

MAMI Stakeholders Survey

Page 1. Introduction



MAMI
Global Network

Thank you for your willingness to complete this online survey, aiming to investigate stakeholders' perceptions of existing Management of small and nutritionally At-risk Infants under six months and their Mothers (MAMI) in their countries, and the implementation of a community-focused care approach.

This survey was designed by researchers at the [London School of Hygiene & Tropical Medicine \(LSHTM\)](#) and in collaboration with the [MAMI Global Network](#) (a working group made up of programmers, policy makers and researchers). The lead researcher is Dr. Tabitha van Immerzeel, a Dutch medical doctor, practising in Senegal since 2012, working with MAMI GN co-lead and LSHTM Associate Professor Marko Kerac.

You have been invited to participate as a valued stakeholder in maternal- and child nutrition and we highly value your input. This survey will take about 10-20 minutes to complete and consists of the following parts:

- Background and definitions
- Informed consent
- Questionnaire with 12 multiple choice questions

Page 2. Background and definitions

Malnutrition in infants aged under six months (infants u6m) is increasingly recognised as a major global public health problem. [DHS](#) data from 54 countries shows that of infants u6m:

- 20.1% were underweight,
- 21.3% were wasted,
- 17.6% were stunted and
- 17.8% were born with a low birth weight.

Despite these numbers, infants u6m are often overlooked in current treatment programmes.

“MAMI” refers to the “Management of small and nutritionally At-risk Infants under the age of six months and their Mothers”. The MAMI vision is that:
Every small and nutritionally at-risk infant under six months and its mother is supported to survive and thrive.

The [MAMI Global Network](#) works towards the MAMI vision by:

“building an effective and energetic network to enhance mutual capacity, bridge disciplines, address evidence gaps and champion MAMI care.”

Small and nutritionally at-risk infants u6m are at greater risk of 1) mortality, 2) morbidity and 3) impaired development. They include infants who have:

- Low birth weight (LBW), both premature and small for gestational age;
- Anthropometric deficits: low weight-for-length (WLZ- wasting), low weight-for-age (WAZ- underweight) or low mid-upper-arm circumference (MUAC);
- Weight loss or failure to gain weight (growth faltering/ failure to thrive);

Underlying problems vary widely but may include:

- Breastfeeding challenges ranging from poor attachment to breastfeeding stopped.
- Illnesses or disabilities that prevent effective feeding and/or weight gain such as diarrhoea/ vomiting, breathing difficulties, congenital diseases, etc.
- Maternal / carer (mental) health concerns, hence supporting the mother is an integral and important part of MAMI care.

The MAMI [Care Pathway](#) is a public-health oriented approach to help frontline health care workers to assess and support small and nutritionally at-risk infants u6m and their mothers. It has been developed by the MAMI Global Network using field experience, literature reviews and extensive expert input.

Based on IMCI and linking to other health frameworks, the MAMI Care Pathway includes the following:

1. **Screening** at any health service contact point (e.g. during immunisation clinics, under 5 clinics, post-natal care and in community health);
2. **Assessment** (including clinical, feeding and maternal mental wellbeing);
3. **Referral to hospital for the minority of infants** who have clinical ‘danger signs’ of severe illness or conditions that need inpatient care;
4. **Outpatient treatment for most infants** needing support. This includes:
 - **Focussed support** for any particular underlying problem(s) e.g. breastfeeding support; treatment of an underlying condition such as infection;

- **General support** on issues affecting all infant u6m (e.g. advice on crying & sleeping; family & social support; relaxation therapy for mothers);
5. **Follow-up until six months of age:** initially weekly, then moving to fortnightly/ monthly as infant improves.

Primary health care workers and community health workers play key roles in the MAMI Care Pathway in detection and management of small and nutritionally at-risk infants u6m and their mothers. Based on WHO documents they are defined as:

Primary health care worker= health care professionals working in an outpatient health service, providing basic care (eg. vaccination, consultation, pre- and postnatal care, etc.). In many contexts they are trained as nurses/ nurse-aids or midwives.

