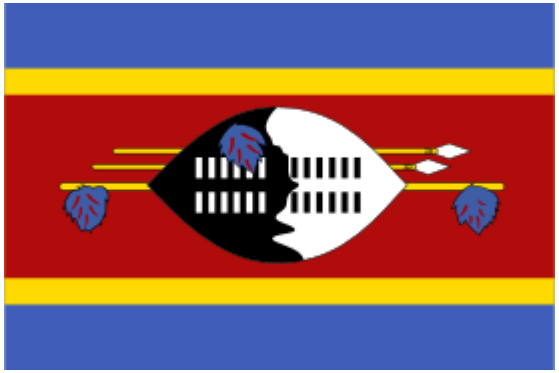


Comprehensive Africa Agriculture Development Programme (CAADP)

CAADP Nutrition Capacity Development Workshop for the Southern Africa Region

Nutrition Country Paper – Swaziland

DRAFT - ENGLISH VERSION

September 2013

This synthesis has been elaborated in preparation for the CAADP workshop on the integration of nutrition in National Agricultural and Food Security Investment Plan, to be held in Gaborone, Botswana, from the 9th to the 13th September 2013.

The purpose of this Nutrition Country Paper is to provide a framework for synthetizing all key data and information required to improve nutrition in participating countries and scale up nutrition in agricultural strategies and programs. It presents key elements on the current nutritional situation as well as the role of nutrition within the country context of food security and agriculture, including strategy, policies and main programs. The NCPs should help country teams to have a shared and up-to-date vision of the current in-country nutritional situation, the main achievements and challenges faced both at operational and policy levels.

I. Context –Food and nutrition situation

General Indicators		*Sources/Year*
Population below international poverty line of US$1.25 per day	63	SHIES 2010
Under-five mortality rate (per 1,000 live births)	104	MICS 2010
Infant mortality rate (per 1,000 live births)	79	MICS 2010
Primary causes of under-five deaths (list the 3 main causes): -HIV/AIDS -Neonatal causes -Pneumonia	47% 26.8% 11.8%	WHO, 2006
Maternal mortality rate /100 000 live births	390	UNICEF 2005
Primary school net enrolment or attendance ratio	115%	World Bank 2011
Primary school net enrolment -ratio of females/males	89.8%	World Bank 2011
HIV/AIDs prevalence between adults 15-49 years	26%	World Bank 2011
Percentage of population living in rural areas	78.7%	FAO 2012
Access to improved drinking water in rural areas	61%	UNICEF 2008
Access to improved sanitation in rural areas	53%	UNICEF 2008
Agro-nutrition indicators		*Sources/Year*
Land area	1720	FAO 2011
Agricultural area	1222	FAO 2011
Food Availability and consumption		
Average dietary energy requirement (ADER)	2240	FAO 2010
Dietary energy supply (DES)	2290	FAO 2010
Total protein share in DES	10.9	FAO 2010
Fat share in DES	20.9	FAO 2010
Average daily fruit consumption -excluding wine (mean no of fruits consumed/servings/day)	1.1 %	STEPS 2008
Average daily vegetable consumption (mean no. of fruits consumed/servings/day)	1.6%	STEPS2008

Geography, population & human development

The Kingdom of Swaziland is the smallest landlocked country in Southern Africa measuring approximately 17,000 km2. The country enjoys a tropical to near-temperate climate along the western highlands, which rises to an altitude of over 1,800 metres above sea level, while the lowered areas are generally hot. Swaziland lies in a summer rainfall region. Swaziland's HDI value for 2012 is 0.536—in the medium human development category—positioning the country at 141 out of 187 countries and territories. Between 1980 and 2012, Swaziland's life expectancy at birth decreased by 5.4 years, mean years of schooling increased by 3.5 years and expected years of schooling increased by 2.2 years. Swaziland's GNI per capita increased by about 25% between 1990 and 2012. The country's population growth rate is estimated at 1.16%, (2012) which is a considerable decline compared to the rates seen over the last decade. According to the 2013 Population Projections, life expectancy at birth is 45.5 years. The proportion of rural men and women is 49% and 51% respectively. Swaziland's population is young, with 44 % of the total population under 15 years of age, and less than 4 % is 65 years or older. There are slight differentials between sexes in the levels of education attained, with men generally having higher levels.

Economic Development

Although manufacturing contributes a growing share to Swaziland's GDP, the economy is largely agricultural because most industries process agricultural produce. These include sugar, wood pulp and citrus. The performance of the Swazi economy has been stagnant over the last five years, averaging an annual growth rate of around two percent. This has been largely due to fluctuations in the performance of the agricultural sector brought about by changes in climatic conditions as well as changes in prices in the world market. Persistent drought and animal diseases have affected production, resulting in failure to meet export quota requirements.

