

**1st Edition
June 2020**



Accelerated Action Plan (AAP) is an initiative of Health Department, Government of Sindh. The goal of program is to improve health and nutrition status of children and mothers by rapidly expanding and enhancing coverage of intervention in all districts of Sindh, both through facility and community action plan. AAP is a multi sectoral approach work with other sectors like Agriculture, Livestock, Fisheries, WASH Local Govt, Education, Population Welfare and Social Welfare etc.



Childhood stunting is one of the most significant impediments to human development. Stunting (short height for age), generally occurs before age two, and effects are largely irreversible. It is caused by long-term insufficient nutrient intake and frequent infections. Recognizing the need of addressing malnutrition as a top priority, an Accelerated Action Plan (AAP) is prepared for the reduction of stunting and malnourishment by 2021 with an overarching goal for ten years i.e. to reduce stunting from 48% to 30% in first five years (by 2021) and 15% by 2026 in Sindh by increasing and expanding coverage of multi-sectoral interventions, that are known to reduce stunting in first five years of children's lives. Strategic focus of all interventions revolved around population segment that are nutritionally vulnerable and on whom stunting prevention strategies could be most responsive. These include: the first 1,000 days of child's life, children of 24-59 months and the women of reproductive age with attention to adolescent girls.

The proposed areas of this multi-sectoral intervention include; expanding coverage of nutrition specific services through strengthening facility-based care, revitalizing LHW program, leveraging NGOs and various DoH programs and integrating nutrition services with sectoral interventions (Multisectoral approach). All these areas will be supported by intensive Social & Behavioural Change Communication (SBCC), engaging civil society organizations and enhanced monitoring and supervision mechanisms.

Multisectoral Approach for Nutrition

Health	Population Welfare Dept.	Fisheries	Agriculture
WASH	Social Protection	Livestock	Education
Nutrition Specific		Nutrition Sensitive	

52.3%
Exclusive Breastfeeding

45.3%
Anemia Among Women

41.3%
Children Underweight

50%
Anemia Under 5 Years

45.5%
Stunting - <5

23.3%
Wasted - <5

AAP – Health Intervention Districts

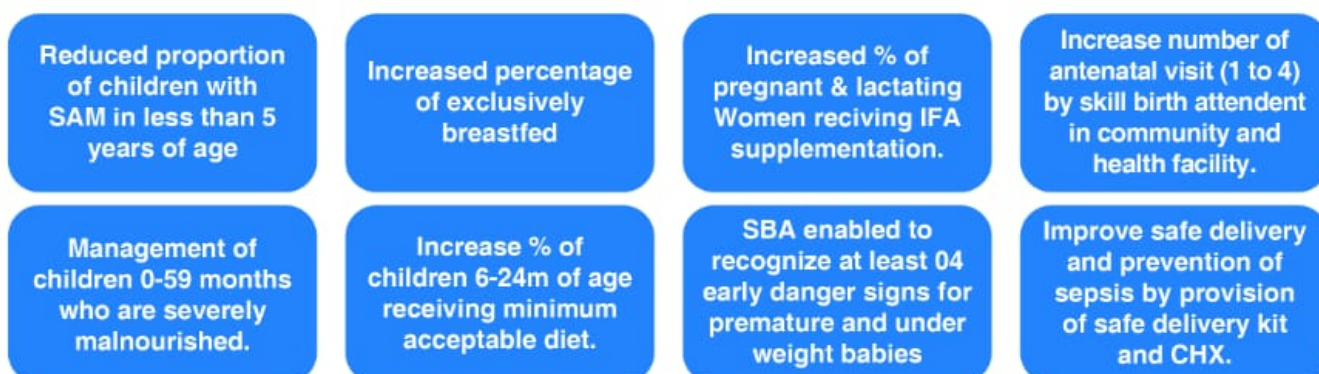


PINS Districts (except Karachi division)

AAP Health Intervention districts

Goal & Objectives of AAP Health Sector:

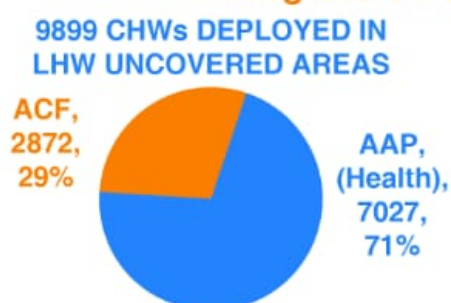
The goal of AAP- Health is to reduce stunting from 48%* to 43% in first five years (by 2021) in Sindh by increasing and expanding coverage of health interventions, that are known to reduce stunting in first five years of children's lives. To improve health and nutrition status of mothers and children by rapidly expanding and enhancing coverage of health and nutrition interventions in all districts of Sindh through 1000 days strategy.



