



MAMI PILOT IMPLEMENTATION IN YEMEN

Wednesday May 11th , 2022



WEBINAR AGENDA

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



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 km²**.

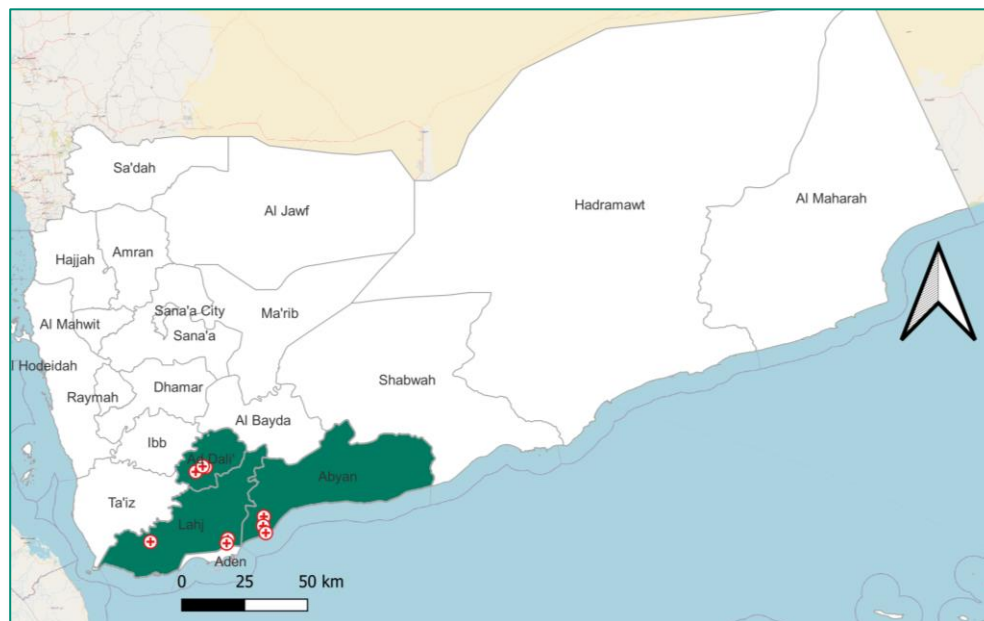
Population: 31,031,323 with annual growth rate of **2.57 %**.



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 **115th** 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

(**M**anagement of small & nutritionally **A**t risk **I**nfants
under six months & their **M**others)

Vision

“Every small and nutritionally at-risk 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.

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

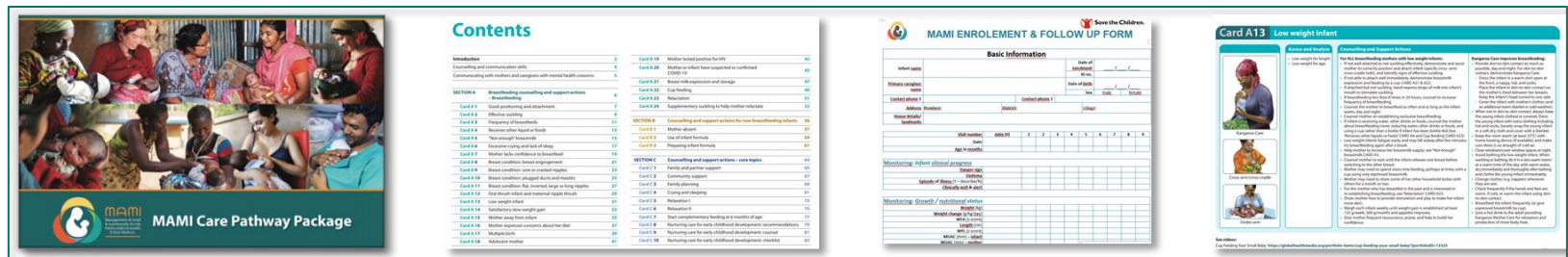
- Maternal mental health illness

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

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.



