In 2018, the GNC continued with the implementation of the 2017-2018 work plan to achieve the three strategic priorities and two supporting objectives of the 2017-2020 GNC Strategy.

The first strategic priority concerns GNC support to coordination platforms to fulfil their role before, during and after a humanitarian response. In 2018 the GNC experienced a severe staff shortage to effectively support its 18 priority countries, due to a lack of funding for its Rapid Response Team (RRT). By March 2018, the GNC-CT lost all four RRT members that it had maintained for the last 6 years due to a funding shortage. Support to countries was therefore provided remotely or through field visits conducted by the GNC-CT, including the GNC Help Desk Officer. Despite the funding constraints, the GNC-CT managed to provide remote support to 24 country-level coordination platforms — including reviewing response plans and providing guidance and operational support. In addition, three field missions were conducted to Bangladesh, Ethiopia and North Eastern Nigeria by the GNC Coordinator. The GNC also successfully organised global partner calls on Yemen, South Sudan, Niger, Ethiopia and DRC. These calls not only acted as good advocacy and fundraising opportunities, they also provided a platform for sharing the nutrition situation, progress with the response, challenges and key support needs from global partners to support coordination, information management and programme scale-up.

In July 2018, the GNC-CT had to reluctantly bid farewell to the GNC Help Desk Officer and Deputy GNC Coordinator who had to move on to take up other positions. Both colleagues had contributed greatly to the GNC in their roles for 3 years and 5 years respectively. In August 2018, the GNC recruited a GNC Help Desk Officer for technical support in nutrition in emergencies, a new position, one of the two Help Desk positions funded by the Office of Foreign Disaster Assistance (OFDA). The position was created to provide ongoing support and linkages between the clusters at country level and the burgeoning Global Technical Assistance Mechanism for Nutrition (GTAM). In October 2018, the GNC-CT welcomed a new Deputy GNC Coordinator, as well as a UNICEF-funded RRT Information Management Officer (IMO), to the team. Shortly after, in December 2018, the much-needed GNC Help Desk for coordination support also joined the GNC-CT. A recruitment process for one more UNICEF-funded RRT Nutrition Cluster Coordinator (NCC) is ongoing. Additionally, at the end of 2018, UNICEF as a CLA signed Project Cooperation Agreements (PCAs) with the International Medical Corps (IMC) to host an RRT Nutrition Cluster Coordinator (NCC) and with World Vision International (WVI) to host an RRT IMO for six months. This was possible thanks to funding from the Swiss Agency for Development and Cooperation (SDC), a key UNICEF/CLA donor.
Given the dire need for GNC RRT support, all three RRT members were immediately deployed after the start of their contracts, at the beginning of January 2019, to support countries in urgent need of RRT support, namely Nigeria, DRC and Cameroon. However, there were a number of other requests that were not fulfilled due to the small size of the RRT team. Therefore, securing funding for RRTs members remains a priority in order to provide GNC operational support to countries and is an on-going challenge, with further gaps foreseen in mid-2019 and beyond.

On the margins of the GNC Annual Meeting in October 2018, the GNC-CT organised a side event dedicated to Sudan and Yemen. Hosted by the UNICEF Regional Office for the Middle East and North Africa (MENARO) in Amman on the 21st of October 2018, the side event shined a light on the particular challenges faced in the two countries and moved forward on a call to action to end malnutrition in Yemen and a nutrition investment case for Sudan. It brought together a group of 76 participants from Sudan and Yemen, including representatives of government, Nutrition Clusters, SUN Movement, UN and non-governmental organisations (NGOs), alongside key donors and GNC partners with an operational presence or interest in engaging in Yemen and/or Sudan. Thanks to this meeting, the country teams, GNC partners and donors identified and made clear commitments for moving forward.

After the side event, the GNC-CT with the Strategic Advisory Group (SAG) organized and supported the 3-day GNC annual meeting from the 22nd to the 24th of October 2018 in Amman, Jordan. 110 individuals attended the annual meeting, comprising a wide range of GNC partners: NCCs and IMOS from various countries, country, regional and headquarter level partners and senior representation from UNICEF Programme Division in NY HQ. This meeting deliberated on country experiences, shared perspectives on the humanitarian-development nexus (HDN), exchanged experiences on preparedness and continuum of care in community-based management of acute malnutrition (CMAM) and examined country and global level programming initiatives on High Impact Nutrition Interventions (HINI).

To support transitioning of clusters to national nutrition coordination platforms, several discussions on HDN were held based on a case-study that was presented by Niger on HDN and another case study from Bangladesh on preparedness. Through these actions, a sub-priority of the first strategic pillar, which is to support preparedness so that national coordination platforms will have the capacity to react appropriately to emergencies, was also addressed. Overall, the ability of countries stuck in a perpetual cycle of crisis to ‘move on’ from short-term humanitarian support and build nutrition resilience through multi-year, multi-sectoral, programming remains limited. The current short-term funding mechanisms in place in many countries do not allow for multiple sectors to strengthen government systems.
One recommendation from the HDN discussion at the annual meeting was the need for engagement with longer-term donors such as the World Bank and the European Union (EU), as well as the need for initiatives such as the SUN Movement to engage with the humanitarian sector, and vice versa. Without the full engagement of development actors, it is hard to see how the increasing number of countries in this cyclical impasse can transition to strengthened and resilient government systems.

Subsequent to the GNC Annual Meeting, a separate meeting was organised for the NCCs, the IMOs and the GNC-CT on the 25th of October 2018. This meeting helped structure the work of the GNC-CT, including the Help Desk support to countries on coordination, IM and technical issues. Following the GNC Annual Meeting, a meeting took place with the SAG in Geneva on the 26th of November 2018 to agree and finalise the 2019 GNC work plan.

The second strategic priority of the 2017-2020 GNC Strategy involves the establishment of a global-level pool of nutrition personnel to support coordination and information management during humanitarian crises. In 2018, no deployment of NCCs/IMOs was undertaken due to the loss of all the GNC RRTs in March 2018. However, remote support for the recruitment of NCCs/IMOs and orientation of new country coordination teams was done for a number of countries, namely Yemen, Sudan and North-Eastern Nigeria. Advocacy with countries for dedicated IMO/NCC capacity continued in 2018. Overall, there are 14 dedicated NCCs out of the 18 countries featured in this report, with most of the high-profile cluster countries benefitting from dedicated NCC and IMO capacity.

In August 2018, a review of the Technical Working Groups (TWGs) was done by the GNC Help Desk for technical support. This review helped structure the remote technical support to countries. One of the action points following the 2018 review was the creation of generic TWGs Terms of References for the main country thematic TWGs, namely Acute Malnutrition Working Group ToRs (in English and French), Infant and Young Child Feeding in Emergencies (IYCF-E) Working Group ToRs (in English and French), Nutrition Information Systems (NIS) Working Group ToRs (in English and French).

Through the GNC partner consortium NGOs, technical RRTs were deployed throughout 2018 to Cox Bazar (three times) to South Sudan (three times), to DRC, twice and once to Somalia, Ethiopia, Yemen and Uganda. The technical RRTs provided technical support to collective cluster responses in the areas of assessment, CMAM, IYCF-E and Social Behaviour Change (SBC), resulting in improved quality of the collective response. The work on expanding the technical expertise pool is ongoing with the Global Technical Assistance Mechanism (GTAM) for Nutrition. Over 10 GNC partners have been brought onboard through outreach and a series of skype calls to support the expansion in 2019.

The final action under this strategic priority is the maintenance and enhancement of coordination and IM skills through training at regional and country levels. Given the severe funding shortage faced early in the year, capacity-building was not prioritized during the second half of 2018. However, following additional funding support from the CLA, two global-level trainings for NCCs and IMOs and three country-level trainings are planned for the 2019. In addition, a mentoring package will be developed and piloted for country coordination teams. The implementation of capacity-building activities will be undertaken by RedR UK. Preparations started in 2018 and the trainings will be completed during the first half of 2019.

The third strategic priority of the 2017-2020 GNC Strategy focuses on influencing and advocating for an improved, integrated and coordinated response during humanitarian crisis, which includes advocacy for appropriate activation of nutrition cluster/sector/working groups in new crises, as per the nutritional needs of the affected population and the capacity of the host government. The most recent advocacy has resulted in the establishment of the nutrition cluster in Cameroon, as a stand-alone cluster instead of the original recommendations of merging Nutrition with Health, which would have undermined the prioritization of nutrition issues in the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP) and within the Humanitarian Country Team (HCT) discussions.
Under this same strategic priority, the GNC is to ensure that nutrition-sensitive objectives are included, implemented, monitored and evaluated in relevant cluster plans (WASH, Food Security and Health Clusters). During the last few years, the GNC observed and identified limited capacities of clusters and partners for multi-sectoral nutrition-sensitive programming, as one of the main barriers to effectively achieve nutrition outcomes in humanitarian settings. To support clusters in addressing this, the Inter-cluster Nutrition Working Group (ICNWG), a global Food Security Cluster (gFSC)/GNC-led working group, was established as a collaboration between the two clusters in 2012. Its overall goal is to contribute to safeguarding and improving the nutritional status of crisis affected populations, preventing a deterioration in the nutrition situation in population groups affected or at-risk and enhancing the overall nutritional situation of the affected population. It aims to provide technical direction, guidance and coordination solutions, and promotes a multi-sectoral approach and integrated programming to fight malnutrition by putting the needs of the affected population at the centre.

In 2017, the ICNWG initiated the development of an integrated, inter-cluster training package to improve nutrition outcomes, which was finalised in April 2018. A call for expressions of interest for piloting the package was shared with gFSC/GNC cluster coordinators, along with a short training description. Out of the nine countries that initially expressed interest, six later confirmed their willingness to pilot the training package. This positive feedback underlined the relevance and interest to strengthen integrated, multi-sectoral programming, which in turn was also reflected in the results of a rapid appraisal regarding current in-country Food Security Cluster/Sector needs on nutrition integration training. Ethiopia and Nigeria showed particular interest and commitment and were selected for the piloting in June and August 2018. During each workshop, forty participants from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and various sectors such as Food Security and Livelihoods, Nutrition, Health, WASH, Protection, Education, and Early Childhood Development, deliberated on the causes and solutions to improving nutrition in their regions. Participants discussed how the various sectors can contribute to tackling the basic and underlying causes of poor nutrition. Supporting the production of diverse nutritious food, providing clean water and sanitation for families and health facilities, preventing and treating diarrheal disease and promotion of exclusive breastfeeding of children under 6 months were among some of the solutions discussed. Participants also pledged to join efforts towards improved nutrition in those two countries by beginning a process of developing an integrated action plan and monitoring and evaluation framework for mainstreaming nutrition programmes across the sectors. Additionally, the package was also piloted in South Sudan in November 2018.

Based on the results of the above-mentioned pilots, the sub-group met again and revised the package to make it more participatory and to include a facilitators guide, handouts and other related documents to ensure that the training can be run by people who have not been involved in the development of the package. The package is expected to be finalised in April 2019 in partnership with RedR and will be further rolled out to five countries in 2019. Additionally, four case studies on integration are planned to be documented in 2019, based on the pilot of trainings in 2018. To achieve this, and to further support countries with integration, the GNC, in collaboration with the ICNWG, is planning to establish a Help Desk position on Integration in 2019.

Under this same strategic priority, the inclusion of Infant and Young Child Feeding-in Emergencies (IYCF-E) and micronutrient interventions into Humanitarian Response Plans (HRPs), and their implementation, monitoring and evaluation in crisis responses within the Nutrition Cluster, was to be ensured. This component continued to be done remotely, but the GNC also recruited a dedicated Help Desk Officer whose role is to provide technical support to all countries, including the promotion of a comprehensive package of quality nutrition-specific interventions. The post holder just finalized reviewing the work of country-level technical working groups in order to establish a system for supporting coordination team and partners in the implementation of quality NiE response.

The GNC 2017-2020 strategy has two supporting objectives, one is related to the external engagement with other clusters (inter-cluster engagement), the Cluster Lead Agency (CLA), donors and development partners, and the other is internal with the GNC partners. In addition to the previously-mentioned inter-cluster engagement, the GNC has also engaged with the CLA. The aim was to ensure predictable funding to maintain coordination and IM capacities for all nutrition clusters by the CLA. Two positions have been established within UNICEF/EMOPS, one is on board and the other will be on board soon. This brings the number of UNICEF/CLA-supported positions at global level for clusters to four.
To ensure UNICEF plays a technical leadership role, the long awaited Global Technical Assistance Mechanism for Nutrition (GTAM) co-led by UNICEF/Programme Division and WVI, developed its first plan of action in 2018. UNICEF as a CLA also signed PCAs with WVI and a knowledge management partner, the Emergency Nutrition Network (ENN), to support the establishment of the GTAM. The technical expertise deployment consortium Tech RRT, led by IMC, and the GNC Help Desk for Technical Support, are also providing effective support in establishing the GTAM. The highlights of these plans were presented at the GNC Annual Meeting in October, followed by the implementation of the plan. The skeleton architecture of the GTAM is taking shape including a core team of actors named above meeting fortnightly. Five Global Thematic Working Groups (GTWGs) are also being established on the topics of: Nutrition Information Systems (NIS), Acute Malnutrition Management, Infant and Young Child Feeding in Emergencies (IYCF-E), Nutrition-Sensitive Interventions and Cash. The technical expertise pillar is also taking shape, with more than 10 partners interested and joining forces to scale-up and define the way forward for timely technical deployments or remote support to countries to meet the increasing demand. Additionally, work on updating the GNC website started in the last months of 2018, with a launch scheduled for mid-2019. A website portal for the GTAM, linked to the GNC website, is planned for 2019. This portal will allow easier access and request for technical support towards the end of 2019.

