HELPING BABIES THRIVE

Year 1 Progress Report: February 2023 - January 2024

PREPARED FOR THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS

A health worker in Nigeria measures the mid-upper arm circumference (MUAC) of a baby boy named Yusuf who is identified as malnourished. Thanks to essential nutrition support from Save the Children, Yusef's condition improved.

All photos in this report are credited to Save the Children

Executive Summary

The Church of Jesus Christ of Latter-day Saints Management of small and nutritionally At-risk Infants less than 6 months and their Mothers (MAMI) project launched on February 1, 2023. Start-up activities, recruitment, government and other key stakeholders were engaged at the start of planning. Kickoff events and launches took place in each of the seven MAMI countries, which together represent the spectrum of typical development contexts to humanitarian response and emergency environments. Our country selection, and our partner engagement - including thematic working groups, other international aid organizations like UNICEF, and nutrition and health cluster[1] partners – positioned this project to generate global learning from significant in-country achievements in the lives of malnourished children and their mothers.

In its first year the Church of Jesus Christ of Latter-day Saints MAMI project completed start up and launched in all seven countries, conducted facility assessments, procured medical equipment and supplies, trained healthcare workers, and reached tens of thousands of people in need. A total of 28,204 mother/infant dyads were screened for nutritional risk. Nearly ten thousand of those pairs were enrolled into treatment following the MAMI Care Pathway approach. This was accomplished by building the capacity of healthcare providers to identify and treat infants under 6 months of age. The project trained 1,617 providers on MAMI in year 1 to achieve this reach.

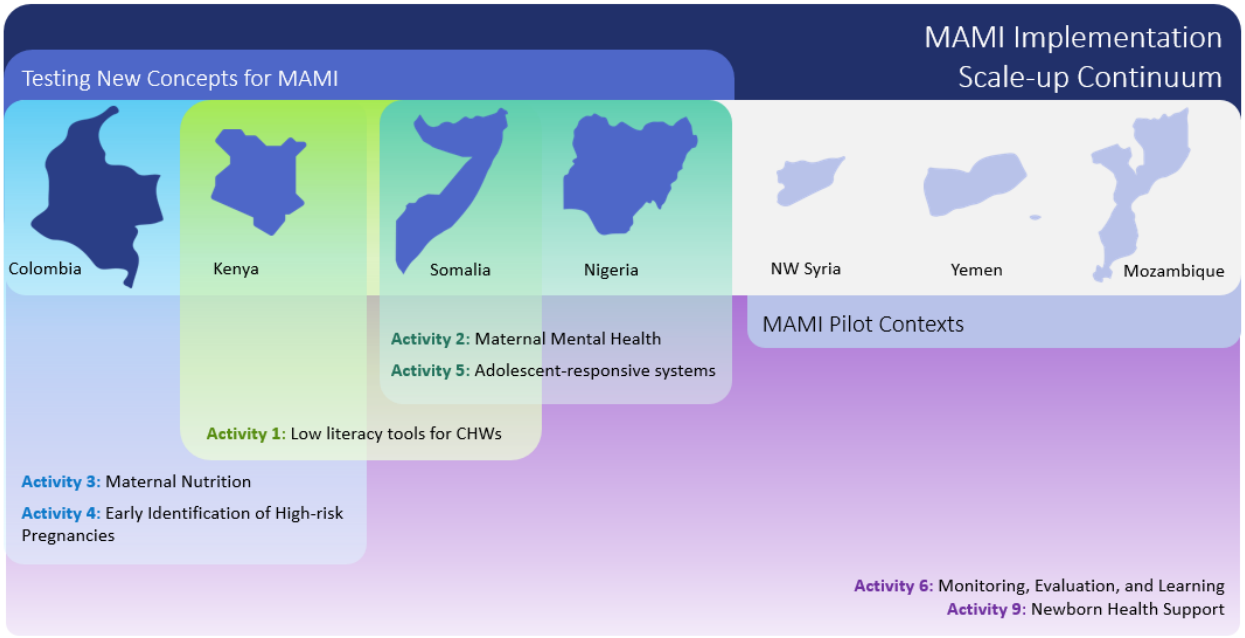
Table 1: Year 1 Key Results*

	Colombia	Kenya	Mozambique	Nigeria	Somalia	Syria	Yemen	TOTAL
Total Mother/Infant Pairs Screened	634	6,021	5,439	7,439	1,597	4,634	2,440	28,204
Total Mother/Infant Pairs Enrolled to the MAMI Care Pathway	443	629	843	4,354	744	2,011	749	9,773
Numbers trained on MAMI	630	476	91	167	86	36	222	1,708

**More detail included in the Indicators section below*

Under this project, MAMI interventions have been layered with complementary interventions, such as maternal nutrition and mental health assessment, adolescent nutrition, and newborn health, across our country programs. Learning from this project will inform how future MAMI projects are designed and integrated with existing health services, making interventions more effective. See the figure below showing where different program components are integrated with the MAMI Care Pathway across program countries.

[1] Clusters are groups of humanitarian organizations, both UN and non-UN, in each of the main sectors of humanitarian action, e.g. water, health and logistics. The cluster approach provides the coordination architecture for non-refugee humanitarian emergencies.



Implementation of the project over the last year has resulted in significant achievements in each of our program countries. MAMI programs are still relatively new, and this project is seen as at the forefront of this program area, both technically and operationally. Often, Save the Children is the only provider of MAMI programming in the country, and in some cases, we are attracting other organizations to include MAMI in their programs. We are influencing national guidelines and successfully advocating governments in support of MAMI interventions. We are seeing higher enrollments than expected in several countries, including adolescent mothers.

