



Advancing community health worldwide.

Opportunities to Strengthen Maternal Nutrition Programs within Health Systems – Operational Guidance and Country Perspectives

February 15, 2022

Hosted by CORE Group's Nutrition Working Group

Presenters

Moderator



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

Opening Remarks



Leslie Koo
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Maternal and Child Health and Nutrition,
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Panelists



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MCHN Manager, Mercy
Corps Uganda



Photo Credit: Allan Gichigi/MCSP

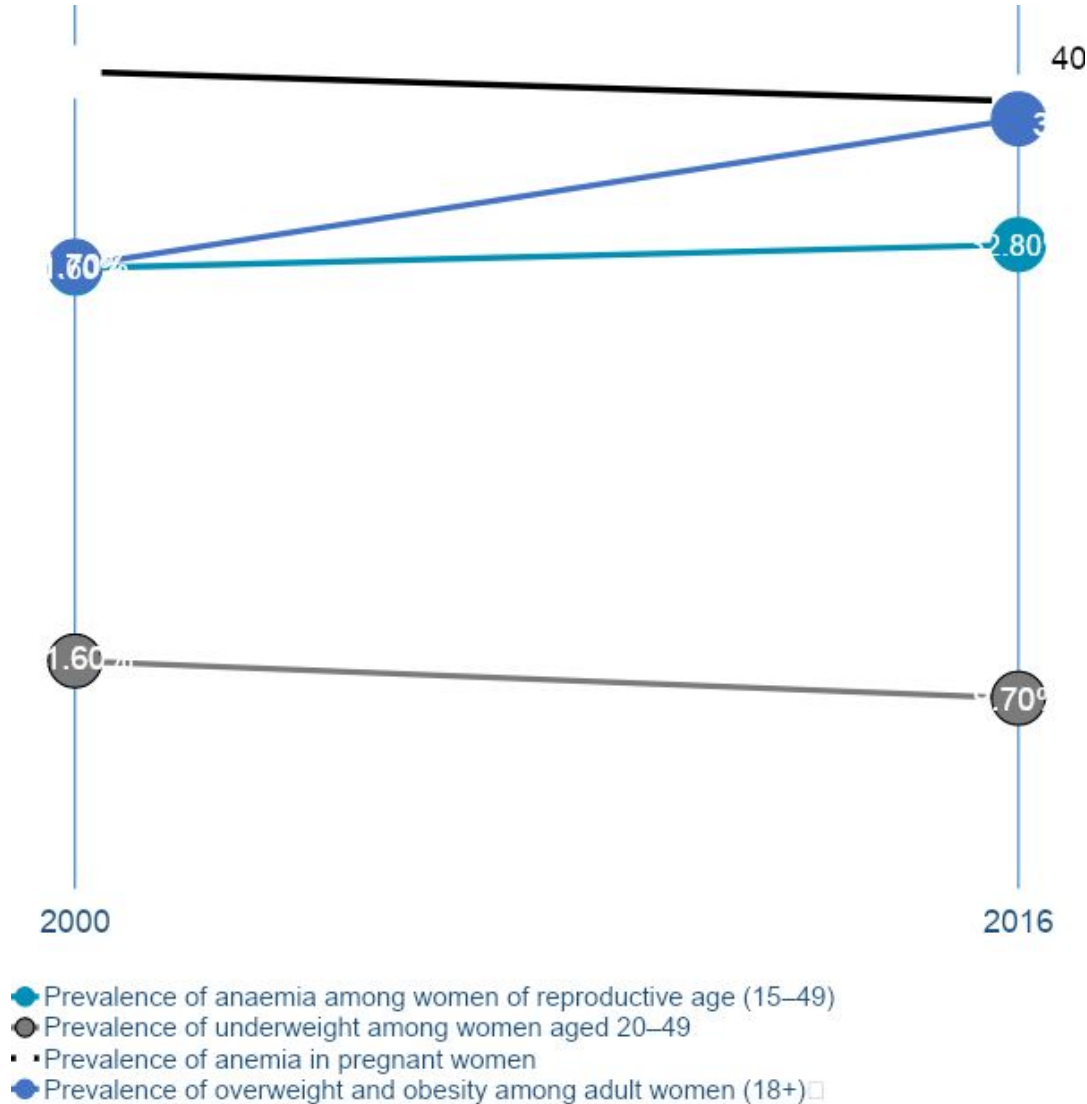
Development of the Maternal Nutrition Operational Guidance: Experience from USAID's Maternal and Child Survival Program (MCSP)

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



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



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

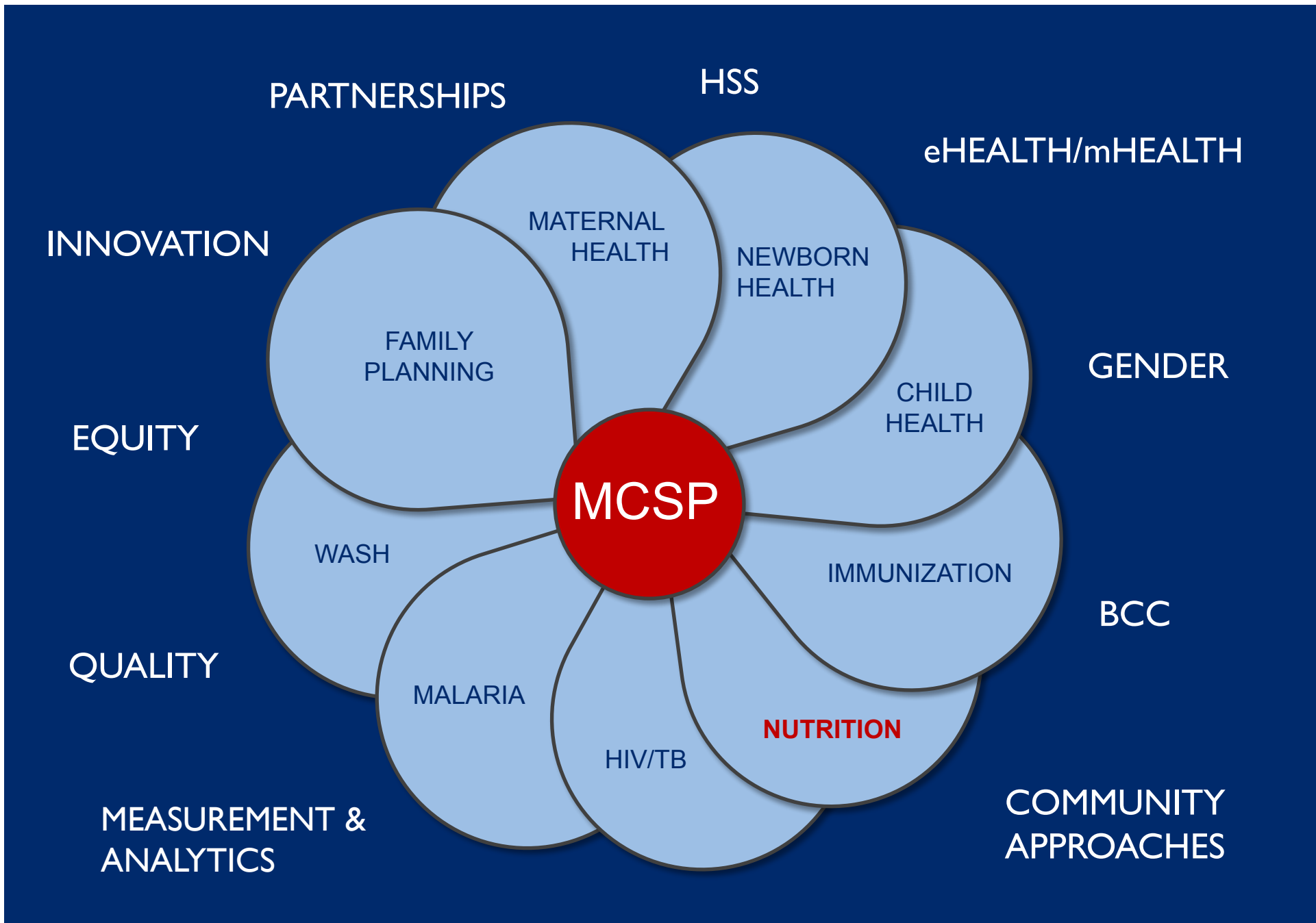
- Family Planning
- Education
- WASH
- Social Protection
- Civil Society and Religious Organizations
- Private Sector

A woman in a white lab coat is looking down at a patient. The patient is wearing a colorful patterned garment. The woman's expression is focused and attentive.

