

Nutrition

Severe or chronic shortages of food combined with disease epidemics lead to malnutrition and 'nutrition emergencies'.

Access to sufficient food of adequate nutritional value is critical to survival, particularly for the most vulnerable.

Malnutrition concerns

Acute Malnutrition is measured by weight-for-height indicator, calculated by:

- MUAC: mid-upper arm circumference
- Z-scores: statistical analysis of screening to identify low weight-for-height

Acute Malnutrition is divided into Severe acute malnutrition (SAM) and Moderate acute malnutrition (MAM).

SAM is most dangerous - if left untreated can result in death. Manifests in two ways:

- Severe wasting: massive loss of body fat and muscle; extremely thin and skeletal.
- Oedema: on lower limbs; child appears puffy, irritable, weak and lethargic.

MAM - children with MAM need to be enrolled in a program to treat their malnutrition and to prevent them from deteriorating into SAM.

Stunting - chronic or long-term malnutrition causes irreversible stunted growth. Severe stunting is a life threatening condition.

Micronutrient deficiencies contribute to malnutrition, especially iron, vitamin A and iodine deficiencies (common in disadvantaged populations). Vitamin C, thiamine and niacin deficiencies may occur in emergency-affected populations.

Vulnerability

Geographical location e.g. in drought or flood-prone or conflict affected areas

Political status e.g. marginalised persons

Displaced and refugee populations with limited resources

Physiological nutritional needs particularly: low birthweight babies, 0-59-month-old children, pregnant and lactating women, older people, people with disabilities, people with chronic illness, and people living with HIV and AIDS

Care practices including feeding of infants and children can contribute to malnutrition

Nutritional status of the mother can influence children's malnutrition.

Nutrition and food assistance

Trends show a shift from food aid to food assistance:

- from in-kind food aid to local or regional procurement
- increased use of cash transfers
- increased focus on food and nutrition security to address underlying causes of malnutrition

The global food, finance and fuel crises and climate change, as well as increasingly protracted conflict-driven emergencies, are also driving this change in focus.

(See also *Cash Transfer Programming* and *Food Security* pages).

Training materials

Harmonised training package: <http://nutritioncluster.net/training-topics/harmonized-training-package/>

Nutrition in emergencies: <http://www.unicef.org/nutrition/training/>

Infant feeding in emergencies: <http://www.enonline.net/operationalguidance-v3-2017>



Nutrition interventions

- early warning systems to predict food insecurity, malnutrition rates, and famine
- standardization of nutrition assessments
- understanding the underlying causes of malnutrition
- standardisation of food aid rations
- stabilisation centres to treat acute malnutrition with complications
- community-based targeting of food rations
- ready-to-use therapeutic foods for severely malnourished children
- blended foods that can be fortified with vitamins and minerals
- promotion of breastfeeding
- expansion of non-food interventions (e.g. education; income generation; health)
- use of Sphere standards
- use of coordination mechanisms including the **Nutrition Cluster** (led by UNICEF)
- more effective lesson-learning

Additional resources on All In Diary web site:

Nutrition Program Design Assistant © CORE Group, FANTA, Save, 2015
Scaling-up the Management of Acute Malnutrition, © ODI 2013
WASH Nutrition- practical guidebook, © AFC 2017

Web links for further information

<http://nutritioncluster.net/topics/1-key-resources/>
<http://www.nutritionworks.org.uk/>
<http://scalingupnutrition.org/>