CMAM 2021

22-25 March

VIRTUAL CONFERENCE

SCALE PAPER

FAMILY MUAC

Preparing for scale

CONCERN worldwide

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

Family MUAC: summary of key points for going to scale

WHAT IS FAMILY MUAC

Families regularly assess MUAC and check for bilateral pitting oedema at home.

Families then self-refer to a facility or community worker for verification & admission for treatment.

CURRENT SCALE

Currently being implemented in 35 countries.

PRACTICAL CONSIDERATIONS FOR SCALE UP

WHO validation not required for implementation.

Need to contextualize for sustainability.

Need a reliable and adequate supply of MUAC tapes.

Develop a SBCC strategy to promote uptake and sustainability.

Must consider the need for reliable access to wasting services.

Must be prepared for a potential increase in service demand.

CRITICAL NEXT STEPS

Develop country-specific tools and guidance.

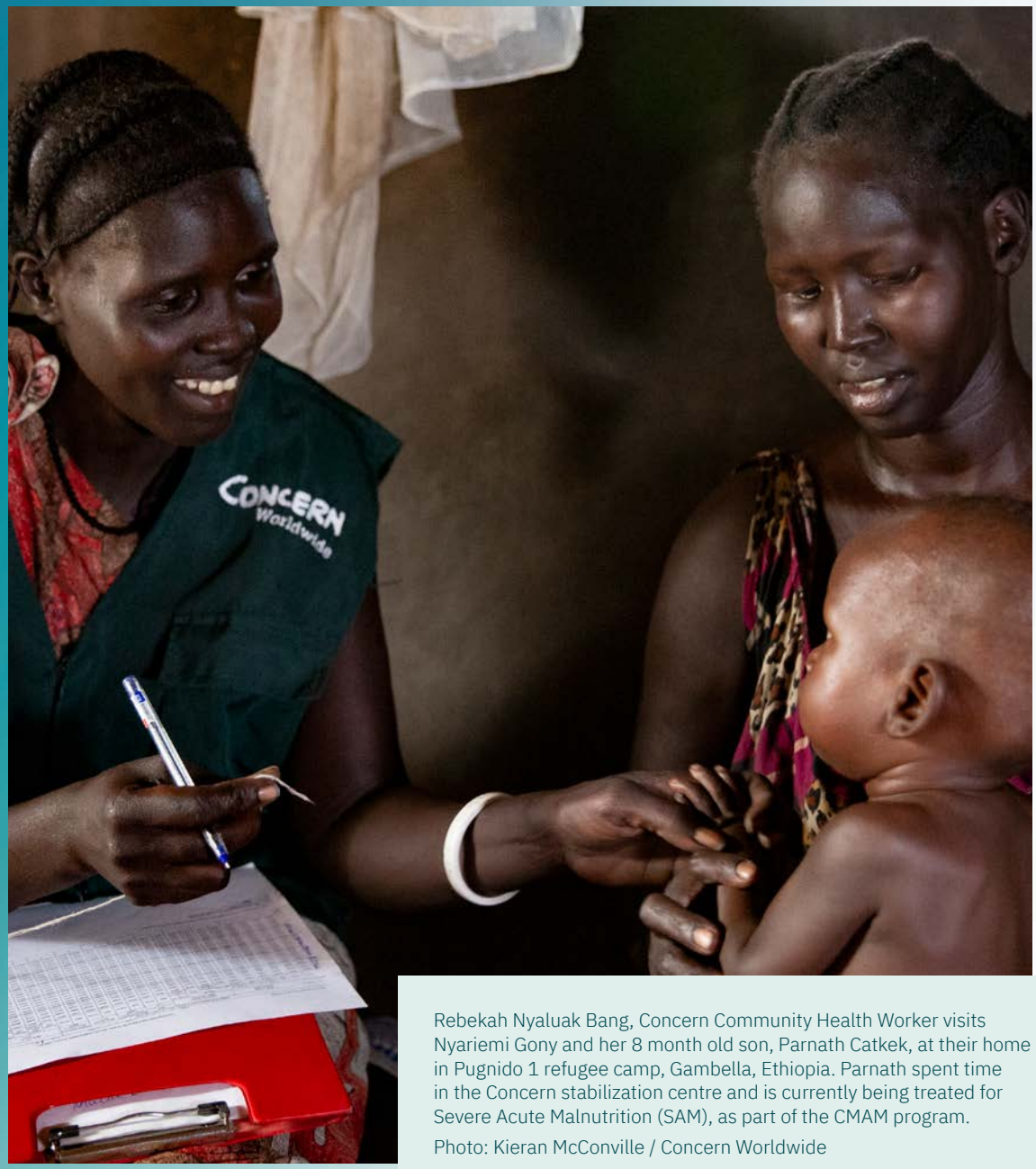
Secure a sufficient supply of appropriate MUAC tapes.

