

# NUTRITION **NOW**

**For the Sahel,**  
for every child





# CONTEXT

## SAHEL REGION

//// It's not easy to be a child in Sahel.



**Civil & armed conflicts**



**Displaced population & children**



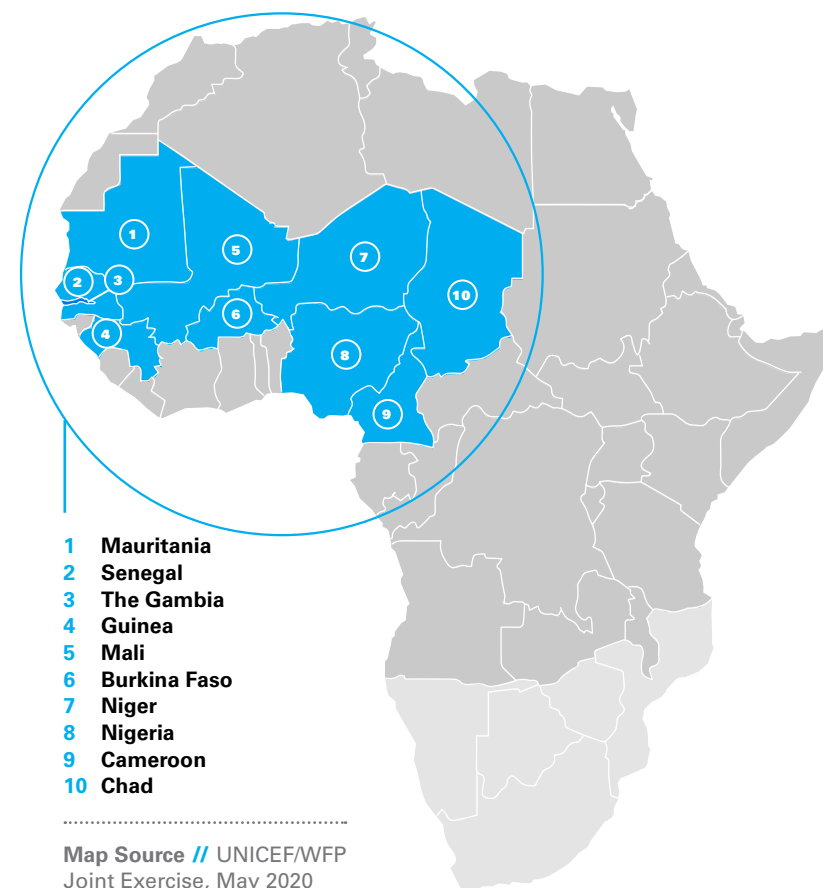
**Rising impacts of climate change, water scarcity, increased natural shocks & hazards**



**Pervasive poverty**



**Social unrest**



//// In this region, childhood is full of risks and threats. Many essential services are simply not available.

It is a semi-arid climatic region along the southern edge of the Sahara desert covering approximately 3,053 million km<sup>2</sup>, stretching from the Atlantic coast in the west, to the Red Sea in the east.

Malnutrition, especially undernutrition and micronutrient deficiencies, is one of the many challenges children face in an already fragile region.



# CHALLENGE

**W**ith conflicts, the socioeconomic crisis, and the impact of climate change, the Sahel is a region of high vulnerability where food insecurity is a chronic issue. COVID-19, the negative impacts of the war in Ukraine and protracted conflicts in the region make everything worse, with malnutrition hotspot areas growing in size and intensity.

A fair chance at life begins with good nutrition.

If a child does not receive optimal nutrition within their first 1000 days, from conception to 23 months, their body and brain will fail to develop properly.

*//// If a child doesn't have proper access to basic water and sanitation services as well as health services, they won't be able to thrive.*

We need to adapt and re-imagine our existing nutrition programmes to make sure that every mother and child has access to healthy diets and essential services now, and in the future. To achieve this, we need sustainable commitments and resources to scale up efforts and implement what we know works for the prevention, early detection and treatment of undernutrition.

