Professional Certificate in Nutrition in Humanitarian Aid

Management of Severe Acute Malnutrition

Anthropometry – Related terms: mid-upper arm circumference, weight-for-height – Explanation: The measurement of the human body's dimensions, used to assess nutritional status. In SAM programs, height and weight are plotted on WHO growth standards to classify severity. Example: A child with a weight-for-height Z-score below –3 is classified as severely wasted. Challenge: Accurate measurement requires calibrated equipment and trained staff, especially in field settings.

Acute Malnutrition – Related terms: chronic malnutrition, global acute malnutrition – Explanation: A rapid decline in nutritional status, typically manifested as wasting. It can be moderate or severe. Practical application: Rapid assessment surveys (RACS) identify hotspots for emergency response. Challenge: Distinguishing between acute and chronic conditions in mixed-pathology populations.

Admission Criteria – Related terms: eligibility, screening – Explanation: The set of clinical and anthropometric thresholds that determine entry into a SAM treatment program. Includes MUAC Admission Protocol – Related terms: triage, referral pathway – Explanation: The step-by-step process for enrolling a SAM case, from community identification to facility registration. Includes verification of consent, baseline measurements, and initiation of therapeutic feeding. Practical application: Community health workers (CHWs) use a checklist to streamline admissions. Challenge: Delays caused by stockouts of RUTF or inadequate transport.

Algorithm – Related terms: clinical decision tree, flowchart – Explanation: A visual representation of the sequential steps for diagnosing, treating, and discharging SAM patients. Used to standardize care and reduce errors. Example: The WHO 10-step algorithm guides clinicians through stabilization, feeding, and follow-up. Challenge: Adapting algorithms to local protocols while maintaining fidelity.

Anthropometric Z-Score – Related terms: standard deviation, reference population – Explanation: A statistical measure indicating how far an individual's measurement deviates from the median of a reference group. Z-scores below –2 indicate moderate wasting; below –3 indicate severe wasting. Practical use: Enables comparison across ages and sexes. Challenge: Requires accurate age data, which may be unavailable in displaced populations.

Appetite Test – Related terms: ready-to-use therapeutic food, clinical assessment – Explanation: A bedside evaluation where a child is offered a small amount of therapeutic food to assess willingness to eat. Positive response confirms eligibility for outpatient treatment. Example: A child who consumes at least 30 ml of RUTF within 30 minutes passes the test. Challenge: Ill children may refuse due to illness; repeat testing may be needed.

Artemisinin-Based Combination Therapy (ACT) – Related terms: malaria treatment, co-infection – Explanation: First-line medication for falciparum malaria, often administered alongside SAM treatment because malaria exacerbates malnutrition. Practical application: Integrated case management ensures

simultaneous treatment. Challenge: Drug resistance and supply chain disruptions can impede delivery.

Asymptomatic Malnutrition – Related terms: subclinical deficiency, hidden hunger – Explanation: Nutritional deficits that do not present immediate clinical signs but can impair growth and immunity. Detection relies on biochemical markers or detailed dietary surveys. Example: Low serum zinc without overt dermatitis. Challenge: Limited laboratory capacity in humanitarian settings.

Adequate Nutrient Intake – Related terms: dietary diversity, micronutrient adequacy – Explanation: The amount of macro- and micronutrients required to meet physiological needs and support recovery from SAM. In therapeutic feeding, RUTF provides > 200 % of daily energy needs. Practical application: Monitoring daily intake ensures therapeutic goals are met. Challenge: Palatability issues may reduce consumption.

Baseline Assessment – Related terms: initial evaluation, clinical audit – Explanation: The comprehensive set of measurements taken at admission, including anthropometry, medical history, laboratory tests, and socio-economic context. Provides a reference point for monitoring progress. Example: Recording hemoglobin, MUAC, and oedema status. Challenge: Time-intensive and may compete with urgent care needs.

Beneficiary Identification – Related terms: targeting, vulnerability mapping – Explanation: The process of selecting individuals or households for SAM interventions based on criteria such as severity, location, and risk factors. Utilizes community registers and rapid assessment tools. Practical application: Cluster-based targeting reduces overlap. Challenge: Inaccurate data can lead to exclusion of high-risk children.

Biochemical Markers – Related terms: serum albumin, micronutrient assays – Explanation: Laboratory tests that provide objective evidence of nutritional status, such as low serum retinol indicating vitamin A deficiency. Used to complement anthropometric data. Example: Elevated C-reactive protein may signal infection influencing interpretation. Challenge: Laboratory infrastructure is often lacking in emergencies.

