

# NACS Glossary

For the most recent version of the glossary, as well as updates to the NACS modules, visit <http://www.fantaproject.org/tools/nacs-users-guide-modules-nutrition-assessment-counseling-support>.

Term	Definition										
<b>Acute malnutrition</b>	Also known as wasting, a form of undernutrition characterized by a rapid deterioration in nutritional status over a short period of time. Severe acute malnutrition is a major risk factor for child mortality. There are two levels of severity of acute malnutrition: severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) (called moderate malnutrition in adults).										
<b>Adherence</b>	Taking a drug as prescribed in the correct dosage at the correct time for the correct duration.										
<b>Anthropometry</b>	Assessment of the size, proportions, and composition of the human body, reflecting both health and nutritional status and predicting performance, health, and survival.										
<b>Antiretroviral therapy (ART)</b>	Medications used in combination to reduce the replication of HIV and to treat HIV-infected people.										
<b>Appetite test</b>	Giving a client with severe acute malnutrition (SAM) a specified amount of ready-to-use therapeutic food to eat within a specified time. The appetite test is the most important criterion to decide whether to treat SAM on an inpatient or outpatient basis. A poor appetite means a significant infection or major metabolic abnormality, as well as the inability to consume sufficient amounts of food at home to prevent deterioration. A client who "passes" the appetite test can be treated for SAM at home, while a client who "fails" should be treated in a hospital.										
<b>Bilateral pitting edema</b>	<p>A clinical manifestation of acute malnutrition caused by an abnormal infiltration and excess accumulation of fluid in the connective tissue or a serous cavity. Also known as nutritional edema or edematous malnutrition, bilateral pitting edema is a sign of severe acute malnutrition regardless of anthropometric measurements. It is verified when thumb pressure applied on the tops of both feet for 3 seconds leaves an indentation after the thumb is lifted. Bilateral pitting edema is graded according to the following scale:</p> <table border="1"> <thead> <tr> <th>Grade</th> <th>Definition</th> </tr> </thead> <tbody> <tr> <td>Absent or 0</td> <td>No bilateral pitting edema</td> </tr> <tr> <td>Grade +</td> <td>Mild: Both feet/ankles</td> </tr> <tr> <td>Grade ++</td> <td>Moderate: Both feet, plus lower legs, hands, or lower arms</td> </tr> <tr> <td>Grade +++</td> <td>Severe: Generalized, including both feet, legs, arms, and face</td> </tr> </tbody> </table>	Grade	Definition	Absent or 0	No bilateral pitting edema	Grade +	Mild: Both feet/ankles	Grade ++	Moderate: Both feet, plus lower legs, hands, or lower arms	Grade +++	Severe: Generalized, including both feet, legs, arms, and face
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Term	Definition
<b>Body mass index (BMI)</b>	<p>The preferred indicator of body thinness used to classify malnutrition in adults over 18 years of age who are not pregnant or postpartum. BMI is not an accurate indicator of nutritional status in pregnant women or adults with edema, whose weight gain is not linked to their nutritional status. Mid-upper arm circumference is used for these groups. The formula for BMI is weight (in kg) divided by height (in meters) squared:</p> $\text{BMI} = \frac{\text{weight}}{(\text{height})^2}$
<b>BMI-for-age</b>	<p>The preferred indicator of body thinness used to classify malnutrition in children and adolescents 5–19 years of age. BMI can be used as an indicator of nutritional status for adults who have completed their physical development, but for older children and adolescents who are still growing and developing, age and sex must be considered when using BMI.</p>
<b>Cash transfer</b>	<p>A form of humanitarian assistance that involves providing cash in some form, either conditionally or unconditionally. Conditional cash transfers are payment to poor households that meet certain behavioral requirements, generally related to children’s health care and education.</p>
<b>Chronic malnutrition</b>	<p>The result of inadequate nutrition and/or repeated infections over a long period of time, reflected in stunting or underweight.</p>
<b>Community-based management of acute malnutrition (CMAM)</b>	<p>Management of acute malnutrition in children 6–59 months of age through a decentralized, community-based approach that includes:</p> <ol style="list-style-type: none"> <li>1. Inpatient care for children with severe acute malnutrition (SAM) with poor appetite and medical complications and infants under 6 months of age with visible signs of SAM.</li> <li>2. Outpatient care for children 6–59 months of age with SAM, appetite, and no medical complications.</li> <li>3. Community outreach for community mobilization, early case-finding, and referral for treatment to increase coverage and decrease the risk of children developing medical complications.</li> </ol>
<b>Complementary feeding</b>	<p>The use of age-appropriate, adequate, and safe solid or semi-solid food in addition to breast milk or a breast milk substitute. The process starts when breast milk alone or infant formula alone is no longer sufficient to meet the nutritional requirements of an infant and other foods and liquids along with breast milk or a breast milk substitute are needed, generally between the ages of 6 and 23 months.</p>
<b>Cutoff point</b>	<p>Specific value used to classify individual nutritional status.</p>
<b>Early initiation of breastfeeding</b>	<p>Breastfeeding within 1 hour after birth.</p>
<b>Energy</b>	<p>A measure of total food intake, usually measured in calories or kilocalories. Energy is needed for essential body functions, growth, and physical activities.</p>
<b>Environmental enteropathy</b>	<p>A subclinical condition of the small intestine caused by constant fecal-oral contamination and resulting in blunted intestinal villi and intestinal inflammation and consequent decreased nutrient absorption and infiltration of microbes.</p>

