Introduction of Multiple Micronutrient Supplementation (MMS) through Antenatal Care (ANC)

Training for Healthcare Providers

JUNE 2024
VERSION 2.0

NUTRITION INTERNATIONAL
Nourish Life

Overview of the Training

- Module 1: Setting the Tone
- Module 2: Nutrition During Pregnancy
- Module 3: From IFAS to MMS
- Module 4: Key Messages on the Provision of MMS
- Module 5: MMS Take Home Sheet
- Module 6: Standard Operating Procedures (SOPs)
- Module 7: Monitoring and Reporting
- Module 8: Closing of the Training

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Module 1. Setting the Tone

- ✓Registration
- ✓Opening prayer and remarks
- ✓Pre-test assessment
- ✓Establishment of training rules

Establishment of training rules

What kind of rules would you like to set in place for the training?

Since these rules have been established through consensus, it is your responsibility to kindly follow them.

Background to MMS introduction

- Antenatal care (ANC) has been recognized as a strategic platform to deliver services, promote health and prevent diseases.[1]

- World Health Organization (WHO) updated its ANC guidelines in 2020, recommending the administration of MMS instead of iron and folic acid supplementation (IFAS) for preventative care (rather than curative care) during pregnancy and recommended implementation research in settings where the transition is being considered.[2]
  - Upcoming Modules will provide further details regarding MMS and IFAS.

- The Government of Pakistan's Maternal Nutrition Strategy (2022-2027) outlines the government's commitment to addressing the maternal nutrition situation in the country and includes a recommendation to implement MMS as part of ANC services for pregnant women.[3]

Overview of the Training

Since 2021, the MoNHSR&C Nutrition Wing collaborated with Nutrition International for implementation research (AMMI project) on transitioning from IFAS to MMS in antenatal services, aiming for effective approaches to ensure sustainable transition and maximize health impact.

- This training has been adapted from the AMMI project to present the minimum amount of training that healthcare providers should receive.
- It is designed to guide and support healthcare providers in providing MMS instead IFAS to non-anaemic pregnant women during their ANC contacts at public healthcare facilities.

Overview of the Training *(con't)*

What are your expectations of this training?

Please write down your expectations on a sticky note and place it on the board (parking lot).

Overview of the Training *(con't)*

Do you have any knowledge or experience with MMS that you would like to share with us?

Please write down any insights or experiences you have on a sticky note and place it on the board (parking lot).

Overview of the Training *(con't)*

- As part of this training program, you will find in front of you essential resources needed for the provision of MMS, which include:
  - MMS Take Home Sheet
  - MMS Standard Operating Procedures (SOPs)
  - Participants' Manual
- These resources will be thoroughly explained throughout the training.

Key Definitions

- **Iron Folic Acid Supplement (IFAS):** A prenatal supplement that contains 30-60mg of iron and 400mcg of folic acid.[1]
- **Multiple Micronutrient Supplementation (MMS):** A prenatal micronutrient supplement which contains 15 vitamins and minerals, including iron and folic acid, designed specifically for pregnant women to prevent anaemia and reduce the risk of their baby being born too small or too early.[2]
- **Adherence** (related to MMS): The World Health Organization (WHO) recommends MMS be taken daily during pregnancy to prevent anaemia. For pregnant women to receive the most health benefits from the MMS tablets, high adherence throughout pregnancy is required.[1]

  → **Adherence** is the extent to which a pregnant woman takes MMS daily.

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Increased nutritional needs of pregnant women

During pregnancy, nutritional needs are increased to:

- Meet physiological requirements
- Sustain fetal growth and development
- Protect the health of the mother during pregnancy and prepare for breastfeeding

Trimester	Estimated Energy Requirements (Cal/day)
1st trimester	-
2nd trimester	+ 340
3rd trimester	+ 452

1 snack
(e.g. 1 cup of milk & a handful of peanuts)

1 small meal
(e.g. 1 chapatti, 1 small plate of kofta curry & 1 small bowl of vegetable salad)

Increased nutritional needs of pregnant women *(cont'd)*

Recommended Dietary Allowance (RDA) of selected micronutrients

	Non-pregnant		Pregnant	
RDA *	**Adolescent girls (14-18 years)**	**Women (19-50 years)**	**Adolescent girls (14-18 years)**	**Women (19-50 years)**
Iron (mg/day)	15	18	27	27
Folate (µg/day)	400	400	600	600
Vitamin A (µg RAE/day) **	700	700	750	770
Vitamin D (µg/day)	**5**	**5**	**5**	**5**
Vitamin E (mg/day)	15	15	15	15
Vitamin C (mg/day)	65	75	80	85
Vitamin B6 (mg/day)	1.2	1.3	1.9	1.9
Vitamin B12 (µg/day)	2.4	2.4	2.6	2.6
Zinc (mg/day)	9	8	12	11
Vitamin B1 (mg/day)	1.0	1.1	1.4	1.4
Vitamin B2 (mg/day)	1.0	1.1	1.4	1.4
Niacin (mg/day)	14	14	18	18
Copper (µg/day)	890	900	1000	1000
Selenium (µg/day)	55	55	60	60
Iodine (µg/day)	150	150	220	220
Calcium (mg/day)	**1300**	**1000**	**1300**	**1000**

Non-pregnant vs. Pregnant: majority of micronutrient requirements are ↑

Daily iron requirement nearly doubles during pregnancy

* **Bold font** represents an Adequate Intake (AI)
** Tolerable Upper Intake Levels (ULs): 2800 µg RAE/day for pregnant adolescent girls ages 14-18 years; 3000 µg RAE/day for pregnant women ages 19-50 years.
RAE: Retinol Activity Equivalent.

Increased nutritional needs of pregnant women *(cont'd)*

Through food alone, it is difficult for pregnant women to meet their dietary needs

Poor nutrition status of the mother

Negative consequences on their own health and the health of their baby

Increased nutritional needs of pregnant women *(cont'd)*

To achieve their required nutritional needs,
pregnant women are advised to consume an adequate nutritious diet,
in addition to daily adequate micronutrient supplementation.

The impact of poor nutrition on pregnancy and birth outcomes

Poor nutrition during pregnancy → micronutrient deficiencies → negative impact on the health of the mother and her baby

Example:

Deficiencies in iron, folate, vitamin A and vitamin B12 can lead to anaemia – a serious global public health problem

The impact of poor nutrition on pregnancy and birth outcomes *(cont'd)*

What are some negative health consequences of anaemia on the pregnant woman and birth outcomes?

