



The Global Burden of Nutrition

Nearly a quarter of all children under five – **155 million children** – are stunted, due to chronic malnutrition and disease and **52 million** are wasted. **An estimated 45% of all deaths in children under five are linked to undernutrition**, which increases 12-fold their risk of dying from common infections. Undernutrition affects children’s cognitive development and school performance, with long term consequences on work productivity and the next generation. Meanwhile, 38 million children under five are overweight and many countries now face the twin challenges of undernutrition and obesity, known as the double burden of malnutrition. The **first 1,000 days** – from the start of a woman’s pregnancy through her child’s second birthday – is the timeframe that we call the “window of opportunity” for good nutrition.

Our Approach

We **work with partners** at global, regional, national, community and household levels to prevent and treat malnutrition by bringing multi-sectoral nutrition interventions to the **most disadvantaged families**. We target mothers and children under two years, their households (fathers, grandmothers) and communities to support and sustain individual and societal change for improved nutrition. We also target women before they become pregnant, including adolescents, to prevent early pregnancy and ensure women and girls are physically and emotionally ready for pregnancy, child birth and child care. We use **integrated approaches** to address the many underlying causes of malnutrition and evidence-based strategies to improve access to safe and

Key Facts

- **151 million children** under age 5 are stunted (UNICEF).
- **51 million children** under age 5 are wasted and 16.9 million are severely wasted (UNICEF).
- Malnutrition makes children more vulnerable to severe diseases and is associated with about **45% of child deaths** (WHO).
- Seven countries (India, Nigeria, Pakistan, China, Indonesia, Bangladesh and Ethiopia) account for 2/3 of all stunted children.

Our Impact

- We reached 9.8 million children, 5.9 million women and 1 million men directly through infant, young child, and maternal nutrition interventions in 2017: **16.6 million people** in total.
- We have demonstrated programme effectiveness in a number of countries. For example we reduced stunting by 20% in four big regions of Ethiopia.
- We support nutrition champions from around the world to deliver national nutrition campaigns and advocate for progress on SDG2 at key global forums, for example in 2018 we have trained 13 youth leaders with the SUN civil society network.

nutritious food through nutrition-sensitive agriculture, water, sanitation and hygiene (WASH), social protection, livelihoods and school health and nutrition interventions.

We strive to take a **transformative approach to gender**, empowering women to make decisions, control and generate resources and develop relevant skills within a supportive household and community to enable them to care for themselves and their children. We work through existing structures, building the capacity of local health systems to deliver quality nutrition services, including Infant and Young Child Feeding (IYCF) counselling and Community Management of Acute Malnutrition (CMAM). We use proven social and behaviour change and community capacity strengthening approaches to drive behaviour change and a shift social norms to support nutrition.

Nutrition and Save the Children's Priorities

Save the Children's **Ambition for Children for 2030** is that all children **survive, learn** and are **protected**. As Save the Children approaches its 100th anniversary (2019), we are making three commitments to help accelerate progress towards this ambition: **1) To tackle childhood pneumonia** – the biggest infectious disease killing children worldwide; **2) To deliver early learning for children;** **3) To protect children in conflict.** Improving child nutrition is essential to meeting the first two commitments. Malnutrition increases a child's risk of contracting and dying from disease, pneumonia in particular, and good nutrition is fundamental for a child's cognitive development and future learning.

Common Approaches

Common Approaches are our best practice examples of how to address particular problems facing children – in this case, the global burden of malnutrition. Save the Children has two new common approaches to guide our nutrition programming around the world. **Resourcing Families for Better Nutrition** promotes cash transfers with social and behaviour change communication (SBCC) for nutrition. **Nourishing the Youngest** promotes, protects and supports key IYCF practices with appropriate household WASH and maternal and adolescent nutrition to ensure that children have the best chances of surviving, growing and developing to their full potential.



Nutrition in Emergencies

In humanitarian settings, we focus on the **prevention, detection and treatment** of acute malnutrition and on protecting, promoting and supporting IYCF practices among the world's most vulnerable populations. Through community-based management of acute malnutrition (CMAM), we treat acute malnutrition (without complications) with ready-to-use therapeutic foods and medical treatment on an outpatient basis, close to home and provide lifesaving treatment to malnourished children in a stabilisation centre when inpatient care is required.

