



Did you know?

About
Malnutrition & Community-based management
of acute malnutrition (CMAM)

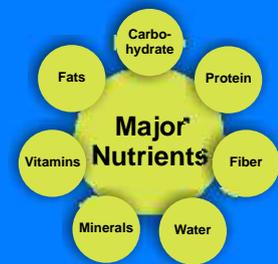


What is nutrition ?

Nutrition is the intake of food, considered in relation to the body's dietary needs. (WHO)



What is malnutrition ?



Malnutrition is the result / outcome of an imbalance between a person's nutritional intakes and his/her nutritional needs. It is a result of deficiencies in any one or all nutrients (includes macronutrients like protein, fat, carbohydrates as well as micronutrients - vitamins & minerals)

- Malnutrition occurs when there is an imbalance between a person's nutritional intakes and his/her nutritional needs.
- It encompasses both under nutrition and over nutrition
- An individual will experience malnutrition if the appropriate amount of, or quality of nutrients comprising a healthy diet are not consumed for an extended period of time.

Malnutrition is a broad term commonly used as an alternative to under-nutrition but technically it also refers to over-nutrition. People are malnourished if their diet does not provide adequate calories and protein for growth and maintenance or they are unable to fully utilize the food they eat due to illness (under-nutrition). They are also malnourished if they consume too many calories (over-nutrition). (UNICEF)

Therefore, malnutrition= under-nutrition or over-nutrition.

What are the consequences of malnutrition?

The adverse effects of malnutrition on the health and survival of a child are:

Under-nutrition

- Impaired physical growth
- Impaired brain development
- Increased risk of infection and death

Over-nutrition/Obesity

- Increased risk of non-communicable diseases

What are the different types of under-nutrition/ malnutrition?

- Acute malnutrition or Wasting- low weight for height
- Chronic malnutrition or Stunting- low height for age
- Underweight (Acute + Chronic malnutrition)- low weight for age

What is acute malnutrition?

Acute malnutrition is being too thin (low weight) for height. It is sudden weight loss that occurs over short period of time as a result of food shortages, inappropriate feeding, and lack of care, disease or combination of these factors.

Children under five years of age are most vulnerable to severe acute malnutrition.

What is chronic malnutrition?

- Chronic malnutrition is often referred to as 'silent malnutrition' or 'invisible malnutrition' largely because stunted children are short but proportional and because it is so prevalent in some regions it is accepted as 'normal'. It is a slow, cumulative process, occurs more gradually over a long term.
- Stunting develops over a long period as a result of inadequate nutrition or repeated infections, or both.
- Childhood stunting is irreversible after two years of age, and stunted children grow up to be stunted adults with reduced physical and cognitive capacity.



What are Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) ?

Acute malnutrition is further graded into Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) based on the severity of the condition.

Severe Acute Malnutrition (SAM): It is defined by very low weight-for-height/length (SD score less than -3SD (< -3SD) below the median for WHO Child Growth Standards, or Mid Upper Arm Circumference (MUAC) < 11.5 cm or by the presence of bilateral pitting oedema.

Moderate Acute Malnutrition (MAM): A child who has median weight-for-height SD score between -3SD to -2SD or MUAC of 11.5 to < 12.4 cm and has no oedema is classified as a case of MAM.

Why do children with SAM need immediate attention?

- Children with SAM are at increased risk of mortality (11.6 times more) due to common childhood illnesses. [Source: Pooled analysis of 10 prospective studies (>53,000 children) from Africa, Asia and Latin America (Olofin, McDonald et al. 2013)]
- Children with SAM have decreased immunity and are predisposed to infections.

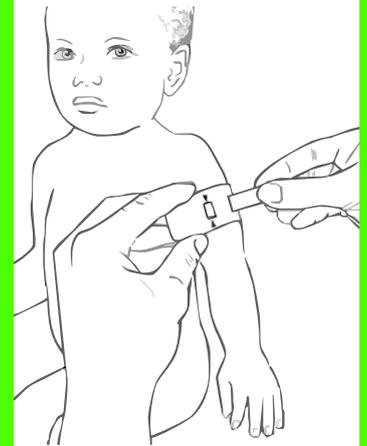
How does one know if a child is suffering from SAM ?

SAM children are usually identified at the community level by two methods:

- By measuring MUAC
- By checking for bilateral pitting oedema

The ASHA screens all the children in the community in the age group of 6-59 months by assessing bilateral pitting oedema and measuring mid-upper arm circumference (MUAC). Any child in the age group of 6-59 months with a MUAC <11.5 cm is diagnosed as SAM or if any child has bilateral pitting oedema is a SAM case.

The other method of identification is measuring weight-for-height standard deviation. If the child's weight-for-height SD <-3 SD then the child is diagnosed as SAM.



