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IYCF-E and MAMI: Working together to support the continuity of quality, respectful care for at-risk infants under six months and their mothers in humanitarian contexts

A collaborative initiative between the Infant Feeding in Emergencies Core Group and MAMI Global Network

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Contents

1	Background	3
2	About IYCF-E	4
3	About the MAMI Care Pathway approach	5
4	IYCF-E and MAMI services: shared commitments, complementary action	6
5	Key considerations for MAMI-sensitive action in IYCF-E responses	7
6	What to do	8
	Annex: Key Resources	9

Abbreviations and acronyms

BMS	Breast milk substitutes
ENN	Emergency Nutrition Network
GBV	Gender based violence
IFE	Infant feeding in emergencies
IYCF	Infant and young child feeding
IYCF-E	Infant and young child feeding in emergencies
MAMI	Management of small and nutritionally at-risk infants and their mothers
OG-IFE	Operational Guidance for Infant and Young Child Feeding in Emergencies
PTSD	Post-traumatic stress disorder
WASH	Water, sanitation and hygiene
WHO	World Health Organization

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1 Background

This brief has been developed to help to improve understanding of the synergies between infant and young child feeding in emergencies (IYCF-E)/infant feeding in emergencies (IFE) and the management of small and nutritionally at-risk infants under six months and their mothers (MAMI) to catalyse collaboration and strengthen practice in humanitarian contexts. This brief is not prescriptive as to what to do but identifies avenues to explore to enable responsive, appropriate care.

The development of the brief involved consultation with members of the IFE Core Group and the MAMI Global Network (see Box 1). This brief provides clarity on the key issues identified through the consultation and is, we hope, a first step towards a future more dynamic collaboration.

Box 1: IFE Core Group and MAMI Global Network

The **IFE Core Group** is a [global collaboration of agencies and individuals](#) that formed in 1999 to address policy guidance and training resource gaps that hampered programming on infant and young child feeding ([IYCF support in emergencies](#)). The formation followed on from a key meeting, hosted by the *International Baby Food Action Network* in Geneva in 1995, which while recognising the need for the provision of small amounts of breastmilk substitutes (BMS) in emergency situations, identified the need to protect mothers and children from the indiscriminate distribution of BMS. The IFE Core Group, coordinated by the Emergency Nutrition Network (ENN) and under the jurisdiction of a Steering Committee, does not directly implement programmes but rather develops guidance and [resource materials](#), documents lessons learned, and builds capacity for effective IYCF support in emergency contexts. The IFE Core Group members bring challenges and issues to the collective membership for peer support and guidance to facilitate the rapid application of up-to-date experience in operations and to connect on-the-ground experiences with the development of agency and global policy guidance. For more information: <https://www.enonline.net/ife>

The **MAMI Global Network** is a group of local, national, and international collaborators (programmers, researchers, and policymakers) working to improve policy, programmes and practice for small and nutritionally at-risk infants under six months and their mothers. It was initially established as a Special Interest Group in 2010, then later scaled up and formalised as a global network in 2020, coordinated by ENN and co-led by ENN and the London School of Hygiene and Tropical Medicine. The MAMI Global Network does not directly implement programmes but supports three broad areas of work: evidence, policy and practice. For more information: <https://www.enonline.net/ourwork/research/mami>

Audience

This brief is relevant for those working with infants, young children, and their mothers at global, regional, national, or sub-national level across nutrition and health in emergency preparedness, response, and recovery. The relevant sectors and disciplines include, but are not limited to, the integrated management of childhood illness, services that prevent or treat acute malnutrition/wasting, antenatal and postnatal services, growth monitoring programmes, and women's/maternal health and nutrition.

Context of emergencies

Emergencies disrupt systems of care in many ways at different levels of scale and consequence, may be acute or chronic, and are often unpredictable. Emergencies particularly challenge the vision of care continuity where systems of health (from formal to informal structures and at a household levelⁱ) are already insecure or vulnerable, further disrupting services and capacities. The consequences of existing gaps in care continuity and service provision may be further accentuated.

