



Running on Empty

Poverty and child malnutrition

Imagine... You are poor. You live in Bangladesh. Providing your family with a healthy diet costs three times what you can hope to earn in a year.

Research by Save the Children UK shows that up to three quarters of families in some of the poorest places in the world cannot afford enough nutritious food for their children to grow up healthy and strong. Millions of children are condemned to premature death or stunting, and poverty continues from generation to generation.

Every minute of every day, ten children under five die from hunger. Hunger is the main cause of child mortality, accounting for 5.6 million deaths globally each year. Dire poverty lies behind this silent emergency. No significant progress is being made on the pledge made by world leaders in 2000 to cut by half the proportion of malnourished children.¹ This is unacceptable. The clock is ticking. Children cannot wait.

Save the Children knows that one of the best ways to tackle child hunger and make progress towards eradicating poverty is to put money directly into the hands of poor families. We are calling on national governments and the international donor community to address urgently the economic causes of child malnutrition in order to make real progress towards eradicating hunger. Donors must support low-income countries that wish to implement programmes providing direct cash benefits by putting in place innovative mechanisms for the provision of long-term, predictable aid.



MADHURI DASS

Putting cash in the hands of parents is the best way to ensure that children like Aduri, who lives in Kurigram, Bangladesh, are well fed.

No such thing as a free lunch

Save the Children set out to quantify how much it actually costs to feed a child a healthy, nutritious diet in order to prevent malnutrition, and how affordable this is for the poorest families. We carried out research in Bangladesh, Ethiopia,