a. Maternal death

b. Babies born too small

c. Babies born too early

d. Maternal tiredness

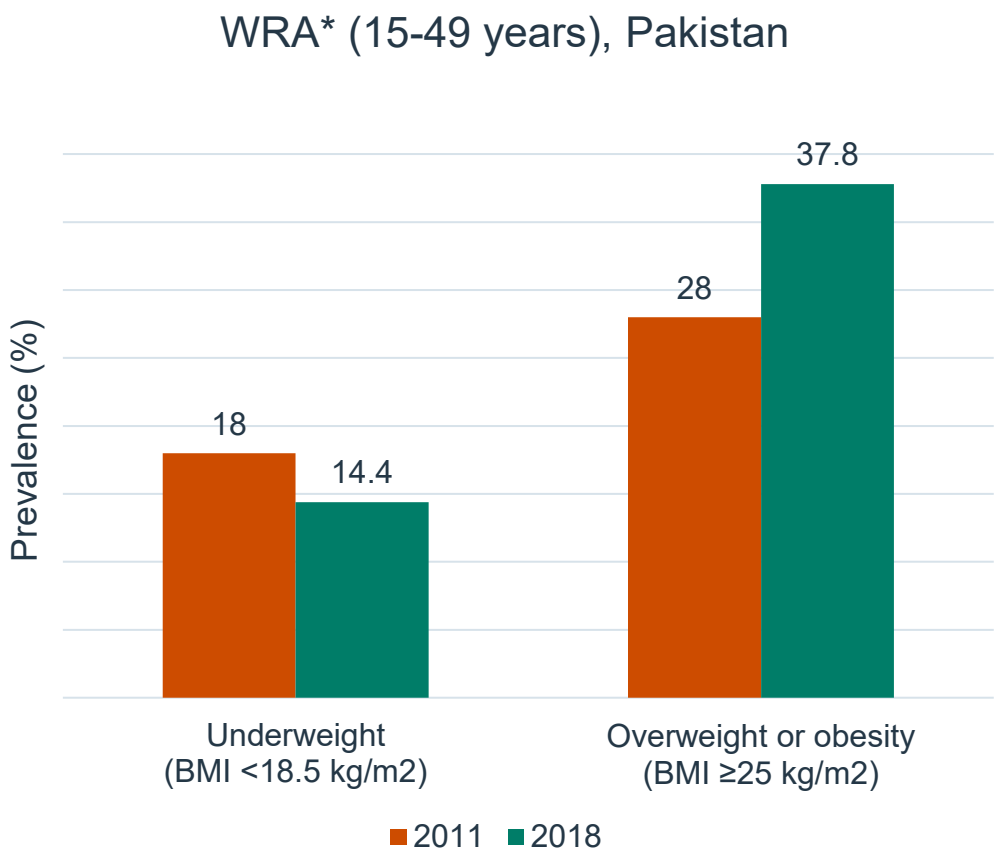
e. All of the above

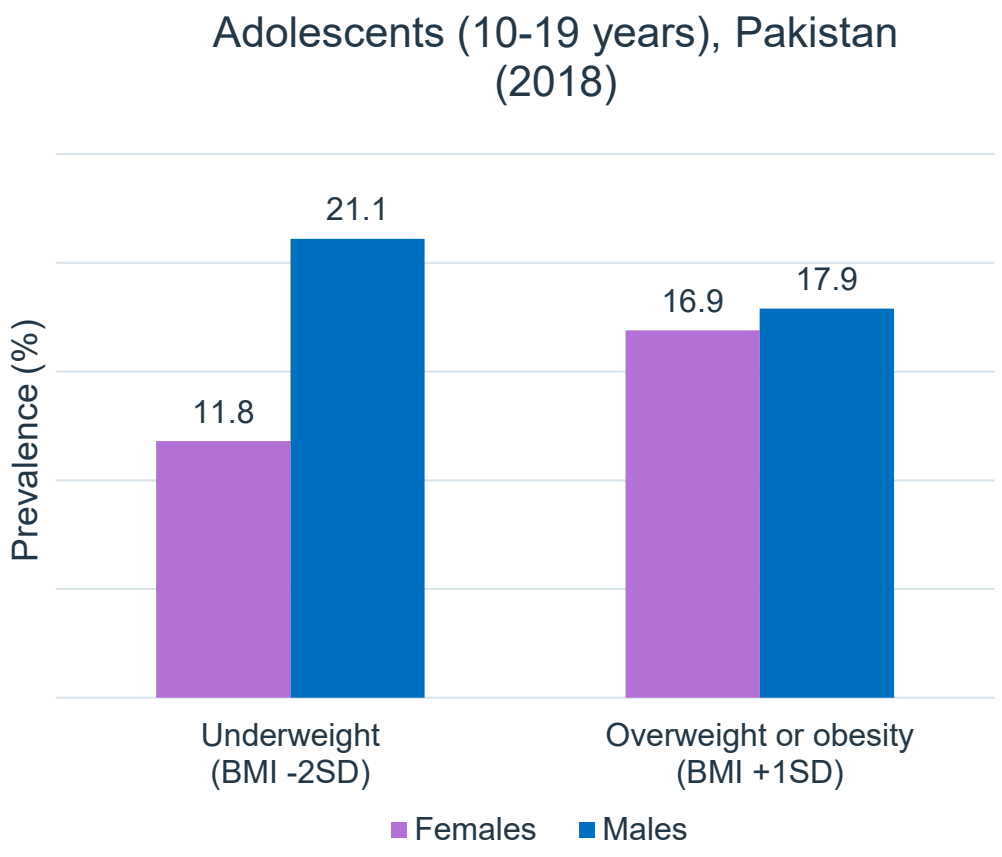
- Increased risk of maternal death
- Increased risk of poor pregnancy and birth outcomes,
- Preterm birth
- Low birth weight
- Maternal tiredness, weakness and/or dizziness

High burden of pregnancy and birth outcomes in Pakistan

- **Neonatal mortality rate** is 42/1000 live births. [1] → Pakistan ranks as the highest baseline neonatal mortality rate in South Asia. [2]
- **Maternal mortality ratio** (MMR) is 186/100 000 (in 2019). [3] → High MMR. Despite significant improvements in MMR from 2000 to 2017, it remains considerably high. [4]
- **Low birth weight** (<2500 g) is 32%. [5] → Global data:15% to 20% LBW [6] → Pakistan's LBW rates are almost double global prevalence.
- **Stunting** (children under five) (in 2018) is 40.2. [7] → Very high rates. [8] Trend: average annual reduction rate ~0.5% [7] → far below global nutrition targets.

Triple burden of malnutrition: (1) Underweight and (2) Overweight/obesity





** WRA: women of reproductive age (including pregnant and non-regnant women)*

Triple burden of malnutrition: (3) Micronutrient deficiencies

Trend in prevalence (%) of anaemia* among WRA** (15-49 years) in Pakistan [1]

