

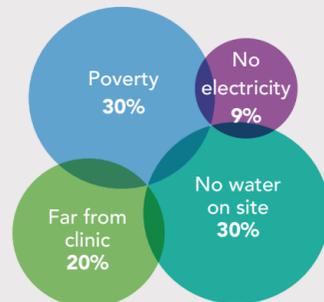
## Key drivers of child malnutrition

### Poverty and inequality

- Despite a range of progressive policies, South Africa has struggled to uproot a legacy of poverty and inequality. Thirty percent of South Africa's children still live below the food poverty line in households that cannot afford to buy enough food to meet their children's minimum daily energy requirements.<sup>2</sup>
- Income poverty also compromises children's access to water, sanitation and health care services giving rise to frequent infections that further undermine their nutritional status.

### Unhealthy food environments

- Our individual food choices are also shaped in powerful ways by our local food environment and the broader food system which is increasingly driven by profit rather than creating foods that are good for the health of people and the planet.
- Global food corporations are expanding their markets in the global South, directly targeting children as consumers, and flooding local markets with cheap, ultra-processed foods e.g. soft drinks, sweets, breakfast cereals and salty snacks.<sup>3</sup>
- These foods – low in nutrients, high in sugar, salt and saturated and trans fats – are helping to fuel a rapid rise in obesity and NCDs, and many children live in communities where healthy foods are increasingly unaffordable or unavailable.



### COVID-19 has intensified these challenges

- Rising unemployment coupled with rising food prices are pushing households even deeper into poverty: by November/December 2020, 1 in 6 households reported that a child went to bed hungry in the week before the survey - with beneficiaries of the Child Support Grant most likely to run out of money for food.<sup>4</sup>
- Child hunger is just the tip of the iceberg. Families have attempted to shield their children from hunger by eating less and purchasing cheaper, less nutritious meals, but these empty calories are likely to further exacerbate our already high rates of stunting, micronutrient deficiencies and obesity.
- At the same time, over 9 million children were denied access to school meals following the closure of schools and early childhood development (ECD) centres; and the disruption of routine health care services has made it harder to identify and support children at risk of malnutrition.
- Experts predict a 14% increase in the global prevalence of moderate and severe acute malnutrition – with 80% of the burden concentrated in sub-Saharan Africa.<sup>5</sup>



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## Three levers for change

### Leadership and coordination

Safeguarding children's food and nutrition security will require strong leadership. The National Food and Nutrition Security Council (first gazetted in 2014) must be established in the Presidency as a matter of urgency to provide high-level political leadership and drive concerted action across a range of sectors from Health, Education and Social Development to Trade and Industry. The Council should also include a champion for child nutrition given that children bear the brunt of malnutrition and are the litmus test for successful food and nutrition programming.

Similar coordinating mechanisms need to be established at provincial and local government level to respond to local challenges, activate joint planning, strengthen local food systems, scale up and monitor high-impact nutrition interventions, stimulate innovation, and target social protection and food relief.

Local government has the potential to play a powerful role in improving children's nutrition security by providing basic services such as water and sanitation and using nutrition-sensitive spatial planning, zoning regulations and licencing requirements to limit the proliferation of unhealthy food outlets and to stimulate a healthier food environment.

### Capacity-building

South Africa has good policies and plans in place that recognise the need for an integrated approach, but implementation continues to be hampered by organisational and management constraints especially in the poorest regions of South Africa. It is therefore essential to build capacity across all spheres of government to improve the quality and coverage of nutrition interventions. This includes building public health nutrition expertise and leadership skills of government officials, health care workers, educators, social workers and ECD practitioners, so that they are better equipped to address both the symptoms and root causes of the double burden of malnutrition.

### Monitoring and surveillance

Finally, we need to complement national surveillance studies that happen once every ten years with routine data and sectoral reviews to enable rapid learning and more agile responses to emerging challenges. This includes child-centred data to identify and respond to children at risk, monitoring the coverage and quality of nutrition-specific and nutrition-sensitive interventions, and evaluating their impact on children's nutrition and food security.

