#### MAMI PILOT IMPLEMENTATION IN YEMEN

Wednesday May 11<sup>th</sup>, 2022





## WEBINAR AGENDA

- Welcome and Introduction .
- Yemen Context.
- Introduction to MAMI
- MAMI implementation, ADRA Yemen-Aden:
  - Findings
  - Challenges
  - Cases studies





#### Presenters

• **Emily Hirata**; Technical advisor for health and nutrition- ADRA International.

• **Dr. Ahmed Al-Jabi**; Senior Nutritional officer MAMI – ADRA Aden.

 Alice Burrell; Sr. Advisor Emergency Nutrition MAMI, Save the Children supporting the GNC Technical Support Team









### **OBJECTIVES**

#### Share learning from ADRA's MAMI pilot.

 Inform MAMI programming within, and beyond, Yemen.



## Yemen Context





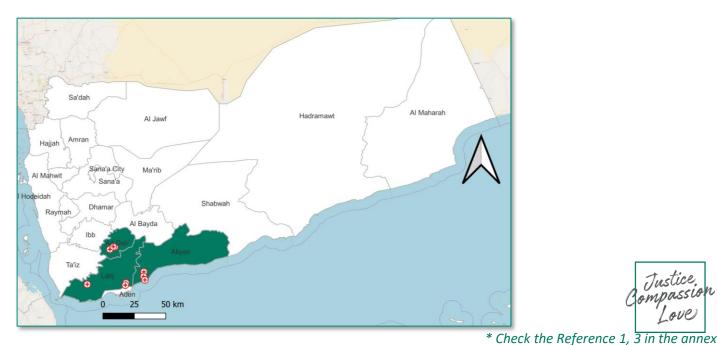
Yemen Location: in the south of the Arab peninsula area of 530.000 km<sup>2</sup>.

Population: 31,031,323 with annual growth rate of 2.57 %.



One of the world's worst humanitarian crisis, **17.4** million people in Yemen will experience high levels of acute food in security and nearly 4.3 million people displaced.

According to GHI In 2021 Yemen ranked 115<sup>th</sup> out of the 116 (45.1 Alarming level of hunger).



Justice



#### Yemen Context "Infants & Mothers "

23%	Total admitted cases to TFCs
	are under 6 months.

- **15%** Infants aged 0-5 months are EBF.
- **32%** Low birth weight in 2010.
- 44% Children 0-59 M are underweight.

- **30%** Deliveries occur at a health facility.
- **15%** Deliveries take place at home.
- 20% Mothers received postnatal care within two days of birth.
- **55%** Deliveries occur under risky condition without a skilled caregiver.





## Introduction to MAMI

(Management of small & nutritionally At risk Infants under six months & their Mothers )





#### Vision

"Every small and nutritionally atrisk infant u6m and their mothers is supported to survive and thrive"

- **Survive:** is reduced risk of death.
- **Thrive:** reduced risk of illness, poor health, malnutrition, improved development, and long-term health.

#### Approach

- guides the holistic case management of at-risk infants U6m through community-based services.
- leverage and build on what already exists within services.
- links mothers and babies to existing services and links prevention and treatment.



Justice



# How to identify small and nutritionally at-risk infants u6m and their mothers

#### **Growth deficit**

- Infant MUAC
- WAZ of infant
- WLZ of infant

#### **Feeding Risk**

- Infant feeding problem
- Mother feeding problem

#### Maternal wellbeing risk

 Maternal mental health illness

#### MAMI 'risk factors'

- Maternal orphan or mother absent
- Low birthweight
- Premature birth
- Multiple birth
- Adolescent mother
- Maternal malnutrition
- Maternal diseases
- Excessive crying or sleep problems, infant colic and others



#### ADRA

# How to support small and nutritionally at-risk infants <6 months and their mothers?

- Counselling on core topics for all enrolled pairs.
- Tailored counselling and actions to address specific risk factors and problems as required.
- Referral of mother-infant pairs to other relevant services as required.
- Continuous monitoring of the mother-infant pair's progress and wellbeing at each visit with visit frequency reduced or increased as considered appropriate by the health worker and mother.

