

CMAM 2021

22-25 March

VIRTUAL CONFERENCE

Family MUAC in the context of COVID-19

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Action Against Hunger USA

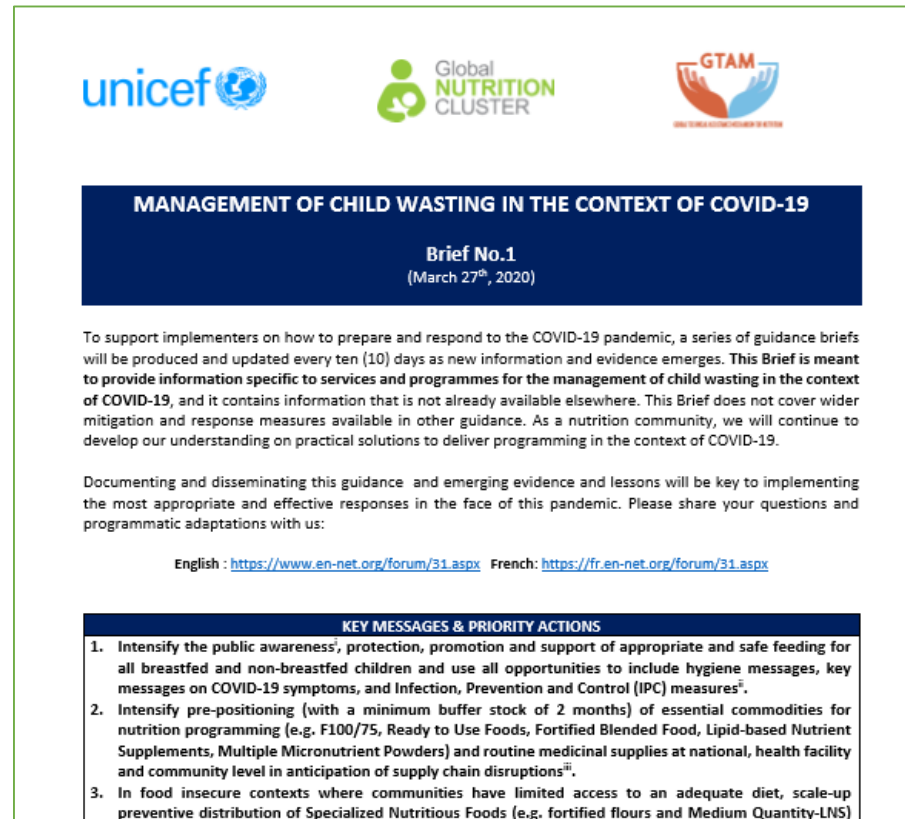
CONCERN
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 **Irish Aid**
An Roinn Gnóthaí Eachtracha agus Trádála
Department of Foreign Affairs and Trade

Research: COVID-19 adaptations in the management of child wasting

Aim: Continue life-saving services, while reducing risk of transmission

March 2020



The cover of the brief features the logos of UNICEF, the Global Nutrition Cluster, and GTAM (Global Technical Advisory Mechanism). The title is 'MANAGEMENT OF CHILD WASTING IN THE CONTEXT OF COVID-19' and it is identified as 'Brief No.1' dated 'March 27th, 2020'. The text describes a series of guidance briefs to support implementers in responding to the COVID-19 pandemic, focusing on child wasting management. It also includes contact information for English and French versions and a section for key messages and priority actions.

MANAGEMENT OF CHILD WASTING IN THE CONTEXT OF COVID-19

Brief No.1
(March 27th, 2020)

To support implementers on how to prepare and respond to the COVID-19 pandemic, a series of guidance briefs will be produced and updated every ten (10) days as new information and evidence emerges. This Brief is meant to provide information specific to services and programmes for the management of child wasting in the context of COVID-19, and it contains information that is not already available elsewhere. This Brief does not cover wider mitigation and response measures available in other guidance. As a nutrition community, we will continue to develop our understanding on practical solutions to deliver programming in the context of COVID-19.

Documenting and disseminating this guidance and emerging evidence and lessons will be key to implementing the most appropriate and effective responses in the face of this pandemic. Please share your questions and programmatic adaptations with us:

English : <https://www.en-net.org/forum/31.aspx> French: <https://fr.en-net.org/forum/31.aspx>

KEY MESSAGES & PRIORITY ACTIONS

1. Intensify the public awareness, protection, promotion and support of appropriate and safe feeding for all breastfed and non-breastfed children and use all opportunities to include hygiene messages, key messages on COVID-19 symptoms, and Infection, Prevention and Control (IPC) measuresⁱⁱ.
2. Intensify pre-positioning (with a minimum buffer stock of 2 months) of essential commodities for nutrition programming (e.g. F100/75, Ready to Use Foods, Fortified Blended Food, Lipid-based Nutrient Supplements, Multiple Micronutrient Powders) and routine medicinal supplies at national, health facility and community level in anticipation of supply chain disruptionsⁱⁱ.
3. In food insecure contexts where communities have limited access to an adequate diet, scale-up preventive distribution of Specialized Nutritious Foods (e.g. fortified flours and Medium Quantity-LNS)

September 2020



The cover features an orange header with the title 'PREVENTION, EARLY DETECTION AND TREATMENT OF WASTING IN CHILDREN 0-59 MONTHS THROUGH NATIONAL HEALTH SYSTEMS IN THE CONTEXT OF COVID-19' and the subtitle 'Implementation Guidance'. Below the header is a photograph of a woman wearing a white face mask and a colorful patterned headscarf, looking at a baby who is also wearing a white face mask.