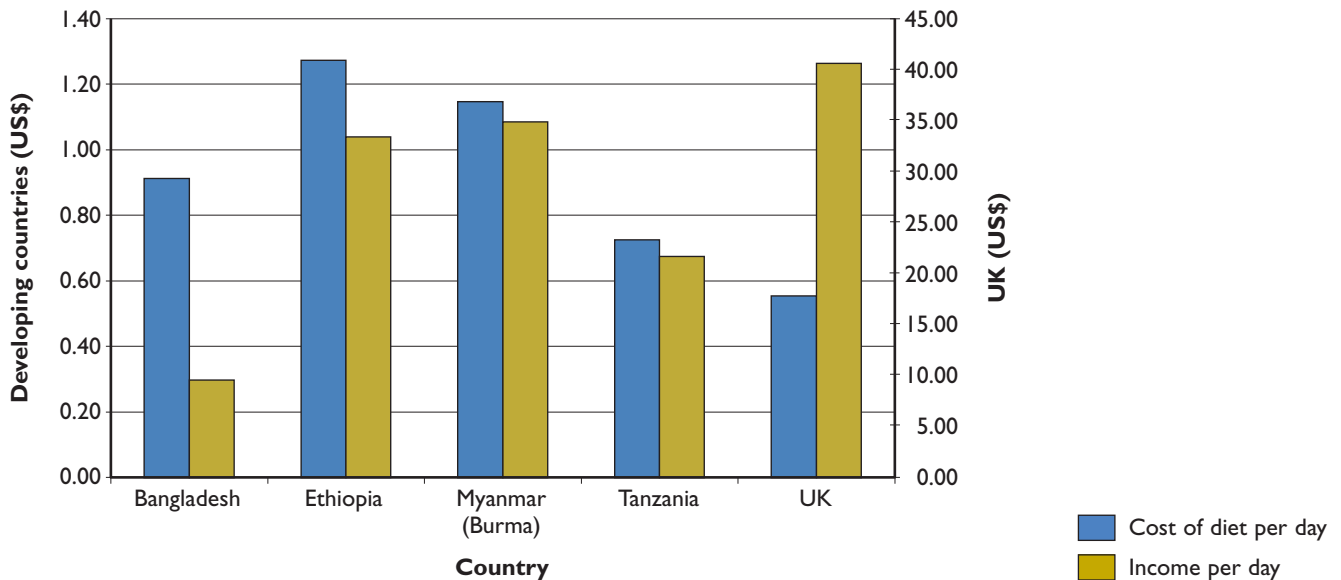


Figure 1: Average daily cost of a diet and daily income (US\$) for the poorest

Myanmar (Burma), Tanzania and the UK.² Findings confirmed that in all these places, including the UK, families living in poverty simply do not have enough money and resources to feed their children a healthy diet. In the poorest and most marginal parts of Tanzania, Ethiopia, Bangladesh and Myanmar, where child malnutrition is endemic, Save the Children found that between 15³ and 79⁴ per cent of households are too poor to ever feed their children a healthy diet. Given that families need to buy essentials other than food, at least one third of the population in all four countries cannot afford a healthy diet. Typically, these families own very little or no land, have few or no animals, and make a living by selling their labour. Some of the poorest households cannot even count on this source of income, as they do not have any able-bodied family members who can work.

Households live on between 20 cents⁵ and US\$1 dollar a day.⁶ However, feeding a family of five in Ethiopia and Myanmar costs an equivalent of US\$1.27 and US\$1.15 a day respectively. It would take a family in Ethiopia four months' hard labour in the fields to earn just enough to cover the cost of a healthy diet for one month.

Families are condemned to a hand-to-mouth existence. Not only are they unable to meet their immediate food requirements for most of the year, they often cannot buy enough of other basic necessities such as cooking fuel and utensils, soap and clothes. They cannot afford to pay for healthcare or education to invest in their children's future. Seasonal changes that affect food availability make the cost of a healthy diet up to one third more expensive during lean periods in the year.

The crucial months

By far the most important period in a child's life, when malnutrition develops and stunting can be prevented, is between six months and two years. Our research found that, despite overall high breastfeeding rates for the first few months, the diets of poor children across all study countries deteriorate dangerously during this crucial period. A shockingly low proportion are adequately fed.

Findings demonstrate that only between 10 and 60 per cent of poor children under two years get enough meals and eat enough different foods to meet recommended standards. Instead, the greatest majority of them survive on less than the four



meals a day they should be getting at this age, and their diet lacks most of the essential foodstuffs for their healthy development. Children are also badly affected by seasonal changes, which affect both the quantity and quality of food they get during lean periods, often for months on end.

Children from wealthier families get a better quality diet and it is easier for their mothers to look after them because they have more money and tend to have more time to look after them. In Legambo, Ethiopia, for instance, a child born in a poor family has one chance in ten of getting enough variety in

her or his diet during the lean season. This chance increases threefold for a child born in a better-off family. Contrary to what is often thought, poor Ethiopian mothers know what to feed their children, but say it is lack of money that limits their access to food and the diet they can provide for their children. Low feeding frequency is related simply to poor mothers having to be away from home for most of the day in order to earn money or gather firewood and collect water, which prevents them from preparing regular fresh meals for their children. In Bangladesh, the mother's education, and her consequent increased ability to

Hunger: a recipe for disaster

The importance of a healthy and nutritionally balanced diet is often overlooked. Children need food such as fresh fruit and vegetables, fish, meat, eggs and milk, as well as carbohydrates and energy-rich foods, to provide all the vitamins and micronutrients they need to thrive. But, because hunger is generally conceptualised as occurring in emergencies, donors and humanitarian actors mostly pay attention to meeting people's minimum calorie requirements, often through food aid.

Food aid is a blunt instrument for tackling chronic malnutrition, particularly in children. A healthy diet is essential to preventing malnutrition before a child turns two years of age. For children above that age, the scars of hunger on their bodies cannot be erased. A poor diet will weaken their immune system making them more prone to catching preventable diseases and infections that may well kill them. If they survive beyond their second birthday, they will be affected for life by stunting. Stunting is caused by chronic malnutrition. Stunted children fail to grow to their full potential, both mentally and physically. Their brains are damaged affecting their IQs and ability to learn. Their bodies will be smaller making them less capable of doing physical labour as adults.