ⁱ (described by Marten R, Shroff ZC, Hanson K, Davies S, Reddy S, Vega J, Peters DH, Ghaffar A. Reimagining health systems as systems for health. *BMJ* 2022;379 n^o.3025 doi: <https://doi.org/10.1136/bmj.o3025>)

2 About infant and young child feeding in emergencies

IYCF-E concerns the **promotion, protection, and support of appropriate and timely feeding for infants and young children aged 0-23 months in the context of humanitarian emergencies**. It includes supporting the nutritional needs and concerns of both breastfed and non-breastfed children and the wellbeing of mothers and other caregivers.

The same recommendations for infant and young child feeding (IYCF) practice for stable contexts also apply in emergencies, but the methods used to best support recommended IYCF practices may differ. IYCF programmes delivered in an emergency are not necessarily different to those provided in stable settings and often may involve existing services established in stable settings and through emergency preparedness. **What distinguishes IYCF and IYCF-E is the context**; emergencies often generate new or escalated challenges and risks and disrupt systems and services across multiple sectors, including nutrition and health, and at multiple levels, from household to service delivery. Emergency responses may involve different providers of care as part of surge support.

Recent emergencies have expanded the scope of IYCF issues and modified the ways of working in humanitarian contexts. **Crises have occurred in more urbanised, middle-income countries where rates of breastfeeding were low** (such as Syria) which has necessitated greater consideration and the adaptation of guidance for how to support non-breastfed children and their carers including in camps and transit settings, as well as remote support contexts. Safe and secure supplies of breastmilk substitutes and associated support may be needed. **Evidence shows the effect of stress and trauma (such as that due to conflict, gender-based violence (GBV), etc.) on IYCF practices** and the need for coordination with mental health/ psychosocial support and sexual and reproductive health services for infants and their caregivers. There is also a need to sensitise frontline practitioners on post-traumatic stress disorder (PTSD), the symptoms and how they can avoid exacerbating PTSD or re-traumatising families when providing direct IYCF services.

To help to address these contextual issues, the Operational Guidance for Infant and Young Child Feeding in Emergencies (OG-IFE) provides an operational framework for the preparedness, response, and recovery of IYCF in all emergencies (see also [OG-IFE Briefing Slides](#)). Since the development of this guidance, an [IYCF-E Infographic Series](#) has been developed to help to operationalise the OG-IFE. In addition, specialised advice for specific infant feeding problems is provided by the IFE Core Group, relevant for rapid-onset or 'new' emergencies or new risks and burdens. Areas of specific attention include [IYCF and HIV](#); [IYCF and Ebola](#); [IYCF-E and COVID-19](#); [Impact on IYCF of chemical, biological, radiological and nuclear threats in war](#); [IYCF feeding support in transit](#); [Breastfeeding counselling in emergencies](#). This [Infant and Young Child Feeding in Emergencies - Key Global Resources](#) handout presents a collection of resources.

3 About the MAMI Care Pathway approach

MAMI refers to the **continuity of respectful quality care for small and nutritionally at-risk infants under six months and their mothers across systems of health and nutrition**. Babies may be born at-risk/vulnerable or become so in the early months of life. These ‘at-risk’ mother-infant pairs include small vulnerable newborns, including low birth weight, premature, small for gestational age, infants who are wasted, stunted, and/or underweight, and infants at risk of poor growth and development, and considers the vulnerability of their mothers (related to health, nutrition, or social circumstance).

The MAMI Care Pathway applies an **integrated care pathway approach** to the context of at-risk mother-infant pairs. It provides a framework on how to support, embed, integrate, connect, and facilitate continuity of quality respectful care for at-risk mother-infant pairs through the first six months of life within and across services, sectors, and disciplines. A guide to how the MAMI Care Pathway fits and sits within existing services is included in the [MAMI Care Pathway Package](#) (refer to figures 1, 2 and 3 on pages 4, 12 and 13). The MAMI Care Pathway applies to all settings including, but not limited to, emergencies.

