ACF - FRANCE

GLOSSARY OF TERMINOLOGY

commonly used to prevent, diagnose and treat under-nutrition

ACTION CONTRE LA FAIM
ACF INTERNATIONAL

FRANCE
4 rue de Niepce
75662 Paris cedex 14 France
Tel : +33 1 43 35 88 88
www.actioncontrelafaim.org

SPAIN
C/Caracas 6, 1°
28010 Madrid, España
Tel : +34 91 391 53 00
ach@achesp.org
www.accioncontraelhambre.org

UNITED KINGDOM
First Floor, rear premises,
161-163 Greenwich High Road
London, SE10 8JA, UK
Tel : +44 208 293 6190
info@aahuk.org
www.aahuk.org

UNITED STATES
247 West 37th Street, 10th Floor Suite #1201
New York, NY 10018 USA
Tel : +1 212-967-7800
Toll free : 877-777-1420
info@actionagainsthunger.org
www.actionagainsthunger.org

CANADA
1150, boulevard St-Joseph est
Bureau 302
Montréal, QC
H2J 1L5, Canada
Tel : +514 279-4876
info@actioncontrelafaim.ca
www.actioncontrelafaim.ca

GLOSSARY OF TERMINOLOGY

commonly used to prevent, diagnose and treat under-nutrition

Scientific and Technical Department

Action contre la Faim - France

LEGAL INFORMATION

Statement on copyright

Non-responsibility clause

The present document aims to provide public access to information concerning the actions and policies of Action against Hunger International. Our objective is to disseminate information that is accurate and up-to-date on the day it was initiated. We will make every effort to correct any errors that are brought to our attention. However, ACF bears no responsibility for information contained in the present document.

Ces informations :

- is solely intended to provide general information and does not focus on the particular situation of any physical person, or person holding any specific moral opinion;
- is not necessarily complete, exhaustive, exact or up-to-date;
- sometimes refers to external documents or sites over which ACF has no control and for which ACF declines all responsibility;
- does not constitute legal advice.

The present non-responsibility clause is not aimed at limiting ACF responsibility contrary to requirements of applicable national legislation, or at denying responsibility in cases where this cannot be done in view of the same legislation.

Design Graphic: Céline Beuvin
Cover photography: © Alix Haentjens - Conception illustration : © Johan Hoareau
Printed in Decembre 2011 by Cap Impression - 9, rue Salvador Allende - Z.I. des Glaises - 91120 Palaiseau
Recycled paper Cyclus print
First published: Decembre 2011

INDEX

A

B

C

D

E

F

G

H

I

K

L

M

N

O

P

R

S

T

U

V

W

Y

Z

INTRODUCTION

This document, for internal use, aims to list the various definitions of technical terms commonly used in ACF that can be understood by all staff at HQ or in the field, whatever their level of expertise.

This inventory is an update of a first document developed by Lucie Florentin, a trainee who worked with the Scientific and Technical Direction in 2010. This document developed by Alix Haentjens (Chargé de Projet Nutrition ACF-F) with the support of Anne-Dominique Israel (Senior Nutrition and Health Advisor ACF-F) is intended as a reference on terminology related to Nutrition and Health.

The rapidly evolving situation in relation to the governance of Nutrition at international level means that ACF's needs to permanently update its standards and basic document. The glossary is part of it and will therefore be regularly updated, adding/replacing new definitions of terms already listed and/or new terminology. Some terms used by the other ACF's technical sectors are mentioned in this document, but could be more developed in future versions.

This document is available in two languages. The English version is based on websites and reports of references recognised by International Authorities specialised in Nutrition. Most of the publications are not bilingual, so the French version is built on international references but also on translations from the English version.
Terminologies are globally defined in alphabetical order; some of them are however defined under another term. There is also an orange box at the end of each section to give the link to reach those words.
When definitions refer to others, a non-exhaustive list of terms is given in an orange box at the end of the definition.
Bold types terms in definitions are defined in the Glossary, and highlighted ones show the most important notions of the definitions. Certain words have a definition "for dummies" in a blue box.

Within the document you will also find a glossary of acronyms to facilitate understanding of the technical vocabulary used in ACF. It is not exhaustive and should be updated regularly. This glossary is bilingual: there are French and English acronyms. Not every acronym is translated.

Your contribution as "glossary users" to improve this tool would be highly appreciated.
We thank you in advance for the valuable feedback you will provide us with.

A

ACUTE MALNUTRITION
(or Acute under-nutrition)

Acute malnutrition reflects recent weight loss as highlighted by a small weight for a given height. Acute malnutrition occurs as a result of recent shocks to a child's nutritional status, which can be as a result of food shortages, a recent bout of illness, inappropriate child-caring or feeding practices or a combination of such factors. Severely acutely malnourished children are very susceptible to infections and death. Although data on mortality relating to mortality from Severe Acute Malnutrition (SAM) is scarce, case fatality rates of children hospitalised for severe malnutrition can range from 10-40%.[1]

➔ **See Malnutrition three.**

Note 1: The term ACUTE UNDER-NUTRITION, more precise, could be read more often in international documents.
Note 2: Most of ACF programmes target primarily acute malnutrition but nowadays more of them are also looking at other types of undernutrition[2].

THE 3 TYPES OF ACUTE UNDER-NUTRITION ARE DETAILED BELOW: :

- **Global Acute Malnutrition (GAM)**
- **Severe Acute Malnutrition (SAM):**
  - ➔ Marasmus/ Severe Wasting
  - ➔ Kwashiorkor
  - ➔ Marasmic Kwashiorkor
- **Moderate Acute Malnutrition (MAM)**

1 - White paper_Taking Action: Nutrition for survival, Growth & development_ACF-IN 2010
2 - Traduction de: Introduction à l'insécurité alimentaire - Principes d'intervention ; 2008

• Global Acute Malnutrition (GAM)

GAM is a population-level indicator measured on children below 5 years old and defined by a weight for height (WFH) < -2 z-score of the **WHO growth standards 2006** (cf. definition) or formerly WFH < 80% of the median in the NCHS reference 1977. It can also be defined by the presence of bilateral pitting oedema (**kwashiorkor**).

GAM is divided into moderate and severe acute malnutrition **(GAM = SAM + MAM)**[3].

The terms MAM, SAM and GAM are used by the UN to describe acute malnutrition[4].

• Severe Acute Malnutrition (SAM)

Defined by a WFH <-3 z-scores of the WHO growth standards 2006 (cf. definition) or <70% of the median according to the former Growth reference (NCHS 1977), It can also be defined by a mid-upper arm circumference (MUAC) <115 mm, or the presence of nutritional oedema (bilateral pitting oedema)[5].

SAM is characterised by the following clinical manifestations:

- MARASMUS – SEVERE WASTING

  Otherwise known as severe wasting: weight-for-height <-3 z-scores of the WHO growth standards 2006 (cf. definition), and/or a mid-upper arm circumference (MUAC) <115mm, in children under 5. A child with marasmus is extremely thin, with the appearance of a "wizened old man"[6] and other signs like an enlarged stomach, often due to intestinal worms, child irritable[7].

- KWASHIORKOR

  A manifestation of severe acute malnutrition indicated by bilateral pitting oedema. A child suffering from Kwashiorkor may not appear to be undernourished, because the body swells as a result of oedema. The additional water retained by the body increases the child's weight, so that it may be within normal limits. In its most severe form, Kwashiorkor results in extremely tight, shiny skin, skin lesions, discoloured hair, fatty liver and apathy[8].

  The exact cause is unknown but it is thought to be due to deficiency of antioxidant nutrients[9].

- MARASMIC – KWASHIORKOR

  Marasmic kwashiorkor combines both forms of severe acute malnutrition. A child with this condition presents with severe or moderate wasting (weight-for-height below -2 z-scores) and bilateral pitting oedema (usually in the feet and legs).

3 - International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 – 30, 2008 Workshop Report
4 - White paper_Taking Action: Nutrition for survival, Growth & development_ACF-IN 2010
5 - Tracking progress on child and maternal nutrition, a survival and development priority_2009
6 - White paper_Taking Action: Nutrition for survival, Growth & development_ACF-IN 2010
7 - Nutrition Kit; Module 1: The basics of malnutrition; 2007
8 - Adaptation from: White paper_Taking Action: Nutrition for survival, Growth & development_ACF-IN 2010
9 - ACF Guidelines for the Integrated Management of SAM: in and out-patient treatment 2011

- **Moderate Acute Malnutrition (MAM) - Moderate Wasting**

  Moderate acute malnutrition is indicated by a WFH between ≥-3 and <-2 z-scores of the WHO growth standards 2006 (cf. definition) or formerly WFH between ≥ 70% and < 80% of the median in the NCHS reference 1977[10].

  Note: Moderate acute malnutrition is not directly life threatening but must be treated to avoid a potential development of severe acute malnutrition[11].

  ➔ **See below Table of Severe and Moderate Acute Malnutrition criteria of inclusion**

MAS (6-59 months)	MAM (6-59 months)
➔ W/H - W/L <-3 Z score (WHO2006 standards) ➔ or <70% of the median (NCHS) ➔ or MUAC <115 mm if length/height >65cm ➔ or Presence of bilateral pitting oedema (+ & ++ admission to OTP; +++ admission to in-patients care)	➔ W/H - W/L ≥-3 to <-2 Z score (WHO2006 standards) ➔ or ≥ 70% to < 80% of the median (NCHS) ➔ or MUAC ≥115 to <125 if length/height >65cm

ACUTE MALNUTRITION ADVOCACY INITIATIVE (AMAI)

AMAI is ACF's first international advocacy initiative to address the issue of acute malnutrition with a specific focus on diagnosis, prevention and treatment of acute malnutrition through the health sector. With this evidence-based initiative, ACF is calling on governments and international institutions to prioritise acute malnutrition as a major public health issue and to integrate prevention and treatment of acute malnutrition (AM) into national health systems drastically increasing long-term investment in direct nutrition interventions.

AMAI will be delivered through all five ACF HQ's and a selection of 4-6 participating missions. The regional focus of the initiative in relation to field impact is Sub-Saharan Africa (including West Africa) and Southeast Asia the two most affected regions by malnutrition worldwide.

AMAI has been developed to increase and coordinate ACF engagement in international, regional and national policy and campaign work to end Acute Malnutrition. Furthermore, this strategy includes a capacity strengthening programme to build ACF's internal capacities to be an effective advocate.

AMAI is a dynamic initiative that would be annually reviewed based on feedback received throughout its implementation[12].

10 - Adaptation from: White paper_Taking Action: Nutrition for survival, Growth & development_ACF-IN 2010
11 - Traduction from: Introduction à l'insécurité alimentaire - Principes d'intervention ; 2008
12 - ACF_AMAI Strategy_ 2010

ADVOCACY

Advocacy means “influencing people with power to achieve change in policy and practice”.
Before engaging in advocacy 3 key questions need to be answered:

- **WHAT** change needs to be brought about?
- **WHO** can make the change?
- **HOW** can you make them effect the desired change?

AFLATOXINE (Grain)

Aflatoxin-producing members of Aspergillus moulds are common and widespread in nature (ground, decaying organic matter, cereals, etc.). Thus, these moulds are naturally present in cereals like rice, wheat, various cereals but also in peanuts, pistachio, dried fruits, etc. When these foods are stocked in non-proper conditions such as in high humidity and temperatures, high-rate of alflatoxin remains and damages the fruit/cereals health quality and any resulting process food. A chronicle high-level of absorption of these toxins can produce liver and kidney leisure; they are strong natural carcinogenic toxins. In few cases of acute intoxication, symptoms of depression, anorexia, diarrhoea, jaundice and anaemia are observed and can exceptionally lead to death.

AGE

- **New-born, infant or Neonate**
  Child under 28 days of age[13].
- **Infant**
  Children less than 12 month of age[14].
- **Young children**
  Children aged 12 to 24 months[15].

ANTHROPOMETRY

The study and technique of human body measurement. It is used to measure and monitor the **nutritional status** of an individual or population group[16].

RELATED DEFINITIONS:

- Body Mass Index
- Height-for-Age Index (HFA)

13 - http://www.who.int/topics/infant_newborn/en/index.html
14 - Support for lactating, pregnant women and infants in emergency situations_DRAFT April 2011
15 - Support for lactating, pregnant women and infants in emergency situations_DRAFT April 2011
16 - International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 – 30, 2008 Workshop Report

RELATED DEFINITIONS:

- **M**id-Upper Arm Circumference (MUAC)
- **N**utritional Oedema (or bilateral pitting oedema)
- **N**utritional Status
- **W**eight-for-Age Index (WFA)
- **W**eight-for-Height Index (WFH)

APPETITE TEST

The decisions to whether a child needs to receive **outpatient care** or **inpatient care** (the two main options for the treatment of severe acute malnutrition) is based on the outcomes of this test. The test is done at admission and during all follow-up sessions, to ensure that the child can eat the Ready to Use Therapeutic Food (RUTF). If the child has no appetite, he/she must be admitted for inpatient care. ACF follows a specific protocol for the appetite test, validated at International level[17].

ANTIRETROVIRAL THERAPY or ARV or ART

This is the main type of treatment for HIV or AIDS. It is not a cure, but it can stop people from becoming ill for many years. The treatment consists of drugs that have to be taken every day for the rest of a person's life.

The aim of antiretroviral treatment is to keep the amount of virus in the body at a low level. This suspends any weakening of the immune system and allows it to recover from any damage that HIV might have caused already.

The drugs are often referred to as: antiretroviral, or ARVs or, anti-HIV/ anti-AIDS drugs[18].

RELATED DEFINITIONS:

- **H**IV/ AIDS – HIV minimum package for Nutrition
- **P**eople living with HIV (PLHIV)
- **P**revention of Mother-to-child Transmission (PMTCT)
- **V**oluntary Counselling and Testing (VCT)

ASSESSMENT

- **Preliminary assessment** refers to the analysis of a situation (assessment of the needs/ demands and responses) it is the first phase of the project cycle management.
- **Periodic assessment** of a project (at mid-term and upon completion), assesses the relevance, efficiency, effectiveness and sustainability of the project in relation to its objectives[19].

17 - Adaptation from: International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM)_Washington DC, April 28 – 30, 2008 Workshop Report
18 - http://www.avert.org/treatment.htm
19 - http://www.actionagainsthunger.org.uk/resource-centre/learn-the-facts/glossary/?lettre=E

RELATED DEFINITIONS FOR THE LETTER "A" :

- **Accessibility**
- **Availability**
  - ➔ See under **F**ood Security
- **AIDS**
  - ➔ See under **H**IV

B

BABY-FRIENDLY HOSPITAL INITIATIVE (BFHI)

The Baby Friendly Hospital Initiative is a programme of the World Health Organisation (WHO) and UNICEF. It was launched in 1991, following the Innocenti Declaration of 1990. The objective is to encourage maternity hospitals to implement the Ten Steps to Successful Breastfeeding and to practise in accordance with the **International Code of Marketing of Breast-milk Substitutes.**

The Baby Friendly Initiative works with the health-care system to ensure a high standard of care for pregnant women and breastfeeding mothers and babies. Support is provided for health-care facilities that are seeking to implement best practices, an assessment and accreditation process recognises those that have achieved the required standard[20].

BASIC PACKAGE OF CHILDCARE PRACTICES (in Nutritional programmes)

ACF childcare practices are an integral part of the treatment of acute malnutrition. They involve attitudes, words, organisation and specific activities important at every phase of the treatment of acute malnutrition.

Whether during reception, play sessions, mealtimes or home treatment, the psychosocial dimension is an important part of all activities, and must be taken into account by everybody. It is key to the well-being, health and recovery of patients[21].

RELATED DEFINITIONS :

- Child Care Practices
- Child development
- Child psychomotor development
- Mental Health
- Psychosocial

20 - Adaptation from: http://www.who.int/nutrition/topics/bfhi/en/index.html
21 - Adaptation from: Manual for the Integration of Child Care Practices and Mental Health within Nutrition Programmes_ACF_November 2006

BEHAVIOUR CHANGE COMMUNICATION (BCC)

Behaviour change communication (BCC) is the strategic use of communication to promote positive health outcomes, based on proven theories and models of behaviour change. BCC employs a systematic process beginning with formative research and behaviour analysis, followed by communication planning, implementation, and monitoring and evaluation. Audiences are carefully segmented, messages and materials are pre-tested, and both mass media and interpersonal channels are used to achieve defined behavioural objectives[22].

BCC is a methodology which can be used at different levels: individually and in communities.

BODY MASS INDEX

An indicator used to assess the nutritional status of adults and older children. It is derived by dividing the weight of an individual in kilograms by the square of the height measured in metres: ***weight/(height)^2***.

- Overweight adult: BMI >25;
- Underweight adult: BMI <18.5.[23]

BMI is not appropriate for assessment of growing children, frail and sedentary elderly individuals, or women who are pregnant or breastfeeding.[24]

BREASTFEEDING

Breastfeeding is the feeding of an infant or young child with breast-milk directly from female human breasts (i.e. via lactation) rather than from a feeding-bottle or other container. Babies have a sucking reflex that enables them to suck and swallow milk[25].

Breastfeeding is an unrivalled way of feeding infants and young children. Exclusive breastfeeding for 6 months is the optimal way of feeding infants. Thereafter infants should receive complementary foods in addition to continued breastfeeding up to 2 years of age or beyond.

Breast-milk is the natural first food for babies, it provides all the energy and nutrients that the infant needs for the first months of life, and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year, and up to one-third during the second year of life.

Breast-milk promotes sensory and cognitive development, and protects the infant against infectious and chronic diseases.

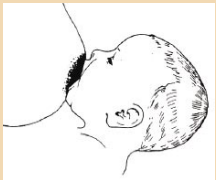
Breastfeeding contributes to the health and well-being of mothers; it helps to space children, reduces the risk of ovarian cancer and breast cancer, increases family and national resources, is a secure way of feeding and is safe for the environment.

While breastfeeding is a natural act, it is also a learned behaviour[26].

22 - 2011 AED- Centre for Global Health Communication and Marketing
23 - Hunger and Health; World Hunger Series; 2007
24 - Website ; FIVIMS ; Glossary ; 2010
25 - Wikipedia
26 - Adaptation from: http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/index.html

RELATED DEFINITIONS BELOW:

- **B**reast-milk Substitute (BMS)
  - ➔ The International **C**ode of Marketing of Breast-milk Substitutes
- **E**xclusive Breast Feeding



RELATED DEFINITIONS FURTHER :

- **C**omplementary Feeding
- **C**omplementary Food
- **S**upplementary Suckling Technique (SST)
  - ➔ see under **MAMI**

• EXCLUSIVE BREASTFEEDING

The infant receives only breast-milk (including breast-milk that has been expressed or provided by a wet-nurse) and nothing else, including water or tea. The administration of medicines, oral rehydration solution, vitamins and minerals, as recommended by health providers, are permitted during exclusive breastfeeding[27].

To enable mothers to establish and sustain exclusive breastfeeding for 6 months, WHO and UNICEF recommend:

- Initiation of breastfeeding within the first hour of life
- Exclusive breastfeeding - that is the infant only receives breast-milk without any additional food or drink, not even water
- Breastfeeding on demand - that is as often as the child wants, day and night
- No use of feeding-bottles, teats or pacifiers

Exclusive breastfeeding reduces the risk of infant mortality from common childhood illnesses such as diarrhoea or pneumonia, and promotes a more rapid recovery following illness[28].

BREAST-MILK SUBSTITUTE (BMS)

Any food being marketed or otherwise represented as a partial or total replacement for breast-milk, whether or not suitable for that purpose.

Note: In practical terms, foods may be considered BMS depending on how they are marketed or represented. These include infant formula, other milk products, therapeutic milk, and bottle-fed complementary foods marketed for children up to 2 years of age[29].

30

➔ **See the Code (international) of Marketing of BMS.**

27 - Adaptation from: Tracking progress on child and maternal nutrition; November 2009
28 - Adaptation from: http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/index.html
29 - HIV Transmission Through Breastfeeding_ A review of available evidence_UNICEF-UNAIDS-WHO - UNFPA; 2005
30 - National Directives « Points Conseil en nutrition pour Bébés »_Haïti 2010

RELATED DEFINITIONS FOR THE LETTER "B" :

- **Basic Package Health Services** - (Essential Healthcare Package)
  - ➔ See under **H**ealth Care (primary)
- **Behaviour Change / Hearth Method**
  - ➔ See under **P**ositive deviance
- **Blanket**
  - ➔ See under **F**ood Aid

C

CAPACITY DEVELOPMENT

Capacity development is the means by which skills, experience, technical and management expertise are built within an organisational structure. Capacity is built through the provision of technical assistance, short or long-term training, coaching and specialist inputs[31].

Capacity development is more than training and includes the following:

- Human resource development, i.e. the process of equipping individuals with the understanding, skills as well as access to information, knowledge and training that enable them to perform effectively.
- Organisational development, the elaboration of management structures, processes and procedures, not only within organisations but also between the different organisations and sectors (public, private and community)[32].

CASE FATALITY RATE

Number of deaths due to a disease in a given area during a given period of time divided by the corresponding number of cases of this disease that occurred during the same period of time[33].

CASH-BASED INTERVENTIONS (CBI)

Cash-Based Interventions (CBIs) can be implemented in various contexts during or after an acute or chronic crisis situation. They include free or conditional cash transfers, vouchers and cash-for-work programmes. The general objective of CBIs is to support an immediate increase in purchasing and/or investing power, enabling the affected population to access basic necessities, including food and non-food items, and/or to invest in the protection, recovery and strengthening of livelihood assets.

31 - OECD Glossary of Statistical Terms 2002
32 - Urban Capacity Development Network
33 - http://www.actionagainsthunger.org.uk/resource-centre/learn-the-facts/glossary/?lettre=C

CBIs can also take the form of social protection or safety net programmes, with the aim of providing predictable transfers to vulnerable populations over a given period of time. These programmes may also be food-based or combine both food and cash.

Cash-based interventions are likely to stimulate the local economy and thus promote economic recovery. This type of programme can therefore be seen as a market support intervention.

Participatory analysis of underlying causes for insufficient purchasing or investment power is a necessary component of this intervention. Market analysis and monitoring are key elements of the preparation and implementation of this type of programme, ensuring minimum disruption of local markets[34].

Cash-based interventions are commonly categorised in 3 main modalities:

- **Cash grants,** where cash is provided directly to the target groups, without any requirement to work, either in the form of actual cash, through a transfer on a bank account or a mobile wallet. They can be given as emergency relief, for support to livelihood recovery or as a social safety net[35].
- **Vouchers** (i.e. Fresh Food Voucher), are tokens or coupons issued by an agency, a company or the State, which can be exchanged for a specified and pre-defined set of goods and services, or goods up to a fixed value of money, at certain shops or with certain traders. The agency or company which issued the vouchers then takes the vouchers handed back by the shops or traders in exchange for an agreed sum of money. They may be valid for several months, or only a particular market day[36].
- **Cash for work programmes**, where the beneficiaries are paid cash wages against work on public or community works schemes.

Depending on the objectives and context, cash transfer can be restricted and/or conditioned:

- Cash transfers may be restricted to certain use (purchase of specific pre-defined items, or purchase of a choice of items providing the use of these items respects fixed rules), usually dictated by the objectives of the programme, or the donor requirements.
- Cash transfers may be conditioned to the fulfilment of specific activities by the beneficiary population, such as sending children to school, attending training/promotion sessions, going regularly to health centres, participating to public/community works (cash for work programmes are a specific form of conditionality)....

