



OUR STRATEGIC APPROACH



Our primary goal is to ensure that no child dies from wasting. Our approach aims to accelerate progress on two inter-related fronts simultaneously:

- **Reduce the number of children suffering from the more severe forms of wasting.**
- **Increase the number of children with severe forms of wasting who access treatment.**

To do so effectively, UNICEF and its partners will focus on four strategic results that will accelerate and improve the early prevention, detection and treatment of wasting in early childhood, with emphasis on the window of maximum nutrition vulnerability: the 1,000 days from conception to age two years.

Strategic Result 1: Identify context-specific determinants and drivers of wasting in early childhood

Contexts, communities and systems are different, and a one-size-fits-all approach to the implementation of interventions for the early prevention, detection and treatment of child wasting is ineffective.

Unpacking the context-specific determinants and drivers of child wasting and the strength of community and government systems – food, health, water, sanitation and protection systems – is essential to develop appropriate interventions to address child wasting effectively.

UNICEF with its partners will strengthen the evidence base on the context-specific determinants and drivers of child wasting and the strength of community and government systems – national and subnational – to address child wasting at scale.

This will lead to the:

- Identification of children at greatest risk of death due to the more severe forms of child wasting.
- Selection of essential interventions for the early prevention, detection and treatment of child wasting, including interventions for maternal nutrition.
- Formulation of a context-specific theory of change for the reduction of mortality associated with the more severe forms of child wasting.

Strategic Result 2: Increase access to essential actions for the early prevention of child wasting through multiple systems

To significantly reduce the number of children suffering from the more severe forms of wasting, a new approach is needed; an approach based on geographical convergence and concurrent delivery of a package of essential actions for the early prevention of child wasting. An approach that ensures the most vulnerable children and women benefit from this package of essential preventive actions designed after the analysis of context-specific determinants and drivers of child wasting and the strengths and limitations of community- and government systems.

UNICEF will support the delivery of an essential package of preventive actions to ensure that all pregnant women have access to good antenatal nutrition and care, including nutrition supplements when required; that children are born at a healthy weight and put to the breast within one hour of birth; that infants benefit from exclusive breastfeeding from birth to age 6 months; that young children benefit from adequate complementary foods – while breastfeeding continues – and nutrition supplements when required; and that children benefit from adequate feeding, stimulation, and care practices in the first two years of life and beyond.

The package includes social protection actions – including humanitarian cash transfers, for children and women. Results for SDG 1 (no poverty) and SDG 2 (no hunger) are interdependent: malnutrition in early childhood is both a cause and a consequence of poverty; likewise, poverty is both a cause and a consequence of malnutrition in early childhood. Therefore, the nexus malnutrition-poverty is bi-directional. Our Acceleration Plan will seek to leverage social protection actions to positively impact the underlying

determinants of child wasting – access to diverse nutritious foods, essential nutrition services and positive feeding and care practices – making a deliberate effort to link maternal and child nutrition and social protection actions.

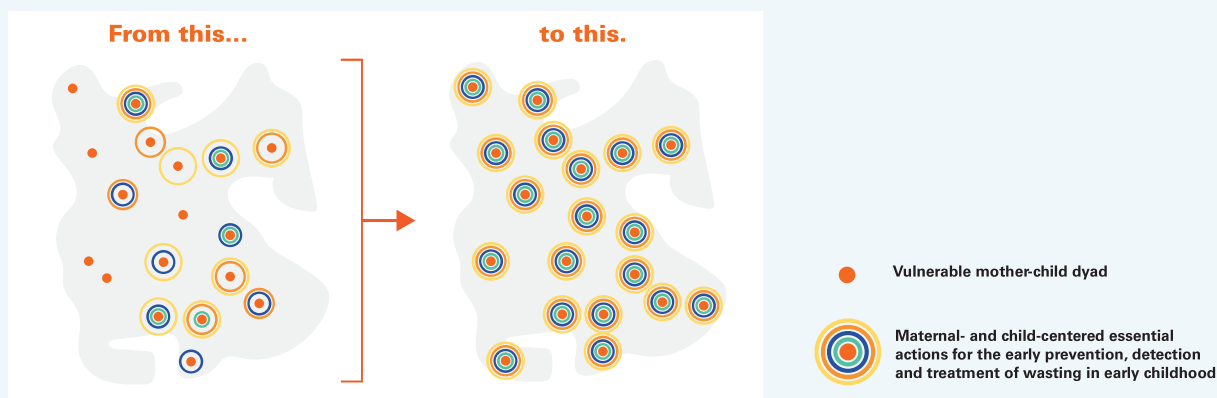
The package includes mother-child social protection measures, including cash transfers, to mitigate the impact of shocks on families and communities and facilitate financial access to the essential diets, nutrition services and feeding and care practices needed to prevent the more severe forms of wasting in early childhood. This package of essential actions for Maternal and Child Nutrition and Mother-Child Social Protection aims to strengthen the capacity and accountability of the Food, Health, Water, Sanitation and Protection systems for the early prevention, detection and treatment of wasting in early childhood. It builds on a model list of proven actions that will be adapted to the specific needs of each programming context (Table 1).