In **Syria**, this project is the first to implement an intervention targeting babies under 6 months and their mothers. In **Mozambique**, we found that half of the enrolled mothers identified with malnutrition were adolescents, and 37% of enrolled infants had adolescent mothers. This was an unexpected finding that will inform our work. In **Colombia**, Save the Children is the strongest nutrition partner working in the country and we have scaled up MAMI from 1 department and 1 municipality in 2020 to 3 departments and 5 municipalities today, due in large part to this project. In **Kenya**, we are the first implementing partner to test MAMI and we have seen successful inclusion of MAMI into the national Integrated Management of Acute Malnutrition training program. In **Somalia**, the facility capacity assessment led to strengthening newborn intensive care units (NICUs) with essential drugs, equipment, and supplies. In **Yemen**, Save the Children shares expertise with partners for sustainability which is critical as MAMI otherwise is not addressed. A focus on care for babies under 6 months was a gap in health programming continuum of care in Yemen and we have helped drive interest, and the World Food Programme (WFP) now wants to support MAMI. Yemen reached 300% of their enrollment target revealing more at-risk children than expected. In **Nigeria**, we delivered the first MAMI-related training in the northeast, northwest and north central regions in Nigeria and received significant support by the government at multiple levels. Progress has also been made advocating for the inclusion of MAMI in national nutrition in emergency guidelines.

We are grateful that this important project has been given a second year of implementation. Year 2 builds on this momentum, and features expansion of year 1 activities, as well as further layering

and integration of additional, complementary components (e.g. water sanitation and hygiene). We continue to strengthen the MAMI approach, reach more infants and mothers with effective interventions, and inform the global MAMI community about what works. We remain hopeful that funding will be available beyond year 2 to not only ensure greater impact from our implementation efforts, but also to allow for institutionalization of MAMI in these context within communities and key stakeholders (e.g. local and national government) for sustainability. Sustainability requires time to bring stakeholders along, and to demonstrate credibility that this approach is effective and replicable.

In Maicao, La Guajira, Colombia, a mother and her once nutritionally at-risk infant have shown remarkable improvement with the support of the MAMI program. Thanks to guidance on effective breastfeeding techniques, her baby now weighs a healthy 8.8 pounds and is no longer considered at-risk. This success highlights the vital impact of your support for mothers and babies.

Project Coordination and Implementation

Coordinating the multi-country MAMI program across Colombia, Kenya, Nigeria, Mozambique, Syria, Yemen, and Somalia was a complex challenge. In the first year, the team worked hard to establish clear protocols to streamline this coordination. Our diverse team of global advisors spans multiple time zones, making effective communication critical. We prioritized establishing clear channels for information exchange, clarifying roles and expectations, and implementing thoughtful decision-making processes to advance the project. Interlacing the humanitarian and development sectors within one project also requires a nuanced understanding of the of each country's unique needs and contexts. It also requires balancing relief efforts with long-term capacity strengthening goals. Moreover, adapting the MAMI Care Pathway interventions to fit the specific contexts of each country demands flexibility and sensitivity. The global team will enter year 2 having succeeded in establishing strong relationships with the seven country office teams implementing the MAMI program through context-specific constellations of healthcare facilities, frontline health workers and community volunteers through frequent check-in meetings, leading or co-facilitating in-person workshops, creating feedback spaces, and being responsive to changes based on new information around technical coordination at the government or community level in Year 1. We also listened to the team's feedback about needing more robust leadership, so we have assigned a Project Director to lead the team starting in Year 2.

The Impact of Your Support and Results

Activity 1: Low Literacy Tools for Community Health Workers (CHWs)

This year, we made significant progress in developing and implementing low-literacy MAMI counseling tools for community health workers, tailored specifically for contexts in Somalia and

Community health workers in Somalia study a counseling card during a MAMI training session.

Kenya. The goal of developing MAMI tools for low literacy workers, something that is being done for the first time under this project, is to increase the coverage and quality of MAMI through expanded community outreach activities. This included 1) adapting MAMI counseling tools for low-literacy community health workers, 2) improving MAMI screening tools for community use, 3) creating a MAMI training package for community health workers, and 4) creating reporting and tracking tools suitable for a low-literacy for community health workers. Lessons learned from developing these community-based resources, with a social behavior change lens, in Kenya and Somalia have the potential to greatly contribute to increased early identification of small and nutritionally at-risk infants under 6 months and their mothers.

Save the Children made significant progress in collaboration with its partner the Centre for Behavior Change and Communication (CBCC), a Kenyan NGO, to develop and adapt tools for use in low literacy populations in Kenya and Somalia. Adaptation and tools development for each context informed by rigorous piloting and testing of the materials in each context, followed by a series of reviews and refinements of the tools. The adapted tools are being rolled out in Somalia and Kenya. The increased utility and value of the adapted tools will continue to be assessed in Year 2, as will opportunities to inform adaptations of MAMI tools in other low literacy contexts.

Activity 2: Maternal Mental Health

Consideration and support of mother/caregiver mental health is too frequently lacking in nutrition programming, even in humanitarian response settings where it is not difficult to imagine that such needs are acute. Activity two's goal was to integrate mental health and psychosocial support for MAMI participants through development of tools to address issues of maternal mental health and to provide psychosocial support. This effort over the last year was done in collaboration with the Mental Health and Psychosocial Support technical working group of Save the Children, which guided our efforts, helped to recruit expert Mental Health and Psychosocial Support consultants to lead the work in Somalia and Nigeria, the adaptation of a Mental Health and Psychosocial Support training for non-specialist health workers, to fit the needs and gaps in Somalia and Nigeria's existing MAMI programs.

Training on maternal mental health and psychosocial support (MHPSS) took place in both countries. Across the two countries, dozens of healthcare providers were trained to build local

A Mental Health and Psychosocial Support (MHPSS) counseling session is held with program assistants from the MAMI initiative in Borno State, Nigeria. This session is part of a collaborative effort to raise awareness among families and enhance their health and wellbeing.

capacity to identify and counsel and refer at-risk mothers, as part of routine MAMI screening and enrollment.

Activity 3: Maternal Nutrition

The goal of activity three is to increase the quality and expand maternal nutrition services within the MAMI pathway through identification (Activity 4) and piloting of an improved, evidence-based package of maternal nutrition interventions as part of existing MAMI programs in Colombia and Kenya.

