#### 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





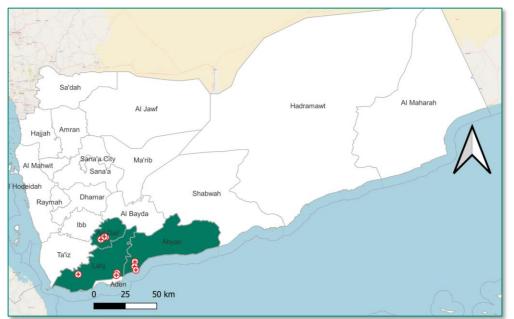
Yemen Location: in the south of the Arab peninsula area of 530,000 km<sup>2</sup>.

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).



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\* Check the Reference 1, 3 in the annex



#### 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.



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# 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.

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MAMI Care Pathway Package	Cand A 10 Mother expresses concerns about her diet	27 Cand C 8 Narturing care for early childhood development recommendations 78	Length Xml	Order arm	surfdence. production of more body heat.
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Slide created by the MAMI Global Network



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

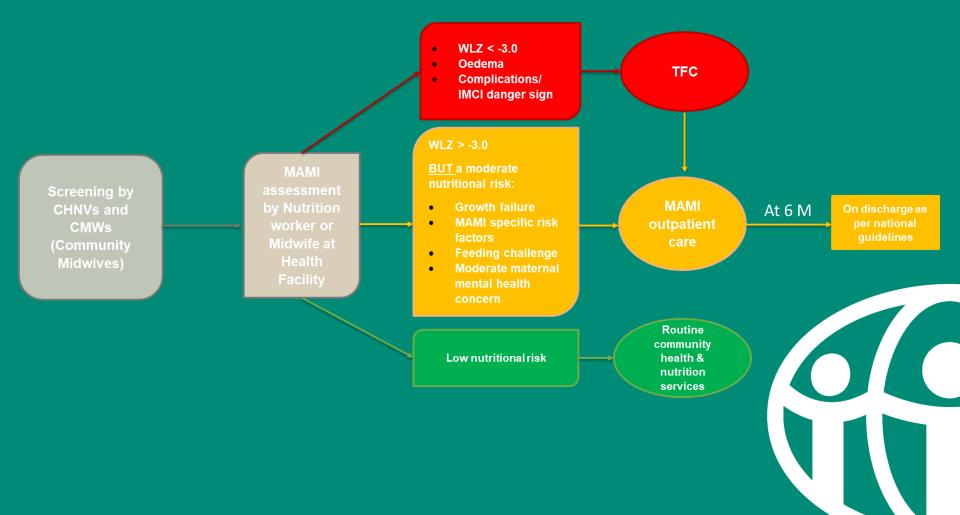
- ADRA incorporating MAMI in to health and nutrition interventions first organization to do so in Yemen.
- Close coordination with MoPHP.
- ADRA is supported by the Global Nutrition Cluster Technical Support Team MAMI Advisor.
- Activities to date:
  - MAMI Health Worker Training 18 Health Workers &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

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

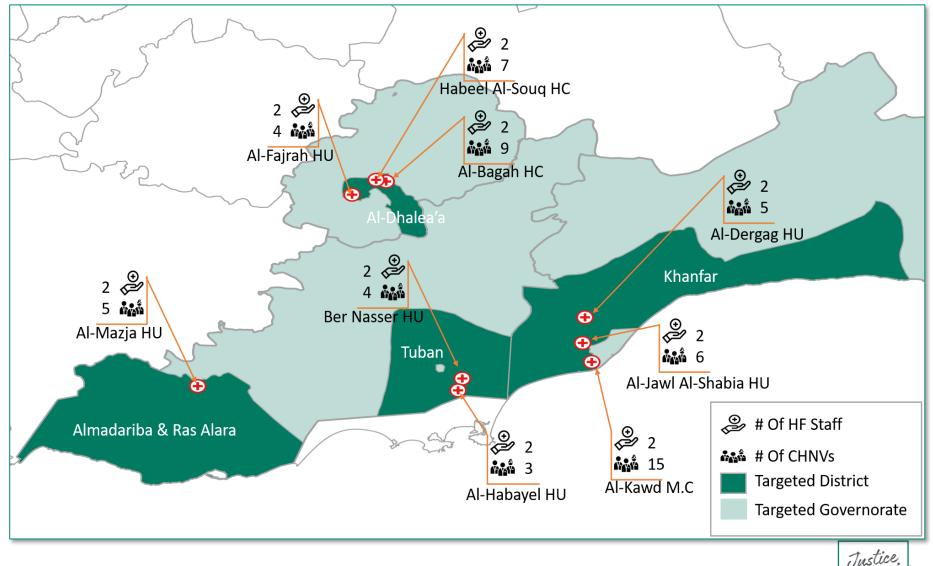




## MAMI PROGRAMME PATHWAY - ADRA YEMEN



# MAMI Piloting Sites ADRA



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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	

	6	2)		
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Governorate: district:	city/village	:		
	Data informati	on of caregiver		
Name of caregiver: relationshi	p:	phone numbe	r:	
Da	ta information	of transference		
Health center which transferase to it:	d	listrict:	governorate:	-
Cause of transference:				
Nutrition dangers MAMI				
Failure to thrive				
Difficulty of feeding				
Health & mental problems of mother:				
Infant <б weeks, MUAC < 11cm				
Age between (6weeks &< 6 months) & M	MUAC < 11.5 c	m 🛛		
Weight of infant at born < 2.5kg				
MUAC of mother < or = 23 cm				
Others:				
Name of volunteer: pho	ne no:	signatur	e:	

