The Family MUAC Approach: GOAL

During the first half of 2018, GOAL carried out a small study funded by Electric Aid focused on the Family MUAC approach in very different operational contexts, across three countries: Malawi, South Sudan, and Ethiopia. In Malawi, Family MUAC was implemented in the Chikwawa district, in South Sudan, it was rolled out in Ulang, and finally in Ethiopia, the approach was piloted in two refugees camps located in Gambella.

The GOAL HQ programme quality technical team developed a very simple, standardised Family MUAC training module with an associated monitoring and evaluation framework for multi-country use. The study was then rolled out in the three countries:

- **A series of short training sessions (20-30 mins) were held with mothers from targeted households, with children between 6-59 months, located in catchment areas of health facilities providing integrated malnutrition management services.**
- **Mothers from target households were trained by nurses and/or community workers, in groups of 20-25 women, between January and March 2018.**
- **Refresher training sessions with repeat testing for a sample were conducted between April and June.**
- **Finally, data was collected during the initial training, the refresher training, and at referral health facilities to assess the outcomes of the project.**

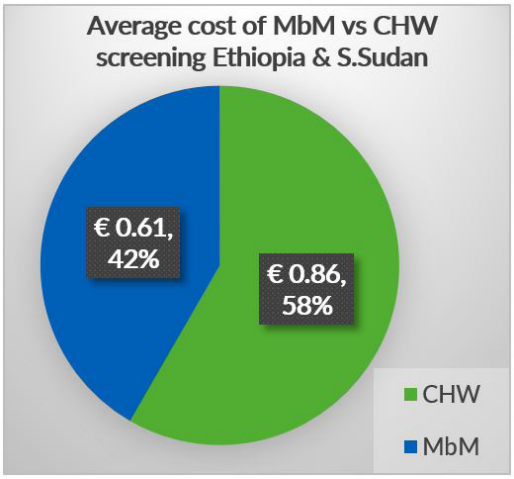
**South Sudan Ulang county:
Mothers demonstrating ability to undertake family MUAC**

What worked well?

Family MUAC is certainly a very positive initiative that supports and empowers the capacity of communities to care for their own well-being, which is incredibly important. Across the three countries, a total of 6,513 mothers were trained through 315 short training sessions, whereby 224 self-referrals were made to health facilities between February and June 2018 with 86% sensitivity (correctly identifying positive malnutrition cases).

In Malawi, **Targeted Supplementary Feeding Programme (TSFP) admissions increased by 69 percent, and Outpatient therapeutic programme (OTP) admissions by 25 percent**; while in South Sudan, TSFP admissions increased by 35 percent, over and above what was achieved through standard active case finding mechanisms used by ministries. Note that OTP services were not available in target health facilties in Ulang.

In Ethiopia, despite the considerable resources invested in refugee contexts (including Community Health Worker active case finding for children at risk of malnutrition, monthly screening of children linked to Blanket Supplementary Feeding Program and quarterly mass-screening), the Family MUAC approach still contributed to the identification of 3.5% of malnutrition cases into TSFP and OTP services, that would otherwise have been missed. This demonstrated (i) the limitations of, at best, episodic formal screening with limited reach and (ii) **that Family MUAC has a place, even in well-resourced settings**.



When looking at a cost comparison between the Family MUAC approach and existing screening mechanisms for active case finding, Malawi was excluded from the analysis as they only have costings for mass screenings every 6 months that were not deemed to be a viable comparison against which to compare the MbM approach. However, screening using Community Health Workers (CHWs) was deemed appropriate. The cost analysis of existing screening mechanisms for active case finding in Ethiopia showed that Family MUAC cost EUR 0.53 per person in Ethiopia compared to Community Health Worker (CHW) screening that would have cost approximately EUR 0.76 per person. In South Sudan, Family MUAC cost EUR 0.86 per person, whereas the CHW screening would have cost approximately EUR 1.15per person. On average, across both countries, **Family MUAC was estimated to be EUR 0.26 cheaper per person than CHW active case finding.**

Overall, all countries reported that after the trainings, mothers felt motivated, empowered by their new knowledge and they appreciated the initiative. Malawi also noted that the local authorities valued the approach after reviewing the study provisional results. A government representative outlined, "it has been very successful whereby children have been captured who would have been missed through routine screenings". This sentiment was mirrored in South Sudan.

In October 2018, GOAL in Malawi organised, in collaboration with the Ministry of Health, a regional workshop aiming at promoting two community-based nutrition approaches they have been using, the Family MUAC and the Nutrition Impact and Positive Practice (NIPP) approach, and advocating for the inclusion of these two approaches within national nutrition policies.

The Family MUAC approach is certainly a very positive initiative. By shifting screening from health workers to mothers or care givers, Family MUAC has the potential to save money, save valuable time for CHWs, to support and empower the community to take greater responsibility for their own well-being (which is incredibly important). In addition, although we have limited findings from this cross-country study, other more rigorous studies clearly show that Family MUAC results in early case detection thus more effective treatment, improved compliance and reduced treatment times, all of which reduces the burden on already strained public health services.

Based on the positive outcomes of this small multi-country study, GOAL has planned to employ the Family MUAC approach more widely in Malawi, Niger, Ethiopia, South Sudan and Sudan as part of both curative (CMAM) and preventative (NIPP) nutrition programmes.

What challenges have you encountered?

The project took some time to get started due to the logistical constraints of procuring MUAC tapes from UNICEF with up to a three-month lead time, with subsequent arrangements for onward transport to the allotted countries and field sites. In response to this, GOAL have invested in a head office stock of MUAC tapes for country programmes to draw down on, meaning that the only time delay comes, is from transport and in-country customs.

Trained caregivers in South Sudan raised concerns about receiving refreshments instead of the usual 'perks' covering travel and food allowance when attending training. As the trainings were very short (20-30 mins) and happened within the vicinity of their homes, GOAL strived to overcome this in all settings, through intensive community sensitisation and feedback focused on the importance of knowledge and the responsibility of families to be empowered to self-identify family members at risk of acute malnutrition.

GOAL plan to start integrating the family MUAC approach within NIPP, currently implemented in Niger, Sudan, Malawi, Zimbabwe and planned to be rolled up in Uganda.