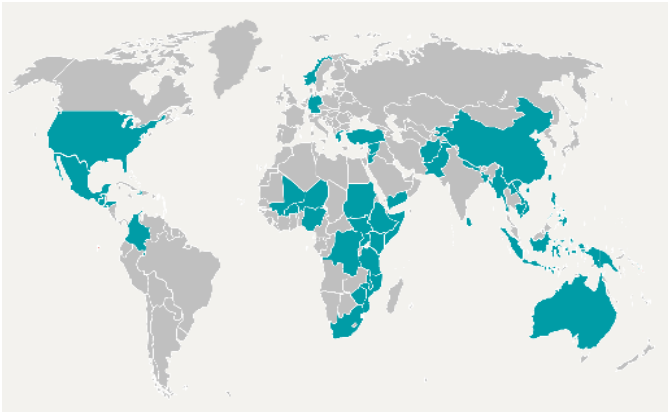
We provide support to mothers and caregivers to navigate difficult conditions in a humanitarian setting so they can feed and care for their youngest children safely, and we do this through different actions at the household, community, health system and national level. We establish private and secure breastfeeding areas in camps and temporary settlements, with trained IYCF staff to support mothers to initiate and continue optimal IYCF practices. We train volunteers and community workers to conduct support and education sessions for families with young children on IYCF topics.

And we support the nutrition cluster and sector to coordinate and build capacity in IYCF in emergencies and ensure that policies which protect mothers and families from untargeted distributions of breast milk substitutes are enforced and the risks minimised.



Our Nutrition Programmes and Advocacy

As of 2017, Save the Children was supporting maternal and infant young child feeding programmes and advocating for better nutrition practices and policies in **39 countries worldwide**.



Policy and Advocacy Initiatives

Galvanising and capitalising on commitment for nutrition in political, economic and social systems and institutions at global and national levels is critical to ensure progress at community level. We advocate for:

- Increased, sustainable and better quality **global and domestic financing** for nutrition, to fund national nutrition plans through domestic resource mobilisation and budget analysis, global financing and official development assistance.
- **Improved nutrition policies, strategies and programmes** and for decision makers to be held accountable. We focus on IYCF, particularly breastfeeding and adolescent nutrition and global policy frameworks. We also advocate for breast milk substitute (BMS) companies to stop their unethical and aggressive marketing of BMS and to comply with international rules of marketing.
- **Enhanced coordination and capacity of civil society**, particularly local civil society community-based organisations.

Across all of these areas we build strategic coalitions, build evidence on how to better allocate resources for excluded children, contribute to reducing the divide between humanitarian and development approaches, increase our focus on acute malnutrition alongside our work on chronic malnutrition, work with nutrition champions and give a voice to children to advocate for their nutrition rights, particularly the most excluded.

Save the Children supports the **Scaling Up Nutrition (SUN) movement**, a global platform active in 60 countries and two Indian states. We host the SUN Civil Society Network (CSN) secretariat in our UK office. SUN CSN is a global network of more than 3,000 local, national and international members which support Civil Society Alliances in 40 countries to strengthen accountability, learning for effectiveness and efficiency and advocacy coordination. The Alliances also ensure that space and resources are available to support nutrition plans, inspire action and integrate nutrition into other sectoral initiatives. Many Save the Children country offices host or are an active member of **national SUN civil society alliances (SUN CSAs)**. Save the Children also facilitates and supports coalitions such as the **International Coalition for Advocacy on Nutrition (ICAN)**, the **1,000 Days** partnership and the **No Wasted Lives** coalition.

Save the Children works with national governments around the world to support the development and implementation of national nutrition plans and programmes. For example, in Papua New Guinea (PNG), Save the Children is working with the National Government and UNICEF to develop a National Nutrition Strategic Action Plan 2018–2022 and advocate for its financing, supporting budget analysis and the creation of a Civil Society Network. With support of an ‘anchor grant’ from the Bill and Melinda Gates Foundation (2018–2020) and an integrated approach to advocacy within our programming, Save the Children delivers and facilitates advocacy on child survival issues (comprising health and nutrition actions) globally and nationally, including in Australia, Bangladesh, Germany, Ethiopia, the EU, Indonesia, Malawi, Nigeria, Norway, South Africa, the UK and the USA.

