

CHILD MALNUTRITION: Unfolding the Situation in Egypt

KEY HIGHLIGHTS

Malnutrition, represented in the high prevalence of stunting, increasing rates of underweight, and simultaneously increasing rates of obesity, is a huge burden on Egypt's economy.

Malnutrition hampers human capital development and it is a huge burden on Egypt's economy.

- One in five children under 5 years of age is stunted (too short for their age)
- Wasting (children too thin for their age) has increased significantly since 2000
- There is an increasing trend in childhood overweight
- Over 80 percent of women of reproductive age are overweight and/or obese

Malnutrition is preventable
we have the power to stop malnutrition before it starts.

WHAT ARE THE MANY FACES OF MALNUTRITION?

Malnutrition has many faces. It is the child who never reaches his full height potential, because of poverty, poor sanitation, lack of breastfeeding and limited access to nutritious foods; it is the young woman who becomes anaemic during her pregnancy and gives birth to an

underweight baby who later faces developmental delays; it is the child who becomes obese through overconsumption of low quality food; or the desperately thin and wasted child, at imminent risk of death.

Malnutrition is a violation of a child's right to survival and development and its consequences often remain invisible, until it's too late.

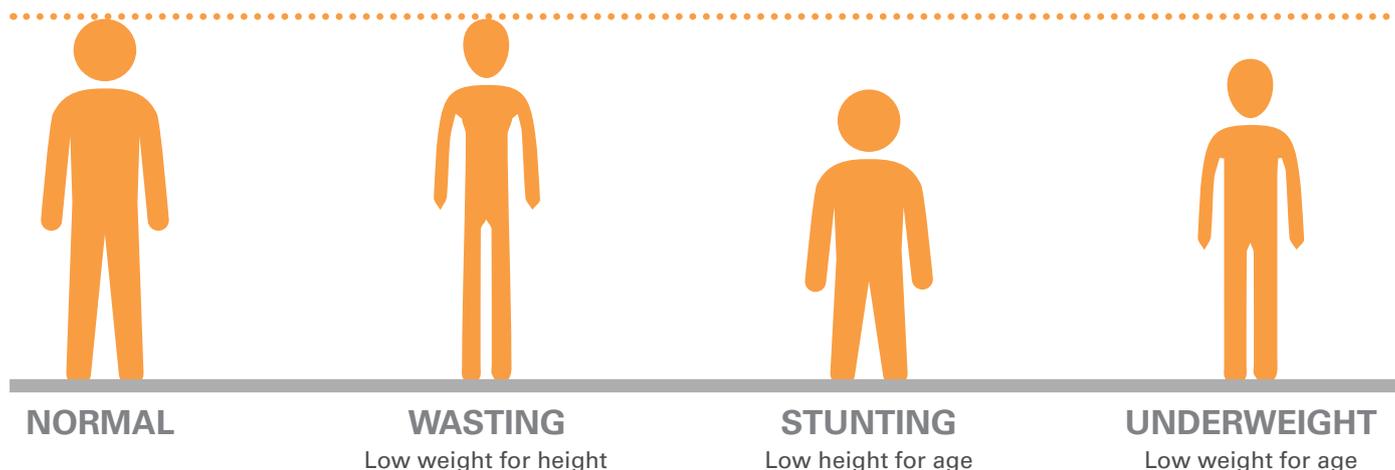
UNICEF EGYPT DATA SNAPSHOT SERIES

The UNICEF Egypt Data Snapshot Series aims at encouraging evidence-based discussion on critical child-related issues. This data brief is produced by UNICEF Egypt using recent evidence and integrating data from multiple sources.

¹ Definitions of the types of malnutrition are provided in a glossary at the end of the Snapshot.

