UNICEF’s approach to scaling up nutrition programming for mothers and their children

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Globally, nearly half of all child deaths are attributable to undernutrition.

~45% child deaths attributable to undernutrition in 2011.

Global distribution of deaths among children under 5 by cause, 2013.

161 million children are stunted worldwide

Globally, one in four children are stunted with highest prevalence rates occurring in sub-Saharan Africa and South Asia.

Percentage of under-fives who are moderately or severely stunted in 2013

Note: The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of UNICEF concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Source: UNICEF global nutrition database, 2014, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other nationally representative surveys. Data refer to the most recent year available for each country.
Global decline in stunting burden and prevalence

Globally, one in four children are stunted.
Percentage of under-fives who are moderately or severely stunted in 2013

Unfinished agenda of acute malnutrition

Wasting

• Prevalent not only in emergency situations

• Immediate impact on survival

Wasting is defined as % of children aged 0 to 59 months whose weight for height is below minus two standard deviations (moderate and severe wasting) and minus three standard deviations (severe wasting) from the median of the WHO Child Growth Standards.
Globally 51 million children are wasted

Almost one-third of all wasted children live in Africa.

Percentage of children under five who are wasted and severely wasted, by region, in 2013

*CEE/CIS: Central and Eastern Europe and the Commonwealth of Independent States

‘Hidden hunger’

Vitamin and mineral deficiencies account for over 50 million disability-adjusted life years (DALYs) lost globally (Murray et al, 2013)

- Global estimates of anemia prevalence are 42% in pregnant women and 47% preschool age children. (WHO, 2009)

- Severe anemia kills more than 50,000 women a year during childbirth. (Micronutrient Initiative, 2014)

- 18 million babies are born mentally impaired due to iodine deficiency each year. (Micronutrient Initiative, 2014)

- Deficiencies of vitamin A and zinc account for nearly 300,000 child deaths annually (Black et al., 2013)
New guidance

UNICEF’s approach to scaling up nutrition programming for mothers and their children
UNICEF’s conceptual framework

**Short-term consequences:**
- Mortality
- Morbidity
- Disability

**Long-term consequences:**
- Adult height
- Cognitive ability
- Economic productivity
- Reproductive performance
- Overweight and obesity
- Metabolic and cardiovascular diseases

**Intergenerational consequences**

**Immediate causes**
- Inadequate dietary intake

**Underlying causes**
- Household food security
- Inadequate care and feeding practices
- Unhealthy household environment and inadequate health services

**Basic causes**
- Household access to access to adequate quantity and quality of resources:
  - Land, education, employment, income, technology
- Inadequate financial, human, physical and social capital
- Social cultural, economic and political context
Several factors prompted UNICEF to update its guidance

- Changing global nutrition landscape

  - Changing epidemiological profile
  - Stronger evidence base to guide programming
  - Changing environment
  - Stronger enabling environment

**Triple burden** (undernutrition, micronutrient deficiencies, overweight and obesity)

**Inequalities**

**Consensus on:**
- Stunting reduction (WHA)
- Causes and consequences
- ‘1000 days’ and early intervention
- Multisectoral actions

**Climate change and variability**
- High and volatile food prices
- Urban migration
- Population growth
- Dietary shifts
- Increased humanitarian crises and fragility

**SUN movement**
- More unified international nutrition community
- Common narrative
- Strengthened institutional and budgetary commitment
Markedly improve nutrition for all children and women by creating an enabling environment that results in evidence-based, sustainable, multisectoral nutrition actions delivered at scale.

UNICEF’s programme actions:
- Protect, promote and support appropriate feeding & adequate food
- Reduce micronutrient deficiencies
- Prevent and treat SAM
- Improve nutritional care for those with infectious disease
- Increase synergies with health, WASH, ECD and social protection
- Promote strengthened linkages with agriculture
- Promote linkages with health & education to prevent childhood obesity

Target populations (focusing on the most disadvantaged):
- Adolescent girls
- Women of RA
- Children under 2 years
- Children aged 2–5 years
- Pregnant & lactating women

Nutrition-specific interventions:
- Maternal nutrition (prevention of low birthweight)
- Infant & young child feeding
- Prevention and treatment of severe acute malnutrition
- Micronutrient fortification and supplementation
- Nutrition support for those with infectious diseases

Nutrition-sensitive approaches:
- Health, WASH, early childhood development, social protection, education, agriculture, poverty reduction
Evidence-based solutions exist.
# Nutrition-specific interventions across the lifecycle

<table>
<thead>
<tr>
<th>Adolescence → pregnancy</th>
<th>Birth</th>
<th>0–5 months</th>
<th>6–23 months</th>
<th>24–59 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food fortification including salt iodization</td>
<td>Delayed cord clamping</td>
<td>Exclusive breastfeeding – counselling and lay support on breastfeeding through community-based and facility-based contacts</td>
<td>Timely, adequate, safe &amp; appropriate complementary feeding</td>
<td>Counselling and nutrition advice to women of reproductive age/adults</td>
</tr>
<tr>
<td>Iron and folic acid or multiple micronutrient supplementation for pregnant women</td>
<td>Initiation of breastfeeding within one hour (including colostrum)</td>
<td>Control of the marketing of breast milk substitutes</td>
<td>Continued breastfeeding</td>
<td>Communication for behavioural and social change to prevent childhood obesity</td>
</tr>
<tr>
<td>Intermittent (weekly) iron and folic acid supplementation for reproductive-age women</td>
<td>Appropriate infant feeding practices and anti-retroviral therapy for HIV-exposed infants</td>
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<td>Vitamin A supplementation</td>
</tr>
<tr>
<td>Fortified food supplements for undernourished mothers</td>
<td></td>
<td></td>
<td>Micronutrient supplementation, including vitamin A, zinc treatment for diarrhea</td>
<td>Management of SAM (and moderate acute malnutrition)</td>
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<tr>
<td>Nutrition counselling for improved dietary intake during pregnancy</td>
<td></td>
<td></td>
<td>Management of SAM</td>
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<td>Zinc supplementation with oral rehydration salts for diarrhea treatment and management</td>
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<td>Home fortification with multiple micronutrients</td>
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Red refers to interventions of women of reproductive age and mothers.  
Blue refers to interventions for young children.

