



# Data for Nutrition

## Webinar

### Strengthening MMS Monitoring Systems: Insights from Country Experiences



Data for Nutrition

 **Data  
DENT**  
Data for Decisions in Nutrition

  
**HEALTHY MOTHERS  
HEALTHY BABIES**



**Micronutrient  
FORUM**

18 December 2025 8 AM ET

# Before we start

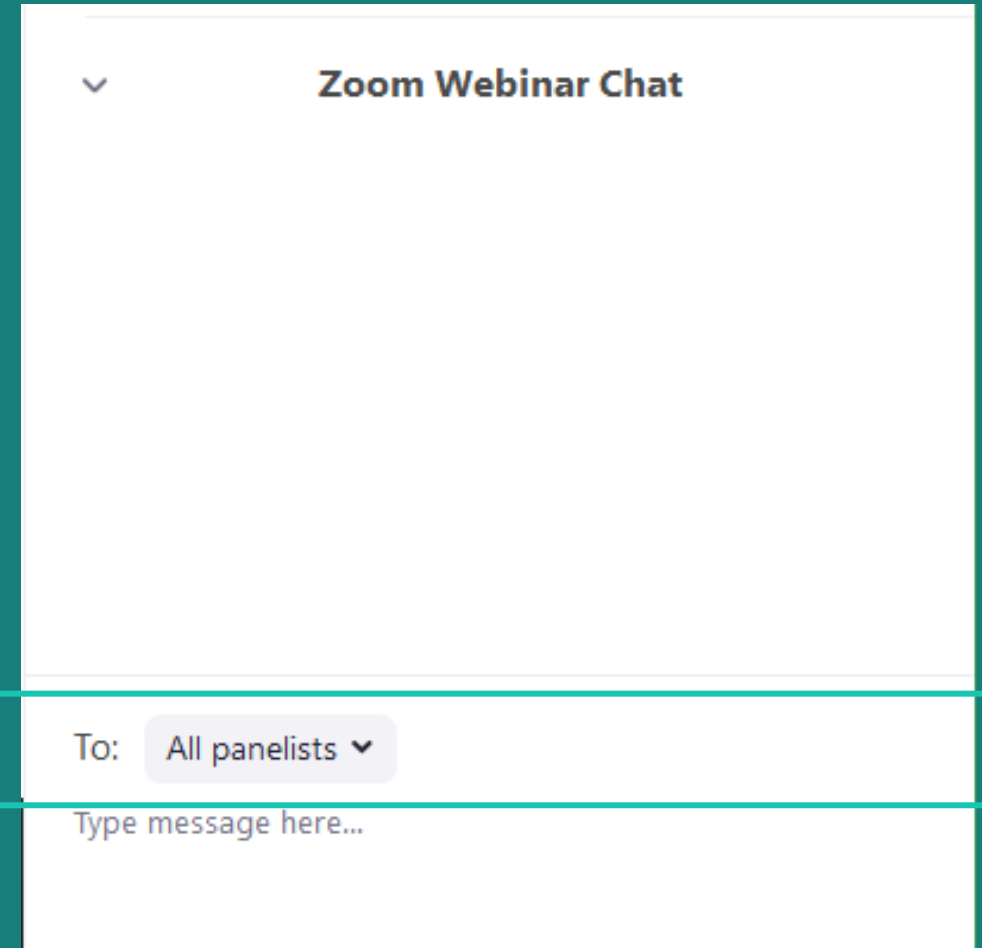
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- All participant video & microphones are muted during presentations.
- A recording of this webinar will be available on the Data for Nutrition YouTube channel immediately.
- Presentations will be posted in the community in the coming week.



# What if I'm still having trouble?

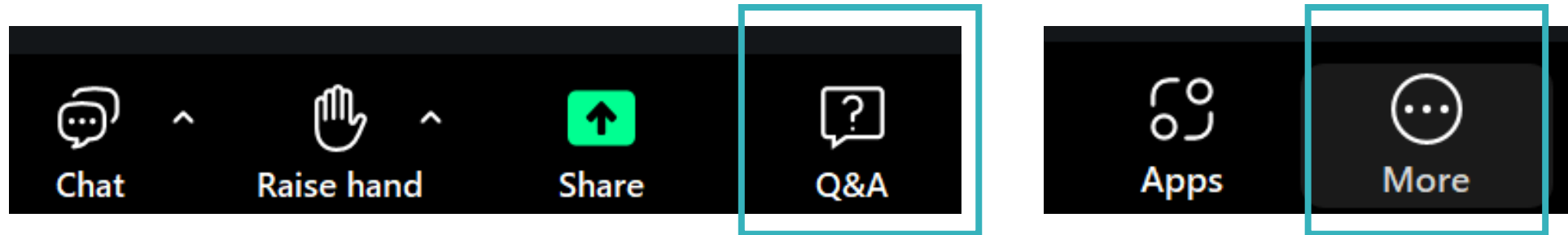
- Use Zoom to chat with Sharmin Sultana by selecting “All Panelists” in the chat box
- We will do our best to respond during the webinar



# Question & Answer

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- Use the **Q&A button to submit your questions for the panel.**  
We will get to as many questions as we can.



# Question & Answer

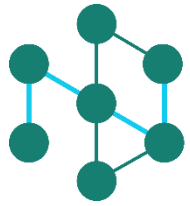
- When the Q&A box opens you can:

The screenshot shows a 'Question and Answer' window with the following features highlighted by callouts:

- View all questions or just your own:** Points to the tabs 'All questions (1)' and 'My questions (1)' at the top.
- Upvote question:** Points to the thumbs-up icon below the question text.
- Comment on question:** Points to the 'Comment' button.
- Submit new question:** Points to the text input area for asking a new question.

The interface includes a question from an 'Anonymous Participant' at 09:08 AM: 'Are you feeling optimistic about the upcoming year?'. Below the question is a 'Comment' button. At the bottom, there is a text input field with the placeholder 'As an organization, what do you think we should focus on as an area of improvement?', a 'Send anonymously' checkbox, and 'Cancel' and 'Send' buttons.





**Data for Nutrition**

The Data for Nutrition (DfN) Community of Practice provides members with opportunities to share knowledge, experience, and questions relevant to **strengthening the nutrition data value chain** at all levels for the purpose of achieving better nutritional outcomes in low- and middle-income countries.

DfN has been active since 2019. In 2025, we have transitioned from a previous platform to a LinkedIn group to better connect, collaborate, and grow our community.

We are 680 members on LinkedIn and growing!  
Join at <https://www.linkedin.com/groups/13192578/>



## Today's Moderator



**Martin Mwangi**

*Program Lead,  
Healthy Mothers Healthy Babies  
Consortium (HMHB),  
Micronutrient Forum*



# Micronutrient FORUM

Turning evidence into collective action

## Global Conference



HEALTHY MOTHERS  
HEALTHY BABIES



Standing Together  
*for* Nutrition



DInA

Micronutrient Data Innovation Alliance



THE SOCIETY  
FOR IMPLEMENTATION  
SCIENCE IN NUTRITION

# Speakers



**Rebecca Heidkamp**

*Associate Research Professor,  
Johns Hopkins Bloomberg  
School of Public Health*



**Manish Gautam**

*Chairperson,  
Anweshan*



**Melinda Munos**

*Associate Professor /  
Researcher,  
Johns Hopkins Department of  
International Health / Institute  
for International Programs*



**Rijuta Pandav**

*Advocacy & Communications  
Associate,  
Healthy Mothers Healthy  
Babies Consortium (HMBB),  
Micronutrient Forum*







## Framing the issue: the missing pillar in the IFA/MMS transition

# How will governments, donors & implementation/technical partners monitor supply, reach, adherence, and quality delivery at scale??