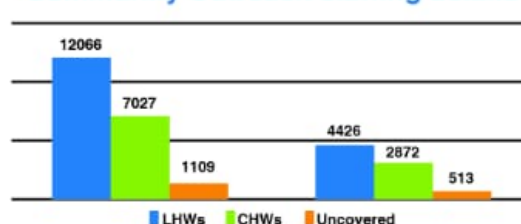
Programmatic Interventions specific for AAP- Health



Progress on Community based inputs

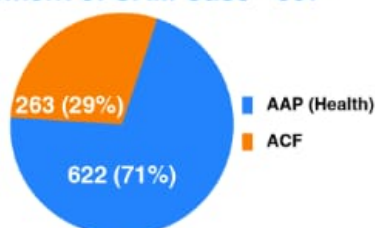


Community Outreach staffing details

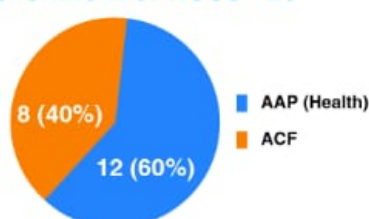


Progress on Facility based inputs

Establishment of OTPs for Mangement of SAM Case - 897



Establishment of NSCs - 20



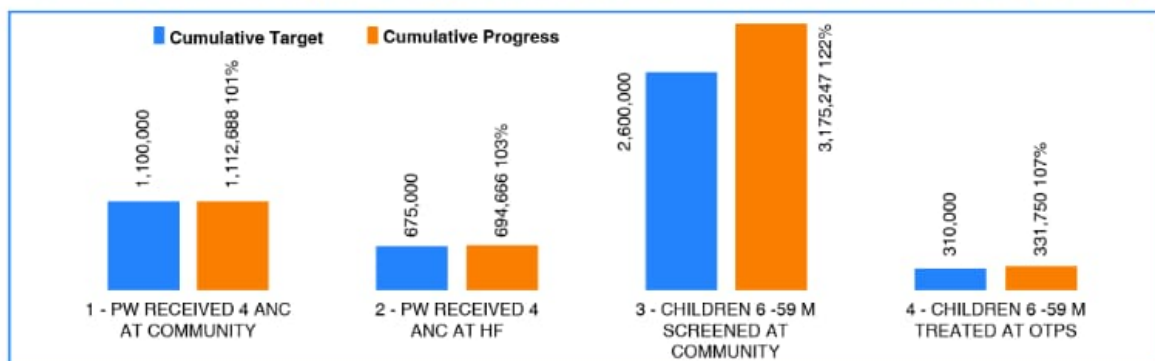
Establishment of OTP Sites



Establishment of Nutrition Stabilization Centre's



Achievements as per targeted Disbursement Link Indicators (DLI's)



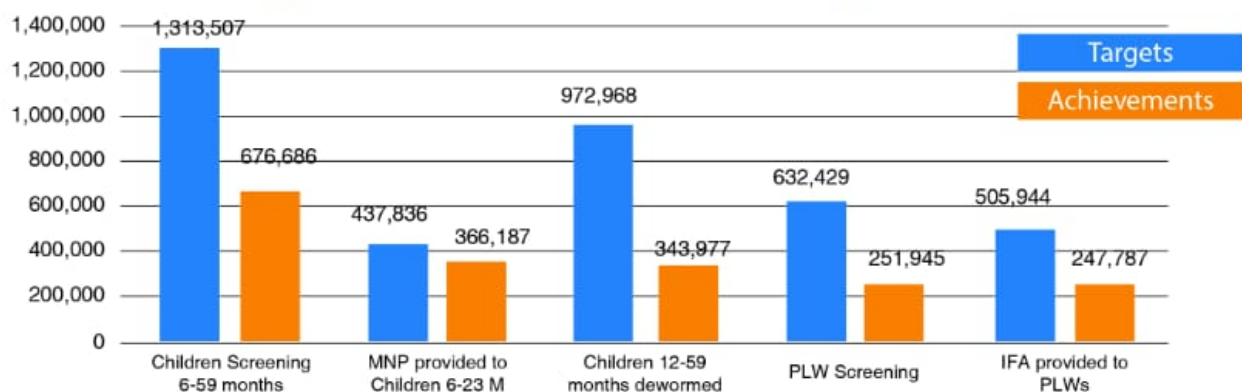
DLI 1 :Cumulative number of pregnant women who received 4 prenatal care visits, and counseling at community level.

