

# MALNUTRITION JUST STOP IT.

## People

A child called Adam and  
a disease called SAM —  
Severe Acute Malnutrition  
Must Maria walk hours for a  
bucket of water?

## Solutions

Healthy children's food — for  
peanuts!  
Food vouchers for the  
cashless  
A ray of SUN-shine: Scaling Up  
Nutrition

## Issues

Malnutrition: a disease both  
preventable and curable  
90,000 people die of  
malnutrition every day —  
How is that not news?  
There are droughts and  
earthquakes, but are all  
disasters 'natural'?

## Policies

Right to life is right to food  
Does loads of money help?  
Not necessarily

An ACF Publication on Ending World Malnutrition

# A Guide to Understanding World Malnutrition

London-born physician David Nabarro has worked in child health and nutrition programmes all over the world; taught at the London and Liverpool Schools of Tropical Medicine, and served as Chief Health and Population Adviser to the Overseas Development Administration. Since 2009 he has been Special Representative of the UN Secretary General for Food Security and Nutrition.



David Nabarro, Special Representative of the UN Secretary General for Food Security and Nutrition

Action Against Hunger's *Malnutrition - Just Stop It*, provides an excellent guide to understanding the issues around hunger and malnutrition, grounded in the reality of their work with some of the world's most vulnerable people.

The facts are stark. A quarter of our world's children are under-nourished. Malnutrition is associated with one third of the 3 million child deaths every year. Numbers of hungry households - and malnourished children - are on the increase in several parts of the world.

Unless we find better ways to work together to support better nutrition, the Millennium Development Goal for Hunger Reduction will not be reached by the 2015 target date. This report makes the case for action and spells out what needs to be done. It shows the tragic impact of under-nutrition on the lives of young children, their families and societies. Hunger and malnutrition undermine school attendance and educational attainment, place a huge burden on health care systems, and delay the economic growth and

human development of developing communities.

The options are set out clearly. First, ensure that all can access sufficient food, that it is safe and nutritious and that it is available when needed. The report shows how Action Against Hunger is implementing tried and tested low-cost nutrition interventions. It pursues policies that are sensitive to nutritional realities. It calls for such policies to be incorporated into food security, agriculture, social protection, health and educational programmes - and so bring benefits to millions of people. Second, all with an interest should take joint responsibility to end hunger. Our United Nations system is working in partnership with non-governmental organisations, international donors, research bodies and the private sector, supporting communities and their governments in the effort to scale up nutrition. Third, political will is key. Our world has the knowledge, the resources and the finances needed to end under-nutrition. This report inspires the political will needed to make this happen.

# MALNUTRITION JUST STOP IT.



## Issues



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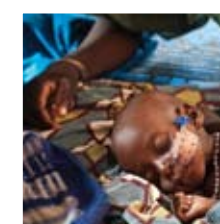
Malnutrition can and must be eradicated. Full stop

The World has the Solution Now

## People



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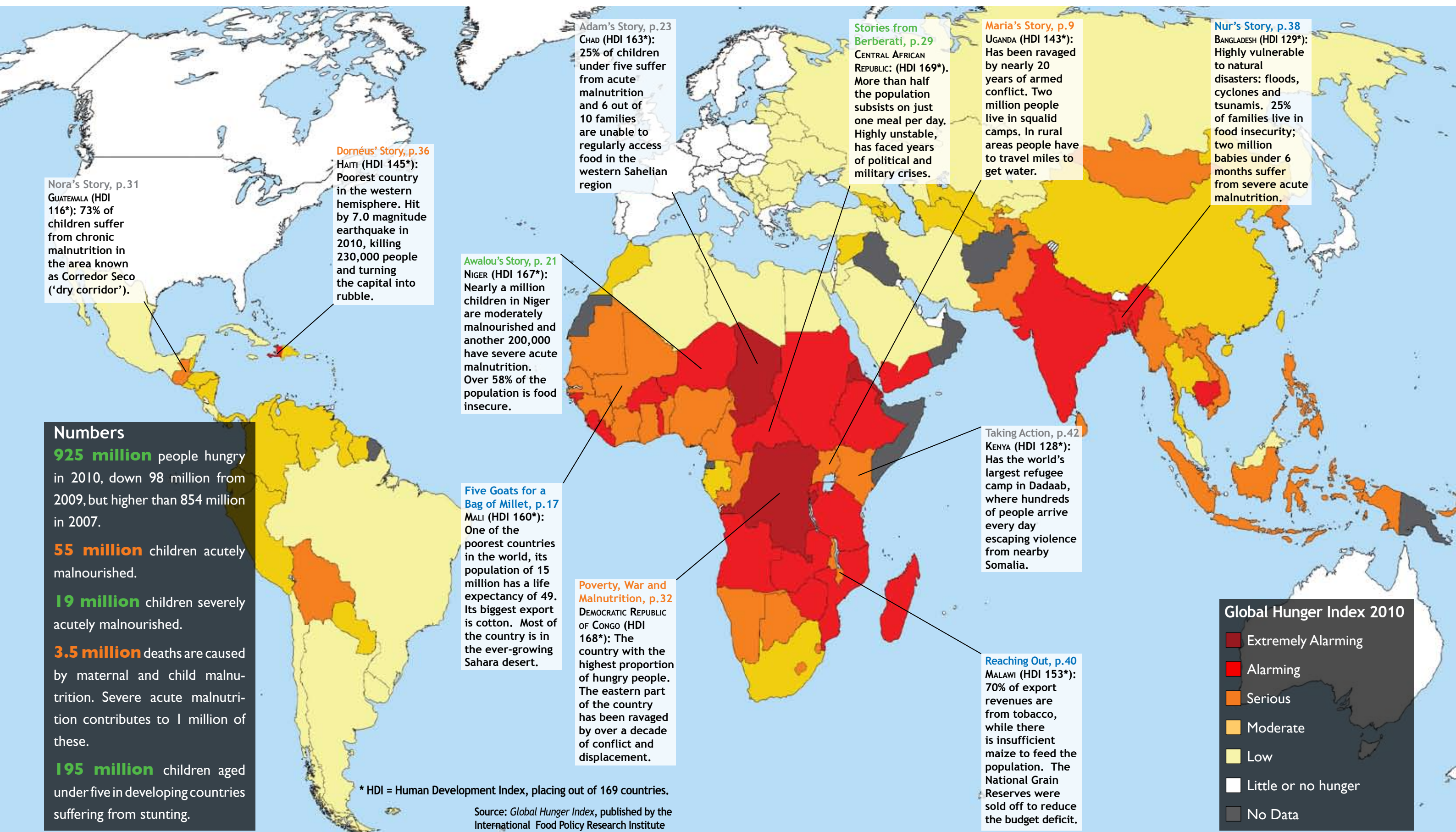
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# Snapshot of a Hungry World





# Hunger, Malnutrition and Poverty

## Ten things you should know

People can be hungry without being malnourished and can be malnourished without being hungry . . . they can also be both. Here are ten things you should know.

**1. HUNGER** commonly means having an appetite or being ready for a meal. Serious hunger comes after a long period without food; the sensation of 'emptiness' gets stronger and stronger, until it hurts. Hunger comes with a diet which can't sustain health, activity, growth

and development. Prolonged hunger makes people eat things with no nutritional value, like grass and soil, simply to fill their stomachs. When this happens, there is a downward spiral because even when food does come, the body doesn't have enough energy to digest it.

**2. MALNUTRITION** is a broad term commonly used to describe an inadequate diet, which can be too little food or too much food. People are undernourished if their diet does not give them enough energy or nutrients for growth and maintenance or if they can't fully absorb the food they eat due to illness (In this document undernutrition is always referred to as malnutrition).

**3. ACUTE MALNUTRITION** occurs over a short period of time, often as the result of sudden food shortages, inappropriate feeding, lack of care, disease or a combination of these factors. The symptoms are either a dramatic loss of weight ('wasting') or swelling of the body as a result of oedema ('kwashiorkor'). Water retention increases the child's weight,

so that it may be within normal limits. There are two main types of acute malnutrition: MAM and SAM (Moderate Acute Malnutrition and Severe Acute Malnutrition).

**4. MODERATE ACUTE MALNUTRITION (MAM)** is where the body is seriously undernourished, starting to lose weight and at increased risk of infection. For the body to recover, MAM requires treatment using food that is high in energy and nutrients, otherwise MAM worsens to SAM (Severe Acute Malnutrition).

**5. SEVERE ACUTE MALNUTRITION (SAM)** is the stage where the body is so undernourished that the immune system becomes ineffective and the main internal control systems shut down. That's when people die. Recovery requires urgent use of medical treatment and special therapeutic foods. There are three different types of SAM: Marasmus (wasting of tissue and muscle), Kwashiorkor (swelling of lower limbs due to oedema)

and Marasmic kwashiorkor (a combination of both).

**6. GLOBAL ACUTE MALNUTRITION (GAM)** describes both moderate and severe cases of acute malnutrition.

**7. CHRONIC MALNUTRITION** or 'stunting' is a condition which lingers over a long period time. It is the consequence of an inadequate diet, often combined with an infectious disease. It can also be the result of several bouts of acute malnutrition. Sufferers are more likely to have their growth stunted (a low height-for-age) and it stops children from reaching their full mental and physical potential.

**8. MICRONUTRIENT DEFICIENCIES.** The World Health Organisation (WHO) ranks deficiencies of zinc, iron and vitamin A in the top ten causes of disease in developing countries. The prestigious medical journal, The Lancet, reported that deficiencies of vitamin A and zinc

were respectively responsible for 600,000 and 400,000 child deaths annually. Iron deficiency was associated with 115,000 maternal deaths every year.

**9. FOOD SECURITY** is the term used where people have the physical, social and economic access to enough food to meet their needs for an active and healthy life.

**10. MILLENNIUM DEVELOPMENT GOALS.** 189 countries adopted eight anti-poverty goals at the United Nations Summit. Governments pledged to reach all eight by 2015. **Goal 1:** Eradicate extreme poverty and hunger. **Goal 2:** Achieve universal primary education. **Goal 3:** Promote gender equality and empower women. **Goal 4:** Reduce child mortality. **Goal 5:** Improve maternal health. **Goal 6:** Combat HIV/AIDS, malaria and other diseases. **Goal 7:** Ensure environmental sustainability. **Goal 8:** Develop a Global Partnership for Development.