The focus of this activity was on creating a package of maternal interventions that supports two critical populations: 1. High risk pregnant women and adolescent girls (who may be at risk of delivering preterm or low-birthweight babies), and; 2. Malnourished mothers who are breastfeeding. A literature review and evidence collation phase was conducted to determine if there have been any published assessments or additional evidence reviews for interventions related to maternal nutrition interventions that demonstrate a positive effect on key outcomes such as: reducing incidences of preterm pregnancies; babies with low-birthweight; and enhancing growth in infants below six months of age. This analysis informed the maternal interventions to be integrated into the MAMI package in Kenya and Colombia.

Over the course of this year, Colombia and Kenya integrated MAMI within existing services where malnourished pregnant and breastfeeding mothers are identified and enrolled into programs where they receive antenatal care packages. Context analyses were carried out to determine the maternal nutrition situation in the project areas, assessing levels of malnutrition in pregnant women and adolescent girls (where data is available) to determine appropriateness of the maternal nutrition intervention, based on the situation and WHO guidelines. In Colombia, implementation of maternal nutrition interventions, using balanced energy protein supplementation (BEP), for reducing preterm birth and low birthweight, was initiated. Global supply challenges associated with BEP have hampered implementation in the latter part of the year. Solutions to overcome supply barriers or pivot to a multi-micronutrient supplement (MMS) commodity are being actively pursued. In Kenya, government stakeholders and appropriate authorities have been engaged to seek approval for supplementation, using MMS, as part of our maternal nutrition intervention.

In Year 2 the project is conducting operations research on the topic of maternal malnutrition integration into MAMI programs in Colombia, Kenya and Yemen (a new country in Year 2). This research will build on existing evidence of effective maternal nutrition interventions, informing best practices, commodity selection, and operationalization within the context of MAMI programs.

Activity 4: Early Identification of High-Risk Pregnancies

The goal of activity four is to improve early identification of potentially small and nutritionally at-risk infants under 6 months by using an identification method to evaluate risk during pregnancy. This includes designing and piloting an antenatal care risk assessment and monitoring tool to identify and follow up with pregnant women with a high risk of giving birth to a premature or low-birthweight baby.

The MAMI Care Pathway supports mother-infant pairings but has lacked a focus on pregnant women and girls, who may be at risk of giving birth to small or nutritionally at-risk newborns. Various risk factors have been identified through research to identify these women and girls, those at risk of preterm birth, having low birthweight or small for gestational age babies. National Antenatal Care protocols and guidelines may include identification of some of these risks in the routine screening process. However, there may not be a specific trigger within the routine antenatal care screening to indicate the additional risk for preterm birth or birth of low-birth weight or small for gestational age babies. We have completed the first step, which was to carry out a literature review identifying potential risks. Of particular interest were those risk factors that were shown to be associated with all three pregnancy outcomes. Armed with this information on established risks, Save the Children is collaborating with health centers in Kenya and Colombia. In year 1 we performed a context-specific examination of current antenatal care resources and risk evaluations, identified shortcomings through the analysis, and crafted MAMI antenatal risk evaluation tools for each context to aid community and health facility workers in the identification of these pregnant women and girls who, once identified, are referred to the MAMI Care Pathway and eventually assisted with a package of maternal nutrition interventions identified from activity three.

In Colombia, over the course of the year, our team completed the necessary nutritional assessments and screened 1138 pregnant women, of whom 284, or 20%, were underweight. Although we were not able to provide supplementation to all of them, we provided education,

QUOTES FROM THREE MOTHERS WHO PARTICIPATED IN MAMI ACTIVITIES:

"I think it is wonderful that they give us care to make us feel better as mothers; especially for those of us who are first-time mothers and have many concerns that we normally overlook."

"I learned to manage my fears and to trust more in my process with the baby. Since my pregnancy no one believed in me, not even my family, but you helped me make this possible."

"Trusting myself has been one of the things I will never forget in my life. Thanks to you, the anguish disappeared little by little and I was able to empower myself to move forward with my baby, leaving aside all those things I feared for my health and hers."

monitored micronutrient intake according to Colombian standards, and made referrals when necessary.

In Kenya, as mentioned in activity three, the team carried out the country context analysis, including a review of the Ministry of Health antenatal care tools to identify if the proposed maternal risk factors are currently being captured as part of antenatal care. The project staff are actively engaging with government technical coordinating bodies for sensitization of the MAMI maternal nutrition pilot activity. Subsequently, the project team, led by health facility heads, conducted four quarterly peer-support sessions for pregnant and nursing mothers (with children <6 months) in implementing health facilities in both Garissa and Wajir Counties. Reaching 650 mothers (400 in Wajir and 250 in Garissa), the women were equipped with knowledge on MAMI risk factors for mother-infant dyads.

Activity 5: Adolescent Responsive Systems

If critical nutrition services are going to be equitably effective, they need to be sensitive and responsive to the needs of adolescent moms, an especially vulnerable group. The goal of activity five is to enhance understanding of risks and realities for adolescent mothers enrolled in MAMI and adapt or add to MAMI tools and training packages with adaptations to the MAMI approach to improve services for adolescent mothers.

In the first year, global leads and advisors collaborated with teams in Nigeria and Somalia to conduct qualitative research. This research aimed to identify institutional barriers and health facilitators that affect pregnant adolescents and young mothers' access to and use of MAMI services. In addition to access to and use of MAMI, the research will also explore barriers for patients to access, and for facilitators to provide, a variety of related services, including: antenatal care; delivery services; postnatal care; Mental Health and Psychosocial Support; and services for infants under six months.