Figure 1: Different forms of under-five child malnutrition

Normal height for age



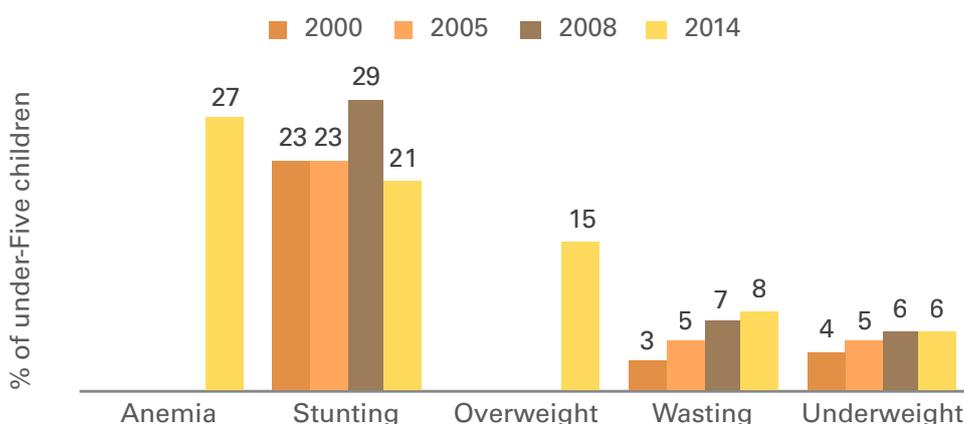
Note: Definitions for each form of malnutrition are provided at the end of the Snapshot

WHAT ARE THE MALNUTRITION TRENDS IN EGYPT?

In Egypt, despite the investment in the health sector, and a notable decline in child mortality, malnutrition rates remain high.

For young children under five years of age:

- Stunting remains a significant public health concern in Egypt, affecting 1 in 5 children
- Wasting has increased significantly since 2000, and the trend is significantly higher among girls
- Wasting and underweight stand at 8 and 6 percent, respectively
- The incidence of anemia is high, standing at 27 percent

Figure 2: Percentage of Children Under the Age of Five who are Malnourished, Egypt, 2014²

Source: Egypt Demographic and Health Survey, 2014

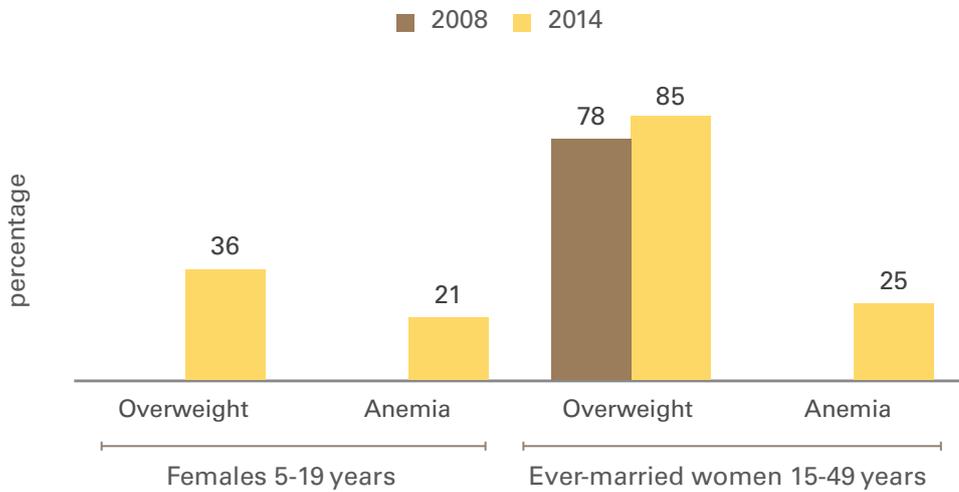
Overweight and anemia among adolescent girls and women of reproductive age are the major nutritional challenges to be addressed for these age groups. The percentage of females (5-19 years of age), and ever married women (15-49 years) who are obese or overweight is 36 percent and 85

percent, respectively (Figure 3). High levels of anemia also remain a critical issue affecting one quarter (25 percent) of women within reproductive age (15-49 years). (MoHP [Egypt], 2014).

² Figures for overweight include both children and adults who are overweight or obese.