DLI 2 :Cumulative number of women who received 4 ANC at primary and secondary health care facilities (BHU, RHC, THQ, and DHQ).

DLI 3 :Cumulative number of children 6-59 months who are screened (MUAC) for malnutrition at community level.

DLI 4 : Cumulative number of malnourished children aged 6-59 months who are registered in Outpatient Therapeutic Program centers at health facilities and mobile health clinics.

Targets vs achievements at community level

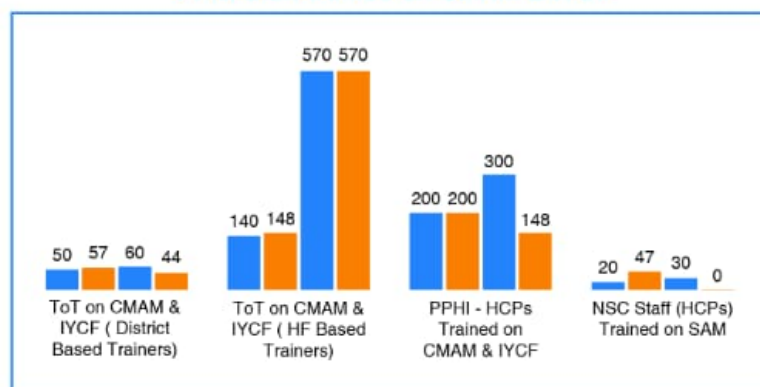


Achievements at health facility level

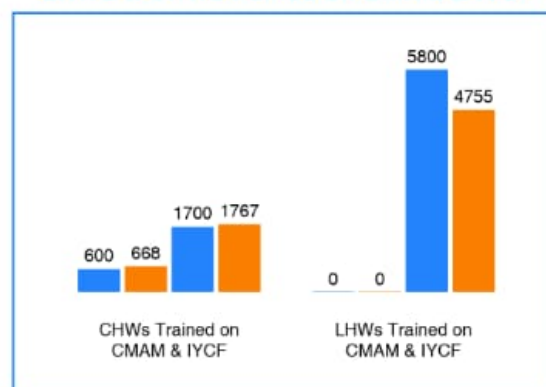
Component	Enrolled	Cured	Death	Defaulter	Non-recovered
Nutrition Stabilization Centre (NSC)	1952	1833 (94%)	21 (<1%)	90 (4.6%)	0
Out-Patient Therapeutic Program (OTP)	94,415	76,053 (80%)	142 (<1%)	4137 (4.3%)	699 (<1%)