Source: UNICEF, 2013
### Nutrition-sensitive approaches across the lifecycle

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<td>Improved availability, access and use of locally available foods</td>
<td>Kangaroo care</td>
<td>Maternity protection in the workplace</td>
<td>Hand washing with soap and improved water and sanitation practices</td>
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</tr>
<tr>
<td>Increased access to primary and secondary education for girls</td>
<td>Support for birth registration and strengthening of civil registration systems</td>
<td>Early childhood development: responsive care</td>
<td>Early childhood stimulation and education</td>
<td>Provision of healthy foods in schools</td>
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<td>Adolescent health services that provide access to contraceptives and care</td>
<td>Antenatal care, including HIV testing and deworming</td>
<td>Improved use of locally available foods for infants (improved food access and dietary diversification)</td>
<td>Deworming for children</td>
<td>Nutrition and physical education in school</td>
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<td>Promotion of hand washing with soap and improved water and sanitation practices</td>
<td>Intermittent preventative treatment and promotion of insecticide-treated bed nets for pregnant women in high-malaria areas</td>
<td>Prevention and treatment of infectious disease</td>
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<td>Deworming for school-age children</td>
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<td>Antenatal care, including HIV testing and deworming</td>
<td>Social protection and safety nets targeting vulnerable women</td>
<td>Early childhood development: responsive care</td>
<td>Early childhood development: child to child and school readiness</td>
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<td>Intermittent preventative treatment and promotion of insecticide-treated bed nets for pregnant women in high-malaria areas</td>
<td>Promotion of increased age at marriage and reduced gender discrimination and gender-based violence</td>
<td>Parenting and life skills for early childhood development</td>
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Source: UNICEF, 2013
## Health, WASH and other multisectoral interventions to address malnutrition

### Infants and young children
- Infant & young child feeding
- Nutritional support for those with infectious diseases
  - Health
  - WASH
  - Early childhood development (ECD)
  - Food security approaches
  - Social protection
- Infant & young child feeding
  - Micronutrient supplementation & fortification
- Nutritional support for those with infectious diseases
- Prevention & treatment of SAM
  - Prevention of intrauterine growth retardation.

### Pregnant and lactating women
- Energy & protein supplementation
  - Micronutrient supplements*
  - Nutritional support for those with infectious diseases
  - Treatment of SAM
  - Health
  - WASH
  - Food security approaches
  - Social protection
- Micronutrient supplementation & fortification
- Nutritional support for those with infectious diseases
  - Prevention & treatment of SAM
  - Health
  - WASH
  - ECD
  - Food security approaches
  - Social protection

### Adolescent girls
- Nutritional support for those with infectious diseases
  - Health
  - WASH
  - Education
  - Social protection
  - Child protection
- Micronutrient supplementation & fortification
  - Nutritional support for those with infectious diseases
  - Prevention & treatment of SAM
  - Health
  - WASH
  - Education
  - Food security approaches

### Overweight and obesity
- Infant & young child feeding
  - Health
  - WASH
  - ECD
  - Food security approaches
  - Social protection

### Notes:
- Nutrition-specific interventions are denoted in black ink. Nutrition-sensitive approaches are denoted in blue italics. 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.
UNICEF’s commitment to nutrition

UNICEF’s operational approaches

Markedly improve nutrition for all children and women by creating an enabling environment that results in evidence-based, sustainable, multisectoral nutrition actions delivered at scale

Operational approach 1:
Perform a rights-based, equity-focused situation analysis for nutrition and its determinants to inform policy development and programme design.

Operational approach 2:
Build commitment, strengthen leadership and strengthen governance for improved nutrition.

Operational approach 3:
Support the scale-up of evidence-based, sustainable nutrition-specific interventions and nutrition-sensitive programming.

Operational approach 4:
Develop human, institutional and organizational capacity to implement contextually relevant nutrition programmes.

Operational approach 5:
Foster a community-centred approach that empowers communities with the knowledge and tools to address their own nutrition issues.

Operational approach 6:
Strengthen systems to ensure effective monitoring, evaluation and knowledge management for policy and programming for nutrition.

Notes: Green arrows illustrate that the operational approaches are interrelated.
Looking ahead
54 countries have committed to the Scaling Up Nutrition (SUN) movement

SUN brings together governments, civil society, donors, UN agencies, NGOs and the private sector to support scaling up nutrition-specific and nutrition-sensitive actions.

STUNTING IS CAUSED BY CHRONIC MALNUTRITION IN CHILDREN.
CHRONIC MALNUTRITION IS CAUSED BY POOR DIET & FREQUENT INFECTIONS.

In MALI

30% of children under 5 are stunted

10–12% suffer from acute malnutrition and are therefore at risk of adverse health effects and mortality.

UNDERNUTRITION puts children at far greater risk of death and severe illness due to common childhood infections, such as pneumonia, diarrhoea, malaria, HIV/AIDS and measles.

MALNUTRITION happens in the first 1000 days of a child’s life, starting in utero.

This is the time to prevent long-term, irreversible damage to a child’s health, cognitive and physical development.

The EU-UNICEF Africa’s Nutrition Security Partnership is fighting malnutrition in communities and at national policy levels in Mali.