

NUTRITION, FOR EVERY CHILD

UNICEF Nutrition Strategy 2020–2030

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NUTRITION, FOR EVERY CHILD

UNICEF Nutrition Strategy 2020–2030

Who are the main audiences of the UNICEF Nutrition Strategy 2020–2030?

The primary audience of the Strategy is UNICEF staff, particularly programme teams working on maternal and child nutrition in development and humanitarian contexts. The Strategy is also destined for UNICEF staff working on nutrition relevant programmes, such as health, water and sanitation, education, protection and social policy, as well as UNICEF leaders who champion our advocacy at the national, regional and global levels to make the right to nutrition a reality, for every child.

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ACRONYMS

CSO	Civil society organization
HIV	Human immunodeficiency virus
FAO	Food and Agriculture Organization of the United Nations
GNC	Global Nutrition Cluster
MUAC	Mid-upper arm circumference
NCD	Non-communicable diseases
NGO	Non-governmental organization
RUTF	Ready-to-use therapeutic food
Sbcc	Social and behaviour change communication
SDG	Sustainable Development Goals
SUN	Scaling Up Nutrition
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

PREFACE

Every child has the right to nutrition. And today, the need for diets, services and practices that protect, promote and support good nutrition has never been greater. Since 2000, the world has reduced the proportion of children under 5 suffering from undernutrition by one third and the number of undernourished children by 55 million. This remarkable achievement proves that positive change for nutrition is possible and is happening at scale – but there is more work to be done. In 2020, at least one in three children is not growing well because of malnutrition, and at least two in three are not fed the minimum diet they need to grow, develop and learn to their full potential. That hurts not just children – it hurts us all.

Our data indicate that the burden of undernutrition and micronutrient deficiencies remains unsolved, particularly in low- and middle-income countries, where about 200 million children are affected by stunting or wasting and almost twice as many suffer from deficiencies in vitamins and other essential nutrients. The added strain of the COVID-19 pandemic could throw an additional 140 million children into poverty in 2020 and increase the number of undernourished children by 7 million. At the same time, overweight and obesity are rising, including in low- and middle-income countries.

With 10 years remaining in the pursuit of the Sustainable Development Goals, it is time for renewed action on ending child malnutrition in all its forms, everywhere. The COVID-19 pandemic should be a catalyst for progress, so that no child is left behind: this is not a time to lower our collective ambition. The *UNICEF Nutrition Strategy 2020–2030: Nutrition, for Every Child*, sets forth our vision, goal and priorities to support governments – primary duty bearers of children’s right to nutrition – and partners, in scaling up policies, strategies and programmes to end child malnutrition in both development and humanitarian settings.

Nutrition has long been at the core of UNICEF’s work. In 1990, our malnutrition framework broke new ground in setting out the multiple causes of poor nutrition, with a focus on child undernutrition. In 2020, we have rethought our framework to acknowledge the evolving face of child malnutrition – including overweight and obesity. We emphasize the determinants of good

nutrition – from the diets of children and women, to the care from which they benefit, the food environments in which they live, and the ways in which governments and societies underpin children’s right to nutrition through political commitment and societal values.

All UNICEF nutrition programmes across regions and countries share a universal premise: prevention comes first, in all contexts; if prevention fails, treatment is a must. This means that the primary objective of our nutrition programmes is to prevent maternal and child malnutrition in all its forms across the life cycle. When efforts to prevent malnutrition fall short, our programmes aim to ensure the early detection and treatment of children suffering from life-threatening malnutrition.

The Strategy recommits to rights-based and context-specific programmes that are informed by evidence and innovation. We expand our traditional focus on early childhood to middle childhood and adolescence. We renew our focus on preventing stunting, wasting and micronutrient deficiencies while increasingly responding to the challenge of childhood overweight and obesity. And we propose a systems approach to nutrition that strengthens the ability of five key systems – food, health, water and sanitation, education, and social protection – to deliver diets, services and practices that support adequate maternal and child nutrition, making these systems more accountable for sustainable nutrition results.

As Executive Director of UNICEF, I want to emphasize my commitment, and the commitment of UNICEF, to use all opportunities to work for better nutrition in all programming contexts. I am underscoring this commitment by launching the *UNICEF Nutrition Strategy 2020–2030: Nutrition, for Every Child*. In a world living with COVID-19 and increasing inequities, we look forward to working with governments and other partners to put children’s right to nutrition first and pave the way to a more equitable and sustainable future in the decade to come.

Henrietta Fore, Executive Director

EXECUTIVE SUMMARY

Since 2000, the world has reduced the proportion of children under 5 suffering from stunting by one third and the number of children who are stunted by 55 million. This remarkable achievement proves that positive change for nutrition is possible and is happening at scale – but there is more work to be done.

A triple burden

In 2020, the burden of malnutrition remains unsolved, particularly in low- and middle-income countries, where about 200 million children are affected by stunting or wasting and almost twice as many suffer from deficiencies in vitamins and other essential micronutrients. At the same time the number of children with overweight and obesity continues to rise, increasingly affecting children from poorer households. Together, these problems can be characterized as a triple burden of malnutrition facing the world's children: undernutrition, in the form of stunting and wasting, widespread micronutrient deficiencies, and a growing prevalence of overweight and obesity.

The backdrop of nutrition has changed, and new forces drive the nutrition situation of children – globalization, urbanization, inequities, environmental crises, health epidemics and humanitarian emergencies – posing critical challenges to feeding children sustainably today and for generations to come. The added strain of the COVID-19 pandemic could throw an additional 140 million children into poverty in 2020 and increase the number of undernourished children by 7 million.

Vision and goal

The evolving nature of child malnutrition demands a global multifaceted response that supports optimal nutrition at every stage of life. The *UNICEF Nutrition Strategy 2020–2030* sets forth UNICEF's strategic intent to support national governments and partners in upholding children's right to nutrition and ending child malnutrition in all its forms.

Our vision is “a world where all children, adolescents and women realize their right to nutrition”. This vision is guided by the Convention on the Rights of the Child, which recognizes the right of every child to adequate nutrition.

The goal of the Strategy is “to protect and promote diets, services and practices that support optimal nutrition, growth and development for all children, adolescents and women”. This goal aims to contribute to the goal of the 2030 Agenda for Sustainable Development to ensure children's access to nutritious diets and to end child malnutrition in all its forms.

Results areas

The vision and goals of the Strategy are realized through programmes that share a universal premise: prevention comes first, in all contexts; if prevention fails, treatment is a must. UNICEF nutrition programmes aim to prevent child malnutrition in all its forms across the life cycle. When efforts to prevent malnutrition fall short, our programmes aim to ensure the early detection and treatment of children suffering from life-threatening malnutrition, both in development and humanitarian contexts. UNICEF organizes its programming for maternal and child nutrition into six results areas:

Results Area 1: Early childhood nutrition – encompasses UNICEF's programming for the prevention of all forms of malnutrition in the first five years of life, including undernutrition – both stunting and wasting – micronutrient deficiencies, and overweight and obesity.

Results Area 2: Nutrition in middle childhood and adolescence – encompasses UNICEF's programming for the prevention of all forms of malnutrition in middle childhood (ages 5–9 years) and adolescence (ages 10–19 years), including through school-based programmes.

Results Area 3: Maternal nutrition – encompasses UNICEF's programming for the prevention of malnutrition in women during pregnancy and breastfeeding – two stages of nutritional vulnerability for women – and the prevention of low birthweight in newborns.

Results Area 4: Nutrition and care for children with wasting – encompasses UNICEF's programming for the early detection and treatment of children with wasting through facility- and community-based approaches, in all contexts.

Results Area 5: Maternal and child nutrition in humanitarian action – encompasses UNICEF's nutrition programming in emergencies and is guided by UNICEF's Core Commitments for Children in Humanitarian Action and our commitments as Cluster Lead Agency for Nutrition.

Results Area 6: Partnerships and governance for nutrition – encompasses UNICEF's programming to strengthen the enabling environment for maternal and child nutrition through improved partnerships, data, knowledge, advocacy and financing at global, regional and country levels.

For each Results Area, the Strategy outlines the intended results and the programmatic priorities guiding their achievement between 2020 and 2030. It is important to highlight that UNICEF country programmes are not expected to implement all components of the Nutrition Strategy. A guiding principle of the Strategy is context-specific programming, which is informed by an analysis of the nutrition situation of children and women in a given context – determinants, drivers, and potential impact pathways – and the human and financial resources and partnerships available.

The triangulation of needs, resources and partnerships allows UNICEF to identify the results areas and programmatic priorities of the Strategy that are relevant to a given context. The Strategy keeps UNICEF nutrition programmes coherent across regions, countries and programming contexts.

A systems approach

To support this vision and goal, our Strategy calls for a systems approach to improving nutrition outcomes. This approach aims to activate the five systems – **food, health, water and sanitation, education, and social protection** – with the greatest potential to deliver nutritious diets, essential nutrition services and positive nutrition practices for children, adolescents and women. This approach captures the interactions and interconnections across these five systems, avoiding the simplistic thinking that malnutrition has straightforward determinants that operate along linear

pathways. We aim to make these five systems better equipped and more accountable for improving nutrition and addressing malnutrition in all its forms.

In summary, UNICEF's systems approach to nutrition acknowledges the central role of five systems – food, health, water and sanitation, education, and social protection – in providing nutritious, safe, affordable and sustainable diets for children, adolescents and women, while ensuring adequate nutrition services and positive nutrition practices across the life cycle. For each system, our Strategy identifies the result that we intend to achieve and our priority areas of engagement.

Strategic shifts

The Strategy builds on UNICEF's past strategic guidance and programme experience while embracing six strategic shifts to respond to the evolving face of child malnutrition and support national governments and partners in upholding children's right to nutrition:

An explicit focus on addressing child malnutrition in all its forms. Malnutrition, in all its forms, is a violation of children's right to nutrition. The Strategy aims to contribute to addressing the triple burden of child malnutrition – undernutrition, both stunting and wasting; deficiencies in vitamins and other micronutrients; and overweight and obesity – and is aligned with the 2030 Agenda for Sustainable Development, which calls for an end to malnutrition in all its forms.

A comprehensive life cycle approach to nutrition programming. Maternal and child nutrition during the first 1,000 days – from conception to age 2 years – remains core to UNICEF programmes in both development and humanitarian contexts. In addition, the Strategy calls for an increased focus on nutrition in middle childhood and adolescence – a window of nutrition opportunity for girls and boys and a chance to break the intergenerational cycle of malnutrition.

A deliberate emphasis on improving diets, services and practices. The goal of the Strategy is to protect and promote diets, services and practices that support optimal nutrition, growth and development. Acknowledging the triple burden of malnutrition, it highlights the centrality of nutritious, safe, affordable and sustainable diets with adequate nutrition services and practices as the foundation of good nutrition for children, adolescents and women.

A systems approach to maternal and child nutrition

The Strategy calls for UNICEF programmes to strengthen the capacity and accountability of five key systems – food, health, water and sanitation, education and social protection – to deliver nutritious diets, essential nutrition services and positive nutrition practices for children, adolescents and women. As a multisectoral agency for children, UNICEF is positioned to support a systems approach to nutrition that fosters national ownership and drives sustainable results.

A greater attention to private sector engagement

National governments have primary accountability for upholding children's right to nutrition; however, the private sector has a key role to play. The Strategy calls for UNICEF programmes to engage strategically with public and private sector actors to advocate for business policies, practices and products that support optimal nutrition for all children, adolescents and women, in all contexts.

A universal vision and agenda relevant to all countries

Operationally, the Strategy is particularly relevant to low- and middle-income countries, where the triple burden of child malnutrition is greatest. However, given the increasing burden of child overweight and obesity globally, UNICEF is also strengthening its work in high-income countries through its country offices and national committees to advocate for and support policies that protect every child's right to nutrition.

Partners and people

Strategic partnerships are core to UNICEF's mandate and are a critical lever for implementing the Strategy. They allow UNICEF to share responsibilities, optimize resources, and maximize results. In countries, national and subnational governments are UNICEF's main partners for implementing the Strategy. UNICEF also convenes and supports multi-stakeholder partnerships – at national, regional and global levels – with civil society and non-governmental organizations, bilateral and multilateral partners, philanthropic foundations and donors, academic and research institutions, private sector and media to accelerate progress towards the nutrition targets of the 2030 Agenda for Sustainable Development.

To deliver on the Nutrition Strategy 2020–2030, UNICEF counts the largest nutrition workforce globally. In 2019, our workforce for nutrition

included 640 staff members and more than 1,500 consultants leading and supporting the design and implementation of advocacy, policies and programmes on maternal and child nutrition in development and humanitarian settings, in 130 countries across 7 regions worldwide. Further, more than 3,600 programme staff lead and support the design and implementation of advocacy, policies and programmes for Health, Education, Water and Sanitation, Child Protection, and Social Policy. UNICEF's multisectoral mandate for children, wide on-the-ground presence, and long-standing role as a trusted adviser to national governments position UNICEF to mobilize national, regional and global partners – across public and private sectors – to tackle the global challenge of child malnutrition.

Way forward

National governments have primary responsibility for upholding children's right to nutrition. We never lose sight of this foundational principle. Yet, the path to nutritious diets, essential nutrition services and positive nutrition practices for all children, adolescents and women demands a shared purpose, with commitments and investments required from a range of government, societal, public and private partners. Guided by the goal and programmatic priorities outlined in the UNICEF Nutrition Strategy 2020–2030, we have an important opportunity to contribute to ending malnutrition among children, adolescents and women across countries and regions over the final decade towards 2030.

We stand ready to support national governments and their partners in upholding the right to nutrition for every child and securing a more just and equitable future for children and their families – today, and on the path to 2030.

1.

CHILD
MALNUTRITION
TODAY



This chapter describes the triple burden of malnutrition globally, its impact on the lives of children, and the forces shaping children’s diets and nutrition today. It calls for a systems response that delivers diets, services and practices that support good nutrition at every stage of life while sustaining nutrition-responsive development for all children, adolescents and women.

Since 2000, the world has reduced the proportion of children under 5 suffering from stunting by one third and the number of children who are stunted by 55 million. This remarkable achievement proves that positive change for nutrition is possible and is happening at scale – but there is more work to be done.

The triple burden of child malnutrition

In 2020, the nutrition situation of the world’s children is characterized by a triple burden of malnutrition.¹ The first burden is the continuing scourge of undernutrition, in the form of stunting and wasting, which threatens the survival, growth and development of millions of children and hampers the development of economies and nations. The second burden is micronutrient deficiencies, a hidden form of malnutrition in which children lack the vitamins and minerals that are essential for optimal immune response, skeletal growth and brain development. The third burden is the growing prevalence of childhood overweight and obesity, once regarded as a condition of the rich and now increasingly affecting children from poorer households in low-, middle- and high-income countries.

Stunting and wasting result from poor nutrition in utero, poor nutrient intake in early childhood and/or infection and disease. Children affected by stunting may never attain their full linear growth and their brains may never develop to their full cognitive capacity,

which has an impact on their school readiness, learning performance and life opportunities. Children suffering from wasting have weak immune systems and face an increased risk of infection and death. If they survive, they are more susceptible to stunted growth and long-term developmental delays.

Micronutrient deficiencies: Deficiencies in essential vitamins and minerals can result in devastating consequences for children’s survival, growth and development. Vitamin A deficiency, iron deficiency, folic acid deficiency, zinc deficiency and iodine deficiency – independently or in combination – are associated with a significantly increased risk of mortality, morbidity, blindness, hearing impairment, anaemia, poor linear growth and cognitive development, suboptimal learning and school performance, and lower productivity and wages in adulthood.

Overweight and obesity result when children’s caloric intake from food and beverages exceeds their energy requirements. Children affected by overweight are at increased risk of obesity and behavioural and emotional problems in childhood, including stigmatization, low self-esteem and mental health problems, including depression. They also suffer an increased risk of obesity and diet-related non-communicable diseases later in life, such as type 2 diabetes and cardiovascular disease, which is the leading cause of death worldwide.

The UNICEF *State of the World's Children 2019: Children, Food and Nutrition* indicates that at least one in three children under 5 is undernourished (stunted, wasted or both) or overweight, and at least half suffer from deficiencies in essential micronutrients. The latest available data in the 2020 edition of the *UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates* indicate that globally:

- 144 million children under 5 – about 21 per cent – are stunted.** In South Asia and sub-Saharan Africa, stunting affects one third of children under 5. About half (54 per cent) of all children who are stunted live in Asia and more than one third (40 per cent) live in Africa. Ninety-one per cent of the children who are stunted globally live in low-income and lower-middle-income countries (27 and 64 per cent respectively).

- 47 million children under 5 – about 7 per cent – are wasted.**

Of these children, almost one third (more than 14 million) are severely wasted. More than two thirds (69 per cent) of all children who are wasted live in Asia and more than one quarter (27 per cent) live in Africa. As many as 92 per cent of all children who are wasted live in low-income and lower middle-income countries (17 and 75 per cent respectively).

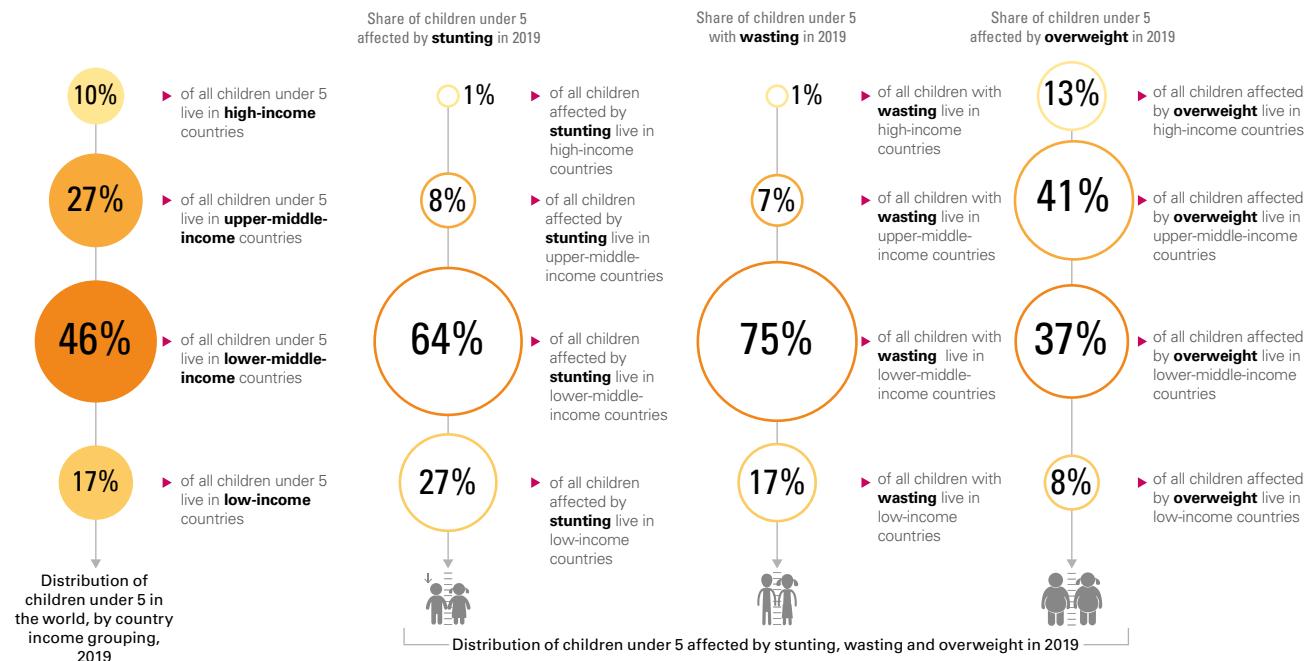
- 38 million children under 5 – nearly 6 per cent – are overweight.**

In two regions, Eastern Europe and Central Asia, and the Middle East and North Africa, at least 1 in every 10 children under 5 is overweight. Almost half (45 per cent) of children who are overweight live in Asia and more than three-quarters (78 per cent) of all children who are overweight live in lower middle-income and upper middle-income countries (37 and 41 per cent respectively).

FIGURE 1

Distribution of children under 5 in the world by country income grouping, and distribution of children under 5 affected by stunting, wasting and overweight by income grouping in 2019

While only about **half of all children under 5 live in lower-middle-income countries**, two thirds of all children affected by stunting and three quarters of all children with wasting live there



*Share is relative to the total number affected across the four country-income groups; this varies from the global totals reported elsewhere in this document because the official Joint Malnutrition Estimates global total is based on a model of United Nations regions, 2019. The differences are as follows: Stunting official global estimate is 144.0 million; sum of four country-income groups = 145.8 million. Wasting official global estimate is 47.0 million; sum of country-income groups = 45.3 million. Overweight official global estimate is 38.3 million; sum of four country-income groups = 39.1 million.

Note: Income classifications are based on World Bank FY19 classifications.

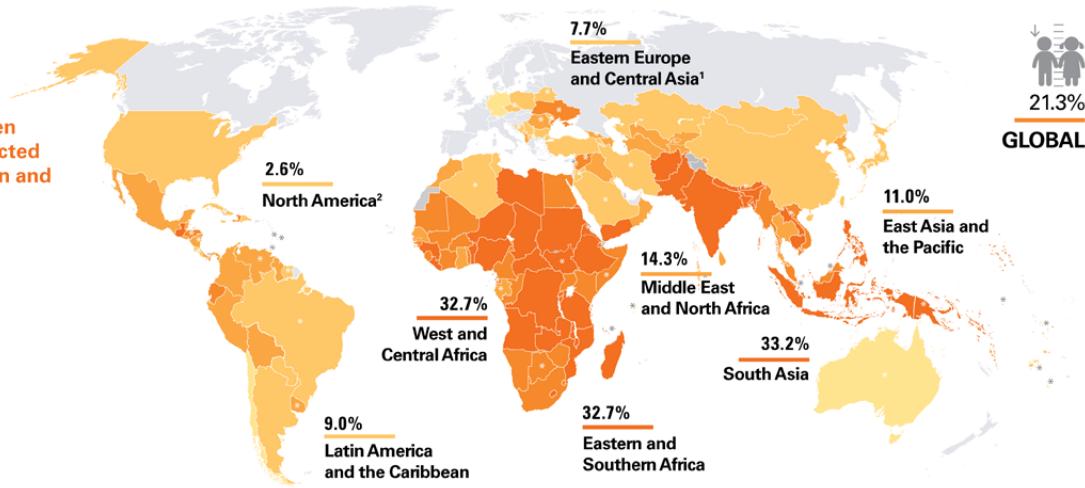
WHERE DO MALNOURISHED CHILDREN LIVE?

STUNTING

FIGURE 2

Percentage of children under 5 who are affected by stunting, by region and country, 2019

- ≥30% (very high)
- 20–<30% (high)
- 10–<20% (medium)
- 2.5–<10% (low)
- <2.5% (very low)
- no current data
- no data

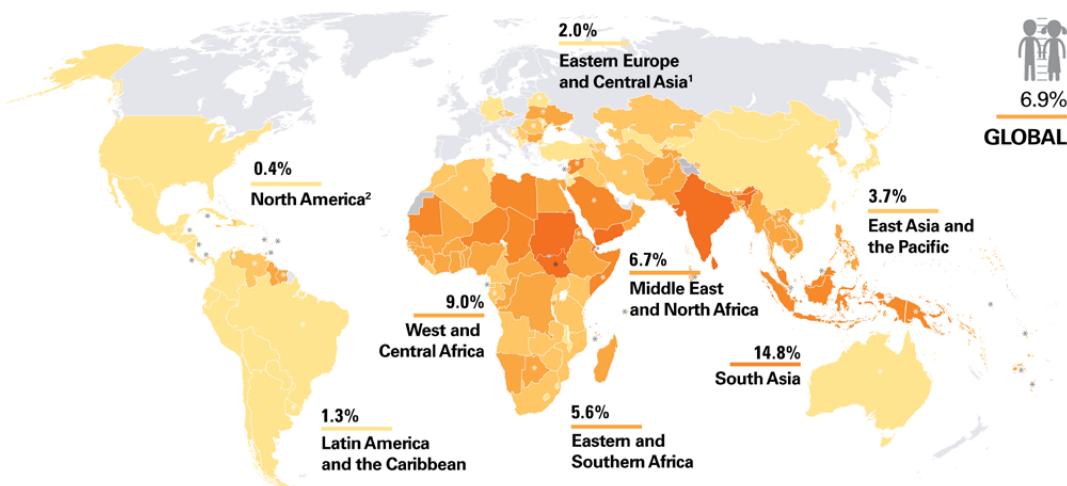


WASTING

FIGURE 3

Percentage of children under 5 with wasting, by region and country, 2019

- ≥15% (very high)
- 10–<15% (high)
- 5–<10% (medium)
- 2.5–<5% (low)
- <2.5% (very low)
- no current data
- no data

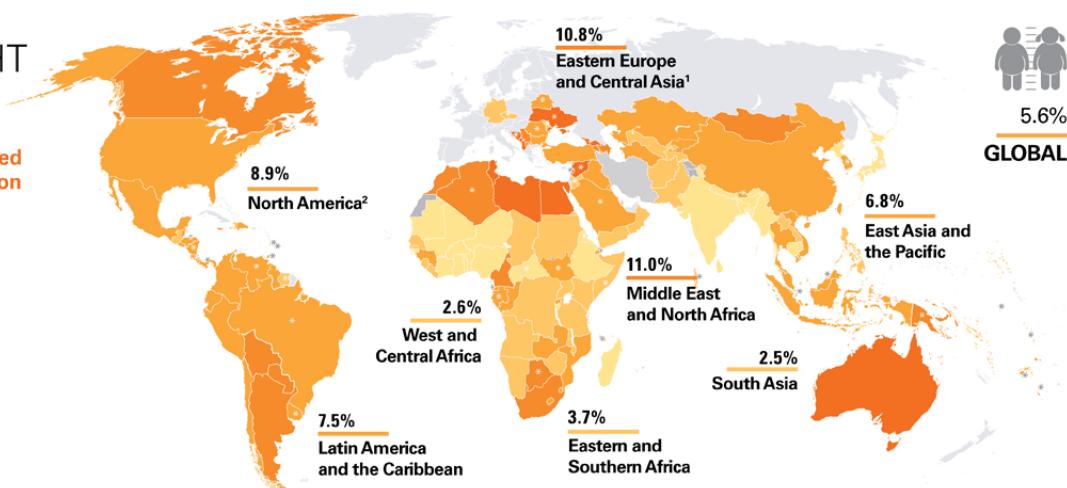


OVERWEIGHT

FIGURE 4

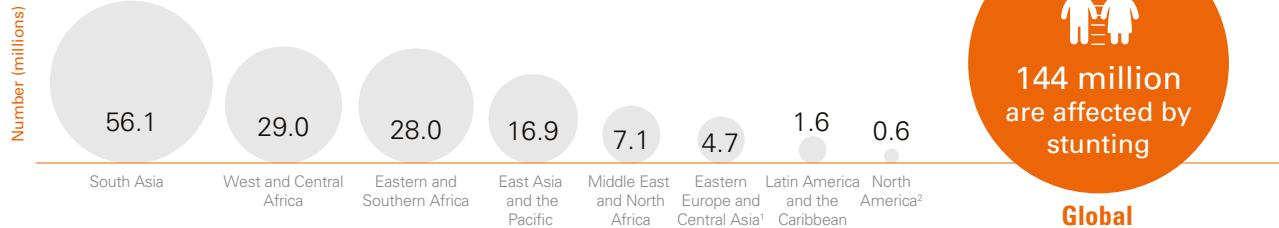
Percentage of children under 5 who are affected by overweight, by region and country, 2019

- ≥15% (very high)
- 10–<15% (high)
- 5–<10% (medium)
- 2.5–<5% (low)
- <2.5% (very low)
- no current data
- no data





Nearly 4 out of 5 children affected by stunting live in South Asia and Sub-Saharan Africa



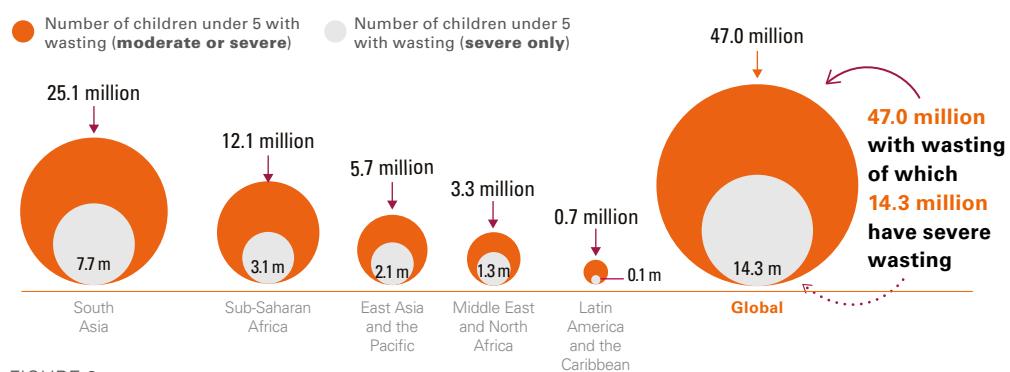
144 million
are affected by
stunting

Global

FIGURE 5

Number (in millions) of children under 5 affected by stunting, by UNICEF region, 2019

Note: 1. Eastern Europe and Central Asia does not include Russian Federation due to missing data. There is no estimate available for the Europe and Central Asia region or the Western Europe sub-region, due to insufficient population coverage. 2. North America estimate based on United States data. The sum of UNICEF regional estimates do not add up to global total as the global total is based on a model for United Nations regions.

