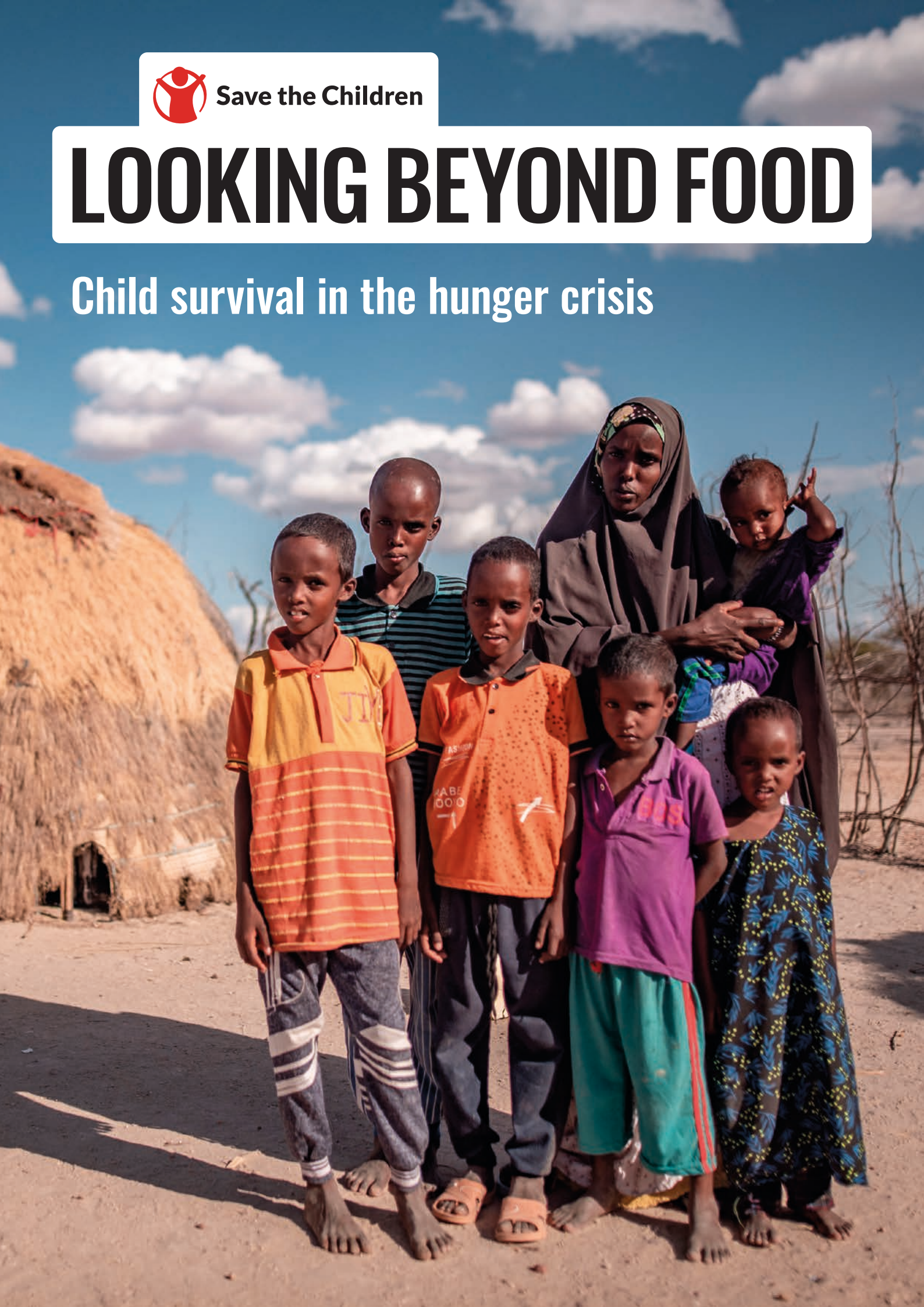
Save the Children

LOOKING BEYOND FOOD

Child survival in the hunger crisis



The world is facing a hunger crisis, the likes of which have no place in the 21st century. A perfect storm of different crises has pushed millions of families into poverty and food insecurity. An all-time high of 45 million people are now facing emergency levels of hunger and are at risk of falling into famine. 989,000 people are already experiencing famine-like conditions.[1]

