Save the Children

NUTRITION CRITICAL

Why we must all act now to tackle child malnutrition

Save the Children exists to help every child reach their potential.

In more than 100 countries, we help children stay safe, healthy and keep learning. We lead the way on tackling big problems like pneumonia, hunger and protecting children in war, while making sure each child's unique needs are cared for.

We know we can't do this alone. Together with children, partners and supporters, we work to help every child become whoever they want to be.

Acknowledgements

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Cover photo: A community health worker in Somaliland assesses four-year-old Nimo for malnutrition. (photo: Mustafa Saeed/Save the Children)

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Before and after her daughter Kyaut Shin Thant was born, Thin Thin Wai was cared for by a midwife supported by our programme in Myanmar.

PHOTO: JORDI RUIZ CIRERA/SAVE THE CHILDREN

GOOD NUTRITION SAVES LIVES

IT HELPS CHILDREN TO: ✓ GROW ✓ STAY HEALTHY ✓ DEVELOP ✓ LEARN ✓ IMPROVE WELLBEING

THE GLOBAL NUTRITION CRISIS

45% UNDERNUTRITION WAS LINKED TO 45% OF DEATHS AMONG CHILDREN UNDER THE AGE OF 5

144M 1 IN 5 (144M) CHILDREN UNDER 5 WERE STUNTED

47M 47M CHILDREN WERE WASTED

UNLESS WE ACT, COVID-19 WILL REVERSE PAST PROGRESS

9.3M
MORE CHILDREN TO SUFFER WASTING BY 2022

2.6M
MORE CHILDREN TO SUFFER STUNTING BY 2022

168,000
MORE CHILDREN UNDER 5 TO DIE BY 2022 DUE TO MALNUTRITION

WE MUST TAKE CRITICAL NUTRITION ACTIONS NOW

ENSURE NO CHILD IS LEFT BEHIND FROM PROGRESS TO END MALNUTRITION FOR ALL

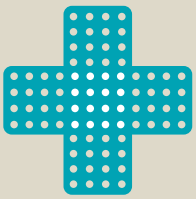
- ✓ Implement child and human rights provisions
- ✓ Support children, youth and communities to be empowered
- ✓ Prioritise actions to enhance gender equality and women's and girls' empowerment

ADDRESS THE MALNUTRITION CRISIS IN FRAGILE AND CONFLICT AFFECTED SETTINGS

CHILDREN MORE AT RISK IN WAR AND CONFLICT ZONES THAN AT ANY TIME IN THE LAST 20 YEARS

COVID-19 is exacerbating the impacts of conflict and insecurity, from weakening national governance to fuelling food scarcity and insecurity.

- ⚠ Mobilise resources
- ⚠ Ensure access
- ⚠ Increase political leadership

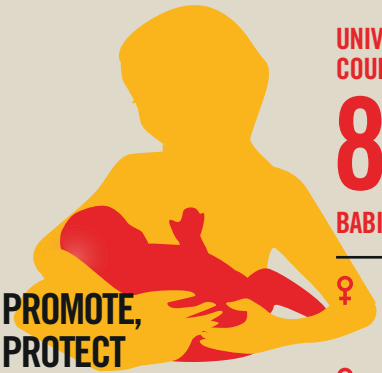


STRENGTHEN ESSENTIAL HEALTH AND NUTRITION SERVICES

1/2 OF THE WORLD'S POPULATION LACKS ACCESS TO BASIC HEALTH SERVICES

Nutrition interventions are highly cost-effective, prevent disease and reduce mortality:

- ✚ Fully integrate nutrition services into national health systems
- ✚ Ensure essential health and nutrition services are accessible to all, free at the point of care



PROMOTE, PROTECT AND SUPPORT BREASTFEEDING

UNIVERSAL BREASTFEEDING COULD AVERT THE DEATHS OF

823,000
BABIES AND SAVE US$300B

- ♀ Provide guidance and support in line with World Health Organization advice
- ♀ Support nurses and midwives
- ♀ Uphold international standards and recommendations

PROTECT AND SUPPORT FOOD SECURITY, LIVELIHOODS AND ACCESS TO NUTRITIOUS FOODS

1.2B CHILDREN IN MULTIDIMENSIONAL POVERTY

- Ensure safe and nutritious food is affordable and accessible for all
- Invest in preventative measures to mitigate the risks of hunger and starvation
- Urgently expand social protection coverage of children and their caregivers

COMMIT FINANCING

WE CALL ON DONORS AND GOVERNMENTS TO:

- $ Commit long-term and flexible financing for nutrition, including for the interventions listed in this report
- ¥ Fully fund humanitarian response plans, ensuring flexible funding is available to NGOs
- € Mobilise financing for nutrition as part of the COVID-19 response

Sabina feeds Tanha at a community nutrition session for new mums in Sylhet, Bangladesh.

PHOTO: TOM MERILION/SAVE THE CHILDREN

Introduction

The coronavirus pandemic has thrown unprecedented challenges and pressures onto already strained health systems, fragile economies, food systems and livelihoods. It has plunged stretched service delivery into chaos. In the process it has revealed and deepened inequity both between and within nations.

Even before the pandemic, many families and communities struggled to provide their children with the good nutrition necessary for their physical and mental development. Now, the most vulnerable children are set to fall even further behind. Unless we take immediate action, we will see many more children die from preventable causes, and children and adults in the most vulnerable communities will face a global food and nutrition emergency that is unprecedented in our times.[1]

We cannot let this happen. We must act now to both save children's lives today and to safeguard their future from the scars of malnutrition.

We highlight the following steps as critical to both protect and drive progress on nutrition in the time of a global pandemic:

- **Ensure no child is left behind from progress to end malnutrition for all**
- **Address the malnutrition crisis in fragile and conflict-affected settings**
- **Strengthen essential health and nutrition services**
- **Promote, protect and support infant and young child feeding – particularly breastfeeding – and care for children and their caregivers**
- **Support and promote food security and livelihoods and access to nutritious foods**

Good nutrition saves children's lives and gives them the chance to thrive. It is critical for children to grow, develop physically and mentally, stay healthy and learn, and for their wellbeing throughout their lives.

This report looks at child malnutrition in the world today, including the complex and devastating impact of Covid-19. We focus in turn on each of the areas listed above, which from our experience we believe require increased attention in order to build back better. We propose recommendations to accelerate progress in these areas as the world enters a Decade of Action[2] to achieve the Sustainable Development Goals by 2030 and secure a bright future for today's children. And we call on leaders to commit long-term and flexible financing for nutrition to deliver critical nutrition actions.

Alongside our own analysis, evidence and learning, we present calls to action from children and young people; country case studies; data published in *The Lancet*, the Standing Together for Nutrition consortium and many other external sources; and our detailed recommendations. The established evidence base on the impact of malnutrition and action needed is sound. However, there is still a lot we don't know about the impact of the coronavirus pandemic and many countries are experiencing rapid changes. We therefore encourage you to check for updates to the evidence referenced.

WHY NOW?

This report comes at a critical moment. 2021 will be a Nutrition for Growth 'year of action'. It will offer multiple opportunities for governments, donors, the United Nations (UN) and other multilateral agencies, NGOs and businesses and leaders around the world to build momentum, make sure nutrition is high on political agendas and make the commitments urgently needed to end malnutrition for all.

A virtual Nutrition for Growth kick-off event in December 2020 is expected to respond to the Covid-19 pandemic and the UN Call to Action on malnutrition. It will also see the launch of a roadmap for the year ahead. The year 2021 will culminate in the UN Food Systems Summit in September and the Nutrition for Growth Summit in Japan in December – a final opportunity in this critical year for governments to reflect on progress and to make pledges.

At the first Nutrition for Growth Summit in 2013, nearly 100 stakeholders coalesced and committed more than $4 billion in nutrition-specific funding, and $19 billion for nutrition-sensitive projects.[3]

The Government of Japan's Nutrition for Growth Commitment-Making Guide provides a strong framework to guide governments, donors, businesses, and civil society organisations on the action needed in 2021.[4] It is vital that these commitments align with national priorities, are specific, measurable, achievable, relevant and time-bound, and align with the Nutrition for Growth principles of engagement and accountability framework.

If a wide range of stakeholders make ambitious commitments through Nutrition for Growth, the world can turn a corner. The following sections of this report outline in turn our five nutrition-critical priorities to drive the required progress.

Nutrition for Growth 2021 Year of Action

Date	Pledging opportunity
December 2020	**Nutrition for Growth 2020 Virtual Moment**
July 2021	**Goalkeepers event at the Tokyo Olympics[5]**
September 2021	**United Nations Food Systems Summit**
December 2021	**Tokyo Nutrition for Growth Summit 2021**

1 Ensure no child is left behind from progress to end malnutrition for all

"I often hear that we as children and adolescents are the future of the nation, and we are, but we're also the present, and I want my rights to be fulfilled now."

16-year-old boy, Mexico[1]

CHILD MALNUTRITION TODAY

Good nutrition matters. It is vital for a child to grow, thrive and develop to their full potential. It is also vital in keeping children alive.

Undernutrition is linked to nearly half of all under-five deaths.[2] It can weaken the immune system, making children more susceptible to illness, leading to higher rates of child mortality. Undernourished children are more likely to grow into undernourished adults, who in turn are more likely to have undernourished children.

Undernutrition exists in various forms. It is defined as the outcome of insufficient food intake and repeated diseases. It includes a person being underweight for their age, being too short for their age (stunted), and dangerously thin for their height (wasted). It also covers micronutrient malnutrition, a deficiency in particular vitamins and minerals (see glossary for further information on page 34).

Another form of malnutrition is overweight and obesity. The mortality, morbidity and extraordinary healthcare costs brought about through associated

One-year-old Lawrence, who was previously diagnosed with severe acute malnutrition, is weighed by a community health volunteer in Turkana, Kenya.

PHOTO: FREDRIK LERNERYD/SAVE THE CHILDREN

diet-related non-communicable diseases means obesity is recognised as one of today's most pressing public health problems. (See box on obesity and the impact of Covid-19 on page 16.)

As we entered 2020, one child in three under the age of five was malnourished – stunted, wasted or overweight.[3]

The drivers of malnutrition are well known – and wide-ranging. They include a child's dietary intake and health, household food security, care practices, their broader health environment, poverty, the political context and environmental factors, such as climate change. These drivers can intersect and overlap, exacerbating the exclusion of certain groups of children.

The cycle of malnutrition, unless broken, traps communities and societies into inequitable development. By contrast, when all children are well nourished, they and their societies can flourish; nutrition is a key component of human capital, Reducing stunting could increase gross domestic product (GDP) in Asia and Africa by 4–11%.[4] Ending malnutrition entirely would save the world economy trillions of dollars every year.[5]

Failing to prioritise good nutrition violates a child's rights. Nutrition is a precondition for sustainable, social, economic and human development, as set out in the United Nations Charter, the Universal Declaration of Human Rights and subsequent international human rights conventions, including the UN Convention on the Rights of the Child.[6] The very existence of undernutrition is a violation of the human right to food.[7] All children have the right to health,[8] yet this is undermined when malnutrition is endemic. It thwarts children's right to education. Further, as examined below, inequity is a driver of malnutrition, and discrimination and exclusion on the grounds of gender, disability, ethnicity or social background are risk factors. Malnutrition, then. violates the right of the child to protection from discrimination.

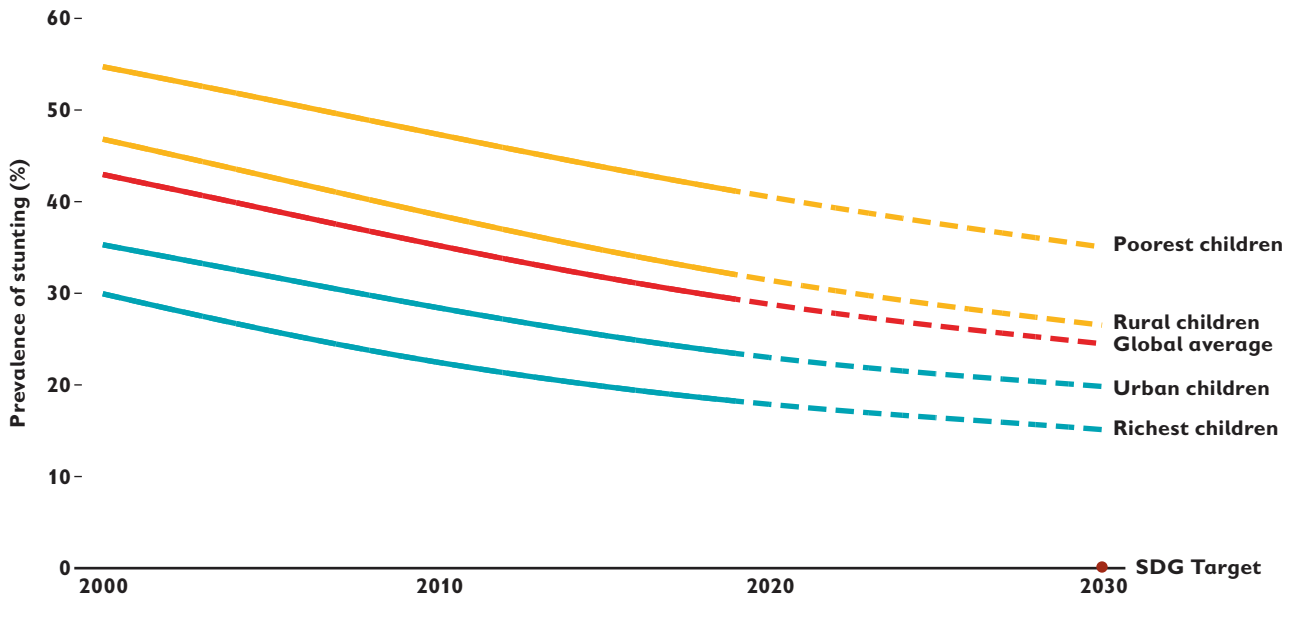
Yet malnutrition is both preventable and treatable.[9]

INEQUITABLE PROGRESS

A child born at the start of 2020 was less likely to be malnourished than a child born in 2000. At the turn of the millennium 3 in 10 children under five globally were stunted. In the space of 20 years this dropped to 2 in 10.[10] In 2020 there are 55 million fewer stunted children under five than 20 years earlier.