34 - Food security and livelihood policy_ACF_01 2009
35 - Adaptation from: Implementing Cash-based Interventions – ACF Food Security Guideline
36 - Adaptation from: Implementing Cash-based Interventions – ACF Food Security Guideline

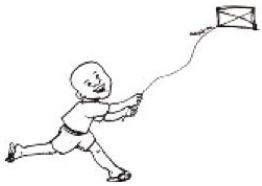
CHILDCARE PRACTICES

ACF uses the definition proposed by Engle (1995): "Care refers to the behaviours and practices of caregivers (mothers, siblings, fathers, and childcare providers) to provide the food, health care, stimulation, and emotional support necessary for children's healthy survival, growth, and development. These practices translate food security and health care resources into a child's well-being. Not only the practices themselves, but also the ways they are performed - in terms of affection and responsiveness to the child - are critical to a child's survival, growth and development. It is impossible for caregivers to provide this care without sufficient resources, such as time and energy."

Note: "Child care practices" encompasses all aspects of childcare, both practical and emotional. The term "mother-child relationship" is sometimes a simpler way to explain child care practices, although this can sometimes be inadequate since it implies a dual mother-child or caregiver-child relationship, whereas in the context of ACF's work, it is not uncommon for childcare to be provided by several caregivers. In addition, it fails to highlight the organisational or decisional aspects within the family and social system that should be emphasised in childcare practices[37].

6 care practices have been selected in the Initiative Care Manual which was published by UNICEF in 1997:

- Care for women
- Breastfeeding and feeding practices
- Psychosocial care
- Food preparation
- Hygiene practices
- Home health practices[38]



CHILD DEVELOPMENT

Child development has been defined by different scholars as growth and increase in body size, mental capacity, understanding and acquisition of new skills. The development occurs in series and at different stages one after the other. This process needs stimulation. Werner, D. 1988 has asserted that, "Stimulation means the variety of opportunities which a child can get to experience, explore and play with things around him. It involves body movement and touching".

Every society has different child rearing practices used to facilitate child development. The practices depend on cultures, beliefs, and socio- economic as well as environmental factors. These different factors influence child development as societies at the same time have different perceptions and expectations on child development.

37 - Adaptation from: Policy on Mental Health and Child Care Practices_December 2009
38 - Technical Sheet "Malnutrition & Mental Health" N°1, Child Care Practices as a cause of malnutrition, ACF_July 2005

UNESCO (1995) defined Child Development as "...a process of change in which the child learns to handle more complex levels of moving, thinking, feeling and interacting with people and objects in the environment."

Holt (1993) added that "The term applies to a global impression of the child and encompasses growth, increase in understanding, acquisition of new skills and more sophisticated response and behaviour".

Many authors have summarised child development as an increase in size and in the mental, physical and social functions of the child. The term also means growth and development whereby the two go together but in different speed.

The whole process of development occurs in series of stages when each stage builds on the proceeding one. This is a continuous process where the whole process of development is affected if one stage does not occur.

There are internal and external factors, which determine the development. The internal factors are mainly the genes, which the child inherits from the parents, while the external factors are environmental like health, socio-economic surroundings, family and the stimulation given. All these factors interact together and each depend on or influence the other[39].

CHILD PSYCHOMOTOR DEVELOPMENT

« Psychomotor development » refers to the indissociable physical and psychical character of child development. It involves concomitant progresses of two levels: the neuromuscular maturation (tonus, motivity, sense) and the psycho-emotional development, cognitive and social. The pivot of those interactions is mainly social, supported by all emotions and affects; tonic, mimicries and kinaesthetic modifications that child experiences at the beginning of life. For example, first cognitions are organised thanks to the accumulation of interactions and to the synchronisation of vocalisations and of look exchanges between the mother and her child[40].

© Gwenaëlle Garnier_Mission Haïti

39 - Final Report_A Rapid assessment of child rearing practices likely to affect child's emotional, psychosocial and psychomotor development. A case study of Kibaha District, Coast Region Tanzania_UNICEF_2001
40 - Traduction of Wikipedia definition : « développement psychomoteur »_french version

RELATED DEFINITIONS:

- **B**asic package of Child Care Practices
- **C**hild Care practices
- **M**ental Health
- **P**sychosocial

CHRONIC MALNUTRITION or STUNTING

(or Chronic Under-nutrition)

Stunting or chronic under-nutrition is a form of under-nutrition. A child below the average height for a given age suffers from growth retardation and therefore suffers from Chronic under nutrition. It is defined by a height-for age (HFA) z-score below - 2 standard deviations of the median of the **WHO growth standards 2006.**

Stunting results from prolonged or repeated episodes of nutritional deficiencies (energy or micronutrients) starting at or before birth. It can also be the effect of an exposure to repeated infections or even to generally poor living conditions, which hinders (or has hindered) the growth of a child. This type of malnutrition is best addressed through preventive maternal and child health programmes aimed at pregnant women, infants and children under 2 years of age. Programme responses to stunting require longer-term planning and policy development[41].

Growth retardation primarily manifests itself in a failure reach full genetic potential, both physically and mentally and is measured as shortness in height as compared to reference values of same age and sex. Stunting significantly increases the likelihood of premature death and children who survive are more vulnerable to infection, experience impaired cognitive development and low work capacity during adulthood. Children who go from stunting to a more affluent situation in adulthood are prone to non-communicable diseases like heart disease, kidney disease, diabetes etc[42].

➔ **See Malnutrition three.**

CLIMATE CHANGE ADAPTATION (CCA)

An adjustment in natural or human systems in response to actual or expected climatic stimuli or their effects, which moderates harm or exploits beneficial opportunities[43].

RELATED DEFINITIONS BELOW

- **D**isaster Risk Management **(DRM)**
- **D**isaster Risk reduction **(DRR)**

41 - Adaptation from: International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 – 30, 2008 Workshop Report
42 - White paper_Taking Action: Nutrition for survival, Growth & development_ACF-IN 2010
43 - IPCC, 2007

CODE (INTERNATIONAL) OF MARKETING OF BREAST-MILK SUBSTITUTES

The Code is a set of recommendations to regulate the marketing of breast-milk substitutes, feeding-bottles and teats. The Code was formulated in response to the realisation that poor infant feeding practices were negatively affecting the growth, health and development of children, and were a major cause of mortality in infants and young children. Poor infant feeding practices therefore were a serious obstacle to social and economic development. The 34th session of the World Health Assembly (WHA) adopted the International Code of Marketing of Breast-milk Substitutes in 1981 as a minimum requirement to protect and promote appropriate infant and young child feeding.

The Code aims to contribute "to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution" (Article 1). (...) Breast-milk substitutes should be available when needed, but should not be promoted.

The Code was adopted through a World Health Assembly (WHA) resolution and represents an expression of the collective will of governments to ensure the protection and promotion of optimal feeding for infants and young children[44].

CODEX ALIMENTARIUS

Latin for "food code", the Codex Alimentarius is a common programme of FAO and WHO which consists in combining norms, codes, directives and other recommendations relative to production and to food processing industry, which deals with food sanitation security.

- **CODEX ALIMENTARIUS COMMISSION**

  The Codex Alimentarius Commission meets annually to discuss and adopt international food standards, guidelines and codes of practice. It deals with all food safety and quality issues covering a wide range of topics such as safe limits for food additives and guidelines to control dangerous bacteria in food.

  The commission was jointly created by the Food and Agriculture Organisation of the United Nations (FAO) and WHO under the Joint FAO/WHO Food Standards Programme. Its mandate is to:

  - protect the health of consumers; and
  - ensure fair trade practices in the food trade.

  The results of the commission's work form the international food safety standard, Codex Alimentarius. These standards, when introduced into national legislation, contribute to ensure safety of foods[45].

44 - The International Code of Marketing of Breast-Milk Substitutes_Frequently asked question_OMS_2008
45 - http://www.who.int/mediacentre/events/meetings/2010/codex_20100705/en/

COMMUNITY APPROACH

RELATED DEFINITIONS BELOW:

- Community HEALTH
- Community HEALTH WORKER **(CHW)**
- Community SYSTEMS
- Community System Strengthening **(CSS)**
- Community VOLUNTEER

RELATED DEFINITIONS:

- **Community-Based Management of Acute Malnutrition (CMAM)**
  - ➔ CMAM Integration (or IMAM: Integrated Management of Acute Malnutrition)
  - ➔ Community OUTREACH for CMAM
  - ➔ Community REFERRAL
- **Management of Acute Malnutrition in Infants (MAMI)**

• COMMUNITY HEALTH

The combination of sciences, skills and beliefs directed towards the maintenance and improvement of the health of all the people through collective or social actions. The programmes, services and institutions involved emphasise the prevention of disease and the health needs of the population as a whole. Community health activities change with changing technology and social values, but the goals remain the same[46].

• COMMUNITY HEALTH WORKER (CHW)

Community Health Workers are commonly members of the communities they work with, who are selected by those communities, should be answerable to them for their activities, should be supported by the health system, and have shorter training than professional workers. Therefore they do not include formally trained nurse aides, medical or physician assistants, and other who are auxiliaries or other health professionals. Traditional, faith and complementary healers as well as Traditional Birth Attendants (TBAs) are not included in this definition.

CHWs perform a wide range of tasks, including provision of water, first aid and treatment of simple and common ailments, health education, nutrition, maternal and child health and family planning activities, care for TB and AIDS, malaria control, home visits, referrals and record-keeping[47].

• COMMUNITY SYSTEMS

Community systems can be defined as the community-led structures and mechanisms through which community members as individuals, or represented by community-based organisations and groups, interact, coordinate and deliver their responses to the challenges and needs

46 - http://whqlibdoc.who.int/wkc/2004/WHO_WKC_Tech.Ser._04.2.pdf
47 - ACF_CMAM integration guide_2011_DRAFT

affecting their communities. Many community systems are small-scale and informal. Others are more extensive with networks between several organisations, and with various sub-systems. Some of them may depend on the Health system.

- **COMMUNITY SYSTEMS STRENGTHENING (CSS)**

  Community Systems Strengthening (CSS) therefore is an approach that promotes the development of informed, capable and coordinated communities and community-based organisations, groups and structures. CSS involves enabling a broad range of community actors to contribute as equal partners alongside other actors to the long-term sustainability of health and nutrition interventions at community level. In health, the goal of CSS is to achieve improved health and nutrition outcomes by developing the role of key community members and of community-based organisations in the design, delivery, monitoring and evaluation of services and activities concerning health, nutrition and related issues[48].

- **COMMUNITY VOLUNTEER**

  A community volunteer is a person who conducts outreach for community mobilisation, screening, referral and follow-up in the community. He or she can receive an incentive but no remuneration[49].

  In resource-poor communities where there are insufficient employed staff to implement an effective community-based programme, the community aspects of the programme can be run by volunteers.

  A volunteer is a person living within the community, who is willing to spend time providing services to other community members without receiving payment for their service. It may include Community Health Workers where they are not paid. They usually have standing in the community, with villagers willing and accustomed to seeking their assistance[50].

COMMUNITY-BASED MANAGEMENT OF ACUTE MALNUTRITION (CMAM)

CMAM refers to the management of acute malnutrition through:

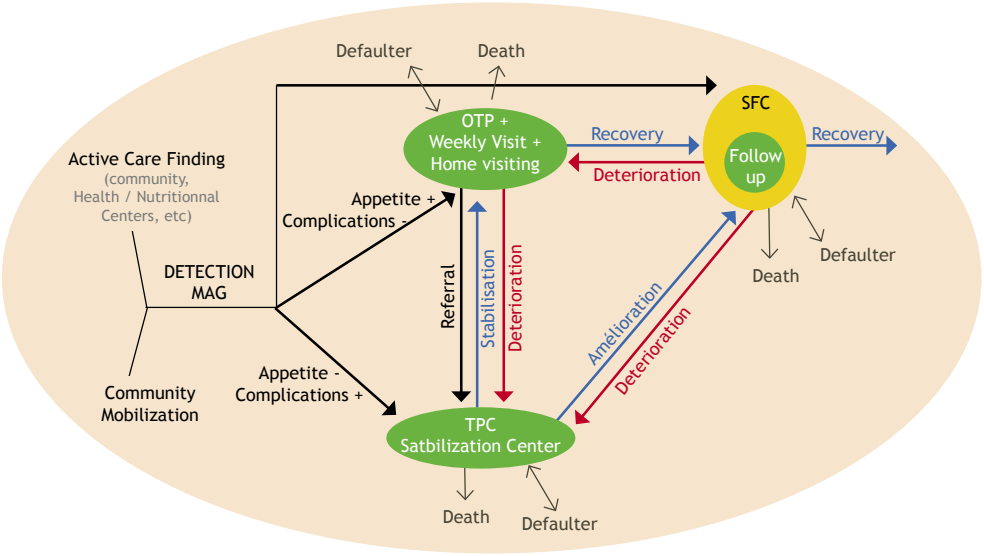
1. Inpatient care for children 6-59 months with SAM with complications, infants below 6 months of age with visible SAM and other groups of age with SAM,
2. Outpatient care for children with SAM without complications,
3. Community outreach.
4. Services or programmes for children with moderate acute malnutrition (MAM) (this element can be removed from the CMAM set of services according to the context).

CMAM evolved from Community-Based Therapeutic Care (CTC), which is a community-based approach for the management of acute malnutrition in emergency settings and comprises inpatient

48 - The Global Fund (2010). Community Systems Strengthening Framework.
49 - Adaptation from: International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 – 30, 2008 Workshop Report
50 - ACF CMAM Integration Guide_2011_DRAFT

or stabilisation care, outpatient therapeutic care, supplementary feeding and community outreach. Other variants of CMAM include Ambulatory Care or Home Care for SAM[51].

LOCAL HEALTH SYSTEM & COMMUNITY[52]



RELATED DEFINITIONS BELOW:

- CMAM Integration (or IMAM)
- Community OUTREACH for CMAM
- Community REFERRAL

RELATED DEFINITIONS:

- **COMMUNITY APPROACH in Nutrition and Health**
  - ➔ CMAM Integration (or IMAM: Integrated Management of Acute Malnutrition)
  - ➔ Community OUTREACH for CMAM
  - ➔ Community REFERRAL
- **Management of Acute Malnutrition in Infants (MAMI)**

51 - International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 – 30, 2008 Workshop Report
52 - PAD_ACF_ Discharge & Follow up & Supplementary Feeding Programme (SFP)_Programme implementation_2007

• CMAM INTEGRATION (or IMAM: Integrated Management of Acute Malnutrition)

Integration of CMAM refers to the inclusion of CMAM services of inpatient care, outpatient care and community outreach into the national healthcare system.

The following statements are helpful in further defining and explaining CMAM integration:

- The responsibility for the management of the caseload of acute malnutrition is taken on by the MOH, in collaboration with other health systems actors, such as private health providers, civil society organisations and CMAM becomes one component of a basic package of child health services.
- The MoH may delegate responsibilities to authorities at national and subnational level. At the beginning of the CMAM scale-up process, the MoH may decide to target the 'higher' levels of the healthcare system for the integration of outpatient services to treat SAM, with a plan to further decentralise to lower levels once services are well-established.
- It assumes that the health system has the financial and human resource capacity as well as the necessary expertise to provide, adapt and maintain quality and effective CMAM services with minimal external support. Where certain elements of the national health system are weak, this can be addressed through technical and financial support as well as capacity development.
- CMAM integration forms part of a holistic approach to reducing under-nutrition, including prevention, and takes into account other components of the health system[53].

• COMMUNITY OUTREACH FOR CMAM

Community outreach for CMAM, in collaboration with the community health workers and other volunteers, includes community assessment, community mobilisation, active case finding and referral, and follow-up of children being treated/ after treatment.

Outreach work is linked to health centres, employing workers full-time to implement basic health services at community level. Community outreach workers work in collaboration with Community Health Workers and other community-level volunteers, overseeing their activities and providing support to the implementation of basic health services[54].

• COMMUNITY REFERRAL

Community referral is the process of identifying children with acute malnutrition in the community and sending them to the health facility for CMAM services[55].

53 - ACF CMAM Integration Guide_2011_DRAFT
54 - Adaptation from: International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 – 30, 2008 Workshop Report
55 - Adaptation from: International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 – 30, 2008 Workshop Report

COMPLEMENTARY FEEDING

The transition from exclusive breastfeeding to family foods, referred to as complementary feeding. It is initiated when breast-milk alone or infant formula alone is no longer sufficient to meet the nutritional requirements of an infant, and other foods and liquids are provided along with breast-milk or a breast-milk substitute.

- Complementary feeding should be timely, meaning that all infants should start receiving foods in addition to breast-milk from 6 months onwards.
- It should be adequate, meaning that the complementary foods should be given in amounts, frequency, consistency and using a variety of foods to cover the nutritional needs of the growing child while maintaining breastfeeding.
- Foods should be prepared and given in a safe manner, meaning that measures are taken to minimise the risk of contamination with pathogens.
- And they should be given in a way that is appropriate, meaning that foods are of appropriate texture for the age of the child and applying responsive feeding following the principles of psycho-social care.

Complementary feeding is generally targeted at children from 6 to 24 months[56].

FOR "DUMMIES"
Previously called **"weaning"** and more accurately referred to as **"timely complementary feeding"**: the child receives age-appropriate, adequate and safe solid or semi-solid food in addition to breast-milk or a **breast-milk substitute**[57]**.**

COMPLEMENTARY FOOD

Any food, whether industrially produced or locally-prepared, used as a complement to breast-milk or to infant formula (see complementary feeding definition).

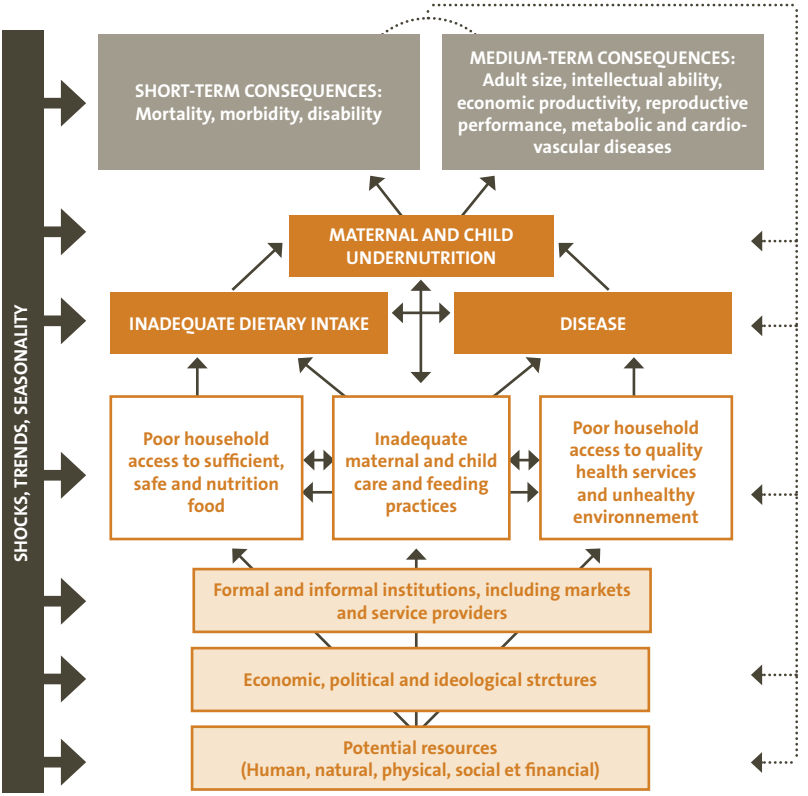
Note:

- Foods marketed for children less than 6 months are **Breast-milk Substitutes** (BMS) and are not complementary foods.
- Complementary foods should not be confused with **Supplementary foods**[58]**.**

56 - Adaptation from: Tracking progress on child and maternal nutrition; November 2009
57 - Infant and Young Child Feeding in Emergencies, Operational Guidance for Emergency Relief Staff and Programme Managers_IFE Core Group_may 2006
58 - Support for lactating, pregnant women and infants in emergency situations_DRAFT April 2011

CONCEPTUAL FRAMEWORK (CAUSES OF UNDER-NUTRITION)[59]

COMPREHENSIVE CONCEPTUAL FRAMEWORK FOR LIVELIHOODS, FOOD AND NUTRITION SECURITY



COUNSELLING

Counselling is an approach in which therapists or experts offer advice and support to someone for a specific problem. The term encompasses multiple approaches in the field, from actual treatment by qualified personnel to large-scale projects staffed by unqualified personnel, trained in a few days to "get victims to talk," especially after natural disasters. ACF implements listening and support operations for populations, the aim of which is therapeutic, using personnel trained over a long period and supervised by expert psychologists; but does not subscribe to the large-scale counselling or debriefing strategy, whose limits and risks to both victims and teams have been demonstrated and published[60].

59 - ACF (2011-under validation at the time of edition), based on Black & al, 2008; UNICEF, 1992; DFID, 1999 and WFP, 2009
60 - Policy on Mental Health and Child Care Practices_December 2009

COVERAGE of CMAM services

In the context of Community based Management of Acute Malnutrition (CMAM), geographical coverage refers to the availability or delivery of CMAM services through the decentralisation of health facilities with CMAM services and the accessibility of those services by all people who require them. It can be measured by direct methods (population-based surveys using e.g. cluster sampling) providing an estimation of the ratio of children with SAM under treatment to the total number of children with SAM identified in the community at a particular time, or by indirect methods (e.g. coverage estimates calculate the ratio of children with SAM who are receiving treatment to the expected number of children with SAM in the community, based on current prevalence and estimated incidence rates), sampling service impact areas and non-service areas.

Service or programme coverage refers to the use of CMAM services where CMAM services are delivered and accessed by those in need of care. It can be measured by direct methods (population-based surveys using e.g. Centric Systematic Area Sampling (CSAS) – other methods are under development, sampling service impact areas, providing local estimates, mapping of coverage and calculation of a coverage ratio, Semi-Quantitative Evaluation of Access and Coverage (SQUEAC method) by valid and FANTA[61].

RELATED DEFINITIONS FOR THE LETTER "C":

- **Canteens**
  - ➔ See under **F**ood Aid
- **Cluster Approach**
  - ➔ See under **G**overnance ➔ **I**nter Agency Standing Committee (IASC)
- **Crude Mortality rate**
  - ➔ See under **M**ortality rate
- **CSB – Corn Soya Blend**
  - ➔ See under **F**ortified Blended Food (FBF)

61 - Adaptation from: International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 – 30, 2008 Workshop Report

D

DALY: DISABILITY-ADJUSTED LIFE YEARS

The burden of disease measures the gap between the current health of a population and an ideal situation where everyone in the population lives into old age in full health, in a unit of Disability-Adjusted Life Years (DALYs). DALYs combine years of life lost due to premature death and years of life lived with disabilities into a single indicator allowing assessment of the total loss of health from different causes. One DALY can be considered as approximately one lost year of "healthy" life[62].

DEMOGRAPHIC AND HEALTH SURVEYS (DHS)

The International Programme of Demographic and Health Surveys, **is the principal source of data over the world.** DHS collects nationally representative data on fertility, family planning, maternal and child health, gender, HIV/AIDS, malaria and nutrition. Survey results help to advance global understanding of health and population trends in developing countries[63]. Survey reports and data basis for almost 80 countries are on free access at: *http://www.measuredhs.com*.

