



CHILD FOOD POVERTY

Nutrition deprivation in early childhood

2024 | Child Nutrition Report

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2024 | CHILD NUTRITION REPORT

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CONTENTS

Foreword	vii
Executive summary	1
1 Our research: Understanding child food poverty	8
What is child food poverty?	10
Child food poverty carries a huge human cost	11
Multiple facets of child food poverty	12
What does the report aim to contribute?	13
2 Our findings: The crisis of severe child food poverty	16
Finding 1: Globally, one in four children (27 per cent) are living in severe child food poverty in early childhood, amounting to 181 million children under 5 years of age	17
Finding 2: Globally, progress towards ending severe child food poverty is slow, but some regions and countries are proving that progress is possible and is happening	21
Finding 3: Severe child food poverty is experienced by children belonging to poor and non-poor households, indicating that household income is not the only driver of child food poverty	22
Finding 4: Children living in severe child food poverty are missing out on many nutrient-rich foods, while unhealthy foods are becoming entrenched in the diets of these children	27
Finding 5: The global food and nutrition crisis and localized conflicts and climatic shocks are intensifying severe child food poverty, especially in fragile and humanitarian settings	31
Finding 6: Severe child food poverty is driving child undernutrition: the percentage of children living in severe child food poverty is three times higher in countries with a high prevalence of stunting	38
3 Our analysis: The forces driving severe child food poverty	40
Severe child food poverty is driven by poor food environments, poor feeding practices and household income poverty	41
Severe child food poverty is the result of systems that are failing, not families that are failing	44
Progress is possible when action is taken to transform food, health and social protection systems for children	47
4 Our recommendations: Ending severe child food poverty	56
A systems approach to ending severe child food poverty	57
Galvanizing commitment, action and accountability	59
Annex 1: Regional profiles on child food poverty	61
Annex 2: Notes on figures	76
Endnotes	79



Israa, a 3-year-old, eats a piece of bread while standing in front of her family's tent in Khan Younis city, south of the Gaza Strip in December 2023.

FOREWORD

One in four children today is living in severe food poverty. This means that they are surviving on one or two food groups a day, and on some days even less. The scale of this deprivation is alarming, and the overall slow progress to address this crisis hides deep inequalities at both global and regional levels.

To put it into stark numbers, this means that 181 million children are not having the equal opportunity to grow, develop, and learn to their full potential. They risk falling into a cycle of malnutrition and poverty that will have consequences for them today and into the future; for their children and for generations to come.

This report analyses the drivers of food poverty in early childhood. We found that household income is not the sole determinant of protecting children from food poverty. In fact, while almost half of children experiencing severe child food poverty live in poor households, more than half belong to households where factors other than income drive child food poverty.

This means that in addition to working to lift families out of poverty, we must address poor food environments and poor child feeding practices. These challenges, in addition to household income, are denying millions of young children the nutritious and diverse foods they need to grow and develop to their full potential.

But we can change this. Ending child food poverty is a policy choice, and the solutions are well known. Drawing from concrete and recent examples we outline a path towards tackling the problem, including actions to transform food systems, leverage health systems, and activate social protection systems in ways that put children's right to food and nutrition in early childhood at the centre.

Children living in food poverty are denied the power of good nutrition during the time in their lives when it matters the most. Let us mobilize the commitment and resources of governments, development and humanitarian organizations, civil society and academia, and the food industry to address this moral imperative.



Catherine Russell
UNICEF Executive Director



EXECUTIVE SUMMARY



Across the world, millions of parents and families are struggling to provide the nutritious and diverse foods that young children need to grow, develop and learn to their full potential. Growing inequities, conflict and climate crises, combined with rising food prices, the overabundance of unhealthy foods, harmful food marketing strategies and poor child feeding practices, are condemning millions of children to child food poverty.

UNICEF has introduced the concept of child food poverty to bring dietary deprivation and poor quality diets in early childhood to the forefront of global efforts to achieve the nutrition targets of the Sustainable Development Goals. UNICEF defines child food poverty as children’s inability to access and consume a nutritious and diverse diet in early childhood (i.e., the first five years of life).

Child food poverty harms all children, but it is particularly damaging in early childhood, when insufficient dietary intake of essential nutrients can cause the greatest harm to child survival, physical growth and cognitive development. The consequences can last a lifetime: children deprived of good nutrition in early childhood do less well at school and have lower earning capacity in adulthood, trapping them and their families in a cycle of poverty and deprivation.

OUR RESEARCH

Understanding child food poverty

This global report examines the status, trends, inequities and drivers of child food poverty in early childhood, including the impact of global and local food and nutrition crises. The report focuses on low- and middle-income countries, where most children living in child food poverty reside, and on the implications of child food poverty for undernutrition and poor development.

The analyses used data from the UNICEF Global Database on Infant and Young Child Feeding, comprising data from 670 nationally representative surveys conducted in 137 countries and territories, and representing more than 90 per cent of all young children globally. We also analysed national survey data to identify determinants of severe child food poverty, and the extent to which severe child food poverty predicts child undernutrition. In addition, we analysed data from rapid assessments conducted in low- and middle-income countries to examine the barriers experienced by parents and families in feeding young children in communities affected by food and nutrition crises.

Child food poverty is measured using the UNICEF and World Health Organization (WHO) dietary diversity score. To meet the *minimum dietary diversity* for healthy growth and development, children need to consume foods from **at least five out of the eight** defined food groups.

If children are fed:	0–2 food groups/day they are living in severe child food poverty	3–4 food groups/day they are living in moderate child food poverty	5 or more food groups/day they are not living in child food poverty
 Breastmilk	 Grains, roots, tubers and plantains	 Pulses, nuts and seeds	 Dairy products
		 Flesh foods (meat, poultry and fish)	 Eggs
			 Vitamin A-rich fruits and vegetables
			 Other fruits and vegetables

OUR FINDINGS

The crisis of child food poverty

Our **six key findings** uncover the scale of severe child food poverty in early childhood globally, the slow progress in lowering severe child food poverty, the presence of severe child food poverty in children living in poor and non-poor households, and how children living in severe child food poverty are missing out on many nutritious foods that are essential to survival, growth and development.

Finding 1. Globally, one in four children (27 per cent) are living in severe child food poverty in early childhood, amounting to 181 million children under 5 years of age.

Severe child food poverty affects all regions of the world, but not equally: South Asia and sub-Saharan Africa are home to more than two-thirds (68 per cent) of the 181 million children living in severe child food poverty.

Twenty countries account for almost two-thirds (65 per cent) of the total number of children living in severe child food poverty: Afghanistan, Bangladesh, China, Côte d'Ivoire, the Democratic Republic of the Congo, Egypt, Ethiopia, Ghana, India, Indonesia, Myanmar, the Niger, Nigeria, Pakistan, the Philippines, Somalia, South Africa, Uganda, the United Republic of Tanzania and Yemen.

Finding 2. Globally, progress towards ending severe child food poverty is slow, but some regions and countries are proving that progress is possible and is happening.

In the subset of 64 countries with trend data, there was minimal change in the percentage of children living in severe child food poverty during the last decade (34 per cent in 2012 to 31 per cent in 2022); the prevalence did not change in 32 countries and increased in 11 countries.

However, in West and Central Africa, severe child food poverty fell by one quarter (42 per cent to 32 per cent). Twenty-one countries – about one in three of the 64 countries with trend data – achieved a significant reduction in severe child food poverty.

Finding 3. Severe child food poverty is experienced by children belonging to poor and non-poor households, indicating that household income is not the only driver of child food poverty.

Of the 181 million children living in severe child food poverty, about half (84 million, or 46 per cent) belong to households in the two poorest wealth quintiles, among whom limited household income is likely to be a major driver of severe child food poverty.

The remaining 97 million children (54 per cent) living in severe child food poverty belong to households in the middle and two upper wealth quintiles, among whom factors other than income poverty are driving the problem.

Finding 4. Children living in severe child food poverty are missing out on many nutrient-rich foods, while unhealthy foods are becoming entrenched in their diets.

Among children living in severe child food poverty, four out of five are fed only breastmilk and/or dairy products and/or a starchy staple, such as rice, maize or wheat. Less than 10 per cent are fed fruits and vegetables and less than 5 per cent are fed eggs, or meat, poultry and fish.

Meanwhile, unhealthy foods and beverages are consumed by an alarming proportion of children living in severe child food poverty, displacing more nutritious foods from their diets. In Nepal, for example, 42 per cent of children living in severe child food poverty consume foods high in sugar, salt and/or fat, and 17 per cent consume sweet beverages.

Finding 5. The global food and nutrition crisis and localized conflicts and climatic shocks are intensifying severe child food poverty, especially in fragile and humanitarian settings.

Since 2020, the economic fall-out of the COVID-19 pandemic, the war in Ukraine and localized conflicts and climatic shocks have exacerbated the challenges that parents and families face in feeding their children. In vulnerable communities in the Democratic Republic of the Congo and Somalia, more than 80 per cent of parents reported that their child had been unable to eat for an entire day because of a lack of money or other resources.



One in three children in fragile countries are living in severe child food poverty. For children in extremely fragile contexts, the percentage affected by severe child food poverty can soar to exceptionally high levels, such as in Afghanistan (49 per cent), Somalia (63 per cent), and most recently in the Gaza Strip in the State of Palestine (nine in ten children living in severe child food poverty between December 2023 and April 2024).

Finding 6. Severe child food poverty is driving child undernutrition: the percentage of children living in severe child food poverty is three times higher in countries with a high prevalence of stunting.

Severe child food poverty is associated with child undernutrition. One in three children (32 per cent) experience severe child food poverty in countries with a high prevalence of stunting, compared to 11 per cent in countries with a low prevalence; and the odds of stunting are 34 per cent higher in children affected by severe child food poverty compared to children who are not affected.

Similarly, the percentage of children living in severe child food poverty is more than double in countries with a high compared to low prevalence of wasting (35 per cent versus 14 per cent), and the odds of wasting are 50 per cent higher if a child is affected by severe child food poverty.

OUR ANALYSIS

The forces driving severe child food poverty

Our analysis identifies three major drivers of severe child food poverty: **poor food environments** for children, **poor feeding practices** in early childhood, and **household income poverty** affecting children and their families. We find that the food, health and social protection systems are failing children's right to good food and nutrition. However, **progress in reducing severe child food poverty is possible** when action is taken to activate these systems.

Severe child food poverty is driven by poor food environments, poor feeding practices and household income poverty

Poor food environments are disrupting access to nutritious and diverse diets.

In rural, remote and fragile settings, adverse weather, climatic shocks, insecurity or poor roads can disrupt food production and/or physical access to affordable nutritious foods. Meanwhile, the overabundance of nutrient-poor ultra-processed foods in shops and markets is an ever-growing challenge for families throughout the world, particularly in – but not limited to – urban areas.



These foods are low in essential nutrients and high in sugar, salt and unhealthy fats; they are often cheaper than healthier, nutritious options and made more desirable by aggressive marketing strategies.

Poor feeding and care practices are undermining young children's diets. Poor practices and beliefs concerning the foods that young children should be fed and the types and amounts of foods that children can safely consume and digest are passed from one generation to the next and between peers. This occurs particularly when there is a lack of accurate information and effective counselling and support on child feeding for parents and families. In addition, discriminatory gender and patriarchal norms persist in some countries, impeding women's access to information and education, limiting women's income-earning opportunities, and denying mothers the autonomy to make food purchase decisions for their young children.

Household income poverty means that families cannot afford nutritious and diverse diets for their children. Families living in extreme income poverty struggle to afford nutritious foods, particularly animal-source foods (eggs, meat, poultry, fish and dairy) and fruits and vegetables. Nutritious foods cost much more per calorie than staple foods, especially in lower-income countries, and food inflation is pushing these foods further out of reach for parents, families and their young children. In these contexts, full stomachs – not nutritious food – tend to be a priority for income-poor families.

Severe child food poverty is the result of systems that are failing, not families that are failing

Parents and families have a responsibility to feed and care for their young children, but the forces that lead to severe child food poverty – poor food environments, poor feeding practices and household income poverty – are beyond their full control. These forces persist because the food, health and social protection systems are failing to improve physical and financial access to affordable nutritious and diverse foods and are failing to equip parents and families with the knowledge, skills and support they need to feed these foods to their children. And these systems are ill-equipped to cope with the global and local impacts of conflict, climatic shocks and economic crises.

Food systems are failing to provide children with the diets they need for healthy growth and development. Food systems are not providing millions of families and young children with adequate access to affordable, nutritious and diverse foods, including eggs, meat, poultry, fish, milk, fruits, pulses and vegetables. At the same time, shops and markets are flooded with an overabundance of aggressively marketed ultra-processed foods and sugar-sweetened beverages that are low in essential nutrients for children’s growth and development and high in sugar, salt and unhealthy fats.

Health systems are failing to provide families with the essential nutrition services young children need. In particular, parents, families and communities have insufficient access to timely and quality information, counselling and support on child feeding. Health and nutrition workers in primary health care facilities and in communities are insufficient in numbers and often have inadequate training, supportive supervision, remuneration and clear accountabilities for delivering information, counselling and support services on child feeding to parents and families.

Social protection systems are failing to protect vulnerable children against malnutrition in early childhood. Three out of four children worldwide (74 per cent) do not have any form of social protection, leaving them exposed to economic hardship, social exclusion and severe child food poverty. Where social protection programmes are available, they are often fragmented in scope, inadequate in coverage and benefit size, inflexible to changing needs and disconnected from nutrition services, limiting the potential to prevent severe child food poverty.

Progress is possible when action is taken to transform food, health and social protection systems for children

Positive change towards ending child food poverty is happening today, across countries and continents. For example, over the last decade Burkina Faso and Nepal have reduced the prevalence of severe child food poverty by half and Rwanda has reduced the prevalence by one third, while Peru has maintained the prevalence below 5 per cent since 2014 – despite the considerable challenges caused by the global food and nutrition crisis.

A combination of actions across the food, health and social protection systems makes progress possible. Countries that have reduced severe child food poverty have several success factors in common: they have improved the supply of nutritious foods

and strengthened food environments (food system); expanded the coverage and quality of nutrition services for young children, including child feeding counselling at community level (health system); and protected poor households from income poverty (social protection system). They also share strong political commitment to child nutrition and nutrition governance – including through multisector plans, multisector coordination, results-based budgeting, and robust progress monitoring.

OUR RECOMMENDATIONS

Ending severe child food poverty

Growing inequities, conflict and climate crises, household income poverty, the overabundance of unhealthy foods, harmful food marketing strategies, and poor child feeding practices are condemning millions of children to severe food poverty in early childhood.

The scale of severe child food poverty, the slow progress over the past decade, and the escalating threats to young children’s diets – combined with the impacts of severe child food poverty on child survival, growth and development – demand a step change in commitment, actions and accountability.

While contexts vary, the core agenda to end severe child food poverty includes coordinated and synergistic actions in development and humanitarian contexts to:

- 1. Position child food poverty elimination** as a policy imperative and child food poverty reduction as a metric of success towards achieving global and national nutrition and development goals, with time-bound targets and results in relevant sectoral and multisectoral plans.
- 2. Transform food systems** by ensuring food environments make nutritious, diverse and healthy foods the most accessible, affordable and desirable option for feeding young children, and the food and beverage industry complies with policies and regulations to protect children from unhealthy foods and beverages.
- 3. Leverage health systems** to deliver essential nutrition services to prevent and treat child malnutrition – including community-based counselling, support and services to improve feeding and care practices in early childhood – prioritizing the most vulnerable children.

- 4. Activate social protection systems** to address income poverty in ways that are responsive to the food and nutrition needs of vulnerable young children and their families, including social transfers (cash, vouchers and food) to protect children at highest risk of child food poverty.
- 5. Strengthen data systems** to assess the prevalence and severity of child food poverty and identify its drivers; detect increases in child food poverty early, including in fragile and humanitarian contexts; and track national and global progress in reducing severe child food poverty.

To make freedom from severe child food poverty a reality for all children – including the most vulnerable – governments, together with development and humanitarian organizations, civil society and media, academic and research organizations, and the food and beverage industry, must urgently commit to a bold and broad response. Crucially, these stakeholders must hold themselves and each other accountable for delivering on commitments to transform, leverage and activate the food, health and social protection systems.

Governments

- Ensure policy and regulatory frameworks across the food, health and social protection systems support coherent actions to address the drivers of severe child food poverty and are free of conflicts of interest, including with the food and beverage industry.
- Include time-bound targets and results to reduce severe child food poverty in relevant sectoral and multisectoral plans; allocate proportionate domestic and external resources; assign accountabilities to achieve targets and results; and review progress every year.
- Invest in data and monitoring systems to track progress on severe child food poverty and conduct rapid assessments for the early detection and monitoring of severe child food poverty in fragile contexts and during humanitarian crises.



Development and humanitarian organizations

- Elevate severe child food poverty reduction as a requirement for achieving national and global nutrition targets and as a metric of success in protecting children's food and nutrition rights.
- Strengthen the capacity of national and local governments and other partners to develop, implement, monitor and evaluate policy, regulatory and programme actions to reduce severe child food poverty.
- Support a global mechanism to track global and country progress to reduce severe child food poverty; and develop rapid approaches for the early detection and monitoring of severe child food poverty in fragile settings and humanitarian crises.

Civil society and media

- Advocate with governments and influential leaders for political support and resources to eliminate child food poverty and build public awareness and opinion on the imperative to act.
- Track investments and monitor the actions of governments, partners and donors to end severe child food poverty and bring attention to major shortfalls.
- Demand that food and beverage companies fully comply with policies, laws and standards to protect children from unhealthy foods and beverages, and draw attention to unacceptable policies, practices and products.

Financial partners

- Declare severe child food poverty as an explicit priority within financial partners' agendas, policies and strategies for reducing child malnutrition in both development and humanitarian contexts.
- Commit and deliver financial investments to reduce severe child food poverty, targeting countries and populations most in need.
- Secure global commitments for ending severe child food poverty; leverage resources from other financial partners; and coordinate and align financial support to countries.

Food and beverage industry

- Ensure that company policies, practices and products fully comply with policies, laws and standards to protect children from unhealthy foods and beverages, including the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions (the Code).
- Never seek to delay, prevent or weaken national and international policies, laws or standards to protect children from unhealthy food environments, including the regulation of unhealthy foods and beverages and the implementation of the Code.
- Invest in the manufacture and promotion of nutritious, safe, affordable and sustainable foods that are low in sugar, salt and unhealthy fats for young children and their families.

Academic and research organizations

- Prioritize data and evidence gaps that are holding back effective policy and programme action to reduce severe child food poverty at global, regional, country and subnational levels.
- Identify context-specific barriers and enablers to nutritious and diverse diets in early childhood across the food, health and social protection systems in specific contexts.
- Conduct studies, research and evaluations to examine the factors, processes and innovations that enable system-specific and multi-system actions to reduce severe child food poverty.

1 | OUR RESEARCH

UNDERSTANDING CHILD FOOD POVERTY





This chapter introduces child food poverty and describes how it denies young children the right to survival, growth and development. We outline the research and analysis that UNICEF has undertaken to examine the scale, trends, inequities and drivers of child food poverty in early childhood.

Feeding young children is not simply about filling stomachs. Every breastfeed and spoonful of food provides a crucial opportunity to supply the energy, protein, vitamins, minerals and other essential nutrients that children's bodies need. And every meal is a chance for parents and families to provide stimulation and nurturing care to their young children.

The evidence on the vital importance of diets in early childhood is clear. When young children's diets contain all essential nutrients in the right quantities, children are poised to grow, develop and learn to their full potential, enjoy good physical and mental health, and lead prosperous lives.^{1,2}

Good food and nutrition are the right of all children, everywhere.³⁻⁵ The prevalence of child stunting has declined by 44 per cent over the last three decades (1990–2020), and the number of children with stunted growth and development has fallen by 104 million despite population growth.^{6,7} This important progress has contributed to a 60 per cent decline in under-five mortality⁸ and proves that positive change for child nutrition is happening at scale across countries and regions.

Despite this unprecedented progress, the burden of malnutrition among young children in the world shows that we are failing to fulfil every child's right to food and nutrition.^{1,9} Currently, an estimated 372 million children under 5 are deficient in vitamins and other essential nutrients; 148 million have stunted growth and development due to chronic malnutrition; 45 million suffer from wasting, the most life-threatening form of child malnutrition; and 37 million live with overweight or obesity.^{7,10}



Dietary deprivation lies at the core of these malnutrition statistics.¹ Around the world, growing inequities, conflict and climate crises, rising food prices, the overabundance of low-cost nutrient-poor foods in shops and markets, harmful food marketing practices, and inadequate access to information and counselling on child feeding are just some of issues that are creating enormous challenges for parents and families in feeding young children.

What is child food poverty?

UNICEF has introduced the concept of *child food poverty* to bring dietary deprivation and poor quality diets in early childhood to the forefront of global efforts to achieve the Sustainable Development Goal (SDG) nutrition targets for children under 5 years of age.

UNICEF defines child food poverty as children's inability to access and consume a nutritious and diverse diet in early childhood (*Focus 1*); it is measured using the UNICEF and WHO dietary diversity score (*Focus 2*). We deliberately focus on early childhood (i.e., the first five years of life) because it is a period of uniquely high nutritional requirements and the most sensitive period for physical growth and brain development for all children, both in times of stability and crisis.

Child food poverty is distinct from other measures of child poverty and food poverty because it captures children's direct experience of dietary deprivation. Child monetary poverty, food poverty and unaffordability of a healthy diet are defined at household level, not child level, and capture only income barriers. Other deprivations can also result in child food poverty, such as an absence of affordable nutritious foods in deprived communities, inadequate access to quality childcare services for working parents, and discriminatory gender and social norms that undermine optimal child feeding practices. Multidimensional child poverty includes some of these barriers, such as inadequate access to health care services, but is also defined at household level.

Child food poverty is defined as children's inability to access and consume a nutritious and diverse diet in early childhood

FOCUS 1

MEASURES OF CHILD POVERTY, FOOD POVERTY AND CHILD FOOD POVERTY

Child monetary poverty is defined at household level. Members of a household are defined as living in monetary poverty if they have an income below the poverty line threshold. A monetary poor child is a child living in a monetary poor household.¹¹ There are various definitions of child monetary poverty based on different poverty line thresholds, including the international poverty line and nationally defined poverty lines, which can be either absolute or relative poverty lines.

Multidimensional child poverty goes beyond income and looks into how children are directly deprived of basic necessities, often simultaneously.¹² The United Nations defines multidimensional child poverty as children living in poverty who are deprived of nutrition, water and sanitation facilities, access to basic health care services, shelter, education, participation and protection.¹³

Food poverty is defined at household level. People living in food poverty have an income or expenditure that is less than the amount needed to consistently afford a basket of food that meets the minimum recommended nutritional intake (the food poverty line).¹⁴ The monetary value of a food poverty line is usually based on the cost of affording a minimum energy intake using locally available foods.

Unaffordability of a healthy diet is defined at household level. The cost of a healthy diet is defined as the cost of the least expensive locally available foods to meet requirements for energy and food-based dietary guidelines for a representative person within an energy balance of 2,330 kcal/day.¹⁵ A healthy diet is considered unaffordable if the cost exceeds 52 per cent of income.

Child food poverty is a distinct metric that refers to a child's inability to access and consume a nutritious and diverse diet in early childhood. It is measured using the UNICEF and WHO dietary diversity score.¹⁶ Children are defined as living in severe child food poverty if they consume foods from two or fewer food groups out of eight food groups; and children are defined as living in moderate child food poverty if they consume foods from three or four food groups out of eight food groups.

FOCUS 2

HOW DOES UNICEF MEASURE CHILD FOOD POVERTY?

Child food poverty is measured using the UNICEF and WHO dietary diversity score.¹⁶ National data on dietary diversity are collected through household surveys, such as Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national nutrition surveys. During these surveys, the parents or caregivers of children aged 6–23 months are asked to recall all the foods and beverages that their child consumed during the previous 24 hours, both at home and elsewhere. The responses are categorized into eight defined food groups. To meet the *minimum dietary diversity* for healthy growth and development,

children need to consume foods from at least five out of the eight defined food groups.¹⁶ Children are living in severe child food poverty if they consume foods from two or fewer food groups; and children are living in moderate child food poverty if they consume foods from three or four food groups.

UNICEF calculates the number of children under 5 experiencing child food poverty in early childhood by taking the percentage of children aged 6–23 months living in child food poverty and extrapolating that figure to the population of children under 5.

The basis for this extrapolation is that children aged 2–4 years have lived through food poverty in early life (<2 years) and continue to live in the same contexts that fail to ensure their access to and consumption of nutritious and diverse diets.

Dietary diversity is associated with micronutrient adequacy in children aged 6–23 months, as well as in children aged 2–4 years.¹⁷ Previous analyses have found no significant difference in minimum dietary diversity between children aged 6–23 months and those aged 2–4 years.^{18–20}

If children are fed:

0–2 food groups/day they are living in **severe child food poverty**

3–4 food groups/day they are living in **moderate child food poverty**

5 or more food groups/day they are **not living in child food poverty**



Child food poverty carries a huge human cost

Child food poverty harms all children, but it is particularly damaging in early childhood, when children’s survival, growth and development are highly vulnerable to nutrition deficits.^{21, 22}

Breastmilk provides all the energy and nutrients that infants need for the first six months of life, and thereafter, foods must be given to meet growing nutrient and energy needs, while breastfeeding continues until at least 2 years of age.

From 6 months of age, the diversity of a child’s diet – the number of different food groups in the diet of a child – is crucial because diverse diets are more likely to contain the full set of essential nutrients that young children need.² Diverse diets are associated with

improved survival and linear growth and a lower risk of child undernutrition (stunting and wasting), micronutrient deficiencies and overweight and obesity in early childhood.^{23–25}

Nutrient density also matters in the early years because young children have small stomachs relative to their nutrient needs. Animal-source foods, including eggs, meat, poultry, fish and dairy, provide the densest source of high quality nutrients that are essential for children’s growth and development. Children who consume these foods have higher intakes of high-quality vitamins, minerals, protein and essential fatty acids and a lower risk of stunting.^{26–30} In addition, vegetables, fruits, pulses, nuts and seeds have important nutritional value for young children, and early exposure can encourage taste preferences for these healthy foods that persist into later life.²

When children experience food poverty, their diets may not supply adequate quantities of essential nutrients to build bones and muscles, power brain development, and support the immune response to infection. They may also experience the physical pain of hunger, weakness and poor concentration, leaving them less able to benefit from play, learning and social opportunities. These children are at greater risk of dying, ill-health, poor growth and lower cognitive development, with consequences that can endure for the rest of their lives.³¹ They do less well at school and have lower work productivity and earning capacity in adulthood, trapping them, their families and communities in a cycle of poverty and deprivation, and constraining national economic development.^{31–35}

Around the world, families struggling on low incomes and with the pressures of globalization and urbanization are turning to cheap, ultra-processed foods that are low in essential nutrients and high in sugar, salt and unhealthy fats.³⁶ These foods may displace nutritious foods from young children's diets, and early exposure to them can disrupt taste preference for healthy foods for years to come. Ultra-processed foods increase the risk of all forms of child malnutrition – undernutrition, micronutrient deficiencies and overweight and obesity – both in early childhood as well as later life.^{37, 38}

Child food poverty can also take an immense toll on parents and families, especially those who face the stress and anxiety of negotiating difficult financial choices; of not knowing where the next meal is coming from; and of being unable to feed their children nutritious and diverse foods.^{39, 40}

Multiple facets of child food poverty

Child food poverty signals that families are struggling to find, afford, access, prepare and/or feed nutritious and diverse foods to their young children. Most parents and families will try their best to shield young children from dietary deprivation, and so child food poverty is a clear sign that coping strategies have broken down. The underlying causes vary according to the context in which families live and the individual circumstances of parents.

Child food poverty is often driven by insufficient household income. Sudden events can trigger income deprivation – such as the illness, death or job loss of a household income earner or a hike in the cost of living. However, it is most often rooted in historic patterns of inequity, discrimination and disempowerment and

underlying systemic issues that result in low wages, underemployment, insecure work and inadequate social protection.

When income is limited, family food budgets are often the first to be cut to shield other vital living costs and household possessions, such as rent, fuel and livelihood assets. Families will try to preserve energy intake and prevent the physical pain of hunger by maintaining their consumption of staple foods, including rice, wheat, maize or tubers.⁴¹ But this is only possible if they limit or reduce their consumption of more expensive nutrient-dense foods, such as eggs, meat, poultry, fish, dairy, legumes, fruit and vegetables.

Other forms of vulnerability and isolation can also increase the risk of child food poverty. Some families struggle to find fresh nutritious and diverse foods for their young children because such foods are simply not available in their communities and families lack the means (transport, time or safe passage) to travel to places where such foods can be found.¹ Some families also lack facilities (refrigeration, clean water, cooking equipment and fuel) to store and prepare these foods safely.

Even when families are able to afford, access, store and prepare nutritious foods, child feeding decisions can be constrained by harmful social and gender norms, as well as inadequate access to counselling and support services on what and how to feed young children.¹ This vacuum is being filled by the food and beverage industry's aggressive marketing of unhealthy, ultra-processed foods and beverages, despite global recommendations and guidance to the contrary (see *Focus 3*). Unhealthy, ultra-processed products are widely available, even in remote communities, and are often difficult to resist because they are cheap, hyper-palatable, convenient for busy parents and heavily promoted, sometimes with misleading nutrition and health claims.

The global food and nutrition crisis is deepening the challenges that families face in feeding their young children.^{15, 42} While countries are slowly recovering from the socioeconomic impacts of the COVID-19 pandemic, the global impact of the war in Ukraine, localized conflicts and climate-related crises have pushed the cost of food to record levels and are stretching household coping strategies to the brink.^{15, 43–46} The impacts are felt hardest by the poorest families, who spend a greater proportion of their income on food and are least able to cope with rising food prices.

FOCUS 3

GLOBAL POLICY FRAMEWORKS, GUIDANCE AND GUIDELINES TO PROTECT CHILDREN FROM THE MARKETING OF BREASTMILK SUBSTITUTES, CHILD FOODS, UNHEALTHY FOODS AND NON-ALCOHOLIC BEVERAGES

Marketing of breastmilk substitutes: In 1981, the World Health Assembly (WHA) adopted the International Code of Marketing of Breastmilk Substitutes (the 'Code').⁴⁷ Together with subsequent WHA resolutions, the Code regulates the marketing of breastmilk substitutes – which include infant formulas, follow-on formulas and any other food or drink intended for infants and young children – as well as feeding bottles and teats.

Inappropriate promotion of foods for infants and young children: In 2016, the WHA approved the WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children (WHA Resolution 69.9).⁴⁸ The Guidance provides recommendations for controlling the marketing of foods and beverages targeted towards children under the age of 36 months, with the goal of protecting breastfeeding and promoting a healthy and nutritious diet.

Marketing of foods and non-alcoholic beverages to children: The WHA endorsed an initial set of 12 recommendations in 2010 to reduce the exposure to, and power of, the marketing of foods and non-alcoholic beverages to children (WHA Resolution 63.14).^{49, 50} In 2023, WHO released a new guideline recommending countries to implement mandatory policies to protect children of all ages from the marketing of foods and non-alcoholic beverages high in sugar, salt and unhealthy fats.⁵¹

What does the report aim to contribute?

Across the world, the global food and nutrition crisis shows little sign of easing. With the impacts on national economies and household budgets felt hardest by the most marginalized and vulnerable families and children, it is crucial that we better understand the scale and drivers of child food poverty in early childhood and their implications for the nutritional status of children.

In 2023, UNICEF set out to answer the following questions:

1. How many children experience child food poverty in early childhood, who are these children and where do they live?
2. What has been the pace of progress over the last decade and how has the global food and nutrition crisis impacted child food poverty?
3. What is the evidence that links child food poverty with child undernutrition in early childhood at population (country) and individual (child) levels?
4. What are the main drivers of child food poverty, and how can we transform systems and build accountability to address these barriers and end child food poverty?

We used the following sources of data, information and evidence to answer these questions:

1. **Quantitative data on child food poverty:** UNICEF is the custodian of the Global Database on Infant and Young Child Feeding, which comprises data from more than 670 nationally representative surveys conducted in 137 countries and territories, representing more than 90 per cent of all young children under 2 years of age globally.⁵² These data were analysed between August and November 2023 to produce global and regional estimates of child food poverty for the year 2022. We also examined trends in child food poverty over the last decade (between 2012 and 2022) and the period before (2018–2019) and following (2020–2022) the onset of the global food and nutrition crisis.
2. **Primary data collection on child food poverty:** From July to November 2023, UNICEF supported a series of rapid assessments on child food poverty in 11 low- and middle-income countries to examine, in real-time, how global and local food and nutrition crises are affecting child food poverty. In each country, data were collected from a sample of at least 100 children aged 6–23 months and their parent or caregiver on (i) foods consumed by young children and other household members during the previous 24 hours; (ii) food insecurity, using the Early Childhood Food Insecurity Experience Scale

(Focus 4); and (iii) other barriers experienced by parents and families in feeding young children.

