

Lessons learnt from Nutrition System Strengthening through advocacy for Family MUAC scale-up

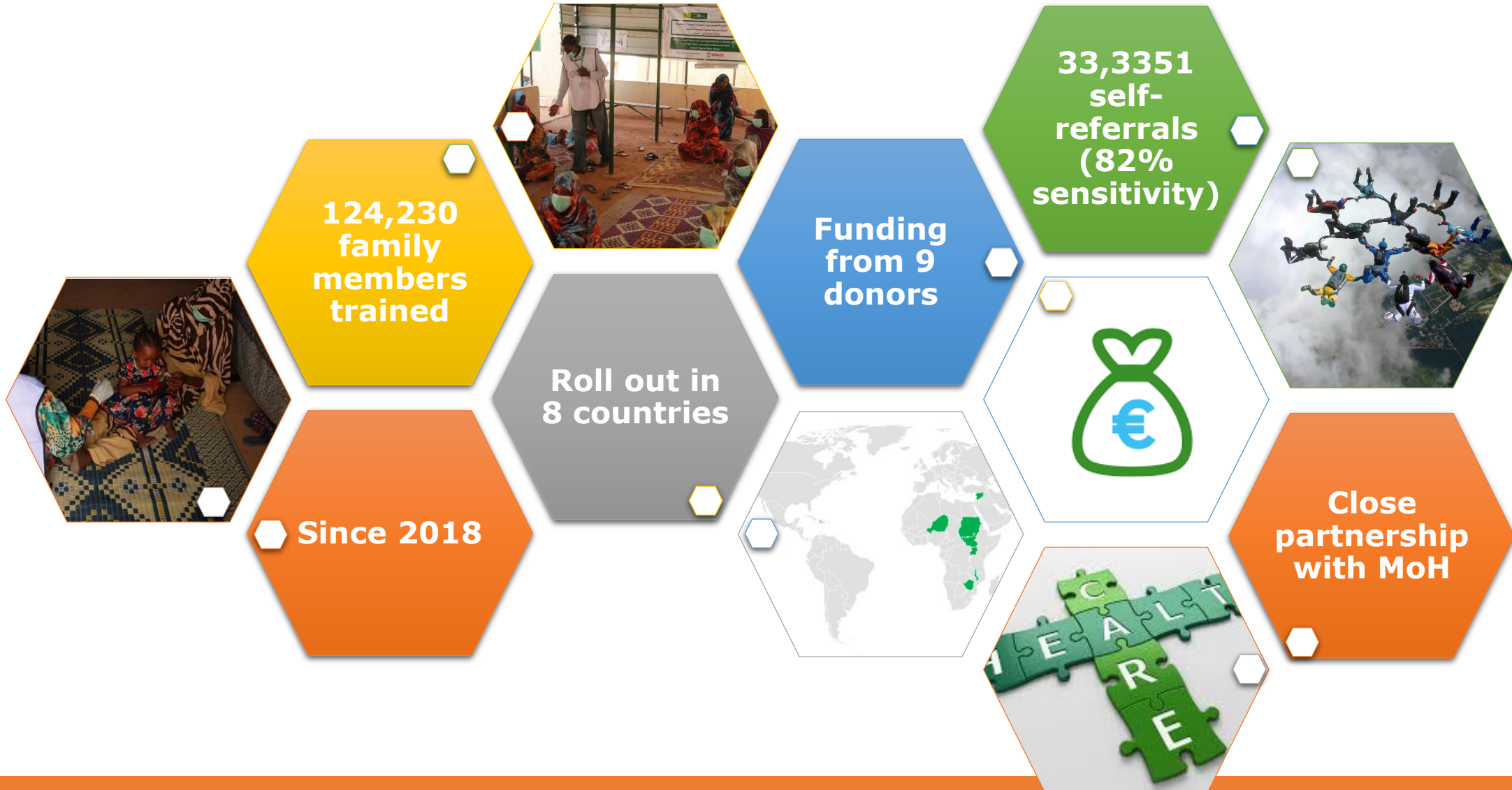
Marlene Hebie, GOAL



GOAL

SIMPLIFIED APPROACHES

GOAL Family overview



POLL QUESTION

What are the indicators you usually collect in your Family MUAC program?