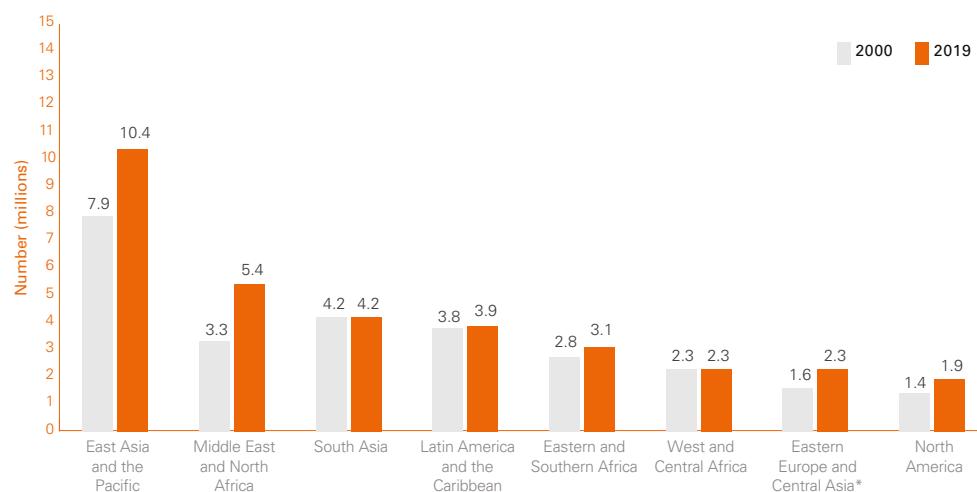


1 in every 3
children with
wasting of which
14.3 million
have severe
wasting

FIGURE 6

Number (in millions) of children under 5 with wasting and severe wasting, by UNICEF region and global, 2019

Note: North America as well as Europe and Central Asia are not shown due to very small numbers for severely wasted; there is no estimate available for the Europe and Central Asia region or Western Europe sub-region due to insufficient population coverage.



The global
number of
children under
5 affected by
overweight has
increased from
30 to 38 million
in the last two
decades

FIGURE 7

Number (in millions) of children under 5 who are affected by overweight, by region, 2000 to 2019

Notes: * Eastern Europe and Central Asia sub-region does not include Russian Federation due to missing data.

Source for all graphs: UNICEF/WHO/World Bank Joint Child Malnutrition Estimates, 2020 edition.

The world is not on course to meet the global nutrition targets for children

Child malnutrition rates remain unacceptably high. Trends indicate that current progress is insufficient to achieve the World Health Assembly global nutrition targets (2025) and the Sustainable Development Agenda goals and targets (2030) for the reduction of child stunting, wasting and overweight.

Stunting

The global prevalence of stunting declined from 32.4 per cent in 2000 to 21.3 per cent in 2019, indicating a one-third (34 per cent) decline at an average annual rate of reduction of 2.2 per cent. The global number of children who are stunted declined from 199 million in 2000 to 144 million in 2019 – a 28 per cent reduction, with an average annual rate of reduction of 1.7 per cent.

The number of children who are stunted declined in all country-income groups of concern except low-income countries. Similarly, the number of children who are stunted declined in all regions except in sub-Saharan Africa, where it increased by 7.5 million between 2000 and 2019.

Global progress over the last two decades is insufficient to reach the World Health Assembly and the Sustainable Development Agenda target to reduce the number of children who are stunted by 40 per cent by 2025 and 50 per cent by 2030.

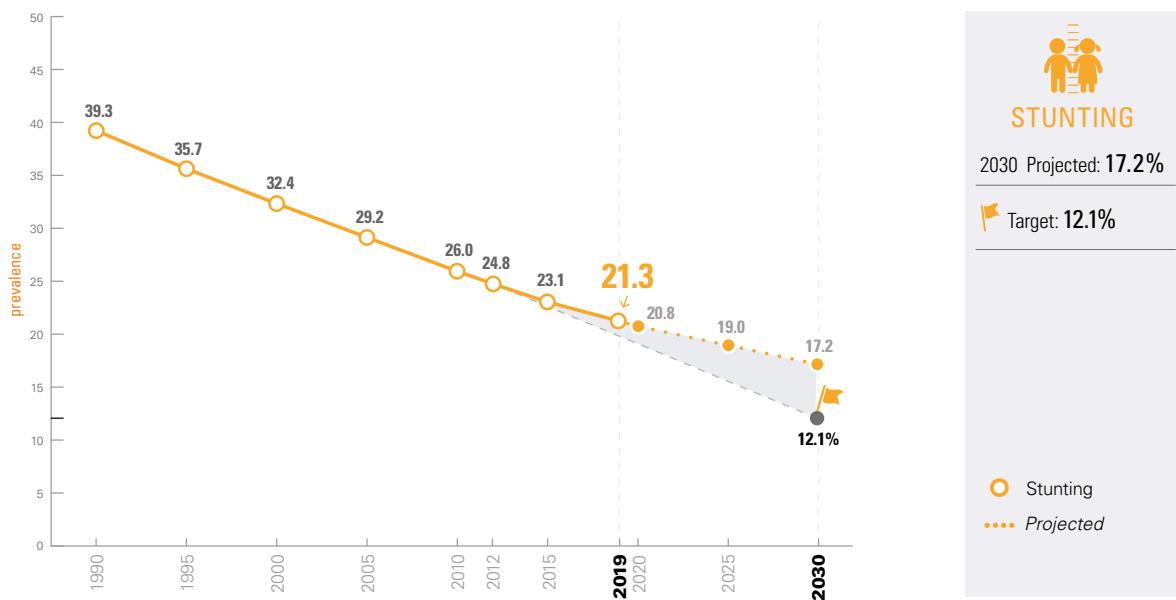
Wasting

The prevalence of wasting is highly influenced by seasonality in food insecurity and disease patterns – particularly diarrhoea, pneumonia and malaria – making it difficult to identify reliable trends over time.



FIGURE 8

Projections for stunting in children under 5 compared to 2030 targets



Notes: SDG 2030 target is a 50% reduction in the number of children under 5 who are stunted.

Source: UNICEF/World Health Organization/World Bank Group Joint Malnutrition Estimates, 2019 edition. Projections are based on analyses conducted by the UNICEF/WHO/World Bank Income Group Joint Malnutrition Estimates Working Group.

However, in the last decade, the global prevalence of wasting has hovered around 7–8 per cent and the number of children who are wasted has remained stagnant at around 50 million. Thus, the global declines seen in child stunting have not been seen in wasting, particularly in South Asia – the global epicentre for wasting – where the prevalence among children under 5 is about 15 per cent.

Global stagnation in child wasting indicates that, unless rates of decline improve significantly, the world will not achieve the World Health Assembly and the Sustainable Development Agenda target to reduce the prevalence of wasting to below 5 per cent by 2025 and below 3 per cent by 2030.

Overweight

The prevalence of overweight is increasing in almost all age groups, all regions, and all country-income groups. The global number of children under 5

who are overweight increased from 30.3 million in the year 2000 to 38.3 million in 2019, indicating a 26 per cent increase, with an average annual rate of increase of 1.3 per cent with sizable increases in East Asia and the Pacific (32 per cent), North America (35 per cent), Eastern Europe and Central Asia (44 per cent) and the Middle East and North Africa (64 per cent).

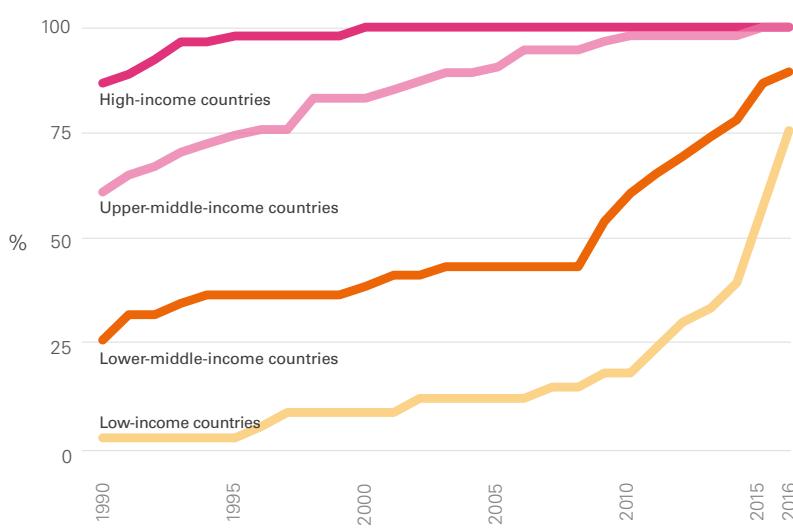
However, overweight estimates for older children help illustrate the true scale of the challenge. According to the NCD Risk Factor Collaboration, the proportion of children aged 5–19 who are overweight rose from around 1 in 10 (10.3 per cent) in 2000 to a little under 1 in 5 (18.4 per cent) in 2016.²

Without a reversal in trends, the world will not achieve the Sustainable Development Agenda target to reduce the prevalence of child overweight in children under 5 to below 3 per cent by 2030.



FIGURE 9

Trend in percentage of countries by World Bank income group where at least 10 per cent of children aged 5–19 years are overweight



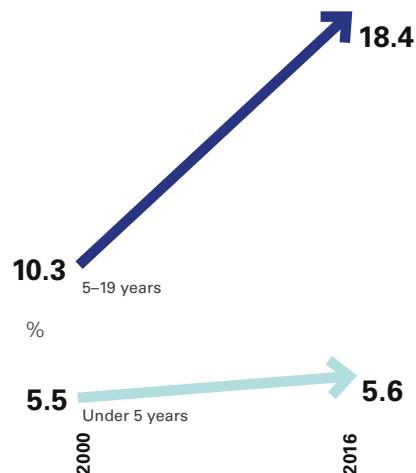
Note: Income classifications are based on World Bank FY19 classifications.

Source: NCD Risk Factor Collaboration (NCD-RisC) (2017). 'Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: A pooled analysis of 2416 population-based measurement studies in 128·9 million children, adolescents, and adults', *The Lancet*, 390(10113), pp. 2627–2642



FIGURE 10

Increase in overweight among under-5 and 5–19-year-old children and young people



Source: UNICEF/World Health Organization/World Bank Group Joint Malnutrition Estimates and NCD Risk Factor Collaboration (2017).

Children's diets are unacceptably poor across the life cycle

Children's nutritional needs evolve and change across every stage of development – in the womb, throughout childhood, until the end of adolescence. Despite the importance of good nutrition across the life cycle, an analysis of the most recent data indicates that globally, at all ages, millions of children, adolescents and women are not benefiting from diets that support healthy growth and development.

Early childhood

Infancy and early childhood (i.e., the first five years of life) are a time of rapid growth and nutritional vulnerability during which young children undergo vast physiological changes. The first two years of life are especially crucial. The absence of exclusive breastfeeding in the first six months, and the lack of diverse and nutritious complementary foods thereafter, can lead to stunting, wasting and micronutrient deficiencies and can predispose children to overweight, obesity and diet-related non-communicable diseases.^{3,4}

Breastmilk has no substitute. UNICEF and the World Health Organization (WHO) recommend that infants start breastfeeding within one hour of birth, be exclusively breastfed for the first six months and continue breastfeeding until 2 years of age or beyond.

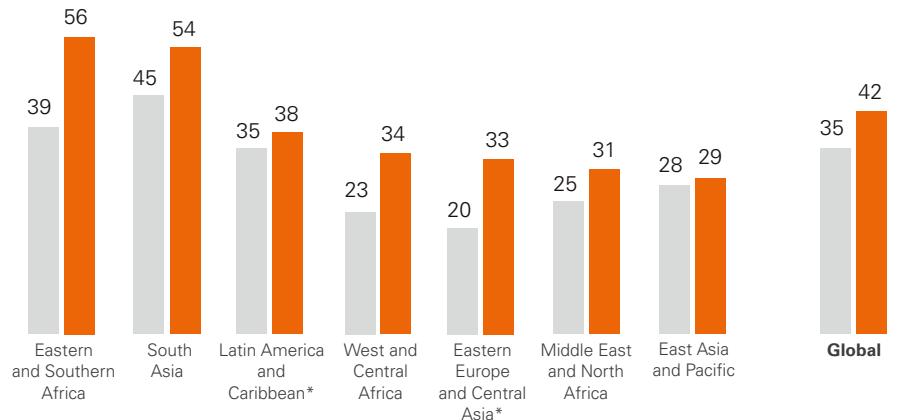
Globally, only about half (49 per cent) of newborns are put to the breast in the first hour of life and less than half (44 per cent) of infants under 6 months of age are exclusively breastfed. Almost all regions have made gains in exclusive breastfeeding: the proportion of infants who are exclusively breastfed increased by 20 per cent between 2005 and 2018. However, millions of children are not receiving these benefits owing to a lack of support for breastfeeding as a public health priority, poor counselling and support to mothers who choose to breastfeed, and the aggressive promotion of breastmilk substitutes. Indeed, between 2008 and 2013, sales of milk-based formula grew by 41 per cent globally and 72 per cent in upper middle-income countries.

When children reach 6 months of age, breastmilk alone is no longer sufficient to meet their energy and nutrient requirements. Children's nutritional needs between the ages of 6 and 23 months are greater per kilogram of body weight than at any other time of life, making them especially vulnerable to nutritional deficiencies and growth faltering.⁵ Introducing a diverse range of complementary foods alongside breastfeeding protects children against illness and death, ensures healthy growth and development, prevents stunting, wasting and micronutrient deficiencies in early childhood and protects against overweight and obesity later in life.

The proportion of infants aged 0–5 months exclusively breastfed increased by 20 percent in the last decade



FIGURE 11
Trends in percentage of infants aged 0–5 months exclusively breastfed, by UNICEF region, around 2005 and around 2018



Notes: Analysis based on a subset of 80 countries with comparable trend data covering 74 per cent of the global population for around 2005 (2003–2008) and for around 2018 (2013–2018). Regional estimates are presented only where available data represent at least 50 percent of the region's population. *To meet adequate population coverage, Latin America and Caribbean does not include Brazil and Eastern Europe and Central Asia does not include Russian Federation.

Source: UNICEF Global Databases, 2019.

The most recent data on the quality of complementary foods and feeding practices indicate that globally two in three children aged 6–23 months (72 per cent) are not fed even the minimum diverse diet needed to grow healthy. While most children (more than 75 per cent) in this age group are fed breastmilk and grains (wheat, rice, corn or others), 46 per cent are not fed any fruits or vegetables and 60 per cent are not fed nutrient-dense foods such as eggs, fish or meat, although global recommendations indicate that young children should consume such foods daily (or as often as possible).⁶

By region, the poorest dietary diversity figures are recorded in South Asia (18 per cent) and sub-Saharan Africa (22 per cent). Globally, there are stark disparities in the prevalence of minimum dietary diversity by wealth status. Less than one in five children (18 per cent) from the poorest households are consuming foods from at least five out of eight food groups, indicating that income is a barrier to accessing diverse and nutrient-dense complementary foods. Yet even in richer households, less than two in five (38 per

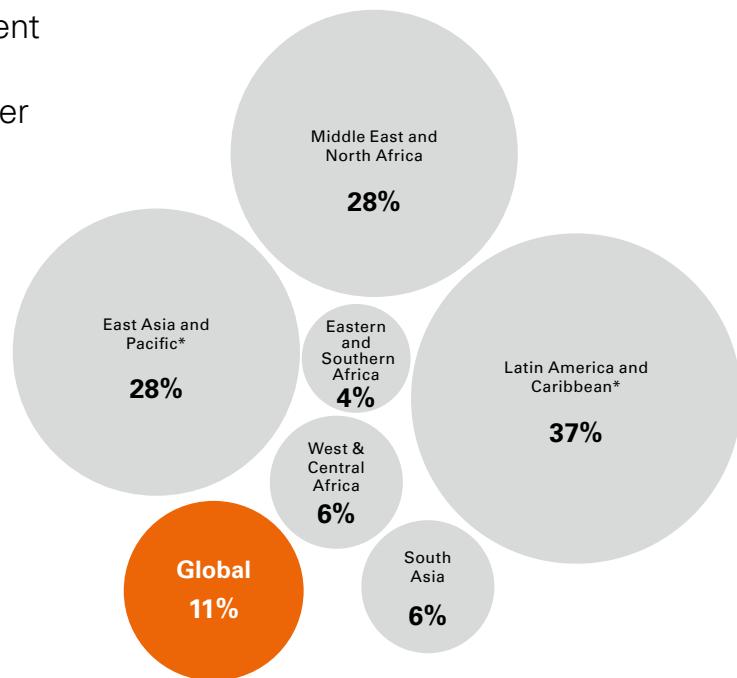
cent) of children are fed a minimum diverse diet, suggesting that factors other than income are at play, such as knowledge, convenience and desirability. Studies on infant feeding practices in low- and middle-income settings have found that young children were more likely to be fed commercially-produced snack foods than nutritious complementary foods and that children's preference for such foods outweighed affordability and other factors in mothers' decision-making.⁷ In addition, there is widespread, inappropriate promotion of commercial foods, including labelling and marketing that encourages the introduction of food before 6 months of age, and the consumption of products that contain high amounts of sugar and artificial flavours, with inappropriate food consistency and false nutritional and health claims.

Between the ages of 2 and 4 years, children start to choose their own food and may eat outside the home, exposing them to new influences. During this stage of life, the positive eating habits and behaviours of caregivers, family members, educators and peers become particularly influential.⁸



Globally, sales of milk-based formula grew by 41 per cent between 2008 and 2013 and by 72 per cent in upper middle-income countries

FIGURE 12
Percentage of infants aged 0–5 months fed infant formula, by UNICEF region, 2018



Notes: Between 2008 and 2013, sales of (typically cow's) milk-based formula grew by 41 per cent globally and by 72 per cent in upper-middle-income countries such as Brazil, China, Peru and Turkey. Analysis based on a subset of 73 countries with available data between 2013–2018, covering 61 percent of the global population. Regional estimates are presented only where available data represent at least 50 percent of the region's population. *To meet adequate population coverage, East Asia and Pacific does not include China and Latin America and Caribbean does not include Brazil. Data not available for Europe and Central Asia and North America.

Source: UNICEF Global Databases, 2019.

WHAT ARE YOUNG CHILDREN EATING?

The importance of first foods



Children need diverse foods from at least five out of eight food groups to grow, develop and learn

Without enough diet diversity, children do not get enough nutrients to grow and develop well, with devastating toll on children's bodies, brains and life opportunities. UNICEF and WHO recommend that children at this age eat a minimum of five of eight food groups daily.

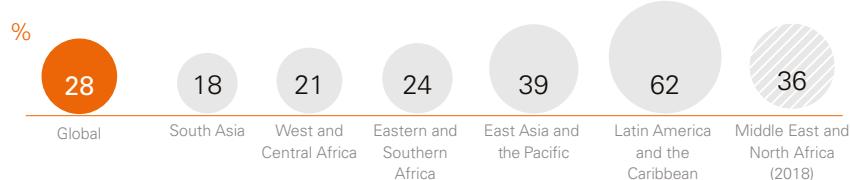


FIGURE 13
Percentage of children aged 6–23 months eating at least 5 of 8 food groups (Minimum Dietary Diversity), by UNICEF region, 2019

Note: Regional and global estimates based on the most recent data for each country between 2014–2019 with the exception of China where the latest available estimates are from the year 2013. No data available for the Middle East and North Africa regions for 2019, therefore 2018 data is included.



Fewer than 1 in 3 children eats foods from the minimum number of food groups

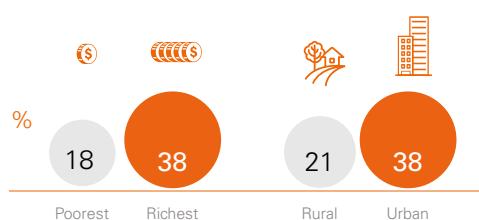


FIGURE 14
Percentage of children aged 6–23 months eating at least 5 of 8 food groups by wealth quintile and place of residence, global, 2019

Note: Analysis based on a subset of 74 countries with disaggregated data available between 2014–2019 with the exception of China where the latest available estimates are from the year 2013.



Only 1 in 5 children from the poorest households and rural areas eats foods from the minimum number of food groups

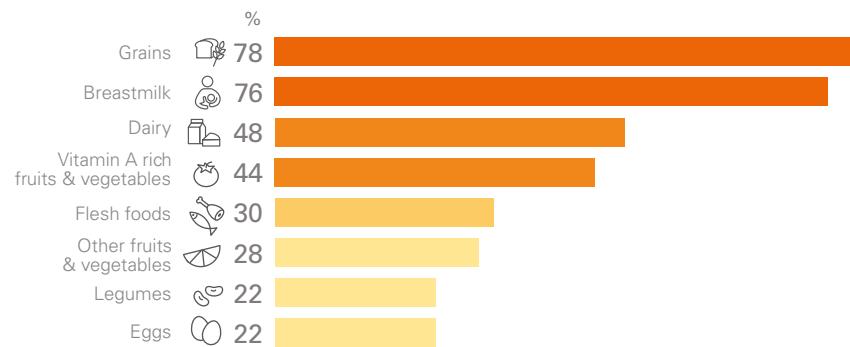


FIGURE 15
Percentage of children aged 6–23 months fed each of the eight food groups, 2019

Note: Analysis based on a subset of 73 countries with data available between 2014–2019 covering 60 per cent of the global population.

