

# GLOBAL MALNUTRITION

## INITIATIVE REPORT



Save the  
Children

November 2020

The Global Malnutrition Initiative (GMI) is Save the Children's novel approach to treating child malnutrition. The Initiative, which is supported by our Patron Sir Mo Farah, works to train community-based health workers in our priority countries – the Democratic Republic of Congo, Kenya, Somalia, South Sudan and Yemen – to treat children with acute malnutrition closer to home, using simplified tools and adapted treatment methods. Thanks to your support for the GMI, more children in fragile, conflict-affected and rural communities can be healthy and thrive.

### STEP 1: TESTING AND SCALING UP NOVEL APPROACHES TO PREVENT AND TREAT MALNUTRITION

“She is getting  
better and better”

Hodan, Marwa's mother

This is Marwa. At 15 months, she had been malnourished for some time. A week before this photo, she was extremely ill, but was given medicine and high-nutrient food by our mobile health team. Here she returns for a check-up.

### The impact of COVID-19 on nutrition and on our programmes

The knock-on effects of COVID-19, combined with disasters like conflict, drought, flooding and locust swarms, are making food crises in our GMI countries worse. As a result, we're seeing many more children becoming malnourished.

At the same time, lockdowns, curfews and distancing guidelines are making it more challenging to run our GMI programmes. The pandemic has delayed some of our planned activities, including our research into why some children who have recovered from malnutrition relapse.

### How are we adapting?

Our GMI work is now more important than ever. Thanks to your generous support, we have been able to continue delivering life-saving malnutrition treatment to children and mothers who need it.

We quickly adapted our GMI approaches, including no-touch consultations, fewer follow-up visits and training community health workers to raise awareness of how to reduce the spread of the coronavirus. Our teams have installed dozens of handwashing stations and ensured health workers have the training and personal protective equipment (PPE) they need.

We are offering more families training in how to use arm measuring bands – known as MUAC (mid-upper arm circumference) bands – to detect malnutrition in their children. This innovation minimises families' contact with health workers. It also enables families to act faster when their children become unwell, so they can get treatment early.

Alongside this, our nutrition specialists have worked with partners such as UNICEF and the International Rescue Committee to review global guidelines and ensure diagnostic tools and treatment methods were adapted quickly in response to COVID-19.



“He was malnourished,  
but thanks to Allah,  
he is fine now”

**Ilhan, Axmed’s mother**

Axmed’s mother Ilhan brought him to our mobile health centre because he was malnourished. Ilhan was given nutrient-dense biscuits for Axmed and advice on nutrition.

## SOMALIA

WE HAVE TRAINED MORE THAN

**100** FEMALE HEALTH WORKERS

We have trained more than 100 female health workers to treat common illnesses malnourished children are especially vulnerable to, such as pneumonia, diarrhoea and malaria. We’ve now trained them to identify and refer children with acute malnutrition in hard-to-reach communities for treatment too. They offer nutrition advice to help families prevent and manage malnutrition and make sure more children receive the treatment they need. In addition, we have trained 150 mothers on how to use MUAC bands.

Thanks to this training for health workers and mothers, more women and children in our target areas have been screened for malnutrition and more families are getting treatment. Follow-up care and monitoring have also improved.

## KENYA

We have helped local and national government bodies to train 184 community health workers and nurses to provide good-quality care to children suffering from malnutrition and other illnesses. They’ve helped a total of 2,232 children so far – either by diagnosing, treating or referring them on for further treatment.



We have also trained

**2,000**

parents in our target areas in Kenya on how to use MUAC measuring bands to detect child malnutrition.

We’re seeing up to



accuracy among mothers in detecting malnutrition in their children and seeking treatment.

In addition, we have completed our evaluative research in Kenya. Early indications suggest that community health workers who are trained not just to diagnose but also treat child malnutrition – a key pillar of the GMI approach – spot it earlier and initiate treatment or referral more quickly, which is helping to save lives. Children also recovered faster and received better follow up.

# YEMEN

The situation in Yemen continues to deteriorate due to a lethal combination of conflict, severe economic decline, flooding and COVID-19. Despite the challenges, our teams have carried on supporting vital nutrition services and helping them adapt to the changing situation during the pandemic. For example, we're providing extra training for health workers on safety measures and procuring PPE.

# SOUTH SUDAN

In South Sudan, we are training a team of 48 community health workers to detect malnutrition and refer cases to health clinics. We're also making sure they have the training, supplies and PPE they need to help children and families safely. We plan to establish more mobile nutrition services, so families don't need to travel long distances and put themselves at risk of contracting COVID-19.