Improving children's nutritional status is a great equalizer and an essential investment in South Africa's human capital that offers a triple dividend for the children of today, the adults of tomorrow, and the next generation of children.

"Many things we need can wait. The child cannot.

Now is the time his bones are formed, his mind developed.

To him we cannot say tomorrow, his name is today."

Gabriela Mistral, Nobel Prize winning poet from Chile.



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The South African Child Gauge

The South African Child Gauge is an annual publication of the Children's Institute, University of Cape Town that tracks progress for South Africa's children. It aims to make the latest research accessible to decision-makers in order to inform evidence-based policies and programmes for children. This policy brief presents the key findings of the 2020 Child Gauge which focuses on food and nutrition security.

South African Child Gauge® 2020

# Stop the slow violence of malnutrition

## Invest in children to drive national development

South Africa's burden of malnutrition is unacceptably high for a middle-income country, and our failure to adequately invest in child nutrition has come at a huge cost for individual children and for national development. COVID-19 has intensified these existing challenges. Strong leadership and concerted action are required from all sectors of society to address the rapid rise in child hunger and safeguard children's health, survival and development.

### A double burden of malnutrition

South Africa is faced with a double burden of under- and over nutrition. The most recent national data from the 2016 South African Demographic and Health Survey<sup>1</sup> found that:

- 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.
- 1 in 8 young children are overweight or obese. They are too fat because they are eating foods low nutrients and high in energy from sugar and fat.



27%  
stunted



13%  
overweight and obese

This double burden of malnutrition can occur in the same household and even the same individual. Undernourished mothers are more likely to have low-birth-weight babies and stunted children, and stunted children are at risk of becoming over-weight adolescents. This increases their risk of developing diet-related non-communicable diseases (NCDs) such as diabetes and heart disease. In the case of both, the prevalence is unacceptably high in South Africa which has the highest proportion of adult diabetics in Africa, and the greatest number of deaths due to the disease.

### A threat to human health and national development

Malnutrition poses an immediate and long-term threat to children's health, survival and development. It compromises children's immune systems, and it is a key driver of under-five mortality. It stunts children's physical growth and cognitive development, undermines their education and employment prospects, and helps drive an intergenerational cycle of poverty and ill-health that comes at a great cost for individual children, their families and South African society. Yet this slow violence of malnutrition is often neglected until it costs lives.

It is therefore vital to intervene early and support child nutrition in order to level the playing fields, reduce the burden of NCDs, and drive economic development.

## Three guiding principles

### 1. Intervene early and across the life course

Exposure to malnutrition during sensitive periods of development can have an irreversible impact on their long-term health and development. Therefore, we need to intervene early to prevent long-term harm, and make use of every point of contact with children and families to promote optimal nutrition—starting early (even pre-conception) and continuing through the critical first 1000 days of life (from conception until the child's second birthday) and on into adolescence.

### 2. Adopt double-duty actions

South Africa also needs to adopt double-duty actions that simultaneously prevent or reduce the risk of undernutrition, overnutrition or diet-related non-communicable disease. For example, exclusive breastfeeding for the first six months has been found to reduce stunting and obesity. South Africa therefore needs to review existing interventions to ensure that efforts to address one form of malnutrition do not cause further harm. For example, food-relief parcels and school meals should not only meet children's energy requirements, they should also be high in nutrients and low in salt, sugar and saturated and trans fats. In this way we can develop healthy practices.

### 3. Build a child-centred food system

There is much that we can do as individuals to protect and promote our own health and that of our children, but we cannot do this in isolation. We need to create a more healthy, equitable and child-centred food system and to make use of every point of contact with children and families to promote optimal nutrition. Creating such an enabling environment requires a whole-of-society approach and collective action from government, civil society and the private sector.



### 1. Invest in maternal health and nutrition

Women's nutritional needs increase dramatically during pregnancy, and food insecurity, micronutrient deficiencies, overweight, gestational diabetes and pre-eclampsia pose a threat to the mother's health and that of her unborn child. It is therefore essential to not only provide micronutrient supplements, but also monitor weight gain and integrate dietary counselling into routine antenatal care with an emphasis on a diverse diet that is rich in nutrients (such as whole grains, leafy green vegetables, lean meat, oily fish and low-fat dairy products).