While being an adolescent is an automatic enrollment criterion into the MAMI Care Pathway, adolescents are less likely to seek antenatal, delivery and postnatal services in a facility. Therefore, identifying ways to ensure the program is finding adolescent clients is important. In Nigeria and Somalia, home births are incredibly common with only 28.6% of adolescent births taking place in a facility in Nigeria while 21.8% of adolescent births take place in a facility in Somalia. This highlights the need to find additional ways to connect adolescent mothers to MAMI services. Focus group discussions and

Mothers in Somalia focus on the challenges and enabling factors that affect whether pregnant teenagers and young mothers can access and utilize services provided by the MAMI initiative.

key informant interviews were held (Somalia) and are being conducted (Nigeria) with pregnant adolescents and adolescent mothers who are and who are not enrolled in the MAMI care pathway, male partners, older female relatives, community health workers and facility-based service providers.

Approval for this qualitative formative research was received from Save the Children's Ethics Review Committee and the local institutional review boards in Nigeria and Somalia. Data collection, analysis and dissemination of findings is planned in early Year 2.

Activity 6: MEAL

The goal of activity six is to establish MAMI monitoring and learning systems, aligned with a theory of change to drive all work toward the shared overall goals and outcomes. Several countries have employed digital methods to collect data, including the Kobo platform in Colombia, Mozambique and Syria. Our teams have held data validation meetings in many of the country offices and designed a baseline survey. Save the Children secured the support of a pro-bono Pfizer fellow who supported development of a comprehensive database and dashboard to track progress across the project to standardize data across the seven country offices.

Mothers and their babies in Arauca, Colombia, participate in a Save the Children-supported discussion on nutrition and breastfeeding practices.

Each country office has developed a MAMI Monitoring, Evaluation, Accountability and Learning (MEAL) package, which will simplify the process for program development and quality teams to review project performance throughout the entire project life cycle. This package will also strengthen the program's MEAL review of interventions and data management, providing guidance on key elements to assess at each stage of the program cycle.

Country offices have begun holding quarterly MAMI learning/review meetings to address challenges and evaluate whether any program adjustments are essential. They have also started collecting and updating MAMI databases, providing mentorship to health workers where applicable, and offering recommendations based on assessments of the quality of MAMI services. In **Nigeria**, the team conducted a Data Quality Assessment which will be finalized in September. In Somalia, the team developed a country specific MEAL tool to capture project data and monthly Health Monitoring Information System data. These MEAL tools will help monitor progress against project aims and whether the project is effectively reaching the target population.
In **Colombia**, we conducted an analysis of public health indicators and epidemiological data of Save the Children Colombia's health and nutrition program that was used to align our indicators

with national maternal and child health metrics. This made data collection more efficient and allowed us to produce detailed reports on morbidity and mortality in ways that reflect government data, making understanding of the value of our MAMI program more accessible to key stakeholders and inform recommendations to effectively address maternal and child health and nutrition challenges in the country.

In **Kenya**, we improved the quality of our MAMI monitoring and measurement efforts by conducting three data quality assessments of 20 health facilities and holding quarterly MAMI learning/review meetings in both Garissa and Wajir counties. These assessments and meetings provide an opportunity to assess the quality of services, review data, address challenges, and provide mentorship to local partners by providing routine follow-up over time. The team also shared learning from the MAMI project with the rest of Save the Children Kenya at a country-level learning event.

In **Somalia**, the team established its MAMI monitoring and evaluation systems and maintained its project database. This system facilitated routine monitoring, data collection and analysis. Data was used to better understand the extent of malnutrition, and identify specific issues, such as troublesome trends noting significant growth deficits among participants which prompted additional follow-up in some cases. The Somalia team also launched a baseline assessment in Year 1.

Health workers in Somalia participate in a training session where they learn how to fill out MAMI maternal mental health forms correctly. This training helps them better understand and support mothers' mental health needs.

In **Northwest Syria**, the project launched a baseline assessment in year 1. The findings from the baseline will help national stakeholders understand the severity of need for MAMI initiatives. Hopefully, an endline assessment in the future will help demonstrate the effectiveness of Save the Children's approaches, informing others in future MAMI projects in the region.

In **Yemen**, the project team established its monitoring and evaluation system for routine data collection and reporting. The collected data has provided valuable insights in managing the project. The team also conducted newborn health readiness assessments in 10 health facilities operating in the implementation area. This assessment informed support for newborn health services described under activity nine.

In **Mozambique**, the project monitoring and evaluation system was established using Kobo collect software, which was found to be accessible and effective. This included training staff and project partners (community health workers, nurses and mobile health brigades) to use tools that allowed for real-time data collection. The Mozambique team also launched a baseline survey, which will allow for a better understanding of the prevalence of malnutrition under six months and guide MAMI interventions to more accurately address causes and risk factors.

Activity 7: Scaling-up MAMI

The goal for activity seven is to support the scale up of the MAMI Care Pathway approach to address malnutrition among infants under six months and their mothers, particularly in Columbia, where similar approaches have been implemented in the past. This approach involves supporting the adoption of MAMI programs by government and other implementing partners, integrating MAMI into the health system and building the awareness and capacity of decision makers and health care providers to implement the MAMI Care Pathway.

In **Colombia**, Save the Children participates in monthly municipal and departmental food and nutrition security subgroups, as well as monthly National Cluster of Health and Food and Nutritional Security meetings. Save the Children is recognized in Colombia as a pioneer in early risk and acute malnutrition detection. The Ministry of Health and Social Protection invited the organization to participate in planning meetings with the Instituto de Bienestar Familiar and other international entities to address the socio-economic and nutritional crisis in La Guajira and the winter season in Arauca. Colombia trained 88 professionals in early risk detection and use of the MUAC tape and strengthened skills to provide quality childcare across Colombia. Therefore, in Year 2, we will work with the Ministry of Health and Social Protection to socialize the MAMI approach following national standards.

Save the Children's mental health and nutrition teams lead a workshop for Indigenous Colombian women and their babies, focusing on maternal and infant care. The session, held in a culturally tailored breastfeeding space, delivers essential MAMI messages at the community level.

In **Somalia**, capacity building approaches included supportive supervision in MAMI facilities to provide on-the-job training for facility-based providers and counselors. Facilities were also provided with MAMI tools that are being used in each facility in our implementation areas, which allows providers and administrators to capture details of outcomes for both mothers and infants following treatment.

