

# Qualitative Evaluation of Health workers and family's perceptions of MAMI programming

## GOAL vision

GOAL believes in a world where poverty no longer exists, where vulnerable communities are resilient, where barriers to wellbeing are removed and where everyone has equal rights and opportunities.

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R4NUT Conference  
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# CONTEXT

## What is MAMI?

The community **M**anagement of  
**A**t Risk **M**others and **I**nfants

- GOAL have been implementing MAMI since early 2016
- 4 programs in 2 refugee camps in Gambella, Ethiopia





1

## C-MAMI Tool Framework

TRIAGE		
ASSESS	CLASSIFY	MANAGE
<b>Infant</b> Ask/Listen/Look/Feel: details to guide assessment	Nutritionally Vulnerable with Medical Complications (HIGH NUTRITIONAL RISK)	URGENT REFERRAL: Management Actions
<b>Mother</b> Ask/Listen/Look/Feel: details to guide assessment	HIGH RISK	URGENT REFERRAL: Management Actions

OTHER ASSESSMENT SECTIONS				
ASSESS	CLASSIFY	MANAGE	CLASSIFY	MANAGE
<b>Infant:</b> Ask/Listen/Look/Feel: details to guide assessment	Nutritional Vulnerable without Medical Complications (MODERATE NUTRITIONAL RISK)	C-MAMI Enrolment: Management Actions	LOW RISK	Home Care: Management Actions
<b>Mother:</b> Ask/Listen/Look/Feel: details to guide assessment	MODERATE RISK	C-MAMI Enrolment: Management Actions	LOW RISK	Home Care: Management Actions

2

## ii COUNSELLING and SUPPORT ACTIONS BOOKLET

The Counselling and Support Actions Booklet includes 4 Sections:



Section A: Breastfeeding Counselling and Support Actions – Breastfeeding 1 – 21

Section B: Breastfeeding Counselling and Support Actions – Supplementary Suckling Support

Section C: Non-breastfeeding Counselling and Support Actions – Non-breastfeeding 1 – 4

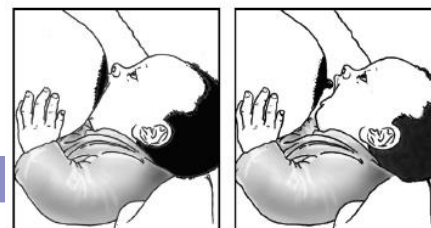
Section D: Counselling and Support Actions (for All) – Social Support 1 – 4

## Section A: Breastfeeding Counselling and Support Actions – Breastfeeding

Image	Symptoms/signs/indicators of practice	Counselling and Support Actions
1. Good Attachment		
<b>Observe breastfeeding:</b>  	<b>Attachment</b> 1. Infant's mouth wide open 2. Lower lip turned outwards 3. Chin touching breast 4. More darker skin (areola) visible above than below the mouth  <b>Positioning</b> 1. Infant's body should be straight, not bent or twisted 2. Infant's body should be facing the breast 3. Infant should be held close to mother 4. Mother should support the infant's whole body, not just neck and shoulders (for tummy down or reclining position, assisted by gravity, with baby's full weight resting on mother's body during the period the infant is learning to breastfeed; works with caesarean sections)	<b>Note on Natural Breastfeeding</b> Every newborn has a series of responses designed by Mother Nature to breastfeeding partner. <input type="checkbox"/> When newborn lies tummy down on mother, anchored by gravity, reflexes kick in. This position helps the baby move toward the breast attachment and suckling. <input type="checkbox"/> If infant not alert/doesn't open mouth, hand express drops of milk; lips to stimulate mouth opening Good attachment helps to ensure that your baby suckles well and has good supply of breast milk <input type="checkbox"/> Good attachment helps to prevent sore and cracked nipples  See videos: • <a href="http://breastfeedingtoday-ill.org/position-to-breastfeed/">http://breastfeedingtoday-ill.org/position-to-breastfeed/</a> • Breastfeeding attachment: <a href="https://globalhealthmedia.org/portfolio-items/attaching-your-baby-at-the-breast/?portfolioID=10861">https://globalhealthmedia.org/portfolio-items/attaching-your-baby-at-the-breast/?portfolioID=10861</a>  <b>Note:</b> there is no ONE right position for all mothers. No matter the position (from cradle to tummy down), there are commonalities that assist a deep latch.  See videos: • Breastfeeding positions: <a href="https://globalhealthmedia.org/portfolio-items/positions-for-breastfeeding/?portfolioID=10861">https://globalhealthmedia.org/portfolio-items/positions-for-breastfeeding/?portfolioID=10861</a> • Breastfeeding in the first hours after birth: <a href="https://globalhealthmedia.org/portfolio-items/breastfeeding-in-the-first-hours-after-birth/?portfolioID=10861">https://globalhealthmedia.org/portfolio-items/breastfeeding-in-the-first-hours-after-birth/?portfolioID=10861</a>