The screenshot displays four key components of the MAMI Care Pathway Package:

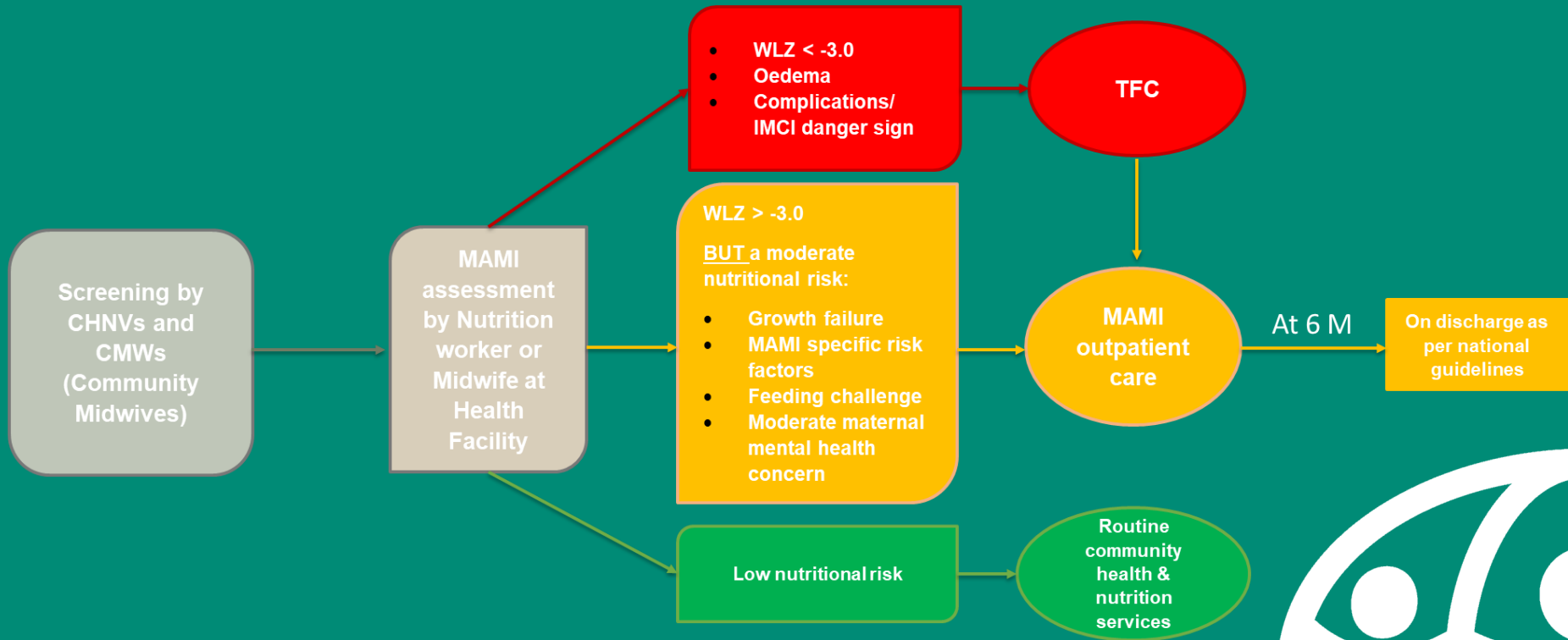
- Community Meeting:** A photograph showing a group of women and children gathered around a table, engaged in a community meeting or training session.
- Contents Table:** A table listing the various cards and sections of the package, such as 'Introduction', 'Counselling and support actions', and 'Monitoring and support actions for low breastfeeding infants'.
- MAMI ENROLLMENT & FOLLOW UP FORM:** A detailed form for recording basic information (name, address, phone number), monitoring infant growth (weight, height, head circumference) over time, and tracking breastfeeding status.
- Card A13 Low weight infant:** A specific counseling and support card for low-weight infants, detailing signs and symptoms, causes, and actions for health workers and mothers.

