

## Nutrition Programming in Emergencies

**Acute Malnutrition** – A condition where a child’s weight-for-height ratio falls below -2 Z-scores, indicating wasting. Related terms: Severe Acute Malnutrition (SAM), Moderate Acute Malnutrition (MAM). This status requires rapid therapeutic feeding; challenges include limited supply chains and security constraints.

**Acute Food Insecurity** – A situation where households lack reliable access to sufficient food for at least a week. Related terms: Food Availability, Food Access, Food Utilisation. In emergencies, rapid assessments guide relief food distribution, but fluctuating market prices can impede planning.

**Acute Phase** – The initial period of a humanitarian crisis, typically the first 3 months, characterised by high mortality risk. Related terms: Early Recovery Phase, Protracted Phase. Nutrition programmes focus on life-saving interventions; however, data collection may be compromised by displacement.

**AOR (Area of Responsibility)** – The geographical zone assigned to a specific nutrition officer or team. Related terms: Cluster Coordination, Sub-Cluster. Clear AORs improve accountability, yet overlapping jurisdictions can cause duplication of effort.

**Anthropometry** – The measurement of human body dimensions, primarily height, weight, MUAC, and skinfolds. Related terms: Growth Monitoring, Z-Score, Reference Standards. Accurate anthropometry informs screening, but inter-observer variability is a common challenge.

**Antenatal Care (ANC)** – Health services provided to pregnant women, including nutrition counselling and supplementation. Related terms: Iron-Folate Supplementation, Micronutrient Powder. Strengthening ANC improves maternal and infant nutrition, yet cultural barriers may limit attendance.

**AOR (Assessment of Operational Readiness)** – A systematic review of logistics, staffing, and supplies before programme launch. Related terms: Readiness Checklist, Pre-Deployment Survey. Identifying gaps early prevents delays, but rapid onset emergencies may compress timelines.

**Beneficiary Targeting** – The process of selecting individuals or households for nutrition assistance. Related terms: Vulnerability Assessment, Inclusion Criteria. Targeting aims to reach the most at-risk, yet inaccurate data can lead to exclusion errors.

**Blended Food Rations** – Combined distribution of staple foods and specialised therapeutic foods. Related terms: General Food Distribution (GFD), Ready-to-Use Therapeutic Food (RUTF). This approach addresses both general and acute needs, but ration size must align with household composition.

**Cluster Approach** – A coordination mechanism where sector-specific clusters, led by UN agencies, plan and implement humanitarian responses. Related terms: Nutrition Cluster, Health Cluster, Coordination Meeting. Effective clustering reduces gaps, but fragmented leadership can hinder decision-making.

Community-Based Management of Acute Malnutrition (CMAM) – A model that treats SAM in the community using ready-to-use therapeutic foods, with referrals for complications. Related terms: Outpatient Therapeutic Programme (OTP), Stabilisation Centre. CMAM expands coverage, yet maintaining quality control across dispersed sites is challenging.

Co-ordination Mechanism – Formal structures for information sharing and joint planning among humanitarian actors. Related terms: Inter-Agency Standing Committee (IASC), Humanitarian Coordination. Strong mechanisms streamline resources, but differing organisational mandates may cause friction.

Coverage – The proportion of the target population that receives a specific nutrition service. Related terms: Reach, Utilisation Rate. High coverage indicates programme effectiveness; however, measuring it accurately in fluid populations is difficult.

Coping Strategies Index (CSI) – An indicator that quantifies the severity of household coping mechanisms (e.g., skipping meals). Related terms: Food Insecurity Experience Scale (FIES), Livelihood Risk Assessment. CSI helps prioritise interventions, but cultural differences affect interpretation.

Daily Energy Requirement (DER) – The amount of calories needed to maintain basic physiological functions and activity levels. Related terms: Basal Metabolic Rate (BMR), Caloric Intake. DER guides ration sizing; however, variations in climate and workload complicate calculations.