This crisis is hitting children hardest and pushing one child into severe acute malnutrition every minute.[2] This is a life-threatening condition which leads to muscle wasting, reduced organ function and a severely weakened immune system, turning common childhood illnesses into killer diseases. At least 13.6 million children[3] are currently severely acutely malnourished, while up to 60 million[4] could be acutely malnourished. 149 million children are also stunted due to sustained undernutrition, which irreversibly affects their long-term health.[5]

We need to do more and better to address the crisis: while scaling up funding for emergency response is critical, in order to save lives and protect children's futures, this brief pulls out important health and nutrition interventions that urgently need scaling up.

Save the Children has three recommendations for ensuring children survive the hunger crisis:

1. Scale up early detection and treatment for acute malnutrition to reach the 80% of children who are not currently getting the treatment they need.

2. Protect, promote and support infant and young child feeding – particularly breastfeeding, which is one of the most effective ways of preventing deaths in children under five.

3. Invest in community and primary healthcare to prevent and treat childhood illnesses, which can both cause malnutrition and pose significant risk to already malnourished children.

PHOTO: MARION KWAMBAI/SAVE THE CHILDREN

Rebekah's twins Aule and Nawei are being screened for malnutrition as part of an emergency integrated health outreach in Turkana, Kenya

1 Going beyond calories: why a hunger crisis needs a health and nutrition response

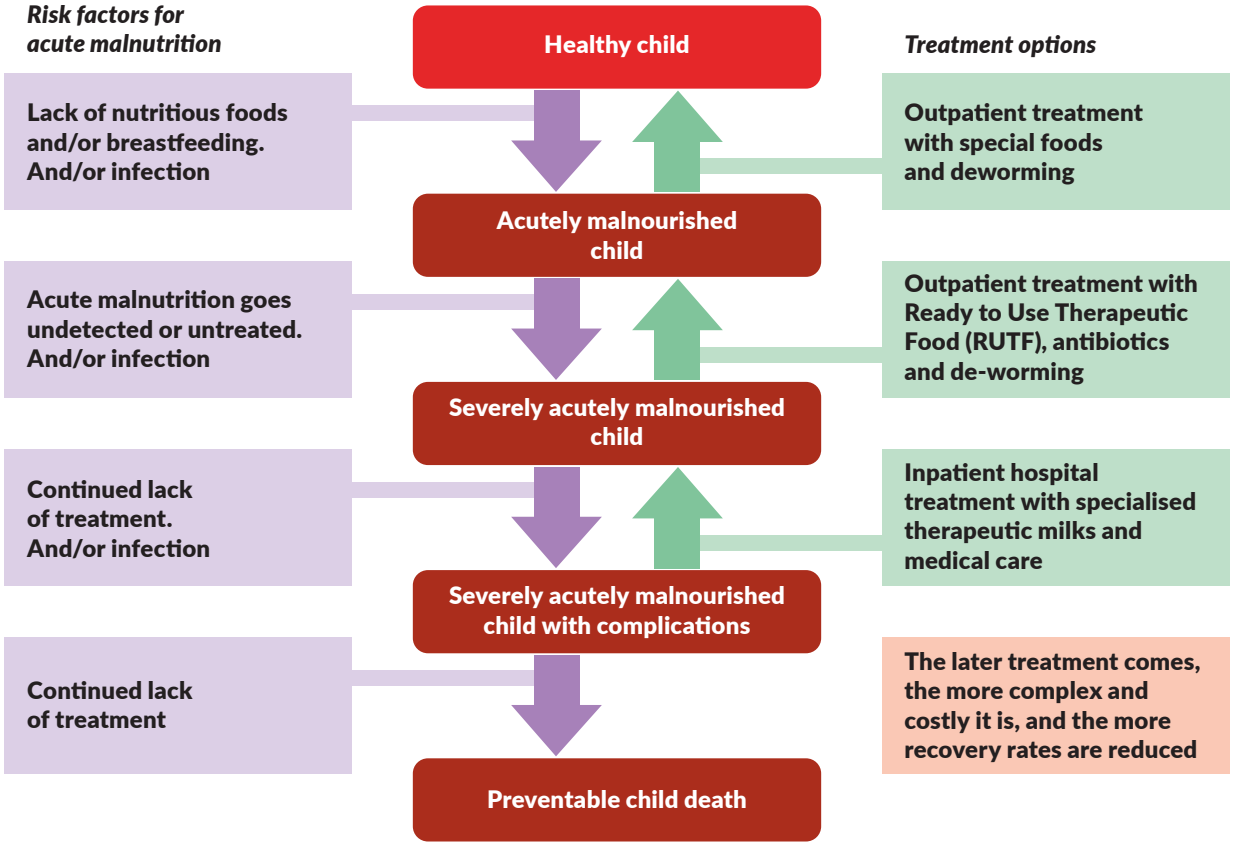
Getting the right nutrients, particularly in the first 1,000 days of life, is critical to a child's survival and healthy development. If they don't eat sufficient nutritious food, children are at high risk of becoming malnourished. Undernutrition is linked to 45% of all deaths of children under five globally.[6] This is because malnutrition weakens the immune system: a severely acutely malnourished child is 11 times more likely to die from common diseases than a well-nourished child.[7]

