

UNICEF'S APPROACH TO SCALING UP NUTRITION

FOR
MOTHERS
AND THEIR
CHILDREN



unite for
children

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Nutrition Section, Programme Division | United Nations Children's Fund | 3 United Nations Plaza | New York, NY 10017, USA
Email: nutrition@unicef.org | Website: www.unicef.org

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COVER: A father feeds his two-year-old daughter a cup of fortified milk in a UNICEF-supported therapeutic feeding unit in Mozambique. She was admitted for the treatment of severe acute malnutrition

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[I] RATIONALE

Responding to a changing global nutrition landscape

Over the past decade, the global nutrition landscape has undergone unprecedented change, creating the need for UNICEF to update its strategic intent and approach to nutrition programming. This document lays out the specific directions that UNICEF, working with national governments and other partners, will undertake to accelerate equitable progress in scaling up nutrition programming for mothers and their children. Guided by the joint Health and Nutrition Strategy 2006–2015,¹ UNICEF's programmatic direction in nutrition is intrinsically linked with the health sector. This updated guidance reflects the strong synergy between health and nutrition, but recognises the urgent need to look beyond that, describing how we will engage and coordinate with other sectors to ensure sustainable impact.

UNICEF will address the problems of stunting and other forms of undernutrition, as well as child overweight and obesity. In updating and refocusing our approach to nutrition programming, UNICEF reaffirms its commitment to sustainably improving maternal and child nutrition, which is critical to achieving the organization's mission to promote the rights of every child, especially the most disadvantaged, to survival and development.

A stronger evidence base now guides programming and a more conducive enabling environment for nutrition has been fostered. However, new challenges are arising that create an increasingly complex programming environment. Some of the changes in the global nutrition landscape that prompted UNICEF to update its guidance are introduced below.

First, scientific evidence and programmatic experiences to support investment in maternal and child nutrition have improved markedly in recent years. Consensus has been reached on a number of issues:

- There is recognition of the importance of investing in stunting reduction, given stunting's critical link to child development and consequently to national development. Stunting was endorsed as a key indicator for monitoring maternal, infant and young child nutrition by the World Health Assembly (WHA) in 2012.
- There is greater understanding of the short- and long-term consequences of undernutrition in all its forms, especially during the critical period of vulnerability between conception and a child's second birthday (the first 1,000 days of life) where the consequences of such nutritional deficits are potentially irreversible.
- Emerging evidence further guides the delivery of key interventions to address undernutrition and micronutrient deficiencies during the first 1,000 days, with more sophisticated estimates available of the costs and benefits of implementing these interventions at scale, including the use of ready-to-use therapeutic foods to treat severe acute malnutrition (SAM) in community settings.
- Greater consensus supports adopting multisectoral approaches combining nutrition-specific and nutrition-sensitive interventions to effect a more holistic sustainable response to improve child nutrition, while also bringing dividends to these sectors.

Second, at the same time, global attention to, and investment in, improving nutrition has increased. Spurred by the Scaling Up Nutrition (SUN) movement and other initiatives, networks and partnerships for nutrition have been strengthened. Stakeholders have been brought together to work more effectively through multisectoral platforms; efforts have been made to establish coherent policy and legal frameworks; programmes are being aligned with common objectives and results frameworks; and resources are being mobilised to support nutrition actions. Through further refining our approach to nutrition programming, UNICEF can better adapt

to different contexts and evolving needs, and better meet heightened expectations for results.

Third, we face serious global pressures including climate change, transitioning diets, population growth, urbanization, communicable and non-communicable disease threats, and continuing poverty. Communities including children need to be supported to improve their resilience, cushioning against shocks and volatility, so that attainments in nutrition and development are sustained. Moreover, humanitarian crises are expected to increase in scale, severity and frequency. UNICEF remains committed to upholding the rights of children affected by humanitarian crisis and is guided by the Core Commitments for Children in Humanitarian Action.² A risk-informed programming approach, which better integrates humanitarian and developmental assistance, will allow UNICEF to more flexibly and sustainably meet current and future demands.

UNICEF's longstanding & renewed commitment to improving nutrition

UNICEF's global strategies on nutrition have a longstanding history, starting with adoption of the first nutrition strategy in 1990³ by the Executive Board. Currently, UNICEF's programmatic direction in nutrition is guided by the Health and Nutrition Strategy 2006-2015, which the Board approved in the context of the Medium-Term Strategic Plan 2006-2013.

Building on findings from the 2013 end-of-cycle review of the Medium-Term Strategic Plan 2006-2013,⁴ a recommendation was made to create a specific outcome for nutrition. This was in recognition of the global importance of addressing malnutrition and the renewed momentum to leverage political support and funding for nutrition. UNICEF's new Strategic Plan 2014-2017⁵ therefore includes a specific outcome for nutrition: "improved and equitable use of nutritional support and improved nutrition and care practices". This outcome – along with new specific outcomes on health, water and sanitation and a series of outputs on early childhood development – replaced the former Focus Area 1 on Young Child Development and Survival. However, this does not mean that work in nutrition will be siloed; on the contrary, it will ensure that nutrition will be given sufficient visibility and funding to support targeted efforts strengthening multisectoral policies and programmes. Given malnutrition's multifactorial aetiology, addressing it optimally requires coordination across multiple sectors, with partners within and outside of the organisation.

UNICEF has continued to learn from its considerable experience in nutrition programming, in both humanitarian and development contexts. This experience extends from the unfinished agenda of the scale-up and integration of management of SAM to the broader multisectoral strategies for reducing stunting and other forms of undernutrition. As detailed in the 2013 flagship report *Improving Child Nutrition: The Achievable Imperative for Global Progress*,⁶ we have been able to demonstrate success, and at scale. Efforts to scale up nutrition programmes are working. In addition, lessons have been learned from the evaluations of UNICEF's nutrition programmes, including among innovative programmes that have focused on community management of acute malnutrition.

Governed by overarching principles that guide our work, UNICEF remains committed to scaling up and accelerating effective coverage of high-impact nutrition-specific interventions. Moreover, we will actively support and advocate for better integration of nutrition-sensitive approaches (in sectors including health; water, sanitation and hygiene (WASH); HIV prevention and treatment; social protection; food security; and early childhood development) as part of achieving reduction in child mortality and improved sustainable development.



[II] BACKGROUND

Global nutrition context

Despite increased attention to undernutrition, nutritional deficiencies remain a devastating multifaceted problem affecting infants, young children, adolescent girls and women. Undernutrition represents a violation of children's right to survival and development and the highest attainable standard of health. Nations trapped in poverty are often crippled by the burden of hunger and undernutrition. Although trends in undernutrition are improving, the agenda remains unfinished.

Chronic undernutrition during pregnancy and early childhood manifests as stunted growth. Children who suffer from chronic undernutrition in the early stages of life fail to grow and develop to their full potential, both mentally and physically.⁷ Acute undernutrition, indicated by wasting in children under 5, is a strong predictor of mortality,⁸ with a particularly high burden in South Asia. Deficiencies of essential micronutrients (vitamins and minerals such as vitamin A, iron, folate, zinc and iodine) continue to be widespread and have significant adverse effects on child survival, growth and development, as well as on women's health and well-being.

At the same time, the estimated number of children under 5 years of age who are overweight is growing rapidly.⁹ Low- and middle-income countries are now facing a triple burden of malnutrition – undernutrition, micronutrient deficiencies and overweight and obesity – with a high prevalence of undernutrition (and often associated infectious diseases) as well as a considerable rise in overweight and obesity (and the associated risks, including those related to maternal obesity and non-communicable chronic diseases [NCDs]).¹¹

THE GLOBAL SITUATION IN 2013 ^{9,10}

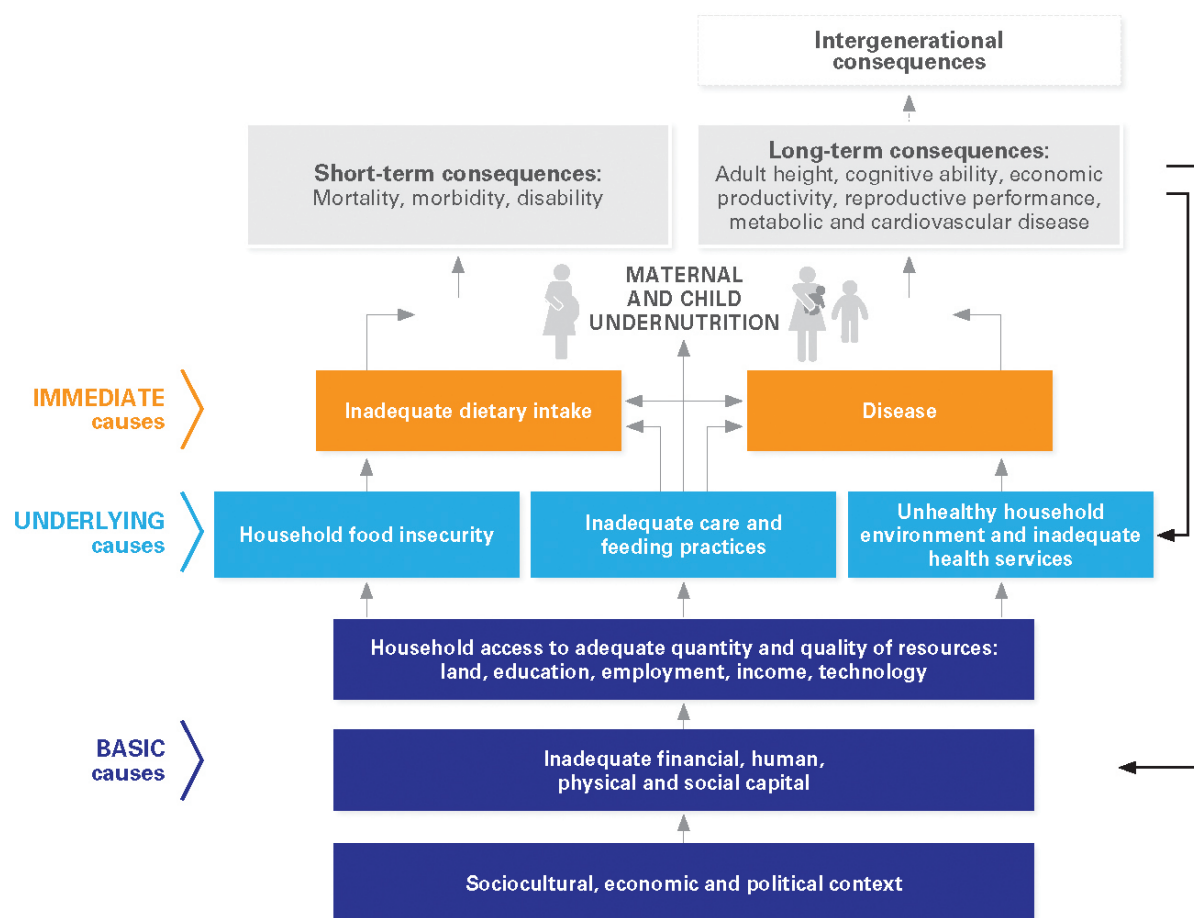
Number of children chronically undernourished: (measured as children under the age of 5 who are stunted)	161 million
Number of children acutely undernourished: (measured as children under the age of 5 who are wasted)	51 million
Number of children overweight: (measured as children under the age of 5 with a body mass index of 25 kg/m ² or more)	42 million
Percentage of non-pregnant women with anaemia: (measured as women aged 15 to 49 years who have haemoglobin <120 g/L)	29%