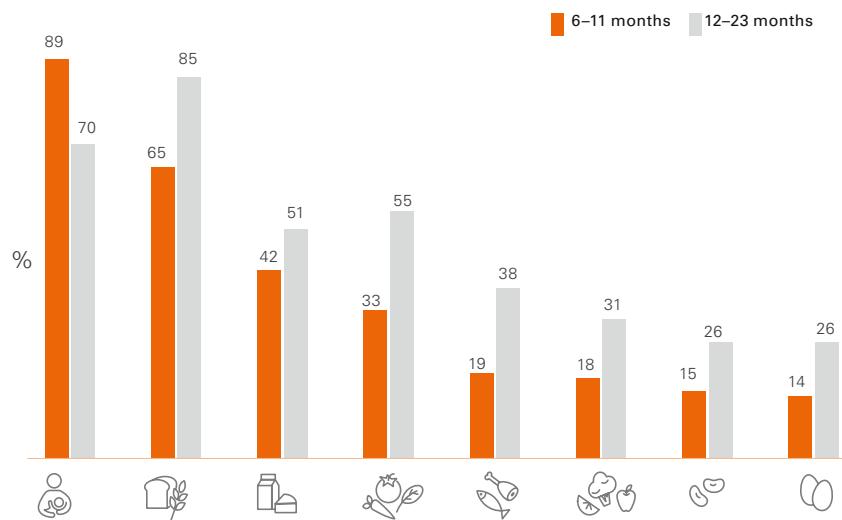


60% of children worldwide are **not fed** nutrient-dense foods like eggs, meat or fish



46% of children worldwide are **not fed** any fruits or vegetables

While the majority of young children consume breastmilk, they are not eating enough animal-source foods, fruits, legumes or vegetables and rely heavily on grains



2 in 3 children aged 6–23 months **are not** eating foods from the minimum number of food groups

The youngest children – those aged 6–11 months – have the least diverse diets

FIGURE 16
Percentage of children fed food groups, by type and age, global, 2018

Source: UNICEF Global Databases, 2019



Except for breastmilk, the percentage of young children consuming any of the other 7 food groups is systematically **higher** in upper-middle-income countries than in low- and lower-middle-income countries

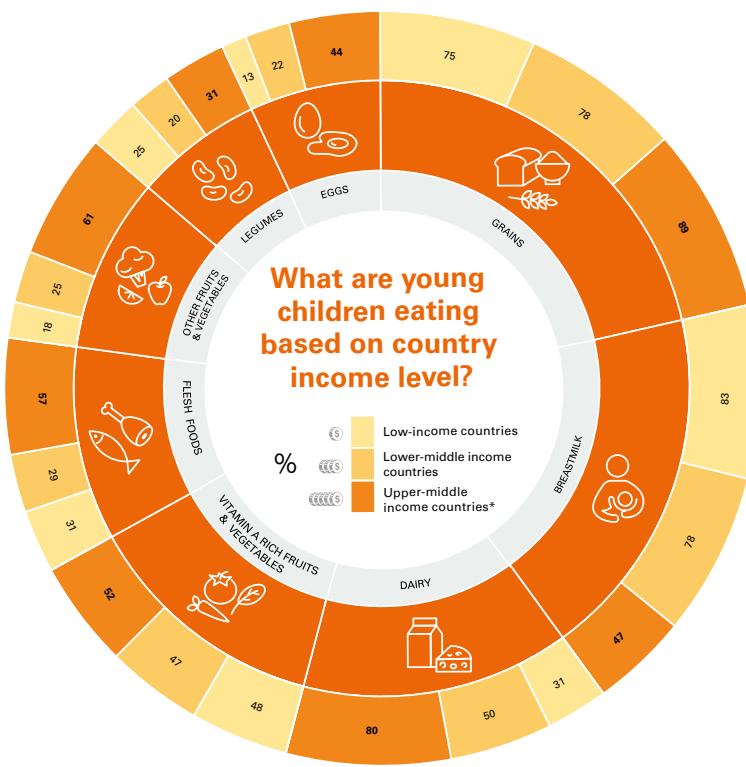


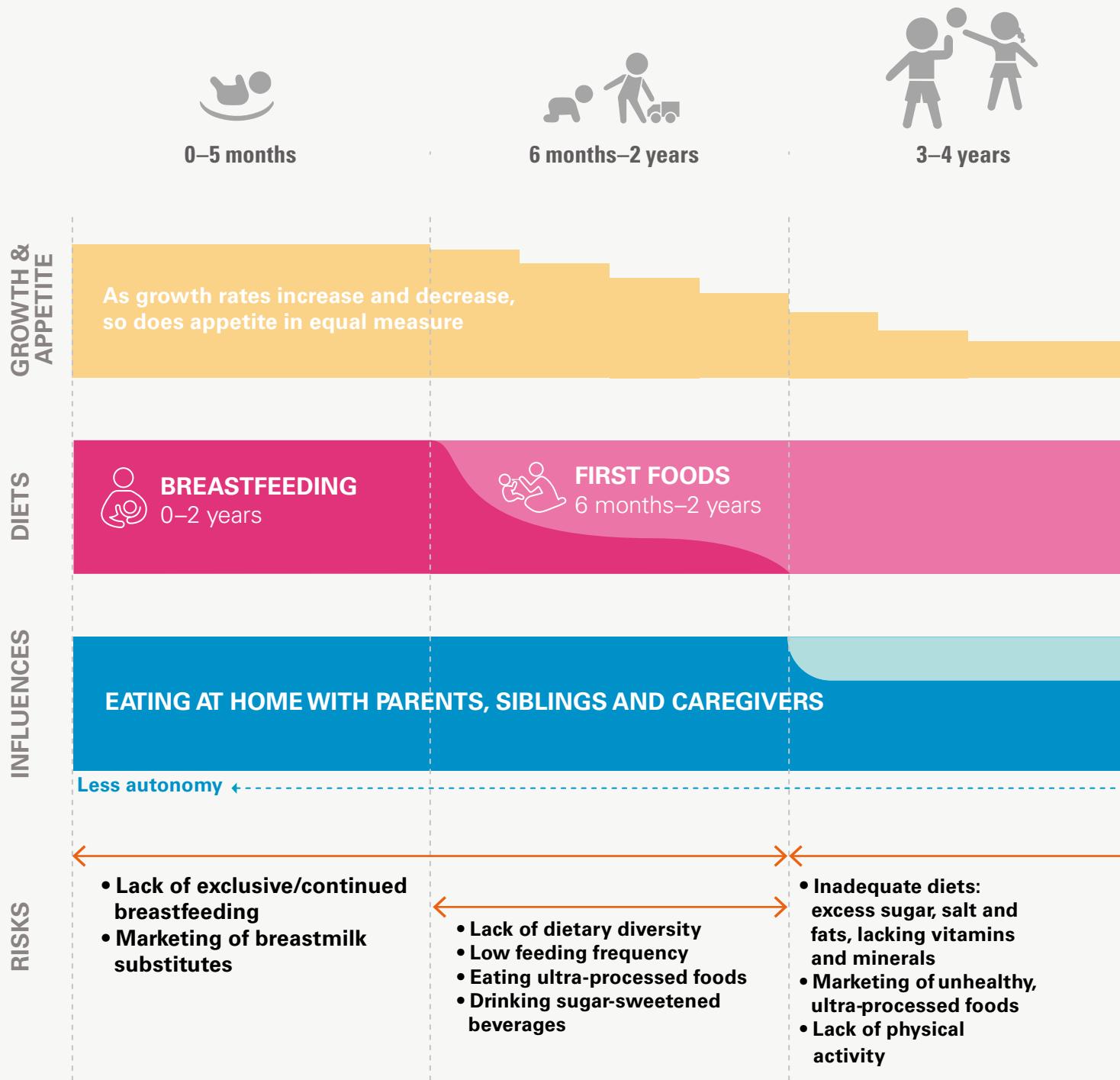
FIGURE 17
Percentage of children aged 6–23 months fed food groups, by type, by World Bank income group, 2018

Note for Figure 17: Analysis based on a subset of 72 countries with data available between 2013–2018 covering 61 percent of the global population. Income groupings are based on the FY19 World Bank income classification. Estimates by World Bank income groups are only displayed if available data represents at least 50 percent of the population. *To meet adequate population coverage, upper-middle-income countries do not include Brazil, China and the Russian Federation.

Source: UNICEF Global Databases, 2019.

FOOD AND NUTRITION ACROSS CHILDHOOD

At all ages, most children are not eating diets with enough nutrients or diversity, and they are eating foods containing too much sugar, salt and fat. The risks at each age can lead to one or more forms of malnutrition: stunting, wasting, micronutrient deficiencies, or overweight and obesity. These conditions can affect school performance and lifelong economic opportunities, and present health risks into adulthood.



Source: Elizabeth Fox, 'Characteristics of children's dietary needs, intake patterns, and determinants that explain their nutrition behaviors' (unpublished).

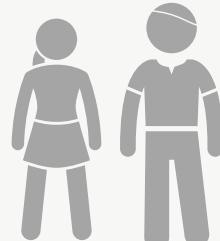
At every stage of childhood, children have unique nutritional needs, influences, risks and eating behaviours



5–9 years



10–14 years



15–19 years



CHILDHOOD DIETS

3–19 years

EATING AT SCHOOL

EATING OUT WITH FRIENDS

→ More autonomy

- ←
- Snacking
 - Skipping or missing meals
 - Negative self-image
 - Peer influence on food choice
-

Middle childhood

This time of transition, between 5 and 9 years of age, is marked by continued, steady growth. Research shows the potential of good nutrition to support catch-up growth during this stage of life, after early stunting, indicating that children who were stunted in early childhood and catch up in middle childhood could perform similarly in cognitive tests to children who were never stunted.⁹

The period of middle childhood is also important for establishing eating habits that support healthy growth and development. While the child's family, school and broader social forces all affect food availability, food environments and food choices, children also start taking some responsibility for their own diets. Children's appetites and food intake can vary widely and may increase before a growth spurt and decrease during slower growth periods.¹⁰

Reliable data on the nutritional status and diets of children in middle childhood are worryingly scarce. The data at our disposal indicate that children in low- and middle-income countries, especially in poorer households and rural areas, have diets that consist mainly of staples such as cereals, roots or tubers, with few nutrient-rich animal-source foods such as eggs, dairy, meat or fish.¹¹ Moreover, far too many school-age children around the world are missing breakfast,¹² eating too few fruits and vegetables, and consuming too many snacks that are high in sugar, salt and saturated fat – such as cookies, sweets and sugar-sweetened beverages, which are often marketed to them. Low consumption of fruits and vegetables is particularly concerning given that children who eat these foods in childhood are more likely to continue this habit in adulthood.¹³

Middle childhood is important for catch up growth and for establishing eating habits that support good nutrition and healthy development.

The school food environment is often obesogenic, promoting the consumption of foods that contribute to overweight and obesity. Ultra-processed foods and sugar-sweetened beverages are often sold to children in school cafeterias or at convenience stores and street stalls near schools. In addition, advertisements for sugar-sweetened beverages, pastries and sweets

remain common outside schools and can influence food choices among children.¹⁴

Adolescence

Adolescence is a time of rapid physical and psychosocial development. Adolescent boys have higher nutrient requirements than girls owing to a faster growth rate and greater gain in bone growth and muscle mass.¹⁵ Adolescent girls have higher iron requirements than boys because of the onset of menstruation and may be especially vulnerable to malnutrition, as gendered cultural norms mean girls often lack access to nutritious food, nutrition services, and education opportunities.¹⁶

Adolescence – a time of rapid growth and development – is also a window for establishing dietary habits that support nutritional well-being today and for future generations.

Adolescence presents a window of opportunity for establishing lifelong dietary habits that support nutritional well-being today and for future generations. Yet globally, far too many adolescents fail to consume diets that give them the foundation for long, healthy and productive adult lives. Adolescents in rural areas often have limited food options and are susceptible to seasonal food shortages, particularly in low- and middle-income countries, while adolescents living in urban environments are often surrounded by fast food and nutrient-poor snacks and beverages, including in low- and middle-income countries. Twenty-one per cent of school-going adolescents consume vegetables less than once a day, 34 per cent consume fruit less than once a day, 42 per cent consume soft drinks daily, and 46 per cent consume fast food at least weekly. Half of adolescent girls in low-income and rural settings in middle-income countries eat fewer than three meals a day, with most missing breakfast. Snacking is common during the day and lunch is often eaten outside the home.¹⁷

Most adolescents make food choices based on factors other than nutritional composition. External influences – such as disposable income to spend on snacks and fast food, peer pressure, the desire to fit in among friends and food marketing – greatly influence what adolescents eat. Body image affects food choices as

well. Depending on the local context, adolescents may perceive either excess weight or thinness as a sign of well-being and attractiveness. Research shows that eating disorders during adolescence are not limited to high-income countries.¹⁸

Food marketing, packaging and aspirational status symbols can also greatly influence adolescents' food choices. Fast food and prepared snacks are widely available in urban areas and are especially appealing to young people; they can also be signs of social status. Being able to afford fast food and soft drinks can be perceived as a sign of middle- or upper-class status in some contexts, leading adolescents from poorer economic backgrounds to look forward to consuming fast food and soft drinks on special occasions to fit in with their peers.¹⁹

Pregnancy and breastfeeding

The first 1,000 days – from conception to a child's second birthday – are a time of rapid growth and nutritional vulnerability during which young children undergo vast physiological changes, beginning in the womb. Pregnancy and breastfeeding are nutritionally distinct periods in a woman's life. Energy requirements increase by an average 300 kcal/day during pregnancy and by 640 kcal/day during breastfeeding, and key vitamins and other micronutrients, such as iron, folic acid, zinc and calcium, are in high demand.²⁰ To support children's optimal growth and development and women's well-being during pregnancy and lactation, women need access to nutritious, safe and affordable diets; antenatal and postnatal care services, including nutrition counselling and support; and a healthy environment that enables access to healthy foods, adequate nutrition services and positive nutrition practices.

Despite significant data gaps, available information indicates that diet quality among pregnant and breastfeeding women from low- and middle-income countries is often insufficient to meet their high nutrient needs, sometimes due to significant energy deficits and often to deficits in essential nutrients owing to lack of access to fruits, vegetables and animal-source foods (eggs, dairy, fish and meat).^{21,22} As a result, an estimated 10 per cent (154 million) of women aged 20–49 years are too thin, 33 per cent (520 million) are anaemic, and 36 per cent (567 million) are overweight. These three conditions threaten women's well-being as well as the survival, growth and development of their young children.

During pregnancy, diets lacking in nutrients such as iodine, iron, calcium and zinc carry negative consequences for the mother and the newborn, including maternal anaemia, pre-eclampsia, haemorrhage, maternal death, newborn death, premature birth, intrauterine growth retardation and low birthweight. Indeed, more than 20 million infants annually are born with low birthweight, more than half of them in South Asia.^{23,24} Poor quality diets in the post-partum period among breastfeeding mothers can negatively affect the quality of breastmilk, maternal micronutrient status, and weight retention. Globally, insufficient progress has been made in reducing undernutrition and anaemia among women, including pregnant women and breastfeeding mothers. Meanwhile, overweight and obesity have increased, with women now bearing a disproportionate burden of overweight and obesity in low- and middle-income countries.^{25,26}

Pregnancy and breastfeeding are nutritionally distinct periods in a woman's life. Energy requirements increase by an average 300 kcal/day during pregnancy and by 640 kcal/day during breastfeeding, and key vitamins and other micronutrients, such as iron, folic acid, zinc and calcium, are in high demand.

Women's diets are influenced by food affordability, household dynamics, gender inequality and social and cultural norms affecting their ability to make decisions about their nutrition and care. Barriers to nutritious diets during pregnancy include limited knowledge about the quantity and nutrient quality of food to eat and the amount of weight to gain, lack of access to and unaffordability of nutritious foods, and cultural and social taboos and norms that dictate what women can and cannot eat.²⁷ As gender roles change and women increasingly enter the workforce, their dietary choices may also be driven by time and convenience. With increasing industrialization, the shift from traditional diets towards highly processed and other high-calorie foods is a key contributor to women's diets, which increasingly include energy-rich, nutrient-poor highly processed foods, contributing to the epidemic of obesity in low- and middle-income countries.^{28,29}

Multiple forces are shaping children's diets and nutrition globally

The backdrop of nutrition has changed, and new forces drive – in positive and negative ways – the nutrition situation of children around the world. Globalization and urbanization have changed food availability, food environments and food practices. Millions of families have left the countryside and moved to cities, leaving behind traditional diets for processed foods that are frequently high in salt, sugar and fat, and low in essential nutrients and fiber. Women are increasingly joining the formal workforce and many of them receive little or no support from families, employers or society to help balance work responsibilities with their persistent role as primary caregivers. Socio-economic inequities are increasing in most parts of the world and many families are changing the way they eat or feed their children because of poverty and the rising cost of good diets. Finally, the climate crisis, the loss of biodiversity, the damage done to water, air and soil, and the increasing number, duration and complexity of health epidemics and humanitarian crises pose critical challenges to feeding children sustainably today and for generations to come.

Globalization has changed food availability, options and choices. Since the mid-1990s, food has been included in world trade agreements, meaning that business forces are now shaping the availability, price and marketing of food. This limits the ability of national governments to protect and promote the right to food and nutrition for their children and citizens.³⁰ Families who can afford it may have greater access to diverse foods. However, low-income consumers and the urban and rural poor suffer the greatest consequences of inequitable food systems and unhealthy food environments.³¹ As markets in high-income countries have matured, food and beverage companies seek to expand markets in low- and middle-income countries. In globalized markets, ultra-processed foods are pervasive and highly profitable, given their low production cost and long shelf life. Today, these ultra-processed foods are found even in remote rural areas in low- and middle-income countries, whereas fresh vegetables and fruits are often not.³²

Urbanization has translated into more people living in cities today than ever before. Urban families typically buy their food, and income becomes a key factor in what they eat. Those who can afford it rely less on starchy carbohydrates and tend to consume more meat, more food outside the home, and more ultra-



FIGURE 18
Multiple forces are shaping children's diets and nutrition globally

processed foods.³³ For the urban poor, eating nutritious foods becomes a challenge, and they rely heavily on street food, which is often high in fat, salt and sugar and accounts for about a quarter of household food spending in low- and middle-income countries.³⁴ In cities, many poor families live in 'food swamps', characterized by an abundance of high-calorie, low-nutrient, processed foods. Caregivers, adolescents and children in cities are also highly exposed to the influential marketing of processed foods, including in public spaces, such as schools and surrounding areas, and in social media and radio and television commercials that target children and adolescents.³⁵

Inequities undermine access to good diets, essential nutrition services and adequate nutrition practices. The world is home to an estimated 385 million children living in extreme poverty. For these children, access to a good diet is out of reach. They are also least likely to have access to essential nutrition services, safe drinking water and safe sanitation. Cost prevents many children from eating a diverse range of nutrient-rich foods, particularly children from the poorest families, who spend a greater share of their income on food.

Research shows that the cost of nutrient-rich foods is a significant barrier to diversifying young children's diets, and that nutritious foods are often the least affordable.^{36,37} Poorer families tend to select less expensive, lower-quality food.³⁸ Those in cities may live in 'food deserts' where food options that support children's healthy growth and development are scarce, and nutrient-poor, high-calorie, ultra-processed foods are readily accessible and affordable.³⁹

Environmental crises, including climate-related disasters such as extreme heat, drought, floods and storms, have doubled in number since 1990. These conditions have damaged agriculture and dramatically altered the quantity, quality and price of food available to children and families, causing food crises and increasing food and nutrition insecurity in rural and urban areas.^{40,41,42} Industrial food production also plays a major role in climate change, contributing one third of the greenhouse gas emissions globally,⁴³ and its heavy use of fresh water, fertilizers and pesticides has an immense ecological impact, contributing to environmental degradation and affecting children's nutrition. Food production is also implicated in the loss of biodiversity, which affects children's food security and dietary diversity.^{44,45} The lack of diversity in crop production has led to increasingly homogeneous diets around the world:⁴⁶ Just three crops – rice, wheat and maize – now account for nearly two thirds of the global caloric intake.⁴⁷

Health epidemics have the potential to threaten global health and nutrition security, with direct and indirect implications for maternal and child nutrition. Diseases such as Ebola, influenza, severe acute respiratory syndrome (SARS) – and the coronavirus disease (COVID-19) pandemic – have disproportionately affected vulnerable populations in

low- and middle-income countries. Shaped by many of the forces described above, as well as climate change and the human-animal interface, today's health epidemics can spread more quickly and widely across borders. The COVID-19 pandemic has exacerbated maternal and child malnutrition through three major pathways – poor access to nutritious diets, essential nutrition services, and adequate feeding and dietary practices – resulting from measures implemented to stop the spread of the virus (e.g., physical distancing, school closures, trade restrictions, and country lockdowns); the pressure imposed on the health system to care for the people infected; and the socio-economic shocks resulting from increased unemployment and poverty.

Humanitarian emergencies are increasing in number, duration and complexity. Historically, efforts to address malnutrition in emergencies have focused on identifying and treating children with severe wasting. However, other forms of malnutrition, including stunting and micronutrient deficiencies, occur in and are aggravated by emergencies.⁴⁸ In protracted humanitarian crises, the prevalence of stunting is increasing, while rates of wasting continue to be high.⁴⁹ Between 2005 and 2017, the average length of crises that received an inter-agency funding appeal rose from four to seven years.⁵⁰ As a result, emergency preparedness and response are turning to approaches that combine short- and long-term solutions to prevent avoidable deaths while protecting, promoting and supporting child growth and development. In 2019, UNICEF and its partners treated more than 4 million children with severe acute malnutrition in humanitarian settings globally.⁵¹ However, future action needs to put emphasis on reducing the number of children affected by wasting, while providing treatment to those in need.

Nutrition and COVID-19

The COVID-19 pandemic is also a child nutrition crisis due to its worrying impacts on household incomes and food, health, education, and social protection systems. In particular, the pandemic has exacerbated maternal and child malnutrition through three major pathways – poor access to nutritious diets, essential nutrition services, and adequate feeding and dietary practices

– resulting from measures implemented to stop the spread of the virus (e.g., physical distancing, school closures, trade restrictions and country lockdowns); the pressure imposed on the health system to care for the people affected by the disease; and the socio-economic shocks resulting from increased unemployment, inequities and poverty.

Nutrition and climate change

Diets and their supporting food systems can nurture both people and planetary health. However, in many parts of the world they are driving child malnutrition, environmental degradation and climate change. At the same time, climate change is eroding and reversing progress in ending child malnutrition. The bi-directional relationship between nutrition

and climate presents UNICEF with an opportunity to address the interconnected pandemics of undernutrition, obesity, and climate change through nutrition programming that protects and promotes nutritious, safe, affordable and sustainable diets for children, adolescents and women while preventing environmental degradation and climate change.

Improving child nutrition requires a multifaceted response

The evolving nature of child malnutrition demands a new global response: one that delivers diets, services and practices that support good nutrition at every stage of life while sustaining nutrition-responsive development for all children, adolescents and women. This response must acknowledge the central role of the food system – working together with the health, water and sanitation, education, and social protection systems – to provide nutritious, safe, affordable and sustainable diets for children, adolescents and women, while ensuring adequate nutrition services and positive nutrition practices across the life cycle.

The benefits of a systems approach to maternal and child nutrition are two-fold:

- It captures the interactions and interconnections across systems – food, health, water and sanitation, education, and social protection – avoiding the simplistic thinking that malnutrition has straightforward determinants that operate along linear pathways.
- It crystallizes a shared purpose across systems – better diets and better nutrition for children, adolescents and women – recognizing a shared responsibility and the need to mobilize attention and resources from a variety of governmental, public, private and societal actors.

Achieving nutrition results depends on the capacity of five systems to deliver nutrition-specific interventions at every stage of life, while supporting nutrition-responsive development at scale:

The food system needs to operate in ways that empower children, adolescents and families to demand nutritious foods. Secondly, it needs to ensure that nutritious foods are safe, available, affordable and sustainable. Finally, it needs to create healthy food environments. Governments must set standards that are aligned with children's best interests and create a level playing field for producers and suppliers. Producers and suppliers need to ensure that their actions – including food production, labelling and marketing – are aligned with these standards. Evidence shows that when nutritious foods are affordable, convenient and desirable, children and families make better food choices.



FIGURE 19
Improving maternal and child nutrition requires a systems approach

The health system needs to invest in the nutrition knowledge and skills of primary health care workers, who are the front line between the health system, children and families. Services to prevent malnutrition – such as support for breastfeeding, complementary feeding, micronutrient supplementation, deworming, dietary counselling, and maternal nutrition – must be delivered during pre- and postnatal health care contacts. Screening for and addressing anaemia, micronutrient deficiencies, growth faltering and overweight also require health system skills and supplies. Finally, governments should systematically integrate the early detection and treatment of children with wasting into routine services, given the high mortality risk associated with wasting.

The water and sanitation system plays a critical role in preventing all forms of malnutrition by ensuring access to free, safe and palatable drinking water and safe sanitation and hygiene services. Safe drinking water is key to a good diet, and safe sanitation protects children from infection and enteropathy, ensuring their bodies can use nutrients fully. Although investments in water and sanitation infrastructure are important, social and behaviour change communication to protect, promote and support safe food handling and optimal feeding and hygiene practices – including handwashing with soap at critical times – must be mainstreamed in communities, health facilities and schools.

The education system can deliver interventions to support good diets and good nutrition. In schools, nutrition education should ensure that children and families learn to make adequate food choices. Schools should promote healthy food environments, with access to nutritious foods and safe and palatable drinking water, and zero tolerance for junk food and beverages. In some contexts, school feeding programmes may be needed for vulnerable children. In addition, schools can deliver integrated programmes for the prevention of anaemia and micronutrient deficiencies through micronutrient supplementation, point-of-use fortification, deworming prophylaxis and counselling to encourage dietary habits that support healthy growth and development.

The social protection system can provide a crucial safety net to improve the diets and nutrition of children, adolescents and women from the most vulnerable families. Social protection programmes can improve access to nutritious and diverse diets through food transfers, food vouchers or cash transfers. They can also secure access to essential nutrition

services by removing barriers to pre- and postnatal care and nutrition counselling and through vouchers for school-based nutrition programmes, for example. In addition, the social protection system is essential to protect household food and nutrition security by preventing the depletion of livelihoods, including in emergency situations.

Nutrition has gained greater attention in recent years. Governments are increasingly laying out policies, programmes and budgets to improve the nutrition situation of children. For these investments to foster real change, governments and their development partners must recognize two key realities:

- The nutritional needs of children are unique, and uniquely important. Preventing child malnutrition, in all its forms, must be a national development priority, and children, adolescents and women must therefore be at the heart of food and nutrition policies, strategies and programmes, in all contexts.
- There are no magic bullets to address child malnutrition sustainably. Countries will only meet the challenge of child malnutrition by working across five systems: food, health, water and sanitation, education, and social protection. These systems need to be made accountable for nutrition results.

Governments must lead action against child malnutrition, in all contexts, driving policies, programmes and budgets for child nutrition. Yet, the path to good nutrition for all children, adolescents and women demands a shared purpose, with commitments and investments required from governments, development partners, civil society organizations, the private sector, training and research institutions, and the media.

UNICEF Nutrition Strategy Framework

2020–2030

This document lays out UNICEF's strategic intent to support national governments and partners in upholding children's right to nutrition and ending child malnutrition in all its forms.

Chapter 1, Child Malnutrition Today, describes the triple burden of malnutrition globally, its impact on the lives of children, and the forces shaping children's diets and nutrition. It calls for a systems response that delivers diets, services and practices that support good nutrition at every stage of life while sustaining nutrition-responsive development for all children, adolescents and women.

Chapter 2, Vision, Goal and Objectives, presents a declaration of intent for UNICEF's role in maternal and child nutrition. It outlines the vision, goal and objectives of the UNICEF Nutrition Strategy 2020–2030, which are guided by the Convention on the Rights of the Child and contribute to the goal of the 2030 Agenda for Sustainable Development to end child malnutrition in all its forms.

Chapter 3, Conceptual Framework, outlines the UNICEF Conceptual Framework on the Determinants of Maternal and Child Nutrition. The Conceptual Framework describes the enabling, underlying and immediate determinants that contribute to preventing malnutrition in all its forms, and the positive human and social development outcomes resulting from improved maternal and child nutrition, in all contexts.

