TOOLS FOR DELIVERING MATERNAL NUTRITION PROGRAMS

CATALOGUE 2017
This catalogue provides maternal, newborn and child health program leaders and implementers with effective tools for delivering maternal nutrition programs at scale. The materials were originally developed in 2016 by the Government of Bangladesh, BRAC and Alive & Thrive in a program to scale up nutrition components of WHO’s new 2016 Antenatal Care Guidelines. The program was funded by the Government of Canada.

The tools in this catalogue are categorized according to four program components that have been shown to effectively deliver maternal, infant and young child nutrition programs at scale:

- Advocacy
- Interpersonal Communication and Social Mobilization
- Mass Communication
- Strategic Use of Data

All of the tools presented in this guide are available for use in Bangladesh and around the world, and are currently available in English and/or Bangla. While some program implementers may wish to use the materials exactly as they are presented here, others may simply draw insight and inspiration for how to develop their own tailored, local materials.

Most of these tools are available for download at www.AliveandThrive.org. If you would like to find a specific tool or get additional insight about how they were developed, please contact the Alive & Thrive office in Dhaka.
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ADVOCACY

Material
Our Window of Opportunity: Strengthening Bangladesh’s future through policies and programs to improve infant and young child feeding and nutrition of mothers and adolescent girls (English and Bangla)

Intended Audience
Governments, donors, international development partners

Purpose
This booklet is intended to motivate decision-makers in Bangladesh to take action by highlighting gaps and opportunities to address nutrition at scale, with specific policy and program “asks.” Updates on the current nutrition status/progress of the country are provided from the most recent BDHS (2014).

Material
How to Scale Up Maternal Nutrition: A Successful Operational Approach Based on WHO’s Antenatal Care Guidelines

Intended Audience
Governments, donors, international development partners

Purpose
This brief summarizes the maternal nutrition interventions that were scaled up in Bangladesh based on WHO’s 2016 ANC Guidelines; key factors in designing maternal nutrition programs; and a step-by-step approach to implementing the interventions at the community level. It can be used with a variety of audiences to show that we know what works in maternal nutrition programming and how to do it.

Material
Evidence: Quality Maternal Nutrition Can Be Delivered at Scale

Intended Audience
Governments, donors, international development partners

Purpose
This brief summarizes the results of Bangladesh’s maternal nutrition program and feasibility study. It can be used with a variety of audiences to illustrate the kind of impact and scale that can be achieved with key interventions in a relatively short amount of time.
INTERPERSONAL COMMUNICATION & COMMUNITY MOBILIZATION

Material
Operational Guidelines on Maternal Nutrition (English)

Intended Audience
Program managers and collaborators

Purpose
These guidelines share the detailed operations of delivering a package of maternal nutrition interventions through an MNCH platform with added social behavior change strategies.

Material
Training manual for front line health workers on maternal nutrition (English and Bangla)

Intended Audience
Program managers and implementers; trainers and supervisors of front line health workers; front line health workers

Purpose
This training manual provides practical guidance on how to conduct interpersonal counseling on maternal nutrition. This document was originally developed for use in Bangladesh but can be adapted for other settings.

Material
Training manual for social mobilization program organizers (English and Bangla)

Intended Audience
Social mobilization managers and supervisors

Purpose
Trains program organizers and their managers on the fundamentals of social mobilization activities for maternal nutrition. This document was originally developed for use in Bangladesh but can be adapted for other settings.
INTERPERSONAL COMMUNICATION & COMMUNITY MOBILIZATION

(Continued)

Material
Maternal nutrition job aid for front line workers (English and Bangla)

Intended Audience
Front line health workers

Purpose
This job aid reminds front line health workers how to tailor key messages according to stages of pregnancy and lactation (not as a counseling substitute) and to support interpersonal contacts with families. This document was originally developed for use in Bangladesh but can be adapted for other settings.

Material
Family poster/wall chart on maternal nutrition (English and Bangla)

Intended Audience
Families (to be given by front line health workers)

Purpose
This poster supports front line health workers during home visits with pregnant/recently-delivered women and their families, and can be left behind with families. It was originally developed for use in Bangladesh but can be adapted for other settings.

Material
Flip chart for husband’s forum on maternal nutrition

Intended Audience
Husbands (to be shown by social mobilization program organizers)

Purpose
This flip chart is used to demonstrate the aspects of good nutrition for pregnant women during social mobilization forums with husbands.
INTERPERSONAL COMMUNICATION
& COMMUNITY MOBILIZATION
(CONTINUED)

Material
Audio clip: “The role of husbands in ensuring good nutrition for pregnant women”

Intended Audience
Husbands (to be shown by social mobilization program organizers)

Purpose
This audio clip is used to create awareness among husbands about their specific role in ensuring good nutrition for pregnant women. It can be used during husband’s forums and social mobilization events.

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Material
Training video on maternal nutrition for front line health workers

Intended Audience
Front line health workers (to be shown by trainers and supervisors)

Purpose
This video provides training on maternal nutrition for front line health workers as well as supervisors, program organizers and managers. The video provides information on why the five key varieties of food are needed and guidance on how to conduct a home visit. It was originally developed for use in Bangladesh but can be adapted for other settings.
**MASS COMMUNICATION**

**Material**
Newspaper insert: “Action to be taken for pregnant and postpartum women”

**Intended Audience**
Families and community members (for placement by program implementers)

**Purpose**
This newspaper insert helps create broad community awareness about the importance of maternal nutrition.

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**Material**
Video clip: “Family members and others are also responsible to ensure maternal nutrition”

**Intended Audience**
Families and community members (to be shown by social mobilization program organizers)

**Purpose**
This video is used to create awareness among pregnant and reproductive age women and their families, as well as social influencers and local leaders, about everyone’s responsibility to ensure good maternal nutrition.

