



Caring for Small & Nutritionally At-Risk Infants and their Mothers

**MAMI Care Pathway experiences from Ethiopia &
Colombia**

6 May, 2021

Featuring



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Hosted & moderated by the Nutrition subgroup of
the Child Health Task Force

MAMI Care Pathway Overview



mami

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



Eleanor Crook
Foundation



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<https://www.lshtm.ac.uk/aboutus/people/kerac.marko>



MAMI Vision:

**Every small and nutritionally at-risk
infant u6m and their mother
is supported to
survive and thrive**

*Strong Infants, Strong Mothers, Strong Futures:
Building Bridges towards 2030*



Who (target population)

Small & Nutritionally at-risk infants u6months

(and their mothers)

1. Anthropometric case definitions:

--Attained size:

- Low birth weight
- Underweight; wasted; low MUAC;

--Dynamic measures:

- Growth faltering (failure)

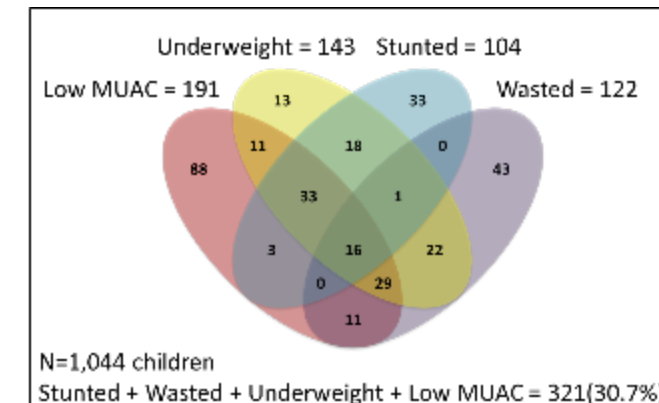
2. Clinical case definitions

- Breastfeeding problems
- Maternal Mental Health concerns

➔ **DETAILS evolving (WHO 2021/22)**

| Indicator | Global (z < -2) | Moderate (z -2 to -3) | Severe (z < -3) |
|--------------------|--------------------|--------------------------|--------------------|
| Underweight | 20.1% | 11.9% | 8.1% |
| LBW | 17.8% | 12.5% | 5.3% |
| Wasted | 21.3% | 11.7% | 9.6% |
| Stunted | 17.6% | 9.2% | 8.4% |

DHS analysis, 54 countries, infants <6m, 2019



NB Overlaps
(e.g. Ethiopia 2021 data)

Why: Survive & Thrive

RISKS (of SaNaR)

Short-term:

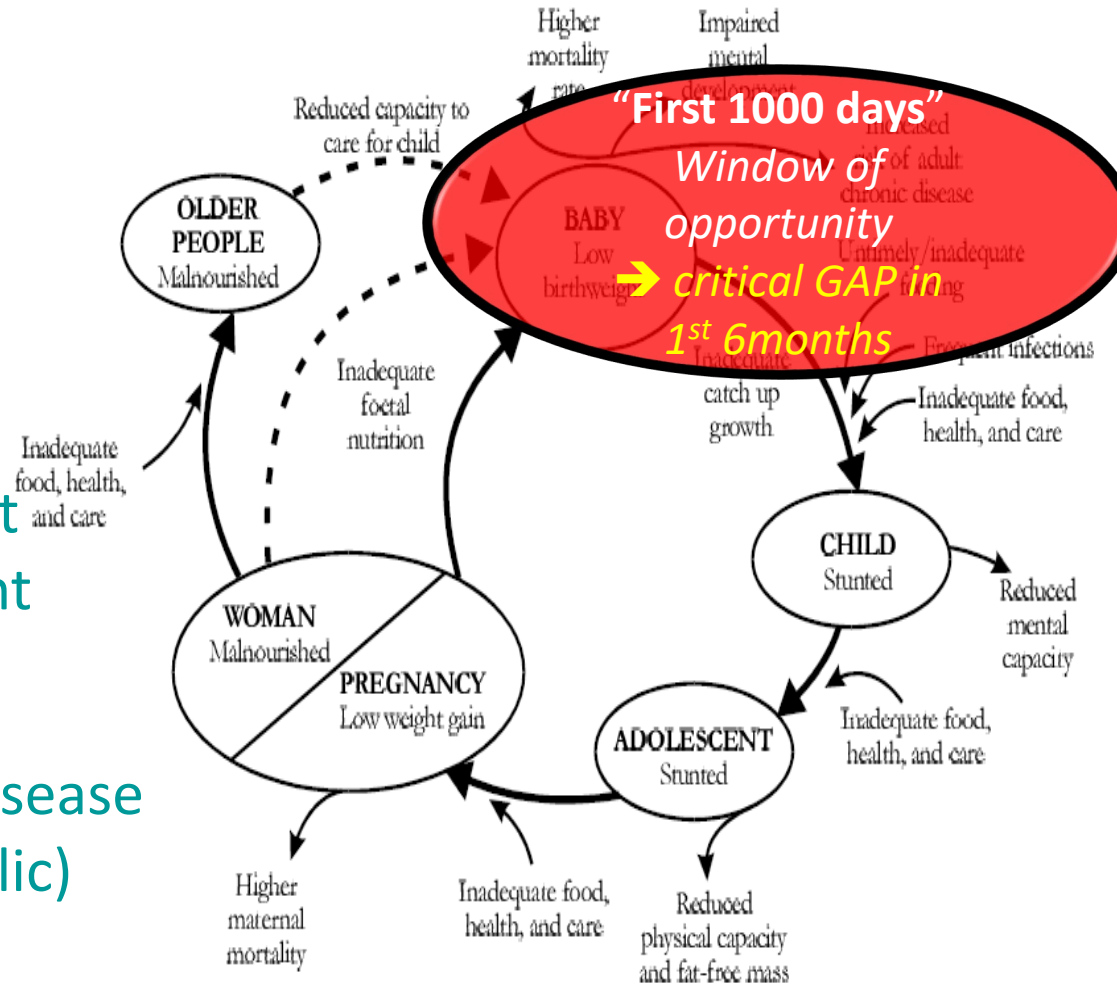
- ❖ Mortality
- ❖ Morbidity

Medium-term:

- ❖ Impaired development
- ❖ Educational attainment

Long-term

- ❖ Non-communicable disease (cardiovascular/metabolic)