Disease and infection are also significant causes of child malnutrition. In crises, health systems become stretched, access to safe water is more difficult and poor hygiene and sanitation is common. This can result in disease, diarrhoea and parasitic infections which prevent the absorption of nutrients. Without treatment, this can quickly lead to a child becoming acutely malnourished.

Treating malnutrition requires a different approach from responding to food insecurity. While basic food staples can provide calories and relieve hunger, a malnourished person may require more nutritious food, micronutrient supplements (to alleviate 'hidden hunger'), special therapeutic foods or even medical treatment.

Simply relying on basic food staples to relieve hunger, without the types of interventions mentioned above, can lead to increases in malnutrition – and can change the nature of a crisis rather than solve it.

Risk factors and treatment options for acute malnutrition



2 The recommendations explored

RECOMMENDATION 1 Scale up early detection and treatment of acute malnutrition to reach the 80% of children who are not currently getting the treatment they need

How:

a. Fund life-saving treatment for acute malnutrition, including ready-to-use therapeutic foods (RUTF) which can bring children back from the brink.
b. Enable community health workers to treat children with acute malnutrition. This is more accessible for families than travelling to a health facility and means more children will be treated sooner.
c. Train families to identify if their child is malnourished by scaling up the 'family MUAC' approach.

The opportunity: Rapidly expanding treatment coverage for acute malnutrition, through innovative and cost-effective adaptations to treatment methods, will save lives and give better value for money.

The risk if we don't do this: The majority of children with acute malnutrition will continue to go untreated, resulting in serious long-term health impacts and preventable deaths.

Closing the treatment gap for acute malnutrition

Acute malnutrition, also known as wasting, can be life-threatening. Treatment with ready-to-use therapeutic foods, a specially formulated nutrient-rich peanut paste, can bring children back from the brink. Over 90% of children treated with these foods recover from malnutrition.[8]

Globally, more than 80% of children with acute malnutrition do not receive this treatment.[9] This is largely due to access constraints, caregivers' lack of awareness of the symptoms of malnutrition, and the distance to the nearest health facility. This has been heightened by a lack of resilient health systems that are able to cope with numerous shocks caused by conflict and insecurity, COVID-19 and natural disasters.

