World Vision

Technical Summary

HEALTH AND NUTRITION SECTOR APPROACH

World Vision's updated Health and Nutrition Sector Approach addresses and advocates on the leading causes of illness and mortality in children under five years through integrated actions at individual, interpersonal, community, and societal/policy levels, and in humanitarian, urban, fragile and development contexts. Interventions are mainly family and community centred, focusing on behaviour change, community and health system strengthening, and advocacy. This sector approach is updated to align with WV's Our Promise strategy, WV's Global Impact Framework, the SDG development agenda, the Nurturing Care Framework, and the global "Thrive" agenda.[1]

PROBLEM AND RATIONALE

Preventable child and maternal deaths have decreased significantly in the last 30 years. However, children in the poorest households globally are twice as likely as those in the richest households to die before their fifth birthday, indicating that – despite the progress made for many children – the most vulnerable continue to face a similar burden of health and nutrition challenges as they did decades ago.

Almost half of under five deaths now occur during the newborn period, and the most vulnerable children are still exposed to diseases such as pneumonia, diarrhoea and malaria, which together account for over 43% of under-five mortality. Malnutrition remains an underlying cause of 45% of all under-five deaths, as well as 20% of maternal mortality, yet only 20% of young children with severe malnutrition receive assistance. We now see a triple burden of malnutrition, whereby undernutrition, micronutrient deficiencies, and overweight are overlapping in their long-term effect on children, increasing their risk for health problems now and in the future.

Undernourishment of adolescent girls and women, and child marriage, are leading to low birth weight and premature babies – the leading cause of newborn mortality. We now know that caregiver mental health plays a significant role in the health and nutrition of children under five. It is clear that we need to work further back in the chain of causation, including with adolescent girls, to reduce deaths and

[1] See the WHO document, https://www.who.int/life-course/partners/global-strategy/global-strategy-2018-monitoring-report.pdf

malnutrition in children under five. Given this, our deepening focus on child health and nutrition must bridge the "survive" and "thrive" continuum.

We can leverage our work with more than 220,000 Community Health Workers and 400,000 faith leaders to achieve more multisector impact in young children, including using them to prevent and respond to the violence that affects 1.7 billion children annually, to promote improved caregiver mental health, to promote positive parenting, and to assure all children have a safe, secure and loving home environment.

ESSENTIAL ELEMENTS

CONTINUE | Our main target group continues to be children 0 to 5 years. Emphasis is on child nutrition.

STRENGTHEN | In alignment with WV child protection minimum requirements, WV field offices should ensure meaningful participation of older children in WV programs and address intergenerational health challenges such as the effects of adolescent malnutrition on low birth weight and prematurity and the effects of child marriage on maternal and under-five mortality.

This Sector Approach promotes increased emphasis on additional determinants of newborn and child health through the **holistic nurturing care** of young children; **integrated, multisector interventions**; and interventions to address the **reproductive health of women**.

WV promotes a new focus on **caregiver mental health** (especially maternal depression), **adolescent nutrition** (especially anemia prevention), prevention of child marriage and other forms of **violence against children**, **child injury prevention**, and **early childhood stimulation and development**, all of which are expected to have an impact on child health and nutrition outcomes.

WV continues to discourage the following services and interventions: annual health check-ups for sponsored children; direct provision of tertiary health care, surgery and other clinical and specialty care; most infrastructure construction (outside of some grants); and pharmaceutical procurement except in grant-funded projects where in-country quality assurance mechanisms are in place and WV has a pharmacist on

CORE PROJECT MODELS

Community Health Workers (CHW, previously TTC); Community Health Committees (COMM); Positive Deviance Hearth Plus (PDH+); Community Management of Acute Malnutrition (CMAM); along with enabling core project models: Nurturing Care Groups (NCG, pending approval as CPM in early 2020), Channels of Hope (CoH), and Citizen Voice and Action (CVA);

ADDITIONAL PROJECT MODELS

Go Baby Go, IMPACT+ (especially the H/N module), Integrated WaSH, Ultra-Poor Graduation model; and for grant-funded programs: Healthy Timing and Spacing of Pregnancy, Interpersonal Psychotherapy for Groups (IPT-G), Problem Management Plus, Grandmother Approach, and Women Adolescent and Young Child Spaces (for fragile contexts).