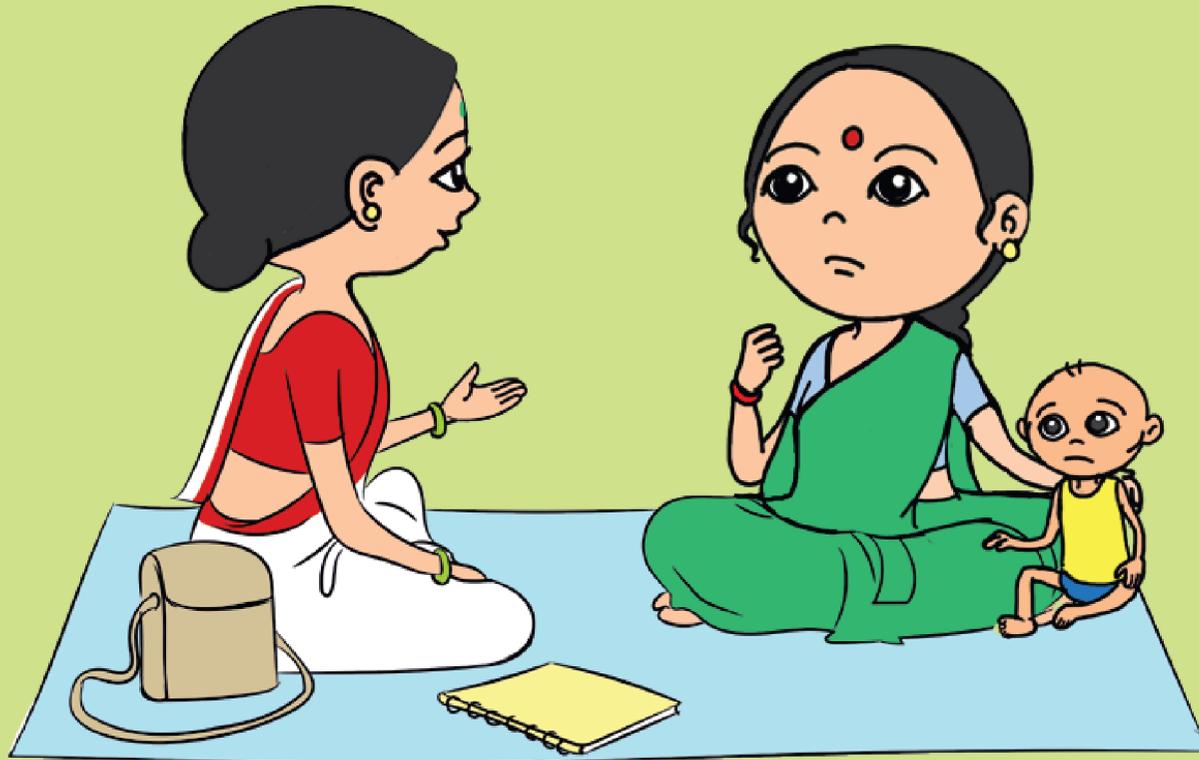


Identifying and Preventing Severe Acute Malnutrition



Ministry of Women & Child Development
Government of India, 2018

13





What is severe acute malnutrition/wasting ?



Display the card and discuss with the participants



Ask

Identify which boy is more malnourished and why do you feel so?