	Contents		MAMI ENROLEMENT & FOLLOW UP FORM	Card A13 Low weight infan	t
	Modulian	2 Card A 19 Matter tend positive facility (1)	Basic Information	Annual and Analyse	Consisting and Support Actions For ALL Invariant Cate Investors with the unlabeled and
	Counciling and communication skills	Cand A 29 Matter or infert have suggedted or confirmed	Date of	- ine weight for age.	· Enot well attached or not sucking effectuals, demonstrate and exert · Provide skin-to-skin contact as much
		COVD 10 45	infant sates	6000	mether to conscity position and attact infant (pecify cross-ant/ cross-crade hear), and identify signs of effective suriding, cortact, demonstrate Kangaros Can
	Communicating with mothers and caregivers with mental health concerns	Cand A 21 Breast mile expression and domage 47			First able to artick well enmodently, demonstrate broadmilk     First able to artick well enmodently, demonstrate broadmilk     First able to artick well enmodently, demonstrate broadmilk     First able to artick well
		Card A 22 Cup Indiana 49	Colonaux Lengthen.	346	
	SECTION & Breastfeeding counselling and support actions	GuidA23 Aduction     H	Cented phone 3 Sets Sets Sets Sets	and the second s	Provide to internative sucking the mother's chest between her is for exception into the second statement in a
	Cand A 1 Good application and attachment	7 Cand A 24 Supplementary sucking to help mother relactore 13		10000	Anguercy of brancheding     Council to souther the branched as often and as time as the others of an additional years blacked in odd
	Card A 3 Effective sucking		Address Research Baddits Millings		
	Card A.3 Encode secting Card A.3 Encodercy of breactivesh	SECTION 8 Counselling and export actions for non-fireasthading infants 56	toward, Britally/ levalmatio		Council mother on establishing exclusive breacheding     The pung infact (order)     The pung infact (order)     The pung infact and pung infact (order)
	Card A.4 Receiver other loads	1 Card B 1 Mother about 17		ALCORED TO A	about Invasifienting more reducing water, other divids or book, and that and socks, locarly array the pro- sense access after than a hottle. Eithert has been better that free to a such dry, both and cover with a to
	Card 6.5 This except' branching	11 Cand B 2 Use of infant familue 19	Xbd member: Adm 31 3 2 3 4 5 6 7 8 9	Kanganis Care	
	Cand A.6 Excessive crying and tack of steep	17 Card 8.1 Preparing educt formula 41	200		<ul> <li>Low weight of units folgoet early and may fail assess after free minutes.</li> <li>None heating dence of outputs</li> <li>The best of heat a set of outputs</li> </ul>
	Cand & F Mother lacks confidence to honoritant		Agt in reaction		Help mother to increase her breastmilk supply use "Not shough?     Our windows/uper window space     would before window space     would before window     would before window
	Cand A.B. Breat condition breast angurgement	11 SECTION C Counselling and support actions - core topics 64	Monitoring: Infant clinical program		
	Cand A.9 Americ condition warr or coacted studies	11 Card C 1 Fanily and partner support 65	Owner sign	1.452	switching to the other beaut. A Mother may need to spand more time leading, perhaps at times with a dry immediately and thereughly also
	Cand A 10 Breat condition plugged ducts and matritis	28 Card C 2 Community support 67	Ordena	Con anti-Yous cada	cig using only represent Invasionia, - Mother may need to share some of her other household dutes with - Duringe duttes long, reggieri when
	Cand A 11 Breast condition flat, invested, large or long regulars	22 Card C 3 Family planning EP	Episode of Rinesa (Y - describe/h) Close afte and & dert		others he a month as ten they are set
	Cand A 12 Oral thruth infant and material ripple thruth	28 Card C 4 Crying and sleeping 41		14	<ul> <li>For the mether who has broadfed in the pail and is internated in re-analyticiting breadfeeding see Networkshift (AND A2).</li> <li>OverSchutzgebreiche der geschlutzen (CAND A2).</li> </ul>
	Card & 13 Line weight infant	11 Card C 8 Relaxation 1 23	Monitoring: Growth / nutritional status		Show notice to provide stimulation and play to make his totals     so shin contact.     Breached the infant frequently in
	Cand & 14 Satisfactory slow weight gain	33 Carif C 6 Relaxation 8 25	Weight (sc)		Yough such indust weekly until weight pain is established jut last     Solid privately and appendix improves.     Gas a fact drisk to the adult pende
A A A A A A Course Death ways Death a set	Card A15 Mother avap from infant	33 Cand C 7 Start complementary heeding at 6 months of age 77	Weight change is "grind WFA (a story)		
MAMI Care Pathway Package	Card #16 Mother expresses concerns about her dust	27 CanECE Naturing care for early childhood development recommendations 79	Length 1-m	Order arm	sunfidence. production of more body heat.
Transme	Cand A 17 Multiple birth	39 Card C 9 Narturing care for early childhood development, coursed 81	WILDOW		
	Card & 18 Adducent mother	41 Card C 18 Naturing care for early childhood development checkloi 82	Michigan Control - Market	See videox Cap Feeding Your Small Balan Impac Spin-ballwaithere dia any port	