Causes & consequences of undernutrition, overweight & obesity

Child undernutrition is caused not just by the lack of adequate, nutritious food, but by frequent illness, poor care practices and lack of access to health and other social services. These multifactorial determinants were first outlined in UNICEF's conceptual framework of child undernutrition more than two decades ago.³ Identifying immediate, underlying and basic causes of undernutrition, the framework has evolved to incorporate new knowledge and evidence on the causes, consequences and impacts of undernutrition (**Figure 1**).

FIGURE 1

UNICEF CONCEPTUAL FRAMEWORK OF THE DETERMINANTS OF CHILD UNDERNUTRITION



The black arrows show that the consequences of undernutrition can feed back to the underlying and basic causes of undernutrition, perpetuating the cycle of undernutrition, poverty and inequities.

Source: Adapted from UNICEF, 1990.

Immediate causes of undernutrition are inadequate dietary intake and disease.¹² A child's dietary intake and exposure to disease are affected by underlying factors, including household food insecurity (lack of availability of, access to, and/or utilization of a diverse diet), inadequate care and feeding practices for children, unhealthy household and surrounding environments, and inaccessible and often inadequate health care. Basic causes of poor nutrition encompass the societal structures and processes that neglect human rights and perpetuate poverty, limiting or denying the access of vulnerable populations to essential resources. Social, economic, and political factors can have a long-term influence on maternal and childhood undernutrition. Moreover, chronic undernutrition can lead to poverty, creating a vicious cycle.¹³

The consequences associated with undernutrition can be devastating. In the short term, undernutrition increases the risk of mortality and morbidity,⁷ and in the longer term, the consequences of stunting extend to adulthood, increasing risk of poor pregnancy outcomes (including newborns who are small for gestational age), impaired cognition that results in poor school performance, reduced economic productivity and earnings,¹⁴ and future risk for overweight and subsequently NCDs such as hypertension and cardiovascular disease.^{15,16,17} Stunting, micronutrient deficiencies, overweight and related NCDs can occur in the same country, district, household and often the same individual over the life course.¹⁸

The causes of undernutrition and overweight and obesity are in many ways similar and intertwined. Stunted growth in early life increases the risk of overweight later in life.¹⁹ By preventing stunting, promoting linear growth and preventing excessive weight gain in young children, we can reduce adult risk of excessive weight gain and NCDs. Similarly, factors such as poverty, lack of knowledge and access to adequate diets, poor infant and young child feeding practices, and marketing and sales of foods and drinks can lead to undernutrition as well as to overweight and obesity.²⁰

Current landscape of nutrition

Recent developments in the political and governance environment are creating opportunities to improve nutrition programming. In particular, since 2010, the global nutrition community has been uniting around the SUN movement.²¹ This movement brings together national governments, donor countries, United Nations organizations, civil society and the private sector to support nationally driven processes to help scale up nutrition.

ENABLING ENVIRONMENT

A more unified, cohesive international nutrition community has been successful in advocating for improving nutrition globally as well as nationally. These efforts have translated into nutrition becoming a higher priority for policymakers and donors. This cohesion has also been paired with a common narrative from the global nutrition community on the evidence, strategies and tasks needed to improve nutrition.

Nutrition is now enjoying the political commitment of many national governments and regional bodies. Institutional and budgetary commitment creates opportunities to overcome previous obstacles to progress.²² For example, in many countries, inter-ministerial coordination and planning mechanisms are functioning, and inter-sectoral budgets are developed and increasingly funded.²³

EVIDENCE FROM SCIENCE AND IMPLEMENTATION

The developmental impact of stunting and other forms of undernutrition happens earlier and is greater than previously thought.^{24,25} The 1,000 days between the start of a woman's pregnancy and the child's second birthday offer an extraordinary window of opportunity for preventing undernutrition and its consequences.²⁶ Intrauterine growth retardation is a significant contributor to poor child nutrition outcomes, highlighting the need to improve the nutritional and health status of pregnant women and women of childbearing age.⁷ There is also emerging attention to including interventions for adolescent girls in stunting-reduction programmes because they are approaching childbearing age, but also for their own well-being and development.²⁷

Stunting that occurs in the first two years of life has been shown to increase the risk of disproportionate weight gain later in life.¹⁹ As stunted children enter adulthood with a greater propensity for developing obesity and other chronic diseases, the possibility of burgeoning poor health opens up, especially in countries experiencing increasing urbanization and shifts in diet and lifestyle.²⁸

More evidence has been generated on what interventions are most effective to improve nutrition, and agreement has emerged that the focus should be on stunting prevention rather than underweight reduction.²⁹ The improved scientific evidence on the consequences of stunting and the impact of interventions has also strengthened advocacy for nutrition as a sound investment for poverty reduction and sustainable social and economic development.

Nutrition-specific interventions, if scaled and utilized, can significantly reduce stunting, micronutrient deficiencies and wasting as well as the risk of overweight and obesity. These interventions largely focus on women, in particular pregnant and lactating women, and children under 2 years of age, particularly in the most disadvantaged populations.²⁹ **Nutrition-sensitive approaches** address the underlying determinants of undernutrition and future overweight and obesity and may serve as platforms for nutrition-specific interventions. Although evidence is sparse to support nutrition-sensitive approaches in some sectors, there is some evidence to support scale-up in specific country and local contexts; these include agriculture, social transfers, early childhood development, education and WASH.³⁰ **Figure 2** indicates how nutrition-specific interventions can be linked to other sectors, in different target populations, to address stunting, wasting, micronutrient deficiencies and overweight and obesity.

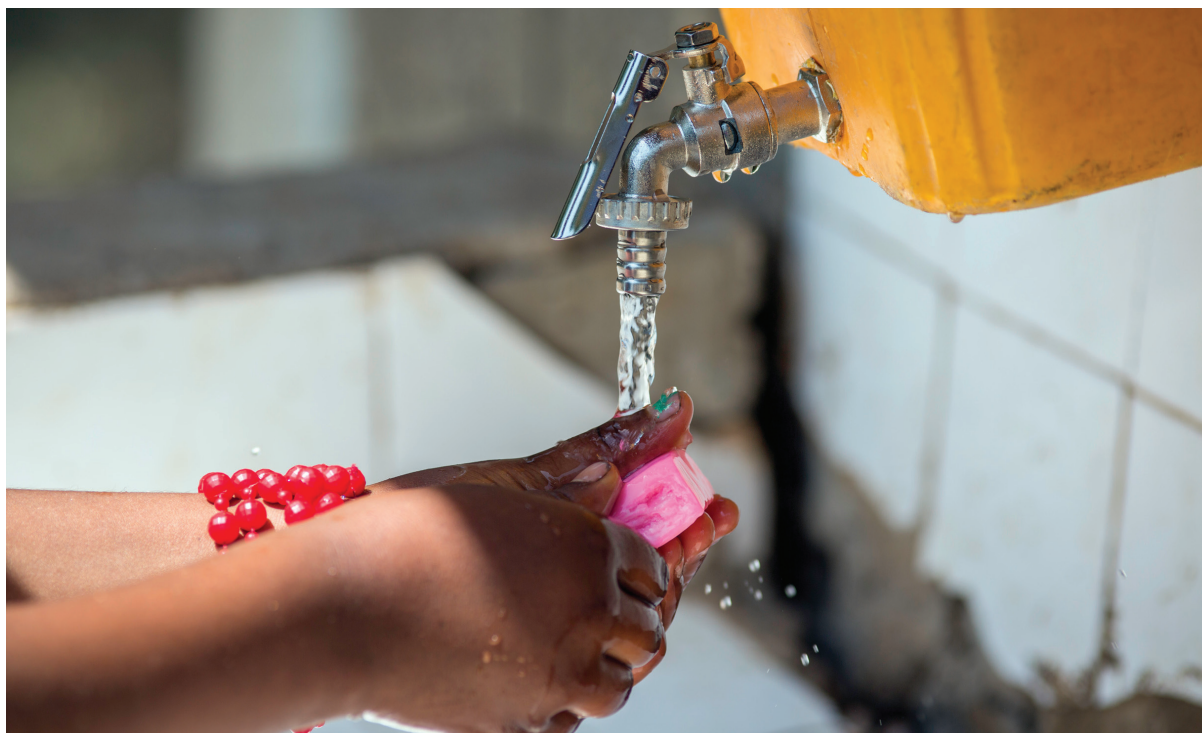


FIGURE 2

NUTRITION-SPECIFIC AND NUTRITION-SENSITIVE INTERVENTIONS AND APPROACHES THAT ADDRESS THE TRIPLE BURDEN OF UNDERNUTRITION, MICRONUTRIENT DEFICIENCIES AND OVERWEIGHT AND OBESITY

