSN actions Improve analysis, decision-making and response as well as the design of interventions to improve the diets and nutritional status of populations. • KONSSANTIL dialogues - create demands for the continuation of the NIEWS and SLMS reports (paying particular attention on child stunting issue)
SOCIAL PROTECTION	Accelerate reduction of maternal and child under-nutrition through nutrition specific and nutrition sensitive interventions. Support the expansion of Bolsa da Mae Jenerasaun Foun (cahs-based transfer) to reach more more children under six years and Pregnant women in all 13 municipalities.

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Support to strengthen services for Management of Acute Malnutrition including implementation of operational research to introduction and gradual scale-up simplified approach to management of severe and acute malnutrition based on findings. conduct capacity development and monitoring, avail necessary supplies and tools to Improve coverage and treatment outcomes (increase cure rate, reduce defaulter rate). Support to strengthen data quality for severe and acute malnutrition indicators including conducting routine data quality asurance (RDQA) analysis, interpretation and reporting.
FOOD	Streamline supply chain systems for the delivery of key commodities for the treatment of child wasting.
SOCIAL PROTECTION	Improve safety net programmes through better targeting and delivery mechanisms, including use of food aid and food distribution to vulnerable households and communities (SBCC).

Global Action Plan on Child Wasting | Country Roadmap

Yemen

Acute malnutrition is a major public health problem in Yemen. Yemen is also the largest humanitarian crisis in the world. The UN has estimated that 20.7 million people need humanitarian and protection assistance. Of these, 12.1 million people are in acute need. More than half of the population are facing acute levels of food insecurity. Moreover, the country has the fourth largest internally displaced persons (IDPs) population in the world; there are 4 million IDPs in urgent need. The country also hosts over 141,000 refugees and asylum seekers in almost all the governorates.

The rate of Global Acute Malnutrition (GAM) is 11.9% for children under 5 years and 1.8 % of these children are severely wasted. Out of 22 governorates in Yemen, 6 reported high (10-<15%) and 4 reported very high (>15%) rates of GAM. In 2021, it is estimated that 2.3 million children under the age of 5 years are suffering from acute malnutrition where 400,000 and 1.9 million children under 5 years are suffering from severe acute malnutrition (SAM) and moderate acute malnutrition (MAM), respectively.

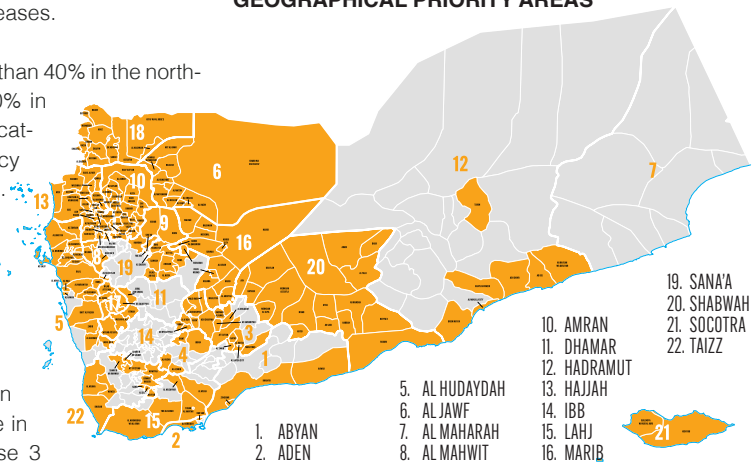
The key drivers of wasting are common in most of the zones of Yemen. They include poor quality of food intake, food insecurity, infant and young child feeding (IYCF) practices, access to health and nutrition services, water, sanitation, and hygiene (WASH) and high levels of communicable diseases.

Minimum Dietary Diversity is less than 40% in the northern governorates and around 50% in the southern governorates, indicating low levels of nutrient adequacy in children's food consumption. The exclusive breastfeeding prevalence is <35% across all zones in the northern governorates and it is <25% in more than 60% of the zones in the southern governorates. Also, while all the 22 zones in the northern governorates are projected to be in IPC Acute Food Insecurity Phase 3 or above, 17 of the 19 zones in the southern governorates were expected to be in IPC Acute Food Insecurity Phase 3 or above between January and March 2021. The economic shocks have reduced household purchasing power, impacting food consumption. Poor WASH services are also a major concern in all zones and high rates of communicable disease (acute respiratory infections, malaria/fever, cholera) are widespread throughout the country.