Use the content on right to explain

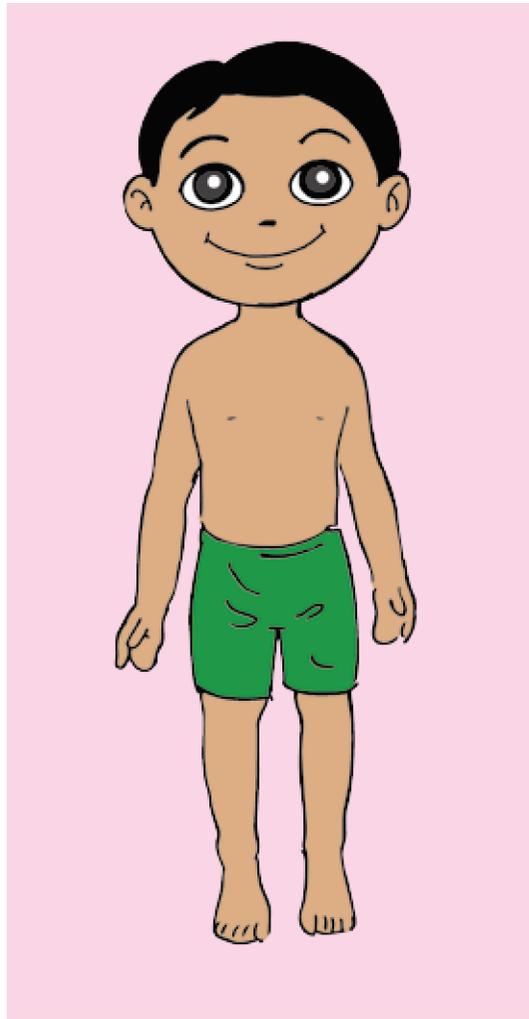
At our AWCs, we regularly weigh children every month. As we are aware, children in the orange zone are malnourished (or underweight), and those in the red zone are severely malnourished (or severely underweight). Most of these malnourished children are either wasted or stunted.

In the picture we see three types of children who are

- normal
- wasted
- stunted



What is severe acute malnutrition/wasting?





How do we identify wasted and stunted children ?



Discuss the concepts of thinness and fatness: weight is less or more than expected for height



Can we recall who are the thin children in our village? How many such children are there? (Make a list of children in your village who are wasted)

How to measure stunting ?

- Height against age:
 - ◆ We can identify stunting by measuring height against age this shows whether a child is gaining height as per age or not.
 - ◆ Measure the child's height and refer to the table to see whether the child is stunted or not.

Thinness is visible, and can be measured.

How to measure thinness:

- Weight against height:
 - ◆ Both weight and height need to be measured to assess if a child is thin or wasted.
 - ◆ Height does not need to be measured every month because it does not change quickly. Measure the height once every 3 months during the first year of the child and then every six months in the next two years.
 - ◆ Weight can be lost or gained quickly, so it is useful to measure it monthly until the child is three years of age
 - ◆ Refer to the table to see how thin the child is and how much the measured weight is less than expected for the measured height.
 - ◆ The measured height and weight should be mapped against the growth chart for wasting.
 - ◆ Any child between 6 months to 5 years who falls in yellow zone of the growth chart for wasting is moderately wasted, and any child who falls in red zone is severely wasted.
- A quick assessment;
 - ◆ In our state, according to NFHS 4, how many children are :
 - Wasted: X%
 - Severely wasted: Y%

That means in our AWC area about 'xx' children are wasted, of which 'yy' are likely to be severely wasted.



How do we identify wasted and stunted children ?



Weight for Height

Appropriate weight (Kg) for height (cm) of children below 2 years				
Height (cm)	Boys		Girls	
	Below this Severe wasting (kg)	Ideal weight (kg)	Below this Severe wasting (kg)	Ideal weight (kg)
46.0	2.0	2.6	2.0	2.6
48.0	2.3	2.9	2.3	3.0
50.0	2.6	3.3	2.6	3.4
52.0	2.9	3.8	2.9	3.8
54.0	3.3	4.3	3.3	4.3
56.0	3.8	4.8	3.7	4.8
58.0	4.3	5.4	4.1	5.4
60.0	4.7	6.0	4.5	5.9
62.0	5.1	6.5	4.9	6.4
64.0	5.5	7.0	5.3	6.9
66.0	5.9	7.5	5.6	7.3
68.0	6.3	8.0	6.0	7.7
70.0	6.6	8.4	6.3	8.2
72.0	7.0	8.9	6.6	8.6
74.0	7.3	9.3	6.9	9.0
76.0	7.6	9.7	7.2	9.3
78.0	7.9	10.1	7.5	9.7
80.0	8.2	10.4	7.8	10.1
82.0	8.5	10.8	8.1	10.5
84.0	8.9	11.3	8.4	11.0
86.0	9.3	11.7	8.9	11.5
88.0	9.7	12.2	9.3	12.0



Height for Age

Appropriate Height of children below 2 Years (cm)				
Age	Boys		Girls	
	Below this Stunted (cm)	Ideal Height (cm)	Below this Stunted (cm)	Ideal Height (cm)
Birth	46.1	49.9	45.4	49.1
3 Month	57.3	61.4	55.6	59.8
6 Month	63.3	67.6	61.2	65.7
9 Month	67.5	72.0	65.3	70.1
1 Year	71.0	75.7	68.9	74.0
1 Year 3 Month	74.1	79.2	72.0	77.5
1 Year 6 Month	76.9	82.3	74.9	80.7
1 Year 9 Month	79.4	85.1	77.5	83.7
2 Year	81.7	87.8	80.0	86.4





Why do children become acutely malnourished/wasted?



