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for every child

NO TIME TO WASTE

Early prevention, detection and treatment of child wasting
in the most vulnerable countries to the global food and nutrition crisis

UNICEF's Acceleration Plan 2022–2023

Citation: United Nations Children’s Fund (UNICEF). Early prevention, detection and treatment of child wasting in the most vulnerable countries to the global food and nutrition crisis: UNICEF’s acceleration plan 2022–2023. New York: UNICEF, September 2022

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Published by:
UNICEF
Three United Nations Plaza
New York, NY 10017, USA

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AN UNPRECEDENTED CHALLENGE

The number of children living in food and nutrition insecurity is rising. The combined effects of conflict – including the war in Ukraine, climate-induced drought and environmental degradation, and the socio-economic impacts of the pandemic are pushing already vulnerable children into unprecedented levels of food and nutrition vulnerability.

According to the 2022 edition of the Global Report on Food Crises, there are currently 193 million people living in severely food insecure contexts (Integrated Phase Classification Level 3-5 which calls for urgent action) in 42 countries, with children under five accounting for at least 27 million. These children are particularly vulnerable to wasting – the most life-threatening form of undernutrition in early childhood, which increases children's risk of death by up to 12 times.

Before the crisis, there were an estimated 47 million children suffering from wasting globally, 14 million of whom suffered from severe wasting. Since the start of the global food and nutrition crisis in 2022, the number of children suffering from severe wasting in the 15 worst affected countries has increased at an unprecedented speed – one additional child with severe wasting every single minute. Only 1 in 3 of the children with severe wasting receive treatment.

The world has made significant progress in improving national policies, strategies and programmes to prevent malnutrition in children as indicated by the fact that in the last two decades the global prevalence of child stunting has declined by one-third and the number of stunted children by 55 million, despite population growth. This achievement demonstrates that positive change for nutrition is possible and is happening at scale, across countries and regions.

However, in the 15 countries most severely affected by the global food and nutrition crisis, programmes and interventions are not addressing the determinants and drivers of the more life-threatening forms of child wasting. Much of the current global efforts focus on food assistance with little or no attention to the direct, underlying and enabling interventions for the early prevention, detection and treatment of child wasting, which are: nutritious and safe foods for children, essential nutrition services, positive nutrition and care practices, and financial resources in the hands of women to prevent malnutrition in children, particularly among the most vulnerable: the youngest, the poorest and those left behind by humanitarian crises.

Meanwhile, the coverage and impact of early detection and treatment services for the most severe forms of child wasting remains hampered by:



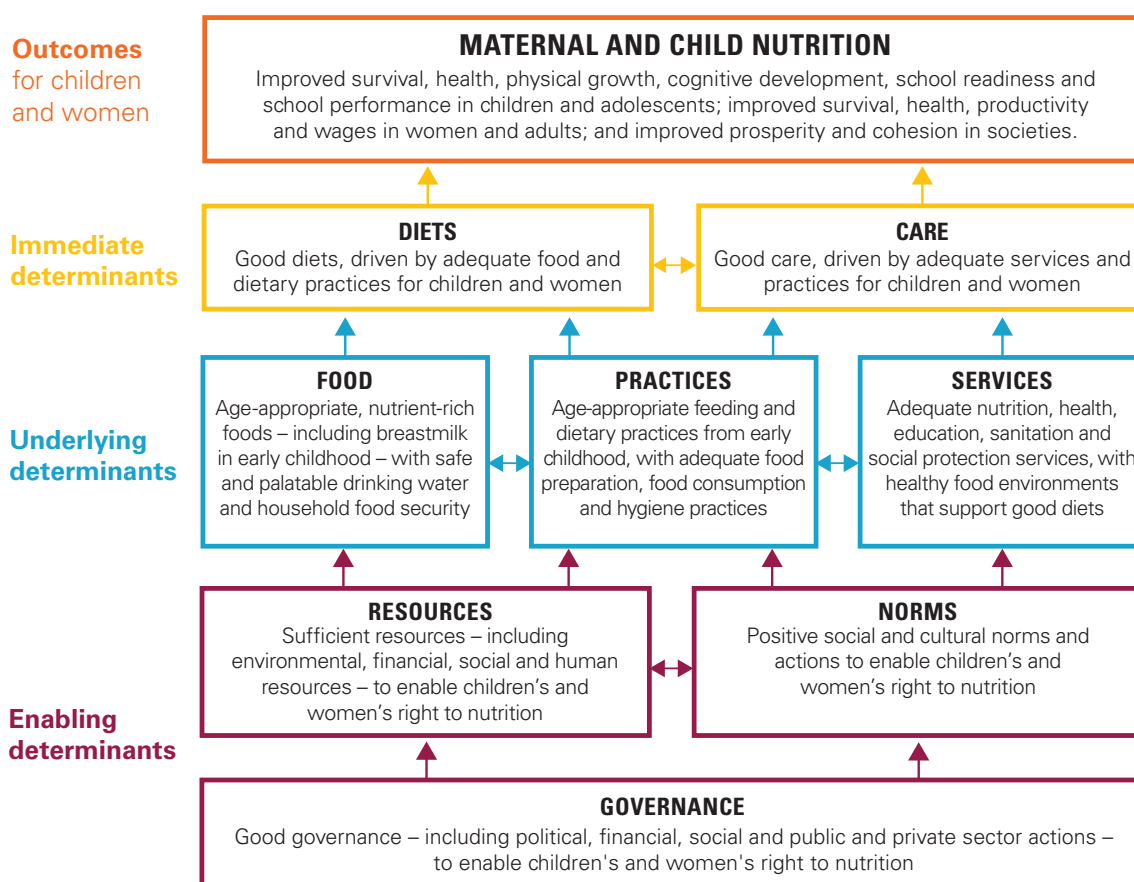
- Unnecessarily complex protocols that are not supportive of mothers and community-based workers as agents for scale and impact, able to drive a major transformation for the early detection and treatment of child wasting.
- Lack of predictable, commensurate and sustainable access to funding for programme scale up and life-saving nutrition commodities, particularly ready-to-use therapeutic food (RUTF).

