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THE IMPACT OF COVID-19 ON CHILD **MALNUTRITION**



Save the Children
100 YEARS

**Poverty and acute malnutrition
among the most serious side effects for children**

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FOREWORD

During these challenging and difficult times, we all question the consequences that the COVID-19 global crisis will have for the development, survival and life of our communities, at any latitude on the Planet. For the first time, with no distinction between North and South, East or West, the COVID-19 pandemic has placed every population and every government in front of the immediate need to deal with the same health emergency as an absolute priority.

At first, every effort – political, social and economic – focused on this objective.

Unfortunately, the health emergency is only the first hurdle and will probably be overcome only once the vaccine is universally available. At the same time, the knock-on effects of the crisis are already hitting the most vulnerable countries and people, particularly children.

The pandemic appears to act as an accelerator of existing vulnerabilities: it puts pressure on already weak health systems causing the disruption of routine health services and a consequent increase in infant morbidity and mortality due to preventable and curable diseases.

Children in conflict areas and those living in refugee or displaced settlements, including those affected by the worst consequences of climate change, are even more vulnerable to malnutrition, abuse or disease. Today millions of children are losing their right to education and some are at risk of never going back to school again.

The crisis exacerbates inequalities linked to poverty or gender, particularly for children; it can trap entire countries in a spiral of stagnant growth, increased poverty and loss of opportunities for the future. In this scenario, we should all be concerned that the health crisis is triggering new food crises.

In the recent months, Save the Children operators in South Saharan Africa reported an increasing number of children referred to nutrition centres. These children are in very precarious conditions; COVID-19 containment measures severely depleted existing livelihoods – often daily and informal – impeding families to earn an income and feed their children.

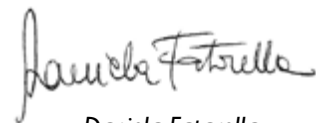
Due to the drought of 2017, Ubah, a Somali mother with six children, lost her 80 goats, which represented her entire fortune. However, she did not give up and found occasional jobs at the local market to feed her children, like washing clothes or cleaning houses or as a porter. Suddenly COVID-19 wiped out everything and Ubah had to borrow money from acquaintances to reach a refugee camp in Puntland with her children: the only hope of survival. We know her story because we met and helped Ubah at the camp: she was then able to repay her debts and feed her children.

At the same time, 4,700 kilometres further north, in Palermo, Irene was able to support herself, her husband – who had just lost his job – and their one-and-a-half-year-old child thanks to occasional jobs, such as giving private lessons to children and adolescents in the neighbourhood.

The COVID-19 pandemic had the same effect on them: in just a few weeks it wiped out the small revenue and savings available. Similarly to the one of Ubah, we know Irene's story thanks to the Save the Children Mothers' Space there, where Irene and her family have received support and regained trust. In the same way as thousands of families and children living in many other Italian cities where Save the Children is present with its projects in the most deprived areas, where the crisis risks digging deeper furrows.

Today more than ever, we trust in the collaboration among humanitarian organizations like Save the Children, grassroots organizations, United Nations agencies such as FAO, and Governments, such as the Italian one. This is in fact the only way not to leave any child in the world behind, as it pushes for the urgent large-scale action needed to achieve the Sustainable Development Goals. For this reason, for the first time, we are joining forces with the Ministry of Foreign Affairs and International Cooperation (MAECI) and FAO to realize #Together for the SDGs, a strong initiative to raise awareness through children and young people mobilization for World Food Day 2020 in Italy. We are deeply convinced that knowledge and awareness about how we can act to build a sustainable future is an indispensable resource, and the best starting point.

We can protect the future of as many children as possible by ensuring their nutrition, health and education only by acting together now. Above all, we want and must reach the most vulnerable children, in the most remote areas and in the most adverse contexts.



Daniela Fatarella

CHIEF EXECUTIVE OFFICER
SAVE THE CHILDREN ITALY



FIGURES

WORLDWIDE MALNUTRITION BEFORE COVID-19 EMERGENCY

- 144 million children under 5 years of age (around 21% of the total) are stunted. Among them, 1 in 2 children (i.e. 78.2 million children) live in Asia while 4 in 10 children (i.e. 57.5 million children) in Africa.¹
- Almost 47 million children under 5 years of age (around 7% of the total) are wasted. More than two thirds of them live in Asia (32.6 million) while more than a quarter live in Africa (12.7 million).²
- About 38 million children under 5 years of age (slightly more than 5%) are overweight. Almost half of them live in Asia (17.2 million) and a quarter in Africa (9.3 million).³
- Women and girls account for 60% of the world's hungry people, making them particularly vulnerable in emergencies.⁴

COVID-19 IMPACT ON HEALTH AND NUTRITION

- More than 130 million additional people could suffer from hunger by the end of 2020 due to the effects of the pandemic.⁵
- More than 6.7 million additional children could suffer from wasting by the end of 2020, with more than half of cases concentrated in Asia (57.6%) and 1 in 5 children (21.8%) in Sub-Saharan Africa.⁶
- The number of children living in poor households could grow by 117 million children in 2020 only, with tragic increases in Southern Asian and Sub-Saharan African countries.⁷
- 368.5 million children worldwide have no access to an adequate and nutritious school meal.⁸
- Although children represent a small percentage of COVID-19 deaths, the reduction of essential and routine health services are likely to lead to an increase in infant mortality of up to 45%.⁹
- Some 80 million children are not being vaccinated due to COVID-19 pandemic.¹⁰
- Additional 6-months of restrictive measures and disruption of major services could lead up to 7 million unintended pregnancies and up to 31 million new gender-based violence cases against women and girls.¹¹

CHILD MALNUTRITION IN THE WORLD

BEFORE
COVID-19
EMERGENCY

ASIA



AFRICA



STUNTING

144 MLN

CHILDREN
< 5 YEARS OLD



1 OUT OF 2
CHILDREN

78,2 MLN



4 OUT OF 10
CHILDREN

57,5 MLN

WASTING

47 MLN

CHILDREN
< 5 YEARS OLD



2 OUT OF 3
CHILDREN

32,6 MLN



1 OUT OF 4
CHILDREN

12,7 MLN

OVERWEIGHT

38 MLN

CHILDREN
< 5 YEARS OLD



1 OUT OF 2
CHILDREN

17,2 MLN



1 OUT OF 4
CHILDREN

9,3 MLN

WOMEN AND GIRLS
REPRESENT **60%**
OF PEOPLE SUFFERING FROM
HUNGER WORLDWIDE



COVID-19 EMERGENCY IMPACT ON HEALTH AND NUTRITION

EFFECTS AND ENVISAGED RISKS

+130
MLN PEOPLE

SUFFERING FROM **HUNGER**
BY THE END OF 2020

+6,7
MLN CHILDREN

SUFFERING FROM **WASTING**
BY THE END OF 2020

+117
MLN CHILDREN

LIVING IN **NEW POOR HOUSEHOLDS**
BY THE END OF 2020

368,5
MLN CHILDREN

WITH NO ACCESS
TO **SCHOOL MEALS**

+45%
CHILDREN

AT RISK OF **DEATH**
DUE TO THE REDUCTION IN
ESSENTIAL HEALTH SERVICES

+80
MLN CHILDREN

NOT RECEIVING
ROUTINE **VACCINATIONS**

+13
MLN

CHILD MARRIAGES BY THE END OF
2030 AS INDIRECT CONSEQUENCE
OF COVID-19



INTRODUCTION

COVID-19 pandemic is having devastating impacts that risk reversing the slow but gradual progress made in recent years to achieve the Sustainable Development Goals - SDGs. In a context already characterised by a significant increase in the number of people at risk of food insecurity, the pandemic can dramatically jeopardise the achievement of many of the objectives of Agenda 2030, starting with the “Zero Hunger” Goal. The number of malnourished people is likely to increase exponentially in the coming months, with dramatic consequences for the most vulnerable segments of the population such as children, women and adolescents.

Although it is still difficult to measure the impact of COVID-19 on food security and nutrition, several international organisations have modelled some particularly tragic scenarios. For example, the *State of Food Security and Nutrition in the World* report estimated that **more than 130 million additional people could suffer from hunger by the end of 2020 due to the pandemic.**¹² COVID-19 risks plunging 27 countries into the worst food crisis ever, due to the combined impact of economic crisis, insecurity and political instability, severe climate conditions and animal born diseases.¹³ In addition, a recent study estimates that the pandemic could push nearly **6.7 million children into acute malnutrition by the end of the year**, with more than half of cases concentrated in Asia (57.6%) and 1 in 5 children (21.8%) in Sub-Saharan Africa.¹⁴

Even before the outbreak of the pandemic, the right to food for all children was at great risk. In 2019 approximately 144 million children under 5 years of age suffered from chronic malnutrition, with huge disparities between countries, gender and urban and rural areas. The pandemic can significantly increase the number of children at risk of malnutrition and premature death, due to its direct or indirect consequences such as increased poverty linked to job losses especially in informal sectors, closure of schools and school canteens, disruption of essential health services and the increase in various forms of violence and exploitation. In this difficult context, it is therefore essential to strengthen the commitment of the international community to save mothers and children from hunger and to ensure they have a dignified present and future.