Bachari and his friend, Maman, are both three, but malnutrition when he was a baby has left Bachari (right) severely stunted.



When 86 cents to feed your child a healthy diet for a month is way beyond your reach: Struggling to survive in Lindi rural district, Tanzania

Issa, is just over one year old and lives in Lindi, Tanzania with his mother, father, brother and sister. The family is very poor. Every day, for breakfast Issa eats watery porridge made from flour and salt. During the lean period, from December to April, he has only one other meal a day – *ugali*, a stiff porridge made of cereal flour (maize or cassava during the lean period), with a sauce made with green leaves. Once a week he may get a different sauce, such as fish or pulses, and his mother will have to go out to gather *ming'oko* (wild roots) to add to his monotonous and nutritionally deficient diet.

After the harvest in May, Issa will get two meals of *ugali* and sauce a day. During the festive season in July, the family can afford sorghum (a type of grain) and rice for a short period. Issa has never eaten an egg and would be hard pushed to say what milk tastes like as he has had it only a few times since he was born. The hard truth is that he is malnourished and suffers from iron deficiency. Although he is only just over a year old, malnutrition is likely to scar his life forever.

It would cost 86 cents (1050 TSh) to feed Issa a healthy diet for a month. But 86 cents is way beyond Issa's parents' reach. When his father is lucky enough to get work in the fields, he earns 1500 TSh (just over \$1.24) for a hard day's labour and spends well over half that to buy food for his family. Even then their diet will be very poor quality. That leaves very little spare cash to buy other essential items such as kerosene, soap, matches and clothes, or to pay for doctors and schooling. Contract work, however, is not always easy to get, particularly during the lean months. So, over a year, Issa's parents earn just less than 300,000 TSh (about \$248).⁷ However, it costs almost 320,000 TSh (about \$264) to feed the family a healthy diet for a year.⁸ This leaves Issa's parents a little over 20,000 TSh short to make ends meet, let alone affording any non-essential items or investing in their children's future. It would take Issa's father another 14 days hard labour in the fields to earn that much if the work was available.

Issa's family is not unique. Despite national economic growth, Lindi rural district remains one of the poorest in Tanzania and has the highest prevalence of stunting and anaemia in the country. One in two children in the region is chronically malnourished. More than one third of the households in Lindi cannot afford to feed their children a healthy diet.⁹

HEATHER KINDNESS



Issa getting his breakfast from his mother. In the lean months, he gets only one other meal of porridge.

