



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

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Pakistan Maternal Nutrition Strategy

20²²/₂₇



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20²²/₂₇



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PREFACE

Maternal nutrition is the cornerstone of maternal and child health, and needs special focus and attention to prevent stunting and wasting among children. Pregnancy and early childhood, the foundations of proper growth and well-being of a child, depend upon good maternal care and nutrition. Children of malnourished women are more likely to face cognitive impairments, short stature, lower resistance to infections, and a higher risk of disease and death throughout their lives, as well physical disabilities leading towards dire economic consequences. Well-nourished women have safer pregnancies and deliver healthier babies.

Maternal nutrition indicators in Pakistan are poor. Women of reproductive age (WRA) bear the triple burden of malnutrition – undernutrition, overweight/obesity and micronutrient deficiencies. The National Nutrition Survey (NNS) 2018 confirms that macro and micronutrient deficiencies are alarming in women of reproductive age – 14.4 per cent were underweight, 24 per cent were overweight and 13.8 per cent were obese. There was a very high prevalence (41.7 per cent) of anaemia (haemoglobin (Hb) levels <11.99gm/dl) in this age group. Vitamin A deficiency (< 0.70 µmol/l) was estimated at 22.4 per cent. These high rates of undernutrition and micronutrient deficiencies among women of reproductive age indicate a vicious cycle of malnutrition in the country.

Keeping in mind these statistics and the importance of the nutritional status and well-being of women of reproductive age for outcomes for future generations, the Government of Pakistan accords the utmost importance to the status of women in the country. All policies and strategies, whether in health, nutrition, the workplace environment, safety and security, and the rights of the people are women-centric and equity-based for women. Given the economic and public health implications of malnutrition among women of reproductive age and the important role that maternal nutrition plays in the prevention of stunting and wasting among children, it was imperative to develop a national Maternal Nutrition Strategy for Pakistan.

A countrywide series of consultations were held, and this strategy was formulated with the goal to protect and promote diets, practices and services that support the optimal nutrition, health and well-being of all women in Pakistan (with a focus on preventing all forms of malnutrition among women during the preconception, pregnancy and postpartum stages of nutritional vulnerability). The following objectives of the Maternal Nutrition Strategy will lead to this goal: (1) to prevent undernutrition, anaemia, micronutrient deficiencies, and being overweight among women (focusing on pregnant and breastfeeding women), and low birth weight in newborns, and (2) to provide evidence-based and equity-based nutrition programmes and services at scale to women, with a focus on the preconception, pregnancy and postpartum periods.

The support of the United Nations, development partners, provincial governments, academia and other stakeholders in the development of this strategy is highly appreciated. Special thanks are due to colleagues in the Ministry of National Health Services, Regulations and Coordination (MoNHSR&C) for their support and cooperation in the finalization and endorsement of the strategy. It is hoped that, with the active leadership of the provinces, the implementation of the province-specific operational plans will help to prevent malnutrition and enhance the health and nutritional status of the women and children of Pakistan.

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ACRONYMS AND ABBREVIATIONS

ANC	Antenatal care
BMI	Body mass index
CHW	Community health worker
CMW	Community midwife
DHIS	District Health Information System
HMIS	Health Management Information System
IDA	Iron deficiency anaemia
IFA	Iron and folic acid
LBW	Low birth weight
LHV	Lady Health Visitor
LHW	Lady Health Worker
MHS	Maternal Nutrition Strategy
MMS	Multiple micronutrient supplementation
MNCH	Maternal, newborn and child health
MoNHSR&C	Ministry of National Health Services, Regulations and Coordination
MUAC	Mid-upper arm circumference
NNS	National Nutrition Survey
PANS	Pakistan Adolescent Nutrition Strategy
PDHS	Pakistan Demographic Health Survey
PNC	Postnatal care
PPC	Preconception care
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
SBC	Social and behaviour change
SBCC	Social and behaviour change communication
SDGs	Sustainable Development Goals
UNICEF	United Nations Children’s Fund
WASH	Water, sanitation and hygiene
WHA	World Health Assembly
WHO	World Health Organization
WRA	Women of reproductive age

CHAPTER 1.

INTRODUCTION

1.1 Maternal nutrition

Maternal nutrition is defined as the nutritional needs of women before pregnancy (during the 'preconception' period), during pregnancy and during the postpartum period. It extends as early as adolescence in contexts where early childbearing occurs. While maternal nutrition is associated with women's reproductive potential, it should be addressed as part of a life course approach within the larger context of women's health and nutrition during all of the stages of their lives. This approach highlights the importance of reaching women during adolescence and young adulthood to achieve healthy lifestyles before conception, as well as during pregnancy and the postpartum period throughout their reproductive years. There is a growing movement to ensure that the lifecycle approach also reaches women of reproductive age (WRA) – that is, women from 15 to 49 years old – who are not pregnant or lactating (NPNL), women of reproductive age who do not have young children, and older women. Reaching these groups remains a gap in current programming approaches.

Women have increased nutritional requirements across their lifecycle, during menstruation, pregnancy, childbirth and lactation. As a result, they are vulnerable to malnutrition. Adolescent girls have increased needs for energy, protein and micronutrients due to physical growth and development, alongside greater needs for iron due to menstruation. During pregnancy, increased nutrients are needed to maintain maternal metabolisms and tissue accretion, while supporting foetal growth and development.¹ Lactation is a demanding state for breastfeeding mothers, involving a greater nutritive burden than pregnancy with increased energy, protein and micronutrient requirements.

1.2 Maternal malnutrition: Causes

Maternal malnutrition is characterized by the triple burden of malnutrition:

- **Undernutrition** due to energy and protein deficiency or the impaired absorption and impaired use of nutrients which can be chronic – resulting in short stature – or acute – resulting in thinness or a low body mass index (BMI).
- **Obesity and overweight**, generally due to the excessive and unbalanced consumption of non-nutritive calories and sedentary lifestyles.
- **Micronutrient malnutrition**, that is deficiencies in vitamins and minerals as a result of the insufficient intake of micronutrient-dense foods, poor bioavailability of micronutrients, or increased requirements due to growth or infection.

