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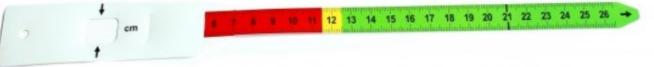
Family MUAC Cross Country Evaluation

Malawi
South Sudan
Ethiopia
Funded by Electric Aid



Train families to identify children at risk of acute malnutrition for home-based referral

- Shown how to take a MUAC
- Shown how to check for bilateral pitting oedema
- Oriented on what the different outcomes mean and appropriate





Why is it needed?

- A low GAM rate doesn't necessarily mean few people with acute malnutrition.
- Current use of health workers screening, opportunistically or periodically → many missed cases.
- Home based screening is quick, easy, can identify children before serious decline → early treatment = improved health outcomes





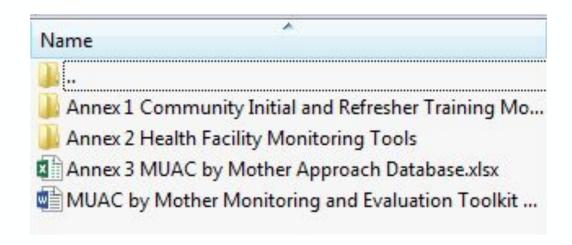




Pilot in Malawi, S.S. & Ethiopia



- 6513 family members were trained
- 315 short 20-30min training sessions





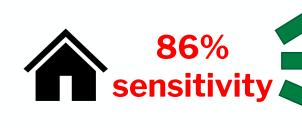


Results Observed











TSFP ↑ 69%

OTP ↑ **25**%

S. Sudan: TSFP ↑ 35%

Ethiopia: OTP ↑ 3.5%

Cost: 27% cheaper than traditional Community Health Worker screening

Family MUAC €0.69/perso



CHW screening €0.95/person





What does this mean in practical terms

Cheaper than traditional case identification

Reduces public health burden

Saves CHW time



Improved Tx compliance and ↓ Tx times

Empowers community to take responsibility for well-being

Early case identification

More effective Tx





Next Steps

Promoting and supporting wider scale coverage of Family MUAC approach, where services for acute malnutrition are available