ISSUES ADDRESSED	Child stunting	Wasting	Micronutrient deficiencies	Overweight and obesity
INFANTS AND YOUNG CHILDREN	<ul style="list-style-type: none"> • Infant & young child feeding • Nutritional support for those with infectious diseases <hr/> <ul style="list-style-type: none"> • Health • WASH • Early childhood development • Food security approaches • Social protection 	<ul style="list-style-type: none"> • Infant & young child feeding • Nutritional support for those with infectious diseases • Prevention & treatment of SAM <hr/> <ul style="list-style-type: none"> • Health • WASH • Early childhood development • Food security approaches • Social protection 	<ul style="list-style-type: none"> • Infant & young child feeding • Micronutrient supplements & fortification • Nutritional support for those with infectious diseases <hr/> <ul style="list-style-type: none"> • Health • WASH • Early childhood development • Food security approaches • Social protection 	<ul style="list-style-type: none"> • Infant & young child feeding <hr/> <ul style="list-style-type: none"> • Health • WASH • Early childhood development • Food security approaches • Social protection
PREGNANT AND LACTATING WOMEN	<ul style="list-style-type: none"> • Energy & protein supplementation • Micronutrient supplements* • Nutritional support for those with infectious diseases <hr/> <ul style="list-style-type: none"> • Health • WASH • Food security approaches • Social protection 	<ul style="list-style-type: none"> • Nutritional support for those with infectious diseases • Treatment of SAM <hr/> <ul style="list-style-type: none"> • Health • WASH • Food security approaches • Social protection 	<ul style="list-style-type: none"> • Micronutrient supplements & fortification • Nutritional support for those with infectious diseases <hr/> <ul style="list-style-type: none"> • Health • WASH • Food security approaches • Social protection 	<hr/> <ul style="list-style-type: none"> • Health • WASH • Food security approaches • Social protection
ADOLESCENT GIRLS	<ul style="list-style-type: none"> • Nutritional support for those with infectious diseases <hr/> <ul style="list-style-type: none"> • Health • WASH • Education • Social protection • Child protection 	<ul style="list-style-type: none"> • Nutritional support for those with infectious diseases <hr/> <ul style="list-style-type: none"> • Health • WASH • Education 	<ul style="list-style-type: none"> • Micronutrient supplements & fortification • Nutritional support for those with infectious diseases <hr/> <ul style="list-style-type: none"> • Health • WASH • Education • Food security approaches • Child protection 	<hr/> <ul style="list-style-type: none"> • Health • WASH • Education • Food security approaches • Social protection

● NUTRITION-SPECIFIC INTERVENTIONS

● NUTRITION-SENSITIVE APPROACHES

..... Infectious diseases include diseases such as HIV and diseases associated with diarrhea and enteropathy.
..... Nutritional responses to treating these diseases vary.
..... *Prevention of intrauterine growth retardation.



An increasingly challenging environment

The basic conditions and factors that impact nutrition outcomes are evolving within countries and globally. UNICEF will have to adapt and respond to this challenging and changing environment to adequately meet the needs of mothers and their children, especially the most disadvantaged.

Climate change and variability: The world is experiencing climate change and variability leading to increased severity, frequency and unpredictability of natural disasters. Both floods and droughts are expected to continue to occur more frequently. These changes are likely to have the greatest impact in many low-resource regions' agriculture output, which lowers incomes and resiliency, and subsequently reduces access to sufficient nutrient-dense foods.³¹ Eighty per cent of the burden of disease related to climate change will affect children, with a potential projection of a 20-30 per cent increase in undernutrition by 2050, compared to a scenario in which climate is stable.^{32,33}

High and volatile food prices: Global food prices for food and commodities have seen major fluctuations since the 2007-2008 food price hikes, creating further instability and conflict in and between countries.³⁴ The poorest communities and especially female-headed households, feel the consequences of increased food prices most strongly. Increases in food costs force people to reduce the quantity and nutrient quality of food consumed, particularly affecting those who are in need of nutrient-dense foods like young children and pregnant and lactating women.³⁵

Urban migration with increased population pressures: Globally, as of 2014, 54 per cent of the world's population resides in urban areas. By 2050, 66 per cent of the world's population is projected to be urban. Although North and Latin America and the Caribbean and Europe are more urban than Africa and Asia, these two regions are urbanizing faster than other regions and are projected to become 56 and 64 per cent urban, respectively, by 2050.³⁶ An estimated one-third of urban dwellers live in poorly constructed shantytowns.³⁷ Limited access to safe and nutritious food, social services and poor public health infrastructure leave shantytown populations at high risk for nutritionally inadequate diets and infectious diseases. Without proper planning, infrastructure and health and social services, often lacking in rapidly expanding urban areas of lower- and middle-income countries, nutrition outcomes will be affected.

Dietary shifts: A rapid transition in diet and activity patterns is occurring globally, paralleled by major demographic and socioeconomic changes. Diet changes include an increase in the consumption of vegetable oils, sugar-sweetened beverages, and ultra-processed and fast and street foods. This is due to broader changes in the globalized food system, and food value chains that include more fast-food outlets, more takeaway and packaged foods, and advertising of unhealthy foods. These changes, together with a decrease in physical activity levels, are resulting in rising levels of obesity globally.³⁸ Unhealthy diets, more sedentary lifestyles, and obesity have been consistently linked to an increased prevalence of NCDs in which most attributable deaths occur in low- and middle-income countries.³⁹

Increased humanitarian crises and fragility: Natural disasters, protracted economic and food price crises, and conflicts can threaten and disrupt the livelihoods of communities, particularly those who are considered fragile.⁴⁰ Humanitarian crises are associated with food shortages, lack of safe drinking water, inadequate or disrupted health care systems, poor hygiene practices, and undermining of optimal IYCF through abandonment of breastfeeding and limited options for complementary feeding. These dynamics often exacerbate pre-existing nutritional deficits. In combination with infections like measles and diarrhoea, compromised nutritional status accelerates morbidity and mortality in emergencies. The often limited consideration of nutrition as a priority programme area in times of disaster, in particular if acute malnutrition is low while micronutrient deficiencies and other risk factors such as a suboptimal IYCF may be present, reflects limitations in existing assessment and analysis frameworks, as well as the knowledge gap existing in some of the policy-related strategies applied to humanitarian response.

Risk reduction and resilience building

The timing and quality of assistance and relief in emergency situations has improved, yet challenges remain in reaching the most vulnerable, including the need to cover large, sometimes inaccessible areas with extremely poor infrastructure, limited national capacity in prevention and treatment of undernutrition and sometimes conflict.⁴¹ Responding to humanitarian crises needs to be a balanced continuum between short-term responses intended to prevent and reduce immediate excess morbidity undernutrition and mortality, and longer-term development solutions that help build the resilience of communities by protecting and supporting people's long-term health, nutrition and overall livelihoods.

Efforts need to go beyond just responding in times of crisis, particularly when dealing with slow-onset and predictable situations. Investments in national capacity is an essential component of preparedness. Early warning systems need to be upgraded along with other infrastructure and systems to cushion the impact of disasters. Systems and communities and households need to be supported to become more resilient to be able to respond and bounce back from crisis, rather than adopting extreme coping mechanisms to survive. Programmes need to be better risk-informed and more flexible to adopt strategies that will mitigate the impact of risks and respond to increasing needs in a timely manner during a crisis. Avoiding cycles of disruption also requires that livelihoods be protected and that safety nets be in place to increase the resilience of communities, which requires forging partnership across sectors.