## Monitoring Systems



*Missing pillar in the current framework*

Need for clear consolidated **GUIDANCE** :

- what & how to measure at each stage in scale-up
- how to integrate MMS into existing national monitoring systems (e.g. DHIS-2/HMIS, surveys)

Common framework for MMS introduction & scaling (Mar 2024)

Activities					Outputs
I. BUILDING AN ENABLING ENVIRONMENT		II. DESIGN & TEST IMPLEMENTATION STRATEGIES	III. SCALING & MAINTENANCE	STRATEGIC OBJECTIVES	OUTCOMES
POLICY/REGULATORY	<ul style="list-style-type: none"><li>Landscaping &amp; analysis</li><li>Stakeholder mapping &amp; engagement</li><li>Advocacy</li></ul>	<ul style="list-style-type: none"><li>Advocacy</li><li>Policy &amp; guideline development</li><li>Roadmap</li></ul>	<ul style="list-style-type: none"><li>Policies &amp; guidelines adoption</li><li>Operationalize Roadmap</li></ul>	Product is included in relevant policies & instruments at all levels of government	REACH COVERAGE
FINANCING	<ul style="list-style-type: none"><li>Cost-effectiveness analysis</li></ul>	<ul style="list-style-type: none"><li>Forecasting</li><li>Financing strategy</li></ul>	<ul style="list-style-type: none"><li>Demand planning</li><li>Finance mechanisms</li><li>Market shaping</li></ul>	Sufficient funding committed by governments & donors for procurement & delivery of Product	
QUALITY PRODUCT	<ul style="list-style-type: none"><li>Supply readiness assessment</li></ul>	<ul style="list-style-type: none"><li>Manufacturing support</li><li>Supply chain strengthening</li></ul>	<ul style="list-style-type: none"><li>Cost-effective procurement coordination</li><li>Monitor &amp; address supply chain/distribution/stock outs</li></ul>	Sufficient volumes of quality product are manufactured, available & procured	IMPROVED MATERNAL NUTRITION & BIRTH OUTCOMES
DELIVERY CHANNELS	<ul style="list-style-type: none"><li>Delivery platform(s) assessment</li><li>Exploratory distribution of Product</li></ul>	<ul style="list-style-type: none"><li>Demonstration projects</li><li>System strengthening</li></ul>	<ul style="list-style-type: none"><li>National rollout</li><li>Expansion of delivery channels</li></ul>	Product is available & accessible & pregnant women receive product during ANC & use as recommended	
COORDINATION AND MLE					

Adding the missing pillar

POLICY/  
REGULATORY



FINANCING



QUALITY  
PRODUCT



DELIVERY  
CHANNELS



MONITORING  
SYSTEM



Activities

Outputs

I. BUILDING AN ENABLING ENVIRONMENT:	II. DESIGN & TEST IMPLEMENTATION STRATEGIES:	III. SCALING & MAINTENANCE:	STRATEGIC OBJECTIVES	Outcomes
<ul style="list-style-type: none"><li>• Landscaping &amp; analysis</li><li>• Stakeholder mapping &amp; engagement</li><li>• Advocacy</li></ul>	<ul style="list-style-type: none"><li>• Advocacy</li><li>• Policy &amp; guideline development</li><li>• Roadmap</li></ul>	<ul style="list-style-type: none"><li>• Policies &amp; guidelines adoption</li><li>• Operationalize Roadmap</li></ul>	Product is included in relevant policies & instruments at all levels of government	<div>REACH COVERAGE</div> <div>IMPROVED MATERNAL NUTRITION &amp; BIRTH OUTCOMES</div>
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<ul style="list-style-type: none"><li>• Supply readiness assessment</li></ul>	<ul style="list-style-type: none"><li>• Manufacturing support</li><li>• Supply chain strengthening</li></ul>	<ul style="list-style-type: none"><li>• Cost-effective procurement coordination</li><li>• Monitor &amp; address supply chain / distribution/stock outs</li></ul>	Sufficient volumes of quality product are manufactured, available & procured	
<ul style="list-style-type: none"><li>• Delivery platform(s) assessment</li><li>• Exploratory distribution of Product</li></ul>	<ul style="list-style-type: none"><li>• Demonstration projects</li><li>• System strengthening</li></ul>	<ul style="list-style-type: none"><li>• National rollout</li><li>• Expansion of delivery channels</li></ul>	Product is available & accessible & pregnant women receive product during ANC & use as recommended	
<div>What needs to be done at each stage in process?</div>			<div>What is our objective?</div>	
COORDINATION AND MLE				

REACH  
COVERAGE



IMPROVED  
MATERNAL  
NUTRITION  
& BIRTH  
OUTCOMES

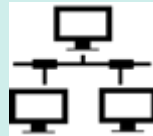
# Objective: full integration of MMS into national monitoring systems for ANC

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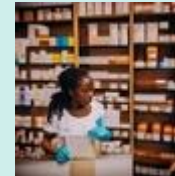
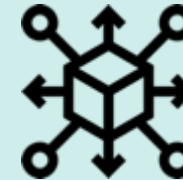
What monitoring systems are currently being used for IFA in countries?

## Admin Data

### HMIS / DHIS-2

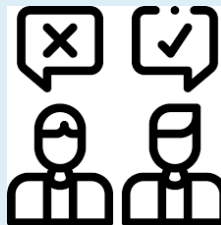


### Logistics MIS

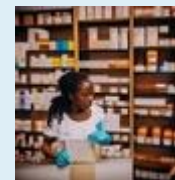


## Survey data

### Periodic Household Survey (e.g. DHS, national nutrition survey)

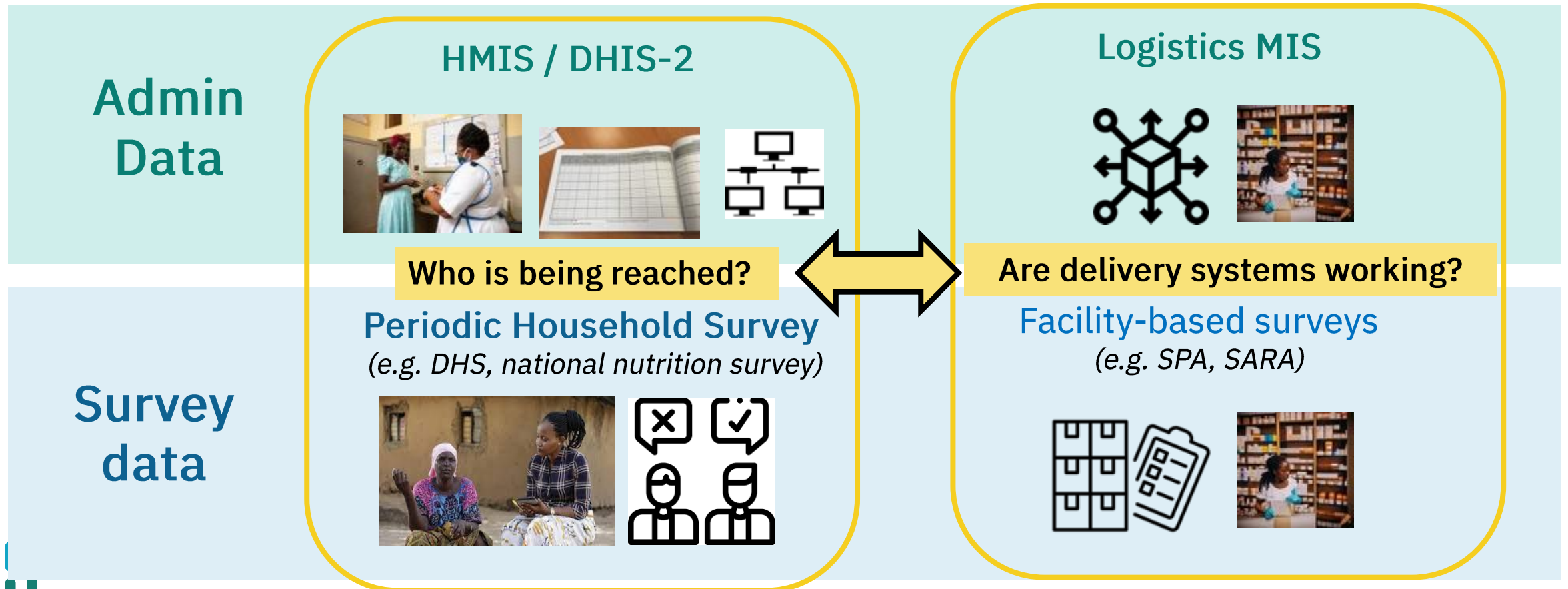


### Facility-based surveys (e.g. SPA, SARA)



# Objective: full integration of MMS into national monitoring systems for ANC

What monitoring systems are currently being used for IFA in countries?





