



## Start-Up Strategy 7-11

### Global Health and Nutrition goal

World Vision is committed to improving the health and nutrition of women and children in the areas in which we work, contributing to the global reduction of under-five and maternal mortality.

### Child well-being outcomes

World Vision is focused on three essential outcomes to achieve the above goal:

1. Mothers and children are well nourished.
2. Mothers and children are protected from infection and disease.
3. Mothers and children access essential health services.

Achieving the goal is dependant on the realisation of the full breadth of World Vision's child well-being outcomes through an inter-generational lifecycle, multi-sectoral and integrated approach.

### Core interventions

Our strategy is based on evidence-based, cost-effective preventive practices. We advocate for organisation-wide scale-up of the following '7-11' minimum set of interventions:

Targets	Pregnant Women: -9 months	Children: 0-24 months
<b>Core interventions</b>	<ol style="list-style-type: none"> <li>1. Adequate diet</li> <li>2. Iron/folate supplements</li> <li>3. Tetanus toxoid immunisation</li> <li>4. Malaria prevention and intermittent preventive treatment</li> <li>5. Healthy timing and spacing of delivery</li> <li>6. De-worming</li> <li>7. Facilitate access to maternal health service: antenatal and postnatal care, skilled birth attendance, Prevention of Mother-to-Child Transmission, HIV/STI screening</li> </ol>	<ol style="list-style-type: none"> <li>1. Appropriate breastfeeding</li> <li>2. Essential Newborn Care</li> <li>3. Hand washing</li> <li>4. Appropriate complementary feeding (6-24 months)</li> <li>5. Adequate iron</li> <li>6. Vitamin A supplementation</li> <li>7. Oral Re-Hydration Therapy/Zinc</li> <li>8. Care seeking for fever</li> <li>9. Full immunisation for age</li> <li>10. Malaria prevention</li> <li>11. De-worming (+12 months)</li> </ol>

### Phased and integrated delivery

Our delivery models for health and nutrition interventions commence with core and contextualised interventions (Phase I), and then build on integrated activities over time to address the wider local causes of illness and malnutrition (Phase II). In emergency contexts, delivery focuses on urgent survival need, while maintaining focus on the prevention and reduction of illness and death.

### Household, community and national level approaches

- Focus primary health and nutrition education and behaviour change at the household level, empowering caregivers and children to keep themselves healthy.
- Build the capacity of community groups to address and monitor local causes of illness, death and malnutrition, advocate for quality health service delivery and monitor home-based care services.
- Emphasise partnerships with national government and other stakeholders to ensure delivery of quality health and nutrition services at the community level.

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