Under the Donor Partnership Objectives the focus is to ensure advocacy for increased predictable and multi-year funding for programming and for coordination. During the first quarter of 2018, the UNICEF Program Division spearheaded a donor webinar, followed by the hosting of the GNC partners meeting, which resulted in the prioritization of the GNC Work Plan and the development of an advocacy document showcasing what the collective partnership does and why it is important to sustain funding for the GNC. The other component of this donor engagement relates to implementation of the Grand Bargain (GB) Commitments, and the areas the GNC has prioritized within the GB commitments which are: the work on Cash, HDN/localization and integration and assessment. Progress was made on integration, and in the last months of 2018 the GNC has initiated discussions around creating a Global Thematic Working Group (GTWG) on Cash and Nutrition, as well as a GTWG on Nutrition Information Systems (NIS) under the GTAM.

With regards to Development Partner Engagement, the actions are linked to ensuring better preparedness and transition in crisis-prone countries, where both SUN and Clusters co-exist. There is an on-going discussion on the possibility of accessing funds from MQSUN for developing practical actions to promote the HD nexus between SUN and clusters in three targeted countries. There is high-level support for this action from CLA senior management and the SUN Secretariat and actions are being prioritized to ensure the needle moves on this in 2019.

Finally at global level, there continues to be sustained commitment shown by a very strong GNC Strategic Advisory Group (SAG), drawn from the 46 partners of the GNC. The SAG composition was updated this year with the following changes: (1) two additional members (from the donor community) were selected - ECHO and USAID/OFDA; (2) UNHCR became a permanent SAG member; (3) WHO joined the SAG as a rotating UN member; and (4) a new NCC representative was designated. WVI, SCI and ACF remained as NGOs representatives within the SAG. The partnership with ENN, as a GNC knowledge management partner, continued to grow from strength to strength, evidenced in the support provided for the preparation and documentation of the Yemen and Sudan side-events and the main GNC meeting. In 2019, the GNC-ENN partnership will enable the capturing, documentation and publishing of an additional 6-8 case studies to be written by NCCs, with ENN support.

Finally, the GNC-CT has started showcasing country-specific achievements and progress. The following sections of this report showcase the work done by the collective partners in 19 country nutrition coordination platforms from January to December 2018. These countries managed to raise almost $930 million USD (53% of the total requirement) by the end of December 2018. They have reached 23.5 million beneficiaries with a range of Nutrition in Emergencies services, against a target of 29 million beneficiaries. The collective support has not only saved lives but it has also contributed to building national systems, early recovery and sustainable development efforts. The country pages from the 19 countries present the nutrition situation, the response strategies and the key achievements and challenges of the past year, as well as highlighting key information on country coordination structures, events and resources. This report replaces the bi-monthly GNC bulletin and will be issued twice a year, at mid-year and at the end of the year.
1. Afghanistan
2. Bangladesh, Cox's Bazaar
3. Burkina Faso
4. BURUNDI
5. Central African Republic
6. CHAD
7. DRC
8. Ethiopia
9. Malawi
10. MALI
11. Myanmar
12. Niger
13. Northeast Nigeria
14. Pakistan
15. Somalia
16. South Sudan
17. Sudan
18. WOS
19. Yemen
## Summary - National Leadership & Staffing, Subnational Locations

<table>
<thead>
<tr>
<th>Operation</th>
<th>Lead/co-lead/co-facilitator/co-chair</th>
<th>Coordinator</th>
<th>IM</th>
<th>Subnational presence</th>
<th>Subnational locations with lead/co-lead/co-facilitator/co-chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Afghanistan</td>
<td>UNICEF, Action Against Hunger</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Herat (UNICEF) - Jalalabad (UNICEF) - Central Region (UNICEF) - Kundahar (UNICEF)</td>
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<tr>
<td>2.1-Cameroon - National</td>
<td>Ministry of Public Health; UNICEF</td>
<td>Partial</td>
<td>No</td>
<td>Yes</td>
<td>Maroua (Ministry of Health, UNICEF)</td>
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<tr>
<td>2.2-Cameroon - Regional</td>
<td>UNICEF</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Bouar (UNICEF) - Bambari (UNICEF) - Kaga Bandoro (UNICEF)</td>
</tr>
<tr>
<td>3-Central African Republic</td>
<td>UNICEF</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Jijiga (Ministry of Health, UNICEF)</td>
</tr>
<tr>
<td>4-Chad</td>
<td>UNICEF; International Rescue Committee</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Lac (UNICEF)</td>
</tr>
<tr>
<td>5-Columbia</td>
<td>FAO; WFP; UNICEF</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>6-DRC</td>
<td>Ministry of Health, Coopi; UNICEF</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Grant Kasai (UNICEF) - Goma (UNICEF) - Bukavu (UNICEF) - Kalemie (UNICEF)</td>
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<td>7-Ethiopia</td>
<td>National Disaster Management Authority (NDMA); UNICEF</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Jijiga (Ministry of Health, UNICEF)</td>
</tr>
<tr>
<td>8-Haiti</td>
<td>Ministry of Public Health and Population (MSPP); UNICEF</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
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<tr>
<td>9-Iraq</td>
<td>WHO; International Medical Corps</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Anbar (WHO, Directorate of Health) - Dohuk (WHO, Directorate of Health) - Sulaymaniyah (WHO, Directorate of Health) - Diyala (WHO, Directorate of Health) - Erbil (WHO, Directorate of Health) - Kirkuk (WHO, Medair, Directorate of Health) - Mosul (WHO, Directorate of Health) - Salah Al Din (WHO, Directorate of Health)</td>
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<tr>
<td>10-Libya</td>
<td>WHO; Ministry of Health</td>
<td>Partial</td>
<td>Partial</td>
<td>Yes</td>
<td>Benghazi (Ministry of Health, WHO)</td>
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<td>11-Mali</td>
<td>Action Against Hunger; UNICEF</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Gao (UNICEF)</td>
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<td>12-Myanmar</td>
<td>UNICEF</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Sittwe (UNICEF, State Health Department) - Myikyina (UNICEF)</td>
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<td>13-Niger</td>
<td>Ministry of Health; Action Against Hunger; UNICEF</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td></td>
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<tr>
<td>14-Nigeria - Regional</td>
<td>Ministry of Health; UNICEF</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yobe (Action Against Hunger)</td>
</tr>
<tr>
<td>15-oPt</td>
<td>WHO; Ministry of Health</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Gaza (WHO)</td>
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<tr>
<td>16-Pakistan</td>
<td>UNICEF; Department of Health Khyber Pakhtunkhwa and Tribal Districts</td>
<td>Partial</td>
<td>Yes</td>
<td>Yes</td>
<td>Khyber Pakhtunkhwa (UNICEF, Department of Health Khyber Pakhtunkhwa and Tribal Districts)</td>
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<td>17-Somalia</td>
<td>UNICEF; Ministry of Health; WFP</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Galgudud (Save the Children, Towi Ummul Umbra Organization (TUUD)) - Hiraan (Save the Children, Relief International) - Bakool (Garsoor Relief and Development Organization (GREDO), Mandher Relief and Development Organization (MARDO)) - Middle Shabelle (ZAMZAM, Ministry of Health, HSH) - Banadir (CPD Africa, Save the Children, Ministry of Health) - Bay, Lower Shabelle (DMO, Ministry of Health, SWS, New Ways Organization) - Gedo (Somali Relief and Development Action (SRDA), HIRDA)</td>
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<td>18-South Sudan</td>
<td>UNICEF; Concern; WFP; Action Against Hunger</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Central Equatoria (UNICEF, WFP) - Eastern Equatoria (UNICEF, WFP) - Jonglei (UNICEF, WFP) - Lakes (UNICEF, WFP) - Northern Bahr el Ghazal (UNICEF, WFP) - Unity (UNICEF, WFP) - Upper Nile (UNICEF, WFP) - Warrap (UNICEF, WFP) - Western Bahr el Ghazal (UNICEF, WFP) - Western Equatoria (UNICEF, WFP)</td>
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<td>19-Sudan</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Zalangi (UNICEF) - East Darfur (UNICEF) - El-Fasher (UNICEF) - Nyala (UNICEF) - Kassala (UNICEF) - Kadugli (UNICEF) - Ad Damazien (UNICEF)</td>
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<td>20-Syria - within Syria</td>
<td>Ministry of Health; UNICEF</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Garmishi (UNICEF) - Aleppo (UNICEF) - Tartous/ Latakia (UNICEF) - Homs (UNICEF) - Damascus (UNICEF)</td>
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<td>21-Ukraine</td>
<td>WHO</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Donetsk (WHO) - Kramatorsk (WHO) - Luhans (WHO) - Severodonetsk (WHO)</td>
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<td>22-Yemen</td>
<td>UNICEF; MoPHP</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Sa’ada (UNICEF, Save the Children) - Aden (UNICEF, International Rescue Committee) - Al Hudaydah (UNICEF, Action Against Hunger) - Ibb (UNICEF, HAD)</td>
</tr>
</tbody>
</table>
The nutritional situation in Afghanistan continues to be alarming. Ongoing conflict, low access to basic services, and impact of natural disasters have exacerbated the existing vulnerabilities of communities, contributing towards high rates of acute malnutrition.

The findings of most recent nutrition surveys across Afghanistan show that 22 out of 34 provinces are currently above the emergency level threshold of acute malnutrition based on WHO classification of wasting rates for children under the age of five (global acute malnutrition (GAM) ≥10 per cent with aggravating factors). The impact of drought in 2018 is likely to extend through mid-2019 (next harvest period), further aggravating the poor nutritional situation. Children under the age of five and pregnant & lactating women (PLW) are the most vulnerable population groups to acute malnutrition. Annually, an estimated 2 million children under the age of five and 485,000 pregnant and lactating women (PLW) are affected by acute malnutrition. Among the 2 million children under the age of five years who are suffering from acute malnutrition in Afghanistan, a staggering 600,000 children (29 percent) are suffering from severe acute malnutrition (SAM), which is the most dangerous form of undernutrition in children.

Despite scale up of treatment of acute malnutrition services over the last years, a significant proportion of children with acute malnutrition continue to have no access to treatment.

Response Strategy:

- Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases.
- Deliver timely lifesaving nutrition services for vulnerable population groups affected by new crisis focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions, nutritional supplementation and optimal maternal nutrition.
- Strengthen system, capacity, partnership and coordination for robust evidence based decision making for timely emergency nutrition response.

Challenges:

- Insecurity and access difficulties: The insecurity situation limits the continuous provision of life saving emergency nutrition services, frequent program monitoring and supportive supervision activities. Emergency nutrition services at times have been interrupted due to insecurity and access difficulty that hindered delivery of essential supplies to nutrition facilities providing treatment of acute malnutrition services in remote villages.
- Low coverage of health services: The scale up of life saving nutrition services in drought affected provinces was difficult due to limited availability of fixed health facilities with adequate staff.
- Inadequate response from nutrition sensitive sectors: The nutrition situation can only be improved through multi-sectoral response with adequate coverage. Due to capacity and resource limitations the response from coverage of response from health, WASH and food security clusters hasn’t been adequate enough to improve the nutrition status of vulnerable groups.

Priorities for 2019:

The Nutrition cluster aims to ensure timely access to a package of life-saving emergency services to nutritionally-vulnerable and acutely malnourished children under five, as well as pregnant and lactating women (PLW) in provinces with a critical emergency-level nutrition situation. In 2019, Nutrition cluster targeted to reach about 960,000 children under five, pregnant and lactating women through package of emergency nutrition services. A total of 273,504 children under five with SAM and 335,896 MAM will receive treatment. In addition, 128,159 PLW with acute malnutrition will be admitted to targeted supplementary feeding program. Nutrition cluster also responds to nutritionally at risk children under five and PLW affected by rapid onset emergencies such as conflict and natural disaster induced displacements. A total of 83,736 mothers (caretakers) will receive infant and young child feeding (IYCF) in emergency counselling services; and 77,937 children under five will be provided with micronutrient Supplementation.

NocNutrition cluster continues to strengthen system, capacity, partnership and coordination for robust evidence based decision making for timely emergency nutrition response. Coordination in five sub national coordination zones will be maintained; the nutrition situation will be monitored through nutrition surveillance sentinel sites across 34 provinces and provincial SMART nutrition surveys. In 2019 Capacity development will focus on Emergency preparedness, humanitarian coordination and Infant and Young Child Feeding in Emergency (IYCF-E).

Achievements Per Activity

### Children 6-59 months
- **SAM new admissions**
  - PIN: 571,000
  - Target: 236,000
  - Reached: 216,000
  - % Reached against target: 92%
  - % Reached against PIN: 38%

- **MAM new admissions**
  - PIN: 1,059,903
  - Target: 265,960
  - Reached: 317,791
  - % Reached against target: 119%
  - % Reached against PIN: 30%

- **IYCF-E counselling for PLW and caretakers of infants & under 2s**
  - PIN: 98,496
  - Target: 5,000
  - Reached: 12,149
  - % Reached against target: 243%
  - % Reached against PIN: 12%

### Pregnant and Lactating Women (PLW)
- **BSFP new admissions**
  - PIN: 443,062
  - Target: 146,785
  - Reached: 178,456
  - % Reached against target: 122%
  - % Reached against PIN: 40%

### Nutrition Resources
- **HNO 2019**
- **HRP 2019**

### Nutrition Guidelines
- **CMAM Guidelines**: Yes
- **IYCF Guidelines**: No
- **Nutrition Assessment Guidelines**: No

### Key Figures In 2019
- **PIN**: 2.1 M
- **Target**: 1 M
- **Funding In 2019**
  - Required: 57.6 M
  - Received: 265,960

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**Legend**
- GAM*: Prevalence
  - <5% - (Acceptable)
  - 5% - 9.9% with aggravating factors - (serious)
  - >10% with aggravating factors - (Critical)
  - # of People Reached
The NS established various facilities providing essential nutrition services to all Rohingya and host communities. The extent and seriousness of malnutrition has declined since 08/2017, but the efforts need to continue. Screening and treatment of children with SAM reached 85% of the target ensured that no nutrition emergency developed. Malnutrition indicators have significantly improved until the end of 2018. A third SMART assessment in Nov/2018 showed a GAM rate in makeshift settlements of 11.0% down from 19.3% in Nov/2017 and a MAM rate of 9.9%, down from 16.3%. However, anemia and other important indicators strongly linked to IYCF have not improved and will continue to be a priority. Integration of different nutrition services and integration or co-location with health facilities has started. Standardized tools to support nutrition services have been developed and are used by all partners.