Credit: Gonzalo Höhr





# A Scandal

**Malnutrition is a scandal, a particularly outrageous one, because its solutions are known, tested and feasible. The world produces enough food to feed everyone, yet the number of hungry and malnourished people is increasing.**

**I**ronically, the production of cereals worldwide in 2008 and 2009 was the highest ever recorded. There was a slight decline in 2010, but still plenty for all. So, why isn't the food getting to everyone?

## The causes

Malnutrition is not chiefly caused by one-off disasters, but by a mixture of hardships.

Many developing countries have high production costs in farming and restricted access to

credit, which makes food very expensive for poor people.

Health-care services are frequently meagre or far away. Inadequate governmental services and insensitive policies at national and international level do not help.

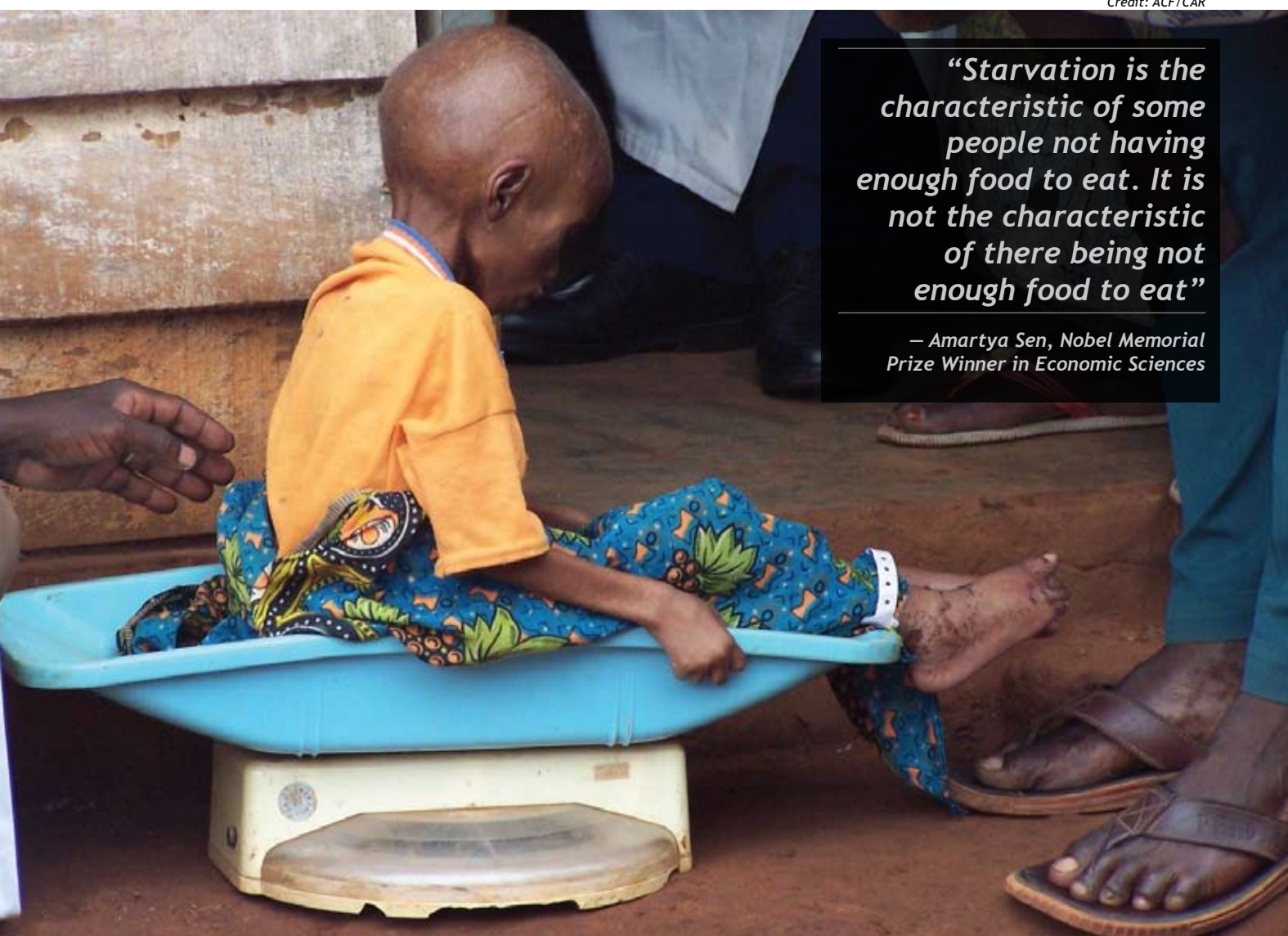
Other contributory factors include infertile soils, landlessness, small landholdings, geographical isolation, lack of irrigation, gender bias and climatic changes.

Then, to make matters worse,

***“Starvation is the characteristic of some people not having enough food to eat. It is not the characteristic of there being not enough food to eat”***

*— Amartya Sen, Nobel Memorial Prize Winner in Economic Sciences*

Credit: ACF/CAR



there are droughts, floods, pests, wars and civil strife.

Taken together, these factors can erode people's resilience, trapping them in a vicious cycle of poverty.

## The consequences

Malnutrition causes death and disease on an epic scale. Malnourished children may be too weak or ill to attend school or their parents may be too poor to send them. Malnourished parents may keep their children away from school so that the children can work, either on the farm to help grow food or off the farm to earn money for food. Malnourished children will suffer life-long health consequences.

Beyond each individual, malnutrition affects society as a whole at every level.

At local level, malnourished people simply don't have enough energy to work to their full potential nor to fully contribute to life around them.

At national level, economic productivity is likely to be lower and health costs higher. According to the World Bank, the cost to countries affected by severe malnutrition is between 2% and 3% of their Gross Domestic Product (GDP).

At international level, reaching the eight Millennium Development Goals is restricted and will depend on the availability of good, nutritious food.

## Any good news?

Yes.

The good news is that, from 1990 to 2009, the number of under-five deaths decreased globally from 12.4 million per year to 8.1 million. That means that, compared to 1990, 12,000 fewer children are dying each day around the world. (Source: *UNICEF 2010*)

The figure is still far too high, and we know it is possible to reduce child mortality linked to acute malnutrition.

There are innovative and cost effective solutions to diagnose, treat and prevent malnutrition.

For example, there is a system called Community Based Management of Acute Malnutrition (CMAM), which enables the community to identify and treat malnutrition closer to the homes of malnourished people. Another example is the development of ready-to-use therapeutic foods (RUTF) — highly nutritious, lipid-based pastes that are energy dense, resist bacterial contamination and need no cooking. They usually contain milk powder, sugar, vegetable oil, peanut butter, vitamins and minerals.

Solutions like these just need to be scaled up.

## Malnutrition can be overcome

One important reason why malnutrition persists is that it



Credit: S.Hauenstein Swan

RUTF stands for 'ready-to-use therapeutic food'. It is a highly nutritious meal in a sachet, usually containing milk, sugar, vegetable oil and peanut butter with added minerals and vitamins. It's making a big difference in the life of many, many children.

is not recognised as a disease or epidemic — that would catch the attention of people and the media!

This is what the prestigious medical journal, The Lancet, has to say: "If malnutrition were a disease, such as Swine Flu and unprocessed food were a drug or vaccine, both would have the full attention of the entire international community". It cites the weaknesses of existing solutions as "the dramatic lack of leadership and accountability for nutrition," and blames governments and international bodies for the pitiful progress made in the battle against hunger and malnutrition.

The causes of malnutrition are seen as "too complex and broad to be addressed effectively,"



says the ACF publication, *The Justice of Eating*. For the public in general, “the primary problem is perhaps one of emotional comprehension. We understand the horror of death from war or famine. The brutality of living with hunger, day in and day out, is harder to grasp, visualise and feel”.

It comes down to political priorities. If governments, of both developed and developing nations, gave priority to ‘the right to food’, as recognised by the Universal Declaration on Human Rights and

the International Covenant on Economic, Social and Cultural Rights, then they would ensure that malnutrition, no matter how difficult, would be overcome.

And if governments see the problem as too deep and the remedies too costly, they are mistaken.

***We understand the horror of death from war or famine. The brutality of living with hunger, day in and day out, is harder to grasp, visualise and feel***

between 20 and 30 billion American dollars a year. The World Bank estimates that a yearly investment of 2.6 billion dollars would be enough to

treat severe acute malnutrition successfully through CMAM.

Furthermore, an investment of 10.3 billion dollars a year (less than 10% of the annual world aid budget) would fund programmes to encourage changes in behaviour and eating habits; to provide nutritional supplements such as vitamin A, iron, folic acid and zinc; to provide fortified food, de-worming and CMAM. That would benefit more than 360 million children in the 36 countries with the highest rates of malnutrition, and prevent more than 1.1 million child deaths.

Malnutrition can be overcome with enough resources and political commitment.

Credit: S.Hauenstein Swan



# A Disease Called Malnutrition

Maria Nakiru lives in the Moroto District of northeast Uganda, near Kenya. She and her eleven children share a small hut. In Karimojong, the local language, ‘Nakiru’ means ‘born from rain’.



Uganda has a population of more than 32 million. Its capital is Kampala

“I struggle to see that my children have something to put in their mouths.

Sometimes I fail completely and we don’t eat for the whole day.

I have no source of income.

Sometimes I go and burn charcoal from the forest or go to the town to offer the rich people services like washing their clothes or fetching water for them”.

“We don’t have enough rain here,” says Maria. “Last year there was some rain. I planted sorghum and sunflower in my garden, but it dried up”.

Conflicts and especially cattle raiding

are also common. “People from other areas in Karamoja come and take our cows which we

rely on for survival. All my cows have been taken, I don’t have any left.

My family normally has one meal a day. We collect the leftover sorghum from my neighbour who makes kwete”. Kwete is a local alcoholic drink. The residue from the distillation process is often all that people can afford. “I give it to my children to share on one plate. My children are now used to it. When I have some money, I buy vegetables, but cannot afford much”.

Credit: Time to Click





Maria brought her son, Lokapel Michael, to the ACF-supported health centre because he “had a big stomach and was very sick. The health centre took some measurements and told me that he was suffering from a disease called malnutrition. That’s when I found out that it is a disease. They started to treat him and he has greatly improved”.

Access to clean water is also a problem for Maria and her family. “I have to walk for about an hour to get water. At the borehole I have to wait for my turn because there are very many people who are using the same borehole to fetch water. We had a borehole nearby but it got broken and has never been repaired. When it rains, I use the water on the ground for washing and bathing.”