Activity 8: MAMI Pilots

The goal for activity eight is to introduce and integrate MAMI within Mozambique, Syria, and Yemen's existing health and nutrition programming, and further scale up Save the Children's MAMI response globally.

During the pilot start-up phase, the team in **Mozambique** coordinated across stakeholders to support the program's implementation and build awareness and appreciation for MAMI as an important intervention to address malnutrition. In May, the team held a tool assessment workshop for national and international NGOs and provincial health authorities, as well as a technical working group meeting for the Nutrition Technical Cluster to discuss and guide the programmatic implementation of the MAMI Care Pathway. The team completed training on the MAMI Care Pathway for frontline team and local partners, including 22 participants (14 female; 8 male), and in-job training for 18 mobile health brigade staff.

Ongoing supportive supervision for MAMI assessment and admission at a Primary Health Care Facility in Nigeria.

In June, the team established MAMI spaces in 10 targeted communities in Chiúre District. These are dedicated spaces for maternal and child support that offer individualized child counseling, monitoring of nutritional risks, and other services, and have been integrated with existing safe spaces within stabilization centers wherever possible. Our team in Mozambique also facilitated a training on MAMI Tools (screening and assessment tools) to ensure identification and registration of children under 6 months for 18 Mobile Health Brigade staff in Chiure District, including two nurses recruited for assessment and follow up with the enrolled children in MAMI spaces. Trained providers were equipped with registration forms and screening tools provided by the project to support services and data collection. Trained providers screened 5,439 children and their mothers before the end of the year, identifying 843 children as having nutritional risk factors and referred them to the MAMI spaces for support.

The technical working group reconvened in November to assess progress, which lead to efforts to strengthen the referral system between community screening and MAMI services in three key areas. Resulting plans now include additional support for mothers of malnourished infants, including enhanced counselling to address challenges with breastfeeding, as well as support around family and social challenges, and referrals for enhanced social protection support. Equipment was provided, along with health worker training, to support inpatient services (i.e. scales and MUAC tapes). Regular maintenance and supply of ambulances for emergency transportation and referral were also prioritized by the technical working group.

During Year 1, the MAMI Lead Advisor led Save the Children's team in **Syria** and implementing partner, Physicians Across Continents (PAC), through contextualization of the MAMI guidelines and standard operating procedures for northwest Syria's communities. Our MAMI Lead Advisor also traveled to Turkey in May to lead a training-of-trainers (ToT) on the MAMI Care Pathway implementation for all nutrition partners of the Syria Nutrition Cluster. (The Syria Nutrition Cluster included a MAMI indicator for the first time, following the ToT provided by this project.)

This training took place in Gaziantep, for the northwest Syria partner's cross-border response. In July, the MAMI Care Pathway training, translated into Arabic, was cascaded to health workers to implement the MAMI Care Pathway in Aleppo. Beginning in July 2023, MAMI services were delivered in both Al Bab and Jisr Ash-Shugur Districts including screening of mothers and infants under six months, identification of risk factors and danger signs with appropriate referral, as well as screening for maternal mental health risks.

The **Yemen** team coordinated with key governmental stakeholders including the Ministry Office of the Population and International Coordination and the Ministry of Public Health and Population (MOPHP) for approval and ongoing support for the MAMI project. Training and equipment were provided through 11 health facilities providing outpatient services, and 1 referral hospital. Examples of equipment supplied under the project include complete blood count (CBC) analyzers, infusion pumps and suction machines. The program also provides support to strengthen a neonatal intensive care unit at the referral hospital to enhance services for severe cases. By the end of Year 1, through these facilities, 2,440 infants and their mothers were screened, and 749 infants under six months were admitted for treatment.

Activity 9: Newborn Health

The goal of activity nine is to strengthen the care of SSNBs by newborn health units to ensure breast feeding and reduce the case load of MAMI and improve the referral system to MAMI for continued care and vice versa (referral of small or sick newborns from MAMI screening activities to newborn health units).

Priority activities in Year 1 included supporting country teams to develop, conduct and analyze health facility assessments to identify gaps in newborn health care (medical supplies, equipment, health workforce training, and others), prioritize medical supply and equipment needs, begin supply procurement and plan capacity-building activities. Health facility assessments were completed in Nigeria for one referral tertiary hospital, Colombia for three referral hospitals,

Left: A neonatal incubator, and right: an oxygen flow splitter, vital tools provided by the MAMI program for the neonatal intensive care unit at the University of Maiduguri Teaching Hospital in Nigeria. These investments help ensure that newborns in critical health receive the best possible care right from the start.

Mozambique for one referral hospital and Somalia for two referral hospitals and five maternal child health centers; Kenya and Yemen conducted health facility assessments and are using them to identify training and procurement needs. Procurement of supplies has begun in all 7 countries, including continuous positive airway pressure (CPAP) machines, phototherapy lamps and supplies, bags and masks for newborns, penguin bulbs, incubators, radiant warmers, IV pumps and supplies, and baby scales. The Academy of American Pediatrics (AAP), Laerdal and WHO developed the following training packages for primary and referral hospital level: 1) Helping Babies Survive comprising Essential Care for Every Baby (ECEB) on essential newborn care (ENC), Essential Care for Small Babies (ECSB), and Helping Babies Breathe (HBB) and. 2) Essential Newborn Care Course (ENCC), 2nd Edition covers the same topics and is endorsed by WHO. In Somalia, we conducted a training for 22 health care providers (midwives, nurses and 1 doctor) from all seven supported health facilities on two global packages on ECEB and HBB. Somalia plans to conduct a training on ECSB and to continue providing on-the-job coaching and supervision post trainings. With support of the Federal Ministry of Health Master Trainers, Nigeria conducted a training for NICU staff (doctors, nurses, midwives) on the National Comprehensive Newborn Care training package that includes essential newborn care up to all components for NICU care.

Our team provides essential medical equipment and supplies to the University of Maiduguri Teaching Hospital in Maiduguri, Borno State, Nigeria, boosting the hospital's capacity to provide quality healthcare.