<b>Term</b>	<b>Definition</b>
<b>Exclusive breastfeeding</b>	Feeding an infant only breast milk and no other liquids or solids, not even water, with the exception of oral rehydration salts (ORS) or drops or syrups consisting of vitamins, mineral supplements, or medicines. Exclusive breastfeeding is recommended for the first 6 months of an infant's life.
<b>F-75</b>	Formula 75 (75 kcal/100 ml), a powder containing fat, sugar, micronutrients, and other nutrients that is reconstituted with water to make a "starter" milk used under medical supervision during Phase 1 (stabilization) of severe acute malnutrition (SAM) in inpatient care. F-75 is not intended to make children put on weight but to help them recover normal metabolic function and nutrition-electrolytic balance.
<b>F-100</b>	Formula 100 (100 kcal/100 ml), a high-energy, high-protein, milk-based powder that is reconstituted with water to make a "catch-up" diet used under medical supervision during the transition phase and Phase 2 (rehabilitation) of inpatient treatment of severe acute malnutrition (SAM) after stabilization in inpatient care. F-100 has the same nutritional value as Plumpy'Nut. Diluted F-100 is used for the stabilization and rehabilitation of infants under 6 months of age in inpatient care.
<b>Food fortification</b>	The addition of micronutrients to food during or after processing to provide a population with an increased level of intake.
<b>Food by prescription</b>	Prescription of specialized food products to treat malnutrition, a program approach originally developed for people with HIV; the predecessor of the concept of NACS.
<b>Food security</b>	Physical and economic access by all people at all times to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active and healthy life. Food security has four aspects: food availability, food access, utilization, and stability.
<b>Food supplement</b>	A preparation intended to supplement the diet and provide nutrients that may be missing or not eaten in sufficient quantities in a person's diet; different from "supplementary food," which is used to treat moderate malnutrition.
<b>Fortified-blended food (FBF)</b>	A precooked blend of micronutrient-fortified, partially precooked and milled cereals, soya beans, oil seeds, and/or pulses used to treat moderate malnutrition. Some formulations contain vegetable oil, dried skim milk, and sugar. Corn-soy blend (CSB) is an example of an FBF.
<b>Global acute malnutrition (GAM)</b>	The total number of children 6–59 months in a population who have moderate acute malnutrition (MAM) plus the total number who have severe acute malnutrition (SAM) (GAM = MAM + SAM). WHO defines GAM ≥ 15% of the population as critical.
<b>Growth faltering</b>	Failure to gain weight or loss of weight; weight gain less than a specified value over a given period.
<b>Growth monitoring and promotion (GMP)</b>	A prevention activity that uses growth monitoring (measuring and interpreting growth) to facilitate communication and interaction with caregivers and generate adequate action to promote child growth through increased caregiver's awareness about child growth, improved caring practices, and increased demand for other needed services.
<b>Health education</b>	Providing accurate and appropriate (according to age, sex, and culture) information on health to help people make informed choices to improve health, sometimes distinguished from counseling as targeting groups rather than individuals.
<b>Height-for-age z-score (HAZ)</b>	The number of standard deviations of the height of a child from the median height of children of the same age and sex in the WHO growth standards. HAZ is a measure of stunting or chronic malnutrition.

