IDENTIFYING MALNUTRITION

The MUAC bracelet—a plastic band with a color-coded gauge—is used to quickly assess whether a child under five years of age is malnourished.

REGISTRATION

Every child that comes to a treatment center is registered upon arrival. A registrar writes down the child’s details, which may include their name and age, their mother’s details, and the name of their village.

MOBILE CLINICS

In areas where access to treatment centers and health care is limited, field workers travel to isolated communities to provide general check-ups, as well as nutritional health and hygiene education.

PREVENTION

As a preventive measure, children at risk of malnutrition can be sent home with rations of ready-to-use supplemental food.

INPATIENT NUTRITION CENTERS

Patients who are unable to eat on their own are given therapeutic milk in the treatment center, delivered through a nasal-gastric tube or syringe.

THERAPEUTIC FOOD

Ready-to-use therapeutic food (RUTF) is administered to children diagnosed with severe or moderate malnutrition, unless they are in such a serious condition that they need to be hospitalized.

IEEE: EXHIBITION

Children who have severe acute malnutrition, or who also suffer from an infection or other disease, may need to be hospitalized to receive highly specialized inpatient care at one of our nutrition centers.

CHECKING WEIGHT

Children who are moderately or severely malnourished also have their height measured to calculate their height-to-weight ratio.

MEASURING HEIGHT

With the help of our supporters, these are some of the tools we use to fight malnutrition.

“When children are malnourished they don’t want to play, they don’t want to be touched by anyone but their mothers. They isolate themselves. When they get better, you can see that they start to round around and play with other kids.”

— Amy Parsons, Field Nurse, Niger

CHECKING WEIGHT

Moderately and severely malnourished children are weighed and checked for signs of edema, a symptom of malnutrition that causes swelling.

In such a serious condition that they need to be hospitalized.

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Malnutrition contributes to at least one-third of the eight million annual deaths of children under five years of age.

Children between six months and two years of age are most at risk.

Doctors Without Borders/Médecins Sans Frontières (MSF) has a particular focus on this age group, because if a child does not have access to a nutritious and balanced diet when the mother starts supplementing breast milk with other foods, their physical growth and mental development can be permanently impaired.

Malnutrition is a life-threatening medical condition, caused by a diet lacking in essential proteins, fats, vitamins, and minerals. In many countries, malnutrition is prevalent due to failed harvests caused by environmental disasters such as floods and droughts, and soaring food prices. These factors combine to make the cost of purchasing nutritious foods impossible. As a result, children are denied the nutrients they need to grow and be healthy.

Malnutrition is a long-term impact. Children between six months and two years of age are particularly at risk because if a child does not have access to a nutritious and balanced diet when the mother starts supplementing breast milk with other foods, their physical growth and mental development can be permanently impaired.

Before RUTF, Doctors Without Borders had to hospitalize severely malnourished children for weeks. Now our teams provide mothers with packets of RUTF to heal their children at home. Most malnourished children treated with RUTF recover in six weeks without ever being hospitalized.

THE CRITICAL WINDOW

THE DEBILITATING EFFECTS OF MALNUTRITION

When left untreated, malnutrition can lead to death or many health issues, particularly in babies and young children. They can suffer stunted growth, blindness, and impaired mental development if malnutrition is not detected and treated in time. Malnourished children are also at higher risk of dying from treatable illnesses like measles, upper respiratory infections, or diarrhea as a result of their weakened immune system.

THE POWER TO HEAL IN THE HANDS OF MOTHERS

Since 2005, the most effective tool for saving malnourished children’s lives has come in a small airtight foil packet that costs only 33 cents. Ready-to-use therapeutic food (RUTF) is a peanut butter-like paste that contains fortified milk powder and delivers the 40 essential nutrients that can bring a child back from the verge of starvation.

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HOSPITAL CARE FOR THE SICkest CHILDREN

Severely malnourished children who have no appetite—or who suffer from malaria, pneumonia, or other diseases—are admitted to our inpatient centers for intensive, round-the-clock medical treatment. These children are at the greatest risk of death. But with proper care, most do survive and can be rapidly discharged to an outpatient program.

PREVENTING MALNUTRITION—CARE BEYOND CRISES

Doctors Without Borders advocates for making nutritious, age-appropriate foods a critical part of infant mortality prevention programs. When Doctors Without Borders and our partners in Niger provided nutritional supplements to young children at risk of malnutrition in the fall of 2010, we documented a 50 percent lower death rate among children who received the milk-based, fortified paste.

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