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Improving nutrition through accountability, ownership and partnerships

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GLOSSARY

Acute malnutrition – Also known as ‘**wasting**’, acute malnutrition is characterized by a rapid deterioration in nutritional status over a short period of time. In children, it can be measured using the weight-for-height nutritional index or mid-upper arm circumference. There are different levels of severity of acute malnutrition: moderate acute malnutrition (MAM) and severe acute malnutrition (SAM).

Anaemia – Characterized by reduction in haemoglobin levels or red blood cells which impairs the ability to supply oxygen to the body’s tissues, anaemia is caused by inadequate intake and/or poor absorption of iron, folate, vitamin B12 and other nutrients. It is also caused by infectious diseases such as malaria, hookworm infestation and schistosomiasis; and genetic diseases. Women and children are high-risk populations. Clinical signs include fatigue, pallor (paleness), breathlessness and headaches.

Anthropometry

Use of human body measurements to obtain information about nutritional status.

Body mass index (BMI)

The ratio of weight-for-height measured as the weight in kilograms divided by the square of height in metres.

Chronic malnutrition – Chronic malnutrition, also known as ‘**stunting**’, is a form of growth failure which develops over a long period of time. Inadequate nutrition over long periods of time (including poor maternal nutrition and poor infant and young child feeding practices) and/or repeated infections can lead to stunting. In children, it can be measured using the height-for-age nutritional index.

Complementary feeding – The use of age-appropriate, adequate and safe solid or semi-solid food in addition to breast milk or a breast milk substitute. The process starts when breast milk or infant formula alone is no longer sufficient to meet the nutritional requirements of an infant. It is not recommended to provide any solid, semi-solid or soft foods to children less than 6 months of age. The target range for complementary feeding is generally considered to be 6–23 months.

Dietary energy intake

The energy content of food consumed.

Dietary energy requirement (DER)

The amount of dietary energy required by an individual to maintain body functions, health and normal activity.

Dietary energy supply (DES)

Food available for human consumption, expressed in kilocalories per person per day (kcal/person/day). At country level, it is calculated as the food remaining for human use after

deduction of all non-food utilizations (i.e. food = production + imports + stock withdrawals – exports – industrial use – animal feed – seed – wastage – additions to stock). Wastage includes losses of usable products occurring along distribution chains from farm gate (or port of import) up to the retail level.

Dietary energy supply adequacy

Dietary energy supply as a percentage of the average dietary energy requirement.

Food fortification – The addition of micronutrients to a food during or after processing to amounts greater than were present in the original food product. This is also known as 'enrichment'.

Food insecurity

A situation that exists when people lack secure access to sufficient amounts of safe and nutritious food for normal growth and development and an active and healthy life. It may be caused by the unavailability of food, insufficient purchasing power, inappropriate distribution or inadequate use of food at the household level. Food insecurity, poor conditions of health and sanitation and inappropriate care and feeding practices are the major causes of poor nutritional status. Food insecurity may be chronic, seasonal or transitory.

Food security

A situation that exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life. Based on this definition, four food security dimensions can be identified: food availability, economic and physical access to food, food utilization and stability over time.

Fortificant – Vitamins and minerals added to fortify foods

Global acute malnutrition (GAM)

The total number of children aged between 6 and 59 months in a given population who have **moderate acute malnutrition**, plus those who have **severe acute malnutrition**. (The word 'global' has no geographic meaning.) When GAM is equal to or greater than 15 per cent of the population, then the nutrition situation is defined as 'critical' by the World Health Organization (WHO). In emergency situations, the nutritional status of children between 6 and 59 months old is also used as a proxy to assess the health of the whole population.

Hidden Hunger

Occurs when a population that may be consuming enough calories is not receiving enough micronutrients (vitamins and minerals), negatively impacting the health, cognitive development and economic development of over 2 billion people worldwide.

Hunger

Chronic undernourishment.

Kilocalorie (kcal)

A unit of measurement of energy. One kilocalorie equals 1 000 calories. In the International System of Units (SI), the universal unit of energy is the joule (J). One kilocalorie = 4.184 kilojoules (kJ).

Macronutrient

Nutritionists often group nutrients into two subclasses, called macronutrients and micronutrients. Macronutrients refer to those nutrients that form the major portion of your consumption and contribute energy to your diet. Macronutrients include carbohydrates, fats, protein, and alcohol. Sometimes water is also considered to be a macronutrient. All other nutrients are consumed in smaller amounts, and are labeled as micronutrients.

Malnutrition

An abnormal physiological condition caused by inadequate, unbalanced or excessive consumption of macronutrients and/or micronutrients. Malnutrition includes undernutrition and overnutrition as well as micronutrient deficiencies.

Micronutrients

Vitamins, minerals and certain other substances that are required by the body in small amounts. They are measured in milligrams or micrograms.