When asked about her hopes for the future, she replies: “I hope that the organisations that help us with food, seeds and health services continue to stay in Karamoja to support us through the hard times.”

### Malnutrition in brief

- Malnutrition is a deadly disease.
- It weakens immune systems and worsens illnesses. It is one of the world’s most serious health problems, the largest single contributor to disease.
- A malnourished body struggles to do normal things such as grow and resist disease.
- Physical work becomes difficult and learning ability can be severely diminished.
- Malnutrition reduces physical and mental development during childhood, affects school attendance and often leads to a lower income in adulthood.

Credit: ACF-Uganda, courtesy Tine Frank



# Malnutrition In Times of Abundance



Credit: ACF-CAR

**Just because the world produces enough food for everyone, doesn’t mean everyone will get enough. Some people just don’t have the money to buy it. Many people go hungry in countries that export food to rich countries. Food growers sell to those who pay more, rather than to those who need it but can’t pay. It is a problem of inequality. And worse – food prices are rising.**

**B**etween 2007 and 2008 the price of food grew enormously. In 2009 prices decreased slightly and then shot up again in 2010. The trend of food prices is upward. The causes are complex: Droughts in key grain-producing regions, low stocks of cereals and oil seeds, increased use of feedstock and the western world’s drive for biofuels. *The Guardian* newspaper in Britain

revealed how converting land from growing food to producing crops for fuel by American and European governments pushed food prices up by 75% in 2008. Some of the US grain crop was turned into ethanol to fuel cars, helping to push up world grain prices.

It’s logical to think that rising food prices would be good for farmers, but that’s not the case

in the developing world. Most people in rural areas are subsistence farmers – they don’t have a surplus that they can sell. For example, according to the World Development Movement, in Zambia 80% of farmers grow maize, but only 30% have any to sell – in fact many have to buy more just to feed themselves.

Food is a commodity, the same as oil, metal or cotton.



Credit: Susana Vera



Little market, big market. The local price of food in developing countries is unfairly influenced by the big international markets. The commodities market has helped to push the price of food up, which encourages food speculation in the futures markets.

The continuing devaluation of the US dollar, the currency in which prices for these commodities are typically quoted, helped to push prices upward. Volatility in commodity markets occurred against the backdrop of an unsettled global economy, which

in turn appears to have contributed to a substantial increase in food speculation in futures markets.

The World Bank estimates that the higher food prices during 2008 may have increased the number of children suffering permanently due to malnutrition by 44 million. It says that for very poor people, “reducing consumption from already low

levels even for a short period has severe long-term consequences”.

Rising food prices significantly erode households’ purchasing power especially among the poorest who already spend a high proportion of their income on food.

**“Unless the underlying causes of price rises are addressed, more people will be plunged into poverty”**

affects a household’s ability to buy other goods and services like heating, lighting, water, sanitation, education and health.

The fight against child malnutrition tends to focus primarily on treatment and feeding, “whereas little attention is given to some essential questions like

the role of agricultural practices and policies to ensure a durable reduction of malnutrition,” says *The High Food Price Challenge* a report by the Oakland Institute and the UK Hunger Alliance.

Unless the underlying causes of price rises are addressed, then prices could rise again even more sharply and more people will be plunged into poverty.

Food price volatility creates uncertainty for the hungry. It means they cannot budget because they don’t know whether they will be able to afford food or not. In addition to volatile food prices, global economic volatility, rising oil prices, climate change, increased conflict and emergencies all threaten efforts to reduce malnutrition.

# Filling the Cash Gap: Food Vouchers

Sometimes a lack of food is not the problem – it is the lack of cash with which to buy it. In the urban environment of the Occupied Palestinian Territories (OPT) and refugee camps in Kenya, food vouchers are being used successfully to overcome hunger.

In the Dadaab refugee camps of northeastern Kenya, people have come for safe haven from conflicts in neighbouring countries - particularly Somalia. While dry food rations made of cereals, oil and corn-soy meal aren’t a banquet, they do ensure survival. However, people need more.

To help meet the need, ACF is providing 18,000 households with food vouchers to the value of up to 600 Kenyan Shillings per month (about US\$7-8). People can use them to buy items of their choice from a predetermined list of fresh foods.

The camps in Dadaab have market places with vendors selling fresh fruits and vegetables, eggs, milk and other items. The vouchers overcome a problem – the refugees’ lack of income to buy fresh foods. After receiving the vouchers, families can redeem them with desig-

nated local vendors, who in turn receive payments from ACF.

Vouchers are cost-effective, as there are few overheads, and they have contributed to a decrease of malnutrition in the camps and to an increase in refugees’ consumption of nutritious foods.

Meanwhile in the OPT, soaring food prices, falling incomes and growing unemployment are jeopardising the livelihoods of many people. Under the Urban Voucher programme, food vouchers have been distributed to those people affected.

Somali refugees receiving food vouchers at Dadaab refugee camp in Kenya

About 25 percent of the targeted poor Palestinians were not eating enough eggs and dairy products to meet their nutritional needs, but after the distribution of the vouchers, this fell to five percent.

The vouchers have enabled people to buy the nutritious foods that they might otherwise have put far down the list of priorities.



Credit: ACF-Kenya





# The Hunger Season

**For most people in the developed world, a season is related to changing temperatures — spring, summer, autumn or winter. Or perhaps a rainy season or a dry season. But for millions in Africa there is a season no one wants: the hunger season.**

**T**he food they have grown has almost gone, there is little in store, they will be hungry and needing more food before the next harvest. Should the rains come late, the harvest will be delayed and they will be hungry for longer.

The hunger season - the period between harvests - comes at different times in Africa. For some it begins at the start of the year, for others in May. Most of the people affected are small farmers or landless farm workers. Numbering in

the hundreds of millions, they produce what they can, but they're lucky if there's enough for the whole year.

Malnutrition shoots up during the annual hunger season when food is scarce because, of course, high prices put food beyond the reach of the poor.

"Imagine that all the prices in the local supermarket doubled or trebled for three months of the year," says the ACF report, *Seasons of Hunger*. For many people, seasonal hunger comes

Credit: Marlene Francia



round every year as a cycle of "quiet, predictable starvation". Children are especially affected. The longer the hunger season goes on, the less resistance they have to disease.

Despite its enormous impact, seasonal hunger rarely makes the news and is even overlooked by policy makers. It's a season that injures and kills tens of millions every year, yet "papers published on rural poverty . . . never mention it," says Robert Chambers of the Institute of Development Studies. "I have never once read or heard about it in the speech of a policy-maker. It is simply missing from most professionals' and policy-makers' mental maps."

## Seasonal hunger in 2009

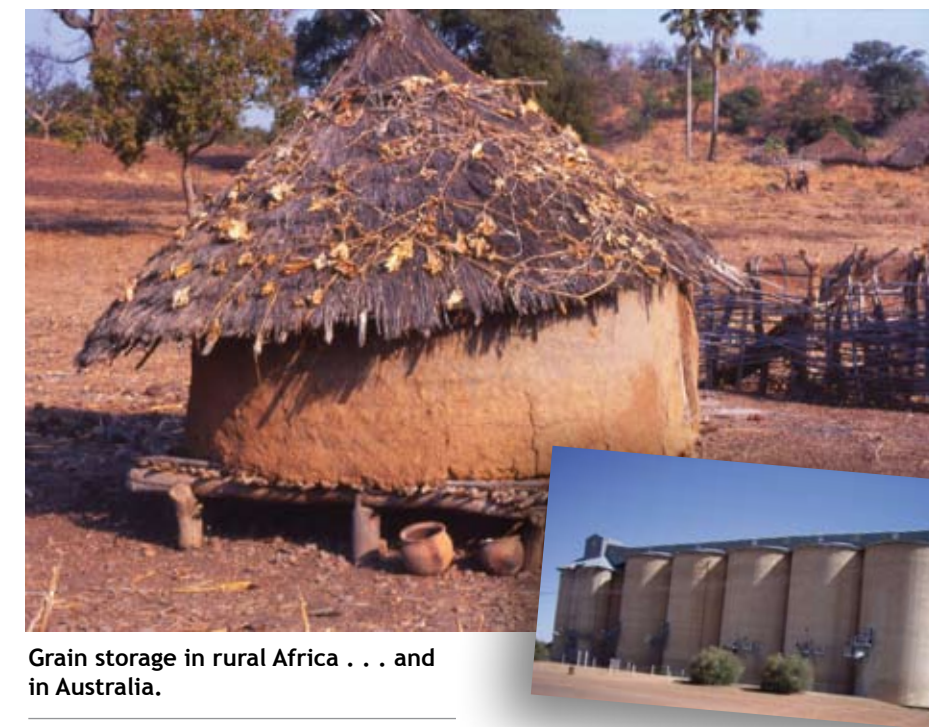
In 2009, poor rains over east and north-east Africa made

the hunger season longer for millions of people. In southern Sudan, where

*For many people, seasonal hunger comes round every year as a cycle of "quiet, predictable starvation".*

the hunger season normally lasts from May to August, late arrival of the rains delayed cultivation, while low and erratic rains between July and October delayed the harvest extending the hunger season to October: Five months of hunger.

In Uganda, below average rainfall in the 2009 cropping season reduced food output with



Grain storage in rural Africa . . . and in Australia.

the result that the hunger season began in January 2010, instead of April as normal: Three additional hungry months. In Kenya the impact of prolonged drought culminated in the failure of the 2009 long rains in sizable areas of the country. Food insecurity increased in the January-March 2010 hunger season.

In 2010, La Niña events (associated with cooler-than-normal sea surface

temperatures in the central Pacific Ocean) led to drier-than-normal conditions during what should have been the rainy season in some agricultural areas of Kenya, the Somali region of Ethiopia, southern Somalia, and northern Tanzania, again threatening a longer hunger season.

But in seven southern African countries, La Niña caused a

wetter-than-usual season, including the worst floods to hit Namibia in four decades, and extensive damage in Zambia. Zambia's western province had both flooding and dry spells in 2010, which reduced food output and led to high maize prices and food shortages, even before the up-coming hunger season in November.

Unusually heavy rain in parts of West Africa in late 2010, led to floods and widespread damage to crops and livestock. Around 1.6 million people were affected. A longer hunger season loomed for many.

The battle against seasonal hunger must be fought on several fronts. It's up to policy makers to establish measures and practices to stop the problem re-occurring year after year. Building improved grain storage facilities would be a good start.





