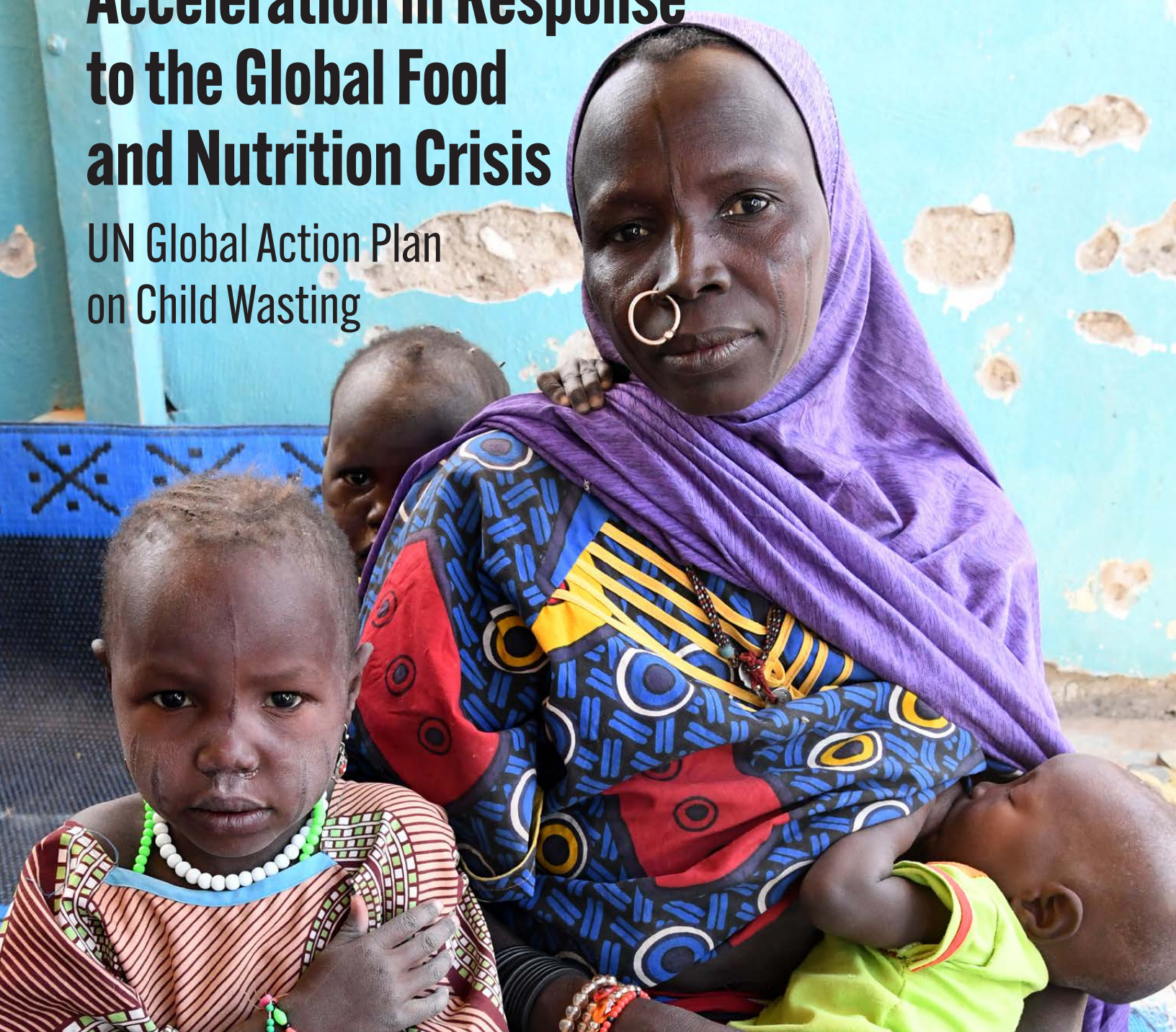


CALL TO ACTION

Priority Actions for Immediate Acceleration in Response to the Global Food and Nutrition Crisis

UN Global Action Plan on Child Wasting



Food and Agriculture
Organization of the
United Nations



UNHCR
The UN Refugee Agency

unicef 



**World Food
Programme**



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Organization**

Background

According to *The State of Food Security and Nutrition in the World* report (SOFI, 2022), the number of people affected by hunger globally rose to as many as 828 million in 2021, a 150 million increase since the outbreak of the COVID-19 pandemic in 2019.