Slide created by the MAMI Global Network



#### **ADRA's MAMI Implementation**

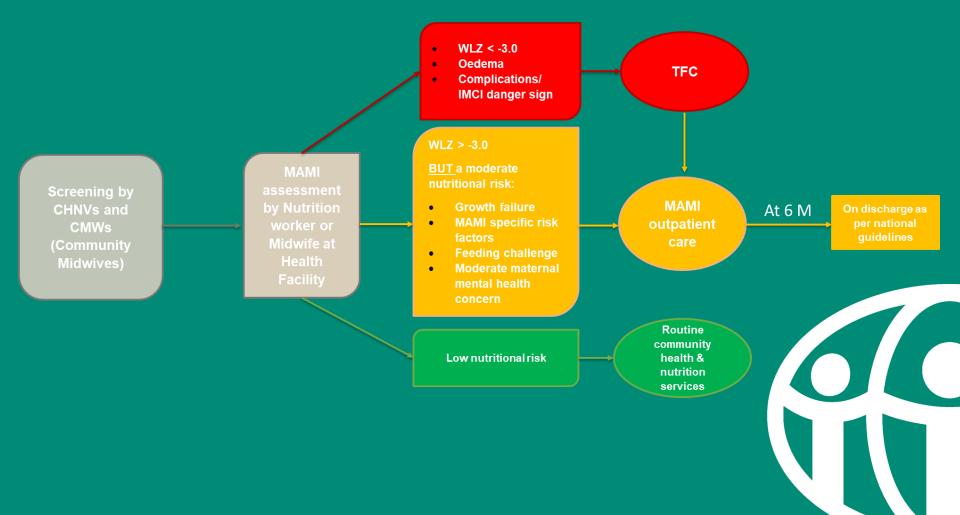
- ADRA incorporating MAMI in to health and nutrition interventions first organization to do so in Yemen.
- Close coordination with MoPHP.
- ADRA is supported by the Global Nutrition Cluster Technical Support Team MAMI Advisor.
- Activities to date:
  - MAMI Health Worker Training 18 Health Workers & 58 CHNVs, in 9 Health Facilities.

 $\checkmark$  Provision of MAMI kits for screening to CHNVs.