Community health workers = members of and selected by the community they work in, supported by the health system. In many contexts they perform health promotion and counselling activities.

Page 3. Informed consent

This study aims to investigate stakeholders' perceptions of existing care for small and nutritionally at-risk infants under six months and their mothers in low- and middle-income countries, and the implementation of a community-focused approach. This study was approved by the LSHTM Ethics Committee (ref no. 22824).

I understand

This survey will be completed anonymously. Participants will not be identified in any publication or presentation resulting from this study. The investigators will have access to the anonymous database. All records will be kept at LSHTM for 10 years in a secured backup system or data repository to be available upon request in case of subsequent journal publications.

I agree

My participation on this survey is purely voluntary. I may withdraw at any time without stating a reason, information already collected will then be destroyed.

I agree

I would like to be informed about the outcome of this study. Yes/ no

I am willing to participate in an additional 30-minute remote interview. Yes/ no,

If yes on one of the last 2 questions, I can be contacted on this email address _____

For further information, please contact the first investigator Tabitha van Immerzeel (Tabitha.van-Immerzeel@lshtm.ac.uk)

Page 4: Participant information

1. Your age: under 30/ 31- 40/ 41-50/ 51- 60/ above 60
2. Your sex: male/ female/ prefer not to say
3. Your highest educational achievement: secondary school/ undergraduate/ masters/ doctoral/ other _____
4. The main country you are currently working in or have recent experience in: _____
5. The type of organisation(s) you are currently working for (choose all that apply):

Government/ University or Research Institute/ Non-Governmental Organisation (NGO)/
United Nation or other multinational agency/ Independent/ Private sector/

other _____

6. Your role in maternal and child nutrition in the country you work in/ have experience in (choose the one that applies best):

policy maker/ program manager/ clinician/ academic or researcher / other _____

7. Duration that you have been in this role:

Less than 2 years/ 2-5 years/ 5-10 years/ more than 10 years

Page 5: Context

1. In the country where I work, among the groups of small and at-risk infants u6m/ their mothers (MAMI), these are sufficiently identified and managed:
 - a. low birthweight or premature infants [Likert]
 - b. malnourishes infants [Likert]
 - c. infants experiencing growth faltering/ failure to thrive [Likert]
 - d. infants with breastfeeding challenges [Likert]
 - e. infants with underlying chronic illness or disability. [Likert]
 - f. mothers who are malnourished [Likert]
 - g. mothers who are physically or mentally ill [Likert]
 - h. adolescent mothers [Likert]

COMMENTS (optional): _____

Page 6. MAMI Care Pathway

The MAMI Care Pathway for managing small and nutritionally at-risk infants u6m and their mothers includes the following:

- **Screening** at any health service contact point;
- **Assessment** (including clinical, feeding and mental wellbeing);
- **Referral to hospital for the minority of infants** who need inpatient care;
- **Outpatient treatment for most infants** needing support, including **Focussed support** for any particular underlying problem e.g. breastfeeding and clinical support; and **General support** and advice;
- **Follow-up until six months of age.**

2. This MAMI Care Pathway,
 - a. is an approach I am familiar with. [Likert]
 - b. elements have been implemented in the country where I work. [Likert]
 - c. is a clearly formulated approach. [Likert]
 - d. is feasible to implement in my specific context. [Likert]
 - e. information about this is easily accessible [Likert]
 - f. will likely have an observable impact. [Likert]
 - g. could easily be pilot tested in the country I mentioned [Likert]
3. More evidence to support this MAMI Care Pathway is needed on (select the 3 most important):
 - a. definition of at-risk groups
 - b. prevalence of at-risk groups in the country where I work
 - c. anthropometric to use for screening and follow-up
 - d. effect on growth and health outcomes
 - e. cost- effectiveness
 - f. risks and adverse outcomes

- g. type of milk-based supplement to provide
- h. supplementary feeding techniques
- i. mental health care
- j. Other _____

COMMENTS (optional): _____

Page 7: Health professionals

Primary health care workers (defined in the Background section) are in the MAMI Care Pathway typically in charge of:

- screening and assessment at vaccination programs/ post-natal visits/ consultation,
- management of basic clinical care and adequate referral
- growth monitoring
- breast feeding/ supplementary feeding counselling
- maternal mental health support.

