

Key Definitions

3 Acute malnutrition (also known as wasting)

Reflects a recent and severe process that has led to substantial weight loss, usually associated with starvation and/or disease. Acute malnutrition is calculated by comparing the weight-for-height (WFH) of a child with a reference population of well-nourished and healthy children. Often used to assess the severity of emergencies because it is strongly related to mortality.¹

Birthrate

The proportion of births in a defined population.

Blanket feeding

Feeding of all persons or households in an affected population without targeting specific individuals or subgroup.

Blanket supplementary feeding program

Nutrition programs that target a food supplement to all members of a specified at risk group, regardless of whether they have moderate acute malnutrition. Blanket supplementary feeding programs are usually implemented in combination with a general food distribution. They primarily aim to prevent deterioration in the nutritional status of at-risk groups.

BMI-for-age

A nutritional index based on anthropometry, used for the assessment of acute malnutrition in adolescents. It relates BMI (body mass index) to age in order to take into account changes in anthropometric measurements during puberty.²

Body mass index (BMI)

A nutritional index based on anthropometry, used for the assessment of acute malnutrition in adults. It is measured using body mass index or weight/height² (kg/m²).²

Breast milk substitute (BMS)

Any food marketed or otherwise represented as a partial or total replacement for breast milk, whether or not suitable for that purpose.¹

Chronic malnutrition

Chronic malnutrition, also known as stunting, is a sign of ‘shortness’ and develops over a long period of time. In children and adults, it is measured through the height-for-age nutritional index.²

Common results framework

Government ministries and other stakeholders in SUN countries are aligning their efforts to scale up nutrition using Common Results Frameworks (CRFs). These frameworks ensure that all share the same goals and implement effective and aligned actions to achieve these goals. Country CRFs include both specific nutrition interventions and nutrition-sensitive approaches to development.¹

Community participation

The active involvement of the community in the planning, management, implementation, monitoring and evaluation of services and projects.²

Complementary feeding

The transition from exclusive breastfeeding to complementary feeding – typically covers the period from 6 to 24 months of age. This is a critical period of growth during which nutrient deficiencies and illnesses contribute globally to higher rates of undernutrition among children under five years of age. The SUN Movement aligns with the WHO recommendation that infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed for up to two years or more.¹

Coverage

The proportion of the target population reached by an intervention. Coverage is a key indicator for monitoring and evaluating interventions.²

Crude mortality rate

The proportion of a defined population who die each day expressed over 10,000. This is the most useful indicator in determining the severity of an emergency situation.²

Dehydration

Excessive loss of body fluids.²

Diabetes

Type 1 diabetes, also sometimes called juvenile-onset diabetes or insulin-dependent diabetes is a chronic condition in which the pancreas produces little or no insulin.

Type 2 diabetes, also sometimes called adult-onset or non-insulin-dependent diabetes, is a chronic condition that affects the way the body metabolizes sugars. With type 2 diabetes, the body either resists the effects of insulin or else does not produce enough insulin.

“Diabesity” is a term coined by Dr Francine Kaufman to indicate a combination of diabetes and obesity.

Diarrhea

The presence of three or more loose or fluid stools over a 24-hour period, accompanied or not by blood, mucous or fever. Diarrhea is caused by various bacteria or by viruses, or may be a symptom of other infections. Diarrhea is one of the major killers of young children in developing countries and in emergencies.²

Double burden of malnutrition

The “double burden of malnutrition” is defined as the coexistence of undernutrition and overweight in the same community or even the same household.