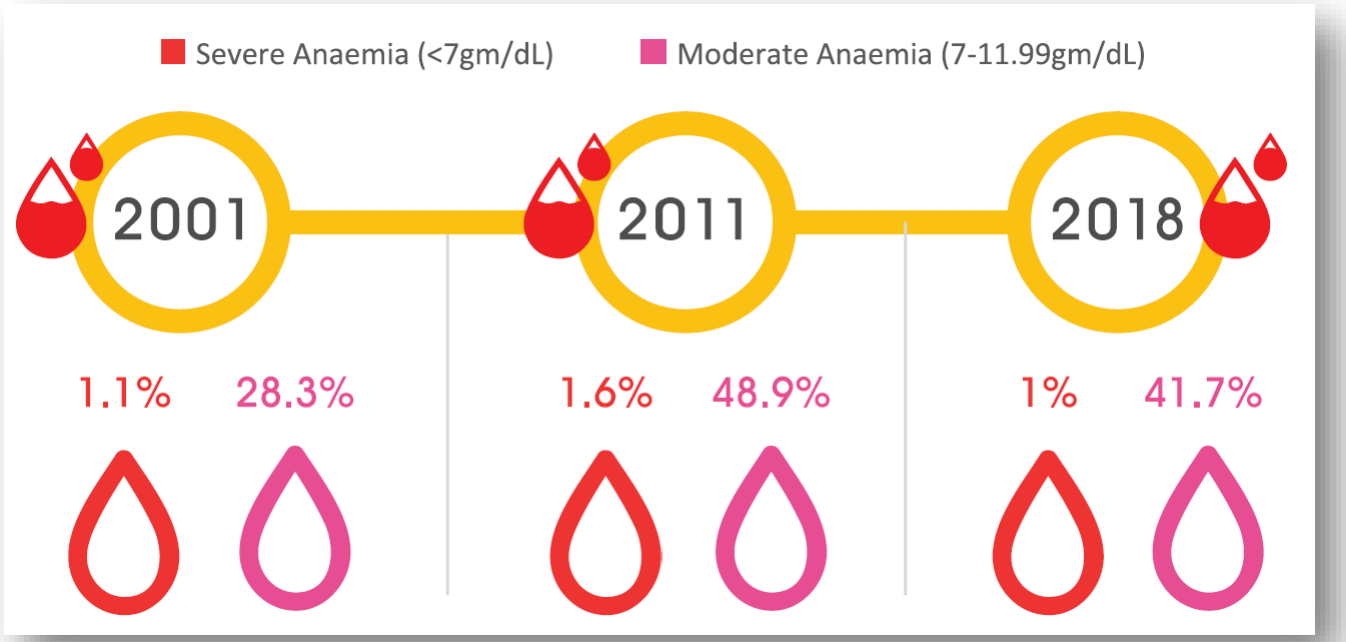


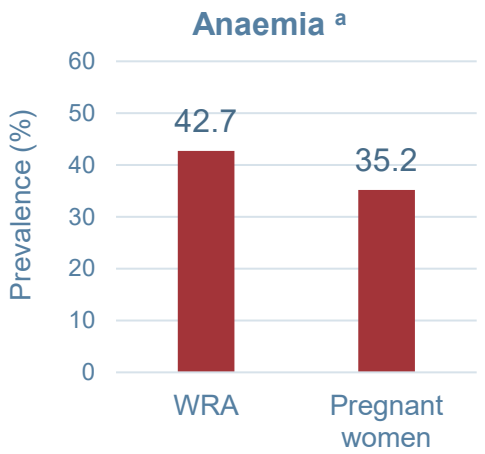
Image reproduced from NNS 2018 – Key Findings Report

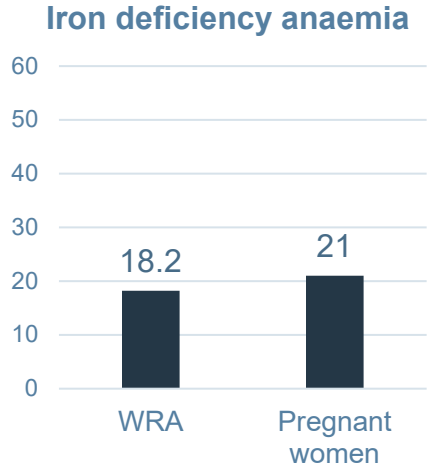
Fluctuating trend; Prevalence of anaemia remains high

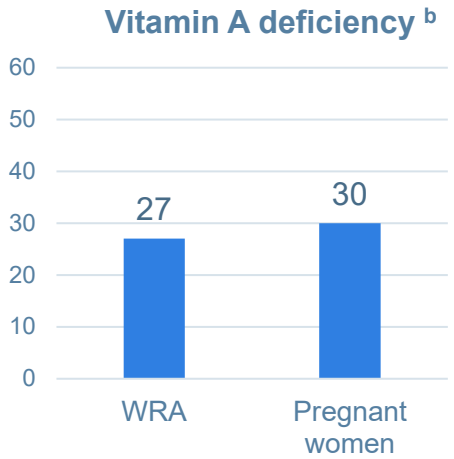
Severe public health problem (≥40%) [2]

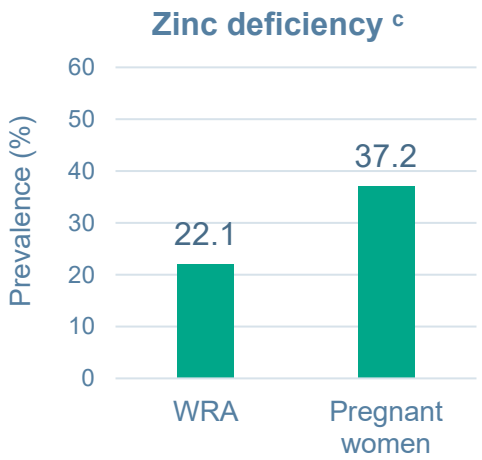
** All-cause anaemia*
*** WRA: women of reproductive age (including pregnant and non-regnant women)*

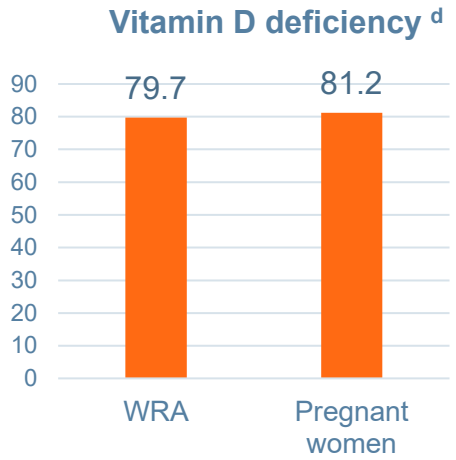
Triple burden of malnutrition:
(3) Micronutrient deficiencies: WRA* and pregnant women (15-49 years) in 2018, Pakistan [1]











** WRA: women of reproductive age (including pregnant and non-regnant women)*

[a] All-cause anaemia (moderate & severe); WRA: Hb <12 gm/dL; Pregnant women: Hb < 11 gm/dL; [b] Vitamin A deficiency (moderate & severe) ≤0.70 µmol/L; [c] Zinc deficiency <60 µg/dL; [d] Vitamin D deficiency ≤20.0 ng/mL

Adequate Nutritious Diet and Adequate Micronutrient Supplementation During Pregnancy

To prevent anaemia and micronutrient deficiencies and decrease the risk of diet-related health conditions, pregnant women are recommended to consume:

(1) An adequate nutritious diet composed of a variety of foods from the different food groups, with an emphasis on iron-rich foods (such as beef, poultry, and iron-fortified foods) [1]

and

(2) Daily micronutrient supplements that includes 30-60 mg of iron and 400 mcg of folic acid as recommended by the WHO [2]

Source: [1] WHO (2020)

Adequate Nutritious Diet and Adequate Micronutrient Supplementation During Pregnancy *(cont'd)*

It is better for pregnant women to replace meals or foods with maternal dietary supplementation.

a. True

b. False

Micronutrient supplements are intended to **supplement the diet** and should **not** replace meals or foods.

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IFAS versus MMS

IFAS = Iron and Folic Acid Supplementation
MMS = Multiple Micronutrient Supplementation

- Both are antenatal supplements
- IFAS includes 30-60mg of iron and 400mcg of folic acid.
- MMS provides 13-15 micronutrients, including iron and folic acid (all in one tablet).

- MMS is different from MNP (micronutrient powder) which is used for children.

IFAS versus MMS *(cont'd)*

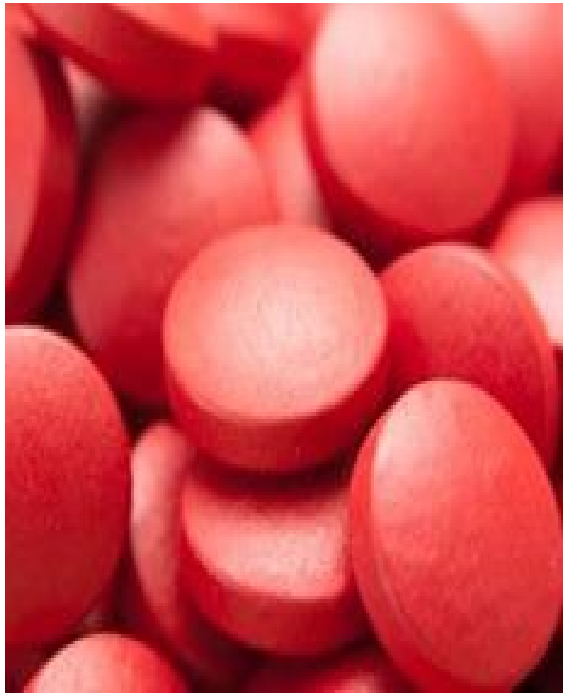
Group Discussion:

Have you provided dietary supplements to pregnant women as part of routine ANC in Pakistan?

