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# Background Paper

## Women, Children, and the Global Hunger Crisis

by Michele Learner

*“Our future depends on the will of Jesus.”*

– Bezumashe, mother of 2-year-old Aftamu,  
southern Ethiopia

It's July 2008, and Bezumashe has brought her malnourished toddler to a Doctors Without Borders nutrition center in southern Ethiopia. She is one of tens of millions of people in developing countries who have gone from a modest standard of living last year to desperation now.

“Before, we could eat two or three times a day; we had some maize,” Bezumashe says. “The ginger [crop] is not ready and we will have to wait months before selling it on the market... Our future depends on the will of Jesus.”

Zamane Abata, mother of another toddler, adds, “One of my children died because we had nothing to eat at home. Today, I am coming to [Doctors Without Borders] to see if my other child can be admitted into the outreach therapeutic program.”

Between mid-May and mid-July 2008, Doctors Without Borders' Ethiopia program treated close to 12,000 severely malnourished children in one region alone. Some have died. Coordinator Jean de Cambry says, “While the rhythm of weekly admissions is stabilizing in certain areas, in others we keep admitting more patients from one week to the other. In Kambata zone, in the past three weeks we had new weekly admissions of 734; 1,143; and 1,300. We really cannot foresee when it will slow down.” In some parts of the region, up to 11 percent of all children under five are severely malnourished. The usual threshold for starting an emergency nutrition program is 3 percent.

GOAL, an Irish charity, is also working in southern Ethiopia, treating children such as 3-year-old Bizanesh, who weighs less than 10 pounds. Sadly, her name means “plentiful.” GOAL's Hatty Newhouse reports that more money is



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USAID

needed: “What we're doing at the moment is waiting until children get severely malnourished, taking them into the feeding program, getting them back to a level of moderate malnutrition, and then watching them cycle back.”

### Women Eat Last

*“When the children ask for food, of course we give it to them. We are mothers.”*

– Fanta Lingani, Burkina Faso

Fanta Lingani lives in Burkina Faso's capital city, Ouagadougou. Her family includes her husband and his other two wives, numerous children and grandchildren. She typically spends two hours cooking the family's main meal of the day: corn mush with pounded baobab leaves, a little dried fish, and a “flavoring” of strained ashes. A year ago, the entire family could eat a meal of meat, vegetables, and peanut

sauce for about 75 cents. Now they must pay twice as much for much lower-quality food. “While millions of men and children are also hungrier, women are often the hungriest and skinniest,” reports Kevin Sullivan of *The Washington Post*. “At mealtime, men and children eat first and women eat whatever is left.” Aid workers say that women are the first to suffer when food suddenly becomes more expensive. Fanta’s family eats dinner only if there’s food left from lunch. She says that there is rarely enough left for women: “When the children ask for food, we have to give it to them. We’re mothers.” On the July day described in *The Washington Post*, the last bowl of mush was to be shared by two wives and eight small grandchildren. Fanta “took two bites before letting five hungry toddlers finish her food.”



Richard Lord

Countries with the highest malnutrition rates span all continents.

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“It is tougher for the ladies. We do the same work in the field. But now I am just sitting, and she is still working.”

– Husband of Ruth Bamogo,  
rural Burkina Faso

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Ruth Bamogo’s “day job” includes fetching water from a pump half a mile away, carrying her 4-year-old a mile each way to her fields, hoeing all day in intense heat to cultivate her sorghum crop, and collecting tree leaves to eat. Her “second shift” involves chopping wood for a fire, cooking, washing dishes, and bathing children. On the day a reporter shadowed her, she went to bed without eating, saving her remaining food for the next morning before she had to resume working in the fields. A year ago the family ate three meals a day. But as Ruth says, “The situation is tougher than it has ever been. We cannot eat and be full like last year.”

Ruth’s husband also worked in the fields that day. But when asked why he didn’t help with the evening chores, “he

looked shocked,” reports Kevin Sullivan. “In [Burkina Faso], as in much of the developing world, women are responsible for feeding their families. They grow, buy, and cook food.” Ruth is solely responsible for caring for her children and completing all housework.