# Droughts and Floods

New scientific evidence suggests that the pace and scale of climate change may be faster and greater than previously predicted. The 2007 report of the Intergovernmental Panel on Climate Change (IPCC) sustains that climate change “is estimated to increase the number of people at risk of hunger to between 40 million and 170 million”.



Credit: S. Hauenstein Swan

Climate change has already exacerbated problems for many people in the developing world, by causing more intense, more random and more erratic weather patterns.

Droughts, floods and cyclones are more common and the poorest, most vulnerable communities are suffering the most.

The IPCC notes that malnutrition linked to extreme climatic events could be one of the most important consequences of climate change because of the very large numbers of people that may be affected.

Water is at the heart of the problem. Rainy seasons no longer occur at the usual time of year and this upsets farming patterns. Instead of rainfall occurring over a period of several weeks or months, the tendency now is to have very heavy downpours

***Malnutrition linked to extreme climatic events could be one of the most important consequences of climate change***

in such a short time that the earth doesn't have time to absorb the water, thus causing serious flooding.

Floods cause the death of people and animals and the destruction of crops and water and sanitation facilities. People are often displaced and new

health problems like cholera and malaria arise.

In places where there is drought, crops do not yield enough food and there may be conflicts over water sources. Dried-up wells increase the workload on women.

Less water also means poorer hygiene and the capacity of sanitation plants is greatly reduced. It is mostly the women and children who have to walk longer and longer distances to collect water. This means that they have less time to spend on more productive activities including working on the farm. (See 'Maria's story', page 10.)



# Five Goats for a Bag of Millet

Around 80% of Malians make their living from what the land provides – they depend on what the climate has in store for them. Many of these people are nomadic or semi-nomadic and livestock is important, providing them with milk and food.



Credit: S. Hauenstein Swan

Malnutrition in Mali used to be rare. Children used to rely on the highly nutritious milk of animals, but in 2009 the rainy season began a month and a half late, creating a humanitarian emergency. Not only did the rains come late, they were also erratic. There was flooding in some areas while, only a few miles away, not a single drop fell. Ouagadougou, the capital of Burkina Faso, suffered record flooding, while the Sahel region as a whole suffered serious drought.

Ranchers and farmers in the Sahel - a semi-arid stretch between the Sahara desert and the humid tropics to the south

- have, for thousands of years, relied on rains falling once a year. But their livelihoods have been severely disrupted.

Herders in the Sahel were hit hard by the 'great' droughts of the 1970s and by dry periods in the 1980s and 1990s. Movements of pastoralists are now severely restricted. Increasingly they congregate around temporary ponds and a few deep wells. And according to farmers in Gao, eastern Mali, livestock are dying in large numbers.

Farmers tried to buy food for their cattle to compensate for the lack of pasture, but found that the price of cattle feed had quadrupled. Many tried to sell



Mali has a population of over 14 million. Most of its territory is in the Sahara desert.

their animals before they died, but the excessive supply created a collapse in prices.

In the summer of 2009, Mohammed Al Karim had to sell five goats to buy a single bag of millet.

In addition, there was an increase in food prices. The cost of a bag of rice soared to over 30 euros, in a country where most people live on less than two euros per day.





# Mohammed's Story

Credit: S. Hauenstein Swen

**M**ohammed Al Karim is a goat herder in Gao, Mali. “In the last five years, there has been very little rain and it has come later and later. The animals have died of hunger and thirst. Since 1984, it’s become hotter; this has caused us to lose animals. Also, with the late rains, many diseases have developed: the cattle have little resistance and when the rains finally arrive, they fall ill and die. All kinds of livestock have died this year – even camels and donkeys, which are very strong. Some people have lost almost all their cattle and most have lost half. We are very tired, looking for grain, pasture and water all the time since I can no longer live on the farm. If things don’t change, more and more people will abandon their farms and go to towns. The problem is that many have not learned how to live in cities, they do not know anything else but the life of a nomad. If this continues, there won’t be any more nomads”.

# Niger: Policy-driven Hunger

**When nearly 250,000 children in Niger were deprived of food and health in 2005, the problem was initially blamed on drought and locusts. But there were deeper reasons: market forces, economic liberalisation and Western countries’ agricultural subsidies. The children were chiefly the victims of policy rather than of nature.**



Most people in Niger live south of the Sahara Desert, but that also is becoming desert.

**A**ccording to the UN’s Human Development Index, Niger is the world’s third poorest country: 60% of the population live on less than a dollar a day, only one in six adults is literate, life expectancy is a mere 45 years. Millions of the poorest people live permanently on the

edge. In 2005 drought and a plague of locusts destroyed some of the previous year’s harvest. But this time, policies also contributed.

Many farmers in Niger grow crops for sale such as cereals, cotton and cowpeas, while others herd cattle. In the 1960s

and 1970s the government of Niger regulated the markets for basic crops, ensuring fair prices for farmers. But in the 1980s the national cereal regulation was compromised by free trade agreements such as the Economic Community of West African States.

As the government withdrew its involvement, private traders took over. During 2005 they exported grain from Niger to better-off countries in coastal West Africa. People in Niger were left short of food.

Farmers who grow cotton for export were receiving less for their crop because the United States paid its cotton farmers large subsidies. This had created a cotton glut on the world market that lowered the price for Niger’s farmers.

Meanwhile Niger’s cattle farmers and herders had been



Credit: Gonzalo Höhr





hit by beef imports from Europe and the United States, much of which had been ‘dumped’ – sold below the cost of production. This dumped beef competed on unfair terms with locally produced beef and severely damaged farmers’ incomes. The prices that Niger’s farmers received for their cattle dropped by over 50%, plunging many into poverty as they were unable to compete.

Just as policies can lead to hunger, so policy decisions can be taken to ensure that the hungry can claim their right

to food. “Sound policies and initiatives at national, regional and international level can eventually lead to durable eradication of hunger in the Sahel,” says Samuel Hauenstein Swan, ACF-UK’s Senior Policy Advisor in *The Justice of Eating*. It proposes cereal banks and a ‘warrantage’ system.

Under the ‘warrantage’ system, cereal banks buy grain from farmers at harvest time and store it until the lean season arrives. The system is run by farmers’ groups so that they receive more of the benefits

than they would under a government-run scheme.

*In 2005 Niger exported grain to better-off countries in coastal West Africa. People in Niger were left short of food.*

Credit: S. Hauenstein Swan



# Underweight: Underdeveloped

**At nine months Awalou Mourtala weighed barely 4 kilos and was 62 centimetres tall – that’s only a few grams heavier than an average newborn baby – and only 10 centimetres taller.**

That’s the state Awalou was in when he arrived at the Centre for Intensive Nutritional Rehabilitation (CRENI) in Mayahi, southern Niger. He was suffering from severe acute malnutrition.

But only eight days after his arrival, Awalou was already faring much better. He nestled his head against his relieved mother, 20-year-old Aisha, who knows far too well what hardship is all about. “My baby was born healthy,” she says, “I breastfed him since birth, and I also gave him millet and water. Suddenly, he fell ill. He began suffering from diarrhoea and vomiting, then he stopped eating and refused breast milk. I went to the clinic and the nurse sent me to the CRENI”.

CRENI Mayahi, like 15 other outpatient treatment centres for malnutrition in the Depart-

Without proper nourishment children’s growth and development can be severely stunted. Picking up the signs of malnutrition is very important.

ment, is supported by ACF, and is funded by the UK’s Department for International Development.

The rate of severe acute malnutrition in Mayahi is high -

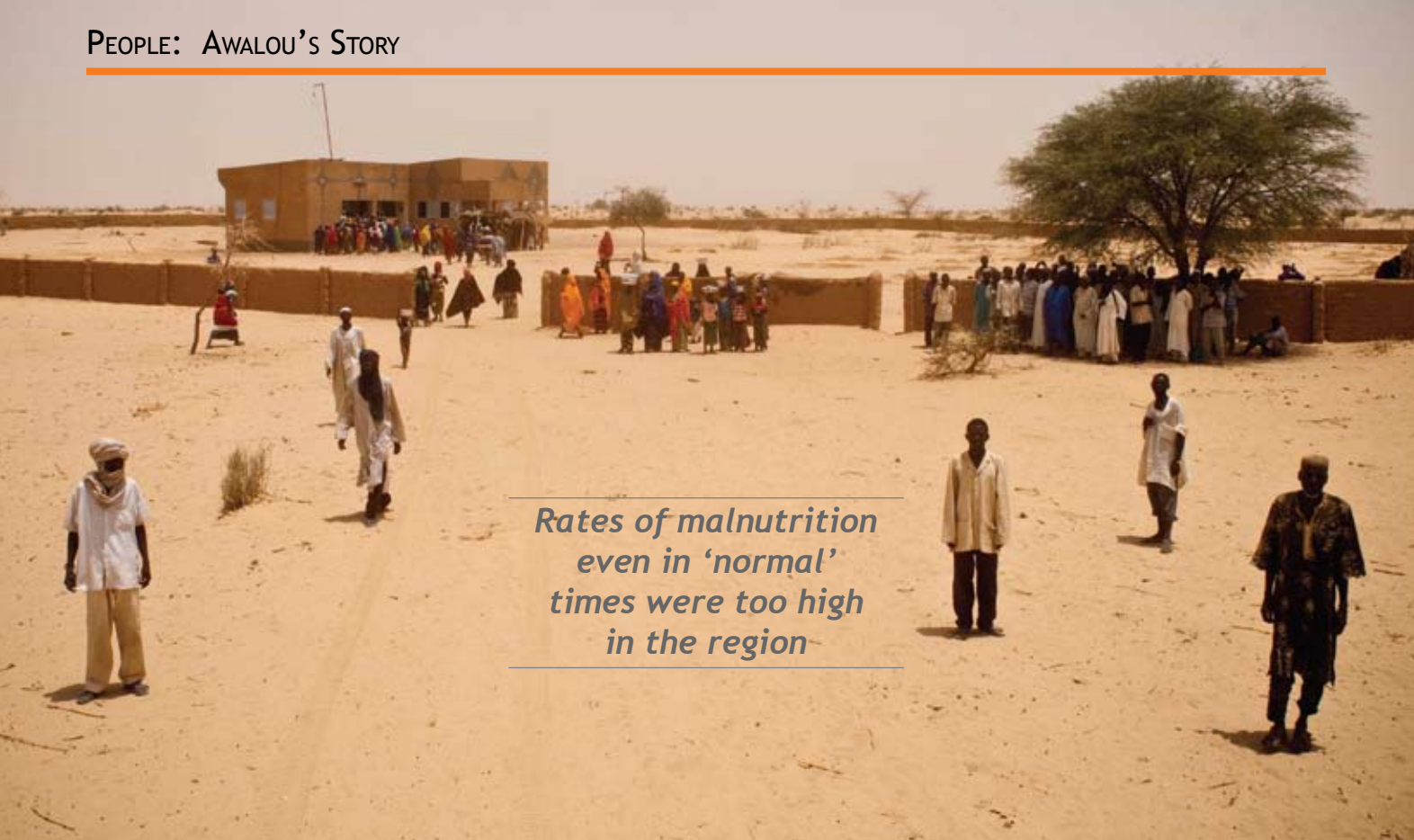
around 13%. In 2010, one in five people were affected by serious food insecurity as a result of the disastrous agro-pastoral conditions in 2009. Deprived of physical or economic access to enough nutritious food, thousands of families had to rely on assistance from abroad for several months.

