



Acute malnutrition

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Key facts

Cause

- Distinct types of malnutrition result from different issues. Inadequate access to food (too little food), results in undernutrition while insufficient vitamins and minerals present in the food people eat result in vitamin or mineral deficiencies which can make people sick.
- These types of malnutrition are often found together and are made worse by inadequate access to health care and nutritional support.

Most vulnerable to severe consequences

- Children under five years old
- Pregnant and lactating women
- Elderly
- People with chronic illnesses

Most vulnerable to developing malnutrition

- People living in areas with food insecurity
- People living in areas with poor water, sanitation and hygiene facilities and services

Symptoms

- Wasting - too thin for height (sometimes)
 - Body may appear very thin, bones visible; children look almost elderly (sometimes)
 - Skin around buttocks may appear loose; looks like “baggy pants” (sometimes)
 - Evidence of pitting oedema (swelling) in both lower legs (sometimes)

- Stunting - too short for age (sometimes)
- Wounds may be slow to heal (sometimes)
- Anaemia (pale skin) (sometimes)
- Changes in vision (sometimes)
- Changes in hair and skin (sometimes)

What can you do to prevent and control an epidemic?

Prevention and risk management

- Provide adequate access to health services
 - Especially care for mothers and children
- Encourage exclusive breastfeeding for the first six months of life and complementary breastfeeding for the first two years of life
- Prevent other diseases which may impact health outcomes by
 - Supporting mass vaccination campaigns (for measles)
 - Preventing malaria
 - Preventing and treating cholera

Screening, monitoring, and detecting sick people

- Detect malnourished children under five, pregnant and lactating women, and other vulnerable groups in the community
 - Detection by volunteers is usually through MUAC (mid upper arm circumference) screening

Treatment and management

- Referral of suspected cases to health facilities for screening and treatment
- Support treatment programmes and follow up defaulters
- Give psychosocial support to malnourished community members and their families

Food security

- Ensure access to healthy, varied diet
 - Improve drought resilience and livelihood programmes

Water hygiene and safety

- Ensure access to safe water and sanitation services (WASH)

Social mobilization and health promotion

- Find out the specific advice being given by health and other relevant authorities
- Model following this advice and inform community members of current health practice advice
- Offer support and encouragement to follow the advice
 - Try to gain understanding about if and why health practice advice is not being followed
 - With the advice of your supervisor and health authorities, work with communities to overcome barriers to following health advice and recommended practices
- Always promote:
 - Handwashing
 - Adherence to routine extended vaccination programmes

Mapping and community assessment

- Make a map of the community.
- Mark the following information on the map:
 - Who and where are the vulnerable people in the community?
 - Are there handwashing facilities in the community? Where are they?
 - Are soap and water always available?
 - Where are the local health facilities and services? (include traditional carers)
 - Where are community waste disposal sites?
 - How does the community dispose of rubbish and solid waste?
- Record the following information on the back of the map:
 - How many children look skinny or malnourished?
 - How many people are sick with other diseases?
 - When did people start to run out of food or start to become malnourished?
 - How many children under five years of age have died in the last month?
 - How many people live in the affected community or area?
 - How many children under five years of age live in the area?
 - Who is most affected by malnutrition?
 - Who is most affected by a lack of food?
 - Is food still available in the market?
 - Do people generally have stores of food at home?
 - What types of food are available in the market?
 - Has the type or amount of the food in the market changed recently?

- Is a social mobilization or health promotion programme in place?
- Which sources do people use/trust the most for information?
 - Are there rumours or misinformation about malnutrition spreading in the community?
- What are the community's habits, practices and beliefs about:
 - Caring for and feeding sick people?
 - When babies and infants are sick, do women continue to breastfeed them?
 - Production and preparation of food
 - Do people cook milk and meat thoroughly before eating them?
 - Malnutrition
 - Vaccinations
 - Are children under five in the community generally vaccinated?
 - [In areas where malaria is endemic] Do people in the community generally sleep under bed nets (at night and/or during the daytime)?
 - Are the nets hung up and maintained properly?
 - If bed nets are not used, why not?