The financing landscape for maternal and child nutrition makes the implementation of an appropriate response more challenging. Resources for the implementation of a comprehensive package of actions for the early prevention of child wasting in the 15 countries most vulnerable to the food and nutrition crisis are severely lacking, putting

increasing numbers of young children at high risk of severe wasting and death. To make matters worse, the cost of treatment is increasing as a result of the global crisis; recent data shows that the price of ready to use therapeutic food (RUTF) – the primary nutrition commodity for the successful treatment of child wasting – has increased by 16% in 2022 resulting in a potential 660,000 fewer children treated globally with available resources.

In conclusion, an unprecedented global food and nutrition crisis requires an unprecedented response that puts the most vulnerable children and women at the center of global efforts and ensures a coordinated and impactful action to protect young children and their mothers during the worst of the crisis: there is no time to waste.

UNICEF’s plan to accelerate the delivery of proven essential actions for the early prevention, detection and treatment of child wasting in the 15 countries most vulnerable to the global food and nutrition crisis is guided by UNICEF’s Conceptual Framework on the Determinants of Maternal and Child Nutrition, 2020.



The framework highlights the role of diets and care as immediate determinants of maternal and child nutrition. The Framework provides conceptual clarity on the enabling, underlying and immediate determinants of adequate nutrition, their vertical and horizontal interconnectedness, and the positive survival, growth, development, learning, economic and social cohesion outcomes resulting from improved maternal and child nutrition.



AN UNPRECEDENTED OPPORTUNITY



At a time of unprecedented need, we have a unique opportunity to demonstrate our capacity to prioritize the most vulnerable children: the youngest, the poorest and those left behind by humanitarian crises. This begins by focusing on the communities experiencing the highest impact of the global food and nutrition crisis.

According to the 2022 Global Report on Food Crises, a total of 42 countries are experiencing high levels of food and nutrition insecurity; 15 of these countries are expected to experience some of the worst impacts of the global crisis. These countries can be divided in three groups:

- Horn of Africa: Ethiopia, Kenya, Somalia, South Sudan, and Sudan.
- Central Sahel: Burkina Faso, Chad, Mali, Niger, and Nigeria.
- Countries in Crisis: Afghanistan, DR-Congo, Haiti, Madagascar and Yemen.

These countries account for 8 million children with severe wasting and 27 million children living in severe food insecurity. Further, in these 15 countries an estimated 40 million children live in severe food poverty, being fed diets that include only one or two food groups, as opposed to the five food groups that are recommended for minimum dietary diversity in early childhood (Figure 1).

