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# QUICK GUIDANCE ON SIMPLIFIED APPROACHES FOR THE MANAGEMENT OF WASTING

## FAMILY MUAC

### INTRODUCTION

In the 'Family MUAC' approach, mothers, fathers and other caregivers are trained to identify wasting in their children using a mid-upper arm circumference (MUAC) tape. This approach was developed with the objective of increasing the frequency and coverage of screening for wasting and ultimately detecting more children with wasting for early referral. Furthermore, this approach has the potential to alleviate the workload on community workers by task-sharing screening with caregivers.

Since the approach was first trialled by the Alliance for International Medical Action (ALIMA) in Niger in 2012,<sup>1</sup> there has been broad uptake by national ministries, international non-governmental organisations (INGOs) and United Nations (UN) agencies. Furthermore, in the context of COVID-19, this approach has been adopted by many countries to reduce potential transmission. The Family MUAC approach is already permitted by current global normative guidance and as such can be considered

an operational adaptation to be scaled across services. Family MUAC should be integrated as standard in CMAM services, and opportunities to integrate Family MUAC into additional health and community-based interventions should also be sought out.

### OVERVIEW OF EVIDENCE & PRACTICE

A recent review looked at the effectiveness of the Family MUAC approach. A total of 46 resource documents were included in this review; 40 were operational documents and 6 were research articles. Resources covered 10 countries in West and Central Africa, 5 in east and southern Africa and 2 in South Asia. The full review can be [found here](#).

### Outcomes of the Family MUAC approach

Available documentation overwhelmingly demonstrates the capacity of caregivers to accurately measure their child's MUAC. However, operational experiences highlight that capacity may decline as time passes after

the last training. In terms of timing of detection, there are promising results in operational findings and peer-reviewed studies supporting earlier detection. There was little evidence linking Family MUAC to a shorter length of stay in the programme and/or an impact on programme performance indicators. However, a recent trial<sup>12</sup> indicates that children of caregivers who received MUAC training were more likely to recover which could be explained by better care-seeking behaviour resulting from such training. It is difficult to assess the impact of the Family MUAC approach on coverage of treatment independently from other factors (e.g., distance from a health facility) and this could explain why the impact on coverage for this approach is still unclear. However, importantly, Family MUAC can lead to an improved coverage of screening. Despite different tools, approaches and calculations to estimate and compare costs, it also appears that a screening strategy that relies on caregivers is less costly than one that relies on community health workers.

### **Implementation of Family MUAC**

The review concludes that there is no one-size-fits-all approach to teaching caregivers how to use a MUAC tape, interpret a MUAC measurement or check for oedema. Implementers have used a variety of approaches and platforms for training, either opting for a facility or community-based approach. The selection of entry points seemingly depends on the context and the objectives and resources of the implementer. The main issue regarding

training is sustainability which depends on the entry points selected and/or the integration of the training into the health system.

The review also shows that monitoring, evaluation and follow-up actions are as important as the training itself and are crucial in ensuring the effectiveness and sustainability of the approach. However, there is no standardised set of indicators and organisations use different tools and metrics which tend to be linked to internal monitoring and evaluation (M&E) systems as well as donor reporting requirements.

Most of the challenges related to implementation are linked to the sustainability of the approach and argue for its integration into the health system or national protocols to ensure that training family members on MUAC measurement becomes routine at facility and community levels. Another noticeable challenge is the fact that, despite engendering great empowerment at community-level, the Family MUAC approach can face the same barrier as the community-based management of acute malnutrition (CMAM) services, namely distance to health facilities. It is therefore worth exploring how Family MUAC can be linked to the provision of treatment by community health workers (CHWs) in order to overcome this issue and bring treatment within closer reach.



## CONSIDERATIONS FOR IMPLEMENTATION

Based on the review of the available documentation, three key recommendations are proposed to support the scale-up of this screening approach to support effective treatment services for children with wasting and ensure the sustainability of this approach:

### 1. Integrate Family MUAC into the health system

This requires advocacy for integration of the Family MUAC approach into the health system/national protocols. It is also necessary to identify and use existing community mechanisms (entry points) to integrate Family MUAC training, use lessons learned from existing implementation in the country and coordinate with Ministries of Health/partners.