Targets vs Achievements on Capacity building trainings

PPHI Staff trained on CMAM & IYCF

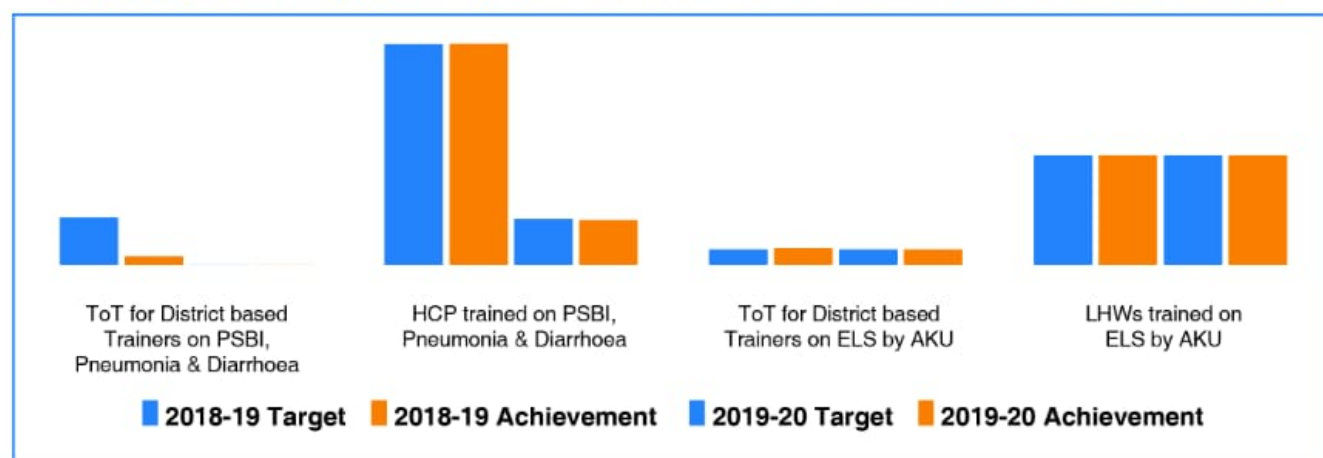


LHWs & CHWs trained on CMAM & IYCF



■ 2018-19 Target
 ■ 2018-19 Achievement
 ■ 2019-20 Target
 ■ 2019-20 Achievement

Capacity building trainings of HCPs on PSBI, Pneumonia, Diarrhea & ELS)



■ 2018-19 Target
 ■ 2018-19 Achievement
 ■ 2019-20 Target
 ■ 2019-20 Achievement



Response to COVID-19 Pandemic by AAP-Health

The coronavirus (COVID-19) pandemic has been declared global health crisis of our time and the greatest challenge we have faced since World War Two. AAP-Health, with the support of UN agencies and other development partners; playing an active role in overcoming the pandemic situation and helping its' partners in the districts and trying to reach the larger number of beneficiaries in raising awareness about COVID-19 and saving its' frontline workers in the health facilities and community.

AAP- Health is continuously supporting its partners in sensitizing communities & Community workers (LHWs, CHWs and HCPs) for taking proper precautionary and safety measures during work & at home. Nutrition staffs were trained on simplified guideline on Management of Acute malnutrition in COVID situation and infection Prevention.

Provision of Personal Protective Equipment (PPE)

Accelerated Action Plan Health has procured and distributed 161L of hand sanitizer, 11,800 pieces of gloves and 19,550 surgical masks in 13 districts to AAP IPs and UNICEF has also supported 15,000 surgical masks to the same districts. The services in the community resumes after provision of PPE with the proper use.



Distributed 11,800 Pieces of gloves



Distributed 161 Liters of Hand sanitizer



Distributed 34,550 Surgical masks

Training of Partners & Community workers

AAP, Health in collaboration with WHO and UNICEF organized ToT on IPC and developed guidelines for the district team followed by cascade training for the NSCs, OTPs and community workers on Infection Prevention & Control on developed Guidelines. A total 48 participants were trained in ToT from NSCs, 124 participants were trained at district level including ACF- PINS implementation districts followed by cascade training where about 3839 participants were trained till 30th June 2020.



Coordination with Provincial partners and Federal Health department:

AAP, Health has very strong liaison with Nutrition Wing, MoNHSR&C, UN agencies and donors for active and timely response in developing guidelines on IYCF in COVID-19 situation and management of acute malnutrition. Weekly meetings are ongoing since April 2020.

Federal level

Six (06) Meetings held

Provincial level

Seven (07) Meetings held

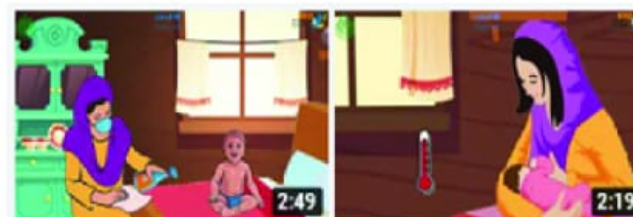
Development of IEC material to spread awareness on COVID-19

IEC Material & Guidelines were developed pertaining to COVID 19 situation on IYCF messages including early initiation & complimentary feeding, sign and symptoms of Corona Virus and its precautionary measure, simplified guidelines on management of SAM, MAM & SAM with complication related to COVID situation and infection Prevention. The brochures, posters, animated videos were developed and followed a 360-degree approach for its dissemination including telecasted voice messages in Radio and animated videos in TV channels.