# Objective: full integration of MMS into national monitoring systems for ANC

What monitoring systems are currently being used for IFA in countries?

## Admin Data

HMIS / DHIS 2



- “real time” data
- even with data quality issues can provide meaningful signal/trend
- essential for program management



Logistics MTS



## Survey data

Periodic  
(e.g. DHS, n



- periodic / lagged data
- population-based estimates
  - capture women outside health system
  - track progress against coverage targets
  - allow for equity analysis
  - allow for co-coverage analysis
- can validate admin data



veys



# Objective: full integration of MMS into national monitoring systems for ANC

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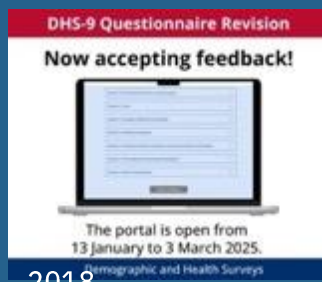
## CHALLENGE & OPPORTUNITY

- How do we contribute to broader information systems strengthening?
- Nutrition community does NOT control system updates
  - Can take years to roll out updated paper HMIS registers
  - Need to be “at the table” early in survey planning to advocate
- Must be ready for window of opportunity to update tools
  - Have clear requests for additions or changes– justify why & costs
  - Start to advocate as early as possible with both program & measurement / information systems stakeholders



# Technical issues need to be addressed

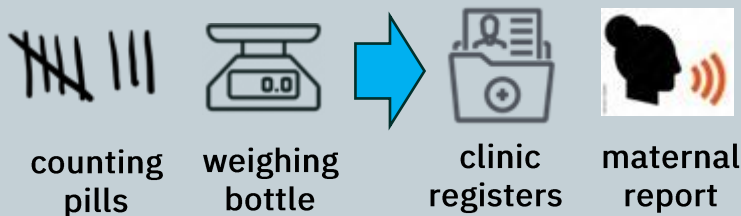
## Routine data & survey systems for IFA are not meeting needs



2018

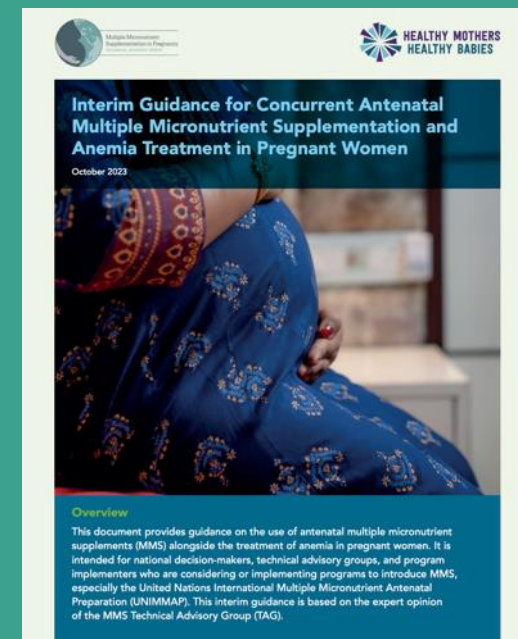
- WHO-UNICEF survey across 52 countries → <50% satisfied with quality of information on IFA
- Methodological issues for HH surveys need to be addressed

## Methods used for IR studies are not feasible for routine monitoring



- Need lower intensity methods to document receipt & adherence during clinic visits & through household surveys

## Whether & how we monitor IFA/MMS supplements used for anemia treatment





## Activities

## Outputs

### POLICY/ REGULATORY



### FINANCING



### QUALITY PRODUCT



### DELIVERY CHANNELS



### MONITORING SYSTEM



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			Data to monitor the coverage and quality of MMS delivery are available at national and subnational levels and being used to inform program implementation and future policy cycles		IMPROVED MATERNAL NUTRITION & BIRTH OUTCOMES
COORDINATION AND MLE					

Adding the missing pillar

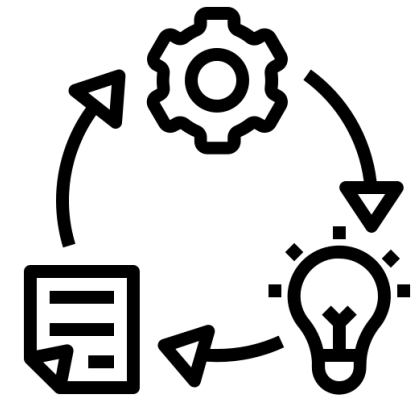
What needs to be done at each stage in process?

# What is needed to integrate MMS into national monitoring systems?

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## Landscaping & assessment

- Identify information needs of different stakeholders involved in transition & ongoing ANC implementation
- Understand current IFA monitoring systems & emerging approaches for MMS monitoring
- Identify timelines for HMIS & survey updates



## Design & Test

- How do we do better than IFA?
- Specify feasible modifications to data collection platforms

*Fill the gap: how to monitor during transition / before full integration ?*

**Advocate for changes & implement / scale**



# Global landscaping: MMS monitoring systems (Jun 2025)

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- Qualitative review of 13 countries across South Asia (7) & Africa (6)
- Little evidence of comprehensive plans for monitoring the IFA to MMS transition - unclear about tool updates, training, DQA, etc
- In most early scale-up contexts health workers - informally or formally:
  - use existing forms but record MMS in IFA fields OR
  - use dedicated vertical MMS reporting forms
  - some have dedicated digital tools / apps (siloed)
- Unclear whether IFA will continue to be monitored into future
- Level of private sector provider engagement is unclear in most contexts



# Planning MMS Monitoring Ahead of Scale-up: **A Case from Nepal**

18<sup>th</sup> December 2025

**Manish Gautam**

Anweshan

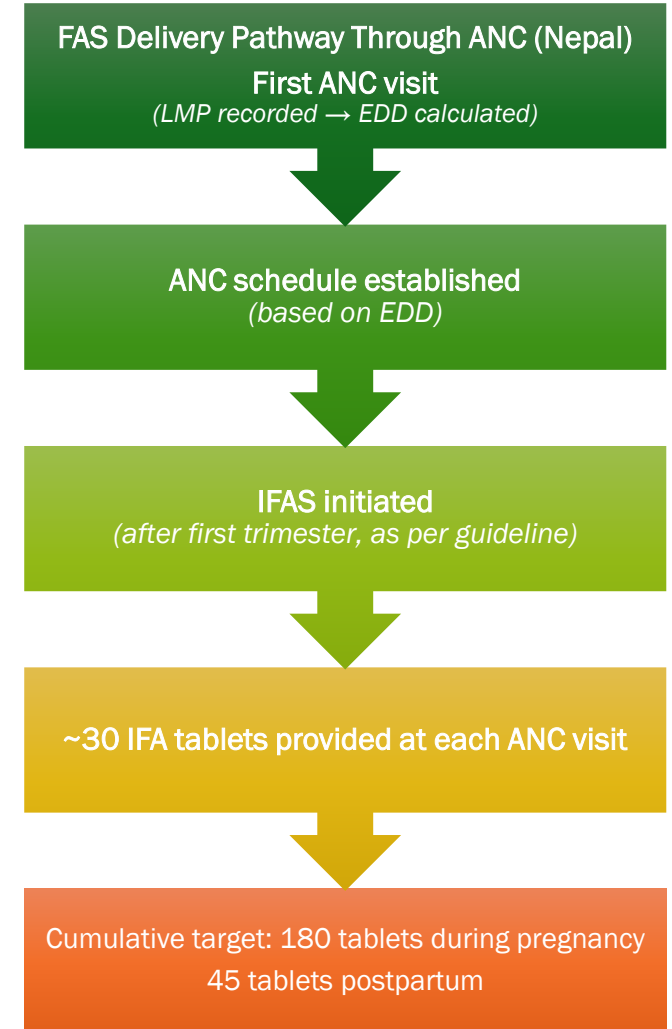




# IFAS in Nepal: Programme and Monitoring Context

Iron–Folic Acid Supplementation (IFAS) in Nepal is monitored through multiple, complementary systems:

- **Routine service data (HMIS / DHIS-2):** Women receiving 180 IFA tablets in pregnancy and 45 days postpartum
- **Population & facility surveys (NDHS, Facility Surveys):** capture coverage, timing, and adherence
- **Logistics data (eLMIS → now PAMS):** monitors procurement, stock, and availability of supplements
- **Studies & evaluations:** provide deeper insight into compliance, barriers, and effectiveness



*Together, these systems provide coverage and supply visibility—but limited insight into actual use.*





# How We Examined MMS Monitoring Readiness in Nepal

Our analysis combined document review and system-level consultations:



## Desk review

Review of national HMIS/DHIS-2 tools, logistics systems (eLMIS → PAMS), surveys (NDHS, Facility Surveys), guidelines, and prior programme transitions



## Stakeholder consultations

Semi-structured discussions with **federal, provincial, and facility-level** actors involved in IFAS, nutrition, HMIS, and logistics



## System lens

Focused on how data are **recorded, reported, analysed, and used** during a potential transition from IFAS to MMS



## Validation

Findings refined through a **national consultation workshop** with government and partners





# Monitoring Systems: Historically Low Priority

Across Nepal—and many other countries—monitoring systems are rarely discussed early:

- Programme discussions focus on **interventions, commodities, and guidelines**
- Monitoring and reporting are often addressed **late in the process**
- Major HMIS revisions typically occur only **every 4–6 years**
- Nutrition monitoring is often embedded within broader systems, with limited visibility
- Dedicated discussions on monitoring systems themselves are rare

## IFAS Monitoring Systems Were Not Designed for MMS

- HMIS tracks only tablets distributed, not tablets consumed
- No field to differentiate IFAS vs MMS
- Anemia treatment not captured in routine reporting
- Facility workarounds → writing “MMS” in margins
- Once data is in DHIS-2, IFAS and MMS get mixed

*This assessment was among the first in Nepal to focus entirely on the monitoring system—not the intervention.*

# What the Current System Captures vs What It Misses

## What the system captures well

- Number of pregnant women **receiving IFAS tablets**
- **Quantity of tablets distributed** through ANC and PNC
- Whether women **actually consume** the tablets
- **Routine service contacts** reported through HMIS / DHIS-2
- **Stock availability and movement** through logistics systems (eLMIS → PAMS)

## What the system largely misses

- Routine, timely measurement of consumption and adherence
- **Completion of the full 180-tablet course**
- **Dropout, discontinuation, or side effects**
- **Treatment follow-up** for women identified as anemic
- Clear differentiation between **IFAS and MMS** during transition

*As a result, distribution is often used as a proxy for use.*



# Monitoring Must Transition in Phases

## Nepal's 3 options

### Option 1

Use existing tools,  
separate MMS by  
geography

### Option 2

Add MMS field in  
register/DHIS-2  
(preferred)

### Option 3

Temporary  
standalone MMS  
tools for pilots

### Why Option 2 Works Best

- Clear separation of IFAS and MMS
- Minimal burden on health workers
- Fits within national HMIS
- Supports national scale-up without confusion



# What Stakeholders Told Us: Voices from the System

Across system levels, a common message emerged: MMS is welcomed, but monitoring is unclear.

- **Federal level**

*“Health workers already have a lot to do. If we suddenly change the register just for MMS, it will confuse them.”*

- **Provincial level**

*“By the time we are consulted, everything is already decided. Our experience from earlier pilots is rarely used.”*

- **Health facility level**

*“We give the tablets and record them, but we never know if the woman actually took them.”*

*“We just write ‘MMS’ in the margin. In the report, everything still goes as iron tablets.”*

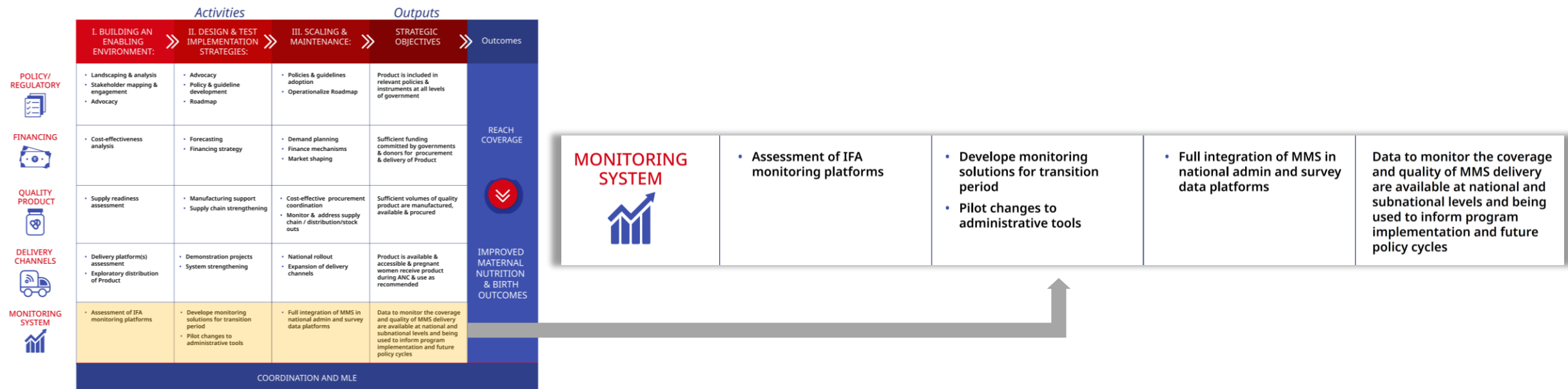
*These perspectives highlight a shared concern: lack of clear guidance on how MMS should be recorded, reported, and followed up.*



# What Nepal Is Doing Differently

Nepal is deliberately bringing monitoring to the roadmap for the MMS transition:

- Actively engaging programme units, data teams, and logistics departments to discuss monitoring early
- Treating monitoring as a **decision-support function**, not just a reporting requirement
- Focusing on how MMS data can **inform rollout decisions, course-correct implementation, and improve accountability**
- Exploring practical options to **improve recording and reporting** before nationwide scale-up



Recognizing that while monitoring changes may seem simple, they are **often overlooked—but critical**



**Thank You!**





## Measurement Considerations for Scale-up of MMS

# When measuring iron/MMS supplementation, we are most interested in 4 pieces of information

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1. Which supplement(s) did pregnant women receive (iron, IFA, MMS)?
2. How many supplements were pregnant women **given** (or bought)?
3. When did pregnant women **begin taking** the supplements?
4. How many supplements did pregnant women **consume**?

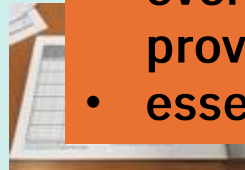


# Main data sources

What monitoring systems are currently being used for IFA in countries?