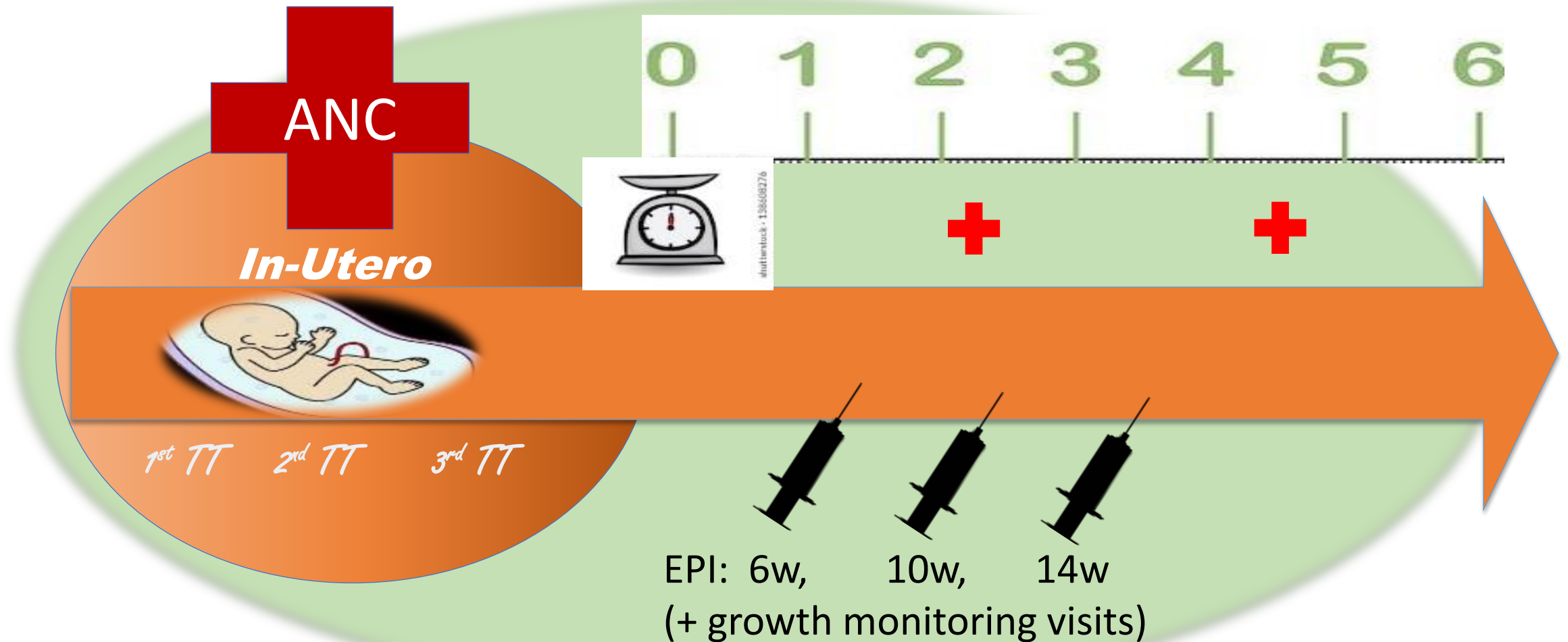


→ **Early-life opportunities**

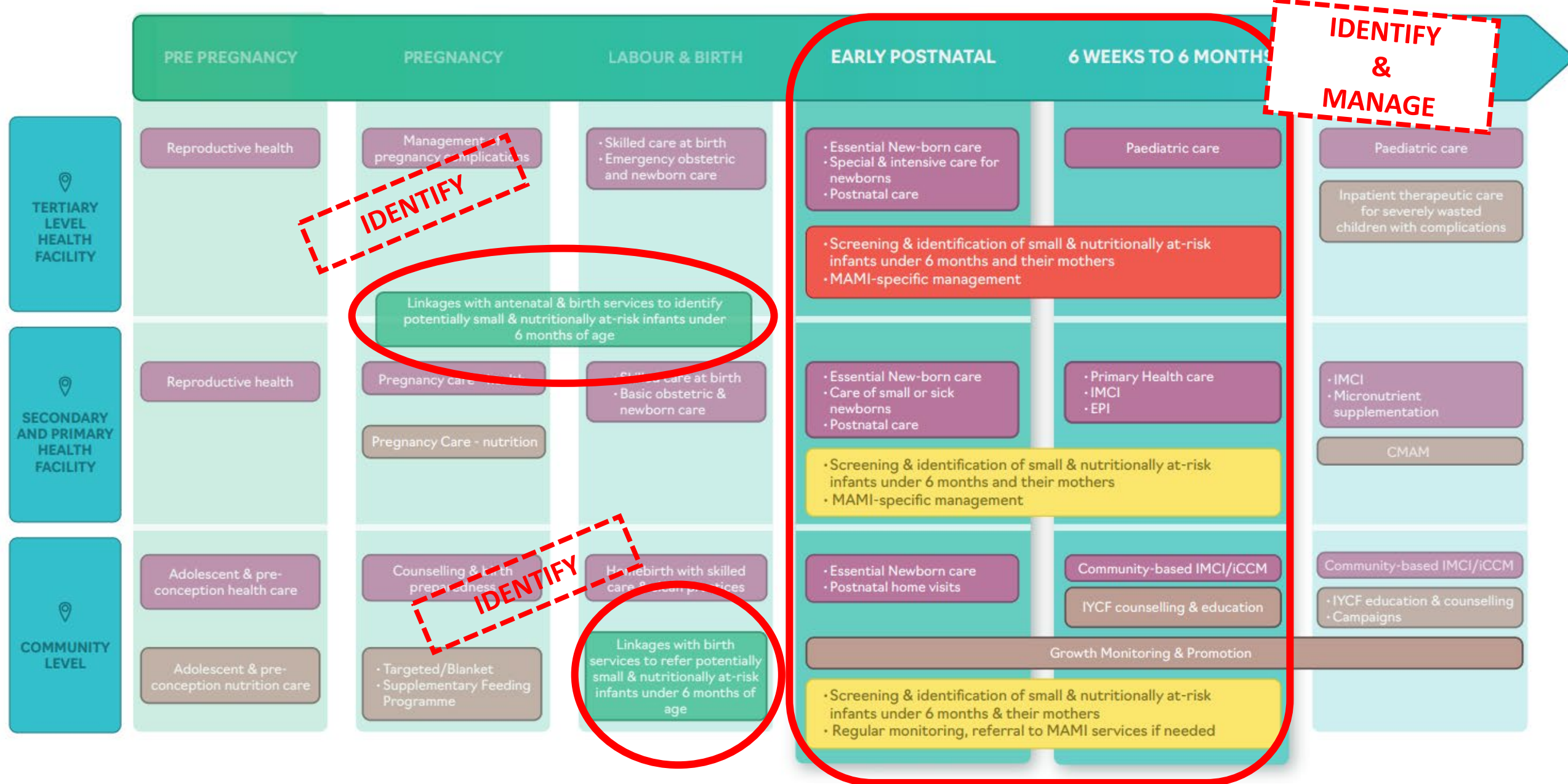
→ **Life-cycle (+inter-generational) benefits**

How:

Assessed & supported at every community/health-service contact

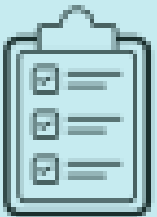
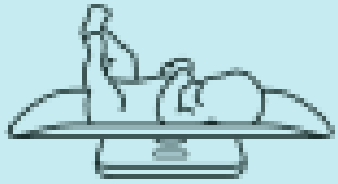
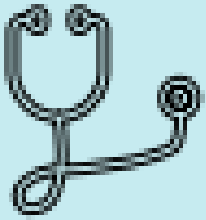


HOW: does MAMI fit in the health system?