Ask all participants



- What could be the reason for one child being stunted and the other wasted?
- What must have happened in the life of the wasted child?
- Since how long do you think the child has been like this?
- What were the social circumstances that led to the child becoming wasted?

Notes to guide discussion:

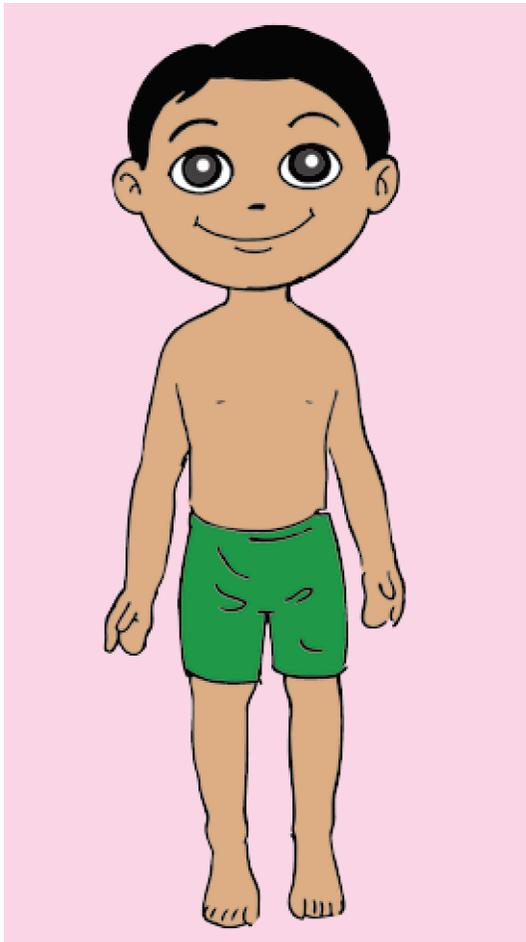
- Antecedents of stunting:
 - ◆ Repeated minor illnesses
 - ◆ Not eating enough for a long period of time (we have learnt about this in previous modules)
- Antecedents of wasting:
 - ◆ Recent major illness – TB, measles etc
 - ◆ All serious illnesses will cause wasting – heart disease, liver disease, cancer etc
 - ◆ Social and family circumstances:
 - ◆ broken families, chronically sick mother or father, extreme poverty and destitution, alcoholism, poor child care due to multiple parities, gender inequalities resulting in poor care of the girl child etc.



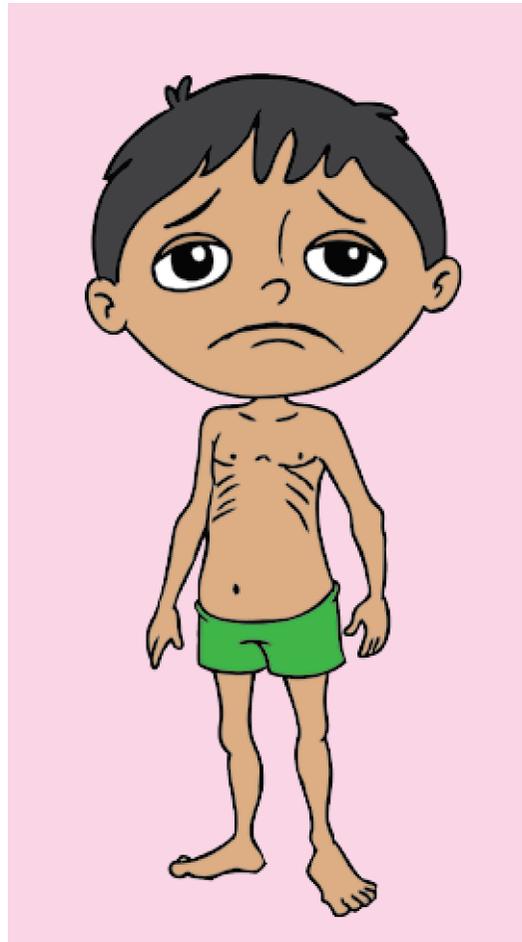
Why do children become acutely malnourished/wasted?