Displacement – The forced movement of populations due to conflict, disaster, or persecution. Related terms: Internally Displaced Persons (IDPs), Refugees. Nutrition programmes must adapt to mobile settings, yet tracking health status becomes more complex.

Early Warning System (EWS) – A set of indicators that signal the impending risk of nutrition crises. Related terms: Surveillance, Thresholds. Timely alerts enable pre-emptive actions, but data gaps can reduce reliability.

Emergency Nutrition Cluster – The coordination body that leads nutrition response within the broader humanitarian framework. Related terms: Nutrition Cluster, Cluster Lead Agency. Its role includes setting standards; however, limited resources may restrict its influence.

Emergency Phase – The period of heightened vulnerability following a crisis, typically spanning weeks to months. Related terms: Acute Phase, Protracted Phase. Interventions focus on life-saving services, yet security constraints may limit access to affected areas.

Food Security – The state where all people have physical, social, and economic access to sufficient, safe, and nutritious food. Related terms: Food Availability, Food Access, Food Utilisation. In emergencies, ensuring food security requires rapid logistics, but market disruptions pose obstacles.

Food Utilisation – The process of converting food into nutrients through proper storage, preparation, and consumption. Related terms: Hygiene Practices, Dietary Diversity. Nutrition education improves utilisation, yet lack of water and cooking facilities hampers implementation.

Food-Based Complementary Feeding – The provision of nutrient-dense foods to infants 6–23 months

alongside breastmilk. Related terms: Complementary Feeding, Micronutrient Powder (MNP). In emergencies, locally sourced foods can be fortified, but supply chain interruptions can limit availability.

Food-Insecurity Monitoring – Ongoing assessment of households' access to adequate food. Related terms: Household Food Insecurity Access Scale (HFIAS), Rapid Food Security Assessment. Continuous monitoring informs programme adjustments; however, respondent fatigue may affect data quality.

General Food Distribution (GFD) – The delivery of staple food items to meet the basic caloric needs of affected populations. Related terms: Food Ration, Food Voucher. GFD stabilises markets, yet ensuring equitable distribution in chaotic settings remains a challenge.

Global Acute Malnutrition (GAM) – The sum of children classified as SAM or MAM, expressed as a prevalence rate. Related terms: SAM, MAM. GAM is a key indicator for emergency thresholds; however, inconsistencies in measurement techniques can skew trends.

Health Cluster – The UN-led coordination group that oversees health services in humanitarian responses. Related terms: Nutrition Cluster, Disease Surveillance. Integration with the health cluster enhances referral pathways, yet competing priorities may dilute nutrition focus.

Humanitarian Access – The ability of aid agencies to reach populations in need. Related terms: Security Constraints, Negotiated Access. Secured access enables programme delivery; however, shifting frontlines can abruptly block routes.

IASC (Inter-Agency Standing Committee) – The highest coordination forum of UN and non-UN humanitarian partners. Related terms: Cluster Approach, Humanitarian Principles. IASC develops standards such as the Minimum Standards for Nutrition; yet aligning diverse actors to common guidelines can be time-consuming.

In-Country Nutrition Plan (ICNP) – A national-level strategy that outlines nutrition priorities and interventions. Related terms: National Nutrition Policy, Strategic Plan. Aligning emergency activities with the ICNP promotes sustainability, but political instability may delay approval.

Infant and Young Child Feeding (IYCF) – Practices that ensure optimal nutrition for children from birth to two years. Related terms: Exclusive Breastfeeding, Complementary Feeding. IYCF interventions reduce malnutrition risk; however, cultural norms may hinder exclusive breastfeeding.

Integrated Food Security Phase Classification (IPC) – A multi-sectoral tool that categorises the severity of food insecurity. Related terms: IPC Phase 3 (Crisis), IPC Phase 4 (Emergency). IPC informs funding decisions; yet data scarcity in conflict zones can limit accuracy.