Malnutrition among adolescent girls and women within reproductive age is key in perpetuating the intergenerational cycle of malnutrition

Figure 3: Percentage of females aged 5-19 years and ever-married women aged 15-49 years who are malnourished, Egypt, 2014³

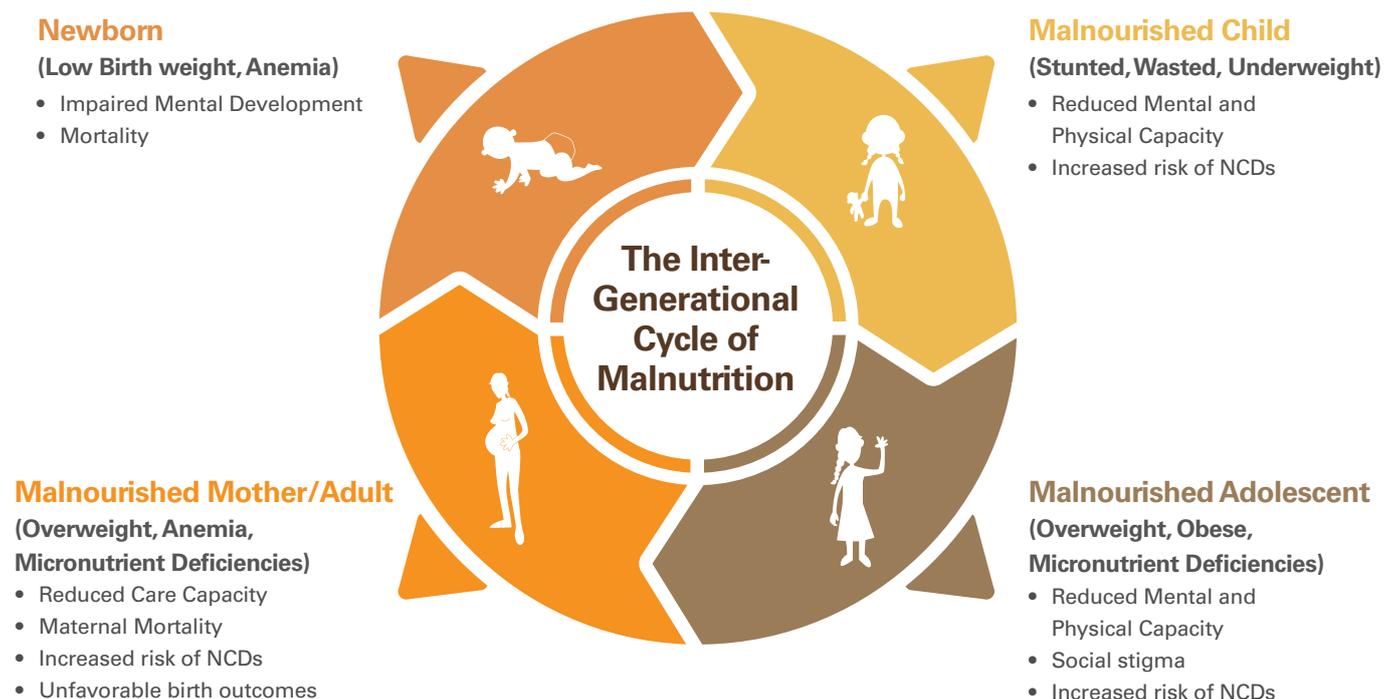


Source: Egypt Demographic and Health Survey, 2014

WHAT IS THE INTER-GENERATIONAL CYCLE OF MALNUTRITION?

Tackling child malnutrition requires a recognition of the intergenerational cycle of malnutrition. Malnourished individuals fall into a vicious circle that starts from birth (low-birth weight, anemia); continues through infancy

(stunted, wasted or underweight children), adolescence, and culminates in malnourished women of reproductive age giving birth to malnourished children, whereupon the cycle starts anew.



³ Figures for overweight include both children and adults who are overweight or obese.

