

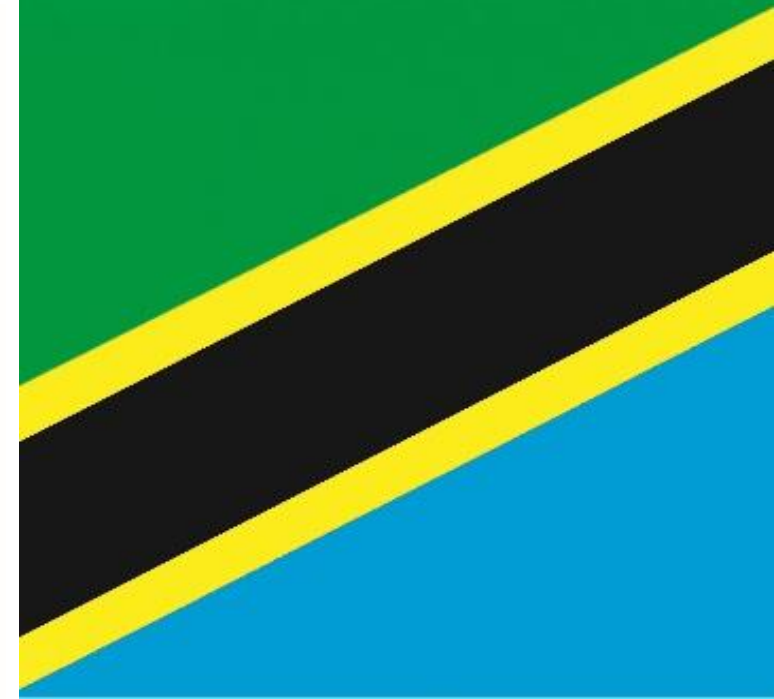
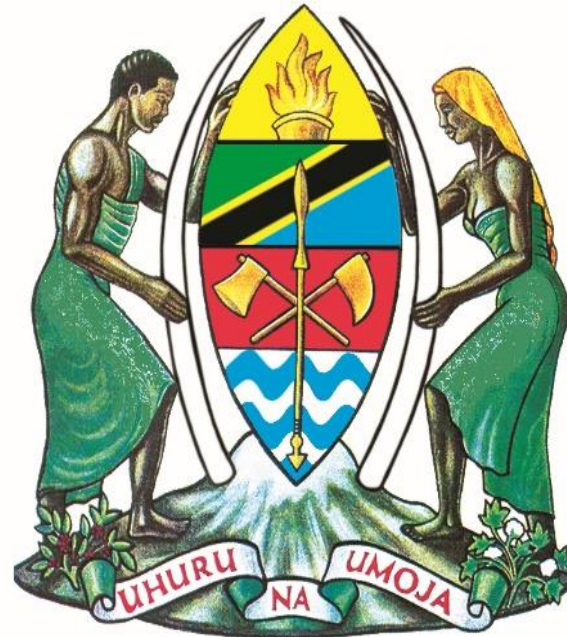
Scaling up essential interventions to improve nutrition and health among pregnant women attending ANC in Tanzania



**Improving Maternal Nutrition (IMAN)
Project in Tanzania**

Thursday, January 20th, 2022

SERENA HOTEL, DAR ES SALAAM



Outline

- ❑ Background
- ❑ Key findings
- ❑ IMAN Project Description
- ❑ Project Goal and Objectives
- ❑ IMAN -Theory of change
- ❑ IMAN - Design
- ❑ IMAN - Partnership
- ❑ IMAN - Coordination structure
- ❑ IMAN- Monitoring arrangements
- ❑ IMAN Implementation plan



Background



Facts on Maternal Nutrition, Pregnancy and Birth Outcomes in Tanzania

Indicator	%
Women 15-49 years with any anemia	40
Women 15-49 years iron deficiency	30
Pregnant women with any anemia	53
Pregnant women Iron deficiency	33
Pregnant women with iron-deficient anemia	23
Women 15-49 years Vitamin A deficiency	37
Pregnant women Vitamin A deficiency	42

THINNESS

% Women (ages 15-49) who are thin according to BMI (<18.5 kg/m²), 2015



OVERWEIGHT OR OBESE

% Women (ages 15-49) who are overweight or obese according to BMI (≥25 kg/m²), 2015



OBESE

% Women (ages 15-49) who are obese according to BMI (≥30 kg/m²), 2015



LOW STATURE

Women with height below 145 cm, 2015



ANAEMIA (WRA)

Prevalence of anaemia among women of reproductive age (WRA), % of women ages 15-49, 2015