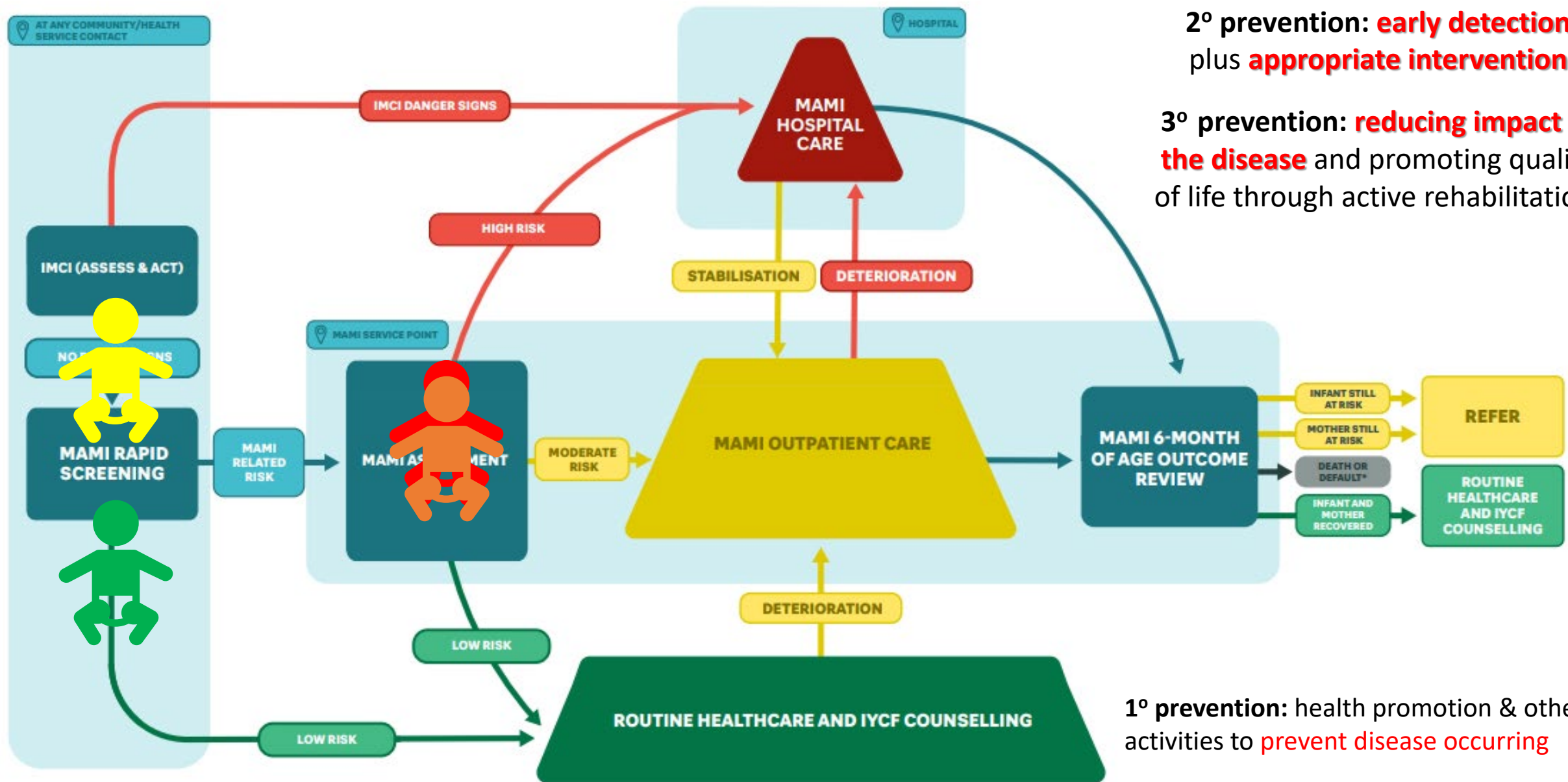


Guiding principles

- **Bridges** interventions, services & perspectives
 - Nutritional **AND** Clinical **AND** social interventions
 - Infant **AND** mother (carer)
 - Operationalises WHO (2013) Severe Malnutrition guidelines **AND** links with IMCI guidelines (aim = a future 'module' within IMCI)
 - Development **AND** emergency/humanitarian settings
- **Based** on an Integrated Care Pathway approach
 - Process, planning, participation all *really* matter..
- **Builds** on existing nutritional / clinical / other services
 - Start with what you already have & create links



MAMI Care Pathway 'flow'



What is involved in assessment & management?

1. Rapid Screen

- **Simple anthropometry**
+/- feeding & mental health qns



2. Full Assessment

- **IMCI danger signs**
- **(A)** nthropmetry/growth
- **(B)** reastfeeding (or not..)?
- **(C)** linical issues underlying
 - **Infant** e.g. disability; infection; other disease?
 - **Maternal** health, mental health?
- **(S)** ocial / other issues?

'Complicated' case
(sick, unstable)

Issues identified
@ full assessment
determine details of
management/support

'Uncomplicated' case
(feeding OK,
clinically stable)

Inpatient

- Clinical stabilisation
- MAMI-specific support **starts**
 - Treatment of underlying condition(s)
 - Infant feeding support
 - Maternal health/mental health support

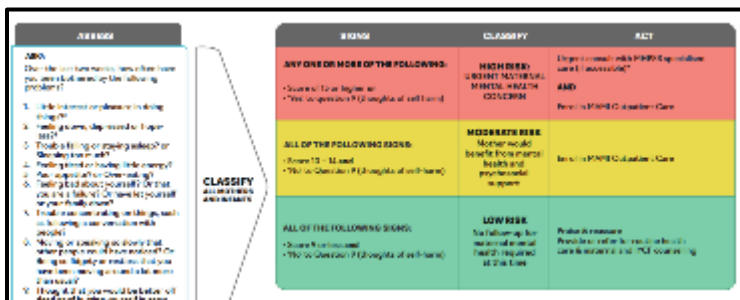
Outpatient

- **Tailored support & counselling:**
 - Focused on issues identified @ assessment e.g.
 - Infant feeding, minor illnesses
 - Maternal nutrition, mental health
- **Counselling core topics:**
 - Relaxation (@every visit)
 - Crying and sleep
 - Nurturing care (Early Child Development)
 - Father, family, community support
 - Family planning
 - Complementary feeding
- Referral as needed
- Monitoring

User guides

Forms

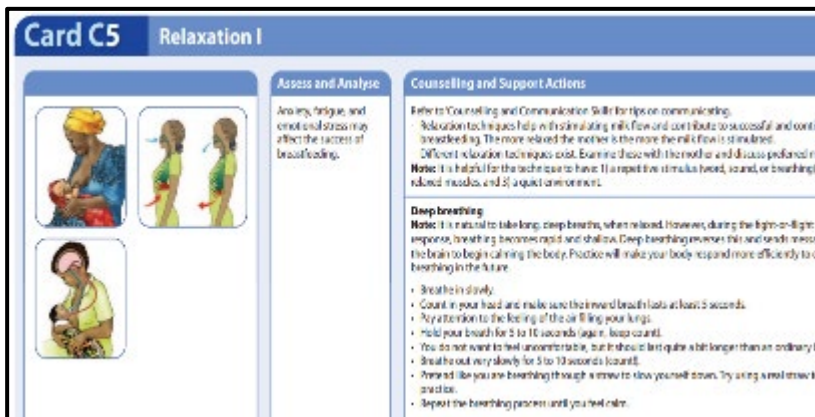
Counselling Cards and Support Actions Booklet



| MAMI ASSESSMENT FORM | | | | | | | | | |
|------------------------------------|--|---------------------|-------------------|------------------|---------------|--------------------|------------------------|-----------|---------------------------------|
| Basic Information | | | | | | | | | |
| Infant name (first & last name) | | | | | | ID no. | | | |
| Sex | | male | female | Infant age | | Date of assessment | | _ / _ / _ | |
| Primary caregiver name | | | | _ months _ weeks | | Date of birth | | _ / _ / _ | |
| Source of referral | | community screening | outpatient clinic | inpatient case | self referral | other: | Relationship to infant | | mother grandmother other: |

STEP 1 CHECK FOR DANGER SIGNS (infant)

| Q1 | Unable to breastfeed / drink? | no | yes |
|----|-------------------------------|----|-----|
| Q2 | Unusually sleepy? | no | yes |



MAMI Care Pathway Package, Version 3 (2021)

Year: 2021

Resource type: Field tool

The MAMI Care Pathway Package provides practitioners with a resource to screen, assess, and manage small and nutritionally at risk infants under six months and their mothers (MAMI).

The aim of the MAMI Care Pathway Package is to help put the latest WHO technical guidance into practice. It was developed as a first step to help fill a gap in programming guidance. The MAMI Care Pathway draws upon and complements existing national and international guidance and protocols. It is modelled on the Integrated Management of Childhood Illness (IMCI) approach.

Version 1.0 of the C-MAMI Tool was produced in 2015 and updated to Version 2.0 in 2018. Version 3 is now available. It has been updated from the 2018 version through stakeholder consultation, literature reviews, and based on learnings of previous implementation experiences.

Development of the MAMI Care Pathway Package was funded by Irish Aid and the Eleanor Crook Foundation.