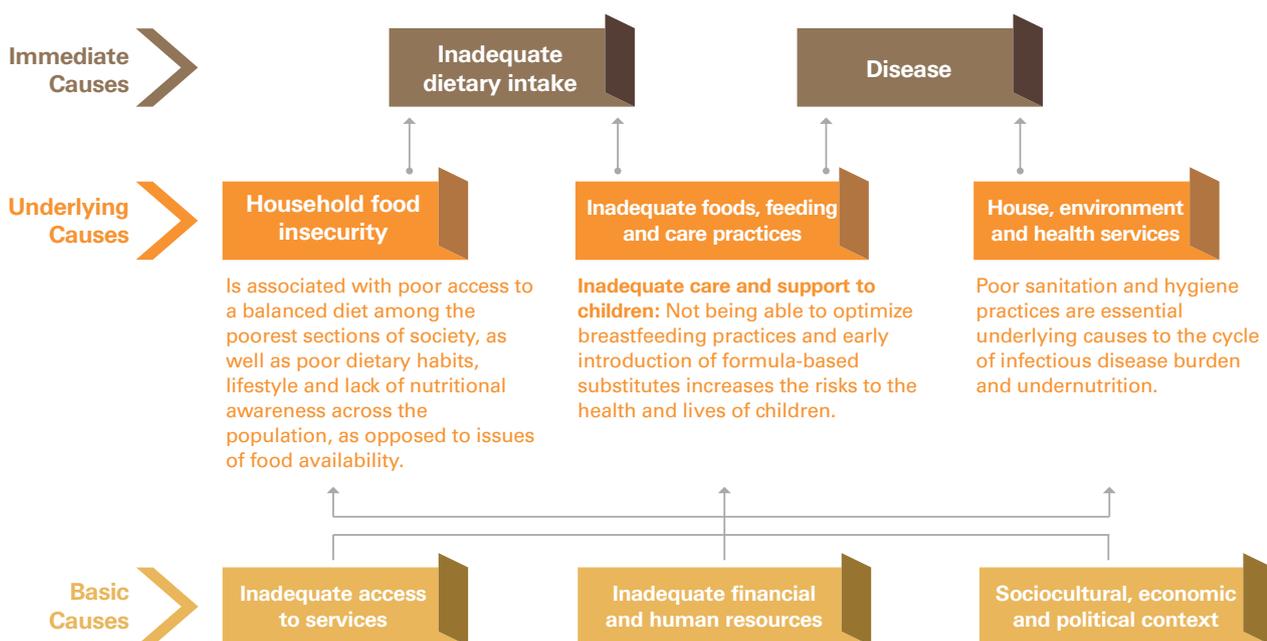


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WHAT CAUSES CHILD MALNUTRITION?

UNICEF's Conceptual Framework of malnutrition highlights that the determinants of child undernutrition are multifaceted and include a likely combination of immediate, underlying, as well as basic causes of undernutrition (UNICEF, 2015).

Maternal and child malnutrition are influenced by the following underlying causes:



Underlying causes are similarly a result of basic/structural causes of poor nutrition, such as societal structures and processes resulting in poverty, limiting or denying vulnerable population access to essential resources. The close interlinkage between the causes of malnutrition entails that interventions addressing malnutrition, should ideally consider the multiple layers of causes, thus the importance of intervening across the multiple sectors, and at different levels.



WHY SHOULD WE INVEST IN CHILD NUTRITION?

The short-term consequences of malnutrition include increased morbidity and mortality; decreased cognitive, motor, language and socio-emotional development; and increased healthcare expenditures and opportunity costs related to the care of sick children. Long-term consequences