FIGURE 1. PROGRESS IN REDUCING STUNTING IS OFF TARGET AND INEQUITABLE

Stunting rates in 100 low- and middle-income countries



Save the Children estimates based on UNICEF/WHO/World Bank Joint Malnutrition Estimates and DHS/MICS. National sample based on 101 countries (covering 67% of population). Trends and projections for wealth and urban/rural groups based on subset of 94 countries (covering 67% of population).

Despite this progress malnutrition remains endemic in many settings. Even before the pandemic hit, 144 million children under five were stunted and 47 million children were wasted.[11] Inequitable progress has meant that children do not have an equal chance to grow up well nourished. A child's likelihood of being malnourished is in part determined by where they live, their parents' income or discrimination or exclusion based on, for example, their gender, ethnicity or disability.[12] Thus, inequity and malnutrition are mutually reinforcing.

GEOGRAPHY

Asia and Africa bear the brunt of this crisis. For every 10 stunted children in the world, 9 of them live in these continents. The same is true for 9 of every 10 wasted children, and 7 of every 10 overweight children.[13] Southern Asia has the highest prevalence of wasted (14.3%) children and among the highest rates of stunted (31.7%) children. The Pacific Islands[14] (38.4%), Eastern Africa (34.5%) and Middle Africa (31.5%) are also massively affected by stunting.[15] As outlined below, these areas are most likely to see the impact of the coronavirus pandemic on malnutrition, which threatens to further entrench inequitable progress – or even risks regression.

HOUSEHOLD

Globally, children living in the poorest households are more than twice as likely to be affected by stunting (43.6%) as those in the richest households (18.6%). Children in rural areas (35.6%) are 40% more likely to be stunted than those in urban settings (25.6%).[16] Children with disabilities are more likely to be malnourished and to be excluded from nutrition services than their peers without disabilities.[17,18]

GENDER

Gender inequality drives malnutrition; and malnutrition exacerbates gender inequality. Supporting female empowerment, investing in girls' education and tackling gender inequality are vital to break the cycle of malnutrition. With the onset of adolescence there are more pronounced differences in the nutritional needs of girls. For example, the prevalence of anaemia, often caused by deficiency in iron, is vast. One in three adolescent girls and women globally are currently affected[19] and the rate is rising. It can affect adolescent girls' ability to concentrate, cause tiredness and impair their physical and cognitive development. For women, anaemia in pregnancy increases the risk of maternal death. Malnutrition in pregnancy increases the risk of malnutrition in newborn babies.[20] And girls' education is also critical: while 24% of children of 'educated mothers' are malnourished, among children of less educated mothers the malnutrition rate is 39.2%.[21]

PHOTO: HANNA ADCOCK/SAVE THE CHILDREN

Christine and her son Prince Zyrus in Manila, the Philippines.

OFF-TRACK ON GLOBAL TARGETS

Even before the pandemic, agreed global targets for lowering malnutrition were likely to be missed. No country was on track to reach all the World Health Assembly (WHA) nutrition targets by 2025.[22] In the case of the anaemia target, the global situation appears to have worsened since 2012.[23] Failing to meet these targets will mean promises to the world's children are broken and a lack of progress on a number of fronts.

Although nutrition is primarily tracked through Sustainable Development Goal (SDG) 2, failure to make progress in tackling malnutrition will result

in deflated outcomes across the whole SDG agenda. As Figure 2 shows, nutrition is central to achieving all 17 SDGs.

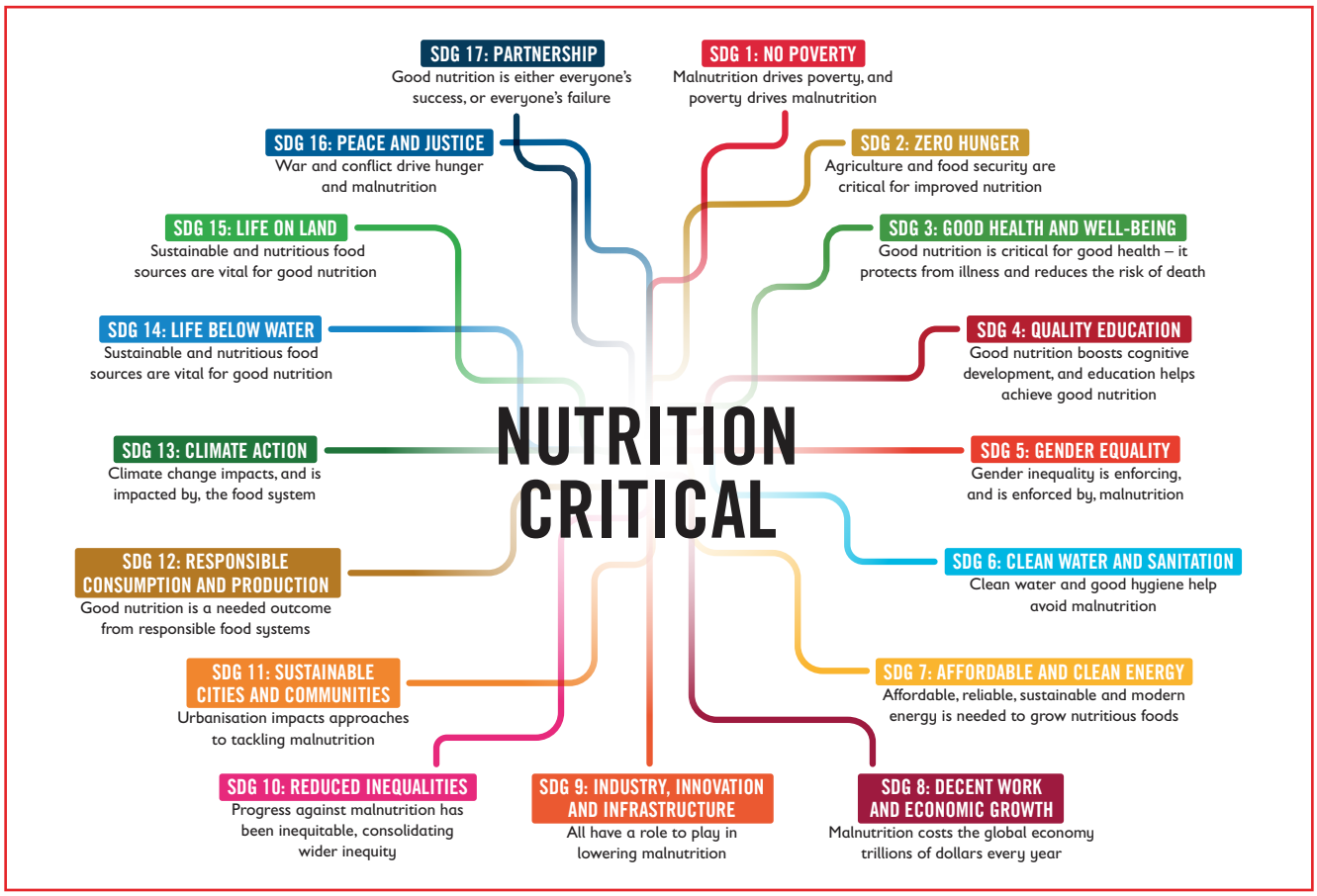
THE PANDEMIC AND RISING MALNUTRITION

> *"Inequality means it will not be easy for everyone to efficiently social distance and continue to put food on the table."*
>
> Webster Makombe, Youth Leader for Nutrition[24]

The global coronavirus pandemic throws unprecedented challenges and pressures onto already strained health systems and fragile economies. Declining incomes and disrupted markets are leading to decreased purchasing power,[25] disproportionately affecting the most vulnerable and poorest people, so that they are likely to fall even further behind.

Unless we act now, the impact of the pandemic on many millions of children is projected to be devastating. By 2022, it is estimated that an additional 9.3 million children will be wasted, with two-thirds of these children in south Asia.[26] Currently, only a fifth (20%) of children who are wasted are receiving treatment.[27] In the same time frame, and after two decades of decline, by 2022 it is predicted that an additional 2.6 million children will be stunted, with south Asia and sub-Saharan Africa bearing the overwhelming burden[28] – both areas with already severe levels of children malnutrition.[29] These increases in wasting, combined with declined coverage of nutrition interventions, could lead to an additional 168,000 under-five deaths by 2022.[30] This staggering setback may only be the tip of the iceberg. Across all ages, between 14 and 80 million people may become malnourished because of economic impacts from the pandemic[31] and the number of people suffering from acute food insecurity could double to 270 million.[32] Women are girls are expected to bear the brunt of the economic impact of the pandemic, which is likely to further entrench gender inequity and to exacerbate childhood malnutrition.[33] An additional 2.1 million pregnant women are predicted to have anaemia by 2022, and an additional 2.1 million children are predicted to be born to women with a low body mass index (BMI) in the same time period.[34] This will have knock-on effects for future generations, due to the cyclical nature of malnutrition.

FIGURE 2: GOOD NUTRITION IS AT THE HEART OF THE SUSTAINABLE DEVELOPMENT GOALS[35]



For each child affected, their ability to survive and thrive will be compromised. But this is also a global economic problem. The cost to future productivity is projected to be $29.7 billion.[36]

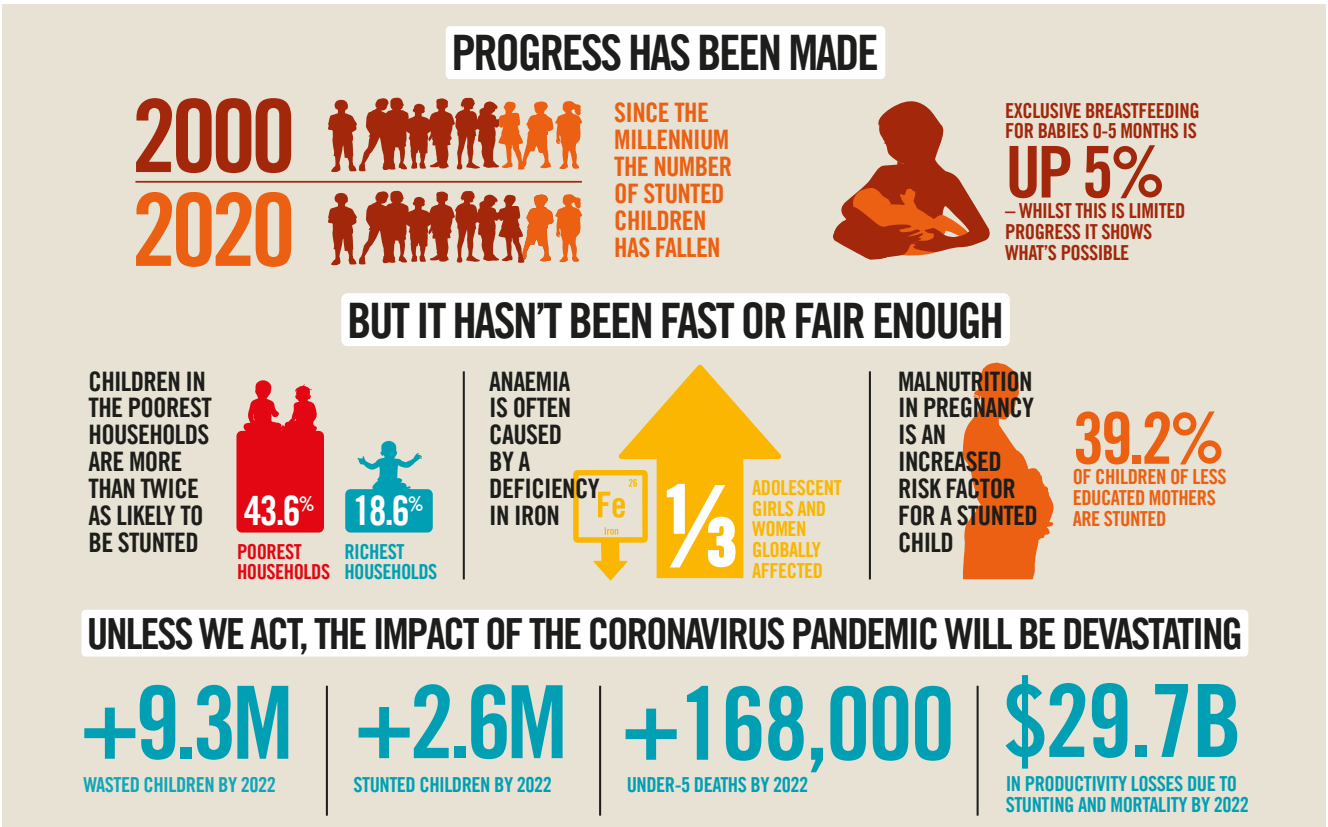
THE URGENT NEED FOR NUTRITION FINANCING

The dominant narrative on nutrition financing remains the World Bank Investment Framework. It shows the need for an additional $7 billion per year to achieve the WHA nutrition targets and save 3.7 million lives.[37] However, the framework has limitations and underestimates the costs involved. Notably, it focuses on just four of the six targets and assumes, without costing, nutrition-sensitive interventions.[38] The additional $7 billion per year should therefore be considered the entry point for nutrition financing rather than the full story. In light of this, and despite some positive trends, investments in nutrition urgently need to be increased.[39] Further, an additional $1.2 billion per year is estimated to be needed to mitigate the additional impacts caused by the pandemic.[40]

2021 provides an opportune moment to do this. Without a significant increase in financing for nutrition the WHA targets and SDG 2 will both be missed. This will have knock-on effects beyond nutrition, threatening the survival of millions of children and robbing millions more of the chance to fulfil their potential. The Covid-19 pandemic has shone a light on the urgent need for strong systems which support resilience in times of crisis. The importance of attaining the WHA targets and SDG 2 extends far beyond a tick-box exercise. Achieving them will mean the world's most disadvantaged children will have the chance to realise their rights.