The root determinants of malnutrition in general, and maternal malnutrition specifically, are complex and multidimensional. Poverty, underdevelopment and poor socioeconomic conditions are major contributors, as are context-specific social, economic, political and environmental conditions. Climate change, globalization, urbanization, socioeconomic disparities, migration and conflicts pose additional challenges for women's nutrition.²

1 Mousa, Aya, Amreen Naqash and Siew Lim, 'Macronutrient and Micronutrient Intake during Pregnancy: An Overview of Recent Evidence', *Nutrients*, vol. 11, no. 2, 20 February 2019, p. 443.

2 International Food Policy Research Institute, *Global Nutrition Report 2016: From Promise to Impact: Ending Malnutrition by 2030*, IFPRI, Washington, DC, 2016.

Inadequate diets

Malnutrition in women is generally driven by the underlying issues of low levels of household food security, inadequate care and health services, and unhealthy household environments, which impact diets and the burden of disease. Food systems are failing to provide adequate, safe and diversified diets for women and their families. This is due to constraints in terms of access to land, water and other resources, alongside unsustainable production and consumption patterns, food losses, food waste, the unequal food distribution and unequal access to food.³ The rise in the consumption of processed and fast foods, particularly in urban settings, compromises nutritious diets. More often than not, intra-household dynamics of household food and resources also do not benefit women and girls.

Inadequate services

Challenges to accessing quality health services, as well as low levels of antenatal care (ANC) and postnatal care (PNC) coverage, negatively affect women's nutritional status. Opportunity gaps exist in terms of the dual coverage of maternal health interventions and nutrition interventions within the health system. A lack of access to nutrition-sensitive services – such as adequate sanitation and hygiene, as well as safe drinking water – also have a negative impact by increasing the risk of exposure to contaminants and infectious diseases. This affects women's nutritional status.

Inadequate care practices

Poverty, gender inequality, low levels of educational attainment and constraints to women's ability to make life choices – including choices about their health, marriage and childbearing – contribute to malnutrition. Women with lower status in societies have less access to information and less control over resources. This makes it challenging for women to engage in optimal care practices for themselves, which has a negative impact on their health and nutrition.

1.3 Maternal malnutrition: Consequences

There are important connections between poor nutrition and women's health and well-being, on the one hand, and the health, development and productivity of future generations, on the other (see Figure 1). Maternal malnutrition, particularly during preconception and in the early stages of pregnancy, increases the risk of complications during pregnancy and delivery. It increases the risk of poor birth outcomes, as well as maternal, neonatal and child morbidities, and maternal and neonatal mortality (see Table 1).⁴ Maternal malnutrition, through its effect on children's cognitive development, academic performance and the productivity of future generations, has implications for countries' human capital, socioeconomic development and economic growth.

3 Branca, Francesco, et al., 'Nutrition and health in women, children, and adolescent girls', *BMJ*, vol. 351, 14 September 2015, p. h4713.

4 Ramakrishnan, Usha, et al., 'Effect of women's nutrition before and during early pregnancy on maternal and infant outcomes: A systematic review', *Paediatric and Perinatal Epidemiology*, vol. 26, suppl. 1, July 2012, pp. 285–301; Rahman Muhammad Mizanur, et al., 'Maternal anaemia and risk of adverse birth and health outcomes in low- and middle-income countries: systematic review and meta-analysis', *The American Journal of Clinical Nutrition*, vol. 103, no. 2, February 2016, pp. 495–504; Daru, Jahnavi, et al., 'Risk of maternal mortality in women with severe anaemia during pregnancy and postpartum: A multilevel analysis', *The Lancet Global Health*, vol. 6, no. 5, 20 March 2018, pp. e548–e554; Black, Robert E., et al., 'Maternal and child undernutrition: global and regional exposures and health consequences', *The Lancet*, vol. 371, no. 9608, 17 January 2008, pp. 243–260; Maternal and Child Nutrition Study Group, 'Executive summary of the Lancet maternal and child nutrition series', *The Lancet*, vol. 5, no. 1, 6 June 2013, pp. 1–11; Christian, Parul, et al., 'Risk of childhood undernutrition related to small-for-gestational age and preterm birth in low- and middle-income countries', *International Journal of Epidemiology*, vol. 42, no. 5, 6 August 2013, pp. 1340–1355; Kim, Rockli, et al., 'Relative importance of 13 correlates of child stunting in South Asia: Insights from nationally representative data from Afghanistan, Bangladesh, India, Nepal, and Pakistan', *Social Science & Medicine*, vol. 187, August 2007, pp. 144–154; Harding, Cassandra L., Victor M. Aguayo and Patrick Webb, 'Birthweight and feeding practices are associated with child growth outcomes in South Asia', *Maternal & Child Nutrition*, vol. 14, suppl. 4, 29 November 2018, p. e12650; Black, Robert E., et al., 'Maternal and child undernutrition and overweight in low-income and middle-income countries', *The Lancet*, vol. 382, no. 9890, 6 June 2013, pp. 427–451.