Save the Children, the international organisation that has been fighting since 1919 to save children’s lives and guarantee their future, is strongly committed to fight against child mortality and malnutrition. To this end, it carries out interventions aimed at increasing the resilience of communities and their food systems as well as programmes aimed at improving the nutrition of mothers and children either exclusively (*nutrition specific*) or indirectly (*nutrition sensitive*). In fact, the Organization carries out not only nutrition, prevention and maternal and child care projects – before, during and after childbirth – but also programmes to empower women and girls to encourage the growth of communities in a durable and sustainable way, and generate sufficient income to guarantee their well-being, even in crises or emergencies, working alongside local and national governments. These interventions have an even more decisive impact

in the current context, contributing to the management and prevention of risk situations and to the building of communities more capable of adequately bouncing back from possible crises. To address the challenges posed by the pandemic effectively, **Save the Children launched the global campaign “Protect a Generation”**, an agenda for action to protect all children from the economic and social consequences of COVID-19.

As part of the campaign, **with this report Save the Children wants to turn the spotlight on the serious problem of child malnutrition in a scenario characterised by the world’s biggest health, economic and social crisis since the end of the Second World War.**

The document is composed by four parts. The first part illustrates the issue of child malnutrition, showing its multidimensional character such as its links with poverty and conflict, also reflecting on the importance of adequate nutrition for girls and adolescents to interrupt the intergenerational transmission of malnutrition.

The second part focuses on the direct and indirect (socio-economic) costs that the COVID-19 pandemic has produced on children’s health and nutrition with a focus on girls’ vulnerability. This part highlights how the emergency has contributed to exacerbate situations already affected by high rates of malnutrition and the impacts of climate change and, at the same time, compromising the achievement of SDGs.

The third part deals with Save the Children’s response to the impact of the pandemic on children, with a focus on interventions to fight against malnutrition and promote food security, with some examples from the field.

Finally, the fourth and last part presents the conclusions of the report, suggesting recommendations to policy makers to address the challenges posed by the COVID-19 emergency and ensure adequate nutrition and health standards for all children, leaving no one behind.



CHAPTER 1



1. CHILD NUTRITION IN THE WORLD

1.1 AN ALARMING SCENARIO EVEN BEFORE THE PANDEMIC

Over the last few years, the number of people suffering from malnutrition has continued to grow worldwide. The figures are particularly dramatic in some regions such as Asia (where 381 million people were undernourished in 2019), followed by Africa (with 250 million people) and then Latin America and the Caribbean (48 million). In African countries, the combined effect of conflicts, climate crises and fragile institutions risks having very serious consequence on malnutrition. It is estimated that, at this rate, more than half of the world population suffering from chronic malnutrition will be in the continent over the next ten years.¹⁵

Children are particularly at risks of hunger and malnutrition, which - in all its forms - is still the underlying cause of half of all child deaths in the world (5.2 million in 2019) with significant economic and human capital development costs.¹⁶

Despite the improvements in some specific nutrition indicators, malnutrition is far from being eradicated globally. According to official estimates, **before the outbreak of the pandemic about 144 million children under 5 years of age (21.3% of the total) were stunted, while about 47 million (6.9%) were wasted and about 38 million (5.6%) were overweight.**¹⁷

More than 1 in 2 children (54%) affected by chronic malnutrition (78.2 million) lived in Asia before the spread of COVID-19 and 4 in 10 (57.5 million) in Africa.

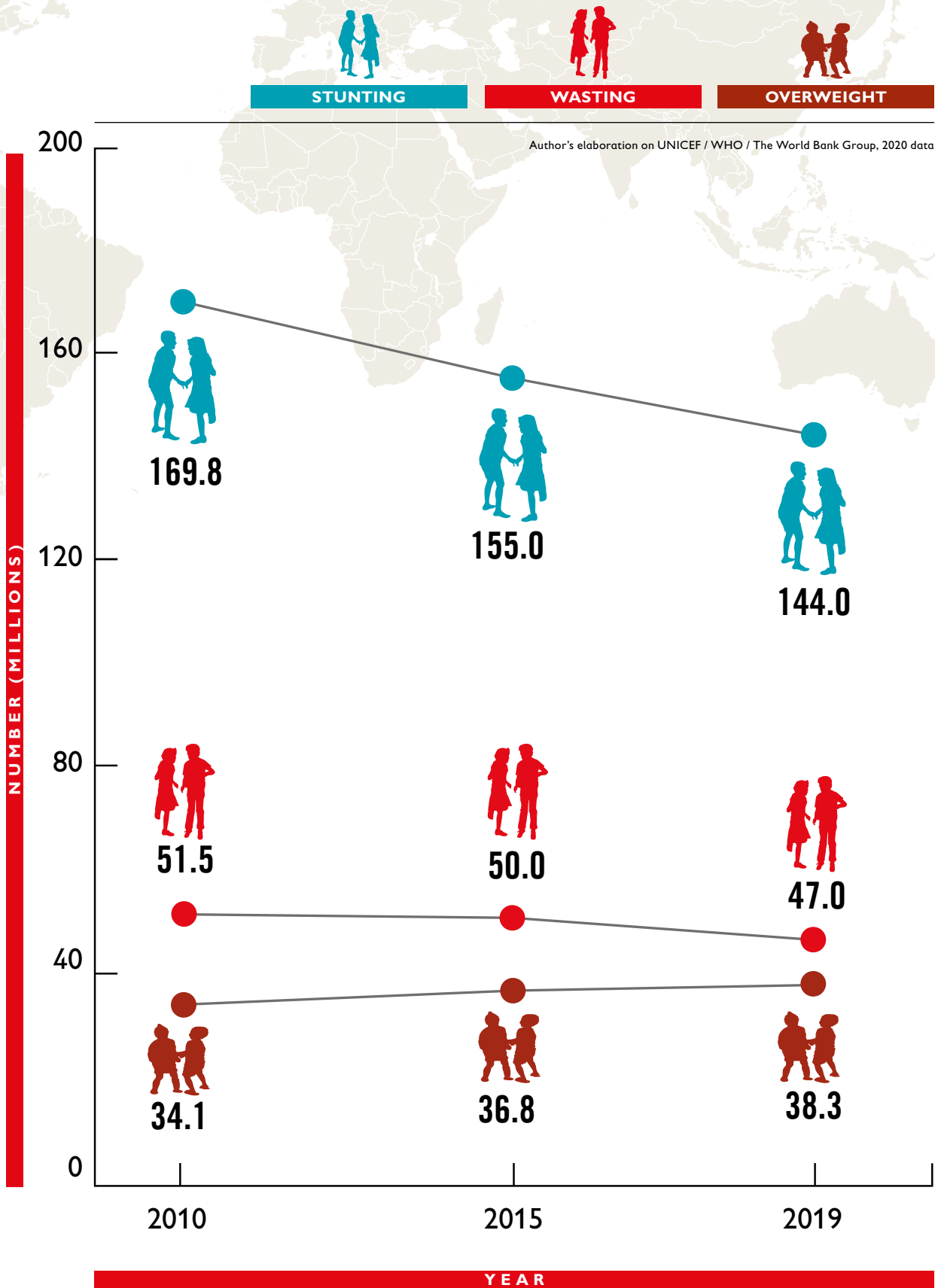
Chronic malnutrition risks seriously compromising the psycho-physical and cognitive development of children who may find it difficult to learn, enter the working world and participate into the community's life.¹⁸ Although the majority of stunted children are concentrated in Asia, the trend here has been declining since 2000, while stunting is increasing everywhere in Africa.

Before the pandemic, more than 2 out of 3 children suffering from acute malnutrition lived in Asia (69% i.e. 32.6 million) and more than 1 out of 4 (27% i.e. 12.7 million) in Africa.¹⁹ These are children with significantly lower immune defences, who are at greater risk of death, and therefore require immediate food assistance and urgent treatment to deal with diseases such as malaria, measles or pneumonia.²⁰

Finally, **the number of overweight children is increasing**, with their prevalence rising from 4.9% in 2000 to 5.6% in 2019. Before the pandemic, more than 4 out of 10 children (45% i.e. 17.2 million) were concentrated in Asia, particularly Central Asia and Oceania and 1 out of 4 (24% i.e. 9.3 million) in Africa, especially in Northern and Southern Africa.

Promoting healthy, sustainable and accessible nutrition for all represents a historic challenge. **Today, only half of the world's children under 2 years of age receive the minimum number of guaranteed meals and in most regions, less than half of the children (40%)**

CHILD MALNUTRITION WORLDWIDE



meet the minimum standard for a balanced and diversified healthy diet, with huge differences between urban and rural areas and between richer and poorer families. For example, while in Latin America and the Caribbean 3 out of 5 children between 6 and 23 months old receive these minimum levels, the percentage drops to 1 in 5 children in Southern Asia.²¹

These trends mean that **we are far from reaching the World Health Assembly (WHA) nutrition targets for 2025**,²² including a 40% reduction in the number of children under 5 years of age who are stunted, but also from achieving the SDGs, in particular the SDG2 calling on States to end all forms of malnutrition by 2030. According to recent estimates, at this rate the WHA targets will only be achieved in 2035, and the elimination of all forms of malnutrition not earlier than in 2043.²³

A healthy diet is far more expensive than USD 1.90 per day that represents the international poverty line. **A healthy diet costs about 5 times more than a high starch diet and it is estimated that it is not affordable for about 3 billion people in the world**, with peaks of 57% in Sub-Saharan Africa and Southern Asia, but with alarming data also in Europe and Northern America.²⁴

A transformation of diets and agri-food systems towards greater sustainability is also needed, with the aim of fighting hunger, but also of breaking down the so-called “hidden costs” of non-sustainable food systems. This principle has been strongly reaffirmed in the recent *Farm to Fork* strategy of the European Commission which sets ambitious targets to promote healthy diets and counter the economic, health and environmental costs of the current agri-food system.²⁵

As stated in the already mentioned *State of Food Security and Nutrition in the World*, **the current food system is no longer sustainable and it also entails devastating impacts on health** (USD 1,300 billion per year until 2030) **and social costs related to green house gas emissions** (USD 1,700 billion until 2030). At the same time, malnutrition generates considerable costs for national budgets, impacting on the national Gross Domestic Product (GDP) with a figure ranging, for African countries, between 3% and 16% annually.²⁶

1.2 REDUCING POVERTY, CONFLICT AND CLIMATE CRISES TO LEAVE NO ONE BEHIND

Poverty continues to be one of the main accelerators of inequality and malnutrition.