3

## iii COUNSELLING CARDS



## MAMI TOOL

4

## iv C-MAMI PROGRAMME MANAGEMENT CARDS

## C-MAMI Enrolment and Management Card

**ADMISSION/ENROLMENT DETAILS:** Community based Management of At-risk Mothers and Infants under 6 Months (C-MAMI)

Name (first, last/family)	Reg. No
Age (completed months)	Date of Admission
Administrative Unit	Time to Travel to Site
Community	Father Alive
House Details/Landmarks	Yes No
Carer/giver (first, last/family)	Mother Alive
Contact phone #1	Mother's Age
Admission (Circle)	Total Number in household
Self-Referral	Contact phone #2
Outreach Referral	Health Facility Referral
Inpatient Care Referral	Readmission/Relapse
Inpatient Care Refusal	Yes No
Promature	Orphan/Mother absent
Yes No	Yes No
Twin/multiple birth	If Yes, when?
Yes No	Mother sick
Yes No	Yes No
Additional information	
<b>Enrolment Anthropometry (Infant)</b>	
Weight _____ kg	Length _____ cm
Weight-for-Length WFL z-score _____	Weight-for-Age WFA z-score _____
MUAC (mm) data _____	
Bilateral pitting oedema 0 + ++ +++	
<b>Admission Anthropometry (Mother)</b>	
Bilateral pitting oedema 0 + ++ +++	MUAC data _____ mm
Height data _____ cm	
<b>History (Infant)</b>	
Unable to drink/breastfeed	Respiration Rate (f/min)
Yes No	<30 30-39 40-49 50+
Vomits everything	Chest In-drawing
Yes No	Yes No
Any Convulsions	Cough
Yes No	Yes No
Lethargic/Unconscious	Abnormally loose/watery stools in infant > 1mo. (Diarrhoea)
Yes No	Yes No
	Stools / Day
	<3 3-5 >5
	Temperature (°C)
	_____ °C
<b>Physical Examination (Infant)</b>	
Eyes Normal Sunk	Discharge
Normal Discharge	
Conjunctiva	Normal
None	Severe
Lymph Nodes	Normal
None	Sores
Skin Problems	Disability
None Scabies Poising Ulcers/Abscesses	Yes No
<b>Feeding Assessment</b>	
Breastfeeding	Yes No
Non-Breastfeeding	Yes No
Any plain water, other liquids or foods	Yes No
Yes No	Receiving appropriate Breast Milk Substitute (BMS)
Yes No	Passing urine
Breastfeeding Frequency (Total times/24 hours)	
	If not breastfeeding, how long since you stopped?
	If not breastfeeding, why did you stop?