Figure 1. Maternal nutrition in the lifecycle

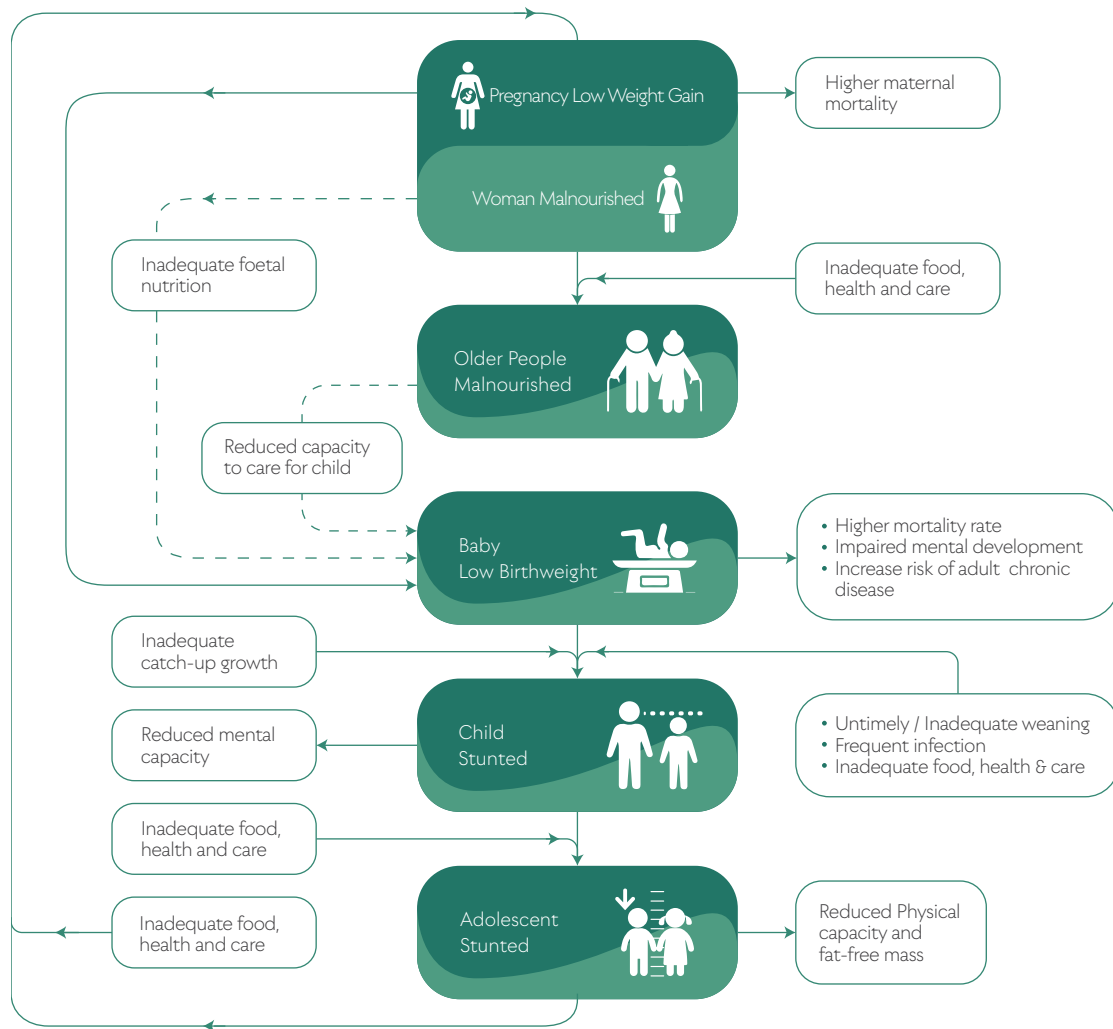


Table 1. Consequences of maternal malnutrition for mothers and infants

Aspect of maternal malnutrition	Consequences for the mother	Consequences for the infant
Maternal thinness	<ul style="list-style-type: none"> ▪ Maternal mortality ▪ Maternal morbidity 	<ul style="list-style-type: none"> ▪ Stillbirth ▪ Pre-term birth ▪ Low birth weight (LBW) ▪ Stunting ▪ Wasting
Maternal overweight and obesity	<ul style="list-style-type: none"> ▪ Gestational diabetes ▪ Hypertensive disorders ▪ Prolonged labour ▪ Postpartum haemorrhage ▪ Anaemia 	<ul style="list-style-type: none"> ▪ Birth defects (heart defects and neural tube defects) ▪ Pre-term birth ▪ Stillbirth ▪ Macrosomia
Short stature	<ul style="list-style-type: none"> ▪ Obstructed labour ▪ Maternal mortality 	<ul style="list-style-type: none"> ▪ Low birth weight ▪ Stunting ▪ Wasting
Iron deficiency anaemia	<ul style="list-style-type: none"> ▪ Fatigue ▪ Fainting ▪ Sleep issues ▪ Palpitations ▪ Increased risk of bleeding during delivery ▪ Maternal mortality 	<ul style="list-style-type: none"> ▪ Preterm birth ▪ Low birth weight ▪ Neonatal mortality ▪ Reduced cognitive growth and development
Folic acid insufficiency	<ul style="list-style-type: none"> ▪ Megaloblastic anaemia ▪ Weakness ▪ Persistent fatigue ▪ Lethargy ▪ Shortness of breath 	<ul style="list-style-type: none"> ▪ Neural tube defects ▪ Other birth defects
Iodine deficiency	<ul style="list-style-type: none"> ▪ Maternal hypothyroidism ▪ Spontaneous abortion 	<ul style="list-style-type: none"> ▪ Stillbirth ▪ Pre-term birth ▪ Increased neonatal/infant mortality ▪ Goitres ▪ Hypothyroidism ▪ Cretinism ▪ Mental retardation
Insufficient calcium intake	<ul style="list-style-type: none"> ▪ Maternal eclampsia and pre-eclampsia ▪ Placental abruption 	<ul style="list-style-type: none"> ▪ Pre-term birth ▪ Stillbirth ▪ Low birth weight

1.4 Maternal nutrition: Evidence-based interventions

Optimal nutrition is vital for women’s health, well-being and productivity, as well as the survival, growth and development of their children and future generations. The Lancet Maternal and Child Nutrition Series revived global commitments to focus on the first 1,000 days of life to improve nutrition outcomes, guided by a framework of action to achieve optimal foetal and child nutrition and development.⁵ Recommended maternal nutrition interventions include folic acid supplementation before and during pregnancy, iron or iron and folic acid (IFA) supplementation for women of reproductive age who are pregnant, as well as those who are not pregnant, antenatal multiple micronutrient supplementation (MMS), maternal calcium supplementation, maternal iodine supplementation or fortification, and addressing maternal wasting and food insecurity with balanced protein and energy supplementation. According to the recent Lancet series, which offers an update on progress achieved on maternal and child malnutrition globally, there is growing evidence on the importance of these recommended interventions and new evidence of how effective antenatal multiple micronutrient supplementation is for preventing adverse pregnancy and birth outcomes.⁶

Maternal nutrition interventions have had documented positive impacts on several child health outcomes. However, there is less data on the effects of maternal nutrition interventions on maternal health outcomes. This is because many programmes that target the first 1,000 days of life focus their implementation and evaluation efforts on the benefits for infant and child health and related nutrition outcomes, rather than on maternal diets and nutrition during pregnancy and lactation.⁷

There is an established evidence base for nutrition-specific interventions that are delivered through the health system and other sectoral strategies that directly affect nutrition. There is less evidence on nutrition-sensitive interventions and other sectoral strategies which indirectly affect nutrition and are delivered both through the health and non-health systems. Recent evidence indicates that indirect strategies – including malaria prevention, preconception care, and water, sanitation and hygiene (WASH) promotion – are beneficial for nutrition outcomes.⁸ Community-based delivery platforms more equitably reach women compared to facility-based settings. Tables 2 and 3 broadly summarize the maternal outcomes of interventions that target pregnant and lactating women, mothers with young children, and women of reproductive age who are not pregnant or lactating.⁹

5 Black, Robert E., et al., ‘Maternal and child undernutrition and overweight in low-income and middle-income countries’, *The Lancet*, vol. 382, no. 9890, 6 June 2013, pp. 427–451.