These are urgent challenges. But we know what works – and that progress is possible. Through a collective response that brings together governments, donors, civil society and communities, we can end the global nutrition crisis. And as demonstrated below, among those at the forefront of that call for action are children and young people themselves.

FIGURE 3: PROGRESS, INEQUITY AND THE RISKS FROM THE PANDEMIC



This graphic is informed by data in this report and also Global Nutrition Report (2020) https://globalnutritionreport.org/ reports/2020-global-nutrition-report/inequalities-global-burdenmalnutrition

YOUTH ACTION

The Youth Leaders for Nutrition programme[41] supports young people – primarily from countries with high rates of malnutrition – to develop their skills to advocate for an end to malnutrition, both in their own communities and globally.[42] Below is a summary of youth leaders' concerns about malnutrition:

FIGURE 4: THE CHALLENGE OF MALNUTRITION: YOUTH LEADERS SPEAK OUT[43]

2 Address the malnutrition crisis in fragile and conflict-affected settings

The pandemic is exacerbating existing inequalities and pushing the most marginalised and vulnerable people even further behind. This is particularly true of children, and even more so for those in need of humanitarian assistance in order to access enough nutritious food to grow up healthy.

For millions of children living in fragile and conflict-affected settings, the threat of hunger and malnutrition is a daily reality, requiring specific and coordinated response efforts. And now, the multiple and complex risks of conflict and insecurity, weak national governance, scarce clean water, rising food insecurity and teetering health systems are further compounded by the coronavirus pandemic. This chapter therefore focuses on malnutrition in fragile and conflict-affected settings. We explore the additional complexity of the challenges faced by children living within conflict and humanitarian settings. And we look at how overcoming the barriers to good nutrition in these settings requires a more urgent, nuanced response.

While for most people the pandemic has caused seismic disruptions to daily life, in fragile and conflict-affected settings it is a huge additional strain on health and nutrition systems that were often already stretched to breaking point. In many of these contexts, mortality rates were already significantly higher than in the rest of the world, with preventable or treatable threats such as malaria, dengue fever, diarrhoea, pneumonia and acute malnutrition killing children in staggering numbers. Now, disruptions brought about by the pandemic both directly and through its secondary impacts are further jeopardising the nutrition, health and well-being of millions of children and adults living in humanitarian crises.

Shadia carries her sister Noura, who is being treated for severe acute malnutrition at a camp for displaced people in Yemen.

PHOTO: JONATHAN HYAMS/SAVE THE CHILDREN

The UN has warned that without immediate action to address the impact of the pandemic we could see "famines of biblical proportions."[1] It is no coincidence that the four contexts identified in July 2020 as at the highest risk of famine – the Democratic Republic of Congo, North East Nigeria, South Sudan and Yemen[2] – were already all experiencing complex humanitarian crises and alarming levels of acute food insecurity and malnutrition before the pandemic struck.

Emerging evidence is revealing that the secondary impacts of the coronavirus pandemic have exacerbated the precarious nutritional status in many fragile and conflict-affected states. Fear and misinformation about Covid-19,[3] combined with restrictions on movement put in place by national authorities to stem the spread of the virus. Anecdotally, our programme teams report that these have resulted in severe disruptions to care practices, with subsequent reductions in breastfeeding, appropriate complementary feeding and antenatal services.

In humanitarian contexts across the globe restrictions on freedom of movement have prevented communities accessing vital nutrition services. Humanitarian actors have been prevented from reaching affected areas and supply chains across and inside borders have been disrupted, resulting in stock shortages of key resources for crucial services.

As increased migration from areas of high transmission and forced displacement continue, the pandemic has increased the need to address complex challenges faced by displaced communities. A total of 79.5 million people were displaced in 2019,[4] many of whom are at increased risk of Covid-19 and malnutrition. As borders have closed and reopened, and with migration in response to the pandemic,[5] greater attention must be paid to the needs of vulnerable children in these contexts who are otherwise at risk of being left behind altogether.

A lack of Covid-19 testing capacity and a lack of research into the relationship between Covid-19 and all forms of undernutrition have been a significant barrier for the international community in taking action. Limited understanding of the relationship between Covid-19 and malnutrition, combined with restrictions on nutrition services as a result of curbs on movement, have impeded the delivery of high-quality nutrition interventions at scale.

Hassan, age four, who has been treated for malnutrition, is measured for height, which is one indicator of malnutrition, at a mobile health clinic in Somaliland.

PHOTO: MUSTAFA SAEED/ SAVE THE CHILDREN

DRIVERS OF HUNGER AND MALNUTRITION

"We don't have any food at home. From three meals a day we are down to two and sometimes just one… My mother can't afford to feed us. It's hard to be alive."

13-year old boy, Afghanistan

While 135 million people in crisis status or worse (marked as IPC3 or higher on the Integrated Food Security Phase Classification) are situated across a range of geographies and contexts, 59% of them – 80.3 million people – are found in just nine fragile and conflict-affected settings; Yemen, Democratic Republic of the Congo, Venezuela, South Sudan, Syria, Nigeria (north east), Sudan, Haiti and Afghanistan. These countries also have disproportionate numbers of children with acute malnutrition.[6]

The drivers of acute food insecurity are habitually complex, interlinked and mutually reinforcing. Conflict, insecurity, the growing climate crisis, extreme weather events and significant damage to crops from pests such as locusts are currently common causes of rising levels of hunger and malnutrition. All erode the resilience of communities to respond, leaving entire populations extremely vulnerable to additional shocks, such as the impact of the pandemic on people's health and livelihoods. Rather than driving increased malnutrition directly, Covid-19 must be recognised as an accelerant to these wider drivers. Understanding this is key to enable solutions-based responses.

HUMANITARIAN ACCESS TO VULNERABLE CHILDREN

Conflict drives hunger in different ways in different places. However, while there is no single pattern to the relationship between conflict and hunger, from one context to another the direct and secondary impacts of conflict tend to overlap and reinforce one another to drive hunger and malnutrition among vulnerable populations. For example, in a conflict-affected setting, forced displacement, loss of livelihoods and failing food systems are all likely to be interconnected. Increasing hunger and malnutrition are sometimes exacerbated by poverty, marginalisation and the impact of the climate crisis, and sometimes even a deliberate military strategy.

One of the most direct, and alarming, factors driving hunger in conflict zones is the denial of humanitarian access. The UN's 2020 *Children and Armed Conflict Report* records more than 4,400 verified incidents of the denial of humanitarian access to children – a 400% jump from the previous year and the highest increase in the number of incidents verified for any of the six grave violations against children.[7]

Violence against humanitarian workers and assets – including attacks on personnel and essential civilian infrastructure – and bureaucratic impediments and restrictions on movements seriously disrupt humanitarian activities. In turn, they affect the

FOOD INSECURITY IN SUDAN

A combination of spiralling food prices, inflation and job losses due to the impact of Covid-19 is having a devastating impact on families in Sudan. Even prior to the pandemic, households were facing multiple shocks, with an estimated 9.6 million people unsure where their next meal is coming from. And in 2019, 1.9 million internally displaced people and 1.1 million refugees and asylum seekers were already unable to afford food.[8]

Though conflict was generally declining, localised violence continued to affect access to markets and livelihood activities. Against the backdrop of an ever-worsening economic crisis, food security was also sharply affected by erratic rainfall and pest infestations. With Covid-19 now compounding the situation, the country is facing its worst food crisis for several years: 1.1 million children are going hungry and compared with 2019, half a million more children are at risk of extreme hunger.[9] Save the Children has provided cash grants to 4,400 households in North Darfur and North Kordofan. We have continued to distribute seeds, farming equipment and goats, and to provide veterinary training and services in those two states; and in South Kordofan we have distributed food vouchers to families that are struggling to get enough to eat. And we are supporting more than 100 nutrition centres in Darfur, Kordofan, Red Sea and Blue Nile states to reduce malnutrition among children, pregnant women and breastfeeding mothers.

ability of populations in need to access key food security, health and nutrition services.

Even as humanitarian agencies attempt to scale up responses to tackle the pandemic, state authorities and non-state armed groups have prevented agencies from reaching people in need. The coverage of essential nutrition services in humanitarian settings has been severely reduced in lockdown contexts, with declines in some places of 75%–100%.[10]

ACT NOW

While 2021 provides a critical opportunity for the global nutrition commitments (see page 2), the international community must give urgent attention to the fragile contexts that are on the brink of famine declaration. With only 32% of the Global Humanitarian Response Plan funded, and only 5% of nutrition requirements within that,[11] much more must be done to ensure that malnutrition and hunger are not inevitable consequences of conflict, fragility and Covid-19.

Although there are multiple factors at play, including the impact of the pandemic, in fragile and conflict-affected settings many key drivers of hunger and malnutrition are human-made. And many of their consequences for children are therefore avoidable. The sector has continued to respond to rising child wasting since the pandemic began, but humanitarian needs are now increasing exponentially. Quick and coordinated action is vital if we are to prevent an increase in excess morbidity due to the increased vulnerability of undernourished children to diseases.

MALNUTRITION IN YEMEN

In Yemen, a staggering 24.3 million people – 80% of the population – require humanitarian assistance and protection. Yet with violence and access issues continuing to limit the humanitarian response, more than 6 million people now live in hard-to-reach areas.[12] The ongoing conflict restricts families' abilities to earn money and to buy food, while repeated fuel shortages push food prices ever higher. Two-thirds of all Yemenis remain hungry, and nearly half do not know when they will next eat.[13] The latest IPC analysis shows that in the south of the country almost 100,000 children under five suffer from severe acute malnutrition.[14]

Yemen's ongoing conflict, currently in its sixth year, is clearly a principal driver of malnutrition. In 2020, the number of active frontlines has increased and the fighting has intensified. This has made it more challenging to deliver humanitarian aid and for communities to access services.

In addition, a funding crisis combined with overwhelming pressure on health services from Covid-19 and the deteriorating economy has led to more food insecurity and a decrease in access to health and nutrition services for Yemeni children. More than a third of the UN's humanitarian programmes have already been cut back, including a reduction of services in 300 health facilities. Save the Children has had to withdraw its support from 41 health facilities providing community management of acute malnutrition (CMAM), infant and young child feeding and primary health care services because of defunding. This has resulted in a 27% drop in people receiving acute malnutrition treatment between January and September 2020 compared with the same period in 2019. We also observed a 60% increase in monthly admissions for acute malnutrition between March and July 2020 compared with the previous six months,[15] possibly because admissions are for the most critical cases and are likely to have gone up because of the drop in treatment at an earlier stage.

Save the Children provides technical and operational support to the Ministry of Public Health and Population to sustain 154 CMAM sites in Yemen. We also put in place Covid-19 adaptations including revised mid upper arm circumference-based extended admission and discharge criteria, triage, and are ensuring staff and patients had appropriate facilities and protective equipment to stay safe. As of September 2020, Save the Children-supported programmes were treating 66,040 acutely malnourished under-fives, pregnant women and breastfeeding mothers.

3 Strengthen essential health and nutrition services

Good nutrition is a fundamental human right[1] and a core component of the right to health of every child, adolescent and woman.[2] Governments and the international community have a duty to deliver on these rights for all children, including the most deprived and marginalised. However, these rights to nutrition and health are not being fulfilled for millions of children, putting them at far greater risk of illness and death. Malnutrition severely affects children's chances of survival – a severely undernourished child is nine times more likely to die from common infections than a well-nourished child.[3] And malnutrition is a major risk for child pneumonia and diarrhoea deaths.[4] At the same time, poor health can have a harmful impact on children's nutrition status.