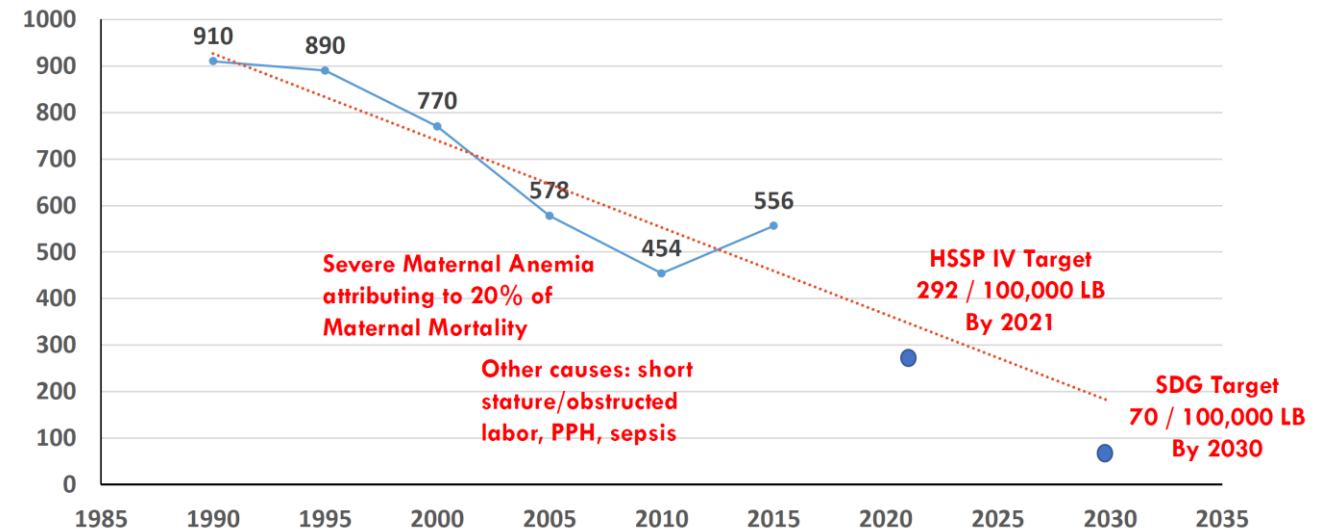


ANAEMIA (PREGNANT)

Prevalence of anaemia among pregnant women (%), 2015



MATERNAL MORTALITY RATIO 556 per 100,00 live births, 2015



Multiple Micronutrient Deficiencies among WRA are highly prevalent and have been associated with poor pregnancy and birth outcomes. Improving maternal nutrition interventions at scale can also reduce prematurity, low birth weight, SGA and improve survival and nutrition status throughout the life cycle

Improved Maternal Nutrition (IMAN) Project & Evidence Generation

NMNAP I MTR - Need for a renewed approach to improving maternal and adolescent nutrition through the development of the evidence-based IMAN package.

Government recommendations for nutrition actions from MOHCDGEC (PS, DPS, CMO) on renewed approach to Improving Maternal and adolescent nutrition in Tanzania

Priority Area	Action
Evidences generation	Generate evidence on need and demonstrate sustainable transition from Iron and Folic Acid to Multiple Micronutrient Supplementation for pregnancy in one region
Strengthen TFNC Laboratory capacities	Strengthen TFNC Laboratory capacities to generate adequate evidence within Tanzania.
Document lessons and propose a new approach	Document lessons on how the renewed approach to Improving Maternal and Adolescent Nutrition in Tanzania is implemented, monitored and evaluated
Local production of nutrition commodities	Explore possibilities of starting local production of nutrition commodities (i.e. premix for food fortification and micronutrients supplements) in line with the national industrialization strategy

Establish a national Technical Advisory Group (TAG) to guide implementation of the project and review the evidence generated.



Key Findings
from Baseline
Surveys

Methods

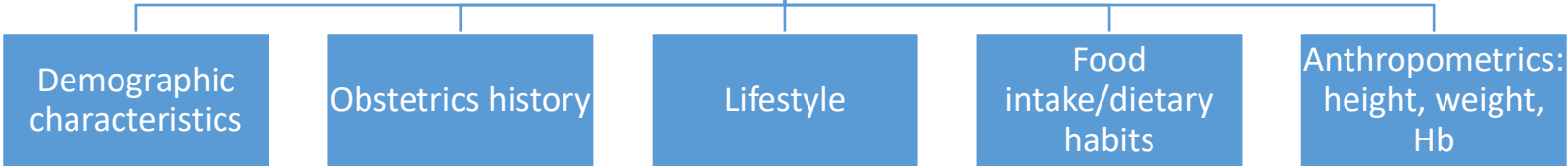
Cross-sectional study of pregnant women <28 weeks



