

## Mid Upper Arm Circumference (MUAC) SCREENING IN [LOCATION X]

This is the recommended format for the minimum information required for a MUAC screening 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; 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
- Geographical location of the screening
- Dates of the MUAC screening
- Organisation(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

Estimate the nutritional status of the population.

Appraise the needs for specific infant and young child feeding interventions.

### METHODOLOGY

This section should allow the reader to understand exactly

- How the children were selected for the screening, e.g. were all of the children from the settlement or site screened through house to house visits or by calling children block by block to a central point; were all of the children who attended the health centre the day of the assessment screened; were all children who presented for blanket feeding screened;

were all children at the registration sites included; was the screening done on all children vaccinated for measles during a vaccination campaign.

- What was the target age group; children 6 – 59 months or children 60cm – 110cm or pregnant and lactating women?
- 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.

If relevant, also allow the reader to understand exactly:

- How infants <6 months 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**

<b>MUAC reading classification</b>	<b>Severity</b>
<125 mm	Moderate and severe
≥115 mm and <125 mm	Moderate
<115 mm	Severe
Oedema	Severe

## **RESULTS**

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

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

**Table X Proportions of MUAC Malnutrition**

<b>MUAC Category</b>	<b>Number of Children</b>	<b>%</b>
MUAC $\geq$ 125mm no oedema ( <b>Green MUAC</b> )		
MUAC < 125 mm no oedema ( <b>Orange &amp; Red MUAC</b> )		
MUAC $\geq$ 115 mm & < 125 mm no oedema ( <b>Orange MUAC</b> )		
MUAC < 115 mm and/or oedema ( <b>Red MUAC</b> )		
<b>Total</b>		

*The total number of children with oedema is xx.*

## **DISCUSSION**

This section should be short but be used to interpret the situation:

Describe whether the team thinks this is representative of all of the displaced population or if they suspect it may be worse in a less accessible situation 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.

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

## **RECOMMENDATIONS**

This section should outline the recommendations of the mission 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 MAM and SAM. Within 2 weeks.
- Begin targeted and blanket IYCF activities for infants and children 0-23 months old. Immediately.
- Etc.