



THE MOTHER-MUAC PROJECT

Bringing Mothers To The Knowledge Of How To Screen For Malnutrition

A Project for Child Malnutrition Eradication 2023

PROJECT BACKGROUND

Putting mothers at the centre of malnutrition screening strategies acknowledges that they are in the best position to detect the earliest signs of malnutrition and leverages the fact that mothers want to participate as fully as possible in promoting the health of their children.

This is why in 2023, Healthmates Nutrition seeks to explore the feasibility of training mothers to screen their own children for malnutrition by sharing 10,000 MUAC TAPES and teaching 10,000 mothers with children below the age of 5 how to use the color-coded Mid-Upper Arm Circumference (MUAC) tapes and check for oedema (accumulation of fluid in the feet). This way, Healthmates seeks to address two persistent problems found in even the best-functioning treatment programs: late presentation of severely malnourished children and coverage rates often below 50%.

MUAC offers many advantages. Compared to other commonly used anthropometric indicators such as weight-for-height Z score, it is simple to understand and use. Furthermore, MUAC better identifies children at highest risk of death from common childhood illness. Regular screening in the community has been shown to improve early diagnosis while decreasing risk of medical complication or death.

Current recommendations call for Community Health Nurses (CHNs) and Public Health Workers to screen children in their catchment area, without any mention of frequency. Early detection of wasting or nutritional oedema requires repeated screens, sometimes at weekly intervals, with particular focus during the months when most malnutrition occurs – typically the rainy season. CHNs are usually required to screen once per month, but often have multiple competing responsibilities. Family members are best placed to regularly check a child's MUAC and look for oedema, and MUAC-based programs show great

promise for improving coverage: in Sierra Leone one such a program showed superior coverage to standard protocol based on weight-for-height measures while in Bangladesh, Community Health Workers using MUAC achieved over 90% coverage.

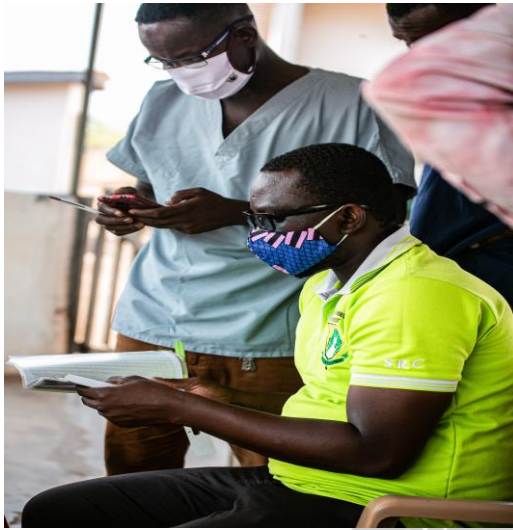
DEVELOPING A TRAINING STRATEGY

Who Will Healthmates Train?



The primary focus will be, of course, on mothers with children 6 – 59 months of age, as well as caretakers and other family members like grandparents, aunts, or uncles. Recent and soon-to-be mothers will also be included, in addition to many other interested family members, especially teenage girls. We have also found that engaging husbands and fathers is a good way to further generate community acceptance.

Who Will Healthmates Use as Trainers?



As part of our mandate to encourage volunteering as a means of supporting malnutrition eradication, Healthmates will empower volunteers to lead various aspects of the project from scratch to finish on agreed timelines. These Healthmates Volunteers in collaboration with CHNs, Health Promoters, Nutrition Officers and Nurses will continue to play an important role in promoting and delivering health efforts in the communities.

What is the Content of the Training Session for Mothers and Families?

Training sessions by Healthmates will have mixed short presentations with practical demonstrations and hands-on practice of the screening techniques by mothers and other community members. Presentations include descriptions of malnutrition, how it is diagnosed and treated (using videos, pictures and drawings in support), and why it is important to teach mothers how to screen. The practical demonstrations of MUAC use and checking for oedema is followed by mothers practicing the techniques themselves. To maximize the impact, Healthmates has found that key messages need to be as simple and

clear as possible in the local language. Highlighting the fact that early detection can reduce the risk of death or the need for a lengthy hospital stay has been particularly effective.

Where Trainings Will Be Conducted

Healthmates Nutrition seeks to teach ten of thousand mothers to screen for malnutrition. Our team has identified that opportunities for group and individual trainings exist in all health and nutrition interventions, and that it is relatively straightforward to incorporate into pre-existing programs. Training activities will run like a cascade from the community to the health center to the hospital, reinforcing key messages and actions along the way. Follow-up activities are important to ensure mothers successfully understand the screening techniques and that screening occurs routinely and regularly. This will be enforced by strengthening communication between our team and the CHPS compound.

At The Community Level

- Dedicated mass training campaigns with group trainings in villages and individually in households over a period of two weeks.
- Trainings will be attached to seasonal health promotion campaigns.
- Identifying mothers who are leaders in their community to form small groups

At The Health Post or Health Centre Level

- In the triage waiting area
- After triage for those not needing further treatment
- During ‘cooking groups’ or other health promotion activities

- Upon discharge from SAM or MAM treatment

At The Hospital/Stabilization Centre

During a hospital stay once a child is stabilized

Individual training at discharge or graduation

Video Presentations

Using short demonstration videos can be a good way to reach mothers and caretakers with messages during training sessions.

Monitoring, Evaluation and Follow-up

Monitoring and follow-up actions are as important as the training itself. Healthmates has evaluated the effectiveness of the training and mothers' ability to screen in two ways:

Supervisors have conducted checks in randomly selected households several weeks after the initial training in a given village, with repeat training sessions conducted if ~25% of households did not have a MUAC tape or did not use it correctly.

Teams will monitor agreement between the MUAC colour reported by the mother upon arrival at the health centre or hospital and the MUAC measurement determined by an agent experienced in MUAC use (nutritional assistant, CHN, nurse, etc.). Program supervisors will keep track of the percentage of 'in agreement' readings and take action if agreement drops below 90% by organizing refresher courses. Supervisors will also monitor median MUAC upon admission to SAM or MAM programs to ensure that presentation is as close to the eligibility threshold as possible: 115 mm for SAM, 125 mm for MAM.

The vast majority of oedematous malnutrition should be detected at the 1+ stage (oedema present only on the feet). There are multiple opportunities to ensure that screening activities occur regularly, including sending reminders by:

- Media like radio advertisements
- SMS or Social media
- Using criers at the market
- During cooking club meetings
- Hanging up posters at the health centre

The above strategies will be adequately explored.

Conclusion

Our continuous support for children under 5 who suffer from Severe Acute Malnutrition (SAM), Moderate Acute Malnutrition (MAM) and Micronutrient Deficiencies is still unwavering. We will continue to provide medical nutrition assistance and therapeutic feeds where necessary to increase chances of survival. We believe the Mother-MUAC Project will go a long way to help with early detection of malnutrition so we can intervene on time in order to reduce mortality.

We will have periodic updates of children who receive support under our child malnutrition eradication programme from start, through intervention phase to discharge phase.

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