- If yes, which dietary supplement(s)? Please explain the reason for the provision of this specific supplement.
- If you are not providing dietary supplements, could you share why not?

IFAS versus MMS *(cont'd)*

Iron and Folic Acid Supplementation (IFAS)



Iron (30-60mg)
Folic acid (400Ug)

Multiple Micronutrient Supplementation (MMS) *

Vitamin B1 (1.4 mg)
Vitamin B2 (1.4 mg)
Vitamin B6 (1.9 mg)
Vitamin B12 (2.6 µg)
Vitamin A (800 µg)
Vitamin D (5 µg)
Vitamin E (10 mg)
Vitamin C (70 mg)
Niacin (18 mg)
Iron (30 mg)
Folic acid (400 µg)
Zinc (15 mg)
Copper (2 mg)
Selenium (65 µg)
Iodine (150 µg)

*UNIMMAP formulation, which is is now part of the WHO's Essential Medicine List (2022).
MMS tablet may vary from picture presented above.

Evidence: effectiveness of MMS vs. IFAS

for maternal and birth outcomes

MMS and IFAS are equally effective at reducing the risk of anaemia during pregnancy [1]

Additional benefits of MMS:

- Reduced risk of low birth weight (12%) [1,2]
- Reduced risk of small-for-gestational age births (8%)[1]
- Reduced risk of preterm births (8%) [2]
- Reduced risk of stillbirth (8%)[2]
- Reduced risk of neonatal mortality (females) (15%)[2]

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Source: [1] Keats et al, 2019; [2] Smith et al, 2017
Image developed by Nutrition International 2020

Module 3. From IFAS to MMS

WHO guidelines

WHO ANC Nutritional Recommendations (2016)

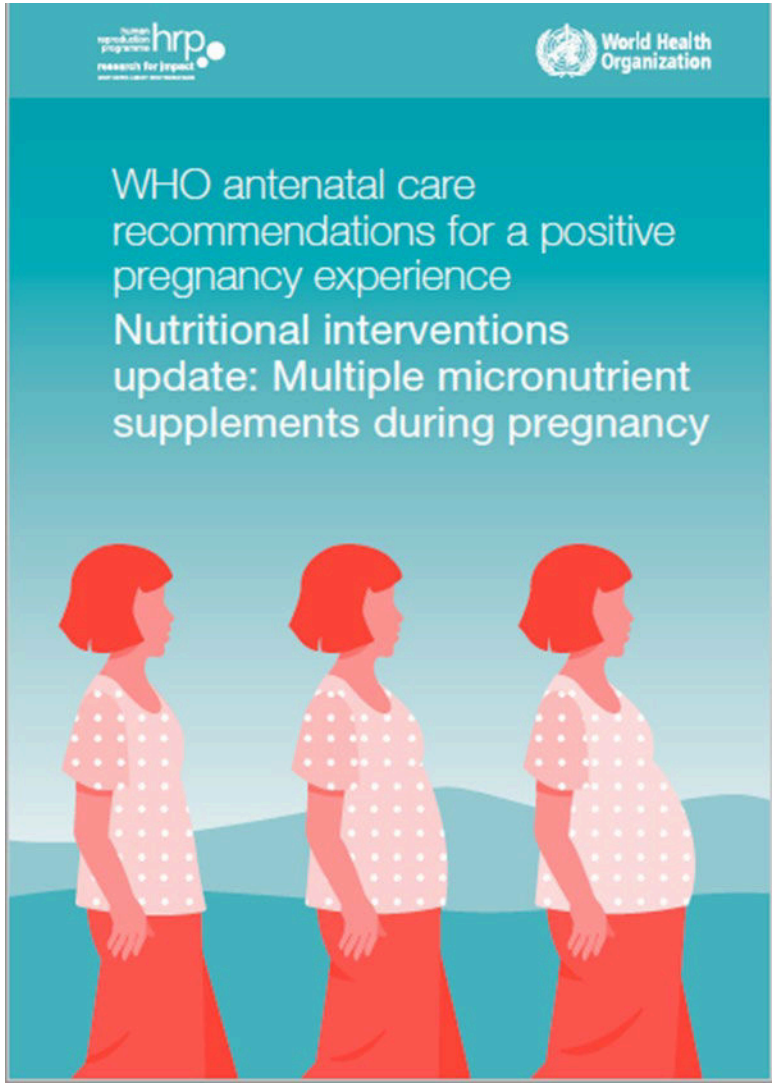
- Counselling in undernourished populations on increase energy and protein intake
- Balanced energy and protein dietary supplementation in undernourished populations
- Daily iron (60 mg) and folic acid (400 µg) supplementation
- Weekly iron (120 mg) & folic acid (2800 µg) to improve acceptability where anaemia in pregnant women is <20%
- Calcium supplementation (1.5-2 g) in populations with low calcium intake to reduce risk of pre-eclampsia
- Vitamin A supplementation in areas where deficiency is a severe public health problem
- Counselling on healthy eating and physical activity to prevent excessive weight gain
- Restricting caffeine intake for women with high daily intake (>300 mg per day)

WHO guidelines *(cont'd)*

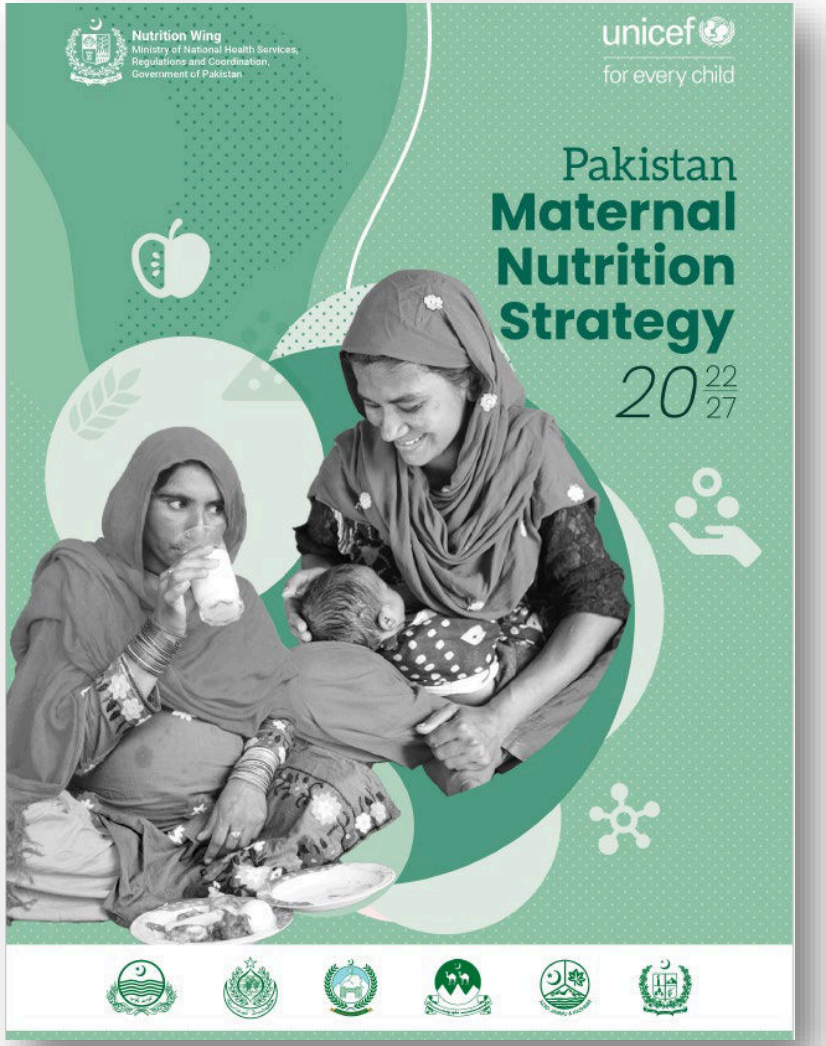
Nutritional Recommendation Update

July 2020

Antenatal multiple micronutrient supplements that include iron and folic acid are recommended in the context of rigorous research. (Context-specific recommendation – research)



Pakistan Maternal Nutrition Strategy



In Pakistan, these updated WHO recommendations were reflected in the Maternal Nutrition Strategy 2022-2027, which specifically endorses the transition from IFAS to MMS alongside implementation research with the target to scale up to 50% by 2027.