Nutrition services are available, accessible and operational in all camps.

Response Strategy:

- To reduce excess mortality and morbidity among boys and girls under 5 years, PLW and other vulnerable groups through provision of life-saving interventions to treat Severe and Moderate Acute Malnutrition.
  * improving the quality of services provided in facilities, including outreach, referral and follow-up
  * restructuring and integration of facilities/services
- To reduce the burden of malnutrition among boys, girls, PLWs and other vulnerable groups through the strengthening and scale up of malnutrition prevention interventions. Strong focus on effective application of IYCF-E services at household levels (dissemination of information, etc.), through community groups and counseling.
- To strengthen the collective nutrition sector response through timely collection and analysis of nutrition data, information management and effective coordination. Improvement of monitoring and data analysis tools and the regular collection of evidence will continue, including assessments to guide the sector response. The NS will strengthen camp level coordination of the nutrition partners.

Challenges:
The large number of staff required by the sector and high staff turnover makes it difficult to recruit, train and maintain a skilled workforce, especially females. Most staff of the NS partners are overwhelmed with work, although the situation has stabilized significantly, but due to the large number of refugees and facilities, the workload is still extremely high. Identification of SAM and MAM children needs further improvement in terms of skills of outreach workers and volunteers and application of methodology. The integration of nutrition facilities/services remains a priority, but is difficult to achieve due to lack of space. Communication with Rohingya requires better understanding of socio-cultural, religious, linguistic and other issues determining knowledge, understanding, attitude and behavior of caregivers. Some vulnerable groups (people with disabilities, elderly, malnourished adolescents and adults, etc.) are not well covered.

Priorities for 2019:

- Restructuring/consolidation of NS facilities
  * Integration of facilities to “CMAM facilities”
  * Co-location with health facilities (in future integration)
  * Reduction and relocation of facilities
  * New system for stabilisation services
- Strengthening of CMAM
  * Cascaded training plan
  * Supervision, coaching & staff exchange
- Strengthening of IYCF
  * Cascaded training plan
  * Supervision, coaching & staff exchange
  * Expansion of outreach
  * Counseling (one on one)
  * Group sessions (more intensive than messaging, but in groups)
  * CNV IYCF messaging
- Data collection, monitoring and utilization
  * Assessments & surveys
  * Reporting, processing, analysis and utilization of data
  * Feedback to facilities
  * Web-based tool (DHIS-2)
- Strengthening field/camp level coordination
- Strengthening engagement with communities
  * Feedback sessions, FGD, etc. (AAP)
  * Increasing intersectoral collaboration
  * Strengthening support to Host Communities
  * Ensuring Monsoon/Cyclone Preparedness for camps and Ukhiya and Teknaf

Cluster Information

<table>
<thead>
<tr>
<th>Coordination mechanism:</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Deputy:</td>
<td>None</td>
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<tr>
<td>IMO:</td>
<td>NOB TA</td>
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Coordination arrangement: UNICEF led Sub-national, but not under the National Cluster. The national NC is not currently involved in any response coordination, but rather focusing on national/district preparedness. 1 NS

Partners (19)

<table>
<thead>
<tr>
<th>NNGOS</th>
<th>INGOS</th>
<th>UN AGENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>7</td>
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</tr>
</tbody>
</table>

Key Events

- IYCF-E (2 days)
- CCPM (1 day)
- Breastfeeding campaign
- Nutrition Action Week
- IYCF and cholera (2 days)
- CMAM TOT (5 days)
- Numerous roll out training activities of the implementing partners

Key Documents

- JRP 2019

Key Figures In 2018

<table>
<thead>
<tr>
<th>PIN</th>
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Funding in 2018

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<td>56.7 M</td>
<td>35.8 M</td>
<td>20.9 M</td>
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63% 37%

Key Links

Cluster Coordinator Contact

Ingo Neu ineu@unicef.org;
Achievements Per Activity

**Nutrition Resources**

- HRP 2019
- CMAM Guidelines

**Nutrition Guidelines**

- CMAM Guidelines: Yes
- IYCF Guidelines: No
- Nutrition Assessment: No Guidelines

**Key Figures In 2019**

- PIN: 0.346 M
- Target: 0.298 M
- Funding In 2019:
  - Required: 48.1 M
  - Received: [Details not provided]
Specifically, based on the DHS III 2017 and SMART 2018 surveys, children under five years of age face an alarming chronic malnutrition level of 56%, while global acute malnutrition (GAM) is low (4.5%). There are some discrepancies between provinces but none of the provinces have a GAM rate above 10%. Surveys indicate that boys are overall more vulnerable than girls to undernutrition. Food insecurity remains a concern, mainly due to climate change and high chronic food insecurity. From IPC July-September 2018 results, 1 in 2 households faced food insecurity. Diarrhea, fever and acute respiratory infections in children under five are a key underlying cause of undernutrition.

Response Strategy:

- Ensure access to nutrition quality care for 285,000 girls and boys aged 6-59 months with acute malnutrition (MAM and SAM), and 60,000 acutely malnourished pregnant and lactating women in the 11 priority provinces.
- Establish a nutritional surveillance and monitoring system for 700,000 girls and boys aged 6-59 months and women in the 11 priority provinces.
- Prevent malnutrition among girls and boys aged 6-23 months, and pregnant and lactating women through food supplementation, distribution of multi micro-nutrients and promotion of essential family practices in the 11 priority provinces.
- Coordinate integrated interventions at the national and decentralized level, ensuring an integrated response at central, provincial and district levels.

Challenges:

Supply chain management and end use monitoring to ensure children in need receive the right ration remain key challenges.

Priorities for 2019:

- Access to quality care services: 125,800 people including 115,000 children under 5 (58,600 girls and 56,400 boys) and 68,400 pregnant and breastfeeding women, including more than 15,000 from specific categories (internally displaced persons and returnees), will have access to treatment services for acute malnutrition and other nutrition interventions.
- Nutritional surveillance: active screening will be organized for children in the 12 priority provinces and chil-

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© Breastfeeding baby ©UNICEF/Burundi 2018, E. Zanou

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Cluster Information

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<thead>
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<td>IMO:</td>
<td>P3 TA Information</td>
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Coordination arrangement: MoH Lead and UNICEF Co Lead

Partners (21)

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Project (9) Stand-alone nutrition (0)

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</thead>
<tbody>
<tr>
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<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>

Key Events

- Mar 2018 Training on Nutrition SMART Methodology
- Mar Workshop on Theory of Change on Stunting Reduction : Regional Review
- Nov Two Vitamin A supplementation campaigns organized targeting children 6-59 months

Key Documents

- 2018 National SMART Survey
- 2018 HRP

Key Figures In 2018

- PIN: 1.4 M
- Target: 1.1 M
- Reached: 0.7 M

Funding in 2018

- Required: 18 M
- Received: 6.3 M (35%)
- Unmet: 11.7 M (65%)

Key Links

- HR.info
- fts

Cluster Coordinator Contact

Elizabeth Zanou ezanou@unicef.org
 Achievements Per Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>PIN</th>
<th>Target</th>
<th>Reached</th>
<th>% Reached against target</th>
<th>% Reached against PIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAM new admissions</td>
<td>70,000</td>
<td>70,000</td>
<td>56,000</td>
<td>86%</td>
<td>86%</td>
</tr>
<tr>
<td>MAM new admissions</td>
<td>215,000</td>
<td>185,000</td>
<td>145,000</td>
<td>78%</td>
<td>67%</td>
</tr>
<tr>
<td>IYCF-E counselling for PLW and caretakers of infants &amp; under 2s</td>
<td>166,000</td>
<td>166,000</td>
<td>116,820</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>BSFP new admissions</td>
<td>1,807,283</td>
<td>1,807,283</td>
<td>1,555,225</td>
<td>86%</td>
<td>86%</td>
</tr>
<tr>
<td>Vitamin A supplementation</td>
<td>392,430</td>
<td>392,000</td>
<td>98,108</td>
<td>25%</td>
<td>25%</td>
</tr>
</tbody>
</table>

**Nutrition Resources**

- **HNO 2019**
- **HRP 2019**

**Nutrition Guidelines**

- CMAM Guidelines: Yes
- IYCF Guidelines: Yes, but needs updating
- Nutrition Assessment Guidelines: Yes

**Key Figures In 2019**

<table>
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<td>0.1 M</td>
</tr>
<tr>
<td>Funding In 2019</td>
<td>5 M</td>
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</tbody>
</table>

Global Acute Malnutrition Map ©UNICEF/Burundi 2018, M. Misengo
Situation Analysis:

The proportion of people in need of humanitarian aid is among the highest in the world. Nearly 1 in 2 Central Africans—including 2.2 million children—depend on aid to survive. Due to increased number and geographic spread of violent clashes by armed groups, nearly 600,000 people are internally displaced. According to recent data, prevalence of SAM was higher than the WHO threshold of 2 percent in 39 sub-prefectures (out of 71 sub-prefectures). GAM was higher than WHO threshold of 15 percent, in 6 sub-prefectures, alongside aggravating factors of food insecurity and elevated morbidity.

At national level, the prevalence of global acute malnutrition (GAM) and SAM, as well as chronic malnutrition, have remained stagnant throughout the crisis. National level figures however mask the variability in the situation, considering most vulnerable areas are inaccessible. The reality for too many women and children may be even more dire, in particular in inaccessible areas. Chronic malnutrition among children under five is beyond the public health emergency threshold of 40 per cent in seven out the 16 prefectures in the country.

The last IPC analysis indicated that 1.9 million people were food insecure in September 2018. According to the same analysis, 5 prefectures are classified as IPC Phase 4, and 8 prefectures are in Phase 3, which will become IPC Phase 4 without immediate assistance. The nutrition situation in CAR is exacerbated by limited access to health and nutrition services for people who fled to the bush or are living in IDP sites with insufficient potable water, poor infant and young children feeding practices and food insecurity.

Response Strategy:

• Provide equitable access to life-saving interventions to treat acute malnutrition of at least 75% of expected caseload
• To prevent deterioration of nutritional status of at least 80% of expected caseload
• Improve the management of acute malnourished children

Challenges:

• Delayed in the supplies pipeline and limited access to several areas due to insecurity severely compromised the effective scale-up of nutrition package – destroyed health facilities.
• Human resources: Insecurity and ability to maintain teams in the field location due to the volatile situation – High turnover of staff.
• Limited capacity in carrying out Infant and Young Child feeding interventions

Priorities for 2019:

• Support Nutrition surveillance and early warning system at large scale;
• Increase coverage of SAM and MAM treatment by using various strategies including simplified protocol or expanded admission criteria.
• Scale up prevention – promotion of Infant Young and children Feeding and others family practices
• Use cash transfer in the nutrition emergency response to avoid relapse of SAM;
• Maintain nutrition cluster coordination;
• Resource mobilization

© CAR—Nutrition Cluster meeting
# Central African Republic Annual Report

## Achievements Per Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>PIN</th>
<th>Target</th>
<th>Reached</th>
<th>% Reached against target</th>
<th>% Reached against PIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAM new admissions</td>
<td>37,287</td>
<td>27,961</td>
<td>33,026</td>
<td>110%</td>
<td>99%</td>
</tr>
<tr>
<td>MAM new admissions</td>
<td>50,414</td>
<td>4,000</td>
<td>6,921</td>
<td>173%</td>
<td>14%</td>
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<tr>
<td>IYCF-E counselling for PLW and caretakers of infants &amp; under 2s</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>BSFP new admissions</td>
<td>31,250</td>
<td>25,000</td>
<td>14,655</td>
<td>50%</td>
<td>47%</td>
</tr>
<tr>
<td>Vitamin A supplementation</td>
<td>263,319</td>
<td>210,655</td>
<td>237,642</td>
<td>113%</td>
<td>90%</td>
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<tr>
<td>Micronutrient Supplementation</td>
<td>263,000</td>
<td>210,000</td>
<td>165,542</td>
<td>79%</td>
<td>63%</td>
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</table>

## Nutrition Resources

- **HNO 2019**
- **HRP 2019**

## Nutrition Guidelines

- **CMAM Guidelines**: Yes, but needs updating
- **IYCF Guidelines**: No
- **Nutrition Assessment Guidelines**: No

## Key Figures In 2019

<table>
<thead>
<tr>
<th>PIN</th>
<th>Target</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1 M</td>
<td>0.6 M</td>
<td>26 M</td>
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*Note: The data represents achievements from January to December 2018.*
CHAD Annual Report

Situation Analysis:
In 2018, Chad continued to face three interconnected humanitarian crises, affecting 4.4 million people throughout the country; including 2.5 million children: insecurity and malnutrition, forced displacement and health emergencies. Food insecurity and malnutrition continued to affect 4 million people including 409,000 refugees and 71,000 returnees. The nutritional situation remains a concern in Chad, and the results of the 2018 national SMART survey reveal a deterioration in the state of nutrition of children with a national global acute malnutrition (GAM) rate of 13.9%. The WHO 15% emergency threshold is exceeded in 12 of the 23 provinces of Chad. The national prevalence of severe acute malnutrition (SAM) is 3.9%, above the emergency threshold of 2%, and above the 2.6% rate of 2016. 15 out of 23 regions exceed the 2% emergency threshold for severe acute malnutrition. More than 2 million people do not have access (or insufficient access) to basic social services including health, education, drinking water and sanitation.

