The Family MUAC Approach: World Vision in Mauritania

World Vision Mauritania began implementing the Mother MUAC approach after seeing ALIMA's presentation on their experience of this methodology at the ECHO annual meeting in Dakar in 2016. They decided to use the approach in Wilaya Region of Assaba, Moughataas Districts of Boumdied, Kankossa and Guerou and began training mothers in September and October 2016.

Through this initial project, awareness of the approach was raised at the regional and national level, leading to the uptake of Mother-led MUAC by other nutrition partners throughout the country. World Vision is able to provide training to these organisations from their experience in the region. In 2018, more than 8,500 mothers have been trained in the approach across 5 regions (Hod El Charqui, Hod El Gharbi, Guidimaghama, Brakna and Assaba) by 5 partners (ADICOR, AMAMI, Action Contre La Faim, Terre des Hommes and World Vision).

Currently, Mother MUAC is supported by World Vision Mauritania in Brakna region, in the communes of d'Aleg and M'bagne. In addition, World Vision is supporting the implementation of Mother MUAC in Sierra Leone and DRC, with plans to start implementing the approach in Niger and Burundi in 2019.

What needed to happen before training mothers?

Prior to implementation, the team wrote a brief document outlining the methodology and the benefits of the approach. This was disseminated to community leaders, either in writing or verbally.

There was no reported resistance to the approach however, health centre staff were initially concerned about mothers having MUAC tapes. Advocacy was conducted to ensure health staff understood how mothers could support them and make their jobs easier rather than taking away aspects of their work. Community health workers (CHWs) also had similar concerns and were worried that the approach meant that they were losing their jobs. World Vision staff explained that they were not losing their jobs but rather conducting different tasks (such as training and managing mothers' activities).

How were mothers trained on how to assess malnutrition in their children?

The primary focus has been on training mothers only but the team has expressed an interest in providing training to other family members, such as grandparents. CHWs were responsible for training the mothers to use MUAC tapes and check for oedema, with support from facilitators. Training covered the following components: what is malnutrition, how to identify malnutrition (MUAC screening for MAM and SAM as well as oedema), as well as what to do when you get a red/ yellow or green reading on the MUAC tape.

CHWs aimed to train a new group of mothers each month, depending on their self-assessed capacity to do so. On average, they were expected to train 15-20 mothers per village per month (depending on how big the village). Once CHWs were able to estimate how many mothers they would be expected to train in the coming month, they requested the appropriate number of MUAC tapes. Training generally lasted 30 minutes to one hour. Newly trained mothers conducted an initial mass screening in villages under CHW supervision which provided a good opportunity for CHWs to assess their skills and conduct on the job training when required.

What happens when mothers identify their children as having malnutrition?

If a mother determined her child had SAM or MAM, she did one of two things, depending on where she lived. If the family lived close to a health facility, the mother took the child directly to the facility to be assessed. This meant that there were no delays if the CHW was not immediately available. In situations where mothers lived far from health centres, they were asked to take their child to the CHW for further screening. The aim of the second screening was to ensure that the mother had correctly measured the child in order to avoid an unnecessary long trip to the health facility.

How is the approach monitored and evaluated?

A two-level approach was used for monitoring. Firstly, community level monitoring was conducted in which CHWs kept a list of names of all mothers trained and the date of training. At a health facility level, World Vision Mauritania used ALIMAs approach of asking all admission's mothers was asked if they had screened the child and checked if they were able to do this accurately. Mothers were given retraining if they struggled to take accurate measurements. Additionally, there was a qualitative component to monitoring (at baseline and quarterly follow up)- to assess knowledge of malnutrition, treatment, and the causes of malnutrition.

How has the approach been perceived in the community?

The approach has received positive feedback within the community as mothers feel empowered that they are able to determine their children's health needs. In order not to lose the MUAC tapes, mothers put a string in the tape and hung it up in the house or even on them. This served as a further reminder to screen their children on a regular basis.

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