PREVENTION, EARLY DETECTION AND TREATMENT OF WASTING IN CHILDREN 0-59 MONTHS THROUGH NATIONAL HEALTH SYSTEMS IN THE CONTEXT OF COVID-19

Implementation Guidance

Research: COVID-19 adaptations in the management of child wasting

Study Aim:

To systematically document, analyze, and synthesize information related to adaptations for detection and treatment of child wasting

Methods:

1. Survey:

- Track and map: Who? What? Where?

2. Interviews:

- Document lessons learned on operational implications, strengths and challenges

3. Secondary Data Analysis:

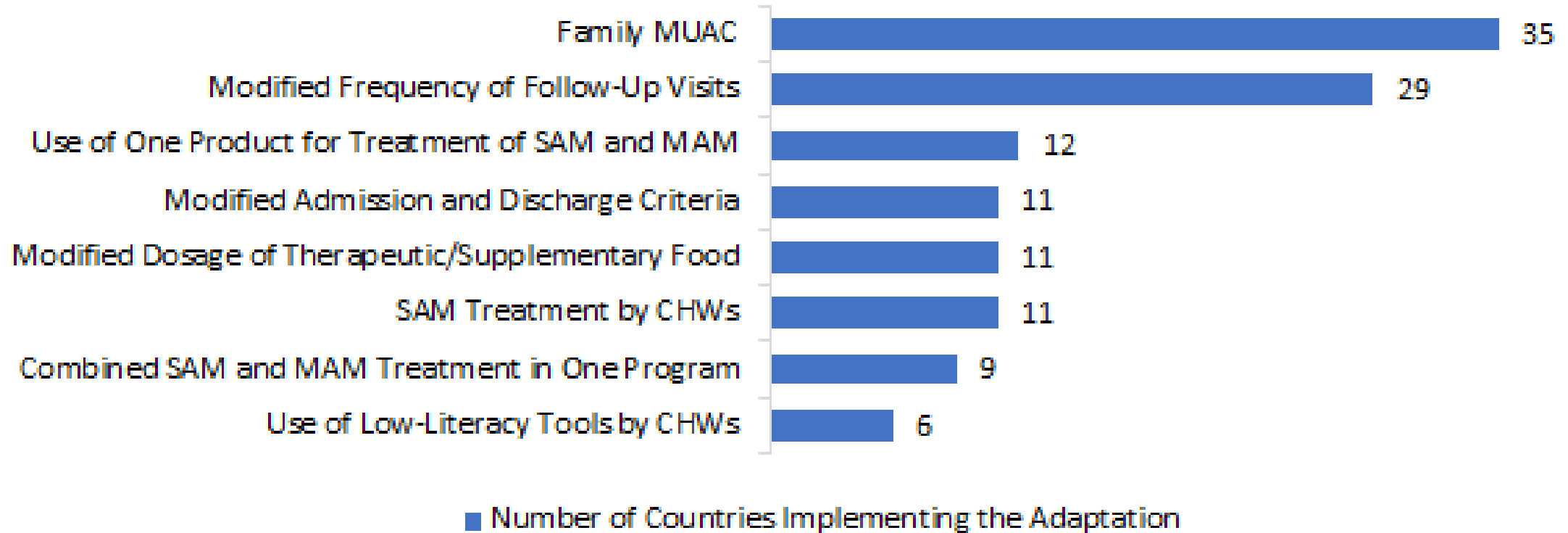
- Trends, impact on programmatic outcomes



Action Against Hunger, Somalia

Most frequent adaptation implemented: Family MUAC

Detection and Treatment Protocol Adaptations Implemented



Most frequent adaptation implemented: Family MUAC

Why Family MUAC?

- Does not require significant policy change
- Low risk
- Mass screenings cancelled
- Lowered contact between clinic staff, CHWs, and children
- Relatively low-level training required
- Relatively low-level inputs required



Family MUAC - Operational Implications

Acceptance:

- Caregivers/community
 - high
 - sense of empowerment
- CHWs
 - mixed
 - workloads lightened
 - not wanting to relinquish responsibilities
- Clinic Health Staff
 - high
 - improved relationship with community, improved understanding of program criteria

Supply and Logistics:

- Preference for color-coded MUAC tapes

Family MUAC - Operational Implications

Training:

- Mostly a cascading training model,
- CHWs training small groups of caregivers (10-15 ppl)
- Need for contextualized, low-literacy training tools and job aids

Staffing:

- Potential increase in admissions may increase demands on resources
- Refresher trainings and follow-ups may increase staff workload

Family MUAC - Operational Implications

Challenges

- Procuring sufficient MUAC tapes for scaling
 - Prioritize to “high-risk” groups
- Accuracy of referrals varied widely (some < 30% accurate)
- Difficult to ascertain sustainability of Family MUAC services
- In surveillance systems: categorical Family MUAC reporting difficult to align with previous numeric reporting

Family MUAC - Operational Implications

Challenges

- Frustration among caregivers appearing at clinics and turned away:
 - MAM services not available
 - MUAC measurements not accurate
- Lack of program guidance:
 - Design guidance
 - No standard M&E indicators
 - Difficult to monitor
 - Evidence-based best practices not yet established

Next Steps

- Further program design guidance
- Improve accuracy of referrals
- Develop uniform M&E indicators
- Understand sustainability
- Identify best practices to ensure improved CMAM treatment outcomes

Thank you

For more information, please visit <https://acutemalnutrition.org/en>

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