The natural disasters have also contributed to the high rates of wasting. The COVID-19 pandemic has had compounding negative effects on wasting due to reduced remittances, reduced access to markets, difficulty maintaining employment and a global oil price drop, affecting foreign currency contribution to the local economy. The worldwide spread of COVID-19 resulted in halving the health and humanitarian food assistance programmes in parts of the country.

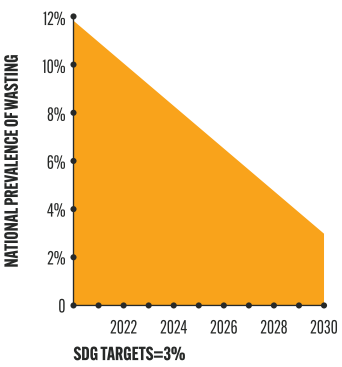
Finally, the escalating armed conflict remains one of the main root causes of acute malnutrition. Despite the challenging context the Yemeni government has developed the national multi-sectoral nutrition plan as the successful nutrition interventions are a prerequisite for successful emergency response, health, and sustainable development.

GEOGRAPHICAL PRIORITY AREAS



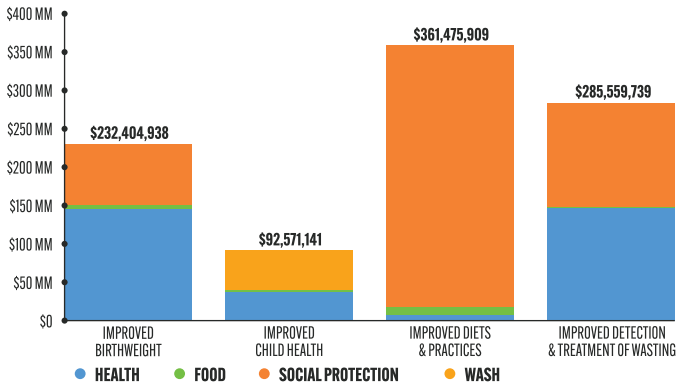
1. ABYAN
2. ADEN
3. AL BAYDA
4. AL DHALE'E
5. AL HUDAYDAH
6. AL JAWF
7. AL MAHARAH
8. AL MAHWIT
9. AMANAT AL ASIMAH
10. AMRAN
11. DHAMAR
12. HADRAMUT
13. HAJJAH
14. IBB
15. LAHJ
16. MARIB
17. RAYMAH
18. SA'ADA
19. SANA'A
20. SHABWAH
21. SOCOTRA
22. TAIZZ

REACHING THE SDG TARGET BY 2030



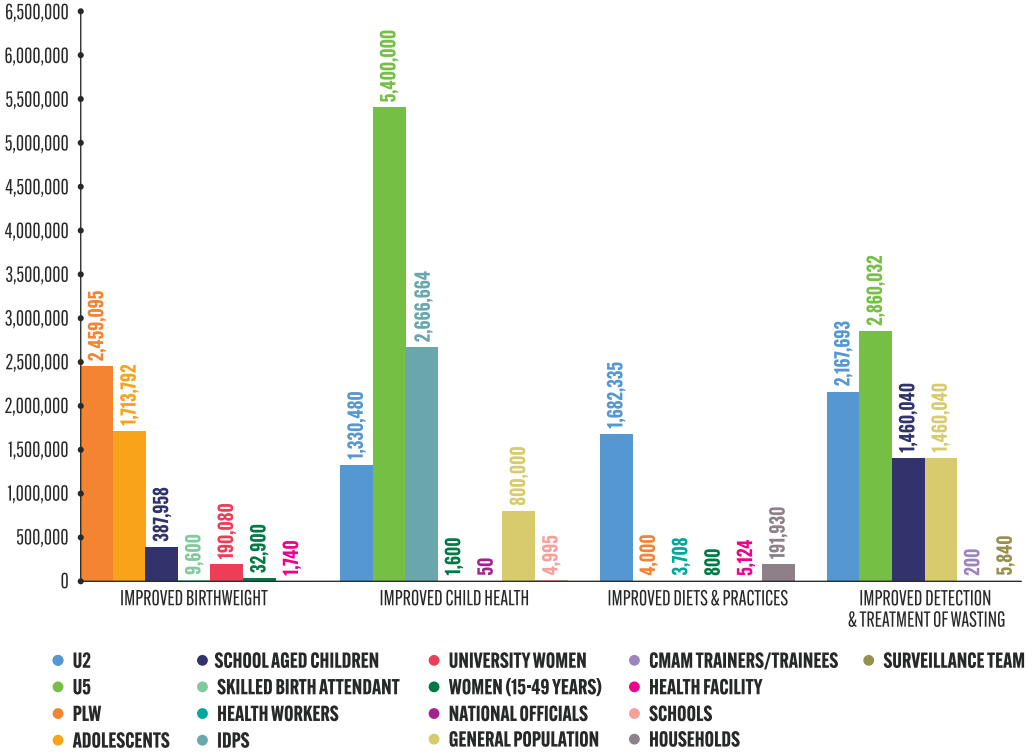
ANNUAL COST (USD)