Body Mass Index (BMI) – Related terms: nutritional index, adult malnutrition – Explanation: Weight (kg) divided by height (m) squared; a measure of thinness or obesity. In adults, a BMI Borderline Micronutrient Deficiency – Related terms: sub-optimal status, preventive supplementation – Explanation: A nutritional state where micronutrient levels are low but not yet deficient enough to cause clinical disease. May impair immune function and response to therapy. Example: Serum ferritin just above the deficiency threshold. Challenge: Detecting and addressing borderline cases without over-supplementation.

Broad-Spectrum Antibiotics – Related terms: empiric therapy, infection control – Explanation: Medications such as ampicillin used routinely in SAM treatment to address potential bacterial infections, reducing mortality. Protocol recommends a 7-day course for all severe cases. Practical application: Administered on day 1 of stabilization. Challenge: Antibiotic resistance and ensuring adherence.

Burden of Disease – Related terms: DALYs, epidemiological surveillance – Explanation: The total impact of malnutrition on a population, measured in disability-adjusted life years or prevalence rates. Guides resource allocation for SAM programs. Example: High SAM prevalence in a refugee camp indicates urgent need for therapeutic feeding. Challenge: Data collection may be hampered by insecurity.

Cachexia – Related terms: muscle wasting, catabolism – Explanation: Severe weight loss involving both fat and lean tissue, often associated with chronic disease. Distinct from simple wasting because it involves metabolic alterations. Practical relevance: Differentiating cachexia from SAM can affect treatment plans. Challenge: Overlap in clinical presentation complicates diagnosis.

Calorie-Dense Food – Related terms: energy-rich, therapeutic food – Explanation: Foods providing high kilojoules per gram, essential for rapid weight gain in SAM. RUTF typically offers 5–6 kcal/g. Example: Peanut-based RUTF formulations. Challenge: Maintaining stability in hot climates without refrigeration.

Case Fatality Rate (CFR) – Related terms: mortality indicator, program performance – Explanation: The proportion of SAM patients who die during treatment, expressed as a percentage. WHO sets an acceptable CFR below 10 % for inpatient programs. Practical use: Monitoring CFR helps identify gaps in care. Challenge: Accurate recording of deaths in unstable settings.

Case Management – Related terms: clinical pathway, patient flow – Explanation: The coordinated delivery of all interventions required for a SAM patient, from admission to discharge. Includes medical treatment, nutrition therapy, and psychosocial support. Example: Integrated case management reduces default rates. Challenge: Multidisciplinary coordination can be hindered by staff turnover.

Case Definition – Related terms: diagnostic criteria, surveillance standards – Explanation: The specific set of signs, symptoms, and measurements that identify a SAM case for reporting and treatment. Standard definition includes MUAC Case Load – Related terms: patient volume, capacity planning – Explanation: The number of SAM patients managed by a facility or program at a given time. Influences staffing needs and supply requirements. Example: A clinic with a case load of 150 children may need two nurses per shift. Challenge: Sudden influxes during crises can overwhelm capacity.

Case Reporting – Related terms: data submission, monitoring and evaluation – Explanation: The systematic documentation of SAM cases, outcomes, and resource use for program monitoring and donor reporting. Utilizes standardized forms or digital platforms. Practical use: Timely reporting enables rapid supply chain adjustments. Challenge: Inconsistent reporting due to connectivity issues.

Case Study – Related terms: learning tool, scenario analysis – Explanation: A detailed narrative of a specific SAM patient's journey, used for training and reflection. Highlights decision points, successes, and pitfalls. Example: A case study of a child with SAM and concurrent TB illustrates integrated care. Challenge: Ensuring privacy while providing sufficient detail.

Case Surveillance – Related terms: active case finding, epidemic detection – Explanation: Ongoing systematic collection of data on SAM incidence and prevalence to detect trends and outbreaks. May involve community health workers conducting weekly MUAC screenings. Practical application: Early detection prompts rapid response. Challenge: Maintaining surveillance during displacement.

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Cause-Specific Mortality – Related terms: attributable death, risk factor analysis – Explanation: Deaths directly linked to SAM as opposed to unrelated causes. Helps quantify the impact of malnutrition on overall mortality. Example: In a refugee camp, 40 % of under-five deaths were attributed to SAM. Challenge: Accurate attribution requires thorough verbal autopsies.

