**RAPID NUTRITION MUAC and IYCF-E SCREENING REPORT [LOCATION X]**

This is the recommended format for the minimum information required for a Nutrition screening (Mid Upper Arm Circumference (MUAC) and Infant and Young Child Feeding in Emergencies (IYCF-E assessment) conducted in refugee situations. It is particularly intended for screenings in situations with new arrivals or on-going displacement, where little is known about the nutritional status of the population.

# INTRODUCTION

This section should contain information on:

* Brief description of the situation of displacement e.g., when did the population move; are they living with the host population or alone; do they have access to sources of food/water/shelter; is there any specific demographic profile such as mainly women and children etc.
* What access do the displaced population have to health and nutrition services?
* Estimated number of refugees and estimated number of host population if applicable. Provide estimated population proportion of under-five.
* Geographical location of the screening and contact point i.e., at the border point, reception center, transit center, health facility or settlement.
* Dates of the MUAC screening
* Organization(s) responsible for the MUAC screening.

If the screening is part of an initial rapid nutrition assessment, the following information should also be included:

* Brief description of the nutrition situation in refugees’ country of origin and country of refuge.
* Brief description of cultural habits and characteristics of the refugee population, including common livelihood practices, common food habits (e.g., veganism or vegetarianism, meat/milk-based pastoralist diet, etc.), or other characteristics relevant to nutrition.

# OBJECTIVES

* To provide a general overview of the nutritional status of the population.
* To estimate nutrition needs, identify groups at highest risk and estimated numbers.
* To assess the needs and priorities of infant and young child feeding in emergencies.
* To determine contextual factors affecting the nutrition situation
* To assess initial resource capacity availability

# METHODOLOGY

This section should allow the reader to understand exactly.

* Type of the population screened: (1) only local population, (2) both local and refugee population, (3) only refugee population.
* Brief description of screening setting e.g., border point, transit centre, reception centre, health facility, household community level etc.
* How the children were selected for the screening, e.g., were all of the children from the reception site, transit center or settlement screened; was that at a central reception point or by calling children block by block to a central point or through house-to-house visits; were all of the children who attended the health center the day of the assessment screened; were all children who presented for blanket feeding screened etc.
* What was the target age group; children 6 – 59 months or children 65cm – 110cm or pregnant and breastfeeding women with children under 6months?
* What instruments were used for the screening e.g., MUAC and oedema; or were weight, height, MUAC and oedema all measured; or were children measured using MUAC and oedema alone and if they fell below a certain level of MUAC, weight and height were also taken.
* What cut offs were used to define the different MUAC groups.

Also allow the reader to understand exactly:

* How infants <6 months (or where feasible (6-12/23months) were selected for screening on breastfeeding and complimentary feeding, e.g., all infants <6 months screened during registration, all infants <6 months screened through house-to-house visits.
* Which questions were asked during screening for breastfeeding and complementary feeding?

# Table X Classification of MUAC malnutrition in children 6-59 months and pregnant and breastfeeding women

|  |  |  |
| --- | --- | --- |
| **MUAC reading classification.** | | |
| **Children 6 to 59 months** | **Pregnant and breastfeeding women (child <6months)** | **Severity/interpretation** |
| <125 mm | <230mm | Moderate and severe acute malnutrition |
| ≥115 mm and <125 mm | ≥210 and <230mm | Moderate acute malnutrition |
| <115 mm | <210mm | Severe acute malnutrition |
| Oedema |  | Severe acute malnutrition |

Review any other available information that can inform the nutrition situation including the NARE reports, any FGDS, KIs done. Note any identified groups with specific nutrition support needs, likely causes/factors affecting nutrition situation and resource capacities on ground.