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**Material**
Video clip: “Saving money to ensure nutrition for pregnant women”

**Intended Audience**
Families and community members (to be shown by social mobilization program organizers)

**Purpose**
This video is used to create awareness among pregnant and reproductive age women and their families, as well as social influencers and local leaders, about the importance of saving money to ensure good nutrition for pregnant women.
**Mass Communication (continued)**

**Material**
Poster: “Benefits of various food groups”

**Intended Audience**
Government facilities and health care centers; pregnant women and families

**Purpose**
This poster builds awareness among pregnant women about the benefits of certain food groups. It’s intended for use in government facilities and by government field workers.

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**Material**
Poster: “Five things to do to ensure better nutrition for pregnant women and reproductive age women”

**Intended Audience**
Government facilities and health care centers; pregnant women and families

**Purpose**
This poster builds awareness among pregnant women about five ways to ensure better nutrition. It’s intended for use in government facilities and by government field workers.
**Material**

Observation check list to ensure high quality counseling by front line health workers

**Intended Audience**

Trainers and supervisors of front line health workers

**Purpose**

This observation check list helps supervisors of front line health workers to observe and provide comments and feedback on the performance of front line health workers during home visits.

### Observation Check List

**Name (SK):** [...]

**Name (SS):** [...]

**Village:** [...]

**Union:** [...]

**Name (Pregnant woman):** [...]

**Husband Name:** [...]

**Month of Pregnancy:** [...]

<table>
<thead>
<tr>
<th>Topics</th>
<th>Particulars</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Dietary Diversity</td>
<td>Did the SK assess diversity correctly through 24 hours recall?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Did the SK counseling on benefits &amp; food options about missing group food?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Did the SK specify amount of food by trimester?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Quantity</td>
<td>Did the SK correctly verified consumed using 250 ml bowl through 24 hours recall?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did the SK counsel on gap in amount (use of bowl and family pot, discussing benefits &amp; meal options)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did the SK promote local acceptable food options?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Tracking weight gain</td>
<td>Did the SK place weighing scale on level ground and check zeroes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did the SK correctly take weight and record accurately in register?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did the SK track weight gain records accurately on the calendar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. IFA and Calcium</td>
<td>Did the SK explain number of IFA tablets per day and number of months to complete the course</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Did the SK counsel about IFA benefits for mother and child?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did the SK explains number of Calcium tablets per day and number of months to complete the course</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Did the SK counsels about Calcium benefits for baby and mother?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Did the SK validate IFA &amp; Calcium compliance counting doses correctly?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did the SK record IFA &amp; Calcium compliance accurately in register and calendar?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Breastfeeding</td>
<td>Did SK ensure that family of PW understands and commits to initiating BF immediately after delivery?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did SK ensure that PW family understands and commits to no pre-lacteal feeding in first 3 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did SK observe recently delivered mother and gives feedback/support on position and attachment (Only female staffs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did SK ensure that recently delivered mother and family understand and commit to EBF for 6 months, not even giving water?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. General</td>
<td>Did the SK tried to engage family member in discussion session.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Did the SK correctly recorded in HW register</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did the observer using this checklist provide feedback to the SK in a supportive way?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Signature & Date of Observer**

**Name & Designation:** [...]

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**Observation Checklist**

**Name:** BRAC-HNPP (Maternal Nutrition)

**Topics:**

- A. Dietary Diversity
- B. Quantity
- C. Tracking weight gain
- D. IFA and Calcium
- E. Breastfeeding
- F. General

**Particulars:**

- Did the SK assess diversity correctly through 24 hours recall?
- Did the SK counseling on benefits & food options about missing group food?
- Did the SK specify amount of food by trimester?
- Did the SK correctly verified consumed using 250 ml bowl through 24 hours recall?
- Did the SK counsel on gap in amount (use of bowl and family pot, discussing benefits & meal options)?
- Did the SK promote local acceptable food options?
- Did the SK place weighing scale on level ground and check zeroes?
- Did the SK correctly take weight and record accurately in register?
- Did the SK track weight gain records accurately on the calendar?
- Did the SK explain number of IFA tablets per day and number of months to complete the course?
- Did the SK counsel about IFA benefits for mother and child?
- Did the SK explains number of Calcium tablets per day and number of months to complete the course?
- Did the SK counsels about Calcium benefits for baby and mother?
- Did the SK validate IFA & Calcium compliance counting doses correctly?
- Did the SK record IFA & Calcium compliance accurately in register and calendar?
- Did SK ensure that family of PW understands and commits to initiating BF immediately after delivery?
- Did SK ensure that PW family understands and commits to no pre-lacteal feeding in first 3 days?
- Did SK observe recently delivered mother and gives feedback/support on position and attachment (Only female staffs)?
- Did SK ensure that recently delivered mother and family understand and commit to EBF for 6 months, not even giving water?
- Did the SK tried to engage family member in discussion session.
- Did the SK correctly recorded in HW register?
- Did the observer using this checklist provide feedback to the SK in a supportive way?