- 3. Secondary data analysis on child food poverty and child undernutrition:** UNICEF conducted multivariable logistic regression analysis of data from household surveys (Demographic and Health Surveys and Multiple Indicator Cluster Surveys) implemented between 2018 and 2022 in low- and middle-income countries to (i) identify the predictors of severe child food poverty at child, maternal and household levels; and (ii) examine to what extent severe child food poverty is a predictor of undernutrition in early childhood.
- 4. Review of global literature:** To complement the above sources and inform solutions, UNICEF conducted a literature review to synthesize information and evidence on the determinants and drivers of child food poverty in early childhood. This included peer-reviewed articles and major publications, such as the State of the World's Children, the State of Food and Nutrition Security in the World, and the Global Report on Food Crises.^{9, 15, 42}

The report primarily focuses on child food poverty in low- and middle-income countries because most high-income countries do not have data. It examines the implications of child food poverty for child undernutrition; however, we also recognize that child food poverty can exacerbate overweight and obesity, as impoverished families across the world turn to low-cost ultra-processed foods that are high in energy but low in nutritional value.^{53, 54}

The following chapters present the findings of the synthesis of data, information and evidence. In Chapter 2, we share data and evidence on the status, trends and inequities in child food poverty, the impact of global and local food and nutrition crises, and the links between child food poverty and child undernutrition; in Chapter 3, we explore the forces driving child food poverty and describe extraordinary country success stories, which demonstrate that progress is possible; and in Chapter 4, we conclude with a set of actions to end child food poverty in early childhood.



FOCUS 4

THE EARLY CHILDHOOD FOOD INSECURITY EXPERIENCE SCALE

UNICEF has developed the **Early Childhood Food Insecurity Experience Scale** for real-time monitoring of threats to young children’s diets in fragile and humanitarian settings. The scale comprises a set of eight questions adapted from the Food Insecurity Experience Scale for adults.^{55, 56} The eight questions reflect

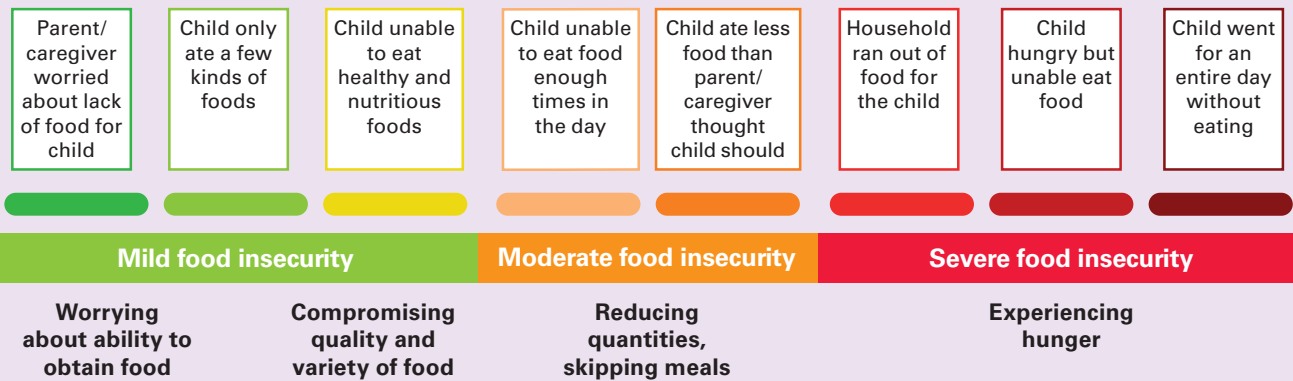
increasing levels of difficulty in obtaining food for young children, ranging from parent/caregiver worries about not being able to feed their children enough food due to a lack of money or other resources, to children being unable to eat for a whole day. The questions are targeted to parents and caregivers of young

children and can be integrated into various types of surveys and assessments for the early detection and monitoring of severe child food poverty, including in fragile settings and humanitarian crises. Children aged 6 months to 5 years can be included, however children aged 6–23 months are the highest priority.

The eight questions are as follows:

During the [recall period], was there a time when, because of lack of money or other resources:

1. You (the parent or caregiver) worried that the child would not have enough to eat?
2. The child was unable to eat healthy and nutritious foods?
3. The child ate fewer kinds of food?
4. The child was unable to eat food enough times in the day?
5. The child ate less food than you (the parent or caregiver) thought the child should?
6. The household ran out of food for the child?
7. The child was hungry but did not eat food?
8. The child did not eat food for a whole day?



2 | OUR FINDINGS

THE CRISIS OF SEVERE CHILD FOOD POVERTY





This chapter examines the status, trends and inequities in child food poverty using data from the UNICEF Global Database on Infant and Young Child Feeding, the findings of rapid assessments in countries affected by the global food and nutrition crisis, and an analysis of the links between child food poverty and child undernutrition.

Our six key findings uncover the scale of severe child food poverty in early childhood globally, the slow progress in lowering severe child food poverty, the presence of severe child food poverty in children living in poor and non-poor households, and how food and nutrition crises have deepened the challenges faced by parents and families in feeding young children nutritious and diverse foods. Children living in severe child food poverty miss out on many nutritious foods that are essential to survival, growth and development and are more likely to be affected by undernutrition.

FINDING 1

Globally, one in four children (27 per cent) are living in severe child food poverty in early childhood, amounting to 181 million children under 5 years of age

Child food poverty harms children’s survival, growth, development and lifelong opportunities. Our analysis uncovers the scale of child food poverty globally, and the wide disparities in child food poverty between and within regions and countries.

UNICEF’s new metric on child food poverty exposes the magnitude of the food and nutrition crisis in children

Globally, two in three children (66 per cent) under 5 are living in child food poverty (Figure 1). This amounts to an estimated 440 million children who are unable to access and consume nutritious and diverse diets comprising at least five of the eight food groups (Figure 2).

Even more troubling, 181 million of these children – more than one in four (27 per cent) – are living in severe child food poverty and surviving on extremely poor diets that include at most two food groups. These children are experiencing unacceptable violations of their right to food and nutrition at a time in their lives when the adverse impacts on survival, growth and development are most profound.

Severe child food poverty affects all regions of the world with available data – but not equally. More than one in three children in South Asia (38 per cent) and almost one in three children in Eastern and Southern Africa (30 per cent) and West and Central Africa (32 per cent) live in severe child food poverty, compared to 13 per cent in East Asia and the Pacific and 9 per cent in Latin America and the Caribbean. Together, South Asia and sub-Saharan Africa are home to more than two-thirds (123 million) of the 181 million children living in severe child food poverty in the world.

Severe child food poverty affects 1 in 4 children, globally

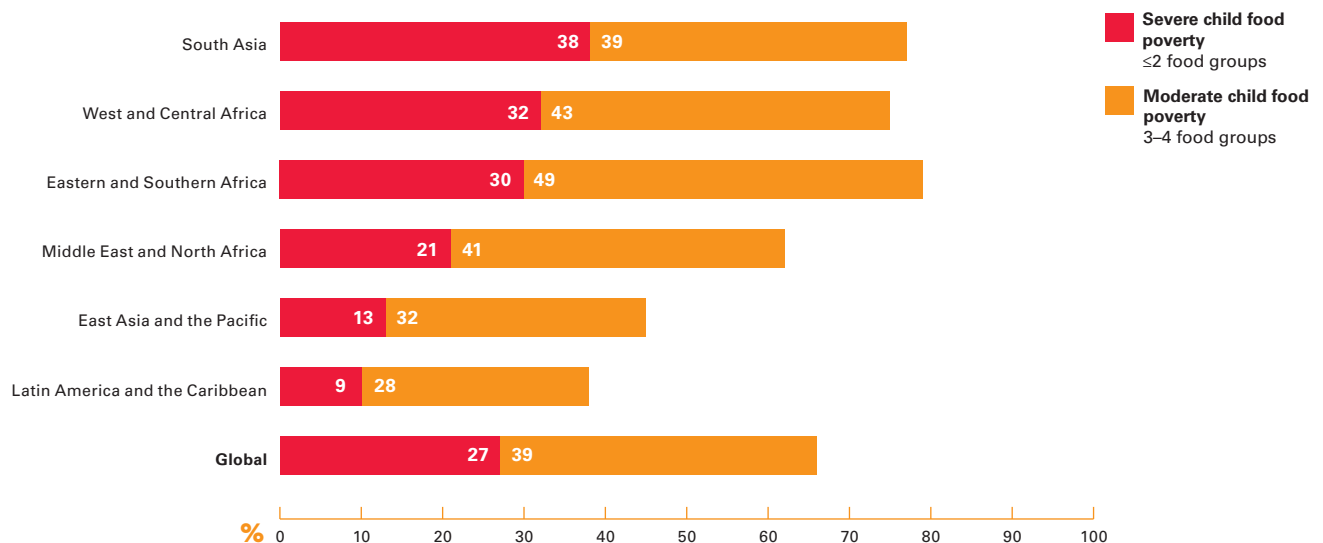
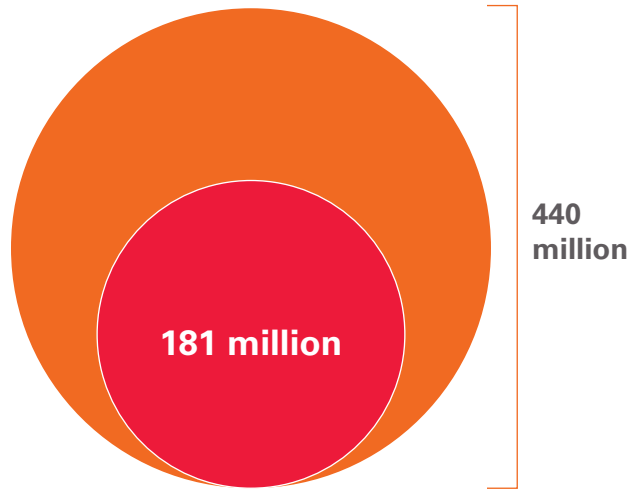


FIGURE 1: Percentage of children living in severe child food poverty and moderate child food poverty, by UNICEF region and globally, 2022

Source: UNICEF global databases, 2023.

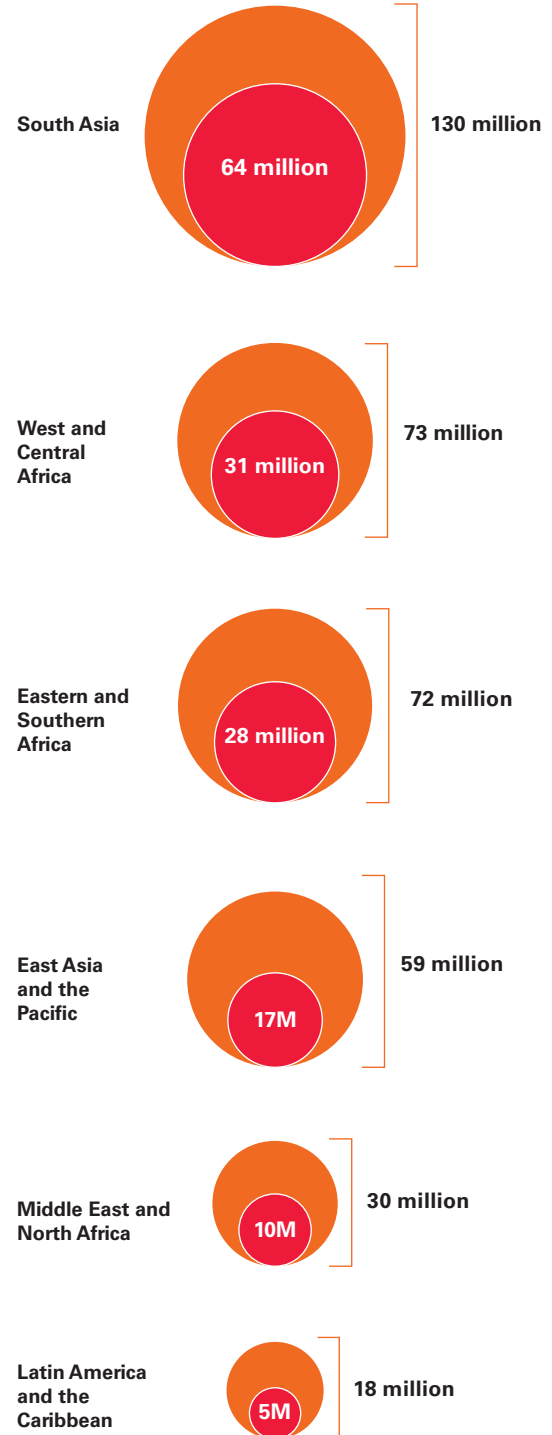
How many children are experiencing child food poverty and where do they live?

Global



Globally,
440 million
 children under 5 are living in
 child food poverty,
 of which
181 million
 children under 5 are living in
 severe child food poverty

Regional



- Total child food poverty
≤4 food groups
- Severe child food poverty
≤2 food groups

FIGURE 2: Number of children living in child food poverty and severe child food poverty (in millions), by UNICEF region and globally, 2022

Source: UNICEF global databases, 2023.

These regional-level data mask considerable variations in child food poverty within regions (see Annex 1). For example, in Latin America and the Caribbean, the region with the lowest percentage of children living in severe child food poverty, country estimates range from as low as 3 per cent in Costa Rica to 32 per cent in Haiti. Meanwhile, in South Asia, the region with the highest percentage of children living in severe child food poverty, country estimates range from around 5 per cent in the Maldives and Sri Lanka to almost half of children in Afghanistan (49 per cent).

There are no regional estimates for Europe and Central Asia or North America because an insufficient number of countries in these regions have survey data for the UNICEF and WHO indicator on dietary diversity that were collected using the recommended methodology.

Almost two thirds of all children experiencing severe child food poverty live in only 20 countries

The percentage of children living in severe child food poverty in the 92 countries with available data ranges from 1 per cent in Belarus to 63 per cent in Somalia (Figure 3). Almost two thirds (65 per cent) of the total number of children living in severe child food poverty are concentrated in just 20 of these countries: Afghanistan, Bangladesh, China, Côte d'Ivoire, the Democratic Republic of the Congo, Egypt, Ethiopia, Ghana, India, Indonesia, Myanmar, the Niger, Nigeria, Pakistan, the Philippines, Somalia, South Africa, Uganda, the United Republic of Tanzania and Yemen.

Severe child food poverty by country

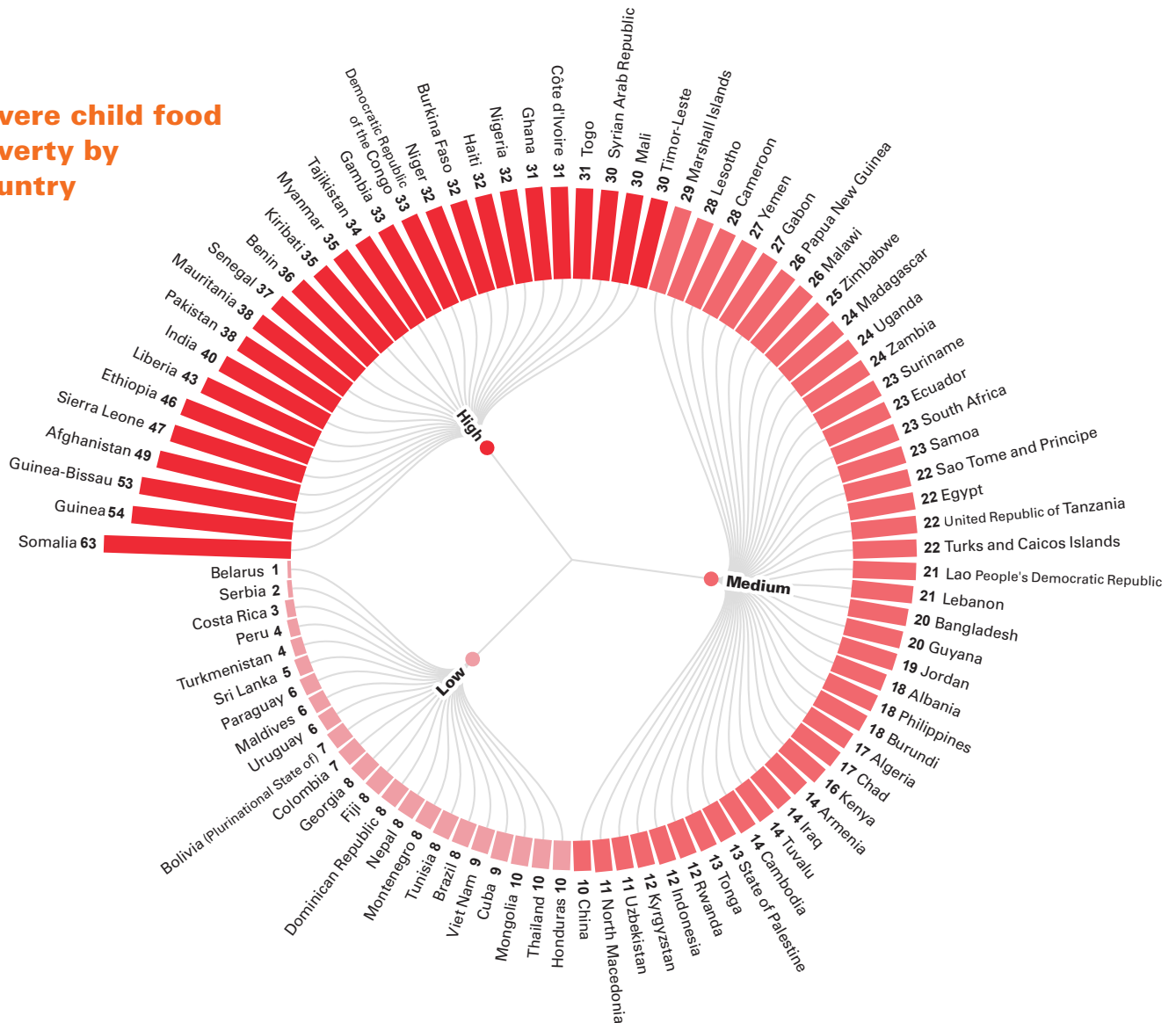


FIGURE 3: Percentage of children living in severe child food poverty, by country

Source: UNICEF global databases, 2023. Note: The prevalence of severe child food poverty in each country is classified as 'high' (≥30%), 'medium' (10-30%) or 'low' (<10%).

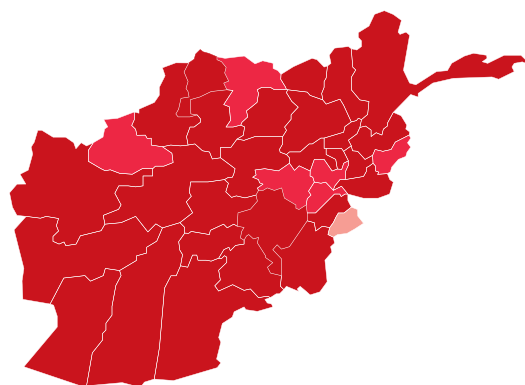
Disparities in severe child food poverty also exist within countries. *Figure 4* illustrates intra-country variations for four countries that range widely in the national percentage of children living in severe child food poverty: Cambodia (14 per cent), Kenya (16 per cent), Nigeria (32 per cent) and Afghanistan (49 per cent). The gap in the percentage of children living in severe child food poverty between the best- and worst-performing areas of all four countries exceeds 40 percentage points.

This analysis shows that there can be wide subnational variations in severe child food poverty, regardless of the percentage of children affected at country level.

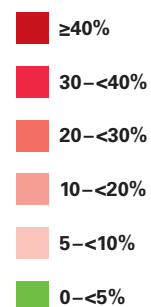
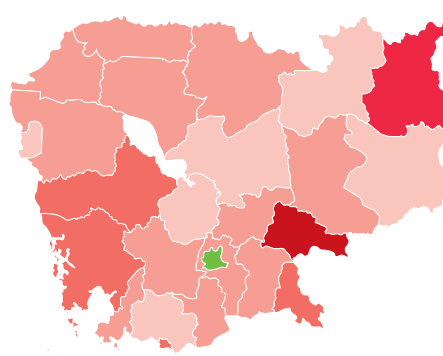
Regional and country-level estimates for child food poverty can be found in Annex 1 and in the **data tables** available accompanying this report.

Wide disparities in severe child food poverty within countries

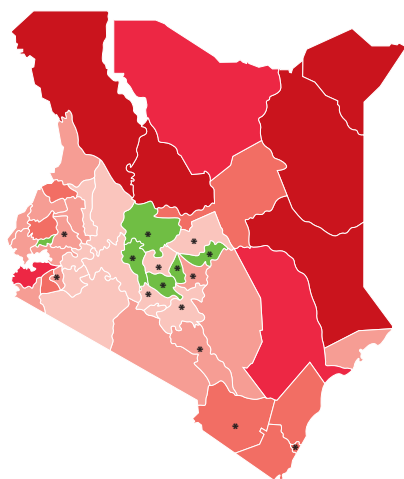
Afghanistan



Cambodia



Kenya



Nigeria

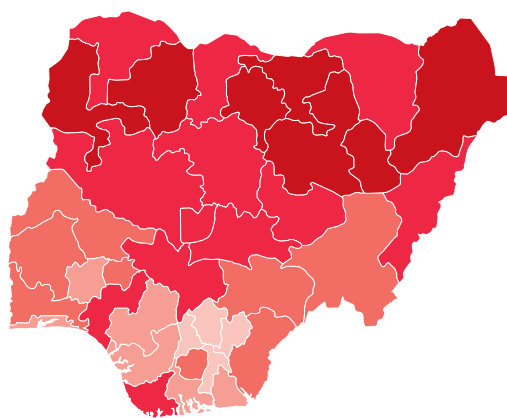


FIGURE 4: Percentage of children living in severe child food poverty by administrative areas in Afghanistan, Cambodia, Kenya and Nigeria, 2022

Source: UNICEF global databases, 2023. *Unweighted sample size is between 25 and 49, interpret with caution.

FINDING 2

Globally, progress towards ending severe child food poverty is slow, but some regions and countries are proving that progress is possible and is happening

The elimination of child food poverty is crucial to the achievement of the 2030 SDG targets for child undernutrition. Yet, our analysis of quantitative data shows that globally, progress during the last decade to reduce severe child food poverty has been insufficient.

Only one out of four regions has significantly reduced severe child food poverty during the last decade

We examined the change in child food poverty for the subset of 64 countries with available data for two time periods: around 2012 and around 2022. Globally, the

change in the percentage of children living in severe child food poverty between 2012 (34 per cent) and 2022 (31 per cent) was slow (*Figure 5*).

Trends are available for four regions. There was a significant fall in the percentage of children living in severe child food poverty in West and Central Africa between 2012 (42 per cent) and 2022 (32 per cent), but not in East Asia and the Pacific (12 per cent and 13 per cent, respectively), Eastern and Southern Africa (30 per cent and 29 per cent, respectively) or South Asia (39 per cent and 38 per cent, respectively).

One in three countries have made progress in reducing severe child food poverty

An analysis of trends in 64 countries with available data finds that 21 countries – about one in three – achieved a statistically significant reduction in severe child food

How has child food poverty changed over the last decade?

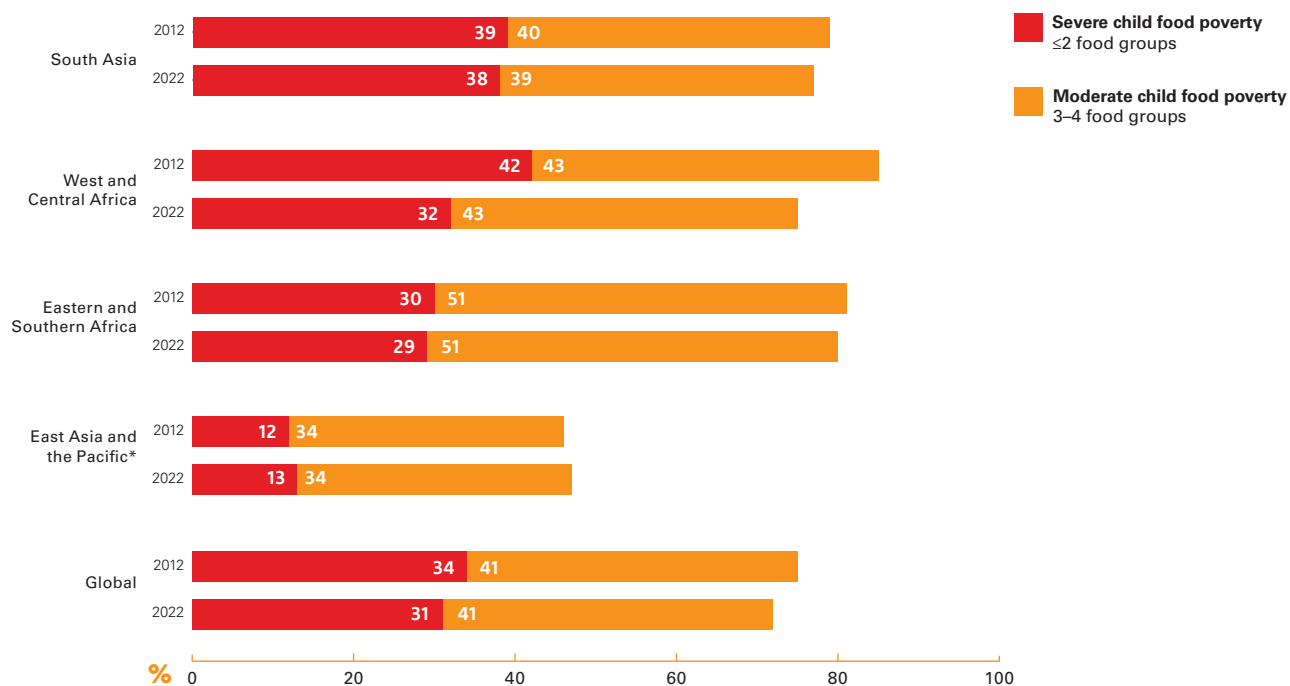


FIGURE 5: Percentage of children living in severe child food poverty and moderate child food poverty in 2012 and 2022, by UNICEF region and globally

Source: UNICEF global databases, 2023. *To meet adequate population coverage, East Asia and the Pacific excludes China.

poverty between 2012 and 2022. In fact, Burkina Faso, Chad, Côte d'Ivoire, the Gambia, Guinea, Mali, Nepal, Niger and Nigeria lowered severe child food poverty by more than 10 percentage points. Despite this progress, the prevalence remains above 30 per cent in nine countries (Figure 6). This shows that considerable barriers remain in improving children's access to and consumption of nutritious and diverse foods, even in countries where there has been progress to reduce severe child food poverty.

The percentage of children living in severe child food poverty did not change during the last decade in 32 countries, while it increased in 11 countries.

FINDING 3

Severe child food poverty is experienced by children belonging to poor and non-poor households, indicating that household income is not the only driver of child food poverty

The disparities in child food poverty between regions and between and within countries show that child food poverty is not affecting all children equally. On further analysis, we uncover global inequities in severe child food poverty by household wealth and rural/urban residence; however, less disadvantaged children are also affected.

Where has severe child food poverty fallen during the last decade?

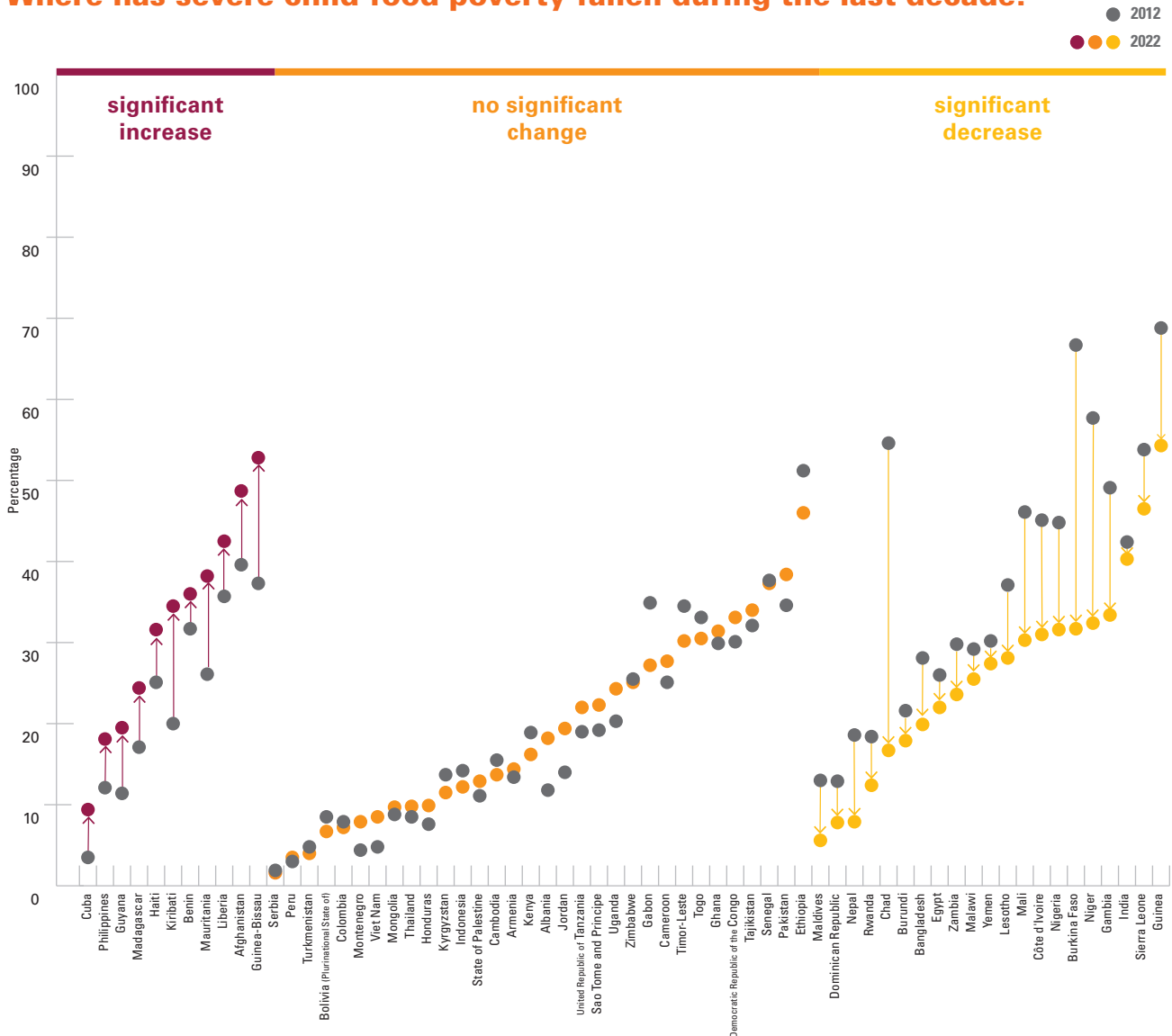


FIGURE 6: Percentage of children living in severe child food poverty in 2012 and 2022, by country

Source: UNICEF global databases, 2023.

Severe child food poverty is more common among disadvantaged children, but it is not just the poor who are affected

National income influences the resources available in a country to meet children’s dietary needs. We find that children in low-income countries and lower-middle-income countries are disproportionately affected by severe child food poverty: about one in three children in low-income (35 per cent) and lower-middle-income (31 per cent) countries live in severe child food poverty compared with only one in ten children (11 per cent) in upper-middle-income countries (Figure 7).

At household level, a wealth index can be used as a proxy for long-term household income and to determine the relative economic status of households within a population.^{57–59} Households in each country are divided into five wealth quintiles, with the lowest quintile comprising the poorest 20 per cent of households, and the highest quintile comprising the wealthiest 20 per cent of households.

Globally, the percentage of children living in severe child food poverty is 1.6 times higher among children living in the poorest households (35 per cent) than those in the wealthiest households (23 per cent), but the magnitude of the wealth inequities varies across regions (Figure 8). Wealth inequities are relatively largest in Eastern and Southern Africa and Latin America and the Caribbean, where the percentage of

children living in severe child food poverty in the poorest households is at least double that in the wealthiest households. In comparison, this ratio is only 1.3 times in South Asia, where severe child food poverty is more evenly distributed among wealth quintiles; in fact, even in the wealthiest South Asian households, one in three children (32 per cent) are living in severe child food poverty.

Children belonging to households in the two lowest wealth quintiles – among whom income is likely to be a major driver of severe child food poverty – account for nearly half of all children living in severe child food poverty (84 million out of 181 million, or 46 per cent). However, it is not just the poorest households that struggle to feed nutritious and diverse foods to their children: 97 million children (54 per cent) living in severe child food poverty belong to households in the middle and two upper wealth quintiles, indicating that factors other than income poverty are driving severe child food poverty among these children.