The Sahel region is full of opportunities, and the population has a strong resilience, but needs support. Only by working together and making the right investments we can break the intergenerational cycle of malnutrition and ensure that Sahelian children have the chance to survive now and thrive in the future.

**While treatment remains an imperative to save the lives of children** most severely affected, we must shift the paradigm and focus on scaling interventions to prevent malnutrition.

**Marie-Pierre Poirier**

UNICEF Regional Director,  
West and Central Africa



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## // Reconsidering malnutrition in the Sahel

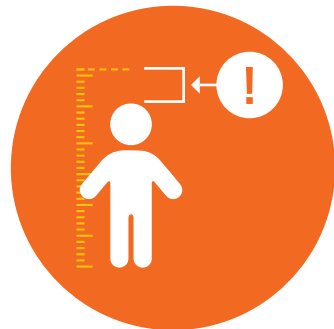
A malnourished child in the Sahel is not just the image of a dangerously thin child who isn't getting enough to eat. The vast majority of children in the region are affected by at least 3 different forms of malnutrition – wasting, stunting and micronutrient deficiencies.

**Wasting and stunting** share common risk factors. Both occur in same populations and can occur in a same child, either simultaneously or at different moments through his/her life. Episodes of wasting contribute to stunting and, to a lesser extent, stunting may also lead to wasting. Intervention to tackle malnutrition should thus address both conditions.



### Wasting

- Wasting is an extreme form of malnutrition which results in a child being too thin for his/her height.
- Given the impact this condition has on the immune system, it carries an immediate increased risk of death.



### Stunting

- Stunting is a condition where a child is too short for their age. It reflects chronic undernutrition during the most critical periods of growth and development in early life.
- Stunted children are more susceptible to infection and do not fully develop physically and/or cognitively.



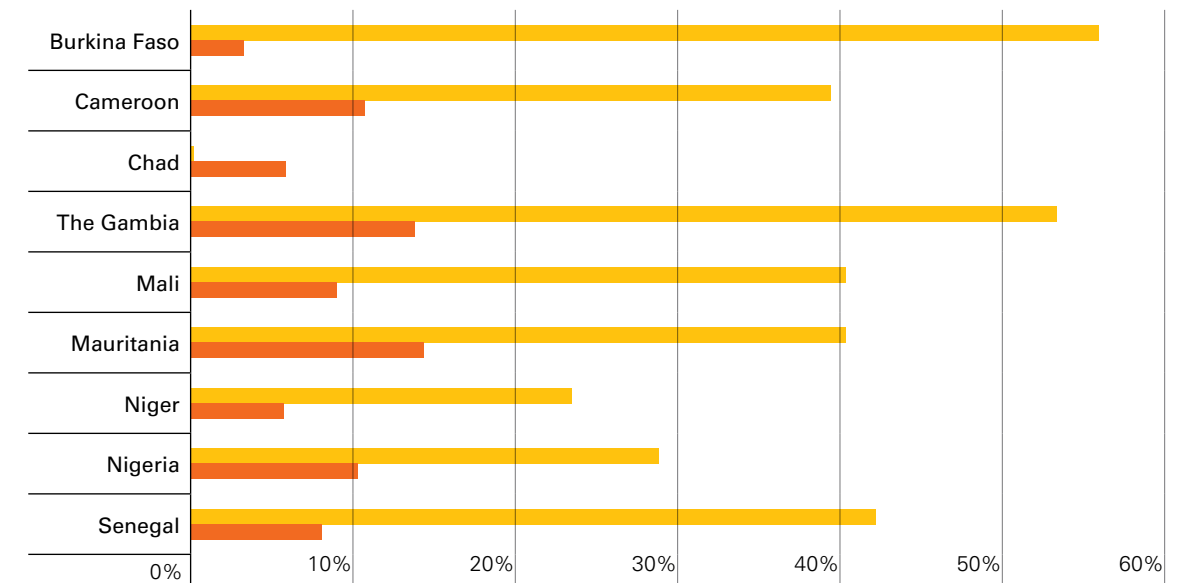
### Micronutrient deficiencies

- Micronutrient deficiencies occurs when a child doesn't get enough essential vitamins and minerals which are necessary for healthy growth and development.
- Vitamin A, iodine and iron deficiencies are the most common.