<b>Term</b>	<b>Definition</b>
<b>Home-based care (HBC)</b>	Care for the chronically ill by providing support at home.
<b>Incidence</b>	The number of newly diagnosed cases of disease during a specific time period divided by the total number of people in the population.
<b>Inpatient care</b>	Care that requires admission to a health facility. People with severe acute malnutrition (SAM) with medical complications are treated in inpatient care before continuing treatment in outpatient care.
<b>Integrated management of acute malnutrition (IMAM)</b>	A phrase used in some countries instead of community-based management of acute malnutrition (CMAM) to refer to management of severe acute malnutrition and moderate acute malnutrition in children.
<b>Kilocalorie (kcal)</b>	1,000 calories, the amount of heat required to raise the temperature of 1 kg of water by 1° Celsius (1.8° Fahrenheit), used to measure the calorific, heating, or metabolizing value of foods.
<b>Kwashiorkor</b>	A clinical form of severe acute malnutrition (SAM) characterized by bilateral pitting edema accompanied by reduced fat and muscle tissue, skin lesions, frequent skin infections, apathy, lethargy, and sometimes changes in hair color (grayish or reddish).
<b>Lipid-based nutrient supplements (LNS)</b>	A range of fortified products designed to deliver nutrients to vulnerable people. Most of the energy provided by these products is from lipids (fats). All LNS provide a range of vitamins and minerals, but, unlike most other multiple micronutrient supplements, they also provide energy, protein, and essential fatty acids. LNS formulations and doses can be tailored to meet the nutrient needs of specific groups (e.g., children under 2) and program contexts (e.g., preventive or therapeutic programs, emergency programs). LNS include ready-to-use therapeutic food, as well as highly concentrated supplements to be used for point-of-use fortification.
<b>Loss to follow-up</b>	The number or percentage of clients who do not keep follow-up appointments.
<b>Low birth weight</b>	Birth weight less than 2,500 g.
<b>Macronutrients</b>	Nutrients needed in large quantities to provide bulk energy for a wide range of body functions and processes. The three macronutrients are fat, protein, and carbohydrates.
<b>Malnutrition</b>	The result of an imbalance between dietary intake and nutritional needs. Malnutrition includes both undernutrition and overnutrition.
<b>Marasmic kwashiorkor</b>	A clinical manifestation of severe acute malnutrition characterized by a combination of wasting and bilateral pitting edema.
<b>Marasmus</b>	A clinical form of acute malnutrition caused by inadequate energy intake and characterized by severe weight loss, or wasting of fat and muscle, which the body breaks down for energy. Signs of marasmus are dry, loose skin on the upper arm; loss of fat on the buttocks and thighs; irritability; and hair without pigment. Marasmus is associated with growth failure, usually in very young children.
<b>Micronutrient deficiency</b>	The result of inadequate vitamin and mineral intake, absorption, or utilization.
<b>Micronutrients</b>	Essential vitamins and minerals required in tiny amounts that enable the body to produce enzymes, hormones, and other substances essential for proper growth and development.

<b>Term</b>	<b>Definition</b>
<b>Mid-upper arm circumference (MUAC)</b>	The circumference of the mid-upper arm measured on a straight left arm (in right-handed people) midway between the tip of the shoulder (acromion) and the tip of the elbow (olecranon). In children 6–59 months of age, MUAC is a better indicator of mortality risk associated with acute malnutrition than weight-for-height z-score.
<b>Moderate acute malnutrition (MAM)</b>	Moderate wasting, defined in children 6–59 months of age by MUAC $\geq$ 115 mm and $<$ 125 mm or weight-for-height z-score between $-2$ and $-3$ .
<b>Moderate malnutrition</b>	Moderate wasting, defined in non-pregnant/postpartum adults by BMI $\geq$ 16.0 to $<$ 17.0 and in pregnant/postpartum women by a range (in different countries) from MUAC $\geq$ 185 mm to $<$ 220 mm to MUAC $\geq$ 190 mm to $<$ 230 mm.
<b>Multiple micronutrient powder</b>	Powder containing a range of vitamins and minerals (iron, vitamin A, folic acid, zinc, and sometimes vitamin C) developed for children, adolescents, and pregnant and lactating women, typically in small, one-serving packets to be added to food just before it is eaten.
<b>Non-communicable diseases (NCDs)</b>	Also known as chronic diseases, diseases that are not passed from person to person and are of long duration and generally slow progression. The four main types of NCDs are cardiovascular diseases, cancers, chronic respiratory diseases, and metabolic disorders such as diabetes.
<b>Nutrient</b>	A chemical substance or component of food released during digestion to provide energy to maintain, repair, or build body tissues. Nutrients are divided into <b>macronutrients</b> (carbohydrates, protein, and fat), which are needed in large amounts, and <b>micronutrients</b> (vitamins and minerals), which are needed only in small amounts.
<b>Nutrition</b>	The process of taking in and using food for the maintenance of life, growth, and the functioning of organs and tissues. The science of food and the nutrients and other substances they contain and of their actions in the body.
<b>Nutrition counseling</b>	A supportive process characterized by a collaborative counselor-client relationship that integrates information from nutrition assessment and diagnostic processes to establish food, nutrition, and physical activity priorities, goals, and action plans and empowers clients to take responsibility for self-care to treat an existing condition and promote health.
<b>Nutrition screening</b>	Identification of people who may be malnourished and benefit from further nutrition assessment. Nutrition screening can be done in a health facility or in a community setting. Common methods of nutrition screening are measuring mid-upper arm circumference and checking for the presence of bilateral pitting edema.
<b>Nutrition surveillance</b>	Regular collection of nutrition information that is used to make decisions about actions or policies that will affect nutrition.
<b>Obesity</b>	Excessive accumulation of body fat, defined by weight-for-height z-score or body mass index (BMI)-for-age z-score $>$ $+3$ in children and adolescents or BMI $\geq$ 30 in adults.
<b>Outpatient management</b>	Care at home, with intermittent health facility visits and/or community outreach. People with severe acute malnutrition (SAM) with appetite and no medical complications are treated in outpatient care. In CMAM, outpatient management of SAM in children under 5 years is called an outpatient therapeutic program (OTP).
<b>Overnutrition</b>	A result of excess intake of nutrients, including overweight and obesity.