## Admin Data

HMIS / DHIS 2



Logistics MIS



- “real time” data
- even with data quality issues can provide meaningful signal/trend
- essential for program management

## Survey data

Periodic  
(e.g. DHS, n



- periodic / lagged data
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veys



# 1 & 2. Which supplements did pregnant women receive and how many did they get? (I)

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- **Challenges:**

- During and after the transition period, multiple types of supplements may be available and accessed by women, for example:
  - MMS from a health facility in the pilot area and iron from a health facility outside the pilot
  - Women receiving MMS may also be given iron for treatment of anemia
- To track progress towards scale, we want to know which supplements women are receiving





# 1 & 2. Which supplements did pregnant women receive and how many did they get? (II)

IFA



MMS



- HMIS may collect for data on the type(s) and quantities of supplements provided during ANC
  - In some settings, this information is already collected for IFA
  - New or redesigned registers and indicators will be needed to distinguish between MMS and iron/IFA
- Household survey questions will need careful adaptation to capture the type(s) of supplements received
  - Visual aids may be needed to help women identify what they received



### 3. When did pregnant women begin taking the supplements?

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- **Challenge:** Data on gestational age are often inaccurate, whether in HMIS or surveys
- This may start to change with more widespread use of ultrasound



## 4. How many supplements did pregnant women consume?

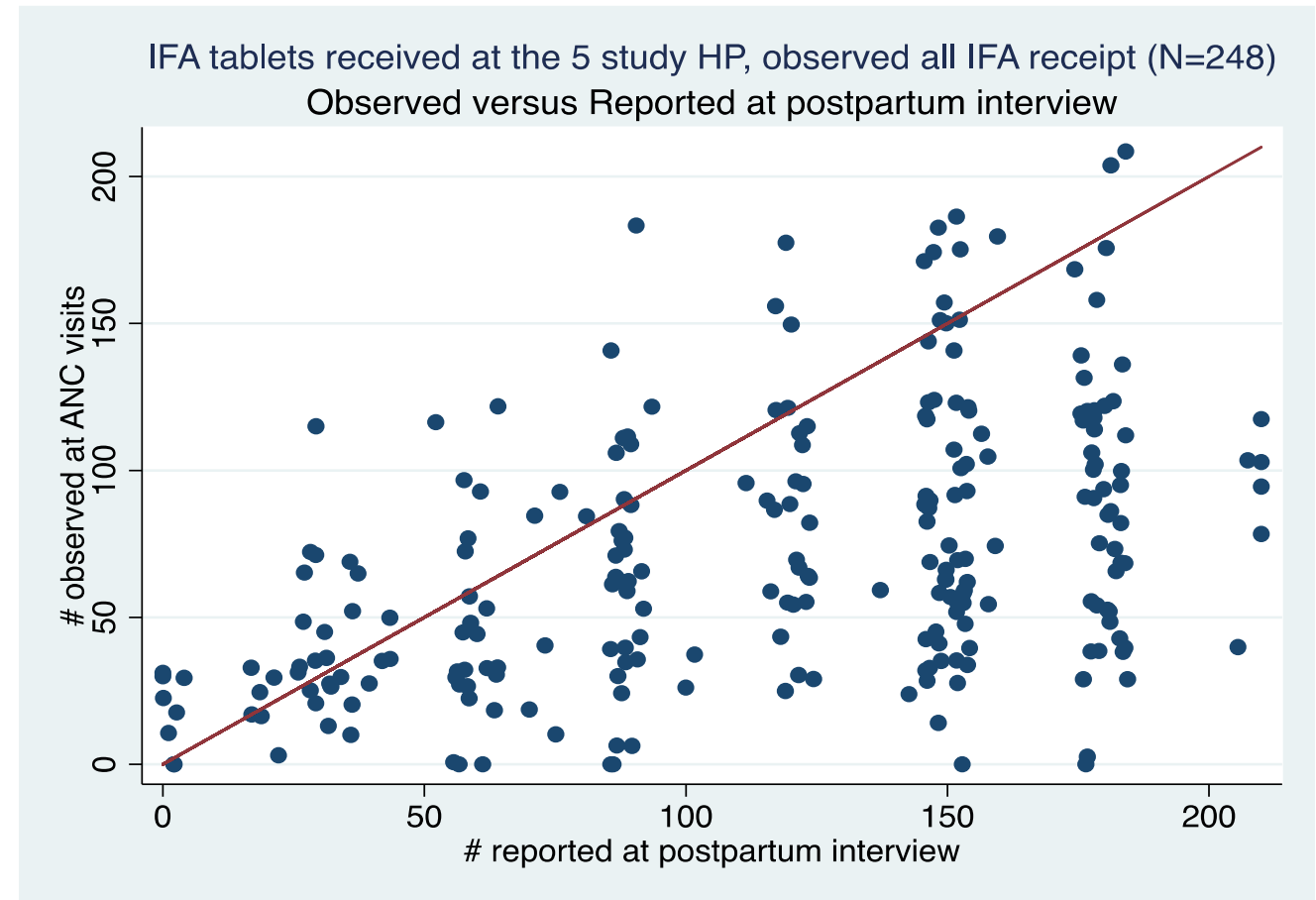
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- In trials, adherence is sometimes measured by pill count or bottle weight
- **Challenge:** How to measure adherence at scale?
- Experience using bottle weight for monitoring adherence in Jordan
  - Generalizability to other settings needs to be established
- At scale, self-report is often used to measure adherence – in surveys or through HMIS
  - Questions about accuracy of self-report, based on experience with IFA
  - What is a useful recall period? (last 7 days, last 30 days, over the entire pregnancy)
  - In HMIS, concerns about selection bias and desirability bias



# Can women accurately recall the number of supplements consumed?

“I have to remember how many days I did not take [iron tablets]. It is a thing from a year ago ... how to remember?”



# Can we design better questions?

## Ethiopia

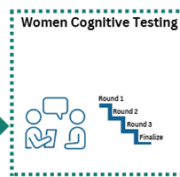
### Phase I: Comprehensive Landscaping



### Phase II: Survey Question and Visual Aid Development



### Phase III: Iterative Testing and Refinement



## Bangladesh

### Phase I: Comprehensive Landscaping



### Phase II: Survey Question and Visual Aid Development



### Piloting in Bangladesh



Image: Cognitive Testing in Ethiopia (2024)

- Formative research on IFA/MMS coverage and adherence questions was conducted in Ethiopia and Bangladesh
- Quantitative validation studies across 3 settings (Jordan, Ethiopia, Nepal)
- Early results are promising, especially for questions asked to currently pregnant women





# A Global Data & Information Management System for MMS Implementation

**Rijuta Pandav**

**Advocacy and Communications Associate**

**HMHB, Micronutrient Forum**

18 December 2025







# HMHB Consortium: Who Are We and What We Do

**500+** organizations and individuals

**Central platform** for evidence, collaboration, and advocacy in maternal nutrition

Access to **essential nutrition and ANC services** for **pregnant women** everywhere

Work with partners to accelerate the availability and effective use of **MMS in LMICs**.

Reach **75 million** pregnant women by **2030**





# Why We Need A Global MMS Monitoring System

- WHO 2020 ANC guidance supports MMS introduction informed by implementation research.
- Countries are integrating MMS within ANC
- WHO requirement to monitor countries following their phases of implementation research.

## Implementers

What are they key challenges and opportunities for scale-up?

## Governments

How are other countries adopting and scaling?