Strategic Result 3: Scale up early detection of children with wasting in homes and communities

One of the biggest barriers to accessing treatment for severe wasting early is lack of awareness by families about the early signs of wasting and lack of knowledge about where to find treatment services. Well-functioning growth monitoring and promotion platforms are an important strategy for detecting and correcting early growth faltering, ultimately preventing wasting, and referring children for treatment services where needed.

UNICEF will scale up efforts to increase the capacity of community workers, mothers, fathers and other caregivers to identify child wasting using color-coded

UNICEF Strategic approach is based on geographical convergence and concurrent delivery of a package of essential actions for the early prevention, detection and treatment of of child wasting.



mid-upper arm circumference (MUAC) measurement tapes and seek treatment services for children suffering from the more severe forms of child wasting. UNICEF will empower mothers and families in the use of this color-coded, low-literacy, low-numeracy diagnostic tool. Growing evidence demonstrates that mothers are as effective in using MUAC as health workers.

We will also generate evidence on the local impact of these tools for the early diagnosis and referral of children with severe wasting. Ultimately, we will support the wider scale-up of these low-cost tools by national governments to allow for large-scale programming.

Strategic Result 4: Optimize and simplify treatment for children with the more severe forms of wasting

There is growing evidence that treatment of medically uncomplicated wasting does not need to be provided in a health facility and can be delivered safely and effectively by trained community-based workers. Adding this community layer to facility-based services for children with medically complicated wasting significantly increases coverage and impact while reducing default rates and treatment costs.

UNICEF will actively support the scale-up of programmatic innovations to simplify the early detection and treatment of child wasting, increase the coverage of treatment services, maximize child survival and nutrition outcomes, and reduce programme costs. Based on their potential, the following 10 innovations will be prioritized:

1. Focusing early detection and treatment on children under two years of age.
2. Building the capacity of mothers and families to detect wasting at home using color-coded MUAC tapes.
3. Empowering community-based workers to treat children with wasting in the community.
4. Using a single product (RUTF) for all children suffering from the more severe forms of wasting: children with severe wasting and children with moderate wasting and concurrent illnesses.
5. Optimizing the amount of RUTF used for the treatment of child wasting.
6. Implementing a single, easy-to-use criteria (MUAC) for admission to and discharge from treatment.
7. Spacing mother-child visits to therapeutic feeding sites for follow up and collection of RUTF, reducing cost to mothers (transportation costs and time investment).
8. Scaling up the use of cash transfers to complement the effectiveness of RUTF, accelerate children’s recovery and prevent relapse.
9. Integrating stimulation and play to accelerate recovery while supporting children’s brain and psycho-social development.
10. Increasing the availability and sustainability of RUTF through local production, cost reduction and innovative domestic and global financing.

In addition, UNICEF will generate new evidence on the effectiveness of innovative approaches to better understand the cumulative effect of different innovations on the effectiveness of services, and support their integration in large-scale national programmes.

Table 1. Model package of essential maternal and child nutrition and social protection actions for the early prevention, detection and treatment of child wasting

Women’s Nutrition Actions	<ul style="list-style-type: none"> • Counselling on maternal nutrition and monitoring healthy weight gain during pregnancy, with balanced protein-energy supplements for undernourished women. • Multiple micronutrient supplements, deworming prophylaxis, and malaria control for the prevention of micronutrient deficiencies and anemia during pregnancy.
Children’s Nutrition Actions	<ul style="list-style-type: none"> • Adequate breastfeeding – including exclusive breastfeeding < 6 months, complementary feeding, early stimulation, and child care practices for children aged 0–24 months. • Age-appropriate complementary foods, home-fortified foods, and micronutrient supplements, with food-based supplements for undernourished children. • Early detection and treatment of child wasting with emphasis on young children aged 0–24 months, simplified approaches and community-based programmes.
Mother-Child Social Protection Actions	<ul style="list-style-type: none"> • Social protection actions – including humanitarian cash transfers – for highly vulnerable households with pregnant women and/or children under two years of age.

Model package of essential maternal and child nutrition and social protection actions for the early prevention, detection and treatment of child wasting