The MAMI Care Pathway Package comprises:

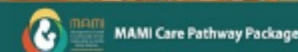
- **MAMI Care Pathway Package:** This is the complete package that contains all resources and instructions for operationalising the care pathway. This document should be reviewed first as an orientation on the various elements of the package.
- Included in the MAMI Care Pathway Package but also available to download as stand-alone documents:

- **MAMI Care Pathway User Guides:**

- MAMI Rapid Screening Guide
- MAMI Assessment Guide
- MAMI Maternal Mental Health Assessment Guide
- MAMI Feeding Assessment Guide
- MAMI Outpatient Care: Management Guide
- MAMI Outpatient Care: Maternal Mental Health Support Summary

- MAMI Health Worker Support Materials:

- MAMI Assessment Form
- MAMI Maternal Mental Health Assessment Form
- MAMI Feeding Assessment Form
- MAMI Enrolment and Follow Up Form
- MAMI Health Workers Support Materials User Booklet
- MAMI Counselling Cards and Support Actions Booklet (standard version)
- MAMI Counselling Cards and Support Actions Booklet (crop lines for printing)



Download and bookmark

 Preferred Citation

Citation Tools

Tags for this page

- ▶ SAM (Prevention & treatment of Severe Acute Malnutrition)

- ▶ **IYCF (Infant and Young Child Feeding)**

- MAMI (management of at risk mothers and infants)

About this page

- Updated on 5 May 2021

- 58 views



Card A9 Breast condition: Sore or cracked nipples

Assess and Analyse

- Breast/nipple pain
- Cracks across the top of the nipple or around the base
- Occasional bleeding
- May become infected

Counselling and Support Actions

- Look for good attachment.
- Look for effective suckling.
- Ask about frequency of breastfeeding: 8 – 12 times in 24 hours.
- Stop any supplements: infant should receive no water, other drinks or foods (See 'Receives other liquid or foods' CARD M).
- Do not stop breastfeeding.
- Begin to breastfeed on the side that hurts less.
- Change breastfeeding positions.
- Let infant come off breast by him/herself.
- Hand express to start the flow of milk before putting infant to breast.
- Apply drops of breastmilk to nipples.
- Do not use soap or cream on nipples.
- Do not wait until the breast is full to breastfeed.
- Do not use feeding bottles.
- If sore is large and infected after applying these measures, refer for clinical treatment.
- If mother is HIV positive she should not breastfeed from the breast with a cracked or bleeding nipple; she can express milk from damaged breast and discard until nipple heals, or heat-treat expressed breast milk.

Note: If baby is known to be living with HIV, a mother with cracked nipples and mastitis still needs to heat-treat expressed breast milk to prevent re-infection.*

Card C4 Crying and sleeping

Assess and Analyse

Pattern of crying and sleeping.

Counselling and Support Actions

Refer to 'Excessive crying' CARD A6 if mother complains of excessive crying.

Crying:

- Crying is natural and it is the way babies express themselves.
- Some babies cry more than others and some even cry when nothing is wrong. For a 2-month-old baby, crying can range from 30 minutes per day to 5-6 hours per day.
- Crying, sometimes in late afternoons and early evening, may increase at 6-8 weeks of age.
- Crying gets better over time.

Calming a crying baby:

- Let baby suckle at the breast.
- Hold the baby along the forearm.
- Hold the baby round the abdomen, on the lap.
- Hold the baby against chest.
- Undress the baby and massage them gently and firmly.
- Do not shake your baby to try stop the crying.

Note: Some babies cry more and need to be held and carried more. In communities where mothers carry their babies with them, crying is less common than in communities where mothers like to put their babies down to leave them or put them to sleep in separate cots.

Sleep:

- All babies sleep differently.
- Keep baby close and in the same room (for the first 6 months).
- Baby should **always** sleep on their back for naps and at night and not on their front or side.
- Babies should sleep in a safe sleep space; on a firm surface that does not indent when the baby is lying on it; away from blankets, pillows or stuffed toys. Baby's head should be kept uncovered.
- Keep smoke away from baby day and night.
- Turn my time while awake can help to strengthen the muscles they need for rolling.

Note: Many more babies have died suddenly when placed to sleep on their stomach or side, than on their back. Breastfeeding protects from Sudden Infant Death Syndrome.

For more information on safe sleep: <https://www.basisonline.org.uk/>

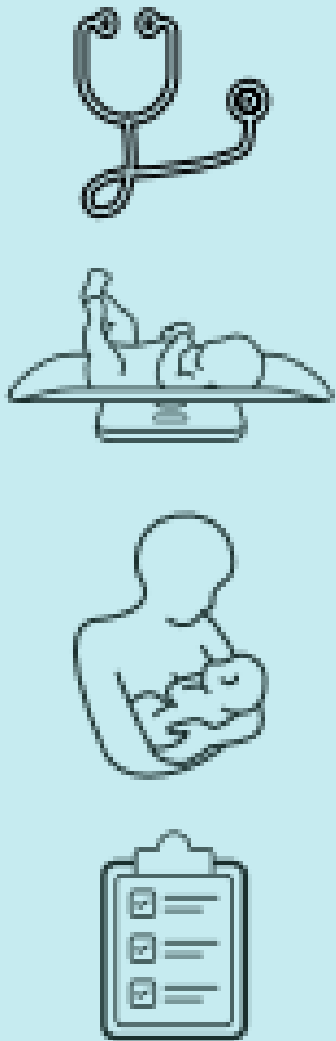
| Date | Actions & advice given | Date | Actions & advice given |
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| ___/___/___ | | ___/___/___ | |
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| ___/___/___ | | ___/___/___ | |
| ___/___/___ | | ___/___/___ | |
| ___/___/___ | | ___/___/___ | |

TOPICS to discuss with ALL carers (date covered & notes)

| | |
|---------------------------|---------------|
| 1. Relaxation | (EVERY VISIT) |
| 2. Crying, sleep | |
| 3. Nurturing care for ECD | |
| 4. Family/father support | |
| 5. Family planning | |
| 6. Complementary feeding | |

| ACT | DECIDE ON FREQUENCY OF SUBSEQUENT FOLLOW UP VISITS (ASSESS AT EACH VISIT): |
|--|--|
| Reduce frequency when ALL of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Adequate weight gain for at least 2 consecutive weeks (more than 5g/kg/day) <input type="checkbox"/> Clinical issues resolved (or resolving) <input type="checkbox"/> Feeding issues resolved (or resolving) <input type="checkbox"/> Maternal health / mental health issues resolved (or resolving) <input type="checkbox"/> Mother/carer satisfied with progress | weekly → fortnightly fortnightly → monthly monthly → monthly |
| Continue with current frequency when ANY of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Inadequate weight gain (less than 5g/kg/day) <input type="checkbox"/> Ongoing clinical sign or symptom <input type="checkbox"/> Ongoing feeding issues <input type="checkbox"/> Ongoing maternal mental health issue <input type="checkbox"/> Mother/carer has continued concerns needing regular visits/support | weekly → weekly fortnight → fortnightly |
| Increase frequency when ANY of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Some weight loss (outside of immediate postnatal period) <input type="checkbox"/> Inadequate weight gain after 3 weeks (less than 5g/kg/day) | fortnightly → weekly monthly → weekly |
| Refer to hospital or specialised services when ANY of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Any new IMCI danger sign → URGENT hospital referral <input type="checkbox"/> Significant weight loss <input type="checkbox"/> Worsening mental health concern | |

Guiding principles (2)



- **Simple:** - to follow. Recognises that supervision/referrals can be limited.
→ 'how to' guides and support materials for isolated HCW
- **Subtract from clinical/patient workload:**
→ focus on WAZ, MUAC *NOT* WLZ
→ focus on infants/carers with highest needs *NOT* on all
→ forms are brief / easy to fill / form basis of audit
- **Synergies with other services**
- e.g. relaxation contributes to mental health/wellbeing; greater attendance at immunization/GM clinics if MAMI also there
- ***Satisfaction:*** - healthcare worker as well as patient

I want this! Now what?

1 -- **ALWAYS ENGAGE** with & get **BUY-IN** from local staff/teams/managers

Ask: what adaptations (if any) are needed in my context?

As-is

= directly comparable

Includes:

- direct translation into local languages

- Context-specific language tweaks in materials

- Use of context relevant images in Counselling Cards

Minor adaptations

=minor effect on comparability

Small edits due to different:

1) Local protocols

e.g. screening at 8 rather than 6 weeks due to different EPI schedule

2) Local epidemiology and caseload

e.g. don't routinely admit all twins

3) Local culture

e.g. drop family planning counselling; adapt MH screening tools.