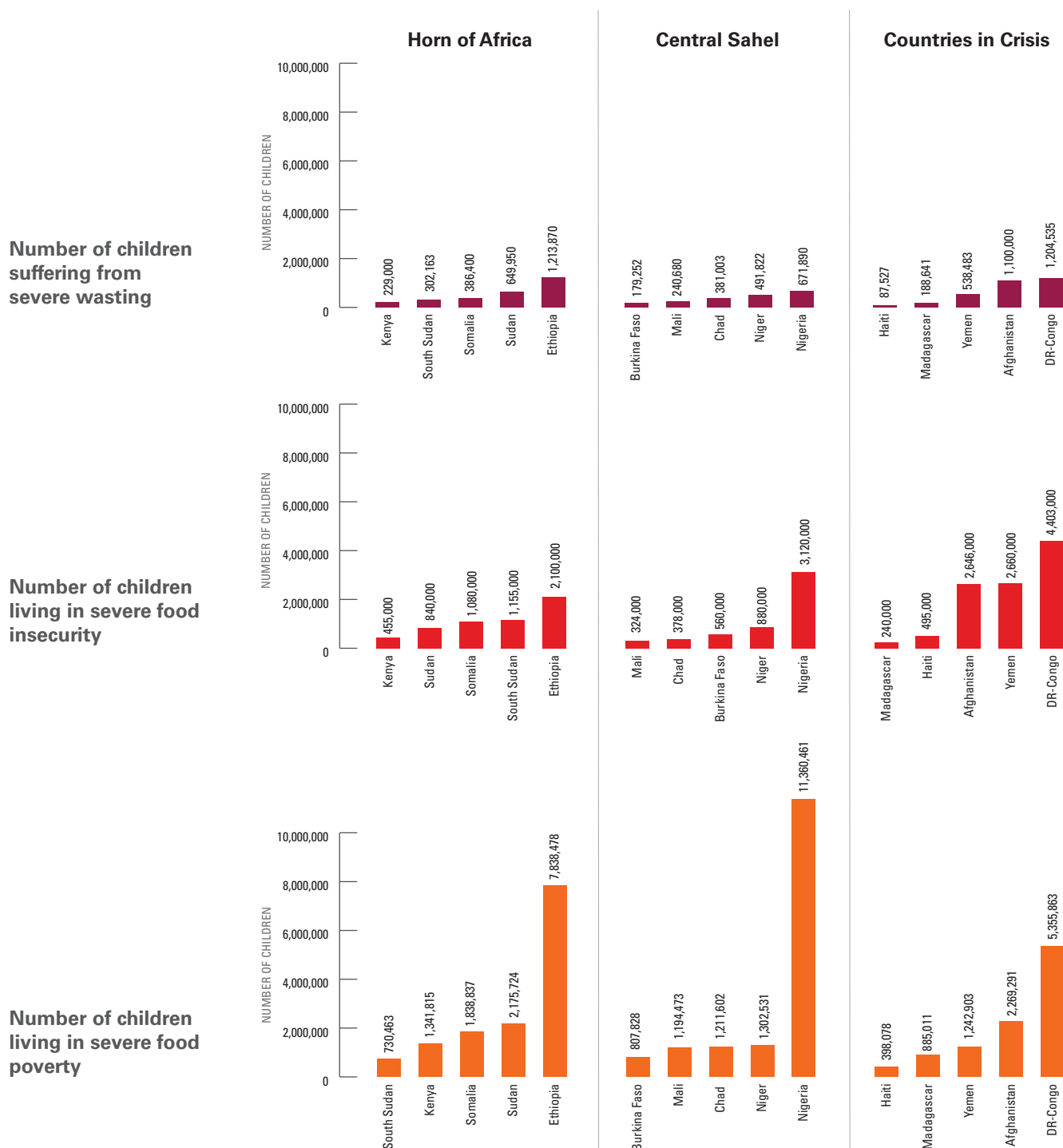
In these priority countries we have an opportunity to demonstrate the impact of a response that addresses the determinants and drivers of the food and nutrition crisis on children through the delivery at scale of a package of proven essential interventions for the early prevention, detection and treatment of child wasting.

At a global level, the conditions are ideal for mounting such a concerted effort for the most vulnerable children. In 2020, the United Nations Secretary-General launched the **Global Action Plan (GAP) on Child Wasting** – the first-ever global plan to achieve the SDG targets for the prevention of child wasting and to scale up timely treatment for children with the more severe forms of wasting.

In 2021, UNICEF launched **Nutrition, for Every Child: UNICEF Nutrition Strategy 2030**, setting forth UNICEF strategic intent to support national governments and partners in upholding children's right to nutrition and ending child malnutrition in all its forms.

The Strategy lays out UNICEF's vision of a world where all children realize their right to nutrition, a vision guided by the Convention on the Rights of the Child, which recognizes the right of every child to adequate nutrition.

Figure 1. Estimated number of children suffering from severe wasting, severe food insecurity and severe food poverty in the 15 countries worst affected by the food and nutrition crisis.



Children suffering from severe wasting are those with a weight-for-height below minus three standard deviations and/or a mid-upper arm circumference below 115 mm and/or with bilateral oedema; children suffering from severe food insecurity and those living in areas classified as being in level 3–5 (urgent action) in the Integrated Phase Classification (IPC) of acute food insecurity; children suffering from severe food poverty are those being fed severely poor diets that include only 1–2 food groups, day in, day out, in early childhood.

Our goal is to protect and promote diets, services and practices that support optimal nutrition, growth and development for all children. This goal aims to contribute to the goal of the 2030 Agenda for Sustainable Development to end child malnutrition in all its forms and ensure that children are developmentally on track.

