

**Author:** Yared Abebe Fantaye

**Topic:** Malnutrition treatment and prevention

**Title:** Detection and Management of Severely Wasted children with WHZ need Changes and Innovations: Example of Ethiopia

**Presentation Type:** Poster

## Background

Ethiopia has created unprecedented access to nutrition services. More than 90% of admissions to SAM treatment are reported from facilities where Health Extension workers are using oedema or MUAC < 110mm as standalone criteria and. The access currently created in the country doesn't systematically accommodate severely wasted children (with WHZ < -3). Refinements with age specific cut-offs points are suggested in some literatures and all these need country specific analysis.

## Methods

Secondary data from 2,662 children obtained 5 different surveys between 2013 and 2015, were used to calculate sensitivity, specificity and ROC curves

## Findings

Of those diagnosed to have SAM with MUAC, 70% does have a WHZ of above -3. And of those with WHZ less than -3, 72% had MUAC > 115 mms. The discrepancy is found to be much higher with increase in height.

Increasing MUAC cut off points has increased sensitivity in capturing WHZ<-3 but has a very high 'false-positive' rate. Age and height specific cut-off points fail to improve this

## Conclusions

Currently, for every child diagnosed with MUAC< 115mm, two-to-three others with WHZ < -3 are being missed. Creating acceptable access to both groups needs a change. Increasing MUAC screening cut-off points and age/height specific cut-off points may not help. We recommend innovations in development of tools to make 'WHZ' an easier criteria in all treatment sites. This needs several studies to inform policy changes.