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Management of small and nutritionally At-risk Infants under six months and their Mothers (MAMI)

Orientation Workshop

Facilitators Guide

July 2021



Resource development made possible by the generous support of the American people and the Eleanor Crook Foundation

Reference: Management of small and nutritionally At-risk Infants under six months and their Mothers (MAMI). Orientation workshop. Facilitator's guide. London School of Hygiene and Tropical Medicine, Jimma University, GOAL, Emergency Nutrition Network, the Global Nutrition Cluster Technical Alliance. July 2021.

<https://www.enonline.net/facilitatorsguidepresentationmami>

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<https://www.enonline.net/ourwork/research/mamiriseethiopia>

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Preparation for the Workshop

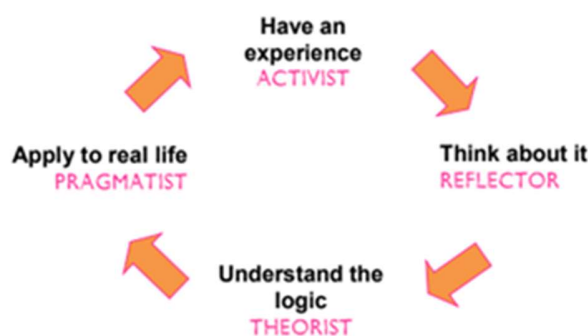
Adult learning principles

Adult learning is based around specific principles, and it is really important for you as a facilitator to keep these in mind when delivering this training package. If these elements in the training are not present, your group will dis-engage with what you are saying, and they won't be able to fully access the key messages you are trying to convey, ultimately meaning that they will struggle with implementing the MAMI Care Pathway.

The main principles of adult learning are:

- Learning is purposeful – there has to be a specific reason for the learning session(s)
- Participation is voluntary
- Participation should be active and not passive
- Clear goals and objectives for every session should be set
- Feedback is essential
- Reflection opportunities must be included

Adults also learn best when they are able to draw on past experiences, reflect on these experiences, understand the logic and the theory of a new concept and apply it in real life. This is a circular process as learning never fully stops.



As a facilitator, it is important to keep the principal components of learning in mind as you are responsible for creating an environment that allows for these to take place.

Tips for facilitators

- **Speak clearly, slowly and check for understanding.** This doesn't mean asking 'do you understand,' as people will be less likely to say no to this question. When checking for understanding, always ask for learners to paraphrase your explanation, or repeat it back, as this shows truer levels of comprehension.
- **Ask for feedback from the group,** but also look for visual clues to make sure your learners are comfortable with the material. Adapt to feedback, don't stick to a script. As long as the key messages are communicated, this is the most important thing.

- **Your audience is vital.** Think about their motivation for attending the training, their likely level of information they have in advance (the baseline is a good indication of this). You can then adapt your facilitation style to this.
- **Advanced preparation is key.** The Resource Pack should have the majority of what you need ahead of the training, but make sure additional materials (such as pens, notebooks, sticky notes etc) are procured and easy to access in advance of learners arriving. Check the simulation set-up to prepare this in the planning stages.
- **Use your own experiences and stories.** Storytelling is a powerful training technique. Make it relatable to your learners. Your personality is a big asset in keeping people's attention – it is up to you as a trainer to motivate learners.
- **Use audio-visual aids** as much or as little as you think is appropriate for your learners. Aids should be helping your communication, not replacing it or be the sole source of information.

Materials and equipment required

- Flipchart, flipchart paper and pens (different colours)
- Laptop/ computer
- Projector
- Ball or small round object for throwing game (recap day 2)
- PowerPoint slide deck
- Printed Facilitator guide for each Facilitator
- 1 notepad and pen per group (approx. 4.)

Printing required

- MAMI Care Pathway package (MAMI Care Pathway User Guides, MAMI Health Worker Support Materials, MAMI Counselling Cards and Support Actions) – enough for 1 each
- Case scenarios Day 1 – 8 copies
- Case scenarios Day 2 – 8 copies
- MAMI Care Pathway Who, What, Where – Blank Template - enough for 1 per 2 people

Time allocation

- 2 days has been suggested for the workshop, running from 9am – 5pm
- 1 hour for lunch
- 1 x 15 minute morning tea breaks

ALL FACILITATORS SHOULD READ THROUGH FACILITATION GUIDES AND POWERPOINT SLIDES BEFORE THE WORKSHOP

Agenda for day 1

Session	Time	Example time
Introductions & Objectives	25 minutes	9:00am
Welcome to Day 1	5 minutes	9:25am
Small & nutritionally at-risk infants <6 months	40 minutes	9:30am
Break	15 minutes	10:10am
Existing Care	60 minutes	10:25am
Defining MAMI	5 minutes	11:25am
Missed opportunities	10 minutes	11:30am
Q&A	30 minutes	11:40am
Lunch	1 hour	12:10pm
The MAMI Care Pathway Package	130 minutes	1:10pm
		3:10pm