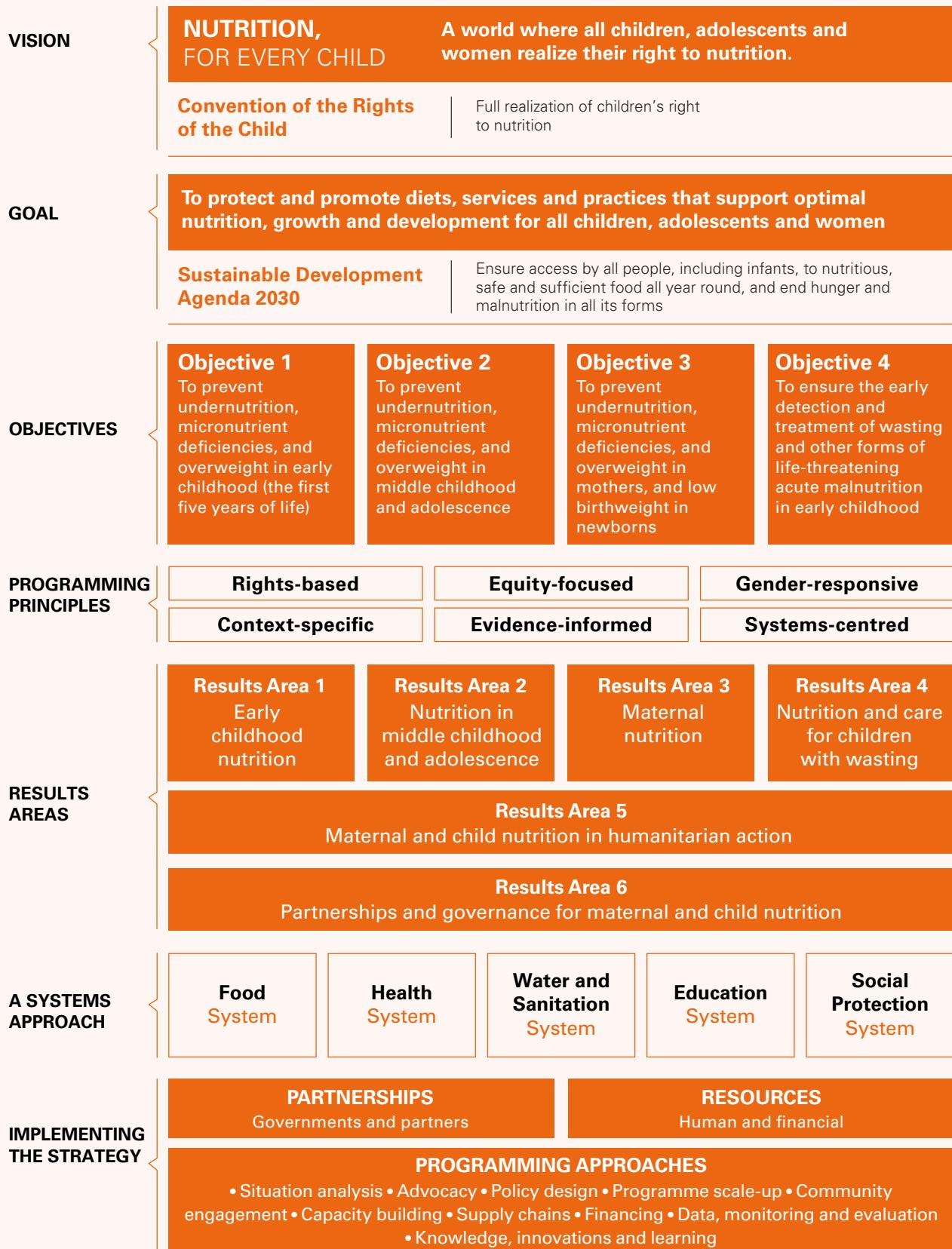
Chapter 4, Programming Principles, presents the six universal principles of UNICEF programming for maternal and child nutrition. These principles guide the design and implementation of UNICEF nutrition programmes that are rights-based, equity-focused, gender-responsive, context-specific, evidence-informed and systems-centred.

Chapter 5, Results Areas, describes what UNICEF nutrition programmes do in six results areas. Under each results area, we describe the results to which we intend to contribute and our programmatic priorities and actions. All UNICEF nutrition programmes across regions and countries share a universal premise: prevention comes first, in all contexts; if prevention fails, treatment is a must.

Chapter 6, A Systems Approach to Nutrition, outlines how UNICEF intends to strengthen five key systems – food, health, water and sanitation, education, and social protection – to deliver diets, services and practices that support adequate nutrition for children. It describes the results to which UNICEF aims to contribute and our priorities for engagement in making these systems more accountable for nutrition.

Chapter 7, Partnerships, Programming and People, describes how UNICEF implements its Nutrition Strategy 2020–2030. It highlights the role of strategic partnerships, programming approaches, and human and financial resources in translating the vision, goals and objectives of the Strategy into measurable nutrition results for children, adolescents and women, everywhere.

The **Strategy Framework** (right) reflects the different elements of the UNICEF Nutrition Strategy 2020–2030 and how they are inter-linked.



2.

VISION, GOAL AND OBJECTIVES



This chapter presents a declaration of intent for UNICEF's role in maternal and child nutrition on the path to 2030. It outlines the vision, goal and objectives of the UNICEF Nutrition Strategy 2020–2030, which are guided by the Convention on the Rights of the Child and contribute to the goal of the 2030 Agenda for Sustainable Development to end child malnutrition in all its forms.

The Convention on the Rights of the Child

recognizes every child's right to nutrition, from birth to 18 years of age. UNICEF has been a global force behind the ratification of the Convention by 196 countries, making it the world's most widely ratified human rights treaty.⁵² As the Convention celebrates its thirtieth anniversary (1989–2019), we recognize the great progress achieved in realizing children's right to nutrition, while also acknowledging that millions of children are still not growing, developing and learning to their full potential as a result of malnutrition in its multiple forms.

The 2030 Agenda for Sustainable Development

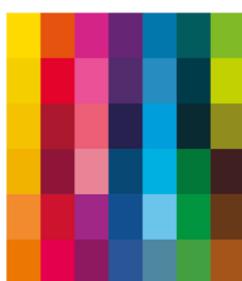
is a plan of action for people, planet and prosperity. Its 17 Sustainable Development Goals seek to end poverty and hunger, in all their forms and dimensions, ensuring that all human beings can fulfil their potential in dignity and equality; protect the planet from degradation, including through sustainable production and consumption; and ensure current and future generations can enjoy prosperous and fulfilling lives resulting from sustainable economic and social progress in harmony with nature.⁵³

The **UNICEF Nutrition Strategy 2020–2030**, is guided by the Convention of the Rights of the Child,

builds on past guidance,⁵⁴ strategic plans,⁵⁵ and programme experience,⁵⁶ and supports the goals of the 2030 Agenda for Sustainable Development.⁵⁷ The Strategy outlines UNICEF's intention to support a global response to the challenge of child malnutrition over the next decade, with national governments and partners.

Four features make UNICEF uniquely positioned to mobilize national, regional and global partners – across public and private sectors – to tackle the global challenge of child malnutrition:

- UNICEF's nutrition mandate for every child – including children affected by humanitarian crises – through our role as Sector and Cluster Lead Agency for Nutrition.
- UNICEF's multisectoral mandate for children and our expertise and experience in nutrition, health, water and sanitation, education, protection and social policy.
- UNICEF's wide on-the-ground presence, with over 12,000 staff and nutrition programmes for children, adolescents and women in more than 130 countries.
- UNICEF's long-standing role as a trusted adviser to national governments and partners at national, regional and global levels.



**CONVENTION
ON THE
RIGHTS OF
THE CHILD**



The UNICEF Nutrition Strategy 2020–2030 is guided by the Convention of the Rights of the Child and supports the goals of the 2030 Agenda for Sustainable Development, which – like children's rights – are universal, indivisible and interdependent, balancing the economic, social, cultural and environmental dimensions of sustainable development.

VISION

A world where all children, adolescents and women realize their right to nutrition.

The vision of the UNICEF 2020–2030 Nutrition Strategy is guided by the Convention on the Rights of the Child, which recognizes that adequate nutrition is the right of every child, everywhere.

GOAL

To protect and promote diets, services and practices that support optimal nutrition, growth and development for all children, adolescents and women.

The goal of the UNICEF 2020–2030 Nutrition Strategy contributes to the goal of the 2030 Agenda for Sustainable Development to ensure children's access to nutritious diets and to end child malnutrition in all its forms.



OBJECTIVES

The Strategy supports four nutrition objectives for children, adolescents and women in both development and humanitarian contexts.

Objective 1: To prevent undernutrition, micronutrient deficiencies and overweight in early childhood (i.e., the first five years of life).

Objective 2: To prevent undernutrition, micronutrient deficiencies and overweight in middle childhood and adolescence (i.e., 5–19 years of age).

Objective 3: To prevent undernutrition, micronutrient deficiencies and overweight in women – particularly during pregnancy and breastfeeding – and to prevent low birthweight in newborns.

Objective 4: To ensure the early detection and treatment of wasting and other forms of life-threatening acute malnutrition in early childhood.

STRATEGIC SHIFTS

As the previous section mentions, the UNICEF Nutrition Strategy 2020–2030 outlines UNICEF’s intention to support a global response to the challenge of maternal and child nutrition. The Strategy builds on UNICEF’s past guidance and programme experience while embracing six strategic shifts to respond to the evolving face of child malnutrition and support national governments and partners in upholding children’s right to nutrition.

1 An explicit focus on addressing child malnutrition in all its forms.

The UNICEF Nutrition Strategy 2020–2030 is guided by the Convention on the Rights of the Child, which recognizes every child’s right to nutrition. Malnutrition, in all its forms, is a violation of this right. Hence, the Strategy aims to contribute to addressing the triple burden of child malnutrition: undernutrition, both stunting and wasting; deficiencies in vitamins and other micronutrients; and overweight, obesity and diet-related non-communicable diseases. Therefore, the Strategy is aligned with the 2030 Agenda for Sustainable Development, which calls for an end to malnutrition in all its forms.

2 A comprehensive life cycle approach to nutrition programming.

The Nutrition Strategy 2020–2030 calls for UNICEF programmes to focus on four key stages of life – early childhood, middle childhood, adolescence, and motherhood – with specific programmatic priorities and intended results for each stage of life. While maternal and child nutrition during the first 1,000 days – from conception to age 2 years – remains core to UNICEF programmes in all contexts, good nutrition during middle childhood and adolescence is both a right and a window of opportunity for growth, development and learning, particularly for girls, and for breaking the intergenerational cycle of malnutrition.

3 A deliberate emphasis on improving diets, services and practices.

The goal of the UNICEF Nutrition Strategy 2020–2030 is to protect and promote diets, services and practices that support optimal nutrition for all children, adolescents and women. This goal is guided by the 2020 Conceptual Framework on the Determinants of Maternal and Child Nutrition, which builds on previous conceptual thinking by UNICEF. Acknowledging the triple burden of malnutrition, the Framework highlights the centrality of nutritious, safe and affordable diets and adequate nutrition services and practices as the foundation of good nutrition for children, adolescents and women.



4 A systems approach to maternal and child nutrition.

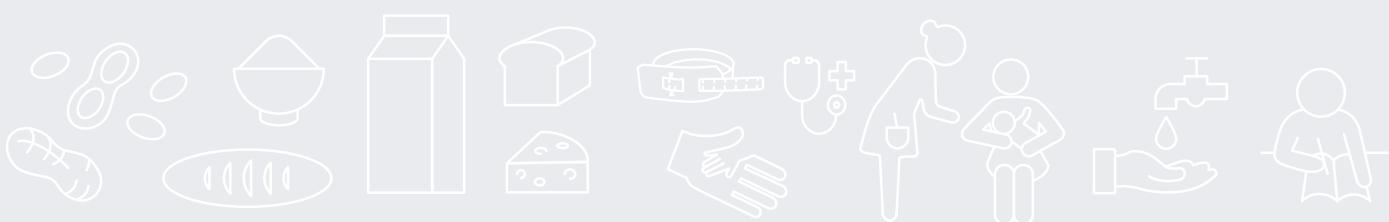
Most of the nutrition results that we aim to achieve require engagement with multiple systems to ensure that all children benefit from nutritious and safe diets, adequate nutrition services, and positive nutrition practices. Therefore, the Nutrition Strategy 2020–2030 calls for UNICEF programmes to strengthen the capacity and accountability of five key systems – food, health, water and sanitation, education, and social protection – to deliver nutritious diets, essential nutrition services and positive nutrition practices for children, adolescents and women. As a multisectoral agency for children, UNICEF is positioned to support a systems approach to nutrition that drives sustainable results.

5 A greater attention to private sector engagement.

Good governance for nutrition requires public and private partners that are accountable for supporting children's right to nutrition. National governments have primary accountability for upholding this right; however, the private sector has a key role to play as a provider of food, goods and services. The UNICEF Nutrition Strategy 2020–2030 calls for UNICEF programmes to engage strategically with public and private sector actors to advocate for business policies, practices and products that support optimal nutrition for all children, adolescents and women, in all contexts.

6 A universal vision and agenda relevant to all countries.

Children's right to nutrition is universal and so is the UNICEF Nutrition Strategy 2020–2030. Operationally, the Strategy is particularly relevant to low- and middle-income countries, where UNICEF programmes and country presence are larger and the triple burden of child malnutrition is greater. However, with the increasing burden of child overweight, obesity and diet-related non-communicable diseases, UNICEF is strengthening its work through country offices and national committees in high-income countries to advocate for and support policies and programmes that protect the right of all children to adequate nutrition.



3.

CONCEPTUAL FRAMEWORK



This chapter outlines the UNICEF Conceptual Framework on the Determinants of Maternal and Child Nutrition. The Conceptual Framework describes the enabling, underlying and immediate determinants that contribute to preventing malnutrition in all its forms, and the positive human and social development outcomes resulting from improved maternal and child nutrition, in all contexts.

The UNICEF Nutrition Strategy 2020–2030 introduces UNICEF’s Conceptual Framework on the Determinants of Maternal and Child Nutrition, 2020. It builds on UNICEF’s 1990 Conceptual Framework on the Causes of Child Malnutrition,⁵⁸ which has guided nutrition programming over the last decades, and differs from it in three ways:

- First, it acknowledges the evolving face of child malnutrition, which manifests itself as a triple burden: undernutrition, including stunting and wasting; deficiencies in essential vitamins and other micronutrients; and overweight and obesity. These forms of malnutrition, which often coexist, are driven by poor diets and poor care practices and services.

- Second, it highlights the role of diets and care as immediate determinants of maternal and child nutrition. Good diets are driven by adequate food and feeding. Good care is driven by adequate services and practices. Diets and care influence each other. The co-occurrence of good diets and good care leads to adequate nutrition for children and women across the life course.
- Third, it uses a positive narrative about what contributes to good nutrition in children and women, providing conceptual clarity about the enabling, underlying and immediate determinants of adequate nutrition; their vertical and horizontal interconnectedness; and the positive survival, growth, development, performance and economic outcomes resulting from improved nutrition.

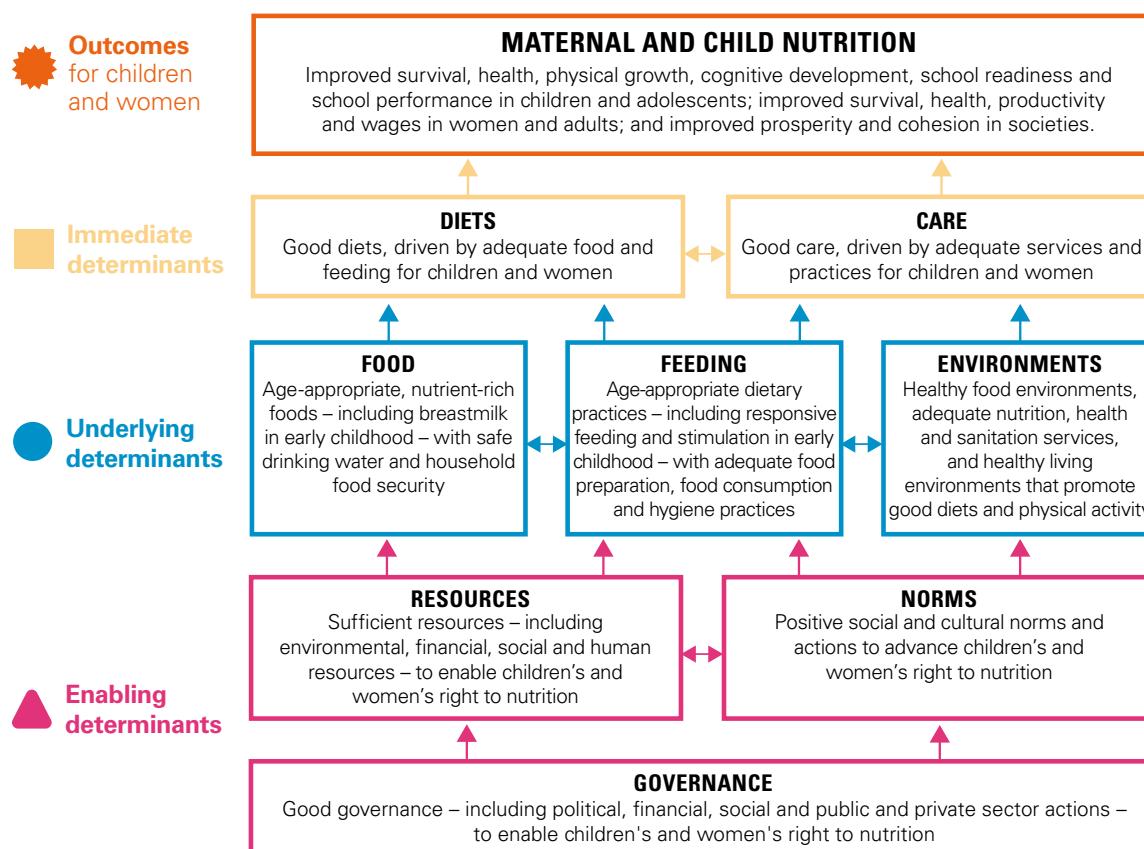
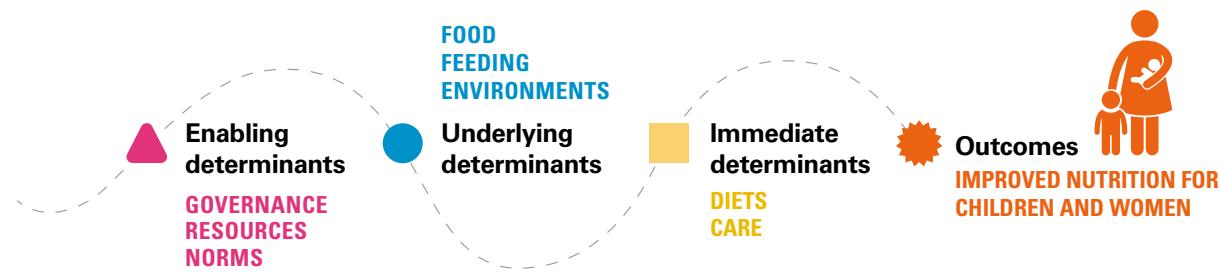


FIGURE 20
UNICEF Conceptual Framework on the Determinants of Maternal and Child Nutrition, 2020.
A framework for the prevention of malnutrition in all its forms.



The **enabling determinants** are the political, financial, social, cultural and environmental conditions that enable good nutrition for children and women. In the 2020 Conceptual Framework, the enabling determinants are organized into three categories:

The **underlying determinants** are the food and nutrition services and practices available to children and women in their households, communities and environments to enable good nutrition. In the 2020 Conceptual Framework, they are organized into three categories:

The **immediate determinants** of maternal and child nutrition are diets and care, which influence each other.

The **outcomes** resulting from improved nutrition for children and women manifest in the short and long term and include:

- **Governance:** Good governance refers to the political, financial, social and public and private sector actions needed to enable children's and women's right to nutrition.
- **Resources:** Sufficient resources refer to the environmental, financial, social and human resources needed to enable children's and women's right to nutrition.
- **Norms:** Positive norms refer to the gender, cultural and social actions to enable children's and women's right to nutrition.

- **Food**, which comprises age-appropriate, nutrient-rich foods – including breastmilk and complementary foods for children in the first two years of life – with safe drinking water and household food security for all children and women.

- **Feeding**, which comprises age-appropriate dietary practices – including breastfeeding, responsive feeding and stimulation in early childhood – with adequate food preparation, food consumption and hygiene practices for all children and women.

- **Environments**, which comprise healthy food environments, adequate nutrition, health and sanitation services, and healthy living environments that prevent disease and promote good diets and physical activity for all children and women.

- **Diets:** Good diets are driven by adequate food and feeding to support good nutrition for children and women.

- **Care:** Good care is driven by adequate services and practices to support good nutrition for children and women.

The co-occurrence of good diets and good care leads to adequate nutrition for children and women across the life course.

- **In childhood and adolescence** – Improved survival, health, physical growth, cognitive development, school readiness and school performance.
- **In adulthood and for societies** – Improved survival, health, productivity and wages in adults, and improved prosperity and social cohesion for societies.

4.

PROGRAMMING PRINCIPLES



This chapter outlines the six universal principles of UNICEF programming for maternal and child nutrition. These principles guide the design and implementation of UNICEF nutrition programmes that are rights-based, equity-focused, gender-responsive, context-specific, evidence-informed and systems-centred.

The vision of the UNICEF Nutrition Strategy 2020–2030 is universal, applying equally to children, adolescents and women everywhere. This vision is implemented through programming at the global, regional, national and subnational levels, guided by six principles:

Rights-based

UNICEF's approach to nutrition programming is guided by the Universal Declaration of Human Rights (1948), the Convention on the Elimination of all Forms of Discrimination Against Women (1979) and the Convention on the Rights of the Child (1989), which recognize children's and women's right to nutrition. UNICEF supports national governments and other duty-bearers – including caregivers, service providers and the private sector – in respecting, protecting and fulfilling this right. UNICEF also supports rights-holders – children, adolescents and women – to demand diets, services and practices that support adequate nutrition and hold duty-bearers to account.

Equity-focused

UNICEF's approach to nutrition programming is guided by the conviction that reducing inequities is right in both principle and practice. Inequities prevent the most marginalized children and women from having access to nutritious, safe, affordable and sustainable diets and adequate nutrition services and practices. Nutrition policies and programmes that place a deliberate focus on the most vulnerable can reduce inequities (right in principle) and improve impact (right in practice), given that all forms of malnutrition are increasingly concentrated among the poorest and most marginalized children, adolescents, women, families and communities.

Gender-responsive

UNICEF's approach to nutrition programming strives to lessen gender inequities across the life cycle and within households and societies. This includes fostering women's decision-making power regarding diets, services and practices, and engaging men in child feeding and care to reduce the impact of socially constructed gender roles on the nutrition of children and women. Policies and programmes that contribute to realizing girls' and women's right to nutrition help reduce gender discrimination and increase the potential for positive intergenerational impact on nutrition if or when women choose to become mothers.



Context-specific

UNICEF's approach to nutrition programming is guided by the conviction that context-specific programmatic responses contribute to the progressive realization of children's and women's right to nutrition. Context-specific programming is informed by an analysis of the nutrition situation of children and women – including determinants, drivers and potential impact pathways – as well as an analysis of the resources (human and financial) and partnerships available. The triangulation of needs, resources and partnerships in the context of the Strategy allows UNICEF to tailor its nutrition programme to a specific programming context.

Evidence-informed

UNICEF's approach to nutrition programming is guided by the best scientific and programmatic evidence and guidance available. UNICEF advocates for and supports evidence-informed policies, strategies, programmes and partnerships that aim to scale up access to nutritious, safe, affordable and sustainable diets and essential nutrition services and practices. In addition, UNICEF supports the generation of new evidence (data and knowledge) to inform innovative approaches to maternal and child nutrition, in both development and humanitarian contexts.

Systems-centred

UNICEF's approach to nutrition programming is guided by the conviction that national governments have primary accountability for upholding the right to nutrition for their children, women and citizens. UNICEF programming strengthens the capacity of national systems to ensure that all children, adolescents and women have access to nutritious, safe, affordable and sustainable diets and benefit from adequate nutrition services and positive nutrition practices. UNICEF focuses on engaging the five systems – food, health, water and sanitation, education, and social protection – with the greatest potential to deliver nutrition results for children and women.



5.

RESULTS AREAS



This chapter describes what UNICEF nutrition programmes do in six results areas. Under each results area, we describe the results to which we intend to contribute and our programmatic priorities and actions. All UNICEF nutrition programmes across regions and countries share a universal premise: prevention comes first, in all contexts; if prevention fails, treatment is a must.

To achieve the vision, goal and objectives of the Nutrition Strategy 2020–2030, UNICEF organizes its programming for maternal and child nutrition into six results areas, each of which encompasses a set of specific programmatic priorities.

As described in Chapter 4, context-specific programming is a key principle of UNICEF’s work in maternal and child nutrition. Thus, in any given country or context, UNICEF ascertains the determinants and drivers of child malnutrition, the pathways for potential impact, and the resources and partnerships available to address the determinants and drivers of child malnutrition and achieve positive impact. This situation analysis allows UNICEF to identify the results areas and programmatic priorities of the Strategy that are relevant in a given programming context.

All UNICEF nutrition programmes across regions and countries share a universal premise: prevention comes first, in all contexts; if prevention fails, treatment is a must.

- **Prevention comes first, in all contexts:** The primary objective of UNICEF nutrition programmes is to prevent malnutrition in all its forms across the life cycle: throughout early childhood, middle childhood and adolescence and during pregnancy and breastfeeding.
- **Treatment is a must if prevention fails:** When efforts to prevent malnutrition fall short, UNICEF nutrition programmes aim to ensure early detection and treatment of children with life-threatening malnutrition through facility- and community-based approaches, in all contexts.



The following sections outline UNICEF's six results areas for nutrition, the intended results under each results area, and the programmatic priorities guiding their achievement between 2020 and 2030:

Results Area 1: Early childhood nutrition – encompasses UNICEF's programming for the prevention of all forms of malnutrition in the first five years of life, including undernutrition – both stunting and wasting – micronutrient deficiencies and overweight.

Results Area 2: Nutrition in middle childhood and adolescence – encompasses UNICEF's programming for the prevention of all forms of malnutrition in middle childhood (ages 5–9 years) and adolescence (ages 10–19 years), including undernutrition, micronutrient deficiencies and overweight.

Results Area 3: Maternal nutrition – encompasses UNICEF's programming for the prevention of all forms of malnutrition in women during pregnancy and breastfeeding – including undernutrition, micronutrient deficiencies and overweight – and the prevention of low birthweight in newborns.

Results Area 4: Nutrition and care for children with wasting – encompasses UNICEF's programming for the early detection and treatment of wasting in early childhood, through facility-and community-based approaches, as part of a continuum of nutrition, care and support for children.

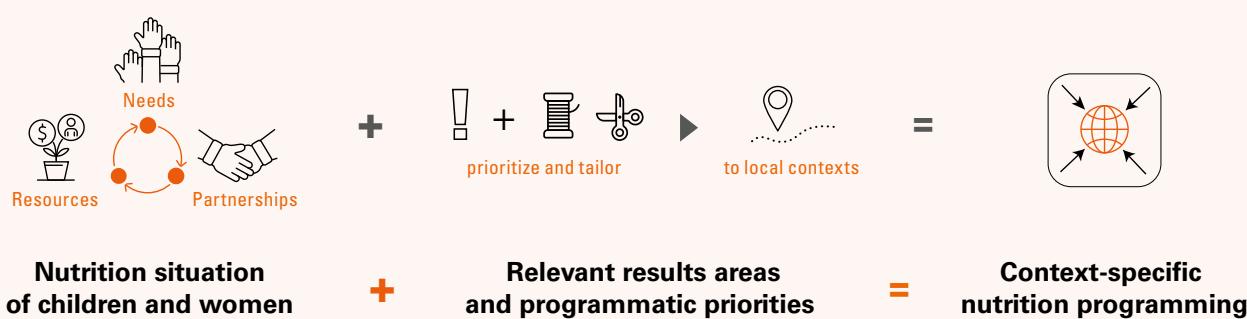
Results Area 5: Maternal and child nutrition in humanitarian action – encompasses UNICEF's nutrition programming in emergencies and is guided by UNICEF's Core Commitments for Children in Humanitarian Action and UNICEF's commitments as Cluster Lead Agency for Nutrition.