Agriculture (cultivable area, main cash and food crops, livestock production ….)

The estimated area planted to maize (major staple) for 2012/13 season amounted to 61,260 Ha, reflecting a slight increase from the previous season which has 52,064 Ha cultivated. Other food crops including legumes, tubers and pulses are produced on a relatively small scale. The main cash crops include sugar cane (sugar), citrus, pineapples, cotton and forest plantations.

The main livestock produced in Swaziland, include cattle, goats and poultry (indigenous, broilers, and layers). The most significant being cattle slaughtered and exported to European markets where the country has an export quota. Despite the loss (death as a result of Bovine Hypothermia) of about 8000 cattle in 2012, the country still managed to export about 1040 Metric Tonnes of beef to external markets during the same year.

The country imports a bulk of its vegetables (close to 20,000MT in 2012), however this is a rapidly growing industry, with the main vegetables produced locally including cabbage, beetroot, spinach, lettuce for the local market and a small portion for export by the national agricultural marketing board and other exporters.

Food Security (food availability, access, utilization, diet and food habits, and coping mechanisms)

Food availability, as expressed in the food balance sheet remains in net deficit in the country; as of 2013/2014 marketing year, the total production (of maize), was estimated at 81,934mt, whilst the requirement for the same period is estimated at 116,420mt. The balance of over 40,000mt will be covered by imports and food aid (provided by the Government and other development partners).

During 2013/2014 consumption year, an estimated 289,920 people are at risk of food insecurity. Although over 70% of the population is involved in agriculture, only 20% of the of households derive food from own production. Other means of accessing food include purchase, food assistance, battering and employment of coping means (switching to less preferred foods, reduction of number of meals, asset disposal and borrowing).

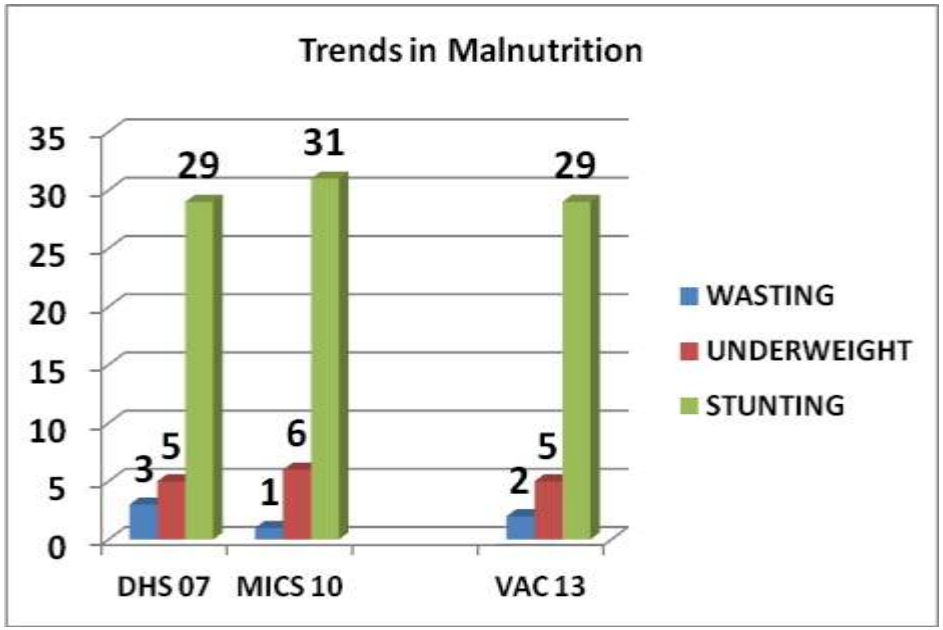
Food utilisation is affected by among other things the high disease burden and accompanying effects such as poor production and poor food use efficiency in the body. The country also has challenges of access to safe drinking water; seven in ten households in Swaziland obtain water from improved sources. Water is available on the premises for 76 percent of households in the urban areas and 22 percent of households in rural areas. Overall, one in four households take 30 or more minutes to obtain water; 4 percent in the urban areas compared with 34 percent in the rural areas.

Poor dietary diversity is also a challenge; agricultural sector for a long production is dominated by maize production at household level. This has resulted in malnutrition challenges manifested in high stunting (weight for height) ratios in children (currently estimated at 31%, MICS 2010) and obesity (consistently estimated at over 50% in Swazi women aged between 15-49, DHS 2007) in adults. According to the WHO STEPS (2008) Swaziland is ranked as having the second highest levels of obesity in the WHO countries in Africa.