## // Simple Interventions

Such as, ensuring optimal maternal nutrition and exclusive breastfeeding in the first 6 months, promoting adequate complementary feeding practices up to 2 years, can prevent children from suffering of malnutrition. But across the region, the number of children exclusively breastfed and receiving the minimum acceptable diet remains low:

### Exclusive breastfeeding and minimum acceptable diet in children under two years of age.



#### Exclusive Breastfeeding

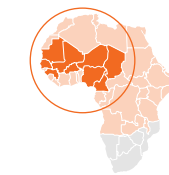
Percentage of infants 0–5 months of age who were fed exclusively with breast milk during the previous day.

#### Minimum Acceptable Diet

Percentage of children 6–23 months of age who consumed a minimum acceptable diet during the previous day.

[Source: UNICEF Global Databases: Infant and Young Child Feeding, New York, May 2021.]

**Wasting, stunting and micronutrient deficiencies** threaten the survival, growth and development of young children, as well as the societies and economies of the region.



The Sahel is now home to **60%** of children **suffering from wasting** in West and Central Africa



On average **10%** of children in the Sahel, **suffer from wasting**



**Stunting impacts**

cognitive capacities and **reduces ability to learn**

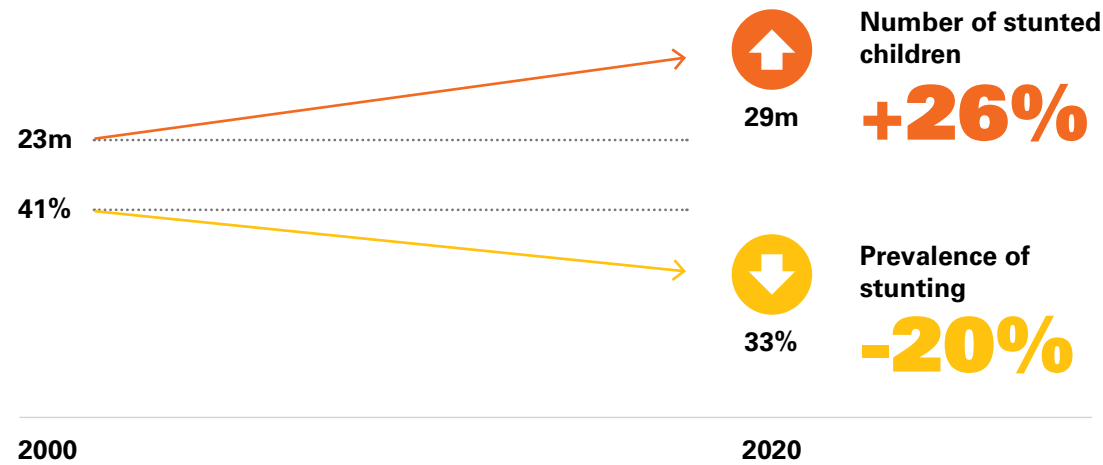


**32.5%** of children under 5 in West and Central Africa **are stunted**



Children suffering from wasting are up to **eleven times** more likely to die than well nourished children

Although prevalence of stunted children has decreased between 2000 and 2020 in West and Central Africa, the absolute number of children with this condition is increasing due to a high and rapid population growth rate.



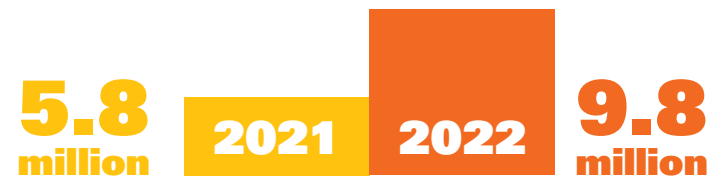
[Source: UNICEF/WHO/World Bank Joint Child Malnutrition Estimates – Levels and Trends, 2021 edition]

//// Undernutrition is not only due to lack of access to food...but is a combination of many deprivations...