Urgent action is needed to address this gap in treatment coverage. To prevent children dying, donors and governments must increase funding for early detection and treatment of acute malnutrition, including vital supplies such as ready-to-use therapeutic foods. Changes in the way treatment is provided, as outlined below, could also significantly boost the numbers of children who get life-saving support.

How we know it works: Save the Children, along with partners in Kenya and Somalia, have been conducting research on how to best help children in remote areas get treatment for acute malnutrition.[10] The research shows that treatment delivered by community health workers can be as, or more, effective as treatment delivered at a health facility. Preliminary analysis also indicated that it may be more cost-effective.

This builds on a growing body of evidence showing that treatment could be scaled up significantly by enabling community health workers to treat acute malnutrition, just as they currently treat common diseases such as pneumonia, malaria and diarrhoea. Community health workers are much more accessible to families than travelling to health centres. This means more children get life-saving RUTF sooner and are less likely to deteriorate and need specialised care. This also takes pressure off stabilisation centres – specialised health centres which stabilise the condition of severely acutely malnourished children – so they can focus on the most vulnerable children.

Treating acute malnutrition in the community

Two-year-old Aamina* is receiving treatment for severe acute malnutrition from a community health worker.

Her family lost most of their livestock as a result of drought. All the wells in the area have dried up, making it difficult to find safe water. “We don’t get enough to feed the children and they get sick all the time,” said Aamina’s mum, Faduma*.

Faduma explains that Aamiina had diarrhoea for a long time and then became malnourished and very sick.

“I was worried and didn’t know what to do,” said Faduma. There are no health facilities in the area where she lives, but another mother told her about the community health worker, Huda* and the support she could give. Huda assessed Aamiina, provided her with medical treatment and gave Faduma a supply of nutrient-rich peanut paste. Aamiina is already recovering.

Huda started providing treatment for acute malnutrition as part of a research pilot Save the Children is running with its partners to help more malnourished children access treatment, sooner. Previously, she could only treat malaria, pneumonia and diarrhoea.

Huda says that although her workload has increased, she is very happy. “I’ve seen a lot of change since I started this. Before, I could only do assessments and refer children with malnutrition to the health facility – this was very far away and demoralising for the mother. Everyone is satisfied now.

“I get satisfied when a mother keeps following up with the treatment I gave her. I feel joy when I see a child who has got better, like today a few children were brought to me who I first checked two weeks ago and they are healed now.”

*Names changed to protect identities

PHOTO: MUSTAFA SAED/SAVE THE CHILDREN

Faduma and her two-year-old daughter, Aamiina, with community health worker, Huda, in Somaliland.

