

**Wasting and COVID-19 Programme Adaptations Information**  
**Note 005**

**Categories: Management of At-risk Mothers and Infants under 6 months (MAMI)**

***Challenge: How to deliver services for MAMI in the context of COVID-19***

What adaptations are required to existing community-based MAMI programmes in the context of COVID-19?

***Recommended adaptation:*** In contexts where services or programmes to manage at-risk infants under six months are in place, further decentralisation to community-based identification, follow-up and counselling support may be necessary in the context of COVID-19. Service delivery should look to leverage existing nutrition and health contact points wherever possible and advocate to continue/prioritise services for identified at-risk infants.

Adaptations include: reduced frequency of facility-based follow up to monthly visits, with weekly decentralised community-based visits, prioritising higher risk infants, such as low birth weight infants; use of MUAC for anthropometric screening in the community and if necessary at facility level ideally through mother/family MUAC measurement; intensification of community no-contact screening of infants under 6 months; suspension/reduction in numbers participating in group support sessions prioritising higher risk infants and implementing physical distancing between mother-infant dyads; intensification of hygiene promotion as an integrated component of support offered. According to context, consider tools such as mobile apps, phone calls and mass media to support activities and reinforce messages.

IMCI danger signs should continue to be checked at all contact points to alert to infants requiring medical attention.

**Background:**

Programmes to support at-risk infants under six months and their mothers/ caregivers have been implemented in different contexts pre-COVID 19 pandemic, relying on facility-based identification and contacts. In situations where there is heightened risk of transmission of COVID-19 and/or movement restrictions, it may not be possible to follow existing protocols for the screening, enrollment, and facility-based support visits for the delivery of these MAMI services. Many other nutrition services are moving towards community-based delivery, and similar adaptations to MAMI programme delivery may be needed to ensure the continuation of services.

This information note has been prepared to outline potential adaptation options if programmes are faced with this situation. Any changes to normal protocols are an exceptional, temporary measure to prevent negative consequences for child growth and development, deterioration into more severe undernutrition, non-recovery from wasting, and associated morbidity and mortality. Decisions about when and how to adapt programmes should be taken in consultation with national and local authorities.

The note is intended to guide adaptations to **existing MAMI programmes** where referral pathways can be ensured, and where services and management plans are in place in accordance with the package and pathway of care outlined in the MAMI Tool.

The note should be in accordance with the relevant recommendations of the guidance note *Prevention and treatment of wasting in children 0-59 months through national health systems in the context of COVID-19. WHO & UNICEF, 2020.*

### **Process to compile this note**

This note draws on the MAMI Tool V2.0 and was produced by a working group of the MAMI Special Interest Group with the support of the Wasting and Risk Thematic Working Group (COVID 19 and wasting sub-group) of the GTAM.

### **Suggested Adaptations:**

#### ***A. Use of MUAC criteria to identify wasting in infants under 6 months***

It may not be possible to measure weight or length due to the need to limit physical contact, in facilities where strict IPC protocols and disinfecting solutions cannot be secured and in community settings where physical contact must be limited. In such circumstances, the following **MUAC criteria may be used for infants under 6 months** to identify infants at-risk:

- **<110mm** for infants **0-6 weeks** (i.e. before first vaccination)
- **<115mm** for infants **7 weeks-6 months**

#### ***B. Use of weight for age (WAZ)***

At facility level, where strict IPC protocols and disinfecting solutions can be secured, weight can be measured. Weight for age (WAZ) is preferable to weight-for-length in terms of both minimising contact during measurement and as a better indicator of risk in infants under 6 months. WAZ <-2 indicates an infant is at-risk.

### **C. Community screening for MAMI**

Community workers should use simplified case identification to screen mothers and infants under 6 months in the community through existing contact-points. Where possible, the assessment should be conducted outside or in a location with good ventilation:

- **Anthropometrics:** Use of Mother/ Family MUAC and low birth weight history (if family have record)
- **Feeding assessment:** Ask key questions on feeding from the recommended safe physical distance

### **D. No/ limited touch assessment**

New cases should be enrolled at the MAMI clinic with physical distancing maintained.

#### **Anthropometric measurements:**

- MUAC - guide the caregiver to take the MUAC measurement. The health worker can observe the colour outcome whilst respecting the recommended safe physical distance.
- Weight - request the carer to place the infant on the scales by the carer, then stand at the recommended safe physical distance whilst the health worker reads the scale.

**Feeding assessment:** Observe a breastfeed and ask questions related to feeding from a distance of the recommended safe physical distance.

**Clinical assessment:** Ask questions on infant and maternal health, at the recommended safe physical distance. Caregiver can assist in measuring respiratory rate and temperature with clear instructions.

**Maternal wellbeing:** Ask questions on maternal wellbeing, at the recommended safe physical distance.

### **D. Handwashing and disinfection of equipment**

Both the mother and the health worker should wash their hands with soap or alcohol gel before and after the assessment.

All equipment must be disinfected before and after use. MUAC tapes can be washed with soap and water. Scales should be disinfected either with an alcohol solution or with soap and water.