There are significant disruptions in the global food system, food prices are soaring, and climate-related weather extremes are aggravating food shortages and displacing populations. The world is facing hunger on an unprecedented scale: food prices have never been higher, impacting millions of lives and livelihoods as well as the access of children, women and communities to nutritious and affordable diets and essential nutrition, care and protection services. Without these, the vicious cycle of undernutrition and infection – each aggravating the other – continues to go unchecked with disastrous consequences.

In the 15 countries worst affected by the global food and nutrition crisis,¹ an estimated 40 million children under five live in severe food poverty, 27 million experience severe food insecurity, and 8 million suffer from severe wasting – the most life-threatening form of child undernutrition.²

Countries facing conflict and instability are most at risk of descending further into food insecurity and these populations are even more vulnerable to the impact of crisis. Displaced populations have limited access to essential services such as water and sanitation, health and social

protection. In these contexts, children and women are the most vulnerable and need urgent support to prevent wasting and safeguard healthy growth and development by increasing the availability and access to essential health, nutrition and food services.

Determinants of child wasting are multifactorial; as such, a range of sectors and systems need to be leveraged in the design and implementation of effective strategies for the early prevention, detection and treatment of child wasting at national, regional and global level. The **UN Global Action Plan on Child Wasting** addresses the need for a multi-system and multi-sectoral approach to the prevention and treatment of child wasting and highlights key actions under each of the four main systems: food; health; water and sanitation; and social protection.

With the increasing number of children with wasting across many countries, the cost of treatment is on the rise due to the global food crisis and insufficient resources and infrastructures to provide essential services.

This means it is now more critical than ever to adopt a comprehensive and multisectoral approach for the early prevention, detection and treatment of child wasting in humanitarian contexts.

Inside the 15 worst-affected countries:



40 million children

live in food poverty

Children under 5 years of age living in food poverty are those being fed severely poor diets that include only 1-2 food groups, day in, day out, in early childhood.



27 million children

experience food insecurity

Children under 5 years of age experiencing severe food insecurity are those living in areas classified as being in level 3-5 (urgent action) in the Integrated Phase Classification (IPC) of acute food insecurity.



8 million children

suffer from severe wasting

Children under 5 years of age suffering from severe wasting are those with a weight-for-height below minus three standard deviations and/or a mid-upper arm circumference below 115 mm. This can be associated (or not) with nutritional oedema (also known as kwashiorkor).

1 Fifteen countries in the Horn of Africa (Ethiopia, Kenya, Somalia, South Sudan, and Sudan); Central Sahel (Burkina Faso, Chad, Mali, Niger, Nigeria) and five countries in crisis (Afghanistan, Democratic Republic of Congo, Haiti, Madagascar and Yemen).

2 UNICEF. *No Time To Waste: Early prevention, detection and treatment of child wasting in the most vulnerable countries to the global food and nutrition crisis: UNICEF's acceleration plan 2022–2023*. New York: UNICEF, September 2022

Joint UN approach for the early prevention, detection and treatment of child wasting in humanitarian contexts

A systems approach – prioritizing key actions across food, health, water and sanitation and social protection systems as a package of interventions – is vital to prevent child wasting and protect the most vulnerable children.



Food system



Health system



Water and sanitation system



Social protection system

There is a need to promote a coordinated package of context-adapted preventive actions as a key part of the overall response to child wasting among nutritionally vulnerable populations. The package of tailored preventive interventions needs to reach vulnerable households and children as urgently as possible, especially in times of crisis. Furthermore, it is important to consider the immediate, underlying and basic causes of undernutrition, such as poor diets and poor care; limited access to nutritious foods, essential nutrition services and positive nutrition practices; and household poverty, negative social norms and poor governance.

