

Wasting and COVID 19 Programme Adaptations Information Note

Categories: Remote programming, mHealth

Challenge: Where standard screening processes or family/mothers' MUAC is not possible, can screening questions be asked over the phone to identify malnourished or at risk children?

Recommended adaptation:

Trial phone-based screening using recommended questions

Background

In situations where it is not possible to screen children for malnutrition and/or feeding difficulties, then phone-based screening could be considered. This type of screening has not yet been trialed by the sector, but there are a number of examples of where use of mobile phones/mhealth has supported decision-making in nutrition programming.

Mhealth programmes have shown success when used for disease surveillance, supporting CHWs in ICCM programmes as well as guiding health workers in the process to screen and treat SAM.

Process to compile this note

This note was produced through the Wasting and Risk workstream of the GTAM. Members of the workstream contributed to a discussion of relevant questions drawing on previous experience and existing guidance. The proposed questions are drawn/adapted from the following guidance (references in the resources section below):

1. Infant Feeding in Emergencies Module 2
2. Multi-Indicator Cluster Survey Questions
3. Integrated Management of Childhood Illness
4. Care of the Sick Child in the Community
5. FANTA Household Food Insecurity Access Scale (HFIAS) for Measurement of Food Access.

Types of mHealth programming

Mhealth can range from simple (e.g. SMS messaging) to more complex platforms using smart phones or tablets. Mhealth applications have and can be used by CHWs as a job-aid, and also as a tool to share information directly with households.

Recommended Adaptation

It would be feasible to use mhealth as a tool to screen households remotely for wasting, using a series of questions .

Questions for remote identification of at risk children

Nine screening questions are suggested.. It is recommended that where three of the screening criteria for risk are met, this should prompt advice to the caregiver to access a health/nutrition service.

The exception are questions 3, 4 and 5 which should prompt immediate advice to access urgent medical attention.

Screening questions:

1. How old are your children?
2. Are you worried about the health of your child/any of your children?
3. **Is your child unusually sleepy, not feeling well, vomiting everything, or had any loss of consciousness or seizures?**
4. **If your child is currently sick or has a fever, has it been going on for more than 7 days?**
5. **Do you think your child is too thin or is becoming thinner than before?**
6. Is your child still feeding or eating normally? If answer is no, has this been for 2 days or more?

[If child is under 2]:

7. Have you ever breastfed your child?
8. If no longer breastfeeding, when and why did you stop?
9. Does your family struggle to have enough food every day for all the household?
10. Has your child previously been identified as malnourished or admitted to a nutrition treatment programme?

Aid to interpret answers to identify risks:

1. How old are your children? Children under 2 years are more at risk. However irrespective of age of the child, if they are 0-59 months, please continue with the screening questions.
2. Are you worried about the health of your child/any of your children? If a mother or primary caregiver is concerned about her child, this is an important alert to a problem and helps to interpret the responses to the rest of the questions.
3. **Is your child unusually sleepy, not feeling well, vomiting everything, or had any loss of consciousness or seizures? These are IMCI danger signs that are an immediate alert for a caregiver to seek urgent medical attention.**
IF ANSWER IS YES -> ADVISE TO IMMEDIATELY GO TO A HEALTH FACILITY
4. **If your child is currently sick or has a fever, has it been going on for more than 7 days? A child who is or has been very recently sick is at greater risk. If the child is currently sick and the caregiver is worried about the child, advise that she access health services. If a child has been sick for more than 7 days then should be referred to a health facility.**
IF ANSWER IS YES -> ADVISE TO IMMEDIATELY GO TO A HEALTH FACILITY
5. **Do you think your child is too thin or is becoming thinner than before? A child who has recently lost weight or has faltered in growth is at increased risk**
IF ANSWER IS YES -> ADVISE TO IMMEDIATELY GO TO A HEALTH FACILITY
6. Is your child still feeding or eating normally? Poor appetite for food puts a child at increased risk of wasting and can indicate a child who is sick.

IF CHILD HAS NOT BEEN EATING NORMALLY FOR MORE THAN 2 DAYS -> ADVISE TO IMMEDIATELY GO TO A HEALTH FACILITY

[If child is under 2]:

7. Have you ever breastfed your child? A child not breastfeeding is at higher risk, especially if under 1 year of age. If not breastfed aged under six months of age, requires immediate further investigation as to how this infant is being fed.
8. If no longer breastfeeding, when and why did you stop? It is important to identify children who have stopped breastfeeding due to reduced appetite/ willingness or ability to breastfeed.

9. Does your family struggle to have enough food every day for all the household? If a family is struggling to have enough food, this will compromise food intake of the children.
10. Has your child previously been identified as malnourished or admitted to a nutrition treatment programme? A child who previously was wasted is at higher risk.

Considerations

Documentation and feedback

As this a new programming adaptation, it is requested that any use of this method is documented and feedback provided to the GTAM.

Type of mHealth intervention

The type of mhealth intervention selected should be based on an assessment of network coverage and the types of phones available to the target audience;
Partners should agree on a common approach and single platform;
Open source platforms should be used.

Referral

This type of screening should only be used in contexts where treatment services are available with clear instructions for the referral of cases;

Links with other communication channels

Combining the use of mhealth with other platforms, such as mass media messaging on danger signs for malnutrition could be considered.

Resources

1. [Infant Feeding in Emergencies \(IFE\) Module 2, Version 1.1 \(2007\)](#)
2. [Multiple Indicator Cluster Survey \(MICS\) | Statistics and Monitoring](#)
3. [IMCI chart booklet](#)
4. [Caring for the sick child](#)
5. [Household Food Insecurity Access Scale \(HFIAS\) for Measurement of Food Access: Indicator Guide VERSION 3 Jennifer Coates Anne Sw](#)

6. ACF has conducted a mapping of mhealth apps for nutrition. The report can be found here:
<https://knowledgeagainsthunger.org/key-documents/nutrition-information-systems-review/>
7. <https://bmcmidinformeddecision.biomedcentral.com/articles/10.1186/s12911-019-0803->
8. https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/2602/AGER1.pdf?sequence=1&utm_source=idswebsite&utm_medium=download&utm_campaign=opendocs
9. http://www.transformnutrition.org/wp-content/uploads/sites/3/2017/04/TN_WorkingPaper1_MobileApp_Online.pdf
10. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6594719/>