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## i C-MAMI TOOL V2.0

## MAMI TOOL

## 1. TRIAGE: CHECK FOR SIGNS AND SYMPTOMS FOR REFERRAL TO INPATIENT CARE

ASSESS	CLASSIFY	ACT (MANAGE)
<b>Infant CHECK for General Danger Signs<sup>1</sup></b>	<b>INFANT/MOTHER: NUTRITIONALLY VULNERABLE WITH MEDICAL COMPLICATIONS - HIGH NUTRITIONAL RISK OR VERY SEVERE DISEASE</b>	<b>URGENT referral to Inpatient Care</b>
<b>Ask / Listen / Look / Feel</b> <ul style="list-style-type: none"> <li>Ask: Is the infant able to drink or breastfeed?</li> <li>Ask: Does the infant vomit everything?</li> <li>Ask: Has the infant had convulsions?</li> <li>Look: Is the infant convulsing now?</li> <li>Look: Is the infant lethargic or unconscious?</li> </ul>	<b>If any of the following are present for Infant: General Danger Signs:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Unable to feed</li> <li><input type="checkbox"/> Vomits everything</li> <li><input type="checkbox"/> Had fit (convulsions)</li> <li><input type="checkbox"/> Movement only when stimulated (lethargic)</li> </ul>	<b>Pre-referral actions: Infant</b>
<ul style="list-style-type: none"> <li>Look and count the breaths in one minute.</li> <li>Look: Does infant have lower chest wall in-drawing?<sup>2</sup></li> </ul>	<b>Difficulty breathing</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fast breathing               <ul style="list-style-type: none"> <li>infant 0-1 months: <math>\geq 60</math> breaths/min</li> <li>infant 2-5 months: <math>\geq 50</math> breaths/min</li> </ul> </li> <li><input type="checkbox"/> Lower chest wall in-drawing</li> <li><input type="checkbox"/> Grunting<sup>3</sup></li> </ul>	
<ul style="list-style-type: none"> <li>Ask: Does the infant have diarrhoea?<sup>4</sup></li> <li>Look: Does the infant have sunken eyes?</li> <li>Ask: Are infant's eyes recently sunken or look worse than yesterday?</li> <li>Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)</li> </ul>	<b>Diarrhoea</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Has diarrhoea</li> <li><input type="checkbox"/> Sunken eyes</li> <li><input type="checkbox"/> Skin pinch goes back very slowly (<math>&gt; 2</math> sec)</li> </ul>	
<ul style="list-style-type: none"> <li>Feel: Does the infant have a fever (hot)?<sup>5</sup> Does the infant have low body temperature (feels cool)?</li> <li>Measure temperature under the armpit if you have a thermometer</li> </ul>	<b>Fever</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Feels hot: <math>\geq 37.5^{\circ}\text{C}</math></li> <li><input type="checkbox"/> Feels cold: <math>&lt; 35.5^{\circ}\text{C}</math></li> </ul>	
<b>Infant: Check for jaundice</b> <ul style="list-style-type: none"> <li>Look for jaundice. Does the infant have yellow eyes or skin?</li> <li>Look at the young infant's palms and soles. Are they yellow</li> </ul>	<b>Jaundice</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Age <math>&lt; 24</math> hours: any jaundice</li> <li><input type="checkbox"/> Age <math>&gt; 24</math> hours: jaundice hands &amp; feet</li> </ul>	

<sup>1</sup> See videos as part of newborn and small baby series (Global Health Media) that include: 'Danger Signs for Health Workers' and 'Fast Breathing as a Single Sign of Illness', [www.globalhealthmedia.org/videos/](http://www.globalhealthmedia.org/videos/). Also see short videos (Medical Aid Films) at [www.medicalaidfilms.org](http://www.medicalaidfilms.org). Note that in acutely malnourished infants, usual clinical signs may be absent or reduced. It is essential to consider the full clinical picture and history in assessment.

<sup>2</sup> Lower chest wall in-drawing is when the lower chest wall goes in when

the child breathes in; if only the soft tissue between the rib clavicle goes in when a child breathes, this is not lower chest wall in-drawing (this is recession). See 'Danger Signs for Health Workers' for video.