Clarify and communicate the respective responsibilities for diagnosis and referral for community health agents and family members regarding.

Develop relevant and low-intensity monitoring system.

This document is a summary of group work conducted during the CMAM 2021 conference in March 2021. The conference did not provide adequate time for lengthy discussions of these important topics, and therefore this document represents a starting point to refine discussions on bringing key adaptations and approaches to wasting management to scale. Concern is immensely grateful to all practitioners who took the time and interest to contribute to this document which will serve as a reference for the global Simplified Approaches Working Group.

Brief Description	4
Evidence	5
Practical considerations for scaling up Family MUAC	6
Promising practices	9
Critical next steps	10



Rebekah Nyaluak Bang, Concern Community Health Worker visits Nyariemi Gony and her 8 month old son, Parnath Catkek, at their home in Pugnido 1 refugee camp, Gambella, Ethiopia. Parnath spent time in the Concern stabilization centre and is currently being treated for Severe Acute Malnutrition (SAM), as part of the CMAM program.

Photo: Kieran McConville / Concern Worldwide

Brief Description

The Family MUAC approach, also called Mother MUAC, trains and equips families to use a MUAC tape to assess children under-five for wasting at the household level. It was first piloted by ALIMA in Niger in 2012 (Blackwell et al., 2015). Family MUAC is intended to increase the frequency and coverage of screening to support early detection and referral for treatment services. The Family MUAC approach is ideal for contexts with a high burden of wasting, and access to wasting services but with sub-optimal case coverage. Family MUAC had been taken up in a number of countries prior to the Covid-19 pandemic. However, the pandemic made the approach even more attractive for governments, as a low-tech option for reducing the spread of the virus at community and facility level by limiting physical contact with non-family members. Family MUAC is meant to complement – not completely replace – existing screening mechanisms to ensure maximum coverage is achieved.

Evidence[1]

The available evidence for Family MUAC demonstrates that caregivers can accurately assess MUAC, although the quality of this measurement may decline with time (post training). There is some evidence to suggest that Family MUAC leads to earlier detection of wasting, earlier presentation for services and hence less hospitalization (due to presentation during an earlier stage of wasting manifestation), although in general the data is not very robust. No cost-effectiveness data is currently available.

1 All information in the Evidence section of this paper is from the paper: Action Against Hunger (2020). State of the Evidence 2020: Modifications Aiming to Optimize Acute Malnutrition Management in Children Under Five.

Practical considerations for scaling up Family MUAC[2]

During the past ten years of implementation, several practical considerations for bringing Family MUAC to scale have emerged. As with all of the adaptations and approaches to the management of wasting that were discussed at the conference, Family MUAC will require contextualization to specific countries and contexts when going to scale. The following list of practical considerations is, therefore, overarching but not exhaustive:

- **Policies**. While it is largely agreed that the Family MUAC approach does not require WHO validation prior to uptake, it may require policy revisions on restrictions for who can take MUAC and refer for services. When possible, existing entry points to the community should be used for Family MUAC training and contact.
- **Guidance and tools.** While there are existing guidance and tools for Family MUAC, they must be contextualized to each country so that they remain relevant and acceptable[3]. Each package should contain context-specific advice regarding pregnant and lactating women (PLWs) as well as social behaviour change materials to promote regular screening as a sustainable behaviour.
- **SBCC strategy.** Critical to the Family MUAC approach is the development of a Social Behaviour Change Community (SBCC) strategy and a capacity building plan, to ensure community adoption and sustainability of the approach. This strategy can be clear on the importance of respecting admission criteria, and help minimize faulty self-referral based on desire for the specialized nutritional product. There is need for clear and consistent communication strategies for families who present for verification but do not meet criteria, to limit the potential for them to be disenfranchised.

2 All information in the Practical Considerations section of this paper are derived from the Action Against Hunger (2020) document; the ENN publication; and the outcomes of the presentations, Q&A's; and working groups discussions in the CMAM 2021 conference.

3 While this applies to many aspects of the approach, it is particular relevant in contexts which have wasting services for Pregnant and Lactating Women (PLW), as the MUAC cut-off for service eligibility can change (in some countries it is 21cm and in others 23cm).