Major adaptations

=major effect on comparability

Larger edits due to different:

1) Local protocols

e.g. Only use growth faltering criteria for admission

2) Local epidemiology and caseload

e.g. don't routinely admit all LBW or infants of adolescent mums

3) Local culture

e.g. new module on mental health or domestic violence; drop mental health component

2 -- **SHARE** with MAMI GN! (so others can learn from your experience)



By Anne Marie Kueter, Alice Burrell, Sarah Butler, Mostofa Sarwar and Habibur Rahaman



Informing the management of acute malnutrition in infants aged under 6 months (MAMI): risk factor analysis using nationally-representative demographic & health survey secondary data

Marko Kerac^{1,2}, Severine Frison², Nichola Connell³, Bethan Page⁴ and Marie McGrath⁵

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³ Department of Global Health, Save the Children USA, Washington, D.C., USA

⁴ Independent, London, UK

⁵ Emergency Nutrition Network, Oxford, UK

ABSTRACT

Background: Tackling malnutrition (u6m) is often neglected in the recent World Health

Review

Feeding Interventions for Infants with Growth Failure in the First Six Months of Life: A Systematic Review

Ritu Rana^{1,2,3,*}, Marie McGrath⁴, Paridhi Gupta¹, Ekta Thakur¹ and Marko Kerac^{2,5}

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⁵ Centre for Maternal, Adolescent, Reproductive & Child Health (MARCH), London School of Hygiene & Tropical Medicine, London WC1E 7HT, UK

* Correspondence: rrana@iiphg.org

Received: 17 June 2020; Accepted: 3 July 2020; Published: 9 July 2020



Abstract: (1) Introduction: Current evidence on managing infants under six months with growth failure or other nutrition-related risk is sparse and low quality. This review aims to inform research priorities to fill this evidence gap, focusing on breastfeeding practices. (2) Methods: We searched PubMed, CINAHL Plus, and Cochrane Library for studies on feeding interventions that aim to restore or improve the volume or quality of breastmilk and breastfeeding when breastfeeding practices are sub-optimal or prematurely stopped. We included studies from both low- and middle-income countries and high-income countries. (3) Results: Forty-seven studies met the inclusion criteria. Most were from high-income countries ($n = 35, 74.5\%$) and included infants who were at risk of growth

MAMI evolution, not (yet) revolution

➤ Needs further testing & evidence, incl.:

<https://www.enonline.net/mami/evidence>

❑ Optimal enrolment criteria

- MUAC + cutoffs
- Clinical / feeding criteria

❑ Effectiveness / efficacy:

- Key outcomes: anthropometry / clinical status / body composition / development
- @ 6m age and beyond

➤ Please share YOUR experiences / qns.:

<https://www.en-net.org/forum/19.aspx>

[Log in to en-net](#)
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Language: [English](#) [Français](#)

Management of At Risk Mothers and Infants

» [Submit a new question](#)

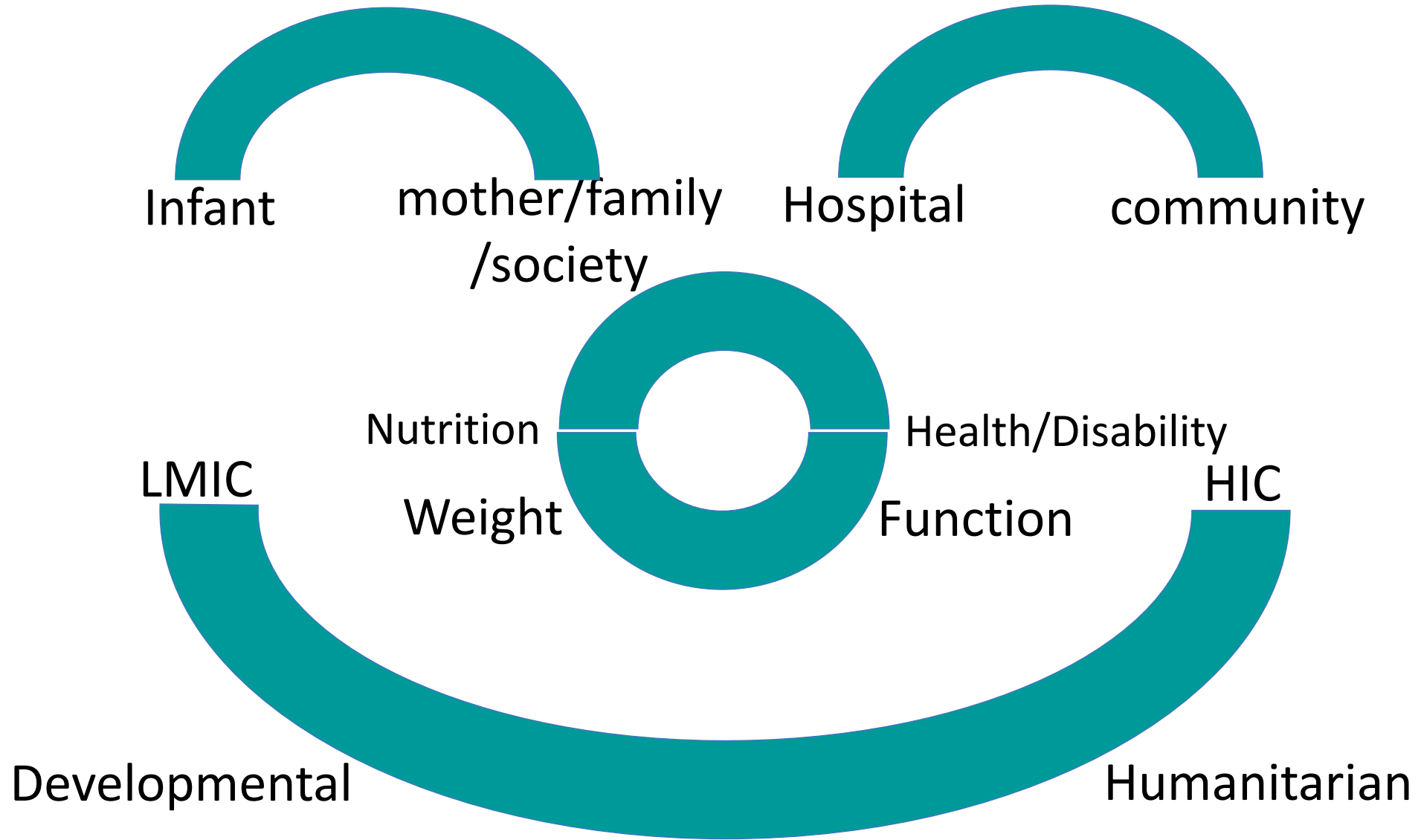
| Topic | Views | Replies | Author | Posted |
|--|-------|---------|----------------------|-------------|
| MAMI Care Pathway Package available May 6! | 60 | 0 | Eleanor Rogers | 30 Apr 2021 |
| New UNICEF classification standards for malnutrition | 383 | 1 | Anonymous 40599 | 10 Mar 2021 |
| Maternal Nutrition/Minimum Meal Frequency for Pregnant and Lactating Women | 1,037 | 3 | Yara Sfeir | 4 Mar 2021 |
| Seeking feedback on the MAMI Support Actions Booklet and the Counselling Cards | 370 | 0 | Linda Shaker Berbari | 26 Jan 2021 |

FAQ: How does MAMI fit with / differ from:

| For infants u6m | WHO 2013 Severe malnutrition guidelines | National (CMAM) nutrition guidelines | IYCF | MAMI Care pathway | IMCI (incl. WHO Hospital Care pocketbook) | Early child Development |
|--|--|---|----------------------|----------------------|--|----------------------------|
| Core enrolment criteria | WLZ <-3 | WLZ <-3 | n/a (all infants) | | WAZ, WLZ | n/a |
| Inpatient-based care | ✓ | ✓ | ✗ | | ✓ | ✗ |
| Community-based care | ✓ | ✗ | ✓ | | (✓) | ✓ |
| Identification & Mx of NUTRITIONAL problems | ✓ | ✓ | ✓ | | (✓) | ✗ |
| Identification & Mx of CLINICAL problems | (✓) | (✓) | ✗ | | ✓ | ✗ |
| Mother/carer support | ✗ | (✓) | (✓) | | (✓) | ✓ |
| Crying/sleeping/relaxing | ✗ | ✗ | (?) | | ✗ | ✗ |
| Field-ready tools | ✗ | ✓ | ✓ | | ✓ | ✓ |

MAMI Summary:

"STRONG infants, STRONG mothers → bridges to 2030"
(Survive, Thrive, Risk-Orientated, Not by Growth alone),



Thank you

For more:

www.ennonline.net/ourwork/research/mami



@MAMIGlobalNet



<https://www.youtube.com/channel/UCDirBS7CyfCR4rv-X8uXT7g>

Spare slides (in case of questions)

Integrated Care Pathways (CP):

“care plans that detail the essential steps in the care of patients with a specific clinical problem and describe the expected progress of the patient”

AIMS:

- Facilitate introduction of guidelines and systematic and continuing audit into clinical practice
- Improve multidisciplinary communication and care planning, including with primary care
- Reach or exceed existing quality standards
- Decrease unwanted practice variation
- Improve clinician-patient communication and patient satisfaction
- Identify research and development questions

How to use integrated care pathways

All health staff who provide care for patients with the chosen condition should:

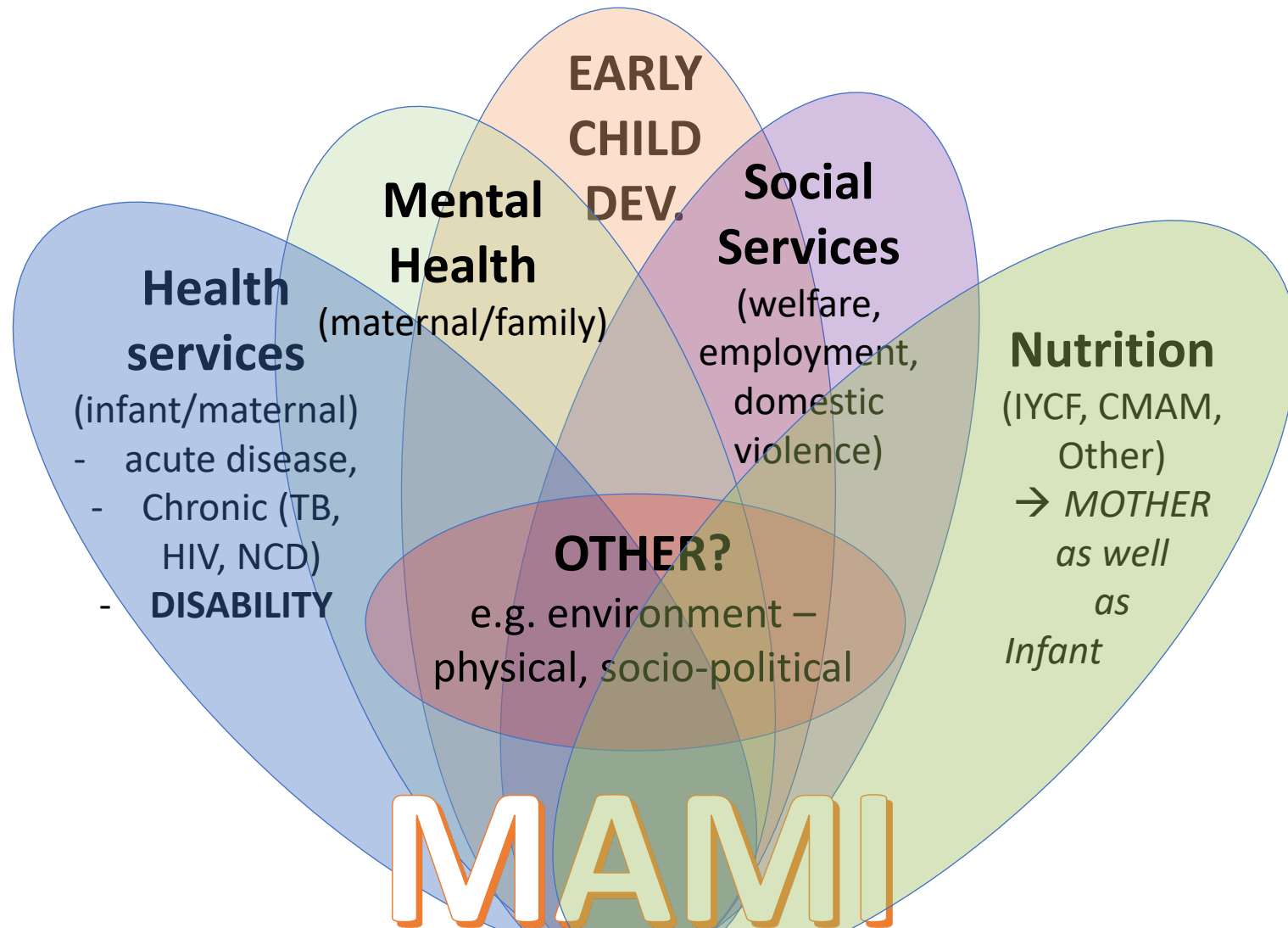
- (1) Follow the CP for every patient with the chosen condition.
- (2) Complete CP documentation, signing for key elements of care provided as they are done.
- (3) Be free to deviate from the CP provided they justify the deviation / document it.
- (4) Take appropriate action when the CP identifies patients whose progress is less good than expected or faster than expected.
- (5) Ensure that patients understand the care pathway as it relates to them, and allow them access to the CP.

Product vs Packaging/Marketing

- Core intervention: A Social Norm



Links to other services (win-win for coverage)



Management of “**A**t-risk” **M**others & **I**nfants <6m



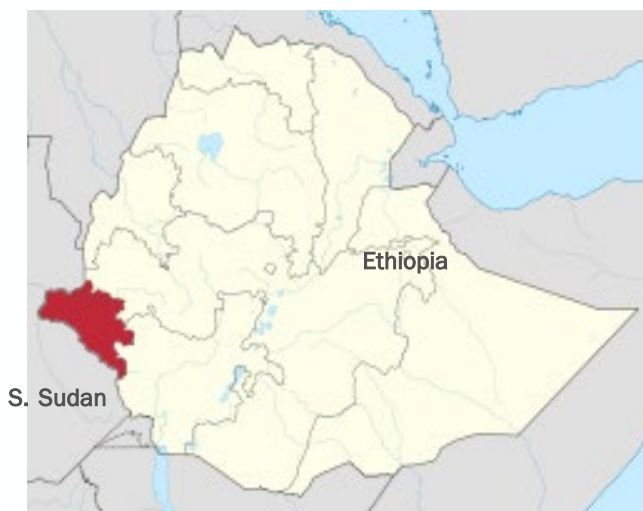
GOAL Gambella experience: on Management of Small and nutritionally At- risk Infants under six-months and their Mothers (MAMI)

Liya Assefa
Senior nutrition research officer
May-2021

GOAL Vision: GOAL believes in a world where poverty no longer exists, where vulnerable communities are resilient, where barriers to well-being are removed and where everyone has equal rights and opportunities