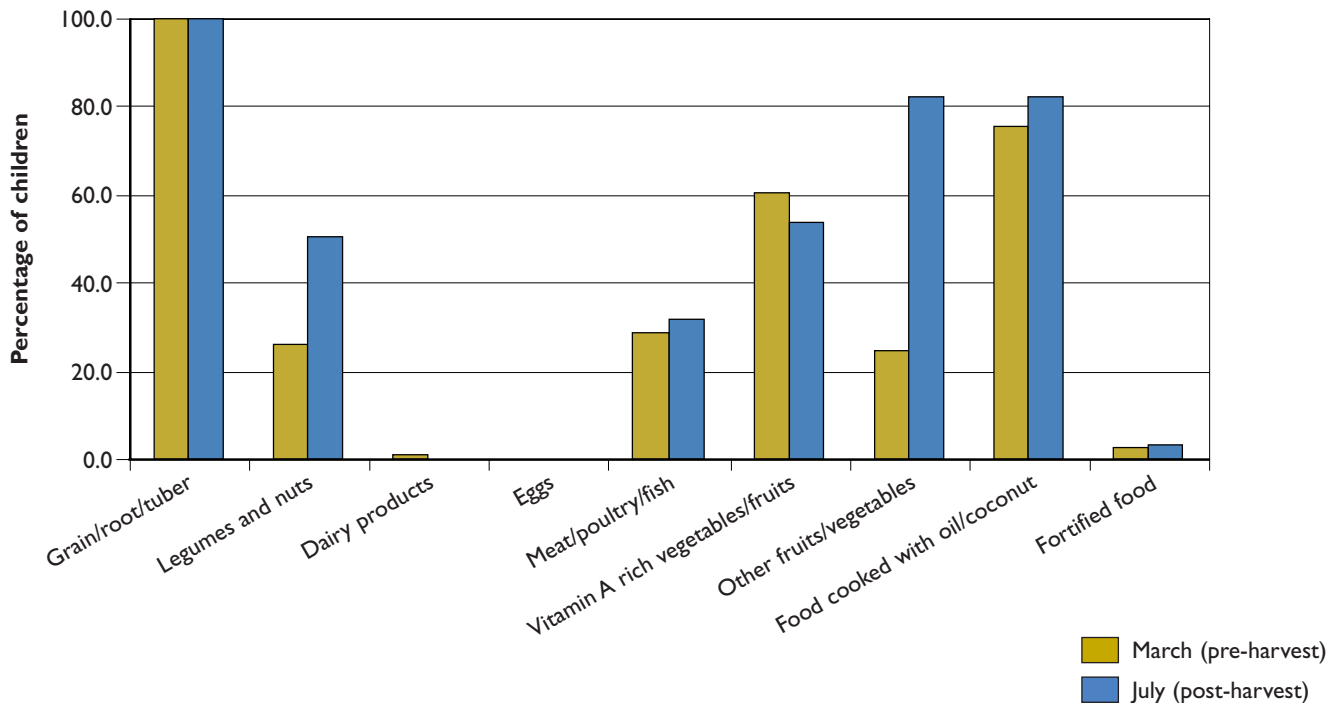


Figure 2: Proportion of children who consumed various food groups in the 24 hours prior to the survey by season, Lindi, Tanzania

earn and negotiate her children’s upbringing, is the determining factor in ensuring her children are better fed. In other countries, such as Tanzania, however, the mother’s schooling has no bearing on how she feeds her children.

Food poverty in the UK

In the UK today, more than a million children live in severe poverty.¹⁰ They are growing up in households where every expense means making a tough choice, including not being able to afford a healthy diet.¹¹

These families survive on a budget of £154 (\$284) per week excluding housing costs.¹² It is estimated that a healthy diet and a minimum basket of basic necessities and services for a family of four costs just over £67 (\$123) a week.¹³ The Family Budget Unit estimates that to maintain a low cost but acceptable standard of living a further £120 (\$221) is needed. This means that those in severe poverty have to choose between a healthy diet and other essential expenses. Moreover, poor people often

‘pay more and get less’ as nutritious, recommended foods can cost up to twice as much in local shops as they do in supermarkets.¹⁴ For a family living on benefits or low wages, a £5 (\$10) or £10 (\$20) premium in food costs a week can make the difference between having enough and going hungry. ‘Junk food’ on the other hand is generally cheaper and more readily available.

Save the Children’s findings also show that lack of access to food resulting from living in poverty is as important a factor in child nutrition in the UK as it is in the other study countries. Parents living in poverty are often making the best choices they can under their economic and environmental circumstances. But access to shops, the cost of public transport and the unavailability of healthy food in local shops in some of the most marginal areas in the UK, known as ‘food deserts’, all contribute to poor families’ inability to feed their children a healthy diet. Poorer diets are therefore inextricably associated with social disadvantage and poorer knowledge.



Cash: the missing ingredient to tackle hunger

“Putting cash into the hands of poor families sounds like a simple idea – but it is one with huge transforming power. We want to play our part in making it a reality.”

Gareth Thomas, UK Parliamentary
Under Secretary of State for
International Development¹⁵

Save the Children knows that providing regular and predictable cash payments, like pensions or benefits, directly to poor people could rapidly speed up progress towards meeting the international target of halving the number of children suffering from malnutrition in the world. It would also help those households exposed to sudden hunger due to external shocks like illness, or emergencies. Receiving cash in hand empowers poor families to make their own choices, finding the optimum balance between meeting their immediate needs and investing in their futures.