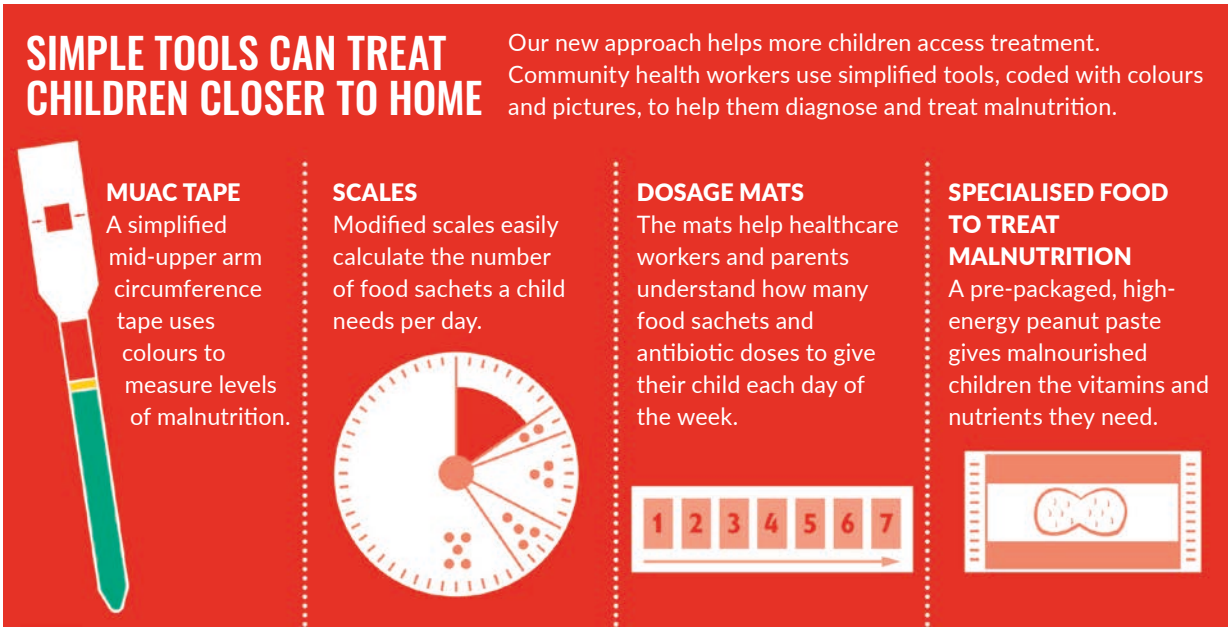
Using adapted tools and resources

If community health workers are to treat acute malnutrition, they need adapted resources and processes, called 'simplified approaches'. These are modifications to the existing national and global treatment protocols, designed to improve effectiveness, quality, coverage and cost-effectiveness.

These include diagnostic tools which can be used by people with low literacy, and modified dosage levels for ready-to-use therapeutic foods which make it easier for community health workers to provide treatment. Another adaptation is the 'Family MUAC' approach, where mothers, fathers and other caregivers are trained to use a colour-coded mid-upper arm circumference (MUAC) tape measure which can help them to identify if their child is malnourished. Together, these approaches can significantly boost early detection and treatment of malnutrition and reduce the number of children who go on to become severely malnourished.

However, despite a growing body of evidence that these simplified approaches work, they are not yet widely implemented. This means caregivers may have to walk for hours and days to get to health facilities to seek treatment for their children, sometimes finding these centres overwhelmed when they arrive. Many children will not get treatment at all.

Community health worker-led treatment and simplified approaches, including family MUAC, offer cost-effective solutions to help more children receive early treatment for malnutrition. As many countries experience a surge in acute malnutrition, and health facilities struggle to respond, governments should speed up the approval and scale-up of these approaches. This shift in policy must be accompanied by quality training and supervision, as well as sufficient renumeration to support community health workers to carry out their expanded role effectively. The World Health Organization, alongside key partners such as UNICEF, the World Food Programme, NGOs and donors, should support this process by clearly endorsing the use of simplified approaches.



RECOMMENDATION 2 Protect, promote and support infant and young child feeding – particularly breastfeeding, which is one of the most effective ways of preventing deaths in children under five

How:

a Invest in nutrition counselling: providing counselling, support and information to mothers on breastfeeding and young child feeding, including during emergencies.

b. Uphold the International Code of Marketing of Breast-milk Substitutes to protect mothers and babies from aggressive marketing tactics from the commercial milk formula industry, and to prevent babies dying or becoming seriously unwell.

The opportunity: Ensuring infants and children get the best possible nutrition in their early years could dramatically improve child survival.

The risk if we don't do this: More children will become malnourished and at greater risk of disease, nutritional imbalances, infections and death.