DIARRHOEA

Diarrhoea is the passage of 3 or more loose or liquid stools per day. It is usually a symptom of gastrointestinal infection, which can be caused by a variety of bacterial, viral and parasitic organisms. Infection is spread through contaminated food or drinking-water, or from person to person as a result of poor hygiene.

Severe diarrhoea leads to fluid loss, and may be life-threatening, particularly in young children and people who are malnourished or have impaired immunity[64].

62 - The Lancet's Series on Maternal and Child Undernutrition_Executive Summary_2008
63 - Adaptation from: Measure DHS website
64 - http://www.who.int/topics/diarrhoea/en/

DISASTER RISK MANAGEMENT (DRM)

The systematic process of using administrative directives, organisations and operational skills and capacities to implement strategies, policies and improved coping and adaptive capacities, in order to address vulnerability and lessen the adverse impacts of hazards and the possibility of disaster. Generic risk management employs various strategies to reduce, avoid or manage risk including mitigation, deferral, sharing, transfer, acceptance and avoidance[65].

DISASTER RISK REDUCTION (DRR)

The concept and practice of reducing disaster risks through systematic efforts to analyse and manage the causal factors of disasters, including through reduced exposure to hazards, lessened vulnerability of people and property, wise management of land and the environment, and improved preparedness for adverse events[66].

RELATED DEFINITION:

- **C**limate Change Adaptation (CCA)

DOUBLE BURDEN OF MALNUTRITION

Refers to the two-pronged problem of malnutrition the occurrence of both under-nutrition and over-nutrition as major public health problems within the same country.

In the context of development, food and nutrition issues are often perceived as those relating to inadequate food or nutritional deficiencies, yet **under-nutrition** is no longer the dominant form of human **malnutrition** in the population. The emerging epidemic of non-communicable diseases (sometimes known as lifestyle diseases, such as heart disease, stroke, cancer, diabetes and obesity) is no longer a problem restricted to affluent, industrialised countries.
In 2001, it was worldwide estimated there were close to a billion overweight or obese individuals and the corresponding number were underweight. While more of the over-nourished are adults in developed countries and more of the malnourished are children in developing countries, the two conditions often exist closely within the same community or even within a given household.

Rapid shift in diet from low- to high-energy-dense food, as well as a progressively sedentary lifestyle, moves stunted populations from underweight to overweight and obesity. Rapid shifts in weight with concurrent gains in height are now recognised as particularly increasing the risk of later diabetes, central obesity and cardiovascular diseases[67].

65 - Adapted from UNISDR, 2009
66 - UNISDR, 2009
67 - Adaptation from: www.sightandlife.org/topics/double-burden-of-malnutrition

E

EMERGENCY NUTRITION ASSESSMENT (ENA)

The software tool used for conducting the analysis of SMART nutrition surveys.
The purpose of ENA for SMART is to make nutrition assessments and mortality rate calculations in emergency situations as easy and reliable as possible. To achieve this it focuses on the most important indicators (anthropometric and mortality data), checks the plausibility of the entered data and gives out an automatic report. Since the software cannot explain why children are malnourished or mortality rates are high the results of the survey have to be complemented with other information (e.g. from discussions with key informants)[68].

ESSENTIAL MEDICINES

Essential medicines are those that satisfy the priority health care needs of a population. They are selected with due regard to public health relevance, evidence on efficacy and safety, and comparative cost-effectiveness. Essential medicines are intended to be available in functioning health systems at all times, in adequate amounts, the appropriate dosages, with assured quality and adequate information, and at a price the individual and the community can afford. Efforts are focused on their correct prescription and rational use (rational use of drugs)[69].

ESSENTIAL NUTRITION ACTIONS (ENA)

The Essential Nutrition Actions is a set of interventions to fight malnutrition.
The Basic Support for Institutionalising Child Survival (BASICS II) project, the flagship child health project of the U.S. Agency for International Development (USAID), has made nutrition a central piece of its child health package. The focus of its interventions is on achieving 80 % of coverage with a combined package of health and nutrition services, with nutrition defined as a group of evidence-based micronutrient and infant feeding interventions known as Essential Nutrition Actions (ENA).

68 - Nutrisurvey.net
69 - http://www.who.int/trade/glossary/story025/en/index.html

These essential actions protect, promote and support the achievement of six priority nutrition behaviours:

- Exclusive breastfeeding for six months;
- Adequate complementary feeding starting at about six months with continued breastfeeding for two years;
- Appropriate nutritional care of sick and severely malnourished children;
- Adequate intake of vitamin A for women and children;
- Adequate intake of iron for women and children;
- Adequate intake of iodine by all members of the household.

The delivery strategies for achieving behaviour change and high coverage in these areas include: systems strengthening for assuring availability and use of supplies and better skills of health providers, mobilising and building capacity in communities in problem-solving for infant feeding practices, multi-channel communications of priority behaviours and why they are important, as well as specific activities such as food fortification, growth monitoring and promotion, advocacy and awareness raising, and local use of data to reach high participation[70].

EVALUATION

ACF-IN recognises the importance of successful evaluation not only as a method of improving programming and accountability but also to generate regular, high quality and credible evidence to influence policy and practice in the fight against hunger.

The steps to pass through to achieve this objective are:

- To produce and share an analysis
- In order to propose recommendations
- To be followed up
- And to enhance accountability

• EVALUATION OF HUMANITARIAN ACTION (EHA)

Is "a systematic and impartial examination of humanitarian action intended to draw lessons to improve policy and practice, and enhance accountability".

It has the following characteristics:

- It is commissioned by or in cooperation with the organisation(s) whose performance is being evaluated;
- It is undertaken either by a team of non-employees (external) or by a mixed team of non-employees (external) and employees (internal) from the commissioning organisation and/or the organisation being evaluated;
- It assesses policy and/or practice against recognised criteria (e.g., impact, relevance / appropriateness, coverage, coherence, efficiency, effectiveness);
- It articulates findings, draws conclusions and makes recommendations[71].

70 - http://www.basics.org/documents/pdf/ENA.pdf, The Essential Nutrition Actions_USAID_2004
71 - ACF-IN Evaluation Policy and Guidelines_2007

RELATED DEFINITIONS FOR THE LETTER "E":

- **Early Warning System**
- **Epidemiological surveillance**
  - ➔ See under Surveillance
- **Emergency Nutrition Network (ENN)**
  - ➔ See under Governance in Nutrition
- **Essential Healthcare Package - (Basic Package Health Services)**
  - ➔ See under Healthcare (primary)
- **Excusive Breastfeeding**
  - ➔ See under Breastfeeding

F

FEEDING PRACTICES

CRITERIA THAT DEFINE SELECTED INFANT FEEDING PRACTICES[72]

Feeding practice	Requires that the infant receive	Allows the infant to receive	Does not allow the infant to receive
Exclusive breastfeeding	Breast-milk (including milk expressed or from a wet nurse)	ORS, drops, syrups (vitamins, minerals, medicines)	Anything else
Predominant breastfeeding	Breast-milk (including milk expressed or from a wet nurse) as the predominant source of nourishment	Certain liquids (water and water-based drinks, fruit juice), ritual fluids and ORS, drops or syrups (vitamins, minerals, medicines)	Anything else (in particular, non-human milk, food-based fluids)
Complementary Feeding	Breast-milk (including milk expressed or from a wet nurse) and solid or semi-solid foods	Anything else: any food or liquid including non-human milk and formula	NA
Breastfeeding	Breast-milk (including milk expressed or from a wet nurse)	Anything else: any food or liquid including non-human milk and formula	NA
Bottle-feeding	Any liquid (including breast-milk) or semi-solid food from a nipple/teat	Anything else: any food or bottle liquid including non-human with milk and formula	NA

72 - Indicators for assessing infant and young child feeding practices_Part 1_Conclusions of a consensus meeting held 6-8 November 2007 in Washington, DC, USA

FOOD AID

Food Aid Interventions (FAI) ensure access to sufficient nutritious food to people affected by an acute crisis. The main objective for these interventions is to save lives and prevent the degradation of beneficiaries nutritional and health status while protecting livelihood assets. This type of programme is a response to a lack of food availability, which may also be hidden behind an access problem caused by high food prices, during or following a crisis situation. Local procurement and the use of voucher systems are encouraged.

The most appropriate way to respond to identified needs must be determined in the context of the specific political, social, cultural, economic, security, and geographical situation. Implementation consists of the physical distribution of food commodities (or possibly vouchers) in the appropriate form, through a **targeted or general food distribution (GFD)**. Both wet (e.g. in canteens) and dry rations are distributed depending on the context.

Systematic verification and **monitoring** throughout the intervention period are necessary to verify progress toward set objectives. Key elements for consideration include **sphere standards** on food quality, ration appropriateness and the organisation of the distribution point[73].

Different types of Food Aid interventions can be implemented:

- **Blanket distribution / feeding**

  A “blanket distribution” consists of distributing **supplementary** foodstuffs to all members from a specific population, considered to be most vulnerable to malnutrition: children under 5 years old (or younger, e.g. 3 years old, depending the context), pregnant and lactating women, etc. A distinction should be made with « targeted » programmes, which inclusion criteria are based, beside the age, on the nutritional status of targeted populations (anthropometric measurement).

  These programmes are put in place during nutritional emergencies where there is a high prevalence of malnutrition and/or in situations where there is a risk that acute malnutrition levels may raise. Blanket distribution reduce (in theory- if well-articulated with GFD) acute malnutrition incidence by helping vulnerable age groups to maintain an adequate nutrition status.

  It can be implemented as a complement to other food aid operations or as a stand-alone programme, although it is recommended that it must be accompanied by a family food ration, unless the **food security** situation is deemed to be stable. A “blanket distribution” may also be put in place as the first response to a crisis (more rapid than full scale food distribution), as the most vulnerable will be targeted (children at growing age and may also include pregnant and lactating women)[74]. It is complementary to SAM and MAM treatment programme.

73 - ACF-IN-Policy paper_Food security and Livelyhoods_2008
74 - Adaptation from: ACF-IN Food Security and Livelihoods Programming Blanket Distribution_FAIs_2009

- **Canteens**

  In the context of GFD and Blanket, cooked food rations are distributed to households and individuals to be nutritionally vulnerable or food insecure either directly or through existing institutions (such as health centres, community centres, existing canteens, schools). Distribution is done on a daily basis and the site may or may not offer the possibility to eat on site. This sort of intervention is only a short-term solution to acute food insecurity, and should be accompanied by interventions which aim to provide longer-term food security[75].

RELATED DEFINITIONS:

- **R**eady to Use Supplementary Food (RUSF)
- **S**upplementary Food

- **Food for Work**

  A "food for work" (FFW) intervention consists of restoring community projects by the vulnerable members of a population (residents or displaced persons) who receive a food basket as payment for their work[76].

- **Free Food Distribution (General Food Distributions and Targeted Food Distributions)**

  A free food distribution (general or targeted) is a distribution of foodstuffs to a population, during an acute crisis situation: this distribution is unconditional but can be targeted to specific groups[77].

FOOD INSECURITY

Exists when people lack access to sufficient amounts of safe and nutritious food, and therefore are not consuming enough for an active and healthy life. This may be due to the unavailability of food, inadequate purchasing power, or inappropriate utilisation at 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[78].

Food insecurity, or the absence of food security, is a state that implies either hunger resulting from problems with availability, access and use or vulnerability to hunger in the future[79].

Time is a very important factor in determining the nature of food security problems. It is common to draw a distinction between:

- **Chronic food insecurity :** when individuals or groups of people suffer from food insecurity all of the time
- **Transitory food insecurity:** occurs when households face a temporary decline in access to food. Transitory food insecurity can be further divided into:

75 - Adaptation from: ACF-IN Food Security and Livelihoods Programming Canteens Interventions_FAIs_2009
76 - ACF-IN Food Security and Livelihoods Programming FFW interventions_FAIs_2009
77 - ACF-IN Food Security and Livelihoods Programming GFD and TFD_FAIs_2009
78 - The State of Food Insecurity in the World; 2000
79 - Hunger and Health; World Hunger Series; 2007

- **Temporary food insecurity:** temporary food insecurity occurs when sudden and unpredictable shocks, such as drought or pest attack, affect a household's entitlements. For urban households, sudden unemployment may also be a cause of transitory food insecurity.
- **Cyclical or seasonal food insecurity.** Seasonal food insecurity occurs when there is a regular pattern of inadequate access to food. This is often linked to agricultural seasons, particularly when it is difficult for households to borrow to even out flows of food over time[80].

RELATED DEFINITIONS:

- Hunger
- Household – Livelihoods
- Social protections – Cash based interventions, Safety nets

FOOD SECURITY

Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life[81]. A condition that exists when all people, at all times, are free from hunger[82]. Household food security is the application of this concept to the family level, with individuals within households as the focus of concern[83].

This widely accepted definition points to the following dimensions of food security:

- Food availability: The availability of sufficient quantities of food of appropriate quality, supplied through domestic production or imports (including food aid).
- Food access: Access by individuals to adequate resources (entitlements) for acquiring appropriate foods for a nutritious diet. Entitlements are defined as the set of all commodity bundles over which a person can establish command given the legal, political, economic and social arrangements of the community in which they live (including traditional rights such as access to common resources).
- Food utilisation: Utilisation of food through adequate diet, clean water, sanitation and health care to reach a state of nutritional well-being where all physiological needs are met. This brings out the importance of non-food inputs in food security.
- Stability (of food security): To be food secure, a population, household or individual must have access to adequate food at all times. They should not risk losing access to food as a consequence of sudden shocks (e.g. an economic or climatic crisis) or cyclical events (e.g. seasonal food insecurity). The concept of stability can therefore refer to both the availability and access dimensions of food security[84].

80 - The State of Food Insecurity in the World; 2000
81 - Hunger and Health; World Hunger Series; 2007
82 - Adaptation from: Hunger and Health; World Hunger Series; 2007
83 - The State of Food Insecurity in the World; 2009
84 - Policy brief - Food Security_FAO_2006

FORTIFIED BLENDED FOOD (FBF)

FBF is a type of food proposed as a supplement of home-made food, commonly used in Supplementary Feeding/ blankets/ canteens programmes in crisis situations, which have various advantages over other alternatives:

- FBFs contain adequate calories and protein. They are fortified with essential micronutrients. The fortification is extremely important since, in many situations, these micronutrients cannot be obtained from a normal diet.
- FBFs are pre-cooked and distributed as flour and therefore require only limited amounts of fuel for cooking.
- Their preparation does not require much time and is very easy.
- FBFs are easy for older infants and young children to swallow and digest.
- They can be produced relatively inexpensively. The low cost of the foods maximises coverage of the needy population.
- FBFs are versatile; they can be prepared in different ways, in salty preparation as well as sweet ones.
- Commonly, in humanitarian programmes, FBF is mixed with sugar and oil (called Premix) and is prepared as porridge.

e.g.: *Many different type of FBF are developed, as CSB (Corn Soya Blend), CSB+ and ++, WSB (Wheat Soya Blend), Rice Blend, Pea Blend...*[85, 86].

RELATED DEFINITIONS:

- **Blankets feeding/ Distribution**
- **Canteens**
  - ➔ See under **F**ood Aid

RELATED DEFINITIONS FOR THE LETTER "F":

- **F100**
- **F75**
  - ➔ See under **T**herapeutic milks
- **Food and Nutritional Technical Assistance (FANTA)**
  - ➔ See under **G**overnance in Nutrition
- **Free food Distribution**
- **Food for Work**
  - ➔ See under **F**ood Aid

85 - http://foodquality.wfp.org/FoodSpecifications/BlendedFoodsFortified/tabid/105/Default.aspx
86 - NB: new name of CSB++ = SuperCereal+

G

GOVERNANCE IN UNDER-NUTRITION (international)

Governance relates to consistent management, cohesive policies, guidance, processes and decision-rights for a given area of responsibility[87].

And/Or

The norms, traditions, and institutions through which a country exercises authority for the common good[88].

RELATED DEFINITIONS THAT YOU CAN FIND BELOW:

- **Initiative which gather all actors in Nutrition and governments who have vocation for coordinating priorities in Nutrition at the international/ national level:**
  - Inter-Agency Standing Committee **(IASC)**
  - Global Nutrition Cluster **(GNC)**
  - United Nations-Standing Committee on Nutrition **(UN-SCN)**

- **Organism/ international working groups, in Nutrition:**
  - Emergency Nutrition Network **(ENN)**
  - Food And Nutritional Technical Assistance **(FANTA)**
  - Infant Feeding in Emergency **(IFE)** core group
  - Humanitarian Health and Nutrition Tracking Service **(HNTS)**

- **Initiative which gather all actors in Nutrition and governments who have vocation for coordinating priorities in Nutrition at the international/ national level:**
  - **REACH** Ending Child Hunger and Under-nutrition
  - Scaling Up Nutrition **(SUN)**

87 - http://en.wikipedia.org/wiki/Governance
88 - The double burden of malnutrition in Asia: causes, consequences, and solutions_Par Stuart R. Gillespie,Lawrence James Haddad

- **Initiative which gather all actors in Nutrition and governments who have vocation for coordinating priorities in Nutrition at the international/ national level:**

•Inter-Agency Standing Committee (IASC)

Is a unique inter-agency forum for coordination, policy development and decision-making involving the key UN and non-UN humanitarian partners. The IASC was established in June 1992 in response to United Nations General Assembly Resolution on the strengthening of humanitarian assistance. General Assembly Resolution affirmed its role as the primary mechanism for inter-agency coordination of humanitarian assistance[89].

•Global Nutrition Cluster (GNC) - Cluster Approach

Coordination is absolutely essential in the international approach to addressing humanitarian emergencies. A lack of coordination has been proved responsible for delayed response and constraints in impact. Therefore, as **part of the humanitarian reform process** (launched in 2005) which aimed to improve coordination in humanitarian response, a cluster approach was therefore initiated. The global clusters have been working together over the last 5 years with the following main objectives:

- To ensure capacity and effective leadership in all sectors of emergency response, in order to provide timely and quality response in new crises
- To ensure partnership (i.e. clusters) and better coordination between all agencies involved in emergency response (UN agencies, the International Red Cross and Red Crescent Movement, international organisations and NGOs) and to provide a better partner for host governments, local authorities and civil society.
- To strengthen the accountability of humanitarian response at global, national and community level.

There are currently clusters in eleven areas of humanitarian response: food security, camp coordination and management, early recovery, education, emergency shelter, emergency telecommunications, health, logistics, nutrition, protection and WASH (Water-Sanitation-Hygiene).

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 global Cluster Leads and ensuring that there is predictable leadership and accountability in all the main sectors or areas of activity. At the country level, the aim is to ensure a more coherent and effective response by mobilising groups of agencies, organisations and NGOs to respond in a strategic manner across all key sectors or areas of activity, each sector having a clearly designated lead, as agreed by the Humanitarian Coordinator and the Humanitarian Country Team.

Clusters are activated when an emergency is occurring. They are not required to keep running over a long time after the emergency period, but must facilitate the establishment of a progressive transition to the post-crisis situation through an adapted coordination mechanism.

89 - http://www.humanitarianinfo.org/iasc

However, they can be maintained in case of chronicle emergency (The Nutrition Cluster in Afghanistan for example).

The Nutrition Cluster is led by UNICEF and ACF is very active in the working groups and coordination[90].

• United Nations-Standing Committee on Nutrition (UN-SCN)

The Standing Committee on Nutrition of the UN System (SCN) has been created in 1977[91] and is a forum where UN agencies, Bilateral Partners and NGOs/CSOs come together to exchange information and discuss nutrition related issues. The SCN is not another agency but a mechanism for facilitating joint work. It aims to ensure that the system-wide response is indeed greater than the sum of the individual efforts.

The SCN is an extended network of food and nutrition professionals that meet once a year at the SCN Annual Sessions. The SCN network is open to all and includes most of the major players in the international food and nutrition arena. SCN membership is primarily determined by institutional affiliation among its three constituencies:

- The UN Agencies
- The Bilateral Partners and the Non-Governmental
- Civil Society Organisations (NGO/CSO).

Through thematic Working Groups or in the cross-cutting Task Forces, participants take an active role in the work of the SCN.

The SCN is not in itself an implementing agency. It is a forum in which the relevant UN agencies come together to harmonise their nutrition policies and programmes, coordinate activities and promote joint action, in partnership and common cause with representatives of national governments (the Bilateral Partners) and of non-government organisations (the NGOs/CSOs).

An SCN reform was launched at the end of 2009 and is still running. Its objective is to improve services provided by this agency. The first details relative to the reform where communicated in December 2010 in Roma, and at the publication time of this glossary, the reform conclusions haven't yet been shared with the international community.

The SCN acknowledges the private sector as important actors engaged in nutrition related activities, and has developed guidelines for interacting with the private sector, especially those industries with commercial interest in the nutrition[92].

90 - Adaptation from: One Response Inter-Agency website
91 - Adaptation from: http://www.unscn.org/en/mandate/index.php
92 - http://www.unscn.org/en/home/who-we-are.php

• Organism/ international working groups in Nutrition:

• Emergency Nutrition Network (ENN)

The ENN was set up in 1996 by an international group of humanitarian agencies to accelerate learning and strengthen institutional memory in the emergency food and nutrition sector. The ENNs flagship publication, **Field Exchange**, was developed as the main means of achieving this.

Since its inception, the ENN has developed a range of complementary activities including production of Special Supplements on areas of cutting edge programming, production of training materials and policy guidance on Infant **Feeding in Emergencies**, research initiatives, and independent reporting on facilitation of international meetings.

There are three cross-cutting themes to all of ENN's activities:

- **Building up capacity** – at all levels, from international non-governmental organisations to local community organisations, and, from policy-makers to field workers, to respond more effectively to crises. This involves developing a shared institutional memory of what does and does not work in different crisis situations and delivering that knowledge as widely as possible.
- **Network-building** – so that existing organisations support and learn from each other as much as possible. The overarching purpose of ENN is to speed up the sharing of knowledge. Wherever possible, the ENN seeks to reduce the communication chain.
- **Impartiality and independence** – to be able to report on failures as well as successes, the independence of the ENN is vital. This means ensuring that no one source of income predominates in practice or perception[93].

ENN developed a tool: en-net. It is a free and open resource to help field practitioners have access to prompt technical advice for operational challenges for which answers are not readily accessible. It is a very useful tool that should be used only when responses cannot be provided by the advisors of the agency. *http://www.en-net.org.uk/*

• Food and Nutrition Technical Assistance (FANTA)

FANTA-2 works to improve nutrition and food security policies, strategies and programmes through technical support to the U.S. Agency for International Development (USAID) and its partners, including host country governments, international organisations and NGO implementing partners. Focus areas for technical assistance include maternal and child health and nutrition, HIV and other infectious diseases, food security and livelihood strengthening, and emergency and reconstruction. FANTA-2 develops and adapts approaches to support the design and quality implementation of field programmes, while building on field experience to improve and expand the evidence base, methods and global standards for nutrition and food security programming. The project is funded by USAID and managed by the Bureau for Global Health (GH)[94].