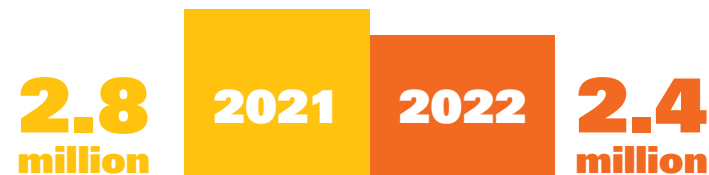


**Undernutrition is not only about the lack of food in the Sahel**, it's a combination of many factors. Illnesses such as malaria and diarrhea, limited access to clean water and sanitation, and lack of access to health services all pose a risk.

#### Estimated number of children suffering from wasting in the Sahel



#### Estimated number of children suffering from severe wasting in the Sahel



[Source: UNICEF/WFP joint exercise]

## Wasting and stunting reinforce each other,

especially in the Sahel where 2 to 8% of wasted children are concurrently stunted. When combined in one child, this is the deadliest form of malnutrition which increases the risk of mortality by 12%.

To prevent wasting and stunting we need to ensure that children can benefit from nutritious and safe diets, and positive feeding and care practices. Both mothers and children need to have access to nutritious and safe diets so babies can be born at a healthy weight and continue to thrive throughout childhood.



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# SOLUTION

**U**NICEF's Nutrition strategy 2020-2030 offers a comprehensive and purposeful framework to guide our collective efforts over the next decade. Guided by key Strategies such as 1st Food<sup>1</sup> and No Time to Waste<sup>2</sup> is our approach to scale up prevention, early detection and treatment of stunting and wasting for the most vulnerable children: the youngest of the young, the poorest of the poor, and those left behind by humanitarian crises.

//// We must act now to help the Sahel recover. We each have a role to play.

**This is how taking action now can lead to Nutrition Now in the Sahel:**

- Investing in maternal, adolescent and child nutrition by supporting and promoting breastfeeding ([www.breastmilkonly.com](http://www.breastmilkonly.com)), access to essential services and healthy diets to prevent malnutrition.
- Supporting innovative approaches and scaling-up of services for the early detection and treatment of infants and young children.

- Expanding social protection services to facilitate access to nutritious diets and essential services for the most vulnerable.
- Investing in the nutrition knowledge and skills of primary health care workers, who are the front line between the health system, children and families. Services to prevent malnutrition must be delivered during pre- and postnatal health care contacts.
- Providing safe and palatable drinking water, along with safe sanitation and hygiene services.
- Empowering communities and strengthening their engagement to build resilience.



**Fighting malnutrition** isn't only about fighting undernourishment. It requires a wide-ranging approach.

**Souley Adamou**

UNICEF Nutrition Specialist  
in Niger

<sup>1</sup>First food: <https://www.unicef.org/media/93981/file/Complementary-Feeding-Guidance-2020.pdf>

<sup>2</sup>No time to waste: <https://www.unicef.org/media/109716/file/No%20time%20to%20waste.pdf>; <https://www.unicef.org/media/127646/file/No%20Time%20to%20Waste.pdf>

## // How we do it

### //// Nutrition is a lifelong issue.

The effects of poor nutrition start in the womb, but continue into adulthood, and cycle across generations. While malnutrition can trap generations of children in a cycle of poverty, good nutrition, particularly in infancy, is the building block for future health and development. A lifecycle approach to nutrition programming ensures that we target nutrition interventions to the key moments in a person's life.

UNICEF's nutrition programmes set children on the path to healthy growth and development from conception, through childhood and adolescence, and across the life course. UNICEF aims first at preventing all forms of malnutrition, even in emergency contexts and, ensures treatment when prevention falls short.

