Charlotte Block
Co-Chair, CORE Group Nutrition Working Group and Technical Specialist, NCBA CLUSA

Opening Remarks
Leslie Koo
USAID Nutrition Team Lead, Nutrition and Environmental Health Division, Office of Maternal and Child Health and Nutrition, Global Health

Panelists

Dr. Justine Kavle
CEO & Public Health Nutritionist, Kavle Consulting, LLC / Former MCSP Nutrition Team Lead

Kristen Cashin
Director, Nutrition and Health Systems at USAID Advancing Nutrition

Rael Wanyona Mwando
Kisumu County Nutrition Coordinator, Ministry of Health, Kenya

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Joanita Nagaddya
Health and Nutrition Technical Advisor II, Catholic Relief Services (CRS), Uganda

Wilson Kirabira
MCHN Manager, Mercy Corps Uganda
Development of the Maternal Nutrition Operational Guidance: Experience from USAID’s Maternal and Child Survival Program (MCSP)

Justine A. Kavle, PhD, MPH
CEO & Public Health Nutritionist
Kavle Consulting, LLC
Core Group Webinar
February 15, 2022

Photo Credit: Allan Gichigi/MCSP
Global prevalence of anemia, overweight and obesity and underweight in women, 2000–2016

- Overweight is increasing

- Anemia among WRA and pregnant women - little to no change

- COVID-19: 2x acute food insecurity, increased food prices — expected increase in maternal malnutrition and micronutrient deficiencies
Service delivery platforms and packages: scale-up of maternal nutrition interventions

Nutrition-Specific

- **ANC** – counseling for IFA/calcium, breastfeeding, maternal diet, weight gain during pregnancy
- **Delivery** – delayed cord clamping, early initiation of breastfeeding
- **Postnatal Care** – diet, lactation support for problems, exclusive breastfeeding, LAM
- Community-based platforms

Nutrition-Sensitive

- **Family Planning**
- **Education**
- **WASH**
- **Social Protection**
- **Civil Society and Religious Organizations**
- **Private Sector**
USAID’s flagship

Maternal and Child Survival Program

Vision Statement
Self-reliant countries equipped with the analytical tools and effective systems enabling them to be on track to end preventable child and maternal deaths
MCSP worked at global & country level to improve nutrition-health programming (14 countries)

- **Global leadership**
  - Supported global maternal, infant, young child nutrition initiatives

- **Country implementation**
  - Supported Ministries of Health to strengthen quality of nutrition services w/in RMNCH
  - Built country capacity across health systems

- **Country leadership (national, subnational MOH)**
  - Updated country guidelines and materials to SOTA
  - Evidence and data for decision making (i.e., behavior change)

- **Training, supportive supervision, mentoring**
1. Identify drivers of food choice and consumption during pregnancy and lactation
2. Examine issues and opportunities to improve maternal diet and weight gain during pregnancy through routine health contacts
3. Discuss type of information and counselling received on maternal nutrition and weight gain during pregnancy -> 2016 WHO Antenatal Care Guidelines
Maternal Nutrition – A neglected area of programming

Focus on implementation and evaluation of nutrition interventions
-> child health + nutrition outcomes
Evidence: Lack of information on quality of counseling during ANC

- **Little evidence** on the **type and quality** of information and counseling on maternal nutrition and weight gain during pregnancy

- Findings from low-and middle-income countries showed that **counseling on gestational weight gain is weak**
Cultural beliefs and food appropriateness often drive food choice

Pregnancy and Lactation

- Pregnancy: Importance of “good” foods, yet action not taken
- Postpartum: Limit to foods thought to increase breastmilk production
- “Hot” foods- beef, mutton- may harm fetus; abortion
- “Cool” foods- cucumber, squash, papaya – make comfortable in womb

Quantity of food varies- Eating less during pregnancy to avoid big baby, eating more postpartum for wound healing and breastmilk production

Avoidance of foods thought to cause ill effects- delivery/ postpartum
1. Maximize opportunities through revising infant and young child nutrition counseling materials (DRC, Egypt, Tanzania)

Lactating mothers require additional energy intake to meet their nutritional needs and to support breast milk production.

The recommendations for a healthy diet during pregnancy also apply during lactation.