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



PARTNERSHIPS

HSS

eHEALTH/mHEALTH

INNOVATION

MATERNAL HEALTH

NEWBORN HEALTH

FAMILY PLANNING

CHILD HEALTH

GENDER

EQUITY

MCSP

WASH

IMMUNIZATION

BCC

QUALITY

MALARIA

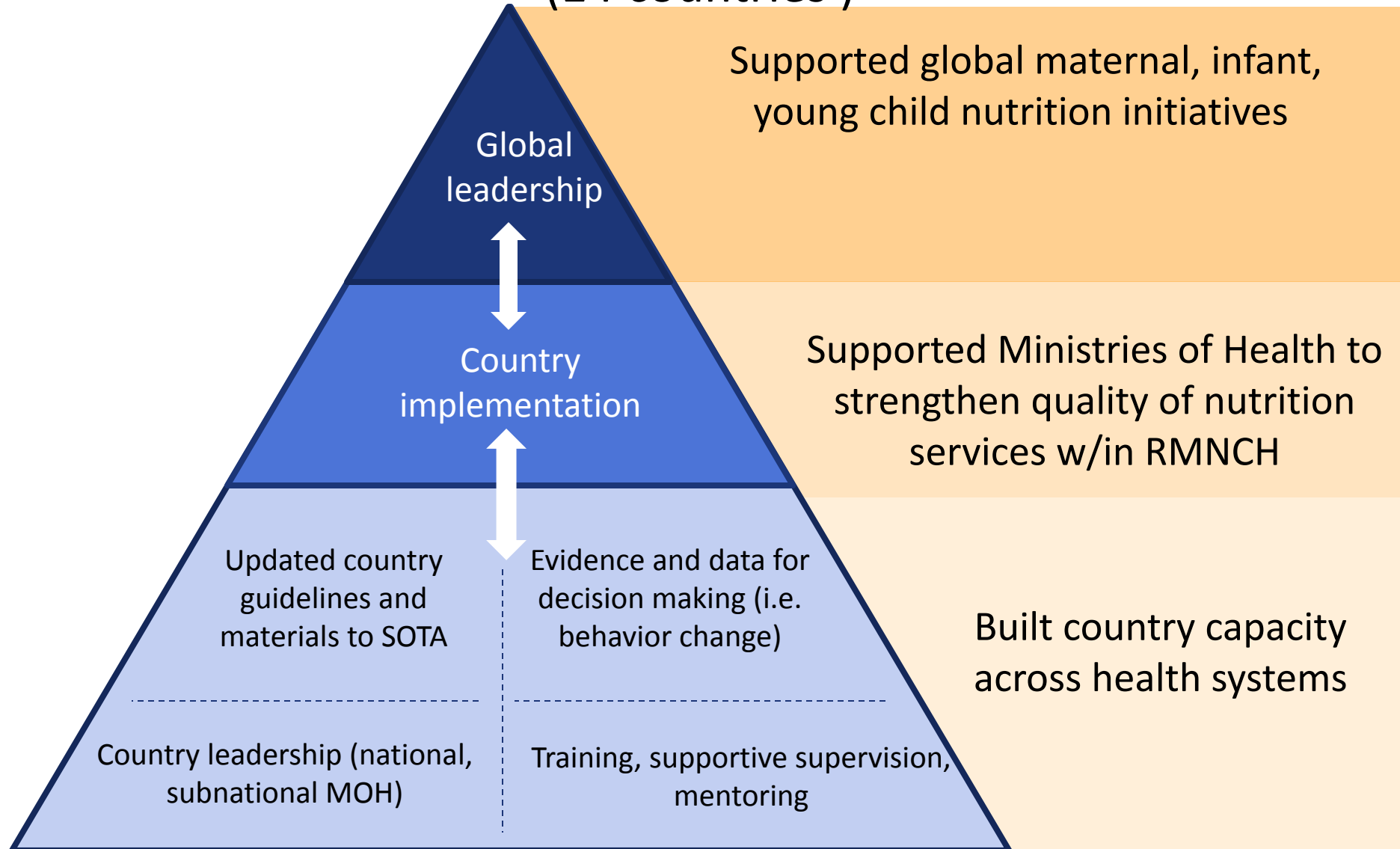
NUTRITION

HIV/TB

COMMUNITY APPROACHES

MEASUREMENT & ANALYTICS

MCSPP worked at global & country level
to improve nutrition-health programming
(14 countries)



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



- **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**

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)



Maternal diet during lactation

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

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.

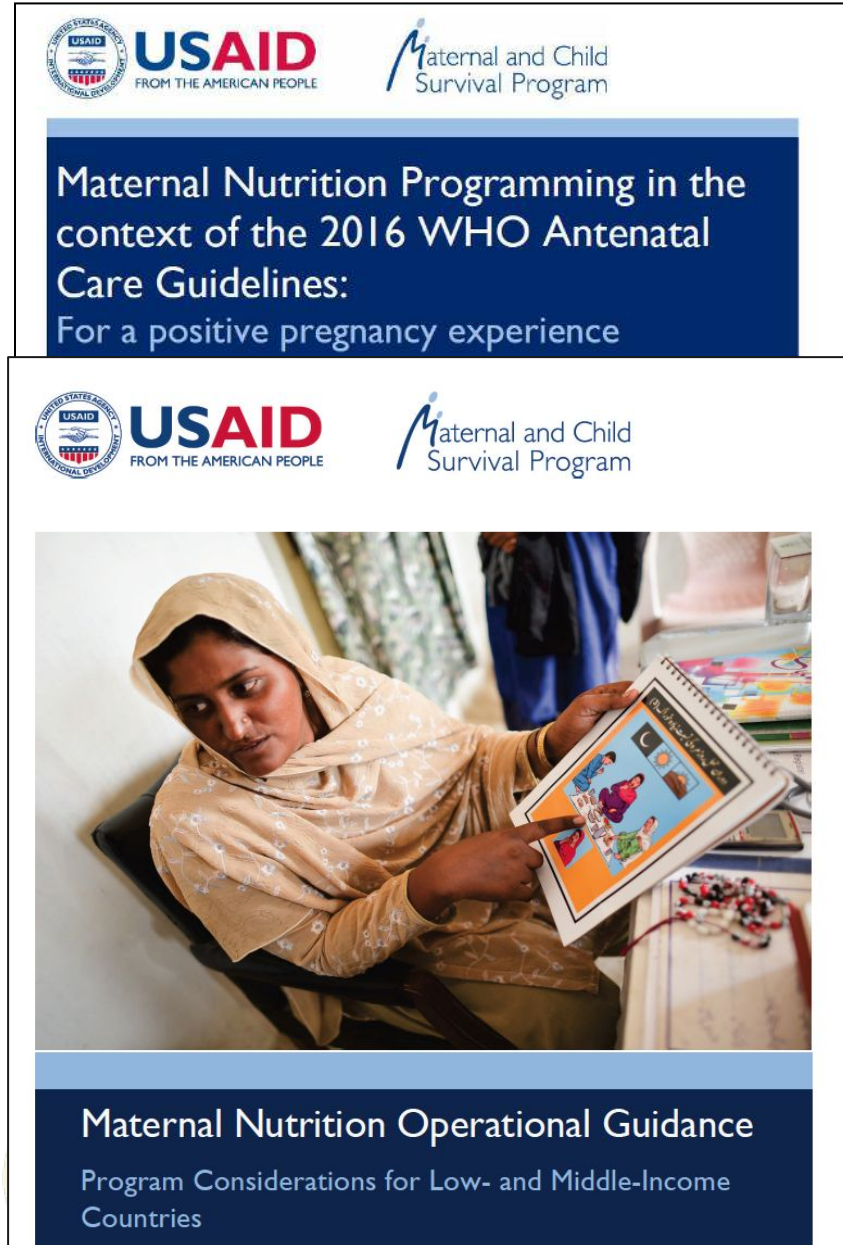
3. E-learning courses: MNCH health providers (Ghana, Guatemala,* Zambia)

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



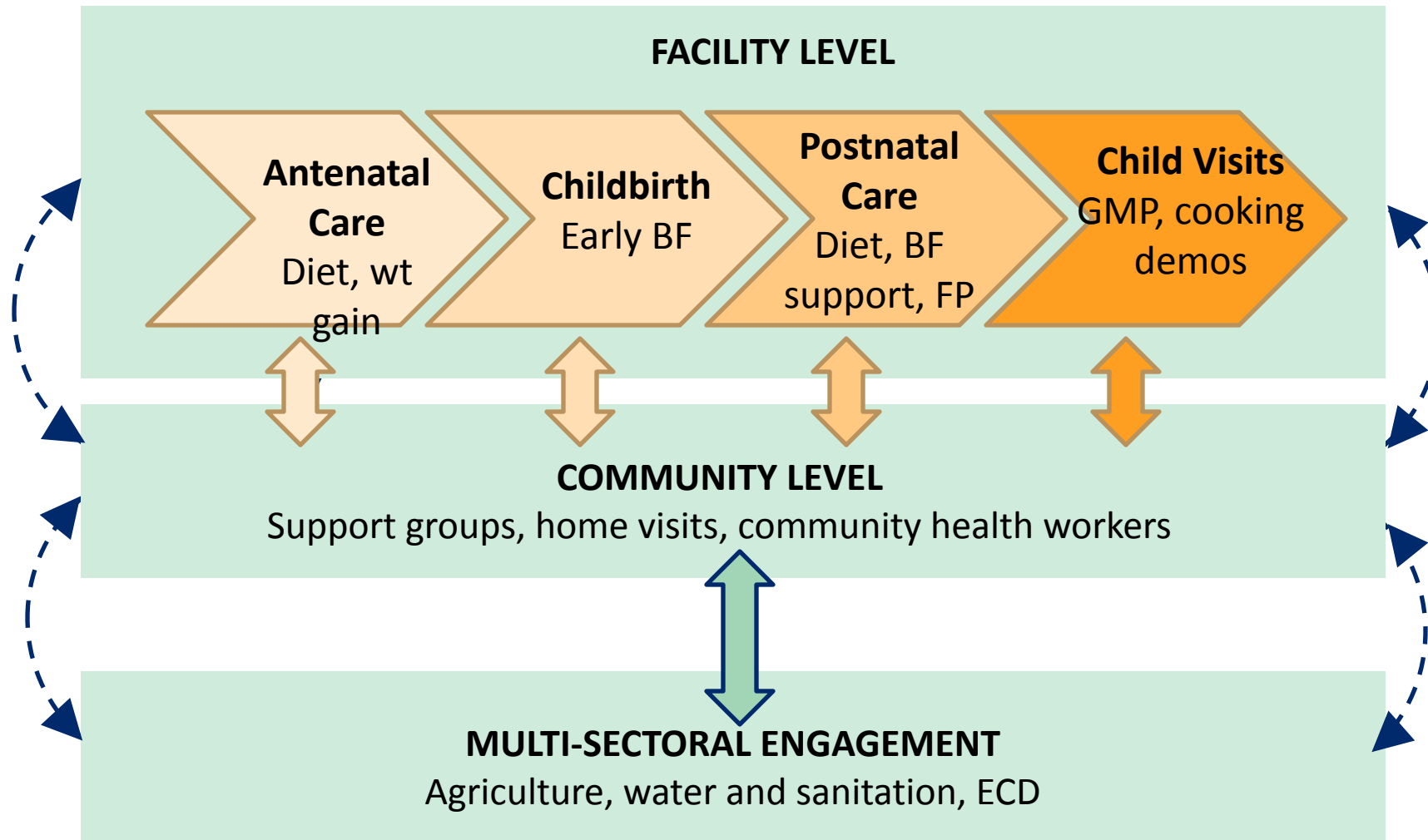
USAID FROM THE AMERICAN PEOPLE Maternal and Child Survival Program

