



mami

Global Network

Management of small and nutritionally at-risk infants
under six months and their mothers (MAMI)



MAMI Global Network Strategy 2021–2025

**Strong Infants, Strong Mothers, Strong Futures:
Building Bridges Towards 2030**

Acknowledgements

The MAMI Global Network Strategy was developed by ENN (Marie McGrath; Eleanor Rogers) and LSHTM (Marko Kerac) in close consultation with the MAMI Global Network Steering Committee (Dr Praveen Kumar, Lady Hardinge Medical College, India; Dr Melkamu Berhane, Jimma University, Ethiopia; Dr Martha Mwangome, KEMRI/Wellcome Trust Research Programme, Kilifi, Kenya; Amanda Murungi Eunice, Ministry of Health Uganda; Grainne Moloney, UNICEF; Zita Weise Prinzo, World Health Organization; Adelaide Challier, Action against Hunger; and Sarah Butler O’Flynn, Save the Children).

We warmly acknowledge the shared learning and contributions of many individuals and institutions to the collective MAMI effort to date, and which has shaped the direction of this strategy. We note in particular the early commitment and catalytic contributions of Save the Children, GOAL and Partners in Health to implementation research and programme development on MAMI; the significant contributions of Jay Berkley and Martha Mwangome (KEMRI/Wellcome Trust Research Programme, Kilifi, Kenya), who have led critical research on the identification of small and nutritionally at-risk infants under six months; and the open, accommodating support of Dr Nigel Rollins, WHO who has been instrumental in leading and shaping key policy development.

We gratefully acknowledge the funding support to ENN from the Eleanor Crook Foundation and Irish Aid to develop the MAMI Global Network Strategy and to support the MAMI Global Network.

About the MAMI Global Network

The MAMI Global Network is an active community of implementers, researchers and policy-makers working together to improve policy, evidence and practice for small and nutritionally at-risk infants under six months (u6m) and their mothers (MAMI).

Our *aim* is to assist local, national and international collaborators to work together to improve policy, evidence and practice for small and nutritionally at-risk infants u6m and their mothers. To achieve this, our *mission* is to build an effective and energetic network to enhance mutual capacity, bridge disciplines, address evidence gaps and champion MAMI care. Membership is open to all who share our *vision that every small and nutritionally at-risk infant u6m and their mother is supported to survive and thrive*.

The MAMI Global Network is coordinated by the Emergency Nutrition Network (ENN), co-led by ENN and the London School of Hygiene and Tropical Medicine (LSHTM) and governed by a *Steering Committee*. *Working Groups*, *Special Interest Groups*, *Advisory Groups* and *Country Chapters* work together to contribute to the collective delivery of a shared workplan guided by our five-year strategy (2021–2025).

Open invitation to work together

We welcome collaboration with individuals, agencies and initiatives across disciplines, services and contexts with shared visions. Contact the MAMI Global Network Coordinator: mami@ennonline.net

For more information, visit <https://www.ennonline.net/ourwork/research/mami>

July 2021

Reference: Management of small and nutritionally at-risk infants under six months and their mothers (MAMI). MAMI Global Network Strategy (2021–2025). Strong Infants, Strong Mothers, Strong Futures: Building Bridges Towards 2030. MAMI Global Network. ENN. July 2021.

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1.0 The problem

Tackling malnutrition and helping children both survive and thrive is a global health priority. A high proportion of infants under six months (u6m) in the world are identified as malnourished (growth faltering). Recent analyses of Demographic Health Survey data from 56 countries estimates that 21.3% of infants u6m are wasted; 20.1% are underweight; 17.6% are stunted; and 17.8% are born with a low birth weight (1). These infants are at increased risk of death and disease and poor growth and development in the immediate and long term.

Over the past 20 years, community-based management of wasting has focused on children over six months of age; in practice, management of wasting in infants u6m still centres on in-patient care. Waiting to intervene with community-based interventions at six months of age is too little, too late; it is not sufficient to mitigate risks, it misses a critical window for prevention and early action and is a major driver to the overall burden of wasting (2). *Infants u6m have been left behind*, and their needs have largely remained unmet.

The wellbeing of an infant u6m is intimately linked to the health and nutrition of his/her mother, yet the *mother-infant dyad* is rarely considered as part of an integrated package of services to manage growth faltering including wasting. Infant risk may be due to in-utero factors, feeding, clinical conditions and/or maternal nutrition and health; nutrition-centred treatment services for older children are not adequate to provide the more holistic cross-sector package of care that is needed.

While global estimates indicate stunting prevalence has declined among children under the age of five (32.5% in 2000 to 21.9% in 2017), progress on child wasting (10% in 2005 to 7.3% in 2017) and low birth weight (an average of 1% reduction per year) remains unacceptably slow (3). Preventing and addressing early-life growth failure is a neglected area of action that has no doubt impeded progress on global targets. Stunting and wasting may already be present at birth and incidence of both peaks in the first six months of life (3),¹ while wasting in early life leads to an increased risk of wasting in later life (4). *Maternal and child undernutrition remains a major global health concern.*

¹ There is a higher risk of mortality (4.8% increase) when a child is affected by both simultaneously.

2.0 MAMI evolution

Over the past 10 years, we have seen a positive evolution in MAMI catalysed by an *active committed Community of Practice* (COP) (the MAMI Special Interest Group (MAMI SIG) – see **Box 1**), reconfigured as the MAMI Global Network. Achievements include increased awareness of need, global policy development and practice innovation, notably the MAMI Care Pathway Package (see **Box 2**). Evidence gaps on MAMI feature in the top five global research priorities on both prevention and treatment of wasting (**5, 6**). Non-governmental organisations (NGOs) have championed MAMI interventions and continue to demonstrate strong and growing commitment to collective continued learning and innovation (**7**). Several governments have started highlighting the lack of attention paid to, and the need for action on, small and nutritionally at-risk infants u6m and their mothers (**8**).

Progress is also reflected in recent global strategies and initiatives that more explicitly recognise the burden of care in this age group, as well as how critical early case identification and action is to both the prevention and the treatment of malnutrition (including continuity of nutrition and health care across the lifecycle).

- **The United Nations (UN) Global Action Plan (GAP) on Child Wasting** provides a framework for action that must encompass targeted continuity of care for small and nutritionally at-risk infants u6m and their mothers to achieve the following four key outcomes: reduced incidence of low birth weight, improved child health, improved infant and young child feeding and improved treatment of children with wasting (**9**).
- The UN International Children’s Fund (UNICEF)’s **Nutrition Strategy 2020–2030** involves a renewed focus on preventing and managing early malnutrition targeting children under the age of two (**10**).
- **UNICEF’s No Time to Waste initiative** recognises the infant u6m burden of malnutrition and commits to intensify efforts for early detection and intervention on growth faltering and wasting, prioritising the ‘youngest of the young’ within facility and community health services. Noting the urgency of the need for action, the initiative refers to the MAMI Care Pathway as a promising development offering the opportunity and means to focus efforts on this neglected area (**11**).
- An extensive update of the **World Health Organization (WHO) wasting guidelines** is underway (2020–2022), including growth failure/faltering in infants u6m as one of four key thematic areas.

However, *we are not there yet*. Uptake of current WHO guidelines (2013) that recommend outpatient care for infants u6m is still only slowly filtering through to national policy and practice. Barriers to national uptake include lack of context-specific evidence regarding the effectiveness of interventions for infants u6m and how they work; concerns about potential costs and scalability; limited facility-level platforms to assess and support mothers and infants together; and poor continuity of care between reproductive, newborn, health and nutrition services. Critical evidence to identify scalable, sustainable pathways of MAMI care will include how to integrate interventions within existing systems and services, as well as implications for cost, health systems and worker capacity.

