

# Adaptations for detection & treatment of wasting: The Family MUAC Approach

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Department of Foreign Affairs and Trade

## Family MUAC: what's the story?

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- Supports mothers and other caregivers to identify early signs of malnutrition in their children using a simple to use MUAC tape.
- Permits cases to be detected earlier, leading to less hospitalisations.
- Mothers empowered to manage their children's health and CHWs have more time to carry out other tasks. (*Source: State of Acute Malnutrition*)
- ***“Putting mothers at the centre of malnutrition screening strategies acknowledges that they are in the best position to detect the earliest signs of malnutrition”*** Alima guidelines Training of Trainers

# Family MUAC: what has been achieved?

## Coverage

- Piloted by Alima in 2011, In 2018, 1.3 million mothers trained, in 26 countries by 12 organisations

Figure 1: Implementers of Mothers' MUAC in 2018 (The State of Acute Malnutrition)



- **IMPACT: Evidences have shown:**
- the quality of detection (**ability** of mothers to correctly detect and diagnose malnutrition and edema)
- the timing of detection (**early detection**)
- the quality of treatment (**fewer hospitalization/faster recovery**)
- its impact on **coverage** and the overall **sustainability** of the approach

# When to scale-up the Family MUAC approach?

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High burden of malnutrition

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Low CMAM coverage

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Late admission of SAM children

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Implementing a no-touch policy

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Supporting the pilot or scale-up of simplified approaches  
(MUAC only, ICCM Malnutrition)

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# Enablers & Barriers: what's working?

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## Enablers

- Develop a SBCC strategy to ensure the sustainability of the approach
- Ensure availability of MUAC and trainers
- Identify and integrate into existing community mechanisms (entry points): Child & mother health services (CMAM, IMCI, Child Growth Monitoring, ANC/PNC), community based interventions (support groups, CHW basic package, blanket distribution)
- Build on existing M&E system

## Barriers

- Low integration within the health systems despite adoption in the national protocol
- Logistical delays to supply MUAC
- Distance to health facilities for self-referrals and acceptance of the approach
- Capacity/frequency diminishes over time without regular refresh training
- Weak monitoring

## Moving forward: recommendations for national scale-up

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**There is no one-size-fits-all approach to teaching mothers how to use and interpret a MUAC tape or check for edema:** The strategy of the Family-MUAC approach must be context-specific to be more effective and sustainable.

**Designing the training strategy:** Designing a training strategy should consider **existing models and lessons learned** in the country as well as **existing entry points for the training**. Selection of entry points will also depend on **resources, context and objectives**.

**Key messaging:** Key messaging for the content of the training is already semi-standardized as implementers are using the same essential steps

**M&E:** focus on outcome (# mothers trained) and impact (Proportion of SAM children referred by FM, coverage of Mothers)

# Thank you

For more information, please visit [www.example.net](http://www.example.net)

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