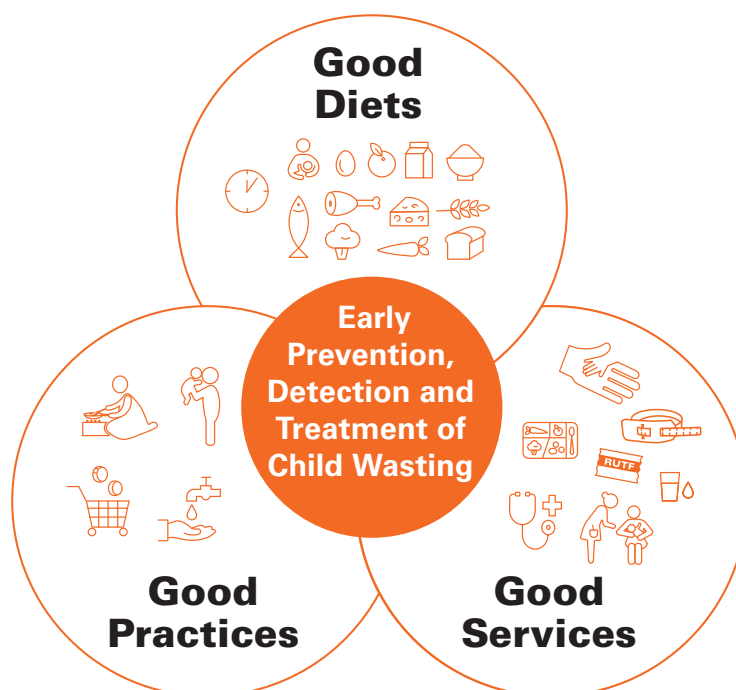
Our vision and goal are implemented through programmes that share a universal premise: prevention comes first, in all contexts; if prevention fails, treatment is a must.

Guided by our strategy vision and goal, in 2021 UNICEF developed with the World Food Programme (WFP) a Partnership Framework for Child Wasting, with specific emphasis on children affected by humanitarian crises. The Partnership Framework is designed to streamline the collaboration between UNICEF and WFP and

increase the impact of our individual and joint actions in humanitarian contexts. The effective implementation of the Partnership Framework in the 15 countries most affected by the global food and nutrition crisis is more important than ever.

The scale of the current global food and nutrition crisis offers an unprecedented opportunity to accelerate the implementation of the commitments made by national governments and their partners in the Global Action Plan on Child Wasting: a shared commitment to prevent, detect and treat child wasting at scale and offer children and women in the 15 countries worst affected by the global food and nutrition crisis the support they urgently need: there is no time to waste.

UNICEF's goal is to protect and promote diets, services and practices for the early prevention, detection and treatment of child wasting. This goal is aligned with the goal of the 2030 Agenda for Sustainable Development to end child malnutrition in all its forms and ensure that children are developmentally on track.





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.

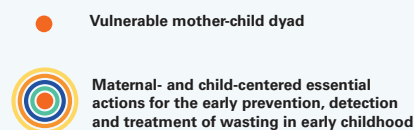
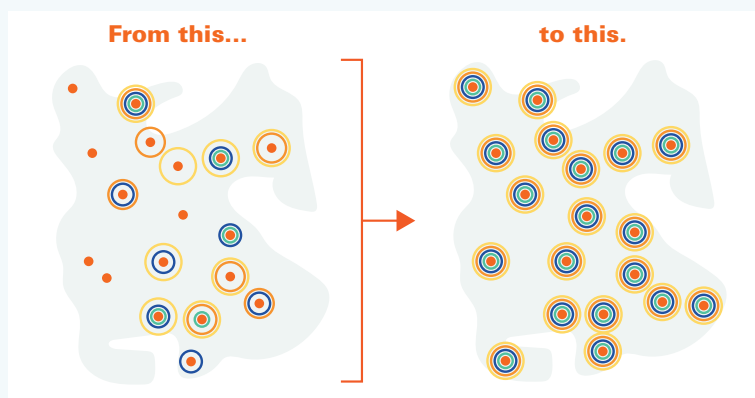
The package includes mother-child social protection measures, including cash transfers, to mitigate the impact of shocks on families and communities and facilitate financial access to the essential diets, nutrition services and feeding and care practices needed to prevent the more severe forms of wasting 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 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:

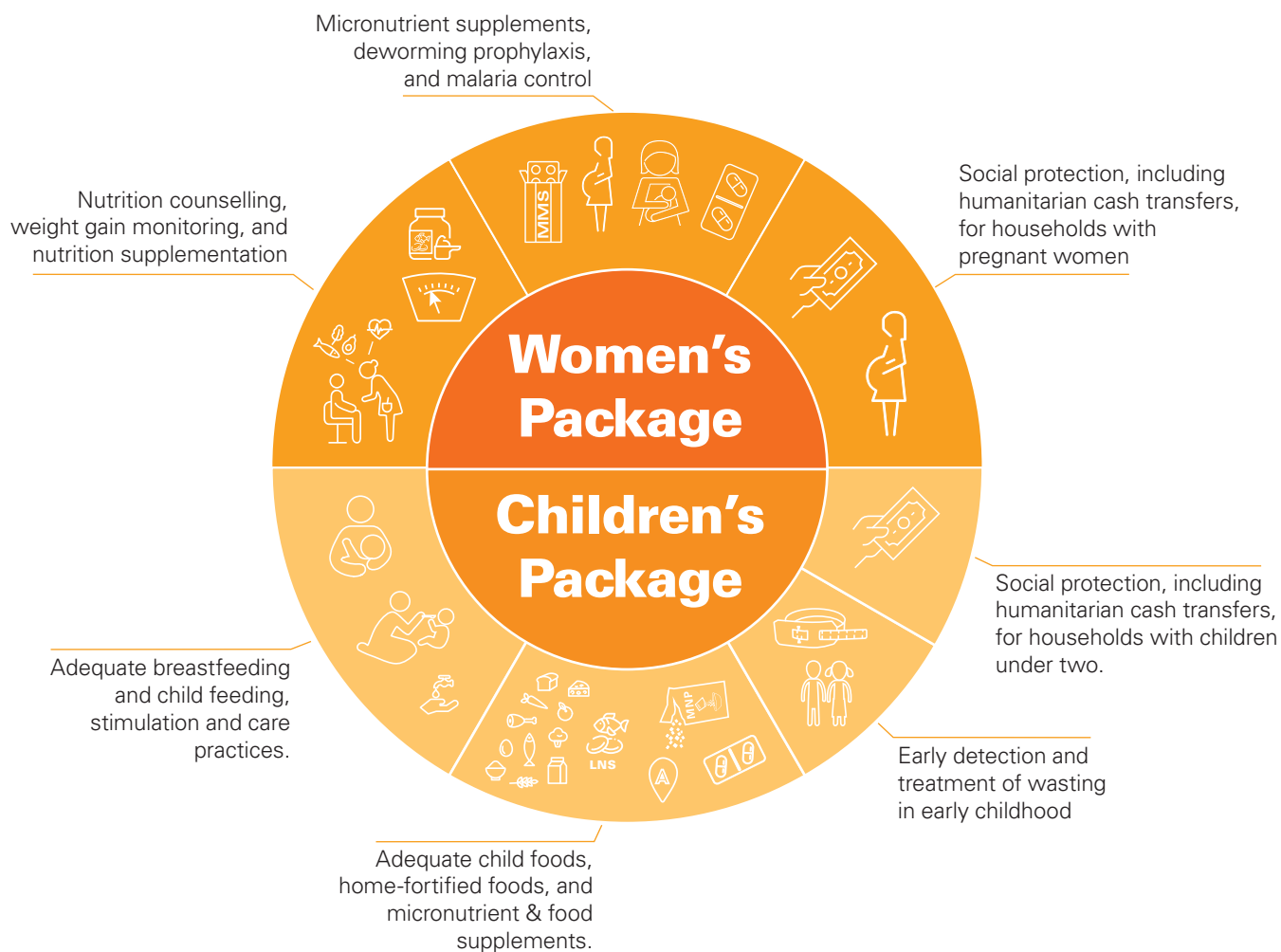
1. Focusing early detection and treatment on children under two years of age.
2. Building the capacity of mothers and families to detect wasting at home using color-coded MUAC tapes.
3. Empowering community-based workers to treat children with wasting in the community.
4. Using a single product (RUTF) 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	• 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	• 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	• 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



The children and women we want to reach



The No Time to Waste Acceleration Plan 2022–2023 aims to reach over 26 million children and women with a package of essential maternal and child nutrition and social protection actions for the early prevention, detection and treatment of child wasting.

The Acceleration Plan will reach over 9.3 million women and 16.7 million children with essential nutrition interventions during pregnancy and the first two years of

life for the prevention, detection and treatment of wasting in early childhood.

In addition, the Acceleration Plan will aim to provide cash support to over 1.7 million pregnant women and mothers with a child under two years of age. This cash support will contribute to eliminate the financial barriers that women and children may experience in accessing nutritious diets and essential nutrition services.

Table 2: *UNICEF No Time to Waste Acceleration Plan 2022–2023*. Number of children and women to be reached with a package of essential maternal and child nutrition and social protection actions for the prevention, early detection and treatment of child wasting, by country and country grouping.

	Maternal Nutrition (Prevention)	Child Nutrition (Prevention)	Women and Children (Prevention)	Children (Detection and treatment)	Women and Children (Social Protection)
Horn of Africa	3,363,120	4,273,940	7,637,060	2,462,166	627,338
Ethiopia	1,343,280	1,679,100	3,022,380	422,763	156,795
Kenya	280,160	420,240	700,400	125,774	49,861
Somalia	452,320	565,400	1,017,720	421,643	21,638
South Sudan	273,120	341,400	614,520	443,319	31,359
Sudan	1,014,240	1,267,800	2,282,040	1,048,667	367,685
Central Sahel	3,212,600	4,355,140	7,567,740	1,019,544	337,110
Burkina Faso	277,760	347,200	624,960	76,604	109,757
Chad	234,400	293,000	527,400	294,283	2,352
Mali	576,960	721,200	1,298,160	131,411	50,958
Niger	765,920	957,400	1,723,320	151,952	17,247
Nigeria	1,357,560	2,036,340	3,393,900	365,294	156,795
Countries in Crisis	2,729,960	3,570,720	6,300,680	1,055,689	798,715
Afghanistan	907,680	1,134,600	2,042,280	133,333	406,884
DR-Congo	633,080	949,620	1,582,700	228,851	23,519
Haiti	202,080	252,600	454,680	40,735	156,795
Madagascar	328,720	410,900	739,620	37,153	27,282
Yemen	658,400	823,000	1,481,400	615,617	184,234
TOTAL	9,305,680	12,199,800	21,505,480	4,537,399	1,763,163



Costs and benefits of the No Time to Waste Acceleration Plan



The No Time to Waste Acceleration Plan aims to reach over 26 million children and women with a package of essential nutrition actions for the early prevention, detection and treatment of child wasting at a cost of 1.2 billion USD over 12 months (October 2022–September 2023).

