

Stop the slow violence of malnutrition



Understand the double burden of under- and overnutrition

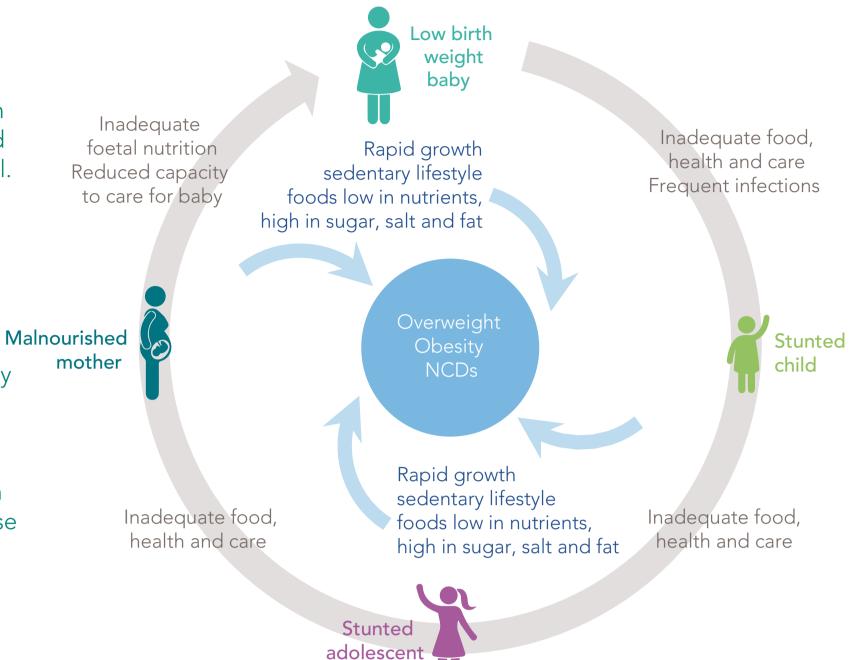
1 in 4 young children are stunted or too short for their age, because they are not getting enough nutrients for healthy growth and development.



13% overweight and obese

1 in 8 young children are overweight or obese. They are too fat because they eat foods low in nutrients and high in energy from sugar and fat. Children are also not getting enough exercise.

This double-burden of malnutrition can occur in the same household and even the same individual. For example, a child with low birth weight who becomes stunted in early childhood, is more likely to become overweight and obese. For girls, levels of obesity increase in adolescence and they are more likely to develop diet-related NCDs in adulthood such as diabetes, heart disease and certain cancers.



Stunted mothers are more likely to have stunted and overweight babies, who develop into obese children. This drives an intergenerational cycle of malnutrition, illhealth and poverty, that comes at great cost to individual children, their families and to the

South African economy.

Address the root causes

Unhealthy food environments

• Children's food choices are shaped in powerful ways by their local food environment and the global food system.



Most South African children now live in communities where healthy foods are no longer available or affordable.



Big food corporations are expanding into the global South, targeting children as consumers and flooding local markets with cheap ultraprocessed foods - low in nutrients, high in sugar, salt and fat - which are fuelling a rapid rise in obesity and NCDs.



Poverty and inequality

30% of South Africa's children live below the food poverty line in households that do not have enough money to meet children's nutritional needs.

Frequent infections caused by overcrowding and poor access to water, sanitation and health care services further increase the risk of undernutrition

which further undermines children's immunity. 51% of child hospital deaths are associated with moderate or severe acute malnutrition.

Poverty electricity 30% 9% No water on site Far from 30% clinic 20%

Protect children against shocks

COVID-19 has intensified these existing challenges and is expected to precipitate a 14% increase in the global prevalence of moderate and severe acute malnutrition.

promote good nutrition - from the first 1000 days

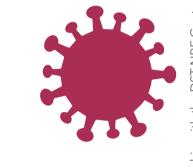
Improve the early identification and management

of children at risk of severe acute malnutrition

Improve health workers nutrition knowledge and

through to school and adolescent health

health facilities and communities



By December 2020, child hunger had increased by 50% in South Africa with 1 in 6 households reporting that children went hungry in the last seven days because there wasn't enough food.

"Children eat the same food every day. Starch every day. Starch every day. Starch every day. People are not okay. It is not healthy to eat starch every day. We do want to eat right but we don't have a choice. We can only buy the basic foods now. We buy the same things over and over again. We have no choice; we have to survive."

Du Noon, Cape Town, November 2020

Intervene early

It is therefore essential to intervene early – starting even preconception and continuing through the critical first 1000 days of the child's life course, to adolescence. This is essential to to support children's optimal nutrition, health and development.

Pregnant women



Pregnancy weight gain monitoring and dietary counselling

Micronutrient supplementation Mental health screening and support

Infants and young children

- Exclusive breastfeeding (0 6 months)
- Optimal complementary feeding support
- Growth monitoring and nutrition counselling
- Treatment of severe malnutrition Primary health care health services
- Parenting education and support
- Childcare

Older children and adolescents

- National school nutrition programme
- Nutrition education
- Food gardens
- School health services including health promotion, screening and referrals
 - Youth-friendly clinics
- Sport and recreation



Social assistance and employment • Water and sanitation • Universal health care

Build a child-centred food system

Make optimal use of every point of contact with children and families to create a food environment that promotes healthy choices that are good for people and the planet

Health system

counselling skills

Humanitarian and disaster settings

- Set up humanitarian response systems to respond to households in food crisis • Set up a system to identify and support children at
- risk of severe and acute malnutrition • Develop a standardised food package that meets
- children's specific dietary needs • Use schools and ECD programmes to ensure food
- relief efforts reach those children most in need

Jobs and social protection

- Increase the value of the Child Support Grant to the food poverty line
- Extend social assistance to pregnant women to improve their nutrition and mental health
- Introduce maternity protection for all pregnant women and women with infants under 6 months
- Strengthen workplace support for pregnant and breastfeeding women including 6 months paid maternity



Schools and ECD centres

- Ensure all poor children are provided with a healthy nutritious meal
- Stop the marketing and sale of unhealthy foods on and around school grounds
- Educate teachers, ECD practitioners and children about nutrition so that they can make healthy food choices
- Provide children with safe places to play and actively promote sport and physical exercise

Agri-food industry

- Use subsidies or vouchers to make healthy foods cheaper than unhealthy food
- Regulate the marketing of unhealthy foods to children
- Tax unhealthy foods high in sugar, salt and
- Establish a food council as envisaged by policy that includes child-centrered expertise



Shops and restaurants

- Introduce food labels so consumers can make informed choices about what they eat
- Remove unhealthy food from checkouts
- Use discounts and other incentives to promote healthy foods



surveillance