Children who reside in rural areas have a prevalence of severe child food poverty that is 1.5 times higher than their urban counterparts (31 per cent versus 21 per cent, globally). These urban-rural disparities are relatively wide in East Asia and the Pacific (1.8 times), and Latin America and the Caribbean (1.7 times) compared with other regions and are most narrow in South Asia (1.1 times), where more than one in three children in urban areas (34 per cent) are living in severe child food poverty.

Children in low- and lower-middle-income countries are disproportionately affected by severe child food poverty

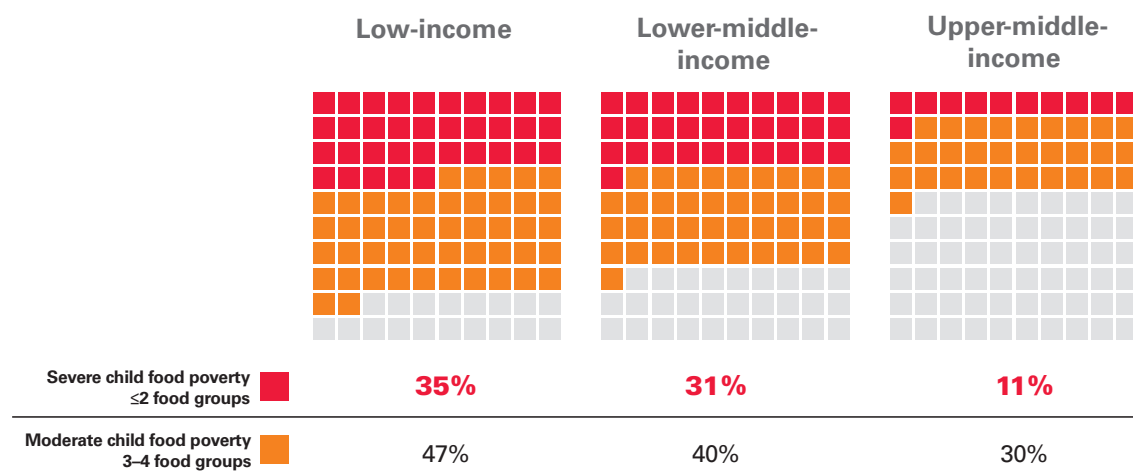


FIGURE 7: Percentage of children living in severe child food poverty and moderate child food poverty, by country income classification, 2022

Source: UNICEF global databases, 2023.

Children in poor and rural households are more vulnerable to severe child food poverty



FIGURE 8: Percentage of children living in severe child food poverty by wealth quintile, place of residence, sex and UNICEF region and globally, 2022

Source: UNICEF global databases, 2023. *To meet adequate population coverage, East Asia and the Pacific excludes China.

Girls and boys are equally affected by severe child food poverty in regions and countries with available data. This finding is consistent with previous global and country analyses that have reported no difference in dietary diversity between girls and boys at national level, even in South Asia where girls and women often contend with gender-based discrimination.^{1, 60-65}

Multivariable regression analysis reaffirms that household wealth and place of residence predict severe child food poverty, but the sex of the child does not. This analysis also identified that a child's birth order, mother's access to health care services, and maternal education predict severe child food poverty (*Spotlight 1*).

SPOTLIGHT 1

CHILD, MATERNAL AND HOUSEHOLD PREDICTORS OF SEVERE CHILD FOOD POVERTY

We explored predictors of severe child food poverty using data from nationally representative surveys conducted between 2018 and 2022 in 16 countries (Algeria, Bangladesh, Cameroon, Côte d'Ivoire, the Democratic Republic of the Congo, India, Iraq, Kenya, Madagascar, Malawi, Mali, Nepal, Nigeria, Pakistan, the Philippines and Zambia). Potential child, maternal and household predictors of severe child food poverty were examined using multivariable logistic regression.

We find that the odds of living in severe child food poverty are significantly higher if a child belongs to a household in the lowest wealth quintile (compared to the wealthiest quintile) or in a rural area (compared to an urban area), but there is no difference between girls and boys (*Figure 9*). These findings are aligned with the descriptive analysis in *Figure 8*.

In addition, the odds of severe child food poverty are significantly higher for firstborn children, in children of mothers who had poorer access to health care services (using fewer than four

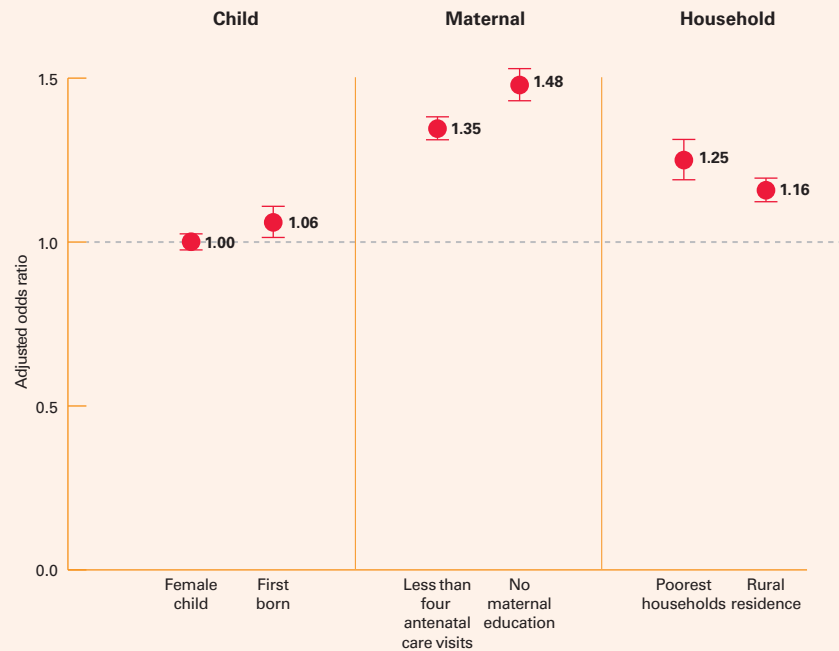


FIGURE 9: Predictors of severe child food poverty in a pooled sample of children from 16 countries

Figure shows adjusted odds ratios and 95 per cent confidence intervals of predictors; odds ratios are adjusted for child age, mother's age, and size of infant at birth. Reference groups are as follows: male child; birth order, fifth and above; at least four antenatal care visits; primary maternal education; mother aged at least 20 years; wealthiest quintile; and urban residence.

antenatal care visits as a proxy), and in children of mothers with no education. These findings may reflect the relative inexperience of first-time mothers in feeding and caring for young children; inadequate access of mothers to counselling and support on child feeding, associated with poorer

access to health and nutrition services; challenges in following recommended child feeding practices due to low literacy and education; and the lower control of mothers over the use of household resources.

There has been slow progress in narrowing inequities in severe child food poverty

The compounding and conflating impacts of the COVID-19 pandemic, climate change, conflict and the related global food and cost-of-living crisis in recent years have made it even more difficult to turn the tide on these inequities. Indeed, we find that the disparities in the percentage of severe child food poverty by household wealth (poorest versus wealthiest households) and by place of residence (rural versus urban households) remain virtually unchanged at global level over the last decade (Figure 10).

Some countries have made better progress in reducing inequities in severe child food poverty than others. Eleven countries successfully narrowed the inequities in severe child food poverty between poorer and wealthier households in the last decade by at least 5 percentage points: Armenia, Burkina Faso, Côte d'Ivoire, the Democratic Republic of the Congo, the Dominican Republic, Guinea, India, Lesotho, Liberia, Senegal and Sierra Leone. On the other hand, these disparities widened by at least 5 percentage points in Afghanistan, Colombia, Guinea-Bissau, Madagascar and Mauritania, and were particularly alarming in Afghanistan and Guinea-Bissau, where they increased by 23 and 27 percentage points, respectively.

Inequities in severe child food poverty have not narrowed

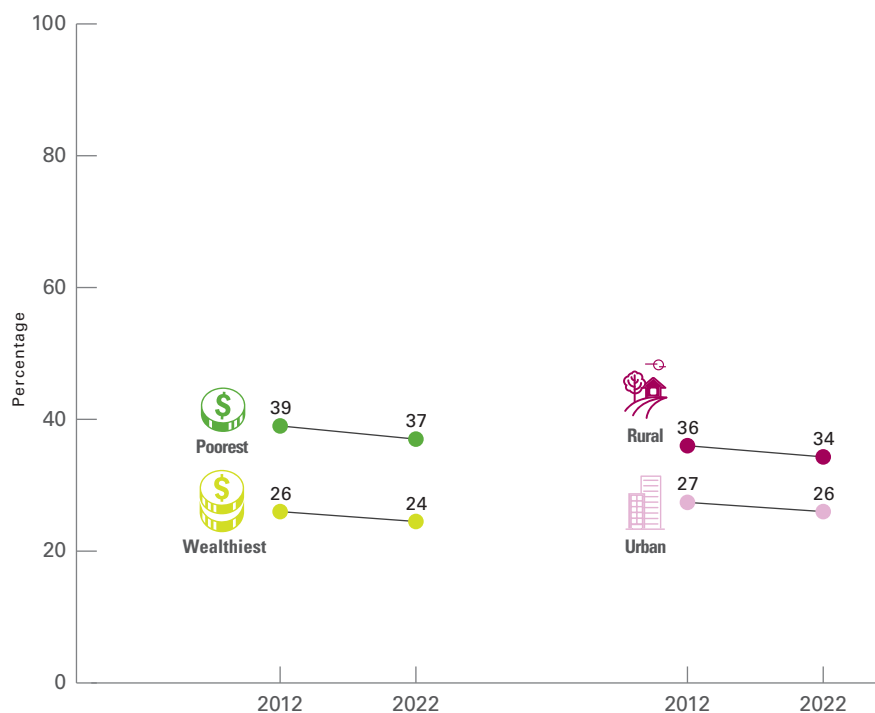


FIGURE 10: Percentage of children living in severe child food poverty by wealth quintile and place of residence, 2012 and 2022

Source: UNICEF global databases, 2023.



FINDING 4

Children living in severe child food poverty are missing out on many nutrient-rich foods, while unhealthy foods are becoming entrenched in their diets

Child food poverty matters because diets that are low in diversity do not supply all the essential nutrients that young children need for survival, growth and development. Our analysis uncovers just how deficient in nutritious foods are the diets of children experiencing child food poverty, particularly those living in severe child food poverty in early life (i.e., children aged 6–23 months).

Less than 5 per cent of children living in severe child food poverty consume eggs or flesh foods

We find that breastmilk is fed to 73 per cent of children living in child food poverty in early life (*Figure 11*). This is encouraging, given the positive impacts of continued breastfeeding on nutrition and growth, disease prevention, brain development and educational attainment, as well as maternal health.^{2, 65} The percentage fed breastmilk is even higher among children who are not living in child food poverty (79 per cent), which shows that continued breastfeeding is not a deterrent to diverse diets, and that diverse diets do not discourage continued breastfeeding.

However, the low consumption of nutritious foods by children living in child food poverty is striking. UNICEF and WHO recommend that from 6 months of age, young children should consume flesh foods (meat, poultry and fish) or eggs as well as fruits and vegetables on a daily basis because these foods are more nutrient-dense and provide a greater variety of micronutrients than starchy staples.^{2, 26} One in six children living in child food poverty (18 per cent) are fed flesh foods compared to almost two-thirds of children who are not living in child food poverty (65 per cent). Similarly, only one in ten children living in child food poverty (10 per cent) are fed eggs compared to more than half of children who are not living in child food poverty (53 per cent). The consumption of vitamin A-rich fruits and vegetables and other fruits and vegetables among young children living in child food poverty (33 per cent and 16 per cent, respectively) is also much lower than among children not living in child food poverty (85 per cent and 71 per cent, respectively).

UNICEF and WHO recommend that children consume pulses, nuts and seeds frequently, particularly when eggs, flesh foods and vegetables are limited in the diet.² Only one in ten children (11 per cent) living in child food poverty consume pulses, nuts and seeds – a good plant-source of protein – compared to 50 per cent of children who are not living in child food poverty.

Children living in severe child food poverty are rarely fed nutrient-dense foods

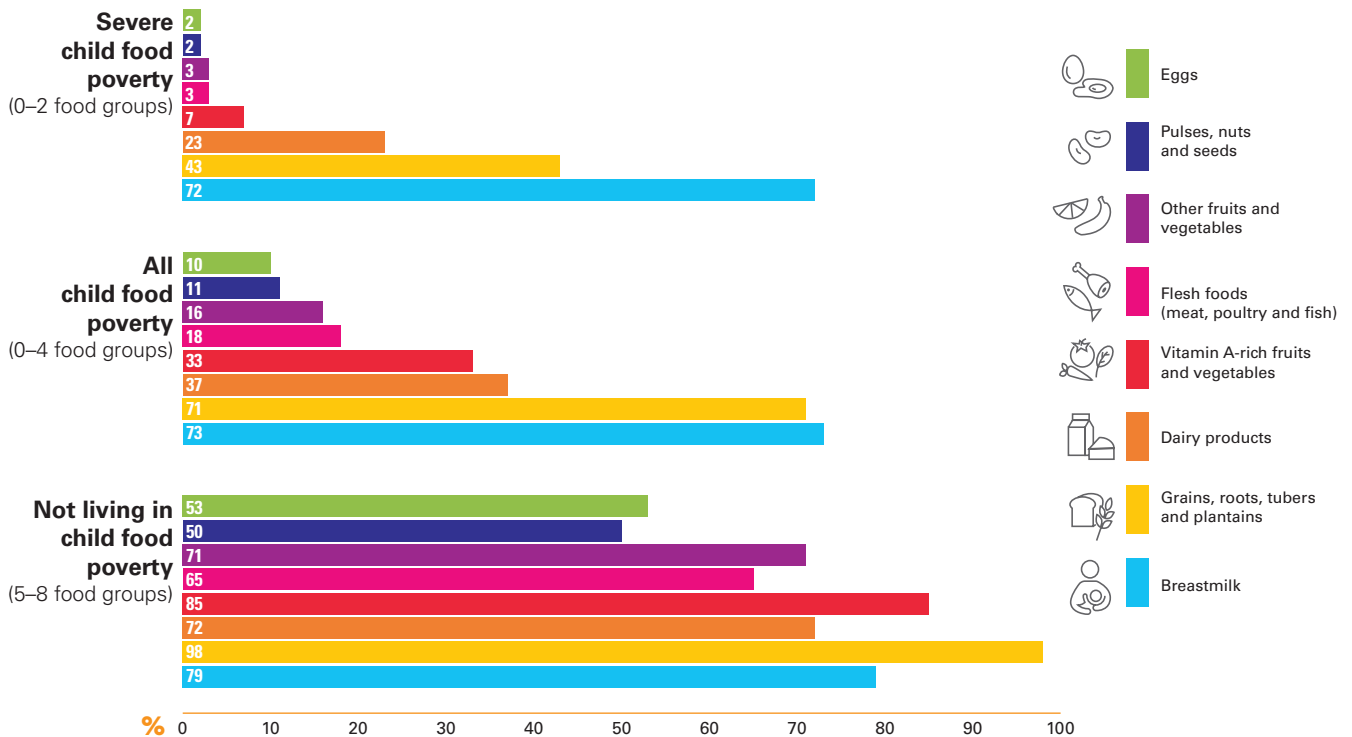


FIGURE 11: Percentage of children consuming food groups, by type and child food poverty status, 2022

Source: UNICEF global databases, 2023.

In contrast, starchy staples (grains, roots, tubers and plantain) are a very common feature of the diets of children living in child food poverty (71 per cent). Diets that are heavily reliant on these staples as the main source of energy are unlikely to have the nutrient density needed to meet nutrient requirements in early childhood.²

The situation is particularly dire for children living in severe child food poverty. Starchy staples dominate the diets of these children and are the most commonly consumed food group (43 per cent) after breastmilk, while eggs, flesh foods, or pulses, nuts and seeds are consumed by only 3 per cent or less of these children. This is truly alarming because egg, flesh foods and pulses are particularly concentrated sources of iron, vitamin A, zinc, protein and essential fatty acids, which are essential for optimal growth, immune function and brain development in early life.^{28, 29, 66-69}

The consumption of vitamin A-rich fruits and vegetables (7 per cent) and other fruits and vegetables (3 per cent) is also very low, and while dairy consumption is slightly higher (23 per cent), it is far below that of children who are not living in child food poverty.

We also found evidence that unhealthy foods (i.e., foods high in sugar, salt and/or unhealthy fats) and sweet beverages are consumed by an alarming percentage of children living in severe child food poverty – potentially displacing more nutritious foods from their diets (*Spotlight 2*). In Nepal, for example, 42 per cent of children living in severe child food poverty consume unhealthy foods and 17 per cent consume sweet beverages.

SPOTLIGHT 2

SEVERE CHILD FOOD POVERTY AND THE CONSUMPTION OF UNHEALTHY FOODS AND SWEET BEVERAGES

The sale and consumption of unhealthy ultra-processed foods and beverages is growing rapidly in low- and middle-income countries, and there is concern that these products are becoming entrenched in the diets of young children.

Ultra-processed foods and beverages are called as such because they are produced using industrial processes. These products tend to be low in essential nutrients and high in sugar, salt and unhealthy fats, and include sweet and savoury snacks, processed meals, ready-made meals and sugar-sweetened beverages. They are often widely available, low-cost, highly palatable, convenient and shelf stable, and are marketed in ways that appeal to children and their families.

Unhealthy and nutrient-poor ultra-processed products pose a triple threat to young children: they increase the risk of inadequate micronutrient intake because they are low in vitamins, minerals and other essential nutrients and displace nutritious foods from diets; they increase the risk of stunting,

because these essential nutrients are needed for linear growth; and they increase the risk of overweight and obesity in childhood and beyond because they are high in energy and exposure to these foods in early childhood encourages long-lasting taste preference for unhealthy foods and beverages.⁷⁰⁻⁷³

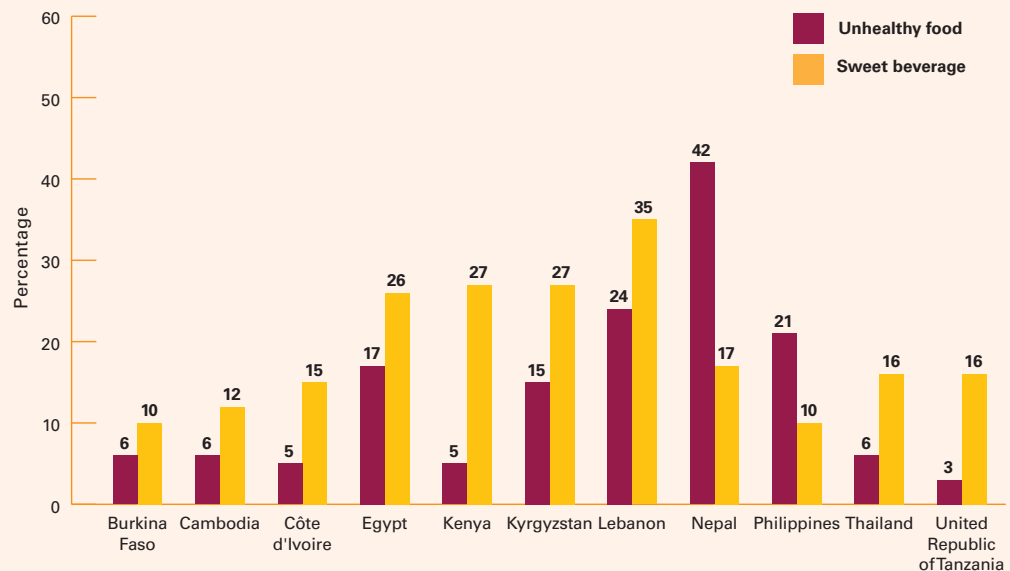
Recent research shows that an alarming percentage of young children in low- and middle-income countries consume ultra-processed foods and beverages. For example, a study in four West African countries found that between 26 per cent and 45 per cent of children under 5 consumed a commercial snack or beverage during the previous 24 hours.⁷⁴ A systematic review of the literature found that snack foods and sugar-sweetened beverages account for 13 per cent to 38 per cent of the total energy intake of young children in low- and middle-income countries.⁷⁵

We examined the consumption of unhealthy foods and beverages among children living in severe child food poverty using data from

11 national surveys that included indicators on the consumption of unhealthy foods high in sugar, salt and/or unhealthy fats (e.g., confectionary, cakes, biscuits, frozen treats, savoury snacks and instant noodles) and sweet beverages in early life.¹⁶ We find that between 5 per cent and 42 per cent of children living in severe child food poverty had consumed an unhealthy food in the previous 24 hours, and between 10 per cent and 35 per cent of children living in severe child food poverty had consumed a sweet beverage in the previous 24 hours (*Figure 12*). Consumption of unhealthy products was particularly high in Egypt, Kenya, Kyrgyzstan, Lebanon, Nepal and the Philippines, where more than one in five children consumed an unhealthy food and/or sweet beverage – despite these children consuming two or fewer food groups per day. These unhealthy foods and sweet beverages are potentially displacing more nutritious foods from the diets of these young children.

FIGURE 12: Percentage of children living in severe child food poverty who consumed an unhealthy food and sweet beverage during the previous 24 hours

Source: UNICEF global databases, 2023.



Four out of five children living in severe child food poverty are fed only breastmilk and/or dairy and/or a starchy staple in early life

Taking a closer look at children living in severe child food poverty, we discover just how inadequate their diets are in early life. Almost one in three of these children (29 per cent) are fed only breastmilk, and 14 per cent are fed dairy products alone or with breastmilk (*Figure 13*). The delayed introduction of foods that complement breastmilk to the diets of children inhibits growth in the short-term and increases the risk of non-communicable diseases in the longer term.⁷⁶ About 36 per cent of children living in severe child food poverty have diets that comprise a starchy staple alone or with breastmilk and/or dairy products.

Overall, four out of five children living in severe child food poverty (80 per cent) consume only breastmilk and/or dairy and/or a starchy staple. Only 17 per cent are given nutrient-dense foods, such as egg, flesh foods, fruits or vegetables and pulses either alone or in combination with breastmilk, dairy products and/or starchy staples.

The South Asia region stands out because more than half of children living in severe child food poverty (56 per cent) are fed breastmilk and/or dairy products only. This is more than 10 percentage points higher than all other regions with available data. Furthermore, only 7 per cent of children in South Asia are given nutrient-dense foods, compared with at least 16 per cent in other regions.

Breastmilk, dairy and starchy staples dominate the diets of children living in severe child food poverty

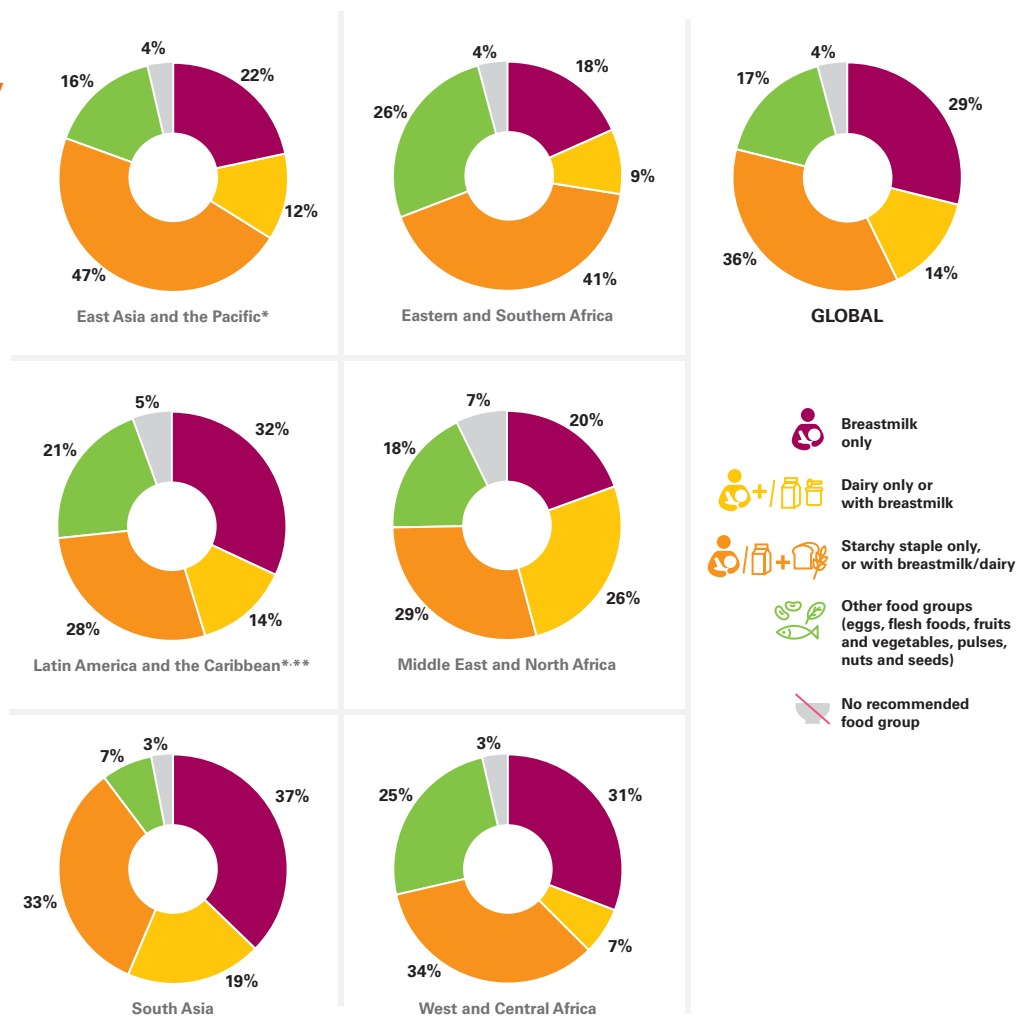


FIGURE 13: Diet content of children living in severe child food poverty, by UNICEF region and globally, 2022

Source: UNICEF global databases, 2023. *To meet adequate population coverage, East Asia and the Pacific excludes China and Latin America and the Caribbean excludes Brazil. **Interpret with caution; population coverage less than 50 per cent.



FINDING 5

The global food and nutrition crisis and localized conflicts and climatic shocks are intensifying severe child food poverty, especially in fragile and humanitarian settings

Increasing inequities, economic crises, climatic shocks and conflict take a heavy toll on families and their ability to feed young children. We analysed national survey data to examine severe child food poverty in extremely fragile contexts and the impact of the global food and nutrition crisis and localized crises on child food poverty. We also conducted rapid assessments to understand the challenges faced by parents and families in feeding their young children in the midst of the food and nutrition crisis.

One in three children living in fragile countries experience severe child food poverty

Fragility is increasing across the world, affecting ever increasing numbers of countries.⁷⁷ The impacts of global economic crises, climatic shocks and conflict are felt most acutely in fragile contexts, where they are layered onto localized risks and shocks. We find that one in three children (32 per cent) in fragile countries are living in severe child food poverty, compared with 24 per cent in non-fragile countries.

For children in extremely fragile contexts, the percentage affected by severe child food poverty can soar to exceptionally high levels, such as in Afghanistan (49 per cent), Somalia (63 per cent), and most recently in the Gaza Strip in the State of Palestine (about nine in ten children living in severe child food poverty between December 2023 and April 2024) (*Spotlight 3*).

SPOTLIGHT 3

SEVERE CHILD FOOD POVERTY AFFECTS NINE IN TEN CHILDREN IN THE GAZA STRIP

Months of hostilities in the Gaza Strip have brought the food and health systems to collapse and have had a catastrophic impact on children and families.

Military action has destroyed farmland, left livestock starving, decimated the fishing fleet, and damaged food processing and warehouse facilities. Combined with severe restrictions on the import of commercial goods and humanitarian supplies into the Gaza Strip, this military action has deprived millions of the food, water and fuel they need. By March 2024, the entire population of the Gaza Strip was experiencing high levels of acute food insecurity, with half of the population expected to face catastrophic conditions by July.⁷⁸ The conflict has also damaged or destroyed essential health infrastructure and severely limited access to essential nutrition services to prevent and treat child wasting.

Quantifying how this conflict is affecting the nutrition of the Gaza Strip's most vulnerable children is crucial to trigger the international community to act. However, it is virtually impossible to implement nutrition surveys requiring the

measurements of child weight, height and arm circumference in the midst of conflict.

Severe child food poverty provides a relatively simple metric to determine the scale of nutrition deprivation in contexts where in-person data gathering is not possible. Since December 2023, UNICEF has included questions to assess child food poverty in the Post Distribution Monitoring mechanism of a UNICEF humanitarian cash assistance programme in the Gaza Strip. The data are collected from families in real-time via SMS texting using RapidPro, an open source platform.

This Post Distribution Monitoring has exposed unprecedented levels of severe child food poverty in the Gaza Strip. From December 2023 to April 2024, five rounds of data collection found that about nine in ten children (between 88 per cent and 95 per cent) were living in severe child food poverty, surviving on diets comprising two or fewer food groups per day – one of the highest percentages ever recorded (*Figure 14*). These data demonstrate an appalling escalation in nutrition deprivation since 2020, when only 13 per cent

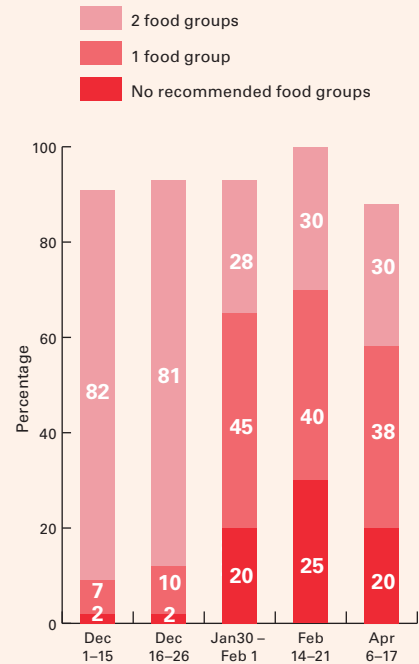


FIGURE 14: Severe child food poverty in the Gaza Strip, December 2023 to April 2024

of children in the Gaza Strip were living in severe child food poverty, and provide clear evidence of the severe threat to children's survival, growth and development. Furthermore, the percentage of children fed diets comprising only one or no food groups increased more than six-fold from the first half of December 2023 (9 per cent) to February 2024 (65 per cent).

To further examine the impact of food and nutrition crises, we compared estimates of severe child food poverty for seven countries that conducted nationally representative surveys before and since the onset of the global food and nutrition crisis.