Dry feeding

Food provided in the form of a dry (take-home) ration.²

Early warning system

An information system designed to monitor indicators that may predict or forewarn of impending food shortages or famine.²

Emergency school feeding

Food provided either as a cooked meal or supplement in school or as a take-home ration to improve school attendance and performance, and to alleviate hunger.²

Endemic disease

An infectious disease that occurs throughout the year in a population, such as malaria, worms or chest infections.²

Enrichment

When micronutrients lost or removed during food processing are added back or restored in the final product (e.g., wheat flour is enriched with vitamin B1, niacin and iron).²

Essential fatty acids (EFAs)

Fatty acids that cannot be constructed within an organism from other components by any known chemical pathways, and therefore must be obtained from food sources, such as flaxseed oil and sunflower oil.²

Exclusive breastfeeding

(adapted from WHO definition) Breast milk contains all the nutrients an infant needs in the first six months of life. It protects against common childhood diseases such as diarrhea and pneumonia, and may also have longer-term benefits such as lowering mean blood pressure and cholesterol, and reducing the prevalence of obesity and type-2 diabetes. The SUN Movement aligns with the WHO recommendation on exclusive breastfeeding whereby infants receive only breast milk, no other liquids or solids – not even water – for the first six months of life, to achieve optimal growth, development and health. Thereafter, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed for up to two years or more.¹

Food access

Income or other resources are adequate to obtain sufficient and appropriate food through home production, buying, barter, gathering, etc. Food may be available but not accessible to people who do not have adequate land to cultivate or enough money to buy it.²

Food aid

In-kind rations of food, which can be sourced locally, regionally or internationally.³

Food assistance

The set of interventions designed to provide access to food to vulnerable and food insecure populations. Generally included are instruments like food transfers, vouchers and cash transfers to ensure access to food of a given quantity, quality or value.³

Food diversity

A diet containing a wide range of different types of foodstuffs, used as a measure of household food access.²

Food fortification

The process of adding micronutrients to foodstuffs, during or after processing, to bring micronutrient levels over and above amounts in the original food product.²

Food security

Food security exists when all people, at all times, have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.

Fortificant

The vitamins and minerals added to fortified foods.²

Fortified blended foods (FBFs)

A mixture of cereals and other ingredients (such as soya beans preferably de-hulled, pulses, oil seeds, dried skimmed milk, and possibly sugar) that has been milled, blended, pre-cooked by extrusion or roasting, and fortified with a pre-mix of adequate amount and with a wide range of vitamins and minerals. Fortified blended foods include Corn Soya Blend and Wheat Soy Blend.²

Growth reference

Nutritional indices are compared to expected anthropometric values for an individual of the same sex and age. A growth reference reflects the expected values in a reference population.²

Growth standard

Nutritional indices are compared to expected anthropometric values for an individual of the same sex and age. A growth standard is based on prescriptive criteria and involves value or normative judgments.²

Healthcare system

All organizations and institutions involved in the delivery of health services, including governmental, non-governmental, private organizations and institutions.²

Hidden hunger

Occurs when a population that may be consuming enough calories is not receiving enough micronutrients (vitamins and minerals), negatively impacting the health, cognitive development and economic development of over 2 billion people worldwide.¹

Hunger

A weakened condition brought about by prolonged lack of food. Hunger can lead to malnutrition.¹

Infant

A child less than 12 months old.²

Infant and young child feeding (IYCF)

Term used to describe the feeding of infants (less than 12 months old) and young children (12–23 months old). IYCF programs focus on the protection, promotion and support of exclusive breastfeeding for the first six months; timely introduction of complementary feeding and continued breastfeeding for two years or beyond.¹

Infant formula

A breast milk substitute formulated industrially in accordance with applicable Codex Alimentarius standards to satisfy the normal nutritional requirements of infants up to six months of age.²

Information, education and communication (ICE)

Methods of providing people with an informed base for making choices. Nutrition information refers to knowledge, such as information about new foods that are being introduced in an emergency situation. Nutrition education refers to training or orientation for a particular purpose such as support for breastfeeding. Nutrition communication refers to the method by which information is imparted.²

Low birth weight

Weight at birth less than 2,500 grams.¹

Macronutrients

Nutrients that humans consume in the largest quantities which provide bulk energy and are needed for a wide range of body functions and processes. The three macronutrients are fat, protein and carbohydrate.²

Malnutrition

A condition resulting when a person's diet does not provide adequate nutrients for growth and maintenance or if they are unable to fully utilize the food they eat due to illness.¹