Challenges

Throughout year 1, we standardized monitoring, evaluations, accountability and learning across the countries to maximize and streamline our operational approach. In year 1, we developed a common approach to monitoring all country programs, including developing a MAMI baseline survey tool so that all evaluations use a standard survey allowing comparison between countries and to offer strong evidence and learning for the global collective. Each country conducted a baseline survey in the latter half of year 1 with a few exceptions finishing their data collection in April 2024.

We also faced several challenges that required creative solutions. One challenge was the frequent turnover of staff, which disrupted the continuity of our operations. To address this, each country implemented a system of ongoing training for new staff and established clear protocols for the

transfer of responsibilities between team members. Procurement proved to be another challenge which took longer than expected, however all countries completed most of their planned procurement of supplies by the end of year 1. In **Kenya**, many facilities lacked fundamental supplies essential for standard newborn care. In **Nigeria**, we experienced some difficulty in locally sourcing lifesaving medical equipment and consumables, which led to international procurements with longer lead time and delivery delays. In **Colombia**, the global shortage of BEP, forced the team to look for alternatives such as *Enov Mum*, a secondary option for managing the risk of malnutrition in pregnant women. On a positive note, in Somalia, we have received anecdotal evidence from health workers that neonatal equipment provided under this project are already improving the quality of neonatal services.

Across our portfolio of countries, as project teams began working with health facilities and healthcare workers in year 1, they noticed gaps in statistical data on children under 6 months of age, a lack of technical knowledge in the identification and management of children under 6 months, and inexperience around collecting MAMI data correctly and carrying out assessments. The **Mozambique** project team advocated with the nutrition cluster to include nutritional risk factors and malnutrition for this age group in national surveys such as Standardized Monitoring and Assessment of Relief and Transitions (SMART), household budgetary surveys, and other instruments. They also trained, mentored, and supervised health technicians in the management of nutritionally at-risk children and their mothers as well as adapting existing tools. To mitigate the data collection issue, the **Yemen** team conducted multiple and frequent technical field visits and offered on-the-job training to health workers, including to District Health Officer DHO coordinators and to help find available funding for additional training. The **Syria** project team observed weaknesses in the mental health assessment skills of their partners. To address this, they organized training sessions for all the teams to improve their assessment skills and their ability to refer detected cases to Psychosocial Support (PSS) workers. As a result, the number of detected and referred mothers with mental health disorders increased.

Unexpected environmental or security challenges delayed or impacted implementation in some countries. In **Syria**, the earthquake in February 2023 and shelling and airstrikes in October 2023 required project staff to temporarily divert focus to humanitarian responses. Additionally, an increase in armed conflicts and community discontent over various social issues in **Colombia** has continued to affect activities and required adjustments and flexible planning. Despite these external factors contributing to project underspend and underachievement of some indicators, we are committed to adapting our approach to provide essential support to vulnerable communities amid complex challenges.

Sustainability

Ensuring sustainability means not only addressing immediate needs but also creating long-term solutions that empower communities in Colombia, Mozambique, Syria, Yemen, Somalia, Nigeria, and Kenya. We are focused on implementing sustainable practices through existing government structures and local communities that address the specific needs of the community and foster lasting resilience and impact, safeguarding the health and well-being of generations to come.

In all seven countries, we started the program by collaborating with community mobilization teams, key community stakeholders (traditional, religious leaders) and government institutions to introduce them to the project and their key role in decision-making and implementation. Ministry of Health staff and healthcare workers received MAMI training to ensure their active support for MAMI services at various stages of service delivery. At the national level in **Nigeria,** the MAMI team supported the Ministry of Health with the development of National Nutrition in Emergency Guidelines, which includes the MAMI approach. This strategy has enabled the government to take ownership of MAMI initiatives and adopt national policies. For example, a comprehensive Neonatal Care Course was delivered to doctors and nurses providing services at the NICU unit at the University of Maiduguri Teaching Hospital. In **Mozambique**, Save the Children serves as co-lead of the technical working group on infant feeding where they have advocated for the MAMI approach. As a result, some partners have shown interest in implementing MAMI activities and we anticipate an integration of MAMI into mobile brigades that other partners are implementing. In **Somalia**, we established a MAMI task force within the Ministry of Health and Development (MOHD) and we piloted Community Health Worker tools in communities so that they can learn more about the project and benefit from it. In **Kenya**, the MAMI approach has been integrated into the Integrated Management of Acute Malnutrition (IMAM) modular curriculum, following successful policy engagements with national and county government teams. Due to **Yemen's** current burdens, the absence of secured funds, and continued internal conflict, the government has not shown an interest in supporting the MAMI approach yet, so the team is still operating in a

Left: Training participants after clinical visits at the University of Maiduguri Teaching hospital in Borno State, Nigeria. Right: A MAMI facilitator at Maiduguri demonstrates a life-saving technique from the Helping Babies Breath curriculum. Our team plans to conduct a MAMI Training of Trainers training in Year 2 to create a pool of facilitators to lead training opportunities year after year.

pilot phase with a heavy focus on advocacy and awareness raising. In **Colombia**, the government has shown an increased interest and commitment to the benefits of the MAMI program, which has resulted in an increase of the MAMI team's participation in decision-making spaces at the government level.

