



## BACKGROUND

Over 52 million children under five years of age become wasted each year, yet only 17% receive treatment. In Kenya, around 4% of children under five have moderate acute malnutrition, and existing malnutrition programs rely on community health volunteers to screen children. This can lead to high costs, low screening coverage, and late identification.

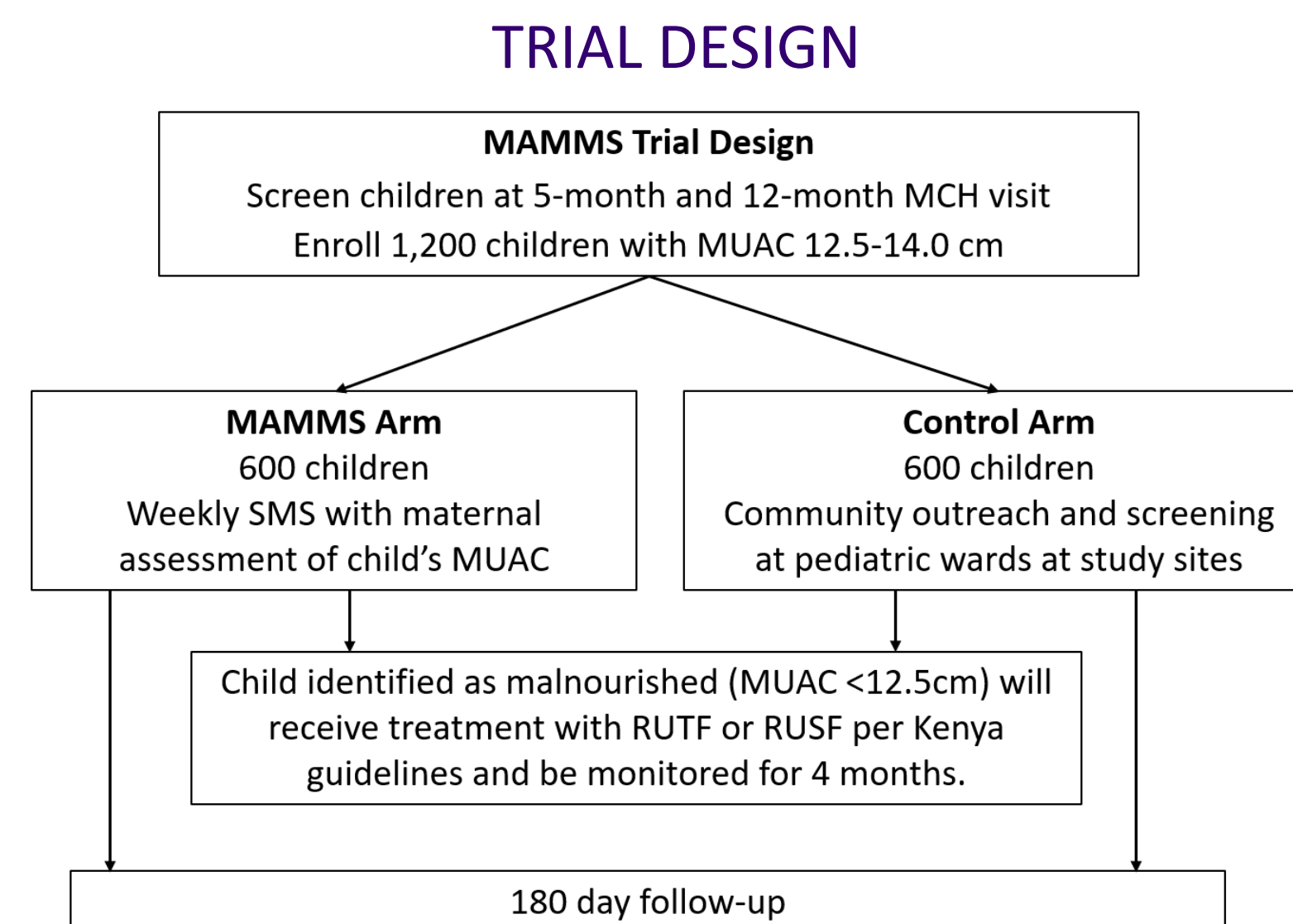
Innovative methods to detect and treat malnutrition are needed. With 93% of Kenyan households owning a mobile phone, mobile health (mHealth) programs may offer a promising approach to identifying malnourished children in the community and connecting them with care.

### THE MAMA AWEZA TRIAL

The Mama Aweza trial assessed the effectiveness of the "Maternal Administered Malnutrition Monitoring System" (MAMMS) with 1,200 caregiver-infant pairs in Homa Bay and Migori counties in Kenya.

### OBJECTIVES

- Determine if MAMMS leads to earlier identification and recovery from childhood wasting.
- Demonstrate the accuracy of maternal-administered MUAC assessments compared with trained field workers.
- Evaluate the acceptability, feasibility, and fidelity of MAMMS relative to standard-of-care nutrition programs.