[III] UNICEF'S STRATEGIC INTENT IN NUTRITION PROGRAMMING



UNICEF's contribution to global goals

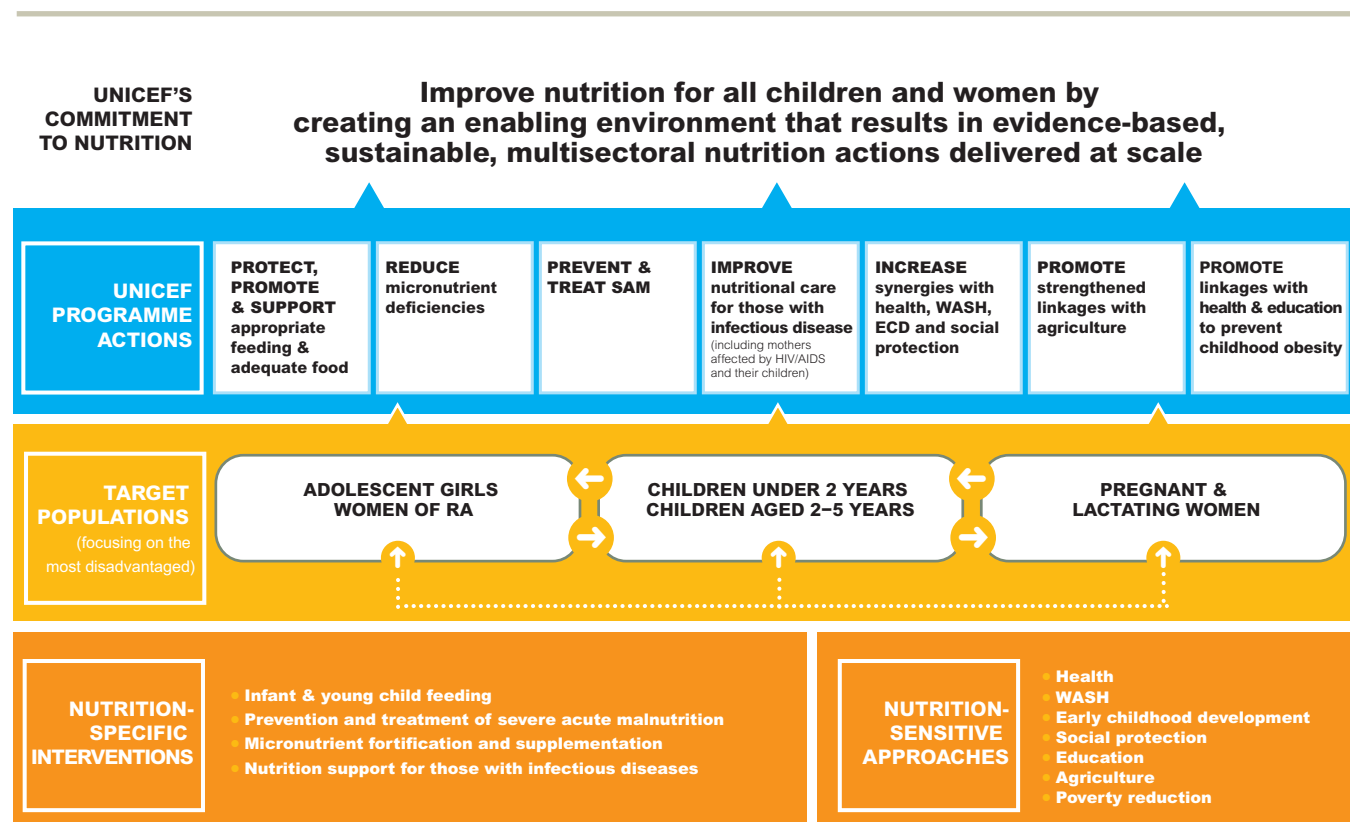
Working with national governments and in partnership with others, UNICEF sets out to improve nutrition for all children and women by creating an enabling environment that results in evidence-based, sustainable, multisectoral nutrition actions delivered at scale. The updated approach to multisectoral nutrition programming is intended to enable a more effective contribution to national efforts to accelerate progress in nutrition. In addition to supporting attainment of the Millennium Development Goals, this will also contribute to attainment of the nutrition targets approved by the WHA, the United Nations Zero Hunger Initiative and future sustainability developments goals relating to nutrition.

During the 2012 WHA, a 13-year (2012–2025) comprehensive implementation plan to address maternal, infant, and child nutrition was endorsed.⁴² UNICEF will contribute to this plan to alleviate the triple burden of undernutrition, micronutrient deficiencies and overweight and obesity in children, by supporting attainment of six global targets:

1	40% REDUCTION in the number of children under 5 who are stunted
2	50% REDUCTION in anaemia in women of reproductive age
3	30% REDUCTION in low birthweight
4	NO INCREASE in childhood overweight
5	INCREASE the rate of exclusive breastfeeding in the first 6 months up to AT LEAST 50%
6	REDUCE AND MAINTAIN childhood wasting to LESS THAN 5%

FIGURE 3

UNICEF'S PROGRAMMATIC WORK IN NUTRITION



UNICEF's actions on nutrition

UNICEF supports and advocates for evidence-based nutrition-specific interventions and nutrition-sensitive approaches. **Figure 3** shows the programme areas where UNICEF will work, with integration of nutrition actions with those from other sectors, including health, early childhood development, social protection, WASH and education. UNICEF will not work in agriculture, but it will advocate for nutrition-sensitive agriculture interventions and implementation of global standards and guidelines relating to the food industry. Interventions in key programme areas are presented below and are detailed in **Annex 1**.

NUTRITION-SPECIFIC INTERVENTIONS

Infant and young child feeding: Breastfeeding and complementary feeding are critical factors in child survival, growth and development. Protection, promotion and support of optimal breastfeeding practices constitute one of the most important preventive interventions with a large impact on reducing child mortality. Exclusive breastfeeding for the first 6 months of age, along with anti-retroviral therapy, is critical to reduce the post-partum transmission of HIV from HIV-infected mothers to their babies. Improvement of complementary feeding, with age-specific counselling on infant and young child feeding, along with continued breastfeeding, have been shown to be very effective in improving child growth, and together with maternal nutrition interventions, contributing to reduced stunting. These interventions are also important in mitigating future obesity risk.

Prevention and treatment of severe acute malnutrition: SAM remains a major cause of mortality among children under 5 years of age, and much of this mortality can be prevented. Even though the community-based management of acute malnutrition has allowed the rapid scale-up of SAM treatment, more needs to be done to prevent and treat SAM. Treatment of moderate acute malnutrition contributes to the reduction of SAM, and this area of work is mostly covered by UNICEF's partners. In some settings, a large proportion of children with SAM are also suffering from infections (e.g., HIV or diarrhoea), and it is important to screen children with SAM for infectious diseases, as well as monitoring growth and nutrition status as part of preventing SAM.

Micronutrient fortification and supplementation: Many women and children have at least one or more micronutrient deficiencies due to lack of availability or affordability of nutrient-dense foods. UNICEF is addressing micronutrient deficiencies through supplementation, fortification, and improved complementary food products (including micronutrient powders and lipid-based nutrient supplements) to improve dietary quality. These strategies, together with prevention and treatment of infectious diseases to minimize micronutrient depletion, can mitigate micronutrient deficiencies among vulnerable groups.

Nutrition support for those with infectious diseases: Because undernutrition and disease are closely linked, prevalence and severity of infectious diseases, especially among vulnerable groups, are likely to increase as the nutritional situation worsens. Establishment of nutritional care and support for children and adults living with HIV/AIDS and other infectious diseases should include targeted nutrition support, testing for and treating these infections. Nutritional care includes fortification of special foods for young children, home fortification with micronutrient powders and lipid-based supplements, and vitamin A and iron supplements. Prevention and treatment of diarrhoea is critical to ensuring better nutrient utilization and decreasing acute undernutrition.



NUTRITION-SENSITIVE APPROACHES

Health: Implementation of key public health interventions across the continuum of care will have a positive effect on both the health and nutritional status of children and mothers, through provision of high-quality health care at first-line health facilities. Nutrition programmes that are complemented or paired with the prevention and control of pneumonia and diarrhoea, immunization, deworming and distribution of insecticide-treated bed nets have stronger impact.

WASH: Poor sanitation and hygiene practices are essential determinants in the causal pathway and cycle of infectious disease burden and undernutrition.⁴³ WASH encompasses efforts to maintain an adequate water supply, both in terms of quality and quantity, sufficient means of sanitation (encouraging community-based approaches for 'total sanitation' that seek to eliminate the practice of open defecation), and improved hygienic practices (hand washing with soap).

Social protection: Social protection involves policies and programmes that protect people against risk and vulnerability, mitigate the impacts of shocks, and support livelihoods that are at risk. Social transfers are social protection schemes that provide or substitute for income, and may include cash and in-kind transfers, subsidies, and labour-intensive public works programmes to reduce hunger and undernutrition. Social transfer programmes may help achieve more equitable nutrition-sensitive development if they have specific nutrition objectives and are aligned with local and national needs.⁴⁴ UNICEF will work with its own social protection sector and other partners to promote nutrition-centric safety nets.

Early childhood development: Ensuring adequate nutrients early in life can protect children, promote their growth, and stimulate their motor, cognitive and socio-emotional development.⁴⁷ Providing high-quality early childcare, stimulation, and responsive interactions can prevent or ameliorate early disparities. Interventions to support families and communities include supporting caregiving; parenting education and support; improvement of the home environment through education, supplies and services; access to clean water and sanitation; health care services; and early childcare centres with comprehensive services.⁴⁸

Improved food security: Agriculture can play a role in improving diets – particularly for mothers and young children – through changes in income, and increased availability and accessibility of diverse nutrient-dense foods coming from production or markets.^{45,46} UNICEF will play an advocacy role where needed and support those agencies focusing on agricultural and value-chain interventions (such as food processing and retail).

Prevention of childhood overweight and obesity will become a UNICEF focus area. UNICEF will continue to consolidate and disseminate data on overweight and obesity trends. These data will serve as evidence to advocate for action to counter this growing problem. UNICEF will work on the prevention side. Stunting reduction strategies that promote linear growth in early life and prevent excessive weight gain in young children, through optimal breastfeeding and complementary feeding, will serve to minimize child overweight and obesity.¹⁹ UNICEF will also start to work with governments, civil society and other partners to identify evidence-based policies, guidelines and regulatory frameworks that can address overweight and obesity.

Target populations: The primary focus of UNICEF's work in nutrition will be on children under the age of 2 as a priority, as well as children aged 2–5 years and pregnant and lactating women. A secondary, yet critical, focus will be on adolescent girls and women of reproductive age: to improve their nutritional status and well-being, but also as they are critical enablers for nutrition and can help break the intergenerational cycle of undernutrition. Although UNICEF has been working with these populations for decades, the intervention approaches and prioritization of activities will be further refined according to the context.



Principles that guide UNICEF's nutrition programming

UNICEF's actions in nutrition are governed by the following overarching principles, which are fundamental to upholding our equity focus and promoting a rights-based approach to nutrition programming.