Breastfeeding: a silver bullet for babies

Breastfeeding saves lives. It's the closest thing there is to a 'silver bullet' for child survival. Breastmilk promotes brain development and acts as a baby's first vaccination, as vital antibodies are shared from the mother, strengthening the baby's immune system. If possible, beginning breastfeeding within the first hour of life, breastfeeding exclusively for the first six months, then continuing to breastfeed while giving complementary food until the age of two can greatly reduce the likelihood of child mortality, malnutrition and disease.[11]

In 2020, around half of infants were not exclusively breastfed. If breastfeeding were adopted at close to universal levels in low- and middle-income countries, 823,000 child deaths could be prevented each year and nearly half of all diarrhoeal diseases and one third of all respiratory infections could be avoided.[12]

However, the aggressive marketing tactics of infant formula companies undermine breastfeeding and reduce global breastfeeding rates, putting the health of mothers and children at risk. The

Health workers on the frontline of protecting breastfeeding

Idil has worked at a stabilisation centre for three years, frequently working with acutely malnourished children.

She says, "Usually cases come here from the internally displaced people's camp within the town, and families affected by drought. Some cases are very severe.

"Generally malnutrition is caused by food insecurity in the country, because of drought and lack of income or lack of knowledge about breastfeeding."

PHOTO: KATE STANWORTH/SAVE THE CHILDREN

Idil, a nurse at a stabilisation centre in Puntland, Somalia.

International Code of Marketing of Breast-milk Substitutes was adopted more than 40 years ago to protect children and families by prohibiting all advertising and promotion of breastmilk substitutes, bottles and teats. Despite this, the World Health Organisation's latest report found that more than half of parents and pregnant women surveyed had been targeted with infant formula marketing.[13]

In emergencies, breastfeeding remains the safest, most reliable, nutritious food source for babies. Without access to clean drinking water, fuel and hygienic preparation space, formula feeding can cause serious health issues and can even prove fatal. Instead, mothers should be supported to breastfeed their babies, with breastfeeding counselling and assistance.

The Operational Guidance on Infant and Young Child Feeding in Emergencies[14] provides practical guidance on how governments and stakeholders should protect and support appropriate infant and young child feeding (IYCF) in emergencies (IYCF-E). This involves actively supporting breastfeeding, ensuring that non-breastfed babies are fed in the safest way possible, enabling access to appropriate complementary foods, preventing donations and uncontrolled distributions of breastmilk substitutes, and supporting the well-being of mothers.

However, the recent IYCF-E Ten Years of Progress report highlighted that despite some progress, implementation can be hampered by a lack of resource and coordination. A joint study by UNICEF and Save the Children of infant and young child feeding practices in Kenya, Somalia and South Sudan looked at some of the key barriers that are holding back progress on infant and young child feeding.

The primary reasons identified for not undertaking recommended infant and young child feeding activities in emergencies were:

- "IYCF is not considered a lifesaving intervention during emergencies and is not prioritized by non-technical staff;
- competing priorities, poor sensitization across agencies, and lack of clear IYCF-E policy;
- limited funding for IYCF-E programming;
- context constraints include insecurity, poor access and lack of government leadership or guidance on IYCF-E;
- insufficient human resources or expertise in local and international staff members and the absence of technical staff on the ground; and
- capacity gaps among partners, government facilities and field teams."[15]

Donors and governments must therefore prioritise the funding of infant and young child feeding activities as part of the response to the hunger crisis, including by training local and international staff. Governments should also take the lead in developing clear policies and coordinating humanitarian and development stakeholders in the implementation of these policies.

RECOMMENDATION 3 Invest in community and primary healthcare to prevent and treat childhood illnesses, which can both cause malnutrition and pose significant risk to already malnourished children

How:

a. Improve access to safe water, sanitation and hygiene. (WASH)
b. Increase vaccination coverage and strengthen systems for rapid disease detection and response.

The opportunity: Prevent infections and disease which can both cause malnutrition and prove fatal to already malnourished children with critically compromised immune systems.

The risk if we don't do this: Where high rates of malnutrition combine with disease outbreaks, we risk an explosion of child deaths.