MANY CHILDREN LACK ACCESS TO BASIC HEALTHCARE

Delivering improved health and nutrition at scale depends on having a health system that can deliver high-quality health and nutrition outcomes for everyone. This should be delivered through universal health coverage (UHC), which means ensuring that all people can access the health services they need without facing financial hardship.[5] All countries have committed to delivering this by 2030 through SDG3, which was reinforced in the Political Declaration on UHC endorsed by all countries in 2019.[6] UHC is vital for ending malnutrition; and in turn UHC will only be achieved if it includes interventions that effectively address malnutrition.

However, half of the world's population does not have access to basic health services, with people in the poorest countries, in those requiring humanitarian relief and in conflict-affected countries worst affected. Access to essential nutrition services is particularly poor. For example, out of approximately 47 million children who are wasted in the world today,[7] less than 20% access the treatment they need.[8]

Within countries, the poorest households and those in rural areas have worst access to health and nutrition services, with women and girls facing the greatest challenges.[9] Women's and girls' access to health services is critical to children's health, given both the importance of mothers' health for their children's health and their role as carers. Women's and girls' access to health services is limited by factors such as distance, cost, safety and the lack of female service providers. Hundreds of thousands of girls die each year because they do not have the same access to health and nutrition services as boys.[10]

Brissa, 15, with her newborn baby boy in Sinaloa, Mexico.

PHOTO: JONATHAN HYAMS/SAVE THE CHILDREN

THE IMPACT OF COVID-19 ON ESSENTIAL SERVICES

"We need food, water, clothes and health centres."

16-year-old boy, Niger[11]

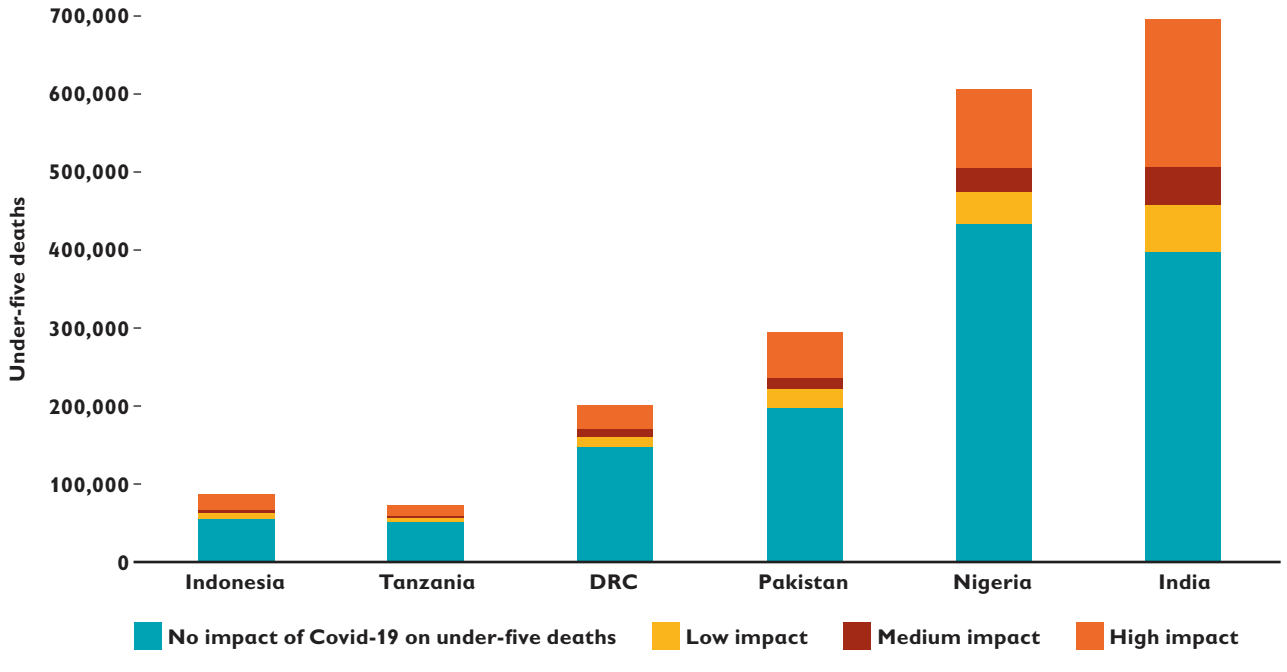
The crisis in healthcare – which robbed so many people of their right to health even before Covid-19 – is likely to get even worse. Within already weak and overstretched health systems – particularly in the poorest countries and in those facing conflict or unrest, where the situation is already dire – the impact of the pandemic on essential health and nutrition services is set to be devastating. A catastrophic scenario is looming for the health, nutrition and well-being of women, adolescents and children, particularly girls and those groups that are the most deprived and marginalised.

The headline point here is that, following decades of progress, malnutrition is now expected to increase significantly. Health system resources are being diverted from a range of nutritionally important functions and essential health services that affect nutrition — including antenatal care, micronutrient supplementation, and prevention and treatment of childhood diarrhoea, infections and acute malnutrition — toward combating Covid-19[12] and services are less accessible. At the same time, the impact of the pandemic on economies, livelihoods and food systems means it is now even harder for many families to provide their children with the nutritious food they need for their physical and mental development. For example, based on our household economic analyses in Nigeria, Mauritania, Niger and Chad, we found that families already struggling to put food on the table were forced into difficult decisions about buying food or paying for healthcare or education; they can no longer afford them all. Niger was worst affected with a 177% increase in the population in need and a 201% increase in food needs.[13]

The impact on children from the increased strain on health systems, disruptions to routine healthcare and increased acute malnutrition is stark. Projections indicate that in the six-month period from 1 July 2020 in low- and middle-income countries up to 1.2 million additional children under five could die – a 45% increase.[14] Figure 5 shows some of the countries predicted to see the highest numbers of additional child deaths.

FIGURE 5: A PROJECTED RISE IN CHILD DEATHS

Deaths of children under five, including projected additional deaths due to Covid-19-related strains on health systems, service disruptions and wasting in selected countries under different scenarios, July–December 2020



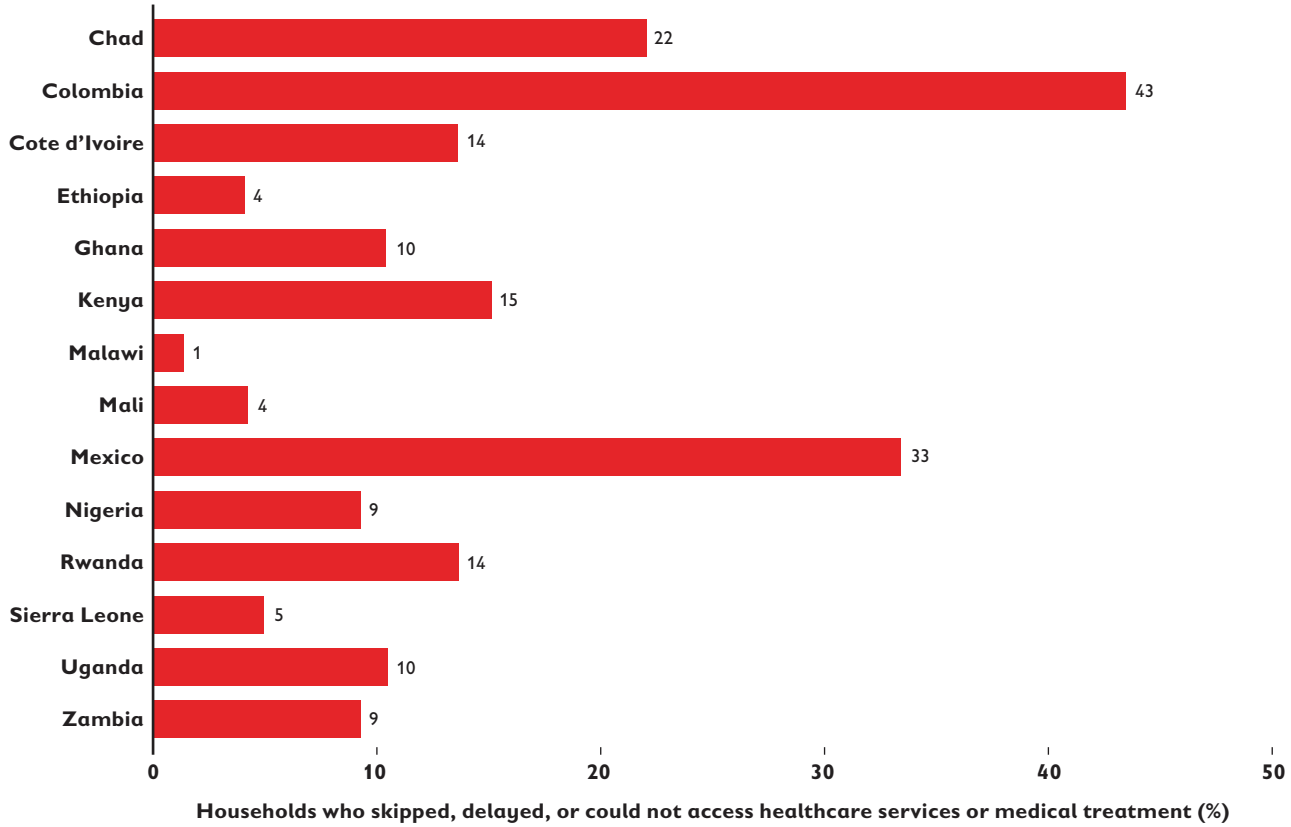
Source: Lancet, 2020[15]

According to data from the World Health Organization (WHO), of 105 reporting countries the vast majority – around 90% – have had disruptions to essential services during the pandemic, with low- and middle-income countries worst affected. Over half of countries reported disruption of essential services for moderate and severe malnutrition (6% reporting full disruption and 46% partial disruption).[16] According to our analysis of World Bank and Innovation for Poverty Actions (IPA) surveys, the extent of disruptions in some countries is stark. For example, secondary impacts of Covid-19 mean over 40% of households in Colombia and over 30% in Mexico are not accessing health services (see Figure 6). This data is supported by a Save the Children survey of 25,000 children, parents and caregivers,[17] with 89% of respondents reporting that their access to healthcare, medicine and medical supplies had deteriorated as a result of the Covid-19 pandemic.[18] This is particularly alarming given that in many countries where services have been disrupted by the Covid-19 crisis, access to essential routine services was already low – and inequitable. Now, a situation that was already dire has become even worse.

Nutrition services have also been severely disrupted. UNICEF data found that the most affected are nutrition programmes in schools, with 49 countries reporting disruptions. This was followed by disruptions to the promotion of nutritious and safe diets for young children (48 countries), protection and promotion of breastfeeding (48 countries), the early detection of wasting (47 countries) and nutrition support for pregnant and lactating women (47 countries).[19] The main reasons for disruptions to nutrition services were lower demand due to fear of infection and closure of services. Additional causes included lockdown restrictions, closure of facilities, suspension of community engagement, personnel gaps, lack of supplies and lack of income to pay fees. Similar findings have emerged from Save the Children's programmes.[20]

FIGURE 6. MANY MORE HOUSEHOLDS LACK ACCESS TO BASIC HEALTHCARE

Lack of access to health services during Covid-19



Save the Children analysis based on World Bank and IPA phone surveys on the impact of Covid-19.
Timeframe: between start of lockdown and 30 days prior to the survey.
Data collected between May and August.

OBESITY AND COVID-19

Many countries face a 'double burden' of malnutrition characterised by the coexistence of undernutrition and overweight or obesity. High rates of anaemia in some places mean a significant number of countries even bear a 'triple burden' of malnutrition.[21] Worldwide, obesity has nearly tripled since 1975.[22] Before the pandemic, 5.6% of children under five were overweight,[23] while 39% of adults (over 18) were overweight and 13% were obese.[24]

Evidence on coronavirus to date suggests that people who are overweight or obese are at risk of worse outcomes if they contract Covid-19.[25] One academic review found that obesity in adults doubles the risk of hospital treatment from Covid-19 and increases the risk of dying by nearly 50%.[26] Obesity is also associated with a higher risk for intensive care unit admission, and WHO has confirmed non-communicable diseases such as heart disease and diabetes, for which obesity is a risk factor, are risk factors for becoming seriously ill with Covid-19.[27]

Even the most advanced and capable health systems are likely to strain when dealing with the interlinked health challenges of Covid-19 and the triple burden of malnutrition. Actions to address any form of malnutrition must consider this; including more and better evidence to help us better understand how to address it.

STRENGTHEN HEALTH SYSTEMS AND ESSENTIAL ROUTINE SERVICES

> *"The thing which I would like to tell them [leaders] are about the issues related to food security and health services. They should try to extend such facilities even in this quarantine and after quarantine because many people are dying in this situation due to starvation and lack of health services."*
>
> 17-year-old boy, Nepal[28]

At the 73rd World Health Assembly, Member States unanimously adopted the Covid-19 response resolution. This includes commitments on increasing domestic financing and development assistance where needed towards achieving UHC, in order to ensure the uninterrupted and safe provision of services and promotion of improved nutrition for women and children.[29] WHO has emphasised that investments in primary health care and UHC establish a vital foundation for countries to respond and adapt to the pandemic,[30] while maintaining and building on pre-Covid-19 capacity to deliver essential services. This is also an investment in the future and to build back better from the pandemic to improve equitable health access and nutrition outcomes for children. It is particularly vital given that the same communities that experience malnutrition and lack access to essential services face a range of potential shocks, such as the climate crisis, growing inequality and conflict.