## Donors

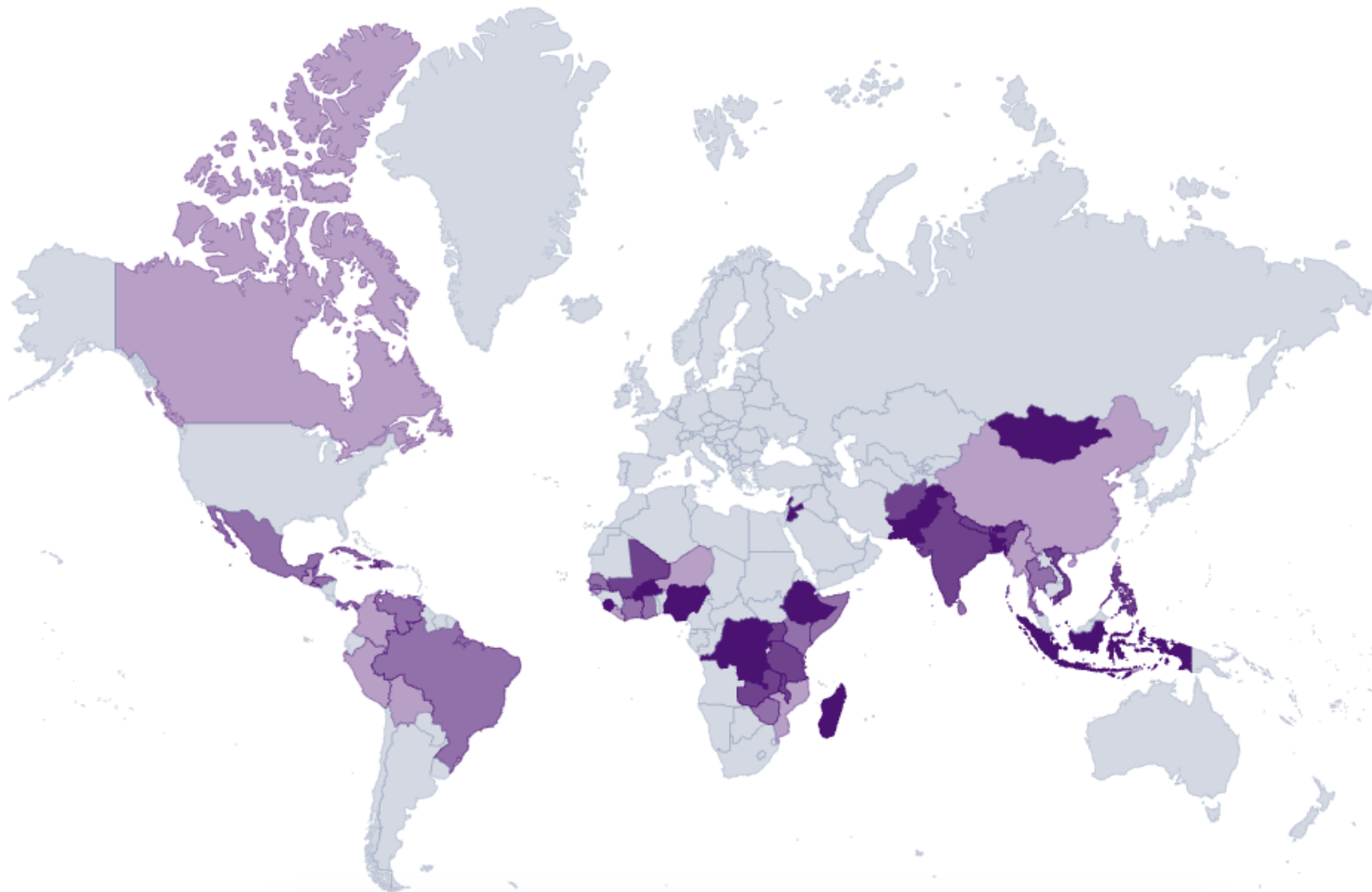
How can we help meet the financing needs of countries?







# How We Are Tracking MMS Implementation: World Map of MMS Activities



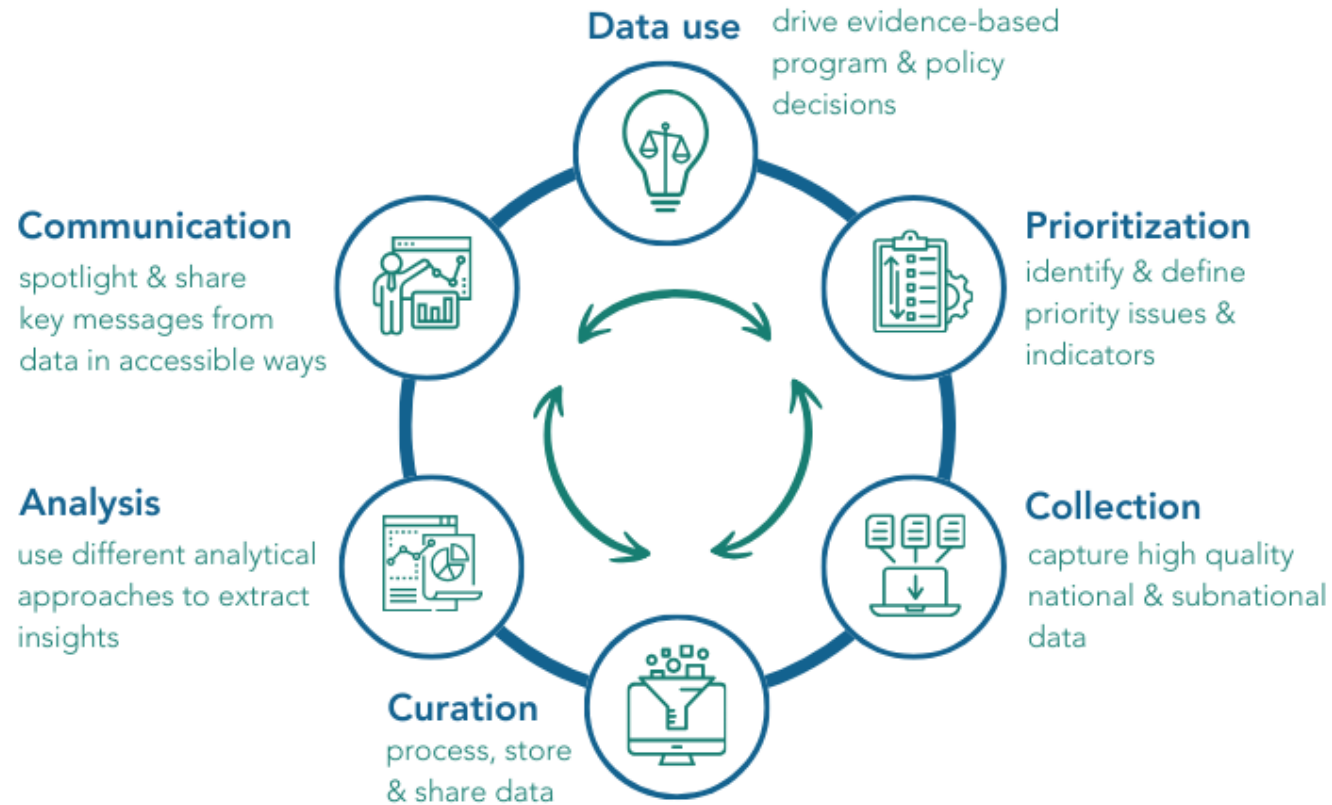
**Phase 1**  
Building an enabling  
environment

**Phase 2:**  
Initial implementation  
supported by implementation  
research

**Phase 3:**  
Scale-up delivery at the  
national or sub-national level



# How Did We Develop This Map?



DATA VALUE CHAIN FOUNDATION

strategy capacity governance financing

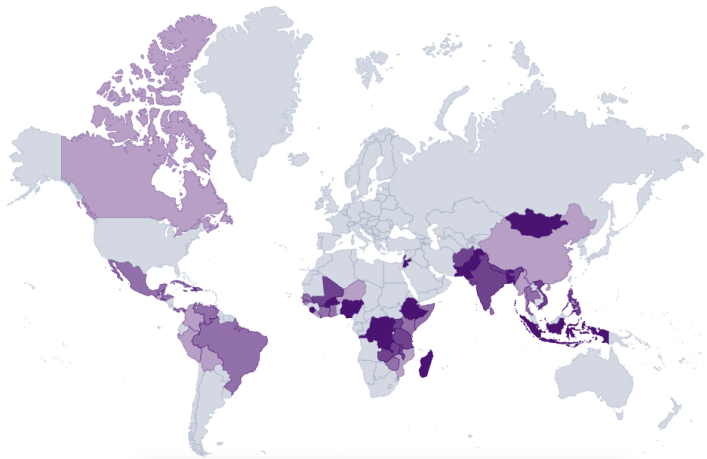


# What Does the World Map Deliver?

## Subcategories

Click boxes to filter by subcategories.  
Click X to deselect.