In settings with limited access to local healthy and affordable diets, food-based interventions should be prioritized to meet the nutritional needs of women and children.

UN agencies working on nutrition and signatories of the [UN Global Action Plan on Child Wasting](#) – including FAO, UNHCR, UNICEF, WFP and WHO – are at the forefront of efforts to avert a human catastrophe by responding to this global crisis with a package of preventive and therapeutic actions that would address the food security and nutrition needs of the most vulnerable children and households. This call to action advocates for a package of interventions that can be implemented by governments, the UN, local and international NGOs, civil society and all implementers. The package of interventions prioritizes actions from the country roadmaps of all 22 Global Action Plan countries (including 13 countries out of the 15 most affected countries) and recommends the most impactful actions that can be implemented in humanitarian contexts to prevent child wasting and treat the children affected, who are at risk of death.

Multisectoral, coordinated and joint interventions for the early prevention, detection and treatment of child wasting that can be implemented to avoid excess morbidity and mortality are focused on:

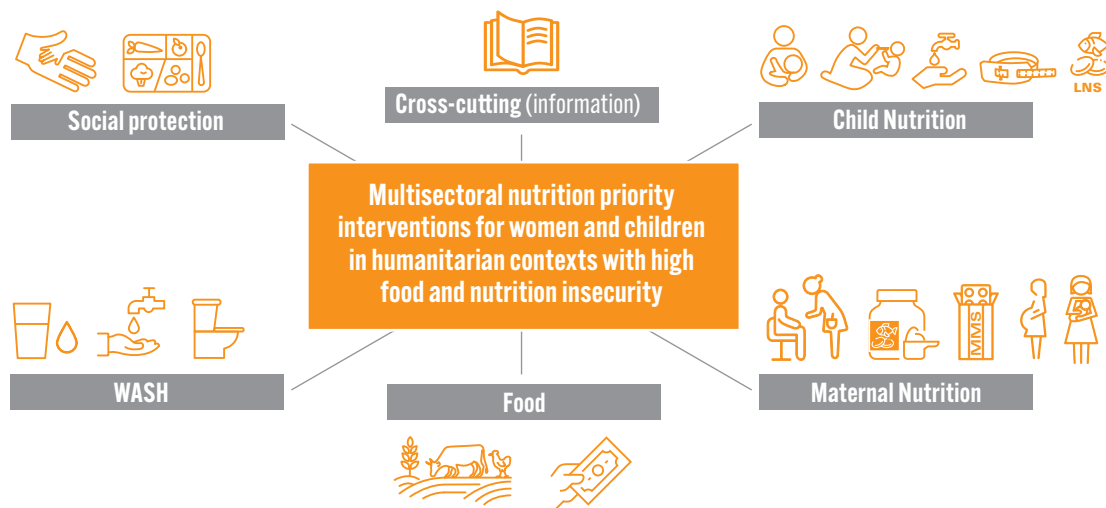
1. Enhancing analysis of the determinants of child wasting to guide a well-integrated approach across health, food, social protection and water and sanitation systems.
2. Ensuring essential maternal and child nutrition interventions for the early prevention, detection and treatment of child wasting including: *protection, promotion, and counselling on breastfeeding and complementary foods and feeding; micronutrient supplementation, including vitamin A supplementation and deworming prophylaxis; vaccination and treatment of common childhood diseases; regular screening for the early detection of child wasting; early referral and treatment of child wasting in the community or in a facility in case of medical complications with therapeutic milks and ready to use therapeutic foods (RUTF)*. These interventions to be adapted to the programming context and needs of vulnerable populations and need to reach children in need in them in a timely and effective manner.
3. Increasing availability, affordability and access to healthy diets for young children and pregnant and breastfeeding women supported by diversified food production (e.g., *seasonal crops and small livestock*) and enhanced preservation of essential food value chains in fragile food systems.
4. Introducing specialized nutritious food products (such as *lipid-based nutrient supplements and fortified blended foods*) as part of emergency food assistance and nutrition and social protection interventions when needed.
5. Fostering a protective environment by: ensuring joint nutrition, household food assistance (*in-kind or cash*) and water, sanitation and hygiene (WASH) programming; and increasing the coverage of safe water and sanitation to reach those most at risk of malnutrition, disease and food insecurity.