Response Strategy:
• Save and preserve the life and dignity of the affected population
• Strengthen community nutrition interventions
• Reduce the vulnerability of affected populations through resilience building
• Contribute to the protection of vulnerable populations and strengthen accountability to affected populations
• Strengthen health systems and coordination mechanisms

Challenges:
• Poor funding and implementation of undernutrition prevention interventions
• Insecurity of financing impacting the nutrition pipeline
• Absence of contingency stocks
• Limited services available for health centres (no advanced strategies or mobile clinics)
• Low coverage (57% at the end of 2018)
• Geographic accessibility (only 20% of the population living within 5 km of the health center)
• Low completeness and promptness of data
• Unequal distribution of human resources for nutrition programme implementation, both in quality and quantity
• Insufficient quality monitoring in the implementation of interventions and supervision of health personne
• Limited resources, limited services and cultural barriers (habits and customs) hamper the achievement of targets

Priorities for 2019:
• Ensure the adequate care of 304,589 persons suffering from severe acute malnutrition and 300,000 cases of moderate acute malnutrition among children <5 years in the 16 priority regions
• Strengthen prevention of different forms of malnutrition and nutritional resilience through implementation of the community component, scaling up Infant and Young Child Feeding, IMCI and early case detection. These activities will target 100,000 pregnant and lactating women, 162,593 cases of blanket feeding, 436,062 people for IYCF activities .
• Maintain and strengthen coordination of nutrition activities, nutritional surveillance and emergency preparedness system .
• Strengthen the availability and accessibility of appropriate acute malnutrition care services and promote accountability and cross-cutting protection. Integration of care in 1,126 nutritional units including 750 OTP, 37 IPC and 339 SFC

Cluster Information

Coordination mechanism: Cluster
Year of activation: 2015
NCC: UNICEF P3 TA
Deputy: IRC
IMO: NONE

Coordination arrangement: UNICEF, MoH co-lead; IRC co-facilitator
2 sub-national hubs in Lac province and Logone oriental province

Partners (39)

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<thead>
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<th>INGOS</th>
<th>UN AGENCIES</th>
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Project (25) Stand-alone nutrition (25)

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Key Events

Key Figures in 2018

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Funding in 2018

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<tr>
<td>Unmet</td>
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70% 30%

Key Links

Cluster Coordinator Contact
Jean Jacques Inchi suhene jsuhene@unicef.org
## Achievements Per Activity

### Children 6-59 months

<table>
<thead>
<tr>
<th>Activity</th>
<th>PIN</th>
<th>Target</th>
<th>Reached</th>
<th>%Reached against target</th>
<th>%Reached against PIN</th>
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</thead>
<tbody>
<tr>
<td>SAM new admissions</td>
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<td>294,500</td>
<td>264,015</td>
<td>90%</td>
<td>78%</td>
</tr>
<tr>
<td>MAM new admissions</td>
<td>537,955</td>
<td>211,116</td>
<td>96,081</td>
<td>46%</td>
<td>18%</td>
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<td></td>
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<tr>
<td>BSFP new admissions</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Vitamin A supplementation</td>
<td>4,340,975</td>
<td>4,340,975</td>
<td>3,682,892</td>
<td>85%</td>
<td>85%</td>
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<tr>
<td>Micronutrient Supplementation</td>
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### Pregnant and Lactating Women (PLW)

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<td>294,500</td>
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<td></td>
<td>96,081</td>
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<tr>
<td></td>
<td>4,340,975</td>
<td>4,340,975</td>
<td>3,682,892</td>
<td>85%</td>
<td>85%</td>
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### Nutrition Resources

- HNO 2019
- HRP 2019
- CMAM guidelines

### Nutrition Guidelines

- CMAM Guidelines: Yes
- IYCF Guidelines: Yes
- Nutrition Assessment Guidelines: Yes, but needs updating

### Key Figures In 2019

- PIN: 2.2 M
- Target: 1.2 M
- Funding In 2019: Required: 69.6 M, Received: 69.6 M
Situation Analysis:
More than a decade, nutrition is major public health issue in DRC. From DHS survey in 2014:
- 43 percent of children under the age of five suffer from stunting (more than 6 million children);
- 7.9 percent of children under five suffer from wasting (more than 4 million children);
- 23 percent of children are underweight.
- 14.4 percent of women have an energy deficit.
- 38 percent of women of childbearing age are anemic.
- IPC October 2018: 13.1 million people are food insecure.

Response Strategy:
As per 2018 HRP:
- Specific Objective 1: Immediate improvement of the living conditions of the people affected by the crisis and in priority the most vulnerable.
- Specific objective 4: Decrease excess mortality and excess morbidity of people affected by the crisis.

Challenges:
- Low access to several health facilities related to insecurity and poor road conditions.
- Low level of integration of nutrition aspect in the Food Security, WASH and Social Protection projects.
- The cluster guideline is not updated.
- Cluster IMO position vacant which has resulted to challenges with data management.
- Donor priorities (geographical location) conflicting with effective priority locations.

Priorities for 2019:
- Update cluster guideline to integrate IYCF-E and new data from recent surveys and studies (MICS 2018 and Incidence Correction Factor Study).
- Advocacy for the integration of nutrition into the multisectoral projects of NGOs, and also its effective integration into the Minimum Package of Health facilities activities.
- Advocacy for alignment of donors priorities with effective priority areas.

- Ensure adequate human resources for cluster coordination team.

Cluster Information
Coordination mechanism: Cluster
Year of activation: 2006
NCC: UNICEF P3 FT
Deputy: COOPI, Country NC
IMO: Vacant (GNC RRT)

Coordination arrangement: National level: UNICEF lead, COOPI (INGO) co-lead, PRONANUT (MoH) co-lead.

Partners:

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<th>INGOS</th>
<th>UN AGENCIES</th>
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OBSERVERS | DONORS | N AUTHORITIES |
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2         | 38     | 1             |

Projects:

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<td>34</td>
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Key Events:

Sep 2018: IYCF-E training in Kinshasa and Goma.
Dec 2018: Cluster geographical location prioritization.

Key Documents:
- Mapping of stakeholders and interventions of the nutrition sector in the DRC.
- Health zone level prioritization mapping for CMAM interventions in 2019.

Key Figures In 2018

<table>
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<tr>
<th>PIN</th>
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<tbody>
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Funding in 2018

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<td>79.6 M</td>
</tr>
<tr>
<td>Unmet</td>
<td>118.1 M</td>
</tr>
</tbody>
</table>

Key Links

Cluster Coordinator Contact
Kalil Sagno ksagno@unicef.org
Achievements Per Activity

Children 6-59 months

<table>
<thead>
<tr>
<th>PIN</th>
<th>Target</th>
<th>Reached</th>
<th>% Reached against target</th>
<th>% Reached against PIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAM new admissions</td>
<td>2,001,794</td>
<td>1,000,895</td>
<td>274,136</td>
<td>27%</td>
</tr>
<tr>
<td>MAM new admissions</td>
<td>1,659,003</td>
<td>829,502</td>
<td>260,536</td>
<td>31%</td>
</tr>
<tr>
<td>IYCF-E counselling for PLW and caretakers of infants &amp; under 2s</td>
<td>348,767</td>
<td>348,767</td>
<td>138,074</td>
<td>40%</td>
</tr>
<tr>
<td>BSFP new admissions</td>
<td>348,767</td>
<td>348,767</td>
<td>138,074</td>
<td>40%</td>
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Pregnant and Lactating Women (PLW)

<table>
<thead>
<tr>
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<th>Target</th>
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<th>% Reached against target</th>
<th>% Reached against PIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIN</td>
<td>542,358</td>
<td>81,352</td>
<td>114,325</td>
<td>141%</td>
</tr>
<tr>
<td>BSFP new admissions</td>
<td>192,517</td>
<td>192,517</td>
<td>54,737</td>
<td>28%</td>
</tr>
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</table>

Nutrition Resources

- HNO 2019
- HRP 2019
- CMAM guidelines
- IYCF guidelines
- Assessment guidelines

Key Figures In 2019

- PIN: 3 M
- Target: 2.3 M
- Funding In 2019: Required: 160 M
Response Strategy:
Ensuring effective treatment is delivered through the National CMAM programme for all children under five years and pregnant and lactating women suffering from acute malnutrition; ensuring early case detection and referral; enhanced access to quality services from remote and hard-to-reach communities including IDP sites; promotion of continuum of care for SAM and MAM treatment; IYCF-E promotion across all interventions and promotion of nutrition prevention services notably Vitamin A supplementation and biannual provision of antihelminths to prevent micronutrient deficiencies.

Challenges:
Elevated needs due to a spike in IDPs to circa 2.95 million overstretched the health system and resources in 2018. Areas previously food secure, with little emergency response expertise, are now dealing with a high IDP burden; additional locations required new pipelines and technical support. Ensuring a fully-integrated approach to emergency response requires predictable early funding, joint planning and monitoring systems to be in place. The political unrest and subsequent instability across several zones disrupted routine health and nutrition services and emergency response and, in some areas, limited access to affected communities for certain periods. TSFP pipeline ruptured mid-year due to under-funding and the additional needs in the IDP response.

Priorities for 2019:
Roll out the new protocol for acute malnutrition treatment (AM Treatment Guidelines FMOH 2018). Expand IMAM to an additional 100 food-insecure woredas. Ensure treatment of 487,969 children under five years with SAM and 1.43 million with MAM, and 1.43 million PLW with acute malnutrition. Prioritise response for IDPs and communities affected by acute food insecurity driven by inadequate rains and lack of recovery. Support health systems to withstand future shocks. Promote links with nutrition prevention, development and recovery initiatives.

Situation Analysis:
In 2018, despite productive belg and kiremt rains in much of the country, the scale and locations affected by high food insecurity and malnutrition remained high. Prioritised emergency nutrition response was given in: areas of protracted drought conditions, mainly across the southern belt and extensively across Somali Region, parts of Oromia, Afar, and pocket areas of Amhara and Tigray regions. In Somali Region, due to lack of recovery in communities affected by 3 years of successive sub-optimal rains and instability that ensued from August unrest, there was an almost complete cessation of basic service provision, including health and nutrition services, for two months. This created significant turnover of trained health personnel and the temporary withdrawal of IPs. There were also increased emergency nutrition response needs, due to a sudden rise of conflict-affected internally displaced people (IDP) along the Oromia-Somali border, Gedeo and West Guji Zones and at the end of the year across Kamashi Zone of Benishangul Gumuz and East and West Wellega zones of Oromia Region. The total IDP population reached 2.95 million by the end of 2018 (climate and conflict related).
## Ethiopia Annual Report

### Achievements Per Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>PIN</th>
<th>Target</th>
<th>Reached</th>
<th>%Reached against target</th>
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</tr>
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<tbody>
<tr>
<td><strong>Children 6-59 months</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAM new admissions</td>
<td>370,000</td>
<td>370,000</td>
<td>330,000</td>
<td>89%</td>
<td>89%</td>
</tr>
<tr>
<td>MAM new admissions</td>
<td>1,500,000</td>
<td>1,500,000</td>
<td>1,140,000</td>
<td>76%</td>
<td>76%</td>
</tr>
<tr>
<td>IYCF-E counselling for PLW and caretakers of infants &amp; under 2s</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSFP new admissions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin A supplementation</td>
<td>1,500,000</td>
<td>1,500,000</td>
<td>1,500,000</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Micronutrient Supplementation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pregnant and Lactating Women (PLW)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target</td>
<td>1,400,000</td>
<td>1,400,000</td>
<td>1,120,000</td>
<td>144%</td>
<td>144%</td>
</tr>
<tr>
<td>Reached</td>
<td>1,600,000</td>
<td>1,600,000</td>
<td>2,300,000</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>

### Nutrition Resources

- HNO 2019
- HRP 2019

### Nutrition Guidelines

- CMAM Guidelines: Yes
- IYCF Guidelines: Yes
- Nutrition Assessment Guidelines: Yes

### Key Figures In 2019

- **Funding In 2019**
  - Required: 202.9 M
  - Received: 1,140,000

---

**Ethiopia hot spot classification, July 2018**

- **Nutrition Resources**
- **Nutrition Guidelines**
- **Key Figures In 2019**
Situation Analysis:

Based on the IPC analysis, MVAC projects that 3,306,405 people will be facing severe hunger and IPC Phase 3 or worse, and would require humanitarian assistance ranging from 2 to 6 months’ duration during the 2018/2019 consumption year. SMART survey results in February 2018 have shown that the overall nutritional status of children under-five was within acceptable ranges, as per WHO global standards (prevalence <5%) and better compared to results of the last two assessments. Overall weighted global acute malnutrition (GAM) prevalence was 1.3% (0.9-1.9), down from 4.1% in the lean period of December 2016 and lower than the post-harvest period of May 2017 (2.2%).