Minimum dietary energy requirement (MDER)

In a specified age/sex category, the minimum amount of dietary energy per person that is considered adequate to meet the energy needs at a minimum acceptable BMI of an individual engaged in low physical activity. If referring to an entire population, the minimum energy requirement is the weighted average of the minimum energy requirements of the different age/sex groups. It is expressed as kilocalories per person per day.

Nutritional index

Different nutritional indices measure different aspects of growth failure (**wasting**, **stunting** and **underweight**) and thus have different uses. The main nutritional indices for children are weight-for-height, MUAC-for-age, sex and height, height-for-age, weight-for-age, all compared to values from a reference population. In emergency situations, weight-for-height (wasting) is commonly used for nutritional assessments.

Nutrition security

A situation that exists when secure access to an appropriately nutritious diet is coupled with a sanitary environment, adequate health services and care, in order to ensure a healthy and active life for all household members. Nutrition security differs from food security in that it also considers the aspects of adequate caring practices, health and hygiene in addition to dietary adequacy.

Nutrition-sensitive intervention

Interventions designed to address the underlying determinants of nutrition (which include household food security, care for mothers and children and primary health care services and sanitation) but not necessarily having nutrition as the predominant goal.

Nutrition-Specific Interventions

Programs and plans that are designed to address the direct causes of malnutrition and to have a specific impact on nutrition outcomes. These include: support for exclusive breastfeeding; appropriate complementary feeding; micronutrient fortification and supplementation; and treatment of acute malnutrition.

Nutritional status

The physiological state of an individual that results from the relationship between nutrient intake and requirements and from the body's ability to digest, absorb and use these nutrients.

Nutrition survey

Survey to assess the severity, extent, distribution and determinants of malnutrition in a population. Nutrition surveys in emergencies assess the extent of undernutrition or estimate the numbers of children who might require supplementary and/or therapeutic feeding or other nutritional support.

Obesity

A chronic disease characterised by excessively high body fat in relation to lean body tissue, leading to adverse affects on health. Obesity is classified as having a BMI >29.5 .

Overweight

Being overweight is classified as having a BMI >24.9 , with more body fat than is optimally healthy.

Overnourishment

Food intake that is continuously in excess of dietary energy requirements.

Overnutrition

A result of excessive food intake relative to dietary nutrient requirements.

Overweight and obesity

Body weight that is above normal for height as a result of an excessive accumulation of fat. It is usually a manifestation of overnourishment. Overweight is defined as a BMI of more than 25 but less than 30 and obesity as a BMI of 30 or more.

Ready-to-eat meals

A type of emergency ration that is a nutritionally balanced, ready-to-eat and complete food. They generally come in two forms: as compressed, vacuum-packed bars or as tablets.

Ready-to-use supplementary foods

Specialized ready-to-eat, portable, shelf-stable products, available as pastes, spreads or biscuits, that meet the supplementary nutrient needs of those who are not severely malnourished. They are increasingly used for the management of **moderate acute malnutrition**.

Ready-to-use therapeutic foods

Specialized ready-to-eat, portable, shelf-stable products, available as pastes, spreads or biscuits that are used in a prescribed manner to treat children with severe acute malnutrition.

Recommended daily allowance

The average daily dietary intake of nutrients that is sufficient to meet the nutrient requirements of nearly all (approximately 98 per cent of) healthy individuals in a given population. For calories, the recommended daily allowance is based on the mean for a given population.

School feeding

Provision of meals or snacks to schoolchildren to improve nutrition and promote school attendance.

Stunting

Low height for age, reflecting a past episode or episodes of sustained undernutrition. stunting (low height for age) and less on wasting (low weight for height).

Supplementary feeding programme – There are two types of supplementary feeding programmes. Blanket supplementary feeding programmes target a food supplement to all members of a specified at-risk group, regardless of whether they have **moderate acute malnutrition** or not. Targeted supplementary feeding programmes provide nutritional support to individuals with moderate acute malnutrition. To be effective, targeted supplementary feeding programmes should always be implemented when there is sufficient food supply or an adequate general ration for the general population, while blanket supplementary feeding programmes are often implemented when general food distribution for the household has yet to be established or is inadequate for the level of food security in the population. The supplementary ration is meant to be additional to, and not a substitute for, the general ration.

Undernourishment.

A state, lasting for at least one year, of inability to acquire enough food, defined as a level of food intake insufficient to meet dietary energy requirements. For the purposes of this report, hunger was defined as being synonymous with chronic undernourishment.

Undernutrition

The outcome of undernourishment, and/or poor absorption and/or poor biological use of nutrients consumed as a result of repeated infectious disease. It includes being underweight for one's age, too short for one's age (stunted), dangerously thin for one's height (wasted) and deficient in vitamins and minerals (micronutrient malnutrition).

Underweight

Low weight for age in children, and BMI of less than 18.5 in adults, reflecting a current condition resulting from inadequate food intake, past episodes of undernutrition or poor health conditions.

Wasting

Low weight for height, generally the result of weight loss associated with a recent period of starvation or disease.

Sources: IFPRI, FAO, Nutrition Data, UNICEF, Scaling Up Nutrition.