93 - http://www.ennonline.net/about
94 - http://www.fantaproject.org/about/

Among others, FANTA-2 worked with partners to develop a generic **Training Guide for Community-Based Management of Acute Malnutrition (CMAM)**. A **CMAM Costing Tool** was also developed in 2011. It was developed to help planning for implementation of specific CMAM components and forecast required resources.

• Infant Feeding in Emergencies (IFE Core Group)

An urgent need to develop policy guidance and capacity building on IFE was identified during an international meeting on Infant Feeding in Emergency Situations meeting in Split, Croatia in 1998. What emerged was a collaborative interagency effort concerned with bringing this about:

The IFE Core Group is an inter-agency collaboration of UN agencies and non-governmental organisations concerned with policy guidance development and implementation and capacity building on IFE since 1999. Over the years, the IFE Core Group has worked with many agencies, individual experts and directly with field teams.

Since 2004, ENN (Emergency Nutritional Network) has been the co-ordinating agency for the IFE Core Group and provides an institutional 'home' to locate the initiative. ACF is an active member of the Core Group and has participated to the creation and update of the latest tools proposed.

The mandate for the IFE Core Group work ties firmly within Article 24 of the Convention on the Rights of the Child (1989) and the WHO/UNICEF Global Strategy for Infant and Young Child Feeding (2003). This work also responds to the Call for Action contained in the Innocenti Declaration 2005 on Infant and Young Child Feeding, welcomed unanimously by the 2006 World Health Assembly[95].

RELATED DEFINITIONS:

- Infant and Young Child Feeding (IYCF)
- Infant Feeding in Emergencies (IFE)

• Humanitarian Health and Nutrition Tracking Services (HNTS)

The Health and Nutrition Tracking Service (HNTS) started in October 2007 (hosted by WHO) with support from the emergency health and nutrition community. It is developing various mechanisms for the review, analysis, interpretation and validation of critical health and nutrition information in selected humanitarian emergencies. This includes the review of existing data from a wide variety of on-the-ground sources as well as more formal surveys. It will advise on the use of the resulting analyses for advocacy and programming with funders, UN organisations, host governments and NGOs. **The primary focus is on anthropometric and mortality information** with limited food insecurity and livelihood information to provide context. ACF is part of the steering committee.

95 - http://www.ennonline.net/ife & http://www.ennonline.net/ife/mandate

- **Key organisations/ initiatives relating to governance in tackling the problem of under-nutrition:**

• REACH Ending Child Hunger and Under-Nutrition

REACH (former name: ECHUI= Ending Child Hunger and Undernutrition Initiative) is a solution-focused partnership among governments, the United Nations, civil society and private sectors, to accelerate progress by countries to halve the proportion of underweight among under-fives by 2015 (Millennium Development Goal (MDG) 1, Target 3).

REACH promotes scaling up interventions proven to reduce under-nutrition, focusing on five priority areas related to food security, health and care:

1. Increasing and improving breastfeeding and complementary feeding
2. The consumption of micronutrients
3. The control of parasites and diarrhoea
4. The treatment of Severe Acute malnutrition
5. The household food security

REACH mobilises action in four areas: country action planning and coordination, knowledge-sharing, communications and advocacy, and financing and resource mobilisation[96].

• Scaling Up Nutrition (SUN)

In April 2010, the World Bank launched the 'Framework for action to Scale-Up Nutrition' or 'SUN framework', the result of a consultation with various stakeholders (in which ACF participated). More than 100 entities from national governments, the United Nations system, civil society organisations, development agencies, academia, philanthropic bodies and the private sector endorsed officially the document. The effort to Scale-Up Nutrition encourages a better focus on nutrition within development programmes, and stresses that the right investments will save lives, improve countries economic prospects and increase the prosperity, well-being and potential of all their citizens.

Further to the LANCET publication (series on maternal and child undernutrition-2008), a study carried out in 2009 by the World Bank identified a selective package of **13 highly cost-effective interventions**, concentrating on the opportunity for children under two but including some components with broader benefits, including for maternal malnutrition:

- **Promoting good nutritional practices:**
  - Breastfeeding
  - Complementary feeding for infants after the age of 6 months
  - Improve hygiene practices including hand washes

96 - http://www.reach-partnership.org/aboutreach_The REACH brochure

- **Increasing intake of vitamins and minerals:**

  Provision of micronutrient for young children and their mothers:
  - Periodic vitamin A supplements
  - Therapeutic zinc supplements for diarrhoea management
  - Multiple micronutrient powders
  - De-worming drugs for children (to reduce losses of nutrients)
  - Iron-folic acid supplements for women to prevent and treat anaemia
  - Iodized oil capsules where iodized salt is unavailable

  Provision of micronutrient through food fortification for all:
  - Salt iodization
  - Iron fortification of staple foods

- **Therapeutic feeding for malnourished children with special foods:**
  - Prevention or treatment for moderate acute under-nutrition
  - Treatment of severe acute under-nutrition ("severe acute malnutrition") with Ready to Use Therapeutic Foods (RUTF)[97]

A SUN Road Map was presented at the UN MDG Summit in September 2010. The objective of the SUN is to reducing hunger and under-nutrition and to contribute to the realisation of the MDGs set in 2000, with a particular emphasis on MDG 1 – halving poverty and hunger by the year 2015. The Road Map details means through which country, regional and international stakeholders will work together to reduce under-nutrition and highlights the key nutrition interventions (focusing on children up to 2 years of age) which need to be funded at scale of a country.

RELATED DEFINITIONS FOR THE LETTER "G":

- **Global Acute Malnutrition (GAM)**
  - ➔ See under **A**cute Malnutrition
- **Growth Retardation**
  - ➔ See under **C**hronic Malnutrition

97 - Scaling-Up Nutrition_a Framework for Action_09 2010

H

HEALTH

The Constitution of WHO (1946) states that good health is a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the object of living, and is a positive concept emphasising social and personal resources as well as physical capabilities, determined by both intrinsic forces, such as genetics, behaviour, culture, habits and lifestyles, and extrinsic forces such as preventative, curative and promotional aspects of the health sector, as well as elements outside the health sector including:

- Economic factors, such as trade
- Social factors, such as poverty
- Environmental factors, such as climate change
- Technological factors, such as information technology[98]

RELATED DEFINITIONS FOR THE LETTER "G":

- **Healthcare - Primary (essential HC package), Secondary, Tertiary**
  - ➔ Healthcare Provider
- **Health Promotion**
- **Health System**
- **Healthcare System**
  - ➔ Health System Strengthening (HSS)
  - ➔ Health System Building Blocks

HEALTHCARE

Is the prevention, treatment and management of illness and the preservation of mental and physical well-being through the services offered by healthcare providers. Healthcare embraces all the goods and services designed to promote health, including preventive, curative and palliative interventions, whether directed to individuals or to populations[99].

98 - Adaptation from: http://www.who.int/trade/glossary/story046/en/index.html
99 - International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 – 30, 2008 Workshop Report

- **Primary Heath care (PHC)**

  PHC are basic or general healthcare accessible at community level. PHC are the basis for referrals to secondary and tertiary level care[100].

  The Declaration of Alma-Ata was adopted at the International Conference on Primary Health Care (PHC), 1978. It expressed the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world. It was the first international declaration underlining the importance of primary health care. The primary health care approach has since then been accepted by member countries of WHO as the key to achieving the goal of "Health for All".

  - **8 Essential Health Services in Primary Health Care (Alma-Alta 1978)**

    1. Education for Health
    2. Locally endemic disease control
    3. Expanded programme for immunisation (EPI)
    4. Maternal and Child Health including responsible parenthood
    5. Essential drugs
    6. Nutrition
    7. Treatment of communicable and non-communicable diseases
    8. Safe water and sanitation

    The Bamako Initiative, adopted following a meeting of African Health Ministers in 1987 reflects a commitment to decentralisation of management of the public health systems and improvement of transparency (movement initiated in the 1970s, following the Declaration of Alma Ata). It provides recommendations on recovery of costs (fixing of rates of benefits), community participation, vaccination, supply of primary care, sale of generic drugs (essential medicines policy, to facilitate access).

  - **Essential Healthcare Package - Basic Package Health Services**

    Essential health care package refers to the set of services provided at health facilities, as mandated by the national health policy. The package varies based on the health facility type (e.g., health centre versus health post)[101].

- **Secondary Heath care**

  Specialist care provided on an outpatient or inpatient basis, usually following a referral from primary care[102].

- **Tertiary Heath care**

  The provision of highly specialised services in outpatient and hospital settings[103].

100 - http://whqlibdoc.who.int/wkc/2004/WHO_WKC_Tech.Ser._04.2.pdf
101 - International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 – 30, 2008 Workshop Report
102 - http://whqlibdoc.who.int/wkc/2004/WHO_WKC_Tech.Ser._04.2.pdf
103 - http://whqlibdoc.who.int/wkc/2004/WHO_WKC_Tech.Ser._04.2.pdf

- **Healthcare Provider**

  Refers to the medical, nursing and allied health professionals, including community health workers[104].

HEALTHCARE SYSTEM

In the broad definition which is given for health system, the healthcare system is one of the subsystems, which contributes, alongside the other subsystems, to the level of health of a population. The system of care corresponds to the whole services which provide accommodations to the population, with the aim of health improvement.
It consists of all structures, resources, policies, personnel, services and programmes involved in the promotion, restoration and maintenance of health[105].

- **Health Systems Strenghtening (HSS)**

  Health System Strengthening (HSS) can be defined as "any array of initiatives and strategies that improves one or more of the functions of the health system and that leads to better health through improvements in access, coverage, quality, or efficiency".

  "We must know the system in order to strengthen it". Every intervention, such as efforts to integrate CMAM, has effects – intended and unintended – in the system. It is imperative to analyse and understand the range of those effects as well as possible and assess one's potential impact on the system.

  In practical terms this means anticipating how an intervention might flow through, react with and interfere with the system. This may be facilitated by imagining WHO's building blocks (see further) as six sub-systems and analysing ACF's impact on them one by one. This will help to mitigate potential negative impacts and amplify possible synergies.

  CMAM integration may be considered as an effort towards health system strengthening since it involves moving away from vertical treatment of malnutrition. While working on acute malnutrition potentially adds to health workers' burden it may also relieve them to some extent. This is because well-nourished children are less likely to be ill, and well-nourished women are mothers of better-nourished children[106].

- **Health Systems Building Blocks**

  The WHO distinguishes 6 elements called 'building blocks' that are important in a functioning system. These are:

  - **Good health services,** delivering effective, safe, quality health interventions to those that need them, when and where needed, with minimum waste of resources.
  - **A well-performing workforce,** working in ways that are responsive fair and efficient to achieve the best health outcomes possible, given available resources and circumstances.

104, 105 - International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 – 30, 2008 Workshop Report
106 - CMAM integration guide_ACF DRAFT2_2011

- **A well-functioning Health Information System (HIS)** – ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status
- **Essential medical products,** vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness are available and can be accessed by those in needs.
- **A good health-financing system,** which raises adequate funds for health, so that people can use needed services, which protects people from impoverishment and which provides incentives and users to be efficient.
- **Leadership and governance** (sometimes referred to as stewardship) – ensures strategic policy frameworks exist and are combined with effective management, coalition building, regulation, attention to system-design and accountability.

RELATED DEFINITIONS:

- Community Health
- Community Health Worker **(CHW)**
- Integrated Management of Childhood Illness **(IMCI)**
- Public Health

HEALTH INFORMATION SYSTEMS (HIS)

Health information systems (HIS) or Health Management Information Systems exists to inform and guide decision-making by the health sector. Analysis of health information is a key for national policy making and resource allocation. A functioning HIS should provide a series of indicators that relate to the determinants of health as well as health systems indicators[107]. (It is one of the Health system building blocks).

HEALTH PROMOTION

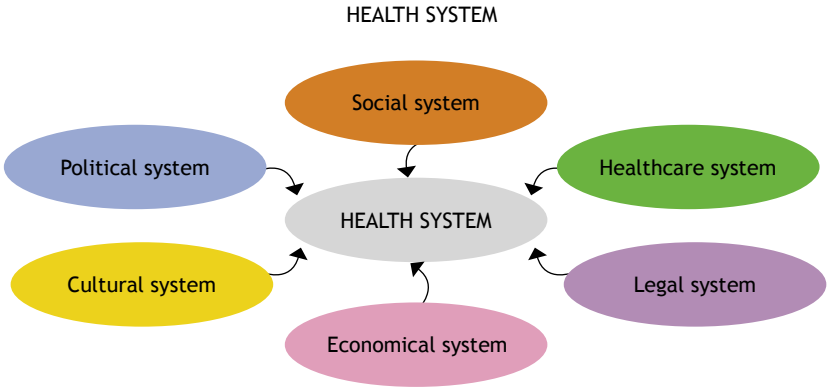
Health promotion has been defined by the World Health Organisation's 2005 Bangkok Charter for Health Promotion in a Globalised World as "the process of enabling people to increase control over their health and its determinants, and thereby improve their health".

The primary means of health promotion occur through developing healthy public policy that addresses the prerequisites of health such as income, housing, food security, employment, and quality working conditions[108]. It is one important component of Public Health, it comes into the prevention field.

107 - ACF_CMAM integration guide_2011_DRAFT
108 - Wikipedia

HEALTH SYSTEM

The health system corresponds to all elements which determine the health situation of a population. It must be viewed like an organised system of actions, with the finality of improving **public health**. In a broad vision of public health, the health system, on which will depend the health of a country, is composed of various "subsystems": economic, social, cultural, political, legal... subsystems.



All organisations, institutions and resources devoted to producing actions whose primary intent is to improve health. Most national health systems include public, private, traditional and informal sectors (INGOs are part of it)[109].

The "health system" term is frequently used in a more restrictive direction, which makes of it a synonym of "healthcare system". For WHO, the health system corresponds to the totality of the organisations, institutions and resources devoted to the production of medical interventions[110].

HEIGHT-FOR-AGE INDEX (HFA)

The HFA index is used to assess **Stunting/ Chronic Malnutrition/ Growth Retardation**. It reveals how a child's height compares to the height of a child of the same age and sex in the NCHS references or WHO growth standards (cf. **WHO GROWTH STANDARDS**). This index reflects a child's past nutritional history rather than his/her current nutritional status[111].

110 - Traduction de: Health system course- Ecole santé publique Nancy 2011
111 - International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 – 30, 2008 Workshop Report

HIV

The human immunodeficiency virus (HIV) is transmitted through unprotected sexual intercourse (anal or vaginal), transfusion of contaminated blood, sharing of contaminated needles, and between a mother and her infant during pregnancy, childbirth and breastfeeding. It is a retrovirus that infects cells of the immune system, destroying or impairing their function. As the infection progresses, the immune system becomes weaker, and the person becomes more susceptible to infections. The most advanced stage of HIV infection is acquired immunodeficiency syndrome (AIDS). It can take 10-15 years for an HIV-infected person to develop AIDS; antiretroviral drugs can slow down the process even further[112].

• HIV AND UNDER-NUTRITION INTERACTION

In recent years the inextricable link between HIV, nutrition and malnutrition has become increasingly apparent as has the need to bridge the gap between programmes that address malnutrition and paediatric AIDS treatment and care initiatives[113].

• HIV MINIMUM PACKAGE FOR NUTRITION

In countries of high (>5%) or medium prevalence (>1%) of HIV, there is usually a significant prevalence of HIV amongst children with SAM, and mortality rates of children with SAM and HIV are extremely high. It is therefore appropriate to ensure that SAM treatment is accompanied / followed by the opportunity for HIV testing and the necessary treatment and support. For this reason, ACF has developed the Minimum Package of activities relating to HIV to be integrated into CMAM programmes, to ensure that children with HIV are identified and given appropriate treatment.

The minimum package is as follows:

- Routine HIV counselling and testing
- TB screening done on admission
- HIV prevention; HIV positive living and nutrition /HIV education given to all, including strong breastfeeding message
- Establish solid referral systems for: PMTCT; paediatric and adult ART clinics; cotrimoxazole prophylaxis; immunisations; TB treatment, home-based care, community-based nutrition programmes
- Ensure follow-up into referral systems by community health workers / support workers

RELATED DEFINITIONS:

- **A**ntiretroviral Therapy (ARV or ART)
- **P**revention of Mother-to-Child Transmission **(PMTCT)**
- **V**oluntary Counselling and Testing

112 - www.who.int/topics/hiv_aids/en/
113 - Adaptation from: ACF-IN guidance on HIV counselling and testing_November 2007_DRAFT

ACF-IN MINIMUM PACKAGE FOR NUTRITION PROGRAMMES & WITHIN HIV

<table>
<tr><th>HIV programmes</th><th>Nutrition programmes</th></tr>
<tr><td>Nutrition counseling and education</td><td>Routine HIV counseling and testing</td></tr>
<tr><td>Routine anthropometric screening</td><td>TB screening done on admission</td></tr>
<tr><td rowspan="2">Targeted nutrition supplements :
Micronutrient supplements
Therapeutic and supplementary feeding for accute malnutrition (adults and children)
Food rations to manage wild weight loss and nutrition related side effects or promote maternal nutrition</td><td>HIV prevention; HIV positive living and nutrition/HIV education given to all, including strong breastfeeding message</td></tr>
<tr><td>Establish solid referral systems for: PMTCT; Paediatric and adult ART clinics; cotrimoxazole prophylaxis; immuniations; TB treatment, HBC; community based nutrition programmes</td></tr>
<tr><td>Linkages with food based interventions</td><td>Community support worker follow up into referral systems</td></tr>
<tr><td colspan="2">Integrated programming</td></tr>
</table>

HOUSEHOLD

A household is a social unit composed of individuals, with family or other social relations among themselves, eating from the same pot and sharing a common resource base (e.g. income sources, sources of water)[114].

HUNGER

A condition in which people lack the required nutrients, both macro (energy and protein) and micro (vitamins and minerals), for fully productive, active and healthy lives. Hunger can be a short-term phenomenon, or a longer term chronic problem. It can have a range of effects from mild to severe. It can result from people not taking in sufficient nutrients or their bodies not being able to absorb the required nutrients. It can also result from poor food and childcare practices[115].

Refers to a global measure of food deprivation and food insecurity that takes all population groups into account[116].

There are no international standards for measuring hunger (see below for measurement of chronic hunger) and even defining the term is fraught with difficulty. It is important to distinguish between

114 - UNHCR/WFP Joint Assessment Mission (JAM) Guidelines, second edition, september 2008, glossary
115 - Hunger and Health; World Hunger Series; 2007
116 - White paper_Taking Action: Nutrition for survival, Growth & development_ACF-IN 2010

transitory and chronic situations. Many households every year go through the "hunger season". They have eaten all the food they produced and are waiting for the next crop. Other households can experience food insecurity all year long, which may be linked to poverty and low incomes. Hunger is much more than the lack of food, it is this complex interaction between food consumption, access to food, how people cope with the lack of it and their livelihoods[117].

And/Or

Hunger is the mean by which body signals that it starts to lack food and needs to be fed. It can lead to under-nutrition, but it is one of the numerous causes of this phenomenon, like for example diarrhoea, malaria or HIV[118].

- **UNDERNOURISHMENT/ CHRONIC HUNGER**

  Used to describe the status of people whose food intake does not include enough calories (energy) to meet minimum physiological needs for an active life[119].

  It is a measure of food deprivation and food insecurity rather than an anthropometric outcome or manifestation of malnutrition. It refers to the proportion of the population suffering from undernourishment (deprived of access to sufficient food). In French, this would be referred to as "sous-alimentation"[120].

  FAO measures hunger as the number of people who do not consume the minimum daily energy requirement, which is the amount of calories needed for light activity and a minimum acceptable weight for attained height. This varies by sex and age.

  From the total calories available, total calories needed for a given population (age and sex), and the distribution of calories within the different regions of a country, one can calculate the number of people who are below the minimum energy requirement, and this is the number of undernourished people. This number is then summed for all countries in the world. **Thus, no account is taken of protein, vitamin or mineral intake.**

  To come up with the most recent hunger figures, FAO uses USDA (United State Department of Agriculture) model estimates of the impact of current economic conditions on hunger, including the impact of changes in capital flows, exports and commodity prices on the ability of countries to purchase food[121].

117 - Adaptation from: http://www.wfp.org/content/how-do-you-measure-hunger
118 - Adaptation and traduction from : Progrès pour les enfants ; Définitions ; 2006
119 - Website; FAQs; 2010
120 - Counting Hunger – Malnutrition Counts; ACF 2008
121 - http://www.fao.org/hunger/faqs-on-hunger/en/ et "Counting Hunger - Malnutrition Counts"_ACF 2011

HYGIENE

Hygiene refers to conditions and practices that help to maintain health and prevent the spread of diseases. Medical hygiene therefore includes a specific set of practices associated with this preservation of health, for example environmental cleaning, sterilisation of equipment, hand hygiene, water and sanitation and safe disposal of medical waste[122].

© ACF

RELATED DEFINITIONS FOR THE LETTER "H" :

- **Hearth Method / Behaviour Chang**
  - ➔ See under **P**ositive deviance

122 - http://www.who.int/topics/hygiene/en/, 2010

(IFE) INFANT/ INFANT & YOUNG CHILD FEEDING IN EMERGENCIES

IFE is an inter-agency collaboration of UN agencies and non-governmental organisations concerned with policy guidance development, implementation and capacity building on IFE. Since 2004, ENN has been the co-ordinating agency for the IFE Core Group and provides an institutional 'home' to locate the initiative. The work of the IFE Core Group in policy guidance is embodied in the Operational Guidance on IFE for emergency relief staff and programme managers. The IFE Core Group work on capacity building is reflected in two training modules for orientation (Module 1) and technical support (Module 2) in IFE.

IFE concerns the protection and support of safe and appropriate (optimal) feeding for infants and young children (below the age of 2 years; including in the context of HIV) in the context of emergency. Indeed, in these situations, the health, nutrition and care practices of infants and young children are often compromised. Children and particularly infants and young children under 2 years of age are especially vulnerable to the hazardous environments commonly found in crisis situations. **The IFE aim is to create and sustain an environment that encourages frequent breastfeeding for children up to two years of age and optimal complementary feeding**. The protection and support of IFE is reflected in several global declarations and strategies and detailed in a number of key polices and guidance on IFE and address the constraints that different contexts and infant and young child feeding scenarios present.

ACF developed a Position paper on Infant and Young Child Feeding in Emergencies. The protection and promotion of good nutrition and child development in emergency situations is at the core of Action Contre la Faim's (ACF) mandate[123].

INCOME GENERATIVE ACTIVITY (IGA)

An IGA is any activity that generates income for the household; the activities can include agriculture, livestock raising, post-harvest processing, fishing, arts and crafts, petty trading and services (= formation, transport, animals health, cleaning,...).

123 - Adaptation from: Infant and Young Child Feeding in Emergency position paper _ACF 2008

IGAs can be supported through training, improving access to productive assets and increasing access to markets and other sales channels.
Two main types of IGA programmes exist depending on the context.

- Rehabilitation of previous IGAs
- Improvement of the existing IGA outputs, or creation of new IGAs[124]

(IMAM) INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION

This is synonymous with **CMAM** integration (see under **CMAM**) and refers to the management of acute malnutrition through national and local health systems.