We also need to intervene even earlier to help adolescent girls and women optimise their health, weight and micronutrient status before they become pregnant. For example, by providing micronutrient supplements (a mix of vitamins and minerals) through the Integrated School Health Policy.

Food insecurity is associated with an increased risk of domestic violence and mental disorders such as depression and anxiety that can further compromise mothers' capacity to feed and care for their children.<sup>6</sup> It is therefore important to extend social assistance to pregnant women and to integrate mental health screening and support into antenatal and postnatal care.

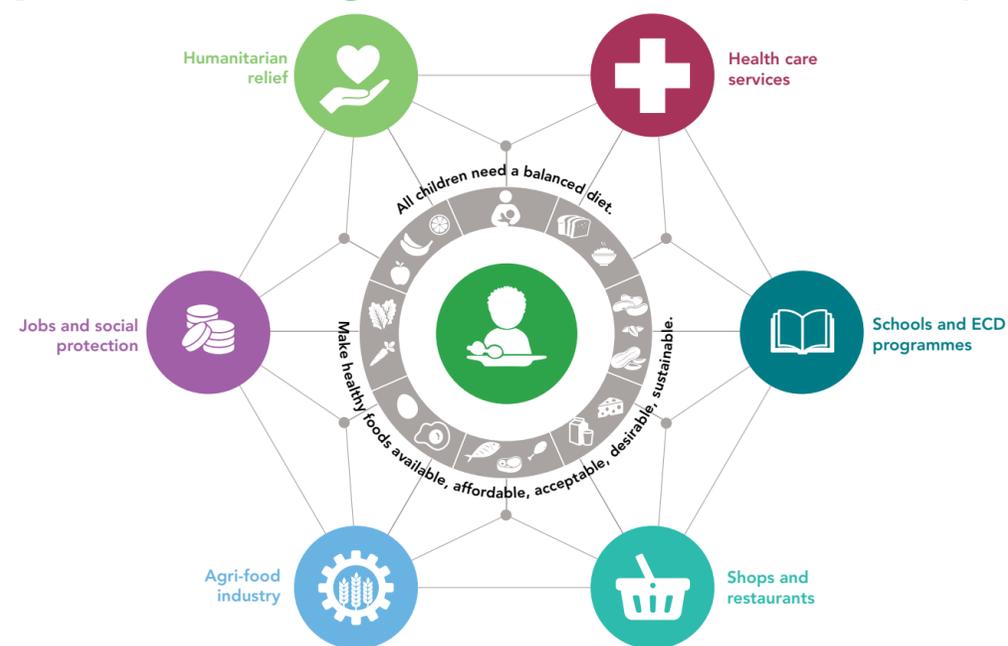


### 2. Improve infant and young child feeding practices

Only 32% of infants are exclusively breastfed during the first six months of life, and only 23% of children 6 – 23 months are fed a minimum acceptable diet.<sup>1</sup> Greater efforts are therefore needed to promote optimal infant and young child feeding practices. This includes scaling up community and workplace support for breastfeeding women, improving health workers' nutrition knowledge and counselling skills, and promoting local, nutrient-dense and affordable complementary foods.

In the context of rising hunger, it is also essential to activate and scale up facility- and community-based surveillance and referral systems to ensure the early identification and support of vulnerable and malnourished children.

## 7 steps to building a child-centred food system



### 3. Invest in nutrition for early childhood development

Early learning programmes offer a useful platform for providing health care services and nutrition support to preschool children. Registered ECD centres qualify for a subsidy of R15 - R17 per child per day and 40% of the subsidy should be used to provide nutritious food. Yet stringent registration requirements exclude ECD centres serving communities most in need, as well as other ECD

programmes such as playgroups and child minders. Only 10% of young children benefit from the subsidy – in marked contrast to the National School Nutrition Programme (NSNP) which supports 77% of learners. We therefore need to increase access to the ECD subsidy and ensure that all CSG beneficiaries qualify for nutritious meals at ECD centres as they do through the NSNP.