6 Keats, Emily C., et al., ‘Effective interventions to address maternal and child malnutrition: an update of the evidence’, *The Lancet Child & Adolescent Health*, vol. 5, no. 5, May 2021, pp. 367–384.

7 Lee, Sun Eun, et al., ‘Dietary intakes of women during pregnancy in low-and middle-income countries’, *Public Health Nutrition*, vol. 16, no. 8, August 2013, pp. 1340–1353; Victora, Cesar G, et al., ‘Scaling up maternal nutrition programs to improve birth outcomes: A review of implementation issues’, *Food and Nutrition Bulletin*, vol., 33, no. 2, suppl. 1, June 2012, pp. S6–S26.

8 Keats, Emily C., et al., ‘Effective interventions to address maternal and child malnutrition: an update of the evidence’, *The Lancet Child & Adolescent Health*, vol. 5, no. 5, May 2021, pp. 367–384.

9 These tables are based on a comprehensive narrative review that summarizes the impact and delivery of nutrition-specific and nutrition-sensitive interventions which target women across the life cycle: adolescent girls, women of reproductive age who are not pregnant or lactating, pregnant and lactating women, women with young children (under 5 years old), and older women. The focus here is on interventions delivered in low-income and middle-income countries through a variety of delivery platforms: health clinics, home visits, community centres, schools, markets, retail centres and community mobilization, among others. Tables 1 and 2 are an adapted summary of positive outcomes from Fox et al, 2019 for pregnant and lactating women, as well as women of reproductive age who are not pregnant or lactating. The outcomes presented here are summarized regardless of their delivery platform.

Table 2. Nutrition-specific interventions

Intervention	Outcomes for pregnant and lactating women, and mothers with young children (under 5 years old)	Outcomes for women of reproductive age who are not pregnant or lactating
Nutrition education ^(a)	<ul style="list-style-type: none"> ▪ Increased knowledge, and improved dietary diversity and protein intake ▪ Increased weight gain in pregnancy ▪ Increased weight loss postpartum (for obese women) through dieting and exercise 	<ul style="list-style-type: none"> ▪ Increased knowledge ▪ Increased intake of fruits and vegetables ▪ Reduced intake of fats, sweets and sugar-sweetened beverages
Micronutrient supplementation	<ul style="list-style-type: none"> ▪ Reduction in anaemia and iron deficiency anaemia (IDA) ▪ Improved micronutrient status ▪ Reduction of gestational hypertension and pre-eclampsia ▪ Increased gestational weight gain (among underweight women) ▪ Reduction in maternal mortality ▪ Reduction in placental malaria ▪ Reduction in depression and perceived stress 	<ul style="list-style-type: none"> ▪ Reduction in anaemia and iron deficiency anaemia ▪ Increased haemoglobin ▪ Increased serum ferritin, folate and vitamin B12 ▪ Decrease in soil-transmitted helminth infection
Food fortification	<ul style="list-style-type: none"> ▪ Reduction in anaemia Improved micronutrient status ▪ Increased haemoglobin, serum ferritin, serum retinol, erythrocyte thiamine diphosphate and urinary iodine ▪ Reduction in iodine deficiency, night blindness and goitre prevalence ▪ Increased pregnancy weight gain ▪ Increased intake of nutrient-rich foods (vitamin A, vitamin B-6, thiamine, iodine, riboflavin, niacin, folate and iron) 	<ul style="list-style-type: none"> ▪ Reduction in anaemia and iron deficiency anaemia ▪ Improved micronutrient status ▪ Increased haemoglobin, serum ferritin, serum folate, serum zinc and urinary iodine ▪ Reduction in goitre prevalence ▪ Increased intake of nutrient-rich foods (vitamin A, vitamin B-6, thiamine, iodine, riboflavin, niacin, folate and iron)

Intervention	Outcomes for pregnant and lactating women, and mothers with young children (under 5 years old)	Outcomes for women of reproductive age who are not pregnant or lactating
Energy and protein supplementation	<ul style="list-style-type: none"> ▪ Increased gestational weight gain ▪ Increased body mass index (BMI) ▪ Decreased weight gain (in overweight women) ▪ Increased antenatal care (ANC) coverage ▪ Increased food consumption ▪ Increased intake of protein and fat ▪ Increased nutrition knowledge and better nutrition practices 	<ul style="list-style-type: none"> ▪ Increased food consumption ▪ Increased intake of fruits, vegetables and animal-source foods (ASF) ▪ Increased body mass index ▪ Increased weight gain ▪ Increased body fat ▪ Increased work capacity
Lipid-based nutrient supplements	<p>Increased serum α-linoleic acid concentration</p> <p>Increased gestational weight gain</p> <p>Increased mid-upper arm circumference (MUAC)</p>	No data available

Notes: (a) The effects of nutrition education are greater when combined with other resource-based interventions, such as micronutrient supplementation, home gardening, food supplementation and the provision of water.