### Egypt

- Drink more fluids to increase your milk production, such as fresh fruits and vegetables, juices, milk, and water
- Eat nutritious foods during breastfeeding (e.g., fruits, vegetables, meat)
- All mothers are able to produce enough milk for their babies; some mothers notice that the more the baby sucks, the more milk she produces
Country Implementation Learnings for Maternal Nutrition

2. Develop national anemia counseling materials (Mozambique)

Iron Folic Acid (IFA) and calcium supplementation

Pregnant women should consume daily oral IFA supplements with 30-60 mg elemental iron and 400 μg folic acid.

Mozambique

- IFA supplements do not make your baby too big, do not make it difficult to give birth, and do not cause high blood pressure.
- IFA tablets are for your own use only and should not be shared with others.
- They may cause some discomfort (e.g. nausea, stomach pain, constipation) and stool can become black - this is normal and disappears in a few days.

3. E-learning courses: MNCH health providers (Ghana, Guatemala,* Zambia)

Step 1. Determine available data – what is known about maternal nutrition

Step 2. Determine priorities

Step 3. Collect data to design/ adapt interventions or analyze existing data, use data to inform on program design (i.e. norms, beliefs, actors/actions, demand/supply side, counselling)

Step 4. Develop & adapt interventions
Strengthening nutrition-health integration across the continuum of care

**FACILITY LEVEL**
- Antenatal Care
  - Diet, wt gain
- Childbirth Care
  - Early BF
- Postnatal Care
  - Diet, BF support, FP
- Child Visits
  - GMP, cooking demos

**COMMUNITY LEVEL**
- Support groups, home visits, community health workers

**MULTI-SECTORAL ENGAGEMENT**
- Agriculture, water and sanitation, ECD

USAID’s MCSP Online launch & journal supplement: “How to Strengthen Nutrition into the Health Platform: Programmatic evidence and experience from Low and Middle-Income Countries” Matern Child Nutr. 2019
Pre-service training: Integrate maternal nutrition into pre-service training curriculums for health providers.

In-service training: Materials to support counseling are often lacking or require updates; on-site training and mentoring needed for quality.

Facility & Community level: Routine health contacts are missed opportunities to provide counseling on maternal diet and weight gain during pregnancy; formative assessments are key.

Nutrition-sensitive: Engage with other sectors via multisectoral initiatives (i.e. social protection, agriculture).

Data Gaps: More information is needed on the impact of programs that include maternal nutrition interventions.
Thank you.

https://www.mcsprogram.org/our-work/nutrition/

www.kavleconsulting.com

Kristen Cashin
February 15, 2022
Testing Maternal Nutrition Operational Guidance for Use in Program Planning

• USAID Advancing Nutrition collaborated with the USAID Maternal Child Health and Nutrition Activity in Uganda to integrate the operational guidance steps into their program planning phase to:
  – Identify implementation priorities for maternal nutrition in Uganda
  – Identify strengths and gaps in the operational guidance
  – Recommend opportunities to strengthen the operational guidance

• We did this through:
  – Observing the MCHN Activity’s use of the operational guidance
  – Interviewing MCHN Activity team on their experience using the operational guidance
What We Learned: Strengths

Users appreciated that the Maternal Nutrition Operational Guidance:

• Provides step-by-step guidance for integrating maternal nutrition into program design

• Comprehensively includes maternal nutrition data and outlines available literature, and resources for data collection

• Helps identify key aspects of maternal nutrition to focus on and builds on existing frameworks, data, and interventions that promote maternal nutrition

• Draws attention to maternal nutrition and key considerations for effective programming
What We Learned: Recommendations

- Incorporate a clear program planning process and address timeline and staffing needs
- Clarify steps in checklist
- Expand guidance on data collection and synthesis
- Include guidance on enabling environment
- Emphasize participatory and consensus-based approach
- Add relevant templates, tools, resources
New Guide: Strengthening Maternal Nutrition in Health Programs

- Provides step-by-step guidance to add or strengthen maternal nutrition in programs/services delivered by the health system
- Three step planning process
- Intended Audience: NGOs working closely with government counterparts and other practitioners
- Timing: 3 - 6 months before planning new program/activity or applying to existing program/activity
Three Step Process

CHECKLIST: STEP-BY-STEP GUIDANCE ON ADDING/ADAPTING MATERNAL NUTRITION INTERVENTIONS

1. Complete a situation analysis by collecting, reviewing, and synthesizing quantitative and qualitative data
   - Determine what information and data are available on maternal nutrition for your context
   - Collect additional data needed for program or activity design
   - Review existing programming, country guidance, and government strategies
   - Synthesize the data collected and develop a situation analysis