Box 1 MAMI Special Interest Group (SIG)

The MAMI initiative arose from challenges faced by programmers working with NGOs regarding how to manage malnourished infants u6m in humanitarian emergencies. Investigative research by ENN identified a high burden of care, inadequate case management and major policy gaps (12). The MAMI SIG emerged from this research process, consisting of an informal COP of implementers, researchers and policy-makers working together to raise awareness and build evidence, improve policy and inform practice on MAMI. Outputs to date include the following.

Evidence: A 2015 research prioritisation on MAMI identified critical research questions (5) and has since guided research by members and others, including [No Wasted Lives](#) (13, 14). Other outputs include the publication of secondary data analysis, systematic reviews and expert advice on external research. For more examples, visit the MAMI Global Network page on [evidence](#).

Policy: WHO's 2013 updated guidelines on severe wasting treatment explicitly recommended outpatient care for medically uncomplicated infants u6m (15). MAMI SIG members engaged in the guideline development process, bringing issues and evidence to the table. Other outputs include contributing to the development of stop-gap guidance in response to urgent needs, such as programming adaptations in the context of COVID-19 (16) and participation in WHO Guideline Development Groups and guidance derivatives, such as on wasting treatment. For more information, visit the MAMI Global Network page on [policy](#).

Practice: The MAMI Care Pathway Package (formerly the C-MAMI Tool) was first developed in 2015 to fill an urgent implementation gap. Since then, it has been implemented and evaluated by NGOs in several countries and updated by the MAMI Global Network in 2021 based on evidence and experience to date (see also [Box 2](#)). Other outputs include the documentation and evaluation of operational challenges and experience in both development and emergency settings. For more information, visit the MAMI Global Network pages on [practice](#) and [evidence](#).

For the latest 'who, what, where' on MAMI implementation and research, and to share your work, visit the MAMI Mapping project [here](#).

Box 2 The MAMI Care Pathway Package

The MAMI Care Pathway Package is an open-access integrated care implementation guidance, co-created by multiple partners across disciplines. Its development is led by ENN and LSHTM in an ongoing collective effort by multidisciplinary members of the MAMI Global Network and external experts.

This implementation guidance has been developed to assist practitioners to assess and support management of small and nutritionally at-risk infants u6m and their mothers.

It contains resources and support materials for adaptation to different contexts, systems and services.

It is intended for use by nutrition and health service providers working at the sub-national, national and international levels across a range of agencies and sectors, including Ministries of Health, UN agencies and NGOs, to support training and to guide high-quality context-specific service provision.

It supports implementation of the WHO 2013 severe malnutrition guideline recommendations for infants u6m. The MAMI Care Pathway Package is modelled on the WHO Integrated Management of Childhood Illness (IMCI) [guidelines](#) and is designed to embed within this established child health approach to strengthen its delivery and contribute to its future development.

It uses an integrated Care Pathway approach that includes screening, assessment and support using existing health system contact points across disciplines and services; active growth surveillance of small and nutritionally at-risk infants u6m; and maternal nutrition and health, including mental wellbeing.

As well as supporting analysis-based action for immediate case management, the MAMI Care Pathway Package provides a structure for infant and mother follow-up to help further mitigate risk and build longer-term recovery and resilience.

Its ongoing development is supported by an active learning and research agenda managed by the MAMI Global Network.

The MAMI Care Pathway Package is available [here](#).



Over the past 10 years, we have seen an evolution in MAMI care. *We now need a revolution.* To guide our efforts, we have agreed on an overall MAMI vision.



MAMI vision

Every small and nutritionally at-risk infant u6m and their mother is supported to survive and thrive.

Transformative action on maternal and early-life nutrition and health is needed now to end preventable deaths and to nourish the future of all children worldwide. Significant improvements in the outcomes of small and nutritionally at-risk infants u6m are essential if we are to achieve Sustainable Development Goals 2 and 3, particularly Targets 2.2² and 3.2.³

To get on track, we must target efforts at those most at risk and those who are furthest behind, who have most to lose but so much to gain.

This requires concerted collective action across initiatives and disciplines to reduce the global burden and to ensure sustained access to pathways of care for small and nutritionally at-risk infants u6m and their mothers (MAMI) at scale

To realise this MAMI vision, we must do more to *maximise opportunities* and *harmonise efforts* across humanitarian and development settings, health and nutrition sectors and disciplines to establish *integrated continuity of care* and to generate *robust, relevant evidence* that is driven by *country⁴ agendas*, informs global and national policy development and supports rapid programmatic uptake.

There is no time to waste or lose. A step up in our collective action is now needed across policy-makers, implementers and researchers at international, national and sub-national levels to catalyse, leverage and harmonise actions.

This strategy describes what collective action the MAMI Global Network will take to help transform MAMI care.

Our efforts rise to the Lancet 2021 Maternal and Child Undernutrition series Call for Action to bring together the resources, leadership and coordination, along with data and evidence, to address the large remaining burden of undernutrition worldwide (17).

² By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

³ By 2030, end preventable deaths of newborns and children under five years of age, with all countries aiming to reduce neonatal mortality to at most 12 per 1,000 live births and under-five mortality to at most 25 per 1,000 live births.

⁴ By 'country', we refer to national and sub-national governments in this strategy.

4.0 The MAMI Global Network: Aim, mission and values

Since 2010, the MAMI SIG has developed into a dynamic community of committed individuals and organisations across nutrition and health. To address the urgent need and make the most of opportunities, momentum and demand (18), the MAMI SIG was scaled up into a MAMI Global Network in late 2020.

We describe the MAMI Global Network's five-year aim, mission and strategy on MAMI to achieve transparency, to help focus activities and to enable us all to contribute and engage in collective, coherent action in achieving a shared 2030 vision.



MAMI Global Network aim

That local, national and international collaborators work together to improve policy, evidence and practice for small and nutritionally at-risk infants under six months and their mothers (MAMI).

The MAMI Global Network will *galvanise collective action to achieve a shared MAMI vision*. We aim to enable strong leadership, build robust evidence and inform policy and practice through a dynamic network of diverse stakeholders working together towards our common vision. We seek to speak and act with a consistent and evidence-based voice, ensuring coherent and informed engagement in multiple fora and initiatives, from global and national policy guidance to operational research planning to frontline humanitarian response. Supporting country (government) priorities and actions is central to our principles and actions.



MAMI Global Network mission

To build an effective and energetic network to enhance mutual capacity, bridge disciplines, address evidence gaps and champion MAMI care.

We will actively pursue leadership and representation of country stakeholders and partnerships with national academic institutions in low- and middle-income countries (LMICs) to ensure that country-level priorities drive innovation and inform national and international policy and practice.

We will support pathways to MAMI scale-up through collaboration, expansion, replication and field building⁵ by leveraging the distinctive capabilities of multiple stakeholders, with activities centred on quality control, evidence generation, advisory support, capacity development, learning and getting research into policy and practice (GRIPP). We will appraise evidence through a sustainable, scalable lens.

We will actively broker, network and coordinate across implementers, policy-makers and researchers. We will nurture an inclusive and open forum for respectful engagement, active collaboration and mutual lesson-learning and reflection across diverse specialities, agencies and contexts.

We will enable a supportive, approachable environment of peer support, including lay and early-career practitioners.

⁵ In this context, 'field' refers to the wider ecosystem at sub-national, national and international level. Key players in such ecosystems include policy-makers, community groups, NGOs, UN agencies, advocacy groups, service delivery groups, think tanks, funders, investors and beneficiaries. See Annex 1, 'Pathways to Scale', in Cooley, L, Kohl, R, & Ved, RR (2020) *Scaling Up – From Vision to Large-Scale Change: A Management Framework for Practitioner* (v3.0). MSI.