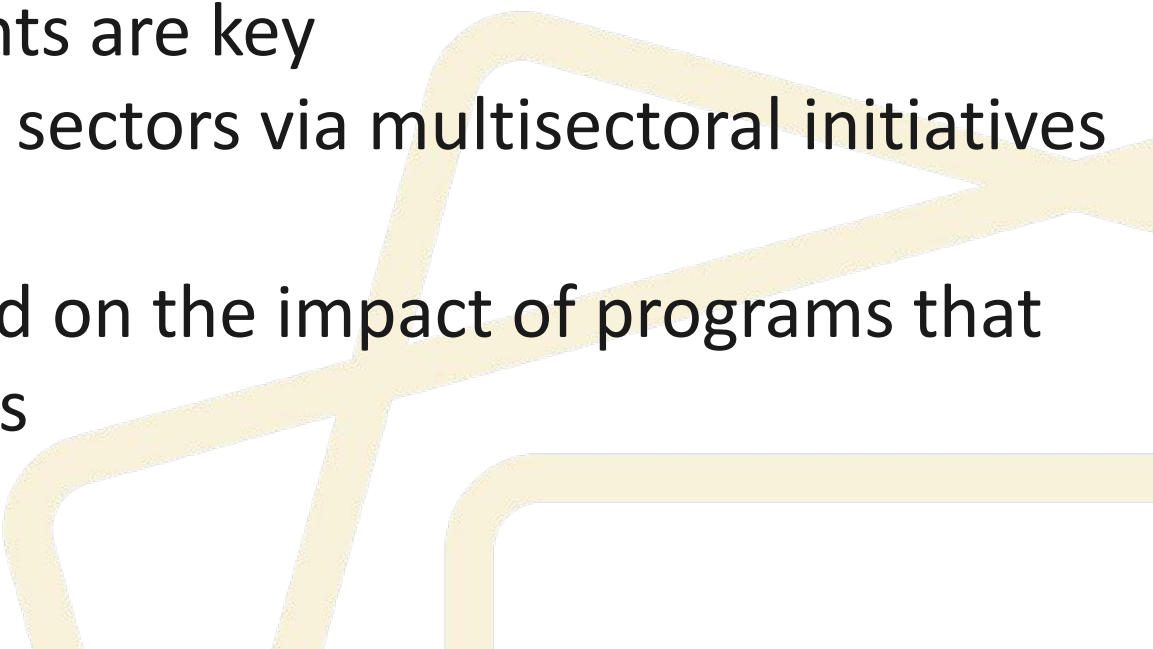
Maternal Nutrition Programming in the context of the 2016 WHO Antenatal Care Guidelines:
For a positive pregnancy experience

USAID FROM THE AMERICAN PEOPLE Maternal and Child Survival Program

Maternal Nutrition Operational Guidance
Program Considerations for Low- and Middle-Income Countries

Strengthening nutrition-health integration across the continuum of care



- **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
- 

An aerial photograph of a lush green valley with terraced rice fields. The terraces are arranged in a series of steps down a hillside, filled with vibrant green rice. In the background, there are rolling green hills and mountains under a sky with scattered white clouds. A small village with several houses is visible in the lower part of the image.

Thank you.

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

www.kavleconsulting.com



Development of *Strengthening Maternal Nutrition in Health Programs: A Guide for Practitioners*

Kristen Cashin
February 15, 2022



Photo Credit: Kate Holt/MCSP

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

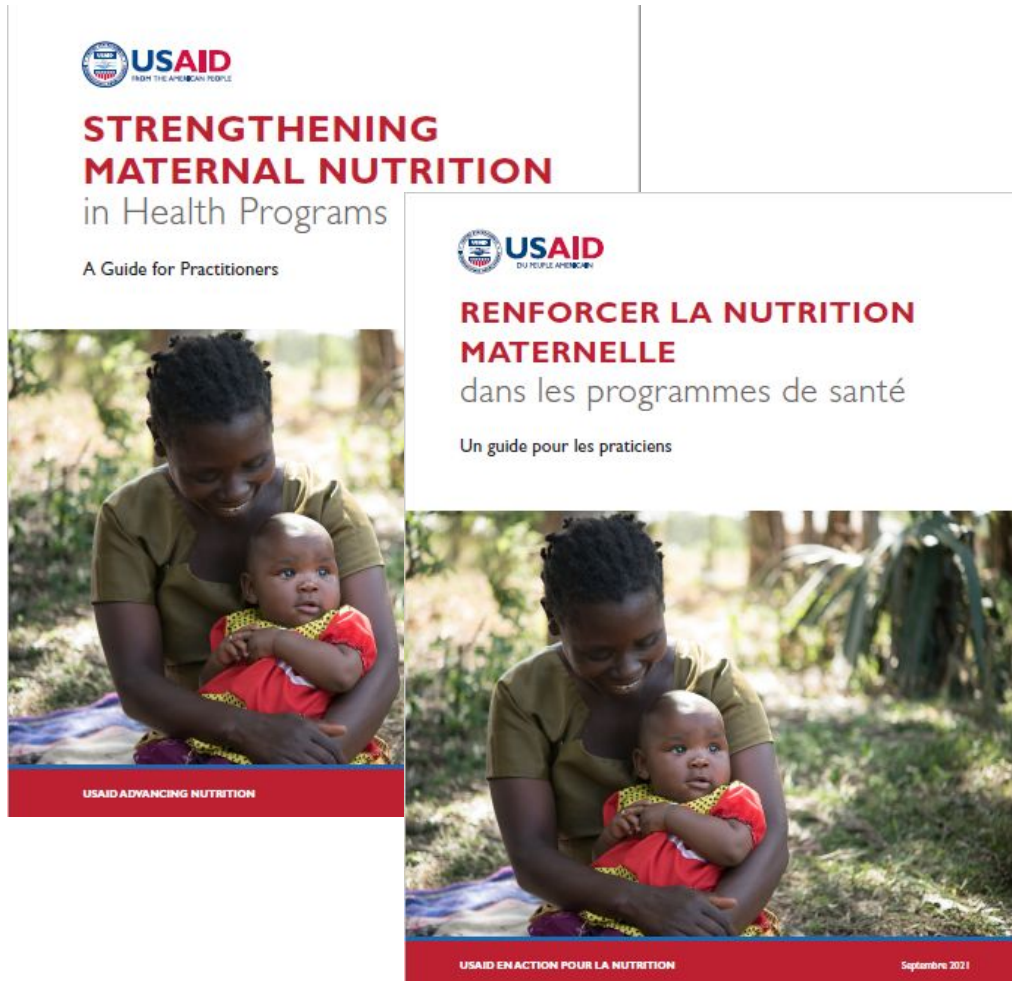
What We Learned: Recommendations

- 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



Photo credit: Kate Holt, MCSP

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
4. Key Global Guidance on Maternal Nutrition Across the Life Cycle
5. Sample Agenda Items for Multi-Stakeholder Workshop
6. Using a Theory of Change Methodology
7. Illustrative Implementation Plan Outline