These conditions increased



Credit: Gonzalo Hôhr





*Rates of malnutrition even in 'normal' times were too high in the region*

Credit: Gonzalo Höhr

the risk of children becoming malnourished. Even 'normal' rates of malnutrition in the region were too high. To help meet the increased admissions to feeding centres, additional institutional support was organised by ACF through additional human resources, extra supplies of medicines and therapeutic foods, staff training in care and in the use of tools and equipment.

At the CRENI in Mayahi, Awalou was treated with therapeutic milk, antibiotics, antimalarial drugs and vitamins. Gradually he resumed eating, drank the therapeutic milk and then returned to suckle. Aisha is reassured: "I placed so much hope in coming here because we suffered a lot, and I was told

that my child would get better. He is now getting better and I am really happy about this".

Hadiza Chaibou, a nurse at the centre, said that Awalou stayed four days in intensive care before moving into transition, where his health was controlled and his symptoms disappeared. Once stabilised, he will leave the centre to receive treatment as an outpatient.

In a society where women are essential to the functioning of the household and often responsible for many children, being stuck in a hospital can be difficult. So the next step is to have therapeutic food ready to treat outpatients. For mothers, this is a revolution. Each week, they receive the necessary rations of nutritious peanut-based paste

CRENI in Baja Kouyou, Niger

bags until their child recovers.

Aisha says she cannot wait to return to the village near her family: "Luckily my sister Ouma is with me there, and that's a big help. She plays with Awalou while I do things like washing, and she is good company."

At the CRENI in Mayahi, Aisha received valuable advice about feeding babies in the future, including exclusive breastfeeding until the age of six months. "I know now that we should not give water from birth, because that can cause diarrhoea. I want my children to be healthy!"

Nearly 15,000 children suffering from severe acute malnutrition in the Department of Mayahi in 2010 benefited from ACF's support during the year.

# Adam and SAM

In late 2010 the Sahel region of western Chad faced a catastrophic food and nutrition crisis. One out of four children under the age of five was suffering from acute malnutrition and one in twenty was suffering from **severe acute malnutrition – SAM**.



In Chad two million people suffer from food insecurity, and 100,000 children are at risk of dying of severe malnutrition.

In August 2010, an ACF survey reported that "the prevalence of global acute malnutrition was 26% and severe acute malnutrition reached nearly 5%, far above World Health Organisation emergency thresholds of 15% and 2%, respectively".

One-year-old Adam was among them. Sitting in an ACF-supported stabilisation centre in Kanem, western Chad, he smiles weakly as his mother Hawa cradles him. Determined to save her son, Hawa travelled by camel for five days in the burning heat to get him to the nearest health

centre. His whole body was bloated with oedema – an accumulation of liquid under the skin. Adam was in an advanced stage of severe acute malnutrition, which is deadly if left untreated.

"Adam started to have a fever," says Hawa, "the fever got worse and worse and then he stopped eating. The health promoters who visited our village told me about the centre and I decided to bring him here. It's not easy to travel so far and leave the family behind, but I did not think twice about it. I just want him to be healthy again".

Credit: S. Hauenstein Swan



*"Everyone is hungry. Parents, neighbours, even our cattle are dying from hunger".*





Since arriving at the stabilisation centre, Adam has received around-the-clock treatment and medical care. “The swelling has disappeared and he is getting better now. He is still very weak but I am glad he is eating again,” says Hawa.

Times are difficult for nomads like Hawa and her family. Erratic rainfall has led to poor harvests and a shortage of animal pasture and feed. Millet is practically the only crop being produced and its price in late 2010 was 67% higher than in 2007. The nomadic population is left with little food to sustain itself – even less for the animals. Many families have lost animals over the last two years. Without grain, they were forced to sell their sheep and goats to buy food.

Tens of thousands of families have been pushed into hunger. “Everyone is hungry. Parents, neighbours, even our cattle are dying from hunger,” Hawa explains, “but when it hits our children it is simply too much. We need support, including food. My husband has gone to look for work; all he needs is a job to be able to earn some money. I would like to work too. I’ve always wanted to have my own business but need a loan to turn it into reality. I would like to buy a pasta making

machine. I’d buy flour, make pasta and sell it and then with the money earned, I’d be able to feed my children,” says Hawa.

Although the Sahel region of Chad frequently has acute malnutrition rates exceeding 20% during the ‘hunger season’, 2010 has been particularly harsh.

Problems with access to arable land, water and health care contribute to skyrocketing malnutrition rates. The Sahel’s geography makes healthcare coverage difficult and services are sparse. Villages may be 50 kilometres away from health centres.

Jean-François Carémel is ACF’s Country Director in Chad: “There is increased competition among the population over access to scarce resources like land and water. With the onset of the rainy season, we are expecting malaria and diarrhoea, which will also lead to an increase in malnutrition among children”. Aid to the Western region has been scaled up four-fold and saved many lives, but long-term solutions are needed.

“Communities in Kanem have a right to food that is not dumped from a donor’s surplus,” says Alex Merkovic-Orenstein in the ACF report: *Chad – a Call to End Decades of Hunger*.

Credit: S. Hauenstein Swan

*At the ACF stabilisation centre, children like Adam receive round-the-clock treatment and medical care.*

# Right to Life Means Right to Food

**The right to food is not just a moral right – it is a legal right, enshrined by international law and ratified by almost every country in the world. It is not enough to have charters and conventions on the right to food. They must be implemented.**

The right to food was first written into international law in 1948, just after the Second World War, which saw such terrible abuse of human dignity. Article 25(1) of the Declaration of Human Rights of 1948 says that “everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food”. The good intentions of 1948 have since been strengthened by high level conventions and charters:

- **1974: Universal Declaration on the Eradication of Hunger and Undernutrition, World Food Conference, Rome.** Affirms that every

Eleanor Roosevelt chaired the Commission on Human Rights which was responsible for drafting the Universal Declaration of Human Rights – which includes the right to food.

man, woman and child has the inalienable right to be free from hunger and undernutrition.

- **1976: International Covenant on Economic, Social and Cultural Rights.** Article 11 recognises “the fundamental right of everyone to be free from hunger”.

- **1990: The Convention on the Rights of the Child, Articles 24 and 27,** recognise “the right of the child to the enjoyment of the highest attainable standard of health”.
- **May 1999: The UN Committee on Economic, Social and Cultural Rights.** A “General Comment” on the human right to adequate food, paragraphs 6 and 14 .

The year 2008 saw a world-wide food crisis. In a special session in May of that year, the Human Rights Council (part of



Source: Franklin D Roosevelt Library



the United Nations) called for human rights considerations to be brought into the debate on the crisis.

However, despite all these declarations, charters and conventions – including, by the way, the Convention on the Rights of the Child signed 27 years ago –, children's rights to

food is still marginalised.

Brazil, though, is showing the way forward . . .

In 1994 Brazil started its 'Zero Hunger' programme, which defined the direction for a national food-security strategy and incorporated the right to adequate food into the discussions.

## Zero Hunger in Brazil

### Success Factors:

- **Political will and the Right to Food approach:** The fight against hunger is at the centre of social policy-making in Brazil. The Right to Food legally binds the government to it.
- **Multi-sector approach at public policy level:** The programme has been promoted in conjunction with health services, nutrition education packages, access to safe water, social aid, school feeding, food production and household income generation initiatives.
- **Participation of civil society:** Civil society started the fight against hunger in Brazil 30 years ago and has continued to push public institutions to address hunger as a key political issue ever since.
- **Improving smallholder productivity and livelihoods:** Family-based agricultural support programmes have contributed to higher incomes for small-scale producers.



Credit: S. Hauenstein Swan



# Economic growth to the rescue?

**Economic growth is generally considered necessary to address hunger and malnutrition. In theory, growth creates jobs and means that more money is available to tackle hunger. But it doesn't always happen that way.**

There is good evidence to suggest that decreases in rates of malnutrition are not necessarily the result of economic growth.

According to the Organisation for Economic Co-operation and Development (OECD), between 1999 and 2009, African economies grew by around 5% a year. That's an increase of more than 50% over the ten years. That would imply that these countries would have had a lot more resources to fight poverty, but it's not like that: rates of malnutrition barely improved during this period, in fact, it was actually worse in 2008.

Economic growth is clearly not enough, nor are purely economic related interventions. The 2008 Global Hunger Index points out that despite greater national wealth in Botswana and

Swaziland, "the high prevalence of HIV/AIDS, coupled with high inequality, have severely undermined food security".

The issues affecting nutrition are complex. Tackling these issues requires a broad spectrum of interventions, not just money. Other measures needed are a political commitment to address inequality, an approach which assumes that people have a right to food and prioritising the needs of the most vulnerable.

A variety of nutrition and nutrition-supportive interventions, implemented at scale, are needed. Interventions that directly diagnose and treat child and maternal malnutrition must be at the forefront of the fight against hunger.

These interventions include integrating the treatment of acute malnutrition with the

prevention of communicable diseases such as tuberculosis, malaria, HIV and AIDS - especially mother-to-child transmission. More must be done about implementing programmes that address food insecurity, inadequate water and sanitation, inadequate care practices and the lack of health and nutrition services.

Another factor related to economic growth was observed in Tanzania in the 1980s at a time when the national economy was in recession. Facing low prices, little demand and breakdowns in the transport system, the rural population cut back on cash crop production and began to grow more food for their families. UNICEF officials noticed a boom in food output and a decline in infant mortality rates. Not only that, but housing in the villages improved during the recession and men's drink problems declined as they were no longer earning as much money as they had from cash crops.