Our Programmes in Asia and the Pacific

Bangladesh

Suchana means ‘the beginning of something positive’ and is a six-year (2015–2022) project funded by DFID and the EU, which aims to reduce stunting in Sylhet and Moulvibazar districts of Bangladesh. It targets more than 200,000 poor households with women of reproductive age or adolescent girls with a set of nutrition-specific and nutrition-sensitive interventions to improve household level food and nutrition security, child care practices and break the inter-generational cycle of undernutrition. It is implemented in partnership with the government of Bangladesh, Helen Keller International, World Fish, International Development Enterprises and three national NGOs. The International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) is evaluating the programme’s impact on stunting.

Cambodia

NOURISH is a five-year (2014–2019) USAID and Feed the Future-funded multi-sectoral nutrition, WASH and agriculture project to improve the nutritional status of women and children in underserved, rural communities during the first 1,000 days. The project works with the Royal Government of Cambodia from national to local level to accelerate stunting reduction by improving community delivery platforms to support better nutrition; creating demand for health, WASH and agriculture practices, services and products through social and behaviour change communication, conditional cash transfers and vouchers and community-led total sanitation; engaging the private sector to expand supply of agriculture and WASH products; and building government and civil society capacity in integrated nutrition. NOURISH supports 563 villages across Battambang, Pursat and Siem Reap provinces, reaching 500,000 women and children each year. For more info: [NOURISH](#)

Laos

Nurture is a five-year USAID funded project (2016–2021) focused on improving the nutritional status of women and children through an integrated nutrition and WASH approach in 471 villages in six districts in Khammouane and Savannakhet provinces. The project provides interpersonal communication through village and household visits and supports linkages to improved quality health services. Community mobilisation integrates nutrition and WASH in a



Porina, harvesting Mola fish from her pond for her family at Balagonj Upazila, Bangladesh, as part of the Suchana Programme.

modified version of community-led total sanitation. The project leverages private sector relationships to facilitate supply and marketing of products needed for improved uptake of WASH practices. It also strengthens the enabling environment through capacity building and multi-sectoral coordination and planning, particularly at provincial and district levels, to support scale up within and beyond target provinces.

SCALING (Sustainable Change Achieved through Linking Improved Nutrition and Governance) is a four-year project (2017–2021), building on earlier EU-funded nutrition and food security projects in Laos. It targets 420 villages in 14 districts in four Northern Provinces of Laos – Luang Prabang, Phongsaly, Huapanh and Luang Namtha. It is implemented by four partner organisations, led by Save the Children, and aims to improve the nutritional status of pregnant and lactating women, children under 5 years old and adolescent girls through nutrition and hygiene behaviour change communication and access to quality nutrition and health services, with a strong emphasis on gender. The project also aims to improve nutrition governance by strengthening coordination at community, kumban and district level working in partnership with the Ministries of Health, Agriculture and Forestry. The project has been integrated with two other Save the Children health and nutrition projects funded by KOICA (Korea) and DFAT (Australia), including DFAT’s **Reaching the Children Left Behind** Reproductive Maternal Newborn Child

Health and Nutrition Project (2017–2021). The project is focused on quality delivery of health and nutrition interventions through the primary health care system, enhancing inclusive services, male engagement in maternal and child health, developing and rolling out community level social and behaviour change and community accountability mechanisms.

Myanmar

TAT LAN II is a three-year (2016–2018), LIFT-funded food security and livelihoods project in the Rakhine state of Myanmar, which integrates maternal and child cash transfer (MCCT) and social and behavioural change communication to prevent chronic undernutrition in the first 1000 days of life. The project is a continuation of TAT LAN I and has supported more than 6,200 pregnant and lactating women to date, through more than 75,000 cash transfers. This innovative MCCT model has been adopted by the Department of Social Welfare, who replicated the MCCT operation across Rakhine State using trained volunteers. Activities are undertaken in coordination with local government counterparts and the community, empowering community members to cooperate with different government departments and support community development.

Vanuatu

In Vanuatu, one in three children are stunted. The DFAT-funded **First 1000 days Project** (2017–2021) targets 33 communities and aims to reduce stunting among children under five by increasing coverage of evidence-based health and nutrition practices among pregnant and lactating women and caregivers. The project does this through social and behaviour change interventions, community action planning to improve the enabling environment for improved practices and influencing national level nutrition policies.

