PART 1: FACT SHEET

The fact sheet is the first of four parts contained in this module. It provides an overview of nutrition in emergency situations. Detailed technical information is covered in Part 2. Words in italics are defined in the glossary.

What is malnutrition?

Malnutrition is a broad term which refers to both *undernutrition* and *overnutrition*. Individuals are malnourished, or suffer from undernutrition if their diet does not provide them with adequate quantity and quality of food, or if they cannot fully utilize the food they eat due to illness.

There are three types of undernutrition: *acute malnutrition* (rapid weight loss due to illness or inadequate consumption of food; or nutritional oedema), *chronic malnutrition* (inhibited growth in height and cognitive development caused by poor nutrition over a period of time) and *micronutrient malnutrition* (deficiency in one or more micronutrients).

Importance of nutrition in emergencies

Protecting the nutritional status of vulnerable groups affected by emergencies is crucial and a humanitarian right. Individuals who suffer from acute malnutrition are much more likely to become sick and to die. At the same time, sick individuals are more likely to become undernourished.

Emergencies have an impact on a whole range of factors that can increase the risk of malnutrition, illness (*morbidity*) and death (*mortality*). Unfortunately, high malnutrition and mortality rates continue to occur during emergencies.

Broad-based approach to tackling undernutrition

Undernutrition does not result simply from lack of food but from a complex combination of factors on a number of levels affecting populations, households and individuals. A conceptual framework has been developed to help understand the causes of undernutrition, identifying the basic, underlying and immediate causes.

A broad-based approach is required to address undernutrition. At the one end of the scale, interventions to treat malnourished individuals and prevent death are essential. At the other end of the scale, interventions to prevent undernutrition from increasing are needed. These interventions range from those directed at protecting health, a healthy environment, and livelihoods to ensuring food security (the ability of a household to access food).

What is an emergency?

In general, emergencies are characterised in these definitions as 'extraordinary', 'urgent' and 'sudden' situations resulting in significant destruction and loss of, or threat to lives. The term ùcomplex emergencyû has been used in recent years to refer to a major humanitarian crisis of a multi-causal, essentially political nature that requires a system-wide response.

What is a nutrition emergency?

A variety of classification systems at national, regional and global level have been developed to classify the severity of a food and nutritional crises. These classifications suggest that emergencies can be divided into progressive stages.

Experts agree that it is extremely difficult to set generic thresholds for mortality and acute malnutrition to gauge the severity of a crisis. The classification of a situation is not prescriptive, and needs to be used relative to local circumstances. Current recommendations are to consider overall trends in global acute malnutrition (GAM) and severe acute malnutrition (SAM) as part of a thorough situation analysis which takes account of the context rather than waiting until a certain threshold has been reached, by when it could be too late to prevent undernutrition and associated mortality.

Where do nutrition emergencies occur?

Historically, the largest famines in terms of excess deaths have occurred in Asia though Africa has suffered more frequent famines (due to lower density of vulnerable populations). The distribution of acute malnutrition by country suggests that most nutritional emergencies are chronic and invisible i.e. they are not declared publically as emergencies. In fact, the average level of wasting in South Asia suggest that South Asia is in a constant state of 'acute food and livelihood crisis' and requires emergency nutrition interventions.

What are the causes of nutrition emergencies?

Emergencies where acute malnutrition rates rise are usually directly caused by severe shortages of food combined with disease epidemics. Some populations are vulnerable as a result of underlying factors such as poverty, urban pressures, climate change, chronic food insecurity and poor infrastructure.

Where there is underlying vulnerability, sudden events such as natural disasters, conflict, political crisis, economic shocks and food price increases can trigger a nutrition emergency.

Who are most nutritionally vulnerable in emergencies?

The population groups most nutritionally vulnerable in emergencies can be categorised according to their:

- Physiological vulnerability (e.g. young children, pregnant and lactating women, older people, disabled and people living with chronic illness such as HIV and AIDS)
- Geographical vulnerability (e.g. people living in drought- or flood-prone areas or in areas of conflict)
- Political vulnerability (e.g. oppressed populations)
- Internal displacement and refugee status (e.g. those who have fled with few resources)

What types of malnutrition occur in emergencies?

The largest nutrition concerns in emergencies are acute malnutrition (wasting or oedema) and micronutrient deficiency diseases (particularly iron, vitamin A and iodine deficiencies, common in disadvantaged populations, and vitamin C, thiamine and niacin deficiencies often found in emergency-affected populations).

Nutrition assessment in emergencies

An understanding of the context of the emergency situation is necessary to develop an appropriate response. Standard methods exist for conducting nutrition assessments at the outset and throughout an emergency. Typically, rapid nutrition assessments and anthropometric surveys collect information on the current situation while data from existing nutrition surveillance systems can provide information on the pre-existing situation and on trends.