In any crisis it is critical that essential health and nutrition services continue to be prioritised, where it is safe to do so, with appropriate adaptations as needed. However, according to WHO, only just over half of countries allocated additional resources to maintain essential health services during the pandemic and among low- and lower-middle income countries it was only slightly over 40%.[31] Where services have been disrupted, governments must prioritise efforts to bring coverage levels back up and to address the implications of those disruptions. This is especially critical for communities in countries with weak and under-resourced health systems and with already high levels of under-five mortality, malnutrition and inequalities, since it is here that children, especially those who are the most deprived and marginalised, will be at even greater risk. This includes strengthening routine maternal, child nutrition and health interventions, such as counselling on breastfeeding and infant and young child feeding (IYCF), community-based screening and assessments for acute malnutrition, micronutrient distribution, vitamin A supplements, and immunisation. Governments must also support community-based service provision, including community health workers and community health volunteers, nutrition counselling and self-referral. This should be backed up with efforts to maintain the demand for services and to ensure people are and feel safe attending health centres, including

through strong risk communication, community engagement, and provision of accurate and accessible health messaging on Covid-19 to address misinformation.

KEY NUTRITION INTERVENTIONS THAT SHOULD BE PRIORITISED

> *"Please help pregnant and breastfeeding mothers by providing health care services."*
>
> 14-year-old girl, Nepal[32]

WHO recognises key nutrition interventions as highly cost-effective to prevent disease and reduce mortality. It recommends they are included as a central part of all health systems.[33] This requires strengthening essential nutrition actions right across primary, secondary and tertiary health care.[34] The Covid-19 pandemic has re-affirmed the importance of this.[35]

These essential nutrition interventions should be part of a **comprehensive integrated package of services**, including deworming, fortification, management of acute malnutrition, counselling and support on breastfeeding, antenatal care and IYCF, and micronutrient supplementation, together with routine maternal, newborn, child, reproductive and sexual health services. **Access to essential medicines** should include malnutrition treatments such as ready-to-use therapeutic foods. Continuous stocks should be available, free for the end user, at all levels of the health system, including at community level and primary healthcare centres.

Community health workers must be supported and protected. They play a key role in ensuring health and nutrition services reach marginalised and vulnerable groups, and help in preventing, detecting and responding to the spread of pandemics, like Covid-19. Community health workers should be trained across health and nutrition promotion, diagnosis and treatment, and be able to offer the appropriate interventions simultaneously to avoid siloed service delivery. Tools such as the Toolkit for Community Health Worker Community-Based Treatment of Uncomplicated Wasting,[36] which brings together existing evidence and operational experience to provide implementers with guidance, are helpful resources to support community health workers.

Hasina and Tahira with their daughters Sultana and Fahmida in Sylhet, Bangladesh.

PHOTO: TOM MERILLION/SAVE THE CHILDREN

STRENGTHEN DATA TO SUPPORT DECISION MAKING

Reliable data for effective evidence-based decision-making, as well as programmatic planning, monitoring and evaluation, is critical. The Covid-19 pandemic has further amplified the need for this. Monitoring disruptions to essential services is important to help inform the response and potential implications. The generation, analysis and synthesis of appropriate data should monitor use of health and nutrition services, as well as relevant nutritional indicators and outcomes.

TACKLING MALNUTRITION IN KENYA

The problem: children who need treatment are unable to access it

Turkana and Isiolo are semi-arid counties in northern Kenya where rates of acute malnutrition are very high. In recent years, poor rainfall has affected food security in these counties, leaving 49,170 children in Turkana and 8,212 children in Isiolo acutely malnourished at the start of 2020.[37] While we have good treatment methods, many children in hard-to-reach communities who need treatment are not able to access it because of barriers such as long distances to the nearest health facility.

Our research: simplified approaches to the management of child wasting

Save the Children and our partners in Kenya (Action Against Hunger, the African Population and Health Research Center, the International Rescue Committee, the Kenyan Ministry of Health and UNICEF) continue to drive work on simplified approaches to managing child wasting, including:

- simplified diagnostic and treatment tools
- community health workers providing treatment in the community
- enabling families to detect early signs of child wasting at home (through measuring mid upper arm circumference), which has become even more important and urgent during Covid-19.

Recent research in Turkana and Isiolo shows that treatment for acute malnutrition delivered by CHWs can be as effective as treatment delivered at the health facility. This builds on a growing body of evidence showing that simplified approaches, when used at the community as well as the health facility level, play a vital role in increasing access to treatment for those who need it.

What next? Scaling up our approach

2021 presents a critical opportunity to scale up this research. WHO will conclude a treatment guideline review for wasting (acute malnutrition), and the UN Global Action Plan on Child Wasting will come together with the launch of national roadmaps, including in Kenya. Together with our partners, we will contribute to both processes, by continuing to champion the generation of robust evidence that can inform national and global policy agendas and facilitate sustained improvements to the way we reduce preventable child deaths. We will also continue to provide strategic support to county health systems to ensure continued delivery of essential health and nutrition services to communities facing Covid-19.

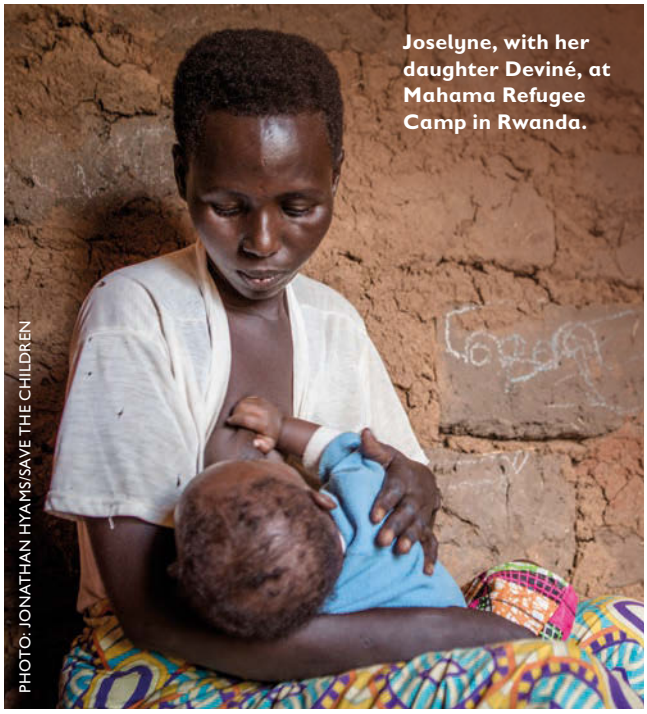
PHOTO: JORDI MATAS/SAVE THE CHILDREN

Baby Maximilla is treated for malnutrition and pneumonia at Lodwar hospital in Turkana, Kenya.

4 Protect, promote and support infant and young child feeding – particularly breastfeeding – and care for children and their caregivers

Breastfeeding saves lives. It is the single most effective intervention for the prevention of deaths in children under five years old. If breastfeeding were adopted at close to universal levels, in low- and middle-income countries 823,000 child deaths could be prevented each year.[1] And it would lead to global savings of US$300 billion per year, as a result of enhancing human capacity – increasing intelligence and boosting adult earning potential.[2] Furthermore, colostrum, the first milk a mother produces, is the most potent natural immune system booster known to science.[3]

Early initiation of breastfeeding within the first hour of life, alongside exclusive breastfeeding for the first six months and complementary feeding until the age of two, can greatly reduce the likelihood of child mortality. Children who are breastfed for longer periods suffer less from infectious diseases and are less likely to die.[4] If all mothers were supported to breastfeed, nearly 50% of diarrhoea episodes and a third of respiratory infections would be avoided.[5]



Joselyne, with her daughter Deviné, at Mahama Refugee Camp in Rwanda.

PHOTO: JONATHAN HYAMS/SAVE THE CHILDREN

But despite the compelling evidence, breastfeeding rates are far too low in many countries. Globally, only 44% of infants are exclusively breastfed in the first six months, which falls far short of the 2030 global target of 70%; and less than half of newborn babies are breastfed in the first hour of life.[6] Although exclusive breastfeeding rates have increased over the years, the speed of progress has been far too slow.[7] This progress is now at risk of unravelling due to the coronavirus pandemic, which is already having a negative impact on the provision and use of child and maternal services.

SERVICE DISRUPTIONS DUE TO COVID-19

> *"Health facilities for women, especially for pregnant women, should be increased."*
>
> 17-year-old girl, Afghanistan[8]

Out of the 105 countries surveyed by WHO, more than half had scaled back essential health services to meet the unprecedented Covid-19 demand. One consequence of this is that health workers, resources and facilities are being shifted away from the protection, promotion and support of breastfeeding,[9] and breastfeeding services – such as counselling, group activities and skilled lactation support – have been cut back. Those

maternal services that are available are far from fully functioning. 53% of countries reported partial disruptions in antenatal care and 32% in facility-based birth services.[10] Furthermore, UNICEF found that 76 countries had experienced varying degrees of disruptions to maternal health services,[11] which encompass everything from antenatal to postnatal care, including breastfeeding support.

Consequently, at a time when breastfeeding services are vital, too many mothers and babies are being left without the right support and guidance to navigate the new complexities and realities created by the Covid-19 crisis. While there is a window of opportunity in adolescence, ensuring the right nutrients are received and absorbed during the first 1,000 days of life between conception and a child's second birthday can help shape a child's – and wider society's – long-term health, stability and prosperity.[12]

CONTRADICTORY BREASTFEEDING GUIDELINES

Just as harmful as the service disruptions are ambiguous and contradictory guidelines on breastfeeding that offer little to no support to mothers. While WHO has been clear in its guidance, recommending that mothers with suspected or confirmed Covid-19 be encouraged to initiate or continue to breastfeed, and enabled to remain with their infant and practise skin-to-skin contact,[13] some country governments have implemented opposing guidelines. For example, the governments of China,[14] Bhutan and Malaysia recommended suspending breastfeeding if a mother is suspected or confirmed with Covid-19.[15] Some countries have adopted restrictive separation policies that limit or prohibit parental access to neonatal units, thus obstructing the life-saving benefits of breastfeeding with skin-to-skin contact.[16]

The mishandling of the HIV pandemic in the 1980s underscores the deadly consequences of rushed and misguided policies promoting formula feeding over breastfeeding. The institutionalised departure from breastfeeding resulted in more infants dying from diarrhoea and pneumonia related to infant formula feeding than from HIV infection.[17] Similarly, not breastfeeding due to fears about Covid-19 could prove costly in human life. Alive and Thrive calculated the human cost of reductions in the prevalence of breastfeeding due to Covid-19 disruptions to health provisions, including reduced availability of skilled health workers, and due to fears among pregnant women and girls about accessing these services. Using four scenarios of different reductions in breastfeeding – from small (5%) to severe (50%) – they found that across 129 low- and middle-income countries over a one-year period between 16,469 and 138,398 infants could lose their lives. There would also be additional morbidity.[18]

Despite this, UNICEF found that 20 countries were recommending baby milk formula as one of the only alternative feeding option when the mother is too unwell to breastfeed.[19] This is counter to WHO guidance, which recommends formula as a last option. Mothers with confirmed Covid-19 are advised to breastfeed where possible, with necessary hygiene precautions. If a mother is too sick to breastfeed, she should be supported to express milk or have access to pasteurised donor human milk for her baby.[20]

IMPORTANCE OF BREASTFEEDING DURING EMERGENCIES

From pandemics to protracted conflicts, breastfeeding is the most effective intervention to tackle child morbidity and mortality.[21] In emergencies, young children are more at risk from disease and malnutrition than from conflict or violence. Breastfeeding remains infants' safest, most reliable, nutritious food source.[22] However, misconceptions about extreme stress or trauma affecting breast-milk production,[23] often coupled in emergency settings with low standards of hygiene and high disease transmission, can lead to mothers turning towards formula feeding.

This departure from breastfeeding can be fatal. Without access to clean drinking water, fuel and hygienic preparation space, formula feeding can cause serious health issues for babies. Instead, mothers should be supported to breastfeed their babies, with breastfeeding counselling and assistance. But all too often the reality is that baby milk formulas are donated to emergency responses and distributed without any assessment of a mother and baby's needs.[24] This is in direct violation of the World Health Assembly directive that bans the donation of baby milk formula to emergencies.[25]

DELIVERING VITAL NUTRITION SERVICES IN SOMALIA

Somalia has one of the world's highest rates of under-five mortality (122 deaths of children under five per 1,000 live births) and the sixth highest lifetime maternal death risk (732 deaths per 100,000 live births).[26] According to the latest data from Food Security and Nutrition Analysis Unit – Somalia (a project managed by the UN Food and Agriculture Organization), 2.1 million people across Somalia are expected to face an acute food insecurity crisis (IPC Phase 3) or worse, from October to December 2020, and approximately 850,000 children are likely to be acutely malnourished. An additional 3 million people are expected to face "stressed" food security (IPC Phase 2),[27] bringing the total number of people facing acute food insecurity to 5.1 million.

