

OPTIMIZING ADHERENCE FOR MATERNAL MULTIPLE MICRONUTRIENT SUPPLEMENTATION (MMS) IN NIGERIA

Introduction of MMS through antenatal care in Bauchi State, Nigeria:

Training for healthcare workers

JULY 2024



Overview of MMS Standard Package 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 Factsheet**
- **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.



Module 1. Setting the Tone

Background to MMS Introduction

- Antenatal care (ANC) has been recognized as a strategic platform to deliver services, promote health and prevent diseases.
- World Health Organization (WHO, 2020) recommended administering MMS instead of IFAS during pregnancy.
 - Upcoming Modules will provide further details regarding MMS and IFAS.
- The Government of Nigeria through the Federal Ministry of Health (FMoH) expressed interest in transitioning from IFAS to MMS and requested more implementation evidence in the Nigerian context.



Module 1. Setting the Tone

Background to MMS Introduction *(cont'd)*



- Building on ongoing collaborations between the Government of Nigeria and Nutrition International, this project aims to:
 - Understand the realities of introducing MMS
 - Explore how to increase pregnant women's adherence to MMS
- During the project's implementation period:
 - All public ANC services in the three focal LGAs in Bauchi State will be providing MMS instead of IFAS.
- To support this, a 'standard introduction package' is provided, which includes this training and project-specific materials and tools.



Module 1. Setting the Tone

Overview of the Training



Therefore, this training is part of a wider project that aims to support the introduction of MMS through ANC.

It is designed to:

- Enhance the healthcare workers' understanding of MMS
- Explore the considerations of MMS inclusion in routine ANC
- Provide instructions on the utilization of tools and processes developed for MMS implementation



Module 1. Setting the Tone

Overview of the Training *(cont'd)*



Do you have any knowledge or experience with MMS 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).



Module 1. Setting the Tone

Overview of the Training *(cont'd)*

- As part of this training program, you will find in front of you essential resources needed for the provision of MMS, which include:
 - MMS Factsheet
 - MMS Standard Operating Procedures (SOPs)
 - Monitoring Form 1
 - Monitoring Form 2
- 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.
- **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.
- **Adherence** (related to MMS): WHO recommends MMS to 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.

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



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Module 2. Nutrition During Pregnancy

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)
1 st trimester	-
2 nd trimester	+ 340
3 rd trimester	+ 452

1 snack
(e.g. 1 small bowl of fresh fruits; a handful of groundnuts)

1 small meal
(e.g. 1 small piece of meat pie; 2 small Moi Moi wraps)





Module 2. Nutrition During Pregnancy

Increased Nutritional Needs of Pregnant Women *(cont'd)*

Recommended Dietary Allowance (RDA) of selected micronutrients

RDA *	Non-pregnant		Pregnant	
	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 the 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



Module 2. Nutrition During Pregnancy

High Burden of Pregnancy and Birth Outcomes in Nigeria

Neonatal mortality rate (2018) ¹

- 39 deaths per 1000 live births in Nigeria
- 38 deaths per 1000 live births in Bauchi State



Sub-Saharan Africa reported the highest global neonatal mortality rate (2020): 27 deaths per 1000 live births ²

Nigeria and Bauchi State higher

Maternal mortality ratio (2018) ¹

- 512 deaths per 100 000 live births in Nigeria



Global maternal mortality ratio (2020): 223 deaths per 100 000 live births ³

Twice as high in Nigeria

Source: ¹ NDHS (2018); ² WHO (2022); ³ UNICEF (2023)



Module 2. Nutrition During Pregnancy

High Burden of Pregnancy and Birth Outcomes in Nigeria

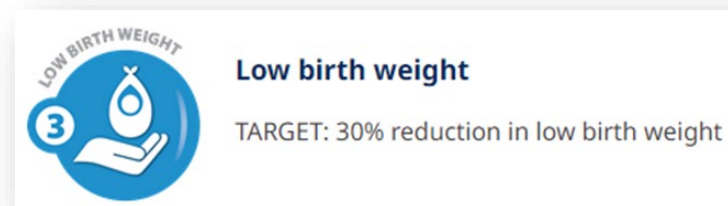
Low birth weight (2013) ¹

- 8.1% in Nigeria
- 9% in Bauchi State



Low birth weight (2018) ²

- 7.3% in Nigeria
- 12.1% in Bauchi State



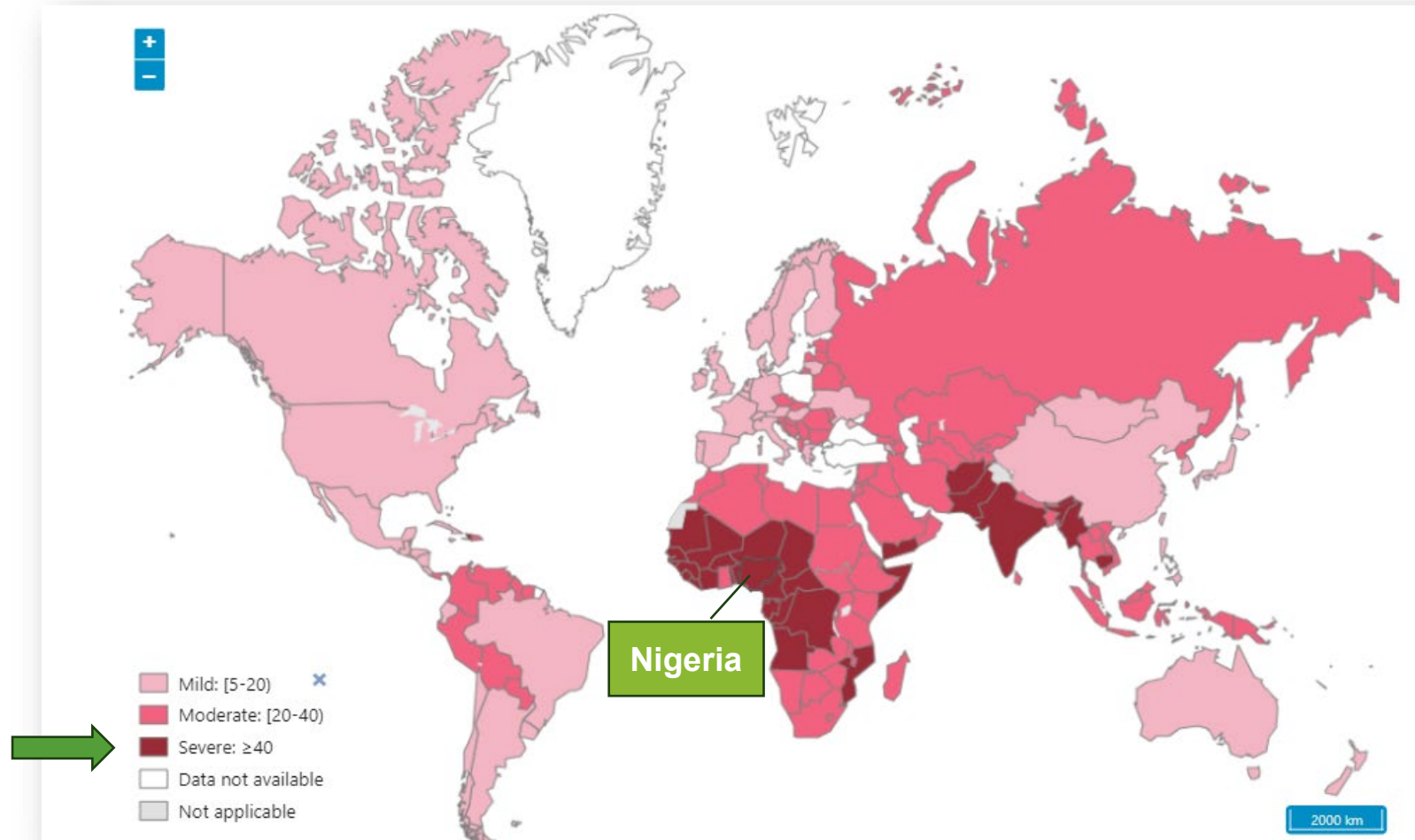
Source: ¹ NDHS (2013); ² NDHS (2018); ³ WHO (2014)