How to Protect yourself from Corona Virus (Sindhi)

How to protect yourself from Corona Virus (V2)



Breastfeeding during COVID-19 (Sindhi)

Breastfeeding during COVID 19



نوول کورونا وائرس
COVID-19

کورونا وائرس کی وبا کے دوں میں 6 ماہ سے 23 ماہ کے بچوں کو نیم ٹھوس غذا دینا جاری رکھیں۔

پیشہ کاروں کو کورونا وائرس سے بچنے کے لیے نیم ٹھوس غذا دینا جاری رکھیں۔

کورونا وائرس کی وبا کے دوں میں 6 ماہ سے 23 ماہ کے بچوں کو نیم ٹھوس غذا دینا جاری رکھیں۔

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District Coordination Committee for Nutrition (DCCN) Updates:

DCCN Meeting Sanghar 25th June, 2020



District Coordination Committee for Nutrition (DCCN) has been constituted and notified on 27 October, 2017 in all districts of Sindh with the objective of overseeing and coordinating the execution of Accelerated Action Plan (AAP) for Reduction of Stunting and Malnutrition being implemented with support of World Bank's Sindh Enhance Response to Reduce stunting Project (SERRS), the "Multisectoral Action for Nutrition (MSAN)", the European Union "Program for Improved Nutrition in Sindh (PINS)", Government of

DCCN Meeting Mirpurkhas 10th June, 2020



Sindh contribution and other relevant ongoing and forth-coming donor funded projects.

The committee is functional under the chairmanship of Deputy Commissioner (DC) of their respected districts; members include sectoral representative, Implementing partners & District Nutrition Officer (DNO)

The committee is functional in direct coordination with the AAP Task Force Secretariat & P&D Board with the aim to review, monitor and coordinate all activities being done by various departments pertaining to Nutrition at district level. Committee meets once in a month to review the progress and discuss the problems and way forward. Committee prepares monthly and semi-annual reports using information from sectoral reports. Below is the district wise details of DCCN meetings held till 30th June 2020.

Details of DCCN meetings conducted till 30th June 2020

Districts	No. of meetings	Districts	No. of meetings	Districts	No. of meetings
Badin	3	Jacobabad	1	Umerkot	3
Hyderabad	3	Kashmore	4	Naushahro feroze	3
Mirpurkhas	6	Khairpur	3	Shaheed Benazirabad	4
Sanghar	3	Ghotki	4		
Tharparkar	2	Sukkur	3		

INTEGRATED NUTRITION PROGRAM IN POLIO HIGH RISK UC (UC-04, GUJRO), GADAP TOWN

AAP-Health, Health department, Govt. of Sindh in collaboration with UNICEF implemented integrated CMAM program with polio in February 2019 to reduce malnutrition among children under five years of age and PLWs of Gadap town, Karachi. UC-4 of Gadap town is among 08 super high UCS, showing consistently wild polio virus through environmental sampling.

Project objectives:

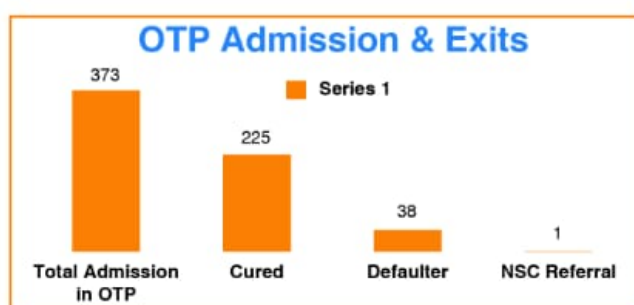
- To improve the nutritional status of women and children through provision of essential package of nutrition services integrated with WASH, HEALTH and Polio program.
- To improve the coverage of Polio program in targeted population through provision of integrated package of services including nutrition.