2. Identify maternal nutrition health sector priorities to develop an implementation plan
   - Identify potential collaborators and/or partners, including relevant technical working groups
   - Work with a multi-stakeholder team to identify maternal nutrition implementation priorities, and roles and responsibilities of key stakeholders
   - Create a theory of change and/or logical framework
   - Develop or adapt your program or activity’s implementation plan

3. Implement, monitor, reflect on and adjust maternal nutrition programming
   - Implement the program, monitor progress, and regularly collect and analyze data on indicators
   - Using monitoring data, reflect on progress and adjust interventions accordingly
Annexes: Additional Tools and Resources

1. Key Maternal Nutrition Indicators and Data Sources
2. Additional Tools and Resources
3. Collecting and Analyzing Maternal Nutrition Data
5. Sample Agenda Items for Multi-Stakeholder Workshop
6. Using a Theory of Change Methodology
7. Illustrative Implementation Plan Outline
Find it on the USAID Advancing Nutrition Website

English:  
https://www.advancingnutrition.org/resources/strengthening-maternal-nutrition-health-programs-guide-practitioners

French:  
https://www.advancingnutrition.org/resources/renforcer-la-nutrition-maternelle-dans-les-programmes-de-sante-un-guide-pour-les

Photo Credit: Karen Kasmauski/MCSP
USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, addressing the root causes of malnutrition to save lives and enhance long-term health and development.

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Strengthening the Integration of Maternal Nutrition through the BFCI Platform in Kenya

Ms. Rael Mwando
Kisumu County Nutrition Coordinator
Kisumu, Kenya
Core Group Webinar
Feb 15, 2022

Photo Credit: Allan Gichigi/MCSP
Presentation Outline

- Background
- What and Why BFCI
- BFCI implementation
- BFCI monitoring and how maternal nutrition is addressed
- BFCI entry points for maternal nutrition
- Integration of maternal nutrition and BFCI: opportunities, challenges and lessons learnt
**Kenya:**

Women’s nutrition is neglected area
- No progress on reducing anemia, affects 28.7% of women, 15-49 years
- Limited progress on obesity which affects ~13% adult women

Infant and child nutrition has improved
- ‘On course’ for exclusive breastfeeding (EBF) global target: 61.4% of infants, 0-5 months, EBF
- ‘On course’ for stunting & wasting

Global Nutrition Report, 2021, Kavle et al, 2019
What is Baby Friendly Community Initiative (BFCI)?

- Community-based initiative to protect, promote, and support optimal breastfeeding and optimal complementary feeding
- BFCI provides a platform to strengthen maternal nutrition interventions
- Works through formation and training of Mother Support Groups and close links to health facilities
- BFCI focuses on nutrition specific and sensitive interventions

Why BFCI?

- BFCI expands on 10th step of the Baby-Friendly Hospital Initiative (BFHI) as per WHO/UNICEF global recommendations.

- On discharge from hospital, mothers require continued support to continue breastfeeding in their communities.

- The BFCI platform offers support during the continuum of care from pregnancy until 2 years of age (the 1st 1000 days).

The BFCI implementation package
BFCI provides linkage from community groups to facilities

- Capacity building for facility and community providers on BFCI
  - Monthly CHVs meetings
  - Mentorship and targeted support supervision
- Targeted home visits by CHVs
- Baby friendly community meetings/community dialogue/Action days
- Education sessions through support groups and counseling at clinics
  - Mothers at Maternal and Child Health clinics and the community
  - Monthly meetings with Mother-to-Mother Support Groups (MTMSG)
  - Bi-monthly Community Mother Support Group (CMSG) meetings
- Establishment of Mother-Baby friendly resource centers
Traditionally, BFCI focuses on infant and young children nutrition indicators

**Monthly:**
- Proportion of infants who are exclusively breastfed in the first six months of life (zero to at six months of age)
- Proportion of children age 6 to 23 months consuming iron rich foods
- Proportion of children age 6 to 23 months consuming at least 4 food groups
- Proportion of mothers / caregivers receiving nutrition counselling during home visits

**Every 6 months:**
- Early initiation within first one hour after birth
- Pre-lacteal feeds within three days after delivery