Table 3. Nutrition-sensitive interventions^(a)

Intervention	Outcomes for pregnant and lactating women, and mothers with young children (under 5 years old)	Outcomes for women of reproductive age who are not pregnant or lactating
Integrated health care ^(b)	<ul style="list-style-type: none"> ▪ Reduction in anaemia and increased haemoglobin ▪ Increased glycaemic control and decreased hypertension and pre-eclampsia ▪ Decreased malaria and decreased incidence of sexually transmitted infections (STIs) ▪ Increased use of family planning ▪ Increased hospital deliveries and screening services ▪ Increased nutritional knowledge and provision of micronutrients ▪ Reduction in depression ▪ Reduction in maternal mortality 	<ul style="list-style-type: none"> ▪ Increased health care utilization and screening for sexually transmitted infections and cancer ▪ Increased knowledge about diabetes and decreased incidence of diabetes ▪ Increased glycaemic control and decreased hypertension ▪ Increased use of family planning ▪ Increased provision of micronutrients
Water, sanitation and hygiene (WASH)	<ul style="list-style-type: none"> ▪ Increased knowledge of hygiene and sanitation ▪ Increased handwashing, water quality and women’s hygiene ▪ Reduced diarrhoeal morbidity and prevalence of intestinal parasites ▪ Decreased water point distance and increased time savings ▪ Increased participation in income-generating activities 	<ul style="list-style-type: none"> ▪ Increased knowledge about hygiene and sanitation ▪ Increased handwashing, water quality and women’s hygiene ▪ Reduced diarrhoeal morbidity and prevalence of intestinal parasites ▪ Decreased water point distance and increased time savings ▪ Increased participation in income-generating activities
Family planning and birth spacing	<ul style="list-style-type: none"> ▪ Increased use of family planning and increased inter-birth spacing ▪ Decreased anaemia, serum ferritin and maternal depletion ▪ Reduction in maternal mortality ▪ Increased weight gain 	<ul style="list-style-type: none"> ▪ Increased use of family planning

Intervention	Outcomes for pregnant and lactating women, and mothers with young children (under 5 years old)	Outcomes for women of reproductive age who are not pregnant or lactating
Women’s empowerment ^(c)	<ul style="list-style-type: none"> ▪ Increased income and control over resources and decision-making ▪ Increased expenditure on food ▪ Increased nutrition-related knowledge ▪ Increased household food security, household food consumption and dietary diversity ▪ Increased intake of vegetables, meat, fruits, iron-rich foods, vitamin A-rich foods and animal source foods ▪ Reduction in underweight status and anaemia (associations^(d)) 	<ul style="list-style-type: none"> ▪ Increased control over resources and decision-making ▪ Increased expenditure on food Increased nutrition-related knowledge ▪ Increased household food security, household food consumption and dietary diversity ▪ Increased intake of vegetables, iron-rich foods and animal source foods ▪ Reduction in anaemia (association)
Income generation activities ^(e)	<ul style="list-style-type: none"> ▪ Increased women’s income, empowerment and participation in household decision-making ▪ Increased knowledge of health and nutrition ▪ Increased food-related expenditures ▪ Improved household food security and increased household dietary diversity ▪ Reduction in anaemia (limited evidence) ▪ Increase body mass index (limited evidence) 	<ul style="list-style-type: none"> ▪ Increased women’s income, empowerment and participation in household decision-making ▪ Increased knowledge of health and nutrition ▪ Increased food-related expenditures ▪ Improved household food security and increased household dietary diversity
Education of women and girls ^(f)		<ul style="list-style-type: none"> ▪ Increased literacy ▪ Reduced early pregnancy and fertility
Social protection ^(g)	<ul style="list-style-type: none"> ▪ Increased self-confidence, participation in social networks and control over household resources ▪ Increased antenatal care coverage ▪ Increased knowledge of health and nutrition ▪ Increased household food security, expenditure on food, food consumption, food share and dietary diversity ▪ Increased intake of fruits, vegetables and animal source foods ▪ Increased intake of fats and sweets 	<ul style="list-style-type: none"> ▪ Increased self-confidence, participation in social networks and control over household resources; ▪ Increased antenatal care coverage ▪ Increased knowledge of health and nutrition ▪ Increased household food security, expenditure on food, food consumption, food share and dietary diversity ▪ Increased intake of fruits, vegetables and animal source foods ▪ Increased intake of fats and sweets

Notes: (a) It is challenging to determine the links between nutrition-sensitive approaches and women’s nutritional status due to the limited measurement of benefits, limited timeframes for evaluating impacts, implementation realities and the priorities of different stakeholders within a multi-sectoral approach. Thus, nutrition outcomes focus on distal measures of impact – such as coverage and knowledge – with less of a focus on proximal measures – such as body mass index and anaemia. See: Fox, Elizabeth L., et al., ‘Who is the Woman in Women’s Nutrition? A Narrative Review of Evidence and Actions to Support Women’s Nutrition throughout Life’, *Current Developments in Nutrition*, vol. 3, no. 1, January 2019, pp. 1–22.

(b) This includes integrated curative and preventive care through primary care platforms, such as the distribution of supplies to prevent malaria, family planning supplies, testing for diseases and the delivery of medical treatments.

(c) Empowerment interventions are often integrated with income-generation activities and agricultural extension. They are limited in scope and in terms of the evaluation of nutrition outcomes.

(d) Studies have found an ‘association’ between the variable ‘women’s empowerment’ and the outcomes ‘underweight’ and ‘anaemia’ but cannot draw conclusions of causality or effect.

(e) There is limited evidence of the impact of income-generation activities on women’s anthropometric and biochemical nutrition outcomes. Increased income has been associated with reductions in mothers being anaemic or underweight, but these reductions are modest.

(f) Few studies have evaluated the impact of education as an intervention on women’s nutrition outcomes. Instead, survey data has been used and reported on to highlight the associations between education and nutrition. Educational interventions with intended nutrition outcomes largely target school-age children and adolescent girls, rather than women of reproductive age.

(g) Social protection interventions include in-kind support (food baskets and fortified foods) and cash transfers, both conditional unconditional.

1.5 Maternal nutrition: Global recommendations

Global guidance recommends promoting a varied and healthy diet to meet women’s nutritional needs.¹⁰ Promoting diverse diets is one of several approaches to improve micronutrient nutrition for women. Other recommended strategies include fortification, biofortification and/or supplementation. In addition to micronutrient adequacy, high quality diets comprise a balanced intake of proteins, carbohydrates and fats, as well as moderation in terms of the consumption of foods that are low in nutrient density and which are associated with an increased risk of chronic diseases.¹¹

Box 1. Global commitments associated with maternal nutrition

Sustainable Development Goals (SDGs) and targets:

SDG 2 to end hunger and all forms of malnutrition and SDG 3 to reduce premature mortality from non-communicable diseases (NCDs) by one-third by 2030

World Health Assembly targets:

To reduce anaemia in women of reproductive age and reduce low birth weight by 2025

Guidance on women’s nutrition has predominately focused on services provided through the health system during pregnancy, and increasingly in the preconception period. Gaps remain in the availability of global guidance on diets and practices for women in the postpartum period.