Results Area 6: Partnerships and governance for nutrition – encompasses UNICEF's programming to strengthen the enabling environment for maternal and child nutrition at global, regional and country level through improved partnerships, data, knowledge, advocacy and financing.

Question: Are UNICEF country programmes expected to implement all components of the Nutrition Strategy?

Answer: No.

A guiding principle of the Strategy is *context-specific programming*, which is informed by an analysis of the nutrition situation of children, adolescents and women in a given context (determinants, drivers and potential impact pathways) and the human and financial resources and partnerships available. The triangulation of needs, resources and partnerships allows UNICEF to identify the *results areas and programmatic priorities* of the Strategy that are relevant to a given context. The Strategy keeps UNICEF nutrition programmes coherent across regions, countries and programming contexts.



RESULTS AREA 1

EARLY CHILDHOOD NUTRITION

Preventing malnutrition in infants and young children

Results Area 1 encompasses UNICEF's programming for the prevention of all forms of malnutrition in children under 5 years of age: undernutrition – both stunting and wasting – micronutrient deficiencies and overweight. Early childhood nutrition is the cornerstone of survival, growth and development. To prevent malnutrition in early childhood, infants and young children need breastmilk; age-appropriate nutritious, safe and affordable foods; safe drinking water; appropriate feeding, care, stimulation and hygiene practices; healthy food environments; and adequate nutrition, health and sanitation services.

UNICEF advocates for and supports policies, strategies and programmes to prevent malnutrition in early childhood. These policies, strategies and programmes aim to protect, promote and support recommended breastfeeding practices for infants and young children from birth; promote and support age-appropriate complementary foods and feeding practices in the first two years of life; promote the use of adequate foods and feeding practices for children aged 3–5 years; support the use of micronutrient supplements where nutrient-poor diets and micronutrient deficiencies are common; and improve children's food environments to prevent all forms of malnutrition in early childhood.

Nutrition: At the heart of early childhood development

During early childhood, essential neural pathways are formed that lay the foundation for development, learning, productivity and social well-being.⁵⁹ Malnutrition in early childhood can result in lifelong developmental delays or disabilities and can be detrimental to child development and learning, and adult productivity and earning. Breastfeeding is one of the first early childhood development interventions; it supports healthy growth and brain development, protects against life-threatening and chronic illnesses and encourages cognitive stimulation and bonding.

The complementary feeding period is also a unique nurturing opportunity. Responsive feeding, in which caregivers interact with their children and respond to their hunger and satiety cues, helps improve children's acceptance of food and adequate food intake. By promoting responsive feeding, caregivers stimulate connections in the child's brain and promote cognitive development. UNICEF nutrition programmes support the integration of early childhood nutrition and stimulation to ensure that all children are provided with nurturing care for survival, growth and development, in all contexts.



Our intended results

- Infants and young children under 5 years of age benefit from diets, services and practices that support optimal nutrition, growth and development.
- Infants, young children and their families benefit from policies, strategies and programmes that support optimal nutrition in early childhood.

Our programmatic priorities

1. Breastfeeding practices in early childhood:

UNICEF advocates for and supports policies, strategies and programmes that protect and promote breastfeeding. This includes strengthening breastfeeding counselling and support services in primary health care through facility- and community-based programmes; advocating for maternity protection policies and policies that support breastfeeding in the workplace; strengthening the enforcement of national legislation on the International Code of Marketing of Breast-milk Substitutes and related World Health Assembly resolutions; and supporting the implementation of global guidance on HIV and infant feeding in emergencies.⁶⁰

2. Complementary foods and feeding practices:

UNICEF advocates for and supports policies, strategies and programmes that protect and promote age-appropriate complementary foods and feeding practices in the first two years of life. This includes promoting access to and use of nutritious, safe, diverse, and affordable foods; supporting the use, where appropriate, of quality multiple micronutrient powders and fortified complementary foods; strengthening the adoption and enforcement of legislation to regulate the marketing of commercially-produced foods and beverages for children; and improving counselling to caregivers by service providers and community workers, and through multichannel social and behaviour change communication.

3. Feeding children aged 3–5 years: UNICEF

advocates for and supports policies, strategies and programmes that protect and promote adequate foods and feeding practices for children aged 3–5 years, including at home and in day-care and early childhood development centers. This includes promoting access to nutritious, safe, diverse and affordable foods and healthy food environments in day-care and early childhood development centres by setting quality standards; and supporting the use of multiple micronutrient powders and the consumption of fortified foods that meet quality standards where nutrient-poor diets and micronutrient deficiencies are common.

4. Micronutrient supplementation and deworming:

In areas where children's intake of vitamin A and iron through diets or fortified foods is poor and in settings where there is evidence of vitamin A and iron deficiency in young children, UNICEF promotes vitamin A supplementation, deworming prophylaxis and the use of iron-containing supplements for children under 5. We promote the alignment of these nutrition interventions with global and national guidelines and support their integration into routine services for children.

5. Healthy food environments in early childhood:

UNICEF advocates for and supports policies, strategies and programmes that promote healthy food environments and enable good diets in early childhood. This includes supporting governments to adopt policies and regulations that improve the availability and affordability of nutritious foods and safeguard children from consuming unhealthy foods and beverages; advocating for policy development and enforcement mechanisms that are free from commercial influence; and supporting 'double-duty' programme actions that contribute simultaneously to preventing undernutrition and overweight.

Optimal feeding practices in the first two years of life

Children should be breastfed within one hour of birth, breastfeed exclusively for the first six months of life, and continue breastfeeding until 2 years of age or longer. Once children reach 6 months of age, breastfeeding should be combined with safe and age-appropriate soft, semi-solid and solid complementary foods.



RESULTS AREA 2

NUTRITION IN MIDDLE CHILDHOOD AND ADOLESCENCE

Preventing malnutrition in school-age children and adolescents

Results Area 2 encompasses UNICEF's programming for the prevention of all forms of malnutrition in middle childhood (ages 5–9 years) and adolescence (ages 10–19 years), including undernutrition, micronutrient deficiencies and overweight. The prevention of malnutrition in middle childhood and adolescence is a chance to seize the second window of opportunity for growth and development. Evidence suggests that investments in the nutrition of this age group can have a positive impact on current and future nutrition status, improve learning, help establish positive dietary practices that extend into adulthood, and help break the intergenerational cycle of malnutrition.

UNICEF advocates for and supports policies, strategies and programmes to prevent malnutrition in middle childhood and adolescence. These policies, strategies and programmes aim to promote nutritious, safe,

affordable and sustainable diets, including fortified foods, in schools and among school-age children and adolescents; improve children's food environments and related policies and legislation including in schools and surrounding areas; promote the use of micronutrient supplementation and deworming prophylaxis where nutrient-poor diets are common; improve knowledge and skills about good nutrition and physical activity among school-age children and adolescents; and promote good diets and active lifestyles through large-scale communication programmes.

To strengthen the linkages between nutrition and learning outcomes, UNICEF advocates for and supports the scale-up of a context-specific *Nutrition-in-Schools Package* to support good diets and evidence-informed nutrition practices and services.⁶¹



Our intended results

- School-age children and adolescents benefit from diets, services and practices that support optimal nutrition, growth and development.
- School-age children, adolescents and their families benefit from gender-responsive policies, strategies and programmes that support optimal nutrition in middle childhood and adolescence.

Our programmatic priorities

1. Nutritious foods, in schools and beyond:

UNICEF advocates for and supports policies, strategies and programmes that improve dietary quality in middle childhood and adolescence. This includes supporting the design and implementation of guidance for nutritious and safe school meals; advocating for the use of fortified foods in schools in settings where nutrient-poor diets and micronutrient deficiencies are common; and strengthening salt iodization programmes and the fortification of wheat flour, rice, cooking oil and other context-relevant forms of large-scale food fortification.

2. Healthy food environments, in schools and beyond:

UNICEF advocates for policies, standards and services that improve the availability of nutritious, safe, affordable and sustainable foods and free, safe and palatable drinking water in schools and beyond. This includes supporting the development and enforcement of policies that protect children from the marketing of unhealthy foods and beverages, including in schools and beyond; and advocating for food labelling and regulatory incentives/disincentives that support good diets in school-age children and adolescents.

3. Micronutrient supplementation and deworming:

In settings where nutrient-poor diets and micronutrient deficiencies are common, UNICEF advocates for and supports micronutrient supplementation policies, strategies and programmes to address deficiencies in essential micronutrients in middle childhood and adolescence. In settings with high burdens of soil-transmitted helminths, we promote and support the use of deworming prophylaxis for school-age children and adolescents.

4. Nutrition education in school curricula:

UNICEF advocates for and supports policies, strategies and programmes that enhance school curricula to improve knowledge and skills about good nutrition and physical activity among school-age children and adolescents. This involves promoting nutrition education and physical education in primary and secondary school curricula and improving the capacities of teachers and school managers to deliver nutrition education and promote good nutrition and physical activity.

5. Healthy dietary practices for school-age children and adolescents:

UNICEF advocates for and supports large-scale social and behaviour change communication programmes that increase awareness about the benefits of good diets, healthy eating practices, and physical activity among school-age children and adolescents and their families and communities. This involves identifying gender-sensitive, context-appropriate messages and messengers as well as effective delivery channels and communication strategies.

Nutrition-in-Schools Package: Essential nutrition interventions in schools and beyond

Nutritious foods and diets

- *Nutritious school meals*, including fortified foods, to improve children's diets
- *Safe drinking water* in schools to improve children's diets

Healthy food environments

- *Policies and guidelines* to ensure nutritious foods and drinking water in and around schools
- *Standards and regulations* to eliminate marketing of unhealthy foods and beverages

Supplementation and deworming

- *Micronutrient supplements* to protect children from vitamin and other deficiencies
- *Deworming prophylaxis* to protect children from helminth infections and anaemia

Nutrition literacy

- *Curricula* to improve knowledge on good diets and healthy dietary practices
- *Communication* to promote good diets and positive dietary practices

Physical activity

- *Curricula* to include physical education and promote physical activity
- *Communication* to promote physical activity and active living

RESULTS AREA 3

MATERNAL NUTRITION

Preventing malnutrition in pregnant and breastfeeding women

Results Area 3 encompasses UNICEF's programming for the prevention of all forms of malnutrition among women during pregnancy and breastfeeding, two stages of nutritional vulnerability. The prevention of malnutrition during pregnancy and breastfeeding is critical for a woman's own well-being. It is also critical for her child, as children's nutritional status is closely linked to that of their mothers before, during and after pregnancy. In low- and middle-income settings, the burden of undernutrition among women is of concern, as indicated by a high prevalence of thinness, micronutrient deficiencies and anaemia during pregnancy and breastfeeding, while the prevalence of overweight and obesity continues to increase in many settings, including among women living in rural areas.

UNICEF advocates for and supports gender-responsive policies, strategies and programmes to prevent malnutrition in women during pregnancy and breastfeeding. These policies, strategies and programmes support interventions to improve women's nutritional status before and during pregnancy and while breastfeeding, promote nutrition care and support for adolescent mothers and other nutritionally at-risk women, and foster innovations to improve the coverage and quality of maternal nutrition programmes. Collectively, this results area aims to accelerate progress towards the global targets of reducing anaemia among women of reproductive age and low birthweight among newborns, while contributing to the other global nutrition targets for children.



Our intended results

- Women benefit from diets, services and practices that support optimal nutrition during pregnancy and breastfeeding.
- Women benefit from gender-responsive policies, strategies and programmes that support optimal nutrition during pregnancy and breastfeeding.

Our programmatic priorities

- 1. Women's nutrition before pregnancy:** UNICEF advocates for policies, strategies and programmes that aim to improve the nutritional status of women. This includes supporting the formulation of social policies and social protection programmes that improve women's nutrition; strengthening behaviour change communication strategies that emphasize the importance of nutritious, safe, affordable and sustainable diets for women before pregnancy; and supporting the scale-up of salt iodization programmes and the fortification of wheat flour, rice, cooking oil and/or other context-specific forms of large-scale food fortification.
- 2. Women's nutrition during pregnancy:** UNICEF advocates for and supports policies, strategies and programmes that reflect global recommendations on healthy eating, micronutrient supplementation (either iron and folic acid or multiple micronutrients, and calcium), deworming prophylaxis, weight gain monitoring, physical activity and rest for pregnant women, and strengthen the quality of nutrition counselling during antenatal care, in line with the *Recommendations on Antenatal Care for a Positive Pregnancy Experience*.⁶²

Making nutrition interventions integral to antenatal care

Antenatal care contacts provide opportunities to deliver nutrition counselling and services to pregnant women through the primary health care system. For this strategy to be effective, actions on two fronts are required: First, countries need to scale up the coverage of routine antenatal care services. Second, quality nutrition services need to become an integral component of antenatal care services for women.

The *WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience*⁶³ provide an unprecedented opportunity to ensure the integrated delivery of nutrition services as part of routine antenatal care. In implementing these recommendations, countries

- 3. Women's nutrition while breastfeeding:** UNICEF advocates for and supports policies, strategies and programmes that improve the nutritional status of breastfeeding mothers and reflect global recommendations on healthy eating, micronutrient supplementation (*iron and folic acid or multiple micronutrients*), deworming prophylaxis, physical activity and rest during breastfeeding, and strengthen the quality of nutrition counselling and support for breastfeeding mothers during postnatal care visits.

- 4. Nutrition of adolescent mothers and other nutritionally at-risk women:** UNICEF advocates for policies, strategies and programmes that provide nutrition care and support to pregnant adolescent girls, breastfeeding adolescent mothers and other nutritionally at-risk pregnant and breastfeeding women. This includes supporting counselling and nutrition services for adolescent mothers and other nutritionally at-risk women, including adherence to recommended micronutrient supplementation protocols and the use of balanced energy-protein supplementation where appropriate.

- 5. Innovations for maternal nutrition:** UNICEF tests innovations for improving women's nutrition during pregnancy and breastfeeding, such as those related to the provision of high-quality nutrition counselling, monitoring pregnancy weight gain, use of multiple micronutrients and calcium supplements during pregnancy, and the use of balanced energy-protein supplements for adolescent mothers and nutritionally at-risk women. Globally, we aim to shape markets to increase access to low-cost, high-quality micronutrient supplements and other commodities, and drive product innovation.

need to identify linkages with community platforms and social protection systems to improve women's access to nutritious diets and nutrition services. UNICEF supports the following antenatal care services as appropriate to context:

- Counselling on nutritious and safe diets
- Counselling on physical activity and rest
- Counselling on and monitoring of weight gain
- Supplementation with iron and folic acid or multiple micronutrients
- Deworming prophylaxis
- Calcium supplementation
- Care and support for nutritionally at-risk women

RESULTS AREA 4

NUTRITION AND CARE FOR CHILDREN WITH WASTING

Treating wasting in early childhood

Results Area 4 encompasses UNICEF's programming for the early detection and treatment of wasting in early childhood.⁶⁴ Scaling-up efforts to protect children from the risk factors that lead to undernutrition in early childhood is a key UNICEF priority, as highlighted in results areas 1–3. But when efforts to prevent undernutrition fail, early detection and treatment of child wasting – in health facilities and communities – are essential for children's survival, growth and development. Timely and effective detection and treatment are particularly critical for children under 2 years of age who are most vulnerable to the life-threatening consequences of wasting.⁶⁵

UNICEF advocates for and supports policies, strategies and programmes for the early detection and treatment of wasting in early childhood.

We support the development of evidence-informed protocols and strategies for the early detection and treatment of children with wasting; strengthen the capacities of facility- and community-based workers to identify and provide care for children with wasting; support the scale-up and quality of facility- and community-based routine services for children who are wasted; integrate nutrition supply chains into national supply systems to improve care for children with wasting; and promote and support the cost-effective and sustainable production of ready-to-use therapeutic foods (RUTF).

This results area is relevant to all contexts, including non-humanitarian contexts, where most children with wasting live.



Our intended results

- Children benefit from facility- and community-based services for the early detection and treatment of wasting in early childhood.
- Children and their families benefit from policies, strategies and programmes for the early detection and treatment of wasting in early childhood.

Our programmatic priorities

1. Evidence-informed policies and programmes for children with wasting:

Globally, UNICEF supports WHO in the revision of global guidelines for the early detection and treatment of children with wasting through facility- and community-based approaches, in development and humanitarian settings. At national level, we assist governments in updating and aligning national policies, programmes and protocols with global policy and better practices, while supporting the integration of early detection and treatment of children with wasting into national primary health care plans and budgets.

2. Facility- and community-based health worker capacities:

UNICEF strengthens facility- and community-based capacities to provide care for children with wasting. We support the inclusion of early detection and treatment into national pre-service curricula for primary health care providers and community workers, while supporting on-the-job training and guidance. We also advocate for and support initiatives that empower communities and caregivers to use simple tools to detect and seek care for children with wasting.

3. Scale-up of early detection and treatment services for children with wasting:

UNICEF supports national governments to adopt ambitious, yet achievable, national coverage targets for children affected by wasting. To meet such targets, we support governments in integrating the early detection and treatment of children with wasting into routine primary health care services, developing scale-up plans that maximize cost-effectiveness by focusing on the most vulnerable children, and monitoring implementation through national health and nutrition information systems.

4. Integration of nutrition supplies into national health systems:

UNICEF provides technical support for the development and adoption of quality standards for RUTF and advocates for its inclusion in national essential medicines and commodity lists and national supply chain systems, strengthening its procurement, delivery, storage and distribution. We also make integrated data tools available to governments and partners to improve systems capacity to forecast and monitor RUTF and key nutrition supplies for children affected by wasting.

5. Sustainable and cost-effective production of ready-to-use therapeutic foods (RUTF):

UNICEF promotes and supports the sustainable and cost-effective production of RUTF by expanding and diversifying production capacity at regional, sub-regional and national levels, bringing it closer to children in need while building ownership by public and private sector stakeholders at all levels. In parallel, we facilitate the evolution of RUTF formulations to improve cost, acceptability, effectiveness, impact, ownership and sustainability.

Early detection and treatment of wasting in children under 2 years of age

In most countries, services for the treatment of wasting focus on children aged 6–59 months. However, there is growing evidence indicating that wasting occurs very early in life and affects primarily children aged 0–23 months. For these children, early detection and treatment are critical for three reasons:

- Children who suffer from wasting during the first two years of life face a greater risk of dying than their older peers.⁶⁶
- Evidence suggests that children who experience their first episode of wasting before age 2 years are more likely to suffer repeated episodes of wasting later in life.⁶⁷

- Many children suffering from wasting in the first two years of life are also at risk of stunted growth. Detecting and treating episodes of wasting during the first two years of life can have a positive impact on linear growth.^{67, 68}

As with malaria, pneumonia and diarrhoea, the early detection and treatment of child wasting should be part of routine primary health care services for children, delivered through health facilities and community-based programmes. Leveraging these services to reach children affected by wasting during the first two years of life would ensure that national systems prioritize care for these children when they are most vulnerable, but also when care can be most impactful for their survival, growth and development.

RESULTS AREA 5

MATERNAL AND CHILD NUTRITION IN HUMANITARIAN ACTION

Protecting the nutrition rights of children and women affected by emergencies

Results Area 5 encompasses UNICEF's programming to protect the nutrition rights of children and women affected by humanitarian crises, which includes safeguarding and scaling up existing prevention programming across the life cycle. This work is guided by UNICEF's Core Commitments for Children in Humanitarian Action and UNICEF's commitments as Cluster Lead Agency for Nutrition.⁶⁹

Humanitarian crises are often characterized by limited access to nutritious food, safe drinking water, and basic nutrition and health services, with devastating consequences for the nutrition situation of children, adolescents and women. UNICEF supports governments to sustain multisectoral capacity for nutrition response, build resilient and responsive systems and communities to prevent all forms of malnutrition before and during humanitarian

crises, and scale up the early detection and treatment of children with wasting when needed.

UNICEF advocates for and supports policies, strategies and programmes to protect and fulfil the nutrition rights of children and women affected by humanitarian crises. We ensure effective coordination and technical assistance for nutrition in emergency preparedness and response; build systems and capacities to prepare for, cope with and respond to nutrition in humanitarian crises; strengthen nutrition information systems and manage nutrition data in humanitarian contexts; and support the delivery of essential nutrition interventions to prevent and treat malnutrition in emergencies.



Our intended results

- Children, adolescents and women affected by humanitarian crises benefit from diets, services and practices that protect, promote and support optimal nutrition.
- UNICEF's response to humanitarian crises is aligned with its Core Commitments for Children in Humanitarian Action and its commitments as Cluster Lead Agency for Nutrition.

Our programmatic priorities

1. Coordination for nutrition in emergencies:

UNICEF works with national governments and partners to fulfil its role as Cluster Lead Agency for Nutrition. To ensure effective preparedness, response and recovery for nutrition, we strengthen national coordination capacities within and across sectors. In humanitarian contexts, we build effective partnerships for nutrition with national governments, civil society, NGOs, United Nations agencies, academia, private sector and other clusters to deliver nutrition responses that are context appropriate.

2. Technical support for nutrition in emergencies:

UNICEF aims to deliver timely and quality technical support (on-site and remotely) to national governments and partners, ensuring that emergency preparedness and response is timely and in alignment with global standards, guidelines and recommended practices. We also lead the Global Nutrition Cluster Technical Alliance, to provide technical support to global, regional and national stakeholders and address technical issues related to nutrition in humanitarian crises.⁷⁰

3. Systems and capacities for nutrition in emergencies:

UNICEF supports shock-responsive nutrition policies, programmes and guidelines ahead of humanitarian crises, promoting collaboration between humanitarian and development actors, strengthening national systems and supply chains to ensure continued access to nutrition services and commodities, supporting partnerships and mobilizing financial and other resources. We also promote accountability to affected populations through our planning and programming for maternal and child nutrition.

4. Information systems for nutrition in emergencies:

UNICEF strengthens global and national nutrition information systems to prepare for and respond to humanitarian crises. We promote the use of disaggregated data to inform critical decisions affecting the nutrition of children, adolescents and women before, during and after humanitarian crises. We also generate and disseminate knowledge on emergency preparedness and response for nutrition, and facilitate learning across partners, countries and regions.

5. Delivery of essential nutrition interventions in emergencies:

UNICEF leverages its comparative advantage as a multisectoral agency to ensure a timely and coordinated response to prevent and treat malnutrition in humanitarian contexts, including via services by the nutrition, health, water and sanitation, education, and social protection programmes. As Cluster Lead Agency for Nutrition, we commit to be a provider of last resort, ensuring the delivery of essential nutrition interventions when national systems fail or are insufficient during humanitarian crises.

UNICEF's Core Commitments to protect maternal and child nutrition in humanitarian action

UNICEF's Core Commitments for Children in Humanitarian Action provide a framework for engagement in humanitarian response and outline UNICEF's commitment to deliver on its mandate for children affected by humanitarian crises.

Programme commitments for nutrition begin with coordination and nutrition information. They are complemented by commitments to ensure access to diets, services and practices through the life cycle, and reflect the imperative of prevention first and treatment

when prevention fails, in all contexts. In addition, these programme commitments outline key considerations for advocacy, coordination and partnerships, quality programming and standards, bridging the humanitarian-development nexus.

They are accompanied by an indicators framework to streamline institutional reporting (see annex for the full text of UNICEF's Core Commitments to protect, promote and support maternal and child nutrition in humanitarian action).

RESULTS AREA 6

PARTNERSHIPS AND GOVERNANCE FOR NUTRITION

Strengthening partnerships, data, knowledge, advocacy and financing for nutrition

Results Area 6 encompasses UNICEF's programming to strengthen partnerships, data, knowledge, advocacy and financing, the five key pillars of UNICEF's governance work for maternal and child nutrition. Strategic partnerships are foundational to improving governance for maternal and child nutrition. Evidence – comprising data and knowledge – informs our advocacy work to drive partnerships, policies and programmes, as well as the effective allocation of resources, including domestic financing.

In the context of Results Area 6 on Partnerships and Governance for Nutrition, UNICEF convenes, supports and coordinates strategic partnerships for maternal and child nutrition with public, private, and civil society stakeholders; strengthens data and information systems; generates, shares and uses knowledge; leads strategic advocacy and communication efforts; and mobilizes resources – including domestic financing – for maternal and child nutrition in both development and humanitarian contexts.

Partnerships, data, knowledge, advocacy and financing are the five key pillars of UNICEF's governance work for maternal and child nutrition.



Our intended results

- Governance for maternal and child nutrition is strengthened through strategic partnerships, data, knowledge, advocacy and financing.
- Children, adolescents and women benefit from improved governance for nutrition at national, regional and global levels.

Our programmatic priorities

1. Partnerships for maternal and child nutrition:

UNICEF leverages its organizational strengths to convene and support strategic partnerships for nutrition by working across sectors with governments, United Nations agencies, civil society and NGOs, foundations, academia, research organizations, parliaments and the private sector. We contribute to strengthening the governance of national and global systems – including food, health, water and sanitation, education, and social protection – to deliver sustainable results for nutrition.

2. Data for maternal and child nutrition:

UNICEF strengthens national capacities to collect and analyse nutrition data in a timely manner – including through surveys and monitoring and evaluation systems – and supports the use of such data to inform nutrition policies, strategies and programmes. We invest in national information systems, provide technical guidance on nutrition data and indicators, and advocate for and support reporting on the indicators and targets of the 2030 Agenda for Sustainable Development.

3. Knowledge for maternal and child nutrition:

UNICEF advocates for and supports evidence-informed nutrition policies, strategies, programmes and financing. Our knowledge generation includes commissioning assessments, analyses and research; and strengthening the capacities of local academic and research institutions to support evidence-informed policies and programming. We also strengthen internal knowledge management systems to generate and share evidence and facilitate cross-country and cross-sectoral knowledge exchange for maternal and child nutrition.

4. Advocacy for maternal and child nutrition:

UNICEF uses evidence – data and knowledge – as the foundation of its advocacy efforts to shape policies, strategies, programmes and budgets for maternal and child nutrition; engage public, civil society and private sector partners; and increase political and financial commitment to nutrition. By supporting evidence-informed advocacy and communication through different media and forums, we raise awareness, inform, inspire and engage targeted audiences and advocate for children's right to nutrition, in all contexts.

5. Resources and financing for maternal and child nutrition:

UNICEF advocates for greater human and financial resources for nutrition by leveraging its expertise in social policy and public financing for children; supporting governments to better plan, resource, implement and track national allocations and expenditures for nutrition; and mobilizing resources to uphold our obligations as outlined in UNICEF Country Programme Documents, Strategic Plans, Core Commitments for Children in Humanitarian Action, and this Nutrition Strategy 2020–2030.

