GUIDANCE NOTE

MEAL FOR MAMI CARE PATHWAY PACKAGE IMPLEMENTATION

Save the Children

CONTENTS

1. Purpose

The purpose of this document is to provide guidance on the use of Save the Children's MAMI MEAL Package. The package is aimed at health/nutrition technical staff and Monitoring, Evaluation, Accountability and Learning (MEAL) staff during programme design and implementation to ensure a robust MEAL package accompanies the implementation of MAMI.

The MEAL package presented here has been shaped and developed through experiences and needs of NGOs piloting the integration of the MAMI Care Pathway into existing health and nutrition programmes in fragile contexts. For piloting, the preference has been for separate registers and tools, and you will see this reflected in that the data collection tools are a standalone system for MAMI services. However, all existing registers, reporting tools and supervision tools should not be ignored/ discontinued and many aspects may be possible to inform/consider for national/sub-national data collection. Where preferred, these MAMI tools can be integrated with existing health/nutrition tools.

Additionally, given that the package has been designed with piloting in mind, the level of data is high in order to feed into development, learning and research on implementation of MAMI services. In future, following pilot of MAMI, crucial information would be identified and (ideally) integrated into existing national/ sub-national registers and tools. It is advised to consult with and collaborate with relevant stakeholders and authorities in order to maximise synergies and efficiencies in data collection and to ensure there are the necessary permissions, where required.

2. MAMI RECORDING AND REPORTING

a. Screening Tally

The MAMI Screening Tally is a template that can be used and adapted as needed to capture screening of infants under 6 months and their mothers, either in the community or at the facility level. The tally captures the number of infant-mother pairs screened, the sex of the infant, and the outcome of the screening. The Screening Tally links to the Facility Reporting Form, where screening totals should be collated and reported, as required.

SCREENING TALLY MAMI	
Week/Month and Year of reporting:	
Facility Name/ID:	
Location	
Name of staff completing form:	

Total infant-mother pairs screened:	

Infants Sex → Outcome of screening ↓	Male	Female
Low risk/ no referral		
Medium risk/ referral to MAMI		
High risk/ referral to inpatient		

b. Facility Register

The MAMI Facility Register is a template that can be used and adapted as needed to capture newly enrolled infants and their mothers/ caregivers to MAMI support. The Register captures data at enrolment and at exit only. The MAMI Register is intended for use at facility level (e.g., health facility or nutrition facility) and links to the MAMI Enrolment & Follow-up Form, the Facility Reporting Form and the MAMI Electronic Database.

MAMI Outpatient Register

Serial #	Basic Information									ENROLMENT													
	Child ID	Child name	Caregiver's name	Address		Infant's age		Sex		Date of Enrolment			Infant's Anthropometric Data			Feeding Status ✓			Enrolment criteria (✓ all that apply)			
				Village	Phone	Age in months	Date of Birth	Male	Female	Day	Month	Year	Weight (kg)	Length (cm)	MUAC (cm)	EBF	MF	Not BF	Growth deficit	LBW	Premature	Feeding difficulties
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
11																						
12																						
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14																						
15																						
16																						
17																						
18																						
19																						
20																						

MAMI Outpatient Register

ENROLMENT									EXIT (AT 6 MONTHS OF AGE)										OTHER EXIT			
Enrolment criteria (✓ all that apply)							Enrolment Type ✓			Date of Exit			Anthropometric Data						Referral(s) needed - specify:		Died	Referred to SC/ TFC/ Inpatient	Transferred to other MAMI site	Defaulter (missed 3 visits)
Mother's illness	Mother malnourished	Mother's mental health	Multiple births	Orphan	Adolescent mother	Other	New case	Returned defaulter	Referred from SC/TFC	Day	Month	Year	Weight (kg)	Length (cm)	WLZ <-2.0? (✓)	Infant MUAC (cm)	Infant MUAC <12.5cm? (✓)	Mothers MUAC (cm)	Infant e.g. CMAM, illness, IYCF	Mother e.g. malnutrition, illness, mental health				

c. Facility Reporting Form

The Facility Reporting Form is a template that can be used and adapted as needed to collect weekly or monthly data at a facility or site level (e.g., health facility, nutrition facility, mobile health team site).

