

## 2. MAMI adaptations in the context of COVID-19: Management of At-Risk Mothers and Infants 22<sup>nd</sup> April - Version 1.0

There is a risk of skewing the COVID-19 response too heavily towards health, risk communication and IPC. Whilst measures here are obviously essential, we must be mindful that the risk of death or disability from existing morbidities, could potentially far outweigh the risks associated with COVID-19. As such, MAMI programs, which are considered lifesaving and life sustaining, will need to be adapted and maintained throughout the COVID-19 response period, using simplified or modified protocols and platforms to maintain interaction. Note, key message dissemination (modified to the context) should be used to complement COVID-19 specific activities.

There is no international guidance on the adaptation of MAMI programs. As such, key messages/priority actions taken from other nutrition programming (relevant to MAMI) have been compiled in consort with additional recommendations for program adaptation below.

- **Step 1 MAMI: Suspend/modify all community-group support sessions** in line with government restrictions.
- **Step 2 MAMI: Intensify public awareness around protection, promotion and support for optimal feeding** for all breastfed and non-breastfed infants. This could be achieved through radio, posters, public messaging, text etc. Global guidance is that early and exclusive BF for the first 6m and age-appropriate and safe complementary feeding practices should remain a focus of public health messaging. **Mothers and/or infants with suspected or confirmed COVID-19 should be advised to continue with recommended feeding practices**, using necessary hygiene precautions. This includes EBF if the mother is well enough to continue feeding in addition to the use of respiratory hygiene (covers her mouth whilst feeding) and maintains strict handwashing. If she is too unwell to feed, please refer to the [IYCF in the Context of COVID Brief 30<sup>th</sup> March](#) for more details. At the same time, use of all opportunities to include hygiene messages, key COVID-19 messages & infection prevention-control (IPC).
- **Step 3 MAMI: Agree and communicate protocols around social distancing and wider IPC measures and develop SOP** that should be implemented and adhered to through adapted programming. This should include what PPE materials should be made available to staff (facility and community) and increase spacing between staff and/or beneficiaries to at least two (2) meters.
- **Step 4 MAMI: If necessary, simplify case identification, admission criteria, counselling and treatment protocols.**  
**NB: Very Important - Detail what modifications are made and when.** Please share updates with Ritu Rana.

### Modified Case Identification

- Use Community Outreach Agents (COAs) to **cascade messages into the community regarding simplified risk/case identification**, based on A, B, C, D approach.
  - If families using the MAMI-MUAC show an infant 'at risk' (red) - Anthropometry
  - If mother/carers have any Breastfeeding/feeding problems - Breastfeeding
  - If the mother/carer thinks their child is sick, or - Clinical
  - If the mother/carer is struggling to care for the child due to stress, anxiety or mild depression - Depression
 They should seek support from COA who will refer them to the MAMI clinic for enrolment if necessary.
- **Print and display posters to support the A, B, C, D risk-identification** criteria. See below for ideas.
- **COA's to use MUAC** for anthropometric case identification in the community, conducted either by the COA if adequate PPE is provided and adhering to strict IPC measures, or by family under observation if social distancing is being applied.
- **COAs to refer all new cases to MAMI clinic** for more in-depth A, B, C, D assessment and support plan.
- If MAMI clinic staff have adequate PPE, MUAC and WAZ measures could be maintained for new enrolments. All equipment should be disinfected before and after use – soap and water are deemed adequate to clean MUAC tapes.



### Simplified Admission protocols

- Most admission protocols can be maintained using social distancing. Those that require closer contact i.e. MUAC, weight and vital signs assessments, can be maintained using adequate PPE. However, if contact is prohibited, the following adaptations can be made:
  - o MUAC measures can be taken by the carer with guidance, where the health worker can observe the colour outcome whilst respecting social distancing of 2m.
  - o To assess weight, infants can be placed on scales by the carer, then asked to stand back whilst the health worker reads the scale.
  - o Note: All equipment must be disinfected before and after use. MUACs can be wiped with soap/water.
  - o A breastfeeding assessment can be done whilst respecting social distancing.
  - o The Clinical assessment can be conducted whilst respecting social distancing, merely by asking the carer questions about symptoms and observing the infant.
  - o The psychosocial assessment can also be done whilst respecting social distancing.

### Simplified Counselling and treatment protocols

Note: All infant-mother/carers using facility-based MAMI service should have their temperature checked before entering the clinic.