Average stunting rates are estimated to be more than twice as high among children living in the poorest households (43.6%) compared to those in the richest (18.6%).

Stunting is also higher among children with less educated (39.2%) versus more educated mothers (24%) and among children living in rural areas (35.6%) compared to those living in urban areas (25.6%).²⁷

However, chronic malnutrition, once mainly being prevalent in rural areas, is now increasing in urban areas where 1 in 3 stunted children live.²⁸ In many countries the levels of chronic malnutrition are higher indeed in the great degraded city suburbs than in rural areas.²⁹

Furthermore, an estimated 75 million stunted children (nearly half of the total) live in 55 countries in food-crisis. These children have limited access to sufficient dietary energy, nutritionally diverse diets, clean drinking water, adequate sanitation and health care, with dire consequences for their physical and cognitive development.

According to the World Food Programme (WFP), at least 340 million children under 5 years of age – almost 1 in 2 – suffer from “hidden hunger”,³⁰ a nutrient deficiency that is often diagnosed too late³¹ with particularly serious situations in countries such as Pakistan, Ethiopia, the Democratic Republic of Congo, Sudan, Uganda, Afghanistan and Yemen. These countries are home to 40% of wasted children at global level (20 million). Moreover, in the 10 countries affected by the worst food crises, less than 1 in 5 newborn babies receive the minimum levels of nutrition,³² with even more dramatic figures recorded in Niger and Chad (less than 1 out of 10).³³

Sub-Saharan Africa is the region most at risk because of the extreme poverty, with 7 out of 10 people living in poverty on the continent (around 439 million)

and less than a fifth of Africans have access to forms of social protection, including those for mothers and children.³⁴

In this difficult context, COVID-19 risks reversing the slow progress that has been made so far in the fight against poverty in Africa as well as bringing a number of countries back to levels observed more than twenty years ago. Among these, countries particularly fragile and vulnerable to climate change such as Nigeria and the Democratic Republic of Congo.³⁵

Many of these countries are affected by overlapping climate crises, conflicts and poverty as well as contingent crisis such as floods or droughts and epidemics that can have devastating consequences for nutrition. For example, natural disasters, as it is the recent locust invasion in Sub-Saharan Africa,³⁶ severely affect food systems, undermining agricultural productivity and depriving entire communities of the necessary livelihoods, or epidemics such as cholera and measles - which hit Angola, the Democratic Republic of Congo, Mozambique, Tanzania, Zambia, Madagascar and Zimbabwe last year. All of these expose the most fragile groups such as children to enormous risks.

Finally, **wars and conflicts put children at risk of severe forms of malnutrition.**

There are approximately 415 million children - i.e. 1 in 6 children in the world - living in fragile countries or affected by conflict and civil war.³⁷

Hunger and conflicts are interrelated and this is particularly evident in Syria and Yemen, where food has become a real weapon of war against local populations, a practice that has been harshly condemned by a UN Security Council resolution.³⁸ In Yemen, due to a conflict that lasts since 2015, more than 22 million people need humanitarian assistance, more than 10 million children do not have enough food,³⁹ more than 8 million children cannot access basic medical care, while 11.3 million are in need of protection.⁴⁰ The main causes of food insecurity in Yemen are connected to the economic situation, the violence caused by the ongoing conflict and the COVID-19 epidemic, which is hampering health and nutritional services, but also by the locust invasion and the increase in outbreaks of other diseases such as dengue.

In this context, according to WFP, the total number of people affected by conflict-driven food crises in 2019 reached 77 million in 22 countries in the Middle East, Asia and Eastern Africa, representing a further threat to the lives of children in those countries.⁴¹

On the other hand, food insecurity can become a trigger of violence and instability, particularly in those contexts characterised by deep inequalities and fragile institutions, for example because of rising food prices.⁴²



AHMED'S STORY, YEMEN

Ahmed, 22 years old, has two children, Hanan, aged one, and a son aged three months.

Due to the conflict he cannot find work and struggles to afford even daily basics for his family. They live in a one-room house, made of rocks, wood and pieces of worn clothes in a middle of an almost-abandoned mountain. They don't have a kitchen or toilet.

The road to their house is bumpy and hard-to-reach, at least one-hour walk from the nearest market or health facility. They have no water source and buying water is very expensive.

Even food is not enough. His children only have bread to eat throughout the day. "We have nothing" Ahmed says.

"We have no food, no water, no money. I cannot afford health care and the worst thing is that I cannot do anything for this. We call on all to stop the war because it destroyed our lives. Prior to the war, we had jobs, there was source of income, but now we are desperate".

In October 2019, Hanan became malnourished. When Ahmed brought her on the long walk to the health centre supported by Save the Children, she weighed just 6.2 kg. Given her conditions, she was provided with immediate treatment and followed up by health workers with a regular supply of nutritious food for the following months. Thanks to these treatments, her weight had gone up to 8.5 kg in March.

"Every day I thank God for saving my daughter, I don't know what I would have done if she died".

A recent study has pointed out that a 5-percentage-point drop in GDP increases by over 12% the likelihood of a civil conflict.⁴³ This is particularly dramatic in Sub-Saharan African countries, considering that economic growth projections are negative for most regions of the world due to the COVID-19 pandemic.⁴⁴ Therefore, in order to break the hunger connected to wars, not only stronger and more effective mechanisms of prevention and resolution are needed, but also assistance to distribute food aid in the most affected or at risk regions.⁴⁵ In this context, humanitarian organisations have reported increasing difficulties in receiving adequate funding to deal with the different crises, having reached only one-fifth of the approximately €40 billion requested at the end of June 2020.⁴⁶

1.3 ADOLESCENT GIRLS' NUTRITION

Women and girls account for 60% of the world's hungry people, making them particularly vulnerable in emergencies.⁴⁷

Approximately 16 million adolescent girls give birth each year in developing regions, accounting for more than 10% of all pregnancies worldwide.⁴⁸ Many suffer from various forms of malnutrition which represents a risk to their health and exposes their children to serious delays in their psycho-physical development.

Adolescent mothers are at greater risk of running into diseases such as eclampsia or endometritis after childbirth,⁴⁹ while complications during pregnancy and childbirth are still the leading cause of death for girls between 15 and 19 years of age globally.⁵⁰

Malnourished mothers finally generate a vicious and intergenerational cycle of malnutrition that impact on their children. In fact, according to some studies, children born to a stunted adolescent mother are 15% more likely to suffer from chronic malnutrition.⁵¹

Most of this intergenerational effect is linked to a mother being chronically malnourished before and during pregnancy, and it is worsened by the age at which she gives birth.

A mother undernourished during pregnancy or breastfeeding exponentially increases the risk of malnutrition and infant mortality: she will not be able to provide enough micronutrients for her baby.

In 2018 more than 4 out of 10 babies under 5 months of age worldwide were exclusively breastfed,⁵² an increase compared to the previous year, even if still below the target set at world level for 2025 (50%). The human costs of not breastfeeding are enormous.

Some calculation tools, such as the *Cost of not breastfeeding tool*, estimate that **breastfeeding could prevent the deaths of 600,000 children and 100,000 mothers in the world**, reducing the cost to national health services by about USD 1 billion a day.⁵³ Natural breastfeeding could also help prevent a range of diseases such as diarrhoea and pneumonia that continue to claim hundreds of thousands of victims each year.⁵⁴ Breastfeeding women are particularly vulnerable to micronutrients deficiencies (e.g. iron, vitamin A and zinc), as they are more in need of vitamins and minerals and risk transmitting these deficiencies to their babies.⁵⁵

Supporting the nutrition of both mothers and adolescents is therefore very important to end the intergenerational cycle of malnutrition.⁵⁶ **Improving nutrition status of the adolescents needs multi-sectoral interventions addressing the different drivers of hunger** such as poverty, access to monetary income, access to health services, education as well as the elimination of those social, economic and political barriers that affect girls' nutrition, exposing them to malnutrition and numerous forms of exploitation.⁵⁷

The so-called "1,000 days" from conception to early childhood remain crucial for the child's physical and cognitive development along with the prevention of chronic malnutrition, which causes irreversible consequences from a psycho-physical, educational and economic point of view. However, it is important to emphasise that **adolescence might offer a window of opportunity to catch-up growth**; it is a phase in which important anatomical and physiological changes take place, impacting significantly on the development of healthy adults. It therefore requires greater attention in terms of policies and interventions, starting with those to ensure good nutrition.