Nutrition responses in emergencies

Typical responses to nutrition emergencies include those that aim to prevent as well as treat undernutrition. Responses aimed at preventing undernutrition include:

- General food distribution
- Livelihoods support
  - Income and employment (cash transfers, cash for work)
  - Production support (seed and tool distribution, seed fairs, fodder distribution, veterinary care, destocking etc)
  - Market support (cash and voucher programmes)
- Blanket supplementary feeding
- Infant and young child feeding support
  - Breastfeeding protection and support
  - Minimising the risks of artificial feeding
  - Enabling appropriate and safe complementary feeding
- Health support
  - Provision of essential health services
  - Prevention and management of communicable diseases
- Micronutrient interventions
  - Provision of fresh food items, nutrient-rich commodities or micronutrient fortified foods in a general ration
  - Distribution of food supplementation products

Interventions to treat undernutrition in emergencies include

- Therapeutic care
- Targeted supplementary feeding programmes
- Treatment of micronutrient deficiency diseases

While food aid remains the dominant form of response to nutrition-related problems in emergencies, it is becoming widely recognised that to have maximum impact, food aid needs to be targeted well and coupled with other interventions that address the health and care environment. Additionally, non-food interventions such as cash transfers, food vouchers, and agricultural and livestock support are gaining support.

In addition to standard nutrition responses, it is important to consider the impact of the emergency on HIV, and ensure that gender and protection principles are mainstreamed in any response. Principles of early recovery and disaster risk reduction should be integrated into all nutrition activities. Nutrition interventions should also ensure national capacity is built throughout the response.

Coordination of nutrition in emergencies

Ultimate responsibility for the provision (and coordination) of relief rests with the authority controlling the territory affected by the emergency, be it a national government or occupying power. Where the government cannot or will not undertake this responsibility, then the UN has a responsibility to intervene.

As part of a process of a process to improve the response and coordination in humanitarian emergencies, the United Nations Inter-agency Standing Committee (IASC) initiated the Cluster Approach for emergency response. The Cluster Approach is intended to strengthen predictability, response capacity, coordination and accountability through defining partnerships and accountability in key sectors of humanitarian response.

The Cluster Approach operates at two levels. At the global level, the aim is to strengthen system-wide preparedness and technical capacity to respond to humanitarian emergencies by designating Cluster Lead Agencies (CLAs) for specific technical areas. At the country level, the cluster approach aims to ensure a more coherent and effective response by mobilising agencies to respond strategically across all relevant sectors.

UNICEF is the CLA for Nutrition. A Global Nutrition Cluster focuses in six strategic areas: coordination, advocacy and resource mobilization; policy, standards and guidelines; capacity development; preparedness; assessment, information and monitoring; and best practices and lessons learned.

Standards, monitoring and evaluation, and accountability

Over the past decade, standards and improved monitoring and evaluation frameworks have been developed for humanitarian emergencies. Specific technical standards on food security and nutrition have been developed by the Sphere project. Using these standards, guidelines have been developed for the monitoring and evaluation of each of the main nutrition and nutrition related interventions in emergencies.

Agencies recognise the need to be accountable to their donors and to their agency mission statement or principles, and have put in place systems to do so. In contrast, there is currently no incentive, or obligation, to be accountable to affected communities, other than a voluntary commitment to do so. Yet, the close involvement of those who are affected by and emergency is a crucial aspect of the emergency response. Several initiatives including the Humanitarian Accountability Partnership (HAP) have emerged to fill this gap.

Challenges in nutrition in emergencies

Although significant progress has been made in the response to nutrition emergencies, challenges still remain. Some of the challenges include:

- A lack of commonly agreed classification system for nutritional crises,
- The proliferation of food based products for treatment of acute malnutrition and the lack of an evidence base for efficacy and effectiveness,
- Limited evidence for an effective model to treat moderate acute malnutrition (MAM),
- Challenges in implementation of the Operational Guidance on IYCF in emergencies
- Inadequate skills and expertise in nutrition in emergencies at national level,
- Linking relief, recovery and development efforts, and
- Linking nutrition interventions with each other and with other sectors.

Key messages

1. Protecting the nutritional status of vulnerable groups affected by emergencies is essential to prevent acute malnutrition, disease and death.
2. Malnutrition does not result simply from lack of food but from a complex combination of factors.
3. Several systems exist for the classification of food and nutrition crisis; the Integrated Phase Classification system is one example which has been adopted by several agencies and governments to analyse and design responses to food insecurity.
4. Nutrition emergencies are primarily caused by severe shortages of food combined with disease epidemics though underlying factors such as poor care and feeding practices, and insufficient access to health care and an unsafe environment all contribute.
5. While Asia and Africa have suffered significant famines over the past 100 years, food and nutrition crises continue and many countries on both continents have baseline levels of acute malnutrition that indicate emergency response interventions are required.
6. Acute malnutrition is a major concern during emergencies, but chronic malnutrition and micronutrient deficiencies are also issues in certain emergency affected populations.
7. Standard guidance exists for nutrition assessments, commonly conducted at the outset of and throughout an emergency.
8. A range of nutrition interventions are typically implemented in an emergency, both to prevent and treat acute malnutrition as well as to support livelihoods.
9. Existing challenges in the area of nutrition in emergencies include:
   a. Lack of commonly agreed classification system for nutritional crises
   b. Proliferation of food based products for the treatment of acute malnutrition
   c. Limited evidence for an effective model to treat moderate acute malnutrition
   d. Challenges in implementation of the Operational Guidance on IYCF in emergencies
   e. Constraints to the operating environment
   f. Inadequate skills and expertise in nutrition in emergencies at national level
   g. Linking relief, recovery and development efforts
   h. Linking nutrition interventions with each other and with other sectors