Photo Credit: Karen Kasmauski/MCSP

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



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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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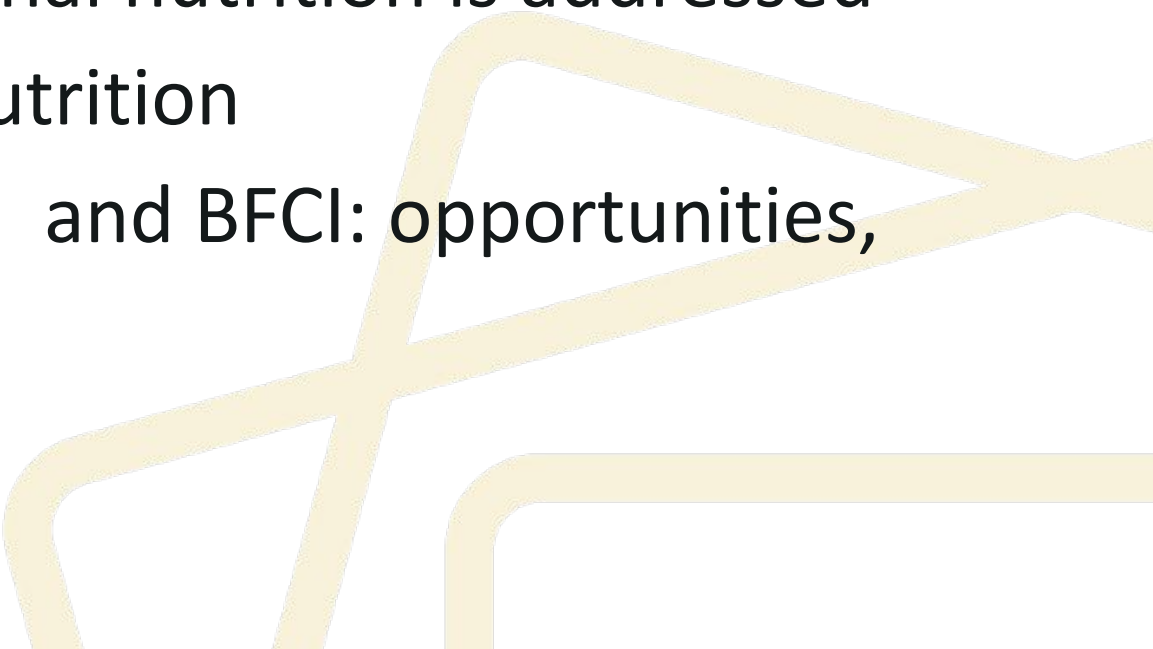


Photo Credit: Allan Gichigi/MCSP

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



- 
- 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
- 

Little progress on maternal nutrition, despite breastfeeding gains

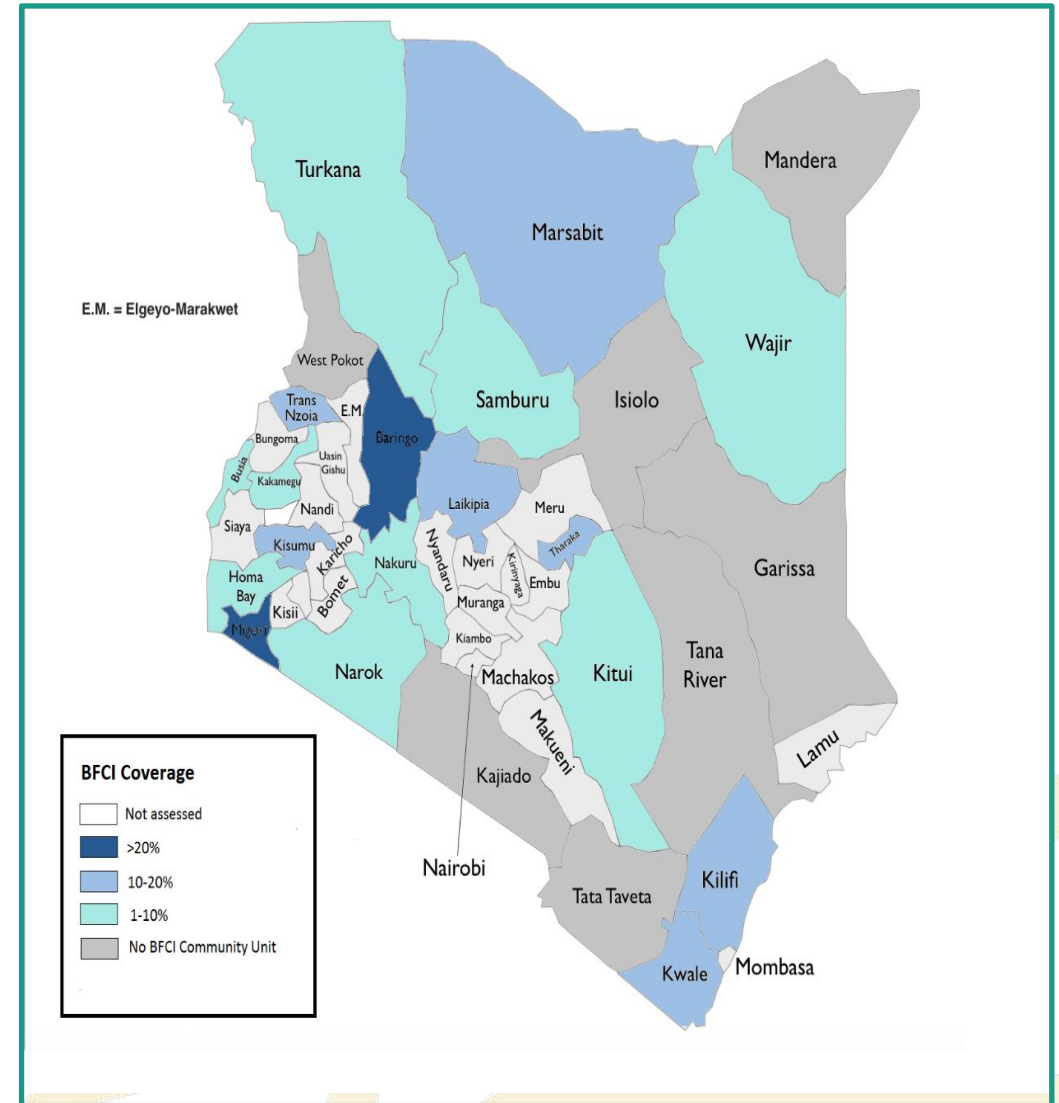
Kenya:

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



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



- 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

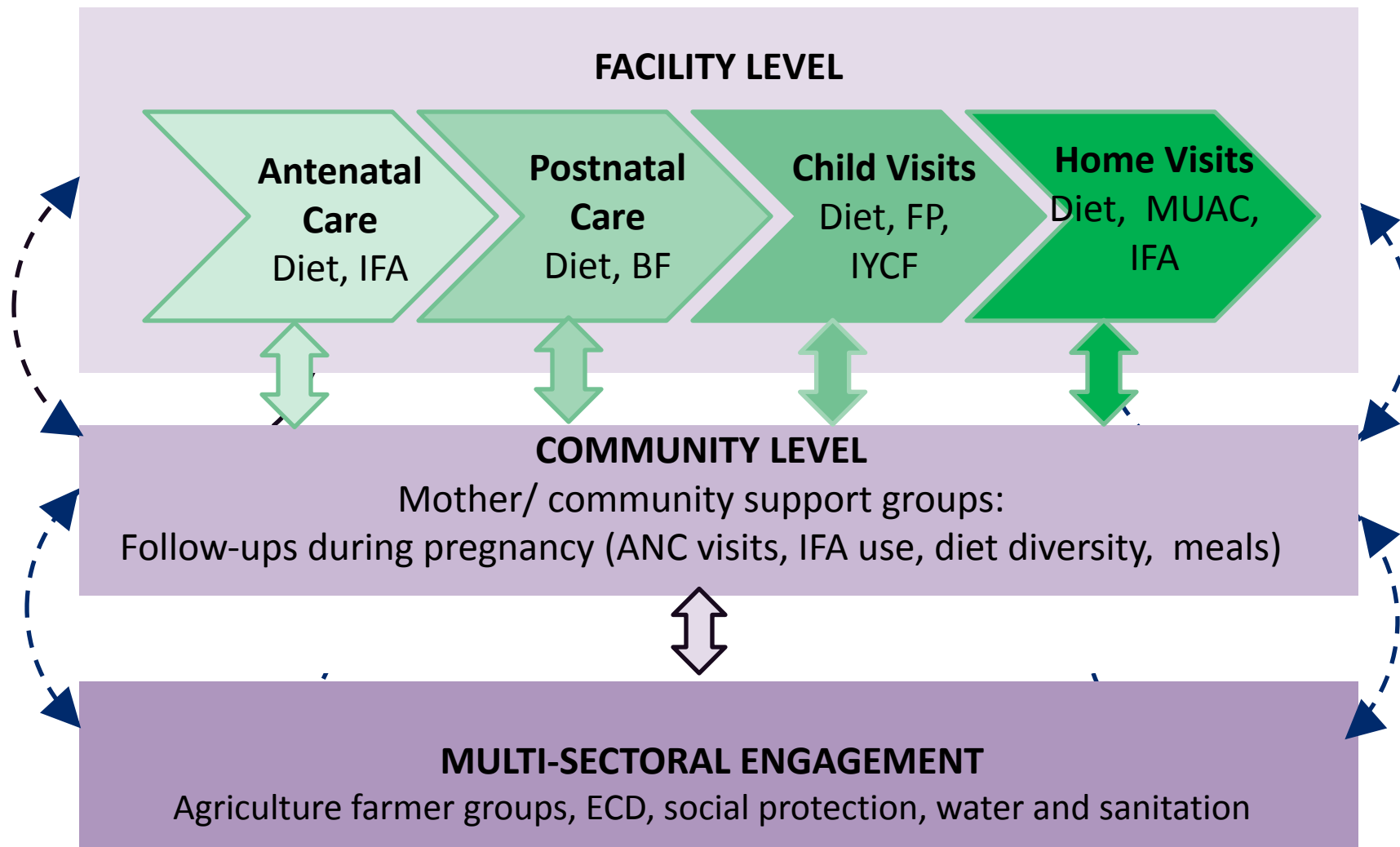
How can the BFCI platform address maternal nutrition?