The recent trends in severe child food poverty in Afghanistan are deeply concerning. Between 2015 and 2022, the percentage of children experiencing severe

child food poverty increased from 40 per cent to 49 per cent (*Figure 15*). But the situation was even more critical for children in the poorest households, among whom severe child food poverty rose from 40 per cent to a staggering 61 per cent. These trends bring to light the profound impact of the political transition in 2021, which led to the suspension of direct development assistance, trade and banking crises, economic collapse and a sharp spike in income poverty.^{42, 79}

Recent trends in severe child food poverty

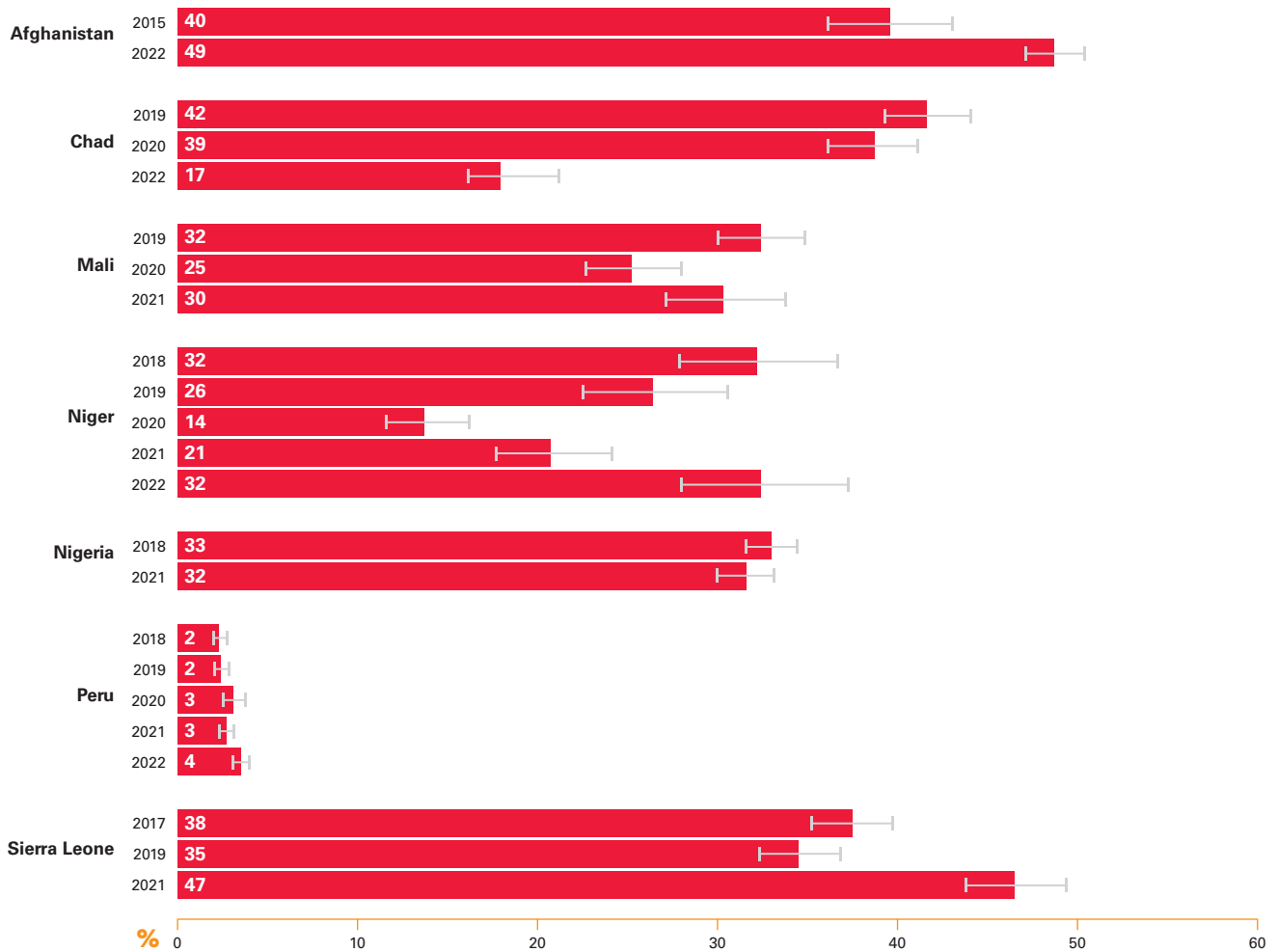


FIGURE 15: Percentage of children living in severe child food poverty in selected countries, by year

Source: UNICEF global databases, 2023. Note: Bars show 95 per cent confidence intervals.

Mali, the Niger and Sierra Leone all experienced a fall in the percentage of children living in severe child food poverty up to the year 2019 or 2020, only for this progress to be reversed one or two years later. This shows that progress on severe child food poverty can be short-lived in fragile contexts. Livelihoods in Mali were upended in 2021 by COVID-19 restrictions, while agricultural production was impacted by erratic rainfall, floods and persistent or worsening conflict in parts of the country.⁷⁹ In Sierra Leone, higher global food prices and freight costs driven by the COVID-19 pandemic, combined with devaluation of the national currency, led to a steep rise in food inflation in 2021.⁷⁹ Meanwhile in the Niger, food inflation, floods and insecurity exacerbated household food insecurity in both 2021 and 2022.⁴²

Contrary to these low-income countries, there was a sharp decline in severe child food poverty in Chad between 2019/2020 and 2022 for reasons that are not fully understood but may relate to the provision of food and cash assistance in crisis-affected provinces, combined with an increase in the intensity of social and behaviour change interventions to promote and support child feeding, including counselling. Meanwhile, there was no change in the percentage of severe child food poverty in Nigeria between 2018 and 2021, although it is possible there was dip or rise between these years. Peru has been able to shield young children from severe child food poverty, maintaining the percentage below 5 per cent between 2018 and 2022, despite the global food and nutrition crisis (see *Spotlight 8*).

These recent trends show that the food and nutrition crisis has played out differently across countries, with both global and local forces having varying impacts on severe child food poverty. Countries that are heavily dependent on food imports are more exposed to external food trade shocks, while those unable to take advantage of international food trade are less able to mitigate the impacts of domestic shocks, such as drought and conflict, on domestic production.^{77, 80}

Parents are struggling to afford and access nutritious and diverse diets for their children

With clear evidence that global and localized crises can push increasing numbers of vulnerable children into severe child food poverty, it is crucial to understand the barriers that parents and families experience in feeding young children during crises so that actions can be taken to respond to these challenges.

Our research with families living under the shadow of multiple interacting crises in 2023 – conflict, climatic shocks and economic crisis – shows that the daily financial struggle to feed young children is overwhelming (see *Spotlight 4*). For example, in sampled communities in the Democratic Republic of the Congo and Somalia, more than 80 per cent of parents and caregivers reported that their child had been unable to eat for an entire day due to lack of money or other resources.

Inadequate knowledge, lack of time and limited agency of parents and caregivers are also important constraints to feeding young children nutritious foods, particularly in the sampled communities in Bangladesh, Chad, Kenya and Pakistan, where at least 50 per cent reported these three barriers. These barriers limit the capacity of parents and caregivers to take purposeful action to improve the diets of their children – including in contexts where nutritious and diverse foods are affordable and physically accessible.

SPOTLIGHT 4

BARRIERS TO FEEDING YOUNG CHILDREN IN THE CONTEXT OF CHILD FOOD POVERTY

Between July and November 2023, UNICEF supported a series of rapid assessments in 11 low- and middle-income countries in Africa, Asia and the Middle East to examine the barriers that parents and families face in feeding young children. The assessments were conducted in selected communities at high risk of child food poverty and so the data are not representative of each country, except in Mali where the assessment was integrated within a nationally representative survey.

In the various assessment sites, data were collected from at least 100 parents and caregivers of children aged 6–23 months, most of whom (≥85 per cent) were mothers. We asked these parents and caregivers about their experiences in feeding their young children during the previous three months,⁸¹ focusing on five barriers: financial, access, knowledge, time and agency. In addition, we asked them to recall the foods eaten by their young children and by any household member during the previous 24 hours.

Financial and access constraints are the most common barriers to feeding young children

The most frequently reported barrier to feeding young children was insufficient financial resources, followed by difficulties in accessing nutritious foods (*Figure 16*). The percentage of parents and caregivers reporting a financial barrier ranged from 53 per cent to 99 per cent and was at least 80 per cent in 7 out of 11 country samples. Access barriers affected 44 per cent to 90 per cent of parents and caregivers and included difficulties in finding nutritious food in local markets or shops and difficulties in reaching markets or shops to buy nutritious food due to transportation constraints (e.g., no transport, transportation route closed, or unsafe to travel).

In the majority of country samples, the percentage of children experiencing severe child food poverty was higher among children whose parents or caregivers reported financial barriers (*Figure 17*) and access barriers (*Figure 18*) than among those whose parents or caregivers did not report these barriers.

SPOTLIGHT 4 BARRIERS TO FEEDING YOUNG CHILDREN IN THE CONTEXT OF CHILD FOOD POVERTY

FIGURE 16: Percentage of parents and caregivers reporting barriers to the feeding of young children, by barrier type

Source: UNICEF rapid assessments. Data are not nationally representative, except for Mali.

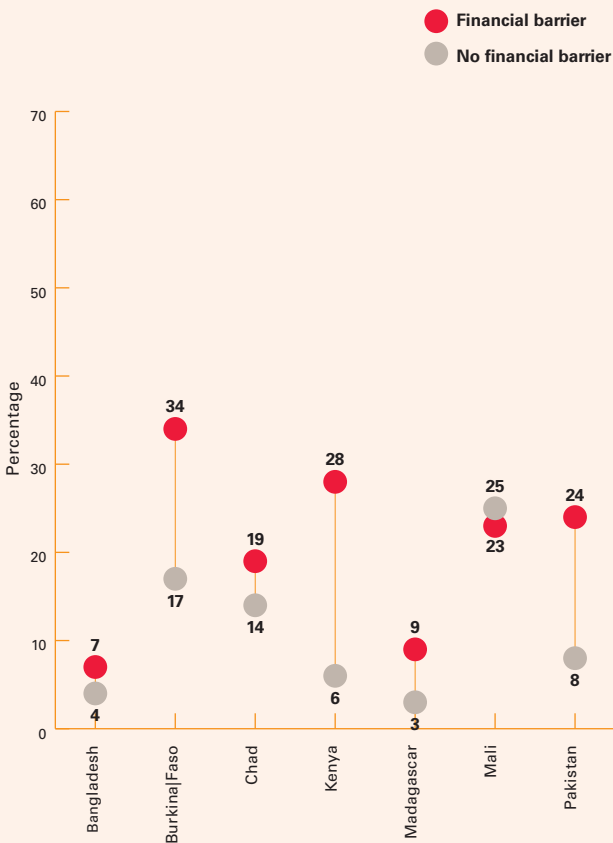
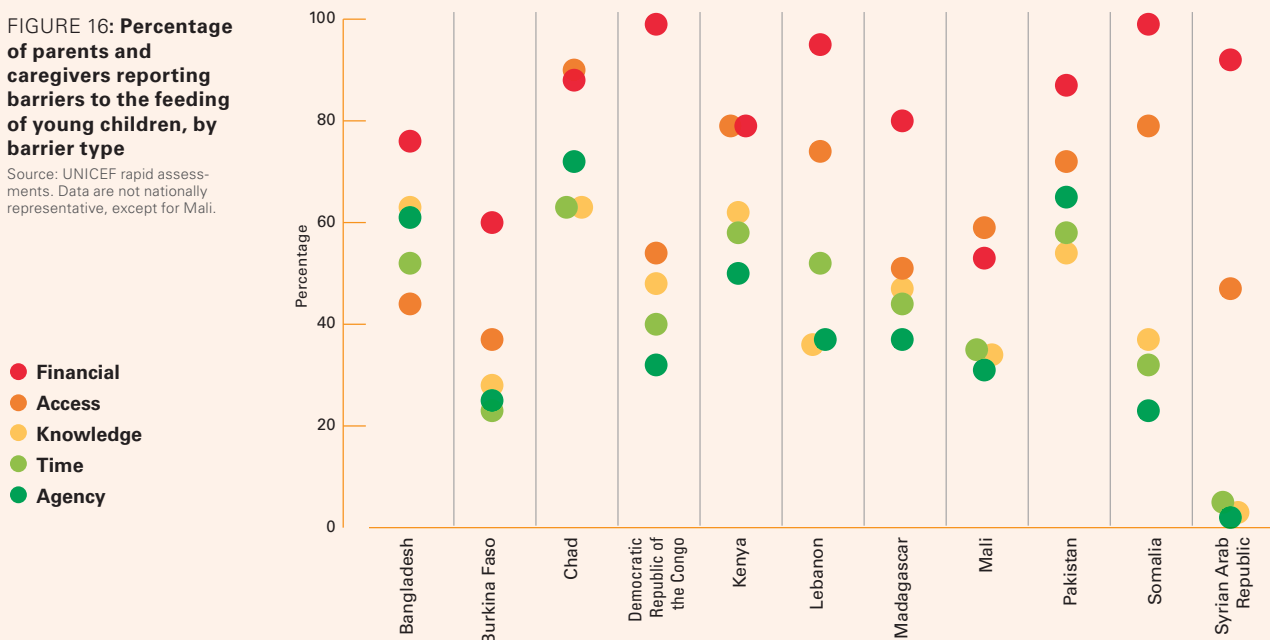


FIGURE 17: Percentage of children experiencing severe child food poverty by presence or absence of reported financial barriers to feeding young children

Source: UNICEF rapid assessments. Data are not nationally representative, except for Mali. Data not available for the Democratic Republic of the Congo, Lebanon, Somalia and the Syrian Arab Republic due to insufficient number of respondents who did not report a financial barrier.

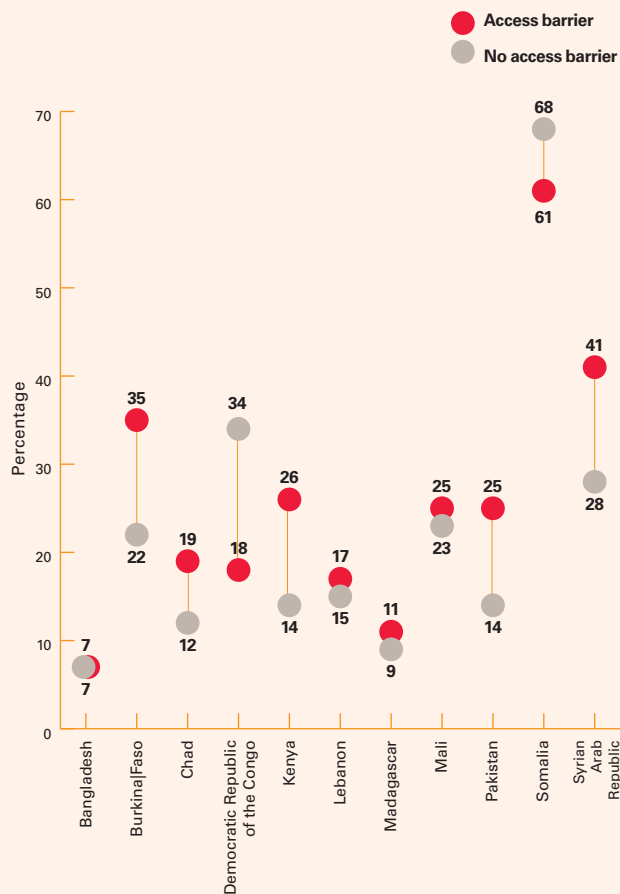


FIGURE 18: Percentage of children experiencing severe child food poverty by presence or absence of reported access barriers to feeding young children

Source: UNICEF rapid assessments. Data are not nationally representative, except for Mali.

SPOTLIGHT 4 BARRIERS TO FEEDING YOUNG CHILDREN IN THE CONTEXT OF CHILD FOOD POVERTY

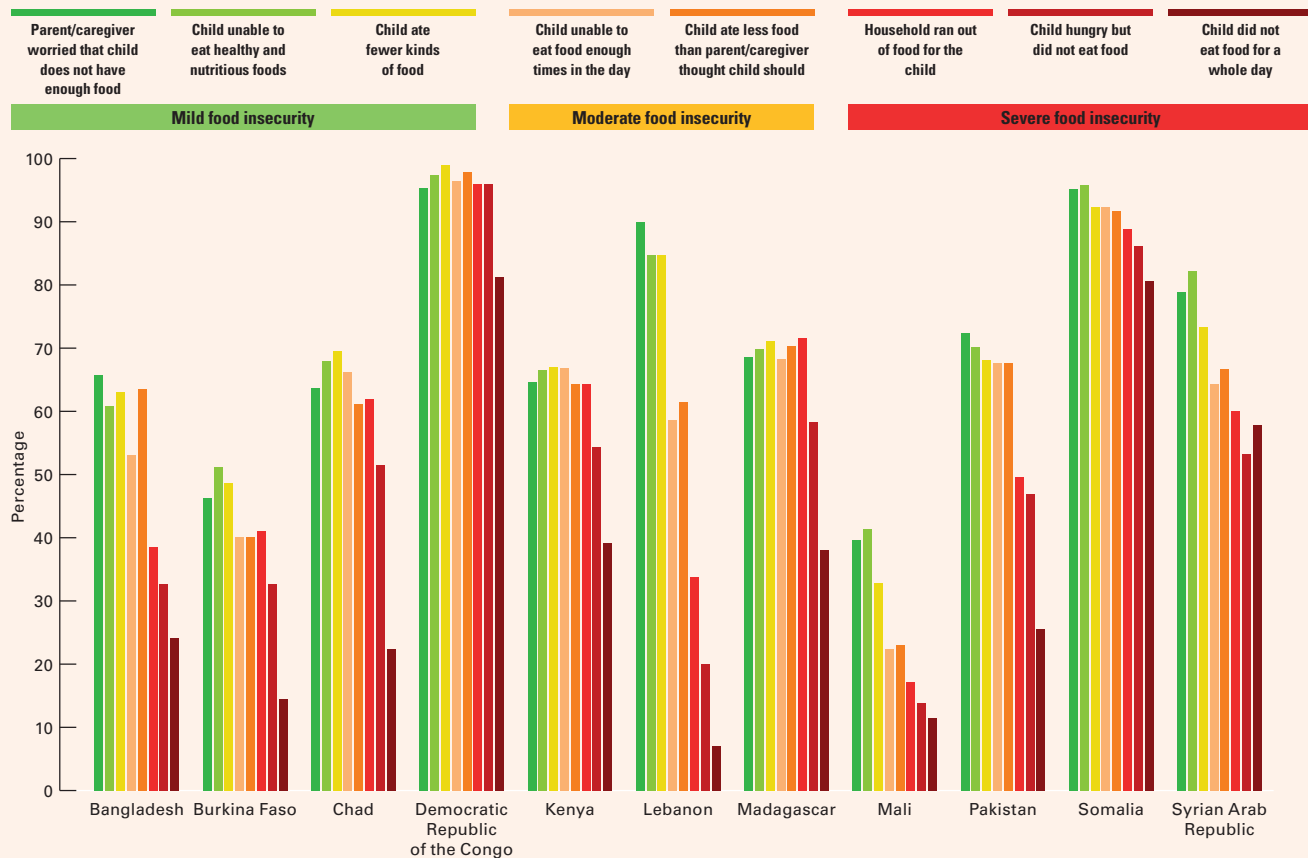


FIGURE 19: Percentage of parents and caregivers reporting barriers to feeding young children using the Early Childhood Food Insecurity Experience Scale

Source: UNICEF rapid assessments. Data are not nationally representative, except for Mali.

Figure 19 presents detailed information on how a lack of money and other resources affected the experiences of parents and caregivers in feeding their young children. This information was collected using the **Early Childhood Food Insecurity Experience Scale**, a set of eight questions adapted from the Food Insecurity Experience Scale (see Focus 4), that can be used to monitor the extent to which parents and families are struggling to feed young children in fragile and humanitarian settings. The eight questions reflect increasing levels of difficulty in obtaining food for young children, ranging from parent/caregiver worries about not being able to feed their children enough food to children being unable to eat for a whole day.⁵⁵

Severe experiences of food insecurity were most common among parents and caregivers living in countries that experienced conflict, instability, economic shocks and/or extreme weather events in 2023. More than 80 per cent of parents and caregivers in the sites in the Democratic Republic of the Congo and Somalia reported that their household ran out of food, their child experienced hunger, and/or their child was unable to eat for an entire day. In addition, more than 50 per cent of parents and caregivers interviewed in Chad, Kenya, Madagascar and the Syrian Arab Republic reported that their households had run out of food or that their child had experienced hunger.

Knowledge, time or agency barriers also explain why parents and caregivers struggle to feed their children optimally

We find that inadequate **knowledge**, lack of **time** and limited **agency** of parents and caregivers are also important constraints to feeding young children nutritious foods, particularly in the sampled communities in Bangladesh, Chad, Kenya and Pakistan, where at least 50 per cent of parents and caregivers reported these three barriers.

Figure 16 shows that within each country sample, the percentage of parents and caregivers reporting knowledge, time and agency barriers tends to be similar.

SPOTLIGHT 4 BARRIERS TO FEEDING YOUNG CHILDREN IN THE CONTEXT OF CHILD FOOD POVERTY

Women’s agency and autonomy to take decisions – such as what foods to purchase and feed to their children – tend to be constrained in contexts where women have low levels of education or access to information. And women with low agency tend to be burdened with high domestic workloads that make it more challenging to find time to prepare nutritious meals for young children.¹ Therefore, these three barriers are likely to be interrelated.

Knowledge, time or agency barriers may explain why children are not fed nutritious foods, even if these foods are both available and affordable. If nutritious foods are consumed by a household member, this means that these foods are available and affordable at household level and could be fed to a young child. However, we find that the percentage of children fed eggs, meat, poultry and/or fish was lower than for any household member in the sampled

communities in Bangladesh, Burkina Faso, Lebanon, Mali and Somalia (Figure 20). In addition, the percentage of children fed fruits and/or vegetables was lower than for any household member in Bangladesh, Burkina Faso, Lebanon, Mali, Pakistan, Somalia and the Syrian Arab Republic (Figure 21). Social and behaviour change interventions to address knowledge, time or agency barriers could be effective in closing these practice gaps.

FIGURE 20: Percentage of young children and any household member consuming eggs, meat, poultry and/or fish

Source: UNICEF rapid assessments. Data are not nationally representative, except for Mali.

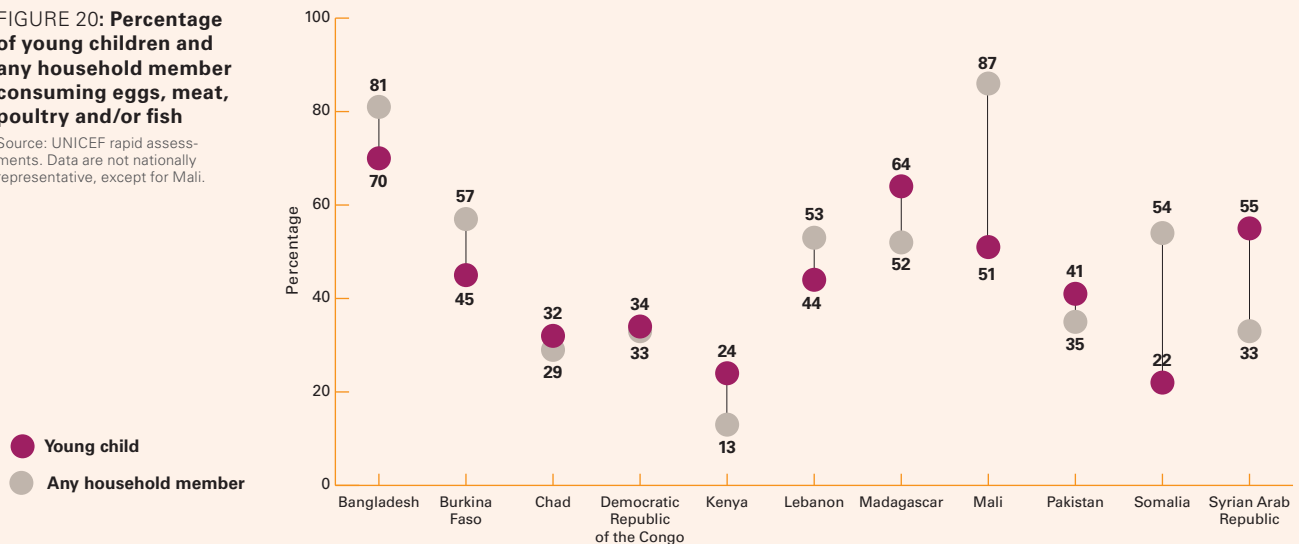
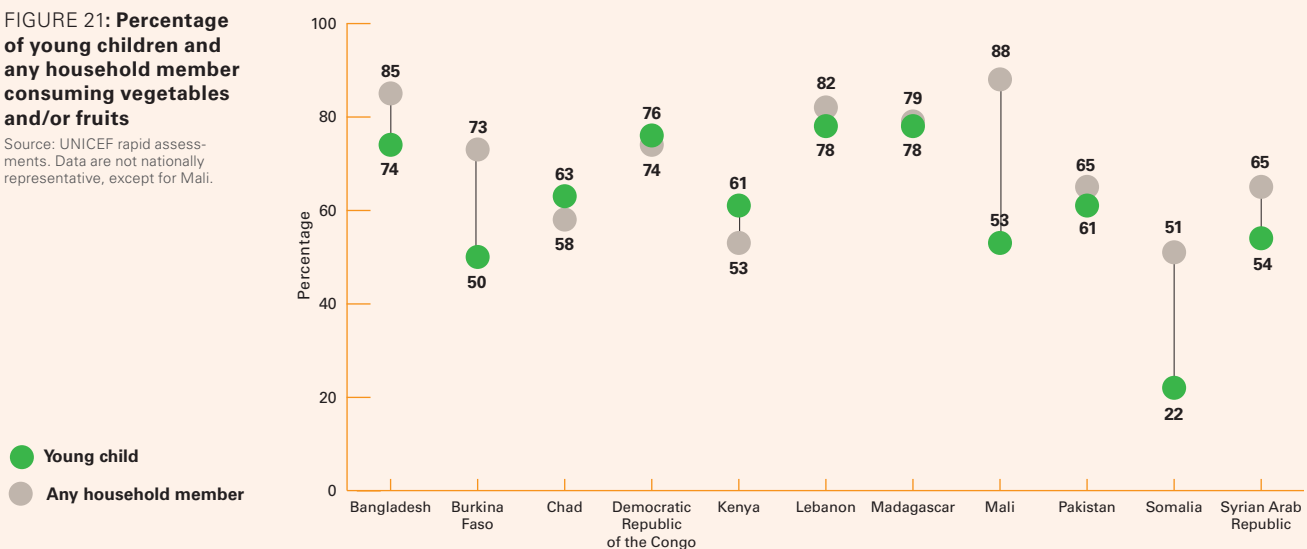


FIGURE 21: Percentage of young children and any household member consuming vegetables and/or fruits

Source: UNICEF rapid assessments. Data are not nationally representative, except for Mali.



FINDING 6

Severe child food poverty is driving child undernutrition: the percentage of children living in severe child food poverty is three times higher in countries with a high prevalence of stunting

The UNICEF Conceptual Framework on Maternal and Child Nutrition identifies good diets – driven by adequate foods, nutrition services and feeding/dietary practices – as an immediate determinant of adequate child nutrition.⁸² Our analysis explores this further by examining the evidence on the links between child food poverty and child undernutrition (stunting and wasting).

Severe child food poverty and child undernutrition converge geographically

Previous studies from low- and middle-income countries have shown that children are less likely to be stunted and wasted if their diets are adequate in diversity and in nutrient-rich foods, particularly animal-source foods.^{25, 83–86}

To examine the relationship between child food poverty and child undernutrition, we first explored how the percentage of children living in severe child food poverty varies according to the prevalence of child undernutrition at population (country) level.

We find that the percentage of children living in severe child food poverty in countries with a high prevalence of stunting is nearly three times the percentage in countries with a low prevalence of stunting (32 per cent versus 11 per cent) (*Figure 22*). Similarly, the percentage of children living in severe child food poverty in countries with a high prevalence of wasting is more than double that in countries with a low prevalence of wasting (35 per cent versus 14 per cent).

This analysis makes clear that severe child food poverty is concentrated in countries with a high prevalence of child undernutrition.

How does severe child food poverty vary by the prevalence of child undernutrition?

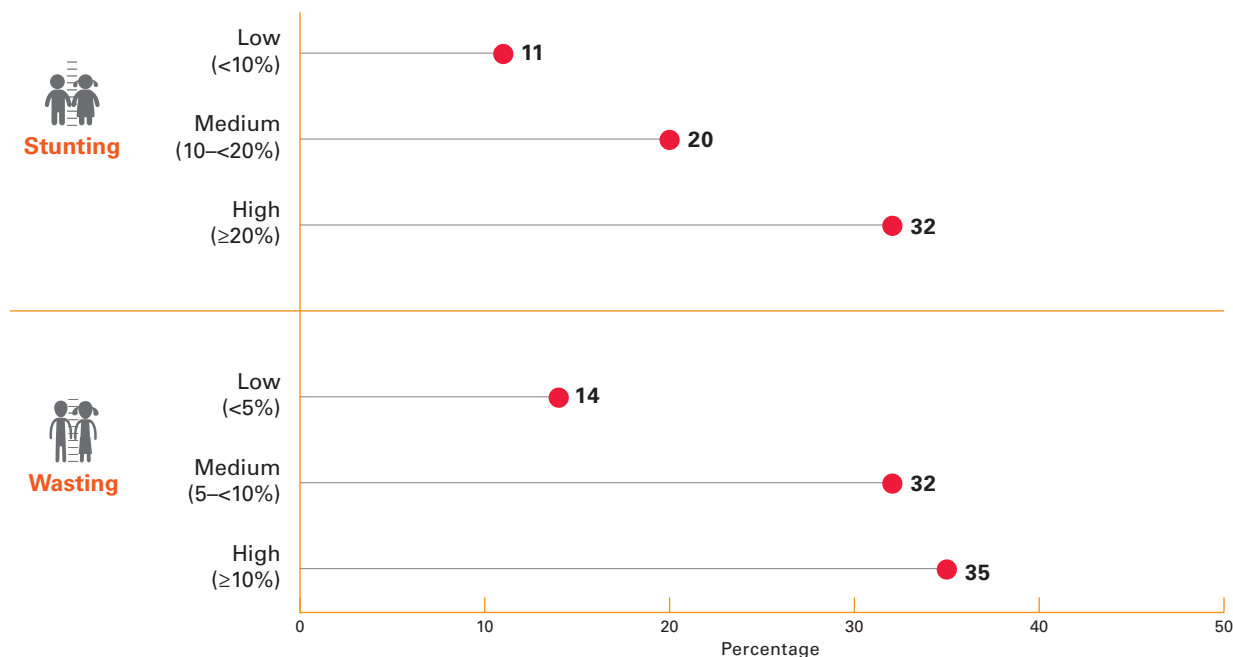


FIGURE 22: Percentage of children living in severe child food poverty in countries with a low, medium and high prevalence of child stunting and child wasting

Source: UNICEF global databases, 2023.



Severe child food poverty predicts child stunting and wasting

We analysed data from nationally representative surveys in low- and middle-income countries to further explore the relationship between child food poverty and child undernutrition at an individual (child) level.

The odds of child stunting are 20 per cent higher among children living in moderate child food poverty and 34 per cent higher among children living in severe child food poverty compared to children who are not affected (*Figure 23*). Similarly, the odds of child wasting are 14 per cent higher among children living in moderate child food poverty and 50 per cent higher among children living in severe child food poverty.

This analysis confirms that the severity of child food poverty is significantly associated with stunting and wasting and justifies why it is crucial to bring child food poverty to the forefront of global efforts to end child malnutrition. The progress in achieving the SDG targets to end malnutrition, particularly child stunting and wasting, will depend on efforts made at country, regional and global levels to reduce child food poverty.

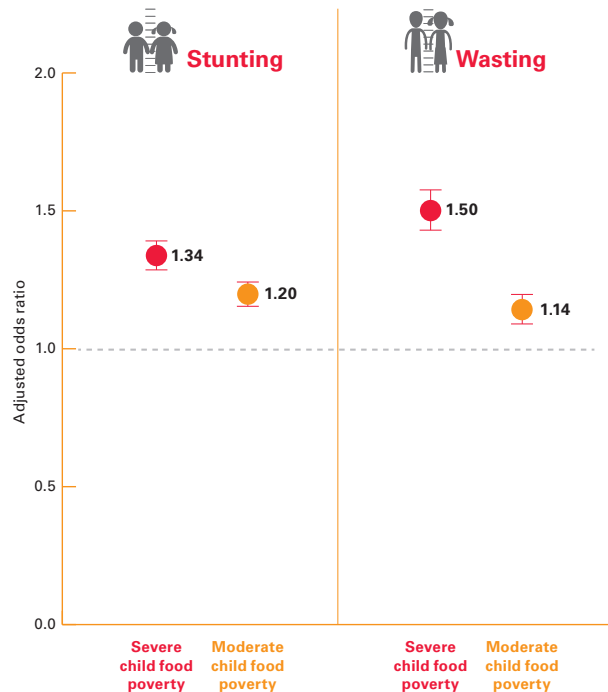


FIGURE 23: Adjusted odds ratio of child stunting and wasting by severity of child food poverty in a pooled sample of children from 15 countries

Figure shows adjusted odds ratios and 95 per cent confidence intervals of predictors; odds ratios are adjusted for child age, child sex, perceived size at birth, birth order, maternal age, maternal education, maternal access to antenatal care, household wealth quintile, rural or urban residence, household sanitation and household water source. Reference group is children not living in child food poverty.

3 | OUR ANALYSIS

THE FORCES DRIVING SEVERE CHILD FOOD POVERTY





This chapter explores the forces driving severe child food poverty in early childhood, why current efforts are failing to improve young children’s diets, and what we can learn from countries that have achieved extraordinary success in reducing severe child food poverty.

The analysis of the drivers, system failings and country success factors is vital because it provides evidence to identify the pathways to ending child food poverty in early childhood.

Severe child food poverty is driven by poor food environments, poor feeding practices and household income poverty

Severe child food poverty is more common among children belonging to the poorest households, but children in wealthier households are also affected. This is a clear sign that drivers other than household income poverty also prevent children from accessing and consuming nutritious and diverse diets.

Our analysis identifies three major drivers of severe child food poverty: **poor food environments** for children, **poor feeding practices** in early childhood, and **household income poverty** affecting children and their families (Figure 24).

Poor food environments are disrupting access to nutritious and diverse foods

The decisions that parents and families make about the foods they acquire, prepare and consume are heavily influenced by the food environments in which they live. These food environments shape which foods are available, accessible, affordable and desirable to parents and families in shops, markets and food outlets and in settings where young children eat, play and learn.