BFCI has been updated to monitor maternal nutrition indicators

**Monthly:**

- Indicator 1: Proportion of pregnant women attending ANC (monthly)
- Indicator 2: Proportion of pregnant and lactating women malnourished
- Indicator 3: Proportion of pregnant woman who received IFAS (monthly)
- Indicator 4: Daily consumption of IFAS among pregnant women (monthly)
- Indicator 5: Proportion of pregnant and lactating women consuming at least 5 foods groups in a day
- Indicator 6: Proportion of pregnant and lactating women consuming the recommended number of meals per day
- Indicator 7: Pregnant and lactating women receiving nutrition counselling during home visit
How can the BFCI platform address maternal nutrition?
Entry Points for BFCl:
Strengthen maternal nutrition-health integration

**FACILITY LEVEL**
- Antenatal Care
  - Diet, IFA
- Postnatal Care
  - Diet, BF
- Child Visits
  - Diet, FP, IYCF
- Home Visits
  - Diet, MUAC, IFA

**COMMUNITY LEVEL**
- Mother/community support groups:
  - Follow-ups during pregnancy (ANC visits, IFA use, diet diversity, meals)

**MULTI-SECTORAL ENGAGEMENT**
- Agriculture farmer groups, ECD, social protection, water and sanitation

Adapted from USAID's MCSP Online launch & journal supplement: “How to Strengthen Nutrition into the Health Platform: Programmatic evidence and experience from Low and Middle-Income Countries” Matern Child Nutr. 2019
Opportunities leveraged for BFCI-maternal nutrition integration BFCI

- Counsel on maternal nutrition & anemia as part of ANC package
- Encourage mothers to attend ANC during home visits & M2MSGs meetings
- Provide maternal nutrition messages:
  - Benefits of IFAS during ANC & home visits
  - How to improve maternal dietary diversity through kitchen gardens
  - How to improve maternal diet through cooking demonstrations
Challenges for maternal nutrition integration into BFCI

- Weak facility to community linkages can translate to less referrals for ANC services and waning CHV motivation for follow-up
- Inadequate coverage of BFCI in communities
- Workload for CHVs
Lessons Learnt & Implications for Programs

- Addressing maternal nutrition within the context of community platforms can be effective.
- Use mother-to-mother and community support groups can aid to counsel on what foods women should consume and why.
- Engage community members (elder women, fathers, local leaders) to encourage early & frequent ANC attendance & to incorporate cooking demonstrations.
- Use of a multisectoral approach for implementation is key to sustainability.
Acknowledgements

- Ministry of Health, Division of Nutrition and Dietetics
- Kisumu County Government, Ministry of Health
- Migori County Government, Ministry of Health
- USAID’s Maternal and Child Survival Program (MCSP)
  - Ms. Brenda Ahoya, Nutrition Advisor, Kisumu County
  - Ms. Constance Gathi, Nutrition Officer, Migori County
Asanteni sana (Thank you!)

USAID’s MCSP Nutrition resources:
https://www.mcsprogram.org/our-work/nutrition/
USAID’s contribution to capacity building efforts in maternal health and nutrition in Guatemala
Guatemala, February 15, 2022

Norma Alfaro, MSc, INCAP
Sandra Recinos, MSc, Health and Nutrition Project
Maggie Fischer, MpH, Health and Nutrition Project
Justine A. Kavle, PhD, MPH Kavle Consulting, LLC
Does nutrition improve with a greater per capita income?

Economic growth is good but not enough to attain human capital growth, requiring social investment in nutrition and health.