International Humanitarian Law (IHL) – The legal framework governing conduct in armed conflict, protecting civilians and aid workers. Related terms: Geneva Conventions, Protection Principles. Compliance with IHL facilitates safe nutrition programming, but violations may jeopardise staff safety.

Logistics Cluster – The coordination body that manages transport, warehousing, and supply chain functions. Related terms: Procurement, Distribution. Efficient logistics ensure timely delivery of therapeutic foods;

however, damaged infrastructure often impedes movement.

**Micronutrient Powder (MNP)** – A sachet of vitamins and minerals added to home-prepared foods for children 6–23 months. Related terms: Multiple Micronutrient Powder, Fortified Complementary Food. MNP addresses hidden hunger, yet acceptability issues may arise if flavours differ from local diets.

**Monitoring and Evaluation (M&E)** – Systematic processes to track programme performance and assess impact. Related terms: Indicator Framework, Data Quality Assurance. Robust M&E enables learning, but limited staff capacity can affect data reliability.

**Nutrition Cluster** – The UN-coordinated group that leads nutrition response, sets standards, and facilitates information sharing. Related terms: Nutrition Cluster Lead, Cluster Meetings. Its effectiveness hinges on active participation; yet fragmented reporting can hinder coordination.

**Nutrition Emergency** – A situation where acute malnutrition rates exceed emergency thresholds, demanding rapid response. Related terms: Nutrition Crisis, Emergency Phase. Prompt interventions can avert mortality spikes, but delayed assessments may postpone action.

**Nutrition Impact Evaluation** – An in-depth study that measures the outcomes of nutrition interventions over time. Related terms: Impact Assessment, Longitudinal Study. Findings inform policy revisions; however, security constraints can limit follow-up.

**Nutrition Surveillance** – Ongoing collection, analysis, and interpretation of nutrition data to detect trends. Related terms: Sentinel Surveillance, Rapid Nutrition Assessment. Early detection supports timely response, yet data gaps in remote areas reduce coverage.

**Nutrition Target** – A specific, measurable objective set for a programme (e.g., 80% coverage of OTP). Related terms: SMART Objectives, Performance Indicator. Clear targets drive accountability, but unrealistic ambitions may demotivate staff.

**Outpatient Therapeutic Programme (OTP)** – Community-based treatment of SAM using RUTF without inpatient admission. Related terms: CMAM, Ready-to-Use Therapeutic Food. OTP expands reach, yet ensuring adherence to treatment schedules can be difficult.

**Phase-Based Approach** – Organising interventions according to the stage of the crisis (e.g., preparedness, acute, recovery). Related terms: Emergency Phase, Recovery Phase. Tailoring actions to phases improves efficiency; however, transitions between phases are sometimes ambiguous.

**Preparedness Planning** – Activities undertaken before a crisis to ensure rapid response capacity. Related terms: Contingency Planning, Stockpiling. Effective preparedness reduces response time, but funding cycles often limit sustained investment.

**Primary Health Care (PHC)** – Basic health services that include nutrition screening and counselling. Related terms: Health Facility, Community Health Worker. Integrating nutrition into PHC strengthens early detection, yet workforce shortages may limit coverage.

**Programmatic Gap** – An identified deficiency in service delivery or resources within a nutrition programme. Related terms: Needs Assessment, Resource Allocation. Addressing gaps improves outcomes, but competing priorities can delay remediation.

**Protection Cluster** – The coordination group that addresses safety, rights, and dignity of affected populations. Related terms: Safeguarding, Gender-Based Violence. Nutrition programmes must incorporate protection principles; however, inadequate training can lead to oversight.

**Rapid Assessment** – A quick, often desk-based, evaluation to gauge the scope of a nutrition emergency. Related terms: Rapid Nutrition Assessment, Situation Report. Rapid assessments inform immediate actions, yet they may lack depth.