Micronutrient deficiency

A lack or shortage of a micronutrient, such as a vitamin or mineral, that is essential in small amounts for the proper growth and metabolism of a human or other living organism.²

Micronutrients

Essential vitamins and minerals required by the body throughout the lifecycle in miniscule amounts.¹

Millennium Development Goals (MDGs)

At the Millennium Summit in September 2000 the largest gathering of world leaders in history adopted the UN Millennium Declaration, committing their nations to a new global partnership to reduce extreme poverty and setting out a series of time-bound targets, with a deadline of 2015, that have become known as the Millennium Development Goals. The Millennium Development Goals (MDGs) are quantified targets for addressing extreme poverty in its many dimensions – income poverty, hunger, disease, lack of adequate shelter, and exclusion – while promoting gender equality, education, and environmental sustainability. They are also basic human rights – the rights of each person on the planet to health, education, shelter, and security.¹

Moderate acute malnutrition (MAM)

Acute malnutrition, also known as wasting, develops as a result of recent rapid weight loss or a failure to gain weight. The degree of acute malnutrition is classified as either moderate or severe. Moderate malnutrition is defined by a mid-upper arm circumference (MUAC) between 115 mm and <125 mm or a WFH between -3 z-score and <-2 z-score of the median (WHO standards) or WFH as a percentage of the median 70% and <80% ((National Center for Health Statistics [NCHS] references).²

Multi-stakeholder platform

A shared space for cross-sector stakeholders – including government representatives, civil society, UN agencies, donors, businesses and the research and technical community – to come together within a SUN country to align activities and take joint responsibility for scaling up nutrition, including setting shared targets and coordinated, costed plans of action.¹

Non-communicable diseases (NCDs)

Non-communicable diseases (NCDs) – also known as chronic diseases – are not transmitted from person to person. NCDs can progress slowly and persist in the body for decades. The main types of NCDs include cardiovascular disease, cancers, respiratory diseases and diabetes.

Nutrition security

Achieved when secure access to an appropriately nutritious diet is coupled with a sanitary environment, adequate health services and care.² Nutrition security exists when, in addition to having access to a healthy and balanced diet, people also have access to adequate caregiving practices and to a safe and healthy environment that allows them to stay healthy and utilize the foods they eat effectively.

Nutritional status

The internal state of an individual as it relates to the availability and utilization of nutrients at the cellular level.²

Nutrition-sensitive approaches

Strategies and plans that address the underlying and basic causes of malnutrition and take into consideration the cross-sector impact of nutrition.¹

Nutrition-specific interventions

Programs and plans that are designed to address the direct causes of malnutrition and to have a specific impact on nutrition outcomes. These include: support for exclusive breastfeeding; appropriate complementary feeding; micronutrient fortification and supplementation; and treatment of acute malnutrition.¹

Nutrition-specific interventions and programs

Interventions or programs that address the underlying determinants of fetal and child nutrition and development – food security; adequate caregiving resources at the maternal, household and community levels; and access to health services and a safe and hygienic environment – and incorporate specific nutrition goals and actions. Nutrition-sensitive programs can serve as delivery platforms for nutrition-specific interventions, potentially increasing their scale, coverage, and effectiveness. Examples: agriculture and food security; social safety nets; early child development; maternal mental health; women's empowerment; child protection; schooling; water, sanitation, and hygiene; health and family planning services.⁴

Obesity

Obesity for adults is a BMI 30 to 39.99.
Morbidly obese for adults is BMI of 40 or greater.

Overweight

Overweight for adults is a BMI between 25 and 29.00.