Additional Programmes in Asia

In **Cambodia**, we are piloting an adolescent focused nutrition programme with GSK funding. In **China**, we implement an IYCF project funded by Twinings in tea farming communities in Cangyuan. In **Myanmar**, we support three UNOPS-funded Maternal Child Cash Transfer and social and behaviour change projects focused on stunting reduction (including Tat Lan II described above) and we support the government with nutrition social and behaviour change communication. In **Vietnam**, we lead the World Bank-funded Northern Mountain Integrated Child Nutrition Improvement

Project (JSDF) to improve IYCF practices, dietary diversity and maternal nutrition in ethnic minority communities in the Northern mountains.

Our Programmes in Africa

Ethiopia

Growth through Nutrition is a five-year (2016–2021) USAID- and Feed the Future-funded project, expanding on the success and achievements of the previous project known as Empowering New Generations to Improve Nutrition and Economic Opportunities (ENGINE). It is a multi-sector integrated nutrition project implemented with the government of Ethiopia, focused on first 1,000 days households to reduce stunting by 20%. It reaches 28,000 poor and vulnerable households with nutrition and livelihood support in 100 districts ('Woredas') in Amhara, Oromia, the Southern Nations, Nationalities and Peoples' Region and Tigray. Growth through Nutrition strengthens government capacity to develop and institutionalise national nutrition programmes and policies, increases access to diverse, safe and quality food, improves nutrition and health care services, implements comprehensive SBCC, leverages private sector support and supports gender transformation and a robust nutrition learning agenda. To learn more, visit: [Growth through Nutrition](#).

Nigeria

The **Child Development Grant Programme (CDGP)** is a six-year DFID-funded project implemented in northern Nigeria which aims to reduce chronic child malnutrition, improve access to nutritious food within the first 1,000 days of a child's life and reduce widespread poverty and hunger through monthly cash transfers. Led by Save the Children, the project provides a monthly grant of 3500 NGN (£14) each to 60,000 pregnant women and women with children under the age of two years, accompanied by nutrition education and counselling. More than 70,000 beneficiaries have been registered so far and the midterm evaluation found that CDGP has led to an increased use of antenatal services, improved knowledge on maternal health and IYCF, improved dietary diversity of young children and an increase in monthly household food expenditure.

WINNN (Working to Improve Nutrition in Northern Nigeria) is an eight-year (2011–2019) DFID-funded programme aiming to tackle both chronic and acute undernutrition in five northern-Nigerian states. It is

implemented with Action Against Hunger and UNICEF and targets 5.4 million pregnant women and children. The programme focuses on improving IYCF practices, Community Management of Acute Malnutrition (CMAM), micronutrient supplementation and advocacy at the national and local level by strengthening and empowering governments. Between 2013 and 2016, more than 200,000 children with severe acute malnutrition were treated and the programme saw improvements in IYCF knowledge and behaviours.

Alive & Thrive (A&T) is a global initiative to save lives, prevent illness and ensure healthy growth and development through improved breastfeeding and complementary feeding practices. Managed by FHI 360 and funded by the Bill & Melinda Gates Foundation and the governments of Canada and Ireland, Alive & Thrive began in 2009. In Nigeria, A&T partners with the government and the aim is to increase exclusive breastfeeding, early initiation of breastfeeding in the first hour after birth and dietary diversity of children under five. Save the Children implements activities to improve interpersonal communication and counselling skills of health workers and traditional birth attendants and mobilise communities to reach mothers, fathers and grandmothers. Save the Children's A&T programming operates in 10 local government areas in Lagos and 16 local government areas in Kaduna state and aims to reach 950,000 children under two, 1.38 million women of reproductive age and 2.7 million influencers, including fathers and grandmothers, with interpersonal communication and community mobilisation activities.

Mali

Projet Nutrition et Hygiène (PNH) is a six-year (2013–2019) USAID-funded project which harmonises the actions of Malian communities, the Malian Ministry of Health and the private sector to improve child growth and development in 236 villages in Sikasso region, in partnership with SNV (Netherlands). The project focuses on the integration of quality nutrition counselling into routine health service delivery for children with acute malnutrition; community capacity strengthening and social and behaviour change communication to enable community members and groups to effectively promote and support optimal nutrition behaviours, including increased production and access to nutrient-rich foods; and engages the private sector to increase the supply of WASH products and the community in implementing

community-led total sanitation to increase the demand for latrine construction and household water treatment.