Module 2. Nutrition During Pregnancy

Anaemia among Women of Reproductive Age (WRA) (Year 2019)



Source: WHO 2023.
The Global Health Observatory



Module 2. Nutrition During Pregnancy

Preventing Anaemia and Other Deficiencies

To help prevent anaemia and decrease the risk of micronutrient deficiencies, pregnant women are recommended to consume:

(1) An adequate nutritious diet composed of a variety of foods, with emphasis on iron-rich foods (such as beef, poultry, and iron-fortified foods)

and

(2) Daily micronutrient supplementation that includes 30-60 mg of iron and 400 mcg of folic acid as recommended by the WHO ¹

- An example of such supplementation is MMS, which will be discussed in more detail later in this training.

Source: ¹WHO (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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Module 3. From IFAS to MMS

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 (usually in two tablets in Nigeria)
- MMS provides 13-15 micronutrients, including iron and folic acid (all in one tablet).
- MMS is different from MNP (micronutrient powders, used for children).



IFAS versus MMS *(cont'd)*



Group Discussion:

Have you been providing dietary supplements to pregnant women as part of routine ANC in Nigeria and/or Bauchi State?

- 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?

Module 3. From IFAS to MMS

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 now part of the WHO's Essential Medicine List (2022)

MMS tablet may vary from picture presented above

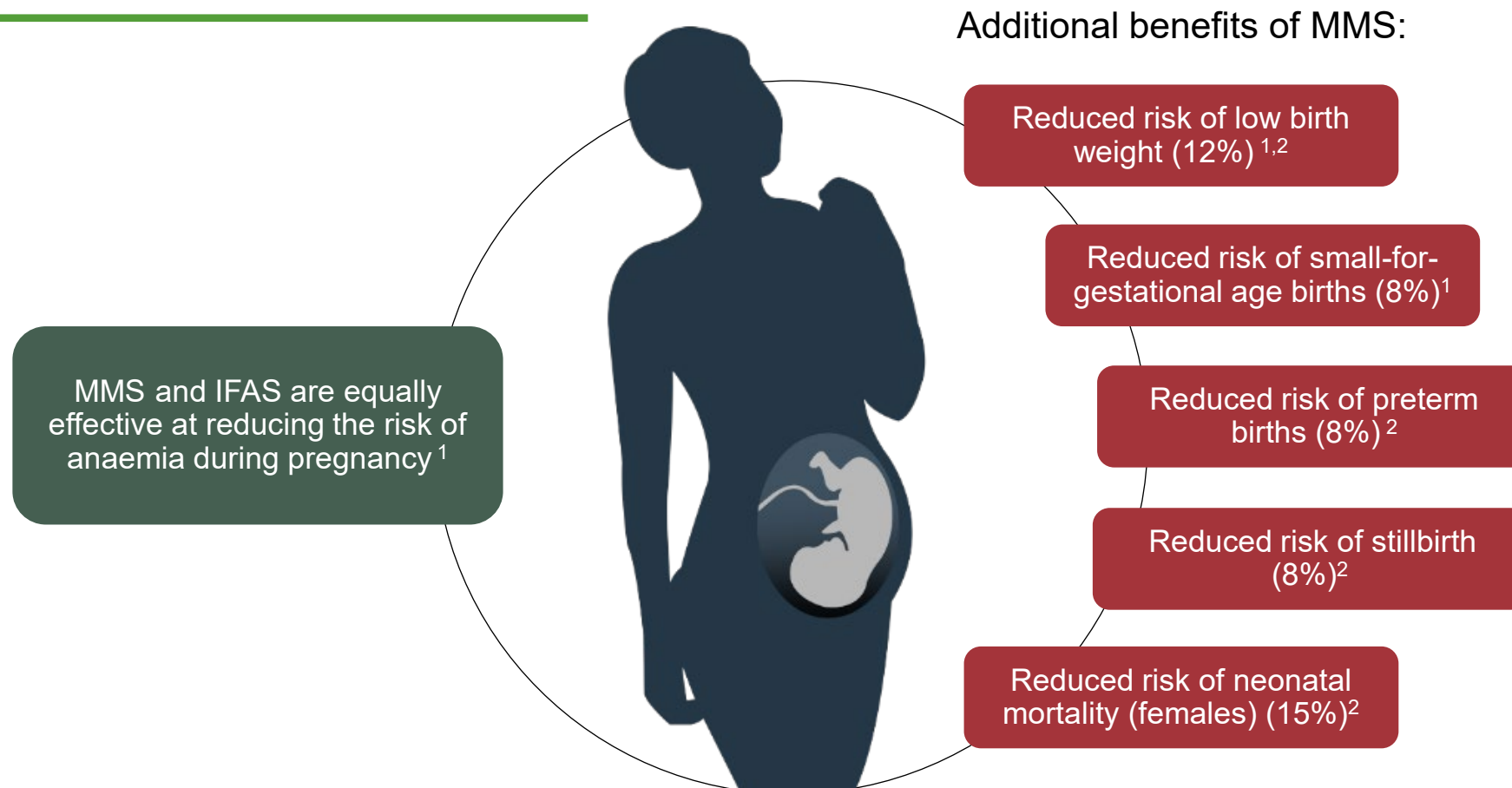




Module 3. From IFAS to MMS

Evidence: effectiveness of MMS vs. IFAS

For maternal birth outcomes



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



Contact Nutrition International for Resources & Guidance




Module 3. From IFAS to MMS


WHO Guidelines (2016)




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)



Module 3. From IFAS to MMS
WHO Guidelines (2016)

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)

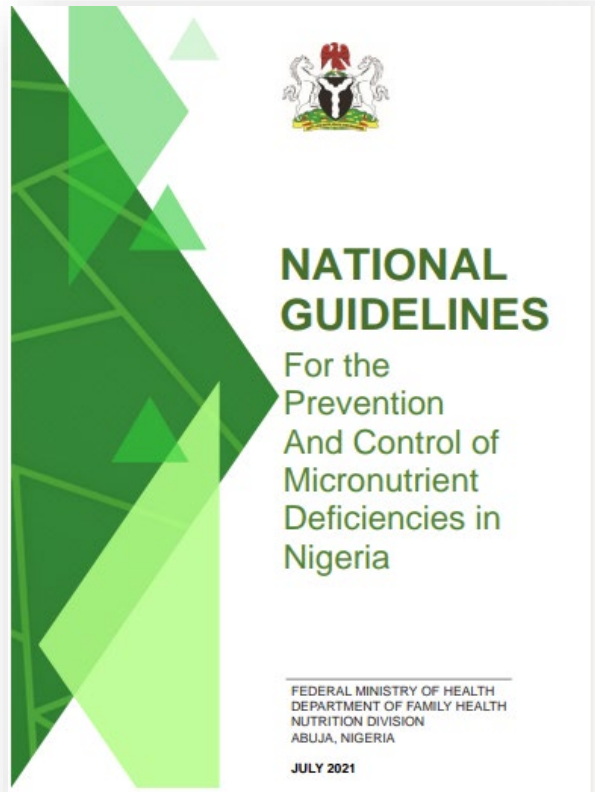


Contact Nutrition International for Resources & Guidance



Module 3. From IFAS to MMS

National Guidelines



In 2021, following the WHO's updated guidelines, the Nigerian Federal Ministry of Health approved the use of MMS during pregnancy through its updated *National Guidelines for the Prevention and Control of Micronutrient Deficiencies in Nigeria*.