Main causes of malnutrition

- Inadequate dietary intake (poor food consumption index at 2.58% on average)
- Inadequate care for women and children
- High HIV and AIDS burden reducing productivity, increasing time spent caring for chronically ill, and high expenditure on health compromises quality and quantity of production inputs, absenteeism
- Insufficient human resources in health care

Agro-Nutrition Indicators (continued)		*Sources/Year*
Nutritional Anthropometry (WHO Child Growth Standards)		
Prevalence of stunting in children < 5 years of age	31%	MICS 2010
Prevalence of wasting in children < 5 years of age	1%	MICS 2010
Prevalence of underweight children < 5 years of age	6%	MICS 2010
% of underweight Women (15-49 years) (BMI < 18.5 kg/m²)	3%	MICS 2010
% of overweight Women (15-49 years) (BMI ≥ 25. kg/m²)	28%	DHS 2006-07
Prevalence of obesity - Children under 5 years old - Women of reproductive age (BMI > 30 kg/m^2)	23%	DHS 2006-07



Nutritional Situation[i]

In 2010, about 31% of children under age five were stunted (short for their age), 1 percent were wasted (thin for their height), and 6 percent were underweight (thin for their age). Nationally, only 2 percent of children are overweight for their age. Malnutrition rates are generally highest during the period when children are being weaned. Nearly half of children age 18-23 months are stunted, and 19 percent are severely stunted. Overall, 46 percent of women and 72 percent of men have a body mass index (BMI) in the normal range. Comparatively few women are malnourished; only 3 percent of women are thin, and 1 percent are severely thin. Malnutrition is higher among men, with 10 percent of men assessed as too thin, and 3 percent considered moderately or severely thin. At the other end of the BMI range, 14 percent of men are assessed as overweight (BMI 25-29.9) and 4 percent are obese (BMI >30).

Agro-nutrition indicators (continued)		*Sources/Year*
Infant feeding by age		
Children (0-6 months) who are exclusively breastfed	44.1%	MICS 2010
Children (6-9 months) who are breastfed with complementary food	60%	MICS 2010
Children (9-11 months) who are using a bottle with a nipple	30%	MICS 2010
Children (18-23 months) who are still breastfeeding	11%	MICS 2010
Prevalence of micronutrient deficiencies		
Prevalence of vitamin A deficiency among pre-school children		
Prevalence of vitamin A deficiency among pregnant women		
Prevalence of anemia among pre-school children	42%	DHS 2006-07
Prevalence of anemia among women (15-49 years)	30%	DHS 2006-07
Prevalence of iodine deficiency among pregnant women		
Prevalence of goiter among school children		
Coverage rates for micronutrient-rich foods and supplements intake		
% Households consuming adequately iodized salt (≥ 15ppm)	52%	MICS 2010
Vitamin A supplementation coverage rate (6-59 months)	68%	MICS 2010
Vitamin A supplementation coverage rate (≤2 months postpartum)	43.5	DHS 2006-07

Infant feeding

Overall, 91 percent of children in Swaziland are breastfed for some period of time (ever breastfed). The median duration of any breastfeeding in Swaziland is almost 17 months. However, the median duration of exclusive breastfeeding is much shorter (0.7 months). Seven in ten children age 6-23 months in Swaziland were fed according to the recommended minimum standards with respect to food diversity. Among breastfed children age 6-23 months, about three-quarters were fed according to the minimum standards (consumed foods from 3 or more food groups), while, among non-breastfed children age 6-23 months, only 60 percent were fed according to the minimum standards (consumed foods from 4 or more food groups).

Micronutrients

Overall, 42 percent of children aged 6-59 months have some degree of anaemia. The proportion of children age 5-11 years with some degree of anaemia is 18 percent; less than 1 percent of these children are severely anaemic. The national prevalence of anaemia among children age 12-14 years is virtually identical to that among children age 5-11 years, and a majority of these children are mildly anaemic (17 percent). Among children age 5-11 years, and a majority of these children are mildly anaemic (17 percent). Pregnant women are more likely to be anaemic (30 percent) than breastfeeding women (29 percent) or women who are neither pregnant nor breastfeeding (30 percent). Men age 15-49 are substantially less likely to be anaemic than women the same age (13 percent and 30 percent, respectively), and less than 1 percent of these men are considered severely anaemic.