(IMCI) INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

Surveys reveal that many sick children are not properly assessed and treated by health care providers, and that their parents are poorly advised. In low-income countries, limited supplies and equipment, combined with an irregular flow of patients, leave doctors at this level with few opportunities to practice complicated clinical procedures. Instead, they often rely on history and signs and symptoms to determine a course of management that makes the best use of the available resources. These factors make providing quality care to sick children a serious challenge. WHO and UNICEF have addressed this challenge by developing a strategy called the Integrated Management of Childhood Illness (IMCI).

IMCI is an integrated approach to child health that focuses on the well-being of the whole child. IMCI aims to reduce death, illness and disability, and to promote improved growth and development among children under five years of age. IMCI includes both preventive and curative elements that are implemented by families and communities as well as by health facilities.

The strategy includes three main components:

- Improving case management skills of health-care staff
- Improving overall health systems
- Improving family and community health practices.

In health facilities, the IMCI strategy promotes the accurate identification of childhood illnesses in outpatient settings, ensures appropriate combined treatment of all major illnesses, strengthens the counselling of caretakers, and speeds up the referral of severely ill children. In the home setting, it promotes appropriate care seeking behaviours, improved nutrition and preventative care, and the correct implementation of prescribed care.

IMCI has already been introduced in more than 75 countries around the world[125].

Note: *The management of SAM is currently not part of IMCI, but ACF calls on the WHO to include SAM treatment within IMCI.*

124 - Adaptation from: ACF-IN Food Security and Livelihoods Programming IGAs_FAIs_2009
125 - http://www.who.int/child_adolescent_health/topics/prevention_care/child/imci/en/index.html

- **INTEGRATED APPROACH (In the context of ACF's work)**

  An 'integrated approach' can be defined as 'the joint operation, coordination and management of all interventions needed to treat and prevent acute malnutrition that achieve greatest impact, with the most efficient use of resources and at lowest cost'[126]. It's based on the under-nutrition framework (UNICEF).

INCIDENCE RATE

Number of new cases of a disease in a given area, during a given period of time divided by the population present in this area during the same period of time[127].

INDICATORS

- Quantitative or qualitative factor or variable that gives an indication on a given situation.
- Quantitative or qualitative factor or variable that provides a simple and reliable means to measure achievement or to reflect the changes connected to an operation[128].

Mortality indicators and indicators of acute malnutrition (wasting, GAM, MUAC and possibly underweight) may fluctuate according to seasonal changes in food security, health environment and care practices. Seasonal calendars describing the usual or expected seasonal changes for different regions within a country (possibly relating to different livelihood groups where there are seasonal differences) should be developed and used to help interpret mortality and malnutrition data[129].

RELATED DEFINITIONS WITH INDICATORS:

- Case Fatality rate
- DALY
- Incidence rate
- Morbidity rate
- Mortality rate
  - ➔ Infant Mortality rate (IMR)
  - ➔ Crude Mortality rate (CMR)
- Prevalence rate

126 - ACF Integrated Approach study, NutritionWorks 2009
127 - http://www.actionagainsthunger.org.uk/resource-centre/learn-the-facts/glossary/?lettre=I
128 - Guidelines for cash transfer programming_ICRC 2007
129 - Review of Nutrition and Mortality Indicators for the Integrated Food Security Phase Classification (IPC)_Reference Levels and Decision-making by Helen Young and Susanne Jaspars_September 2009

INFANT FORMULA (OR POWDER INFANT FORMULA OR ARTIFICIAL MILK)

A Breast-milk Substitute (BMS) formulated industrially in accordance with applicable **Codex Alimentarius standards** (developed by the joint FAO/ WHO Standards Programme)[130]. Some of them are **Ready to Use Infant Formula** (RUIF).

The 'International Code of Marketing of Breast-milk Substitute' provides a set of recommendations which aims at participating to a safe and adequate nutrition for infants.

INFECTIOUS DISEASES

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. Zoonotic diseases are infectious diseases of animals that can cause disease when transmitted to humans[131].

INTRAUTERINE GROWTH RESTRICTION/ RETARDATION

Intrauterine growth restriction (IUGR) refers to the poor growth of a baby while in the mother's womb during pregnancy. Specifically, it means the developing baby weighs less than 90% of other babies at the same gestational age[132].

Babies born at term (i.e., who have completed 37 weeks of gestation), but of low birth weight (<2500 g) are likely to have had intrauterine growth restriction[133].

© WHO/ NHD

RELATED DEFINITIONS :

- Low Birth Weight (LBW)/ Underweight at birth
- Maternal Under-nutrition

130 - Support for lactating, pregnant women and infants in emergency situations_DRAFT April 2011
131 - http://www.who.int/topics/infectious_diseases/en/
132 - Baschat AA, Galan HL, Ross MG, Gabbe SG. Intra-uterine growth restriction. eds. Obstetrics: Normal and Problem Pregnancies. 5th ed. Philadelphia, Pa: Elsevier Churchill Livingstone; 2007
133 - LANCET series 1 Black 2008

(IYCF) INFANT AND YOUNG CHILD FEEDING

The period from birth to two years of age is the "critical window" for the promotion of good growth, health, and behavioural development. Therefore, optimal infant and young child feeding is crucial during this period.

Optimal infant and young child feeding means that:

- Mothers are empowered to initiate breastfeeding within one hour of birth,
- Breastfeed exclusively for the first six months
- Continue to breastfeed for two years or more,
- Together with nutritionally adequate, safe, age appropriate, responsive complementary feeding starting at six months.
- Maternal nutrition is also important for ensuring good **nutrition status** of the infant as well as safeguarding women's health[134].

WHO/UNICEF Global Strategy on IYCF (GSIYCF), approved in 2002, sets the standards for global action in support of optimal breastfeeding, complementary feeding, and related maternal nutrition and health. It builds on the knowledge and experience gained from work on the **Code of Marketing of Breast-milk substitutes and on the Baby-Friendly Hospital Initiative**[135].

Other Important IYCF initiatives/ resources:

- 2005 Innocenti Declaration on Infant and Young Child Feeding
- 2003 Global Strategy on Infant and Young Child Feeding[136].

ACF work in accordance with the Global Strategy on **Infant and Young Child Feeding** (WHO-UNICEF 2003), for protecting, promoting and supporting optimal infant and young child feeding practices. The expected results are improved nutrition status, growth, development, health and ultimately the survival of infants and young children.

RELATED DEFINITIONS FOR THE LETTER "I" :

- **Income Generative Activity (IGA)**
  - ➔ See under **S**ocial Protection
- **Infant Feeding in Emergencies (IFE) core group**
- **Inter-Agency Standing Committee (IASC)**
  - ➔ See under **G**overnance in Nutrition
- **Infant Mortality rate**
  - ➔ See under **M**ortality rate
- **Inpatient Care**
  - ➔ See under **M**anagement of Acute Malnutrition
- **International Code of Marketing of breast-milk Substitutes (BMS)**
  - ➔ See under **C**ode of Marketing of breast-milk Substitutes (BMS)

134 - Adaptation from: http://www.unicef.org/nutrition/index_breastfeeding.html
135 - UNICEF and the Global Strategy on Infant and Young Child Feeding (GSIYCF)_Understanding the Past – Planning the Future_UNICEF Working Paper_2003
136 - Adaptation from: http://www.unicef.org/nutrition/index_breastfeeding.html

K

RELATED DEFINITION FOR THE LETTER "K" :

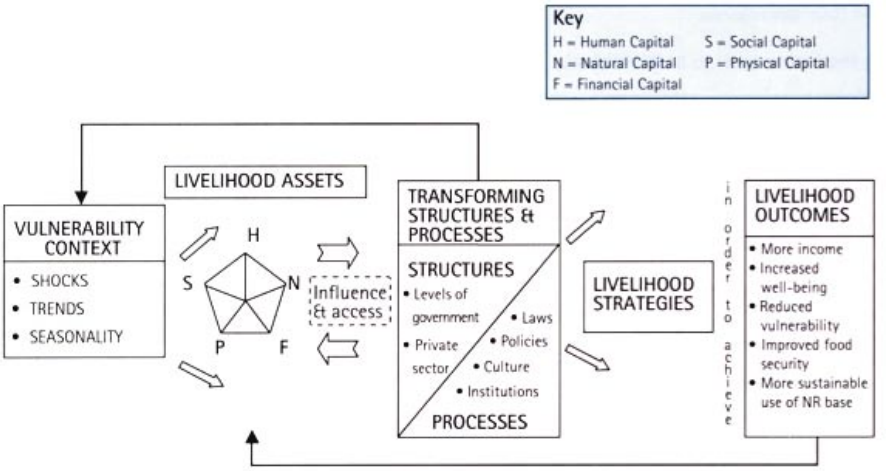
- **Kwashiorkor**
  - ➔ See under **A**cute Malnutrition

L

LIVELIHOODS

A livelihood comprises the capabilities, comprised of assets (including both material and social resources) and activities used by a household for means of living. A household's livelihood is secure, when it can cope with and recover from stresses and shocks, and maintain or enhance its capabilities and productive asset base[137].

DFID (2000) LIVELIHOODS GUIDANCE SHEETS



LOW BIRTH WEIGHT (LBW)/ UNDER WEIGHT AT BIRTH

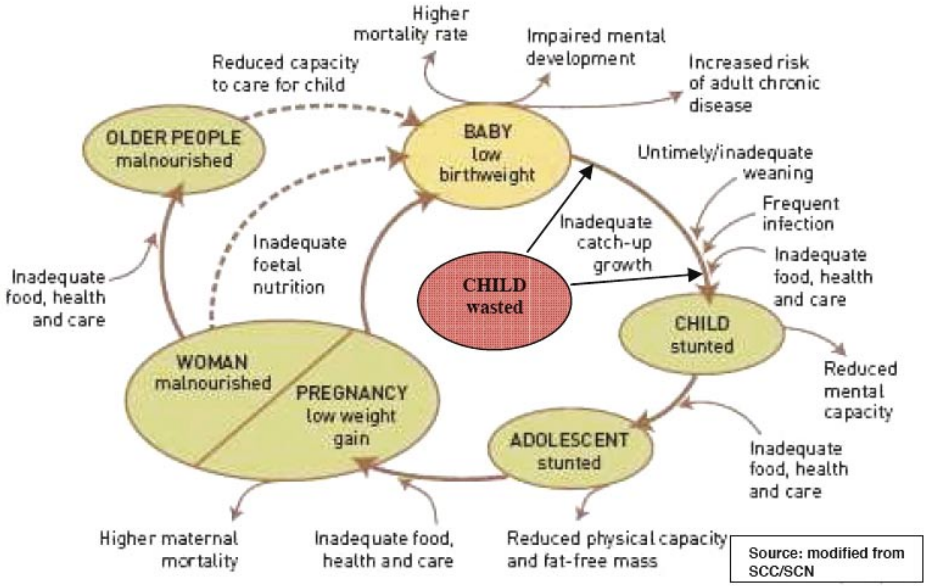
- An infant weighting less than 2,500 grams at birth[138].

137 - ACF-IN Food Security & Livelihood Policy paper-2008_Chambers and Conway, 1992
138 - Tracking progress on child and maternal nutrition; November 2009

- The consequences of poor nutritional status and inadequate nutritional intake for women during pregnancy not only directly affects women's health status, but may also have a negative impact on birth weight and early development.
  Low birth weight is a major determinant of mortality, morbidity and disability in infancy and childhood and also has a long-term impact on health outcomes in adult life.
  Low birth weight also results in substantial costs to the health sector and imposes a significant burden on society as a whole[139].

Note: *Discussion is taking place to define whether a low birth weight child is considered to be a form of under-nutrition or not.*

IMPACT OF HUNGER AND MALNUTRITION THROUGHOUT THE LIFE CYCLE



RELATED DEFINITIONS:

- Intrauterine Growth restriction/ retardation
- **M**aternal Under-nutrition

RELATED DEFINITION FOR THE LETTER "L" :

- **Lipid-Based Nutrient Supplements (LNS)**
  - ➔ See under **R**eady to Use Food (RUF)

139 - http://www.who.int/nutrition/topics/feto_maternal/en/index.html

M

MALNUTRITION

Malnutrition is a broad term commonly used as an alternative to under-nutrition, although technically it also refers to over-nutrition (obesity). People are malnourished if their diet does not provide adequate nutrients for growth and maintenance, often due to economic political and socio-cultural factors, or they are unable to fully utilise the food they eat due to illness (under-nutrition). They are also malnourished if they consume too many calories (over-nutrition). Underweight (including both stunting and / or wasting), overweight and micronutrient deficiencies are all forms of malnutrition[140].

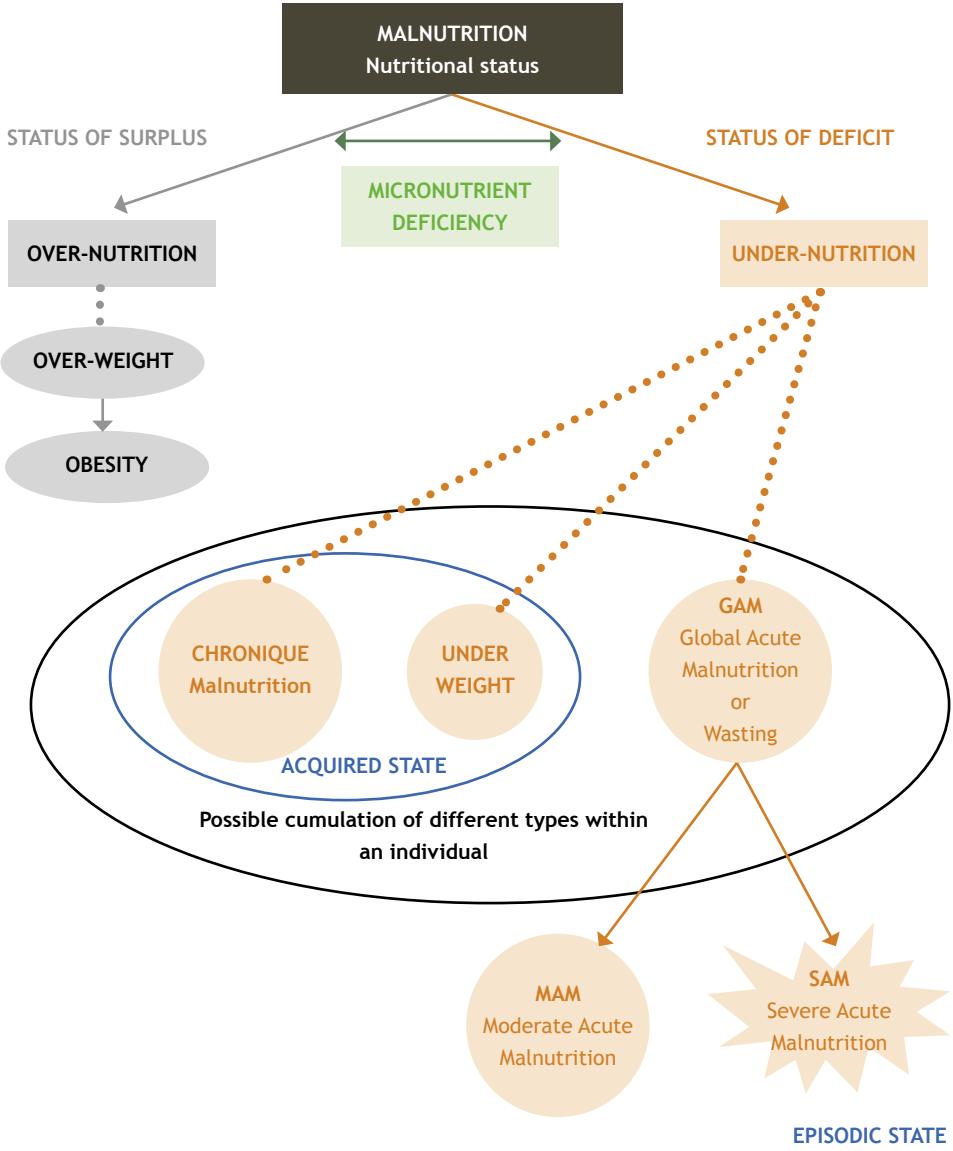
THE DIFFERENT TYPES OF MALNUTRITION ARE DETAILED AT:

- **A**cute Malnutrition (GAM / SAM (marasmus-Kwashiorkor) / MAM)
- **C**hronic Malnutrition/ Growth retardation/ Stunting
- **M**aternal under-nutrition
- **M**icronutrients deficiency
- **U**nder-Nutrition
- **U**nderweight
- **O**ver-nutrition ➔ Overweight/ Obesity

➔ **See the Malnutrition three below.**

140 - White paper_Taking Action: Nutrition for survival, Growth & development_ACF-IN 2010

THE MALNUTRITION THREE[141]



141 - La Malnutrition_ Mémoire d'Agnès Chamayou_ACF 2010

MANAGEMENT OF ACUTE MALNUTRITION

Different acronyms are existing for the same type of programme, according to the country.

Inpatient Care SAM	Outpatient Care SAM
• **CRENI :** Centre de Récupération et d'Education Nutritionnelle Intensive • **DC / CJ :** Day Care/ Centre de Jour • **SC :** Stabilisation Centre • **TFC :** Therapeutic Feeding Center • **UNT :** Unité Nutritionnelle Thérapeutique • **USN :** Unité de Soins Nutritionnels	• **CNA :** Centre Nutritionnel Ambulatoire • **CRENA :** Centre de Récupération et d'Education Nutritionnelle Ambulatoire • **DC / CJ :** Day Care/ Centre de Jour • **HT / HP :** Home Treatment/ Home Programme • **OTP :** Outpatient Therapeutic Programme • **PTA :** Programme Thérapeutique Ambulatoire • **UNTA :** Unité Nutritionnelle Thérapeutique Ambulatoire
Prise en charge ambulatoire de la **MAM**	
• **SFP/ SFC:** Supplementary Feeding Programme/ Centre • **CNS :** Centre Nutritionnel Supplémentaire • **CRENAM :** Centre de Récupération et d'Education Nutritionnelle Ambulatoire pour la Malnutrition Aigüe Modérée	

• INPATIENT CARE

Also named: Therapeutic Feeding Centre (TFC) or Stabilisation Centre (SC)

Inpatient care is a **CMAM** service, treating children with Severe Acute Malnutrition **(SAM)** with complications until their medical condition is stabilised and the complication is resolved (usually 4-7 days). Treatment then continues in outpatient care until the child recovers. Inpatient care for SAM with complications is provided in a hospital or health facility with 24-hour care capacity[143].

• TREATMENT: THERAPEUTIC MILKS

- **F75 :** Formula 75 (75 Kcal/100ml) is the milk-based diet recommended by WHO for the stabilisation of children with SAM (with complications) in inpatient care.

- **F100 :** Formula 100 (100 Kcal/100ml) is the milk-based diet recommended by WHO for the nutritional rehabilitation of children with **SAM** after stabilisation (before Ready to Use Therapeutic Food **(RUTF)** was available). Its main use currently is for children with SAM and severe mouth lesions who cannot swallow RUTF and who are in inpatient care. (F100-diluted is used for the stabilisation and rehabilitation of infants in inpatient care)[144].

143 - International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 - 30, 2008 Workshop Report
144 - International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 - 30, 2008 Workshop Report

• OUTPATIENT CARE

Also named: Outpatient Treatment Programme (OTP)

Outpatient care is a CMAM service treating children with Severe Acute Malnutrition (SAM) without complications and who have passed the appetite test, through the provision of routine medical treatment and nutritional rehabilitation with Ready to Use Therapeutic Food (RUTF). Children will attend outpatient care at regular intervals (usually once a week) until the child recovers (usually two months)[145].

• (SFP) SUPPLEMENTARY FEEDING PROGRAMME / (SFC) CENTRE

Supplementary Feeding Centres (SFC) are the places where SFP are implemented.

- Supplementary Feeding Programmes (SFPs) have been a standard strategy to address Moderate Acute Malnutrition (MAM) in emergencies since the seventies[146].

- **Blanket distribution**/ feeding or canteens are implemented by ACF in crisis situation, distributing Ready to Use Supplementary Food (RUSF), to prevent the increase of Severe Acute Malnutrition (SAM) cases for child from 6 to 59 months and pregnant and lactating women.

During the past years, studies had been done on the efficacy of SFP and it's not proved yet that this type of programmes is really effectives. (Reference: MAM position paper to be published in 2011).

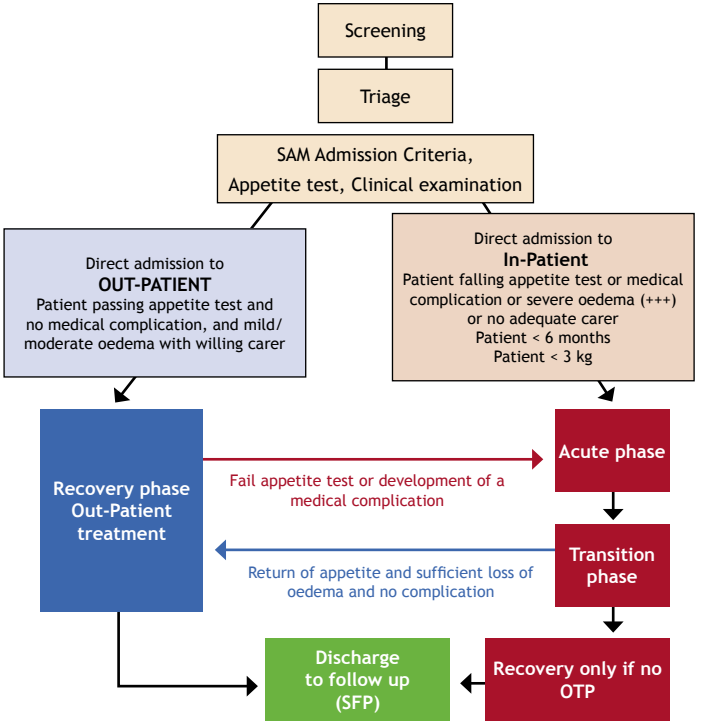
RELATED DEFINITIONS:

- Integrated Management of Childhood Illnesses **(IMCI)**
- Medical complications (in the Presence of SAM)

➔ **See the Malnutrition three below.**

146 - International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 – 30, 2008 Workshop Report
145 - A Retrospective Study of Emergency Supplementary Feeding Programmes_Dr Carlos Navarro-Colorado_June 2007

SCHEME OF THE MANAGEMENT OF GLOBAL ACUTE MALNUTRITION REFERRAL



MANAGEMENT OF ACUTE MALNUTRITION IN INFANTS (MAMI)

The notion “Management of Acute Malnutrition in Infants” refers to the treatment and prevention of acute malnutrition in children less than 6 months of age.

It is important to highlight that the treatment is not the same as for children above 6 months, as these children are supposed to be breastfed and require specific care. Wherever possible re-establishment of successful breastfeeding is the ultimate goal. These children are always treated in an in-patient facility and should not be admitted for outpatient treatment nor given RUTF. The protocol for the Management of Acute Malnutrition in Infants is currently divided into 2 categories; protocol for those infants who can and will be breastfed and protocol for those infants with no prospect of breastfeeding.

• THE MAMI PROJECT

The aim of the MAMI Project was to investigate the management of acutely malnourished infants under six months of age (infants <6months) or less than 3kg in emergency programmes, in order to improve practice by contributing to evidence-based, better practice guidelines.