## Top Priority: The Right Food for Those in Need

In June, Bread for the World President David Beckmann spoke at a meeting on the hunger crisis which brought 30 heads of state and officials from nearly every country to Rome. He emphasized the need to identify and assist vulnerable people: “Right now, we need to know ... in particular countries, what groups are suffering?”

As illustrated in the lives of little Aftamu, Bizanesh, and their mothers in Ethiopia, and Fanta and Ruth in Burkina Faso, among the most vulnerable during this global hunger crisis are women and children. Getting the right food to women and children must be the top priority. Research published in the leading British medical journal *The Lancet* in January 2008—before much of the international community was aware of the crisis in global food prices—found that:

- Undernutrition (as measured by underweight and/or short stature) poses the greatest risk to children under five.
- More than a third of all child deaths are due to maternal and child undernutrition.
- Vitamin A and zinc deficiencies are also important risk factors.
- Of the world’s undernourished children, 80 percent live in just 20 countries.
- Countries with the highest malnutrition rates span all continents and include Turkey, Guatemala, Peru, Ghana, Nigeria, Djibouti, and Bangladesh.

At the Rome gathering, there was not much mention of *The Lancet* findings on nutrition assistance. But the impact of the global hunger crisis on specific groups of people is becoming more evident. Urgent action now is needed to prevent an increase in maternal and child deaths—estimated at 3.5 million annually even before the crisis began—that could continue for years to come. *The Lancet* research shows that the most effective way to reduce the harm caused by undernutrition is to focus on babies, pregnant women, and nursing mothers, and on providing several specific micronutrients such as Vitamin A. There is a “golden interval” for providing children with sufficient nutritious food: from pregnancy through the child’s second birthday. After that, according to *The Lancet*, undernutrition will have caused “irreversible damage for future development towards adulthood.”

Research findings like these are why Doctors Without Borders emphasizes that malnutrition is an issue of food quality as much as quantity. The grains, pulses, and fortified flours that make up most emergency food aid are not sufficient to address the nutrition crisis, according to the group. The types of fortified blended flour typically included in food aid packages are not even for sale in developed countries: These flours contain poor quality protein and “far too many anti-nutrient factors” that inhibit the body’s absorption of essential minerals, including zinc.

According to a Doctors Without Borders fact sheet on malnutrition published in June 2008, “The milk component of donated enriched flours targeted at young children was eliminated from U.S. food aid in the late 1980s for economic reasons, when there were no more milk surpluses.” Ready-to-use therapeutic foods (perhaps the best-known example is the peanut-based Plumpy’nut) help undernourished children and often can be locally produced. Nutritionists are interested in the possibility of using these foods as children’s supplements in food-insecure regions so that all young children get essential nutrients.

Targeted responses to the hunger crisis like the one now being organized by the Global Alliance for Improved Nutrition (GAIN) will focus not only on providing resources to compensate for overall higher prices, but on ensuring that babies between 6 and 24 months receive supplemental nutrition to meet their high needs for nutrients.

*The Lancet* research highlights successful programs that could be scaled up to reduce undernutrition significantly. Among these are universal salt iodization, vitamin A supplements for children between six months and five years old, and support for breastfeeding. There are also new



Kimberly Burge

Sources of protein, such as this *kapenta* (dried fish), are out of reach of most hungry families.

findings that can help countries prioritize their nutrition efforts, such as evidence that lowering malaria rates among pregnant women is an effective way to reduce malnutrition in babies.

Maternal mortality is sometimes caused by iron-deficiency anemia, which can be treated with supplements during pregnancy. The World Health Organization estimates that worldwide, more than 40 percent of pregnant women have iron-deficiency anemia.

But other conditions that pose a risk to women in childbirth—such as being shorter than 4’10”—have no quick solutions. An important lesson from these findings is the need to provide babies and children with sufficient nutritious food. Ensuring that each generation is healthier than the last is the long-term solution to undernutrition, hunger, and their effects.

“Malnutrition is a chronic emergency that is only exacerbated by rising food prices,” says Dr. Susan Shepherd of Doctors Without Borders. *The Lancet* found that current spending on nutrition assistance is low. If all donor funding for nutrition were allocated to the 20 countries with the highest malnutrition rates, each child under two would receive about \$2 per year. Effective large-scale community nutrition programs are estimated to cost \$5 to \$10 per child. The World Health Organization estimates that the world has 178 million children with malnutrition, of whom 20 million have the most severe form.