The MAMI Care Pathway approach is consistent withⁱⁱ, and supports the implementation of the **World Health Organization (WHO) 2023 recommendations on the management of infants under six months at risk of poor growth and development**, one of four sections of the [WHO guidance for prevention and management of wasting and nutritional oedema](#). The WHO 2023 guidance and the MAMI Care Pathway approach combine prevention and treatment. The aim of care is to mitigate the immediate and future risk of mortality, morbidity, poor growth, and development and to restore and sustain healthy growth to at-risk infants under six months (and beyond).

The [MAMI Care Pathway Package](#) provides guidance and resources that were collaboratively developed under the MAMI Global Network to help to put this framework into practice for context-specific adaptation to support the implementation of service quality and continuity. The MAMI Care Pathway has applied and built upon existing materials such as the [WHO integrated management of childhood illness](#) and [UNICEF/WHO breastfeeding counselling materials](#) to the context of at-risk mother-infant pairs. It embeds skilled feeding counselling for breastfed and non-breastfed infants under six months as a core component of management for all mother-infant pairs enrolled in care. Clinical triage and medical care according to local protocols are also fundamental components. Additional content expands on breastfeeding counselling support, responsive growth monitoring, maternal mental health support, and early childhood development.

The key components of the MAMI Care Pathway are shown in Box 2. What is needed and **how it works in practice will vary by individual, service, crisis context, and time**. Services and approaches to achieve continuity of respectful quality care for at-risk infants under six months and their mothers come in many different shapes and forms. The MAMI Care Pathway approach is not a standalone/one size fits all/the only way to meet the needs of at-risk mother-infant pairs. It provides a framework to build on and strengthen what exists in country already and requires adaptation according to context to facilitate the achievement of the continuity of quality, respectful care for at-risk infants and their mothers.

The [MAMI Communications Guide](#) provides accessible information to help to understand what MAMI is and its relevance to other sectors and disciplines including health, child protection, water, sanitation and hygiene (WASH) and neonatal services.

ii McGrath M. [MAMI and the new 2023 WHO recommendations on ‘at-risk’ infants under 6 months: we’re talking the same talk!](#) ENN.

Box 2: Core components of the MAMI Care Pathway approach

- **Active screening** for at-risk infants/mothers at all community contact points
- Assessment and support of the **mother-infant pair**
- **Comprehensive risk assessment** using clinical, feeding, anthropometric, maternal factors
- **Integrated management of childhood illness**-based outpatient/community clinical care
- **Individualised feeding counselling**
- **Core support** on maternal relaxation, infant crying and sleep, nurturing care, complementary feeding, family and community support
- Active, responsive **growth monitoring**
- Refer to **specialist services** as needed
- Enrolment in **care to six months** of age (frequency of attendance according to need)

[MAMI Care Pathway package Version 3 \(2021\)](#) provides guidance with various templates, screening tools and counselling cards.

4 IYCF-E and MAMI services: shared commitments, complementary action

The OG-IFE recognises and recommends the prioritisation of “*infants and their mothers or caregivers in exceptionally difficult circumstances*”. The identification of at-risk mother-infant pairs through the MAMI Care Pathway approach is a marker of such ‘difficult circumstances’ that may be due to medical, nutritional, and/or social factors.

The MAMI Care Pathway provides a framework for an integrated approach to secure the continuity of quality, respectful care for small and nutritionally at-risk infants under six months and their mothers within and across health and nutrition. It requires contextualisation to need, operational environment and capacities. Skilled breastfeeding support is a critical component of care. Emergencies are a context that often heighten infant and maternal health and nutrition risks and stretch existing personal and system capacities. To help to both prepare and respond in such circumstances, collaboration is critical between the specialities and sectors that respond in crises.

MAMI services are part of a maternal-infant health-centred approach to deliver timely care within which nutrition (including IYCF) is core but not the only component. IYCF services target all mother-infant pairs, whereas MAMI specifically targets a subset of mother-infant pairs who are identified as at risk of poor outcomes (death, illness, poor growth, and development).

The ways and extent to which IYCF-E and MAMI support services are connected will vary by context depending on the type of humanitarian emergency, the stage of the response, the available human resource capacity, the caseload, the type of service providers, the services already existing, and the extent of preparedness activities prior to the emergency. Regardless of the extent to which the services are linked, it is essential to secure continued and effective communication between those managing and providing the two services.

