

## PREVALENCE OF ACUTE MALNUTRITION (WFH, OEDEMA) \*

Impact indicator, Outcome indicator, SDG indicator, Cluster indicator, DEVCO indicator

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### Indicator Phrasing

**English:** % of children aged 6-59 months with a weight for height  $< -2$  Z scores (and/or bilateral oedema)

**French:** % d'enfants âgés de 6 à 59 mois avec un poids pour la taille  $< -2$  Z-scores (et / ou un œdème bilatéral)

**Portuguese:** % de crianças com idade entre 6-59 meses com um rácio peso por altura  $< -2$  Z pontos (e/ou edema bilateral)

**Czech:** % dětí ve věku 6-59 měsíců s hmotnostně-výškovým poměrem  $< -2$  Z-skóre (anebo oboustranným edémem)

### What is its purpose?

The indicator measures the prevalence of moderate and severe acute malnutrition (wasting). It assesses to what degree (so-called "Z-score") a child's weight for height (WfH) deviates from the weight of a child of the same height and sex in the 2006 WHO Growth Standards.

### How to Collect and Analyse the Required Data

Children's weight and height are (alongside with other data) collected by **anthropometric surveys using SMART methodology**. SMART's website provides all the required guidance, forms, training modules as well as Emergency Nutrition Assessment (ENA) software used for data analysis and reporting.

According to WHO, the **prevalence of wasting ( $< -2$  SD) shall be interpreted as:**

$< 5\%$ : acceptable

5-9%: poor

10-14%: serious

$\geq 15\%$ : critical

### Disaggregate by

Disaggregate the data by gender and age groups (such disaggregation is automatically produced by ENA software).

## Important Comments

1) The **cut-off points** for moderate acute malnutrition (MAM) are  $<-2$  but  $>-3$  SD; for severe acute malnutrition (SAM)  $<-3$  SD; and for global acute malnutrition (GAM)  $<-2$ SD.

2) This indicator relies on accurate age assessment. Since people often do not remember the exact dates of their children's birth, the data collectors should **always verify the child's age**. This can be done by reviewing the child's birth certificate, vaccination card or another document; however, since many caregivers do not have such documents (and since they can include mistakes), it is essential that your data collectors are able to **verify the child's age by using local events calendars**. Read FAO's Guidelines (see below) to learn how to prepare local events calendars and how to train data collectors in their correct use.

3) Always make sure that you **understand and follow the local Ministry of Health's official guidance** for conducting anthropometric surveys (e.g. regarding submitting a survey proposal for approval; reporting formats; use of 1977 NCHS versus 2006 WHO growth standards/ MUAC cut-off values; etc.).

4) Prevention-oriented projects should use this indicator only if their strategy is likely to have an impact on the **nutritional status** of the target population. If your project is too short or focuses, for example, primarily on improving agricultural production, use less ambitious indicators measuring, for example, **nutritional intake** (such as Individual Dietary Diversity Score) or specific **nutritional practices**.

5) In many countries, acute malnutrition is prone to **significant seasonal differences** (e.g. ranging from 5% in the months following the harvest to 11% prior to the harvest). Therefore, if you need to compare your baseline and endline data to assess the result of your work, **ensure that the data is collected at the same time of a year**, otherwise you will receive two sets of data which say very little about the change your project has (not) achieved.

6) With a larger team of enumerators (8-10 people), data collection usually takes about 10 - 15 working days. Training takes 6 days (incl. piloting and standardisation test); further time is required for preparing the methodology, hiring enumerators, arranging logistics and reporting.

7) Since the differences in the prevalence of acute malnutrition are often very small (e.g. from 7% to 5%), **SMART surveys need to be implemented to maximum quality and precision**. Always use a small margin of error (2-2.5%). If your team does not have sufficient experience with conducting SMART surveys, contract an in-country or headquarters-based advisor to design methodology, train your team and supervise the survey quality (using quality control checklist, such as the one below, is recommended). Always **make maximum use of the guidance available** in the resources below.

## Access Additional Guidance

- ACF (2014) [Rapid SMART Surveys Guidelines](#)

- ACF (2014) [Guide: Enquêtes nutritionnelles SMART rapides](#)
- PIN (2015) [Practical Checklist for Conducting Nutrition Surveys](#)
- [SMART methodology](#)
- WHO (2010) [Interpretation Guide](#)
- FAO (2008) [Guidelines for Estimating the Month and Year of Birth of Young Children](#)
- [Nutrition Cluster Indicators Registry \(incl. thresholds\)](#)