The objectives were:

- To establish the infant burden of disease.
- To establish what is currently advised in the form of guidelines, policies and strategies.
- To determine what is carried out in practice.
- To make recommendations for future practice and research.

The MAMI Project focused on treatment in emergency contexts, with specific reference to supplementary feeding programmes (SFP) and therapeutic feeding programmes (TFP), collectively described as selective feeding programmes[147].

• SUPPLEMENTARY SUCKLING TECHNIQUE (SST)

The SST is the method used within in-patient nutritional units in hospitals or health centres for children below 6 months affected by Severe Acute Malnutrition (SAM) and/ or less than 3kg. This method aims at restarting the lactation process by mother stimulation (prolactin, oxytocin) and at strengthening the infant suckling capacity by providing adequate energy intake.

The infant is suckling the breast and also receiving F100 diluted (130ml/kg/d) from a nasogastric-catheter, fixed on the mother tit, linked to a cup with the diluted F100 in it.

Raising or lowering the cup determines the ease with which the infant gets the supplement: for very weak infants it can be at the level of the infant's mouth.

RELATED DEFINITION:

- Community-based Management of Acute Malnutrition (CMAM)

© ACF

148

147 - Management of Acute Malnutrition in Infants (MAMI) Project Summary Report October 2009
148 - Adaptation from: The management of acute, severe malnutrition_ACF 2007

MATERNAL UNDER-NUTRITION

Maternal under-nutrition refers to the poor nutritional status of a mother at pre-conception / pregnancy / post-natal stages, and refers to both anthropometric and micronutrient status.
Maternal nutritional status can be assessed through anthropometric measurements **(BMI)**.
ACF uses the MUAC as proxy-indicator, which cut-off are, for this specific population, still under definition.
Children's future nutritional status can be affected from even before conception and is very dependent on the mother's nutritional status, particularly body mass index and micronutrient status, before and during pregnancy. A chronically undernourished woman will give birth to a baby who is likely to become an undernourished child, and thus the cycle of malnutrition is repeated over generations. Significant reductions in childhood under-nutrition can be achieved through an improvement in maternal nutritional status[149].

RELATED DEFINITIONS:

- Intrauterine Growth restriction/ retardation
- Low birth weight/ Underweight at birth

MEDICAL COMPLICATIONS (IN THE PRESENCE OF SAM)

The major medical complications in the presence of SAM that indicate the need for referral of a child to inpatient care include the following: severe bilateral oedemas, anorexia or no appetite, intractable vomiting, convulsions, lethargy or not alert, unconsciousness, lower respiratory tract infection, high fever, severe dehydration, severe anaemia, hypoglycaemia, or hypothermia[150].

MENTAL HEALTH

Mental health describes either a level of cognitive or emotional well-being or an absence of a mental disorder.

The World Health Organisation defines mental health as "a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".

It was previously stated that there was no one "official" definition of mental health. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined. There are different types of mental health problems, some of which are common, such as depression and anxiety disorders, and some not so common, such as schizophrenia and bipolar disorder.

Most recently, the field of Global Mental Health has emerged, which has been defined as "the area

149 - White paper_Taking Action: Nutrition for survival, Growth & development_ACF-IN 2010
150 - International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 - 30, 2008 Workshop Report

of study, research and practice that places a priority on improving mental health and achieving equity in mental health for all people worldwide"[151].

- **MENTAL HEALTH ACTIVITIES**

  Mental Health programmes refer to a broad array of activities directly or indirectly related to the mental well-being component included in the WHO's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease". It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders[152].

RELATED DEFINITIONS:

- Child Care Practices
- Child development
- Child psychomotor development
- Basic package of Child Care Practices
- Psychosocial

MICRONUTRIENT DEFICIENCY

It occurs when the body does not have sufficient amounts of vitamin or mineral due to insufficient dietary intake and/or insufficient absorption and/or suboptimal utilisation of the vitamin or mineral[153].

Micronutrients are divided in two groups: Type 1 and Type 2 (i.e. details in the micronutrient definition (see under Nutrient).)

The World Health Organisation (WHO) ranks deficiencies of zinc, iron and vitamin A in the top 10 causes of the disease burden in developing countries. Micronutrient deficiencies affect the survival, health, development and well-being of those affected. The 2008 Lancet series on Maternal and Child Under-nutrition reported that deficiencies of vitamin A and zinc were responsible for 0.6 and 0.4 million children deaths respectively per year, and iron deficiency as one risk for maternal mortality, with an associated additional 115,000 maternal deaths per year[154].

➔ **See the Malnutrition three below**

RELATED DEFINITION:

- **Macronutrient/ Micronutrient**

  ➔ See under Nutrient

151 - wikipedia
152 - http://www.who.int/topics/mental_health/en/
153 - Tracking progress on child and maternal nutrition; November 2009
154 - White paper_Taking Action: Nutrition for survival, Growth & development_ACF-IN 2010

MICRONUTRIENT POWDER (MNP)

- **Nature:** Micronutrient powders, for example known under the trade names MixMe™ (produced by DSM, see Picture) and Sprinkles™, are mixes of around 15 vitamins and minerals in variable quantities.
  Originally, Sprinkles™ was developed to address nutritional anaemia among young children, as they are unable to swallow iron and folic acid tablets, and because syrups stain teeth and are too bulky to transport and store. However, powder micronutrients also have inconvenient: metallic taste, faeces coloration... Their real utilisation, consumption by the population is questionable.
- **Use:** Powder micronutrients can be distributed in contexts where food quantity and/or quality do not allow the population to reach the recommended needs in vitamins and minerals, and particularly, in contexts with strong prevalence of anaemia. The target groups are U5 (children under five), school children, pregnant and lactating women, or the entire population. These powders must be mixed with the food after preparation, just before consumption.

  Note: *For young children, it enhances quality of local diet with continued breastfeeding, but it mustn't be added to breastfeeding or Ready to Use Food (RUF).*

  This product must be used in a targeted way, with a previous analysis of the diet of all types of population and of the different micronutrient sources, a reliable analysis of the non-covered needs.

  These precautions are necessary to best adapt micronutrient input to the real needs and to avoid an overdose which would be useless and above all, toxic. The proof of toxicity at certain points has indeed lead to the establishment of levels of maximum quantity tolerable for different types of micronutrient (A vitamin, D vitamin, iron, magnesium ...).

e.g. :

155

RELATED DEFINITION:

- **Blankets feeding/ Distribution**

  ➔See under Food Aid

155 - http://www.sightandlife.org/images/stories/pageimages/content/magazine/03_2008/supplement_10_minutes_to_learn.pdf

MID-UPPER ARM CIRCUMFERENCE (MUAC)

- MUAC is a measurement taken at the mid-point of the left upper arm.
- MUAC is an indicator for wasting, to be used for a child of 6 to 59 months of age. It can only be used for children with a length above 65 cm.
- MUAC can also be used for pregnant and lactating woman.

The major determinants of MUAC are muscle and subcutaneous fat, both important determinants of survival in malnutrition and starvation.

MUAC is an indicator of mortality risk associated with acute malnutrition.

Warning: MUAC is not a "malnutrition indicator", it is a good indicator of muscle mass, hence its use for the identification of **malnutrition (as a proxy-indicator).** It is especially efficient in detecting children at high risk of death. MUAC is easily measured and requires little equipment. Once must however be very rigorous in ensuring precision of measurement as this is difficult to obtain[156].

ACF uses MUAC for admission criteria in its nutrition programmes, but also weight-for-height/ length ratio and nutritional oedemas. However, some NGOs are promoting the use of "MUAC and nutritional oedemas only" as admission criteria in nutrition programmes for children suffering from severe acute malnutrition. This practice is polemical for Nutritional experts and many scientific studies are on-going at the time of the publication of this glossary.

➔ Below, the « **MUAC 115** »:
colours are corresponding to the WHO recommendations.

- Children with a MUAC measurement of **below 115mm** (RED part) are considered to be **severely acutely malnourished.**
- Children with a MUAC measurement of **115mm to 124mm** (ORANGE part) are considered to be **moderately acutely malnourished**. (Cut-off being debated).
- Children with a MUAC measurement of **125mm to 134mm** (YELLOW part) are considered to be at **risk of acute malnutrition**.
- Children with a MUAC measurement of **135mm or above** (GREEN part) do not have **acute malnutrition.**

Two other types of MUAC exist:

- « MUAC 110 » corresponding to the NCHS growth reference
- White MUAC, which does not contain colour marks and is used in nutrition survey.

156 - Kit Nut ACF_Module 2_2000

MINIMUM ENERGY REQUIREMENTS

An adequate, healthy diet must satisfy human needs for energy and all essential nutrients. Furthermore; dietary energy needs and recommendations cannot be considered in isolation of other nutrients in the diet, as the lack of one will influence the others.

Energy requirement is the amount of food energy needed to balance energy expenditure in order to maintain body size, body composition and a level of necessary and desirable physical activity consistent with long-term good health. This includes the energy needed for the optimal growth and development of children, for the deposition of tissues during pregnancy, and for the secretion of milk during lactation consistent with the good health of mother and child. For healthy, well-nourished adults, it is equivalent to total energy expenditure.

The recommended level of dietary energy intake for a population group is the mean energy requirement of the healthy, well-nourished individuals who constitute that group[157].

Gender, age, body weight and physical activity are the main determinants of total expenditure.

Average Energy requirements/ day = 2 100 Kcal (cf. sphere standard)[158].

RELATED DEFINITIONS:

- **Nutrient - macronutrient and micronutrient**

➔See under **N**utriment

MONITORING

Monitoring is a continuous process of data collection and analysis, which should take place as the project is being implemented. It is part of the project cycle management and based on indicators that are collected regularly. The actual progress is compared to the planned outcomes and activities, in order to identify necessary remedial actions[159].

MORBIDITY RATE

Number of people suffering of a disease. Morbidity is a concept, rather than a specific rate. One can talk about morbidity for a specific disease or several diseases. The rates used to measure it are the incidence rate and the prevalence rate[160].

MORTALITY RATE

Number of deaths of a disease in a given area during a given period of time divided by the population present in this area during the same period of time[161].

157 - Nutrition Kit; Module 1: The basics of malnutrition; 2007
158 - Basic Nutrition concepts_ACF 2008
159, 160, 161 - http://www.actionagainsthunger.org.uk/resource-centre/learn-the-facts/glossary/?lettre=M

- **CRUDE MORTALITY RATE (CMR)**
  The total number of deaths per year per 1000 people.

- **INFANT MORTALITY RATE (IMR)**
  Infant mortality rate is the ratio between the number of infant deaths younger than one year and all live-born children. Infant mortality rate is expressed per 1000 live births (‰).

MULTIPLE INDICATOR CLUSTER SURVEYS (MICS)

MICS is an international household survey initiated in the 1990s by UNICEF to assist countries in collecting and analysing data to facilitate monitoring the situation of children and women. The MICS assists countries in producing statistically sound and internationally comparable estimates in the areas of health, education, child protection and HIV[162].

RELATED DEFINITIONS FOR THE LETTER "M" :

- **Macronutrient and Micronutrient**
  ➔ See under Nutrient
- **Marasmus**
  ➔ See under Acute Malnutrition

162 - www.childinfo.org

N

NUTRIENTS

All the elements or components either organically or inorganically composed in foods, which can be utilised by the organism without suffering digestive transformation so that they may be assimilated by the cells. The foods are transformed into their composite nutrients by the digestive juices[163].

- There are about 40 nutrients that are essential to health.
- If anyone is deficient then the person will not be healthy and resist disease. After an acute illness they will not have the necessary nutrients to convalesce successfully and return to normal. This failure of convalescence is the usual reason why there is an association between infection and nutritional state.
- Many are ignored by nutritionists and their deficiency is not recognised.

• MACRONUTRIENTS

The proteins, carbohydrates and fats are required by the body in large amounts and, available to be used for energy. They are measured in grams[164].

- **Proteins** **(Essential and Non-essential Amino Acids)**

  Proteins constitute the skeleton around which the cell arranges itself, according to a rigorous composition. Proteins are absolutely necessary for life as they are needed for maintenance, growth, reparation, pregnancy and lactation. The organism does not make real stores of protein.

  e.g.: *meat, fish, eggs, peanuts, beans*

  Energy supplied by proteins should represent 10 to 15 % of the total energy value of the ration[165].

  ⇨ ***Proteins produce 4 Kcal per gram (17 Kj)***

163 - Flammarion Medical Dictionary; Module 1:The Basics of Nutrition; 2007
164 - Website, FIVIMS; Glossary; 2010
165 - ACF Basic of nutrition_2007

- Lipids

Lipids are the constituents of fats, both animal and vegetable.

Lipids play a role in the metabolic and structural balance of the body (cell membranes of organs and tissues, the nervous system). They also constitute important energy stores, in the form of adipose tissue. Lipid intake is also important for the supply of lipid soluble vitamins (such as vitamin A and E).

⇨ ***Fats produce 9 Kcal per gram (38 Kj)***

Lipids should represent a minimum of 15% to 30% of total energy value of the ration[166].

- Carbohydrates

Carbohydrates are the sugars:

- Complex: slow (starches), these are the cereals, roots and tubers
- Simple: rapid, these are the sugars and their derivatives, milk sugar (lactose) or fruit sugar (fructose)

Along with the lipids, carbohydrates supply most of the energy used and stored by the organism. Carbohydrate is essential for the production of energy in the brain (the brain only uses glucose, with the sugar molecule).

Carbohydrates should represent a minimum of 50% to 55% of total energy value of the ration[167].

⇨ ***Sugars produce 4 Kcal per gram (17 Kj)***

- Water

70 to 80%of the body is water. Water is by far the most important constituent of the body (present in all of the tissues). Water has various functions in the organism:

- Water is a vehicle and a solvent
- Water is a product of metabolic reactions
- Water is an element of temperature regulation

Water requirements vary according to: relative humidity, external temperature, physical activity, weight and age.

About half of this is supplied by drinks, the other half, by water contained in food and the water produced by the organism during oxidation reactions. Water requirements increase in people carrying out heavy muscular work (professional activity or sport) especially in warm climates or environments, (summer or tropical areas).

Water metabolism is closely linked to that of the electrolytes, especially sodium[168].

• MICRONUTRIENTS

Micronutrients are organic and mineral substances without any nutritive or energetic value. They are measured in milligrams or in micrograms.

166 - Adaptation from: ACF Basic of nutrition_2007
167 - Adaptation from: ACF Basic of nutrition_2007
168 - Adaptation from: ACF Basic of nutrition_2007

Micronutrients (vitamins and minerals), although only needed in small amounts, are as essential as macronutrients (protein, fat) and energy in achieving the goals of food assistance programmes. Micronutrients are indeed essential for bodily functions, growth and immunity. Along with underweight, the World Health Organisation (WHO) ranks **deficiencies of zinc, iron, and vitamin A in the top ten causes of disease burden in developing countries.** The Copenhagen Consensus ranked micronutrients second among all development interventions in terms of spending priorities based on benefit-cost ratios.

Individual needs in micronutrients are very different; **levels of recommended nutritional intake** have been established for most of the vitamins and minerals, by population types, as done for macronutrients.

Levels of maximum tolerable intake have also been defined for most of the micronutrients type (like A Vitamin, D vitamin, iron, magnesium...) = The daily recommended intake above which it would be toxic to consume them at these quantities, especially if it is done without medical supervision.

Except for specific situations (folic acid for pregnant women, pathologic cases...), a diet rich in fresh food and properly diversified gives all the recommended nutritional needs in micronutrients and prevent from deficiencies.

They are divided into two groups in terms of the response to a deficiency: **Type 1** and **Type 2**, (defined under the board).[169, 170]

Type 1	Type 2
• **Functional nutrients** (hormonal, immunological, biochemical and other processes of the body to function normally)	• **Growth nutrients** (are required to build new tissue)
• **Has a body store** (people cannot have any anthropometric abnormalities)	• **Has no body store** (they all have to be given in the right balance for the malnourished to regain functional and anthropometric normality)
• **Reduces in concentration with deficiency**	• **Stable tissue concentration**
• **Growth failure not a feature** (Anthropometric surveys do not give us information about the prevalence of type I nutrient deficiencies)	• **Growth failure the dominant feature** (they are used in priority to repair tissue that is damaged, to replace rapidly turning over cells (intestinal lining and immune cells in particular) or to gain weight after an illness)
• **Specific signs of deficiency** (e.g. iron/ folic acid → anaemia, iodine → hypo/hyperthyroidism, vitamin A → xerophtalmia/ blindness, Vitamin C → scurvy, etc.) **Deficiency of several of these nutrients is the probable cause of oedematous malnutrition (kwashiorkor).** *Their deficiency does cause major illness and increased likelihood of death*	• **No specific signs of deficiency** (e.g. nitrogen, essential amino-acids, potassium, magnesium, sulphur, phosphorus, zinc, sodium and chloride) *Their deficiency leads to stunting and wasting.*
• **Variable in breast-milk**	• **Stable in breast-milk**

169 - Adaptation from: ACF_Module 1_The Basics of Nutrition_2007
170 - Guidelines for the Integrated Management of Severe Acute Malnutrition: In- and Out-patient treatment_ACF 2010 DRAFT

RELATED DEFINITIONS:

- Micronutrients deficiency
- Micronutrient Powder (MNP)
- Minimum Energy Requirements

NUTRITION

The collection of processes whereby living organisms utilise food to ensure the life, their growth, the normal functioning of organs and their tissues as well as the production of energy. The idea of 'nutrition' is understood as 'feeding', but the two terms are not synonymous.

And/Or

Science devoted to the study of food and their nutritional value, the reactions to the ingestion of nourishment as well as the variations in feeding whether the subject is ill or healthy. This pluri-disciplined science is interested in the physiological and physio-pathological aspects, in the technology and the economy of foodstuffs, in the psychosocial, sociological, historical and geographical behaviour of food[171].

NUTRITIONAL OEDEMA (Bilateral pitting oedema)

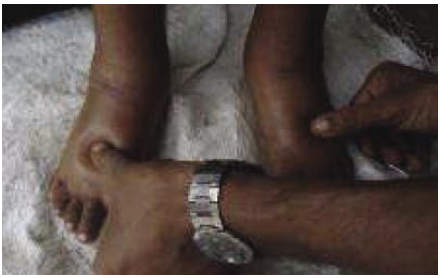
This is characterised by bilateral pitting oedema of the feet, verified when thumb pressure applied on top of both feet for 3 seconds leaves a pit (indentation) in the foot after the thumb is lifted. It is an abnormal infiltration and excess accumulation of serous fluid in connective tissue or in a serous cavity. This is a form of **Severe Acute Malnutrition** (SAM) and is known as KWASHIORKOR.

Categories of bilateral pitting oedema are:

Mild: Both feet (can include ankle), Grade +

Moderate: Both feet, lower legs, hands or lower arms, Grade + +

Severe: Generalised bilateral pitting oedema including both feet, legs, hands, arms and face, Grade + + +[172].



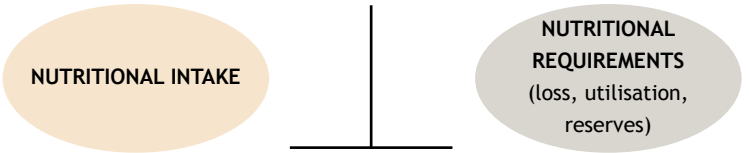
© ACF

171 - Flammarion Medical Dictionary, Nutrition Kit; Module 1: The basics of malnutrition; 2007
172 - International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 – 30, 2008 Workshop Report

NUTRITIONAL STATUS

Nutritional status, especially in children, has been widely and successfully assessed by anthropometric measures in both developing and developed countries (body measurements in relation to those of a reference population status, standardised age- and sex-specific growth reference)[173]. Height and weight are the most commonly used measures, not only because they are rapid and inexpensive to obtain, but also because they are easy to use. Once a child's height and weight have been correctly measured and their age has been recorded, a clinician or researcher can assess the child's growth and general nutritional status by assessing clinical signs of malnutrition (SAM clinical signs, micronutrient deficiency signs such as Bitot's spot for Vitamin A deficiency...)[174].

FACTORS AFFECTING NUTRITIONAL STATUS: THE SCALE OF NUTRITIONAL STATUS[175]

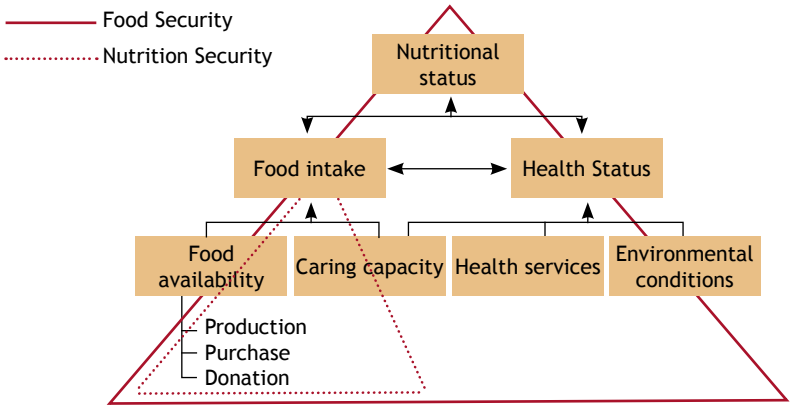


NUTRITION SECURITY

Nutrition security exists when all people/ household members, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences (= Food Security), **combined with a sanitary environment, adequate health services, and proper care and feeding** practices to ensure an active and healthy life for all people/ household members [176].

173 - UNHCR/WFP Joint Assessment Mission (JAM) Guidelines, second edition, september 2008, glossary
174 - Adaptation from: http://www.who.int/bulletin/volumes/85/6/06-034421/en/
175 - Module 1_The Basics of Nutrition_Version 1_ACF-Fr_2007
176 - FAO, 2002 and UNSCN, 2010

CONCEPTUAL FRAMEWORK OF THE NUTRITIONAL STATUS AT HOUSEHOLD LEVEL



RELATED DEFINITIONS FOR THE LETTER "N":

- **National Centre for Health Statistics (NCHS) references**
  - ➔ See under **WHO** growth standards

O

OVER-NUTRITION

An imbalanced nutritional status resulted from excessive intake of nutrients. Generally, over-nutrition generates an energy imbalance between food consumption and energy expenditure leading to disorders such as obesity[177].

RELATED DEFINITIONS FOR THE LETTER "N":

- Double burden of under/ over-nutrition

• OVERWEIGHT

Overweight is generally defined as having more body fat than is optimally healthy. Being overweight is a common condition where food supplies are plentiful and lifestyles are sedentary[178].

Defined as weight-for-height above two standard deviations from the median weight for height of the standard reference population[179].

• OBESITY

Severely overweight; weight-for-length/height or BMI-for-age above the 3 z-score line[180].

Obesity is associated with many illnesses and is directly related to increased mortality and lower life expectancy[181].

➔ **See the Malnutrition three below.**

RELATED DEFINITIONS FOR THE LETTER "O":

- **Out Patient Care**

➔ See under Management of Acute Malnutrition

177 - http://www.medicalglossary.org/nutrition_disorders_overnutrition_definitions.html
178 - http://en.wikipedia.org/wiki/Overweight
179 - Tracking progress on child and maternal nutrition; November 2009
180 - Training Course on Child Growth Assessment A-Introduction ; 2008
181 - Hunger and Health; World Hunger Series; 2007

P

POSITIVE DEVIANCE (BEHAVIOUR CHANGE OR HEARTH METHOD)

A community-based approach to nutritional rehabilitation and behaviour change.
The term "Positive Deviance" initially appeared in nutrition research literature with the publication of a book entitled" Positive Deviance in Nutrition" by Tufts University, in the 1990s. This book promoted the use of this concept to address childhood malnutrition issues at the community level by identifying what was going right in the community in order to amplify it, as opposed to focusing on what was going wrong and fixing it.