5 Key considerations for MAMI-sensitive action in IYCF-E responses

Preparedness

Before an emergency happens, infants under six months may already be at risk, such as being underweight or growing poorly. The degree to which these infants are identified and managed varies greatly across contexts. Building resilient mother-infant pairs and systems and services to support them in a crisis is a critical emergency preparedness activity. Those working on IYCF in emergency-prone countries can help to catalyse and deliver resilience-building services in both the interests of prevention and MAMI response in crisis.

Coordination

Variation in emergency contexts will determine how care is coordinated and provided to all infant-mother pairs and by whom, including at-risk infants and mothers. Operational contexts may shift throughout the emergency preparedness, response and recovery stages. In emergencies, securing the continuity of respectful, quality care for mother-infant pairs, including those more at risk, must involve health actors, including reproductive health and paediatric services and child protection. It should ideally be led or co-led by government and health providers using an existing mechanism whenever possible. Where the cluster mechanism is activated, IYCF-E and MAMI may be coordinated within the Nutrition or Health Cluster but should involve both (in addition to other clusters as required to ensure a holistic package of services).

Practice

Integrated pathways of care for MAMI will vary by context in terms of what is needed and how it is provided. Within such care pathways, different disciplines, sectors, and specialities have key roles to play. IYCF is one such critical dimension for support. A core 'non-negotiable' component of the MAMI Care Pathway approach and IYCF programming is *skilled feeding support to at-risk mother-infant pairs both for breastfed and non-breastfed infants*. Clinical triage and access to health care are also fundamental to the approach. Several of the activities of the MAMI Care Pathway approach may feature to varying degrees in IYCF services/programmes, including in emergencies, e.g., screening for feeding problems, problem-based one to one breastfeeding counselling, active growth monitoring, and psychosocial support to mothers. Within the MAMI approach, such activities must be embedded within health services to ensure critical clinical care is available to both infants and mothers. Once enrolled, infants reach six months and are then discharged from MAMI care and continued follow up by IYCF and other services is needed to help to further build and sustain continued healthy growth and to remain alert and responsive to any future growth problems.

Contextualisation

In every emergency, it is critical to adapt approaches and resources to the context. Support for IYCF and at-risk mother-infant pairs should be embedded in existing structures and mechanisms where possible, with surge capacity and resources provided when required to ensure respectful quality care for infant-mother pairs. To help in preparedness and response, those dimensions of care/activities that need to (or could) be strengthened and by whom should be mapped across services, including IYCF services. The MAMI Care Pathway Package provides a [framework](#) to help to support adaptation and integration.

6 What you can do

It is critical to consider the practical linkages that can be made between IYCF and MAMI services to strengthen the quality and continuity of care provided to at-risk mother-infant pairs and to avoid siloed services, which is even more important in the context of emergencies. Depending on where you work, with whom and how, you can raise awareness and help to secure continuity of care through policy, research, and practice actions. Here are some examples of what to do:

- Understand your context – what are the contact points for the identification of and support to all mother-infant pairs in relation to IYCF and at-risk mothers and infants specifically? What services already exist, how can these be strengthened, used, built upon, and connected.
- Raise awareness with services to be alert for ways to integrate with and support IYCF services in emergencies – antenatal/postnatal services, growth monitoring, child protection, WASH etc.
- Raise awareness with services to be alert for at-risk infants and mothers – child protection, surgical/trauma services treating women, reproductive health services etc.
- Identify practical entry points for connections and integration between IYCF-E and MAMI services.
- Embed at-risk mother-infant pairs in policy and guidance documents, such as joint statements on IYCF-E, referring to the WHO 2023 guidance and the MAMI Care Pathway.
- Identify how you could support skilled service provision within and to support IYCF and MAMI services in emergencies, e.g., training, mentoring, supportive supervision, secondment of staff, provision of specialist breastfeeding counselling support within services etc.
- Ensure all mother-infant pairs in an emergency receive IYCF support and identify at risk mother-infant pairs through IYCF services for targeted feeding counselling support and referral for clinical/maternal/more specialist feeding care through MAMI services as needed.
- Advocate for/negotiate/help to develop/provide access to capacity on skilled breastfeeding counselling within inpatient and outpatient health services in emergencies that manage sick infants and newborns (with particular attention to adolescent mothers and low birth weight infants).
- Strengthen the provision of skilled breastfeeding counselling within existing health and nutrition services through IYCF programmes and other services as a critical preparedness/resilience initiative. Capacities developed in preparedness may be compromised in an emergency when staff themselves are affected, facilities may be compromised (e.g., destruction) and health systems generally overwhelmed. Surge support to capacity may be needed in such contexts in the interim. Planning for such scenarios should also form part of preparedness activities.