**Referral System** – The mechanism that connects community-level screening with higher-level treatment facilities. Related terms: Referral Pathway, Linkage. Efficient referrals reduce morbidity, but transport barriers often hinder patient flow.

**Recovery Phase** – The period after the acute emergency when livelihoods are rebuilt and resilience is fostered. Related terms: Protracted Phase, Resilience Building. Nutrition interventions shift toward supplementation and capacity building; however, donor fatigue can limit funding.

**Resilience** – The ability of individuals or communities to absorb, adapt, and recover from shocks. Related terms: Livelihood Diversification, Social Protection. Building resilience reduces future nutrition risks, yet measuring it remains methodologically complex.

**Risk Assessment** – Systematic identification and analysis of potential hazards affecting nutrition outcomes. Related terms: Vulnerability Assessment, Threat Analysis. Informs mitigation strategies; however, dynamic contexts may render assessments quickly outdated.

**Safety Net** – Programs that provide a minimum level of support to vulnerable households (e.g., cash transfers). Related terms: Social Protection, Cash-Based Assistance. Safety nets can prevent deterioration of nutritional status, yet targeting errors can exclude those in need.

**Sector Coordination** – Collaborative planning and implementation across different humanitarian sectors (e.g., health, WASH, nutrition). Related terms: Cluster Approach, Inter-Sectoral Working Group. Enhances synergies, but siloed funding streams may impede integration.

**Security Incident** – Any event that threatens the safety of staff, beneficiaries, or assets. Related terms: Threat Assessment, Access Negotiation. Security considerations shape programme design; yet unpredictable incidents can disrupt service continuity.

**Sex-Specific Needs** – Distinct nutritional requirements of males and females, especially during pregnancy, lactation, and adolescence. Related terms: Gender-Responsive Programming, Maternal Nutrition. Addressing these needs improves outcomes, but cultural norms may limit women's access to services.

**Shelter Cluster** – The coordination group overseeing shelter provision and related services. Related terms: Housing, Camp Management. Adequate shelter influences food preparation and storage, yet space

constraints can affect nutrition interventions.

**Situation Report (SitRep)** – A concise update summarising the current status of the emergency, including nutrition indicators. Related terms: Dashboard, Progress Report. SitReps guide decision-makers; however, data lags may reduce relevance.

**Standardised Monitoring and Evaluation Framework (SMEF)** – A set of common indicators and tools adopted across agencies for consistency. Related terms: Core Indicators, Data Harmonisation. SMEF facilitates comparability, yet rigid templates may not capture context-specific nuances.

**Strategic Food Reserve** – Stockpiled food commodities held for rapid deployment in emergencies. Related terms: Food Buffer, Prepositioning. Enables swift response, but shelf-life management is essential to prevent spoilage.

**Supplementary Feeding Programme (SFP)** – Targeted provision of fortified foods to treat moderate acute malnutrition. Related terms: MAM, Fortified Blended Food. SFP reduces progression to SAM, yet adherence may decline if rations are perceived as insufficient.

**Supply Chain** – The network of processes involved in procuring, storing, and delivering nutrition commodities. Related terms: Logistics, Procurement. Efficient supply chains minimise stock-outs; however, customs delays can create bottlenecks.

**Therapeutic Feeding** – The use of specialised, energy-dense foods to treat severe malnutrition. Related terms: RUTF, OTP. Proven to reduce mortality, yet high costs can restrict scale-up.

**UNICEF** – United Nations agency responsible for child health, nutrition, and education, often leading nutrition cluster coordination. Related terms: UN, Humanitarian Aid. UNICEF's technical expertise strengthens programmes, but reliance on a single agency may limit local ownership.

**UNHCR** – United Nations High Commissioner for Refugees, mandated to protect and assist refugees, including nutrition support. Related terms: Refugee Camp, Protection. Collaboration with UNHCR expands reach, yet differing mandates can cause coordination gaps.