Contact Nutrition International for Resources & Guidance

Module 3. From IFAS to MMS

Implementation Research



- In response and support to the Government of Nigeria's request, Nutrition International commenced an implementation research* project on MMS
 - Started in July 2022
- Since December 2023, and for the duration of the project, MMS has been provided to eligible pregnant women (instead of IFAS) as part of routine preventative ANC in 3 selected LGAs in Bauchi State.

* To help Nigeria understand how to optimize adherence to MMS among pregnant women.



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Who gets MMS in this Implementation Research Project?

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

- **Preventative care**

When the pregnant woman comes for her first ANC visit, she will be offered a bottle of MMS instead of IFAS.

- Unopened bottle of 100 tablets



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



Who gets MMS in this Implementation Research Project?

- As part of this implementation research project, MMS is intended for pregnant women who are **newly enrolled** in public ANC services.
- MMS formula was designed to meet the specific needs of pregnancy.
 - It is not intended for use by other age groups or men.
 - MMS is just for the pregnant woman and should not be shared with others.
- MMS is provided, **instead of IFAS**, to **non-anaemic pregnant women**.
- **If anaemia is suspected, MMS is not given.** The current recommended anaemia management protocol needs to 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

Module 4. Key Messages on the Provision of MMS

Initiation, Dosage and Intake of MMS *(cont'd)*

- As soon as the woman knows she is pregnant, she should visit ANC where, as part of routine ANC services, she will get a bottle of MMS.
- She should begin taking one whole MMS tablet as early in 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 after 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 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 forgot 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 stopped 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?

Module 4. Key Messages on the Provision of MMS

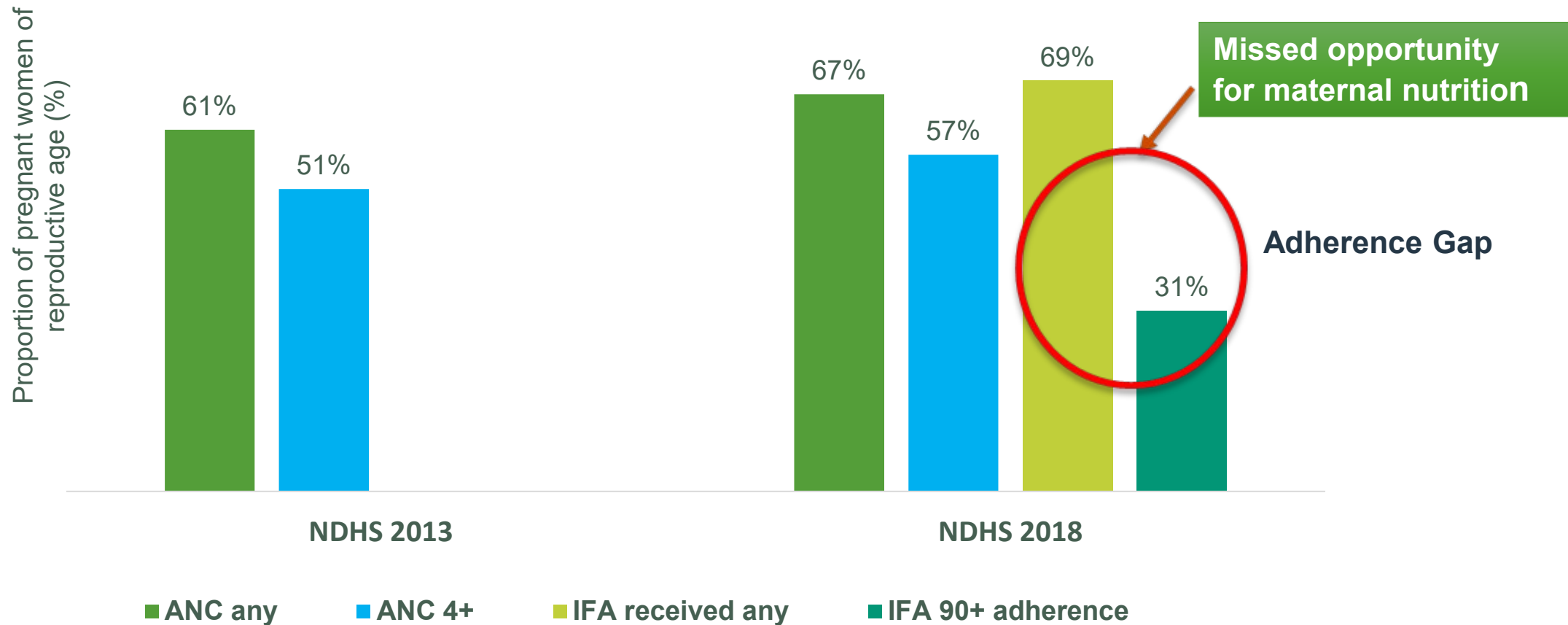
Initiation, Dosage and Intake of MMS *(cont'd)*

- 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 workers, it is crucial to assess and encourage pregnant women's adherence to MMS during each ANC visit. 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?



Module 4. Key Messages on the Provision of MMS

Adherence Gap



Adherence Gap *(cont'd)*



Brief group discussion:

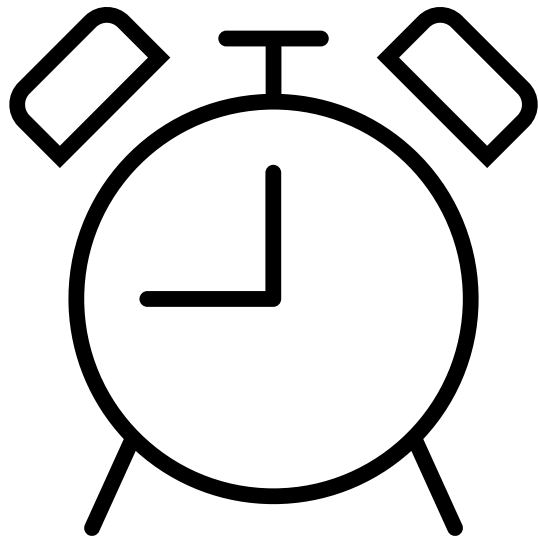
In your opinion/building on your experience, what might be barriers/challenges to MMS adherence among pregnant women in Bauchi State?

Safety and Possible Minor Discomforts and their Management

- A pregnant woman can take MMS if she has diabetes, high blood pressure, heart disease, malaria, or a history of miscarriage.
- MMS is **safe** and does not have 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).



Recap of Day 1



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



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Module 5. MMS Factsheet Content Overview

English

MMS INFORMATION FACT SHEET

What is MMS?

Multiple micronutrient supplementation (MMS) is a supplement for pregnant women to support a healthy pregnancy. MMS has 15 vitamins and minerals in one tablet (including iron and folic acid).



Why take MMS every day?

- MMS supports a healthy pregnancy and a healthy baby.
- MMS helps you feel less tired and more energetic.
- MMS supports optimal growth and development of your baby in womb.

When should you start taking MMS? How do you take it?

- Start taking MMS as soon as you know you are pregnant.
- Take one whole MMS tablet per day throughout your pregnancy.
- Swallow the tablet with a glass of clean water.
- To help you remember, take your MMS at the same time every day.
- Take MMS instead of iron and folic acid supplements (IFAS). Do not take them together.

How do you get MMS?