For more information

- The IFE Core Group and MAMI Global Network provide platforms for responding to technical questions arising and developing timely consensus-driven stop-gap guidance in response to key technical gaps identified by the technical arm of the Global Nutrition Cluster.

IFE Core Group: <https://www.enonline.net/ife> or write to ife@enonline.net

MAMI Global network: <https://www.enonline.net/ourwork/research/mami> or write to mami@enonline.net

En-net forums for IYCF and MAMI questions: this is a peer-to-peer free online platform for informal technical discussions where people can pose questions, share experiences/research and challenges faced, and offer potential solutions. Available in English and French.

Annex: Key Resources

IYCF-E resources

- [Operational Guidance on Infant Feeding in Emergencies \(OG-IFE\) version 3.0](#). (IFE Core Group, 2017).
- An [IYCF-E Infographic Series](#) has been developed to help operationalise the OG-IFE.
- [Infant and Young Child Feeding in Emergencies - Key Global Resources](#) and [OG-IFE Briefing Slides](#).
- [Operational Guidance on Breastfeeding Counselling in Emergencies](#) (ENN and the IFE Core Group, 2021). Guidance is generally operationally based, step by step.
- Specific technical briefs developed by the IFE Core Group or to which the IFE Core Group has contributed include: [IYCF and HIV](#); [IYCF and Ebola](#); [IYCF-E and COVID-19](#); [Impact on IYCF of chemical, biological, radiological and nuclear threats in war](#); [IYCF feeding support in transit](#).
- [Infant and Young Child Feeding in Refugee Situations: A Multi-Sectoral Framework for Action](#) (Save the Children and UNHCR), plus [roll out guide](#) (2022).
- [Core Indicators](#) endorsed in 2015 by the IFE Core Group and the Global Nutrition Cluster as part of the [IYCF-E Toolkit](#) include 13 IYCF assessment indicators and 35 IYCF performance monitoring indicators.
- The [IYCF-E Hub](#) is a global portal to the most relevant resources related to infant and young child nutrition in humanitarian contexts.
- The [IYCF repository](#) has peer reviewed literature compiled by the IFE Group on a quarterly basis.
- Operational learning and case studies (e.g. [complimentary feeding in Niger](#)) to generate evidence globally and nationally, including grey literature. Current case studies include relactation and wet nursing led by UNICEF.

MAMI resources

- [MAMI Care Pathway Package \(Version 3\)](#) (replaces the C-MAMI package, 2015 and 2021 update) provides a framework and tools for context specific adaptation. The definition of MAMI was broadened beyond *acute malnutrition* to include *prevention and earlier detection*.
- [MAMI Global Network Strategy 2021-2025](#), [MAMI Communications Guide](#) and [MAMI Global Network Communications and Advocacy Materials](#) provide more detailed information.
- [MAMI YouTube](#) catalogues videos and podcasts about country implementation and research.
- Ongoing [MAMI evidence](#) is included on the MAMI section of the ENN website and a [MAMI summary](#).
- MAMI Technical brief: [Identifying and supporting infants under 6-months with feeding difficulties and disabilities: an overview of resources and evidences](#).
- [Mapping of global policy related to infants under 6 months](#) and deep dive MAMI case studies: [Pakistan](#), [South Sudan](#) and [Yemen](#), were completed in 2024.

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