Care practices and sociocultural issues (incl. gender issues; cultural habits/norms)

There are challenges posed by poor care practices, which result in malnutrition, the most prevalent of which include:

- Poor access nutrition education for mothers, especially those that are very young parents and those that live a distance from health facilities
- Family eating habits, which may include inhibiting young children from eating some of the protein- rich foods which they need for growth and development.
- Consumption of carbohydrate rich foods as main diet source.

National food security and nutrition information system

The current information system for food and nutrition security information is very weak owing to the fragmentation and placement of various interventions within various institutions.

Swaziland National Nutrition Council: The vision for Swaziland National Nutrition Council is to achieve optimum nutrition, health status and food security of the Swazi nation by 2022.

The Nutritional Status Indices are: height-for-age, weight-for-height, weight-for-age, date of initiation of breastfeeding, breastfeeding status by age, duration and frequency of breastfeeding.

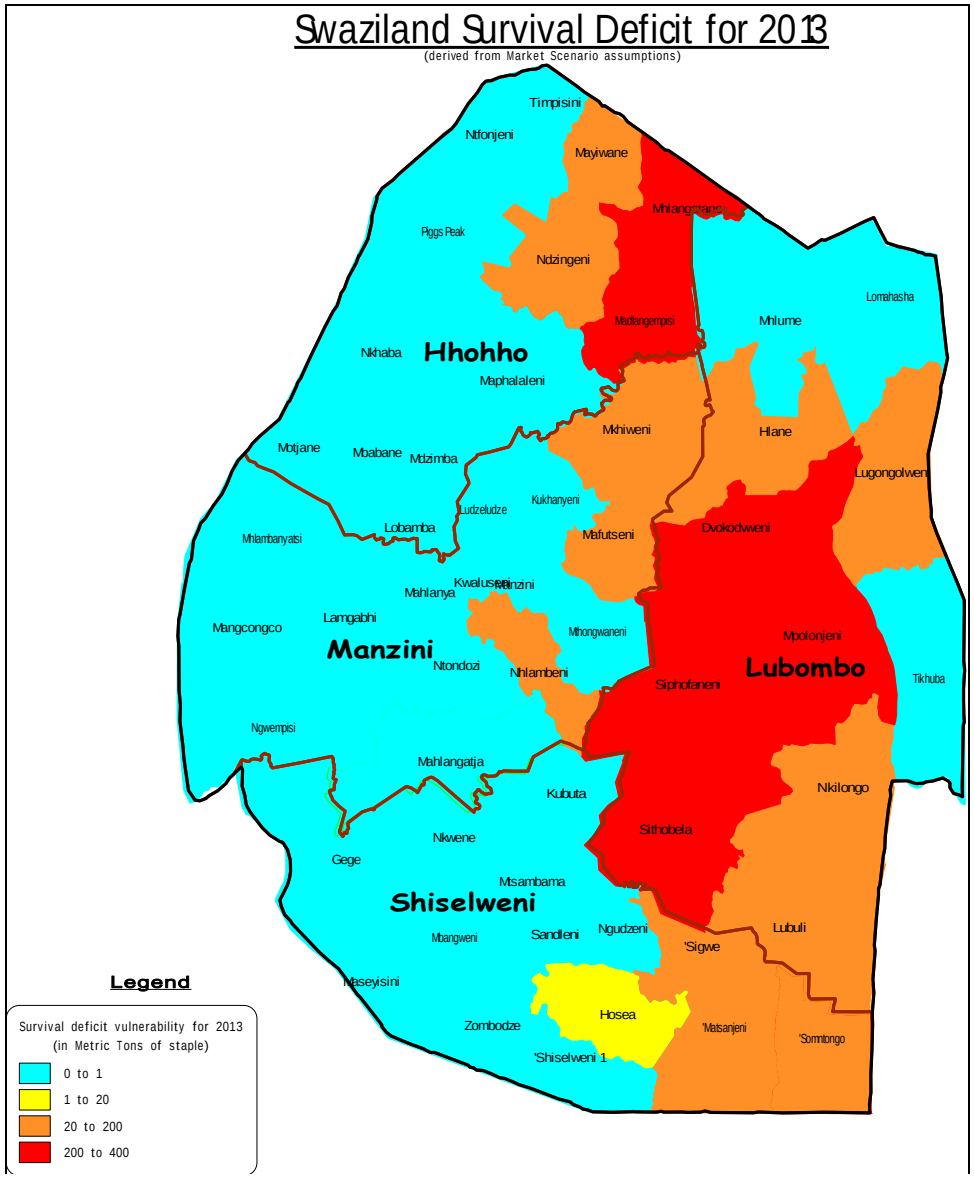
Main linkages between malnutrition and disease (incl. HIV/AIDS)

- Lack of adequate food and nutrition threatens adherence and efficacy of treatment, especially ART.
- AIDS affected households experience significant economic activity, prime of which is food production.
- Increased expenditure on health care reduces income available for food and proper nutrition practices
-Overfeeding at weaning may contribute to the onset of NCD's such as cancer, diabetes and others.
-Maternal malnutrition may contribute to inadequate infant feeding.

