

Save the Children Responds to Child Hunger

Situation Assessment: October 2009

The world's poorest and most marginalized children are being dramatically affected by the worst food crisis in 20 years. In many areas, staple food prices have risen more than 40 percent over the past 12 months—severely hampering very poor families' ability to purchase food—and rates of acute malnutrition are exceeding standard emergency thresholds. Save the Children's priority areas in the fight against child hunger are: •Afghanistan •Guatemala •Democratic Republic of Congo •Ethiopia •Haiti •Somalia •West Bank/Gaza •Zimbabwe •Kenya •Bangladesh •Burkina Faso •Indonesia •Mali •Nepal •Niger •North Sudan •Pakistan •South Sudan •Sri Lanka •Tajikistan •Uganda •Yemen

The Need

This is the most challenging food crisis in decades. Its global causes are numerous and are likely to continue:

- High food prices
- Poor rainfalls
- Instability
- Poor harvests and dwindling food stocks
- Underinvestment in agricultural production in the developing world
- Diversion of key food crops to bio-fuel production

Children Are Most Vulnerable

Children are always the most at risk in a food crisis, vulnerable to weight loss, malnutrition and illness. Young children, especially under age 2, suffer lifelong consequences if not provided with the nutrition they need. Malnutrition causes children to have weakened immune systems — increasing the likelihood they will die from common illnesses such as pneumonia, diarrhea and malaria. Poorly nourished children also suffer from stunted growth and decreased cognitive development.

When families often spend 60 to 80 percent of household income on food, they resort to *drastic measures* to save the money that can help feed their children. An increase in the price of a staple food can tip the balance in a family's decision to:

- Send a child to school
- Seek medical care for an easily-treatable childhood illness
- Sell a productive asset or go into unsustainable levels of debt
- Send children to work in potentially risky activities

Save the Children's Response

Save the Children knows that child hunger will not be conquered simply by handing out food. Through *innovative, community-based initiatives*, we are working to ensure that longer-term programs, policies and sustainable solutions are in place to help families prepare for and respond to future food shortages. At the same time, we also provide immediate relief assistance to hungry children.

Our long-term response seeks to build and strengthen economic resilience, both in households and in communities, through a range of cross-cutting interventions.

Livelihood Support that increases year-round access to food:

- Expanding agricultural programs to help small-scale farmers grow more food and generate cash to purchase food by:
 - improving access to more profitable markets and capital;
 - improving key inputs for their crops, such as seeds and tools;
 - improving household agricultural and livestock practices; and
 - improving and diversifying farming systems.
- Strengthening families' ability to afford food by:
 - building and protecting savings so that money is available when the next crisis emerges;
 - improving household earning and income diversification practices; and
 - providing insurance products to protect the health and assets of families.
- Building families' ability to recover from or withstand a "shock" — such as a natural or manmade disaster or an economic crisis — by:
 - providing targeted cash, food or vouchers to help families recover, maintain and grow their assets such as crops and livestock; and
 - targeting the most vulnerable families for assistance: those who have experienced a loss of labor due to one or more chronically ill member; female-, child- or elder-headed households and those with little or no access to cultivable land.



Health and Nutrition Interventions that improve child feeding and treatment of childhood illnesses:

- Promotion of breastfeeding, optimal child feeding practices and micronutrient supplementation, and the prevention and treatment of three diseases associated with

child malnutrition and mortality: pneumonia, diarrhea and malaria.

- Use of a comprehensive package of interventions to manage acute malnutrition and address its underlying causes through strengthening community and government capacities.

School Health Initiatives such as basic education for school-age children about key health-promoting practices, as well as de-worming and supplementary feeding, for example.

Disaster Planning to help communities prepare for future emergencies:

- Supporting governments in updating national protocols for therapeutic feeding.
- Building the capacity of local health systems and staff to deliver outpatient and inpatient therapeutic care.
- Helping to pre-position adequate supplies of therapeutic food and emergency food rations, and establishing plans for a coordinated response.
- Assisting in improved nutritional surveillance on the local, regional and national levels.

Advocacy for policies to mitigate the child hunger crisis, including increasing investment by the U.S. and other governments in agriculture and rural livelihoods development and strengthening local, regional and international food markets by reducing barriers to least-developed countries' access and participation.

In hotspots where response preparations are already underway, our ***near-term approach*** involves proactive collaboration with local Ministries of Health and disaster response authorities to ensure that ***children's lives are saved today***. Two immediate goals are:

Increased access to food through direct food distribution; safety net programs including cash and vouchers for hungry families to purchase food; and food (or cash) for work.

Critical emergency nutrition services include assistance to governments in providing outpatient and in-patient services for malnourished children. We

screen for nutritional status and provide therapeutic feeding for severely malnourished children. Ready to Use Therapeutic Food such as *Plumpy'nut* have dramatic results and can help malnourished children recover quickly. This specially formulated peanut paste is high in protein and calories and quickly helps severely malnourished children gain weight and build strength.

Indicators of Success

With decades of emergency relief experience and a longstanding presence in many countries affected by the crisis, Save the Children is well-positioned to respond. Here are some of Save the Children's recent activities and impacts for children:

In **Guatemala**, the Government declared a state of emergency and requested international support in order to respond to the food crisis faced by thousands of rural communities in the "dry corridor", located in the eastern part of the country. Save the Children's plan will benefit 7,750 families (approximately 48,000 total beneficiaries) living in an estimated 150 high-risk communities in three departments of Guatemala.

Ethiopia, where Save the Children is scaling up our work to meet a worsening situation triggered by poor



seasonal rains, sporadic conflict, and high food prices. Half of those in need are children with the majority living in Somali region.

While the Government and humanitarian agencies are endeavoring to provide food through emergency rations as well as the Productive Safety net Programs, the need currently outstrips the available resources. Over six million people require emergency food assistance. Our work includes: food distributions; Emergency Nutrition projects which provide therapeutic and supplementary food packages for malnourished children; Integrated Emergency Health and Nutrition Interventions; Water, Sanitation and Hygiene programs to help reduce cases of acute watery diarrhea and support for pastoralists communities to preserve their main livelihoods—animals.

Global commodity price increases and direct hits from four storms last year significantly worsened an already tenuous food security situation in **Haiti**, which already had one of the world's worst malnutrition rates. While Haiti is now beginning to recover from these shocks, Save the Children continues its work. We are expanding our innovative community-based approach for treating severe malnutrition into new communities and advocating for the government to adopt this successful program.

Case study: Ethiopia

Ubah was separated from her parents after a bomb exploded at her home in Mogadishu, Somalia in March 2009. She fled with her younger sister and grandmother to safety across the border in Ethiopia. During the month-long trek, they lacked adequate access to food or drinking water. "I kept wondering whether I had survived a bomb blast only to die from hunger in the wilderness. I didn't know which was worse, the war I had fled or the hunger," said Ubah. She arrived emaciated and severely malnourished at a refugee camp where a volunteer working with Save the Children heard about Ubah. She was sent to the Save the Children Health Center in Dollo town where she was treated for acute malnutrition and pneumonia. She was fed frequent daily rations of *Plumpy'nut* – a highly nutritious ready to eat food which assisted her in regaining her strength.

Once Ubah showed considerable improvement, she was discharged from the Stabilization Center and referred to the Out Patient Therapeutic Program. Here she received weekly rations of cereals, pulses and cooking oil. Ubah's grandmother is so appreciative of the support and says, "I am so grateful for the good work done by the volunteers and Save the children staff, without them, I would have lost my grandchild!"



Save the Children®

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