In rural, remote and fragile settings, the options available to parents and families often reflect the foods that are produced locally, unless there is adequate infrastructure and transportation to reliably bring foods from other areas. Seasonality and disruptions to food production and physical access caused by adverse weather, climatic shocks, insecurity or poor roads limit year-round access to affordable nutritious foods. This creates ‘food deserts’ where meeting children’s minimum dietary diversity becomes impossible and may explain why severe child food poverty is more common in rural than in urban areas (31 per cent versus 21 per cent, globally) and in fragile countries compared to non-fragile countries (32 per cent versus 24 per cent, globally). Food availability is less of a challenge in urban areas. However, grocery stores, supermarkets and restaurants selling nutritious and healthy foods are often not within easy reach of poorer urban communities that are beset by social inequality.^{87, 88}

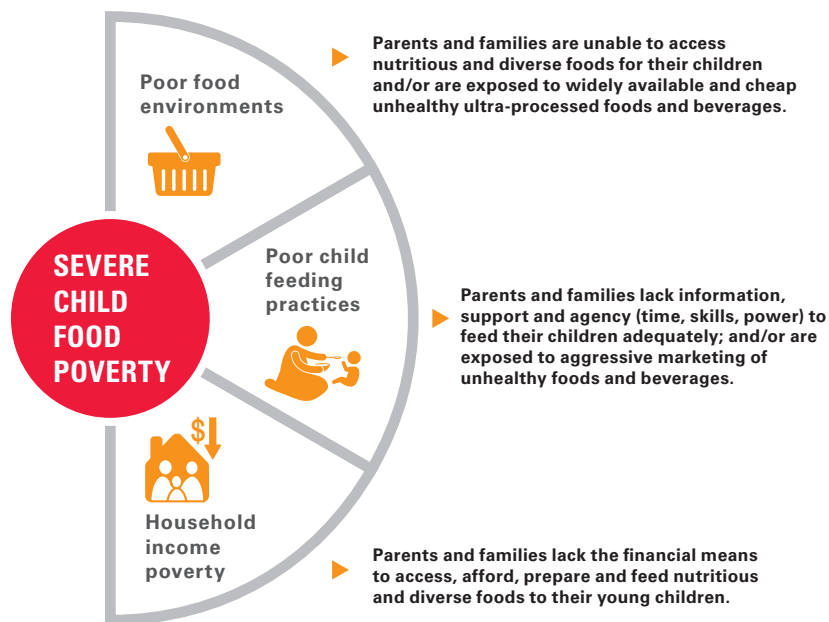


FIGURE 24: Three major drivers of severe child food poverty in early childhood

Meanwhile, the overabundance of nutrient-poor ultra-processed foods is an ever-growing challenge for families throughout the world, particularly in – but not limited to – urban areas.^{87, 89, 90} In ‘food swamps’, shops, markets and food outlets are flooded with foods that are low in essential nutrients and contain excessive sugar, salt and unhealthy fats. In Nepal, for example, 42 per cent of children living in severe child food poverty consume foods high in sugar, salt and/or fat. These foods are often cheaper than healthier, nutritious options and made more desirable by aggressive marketing strategies; they may also be presented and perceived as offering greater convenience to time-pressured mothers, many of whom are tasked with the bulk of domestic and childcare duties and increasingly work outside the home.¹

Poor child feeding practices undermine young children’s diets

Harmful social and cultural norms and poor practices continue to undermine the feeding of nutritious and diverse foods to children in early childhood, even when these foods are affordable and available.¹

Harmful beliefs and poor practices concerning the foods that young children should be fed and the types and amounts of foods that children can safely consume and digest are handed down from one generation of family members to the next and between peers. This occurs particularly when there is a lack of accurate information and effective counselling and support on child feeding for parents and families. Dietary proscriptions for young children often involve the most nutritious foods; for example, there is a common belief across West African countries that young children will become thieves if they eat eggs;⁹¹ while in South Asia, some parents and families avoid giving sick children eggs, fish or meat because these foods are believed to attract evil forces that may cause harm.⁹²

Discriminatory gender and patriarchal norms persist in some countries across Africa, Asia, Latin America and the Middle East, denying women and mothers the autonomy to make food purchase decisions that are in the best interests of their young children.^{91, 93–96} At the same time, gender and patriarchal norms and discriminatory laws impede women’s access to information, education, productive resources (e.g., land, financing and social networks) and legal protection in the workplace, constraining their income-earning opportunities and economic empowerment.^{96–98}

Household income poverty means that families cannot afford nutritious and diverse diets for their children

Most families in low- and middle-income countries are now reliant on markets and shops for food, rather than home food production – even rural farming families.¹⁵ This means that their capacity to protect young children from severe child food poverty is dependent on the income they can spend on nutritious and diverse foods.

Families living in extreme income poverty struggle to afford nutritious foods, particularly animal-source foods (eggs, meat, poultry, fish and dairy), because these foods cost much more per calorie than staple foods, especially in lower-income countries.^{84, 99–103} Full stomachs – not nutritious food – tend to be a priority for income-poor families. Indeed, studies show that the high cost of nutritious foods is associated with less frequent consumption in young children living in low- and middle-income countries.⁸⁴ When low incomes interact with unhealthy food environments, the most affordable options for parents and families are often low-cost ultra-processed foods high in sugar, salt and unhealthy fats and low in essential nutrients.

Food inflation is pushing nutritious foods further out of reach for young children and their families. In 2021, the average daily cost of a healthy diet was US\$3.37 in low-income countries and US\$3.88 in lower-middle-income countries – far exceeding the extreme child poverty line (less than US\$2.15/day).^{15, 104} Recent analysis predicts that a 5 per cent increase in the real price of food increases the risk of child food poverty by 3 per cent and child wasting by 9 per cent.¹⁰⁵

Household income poverty is a potential outcome as well as a driver of child food poverty. In fact, household income poverty and child food poverty reinforce one another in a cyclical relationship that crosses from one generation of children to another (*Spotlight 5*).

SPOTLIGHT 5

THE CYCLICAL RELATIONSHIP BETWEEN CHILD FOOD POVERTY AND HOUSEHOLD INCOME POVERTY

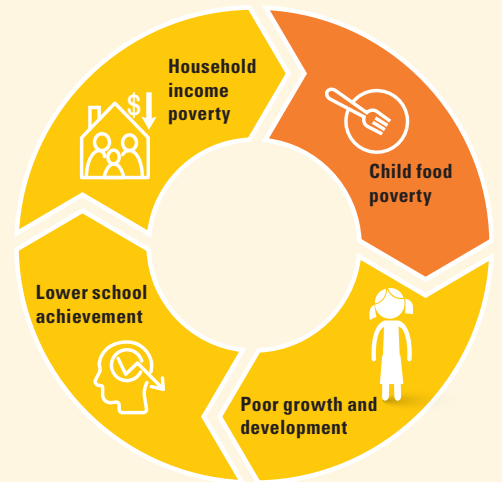
The link between child food poverty and household income poverty is clear. Our equity and determinant analyses find that children belonging to the poorest households are significantly more likely to experience severe child food poverty than those in wealthier households (*Finding 3*).

Diverse diets and nutritious foods, such as eggs, flesh foods (meat, poultry or fish), pulses, vegetables and fruits are beyond the economic means of many poor families. Those living in lower-income countries and/or in income poverty experience the widest gap between the price of these foods and their daily income.^{84, 99, 102, 103}

We find that four out of five children (80 per cent) living in severe child food poverty in early life consume nothing except breastmilk, dairy products and/or a starchy staple, and less than 5 per cent consume eggs

or flesh food (*Finding 4*). With such poor diets, children living in severe child food poverty are extremely vulnerable to child undernutrition and poor growth and development. In particular, there is evidence that young children who do not consume animal-source foods have lower intakes of nutrients that are important for physical growth, brain development and cognitive function.^{27–30} Our analysis shows that the odds of stunted growth are 34 per cent greater among children living in severe child food poverty than among children who are not affected (*Finding 6*).

The effects of poor nutrition accumulate with age, with stunted growth and development in early childhood leading to lower levels of skills and lower income in adulthood. A review of the evidence linking child stunting to economic outcomes shows that a one centimetre loss in adult



stature is associated with 4 per cent loss in wages for men and 6 per cent for women.¹⁰⁵

Like their parents before them, adults who experienced severe child food poverty in early childhood face financial barriers to accessing nutritious and diverse diets for their young children. And so the intergenerational cycle of child food poverty and household income poverty will continue, until and unless effective action is taken to break the vicious bond that links them.



Severe child food poverty is the result of systems that are failing, not families that are failing

Parents and families have a responsibility to feed and care for their young children, but the forces that lead to severe child food poverty – poor food environments, poor feeding practices and household income poverty – are beyond their full control. They cannot be blamed for the scarcity of nutritious and affordable foods in their local community; or for the aggressive marketing of unhealthy foods and beverages that now flood shops and markets; or for their struggle to find accurate information and access counselling services on how to feed their young children; or for the lack of support when they fall sick, cannot find work or simply do not earn enough income to make ends meet.

The drivers of severe child food poverty persist because the food, health and social protection systems are failing to improve physical and financial access to affordable nutritious and diverse foods and are failing to equip parents and families with the knowledge, skills and support they need to feed these foods to their children. These systems are particularly ill-equipped to cope with the impacts of global and local conflicts, climatic shocks and economic crises.

Food systems are failing to provide children with the diets they need for healthy growth and development

The food system influences whether foods are available, accessible, affordable, nutritious, safe and sustainable, and can make it easier – or more difficult – for parents and families to make nutritious food choices for their young children.

A double failure of food systems – both global and local – is driving child food poverty. These food systems are failing to provide families and young children with affordable, nutritious and diverse foods while flooding shops and markets with nutrient-poor, unhealthy, ultra-processed foods and sugar sweetened beverages. The massive growth in the manufacture and marketing of unhealthy, nutrient-poor ultra-processed foods and beverages is becoming one of the greatest threats to child nutrition. The strong influencers of taste, convenience, desirability and aspiration, make these unhealthy products difficult to resist, and they can displace locally available nutritious foods from the diets of young children.¹

Too often, decisions about what foods are produced and how these foods are processed, packaged and marketed are driven by profit at the expense of children's needs and rights.⁵ Ultra-processed foods permeate small kiosks, shops and supermarkets across low-, middle- and high income countries, including in the remotest corners of the world.^{75, 106} In the absence of national policies, laws and standards to prevent inappropriate marketing and ensure responsible labelling of products (see *Focus 3*), these unhealthy ultra-processed foods are often aggressively promoted and carry misleading nutrition and health claims that falsely reassure parents and families.¹⁰⁷⁻¹⁰⁹ It is vital that as efforts are stepped up to pull children out of child food poverty, they and their families are protected from the powerful interests of the food and beverage industry.

There is also need for investment in the responsible processing and packaging of nutritious foods for young children to preserve and fortify nutrient content, increase shelf-life, and cater to the needs of time-strapped parents. Fortified complementary foods, including those that are manufactured locally and commercially, can improve dietary intake in young children. However, many complementary foods that are sold in low- and middle-income countries contain excessive amounts of sugar and/or salt, even though they are marketed as suitable for young children.¹¹⁰⁻¹¹² In Southeast Asia, our recent research found that existing legal measures are insufficient to ensure that commercially produced complementary foods are nutritionally adequate and appropriately labelled (*Spotlight 6*).

Greater investment is also needed in the production of diverse nutritious crops and animal-source foods – not staples alone. Food production in Africa and South Asia remains deficient in key micronutrients and animal-source protein, reflecting the dominance of staple grains within the policies and technological interventions that have shaped agriculture.¹¹³⁻¹¹⁶



SPOTLIGHT 6

FIRST FOODS IN A PACKAGED WORLD: COMMERCIALY PRODUCED COMPLEMENTARY FOODS IN SOUTHEAST ASIA

Poor diet quality is a major driver of child malnutrition in Southeast Asia, where 26 per cent of children under 5 have stunted growth, more than half suffer from micronutrient deficiencies, and child overweight and obesity are a rising concern.^{7, 10, 117}

Food environments are rapidly changing in Southeast Asia, and commercially produced complementary foods (CPCF) are widely available and consumed by children under 3 years of age. Concerns have been raised about the nutritional quality of these CPCFs and the strength of national regulations to protect against inappropriate labelling and marketing.^{118–120}

In 2021–2022, the Consortium for Improving Complementary Foods in Southeast Asia (COMMIT), composed of United Nations agencies and civil society organizations, conducted a series of studies to examine the

factors that motivate caregivers to purchase CPCF, the quality of CPCFs, and the status of national legislation regulating the composition and labelling of CPCFs in seven Southeast Asian countries: Cambodia, the Lao People's Democratic Republic, Indonesia, Malaysia, the Philippines, Thailand and Viet Nam.

COMMIT found that caregivers are strongly influenced to purchase CPCF by the perceived nutritional value of products and by claims made on labels, such as 'natural'.¹⁰⁹ Yet, many CPCF are neither healthy nor natural. A staggering 62 per cent of cereals and ready-to-eat foods and 85 per cent of snack and finger foods do not meet global nutritional standards, primarily because of added sugar or sweeteners, high total sugar content, and/or high sodium content.^{121, 122} No products fully conform to global CPCF labelling standards, which include

the prohibition of health claims. In addition, no country has policies and legal measures on CPCF that are fully aligned with the available global guidance on nutrient composition or labelling.¹²³

CPCF that do not adhere to recommended nutrient composition and labelling requirements are unsuitable for young children and should be prohibited from promotion.¹²⁴ Advocacy to build public support for new or improved CPCF regulations, as well as robust government monitoring and enforcement of regulations, are crucial to support efforts to safeguard and improve the diets of young children in Southeast Asia.¹²⁴ A compendium of existing CPCF standards and global guidance, which was developed by COMMIT as a result of the research, can help jump-start this process.

Health systems are failing to provide families with the essential nutrition services young children need

The health system – both public and private – serves a vital role in supporting parents and families with information, advice and support on how to feed young children, in preventing and controlling micronutrient deficiencies that result from poor-quality diets or disease, and in the early detection and treatment of child wasting and other forms of acute malnutrition.

According to UNICEF programme monitoring data, more than 110 low- and middle-income countries are implementing health facility- and/or community-based programmes to counsel parents on infant and young child feeding.¹²⁵ But these services are rarely included in routine health information systems or national surveys and so there are insufficient data to assess how many children are reached.¹²⁶ Our previous research has found that the coverage and quality of counselling is suppressed by insufficient numbers of community health and nutrition workers with adequate training, supervision and remuneration, and by the lack of clear accountabilities to deliver counselling and support services on child feeding to parents and families.¹ These constraints reflect the failure to adequately prioritize and institutionalize nutrition counselling and support within primary health care services.

In contexts where it is difficult to meet children's nutrient needs through diet alone and/or the prevalence of anaemia exceeds 20 per cent, home fortification of foods with multiple micronutrient powders can help fill micronutrient gaps in the diets of children aged 6–23 months.¹²⁷ These home fortificants can also improve feeding practices by increasing the frequency of contact between parents and providers of child feeding counselling and support.¹²⁸ In 2023, 18 million children were reached with multiple micronutrient powders across 49 low- and middle-income countries,¹²⁵ but many more could be reached if this intervention was routinely integrated into the health system.

Small quantity lipid-based nutrient supplements are a relatively new type of home fortificant, containing oil, legumes and milk powder in addition to micronutrients. They have shown protective effects on child survival, growth and development^{129–132} and are recommended as part of a package of interventions in food insecure populations at high risk of wasting, stunting or micronutrient deficiencies, but have yet to be delivered at scale in any country.¹³³

Social protection systems are failing to protect vulnerable children against malnutrition in early childhood

The social protection system is essential for reducing income poverty and can make it easier for families to afford nutritious diets for their children and access other essential child nutrition and care services. Well-designed social protection programmes can improve household dietary diversity, children's dietary diversity and children's consumption of nutritious foods, such as animal-source foods,^{134–138} including in fragile contexts.^{139–142}

Integrated systems that provide a range of benefits and services deliver the best results for children and their families.¹⁴³ These benefits and services include social transfers (cash, food assistance or vouchers), family-friendly policies (paid maternity and parental leave, support for breastfeeding and quality and affordable childcare services), decent work with adequate pay and conditions, social insurance and free health care. Yet, three out of four children worldwide (74 per cent) are not covered by any form of social protection,¹⁴⁴ leaving them exposed to economic hardship, social exclusion and severe child food poverty. The most vulnerable children, such as children in remote areas, children on the move due to conflict, violence or natural disasters, and children affected by disability, are frequently the hardest to reach with social protection programmes.^{144–146}

Where social protection programmes are available, they are often fragmented in scope, inadequate in coverage and benefit size, inflexible to changing needs that arise during economic or humanitarian crises and disconnected from nutrition services, reducing the potential to lower both child monetary poverty and child food poverty.¹⁴⁴ These design gaps represent missed opportunities and inefficiencies to impact child food poverty: cash transfers are more likely to improve the diversity of young children's diets if the transfers are adequate in size, if the coverage and/or size of transfers are increased to meet rising needs in times of crises, and if the transfers are coupled with nutrition services. Key nutrition services include counselling and support to improve child feeding practices, and other forms of assistance to increase the production of nutritious food and enhance livelihoods, such as in-kind transfers of agriculture assets and livestock.^{138, 147–151}

Progress is possible when action is taken to transform food, health and social protection systems for children

The global scale of severe child food poverty and its potential to undermine the survival, growth and development of children are a strong moral call to action. Most countries have ratified the Convention on the Rights of the Child and other human rights instruments and therefore have a legally binding obligation to respect, promote and fulfil children's right to adequate food and nutrition.³⁻⁵ And all 191 United Nations Member States have committed to achieving the SDG targets by the year 2030, including the targets on child stunting and wasting. What also compels us to act is that child food poverty is a problem with clear solutions.

Positive change towards ending child food poverty is happening today, across countries and continents

While progress to reduce severe child food poverty is slow at global level, the achievements of some countries show that swift progress is possible when systematic action is taken to improve access to and consumption of diverse and nutritious foods in early childhood.

For example, the percentage of children living in severe child food poverty fell by one quarter in West and Central Africa (42 per cent to 32 per cent), and 21 countries – about one in three of the 64 countries with trend data – achieved a significant reduction during this period. Nine of these countries lowered the prevalence of severe child food poverty by more than 10 percentage points: Burkina Faso, Chad, Côte d'Ivoire, the Gambia, Guinea, Mali, Nepal, the Niger and Nigeria.

A combination of actions across the food, health and social protection systems makes progress possible

We examined the systematic actions that resulted in positive progress over the last decade in four countries: **Burkina Faso** and **Nepal**, where the prevalence of severe child food poverty has fallen by half, **Rwanda**, where the prevalence has fallen by one third, and **Peru**, where the prevalence has been maintained below 5 per cent since 2014.

We find that these results were achieved through a combination of actions across the food, health and social protection systems to improve the supply of nutritious foods and strengthen food environments, expand the coverage and quality of nutrition services for young children, including child feeding counselling at community level, and protect poor households from income poverty (see *Spotlights 7–10*). These countries also share strong political commitment to child nutrition and nutrition governance – including through multisector plans, multisector coordination, results-based budgeting, and robust progress monitoring.

For vulnerable families living through severe climatic shocks and conflict, effective solutions to child food poverty must often address acute shortages in the availability of food. In **Kenya**, for example, a recent initiative in the Arid and Semi-Arid Lands has demonstrated the value of nutrition-responsive livestock programmes in protecting young children's diets among pastoralist communities (*Spotlight 11*). Providing families with feed for their livestock during critical dry periods improves animal milk production, which in turn improves children's milk consumption and reduces child food poverty and child undernutrition, especially when combined with child nutrition counselling.

As countries step up actions to achieve the SDG targets on child stunting and wasting, it is crucial that they invest in data and evidence to bring visibility to the scale of severe child food poverty and identify how to strengthen systems to deliver nutritious and diverse diets for children. This requires national surveys to regularly monitor child food poverty and investments in studies, research and evaluations to show what works to reduce it. We also urgently need simple approaches for real-time monitoring of threats to young children's diets in fragile and humanitarian settings so that action can be taken early, before child food poverty causes harm to the growth, development and future prospects of children.



SPOTLIGHT 7

NEPAL: The prevalence of severe child food poverty falls by half in a decade

Nepal halved the percentage of children living in severe child food poverty between 2011 (20 per cent) and 2022 (8 per cent) – a remarkable achievement for a country that was classified as low-income until 2020. This significant reduction in the prevalence of severe child food poverty is one of the likely factors responsible for the substantial fall in the prevalence of child stunting from 42 per cent to 25 per cent during the same period. Crucially, the most vulnerable children have benefited from this progress: severe child food poverty fell from 23 per cent to 9 per cent in children belonging to the poorest households (Figure 25).

Nepal was one of the first countries to join the Scaling Up Nutrition Movement in 2011. High-level political commitment combined with strong leadership from the Nepal National Planning Commission, under the Prime Minister's Office, resulted in the design, financing and implementation of a series of Multi-Sector Nutrition Plans, beginning in 2013. These plans assign accountabilities to address the multiple drivers of malnutrition – including actions across agriculture and livestock sectors, the health system and the social protection system to improve diets in early childhood.

Improving the supply of nutritious foods: The Nepal Agricultural Development Strategy (2015–2035) has prioritized efforts to increase the production and availability of locally produced nutrient-rich and culturally acceptable foods. Under the Multi-Sector Nutrition Plans, large-scale initiatives have been implemented to improve the access of disadvantaged and marginalized populations to these foods, including support for homestead food production (vegetables, fruits and poultry) in food insecure areas. Families are encouraged to consume the nutritious foods they produce and sell any surplus to generate income that can be used to

purchase other nutritious foods that are not produced at home.

Reaching parents and families with information and counselling at community level: A nationwide network of more than 50,000 Female Community Health Volunteers have been trained to counsel pregnant and breastfeeding women, reaching more than 1.2 million women in 2023. These volunteers live within the communities they serve and have first-hand knowledge of the traditional and cultural beliefs that influence child feeding practices, as well as the opportunities to add locally produced nutritious foods to children’s diets.

The volunteers interact with parents and families through a range of platforms, including individual counselling at health posts and through house-to-house visits, and group counselling through mother support groups. A traditional bamboo tray displaying foods from all recommended food groups – ‘Poshan Naglo’ – provides a visual tool that helps demonstrate the diversity of foods that young children need.¹⁵² This tool breaks the literacy

barrier for both volunteers and women and is easily tailored to the foods available by season and in specific locations, unlike printed communication materials. The volunteers also reach young children with micronutrient powders twice a year during each nationwide round of vitamin A supplementation.

Vital cash grants for families with children under 5: Nepal’s cash grant programme was introduced in 2009. From its inception, the programme sought to improve nutrition and narrow inequities, beginning in the food insecure Karnali zone and focussing on marginalized Dalit children (the lowest class in Hindu social hierarchy). Research has demonstrated that this cash grant, combined with social and behaviour change interventions to strengthen child feeding practices, increased the percentage of vulnerable households purchasing nutritious food, such as meat and pulses.^{153, 154}

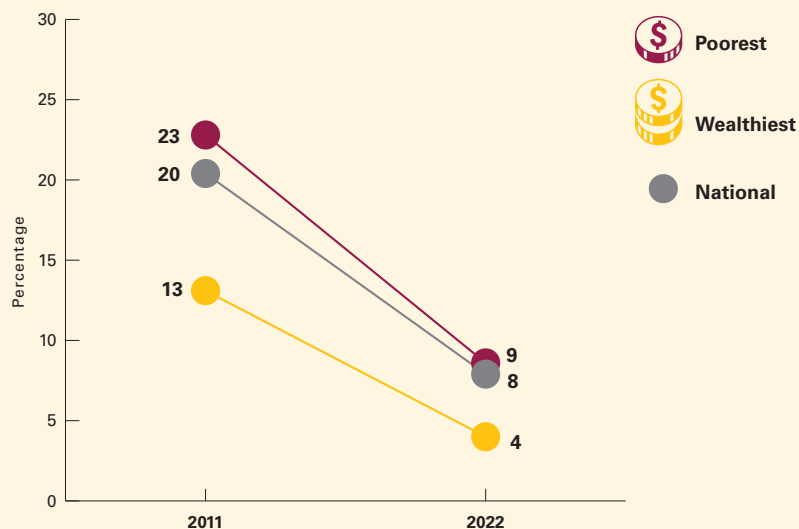
The programme is now implemented throughout the country, targeting all families with children under 5 in 25 districts, and disadvantaged

and marginalized families in 52 districts. In 2023, the programme reached the families of 1.3 million children (approximately 45 per cent of children under 5) with a cash grant of US\$4 per child per month.¹⁵³

Emerging threats to young children’s diets: Commercial influences increasingly determine how young children are fed in Nepal and threaten to unwind progress on young children’s diets. A study found that 84 per cent of mothers in Kathmandu valley had observed promotions of commercially produced snack food products since the birth of their child, and that 74 per cent of children had consumed a commercially produced snack food in the previous day.¹⁵⁵ This is concerning because a high consumption of unhealthy snacks and beverages is associated with inadequate micronutrient intakes in these children, which can contribute to poor growth.⁷⁰ Policy and legal measures to restrict the inappropriate promotion of complementary foods and restrict the marketing of unhealthy foods and beverages to children are therefore an urgent priority.

FIGURE 25: Percentage of children in Nepal living in severe child food poverty in 2011 and 2022, by wealth quintile

Source: UNICEF global databases, 2023.





SPOTLIGHT 8

PERU: Committed and sustained political leadership brings down child food poverty

Peru is a remarkable success story in reducing child food poverty. Between 2007 and 2021, child food poverty fell from 26 per cent to 16 per cent, while severe child food poverty fell from 7 per cent to 2.7 per cent.¹⁵⁶ This progress is seen across all diverse regions of Peru and is most pronounced among children in the poorest households (Figure 26).

The drivers of this success overlap with those that resulted in the rapid reduction in child stunting in Peru during the same period (28 per cent to 19 per cent).^{157–160} This is no coincidence: it is most likely that Peru's considerable progress on child stunting was possible because policy and programme actions to reduce child stunting

were successful in improving young children's diets.¹⁶⁰

Effective nutrition governance: Since 2006, an active civil society has sustained political commitment to reduce stunting across multiple political parties and successive political administrations. In 2007, the Government introduced a multisectoral national nutrition strategy, 'Crecer' (To Grow), which set clear targets, focused resources on evidence-based interventions (including counselling on child feeding practices), prioritized spending on the poorest communities, and strengthened coordination across sectors and stakeholder groups.

A year later, the Ministry of Finance introduced results-based financing through the Articulated Nutrition Budget Program ('PAN'). This new approach allocated and ring-fenced funds for priority nutrition results, focusing on regions with the highest prevalence of child undernutrition.

The importance of regular monitoring was recognized early on, and annual Demographic and Health Surveys have allowed progress on improving young children's diets and reducing child food poverty to be tracked. Peru is the only country in the world that has more than a decade of annual data on child food poverty to assess progress and inform policy and programme action.

Nutrition-responsive social protection: In 2005, a conditional cash transfer programme ('JUNTOS') was introduced to reduce income poverty as well as malnutrition and mortality among young children. Poor mothers receive a monthly cash transfer of PEN 100 (US\$30) in exchange for taking their young children to clinics for regular growth monitoring and counselling, fortified complementary foods, vitamin supplements and deworming.

Also in 2005, a National Health Insurance Programme was expanded, reducing out-of-pocket expenses and ensuring access to preventive health and nutrition services for the most vulnerable households. During the COVID-19 pandemic, financial and food assistance programmes were able to help buffer the impacts of household income losses on the diets of young children and their mothers.¹⁶¹

Healthier food environments: While stunting in children under 5 has fallen substantially in the last 15 years, overweight is rising. The Government has responded by strengthening food environments for children through the Law for the Promotion of Healthy Eating for Children and Adolescents. Since 2019, all processed foods and beverages must carry a front-of-pack warning label if they are high in sugar, salt or saturated fat, or contain any trans-fat. In addition, a 25 per cent tax on high-sugar beverages was introduced in 2021.

Support for child feeding and care practices: Under the results-based approach of PAN, there has been a sharp rise in the coverage of essential nutrition and health services, including counselling on child feeding and care practices. In addition, the National Health Insurance Programme and the JUNTOS have raised demand for essential health

and nutrition services among vulnerable families, creating the opportunity for health workers to counsel vulnerable parents on child feeding and care practices.¹⁶⁰ Parents are also given cookery lessons to learn how to prepare meals for young children with the right mix of food groups.

Despite this progress, there was a rise in both child food poverty and severe child food poverty between 2021 and 2022. Peru's reliance on food imports, combined with the post-pandemic downturn and the war in Ukraine, has led to a doubling in the price of staple foods and has pushed more families into food insecurity.¹⁶² These recent findings make clear the need for shock-responsive social protection programmes that are able to anticipate and respond swiftly to shocks.

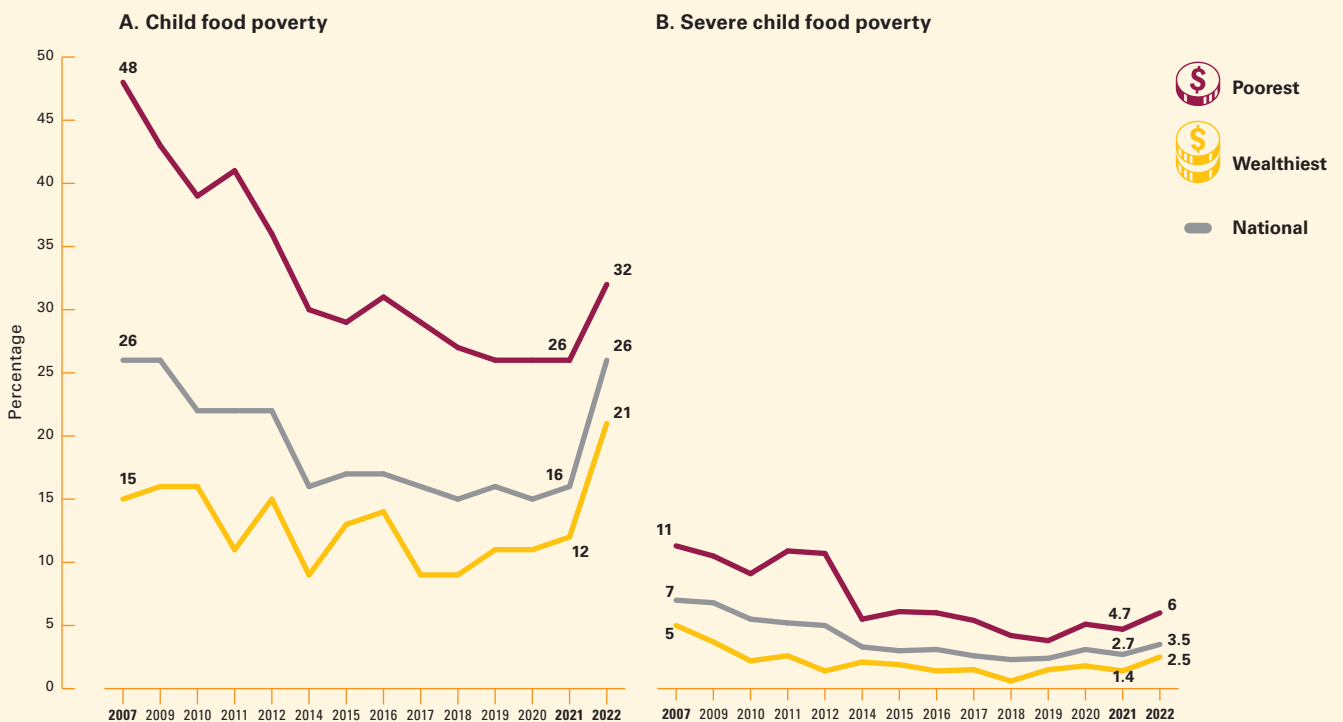


FIGURE 26: Percentage of children living in (a) child food poverty and (b) severe child food poverty in Peru, by wealth quintile, 2007–2022

Source: UNICEF global databases, 2023.



SPOTLIGHT 9

RWANDA: Drivers of success in reducing severe child food poverty

Rwanda has consistently outperformed other countries in Eastern and Southern Africa on many aspects of development, including improvements in agricultural production and reductions in household poverty, under-five mortality, severe child wasting, and severe child food poverty. Between 2010 and 2020, the percentage of children living in severe child food poverty fell by more than one third (20 per cent to 12 per cent), a relatively larger reduction than any other country in the region.

This achievement is all the more remarkable because Rwanda is a low-income country. Strong nutrition governance and support to leverage the food, health and

social protection systems have made this possible, and the prevalence of severe child food poverty in Rwanda is now below that in many middle-income countries worldwide.