- During your antenatal care (ANC) visit at the health facility, your healthcare provider will give you an unopened bottle of MMS.
- This bottle has 100 tablets (supply for about 3 months).
- When you finish your first bottle, ask your healthcare provider for another unopened bottle.
- Those MMS tablets are just for you. Do not give them to others.
- Remember to come back to your follow-up ANC visits, even if you still have MMS tablets.
- You can consume your leftover MMS tablets after giving birth and/or while breastfeeding.

A healthy balanced diet is important.

Try to eat a healthy diet with a variety of available foods in enough amounts. This includes:

- Vegetables and fruits
- Proteins (meat, beans, fish, eggs, ...)
- Cereals (rice, wheat, ...)
- Tubers (yam, sweet potato, ...)
- Milk and milk products (cheese, ...)

Take MMS alongside this diet.




Questions or concerns that you or your family have about MMS, please contact your doctor or healthcare provider.




Hausa

TAKARDAR BAYANI AKAN MMS

Menene MMS?

Kwayar karin sinadaran (MMS) wani sinadari ne wanda aka tsara domin mata masu juna biyu saboda tallafawa lafiyar juna biyun. MMS ya kunshi sinadaran vitamins da minerals guda 15 a cikin kwaya guda daya (wannan da hada da sinadaran iron da folic acid).



Me yasa za a sha MMS kullum?

- MMS yana bada tallafi wajen kara lafiya yayin da ake da juna biyu da kuma lafiyar jariri.
- MMS yana taimakawa wajen rage jin kasala ya kuma kara kuzari.
- MMS yana inganta koshin lafiyar jaririn da kike dauke da shi a ciki.

Yaushe ya kamata ki fara shan MMS? Ta yaya za ki sha shi?

- Ya kamata ki fara shan MMS da zarar kin san cewa kina da juna biyu.
- Ki sha kwayar MMS guda daya kullum a tsawon lokacin da kike da juna biyu.
- Hadiye kwayar tare da ruwa kofi daya mai tsabta.
- Domin taimaka wa kanki wajen tunatarwa, ki sha kwayar MMS a lokaci guda kowace rana.
- Ki sha kwayar MMS a maimakon sinadaran iron da folic acid (IFAS). Kada ki sha su a tare.

Ta yaya za a samu MMS?


- Yayin da kika je zwin lafiyar juna biyu (ANC) a asibiti, mai kula da lafiyar ki zai ba ki robar kwayoyin sinadaran MMS da ba a bude ba.
- Wannan robar ya kunshi kwayoyi guda 100 (wadata kimanin watanni 3).
- Lokacin da kika gama shan kwayoyin ki da ke cikin robar MMS na farko, ki tambayi ma'aikata masu kula da lafiyar ki su baki wata robar da ba a bude ba.
- Wadannan kwayoyin MMS din naki ne ke kada, kada ki bawa wata.
- Ki tuna cewa ya kamata ki dawo asibiti domin ANC, ko da kwayoyin MMS din ki basu kare ba.
- Za ki iya shanye ragowar kwayoyin MMS bayan halihuwa da/ko lokacin da kike shayarwa.

Cin ingantaccen abinci mai gina jiki yana da muhimanci.

Ki yi kokarin cin ingantaccen abinci wanda yake kunsha da nau'ikan abinci a wadace. Wannan ya hada da:

- Kayan ganye da 'ya'yan itatuwa
- Sinadaran protein (nama, wake, kifi, kwai, ...)
- Hatsi (shinkafa, aikama, ...)
- Tusha (doya, dankalin za'ki, ...)
- Madara da kayan madara (cukwi, ...)

A sha MMS tare da wadannan nau'ikan abinci.




Idan ke ko wani daga cikin iyalan ki kuna da mbayoyi ko damuwa game da MMS, da fatan za ku tuntubi likitan ku ko ma'aikatan kiwon lafiya.



Use of MMS Factsheet

Utilization at the health facility:

- Healthcare workers can use this MMS Factsheet 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 workers should also provide the pregnant woman with a copy of the MMS Factsheet for her personal reference.

Note: A sample of this project's MMS Factsheet is available upon request.



Use of MMS Factsheet



Role play

Practice using the MMS Factsheet.



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Module 6. Standard Operating Procedures (SOPs) Content Overview

English

Standard Operating Procedures



Guidelines for the use of Multiple Micronutrient Supplementation (MMS), instead of Iron and Folic Acid Supplementation (IFAS), for preventative antenatal care services in public health facilities.

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

Multiple micronutrient supplementation (MMS) is a prenatal nutritional supplement specifically designed for pregnant women to support a healthy pregnancy. MMS provides a safe way to meet several maternal micronutrient requirements which can be difficult to achieve during pregnancy. Each tablet of MMS contains 15 vitamins and minerals, including iron and folic acid (Table 1).





Table 1: Weight and mineral composition of one tablet of MMS (based on WHO/IFAS/UNICEF Micronutrient Assessment Preparation Guidelines information)



Benefits of MMS

Daily MMS offers additional benefits for the pregnant woman and her baby compared to IFAS, including reduced risk of low birthweight, small for gestational age at birth, preterm birth, and still birth. MMS is also as effective as IFAS at reducing the risk of anaemia at term.¹


World Health Organization and National Guidelines

As of 2020, the World Health Organization recommends that countries which are considering transitioning from IFAS to MMS do so alongside implementation research to help understand program bottlenecks.


In Nigeria, in 2021, the Federal Ministry of Health (FMOH) approved the use of MMS during pregnancy through its updated *National Guidelines for the Prevention and Control of Micronutrient Deficiencies in Nigeria (MNDC Guidelines)*. A key research priority for the FMOH, in line with the WHO recommendation, is MMS implementation research to understand the operational realities of transitioning from IFAS to MMS.

MMS replacing IFAS

Pregnant women should be provided with MMS in unopened bottles (100-count) (not dispensed as individual tablets). Each pregnant woman will be provided up to a total of 2 bottles of MMS: the 1st bottle will be given at her first ANC visit, and the 2nd bottle will be provided approximately 3 months later or once she consumes the first 100 tablets. She will be asked to take one MMS tablet per day throughout her pregnancy. MMS is to be consumed by the pregnant woman only and should not be shared. MMS is intended to be taken as a supplement to a healthy balanced diet; therefore, it is important to continue providing nutrition counselling as part of ANC services.



1. World Health Organization, Nutritional interventions update: Multiple micronutrient supplements during pregnancy. WHO antenatal care recommendations for a positive pregnancy experience. [Internet]. 2020. Available from: <https://www.who.int/publications/item/9789240007783>



Standard Operating Procedures for Preventative MMS in ANC

Follow these steps in every ANC visit*:

(*) N.B. A minimum of 4-8 ANC visits are recommended

ANC Services 01

Register the pregnant woman and complete the **maternal health register/record book** as per regular ANC protocols.

Obtain **history** and conduct **physical examination** as per regular ANC protocols.

Measure and record **weight, height, blood pressure, haemoglobin and other parameter measurements** as per Government recommendations.

Follow existing local ANC protocols for the **screening of anaemia**. Record information in the **maternal health register/record book** as per regular ANC protocols.

Identify **high-risk pregnant women** and proceed with appropriate referral and management.

Anaemia Screening 02

If NO anaemia is suspected**

Start or continue **'Preventative MMS'**

If anaemia is suspected

Follow recommended **anaemia management protocol** depending on severity.

MMS should not be started at this point. **MMS is for preventative care** and does not contain enough iron for treatment purposes.

(**) This includes pregnant women whose anaemia has been resolved. These pregnant women should be switched from anaemia management protocol to the provision of MMS.