Agenda for day 2

Session	Time	Example time
Recap of Day 1	30 minutes	9:00am
Recap of the MAMI Care Pathway	30 minutes	9:30am
Applying the Pathway	105 minutes	10:00am
Benefits of the MAMI Care Pathway	60 minutes	11:45am
Training & Skills Development	30 minutes	12:15pm
Lunch	1 hour	12:45pm
Key takeaways	20 minutes	1:45pm
Feedback	20 minutes	2:05pm
Close	10 minutes	2.25pm
		2:35pm

Facilitation Guide for day I

Session Title	Slide #	Method	Time allocated	Instructions for Facilitator(s)	Talking points for Facilitator(s)
Introduction	1	Present	30 mins	<ul style="list-style-type: none"> Welcome participants to the workshop Introduce facilitators 	
	2	Present		<ul style="list-style-type: none"> Introduce Day I using the agenda See talking points → 	<ul style="list-style-type: none"> On the first day, we'll have a look at what guidelines and resources you have to help assess and manage infants 0-6m. We'll take some real-life scenarios to learn from you how they would be managed on a day to day basis. We are not appraising what you do but want to hear the real-life realities and routines, what works, what doesn't, where are the gaps, and what is it that you need. We will then introduce the MAMI Care Pathway Package and spend some time in small groups becoming familiar with the contents of the package.
	3	Present		<ul style="list-style-type: none"> Introduce the MAMI Global Network and their vision Introduce the RCT and purpose of this workshop See talking points → 	
	4	Plenary Activity		<p><u>Instructions for Activity:</u></p> <ul style="list-style-type: none"> Ask participants to introduce themselves 	

				<ul style="list-style-type: none"> • What is their Name? Job? And where do they work? • Present objectives using talking points → 	
	5	Present			<ul style="list-style-type: none"> • The primary or main objective is to familiarise you with the MAMI Care Pathway Package. This is to prepare you to take part, with your consent, in a feasibility study in XX weeks time where we will invite you for an interview with us about your thoughts of using the MAMI Care Pathway Package in your daily work. • In Ethiopia, we will be testing the use of the MAMI Care Pathway in a randomized control trial in Jimma Zone and Deder Woreda, and this workshop is the beginning of refining the pathway and the package for use in this trial. • The MAMI Care Pathway is already in use in a number of countries, and there are many that are interested in using it. The research trial in Ethiopia is the first randomized control trial of the MAMI Care Pathway in the world. • As you become more familiar with the MAMI Care Pathway over the next two days, we also hope to learn from you what training you think would be necessary for health workers

					<p>like you to use the MAMI Care Pathway in their daily work.</p> <ul style="list-style-type: none"> • A disclaimer: please keep in mind throughout the following 2 days that we are not suggesting you change your practice at the moment. Although we will identify areas of improvement as part of this orientation, the approach we are introducing you to has not been endorsed. To be endorsed, we must first test the MAMI Care Pathway Package, which we will be doing as a Randomised Control Trial. For current practice, please continue to refer to national guidance, which is endorsed for implementation.
Welcome to Day 1	6	Present	5 mins	<ul style="list-style-type: none"> • Re-welcome everyone to Day 1 • Ask if any questions before you start 	
Small & nutritionally at-risk infants <6 months	7	Paired Activity	40 minutes (10 min activity, 20 min feedback, 10 min summary)	<p><u>Instructions for Activity (10 minutes)</u></p> <ul style="list-style-type: none"> • In pairs think about: <ul style="list-style-type: none"> ○ What does 'a small and nutritionally at-risk infant <6months' mean to you? ○ Think about what they would look like? ○ How would you identify them as being small and nutritionally at risk? 	<p>To give you an idea of the scope of the problem:</p> <ul style="list-style-type: none"> • There are lots of these infants in Ethiopia and worldwide. • Approximately 1 in 5 infants <6 months are born low birth weight • Approximately 1 in 5 infants <6 months are underweight, are stunted, are wasted