<sup>3</sup> Grunting is a short, hoarse sound at the end of expiration (breathes out) and is a sign of moderate to severe respiratory distress in young infants and children with lower airway disease, such as pneumonia, lung collapse (atelectasis) or fluid in the lungs

## 2. FEEDING ASSESSMENT

ASSESS	CLASSIFY	ACT (MANAGE)	CLASSIFY	ACT (MANAGE)
<b>Breastfed Infant and Mother</b>	<b>Moderate Feeding Problem: C-MAMI criteria</b>	<b>C-MAMI Enrolment (Outpatient): Infant-Mother Pair</b>	<b>No Feeding Problem: C-MAMI criteria</b>	<b>Home Care</b>
<b>Breastfed Infant</b> <ul style="list-style-type: none"> <li>Look: Is the infant well attached?               <ul style="list-style-type: none"> <li>Mouth wide open</li> <li>Lower lip turned outwards</li> <li>Chin touching breast</li> <li>More areola above than below nipple</li> </ul> </li> <li>Look: Is the infant suckling effectively?               <ul style="list-style-type: none"> <li>Slow deep sucks</li> <li>Pausing</li> <li>Audible swallowing</li> </ul> </li> <li>Ask &amp; Listen: Find out how many breastfeeds in 24 hours</li> <li>Ask &amp; Listen: Does the infant receives plain water, other liquids or foods?</li> <li>Ask &amp; Listen: Does the infant refuse to breastfeed?</li> <li>Look for thrush in infant's mouth</li> </ul>	<b>Any of the following</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not well attached to the breast</li> <li><input type="checkbox"/> Not suckling effectively</li> <li><input type="checkbox"/> <math>&lt; 8</math> breastfeeds in 24 hours</li> <li><input type="checkbox"/> Receives plain water, other liquids or foods</li> <li><input type="checkbox"/> Refuses to breastfeed</li> <li><input type="checkbox"/> Check for oral thrush (candida)</li> </ul>	<b>Refer to Breastfeeding Counselling and Support Actions</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Attachment: Section A: 1</li> <li><input type="checkbox"/> Effectively suckling: Section A: 2</li> <li><input type="checkbox"/> Frequency of breastfeeds: Section A3</li> <li><input type="checkbox"/> Exclusive breastfeeding: Section A: 4</li> <li><input type="checkbox"/> Oral thrush (candida): Section A: 11</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Plot and examine growth chart to monitor progress, including birth weight, if available</li> </ul>	<b>Well Attached: all the following</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mouth wide open</li> <li><input type="checkbox"/> Lower lip turned outwards</li> <li><input type="checkbox"/> Chin touching breast</li> <li><input type="checkbox"/> More areola above than below nipple</li> </ul> <b>AND</b> <b>Suckling well: all the following</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Slow deep sucks</li> <li><input type="checkbox"/> Pausing</li> <li><input type="checkbox"/> Audible swallowing</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> <math>\geq 8</math> in 24 hours</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No plain water/ liquids/foods</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No thrush in infant's mouth</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Praise, support, reassure</li> <li><input type="checkbox"/> General advice/counselling on:               <ul style="list-style-type: none"> <li>- general age appropriate feeding and nutrition recommendations</li> <li>- routine healthcare services e.g. vaccinations, growth monitoring</li> </ul> </li> <li><input type="checkbox"/> Advise to return if new problem develops</li> </ul>
<b>Mother</b> <ul style="list-style-type: none"> <li>Listen: Find out if the mother thinks she hasn't enough breast milk</li> <li>Listen: Find out if the mother lacks confidence about feeding</li> </ul> <b>Breast Condition: Identify any of the following</b> <ul style="list-style-type: none"> <li>Ask &amp; Look: Engorgement</li> <li>Ask &amp; Look: Sore &amp; cracked nipples</li> <li>Ask &amp; Look: Plugged ducts</li> <li>Ask &amp; Look: Mastitis</li> <li>Ask &amp; Look: Flat, inverted, large or long nipples</li> <li>Ask &amp; Look: Itching of nipples or breasts (thrush)</li> </ul>	<b>Mother: either of the following</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Perception of not having enough breast milk</li> <li><input type="checkbox"/> Lack of confidence about feeding</li> </ul> <b>OR</b> <b>Breast Condition: any of the following</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Engorgement</li> <li><input type="checkbox"/> Sore &amp; cracked nipples</li> <li><input type="checkbox"/> Plugged ducts</li> <li><input type="checkbox"/> Mastitis</li> <li><input type="checkbox"/> Flat, inverted, large or long nipples</li> <li><input type="checkbox"/> Itching of nipples or breasts (thrush)</li> </ul>	<b>Mother</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Perception of not having enough breast milk: Section A: 5</li> <li><input type="checkbox"/> Lack of confidence about feeding: Section A: 6</li> </ul> <b>Breast Condition</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Engorgement: Section A: 7</li> <li><input type="checkbox"/> Sore &amp; cracked nipples: Section A: 8</li> <li><input type="checkbox"/> Plugged ducts: Section A: 9</li> <li><input type="checkbox"/> Mastitis: Section A: 9</li> <li><input type="checkbox"/> Flat, inverted, large or long nipples: Section A: 10</li> <li><input type="checkbox"/> Thrush: Section A: 12</li> </ul>	<b>Mother</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confident about infant condition, and breastfeeding</li> <li><input type="checkbox"/> Reports no breastfeeding problem and no concern</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Praise, support, reassure</li> <li><input type="checkbox"/> General advice/counselling on:               <ul style="list-style-type: none"> <li>- general age appropriate feeding and nutrition recommendations</li> <li>- routine healthcare services e.g. vaccinations, growth monitoring</li> </ul> </li> <li><input type="checkbox"/> Advise to return if new problem develops</li> </ul>

