European Civil Protection and Humanitarian Aid Operations

Nutrition

What is it?

Undernutrition is a medical condition that mostly affects women and children under 5. Wasting, stunting, and micronutrient deficiency are features of undernutrition, which lead to weight loss. Undernutrition can be found in chronic and acute forms and both can be found in the same individual. Poor access to nutritious food, water or sanitation facilities, diseases, lack of basic health and social services can lead to suboptimal nutritional status. These factors are often structural and linked to poverty, which is exacerbated when a natural or man-made crisis hits.

Why is this important?

Under-nutrition has devastating consequences on the survival and development of children. Every year, nearly half of all deaths in children under 5 are due to undernutrition. Health problems, such as diarrhoea or respiratory disease, can be a major cause of malnutrition, which in turn increases the risk of illness. Malnourished children are more likely to fall ill because their immune systems do not develop properly and therefore cannot defend them from illnesses and infectious diseases. Failure to treat under-nutrition undermines the effectiveness of efforts to tackle other diseases such as malaria, diarrhoea, and pneumonia. It also causes irreversible impairment of growth and cognitive development for hundreds of millions more children, which impacts and strains societies.

Worldwide, roughly 50 million children under the age of 5 suffer from acute malnutrition, also known as wasting. 17 million of these suffer from the most serious type – severe acute under-nutrition (SAM) – and 33 million are moderately malnourished (MAM). Wasting refers to a child who has a weight deficiency resulting from recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible. Stunting refers to a child who has a height deficiency. Stunting is the impaired growth and development that children experience from poor nutrition, repeated infection, and inadequate psychosocial stimulation.

Malnutrition remains a major concern in humanitarian emergencies, but also in protracted crises. In fragile countries, the prevalence of wasting escalates dramatically when people face food shortages, disease outbreaks, displacement and a breakdown of essential services. Children affected by wasting are 9 times more likely to die prematurely than those who are not.

FACTS & FIGURES

The biggest nutrition interventions supported by the EU are in the Sahel, Chad, Niger, Sudan, and Ethiopia.

Globally, almost 50 million of children under the age of 5 are severely malnourished.

149 million children under the age of 5 experience chronic malnutrition.

Undernutrition is an underlying factor of death for 45% of children under 5.

EU humanitarian funding: €130 million in 2018
How are we helping?

The European Union tackles and finds solutions to acute malnutrition through an integrated multi-sectoral approach to nutrition, which combines the assessment of nutritional status of children, treatment of acute malnutrition, and prevention of all forms of malnutrition.

Treatment

Severe acute under-nutrition results in high risk of death, but it is curable and preventable. Since the adoption of the community-based management of malnutrition (CMAM) by UNICEF, the World Health Organization (WHO) and the World Food Programme (WFP) in 2007, national protocols have been adopted in many developing countries. However, their implementation remains inconsistent due to limited resources, recurrent crises in fragile contexts and the complexity of emergencies, demanding tailored interventions to meet specific needs.

When a crisis hits and when the prevalence of acute under-nutrition is above emergency threshold, the EU and its humanitarian partners intervene and support the implementation of nutrition programmes, either through direct implementation in complex emergencies, or through reinforcing existing systems. Treatment of acute malnutrition is increasingly being delivered as part of a package of integrated health and nutrition services. In high-risk areas, the EU also supports a disaster preparedness approach in strengthening response capacities and shock responsivity of existing community and health systems.

Funding from the EU allocated to nutrition programming has increased significantly in the past decade, reaching €140 million in 2018. This money provides specialised food products used for the treatment of severe acute malnutrition. In-house nutrition experts in regional support offices assist partners in the field to ensure the relevance and quality of the nutrition programming supported by the EU.

Prevention

Through its resilience approach, the EU also aims to apply a nutrition angle to its programming in order to mainstream the nutrition impact of humanitarian interventions, and to reinforce the link between humanitarian and development programming.

Collaboration and exchange of expertise ensures the treatment is available beyond humanitarian crisis to address the underlying causes of under-nutrition. Examples of prevention strategies include the provision of access to safe drinking water and sanitation facilities for affected communities; free access to healthcare for children and pregnant and lactating mothers; and support to households in restoring their livelihoods after a disaster.

The humanitarian and development aid services of the EU work closely together to ensure coherence and complementarity in the field of nutrition.

Innovation

Innovative approaches and operational research are looking at how to optimise performance, coverage, and the cost efficiency of treatment protocols, and how to identify strategies that demonstrate significant impact on prevention.