Response Strategy:

In October, the Department of Disaster Management Affairs (DODMA) Malawi activated food security and nutrition clusters and required them to compile response plans based on the MVAC-led IPC analysis, with 3,306,405 people in Malawi being in IPC Phase 3 or worse, and will require humanitarian assistance during the 2018/2019 consumption year. As per the lessons learnt over the past three years the Nutrition Cluster response found to be critical.

Challenges:

Supplies for supplementary feeding programs and nutrition care, support and treatment programs were repositioned from contingency stocks to cover the response period. Thus, all the contingency stocks were exhausted. Those stocks will be replenished through continuous advocacy and fundraising efforts.

Priorities for 2019:

- Whilst providing a short-term emergency response, the focus must also be on other nutrition-sensitive interventions with goals to improve food security, and, subsequently improve the diets of children aged 6 to 59 months.
- Community systems for managing acute malnutrition need to be strengthened and enough capacity built to ensure sustained success in the nutrition situation of children.
- For adolescents and adults, there is a need for programming to shift focus to addressing problems of overnutrition while managing cases of undernutrition. In addition, more data is required to map out other nutritional problems faced by these groups and to understand the determinants of their nutritional status for more targeted and informed programming.

© Caregiver feeding a child with RUTF - UNICEF Malawi 2018
Achievements Per Activity

### Children 6-59 months

<table>
<thead>
<tr>
<th>PIN</th>
<th>Target</th>
<th>Reached</th>
<th>% Reached against target</th>
<th>% Reached against PIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAM new admissions</td>
<td>67,000</td>
<td>50,850</td>
<td>45,085</td>
<td>89%</td>
</tr>
<tr>
<td>MAM new admissions</td>
<td>130,000</td>
<td>97,500</td>
<td>88,465</td>
<td>91%</td>
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<td>IYCF-E counselling for PLW and caretakers of infants &amp; under 2s</td>
<td></td>
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</tr>
<tr>
<td>BSFP new admissions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin A supplementation</td>
<td>3,000,000</td>
<td>2,700,000</td>
<td>2,700,000</td>
<td>100%</td>
</tr>
<tr>
<td>Micronutrient Supplementation</td>
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### Pregnant and Lactating Women (PLW)

<table>
<thead>
<tr>
<th>PIN</th>
<th>Target</th>
<th>Reached</th>
<th>% Reached against target</th>
<th>% Reached against PIN</th>
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<tbody>
<tr>
<td>60,000</td>
<td>45,000</td>
<td>36,030</td>
<td>90%</td>
<td>60%</td>
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**Key Figures In 2019**

<table>
<thead>
<tr>
<th>PIN</th>
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<tr>
<td>2 M</td>
<td>2 M</td>
<td>12 M</td>
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**Nutrition Guidelines**

- CMAM Guidelines: Yes
- IYCF Guidelines: Yes
- Nutrition Assessment Guidelines: Yes

**ANNEX 4**

CMAM Services distribution by health facilities as of January 2018

**Malawi CMAM coverage**

**Nutrition Guidelines**

- CMAM Guidelines: Yes
- IYCF Guidelines: Yes
- Nutrition Assessment Guidelines: Yes
Situation Analysis:

The results of the 2017 SMART survey show that the rate of global acute malnutrition among children under five has changed from "serious" to "critical" in the regions affected by the conflicts in Timbuktu (15.7%) and Gao (15.2%), and the national rate of 10.7% still remains above the WHO emergency threshold of 10%. Extremely high rates were also recorded in areas not directly affected by the crisis, such as the Kayes region (14.2%), indicating that emergency nutrition assistance must not only adapt to a conflict-related nutritional crisis and lack of access to resources and health centers, but also continue to address chronic and structural needs in several regions of the country.

Response Strategy:

- SO1: Monitor the nutritional situation and strengthen intersectoral coordination
- SO2: Prevent malnutrition in the at-risk population
- SO3: Track and manage acute malnutrition

Challenges:

- Mechanisms for early identification of alert areas outside the national SMART survey that is conducted only once in the year.
- Coverage of nutrition services.
- Maintaining the minimum quality standard after the removal of humanitarian actors from nutritional care integrated into the health system.
- Financial Coverage (institutional funding or government contribution).

Priorities for 2019:

- Continue screening and treatment of acute malnutrition.
- Nexus Strategy.
- Strengthen advocacy for nutrition.
- Strengthen the nutritional surveillance and early warning system.
- Update of the guidelines.
- Promote multisectoral / intersectoral actions for the fight against malnutrition.

Cluster Information

Coordination mechanism: Hybrid Sector/Cluster
Year of activation: 2012
NCC: UNICEF P3 TA
Deputy: ACF
IMO: Vacation

Coordination arrangement: UNICEF Lead, MoPHP co-lead and ACF Co-facilitator
Subnational level: 11 sub-national hubs in Gao, Timbuktu, Mopti, Menaka, Taoudenit, Kidal, Segou, Kayes, Koulikoro, Bamako and Sikasso.

Partners (51)

<table>
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<th>INGOS</th>
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Projects (22)

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<tbody>
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Key Events

- Screening campaign for malnutrition coupled with chemoprophylaxis against malaria
- SMART Nutritional Survey
- IPC Nutrition Workshop
- Nutrition Training in Emergencies

Key Documents

- 2018 National SMART Final Report

Key Figures In 2018

<table>
<thead>
<tr>
<th>PIN Target Reached</th>
<th>PIN</th>
<th>Target</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 M</td>
<td>1.1 M</td>
<td>0.4 M</td>
<td></td>
</tr>
</tbody>
</table>

Funding in 2018

| Required Received Unmet |
|-------------------------|--------------------|-----------------|
| 55.1 M                  | 35.7 M             | 19.4 M          |

Key Links

Cluster Coordinator Contact
Claude Chigangu  bchigangu@unicef.org
Achievements Per Activity

**Children 6-59 months**
- SAM new admissions: Target 274,000, Reached 146,286, %Reached 53%
- MAM new admissions: Target 582,000, Reached 106,000, %Reached 18%
- IYCF-E counselling for PLW and caretakers of infants & under 2s
- BSFP new admissions: Target 114,768, Reached 89,156, %Reached 78%

**Pregnant and Lactating Women (PLW)**
- PIN: Target 58,500, Reached 26,667, %Reached 46%
- Vitamin A supplementation
- Micronutrient Supplementation

### Nutrition Resources
- HNO 2019
- HRP 2019
- CMAM guidelines

### Nutrition Guidelines
- CMAM Guidelines: Yes
- IYCF Guidelines: Yes
- Nutrition Assessment Guidelines: No

### Key Figures In 2019
- PIN: Target 0.9 M, Reached 0.9 M
- Funding In 2019
  - Required: 49 M
  - Received
Situation Analysis:
According to Myanmar’s DHS 2016, the national prevalence of GAM is 7% and SAM is 1.3%. In Rakhine, Yangon and Tanintharyi States the prevalence of GAM is >10%. Significant humanitarian challenges persist in Rakhine, Kachin and Northern Shan States with a greater number of displaced and stateless persons, returnees and vulnerable persons living in crisis-affected areas. The deteriorated protection environment has forced over 700,000 civilians to flee their homes in Northern Rakhine to Bangladesh. Humanitarian needs are increasing, particularly in nutrition, food security, protection, WASH, shelter and health. Limited access to affected populations continues to be a major challenge, resulting in low coverage of services.

Response Strategy:
Improve access to management of acute malnutrition – focus on nutritionally vulnerable children U5, PLW/G and caregivers of young children. Target children 5-9 years with SAM in three townships. Priorities include screening of acute malnutrition and IMAM through support to inpatient/outpatient facilities and blanket supplementary feeding programmes. Interventions focusing on prevention, treatment, monitoring, coordination and resilience strengthening through community engagement and health system strengthening.

Improve access to key preventive nutrition-specific services for nutritionally vulnerable groups – Multiple micronutrient supplementation provided to children and PLW. Vitamin A and deworming tablets provided to children. Promotion of IYCF practices and interventions such as counselling, behaviour change communication, establishment of breastfeeding safe spaces, cooking and responsive feeding demonstrations and monitoring of BMS Code violations. Focus on reaching displaced and other vulnerable non-displaced people with humanitarian needs.

Challenges:
• Restrictions to access targeted people, particularly in the northern townships of Rakhine State.
• Poor referral system for SAM cases in the northern part of Rakhine State.
• Limited resources and capacities for emergency nutrition response, especially in Kachin State and Shan State.
• Limited capacity on information management.

Priorities for 2019:
• Improve access to management services for children and women with acute malnutrition.
• Improve access to preventive nutrition-specific services for nutritionally vulnerable children and women.
• Strengthen and reinforce a timely nutritional assessment and surveillance system.

Cluster Information

<table>
<thead>
<tr>
<th>Coordination mechanism:</th>
<th>Sector 2009</th>
</tr>
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<tbody>
<tr>
<td>NCC: UNICEF P3 FT double-hatting</td>
<td>UNICEF lead; MOHS co-lead</td>
</tr>
<tr>
<td>IMO: n/a</td>
<td>Two sub-national hubs in Rakhine and Kachin State (led by State Health Department Director/Deputy and State Nutrition Team Leader)</td>
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Partners (26)

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<tr>
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OBSEVERS | DONORS | N AUTHORITIES
---------|--------|-------------
0        | 2      | 1           |

Projects (9) \ Stand-alone nutrition (0)

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</thead>
<tbody>
<tr>
<td>2</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

Key Events

| Jul 2018 | NayPyiDaw Training of Trainers on Nutrition in Emergencies |

Key Documents

- HRP Monitoring Report 2018

Key Figures In 2018

<table>
<thead>
<tr>
<th>PIN</th>
<th>Target</th>
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</tr>
</thead>
<tbody>
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<td>165K</td>
<td>129K</td>
<td>31K</td>
</tr>
</tbody>
</table>

Funding in 2018

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<th>Received</th>
<th>Unmet</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.3 M</td>
<td>7.2 M</td>
<td>5.1 M</td>
</tr>
</tbody>
</table>

| 59% | 41% |

Key Links

© IYCF counseling in Shwe Pyi Tar village, Sittwe (Photo by Daw Chit Hsu Win, MHAA, Sittwe Township, 2018)
Myanmar Annual Report

Achievements Per Activity

### Children 6-59 months

<table>
<thead>
<tr>
<th>PIN</th>
<th>Target</th>
<th>Reached</th>
<th>% Reached against target</th>
<th>% Reached against PIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAM new admissions</td>
<td>11,508</td>
<td>10,607</td>
<td>2,740</td>
<td>26%</td>
</tr>
<tr>
<td>MAM new admissions</td>
<td>35,138</td>
<td>25,909</td>
<td>5,402</td>
<td>19%</td>
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<td>IYCF-E counselling for PLW and caretakers of infants &amp; under 2s</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSFP new admissions</td>
<td>111,391</td>
<td>69,842</td>
<td>35,271</td>
<td>31%</td>
</tr>
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<td>Vitamin A supplementation</td>
<td>111,391</td>
<td>100,252</td>
<td>32,950</td>
<td>33%</td>
</tr>
<tr>
<td>Micronutrient Supplementation</td>
<td>111,391</td>
<td>47,564</td>
<td>28,307</td>
<td>60%</td>
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### Pregnant and Lactating Women (PLW)

<table>
<thead>
<tr>
<th>PIN</th>
<th>Target</th>
<th>Reached</th>
<th>% Reached against target</th>
<th>% Reached against PIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIN</td>
<td>Target</td>
<td>Reached</td>
<td>% Reached against target</td>
<td>% Reached against PIN</td>
</tr>
<tr>
<td>4,293</td>
<td>2,142</td>
<td>423</td>
<td>20%</td>
<td>19%</td>
</tr>
<tr>
<td>54,458</td>
<td>36,663</td>
<td>21,347</td>
<td>57%</td>
<td>30%</td>
</tr>
<tr>
<td>52,640</td>
<td>32,967</td>
<td>6,881</td>
<td>21%</td>
<td>13%</td>
</tr>
<tr>
<td>27,229</td>
<td>15,604</td>
<td>11,752</td>
<td>73%</td>
<td>42%</td>
</tr>
</tbody>
</table>

#### Nutrition Resources

- HNO 2019
- HRP 2019
- Treatment Protocol
- Operational Protocol

#### Nutrition Guidelines

- CMAM Guidelines: Yes
- IYCF Guidelines: Yes, but needs updating
- Nutrition Assessment Guidelines: No

#### Key Figures In 2019

- PIN: 181K
- Target: 138K
- Funding In 2019:
  - Required: 10.5 M
  - Received:
Situation Analysis:
In 2018 malnutrition in Niger continued to be a chronic public health problem exacerbated by aggravating factors such as chronic food insecurity, sub-optimal child care and feeding practices and lack of access and availability to quality health care services (as well as increased population displacements in border regions subjected to acute humanitarians needs). The agro-pastoral lean season tied to seasonal malaria led to a pronounced peak of acute malnutrition just as it is observed every year. The 2018 Nutrition survey results showed a national GAM prevalence of 15.0% and a SAM prevalence of 3.2%. The national prevalence of stunting was of 47.8% (two most populated regions Maradi and Zinder above 60%). With various forms of undernutrition stagnating at very high levels for over a decade, the endorsement of the National Nutrition Security Policy in December 2018 represents an unprecedented opportunity for Niger government to strategically shift toward a multi-sectoral approach.

Response Strategy:
As per outlined in the 2018 HRP, strategic objectives were:
- To ensure access to SAM and MAM treatment (for under five children).
- To prevent malnutrition among under five and PLW (BSFP).
- To strengthen coordination mechanisms and nutrition situation monitoring and evaluation.