Overview

LOCATION



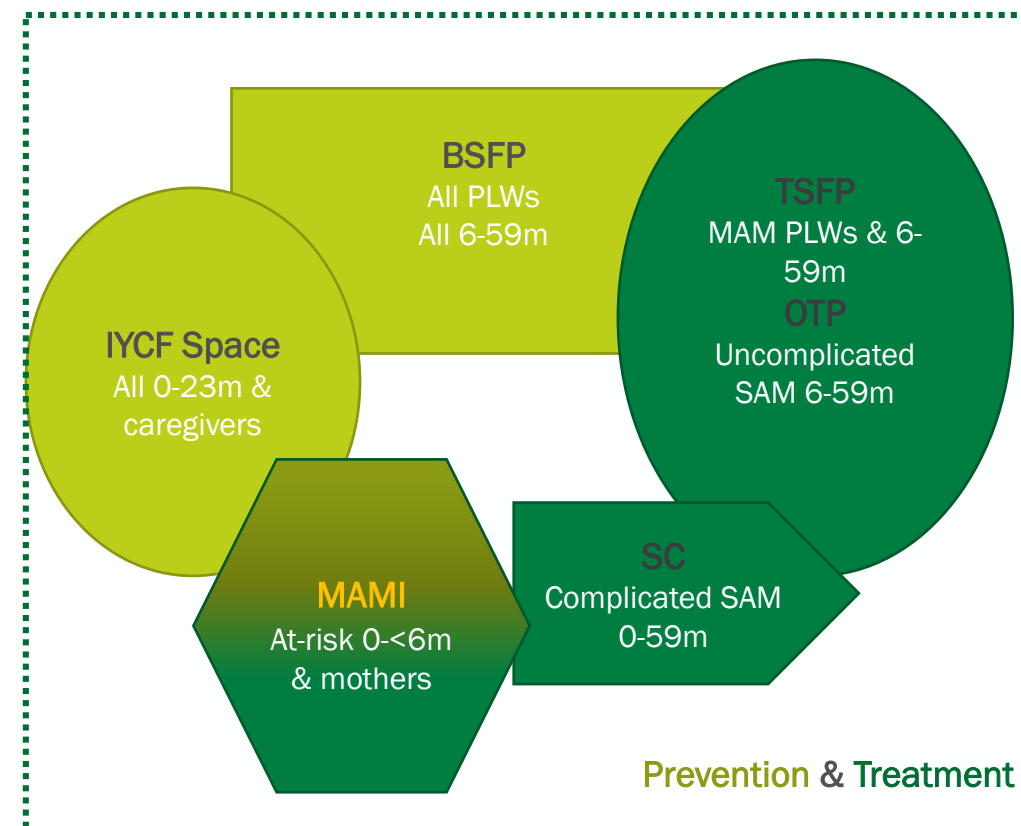
Gambella: #7 refugee camps

2013: Widespread violence in S. Sudan

2021 POPULATION

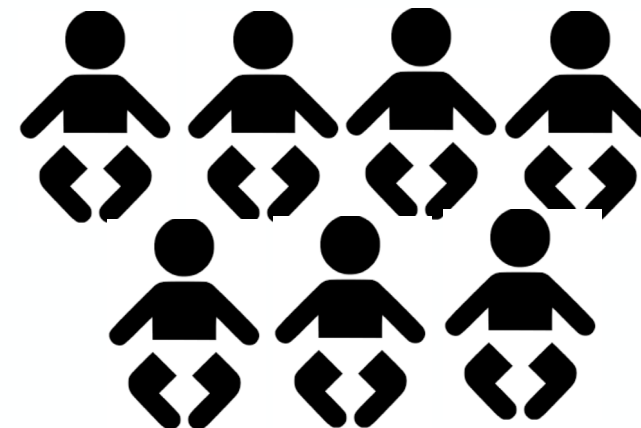
- ~340,000 S.Sudanese refugees in Gambella
- 2014 GOAL became Nutrition partner in #2 camps
 - Kule & Tierkidi ~110,000 **Children (65%)**

RESPONSE



Pre-MAMI (2014 – 2016)

2014



- WLZ screening
- Counselling focused on infant needs



MAMI Key Steps

Community case identification → Risk-assessment for enrolment → Counselling and support



CASE IDENTIFICATION - multiple opportunities in the community



COUNSELLING / G.H.M VIDEOS & SUPPORT



Referral to MAMI Service



RISK ASSESSMENT based on- Anthropometry, Breastfeeding problem, Clinical condition & Depression



Weekly visits

Longitudinal Follow Up



Operational Research: Global Health Media breastfeeding videos



Breastfeeding in the First Hours



Positions for Breastfeeding



Attaching Your Baby at the Breast



Is Your Baby Getting Enough Milk



Increasing Your Milk Supply



How to Express Breastmilk



Storing Breastmilk Safely



What To Do About Breast Pain



What To Do About Nipple Pain

Mothers said they like how real the videos were, they liked being able to practice the behaviours whilst watching the videos, found them easy to follow and remembered much more

HWs said the videos were comprehensive and they saved them valuable time – not only with delivering the counselling but also saved time convincing mothers to participate





Challenges and Opportunities

Progress

Improved learning & practices

Prevent & treat Malnutrition

Improved Health & Wellbeing

Challenges

Workload on IYCF counsellors

Digital data collection

Defaulters ↑ (population movements)

Beneficiary expectations (tangible items)

Nutrition staffs challenged with measuring anxiety and depression

Opportunities

Preventive and curative
Integration to existing services

Long term implications

Investment in data to inform evidence

MAMI Working groups in Gambella

WHO update by 2022



| Value Add | Lessons Learned |
|---|---|
| ➤ MAMI provides accessible care (outpatient setting) | ➤ Can use MAMI-MUACs |
| ➤ Prevention <u>and</u> Treatment | ➤ Address maternal & infant needs together |
| ➤ Anthropometry <u>plus</u> feeding ass', clinical ass', maternal needs | ➤ Discharge → De-escalated Follow-up |
| ➤ Addresses infant <u>and</u> mother/carers | ➤ Quality of counselling & mediums of interaction v. important for service outcomes |

Thank You



USAID
FROM THE AMERICAN PEOPLE





Save the Children

MAMI – Management of at-risk mothers and infants under 6m

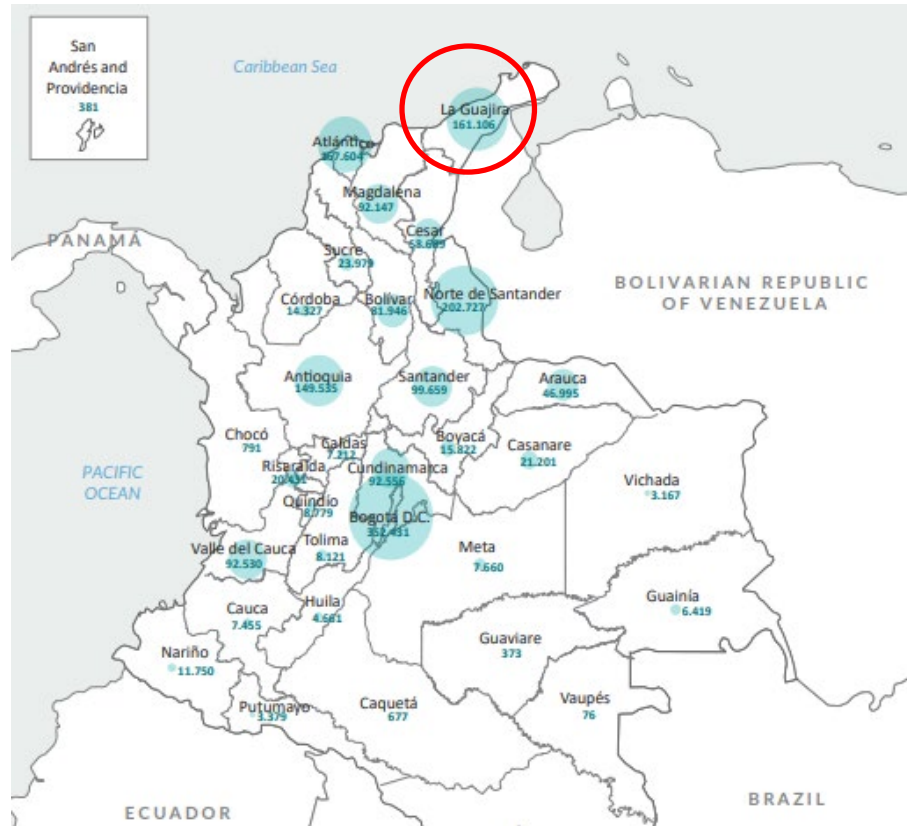
Manejo de madres, niños y niñas menores de 6 meses en riesgo

Nov 2020 -May 2021



andrea.garcia@savethechildren.org

Humanitarian Context: Venezuelan migration crisis



R4V May 2020

- Currently 1.7 million Venezuelans living in Colombia, more than a half in irregular situation.
- Last needs assessment december 2020:
- 13% are Children under 2 years of age
- Of this group 22% are Children under 6 months of age.
- La Guajira 31% of households with pregnant and/or lactating women.