Preventative MMS 03

FIRST ANC VISIT

- Introduce MMS to the pregnant woman using the provided MMS Factsheet.
- Instead of IFAS, provide her with one unopened bottle of MMS (100 tablets). This is a 3-months' supply.
- Advise her to take one MMS tablet every day throughout her pregnancy, starting today. (See "Additional Note" at the bottom)
- Counsel on benefits, compliance, safety, how to manage any potential side effects, and discuss questions or concerns the pregnant woman has.
- Provide her with a copy of the MMS Factsheet.
- Remind her that MMS replaces IFAS. Advise her not to take IFAS with MMS.

For each pregnant woman, record maternal health register/record book as per regular ANC protocols and complete at least 1. These forms need to be pre-filled for each ANC visit for all pregnant women, including the ones who did not receive MMS at the ANC visit.

FOLLOWING ANC VISITS

If the pregnant woman received her 1st MMS bottle at a previous ANC visit:

- Assess adherence to date and leftover supply of MMS.
 - If her supply is running low (and she will run out before her next ANC or delivery), provide the 2nd bottle.
- Identify any adherence issues and counsel to address them.
- Discuss any questions or concerns.
- Advise the pregnant woman to consume one MMS tablet daily throughout her pregnancy. (See "Additional Note" at the bottom)
- Remind her that MMS replaces IFAS. Advise her not to take IFAS with MMS.

If the woman did NOT receive MMS at previous ANC visits:

Provide the 1st MMS bottle by following the protocol described above in the "First ANC Visit" section onwards. →

The next pregnant woman, record maternal health register/record book as per regular ANC protocols and complete at least 1. These forms need to be pre-filled for each ANC visit for all pregnant women, including the ones who did not receive MMS at the ANC visit.

Additional note:

If the pregnant woman receives her MMS bottle at 6-months gestation or beyond, she should consume one MMS tablet daily throughout her pregnancy. If there are remaining MMS tablets, advise her to continue consumption post-partum until all tablets are consumed.

Counselling 04

Counsel the pregnant woman to continue her **regular ANC visits** (even if her MMS stock has not run out yet).

- Record the date of her **next ANC visit** on her ANC card as per regular protocols.
- Also record the date when she will likely need a 2nd MMS bottle.

Ask her to **bring her MMS bottle** to each follow-up ANC visit.

Provide **nutrition education and counselling** on a healthy balanced diet with emphasis on iron-rich foods as per existing local ANC protocols. Explain that MMS is intended to supplement the diet and should not replace meals or foods.



Abbreviations: ANC: antenatal care; IFAS: iron and folic acid supplementation; MMS: multiple micronutrient supplementation



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Module 6. Standard Operating Procedures (SOPs) Content Overview

Hausa

Ingantattun Matakan Gudanarwa



Matakan gudanarwa domin amfani da sinadarin karin abubuwan gina jiki (MMS) don maye gurbin sinadaran iron da folic acid (IFAS) domin ayyukan kula da mata masu juna biyu a wuraren kiwon lafiyar jama'a.

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

Ƴawan Sinadarin Vitamin da Minerals da ke cikin Kwacewar MMS guda daya. Sinadarin Iron da Folic Acid, Vitamin B12, Vitamin B6, Vitamin B2, Vitamin B1, Vitamin C, Vitamin E, Vitamin D, Zinc, Selenium, Iodine, Copper, Iron.

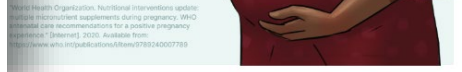


Amfanin MMS
Shan sinadarin MMS a kullum yana ba da karin fa'idoji ga mace mai ciki da don da take dauke da shi idan aka kwatanta shi da IFAS, wadannan fa'idojin sun hada da rage hadarin karancin nauyin jariri, halhuwar jariri, dan kankani, halhuwar jariri kafin lokacin halhuwar sha, da kuma halhuwar jariri babu rai. MMS yana kuma da fa'ida kamar IFAS wajen rage hadarin cutar rashin jini lokacin halhuwa.¹

Jagorin Hukumar Lafiya ta Duniya (WHO) da ta Kasa
A shekarar 2020, Hukumar Lafiya ta Duniya (WHO) ta bada shawara ga kasashen da suke tunanin sauyawa daga IFAS zuwa MMS da su yi hakan tare da yi bin cinke domin aiwatarwa don tamakawa wajen fahimtar matacin da za a iya fuskanta a shirin.
A Najeriya, a cikin shekarar 2021, Ma'akatar Lafiya ta Tarayya (FMoH) ta amince da amfani da MMS a lokacin da mace take da juna biyu ta hanyar sabbin Karajin ta Kasa don Rigakafi da Kula da matsalokin Karancin Abinci a Najeriya (Lagorin MNDCI). Abu mafi muhimmanci na bin cinke ga FMoH shi ne, bin shawarar da WHO ta bayar, shine bin cinke aiwatarwa akan MMS don fahimtar gaskiyar afamun da suke kewaye da sauyawa daga IFAS zuwa MMS.

MMS domin maye gurbin IFAS
Ƴakamata a ba mata masu juna biyu MMS a cikin kwatabe wadanda ba a buɗeɓa (mai dauke da kwayoyi-100) (kada a gaba kwayoyin daban-daban). Kwacewar mace mai juna biyu za a ba ta jini'irar roboti 2 na MMS: za a ba da roba ta 1st kamar shawarar 3 bayan heka ko kuma da zarar mace ta shayye kwayoyi 100 na farko. Za a ce wa mace ta sha kwayar MMS guda daya a kowace rana a iya tsawon lokacin ba take da juna biyu. Mace mai juna biyu ne kawai za a ba su MMS kuma kada a raba kwayoyin tare da wasu. Ana rufin shan MMS a matsayin karin sinadarai baya ga cin ingantaccen abinci mai fiyau, don haka, yana da muhimmanci mallakatan kiwon lafiya su ci gaba da bada shawarwarin cin abinci mai gina jiki a matsayin wari farangane na ayyukan ANC.

INGANTATTUN MATAKAN GUDANARWA



Bi wadannan matakan a kowace ziyarar ANC*:

01 Makanan Gudanarwa da ANC

Ƴi rijistar mace mai juna biyu kuma a cikin rijistar lafiyar mata masu juna biyu/itaifin rubuta bayanai kamar yadda ka'idodin ANC na yau da kullum saka.

Ƴi rijistar mace mai juna biyu kuma a cikin rijistar lafiyar mata masu juna biyu/itaifin rubuta bayanai kamar yadda ka'idodin ANC na yau da kullum saka.

Karin tarihi kuma a gudanar da gwajin jiki kamar yadda ka'idodin ANC na yau da kullum saka.

A ana kuma a rubuta nauyin/hawsharwan jini/sinadarin haemoglobin da sauran ma'aunai kamar yadda Owerimeti ta bauta.

Ƴi ka'idodin ANC na gida na gwajin cutar rashin jini. Rubuta bayanan a cikin rijistar mata masu juna biyu/itaifin rubuta bayanai kamar yadda ka'idodin ANC na yau da kullum saka.

Gano mata masu juna biyu da suke cikin hadarin kuma a ci gaba da kura su wajen da ya dace da basu kuluwam da ya dace.

02 Gwajin Cutar Rashin Jini

Idan BAA ZATON akwai cutar rashin jini**

Fara shan MMS domin rigakafi.

Idan an zaton akwai cutar rashin jini

Ƴi matan kullawa da cutar rashin jini dangane da tsammanin cutar.

Kada a fara shan MMS a wannan matsayin. MMS an yi shi ne domin rigakafi kuma baya kunkunhe da tsammanin sinadarin iron wanda ake bukata domin magan.