NutriDash: Nutrition data for the global good

NutriDash is an online platform managed by UNICEF to collect data on nutrition programmes globally.⁷¹ *NutriDash* captures, stores, analyses and visualizes information on essential nutrition interventions at the country, regional and global levels. More than 120 countries report data through *NutriDash*, which are derived from national information systems and surveys.

These data are collated annually via web-based questionnaires with the support of UNICEF country offices and through a process of consultation with national governments and partners. UNICEF provides technical support to countries at all stages of data collection, validation, quality assurance and analysis.

NutriDash data are used to inform programme planning and supply forecasting, and to monitor the performance of nutrition programmes. Over time, *NutriDash* has evolved to address data gaps. For example, traditionally, *NutriDash* focused on maternal and early childhood nutrition, but it is increasingly capturing data on the nutrition of school-age children and adolescents, children's food environments, and the enabling environment for nutrition (e.g., national policies, legislation, strategies and programmes). With its capacity to track the global coverage of interventions to prevent and treat malnutrition, *NutriDash* offers a critical tool for prioritizing the nutrition actions needed to end all forms of malnutrition by 2030 and beyond.

Links with key nutrition-relevant results delivered by other UNICEF programmes

UNICEF is a multisectoral agency with expertise, experience and programmes across a range of sectors. Some of the results achieved by other programmes contribute to realizing children's right to nutrition by fostering an enabling environment in which good nutrition can take hold. This section highlights selected nutrition-relevant results delivered by six UNICEF programmes:



HEALTH: *Strengthening primary health care services for children and women.* Strengthening primary health care and providing equitable access to essential health services for children and women improves pregnancy outcomes, including birthweight, and the prevention and treatment of infection in children and women. Nutrition outcomes are better among children born to women who have access to maternal and child health services, including reproductive health, antenatal care, immunization and services for the treatment of common childhood illnesses.



HIV: *Eliminating parent-to-child transmission of HIV.* Early and effective testing and treatment for HIV infection among pregnant women and their infants, and expanded treatment with antiretrovirals, can prevent mother-to-child transmission of HIV. Expanded access to HIV services for adolescents – including prevention, counselling, testing and treatment – can contribute to the virtual elimination of parent-to-child transmission of HIV. Nutrition outcomes are better among children born to parents who have access to HIV prevention, testing and treatment services.



WASH: *Universal and equitable access to safe drinking water and sanitation.* Strengthening national systems to deliver safe drinking water, end open defaecation and support the safe disposal of faecal waste – including through community-led approaches to total sanitation – helps children stay healthy and free of disease. Nutrition outcomes are better among children, adolescents and women living in households with access to safe drinking water and sanitation facilities.





EDUCATION: Ensuring girls' right to education and learning. Strengthening education systems and promoting gender-equitable access to quality education, from pre-primary to secondary education, improves girls' school readiness, enrolment, retention and learning outcomes. Quality education and learning improve maternal and child nutrition intra- and inter-generationally. Nutrition outcomes are better among children whose mothers have completed higher levels of formal education.



PROTECTION: Preventing child marriage and adolescent pregnancy. Preventing child marriage protects children's rights and reduces the risk of pregnancy among girls, who have not yet completed their own physical growth and mental and emotional development. Preventing adolescent pregnancy also reduces the risk of maternal mortality, pregnancy complications and low birthweight. Preventing child marriage and pregnancy improves child nutrition intra- and intergenerationally. Nutrition outcomes are better among children born to adult women.



SOCIAL POLICY: Improving public financing and social protection for children and women. Making children and women a budget priority and supporting the mobilization, allocation and use of domestic financial resources can improve access to nutritious and safe diets and essential nutrition services for children and women. Through social safety nets such as cash transfers, fee waivers and subsidies, national social protection systems can ensure that the most vulnerable children and women benefit from good diets, services and practices.



6.

A SYSTEMS APPROACH TO NUTRITION



This chapter describes how UNICEF intends to strengthen five key systems – food, health, water and sanitation, education, and social protection – to deliver nutritious diets, essential nutrition services and positive nutrition practices for children, adolescents and women. It describes the systems-level results to which we aim to contribute and our priorities for engagement in making these systems more accountable for improving maternal and child nutrition.

The evolving face of child malnutrition demands a new global response: one that delivers diets, services and practices that support good nutrition for children, adolescents and women while sustaining nutrition-responsive development at every stage of life, in all contexts. Some of the nutrition results outlined in Chapter 5 can be achieved with the support of only one system, but most require engagement with multiple systems to ensure that all children, adolescents and women benefit from nutritious diets, adequate nutrition services and positive nutrition practices.

Improving the quality of children's diets, for example, requires a food system that produces a range of nutritious foods that are available and affordable to families; a health system with well-trained staff at facility and community level to counsel caregivers on the benefits of a nutritious, diverse diet for children; a water and sanitation system that provides free, safe and palatable drinking water for a healthy diet and the safe preparation of foods; and a social protection system that reduces inequalities by ensuring that nutritious foods are affordable to vulnerable children and families.

FIGURE 21
A systems approach to maternal and child nutrition



UNICEF nutrition programming is grounded in a systems approach to improving nutrition outcomes. This approach captures the interactions and interconnections across **five systems – food, health, water and sanitation, education, and social protection** – avoiding the simplistic thinking that malnutrition has straightforward determinants that operate along linear pathways. This approach aims to activate the five systems with the greatest potential to deliver nutritious diets, essential nutrition services and positive nutrition practices for children, adolescents and women at scale.⁷²

UNICEF's systems approach to nutrition aims to make five key systems – food, health, water and sanitation, education, and social protection – **better equipped and more accountable** for improving the nutrition of children, adolescents and women, and addressing malnutrition in all its forms. As a multisectoral agency, with a mandate and expertise across nutrition, health, water and sanitation, education and protection, UNICEF is uniquely positioned to support a systems approach to maternal and child nutrition that fosters national ownership and drives sustainable results.



The food system needs to empower children, adolescents and families to demand nutritious foods. Secondly, it needs to ensure that nutritious and safe foods are available, affordable and sustainable. Finally, it needs to create healthy food environments. Evidence shows that when nutritious options are affordable, convenient and desirable, children, adolescents and families make better food choices.



The health system is a key delivery platform for the prevention and treatment of malnutrition, providing multiple contact opportunities with children, adolescents and women. As such, health systems need to promote nutritious and safe diets, deliver preventive nutrition services, treat severely undernourished children, and foster positive nutrition practices in households and communities.



The water and sanitation system plays a critical role in preventing all forms of malnutrition by ensuring access to free, safe and palatable drinking water and safe sanitation and hygiene services. Safe drinking water is an essential component of good diets, while safe sanitation and hygiene services foster clean and healthy environments that protect children, adolescents and women from nutrient losses.



The education system offers a large platform for improving children's diets, delivering nutrition services, and fostering positive nutrition practices among children, adolescents and families, while nurturing a new generation of well-nourished and nutrition-literate boys and girls across contexts, including rural, urban, development and humanitarian settings.



The social protection system can provide a crucial safety net for improving the diets and nutrition of children from the most vulnerable families by addressing the underlying causes of malnutrition. Social protection programmes can improve the affordability of nutritious and diverse diets, increase access to essential nutrition services and contribute to the adoption of positive nutrition practices.

UNICEF's systems approach to nutrition acknowledges the central role of five systems – food, health, water and sanitation, education, and social protection – in providing nutritious, safe, affordable and sustainable diets for children, adolescents and women, while ensuring essential nutrition services and positive nutrition practices across the life cycle.

WORKING WITH THE FOOD SYSTEM TO IMPROVE CHILD NUTRITION

The food system comprises the policies, services and actors needed to ensure a population's access to good diets – defined as diets that are nutritious, safe, affordable and sustainable. Food systems bear critical responsibility for the nutritional quality, safety, availability and affordability of children's diets.⁷³ However, food systems often fail to account for the special nutritional needs of children when determining what foods need to be produced, processed, packaged, stored and marketed. Further, the cost of nutritious foods puts them out of reach for many households, whereas ultra-processed and less nutritious foods may be widely available, affordable and marketed. Food environments are often profit-driven rather than child-centred, making it challenging for children and families to make good food choices.

UNICEF works to improve the quality of children's foods, food environments and food practices.

As highlighted in Chapter 1, the food system needs to operate in ways that empower children, adolescents and families to demand nutritious foods. Secondly, it needs to ensure that nutritious foods are available and affordable. Finally, it needs to create healthy food environments. Governments must set standards that are aligned with children's best interests and create a level playing field for food producers and suppliers. Producers and suppliers need to ensure that their actions – including food production, labelling and marketing – are aligned with such standards. Evidence shows that when nutritious options are affordable, convenient and desirable, children and families make better food choices. UNICEF works to improve the quality of children's foods, food environments and food practices. This involves leveraging the policies, services, resources and actors of the food system to make them more accountable for improving the diets and dietary practices of children, in all contexts.

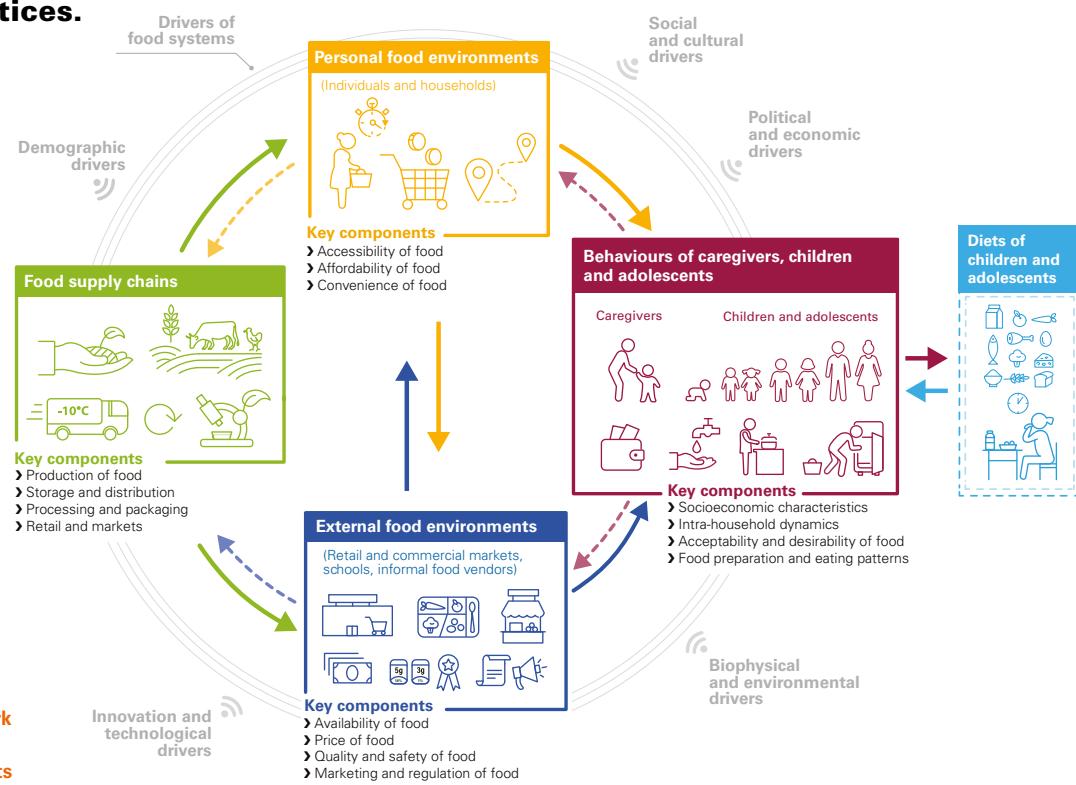


FIGURE 22
The Innocenti Framework on Food Systems for Children and Adolescents

Our intended result

- Food systems protect, promote and support diets, services and practices that prevent child malnutrition in all its forms.

Our priority areas for engagement

1. Adequate foods and diets for children in national guidelines and standards: UNICEF advocates for and supports the development of national guidelines on breastfeeding and complementary feeding, and national standards for foods aimed at children, including complementary foods and school meals. We advocate for and support the development of food-based dietary guidelines that address the needs of children and adolescents and are environmentally sustainable. In line with such guidelines and standards, we advocate for nutritionally adequate foods for children in the context of education, social protection and public sector programmes.

2. Better foods and diets for children through actions in food supply chains: In settings where industries are centralized, UNICEF supports mandatory, large-scale food fortification programmes for salt, wheat flour, rice, cooking oil or other context-specific foods to address nutrient intake gaps. We advocate for and support the development of national guidelines on the production and use of fortified complementary foods for children aged 6–23 months and the reduction of sugar, salt, saturated and trans-fatty acids in processed foods, which contribute to excess energy intake in children, adolescents and families.

UNICEF supports policies that protect children from harmful food marketing practices and facilitate nutritious, safe, affordable and sustainable food choices.

3. Healthy food environments for children through public sector policies:

UNICEF advocates for and supports policies that protect children from harmful food marketing practices and facilitate nutritious, safe, affordable and sustainable food choices. This involves supporting the effective implementation of the International Code of Marketing of Breast-milk Substitutes and related World Health Assembly resolutions, as well as WHO-led global recommendations on the marketing of foods and non-alcoholic beverages to children. We advocate for consumer-friendly front-of-package labelling,⁷⁴ financial incentives and disincentives, and targeted food subsidies to facilitate nutritious food choices and limit the consumption of unhealthy foods.

4. Healthy food environments where children live, learn, eat, play and meet:

UNICEF advocates for and supports healthy food environments in schools, public spaces, eating outlets, communities and digital media, and advocates for better access to retail outlets such as shops, markets and supermarkets offering nutritious food options, while limiting access to unhealthier ones. We advocate for access to free, safe and palatable drinking water in public spaces and schools as central to a healthy diet, and support women to breastfeed anytime and anywhere, including through the creation of breastfeeding-friendly spaces.

5. Improved food and feeding practices for children:

UNICEF supports the design and implementation of social and behaviour change communication programmes that use innovative, fun, memorable and engaging communication strategies to promote healthy feeding and dietary practices, leveraging the cultural and social aspirations of children, adolescents, families and communities. We also promote nutrition education in school curricula to provide school-age children with the knowledge and skills they need about good diets.

WORKING WITH THE HEALTH SYSTEM TO IMPROVE CHILD NUTRITION

The health system comprises the policies, programmes and actors that ensure a population's access to health services. Strong health systems promote nutritious and safe diets, deliver preventive nutrition services, treat severely undernourished children, and foster positive nutrition practices in households and communities. They also enable equitable nutrition outcomes in the context of universal health coverage, ensuring that nutrition services reach all children in need.⁷⁵ Health systems are a key delivery platform for the prevention and treatment of malnutrition, providing multiple contact opportunities with children and women, such as antenatal and postnatal care services, immunization and well-child visits, sick-child consultations, community-based services, and facility-based care. However, all too often, health systems do not effectively integrate nutrition services.

As highlighted in Chapter 1, the health system needs to invest in the nutrition knowledge and skills of health workers, who are the front line between the health system, children and families. Services to prevent malnutrition – such as counselling and support for breastfeeding, complementary feeding, and maternal and child nutrition – must be delivered during pre- and postnatal health care contacts. Prevention of anaemia, micronutrient deficiencies, growth failure and overweight also require health system skills and supplies. Finally, governments should systematically integrate the early detection and treatment of child wasting into routine health services, given the high mortality risk associated with wasting. UNICEF leverages the policies, programmes, resources and actors of the health system to make them accountable for improving maternal and child nutrition, in all contexts.



Our intended result

- Health systems protect, promote and support diets, services and practices that prevent and treat child malnutrition through primary health care.

Our priority areas for engagement

1. Essential services to prevent and treat malnutrition

malnutrition: UNICEF strengthens the design, implementation and monitoring of policies, strategies and programmes to prevent and treat malnutrition through primary health care services for children and women. We also support knowledge generation – including data and lessons learned – to inform policies, strategies and programmes that integrate maternal and child nutrition into primary health care.

2. Health workforce capacity to deliver essential nutrition services

nutrition services: UNICEF strengthens the capacity of the primary health care workforce to deliver essential nutrition services and promote good diets and positive nutrition practices. This includes providing technical support to integrate the prevention and treatment of malnutrition in the pre-service and in-service training curricula of primary health care professionals, front-line workers and community-based workers.

3. Nutrition supplies for essential nutrition services

services: UNICEF advocates for and provides technical support to integrate the procurement and supply of essential nutrition commodities within health systems procurement and supply policies. This includes advocacy and technical support to integrate key nutrition supplies and commodities for the prevention and treatment of malnutrition into national essential medicines or essential commodities lists.

4. Information systems for maternal and child nutrition

nutrition: UNICEF strengthens the capacity of national health information systems to collect, analyse and use data about the nutritional status of children, adolescents and women. This includes technical support to ensure that health information systems monitor the coverage, quality and equity of nutrition services, and that data are analysed and used to strengthen the capacity of the primary health care system.

5. Financial resources for nutrition in the health system

system: UNICEF advocates for the allocation of adequate financial resources – from both domestic budgets and external sources – to expand the coverage, quality and equity of essential nutrition services through primary health care. This includes building capable governance for maternal and child nutrition in the health system, including adequate human resources – in number and capacity – with financial decision-making power.

Strong health systems promote nutritious and safe diets, deliver preventive nutrition services, treat severely undernourished children, and foster positive nutrition practices in households and communities.

WORKING WITH THE WATER AND SANITATION SYSTEM TO IMPROVE CHILD NUTRITION

The water and sanitation system comprises the policies, programmes, services and actors needed to ensure a population's access to safe drinking water and safe sanitation and hygiene services. As highlighted in Chapter 1, the water and sanitation system plays a critical role in preventing all forms of malnutrition by ensuring access to free, safe and palatable drinking water and safe sanitation and hygiene services.

Safe drinking water is an essential component of good diets, while safe sanitation and hygiene services foster clean and healthy environments that protect children from nutrient losses arising from diarrhoea, intestinal worm infections and environmental enteric dysfunction, ensuring children's bodies can use nutrients fully.

Safe drinking water, sanitation and good hygiene are critically important in households, schools, health facilities and communities, in both development and humanitarian contexts. Although investments in water and sanitation infrastructure are important, social and behaviour change communication to promote safe food handling, optimal feeding and hygiene – including handwashing with soap at critical times – must be mainstreamed in communities, health facilities and schools.

UNICEF leverages the policies, strategies and programmes of the water and sanitation system to make them more accountable for improving the diets and nutrition of children, adolescents and women, in all contexts.⁷⁶



Our intended result

- Water and sanitation systems protect, promote and support diets, services and practices that prevent child malnutrition in all its forms.

Our priority areas for engagement

1. Free, safe and palatable drinking water for healthy diets:

UNICEF nutrition programmes advocate for and support synergies with policies, strategies and programmes that aim to improve access to free, safe and palatable drinking water – in households, communities, preschools and schools – as a central component of healthy diets for children, adolescents and women. Nutrition programmes also support social and behaviour change communication to promote practices that improve safe water management, storage and use as central to healthy dietary practices.

2. Safe sanitation services and practices for good nutrition:

UNICEF nutrition programmes advocate for and support synergies with policies, strategies and programmes that aim to improve access to safe sanitation services in households, communities, schools and health facilities, particularly in settings where undernutrition, unsafe sanitation and open defaecation are prevalent. Nutrition programmes also support social and behaviour change communication to promote the adoption of safe sanitation practices by families and communities as central to good nutrition.

Safe and palatable drinking water is an essential component of good diets, while safe sanitation and hygiene services protect children from nutrient losses.

3. Safe hygiene practices for good nutrition:

UNICEF nutrition programmes support synergies with policies, strategies and programmes that aim to improve hygiene practices in households, communities, schools and health facilities, particularly in settings where undernutrition and hygiene-related diseases are prevalent. Nutrition programmes also support social and behaviour change communication to promote safe hygiene practices, including hygienic food handling and handwashing with soap at critical times, as central to adequate feeding and nutrition.

4. Capacity of the water and sanitation workforce for nutrition:

UNICEF nutrition programmes strengthen the capacity of water and sanitation staff, including front-line and community workers, to promote and support essential nutrition and hygiene practices. This includes ensuring consistency and coherence in the counselling services provided by nutrition and water and sanitation workforces. We also integrate the promotion of essential nutrition and food hygiene practices in the capacity development plans of the water and sanitation system and develop counselling tools and job aids for front-line workers.

5. Synergistic community-based programmes for nutrition:

UNICEF nutrition programmes strengthen partnerships with water, hygiene and sanitation programmes to improve outreach and maximize the nutrition impact of community-based initiatives (e.g., community-led total sanitation, community-based nutrition counselling, or the community management of wasting). This includes generating evidence on the impact of such approaches on nutrition outcomes for children.

WORKING WITH THE EDUCATION SYSTEM TO IMPROVE CHILD NUTRITION

The education system comprises the policies, programmes, services and actors that ensure a population's access to education. The education system offers a large infrastructure – including pre-primary, primary and secondary schools – to help children acquire knowledge, develop skills and realize their right to learn. All countries have more schools than health facilities and more teachers than health workers. The education system therefore offers an important platform for improving children's diets, delivering nutrition services and fostering positive nutrition practices among children, adolescents and families across a range of contexts, including rural, urban, development and humanitarian settings.

In schools, nutrition education should ensure that children and families learn how to choose nutritious foods. Schools should promote healthy food environments, with access to nutritious foods;

free, safe and palatable drinking water; and zero tolerance for 'junk' food and beverages. In some contexts, school feeding programmes may be needed for vulnerable children. The education system can also deliver programmes to address anaemia, micronutrient deficiencies through micronutrient supplementation and deworming prophylaxis. Finally, schools can be a key platform to encourage and support dietary habits that promote healthy growth and development and contribute to building a new generation of well-nourished and nutrition-literate boys and girls.

UNICEF leverages the policies, strategies and programmes of the education system to make them more accountable for improving the diets, physical activity and nutrition of children and adolescents, in all contexts.⁷⁷



Our intended result

- Education systems protect, promote and support diets, services and practices that prevent child malnutrition in all its forms.

Our priority areas for engagement

1. Policies and programmes to improve nutrition through schools

through schools: UNICEF advocates for and strengthens the design and scale-up of evidence-informed and gender-responsive policies, strategies and programmes to improve the quality of diets, nutrition services and nutrition practices for children and adolescents through schools. To this end, we advocate for and strengthen convergence between nutrition and education among key government sectors.

2. School curricula to improve nutrition and promote physical activity

UNICEF advocates for and supports improvements in school curricula to encourage the consumption of nutritious foods, the use of nutrition services, and the adoption of positive nutrition practices and active lifestyles. This involves providing technical support to ministries of education in strengthening teachers' capacities for nutrition education through pre-service and in-service training.

3. Provision of essential nutrition services through the school system

the school system: UNICEF advocates for and strengthens the design and delivery of essential nutrition services for children and adolescents using the school system as the delivery platform. To this end, we provide technical support to governments for the design, scale-up and monitoring of a context-specific *Nutrition-in-Schools Package of interventions to prevent all forms of malnutrition* (see Box on page 45).

4. Healthy food environments in and around schools

schools: UNICEF advocates for and supports the design, implementation and monitoring of healthy food environments in and around schools. Specifically, we support governments to establish national food and nutrition standards for school-age children, develop and scale up the implementation of guidelines on healthy food environments in schools, and restrict the marketing of unhealthy foods in and around schools.

5. Financial resources for nutrition in the education system

UNICEF advocates for governments to earmark adequate financial resources – from domestic budgets and external sources – to implement programmes that improve child and adolescent nutrition through pre-primary, primary and secondary schools. This includes building capable governance for nutrition in the education system, including human resources with adequate leadership and management skills.

The education system offers an important platform for improving children's diets, delivering nutrition services and fostering positive nutrition practices among children, adolescents and families.

WORKING WITH THE SOCIAL PROTECTION SYSTEM TO IMPROVE CHILD NUTRITION

Social protection comprises a set of policies and programmes aimed at protecting all people against poverty, fragility and social exclusion, with a particular emphasis on vulnerable groups.⁷⁸ As highlighted in Chapter 1, the social protection system can provide a crucial safety net for improving the diets and nutrition of children from the most vulnerable families by addressing the underlying causes of malnutrition. Social protection programmes such as food transfers, vouchers or cash transfers can improve access to nutritious and diverse diets. They can also increase household resources, make nutritious foods more affordable and improve dietary diversity and quality. Social protection systems should be shock responsive in times of humanitarian and economic crisis.

Social protection programmes can also be designed to facilitate and ensure access to nutrition, health and education and other services. This may include, for example, providing incentives for accessing pre- and postnatal care and nutrition counselling, or removing barriers to school-based nutrition programmes through vouchers. Cash plus schemes and other programmes can also contribute to the adoption of positive nutrition practices.

UNICEF leverages the policies, strategies and programmes of the social protection system, as well as those of the broader public financing system, to make them more accountable for improving the diets and nutrition of the most vulnerable children, adolescents and women, in all contexts.



Our intended result

- Social protection systems protect, promote and support diets, services and practices that prevent malnutrition in all its forms among vulnerable children.

Our priority areas for engagement

1. Evidence on poverty, malnutrition and social protection:

UNICEF supports the generation of data and knowledge to better understand the linkages between poverty and child malnutrition – including social and economic determinants – and identify potential response pathways through the social protection system. Data and knowledge support the integration of nutrition objectives and indicators into information systems for social protection, and inform the design, implementation and evaluation of social protection programmes for reducing child malnutrition.

2. Public financing for maternal and child nutrition:

UNICEF advocates for increased domestic financing for nutrition, particularly for children, adolescents and women from the most vulnerable families. We strengthen national and subnational capacities to improve the allocation of existing public resources, earmark budgets, and track public expenditures for maternal and child nutrition, while exploring innovative financing mechanisms for maternal and child nutrition.

3. Social policies for maternal and child nutrition:

UNICEF advocates for and supports the design and implementation of social policies that protect, promote and support maternal and child nutrition. These include maternity protection and other family-friendly policies, such as paid parental leave, breastfeeding breaks, dedicated nursing spaces, childcare in the workplace, and the inclusion of maternity and paternity benefits in national legislation.

4. Nutrition-responsive social protection systems for children and women:

UNICEF advocates for and provides technical support to make social protection policies, programmes and strategies responsive to maternal and child nutrition objectives and targets. For example, we support the design of cash plus social protection programmes that facilitate access to diets, services and practices that support maternal and child nutrition, with an emphasis on the 1,000 days from conception to the age 2 years.

5. Shock-responsive social protection systems for maternal and child nutrition:

UNICEF advocates for and provides technical support to develop social protection systems that are shock responsive in times of stress. This includes considering how programme objectives, scale-up and monitoring can be designed to meet the needs of nutritionally vulnerable children and families during times of crisis. Where appropriate, we support the design and use of humanitarian cash transfers to achieve nutrition outcomes for children, adolescents and women.

The social protection system can provide a crucial safety net for improving the diets of children from the most vulnerable families by addressing the underlying causes of malnutrition.

7.