<b>Term</b>	<b>Definition</b>
<b>Overweight</b>	Excessive accumulation of body fat but not so great as to be classified as obesity, defined by weight-for-height z-score > +2 and < +3 in children or body mass index $\geq 25.0$ and < 30.0 in adults.
<b>Prevalence</b>	The proportion of a population with a specific condition at a specified time divided by the total number of people studied or people in the population.
<b>Provider-initiated HIV counseling and testing (PICT)</b>	HIV testing routinely recommended by health care providers to patients attending health facilities and performed once pretest information is provided, unless patients decline. The objective is to integrate HIV testing into routine medical care, thereby facilitating early diagnosis. Client-initiated voluntary counseling and testing (VCT) has been limited by low coverage of services, stigma, and lack of awareness of risk. PICT was developed to increase coverage of HIV testing and counseling and, ultimately, to provide universal access to HIV prevention, treatment, care, and support.
<b>Ration</b>	A variety of basic food items (cereals, oil, and pulses) and possibly meat or fish, vegetables and fruit, fortified cereal blends, sugar, and condiments given to people in need to enhance nutritional adequacy and palatability.
<b>Ready-to-use supplementary food (RUSF)</b>	Specialized, ready-to-eat, portable, shelf-stable product in paste, spread, or biscuit form that includes essential protein, energy, fatty acids, and micronutrients and is used for treatment of moderate acute malnutrition (MAM) in children 6–59 months of age and moderate malnutrition in older children, adolescents, and adults.
<b>Ready-to-use therapeutic food (RUTF)</b>	An energy-dense, vitamin- and mineral-enriched food specifically designed to treat severe acute malnutrition in children 6–59 months and moderate malnutrition in older children, adolescents, and adults. RUTF has a nutrient composition similar to that of F-100. It can be consumed easily by children from the age of 6 months without the addition of water or preparation before consumption. Because RUTF is not water-based, bacteria cannot grow in it and it can be used safely at home without refrigeration and in areas with sub-optimal hygiene conditions. Plumpy'Nut is a commonly known lipid-based RUTF. BP-100 is a commonly known non-lipid-based RUTF.
<b>Recommended dietary allowance (RDA)</b>	The average daily dietary intake level that is sufficient to meet the nutrient requirements of approximately 98% of healthy individuals.
<b>Rehabilitation phase</b>	Phase 3 of treatment of severe acute malnutrition (SAM) with medical complications or initial treatment of SAM without medical complications, once appetite has returned. During the rehabilitation phase, regular feeds of high-nutrient and energy-dense foods are given to promote rapid weight gain and help regain strength.
<b>Replacement feeding</b>	Feeding an infant who is not breastfed with a diet that provides all the nutrients the infant needs until full feeding on family foods is possible. Replacement feeding includes replacing breast milk with a suitable breast milk substitute in the first 6 months of life and ensuring adequate complementary food and replacement of breast milk from 6 months to 2 years.
<b>ReSoMal</b>	<b>Re</b> hydration <b>S</b> olution for <b>Mal</b> nutrition, a mixture of salts and minerals designed to correct deficiencies of potassium, magnesium, zinc, and copper and address high levels of sodium in children treated as inpatients for severe acute malnutrition (SAM). ReSoMal is lower in sodium and higher in potassium, sugar, magnesium, zinc, and copper than standard oral rehydration solution (ORS).