The reporting form collects data on:

- New enrolments, disaggregated by age in months and sex of the infant
- Type of new enrolment, e.g., new case, returned defaulter or transfer from Stabilisation Centre/ Therapeutic Feeding Centre
- Reason for new enrolment e.g., enrolment criteria
- Exits at 6 months of age: total number, number of infants which were malnourished at 6 months and required referral to CMAM, number of infants which required other referral at 6-months, and number of mothers which required referral at exit
- Exits before 6 months of age, disaggregated by reason e.g., death, referral to SC/ inpatient, transferred to other MAMI site (where applicable), or defaulted from the programme.
- Screening of mother-infant pairs – this data can be extracted from the Screening Tally.

FACILITY REPORTING FORM
MAMI

Week/Month and Year of reporting:		Name of staff completing form:		
Facility Name/ID:				
Location				

NEW ENROLMENTS - sex and age of infant	0 months	1 month	2 months	3 months	4 months	5 months	Total
Male							
Female							

ENROLMENT TYPE (new enrolments only)	
New case	
Returned defaulter	
Referred in from inpatient	

EXITS			
	Male	Female	Total
Exits at 6 months old			
All exit at 6 months			0
Infant referred to CMAM at 6 months			0
Infant requires other referral at 6 months			0
Mother requires referral at 6 months			0
Exits before infant 6 months old			
Died			0
Referred out to Inpatient			0
Transferred to other MAMI			0
Defaulted			0
TOTAL EXITS	0	0	0

REASON FOR ENROLMENT (new enrolments only)	
Growth deficit	
LBW/ Premature	
Feeding difficulties	
Not breastfed	
Mother's illness	
Mother malnourished	
Mother's mental health	
Multiple birth	
Orphan	
Adolescent mother	
Other	

SCREENING OF MOTHER-INFANT PAIRS			
Infant's Sex	Male	Female	Total
Low risk			0
Medium risk			0
High risk			0

d. Programme Outcome and Process Indicators

Using the data collected through the Facility Reporting Form the following data and indicators should be reviewed regularly e.g., monthly by supervisors/ managers of the facilities providing MAMI services, and the information used to inform improvements and identify areas of concern or for follow-up with frontline workers. The programme outcome and process indicators should be reviewed per facility, as well as overall:

	Data/ Indicator	What should I look at?
1.	# Of new enrolments • % Male/ Female (infants) • % Enrolled, by age	• Is the number of new enrolments in line with what is expected, based on burden in the population? • Are male and female infants enrolled ≈ 50%? • How does the age distribution of new enrolments look? • Are services picking up new-borns i.e., 0 and 1 month, as well as later on i.e., 2 - <6 months?
2.	Enrolment type • % New cases • % Returned defaulter • % Transferred	• Are we seeing many returned defaulters? What has encouraged them to return? • Are we seeing any referrals in from Inpatient/ SC? Is this referral pathway working?
3.	Reason for enrolment • % Per enrolment criteria	• What is the risk profile like for the community? How can we strengthen prevention & support for the common risk profiles? • Are there any risks/ enrolment criteria which may not be being picked up i.e., much lower numbers than others despite high population burden?
4.	Exits at 6 months • % Infants wasted/ referred to CMAM at 6 months • % Infants requiring other referral at 6 months • % Infants with no need for further care • % Referral of Mother	• What proportion of infants exiting at 6-months are wasted? What proportion require continued care other than CMAM? • Are many mothers requiring referral at exit? Do we need to strengthen support to the mother when enrolled?
5.	Exits before 6 months • % Died • % Referred out to SC/ inpatient • % Transfer • % Defaulted	• Are the number of deaths acceptable? Were they avoidable? • Are the number of referrals to SC/ inpatient acceptable? Were they avoidable? • Are the number of defaulters acceptable? Do we need to look at how to encourage better attendance?

e. Extended Analysis

Use of a database (template included in the package, more information in Section 4) will enable the opportunity to delve into more indicators; examples are given below.

OUTCOMES
No longer at-risk (Cured), defined and subdivided as:

Complete Cure	No ongoing nutritional _AND_ no clinical needs
Partial nutritional cure _(this is classed as a cure because there is no specific treatment for older children with low WAZ or low LAZ alone)_	WLZ ≥-2 _AND_ MUAC ≥125mm _AND_ no oedema **BUT** WAZ <-2 _OR_ LAZ <-2

Still at-risk, defined and subdivided as:

Ongoing nutritional need (infant)	_As per national guidelines for children aged 6-59m:_
• Therapeutic feeding:	WLZ <-3 _OR_ MUAC <115mm _OR_ oedema
• Supplementary feeding:	WLZ >-3 to <-3 or MUAC 115mm to <125mm
Ongoing clinical need (infant)	needs specific treatment for an old or new problem
Ongoing clinical or nutritional needed (mother)	needs specific treatment for an old or new problem

Analysis of outcome disaggregated by enrolment criteria e.g.