10 This is based on the *Composition of a healthy diet for adults* (WHO, 2020) which includes the following principles: (1) consuming fruits, vegetables, legumes, nuts and whole grains (unprocessed maize, millet, oats, wheat and brown rice); (2) consuming at least 5 portions of fruits and vegetables per day (~400 g); (3) receiving less than 10 per cent of one’s total energy from free sugars (~50 g); (4) receiving less than 30 per cent of total energy from fat, with a preference for unsaturated fats (saturated fats should account for less than 10 per cent, polyunsaturated fats should account for 6–10 per cent, and intake of trans-fats should be less than 1 per cent of total energy intake); and (5) consuming less than 5 g of salt.

11 Food and Agriculture Organization of the United Nations and FHI 360, *Minimum Dietary Diversity for Women: A Guide for Measurement*, FAO, Rome, 2016.

The World Health Organization's Recommendations on Antenatal Care for a Positive Pregnancy Experience¹² and their subsequent nutritional intervention updates in 2020 and 2021 provide guidance on antenatal care for pregnant adolescent girls and women. These recommendations offer an opportunity to strengthen efforts to improve maternal nutrition.¹³ The guidance covers nutrition-specific interventions during pregnancy, which centre around dietary intake and micronutrient supplementation. These are recommended in general, or are context-specific (C-S) (see Table 4).

Table 4. WHO antenatal care recommendations for nutrition

Dietary intake interventions	Micronutrient supplementation interventions ^(a)
<ul style="list-style-type: none"> ▪ Counselling on healthy eating and keeping physically active ▪ Nutrition education on increasing daily energy and protein intake in undernourished populations (context-specific) ▪ Balanced energy and protein dietary supplementation in undernourished populations (context-specific) ▪ Lowering daily caffeine intake during pregnancy (context-specific) 	<ul style="list-style-type: none"> ▪ Daily oral iron and folic acid supplementation ▪ Intermittent oral iron and folic acid supplementation (context-specific) ▪ Daily calcium supplementation (context-specific) ▪ Vitamin A supplementation (context-specific) ▪ Zinc supplementation (context-specific) ▪ Multiple micronutrient supplementation (context-specific)^(b)

Notes: (a) Vitamin B6 (pyridoxine), vitamins E and C, and vitamin D supplementation are currently not recommended.

(b) Antenatal multiple micronutrient supplementation that includes iron and folic acid is recommended in the context of rigorous research (implementation research and controlled clinical trials).

The WHO's Preconception Care Policy Brief for Positive Impact on Maternal and Child Health Outcomes provides a foundation for implementing a package of promotive, preventive and curative health interventions during the preconception period.¹⁴ These have been shown to be effective in improving maternal and child health. The brief includes a nutrition section, which focuses on screening, monitoring, micronutrient supplementation and counselling. The eight recommended nutrition interventions are: screening for anaemia and diabetes; iron and folic acid supplementation; information, education and counselling; monitoring nutritional status; supplementing energy-dense and nutrient-dense foods; managing diabetes, including counselling people with diabetes mellitus; promoting exercise; and salt iodization.

During the postpartum and lactation period, WHO recommends iron supplementation, either alone or with folic acid and nutrition counselling. Vitamin A supplementation is no longer recommended. These interventions are described in WHO's Recommendations on Postnatal Care for the Mother and Newborn¹⁵ and WHO's Recommendations on Maternal Health.¹⁶

12 World Health Organization, WHO Recommendations on Antenatal Care for Positive Pregnancy Experience, WHO, Geneva, 2016.

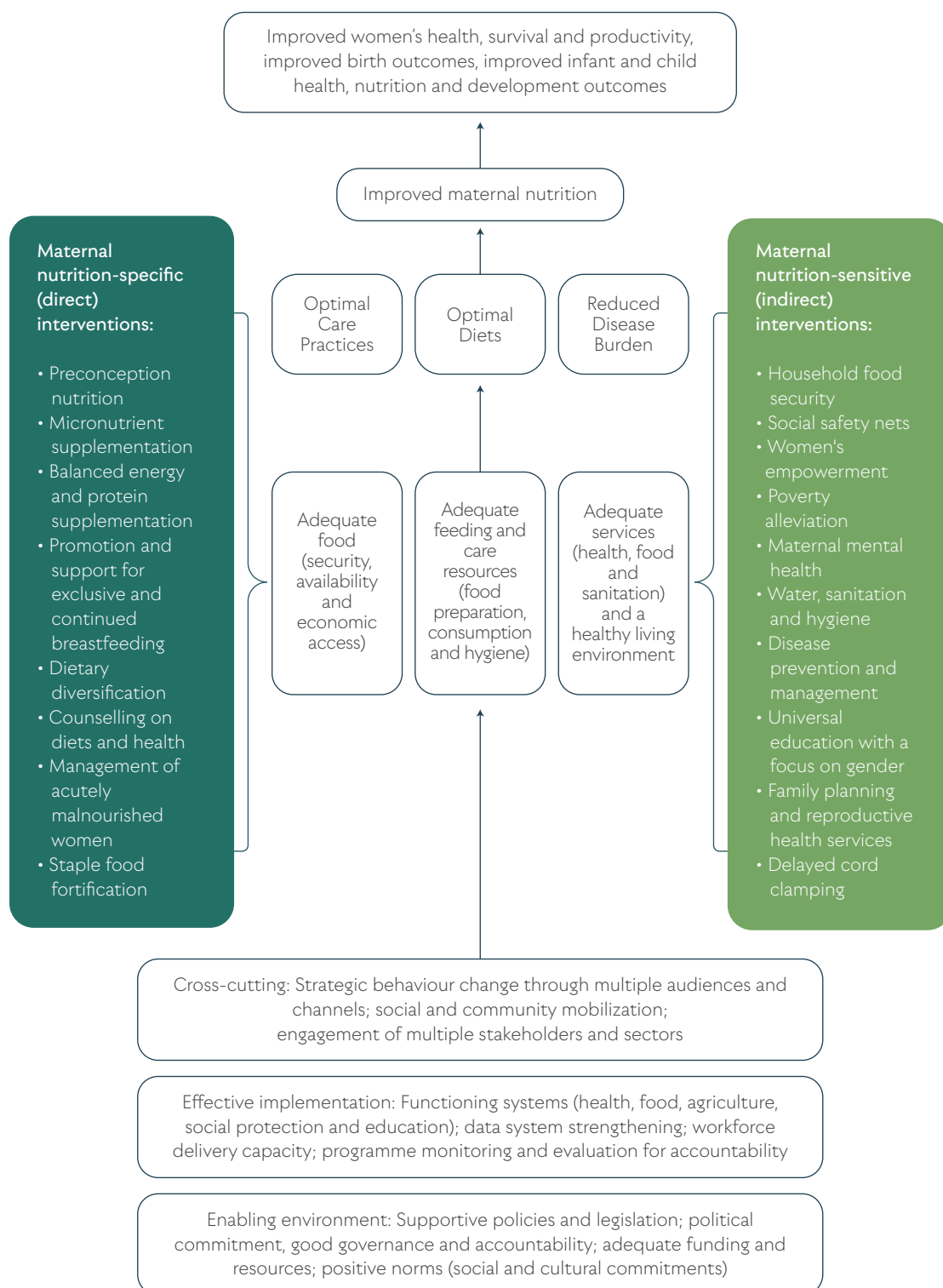
13 World Health Organization, *Antenatal care recommendations for a positive pregnancy experience. Nutritional interventions update: Multiple micronutrient supplements during pregnancy*, WHO, Geneva, 2020; World Health Organization, *Antenatal care recommendations for a positive pregnancy experience. Nutritional interventions update: Vitamin D supplements during pregnancy*, WHO, Geneva, 2020; World Health Organization, *Antenatal care recommendations for a positive pregnancy experience. Nutritional interventions update: Zinc supplements during pregnancy*, WHO, Geneva, 2021.