Source: Growth is good but not enough, IFPRI, 2013
### Context

Maternal–child situation in Guatemala

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Guatemala</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Women in reproductive age</strong></td>
<td></td>
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</tr>
<tr>
<td>Anemia in pregnant women (15-49 years old)</td>
<td>$6.6%^7$</td>
<td>$11.6-15.6%^2$</td>
</tr>
<tr>
<td>Folate deficiency</td>
<td>$7%^7$</td>
<td>$3.6-5.9%^3$</td>
</tr>
<tr>
<td>Low height of woman (&lt; 145cm)</td>
<td>$25.3%^1$</td>
<td>$31.4-40.4%^1$</td>
</tr>
<tr>
<td>Pregnancy during adolescence</td>
<td>$92\times 1000^1$</td>
<td></td>
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<tr>
<td>Prenatal controls (&lt;4)</td>
<td>$13.8%^1$</td>
<td>$35.7%^4$</td>
</tr>
<tr>
<td><strong>Births at home</strong></td>
<td></td>
<td></td>
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<tr>
<td>Birth Interval &lt;36 months</td>
<td>$46.9%^1$</td>
<td>$55%^1$</td>
</tr>
<tr>
<td><strong>Double burden of malnutrition</strong></td>
<td></td>
<td>$20.1%^5$</td>
</tr>
<tr>
<td>Overweight women</td>
<td></td>
<td>$50%^1$</td>
</tr>
<tr>
<td>Maternal mortality</td>
<td></td>
<td>$110 \times 100,000 \text{ lb}^6$</td>
</tr>
<tr>
<td>Neonatal mortality</td>
<td></td>
<td>$17 \times 1,0000 \text{ live births}$</td>
</tr>
<tr>
<td><strong>Children under 5 years of age</strong></td>
<td></td>
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</tr>
<tr>
<td>Low birth-weight (&lt;2.5kg)</td>
<td>$14.6%^1$</td>
<td>$14.6-14.9%^1$</td>
</tr>
<tr>
<td>Stunting (HAZ&lt;-2SD)</td>
<td>$46.5%^1$</td>
<td>$51.9-68.2%^1$</td>
</tr>
</tbody>
</table>

Key elements for the provision of quality nutrition services

- Appropriate environment to provide nutrition services
- Competent providers providing quality nutrition services
- Availability of medicines and supplies
- Strategies to increase demand of services
Considerations for development of the Diplomado

- Nutrition as a key intervention to address the vicious cycle of stunting
- Cost effective evidence based nutrition interventions (Lancet Series, Copenhagen Consensus)
- National priorities and public policies
  - MOH norms and regulations
- Health services as a platform to strengthen knowledge and competencies of frontline health workers to improve maternal-child nutrition
¿What did we do?

Design, development and implementation of the Diplomado to strengthen capacities of frontline health workers in the Western Highlands.

Maternal-child nutrition Diplomado in the first 1000 days of opportunity
Diplomado Contents

Technical Modules

1. Effective interventions to improve maternal child nutrition
2. Nutrition during pregnancy
3. Breastfeeding
4. Complementary feeding and infant feeding 6-24 months
5. Sick child feeding
6. Water, Hygiene and Sanitation
7. Growth monitoring and development
8. Counselling
9. Self-esteem

Maternal diet and nutrition
- Nutritional assessment
- Minimum weight gain during pregnancy
- Clinical evaluation
- Guidance on diet and nutrition
- Micronutrient supplementation
- Physical activity
Importance of the Diplomado

Strengthens:

- In-service training as well as pre-service training by incorporating contents of the Diplomado in universities
- Knowledge and competencies, providing tools and job aids for provision of nutrition services, including supervision and monitoring.

Learning modality and time span allows for deeper understanding of nutrition compared to short workshops.
Development of educational material

- Didactic resources
- Digital/multimedia resources
  - Videos
  - Learning objects
- Manuals and job aids

https://aulavirtual.incap.int/moodle/course/index.php?categoryid=8
Phases and audiences

Training of facilitators:
- Nurses
- Nutritionists
- Physicians
- Health educators

Phase 1: Theoretical
- Adult learning approaches
- Didactic materials

Phase 2: Workshops
- Auxiliary nurses
- Health technicians
- Health promoters

Phase 3: Application
- In-person training
- Study circles

Hybrid methodology: In-person, study circles and virtual training

Target audience
Trained frontline health workers in different cohorts

- **2015**: USAID/FANTA/INCAP
  - Huehuetenango
  - San Marcos
  - Quetzaltenango
  - Totonicapán
  - Quiché
  - Alta Verapaz
  - 194 Certified facilitators

- **2016**: USAID/FANTA/NU TRISALUD/INCAP
  - Huehuetenango
  - San Marcos
  - Quetzaltenango
  - Totonicapán
  - Quiché
  - **652** Participants

- **2018**: USAID/MCSP/INCAP
  - Huehuetenango
  - San Marcos
  - Quetzaltenango
  - Totonicapán
  - Quiché
  - **507** Participants

- **2021**: USAID / Jhpiego/INCAP
  - Huehuetenango
  - Quiché
  - Ixil
  - **Projection 701** Participants