Photo Credit: Allan Gichigi/MCSP

Entry Points for BFCI:

Strengthen maternal nutrition-health integration


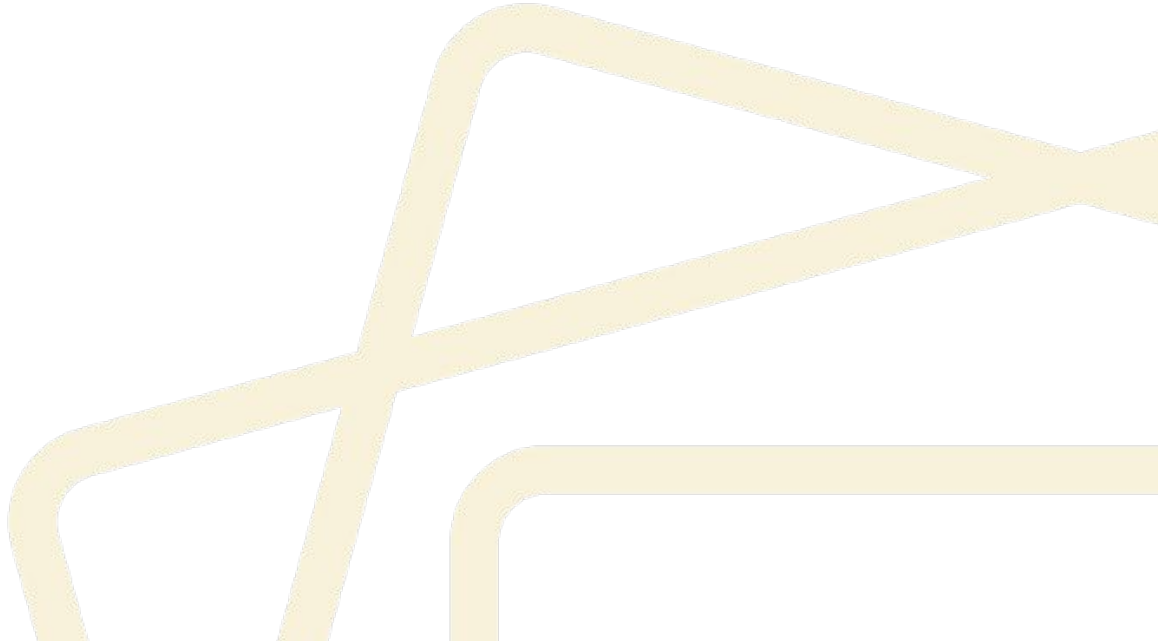


Adapted from USAID's MCSP Online launch & journal supplement: *"How to Strengthen Nutrition into the Health Platform: Programmatic evidence and experience from Low and Middle-Income Countries"* Matern Child Nutr. 2019

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
- 

- 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/>



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de Centro América y Panamá



USAID's contribution to capacity building efforts in maternal health and nutrition in Guatemala

Guatemala, February 15, 2022

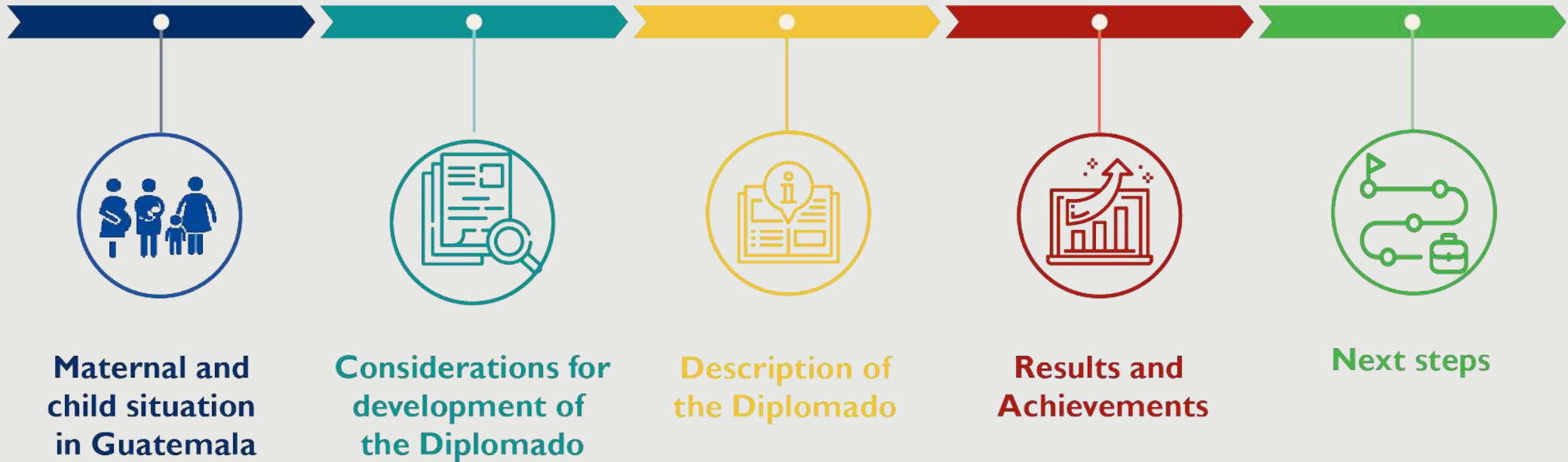
Norma Alfaro, MSc, INCAP

Sandra Recinos, MSc, Health and Nutrition Project

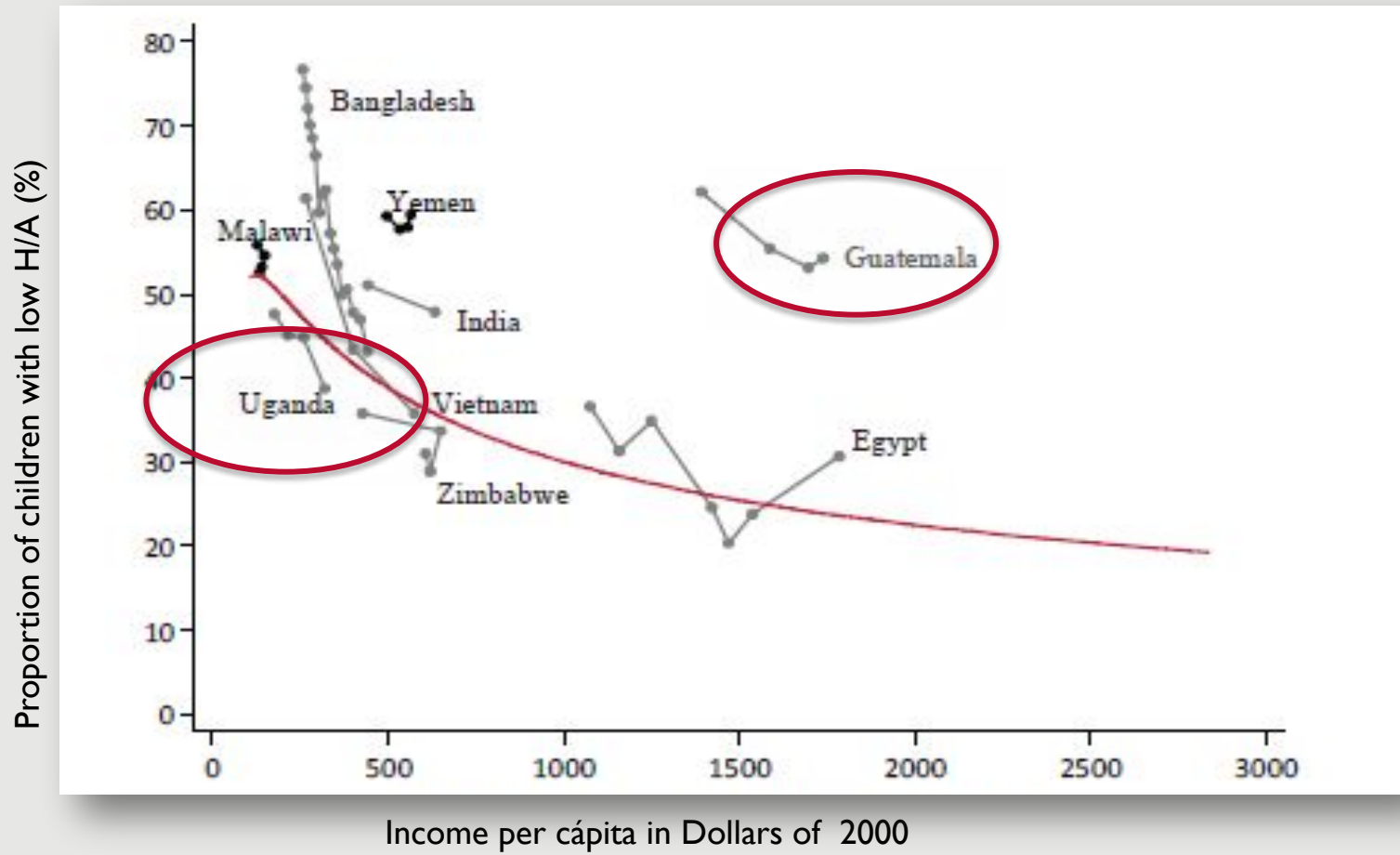
Maggie Fischer, MPH, Health and Nutrition Project

Justine A. Kavle, PhD, MPH Kavle Consulting, LLC

Outline



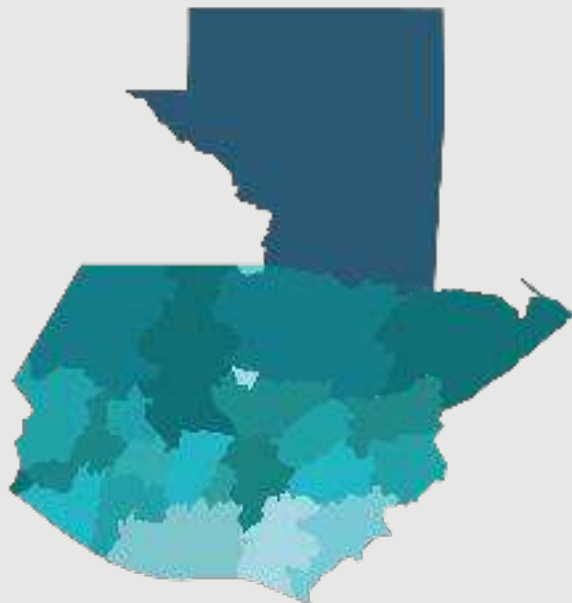
¿Does nutrition improve with a greater per capita income?