**WASH Cluster** – The coordination group overseeing water, sanitation, and hygiene services. Related terms: Hygiene Promotion, Safe Water. WASH improvements directly affect food utilisation; however, competing priorities may delay joint planning.

**Weight-for-Age Z-Score (WAZ)** – An indicator comparing a child's weight to age-specific reference standards. Related terms: Stunting, Underweight. Useful for identifying chronic undernutrition, but less sensitive to acute wasting.

**Weight-for-Height Z-Score (WHZ)** – An indicator assessing acute malnutrition by comparing weight to height standards. Related terms: Acute Malnutrition, GAM. Central to SAM screening; however, measurement errors can affect classification.

**WHO** – World Health Organization, sets global health standards, including nutrition guidelines. Related

terms: International Health Regulations, Nutrition Policy. WHO recommendations underpin programme design, yet local adaptation is necessary.

WFP – World Food Programme, the UN agency leading food assistance and logistics. Related terms: Food Distribution, Procurement. WFP’s operational capacity enhances emergency response; however, funding constraints may limit coverage.

Zinc Supplementation – Provision of zinc tablets to treat and prevent diarrhoea in children. Related terms: Micronutrient Intervention, Diarrhoeal Disease. Zinc reduces episode duration, yet supply chain interruptions can cause stock-outs.

Zero-Hunger Initiative – A global commitment to end hunger and malnutrition by 2030. Related terms: Sustainable Development Goals (SDGs), Nutrition Security. Aligning emergency programmes with zero-hunger goals promotes long-term impact, but immediate crises may divert focus from broader agendas.

Antenatal Micronutrient Supplementation – Delivery of iron, folic acid, and often multiple micronutrients to pregnant women. Related terms: Maternal Anaemia, Birth Outcomes. Improves fetal growth, yet adherence may be low due to side effects.

Biodiversity-Based Food Systems – Approaches that promote diverse, locally sourced foods to improve nutrition. Related terms: Agro-Ecology, Food Sovereignty. Enhances dietary diversity in emergencies, though supply chain disruptions can limit availability.

Capacity Building – Activities aimed at enhancing skills, knowledge, and resources of local actors. Related terms: Training, Technical Assistance. Strengthens sustainability, yet high staff turnover can erode gains.

Cash-Based Assistance (CBA) – Delivery of cash or vouchers to beneficiaries for food purchase. Related terms: Cash Transfer, Voucher System. Provides flexibility and supports local markets; however, inflation can diminish purchasing power.

Community Health Worker (CHW) – Trained layperson delivering basic health and nutrition services at community level. Related terms: Community Outreach, Task Shifting. CHWs expand coverage, but supervision mechanisms are needed to maintain quality.

Contextualisation – Tailoring interventions to the cultural, socio-economic, and environmental setting. Related terms: Cultural Sensitivity, Local Adaptation. Increases acceptance, yet requires thorough formative research.

Disaster-Risk Reduction (DRR) – Strategies aimed at minimizing vulnerability to hazards. Related terms: Early Warning, Resilience. DRR integrated with nutrition reduces future emergencies, but funding often prioritises immediate response.

Emergency Food Security (EFS) – The status of food access during a crisis, measured by rapid indicators. Related terms: Food Insecurity, Livelihood Disruption. Monitoring EFS guides assistance, but rapid changes can outpace data collection.

**Food-Coping Mechanisms** – Strategies households employ when facing food shortages (e.g., borrowing, selling assets). Related terms: Coping Strategies Index, Livelihood Loss. Understanding mechanisms helps design appropriate support, yet stigma may limit reporting.

**Gender-Responsive Programming** – Designing interventions that address the different needs and roles of men and women. Related terms: Gender Analysis, Women’s Empowerment. Improves equity, but gender norms may restrict women’s participation in decision-making.

**Humanitarian Principles** – The core tenets of humanity, neutrality, impartiality, and independence guiding aid delivery. Related terms: Protection, Ethics. Upholding principles safeguards access, yet politicisation of aid can threaten neutrality.