# Malnutrition: Not News

Malnutrition is rarely in the news. Why? Perhaps because even though it's slowly killing millions, it's an on-going drama, rather than a news-worthy event. Or perhaps it's because the people affected are the poorest.

If 90,000 people lost their lives in a single day, in, for example, a terrorist attack, an earthquake, a tsunami or in a series of horrific aviation accidents, it would make front page news the world over. Virtually everyone on earth would hear about it.

But everyday around 90,000 people do lose their lives, many children among them, because of malnutrition. (Source: Jean Ziegler in 2006; *United Nations Special Rapporteur on the Right to Food from 2000 to 2008*). And this horrific fact rarely, if ever, makes the news.

The media usually arrive only when people are dying of starvation in numbers that are large enough to make the news. The cameras are rarely there to record the everyday struggles of people who are malnourished.

If the public does not know about the plight of malnourished people and the reasons why they are malnourished; if the media is not giving the public an accurate picture, then the malnourished stay out of sight. Viewers, listeners, readers of newspapers are not getting a true picture and therefore aren't able to respond to what is going on in any knowledgeable way.

But, there are success stories at local level that *are* news. It is news if a community can report that malnutrition is significantly declining in its locality. There are ways of presenting facts in interesting ways that increase understanding. And in our globalised world, the media could maybe stress just a little more that we are all in this together.

There is a way for malnutrition to become big news for all: Stop it everywhere.

*The media usually arrive only when people are dying in numbers that are large enough to make the news.*



# A Little Cassava is not Enough

There is a whole area south-west of Bangui, the capital of the Central African Republic, where people are dying of hunger right now – as you read these lines. These are some of their stories.



A high percentage of children in the Berberati region of the Central African Republic are acutely malnourished.

Arlette, who is 32 years old, lives in Nazembé, some 16 miles from Bangui in the Central African Republic, but she has never seen the city.

"I was told that my child could be treated there." So she went with her 4-year old daughter Marie-Angèle, who is suffering from kwashiorkor, a form of severe acute malnutrition.

Arlette

camps with other mothers and children in a shed adjacent to the therapeutic feeding centre of ACF in the regional hospital at Berberati, southwest of Bangui.

Arlette says she has nothing to feed her children.

Berberati, with 155,000 inhabitants, has no electricity and practically no running water. The region has mining resources, gold and diamonds and forests. It was once regarded as relatively prosperous in a country that ranks among the world's poorest.



But in the spring of 2009, a doctor sounded the alarm after detecting severe signs of malnutrition in children he examined. An ACF survey found 7% of children in a state of severe acute malnutrition.

A young woman, who does not know her age, stands breast-feeding her eight-month-old daughter. When asked about suffering children, she says: "It is the disease of the famine that is killing them". The little cassava and okra that she was able to harvest was not enough.

Aminatou, aged two, is much better after a month of care at a health unit. Her mother died a year ago. Her 13-year-old sister accompanies her.

Another woman says that her two-year-old daughter lost





weight before falling ill. After ten days spent in hospital, she gained weight. She feels overwhelmed by the power of the ‘global crisis’, without understanding how she has become its victim.

“Eating three times a day, it no longer exists,” she says.

The timber industry collapsed in March 2009, as did the mining and marketing sectors of the economy. The diamond-buying offices have closed, one by one. Half of the employees have been dismissed in the region of Mambéré-Kadéï, according to one official. Short of money, people buy cheaper products and

reduce the frequency of meals.

In markets, the shopkeepers can no longer sell their meagre amounts of vegetables and fruit. Agriculture, especially food crops for local people, could be the salvation. But many locals have lost the farming tradition and flocked to the diamonds. Elsewhere in the country, many have been forced to convert to export crops - cotton and coffee.

An emergency operation continues. Health visitors go house-to-house measuring the children. Those with the first clinical signs of severe acute malnutrition become patients of one of four units installed in

health centres. Here again they are measured and weighed, and then followed up each week if necessary.

With a little medical and nutritional care, children, like these in the Central African Republic, can grow, be happy and achieve their potential.



Credit: ACF-CAR



# Beans and Tortillas

**The laughter and smile of Nora Ramírez brighten up her dark hut, but getting food other than the staple diet of beans and corn tortillas is tough – and not enough. She is a Ch’orti’ Maya, a highland Indian people of Guatemala.**



Although Guatemala is in better shape than some countries, the area of ‘Corredor Seco’ (‘Dry Corridor’) has a 73% rate of chronic malnutrition amongst its children.

Francisco, Nora’s husband, is unemployed. Life is hard. Serious drought has affected the coffee and sugarcane crops and it is more difficult than ever to find seasonal work. The global economic crisis has made matters worse: food prices are soaring and even basic items aren’t affordable.

Their son Julián is 10 years old, although he does not look it. He is small and thin for his age. Evelyn, his sister, is eight and is about as tall as an average three-year old girl in Europe. Both suffer from chronic malnutrition.

Chronic malnutrition is a huge problem in Guatemala. Half the children under five suffer from chronic malnutrition, the highest proportion of any country in the region. The figures are alarming but often go unreported. The problem has become so commonplace that it has almost become invisible - but not to the parents of children who are suffering.

Addressing malnutrition is a priority for the Guatemalan government. The country is beautiful but is scourged by poverty, violence and drug trafficking.

Nora and her family do not know about Guatemala’s Food Security and Nutrition Law, or its anti-hunger policies and actions. Their youngest child, one-year old Ludwig, is still being breast fed and seems well-nourished. When he starts eating solid food, his ordeal will begin.

The family eats only two meals per day. Their food reserves are low. They can afford only a limited ration of basic things such as salt and beans.



Nora speaks about the shortages her family faces, of how she is used to living on the brink of survival.

One of ACF’s programmes will help the family. While it may not dramatically change things, they will be able to prepare some more tortillas and beans – and buy vegetables. And if Francisco joins the ‘Food for Work’ programme, he will earn some money to buy some basic necessities . . . maybe even half a chicken.





# Poverty, War and Malnutrition

The Democratic Republic of Congo (DRC) is in crisis. It is suffering from years of brutal wars with Uganda and Rwanda and its own internal conflict. A poverty stricken country of 70 million, it struggles with food insecurity resulting in routine outbreaks of acute malnutrition that threaten millions of lives. The global economic recession of 2009 dealt the country a further blow.



The DRC has a population of just over 70 million. It is almost completely land-locked.

Credit: P. Taggart



Rich in diamonds, gold, and nickel, the Democratic Republic of Congo (DRC) has long depended on mining. But when global recession caused the price of minerals to plummet, mining companies across the southern part of the country closed. The collapse of the mining sector, along with drought, conflict and other factors, left thousands of families without food or income.

Many others fled from their villages because of fighting between armed groups. Away from their fields and sources of income, they had to reduce their daily food consumption, perhaps eating only cassava and cassava leaves.

In these situations children are most affected. They have few reserves, especially when they are underweight and fragile to begin with. In southern Congo, thousands of children are victims of starvation. Some of the highest rates of global acute malnutrition ever seen in the region were uncovered in late 2009. In Djuma, an area inaccessible by road and served by few aid organisations, nearly one in five children was diagnosed with

it, double the rate recorded in 2008.

ACF is at the forefront of efforts to treat acute childhood malnutrition in DRC. Working with local health authorities, ACF has treated 42,000 cases across the country, employing a community-based model that is revolutionising care.

ACF trains volunteer village health teams to diagnose malnutrition and refer affected children for outpatient treatment, or, if they have severe complications, to therapeutic stabilisation centres for around-the-clock care. In outpatient centres managed by the Congolese Ministry of Health and integrated into the local health system, nurses trained and equipped by ACF treat and monitor acutely malnourished

children during their weekly visits.

## Seeds of hope in the east

Another one of the problems facing farmers in the war-torn eastern part of the DRC is that when they were displaced from their land, they were not able to continue the practice of saving seeds between one planting season and the next. Thus, even if they can return to their land, they have nothing to plant. In addition, the brutal conflict, which has raged for well over a decade, has disrupted markets, making seeds unavailable and inaccessible to small-scale farmers. Therefore, ACF is using a local market-based solution to provide people with the seeds they need by organising seed



ACF helps find out what crops the local population wants to grow and then provides them with that seed.

Credit: Damien Guentheros





Credit: Counterpart Images

fairs throughout the region.

ACF's philosophy is that local populations can choose what works best for them. Rather than deciding which seeds to give people, ACF finds out what crops people want to grow and helps to make those seeds available. And it encourages buyers and sellers to work with seeds that are well adapted to the location and produce nutritious foods.

ACF also provide families with coupons which they can use to purchase the seeds. In typical fashion, buyers negotiate with vendors to find a price they can agree on. After the fair, the

seed-sellers turn in the coupons to ACF in exchange for real money. As part of the process, participants also receive training in agricultural techniques and participate in nutrition education activities.

Boumylia, a woman displaced in 2009 by a massacre in her village, now lives with a host family. With 30 dollars-worth of coupons, she bought five kilos of beans and 18 kilos of rice at a seed fair in the town of Walikale. Planting the seeds in her host family's fields will give her a guaranteed source of food in the coming months.

Another woman, Elena, also got a boost from a local seed fair. Through the fair, she was able to buy enough peanut and bean seeds to fill two fields. She is confident she will be able to harvest enough for her family to eat for several months.

Buyers aren't the only ones to leave happy. The innovative programme also injects money into the local economy, helping seed producers financially and boosting their capacity to continue growing. As one female seed seller said, "We've all got coupons. We all made money!"

# Hope and Help

**Action Against Hunger (ACF) runs therapeutic feeding centres in many parts of the world. In the war-torn Democratic Republic of Congo (DRC) it is particularly difficult, but even in the bleakest of circumstances, if there is help there can be hope.**

**F**ive-year-old Lagerre and his elder brother Mussafir have benefited from one of ACF's therapeutic feeding centres. In 2009, their family was forced to flee their village because of the armed conflict in the DRC and they have been living with another family ever since. Far from their fields, their food was greatly reduced. Mussafir was the first of the boys to become severely malnourished.

Their mother Fora took Mussafir to the outpatient feeding centre in Bitobolo. In this remote region of the country, ACF has reconstructed a shelter at the local health centre and is helping to support and manage the provision of treatment for malnourished children living in the area.