All the evidence shows that not only do poor people spend their money sensibly but that the first, and often most substantial, investment families make is to buy more and better quality food for their children. Other benefits of cash transfers for children include a decrease in the prevalence of disease (eg, South Africa) and increased school enrolment and a reduction in child labour (eg, Brazil) where this is prevalent.

The number of initiatives providing direct cash benefits to the poor, often as components of broader social protection programmes, has multiplied over the last decade all around the world. Cash benefits have proven highly effective in alleviating poverty and promoting social, human and economic development. The impact of cash benefits in reducing child malnutrition is well documented. In Latin America, where this type of programme was launched during the 1990s, they have had an impressive impact on reducing stunting.

Mexico leads the way with its national programme Progresa (now Oportunidades), which achieved a decrease of 12 per cent in the incidence of illness and a 10 per cent reduction in the prevalence of stunting in children under five years of age. Brazil followed the trend with a reduction of almost a third in stunting among children of beneficiary families.¹⁶ The impact of these programmes on children’s nutrition exceeded those achieved with more traditional community-based nutrition approaches. Evaluations of similar programmes in Asia and Africa also demonstrate marked improvements in children’s nutrition.

However, the poorest countries cannot afford a basic package of social protection (including regular cash benefits to children, the elderly and those who are disabled), as well as free healthcare and education, from their own resources.¹⁷ Additional support through development aid is required from richer nations, including the G8. This could be readily available if donors fulfilled their promise of channelling 0.7 per cent of GNI (gross domestic income) to international aid.¹⁸

Tackling child hunger – what must be done

In the time it has taken you to read this paper, more than 100 children have lost their lives to hunger. Tackling hunger remains a major challenge to the international community. The first two years of a child’s life are critical. But most poor families simply cannot afford to buy enough healthy food to protect their children from malnutrition.

Save the Children knows that one of the best ways to tackle child hunger and make progress towards eradicating poverty is to put money directly into the hands of poor families. Although this is not a panacea, it is feasible, it can be affordable and it is efficient. It has been shown to be highly effective in alleviating poverty and it offers spin-off benefits. Protection of the poorest members of society should be treated as a global responsibility and a shared moral obligation.



Cash benefits in Meket, Ethiopia

Asemu, 22, is the mother of Mikiray, 11 months, and Bayou, five years. She lives in Meket, Ethiopia with her husband Debru, 31. Since 2005, the family, portrayed in Save the Children's film *Running on Empty*, has been receiving regular cash benefits for seven months of the year as part of the national Productive Safety Nets Programme (PSNP).

"We find it very hard to make ends meet. We have very little land and we finished the food from the harvest in December (2006). But the cash we get helps us get through the lean period before the harvest. We manage to carry on buying food and other goods like salt, sugar, lamp oil and cooking oil, coffee and seeds from the market. However, I spend 66 Birr (\$7.72) to feed my family each week and we get a 90 Birr (\$10.52) cash payment each month. It is not enough but it is all we have at these difficult times and we long for it.

FREDERIC COURBET



Asemu and Mikiray. The family has been receiving cash benefits since 2005.

Thanks to the cash the family can stay together and we can farm and buy seeds to produce our own food and we are alive. It is much better now with the cash. The money plus our harvest is just about enough to keep us going and we really appreciate this. If we weren't getting the cash, Debru would have to leave us to go in search of labour away from home like he used to before. Labour is very hard work, you know, just digging and digging... If things turned out for the worse, I would have to follow him too. What would happen to my children then? They would die.

