

What is acute malnutrition?

- When children do not have enough food or nutrients, it can affect their growth and development. A child with acute malnutrition is likely to be very thin, have a low weight for his or her height (wasting), or may be swollen.

Why is measuring acute malnutrition important?

- In emergencies or epidemics, more people tend to suffer from acute malnutrition because they lack nutritious food, are unable to provide appropriate feeding care, have poor hygiene, or lack access to clean water and sanitation and health services. As a result of malnutrition, they may become ill and find it more difficult to fight disease.
- It is important to screen and refer all malnourished children to health or nutrition services as quickly as possible, so they can receive treatment.

What you need to know

- A child under five years old with acute malnutrition is more likely to become ill and to die.
- The earlier a malnourished child is identified and referred to health care services, the more likely it is that she or he will recover and survive.
- Supportive home visits and follow-up can help children both to recover and to continue with their treatment. If parents and carers are not supported, they may discontinue treatment and the child can very quickly return to being malnourished.
- Find out the location of the nearest services for treating malnutrition, the types of malnutrition they treat, and how you can refer children and their parents to them.

How to screen for acute malnutrition children who are between six months and five years old

Children who suffer from acute malnutrition can be identified in two ways:

1. **Measure the mid upper arm circumference (MUAC).** This identifies “wasted” (thin) children. Wrap a coloured or numbered MUAC tape round the left arm of the child (see Action tool 17 for instructions). If the circumference of the child’s arm falls within the red or yellow indicator, the child is malnourished. Red signals acute malnutrition: children in this condition should be referred urgently for medical care. A yellow indication also means the child should be admitted to a nutrition programme and treated as soon as possible.
2. **Do a bilateral oedema test.** This identifies “swollen” children (see Action tool 18). Press the tops of a child’s feet for at least three seconds and observe whether an indentation or pit (oedema) persists. If it

does, bilateral oedema is present which means that the child needs to be seen at the health care centre immediately.

Where can screening be done? (Appropriate screening locations)

- At home, in the market, in religious centres, during meetings or ceremonies (baptisms, marriages, funerals).
- At ORP sites, where non-food items (NFIs) or food rations are distributed, or during vaccination campaigns, etc.
- In health facilities (clinics, as part of routine growth monitoring) or during outreach visits (for immunization or health education).
- Arrange special mass screenings when malnutrition rates are very high.

Referring children with acute malnutrition

- Locate the closest services that manage malnutrition in your community. They are usually run by the Government or an non-governmental organization (NGO) out of health facilities, hospitals or mobile units.
- Check what type of services they provide and how families can be referred. Services may include:
 - Therapeutic feeding for severe malnutrition (red MUAC, oedema).
 - Supplementary feeding for moderate malnutrition (yellow MUAC).
- Refer any child with oedema or a red/yellow MUAC to the closest health or nutrition centre. Some programmes provide referral papers for families.

Measure child

- MUAC (Action tool 17)
 - Low (red/yellow): refer
 - Normal (green): healthy
- Oedema test (Action tool 18)
 - Oedema present: refer
 - No oedema: healthy

What you can do

It is important to link up with the services that manage acute malnutrition. As volunteers you can play an important role in supporting these services, through the following activities:

- Community sensitization and mobilization. Inform members of the community about the signs of malnutrition, the services that are available, and who should receive care. Children who are identified early can be treated more easily and have a better chance of recovery.
- Screening. Measure the MUAC of children and test for oedema; pay special attention to children who are weak, thin or swollen.
- Referral. Children with red or yellow MUAC or oedema should be referred. Check that referred children go for care and follow up.

- Home visits. Check to ensure that medicines and nutrition supplements (paste or cereal) are given correctly. Encourage care givers to continue treatment until the child is healthy. Nutrition supplements should not be shared with other family members or with the community but should be considered a medicine; sharing will slow the child's recovery. Support families when parents cannot or refuse to visit the hospitals to which their children have been referred.
- Absent and defaulting children. Visit the homes of children who have missed treatment to find out why. Encourage them to return and continue care if they can. Give the health team the information you obtain and, if possible, try to link the health facility staff and the parents via phone, if they cannot or will not attend the centre.
- In-patient care. If a child is very sick and requires referral to an in-patient facility or hospital, assist the family to take the child. If the family refuses, visit at home and continue to encourage referral.

Community messages

- Explain to the community and community leaders that malnutrition weakens children, who are more likely to become sick.
- Tell them (if services are available) that thin or swollen children can obtain treatment.

Community messages

See the following community messages to support measuring acute malnutrition in emergencies:

23 - Encouraging safe sex practices in a community

29 - Attending nutrition checks