ADRA's MAMI Implementation

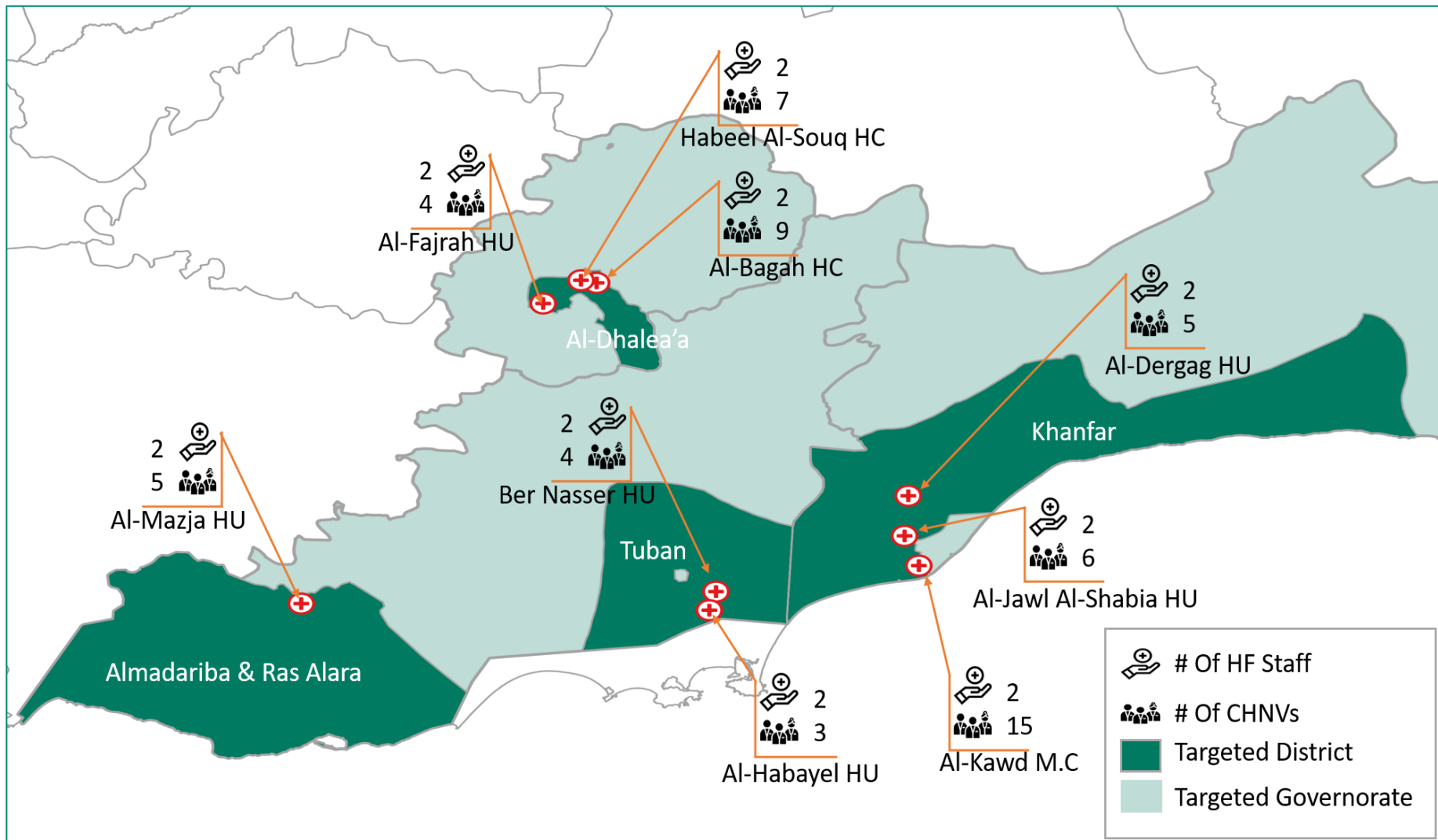
- ADRA incorporating MAMI in to health and nutrition interventions – first organization to do so in Yemen.
- Close coordination with MoPHP.
- ADRA is supported by the Global Nutrition Cluster Technical Support Team MAMI Advisor.
- **Activities to date:**
 - ✓ MAMI Health Worker Training – **18** Health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



MAMI PROGRAMME PATHWAY - ADRA YEMEN



MAMI Piloting Sites ADRA



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ADRA's MAMI 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.