Government leadership and ownership: Rwanda joined the Scaling Up Nutrition Movement in 2011 and developed a national multisectoral Food and Nutrition Policy and Strategic Plan (2013–2018). The elimination of malnutrition is integrated into the National Strategy for Transformation (2017–2024), as well as strategies and strategic plans on agriculture, health, social protection, water and sanitation and early childhood development. District plans to eliminate

malnutrition encourage local leadership and ownership, while multisectoral nutrition committees at district level bring together mayors and officials responsible for health, nutrition, agriculture, livestock, social protection, and water and sanitation to coordinate implementation.

Enhancing diversity in food production: Agriculture has been a cornerstone in Rwanda's development. Contributing to a quarter of the national gross domestic product and engaging two thirds of the labour force, the agricultural sector remains a crucial catalyst for the country's comprehensive development, socioeconomic progression, and stability. To ensure agriculture

contributes to enhanced dietary diversity at national and household levels, the Government has invested in crop diversification (e.g., fruits, vegetables and legumes), home gardens, small livestock rearing, fish farming and market access for smallholder farmers.¹⁶³

Scaling up community-based nutrition services: The coverage and utilization of primary health care has increased over the last two decades, enabled by universal health care insurance, which reaches 93 per cent of the population, and a network of community health workers (three in every village of 50 to 100 households). These community health workers are trained to counsel parents and families on child feeding practices and are paid performance-based incentives to reward both the quantity and quality of services they provide. They conduct home visits to households with young children and organize group sessions with parents and families to promote optimal child feeding practices. In addition, Rwanda was the first country in Africa to fully scale-up a national programme on micronutrient powders to enrich young children's foods with essential nutrients.

Protecting poor families from income poverty: The Vision Umurenge Programme (VUP), Rwanda's flagship social protection programme, was established in 2008 to reduce poverty among the most vulnerable households and promote socioeconomic development. The VUP contributes to national efforts to improve young children's diets through regular cash payments (up to 21,000 Rwandan francs or US\$16 per month for a family of five) and public works programmes to increase the financial access



of vulnerable households to nutritious foods. In 2019, additional actions were introduced to strengthen impacts on nutrition, including cash top-ups for nutritionally vulnerable pregnant women and children under 2 years of age (10,000 Rwandan francs or US\$6 per month); case management to help participants access multiple services; and livelihoods support to enable participants to transition out of poverty.

Since 2020, the Government has continued to pursue opportunities to improve the quality of young children's diets. For example, UNICEF and the Government are working together to further enhance the nutritional impact of the VUP programme. Poor

households with children under 5 years who are enrolled in the public works programme have access to additional services, including child feeding counselling and cooking demonstrations from community health workers, support for home gardening and access to village savings and loans facilities. In addition, a national campaign, 'One Egg Per Child, Everyday', promotes the feeding of eggs to young children from 6 months of age. Monitoring data from both these programmes show encouraging results for improving the diversity of young children's diets.

SPOTLIGHT 10

BURKINA FASO: A decade of success in addressing child food poverty

Burkina Faso, a low-income and landlocked country in the Sahel region, faces multiple challenges: recurrent political and social instability, erratic rainfall, longstanding poverty, and food insecurity. Yet, between 2010 and 2021, the country has halved the percentage of children living in severe child food poverty from 67 per cent to 32 per cent and reduced child stunting from 35 per cent to 23 per cent.

This progress is the result of several facilitating factors: strong government leadership and coherent nutrition governance, bolstered food security measures to enhance access to nutritious foods, social and behaviour change interventions to improve child feeding practices, and social safety net programmes to support the most vulnerable families, especially in times of crisis.

Nutrition governance: There is considerable political momentum to address child malnutrition in Burkina Faso.¹⁶⁴ The Government adopted a multisectoral approach in 2011 when the country joined the global Scaling Up Nutrition Movement. In addition, key plans and strategies guide the country's response to malnutrition, such as the Response and Support Plan for Populations Vulnerable to Food Insecurity and Malnutrition (activated in 2012), the National Multisectoral Nutrition Policy (2020–2029) and the Multisectoral Nutrition Strategic Plan (2020–2024). The country has a range of nutrition-responsive policies, including the National Food and Nutrition Security Policy and the National Policy on Social Protection, and has made health care freely available to pregnant and breastfeeding women and children under 5 since 2016.

Promoting and supporting the production of nutritious foods:

Investments in agriculture have resulted in a 41 per cent rise in crop production between 2011 and 2020, boosting food security and poverty alleviation efforts. The Ministry of Agriculture and Hydro-Agricultural Facilities and its partners have also taken deliberate steps to make agricultural policies and programmes more responsive to the nutrition needs of the population, especially children and women. This includes efforts to sustainably increase the supply of local nutritious foods, such as poultry, pulses and vegetables, combined with strategies to promote the consumption of these foods by young children and women.



Empowering communities and parents and families on child feeding:

Aligned with the Plan for Infant and Young Child Feeding (2012–2025), the Ministry of Health has expanded efforts to strengthen child feeding practices. A workforce

of 17,000 trained community health workers, combined with a network of almost 40,000 mother support groups, has greatly enhanced the capacity to reach parents and families with information and counselling on child feeding. Parents and families receive support through individual counselling, mother support groups and culinary demonstrations at health facilities and in communities. These initiatives are complemented by communication campaigns, including the 'Stronger with Breastmilk Only' initiative since 2020, which aims to strengthen breastfeeding practices from birth.

Social safety nets to protect the poor, including in times of crisis:

Expenditure on social safety nets in Burkina Faso increased from only 0.3 per cent GDP in 2005 to 2.3 per cent in 2015, demonstrating the Government's commitment to protecting the poor. The 'Burkina-Naong-Sa Ya' ('End of Poverty in Burkina Faso'), which began in 2014, is the largest social safety net project in the country. It provides regular cash transfers to poor households with children and/or pregnant women (CFA francs 35,000, equivalent to US\$58 every three months); it also has the capacity to provide additional cash transfers and expand to additional households in response to shocks.¹⁶⁵ In addition, there are a range of other social protection programmes, including 'CASH Plus' programmes that combine cash transfers with productive assets/inputs and training to boost agricultural livelihoods, as well as food transfers, including fortified complementary foods for young children.

SPOTLIGHT 11

KENYA: Reducing dietary deprivation among children in pastoralist communities

Kenya has achieved substantial success in reducing the prevalence of stunting nationally from 35 per cent in 2008–2009 to 18 per cent in 2022. Nationally, 16 per cent of children are living in severe child food poverty, but more than 40 per cent of children are affected in some counties, particularly in the Arid and Semi-Arid Lands, where families are exposed to harsh climatic conditions. These families are predominantly pastoral and depend heavily on livestock for their livelihoods and food (milk, blood and meat).

Increasing pressure on pastoral land from a growing population, combined with the rising frequency and duration of droughts, has reduced the availability of pasture for livestock. Declining pasture affects milk production and is a major threat to child nutritional status for households: the prevalence of child wasting often spikes during droughts, greatly exceeding emergency thresholds (15 per cent).

In 2021–2022, the Government, together with the Food and Agriculture Organization of the United Nations (FAO), UNICEF,

Washington State University and other partners, set out to examine whether providing families with feed for their livestock – either alone or in combination with weekly child nutrition counselling – could reduce seasonal spikes in child wasting during drought seasons. To do this, they compared children in families receiving the intervention to those receiving neither support (the comparison group).¹⁶⁶

The findings are very encouraging. Compared to the comparison group, average daily animal milk consumption in children under 5 increased by 200 ml among households receiving livestock feed, and by 240 ml among households that received both livestock feed and nutrition counselling.

Children in households that received support were less likely to experience child food poverty and severe child food poverty. Compared to children in the comparison group, the odds of child food poverty were 44 per cent lower in children belonging to households that received livestock feed and 61 per cent lower in

those belonging to households that received both livestock feed and nutrition counselling; the odds of severe child food poverty were 24 per cent lower in children belonging to households that received livestock feed and 52 per cent lower in those belonging to households that received both livestock feed and nutrition counselling (Figure 27).

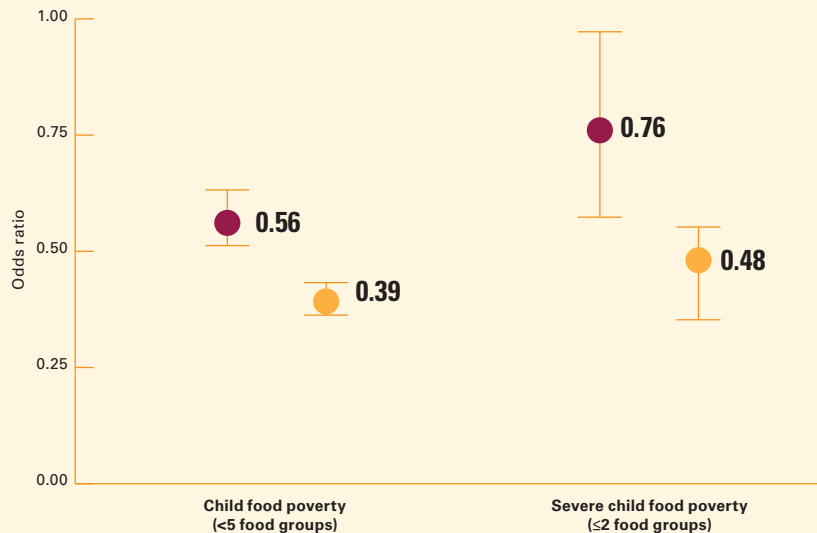
Provision of livestock feed was also significantly associated with a 11 per cent decrease in the odds of acute malnutrition (low mid-upper arm circumference for age) in children belonging to households that received livestock feed, and a 26 per cent decrease in the odds of acute malnutrition in children belonging to households that received both livestock feed and weekly nutrition counselling.

These findings highlight the vital importance of this nutrition-responsive livestock programme in improving access to nutritious and diverse food among pastoralist communities during periods of drought and in preventing spikes in acute malnutrition.

FIGURE 27: Odds ratios for child food poverty and severe child food poverty in children belonging to households receiving livestock feed alone or with nutrition counselling, compared with a comparison group

Figure shows odds ratios and 95 per cent confidence intervals of predictors. The reference group for the analysis is children in the comparison group whose households received neither form of support.

- Livestock feed
- Livestock feed and nutrition counselling



4 | OUR RECOMMENDATIONS
**ENDING SEVERE
CHILD FOOD
POVERTY**





Severe child food poverty is a threat to the survival, growth, and development of an estimated 181 million children under 5 globally, denying them the opportunity to escape social and economic deprivation. The world has the knowledge and resources to fix the failing systems that underpin severe child food poverty, which we must use to bring this injustice to an end.

We can and must do better to bring dietary deprivation in early childhood to the forefront of global efforts to achieve the SDG targets to end child undernutrition. Child food poverty provides a new metric to rally support across systems and stakeholders to meet every child's right to food and nutrition.

A systems approach to ending severe child food poverty

Freedom from severe child food poverty is possible. But to make it a reality for all children – including the most vulnerable – we must unlock the barriers that prevent the food, health and social protection systems from delivering the nutritious and diverse diets and essential nutrition and care services that young children need to grow and develop to their full potential.

While contexts vary, the core agenda to end severe child food poverty includes coordinated and synergistic actions in development and humanitarian contexts to:

- 1. Position child food poverty elimination** as a policy imperative and child food poverty reduction as a metric of success towards achieving global and national nutrition and development goals, with time-bound targets and results in relevant sectoral and multisectoral plans.
- 2. Transform food systems** by ensuring food environments make nutritious, diverse and healthy foods the most accessible, affordable and desirable option for feeding young children, and the food and beverage industry complies with policies and regulations to protect children from unhealthy foods and beverages.
- 3. Leverage health systems** to deliver essential nutrition services to prevent and treat child malnutrition – including community-based counselling, support and services to improve feeding and care practices in early childhood – prioritizing the most vulnerable children.
- 4. Activate social protection systems** to address income poverty in ways that are responsive to the food and nutrition needs of vulnerable young children and their families, including social transfers (cash, vouchers and food) to protect children at highest risk of child food poverty.
- 5. Strengthen data systems** to assess the prevalence and severity of child food poverty and identify its drivers; detect increases in child food poverty early, including in fragile and humanitarian contexts; and track national and global progress in reducing severe child food poverty.



A coherent approach across these food, health and social protection systems (Figure 26) is vital so that weaknesses in one system do not nullify investments in other systems. For example, efforts to increase the access of income-poor parents to quality counselling on child feeding practices through the health system

are only likely to be effective in reducing severe child food poverty if food environments and social protection programmes ensure that those same parents have access to affordable nutritious and diverse foods and are protected from the inappropriate marketing of cheap, unhealthy, ultra-processed foods for young children.

<p>FOOD SYSTEMS</p> 	<p>Transform food systems for children so that food environments make nutritious, diverse and healthy foods the most accessible, affordable and desirable option for feeding young children:</p> <p>Increase the availability, affordability and desirability of nutritious and diverse foods for young children – including eggs, meat, poultry, fish, dairy, pulses, vegetables, fruits and fortified foods – by incentivizing their production, distribution, retail and marketing.</p> <p>Implement appropriate food standards for children in early childhood, including locally and commercially produced complementary foods and foods given to young children by health and social protection programmes and in childcare and preschool settings.</p> <p>Implement the Code*, including the Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children and the WHO recommendations on the marketing of foods and non-alcoholic beverages to children.^{47-50, 167}</p>		
<p>HEALTH SYSTEMS</p> 	<p>Leverage health systems to deliver essential nutrition services to prevent and treat child malnutrition, including counselling and support to improve feeding and care practices in early childhood:</p> <p>Design counselling and other social and behaviour change programmes to increase the desirability of locally available nutritious foods and discourage the consumption of unhealthy foods and beverages in early childhood, and coordinate implementation across multiple systems and platforms.</p> <p>Scale up access to timely and quality counselling on age-appropriate and responsive child feeding and care by investing in the recruitment, remuneration and capacity development of community health and nutrition workers, especially in hard-to-reach and underserved areas.</p> <p>Ensure that children living in child food poverty have access, where needed, to appropriate food supplements, home fortificants and fortified foods, and that children with life-threatening severe wasting benefit from early detection services and timely provision of therapeutic foods and care.</p>		
<p>SOCIAL PROTECTION SYSTEMS</p> 	<p>Activate social protection systems through programmes that address income poverty in ways that are responsive to the food and nutrition needs of vulnerable young children and their families:</p> <p>Expand the coverage, comprehensiveness and adequacy of social transfers (cash, food and vouchers) to reach young children living in or at risk of child food poverty – particularly severe child food poverty – including in fragile settings and in response to humanitarian crises.</p> <p>Enhance the synergies, convergence and referrals between social transfer programmes, essential nutrition services, and social and behaviour change programmes that aim to improve child feeding and care practices.</p> <p>Expand access to other forms of social protection to achieve a sustainable reduction in income poverty, including health insurance, maternity benefits, parental leave, affordable and quality childcare, and labour market programmes.</p>		

FIGURE 26: Actions to reduce child food poverty across the food, health and social protection systems in development and humanitarian contexts

*The International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions

Galvanizing commitment, action and accountability

The scale of severe child food poverty throughout the world, the slow progress over the past decade, the escalating threats of growing inequities, conflict and the climatic crisis, and their impacts on child growth and development, demand a step change in commitment, actions and accountability.

Governments have a prime duty to protect children's right to food and nutrition, but the scale of severe child food poverty needs collective action at global and national levels. Governments, together with development and humanitarian organizations, civil society and media, financial partners, academic and research organizations and the food and beverage industry, must urgently commit to a bold and broad response. Crucially, these stakeholders must hold themselves and each other accountable for delivering on commitments to transform, leverage and activate the food, health and social protection systems.

Governments

Governments must take the lead in developing, resourcing, coordinating and monitoring a response to severe child food poverty that encompasses the food, health and social protection systems. With the support of partners, governments must:

- Ensure policy and regulatory frameworks across the food, health and social protection systems support coherent actions to address the drivers of severe child food poverty and are free of conflicts of interest, including with the food and beverage industry.
- Include time-bound targets and results to reduce severe child food poverty in relevant sectoral and multisectoral plans; allocate proportionate domestic and external resources; assign accountabilities to achieve targets and results; and review progress every year.
- Invest in data and monitoring systems to track progress on severe child food poverty and conduct rapid assessments for the early detection and monitoring of severe child food poverty in fragile contexts and during humanitarian crises.



Development and humanitarian organizations

Development and humanitarian organizations assist countries in finding solutions to issues that arise from poverty, inequity, social injustice and humanitarian crises – including severe child food poverty and malnutrition. Working with national governments and other partners, these organizations must:

- Elevate severe child food poverty reduction as a requirement for achieving national and global nutrition targets and as a metric of success in protecting children's food and nutrition rights.
- Strengthen the capacity of national and local governments and other partners to develop, implement, monitor and evaluate policy, regulatory and programme actions to reduce severe child food poverty.
- Support a global mechanism to track global and country progress to reduce severe child food poverty; and develop rapid approaches for the early detection and monitoring of severe child food poverty in fragile settings and humanitarian crises.

Civil society and media

Civil society organizations are vital actors in rights-based advocacy and accountability for action to end child food poverty, while the media has powerful and extensive platforms to raise public awareness and influence public opinion. Civil society and media must:

- Advocate with governments and influential leaders for political support and resources to eliminate severe child food poverty and build public awareness and opinion on the imperative to act.
- Track investments and monitor the actions of governments, partners and donors to end severe child food poverty and bring attention to major shortfalls.
- Demand that food and beverage companies fully comply with policies, laws and standards to protect children from unhealthy foods and beverages, and draw attention to unacceptable policies, practices and products.

Financial partners

Financial partners – including donor governments, multilateral development banks and philanthropies – provide financing to countries and can use their influence to build commitment to severe child food poverty reduction at global, regional and country levels. Financial partners committed to ending child malnutrition must:

- Declare severe child food poverty as an explicit priority within financial partners' agendas, policies and strategies for reducing child malnutrition in both development and humanitarian contexts.
- Commit and deliver financial investments to reduce severe child food poverty, targeting countries and populations most in need.
- Secure global commitments for ending severe child food poverty; leverage resources from other financial partners; and coordinate and align financial support to countries.

Food and beverage industry

The food and beverage industry has a responsibility to make it easier for parents and families to access and choose nutritious, affordable, safe and sustainably produced food for their young children, and must be held accountable for doing so. This industry must:

- Ensure that company policies, practices and products fully comply with policies, laws and standards to protect children from unhealthy foods and beverages, including the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions (the Code).
- Never seek to delay, prevent or weaken national and international policies, laws or standards to protect children from unhealthy food environments, including the regulation of unhealthy foods and beverages and the implementation of the Code.
- Invest in the manufacture and promotion of nutritious, safe, affordable and sustainable foods that are low in sugar, salt and unhealthy fats for young children and their families.

Academic and research organizations

Academic and research organizations are allies in generating evidence that can be used to enhance the design of policies, programmes and products to reduce severe child food poverty, mobilize resources and assess impact. Working together with governments and other partners, these organizations must:

- Prioritize data and evidence gaps that are holding back effective policy and programme action to reduce severe child food poverty at global, regional, country and subnational levels.
- Identify context-specific barriers and enablers to nutritious and diverse diets in early childhood across the food, health and social protection systems in specific contexts.
- Conduct studies, research and evaluations to examine the factors, processes and innovations that enable system-specific and multi-system actions to reduce severe child food poverty.

ANNEX 1

REGIONAL PROFILES ON CHILD FOOD POVERTY

EAST ASIA AND THE PACIFIC

Child food poverty is measured using the UNICEF and WHO dietary diversity score.

If children are fed: **0–2** food groups/day they are living in **severe child food poverty** **3–4** food groups/day they are living in **moderate child food poverty** **5 or more** food groups/day they are **not living in child food poverty**

Total child food poverty Prevalence (%)	Total child food poverty Numbers affected (in millions)	Severe child food poverty Prevalence (%)	Severe child food poverty Numbers affected (in millions)
East Asia and the Pacific: 45	East Asia and the Pacific: 59	East Asia and the Pacific: 13	East Asia and the Pacific: 17
Global: 66	Global: 440	Global: 27	Global: 181

FIGURE A1: Percentage of children living in severe child food poverty and moderate child food poverty, by country and in East Asia and the Pacific, 2016–2022

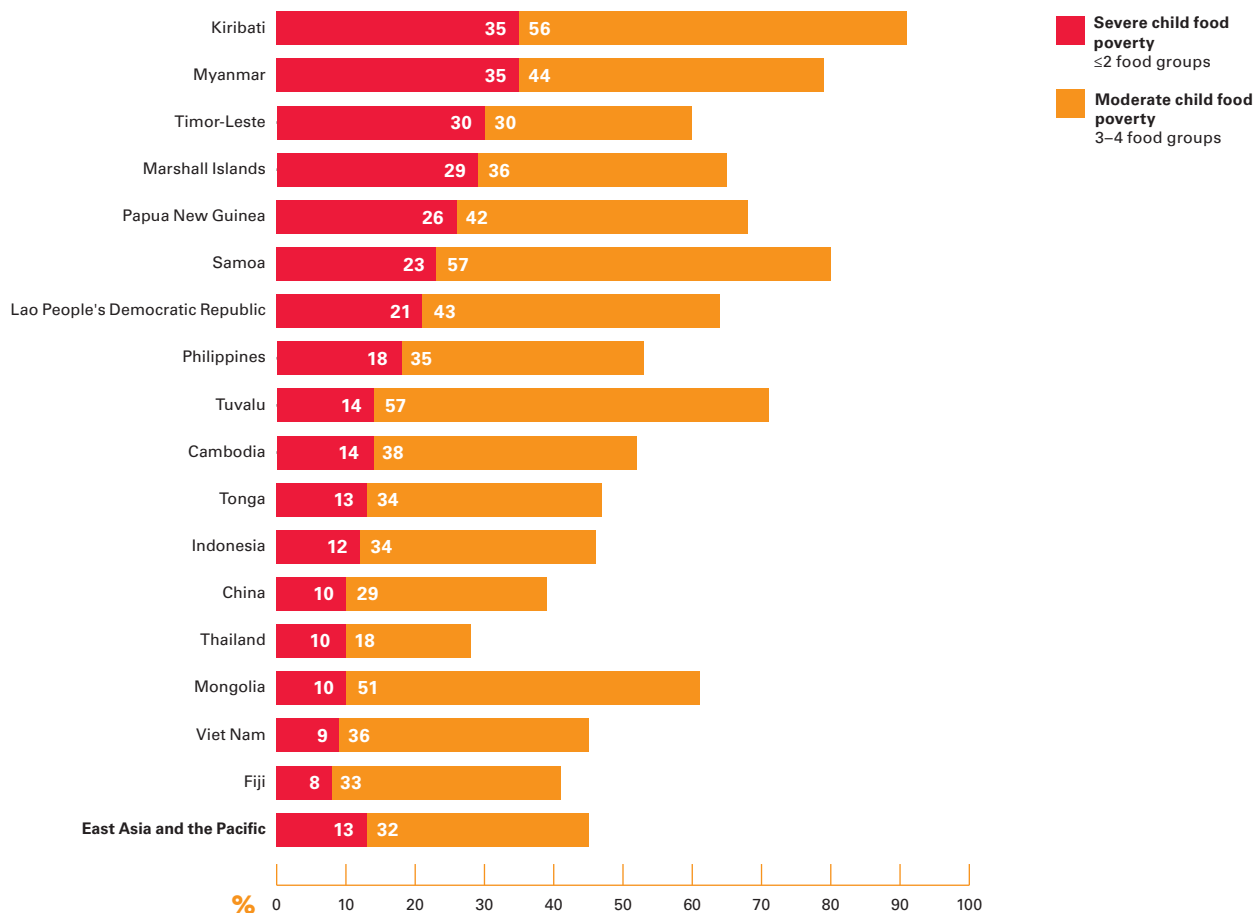
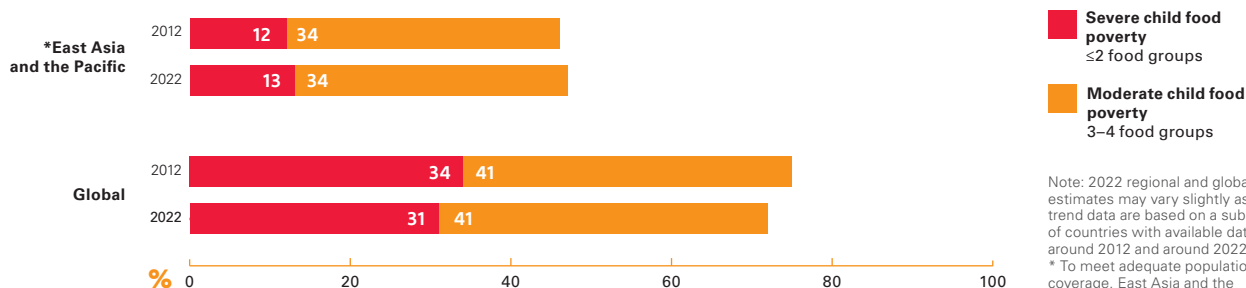


FIGURE A2: Percentage of children living in severe child food poverty and moderate child food poverty in East Asia and the Pacific and globally, 2012 and 2022



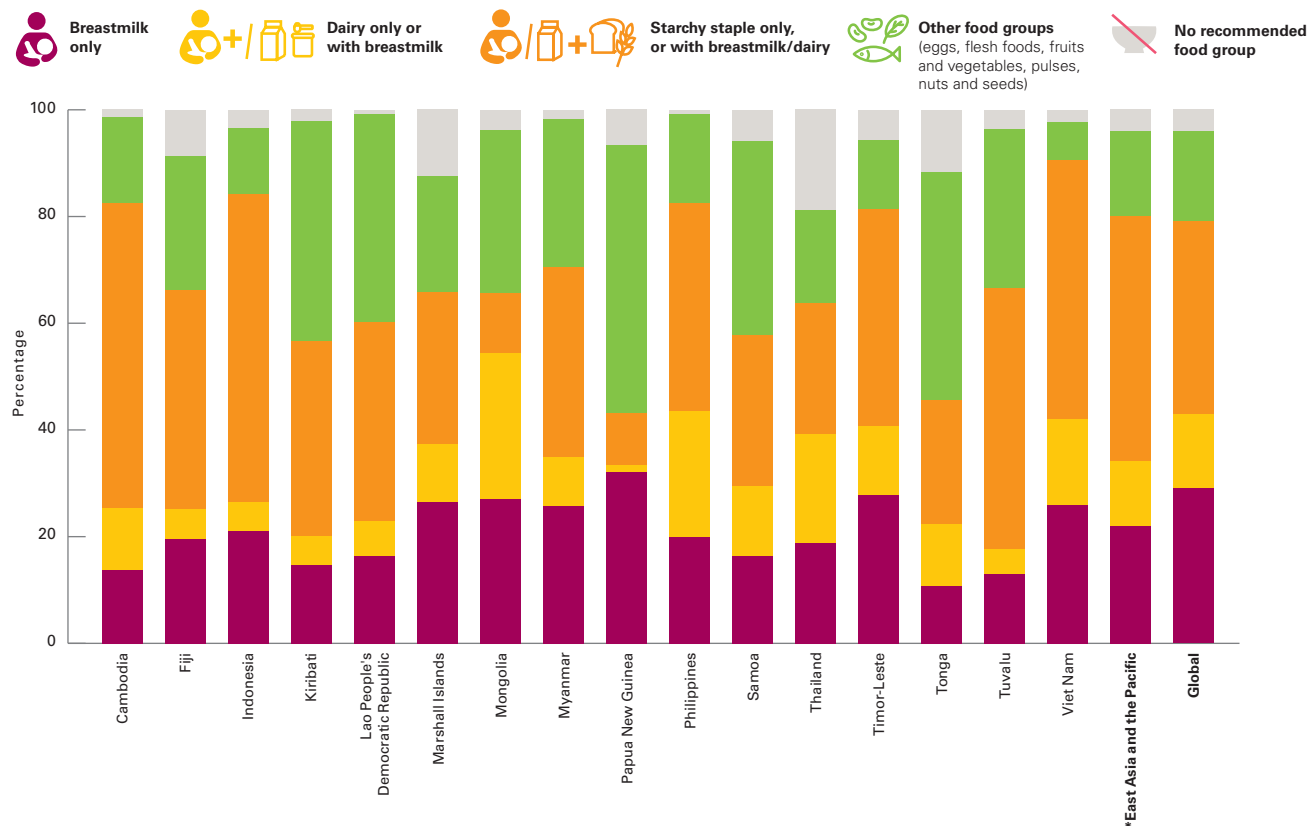
Note: 2022 regional and global estimates may vary slightly as trend data are based on a subset of countries with available data around 2012 and around 2022. * To meet adequate population coverage, East Asia and the Pacific excludes China.

Source: UNICEF global databases, 2023.

FIGURE A3: Percentage of children living in severe child food poverty by wealth quintile, place of residence and sex in East Asia and the Pacific and globally, 2022



FIGURE A4: Diet content of children living in severe child food poverty, by country, East Asia and the Pacific and globally, 2016–2022



Source: UNICEF global databases, 2023. * To meet adequate population coverage, East Asia and the Pacific excludes China.

EASTERN EUROPE AND CENTRAL ASIA

Child food poverty is measured using the UNICEF and WHO dietary diversity score.

If children are fed: **0–2** food groups/day they are living in **severe child food poverty** **3–4** food groups/day they are living in **moderate child food poverty** **5 or more** food groups/day they are **not living in child food poverty**

Total child food poverty Prevalence (%)	Total child food poverty Numbers affected (in millions)	Severe child food poverty Prevalence (%)	Severe child food poverty Numbers affected (in millions)
Eastern Europe and Central Asia: * Global: 66	Eastern Europe and Central Asia: * Global: 440	Eastern Europe and Central Asia: * Global: 27	Eastern Europe and Central Asia: * Global: 181

*Regional estimates not displayed as available data cover less than 50% of the population of children in the region.

FIGURE A5: Percentage of children living in severe child food poverty and moderate child food poverty, by country and in Eastern Europe and Central Asia, 2016–2022

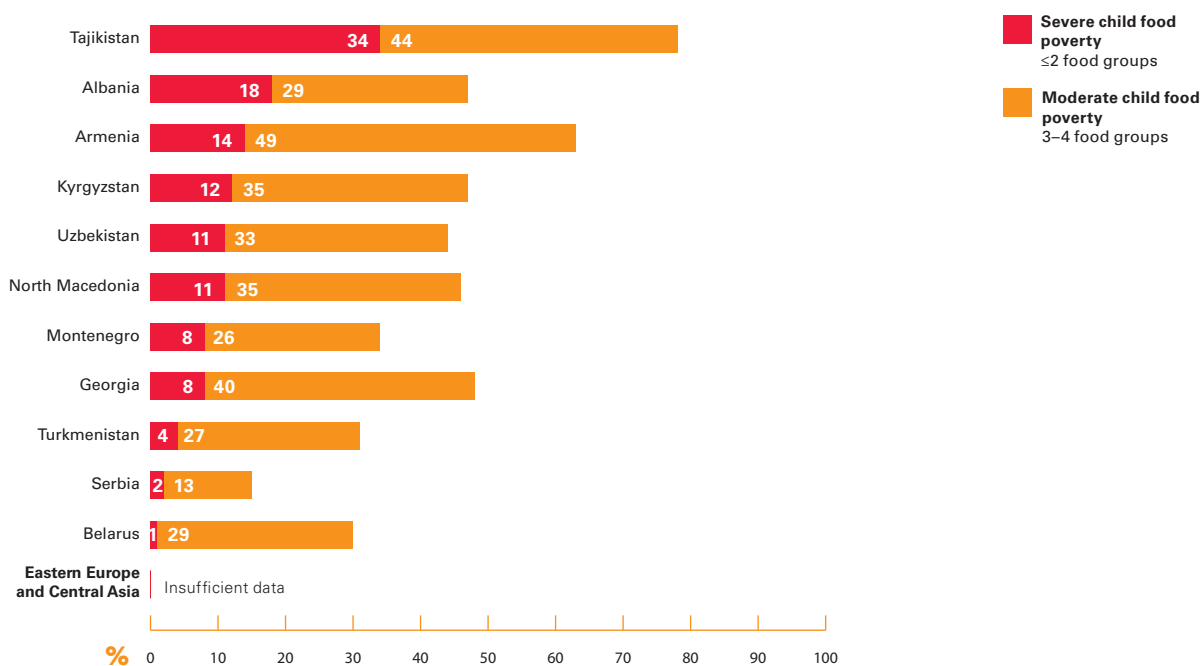
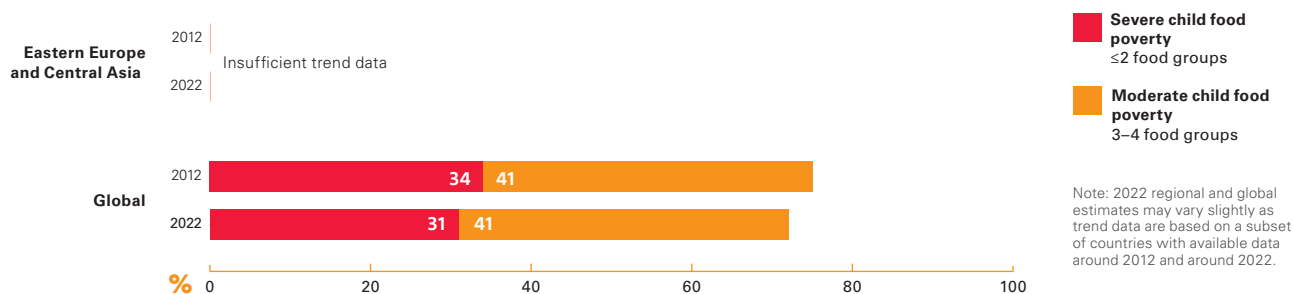


FIGURE A6: Percentage of children living in severe child food poverty and moderate child food poverty in Eastern Europe and Central Asia and globally, 2012 and 2022



Source: UNICEF global databases, 2023.

