



**NUTRITION**



828 million people don't have enough food to eat



More than 1 in 10 people go to bed hungry every night



Poor diets among adults account for more than 12 million avoidable deaths per year



Around half of deaths of children under 5 are linked to undernutrition



Less than 1% of global development assistance focuses on nutrition



# WHAT IS THE PROBLEM?

Malnutrition means not getting enough food or the right balance of food. It's a big – and unnecessary – problem across the world. Around one in ten people today are malnourished, in a world which can produce enough food for all.

Malnutrition and life-threatening hunger happen because of poverty, lack of jobs, dirty or inaccessible water, climate change, conflict, poor mental health and gender inequality. After declining for a decade, world hunger is on the rise again.

And while all of us need the right amount of good food, some people, at certain times, need more than others, so if that doesn't happen, they're likely to suffer more.

The first 1,000 days between conception and a child's second birthday is one example. It's the time that a new human being should be building a strong immune system, which ensures healthy physical and intellectual development.

So a pregnant mother and her baby need the right food in the right quantities. If this happens, it supercharges the child's chance of survival. It also means their physical and mental development is boosted. How well or how poorly mothers and children are nourished and cared for during this time has a massive impact on a child's ability to grow, learn and thrive.

Malnutrition is the single greatest threat to child survival worldwide and the underlying cause of nearly half of all child deaths. Malnutrition is the root cause of half of child deaths under the age of five.

Every day, more than 2,000 children die from hunger-related causes, typically in places where parents and local health workers lack the tools to diagnose malnutrition before it is too late.

Around two out of three children with severe acute malnutrition never receive help because the diagnosis comes too late.



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There are four forms of malnutrition:

- 1. Wasting**  
Wasting, or acute malnutrition, happens over a few weeks, mostly affecting young children who don't eat enough calories or have been sick. Children who are 'wasted' are too thin for their height and vulnerable to disease.
- 2. Stunting**  
Stunting or chronic malnutrition either develops over a long time or after several cases of acute malnutrition. Children who are 'stunted' are too short for their age and may be more prone to illness.
- 3. Micronutrient deficiencies**  
This happens when a diet is not nutritious enough and lacks vitamins and minerals which can cause life-threatening conditions, such as weak immune systems and low birth weight of babies. For example, globally, 30 per cent of women aged 15-49 and 40 per cent of children under five have anaemia.
- 4. Overnutrition**  
This is a result of consuming too many calories which are converted to fat. It is affecting an increasing number of children all over the world, causing a raft of medical conditions including Type 2 diabetes and hypertension.

Tackling malnutrition and life-threatening hunger has wide-reaching, positive consequences for improving the health of children and adults alike.

# WHAT IS THE SOLUTION?

Ending malnutrition is possible. And it is one of the best ways we have to change people's lives for the better.

A well-nourished, healthy, thriving person is good for their family, their community and their whole economy. In fact, every £1 invested in nutrition can generate £13 in returns. Reducing malnutrition in Africa and Asia could increase a country's overall economic productivity by 11 percent.

But more importantly than that, a well-nourished person is generally happier, healthier, safer and more stable than an under-nourished person. That's why Action Against Hunger focuses hard on diagnosis and treatment, as well as on the prevention of malnutrition and life-threatening hunger.

This is how we do it.

## Detect

Training communities to detect malnutrition quickly, rather than relying on health visitors or clinics means problems can be tackled quickly. And if picked up quickly, we reduce the incidence of childhood death and disease.

It also saves money. An early intervention costs a lot less than dealing with a more severe case of malnutrition down the line.

First, we use 'mid upper arm circumference' (MUAC) bands to diagnose malnutrition among those under five. A MUAC band is a tape that measures the circumference of a child's upper arm. If a child's MUAC is less than 11.5cm, the tape is in the red zone, which shows they are severely malnourished. If a child's MUAC is less

than 12.5cm, the tape is in the yellow zone, which shows they are moderately malnourished. And if MUAC is over 12.5cm, the tape is in the green zone, which shows they are healthy.

We train parents and caregivers to use MUAC bands so they can spot the signs of malnutrition early. We can also detect signs of malnutrition by comparing the child's weight-to-height ratio with that of a healthy child.