7 Councils,
44 Health Facilities

1. Mbeya DC
2. Mbeya TC
3. Chunya
4. Kyela
5. Rungwe
6. Mbarali
7. Busekelo

Pregnant women
n = 420



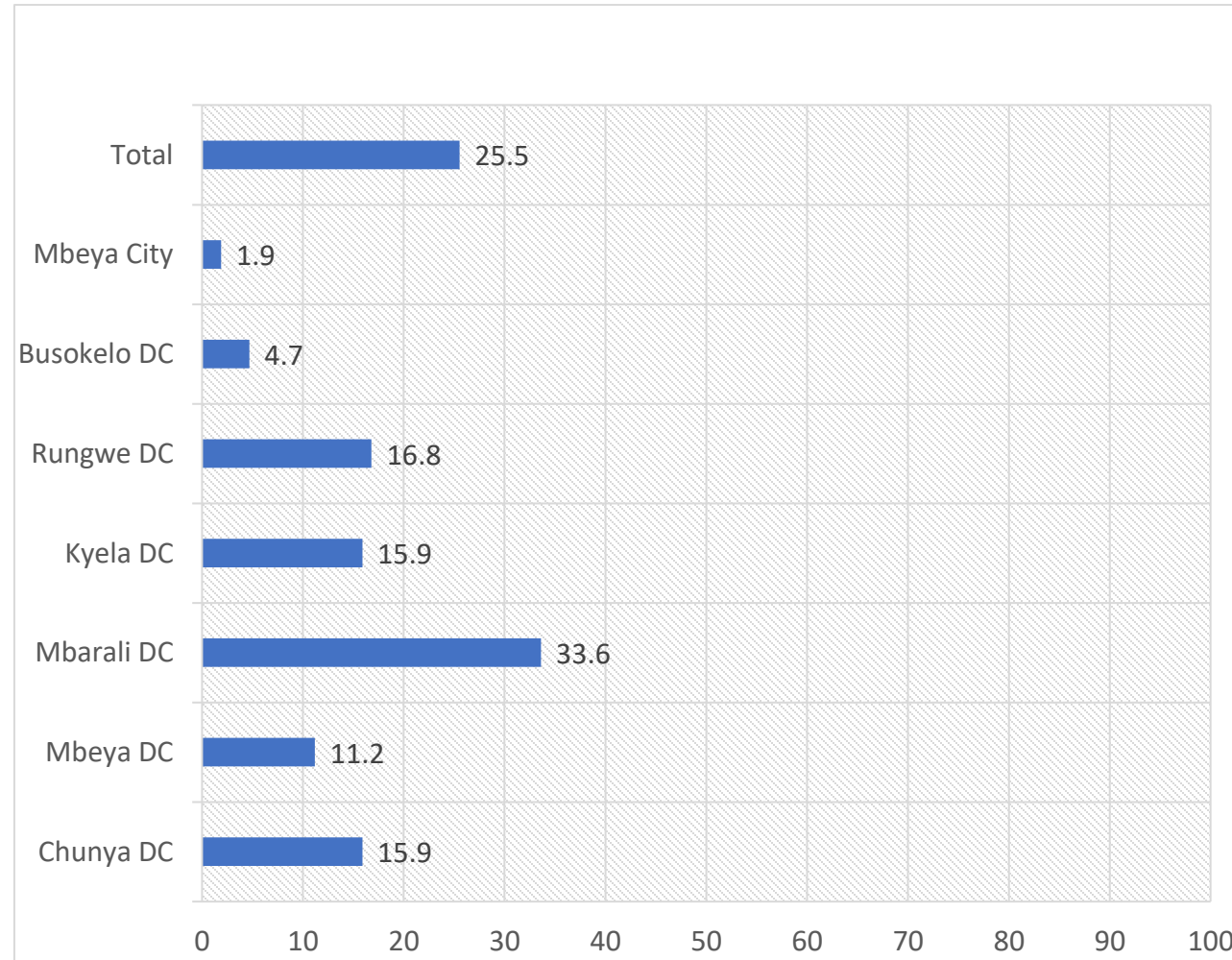
Aim: To determine nutritional status (height, weight, micronutrient status, quality of diet) in women aged 15-49 years who are attending ANC in Mbeya Region