Centile Curve – Related terms: growth chart, reference standards – Explanation: Graphical representation of percentile distribution of anthropometric measurements in a reference population. Used to plot individual MUAC or weight-for-height values. Practical use: Identifies children below the 5th percentile as at risk. Challenge: Requires up-to-date WHO standards.

Certified Nutritionist – Related terms: professional qualification, credentialing – Explanation: An individual who has completed accredited training and passed examinations in nutrition, enabling them to lead SAM programs. Example: In many NGOs, the lead nutritionist holds a Professional Certificate in Nutrition in Humanitarian Aid. Challenge: Retaining qualified staff in remote or insecure locations.

Child Survival Strategy – Related terms: integrated management, IMCI – Explanation: A comprehensive approach that combines treatment of SAM, malaria, pneumonia, and diarrhea to reduce under-five mortality. Practical application: Coordinated outreach campaigns deliver multiple interventions simultaneously. Challenge: Requires cross-sector collaboration and synchronized supply chains.

Chronic Malnutrition – Related terms: stunting, height-for-age – Explanation: Long-term insufficient nutrient intake leading to impaired linear growth. Distinct from acute wasting but often co-exists. Example: A child may be stunted (height-for-age Z-score Clinical Stabilization – Related terms: phase I, re-hydration – Explanation: The initial inpatient phase for SAM patients with medical complications, focusing on treating infections, correcting electrolyte imbalances, and managing shock. Practical steps: Administer antibiotics, give low-osmolarity re-hydration solution, and provide F-75 therapeutic milk. Challenge: Limited bed capacity can delay stabilization.

Clinical Guidelines – Related terms: standard operating procedures, protocols – Explanation: Evidence-based documents that outline recommended practices for SAM management. The WHO 2013 guidelines are the most widely adopted. Practical use: Guides training and quality assurance. Challenge: Local adaptation may introduce inconsistencies.

Clinical Outcome – Related terms: recovery rate, default – Explanation: The end result of treatment, categorized as recovered, died, defaulted, or non-respondent. Used to evaluate program effectiveness. Example: A recovery rate of 85 % meets WHO targets. Challenge: Tracking outcomes post-discharge is difficult in mobile populations.

Clinical Signs of Malnutrition – Related terms: skin changes, hair discoloration – Explanation: Observable physical indicators including hair thinning, dry skin, and loss of subcutaneous fat. While not diagnostic alone, they aid in early detection. Practical application: CHWs trained to recognize these signs during household visits. Challenge: Signs may be subtle in early SAM.

Co-Morbidity – Related terms: dual burden, concurrent infection – Explanation: The presence of additional diseases such as diarrhea, pneumonia, or HIV alongside SAM, which increase mortality risk. Example: A child with SAM and untreated TB requires integrated treatment. Challenge: Managing drug–nutrition interactions.

Community-Based Management of Acute Malnutrition (CMAM) – Related terms: outpatient care, mobile clinics – Explanation: A decentralized approach where uncomplicated SAM cases receive therapeutic food at home, while severe complications are referred to inpatient units. Practical application: Increases coverage and reduces hospitalization costs. Challenge: Maintaining supervision and supply chain in remote areas.

Compassionate Care – Related terms: patient-centered, psychosocial support – Explanation: An approach that respects dignity, provides emotional support, and acknowledges the trauma associated with famine or displacement. Example: Offering counseling to mothers alongside therapeutic feeding. Challenge: Requires trained staff and time, often scarce in emergencies.

Compliance Monitoring – Related terms: adherence, program fidelity – Explanation: The systematic observation of whether staff follow protocols and whether beneficiaries consume prescribed therapeutic foods. Practical tools: Spot checks, feeding logs, and caregiver interviews. Challenge: Over-reporting due to social desirability bias.

Comorbidity Screening – Related terms: diagnostic algorithm, integrated assessment – Explanation: The process of evaluating SAM patients for additional health problems such as HIV, TB, or congenital anomalies. Example: Rapid HIV test offered to all children under five. Challenge: Limited testing kits and stigma may impede screening.

Congenital Anomalies – Related terms: structural defects, genetic disorders – Explanation: Birth defects that may affect feeding ability, metabolism, or growth, complicating SAM treatment. Example: Cleft palate requiring specialized feeding devices. Challenge: Requires referral to specialized care, often unavailable in humanitarian settings.