Preventing the deadly combination of malnutrition and disease

In the 2011 famine in Somalia, half of the 260,000 people who died were children under five. Child mortality increased rapidly, rather than gradually, as severe acute malnutrition combined with disease outbreaks.[16]

With a severe drought now gripping Somalia and the Horn of Africa region once more, high levels of food insecurity are again leading to critical levels of child malnutrition.

Disease outbreaks in the Horn of Africa are both a result of and a contributing factor to rising rates of malnutrition. In Kenya, a study found that the high prevalence of acute respiratory infections (affecting 35% of the population) was a factor driving acute malnutrition in Mandera district. In Somalia, outbreaks of measles and acute watery diarrhoea are contributing to rising levels of acute malnutrition.[17]

Safe drinking water is scarce and there is a high risk of waterborne diseases. As people move to find water, food and pasture for their animals, living conditions and sanitation may deteriorate further, and it could become harder to access health and nutrition services. There are already 4.2 million refugees and asylum seekers in the Horn of Africa region, with this number expected to increase.[18]

As people's assets and income diminish, they are forced to make difficult choices between food and healthcare, resulting in disruption in the provision of essential services such as long-term treatment for TB and HIV.[19]

Vaccination coverage is already low in the region: in Somalia, less than half the population (42%) have had the vaccine for diphtheria, tetanus, and pertussis third dose (DTP-3) and only 46% are immunised against measles.[20] With over half of all children under five in Somalia acutely malnourished and more than half a million of them severely acutely malnourished, these children are now extremely vulnerable and at heightened risk of dying.[21]

As surges of cholera and measles spread, humanitarian agencies and donors must work with national governments to strengthen the detection of and response to disease outbreaks, as well as improving water, sanitation and hygiene and vaccination services to reduce the likelihood of further outbreaks. This will both help prevent more children becoming malnourished and save the lives of already malnourished children with compromised immune systems.

Early detection saves lives

Twin brothers Emanuel and Delian from Kenya are healthy three-year-olds. When they were one, they were very unwell. Their mother, Deborah, noticed that both boys were hot and their breathing was not normal. They were coughing, wheezing, vomiting and not breastfeeding well. Very worried, she sought help from a Save the Children trained community health worker, who recognised the severity of the twins' situation and referred them to hospital where they were treated successfully for pneumonia.

PHOTO: SAVE THE CHILDREN

Emanuel and Delian

3 Conclusion

The present hunger crisis is a grave threat to children, and we can only protect them by taking a comprehensive approach. We must go beyond addressing food security alone, to include a stronger focus on nutrition, health, and water, sanitation and hygiene. A failure to do this will result in preventable child deaths in the immediate future as well as health impacts lasting generations.

Three key low-cost interventions if scaled up, have great promise: community-based treatment for acute malnutrition, supporting breastfeeding, and investing in community and primary level healthcare. Together, these can dramatically improve children's access to life-saving treatment and significantly reduce the number of children who become malnourished.

But this must also be the last child malnutrition crisis. This means being more prepared for future shocks and embedding an early warning, early action approach. Governments and donors must invest in disaster preparedness and climate change resilience to prevent future food shortages. They must also scale up anticipatory action and social protection systems so that help reaches families sooner, when it can have the greatest impact. These recommendations are outlined in greater detail in our reports; Dangerous Delays 2: The Cost Of Inaction and Generation Hope: 2.4 billion reasons to end the global climate and inequality crisis.

We must also build longer-term resilience by strengthening health systems and tackling malnutrition in all its forms. Governments and donors should commit immediate and long-term, flexible funding to health, nutrition and water, sanitation and hygiene, and must honour existing commitments, such as those made at the Nutrition for Growth Summit 2021.

PHOTO: TOMMY TRENCHARD/SAVE THE CHILDREN

Ajabo, 3, is screened for malnutrition by a Save the Children outreach team in a drought-hit village in northern Kenya

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Cover photo: Asha, 32, and her six children photographed outside their_home in a drought-hit village in Garissa County, northern Kenya (Photo: Tommy Trenchard/Save the Children)

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