<28 weeks

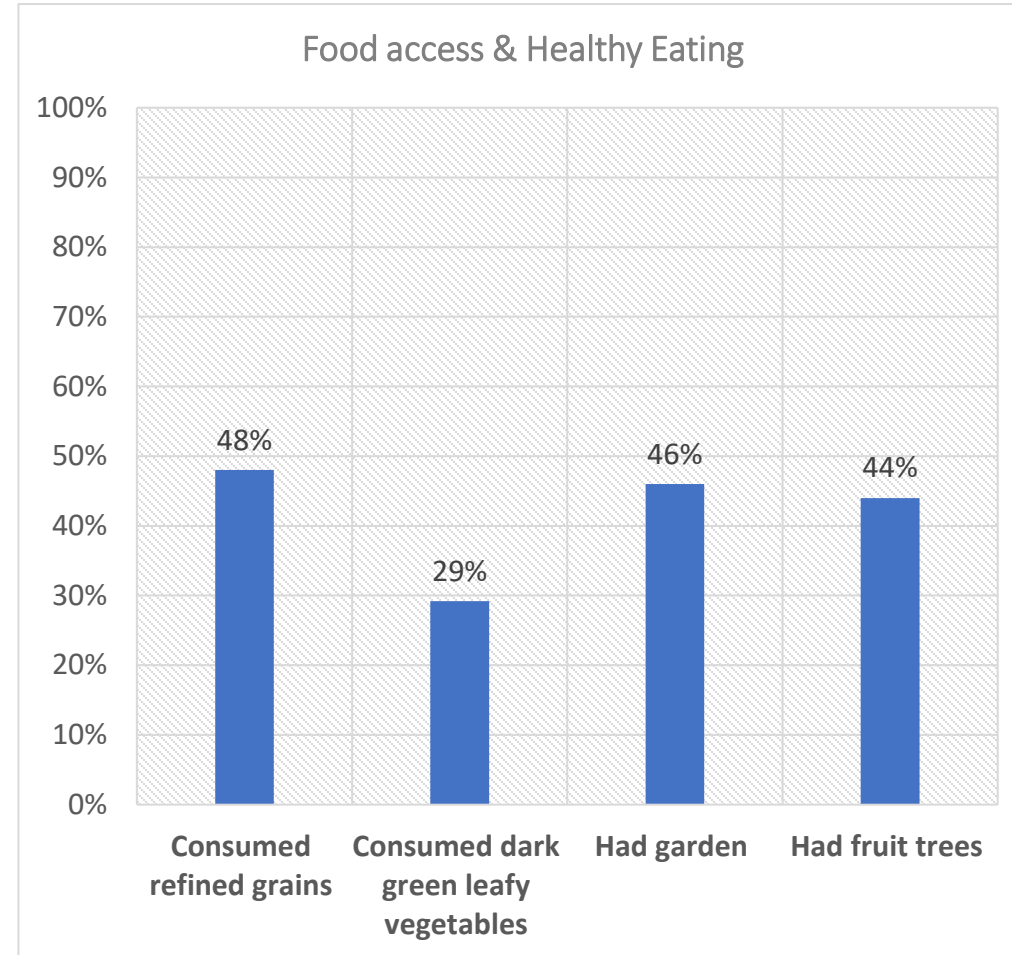
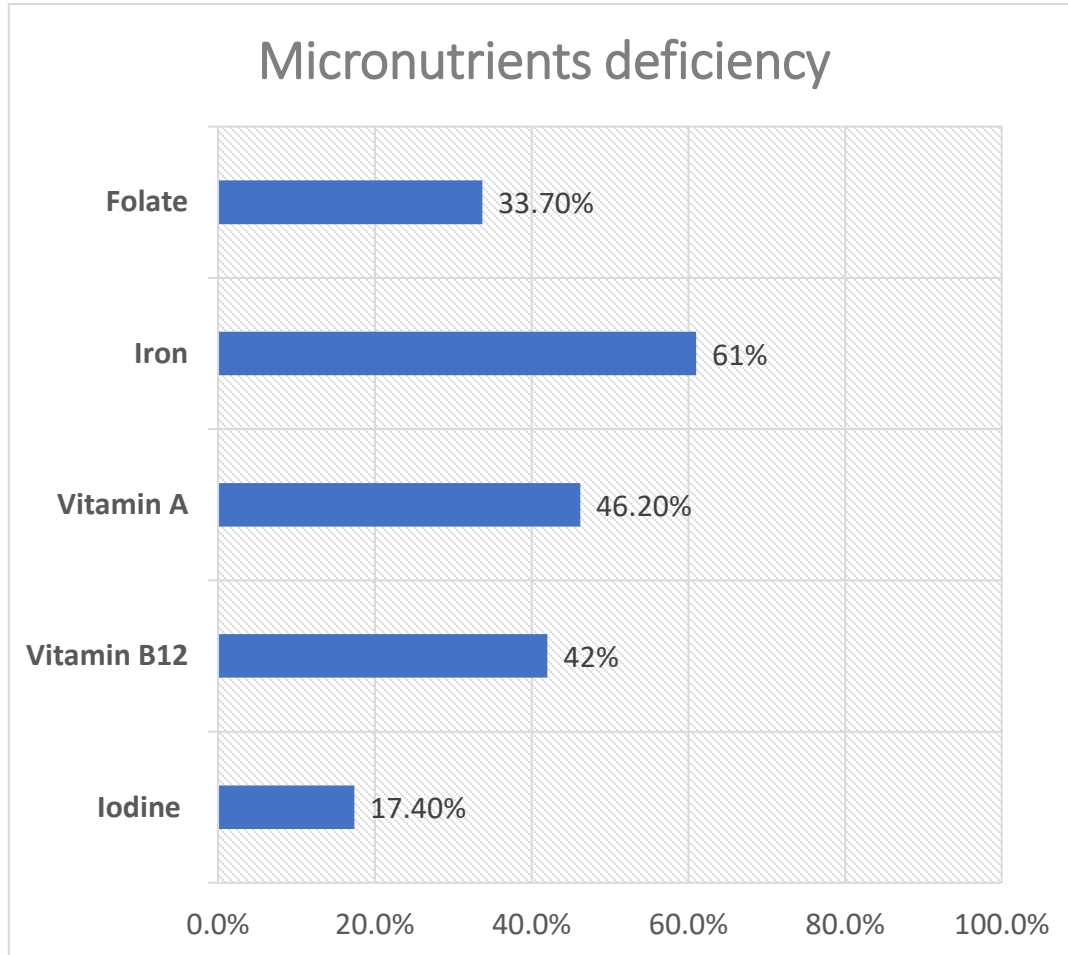
Micronutrient survey among pregnant women attending antenatal care in Mbeya region (1)

