

Designing Family MUAC

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Before starting, consider and investigate

What's your objective?

- Improve awareness
- Reduce risk of relapse
- Reduce late referral
- Improve community mobilisation
- Support CHWs

What are your resources?

- Human (for training & monitoring)
- Financial (trainers fees and training kits)
- Logistic : MUAC bands

What's the current screening system?

- Quarterly mass screening
- Regular house to house screening
- Roll of CHWs, comm. volunteers & others
- Known gaps/ barriers to screen/ refer

What is the MoH position?

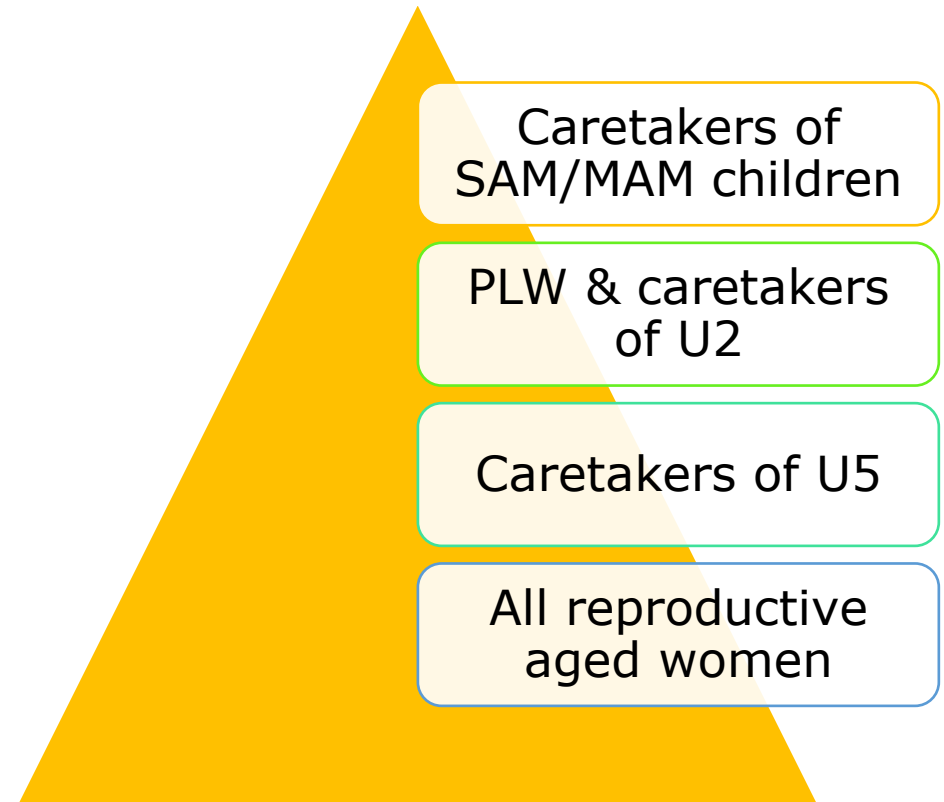
- Pilot only or can expand
- Existing strategy/ tools

Where are you already supporting/ can support? (entry points)

- Health facilities
- Community level

1. Identify your target

- Will depend on your entry point
- 'More is not merrier': the larger the target, the more resources needed for training and monitoring
- Consider complementary targets (husbands, grand mothers, village leaders, influencers) to strengthen community mobilisation and ownership



2. Identify your entry point/ platforms

A platform is an **EXISTING** activity or service that will allow caretakers **TO BE TRAINED & SUPPORTED ON MUAC/ REFERRAL** once or multiple times by a trained expert

A **COMBO** of **PLATFORMS** is recommended

CONSIDER:

- **Functionality of the platform:** Whom does it target? Is it sustainable? What is the real coverage? What is the quality?
- **Frequency of contact:** Will it allow for refresher trainings? Can trainers regularly check quality of measurement/ referral?
- **Availability and willingness of intended trainers:** Do they have time to provide training? Will it generate tensions or extra workload?
- **Appropriateness of training conditions:** Will it be formal group training? One to one? Is there enough space and time to train effectively? Covid considerations?
- **M&E:** Will it be easy to collect information on trainees' attendance, quality of training and use of the approach by the trainees? Referrals from trained caregivers?

Consider potential entry points:

- Health facility-based platform

Platforms	Target	Opportunities	Challenges
OTP/SFP Services	Caretakers of SAM/MAM children	health staff check/ mentor on MUAC'ing during visits, easy monitoring; focus on high wasting risk	depends on high SAM/MAM coverage; no early detection; only during programme stay (6-8 weeks)
Other health services: IMCI, immunisation days, growth monitoring, ANC/PNC	carers of all U5s and wider community	broader target than just SAM/ MAM	difficult to integrate into all services; depends on high use of services;

Consider potential entry points:

- Community-based and other platforms

Platforms	Target	Opportunities	Challenges
CHW led activities: house visit, immunization, sensitization	All reproductive age women	Large coverage, allow regular follow-up of trainees	must invest in quality assurance/ repeat trainings; potential tensions with CHW
Peer to peer Support groups: Care groups, Mothers-to Mothers support groups	Pregnant and lactating women, Mother of children under 2	repeated, long-term follow up; peer support	quality assurance depends on Lead Mothers/ CHWs; may only cover 0-23 months
Special distributions: blanket supplementary feeding, MM powders	Caretakers of children under 2	Prevention of malnutrition in vulnerable groups; good attendance at distributions	Often one-off or short duration; may difficult to integrate;
Global distributions: household food rations, NFIs, cash	All reproductive age women	Intensive targeting of vulnerable HHs; good attendance at distributions	Often one-off or short duration; may difficult to integrate; cash often mobile-based
Other Support groups: husband school, club of mothers, club of youth..	Husband/household members	Advocacy and community mobilisation	Limited impact and difficult to monitor

Consider potential entry points:

- Comparison of platforms

	Potential number of trainees	Resources required for training and monitoring	Appropriate training conditions
TSFP Services	LOW	LOW	HIGH
Other health services	MEDIUM	LOW	LOW
CHW led activities	HIGH	HIGH	MEDIUM-HIGH
Peer to Support groups:	MEDIUM-HIGH	HIGH	MEDIUM-HIGH
Special distributions:	HIGH	MEDIUM-HIGH	LOW

Do's

- Analyze the context and build on existing platforms
- Have a combo of entry points and targets
- Discuss with CHW and HF staff to develop an integrated approach to screening, clarify roles/ responsibilities to reduce tensions and frustrations
- Take resources into consideration, think sustainability
- Ensure steady supply of MUAC bands
- Budget and plan for periodic trainings/ refresher trainings at all relevant levels
- Plan a SBCC strategy to ensure ownership and sustainability – make screening / referral a habit!

Don't's

- Use one-size-fits-all approach