The Positive Deviance approach has subsequently been institutionalised as a social change approach by demonstrating its successful application, first to childhood malnutrition, and through the expansion of its successful application to a variety of problems in different sectors, such as public health, education, and child protection, among others.

The approach has been scaled-up, both locally and internationally with the development of a community-based nutrition rehabilitation model called PD/Hearth which has been promoted by USAID and other international organisations such as UNICEF[182].

The purpose of the programme of "Positive Deviance" is to identify the behaviours of mothers or of the persons in charge for the well-nourished children of the poor families and to transfer them to the other members of the community having malnourished children. The "Hearth" or residence is the place where are held of the meetings of nutritional education and rehabilitation. The approach of Positive Deviance/Hearth is an effective instrument of Community mobilisation which makes it possible for all community members to find internal solutions to their problems. It aims at the maximisation of the resources, competences and existing strategies, and encourages participative methodologies and the process of participative training and action.

In French also called: (FARN) Hearths of Training and Rehabilitation[183].

182 - www.positivedeviance.org
183 - Traduction from: Groupe de Collaborations et de Ressources pour la Survie de l'Enfant (CORE), Groupe de Travail en Nutrition, Février 2003_Manuel Ressource pour une Réhabilitation Durable des Enfants Malnutris

PLVIH = PEOPLE LIVING WITH HIV

- **PEOPLE LIVING WITH AIDS**

  Statistics giving numbers of people living with AIDS can sometimes make confusing reading because different countries and agencies have different definitions of what AIDS actually is. For example, in Europe an AIDS diagnosis must be based on the diagnosis of an AIDS-related illness, but in the USA it may also be based on a low CD4 cell count.

  When testing is unavailable, the presence of AIDS, as opposed to HIV, is determined on the basis of a number of clinical symptoms or signs associated with immune deficiency. The World Health Organisation (WHO) has developed a clinical staging of HIV disease for adults and adolescents.

- **PEOPLE LIVING WITH HIV**

  Many reports and tables give figures for the 'number of people living with HIV'. This number represents all people living with HIV infection, whether or not they have developed symptoms of AIDS, who are alive at the given time.

  Estimates of the number of people living with HIV are usually based on the estimated HIV prevalence and total population size, but minimum estimates may be derived from case reports[184].

PMTCT = PREVENTION OF MOTHER-TO-CHILD TRANSMISSION

Mother-to-child transmission (MTCT) is when an HIV-infected woman passes the virus to her baby. This can occur during pregnancy, labour and delivery, or **breastfeeding**. Without treatment, around 15-30% of babies born to HIV positive women will become infected with **HIV** during pregnancy and delivery. A further 5-20% will become infected through breastfeeding.

Prevention of mother-to-child transmission (PMTCT) requires a three-fold strategy:

- Avoiding unwanted pregnancies among HIV positive women - providing appropriate counselling and support to women living with HIV to enable them to make informed decisions about their reproductive lives.
- Preventing the transmission of HIV from HIV positive mothers to their infants during pregnancy, labour, delivery and breastfeeding.
- Integration of HIV care, treatment and support for women found to be positive and their families.

Preventing HIV infection among prospective parents: making HIV testing and other prevention interventions available in services related to sexual health such as antenatal and postpartum care.

The last of these can be achieved by the use of **antiretroviral drugs, safer infant feeding** practices and other interventions[185].

184 - www.avert.org/statistics.htm
185 - http://www.avert.org/motherchild.htm

RELATED DEFINITIONS:

- **A**ntiretroviral Therapy (ARV/ ART)
- **H**IV/ AIDS – HIV minimum package for Nutrition
- **V**oluntary Counselling and Testing (VCT)

PREVALENCE RATE

Number of declared cases of a disease in a given area, at a given point in time, divided by the population present in this area at that point in time[186].

PREVENTION

The terminology includes all measures designed to prevent the introduction of a disease into areas where it does not already exist, and improve the resistance of the population and reduce the chances of the infection spreading, when the disease already exists in the population[187].

- **Primary prevention**

  Includes all types of action aiming at reducing disease incidence in a population, thus reducing the risk of emergence of new cases:

  The primary prevention intervenes before the emergence of diseases, acting on risk factors and determinants.

- **Secondary prevention**

  Includes all types of action aiming at reducing disease prevalence in a population, thus reducing the time of evolution of disease:

  The secondary prevention intervenes at the early stage of disease.

- **Tertiary Prevention**

  Includes all types of action aiming at reducing prevalence of chronicle incapacities or repeated cases in a population, thus aiming at reducing more than possible functional incapacities in link with a disease[188].

PREVENTION IN NUTRITION IN ACF PROGRAMMES

- **Primary prevention**

  Targets the whole population. The aim is to work on under-nutrition determinants in order to reduce acute under-nutrition incidence.

186 - www.actionagainsthunger.org.uk/resource-centre/learn-the-facts/glossary/?lettre=P
187 - Saunders Comprehensive Veterinary Dictionary, 3 ed. © 2007 Elsevier, Inc.
188 - Translation from : http://www.inpes.sante.fr/_Introduction à la santé publique_ACF 2010

- Sectors involved: Water Sanitation and hygiene; Food Security and Livelihood (FSL); Mental Health & Care Practices and Nutrition.
- Activities proposed: prevention of environmental exposures (General environmental and sanitary measures such as maintaining a safe water/ sanitation and food supply in quantity and quality; access to income, etc.), improving human resistance to under-nutrition, or education to diminish risk-taking behaviours though community mobilisation and Behaviour Change Communication (BCC).

• Secondary prevention

Targets the most at risk population, the children from conception to the age of 5 years and pregnant and lactating mothers; and other vulnerable groups such as the People living with HIV (PLHIV). The aim is early disease detection, prevention of disease progression and emergence of symptoms.

- Sectors involved: Food Security, Nutrition, Mental Health.
- Activities proposed: Nutrition Surveillance, surveys, Infant and Young Child Feeding (IYCF) activities, micronutrient supplementation, mental health activities, Supplementary Feeding Programmes (SFP), safety nets.

• Tertiary Prevention

Targets the children suffering from Severe Acute Malnutrition. The aim is to provide cares and prevent relapse.

- Sectors involved: Nutrition and Mental health & Care practices.
- Activities proposed: Community management of Acute malnutrition (CMAM) with IYCF, care practices and mental health activities integrated.

It is important to note that SAM treatment will be considered as tertiary prevention if the health problem targeted is acute malnutrition; while it could be considered as primary prevention if the health problem targeted is chronic malnutrition[189].

PSYCHOSOCIAL

A term that describes an individual's psychic development (cognitive, affective and emotional) and his or her interaction in a social environment. In the human sciences there are a variety of approaches in which the psychological and social converge. One of these is assistance to people during critical events, such as disasters. Psychosocial assistance - in its original sense - is a process that aims at helping people recover through a collective approach centred on knowledge of individual needs and of the grieving process. While psychological and social aspects are often affected in situations where ACF intervenes - and justify an analysis of the situation's impact on both social and family organisation and the individual - the term is often broadly (indeed incorrectly) used in humanitarian contexts for any programme that in any way aims at improving the well-being of the population.

189 - ACF Position paper on Nut Asia_june2010_V2

For example, ACF rules out purely recreational activities, despite the fact that these contribute to a certain well-being. Every ACF intervention is aimed at providing care and support[190].

RELATED DEFINITIONS:

- **B**asic package of Child Care Practices
- **C**hild Care Practices
- **C**hild development
- **C**hild psychomotor development
- **M**ental Health

PUBLIC HEALTH

Public health refers to all organised measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases. Thus, public health is concerned with the total system and not only the eradication of a particular disease.

The three main public health functions are:

- The assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities.
- The formulation of public policies designed to solve identified local and national health problems and priorities.
- To assure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services[191].

The Ottawa Charter for Health Promotion is a 1986 document produced by the World Health Organisation. It was launched at the first international conference for Health promotion.
Five action areas for health promotion were identified:

1. Building healthy public policies
2. Create supportive environments
3. Strengthening community action
4. Developing personal skills
5. Re-orientating health care services toward prevention of illness and promotion of health

In 2005, **The Bangkok Charter for Health Promotion in a Globalised World** complements Ottawa charter and identifies actions, commitments and pledges required to address the determinants of health in a globalised world.

190 - Policy on Mental Health and Child Care Practices_ACF 2009
191 - http://www.who.int/trade/glossary/story076/en/index.html

It recognises the following challenges:

- the inequality between developed and developing nations
- the changing trend of communication and consumption in a globalised world
- urbanisation
- global environmental change
- commercialisation

Five key areas of action are:

1. **Partner and build alliances** with private, non-private, non-governmental or international organisations to create sustainable actions
2. **Invest in sustainable policies**, actions and infrastructure to address the determinants of health
3. **Build capacity for policy development**, health promotion practice and health literacy
4. **Regulate and legislate** to ensure a high level of protection from harm and enable equal opportunity for health and well being
5. **Advocate health** based on human rights and solidarity

RELATED DEFINITIONS:

- **H**ealthcare – Primary (essential HC package), Secondary, Tertiary
- **H**ealthcare Provider
- Healthcare System
- **H**ealth Promotion
- **H**ealth System
- **H**ealth System Strengthening (HSS)
- **H**ealth System Building Blocks

RELATED DEFINITIONS FOR THE LETTER "P":

- **Percentage of the Median**
  - ➔ See under **W**eight for Height Index
- **Premix**
  - ➔ See under **F**ortified Blended Food

R

READY TO USE FOOD (RUF)

RUF include any foods that do not require preparation in the home. RUF also refers to products that are safe to store without refrigeration. RUF have low moisture content and do not require dilution or cooking, so risk of contamination of the product is low.

They range from different types of biscuits or bars used in school feeding or in emergencies (for consumption by all age groups), to products that serve a specific nutritional purpose (prevention and treatment)[192].

- **LIPID-BASED NUTRIENT SUPPLEMENTS (LNS)**

  LNS are one example of a ready-to-use food (RUF). They are considered "lipid-based" because the majority of the energy provided by these products is from lipids (fats). All LNS provide a range of vitamins and minerals, but unlike most other multiple micronutrient supplements, LNS also provide energy, protein, and essential fatty acids (EFA).

  LNS formulations and doses can be tailored to meet the nutrient needs of specific groups (for example, children under 2 years of age) and to fit in particular programmatic contexts (for example, preventive or therapeutic programmes, emergency programmes).

  e.g.:

  *• The best known LNS are the ready-to-use therapeutic foods **(RUTF)** such as Plumpy'nut®. RUTF are now widely used in **treating severe acute malnutrition (SAM)**, including in community-based programmes (CMAM).*

  *• More recently, LNS products ready-to-use complementary foods **(RUCF)** such as Nutributter®, which provide significantly less daily energy than RUTF but a full complement of micronutrients. These lower dose products are designed to enrich and not replace locally available foods*[193].

  • Other forms of ready-to-use food, such as compressed biscuits/bars, can serve the same purpose as LNS.

192 - Adaptation from: Food Aid to Food Assistance, Innovations in Overcoming Hunger, WFP_2010
193 - Adaptation from: http://www.ilins.org/resources/faq#section-1

RELATED DEFINITIONS BELOW:

- **R**eady to Use Complementary Food
- **R**eady to Use Infant Formula
- **R**eady to Use Supplementary Food
- **R**eady to Use Therapeutic Food

RELATED DEFINITIONS FURTHER:

- **Blankets feeding/ Distribution**
  - ➔ See under **F**ood Aid
- **Fortified Blended Food (FBF)**
- **Micronutrient powder (MNP)**

• READY TO USE COMPLEMENTARY FOOD (RUCF)

Complementary food should 'top up' the energy and nutrients provided by breast-milk to meet age-specific requirements during the period of complementary feeding.

Ready to Use Complementary Foods or "Formulated complementary foods" means foods suitable for use during the complementary feeding period. These foods are specifically formulated foods with improved nutritional quality. They can be used as a supplement to local diet to provide those nutrients (vitamins and minerals) which either are lacking or are present in insufficient quantities.

Butter, paste or spreads are to be added to the traditional food during more or less 4 months, and aim at enhancing the local diet with continued breastfeeding.

e.g.: *plumpydoz®, nutributter®, QBmix vitamins®*[194]*, Micronutrients powder/sprinkles*[195]

© ACF

• READY TO USE INFANT FORMULA (RUIF)

Ready to use Infant Formula is a breast-milk substitutes (BMS) that does not need to be mixed with water to be ready to use[196].

194 - www.nutriset.fr
195 - www.wfp.org/nutrition/special-nutritional-products
196 - Adaptation from : National Directives « Points Conseil en nutrition pour Bébés »_Haïti 2010

• READY TO USE SUPPLEMENTARY FOOD (RUSF)

RUSF are used for **prevention of severe acute malnutrition and treatment of Moderate Acute Malnutrition (MAM).** It can also be used for the nutritional management of pregnant and lactating women and in blanket distribution.

RUSF is a high-energy nutritional supplement, mostly pastes oil seed or peanut based, intended to enhance the nutritional status of vulnerable groups, especially in crisis situations[197]. They are to be consumed **in addition** to the traditional food and aim at enhancing the local diet with continued breastfeeding.

They are utilised in **Supplementary Feeding Programmes.**

Note: *RUSF should not be confused with Ready to use Complementary Foods (RUCF)*

e.g.: *Plumpy sup'®, Biscuits énergétiques, barres alimentaires comprimées*

198

199

• READY TO USE THERAPEUTIC FOOD (RUTF)

RUTF is an energy-dense, mineral/vitamin enriched food specifically designed **to treat SAM.** RUTF temporarily **replace all foods other than breast-milk**. RUTF has a similar nutrient composition to **F100** (with the only difference that RUTF has iron in it), which is the therapeutic milk used in an inpatient care setting.

RUTF is soft, paste-like food, mostly oil seed or peanut based that can be consumed easily by children from the age of six months without adding water.

Unlike F100, RUTF is not water-based, meaning that bacteria cannot grow in it and that it can be used safely at home without refrigeration and in areas where hygiene conditions are not optimal. It does not require preparation before consumption. It's however recommended to give water to the child while eating it.

RUTF can be used whether for adult or child, the number of packets per day will vary according to the weight of the person.

E.g. *Plumpy'nut® is an example of a commonly known lipid-based nutrient supplement RUTF*[200].

201

197 - Adaptation from: International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 – 30, 2008 Workshop Report
198 - www.nutriset.fr
199 - www.wfp.org/nutrition/special-nutritional-products
200 - Adaptation from: International workshop on the Integration of Community-based
201 - Julie Pudlowski_http://plumpynutpress.wordpress.com/2010/06/09/the-power-of-plumpynut/management of Acute Malnutrition (CMAM)

REFERRAL

A referral is when a child is moved to a different component of CMAM (e.g. from outpatient care to inpatient care for medical reasons) but has not left the programme[202].

RELATED DEFINITIONS FOR THE LETTER "R":

- **REACH Ending Child Hunger and Under-Nutrition**
  - ➔ See under **G**overnance in Nutrition

202 - International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 – 30, 2008 Workshop Report

S

SANITATION

Sanitation is the process of keeping places clean and healthy.

For humanitarian agencies it is compounded of excreta management, solid waste management, waste water management and vector control.

- By isolating faeces and reducing their pathogenic content, proper sanitation can avoid most of the faecal – oral transmitted diseases (responsible for 1.2 million deaths per year).
- **Sanitation systems can be collective** (sewer, mechanical deluding and transportation...) or **individual** (pit latrine, septic tank...). The first category is more suitable for urban context, the second for rural.
- Sanitation is a recognized human right as well as access to water (human right to water and sanitation).

SOCIAL PROTECTION

Social protection refers to all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised; with the overall objective of reducing the economic and social vulnerability of poor and marginalised groups. (Devereux & Sabates-Wheeler)

Hunger **safety nets** are one of the many tools of **social protection**, which cover a large scope of projects such as **social insurance**, minimum wage, unemployment benefits, sensitisation campaigns, etc[203].

RELATED DEFINITIONS:

- Cash Based Intervention (Cash Grant/ Voucher/ Cash for work)
- Food Aid (Blanket feeding, Canteens, Food for work, Free Food Distribution)
- Income Generating Activity (IGA)
- Safety nets (e.g. Social Insurance)

203 - ACF Position Paper _ Scientific and Technical Department Hunger Safety Nets Their role in preventing food insecurity and malnutrition_12-2009

• SAFETY NETS

Safety nets are a sub-set of broader social protection systems. Safety nets mostly include non-contributory transfers, such as in-kind food, cash or vouchers; they can be provided conditionally or unconditionally, and can be targeted or universal in coverage (i.e. for specific population groups or for the whole population). Safety nets may also include other interventions to improve access to food and basic essentials, such as price subsidies[204].

And/ Or

A hunger safety net programme provides timely, adequate, predictable, and guaranteed multi-year resource transfers to chronically food insecure people, helping them meet adequate minimum food requirements (in quantity & quality) and protecting, and sometimes promoting, their livelihood assets and strategies. (Adapted from Oxfam)

"Safety net" can cover many other meanings, such as informal intra-community redistribution, or an emergency food/cash based three-month transfer. The term "safety net" is being replaced with the more precise term, "social transfer," in the humanitarian community[205].

• SOCIAL TRANSFERS

According to the latest academic thinking, there are four major "directions" within social transfers[206].

➔ **See the table below.**

« Safety Nets »		« Springboards »	
Protective social transfers	Preventative social transfers	Promotional social transfers	Transformational social transfers
• To protect populations after a disaster/ catastrophe, to mitigate its immediate impacts on people's lives and livelihoods, to provide relief (e.g. food aid, cash immediately after an earthquake) • Can be short in duration	• To prevent the negative impacts of a future shock on people's lives and livelihoods, to avert deprivation (e.g. organisation of a cash or food transfer to mitigate the effects of a lean period that was predicted to be particularly severe) • Can be short in duration	• To prevent the negative impacts of poverty (in large sense of the word, includes e.g. hunger) on people's lives and livelihoods and eventually promote them from poverty, seeks to reinforce real incomes. • Predictable • Multi-year • Government implication (to the maximum extent possible), handover strategy defined from the outset	• Aims at transforming a person's social standing. Empowerment and behavioural change are key concepts. • Transformation can/should be an important secondary outcome of promotion or prevention. • Multi-year • Government implication

204 - From Food Aid to Food Assistance, Innovations in Overcoming Hunger, WFP_2010
205 - ACF Position Paper _ Scientific and Technical Department Hunger Safety Nets Their role in preventing food insecurity and malnutrition_12-2009
206 - IFPRI Policy Brief 5, Sept 2008

SPHERE STANDARDS

The Sphere Project Humanitarian Charter and Minimum Standards in Disaster Response is a voluntary effort to improve the quality of assistance provided to people affected by disaster and to enhance the accountability of the humanitarian agencies in disaster response. Sphere has established Minimum Standards in Disaster Response (often referred to as Sphere Standards) and indicators to describe the level of disaster assistance to which all people have a right[207].
These standards are used by ACF and all international partners working in emergency context. Warning: they are not adapted to development contexts.

SPIRULINA

Spirulina is a cyanobacteria which looks like a microscopic (0.2 to 0.3 mm of length) blue-green algae living from photosynthesis like plants and takes its name from it spiral shape. It grows naturally in lakes of warm areas of which under-grounds or volcanic grounds enrich waters with mineral salts[208].
The primary characteristic of spirulina that has attracted the attention of both research workers and industrialists is its impressive protein content. As part of more detailed analyses, a number of features of particular interest from the nutritional standpoint have been demonstrated: a balanced protein composition and the presence of rare essential lipids, as well as numerous minerals and vitamins[209].
At the present state of research, by no means, except emergence of new data, ACF can consider use of spirulina as a therapy in the treatment of malnutrition[210].

STAKEHOLDER

A stakeholder is a person who has something to gain or lose through the outcomes of a planning process or project. They can have a powerful influence on the outcomes of political and other processes[211].

- **STAKEHOLDER ANALYSIS**

  This is the process of identification of all the parties who should be engaged in a particular process or project, those who make or influence policy and the intermediaries between them. It is an essential tool for assessing the different interest groups around a policy or a debate, and their ability to influence the final outcome. It is also an important tool in terms of understanding hierarchical relationships between the different stakeholders, understanding government administrative structures at different levels and understanding the socio-anthropological organisation of communities / districts / regions / countries[212].

207 - International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 – 30, 2008 Workshop Report_ www.sphereproject.org
208 - Traduction from: ACF position paper on SPIRULINA_2006
209 - Spirulina in fight against malnutrition_february 2011_www.antenna.ch
210 - Traduction from: ACF position paper on SPIRULINA_2006
211, 212 - ACF CMAM Integration Guide Draft 2 2011

STUNTING

Stunting is an adaptation to chronic malnutrition, and reflects the negative effects of nutritional deprivation on a child's potential growth, over time. Stunting can occur when a child suffers from long-term nutrient deficiencies and/or chronic illness, so that not only weight gain but height is affected. It can also be an outcome of repeated episodes of acute infections, or acute malnutrition.
Stunting is identified by low height-for-age, indicating a restriction of potential linear growth in children. It has been shown that differences observed in the first 2 years will on average remain until adulthood. Other results are more optimistic and suggest that children can recover from early nutritional insult and that catch up growth contributes to cognition. Studies on the secular trend in increasing height have been recorded in all societies as child undernutrition is reduced (As stated by Victora et al (2008).

Child stunting leads to significant reduction in adult size and one of the main consequences is reduced work capacity, which in turn has an impact on economic productivity. Because it negatively and often irreversibly affects organ growth, stunting is strongly linked to cognitive impairment. Investigators have also stressed the relation between early growth retardation and deficits in social-emotional development compared to non-stunted children through late adolescence[213].

➔ **See the Chronic malnutrition definition.**

SUPPLEMENTARY FOOD

Supplementary foods are used for **prevention of severe acute malnutrition and treatment of Moderate Acute Malnutrition (MAM)**. It can also be used for the nutritional management of pregnant and lactating women or for blanket food distributions.

Moderately malnourished patients are given a food supplement (supplementary foods), which corresponds to their physiological needs (Golden, 1995). This supplementation is given in the form of cooked food, known as "wet rations", or as uncooked food, known as "dry rations". Whichever kind is used, the nutritional values are the same, but in the case of dry rations, double the amount is given to allow for the fact that they will probably be shared with the family. The choice of which kind of distribution to make depends on the prevailing situation and the means available[214].

E.g. Fortified blended foods *(e.g. CSB= Corn Soya Blend) usually mixed with Oil, sugar and micronutrient.*

Note: *Supplementary foods should not be confused with* ***Complementary Foods****.*

213 - ACF_literature review by June Hirsch _Stunting and catch up growth Reversibility of stunting _2011
214 - THE MANAGEMENT of MODERATELY MALNOURISHED PATIENTS SFP mini manual_V1 July 2007

RELATED DEFINITIONS:

- **Blanket distribution**
  - ➔ See under **F**ood Aid

SURVEILLANCE (NUTRITIONAL)

Nutrition surveillance involves the collection, integration, analysis, interpretation and dissemination of nutrition data. It relies on a number of activities and a comprehensive range of data sources.

