



Nutrition

ECHO FACTSHEET

Facts & Figures

- 51 million children under the age of five are affected by Acute Undernutrition
- Undernutrition is an underlying factor to 45% of children under 5 deaths
- Of the 19 millions of children with Severe Acute Undernutrition, less than 20% have access to treatment
- Regions with the highest rate of acute undernutrition are Asia and Sub Saharan Africa

Source: UNICEF/WHO/WB Joint child undernutrition estimates in 2016

European Commission humanitarian funding

- € 130 million in 2016
- The biggest nutrition interventions supported by the Commission are in the Sahel, South Sudan and Somalia.

Humanitarian Aid and
Civil Protection
B-1049 Brussels, Belgium
Tel.: (+32 2) 295 44 00
Fax: (+32 2) 295 45 72
email:
echo-info@ec.europa.eu
Website:
<http://ec.europa.eu/echo>



* All the latest ECHO
Factsheets:
bit.ly/echo-fs



In perennially dry Afar region in Ethiopia, mothers have come from around the area to have their children screened for malnutrition. Malnourished children are given special therapeutic foods to ensure they recover. Photo credit: EU/ECHO/Anouk Delafortrie

Key messages

- Undernutrition is a medical condition that affects mostly young children and women. It can be found under chronic and an acute form, or both forms combined in the same individuals. By affecting the physiologic functions of the body, it impedes the adequate immunological response to infections, leading to increased risk of morbidity and mortality. It also affects the physical and cerebral development of children, jeopardising their chance for a healthy and productive life.
- Undernutrition can be caused by a variety of factors (i.e. access to nutritious food and water/sanitation facilities, adequate care practices, and health services). These factors are often structural and linked to high poverty levels. They are exacerbated when a crisis (natural or man-made) hits.
- Fighting undernutrition is a priority for the European Commission's humanitarian aid. In 2016, the Commission allocated €130 million of humanitarian assistance for nutrition projects.
- Most of nutrition interventions in 2016 focused on countries where undernutrition is an outcome of a food crisis and lack of adequate safety nets (the Sahel Region), conflict and displacements (South Sudan, Yemen), or both (Somalia, Nigeria).

Major needs and related problems

The most acute form of undernutrition is 'wasting' (acute undernutrition), and it is the one with the most immediate risks of mortality. 51 million children under the age of five in the world are suffering of acute undernutrition, among which 19 million are affected by the most severe form. Despite the massive efforts, only 3 million of them have access to treatment.

Severe Acute Undernutrition is curable. The first therapeutic hospital-based treatment developed in the 1990's has reduced the mortality below 5%. In the 2000s the development of protocols and specialised products have triggered the possibility of ambulatory care, allowing to reach a much greater number of children, and providing treatment in better conditions. Then, the adoption of the Community-Based Management of Malnutrition (CMAM) protocol by the normative agencies (UNICEF, WFP, WHO) in 2006 has made possible its integration in national health plans, and its implementation outside of humanitarian context.

More efforts are still needed to increase the coverage of treatment:

- Increasing awareness about the scale of the problem, and the consequence of undernutrition for individuals and communities, but also at country level
- Enabling countries to provide treatment for undernutrition alongside other child survival health interventions
- Optimising the impact of humanitarian and development programming on nutrition
- Keep improving the performance and the cost efficiency of nutrition treatment by generating evidence through innovative approaches and operational research projects.

Historically, acute malnutrition has been understood as a consequence of humanitarian emergencies. This has led to a 'silo' approach whereby those working in longer-term development have focused more on chronic malnutrition and its effects and remedies. And yet, it is increasingly clear that all forms of malnutrition are interrelated, often occur in the same communities and individuals, and should be addressed as consequences of the same problem. Failure to consider it as part of the development context and to make efforts to prevent and treat it threatens to undermine overall efforts to reduce poverty and promote child survival. Humanitarian and development communities must work together to fight undernutrition in a more sustainable manner by building up the resilience of the most vulnerable communities to future crises.

The European Union's Response

The European Commission's humanitarian aid is supporting the treatment of acute undernutrition aiming at reducing mortality. To lower the risks of undernutrition it also supports humanitarian assistance in other areas such as water and sanitation, health, food assistance which have significant impact to prevent and fight this problem.