Rights-based approach: UNICEF adopts a human rights-based approach to programming in nutrition. The right to food is included as a human right in the Universal Declaration of Human Rights of 1948, and the 1989 Convention on the Rights of the Child (CRC) reiterates the right to health and underlines the obligation of governments to combat malnutrition and disease in order to fully realize this right.

Equity-focus: Inequalities, including gender inequality, may prevent disadvantaged populations from accessing nutrition services or adopting optimal nutrition practices. Applying an equity-focused approach to programme design and implementation, and targeting actions, will enable vulnerable populations to better benefit from access to nutrition services and information. Gender equality is a key element in the refocus on equity, and UNICEF will promote gender-sensitive and gender-transformative approaches as guided by the forthcoming UNICEF Gender Action Plan 2014–2017.⁴⁹

Evidence-based interventions and strategies: UNICEF supports and advocates for implementation of evidence-based interventions and strategies – those that have been proven effective (to some degree) through outcome evaluations through both efficacy and programme effectiveness studies, using not only randomized control trials but also operations and implementation research that informs programmes.^{50,51}

Multisectoral actions: Working across sectors and disciplines ensures better integration and coordination for nutrition. Within UNICEF, nutrition programming is undertaken in close collaboration with other sectors including health, WASH, education and early child development and in cross-cutting areas including, gender equity and empowerment (for women and adolescent girls), and children with disabilities.⁵² While it is critically important to work with these sectors, improving nutrition will create dividends for them as well. UNICEF will work through existing coordination platforms – including nutrition cluster and nutrition sector coordination platforms – and will support and strengthen those platforms.

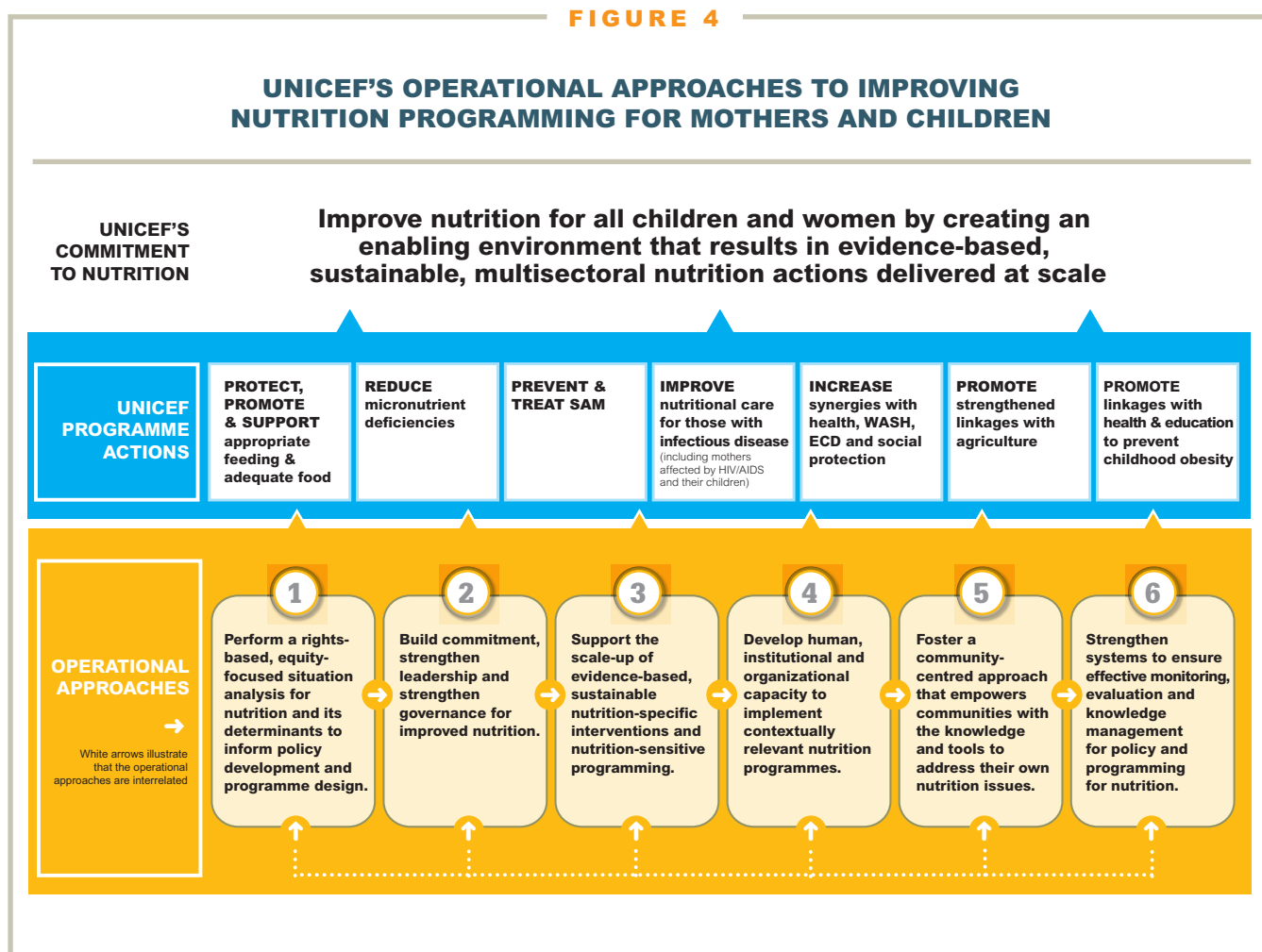
Active engagement and participation: UNICEF has a unique capacity and mandate to link in-country national-level work with global developments and policies. At the global level, UNICEF works closely on wide-scale nutrition initiatives and movements. Regional bodies and efforts are also supported and linked to national policies and plans. At the country level, UNICEF supports national governments in strengthening their nutrition policies and programmes down to sub-national levels. At the local, community and household levels, community participation is emphasized as a way to create local, sustainable solutions and healthy nutrition practices and to reach the most vulnerable.

Monitoring and corrective actions: UNICEF's approach to monitoring, not only provides feedback to countries on nutrition outcomes stemming from programmes, but also provides an opportunity to resolve, refine and shift approaches to solve problems and bottlenecks at the national and sub-national levels. UNICEF will continue to ensure that corrective actions are linked to data collection and analysis in real-time, using new technology and improved data platforms to strengthen results-based management. Also, UNICEF plays a pivotal role in assisting countries with the collection and analysis of national-level nutrition data using the Multiple Indicator Cluster Surveys, which serves as a major source of data that are measured against global targets.

[IV] HOW UNICEF WILL WORK TO IMPROVE MATERNAL & CHILD NUTRITION PROGRAMMING

An equity-focused approach will guide UNICEF's programming in maternal and child nutrition. UNICEF will pursue six strategic operational approaches or steps, which together provide the directives to strategically and continually improve programme performance, as shown in **Figure 4**. The prioritization and relative importance of these operational steps and related actions will depend on the local context, and will take into account knowledge of previous engagements with country partners and communities.

FIGURE 4



OPERATIONAL APPROACH

1

PERFORM A RIGHTS-BASED, EQUITY-FOCUSED SITUATION ANALYSIS FOR NUTRITION AND ITS DETERMINANTS TO INFORM POLICY DEVELOPMENT AND PROGRAMME DESIGN.

This step is critical to identify the key nutrition issues and their underlying causes; to reach consensus with partners on which actions should be prioritised; to formulate and refine programme design and results-based frameworks; to review the nutrition programme's logical framework (theory of change); to earmark resources; and to agree upon the roles and responsibilities of partners. Facilitating a consultative process that involves national stakeholders in an inclusive way will help promote national ownership

and sustainability of the programme.

Actions in operational approach 1 could include the following:

- ▶ Assess the nutritional status of populations disaggregated by factors such as gender, age, presence of disabilities, geography, ethnicity, and membership in socially disadvantaged groups.
- ▶ Conduct a complete analysis of the causes of stunting and other forms of undernutrition, and child overweight and obesity, especially among disadvantaged populations; working with partners, make strategic decisions about which problems and causes to address.
- ▶ Perform institutional, human resource, and budget analyses; conduct a stakeholder analysis of actors working in nutrition; analyse existing coordination mechanisms across government, civil society and United Nations and donor networks.
- ▶ Analyse key policy documents and legislative frameworks.
- ▶ Assess risks, vulnerabilities, and capacity gaps that will further impact on the nutritional status of children and women.
- ▶ Conduct a risk-informed analysis; specify contingency planning processes accordingly in response to the likelihood of humanitarian crises.

Context specificity:

Each country will have a unique nutrition situation with different underlying causes. The situation analysis sets out to inform programme design in order to strategically maximize national efforts to impact the nutritional status of mothers and their children. **Annex 2** illustrates how findings of the situation analysis can guide programme design.

OPERATIONAL APPROACH

2

BUILD COMMITMENT, STRENGTHEN LEADERSHIP AND STRENGTHEN GOVERNANCE⁵³ FOR IMPROVED NUTRITION.

This step is critical to support national governments create a more enabling environment for nutrition – with strengthened policy and legal frameworks, strengthened institutional coordination, strategic programme design and strengthened results-based programme management and implementation – that meets the needs of the most disadvantaged. This requires UNICEF to advocate for investing in nutrition; to support resource mobilisation to ensure adequate budgetary

commitment for nutrition; to provide evidence and knowledge to support nutrition champions; to invest in partnerships and promote transparency; and to support coordination mechanisms.