5.0 The pathway to the MAMI vision: Integrated care and planning for scale-up

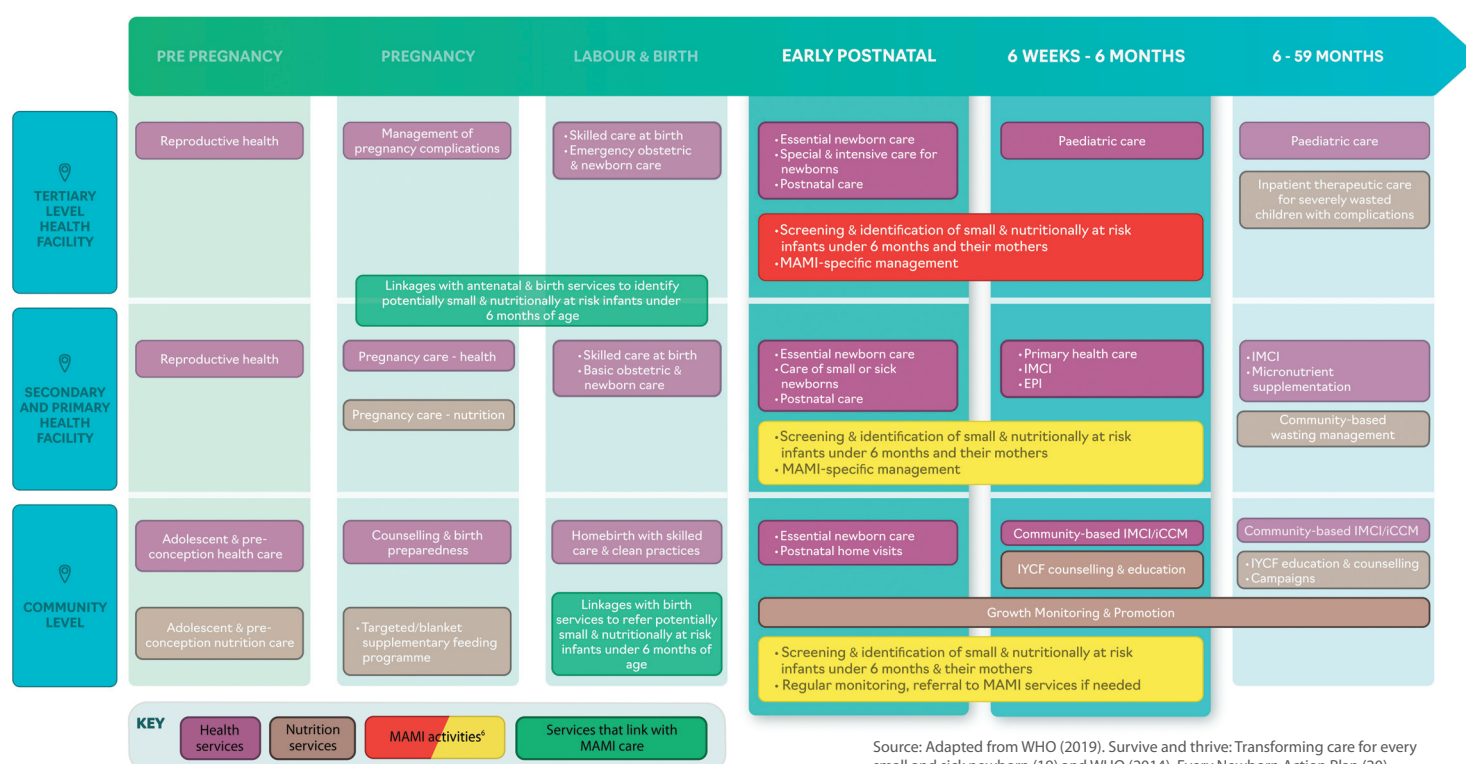
5.1 Integrated continuity of care

A core output of the MAMI Global Network is the *MAMI Care Pathway Package*, which embodies collective action, applies evidence to practical policy and fills implementation gaps (Box 2). Its ongoing development is informed by an active research and learning agenda.

Central to the MAMI Care Pathway Package is integrated continuity of care between existing systems and services across health (including maternal, neonatal and paediatric) and nutrition services (Figure 1).

The MAMI Care Pathway Package is not a vertical 'off-the-shelf' intervention. Rather, it provides a framework and content to connect and strengthen existing systems and services that already manage and identify small and nutritionally at-risk infants under 6 months and their mothers, or that have opportunities to do so. It provides practical content on how to enhance nutrition and health support within services, helping translate the vision and principles of health and nutrition initiatives into practical action.

Figure 1 Connecting and integrating MAMI across maternal and infant health and nutrition services



Source: Adapted from WHO (2019). *Survive and thrive: Transforming care for every small and sick newborn* (19) and WHO (2014). *Every Newborn Action Plan* (20).

⁶ What nutrition and health services are delivered at different levels of the system, and by which cadre of staff, will vary greatly by context. This table includes examples of services available but is neither exhaustive nor prescriptive.

Our MAMI Strategy shares much *common ground with nutrition and health initiatives* that we can and must leverage for mutual benefit. For example, our effort:

- provides collective support to country-level action to achieve **Universal Health Coverage** global commitments (reaffirmed in 2019 (21, 22)) for accessible, quality, integrated and coordinated health services and care, balanced between outpatient and in-patient care and focused on the needs of people and communities (23);
- shares the vision of the **Scaling Up Nutrition (SUN) Movement** for government-led collective action to ensure every child, adolescent, mother and family can realise their right to food and nutrition, allowing them to reach their full potential and shape sustainable and prosperous societies (24);
- shares the vision, upholds the key principles and supports actions of the **Every Woman Every Child Global Strategy (2016–2030)** to drive country-led collective action and partnership to support infants, children and mothers to survive and thrive and to transform their care (25);
- shares the vision of the **Every Newborn Action Plan** to end preventable deaths and secure the best start in early life – the MAMI Care Pathway Package supports early identification and continuity of quality health and nutrition care through the life course for those infants born at highest risk (20);
- supports the achievement of **WHO Standards for Transforming the Care of Small and Sick Newborns** and related initiatives – the MAMI Care Pathway Package helps small and sick newborns survive and thrive by supporting delivery of good quality health care and enhanced nutrition support in early life, keeping the mother–infant dyad at its centre (26);
- shares the vision and supports the implementation of the **Nurturing Care for Early Childhood Development Framework** – nurturing care within the MAMI Care Pathway Package is targeted at higher-risk infants whom active support to their development is particularly critical (27); and
- supports the goal of **Global Alliance for Maternal Mental Health (GAMMH)** to improve the mental health and wellbeing of women and their children in pregnancy and the first postnatal year of life – the MAMI Care Pathway Package integrates assessment and frontline support for maternal mental health to ensure child nutrition, health and development is supported through appropriate support and services (28).

We can only achieve integrated continuity of care if we work together with the government and across nutrition and health services, including neonatal health; prenatal and postnatal health; maternal nutrition and health (including mental health); paediatrics and early childhood development; prevention, early identification and treatment of growth faltering including wasting; and social protection.

We see many opportunities to collaborate across maternal and child health and nutrition initiatives, networks and COPs at country, regional and international level. As examples, some of the global groups we have begun to engage with include the Interagency Working Group on Reproductive Health in Crisis (the Maternal and Newborn Health Sub-Group); the Child Health Task Force; and the Healthy Newborn Network. But this is just the start – we will continue to reach out to collaborate and welcome approaches from others to similarly engage.