## C-MAMI Tool Framework

OTHER ASSESSMENT SECTIONS				
ASSESS	CLASSIFY	MANAGE	CLASSIFY	MANAGE
<b>Infant:</b> Ask/Listen/Look/Feel: details to guide assessment	Nutritional Vulnerable without Medical Complications (MODERATE NUTRITIONAL RISK)	C-MAMI Enrolment: Management Actions	LOW RISK	Home Care: Management Actions
<b>Mother:</b> Ask/Listen/Look/Feel: details to guide assessment	MODERATE RISK	C-MAMI Enrolment: Management Actions	LOW RISK	Home Care: Management Actions

## ii COUNSELLING and SUPPORT ACTIONS BOOKLET

Section A: Breastfeeding Counselling and Support Actions – Breastfeeding 1 – 21  
Section B: Breastfeeding Counselling and Support Actions – Supplementary Sucking Support  
Section C: Non-breastfeeding Counselling and Support Actions – Non-breastfeeding 1 – 4  
Section D: Counselling and Support Actions (for All) – Social Support 1 – 4

## Section A: Breastfeeding Counselling and Support Actions – Breastfeeding

Image

Symptoms/signs/indicators of practice

Counselling and Support Actions

## 1. Good Attachment

### Observe breastfeeding:

### Attachment

1. Infant's mouth wide open
2. Lower lip turned outward
3. Chin touching breast
4. More darker skin (areola) visible above than below the mouth

### Positioning

1. Infant's body should be **straight**, not bent or twisted
2. Infant's body should be **facing the breast**
3. Infant should be held **close to mother**
4. Mother should **support** the infant's whole body, not just neck and shoulders (for tummy down or reclining position: assisted by gravity, with baby's full weight resting on mother's body during the period the infant is learning to breastfeed; works with cesarean sections)

### Note on Natural Breastfeeding

Every newborn has a series of responses designed by Mother Nature to breastfeed partner.

- ☐ When newborn lies tummy down on mother, anchored by gravity, reflexes kick in. This position helps the baby move toward the breast attachment and suckling.
- ☐ If infant not alert/doesn't open mouth, hand express drops of milk
- ☐ Lips to stimulate mouth opening

Good attachment helps to ensure that your baby suckles well and a good supply of breast milk:

- ☐ Good attachment helps to prevent sore and cracked nipples

### See videos:

- <http://breastfeedingtoday-ill.org/position-to-breastfeed/>
- <https://globalhealthmedia.org/portfolio/baby-at-the-breast/?portfolioID=10861>

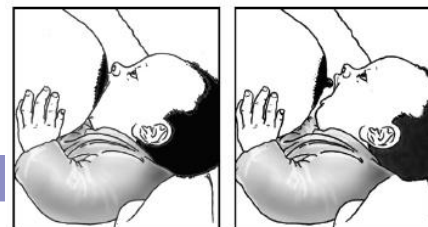
**Note:** there is no ONE right position for all mothers. No matter the position (tummy down), there are commonalities that assist a deep latch.