MAMI teams are also working to support and amplify community-led MAMI initiatives that reflect the unique needs, strengths, and priorities of local communities. This includes providing technical assistance and identifying networking opportunities with grassroots community leaders focused on promoting adolescent care and maternal mental well-being of caregivers of children under 6 months. In many countries, we are training Community Health Workers and volunteers to be able

to screen, enroll, and refer MAMI cases within the community so that they can benefit and have ownership of improved outcomes for families in their own communities. An increased understanding of services by health care providers and community members in **Colombia** has led to a higher level of participation in the process. This evolution has been supported by the consolidation of strong relationships with health secretariats and hospitals, which has expanded target populations and strengthened our project interventions. In **Mozambique**, there is a growing sense of ownership among the community with the local authorities engaging and supporting the implementation of MAMI activities. For example, health units identify cases and risk factors in the maternity wards and referring mothers to community healthcare workers for follow-up. There is also integration happening of newborn care activities in neonatology units within MAMI spaces at the community level and rolling out a plan to include matrons in the identification and support of adolescent groups. In **Syria**, engaging with the community through outreach teams explaining and highlighting the project's benefits and impact on maternal and infant health outcomes has played a crucial role in increasing the community's sense of ownership of the project and mothers choosing to get involved. In **Kenya and Somalia**, we adapted and tested MAMI tools tailored for low-literacy audiences which play a pivotal role in fostering ownership within local communities.

A community health worker in Nigeria provides breastfeeding counseling to a nursing mother.

With a greater understanding of, awareness raising, and adaptation of the MAMI Care Pathway in Year 1 in **Somalia, Syria, and Yemen**, we expanded MAMI services geographically which resulted in a notable increase in outreach and more at-risk mothers and infants accessing vital services and support. To ensure the continued benefits of the MAMI project at a global level, ongoing efforts are needed to strengthen the capacity of local organizations, healthcare providers, and CHWs to maintain goods and provide services. This includes investing in training programs, mentorship initiatives, and resource mobilization efforts to build sustainable local capacity and integrating MAMI activities into existing healthcare systems for seamless continuation beyond the project duration. In these regions, where vulnerabilities are acute due to various factors including conflict, poverty, and environmental challenges, sustainable interventions are crucial and the program will explore more of this in year 2.

Indicators

In year 1, we selected six indicators to monitor overall trends in training and MAMI and MAMI-related service uptake across all seven countries. The following table provides that detail. For many of the countries, we saw an increase in screening and enrollment numbers which meant the project team reached more individuals than initially expected.

Table 2. Year 1 Indicators

Year 1									
Indicator	Country / Disaggregation	Colombia	Kenya	Mozambique	Nigeria	Somalia	Syria	Yemen	TOTAL
Total Mother-Infant Pairs Enrolled to the MAMI Care Pathway	Dyads	443	629	843	4,354	744	2,011	749	9,773
	Boys	189	283	393	2,037	360	1,002	338	4,602
	Girls	257	346	450	2,317	384	1,009	411	5,174
Total Mother/Infant Pairs Screened	Dyads	634	6,021	5,439	7,439	1,597	4,634	2,440	28,204
	Boys	270	2,709	2,018	3,643	801	2,287	1,213	12,941
	Girls	364	3,312	3,421	3,796	796	2,347	1,227	15,263
Percentage of infants exiting at 6 months with no need for further care	Number of infants exiting at 6 months with no need for further care	16	328	69	5,538	440	546	80	7,017
	Total number of infants exiting at 6 months (inclusive of: infants with no need for further care, infants wasted/referred to CMAM at 6 months, infants requiring other referral at 6 months, referral of mother)	93	351	167	6,538	446	575	158	8,328
	%	17%	93%	41%	85%	99%	95%	51%	84%
Number of individuals trained on MAMI or MAMI-related skills	Male	55	149	40	59	11	9	39	362
	Female	575	327	51	108	75	27	183	1,346
	Total	630	476	91	167	86	36	222	1,708
Total number of facilities/ mobile teams (MTs)		3	22	3	33	11	2	12	86
Number of pregnant women evaluated for risk (Colombia and Kenya only)		1,138	In-Progress	N/A	N/A	N/A	N/A	N/A	1,138

Financials

Program Activity	Total Budget	Actuals for Year 1
Supplies & Equipment	$5,583,657	$2,004,801
Services & Training	$5,125,399	$1,485,163
Monitoring & Evaluation	$831,493	$51,751
In-Country Costs	$528,913	$272,463
SCUS Indirect Costs	$1,206,947	$381,418
Total	$13,276,409	$4,195,596

The total budget above reflects the approved total budget for years 1 and 2. Spending in year 1 was less than budgeted, which is sometimes a feature of start-up. While we were able to draw time from existing Save the Children technical and operational resources, recruitment was necessary in some cases across implementing countries, which resulted in some delays in spending. The challenges summarized above also had impacts on spending. Procurement processes, for example, were hampered by government inquiry, complicated facility assessments, etc. Humanitarian crises diverted attention from MAMI implementation, as described in Syria and Colombia. Delays in planned activities resulted in lower spending, but spending will carry over as year 1 activities are completed in year 2.

Next Steps

In year 1, the MAMI team focused on putting in place the necessary processes and resources and buy-in to deliver the project activities with maximum support from stakeholders in the health systems across the seven countries. This required training appropriate actors and staff and conducting research, surveys, and assessments to lay the right groundwork for the MAMI Care Pathway intervention. In year 2 we will finalize the baseline assessment, implement recommendations from an adolescent services formative assessment, and identify research questions to establish a shared MAMI research agenda across the seven countries. All country programs will continue to link MAMI services to antenatal care, delivery and postnatal care, and improved maternal nutrition support packages will be rolled out in selected health facilities. We will disseminate a strengthened MAMI care package in all seven project countries, developed through the outputs from year 1. This care package will include the following six core components: (1) Community screening and outreach; (2) Mental health and psychosocial support for mothers with moderate mental health challenges; (3) Quality newborn care linked with the MAMI program; (4) Facilitation of quality MAMI Care Pathway implementation training; (5) Robust and responsive MAMI Monitoring, Evaluation, and Learning Systems; and (6) Stakeholder engagement.