5.2 Planning for scale-up

Integration of MAMI into the wider health system increases the chances of longer-term sustainability and scale. Scaling requires active planning from the outset (29). Our approach reflects learning from the successes and challenges of Community-Based Management of Acute Malnutrition (CMAM) scale-up. CMAM was first initiated and rolled out in emergency settings and has considerably improved service coverage and outcomes for children over six months of age with severe wasting. Scale-up within government health services was not part of the original implementation plan. Integration of wasting management into national health systems to facilitate sustainable, accessible scale-up of treatment has since progressed in multiple countries, but service coverage remains stubbornly and unacceptably low (9).

MAMI scale-up ultimately happens at country level, and the demand, pathways and process to get there will vary greatly by context. An enabling global ecosystem across evidence, policy and practice will facilitate country-level scale-up of MAMI. Our thinking has been informed by the Management System International (MSI) Framework, a three-step, 10-task process for effective scale-up (Figure 2) (30). We focus on integration, on delivery systems and continuity of care, and on inclusivity and localisation to produce high-quality evidence that effectively informs and addresses the needs of national and international policy development and practice.

To inform our strategy and actions, we have taken stock of where we think MAMI is on the *pathway to scale-up from a global perspective*. This is visually presented in Figure 3 and details are included in Annex 1. This exercise reflects that, while progress on MAMI scale-up is broadly underway, building wider and deeper constituency engagement across disciplines and at country level and generating more robust evidence of what works and how in different contexts are critical to continue progress.

Our attention and intention to scale is reflected in the MAMI Global Network's commitment to support *country leadership, priorities and action on MAMI* (Box 3). To support the process of scale-up at country level and to inform global policy and practice, it is critical that we test interventions (what works) and support an active programme of learning to capture and appraise experiences and examine implementation models and delivery systems in different contexts (how it works); one size does not fit all. We aim for a balance between generating evidence that an intervention is effective and assessing the conditions under which it is implemented, keeping them closely aligned to maximise the potential for replicability and delivery at scale.

To maximise *sustainability of MAMI*, we must prioritise research that is country-led, that is aligned with government priorities and plans and that tests the MAMI Care Pathway Package within government health systems. We must systematically embed monitoring, evaluation and learning and investigate cost and cost-effectiveness. We will support country leadership and capacity to undertake this.

Figure 2 MSI steps to scaling up

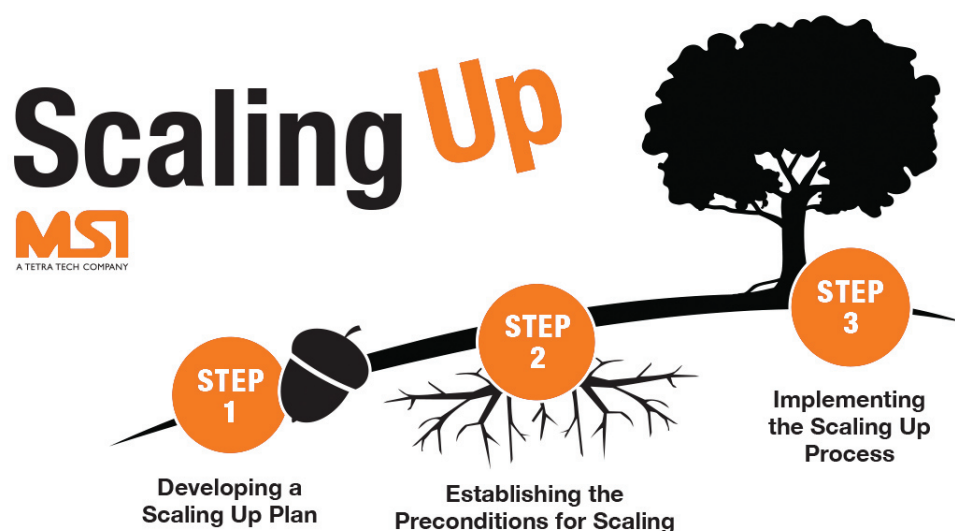
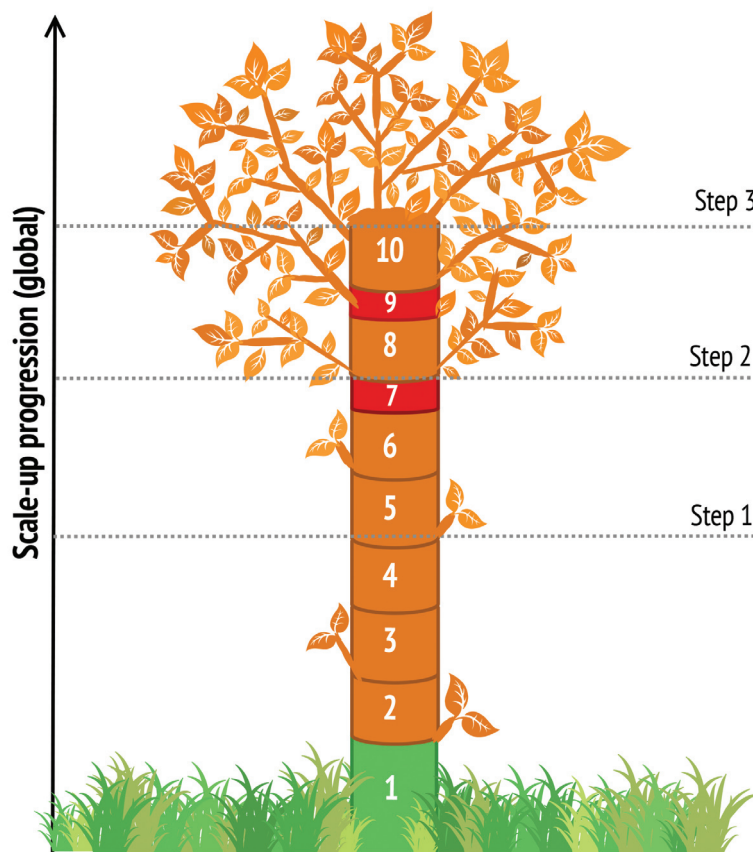


Figure 3 Status of MAMI scale-up using the MSI Framework from a global perspective

Key

	Very early stage/ not started
	Underway
	Largely complete

Step 3: Managing the scaling process	
Task 10	Adapt strategy and maintain momentum
Task 9	Coordinate action
Task 8	Modify organisational structures
Step 2: Establish the preconditions for scaling up	
Task 7	Realign and mobilise resources
Task 6	Build constituency
Task 5	Legitimise change
Step 1: Develop a scaling-up plan	
Task 4	Prepare a scaling-up plan
Task 3	Fill information gaps
Task 2	Assess scalability
Task 1	Create a vision



Source: This infographic draws upon Annex 2, 'Summary of questions for developing and implementing a scaling-up strategy', in Cooley, Kohl & Ved (2020). *Scaling Up – From Vision to Large-Scale Change: A Management Framework for Practitioners* (v3.0) (30). The MSI Framework describes 10 tasks under three steps towards scale-up, which ENN has applied to MAMI (June 2020).