Mozambique

Linking Agribusiness and Nutrition (LAN) is a DFID-funded four-year project (2017–2021) led by Save the Children in partnership with Helen Keller International to reduce stunting in Manica and Tete Provinces. The programme targets 230,000 beneficiaries, focusing on women of reproductive age (including adolescent girls), children under five years, men and adolescent boys, with a comprehensive package of interventions including SBCC for nutrition and WASH, nutrition sensitive agriculture and gender transformative dialogues.

Additional Programmes in Africa

In **DRC**, we implement an EU-funded project (2018–2021) to improve primary health care services including CMAM and IYCF components. In **Kenya**, we support health systems strengthening and build community nutrition resilience through the UNICEF-funded Maternal Child Nutrition Program (MCNP). In **Malawi**, we lead a four-year EU-funded Nutrition Advocacy project to strengthen district and national level capacity to plan, budget, monitor and advocate for nutrition in 10 Afikepo project districts. In **Mali**, we lead the USAID-funded *Services de Santé à Grand Impact (SSGI)* (2014–2019), which includes a maternal nutrition component. In **Niger**, we lead on a multi-sectoral project funded by ECHO that covers CMAM, IYCF, health and seasonal cash transfer activities.

In **Tanzania**, we are a partner on an EU-funded award (2017–2021) with the World Food Programme (WFP), implementing community-based nutrition and agriculture SBCC activities to complement the WFP facility-based interventions. We also run an integrated Early Childhood Development project – Tuwekeze Pamoja meaning “Let us invest together” (2017–2022) funded by Comic Relief which integrates nutrition, child protection and ECD services. In **Zambia**, we are a partner on the USAID Systems for Better Health project (2015–2020), working closely with the Zambian government to improve capacity and coordination in the health system to support nutrition strategies and programming.

Global Initiatives

SPRING

Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) is a 7-year USAID flagship nutrition project in which Save the Children is a key partner. Save the Children assists in strengthening global and country efforts to advance supportive nutrition policies and scale up high-impact nutrition interventions. SPRING provides technical support to create social and behaviour change through communications, links agriculture and nutrition and finds new ways to prevent stunting and maternal and child anaemia. Save the Children currently works with SPRING to help improve country policies and implement evidence-based nutrition programmes at scale in **Bangladesh, Burkina Faso, Ghana, Kyrgyz Republic** and **Niger**. To learn more, visit: [SPRING](#)

The Malnutrition Initiative

Save the Children's Malnutrition Initiative aims to galvanise increased action to treat and prevent acute malnutrition in up to five conflict affected countries: **DRC, Kenya, Somalia, South Sudan** and **Yemen**, starting with Somalia and Yemen in 2018. The initiative will use a dual approach supporting delivery and scale up of proven lifesaving nutrition interventions while generating evidence on new approaches to maximise service coverage and prevent relapse. The initiative will prioritise systems strengthening and national advocacy to influence broader change and sustain actions. The initiative is being launched with Save the Children UK private funds and we have an ambitious fundraising target. The initiative draws on global and national humanitarian, development and advocacy teams and existing programmes.

Food Security and Livelihoods Programmes

Along with partners, we implement multi-year, USAID-funded Food Assistance Programmes in **Burkina Faso, Guatemala, Liberia, Malawi, Nepal** and **Niger**. These projects support interventions that address undernutrition and chronic food insecurity through targeted food assistance and multi-sectoral food security and livelihoods interventions that include the promotion of optimal IYCF and care practices, healthy timing and spacing of pregnancies and improvements in WASH. Working with partners, we also implement projects that contain specific nutrition components.

School Health and Nutrition

Going beyond the **first 1,000 days**, we support School Health and Nutrition (SHN) programming targeting pre-school and school age children, including adolescent girls and boys in more than 30 countries, through health and nutrition education, improvements to the school environment, supportive school policies and health and nutrition services to ensure children are **healthy to learn and learn to be healthy**.

Nutrition related interventions include school based iron supplementation, WASH and deworming, malaria treatment, school and preschool feeding, nutrition education and linkages to existing health and nutrition services. SHN contributes to nutrition goals by helping girls (and boys) stay in school longer, prevent early pregnancy and improve their health and nutritional status.