Many of the children arriving at the centre were mere skin and bones, while others had swollen feet, legs and arms, which at first sight makes them look chubby. Far from it, it is a sign of severe acute malnu-



Credit: ACF-Spain

At the centres, children are measured, weighed and get medical care. If needed, they are given specially formulated micronutrient-enriched food, such as high-energy peanut paste, which is ready to use at home.

trition. At the clinic, nurses weighed and measured Mussafir and gave Fora Ready-to-Use Therapeutic Food for the boy. After his treatment, his appetite returned, and Fora says, "now he eats everything he can get his hands on"!

Having seen what happened to Mussafir, Fora brought Lagerre to the outpatient centre to have

him checked for malnutrition as soon as she spotted some of the warning signs that she had learned to recognise. She now comes every Tuesday with the boys and promises to "keep the boys coming every week until they have regained their health".

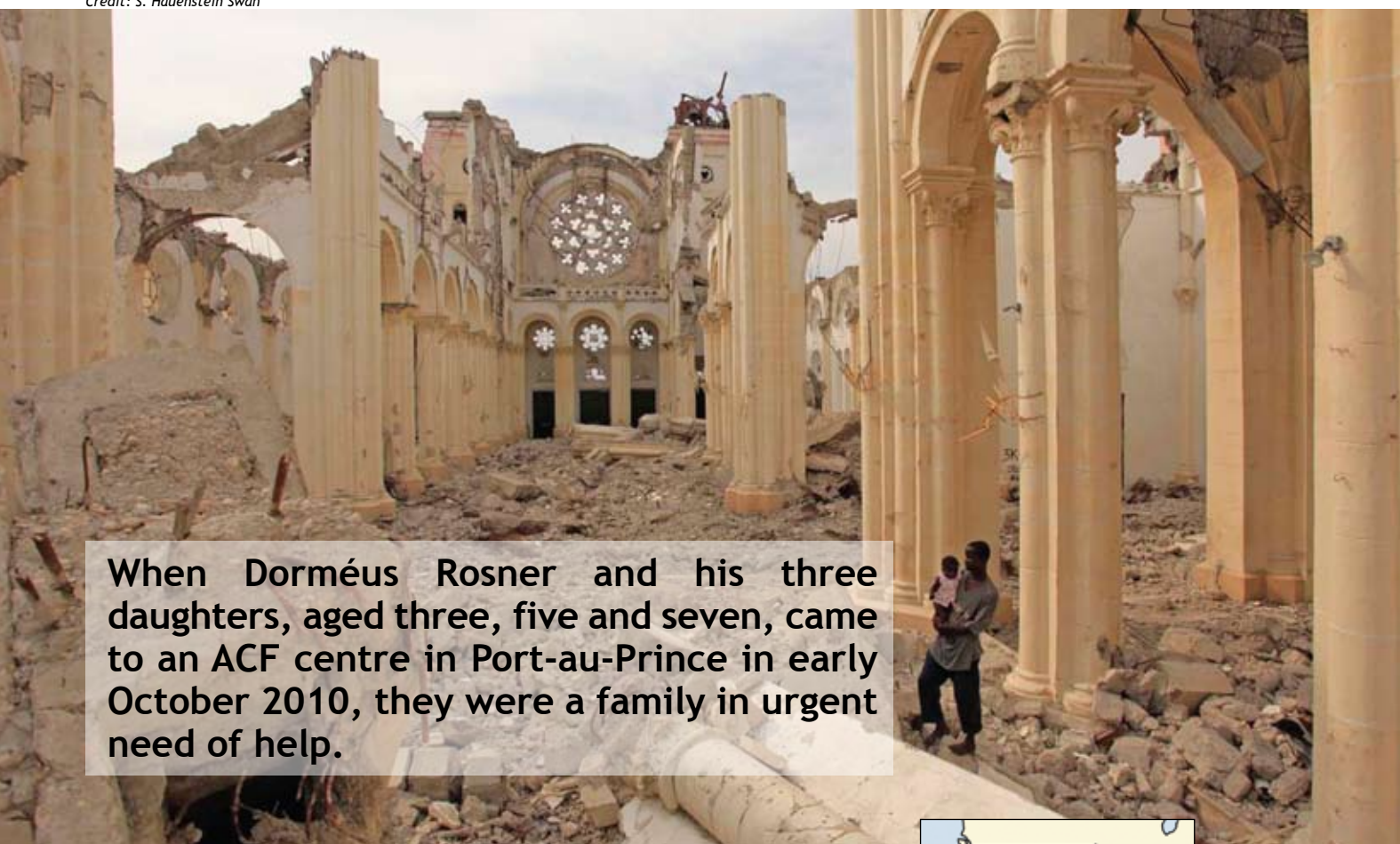
In time, the family hopes to return to their home and pick up their lives.





# Earthquake, Hunger and Cholera

Credit: S. Hauenstein Swan



When Dorméus Rosner and his three daughters, aged three, five and seven, came to an ACF centre in Port-au-Prince in early October 2010, they were a family in urgent need of help.

**D**orméus Rosner has encountered great difficulties in feeding his three daughters since the devastating earthquake that struck Haiti in January 2010. It was an earthquake which killed his wife and mother of the three girls. Two of them were suffering from severe acute malnutrition with oedema of the lower limbs, while the third had moderate acute malnutrition. He was just not able to afford to buy enough

nutritious food to meet the family's most basic needs.

The children are now receiving treatment and Dorméus Rosner comes every week to the ACF centre to receive food and advice on nutrition, hygiene and health. He takes home the nutritious, ready-to-use-food Plumpy'nut. A high-energy peanut-based paste, Plumpy'nut has proved very effective in the treatment of severe acute malnutrition.



In addition to the earthquake, Haiti saw an outbreak of cholera in 2010, which has grown in the wake of flooding caused by Hurricane Tomas.

Dornéus Rosner and his daughters are just four of 100,000 Haitians that ACF helped in 2010 - a tragic year for Haiti. When the earthquake struck in

January, ACF rushed to supply clean water for survivors in Port au Prince and surrounding areas. Within a week, it had provided displaced families with access to food, water and sanitation in hard-hit neighbourhoods and installed latrines in camps to prevent the spread of disease.

ACF put structures in place to identify and treat children who were suffering from severe acute malnutrition. Multiple-purpose centres were set up to provide a range of services to mothers with young children, including a safe environment for breastfeeding, as well as nutritional and psychological support.

Support to breastfeeding mothers is high on the list of priorities, as is distributing infant formula for orphaned children. Pregnant women are also given support.

"Because of the myth that, in times of crisis, breast milk is bad for children, some mothers prefer to give their children powdered milk," said Pierre Tripon, ACF's country director in Haiti. "This can be dangerous because powdered milk, when diluted, can be easily contaminated, especially in an emergency setting like post-earthquake Haiti. ACF has set up a dozen special tents for nursing mothers and their infants to provide a safe space for breastfeeding".

Helene is one of the mothers who has benefited.

Helene arrived at one of ACF's baby tents in the devastated Canape-Vert district of Port-au-Prince. Her baby was born in the street without any medical support and quickly developed conjunctivitis from unhygienic living conditions.

Upon arrival, ACF's trained nutritionist performed an immediate assessment and provided Helene with clean drinking water, food and a mat to lie on. With round-the-clock care, Helene was able to breastfeed successfully and the baby recovered.

Helene's country is battling to recover not only from the devastation caused by the earthquake, but now has to contend with an outbreak of cholera. ACF is trying to prevent the spread of cholera to Port-au-Prince, starting with the distribution of clean water to over 300,000 people in the capital every day.



Credit: ACF





# Bangladesh:

## Beyond Feeding Programmes

**Syed Nur worked for his government for almost 32 years. After retirement, he got involved with the food security activities of ACF, in the refugee camp in Kutupalong, in the south of Bangladesh.**



Bangladesh is highly vulnerable to natural disasters, floods, cyclones and tsunamis, 25% of families live in food insecurity and 500,000 children under five suffer from severe acute malnutrition.

Since 2007, ACF has been implementing projects in the district of Cox's Bazar to help the most vulnerable households affected by natural disasters or extreme poverty. In the refugee camps of Nayapara and Kutupalong, ACF runs several activities, including supplementary and therapeutic feeding programmes, mental health and care practices, nutrition and hygiene education, kitchen gardening and water and sanitation activities. This integrated approach aims to combat malnutrition in the camps which remains at unacceptably high levels.

Syed Nur is the Kitchen Gardening Corner Adviser in the camp in Kutupalong. He joined ACF after retiring from his job as a public servant. He provides advice on different cultivation methods to around 500 households in the camp.

"They come with problems. I

give solutions," says Nur. "There are two agricultural experts working for me. This is open for



Syed Nur, with all his years of experience, gives advice on what to grow and when to grow it.

all - those who have received seeds and tools and technical support as well as those who have not received any".

Advice covers matters such as tree planting in a limited area,

how to deal with rodents that are harming plants and how to make bioinsecticides and fertilisers. On a wall at the camp, a large chart called the 'insects museum' has several species

exhibited under a glass frame.

Khairul Bashar was among those to receive advice. At 26, Bashar is married with two girls, aged three and two. He had some space left over after planting beans and spinach. Nur's advice for him was to plant string beans, sweet pumpkin and other winter vegetables.

Another activity at the camp is organised play for the children.

"We feel very good when we play," said one of the children.

"Play sessions are very important for stimulation and mental well-being, not just for the children but the mothers can now also understand that playing with their children is an important care skill," said Rushni, a psycho-social worker who facilitates the sessions.

There are lots of things for the children to do: they can play ludo, throw dice, draw pictures, read stories, recite poems and sing. It comes as no surprise when almost all the children said that they would like to come to the half-hour sessions every day, given that most of their families hardly have any money to buy toys.

Credit: Gianluca di Santo





# Reaching Out

**CMAM, or Community-based Management of Acute Malnutrition, is a programme run by ACF, which finds and treats malnourished people, especially children, throughout the community and provides them with care and support.**



Malawi is very densely populated with an 85% of the people living in rural areas. They are heavily reliant on agriculture.

**C**MAM is a cost-effective way of enabling communities to identify and treat acute malnutrition.

Depending on the severity, malnourished people – both children and adults – can be treated either as inpatients in a clinic or hospital, or as outpatients in their homes. Treatment through outpatient care is preferable for both children and parents, because it offers severely malnourished children the opportunity to be treated at home, with family and community support.

If a severely malnourished child has no underlying health problems and has a good appetite, the mother or carer can be given sachets of highly nutritious ready-to-eat food known as RUTF to take home. Up to 80% of all severely wasted children can be treated in their own communities. Community-

based Outpatient Therapeutic Programmes are much cheaper to run than treating a child in a clinic because they are less reliant on medical staff and facilities.