- 26% of pregnant women were anaemic
- Anaemia was more prevalent among pregnant women aged 40-49 years (33%)
- Anemia was highest (34%) in Mbarali DC



<28 weeks

Regional nutrition survey (including micronutrients survey) among pregnant women attending antenatal care in Mbeya region (2)



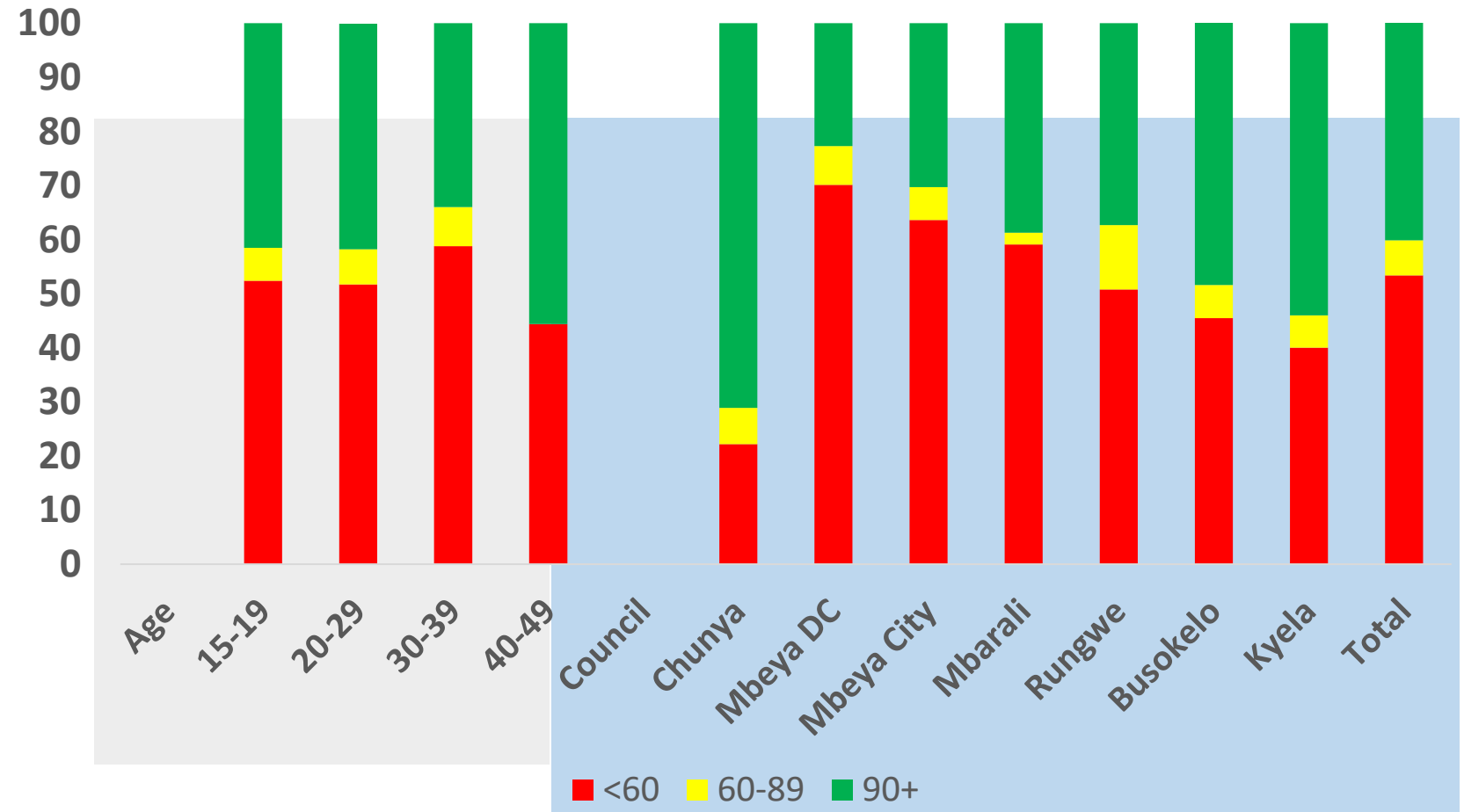
<28 weeks

Multiple Micronutrient Deficiencies among WRA are highly prevalent among pregnant women in Mbeya.