GOAL Family MUAC toolkit

Training toolkit: facilitator guide and presentation 2018

MEAL toolkit 2018



TRAINING GUIDE ON THE FAMILY MUAC APPROACH

Topic:	Family MUAC screening
Facilitator:	GOAL (with MOH ideally)
Target of this ToT (trainer):	Community health promoters/workers (i.e. Community Nutrition Volunteers for example in Sudan)
Objective:	Train trainers on how to teach mothers/caregivers how to screen their own children and detect the early signs of malnutrition
Set of training material for each trainer:	Visuals, oedema mock-up, key messages, tally sheet or registry book to count participants, MUAC tapes to distribute to mothers/caregivers, M&E tools
Length of the training:	30 to 60 minutes (including some extra time to do individual follow-up and post-training assessment)

1) Family MUAC training activities for community health workers

Activity # 1: Introduction of the FAMILY MUAC approach

Method: Group discussion/Presentation

Time: 5 minutes

Material: Visuals, MUAC tapes, string

Participants/target group: 20-25 mothers and/or caregivers of children 6-59 months

Instructions:

Welcome mothers/caregivers and register them using the tally sheet or registry book
Initiate discussion by covering topics below:

- Ask group what could be the causes of malnutrition in their community
- Mothers do not practice exclusively breastfeeding
- Mother start giving food to children aged less than 6 months when they should be exclusively breastfeeding these children (early introduction of foods)
- Poor hygiene practices (mothers do not wash their hands with soap or ash before cooking, feeding their children, do not wash properly raw food before cooking them, do not wash their hand with soap or ash after using the latrines, do not maintained clean their compound, etc.)
- Lack of community knowledge on good nutrition practices (exclusive breastfeeding for children up to 6 months; adequate dietary diversification for children 6-23 months; adequate meal frequency for children 6-23 months, etc.)

Nutrition Guidance Note

4. Use of FAMILY MUAC in the context of COVID-19 22nd April - Version 1.0

The Family MUAC approach is one of UNICEF and the Global Technical Advisory Mechanisms priority actions to support preparation and response to acute malnutrition in the context of COVID-19. See the March 23rd guidance brief for the [Management of Child Wasting in the context of COVID-19](#). Priority Action 4. Intensity efforts to strengthen the capacity of mothers and caregivers to detect and monitor their children's nutritional status using low-literacy/numeracy tools including Mid-Upper Arm Circumference (MUAC) tapes. However, some countries have raised concerns around its feasibility, given the current context and the restrictions applied. GOAL believes it can be undertaken with relative ease and safety, whilst maintaining social distancing and wider IPC measures. There are various permutations:

Option 1) As per other (flexible) distribution mechanisms, small groups can be trained with 1 x individuals/HH (ideally with 1 x child present). Max 10 HH members. Use a social space close to HH's gathered.

Step 1: CHW/Volunteer to set-up the area where the training will be conducted, respecting social distancing.

1.a. Set-up a hand-washing station with water and soap

1.b. Mark 6 square using a stick or ash on the ground for each participant to sit in - min 2 meters apart

1.c. Place a clean MUAC tape in each square (use soap/water)

Step 2: Set up safe queuing by placing a stone with a minimum of 2 meters between each. When participants arrive, ask each person (carer-child pair) to stand next to a stone.

Step 3: Welcome each participant one-by-one by respecting social distancing. Record attendance (name, village, phone number). Go through the symptoms checklist individually to ascertain none are displaying symptoms. If none, move ahead and ask them to 1) wash their hands thoroughly with soap and 2) to go to a square. If someone is displaying symptoms, they should be asked to remain next to their stone. Their information should be recorded, plus a mobile contact for community follow-up. Explain why they cannot attend the training, issue them with a MUAC tape with simple instructions on use, provide key IPC messages and ask them to return home to self-isolate (as per guidance).

Step 4: Share key messages on COVID-19 to the group, explain why some have returned home, with an emphasis on community support/case management to prevent stigma. Answer questions and address misinformation.

Step 5: Move ahead and demonstrate the use of MUAC for children 6-59m and RWI if relevant; plus detection of oedema in children and explain referral mechanism. If participants have attended with a child, practice use of MUAC. Answer questions.

Step 6: Ask each participant to leave one by one, after washing their hand.

This can be implemented through the Community Led Action (CLA) neighbourhood units, or through separate sessions.