M M	AMI OUTPA	FIENT CARE	
ADRA	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	พวก		
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AGE OF NEW ENROLMENTS		Any feeding difficulty?	
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	-	Diad	
are than 6 month	-	Defaulted (mirred 2 virite)	
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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			





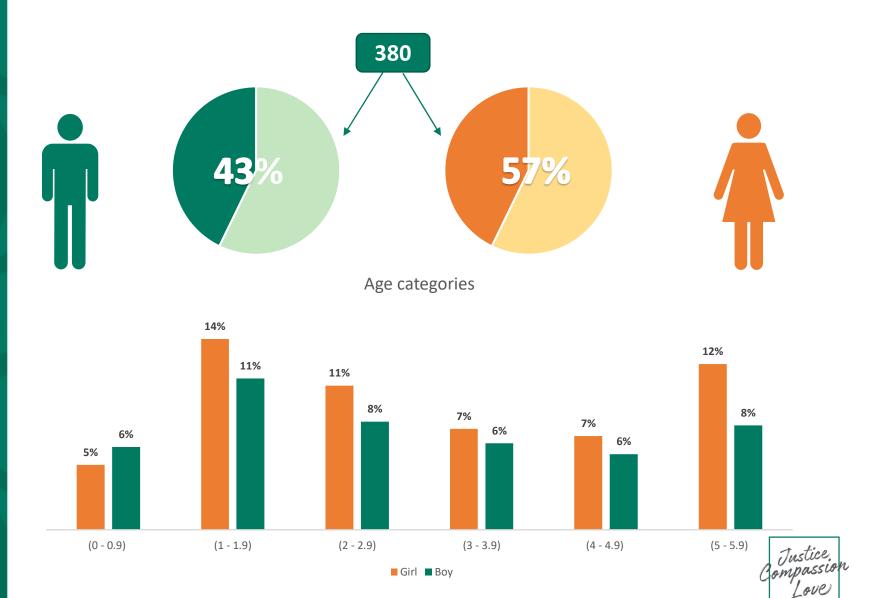
# Findings

According to the info. collected from the piloting HFs.



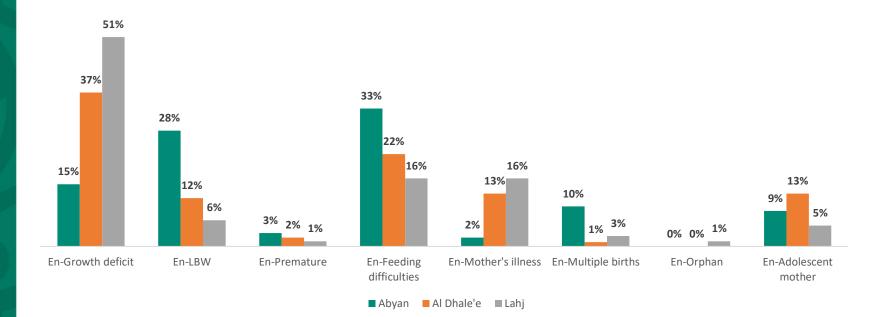
#### Enrollment







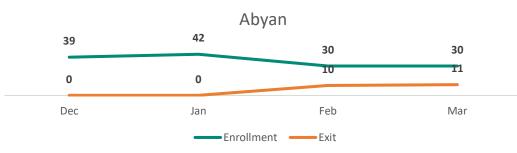
## **Enrollment Criteria**

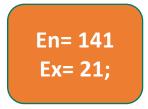


Row Labels	Abyan	Al Dhale'e	Lahj
Growth deficit	15%	37%	51%
LBW	28%	12%	6%
Premature	3%	2%	1%
Feeding difficulties	33%	22%	16%
Mother's illness	2%	13%	16%
Multiple births	10%	1%	3%
Orphan	0%	0%	1%
Adolescent mother	9%	13%	5%



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

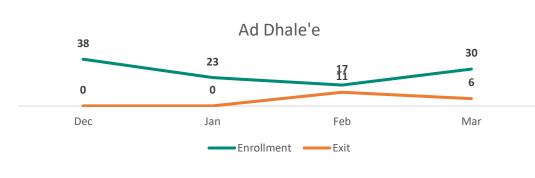


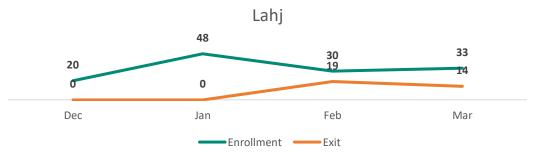


En= 108 Ex= 17;

En= 131 Ex= 33;



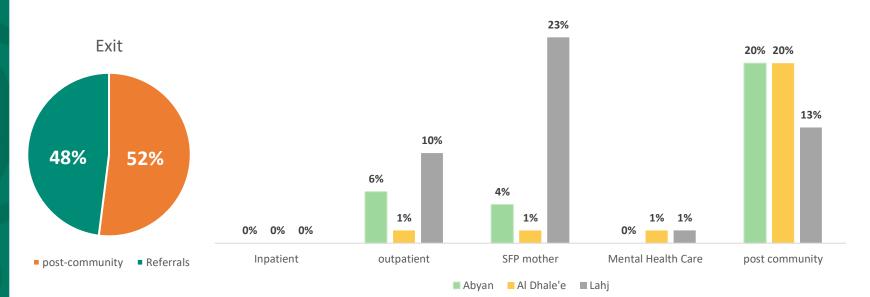




Total Enrollment: 380 Total Exit: 71



#### **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



GLOBAL HUNGER INDEX 2021 YEMEN.pdf







# 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!