## The Role of the United States

The governments and people of poor countries are bearing most of the cost of the global hunger crisis. Between 2006 and 2007, the cost of food imported by low-income food-deficit countries rose by \$30 billion. Importing food will cost even more in 2008. Governments are also subsidizing food, agricultural inputs like seeds and tools, and fuel. So far, the financial commitments made by the international community have not come close to covering the costs to poor people and their governments.

When will the global hunger crisis end? Some of the impact is likely to be long term. Food prices are expected to fall somewhat but remain 50 percent higher than they were in 2004—and volatile.

As the months pass, the issue may fade somewhat in the U.S. media. But many poor people and poor country governments will be suffering for years ahead.

This summer, Bread for the World participated in a task force organized by the Center for Strategic and International Studies to develop practical responses to the global food crisis. One of its major recommendations is to strengthen the U.S. emergency assistance system.

The U.S. food aid system has been criticized in recent

years as slow and wasteful. It can take four to six months for food to arrive once it has been authorized, and nearly two-thirds of the funding is spent on transportation and other costs that don't directly help hungry people. And, as noted earlier, food aid often does not include food suitable for young children, who are at greatest risk.

U.S. food aid commodities for Ethiopia, authorized in March, are scheduled to arrive in late August and early September; it takes time to buy, package, and ship grains from the United States. Some assistance has already arrived because it was "in the pipeline" and could be diverted from other destinations. But this food was never intended to respond to an emergency affecting so many people; it is simply not enough.



Margaret W. Nea

Once food aid from the United States has been authorized, it can take four to six months to reach hungry people.

Fortunately, other donor countries have been able to respond more quickly with cash rather than food in-kind. But the United States remains the largest donor of food aid, so improving our food aid system is very important. The U.S. farm bill contains a small pilot program which uses food aid funding to provide cash to purchase food in the regions where it's needed. Such local purchase options should be expanded, rules requiring U.S. sourcing eased, and the process of acquiring and sending food aid made less cumbersome.

Ultimately, emergency assistance is a short-term Band-Aid. It is poverty-focused development assistance that helps raise people's incomes and improve their nutrition and overall health so they have an economic safety net and can build

better lives for their children. "This has been a case study in why we need to reform U.S. foreign assistance: a stronger U.S. agency focused on development would have been better able to respond," says Bread for the World President David Beckmann. Our foreign assistance structure, established in 1961, is simply not set up to cope with a global emergency. It is far better to invest in sustainable development.

The consensus among development professionals is that rural development and agricultural productivity should be U.S. foreign policy priorities. The hunger crisis actually holds potential opportunities for small-scale farmers since their crops now command higher prices in the market. But high fuel prices mean that many farmers cannot afford the fertilizer, seeds, and transportation needed to expand their production and get their goods to market. Most of Africa's food is grown by women who farm small plots of land. With the right support, the "silver lining" of the hunger crisis could be higher incomes for poor rural women and their children.

But years of declining investment in agriculture, and other U.S. and international policy problems, pose barriers to realizing this hope. *The Lancet* series found that the small amount of donor aid for nutrition is "vastly outweighed" by the cost to rural populations of agricultural subsidies and protectionism in high-income countries. U.S. and global trade policies should support developing country farmers, not make their work more difficult.

Some experts are already speaking of a "lost generation" if the global hunger crisis is not addressed quickly and effectively: permanent harm to tens if not hundreds of millions of today's babies and toddlers.

But according to *The Lancet*, there is hope. The experiences of countries like China and Brazil, and the historical record in industrialized countries, show that "the nutrition of mothers and children can be improved fairly quickly, given the right combinations of political commitment, strategic programming, and resources." The United States must help build that commitment and secure the resources to help children, women, and other vulnerable group—including young children like Aftamu and Bizanesh and hardworking women like Fanta and Ruth.

*For a more general overview of the global hunger crisis, its causes, and potential solutions, see Bread for the World's June 2008 Background Paper, "Responding to the Global Hunger Crisis," which may be downloaded from [www.bread.org](http://www.bread.org).*