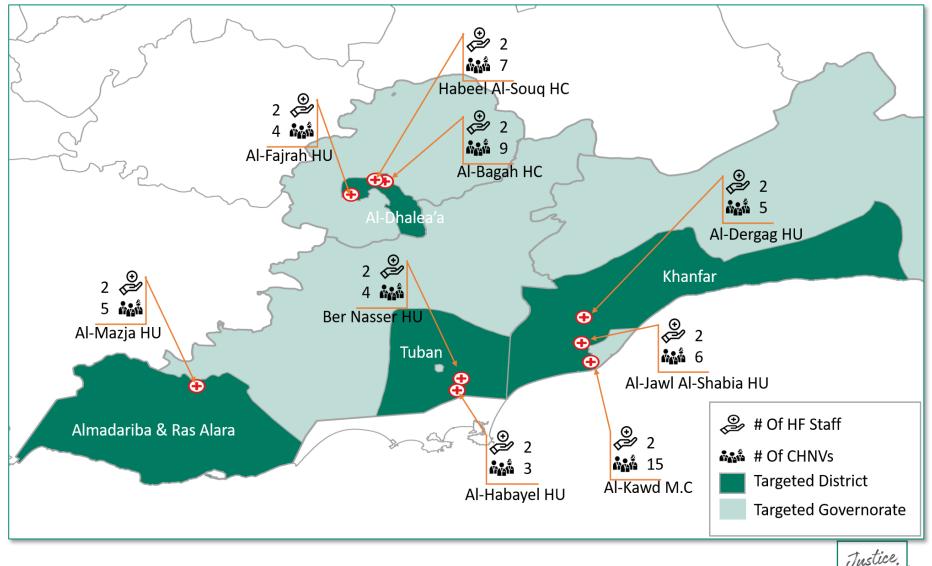




## MAMI PROGRAMME PATHWAY - ADRA YEMEN



# MAMI Piloting Sites ADRA



Justice Compassion Love

ADRA's MAMI	ť
management process	

**Community Level:** 

Health Facility Level:

CHNVs Screening Card.	HWs Assessment forms.
CHNVs Referral form.	HWs Enrolment & Follow up forms.
CHNVs Register.	HWs Register.

CHNVs monthly report.

#### HWs Monthly Report.

ADRA	~			
(CHN15)	TALLY SHEET - 3	MAMI care program		
Month & year of report	2022	Name of health center		
Name of volunteer		district		
		Governorate	Telephone no	
screening	Total			
No of infants &mothers which scanned of danger				
Nett: cases				
Gender				
Male				
Female				
age of new cases:				
0 – 29 days				
30 – 59 days				
60 -89 days				
90 - 119 days				
120 -149 days				
150 - 179 days				
detect dangers (for new cases only):				
Failure to thrive (anthropometric management):				
MUAC or z score (weight age or weight / length)				
LBW < 2500 gm				
Premature baby				
Difficulties of feeding for mother (MUAC < 23cm				
Refuse feeding or difficulties				
Illness or factors inhibit feeding				
Difficulties of mental health of mother				
Multi born (twins)				
Age of mother < 19 years				
Orphan				
Others				
transference				
Health center (out patients MAMI)			1	

	(2			R
ADRA		وزارة المحة أله		
		اللاع الرعلية اله الإدارة العلمة له		
tranferace	card infant un	तन्त्रम् der danger from C	HNVS	
Data information of patient:				
Name of patient:				
Governorate: district:				
C	ata informatio	on of caregiver		
Name of caregiver: relationshi	p:	<ul> <li>phone number</li> </ul>	r:	
Da	ta information	of transference		
Health center which transferase to it:	di	istrict:	governorate:	-
Cause of transference:				
Nutrition dangers MAMI				
Failure to thrive				
Difficulty of feeding				
Health & mental problems of mother:				
Infant <6 weeks, MUAC < 11cm				
Age between (6weeks &< 6 months) & N	//UAC < 11.5 cr	n 🗆		
Weight of infant at born < 2.5kg				
MUAC of mother < or = 23 cm				
Others:				
Name of volunteer: phor	ne no:	signature	e:	

M M	AMI OUTPA	FIENT CARE		
MONTHLY TRACKER				
onth and	Name of			
fear of	staff			
eporting:	completing			
lealth Unit ID:				
District:	Province:			
Enrolment	-	EXIT (AT 6 MON		
SCREENING	-			
		GENDER	# EXII	
Number of mother nfant duads screened		Male		
	=	Female		
NEV	-	Total		
GENDER OF NEW ENROLMENTS	_			
Mala		Feeding	Status	
Fonale		NBF		
Total		MF		
		E86.		
Enrolment	トコロ			
Enrolment stiteria	au	Any efficient izzue?		
AGE OF NEW ENROLMENTS		Any feeding difficulty?		
lays 0-14	1	Any maternal mental health diff	•	
ess than 30 days	-1			
	-	Diad		
are than 6 month	-	Defaulted (mirred 2 virite)		
Feeding States	_			
IBF		REFERRALS		
AF.		Inpatient - SAM with		
	-	complications		
BF RISKS IDENTIFIED (new carolment	-	Inpsticat - other	-	
losie		SFP (mother)		
Anthropometric		Montel Hoolth Core.		
deficit Low birth weight	_			
(c2500g)/ Premature		Hosith Escility		
Feeding difficulties	1			
Not breastfed		Enrolmen	(Type	
lliness or disability	-1	New core	1	
that affects feeding	-			
Multiple birth		Returned defaulter		
Orphan		Referred from TFC		
Adolescent mother				