Pregnant women aged 15-49 years in Mbeya region had poor dietary quality due to high intakes of refined grains, and low intakes of healthy cruciferous vegetables, whole citrus fruits and poultry.

Regional nutrition survey (including micronutrients survey) among pregnant women attending antenatal care in Mbeya region (3)

- Intake of IFA supplements for 90 days or more was the highest among pregnant women in the age 40-49, from Chunya and Kyela DC



The challenge is on consumption/proper provision of IFA



The Renewed approach:
PROJECT DESCRIPTION

Project Goal and Objectives

The overall objective

To demonstrate how we can sustainably scale up delivery of a comprehensive package of interventions to improve maternal nutrition (Interventions, Platforms, and Enabling Environment/System strengthening).

The specific objectives

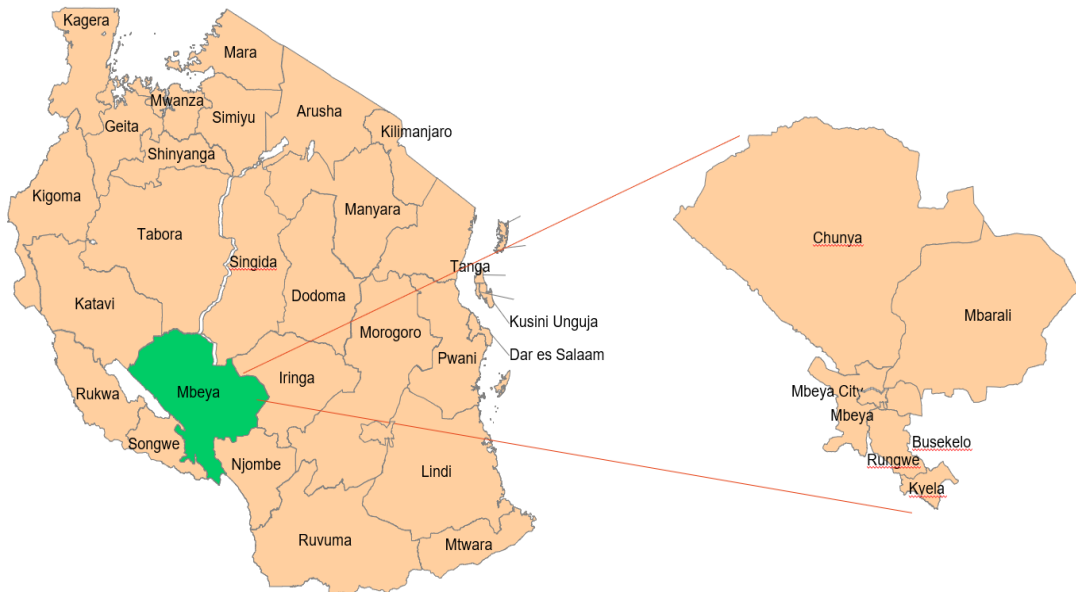
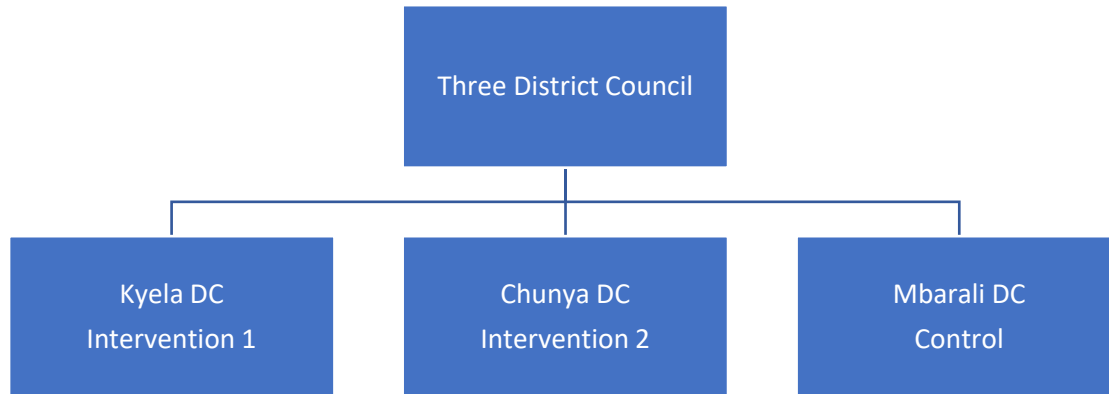
- 1. Improved quality of ANC services.*
- 2. Increase the compliance and uptake of nutrition interventions through ANC.*
- 3. Increase the demand of maternal nutrition services at community and health facility levels*