Actions in operational approach 2 could include the following:

- ▶ Generate contextually relevant knowledge for advocacy purposes and perform strategic advocacy to ensure that nutrition features prominently on national development agendas.
- ▶ Advocate that governments, as signatories to the CRC, should meet their obligations to realize the rights of children and develop their capacities as duty-bearers to meet their obligations.
- ▶ Support the formulation or revision of comprehensive, up-to-date national policies and legislation, together with guidance on how to implement, monitor and evaluate nutrition programmes, including issues relating to industry and the private sector.
- ▶ Provide technical leadership in adopting, monitoring and enforcing legislation (e.g., to implement the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions and appropriate maternity protection legislation).
- ▶ Lead coordination efforts in emergencies and during transition towards recovery to ensure sustained nutrition programme achievements, in partnership with WFP and others.
- ▶ Share timely information on nutrition indicators and programme results, report on barriers and bottlenecks and strategies to address these, and share information to promote transparency and stronger governance in nutrition.

Context specificity:

Advocacy and policymaking will focus on the most vulnerable populations, ensuring effective coverage of a minimum package of interventions as per country action plans. The existence of updated national policies is key to country programme planning. Multisectoral nutrition plans should be budgeted, so that they can be implemented at a realistic scale, ideally with a continuous funding source available, including government contribution, to ensure sustainability.

OPERATIONAL APPROACH

3

SUPPORT THE SCALE-UP OF EVIDENCE-BASED, SUSTAINABLE NUTRITION SPECIFIC INTERVENTIONS AND NUTRITION-SENSITIVE PROGRAMMING.

This step is critical to support national governments to systematically scale up multisectoral evidenced-based interventions in a strategic way that responds to local contexts. In particular, this approach seeks to achieve and sustain high levels of effective coverage of nutrition interventions, with a focus on the most disadvantaged and hard to reach. This requires UNICEF to provide technical leadership and assistance to support implementation of national nutrition programmes; to support integration and linkages across multiple sectors; to address service delivery gaps where national capacity is weak, including coordinating and financing the procurement of essential commodities; to design and implement context-specific communication for development strategies for nutrition; and to identify and promote innovations in programme scale-up.

Actions in operational approach 3 could include the following:

- ▶ Provide technical leadership and expertise to shape global, regional and national strategic directions to support the scale-up of multisectoral nutrition programmes that effectively reach the most disadvantaged.
- ▶ Design and support the implementation of evidence-based communication strategies and service delivery modalities that are sensitive to social norms and sociocultural and behavioural influences on nutrition.
- ▶ Develop, adapt, and disseminate guidance materials and tools for nutrition-specific and nutrition-sensitive programming.
- ▶ Support the timely provision of supplies required for programme implementation (e.g., ready-to-use therapeutic foods, vitamin A capsules and multiple-micronutrient powders for home-based fortification).
- ▶ Support evidence generation and ensure that knowledge gathered from programme scaleup is documented and shared regularly with governments and partners.
- ▶ Inculcate a culture of innovation that constantly looks for opportunities to innovate in programming, processes, partnerships and products to improve programme performance.

Context specificity:

Scaling-up efforts will need to be tailored to the needs and capacities of communities, districts and countries as well as to the trigger points of vulnerability, such as climate variability and community fragility. Effective delivery systems will also vary for different communities. Evidence shows that community workers are often key in delivering nutrition care and promoting behaviour change. However, the type of workers can vary, as can the type of training and supervision. In order to successfully scale up programmes, good understanding of possible bottlenecks is required, and action is needed to remove these bottlenecks. Therefore this objective is closely linked to operational approach 6.

OPERATIONAL APPROACH

4

DEVELOP HUMAN, INSTITUTIONAL AND ORGANIZATIONAL CAPACITY TO IMPLEMENT CONTEXTUALLY RELEVANT NUTRITION PROGRAMMES.

This step is critical to strengthen the capacity of national governments and partners to ensure availability of and access to services, and to strengthen systems that sustainably improve nutrition. At national and sub-national levels, UNICEF works to train national governments and partners on leadership, programme implementation and management; and to provide up-to-date technical guidance (including curricula) and training to strengthen human resources for nutrition, including community-level workers.

Actions in operational approach 4 could include the following:

- ▶ Use capacity gap analyses to develop strategies and engage with partners to jointly prioritise capacity development for leadership and programme management (including supply management).
- ▶ Support the development of education systems and training programmes to address short and longer-term capacity gaps in nutrition, including in other sectors (e.g., strengthening the knowledge of health workers on breastfeeding and advocating for and facilitating the integration of nutrition in public health training curricula).
- ▶ Train on leadership, coordination, facilitation and management (soft skills) to help influence policy- and decision-making and coordinate nutrition programming.
- ▶ Build capacity and support for community cadres and workers, including support to empower communities to understand their nutrition rights and how to claim them.
- ▶ Build capacity among UNICEF staff and partners to respond to humanitarian crises, with training in disaster risk reduction, emergency preparedness and emergency response.

Context specificity:

UNICEF capacity needs and skills may be quite different in a transitional or middle-income country than in a low-income country, fragile state or emergency situation. UNICEF's core competencies need to be reassessed frequently.

While the situation analysis identifies capacity gaps in human resources (including specific cadres and skill sets), together with the broader institutional environment, this step devises capacity development priorities and strategies. These actions must be tailored to the country context and complemented with knowledge of existing capacity assets that can be deployed and developed to meet emerging needs. UNICEF will work towards developing stronger capacity, enabling national partners and communities to make decisions on nutrition actions. This work contributes to strengthening formal and informal institutions and improving nutrition governance at the country level.

OPERATIONAL APPROACH

5

FOSTER A COMMUNITY-CENTRED APPROACH THAT EMPOWERS COMMUNITIES WITH THE KNOWLEDGE AND TOOLS TO ADDRESS THEIR OWN NUTRITION ISSUES.

This step is critical to empowering communities to actively participate in the development of context-specific solutions, demand nutrition services and use them appropriately, and take ownership of improving the nutritional status of women and children. At individual and community levels, UNICEF works to promote social norms and behaviours that promote healthy nutrition practices, including the demand for services, through communication for development and other strategies. In these

ways, UNICEF works to improve the capacity of communities as duty-bearers to meet their obligations, and the capacity of rights-holders to claim their rights.

Actions in operational approach 5 could include the following:

- ▶ Consult and participate with families, communities and networks to better support the design and implementation of community-based actions for the promotion, protection, and support of optimal nutrition, and appropriately contextualise programmatic actions.
- ▶ Safeguard the empowerment of communities by supporting access to the knowledge tools necessary to make informed decisions and by supporting right-holders in claiming their rights.
- ▶ Ensure that relevant behaviour change approaches are appropriately embedded into nutrition programmes.
- ▶ Partner with appropriate civil society, consumer and private-sector groups and others who can help facilitate appropriate demand for interventions and practices.
- ▶ Design and support large-scale mass-media communication initiatives for behaviour change.

Context specificity:

Community-based programming and participation will vary across geographical areas emergency versus non-emergency contexts, low-income versus middle-income countries and across different subpopulations. Assessments should be done to better understand the varied and complex social norms and social structures of different target communities, especially among disadvantaged subgroups.

UNICEF country offices work with communities, and tailor communication strategies and participatory approaches to the context. Understanding who engages with communities (community health workers, rural extension agents, community leaders and others) and how they engage or could engage, will be important to better understand how behaviour modifications can be addressed.

OPERATIONAL APPROACH

6

STRENGTHEN SYSTEMS TO ENSURE EFFECTIVE MONITORING, EVALUATION AND KNOWLEDGE MANAGEMENT TO IMPROVE NUTRITION POLICY AND PROGRAMMING.

This step is critical to strengthen national, sub-national and community-based monitoring and evaluation processes and ensuring that knowledge acquired feeds back to promote institutional learning to improve programme performance.

This requires UNICEF to support the development of robust result frameworks, aligned with the nutrition programme's theory of change; to strengthen monitoring systems for nutrition; to strengthen UNICEF and partner capacities to support results-based management to improve programme performance; to support evaluations and incorporate lessons in programming; and to develop knowledge management systems for nutrition that also include learning from innovations.

Actions in operational approach 6 could include the following:

- ▶ Support the development and functioning of national-level information and monitoring systems to generate, analyse and use nutrition information (including both situation analysis and programmatic data).
- ▶ Ensure regular monitoring of key nutrition inputs, outputs and outcomes as well as bottlenecks to achieving effective coverage of interventions across the policy and programming environment. (This monitoring can both make use of existing data collection systems and explore new ways to collect information on bottlenecks).
- ▶ Support evaluation and formative research on nutrition programmes.
- ▶ Communicate and disseminate programme results and experiences, including operational and implementation research.
- ▶ Engage in knowledge networks around nutrition, including through new technology, new platforms, social networking and communities of practice.
- ▶ Keep up-to-date with new knowledge (evidence, guidelines and programme experiences), and adapt and incorporate knowledge to improve the design and implementation of nutrition programmes.
- ▶ Identify knowledge gaps, and prioritise specific programme areas and/or processes to document lessons learned.

Context specificity:

In all contexts, there is a need to adapt, align and establish monitoring systems to obtain high-quality data for monitoring and analysis to better inform programmes and plans, as well as to track progress towards national and global goals.

Country offices take the lead in analysing their bottlenecks and barriers, identifying feasible solutions and developing plans to implement the solutions to improve effective coverage of interventions at national and sub-national levels. This is also of critical importance in emergency settings. UNICEF will generate, acquire, adapt and use knowledge to inform all stages of programme implementation, ensuring that contextually relevant lessons are used to improve our work in nutrition.

While the operational approaches outlined above are presented as discrete steps, these are interrelated, with each step informing others. Implicit to this way of working is that data, information and knowledge acquired during operational work is used to inform future actions. With such responsiveness, UNICEF should be better able to adapt to the changing programmatic environment and more efficiently and effectively reach the most disadvantaged mothers and children.



[V] DELIVERING ON UNICEF'S COMMITMENT TO NUTRITION

UNICEF's responsibilities and roles

UNICEF will work towards achieving nutrition goals and targets by ensuring our staff are adequately trained and supported. The roles in which UNICEF can continue its contribution to ensure that nutrition stays on global and country agendas include the following.