Box 3 MAMI Global Network commitments to support country-led MAMI scale-up

- We will actively expand our network to include country representation across disciplines, sectors and contexts.
- We will identify national MAMI champions to work with in ensuring international policy, evidence and practice actions address country priorities and plans and in supporting country activities.
- We will amplify national voices in international fora.
- We will advocate to researchers and implementers to actively consider and plan for scale. We will prioritise testing and support to integrated community-based care models, which has the most potential for high coverage of sustainable care.
- We will engage with national academic institutions in LMICs to support research, including through fair collaborative research partnerships, and to build mutual capacity on MAMI.
- We will work with country nutrition researchers and champions to support development and uptake of evidence into national policy and practice.
- We will promote process evaluation and documentation of implementation experiences to inform avenues and consequences for scale-up within national systems and services.
- We will facilitate coherent data collection and advocate for the visibility of and accountability for small and nutritionally at-risk infants u6m and their mothers in national, regional and global estimates of need and care targets.

6.0 The MAMI Global Network: Brokerage, networking and collective action

The transition of the MAMI SIG into a MAMI Global Network builds on what has evolved and worked to date. The MAMI SIG has an established convening organisation (ENN) and leadership (ENN and LSHTM) that will continue as the MAMI Global Network *Coordination Team*. In addition, we have introduced more formal governance structures and defined our ways of working, involving a *Steering Committee*, *Working Groups*, *Special Interest Groups* and *Advisory Groups*. A new and important development is to support the creation of MAMI Country Chapters (**Box 4**).

The MAMI Global Network is a *dynamic forum*. A core function of the MAMI Global Network *Coordination Team* is *brokerage and networking* across policy-makers, researchers and implementers to provide or facilitate rapid direction, advice and connections. This *responsiveness* and *proactiveness* is at the heart of achieving our strategic ambitions.

While formalising our system of work, the MAMI Global Network remains an *open forum* that maintains the inclusive values on which it was built, and which any individual or organisation committed to the MAMI vision can join. A range of interests, specialities and regions are represented in the membership, which we are strongly committed to further diversifying and nurturing.

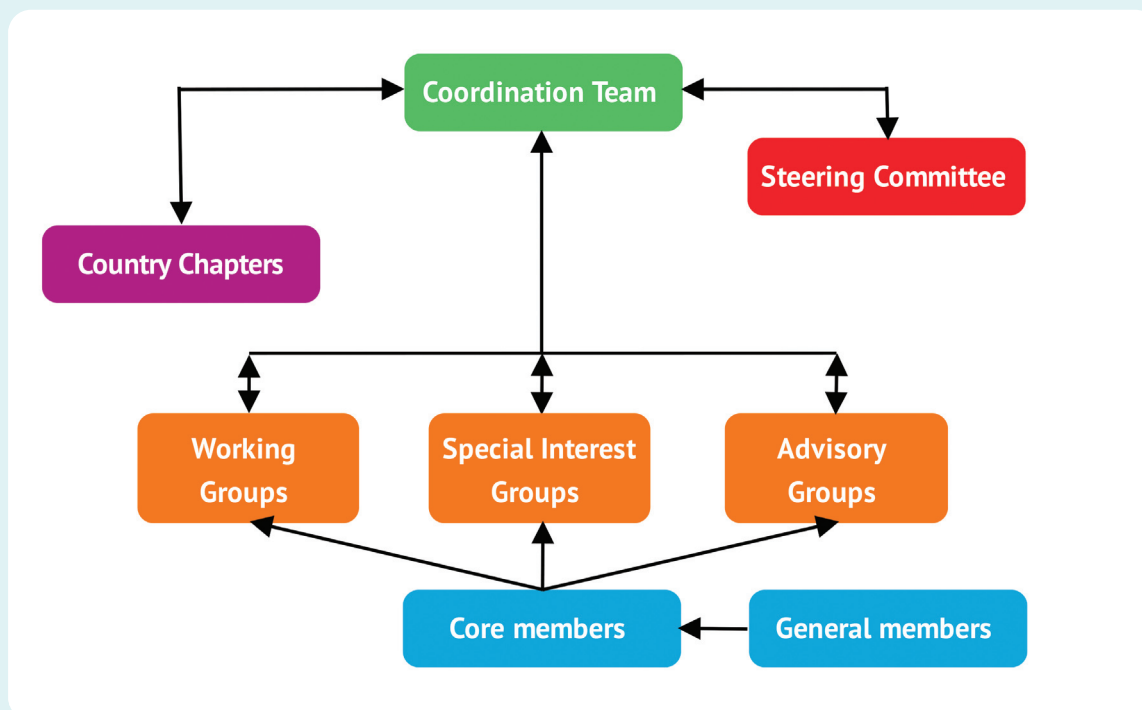
Membership benefits include opportunities to:

- promote and deliver on the shared MAMI vision;
- achieve greater impact together than as a result of the sum of individual efforts;
- facilitate collaborative work at multiple levels;
- bridge disciplines, services and sectors in a practical way;
- support mutual learning and capacity development; and
- acknowledge contributions to MAMI Global Network outputs.

The MAMI Global Network's success depends on *active member engagement*. Members of the Network may lead on activities identified in the workplan and/or undertake external activities that complement and contribute to realising the Network's vision.



Box 4 MAMI Global Network ways of working



The MAMI Global Network is coordinated by ENN and co-led by ENN and LSHTM. A MAMI Global Network Coordinator at ENN is dedicated to brokering, networking and facilitating collective action, supported by the Technical Leads at ENN and LSHTM (the MAMI Global Network *Coordination Team*).

The MAMI Global Network is governed by a *Steering Committee*, co-chaired by ENN and LSHTM. The *Steering Committee* comprises named representatives from three countries, from UNICEF and WHO, from two NGOs and from one academic institution; it aims to provide strategic direction to the Network, to govern membership, to develop workplans and priority activities, and to support fundraising.

The MAMI Global Network is made up of *general members* and *core members*. *General members* are any individuals or representatives⁷ who have an interest in MAMI and share the Network's vision. General members receive regular updates and opportunities for further engagement and learning. Core members engage directly in the Network's activities. Such activities may fall under the *Steering Committee*, *Working Groups*, *Special Interest Groups* or *Advisory Groups*. A declaration of interest is required for core members.

Working Groups are short-term groups formed to address specific issues and are time-limited according to the task. *Special Interest Groups* are permanent groups that focus on specific topic areas, comprising of members with expertise or experience in that area. Internal or external *Advisory Groups* may be formed with representation from members to provide expert input into member activities, such as research projects.

A *MAMI Country Chapter* is a network that may be formed at national or sub-national level to enhance mutual capacity, bridge disciplines, highlight evidence gaps or champion MAMI care according to local needs and demand. The aim is to bring a MAMI lens to existing or prospective in-country initiatives, departments and groups across policy, research and practice to help harmonise country efforts and to provide a direct avenue for country-driven priorities and developments to inform and be informed by global actions. A Country Chapter should be located within an established national entity (e.g., a government department/advisory group/professional body). A designated focal point is connected to the MAMI Global Network Coordinator.

Funding is secured by ENN to coordinate and facilitate the MAMI Global Network, and by MAMI Global Network members to undertake activities. Funding sources are subject to a due diligence process by ENN and LSHTM.

For more information on coordination and governance, visit the MAMI Global Network page on [coordination and governance](#).

⁶ What nutrition and health services are delivered at different levels of the system, and by which cadre of staff, will vary greatly by context. This table includes examples of services available but is neither exhaustive nor prescriptive.

7.0 The MAMI Global Network: Action Plan (2021–2025)

The MAMI Global Network Strategy has a timeline of five years (2021–2025). The MAMI Global Network's Theory of Change is summarised in **Figure 4**, and the Action Plan is detailed in **Table 1**. Activities, outputs and outcomes are categorised by *leadership*, *evidence*, *policy* and *practice*, across which we coordinate, facilitate, broker, champion and support MAMI care. We recognise these categories are neither mutually exclusive nor linear, and that they will interact towards achieving the MAMI vision.