14 World Health Organization, 'Maximizing Gains for Maternal and Child Health', Preconception Care Policy Brief, WHO, Geneva, 2013.

15 World Health Organization, *Recommendations on Postnatal Care for the Mother and Newborn*, WHO, Geneva, 2013.

16 World Health Organization, *WHO Recommendations on Maternal Health: Guidelines approved by the WHO Guidelines Review Committee*, WHO, Geneva, 2017.

Figure 2. Framework of interventions for maternal nutrition



Note: Adapted for maternal nutrition from the Lancet framework for action to achieve optimal foetal and child nutrition and development, 2013, the UNICEF conceptual framework on the determinants of maternal and child nutrition, 2020, and the Lancet conceptual framework for nutrition actions, 2021.

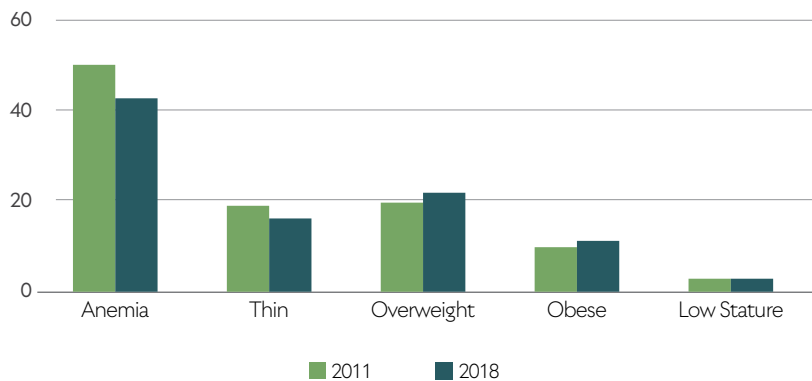
CHAPTER 2. MATERNAL NUTRITION SITUATION IN PAKISTAN

2.1 Epidemiological and demographic profile

Over the past decade, Pakistan has made progress on strengthening key infrastructure for health and social services, as well as increasing public sector health expenditure. The country has experienced positive changes in national health indicators, particularly child survival and reproductive health care. However, malnutrition remains a persistent challenge. Progress on nutrition is impeded by food insecurity and limited dietary diversity, high vulnerability to natural disasters, the effects of climate change, security issues, population growth and rapid urbanization. The nutritional status of Pakistan’s population, especially children under five years old and women of reproductive age (15–49 years old), is largely poor throughout the country, although the burden of malnutrition varies across regions and socioeconomic groups.

Progress on improving maternal nutrition in Pakistan has been slow, which has a significant impact on women’s health and well-being, as well as children’s growth and development. Maternal nutrition indicators remain poor and characterized by the triple burden of malnutrition — undernutrition, overweight and obesity, and micronutrient deficiencies. The National Nutrition Survey 2018 found that one in seven women of reproductive age (14.4 per cent) are underweight, reflecting an improvement from 18 per cent in 2011. The prevalence of women being underweight is more pronounced in rural areas compared to urban centres. According to the National Nutrition Surveys in 2011 and 2018, the rates of women being overweight and suffering from obesity increased from 28 per cent in 2011 to 37.8 per cent in 2018, particularly in urban areas (see Figure 3).¹⁷ Increasing urbanization, changing lifestyles, the higher energy density of diets and physical inactivity contribute to a higher burden of overweight women in urban areas, while women in rural areas are more likely to suffer from undernutrition.