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FAMILY MUAC TOOLS



FAMILY MUAC TOOLKIT OVERVIEW



FAMILY MUAC TOOLKIT ZIP FILE



CASE STUDY: FAMILY MUAC IN 3 COUNTRIES

[Link to GOAL family MUAC toolkit](#)

-  1 - Family MUAC M&E Toolkit Overview.docx
-  Annex 0 - Targeting & Planning
-  Annex 1 Comm' Training Monitoring Tools
-  Annex 2 H-Facility Monitoring Tools
-  Annex 3 Family MUAC DB
-  Annex 4 Extra data & Cost analysis

Overview of the MEAL toolkit

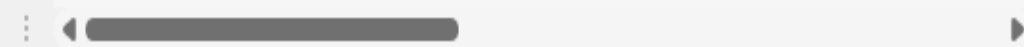


Live document

Country: Your country programme

Country	Region	Sub-region	Additional information on project location	Name of donor having funded the project	Date started (month/year)	Date finished (month/year)	Total # of caregivers planned to be trained on the Family MUAC approach	Total # of caregivers trained on the Family MUAC approach (Annex 3)	Total # of HHs screened by CHWs during same period of roll out of Family MUAC project (Annex 3)	Total # of MUAC tapes distributed (Annex 3)	% of trained mothers measuring correct MUAC when verified at initial training (Annex 3)	Total # of caregivers who completed refresher training (Annex 3)	% of trained mothers measuring correct MUAC when verified at refresher training (Annex 3)	Total # of children U5 presenting at OTP/IT SFP as nutrition self-refer (Annex 4.1)	Total % of accurate nutrition self-referals verified by health work (Annex 4.1)	Average Cure rate 1 year prior Family MUAC project (Annex 4.1)	Average Death rate 1 year prior Family MUAC project (Annex 4.1)	Average default er rate 1 year prior Family MUAC project (Annex 4.1)	Average Non-Response rate 1 year prior Family MUAC project (Annex 4.1)	Average Cure rate during gear of roll out of Family MUAC project (Annex 4.1)	Average Death rate during gear of roll out of Family MUAC project (Annex 4.1)	Average default er rate during gear of roll out of Family MUAC project (Annex 4.1)	Average Rese du gea rol of Fa MU (Ar	
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SUMM Database of all Indicators



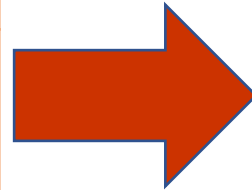
Overview of the MEAL toolkit

Minimum indicators (non-negotiable)

Annex 1: Community Monitoring and Evaluation

Annex 2: Health Facility Monitoring and Evaluation

Annex 3: Family MUAC Approach Database



DATABASE

Outcome indicators:

1. % of accurate family MUAC measurements post-training compared to referenced community health workers (sensitivity)
2. % of accurate self-referrals presenting at health facility (sensitivity)

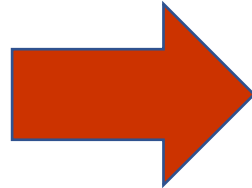
Output indicators:

1. # of MUAC tapes distributed
2. # of families trained to MUAC screen their children and identify nutritional oedema in CMAM catchment areas
3. # of self-referrals to Health Facilities by families bringing their children after screening at home

Overview of the MEAL toolkit

Extra indicators (optional)

Annex 4: Extra data and costing tools



DATABASE

Outcome indicators:

1. Admission rate into the CMAM program before and after MbyF program
2. CMAM performance pre/post family screening
3. Geographical coverage of the MbyF program
4. Cost/beneficiary of the MbyF program

Output indicators:

1. # of admissions into CMAM (pre/post intervention)
2. # of mothers trained on the MbyF approach vs CHWs
3. Cost of the MbyF program

Overview of the MEAL toolkit dashboard



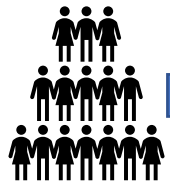
2018 Family MUAC multi-country pilot dashboard

Cost: 27% cheaper than traditional CHW screening

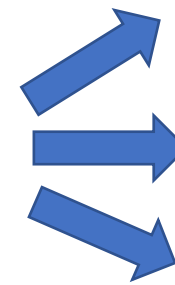
Family MUAC
€0.69/ person



CHW screening
€0.95/ person



86% sensitivity



Malawi: TSFP ↑ 69%
OTP ↑ 25%

S. Sudan: TSFP ↑ 35%

Ethiopia: OTP ↑ 3.5%

- **6513** family members trained
- **315** training sessions
- **224** self-referrals

Overview of the MEAL toolkit

Learning on the use of the Family MUAC MEAL toolkit across 6 GOAL country programs

- During initial and refresher trainings the tools were used without any challenges.
- The health workers were able to track the self-referrals using the MbyF toolkit both on a weekly and monthly basis.
- The toolkit should have gender segregation (male and female)
- Recommended by co. teams to collect CMAM data monthly rather than annually.

POLL QUESTION

Please share the names of any countries where you are aware of national guidance around the Family MUAC approach.