Activities are further defined in annual workplans managed by ENN in consultation with LSHTM (as co-lead) and the *Steering Committee*, and informed by MAMI Global Network members. The workplan will guide MAMI Global Network activities and galvanise collaborative action with members. Activities will be developed and prioritised as necessary according to available resources and emerging needs and will inform fundraising efforts.

A results framework will be developed by the *Steering Committee* to accompany the strategy. A mid-term review will assess progress. A strategy for 2026–2030 will be developed towards the end of the five-year term.

Figure 4 MAMI Global Network Theory of Change

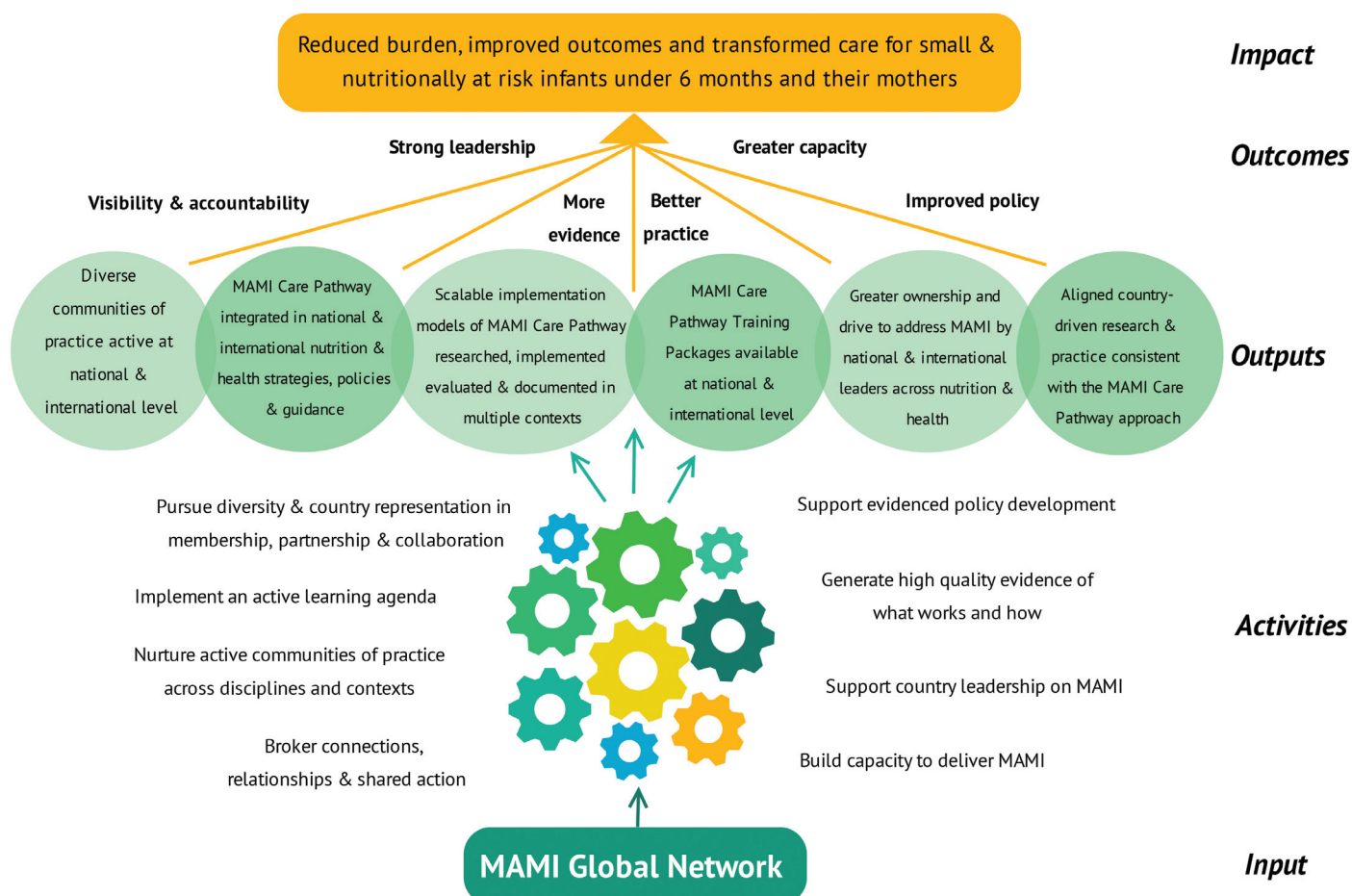


Table 1 MAMI Global Network Activity Plan (2021–2025)

Activities <i>What we will do</i>	Outputs <i>What we will deliver</i>	Outcomes <i>The changes we will see</i>
A. Leadership		
<ol style="list-style-type: none"> 1. Broker connections and conversations across policy, evidence and practice with multiple stakeholders 2. Support government and UN leadership on MAMI 3. Support development of existing and future leaders on MAMI 4. Advocate for visibility of the burden of small and nutritionally at-risk infants u6m in global malnutrition estimates 5. Leverage COPs across multiple implementation and advocacy partners and channels 6. Promote identification and management of conflicts of interest across research and policy activities 	<ol style="list-style-type: none"> 1.1. MAMI Global Network <i>Steering Committee</i> established with representation from governments, UNICEF, WHO, NGOs and civil society 1.2. MAMI Global Network is expanded to include diverse membership across disciplines, contexts and cadres 1.3. Close working partnerships established with WHO and UNICEF on MAMI 1.4. An advocacy and communication strategy and plan is developed and implemented 1.5. MAMI Country Chapters are established in Asia and Africa 1.6. Alliances are established with relevant COPs including newborn care, care of small and sick newborns, maternal nutrition and maternal health (including mental health and nurturing care for early childhood development) 1.7. Collaboration with the SUN Movement is established 1.8. The process to identify and manage conflicts of interest for MAMI research and policy is examined 1.9. Alliances with academic institutions are established on teaching and on postgraduate research, including national institutions in LMICs 1.10. Young and new researchers and practitioners are represented in the MAMI Global Network 	<ol style="list-style-type: none"> 1.1.1. UNICEF strategic leadership and practical support to MAMI implementation by governments and NGOs at global and country levels 1.1.2. WHO leadership on MAMI guideline and derivative guidance development and uptake at global and country levels, as well as on coordinated evidence generation 1.1.3. The burden and care of small and nutritionally at-risk infants u6m is explicitly reported on and accounted for in key global/regional reports, including in the Global Nutrition Report 1.1.4. Greater representation of country/regional MAMI considerations in relevant global policy, research and practice developments 1.1.5. MAMI is reflected in the agendas and actions of COPs on newborn care, care of the small and sick newborns, maternal mental health and nurturing care for early childhood development 1.1.6. MAMI is included in the academic teaching curricula of academic institutions 1.1.7. Conflicts of interest regarding MAMI research and policy are examined, transparently reported on and managed
B. Evidence		
<ol style="list-style-type: none"> 1. Coordinate between members undertaking or funding relevant research 2. Promote, collaborate and undertake primary and secondary research to fill priority evidence gaps (5) 3. Identify and highlight evidence gaps to policy-makers, researchers and funders to target efforts and resources 4. Promote and pursue research to build the evidence oanthropometric identification of small and nutritionally at-risk infants u6m 5. Promote research that investigates both immediate and long-term infant and maternal outcomes 6. Promote research that tests scalable and sustainable approaches and models of care 7. Promote process and impact evaluation of interventions 8. Promote open-access, rapid peer-review publication of research 9. Support documentation of implementation experiences in multiple contexts, including by governments and in emergencies 10. Disseminate evidence in accessible formats to multiple stakeholders 11. Develop collaborations with academic institutions to undertake research including national institutions in LMICs and involving early-career researchers 	<ol style="list-style-type: none"> 1.1. MAMI Global Network members are represented in relevant research advisory groups 1.2. A MAMI Global Network Research Working Group is established 1.3. Peer-reviewed research is published on MAMI, including on use of mid-upper arm circumference (MUAC) and weight-for-age (WFA) in infants u6m 1.4. Process and impact evaluations of MAMI interventions are conducted and publicly available 1.5. Implementation experiences across diverse contexts are documented and shared 1.6. Evidence status and research outputs are synthesised and shared rapidly through multiple fora 1.7. Co-authorship of MAMI Global Network members with early-career researchers on MAMI research 1.8. National academic institutions in LMICs are represented in MAMI Global Network membership 1.9. Peer-review MAMI research is published in open-access journals 	<ol style="list-style-type: none"> 1.1.1. A formal research trial to test the MAMI Care Pathway Package is completed and further research is underway 1.1.2. Operational research to test the MAMI Care Pathway Package is completed and further research is underway 1.1.3. Recommendations on the utility and global thresholds for MUAC and WFA are made 1.1.4. There is a coherent, aligned global research agenda on MAMI that takes account of specific regional and country evidence needs 1.1.5. Research is underway, led by or involving active partnership with national academic institutions in LMICs 1.1.6. Published MAMI research is accessible to policy-makers and implementers and has been included in the evidence contributing to guideline development