Module 3. From IFAS to MMS

Implementation Research

- The *Advancing Maternal Health through MMS Implementation Research* (AMMI) project is being conducted by Nutrition International in partnership with the Nutrition Wing of the Ministry of National Health Services, Regulations and Coordination Government of Pakistan (MoNHSR&C) since 2021.

- The AMMI project offers practical learnings about the transition from IFAS to MMS as part of routine preventative ANC and is generating key research findings on improving adherence and program implementation.

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Provision of MMS

MMS is provided free of cost to all **non-anaemic pregnant women** accessing public ANC services.

- **Preventative care**

When the pregnant woman has her ANC contact, she will be offered a bottle of MMS **instead of IFAS.**

- Unopened bottle of 180 tablets

More information about MMS and the protocol to introduce it to pregnant women will be discussed in upcoming Modules.

Provision of MMS *(cont'd)*

- MMS formula is tailored to meet the particular nutritional requirements of pregnancy.
  - It is not intended for use by other age groups, children or men.
  - MMS tablets are solely for the pregnant woman's consumption and should not be distributed to others.
- **If anaemia is suspected,** the recommended protocol for managing anaemia should be followed.

Initiation, dosage and intake of MMS

As early in pregnancy as possible, the pregnant woman should begin taking one whole MMS tablet per day, every day, throughout her entire pregnancy.

a. True

b. False

Initiation, dosage and intake of MMS *(cont'd)*

- As soon as a woman knows she is pregnant, she should seek ANC services where she will be provided with a bottle of MMS, if she is non-anaemic.
- She should begin taking one whole MMS tablet as early in her pregnancy as possible, every day, throughout her entire pregnancy.
- If she has leftover MMS tablets, she can continue consuming the remainder on a daily basis post-delivery.
- Details on the provision of the bottles of MMS will be presented in the SOPs.

Initiation, dosage and intake of MMS *(cont'd)*

The MMS should be swallowed as a whole tablet with any liquid.

a. True

b. False

MMS tablet should be swallowed with a glass of clean water.

- MMS should not be chewed nor crushed.
- MMS should not be taken with tea, coffee, nor with calcium supplements or calcium rich foods (like milk) given their effect on decreasing the absorption of iron in the body.

Initiation, dosage and intake of MMS *(cont'd)*

If the pregnant woman forgets to take her MMS tablet:

- She should simply resume her regular regimen by consuming one tablet per day.
- It is important **not** to exceed the recommended daily dosage; i.e. She should not take two tablets the following day to make up for a missed dose.

If the pregnant woman stops taking MMS for some reason and wishes to resume:

- She should continue by taking just one tablet per day.

Initiation, dosage and intake of MMS *(cont'd)*

Storage of the MMS bottle:

- MMS should be stored in its original bottle and kept tightly closed to prevent damage to the tablets.
- The MMS bottle should be stored away from direct sunlight, away from direct heat, in a dry and safe place, and out of reach of children.

Initiation, dosage and intake of MMS *(cont'd)*

Brief recap discussion:

- When is MMS recommended?
- When is MMS not recommended and why?

MMS adherence

- It is important for pregnant women to take MMS daily to receive the most health benefits from the MMS tablets. This is referred to as ‘adherence’.

- Adherence is defined as the extent to which a patient follows the advice prescribed by the healthcare worker/practitioner.
  - In the case of MMS, adherence means taking the MMS tablet every day throughout the pregnancy.

- As healthcare providers, it is crucial to assess and encourage pregnant women’s adherence to MMS during each ANC contact. Some sample questions include:
  - Did you start taking your MMS?
  - Have you been able to take your MMS daily?
  - Why do you think you have not been able to take your MMS daily?
  - Would you like to discuss how I can support you with overcoming these barriers?

ANC coverage and IFAS consumption

Women who received ANC in 1st trimester	55%
Women who attended 4+ ANC visits during pregnancy	51%
Median of 1st ANC visit	3.4 months
Women who received any ANC from skilled providers	86%
Women who took iron tablets or syrup during pregnancy	59%
Women who took iron tablets or syrup for 90+ days during pregnancy	29%

Adherence gap = difference between receiving the iron tablet vs. taking the tablet

Source: Pakistan Demographic and Health Survey 2017-18

MMS adherence *(cont'd)*

Brief group discussion:

In your opinion/building on your experience, what might be barriers/challenges to MMS adherence among pregnant women in Pakistan?

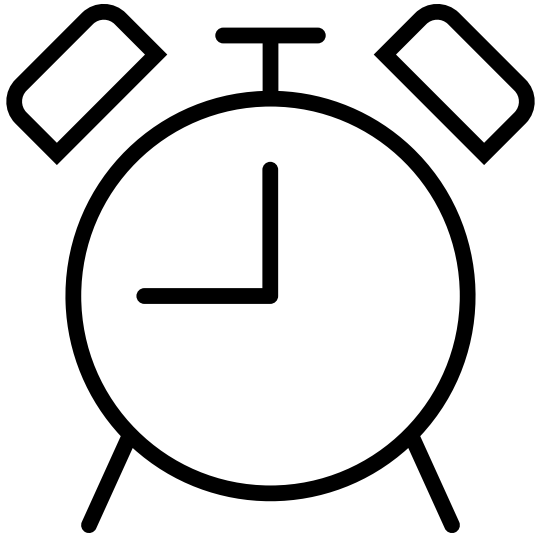
Safety and possible minor discomforts and their management

- A pregnant woman can take MMS if she has diabetes, high blood pressure, heart disease, or a history of miscarriage.

- MMS is **safe** and does not cause major side effects. Pregnant women may experience some minor discomfort, which is usually temporary until their body adjusts to the iron in the tablet.

    - Some of these minor discomforts include: constipation, upset stomach, mild headaches and/or nausea.
    - This is typically less than what is experienced with IFAS (lower iron dosage).
    - If experiencing these side effects, taking MMS at night and/or with food may help alleviate them.
    - In concerned, the pregnant woman is advised to contact her healthcare provider.

Recap of Day 1



- Consequences of anaemia
- Increased micronutrient needs during pregnancy
- MMS vs IFAS
- Transition from IFAS to MMS
- Key messages on the provision of MMS
- MMS Adherence

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Module 5. MMS Take Home Sheet

Content Overview

فیکٹ شیٹ

ایم ایم ایس گولی کی معلومات

ایم ایم ایس کیا ھے؟

ملٹیپل مائیکرونیوٹرینٹ سپلیمنٹ (ایم ایم ایس) حاملہ خواتین کے لئے غذائی ضمیمہ ہے جس کی ایک گولی میں فولاد اور فولک ایسڈ سمیت 15 اجزاء (وٹامنز اور معدنیات) شامل ہیں جو حاملہ خواتین کو صحت مند رکھنے میں مدد دیتے ہیں۔

ایم ایم ایس آپ کے لئے کیوں ضروری ھے؟

ایم ایم ایس کا استعمال آپ کو صحت مند رکھے گا، آپ کو تھکن محسوس نہیں ہو گی اور آپ کو کمزوری محسوس نہیں ہو گی۔