CHAPTER 2

2. COVID-19 IMPACT ON CHILD NUTRITION

As highlighted in the previous chapter, the COVID-19 pandemic declared by the World Health Organization in March 2020 is grafted into a situation already characterised by poverty and malnutrition, thus generating dramatic impacts on children's lives.

The vast majority of children worldwide – around 2.3 billion – live in one of the 186 countries that have adopted restrictive measures to prevent the spread of COVID-19.⁵⁸ Nevertheless, for many weeks public attention has focused almost exclusively on the health impacts of COVID-19, leaving aside the economic and social costs that the restrictive measures have had, and will have, on the most vulnerable groups of the population such as children. This is especially true in the fragile countries of the Global South, where the mix of conflicts, climate change disasters and dramatic levels of food insecurity can have enormous consequences. **The COVID-19 pandemic threatens to jeopardize gains in extreme poverty reduction made over the past decades whose figures fell from around 1.9 billion people in 1990 to 650 million in 2018.**⁵⁹

Although it is still difficult to define the overall impacts of the pandemic, experience gained from previous epidemics, such as Ebola, suggests that these phenomena have profound humanitarian effects on some of the most vulnerable groups namely women, children, refugees, migrants and displaced people with disabilities. **Assessments based on some recent studies indicate that the COVID-19 pandemic may add between 83 to 132 million people to the total number of undernourished worldwide in 2020 as a consequence of the increasing poverty due to the economic recession triggered by the emergency.**⁶⁰

In addition to the effects of the disruption of basic health services, **COVID-19 is driving millions of people into acute hunger or malnutrition as consequence of other factors. Among these: the loss of income** due to unemployment, rising food prices etc.; **the restrictions on food production and supply; the weakening of social safety nets and the suspension of school feeding programmes** as well as the **increasing political instability and conflicts** over the management of natural resources such as water.⁶¹

For example, according to a Save the Children survey conducted in 37 countries, 9 out of 10 households reported that they have lost over half of their income during the pandemic and will have difficulty in accessing health services.⁶² Moreover, 8 out of 10 families reported having trouble paying for food. Refugees and displaced children are particularly exposed to the economic impacts of the pandemic, and therefore an increase in the negative coping strategies such as child labour in these communities is expected.⁶³

As a result, in this context, COVID-19 is having a dramatic impact on children because of both the weakness of the health systems and of the socio-economic measures taken to prevent its spread⁶⁴ and its implications in terms of increasing child poverty.

2.1 COVID-19 IMPACT ON HEALTH

The pandemic risks causing unsustainable health costs for the most fragile countries that lack adequate facilities and are often forced to disrupt basic health services with extremely heavy consequences for children – especially the most vulnerable – who are thus deprived of essential and life-saving services.

Although children represent a small percentage of COVID-19 deaths, it is estimated that the reduction of essential and routine health services, such as nutrition services, may lead to an increase in infant mortality of up to 45%.⁶⁵

For example, access to maternal nutrition services has been affected by social distancing measures taken because of the pandemic and this could reduce the number of breastfed children.

UNICEF estimated that on average essential nutrition services have been reduced by a third, reaching peaks of 75% or even 100% in some fragile contexts or humanitarian crises that have adopted restrictive measures.⁶⁶

In addition, a survey conducted by Save the Children in 52 countries revealed that **less than 4 out of 10 countries have allocated additional resources to keep essential health services operational during the emergency and that 30% of these are low-income countries. It is therefore not by chance that more than half (59%) of the countries reported a partial or total interruption of the services to combat malnutrition.**⁶⁷



SANA'S STORY, INDIA

Sana is 3 years old and lives with her family in Shivaji Nagar, a neighborhood in one of the biggest slums in Mumbai.

Sana was identified as a case of moderate acute malnutrition (MAM) by Save the Children staff through the growth monitoring activity they implement in the communities.

Before the lockdown, Sana's father worked as a tailor, but now the family is facing severe financial crisis. To support the family, Sana's brothers have stopped their education and they now help their father in whatever way they can.

Unfortunately, Sana's health has suffered amidst the pandemic.

One night, Sana woke up with a severe stomach pain; her parents took her to a doctor who informed them that Sana had a stone

in her kidney. They were scared, so they contacted the project staff and informed about her health and therefore received the information about the check-ups needed and the financial support for medical tests, traveling expenses and medicines as well as emotional support to the family.

Like Sana and her family, many families in Shivaji Nagar have suffered due to COVID-19 and the lockdown.

Such families were given support from Save the Children Project, in terms of ration, hygiene material, health care and psychosocial support.

Sana's mother said:

"Since the COVID-19 outbreak our condition worsened. We did not know where to get our next meal. I was glad when we got food support from Save the Children, but I hope this virus ends soon"



This is all the more serious if we consider that **in the world only a quarter of children under the age of 5 who suffer from malnutrition (4.4 million) have access to health care services, many of which have been interrupted to combat the health emergency.**⁶⁸

This situation particularly affects the most vulnerable children like orphans, displaced minors, victims of exploitation or those recruited by armed groups in war-torn countries.

In Yemen, the COVID-19 pandemic has exacerbated an already dramatic situation in terms of child malnutrition. A survey conducted by Save the Children in the country revealed that **the number of children receiving essential care for severe malnutrition has dropped by 74% since March this year**, and an estimated 27,500 risk to miss-out on vital, life-saving treatment every month.⁶⁹ These children are not only more exposed to health risks, but also find it more difficult to access alternative education and health care systems.⁷⁰

In this case, it is also worth remembering that malnourished children are more likely to be exposed to the spread of infectious diseases, including COVID-19.

The risk, therefore, is that the collapse of local health systems may lead to an increase in diseases such as HIV,⁷¹ tuberculosis⁷² or malaria⁷³. A Global Fund survey⁷⁴ of 106 countries showed that in about 3 out of 4 countries, prevention programmes against these illnesses have been slowed down or cancelled to meet the immediate needs due to the pandemic. A research study shows that some 13.5 million children have already skipped vaccination campaigns and this is likely to have dramatic consequences in terms of neonatal and infant mortality.⁷⁵

Looking ahead, some 80 million children risk not receiving routine vaccinations because of the pandemic⁷⁶ and **Johns Hopkins University estimated that a 15% breakdown of routine health services for 6 months could result in 253,000 additional child deaths and 12,200 additional maternal deaths, in 118 countries surveyed.**⁷⁷

Finally, a UNICEF report warns that measles vaccination campaigns have been suspended in at least 23 countries, exposing more than 78 million children to the risk of premature death.⁷⁸

It is therefore crucial to draw on the lessons of the past and to avoid that the interruption of essential and routine health services can cause even more damage than the epidemic itself.

2.2 COVID-19 SOCIO-ECONOMIC IMPACT ON NUTRITION

The spread of COVID-19 on a global scale exposes children to profound socio-economic consequences. The pandemic threatens to further aggravate the conditions of those (about 135 million people)⁷⁹ who are already affected by food crises, with long-term implications for their health. Loss of income and the increase of food prices expose both families and their children to a lack of healthy food. According to a recent study, almost two thirds of households living in urban areas (62%) have difficulty in accessing meat, dairy products, fruit, vegetables and cereals. In most cases (52%), this has been linked to an unbearable increase in prices.⁸⁰

Children are therefore in serious danger. Even before the pandemic hit, the poorest children (about 586 million)⁸¹ represented half of the monetary poor population worldwide and 1 in 3 children in low-income countries lived in poor households.⁸²

As evidenced by the *tracker* developed by Save the Children to monitor the socio-economic impact of the pandemic on children,⁸³ **the number of children living in poor households could grow by as many as 117 million in 2020 alone**, with a dramatic increase in Southern Asian and Sub-Saharan African countries.⁸⁴ In addition, it is estimated that every percentage point of GDP lost worldwide is likely to result in an increase of 700,000 children at risk of chronic malnutrition.⁸⁵

The rising number of families living in poverty could therefore cause the death of hundreds of thousands of children, reversing the positive trend of child mortality reduction that has lasted for decades.⁸⁶ In fact, the *tracker* shows how travel restrictions adopted to reduce the spread of the virus, the consequent closure of markets, the reduction of the labour force in the countryside and the increase in raw material prices risk causing **a 3-7% reduction in agricultural productivity in Africa.⁸⁷** The reduced availability of food, especially for those living on subsistence farming, could therefore lead to the premature death of hundreds of thousands of children, with 12,000 people per day dying from hunger by the end of 2020.⁸⁸ These figures are even more alarming for countries in Sub-Saharan Africa, where an estimated 67,000 children are at risk of dying from extreme hunger by the end of the year. In other words, **if urgent action is not taken, some 426 children are at risk of dying every day until the end of the year** and it is expected that approximately 433 million people across Africa will suffer from malnutrition by 2030.⁸⁹

The pandemic also dealt a severe blow to national education systems, with 188 countries deciding to close schools, with important consequences for the learning curve of children and young people and the development of the human capital of their communities. Even before the outbreak of the pandemic, 258 million children and adolescents (i.e. one sixth of the entire school-age population) had no access to education.⁹⁰ **In the most acute COVID-19 phase, when schools were closed, 1.6 billion children and adolescents globally were left out of school, about 90% of the entire student population.** In this scenario, the deep budget cuts in education and increasing poverty caused by the COVID-19 pandemic could force about 10 million children – particularly marginalised girls and boys –⁹¹ to leave school forever by the end of this year, and millions of children will also be severely delayed in learning.⁹²