(Table 1 Cont'd)

Activities <i>What we will do</i>	Outputs <i>What we will deliver</i>	Outcomes <i>The changes we will see</i>
C. Policy		
<ol style="list-style-type: none"> 1. Coordinate between members engaged in relevant policy development activities 2. Manage updates of the MAMI Care Pathway Package 3. Support MAMI integration into relevant normative guidelines and derivative guidance, including implementation guidance 4. Support uptake of relevant global guidelines and guidance into national, sub-national and agency policies 5. Support MAMI integration into relevant national and sub-national guidelines 6. Develop strategic and technical collaborations with relevant sectors, disciplines and stakeholders 7. Explore scope of including maternal prenatal and postnatal nutrition and health in the MAMI Care Pathway Package 	<ol style="list-style-type: none"> 1.1. An updated MAMI Care Pathway Package is produced as required 1.2. The MAMI Care Pathway approach is embedded in relevant policies, strategies and guidance at national and international levels 1.3. MAMI Global Network representatives contribute to WHO Guideline Development Group/advisory groups in developing relevant WHO guidelines and guidance derivatives 1.4. MAMI Global Network representatives contribute to implementation guidance development by the Global Nutrition Cluster–Technical Alliance (GNC–TA) 1.5. MAMI Global Network representatives inform national/sub-national and agency guideline development 1.6. Examples of strategic and technical input to key sectors, disciplines and stakeholders at global, country and agency level are documented 1.7. The process of policy development at global and national levels is documented 1.8. A consultation on maternal prenatal and postnatal health and nutrition in the MAMI Care Pathway Package is completed 	<ol style="list-style-type: none"> 1.1.1. Relevant health and nutrition guidelines integrate the MAMI Care Pathway approach, including WHO wasting guidelines 1.1.2. The MAMI Care Pathway approach informs the updating of IMCI guidelines 1.1.3. Relevant implementation guidance integrates the MAMI Care Pathway approach 1.1.4. There is an increase in the number of wasting national guidelines that include community-based management of small and nutritionally at-risk infants u6m and their mothers 1.1.5. Relevant national/sub-national health or nutrition guidelines integrate the MAMI Care Pathway approach 1.1.6. MAMI is explicitly included in relevant UNICEF strategies and approaches, in UNICEF country operational plans and in UNICEF staff responsibilities 1.1.7. Standardised Monitoring and Assessment of Relief and Transitions surveys include guidance and reports on infants u6m 1.1.8. MAMI is included in key stakeholder and sector policies, strategies and guidance 1.1.9. A plan is agreed regarding the scope and key elements to include on maternal prenatal and postnatal health and nutrition within the MAMI Care Pathway Package
D. Practice		
<ol style="list-style-type: none"> 1. Coordinate members implementing or funding MAMI interventions 2. Facilitate timely technical support to implementers at global and national levels 3. Champion government leadership, capacity development and delivery of MAMI services 4. Promote interventions that support scalable and sustainable approaches and models of care 5. Encourage practical innovations to support delivery of care 6. Develop a monitoring and evaluation guidance for the MAMI Care Pathway Package 7. Champion the development of a MAMI Care Pathway Training Package for practitioners at global and national/sub-national levels 	<ol style="list-style-type: none"> 1.1. A MAMI Global Network Implementer's Working Group is established 1.2. Access to MAMI technical support is embedded within the GNC–TA and connected with the MAMI Global Network 1.3. Mechanisms and experiences of providing technical support on MAMI are documented 1.4. Monitoring and evaluation guidance for the MAMI Care Pathway Package is produced 1.5. Adaptation guidance for the MAMI Care Pathway Package is produced 1.6. A MAMI Care Pathway Training Package is developed and piloted at global and national/sub-national levels 	<ol style="list-style-type: none"> 1.1.1. The MAMI Care Pathway Package is being implemented and evaluated in services in multiple contexts 1.1.2. MAMI interventions are consistent with the MAMI Care Pathway Package across agencies and contexts 1.1.3. MAMI interventions are integrated within nutrition and health services at country level 1.1.4. MAMI interventions are led and delivered by capacitated country systems and services 1.1.5. Appropriate equipment is available for anthropometric assessment of infants U6m 1.1.6. The MAMI Care Pathway Package is being embedded within national systems and services 1.1.7. A MAMI Care Pathway Training Package is available at global level and has been integrated in national or sub-national training curricula 1.1.8. Rapid technical assistance on MAMI is available to practitioners 1.1.9. There is active learning exchange between implementers

*Under six months (u6m); United Nations International Children's Fund (UNICEF); World Health Organization (WHO); United Nations (UN); Scaling Up Nutrition (SUN) Movement; Non-Governmental Organisation (NGO); Communities Of Practice (COP); Global Nutrition Cluster–Technical Alliance (GNC–TA).

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Annexes

Annex 1: Global status of MAMI scale-up

This table is based on Annex 2, 'Summary of questions for developing and implementing a scaling-up strategy', included in *Scaling up – From vision to large-scale change: A management framework for practitioners* (v3.0), 2020. For each task, questions included in Annex 2 have been answered by the MAMI Global Network co-chairs to give a sense of where MAMI currently is on the pathway to scale-up from a global perspective (June 2021). An indicative colour scheme is applied to indicate tasks largely completed (green), tasks underway (amber) or tasks at a very early stage/tasks not started (red).