Save the Children sponsorship funding enabled **1.6 million children** to benefit from SHN in 2017, with additional funds coming from Wrigley, Mondelez, Cargill and other corporate donors. Furthermore, SHN programming has increased through USDA funded food for education programming.

For more information: [School Health and Nutrition](#)

Research and Evidence

Innovation and research is integral to Save the Children's programming and includes implementation research, barrier analyses, trials for improved practices (TIPs), Diet Quality Optimisation, Household Economy Approach studies (HEA) and also cost effectiveness of nutrition specific and sensitive interventions, qualitative and quantitative evaluations of SBCC and programme effectiveness on IYCF and nutrition outcomes. Some more rigorous impact evaluations include:

- A **Maternal Cash transfer and SBCC** case control and randomised control trial in **Myanmar**

- A cluster randomised trial in **Malawi** evaluating the impact of a preschool based **nutrition and agriculture intervention** (see this [research brief](#) and [video](#))
- A cluster randomised trial in **Mali** evaluating the impact of **micronutrient powders** delivered alongside seasonal malaria chemoprevention and ECD (see [info and video](#))
- Two CMAM studies in **Kenya**, the first evaluating the feasibility and impact of a **mobile application to manage acute malnutrition** (see [blogs, briefs](#) and [video](#)) and the second testing **simplified CMAM protocols** with integrated Community Case Management (iCCM)
- Evaluations of **three integrated nutrition packages** on nutrition outcomes in **Cambodia**

Save the Children's Software and Tools

The **Cost of the Diet (CotD)** is a method and software developed by Save the Children to calculate the cost of a nutritious diet in different contexts and identify the affordability gap for poor households. The Cost of the Diet tool has been used to date in at least 23 countries and 18 organisations for advocacy, programme design and academic purposes. Learn more: [Cost of the Diet](#)

The **CMAM Report** (formerly known as Minimum Reporting Package or MRP) is a global monitoring and reporting software package hosted by Save the Children for Community Management of Acute Malnutrition (CMAM) to improve the quality and consistency of CMAM data across programmes, agencies and countries. So far, the CMAM Report software has been used in 14 different countries by 267 users to monitor more than 3,000 feeding sites. See: [CMAM Report](#)

The **Household Economy Approach (HEA)** is a livelihoods-based framework developed by Save the Children to assess how households access food and income and are effected by external events. In nutrition, the HEA is used to predict, prepare and respond to crop and income failures and prevent malnutrition. More than 200 assessments have been conducted in 37 countries to date: See: [HEA](#)

Resources and Publications

Global

- [Adolescent Nutrition: Policy and Programming in SUN+ countries](#)
- [Don't Push It: Why the formula milk industry must clean up its act](#)
- [Engaging Adolescents to Accelerate Progress on the First 1,000 Days](#)
- [Nutrition Boost: Why the world needs a step change in finance for nutrition - and how it can be achieved](#)
- [Nutrition Sensitivity: How agriculture can improve child nutrition](#)
- [Nutrition Surveillance Systems: Their use and value](#)
- [Social and Behaviour Change Communication \(SBCC\) in Nutrition Sensitive Agriculture](#)
- [The Dirty Truth About the Infant Formula Industry](#)
- [The Global Financing Facility: An opportunity to get it right](#)
- [Unequal Portions: Ending malnutrition for every last child](#)

Regional/National

- [Certification of Community Volunteers: The Institutional grounding of community structures implemented by the Lahia program](#)
- [Formative Research Brief: Good Nutrition on Tea Estates in Sri Lanka](#)
- [Growth: The Story of Gandhi Devi and Her Baby](#)
- [How Families Cope with Poverty in Asia: Lessons from a multi-country review of Household Economy Analysis and Cost of the Diet Assessments, 2011–2015](#)
- [Malnutrition in Zambia: Harnessing social protection for the most vulnerable](#)
- [Malnutrition in Bangladesh: Harnessing social protection for the most vulnerable](#)
- [More Powder with a Small Fish Powder: Preventing Stunting in Cambodia](#)
- [Short Changed: The Human and Economic Cost of Undernutrition in PNG, June 2017](#)
- [Using a Community-Based Early Childhood Development Center as a Platform to Promote Production and Consumption Diversity Increases Children's Dietary Intake and Reduces Stunting in Malawi: A Cluster-Randomized Trial](#)

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