4. In the country where I work, Primary Health Care workers:
- a. Will likely have a positive attitude towards this approach. [Likert]
 - b. Are sufficiently competent to provide this care. [Likert]
 - c. Will have sufficient time to provide this care [Likert]
 - d. Generally, are familiar with working with guidelines. [Likert]

Community health workers (defined in the Background section) are in MAMI Care Pathway typically in charge of:

- community-based detection
- breast feeding/ supplementary feeding counselling at home or in support groups
- maternal mental health support.

5. In the country where I work, Community Health Workers:
- a. Will likely have a positive attitude towards this approach. [Likert]
 - b. Are sufficiently competent to provide this care. [Likert]
 - c. Will have sufficient time to provide this care. [Likert]
 - d. Generally, are familiar with working with guidelines. [Likert]

COMMENTS (optional): _____

Page 8: Patients

6. In the country where I work, small and nutritionally at-risk infants u6m and their mothers
- a. routinely seek care in the formal health system. [Likert]
 - b. will typically first seek care in traditional/ informal medicine. [Likert]

- c. will typically have sufficient means (money and transport) for referral to a hospital. [Likert]
- d. would prefer outpatient treatment when there are no complications. [Likert]

7. In the country where I work, small and nutritionally at-risk infants u6m and their mothers are most in need of (select the 3 most important):

- a. early detection
- b. close growth monitoring.
- c. clinical care.
- d. breast feeding support.
- e. a milk- based supplement readily available.
- f. maternal mental health support.
- g. involvement of their community in treatment.
- h. close follow-up
- i. other: _____

COMMENTS (optional): _____

Page 9: Resources

8. Financial resources needed to (further) implement the MAMI Care Pathway in the country where I work include (select all that apply):

- a. finances for training and implementation activities.
- b. material and equipment.
- c. additional human resources.
- d. health worker incentives.
- e. patient incentives.
- f. milk-based product readily available at outpatient care level.
- g. Other: _____

9. Information resources needed to (further) implement the MAMI Care Pathway in the country where I work include (select all that apply):

- a. community level screening data.
- b. health services management data.
- c. continuous education programs.
- d. clinical MAMI guidelines adapted to the context
- e. scientific research/ evidence from my country.
- f. Other: _____

COMMENTS (optional): _____

Page 10: Organisational change

10. Concerning (further) implementation of the MAMI Care Pathway in the country where I work:

- a. it would be easy to implement this approach. [Likert]

- b. minimal financial resources will be required. [Likert]
- c. leaders/ managers are capable in managing this change. [Likert]
- d. monitoring and feedback systems are adequate.
- e. this approach has already been adopted/ promoted by credible institutions. [Likert]

11. Actors who will most likely support implementation of the MAMI Care Pathway in the country where I work include (select all that apply):

- a. Government policy makers
- b. Front line health workers.
- c. Medical experts.
- d. Medical professional organisations.
- e. Researchers.
- f. NGO's.
- g. Funding agencies.
- h. Infant formula industry.
- i. Religious leaders/ societal groups.

COMMENTS (optional): _____

Page 11: Social and political environment

12. Concerning the social and political environment in the country where I work, the MAMI Care Pathway:

- a. Is a relevant approach for the context. [Likert]
- b. Will easily be set as a priority by policy makers. [Likert]
- c. Will contribute to goals and indicators set by the ministry of health. [Likert]
- d. Will be supported by legal norms. [Likert]
- e. Will be supported by cultural norms and beliefs. [Likert]

COMMENTS (optional): _____

Page 12. Thank you!

Thank you for completing this survey. Your opinion is highly valued, and your input will help give recommendations to improve care for small and nutritionally at-risk young infants and their mothers.