**MAMI ACTION PLAN – ACTION AGAINST HUNGER**

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| **Observation** | **Recommendation** | **Person responsible** | **Timeline** | **Update** |
| The scales being used in all sites are not accurate enough for infants <6months of age. | If possible, procure electronic paediatric scales for use in the MAMI programme | Patrick, Elizabeth |  |  |
| One staff member reported a lack of confidence in the management of infants <6months with complicated wasting. One major weakness identified is supporting re-lactation, in very practical step-by-step guidance, including but not limited to SST and drip-drop methods (that are safer at home than SST). | Prepare a refresher training for all staff supporting ITC (the feedback on the IMAM session in the MAMI Training was very unsatisfactory, so suggest a focused session on this another time) | Margie |  |  |
| There are many staff at the hospital and health centers involved in MAMI that are not ACF staff, which is a real positive finding. Need to ensure that these staff are also receiving continuous training and capacity building on MAMI. Staff include: NICU staff, VHTs, Maternity staff, PNC staff, OPD staff, YCC staff. | Consider a MAMI training for these staff, and consider including these staff if possible in future ACF trainings and mentoring on MAMI. | Margie, Patrick, Elizabeth | ASAP |  |
| The NICU in Adjumani Hospital is very busy and very under-equipped. There were 10 infants in the NICU when we visited and only 1 incubator and 1 oxygen monitor. There was no room for mothers to be with their infants or a dedicated space for them to sleep. | 1. Discuss with the district on these gaps to see if they can support, lobby with UNICEF and UNFPA to see if they may have these supplies 2. Identify possible funding opportunities to support the NICU | Margie |  |  |
| Adjumani hospital are discharging MAMI clients when they reach 2.5kg and are stabilized. They are linking the infant to health facilities nearest to them for continued care. | These infants should not be marked as ‘Exit’ but as ‘Transferred to XXX’ otherwise this will skew the data with many infants <6months exiting the programme. This infant also still required continued monitoring and support up to 6 months of age. | Fauza, nutrition officer, and follow up by Patrick |  |  |
| ***Screening*** | | | |  |
| LBW and preterm are the predominant risk factors being identified. The project visits brought to light that this is because Maternity is the main entry point in Hospital, Health Facility III and IIII. Additionally, programme staff are very focused on LBW and pre-term as the key MAMI clients.  There is a need to properly implement screening beyond Maternity to have entry points as YCC and OPD and community VHT structures. This is existing in all facilities but very few infants are entered at these points and it isn’t clear why. It could be because of no standard screening criteria or the programme staff emphasis on LBW/preterm infants. | Prepare and implement standardized screening with the use of a screening tool.  During the June training, refresh staff on all the risk factors that are included for MAMI enrolment criteria and really empahsise those infants who are born low risk but become at-risk later in the 6 months.  Strengthen growth monitoring and correct plotting on growth charts to enable easy identification of growth faltering, with referral to MAMI  Ensure that vaccinations at 6 weeks and 10 weeks are fully utilizes for MAMI screening. | Alice with input from Patrick & Margie  Alice, with follow up from Patrick/ Elizabeth during supervision  Margie, Patrick, Elizabeth  Margie, Patrick, Elizabeth | June  June | Screening tool done  Included in training. |
| Feeding difficulties are rarely coming up in screening, almost all are marked as EBF and without feeding challenges. This is very likely not the reality; in other contexts feeding challenges is one of the main enrolment reasons. | Review how staff are screening for feeding difficulties and strengthen this process. | Margie, Patrick, Elizabeth |  |  |
| ***Assessment*** | | | |  |
| In Kiryandongo no feeding assessment or IYCF tool was being used for the feeding assessment. | Ensure that all sites are referring to the MAMI Feeding Assessment for those infants that need an in-depth feeding assessment | Patrick, Elizabeth |  |  |
| There is a need for a MAMI beneficiary card to support activities | Design and implement a MAMI Client Card | Alice to design.  To review at training. | June | Card ready |
| Lack of confidence in conducting the MHPSS assessment | To include in the MAMI Training.  Continue strengthening confidence by looking for a specialist (ACF global team?) to train staff on MHPSS. | Alice  Margie | June | Included |
| ***Management*** | | | |  |
| For follow-up visits, some are using the MAMI Enrolment & Follow-up Form whilst others are only using the register. | There is a need to agree on the process and standardise across sites for the pilot. | Margie, Patrick, Elizabeth | ASAP |  |
| In some areas, the Nutritionist is not the one providing the counseling due to language barrier when supporting refugee population. Therefore the VHT/ volunteer IYCF Counsellors must be well trained on the MAMI support package and counselling cards. | Action already above to organize training for all staff involved in implementing MAMI | As above | As above | As above |
| MHPSS is still a gap in health centres II and III, with limited support available for mothers or the linkages to available support not well established. In most area that is some services available, although they may be external to ACF and/or the health centre. | Continue to explore options for MHPSS support to mothers identified as having moderate mental health challenges | Margie, Patrick, Elizabeth | Ongoing |  |
| Follow-up is a challenge, particularly in health centre III, IIII and Hospitals where mothers come from far to deliver their babies in the facility. | Strengthen community-based structures | Margie, Patrick, Elizabeth |  |  |
| Support for the non-breastfed infant is weak. Infant formula supply chain is limited. There are some organisations that provide for refugee populations, but for nationals this is a real challenge.  In the hospital, there were 2 infants: 1 in the NICU and 1 in critical PNC that had no breastmilk supply but also no breast milk substitute. In a small number of situations, BMS is a life-saving support and it must be available when needed.  It was discussed that for some situations the use of diluted cow’s milk is the only option and so they support with minimizing those risks. However, provision of BMS with counselling of minimizing risks of use must be explored to best support infants who do not have the option to be breastfed. | Margie to discuss with relevant stakeholders to identify and confirm supply chain for infant formula, when it is needed as a life saving support. | Margie | ASAP |  |
| Support for improving breast milk supply: a number of challenges and areas for capacity building were identified:  There is, in some places, a cultural barrier to hand expression of breastmilk so this can be a challenge to encourage mothers who are not producing enough breastmilk to practice this in order to increase milk supply.  Confidence to support re-lactation was low amongst training participants, whilst mixed feeding is very high. To ensure effective MAMI support re-lactation techniques and support must be strengthened to reduce the number of mothers that are using BMS. | Re-lactation training for all MAMI staff | Margie | ASAP |  |
| ***M&E*** | | | |  |
| The forms being used across different sites is not standardized | Standardise all forms | Margie, Patrick, Elizabeth | ASAP |  |
| The Assessment Form and Enrolment & Follow up Forms being used in Kiryandongo are the old versions (v2.0) | Update all forms in Kiryandongo with v3.0 Forms | Elizabeth | June |  |
| The register needs to be revised to ensure it captures all aspects of the MAMI Assessment, currently the MAMI register and MAMI Assessment form do not fully align. | Revise the MAMI register to align with MAMI Assessment Form and Enrolment & follow-up form. | Alice to revise with Patrick and Margie | June | Revised version complete |
| The reporting form is heavy and I worry it will be challenging for staff to pull the data that is asked for. | Revise Reporting form to simplify and align well with the register to ensure ease of data collection and entry for accurate programme data. | Alice to revise with Patrick and Margie. | June | Revised version complete |
| Outcome categories currently in use are not sufficiently aligned with MAMI not effective for ACF to measure the impact of MAMI during the pilot. | Review outcome categories | Alice with Margie & Patrick | June | Done as part of M&E review |