- INCLUDED IN NATIONAL ESSENTIAL MEDICINES LIST
- INCLUDED IN NATIONAL POLICY OR STRATEGY
- REGISTERED AS UNIMMAP MMS
- COSTED OPERATIONAL PLAN FOR MMS
- LOCALLY MANUFACTURED
- IMPORTED
- GOVERNMENT FUNDED
- DONOR FUNDED
- PRIVATE SECTOR FUNDED



- Phase 0. Information available without active implementation
- Phase 1. Exploration phase to build an enabling environment
- Phase 2. Initial implementation supported by implementation research
- Phase 3. Scale-up delivery at the national or sub-national level

## Country Profiles

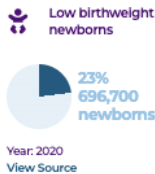
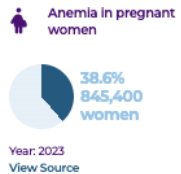
- |  |                            |  |   |
|--|----------------------------|--|---|
| <a href="#">Afghanistan</a>                      | <a href="#">Albania</a>    | <a href="#">Algeria</a>                  | <a href="#">Andorra</a>                               |
| <a href="#">Angola</a>                           | <a href="#">Anguilla</a>   | <a href="#">Antigua and Barbuda</a>      | <a href="#">Argentina</a>                             |
| <a href="#">Armenia</a>                          | <a href="#">Australia</a>  | <a href="#">Austria</a>                  | <a href="#">Azerbaijan</a>                            |
| <a href="#">Bahamas</a>                          | <a href="#">Bahrain</a>    | <a href="#">Bangladesh</a>               | <a href="#">Barbados</a>                              |
| <a href="#">Belarus</a>                          | <a href="#">Belgium</a>    | <a href="#">Belize</a>                   | <a href="#">Benin</a>                                 |
| <a href="#">Bermuda</a>                          | <a href="#">Bhutan</a>     | <a href="#">Bolivia</a>                  | <a href="#">Bosnia and Herzegovina</a>                |
| <a href="#">Botswana</a>                         | <a href="#">Brazil</a>     | <a href="#">Bulgaria</a>                 | <a href="#">Bulgaria</a>                              |
| <a href="#">Burkina Faso</a>                     | <a href="#">Burundi</a>    | <a href="#">Cambodia</a>                 | <a href="#">Cameroon</a>                              |
| <a href="#">Canada</a>                           | <a href="#">Cape Verde</a> | <a href="#">Central African Republic</a> | <a href="#">Chad</a>                                  |
| <a href="#">Chile</a>                            | <a href="#">China</a>      | <a href="#">Colombia</a>                 | <a href="#">Comoros</a>                               |
| <a href="#">Cook Islands</a>                     | <a href="#">Costa Rica</a> | <a href="#">Côte d'Ivoire</a>            | <a href="#">Croatia</a>                               |
| <a href="#">Cuba</a>                             | <a href="#">Cyprus</a>     | <a href="#">Czech Republic</a>           | <a href="#">Democratic People's Republic of Korea</a> |
| <a href="#">Democratic Republic of the Congo</a> | <a href="#">Denmark</a>    | <a href="#">Djibouti</a>                 | <a href="#">Dominica</a>                              |
| <a href="#">Dominican Republic</a>               | <a href="#">Ecuador</a>    | <a href="#">Egypt</a>                    | <a href="#">El Salvador</a>                           |
| <a href="#">Equatorial Guinea</a>                | <a href="#">Eritrea</a>    | <a href="#">Estonia</a>                  | <a href="#">Ethiopia</a>                              |
| <a href="#">Fiji</a>                             | <a href="#">Finland</a>    | <a href="#">France</a>                   | <a href="#">French Polynesia</a>                      |
| <a href="#">Gabon</a>                            | <a href="#">Gambia</a>     | <a href="#">Georgia</a>                  | <a href="#">Germany</a>                               |
| <a href="#">Ghana</a>                            | <a href="#">Greece</a>     | <a href="#">Greenland</a>                | <a href="#">Grenada</a>                               |
| <a href="#">Guatemala</a>                        | <a href="#">Guinea</a>     | <a href="#">Guinea-Bissau</a>            | <a href="#">Guyana</a>                                |
| <a href="#">Haiti</a>                            | <a href="#">Honduras</a>   | <a href="#">Hungary</a>                  | <a href="#">Iceland</a>                               |



Bangladesh

Back to World Map

## Health Indicators



## Programs

MMS    BEP

Summary: Phase 3. Scale-up delivery at the national or sub-national level

The introduction of MMS in Bangladesh follows a comprehensive systems approach and is supported by an extensive implementation research approach, which started in October 2020. Sight and Life conducted supply readiness assessments in 2015 and 2019 as well as formative research for UNICEF in 2019. The country has been actively working on MMS for pregnant women and engaged in MMS-related activities and has a draft policy that includes MMS within broader nutrition strategies. MMS is being introduced through 2 platforms: 1) The Government of Bangladesh, supported by partners, takes a systems approach to distribute MMS through strengthened antenatal care services in 2 districts. 2) The Social Marketing Company, with support from partners, takes a market-based approach, making MMS available through a nationwide network of pharmacies. Locally manufactured UNIMMAP-MMS, called 'Full Care', has been available since July 2021. In collaboration with UNICEF, a coordination mechanism exists to support planning and implementation, and antenatal care (ANC) facilities are the primary delivery platform. MMS is provided free of charge through the national public health system. Sight and Life is conducting consumer research for improving acceptability and adherence, as well as supporting the deployment and refinement of digital tools to enable monitoring and course correction.

[Sources: HMHB Survey 2025, NutriDash and HMHB Survey 2021-2023]

## Dashboard

- Implementation Status
- Key Program Actors and Partners
- Supply Chain
- Monitoring Evaluation and Research
- Challenges and Next Steps
- Tools and Resources