Task	State of play	Status
STEP 1: Develop a scaling-up plan		
Task 1 Create a vision	<ul style="list-style-type: none"> • Critical success factors for MAMI at a pilot scale include responding to practitioner needs, evidencing this and engaging a collective from the beginning towards a shared vision, co-ownership, co-creation and a commitment to sharing and learning. • Lessons learnt from challenges of scaling up CMAM have informed intervention design, with emphasis on simplicity and integration within health systems from the outset. • ENN has secured immediate-term capacity to scale up to a MAMI Global Network, and both ENN and LSHTM, as co-chairs of the MAMI Global Network, are committed to taking this forward. • Scale-up of MAMI interventions does not depend on one organisation and pilots have been undertaken by a range of organisations that are motivated and committed to MAMI, as reflected in organisational strategies and implementation plans. • An increasing number of agencies and some national authorities are planning implementation. • Donors are showing commitment to funding implementing agencies to undertake operational research. • Scale-up requires policy change at multiple levels, including government; policy change has happened and continues at a global level (WHO, UNICEF), within NGOs (GOAL, Save the Children) and increasingly at country level. • The MAMI Global Network provides a forum for organisations to support each other on MAMI and for those with more experience to act as key informants (intermediaries) to new potential implementers. • Our vision for MAMI is that every small and nutritionally at-risk infant u6m and their mother is supported to survive and thrive. The MAMI vision is consistent with other key strategies and initiatives across nutrition and health. Successful scale-up would see MAMI embedded in national health systems and services and included as a standard care package in humanitarian responses. 	
Task 2 Assess scalability	<ul style="list-style-type: none"> • Increasingly, relevant stakeholders, potential partners and intended beneficiaries perceive a need for the intervention, including regions (e.g., South Asia) and governments (e.g., Uganda). More work is needed to broaden buy-in to MAMI and to define the need at country level and engage stakeholders across health and nutrition services. • Implementation experiences have been documented, including some process and cost-effectiveness. More evidence is needed on the process of implementation at national and sub-national levels, in different contexts (including humanitarian and development) and on cost and cost-effectiveness. • The MAMI Care Pathway builds on what already exists, looking to improve access between services, quality service delivery and continuity of care; any additional funding needs will depend on the context. The MAMI Care Pathway provides a framework and targeted delivery of proven interventions for maternal and child health. Adaptation of the MAMI Care Pathway Package to different contexts is an expressed prerequisite to help address unique conditions for success in different countries and for different settings. Further documentation of the process of adaptation and implementation in different contexts is needed to inform replicability and scale. • More work is needed to build the organisational and implementation capacity of governments and adopting agencies, and the means to develop this capacity. • The central mission, organisational culture and values of MAMI are shared by those who have implemented the intervention to date. More work is needed to promote and nurture the vision and values of the MAMI approach with new implementers. 	

Task	State of play	Status
Task 3 Fill information gaps	<ul style="list-style-type: none"> There is sufficient evidence and acceptance of the need to scale up support to small and nutritionally at-risk infants u6m and their mothers at global level. Pilot research, intervention evaluations and implementation experiences have informed the development of the MAMI Care Pathway Package to date. Further evidence is needed in more contexts including Asia, within existing government-led nutrition and health systems and services, and in NGO-supported programmes. Government information needs include how the MAMI Care Pathway can be embedded in existing systems and services, health worker capacity needs and cost implications, and whether the intervention is effective in that context. A randomised control trial on the MAMI Care Pathway will commence in 2021 in Ethiopia, and primary findings will be available at the end of 2022. More formal trials and operational research are needed on the immediate and long-term outcomes for infant and mothers of the MAMI Care Pathway approach in different contexts and the process of implementation. 	
Task 4 Prepare a scaling-up plan	<ul style="list-style-type: none"> The MAMI Global Network Strategy reflects the needs and vision for MAMI scale-up. More evidence is needed on how the MAMI Care Pathway works in different contexts and the associated costs to inform context-specific plans for scale-up. Scale-up planning needs to take place at country level to inform context-specific needs, pathways and actions. 	
Step 2: Establish the preconditions for scaling up		
Task 5 Legitimise change	<ul style="list-style-type: none"> Key influential global decision makers, funders and opinion leaders agree that new solutions are necessary and desirable. This includes UN agencies (UNICEF, WHO), funders, NGOs, academic institutions and governments, and is evidenced in policy, strategy and practice developments to date. Further buy-in and change is needed across sectors, disciplines and stakeholders at global level and, critically, at country level. More evidence on the effectiveness of the MAMI Care Pathway, how it works in different settings and its implications for existing systems and services is needed to help persuade governments and funders that the proposed intervention will be successful, cost-effective and feasible. Robust research and context-specific evidence will have the greatest impact on key audiences. Integration of MAMI into WHO guidelines and implementation guidance derivatives is critical for country uptake. 	
Task 6 Build a constituency	<ul style="list-style-type: none"> NGOs have and continue to play a key role in demanding, driving and supporting MAMI care. Mobilisation of further alliances and persuasive advocacy strategies to decision makers are needed. Governments, funders and UN agencies are key authorities to make decisions regarding funding and scale-up of funding interventions. There is buy-in from the global leadership staff of UNICEF, WHO and influential committed NGOs, which continue to lead by example. A more diverse and involved constituency is needed involving governments and country representatives and implementers. More evidence on what works in different settings, as well as WHO guidelines and implementation guidance, will be persuasive. A constituency around MAMI was established in 2009 (MAMI SIG) in response to practitioner needs and has evolved into a MAMI Global Network, with shared commitments and responsibilities. The MAMI Global Network is seen as a 'go-to place' for guidance, support and learning, and as a network that is organised to evidence and mobilise advocacy strategies to persuade decision makers. 	
Task 7 Realign and mobilise resources	<ul style="list-style-type: none"> More evidence is needed on the additional human, institutional and financial resources to support the process of going to scale and for operating at scale, and what needs to be done to make these resources available. New partnerships are needed with governments, donors, training institutions and development stakeholders. 	

Task	State of play	Status
Step 3: Managing the scaling process		
Task 8 Modify organisational structures	<ul style="list-style-type: none"> The MAMI Care Pathway Package and approach to care is a collective initiative (MAMI Global Network), managed (but not controlled) by ENN, co-led by ENN and LSHTM, and co-owned by all that have contributed and continue to contribute to its development. The Steering Committee has representation from three countries and from WHO and UNICEF. The MAMI SIG has been scaled into a MAMI Global Network to support the scale-up process. A more formalised governance structure has been developed for the MAMI Global Network, including a Steering Committee representing those who have decision making power and influence within and beyond their institutions to help the transfer and eventual scale-up of the intervention. MAMI Country Chapters are an ambitious new development in the MAMI Global Network plans to engage and learn from government more closely. Critical entities with responsibility for the transfer of the MAMI intervention include the government, WHO and UNICEF. More information on what changes are needed in the capacity of these organisations (structure, staffing, operations) to do this successfully is needed. 	
Task 9 Coordinate action	<ul style="list-style-type: none"> Action Plans and budgets are not yet in place for implementing scale-up. Coordinated action is needed to build evidence of efficacy and effectiveness in different contexts to inform their development. Responsibilities for scale-up and efficient mechanisms have not been established to coordinate the scale-up effort. These will vary greatly by countries. WHO, UNICEF and some governments (e.g., Ethiopia, India) are showing leadership. Mutual accountability and conflict resolution mechanisms have not been established. The MAMI Global Network will actively support leadership and coordinated action on MAMI. 	
Task 10 Adapt strategy and maintain momentum	<ul style="list-style-type: none"> Progress on MAMI to date has been facilitated by documentation and sharing of lessons learnt and evidence with policy-makers, researchers and implementers at global level. The MAMI Global Network aims to build an effective and energetic network to enhance mutual capacity, bridge disciplines, address evidence gaps and champion MAMI care. The MAMI Global Network mechanism will be used to document and disseminate progress and learning on the process of scale-up from global and country perspectives. This will inform strategy to make necessary course corrections. More work is needed to target key stakeholders across disciplines, at country level and among the broader public. 	

*Community-Based Management of Acute Malnutrition (CMAM); Emergency Nutrition Network (ENN); London School of Hygiene and Tropical Medicine (LSHTM); World Health Organization (WHO); United Nations International Children's Fund (UNICEF); Non-Governmental Organisation (NGO); Under six months (u6m); MAMI Special Interest Group (MAMI SIG).

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