Co-ordination Mechanism – Related terms: cluster system, inter-agency working group – Explanation: The

structured platform through which NGOs, UN agencies, and governments align their SAM response, share data, and avoid duplication. Practical use: Nutrition cluster meetings held weekly during emergencies. Challenge: Differing mandates and reporting timelines can cause friction.

Cost-Effectiveness – Related terms: economic evaluation, budget impact – Explanation: Assessment of the financial resources required to achieve a health outcome, such as cost per child recovered from SAM. Example: Outpatient RUTF treatment is often more cost-effective than inpatient care for uncomplicated cases. Challenge: Accurate costing requires detailed data on staff time, transport, and overhead.

Coverage – Related terms: population reach, service delivery – Explanation: The proportion of the target population that receives SAM services. Calculated as (number of children treated ÷ estimated number of SAM cases) × 100. Practical application: Coverage indicators guide resource allocation. Challenge: Estimating the denominator is difficult in fluid populations.

Critical Care Unit – Related terms: intensive care, stabilization ward – Explanation: Hospital area equipped for managing SAM children with severe complications such as shock, severe electrolyte imbalance, or respiratory failure. Example: Use of nasogastric feeding pumps for infants unable to drink. Challenge: Limited availability in low-resource settings.

Cross-Border Referral – Related terms: regional coordination, patient transfer – Explanation: The process of moving a SAM patient from one country's health system to another's when services are unavailable locally. Practical example: Refugee children referred to a neighboring country's therapeutic feeding center. Challenge: Legal, logistical, and documentation hurdles.

Cultural Acceptability – Related terms: food preferences, social norms – Explanation: The degree to which therapeutic foods and feeding practices align with local customs and beliefs. Example: Peanut-based RUTF may be rejected in regions with legume allergies. Challenge: Requires formative research and possible formulation adjustments.

Daily Energy Requirement (DER) – Related terms: caloric needs, nutrient density – Explanation: The amount of energy a SAM patient needs each day to achieve weight gain, typically 150–200 kcal/kg body weight. RUTF provides ~5 kcal/g, enabling high intake. Practical application: Calculating the number of sachets per child per day. Challenge: Over-estimation can lead to waste; under-estimation slows recovery.

Daily Monitoring – Related terms: progress chart, clinical check-up – Explanation: Routine assessment of anthropometry, appetite, and medical status each day during inpatient treatment. Example: Recording MUAC and weight on a daily log. Challenge: Staff shortages may limit thoroughness.

Dehydration Protocol – Related terms: rehydration solution, WHO Plan C – Explanation: Guidelines for safely re-hydrating SAM children, emphasizing low-osmolarity solutions and gradual correction to avoid fluid overload. Practical steps: Give 75 ml/kg over 4 hours for moderate dehydration. Challenge: Misuse of high-osmolarity ORS can precipitate heart failure.

Diagnostic Criteria – Related terms: case definition, clinical thresholds – Explanation: The specific measurements and signs used to identify SAM, such as MUAC Disposition Planning – Related terms:

discharge criteria, follow-up schedule – Explanation: The process of preparing a SAM patient for exit from the treatment program, including nutrition counseling, referral for growth monitoring, and community support. Example: A child is discharged after achieving MUAC ≥ 12.5 cm on two consecutive visits. Challenge: Ensuring continuity of care after discharge.

Distress Signal – Related terms: clinical red flag, emergency referral – Explanation: Observable signs indicating a SAM patient's condition is deteriorating, such as persistent vomiting, lethargy, or rapid breathing. Immediate referral to higher-level care is required. Practical use: CHWs are trained to recognize and act on distress signals. Challenge: Delayed transport can increase mortality.

Donor Funding – Related terms: grant allocation, financial sustainability – Explanation: External financial resources provided by governments, foundations, or private entities to support SAM programs. Example: A multi-year grant for RUTF procurement. Challenge: Funding cycles may not align with the acute nature of emergencies.

Dosage Calculation – Related terms: therapeutic feeding schedule, kg-based dosing – Explanation: Determining the amount of therapeutic food each child receives based on weight, usually 150–200 kcal/kg/day. Example: A 6 kg child receives 300 kcal (≈60 g) of RUTF per day. Challenge: Weight fluctuations require frequent recalculation.

Drug-Food Interaction – Related terms: pharmacokinetics, absorption interference – Explanation: The effect of therapeutic foods on the efficacy of medicines, such as reduced absorption of antibiotics when taken with high-fat RUTF. Practical mitigation: Stagger medication and feeding times. Challenge: Limited evidence base for many interactions.