One of the consequences of the schools closure was the exclusion of about 368.5 million children worldwide from the possibility of receiving a balanced and complete meal at school.⁹³ In Eastern and Sub-Saharan Africa 3.5 million children can no longer receive a meal at school; particularly serious situations affect countries like Mozambique, where nearly 235,000 children no longer have access to school nutrition programmes and will need food assistance in the coming months.⁹⁴ It is estimated that the closure of schools in Nigeria

has had the effect of reducing the daily caloric intake for about 7 million students.⁹⁵

The impact on education has been devastating. The risk is that for many children the possibility of returning to school will become secondary to the need of ensuring their own or their family's survival. This is the case in several countries that have been facing humanitarian crises for decades such as Mozambique, the Democratic Republic of Congo, South Sudan, Mali and Nigeria.⁹⁶

The disruption of school feeding therefore puts at risk those children for whom this represents the only chance to receive a full meal every day. This is even more serious if – as shown by our survey of 37 countries – more than 8 out of 10 households have difficulties in purchasing food for their children.⁹⁷

In this context, approximately 72 countries have developed alternative solutions to distribute school meals, for example through home delivery (in 50 countries), distribution of economic aid (in 11 countries) or a combination of both (in 11 countries). However, these measures cannot compensate for the number of children benefiting from school meals, especially given the lack of data on alternative school catering measures in 134 countries.⁹⁸

It is therefore necessary to act quickly in order to avoid that the “costs of inaction” far exceed those needed to deal with the crisis in the short term.⁹⁹

It is estimated that the pandemic could directly cause the deaths of about 1.7 million people among the most vulnerable populations. It could also generate about USD 16 billion of health costs, while a prolonged closure of schools would generate up to USD 10 trillion of losses, without considering the impact in terms of employment (at risk up to 80% of the 2 billion workers employed in informal sectors of the economy).¹⁰⁰ In other words, the virus threatens many of the efforts made in recent years in the fight against poverty.



2.3 COVID-19 IMPACT ON GIRLS

As previously pointed out, the struggle for a world without hunger must necessarily aim to eliminate the root causes that expose girls and adolescents to various forms of malnutrition, discrimination, exploitation and violence. The latter risk being further exacerbated by the pandemic, for example through an increase in early pregnancies and child marriages, labour exploitation and lack of access to quality education.

As women and girls account for 70% of the health workforce and take care of sick family members,¹⁰¹ they are at high infection risk and they also are likely to become victims of the above-mentioned negative coping strategies.

In Western and Central Africa, more than 4 women out of 10 (42%) get married before the age of 18 and less than 4 girls out of 10 (36%) complete secondary school, also due to particularly discriminatory social norms and traditions.¹⁰² In these contexts, girls, adolescents and mothers are at much greater risk of suffering the effects of the pandemic.¹⁰³

They are exposed to a number of structural vulnerabilities, such as weaker social protection systems that are unable to protect them from economic crises.

In the current context, **with a 6-month disruption of major services and continuation of the restrictive measures, an additional 7 million unintended pregnancies and up to 31 million new gender-based violence cases against women and girls are expected to occur.**

In addition, the pandemic could have a major impact on programmes to combat female genital mutilation that already affects more than 200 million women today: the disruption or delayed start of prevention programmes could generate 2 million more cases in the next decade.¹⁰⁴

Furthermore, the economic recession caused by the COVID-19 exposes girls to greater risks,¹⁰⁵ also because young women workers are mainly employed in informal and high-risk sectors and therefore find it harder to re-enter the labour market.¹⁰⁶

It is therefore likely that their recovery is slower compared to that of men. Many of these women do not have access to welfare or social security systems and this lack of protection can have dramatic impacts on their health and that of their children.¹⁰⁷

Although many countries have launched social protection initiatives and programmes, only a limited number of these are gender-sensitive and therefore risk widening existing gaps. Some studies therefore show the importance of reversing the trend, for example by expanding women's access to health insurance programmes, as well as financial support, unemployment benefits for those working in the informal economy or food assistance in the event of mobility restrictions, lack of access to markets or rising food prices.

In other words, gender-sensitive policies specifically targeting women are needed to prevent restrictive measures such as lockdown from exacerbating pre-existing disparities.¹⁰⁸

Girls are therefore particularly exposed to a series of profound inequalities and fragilities that have been accentuated by the recent health crisis.¹⁰⁹ These trends could also be accelerated by the economic crisis.

The United Nations Population Fund estimates that **the pandemic could cause 13 million child marriages between 2020 and 2030.**¹¹⁰

Investing in women's empowerment programmes, especially in agriculture, is essential to reduce the risks of exploitation and discrimination.

In fact, as per some estimations, **every USD invested in support of women farmers turns into approximately USD 31 of benefits for women, their families and their communities.**¹¹¹



As well as being poorly protected in the workplace, girls also have to deal with a number of tasks – home and family care, child nutrition, water collection – which often prevents them from accessing education and adequate levels of nutrition. In this context, the pandemic exposes them to greater risks of early school leaving by increasing their chances of being involved in various forms of exploitation. In addition, **COVID-19 has exacerbated gender inequalities as regards education, since girls and adolescents have less access to digital technologies**¹¹² and consequently have more difficulty in using systems like distance learning. In this sense, the experiences with previous epidemics such as Ebola in Western Africa show how the pandemic has literally devastated national education systems, mainly affecting girls, forced to resort to alternative survival strategies such as early school leaving to enter the labour market or, even worse, child marriages.¹¹³

2.4. CLIMATE, PANDEMIC AND THE COST TO CHILDREN

In many regions of the world, the pandemic contributes to worsen children's health and nutrition status already severely affected by the impacts of the climate crisis.

In 2019 alone, floods, droughts and cyclones left at least 33 million children in acute food insecurity in Eastern and Southern Africa,¹¹⁴ while the WHO estimates that the climate is likely to expose 7.5 million children to malnutrition every year.¹¹⁵

Worldwide, 160 million children are growing up in drought-prone areas, while another half a billion are concentrated in areas at high risk of flooding and storms.¹¹⁶

This exposes families not only to high risks for their safety, but also to those linked to socio-economic, biological and geographical-environmental factors.¹¹⁷

The paradox is that while the poorest half of the world's population is responsible for only 10% of CO2 emissions and thus air pollution, 1 in 10 of the world's richest people alone emit 50%. Climate change poses a problem of social and intergenerational justice and condemn children and adolescents to pay the bill for what threatens to become the most serious crisis in the history of mankind.

The coexistence of climate crisis, pandemic and malnutrition is then extremely dramatic in the poorest suburbs of the great urban metropolis of the South of the world, where it is often impossible to carry out physical and social distancing measures. Slums are home to a very large number of people in poverty who do not have access to healthy, nutritious food and essential sanitation and who are exposed to the dramatic effects of climate change.¹¹⁸ In Bangladesh, for example, almost a third of the population lives on the coast, in overcrowded settlements and is at risk due to rising sea levels. Some projections estimate that by 2050 an increase of only 50 centimetres in sea level might cause a loss of 11% of the country's surface area, thus affecting 15 million people.¹¹⁹





THE HORN OF AFRICA AND THE CASE OF SOMALIA

The Horn of Africa and Eastern Africa are perhaps among the regions where the interconnection between environmental disasters and malnutrition is most evident. Today, many countries in these regions are facing two huge challenges.

On the one hand, they must respond to the worst locust invasion in decades; on the other, they must take a series of countermeasures to mitigate the direct and indirect effects of the COVID-19 health crisis. In both cases, these are challenges with no borders, which cannot be ignored and that seriously threaten the local population.

The Horn of Africa is one of the regions with the highest levels of food insecurity in the world: 4 out of 10 people are malnourished and in some countries like Somalia this problem affects up to 70% of the population. Even under “normal” conditions, the countries of the Horn of Africa do not have adequate food to meet their dietary needs. Disasters associated with climate change therefore expose these populations to extremely precarious situations, which may be further worsened by the spread of the virus.

The pandemic has in fact made it even more complicated to handle the locust invasion, which particularly proliferated - due to a recurrence of extremely arid periods alternating with periods of heavy torrential rain - and are continuing to proliferate due to favourable weather conditions.

In some countries such as Kenya or Somalia, government authorities did not have enough insecticides and chemical agents to counter the insect invasion, while border closures and trade restrictions slowed down the distribution of international aid.

In **Somalia**, the first wave of locusts damaged more than half of the crops, while in Ethiopia an estimated 200,000 hectares of arable land were hit hard, leaving about 1 million people in need of food assistance. Before the pandemic occurred, more than 26 million children throughout Eastern and Southern Africa were stunted and 2.6 million children suffered from severe acute malnutrition, the most deadly form of undernutrition.¹²⁰

Besides, in Ethiopia, Kenya and Somalia, there are at least 5.2 million children under 5 years of age suffering from acute malnutrition, of whom about 1.3 million are affected by even more severe forms of malnutrition and risk dying.¹²¹

The rapid spread of COVID-19 in Somalia has increased pressure on the country's already weak health system.