- **Total Health personnel trained**: 1855
### Assessment findings: USAID’s MCSP

<table>
<thead>
<tr>
<th>Perspective</th>
<th>Findings</th>
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<tbody>
<tr>
<td>Local Stakeholders</td>
<td>Effective and practical capacity building methodology</td>
</tr>
<tr>
<td></td>
<td>Improvement of providers’ skills</td>
</tr>
<tr>
<td>Facilitators</td>
<td>Use of methodology: study circles, adult education and participatory methodologies</td>
</tr>
<tr>
<td>Providers</td>
<td>Strengthening of capacities for health service delivery and counselling</td>
</tr>
<tr>
<td></td>
<td>Study circles: team work, group discussions</td>
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</tbody>
</table>
Results: Change in Knowledge - Facilitators & Participants

Source: INCAP
Key Highlights

- Implemented under the stewardship of MOH, with support of USAID/Guatemala, implementing partners and INCAP.
- Use of innovative virtual platform focused on frontline health workers, taking the course during working hours.
- 25 continuing education credits provided to participants upon successful course completion.
Next Steps

- Strengthen knowledge and skills related to nutrition during adolescence, maternal nutrition and pregnancy.
- Identify approaches to address the double/triple burden of malnutrition.
- Adapt and expand the Diplomado to new audiences.
- Combine approaches to build capacities (diplomado, mentorship, supervisión, community of practices).
- Determine feasibility to certify health services and trained health personnel.
Thank you!!!
Improving Maternal Nutrition through the Ugandan Community Health System – Karamoja Experience

Wilson Kirabira, Apolou Activity (Mercy Corps)
Joanita Nagaddya, Nuyok Activity (CRS)

15th February 2021
Outline

• Maternal Nutrition in Karamoja - Context
• Apolou and Nuyok Programs Overview
• Community Health Structures
• Project Approaches
• Key Outcomes
• Factors for Success
• Challenges
Women of reproductive age, 15–49 years, Karamoja

• 2.3% had severe acute malnutrition and 4.1% had moderate acute malnutrition, ranged from 3.1% in Northern Karamoja to 11.8% in Southern Karamoja
• 37.9% were anemic, higher than national prevalence of 32%
Introducing Nuyok and Apolou

Goal: Improved Food & Nutrition Security for vulnerable households in Karamoja

- Funded by USAID Bureau for Humanitarian Action
- CRS Nuyok works in 524 villages in 4 districts
- Mercy Corps Apolou works in 545 villages in 5 districts
- Working with static agro-pastoral and nomadic pastoral communities
Community Health Structures

**Health Unit Management Committees**
- Included mothers' health and nutrition in microplanning and prioritization

**Village Health Teams**
- Trained on maternal nutrition as part of ENHA & equipped with counselling cards
- Mentorship and supervision
- Forms for bidirectional referrals and created linkages to health facilities

**Integrated Health Outreach**
- Anthropometric equipment
- Nutrition counselling and supplementation for mothers in hard-to-reach areas
Community Health Approaches

Mother Care Groups
- Module on maternal nutrition
- Timely and targeted counselling
- Linkage to health system through village health teams

Male Change Agents
- Trained on maternal health and nutrition
- Champions of behavior change and male support for partners

Adolescent Safe Spaces
- Nutrition Education and assessment
- Increased demand and use of health services
Integration with other sectors to increase access to health services

Road building

- Breaking down geographical access barriers to health facilities for preconception, antenatal, postnatal and delivery care
- Increased access to markets for dietary diversity

Savings and Lending Groups

- Breaking down financial access barriers to health and nutrition services for diversified diets
Maternal Nutrition Outcomes
FY21 Annual Program Surveys

Minimum Dietary Diversity for Women: Nuyok

- 2019: 66%
- 2021: 66%

Satisfaction with Health Services: Apolou

- 97.6% of Apolou supported mothers received at least four antenatal care visits

66% of Nuyok Participants reported they received health and nutrition services
Factors for Success

Policy Framework
- UNAP II
- MIYCAN

Coordination
- National Technical Working Groups
- Karamoja Health and Nutrition Partners Forum

Motivation
- In-kind
- Capacity Building

Linkages
- Community-Facility
Challenges

• **Seasonal migration**, increased by climate change, reduce access to health facilities and ongoing follow-up of pregnant and breast-feeding women.

• **Rising insecurity** due to cattle raids and inter-tribal conflict creates additional barriers to health facility attendance.

• **Inadequate human resources** at health facilities reduces service quality and reduces frequency of health outreaches to reach out to mothers.

• **COVID-19** and early restrictions created fear of attending health facilities, reduced group access and created travel barriers to health services.

• **Social distancing** created barriers to targeted interpersonal counselling at household level.
Thank you
Questions?