In 2016, the European Commission provided €130 million in humanitarian funding to address undernutrition. Humanitarian projects funded include the following activities:

- Support to the identification and treatment of acute undernutrition, following a community-based approach;
- Free access to Mother and Child Health and Nutrition package, including the 1,000 days approach,
- Implementation of Nutrition Causal Analysis to identify the main factors leading to undernutrition and inform assistance accordingly;
- Support to the Seasonal Chemo prevention of Malaria in several countries of the Sahel region where malaria is one of the main trigger for undernutrition
- Provision of complementary food rations for children under 2 years old, alongside cash or in-kind distribution during the lean season in food insecure areas;
- Support to innovative approaches and operational research on nutrition specific (i.e. testing of a simplified protocol for the treatment of undernutrition) and nutrition sensitive (i.e.



impact of cash distribution on nutrition impact) interventions, for the generation of evidence to improved programming.

To increase the coverage of acute undernutrition treatment and make undernutrition a public health priority, the European Commission is engaged in the [No Wasted Lives](#) coalition with other key nutrition actors and donors.

Examples of EU nutrition assistance in action

Most of the nutrition interventions funded by the Commission in 2016 focused on the response to the Horn of Africa and South Sudan, the Lake Chad region and continued support to the Sahel region. These regions are examples of how structural problems such as food insecurity, chronic poverty or lack of public services, be they induced by conflicts or natural disasters, can lead to undernutrition. Through coordinated actions by humanitarian and development organisations, communities are supported to build their resilience and promote sustainable food and nutrition security.



On February 2017 UNICEF, FAO and WFP have declared a famine in part of Unity state in **South Sudan**. Approximately 100,000 people are affected, while 1 million more are at risk of famine. It is a man-made crisis, which had been anticipated by our partners on the field because of the conflict, the loss of livelihoods, the extremely high inflation and spread food insecurity. Humanitarian access is very limited and the seasonal hunger season will likely worsen the lives of civilians. Along with the provision of treatment of acute undernutrition and food assistance to mitigate the devastating consequences of this crisis, EU partners are

also trying to help find solutions locally. Breastfeeding, for instance, helps protect infants from undernutrition. However, the rate of exclusive breastfeeding in South Sudan is extremely low, at 18%. IRC is one of the European Commission's humanitarian implementing partners in the area finding out why women do not practice exclusive breastfeeding and promoting it through one-to-one and group counseling. *Photo: Unicef*

Somalia is in a pre-famine situation as the food security and nutrition indicators are at crisis level and the anticipate likelihood of failed crops will make things worse in the coming months. Early action, at scale, is needed to reduce the excess morbidity and mortality which are expected. Security and access limitation are constant challenges for the European Commission and its implementing partners in the field trying to ensure sufficient quality and coverage of nutrition programs. ACF is operating in some of the areas with the highest rates of acute undernutrition; while integration of nutrition services within the health facilities is the preferred delivery mechanism, in some cases to cover areas isolated or without health services mobile clinics are set up. The staff will regularly visit these villages, screen children for undernutrition and deliver the food products and drugs needed for recovery. *Photo: Unicef*



In **Yemen**, more than 460,000 children are currently suffering from severe acute malnutrition out of more than 4 million in need of services to treat or prevent malnutrition.

The European Commission is funding 7 partners to address malnutrition, having targeted 900,000 beneficiaries in 2016. *Photo: WFP*

The high malnutrition rates give an estimation of 450,000 SAM





more affected by Boko Haram crisis. *Photo: EU/ECHO*

cases in the **Northeast of Nigeria** alone. In Borno, Yobe and Adamawa the European Commission has been supporting Save the Children, IMC, ACF, ALIMA, UNICEF and IRC for the community management of acute malnutrition. Quality services are provided to prevent and treat malnutrition. In 2017, the Commission is expected to provide effective treatment for more than 55 000 SAM in the Northeastern states. With its partners, the EU has contributed to the scaling up of nutrition care for acutely malnourished children mainly in the 3 Nigeria states



of predictable and unpredictable peaks of acute malnutrition without jeopardizing ongoing efforts to health system capacity strengthening. The CMAM surge model prepares the health system to plan for, detect and respond efficiently to spikes in SAM prevalence and caseload; while it does not prevent malnutrition it does trigger early action and community mobilisation. This system already tested in Kenya before, shows good results in Niger by clearly strengthening health system self-resilience capacity. *Photo: EU/ECHO*

Every year, **Niger** experiences localised emergencies resulting from a temporary and often seasonal increase in the number of children in need of nutritional care (lean season, rising prices, etc.). Those periodic increases in cases of acute malnutrition arise at different times and are of different magnitudes from one health area to another but always result to temporary overwhelming of health team workload and overrun of local treatment capacities. To overcome this problem, EU partner Concern Worldwide developed a model to strengthen the capacity of health facility to cope with the increasing workloads