Ready-to-use foods (RUF)

RUF can be eaten without further preparation or cooking. Most RUF have very low moisture content and so can be stored without refrigeration. They are typically energy-dense, mineral- and vitamin-fortified foods and can be used for the treatment or prevention of various types of undernutrition.²

Ready-to-use supplementary foods (RUSF)

Energy-dense, mineral- and vitamin-fortified foods that are designed to provide the quantities of macro- and micronutrients needed for the treatment or prevention of moderate acute malnutrition. RUSFs can be eaten without further preparation or cooking and are given as a supplement to the ordinary diet. They have very low moisture content and so can be stored without refrigeration.²

Ready-to-use therapeutic foods (RUTF)

Specialized ready-to-eat, portable, shelf-stable products, available as pastes, spreads or biscuits, that are used in a prescribed manner to treat children with severe acute malnutrition.¹

Recommended daily allowance (RDA)

The average daily dietary intake level that is sufficient to meet the nutrient requirements of nearly all (approximately 98 percent) healthy individuals.²

School feeding

Provision of meals or snacks to schoolchildren to improve nutrition and promote education.²

Selective feeding programs

Targeted supplementary feeding or therapeutic care programs that admit individuals based on anthropometric, clinical or social criteria for correction of acute malnutrition.²

Severe acute malnutrition (SAM)

Acute malnutrition, also known as wasting, develops as a result of recent rapid weight loss or a failure to gain weight. The degree of acute malnutrition is classified as either moderate or severe. A child with severe acute malnutrition is highly vulnerable and has a high mortality risk. Severe acute malnutrition is defined by the presence of bilateral pitting oedema or severe wasting, defined by MUAC <115 mm or a WFH <-3 z-score (WHO standards) or WFH <70% of the median (NCHS references)).²

Stunting

Low height-for-age measurement used as an indicator of chronic malnutrition, calculated by comparing the height-for-age of a child with a reference population of well-nourished and healthy children.¹

SUN donor convener

A representative from a donor organization in each SUN country who is: actively engaged in the country, involved in financially supporting nutrition-specific and/or nutrition-sensitive programs and committed to increasing resources for nutrition.¹

SUN government Focal Point

A high-level individual appointed in each SUN country to play a critical role in leading coordination efforts for catalyzing efforts to advance nutrition in their country. Focal Points help to establish the multi-stakeholder platforms that strengthen coordination to improve support for national plans. They work across sectors and bring ministries and government departments together with local development partners, civil society organizations, businesses and UN agencies.¹

SUN Multi-Partner Trust Fund (MPTF)

A fund established in March 2012 by participating UN agencies and contributing partners to provide catalytic grants to governments, UN agencies, civil society groups, other SUN stakeholders to facilitate the development and implementation of government or stakeholder actions for scaling up nutrition.¹

Supplementary feeding

The provision of food to the nutritionally or socially vulnerable in addition to the general food distribution to treat or prevent malnutrition.²

Supplementary feeding program

Nutrition programs that aim to prevent individuals with moderate acute malnutrition from developing severe acute malnutrition, to treat those with moderate acute malnutrition and to prevent the development of moderate malnutrition in individuals. Supplementary feeding programs can be blanket or targeted.²

Supplementation

Provision of nutrients either via a food or as a tablet, capsule, syrup, or powder to boost the nutritional content of the diet.

Sustainable development goals

One of the main outcomes of the Rio+20 Conference was the agreement by member states to launch a process to develop a set of sustainable development goals (SDGs), which will build upon the Millennium Development Goals and converge with the post-2015 development agenda. It was decided to establish an *“inclusive and transparent intergovernmental process open to all stakeholders, with a view to developing global sustainable development goals to be agreed by the General Assembly”*.

In the Rio+20 outcome document, member States agreed that sustainable development goals (SDGs) must:

1. Be based on Agenda 21 and the Johannesburg Plan of Implementation.
2. Fully respect all the Rio Principles.
3. Be consistent with international law.
4. Build upon commitments already made.
5. Contribute to the full implementation of the outcomes of all major summits in the economic, social and environmental fields.
6. Focus on priority areas for the achievement of sustainable development, being guided by the outcome document.
7. Address and incorporate in a balanced way all three dimensions of sustainable development and their interlinkages.
8. Be coherent with and integrated into the United Nations development agenda beyond 2015.
9. Not divert focus or effort from the achievement of the Millennium Development Goals.
10. Include active involvement of all relevant stakeholders, as appropriate, in the process.