#### Nutrition Lifecycle



## // To reduce child wasting and stunting, we need to ensure that:

- Children are born with a healthy weight;
- Children benefit from nutritious and safe diets, nutritional supplement and positive feeding and care practices; and
- Children have access to essential nutrition, health, water, and sanitation services.
- Proper investment in improving women and girls conditions and providing them with equitable opportunities is undertaken

The programming is grounded in a systems-strengthening approach to improve nutrition outcomes for children, adolescents and women.

This approach activates 5 key systems that have the potential to deliver critical interventions at scale and impact on nutrition programmes.

#### 5 Key Systems



**Food**



**Health**



**Water Sanitation**



**Education**



**Social Protection**

The nutrition crisis, exacerbated by conflicts, climate change and the socio-economic crisis that affects households' incomes, is a call to accelerate efforts and an opportunity to re-imagine the way we do business in nutrition.

***But despite a context that is not favorable, children can be protected from undernutrition, grow healthy and thrive.***



## // Why invest in nutrition programmes?

Investing in nutrition-specific interventions is vital for a child's survival, but it is also one of the best value-for-money development actions we can take, paving the way for tomorrow's growing economies and their workforce.

**\$1**

**invested in key nutrition interventions  
would yield between  
\$4 and \$35 in economic returns:**

**\$1** invested in wasting prevention = **\$4 return**

**\$1** invested in stunting prevention = **\$11 return**

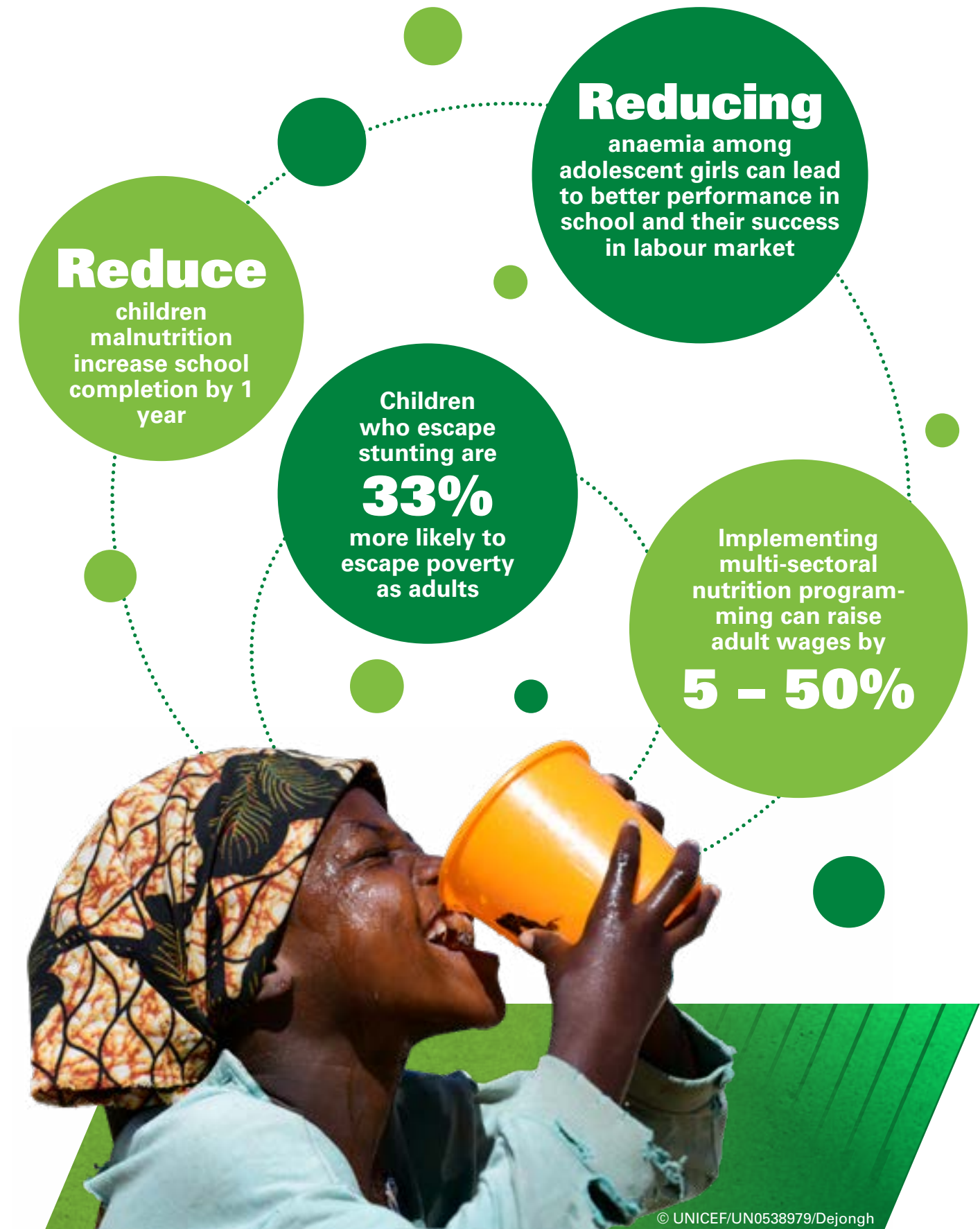
**\$1** invested in anaemia prevention = **\$12 return**