Early Warning System – Related terms: surveillance alerts, risk mapping – Explanation: A set of indicators (e.g., rising MUAC-Ecological Validity – Related terms: real-world applicability, field relevance – Explanation: The extent to which research findings on SAM interventions can be generalized to actual humanitarian settings. Example: A trial showing high RUTF adherence in a controlled environment may not translate to conflict zones. Challenge: Designing studies that reflect field constraints.

Eligibility Criteria – Related terms: inclusion parameters, program scope – Explanation: The specific conditions that must be met for a child to receive SAM services, aligning with admission criteria. Example: Children aged 6 months to 5 years with MUAC Emergency Nutrition Cluster – Related terms: UN coordination, cluster approach – Explanation: The UN-led platform that coordinates nutrition response among agencies during crises, setting standards, and facilitating data sharing. Practical use: Cluster leads produce joint situation reports. Challenge: Coordination fatigue and overlapping mandates.

Enrolment Form – Related terms: client registration, data capture – Explanation: Document used to record baseline information of a SAM patient, including demographics, anthropometry, and consent. Example: A paper form later entered into a digital database. Challenge: Paper forms can be lost or damaged.

Enteral Feeding – Related terms: oral therapeutic feeding, nasogastric tube – Explanation: Delivery of nutrition directly into the gastrointestinal tract, preferred over parenteral routes for SAM. Forms include RUTF (oral) and F-75/F-100 (tube feeding). Practical application: Nasogastric feeding for infants unable to

drink. Challenge: Tube displacement and aspiration risk.

Epidemiological Surveillance – Related terms: incidence monitoring, prevalence surveys – Explanation: Systematic collection, analysis, and interpretation of data on SAM to guide public health actions. Example: Conducting a SMART survey every six months. Challenge: Security constraints can limit access to high-risk areas.

Ethical Considerations – Related terms: informed consent, confidentiality – Explanation: Principles guiding the respectful and responsible delivery of SAM services, ensuring that vulnerable populations are protected. Practical aspects: Obtaining caregiver consent before treatment. Challenge: Power dynamics and language barriers may compromise true consent.

Family-Centered Care – Related terms: caregiver involvement, home-based support – Explanation: An approach that actively engages parents or guardians in the therapeutic process, recognizing their role in feeding and monitoring. Example: Training mothers to measure MUAC at home. Challenge: Caregiver fatigue and competing survival priorities.

Feed-Back Loop – Related terms: quality improvement, monitoring cycle – Explanation: The process of using data on program performance (e.g., recovery rates) to inform adjustments in protocols or training. Practical use: Quarterly review meetings incorporate feedback. Challenge: Timely data collection and analysis are required.

Feeding Schedule – Related terms: meal timing, dose frequency – Explanation: The timing and frequency of therapeutic food administration, typically 2–3 times daily for outpatient SAM. Example: Providing 70 g of RUTF in the morning, noon, and evening. Challenge: Irregular household routines may disrupt schedules.

F-75 Therapeutic Milk – Related terms: stabilization phase, low-protein formula – Explanation: A starter therapeutic milk used during the first phase of inpatient treatment to provide gentle nutrition while the child stabilizes. Contains 75 kcal/100 ml. Practical application: Given 130 ml/kg/day. Challenge: Requires clean water and precise preparation.

F-100 Therapeutic Milk – Related terms: rehabilitation phase, high-energy formula – Explanation: A therapeutic milk used after stabilization to promote rapid weight gain, delivering 100 kcal/100 ml. Example: Administered at 150 ml/kg/day. Challenge: Risk of re-feeding syndrome if introduced too early.

Facility-Based Treatment – Related terms: inpatient care, hospital ward – Explanation: Management of SAM within a health facility, reserved for children with medical complications or failure to thrive despite outpatient care. Practical use: Allows close monitoring and rapid intervention. Challenge: High operational costs and limited bed capacity.

Food Insecurity – Related terms: access deficiency, nutritional vulnerability – Explanation: Lack of reliable access to sufficient, safe, and nutritious food, a primary driver of SAM. Example: Seasonal crop failure leading to increased SAM admissions. Challenge: Addressing underlying food insecurity requires multisectoral action beyond nutrition.

Food Fortification – Related terms: micronutrient enrichment, biofortification – Explanation: Adding essential vitamins and minerals to staple foods to prevent deficiencies that predispose to SAM. Example: Iron-fortified wheat flour. Practical application: Distributed through local markets. Challenge: Ensuring uniform distribution and acceptance.