() Wannan ya hada da mata masu juna biyu da aka magance musu matatar karancin jini. Ya kamata a sauya wa wadannan mata masu juna biyu daga tsarin kula da cutar karancin jini zuwa samar da MMS.**

03 MMS domin Rigakafi

ZIYARAR ANC TA FARKO

- Gabatar da MMS kuma a yi amfani da takardar bayanai akan MMS da aka samar.
- Maimakon IFAS, samar wa macen robar MMS guda 1 wanda ba a buɗe ba (kwayoyi guda 100). Wannan har na tsawon watanni-3 ne.
- Bada shawara ga mace mai juna biyu shan sinadarin MMS a kullum a tsawon lokacin da take da juna biyu, fara daga yau, (daga "kari boyay" a kasa).
- Ƴi nashin akan fa'idoji, bin dokka, aminci, yadda za a kula da duk wata illar da zata iya haifarwa, da tattauna tambayoyi ko damuwar da mai juna biyu take da shi.
- Samar wa macen takardar bayanai akan MMS.
- Tuna wa macen akan cewar MMS ya maye gurbin IFAS. Bata shawara kada ta sha IFAS tare da MMS.

ZIYARAR ANC NA GABA

Idan mace mai juna biyu ta karfi robar kwayoyin MMS na farko (1) a daya daga cikin Ziyarar ANC da ta gabata:

- Ƴi ri'ikar da ri'ika kowace wata da kuma ragowar kwayoyin MMS
 - Idan kwayoyin san kusa karewa (kuma za su kare kafin Ziyarar ANC na gaba ko kafin ta haka, bada mata 2nd)
- Gane duk wata mata da ri'ika da bada shawara don magance su.
- Tattauna duk wasu tambayoyi ko damuwa.
- Bada shawara ga mace mai juna biyu da ta ri'ika shan kwayan MMS guda daya a kullum a tsawon lokacin da take da juna biyu, (daga kari boyay).
- Tuna mata cewa MMS ya maye gurbin IFAS. Bata shawara akan kar ta sha IFAS tare da MMS.

Idan mace BATA karfi MMS a zaman ta ANC da ya gabata ba:
Samar da robar kwayoyin MMS na farko tare da bin kalidar da aka bayyana a sashen "Ziyarar ANC ta Farko".

Ƴi karin bayan:
(Idan mace mai juna biyu ta karfi robar kwayoyin MMS, dinta a lokacin da daji yau watanni 6 ko sama da haka, yi kamata ta ri'ika kwayar MMS guda daya a kowace rana a tsawon lokacin da take da juna biyu, don amsa sauran kwayoyin MMS, bata shawara ta ci gaba da sha bayan ta haka har sai ta shayye kwayoyin gaba daya.)



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Module 6. Standard Operating Procedures (SOPs)

- At each ANC visit, a set of recommended services are expected to be offered to pregnant women → Continue to follow these recommendations as per government protocols.
- In addition, as part of this implementation research project, follow the project's SOPs for guidance on the provision of MMS for preventative care.
- In the context of Nigeria, it is recommended for pregnant women to receive a minimum of 4-8 ANC visits. Ideally, the first ANC visit should occur as early in pregnancy as possible.
- For this implementation research project, only pregnant women newly enrolled in ANC will be eligible to receive MMS instead of IFAS.
- Screening for anaemia in pregnant women is crucial and should be done by following the existing local protocols.
- Anaemia screening results should be recorded in the relevant existing documents.



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 started (or continued) at this point.
- MMS is intended for preventative care and should be started (or continued) if there is no anaemia (or if the anaemia has been managed/resolved).



Module 6. Standard Operating Procedures (SOPs)

If NO anaemia is suspected:

- MMS is provided to pregnant women in **unopened bottles** of 100 tablets each (~ three-months supply of MMS)
- 1st bottle of MMS: should be provided to her during her first ANC visit
- 2nd bottle of MMS: should be provided approximately three-months later (or once the woman has consumed the first 100 tablets).



Module 6. Standard Operating Procedures (SOPs)

- MMS is intended to be taken as a supplement to an adequate nutritious diet → Continue providing nutrition counselling
- At each ANC visit, it is important to address any adherence issues throughout counselling.
- During each ANC visit, pregnant women should be reminded:
 - To take their MMS daily
 - When they will need to come back for their next ANC visit
 - When they will be due for their 2nd bottle of MMS

Note: A sample of this project's SOPs is available upon request.



Module 6. Standard Operating Procedures (SOPs)

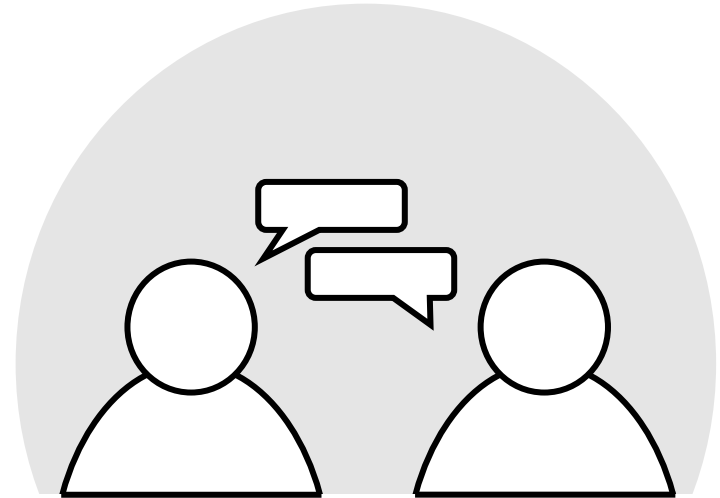
Interpersonal Communication (IPC)

Exchange of verbal and non-verbal communication

Channel for the exchange of information, thoughts and feelings

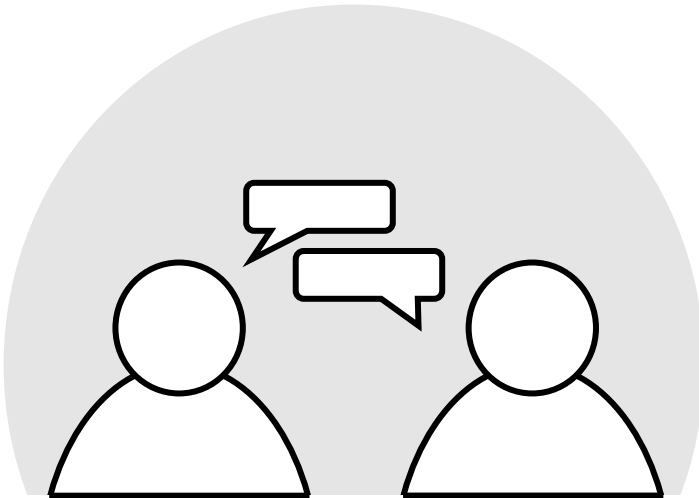
Integral component in quality antenatal care

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



Module 6. Standard Operating Procedures (SOPs)

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

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



Role play

Practice using the SOPs.



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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 visit and has not yet taken any IFAS or MMS.

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



Assess anaemia first.
If no anaemia, then **eligible for MMS**.

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 presents at her first ANC visit during her first trimester, has been diagnosed with anaemia and has not yet taken any IFAS or MMS.

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



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 late in her pregnancy (later in second or in third trimester) for her **first ANC visit** and has not yet taken any IFAS or MMS.

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



Assess anaemia first.

If no anaemia, then **eligible for 1 bottle of MMS**.

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



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

Profile card 4:

A pregnant woman who arrives later in second trimester **for a follow-up ANC visit** and has **completed** her first bottle of MMS.

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



Assess anaemia first.

