#	Question	Answer
1	**Colleen Emary:** Can you describe more the screening at the community level by the CHNVs and CMWs? 1. How frequently does this screening take place? 2. And how - centralized or household level? 3. What tools are you using for this screening?	1. Screening is a quick assessment that takes place at any contact point with infants and mothers, like vaccinations or growth monitoring visits to cast a wide net for identifying at-risk infants, mostly once a month. In our context, the CHNVs conduct screening at the community level during routine HH visits. 2. See answer #1. 3. MUAC tape, pediatric weighing scale, stopwatch, growth monitoring cards. CHNVs are checking for IMCI danger signs, including breathing rate and temperature, and measuring MUAC, and weight.
2	**Eleanor Rogers:** 1. What were the main challenges you had related to community screening & how did you overcome them? 2. Did you adapt the MAMI Care Pathway health worker materials for the CHNVs and CMWs?	1. Far distances/hard to reach areas and insecurity are the most frequently reported challenges to our operation. In addition, most of our CHNVs are females because the community refuses visits by males to their houses. Therefore, ADRA YEMEN building the capacity of female CHNVs for quality service provision and creating awareness to increase males' active participation at different phases of the interventions. 2. ADRA adapted the MAMI Care pathway materials to create a CHNV Screening Form.
3	**Eleanor Rogers:** Question on the admission & exits: is the discrepancy between the admissions numbers (higher) and the exit numbers (lower) because many children are still in the program receiving care? Or were there a high number of defaulters?	Other programs such as CMAM have criteria for enrolment & discharge, but MAMI doesn't have discharge criteria. The mother and infant will leave the program when the infant has reached an age of 6 months. The exit numbers show lower than admissions because the admitted cases have not yet reached 6 months of age, especially at the moment when we are at the beginning of programme implementation. There were not a high number of defaulters.
4	**Hatty Barthorp:** What cut-offs are you using for MUAC to determine risk? Why are EBF rates so low in your operational area?	We don't have MAMI MUAC tapes in ADRA Yemen. Therefore, we use the Children's and Mothers' MUAC tapes used by the CMAM program. The cut-offs for mothers is less than or equal to 23 cm. The cut-offs of MUAC for infants are as per MAMI Care Pathway protocol, and are as follows: • <110mm for infants aged 0 to <6 weeks of age.

		• <115mm for infants aged 6 weeks to 5 completed months of age.
5	**Natalie Page:** 1. How was community acceptance of the program? Was there community sensitization for the program, involving males? 2. Can you say if more cases were managed at community level by CHW or via the health facility staff?	1. The community sensitization took place at the beginning of the program through the local authority and stakeholders, and during the training of CHNVS, primarily to women. Feedbacks and reports show that MAMI is highly accepted by the community. 2. At community level CHNVs just screen & refer MAMI cases using MAMI screening form to the health facilities. At the health facilities, the HWs further assess the condition/parameters and enroll the cases into the program (if eligibility criteria is met and accepted).
6	**Sarah O'Flynn:** For the mother-baby pairs admitted based on maternal age (adolescents) was the approach of the program different for adolescents' mothers?	Adolescent mothers are facing many physical, psychological, mental, and social challenges so special attention and care support is made available to them by health care providers.
7	**David Mbuguah**: How is data collection at the Health Facility? Do you enter directly to computer or use forms which kind of forms?	In health facility we use: Assessment form, Enrollment & Follow up form, MAMI Register, and a monthly reporting form which take data from the MAMI Register. The data collection at the health facilities are conducted in a paper-based format, however ADRA is going to pilot DHIS2 electronic system in some of health facilities then the manual and paper-based methods will be replaced by an electronic system.
8	**Edith Muturi:** 1. From the presentation seems the pilot was only done in the southern governorates, was there any reason as to why ADRA did not conduct the pilot in any northern governorate? 2. are the tools ADRA using already adopted by the MoPHP and if not how was ADRA able to introduce the tools for use in the HFs? 3. Was there any support provided for referral cases e.g. transport cost? 4. Household food insecurity is a major setback for IYCF in Yemen and mothers may not be in a position to sustain EBF without access to food. Was there any support provided to support food access?	1. So far, the BHA funded project MANR II Health and Nutrition sectors within which MAMI is piloted are only operational in the South. ADRA in the next funding will be implementing in both South and North. 2. ADRA integrated the tools in line with the MoPHP guidelines and the tools in use are approved by MoPHP. 3. ADRA is providing the emergency referral and SAM vouchers for transportation and accommodation. 4. ADRA-YEMEN has other programs for food insecurity intervention including provision of basket food, and cooking demonstration and these programs have positive contributions towards MAMI.

9	**Amgad Mohammed:** How can ADRA measure the success of this pilot? Are there any success criteria?	The recommended performance indicators will be used to measure the performance of this pilot project; case control methodology will be applied to compare and contrast the difference between the results from MAMI and non-MAMI HFs. Specifically, this will include: comparison of % admissions to OTP/TSFP that are 6-8 months old; comparison of % admissions to TFC that are infants <6 months old; % wasting and/or % of underweight in infants <6 months old; and outcomes at 6 months of age for those enrolled in the programme. Case studies, key informant interview and focus group discussions will also be considered to see relevance, effectiveness and efficiency of the program
10	**Justine:** If other implementers in Yemen were interested on adopting or implementing MAMI what would you suggest as the first step? Is ADRA looking to expand the approach?	Other implementers can adopt the MAMI approach without duplicating the efforts being put in place by ADRA Yemen. ADRA has a plan of expanding the MAMI approach to the north part of operational areas in the next project.
11	**JERWIN Capuras:** just asking if children under-6 months of age in Yemen who are at risk were all enrolled in IYCF Support Groups connected to the clinics?	All children 0-23.9months are enrolled in IYCF support as our IYCF programs are implemented in 33 HFs including the Mobile Medical Teams. Out of these, MAMI is being piloted in 9 HFs for now and will be expanded to North in the next project.