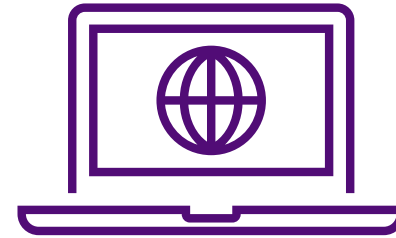




# How Do We Manage This Data?



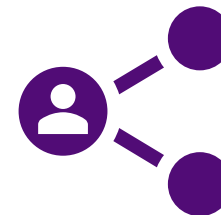
DATA QUALITY



DATA OWNERSHIP AND STORAGE



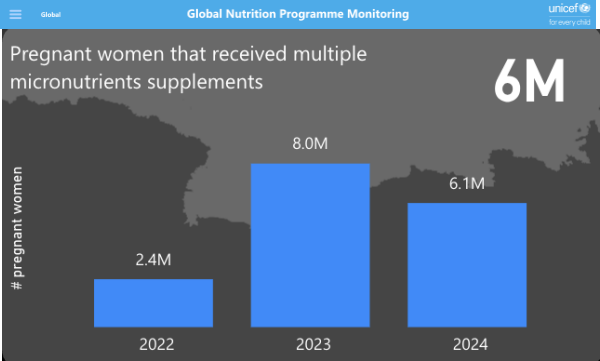
DATA COLLECTION FREQUENCY



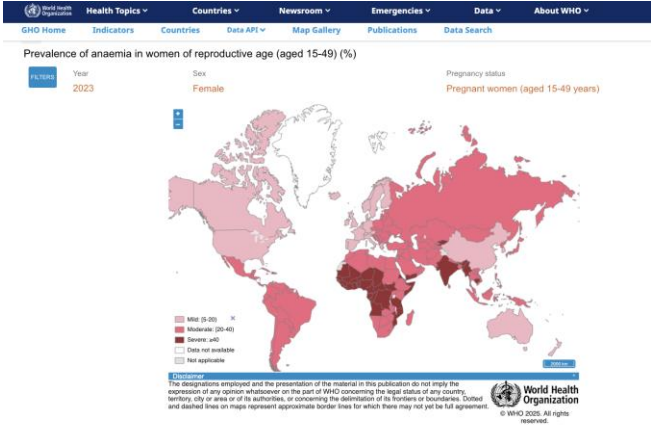
DATA SHARING



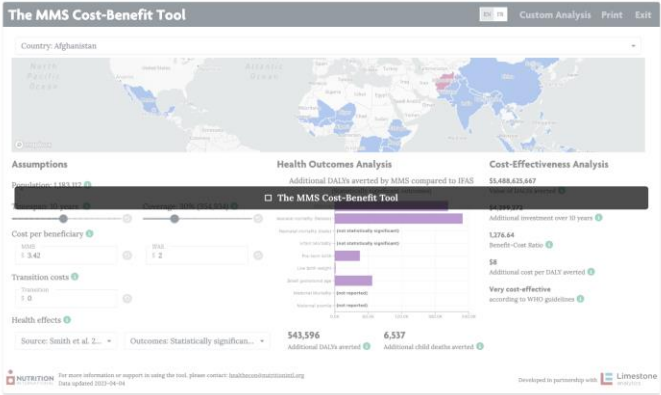
# How Does It Complement Other Systems?



UNICEF NUTRIDASH



WHO MATERNAL AND NEWBORN HEALTH INDICATORS



NI MMS COST-BENEFIT TOOL

**Ethiopia: MMS Introduction & Scale-up Costing**

**Research & Pilots**

This tab calculates the cost of research and pilot activities related to MMS pre-launch and implementation.

**Total Research & Pilots Cost**

PLEASE DO NOT MANUALLY ENTER DATA IN THIS TABLE

	Year 1 2024	Year 2 2025	Year 3 2026	Year 4 2027	Year 5 2028	Total
<b>Total Research &amp; Pilots Costs (USD)</b>	\$0	\$0	\$0	\$0	\$0	\$0
Introduction/Transition	\$0	\$0	\$0	\$0	\$0	\$0
Ongoing	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Research &amp; Pilots Costs (ETB)</b>	0	0	0	0	0	0
Introduction/Transition	0	0	0	0	0	0
Ongoing	0	0	0	0	0	0

Sub-Categories	Year 1 2024	Year 2 2025	Year 3 2026	Year 4 2027	Year 5 2028	Total
Operational Implementation Research	\$0	\$0	\$0	\$0	\$0	\$0
Product Acceptability Studies	\$0	\$0	\$0	\$0	\$0	\$0
Academic Studies	\$0	\$0	\$0	\$0	\$0	\$0
Other Activities	\$0	\$0	\$0	\$0	\$0	\$0

R4D MMS ROADMAP COSTING TOOL



# What is the Value for Stakeholders?

## Implementers

Research findings  
Grey literature  
Current implementation status and challenges

## Manufacturers

Regulatory environment  
Supply chain issues

## Governments

Resources for cross country learning  
Policy documents, and advocacy tools  
Funding mechanisms

## Donors

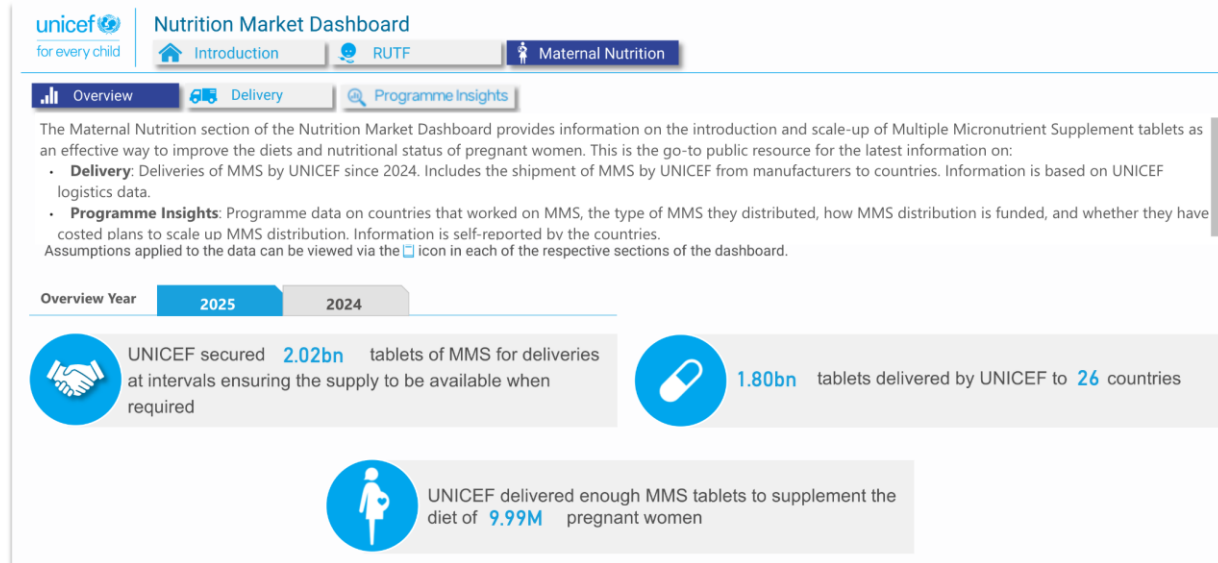
Financing needs  
Critical gaps on policy, implementation, supply



# Future Directions

## Nutrition Market Dashboard

Up-to-date information on the delivery of ready-to-use therapeutic food (RUTF) and maternal multiple micronutrient supplements (MMS).



- Identify the most-relevant and used indicators
- Communicate key gaps and challenges in implementation to drive policy and program decisions
- Supply chain – linkage with UNICEF's Supply Division

Activate countries and catalyze actions at the national level for MMS scale-up





# We Are Grateful To Our Donors and Partners



Gates Foundation



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Sight and Life  
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World Vision Canada  
World Vision  
Evidence Action



# Thank you.

## Connect with us!



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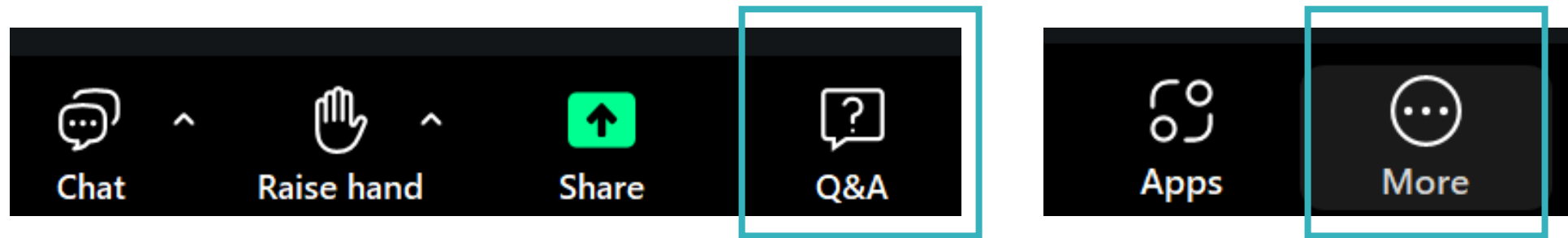
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# Reminder: Question & Answer

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Please use the **Q&A** button to submit questions.



If possible, please direct your question to a specific speaker.



# Thank you for participating

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We would like to say a special thank you to our speakers

A recording of the webinar is available now on the Data for Nutrition YouTube Channel. The recording link and presentation slides will be shared on the DfN LinkedIn Group:

<https://www.linkedin.com/groups/13192578/>

Thank you for joining today's webinar. We hope you enjoyed it!