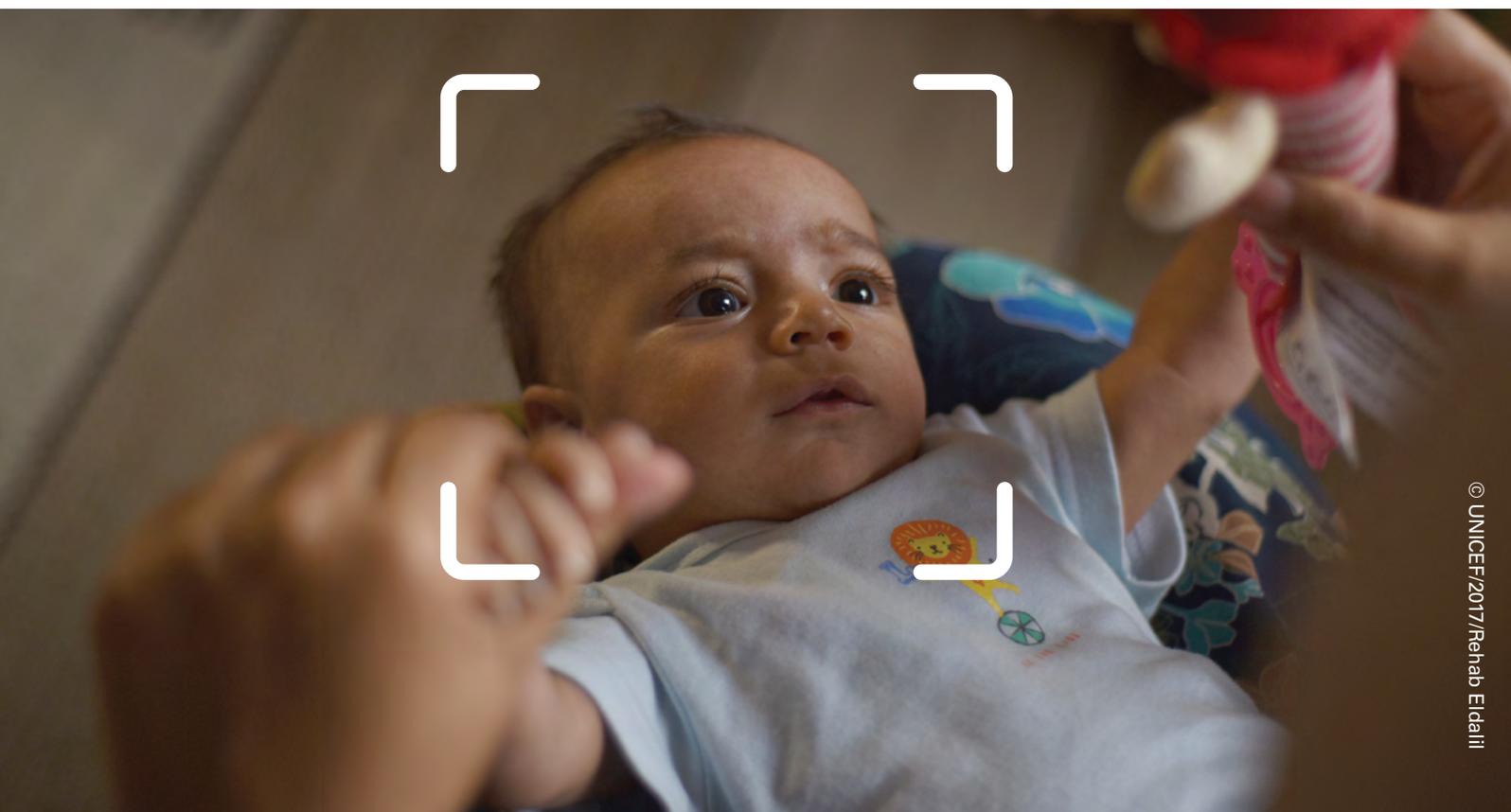
include an increase in NCDs (such as diabetes, hypertension, and heart conditions), low school performance, poorer maternal reproductive outcomes at later stages of life, and decreased work capacity. Malnutrition is also a huge burden on Egypt's economy.

Nutrition is the second largest contributor to multidimensional poverty in Egypt for children under the age of five, following child exposure to violence (Figure 4).

Figure 4: Child Well-being Dimensions



Source: CAPMAS, Ministry of Social Solidarity (MoSS) and UNICEF, Understanding Child Multidimensional Poverty in Egypt, 2017



WHAT IS UNICEF DOING ABOUT IT?

With adequate maternal nutrition during pregnancy; exclusive breastfeeding during the first 6 months of life; nutritious and safe foods from the age of 6 months while breastfeeding continues; and access to key vitamins and essential nutrients, sometimes in the form of micronutrient supplements and fortified foods, we have the power to stop malnutrition before it starts.

Working with the Government of Egypt (GoE) and in partnership with the World Bank, the World Food Programme (WFP) and others, UNICEF sets out to improve nutrition for all children and women by implementing multisectoral nutrition actions delivered at scale.