(CHNVs) TALLY SHEET - MAMI case program

Month & year of report: 2022

Name of health center: _____

Name of volunteer: _____

District: _____

Governorate: _____

Telephone no: _____

Screening	Total
No. of infants / newborns which screened of danger	
New 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 acute (weight age or weight / height)	
LBW < 2500 gm	
Premature baby	
Difficulties of feeding for mother (MUAC < 23cm)	
Refuse feeding or difficulties	
Illness or factors inhibit feeding	
Difficulties of normal health of mother	
Multis born (twins)	
Age of mother < 19 years	
Oxyhan	
Others	
transfered	
Health centre (not patient MAMI)	

transference card infant under danger from CHNVs

Date information of patient: _____ date of transference: 2022 / 1

Name of patient: _____ age: _____ gender: male female

Governorate: _____ district: _____ city/village: _____

Data information of caregiver

Name of caregiver: _____ relationship: _____ phone number: _____

Data information of transference

Health center which transference to it: _____ district: _____ 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) & MUAC < 11.5 cm

Weight of infant at born < 2.5kg

MUAC of mother < or = 23 cm

Others: _____

Name of volunteer: _____ phone no: _____ signature: _____

MAMI OUTPATIENT CARE MONTHLY TRACKER

Month and Year of reporting: _____ Name of staff completing: _____

Health Unit ID: _____

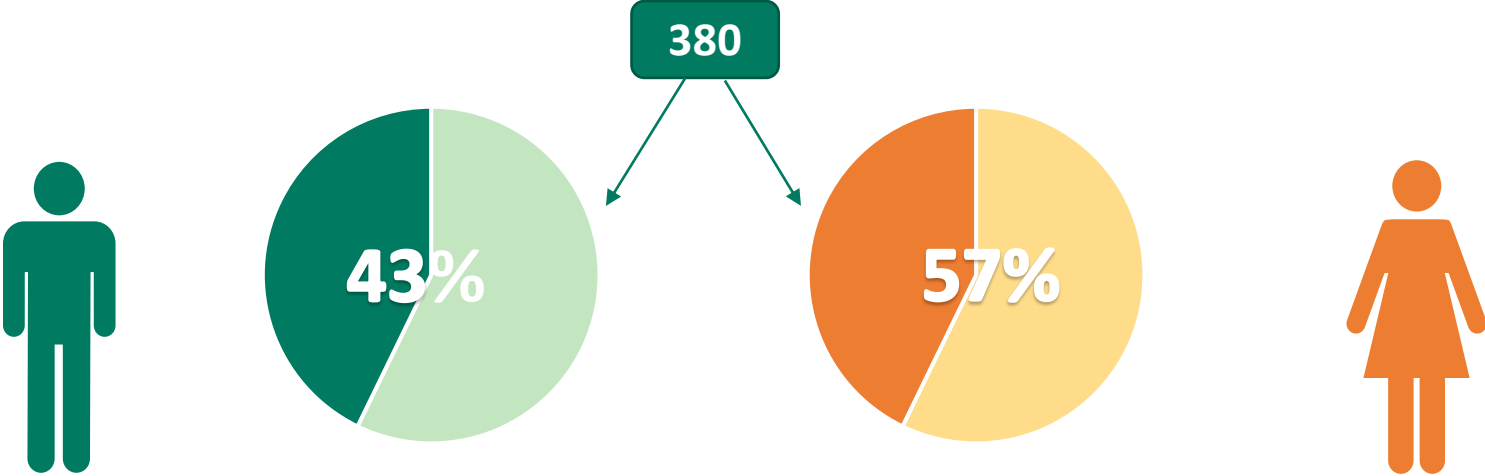
District: _____ Province: _____

Enrolment		EXIT (AT 6 MONTHS OF AGE)	
SCREENING		GENDER OF EXIT	
Number of mother		Male	
Infant deaths occurred		Female	
NEW		Total	
GENDER OF NEW ENROLMENTS			
Male			
Female			
Total			
Enrolment			
AGE OF NEW ENROLMENTS			
Days 0-14			
Less than 20 days			
Less than 6 month			
Feeding Status			
NBF			
MF			
EBF			
MAMI MONTHLY CASE CHARACTERISTICS			
Type			
Anthropometric deficit			
Low birth weight			
Feeding difficulties			
Not breastfed			
Illness or disability			
Abandoned/lost			
Multiple births			
Oxyhan			
Abandoned mother			
		REFERRALS	
		Referred - SAMM with complications	
		Referred - other	
		SFP (mother)	
		Maternal Health Center	
		Health Facility	
		Enrolment Type	
		New case	
		Retrieved defaulter	
		Referred from TTC	