PARTNERSHIPS, PROGRAMMING AND PEOPLE



This chapter describes how UNICEF implements its Nutrition Strategy 2020–2030. It highlights the role of strategic partnerships, programming approaches, and human and financial resources in translating the vision, goals and objectives of the Strategy into measurable nutrition results for children, adolescents and women.

STRATEGIC PARTNERSHIPS

Strategic partnerships are core to UNICEF's mandate for maternal and child nutrition and are a critical lever for implementing the Strategy.⁷⁹ UNICEF convenes and supports multisectoral, multi-stakeholder partnerships – at global, regional, national and subnational levels – to accelerate progress towards the nutrition targets for children and women of the 2030 Agenda for Sustainable Development.

Strategic partnerships allow UNICEF to share responsibilities, optimize resources, and maximize results. Governments are UNICEF's primary partners for the implementation of the Strategy, as it is primarily with governments and partners that UNICEF sets its programme priorities in every country and programming context. UNICEF's main nutrition partners can be clustered as follows.

Governments: UNICEF's main partners are national and subnational governments, as they hold the primary responsibility for the protection, promotion and fulfilment of children's right to nutrition in any country. With strong presence in seven regions, nutrition programmes in more than 130 countries, and over 12,000 staff globally, UNICEF advocates for and supports the efforts of national and subnational governments to scale up policies, strategies and programmes to protect, promote and support adequate nutrition for children, adolescents and women through multi-year programmes. UNICEF's decentralized presence and convening role at national and subnational levels fosters synergies and convergence among central and local governments, districts and municipalities.

NGOs and CSOs: National and international NGOs and CSOs play a critical role in protecting, promoting and fulfilling children's right to nutrition. Partnerships between UNICEF, NGOs and CSOs use numerous strategies to achieve nutrition results, including advocating for gender-responsive, equity-focused and well-designed nutrition policies, strategies and programmes; enforcing accountability for the coverage, quality and equity of nutrition services; supporting the implementation of nutrition programmes in hard-to-reach areas and in response to humanitarian crises; and facilitating the participation of children, adolescents and women, including those from marginalized groups, in programme design, implementation and evaluation.

United Nations Agencies: UNICEF is a founding member of UN Nutrition. Our main United Nations partners for nutrition are FAO, UNHCR, WFP and WHO. UNICEF supports FAO and WHO in fulfilling their mandate as providers of standards and normative guidance on food and nutrition. UNICEF plays the lead role in translating standards and normative guidance on nutrition into advocacy, policies, and programmes for children and women in development and humanitarian settings. In humanitarian settings, we work with UNHCR and WFP to provide nutrition services to refugee children and children living in fragile settings. Working with the United Nations Educational, Scientific and Cultural Organization (UNESCO) and WFP, we support the scale-up of nutrition policies and programmes for school-age children.

Bilateral partners: UNICEF has a long-standing record with bilateral partners for nutrition.⁸⁰ These partnerships provide critical strategic and financial support to accelerate progress towards the Sustainable Development Goal targets for nutrition. We adhere to the shared principles of effective cooperation, donorship, and action across the development and humanitarian spectrum. By adhering to such principles, UNICEF and bilateral partners ensure the greatest effectiveness and impact from their partnership to support global, regional and country-level action for maternal and child nutrition.

Multilateral development banks: UNICEF's partnerships with the World Bank and regional development banks are vital for increasing investments to scale up maternal and child nutrition. The positioning of nutrition as core to human capital development, along with analyses of financing needs and access to financial instruments (loans, grants, public-private partnerships and innovative financing), make partnerships with multilateral development banks indispensable to advocacy with governments for increased financing for nutrition. UNICEF's role as a trusted technical partner to governments allows multilateral development banks to maximize the nutrition impact of their investments.

Philanthropic foundations: Independent philanthropic foundations support UNICEF's mission for maternal and child nutrition with their resources, voice and expertise. UNICEF partners with some of the world's leading philanthropic foundations across a range of results areas and geographies to achieve nutrition results for children, adolescents and women. Foundations can be strategic partners, enabling UNICEF to advocate for transformational change for children, test nutrition innovations, and scale up nutrition policies, strategies and programmes.⁸¹

Academic and research institutions: UNICEF partners with training and research institutions to build individual and institutional capacities, create innovative ideas, generate and use data and knowledge, and advocate for evidence-informed policies and programmes for maternal and child nutrition. Through formal and informal partnerships with academic institutions and experts, UNICEF works to strengthen data, and knowledge for nutrition and to develop the capacities of its own staff and the staff of governments and development and humanitarian partners to use evidence for programme design and implementation, policy formulation, and advocacy at country, regional and global levels.

The Scaling Up Nutrition Movement: Supporting country-led nutrition action at scale

UNICEF is a key partner in the Scaling Up Nutrition (SUN) Movement – a global effort uniting governments, civil society partners, United Nations agencies, development partners, donors, private sector and businesses to support country-led efforts to end malnutrition.

Since 2010, the SUN Movement has championed multi-stakeholder and multisector efforts to scale up nutrition policies, strategies and programmes.⁸² As of 2020, 61 countries and four Indian states have joined the SUN Movement – a declaration of commitment to develop and implement policies, strategies and plans of action to

scale up nutrition and abide by the SUN Principles of Engagement.⁸³ The United Nations Secretary-General appointed UNICEF's Executive Director to chair the SUN Lead Group. The Lead Group has overall responsibility for preserving SUN's unique character and upholding its core principles to achieve the Movement's strategic objectives. Through the SUN Secretariat, the SUN Movement Coordinator leads the implementation of the SUN strategy and is supported by the SUN Executive Committee, which provides strategic oversight. Countries are further supported by SUN's four networks – civil society, business, donor, and United Nations

– which bring together expertise and experience to effect long-lasting improvements in nutrition. SUN has helped spur critical improvements in national nutrition policies, strategies and programmes. Many countries have adopted or updated national nutrition policies and plans, strengthened protective legal measures, and improved resource mobilization and financial tracking for nutrition, among other achievements.



ENGAGE • INSPIRE • INVEST

Private sector: UNICEF engages strategically with the private sector in its role as provider of essential goods and services (e.g., industry support for large-scale food fortification and fortified complementary foods); as employer (e.g., industry support to breastfeeding, maternity protection and family-friendly policies in the workplace); advocating for improved private sector's impact on communities and the environment (e.g., producing nutritious, safe and affordable food options sustainably); leveraging business technology and innovation (e.g., strengthening supply chains to support reliable access to low-cost ready-to-use therapeutic foods for children with wasting); and through strong social corporate responsibility (e.g., supporting adequate nutrition among vulnerable children and women).⁸⁴

Media: UNICEF enjoys strong, trusting relationships with thousands of media partners at country, regional and global levels, and engages proactively with them to promote key messaging on maternal and child nutrition. This media network allow UNICEF to achieve substantial reach across a broad range of audiences, shaping the discourse on maternal and child nutrition,

influencing policy agendas, and amplifying the voices of children, adolescents and women. We work strategically to sensitize editors and journalists on nutrition-related issues, fostering long-term capacity within media outlets to report on these issues in an evidence-informed manner, furthering UNICEF's vision, goal and objectives.

Global and regional partnerships: UNICEF headquarters and regional offices seek to engage strategically in global and regional partnerships and collaborative relationships for maternal and child nutrition. UNICEF leads, coordinates, and provides technical support to multiple global initiatives including the Scaling Up Nutrition movement and the Global Nutrition Cluster, among many others, to shape global nutrition narratives and agendas for action. Regionally, UNICEF works to leverage the potential of partnerships with regional economic commissions, professional associations, development partners, and media partners, to create regional momentum and accelerate country-level results.

The Global Nutrition Cluster: Uniting to protect nutrition in humanitarian crises

The Inter-Agency Standing Committee – the primary mechanism for inter-agency coordination of humanitarian assistance – has designated UNICEF as lead of the **Global Nutrition Cluster** (GNC), which comprises more than 45 partners and 10 observers.⁸⁵ The GNC aims to safeguard and improve the nutritional status of emergency-affected populations by ensuring a coordinated response that is predictable, timely, effective and at scale.

When an emergency is declared, the GNC deploys surge staff for coordination and technical support to complement the work of the country team and cluster partners on the ground. A remote 24-hour help desk is available to provide immediate support on coordination, advocacy and normative guidance, and a range of other issues.

The UNICEF-led **GNC Technical Alliance** provides technical support to country teams responding to a humanitarian crisis by optimizing resources and expertise among GNC partners at national, regional and global levels.

The GNC plays a critical role in protecting crisis-affected populations from malnutrition. In 2019 alone, the GNC supported the coordination of life-saving nutrition interventions for 25 million people, through responses in 23 countries. The GNC also contributes to strengthening the humanitarian-development nexus and developing national capacities for sectoral coordination. Through this work, the GNC helps to protect developmental gains, drive greater results, and leave communities, local organizations and authorities better placed to respond to future crises.



Engaging with civil society organizations for children's right to nutrition

Civil Society Organizations (CSOs) are key partners to UNICEF at global, regional, national and sub-national levels.⁸⁶ Partnerships between UNICEF and CSOs use numerous strategies to achieve nutrition results:

- **Advocating** for the right to nutrition and the adoption of specific nutrition policies, strategies and programmes;
- **Promoting** accountability for the coverage, quality and equity of nutrition policies, programmes and services;
- **Generating** context-specific knowledge on the extent and severity of malnutrition, its determinants and drivers, and the potential pathways for achieving positive nutrition impact;
- **Supporting** the implementation of nutrition programmes, including in hard-to-reach areas and in response to emergencies and humanitarian crises;
- **Facilitating** participation and raising the voices of children, adolescents and women, including those from marginalized social groups.⁸⁷

UNICEF's partnerships with civil society organizations take various forms to meet a range of nutrition objectives, with selected examples presented below:

- **Advocacy and cross-country learning** – UNICEF supports global, regional and country-level partnerships in alliance with CSOs to advocate for improved infant and young child feeding policies, strategies and programmes and foster demand for improved information, counselling and nutrition services for infants and young children, everywhere.
- **Community engagement** – UNICEF partners with national, sub-national, and community-based CSOs and faith-based organizations to reach and engage communities in the early detection and treatment of children with wasting and other forms of life-threatening acute malnutrition, both in development and humanitarian contexts.
- **Humanitarian action** – During emergencies, partnerships with local and international NGOs and CSOs help UNICEF reach children, adolescents and women most in need, achieve better coverage of nutrition interventions, and ensure a coordinated response within the nutrition cluster or sector and with other relevant clusters or sectors.
- **Upholding child rights** – UNICEF and CSOs successfully made the case to the Committee on the Rights of the Child that implementation of the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions are measures that governments are obliged to take when they ratify the Convention on the Rights of the Child.
- **Protective legislation** – UNICEF joins forces with CSOs to advocate for legislation on the use of front-of-pack warning labels to help children, adolescents, caregivers and consumers understand that certain food products have a high content of salt, sugar, or unhealthy fats and contribute to overweight, obesity and diet-related non-communicable diseases.

Engaging with the private sector for children's right to nutrition⁸⁸

The private sector ecosystem is diverse, as are the ways in which its actors can help bring about positive nutrition outcomes. The private sector can contribute to reaching national goals on maternal and child nutrition by:

- Contributing to the delivery of public services, for example by distributing food and nutrition commodities and building health care centers, schools, supermarkets and infrastructure;
- Shaping markets, prices and products, for example by investing in local production of nutritious, affordable and sustainable food or by producing fortified foods for children locally;
- Providing employment and livelihoods, for example by employing agricultural workers, women and young farmers and by securing positive food and childcare environments in the workplace;
- Influencing consumer demand, for example by ensuring the availability and affordability of nutritious and safe food choices and marketing practices that respect consumer rights;
- Influencing national and global economies, for example through climate-smart solutions that support nutritious, safe, and affordable diets that are produced in sustainable ways.

Private sector actors are bound by international standards that outline the actions they should take to protect and support children's rights. All businesses – including those in the food and beverage sector – have a responsibility to adhere to the United Nations Guiding Principles on Business and Human Rights,⁸⁹ the Child Rights and Business Principles,⁹⁰ and to the Convention on the Rights of the Child's provision to uphold children's right to nutrition. Five key entry points for engaging with business to improve maternal and child nutrition include:

- **Business as a provider of essential goods and services** for children and families, for example, through industry support for large-scale food fortification and fortified complementary foods;
- **Business as an employer**, for example through industry support to breastfeeding by ensuring maternity protection policies, nursing breaks and breastfeeding rooms in the workplace;
- **Business impact on communities and the environment**, for example by producing nutritious, safe and affordable food options sustainably, and making them available at local retail outlets;
- **Business technology and innovation**, for example by strengthening supply chains to support reliable access to low-cost ready-to-use therapeutic foods for children with wasting;
- **Business as a positive influence in society**, for example through stronger corporate responsibility directed to protect, promote and support maternal and child nutrition.

UNICEF nutrition programmes engage strategically with public and private sector actors to advocate for business policies, practices and products that support optimal nutrition for all children, adolescents and women, in all contexts. Our overall engagement with the private sector is guided by UNICEF's due diligence criteria and processes and UNICEF programme guidance on private sector engagement for maternal and child nutrition.^{91,92}

PROGRAMMING APPROACHES

Working with partners, UNICEF employs a range of programming approaches that support governments and other duty-bearers to protect and promote diets, services and practices enabling adequate nutrition for children, adolescents and women.⁹³ At the same time, these programming approaches empower children, adolescents, women, families and communities to participate in the design and implementation of policies, strategies and programmes that shape children's right to nutrition, in all contexts.

UNICEF uses a strategic mix of 10 inter-related programming approaches. We prioritize and tailor these approaches as appropriate to the programming context, in consultation with governments and partners, and considering the needs, resources and partnerships available. These are the programmatic approaches used by UNICEF at national, regional and global levels:

Inter-related programming approaches

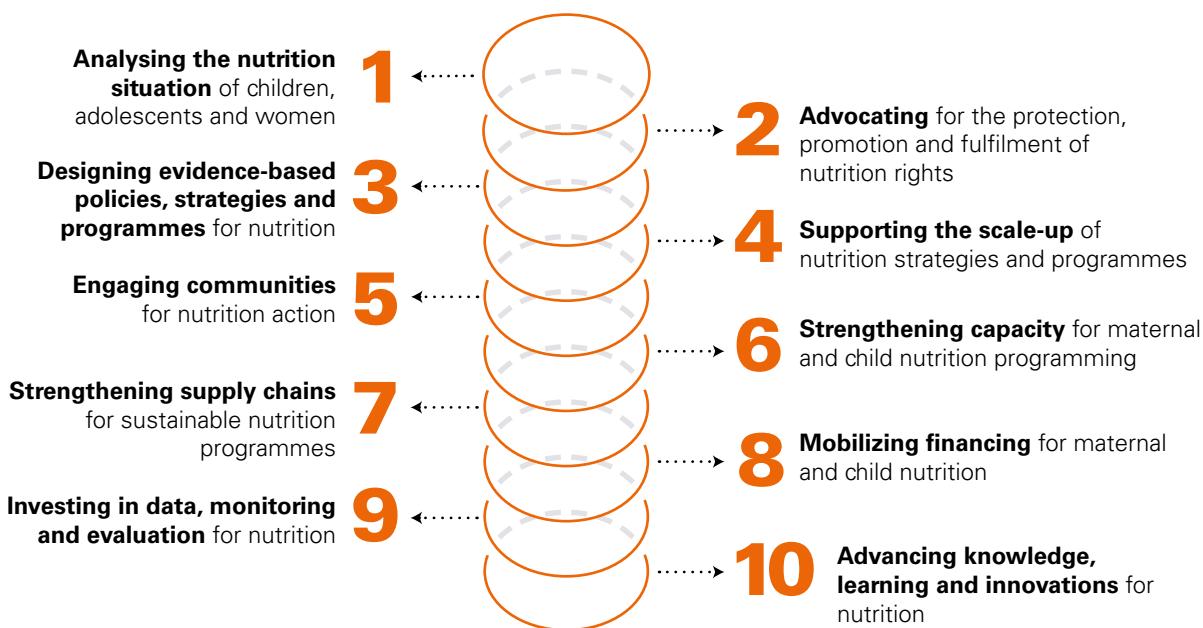


FIGURE 23
Programming approaches to improve maternal and child nutrition

1 Analysing the nutrition situation of children, adolescents and women

In consultation with national and subnational governments, non-governmental and civil society organizations, public and private sector partners, and communities, UNICEF conducts a systematic analysis of the nutrition situation of children, adolescents and women; its determinants and drivers; and the potential pathways for positive impact on nutrition outcomes. The situation analysis involves reviewing quantitative and qualitative data and other sources of information and evidence, as well as assessing available resources and partnerships.

The situation analysis gives us a solid understanding of the key nutrition issues facing children and women, their immediate and underlying causes, and the depth and breadth of the nutrition challenge, informing the scope and scale of our programming. It also facilitates consensus with governments and partners on priority actions, roles and responsibilities; informs the theory of change of our nutrition programming; guides the development of a results-based framework for programme monitoring and evaluation; and supports advocacy and resource mobilization.

Illustrative actions include the following:

- Assess the nutritional status of children by using population-level surveys and administrative data, with data disaggregated by age, gender and other factors that affect nutritional vulnerability.
- Conduct institutional capacity and budget analyses, map current and potential partnerships and networks, and assess public and private funding trends and gaps for maternal and child nutrition.
- Analyse policy frameworks across five systems – food, health, water and sanitation, education, and social protection – to assess complementarity and gaps.
- Assess vulnerabilities that drive the nutritional status of children, adolescents and women, and identify barriers, bottlenecks and opportunities in the delivery of nutrition services across systems.
- Support secondary data analyses of Demographic and Health Surveys and Multiple Indicator Cluster Surveys to identify the main drivers of poor child diets and feeding, hygiene and care practices in different national, regional and global contexts.



2 Advocating for the protection, promotion and fulfilment of children's right to nutrition

Advocacy is the deliberate process of using rights-and evidence-informed arguments and strategies for convincing decision makers and other stakeholders to lead and support actions that protect, promote and fulfil children's right to nutrition. To this end, UNICEF aims to generate evidence, convene partners, leverage media and communication opportunities, use digital platforms, and strengthen relationships with decision makers and opinion setters to make the ethical, political, social and financial case for nutrition.

Such advocacy strategies seek to achieve buy-in from governments, parliaments, civil society, development partners, the private sector and other duty-bearers to enact or enforce positive change for maternal and child nutrition. To guide our advocacy work, we consider key questions, such as what we want to achieve and who can make it happen, how we can influence them to act, what tools and resources we need to take action, and how we monitor progress.

Illustrative actions include the following:

- Develop and implement an advocacy strategy with a clear theory of change and multichannel communication plans to achieve measurable positive change for maternal and child nutrition.
- Develop investment cases for maternal and child nutrition by using global and context-specific evidence to quantify the costs, benefits and impact of investing in nutrition.
- Equip parliamentarians with the evidence they need to prioritize investments for maternal and child nutrition in national budget processes as a non-partisan national priority.
- Build the capacity of global and national ambassadors to advocate for greater investments in nutrition policies and programmes, particularly for the most vulnerable children and women.
- Partner with youth coalitions, strengthening their capacity to advocate for healthy food environments in and around schools, and amplifying their voice through multiple platforms.



3 Designing evidence-informed policies, strategies and programmes for nutrition

Well-designed, evidence-informed national policies, strategies and programmes set forth an overarching vision of the actions needed to improve the nutrition situation of children, adolescents and women. These frameworks are a critical first step in planning, mobilizing and coordinating the actions of multiple sectors and stakeholders. National policies, strategies and programmes should be operationalized into action plans, including emergency plans that help countries prepare for and respond to environmental shocks and humanitarian crises.

Having clear policy, strategy and programme frameworks in place, along with legislation and dedicated budgets, can align actions by governments and partners, promote accountability and transparency across systems, and guide resource mobilization and financial commitments to nutrition. UNICEF supports national governments in the design process by providing technical guidance, generating evidence to inform decision-making, and convening national and international stakeholders.

Illustrative actions include the following:

- Provide support to national governments for the development of comprehensive early childhood nutrition policies on breastfeeding, complementary feeding and related maternal nutrition.
- Advocate for and support national governments in designing comprehensive policies, strategies and programmes to improve food environments for children in and beyond schools.
- Provide expert support to governments for the formulation of social protection frameworks that ensure financial access to good diets for the most vulnerable children, adolescents and women.
- Provide technical support in formulating national policies and legislation on mandatory fortification of staple foods, cooking oils, and salt or condiments with essential micronutrients.
- Provide technical support to develop policies, strategies and programmes for early detection and treatment of child wasting as part of routine services for children, in all contexts.



4 Supporting the scale-up of nutrition strategies and programmes

Guided by an evidence-informed situation analysis and well-designed policy, strategy and programme frameworks, UNICEF provides technical and managerial support to governments and partners for the scale-up of nutrition strategies and programmes for children, adolescents and women. We support the development of the results framework and implementation plan, including the expected inputs, activities, outputs, outcomes and impact.

To enable programme scale-up, we are guided by a systems approach to nutrition that aims to strengthen the capacity and accountability of five systems – food, health, water and sanitation, education, and social protection – to deliver diets, services and practices that support adequate maternal and child nutrition. Our programming is tailored to national systems' capacities. Where such capacities are fragile or affected by humanitarian crises, we may work with national and international partners to fill service delivery gaps and achieve and sustain high coverage of essential nutrition interventions, particularly among the most vulnerable children and women.

Illustrative actions include the following:

- Design and support the scale-up of facility- and community-based nutrition interventions in ways that are sensitive to contextual behaviours and norms.
- Develop, adapt and disseminate guidance materials and tools to promote good diets, the scale-up of essential nutrition services and the promotion of positive nutrition practices across systems.
- Convene national and subnational partners to support scale-up plans and build partnerships to strengthen the capacity of multiple systems to deliver nutrition results for children and women.
- Support evidence generation to ensure that knowledge documented from programme scale-up is shared with governments and partners nationally, regionally and globally.
- Foster a culture of scalable innovation that looks for opportunities to bring good diets, services and practices closer to children and families to improve programme performance and nutrition impact.



5 Engaging communities for nutrition action

Community engagement seeks to mobilize communities to collectively participate in addressing the nutrition situation of children, adolescents and women. By sharing knowledge, raising awareness and strengthening capacities, UNICEF empowers communities to participate in the analysis, design, implementation and evaluation of context-specific responses for maternal and child nutrition.

We use social and behaviour change communication to effectively understand and influence the individual practices and social norms affecting maternal and child nutrition (see Box). This includes knowing who makes decisions about the diets and feeding of young children, understanding mothers' and caregivers' decision-making power about nutrition services and dietary practices, and identifying whom (and how) to engage in households and communities – mothers, fathers, senior women, community leaders, and community workers – to positively shape nutrition behaviours and norms.

Illustrative actions include the following:

- Develop evidence-informed communication materials to educate, inspire and engage community actors on actions to improve infant feeding practices and maternal nutrition.
- Design social and behaviour change communication approaches to improve complementary feeding based on context-specific survey evidence and findings from qualitative research.
- Partner with consumer associations and other community and civil society groups to promote the availability and affordability of nutritious, safe and sustainable diets for all children and women.
- Invest in community systems and develop the capacities of community workers and resource persons across systems for the early detection and treatment of children with wasting.
- Design, implement, monitor and evaluate digital engagement strategies with school-age children and adolescents for healthy diets, physical activity and good nutrition.



Using social and behaviour change communication to engage communities and drive action

Social and behaviour change communication (SBCC) is the strategic use of communication approaches to promote changes in knowledge, attitudes, norms, beliefs and behaviours.⁹⁴ It is a participatory process, engaging individuals and communities in identifying and demanding their rights and adopting and sustaining positive behaviours. SBCC is one element of UNICEF's approach to Communication for Development and is used as a key change strategy in UNICEF programmes, including those aiming to improve children's feeding practices and diets.

To be effective, SBCC should be delivered through multiple

communication channels, with clear and consistent messaging.⁹⁵ For example, drawing from the situation analysis in a country where the practice of feeding plain water to children under 6 months of age has been identified as a barrier to exclusive breastfeeding, SBCC may be designed to address beliefs and misconceptions regarding this practice, promote the benefits of exclusive breastfeeding for the first 6 months, and empower mothers to access counselling and support services. Depending on the programming context, tailored messages may be delivered through interpersonal counselling in the health facility, peer support sessions in the community, and mass or social media campaigns.

6 Strengthening capacity for maternal and child nutrition programming

This programming approach aims to equip governments and partners with the knowledge and skills to improve maternal and child nutrition sustainably. At national and subnational levels, UNICEF works to strengthen the organizational capacities of governments and partners to design, implement and monitor improved policies, strategies, programmes, and budgets for maternal and child nutrition.

At practitioner level, we strengthen the nutrition capacities of workforces across systems, through up-to-date technical guidance and pre-service and in-service knowledge and skills development. At the community and household level, we strengthen the knowledge and skills of children, adolescents, families and communities to adopt individual behaviours and social norms that improve nutrition (see ‘Engaging communities for nutrition action’). We aim to strengthen our core capacities regularly to ensure that our staff can provide technical, programmatic and managerial support across systems and programming contexts, including in response to humanitarian crises.

Illustrative actions include the following:

- Strengthen the capacity of public and private stakeholders in national food systems to support nutritious diets, healthy food environments, and positive food practices for children.
- Support the development and roll-out of pre- and in-service training curricula and materials to develop the capacity of workforces across systems for maternal and child nutrition.
- Strengthen the capacity of the national education system to promote and support nutritious diets, healthy food environments and positive nutrition practices in and around schools.
- Develop the capacity of primary health care workers in facilities and communities to protect, promote and support optimal feeding practices in early childhood and related maternal nutrition.
- Develop the capacity of UNICEF staff and partners to prepare for and respond to the nutrition needs of children and women affected by environmental shocks and humanitarian crises.



7 Strengthening supply chains for sustainable nutrition programmes

Sustainable nutrition programming requires that essential nutrition supplies be available, accessible and affordable, both in development and humanitarian contexts. UNICEF advocates for governments to allocate funds for essential nutrition commodities to ensure sustainable programme delivery. We also work with governments and partners to strengthen systems along the supply chain and support the forecasting, costing, procurement, quality assurance and delivery of essential nutrition commodities as appropriate to programming context. To ensure ownership and sustainability, we encourage local production of commodities and support local producers in attaining international standards while shaping local and global markets and reducing carbon footprint.

Supply provision is critical to ensure sustainable programmes during humanitarian response. Half of our global procurement of nutrition commodities supports emergency response. These commodities may include therapeutic milks, RUTF, micronutrient powders, micronutrient supplements, deworming tablets, mid-upper arm circumference measurement tapes, height boards and weighing scales among others.⁹⁶

Illustrative actions include the following:

- Provide technical support to governments to forecast demand for essential nutrition commodities for children and women, including for emergency preparedness and response.
- Advocate for including essential nutrition supplies on national lists of essential medicines or essential commodities for children, adolescents and women.
- Identify potential local and global suppliers to increase competition for the production of essential nutrition commodities, catalyse scalable innovation, and increase value for money.
- Advocate with governments to allocate financial resources for the procurement, storage and distribution of essential nutrition commodities for children, adolescents and women.
- Provide procurement services to national governments to ensure the timely procurement of nutrition commodities for children and women, including for emergency response.