Geographical Coverage

Districts	Total sites	High Risk UCS	Target UCs #	Population of Targeted UCs (#)
East Karachi	08	UC – 04 Gujro	1	5,62,000

Achievements from January 2020 to June 2020

Total Screening	SAM Identified & admitted in OTP	Total SAM child cured	MAM Identified	MNP supplementation	IFA Supplementation
21,084	373	225	330	18,961	5,741



Target Population:

- Children 6-59 months.
- Adolescent girls 10- 19 years.
- Pregnant and lactating women.

Universal Salt Iodization Progress in Sindh, Pakistan

Iodine deficiency disorders (IDDs) cover a spectrum of developmental and intellectual disabilities, as well as stillbirths, congenital anomalies and increased perinatal mortality. Unattended iodine deficiency may cause permanent and irreversible damage to the intellectual performance that can impair academic and physical working capacity. According to National Nutrition Survey 2018 the average Household consumption of iodized salt in Pakistan has been improved to 80% approximately whereas its over 73% in Sindh province.

To further ensure the sustainable and uninterrupted consumption of iodized salt and achieving 80% coverage of iodized salt consumption in Sindh province; Nutrition International in collaboration with AAP- Health, Health department GoS aimed in improving the capacity of salt processors by conducting a yearly refresher training across the Sindh province. More than 125 salt processors have been participated in the refresher training held in the month of March 2020. These training were conducted in their respective districts under the supervision of Provincial Manager, Zonal manager, and district representative from health department. Training focused on steps involved in the production and processing of adequately iodized salt, monitoring at market & household levels and titration of salt samples, and other technicalities associated with the iodization of salt.

District Ghotki



District Sukkur



District Khairpur



District Mirpurkhas



District Tharparkar



District Umerkot



SUCCESS STORY: NUTRITION CASE STUDY

District	Badin, Sindh
UC	Malhan
Health facility	OTP site BHU Plus Nabi Bux Kumbho
Village	Muhammad Salih Soomro
Case reported by	Shaheen Zaur (NA), PPHI



Beneficiary Name	Marium Soomro	Age	8 months
Gender	Female	Position in family (Parity)	3rd Child
Family Background	<ul style="list-style-type: none"> Belonged to underprivileged and uninformed family. Poor hygienic condition due to lack of sanitation infrastructure facilities Family mainly relying on daily wages. 		
Findings at time of Admission	<ul style="list-style-type: none"> Child was suffering from severely acutely malnutrition and her mother refused for in-patient admission despite of counselling. Child was suffering from congenital cleft lip. Unable to take breast feeding. Age appropriate feeding and initiation of complementary feeding not done timely Inadequate diet and dietary diversity. Caretaker was upset for her baby. Hygienic condition of baby and mother was poor at the time of enrolment. Poor breast-feeding attachment and position 		
Findings observed during follow up visits (after admission)	<ul style="list-style-type: none"> Baby get well after proper curative and preventive services. Complementary food was started along with nutritional supplements after proper counseling. Baby looks active and energetic after nutritional treatment. NA also counsel mother about expression of breast milk (at times when needed) Breast feeding positioning and attachment was improved after proper counselling. Mother was familiar with key nutritional messages given by Nutrition team. 		

Periodic Progress:

Visits	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th
MUAC(cm)	7.0	7.3	7.9	8.4	9.5	10.2	10.9	11.4	11.9	12
Weight (Kg)	2.5	2.9	3.4	4.1	4.6	5.1	5.6	5.9	6.0	6.4

Before

After



Comments from Mariam's Mother

According to her "I thought my baby condition is permanent and couldn't get well because of cleft lip. Initially my baby was becoming weak day by day because, she was not getting proper breast milk and other food due to cleft lip. I received treatment from different physicians, but her health couldn't improve. One day I brought my baby for check-up at OTP site BHU Plus Nabi Bux Kumbho, after proper diagnosis of my baby health status I came to know that she is severely acute malnourished, she admitted here and get proper treatment. Now my baby is much better than before. I am very thankful for attending my child and provide her timely treatment".

Implementation Partners



<http://www.facebook.com/aaphealth>



https://twitter.com/aap_health



<https://www.youtube.com/channel/UCRMuGhB7C5eDVaZQJ6tc6w>