Save the Children is working with the Federal Government's Ministry of Health and the federal member states to expand health services, including delivering specific maternal and child nutrition services. We are supporting 497 mobile and fixed health and nutrition facilities across the country, as well as strengthening systems and helping health professionals to build their capacity. We have 70 infant and young child feeding counsellors and 50 midwives across 40 Save the Children-supported health and nutrition facilities. A total of 4,543 mothers across the country have been trained to screen their children for malnutrition at home.

One-year-old Ayan has been treated for malnutrition at a stabilisation centre in Gardo in Puntland state.

PROTECT CAREGIVERS' MENTAL HEALTH AND ADDRESS GENDER INEQUITIES

Pregnant women, mothers and caregivers are at increased risk of mental health problems – due to isolation, lack of social support, loss of livelihoods, an increased risk of gender-based violence and the additional, disproportionate childcare burden placed on women as a result of school and preschool closures. The stress and impact on mothers' mental health can lead to perceived breastfeeding problems, stress in children and other feeding problems affecting children's health, nutrition and development.[28] These are exacerbated by limited or total lack of access to information and services.

Pandemics compound existing gender inequalities and vulnerabilities, increasing the risk of abuse and exploitation. Increasing unemployment puts girls and women at heightened risk of non-consensual sex in order to secure food and housing. Adolescent girls are particularly vulnerable to sexual violence and to early pregnancy.[29] Our analysis forecasts that, as a result of the economic impact of Covid-19, an additional 2.5 million girls will be at risk of child marriage over five years and 2020 could see 1 million additional adolescent pregnancies. Ensuring that adolescent girls have access to guidance and support in relation to breastfeeding will be more critical than ever.[30]

As is common in crises, reports of gender-based violence are increasing.[31] In our recent global survey of children and their families' experience of Covid-19, children, parents or caregivers in nearly one-third of households said that there had been physical or emotional violence in their home since the start

of the pandemic.[32] Violence in the home has an indirect impact on babies. A study across 51 low- and middle-income countries found that women who suffered from domestic violence were 13% less likely to exclusively breastfeed and 12% less likely to initiate breastfeeding within the first hour of life.[33]

Systems that protect women and girls, including community structures, are at risk of becoming weaker or breaking down due to the pandemic. Specific measures should therefore be implemented to protect women and girls from multiple forms of gender-based violence. Investments in training nurses and midwives can prevent infant mortality, while increasing the chance of identifying and supporting at-risk pregnant and breastfeeding women and adolescent girls. Ensuring women's and girls' spaces are kept open during the pandemic is critical as they can be a lifeline. Governments must maintain commitments to protect against sexual exploitation and abuse, and increase investment in prevention, mitigation and response to gender-based violence.

Disruptions to services, together with lockdowns and social distancing measures, could have a harmful impact on pregnant and breastfeeding women, as they become isolated from traditional support systems. While service disruptions generally have a negative impact on pregnant and breastfeeding women, there have been isolated cases of increased rates in breastfeeding, particularly in the West, with mothers turning to it to improve their babies' overall health and immunity.[34]

BABY MILK FORMULA COMPANIES EXPLOITING PANDEMIC FEAR

The International Code of Marketing of Breast-milk Substitutes and subsequent World Health resolutions, known simply as the Code, regulates the marketing tactics that can undermine breastfeeding, including advertising, free samples, targeting mothers and health claims on packaging. Yet, many baby milk formula companies have been found violating the Code during Covid-19.[35]

For example, Nestlé's Indonesian milk formula brand Dancow hosted an online festival called ParentFest, which was marketed as a "learning from home" opportunity for mothers.[36] Meanwhile in India, Danone launched a campaign called Voice of Experts, featuring videos that advised mothers with Covid-19 not to feed directly and to stay six feet away from their baby.[37] Danone also launched adverts for its Nutricia formula in Paraguay that questioned "whether it is safe for mothers with Covid-19 to breastfeed".[38]

In Cambodia, the government commissioned independent testing of Nutrilatt milk formula after several children were hospitalised with severe iron deficiency and anaemia. The findings revealed that iron levels were nearly non-existent, at less than 5% of what was stated on the label; zinc levels were also low – less than half what was declared on the label.[39] Iron and zinc are critical micronutrients for a child's growth and development, and in Cambodia anaemia is pervasive. Some of the hospitalised children's conditions were so severe that they required blood transfusions. Research has shown that children under two years of age with iron deficiency anaemia are at higher risk of poorer outcomes related to cognition, motor skills and social-emotional development, with some of these impairments irreversible and setting a child on a suboptimal trajectory for life.[40]

Putting a stop to all Code violations will need serious reform within breast-milk substitute companies and significant changes to the way their activities are regulated. Baby milk formula companies must publicly commit to uphold, and urgently take steps to comply with the Code. Investors must support companies to increase compliance and hold them to account. Governments also have a vital role to play – they must protect breastfeeding by incorporating the Code in full into domestic law.[41] Any breast-milk substitute manufacturer looking to engage in the upcoming Nutrition for Growth[42] Summit will need to comply with the summit's principles of engagement, which includes a stipulation for them to commit to an action plan to achieve full compliance with the Code by 2030, both in policy and practice.[43]

ADAPTING NUTRITION SERVICES TO COVID-19 IN ETHIOPIA

Country background

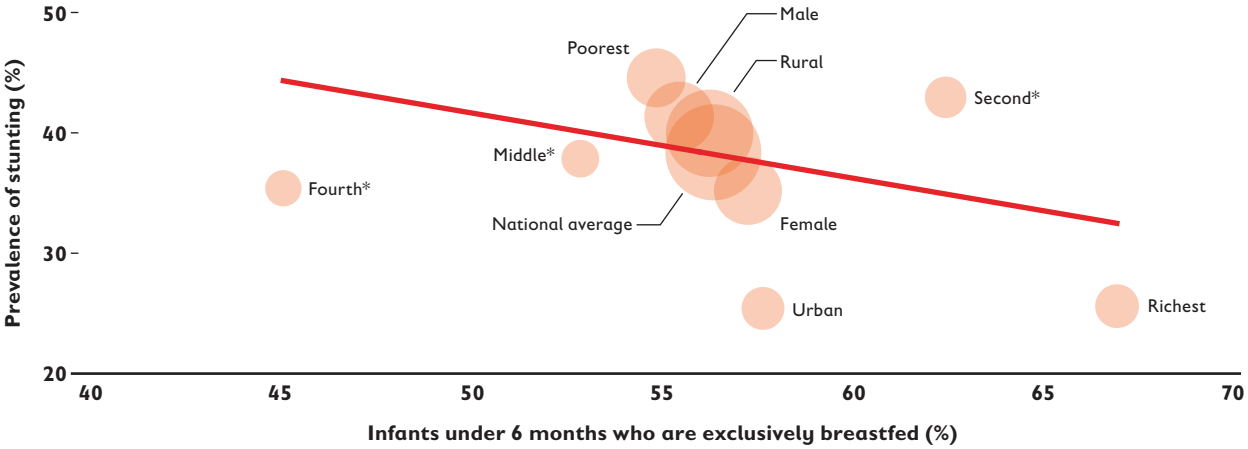
Ethiopia confirmed its first Covid-19 case in March 2020. As of 1 December 2020, there were 110,074 confirmed cases and 1,706 deaths.[44] The government declared a state of emergency on 8 April with measures to prevent transmission. These measures, along with fears of contracting the virus, reduced health and nutrition care-seeking behaviour and continuity of routine nutrition services. The pandemic affected markets and agricultural extension services, which increased food insecurity, leading in turn to a rise in the already high malnutrition rate in children.

Save the Children's programme response

Save the Children's Growth through Nutrition Activity, a USAID funded multi-sectoral nutrition project, has been supporting the Government of Ethiopia since 2017 to reduce undernutrition in 120 *woredas* (districts) with a population of about 14 million people. As the coronavirus pandemic hit, we pivoted our programme approach as follows:

- We provided technical assistance to national and regional health and agriculture sectors and Covid-19 task forces to prepare and adapt materials on Covid-19 and nutrition, develop a Ministry of Agriculture Covid-19 response plan, and roll out updated guidance to *woredas* and frontline workers.
- We supported the Ministry of Health to monitor use of nutrition services and cases of wasting in 3,287 health facilities, and initiated research to monitor the impact on health, nutrition, and agriculture services. The findings helped the Ministry of Health identify districts and health facilities with poor trends and provide targeted supportive supervision and promotion of infant and young child feeding. For example, we identified that antenatal care, skilled delivery and promotion of breastfeeding were more significantly affected than Vitamin A supplementation and iron and folic acid supplementation services.
- We adapted existing social and behaviour materials on nutrition to include Covid-19 messaging and emphasise maintaining breastfeeding. We distributed 27,000 fliers and posters to 3,250 health facilities and 60,000 to farmer training centres and communities.
- We worked with frontline workers and facilities to support the continued delivery of nutrition services and Covid-19 risk mitigation, as well as mentoring and monitoring nutrition activities through telephone and virtual meetings.
- We transported personal protective equipment and nutrition commodities on behalf of the government, using project vehicles.
- We promoted personal hygiene and available water, sanitation and hygiene products.

FIGURE 7: THE RELATIONSHIP BETWEEN EXCLUSIVE BREASTFEEDING OF INFANTS UNDER SIX MONTHS AND STUNTING RATES IN ETHIOPIA



Save the Children estimates based on UNICEF/WHO/World Bank Joint Malnutrition Estimates and DHS 2016.
* Label refers to respective wealth quintile (with the first quintile representing the poorest households).

5 Protect and support food security, livelihoods and access to nutritious foods

A family's livelihood opportunities – and hence their household income – are closely linked to food security. They are major contributors to a child's nutrition outcomes.

Before the pandemic, hundreds of millions of people were already identified as chronically food insecure. This situation was exacerbated by protracted conflict, humanitarian crises and more frequent environmental disasters, as the consequences of climate change, poverty and inequality are increasingly felt. The pandemic has brought additional challenges, with lockdowns and travel restrictions affecting trade, livelihoods, tourism and national economies. The World Bank forecasts a 5.2% shrink in the world economy this year – the deepest global recession since the second world war.[1] According to the International Labour Organization, an equivalent of 305 million full-time jobs could be lost due to Covid-19. Meanwhile, lockdown measures have affected the earnings of 1.6 billion informal workers.[2]

The informal labour market is overwhelmingly made up of women. In South Asia, women make up 95% of the informal sector; in sub-Saharan Africa, 89%; and in Latin America and the Caribbean, 59%.[3]

PHOTO: FREDRIK LERNERYD/SAVE THE CHILDREN

Forget has had training to grow vegetables, fruit and pulses, and has learned about good nutrition for her family. She's sharing her new skills and knowledge with her community in Malawi.

At the same time, women have to contend with the gender pay gap and the 'motherhood wage penalty'.[4] Moreover, remittances, a vital family support mechanism and an anchor of many livelihoods across the developing world, have been severely affected by lockdowns, lay-offs and trade disruptions. In 2020, global remittance is set to decrease by 20%.[5]

This drastic economic downturn threatens to set off a global food emergency. The UN warns that without immediate action, the number of people facing acute food insecurity could skyrocket from 135 million to 265 million in 2020 alone. To avert this looming global food emergency, and maintain progress towards ending malnutrition by 2030,[6] governments must support food security and livelihoods to ensure that nutritious food is accessible to all.

THE SOCIOECONOMIC FALLOUT OF COVID-19

"There is food insecurity and no relief. We received some food relief, but it is not enough."