### **E. De-centralise follow-up support**

**Reduce facility-based follow-up visits to once every four weeks**, unless there are signs of deterioration. The pair should be advised to attend the relevant MAMI service once every four weeks to weigh the infant and assess how they are growing against their WAZ growth charts and to screen for medical problems.

**Weekly support visits should continue** in order to provide regular support and counselling but through **community home-based visits** if PPE is available and home visits permitted. Where

adequate PPE cannot be ensured, community-based home visits can be conducted if the CHW remains outside the house, maintains safe physical distance and follows IPC guidance.

**Explore opportunities to integrate identification of at-risk infants and follow up** with existing contact points within maternal and child health services, for example IYCF, EPI, IMCI, reproductive health, maternal, newborn and child health.

Where movement restrictions exist, **use of phone calls, text messaging, or specialised phone apps** could be considered for follow-up and provision of support. Where households do not have phone access it may be possible to connect to community members with phone access so that they can relay key messages. Support options could include breastfeeding peer support counsellors, IYCF programmes, and phone counselling.

There are **digital and paper-based MAMI resources** available to support community workers during home visits. These include:

- **The [MAMI Tool](#)**: a resource material to support programmers to identify and manage at-risk mothers and infants. It is undergoing an update into a MAMI Care Pathway, and a pilot version will be available in August 2020.
- **[Counselling cards and recommended practices booklet](#)**: presenting infant and young child feeding recommendations when COVID-19 is suspected or confirmed.
- **[Global Health Media videos](#)**: videos on various feeding and care practices for a small baby.

Use of **Family MUAC** for caregivers to detect and monitor their baby's nutritional status and, where possible, the mother's nutritional status. Regular colour-coded MUAC tapes can be used for infants under 6 months. The NGO GOAL has produced reversible MAMI-MUAC tapes which have one side for infants under 6 months and the other side for children 6-59 months. The artwork for the MAMI-MUAC tapes is available here: [MAMI mid-upper arm circumference \(MUAC\) tapes](#)

### ***F. Suspend/adjust numbers of group support sessions***

In line with prevailing relevant government restrictions, group gatherings may be suspended or numbers adjusted to smaller groups. Prioritise at-risk infants for follow up and implement physical distancing between mother-infant dyads in group sessions. Do not provide food to group sessions.

Alternative platforms should be explored for delivering counselling and education, for example use of videos, phone calls, or other IEC materials. See examples in Section C.

### ***G. Implement/intensify support for appropriate hygiene practices***

Where needed, include provision of hygiene kits for mothers and infants and include IPC and COVID-19 messaging at all MAMI contact points.

## Key Considerations

### *Use of MUAC in infants under 6 months*

It is important to note there are currently no internationally accepted thresholds for MUAC to identify at-risk infants under six 6 months of age.

The recommendations provided in this note are based on research in several African countries into the MUAC thresholds associated with mortality risk and programming experience. The thresholds suggested above assume a low risk intervention (i.e. breastfeeding support, implementing Integrated Management of Neonatal and Childhood Illness (IMNCI), and support for optimal maternal wellbeing). Any change to admission protocols must be communicated and agreed with national and sub-national authorities.

### *Referral pathway*

MUAC should only be expanded to this age group where there is a clear and appropriate pathway of care in the community to manage cases identified. A pathway of care requires clinical, feeding, and maternal assessment and support as outlined in the MAMI Tool V2.0. The following should be noted:

- *The MAMI Care Pathway should be integrated into existing services. All potential contact points with mothers with infants under 6 months should be utilised for identification. Care providers delivering Maternal, Newborn, and Child Health services should be trained on case identification and referral to appropriate support.*
- *Relevant services may already exist that can be leveraged for support, for example IYCF counselling.*
- *It is unlikely that existing CMAM programmes that target children 6-59 months of age have the required capacity and skill set to manage at-risk infants under 6 months in the community.*
- *MAMI encompasses risks other than anthropometric risk. Additional indicators of risk include: low birth weight (<2500g), infants whose caregivers are nutritionally or psychologically vulnerable, infants and/or mothers experiencing feeding problems. The implications of these additional risk factors on caseload must be considered and the capacity of existing programmes to manage these numbers.*
- *Inpatient care should generally be reserved for complicated cases as per international guidelines for management of wasting.*

### *Changes from standard protocols should be discussed and agreed*

Ensure that national authorities and communities are consulted on any adaptations.

## Resources

- MAMI COVID statement when published online
- A summary of the research around MAMI and links to tools can be found here: <https://www.ennonline.net/ourwork/research/mami>
- MAMI Tool v2.0: <https://www.ennonline.net/c-mami>
- The [MAMI Compass Module](#) was developed by Save the Children modelled on the MAMI Tool to support programming.
- [WHO FAQs on breastfeeding in the context of COVID-19](#).
- GOAL has a list of resources for COVID 19 programme adaptations, including MAMI resources here: <https://www.goalglobal.org/adapting-to-covid-19-resources-for-charities>.
- [Global Health Media have a library of videos which can be used for training and education.](#) <https://globalhealthmedia.org/>