% (n) of infants who exit with no ongoing nutritional need (not wasted) and were:

- Malnourished at enrolment
- LBW

Nutritional status of mother on exit

- % (n) of mothers who exit with MUAC ≥ 21/23 cm (depending on context)

PROCESS

Referral of infants between MAMI and SC/TFC e.g.

- % (No.) of infants who are high risk and referred out to SC/TFC
- % (No.) of infants who are referred in from SC/TFC for continued care

Referrals of mothers to required services – *this would require additional data to be collected on referrals during enrolment in the programme*:

- % (n) of mothers who require mental health services that are referred to mental health services
- % (n) of mothers with acute malnutrition referred to nutritional support

3. PROGRAMME QUALITY CHECKLISTS

a. Supervision Checklist for MAMI

The Supervision Checklist for MAMI is a template that can be used and adapted as needed to supervise MAMI services. The supervision checklist uses different methods including direct observation of a health worker conducting MAMI consultations and spot checks of MAMI paperwork.

The Supervision Checklist is intended for use by personnel with relevant health/ nutrition expertise and experience. The supervisor should conduct regular (e.g., monthly) supervision visits to a site providing MAMI services with observation of the staff member(s) conducting MAMI assessment and provision of support, as well as observation of screening and referral contact points.

Monitoring Supervision Checklist - MAMI

Checklists are a simple tool for monitoring the quality of our activities. They enable us to monitor our performance against international standards and highlight areas for improvement.

Methodology

Part II: Requires direct observation of 3 consultations.

Part III: Involves a spot check of MAMI assessments

Comments: There is space for comments – please record as much detail as possible where standards are not met

Good Practice for Interviewing

Always introduce yourself to new staff & beneficiaries – explain who you are, what you are doing and ask if they would like to be involved, explain that their involvement is voluntary and their responses will be anonymous.

PART I: General Information

Name of person monitoring	
Name and role of staff members observed	
Date of Monitoring Visit	
Location / Site Name	
Name of Supervisor of health facility	

PART II: Mother-Infant Pair Management:

Did the counselor?	MOTHER INFANT PAIR 1		MOTHER INFANT PAIR 2		MOTHER INFANT PAIR 3		Comment
	YES	NO	YES	NO	YES	NO	
1. Introduce themselves and the MAMI intervention to the caregiver?							
2. Complete check for danger signs, and refer infant-mother if needed?							
3. Accurately assess the infant for signs and symptoms of illness, as per IMCI?							
4. Accurately measure growth of the infant?							
5. Assess for MAMI risk factors?							
6. Complete feeding assessment and identify any feeding problems?							
7. Complete mothers' mental health assessment correctly and identify psychosocial concerns?							
8. Correctly classify risk of infant and mother based on the assessment?							
9. Have appropriate counselling actions and support been indicated and delivered, as per MAMI protocol?							

10. Referred mothers/ caregivers for appropriate nutrition or psychosocial support as needed?							
11. Agreed with the mother when the next visit will be?							
12. Thank mother for her time?							

Part III: Spot-Check of MAMI Forms:

	MAMI ASSESSMENT #1		MAMI ASSESSMENT #2		MAMI ASSESSMENT #3	
	YES	NO	YES	NO	YES	NO
13. Has the age and ID of the infant been included in the enrolment card?						
14. Has an assessment of clinical symptoms been recorded?						
15. Has an assessment of feeding practices been adequately recorded?						
16. Have appropriate counselling actions and support been indicated?						
17. Have all the follow-up assessments bee recorded in the enrolment card?						
18. Has the frequency of follow-up visits been escalated or de-escalated according to the criteria?						
19. Where appropriate, has the 6-month of age outcome review been completed?						

PART IV: Screening & Referral-in pathways

	Yes	No
20. MAMI screening at vaccination/ EPI contact?		
21. MAMI screening at other contact points e.g. PNC, Newborn, Nutrition, Maternity, GMP etc.	**Specify:**	
22. Referral pathways from screening to MAMI Assessment in place & functioning?		