				<ul style="list-style-type: none"> ○ What does being nutritionally at risk mean? At risk of what? Are some infants more at risk than others? ○ How important is the health of the mother to the health of her baby? <ul style="list-style-type: none"> • You have 10 minutes to discuss with the person next to you. <p><u>Instructions for plenary feedback (20 minutes)</u></p> <p>Note: <i>Part of the facilitator’s role in this plenary session is to document how HWs perceive risk in infants <6m, how they would identify them, and whether the role of the mother is perceived as important.</i></p> <ul style="list-style-type: none"> • Ask pairs to share their discussions <p><i>Examples if needed: low birthweight babies, infants who are underweight, stunted and/or wasted.</i></p> <p><u>Instructions for summary (10 minutes)</u></p> <ul style="list-style-type: none"> • Ask: “Do you see these types of infants often?” “Do you think there are many?” “Do you see any mothers with problems that affect her ability to care for her baby?” • Once no more discussion from participants, see talking points → 	<ul style="list-style-type: none"> • These infants are at increased risk of death, sickness, malnutrition, poor growth and development, and long term illness too. • It's important we do something to improve their identification and care. • We need to always consider the needs of the mother and manage the mother and infant together. • Some may be picked up in existing services, others not. • Some may not present for help unless sick or when older. • There are existing services available for these infants and their mothers but we can do much more to identify them, connect different services together, and improve the quality of care.
Existing Care	8	Group Work (4 groups)	60 minutes (40 minutes)	<ul style="list-style-type: none"> • Set the scene for the activity. See talking points → <p><u>Instructions for Group Activity (40 mins):</u></p> <ul style="list-style-type: none"> • First split in to 4 groups 	<ul style="list-style-type: none"> • There are a number of different guidelines and resources that are relevant to supporting you (the health worker) to assess

			<p>activity, 20 minutes feedback)</p>	<ul style="list-style-type: none"> • Take a look at the Handout: Case Scenarios – day 1. • Read your case scenario as allocated on the slide. • Prepare a management plan for this case scenario based on what would currently happen. • What guidelines and resources would you use to manage this case? • Don't focus on what SHOULD happen, but realistically what WOULD happen currently. • You have 20 minutes for this activity • One person should make notes in each group to feedback in plenary. <p><u>Instructions for Plenary feedback (20 mins):</u> Note: <i>Part of the facilitator's role in this plenary session is to identify the current pathways of care for infants, what works, what doesn't, what guidelines and resources are used, any gaps in them.</i></p> <ul style="list-style-type: none"> • Each group to feedback their scenario & management plan. • Ask for information on what guidelines they would be using and if they identified any gaps? • Ask for information on follow up, referral success (e.g. for inpatient care or to other services), time it takes, any aspects that they feel are not consistently done (e.g. is weight always measured and well measured?) 	<p>and manage infants that are small and nutritionally at risk.</p> <ul style="list-style-type: none"> • Let's take some time to identify these and apply them to a real life case scenario of a small and nutritionally at-risk infant <6months and their mother.
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	9	Guided discussion in plenary	30 mins	<p><u>Instructions for guided plenary discussion:</u></p> <p>Note: <i>Part of the facilitator’s role in this session is to document the responses summarized.</i></p> <ul style="list-style-type: none"> • Do: Use slide show to share key guidance relevant for MAMI: Management of acute malnutrition, IMCI, MIYCN and Nurturing care – highlight the key existing guidelines, especially what was not mentioned in the previous group activity. Ask if they are familiar with them. Pick up on that they are using that are not included on this slide. • Do: Facilitator to pull out and document some key and common challenges of existing guidance, probing with participants • (Optional) Ask: “What are the main challenges you are facing with existing guidance/ care for small & nutritionally at-risk infants <6 months and their mothers?” <ul style="list-style-type: none"> ○ <i>Examples: only inpatient care available for wasted infants - challenges faced for mothers and families, referral to inpatient care difficult for families; Limited continuity of care for at-risk newborns, insufficient community-based support for at-risk infants 0-6 months, many at risk infants are currently being missed; any services that are not available or</i> 	<ul style="list-style-type: none"> • “To summarise, we are hearing from you that challenges you face are X, Y, Z (fill from the previous discussions)” • “What you are experiencing is shared by other health workers around the world just like you. All these experiences are what led us to develop the MAMI Care Pathway Package to help you in your work.” • “A reminder that we are not suggesting you change your current practice at this point in time. The MAMI Care Pathway is not yet endorsed. The RCT is an important step in formally tested the new approach. Currently, you must continue to follow endorsed national guidance.”
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				<p><i>uncertain? services not delivered at best quality?</i></p> <ul style="list-style-type: none"> • Ask: “What do you think the implications of that are for infants and mothers?” <ul style="list-style-type: none"> ○ <i>Examples: poor growth, come back again.</i> • Ask: ““Are there any knock-on implications for you in the clinic?” • Ask: “How do you think these implications could be overcome?” • Summarise the discussion. See talking points → 	
Defining MAMI	10	Present	5 mins	<ul style="list-style-type: none"> • Introduce the definition of MAMI and the guiding principles See talking points → 	<ul style="list-style-type: none"> • As we said in the introduction, MAMI stands for the management of small and nutritionally at-risk infants under 6-months and their mothers. • The target population of the MAMI approach is these small and nutritionally at risk infants under 6 months of age we have just talked about. • This includes infants who were born with low birth weight, are underweight or wasted, have a low mid-upper arm circumference, are failing to grow well, have feeding problems or other risk factors. • The target also includes the mothers and carers of these infants who might require nutrition, health (including mental health) or social support.

					<ul style="list-style-type: none"> • The MAMI Care pathway is modelled on an integrated care pathway approach. • This means that it works with the services that exist and connects them together so that the mother and baby get the support they need from birth to 6 months of age. It makes more sense to work with what already exists and look how to do it better. • The MAMI approach always considers the needs of the mother/carer and supports the mother and infant together. • It doesn't just focus on nutrition, but also health, nurturing care for early childhood development and maternal mental health. • How this looks in practice will depend on the particular situation or context - one size does not fit all. • A comment on the acronym: originally MAMI stood for the management of acute malnutrition in infants under 6 months. • Over time the acronym has evolved as our knowledge of the problem increased. • There was the realization that the problem wasn't just about acute malnutrition/ wasting, but
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					<p>that there are many underlying problems. Hence, we began to talk about 'risk' rather than acute malnutrition.</p> <ul style="list-style-type: none"> • 'Small and nutritionally at risk' encompasses a broader scope of risk, and highlights that interventions outside of those targeting wasting are needed for an infant to survive and thrive. • Hence MAMI has now evolved to mean the: 'Management of small & nutritionally At-risk Infants under 6 months and their Mothers'
Missed Opportunities	II	Guided discussion in plenary	10 mins	<p><u>Instructions for guided plenary discussion:</u></p> <p>Say:</p> <ul style="list-style-type: none"> • "Let's reflect on a real situation we could be faced with. • This infant is born with a tongue tie. • However, this isn't picked up because no one looks inside the infant's mouth during the routine health care." <p>Ask: "What might be some of the impacts of an infant having an unidentified tongue tie?"</p> <p>Do:</p> <ul style="list-style-type: none"> • Wait for some answers. • Click on Power Point slide for animation <p>Say:</p> <ul style="list-style-type: none"> • "Likely, breastfeeding difficulties will occur. The mother may become stressed due to this. The infant's 	

				<p>growth may falter. This could lead to the mother introducing infant formula or other milk as breastfeeding is challenging, and it could mean the mother decides to introduce other foods earlier than 6-months.”</p> <ul style="list-style-type: none"> • “The child may experience diarrhea episodes due to use of alternative milk, early introduction of foods or compromised immune system.” • “The child may end up continuing to growth falter. At 6-months they may then be screened for malnutrition, found to be wasted, and admitted to a wasting treatment programme.” <p>Ask:</p> <ul style="list-style-type: none"> • “In this scenario, what are the financial implications for the family?” <p>Do:</p> <ul style="list-style-type: none"> • Wait for some answers. • Click on the Powerpont slide to reveal the symbols and summarise <p>Ask:</p> <ul style="list-style-type: none"> • “In this scenario, what use of health care could have been prevented?” <p>Do:</p> <ul style="list-style-type: none"> • Wait for some answers. • Click on Power Point slide for animation to reveal the symbols and summarise <p>Ask: “And what are the implications for you as a health worker?”</p>	
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				Probes: <i>Repeated visits to the clinic with diarrhoea, adding to workload. More workload for CMAM programme. Dissatisfaction with care.</i>	
The MAMI Care Pathway	12	Present	5 mins	<ul style="list-style-type: none"> Introduce the MAMI Care Pathway See talking points → 	<ul style="list-style-type: none"> To help put this vision into action and help fill the care gap for vulnerable infants under six months and their mothers, the MAMI Global Network has developed the MAMI Care Pathway Package, which provides practitioners like yourselves with a resource to screen, assess, and support small and nutritionally at risk infants under 6 months and their mothers. The MAMI Care Pathway is a package of guidance and resources that was co-created by members of the MAMI Global Network, co-led by the Emergency Nutrition Network and the London School of Hygiene and Tropical Medicine. The Care Pathway helps put the 2013 WHO guidelines for the management of severe acute malnutrition in infants under six months of age into practice. And it supports the implementation of the Integrated Management of Childhood Illness or IMCI approach, by using all the same assessment, analysis and actions and by adding more detailed

					<p>ways to support the feeding and care of these at risk infants and their mothers.</p> <ul style="list-style-type: none"> • So what does the MAMI Care Pathway involve in practice? Let's take a look...
	13	Present	5 min	<ul style="list-style-type: none"> • Use blank version to describe the pathway of care for different infants, using a baby image to walk along different paths (animations on slide). • See talking points → 	<ul style="list-style-type: none"> • “So what does the MAMI Care Pathway involve in practice?” • “There are three key phases: screening, assessment, and management.” • “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.” • <i>[click next on Power Point slide for animation]</i> • “If a high risk infant is identified, they will be referred for urgent hospital care.” • <i>[click next on Power Point slide for animation]</i> • “Most infants will have no problems and will be referred to routine healthcare and IYCF counselling.” • <i>[click next on Power Point slide for animation]</i> • “If a potential risk is identified at screening, then the infant and mother are referred for a more in-depth assessment by someone who has more

					<p>specialised training. At this point, they would be classified into one of three situations:</p> <ul style="list-style-type: none">• <i>[click next on Power Point slide for animation]</i>• “They might end up being low risk and be referred to routine healthcare and IYCF counselling.”• <i>[click next on Power Point slide for animation]</i>• “They may be high risk and need referral to hospital or inpatient care.”• <i>[click next on Power Point slide for animation]</i>• “Or they may be moderate risk but can be safely treated in an outpatient or community setting.”• “If infants in routine healthcare develop issues, they can be referred into MAMI programming.”• “The focus of MAMI care is those infants who are at higher risk but medically stable. These are the infants who are followed up in MAMI care until 6 months of age.” <p>“At 6 months of age, infants and mothers have an outcome review and are either deemed recovered or referred on for continued support in other programmes.”</p>
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	14	Plenary Activity	20 minutes	<p><u>Instructions for Activity (20 minutes)</u></p> <ul style="list-style-type: none"> • Provide <i>Handout: MAMI Care Pathway Who, What, Where Blank Template</i> • Start from the left hand side of the diagram • Ask: “Where do the different elements currently happen?” • Example prompts: <ul style="list-style-type: none"> • Where does screening currently happen? • Where does IMCI happen? • Feeding/ IYCF assessments? • Anthropometric measurement of infants <6months? • Mental health assessments? 	
	15	Present	2 min	Show how there are different materials in the package to support the different activities on assessment and management (circled).	
	16	Present	3 min	<ul style="list-style-type: none"> • Introduce the contents of the MAMI Care Pathway Package • See talking points → 	<ul style="list-style-type: none"> • “The three core materials in the package are the user guides, which can serve as training materials or references and are formatted in the IMCI style, Forms, and counselling cards and support actions booklet for frontline use by health workers like you.” • “All these materials will likely require adaptation to different contexts and are not intended to be used ‘straight off the shelf.’” • “In working groups you will get to look at them in detail.”

					<ul style="list-style-type: none"> • “These materials may need to be adapted to make them more relevant to how health workers like you work and what materials they already use.” • “In the working groups you will become familiar with the MAMI Care Pathway materials. This will prepare you for the interviews we will have with you at a later stage at the place of your work.” <p>“Your feedback from the working group will also help us identify what adaptations you think are needed or what already exists that can be used or where are there gaps in the resources available to health workers like you, which need some content from the MAMI Care Pathway added in.”</p>
17	Group Work (dependent on number of facilitators – 1 per group)	90 minutes	<p><u>Instructions for group activity:</u> <i>Note: this session is meant for participants to have the chance to be more familiar with the materials. This session gives time for looking through printed materials, with guided facilitation in small groups. There is time to discuss and ask questions with a lead facilitator in each group. The facilitator must be very well briefed and familiar with the content. Also, the facilitator should keep notes of any elements that are confusing or poorly understood.</i></p> <ul style="list-style-type: none"> • Provide <i>Handouts: MAMI Care Pathway User Guides</i> <ul style="list-style-type: none"> ○ Group facilitators to talk through how it works and 		

				<p>guide open discussion (45 minutes)</p> <ul style="list-style-type: none"> • Provide <i>Handouts: MAMI Health Worker Support Materials</i> <ul style="list-style-type: none"> ○ Group facilitators to guide discussion on what information is gathered (45 minutes) 	
Q & A	18	Plenary Activity & Present	30 mins	<p><u>Instructions for Plenary Activity:</u></p> <p>Ask:</p> <ul style="list-style-type: none"> • “Any questions?” • “How did the day go for you in terms of group work, etc?” • “Is there anything we should consider for day 2?” <p>Do:</p> <ul style="list-style-type: none"> • Set the scene for tomorrow. Talking points → 	<ul style="list-style-type: none"> • As we see, there may be feeding, clinical, social, maternal factors that are why a baby is malnourished. The sooner we find these infants, the better. Before they become more malnourished or sick or when they are born small or they are in the early stages of growth faltering. There are many relevant guidelines and services that can be used to support these infants and their mothers. The challenge is how to join all of this up in practice. • Tomorrow we will share the MAMI Care Pathway approach that aims to build bridges and linkages between services. • We have introduced the MAMI Care Pathway Package, an approach that aims to build bridges and linkages between services. • Tomorrow we will see how the MAMI Care Pathway approach works in practice and really looks to address the very

					challenges you have identified today.
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Facilitation Guide for day 2