**RESULTS**

This section should clearly present the results – table form is fine and there is no need for long text in the results section.

|  |  |  |  |
| --- | --- | --- | --- |
| **MUAC & Oedema screening among children aged 6-59 months** | | | |
|  | **Absolute number** | **Percentage proportion** | **Interpretation** |
| **Proportion of children 6-59 months with MUAC**  **(>125 mm and/or oedema)** | A | A/D |  |
| **Proportion of children 6-59 months with (< 125 mm and >= 115 mm, no oedema)** | B | B/D | Moderately malnourished |
| **Proportion of children 6-59 months with MUAC**  **(< 115 mm and/or oedema)** | C | C/D | Severely malnourished |
| **Total number of children aged 6-59months screened** | **D** (A+B+C) |  |  |
|  | | | |
| **MUAC screening among pregnant and breastfeeding mothers (with children <6months)** | | | |
|  | **Absolute number** | **Percentage proportion** | **Interpretation** |
| **Proportion of women months with MUAC**  **(>230mm)** | A | A/D |  |
| **Proportion of women with (< 230 mm and >= 210 mm)** | B | B/D | Moderately malnourished |
| **Proportion of women with MUAC (< 210 mm and/or oedema)** | C | C/D | Severely malnourished |
| **Total number of pregnant and breastfeeding mothers screened** | **D** (A+B+C) |  |  |

In cases where both MUAC and Weight for height combined criteria screening is done use the combined criteria calculation sheet under **Annex 1**

If IYCF screening has been undertaken, include a sentence or two on breastfeeding behavior among infants 0-5 months. Such information would be specifically relevant to include in all situations. This includes where the number of non-breastfed infants is low and population based IYCF interventions are recommended and also when non-breastfed or mixed fed infants form a large part of the population group to guide the IYCF interventions for this context.

|  |  |  |  |
| --- | --- | --- | --- |
| IYCF screening among mothers and caretakers with children aged <6months | | | |
|  | **Absolute number** | **Percentage proportion** | **Interpretation** |
| Proportion of children <6 months being breastfed (breast milk only-no other liquids) without any difficulties | A | A/E | Reinforce key IYCF-breastfeeding message |
| Proportion of children <6 months being breastfed but report facing feeding difficulties; are mixed fed – given other drinks or foods in addition to breastmilk | B | B/E | Require IYCF support. Refer |
| Proportion of children <6 months not being breastfed | C | C/E | Require IYCF support. Refer |
| Proportion of children <6 months at risk of poor growth and development *(Low birth weight, preterm, infant with neural development concerns, underweight- visibly wasted or MUAC<110mm and or oedema etc)* | D | D/E | Require regular IYCF care and monitoring. Refer |
| Total number of children aged <6 months screened | E (A+B+C+D) |  |  |

In addition to above, determine if there is/has been untargeted distribution or call for donation of breast milk substitutes (infant formula, dried of liquid milk targeting infants and young children) since the emergency started. If yes note the need for risk mitigation measures to be put in place.

**DISCUSSION**

This section should be short but be used to interpret the situation: Describe whether the team thinks this is representative of the overall displaced population or if they suspect it may be worse in a less accessible areas or whether because the screening was done at a health facility it may be biased. Do the teams think that the situation may get worse for whatever reason this may be; rainy season, more new arrivals, food running out, measles epidemic taking hold etc.

Are there any identified groups with specific nutrition support needs.

Any other information e.g., on relevant health, water sanitation and hygiene promotion, IYCF, food security, protection, registration related issues that may be impacting the nutrition status.

Note on the resource capacities on ground.

**RECOMMENDATIONS**

This section should outline the recommendations for further actions to be taken and provide a suggested timeline e.g.

• Begin blanket feeding for all children 6 – 59 months old. Immediately.

• Start treatment of severe acute malnutrition and management of moderate acute malnutrition. Within 2 weeks.

• Begin targeted and blanket IYCF activities for infants and children 0-23 months old. Immediately. Etc.

**Annexes**

**Annex 1:**

**New arrival nutrition screening template.**



**Annex 2:**



**Annex** **3:**



Annex 4:

