CALL FOR ACTION – WCAR

Time to act now for child nutrition in the Sahel: UNICEF launches the “Nutrition now” campaign

Dakar, 9 November 2020 - As malnutrition is affecting million of children in the Sahel, UNICEF calls for urgently combining emergency and development actions to address child malnutrition in a sustainable way.

Children born in the Sahel today face multiple obstacles to survive and grow to their full potential, especially during their first years of life: inadequate feeding, limited access to quality healthcare, poor sanitation and limited access to safe water are just a few of the issues they live with.

Facts speak for themselves. The Sahel region is now home to over 60 per cent of the children suffering from wasting1 in West and Central Africa, with a number of children affected that could rise from 8.1 million early 2020 to 9.7 million by the end of 2020 including 3 million children affected at a severe degree.

Malnutrition is the single largest killer of children under five. Wasting is the tip of the iceberg. Life-threatening wasting is higher in a context where one out three children are also stunted2.

These alarming figures highlight the scale of the nutrition challenges resulting from pervasive poverty, weak health systems, social unrest, civil and armed conflicts, and adverse effects of climate change. The COVID-19 mitigation measures and the socio-economic crisis induced by the pandemic have worsened child malnutrition.

The Nutrition Now campaign is an alert and a call for action, as the situation in the Sahel is deteriorating very fast. We must respond to a nutrition emergency, while scaling-up sustainable solutions that will prevent children from becoming malnourished in the first place. It is a huge challenge, but we can overcome it if we act now.

“It is time to act now, not only to immediately save children’s lives, but to prevent devastating long-term consequences for children and give them a better future”, said Marie-Pierre Poirier, UNICEF Regional Director for West and Central Africa. “The COVID-19 pandemic has generated additional challenges and urges us to re-think and innovate to deliver services to vulnerable populations, especially children”.

Access to vital services – health and immunization, water and sanitation, nutrition, social protection – has further declined with the COVID-19 pandemic, and growing insecurity. The root causes of malnutrition must be addressed through securing adequate funding and implementing programmes that empower communities, families, parents and caregivers to be part of the solution.

1 Wasting is a form of malnutrition that refers to a child who is too thin for his or her height. Wasting is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible.

2 Stunting is a form of malnutrition that refers to a child who is too short for his or her age. These children can suffer severe irreversible physical and cognitive damage that accompanies stunted growth. The devastating effects of stunting can last a lifetime and even affect the next generation.
“Beyond the delivery of services to save the lives of children suffering from malnutrition, we must also provide vulnerable children with a comprehensive package of care so they do not become malnourished in the first place. A package that includes cash transfers to cope with compromised livelihoods, access to water and sanitation, access to healthcare including immunization, access to essential nutrition services, including treatment if prevention failed. Tackling malnutrition requires a holistic approach”, said Marie-Pierre Poirier.

The Nutrition Now campaign highlights key measures to break silos and bridge emergency and long-term solutions:

• Investing in maternal, adolescent and child nutrition by supporting and promoting breastfeeding, access to essential services and healthy diets to prevent malnutrition.
• Supporting innovating approaches and scaling-up of services for the early detection and treatment of young children
• Expanding social protection to facilitate access to nutritious diets and essential services for the most vulnerable ;
• Empowering communities and strengthening their engagement to build resilience.

Nutrition impacts everything, including the capacity for a child to fight and recover from infections. It is time to act now, to innovate and bridge the gap between emergency and development interventions, working with communities in the Sahel to create conditions that protect families and children and improve their resilience.

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References


6. An essential package of four life-saving interventions: 1) treatment for children with severe and moderate wasting; 2) prevention of wasting in children at-risk; 3) bi-annual vitamin A supplementation for children aged 6-59 months (90% coverage); and 4) mass communication for the protection, promotion and support of breastfeeding focusing on caregivers/families of children aged 0-23 months.