Session Title	Slide #	Method	Time allocated	Instructions for Facilitator(s)	Talking points for Facilitator(s)
Welcome to Day 2	19	Present	5 mins	<ul style="list-style-type: none"> Welcome participants back to the 2nd day of the workshop 	
	20	Present	5 mins	<ul style="list-style-type: none"> Introduce Day 2 using the agenda See talking points →	<ul style="list-style-type: none"> Yesterday we heard from you about some of the challenges with the existing care available for small and nutritionally at-risks infants <6months and their mothers We particularly noted challenges X, Y. Z (fill from the previous discussions)” As we mentioned at the end of yesterday, these experiences are common across the world and these are led us to develop the MAMI Care Pathway Package to help you in your work. We introduced the MAMI Care Pathway Package and spend some time looking at the contents. Today we will continue to look at the MAMI Care Pathway approach, and break into working groups to test the use of the MAMI Care Pathway to guide the care of the mothers and babies we looked at yesterday. There will be plenty of time to discuss your initial reflections, and to think about the benefits of the MAMI Care Pathway for different audiences.

					<ul style="list-style-type: none"> We will also have some time to discuss what training and skills development is required to deliver the MAMI Care Pathway.
	21	Activity in Plenary	20 mins	<p><u>Instructions for Activity:</u></p> <ul style="list-style-type: none"> Pass the ball (you can use anything that can be easily thrown) Ask participants to stand in a circle, throw the ball to someone When someone catches the ball, they give a reason for ‘What was one thing you learnt yesterday, or that you found interesting?’ and then throw the ball on to someone else Keep going until everyone has caught the ball once. 	
Recap on the MAMI Care Pathway	22	Activity in Plenary	30 mins	<p><u>Instructions for Plenary Activity:</u></p> <ul style="list-style-type: none"> Ask for a volunteer to come to the flipchart and draw out the MAMI Care Pathway flow As they draw the Pathway, ask them to explain each step with support from other participants Fill in any gaps or crucial points that are missed Ask: “What are the 3 components of the MAMI Care Pathway Package?” <ul style="list-style-type: none"> Answer: <i>MAMI Care Pathway User Guides, MAMI Health Worker Support Materials, MAMI</i> 	<ul style="list-style-type: none"> MAMI Care Pathway User Guides: to provide an overview of each stage of the MAMI Assessment and Management for the user MAMI Health Worker Support Materials: to assess the nutritional risk of the individual infant and mother/ carer MAMI Counselling Cards & Support Actions Booklet: to guide and support the management of the infant & mother through 1-1 counselling and support actions for each potential challenge identified.

				<p><i>Counselling Card & Support Actions Booklet</i></p> <ul style="list-style-type: none"> • Ask: “What is the purpose of each of the components?” <ul style="list-style-type: none"> • Answer: <i>talking points</i> → 	
Applying the MAMI Care Pathway	23	Group Work – 4 groups (same as day 1 if possible)	90 minutes (30 min group work, 60 min feedback)	<p><u>Instructions for Group Activity:</u></p> <ul style="list-style-type: none"> • Back in to same four groups as yesterday to revisit the case scenario from yesterday, but with a bit of additional information. • Provide Handouts: Case Scenarios – day 2; MAMI Counselling & Support Actions; MAMI Guides; MAMI Forms. • Apply the MAMI materials to the cases and discuss the following: <ul style="list-style-type: none"> • 1. Is there anything different about the management plan and if so what? • 2. Are you comfortable with using the materials? Are any of the forms or pathways not clear? • 3. Did the materials and pathway help? • 4. Is there any overlap they see between these materials and what they currently use? Any additional content in these materials that are not in their current materials? 	

				<ul style="list-style-type: none"> • 30 minutes to discuss • 1 person to make notes to present back. <p><u>Instructions for Plenary:</u></p> <p>Note: <i>Focus on sharing the experiences of applying the package and the various forms to the scenarios. How did they find it in practice? As in previous session, Facilitator should record if there is anything confusing or unclear?</i></p> <ul style="list-style-type: none"> • Prepare a flipchart • Each group to present back • Note the differences and the overlaps in 2 columns on the flipchart <p>Ask: Does anyone have any difficult cases that they have managed in their work?</p> <p>Do: Probe on what the challenges were, how they resolved them at the time, and how the MAMI Care Pathway may have helped?</p>	
	24	present	15 min	<ul style="list-style-type: none"> • Show slide • Say “Remember this mother and infant that we looked at yesterday? Let’s take a look at how this situation could be different had we been using the MAMI Care Pathway.” 	
	25	Guided discussion in plenary	15 mins	<p>Say:</p> <ul style="list-style-type: none"> • Imagine they were screened at their first vaccination and the 	

				<p>mother said she was having trouble with attaching the baby to the breast.</p> <ul style="list-style-type: none"> • They referred the mother and baby to the health centre where they did a more thorough assessment using the MAMI assessment form and found the baby had a tongue tie. • They were directed for treatment and enrolled to the MAMI outpatient care for support with feeding and close monitoring. <p><u>Instructions for plenary discussion:</u></p> <ul style="list-style-type: none"> • Ask: “What would be the benefits for the mother and infant?” • <i>Examples:</i> The child would be less likely to growth falter, and the mother less likely to introduce other liquids or foods than breastmilk. The mother would also be less likely to experience stress & worry about her infant. • Ask: “What would be the benefits for health workers, like yourselves?” • <i>Examples:</i> less visits to the clinic with diarrhoea, adding to workload. Less workload for CMAM programme. Less dissatisfaction with care. Greater job satisfaction. 	
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<p>Benefits of the MAMI Care Pathway</p>	<p>26</p>	<p>Group Work – 4 groups (new groups)</p>	<p>60 mins (30 minutes preparation time, 30 minutes plenary feedback)</p>	<p><u>Instructions for group activity (30 mins)</u></p> <ul style="list-style-type: none"> • Split in to 4 groups • Each group to prepare a 5-minute ‘sales pitch’ for the MAMI Care Pathway targeted at the assigned audience. • Use what we have discussed and reflections on the last 2 days to inform the content of your presentation. • Think about: • Why is it important? • What does it add to what they are doing now? • What are the benefits for the audience group? • What are the challenges you may want to mention and how could they be managed or justified? <p><u>Instructions for Plenary (30 minutes)</u></p> <ul style="list-style-type: none"> • Each group to have 5 minutes to present their sales pitch • On a Flipchart, note down the key ‘selling points’ from each group. • After all have presented, complement with talking points → 	<p>Benefits of the MAMI Care Pathway for:</p> <p>Families:</p> <ul style="list-style-type: none"> • Helps infants to SURVIVE AND THRIVE • Not just short term but long-term (even inter-generational) benefits • An approach which also cares about the wellbeing and health of the carer (and wider family) • Increases user satisfaction with health services • Secures future FAMILY wellbeing via infant health / development/wellbeing (growth) <p>Front-line health workers:</p> <ul style="list-style-type: none"> • Increases job satisfaction since offers solutions and easy-to-follow guides to deal with complex problems • Helps LINK other services which already exist (hence not adding to workload but enabling smoother connections and better collaboration between services that already exist) • Helps ensure that serious underlying problems are not missed – avoid the guilt and bad feeling of situations where this can happen • Offers a way to improve communication/collaboration
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					<p>with other colleagues in other related health/social services</p> <ul style="list-style-type: none"> • FOCUS your precious time on those who most need it • Pre-designed forms <ul style="list-style-type: none"> • Less writing • Less chance of missing important problems • Links with other healthcare workers <ul style="list-style-type: none"> • less referral problems <p>Programme managers:</p> <ul style="list-style-type: none"> • A ready-made suite of materials and resources to implement improved care for infants u6m • Easier to audit and monitor performance <p>Policy makers:</p> <ul style="list-style-type: none"> • Translates existing policies to front-line field use • Helps generate evidence that is needed for future scale-up • Mirroring (but also learning lesson from) the CMAM 'revolution' • Bridges existing services, especially with a link between health and nutrition • Bridges existing services, especially with a link between health and nutrition
	27	Present	1 min	See talking points →	<ul style="list-style-type: none"> • As part of the trial, health workers will be implementing the MAMI Care Pathway Package in

Training and skills development					selected Health Facilities. It would be very helpful to know what training they may need to implement the Care Pathway as part of the trial. We will now take 30 minutes to look at the training and skills that may be required to deliver the MAMI training package.
	28	Flipchart Activity in Plenary	30 mins	<p><u>Instructions for Activity:</u></p> <ul style="list-style-type: none"> • Ask “Firstly, what training have you received? Raise your hand if you have been trained on: <ul style="list-style-type: none"> • Breastfeeding counselling? • MIYCN or IYCF? • IMCI? • Nurturing Care? • Mental Health or MHPSS? • Psychological First Aid (PFA)? • Add other relevant trainings • Do: Record the number of participants for each on the flipchart. • Ask: “What training do you think staff that put the MAMI Care pathway in to practice for the trial would need?” • Do: Make a note of the trainings on the Flipchart • Ask: “What ongoing support to staff who are implementing 	

				<p>the Care Pathway do you think would be helpful?</p> <p><i>Examples: whatsapp group with other staff to discuss cases/share experiences, a contact person to ask questions that come up</i></p> <ul style="list-style-type: none"> • Ask: “Do you foresee any challenges with the skills or trainings that are needed?” 	
Wrap up	29	Present	1 min	<ul style="list-style-type: none"> • Explain we have come to the end of the workshop and we now have some time for reflection on the last 2 days 	
	30	Flipchart exercise	20 min	<p><u>Instructions for Activity:</u></p> <ul style="list-style-type: none"> • Prepare a flipchart • Write responses on to a Flipchart: <ul style="list-style-type: none"> • Ask: “What are your key takeaway messages?” • Do: Compliment with our (facilitators) key takeaway messages • Repeat the disclaimer: Remember, we are not suggesting you change your practice at the moment. Although we have identified areas of improvement as part of this orientation, the approach we are introducing you to has not been endorsed. To be endorsed, we must first test the MAMI Care Pathway Package, which we will be doing as a Randomised Control 	