Main causes of malnutrition related to care and infant feeding practices, sociocultural barriers (incl. gender issues)

- Barriers to access of adequate production inputs and infrastructure limits productivity and compounds malnutrition (women headed households and orphan headed households)
- After early infancy, the diet is inadequate in terms of quantity and diversity
- Patterns of varying availability and shortages throughout the year results in compromised nutrition and exhibited as stunting

Malnutrition and Food insecurity levels by region



Source: Swazi VAC, 2013

II. Current strategy and policy framework for improving food security and nutrition

Specific strategies, policies and programs currently in place to improve nutrition

Strategy / Policy	*Reference Period*	*Objectives and main components*	*Budget / Donor*	*Stakeholders*	*Key points*	*Integration of Nutrition*
STRATEGIC FRAMEWORK						
National Development Strategy (NDS) Poverty Reduction Strategy and Action Programme (PRSAP) National Health Sector Strategic Plan	1997 2007 2008/2013	The vision of the NDS in relation to food and nutrition security stresses the implementation of strategies for food security enhancement, drought mitigation, poverty alleviation and sustainable use of the country's natural resources. To reduce morbidity, disability and mortality that is due to disease & social conditions. To enhance health system capacity & performance To promote effective allocation and management of health and social welfare sector resources.		Ministry of Economic Planning and Development Ministry of Agriculture Government & partners	Sustainable national development.	
Swaziland CAADP Compact	2010	To reduce risk and vulnerability of the country's population to social welfare problems as well as the impact thereof. The essential parts of the PRSAP are consolidated under the empowerment of the poor to generate income through improving access to land, increasing income from agriculture, and reducing unemployment. Reinforce the development of long-term strategies for agricultural development.		Ministry of Economic Planning and Development Ministry of Agriculture	Poverty reduction and sustainable livelihoods. Establishment and rehabilitation of small livestock seed stock centres. Enhancing Dairy Productivity through capacity building, revitalization of the dairy cattle breeding programme and establishment of an Artificial Insemination (AI) centre	

Strategy / Policy	*Reference Period*	*Objectives and main components*	*Budget / Donor*	*Stakeholders*	*Key points*	*Integration of Nutrition*
		Strengthen and establish viable partnership for sustainable agricultural growth. Enforce guidelines for ensuring commitment by stakeholder to the implementation of the Compact.			Revitalizing small-scale crop production Promotion of sustainable feed and fodder production and utilization.	
AGRICULTURE						
Comprehensive Agriculture Sector Policy	2005	To increase agricultural output and productivity. To increase the earnings for those engaged in agriculture by promoting adoption of diversification and sustainable intensification and use of appropriate technology. To enhance food security. To ensure sustainable use and management of land and water resources. To stabilize agricultural markets.		Ministry of Agriculture and partners	To improve sectoral coordination of food security, including implementation of sustainable food security interventions.	
The Irrigation Policy	2006	Guide future irrigation development and the allocation of water for irrigation purposes within the framework of the Water Act 2003. Strengthen the national capacity in planning, implementation and management of smallholder irrigation development. Improve current management and operation of existing irrigation schemes Facilitate the empowerment of smallholder irrigators on Swazi National Land. Create an enabling environment for, and stimulate increasing investment in the irrigation sub-sector			To harness water resources for sustainable agricultural production.	

Strategy / Policy	*Reference Period*	*Objectives and main components*	*Budget / Donor*	*Stakeholders*	*Key points*	*Integration of Nutrition*
Livestock Development Policy	2006	- Promoting small holder livestock enterprises. - Promotion of intensive and semi-intensive production technologies and management of all feed, disease control and public health practices - To ensure the availability of tested and reliable information for all stakeholders.			To raise the livestock quality and off-take levels of the Swazi producer.	
Fisheries Policy	2011	- Promoting fisheries and aquaculture by developing a fisheries policy in line with national, regional and international instruments - Operationalising the national fish hatchery to produce fish fingerlings to support the expansion of subsistence and small-scale commercial fish farming projects. Creating an appropriate regulatory climate to attract investments into intensive commercial fish farming including value-adding technologies and marketing.			To improve institutional effectiveness and impact of aquaculture as a livelihood in Swaziland.	
FOOD SECURITY						
National Food Security Policy (NFSP)	2005	In line with the CASP, the NFSP aims at addressing the threats and opportunities related to improving food and nutrition security. It introduces food security in the international context. It provides a basis for priority setting and strategy development		Ministry of Agriculture	To promote food security in Swaziland	