**\$1** invested in exclusive breastfeeding = **\$35 return**

[Source: [https://openknowledge.worldbank.org/bitstream/handle/10986/26069/Economic\\_benefits\\_WEB.pdf](https://openknowledge.worldbank.org/bitstream/handle/10986/26069/Economic_benefits_WEB.pdf)]



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[Source: Kakietek, J., Eberwein, J.D., Walters, D. and Shekar, M., 2017. Unleashing Gains in Economic Productivity with Investments in Nutrition. Washington, DC: World Bank Group.]



# ACTION

Investing in nutrition well-being and closing the funding gaps will enable UNICEF and partners to strengthen priority systems to deliver for children. The time for taking action is now, and we have solutions.

## Prevention of malnutrition in early childhood

Breastfeeding	<ul style="list-style-type: none"><li>Promote early initiation of <a href="#">breastfeeding</a> in primary health care, exclusive breastfeeding until 6 months, and then continued breastfeeding up to two years.</li><li>Support governments with a legal framework and on-the-ground interventions to ban inappropriate promotion and distribution of breastmilk substitutes, and to support healthy food production.</li></ul>
Complementary food and feeding (6-23 months)	<ul style="list-style-type: none"><li>Support families with information/solutions for healthy and safe diets for their young children.</li><li>Promote access to affordable nutritious complementary foods produced and transformed locally by mobilizing social small and medium enterprises (SMEs) and <a href="#">young entrepreneurs</a>.</li><li>Ensure the continuity of essential nutrition services for young children through food, health, social protection, food and water and sanitation systems.</li><li>Support governments with a legal framework and on-the-ground interventions to support healthy food production.</li></ul>
Micronutrient supplementation	<ul style="list-style-type: none"><li>Adapt delivery platforms for Vitamin A supplementation, including via routine health system contacts and child health days.</li></ul>
Healthy food environments	<ul style="list-style-type: none"><li>Employ multi-sectoral efforts such as social protection, education and water and sanitation to ensure continued local availability and affordability of healthy foods, including local solutions and promotion of the production of local complementary foods working with social small and medium enterprises (SME).</li></ul>

## Early detection and treatment of life-threatening malnutrition in early childhood

Early detection of wasting	<ul style="list-style-type: none"><li>Intensify efforts to strengthen the capacity of mothers, caregivers and community actors to detect and monitor their children’s nutritional status. Empowering mothers is key to tackle undernutrition.</li></ul>
Treatment of child wasting	<ul style="list-style-type: none"><li>Initiate/intensify decentralization of treatment for uncomplicated -wasting by shifting to community-based treatment whenever possible, and prevent disruptions in key commodities.</li><li>Simplified combined protocol (MUAC/Oedema as the only criteria for admissions and discharge; expanded admissions criteria; use of RUTF to treat both MAM and SAM; reduce dosage of RUTF) results in recovery rates as good as those of standard protocol. Thanks to simplified approaches, the most vulnerable children living in the most remote and inaccessible areas can access treatment. Decentralization also reinforce community resilience, putting mothers, caregivers and community workers at the forefront of the fight against wasting.</li></ul>





# Maternal nutrition services

- Ante- and Postnatal care
- Adapt international recommendations on antenatal care and postnatal care to local contexts to ensure continuity of essential nutrition services.