Key activities included support to IMAM programming, integration of IYCF and WASH in Nutrition component in IMAM; BSFP in most vulnerable areas, mass MUAC screening integrated to the health campaign for seasonal chemoprevention of malaria and scale up of approaches such as Mother-MUAC and community iCCM + Nutrition.

Challenges:
- Decreasing humanitarian funds pushing partners to scale down their support.
- Overall lack of commitment for nutrition from national authorities resulting notably in too few domestic engagements toward nutrition security (food security focus).
- Challenges in achieving adequate coverage and quality of services; lack of good quality routine data, lack of capacities for critical analysis; slow adoption of necessary program optimizations; and issues of misuse of supplies.
- Lack of at-scale preventive approaches ahead of the seasonal acute malnutrition peak; and low capacities for emergency preparedness and response.

Priorities for 2019:
- Strengthening IMAM programming with measures to increase treatment coverage while shifting from supporting service delivery to providing more technical support to MoPH.
- Scaling-up preventive MIYCN interventions and multi-sectoral approaches.
- Strengthening coordination mechanisms and nutrition information management.
- Promoting actions toward seasonal shocks and emergency preparedness and response planning.

Cluster Information
Coordination mechanism: Hybrid Sector/Cluster
Year of activation: 2010
NCC: UNICEF P4 TA
Deputy: ACF
IMO: UNICEF P3 (double-hating)

Coordination arrangement: National level: MoPH lead, UNICEF co-lead; Sub-national level: no cluster approach activated at sub-national level, sector coordination (H&N integrated)

Partners (37)
NNGOS | INGOS | UN AGENCIES
---|---|---
4 | 18 | 6

OBSEVERS | DONORS | N AUTHORITIES
---|---|---
0 | 3 | 3

Projects (8) \ Stand-alone nutrition (4)
NNGOS | INGOS | UN AGENCIES
---|---|---
0 | 6 | 2

Key Events

Key Documents
- NTG’s Positionning paper

Key Figures In 2018

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Key Links
Cluster Coordinator Contact
Cecile Basquin cbasquin@unicef.org;
Achievements Per Activity

### Children 6-59 months

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### Pregnant and Lactating Women (PLW)

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### Nutrition Resources

- HNO 2019
- HRP 2019
- CMAM guidelines
- IYCF guidelines

### Nutrition Guidelines

- CMAM Guidelines: Yes, but needs updating
- IYCF Guidelines: Yes, but needs updating
- Nutrition Assessment Guidelines: No

### Key Figures in 2019

- PIN: 1.8 M
- Target: 1.2 M
- Funding: 76.3 M

---

**Prevalence of Global Acute Malnutrition (GAM) - SMART Nutrition Survey 2018**
Situation Analysis:

An estimated 3.7 million people in food security phase classification 3 to 5 are in need of assistance in the three most-affected states of Adamawa, Borno and Yobe. Majority of those in need are in the host communities 2.6M, while approximately 0.6M are IDPS and 0.5M returnees while 0.2M still not accessed by humanitarian workers. It is estimated that over one million children aged 6-59 across the three states are undernourished, with 367,000 with Severe Acute Malnutrition (SAM) and 727,000 with Moderate Acute Malnutrition (MAM).

The areas of central Borno and Northern Yobe are the most affected and are facing a critical nutrition situation, with global acute malnutrition (GAM) rates of 10 to 20 per cent (the global emergency threshold is 15 per cent).

The nutrition situation is currently compounded by the ongoing military operation and escalation of attacks. The deterioration of security has resulted in displacement and influx of IDPs mostly into the existing camps or secure centres. The newly arrivals will further put a strain to the already stretched nutrition, health and WASH facilities with a high likelihood of outbreak of disease, further shortage of food by both the IDPs and host communities.

Response Strategy:

- **SO1:** Strengthen the quality and scale of preventative nutrition services for most vulnerable groups through supplementary feeding activities, appropriate infant and young child feeding practices, micronutrient supplementation and optimal maternal nutrition.
- **SO2:** Improve access to quality curative nutrition services through the most appropriate modalities, systematic identification, referral, and treatment of acutely malnourished cases in collaboration with the health sector to enhance sustainability.
- **SO3:** Reinforce appropriate coordination with other sectors and strengthen situation monitoring by undertaking joint assessments and analysis, while strengthening integrated response that mainstreams protection.

Challenges:

- Population movement due to conflict with many newly displaced persons arriving from the inaccessible areas; this has increased the burden on the existing nutrition services as these movements are associated with extreme needs as those IDPS arriving from these areas have not accessed humanitarian services.
- Disruption of nutrition response in some LGA due to the ongoing conflict including destruction and looting of nutrition supplies.
- Limited nutrition capacity, experience and high turnover of staff, particularly in “deep field” locations due to insecurity and inadequate accommodation, affected the quality of the nutrition response.
- Limited joint needs assessment and a gap in structured nutrition sector planning for nutrition surveys including SMART, coverage surveys and rapid assessments.
- Inadequate quality support supervision and monitoring of the nutrition response due to insufficient resources, manpower and training.
- Break of supply pipeline (RUTF) in October/November resulting to suspension of OTP services in many areas.

Priorities for 2019:

- Strengthen preventative nutrition services for vulnerable groups focusing on supplementary feeding, IYCF practices and MNP supplementation
- Improve access to quality curative nutrition services through the most appropriate modalities, systematic identification, referral and treatment of SAM cases.
- Strengthen timely situation assessment, analysis and response, including routine screening and referral of children and women, especially the new arrivals.
- Strengthen timely, appropriate and integrated nutrition responses through approaches that include FSS, WASH, health, livelihood and protection interventions.

Cluster Information

- **Coordination mechanism:** Sector
- **Year of activation:** 2013
- **NCC:** NCC-RRT-Maiduguri
- **Deputy:** N/A
- **IMO:** 1 IMO (seconded by IMMAP)

Cooperation arrangement: FPCHA lead at Federal level, SPHCA lead at State level, UNICEF Co-lead; LGA level coordination

Partners (32)

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Projects (26)

- Stand-alone nutrition (9)

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Key Events

- Apr 2018: NIE training in Abuja and Maiduguri;
- Aug 2018: gFSC/GNC Integrated Training Package for Nutrition Outcomes
  - Maternal, Newborn and Child Nutrition Health Week (MNCHW)
  - Breastfeeding week

Key Documents

- Monthly Humanitarian Situation Updates
- Nigeria: Cadre Harmonisé for Identification of Risk Areas and Vulnerable Populations in Sixteen (16) States
- North-East Nigeria: Community Engagement

Key Figures In 2018

<table>
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Funding in 2018

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60% 40%

Key Links

HR.info  fts Bulletin CCPM

Cluster Coordinator Contact

“Recruitment Ongoing”
Achievements Per Activity

**Children 6-59 months**

- **SAM new admissions**
  - PIN: 439,520
  - Target: 307,664
  - Reached: 381,074
  - % Reached against target: 124%
  - % Reached against PIN: 87%

- **MAM new admissions**
  - PIN: 502,536
  - Target: 251,301
  - Reached: 16,320
  - % Reached against target: 6%
  - % Reached against PIN: 3%

- **IYCF-E counselling for PLW and caretakers of infants & under 2s**
  - PIN: 238,820
  - Target: 1,910,571
  - Reached: 19,387
  - % Reached against target: 1%
  - % Reached against PIN: 1%

- **BSFP new admissions**
  - PIN: 597,353
  - Target: 1,061,433
  - Reached: 106,143
  - % Reached against target: 13%
  - % Reached against PIN: 13%

- **Vitamin A supplementation**
  - PIN: 238,820
  - Target: 1,910,571
  - Reached: 106,143
  - % Reached against target: 11%
  - % Reached against PIN: 11%

- **Micronutrient Supplementation**
  - PIN: 238,820
  - Target: 1,910,571
  - Reached: 106,143
  - % Reached against target: 11%
  - % Reached against PIN: 11%

**Pregnant and Lactating Women (PLW)**

- **PIN**
  - Target: 2.8 M
  - Reached: 2 M
  - % Reached against target: 71%
  - % Reached against PIN: 49%

**Nutrition Resources**

- **HNO 2019**
- **HRP 2019**
- **CMAM guidelines**
- **IYCF guidelines**
- **Assessment guidelines**

**Key Figures In 2019**

- **PIN**
  - Target: 2 M
  - Reached: 34 M (32%)

- **Funding In 2019**
  - Required: 106.3 M
  - Received: 34 M (32%)
Situation Analysis:
Pakistan’s persistent food insecurity has been exacerbated in recent years by conflict and displacement. Repeated natural disasters such as floods and drought has meant that support often addresses immediate needs rather than prevention.

Many Pakistani children are faced with long-term nutritional deprivation, due to poverty, food insecurity, poor health services, illnesses linked to hygiene such as diarrhoea, and improper feeding practices.

At national level, 44% of Pakistani children – 58% in FATA – suffer from stunting, indicating chronic malnutrition. The national prevalence of global acute malnutrition is 15%, exceeding the WHO international emergency threshold.

Diseases related to water, sanitation and hygiene (WASH) account for 110 deaths of children under 5 every day. Inadequate sanitation is estimated to cost Pakistan 3.94 per cent of GDP. Open defecation – a challenge to health, equity and dignity – is prevalent among 25 million people - 13 per cent population of Pakistan.

Response Strategy:
An HRP was not developed in 2018 at national level. The Nutrition Working Group was guided by the 2017 HRP objectives, outputs and activities, along with individual partner strategies.

Challenges:
Funding shortfalls have impacted programme coverage. In addition, limited funds for programming versus funds for supplies has, in some cases, also impacted programmes.

Priorities for 2019:
- Coordinating nutrition response at sub-national level in 8 drought-affected districts of Sindh and 14 districts of Balochistan.
- Implementing expected CERF and USAID-FFP funding, along with internal UNICEF funding for drought response.

© SUCCESS STORY  RHC Arang Tribal District Bajaur Integrated Nutrition Project FATA
Pakistan Annual Report

Achievements Per Activity

Children 6-59 months

- SAM new admissions
  - PIN: 343,777
  - Target: 343,777
  - Reached: 19,142
  - % Reached against target: 50%
  - % Reached against PIN: 50%

- MAM new admissions
  - PIN: 173,380
  - Target: 173,380
  - Reached: 118,085
  - % Reached against target: 68%
  - % Reached against PIN: 68%

Pregnant and Lactating Women (PLW)

- PIN: 188,050
- Target: 188,050
- Reached: 157,649
- % Reached against target: 84%
- % Reached against PIN: 84%

Nutrition Resources

- Drought Response Plan

Nutrition Guidelines

- CMAM Guidelines: Yes, but needs updating
- IYCF Guidelines: Yes
- Nutrition Assessment Guidelines: No

Key Figures In 2019

- PIN: 0 M
- Target: 0.5 M
- Funding In 2019
  - Required: 30.3 M
  - Received: 2.5 M (1.6%)
Situation Analysis:

Somalia is among the top ten countries with the highest prevalence of malnutrition in the world, and the third highest in the eastern and southern Africa region. The median prevalence of Global Acute Malnutrition (GAM) has remained serious (10–14.9%) over the past three seasons (12.6% in 2018 Deyr, 14.0% in 2018 Gu and 13.8% in 2017 Deyr). A high level of acute malnutrition persists across Somalia due to a combination of factors such as:

- High morbidity
- Disease incidence (e.g. AWD, measles)
- Low humanitarian support
- Poor child feeding & caring practices

Persistent continued complex emergency resulting from

- Continued conflict
- Displacement
- Drought & disease
- Floods

Other contributing factors include: food insecurity, limited health service availability (poor EPI coverage), increased morbidity, poor health-seeking behaviour & difficulty in accessing clean water supply.

Response Strategy:

- Strengthen life-saving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition. RELATES TO SO1.
- Improve equitable access to quality life-saving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases. RELATES TO SO1, SO4.
- Strengthening robust evidence-based system for nutrition with capacity in decision-making to inform needs-based programming. RELATES TO SO2.
- Establish integrated nutrition programs between and across relevant sectors through enhanced coordination and joint programming, including nutrition-sensitive actions. RELATES TO SO2.

Challenges:

- Limited humanitarian funding is a major challenge in Somalia.
- Insecurity: some regions/districts in South Central Somalia are inaccessible.
- Limited capacity for local organizations to provide multi-sectoral services.