In addition to the core components, we will focus on the quality of services offered to mothers enrolled in MAMI in Year 1. This means we will continue to test and develop strengthened maternal nutrition interventions and identification of risk during pregnancy, with expansion to Yemen and continued work in Colombia and Kenya. We will build on adolescent-friendly recommendations designed in Year 1, testing these in Somalia and Nigeria and expanding to

northwest Syria. In addition, we will test new concepts: (1) Integration of Water, Sanitation and Hygiene (WASH) activities with MAMI to address WASH-related causes of nutritional risk in Colombia, Yemen and Syria; (2) Creation/adaptation and testing of training content and practical tools for providing responsive support to infants and mothers with disabilities in Somalia and; (3) Pilot inclusion of infants under 6 months in SMART surveys to improve visibility of infants under 6 months in Kenya and Nigeria. These new concepts have been identified by Country Offices as needs, gaps, and priority areas.

Conclusion

Save the Children is very pleased with the momentum established in Year 1, which has laid significant groundwork for the continued MAMI program in Year 2. Startup takes time and can often be further delayed by the complexity of the technical intervention as well as challenges related to implementation geographies. This MAMI project features both types of complexity. Nevertheless, Year 1 represents an exceptional startup effort and momentum was sufficiently built for success in year 2 and beyond.

We included water, sanitation, and hygiene (WASH) components into three country programs, expanded coverage in our year 1 pilot countries, and included additional elements of advocacy and learning so that our experience can inform additional MAMI work in these countries, as well as the global community with the means to implement MAMI projects in other countries. Year 2 will include an expansion of year 1 interventions, and additional layering of complementary interventions across the implementation countries.

As discussed in the past, five years would be the ideal runtime of the MAMI project if funding is sustained. A five-year timeline would enable us to solidify the impacts and sustainability of MAMI interventions in our seven countries and allow us to establish and document robust learning and evidence that does not yet exist that will influence MAMI interventions by the global nutrition community for many years to come.

Efforts to address malnutrition among infants under 6 months and their mothers remain largely neglected. Save the Children, with support from the Church, is positioned to demonstrate how these programs can be implemented effectively in a variety of contexts. This is needed to catalyze essential investments by other donors and implementing partners. The potential impact of the Church's investment in this work is truly significant. We extend our deepest thanks for your partnership and support. Together we are reaching thousands of mothers and infants with lifesaving interventions and creating a positive impact that will ripple across generations.

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Save the Children.

ANNEX

ANGELICA'S HEALTHY FUTURE

Chiúre district, Cabo Delgado province,

Mozambique

Angelica's mother practices Kangaroo Mother Care by holding Angelica close with prolonged skin-to-skin contact. This essential caregiving technique promotes newborn development by improving thermal regulation, stabilizing heart rate, enhancing oxygen saturation, and supporting early breastfeeding. These physical effects are crucial for the health and well-being of premature or low-birthweight infants.

Angelica is a low-birthweight baby born to a young adolescent mother in the community of Meculane in Chiúre district. On November 2nd, Angelica was identified as underweight by a MAMI-trained nurse during a nutrition screening conducted by a mobile health brigade. At the time of the screening, Angelica weighed 2.4 kg and was 46.3 cm tall, or approximately 5.3 pounds and 18.2 inches tall, meaning she was under weight for her height. Based on the nurse's recommendation, Angelica and her mother joined a breastfeeding counseling group when it became evident the pair was having difficulty breastfeeding. They were also invited to attend regular follow-up appointments, where Angelica's mother received advice on good breastfeeding practices. Angelica's mother also received counseling from a MAMI nurse and a community MAMI activist about maintaining her own nutrition while lactating.

In addition to benefiting from various interventions in the MAMI space, Angelica and her mother received home visits by MAMI-trained activists who offered counseling on Kangaroo Mother Care, including for the father, aunts and grandparents.

Angelica with her mother on March 6th, 2024, weighing a healthy 14 pounds.

In remote communities, adolescent girls who become pregnant are at high risk of complications during pregnancy and childbirth, which can also have long-term consequences for their children. One of the more common risks is premature and low-birthweight infants. Most rural hospitals don't have the required specialized equipment and trained staff to help support these cases. Fortunately for Angelica and her mother, they were identified early due to the nutrition screening and assessment of risk factors conducted by the MAMI-trained health professionals in the mobile health brigades and referred to the community's MAMI space for continued support. As time passed, little Angelica began to reach important developmental milestones. Her growth and progress served as a source of inspiration and hope for everyone around her. Today, Angelica, who is 5 months old, weighs 6.4 kg/14.1 lbs. and has a future awaiting her.

ADOPTED BOY RECEIVES LIFE-SAVING INTERVENTION

Moronti community of Konduga LGA, Nigeria

Late one evening, a man discovered a newborn crying inside a bag beside the road. He immediately alerted the community leader, who took the baby and contacted Aisha, a respected woman in the community. Together, they reported the find to the police. That night, Aisha cared for the baby, removing ants from his body and bathing him. Believing he was born just hours before, she named him Yusuf and, with her husband, decided to adopt him.

Although Aisha lovingly cared for Yusuf, her lack of knowledge about infant nutrition led her to feed him sachet milk and water. Three weeks later, Yusuf's health had declined significantly due to severe acute malnutrition. He was underweight at less than 2 kilograms (approximately 4.4 pounds) and his mid-upper arm circumference (MUAC) was only 7.6 centimeters (approximately 3 inches).

In November 2023, the Save the Children team found Yusuf during a routine home visit. He was suffering from diarrhea and a cough and was immediately taken to an inpatient care facility. There, nurses supported Aisha, already a mother of six, in starting lactation, and Yusuf began exclusive breastfeeding. By December 2023, he was discharged and referred to Gambori outpatient therapeutic care (OTP) near his community for ongoing support.

Every Thursday, Aisha and Yusuf were seen at the Gambori OTP, actively engaging in sessions that enhance Yusuf's health by promoting exclusive breastfeeding and essential hygiene practices. The noticeable improvements in Yusuf's health—his weight increasing to a healthy 4 kilograms (approximately 8.8 pounds) and his MUAC expanding to 13.0 centimeters (approximately 5.1 inches)—reflect the power of community support and Aisha's unwavering commitment to his well-being.

Left: Yusuf at the time of admittance in November 2023. Middle: Yusuf a few days after being discharged. Right: Yusuf during a follow-up home visit by Save the Children staff.