**Infection-Related Malnutrition** – Interaction where illness exacerbates nutritional deficits, and malnutrition worsens infection outcomes. Related terms: Diarrhoea, Pneumonia. Integrated treatment reduces mortality, but fragmented services often separate health and nutrition.

**Logistics Management Information System (LMIS)** – Digital platform tracking inventory, orders, and deliveries. Related terms: Stock Management, Data Dashboard. LMIS improves visibility, yet requires reliable electricity and internet.

**Maternal Nutrition** – Dietary intake and health of women before, during, and after pregnancy. Related terms: ANC, Micronutrient Supplementation. Impacts infant growth, but cultural food taboos can limit nutrient intake.

**Nutrition-Sensitive Interventions** – Programs that address underlying determinants of nutrition (e.g., agriculture, social protection). Related terms: Livelihood Support, School Feeding. Complement nutrition-specific actions, yet measuring indirect impact is complex.

**Nutrition-Specific Interventions** – Direct actions targeting immediate nutrition problems (e.g., therapeutic feeding). Related terms: CMAM, Micronutrient Supplementation. Provide rapid results, but may not address root causes.

**Operational Research** – Studies conducted in real-time to improve programme implementation. Related terms: Implementation Science, Evidence Generation. Generates actionable insights, though research activities can compete with service delivery for resources.

**Participatory Monitoring** – Involving beneficiaries in data collection and analysis. Related terms: Community Feedback, Accountability. Enhances relevance, yet may require capacity building to ensure data quality.

**Rapid Food Security Assessment (RFSA)** – A quick tool to gauge food access and utilisation in emergencies. Related terms: Household Survey, Food Consumption. Informs immediate response, but may oversimplify complex food systems.

**Referral Linkage** – The formal connection between screening points and treatment facilities. Related terms: Referral System, Continuum of Care. Strengthens patient flow, yet transport insecurity can break links.

**Resettlement** – The process of moving displaced populations to new, often permanent, locations. Related terms: Return, Integration. Nutrition programmes must adapt to new contexts, but loss of social networks may affect feeding practices.

**Sector-Specific Standards** – Guidelines that apply to particular humanitarian sectors (e.g., nutrition). Related terms: Minimum Standards, Technical Guidelines. Ensure quality, yet may need adaptation for local realities.

**Stakeholder Mapping** – Identifying and analysing all parties with interest or influence over a nutrition programme. Related terms: Power Analysis, Partnership. Facilitates coordination, but dynamic environments can shift stakeholder relevance rapidly.

**Targeted Supplementary Feeding** – Provision of fortified foods to specific vulnerable groups (e.g., pregnant women). Related terms: SFP, Micronutrient Powder. Addresses gaps in intake, yet precise targeting requires accurate data.

**Therapeutic Feeding Units (TFUs)** – Facilities equipped to manage severe acute malnutrition with medical complications. Related terms: Stabilisation Centre, Inpatient Care. TFUs provide comprehensive care, but high operational costs limit scalability.

**UN OCHA** – United Nations Office for the Coordination of Humanitarian Affairs, leads overall coordination. Related terms: Humanitarian Response Plan, Cluster System. OCHA's guidance aligns sectoral actions, yet divergent priorities can challenge consensus.

**Vulnerability Assessment** – Systematic analysis of factors increasing susceptibility to nutrition crises. Related terms: Risk Assessment, Needs Assessment. Guides resource allocation, but data gaps may underestimate risks.

**WASH-Nutrition Linkages** – The interdependence of water, sanitation, hygiene, and nutrition outcomes. Related terms: Diarrhoeal Disease, Handwashing. Joint interventions improve food utilisation, yet siloed funding can impede integrated programming.

**Zero-Hunger Commitment** – An pledge by governments and agencies to eradicate hunger and malnutrition. Related terms: SDG 2, Nutrition Targets. Aligns emergency response with long-term development, but immediate crisis needs may dominate agendas.