Strategy / Policy	*Reference Period*	*Objectives and main components*	*Budget / Donor*	*Stakeholders*	*Key points*	*Integration of Nutrition*
		around food security and poverty challenges.				
National Programme for food security	2005	The Specific Objective related to Pillar 1 Food Availability is: To ensure that a sufficient quantity of food of appropriate quality is available to all people in Swaziland, through domestic production and imports. The Specific Objective related to Pillar 2 Food Access is: To ensure that there is access by all individuals in Swaziland to adequate resources (entitlements)[1] to acquire appropriate foods for a nutritious diet. The Specific Objective related to Pillar 3 Food Utilization and Nutritional Requirements is: To ensure that all individuals in Swaziland reach a state of nutritional well being for which all physiological needs are met.[2] The Specific Objective related to Pillar 4 Stability of Supply is: To ensure that all people in Swaziland have access to adequate food at all times.[3]		Ministry of Agriculture	To implement food security interventions in Swaziland	

[1] Entitlements are defined as the set of all those commodity bundles over which a person can establish command given the legal, political, economic and social arrangements of the community in which she lives (including traditional rights - e.g. access to common resources).

[2] This brings out the importance of non-food inputs in food security. It is not enough that someone is getting what appears to be an adequate quantity of food if that person is unable to make use of the food because he or she is often falling sick.

[3] They should not be at risk of losing access to food as a consequence of a shock (e.g. an economic or climatic crisis), or cyclically (e.g. during a particular period of the year - seasonal food insecurity). The concept of stability can therefore refer to both the availability and access dimensions of food security.

Strategy / Policy	*Reference Period*	*Objectives and main components*	*Budget / Donor*	*Stakeholders*	*Key points*	*Integration of Nutrition*
NUTRITION						
Food and Nutrition Policy (Draft)	2008	The key intervention areas are: - To guide decision making among policy makers on nutrition - Increase awareness and advocacy for nutrition related issues - To regulate nutrition activities according to WHO and other international guidelines - Monitor and Evaluate all nutrition related interventions.	Government			
Swaziland Food and Nutrition Strategic Plan	2010/2015	To reduce the population vulnerable to food insecurity from the current 47% to 35 % by the year 2015. To improve the effectiveness of management and coordination in Food and Nutrition Services during the entire strategic plan period from 2010 to 2015. To prevent malnutrition by administering supplementary feeding and other intervention activities to children, women and people with special needs. To improve the quality and management of the identified cases of stunting, MODERATE acute malnutrition and SEVERE acute malnutrition cases throughout the strategic plan period from 2010 to 2015.	Government	WHO, UNICEF, WFP		

Strategy / Policy	*Reference Period*	*Objectives and main components*	*Budget / Donor*	*Stakeholders*	*Key points*	*Integration of Nutrition*
HEALTH						
Non Communicable Diseases Policy and Strategic Plan (Draft)	2012	- To develop national plans for the prevention and control of NCDs - To promote interventions that reduce the main modifiable risk factors for NCDs (tobacco, unhealthy diets, physical inactivity and harmful use of alcohol), and mortality due NCDs - To strengthen NCD surveillance, monitor NCD determinants and promote research for the prevention and control of NCDs - To promote coordination and partnerships for the prevention and control of NCDs		Government; Developmental Partners and Civil Society.	To develop national plans for the prevention and control of NCDs	

III. Country nutritional programs & initiatives currently implemented and/or planned

Main programmes and interventions being implemented to improve nutrition in the different sectors (health, agriculture, food security...)

1. Poverty Reduction Strategy and Action Plan (Pillar III – Empowering the poor to generate income and reduce inequalities)
2. Poverty Reduction Strategy and Action Plan (Pillar V – Improving the quality of life of the poor)
3. Integrated Management of Acute Malnutrition
4. Food by Prescription
5. Food and Nutrition Gardens Programmes
6. Implementation of cost of hunger study recommendations.
7. Promoting infant and young child feeding practices. (programme)
8. Prevention and control of micronutrients ,malnutrition
9. Research and nutrition surveillance .