- 459 million USD (37% of the total) will ensure the delivery of a package of essential nutrition actions to 21.5 million children and women for the prevention of child wasting at a cost of 1.8 USD per child/woman per month over 12 months.
- 408 million USD (33% of total) will ensure the delivery of a package of facility- and community-based actions for the early detection and treatment of 4.5 million children at a cost of about 90 USD per child admitted. This is in addition to the funds already mobilized to reach a total of 8 million children.
- 365 million USD (30% of the total) will ensure a cash transfer to 1.8 million women with a child aged 0–24 months at a cost of 17.3 USD per mother-child dyad per month over 12 months.

- 1.2 billion USD will ensure the delivery of a package of essential maternal and child nutrition and social protection interventions to over 26 million children and women at a cost of 3.9 USD per child-woman per month over 12 months.

Benefits of the No Time to Waste Acceleration Plan 2022–2023 for the early prevention, detection and treatment of child wasting:

12.2 million children reached with essential nutrition actions for the prevention of child wasting in early childhood (first 2 years of life).

9.3 million women reached with essential nutrition actions to prevent undernutrition and anemia in pregnancy and low birth weight in newborns.

4.5 million children reached with essential nutrition actions for the early detection and treatment of child wasting.

1.8 million children and women reached with social protection/cash assistance actions to improve access to nutritious diets and essential nutrition services

Table 3. *UNICEF No Time to Waste Acceleration Plan 2022–2023: Cost (in USD) of delivering a package of essential maternal and child nutrition and social protection actions for the prevention, early detection and treatment of child wasting, by country and country grouping.*

	Maternal Nutrition (Prevention)	Child Nutrition (Prevention)	Women and Children (Prevention)	Children (Detection and treatment)	Women and Children (Social Protection)	Total Cost
Horn of Africa	67,262,400	85,478,800	152,741,200	221,594,990	135,237,819	509,574,009
Ethiopia	33,582,000	33,582,000	67,164,000	38,048,684	12,852,823	118,065,507
Kenya	7,004,000	8,404,800	15,408,800	11,319,683	17,202,011	43,930,494
Somalia	11,308,000	11,308,000	22,616,000	37,947,884	9,736,987	70,300,871
South Sudan	6,828,000	6,828,000	13,656,000	39,898,739	9,407,717	62,962,456
Sudan	25,356,000	25,356,000	50,712,000	94,380,000	86,038,279	231,130,279
Central Sahel	80,315,000	87,102,800	167,417,800	91,759,033	54,754,170	313,931,003
Burkina Faso	6,944,000	6,944,000	13,888,000	6,894,392	12,139,091	32,921,483
Chad	5,860,000	5,860,000	11,720,000	26,485,488	649,132	38,854,620
Mali	14,424,000	14,424,000	28,848,000	11,826,974	22,014,059	62,689,033
Niger	19,148,000	19,148,000	38,296,000	13,675,719	7,533,700	59,505,419
Nigeria	33,939,000	40,726,800	74,665,800	32,876,460	12,418,187	119,960,447
Countries in Crisis	68,249,000	71,414,400	139,663,400	95,012,138	175,008,011	409,683,549
Afghanistan	22,692,000	22,692,000	45,384,000	12,000,000	76,168,643	133,552,643
DR-Congo	15,827,000	18,992,400	34,819,400	20,596,630	8,560,717	63,976,747
Haiti	5,052,000	5,052,000	10,104,000	3,666,150	36,690,098	50,460,248
Madagascar	8,218,000	8,218,000	16,436,000	3,343,798	7,529,937	27,309,735
Yemen	16,460,000	16,460,000	32,920,000	55,405,560	46,058,616	134,384,176
TOTAL	215,826,400	243,996,000	459,822,400	408,366,161	365,000,000	1,233,188,561

UNICEF's No Time to Waste plan to accelerate actions for the early prevention, detection and treatment of child wasting in 2022-2023 has a singular objective: **ensure that children in the most vulnerable contexts make it past this global food and nutrition crisis.**

Our collective success will therefore be measured by the number of lives we protect through the scale up of essential actions for the early prevention, detection and treatment of child wasting. In delivering this combined set of essential nutrition and social protection actions, we aim to ensure that the available resources achieve higher effectiveness and greater cost-effectiveness.