PART V: General Observations

Please note any other issues of concern here.	

b. Quality Benchmark Checklist

The MAMI Quality Benchmark (QB) Form is a template that can be used and adapted as needed for standardized assessment of key principles of quality set-up and service provision at sites with MAMI Services.

The MAMI QB is intended for use by Health/Nutrition Advisors or Supervisors, Programme Quality and MEAL staff to support joint supervision of MAMI services for assessment of quality on a routine basis e.g., quarterly or bi-annually.

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Quality Benchmark-Thematic Checklist
Management of small and nutritionally at-risk infants less than 6months and their mothers (MAMI)

SECTION A: GENERAL INFORMATION

Location	
Name of the Health Facility	
Name of the Staff completing this Quality Benchmark Thematic Checklist	
Position of the Staff	
Date of the QB assessment	

SECTION B: QUALITY BENCHMARK

	Service Provider's knowledge and practice	Yes	No	NA	Remarks
1	Does the service provider manager/supervisor know the critical contact points for identifying small and nutritionally at-risk infants <6months and their mothers early *(e.g. EPI 6 and 10 week vaccination, PNC, newborn care, IYCF, OPD – seeking healthcare)*				
2	Have awareness sessions for MAMI been conducted in the community?				
3	Do the service providers know the screening criteria for MAMI? *(ask to staff NOT conducting MAMI assessment)*				
	Logistics/Equipment/Tools available	Yes	No	NA	Remarks
4	Does the clinic have paediatric weight scale (in good condition)?				
5	Does the clinic have all relevant forms: MAMI Assessment, IYCF Full Assessment, Maternal Mental Health Assessment, MAMI Enrolment & Follow-up Form, MAMI Registration Book?				
6	Do the service providers have printed IEC materials/Job Aids for all areas of MAMI support: IYCF, IMCI and PSS?				
	Services	Yes	No	NA	Remarks
7	Does the clinic use MAMI protocol for assessment of infants <6 months?				
8	Does the clinic use MAMI protocol for assessment of mothers of infants <6 months?				
9	Does the clinic provide IYCF counseling and follow-up to the enrolled infant-mother pairs? If no, comment in 'Remarks' if they are referred to this service in another location?				
10	Does the clinic provide maternal mental health support and follow-up to the enrolled infant-mother pairs? If no, comment in 'Remarks' if they are referred to this service in another location?				
11	Do the mother-infant pair receive follow-up at a frequency in line with the protocol? If no, include Remarks on the current practice.				
	Recording & Reporting	Yes	No	NA	Remarks
12	Does the service provider maintain updated MAMI register with mother-infant pairs enrolled in the clinic?				
13	Does the clinic provide weekly/monthly report (as per protocol) for enrolment and exit of infant-mother pairs?				
	Mothers experiences	1	2	3	4	5
14	Ask the following 2 questions to 5 mothers after accessing the MAMI services:	*Mark **Y** = Yes, **N** = No, or **DK** = don't know*				
a	Did you feel respected/ were you treated respectfully in the care you received?					
b	Is there any challenge for you in accessing the MAMI services?					
c	Note any important feedback from Mothers:					

SECTION C: ACTION POINTS

Agreed Action Point	Responsible person for action	Deadline

c. Accountability Mechanisms

For all services provided, there should be accountability mechanisms in place that allow for confidential feedback on a client's experience of accessing and utilizing the provided services. Accountability mechanisms should be accessible for all including but not limited to enabling feedback from those who are not literate (i.e., verbal feedback), enabling feedback through a mechanism that doesn't require phone access (i.e. written or verbal feedback through mailbox at the site), in addition to other mechanisms. There must also be a

responsive mechanism for investigation, response and action to complaints and feedback received within a certain timeframe.

For MAMI, in addition to the above-mentioned accountability mechanisms, it is recommended to establish a mechanism to gather feedback from mothers/ caregivers who have accessed MAMI services. This could, for example, be gathered 1-1 during exit interviews or through phone calls or gathered from a group through focus group discussions.

A Save the Children midwife checks the vital signs of new-born Rohingya refugee baby, Rozina*, twelve hours after she was delivered at the maternity ward in Save the Children's new Primary Health Care Centre (PHCC) in a Rohingya refugee camp in Cox's Bazar, Bangladesh.