Consideration of nutritional goals into programs / activities related to agriculture and food

1. Provision of agricultural production inputs and technical support to encourage participation in agriculture. Food and nutrition security actions that serve to increase the production of food, diversifying the production providing an opportunity for household income generation.
2. Promotion of healthy eating into health programmes at all levels (diet therapy). Seeks to ensure that people adopt healthy eating and exercise habits to achieve health and production outcomes
3. Conservation agriculture, community gardens, backyard gardens, agro-forestry.
4. To improve and maintain nutrition wellness of people living with HIV and AIDS, especially those that are already enrolled in ART. The food by prescription programme seeks to reduce drop out, and default rates, whilst at the same time ensuring efficacy of drugs being administered.

Main population groups targeted & localisation

1. In school and out of school youth at national level targeting the most vulnerable groups.
2. Targeting vulnerable households at national level on dietary diversification programmes including food and nutrition gardens.
3. Promotion of early screening and detection of NCD's to the entire population particularly the younger age group.
4. Empower farmers on Good Agricultural Practices (GAP), food processing post harvest handling and food utilization.

Funding opportunities

1. Government support.
2. International donor support/development partners.
3. Local non- governmental organizations.
4. Private sector.

Monitoring & Evaluation mechanisms

1. Levels of food production, food availability, food utilisation, nutrition indicators (stunting, wasting, dietary diversity, coping strategies, obesity).
2. Nutritional status of the population
3. Legal framework established for enforcing standards (SNNC)
4. Micro and macro- economic indicators
5. Percentage of population seeking nutritional healthy eating guidelines
6. Policies and legislation

IV. Stakeholders, coordination mechanisms and national capacities for implementing food and nutrition security framework

Main national entities in charge of designing and implementing the food and nutrition policy framework

Swaziland National Nutrition Council- overall coordination of nutrition issues.

Ministry of Health- coordination of health related nutrition issues:

- Regional Health Management Teams
- Hospital Management Teams
- Lay health trainers and community trainers
- NCD (Clinical)
- nutrition (Public Health)programme
- Child Health & Nutrition Forum

Ministry of Agriculture-food related nutrition issues:

- Agricultural extension services
- Consumer sciences/home economics
- Agricultural Research and Development Centre

Ministry of Education-schools targeted nutrition issues:

- School nutrition programme
- Consumer sciences departments
- Schools agriculture programme

Non-Governmental organisation

- Nutrition Programmes and projects targeting the vulnerable
- Direct support to Government institutions such as health facilities

Main management and technical capacities at the institutional level

Disaster prevention/management structures

National Disaster Management Agency (NDMA)
- Supported by the Disaster Management Act (2006)
- Capacitate the NDMA technically and institutionally

Emergency Preparedness and Response Unit (EPR) within the ministry of health
- To facilitate disaster management and response within the health sector
- To provide mitigation mechanisms during and after disasters from a health perspective

Monitoring and Evaluation capacities

Monitoring and evaluation Units within different ministries
Not adequately capacitated, and there is moreover no centralised data collection, proofing and management systems that are essential for uniform implementation of nutrition related interventions.

Main technical and financial partners

Government of Swaziland
Development partners (UN, US Government, JICA)
Civil Society
EU (major donor)

Main coordination mechanisms (Task force, core group, cluster...)

- Food security consortium
- Food and nutrition security forum
- Swaziland National Nutrition Council
- Child Health and Nutrition Forum

Adherence to global / regional initiatives linked to nutrition (e.g. SUN, REACH, CAADP...)

CAADP – The country has signed the CAADP compact in 2010. The compact highlights country intentions and is key to investment plan formulation and implementation.

SADC RAP – This is an articulation of the SADC states' intention to improve agriculture, leading to improved nutrition outcomes. It will be of benefit to the implementation of the investment plan.

Main issues at stake to improve the mainstreaming and scaling-up of nutrition at the country level and regional / international level, taking into account sustainability

Challenges

- Provision of financial resources in nutrition related programmes
- Capacity building for personnel at all levels.
- Enhancing the institutional coordination mechanisms, especially the national nutrition council to effectively monitor and coordinate national priorities in the field.

Success

- Improved production has improved the livelihoods and nutrition status of households
- Food by prescription has improved uptake, adherence and sustenance of people on ART

Main Priorities

- To improve data generation, analysis and use of nutrition indicators (nutrition information systems)
- To better coordinate nutrition activities (Including M&E systems)
- To set, implement and monitor nutrition related reporting systems
- To improve agricultural production and access by households to safe, nutritious and sustainable food sources.