If no anaemia, then **eligible for her second bottle of MMS.**

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



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

Profile card 5:

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

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



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

Overview of MMS Standard Package 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 Factsheet**
- **Module 6. Standard Operating Procedures (SOPs)**
- **[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.
- During the project design phase, a plan is established to structure the project's monitoring 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.
- A complementary monitoring system will need to be established to:
 - Help capture information about MMS
 - Help track what commodities pregnant women receive, manage stocks and facilitate project course correction as needed
- **Project-specific Monitoring Form 1 and Form 2** were developed for this project to collect information pertinent to the pregnant woman and track MMS stock.
 - *They are presented in the next slides.*



Module 7. Monitoring and reporting

How to Monitor MMS? *(cont'd)*

- During **each ANC visit** (even if the pregnant woman is not taking MMS), healthcare workers need to:
 - Fill out their existing ANC forms/records following their usual reporting protocol

AND

- Complete their relevant project-specific forms



Module 7. Monitoring and reporting

Monitoring Forms to be Completed

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 (with slight modifications)

- Health Facility Daily Register
- Integrated Maternal and Child Health Booklet
- Health Facility Monthly Summary Form
- ANC card

2

Complete your relevant project-specific form:
Monitoring Form 1

and



Module 7. Monitoring and reporting
Monitoring Forms to be Completed (cont'd)

1

**Health
Facility Daily
Register**

AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ
25. LLIN given (Tick if given LLIN during ANC visit)	26. Doses of IPT given: Tick as appropriate				27. Hematinics Given (Iron and Folic Acid supplement)	28. TD indicate: Td1, Td2, Td3, Td4 or Td5	29. Associated Problems			
	IPT1	IPT2	IPT3	IPT >3						

- Complete as per local existing protocols, except for pregnant women who are receiving MMS.
- For MMS:

In column 27 - 'Hematinics Given (Iron and Folic Acid Supplements)'

→ Write MMS.

1. STATE _____		NATIONAL HEALTH MANAGEMENT INFORMATION SYSTEM HEALTH FACILITY DAILY ANTE NATAL CARE ATTENDANCE REGISTER VERSION 2019										3. WARD _____		4. NAME OF HEALTH FACILITY _____		
6. S/N	7. Date (DD/MM/YYYY)	8. Name of Patient/Client	13. LMP (the exact date)	14. Age of Pregnancy (in wks)	15. Weight (kg)	16. Height (write in Meter- M)	17. Blood Pressure	18. No of Antenatal Clinic Visit(s) to Date	19. Counselling (Write Y for Yes/ N for No as appropriate)				20. Syphilis Testing & Treatment (Tick as appropriate)			
									HIV Testing Services	Female Genital Mutilation (FGM)	Family Planning	Maternal Nutrition	Early Initiation of Breastfeeding	Exclusive Breastfeeding	20a. Testing	
													Not Done	Positive	Negative	

Module 7. Monitoring and reporting Monitoring Forms to be Completed (cont'd)

1

Integrated
Maternal and
Child Health
Booklet

FOLLOW-UP/RETURN ANTENATAL CARE RECORD FORM (ANC-2)

Summary of Pregnancy-related problem identified

Risk factors identified	Allergies	Medications

FINAL EDD: / /

Return visits
(Recommended: 24-28 wks, 32wks, 36 PLUS unscheduled visit)

Date	Gest Age	S-F height	Wt.	Present/ position (after 36 weeks)	Fetal heart (after 28 weeks) Fetal Movement	Urine Protein	Glucose	BP	Comment (general wellbeing, conjunctiva, skin, gait e.t.c. and signature of health care provider)

Repeat Haemoglobin test result (28-30wks):

BIRTH Plan

Name of health facility chosen for delivery	Item needed for birth assembled?
Name and type of birth attendant selected (doctor/midwife)	Name of support person for labour
Transport plan	Name and tel. number of potential blood donor
Plan for getting funds for labour/emergency care	Person to care for other children (if any) during health facility admission



Iron Folate Given: Prescription tablets

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /

- Complete as per local existing protocols, except for pregnant women who are receiving MMS.

- For MMS:

In the section of 'Iron Folate Given: Prescription tablets'

→ tick "No" and report the provision of MMS beside the dates

Module 7. Monitoring and reporting Monitoring Forms to be Completed (cont'd)

1

Health Facility Monthly Summary Form

**NATIONAL HEALTH MANAGEMENT INFORMATION SYSTEM
HEALTH FACILITY MONTHLY SUMMARY FORM** VERSION 2019

Identification

Health Facility: _____ Month: _____
 Political Ward: _____ Year: _____
 U.G.A. _____ Public: _____ Private: _____
 Name: _____
 Facility Code: _____

Health Facility Attendance

1	2	Male				Female				Total
		6-28 days	29-41 days	12-19 mos	5-9 yrs	6-28 days	29-41 days	12-19 mos	5-9 yrs	
1	General Attendance									
2	Out-patient Attendance									
3	Patients admitted									
4	Inpatient discharges									

Mortality (Deaths)

5	Male				Female				Total
	6-28 days	29-41 days	12-19 mos	5-9 yrs	6-28 days	29-41 days	12-19 mos	5-9 yrs	
5	Deaths among individuals (disaggregated by age)								

Maternal Mortality

6. Deaths of women related to pregnancy (maternal deaths): _____

Causes of death

7	Post-partum haemorrhage	Septic	Obstructed labour	Abortion	Malaria	Anaemia	HIV	Other
7	Confirmed maternal deaths due to:							
8	Prematurity		Neonatal tetanus		Congenital Malformation		Other	
9	Malaria		Pneumonia		Malnutrition		Other	

Maternal Health (Anti-Natal Care)

10	10-14 yrs	15-19 yrs	20-24 yrs	25-29 yrs	≥ 30 yrs	Total
10	Antenatal attendance by pregnant women					
11	Antenatal attendance from visit					
12	gestation age before 20 weeks (GA < 20wks)					
13	gestation age 20 weeks or later (GA ≥ 20wks)					

12. Pregnant women that attended antenatal clinic for 4th visit
 13. Pregnant women that attended antenatal clinic for 5th visit
 14. Pregnant women counselled on Family Planning (FP)
 15. Pregnant women counselled on Maternal, Newborn, and Baby ANC
 16. ANC: syphilis test done
 17. ANC: syphilis test done
 18. ANC: syphilis test done
 19. ANC: syphilis test done
 20. ANC: syphilis test done
 21. ANC: syphilis test done
 22. ANC: syphilis test done
 23. ANC: syphilis test done
 24. ANC: syphilis test done
 25. ANC: syphilis test done
 26. Pregnant women who received malaria intermittent preventive treatment first dose (IPT1)
 27. Pregnant women who received malaria intermittent preventive treatment second dose (IPT2)
 28. Pregnant women who received malaria intermittent preventive treatment third dose (IPT3)

29	Pregnant women who received malaria intermittent preventive treatment more than third dose (IPT≥=4)
30	Pregnant women who received LLIN
31	Pregnant women who received Haematinics (Iron and Folic Acid supplements)
32	Pregnant women with severe anaemia
33	Pregnant women with proteinuria



44. Abortions

44	Induced	Spontaneous (non-induced)	Total
44			

45. Women who received Post-Abortion Care (PAC)

46. Women referred for complications of unsafe abortion

Maternal Health (Post-Natal Care)

47	Male				Female				Total
	1 day	2-7 days	8-14 days	15-28 days	1 day	2-7 days	8-14 days	15-28 days	
47	Postnatal clinic visits								

Newborn Health (Outcome of pregnancy)

48	Male		Female		Total
	<3.5kg	≥3.5kg	<3.5kg	≥3.5kg	
48	Live Births				
49	Live Births by HIV positive women only				
50	Macrosomic (MSB)		Fetal Still Births (FSB)		