4. LEARNING AGENDA

It is highly encouraged to collect standard indicators and data as outlined in this document. It is also encouraged to document your experiences of the process of implementing the MAMI Care Pathway Package, including tools developed, how the MAMI services were integrated into existing services, what

works well and what is presenting as a challenge. A template for documenting your experiences as a case study can be accessed from the MAMI Global Network (email: mami@ennonline.net) and they can support you in completing the case study, if required. Documenting these experiences will greatly help in the global development of the MAMI Care Pathway Package and support other practitioners.

A list of gaps in knowledge and potential research questions for MAMI exists here: MAMI Evidence | ENN (ennonline.net)

For support and to ensure learning is aligned with the global learning agenda and to learn what other practitioners are doing, please contact the MAMI Global Network at: mami@ennonline.net. For technical support in relation to MAMI, you can send queries or request support from the Global Nutrition Cluster Technical Alliance here: Create Request form | Global Nutrition Cluster: Technical Alliance

MAMI Electronic Database

The MAMI Electronic Database is a template that can be used and adapted as needed to create an electronic database to enable detailed monitoring, analysis and potentially operational research with the collected programme data. The Electronic Database is a duplicate of the MAMI Register, with names removed and location and health facility details included for each enrolment.

The recommended data to input to the database is as follows:

Location
- District
- Health Facility

Basic information
- Child ID
- Address
  - Village
  - Phone
- Infant's Age
  - Age (months)
  - Date of Birth
- Sex
  - Male
  - Female

Enrolment info
- Date of Enrolment
  - Day
  - Month
  - Year
- Infant's Anthropometric Data
  - Weight (kg)
  - Length (cm)

- o MUAC (cm)
- Feeding Status
  - o Exclusive breastfeeding (EBF)
  - o Mixed feeding (MF)
  - o Not breastfeeding (Not BF)
- Enrolment Criteria
  - o Growth deficit
  - o Low birthweight (LBW)
  - o Premature birth
  - o Feeding difficulties
  - o Mother's illness (affecting feeding or care practices)
  - o Mother malnourished
  - o Mother's mental health
  - o Multiple birth
  - o Orphan
  - o Adolescent mother
  - o Other
- Enrolment Type
  - o New enrolment
  - o Returned defaulter
  - o Referred in from Inpatient

Exit: at 6 months of age
- Date of Exit
  - o Day
  - o Month
  - o Year
- Anthropometric data
  - o Weight (kg)
  - o Length (cm)
  - o WLZ <-2.0?
  - o MUAC (cm)
  - o MUAC < 12.5cm?
  - o Mother's MUAC (cm)
- Referrals needed:
  - o Infant e.g., malnutrition, illness, IYCF
  - o Mother e.g., malnutrition, illness, mental health

Exit: before 6 months of age
- Died
- Referred out to inpatient
- Transferred to other MAMI site
- Defaulter (missed 3 visits)

Included in the MEAL Package is a database template that presents the data as follows:

Guidance Note on MEAL Tools for MAMI Implementation

MAMI PROJECT - [INSERT ORGANISATION NAM...

Database Serial Number	Location		Basic Information							ENROLMENT...												
	District	Health Facility	Child ID	Address		Infant's age		Sex		Date of Enrolment			Infant's Anthropometric Data			Feeding Status					Enr...	
				Village	Phone	Age (months)	Date of Birth	Male	Female	Day	Month	Year	Weight (kg)	Length (cm)	MUAC (cm)	EBF	MF	Not BF	Growth deficit	LBW	Premature	Feeding difficulties	Mother's illness
1																						
2																						
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14																						
15																						
16																						

...ME] - ELECTRONIC DATABASE FOR ALL PROJECT SITES

...olment criteria (mark all that apply)						Enrolment Type			EXIT (AT 6 MONTHS OF AGE)								Any clinical issue? (Y/N)	Any feeding difficulty? (Y/N)	Any maternal mental health difficulty? (Y/N)	OTHER EXIT			
Mother malnourished	Mother's mental health	Multiple births	Orphan	Adolescent mother	Other	New case	Returned defaulter	Referred from SC/ TFC	Date of Exit			Anthropometric Data								Died	Referred to SC/ TFC/ Inpatient	Transferred to other MAMI site	Defaulter (missed 3 visits)
									Day	Month	Year	Weight (kg)	Length (cm)	WLZ <- 2.0	MUAC (cm)								

*Farah with her 6-week-old infant Muna, at the
maternal section of the mobile health centre (MHC), on
the outskirts of Burao, Somalia.*
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