Normal Child



Wasted Child



Stunted Child



Are some families more likely to have wasted children?





Why are we worried about wasted children?



Discuss the circumstances around those children in the AWC catchment area who have fallen severely ill or died in the recent past.

There must be 3 to 4 AWWs who have such experiences. Ask them to share it with all.

Why wasting is dangerous:

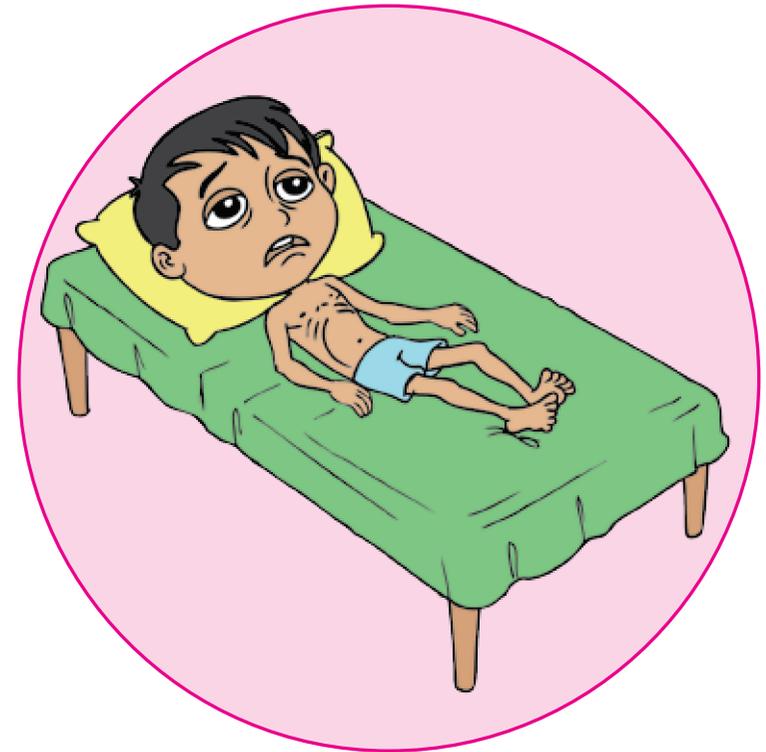
- Thinness reflects poor health and indicates that the body is not strong enough to fight infections.
- Wasting is an emergency that requires medical attention.
- In such circumstances, it is important to find out whether there is an underlying medical condition that is serious.



Why are we worried about wasted children?



- **Wasted children fall sick very easily**
- **Wasted children are much more likely to die of illnesses such as diarrhea than normal or stunted children**
- **The more wasted a child is, the more likely she/he is to die**





Do all wasted children require admission in a hospital?



Use points on the right side for discussion

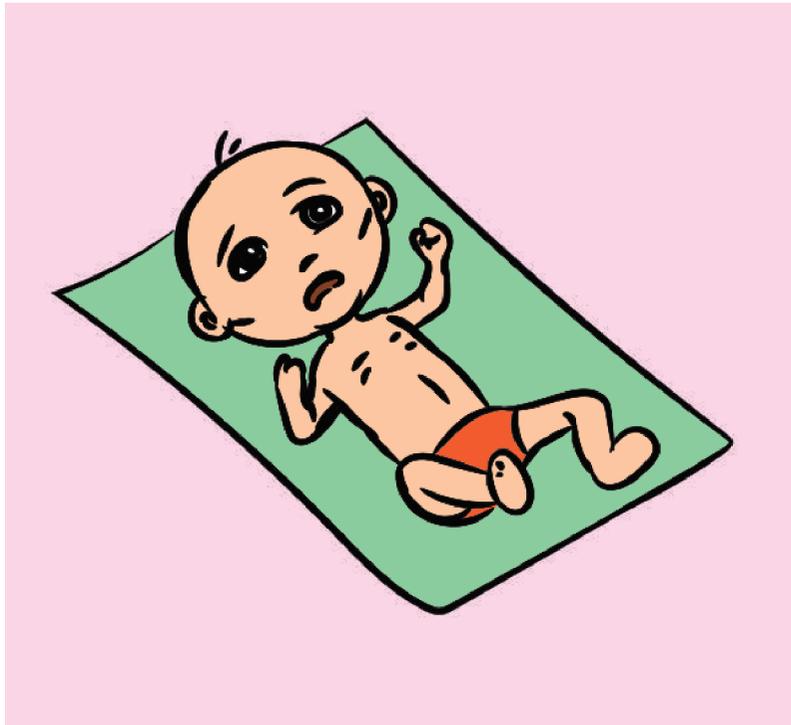
Recommended criteria for admission in a hospital