Target population: Children under 5 years of age; pregnant and breastfeeding women; and women and caregivers of children under 5 years of age.

Multisector coordination among all partners should be ensured at subnational, national, regional and global level to optimize the overlap of existing sectoral interventions and maximize the provision of services that address the basic, underlying and immediate causes of undernutrition and wasting.

Food and nutrition education should be incorporated in all nutrition priority interventions with key messages tailored to respond to the needs of the different target population groups.

MULTISECTORAL NUTRITION PRIORITY INTERVENTIONS



Below is a list of the priority interventions based on the **UN Global Action Plan on Child Wasting** for immediate and short/mid-term implementation and scaling up in humanitarian contexts with high food insecurity and malnutrition:

Cross-cutting (information)	<ol style="list-style-type: none"> Enhanced analysis of the determinants of child wasting (Integrated Phase Classification (IPC) of Acute malnutrition; Food, Nutrition and Vulnerability Analyses; Fill the Nutrient Gap and Cost of the Diet tools; Standardized and Expanded Nutrition Surveys; SMART Nutrition Surveys; Food and Nutrition Security Joint Assessment Mission) and emergency preparedness, early warning and nutrition surveillance and linkages with health surveillance.
Child Nutrition	<ol style="list-style-type: none"> Adequate breastfeeding: early initiation within one hour of birth; exclusive breastfeeding for infants aged 0–5 months; and continued breastfeeding for children up to 2 years and beyond. Age-appropriate, diverse complementary foods, including specialized nutritious food supplements when appropriate and necessary (e.g., lipid-based nutrient supplements, fortified blended foods) for at-risk children. Adequate health promotion and education to ensure healthy hygiene and care practices, including prevention of common morbidities such as diarrhoea, pneumonia and malaria and when to access health services for treatment of these – as well as the provision of these essential services and associated supplies. Adequate psychosocial services for both mothers/primary caregivers and children with support for ongoing good practices at home to ensure positive mental health as well as growth and development. Micronutrient supplements, deworming prophylaxis, and home-based fortification where dietary diversity is limited and nutrient deficiencies and anaemia prevalent. Early detection and treatment of child wasting for children aged 0–59 months through community-based programmes and simplified approaches (e.g., Family MUAC approach, expanded criteria, treatment by community health workers, etc.). Improved inpatient management of children with wasting and medical complications to improve survival and sustain recovery.
Maternal Nutrition	<ol style="list-style-type: none"> Counselling on maternal nutrition and monitoring healthy weight gain during pregnancy, with balanced energy-protein supplements for pregnant and lactating women and adolescent girls in undernourished populations. Multiple micronutrient supplements/iron folate supplements, deworming prophylaxis, and malaria control for the prevention of micronutrient deficiencies and anaemia during pregnancy.
Food	<ol style="list-style-type: none"> Resilience package for producer households with at-risk children and pregnant and lactating women and adolescent girls, considering small-scale farming and home gardening (primarily for consumption); small animal husbandry (inclusion of provision of feeds); food and nutrition education and food safety measures (including food handling, storage and minimal processing); cash and vouchers. Targeted and prioritized food assistance to households with vulnerable groups including at-risk children and pregnant and lactating women and adolescent girls.
WASH	<ol style="list-style-type: none"> Joint nutrition and WASH programming to increase access to safe water and sanitation for nutritionally vulnerable populations.
Social protection	<ol style="list-style-type: none"> Social assistance actions for nutritionally vulnerable households with pregnant or lactating women and/or children under 2 years of age including children recovering from acute malnutrition treatment programme.





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