My boy, Bayou, was born before we started getting the cash. I struggled to feed him well and he has been poorly since he was six months. He only started walking when he was four and now I have been told that he is stunted. Mikiray is 11 months old and I have been able to breastfeed her for longer thanks to the cash. I don't want her to go hungry like her brother when she grows up. I'd like my daughter to go to school and have a different life. I want both my children to be educated, to help me and to become a doctor and a farmer."¹⁹

In Ethiopia, the PSNP provides 7.2 million people with 30 Birr (\$3.50) per head per month for seven months in the year to help them make ends meet during the lean period. This is just 35 per cent of what families need for a healthy diet. The programme, which has been running since 2004, is the biggest of its kind in Africa. Save the Children's research in Ethiopia²⁰ shows that typically more than 70 per cent of the amount received by households is spent on food, mainly to purchase items such as grains, pulses, animal products, oil and sugar. Mothers reported that they were able to feed their children a greater variety of food items and that the transfer also enabled them to buy soap and clothes and to access health services that were previously out of their reach.



Recommendations

- National governments and the international donor community must prioritise social protection programmes, including regular cash benefits to poor families, towards eradicating severe poverty and hunger.
- Donors, in particular the G8, must pledge to support low-income countries wishing to implement such programmes by putting in place innovative mechanisms for channelling long-term, predictable aid.
- Rich countries must fulfil their commitment to increase aid (untied) to meet the 0.7 per cent of GNI target by 2010.

Notes

¹ <http://www.un.org/millenniumgoals/#> The first Millennium Development Goal aims to eradicate extreme poverty and hunger by: 1) reducing by half the proportion of people living on less than a US\$1 a day, and 2) reducing by half the proportion of people who suffer from hunger.

² Save the Children UK (2007) *The Minimum Cost of a Healthy Diet: Findings from piloting a new methodology in four study locations*. Full methods and error estimates can be found in the report.

³ Tanzania

⁴ Bangladesh

⁵ Bangladesh

⁶ Ethiopia and Myanmar

⁷ The total income for a family of five for a year is 297,000 TSh.

⁸ The cost of a healthy diet for a family of five is 318,637 TSh per year.

⁹ Chastre, C (2007) *Tackling Chronic Malnutrition: What would it take to be able to afford a quality diet? An example from Lindi rural district, Tanzania*, Save the Children.

¹⁰ Magadi, M and Middleton, S (2007) *Severe Child Poverty in the UK*, Save the Children UK, Severe Poverty is defined as a combination of low income and deprivation.

¹¹ The UK has one of the highest child poverty rates in the EU, ranking 21st, equal with Greece and Poland, out of 27 countries. In March 1999, the UK government committed itself to cutting child poverty by a quarter by 2004/05 and by half by 2010/11. However, the government missed its first target – child poverty fell by just 17 per cent between 1998/99 and 2004/05 – 300,000 short of the 25 per cent target. The UK remains the most unequal society in the EU.

¹² Magadi, M and Middleton, S (2007) *Severe Child Poverty in the UK*, Save the Children UK. Based on a family with two adults and two children aged under 14.

¹³ <http://www.york.ac.uk/res/fbu/publications.htm> The food budget calculation for this analysis is for a couple with two children, including one part time earner and does not include alcohol.

¹⁴ National Consumers' Council (2005) *Putting Food Access on the Radar: How to target and prioritise communities at risk*.

¹⁵ 'Beyond Aid: Towards a Universal Approach to social benefit packages', keynote address, Grow Up Free from Poverty coalition forum: London, 12 December 2006.

¹⁶ Sridhar, D and Duffield, A (November 2006) *A review of the impact of cash transfer programmes on child nutritional status and some implications for Save the Children UK programmes*, unpublished.

¹⁷ Pal, K et al (2005), 'Can low income countries afford basic social protection? First results of a modelling exercise', UN International Labour Office, Discussion paper no. 13.

¹⁸ Save the Children UK (2007) *Investing in the Future: Save the Children UK position paper on the role of cash transfers in reducing child malnutrition*, unpublished.

¹⁹ Excerpts from interviews with Asemu from *Running on Empty* (2007) documentary film, Save the Children – Television for the Environment.

²⁰ Duffield, A (March 2005) *Impact of a cash relief programme on child caring practices in Meket Woreda*, Save the Children UK, unpublished.

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