

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.

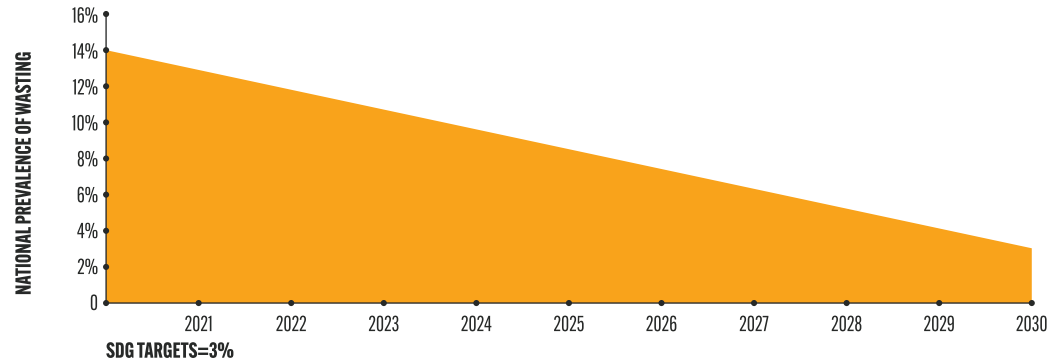
PNG also faces unpredictable climate catastrophes, including active volcanos and inconsistent rainfall, that affect or exacerbate food insecurity and, therefore, wasting. PNG ranks 28 out of 190 countries globally, and first among countries in the South-East Asia and Pacific region, on the INFORM risk 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.

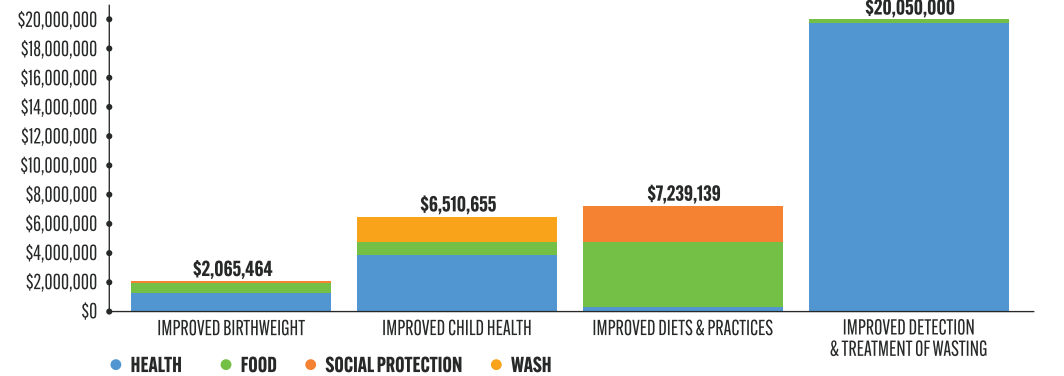
## GEOGRAPHICAL PRIORITY AREAS



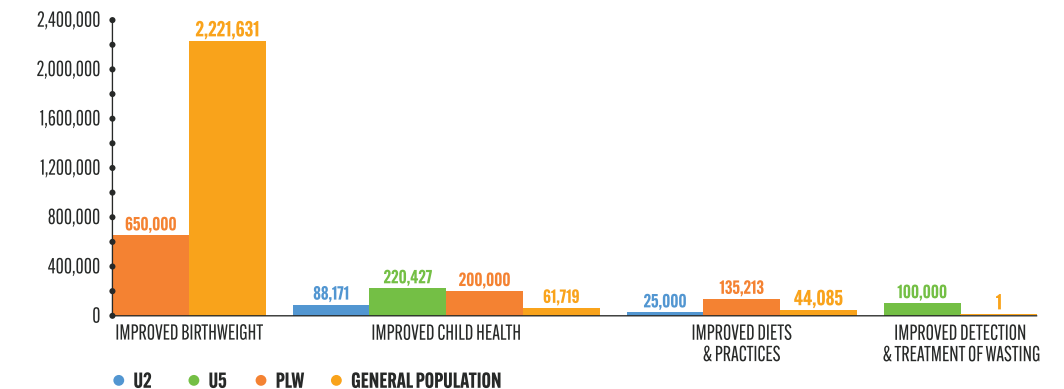
## REACHING THE SDG TARGET BY 2030



## ANNUAL COST (USD)



## TARGET POPULATION GROUPS



- 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 (promotion of 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 supplementation 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 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 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 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). 1. 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.