ADAPTATIONS IN THE MANAGEMENT OF CHILD WASTING IN THE CONTEXT OF COVID-19

Case Study
Organization: ACTION AGAINST HUNGER
Location: KENYA
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CONTEXT OVERVIEW

Action Against Hunger USA in Kenya has modified its nutrition programs to minimize the risk of COVID-19 transmission while continuing services for the management of child wasting. In addition to adhering to key infection prevention and control (IPC) measures at clinics, Action Against Hunger has also scaled up the rollout of the Family MUAC approach in alignment with guidance from the Kenya Ministry of Health (MoH) and in collaboration with other partners, including the Kenyan Red Cross and the National Drought Management Authority (NDMA).

ADAPTATION IMPLEMENTATION: SCALE UP OF FAMILY MUAC

Mass screenings and regular nutrition surveillance (such as SMART surveys) by community health workers (CHWs) were suspended or restricted in Kenya under COVID-19 guidance. Therefore, the Ministry of Health and the Family MUAC Task Force have accelerated the rollout of the Family MUAC approach and the development of training and monitoring tools. The aim is to promote continued early case identification and monitoring of the nutrition situation. Action Against Hunger has scaled up its own Family MUAC activities in the community in line with official guidance.

Action Against Hunger provides training and technical support to health managers in its areas of operation. Health managers then train CHWs and community health volunteers (CHVs), who cascade the training to caregivers. Trainings with staff and caregivers are either virtual or in small groups of fewer than 15 people, conducted outside. Caregiver trainings are mostly visual due to low literacy and offer opportunities for practice. CHVs then follow up with caregivers to provide mentorship and encourage referral of malnourished children, as many caregivers fear going to the health facilities due to COVID-19. While precise data on the accuracy of referrals is not yet available, anecdotal evidence suggest that caregivers can accurately determine the nutritional status of their child using MUAC tapes.

LESSONS LEARNED

(1) Successes

- There is high demand for and widespread acceptance of the Family MUAC approach in Kenya. Staff report that caregivers are eager to take ownership of monitoring their children's nutrition status. This may also ultimately become a powerful tool for preventing acute malnutrition if caregivers can seek treatment early.

- Use of Family MUAC has improved relationships and trust between caregivers and CHVs. At the community level, caregivers were previously distrustful of the MUAC screening process due to a lack of knowledge on how this measurement was taken. Some used to think that CHVs were favoring some children over others. At the clinic level, caregivers sometimes did not understand how the measurements for admission were taken and therefore expressed frustration when their children were determined to be ineligible for admission. Expanded awareness on this approach has mitigated these issues, as caregivers better understand and accept the measurements.
- Staff perceived that fewer resources would be required to scale up Family MUAC compared to conducting mass screenings, and transportation and conference costs for higher-level trainings in person have decreased. However, travel expenses for conducting more trainings with smaller groups have also increased.

(2) Challenges and Limitations

- Limited supplies of MUAC tapes has been a key constraint of this approach. This has necessitated a targeted approach to distributing the tapes, rather than providing full coverage.
- Frequent cleaning of existing MUAC tapes used in trainings wears them down quickly, requiring replacement more often and placing additional demand on the limited supply.
- CHVs and caregivers are both required to use PPE during household visits and trainings. This has proved challenging in some contexts with limited access to PPE, and may have budgetary implications for procuring additional supply of PPE.

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