### 2. Ensure continued training

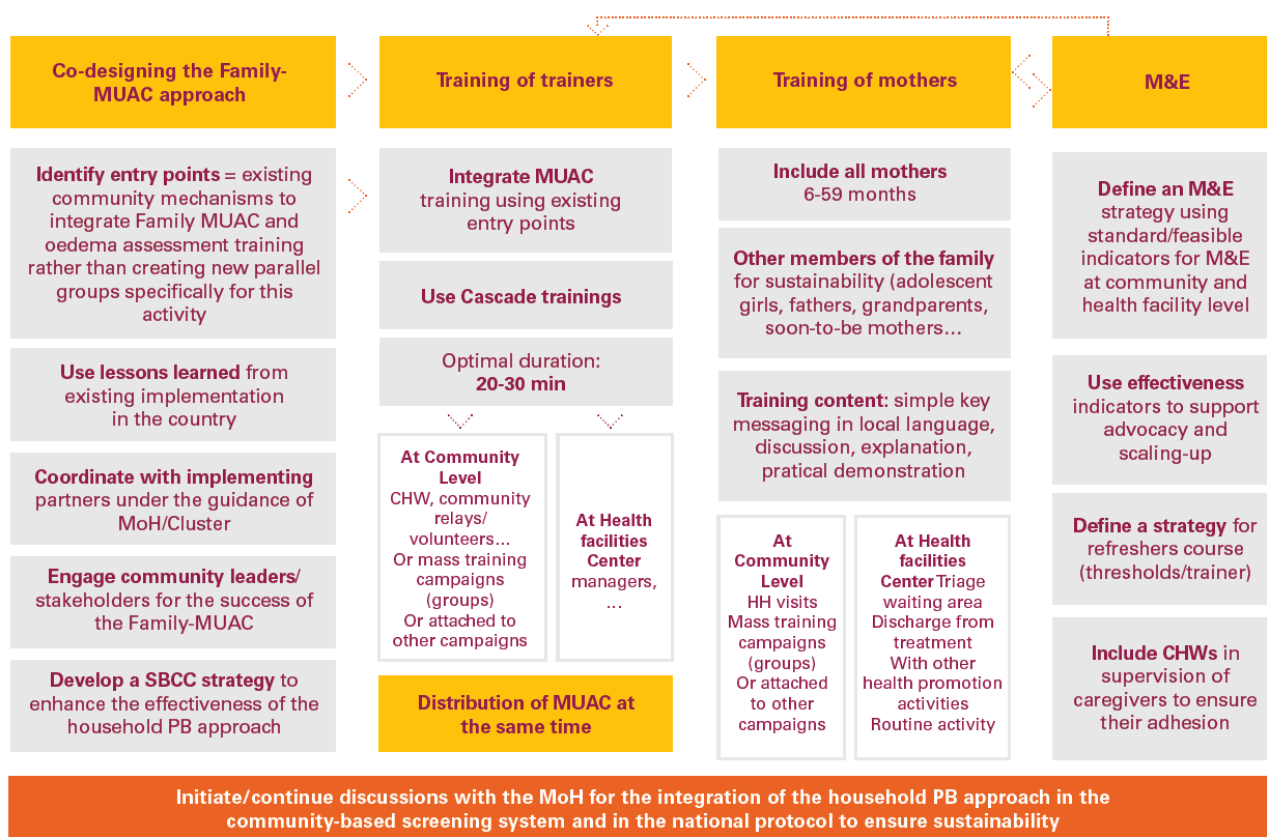
A strategy must be designed for refresher courses to ensure the continued uptake and regular practice of the

approach. The role of mass communications should also be considered to ensure continued capacity and awareness of the approach at household level.

### 3. Design a monitoring and evaluation strategy

An M&E strategy must be defined at the community and health centre levels, using a small set of feasible and reliable indicators that are standardised at country and global levels. A strategy should also be designed to further assess the effectiveness of the approach in different contexts. Indicators of effectiveness should be used (earlier detection/increased coverage/improved quality of treatment) and comparisons with other standard mechanisms made to support advocacy and scale-up.

These recommendations are summarised into the following matrix.



## REFERENCES

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