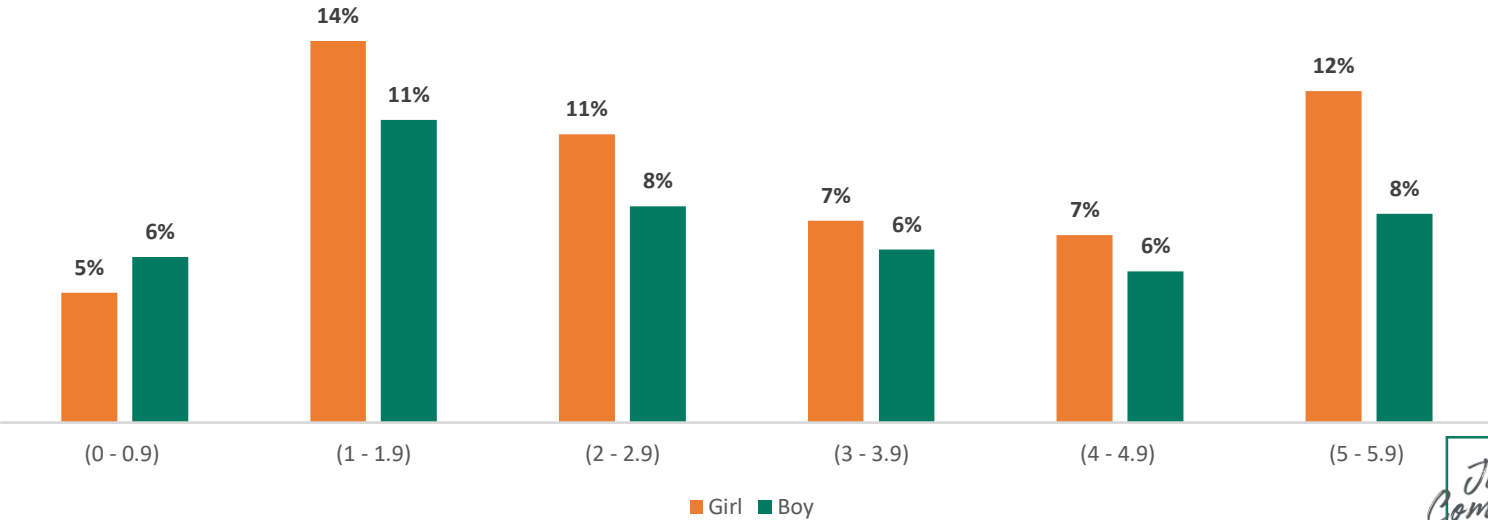
Findings

According to the info. collected from the piloting HFs.