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

CONTEXT

Maternal-child situation in Guatemala

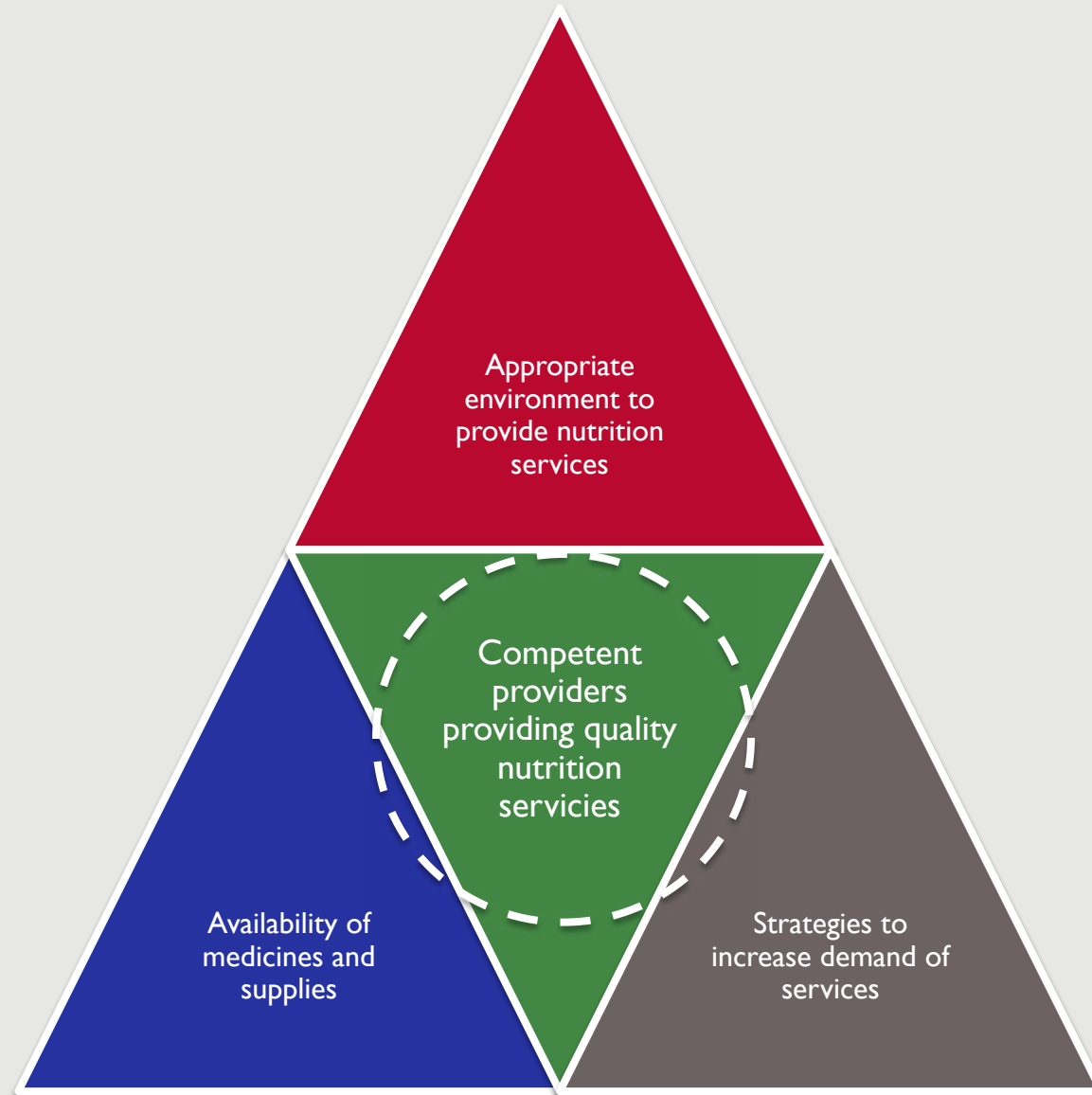


Indicator	Guatemala Region	
	National	Western Highlands
Women in reproductive age		
Anemia in pregnant women (15-49 years old)	6.6% ⁷	11.6-15.6% ²
Folate deficiency	7% ⁷	3.6-5.9% ³
Low height of woman (< 145cm)	25.3%¹	31.4-40.4%¹
Pregnancy during adolescence	92x1000¹	
Prenatal controls (<4)	13.8% ¹	35.7% ⁴
Births at home	34%¹	60%¹
Birth Interval <36 months	46.9% ¹	55% ¹
Double burden of malnutrition	20.1%⁵	
Overweight women	50%¹	
Maternal mortality Neonatal mortality	110 x 100,000 lb ⁶ 17 x 1,000 live births	20x 1,000 live births
Children under 5 years of age		
Low birth - weight (<2.5kg)	14.6% ¹	14.6-14.9% ¹
Stunting* (HAZ<2SD)	46.5%¹	51.9-68.2%¹

Source: ¹ENSMI 2014-2015, ²2016 NutriSalud, ³2009 ENMIGRON, ⁴2015 NutriSalud, ⁵2014 INCA

ESNU 2015

Key elements for the provision of quality nutrition services



Considerations for development of the Diplomado

Political and technical will

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

Considerations for development of the Diplomado

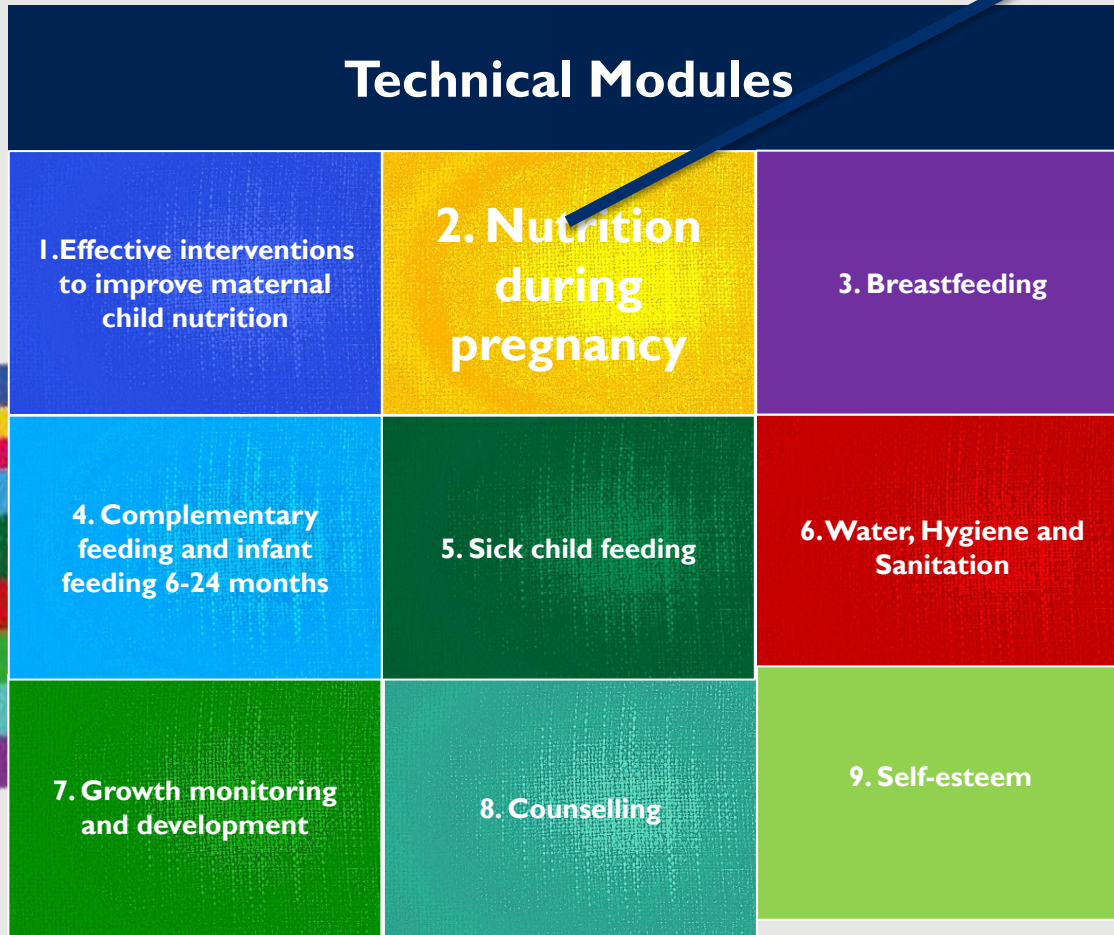
¿What did we do?

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



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:

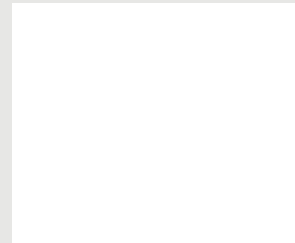
- In-service training as well as pre-service training by incorporating contents of the Diplomado in universities
- Knowledge and competencies, providing tools and job aids for provision of nutrition services, including supervision and monitoring.