16-year-old girl, Nepal[7]

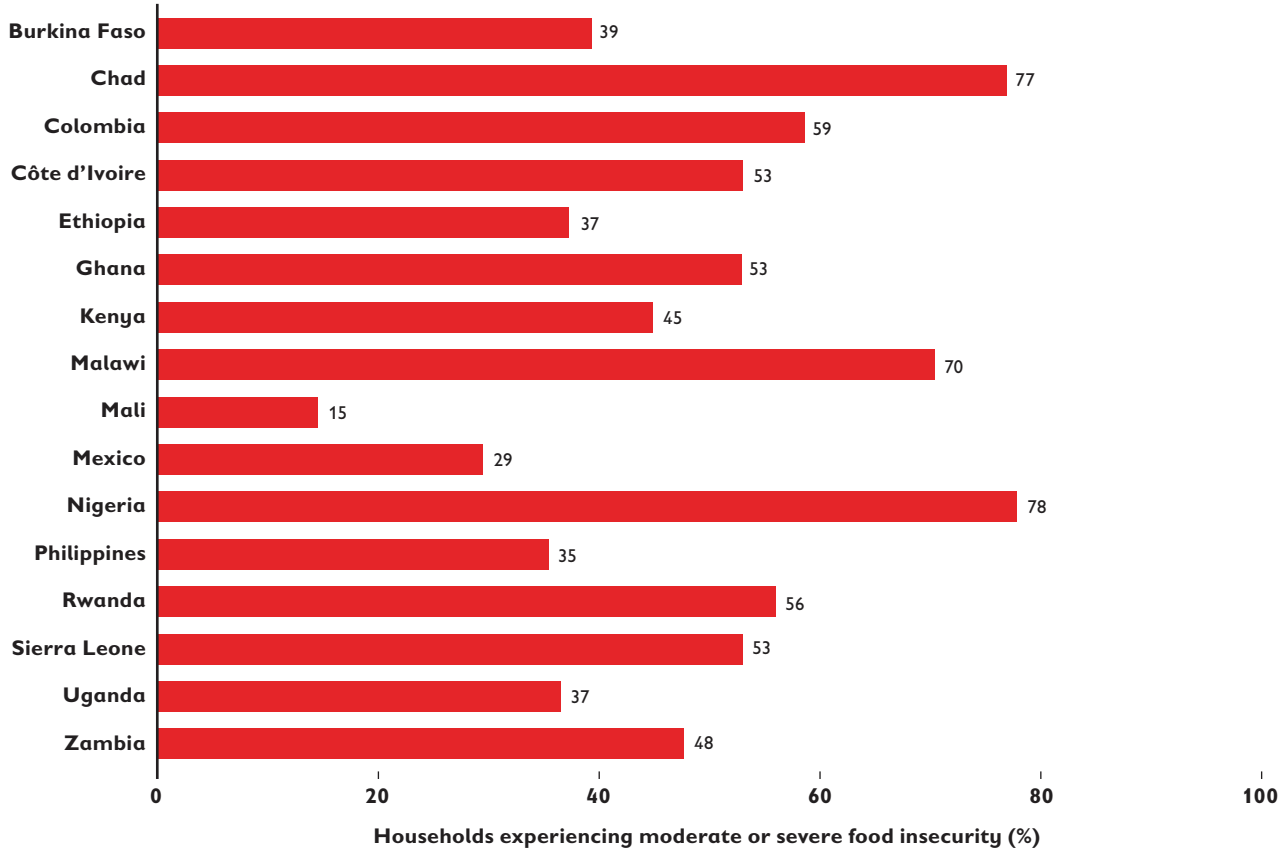
"I cut back on my own meals. I can survive with few, but my children cannot. I haven't been able to provide them with proper nutrients in over three months."

Salwa, a Syrian refugee mother of four, Lebanon[8]

These socioeconomic effects of Covid-19 are profound. Children are among the biggest victims, particularly those who are poorest and most vulnerable. Save the Children and UNICEF analysis reveals that the number of children living in multi-dimensional poverty – without access to education, healthcare, housing, nutrition, sanitation or water – has increased by 15% since the start of the pandemic to 1.2 billion.[9] This means that, in stark contrast to the progress of the last two

FIGURE 8: FAMILIES ON THE BRINK

Food insecurity during Covid-19



Save the Children analysis based on World Bank and IPA phone surveys on the impact of Covid–19.
Food security measured via the Food and Agriculture Organization of the United Nations' FIES scale.
Timeframe: 7 to 30 days prior to the survey.Data collected between May and August.

decades, an additional 150 million children have been pushed into multi-dimensional poverty, unable to access key services that are essential to their ability to survive and thrive.[10] Furthermore, recent rapid assessment surveys provide a deeper insight into the real-life implications of the economic downturn for the poorest families. Country surveys carried out by Innovation for Poverty Action (see Figure 8) found that, since February 2020, over half of respondents in Colombia had reduced their number of meals; in Ghana, more than 40% were limiting portions or skipping meals altogether; and in Côte d'Ivoire, more than 70% of respondents depleted savings to pay for food.[11]

A Save the Children survey of children, parents and caregivers we work with found that more than three-quarters of households[12] reported income losses since the start of the pandemic, resulting in 81% of respondents struggling to pay for food.[13] Due to soaring food prices, 62% of households found it difficult to provide their families with meat, dairy products, grains, fruit and vegetables.[14] The urban poor were found to be the worst hit.

Even prior to the pandemic, nutrient- and protein-rich foods were among the most expensive food groups: pre-Covid-19 calculations suggest that 3 billion people – one in three people in the world today – are unable to afford a healthy, nutritious diet.[15] This situation is set to deteriorate further as the poorest families struggle with rising food costs and reduced incomes due to job losses and wage reductions. Covid-19 could plunge an additional 132 million people into chronic hunger by the end of 2020.[16] It is estimated that an additional 267.6 million people would be unable to afford a healthy diet by 2022. The accompanying rise of child stunting and mortality could lead to future productivity losses of $29.7 billion.[17]

The pandemic's immediate disruptions to markets and supply chains have already driven up food costs in many countries despite stable global food prices, reflecting supply disruptions, currency devaluations and other factors. The rising food prices have a greater impact on households in low- and middle-income countries since a larger share of income is spent on food in these countries than in high-income countries.[18]

Furthermore, in the first month after the pandemic was declared in March 2020, wages of informal workers across the African continent fell by more than 80%.[19] A survey in Uganda found that 87% of households reported reduced income or no earnings from at least one of their sources of livelihood.[20] While many Pacific Island countries have avoided

A MULTISECTOR APPROACH TO TACKLING MALNUTRITION IN BANGLADESH

Poverty in Bangladesh stood at 29.5% of the population in June 2020[21] – an increase of nine percentage points from the previous fiscal year, showing the huge impact of Covid-19 on people's lives and livelihoods. A total of 49.43 million people are now in poverty due to job losses and wage reductions.

Seeking to end the cycle of malnutrition in Bangladesh, Suchana is a multisectoral nutrition programme that aims to achieve a significant reduction in stunting among children under two years in Sylhet and Moulvibazar districts. The programme is jointly funded by the European Union and UK Foreign, Commonwealth and Development Office (FCDO). Suchana adopts an integrated approach to nutrition-specific and nutrition-sensitive interventions to prevent chronic malnutrition within the critical 1,000 days from conception until a child's second birthday.

Through Suchana, Save the Children has built the capacity of 126,329 households, through:

- training in homestead food production
- technical and business management training on farm and non-farm-based income generating activities.

As a result, 98% of households are currently growing nutrition-rich vegetables; 63% of households made a profit and increased productive assets from income generating activities; and 84.7% of households have adopted climate-resilient practices (eg, vertical gardening, raised beds cropping).

the health impacts of the Covid-19 pandemic, those that are dependent on tourism have experienced major economic shocks. In Fiji, a third of the workforce have become unemployed or had their hours reduced, and the national economy is set to contract in 2020 by 21.7%.[22]

SCHOOL CLOSURES AND MEALS

> *"Before Covid-19, the school fed us meals each school day, but now the school feeding programme has stopped. I hope it will start again soon."*
>
> Nassir, 12, 4th grade student in the Somali region of Ethiopia[23]

For many poor children, schools provide their only or main meal of the day.[24] Yet, globally, child refugees are three times more likely than non-refugee children to miss out on secondary education and children with disabilities are 2.5 times more likely than their peers never to go to school.[25] Covid-19 is threatening the education of millions of children. The 2020 UNESCO Global Education Monitoring report revealed about 40% of low- and lower-middle income countries had failed to support learners at risk of exclusion during the Covid-19 crisis.[26]

Moreover, school closures are adding another strain to family finances, especially as households suffer significant incomes losses. According to the World Food Programme, 369 million children missed out on school meals in April 2020, the peak of school closures, 47% of them girls.[27] Once out of school, girls are less likely to return and at risk of child marriage and early pregnancy. In Equatorial Guinea and Tanzania pregnant girls are banned from going to school, and across 117 countries child marriage is still legal.[28]

> *"I want to work so I can help my parents and feed my sisters. My sister cries all the time because she wants milk and we can't buy it for her because now it costs 10,000 Lebanese pounds [US$7]. Because of coronavirus, my father is not working and we are not eating. My sisters and I go to sleep hungry a lot. We crave certain meals we can't afford. We can't afford to buy pasta or milk because they're very expensive. I want to work so my sisters can eat."*
>
> Sarah, age nine, a Syrian refugee living in Lebanon[29]

THE CLIMATE CRISIS

Prior to the pandemic, conflict, natural disaster and climate change were already overwhelming countries' health and food systems. The last few years have seen Somalia gripped by a series of extreme weather conditions[30] – from droughts to swarms of locusts thriving in wet conditions to extreme flooding. These extreme weather conditions – which have been linked to climate change –have harmed the country's agricultural productivity, food production and natural resources, with impacts on food systems and rural livelihoods, including a decline in rural employment opportunities. The most immediate impact of all is the scarcity of food and subsequent prices hikes.

THE EU FARM TO FORK STRATEGY

The European Union's Farm to Fork (F2F) strategy "for a fair, healthy and environmentally friendly food system" is at the heart of the European Green Deal, which aims to make Europe the first climate-neutral continent by 2050. If done right, F2F can be transformational for children everywhere. But currently it falls short.

The F2F strategy requires a stronger policy framework for food and nutrition security. At present, it only covers some critical aspects of food security, such as agro-ecology, smallholder farmers and nutrition, and even then, it lacks details on the specific action to be taken. The F2F strategy is also missing a gender lens, making it inconsistent with the Commission's new EU Gender Equality Strategy and the Gender Action Plan II, in which the EU commits to integrate a gender perspective into all policy areas.

As part of Generation Nutrition, a network of multisectoral civil society organisations working to end malnutrition in all its forms, Save the Children is supporting calls for the Farm to Fork Strategy to:

- end all forms of malnutrition
- ensure access to healthy, affordable, diverse and nutritious food for all
- support smallholders.

In some areas, the costs of milk and vegetables have increased between 20% to 50%.[31] Like many developing countries, Somalia is at the frontline of the climate crisis. However, this is a global issue; it requires a concerted global effort.

Inaction is not an option. It would lead to irreparable damage and endanger millions of lives. WHO has estimated that, without mitigation efforts, climate change will lead to nearly 95,000 additional deaths per year due to undernutrition in children under five by 2030,[32] and an additional 24 million undernourished children by 2050. Moreover, the ability of children to recover and thrive is greatly undermined in areas experiencing repetitive climatic shocks.[33] And now, without concerted action, the combined impact of climate change and Covid-19 is set to endanger the nutrition of millions of children.

To prevent this catastrophe, food systems should be transformed to support nutrition and climate change action. This has the potential to provide populations with greater access to nutritious food that is regionally grown, support rural producers and urban consumers, reduce greenhouse gas emissions along supply chains, and make the entire food system more resilient to climate change.[34] Similarly, climate change actions should be transformed to support food systems. Ultimately, if we are to end malnutrition in all its forms by 2030, then climate change mitigation and resilience must be considered and incorporated into the current global efforts.

NEED FOR LONG-TERM MEASURES

"If I could write a letter to the leaders of my country, I would ask them to give financial support for families and children due to the ripple impacts of Covid-19."

13-year-old boy, rural Solomon Islands[36]

Widespread hunger and starvation threaten to compound malnutrition among the most vulnerable children and jeopardise their survival. Preventative measures are essential to mitigate these risks.

It is essential that income support is provided to families with children as quickly as possible to avoid families going hungry. This can be done either through an expansion of government social protection measures (such as child/family benefits) or, where this is not possible, humanitarian assistance. There should be support for livelihoods (such as providing inputs where disruptions to the market system mean these are not available) and for markets.

In expanding social protection for children, governments should progressively work towards delivering universal child benefits through national social protection systems, providing regular, unconditional income transfers to caregivers of children. Universal child benefits provide a solid investment in human capabilities, human capital and in our future as they can help reduce child mortality and chronic malnutrition, improve educational outcomes through a better home environment and

SUPPORTING LIVELIHOODS, FOOD SECURITY AND NUTRITION IN FIJI

Families in Fiji, like many others across the Pacific islands, live on the frontlines of climate change. Increasing drought and water scarcity, rainfall changes, coastal flooding and erosion, and the worsening impact of frequent natural disasters all combine to threaten children's food security and nutrition.

In the aftermath of Cyclone Winston in 2016, Save the Children in partnership with the New Zealand Aid Programme[35] initiated the Knowledge and Action in Agriculture and Food Security (KANA) project in Ra province and Koro Island. Over three years, the project worked to restore and promote agricultural livelihood opportunities, train participants in climate-adaptive farming, diversify and increase production through access to small grants, link farmers to markets, and improve nutrition among children.

As a result, 78% of farmers have improved and diversified their yields to better provide for their communities. Eleven schools have also received vegetable seeds, root crops, fruit trees, gardening equipment and fences, and have established food gardens to supply school lunches for 1,341 children. The proportion of children whose body mass index is within the normal range has increased to 78%, an increase of 3%, and teachers report notable improvements in students' energy and capacity for learning.

greater access to school, and reduce various forms of harm to children.[37] Countries investing in children will reap long-term rewards from a more skilled and healthier workforce.[38]

Evidence shows that cash transfers can increase household spending on food, allow families to have greater choice and improve complementary feeding among young children. In Nigeria, a Save the Children programme[39] providing unconditional cash transfers alongside interventions to improve feeding care practices led to an 8% reduction in stunting among infants up to 24 months old; 53% of infants aged 6–23 months eating from four or more food groups (versus 37% in control communities); and 75% of mothers exclusively breastfeeding in the first six months after pregnancy (versus 47% in control communities).