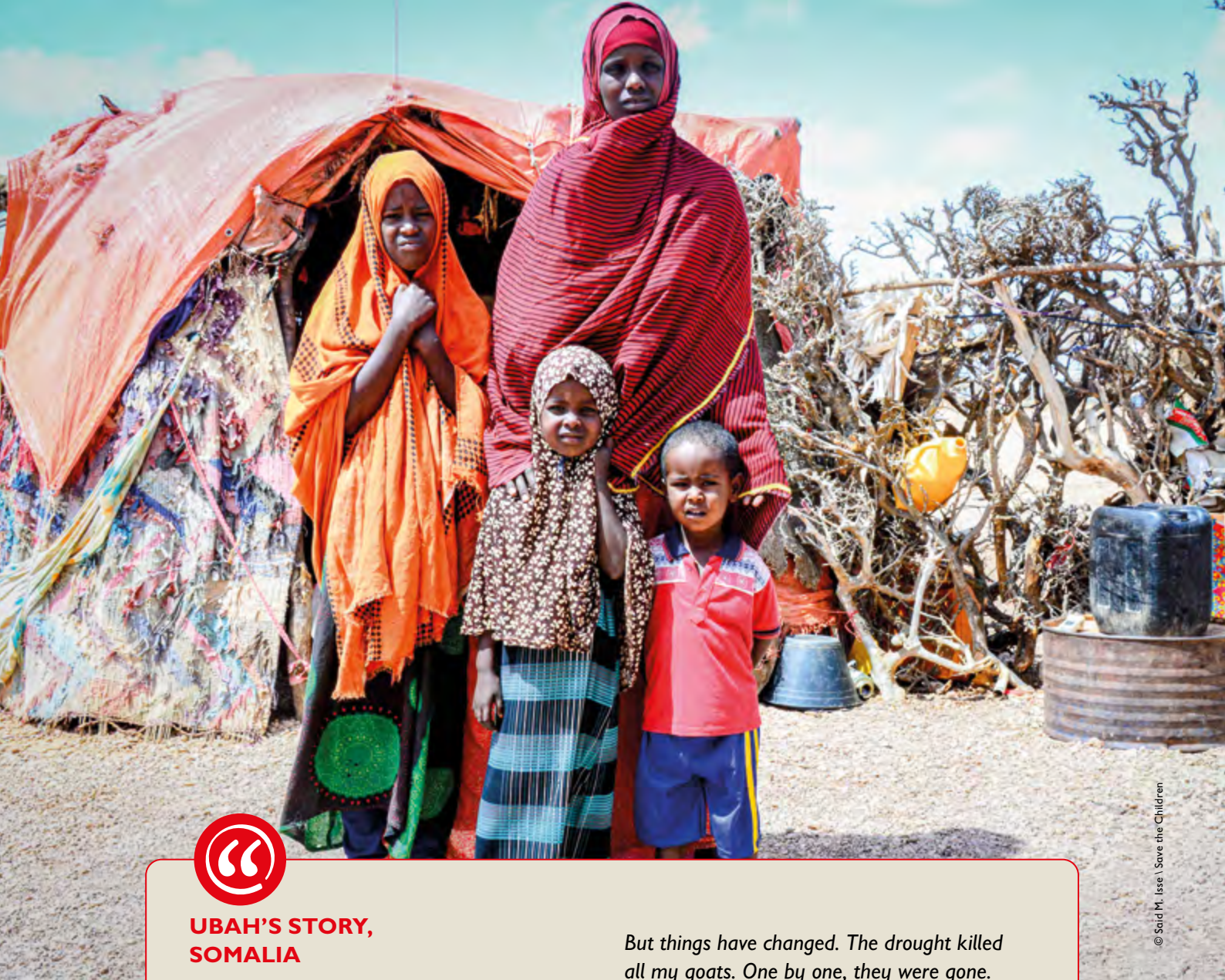
Women and children are at risk of paying the highest price for the spread of COVID-19, because of the coexistence of a number of factors such as pressure on the health care system, the interruption of vaccinations or malnutrition, combined with the socio-economic consequences of the pandemic.

Somalia is the country with one of the worst health indicators in the world and the highest under-five mortality rates globally (122 children per 1,000 live births).

The population is facing a chronic nutritional crisis, with rising rates of malnutrition due to multiple causes such as food insecurity, low immunisation, vitamin A deficiency and poor quality treatments.

In fact, 1 child out of 7 in Somalia is seriously malnourished.

The situation is worse in the Southern regions where 1 child out of 4 is malnourished.



UBAH'S STORY, SOMALIA

Ubah, 33 years old, is among those people who have been severely affected by the drought that in 2017 left many pastoralist families on the verge of starvation in Somalia and most of the Horn of Africa Region.

She lost all her livestock and since then Ubah, together with her six children, has been living in a settlement for the Internally Displaced People (IDP) in Puntland.

Before COVID-19 started to spread in Somalia, Ubah used to go to the local market to find informal jobs like washing clothes, or cleaning houses. However, movement restrictions that came with the pandemic left Ubah jobless.

“Before the drought we had about 80 goats. I used to milk them every day and sell the milk at the local market. I could earn enough to buy food and cover the other household expenses.

But things have changed. The drought killed all my goats. One by one, they were gone. One day, I decided to come here to save my children and get support.

Since then, life has been tough for me and my family but I worked hard and survived.

Prior to receiving this support, we were eating once a day and that was in the morning only. I have seen my children sleeping hungry.

As a mother the worst feeling is when you fail to feed your children. It can be really painful”.

Save the Children provided cash support to Ubah and her family to ensure that they are able to purchase food and survive the harsh conditions.

“Without Save the Children intervention I would not have been able to feed my children. This program has really allowed us to get back on our feet and it has helped my family significantly”.

2.5 COVID-19 IMPACT ON SDGS

In this scenario, the COVID-19 pandemic risks compromising the achievement of the SDGs. Many envisage the risk that the decade that has just begun may turn into a “lost decade”, where the timid improvements recorded in recent years are undermined by the direct and especially indirect consequences of the pandemic.

Before this global crisis, it was estimated that the investment needed to reach the SDGs amounted to around USD 750 billion and that an investment of USD 400 billion per year was needed to meet the financial needs of the least developed countries.¹²²

The pandemic has obviously upset the projections and risks producing an unprecedented crisis. **It has recently been estimated that at least an additional USD 10 billion – half of which should be covered by international donors – is needed only to mitigate the effects of the food crisis caused by COVID-19 and prevent millions of people from slipping into malnutrition.**¹²³

This is even more serious if we consider that, as highlighted during the last UN *High Level Political Forum*, most of **the Northern and Southern countries of the world are already far from achieving the SDGs.**¹²⁴

A strong, coordinated and immediate action is needed during and beyond the health emergency to counter the increase of inequalities, eradicate poverty and reduce the environmental impacts of our food systems.

Indeed, the UN estimates that the number of people living in poverty could increase by 580 million,¹²⁵ while Secretary General Guterres’ report¹²⁶ warns against the impact that the pandemic could have on many SDGs such as the fight against poverty (SDG1) and hunger (SDG2), health promotion (SDG3), education (SDG4), and the fight against gender inequality (SDG5).

These dramatic projections risk causing the greatest impact to the most vulnerable groups of the population, such as women, displaced persons and children, and therefore require rapid and effective intervention by all international community actors.¹²⁷

Funding should be allocated to social protection programmes with the aim of providing food and economic assistance to all those at risk of hunger.¹²⁸ Social protection systems are essential to help the most marginalised groups not only when crises strike, but also to increase resilience towards future crises. In this respect, several studies show that direct cash transfers¹²⁹ are significant in reducing child mortality, preventing chronic malnutrition, promoting access to education and producing wider effects such as increased birth registration, vaccination coverage and economic support for women.¹³⁰

However, a Save the Children survey conducted in 37 countries shows that approximately 70% of those who suffered economic losses following the COVID-19 pandemic received no support from national governments.¹³¹

These should therefore urgently develop multi-annual plans to achieve a progressive expansion in the coverage of social protection schemes for children working towards Universal Child Benefit¹³² and financial commitments of at least 1% of their GDP over the medium to longer term.



THE CASE OF ITALY

In Italy we are witnessing an increase in food poverty, i.e. the inability of individuals to access safe, nutritious and sufficient food to ensure a healthy and active life in relation to their social context.

In 2018, 2.7 million people requested food aid, while 2.3 million received food parcels distributed by charities. In addition, in the same year, there were about 1 million 260 thousand (12.6%) children and adolescents living in absolute poverty in Italy, while 3.9% of children were unable to eat one protein meal a day.¹³³

About ten years after the 2008 crisis, a large number of children and adolescents have slipped into absolute poverty.¹³⁴

These children and young people under 15 grow up in families where meat, chicken, fish, fruit and vegetables are not regularly consumed and generally do not lead healthy lifestyles, with a nutritious and varied diet.

Under these circumstances, the spread of the virus and the restriction and containment measures have seriously affected families in Italy. According to a research¹³⁵ conducted between April and May this year, only 15% of the interviewed parents said that the crisis will not have an impact on their household economy, while almost half suffered a reduction in income. No surprise that, in about 4 out of 10 cases, aid to vulnerable families¹³⁶ has doubled since the start of the health crisis and more than 1 in 5 of the most socio-economic vulnerable families have complained of a worse nutritional level during isolation.¹³⁷ There is a risk that to the 1,137,000 children in absolute poverty in 2019, a further 1,000,000 children might add because of the crisis following the COVID-19 restrictions. This would not only cancel the improvements achieved in 2019¹³⁸ due to the introduction of citizenship income, but would



potentially raise the absolute poverty rate from 11.4% (down from 2018) to 20% in a short time.¹³⁹

The schools closure has particularly affected children from the most vulnerable families in terms of both nutrition and continuity of studies. In terms of nutrition, 41.3% of the most vulnerable families benefited from the school canteen service for their children before the lockdown and for nearly all of them (40.3%) this service was totally or almost totally free of payment. The closure of schools has therefore put at serious risk the nutrition of children living in the most deprived families in Italy. In addition, the COVID-19 has also highlighted the great disparities in accessing education in our country.