# Middle childhood and adolescence (5 - 19 years)

- Continuity of services
- Maintain continuity of essential nutrition services, such as micronutrient supplementation and deworming, despite school closures.
  - Deliver messages on healthy eating and positive behaviours through safe user-friendly platforms.
  - Countries have started implementing what works for the prevention and care of wasting with promising results but more support is needed. We must pursue our efforts to strengthen nutrition services, practices and more than ever access to nutritious diets to provide continuous support between prevention and treatment, always and everywhere in the region.



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# Partnerships



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**We need everyone to affirm that children’s lives matter.** If we do not, we will see decades of progress in child survival slip through our fingers.

**Catherine Russell**  
Executive Director, UNICEF

## The Power of Partnerships

Partnerships are at the heart of everything UNICEF does, and core to achieving our agenda for children.

Improving nutrition for children, adolescents and women requires strategic multi-sector partnerships on many levels. These partnerships enable us to share resources, responsibilities and risks to achieve our vision of realizing the right to adequate nutrition, especially for the most vulnerable.

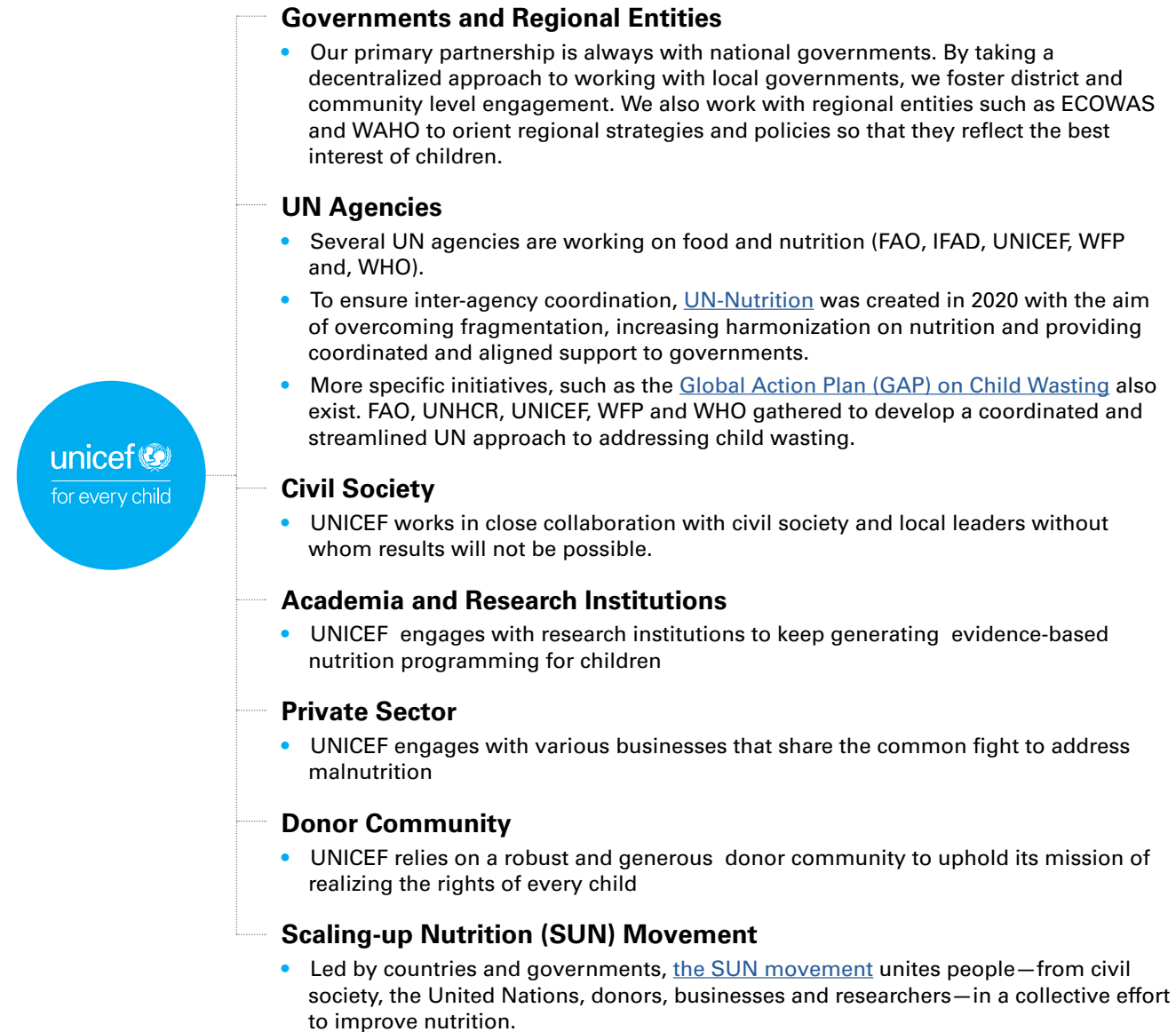
As the global and regional lead on maternal and child nutrition, UNICEF is uniquely positioned to mobilize the power of partners across the public and private sectors.