We know from evidence that cash transfers are a proven mechanism for alleviating poverty and where possible should be coupled with social and behaviour change approaches[40] and nutrition messaging in order to achieve the greatest impacts on nutrition outcomes. Long-term measures that build on the proven successes of cash transfers and move towards establishing social protection mechanisms such as universal child benefits will prove more effective and work towards more resilient systems for future crises.[41] Equally, focus should be placed on addressing the underlying drivers of malnutrition, in addition to responding to the emerging hunger crisis in the short term.

Gender-responsive measures are critical to women and girls realising their right to nutrition and, as a corollary, to children's right to nutrition. According to the UN's Covid-19 Gender Response Tracker,[42] only 86 countries and territories (42% of the 206 country/territory sample) have introduced or plan to introduce gender-sensitive measures aimed at promoting women's and girls' economic security in response to Covid-19.

PHOTO: JORDI RUIZ CIRERA/SAVE THE CHILDREN

Before and after her daughter Ei Kay Thwal Myo was born, Su Mon Zaw was cared for by a midwife supported by our programme in Myanmar.

Recommendations

In the past two decades the world made real progress in tackling child malnutrition.

But that progress is unfinished. It's also highly unequal. At the start of 2020, one in three children was malnourished. And a far higher proportion of them were in the world's poorest, most fragile and most dangerous places.

Now, Covid-19 poses a deadly new challenge, threatening to unleash a wave of malnutrition among vulnerable communities. The devastating projected impact of the pandemic threatens to reverse years of hard-won progress.

As a world, we can – and must – stop this threat in its tracks. And start to build back better, so that we create a world where every child has the nutrition they need to develop – and the chance to fulfil their potential.

This report highlights the urgent need for leaders to act to protect children today – and to safeguard their futures. We highlight critical nutrition actions for children to survive and to thrive. Actions that will enable children to grow, stay healthy, develop mentally and learn. And that are vital for their well-being throughout their lives. These actions require increased attention.

2021 is a critical year for nutrition. There are a number of key opportunities for governments, donors, the UN and other multilateral agencies, non-governmental organisations and businesses to push nutrition high up political agendas. And for leaders around the world to make the commitments that are urgently needed to end child malnutrition. For good. And for all.

We must act fast to end malnutrition. Commitments should be made as part of the Nutrition for Growth year of action, with focus on:

1. THE YOUTH AGENDA FOR ACTION[1]

Engaging young people is critical to supporting both the immediate Covid-19 efforts and the long-term aim of building back better. Youth Leaders for Nutrition – from the Scaling Up Nutrition (SUN) Civil Society Network – told us what is needed to overcome their concerns around malnutrition, and what they would tell decision makers to do to address their concerns. Their recommendations are:

- Make eradicating malnutrition a top priority.
- Meaningfully include young people in all processes from strategy design to realisation, including through having specific youth advisers. Allow young people to be problem solvers, not just victims.
- Support youth leaders as advocates within their communities to influence other young people.
- Promote adolescent nutrition through nutrition education to younger populations, matched with free nutritious food within schools.
- More and strengthened collaboration. This is a complex issue which needs a comprehensive approach.
- Prioritise financing for nutrition and increase budget allocations.
- Support long-term interventions that focus on the basic and underlying causes of malnutrition.
- Ensure planning and budgets for nutrition emergencies and align with long-term approach.
- Target excluded communities to increase nutrition awareness.
- Support research and apply the results.
- Increase country ownership of their malnutrition issues.

2. ENSURE NO CHILD IS LEFT BEHIND FROM PROGRESS TO END MALNUTRITION FOR ALL

- Implement children's and human rights provisions, with principles of equality and non-discrimination at their heart.
- Support the empowerment of children, young people and communities – especially via grassroots organisations working for women's, girls' and children's rights. Include them in discussions about nutrition and development. Consider and amplify their voices in decision-making.
- Develop nutrition interventions that address societal norms and behaviours that drive inequalities. Prioritise actions to enhance gender equality, women's and girls' empowerment, and sexual and reproductive health and rights at all levels.
- Ensure that data is disaggregated by age-group, sex and disability to enable intersectional gender analysis and to inform gender-, age- and disability-sensitive responses for more effective programming, to ensure no one is left behind,
- Document and share programme learning.

3. URGENTLY ADDRESS MALNUTRITION IN FRAGILE AND CONFLICT-AFFECTED SETTINGS

- Preserve and scale up critical food, nutrition, health, water, sanitation and hygiene, and livelihood assistance.
- Increase political leadership to ensure that:
  - All parties to conflict respect international humanitarian law and allow and facilitate unfettered humanitarian access to those in need.
  - All parties to conflict immediately agree to a global ceasefire in line with UN Security Council Resolution 2532 (2020) and the Secretary General's call, and work to find durable political solutions to bring armed conflicts to an end.
- Where appropriate, prioritise humanitarian cash and voucher assistance in order to increase household income which can reduce negative coping mechanisms and ensure that households have purchasing power to access nutritious food.
- Reach excluded groups and take into account the specific impact of Covid-19 on children, in particular vulnerable groups, with close attention to populations already in crisis or with worse levels of acute food insecurity (IPC Phases 3+).

KEY TO SYMBOLS

Commitments align with the Government of Japan's commitment guide as follows:

Health – integrating nutrition into universal health coverage.

Food – transforming the food system, so it promotes safe, sustainable, and healthy foods to support people and planet.

Resilience – effectively addressing malnutrition in fragile and conflict-affected contexts, supporting resiliency. effectively addressing malnutrition in fragile and conflict-affected settings.

Data – **Promoting data-driven accountability** and **securing significant increase in financing** are core cross-cutting themes.

- Increase uptake and utilisation of acute malnutrition adaptations such as simplified treatment protocols, training families to screen for acute malnutrition in their children, and creating tools for people with low literacy.
- Work with international partners to safeguard and expand humanitarian access – improving the reporting, prevention and mitigation of the denial of humanitarian access, and holding violators to account.
- Sustain humanitarian and development responses to malnutrition in fragile and conflict-affected states based on early action, integrated and community-based interventions, and building resilience – targeting the most marginalised and deprived children first.

4. STRENGTHEN ESSENTIAL HEALTH AND NUTRITION SERVICES

- Fully integrate nutrition services into national health systems as an important component for achieving universal health coverage.
- Maintain and strengthen essential health and nutrition services, such as maternal, newborn, child, reproductive and sexual health services,

as well as direct nutrition interventions including antenatal care, IYCF and nutrition counselling, micronutrient supplementation and treatment of acute malnutrition.
- Protect, train and support health workers at all levels of the health system, including community health workers.
- In any crisis, ensure adequate personal protective equipment, measures for infection prevention and control, supplies and relevant job aids are available, sick leave policies are in place and workers have access to psychosocial support.
- Ensure essential health and nutrition services are accessible to all, free at the point of use, while addressing other barriers to access, including those related to gender.
- Increase domestic public investment in health and nutrition systems, with clear budget lines for primary health care and related nutrition interventions. Donor financing and technical support should strengthen the capacity of national health and nutrition systems and domestic resource mobilisation efforts.

5. PROMOTE, PROTECT AND SUPPORT INFANT AND YOUNG CHILD FEEDING – PARTICULARLY BREASTFEEDING – AND CARE FOR CHILDREN AND THEIR CAREGIVERS

- Provide guidance on appropriate and timely support for infant and young child feeding in line with WHO guidance, including WHO breastfeeding and Covid-19 guidance.
- Uphold the standards and recommendations of the Infant and Young Child Feeding in Emergencies Operational Guidance.
- Protect breastfeeding and infant and young child feeding by upholding the standards and recommendations of the International Code of Marketing of Breast-milk Substitutes[2] and subsequent related World Health Assembly Resolutions.
- Support nurses and midwives, and community workers and volunteers as relevant, throughout any crisis – ensuring that they are adequately trained to provide breastfeeding counselling, advise mothers on child nutrition and provide psycho-social support to pregnant women, women with infants and young children and adolescent girls at risk of domestic violence.
- Ensure pregnant women and caregivers of children less than two years of age benefit from social protection measures to support appropriate and safe maternity services and recommended infant and young child feeding practices.

6. PROTECT AND SUPPORT FOOD SECURITY AND LIVELIHOODS AND ACCESS TO NUTRITIOUS FOODS

- Ensure that safe and nutritious food is affordable and accessible for all.
  - In any crisis, act swiftly to protect food security and livelihoods, including with nutrition and economic support measures
- Invest in long term and preventative measures, including climate adaptation, to mitigate the risks of widespread hunger and starvation that threaten child survival and would compound malnutrition for the most vulnerable.
  - Strengthen livelihoods so that families can continue to access the income they need to purchase healthy foods.
  - Build resilience with focus on strong communities and food systems more able to withstand climate- and conflict-related shocks.
  - Integrate climate resilience and adaptation finance into food security and child-sensitive social protection measures.
- Urgently support an expansion in social protection coverage of children and their caregivers (predominantly women), working progressively towards universal child benefits.
  - Governments should design universal child benefits to be shock-responsive and in countries experiencing humanitarian crises, all actors should make greater efforts to invest in government-led social protection.
  - Cash should be coupled with nutrition social behaviour change communication and messaging to achieve the greatest impacts on nutrition outcomes.

7. COMMIT FINANCING

- Make long-term and flexible financing commitments for nutrition, including for the interventions listed in this report.
- Fully fund the Global Humanitarian Response Plan (Global HRP) and other HRPs ensuring flexible funding is available to international and national NGOs.
- Mobilise financing for nutrition as part of the Covid-19 response.

One-year-old Marwa was treated at a mobile health clinic for fever, vomiting and diarrhoea. A week later, she waits with her mum Hodan for a nutrition check-up and therapeutic food.

PHOTO: MUSTAFA SAEED/SAVE THE CHILDREN

Glossary of key terms

1,000-day window

The 1,000-day period is the time between conception and a child's second birthday. The right nutrition during this critical period can have a profound impact on a child's ability to develop mentally and physically, to learn and to rise out of poverty. It can also shape a society's long-term health, stability and prosperity.[1]

Famine

Famine occurs in areas where at least one in five households has or is most likely to have an extreme deprivation of food. Starvation, death, destitution and extremely critical levels of acute malnutrition are or will likely be evident. Significant mortality, directly attributable to outright starvation or to the interaction of malnutrition and disease, is occurring or will be occurring.[2]

Food security

Food security exists when all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food that meets their food preferences and dietary needs for an active and healthy life.[3]

Hunger

Hunger is the body's way of signalling that it is running short of food and needs to eat something. Sustained hunger can lead to undernutrition, although it is only one of many causes; others include diarrhoea, malaria and HIV and AIDS.[4]

Malnutrition

Malnutrition is a broad term commonly used as an alternative to undernutrition, but technically it also refers to overweight and obesity. People are malnourished if their diet does not provide adequate calories and protein for growth and maintenance, or if they are unable to fully utilise the food they eat due to illness (undernutrition). They are also malnourished if they consume too many calories[5] compared to how many they expend. Good nutrition is when the right balance of nutrients enter, leave and are absorbed by the body.

Undernutrition

Undernutrition is defined as the outcome of insufficient food intake and repeated infectious diseases. It includes being underweight for one's age, too short for one's age (stunted), dangerously thin for one's height (wasted – can also be referred to as 'acute malnutrition'), and deficient in vitamins and minerals (micronutrient malnutrition).[6]

Overweight and obesity

The terms overweight and obesity refer to when a person is too heavy for his/her height. That person may be defined as having abnormal or excessive fat accumulation that may impair health. Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. A BMI greater than or equal to 25 is overweight. A BMI greater than or equal to 30 is obesity.[7] This form of malnutrition results from expending too few calories for the amount consumed, and increases the risk of non-communicable disease later in life.[8]

Stunting

Stunting refers to a child who is too short for his or her age. Stunting is the failure to grow both physically and cognitively and is the result of chronic or recurrent malnutrition. It can also be referred to as 'chronic malnutrition'. The effects of stunting often last a lifetime.[9]

Wasting

Wasting refers to a child who is too thin for his or her height. Wasting is the result of sudden or acute malnutrition, where the child is not getting enough calories from food and faces an immediate risk of death.[10]

Endnotes

EXECUTIVE SUMMARY

This graphic is informed by all the content in this report.

INTRODUCTION

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1 ENSURE NO CHILD IS LEFT BEHIND FROM PROGRESS TO END MALNUTRITION FOR ALL

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RECOMMENDATIONS

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NUTRITION CRITICAL

Why we must all act now to tackle child malnutrition

Even before the coronavirus pandemic, many families and communities faced a desperate struggle to provide their children with the nutrition they needed for their physical and mental development.

But now, children and adults in the most vulnerable communities face the prospect of a global food and nutrition emergency that is unprecedented in our times.

We cannot let this happen. We must act now to both save children's lives today and to safeguard their future from the scars of malnutrition.

This report comes at a critical moment. 2021 is a Nutrition for Growth year of action, offering multiple opportunities to global leaders to make the commitments that are urgently needed to tackle child malnutrition.

Nutrition Critical highlights five steps to protect and drive progress on nutrition. And it sets out a series of recommendations to governments and donors, along with UN and other multilateral agencies, non-governmental organisations and businesses, to take decisive action to end malnutrition for good. And for all.

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