We're training 50 mothers from community support groups on using MUAC bands to diagnose malnutrition in children. We also offer families advice on nutrition for young children.

In addition, we're supporting health and nutrition clinics to adapt to the challenges of COVID-19 and to cope with their increased workload. As well as diagnosing and treating children with malnutrition, clinics offer postnatal care to new mothers to prevent illnesses that might in turn cause malnutrition. Clinics also provide essential information on nutrition and the importance of breastfeeding for children's health and development.

The GMI-supported programme in South Sudan aims to help around

# 5,000

women who are pregnant or breastfeeding, and more than

# 7,500

children.



Sarah, from South Sudan, was screened for malnutrition and referred to hospital. She was treated successfully and given nutritious peanut paste as follow up. Now Sarah can walk, eat and play again.

Photo: Tilo Justin / Save the Children

## STEP 2: INCREASING

### LONG-TERM FUNDING

Save the Children – together with the International Coalition for Advocacy on Nutrition and the Scaling Up Nutrition Civil Society Network – has played a leading role in civil society efforts to create a vision for the Nutrition for Growth summit in 2021 in Tokyo. We're planning a whole year of pledging moments in 2021, culminating in the summit in December. We hope the government of Japan will endorse our vision. Our GMI advocacy lead will also support colleagues in our priority countries to advocate for national pledges.

At the start of September, the Foreign, Commonwealth and Development Office announced that Save the Children UK has been authorised to bid for new UK government funding. It means that, at this critical time when the pandemic threatens to reverse hard-won gains in child survival and the fight against malnutrition, we have a chance to do more for children. Our teams in the UK and in GMI countries are working together to identify and pursue upcoming opportunities.

## STEP 3: ADVOCATING

### FOR GLOBAL CHANGE

Our teams have been working hard to influence key decision-makers to use a community approach to nutrition – to help change the way the world tackles malnutrition for good.

We're working with the **government of Somaliland** on a nutrition strategy that focuses on a community approach. After a successful workshop with the government and other nutrition stakeholders in July (including the World Food Programme, the World Health Organization and the Somali Vice President's office) we're optimistic that the government will launch a pilot programme for female health workers to treat malnutrition in the community.

**In Kenya**, we're joining up with Action Against Hunger and the International Rescue Committee to finalise and share our research on community-level treatment. By working collaboratively, we hope to have a greater impact on national policy and see community approaches brought into practice across Kenya.

At the **global level**, we have recently published a study with Action Against Hunger, which found that community health worker-led treatment of acute malnutrition is more cost-effective than outpatient treatment alone. The study also indicates that combining treatment of moderate and acute malnutrition is more cost-effective than standard care. These important findings could influence decisions about treatment services for malnutrition. Our next step will be to use this evidence to put in place a set of global recommendations.

“When the children  
get sick,  
we call her”

Ubah, Nimo’s mother



## NIMO’S STORY

**Nimo, age four, lives in a village in Somaliland. She has seven brothers and sisters. Their mum, Ubah, says Nimo and her younger sister, Hamsa, both became malnourished and suffered from vomiting and diarrhoea. They became too weak to travel to the city hospital.**

With her husband away working in the city and a large family to look after, it was impossible for Ubah to leave the village to get medical treatment for Nimo and Hamsa.

Thankfully help arrived – from a health worker called Saado who we trained to work in local communities. She carries out check-ups with mothers and children under five. She gives medicine to those who need it and refers children who are badly malnourished to

the local mobile health centre.

When Saado visited Nimo’s village, she was told by a villager that Nimo and Hamsa needed her help, so she visited and treated them. Since then, Ubah says Saado’s check-ups and advice have been a great help.

“We call Saado when the children get sick,” says Ubah. “Then she comes and gives the children medicine. The health of the children – measuring them, feeding, treatment and caring – she’s done everything for us.”

Thanks to Saado and all our community health workers, children like Nimo and Hamsa who live far from a health centre are getting the straightforward treatment they need to recover from malnutrition and stay well.

## THANK YOU

Thank you for supporting the Global Malnutrition Initiative. It is thanks to you that more children in hard-to-reach areas are getting crucial care and treatment to recover from and prevent malnutrition. With your continued support, children in the toughest places are getting the chance to be healthy and to flourish.

If you require further information, please contact us at [Philanthropy@savethechildren.org.uk](mailto:Philanthropy@savethechildren.org.uk)

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