ایم ایم ایس کب لینا شروع کریں؟

حمل کا پتہ چلتے ہی ایم ایم ایس استعمال کرنا شروع کر دیں۔ ایم ایم ایس کے علاوہ صحت بخش، متوازن غذا لینے کی پوری کوشش کریں جس میں سبزیاں، پھل پروٹین (گوشت، دالیں، انڈے وغیرہ)، اناج اور اناج والی چیزیں (چپاتی، چاول وغیرہ)، دودھ اور دودھ سے بنی چیزیں (دہی، پنیر وغیرہ) شامل ہوں۔

آپ کو ایم ایم ایس کی پوری بوتل کیوں مل رھی ھے؟

اس بوتل میں 180 گولیاں ہیں۔ ہر دن ایک گولی لیں۔ اپنے دوران حمل (اے۔این۔سی) دورے پر جانا یاد رکھیں، چاہے آپ کے پاس ایم ایم ایس کی گولیاں ابھی باقی کیوں نہ ہوں۔ آپ اپنی بچی ہوئی ایم ایم ایس کی گولیاں پیدائش کے بعد اور / یا دودھ پلانے کے دوران کھا سکتی ہیں۔

ایم ایم ایس کس طرح لی جاتی ھے؟

یاد رکھنے کا بہتر طریقہ یہ ہے کہ گولی لینے کے لئے دن کا ایک وقت مقرر کر لیں۔ ایک گولی روزانہ پانی کے گلاس کے ساتھ لیں۔

اگر آپ ایم ایم ایس لینا بھول جائیں تو کیا کریں؟

اگر آپ کسی ایک دن بھول جائیں تو اگلے دن دو گولیاں نہ لیں بلکہ اسی طرح ایک گولی روزانہ لیتے رہیں۔

Use of MMS Take Home Sheet

Utilization by the healthcare workers:

- Healthcare providers can use this MMS Take Home Sheet as a reference when explaining to the pregnant woman about MMS.

Provision to the pregnant woman:

- When giving the pregnant woman her MMS bottle, healthcare providers should also provide the pregnant woman with a copy of the MMS Take Home Sheet for her personal reference.

Use of MMS Take Home Sheet *(cont'd)*

Role play

Working in pairs, practice using the MMS Take Home Sheet.

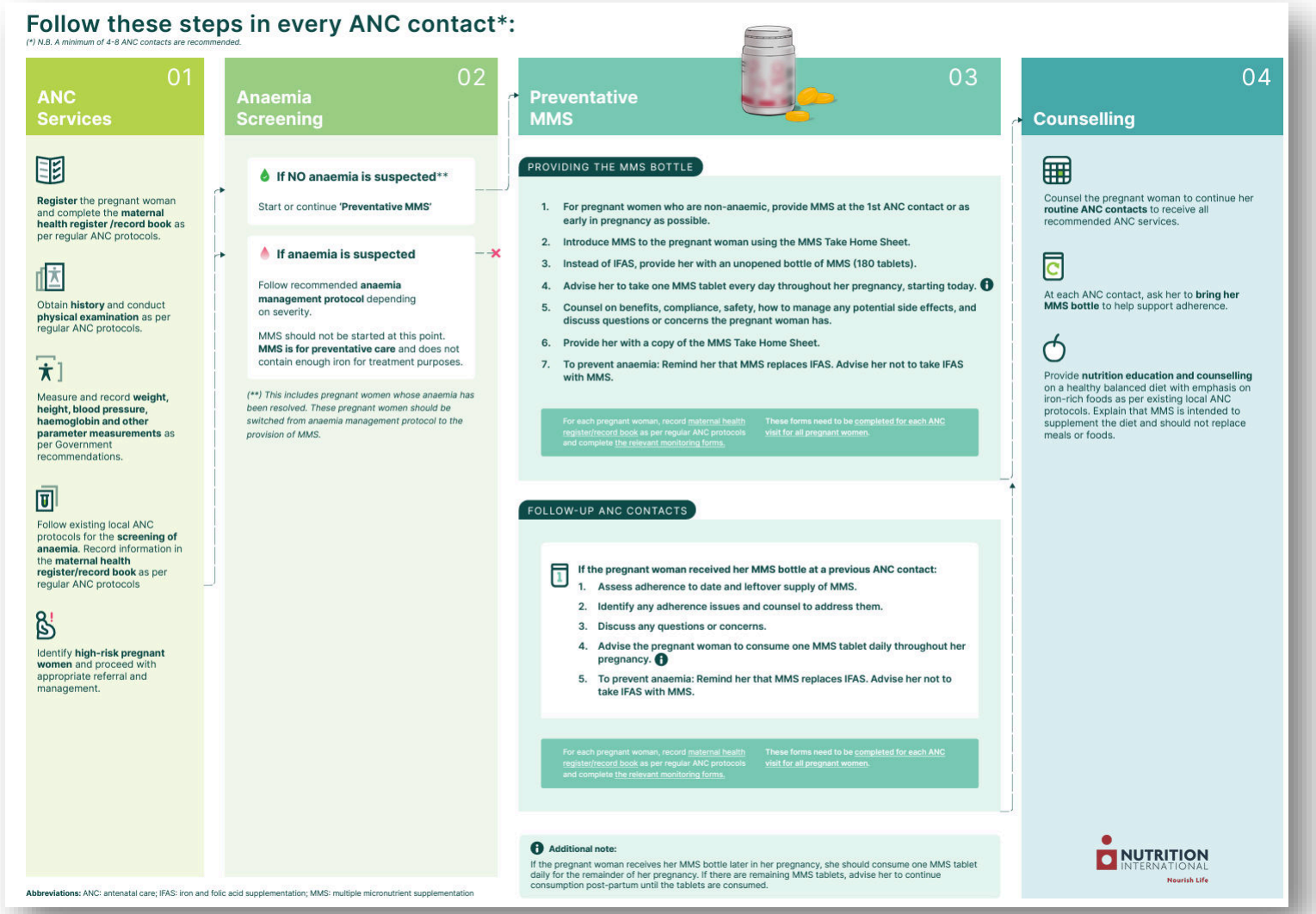
Overview of the Training

- Module 1: Setting the Tone
- Module 2: Nutrition During Pregnancy
- Module 3: From IFAS to MMS
- Module 4: Key Messages on the Provision of MMS
- Module 5: MMS Take Home Sheet
- **Module 6: Standard Operating Procedures (SOPs)**
- Module 7: Monitoring and Reporting
- Module 8: Closing of the Training

Module 6. Standard Operating Procedures (SOPs)

Content Overview

English



Module 6. Standard Operating Procedures (SOPs)

- At each ANC contact, a set of recommended services are expected to be offered to pregnant women → Continue to follow these recommendations as per government protocols.
- In addition, follow the SOPs for guidance on the provision of MMS instead of IFAS.
- According to WHO guidelines, pregnant women should have a minimum of 8 ANC contacts. Ideally, the first ANC contact should take place as early in pregnancy as possible.
- Screening pregnant women for anaemia is crucial and should be conducted according to local protocols. Screening results should be documented in the relevant existing records.

Module 6. Standard Operating Procedures (SOPs) *(cont'd)*

If anaemia is suspected:

- The recommended anaemia management protocol should be followed depending on severity. MMS should not be initiated (or continued) at this point.
- MMS is for preventative care and should be initiated (or continued) if there is no anaemia (or if the anaemia has been managed/resolved).

Module 6. Standard Operating Procedures (SOPs) *(cont'd)*

If NO anaemia is suspected:

- MMS is provided to the pregnant woman in an **unopened bottle** containing 180 tablets (~ six-months supply of MMS)

Module 6. Standard Operating Procedures (SOPs) *(cont'd)*

- MMS is intended to supplement an adequate nutritious diet → Continue providing nutrition counselling
- At each ANC contact, it is important to address any adherence issues during counselling.
- During each ANC contact, pregnant women should be reminded:
  - To take their MMS daily
  - When they will need to come back for their follow-up ANC contacts

Module 6. Standard Operating Procedures (SOPs) *(cont'd)*

Role play

Practice using the SOPs.