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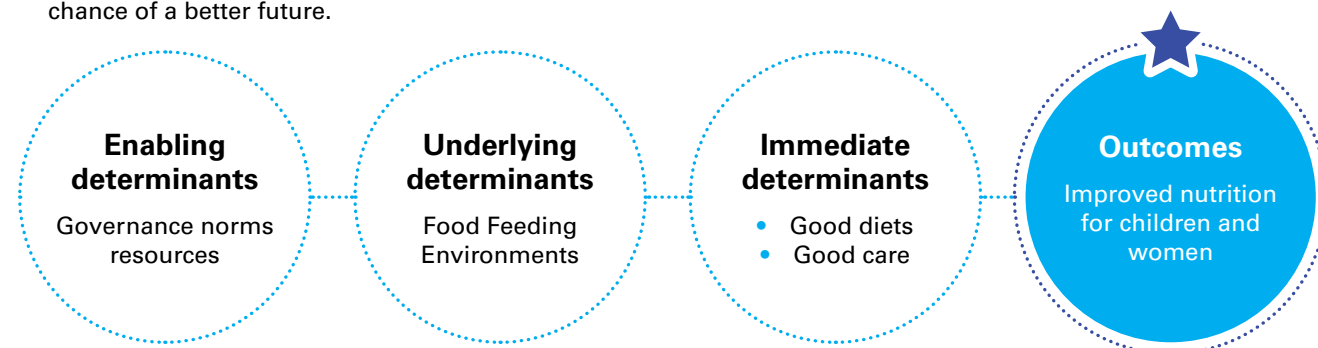


## // UNICEF PARTNERS



## // We must invest in Nutrition Now

- To respond, recover and re-imagine a better future for every child.
- The challenges that the Sahel region is facing is also an opportunity to build back better nutrition programmes.
- We want to take full advantage of this opportunity to ensure that every mother and child in the Sahel has the chance of a better future.



## // For a Sahel where every child thrives :



This should be the story of every child in the Sahel, and it could be if we work together and differently, and make the right investments. Undernutrition is not a fatality. We know what to do. We just need your help to scale up what works. And we need it NOW!



# Partner with us

Together we can safeguard the progress that has been made, and build better, more resilient nutrition programmes to achieve our commitments to children – helping them to survive and thrive.

For more information on UNICEF Partnerships, please contact:

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