FIGURE A7: Percentage of children living in severe child food poverty by wealth quintile, place of residence and sex in Eastern Europe and Central Asia and globally, 2022

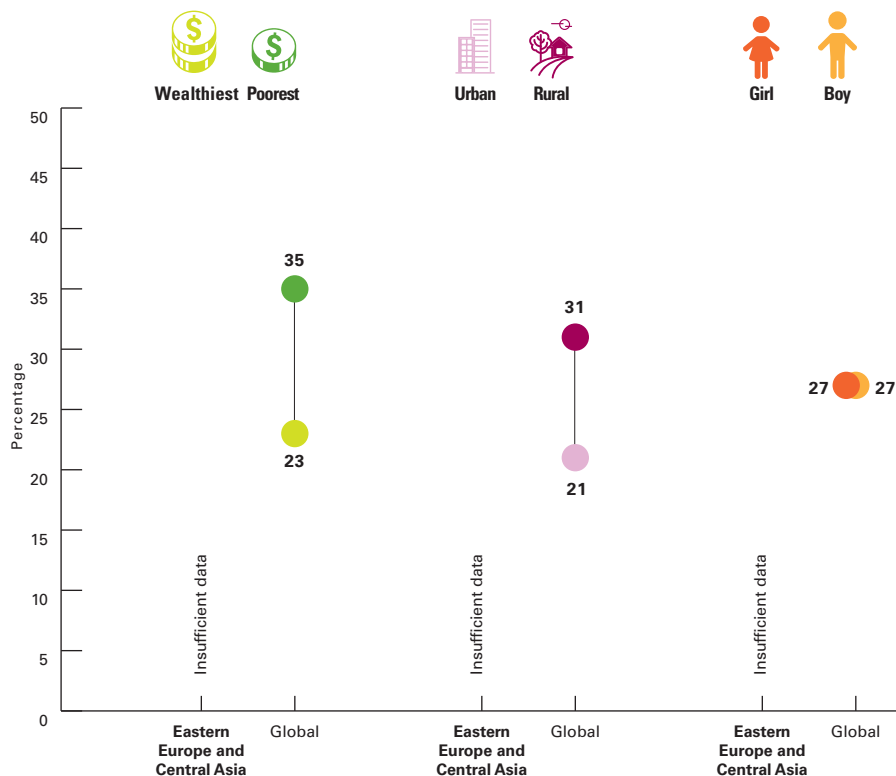
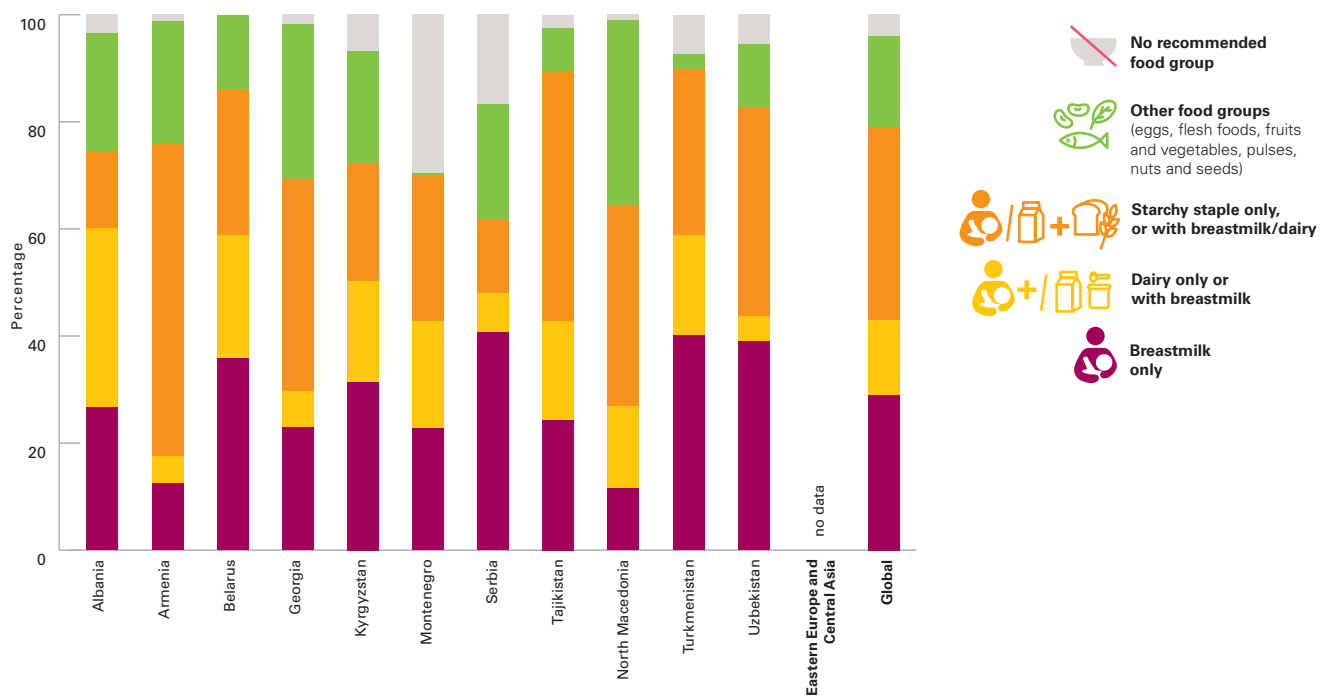


FIGURE A8: Diet content of children living in severe child food poverty, by country, Eastern Europe and Central Asia, and globally, 2016–2022



Source: UNICEF global databases, 2023.

EASTERN AND SOUTHERN AFRICA

Child food poverty is measured using the UNICEF and WHO dietary diversity score.

If children are fed: **0–2** food groups/day they are living in **severe child food poverty** **3–4** food groups/day they are living in **moderate child food poverty** **5 or more** food groups/day they are **not living in child food poverty**

Total child food poverty Prevalence (%)	Total child food poverty Numbers affected (in millions)	Severe child food poverty Prevalence (%)	Severe child food poverty Numbers affected (in millions)
Eastern and Southern Africa: 79 Global: 66	Eastern and Southern Africa: 72 Global: 440	Eastern and Southern Africa: 30 Global: 27	Eastern and Southern Africa: 28 Global: 181

FIGURE A9: Percentage of children living in severe child food poverty and moderate child food poverty, by country and in Eastern and Southern Africa, 2016–2022

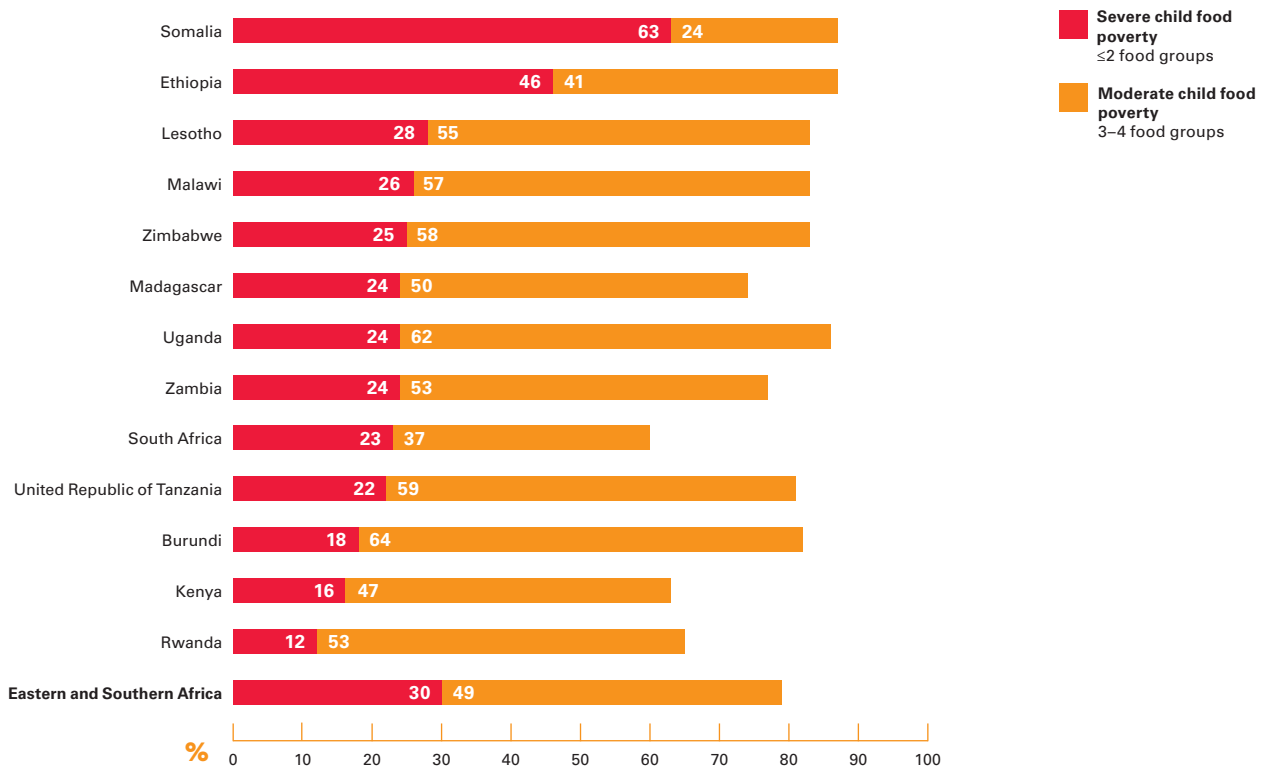
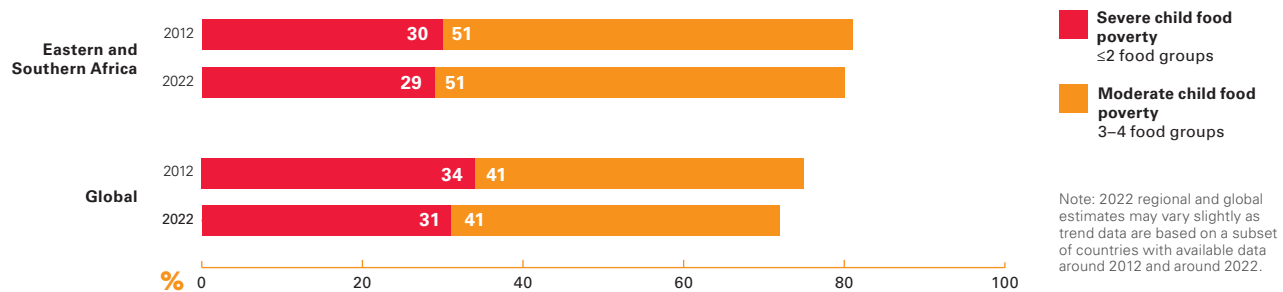


FIGURE A10: Percentage of children living in severe child food poverty and moderate child food poverty in Eastern and Southern Africa and globally, 2012 and 2022



Note: 2022 regional and global estimates may vary slightly as trend data are based on a subset of countries with available data around 2012 and around 2022.

Source: UNICEF global databases, 2023.

FIGURE A11: Percentage of children living in severe child food poverty by wealth quintile, place of residence and sex in Eastern and Southern Africa and globally, 2022

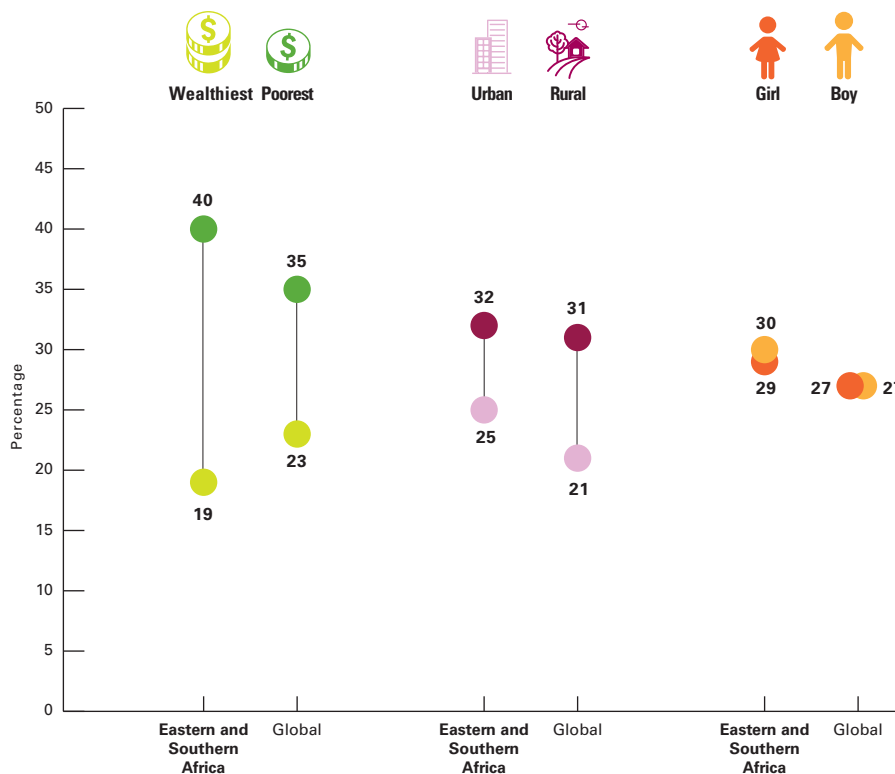
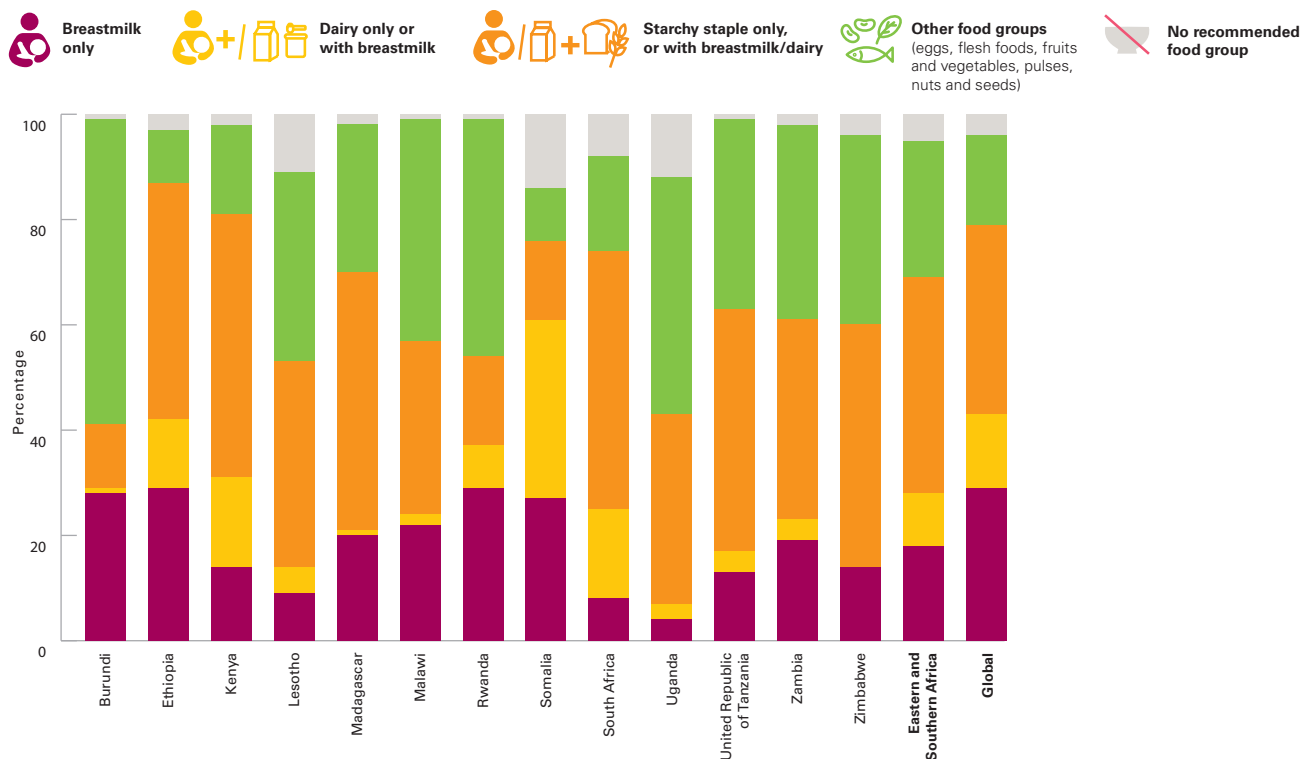


FIGURE A12: Diet content of children living in severe child food poverty, by country, Eastern and Southern Africa and globally, 2016–2022



Source: UNICEF global databases, 2023.

LATIN AMERICA AND THE CARIBBEAN

Child food poverty is measured using the UNICEF and WHO dietary diversity score.

If children are fed: **0–2** food groups/day they are living in **severe child food poverty** **3–4** food groups/day they are living in **moderate child food poverty** **5 or more** food groups/day they are **not living in child food poverty**

Total child food poverty Prevalence (%)

Latin America and the Caribbean: **38**
Global: **66**

Total child food poverty Numbers affected (in millions)

Latin America and the Caribbean: **18**
Global: **440**

Severe child food poverty Prevalence (%)

Latin America and the Caribbean: **9**
Global: **27**

Severe child food poverty Numbers affected (in millions)

Latin America and the Caribbean: **5**
Global: **181**

FIGURE A13: Percentage of children living in severe child food poverty and moderate child food poverty, by country and in Latin America and the Caribbean, 2016–2022

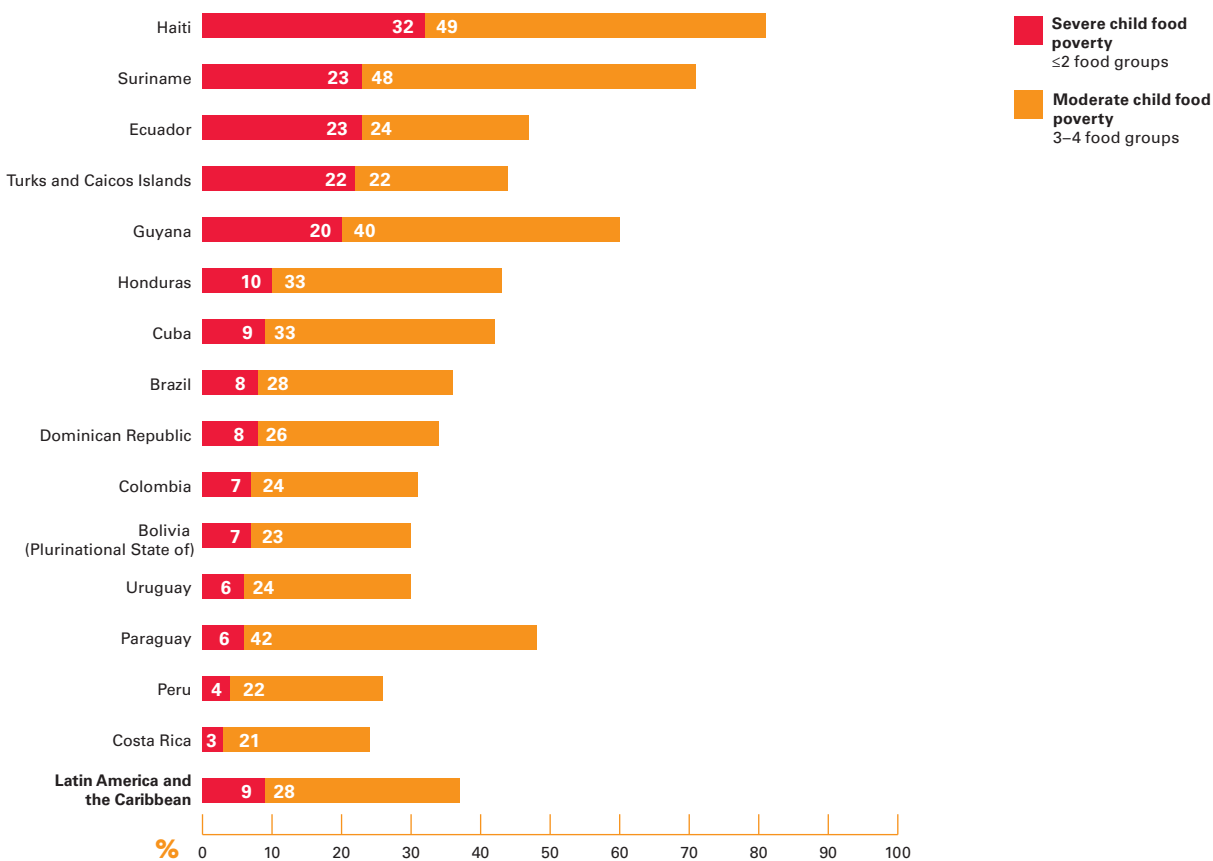
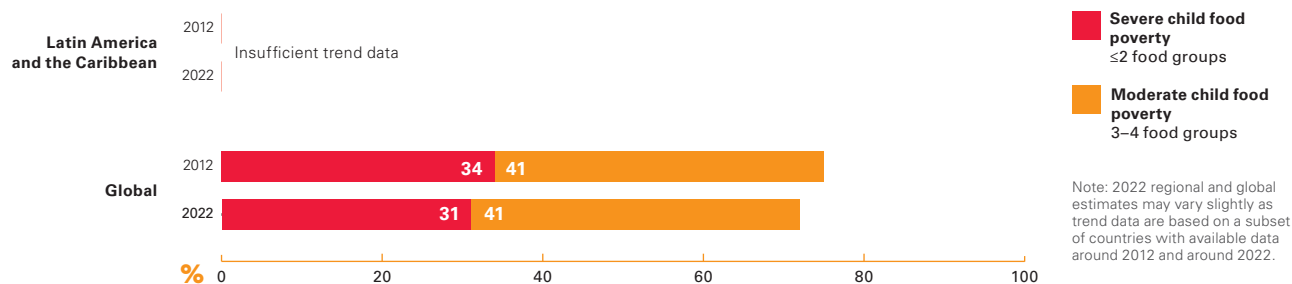


FIGURE A14: Percentage of children living in severe child food poverty and moderate child food poverty in Latin America and the Caribbean and globally, 2012 and 2022



Source: UNICEF global databases, 2023.

FIGURE A15: Percentage of children living in severe child food poverty by wealth quintile, place of residence and sex in Latin America and the Caribbean and globally, 2022

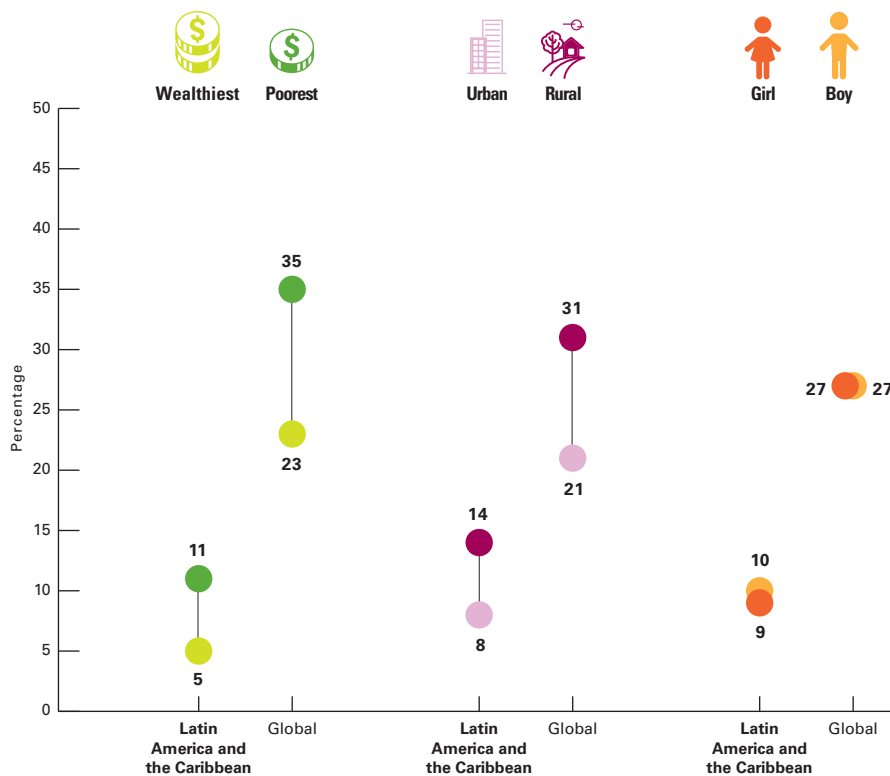
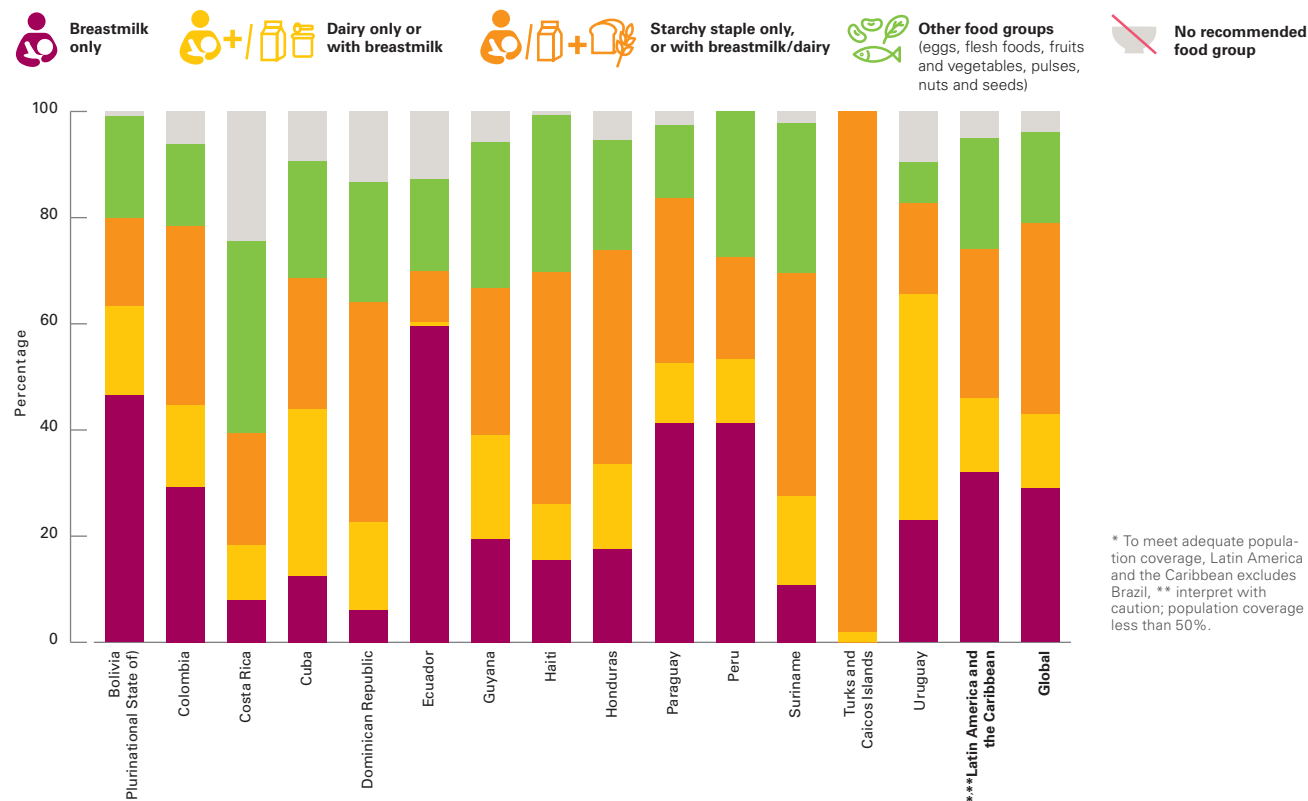


FIGURE A16: Diet content of children living in severe child food poverty, by country, Latin America and the Caribbean and globally, 2016–2022



Source: UNICEF global databases, 2023.

MIDDLE EAST AND NORTH AFRICA

Child food poverty is measured using the UNICEF and WHO dietary diversity score.

If children are fed: **0–2** food groups/day they are living in **severe child food poverty** **3–4** food groups/day they are living in **moderate child food poverty** **5 or more** food groups/day they are **not living in child food poverty**

Total child food poverty Prevalence (%)	Total child food poverty Numbers affected (in millions)	Severe child food poverty Prevalence (%)	Severe child food poverty Numbers affected (in millions)
Middle East and North Africa: 61	Middle East and North Africa: 30	Middle East and North Africa: 21	Middle East and North Africa: 10
Global: 66	Global: 440	Global: 27	Global: 181

FIGURE A17: Percentage of children living in severe child food poverty and moderate child food poverty, by country and in the Middle East and North Africa, 2016–2022

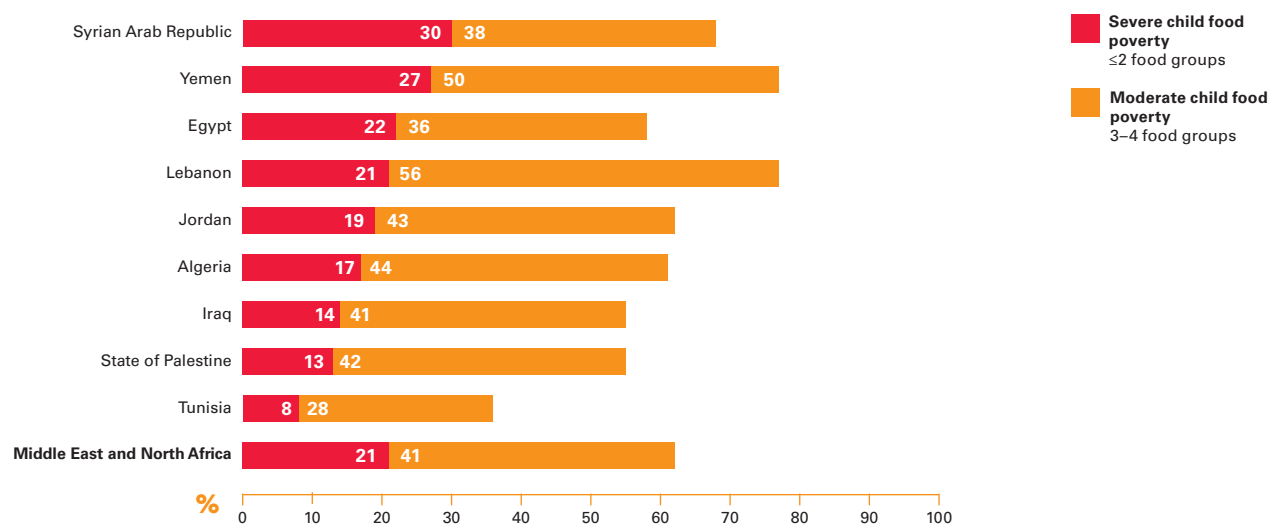
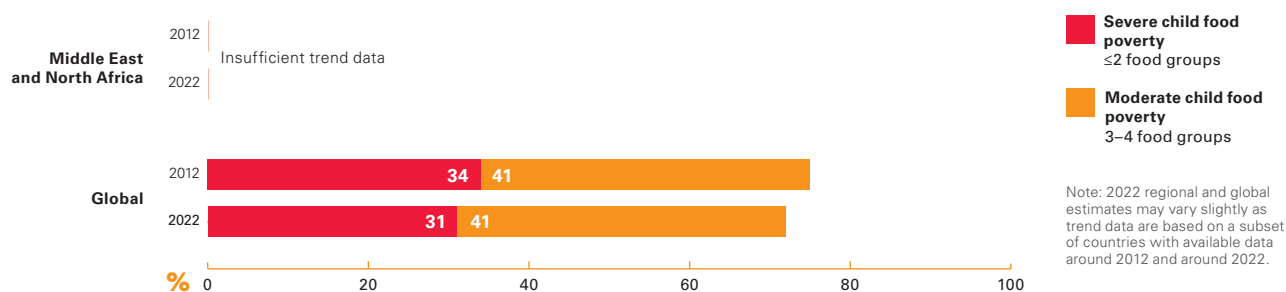


FIGURE A18: Percentage of children living in severe child food poverty and moderate child food poverty in the Middle East and North Africa and globally, 2012 and 2022

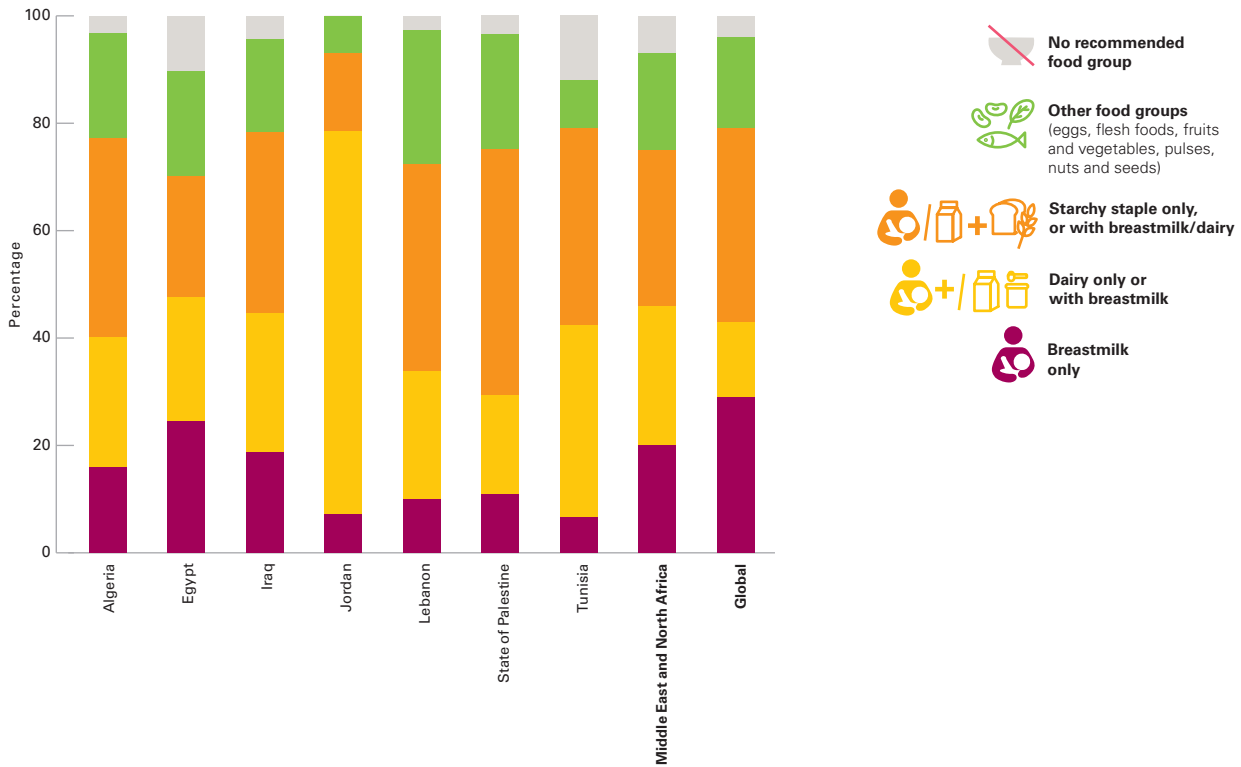


Source: UNICEF global databases, 2023.