Definitions

Acute hunger	Acute hunger is when the lack of food is short term, and is often caused when shocks such as drought or war affect vulnerable populations.
Chronic hunger	Chronic hunger is a constant or recurrent lack of food and results in underweight and stunted children, and high infant mortality. "Hidden hunger" is a lack of essential micronutrients in diets.
Direct nutrition interventions and nutrition-sensitive strategies	Pursuing multi-sectoral strategies that combine direct nutrition interventions and nutrition-sensitive strategies. Direct interventions include those which empower households (especially women) for nutritional security, improve year-round access to nutritious diets, and contribute to improved nutritional status of those most at risk (women, young children, disabled people, and those who are chronically ill).
Food Diversification	Maximize the number of foods or food groups consumed by an individual, especially above and beyond starchy grains and cereals, considered to be staple foods typically found in the diet. The more diverse the diet, the greater the likelihood of consuming both macro and micronutrients in the diet. *Source : FAO*
Food security	When all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.
Hunger	Hunger is often used to refer in general terms to MDG1 and food insecurity. Hunger is the body's way of signaling that it is running short of food and needs to eat something. Hunger can lead to malnutrition.
Iron deficiency anemia	A condition in which the blood lacks adequate healthy red blood cells that carry oxygen to the body's tissues. Without iron, the body can't produce enough hemoglobin, found in red blood cells, to carry oxygen. It has negative effects on work capacity and motor and mental development. In newborns and pregnant women it might cause low birth weight and preterm deliveries.
Malnutrition	An abnormal physiological condition caused by inadequate, excessive, or imbalanced absorption of macronutrients (carbohydrates, protein, fats) water, and micronutrients.
Millennium Development Goal 1 (MDG 1)	Eradicate extreme poverty and hunger, which has two associated indicators: 1) Prevalence of underweight among children under five years of age, which measures under-nutrition at an individual level; and, 2-Proportion of the population below a minimum level of dietary energy consumption, that measures hunger and food security, and it is measured only at a national level (not an individual level). *Source : SUN Progress report 2011*
Multi-stakeholder approaches	Working together, stakeholders can draw upon their comparative advantages, catalyze effective country-led actions and harmonize collective support for national efforts to reduce hunger and under-nutrition. Stakeholders come from national authorities, donor agencies, the UN system including the World Bank, civil society and NGOs, the private sector, and research institutions.
Nutritional Security	Achieved when secure access to an appropriately nutritious diet is coupled with a sanitary environment, adequate health services and care, to ensure a healthy and active life for all household members.
Severe Acute Malnutrition (SAM)	A weight-for-height measurement of 70% or less below the median, or three standard deviations (3 SD) or more below the mean international reference values, the presence of bilateral pitting edema, or a mid-upper arm circumference of less than 115 mm in children 6-60 months old.
Stunting (Chronic malnutrition)	Reflects shortness-for-age; an indicator of chronic malnutrition and it is calculated by comparing the height-for-age of a child with a reference population of well-nourished and healthy children.
Underweight	Measured by comparing the weight-for-age of a child with a reference population of well-nourished and healthy children.
Wasting	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 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. *Source : SUN Progress report 2011*

Acronyms

AUC	African Union Commission
BMI	Body Mass Index
CAADP	Comprehensive Africa Agriculture Development Program
CIP	Country Investment Plan
CFSAM	Crop and Food Security Assessment Mission
CFSVA	Comprehensive Food Security and Vulnerability Analysis
COMESA	Common Market for Eastern and Southern Africa
DHS	Demographic and Health Survey
ECCAS	Economic Community of Central African States
EFSA	Emergency Food Security Assessment
FAFS	Framework for African Food Security
FAO	Food and Agriculture Organization
FNS	Food and Nutrition Security
FSMS	Food Security Monitoring System
GAM	Global Acute Malnutrition
IFAD	International Fund for Agricultural Development
IFPRI	International Food Policy Research Institute
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
NAFSIP	National Agriculture and Food Security Investment Planning
NCHS	National Center for Health Statistics, Centers for Disease Control & Prevention
NEPAD	New Partnership for Africa's Development
NPCA	National Planning and Coordinating Agency
PRS	Poverty Reduction Strategy
REACH	Renewed Efforts Against Child Hunger
REC	Regional Economic Community
SADC	Southern African Development Community
SAM	Severe Acute Malnutrition
SUN	Scaling-Up Nutrition
UNDP	United Nations Development Program
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WFP	World Food Program
WHO	World Health Organization

[i] In 2006, reference norms for anthropometric measures have been modified: from NCHS references to WHO references. To compare data measured before and after 2006, we usually use NCHS references.