Enrollment

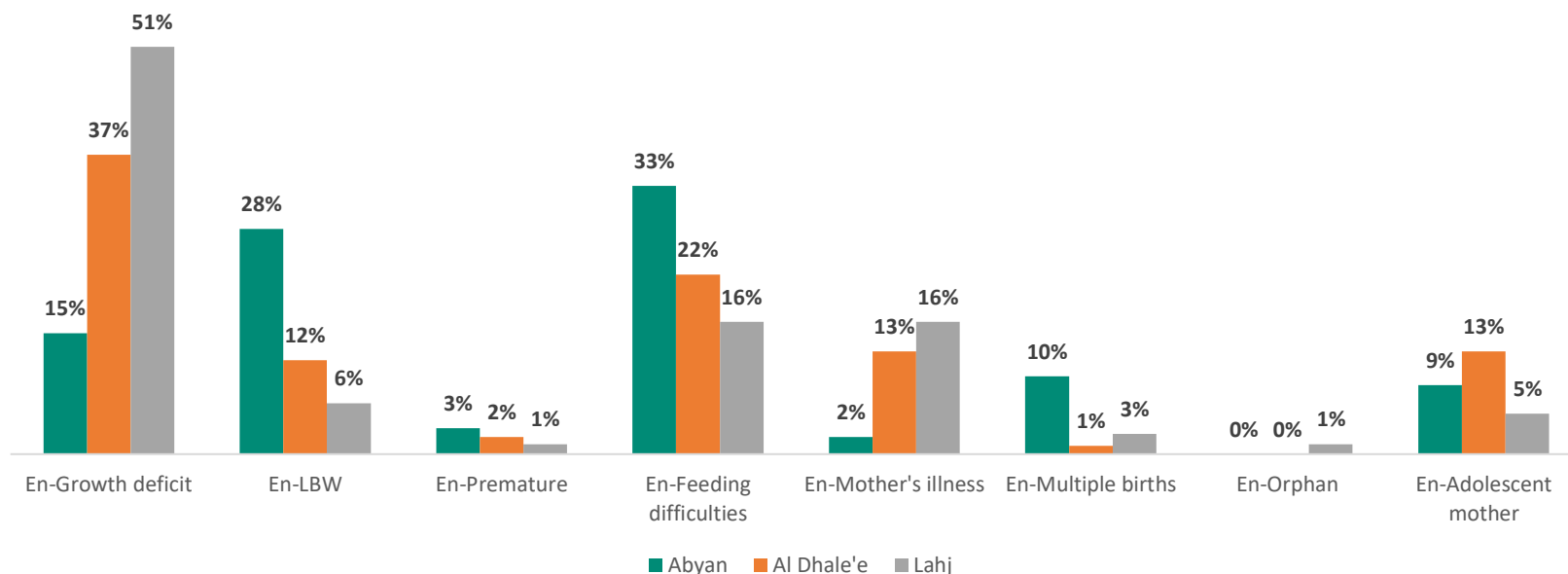


Age categories



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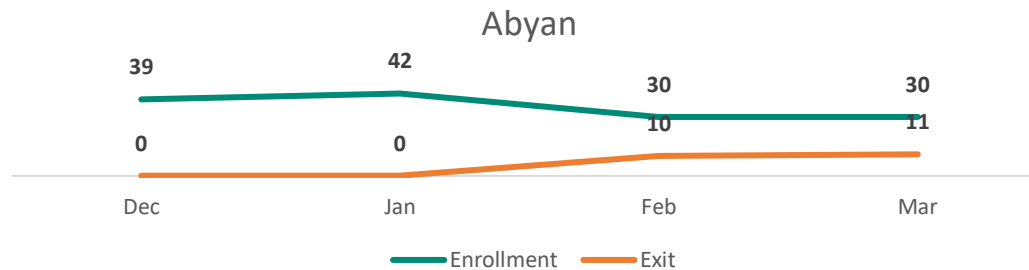
Enrollment Criteria



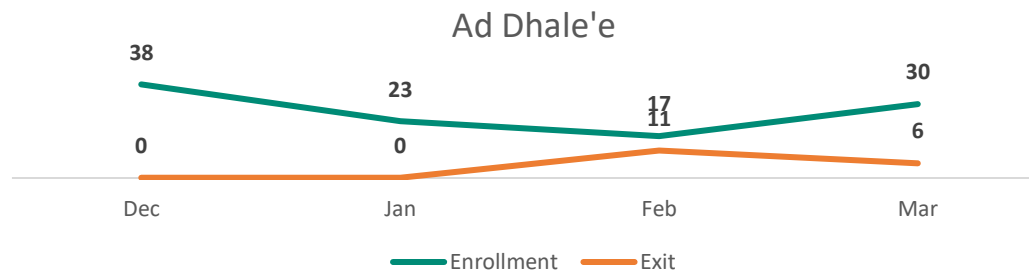
Row Labels	Abyan	Al Dhale'e	Lahj
Growth deficit	15%	37%	51%
LBW	28%	12%	6%
Premature	3%	2%	1%
Feeding difficulties	33%	22%	16%
Mother's illness	2%	13%	16%
Multiple births	10%	1%	3%
Orphan	0%	0%	1%
Adolescent mother	9%	13%	5%

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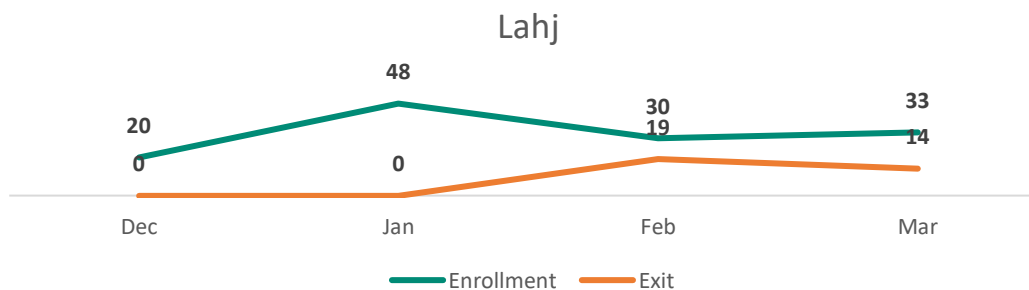
Enrollment vs. Exit