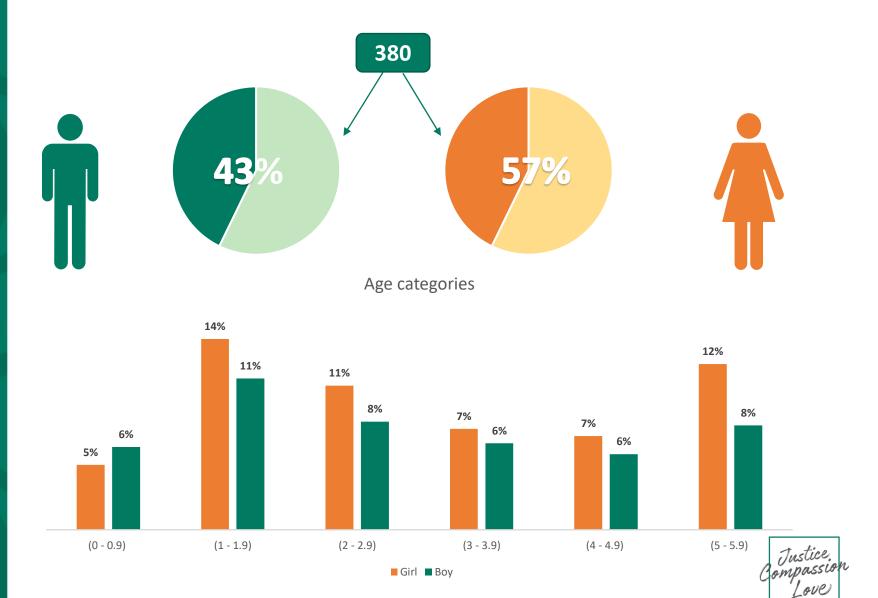
# Findings

According to the info. collected from the piloting HFs.



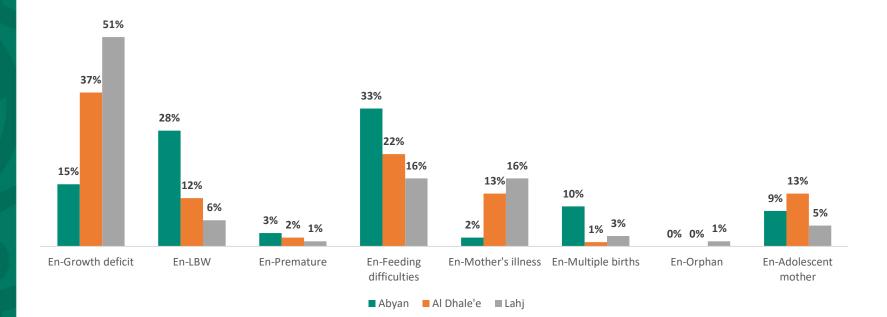
#### Enrollment







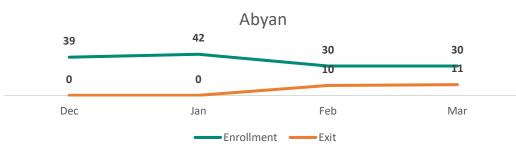
## **Enrollment Criteria**

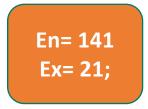


Row Labels	Abyan	Al Dhale'e	Lahj
Growth deficit	15%	37%	51%
LBW	28%	12%	6%
Premature	3%	2%	1%
Feeding difficulties	33%	22%	16%
Mother's illness	2%	13%	16%
Multiple births	10%	1%	3%
Orphan	0%	0%	1%
Adolescent mother	9%	13%	5%



#### **Enrollment vs. Exit**

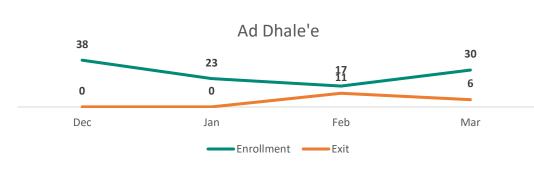


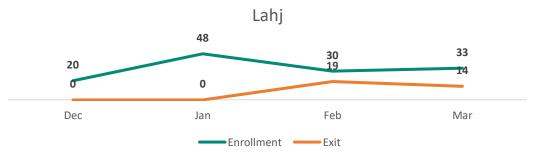


En= 108 Ex= 17;

En= 131 Ex= 33;