We are currently developing a mobile phone app to make it easier for anyone to detect severe acute malnutrition (SAM). The app uses body scanning technology to compare scans of a potentially malnourished child with a healthy child.

It makes diagnosis faster than using a MUAC band, saving about an hour per case, allowing parents and health workers to screen more children. It's super-accurate, less invasive, and hugely effective.

The healthcare worker or parent just takes a photo of the child's left arm and the algorithm shoots back the results with recommendations for treatment.

## Treat

The development of innovative food products - known as Ready-to-Use Therapeutic Foods (RUTF) - shifted treatment closer to communities. RUTF are genius in their simplicity and effectiveness. They are peanut-based pastes and biscuits that are nutrient-rich and packed with high concentrations of protein and energy.

Most importantly, RUTF requires no preparation or water. As a result, children no longer need to

be spend long periods in hospital to be treated for severe acute malnutrition. Parents and caregivers only need to take their child to a health clinic (which could be closer than a hospital) every two weeks to receive treatment. This is called Community Management of Acute Malnutrition (CMAM).

CMAM and RUTF have resulted in revolutionary changes in the fight to overcome acute malnutrition by enabling:

- Massive scaling-up of treatment programmes to cover many more malnourished children
- Increased coverage, with broader access to treatment
- A reduction in costs associated with SAM treatment, as parents and caregivers are able to treat severely malnourished children without medical complications at home, without leaving the rest of the family or foregoing income-generating activities

But we don't stop there. Less than 30 per cent of severely acutely malnourished children are able to access the treatment they need. This is mainly because caregivers and children in remote communities still need to travel long distances in order to receive care. Or because there are poor outreach activities or a poor supply of RUTF. Or because some people don't know what malnutrition is, let alone how it can be treated.

So Action Against Hunger is innovating in order to ensure we can reach as many people as possible. We are leading new pilot projects in order to ensure all children affected by acute malnutrition can receive the care they need.

Action Against Hunger, as a leading technical organisation in the prevention and treatment of acute malnutrition, plays a key role in piloting new approaches. We aim to advance the conversation on acute malnutrition policy and practice, ensuring that any programmatic and/or policy shifts are based on a robust body of evidence that clearly outlines key mechanisms to optimise treatment safely for all children affected.

### Prevent

Prevention, though, remains the best cure.

So we support mothers by teaching them about the importance of breastfeeding for the first six months of a baby's life. And we work to improve care and feeding practices to ensure that children from six months to five years of age receive the right food for their healthy development.

We also set up peer support groups for pregnant women and new mothers, to encourage good nutrition, hygiene, sanitation, and care practices for mothers, infants, and young children.

And during home visits, health workers provide treatment for infections, illnesses, and micronutrient deficiencies, including antibiotics, vitamin A, de-worming tablets and immunisations.

Action Against Hunger's expertise in preventing and treating undernutrition is internationally renowned, thanks to our 40 years of operational experience in areas of the world where hunger is most severe and entrenched.

We will continue until we've reached our vision of a world free from hunger.





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# MUNIRA'S STORY

Medina and her 18-month daughter Munira live in Guchi, Ethiopia. Munira started losing weight and rejecting her food. "Munira didn't eat," explains Medina. "She had no strength, I didn't know what to do. I just held her all the time."

Medina grew worried. She didn't know what was wrong with her child but she could see Munira getting weaker every day. Medina took her baby to the local health clinic, but they didn't know what was wrong with her either.

Luckily, Action Against Hunger's health and nutrition staff visited Medina's community to spread awareness about malnutrition.

Medina took Munira to one of our mobile clinics where a group of doctors and nurses checked her symptoms. Munira was diagnosed with acute malnutrition straight away and given ready-to-use therapeutic food (RUTF).

After receiving treatment for a few days, our teams told Medina that Munira could be treated at home. Our health workers then carried out home visits to check on Munira's progress over a number of weeks.

Once Munira was healthy again, Medina was able to celebrate her daughter's return to good health. Medina now knows how to prevent her daughter from becoming malnourished in future and has dreams of a brighter future for Munira.

**Contact us for more information, we would love to hear from you.**

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or - if you are corporate - [Partnerships@actionagainsthunger.org.uk](mailto:Partnerships@actionagainsthunger.org.uk)

Together, let's take action against hunger.

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