TOTAL ANNUAL COST = $972,011,726



TARGET POPULATION GROUPS

TOTAL NUMBER OF PEOPLE TO BE REACHED = 24,631,067
TOTAL NUMBER OF GROUPS/HH TO BE REACHED = 197,770



By 2025

- REDUCE LOW BIRTHWEIGHT TO 27.9%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 25%
- INCREASE THE COVERAGE OF TREATMENT SERVICES FOR WASTED CHILDREN
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR SELECT 54.6% OF THE POPULATION

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Micronutrient supplementation (Iron Folate) Promote Skilled birth attendants/deliveries in Health Facilities Promote antenatal care and post-natal care Develop/update a national guide/action plan addressing the adolescent and youth reproductive health (RH) issues including early pregnancy Set up youth friendly Reproductive Health services, BMI assessments,MUAC screening and Haemoglobin in universities and at community-level MUAC screening of all Pregnant women and Lactating Women Treatment of acute malnutrition in pregnant and lactating women Promotion of adolescent/teen girls' nutrition in Yemen (school-base and out-of-school activities)
FOOD	Establish and support small and medium sized enterprise projects for women and youth groups within the framework of the Agricultural and Fisheries Production Promotion Fund Promotion of diversified agriculture production targeting women households
SOCIAL PROTECTION	Establishing healthy school meals kitchens Provision of conditional cash incentives for families of girl students Provide water tanks, clean safe drinking water and enhance the healthy nutrition and hygiene practices in the targeted schools

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Provision of Integrated Management of Neonatal and Childhood Illness (IMNCI) - special focus on diarrhea, pneumonia, malaria in endemic areas) Establishing the electronic child health information registry Provision and scale up of Minimum Service Package (MSP), (health and nutrition services) Increase immunization coverage
FOOD	Reduce chemical risk in production by regulating use of agricultural chemicals (pesticides) Purification of irrigation water from pest and fungal infections Promote household and small scale food preservation and storage practices (targeting women) Revitalize the national Codex committee (food hygiene and food regulation) Strengthen national food safety interventions (build capacity for food safety in emergency + establish food safety strategy, vision, regulation and laws) Establish a surveillance of foodborne diseases Enhancing community knowledge on food safety and hygiene practices
WASH	Improve WASH sector capacity for multisectoral coordination and emergency response Provision of safe drinking water to the vulnerable communities (including IDPs) Promotion of good hygiene and sanitation Rehabilitation and maintenance of all school toilet facilities

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Implement and expand Baby Friendly Hospital Initiative (BFHI) Implement and expand Baby Friendly Community Initiative (BFCI) Maintain and scale up IYCF Corners services Strengthening monitoring BMS code violations
FOOD	Promote home gardening programmes to produce nutritious foods, including seeds and mini-irrigation kits Cash support for small food industries for rural households Development of Children's recipes for complementary foods
SOCIAL PROTECTION	Cash vouchers, particularly targeted at improving dietary consumption of fruits and vegetables at household level General food assistance (GFA) Cash vouchers to household targeting the 1000days

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Development and improvement of nutrition curriculum for health institute and universities to include nutrition in the preservice training Activate the role of health supervisors and volunteers in improving the nutritional and health status of mothers and children through Health Facilities , community and school based activities improving the nutritional and health status of mothers and children through HFs , community and school-based activities Scale up coverage and quality of services for the management of acute malnutrition (severe and moderate acute malnutrition) Strengthen the nutrition surveillance system at all settings (HFs, community, schools and others) Strengthen Nutrition Information Systems
FOOD	Establish food safety M&E system (for evidence-based planning and programming) Development of pre-service and in-service nutrition training materials for agricultural extension workers
SOCIAL PROTECTION	Provide conditional cash assistance transfer to HHs which has U5 children, to reduce acute malnutrition among the vulnerable beneficiaries and to enable targeted HHs to purchase food and necessities in targeted areas