### See videos:

- [Breastfeeding positions: https://globalhealthmedia.org/portfolio/breastfeeding/?portfolioID=10861](https://globalhealthmedia.org/portfolio/breastfeeding/?portfolioID=10861)
- [Breastfeeding in the first hours after birth: https://globalhealthmedia.org/items/breastfeeding-in-the-first-hours-after-birth/?portfolioID=10861](https://globalhealthmedia.org/items/breastfeeding-in-the-first-hours-after-birth/?portfolioID=10861)

# MAMI TOOL

iii COUNSELLING CARDS



4

## iv C-MAMI PROGRAMME MANAGEMENT CARDS

## C-MAMI Enrolment and Management Card

ADMISSION/ENROLLMENT DETAILS: Community based Management of At-risk Mothers and Infants under 6 Months (C-MAM)													
Name (first, last/family)						Reg. No.							
Age (completed months)		Sex	M	F	Date of Birth (DOB)	Date of Admission							
Administrative Unit						Time to Travel to Site							
Community						Father Alive		Yes	No	Mother Alive		Yes	No
House Details/ Landmarks						Mother's Age							
Caregiver (first, last/family)						Total Number in household							
Contact phone #1						Contact phone #2							
Admission (Circle)	Self-Referral	Outreach Referral	Inpatient Care Referral	Inpatient Care Refusal	Health Facility Referral	Readmission/Relapse	Yes	No	If Yes, when?	Yes	No		
Twin/multiple birth	Yes	No	Infant's Birth Weight (kg)	_____ kg	Premature	Yes	No	Orphan/Mother absent	Yes	No	Mother sick	Yes	No
Additional Information													
Enrollment Anthropometry (Infant)													
Weight	_____ kg	Length	_____ cm	Weight-for-Length: WFL z-score	_____	Weight-for-age: WFA z-score	_____	MUAC (mm) data		_____	_____		
Bilateral pitting oedema 0 + ++ +++ _____													
Admission Anthropometry (Mother)													
Bilateral pitting oedema	0	+	++	+++	MUAC data	_____ mm	Height data					_____ cm	
History (Infant)													
Unable to drink/breastfeed	Yes	No	Symptoms	Respiration Rate (3min)	<30	30 - 39	40 - 49	50+					
Vomits everything	Yes	No		Chest In-drawing		Yes	No						
Any Convulsions	Yes	No		Cough		Yes	No						
Lethargic/Unconscious	Yes	No		Abnormally loose/watery stools in infant > 1mo. (Diarrhoea)		Yes	No						
				Stools / Day		<3	3-5	>5					
								Temperature (°C)		_____ °C			
Physical Examination (Infant)													
Eyes	Normal	Sunkan	Discharge	Symptoms	Conjunctiva		Normal	Pale					
Ears	Normal	Discharge	Dyslactation Mouth		None	Moderate	Severe						
Lymph Nodes	None	Neck	Axilla		Normal		Sores	Candida					
Skin Problems	None	Scabies	Peeling		Disability		Yes	No					
					Ulcers/Abcesses								
Feeding Assessment													
Breastfeeding	Yes	No	Non-Breastfeeding If Yes, describe:	Yes	No	Receiving appropriate Breast Milk Substitute (BMS)		Yes	No				
Any plain water, other liquids or foods	Yes	No							Passing urine	Yes	No		
Breastfeeding Frequency (Total times/24 hours)				If not breastfeeding, how long since you stopped?									
				If not breastfeeding, why did you stop?									