Page 1 of 3

- Complete the document as per local existing protocols, indicating **only** the number of pregnant women who received Iron and Folic Acid.
- In row 31 - 'Hematinics (Iron and Folic Acid Supplements)'

Module 7. Monitoring and reporting
Monitoring Forms to be Completed (cont'd)

1

ANC Card

The form is titled 'ANC Card' and is used for monitoring pregnant women. It includes the following sections:

- Tracking Table:** A table with columns for 'Date:', 'B/P', 'Weigh', and 'Next App'.
- CLIP LETTER SUMMARISES HERE:** A section for summarizing letters.
- GLUE REPORTS OF INVESTIGATION HERE:** A section for recording investigation reports, numbered 1 through 8.
- TD VACCINE:** A table for recording the dates given for TT 1, TT 2, TT 3, TT 4, and TT 5, along with the date of the next appointment.
- DRUGS GIVEN:** A section for recording drugs given, including 'IRON FOLATE' and 'IPT'.
- PRIMARY ASSESSMENT:** A section for recording the primary assessment, including 'HISTORY OF PRESENT PREGNANCY', 'PHYSICAL EXAMINATION', and 'OTHER ABNORMALITIES'.
- EXAMINER:** A section for recording the examiner's name and signature.

- Complete as per local existing protocols, except for pregnant women who are receiving MMS.

- For MMS:

Remember to also write down the approximate date of when she will be receiving her 2nd MMS bottle.



Module 7. Monitoring and reporting Monitoring Forms to be Completed *(cont'd)*

State & LGA
officers

2

Form 1

Form 1: Maternal Supplementation Register

Health Facility Information				1. Month / Year: M M / Y Y Y Y				2. Health Facility Code (Number):							
3. Health Facility Name:				4. Level of Care: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary				5. LGA Name:				6. Ward Name:			
7. Community Name:				8. Health Worker Name:				9. Health Worker Designation: <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> CHEW <input type="checkbox"/> JCHEW <input type="checkbox"/> Other:							
Pregnant Women's Record															
S/N	Date	ANC card number	Pregnant Woman's name	Phone number	Home address	Husband's name	ANC visit number	Pregnancy week	Anaemia	IFAS given today?	MMS given today?	If yes,			
	D D M M								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 st bottle <input type="checkbox"/> 2 nd bottle			
	D D M M								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 st bottle <input type="checkbox"/> 2 nd bottle			
	D D M M								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 st bottle <input type="checkbox"/> 2 nd bottle			
	D D M M								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 st bottle <input type="checkbox"/> 2 nd bottle			
	D D M M								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 st bottle <input type="checkbox"/> 2 nd bottle			
	D D M M								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 st bottle <input type="checkbox"/> 2 nd bottle			
	D D M M								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 st bottle <input type="checkbox"/> 2 nd bottle			
	D D M M								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 st bottle <input type="checkbox"/> 2 nd bottle			
	D D M M								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 st bottle <input type="checkbox"/> 2 nd bottle			
	D D M M								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 st bottle <input type="checkbox"/> 2 nd bottle			
	D D M M								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 st bottle <input type="checkbox"/> 2 nd bottle			
Totals															
Signature				Abbreviations:											
Name of facility-in-charge:				ANC: antenatal care;											
Date of signature: D D - M M - Y Y Y Y				IFAS: iron and folic acid supplementation;											
Signature of facility-in-charge				MMS: multiple micronutrient supplementation											

- Carbon copies:
- Health facility: pink copy
 - LGA level: yellow copy
 - Nutrition International: original copy



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



Role play

Practice using the monitoring forms.

Scenario:

It is the 1st ANC Module upon receipt of MMS in Dass town PHC, kindly demonstrate:

- a) How will the MMS be released from the pharmacy?
- b) How will the ANC card, daily register, and Form 1 be filled by the Maternity-in-Charge?

Module 7. Monitoring and reporting

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

1

Fill out the **RIRF*** as per usual protocol (with some modifications)

and

2

Complete your relevant project-specific form: **Monitoring Form 2**



* *RIRF: Requisition, Issue, and Report Form*



Module 7. Monitoring and reporting Monitoring Forms to be Completed *(cont'd)*

1

RIRF

NUTRITION PROGRAM													 	
BIMONTHLY REQUISITION, ISSUE, AND REPORT FORM – SERVICE DELIVERY POINTS														
Reporting Period - Starting Month:						Reporting Period - Ending Month:						Year:		
SDP/Health Facility Name:						LGA Name:						State: Bauchi		
Columns		A	B	C	D	E	F	G	H	I	J	K	L	
N°	Product Description	Unit	Stock balance at the beginning of the 2 months'	Quantities received during the last 2 months	Cons over the past 2 months	Losses	Adjustments	Stock on Hand (B+C)-(D+E+F)	Physical Count	AMC Δ-2	Max Quantity I×4	Order Quantity J-H	Remark	
1	Multiple Micronutrient Supplement (MMS)	Bottle (100 Tablets)												
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
TOTAL														
REQUISITION						ISSUE								
Prepared by:						Date:			Prepared by:					
Authorized by:						Date:			Supplied by:					
									Received by:					
Comments														
*When you start a new form, stock balance at the beginning of the 2 months (B) must always be equal to Physical Count (H) from the preceding reporting period's RIRF.														

Complete the document as per local existing protocols for public health commodities, with some modifications:

- Columns “B to L” should be filled in line with standard/existing protocols.
- In the column entitled “product description”, MMS should be captured.
- In the column entitled “units”, “bottle (100 tablets)” should be captured.





Module 7. Monitoring and reporting Monitoring Forms to be Completed (cont'd)

2

Form 2

Form 2:
Monthly Health Facility Stock Form

This form is to be completed by the designated health worker at the end of each month. This form is additional to the regular governmental monitoring forms.




Health Facility Information		
1. Month / Year: [Month] / [Year]	2. Health Facility Code (Number):	3. Health Facility Name:
4. Level of Care: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary	5. State Name:	6. LGA Name:
7. Word Name:	8. Community Name:	
9. Health Worker Name:		
10. Health Worker Designation: <input type="checkbox"/> Pharmacy-in-charge <input type="checkbox"/> Pharmacy-technician <input type="checkbox"/> Other*		

*For health posts, Form 2 can be completed by the maternity-in-charge.

Stock Record		Number
A. Opening stock of MMS bottles this month (number):	A	
B. MMS bottles received this month (number):	B	
C. Total quantity of MMS bottles in stock (number):	A + B	
D. MMS bottles distributed this month (number):	D	
Comments:		

Abbreviation: MMS: multiple micronutrient supplementation

Signature	
1. Name of facility-in-charge:	2. Signature of facility-in-charge
3. Date of signature: [DD] / [MM] / [YY]	

Carbon copies:

- Health facility: pink copy
- LGA level: yellow copy
- Nutrition International: original copy

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



Role play

Practice using the monitoring forms.

Scenario: 40 bottles of MMS were sent to Doguwa PHCC in Giade LGA on October 5th, 2023.

Demonstrate the following:

- (a) How were the MMS bottles received by the Facility-in-Charge?
- (b) How will Form 2 be filled out by the Pharmacy-in-Charge / Maternity-in-Charge / Facility-in-Charge on October 30th, 2023?
- (c) How will the bimonthly RIRF form be filled by the Pharmacy-in-Charge and Facility-in-Charge by November 29th, 2023?

Overview of MMS Standard Package 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 Factsheet**
- **Module 6. Standard Operating Procedures (SOPs)**
- **Module 7. Monitoring and Reporting**
- **Module 8. Closing of the training**



Module 8. Closing of the training

Cascade Planning

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



Module 8. Closing of the training

Cascade Planning

- 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 the team