To cope with the impact of the crisis in Italy, it is therefore necessary to launch an extraordinary Plan for children and adolescents to strengthen the social and educational infrastructure in the area, focusing on the

resilience of local communities and bearing in mind the need for targeted measures for the most vulnerable children. Also, it is essential to set up a fund to fight against child food poverty, managed by the Ministry of Agriculture and Forestry and accessible to municipalities, in synergy with the school offices, aiming at increasing the capacity of school canteens to offer free or reduced cost meals to more and more children in difficulty.¹⁴⁰ Finally, it is vital that the reopening of schools and canteens reinforces children's right to a fair, healthy and sustainable canteen, which is an expression of the right to food and a means of addressing food poverty and early school leaving.

This is crucial in the light of some proposals made by the Civil Protection's Technical Scientific Committee (e.g. lunch boxes, single portions and simplification of meals) that may have relevant impacts on the environment, children's health and food education, food supply chain, as well as on the use and management of the service.¹⁴¹

CHAPTER 3



3. SAVE THE CHILDREN RESPONSE

Save the Children has launched the global initiative “Protect a Generation” which aims to prevent, mitigate and respond to the devastating impact of the pandemic, based on four priorities:¹⁴²

1. **Mitigate the impact of COVID-19 on children’s survival;**
2. **Help children to learn, stay safe and return to school;**
3. **Support family survival and food security through safety nets;**
4. **Protect children, families and communities.**

We have launched an appeal to raise USD 649 million to achieve these priorities and reach about 69 million children and adults in 87 countries around the world by the end of 2020.

Our intervention aims at responding to the needs of the most vulnerable and marginalised groups of the population and reducing gender inequalities, especially in remote and rural areas.

To this end, it is essential to produce reliable and up-to-date data through the development of increasingly advanced measurement systems, with the aim of ensuring consistent and aligned interventions between the various sectors of intervention (e.g. maternal and child nutrition, child protection, water sanitation and hygiene) that can guarantee a long-term impact on communities.¹⁴³

The pandemic has once again shown that the fight against hunger is not only a matter of adopting nutrition-specific programmes, but it is also to implement programmes that indirectly contribute to improving the level of nutrition of mothers and children (nutrition-sensitive interventions),¹⁴⁴ involving many other sectors such as education, hygiene, health and resilience to climate change.¹⁴⁵

Save the Children had already developed an integrated approach called **Resilient Economic Development gains (RED)**, with the aim of strengthening resilience¹⁴⁶ and food and economic security of the most vulnerable groups, especially rural communities living on subsistence farming, which are particularly vulnerable to climate shocks.

The approach is versatile and designed to adapt to the different context on the field. RED works on improving the three resilience related capacities and key assets in order to achieve better food security, nutrition and income for improved child well-being. Specifically: the capacity of social system *to absorb* and cope with shocks and stress; *to adapt* to multiple, long-term and future risks, and to learn and adjust after a disaster; and *to transform* to enhance present and future resilience through change, involving actors outside the community (e.g. local authorities and institutions).¹⁴⁷

In other words, the RED approach aims to strengthen the ability of families living in poverty to increase their income in a predictable and stable way to meet their priority needs and contribute to the overall well-being of children, breaking the vicious cycle of poverty and malnutrition.

The approach looks mainly at children under 5 years of age, but also at adolescent girls and mothers, through nutrition-sensitive interventions that promote sustainable dietary habits.

In addition, Save the Children promotes the “Cash Plus for Nutrition” common approach to ensure that the immediate financial support provided to families is accompanied by complementary programmes or messages to promote a healthy diet especially for mothers and children, so as to combat chronic or acute malnutrition in a more effective and integrated way.¹⁴⁸

Many countries are responding to the economic impact of the pandemic through various social protection programmes covering three main areas: social assistance (e.g. cash transfers,¹⁴⁹ food assistance); social shock absorbers (e.g. unemployment benefits, health insurance, support to pension systems); and labour policies (e.g. minimum wages, maternity leave). However, in poorer countries these measures have a weaker impact and require greater support from the international community.

Save the Children has intervened with the aim of dealing with the emergency and restoring routine activities in the shortest possible time through an integrated approach to nutrition (the Integrated Nutrition COVID-19 Response Framework).

This is based on **three main pillars: maintain essential health and nutrition services; support food security and availability and access to healthy and nutritious food; protect, promote and support Infant and Young Child Feeding programmes for children and their care givers.**

For example, in Sudan we are working to reach the most vulnerable groups such as displaced persons or refugees, offering financial aid while also continuing to distribute seeds, agricultural equipment and veterinary services to farmers.

In addition, Save the Children has supported more than 100 nutrition centres in the country to reduce malnutrition levels among children, pregnant women and breastfeeding mothers.¹⁵⁰

Globally, already in June 2020 we provided acute malnutrition treatments to 175,000 children, assisted 482,000 families to access drinking water and 236,000 families through cash or voucher distribution, and increased food distribution. Moreover, we are raising communities’s awareness on COVID-19 through several platforms, such as the radio, to reduce the risk of virus transmission.

Save the Children response has been adapted to different countries and context, although following common guidelines. One of these is the **dialogue with local institutions, aiming at identifying the presence of programmes and support plans for the most vulnerable groups of the population.** This has made it possible to compensate for the lack of adequate national or local structures, or to work alongside them in a coordinated manner with other donors and international organisations. In these initiatives, the ability to identify the groups that are or are not involved in these programmes even through the collection of updated data or by using existing databases, to discover the potential impact on the population, was fundamental. Finally, we have conducted detailed analyses of existing social protection systems with the aim of organising appropriate responses.

Multi-stakeholder dialogue with all actors in the field has been and will continue to be vital to ensure an effective and adaptable response to immediate and medium-long term needs caused by the pandemic and to mitigate the negative effects on children.¹⁵¹



MALAWI

Although in Malawi the spread of the virus seems to be proceeding at a slower pace than in other countries, the country's health system is weak and the population is exposed to recurring food crises as a result of climate change.

In Malawi, 23% of total infant mortality is associated with malnutrition; a child with severe acute malnutrition is up to 9 times more likely to die than a well-fed child. According to UNICEF, with the spread of COVID-19, there are 283,837 children between 0 and 5 years of age in need of nutritional support and over 2 million pregnant and breastfeeding women are malnourished. In addition, there is a risk that commodity food prices will start to rise, putting a strain on the supply capacity of low-income households (1.8 million), 60.5% of which include children aged 0-17 years. This impoverishment will mainly be borne by children.

The pandemic has a huge impact on school-age children, pregnant women and breastfeeding mothers. The closure of schools has precluded access to school nutrition programmes for millions of children and over 1.6 million children cannot have access to adequate nutrition due to the closure of many centres. All these factors could lead to a worsening nutritional situation and high mortality rates in a country already characterised by high levels of malnutrition among children under 5 years.¹⁵²

In Zomba district Save the Children supports rural communities in fighting food insecurity

and malnutrition through the *Resilient Economic Development (RED)* project. The intervention is designed to respond to the recurring climate crises that affect farmers' families, teenage girls and boys, and pregnant women, putting their nutrition and livelihoods at risk.

The purpose of RED is to create economic opportunities for families to have a secure income in order to invest in children's nutrition and well-being and strengthen their resilience to the effects of climate change, in the event of a food crisis, both through *safety nets* and also through the promotion of sustainable food systems. Save the Children also launched a COVID-19 pandemic response plan in support of the Malawi government, ensuring preparedness and prevention activities to support vulnerable children and communities in addressing the impact of the pandemic on different areas such as health, nutrition, education and protection. To this end, we have produced and disseminated child-friendly messages to strengthen child protection systems and respond to the emerging needs of children. We have ensured support to the health system to reinforce prevention, detection and management of COVID-19 cases and provided technical support at national and district level in schools both for prevention and for the launch of an alternative learning programme.

Lastly, we have distributed personal protective equipment (masks, hand sanitizer, plastic buckets, water purifying tablets and soaps) to 410 people with disabilities.

CHAPTER 4



4. CONCLUSIONS AND RECOMMENDATIONS

Poverty, climate change and conflict continue to slow down the fight against maternal and child malnutrition as well as the achievement of the Agenda 2030 goals.

This path is now further compromised by the COVID-19 pandemic, which still affects much of the Planet and exposes the most vulnerable groups of the world's population to a series of devastating health and socio-economic consequences. Although children account for a small percentage of COVID-19 deaths, it is estimated that a reduction of about half of the levels of essential and routine health services is likely to lead to an increase in child mortality of up to 45%.¹⁵³

Before the COVID-19 outbreak a still too high number of children, about 144 million under 5 years of age, suffered from chronic malnutrition and 47 million from acute malnutrition,¹⁵⁴ now the pandemic risks doubling the number of people affected by food crisis.¹⁵⁵ COVID-19 crisis has in fact grafted on to an already particularly critical situation from the point of view of food security, due to the coexistence of conflict, poverty and natural disasters. They are enormous challenges that will unlikely disappear in the short term and require an adequate planning based on the needs of the most vulnerable groups in the current scenario, and in particular: women, children, migrants, refugees and internally displaced persons, and persons with disabilities.