Our Acceleration Plan will **strengthen the humanitarian-development nexus recognizing the immediate and longer-term benefits of our vision, goal and objectives when operating in fragile contexts.** We will be guided by the immediate need of saving children's lives while addressing some of the structural determinants and drivers on child wasting. We will stay engaged and maintain and expand access to affected children and women through principled

action and innovative partnerships. And we will seek to understand local contexts and enable national and sub-national governments and stakeholders to lead action as much as possible.

The implementation of this plan will also **accelerate the scale up of innovative and simplified approaches for the early prevention, detection and treatment of child wasting**, maximizing the potential contribution of these solutions to survival, growth and development in early childhood. To do so, UNICEF will work closely with national governments and national nutrition sector and cluster coordination mechanisms to transform and to optimize present and future responses to food and nutrition crisis.

This coordinated effort across 15 countries will provide a unique opportunity to **operationalize the UNICEF-WFP Partnership Framework for Child Wasting.** This Framework, released in 2021, provides a clear vision and road-map to leverage the mandate, individual expertise, and operational capacity the two UN organizations.

The Partnership Framework will therefore guide UNICEF's engagement and collaboration with WFP in these 15 countries, including coordination with WFP-led food assistance interventions.

Finally, the success of this plan will need to also be measured in terms of its capacity to **accelerate changes in the way essential actions for the early prevention, detection and treatment of child wasting are financed** in the mid to long-term. By introducing innovative financing mechanisms such as UNICEF-led Child Nutrition Fund and its Nutrition Match Instrument, UNICEF aims to increase and sustain investments for the early prevention, detection and treatment of child malnutrition, everywhere.

Annex

UNICEF-WFP Partnership Framework



World Food
Programme



Addressing Wasting in Children Globally

UNICEF and
WFP Partnership
Framework

An estimated 47 million children under the age of five suffer from wasting, which threatens children's survival, growth, and development. Child wasting can and must be prevented. UNICEF and WFP have the global reach to enact a paradigm shift that places emphasis on prevention, so children never become wasted, while accelerating actions for the early detection and treatment of wasted children.

An estimated 47 million children under the age of five suffer from wasting, a condition characterized by low weight for height that adversely affects child growth, brain development and lifelong opportunities and can cause premature death. The current COVID-19 pandemic could result in an additional 6.7 million children with wasting during the first 12 months.

Child wasting must be eliminated. This starts with prevention – ensuring mothers and children benefit from a package of targeted interventions that strengthen systems and provide improved access to nutritious and safe diets and life-saving services and practices. By scaling up prevention and innovative treatment services, UNICEF and WFP can reduce the global burden of wasting so that no child is left behind.

A focus on child wasting: urgent

In 2015, the world committed to eliminating all forms of malnutrition by 2030 as part of the SDG's, including child wasting, with a global target to keep the prevalence of child wasting below 3 per cent by 2030. However, the world is off track to reach this target. Fragmented approaches and unpredictable financing have limited the effectiveness and efficiency of the global response.

An integrated approach to reducing child wasting: a paradigm shift

UNICEF and WFP are pursuing a more purposeful, systematic, and accountable collaboration that leverages collective strengths more effectively to help countries accelerate progress in the forthcoming "decade of delivery" on the wasting-related SDG target. Such an integrated approach will strengthen national systems through a package of targeted interventions that prevent mothers and children from becoming malnourished.

This approach enables a more streamlined division of labour between the two agencies. For instance, UNICEF is well placed to leverage and support national primary health care systems while both WFP and UNICEF bring essential, operational capabilities to support prevention and treatment of wasting. Further details are outlined in the Partnership Framework matrix.

Prevention should come first, including in fragile and humanitarian contexts

For much of the past two decades, global efforts to address wasting have primarily focused on providing treatment for children with wasting, especially in fragile and humanitarian contexts, overlooking the need for preventive interventions. As a result, the proportion of children in need of treatment has not declined.

Child wasting can and must be prevented. UNICEF and WFP have the global reach and mandate to enact global change. This paradigm shift places emphasis on early prevention, so children never become wasted.

WFP and UNICEF will identify context-specific actions based on their specific strengths, supporting sustainable and resilient systems, and related capacity building of national institutions. The objective is to ensure that women and children benefit from nutritious and safe diets, essential nutrition services and positive nutrition practices to prevent wasting pre-conception and through pregnancy, infancy and childhood that sustain children throughout the entire lifecycle.

When prevention fails, early detection and treatment of child wasting is a must

In order to treat more children, more effectively, we need a paradigm shift. To this end, UNICEF and WFP will accelerate actions to support the integration of early detection and treatment services for children suffering from wasting into primary health care and other routine and community-based services for children and women, together with capacity building support. Routine early detection of child wasting as an integral part of services for children will make treatment easier, shorter, less costly, and more effective.

Growing evidence on the use of simplified approaches for the treatment of child wasting shows potential to expand treatment coverage and efficiency, and we are committed to building evidence and swiftly incorporating new learnings into our work.



The way forward

A coalition of partners for action at scale

UNICEF and WFP will redouble joint action to galvanize a coalition of partners to work with national governments and systems to reduce the global burden of child wasting and ensure that children living in fragile and humanitarian contexts have access to prevention, early detection and treatment services.