RUTF distribution points, where children are regularly monitored for health, are located within communities for easy access.

Without training, malnutrition is not always easy

to spot. Frequently, acutely malnourished children are taken into a hospital or clinic because of some other underlying health problem or because they have lost their appetite – not because malnutrition has been identified. The parent or other carer must stay with the children while they are recovering, which is difficult if there are other children to

take care of or if the parent has to work.

The aim of CMAM is to increase coverage for the treatment of acute malnutrition with a decentralised, outpatient approach. Endorsed by key United Nations food, nutrition and health agencies, and non-governmental organisations such

as ACF, community-based management significantly reduces the numbers of

severely malnourished children requiring inpatient care.

The prevention of severe acute malnutrition is better than treating it. Here again, a community-based approach makes good sense. Mothers get supplementary food to prepare and give to their children who are moderately malnourished or at high risk of malnutrition. Such

***80% of all severely wasted children can be treated in their own communities . . . which is much cheaper than in a clinic.***



Children being weighed in Malawi

foods usually consist of a blend of wheat or maize flour with powdered soya beans, fortified with vitamins and minerals, along with vitamin-A fortified vegetable oil. This sort of intervention is flexible: it can target all households in a community, particularly during the lean or hunger season, or, at other times, target households with vulnerable children.

In Malawi, for example, CMAM has been implemented with success under the name of

the *Community-based Therapeutic Care Programme*. The programme began in 2002 during a food emergency. It is a holistic approach to the treatment of malnutrition, designed to provide timely, effective and cost-efficient assistance in a way that strengthens and empowers the affected communities and creates a platform for longer-term solutions. Almost two-thirds of HIV affected households with malnourished children have enrolled in the programme.

## CMAM in brief

- Development of community outreach services.
- Services or programmes for patients with moderate acute malnutrition.
- Outpatient care for children under six months who have no medical complications and a good appetite.
- Inpatient care where children have medical complications or poor appetite, are under six months old or weigh less than 3kg with severe acute malnutrition.





# Taking Action

Action Against Hunger has been working in the north eastern province of Kenya since 2002. Using an integrated approach, it is implementing a project which is aimed at reducing malnutrition.

Credit: ACF-Uganda, courtesy of Tine Frank

Surveys in the greater Mandera District of Kenya in April 2009 found that acute malnutrition was running at about 30% and, alarmingly, that 5% of children were facing severe acute malnutrition (SAM). Undoubtedly a serious nutritional crisis. Water scarcity added to the problems, driving livestock out of the region, leading to shortages of milk and undermining the health of infants and children.

The ACF approach is unique in that it offers a complementary package of support to households or communities. ACF's strategy includes programmes such as Water, Sanitation and Hygiene

(WASH), Food Security, Livelihoods and other nutrition activities. It also provides life-saving food and services that cure and prevent acute malnutrition by addressing the underlying causes that make people vulnerable to it.

Nutrition activities include the treatment and prevention of malnutrition, nutritional surveys and training and supporting Ministry of Health staff to institutionalise nutrition services.

ACF also works with communities to increase water availability for people and livestock: building or rehabilitating underground tanks, harvesting rainwater, constructing treadle



Kenya hosts one of the largest refugee camps in the world: Dadaab, where thousands of Somalis are living in terrible conditions.

pumps, improving water quality control and monitoring through sustainable techniques. Food Security activities include agricultural support, urban horticulture, income generating activities and activities aimed at reducing women's workloads. The projects are located in several districts of the Mandera and Garissa regions.



# SUN: A Bright Global Movement

Launched in May 2010, Scaling Up Nutrition (SUN) is a good example of a new global movement to address malnutrition.

Credit: S. Hauenstein Swan

The SUN movement is a multi-stakeholder effort to scale up nutrition as a key contribution to achieving the Millennium Development Goals (MDGs). It is supported by a wide range of over a hundred entities from national governments, the United Nations system, civil society organisations, development agencies, academia, philanthropic bodies and the private sector.

The SUN movement encourages greater focus on nutrition within development programmes. It emphasises that the right investments will save lives, improve countries' economic prospects and increase

the prosperity, well-being and potential of all their citizens.

The supporting entities, including ACF, are committed to supporting its implementation in ways that respond to the needs of people in countries affected by malnutrition. They have drawn up a 'Road Map' to encourage and support the scaling up of cost-effective interventions. The Road Map has a short list of priorities to improve infant and child nutrition.

*1000 Days: Change a Life, Change the Future* is a combined effort launched in September 2010, that supports SUN. 1000 days is the time from the start of pregnancy

until a child reaches the age of two – the critical first thousand days of a child's life and growth.

A wide range of organisations, including ACF, are supporting the movement. They will share information and coordinate efforts to support effective, evidence-based actions to improve nutrition and encourage investment in scaling-up movements to improve the nutrition of children.

The SUN and '1000 days' movements can help progress towards the MDGs. For them to be successful, nutrition must be prioritised, adequately funded and targets clearly set and monitored at international, national and local levels.





# Malnutrition can and must be eradicated

## Full stop.

The urgency of the task cannot be stressed too strongly. People are suffering and dying right now in a world that has the resources, knowledge, finance, technology and techniques to solve the problem. While all the answers to eradicating malnutrition are not yet known, enough is known to make major inroads into this scourge of humanity.

Good nutrition is the foundation for human development. Scaling up programmes that directly treat and prevent acute malnutrition must be at the forefront of anti-poverty actions to reach the Millennium Development Goals (MDGs). Nutrition funding should not have to wait until acute malnutrition reaches emergency thresholds – responses to acute malnutrition crises and famines are not enough.

What can we do about it? Here are twelve key actions:

**1.** Address the various causes of malnutrition. Through multi-sectoral responses that enable access to food, provide access to safe water and sanitation, promote good hygiene and care practices.

**2.** Set up a system that alerts organisations to increasing rates of malnutrition, both the severity and the overall numbers of children affected.

**3.** Improve methods of diagnosing malnourished children, particularly infants in breast-feeding age.

**4.** Include agricultural development and food security in broad poverty reduction frameworks.

**5.** Scale up community based programmes that treat acute malnutrition so that they reach all acutely malnourished children.

**6.** Integrate the treatment and prevention of acute malnutrition into basic health service packages offered at health centres.

**7.** Prevent and treat acute and chronic micronutrient deficiencies during periods of critical growth – particularly during pregnancy, breastfeeding, infancy and early adolescence – by ensuring constant adequate vitamin and mineral intake.

**8.** Ensure that the human right to adequate food and nutrition is addressed.

**9.** Secure the allocation of long term funding from governments, donors, policy makers.

**10.** Strengthen the existing human capacity at country level for a successful scale up of nutrition interventions.

**11.** Increase partnerships for a coordinated response to acute malnutrition.

**12.** Enable more community participation in decision making, identifying needs, designing, implementing and evaluating projects.

Credit: Jane Evelyn Atwood/Agence Vu





# The World has the Solution Now

**We have the skills, experience and knowledge to prevent and treat malnutrition – we can stop it now. But we can only act at the scale required with proper financial investment and enough human resources.**

**A**t present, international aid to address malnutrition is grossly inadequate and the needs far outstrip the resources available. The involvement of key ministries – health, social welfare, agriculture and finance – is necessary in order to build and strengthen the capacity of workforces, develop protocols and strategies and implement quality interventions to tackle acute malnutrition. While understanding of the treatment has improved, a lack of human capacity is a major factor impeding implementation and scale-up.

Through the community based management of malnutrition, an annual investment of just over USD\$9 billion (£5 billion) will treat every malnourished child in the world.

Surely, if the international community was able to muster trillions to shore up financial institutions after the financial crisis of 2009, then it can make sure the 55 million children with acute malnutrition receive the treatment they need.

The world has the solutions to end malnutrition now. It is time for national governments, donors, UN agencies and civil society groups to join forces to enable a movement for nutrition, for survival, for growth and for development.

This publication has shown the scale of the problems and challenges that malnutrition brings. It has also shown hope. People are overcoming the problems and have the hope of a better future. But that hope needs extending to more people.

Substantial initiatives are needed. If not enough is done, then millions of people will suffer needlessly from malnutrition. The suffering of people whose stories have been told here should not be happening. There are ways in which it can be overcome.

As the ACF booklet, *'The Justice of Eating'* points out, "An important opportunity lies before us. An opportunity to expand once more the boundaries of conscience, to see dignity, not survival alone, as a feasible goal . . . the right to food is indeed attainable".



Credit: S. Hauenstein Swan





## Main Sources of information and further reading

### ACF reports and papers:

*Taking Action: Nutrition for Survival, Growth & Development* (2010)

*Feeding Hunger and Insecurity* (2009)

*The Justice of Eating* (2008)

*Seasons of Hunger* (2008)

*Chad - Collateral damage of Undernutrition* (2010)

*Undernutrition: What Works?* (2010)

Source of Human Development Index (HDI) country data:

UNDP – *Human Development Report* 2010

(<http://hdr.undp.org/en/reports/globalhdr2010>)

### Other sources:

Famine Early Warning System Network (FEWS NET) – [www.fews.net](http://www.fews.net)

Food and Agriculture Organisation – [www.fao.org](http://www.fao.org)

International Food Policy Research Institute – [www.ifpri.org](http://www.ifpri.org)

The Lancet (medical journal) – [www.lancet.com](http://www.lancet.com)

Overseas Development Institute – [www.odi.org.uk](http://www.odi.org.uk)

Oakland Institute – [www.oaklandinstitute.org](http://www.oaklandinstitute.org)

UNICEF – [www.unicef.org](http://www.unicef.org)

UN Standing Committee on Nutrition (SCN) – [www.unscn.org](http://www.unscn.org)

### Disclaimer

*In order to protect their privacy, the people appearing in this publication's articles are not necessarily the same as those depicted the photographs.*



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ACF/Action Against Hunger 2011

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This and cover photograph by S. Hauenstein Swan

Credit: Gonzalo Höhr

Women in Niger building a dam to protect their crops from flash floods and to retain water for irrigation.







Action Against Hunger | ACF International is a global humanitarian organisation committed to ending child hunger. Recognised as a leader in the fight against malnutrition, ACF works to save the lives of malnourished children while providing communities with sustainable access to safe water and long-term solutions to hunger. With 30 years of expertise in emergency situations of conflict, natural disaster and chronic food insecurity, ACF runs life-saving programmes in some 40 countries helping nearly 5 million people each year.