It was further agreed that SDGs must be:

- Action-oriented
- Concise
- Easy to communicate
- Limited in number
- Aspirational
- Global in nature
- Universally applicable to all countries while taking into account different national realities, capacities and levels of development and respecting national policies and priorities.

The outcome document further specifies that the development of SDGs should:

- Be useful for pursuing focused and coherent action on sustainable development
- Contribute to the achievement of sustainable development
- Serve as a driver for implementation and mainstreaming of sustainable development in the UN system as a whole
- Address and be focused on priority areas for the achievement of sustainable development

The Rio+20 outcome document *The Future We Want* resolved to establish an inclusive and transparent intergovernmental process on SDGs that is open to all stakeholders with a view to developing global sustainable development goals to be agreed by the UN General Assembly. The outcome document mandated the creation of an inter-governmental Open Working Group, that will submit a report to the 68th session of the General Assembly containing a proposal for sustainable development goals for consideration and appropriate action. The outcome document specifies that the process leading to the SDGs needs to be coordinated and coherent with the processes considering the post-2015 development agenda and that initial input to the work of the Open Working Group will be provided by the UN Secretary-General in consultation with national governments.⁵

Targeted supplementary feeding program

Nutrition programs that provide nutritional support to individuals with moderate acute malnutrition. They generally target children under five, malnourished pregnant and breastfeeding mothers, and other nutritionally at-risk individuals in the presence of a general food distribution. The objectives are primarily curative and aim to rehabilitate individuals with moderate acute malnutrition, prevent individuals with moderate acute malnutrition from developing severe acute malnutrition, prevent malnutrition in at-risk individuals and rehabilitate referrals from the treatment of severe acute malnutrition.²

UN REACH (Renewed Effort Against Child Hunger and Undernutrition)

Established in 2008 by the Food and Agricultural Organization (FAO), the United Nations Children's Fund (UNICEF), the World Food Program (WFP), and the World Health Organization (WHO) to assist governments of countries with a high burden of child and maternal undernutrition to accelerate the scale-up of food and nutrition actions. The International Fund for Agricultural Development (IFAD) joined REACH later on with an advisory role. REACH operates at country level as a facilitating mechanism in the coordination of UN and other partners' support to national nutrition scale-up plans.¹

Undernutrition

An insufficient intake of energy, protein or micronutrients, that in turn leads to nutritional deficiency. Undernutrition encompasses stunting, wasting and micronutrient deficiencies.²

Underweight

Wasting or stunting or a combination of both, defined by weight-for-age below the -2 z-score line.²

Vulnerability

The characteristics of a person or group in terms of their capacity to anticipate, cope with, resist and recover from the impact of a natural (or human-made) hazard.²

Wasting (also known as acute malnutrition)

Reflects a recent and severe process that has led to substantial weight loss, usually associated with starvation and/or disease. Wasting is calculated by comparing the weight-for-height of a child with a reference population of well-nourished and healthy children. Often used to assess the severity of emergencies because it is strongly related to mortality.¹

Weight-for-length/height or BMI-for-age below the -2 z-score line. Severely wasted is below the -3 z-score line.²

Z-score

An indicator of how far a measurement is from the median, also known as a standard deviation (SD) score. The reference lines on the growth charts (labeled 1, 2, 3, -1, -2, -3) are called z-score lines; they indicate how far points are above or below the median (z-score = 0).²

This glossary draws on a variety of sources. The provenance of individual definitions is indicated by a reference as follows:

1 UNICEF SUN 2012

2 UNICEF Training on Nutrition in Emergencies, Glossary of Terms

3 Omamo SW, Gentilini U, Sandström S (eds). *Revolution: From food aid to food assistance. Innovations in overcoming hunger*. 2010.

WFP, Rome, Italy.

4 *The Lancet 2013 Series on Maternal and Child Nutrition*, adapted from *Scaling Up Nutrition and Shekar and colleagues*, 2013

5 United Nations Sustainable Development Knowledge Platform, June 2013