To kick-start this paradigm shift in approach to support to these most vulnerable children, WFP and UNICEF are scaling up operations in select countries from the Sahel and the Horn of Africa regions, where an estimated 6.5 million suffer from wasting.

We will work together in more streamlined and integrated approaches to ensure that millions of vulnerable children in low-income and fragile settings receive the health and nutrition support they need for survival, growth, and development, while incorporating a strong, learning agenda to inform further expansion to additional countries and regions.

WFP and UNICEF call on all partners, including governments; other UN agencies; non-governmental organizations; the private sector; foundations; and international financial institutions, to mobilize the funding, support and capacities required to meet these urgent needs.



ADDRESSING WASTING IN CHILDREN GLOBALLY

UNICEF and WFP Partnership Framework

Areas of focus	Specific interventions	Lead partner	Supporting partner
Global, regional and national technical leadership and coordination	1 Lead and coordination of global, regional and national efforts to prevent and treat wasting, in all contexts.	UNICEF	
	2 Support WHO's lead with the provision of normative guidance for the prevention and treatment of wasting.	UNICEF and WFP	
Situation analysis and nutrition information systems	3 Support national governments with the analysis of the nutrition and food security situation facing children and women, its determinants and drivers and the potential pathways for positive change.	UNICEF and WFP	
	4 Support national governments with data collection – including NutriDash – to forecast needs and track progress, as well as with evidence and information on best programming practices.	UNICEF and WFP	
Prevention of maternal and child wasting	5 Support national governments in expanding coverage and quality of primary health care and related services and practices for pregnant women, children under five and their mothers, with emphasis on the first 1,000 days, from conception to age two years.	UNICEF	
	6 Support the implementation of nutrition services for children and women to improve breastfeeding, complementary foods and feeding, ensure adequate weight gain, linear growth, and development in infancy and early childhood (with emphasis on the first 1,000 days), and to support maternal health, nutrition and wellbeing.	UNICEF	WFP
	7 Support the implementation of services to improve maternal nutrition during pregnancy and lactation, ensure adequate gestational weight gain, prevent low birth weight, and support adequate breastfeeding in infancy and early childhood.	UNICEF	WFP
	8 Support national governments in expanding coverage and quality of water, sanitation and hygiene services and practices to prevent diarrhea, enteropathy and infections in pregnant women, children and mothers.	UNICEF	
	9 Provide supplementary rations targeting young children where food and social protection systems cannot ensure access to enough food of adequate quality to prevent child wasting.	WFP	UNICEF
	10 Provide supplementary rations for pregnant women and breastfeeding mothers (including malnourished PLW) where food and social protection systems cannot ensure the minimum nutrient intake to support healthy pregnancy and lactation outcomes.	WFP	UNICEF

Areas of focus	Specific interventions	Lead partner	Supporting partner
Prevention of maternal and child wasting (cont.)	11 Provide general food assistance to maintain vulnerable households' access to food where food and social protection systems cannot ensure a minimum diet due to food insecurity and/or fragility.	WFP	
	12 Support national governments with the procurement, storage, distribution, and management of specialized nutritious foods for the prevention of wasting as part of national systems.	WFP	UNICEF
	13 Support national governments to strengthen food value chains that increase the nutritional quality of children's and women's diets, particularly through improving the availability and affordability of safe, age-appropriate nutritious foods.	WFP	UNICEF
	14 Support national governments to develop policies and guidelines to improve children's diets and food environments, including through public sector policies on marketing, labelling, financial incentives and disincentives, and food environments where children live, learn, play and eat.	UNICEF	WFP
	15 Support national governments to develop and implement nutrition-sensitive social protection policies, strategies and programmes including conditional or unconditional cash transfers to provide children and women from vulnerable families with access to nutritious diets, health services and education to prevent wasting and break the intergenerational cycle of undernutrition.	UNICEF and WFP	
Early detection and treatment of child wasting	16 Support national governments with the delivery of services for the early detection and treatment of maternal and child wasting, through the 3 pillars of primary health care: facility-based services, outreach services, and community-based services.	UNICEF	WFP
	17 In fragile contexts, support Government, UNICEF and implementing partners with the delivery of services for the early detection and treatment of wasting where children and women in need cannot be reached as part of national systems.	WFP	
	18 Support national governments with the procurement, storage, distribution and management of RUTF (UNICEF), RUSF (WFP) and other essential commodities for the early detection and treatment of wasting as part of national systems.	UNICEF	WFP
	19 In fragile contexts, support Government, UNICEF and implementing partners with the delivery of RUTF, RUSF and other essential commodities in hard-to-reach areas where women and children in need cannot be reached as part of national systems.	WFP	
	20 Support national governments to integrate the early detection of child and maternal wasting into social protection programmes with timely referral to facility- and community- based treatment services.	UNICEF and WFP	

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September 2022

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Published by:
UNICEF
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New York, NY 10017, USA

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