



NUTRITION RESILIENCE DURING CRISES

Building on the lessons of the polycrisis to safeguard nutrition during future crises

GLOBAL RESILIENCE REPORT | July 2024

POLICY BRIEF

LEARNING FROM THE POLYCRISIS

Despite immense challenges over the last several years, many governments demonstrated remarkable capacity to safeguard nutrition for vulnerable populations. This included adopting flexible delivery platforms for services essential to nutrition, prioritizing support for the most vulnerable, and adapting and expanding social protection programs. Governments also strengthened and empowered communities' capacity, engagement, and empowerment, recognizing them as critical contributors to safeguarding nutrition.

Governments acted during this period when a devastating combination of crises deepened food and nutrition insecurity, including the cascading effects of the COVID-19 pandemic, climatic and economic crises, and new and protracted conflicts. These overlapping crises—coined a polycrisis—directly impacted the health, nutrition, and economic wellbeing of individuals and families, and disrupted the often fragile systems—food, health, education, water and sanitation, and social protection—that support access to nutritious foods, essential nutrition services, and positive feeding and care practices for children and women.

This brief summarizes the key lessons and recommendations from the [Global Resilience Report](#).¹ The report examines the impact of the global polycrisis on nutrition, especially among the most vulnerable women and children, provides key lessons learned from country experiences, and offers recommendations for government policymakers and funders to safeguard nutrition during crises.

POLYCRISIS:

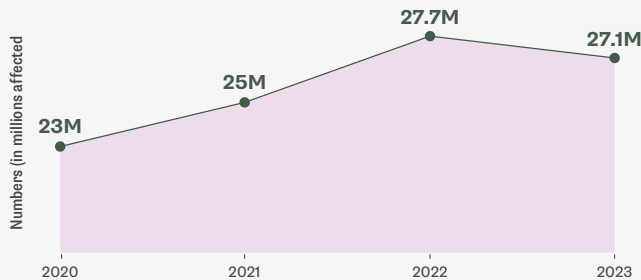
Multiple crises occurring simultaneously which interact in ways that make the whole more overwhelming than the sum of the parts.

THE POLYCRISIS' CONTINUED IMPACT ON NUTRITION

During the pandemic, the number of acutely malnourished children and the number of people who were moderately or severely food insecure rose sharply and remained above pre-pandemic levels. Acute malnutrition among

children, adolescent girls, and women increased by 20–25 per cent between 2020 and 2022 in the countries most affected by the global food and nutrition crisis.

The quality of diets plummeted during the polycrisis and essential services for good nutrition were disrupted for millions, with social protection systems particularly challenged to meet high needs. Women were disproportionately affected by the polycrisis. The gender gap in food insecurity increased by 2.5 times and an estimated 47 million additional women and girls fell into poverty. Yet, women were less likely to benefit from social protection programs designed to help offset challenges to livelihood and food insecurity.



Acute malnutrition among children rose by 20% between 2020 and 2022 in the countries most affected by the crisis.²

NUTRITION RESILIENCE

The capacities that enable multiple systems—food, health, water and sanitation, education, and social protection—to prepare for, respond to, and recover from crises in ways that safeguard diets, services and practices, and contribute to equitable nutrition outcomes, with a focus on the most vulnerable.



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LESSONS LEARNED

Strengthen resilience of key systems to safeguard nutrition

Many countries demonstrated their ability to adapt, absorb, and transform their nutrition-related systems in response to the polycrisis. Analyses of experiences from several countries, including The Bahamas, Brazil, Cambodia, Colombia, Ethiopia, Ghana, India, Indonesia, Kenya, Liberia, Nigeria, Peru, Rwanda, Sierra Leone, and South Africa, provide valuable lessons on how to safeguard nutrition during crises:

Lesson 1: All systems have the potential to be resilient and contribute during crises

There are country examples of strengthened capacities for all the systems that safeguard nutrition – food, health, water and sanitation, education, and social protection. In **Ethiopia, Nigeria, and Rwanda**, governments extended financial support, such as short-term, low-interest loans to micro-, small- and medium-sized enterprises to enhance food supply chain resilience. In **India**, a deliberate and rapid response mobilized the existing extensive national social protection system, as well as other systems supporting nutrition. By leveraging existing policies, programs, and legislative measures that prioritize nutrition and food security, India improved food and nutrition security for the most vulnerable.