Practical considerations for scaling up Family MUAC

- **Supply Chain.** A consistent and greater supply of MUAC tapes is required to bring Family MUAC to scale in a country or area. The standard MUAC tapes that are colour-coded or colour-coded with numbers have worked in a number of settings.
- **Workforce.** A key part of contextualization of the approach is understanding how shifting the task of regular screening to family members, affects the roles and responsibilities of health actors such as CHWs. This may require redefining expectations and job descriptions where appropriate and sensitising community actors on their new role to support, coach and cross check family members taking MUAC and prevent them from feeling threatened.
- **Capacity strengthening and quality assurance.** Where possible, training family members on the use of MUAC tapes should use existing entry points and platforms. Training tools should be contextualized and appropriate for audiences with low levels of literacy. Training should not be one-off, but should be delivered on a consistent schedule – including regular refreshers - to ensure quality of measurement over time. This can have impact on time and budget required by the local health facility or health district (or whichever party is responsible for service maintenance). Strategies for to ensuring the regularity and quality of MUAC/ oedema measurements and monitoring self-referral, uptake, and coverage via the approach should be rooted in existing supervision and monitoring mechanisms. Monitoring of Family MUAC should be practical and avoid adding much work to families and health workers. Reporting for Family MUAC may not align with standard numerical reporting within the health system and may require simple images and tallies for carers to track the frequency of their screening. At health facility level, an additional category for Family MUAC self-referral vs. CHW referral could help track uptake of the approach over time.

Practical considerations for scaling up Family MUAC

- **Service access/reliability.** Family MUAC can only be sustained if there are reliable services to refer children to. Lack of services or inconsistency in service provision will frustrate parents presenting their children with low MUAC and will likely lead to disenfranchisement. While this relates to all forms of wasting, it can be especially relevant to moderate wasting as many countries are unable to offer consistent service coverage. If services for moderate wasting services are not available, it is essential that trainings clearly inform carers that referrals can only be made on a 'red' MUAC. Efficient communication channels should be established early on so any changes to service availability can be shared widely and swiftly.
- **Service demand.** An increase in screening could lead to an increase service demand. Facilities must be ready as well, with Surge capacity to receive additional cases, particularly at the start-up of Family MUAC. As with the point above, an inability to access services can lead to dissatisfaction with the approach. Facilities must also be ready to cross check measurements and if the child does not fit admission criteria to explain and coach carers to improve the accuracy of their measurements and not be discouraged.

Promising practices

There is at least one promising practices that has potential to support the scale-up of the Family MUAC approach:

- **Remote training/messaging.** Also to accommodate reduced contact in the context of Covid-19, both digital training delivered via mobile phones and the distribution of print-messaging with MUAC tapes was trialed. For these approaches to be effective, the literacy of the population as well as preferred communication channels need to be considered.

Critical next steps

While Family MUAC is, arguably, the most advanced in terms of scale and acceptability of all the adaptations and approaches discussed at the CMAM 2021 conference, a series of critical next steps are needed to promote broader scale up:

To prepare for scale, *individual countries* should:

- **Develop country-specific tools and guidance**. Countries wanting to scale-up the Family MUAC approach should scope what is already available globally and in neighbouring countries (see https://www.acutemalnutrition.org/Family-MUAC) contextualize available tools and guidance to their selected training, delivery and monitoring platforms. All partners supporting Family MUAC in-country should use the government-approved package.
- **Secure a sufficient supply of appropriate MUAC tapes.** Availability of MUAC tapes in-country can be a limiting factor to Family MUAC scale-up, countries need to secure appropriate and sufficient supplies to ensure sustainability of the approach.

In order to ensure adequate country-level supplies of MUAC tapes, local production should be promoted with standardized colours and thickness of material. The local production of MUAC tapes would also ensure they are contextualized for the country's PLW protocol.

- **Communicate on the division of responsibility for diagnosis and referral**. How the approach is communicated to CHWs and other health workers which are impacted by Family MUAC needs to be considered country by country. It is crucial that health workers understand the goals and aims of the approach and how it can benefit their work, so that they do not feel threatened. Clarifying roles and responsibilities and highlighting the importance of each roles will make the transition smoother. Although exactly how and to whom this communication is done will depend on the context.
- **Monitoring**. Develop relevant and low-intensity monitoring indicators and systems for the Family MUAC approach.

To prepare for scale at a broader level, *regional and global partners* should:

- **Secure a sufficient supply of appropriate MUAC tapes.** Where local production of MUAC tapes is not possible, the UN can support governments to ensure an adequate supply of imported MUAC tapes.

CMAM 2021

22-25 March

VIRTUAL CONFERENCE

CONCERN worldwide

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

For conference-related queries, contact cmam21@concern.net

concern.net