				Trial. For current practice, please continue to refer to national guidance, which is endorsed for implementation.	
	31	Plenary Discussion	20 min	<ul style="list-style-type: none"> • Ask for feedback on the contents, delivery, style of the workshop 	
	32	Plenary	10 min	<ul style="list-style-type: none"> • Thank participants • Explain next steps with talking points → 	<ul style="list-style-type: none"> • “As we explained on Day 1, we are planning to undertake a study of the feasibility of the MAMI Care Pathway Package to inform how we implement a RCT in Ethiopia.” • “We have invited you to participate in I-I interviews at your place of work at a time that suits you and your managers.” • “The feasibility assessment will be in 2 weeks time.” • “The printed materials are for you to take home with you. Please take the time to familiarise yourselves with the materials before the I-I interviews.”

Case Scenarios – Day I

Case Scenario A

Amina is a mother of a 2-month old called Getu. Getu has diarrhoea and his mother has brought him to see the Doctor.

The Doctor notices that Amina seems to be finding things hard, she appears stressed and is really concerned about her baby as he hasn't been breastfeeding well. She says he has always been 'difficult' to breastfeed and always falls asleep on the breast. She lets him sleep as she has two older children that she needs to look after as well.

Case Scenario B

Salem is 3 months old. Her mother, Shashie, attends a growth monitoring session in the community. Salem is weighed and is 3.9kg. Her weight-for-length z-score, WLZ is greater than -2.0, but her weight-for-age z-score is -2.48. The nutrition worker tells Shashie this means Salem is underweight for her age.

Case Scenario C

Fatuma delivers her baby Ababu early. Ababu is low birthweight and premature and requires an inpatient stay in the Newborn Intensive Care Unit. After 3 weeks, Ababu is growing well and is healthy, so Fatuma and Ababu are discharged.

Case Scenario D

Robel is 4 months old and visibly severely wasted. His mother takes him to the health centre and they measure him and find he has a weight-for-length of < -3.0 . He has no medical complications or underlying illness.

Case Scenarios – Day 2

Case Scenario A

Amina is a mother of a 2-month old called Getu. Getu has diarrhoea and his mother has brought him to see the Doctor.

The Doctor notices that Amina seems to be finding things hard, she appears stressed and is really concerned about her baby as he hasn't been breastfeeding well. She says he has always been 'difficult' to breastfeed and always falls asleep on the breast. She lets him sleep as she has two older children that she needs to look after as well.

The Doctor examines baby Getu and finds no danger signs and all vital signs are normal including no fever, fast breathing or respiratory distress. Getu is weighed and weighs 5.5kg, his WAZ is >2.0 , but from looking at his child growth chart it appears that his weight gain has stagnated.

Case Scenario B

Salem is 3 months old. Her mother, Shashie, attends a growth monitoring session in the community. Salem is weighed and is 3.9kg. Her weight-for-length z-score, WLZ is greater than -2.0 , but her weight-for-age z-score is -2.48 . The nutrition worker tells Shashie this means Salem is underweight for her age.

The nutrition worker asks how Shashie is feeding Salem and she reports that she is giving her only her breastmilk but that she isn't sure that she has enough milk.

Case Scenario C

Fatuma delivers her baby Ababu early. Ababu is low birthweight and premature and requires an inpatient stay in the Newborn Intensive Care Unit. After 3 weeks, Ababu is growing well and is healthy, so Fatuma and Ababu are discharged.

No community-based follow up happens, but at 6 weeks of age, Fatuma takes Ababu for his first immunisation. Ababu is weighed at the immunisation clinic and is found to be underweight. On prompting, Fatuma mentions that Ababu was not well the last week, with diarrhoea. She has been worried about his small size compared to others in the village and has been supplementing her breastmilk with other milks to help him put on more weight.

Case Scenario D

Robel is 4 months old and visibly severely wasted. His mother takes him to the health centre and they measure him and find he has a weight-for-length of <-3.0 . He has no medical complications or underlying illness.

Handouts

- **Case Scenarios – day 1** (page 32)
- **Case Scenarios – day 2** (page 33)
- **MAMI Care Pathway User Guides** (<https://www.enonline.net/mamicarepathway>)
- **MAMI Health Worker Support Materials** (<https://www.enonline.net/mamicarepathway>)
- **MAMI Care Pathway Who, What, Where - Blank Template**
(<https://www.enonline.net/mamicarepathway>)