Lesson 2: Countries with the flexibility to leverage nutrition interventions across multiple systems were better prepared

Service delivery across multiple systems was enhanced and facilitated through shared registries, coordinating platforms, and other collaboration mechanisms. For example, in **Ghana**, when the schools shut down due to pandemic-related restrictions, the health system was reinforced to effectively deliver iron-folic acid supplements to adolescent girls through the education system. In **India**, school-based nutrition services pivoted to provide a platform to deliver nutrition-related health services. In **Peru**, the food system scaled-up an existing rice fortification program as part of a broader social assistance and school feeding program.

Lesson 3: A focus on reaching the most vulnerable groups, particularly through the social protection system, was an important strategy

Social protection systems in many countries demonstrated agility at scale during the pandemic, with unprecedented expansions to reach newly vulnerable groups. For example, **South Africa** expanded eligibility criteria for its Child Support Grant, benefitting an additional seven million people, predominantly women. Similarly, **Colombia** extended eligibility to reach populations experiencing increased nutrition insecurity. Countries such as **The Bahamas, Brazil, Cambodia, and Kenya** transitioned school meal programs

to new delivery platforms, such as through social protection programs, ensuring continued nutrition support for children from low-income households.

Lesson 4: Expanding and strengthening local capacities and empowering communities were critical strategies

Communities, local actors, and networks played a critical role in safeguarding nutrition throughout the polycrisis. In **Indonesia**, the health system adapted its program for early detection of child wasting from a community health worker-centered approach to a family-centered approach. Community health workers trained caregivers to successfully detect wasting in children at home using color-coded MUAC measuring tapes. In **Liberia**, building on the Ebola crisis, the government fostered community trust and trained community health workers to deliver essential nutrition services.

Lesson 5: Shared management information systems, innovative technologies, collaborative platforms, and swift decision-making made systems resilient

Government leadership and swift decision-making combined with multisectoral collaboration, rapid budget allocation, and disaster response financing mechanisms at the central and subnational levels were critical to the expansion and hence the resilience of the systems in delivering nutrition interventions. In **South Africa**, the application process for social protection was digitized to manage the huge influx of applicants and expand the number of people whose livelihoods or incomes were affected by the COVID-19 pandemic.



RECOMMENDED POLICY AND PROGRAMME ACTIONS

Drawing from these lessons, the following recommendations for policy and program actions are proposed to strengthen the nutrition resilience of systems, before, during, and after a crisis:

1. Put in place policies and program that enable all systems to be adaptive, absorptive, and transformative in the face of future shocks and crises.
2. Increase the resilience capacity of key systems—especially the food, health, and social protection systems—to maximize the prevention of malnutrition in countries most vulnerable to crises. For example, strengthen mobile and community-based outreach capacities for health systems.
3. Strengthen the predictability and flexibility of funding, especially for crisis situations, to build stronger and more resilient systems.
4. Strengthen the capacity, engagement, and empowerment of communities as participants and contributors for building the resilience of systems to support nutrition.
5. Strengthen quality and frequency of data collection and build robust information systems to better target vulnerable households before, during, and after crisis; and to measure changes in access to nutritious foods, essential services, and positive practices before and after shocks.



CONCLUSION

Amid the devastating polycrisis that disproportionately impacted the most vulnerable and left the world grappling to recover, many countries demonstrated the capacity of their systems to absorb, adapt, and (to a lesser extent) transform in response to shocks in ways that have safeguarded access to nutritious diets, essential nutrition services, and positive care practices for the most vulnerable families.

These achievements were not accidental; they were the result of purposeful investments in strengthening programs, policies, and synergies between multiple systems to make them better equipped and more accountable for nutrition results. In reflecting on and learning from these experiences, governments and their partners can seize this opportunity to implement the recommended actions to build more sustainable systems and a healthy and equitable future for children and families everywhere.

References

1. UNICEF, World Food Programme (WFP), Standing Together for Nutrition (ST4N), Micronutrient Forum (MNF). [Global resilience report: Safeguarding the nutrition of vulnerable children, women, families and communities in the context of polycrisis](#). Washington, DC: MNF; 2024.
2. IPC Nutrition Working Group. [IPC for Acute Malnutrition: Concepts, Tools, and Procedures to Be Used to Classify Areas Based on Acute Malnutrition](#). IPC; 2016.

Acknowledgments

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