IMAN Theory of change

Impact	Reduced micronutrient deficiencies and poor birth outcomes among pregnant women			
Outcome	1. Increased coverage of adequate equitable and quality maternal nutrition services at community and facility level.		2. Women of reproductive age practice appropriate health and nutrition behaviors including consumption of diversified safe, nutritious, and adequate foods	
Risk	Occurrence of natural disaster and climate change related shocks ; Political Instability, Reduced donor funding, High turnover of key staff in the Government, Occurrence of economic shocks, pandemic and epidemics, Change of political will toward nutrition			
Assumptions	Government policies and regulations continue to support provision of maternal nutrition services, Communication platforms are willing to support maternal nutrition promotion, Community members an open mind towards good maternal nutrition.			
Outputs	1.1 Increased availability, accessibility and sustainability of maternal nutrition SERVICES at facility and community level	1.2. Improved enabling environment for maternal nutrition	2.1 Women of reproductive age have increased knowledge, access and consume diversified, safe, nutritious and adequate DIETS	2.2 Increased empowerment of Adolescents, parents (men and women) and caregivers' involvement on informed and appropriate health and nutrition BEHAVIORS
Strategies	Health and Community health systems strengthening for maternal nutrition			

IMAN Project Design (1)

Health systems strengthening implementation research project as an adaptative trial.



- **Arm 1 (Intervention group- Kyela district council):** MMS + enhanced clinic (quality of care) and community promotion (demand generation) through delivery of comprehensive maternal nutrition care package.
- **Arm 2 (Intervention group- Chunya district council):** IFA + enhanced clinic (quality of care) and community promotion (demand generation) through delivery of comprehensive maternal nutrition care package.
- **Arm 3 (Control group- Mbarali district council):** continue with usual standard of care (IFA supplements) to pregnant women + education on timely utilization of maternal health services, dietary diversity, WASH, and Food Fortification.

IMAN Project Design (2)

Target Population

No.	Council	Population	Villages	VHND villages	Health facilities	HF with RCH	HH	Village with CHW'	# of CHW	Expected Pregnancies
1	Chunya	197,372	43	22	28	28	40,280	43	86	8,539
2	Kyela	249,555	99	83	56	40	60,868	93	186	8,382
3	Mbarali	373,861	113	113	56	51	86,877	113	226	13,823
Total		571,483	255	218	140	119	188,025	249	498	30,744

IMAN Project Design (3): Implementation strategy

The FILTER strategy to support a successful implementation of interventions will be applied.

Find – will involve investment in the Human Resources for Health (HRH) component of the health system by influencing recruitment of adequate and competent CHWs from within intervention villages and skilled health workers (SHWs) to follow up.

Link - CHWs will encourage prompt ANC/RCH clinic attendance and schedule ANC/MCH clinic appointments by mobile phone device at the time of initial CHW visit (Link).

Treat - The ANC/RCH clinics in the facilities will provide the complete EHC package to each subject and will mainly address the quality-of-service delivery, technologies and commodities component. These include haemoglobin testing using the haemocue machine and malaria test using the Rapid Diagnostics Tests (RDTs).

***Auditing of commodities** - A quality data plan- Supervision, regular data quality audits (DQA) and supplies are conducted to assess the completeness, accuracy and timeliness of facility monthly reports submitted to the district level

Retain - Subjects will be tracked and if one defaults the CHW will be dispatched to the subject's home to counsel the woman/family and accompany the woman to the health facility for the ANC/MCH visit.

***Delivery of intervention package requires direct investment in Human Resources, Commodities, Delivery platforms, Nutrition governance & Information system**

Health System Building Blocks

(Inputs/Interventions)

Leadership & governance

1. *Established management and governance and partnership committees at community, HF, and LGAs level*
2. *Enforced DMSCN capacities to coordinate and report on nutrition*

Financing

1. *Sensitised LGAs to use direct health facility financing and costing interventions for nutrition commodities and supplies*
2. *Enforced CHMTs capacities to plan and budget for nutrition*

Health Workforce

1. *Incentivised CHWs (Equipment's and tools)*
2. *Train CHWs to identify, refer, sensitized and follow up pregnant women at community level*
3. *Improved HCPs capacity through training on national ANC guidelines, maternal nutrition, nutrition assessment, nutritional counselling and support, SBCC, evidence-based planning and budgeting for nutrition, commodities procurement and management, monitoring and reporting.*

Service Delivery through Enhanced Maternal health and Nutrition Care Package:

1. *Reviewed/developed operational manual for ANC, SBCC package promoting ANC attendance, healthy diets, food fortification and adherence to supplements, additional tools.*
2. *Preventive measures through administration of Iron and Folic Acid supplementation and Multiple Micronutrient Supplements*
3. *Provide quality ANC services including nutrition*