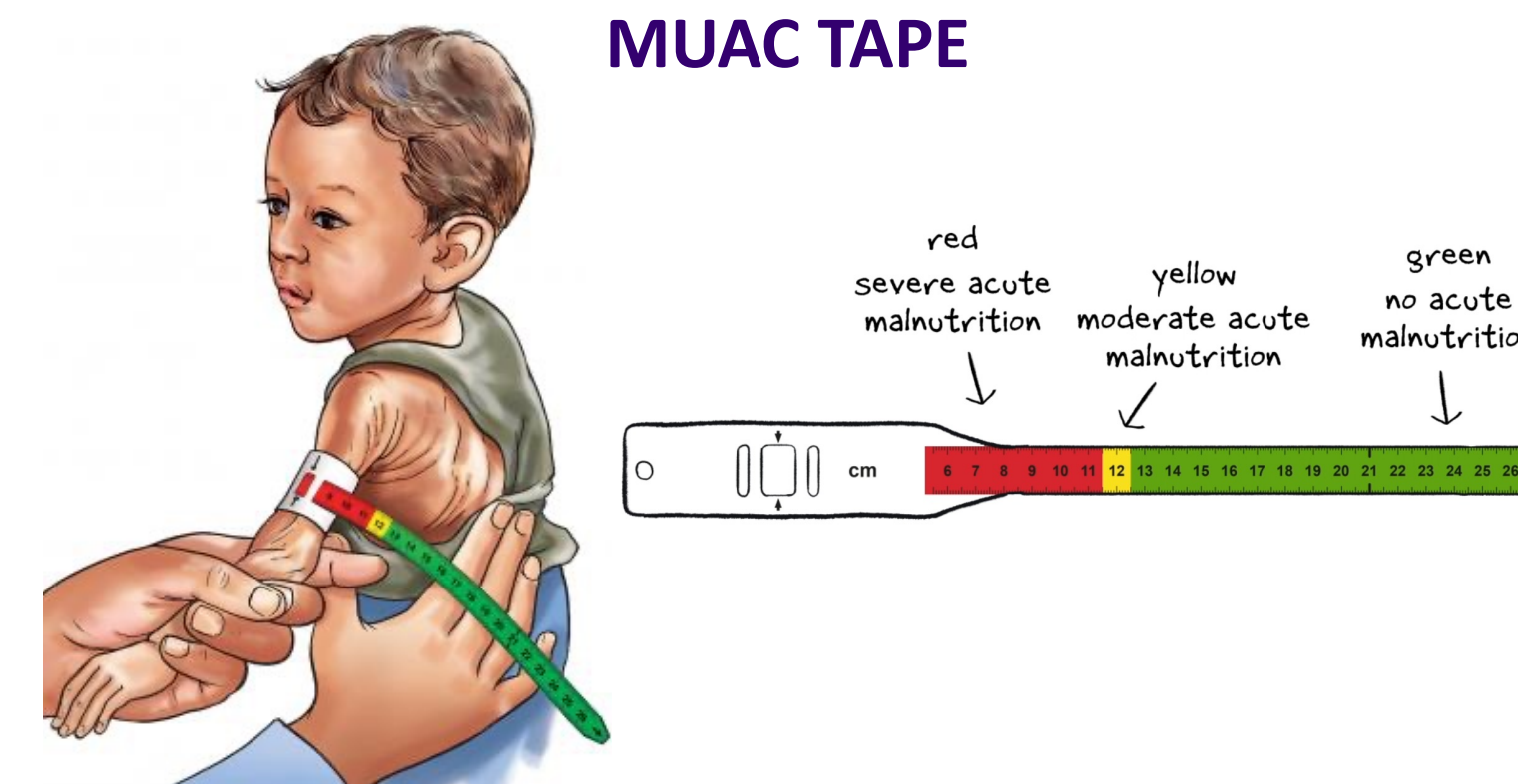


## METHODS

In the intervention arm, caregivers were instructed on how to measure their child's Mid-Upper Arm Circumference (MUAC) with color-coded and graduated insertion MUAC tapes and subsequently received weekly SMS prompts to undertake the measurement and send the results to a computer system. Upon the detection of malnutrition, the computer system notified a health worker for prompt follow-up. Conversely, in the standard-of-care (SOC) group, caregivers received routine monitoring by community health volunteers coupled with a quarterly visit from study staff that ensured adequate screening coverage.

### THE PRACTICUM EXPERIENCE

The practicum consisted in assisting in the analysis of the qualitative data collected through interviews and focus group discussions. It also included the development of communication materials directed to different stakeholders.



## QUALITATIVE RESULTS

- Home monitoring of MUAC with mHealth support was found to be acceptable, feasible, and appropriate, and caregivers felt empowered to monitor their child's nutrition status.
- This supports strategies to empower caregivers to monitor their child's nutrition status in Kenya.

### PRACTICUM DELIVERABLES

- Deliverable 1: Codebook and coded transcripts of qualitative interviews
- Deliverable 2: Communication Deliverables

- One brief outlining the key results of the study - Intended audience: Ministry of Health staff
- Two handouts with nutritional recommendations: one focused on nutrition recommendations for pregnant and lactating women; another focused on nutrition recommendations for children aged 0-6 months and 6-23 months – Intended audience: Project participants

## LESSONS LEARNED

- Qualitative analyses are a time-consuming but valuable tool in providing information to improve interventions' implementation and scale-up.
- It is important to be flexible and able to adapt to changing circumstances.
- It is essential to understand and respect the values, beliefs, and practices of communities to ensure the success of any intervention.

### NEXT STEPS

- Translation of the communication materials to local languages.
- Dissemination of the communication materials.
- Preparation of the study article.

### COMMUNICATION MATERIALS