FIGURE A19: Percentage of children living in severe child food poverty by wealth quintile, place of residence and sex in the Middle East and North Africa and globally, 2022



FIGURE A20: Diet content of children living in severe child food poverty, by country, the Middle East and North Africa and globally, 2016–2022



Source: UNICEF global databases, 2023.

SOUTH ASIA

Child food poverty is measured using the UNICEF and WHO dietary diversity score.

If children are fed: **0–2** food groups/day they are living in **severe child food poverty** **3–4** food groups/day they are living in **moderate child food poverty** **5 or more** food groups/day they are **not living in child food poverty**

Total child food poverty Prevalence (%)	Total child food poverty Numbers affected (in millions)	Severe child food poverty Prevalence (%)	Severe child food poverty Numbers affected (in millions)
South Asia: 77	South Asia: 130	South Asia: 38	South Asia: 64
Global: 66	Global: 440	Global: 27	Global: 181

FIGURE A21: Percentage of children living in severe child food poverty and moderate child food poverty, by country and in South Asia, 2016–2022

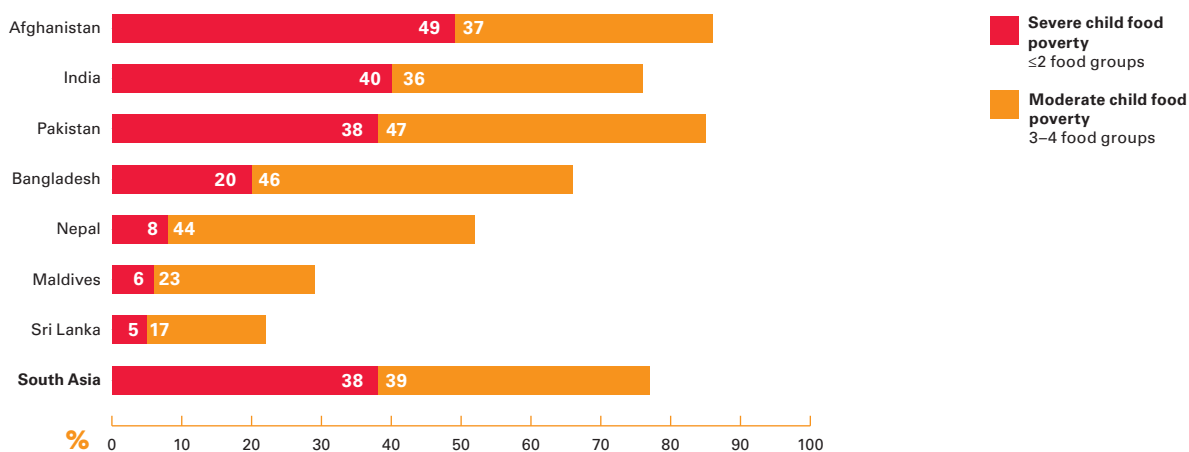
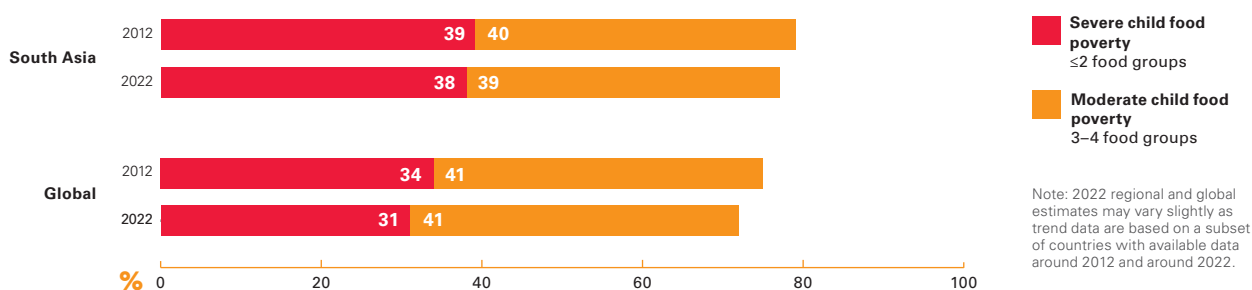


FIGURE A22: Percentage of children living in severe child food poverty and moderate child food poverty in South Asia and globally, 2012 and 2022



Source: UNICEF global databases, 2023.

FIGURE A23: Percentage of children living in severe child food poverty by wealth quintile, place of residence and sex in South Asia and globally, 2022

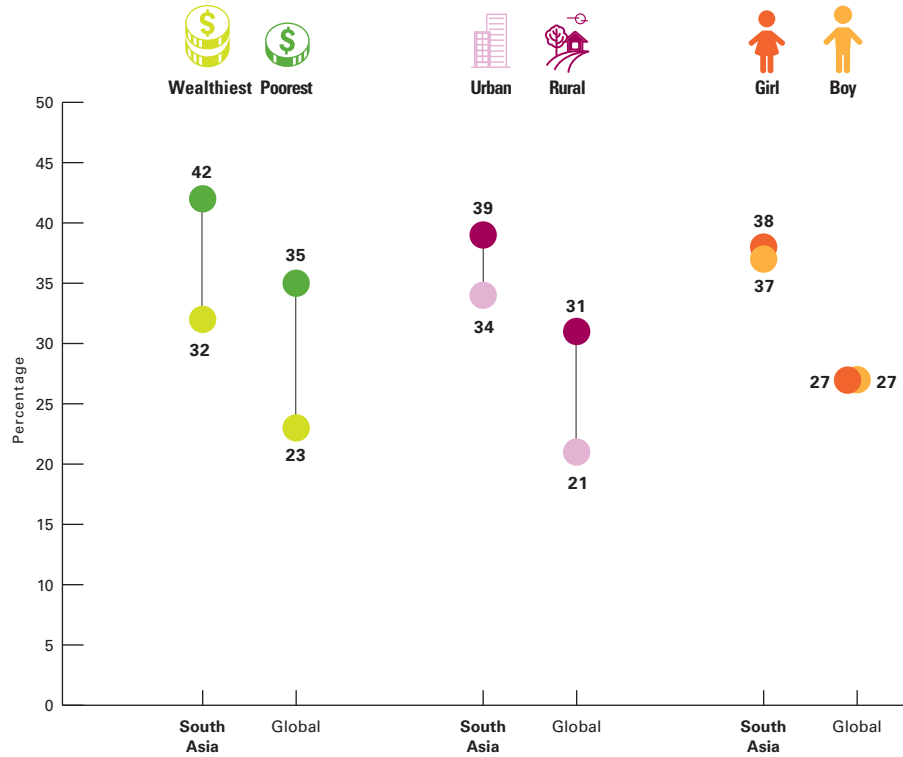
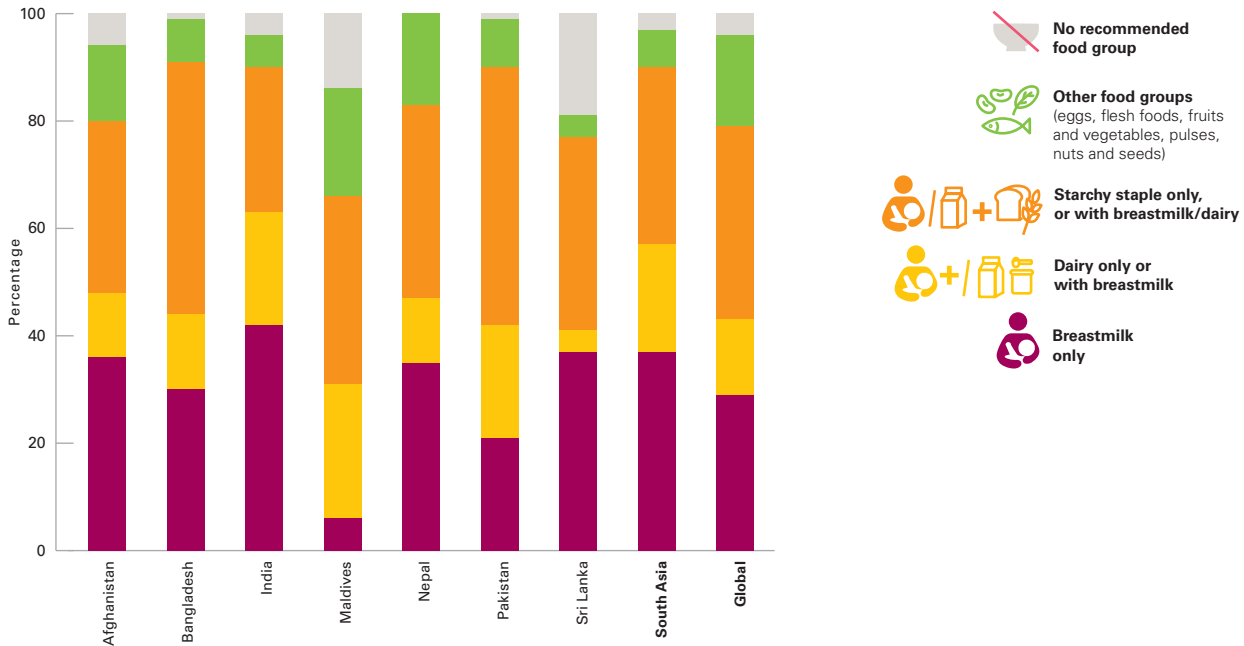


FIGURE A24: Diet content of children living in severe child food poverty, by country, South Asia and globally, 2016–2022



Source: UNICEF global databases, 2023.

WEST AND CENTRAL AFRICA

Child food poverty is measured using the UNICEF and WHO dietary diversity score.

If children are fed: **0–2** food groups/day they are living in **severe child food poverty** **3–4** food groups/day they are living in **moderate child food poverty** **5 or more** food groups/day they are **not living in child food poverty**

Total child food poverty Prevalence (%)	Total child food poverty Numbers affected (in millions)	Severe child food poverty Prevalence (%)	Severe child food poverty Numbers affected (in millions)
West and Central Africa: 75 Global: 66	West and Central Africa: 73 Global: 440	West and Central Africa: 32 Global: 27	West and Central Africa: 31 Global: 181

FIGURE A25: Percentage of children living in severe child food poverty and moderate child food poverty, by country and in West and Central Africa, 2016–2022

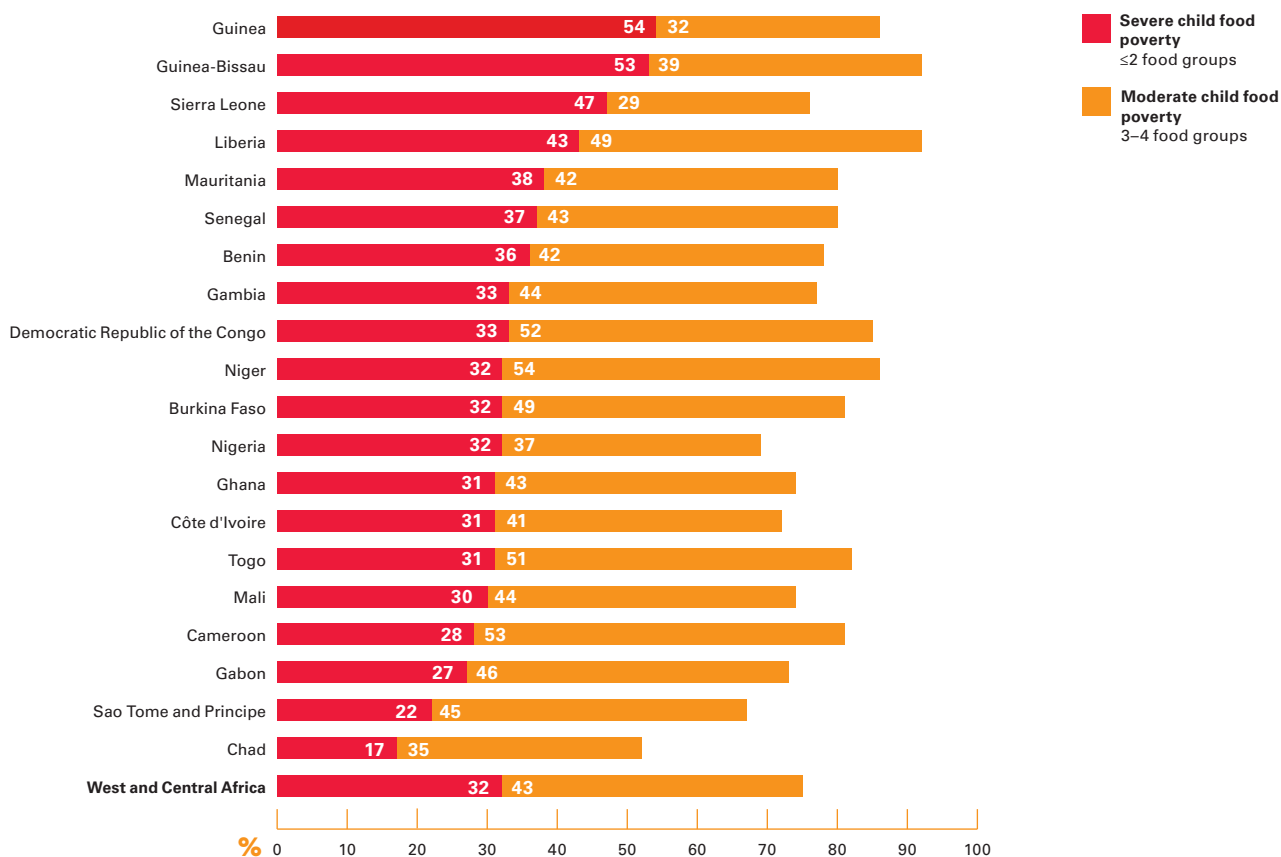
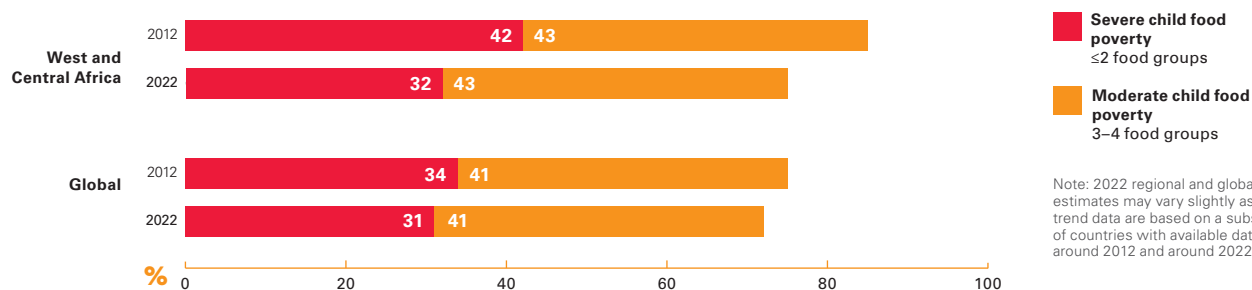


FIGURE A26: Percentage of children living in severe child food poverty and moderate child food poverty in West and Central Africa and globally, 2012 and 2022



Note: 2022 regional and global estimates may vary slightly as trend data are based on a subset of countries with available data around 2012 and around 2022.

Source: UNICEF global databases, 2023.

FIGURE A27: Percentage of children living in severe child food poverty by wealth quintile, place of residence and sex in West and Central Africa and globally, 2022

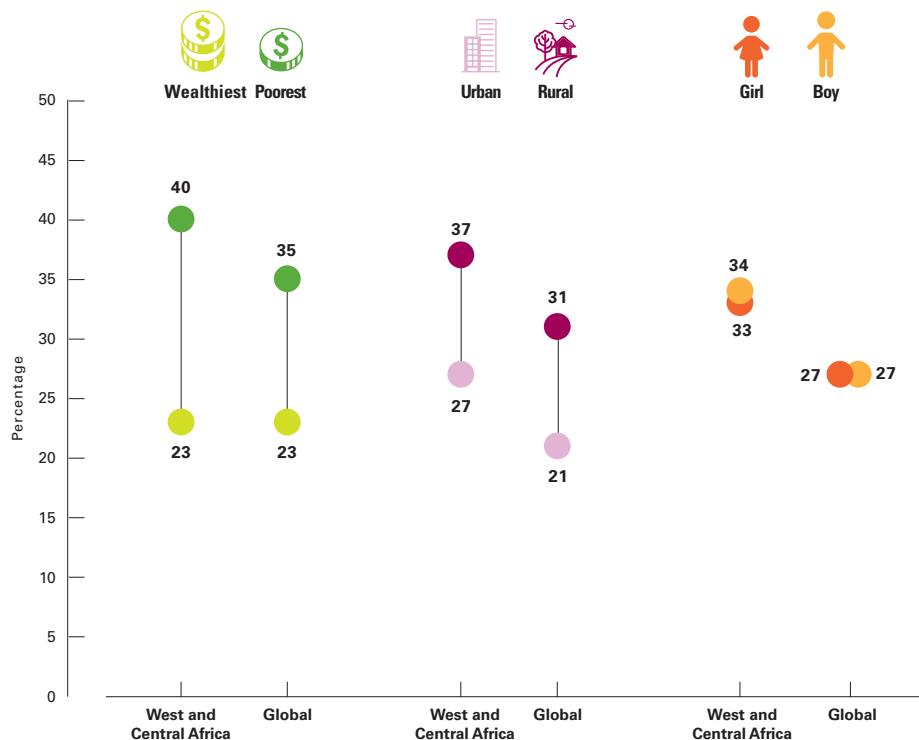
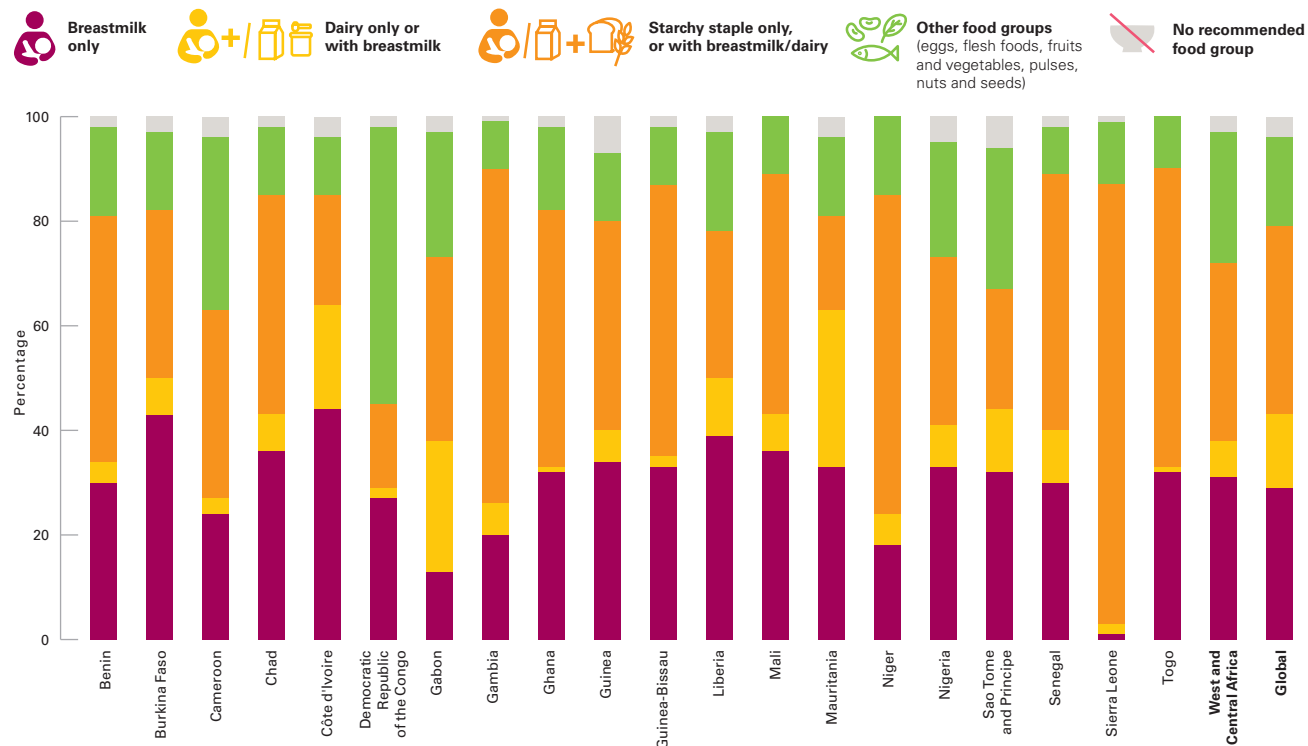


FIGURE A28: Diet content of children living in severe child food poverty, by country, West and Central Africa and globally, 2016–2022



Source: UNICEF global databases, 2023.

ANNEX 2

NOTES ON FIGURES

Population weighted global and regional estimates

All regional and global population weighted estimates were weighted using the annual population by age interpolated datasets from the 'World Population Prospects: 2022 Revision', the twenty-seventh edition of official United Nations population estimates and projections.¹⁶⁸

The population weighted estimates of the percentage of children living in child food poverty for each UNICEF region and globally were generated by (a) multiplying the percentage of children living in child food poverty for each country with available data by the number of children aged 6–23 months in that country to determine the estimated number of children living in child food poverty; (b) summing all of the country specific values for the estimated number of children living in child food poverty in a region or globally; and (c) dividing the estimated number of children living in child food poverty in a region or globally by the total population of children aged 6–23 months in the countries with data in the region or globally. The same method was used to generate population weighted estimates of severe and moderate child food poverty for each UNICEF region and globally.

Population coverage, or the share of the population for which an estimate is available in the UNICEF global database, was calculated by dividing the population of children aged 6–23 months in countries with data in each UNICEF region by the total population of children in that age range in each UNICEF region. The standard used for minimum population coverage (i.e., minimum population coverage required to display the regional estimate) is 50 per cent.

Notes on individual graphics

Figure 1: Percentage of children living in severe child food poverty and moderate child food poverty, by UNICEF region and globally, 2022

Estimates of severe and moderate child food poverty are population-weighted and based on the most recent national survey between 2016 and 2022 for a subset of 92 countries available in the UNICEF Global Database on Infant and Young Child Feeding.

Figure 2: Number of children living in child food poverty and severe child food poverty (in millions), by UNICEF region and globally, 2022

UNICEF calculates the number of children under 5 living in food poverty in early childhood by taking the percentage of children aged 6–23 months living in child food poverty and extrapolating that figure to the population of children under 5.

Figure 3: Percentage of children living in severe child food poverty, by country

Country-level estimates of the percentage of children living in severe food poverty are presented for 92 countries with a recent national survey between 2016 and 2022 available in the UNICEF Global Database on Infant and Young Child Feeding. The prevalence of severe child food poverty in each country is classified as 'high' ($\geq 30\%$), 'medium' ($10 < 30\%$) or 'low' ($< 10\%$).

Figure 5: Percentage of children living in severe child food poverty and moderate child food poverty in 2012 and 2022, by UNICEF region and globally

Trend analyses are population weighted. Trends for the percentage of children living in severe child food poverty and moderate child food poverty are based on a subset of 64 countries with comparable trend data, covering 58 per cent of the global population for children aged 6–23 months for around 2012 (2009–2015) and 63 per cent of the global population for children aged 6–23 months for around 2022 (2016–2022).

Figure 6: Percentage of children living in severe child food poverty in 2012 and 2022, by country

Country-level trends for the percentage of children living in severe child food poverty are presented for a subset of 64 countries with available data for around 2012 (2009–2015) and around 2022 (2016–2022). The trend categories of 'significant decrease', 'no significant change' and 'significant increase' are based on standard errors.

Figure 8: Percentage of children living in severe child food poverty by wealth quintile, place of residence, sex and UNICEF region and globally, 2022

Estimates are population-weighted and based on the most recent national survey between 2016 and 2022 for a subset of 91 countries with disaggregated data by sex of the child, 86 countries with disaggregated data by place of residence and 82 countries with disaggregated data by wealth status available in the UNICEF Global Databases on Infant and Young Child Feeding.

Figure 9: Predictors of severe child food poverty in a pooled sample of children from 16 countries

We selected countries that conducted Demographic and Health Surveys (DHS) or Multiple Indicator Cluster Surveys (MICS) during the period of 2017–2022, with a population of at least 20 million and with at least 50 per cent of children living in child food poverty. Both DHS and MICS are nationally representative household surveys that collect detailed information on the nutrition and health of children and mothers and on the socioeconomic status of their households.

Data for Cameroon (2018–2019), Côte d’Ivoire (2021), India (2019–2021), Kenya (2022), Madagascar (2021), Mali (2018), Nepal (2022), Nigeria (2018), Pakistan (2017–2018), the Philippines (2022) and Zambia (2018–2019) come from the latest DHS in these countries, and data for Algeria (2018–2019), Bangladesh (2019), the Democratic Republic of the Congo (2017–2018), Iraq (2018) and Malawi (2019–2020) come from the latest MICS. Data from the 16 countries were pooled; the final analytical sample included 123,331 children aged 6–23 months.

The outcome variable for this analysis is severe child food poverty, defined as a child consuming zero, one or two out of eight food groups. The covariates were identified from established conceptual frameworks, such as the UNICEF Conceptual Framework on Maternal and Child Nutrition and from previous research on predictors of dietary diversity in early childhood. They include potential predictors at child, maternal and household level:

- **Child:** sex, age and birth order
- **Maternal:** mother’s age, education, perceived size of child at birth and use of antenatal care during most recent pregnancy
- **Household:** wealth quintile (based on an asset index of observed household assets) and rural or urban place of residence

Multivariable logistic regression analysis was conducted to examine the association between the selected covariates and severe child food poverty using the pooled

data from the 16 countries. Adjusted odds ratios with 95 per cent confidence intervals are reported. A p-value <0.05 was considered statistically significant. Data analysis was conducted using STATA version 18.

Figure 10: Percentage of children living in severe child food poverty by wealth quintile and place of residence, 2012 and 2022

Trend analyses are population weighted. Trends in the percentage of children living in severe child food poverty by wealth status are based on a subset 59 countries with comparable data available for around 2012 (2009–2015) and around 2022 (2016–2022). Trends in the percentage of children living in severe child food poverty by place of residence are based on a subset of 61 countries with comparable data available for around 2012 (2009–2015) and around 2022 (2016–2022).

Figure 11: Percentage of children consuming food groups, by type and child food poverty status, 2022

Estimates of the percentage of children consuming each food group are population-weighted and based on the most recent national survey between 2016 and 2022 for a subset of 88 countries covering 68 per cent of the global population for children aged 6–23 months.

Figure 13: Diet content of children living in severe child food poverty, by UNICEF region and globally, 2022

Estimates of diet content are population-weighted and based on the most recent national survey between 2016 and 2022 for a subset of 88 countries covering 68 per cent of the global population for children aged 6–23 months.

Figure 22: Percentage of children living in severe child food poverty in countries with a low, medium and high prevalence of child stunting and child wasting

Estimates of the percentage of children living in severe and moderate child food poverty by the prevalence thresholds of child stunting and child wasting are population-weighted and based on the most recent national survey between 2016 and 2022 for a subset of 92 countries available in the UNICEF Global Database on Infant and Young Child Feeding. Prevalence thresholds for stunting and wasting for children under 5 are defined as follows:

Prevalence threshold	Child stunting	Child wasting
Low	<10%	<5%
Medium	10–<20%	5–<10%
High	≥20%	≥10%

Figure 23: Adjusted odds ratio of child stunting and wasting by severity of child food poverty in a pooled sample of children from 15 countries

We selected countries that conducted DHS or MICS during the period of 2017–2022, with a population of at least 20 million and with at least 50 per cent of children living in child food poverty. Both DHS and MICS are nationally representative household surveys that collect detailed information on the nutrition and health of children and mothers and on the socioeconomic status of their households.

Data for Cameroon (2018–2019), Côte d'Ivoire (2021), India (2019–2021), Kenya (2022), Madagascar (2021), Mali (2018), Nepal (2022), Nigeria (2018), Pakistan (2017–2018) and Zambia (2018–2019) come from the latest DHS in these countries, and data for Algeria (2018–2019), Bangladesh (2019), the Democratic Republic of the Congo (2017–2018), Iraq (2018) and Malawi (2019–2020) come from the latest MICS. Data from the 15 countries were pooled; the final analytical samples included 106,539 children aged 6–23 months for the analysis on the predictors of child stunting and 106,591 children aged 6–23 months for the analysis of predictors of child wasting.

We used information on height, weight and age of child aged 6–23 months to identify children with stunting

(height-for-age z-score more than 2 standard deviations below the median of the WHO reference population) and wasting (weight-for-height z-score more than 2 standard deviations below the median of the WHO reference population). The covariates were identified from established conceptual frameworks, such as the UNICEF Conceptual Framework on Maternal and Child Nutrition and from previous research on predictors of child stunting and wasting. They include potential predictors at child, maternal and household level:

- **Child:** sex, age and birth order
- **Maternal:** mother's age, education, perceived size at birth and use of antenatal care during most recent pregnancy
- **Household:** wealth quintile (based on an asset index of observed household assets), rural or urban place of residence, sanitation facility and source of drinking water

Multivariable logistic regression analysis was conducted to examine the association between the selected covariates and child stunting or child wasting using the pooled data from the 15 countries. Adjusted odds ratios with 95 per cent confidence intervals are reported. A p-value <0.05 was considered statistically significant. Data analysis was conducted using STATA version 18.

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