For 6-59 months old children

- Children falling in the red zone of the growth chart after measuring weight against height.
- Appetite test to differentiate between:
 - Wasted, sick children
 - Wasted children with appetite
 - Children with no or very poor appetite, who are sick and need to be referred
- Children suffering from fever since the last few days
- Children suffering from diarrhea and vomiting continuously
- Children who are unconscious or are listless
- Children with high anemia
- Children with pneumonia
- Any type of severe illness
- Children who have swelling in their hands and feet



Do all wasted children require admission in a hospital ?





What to do for those severely wasted children who are not admitted in the hospital ?



Discuss



About children who are not sick – how to make them gain weight



About how to address the circumstances leading to wasting – social/economic/family circumstances

In case of wasted children who are not admitted in hospital, observe and advise parents that:

- If sick, admit the child in a hospital for medical care
- If the child is less than 6 months old, consult pediatrician or NRC

How to help wasted children gain weight

- If the child is older than 6 months and is not sick, feed the child well and gradually increase the quantity and variety of complementary food like we have learnt earlier.
 - ◆ Give food available at home
 - ◆ Ensure the child is given a variety of food
 - ◆ Ensure density of food
 - ◆ More fat rich food
 - ◆ More frequently – 5-6 times per day
 - ◆ Continue breast feeding till 2 years
 - ◆ Ensure hygiene
- Find out what caused the child to become so weak
- Ensure complete immunization and supplementation of Vitamin A



What to do for those severely wasted children who are not admitted in the hospital ?



- What caused the child to become wasted?
- Older than 6 months:
 - ◆ Feed what ever is available at home
 - ◆ Give the child a variety of food
 - ◆ Give fat rich food
 - ◆ Feed frequently, about 5-6 times a day
 - ◆ Continue breast feeding till two years
 - ◆ Maintain Hygiene





What do we do about those children who fall in the red zone of the growth chart for height-for-age and weight-for-age, and who are not wasted?



Discuss



How does stunting contributes to underweight?