Medical Products & Technologies

1. *Encouraged prompt ANC attendance and scheduled ANC clinic appointments using appropriate technologies*
2. *Ensured constant supply of supplements (both IFA & MMS)*
3. *Haemoglobin estimation using Haemocue at the facilities*

Health information systems

1. *Strengthened Health management information systems (training, data quality audits and data review to improve on collection, reporting and utilization of data at community, health facility and district levels).*

Intervention:

(Process and Outputs)

Pregnant mothers

Find

Access

Link

Coverage

Treat

Quality of care

Audits

Patient safety

Retain

New-born babies, Infants & Under five

Outcomes

- ❑ Increased coverage of adequate equitable and quality maternal nutrition services at community and facility level.
- ❑ Women of reproductive age practice appropriate health and nutrition behaviours including consumption of diversified safe, nutritious, and adequate foods.

IMAN Project Design (4): IMAN project added value

Areas to Improve

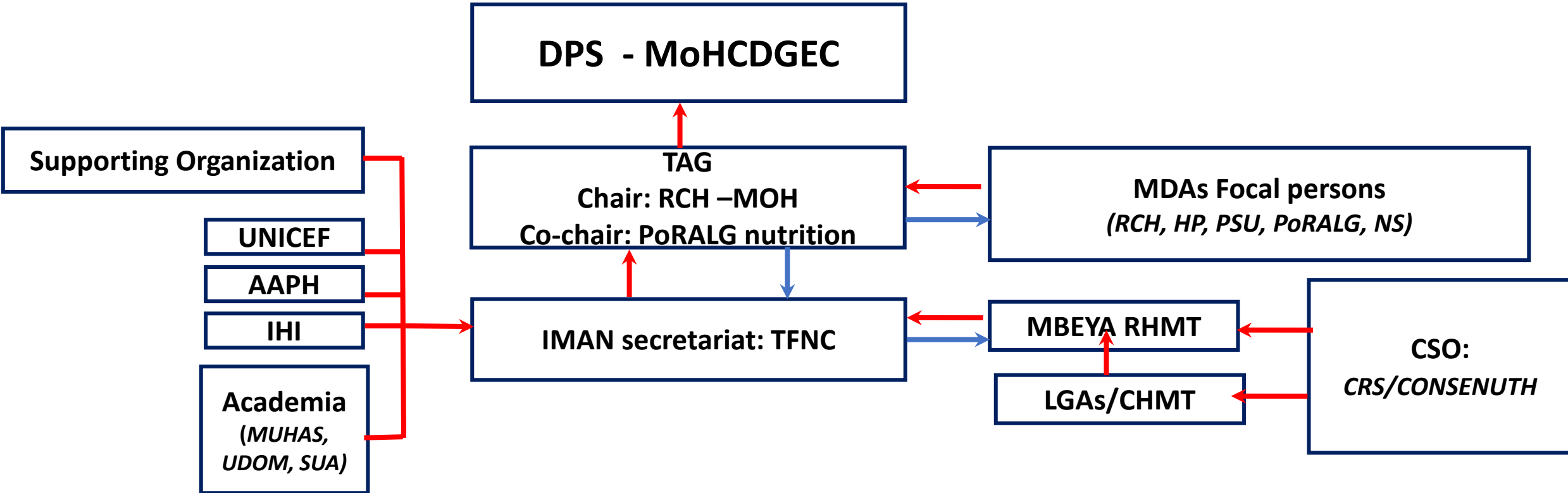
- No operational manual for implementation of the new ANC guideline
- Poor quality of nutrition counselling during ANC
- Inadequate quality of supportive supervision on maternal nutrition
- Low demand of maternal nutrition services at community level

IMAN project opportunities

- Facilitator's manual
- Training materials including SBCC materials (HSPs' CHWS and pregnant women)
- formative assessment tool for HSPs
- Strong SBCC component including gender transformative approach

IMAN will test all the tools and replicability to inform possible scale up

IMAN coordination structure



Reporting



Feedback



IMAN Monitoring arrangements (1)

- To a large extent monitoring and evaluation of the activities to be implemented under IMAN will be done using existing data collection, reporting systems and adhoc studies.
- Additional information in development and evaluation of the interventions, numerous health system and surveys will be undertaken.
- Efforts will be taken to promote use of evidence generated from M&E system for program improvement all levels of health system



Summary key lessons

Strengths:

- Government leadership (TAG, recommendations)
- Ownership – involvement of subnational teams - LGAs / Region from designing phase
- Strategic partnership – Govt ministries, institutions, academia, research, NGOs and CBOs
- Build on existing systems and guidance (Not creating parallel systems (CHWs, Facilities, organization structures)
- Strong advocacy (Two policy briefs, local production of nutrition commodities aligned with countries industrialization policy)

Challenges:

- Goes beyond a simple switch, requires systems strengthening which requires time, and addressing context - socio-cultural drivers and barriers.
- Paucity of evidence to support design necessitated baseline studies.

Thank you for your Attention