Systems providing routine food and nutrition surveillance (FNS) in local and national populations are essential to the understanding of relations between nutrition and health and the implementation of appropriate actions. The purpose of an FNS programme is to gather, interpret, and disseminate information about nutrition. Functions of FNS systems include national and regional planning, monitoring and evaluation of food and nutrition programmes, provision of timely warnings of food shortages, problem identification, advocacy support, and monitoring food and nutrition effects of structural-adjustment policies[215].

RELATED DEFINITIONS:

- **E**arly Warning System
- **E**pidemiological surveillance
- **S**urveys (nutritional at ACF)
  - KAP
  - SMART
  - SQUEAC

RELATED DEFINITIONS FURTHER :

- **A**ssessment
- **D**emographic and Health Surveys (DHS)
- **E**valuation
- **M**onitoring

214

- **Early Warning System**

  A system for collecting, organising and analysing information relevant to food availability and accessibility, in order to provide timely notice when a food crisis threatens and thus elicit an appropriate and timely response[217].

215 Adaptation from: American Journal of Clinical Nutrition, Vol 65, 1198S-1202S, Copyright © 1997 by The American Society for Clinical Nutrition, Inc. and Food and nutrition surveillance: an international overview NW Jerome and JA Ricci Department of Preventive Medicine, University of Kansas School of Medicine, Kansas City 66160-7313, USA.
216 - http://www.smartmethodology.org/index.php?lang=en
217 - Adaptation from: http://www.actionagainsthunger.org.uk/resource-centre/learn-the-facts/glossary/?lettre=E

- **Epidemiological surveillance**

  Health data relating to epidemics (cholera, measles, meningitis...) is regularly collected from health structures and analysed to detect early the occurrence of such diseases[218].

- **Surveys (nutritional at ACF)**

  - KAP: Knowledge, Attitudes and Practices survey

    The KAP survey is a method that contributes to the elaboration, monitoring and evaluation of programmes aiming at identifying and working on representation and behaviours influencing nutrition and health status of the population. It focuses on the analysis of the current knowledge's, attitudes and practices of the population and helps defining priorities of programmes and measure evolution of these elements in the targeted population.

    This method is carried out through personal interviews. It allows quantitative results to be obtained which can then be statistically analysed[219].

  - SMART: Standardised Methodology for & Assessment in Relief & Transition

    SMART (Standardised Methodology for Assessment in Relief and Transition) is an inter-agency initiative, which was launched in 2002 by a network of organisations and humanitarian practitioners including; donors, policymakers, and leading experts in emergency epidemiology and nutrition, food security, early warning systems, and demography.

    In summary, the SMART methodology is an improved survey method based on the two most vital, basic public health indicators to assess the severity of a humanitarian crisis: the nutritional status of children under-five and the mortality rate of the population. These indicators are useful for assessing needs and prioritising resources, as well as for monitoring the extent to which the relief system is meeting the needs of the population and thus, the overall impact of the relief response. SMART was initiated mainly to improve the technical capacity of implementing partners to carry out, analyse, interpret and report on survey findings in a standardised manner to ensure the reliability of nutrition/health data[220].

    The ENA software is used for the sampling of a survey and for the entry of daily data from the field. Standardised data in Nutrition, Health and Food Security are integrated to the software, but other variables can be added and adapted to the context. This software gives an automatic data analysis with graphs and detailed reports of data which constitute the survey report basis.

218 - Adaptation from: http://www.actionagainsthunger.org.uk/resource-centre/learn-the-facts/glossary/?lettre=E
219 - Self-training module ACF_"KAP Survey"_2006
220 - http://www.smartmethodology.org/index.php?lang=en

- SQUEAC: Semi-Quantitative Evaluation of Access and Coverage

  The proposed method uses a two-stage screening test model:

  STAGE 1: Identify areas of low and high coverage as well as reasons for coverage failure using routine programme data, already available data, quantitative data that may be collected with little additional work, and anecdotal data.

  STAGE 2: Confirm the location of areas of high and low coverage and the reasons for coverage failure identified in stage one (above) using small-area surveys[221].

RELATED DEFINITION:

- **C**overage of CMAM services

RELATED DEFINITIONS FOR LETTER "S":

- **Scaling Up Nutrition (SUN)**
- **Standing Committee on Nutrition (UN-SCN)**
  - ➔ See under **G**overnance
- **Seeds and tools interventions**
  - ➔ See under **F**ood Security
- **Stability**
  - ➔ See under **F**ood Security
- **Stunting**
  - ➔ See under **C**hronic Malnutrition
- **Supplementary Feeding Programme (SFP)**
  - ➔ See under **M**anagement of Acute Malnutrition
- **Supplementary Suckling Technique**
  - ➔ See under **M**anagement of Acute Malnutrition in Infants (MAMI)

221 - SQUEAC & SLEAC : Low resource methods for evaluating access and coverage in selective feeding programmes

T

THERAPEUTIC MILKS

Term commonly used to describe formula diets for severely malnourished children, e.g. F75 and F100. Strictly speaking, these are not milks – F100 comprises only 42% milk product and F75 less so. Therapeutic milk may be pre-formulated or prepared from dried skimmed milk (DSM), oil and sugar, with the addition of a vitamins and minerals complex.

Note: *Therapeutic milks should not be used to feed infants and young children who are not malnourished. The standard dilution of F100 has too a high a solute load for infants under six months of age. Therapeutic milks contain no iron and long-term use will lead to iron deficiency anaemia*[222].

RELATED DEFINITIONS FOR LETTER "S":

- Therapeutic Milks
  - ➔ See under **M**anagement of Acute Malnutrition

222 - Infant and Young Child Feeding in Emergencies Operational Guidance for Emergency Relief Staff and Programme Managers_Version 2.1 – February 2007

U

UNDER-NUTRITION

Undernutrition is one of the two forms of malnutrition and is defined as the outcome of insufficient food intake and repeated infectious diseases and poor care practices, often due to economic political and socio-cultural factors.
It includes being underweight for one's age, too short for one's age (stunted – Chronic undernutrition), dangerously thin for one's height (wasted – acute undernutrition) and deficient in vitamins and minerals (micronutrient malnutrition)[223].
Under-nutrition is one of the malnutrition types (over-nutrition being the other).

➔ **See malnutrition tree.**

Depending on the reference source, under-nutrition is a cause associated with between 35% and 56%of all deaths among children below the age of five[224].

RELATED DEFINITIONS :

- **A**cute Malnutrition – GAM/ SAM (Marasmus-Kwashiorkor)/ MAM
- **C**hronic Under-nutrition
- **M**icronutrient deficiency
- **M**aternal under-nutrition
- **U**nderweight

UNDERWEIGHT

Underweight is a composite form of under-nutrition including elements of stunting and wasting and is defined by a weight-for-age (WFA) z-score below -2 standard deviations of the WHO growth

223 - Adaptation from UNICEF
224 - Adaptation from: White paper_Taking Action: Nutrition for survival, Growth & development_ACF-IN 2010

standards. This indicator is commonly used in growth monitoring and promotion and child health and nutrition programmes aimed at prevention and treatment of under-nutrition[225].

➔ **See malnutrition tree.**

RELATED DEFINITIONS FOR LETTER "U":

- **Undernourishment/ Chronic Hunger**
  ➔ See under **H**unger
- **Utilisation**
  ➔ See under **F**ood Security

225 - International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 – 30, 2008 Workshop Report

V

VOLUNTARY COUNSELLING AND TESTING (VCT)

Client-initiated HIV testing to learn HIV status provided through voluntary counselling and testing, remains critical to the effectiveness of HIV prevention.

Paediatric HIV and AIDS treatment and care initiatives are becoming increasingly available, and even in the absence of Antiretroviral Therapy (ARV/ ART), services such as the treatment of opportunistic infections, community home based care, Tuberculosis (TB) treatment programmes, and programmes for the prevention of mother to child transmission are in existence. Knowledge of one's status is often the prerequisite to accessing these services. It is essential to offer routine HIV testing to facilitate tailored counselling based on knowledge of HIV status to facilitate an offer of antiretroviral prevention of mother-to-child transmission (PMTCT) and facilitate the access to the services.

The ACF-IN policy on HIV/AIDS states that ACF-IN supports HIV counselling and testing both as a means of prevention and as a way to access care and treatment. Many people have questioned the justification in HIV counselling and testing in areas where antiretroviral are not available. The reality is that in many of the settings where this package is most applicable, the global fund for AIDS, TB and Malaria is working to scale up the provision of these drugs.

Implementation of HIV Counselling and Testing (HCT) should be accompanied by the access to the recommended package of prevention, treatment, care and support services as outlined by WHO. Although access to ART should not be an absolute prerequisite for the implementation of HCT in ACF settings, there should be a reasonable expectation that it will become available within the framework of a national plan or through establishment of an NGO provider[226].

RELATED DEFINITIONS FOR LETTER "U":

- **A**ntiretroviral Therapy (ARV/ ART)
- **H**IV/ AIDS – HIV minimum package for Nutrition
- **P**revention of Mother-to-child Transmission (PMTCT)

226 - Adaptation from: ACF-IN guidance on HIV counselling and testing_November 2007_DRAFT

VULNERABILITY

In general terms, the level of vulnerability of a household and/or individual is determined by the risk of failure of the coping strategies. It is the inadequacy of their adaptive mechanisms, coping mechanisms or accumulated capital or food stocks to meet their daily needs. More specifically, food vulnerability refers to the entire range of factors that place people in danger of food insecurity. The degree of vulnerability for an individual, a household, or a group of people is determined by its exposure to risk factors and by its aptitude to confront crisis situations and to survive them[227].

In relation to hazards and disasters, the concept of vulnerability links the relationship that people have with their environment to social forces and institutions, assets and the cultural values that sustain and contest them. It is commonly defined as the equation:

Vulnerability = Risk x Capacity to cope, or resilience[228].

RELATED DEFINITIONS FOR LETTER "V":

- **Voucher**
  - ➔ See under **S**ocial Protection

227 - FAO 1996, Introduction to Food Insecurity - Intervention Principles_ 2008
228 - ACF FSL policy_2009

W

WASTING

Wasting commonly used to describe acute malnutrition (although it excludes Kwashiorkor) is indicated by severe loss of weight (low weight-for-height), such that a child looks thin[229].

It reflects a recent and severe weight loss, usually associated with starvation (in quantity and quality), poor care practices and/or disease and is strongly related to mortality. Calculated by comparing weight-for-height/length of a child with a reference population of well-nourished and healthy children[230].

➔ **See the Acute malnutrition definition.**

WEIGHT-FOR-AGE INDEX (WFA)

The WFA index is used to assess **underweight**. It reveals how a child's weight compares to the weight of a child of the same age and sex in WHO growth standards **(cf. WHO GROWTH STANDARDS)**[231].

WEIGHT-FOR-HEIGHT INDEX (WFH): Z-SCORES AND PERCENTAGE OF THE MEDIAN

To estimate a child's nutritional status in terms of Acute Malnutrition, it is necessary to compare its weight to reference healthy children of the same height.
The measurements of a given child are compared to the median weight and median height in the reference population (for a given sex and a given height). There are two statistical units that are used to measure the difference between the observed measurements and reference measurements **(cf. WHO Growth Standards)**:

229 - Counting Hunger, Malnutrition Counts; 2008
230 - Adaptation from: Hunger Glossary_2010 & Hunger and Health_World Hunger Series_2007
231 - International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 - 30, 2008 Workshop Report

• The percentage of the median: 100% of the median is equal to the median of the reference population. It was the first measurement tool established (under the NCHS growth reference) for the identification of children suffering from Acute Malnutrition and which should be admitted in structures of treatment.

e.g.: If a child's weight corresponds to less than 80% of the median weight (for a given height group in the reference population), the child is considered to be acutely malnourished (GAM: Global Acute Malnutrition)[232].

• The Z-score: it is the number of standard deviations (SD) of a child value below or above the median value of a reference population[233]. Z-scores have real statistical significance and tend to include more children as being acutely malnourished than does the % of the median. Nowadays, Z-score is used to define malnutrition rates (nutritional surveys) and also to identify children who should be admitted in treatment programmes.

e.g.: If the child's weight, for example, is more than 2 standard deviations below the median weight in his height group (<-2 Z-scores), s/he is considered to be acutely malnourished (GAM: Global Acute Malnutrition).

*Note: In the "**Acute malnutrition**" section cut-offs are detailed for Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (**MAM**).*

FOR "DUMMIES"
The WFH index reflects current nutritional status, it is used to assess wasting. It reveals how a child's weight compares to the weight of a child of the same height and sex in the reference population, in the NCHS growth references or in WHO growth standards. New protocols are using WHO growth standards which are based on a population of reference from different countries (versus only USA for NCHS growth reference)[234].

WHO GROWTH STANDARDS

In 2005, the World Health Organisation (WHO) introduced new child growth standards for use in deriving indicators of nutritional status, such as stunting, wasting and underweight. These standards are based on the growth of infants from six different regions of the world who were breastfed/ fed according to WHO and United Nations Children's Fund (UNICEF) feeding recommendations, had a

232 - Adaptation from: http://www.actionagainsthunger.org.uk/resource-centre/learn-the-facts/glossary/?lettre=Z
233 - Adaptation from: WHO child growth standards and the identification of severe acute malnutrition in infants and children_ UNICEF & FAO 2009
234 - International workshop on the Integration of Community-based management of Acute Malnutrition (CMAM) Washington DC, April 28 – 30, 2008 Workshop Report

non-smoking mother, had access to primary health care and did not have any serious constraints on health during infancy or early childhood. It is recommended that these new growth standards, representative of the global population, replace the previously recommended international growth reference devised by the National Centre for Health Statistics (NCHS) in the United States in 1977 which was based on the growth of infants from USA only.

The prevalence of malnutrition estimated using WHO growth standards is expected to differ from that based on the NCHS growth reference because there are differences in median **weight-for-age**, **height-for-age** and **weight-for-height** between the two.

Recent studies have investigated the direction and magnitude of these differences:
In children aged 6–59 months, the prevalence of **stunting** (i.e. low height-for-age) and **wasting** (i.e. low weight-for-height) were higher when WHO growth standards were used but that of **underweight** (i.e. low weight-for-age) was lower.

Caution: prevalence calculated under WHO growth standards cannot be directly compared to a prevalence calculated under the growth reference NCHS.

Note: It is important that the magnitude of these apparent changes in the prevalence of malnutrition is investigated in different settings in order to gain a better understanding of their implications[235].

RELATED DEFINITIONS FOR LETTER "W":

- **Wasting**
  - ➔ See under **A**cute Malnutrition
- **Weaning**
  - ➔ See under **C**omplementary Feeding
- **Wheat Soya Blend (WSB)**
  - ➔ See under **F**ortified Blended Food (FBF)

235 - Adaptation from: http://www.who.int/bulletin/volumes/88/1/08-057901/en/

Z

RELATED DEFINITIONS FOR LETTER "Z":

- **Z-Score**
  - ➔ See under **W**eight for Height Index

Traductions

English ➔ French

ENGLISH	FRENCH
Accessibilty (Food)	Accès aux aliments
Acute Malnutrition/ Acute Under-Nutrition	Malnutrition Aiguë/ Sous-nutrition Aiguë
Global Acute Malnutrition (GAM)	Malnutrition Aiguë Globale (MAG)
Moderate Acute Malnutrition (MAM)	Malnutrition Aiguë Modérée (MAM)
Severe Acute Malnutrition (SAM)	Malnutrition Aiguë Sévère (MAS)
Advocacy	Plaidoyer
AMAI (Acute Malnutrition Advocacy Initiative)	AMAI (Initiative de plaidoyer sur la malnutrition aigue)
Anthropometry	Anthropométrie
Appetite test	Test de l'appétit
Availability (Food)	Disponibilité alimentaire
Assessment	Evaluation (de besoins, des demandes, des acteurs...)
Baby-Friendly Hospital Initiative(BFHI)	Initiative Hôpital Ami des Bébés
Basic package of Child Care Practices	Paquet minimum de pratiques de soins infantiles
Behaviour Change Communication (BCC)	Communication pour les Changements de Comportement (CCC)
Blanket distribution	Distribution de couverture
Body Mass Index	Indice de Masse Corporelle
Breastfeeding	Allaitement maternel
BreastMilk Substitute (BMS)	Substitut de Lait Maternel
Caregiver	Donneurs de soins/ Personne qui prend soin de (l'enfant)
Care Practices	Pratiques de soins
Case fatality rate	Létalité
Cash based interventions	Interventions monétaires
Cash for work programme	Programme argent contre travail
Cash grant	Transferts monétaires
Cash transfers	
Community-Based Management of Acute Malnutrition (CMAM)	Prise en Charge à base Comunautaire de la Malnutrition Aiguë (PCMA)
Community Health	Santé Communautaire
Community Health Care	Soins de Santé Communautaire
Complementary feeding	Alimentation complémentaire
Complementary food	Alimentation de complément
Chronic Malnutrition/ Chronic Under-Nutrition	Malnutrition Chronique/ Sous-Nutrition Chronique
Counselling	Conseil/ soutien
Counselling (in HIV testing)	Entretien préparatoire au dépistage VIH
DALY (Disability Adjusted Life Years)	AVAI (Années de vie ajustées sur l'incapacité)
Diarrhoea	Diarrhée
Early Warning System	Système d'Alerte Précoce
Epidemiological surveillance	Surveillance épidémiologique
Essential medicines	Médicaments essentiels
Essential Health Care Package/ Basic package of Health services	Paquet minimum de santé
Evaluation (Nutritional)	Evaluation (nutritionnelle)
Exclusive Breastfeeding	Allaitement Maternel Exclusif
F75	F75
F100	F100
Food Aid	Aide Alimentaire
Food Insecurity	Insécurité Alimentaire
Food for work	Nourriture contre travail
Food Security	Sécurité Alimentaire
Fortified Blended Food (FBF)	Aliments Composés Enrichis
Fresh food voucher	Coupon "produits frais"
General Food Distribution (GFD)	Distribution (de denrées) Alimentaire Générale
Growth retardation	Retard de croissance
Health	Santé
Healh Care System	Système de soins
Healh Care Providers	Fournisseurs de soins de santé/ ceux qui délivres les soins de santé
Health Package	Soins de Santé de base
Health Strengthening Building Blocks	Piliers du Système de Santé
Health System	Système de Santé
Height-for-Age Index (HFA)	Rapport/ Indice Taille-Age
HIV/ AIDS	VIH/ SIDA - Paquet minimum VIH pour la Nutrition
HIV minimum package for Nutrition	Paquet minimum VIH pour la Nutrition
Household	Ménage
Hunger	Faim
Hygiene	Hygiène
IFE (Infant Feeding in Emergency)	Alimentation du nourrisson et du jeune enfant en situation d'urgence

Incidence (rate)	Incidence (taux)
Income Generating Activity (IGA)	Activité génératrice de revenu (AGR)
Infant	Nourrisson
Infant formula	Lait maternisé
Infectous disease	Maladie infectieuse
Inpatient Care (*cf board below)	Prise en charge hospitalière (*cf tableau ci-dessous)
Integrated Management of Acute Malnutrition (IMAM)	Prise en Charge Intégrée de la Malnutrition Aiguë (PCIMA)/ intégration de la PCMA
Integrated Management of Childhood Illness (IMCI)	Prise en Charge Intégrée des Maladies de l'Enfant (PCIME)
Intra Uterin Growth Restriction	Retard de Croissance Intra Utérin
IYCF (Infant & Young Child Feeding)	Alimentation du nourrisson et du jeune enfant (ANJE)
Kwashiorkor	Kwashiorkor
Livelihood	Moyens d'existence
Low birthweight/ Underweight at birth	Petit poids de naissance/ Insuffisance Pondérale à la Naissance
Macronutrient	Macronutriments
Management of Acute Malnutrition in Infants (MAMI)	Prise en Charge de la Malnutrition Aiguë chez les Nourrissons
Marasmus	Marasme
Marasmus-kwashiorkor	Kwashiorkor marasmique
Maternal Under-Nutrition	Sous-nutrition maternelle
Micronutrients	Micronutriments
Micronutrients Deficiency	Carence en micronutriments
MUAC (Mid-Upper-Arm-Circumference)	Périmètre brachial
Minimum Energy Requirements	Besoins Énergétique Minimums
Monitoring	Dispositif de suivi
Morbidity (rate)	Morbidité (taux)
Mortality (rate)	Mortalité (taux)
New born	Nouveau-né
Non Food Items (NFI)	Articles non Alimentaires
Nutrients	Nutriments
Nutrition	Nutrition
Nutritional Status	Etat Nutritionnel
Obesity	Obésité
Oedema (bilateral pitting or nutritional)	Œdème (bilatéral en godet ou nutritionnel)
Oral Rehydratation Solution (ORS)	Serum de Réhydratation Oral (SRO)
Outpatient Care (*cf board below)	Prise en Charge Ambulatoire (*cf tableau ci-dessous)
Overnutrition	Suralimentation
Overweight	Surpoids
People Living With HIV/AIDS (PLWHA)	Personnes vivant avec le VIH (PVVIH)
Prevalence (rate)	Prévalence (taux)
Prevention	Prévention
Prevention of Mother to Child Transmission (PMTCT)	Prévention de la Transmission Mère Enfant (PTME)
Public Health	Santé Publique
RUF (Ready to Use Food)	Aliments Prêts à l'Emploi
RUCF (Ready to Use Complementary Feeding)	Aliment Complémentaire prêt à l'Emploi (ACPE)
RUIF (Ready to Use Infant Formula)	Lait artificiel pour Nourrissons Prêts à l'Emploi (LANPE)
RUSF (Ready to Use Supplementary Food)	Aliments Supplémentaires Prêts à l'Emploi (ASPE)
RUTF (Ready to Use Therapeutic Food)	ATPE (Aliments Thérapeutiques Prêts à l'Emploi)
Safety Nets	Filets de sécurité
Sphere Standards (Sphere Project)	Standards SPHERE (Projet SPHERE)
Supplementary Food	Aliments de supplémentation
Supplementary Suckling Technique (SST)	Technique de Succion par Supplémentation (TSS)
Surveillance (Nutritional)	Surveillance (Nutritionnelle)
Survey	Enquête
Stakeholders	Acteurs / Parties prenantes / Partenaires
Stunting/ Growth retardation	Retard de Croissance
Undernourishment/ Chronic Hunger	Sous Alimentation/ Faim chronique
Undernutrition	Sous-nutrition
Underweight	Insuffisance Pondérale
Underweight at birth/ Low birthweight	Insuffisance Pondérale à la Naissance/ Petit poids de naissance
Voluntary Counselling and Testing (VCT)	Centre de Dépistage Volontaire (CDV)
Vouchers	Coupons
Vulnerability	Vulnérabilité
Wasting	Émaciation
Weaning	Sevrage
Weight-for-Age Index (WFA)	Rapport/ Indice Poids-Age
Weigth-for-Heigth Index (z-score & median percentage)	Rapport/ Indice Poids-Taille (z-score et pourcentage de la médiane)