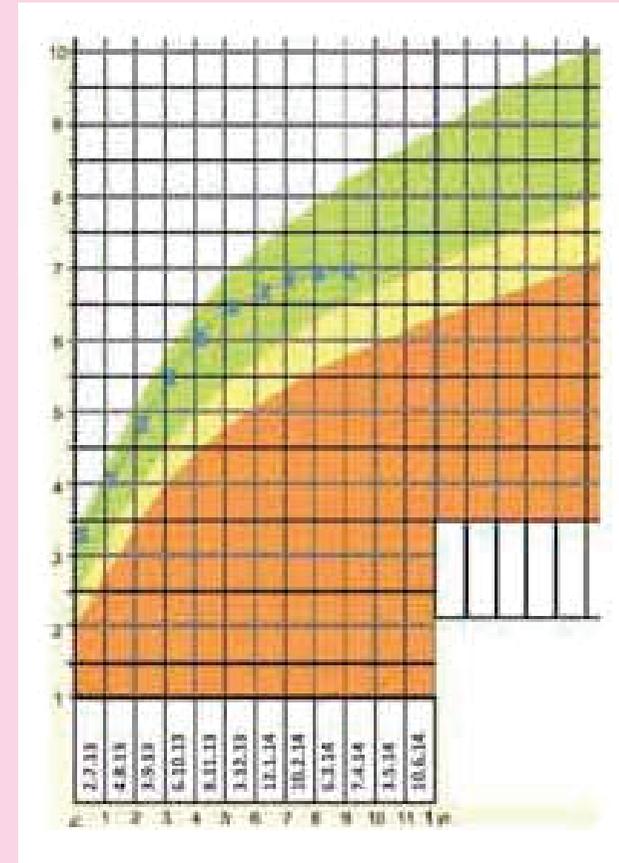
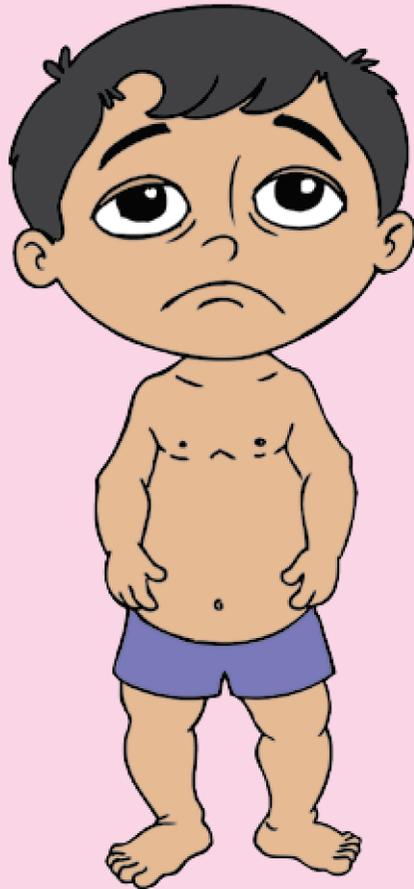
What to do about children who are in yellow or red zones on the growth chart for height-for-age and weight-for-age but are not wasted i.e. children who are stunted but are not wasted and children who are underweight as per their age :

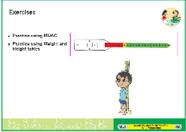
- Children who are stunted have lost the opportunity to regain height. But these children should be cared for, because if they fall sick and start getting thin, then it can be dangerous for their life.
- For both stunted and underweight children, it is important to ensure complementary feeding, immunization, deworming and vitamin A supplementation.

These children should be monitored regularly and should be referred if found to be losing weight or getting wasted or falling ill.



What do we do about those children who fall in the red zone of the growth chart for height-for-age and weight-for-age, and who are not wasted?





Exercises



Ask all participants to practice weight and height measurements.