### 4. Use schools to support older children and adolescents

The NSNP provides a daily meal to over 9 million learners and improves their punctuality, attendance and concentration. Yet this essential nutrition support was suspended during the COVID-19 lockdown. Following legal action from civil society, a court order has affirmed the Department of Basic Education's obligation to provide school meals even when learners are unable to attend school due to COVID-19.<sup>7</sup>

It is equally important to monitor and enforce the DBE's guidelines for the NSNP and school tuckshops to improve the nutritional quality of school meals and limit

the sale of unhealthy, obesogenic foods. Schools also provide an important platform for nutrition education, food gardens and the delivery of school health services. In addition, children are leading increasingly sedentary lifestyles: less than half of learners getting enough daily exercise to promote health and prevent chronic disease,<sup>8</sup> and one in three schools are without sporting facilities<sup>9</sup>. Greater efforts are therefore needed to improve the implementation of the National School Sport Programme and provide opportunities and safe spaces for physical activity.

### 5. Create a healthy, equitable and child-centred food system

Direct intervention by the state is also required to ensure that the broader food system supports, protects and promotes children's health, nutrition and food security. This includes greater efforts to ensure that healthy foods are available, affordable, desirable and sustainable. Key interventions include regulations to protect children from the marketing of unhealthy foods; front-of-pack labelling to enable

consumers to make informed choices; taxes and subsidies to limit the consumption of unhealthy foods and make a basket of healthy foods more affordable; and using government procurement to create a demand for healthy foods and strengthen local food systems.<sup>3</sup> The sugar tax was a positive intervention, we need more along these lines.

### 6. Prioritise children in our COVID-19 response

The South African Bill of Rights affirms that the state has an immediate obligation to respect, protect, promote and fulfil children's right to basic nutrition.<sup>13</sup> This right is not subject to progressive realisation. Even in an economic crisis, the State may only introduce regressive measures as a last resort and must ensure that children are the last to be affected<sup>14</sup> as they are particularly vulnerable to crises such as climate change and the COVID-19 pandemic.

The UN Secretary General and UN Committee on the Rights of the Child have therefore called on states to

prioritise children in their COVID-19 response plans, and to "activate immediate measures to ensure that children are fed nutritious food during periods of emergency, disaster or lockdown".<sup>15,16</sup>

This includes surveillance systems to identify and support children at risk of severe acute malnutrition; providing a standardised food package that meets children's specific dietary needs; expanding social protection; and using health facilities, community health workers, schools and ECD programmes to ensure food reaches those children most in need.

### 7. Expand social protection

Interventions in health, school and ECD programmes need to be coupled with social assistance to address poverty and food insecurity in the home.

The Child Support Grant (CSG) provides an essential lifeline for nearly 13 million children and over 7 million caregivers.<sup>10</sup> But the grant amount (R460 a month or R15 a day in 2021) is not enough to meet children's dietary needs.

The grant has been highly successful in targeting poor children but it still doesn't reach all children in need – especially in the first year of life – with one in three infants in poor households not benefiting from social assistance.<sup>11</sup> These gaps in social assistance for young children are worrying as these children are most vulnerable to both the immediate shock and long-term effects of malnutrition.

The termination of the temporary caregiver and top-up grants in October 2020 further intensified

the pressure on poor women and children, as CSG recipients (the caregivers who receive CSGs on behalf of children) are not allowed to apply for the COVID-19 social relief of distress grant for themselves. This discriminatory gender bias should have been addressed when the COVID-19 grant was extended, and should be corrected in any future extensions of the COVID-19 grant.

By March 2021, an estimated one in five people (11.8 million) were facing high levels of acute food insecurity, and in need of urgent relief.<sup>12</sup> The CSG must be increased to the value of the food poverty line (R585/per month in 2020 Rands) in order to alleviate the effects of poverty and ensure children can receive adequate nutrition. In addition, social assistance should be extended to pregnant women, to protect their nutrition, and children's primary caregivers should be able to apply for the COVID-19 relief grant.