UNICEF's operational approaches to improving nutrition programming for mothers and children can be summarized as follows:

- **Perform** a situation analysis for nutrition and its determinants to inform policy development and programme design
- **Build** commitment, strengthen leadership, and strengthen governance for improved nutrition
- **Support** the scale-up of evidence-based, sustainable nutrition-specific interventions and nutrition-sensitive programming
- **Develop** human, institutional, and organizational capacity to implement contextually relevant nutrition programmes
- **Foster** a community-centred approach that empowers communities with the knowledge and tools to address their own nutrition issues
- **Strengthen** systems to ensure effective monitoring, evaluation, and knowledge management for policy and programming for nutrition

Accordingly, UNICEF is currently engaged in the following specific action areas in Egypt.

01

Supporting the GoE in developing a national policy framework for nutrition, crucial to addressing the basic causes of malnutrition, which in turn ultimately addresses the underlying and immediate causes. The Ministry of Health and Population (MoHP) and UNICEF have published a Nutrition Agenda for Action⁴, to serve as a roadmap to address Egypt's nutritional challenges. UNICEF, MoHP and the World Bank are currently working on an Investment Framework for cost-effective nutrition interventions.

02

Scaling up a standardized model for the "First 1000 days": UNICEF is working with MoHP to improve the nutritional status of pregnant and lactating women, and children below two years of age, by strengthening nutritional and health care service delivery within the primary health care (PHC) sector.

03

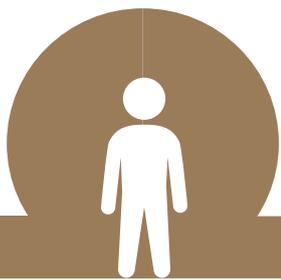
Improving Infant and Young Child Feeding (IYCF) related knowledge, behaviors and practices among parents and caregivers and supporting the promotion, and protection of breastfeeding (BF): UNICEF is supporting government hospitals and PHC facilities to deliver breastfeeding counseling to mothers and caregivers. Improving IYCF related knowledge, behaviors, and practices among parents and caregivers is a critical component of delivering nurturing care to young children.

04

Strengthening the social protection framework to support the government of Egypt to deliver nutrition sensitive interventions: This involves tackling the underlying causes of malnutrition by supporting the government's social policy and safety net effort in steering services and interventions towards the poorest and most vulnerable households.

⁴The Nutrition Agenda focuses on ways of improving child and maternal nutrition, in line with recent evidence outlined in the 2008 and 2013 Lancet series on Maternal and Child Nutrition and guided by the newly adopted Sustainable Development Goals (SDGs) and Egypt's Vision 2030 (Ministry of Health and Population [Egypt] and UNICEF Egypt, 2017).

KEY DEFINITIONS



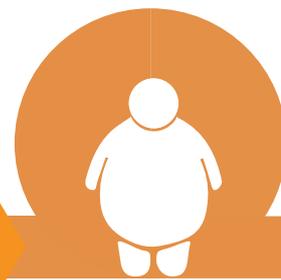
Stunting is a measure of chronic malnutrition; it reflects inadequate nutrition over a long period, or effects of recurrent or chronic illnesses. The stunting rate of children under five is the percentage whose height-for-age is below minus 2 standard deviations (moderate and severe stunting) from the median height-for-age.



Underweight reflects both acute and chronic malnutrition. The underweight rate for children under-five is the percentage of whose weight-for-age is below minus 2 standard deviations (moderate) and minus 3 standard deviations (underweight) from the median weight-for-age.



Wasting is a measure of current acute malnutrition, which may reflect acute food shortage or recent episodes of illness. The wasting rate is the percentage of children under-five whose weight-for-height is below minus 2 standard deviations (moderate) and minus 3 standard deviations (severe) from the median weight-for-height.



Overweight is defined as excessive fat accumulation that may impair health. The overweight rate among children under five is the percentage whose weight-for-height is above plus 2 standard deviations from the median weight-for-age. Among adolescents and adults, it is the percentage of individuals with a Body Mass Index equal or higher than 25.

DATA SOURCES

Ministry of Health and Population [Egypt] and UNICEF Egypt, 2017. Nutrition Agenda for Action. Available at: https://www.unicef.org/egypt/egy_Nutrition_Agenda_2017.pdf

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WHO, 2017. Noncommunicable diseases Fact Sheet. Available at: <http://www.who.int/mediacentre/factsheets/fs355/en/>

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