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

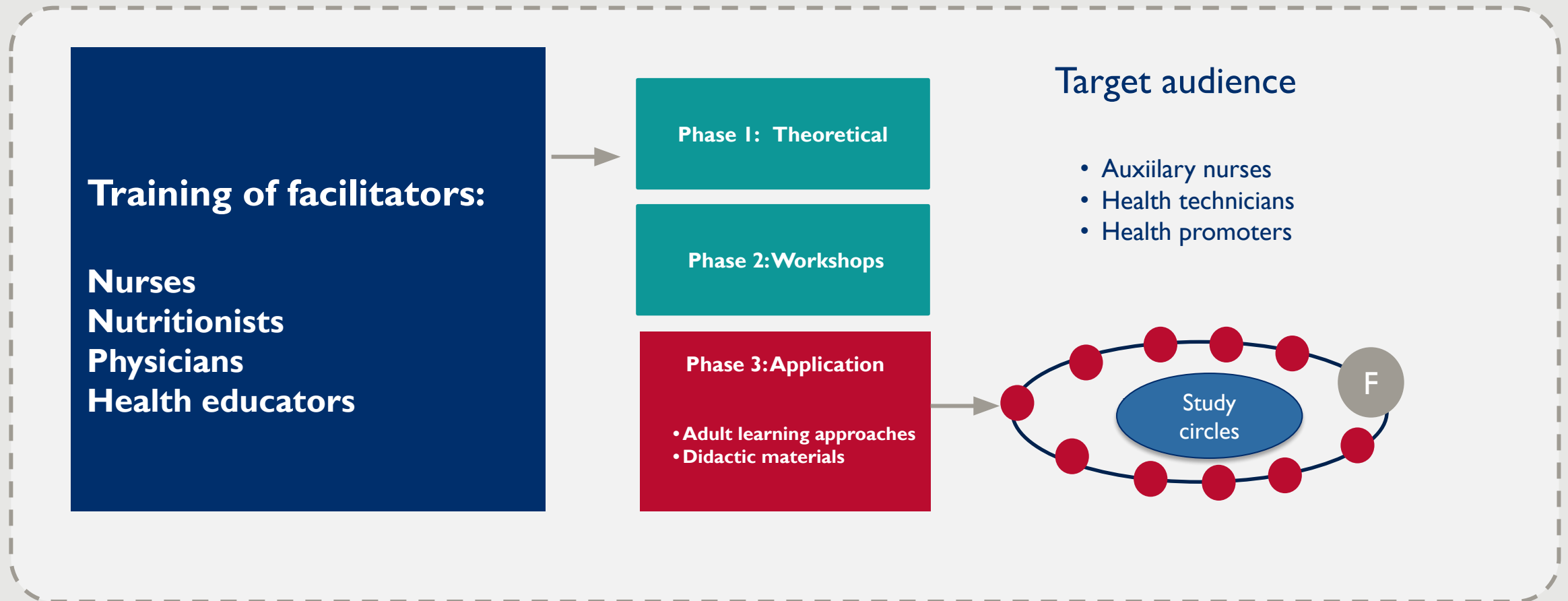
Development of educational material

- 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

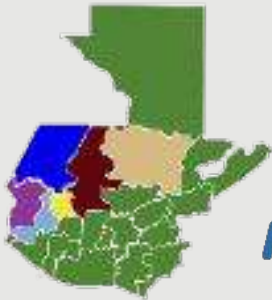


In-person training → Hybrid methodology: In-person, study circles and virtual training



Trained frontline health workers in different cohorts

706



Participants
331
375

Huehuetenango
San Marcos
Quetzaltenango
Totonicapán
Quiché
Alta Verapaz

652



Participants
251
401

Huehuetenango
San Marcos
Quetzaltenango
Totonicapán
Quiché

507



Participants
150
357

Huehuetenango
San Marcos
Quetzaltenango
Totonicapán
Quiché
Ixil

Projection
701



Huehuetenango
Quiché
Ixil

2015
USAID/FANTA/INCAP

2016
USAID/FANTA/NU
TRISALUD/INCAP

2018
USAID/MCSP/INCAP

2021 USAID /
Jhpiego/INCAP

194 Certified facilitators

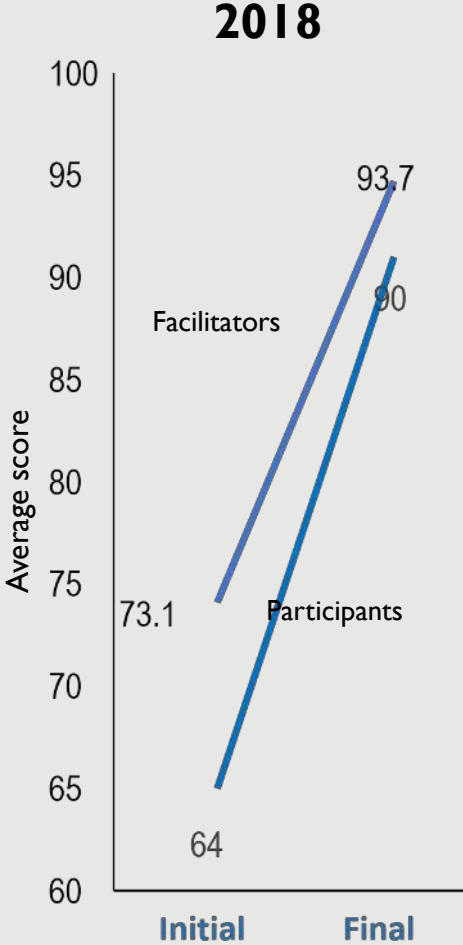
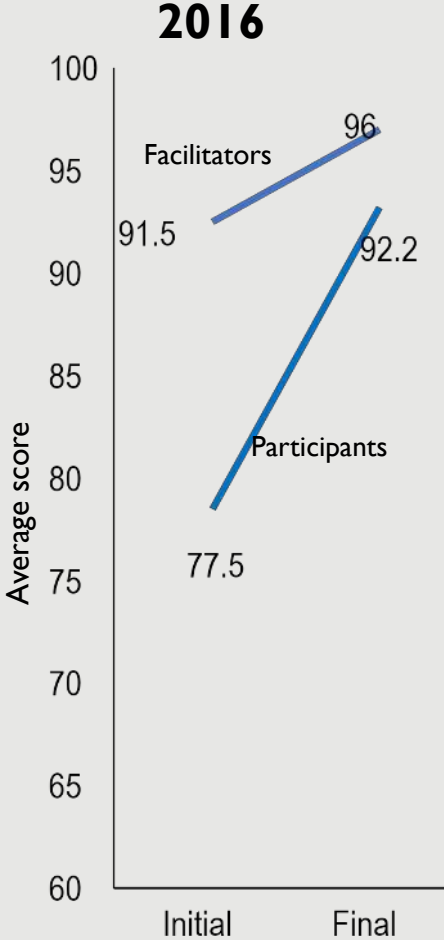
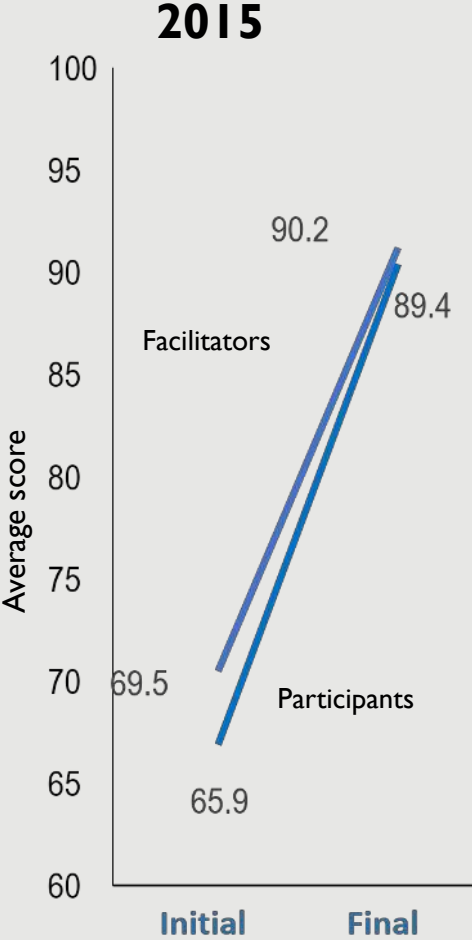
1855 Health personnel trained

Assessment findings: USAID's MCSP



Perspective	Findings
Local Stakeholders	Effective and practical capacity building methodology Improvement of providers' skills
Facilitators	Use of methodology: study circles, adult education and participatory methodologies
Providers	Strengthening of capacities for health service delivery and counselling Study circles: team work, group discussions

Results: Change in Knowledge - Facilitators & Participants



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.





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INCAP
Instituto de Nutrición
de Centro América y Panamá



USAID Health and Nutrition Project, implemented by Jhpiego

Thank you!!!