Module 6. Standard Operating Procedures (SOPs) *(cont'd)*

Group discussion of different scenarios using the SOPs as a guide:

Profile card 1:

A pregnant woman who presents at her first ANC contact and has not yet taken any IFAS or MMS.

Is she eligible for MMS (Yes/No)? Why?

Assess anaemia first.

Module 6. Standard Operating Procedures (SOPs) *(cont'd)*

Group discussion of different scenarios using the SOPs as a guide:

Profile card 2:

A pregnant woman who arrives late in her pregnancy (later in second or in third trimester) for her **first** ANC contact and has not yet taken any IFAS or MMS.

Is she eligible for MMS (Yes/No)? Why?

Assess anaemia first.

Module 6. Standard Operating Procedures (SOPs) *(cont'd)*

Group discussion of different scenarios using the SOPs as a guide:

Profile card 3:

A pregnant woman who arrives for her follow-up ANC contact after her anaemia has been resolved.

Is she eligible for MMS (Yes/No)? Why?

Yes, she is **eligible for MMS**.

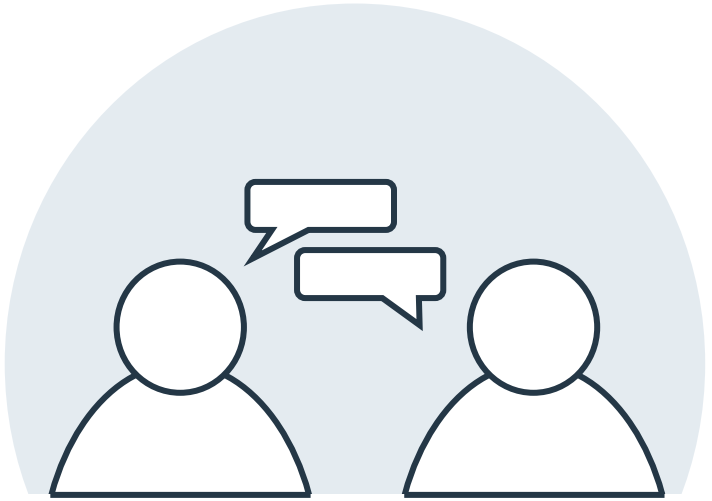
Interpersonal Communication (IPC)

Exchange of verbal and non-verbal communication

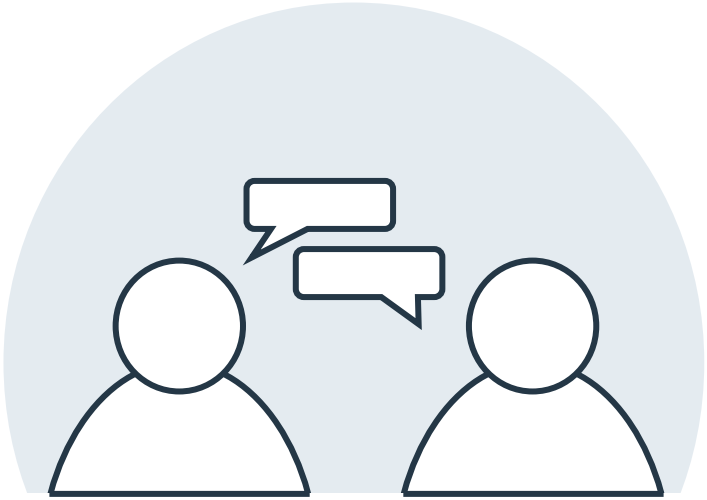
Channel for the exchange of information, thoughts and feelings

Integral component in quality antenatal care

Fundamental in building trust and increasing satisfaction and adherence to their health plan, including taking MMS



IPC Techniques



For building trust :

- Greeting the woman
- Inviting her to share her thoughts
- Providing encouragement
- Actively listening

For fostering interactive communication:

- Asking open-ended questions
- Seeking clarification
- Encouraging questions and share her concerns
- Asking her for her ideas and preferences
- Assessing her understanding of MMS and her action plans

Overview of the Training

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- **Module 7: Monitoring and Reporting**
- Module 8: Closing of the Training

Module 7. Monitoring and Reporting

Purpose of monitoring:

To collect, review and learn from data on a regular basis to better understand the program, its effectiveness, whether it is achieving the intended targets and identify areas for improvement in real-time.

Monitoring system:

During the project design phase, a monitoring plan is established to structure this system and define what is collected, how, when and by whom.

Module 7. Monitoring and Reporting

How to monitor MMS

MMS is a new commodity and has not been included in the government routine monitoring systems. An indicator for MMS has recently been included in the DHIS 2

Where DHIS 2 is not yet fully active, a complementary monitoring system will need to be established to:

- Capture this missing information and help track what commodities pregnant women receive, manage stocks and facilitate project course correction as needed

An example of this complementary monitoring system from AMMI has been included in this presentation

Monitoring Forms to be Completed

To be adapted based on MMS monitoring plan

Every time a pregnant woman comes to her ANC visit (**even if she is not taking MMS**) you need to:

1. Fill out the **existing ANC forms/records** as per usual protocol

and

2. Complete your relevant project-specific form: **LHW-Form-1 or HCF-Form-3**

To be adapted based on MMS monitoring plan

Module 7. Monitoring and Reporting

Monitoring Forms to be Completed by LHWs

1 LHW Diary

حاملہ خواتین کی لسٹ

کوائف			TT کے ٹیکے			زچگی کی متوقع تاریخ (مہینہ/سال لکھیں)	ہنر مند فرد سے معائنہ				زچگی کس نے کی (CMW/LHV/ڈاکٹر/دائی/غیر ہنر مند)	حمل کا نتیجہ (زندہ پیدائش/مردہ پیدائش/اسقاط)	تبصرہ/خاص اقدام
نمبر شمار	نام	خاندان نمبر	کارڈ نمبر	پہلا	دوسرا		پہلا	دوسرا	تیسرا	چوتھا			