What is community-based management of acute malnutrition (CMAM)?

Community-based management of acute malnutrition is a community-based approach that involves timely detection of severe acute malnutrition in the community and provision of treatment for those without medical complications with ready-to-use therapeutic foods or other nutrient-dense foods at home.

How long does it take a SAM child to recover under the CMAM program?

It usually takes 8 weeks to 12 weeks for a SAM child to recover under the CMAM program.

What are MTC and NRC?

MTC stands for Malnutrition Treatment Centre, while NRC stands for Nutrition Rehabilitation Centre. MTC/ NRC are a facility based centre for the management of SAM children with complication. In these facilities, medical care is provided by trained doctors and nurses, and focus is given to timely, adequate and appropriate therapeutic feeding and medication. The mother/caregiver stays with the child in the MTC/NRC and is counselled/ educated on how to take proper care and feed the child.

What is the role of MTCs and NRCs in CMAM?

The SAM children without medical complication can be treated within the community using therapeutic food and basic medication. However SAM with medical complication is all the more critical and needs to be admitted in MTCs and NRCs for stabilisation and resolving medical complication. The children are provided with medical and therapeutic care in the health centres. The admission criteria are adopted in line with IAP 2006 and new WHO 2009 recommendations. After the medical complications are resolved and the child is stabilized in the MTC/NRC he can continue treatment in the community for further improvement in his health.

Which categories of children are eligible to be in a CMAM program?

Children with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) are eligible to be admitted into a CMAM program.

Who delivers care for the SAM children in the community?

The care is delivered through Auxiliary Nurse Midwives (ANM), Accredited Social Health Activists (ASHA) and Anganwadi Workers (AWW) through institutions within the community (sub centres) and also through the mothers and immediate kin in the families.

If children do not recover in the outpatient/ community programme under the CMAM program, what happens to them ?

If the children do not recover in the community, then they are referred to the nearest MTC or NRC where they are admitted to receive further treatment. Further critical cases are referred to the district hospitals.

Are there any medicines that are given to the SAM children during the outpatient treatment under the CMAM program?

Yes, doses of Amoxicillin to treat underlying infections and Albendazole for deworming are given to the malnourished children in outpatient treatment in the CMAM program.

What are RUTF and EDNS ?



RUTF is Ready to Use Therapeutic Food; while EDNS is Energy Dense Nutrition Supplement. They are same and are micronutrient-enriched energy dense nutritional supplements. RUTF is designed to meet the energy and nutrients requirement of a SAM child necessary to allow for rapid catch-up growth. It is used particularly in the treatment of children over 6 months of age with severe acute malnutrition without medical complications. The majority are lipid-based products, based on a paste of peanuts, sugar, milk powder and micronutrient mix, with low risk of contamination and a long shelf-life. (Source:WHO/UNICEF)

Why is RUTF, EDNS essential?

RUTF / EDNS provide all nutritional requirements and serves as medication for SAM children to recover. It is also used to test appetite of the SAM children in the initial stages to decide on the line of treatment.

Can RUTF, EDNS be given to all normal children?

No.

Are RUTF, EDNS a substitute for breast milk?

No. RUTF or EDNS is not a substitute for breast milk.

Can a mother feed her child with RUTF/EDNS during breastfeeding?

Yes. In-fact it is encouraged that breast feeding should continue along with RUTF/EDNS supplementation feeding.

If a SAM child is fed with RUTF or EDNS, can he eat other food prepared by the family?

During the initial phase of treatment no other foods should be given except RUTF/EDNS. Gradually, towards the recovery small amounts of low salt home cooked foods can be introduced after the child has eaten his/her dose of RUTF/EDNS.

Is RUTF, EDNS and medicines enough for a child to recover from SAM?

No. Along with RUTF, EDNS and medicines, proper attention should be given to each child on active feeding, complementary feeding, Kangaroo Mother Care, hygiene and breastfeeding.

What are the ways in which SAM children are monitored during the CMAM program?

SAM children are monitored through a rigorous follow-up process by frontline health workers at the community and at the health centres through home visits and weekly follow up visit at health centres.

What protocols are there in case of emergencies occurring during CMAM care?

Action protocols are available to deal with emergencies which clearly define the different medical conditions in which the child needs to be referred. The ANM strictly needs to follow the protocol, does medical assessment on each follow up visit and refers the child to MTC/NRC or higher health facility depending on the child's medical condition.



Contact:

ACF-India (Action Against Hunger)
C-40, Lajpat Nagar, Part III
New Delhi 1100 24
www.actioncontrelafaim.org/en

Meeta Mathur
Head of Health & Nutrition
cmn@in.missions-acf.org

Abdul Halim
Communication Officer
cmoff@in.missions-acf.org