<b>Term</b>	<b>Definition</b>
<b>Scale up</b>	Deliberate effort to increase the impact of service innovations successfully tested in pilot or experimental projects to benefit more people and foster lasting policy and program development.
<b>Severe acute malnutrition (SAM)</b>	A result of recent (short-term) protein, energy, and micronutrient deficiency leading to loss of body fat and muscle tissue. Defined by the presence of bilateral pitting edema on its own or severe wasting: weight-for-height z-score < -3 or mid-upper arm circumference (MUAC) < 115 mm (6–59 months), < 135 mm (5–9 years), and < 160 mm (10–14 years) in children; body mass index (BMI) < 16 or MUAC < 185 mm (< 190 mm in pregnant/postpartum women) in adults.
<b>Severe wasting</b>	See <b>Marasmus</b> .
<b>Social and behavior change communication (SBCC)</b>	The systematic application of interactive, theory-based, and research-driven communication processes and strategies to address tipping points for change at individual, community, and social levels.
<b>Stabilization phase</b>	Also known as Phase 1 of the WHO treatment protocol for severe acute malnutrition (SAM), the initial phase of inpatient treatment of SAM with complications. Stabilization is intended to stabilize and readjust metabolism through use of F-75 therapeutic milk and medical treatment and allows close monitoring and urgent therapy if complications develop.
<b>Standard deviation (SD)</b>	A measure of the variation around the mean value of a distribution, equal to the square root of the sum of the squares of deviations from the mean.
<b>Stunting</b>	Inadequate length or height for age resulting from chronic undernutrition and defined by height-for-age z-score (HAZ) < -2.
<b>Supplementary food</b>	A specially formulated food in ready-to-eat or milled form that is modified in its energy density, protein, fat, or micronutrient composition to meet the nutritional requirements of specific populations. Supplementary foods have been used to rehabilitate moderately malnourished people or prevent deterioration of nutritional status in people at risk. Examples of supplementary foods are fortified-blended foods and lipid-based nutrient supplements.
<b>Training of trainers (TOT)</b>	A training method in which an experienced trainer passes on technical knowledge and educational skills to others so that they can impart the same knowledge and skills.
<b>Transition phase</b>	Phase 2 of inpatient treatment of complicated severe acute malnutrition (SAM), in which F-100 or other ready-to-use therapeutic food is introduced in carefully restricted amounts for several days to help the client adapt progressively to the larger amounts of food and nutrients that will be offered in Phase 3 (rehabilitation, outpatient or inpatient).
<b>Undernourishment</b>	The condition of people whose food consumption is continuously below a minimum dietary energy requirement for maintaining an acceptable minimum body size, a healthy life, and light physical activity; a population-level measure of food deprivation based on the 3-year average amount of food available per capita for human consumption, the level of inequality in access to that food, and the minimum dietary energy required for an average person.
<b>Undernutrition</b>	The result of insufficient intake or absorption of energy, protein, or micronutrients that leads to nutritional deficiency.

Term	Definition
<b>Underweight</b>	Inadequate weight relative to age, reflecting both chronic and acute malnutrition and defined by weight-for-age z-score (WAZ) < -2.
<b>Wasting</b>	Inadequate weight for length or height, reflecting acute malnutrition, defined by weight-for-height z-score (WHZ) < -2 in children (WHO child growth standards) or mid-upper arm circumference < 125 mm in children and BMI < 18.5 in adults.
<b>Weight-for-age</b>	A measurement of body mass relative to chronological age. Low weight-for-age in children reflects underweight. Weight-for-age z-score (WAZ) is a nutritional index that shows how a child's weight compares to the weight of a child of the same age and sex in the WHO growth standards.
<b>Weight-for-height</b>	A measurement of body weight relative to height. Low weight-for-height in children reflects wasting. High weight-for-height is described as "overweight." Weight-for-height z-score (WHZ) is a nutritional index that shows how a child's weight compares to the weight of a child of the same length/height and sex in the WHO growth standards.
<b>Z-score</b>	A statistical measure in units of standard deviations (SD) of a value from the mean, describing how far and in what direction an individual's anthropometric measurement deviates from the median in the 2006 WHO Child Growth Standards for his or her sex. An individual's z-score can be used to classify how malnourished he or she is. A mean z-score can also be calculated to determine the nutritional status of a population group.



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