Priorities for 2019:

Key prioritised response activities include the regular identification of acutely malnourished children and PLW, including through the Mother MUAC approach, and therapeutic feeding support for the treatment of acute malnutrition cases. The Nutrition Cluster will also promote and advocate with all development and humanitarian actors for the prioritisation and implementation of micronutrient support to vulnerable groups, such as PLW and children under five years. Examples of support include the provision of Vitamin A & MMN, food-based and non-food based preventive actions, including nutrition-sensitive activities and integrated multisectoral Nutrition, Health, and Hygiene Preventative Care (NHHF), food security and promotional support, and MCHN/ IYCF-E support (promotional and preventative), especially support to caregivers. The Nutrition Cluster will continue to support cash-based interventions to support preventative activities, to address root causes of malnutrition at household level and to support treatment outcomes. Cash-based interventions, especially those targeting households with children under the age of five, can significantly contribute to the overall resilience/livelihood and/or well-being of the families, positively impacting dietary diversity and frequency.
Achievements Per Activity

Children 6-59 months

- SAM new admissions
  - PIN: 231,829
  - Target: 231,829
  - Reached: 233,955
  - %Reached against target: 101%
  - %Reached against PIN: 101%

- MAM new admissions
  - PIN: 1,028,739
  - Target: 539,000
  - Reached: 310,862
  - %Reached against target: 58%
  - %Reached against PIN: 30%

- IYCF-E counselling for PLW and caretakers of infants & under 2s
  - PIN: 0
  - Target: 0
  - Reached: 116,983
  - %Reached against target: 0
  - %Reached against PIN: 0

- BSFP new admissions
  - PIN: 2,786,402
  - Target: 1,114,560
  - Reached: 164,515
  - %Reached against target: 58%
  - %Reached against PIN: 6%

Pregnant and Lactating Women (PLW)

- PIN
  - Target: 696,600
  - Reached: 270,000
  - %Reached against target: 38%
  - %Reached against PIN: 15%

- MAM new admissions
  - PIN: 660,098
  - Target: 297,044
  - Reached: 414,578
  - %Reached against target: 140%
  - %Reached against PIN: 63%

- Vitamin A supplementation
  - PIN: 0
  - Target: 0
  - Reached: 164,515
  - %Reached against target: 0
  - %Reached against PIN: 0

Nutrition Resources

- HNO 2019
- HRP 2019

Nutrition Guidelines

- CMAM Guidelines: Yes
- IYCF Guidelines: Yes
- Nutrition Assessment Guidelines: Yes

Key Figures In 2019

- PIN: 0.3 M
- Target: 1 M
- Funding: Required: 178 M
  - Received: 78 M (44%)
Situation Analysis:
The nutrition situation is assessed based on Standardized Monitoring & Assessment of Relief & Transition (SMART) surveys, Food and Nutrition Security Monitoring Surveys (FSNMS), Integrated Phase Classification (IPC) reports, and monthly selective feeding programme data. Overall, although the nutrition situation was relatively better in 2018 compared with 2017, high level of acute malnutrition continues to be reported in many parts of South Sudan. About 45% of the 51 SMART surveys conducted in 2018, reported critical nutrition situation with GAM prevalence of 15% and above, the WHO emergency threshold, compared to 65% of the 55 SMART Surveys conducted in 2017. None of the counties reported extreme critical levels (GAM above 30%) in 2018. Although, the number of counties that reported critical levels of acute malnutrition are relatively lower in 2018 compared to those in 2017, 76% of the 21 repeat SMART surveys conducted in same period and locations in 2017 and 2018 continued depicting critical levels of acute malnutrition.

The 2018 FSNMS survey results that included anthropometric indicators for the first time continued to depict a concerning nutrition situation in most parts of the country, with Jonglei, Unity, Upper Nile and Warrap states exhibiting the highest prevalence of wasting at 19.4%, 16.6%, 16.3% and 15.3%, respectively. The IPC for acute malnutrition also indicates a decrease in number of counties classified with critical nutrition situation from 43 in September 2017 to 31 during the same period in 2018. It is expected that populations will be in catastrophe (IPC 5) in 8 counties between September 2018 and March 2019. In 2018, the admission trends of Severe Acute Malnutrition (SAM) in Stabilization Centres (SC) and Outpatient Treatment Programme (OTP), and Moderate Acute Malnutrition (MAM) in Targeted Supplementary Feeding Programme (TSFP) were slightly lower than those of 2017 while coverage increased in 2018 in number of SC, OTP and TSFP nutrition sites.

Response Strategy:
- Deliver timely, life-saving management of acute malnutrition for the most vulnerable and at risk, including 50 children, PLW and older people in PoC sites.
- Increase access to maternal, infant and young child nutrition program to prevent under nutrition among the most vulnerable and at risk, including 50 children and PLW in need in conflict and high burden states.
- Enhance nutrition situation monitoring, analysis and utilization of early warning information for timely, coordinated response and decision-making.
- Increase access to integrated nutrition, health, WASH, and food security and livelihood activities in counties with critical levels of acute malnutrition.

Challenges:
- Safety and insecurity disrupting continuation of nutrition services (Leer, Mayendit, Koch, Wau-Bagar, Raja etc).
- Increasing attack on humanitarian workers and taxes (59 access-related incidences were reported in June 2018), 60% of them involved violence against humanitarian personnel or assets.
- Limited access to some of the sites/counties due to geographical barriers and infrastructure especially during rain period.
- Limited coverage of nutrition services in some of the locations due to inadequate coverage of sites and community mobilizations.
- Inadequate funding on frontline and supplies especially for MAM/BSFP supplies.

Priorities for 2019:
- Provide timely quality lifesaving management of acute malnutrition for the most vulnerable and at risk, reaching at least 85% of SAM and 81% of MAM in girls and boys 6-59 months; 53% of PLW and 60% of elderly in need in the POC’s.
- Increased access to maternal infant and young child nutrition programs preventing under-nutrition for the most vulnerable and at risk, reaching at least 35% of PLW in need of BSFP; for 35% of under-fives and PLWs in need in conflict and high burden States.
- Enhanced nutrition situation monitoring, analysis and utilization of early warning information for timely coordinated response decision making.
- Increased access to integrated nutrition, health, WASH and FSL activities in counties with critical levels of global acute malnutrition (GAM ≥15%) and or in IPC 4 and 5.

Cluster Information

| Coordination mechanism: | Cluster
| Year of activation: | 2010
| NCC: | UNICEF P4, FT
| Deputy: | WFP
| IMO: | UNICEF, P3, TA

Coordination arrangement: National level:
- Lead UNICEF, co-lead Concern World Wide
- Subnational level: Sub state=10 in State HQs

Projects (43): Stand-alone nutrition (43)

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Key Events
- Nutrition in Emergencies (NIE) training drew participants from MoH, UNICEF, WFP and partners.
- Joint Nutrition and Food Security cluster training workshop on integrated programming
- Infant and Young Child Feeding in Emergency (IYCF-E) training organized in collaborat-

Key Figures in 2018

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<th>PIN</th>
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Funding in 2018

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Key Links

Cluster Coordinator Contact
Hermann Ouedraogo  houedraogo@unicef.org
South Sudan Annual Report

Achievements Per Activity

Children 6-59 months

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<td>261,424</td>
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<td>79%</td>
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<td>MAM new admissions</td>
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<td>512,941</td>
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<td>50%</td>
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<td>IYCF-E counselling for PLW and caretakers of infants &amp; under 2s</td>
<td>1,351,382</td>
<td>1,351,382</td>
<td>100%</td>
<td>62%</td>
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<tr>
<td>BSFP new admissions</td>
<td>1,655,32</td>
<td>696,980</td>
<td>54%</td>
<td>54%</td>
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Pregnant and Lactating Women (PLW)

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<td>744,897</td>
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Vitamin A supplementation

Micronutrient Supplementation

Nutrition Resources

HNO 2019  HRP 2019  Work plan 2019  CMAM guidelines  IYCF guidelines

Key Figures In 2019

| PIN    | Target | Funding In 2019 |
|--------|--------|----------------|----------------|----------------|
| Reached | PIN    | Required | Received | 1.5 M | 1 M | 180 M | 2.8 M (1.6%) |

GAM rate from SMART Surveys and Presence of Partners in August 2018
Situation Analysis:

The nutrition situation in Sudan has been characterized by persistently high levels of undernutrition since records began in 1987. Currently, at national level, 38.2% of children less than five years of age are stunted. The national prevalence rate of global acute malnutrition (GAM) at 16.5% places Sudan above the WHO emergency threshold of 15%. It is estimated that 2.4 million children suffer from wasting annually: approximately 700,000 suffering from severe acute malnutrition (SAM) and approximately 1.5 million suffering from moderate acute malnutrition (MAM). Out of this, only 300,000 SAM and 539,000 MAM children are targeted by the outpatient therapeutic and supplementary feeding programmes. The expected inpatient SAM cases are around 96,494 for 2019.

Despite substantial attention to the provision of treatment services in the conflict-affected states over the years, the majority (52%) of Sudan’s acutely malnourished children live in the nine non-conflict affected states where the response has been inconsistent. The stagnation in the prevalence of all forms of malnutrition is an indication that different ways of working are needed. Since January 2018, Sudan has been facing a new set of challenges following a 160% devaluation in the official USD – SDG exchange rate. The annual inflation rate soared above 60% in June 2018, leading to a sharp rise in the cost of living and a precipitous drop in purchasing power. The deteriorating macroeconomic situation is worsening economic conditions for all Sudanese people, especially vulnerable families and children. WFP data shows a large decline in the proportion of people who can afford the local food basket in 2018. According to the recent IPC, around 5.5 million people were severely food insecure in the last quarter of 2018; almost 1.7 million more than estimated. Considering the high rates of malnutrition before the crisis, the rising food insecurity will serve to exacerbate the already precarious nutritional status of children.

Response Strategy:

The nutrition sector’s response strategy covers preparedness, response, coordination and cross-cutting needs across various profiles and categories of affected people, as identified and formulated in its specific objectives. Nutrition sector partners provided life-saving nutrition interventions by establishing mobile clinics, fixed nutrition sites and outreach clinics to treat and prevent SAM and MAM in children under five years and pregnant or lactating women. Working closely with the state and the health sector, nutrition partners continued to scale-up services to manage SAM with medical complications in hard-to-reach areas. Overall, the 2018 HRP called for approximately $1 billion USD to deliver life-saving interventions to 4.3 million of the most vulnerable people in Sudan. The Nutrition Sector received only $39 million USD out of the $94 million USD required for 2018. Around sixteen key donors are supporting the humanitarian response and are playing a critical role in Sudan. Currently around 1,447 Outpatient Therapeutic Programmes (OTP), 587 Supplementary Feeding Programmes (SFP) and 134 Stabilization Centers are operational throughout Sudan. From January to December 2018, the Nutrition Sector partners were able to treat 214,969 cases of severe acute malnutrition (SAM), 567,732 cases of moderate acute malnutrition (MAM) and 700,000 suffering from severe acute malnutrition (SAM) and 567,732 cases of moderate acute malnutrition (MAM). Out of this, only 300,000 SAM and 539,000 MAM children are targeted by the outpatient therapeutic and supplementary feeding programmes. The expected inpatient SAM cases are around 96,494 for 2019.

Challenges:

Despite efforts by nutrition sector partners, a huge gap remains between the actual coverage of nutrition services and the needs of the targeted population. The Sudan Humanitarian Response Plan (HRP) 2018, targeting only 30% of the national SAM burden and one fifth of the national MAM burden because of financial and capacity constraints, leaves almost 1.5 million children vulnerable to morbidity and death. The nutrition sector has received only $39 million USD of the $94 million USD required for 2018.

Priorities for 2019:

- Better alignment within the nutrition program components (CMAM-OTP, SFPs, SCs & IYCF).
- Enhancing Accountability to Affected Population (AAP).
- Protection mainstreaming.
- Strengthening sub-national coordination and supporting new way of working.

Sudan Nutrition Sector Review

© Holding her twin babies, a woman waits for the nutrition assessment of her children at a nutrition centre in Kasala, Sudan.
Achievements Per Activity

Children 6-59 months

<table>
<thead>
<tr>
<th>PIN</th>
<th>Target</th>
<th>Reached</th>
<th>%Reached against target</th>
<th>%Reached against PIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAM new admissions</td>
<td>693,924</td>
<td>250,000</td>
<td>241,421</td>
<td>96%</td>
</tr>
<tr>
<td>MAM new admissions</td>
<td>366,541</td>
<td>332,863</td>
<td>567,732</td>
<td>171%</td>
</tr>
<tr>
<td>IYCF-E counselling for PLW and caretakers of infants &amp; under 2s</td>
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<td></td>
<td></td>
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<tr>
<td>BSFP new admissions</td>
<td>145,205</td>
<td>145,205</td>
<td>78,104</td>
<td>54%</td>
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<tr>
<td>Vitamin A supplementation</td>
<td>6,800,000</td>
<td>6,800,000</td>
<td>2,400,000</td>
<td>35%</td>
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<tr>
<td>Micronutrient Supplementation</td>
<td>197,499</td>
<td>197,499</td>
<td>192,236</td>
<td>67%</td>
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Pregnant and Lactating Women (PLW)

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<th>Reached</th>
<th>%Reached against target</th>
<th>%Reached against PIN</th>
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</thead>
<tbody>
<tr>
<td>PIN</td>
<td>Target</td>
<td>Reached</td>
<td>%Reached against target</td>
<td>%Reached against PIN</td>
</tr>
<tr>
<td>SAM new admissions</td>
<td>163,856</td>
<td>110,954</td>
<td>110,875</td>
<td>100%</td>
</tr>
<tr>
<td>MAM new admissions</td>
<td>662,200</td>
<td>600,000</td>
<td>751,780</td>
<td>125%</td>
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</table>

Nutrition Resources

Nutrition Guidelines

- CMAM Guidelines: Yes
- IYCF Guidelines: Yes
- Nutrition Assessment Guidelines: No

Key Figures In 2019

- PIN: 2.9M
- Target: 1.4M
- Funding In 2019:
  - Required: 110M
  - Received:
Situation Analysis:

Despite the fact that acute malnutrition rates in Syria are not reaching international benchmarks for emergency, stunting and under-nutrition are increased in many sub-districts. SMART surveys and nutrition surveillance in sub-districts throughout Syria in 2018 generally showed global acute malnutrition rates within acceptable levels. However, in Eastern Ghouta, the global acute malnutrition (GAM) rate reached nearly 12%. The situation has also significantly deteriorated in areas of newly displaced population and in hard-to-reach areas, with GAM rates nearly tripling in Idlib (1.5% to 4% from January to June 2018) and Ar-Raqqa (4.6% to 11.9% in 2018). Surveys show high anemia prevalence among children and mothers which negatively impacts children and maternal nutrition status. Recent KAP survey conducted in North West Syria shows poor infant feeding indicators which believed to be the main reason for growth problems. Insecurity and escalating fighting has also limited access to basic social services in many areas such as health services, WASH services and also limited access to food in terms of availability and affordability. In 2019 situation remains as its with increased needs for scaling both nutrition specific and nutrition sensitive interventions in order to prevent acute and chronic malnutrition.