Food crises require not only immediate responses, but also long-term programmes that address both people and children health and the root causes of malnutrition. In order to tackle this complex problem rooted in multiple and often interrelated causes, it is therefore essential to adopt multi-sectoral approaches and strengthen the resilience of the families and food systems on which they depend to enhance their capacity to respond to the increasingly frequent climate crises.

The decisions that governments are adopting in their COVID-19 response and recovery plans will have crucial consequences for the present and future of mothers and children, as revealed by the likely increase in maternal and child mortality.

It is therefore imperative to design policies that not only respond to the immediate needs generated by the pandemic, but also look at the long term and at the future generations, in order to increase communities' resilience in the event of future crises and to build back better sustainable and inclusive societies for all children.¹⁵⁶

Finally, it is essential that the pandemic response and recovery plans implemented around the world are firmly anchored in the principles of the Agenda 2030. They should contribute resolutely to the achievement of all the 17 Goals, giving priority to the most marginalized population groups and thus preventing the COVID-19 pandemic from undermining the efforts made so far or even cause a setback with regard to the results achieved.

To this end, suspension and cancellation of debt repayment for the poorest countries is an urgent priority. Governments of these countries face an insidious choice: repaying creditors or investing

in frontline health services, social safety nets and economic recovery measures needed to mitigate the pandemic, fight poverty and restore inclusive growth. If debt takes precedence over people, children will be hit first and harder: acting on debt is not only a financial necessity, but also an action in defence of children's rights and a measure of international commitment to the UN Convention on the Rights of the Child.

Save the Children's recommendations to the Governments and the international community:

- **Take urgent action to achieve SDGs** by promoting specific and multi-sectoral policies and interventions focused on nutrition and food security with a strong focus on the most vulnerable groups - particularly children - by encouraging and promoting effective partnerships between public, public-private and civil society actors to achieve the sustainable development (SDG 17).
- **Prioritise efforts and resources to maintain continuity and strengthen essential services** such as maternal, newborn and child health, sexual and reproductive health, immunisation and nutrition during and after the COVID-19 crisis. Services must be of a good quality, accessible as part of primary health care, free at the point of use and primarily reaching the most deprived and marginalised children.
- **Increase domestic public investment in strong and resilient health and nutrition systems**, promoting Universal Health Coverage also by removing financial and non-financial barriers to accessing services, and ensuring that communities have access to clean water, sanitation and other basic services as part of an appropriate COVID-19 emergency response plan. In addition to this, it is essential to support community health workers: they not only play a crucial role in preventing, detecting and responding to the pandemic, but also provide a wide range of health and non-health services that are essential for the safety and nutrition of the weakest population groups.
- **Ensure that safe and nutritious food is affordable and accessible for all** by financing and scaling up social protection schemes, alongside measures to address livelihoods and food system challenges with particular attention to those children whose nutrition depends on access to school meals. Tackling food crises and hunger by integrating nutrition objectives should be a pillar of any COVID-19 response plan.
- **Provide guidance on appropriate and timely support for pregnant women, infant and young child feeding** in line with WHO recommendations and promote breastfeeding. In addition, ensure adequate nutrition and reproductive health for adolescent girls.
- **Investing in inclusive and gender-sensitive social protection programmes** involving the most vulnerable groups. Governments should urgently develop multi-year plans to achieve a progressive expansion in the coverage of social protection schemes for children working toward *Universal Child Benefit*¹⁵⁷ and financial commitments of at least 1% of their GDP over the medium to longer term. These programmes should build and strengthen the resilience of families in order to respond to potential future crises. Governments experiencing humanitarian crises, and all humanitarian actors, are called to increase efforts to ensure that their responses are designed to support and link up with government social

protection schemes. In addition, the schemes need to address not only economic poverty but also hunger, malnutrition, food insecurity and violence caused by the pandemic, and strengthen child protection systems.

- **Prioritise and support community-based approaches to pandemic response.** Governments should provide safe and institutionalised spaces to ensure the involvement of civil society organisations and communities, including children and youth, in decision-making processes relating to the provision of health and nutrition services and in the development and dissemination of health information.
- **Ensure that COVID-19 response and recovery efforts are inclusive and do not exacerbate the particular vulnerability of children during this pandemic, with particular attention to girls,** including through harmful social and gender norms, discriminatory practices and inequalities. Quality services should be granted to families most affected by physical and social distancing measures, also to avoid possible negative consequences like an increase in forced labour or child marriages.
- **Enhance inclusive education and girls' and women's empowerment** to ensure their active participation in managing the productive resources on which the livelihoods and well-being of mothers, children and entire communities depend.

Save the Children's recommendations to donor countries:

- **Meet the political and financial commitments made at international level on Official Development Assistance** and continue to prioritise wider investments for the promotion of food security and nutrition so that the right to food and adequate nutrition are guaranteed for all, with particular attention to children and the most vulnerable groups.
- **Mobilise resources for nutrition as part of COVID-19 response plans** to avoid worsening malnutrition rates and exposure of vulnerable groups; renew long-term political and financial commitments to nutrition also made via *Nutrition for Growth*.
- **Prioritise the most vulnerable countries,** in particular those with weak health systems and those in fragile or conflict-affected contexts, to enable preparedness, response and continued delivery of essential health and nutrition services free at the point of use.
- **Prioritise flexible long-term financing and technical support** in partner countries, to strengthen the capacity of their national health and nutrition systems and domestic resources mobilisation efforts to increase the fiscal space for health and nutrition.
- **Act to suspend and potentially cancel the debt of the poorest countries,** which represent two thirds of people living in extreme poverty. Already at the end of 2019, before the COVID-19 crisis, 34 low-income countries were experiencing debt financing problems. While recognising that many middle-income countries also face serious debt financing problems, the risk is that the scenario for low-income countries may worsen because of the recession due to COVID-19. All creditors, both official and commercial, should offer an immediate cancellation of all principal repayments, interest and charges for the remainder of 2020. G20 should support countries to stop making debt payments to external lenders, while the World Bank should work with the IMF to strengthen the Debt Service Suspension

to secure a freeze of USD 48 billion of debt service payments during 2020/2021. In addition, the World Bank should work with UNICEF and national governments to create a facility that converts suspended debt service payments into investments for children. This would ensure that money freed up from debt savings is invested in priority areas such as health and nutrition, education, social protection and protection from violence.

- **Work together with other actors towards common goals** and share operating methods as appropriate in order to maximise impact.
- **Protect civil society space** and support and finance the systematic strengthening and mobilisation of civil society organisations and communities, with children at the forefront, to hold their governments to account on child survival commitments and resources and ensure that no one is left behind.
- **Ensure sufficient investment and support for the development of vaccines and treatments for COVID-19** with provisions to guarantee equitable and affordable access for low-income countries.

GLOSSARY

UNDERNUTRITION

Undernutrition is the result of insufficient food consumption and poor supply of nutrients to which the contraction of infectious diseases contributes. Includes cases of chronic and acute malnutrition.¹⁵⁸

HIDDEN HUNGER

Hidden hunger is the lack of essential nutrients, vitamins and minerals, which is often not diagnosed on time.¹⁵⁹

1.000-DAYS WINDOW

The 1,000-days window is the period from a woman's pregnancy and her child's 2nd birthday. It is demonstrated that good nutrition is crucial for the correct mental and physical development of the child and therefore has a profound impact on the child's ability to grow, learn and thrive.¹⁶⁰

MALNUTRITION

Malnutrition is a generic term that usually refers to undernutrition but may also refer to overweight and obesity. We speak of malnutrition when the diet is not adequate to provide the necessary calories for proper physical development or in the case of higher energy consumption than required.¹⁶¹

ACUTE MALNUTRITION OR WASTING

Acute malnutrition, also known as wasting, is a form of undernutrition caused by a decrease in food consumption and/or illness that results in sudden weight loss or fluid retention. In children, it is measured by the nutritional index given by the weight/height ratio or by the measurement of brachial circumference.¹⁶²

CHRONIC MALNUTRITION OR STUNTING

Chronic malnutrition, also known as stunting, growth deficit, is indicated by a low height/age ratio. It can be moderate or severe. It has a negative impact on a person's development, both physical and intellectual, and leads to lower resistance to diseases.¹⁶³

CHILD MORTALITY

Child mortality is the probability of dying by age 5 per 1,000 live births.¹⁶⁴

NUTRITION SENSITIVE INTERVENTIONS

Interventions that address the underlying determinants of malnutrition, by incorporating nutrition targets and actions in a large number of areas.¹⁶⁵

NUTRITION SPECIFIC INTERVENTIONS

Interventions to address the immediate causes of malnutrition (e.g. low-calorie intake).¹⁶⁶

FOOD SECURITY

Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.¹⁶⁷

OVERWEIGHT AND OBESITY

Overweight and obesity are defined as an abnormal or excessive fat accumulation that presents a risk to health. A crude population measure of obesity is the body mass index (BMI), a person's weight (in kilograms) divided by the square of his or her height (in metres).¹⁶⁸

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