Save the Children

Breastfeeding / Health Access / LBW

EBF - National

36,1%

***ENSIN 2015**

**EBF – migrants /
refugees**

51%

***Joint needs
assessment dec 2020**

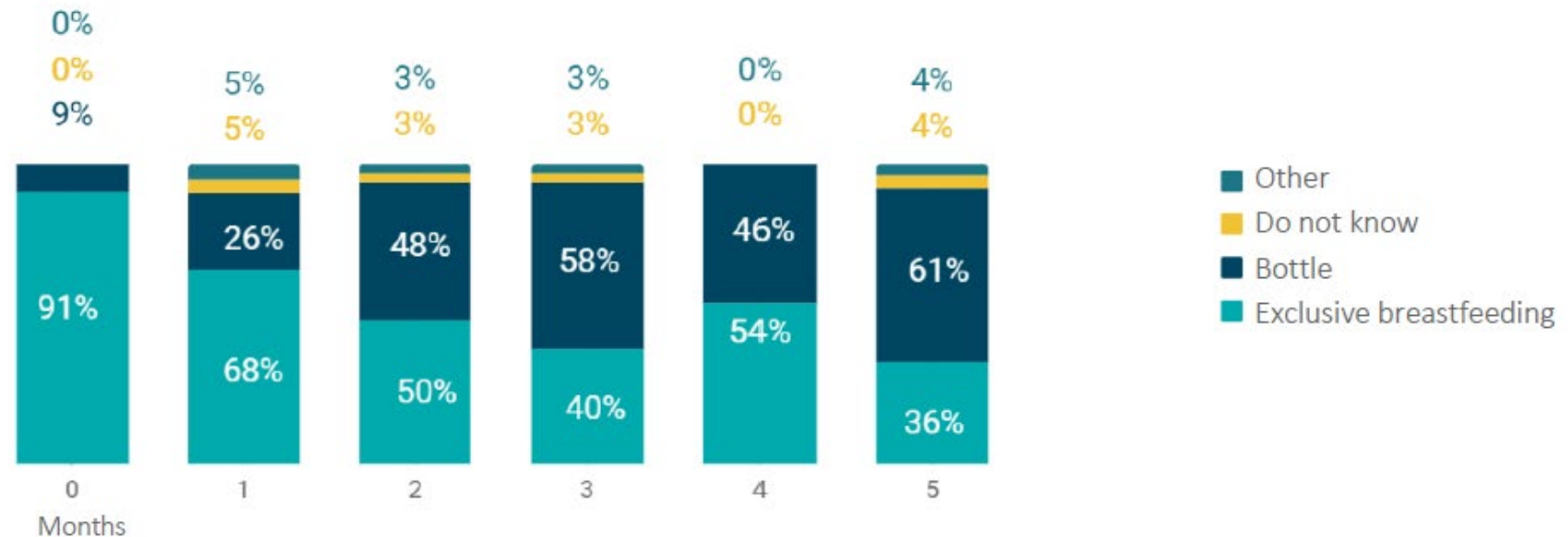
**80% no affiliation to
the Health System**

***Joint needs
assessment dec 2020**

LBW jan-march 2021

**102 reported cases
in the epidemiological
system**

Graph 43. Breastfeeding practices for children under six months



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IYCF



Promotion, protection and
Support to IYCF practices



What else can we do if in
IYCF activities we detect a
baby that needs more help?

SHR

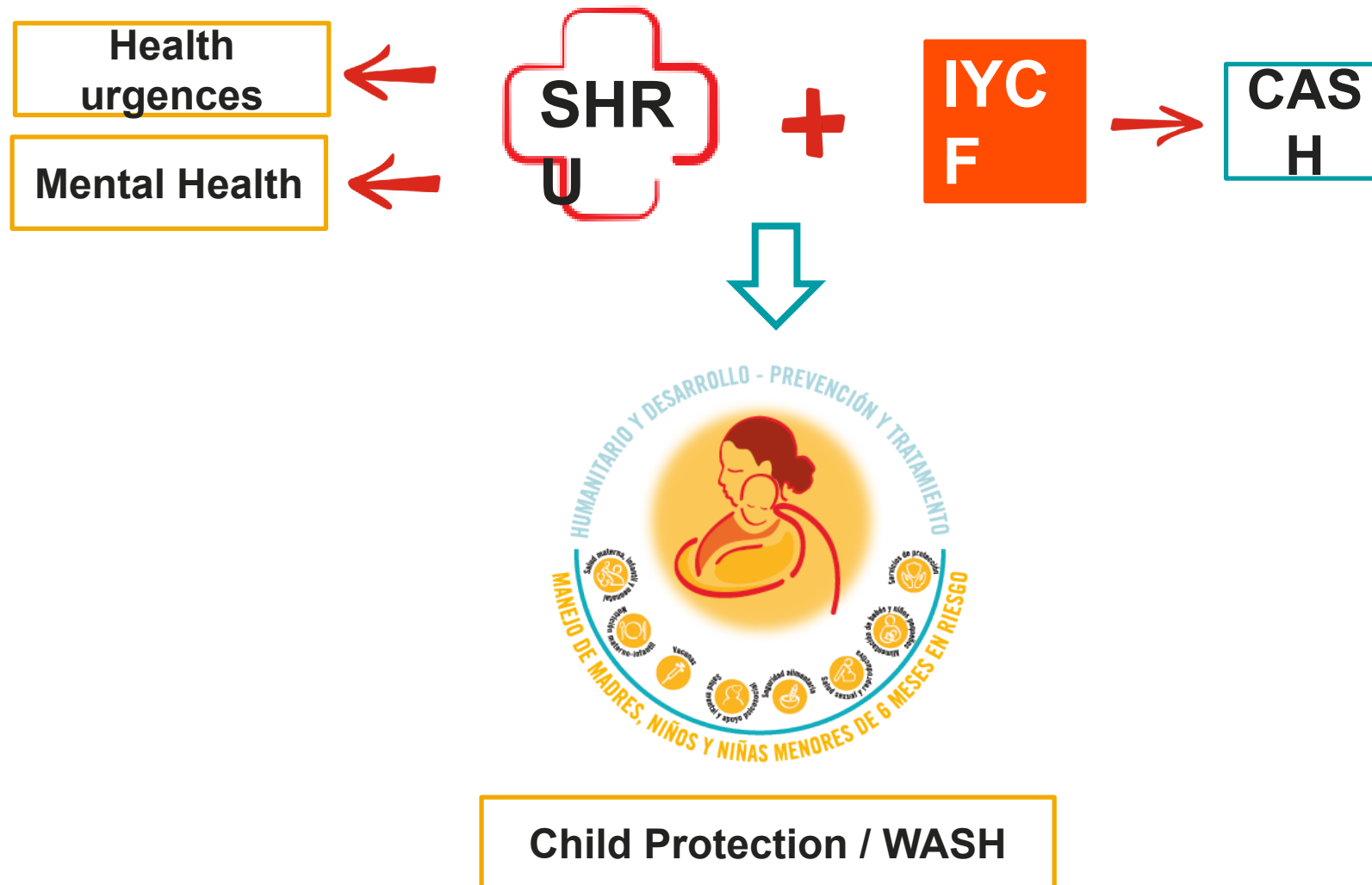


Clinical services, until 2
months of age



What happens with the
follow up for babies after two
months of age?

November 2020



MAMI - pathway





Conclusions

- MAMI gives the chance to support and connect with other services mothers and babies.
- Explaining and offering the service to communities and other sectors provides support to mothers and babies.
- MAMI is useful to support migrants and ethnical populations.
- MAMI is the support that mothers and babies need in a that phase of life where everything may be

THANK YOU



Save the Children



Connect with the us



Engage with the **co-chairs**:

- Akriti: akriti_singh@jsi.com
- Bridget: baidam@actionagainsthunger.org

Subgroup information, recordings and presentations from previous meetings and webinars are available on the subgroup page of the Child Health Task Force website:

www.childhealthtaskforce.org/subgroups/nutrition

**The recording from this webinar will be available on this page later today*

Suggestions for improvement or additional resources are welcome. Please email childhealthtaskforce@jsi.com.



USAID
FROM THE AMERICAN PEOPLE



New Resources for IYCF Programming Updated Image Bank

Tuesday, May 11, 2021 @ 8:00–9:00 am EDT

Register for the online event at:
www.advancingnutrition.org/events



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