TECHNICAL LEADER: Provides strategic direction for the programmatic agenda for nutrition. This includes technical support to UNICEF country offices that can influence the broader national development agenda.

POLICY ADVISOR: Supports the development of comprehensive evidence-based and up-to-date country policies and legislative frameworks that protect, promote and support optimal nutrition.

ADVOCATE: Highlights to decision-makers and other global partners, through various means, the far-reaching consequences of poor nutrition for child growth and development, its violation of the rights of the child, and the importance of programmes aimed at improving nutrition as contributors to sound economic policy and national development.

KNOWLEDGE BROKER: Supports the research, development and monitoring and evaluation of context-specific, comprehensive and evidence-based communication strategies using multiple channels to raise awareness on nutrition issues and to promote sustained adoption of nutrition interventions and best practices.

PARTNER AND CONVENER: Fosters selective collaborative partnerships that can influence the nutrition agenda and accelerate action at scale. UNICEF can also support governments to convene and coordinate stakeholders around nutrition issues.

MANAGER: Captures, synthesizes and analyzes programme knowledge and facilitates exchange of experiences between countries, regions, and other partners engaged in nutrition programming; uses programme knowledge to review, validate and adjust programme strategies and guidance as necessary. Actions include maintaining databases on nutrition indicators, studies, and evaluations; documenting best practices and factors for success in scaling up nutrition programming and achieving results; and facilitating operational research to fill knowledge gaps.

CAPACITY DEVELOPER: Builds capacity of UNICEF, counterparts and partner staff by identifying capacity needs, producing materials including guidelines and training manuals, organizing training sessions and supporting country counterparts to take on leadership roles.

ENABLER: Works with partners on processes to engage, mobilize and involve communities as part of community-based nutrition interventions and communication for behaviour and social change. UNICEF uses a participatory approach to engage key stakeholders and community leaders to ensure long-lasting change.

INNOVATOR: Ensures the use of information and communication technologies to facilitate participation, inclusion and empowerment through nutrition programming. Technology and innovative networks as well as communities of practice will be used for planning, monitoring and evaluation, managing and communicating.

Working with partners and working across sectors

Working with many partners at the global, regional, country, and community levels, in programmatic operations, advocacy and policy, UNICEF recognizes the importance of collaborative partnerships to help equitably deliver results in maternal and child nutrition.

UNICEF works closely with national governments, supporting them in the development and implementation of national nutrition policies and programmes. With a strong presence in over 100 countries, UNICEF country offices respond to country needs and provide support when requested. Furthermore, UNICEF's decentralized approach to working with local governments helps foster community-level engagement. Community-based nutrition can engage communities effectively to transform and foster long-term social change.

UNICEF also partners with international and local NGOs and civil society organisation, universities, research institutions and advocacy groups to carry out joint mandates. Our partnerships extend to the private sector – not just for food products but also for technology, innovation, data analysis and social services, as well as working to bring an end to practices that undermine the rights of women and children and undermine good nutrition.

UNICEF remains committed to interagency coordination among sister UN organizations. UNICEF is a partner with other United Nations agencies, including the Food and Agriculture Organization, the United Nations Population Fund Agency, the United Nations Refugee Agency, World Food Programme and the World Health Organization; the International Fund for Agriculture Development and the World Bank.

UNICEF is a key partner in the Scaling Up Nutrition (SUN) movement, the United Nations Network on Nutrition and the Renewed Efforts Against Child Hunger (REACH) partnership. UNICEF also partners with other international and country-level organizations and hosts and leads the Global Nutrition Cluster, which brings various partners together to improve the nutrition response during emergencies. UNICEF Nutrition is also part of health initiatives such as A Promise Renewed and Every Woman Every Child.

Monitoring and evaluating UNICEF's work in nutrition

UNICEF will hold itself accountable for achieving strategic results in nutrition. Cognizant of the need to further strengthen results-based frameworks and the delivery of results, there will be further investment in results-based management that will serve to affirm accountability and transparency for work in nutrition. UNICEF's Strategic Plan 2014–2017 responds directly to issues raised in the 2012 General Assembly QCPR and the Annex of UNICEF's Strategic Plan outlines the results-based framework, along with indicators and risks for nutrition.⁵⁴

Regular monitoring will be used to document progress and identify problems as a basis for continuous improvement of implementation of the joint Health and Nutrition Strategy 2006–2015. Moreover, there will be investment in working with partners to strengthen national and sub-national nutrition monitoring systems, particularly as this relates to identifying and addressing barriers and bottlenecks affecting the disadvantaged, and to developing capacity to support results-based management, in alignment with United Nations Coherence, the Millennium Development Goals and post-2015 goals.

Evaluation will support the operationalization of results-based management and will objectively assess the relevance, efficiency, effectiveness and impact of UNICEF's work in nutrition, as well as the sustainability and unintended consequences of our work. Learning from evaluations and incorporating lessons will help to continually improve the planning and implementation of programmes to improve maternal and child nutrition.

ANNEX 1

KEY PRACTICES, SERVICES AND POLICY INTERVENTIONS FOR PREVENTING AND TREATING STUNTING AND OTHER FORMS OF UNDERNUTRITION AND OVERWEIGHT AND OBESITY THROUGHOUT THE LIFE CYCLE