- **Decentralise follow-up services from facility-based care to the community with home-based counselling** and support for existing cases showing positive progress. This will help to reduce exposures between family groups.
- **Adapt beneficiary contact.** It is advised that after new cases are enrolled at the MAMI clinic, COA's conduct weekly visits at the beneficiary's homestead with the mother/carers. Every 4<sup>th</sup> week, the pair should be advised to attend 1 x MAMI clinic appointment to enable infant weighing to assess how they are growing against their WAZ growth charts. For cases with positive growth, i.e. they are tracking upwards on their growth charts at week 4, Health Facility staff can communicate to the COA to reduce the frequency of follow-ups to once every 2 weeks until they are no longer deemed at risk.
- **Only infants needing intensive support or existing cases showing signs of deterioration should be referred for follow up in the MAMI clinic.** Signs of deterioration include, a) a visible deterioration in the physique of the infant, b) a MUAC measure moving from green (on previous assessment) to red, or if enumerated MUAC measures are being recorded by COA's with PPE, a fall in MUAC measure between weekly visits or c) clinical signs of deterioration noted by parents/carers. NB: Infants receiving BMS will need to attend MAMI clinics to receive re-supply on a weekly basis, thus can continue to be supported in clinic.
- **Reduce overcrowding in MAMI clinics** through more frequent provision of facility-based services (e.g. from 1 to 5 days per week) for those needing to attend the clinic.
- **Step 5 MAMI: Intensify pre-positioning** (with minimum buffer stock of 2 months) of essential commodities for MAMI services, this might include MAMI-MUACs, IEC materials for facility and/or community-based use, BMS for non-BF infants without alternative options.
- **Step 6 MAMI: Include provision of hygiene kits** for children and PLWs with IPC messaging.
- **Step 7 MAMI: Through use of the Family MAMI-MUAC approach**, intensify efforts to strengthen the capacity of mothers/caregivers to detect and monitor their baby's nutritional status. This can be done through community-based trainings with small groups, respecting IPC measures – see [Family MUAC guidance note](#) and [IPC guidance](#). In addition, during COA interactions with the community, if new families/births are identified, where families don't already have MAMI-MUACs, provide clean tapes and orientate caregivers on how to use the tape, how to check for kwashiorkor and what to do if 'red' markers/bilateral pitting oedema are observed. MAMI-MUACs can also be distributed through facility-based services for new or existing beneficiaries.
- **Step 8 MAMI: Full adherence to the International Code of Marketing of Breast-milk Substitutes** and subsequent WHA resolutions in line with recommendations in the [IFE Operational Guidance](#).
- **Step 9 MAMI: Adapt the MEAL plan and digital data tools** if necessary, in collaboration with Ritu Rana.

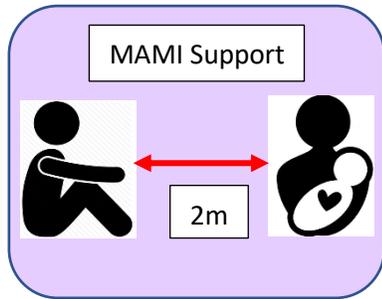
Poster Image Ideas/ Options:

A = Anthropometry

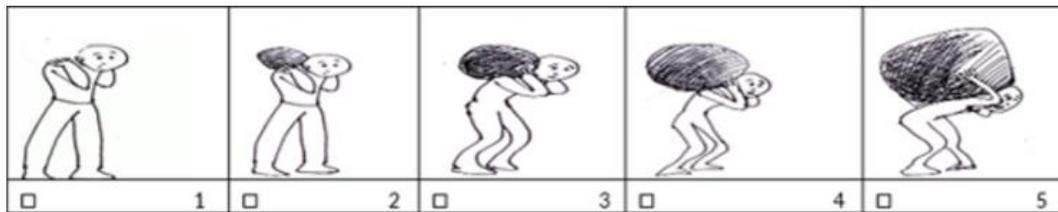
B = Breastfeeding problems



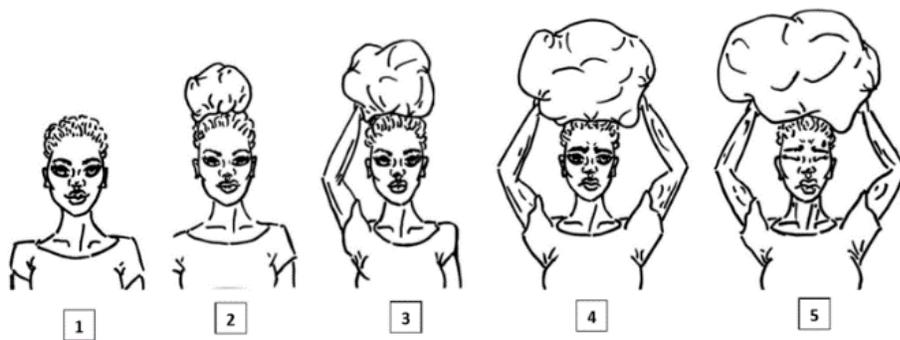
C = Clinical problems (is the baby unwell)



D = Depression / Anxiety / Stress (is the mother/carer feeling overwhelmed)



OR you may want to use images as per the below if they resonate more with your community



Infographic: Program Adaptations for MAMI in the context of COVID