Response Strategy:

Nutrition cluster strategy is focused around:

- Provision of life-saving nutrition preventative services.
- Provision of life-saving nutrition curative services.
- Support functional robust and timely nutrition surveillance system.

The major action supported in Syria response is infant and young child feeding, for 2019 the strategy is around the same pillars with a focus on multi-sectoral approaches to prevent stunting especially with WASH, Health and FSL clusters.

Challenges:

The main challenges encountered are:

- Continuous deterioration in security which limits population access to services, suspension of services and displacements.
- Nutrition problem is not a priority since GAM and SAM rates are not high and hence nutrition cluster was 45% unfunded during 2018.
- Implementing cluster partners are mostly medium to low scale national NGOs with limited capacity.
- Remote programming which puts lots of focus on quality assurance and ensuring assistance is delivered in humanitarian way.
- Coordination between different hubs and ensuring continuity of services has been a challenge due to political sensitivities, with increasing communication and engagement with all hubs now it is less challenging.

Priorities for 2019:

In terms of programmatic priorities for 2019, preventive nutrition services especially scaling community based infant and young child feeding program. Nutrition survey results will help prioritizing geographical areas but in general nutrition cluster is prioritizing areas with severity 3, 4 and 5 which includes North West, North West Aleppo and North East Syria.

Cluster Information

<table>
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<tr>
<th>Coordination mechanism:</th>
<th>Cluster 2015</th>
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<td>Year of activation:</td>
<td>UNICEF P4 TA</td>
</tr>
<tr>
<td>NCC:</td>
<td>SCI</td>
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<tr>
<td>Deputy:</td>
<td>UNICEF P3 TA</td>
</tr>
<tr>
<td>IMO:</td>
<td>PAC is to support the cluster</td>
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Coordination arrangement: UNICEF is leading the cluster with a national co-coordinating NGO (Physician across continents)

Partners (43)

<table>
<thead>
<tr>
<th>NNGOS</th>
<th>INGOS</th>
<th>UN AGENCIES</th>
</tr>
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Projects (19)

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<th>INGOS</th>
<th>UN AGENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>7</td>
<td>3</td>
</tr>
</tbody>
</table>

Key Events

1. SMART manager training
2. Nutrition sensitive agriculture
3. Nutrition orientation to the FSL
4. Nutrition cluster review 2018
5. Two infant and young child feeding community campaign

Key Documents

- BMS Code for WoS, nutrition cluster bulletins and snapshots
- Community health worker training manual
- Nutrition cluster bottle neck analysis

Key Figures In 2018

<table>
<thead>
<tr>
<th>PIN</th>
<th>Target</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.6 M</td>
<td>2.9 M</td>
<td>2.5 M</td>
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Funding in 2018

<table>
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<th>Received</th>
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</tr>
</thead>
<tbody>
<tr>
<td>74.1 M</td>
<td>41.2 M (56%)</td>
<td>32.9 M (44%)</td>
</tr>
</tbody>
</table>

Key Links

Cluster Coordinator Contact

© Community health worker measuring the MUAC of severely malnourished girl in Eastern Ghouta

1. UNICEF P4 TA who is double hatting as Turkey cross border nutrition coordinator and also Whole of Syria sector coordinator
2. PAC in Turkey cross border and Save the Children for WoS sector
**Achievements Per Activity**

### Children 6-59 months

- **SAM new admissions**
  - PIN: 20,714
  - Target: 8,386
  - Reached: 9,631
  - % Reached against target: 115%
  - % Reached against PIN: 46%

- **MAM new admissions**
  - PIN: 65,624
  - Target: 29,829
  - Reached: 24,202
  - % Reached against target: 81%
  - % Reached against PIN: 37%

- **IYCF-E counselling for PLW and caretakers of infants & under 2s**
  - PIN: 122,702
  - Target: 49,335
  - Reached: 18,735
  - % Reached against target: 38%
  - % Reached against PIN: 15%

- **BSFP new admissions**
  - PIN: 1,553,185
  - Target: 821,639
  - Reached: 241,221
  - % Reached against target: 36%
  - % Reached against PIN: 15%

### Pregnant and Lactating Women (PLW)

- **Vitamin A supplementation**
  - PIN: 3,051,487
  - Target: 1,580,850
  - Reached: 641,254
  - % Reached against target: 60%
  - % Reached against PIN: 42%

- **Micronutrient Supplementation**
  - PIN: 3,051,487
  - Target: 1,580,850
  - Reached: 641,254
  - % Reached against target: 41%
  - % Reached against PIN: 21%

**Nutrition Resources**

- [HNO 2019](#)
- [HRP 2019](#)

**Nutrition Guidelines**

- CMAM Guidelines: No
- IYCF Guidelines: No
- Nutrition Assessment Guidelines: No

**Key Figures In 2019**

<table>
<thead>
<tr>
<th>PIN</th>
<th>Target</th>
<th>Required</th>
<th>Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.7 M</td>
<td>3 M</td>
<td>87 M</td>
<td></td>
</tr>
</tbody>
</table>
Situation Analysis:
An estimated 7.02 million people needed nutrition assistance, with 3.2 million people who required treatment for acute malnutrition in 2018, including 2.1 million children under the age of five and 1.1 million pregnant and lactating women (PLW). About 2.3 million of PLW and caretakers of children 0-23 months needed an infant and young child feeding counselling.

Five governors (Al Hudaydah, Lahj, Taizz, Aden and Hadramaut) continue to be classified with critical levels of acute malnutrition prevalence above 15 per cent- the WHO emergency threshold. The total number of districts classified with critical levels of acute malnutrition increased from 79 in 2017 to 91 in 2018 out of the 333 districts.

Food insecurity affected about 20 million people were estimated to be food insecure representing 67% of the total population. WASH services remained sub optimal with 16 million people lacking adequate Water, hygiene and sanitation. Provision of basic health services were also sub-optimal with only about 50% of the health facilities provided health services. The combination of food insecurity with sub optimal health and WASH services contributed to deterioration of nutrition services in some of the districts and governorates.

Response Strategy:
- Deliver quality lifesaving interventions for acutely malnourished girls, boys and pregnant and lactating women.
- Contribute to prevention of malnutrition by enhancing BSFP, micronutrient support, deworming and infant and young child feeding.
- Strengthen capacity of national authorities and local partners, to ensure effective, decentralized nutrition response.
- Ensure a predictable, timely and effective nutrition response through strengthening robust evidence based system and nutrition needs analysis and advocacy, monitoring and coordination.

Challenges:
Complete supply chain was interrupted as the Hodeida port was not used anymore to receive nutrition commodities. Access to almost 900 MT of nutrition commodities was lost.
Delayed approval of partners projects and restriction of international nutrition staff to work in the country (slots) Bureaucratic delays in approvals for nutrition cluster partners.
Restricted movement of partners which impeded project monitoring.

Priorities for 2019:
- Scaling up nutrition responses throughout the country with focus in districts with serious and critical (GAM 10% per cent and above) levels of acute malnutrition (will reach minimum 80% per cent of children with SAM and 60-70 % per cent of children with MAM).
- Strengthening identification and referrals of SAM, SAM with complications.
- National wide screening of acute malnutrition at least twice per year.
- Implementation of integrated minimum high impact multi-sectoral interventions (Health, WASH, nutrition, FSAC with focus on livelihood and nutrition sensitive interventions) in priority .
- Capacity building of partners on nutrition lifesaving interventions, assessments/SMART, surveillance, information management, monitoring & coverage surveys.
- Prevent malnutrition through provision of micronutrients supplementation and other supplementary food for children US, adolescent & PLWs (will reach 60% per cent of children US & 60% per cent of PLWs).
- Use of expanded criteria i.e RUTF to treat MAM and RUSF to SAM where needed based on CMAM national guidelines and the agreed criteria between WFP, UNICEF and the cluster.
- Implementation of BSFP along with General Food distribution in 58 new districts (reaching about 130,000 under-two years and 185,000 PLW in 2 months or reducing acute malnutrition to below critical levels).
- Effective monitoring of responses through quarterly reviews at national, governorate and district level including CHV review meetings on quarterly basis.
Achievements Per Activity

**Children 6-59 months**

<table>
<thead>
<tr>
<th>PIN</th>
<th>Target</th>
<th>Reached</th>
<th>%Reached against target</th>
<th>%Reached against PIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAM new admissions</td>
<td>382,733</td>
<td>267,913</td>
<td>345,463</td>
<td>129%</td>
</tr>
<tr>
<td>MAM new admissions</td>
<td>1,467,500</td>
<td>734,479</td>
<td>566,699</td>
<td>77%</td>
</tr>
<tr>
<td>IYCF-E counselling for PLW and caretakers of infants &amp; under 2s</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSFP new admissions</td>
<td>530,136</td>
<td>424,109</td>
<td>345,096</td>
<td>81%</td>
</tr>
<tr>
<td>Vitamin A supplementation</td>
<td>4,640,932</td>
<td>4,176,839</td>
<td>3,422,260</td>
<td>82%</td>
</tr>
<tr>
<td>Micronutrient Supplementation</td>
<td>1,546,977</td>
<td>663,118</td>
<td>855,054</td>
<td>129%</td>
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**Pregnant and Lactating Women (PLW)**

<table>
<thead>
<tr>
<th>PIN</th>
<th>Target</th>
<th>Reached</th>
<th>%Reached against target</th>
<th>%Reached against PIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIN</td>
<td>1,123,778</td>
<td>564,312</td>
<td>408,148</td>
<td>72%</td>
</tr>
<tr>
<td>Target</td>
<td>2,340,434</td>
<td>1,404,256</td>
<td>1,778,853</td>
<td>127%</td>
</tr>
<tr>
<td>Reached</td>
<td>368,371</td>
<td>368,371</td>
<td>454,225</td>
<td>123%</td>
</tr>
<tr>
<td>%Reached against target</td>
<td>1,852,087</td>
<td>1,078,696</td>
<td>1,191,017</td>
<td>119%</td>
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</tbody>
</table>

**Nutrition Resources**

- HNO 2019
- HRP 2019
- Work plan 2019

**Nutrition Guidelines**

- CMAM Guidelines: Yes, but needs updating
- IYCF Guidelines: Yes, but needs updating
- Nutrition Assessment Guidelines: Yes, but needs updating

**Key Figures In 2019**

- **PIN**
  - Required: 7.4 M
  - Target: 6 M
  - Received: 320.3 M
Situation Analysis:
Overall, 11 provinces registered a GAM rate above 10% (WHO emergency threshold) with the highest rate in Oudalan (15%). In addition, the number of people expected to be food insecure in 2018 has increased from 620,394 to 954,315 (54%), of which 661,781 are classified in phase 3 (food crisis) and 80,069 in phase 4 (food emergency). 8 of the 13 regions are in food crisis (phase3). The 2018 estimated caseload of children under five years of age suffering from SAM stands at 187,177. Four regions (Sahel, East, Centre-North and North) account for half of the national caseload. The 2018 lean season is expected to be challenging due to rain shortfalls in the Sahel, poor availability of biomass, and increased cereal prices.

Response Strategy:
The main strategic objectives were to strengthen the nutrition of vulnerable households and to reduce the incidence of malnutrition. In response to the nutrition crisis, response strategies include procurement of therapeutic food and support to access to quality nutrition services for children with SAM. Intensification of mass screening has been done through integration of the screening process into existing campaign activities such as the Vitamin A supplementation/deworming rounds and Seasonal Malaria Chemoprophylaxis mass campaigns. The sector also continues to strengthen the national capacity in facility-based Integrated Management of Acute Malnutrition (IMAM) by ensuring training and supervision of health personnel and Community Health Workers (CHWs). In addition, the sector is targeting 400,000 pregnant and lactating women with children under 2 years through the community-based IYCF programme to prevent malnutrition.

Challenges:
• Burkina Faso continues to face security risks related to armed group attacks. Between January and June 2018, 55 violent attacks by armed groups were reported. These attacks or threats by armed groups targeting security and armed forces had led to temporarily closure of health centers mainly in the Sahel and east region.
• Even if mass screening of acute malnutrition has been successful touching around 3,000,000 children under 5 years old, referral system of malnourished children need to be strengthen.
• Although screening of moderate and severe acute malnutrition is done in all the regions of the country, treatment of moderate acute malnutrition is only done in 4 regions due to lack of funds from WFP.

Priorities for 2019:
• Improve coordination of nutrition activities
• Improve quality and coverage of the CMAM program
• Expand the coverage of preventive activities, focusing on infant and young child feeding counselling services and micronutrient control.
• Continue and improve the quality of mass screening integrated to other activities.

Cluster Information
Coordinating Mechanism: Nutrition Technical and Financial Partners group 2012
Year of activation: Nutrition Specialist P-4 ACF ,EU
NCC: No NCC since 2013 but a nutrition technical and financial partners group chaired by the Nutrition Specialist P-4 in Charge of Nutrition Program at UNICEF

Partners(21)

<table>
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<th>INGOS</th>
<th>UN AGENCIES</th>
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Projects (9) \ Stand-alone nutrition (0)

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Key Figures In 2018

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Funding in 2018

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Key Links

ACHIEVEMENTS PER ACTIVITY

Cluster Coordinator Contact
Médiatrice Kiburente mkiburente@unicef.org