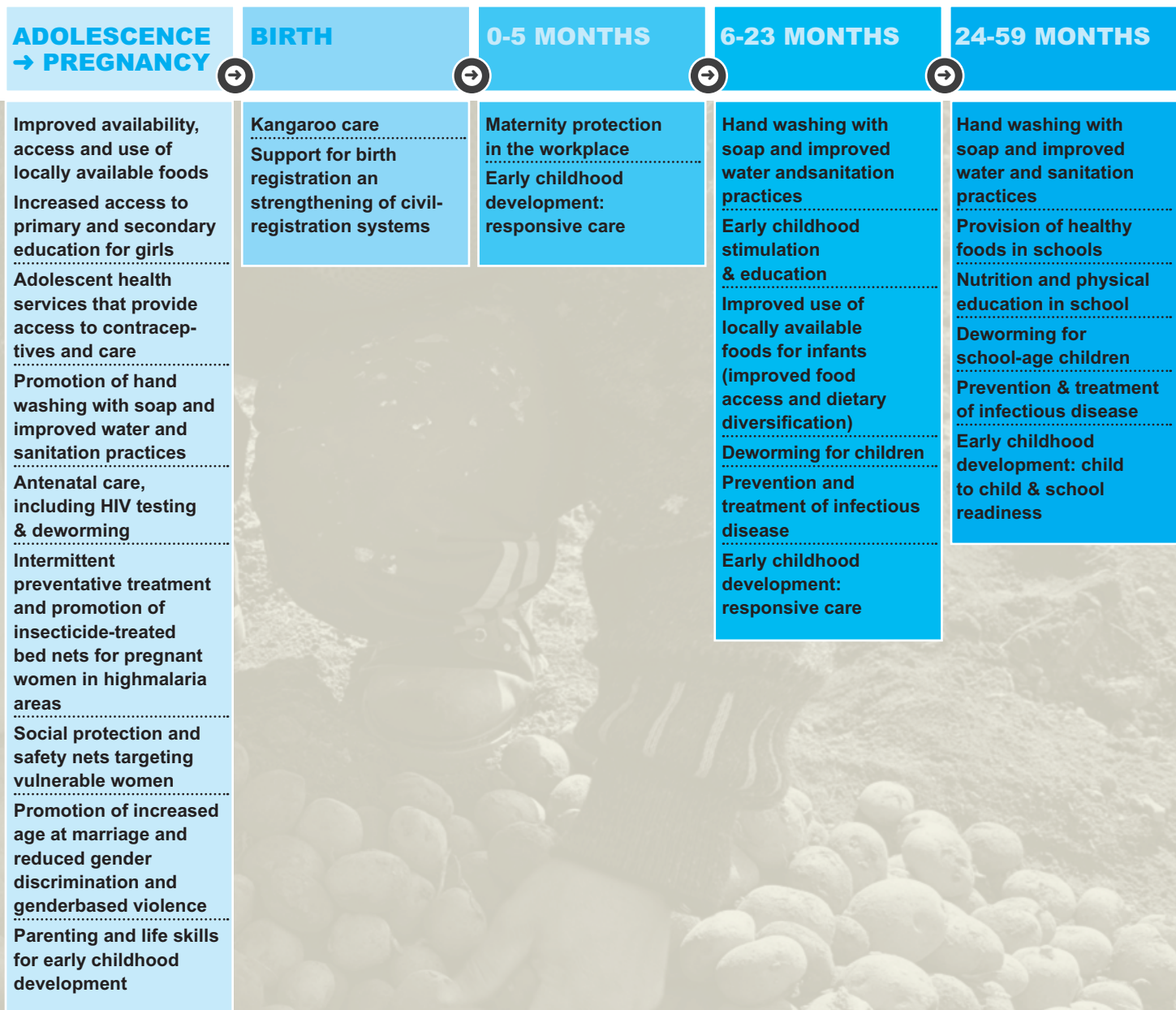
NUTRITION-SPECIFIC INTERVENTIONS

ADOLESCENCE → PREGNANCY	BIRTH	0-5 MONTHS	6-23 MONTHS	24-59 MONTHS
<p>Food fortification including salt iodization</p> <p>Iron and folic acid or multiple micronutrient supplementation for pregnant women</p> <p>Intermittent (weekly) iron and folic acid supplementation for reproductive-age women</p> <p>Fortified food supplements for undernourished mothers</p> <p>Nutrition counselling for improved dietary intake during pregnancy</p>	<p>Delayed cord clamping</p> <p>Initiation of breastfeeding within one hour (including colostrum)</p> <p>Appropriate infant feeding practices and anti-retroviral therapy for HIV-exposed infants</p>	<p>Exclusive breast-feeding counselling and lay support on breastfeeding through community-based and facility-based contacts</p> <p>Control of the marketing of breast milk substitutes</p> <p>Appropriate infant feeding practices and anti-retroviral therapy for HIV-exposed infants</p> <p>Vitamin A supplementation in first 8 weeks after delivery</p> <p>Use of fortified foods, micronutrients supplementation and home fortification with multiple micronutrients for undernourished women</p> <p>Nutrition counselling for improved dietary intake during lactation</p> <p>Communication for behavioural and social change</p>	<p>Timely, adequate, safe & appropriate complementary feeding</p> <p>Continued breastfeeding</p> <p>Control of the marketing of breast milk substitutes</p> <p>Appropriate infant feeding practices and anti-retroviral therapy for HIV-exposed infants</p> <p>Micronutrient supplementation, including vitamin A, zinc treatment for diarrhea</p> <p>Management of SAM</p> <p>Food fortification, including salt iodization</p> <p>Home fortification with multiple micronutrients</p> <p>Zinc supplementation with oral rehydration salts for diarrhoea treatment and management</p>	<p>Counselling and nutrition advice to women of reproductive age/adults</p> <p>Communication for behavioural and social change to prevent childhood obesity</p> <p>Vitamin A supplementation</p> <p>Management of SAM (and moderate acute malnutrition)</p> <p>Food fortification, including salt iodization</p> <p>Zinc supplementation with oral rehydration salts for diarrhoea treatment and management</p>

Black refers to interventions of women of reproductive age & mothers

White refers to interventions for young children

NUTRITION-SENSITIVE APPROACHES



ANNEX 2

SIMPLIFIED SCHEMATIC LINKING CONDITIONS TO INTERVENTIONS FOR IMPROVING CHILD AND MATERNAL NUTRITION

ADDRESSING CHILDHOOD STUNTING AND WASTING

IF SITUATION ANALYSIS SHOWS THESE CONDITIONS:

THEN CONSIDER THESE INTERVENTIONS:

FOOD

**Inadequate quality of
complementary foods**

- Micronutrient supplementation
- Nutrition education and counselling
- Fortified and supplemental/specialized foods (including iodized salt)

**Chronic or significant
seasonal food shortages**

- Fortified and supplemental/specialized foods
- Social protection programmes
- Community management of acute malnutrition programmes
- Nutrition surveillance system
- Promotion of linkages with agriculture

CARE

**Inadequate
breastfeeding**

- Breastfeeding counselling and support through community- and facility-based contacts
- Intensive capacity development for health and nutrition workers
- Early childhood development interventions, nurturing family care practices and responsive feeding
- Baby Friendly Hospital Initiative
- Control of the marketing of breast milk substitutes
- Maternity protection in the workplace

**Inadequate
complementary
feeding**

- Education and behaviour change communication
- Early childhood development interventions, nurturing family care practices and responsive feeding
- Multiple micronutrient powders for home fortification of complementary foods

**Poor hygiene
and sanitation**

- Intensive WASH interventions (behaviour change and communication and supplies for hand washing with soap at critical times, safe disposal of faeces; open-defecation free communities; construction, management and use of latrines/toilets; access to adequate, safe water)
- Improved safety of complementary foods

HEALTH

**High prevalence
of diarrhoea
and pneumonia**

- Oral rehydration solution and zinc supplementation
- WASH interventions
- Vitamin A supplementation
- Nutrition counselling for the adequate care of sick children
- Treatment of SAM

ADDRESSING CHILDHOOD STUNTING AND WASTING

IF SITUATION ANALYSIS SHOWS THESE CONDITIONS:

THEN CONSIDER THESE INTERVENTIONS:

HEALTH (cont.)

High prevalence of HIV/AIDS

- As part of community management of acute malnutrition programmes, provider-initiated HIV testing and counselling
- National guideline development for infant feeding in the context of HIV
- Voluntary, confidential testing and treatment and infant feeding counselling for pregnant women
- Nutritional support

High prevalence of malaria

- Intermittent preventative treatment and promotion of insecticide-treated bed nets for pregnant women (in high-malaria areas)
- Insecticide-treated bed nets for children <24 months (in high-malaria areas)
- Behaviour change and communication
- Nutrition counselling for the adequate care of sick children

High prevalence of parasitic infections

- Deworming for pregnant women
- Deworming for children 6–59 months
- WASH interventions
- Nutritional support

Insufficient coverage of antenatal care or skilled birth attendant

- Health interventions (promotion of healthy practices and appropriate use of health services during the continuum of care)



ADDRESSING MATERNAL UNDERNUTRITION

IF SITUATION ANALYSIS SHOWS THESE CONDITIONS:

THEN CONSIDER THESE INTERVENTIONS:

High prevalence of low body mass index among adolescent girls and women

- Nutrition counselling and behaviour change communication
- Micronutrient supplementation (periconceptual folic acid supplementation or fortification; iron and folic acid or multiple micronutrient supplementation of pregnant and lactating women; intermittent [weekly] iron and folic acid supplementation for women of reproductive age)
- Food/dietary supplements
- Food fortification and iodized salt
- Access to primary and secondary education and nutrition and health education
- Access to health services (promotion of birth spacing)
- Policy and legislation to prohibit early marriage (before age 18)

Chronic or significant seasonal food shortages

- Fortified and supplemental/specialized foods
- Social protection programmes
- Nutrition surveillance system
- Promotion of linkages with agriculture

High prevalence of anaemia among adolescent girls and women

- Nutrition counselling and behaviour change communication
- Micronutrient supplementation (periconceptual folic acid supplementation or fortification; iron and folic acid or multiple micronutrient supplementation of pregnant and lactating women; intermittent [weekly] iron folic acid supplementation for women of reproductive age)
- Deworming in schools; deworming of pregnant women; WASH interventions

High prevalence of newborns who are low birthweight

- Antenatal care (effective coverage), including health and nutrition education
- Micronutrient supplementation (as above)
- Fortified and supplemental/specialized foods

Poor hygiene and sanitation

- Intensive WASH programs (behaviour change and communication and supplies for hand washing with soap at critical times, safe disposal of faeces; open-defecationfree communities; construction, management and use of latrines/toilets; access to adequate safe water)
- Improved safety of complementary foods

High prevalence of HIV/AIDS

- As part of community management of acute malnutrition programmes, providerinitiated HIV testing and counselling
- National guideline development for infant feeding in the context of HIV
- Voluntary, confidential testing and treatment and infant feeding counselling for pregnant women
- Nutritional support

High prevalence of malaria

- Intermittent preventative treatment and promotion of insecticide-treated bed nets for pregnant women in high-malaria areas

High prevalence of parasitic infections

- Deworming in schools; deworming for pregnant women
- Behaviour change and communication
- WASH interventions
- Nutritional support

ADDRESSING MATERNAL UNDERNUTRITION

IF SITUATION ANALYSIS SHOWS THESE CONDITIONS:

High prevalence of adolescent pregnancies

THEN CONSIDER THESE INTERVENTIONS:

- Policy and legislation to prohibit early marriage (before age 18)
- Communication for behavioural and social change
- Access to primary and secondary education and nutrition and health education
- Access to adolescent health services
- Parenting and life skills for early child development

ADDRESSING CHILD OVERWEIGHT AND OBESITY

IF SITUATION ANALYSIS SHOWS THESE CONDITIONS:

High prevalence of child overweight and obesity (with coexisting prevalence of stunting >20%)

THEN CONSIDER THESE INTERVENTIONS:

STUNTING REDUCTION STRATEGIES THAT ENSURE

- optimal maternal nutrition and prevention of low birthweight
- optimal infant and young child feeding
 - breastfeeding, with early initiation (within one hour of birth) and continued exclusive breastfeeding for the first 6 months followed by continued breastfeeding up to 2 years
 - safe, timely, adequate and appropriate complementary feeding from 6 months onwards
- promotion of healthy practices and appropriate use of health services

OTHER STRATEGIES

- Nutrition counselling for pregnant and lactating women
- Nutrition counselling for adolescents and women of reproductive age
- Communication for behavioural and social change to prevent maternal and child overweight and obesity

High prevalence of child overweight and obesity

AS ABOVE, PLUS CONSIDER

- Evidence-based advocacy to prevent and reduce child overweight and obesity
- Data collection and analysis to monitor prevalence of child overweight and obesity, disaggregated by disadvantaged groups
- Provision of healthy foods in preschools and schools
- Nutrition and health education (including physical exercise) at school
- Legislation to support improved nutritional quality of available foods (e.g., food fortification, elimination of trans-fatty acids) and ensure appropriate food labelling
- Legislation to control inappropriate advertising of food aimed at children and youth
- Legislation to ensure healthy nutrition choices are available in schools (e.g., limiting access to sugar-sweetened beverages)

UNICEF will develop new guidance to support country offices in addressing child overweight and obesity in 2014 - 2015.

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[III] UNICEF'S STRATEGIC INTENT IN NUTRITION PROGRAMMING

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[IV] HOW UNICEF WILL WORK TO IMPROVE MATERNAL AND CHILD NUTRITION PROGRAMMING

- 53 Nutrition governance is defined here as the institutions, rules, norms and processes, both formal and informal, by which multiple stakeholders come together to collectively address nutrition. At the country level, good nutrition governance requires systems that assure accountability and transparency to stakeholders, ensure representation and participation, and promote and protect the right to health and food, as a means to achieve optimal nutrition for citizens.

[V] DELIVERING ON UNICEF'S COMMITMENT TO NUTRITION

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**UNICEF'S APPROACH TO
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