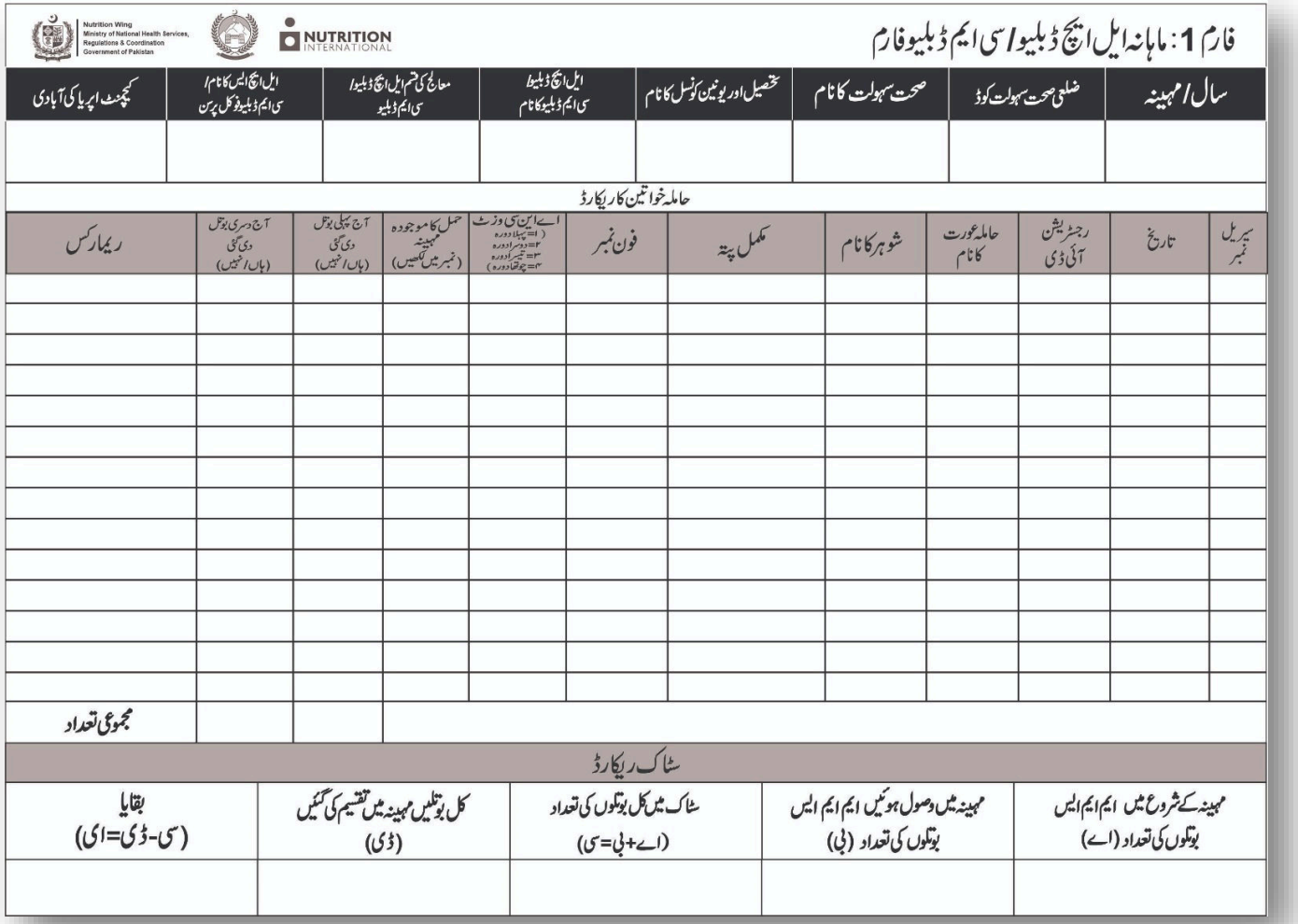
To be adapted based on MMS monitoring plan

Module 7. Monitoring and Reporting

Monitoring Forms to be Completed by LHWs *(cont'd)*

2

LHW-Form 1



Nutrition Wing
Ministry of National Health Services, Regulations & Coordination
Government of Pakistan

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فارم 1: ماہانہ ایل ایچ ڈبلیو/سی ایم ڈبلیو فارم

سال/مہینہ	ضلعی صحت سہولت کوڈ	صحت سہولت کا نام	تحصیل اور یونین کونسل کا نام	ایل ایچ ڈبلیو/ سی ایم ڈبلیو کا نام	معالج کی قسم ایل ایچ ڈبلیو/ سی ایم ڈبلیو	ایل ایچ ایس کا نام/ سی ایم ڈبلیو فل پرسن	کمیونٹی اپریا کی آبادی

حاملہ خواتین کا ریکارڈ

سیریل نمبر	تاریخ	رجسٹریشن آئی ڈی	حاملہ عورت کا نام	شوہر کا نام	مکمل پتہ	فون نمبر	اے این سی وزٹ (۱=پہلا دورہ ۲=دوسرا دورہ ۳=تیسرا دورہ ۴=چوتھا دورہ)	حمل کا موجودہ مہینہ (نمبر میں لکھیں)	آج پہلی بوتل دی گئی (ہاں/نہیں)	آج دوسری بوتل دی گئی (ہاں/نہیں)	ریمارکس
مجموعی تعداد											

سٹاک ریکارڈ

مہینہ کے شروع میں ایم ایم ایس بوتلوں کی تعداد (اے)	مہینہ میں وصول ہوئیں ایم ایم ایس بوتلوں کی تعداد (بی)	سٹاک میں کل بوتلوں کی تعداد (اے+بی=سی)	کل بوتلیں مہینہ میں تقسیم کی گئیں (ڈی)	بقایا (سی-ڈی=ای)

- LHW-Form 1 helps track changes in program outputs and performance over time.
- It complements the existing routine system and helps us capture missing information.
- It tracks what pregnant women have received, manage stocks, and facilitate course correction as needed.

To be adapted based on MMS monitoring plan

Module 7. Monitoring and Reporting

Monitoring Forms to be Completed by HCFs

1 MCH / ANC Register

Month: _____ Year: _____

MATERNAL HEALTH REGISTER

Yearly MH Serial No (New cases)	Follow-up Cases (Previous Yearly No./ Year of Registration)	Name with Husband Name	Age (in years)	Address	EDD	Hb (Circle if <10 g/dl)	ANC Services		PNC Services		TT Vaccination Advice (Tick only)	Other Services (Investigations/ referral(s) / Remarks
							ANCI	ANC Revisit	PNCI	PNC Revisit		
1	2	3	4	5	6	7	8	9	10	11	12	13
		<<Total brought from previous page>>										

Monitoring Forms to be Completed by HCFs *(cont'd)*

To be adapted based on MMS monitoring plan

2

HCF-Form 3

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Government of Pakistan

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Nourish Life

فارم ۳ : ماہانہ صحت سہولت فارم

مہینہ / سال	ضلعی صحت سہولت کوڈ	صحت سہولت کی قسم: بی ایچ یو/آر ایچ سی/ایم سی ایچ سی اے ٹی سی/سی اے ٹی ٹی ڈی ایچ کیو/ ٹی ٹری	صحت سہولت کا نام	تحصیل اور یونین کونسل کا نام	ہیلتھ ورکر کا نام	ہیلتھ ورکر کا عہدہ

حاملہ خواتین کا ریکارڈ

سیریل نمبر	تاریخ	رجسٹریشن آئی ڈی	حاملہ عورت کا نام	شوہر کا نام	حاملہ عورت کا پتہ	فون نمبر	اے این ایس وزٹ (۱= پہلا دورہ، ۲= دوسرہ دورہ، ۳= تیسرا دورہ، ۴= چوتھا دورہ۔۔۔)	حمل کا مہینہ موجودہ اے این ایس وزٹ (نمبر میں لکھیں)	آج پہلی بوتل دی گئی (ہاں / نہیں)	آج دوسری بوتل دی گئی (ہاں / نہیں)	ریمارکس
مجموعی تعداد											

سٹاک ریکارڈ

مہینہ کے شروع میں ایم ایم ایس بوتلوں کی تعداد (اے)	مہینہ میں وصول ہوئیں ایم ایم ایس بوتلوں کی تعداد (بی)	سٹاک میں کل بوتلوں کی تعداد (اے + بی = سی)	کل بوتلیں مہینہ میں تقسیم کی گئیں (ڈی)	بقایا (سی - ڈی = ڈی)

سپروائزر کا نام _____ سپروائزر کے دستخط _____

- HCF-Form 3 helps track changes in program outputs and performance over time.
- It complements the existing system and helps us capture missing information.
- It tracks what pregnant women have received, manage stocks, and facilitate course correction as needed.

Monitoring Forms to be Completed *(cont'd)*

Role play

Practice using the monitoring forms.

Scenario:

A pregnant woman comes to you for her 1st ANC contact. Kindly demonstrate:

a) How will the MMS be provided?

b) How will the daily register and monitoring forms be completed?

Overview of the Training

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- Module 7: Monitoring and Reporting
- **Module 8: Closing of the Training**

Next steps

For Master Trainers

Cascade planning

- Training plan
- Team of trainers
- Trainer's manual and agenda
- Focal personnel

Module 8. Closing of the training

Post-test assessment and training evaluation

- The post-test evaluation form will help assess how much you learned from this training.
- The training evaluation form will allow you to provide your feedback on this training.

Module 8. Closing of the training

✓Post-test assessment

✓Training evaluation

✓Comments from Facilitators

Conclusion

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Contact Nutrition International for Resources & Guidance