En= 141
Ex= 21;



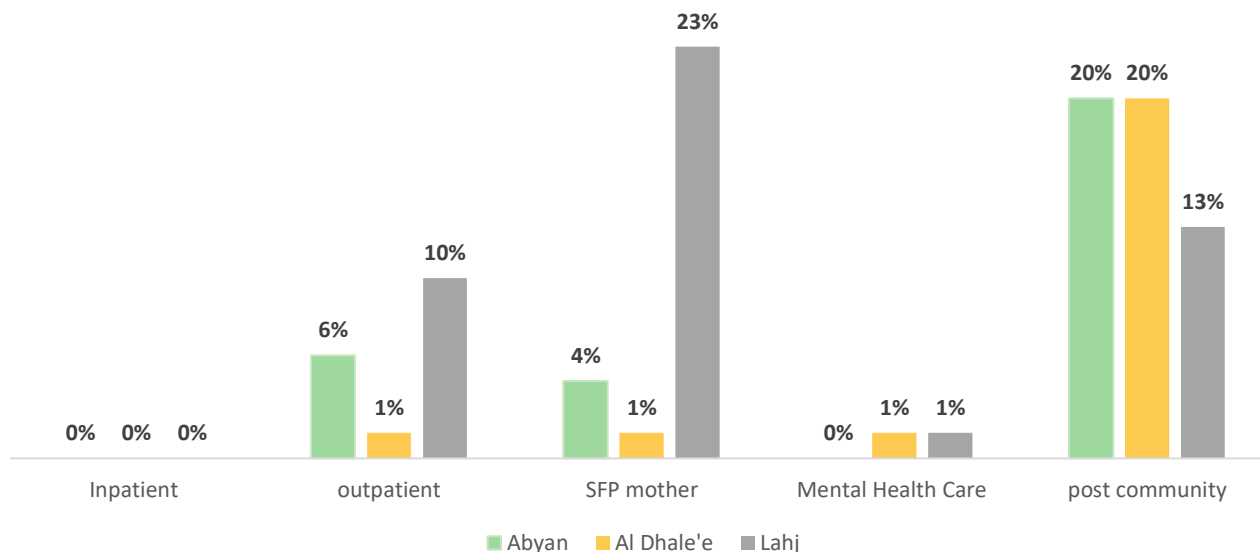
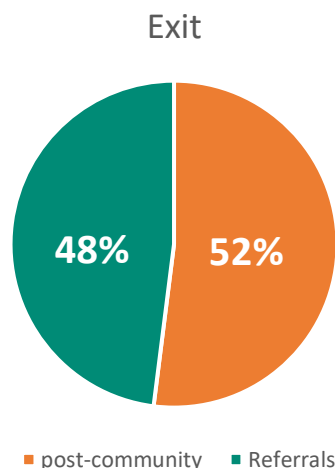
En= 108
Ex= 17;



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*)

“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”

	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



Q&A

Reference

1. GLOBAL HUNGER INDEX 2021: YEMEN
2. Yemen Humanitarian Update- December 2021.
3. [IPC_Yemen_Food_Security_Nutrition_2022March_Snapshot_English.pdf \(reliefweb.int\).](#)
4. <http://www.emro.who.int/images/stories/yemen/Therapeutic-Feeding-Centres-Feb-2022.pdf?ua=1>
5. <https://data.unicef.org/topic/nutrition/low-birthweight/>
6. [Nutrition Surveillance Feb 2022 WHO 2nd](#)
7. <https://www.indexmundi.com/facts/yemen/indicator/SH.STA.BRTW.ZS>



GLOBAL HUNGER INDEX 2021 YEMEN.pdf



Yemen Humanitarian Update – December 2021.pdf

Looking for support in Nutrition in Emergencies?

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

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



Thank you!