15 Minute

M13

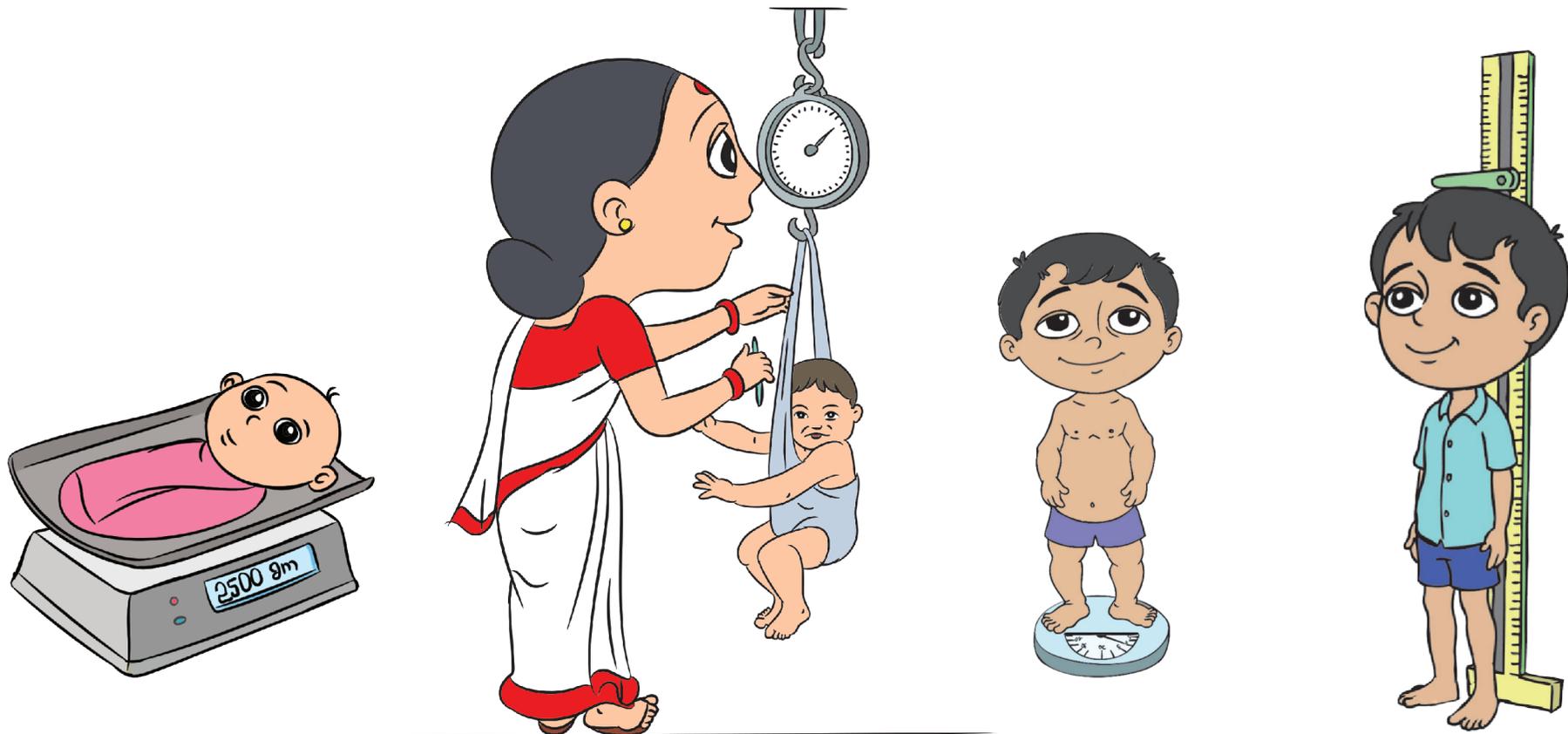
Identifying and Preventing Severe
Acute Malnutrition

F8

Exercises



- Practice using Weight and Height tables





Action points



Read and discuss



15 Minute

M13

Identifying and Preventing Severe
Acute Malnutrition

F9

Action points

1. Weigh all children in the AWC catchment area monthly and measure height of all children in the AWC once in three months.
2. Those children found to be in the red zone for weight-for-height should be referred to the NRC or hospital.
3. Those children found to be in the yellow zone for weight-for-height, who are currently ill or losing weight should be referred to the NRC or hospital.
4. To enable early identification of children at risk of wasting, ensure regular growth monitoring.
5. Assess all children with illness lasting more than three days for wasting.
6. Follow up wasted children who are not admitted, to ensure that:
 - a. They are fed well
 - b. They are given all vaccines and vitamin A
 - c. They are referred again if they lose weight or fall sick



- 1 *Why this Monthly Meeting ?*
- 2 *Making or updating Home Visit Planner & Initiating Home Visits*
- 3 *Planning and Organizing Community Based Events at AWC*
- 4 *Observing Breastfeeding in Newborn Babies - Why and How*
- 5 *Identification and Care of a Weak Newborn baby*
- 6 *Complementary Feeding: Diet Diversity*
- 7 *Preventing Anemia in Women*
- 8 *Assessment of Growth in Children*
- 9 *Ensuring that Complementary Feeding improves over time*
- 10 *Ensuring Exclusive Breastfeeding*
- 11 *Care of the Weak Newborn Baby - How many weak babies are we missing?*
- 12 *How to ensure timely initiation of Complementary Feeding*
- 13 *Identifying and preventing Severe Acute Malnutrition***
- 14 *Feeding During Illness*
- 15 *Supporting mothers with issues in Breastfeeding*
- 16 *How to take care of weak newborn with the help of Kangaroo Mother Care*
- 17 *Identification & Referral of Sick Newborn*
- 18 *Preventing illnesses to avert Malnutrition and Death*
- 19 *Prevention of Anemia in girls and adolescents*
- 20 *Birth Preparedness- For Institutional and Home Delivery*
- 21 *Preparation During Pregnancy: For NewBorn Care & Family Planning*