Food Allocation – Related terms: ration planning, resource distribution – Explanation: The process of assigning quantities of therapeutic foods to treatment sites based on projected caseloads. Example: Allocating 10 kg of RUTF per 100 children per month. Challenge: Forecasting errors can lead to stockouts or waste.

Food Safety – Related terms: contamination control, quality assurance – Explanation: Measures to prevent microbial or chemical hazards in therapeutic foods, ensuring they remain safe for consumption. Practical steps: Storing RUTF in cool, dry conditions and using sealed packaging. Challenge: In hot, humid climates, maintaining product integrity is difficult.

Food Supply Chain – Related terms: logistics, distribution network – Explanation: The end-to-end system that moves therapeutic foods from manufacturers to field sites, encompassing procurement, transport, warehousing, and last-mile delivery. Example: International shipment of RUTF followed by airlift to remote clinics. Challenge: Border closures and security incidents can disrupt flow.

Food Taboo – Related terms: cultural restriction, dietary belief – Explanation: Traditional prohibitions that may affect acceptance of therapeutic foods, such as avoidance of peanuts in certain cultures. Practical response: Conduct community sensitization and, if necessary, adapt formulations. Challenge: Deeply rooted beliefs may be resistant to change.

Food Voucher Programme – Related terms: cash-based assistance, market-based support – Explanation: A mechanism that provides households with vouchers to purchase nutritious foods, supporting household food security and reducing dependence on commodity distribution. Example: Vouchers redeemable for fortified flour. Challenge: Market shortages can render vouchers ineffective.

Food-Based Intervention – Related terms: dietary diversification, nutrition education – Explanation: Strategies that improve nutrient intake through locally available foods, such as kitchen gardens or fortified porridge. Practical application: Promoting vitamin-A-rich carrots in complementary feeding. Challenge: Seasonal availability limits consistency.

Food-Security Assessment – Related terms: livelihood analysis, FCS (Food Consumption Score) – Explanation: Evaluation of household access to adequate food, often using tools like the Household Food Insecurity Access Scale. Example: High FCS scores correlate with lower SAM incidence. Challenge: Rapid assessments may lack depth.

Foster Care Integration – Related terms: orphan care, social protection – Explanation: Coordination between nutrition programs and child protection services to ensure SAM children in foster care receive therapeutic feeding. Practical steps: Shared case files and joint monitoring visits. Challenge: Different reporting systems can hinder communication.

Gender-Sensitive Programming – Related terms: women's empowerment, male caregiver involvement – Explanation: Designing SAM interventions that address gender dynamics, ensuring women's access to services and involving men in child feeding decisions. Example: Scheduling feeding sessions at times convenient for mothers. Challenge: Cultural norms may limit women's mobility.

Generalized Malnutrition – Related terms: population-wide undernutrition, stunting prevalence – Explanation: Widespread inadequate nutrition affecting a large proportion of a community, often reflected in high rates of stunting and underweight. Practical relevance: Indicates need for broader food security interventions beyond SAM treatment. Challenge: Limited resources may prioritize acute cases over chronic deficits.

Global Acute Malnutrition (GAM) – Related terms: SAM, moderate acute malnutrition (MAM) – Explanation: Combined prevalence of severe and moderate wasting in a population, expressed as a percentage. Thresholds: > 15 % indicates a critical emergency. Example: A GAM rate of 18 % triggers a humanitarian response. Challenge: Accurate measurement requires representative surveys.

Growth Monitoring – Related terms: child health card, weight tracking – Explanation: Routine measurement of a child's weight (and sometimes height) to assess nutritional status over time. Practical tool: Plotting weight on a growth chart at each visit. Challenge: Inconsistent attendance can create gaps in data.

Guideline Adaptation – Related terms: localization, protocol customization – Explanation: The process of modifying international SAM guidelines to fit local contexts, resources, and health system capacities while preserving core standards. Example: Adjusting dosage tables for locally available therapeutic foods. Challenge: Balancing flexibility with fidelity to evidence-based practices.

Health Information System (HIS) – Related terms: data management, electronic medical records – Explanation: Digital platforms that capture, store, and analyze patient-level data for SAM programs, facilitating reporting and decision-making. Practical use: Real-time dashboards showing admission trends. Challenge: Limited internet connectivity and staff training.

Health Promotion – Related