8 Mobilizing domestic and external financing for nutrition

Financial investments are critical to reach the global nutrition targets. A specific objective of UNICEF's advocacy is to mobilize greater financial resources to support policies, strategies and programmes for maternal and child nutrition. The investment case for nutrition is among the strongest in development:⁹⁷ it is estimated that every dollar spent on preventing stunting delivers over \$10 in returns and that an additional investment of about US\$10 per child annually would help reach the global targets to improve exclusive breastfeeding rates, reduce stunting in children, scale up the treatment of severe wasting in children, and reduce anaemia in women.

We advocate for increased domestic and external financing for maternal and child nutrition, including through innovative financing mechanisms. We also advocate for a more efficient and equitable allocation of existing financial resources to prioritize the prevention of all forms of malnutrition in children and women as well as the early detection and treatment of wasting.

Illustrative actions include the following:

- Develop investment cases that quantify the cost, effectiveness, benefits and impact of improved policies, strategies and programmes for maternal and child nutrition.
- Develop and implement an advocacy strategy aimed at increasing domestic financing to improve the quality, coverage, equity and impact of nutrition services for children and women.
- Strengthen national and subnational capacity to conduct budget analyses, financial tracking and public expenditure reviews for maternal and child nutrition.
- Develop robust proposals to mobilize national and international financial resources for the scale-up of maternal and child nutrition programmes in partnership with national governments.
- Mobilize public and private financing – domestically and internationally – to test cost-effective and scalable innovations that improve diets, services and practices for children and women.



9 Investing in data, monitoring and evaluation for nutrition

Collecting, analysing, sharing and using the latest data and information is key to informing advocacy, policies, strategies and programmes for maternal and child nutrition. Establishing and strengthening national and subnational data and information systems allows countries to obtain timely and good-quality data to inform nutrition policies, strategies and programmes and track progress towards national nutrition targets. Investments in data and information systems are also important for emergency preparedness and response, especially in fragile contexts.

UNICEF provides technical support and guidance to strengthen data, monitoring and evaluation systems for nutrition; support the development of strong results frameworks; and strengthen the capacities of governments and partners for results-based management. Globally, we act as the custodian of data and information systems to track progress towards key indicators for maternal and child nutrition, including those used to monitor progress towards the Sustainable Development Goals and other global targets.

Illustrative actions include the following:

- Support the development and functioning of national data and information systems to generate timely and good-quality nutrition information and monitor resources and results.
- Convene partners to review data, monitor progress, and agree on corrective actions to improve programme performance for maternal and child nutrition.
- Develop capacity to collect, analyse and use good quality nutrition data and information to inform policies, strategies, programmes and decision-making in real-time.
- Support countries to report good quality programme data through NutriDash, and leverage these data for advocacy to guide programme actions, allocate resources and promote accountability.
- Maintain global databases on key nutrition indicators, set standards, develop new metrics, pioneer innovation in measurement and improve overall data collection, quality and analysis.



10 Advancing knowledge, learning and innovations for nutrition

UNICEF seeks to create environments in which knowledge, innovations and learning are harnessed to drive advocacy, policies, programmes and research to improve the quality of diets, nutrition services and nutrition practices for children, adolescents and women.

We strive to act as a knowledge broker and thought leader to strengthen the quality of advocacy, policies, strategies, programmes and research for maternal and child nutrition at national, regional and global levels. This includes documenting, sharing and using learnings from programme design and implementation.

We also foster a culture of innovation to design, test, evaluate and scale up new policy concepts and programme approaches in ways that inspire governments, partners and communities. In a rapidly changing world with faster information flows and interconnected teams, technology-driven innovations can help us scale up successes, maximize resources and effectiveness, and fast track progress and impact in making good nutrition a reality for children, adolescents and women everywhere.

Illustrative actions include the following:

- Support quantitative and qualitative research to understand the practices and social norms that shape the nutritional status of children and women, particularly among vulnerable groups.
- Identify and prioritize knowledge gaps and plan, commission and implement contextually relevant research on maternal and child nutrition, including in response to humanitarian crises.
- Generate and share programme results and lessons learned from programme design, implementation and scale-up in diverse programming contexts, including in emergencies.
- Lead the translation of knowledge into programming by synthesizing evidence, developing guidance and documenting programme successes, failures and lessons learned.
- Engage with knowledge networks, including through technology platforms, social networks and communities of practice for knowledge exchange on maternal and child nutrition.



PEOPLE AND RESOURCES

To deliver on the Nutrition Strategy 2020–2030, UNICEF counts the largest nutrition workforce globally. In 2019, our workforce for nutrition included 640 staff members and more than 1,500 consultants leading and supporting the design and implementation of advocacy, policies and programmes for maternal and child nutrition in development and humanitarian settings, in 130 countries across 7 regions worldwide.

Further, more than 3,600 programme staff lead and support the design and implementation of advocacy, policies and programmes for health, education, water and sanitation, child protection and social policy.

As highlighted in Chapter 1, UNICEF's multisectoral mandate for children, wide on-the-ground presence, and long-standing role as a trusted adviser to national governments position UNICEF to mobilize national,

regional and global partners – across public and private sectors – to tackle the global challenge of child malnutrition.

Our financial resources to lead and support the design and implementation of nutrition policies, strategies and programmes have grown steadily over the last decade. In 2019, our annual budget for maternal and child nutrition reached US\$687 million.⁹⁸ Of this budget, US\$494 million (72 per cent) was provided by public sector partners, US\$136 million (20 per cent) was provided by public-private multi-donor partners, and US\$57 million (8 per cent) was contributed by private sector donors. US\$29 million (4 per cent) was allocated as flexible thematic funds for broad-based support to the UNICEF Nutrition programme, while US\$658 million (96 per cent) was earmarked to support specific results areas and geographies.

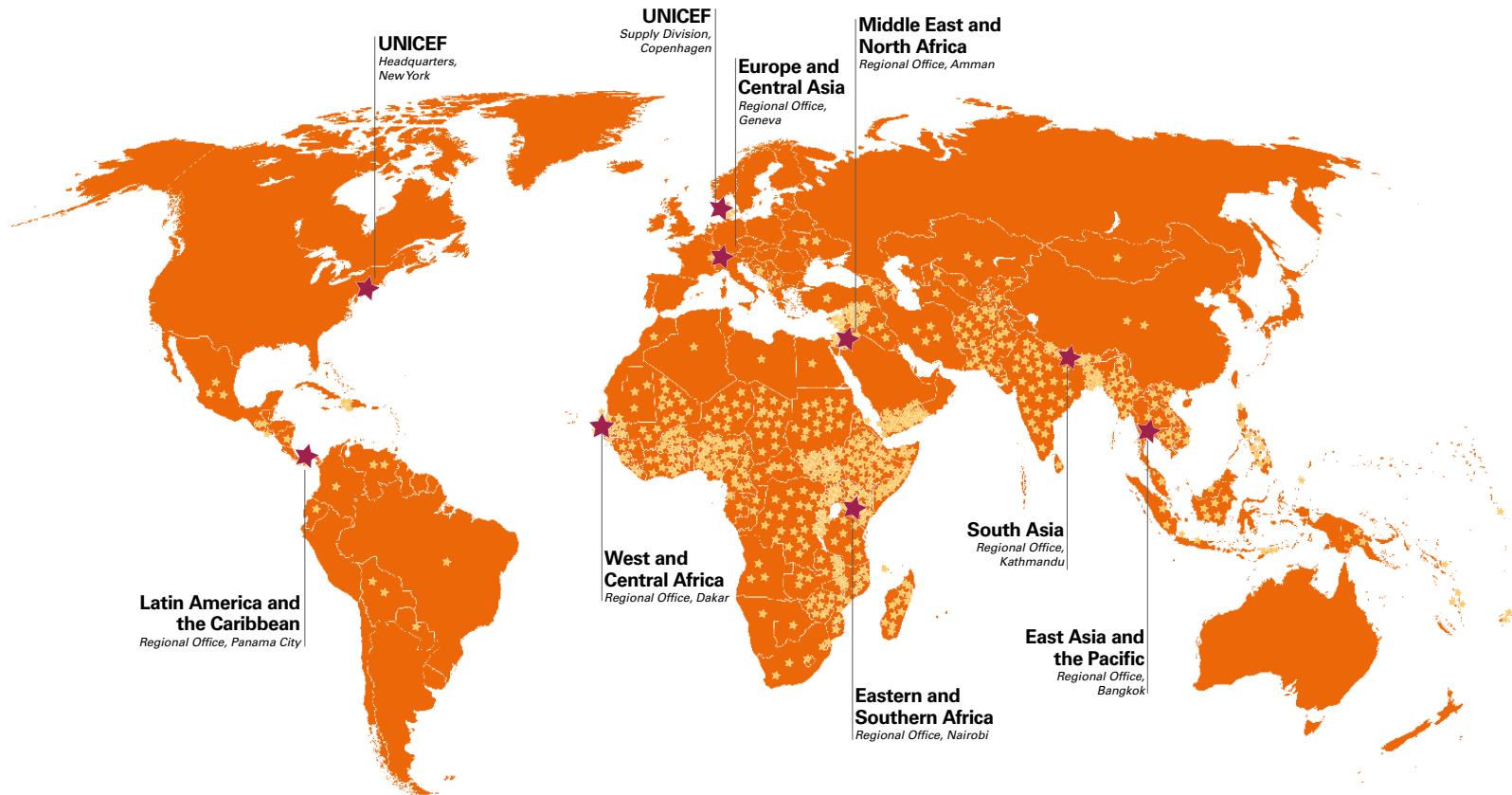


FIGURE 24
UNICEF's global nutrition workforce, 2020

More than half (US\$387 million; 56 per cent) of UNICEF's 2019 budget for maternal and child nutrition was allocated to support programming in fragile contexts, including most countries in the Horn of Africa, the Sahel and the Middle East. Geographically, US\$445 million (65 per cent) was spent to support nutrition programming in Eastern and Southern Africa and West and Central Africa. This reflects the high prevalence of undernutrition in these regions, the reduced fiscal space and domestic funding for maternal and child nutrition in most of these countries, and the higher fragility and operating costs.

To fully deliver on the UNICEF Nutrition Strategy 2020–2030, we need increased and predictable financial resources. Flexible resources – such as regular resources and thematic funding – facilitate longer-term planning, cost savings, ownership and sustainability.

Such funding can play a catalytic role in driving the policy, programme, and strategic changes needed at country level, and leveraging domestic resources to achieve nutrition results at scale. Greater investments

are needed to strengthen the capacity of national systems to deliver large-scale nutrition results in low- and middle-income countries – including most countries in Asia and Latin America – where the number of children affected by stunting and wasting is largest and the emerging epidemic of childhood overweight and obesity requires urgent action.

Reaching the Sustainable Development Goal targets for nutrition requires significant investments by all partners. UNICEF will continue to increase its institutional commitment to maternal and child nutrition guided by our Nutrition Strategy 2020–2030. Together with our partners, we will contribute to increasing financing for nutrition, including by working closely with national governments to secure the domestic resources needed to fulfil children's right to nutrition.



FIGURE 25
UNICEF total budget for nutrition 2015–2019

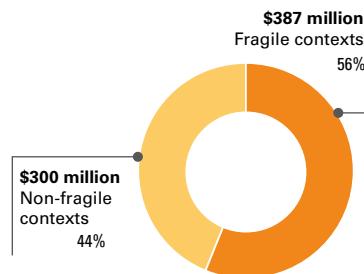


FIGURE 26
UNICEF budget allocated to support nutrition programming in fragile and non-fragile contexts, 2019

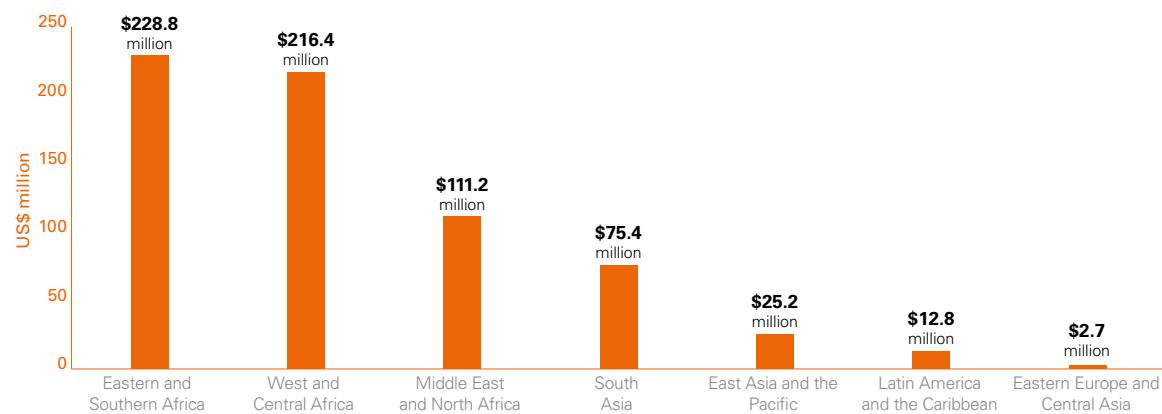


FIGURE 27
UNICEF total budget for nutrition (\$687 million), by region, 2019

INNOVATIONS FOR NUTRITION

Digital applications for nutrition counselling

UNICEF continues to leverage the use of digital applications and live video streaming to improve information and counselling on maternal and child nutrition and expand the reach and impact of social and behaviour change communication strategies on nutrition outcomes. Similarly, UNICEF plans to leverage digital solutions to reach school-age children and adolescents with information, counselling and behaviour change messaging about healthy diets and physical activity. Such digital interventions are to be designed in consultation with youth leaders and networks.

E-learning to strengthen nutrition capacities

UNICEF is leveraging e-learning tools to develop the nutrition capacities of frontline workers, service providers, and government and partners' staff. These include interactive online training courses on maternal and child nutrition that are made available as public goods through Agora and other learning platforms. Working with academic partners, UNICEF leverages the latest innovations in remote learning to strengthen the nutrition knowledge and skills of facility and community workers,

including through online pre- and in-service training, capacity building workshops, and peer-to-peer learning.

Digital devices to measure anthropometry

The devices currently used to measure children's height have not been updated in more than a century. UNICEF is working to develop a height measuring board with digital output and auto transfer to address inaccuracies in measuring children's height. We are also monitoring other advancements, including a hand-held device that uses photo or video images combined with artificial intelligence to estimate children's weight, height and head circumference. Once ready for use at scale, these devices will revolutionize the way children's nutritional status is measured in surveys and programmes.

Low-cost technology to measure micronutrient deficiencies

Micronutrient deficiencies are a widespread form of malnutrition among children, adolescents and women. However, they are costly to assess and are therefore not routinely included in nutrition surveys. This leads to a major data gap that hampers

advocacy, policy, and programme efforts to address micronutrient deficiencies. UNICEF is collaborating with experts and partners to develop low-cost, field-friendly technologies that allow children's micronutrient status to be assessed in the context of programmes and population surveys, with minimal training.

Innovations to improve data collection and quality

UNICEF is testing innovations to improve the collection, timeliness and quality of nutrition data. Some mobile phone technologies can be used in nutrition surveys, while individual tracking applications can be used to provide real-time data about nutrition programmes. In some settings, geographic information systems are being tested to improve nutrition surveys and monitoring systems. For example, spatial sample surveys can help pinpoint where malnourished children are located and facilitate targeted programming to improve equity, efficiency and effectiveness.



Artificial intelligence to improve food environments

Digital technologies and the internet influence the ways in which children, young people and caregivers interact with the food system, including by increasing their exposure to the marketing of ultra-processed foods. UNICEF and partners are testing novel technology-led approaches using artificial intelligence, screen capture, and avatars to map marketing campaigns and assess children's exposure to the marketing of ultra-processed foods. While further work is needed to refine these technologies, the evidence generated through such monitoring approaches will be essential in empowering families, communities, and governments to protect children's rights online.

A complementary feeding bowl and spoon

This simple and low-cost innovation, based on research by Emory University, aims to help caregivers improve the diets of children aged 6–23 months with guidance about what to feed (diverse food groups), how much to feed (quantity and consistency of food), and how often to feed (feeding frequency). Demarcations inside the bowl indicate the

recommended volume and number of meals by age group, while the slotted spoon ensures that foods are of the correct energy density and not watered down. The bowl and spoon can also be used in training counselors on child feeding.

Redesigned vitamin A supplements for children

The current vitamin A capsule has remained largely unchanged since the 1970s. A redesigned vitamin A supplement, in the form of a sachet, dissolvable tongue-strip, or a micro patch, will simplify delivery by community-based workers and caregivers. A new, user-friendly redesigned supplement will accelerate the integration of vitamin A supplementation in primary health care and other routine services for children; increase the reach of programmes, enhancing their coverage, equity and impact; empower women, families and communities; and reduce the time and cost of service delivery.

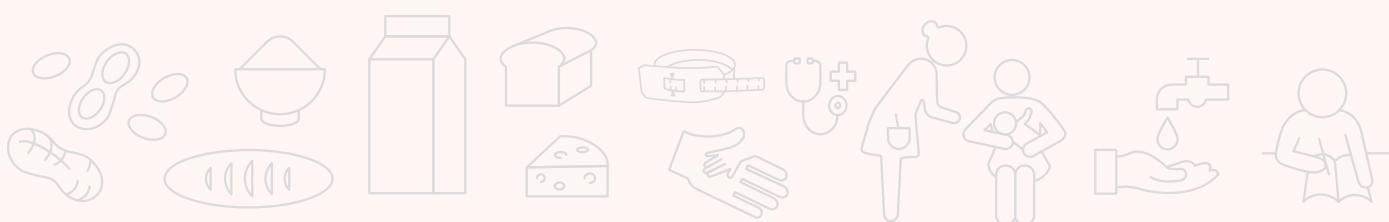
Multiple micronutrient supplements for school-age children

Many school-age children and adolescents consume nutrient-poor diets that put them at risk for micronutrient deficiencies,

anaemia, and poor growth and development. As part of our efforts to prevent micronutrient deficiencies and anaemia, one of the most common forms of malnutrition in middle childhood and adolescence, UNICEF plans to support the development of multiple micronutrient supplements to improve micronutrient intake, growth, development, learning and academic achievement among school-age children and adolescents.

Lower cost and effective ready-to-use therapeutic foods

UNICEF is testing new RUTF formulations – with a chickpea, soy or oat base – and comparing their effectiveness with the standard peanut-based formulation. We are also exploring alternatives to milk powder (the more expensive component of the current RUTF formulation), including other animal protein sources such as egg-based products. The aim is to reduce the cost of RUTF while maintaining or improving its effectiveness, and to increase the coverage, equity and impact of programmes to treat children with wasting.



8.

WAY FORWARD

At the launch of the UNICEF Nutrition Strategy 2020–2030, the nutrition situation of the world’s children is characterized by a significant decline in the number of children who are undernourished. The one-third decline in the prevalence of child stunting between 2000 and 2019 indicates that positive change for child nutrition – at scale – is possible. Yet, this significant decline remains insufficient to achieve the ambitious Sustainable Development Goal targets to address child undernutrition. In addition, the number of children who suffer from overweight and obesity is increasing in almost all age groups, regions, and country-income groups, while a widespread burden of micronutrient deficiencies in children coexists with undernutrition and overweight.

New forces are driving this triple burden of child malnutrition around the world. Globalization and urbanization are changing children’s access to food as well as children’s food environments and practices. Increasing socio-economic inequities limit the ability of millions of families to afford a healthy diet for their children, access essential nutrition services and maintain/adopt positive nutrition practices. Finally, the climate and environmental crisis, and the increasing number, duration and complexity of health epidemics and humanitarian crises, pose critical challenges to children’s right to nutrition across the world.

Guided by the goal and programmatic priorities outlined in the UNICEF Nutrition Strategy 2020–2030, we have an important opportunity to contribute to ending malnutrition among children, adolescents and women across countries and regions over the final decade towards 2030. A systems approach to nutrition is critical to facing this challenge sustainably, allowing us to leverage the potential of five critical systems – food, health, water and sanitation, education and social protection – to deliver diets, services and practices that support good nutrition for children, adolescents and women.

National governments have primary responsibility for upholding children’s right to nutrition. We never lose sight of this foundational principle. Yet, the path to nutritious diets, essential nutrition services and positive nutrition practices for all children, adolescents and women demands a shared purpose, with commitments and investments required from a range of government, societal, public and private partners. UNICEF stands ready to support national governments and their partners in upholding the right to nutrition for every child and securing a more just and equitable future for children and their families – today, and on the path to 2030.

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1. Access to high-quality information, capacity strengthening resources, guidance and learning that has been curated by global nutrition specialists and agencies;
 2. Where guidance is limited, timely access to interim consensus-driven guidance for emerging technical issues in humanitarian nutrition, including guidance on program adaptation;
 3. Access to experienced nutrition technical specialists to answer questions, or to provide more in-depth support (remote or in-country).
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- 82 See <<https://scalingupnutrition.org/>>
- 83 SUN movement principles of engagement (2016–2020) include (1) be transparent about intentions and impact; (2) be inclusive; (3) be rights-based; (4) be willing to negotiate; (5) be predictable and mutually accountable; (6) be cost-effective; (7) be continuously communicative; (8) act with integrity and in an ethical manner; (9) be mutually respectful; and (10) do no harm.

- 84 UNICEF has due diligence criteria, processes and guidance in place to inform our engagement with the private sector. Key internal documents include:
1. United Nations Children's Fund, *UNICEF due diligence criteria and processes for corporate fundraising and partnerships*, UNICEF, New York, July 2016.
 2. United Nations Children's Fund, *Programme guidance on engagement with business*, UNICEF, New York, August 2019.
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Annex 1

UNICEF's Core Commitments to protect maternal and child nutrition in humanitarian action

UNICEF's Core Commitments to Children in Humanitarian Action provide a framework for engagement in humanitarian response and outline UNICEF's commitment to deliver on its mandate for children affected by humanitarian crises.⁹⁹ Programme commitments for nutrition begin with leadership and coordination and nutrition information. They are complemented by commitments to ensure access to

diets, services and practices through the life cycle, and reflect the imperative of prevention first and treatment when prevention fails, in all contexts. In addition, they outline key considerations for advocacy, coordination and partnerships, quality programming and standards bridging the humanitarian-development nexus. They are accompanied by an indicators framework to streamline institutional reporting.

Strategic result	
Children, adolescents and women have access to diets, services and practices that improve their nutritional status	
Commitments	Benchmarks
1. Leadership and coordination Effective leadership and coordination are established and functional See 2.1.2 Coordination	<ul style="list-style-type: none">Nutrition cluster/sector coordination and leadership functions are adequately staffed and skilled at national and sub-national levelsCore leadership and coordination accountabilities are delivered
2. Information systems and nutrition assessments Monitoring and information systems for nutrition, including nutrition assessments, provide timely and quality data and evidence to guide policies, strategies, programmes and advocacy	<ul style="list-style-type: none">Relevant data and evidence on the type, degree, extent, determinants and drivers of maternal and child malnutrition and of the groups most at risk are availableMultisectoral data and evidence guide timely decision-making, support monitoring, and enable course correction of preparedness and response
3. Prevention of stunting, wasting, micronutrient deficiencies and overweight in children aged under five years Children aged under five years benefit from diets, practices and services that prevent stunting, wasting, micronutrient deficiencies and overweight	<ul style="list-style-type: none">Caregivers of children aged 0–23 months are supported to adopt recommended infant and young child feeding (IYCF) practices, including both breastfeeding and complementary feedingChildren aged 0–59 months have improved nutritional intake and status through age-appropriate nutrient-rich diets, micronutrient supplementation, home-fortification of foods and deworming prophylaxis, according to context
4. Prevention of undernutrition, micronutrient deficiencies, and anaemia in middle childhood and adolescence Children in middle childhood (5–9 years) and adolescent girls and boys (10–19 years) benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anaemia	<ul style="list-style-type: none">Children in middle childhood have access to community- and school-based package of interventions that includes at a minimum: iron supplementation, deworming prophylaxis, nutrition education, counselling and support, according to contextAdolescent girls and boys have access to community- and school-based package of interventions that includes at a minimum: iron and folic acid supplementation, deworming prophylaxis, nutrition education, counselling and support, according to context



Commitments	Benchmarks
5. Prevention of undernutrition, micronutrient deficiencies, and anaemia in pregnant women and breastfeeding mothers Pregnant women and breastfeeding mothers benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anaemia	<ul style="list-style-type: none"> Pregnant women and breastfeeding mothers - with special attention to pregnant adolescent girls and other nutritionally at-risk mothers – have access to a package of interventions that includes at a minimum: iron and folic acid/multiple micronutrient supplementation, deworming prophylaxis, weight monitoring, nutrition counselling, and nutrition support through balanced energy protein supplementation, according to context
6. Nutrition care for wasted children Children aged under five years benefit from services for the early detection and treatment of severe wasting and other forms of life-threatening acute malnutrition in early childhood	<ul style="list-style-type: none"> All children aged under five years in affected areas are screened regularly for the early detection of severe wasting and other forms of life-threatening acute malnutrition and are referred as appropriate for treatment services All children aged under five years suffering from severe wasting and other forms of life-threatening acute malnutrition in affected areas benefit from facility- and community-based services that provide effective treatment assuring survival rates >90%, recovery rates >75% and default rates <15%
7. System strengthening for maternal and child nutrition Services to prevent and treat malnutrition in children, adolescents and women are provided through facility- and community-based delivery mechanisms in ways that strengthen national and sub-national systems See 2.2.4 Linking humanitarian and development	<ul style="list-style-type: none"> National and sub-national systems delivering health, water and sanitation, education, child and social protection are supported to: <ul style="list-style-type: none"> Align their policies, programmes and practices with internationally agreed standards and guidance on nutrition Deliver evidence-based interventions with a workforce supported in their knowledge, skills and capacity in nutrition Procure and deliver essential nutrition supplies in a timely manner through facility- and community-based platforms
8. Community engagement for behaviour and social change At-risk and affected populations have timely access to culturally appropriate, gender- and age-sensitive information and interventions that promote the uptake of diets, services and practices and contribute to improve their nutritional status See 2.2.7 Community engagement for behaviour and social change	<ul style="list-style-type: none"> Children, adolescents, caregivers and communities are aware of available nutrition services and how and where to access them Children, adolescents, caregivers and communities are engaged through participatory behaviour change interventions to improve their nutritional status Caregivers and communities are supported and empowered to prevent malnutrition, as well as to identify and refer children with life-threatening forms of undernutrition

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