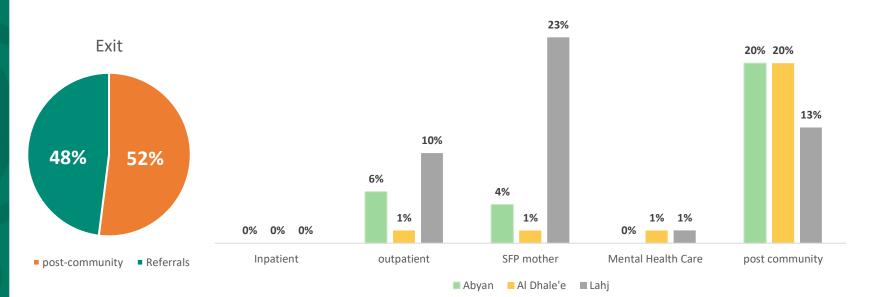




Total Enrollment: 380 Total Exit: 71



#### **Cases of Referral**



Row Labels	Abyan	Al Dhale'e	Lahj	Grand Total
Inpatient	0%	0%	0%	0%
outpatient	6%	1%	10%	17%
SFP mother	4%	1%	23%	28%
Mental Health Care	0%	1%	1%	3%
Health Facility	0%	0%	0%	0%
post community	20%	20%	13%	52%
	30%	24%	46%	100%





## **Challenges:**

- Lack of statistics data for U6m.
- Lack of tracing mechanism for referred cases (TFC, Pediatric hospitals, psychiatric centers).
- Poor network coverage & Unstable security situation.
- Absence of clinics for mothers with mental health condition.
- harmful traditional practices e.g. Staying at home after delivery.





# **Case studies**

From Health Facilities.



#### Case study (The twins)

<sup>44</sup>Khlood is a mother of twins Mohsen & Tahani (6 weeks old). During routine visit to HF for vaccination, identified by HW and sent for MAMI assessment.

The twins enrolled as MAMI cases, and the mother sent to counselling corner for encouragement of EBF, to stop mixed BF and the benefits of EBF<sup>11</sup>

	Assessment	3 month follow-up
Age	1.5 months	4.5 months
Weight	2.7 kg-2.3 kg	3.7 kg -3.2 kg
Length	49.5cm- 49 cm	-
WAZ	<-2.0 both	<-1
WLZ	<-2 both	<-1
Infant MUAC	10.cm- 9.6 cm	10.8 cm- 10.5 cm
Mother's MUAC	23.5cm	24.3cm
Feeding status	Moderate Risk for both twins	Exclusive breastfeeding



#### Case study (consultant corner)

"Nasser is 4 months old; he is the 2nd Baby of Naima (19 years old). She brought him to the HF and complained that he is not growing well because she thought her breast milk was not enough"

	Assessment	2 month follow-up
Age	4 months	6 months
Weight	4.4kg	5.6kg
Length	58cm	-
WAZ	<-2.0	<-1
WLZ	<-3.0	<-2.0
Infant MUAC	10.5cm	11.7cm
Mother's MUAC	22.0cm	23.1cm
Feeding status	Mother thinks not enough milk	Improved











### Reference

- 1. GLOBAL HUNGER INDEX 2021: YEMEN
- 2. Yemen Humanitarian Update- December 2021.
- 3. <u>IPC\_Yemen\_Food\_Security\_Nutrition\_2022March\_Snapshot\_English.pdf</u> (reliefweb.int).
- 4. <u>http://www.emro.who.int/images/stories/yemen/Therapeutic-Feeding-Centres-Feb-2022.pdf?ua=1</u>
- 5. <u>https://data.unicef.org/topic/nutrition/low-birthweight/</u>
- 6. Nutrition Surveillance Feb 2022 WHO 2<sup>nd</sup>
- 7. https://www.indexmundi.com/facts/yemen/indicator/SH.STA.BRTW.ZS











# Looking for support in Nutrition in Emergencies?

	Type of supported needed	Provider
1	l want remote or in-country technical support	GNC Technical Alliance
2	I want to hire a consultant directly	GNC Technical Alliance Consultant Rosters
3	l want quick technical advice	GNC HelpDesk
4	l want peer support	www.en-net.org

Visit: https://ta.nutritioncluster.net/ and click "Request Support"



# Thank you!