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twitter.com/jhpiego



instagram.com/jhpiego



youtube.com/user/jhpiego

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



Maternal Nutrition in Karamoja

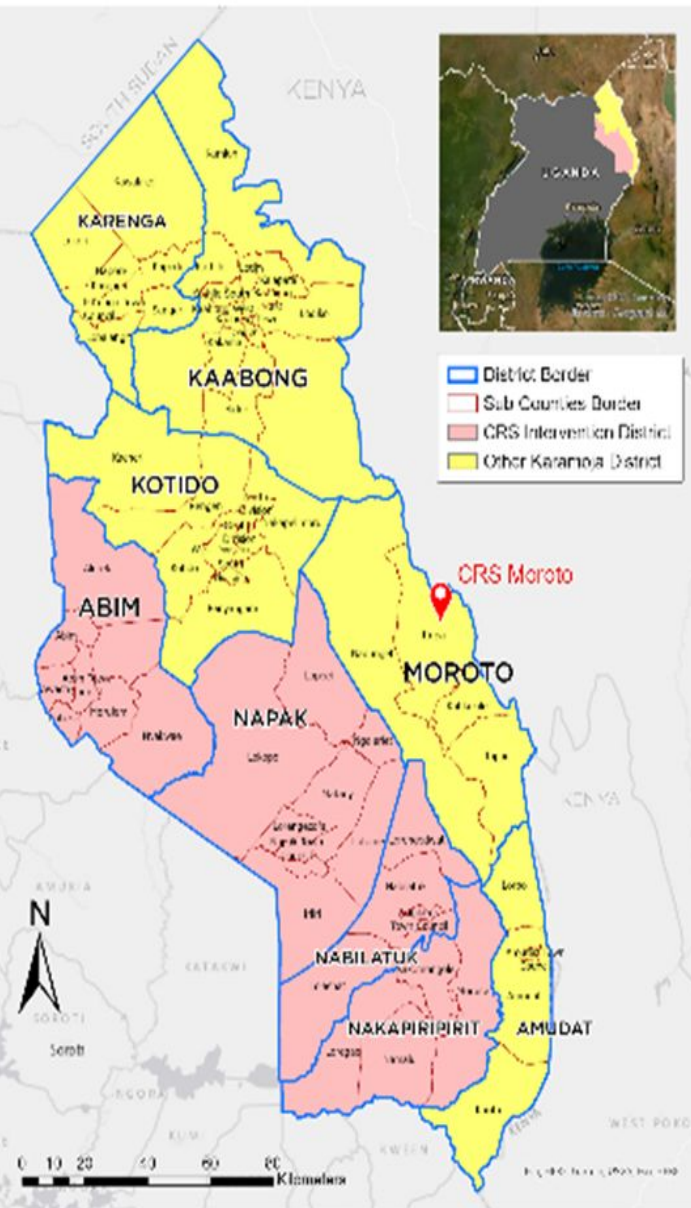
Food and Nutrition Security Assessment, 2020

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%

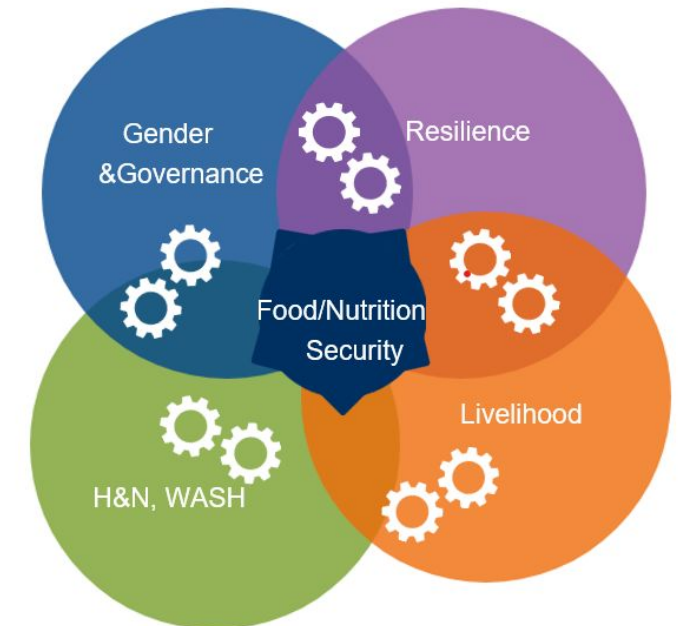


Introducing Nuyok and Apolou



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

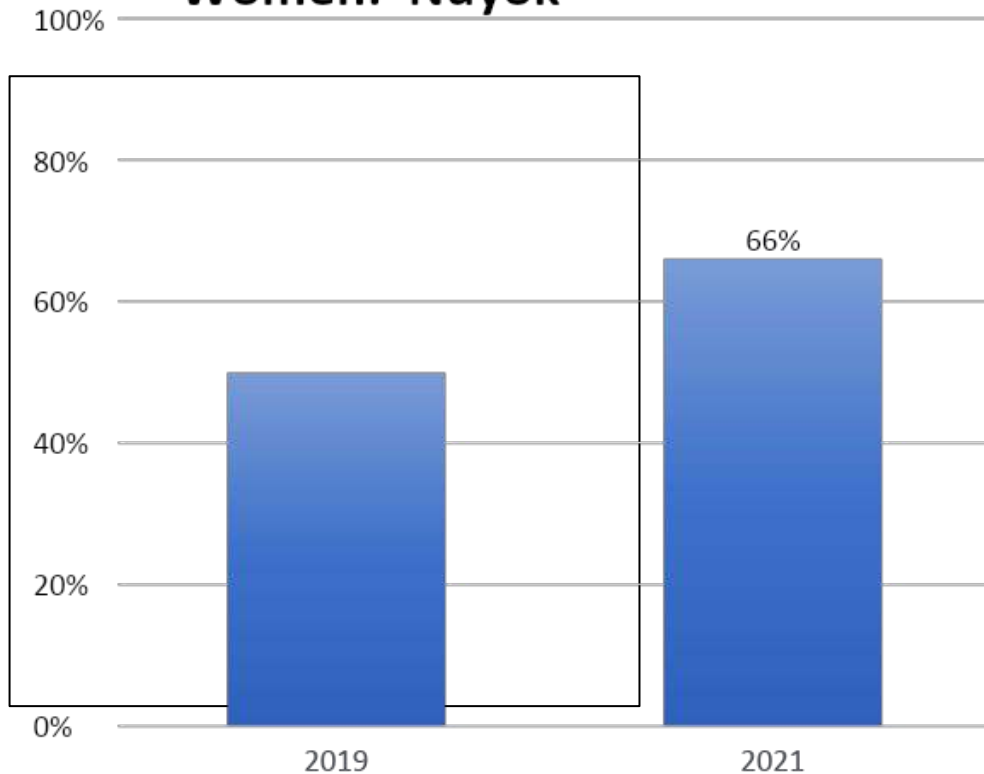
Savings and Lending Groups

- Breaking down financial access barriers to health and nutrition services for diversified diets

Maternal Nutrition Outcomes

FY21 Annual Program Surveys

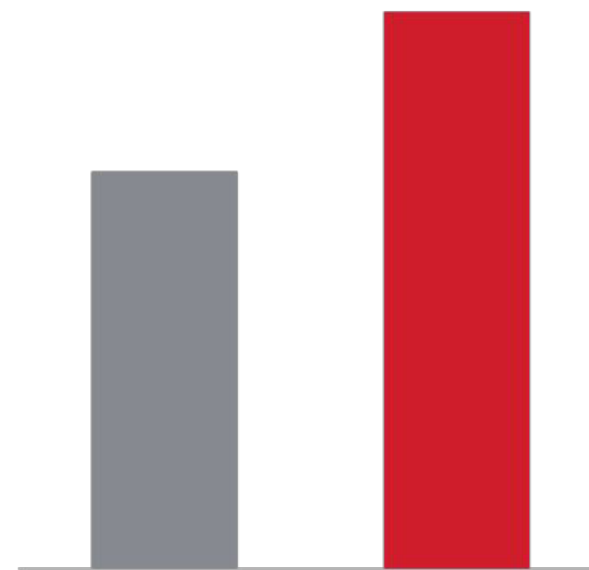
Minimum Dietary Diversity for Women: Nuyok



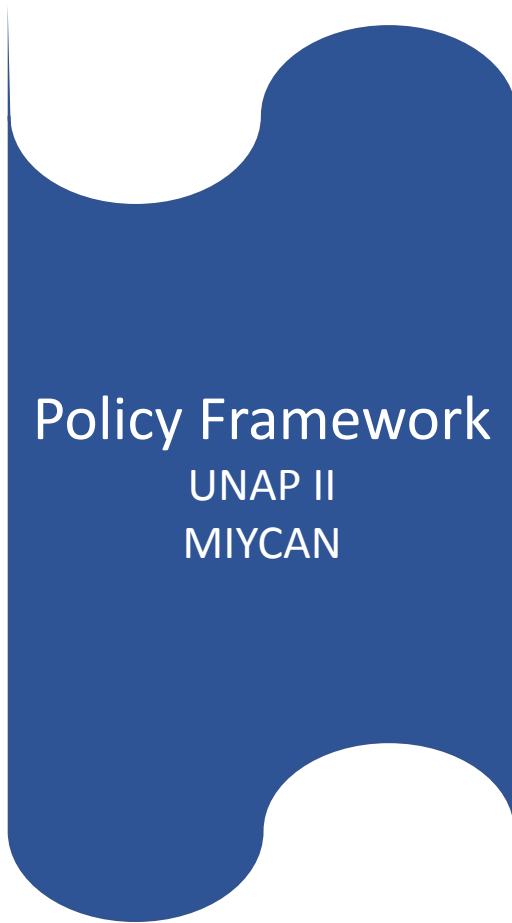
66% of Nuyok Participants reported they received health and nutrition services

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

Satisfaction with Health Services: Apolou



Factors for Success



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?