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# PURPOSE OF QUALITATIVE EVALUATION

1. Determine how the MAMI Program is **perceived, experienced and accepted** by beneficiaries in the community and prog' implementers
2. Identify **successes** and **limitations** of the MAMI program
3. Identify program **attendance motivators** and **barriers**
4. Identify actionable suggestions for **improving** the MAMI program **approach**
5. Identify **how** the MAMI Tool itself is **utilised** by MAMI staff



# METHODS

- FGDs with caregivers receiving or having received MAMI support services across the 4 sites
- Semi-structured interviews with MAMI program staff
- Discussions transcribed and analysed for themes




# RESULTS: THEMATIC ANALYSIS

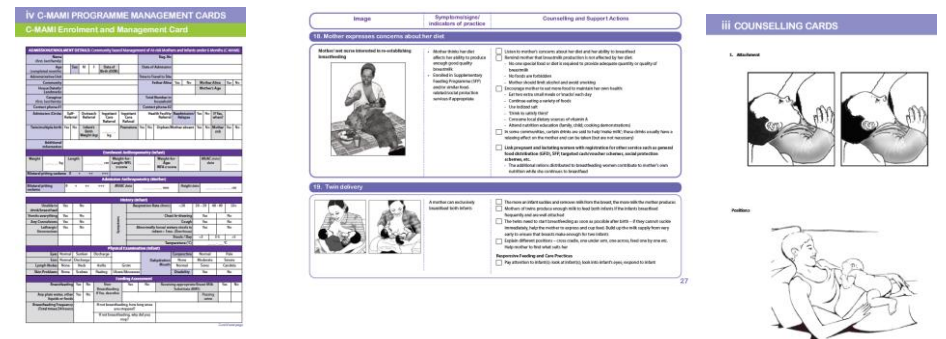
Question area	Themes						
Perception of causes of malnutrition	Time constraints of caregiver	Movement of population	Poor IYCF practices	Poor family planning	Poor WASH practices	Food Insecurity	Poor Health
Needs for a healthy child	Food	Knowledge of malnutrition and child health	Good Hygiene	Infant formula	Good Breastfeeding practices	Health Services	
Purpose of MAMI program	Learning on relevant topics	To prevent and treat malnutrition	For infants under 6 months	Psychological support	To provide food		
Attendance motivators	Provision of food	The benefits of the program activities	Monitor child's growth				<i>Health Worker feedback</i>
Attendance barriers	Movement of population	No material outputs	Workload of caregiver	Time investment required	Unavoidable circumstances		<i>Common responses</i>
Impact of MAMI	Less malnutrition	Improved practices	Identifying u6m	Improved knowledge	Improved Health		<i>Family feedback</i>
Positive feedback	Improved practices	Decrease in malnutrition	Increased knowledge	Provision of food			
Negative feedback	Time investment	No material outputs	Not enough food	Opening hours	None		
Suggested improvements to the program	Provision of material outputs	Site	Improved tools	Increased sensitisation	Improved staffing	Healthcare	
Utility of the Tool	Use Support Actions	Use MAMI Assessment	Too big	Use tablet assessment	Use IYCF Assessment		
Suggested improvements to the Tool	Simplify	Improved tools	No changes				



# RESULTS: KEY FINDINGS

1. **Purpose:** Improved learning (BF/care practices) + prevent & treat MN
2. **Perceptions & Impact:** overwhelmingly positive 
3. **Successes & Motivators:** Improved learning & practices → improved health & wellbeing
4. **Barriers & Challenges:** Workload of the caregiver, time investment

4. **MAMI Tool Utility:** Not using MAMI tool rather, enrolment form. Using visual aids
5. **Suggestions for Improvement:** Simplified



# STRENGTHS AND LIMITATIONS OF QUAL' EVALUATION

## Strengths

Coverage of all operational areas across four nutrition sites

## Limitations

Limited capacity of the Community Health Workers - clarifications needed on some transcript

Questionable generalizability? Some findings are context specific (working with an aid dependent refugee popn). Small size and diversity of sample.

## CONCLUSIONS

- MAMI is generally well accepted by staff and the community
- MAMI Attendance is good among those residing in the camp
- The main barrier to attendance is time constraints of the caregivers and waiting times are perceived to be too long.
- May need to support counselling with something more tangible, making positive outcomes elicited by MAMI more visible.





R4NUT Conference - Nanterre, 21st November 2019



**QUESTIONS AND ANSWERS**  
**AVAILABLE**  
**ON THE R4NUT WEBSITE**