Figure 3. Maternal nutrition indicators, 2011–2018



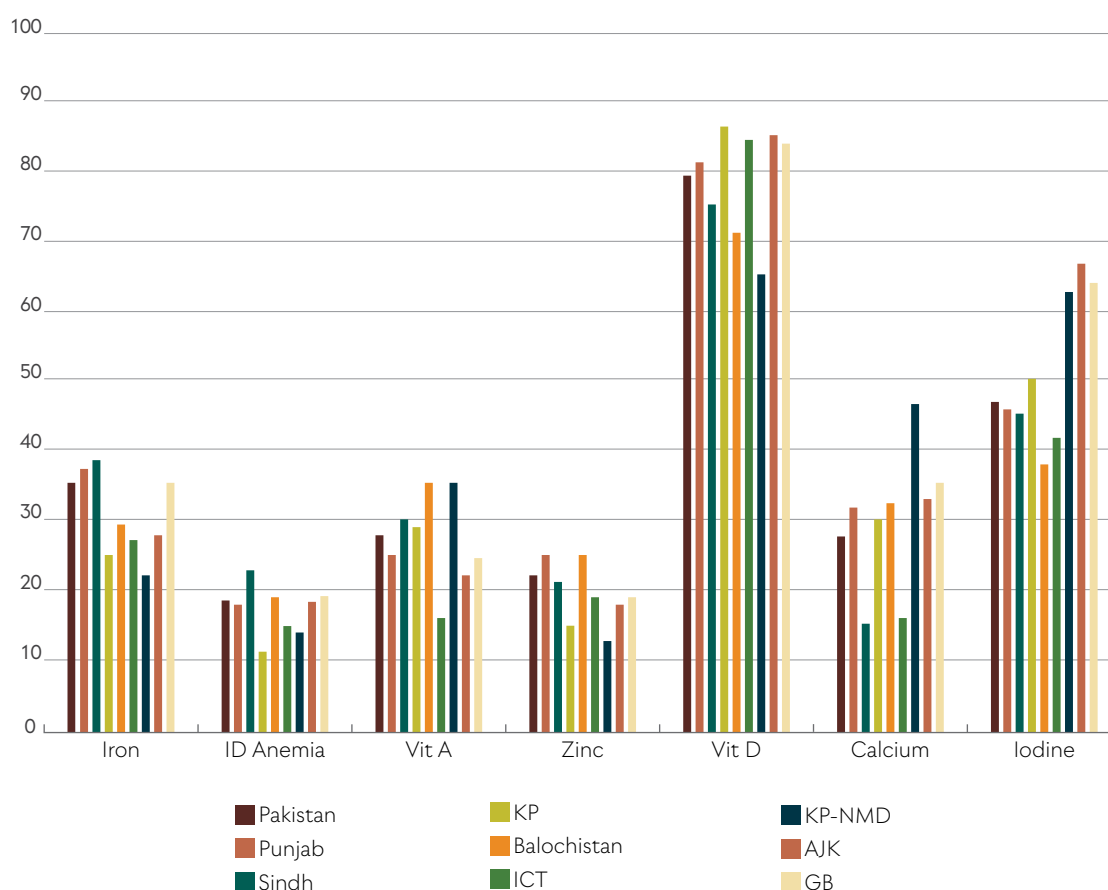
Source: Pakistan National Nutrition Survey 2011 and Pakistan National Nutrition Survey 2018.

¹⁷ Planning Commission, United Nations Children’s Fund and Aga Khan University, *Pakistan National Nutrition Survey 2011*, Government of Pakistan, Islamabad, 2011; Ministry of National Health Services, Regulations and Coordination, United Nations Children’s Fund and Aga Khan University, *Pakistan National Nutrition Survey 2018*, Government of Pakistan, Islamabad, 2019.

Anaemia, which is caused by the complex interaction between micronutrient deficiencies, infectious diseases, genetics and other factors, is a severe public health problem. In Pakistan, 42.7 per cent of women of reproductive age are anaemic, with a slightly higher proportion in rural areas (44.3 per cent) compared to urban settings (40.2 per cent). Micronutrient deficiencies – of iron, zinc, vitamin A, vitamin D and calcium – are also prevalent (see Figure 4).¹⁸

Inequities in maternal nutrition outcomes are a major challenge in Pakistan, impacting women in vulnerable and marginalized communities the most. Socioeconomic status and education levels are major determinants of malnutrition. Women who are part of Pakistan’s poorest wealth quintile and who are not educated are more likely to be underweight and suffer from micronutrient deficiencies. By contrast, women who are part of the richest wealth quintile are more prone to being overweight or obese. Age is also a factor, as more younger women are underweight and more older women are overweight or obese.

Figure 4. Provincial comparisons of micronutrient deficiencies among women of reproductive age, 2018



Source: Pakistan National Nutrition Survey 2018.

¹⁸ Ministry of National Health Services, Regulations and Coordination, United Nations Children’s Fund and Aga Khan University, *Pakistan National Nutrition Survey 2018*, Government of Pakistan, Islamabad, 2019.

The status of maternal nutrition in Pakistan will have implications for the health, well-being and productivity of future generations, with subsequent costs for human capital, development and economic growth. Maternal nutrition and breastfeeding behaviours, alongside children being underweight, wasted or suffering from micronutrient deficiencies, are linked to approximately 177,000 deaths annually in Pakistan. This corresponds to more than one-third of all child mortality in the country. This lost future workforce is valued at US\$2.24 billion per year.¹⁹ Projections also indicate that anaemia among adult men and women who are engaged in agriculture, industry and other manual labour lowers their economic output by US\$ 657 million per year.²⁰

2.2 Determinants of maternal malnutrition

Maternal malnutrition in Pakistan is largely driven by inadequate household food and nutrition security, inadequate health services and care practices, and gender inequality.

Table 5. Evidence of the underlying and immediate determinants of maternal malnutrition

Determinants	Evidence
Food security	<ul style="list-style-type: none"> 37% of households in Pakistan face food insecurity overall, with rates of over 50% in several regions.^(a) Two-thirds of the population are unable to afford a (staple-adjusted) nutritious diet with their current food expenditure.^(b)
Dietary diversity	<ul style="list-style-type: none"> Only 27.8% of women of reproductive age meet minimum dietary diversity (MDD) requirements. More women in urban areas (30.4%) meet these requirements than women in rural areas (26%). Women in the lowest education and wealth quintile levels have the lowest levels of achieving minimum dietary diversity (MDD-W).^(a)
Access to and utilization of health care	<ul style="list-style-type: none"> Nearly seven in 10 women report at least one problem in accessing health care for themselves.^(c) Antenatal care attendance by any skilled provider is only 64.5%.^(a) Antenatal care attendance of more than four visits stands at 31.7%.^(a) Antenatal care attendance of more than eight visits is 10.7%.^(a) 60% of women and newborns in Pakistan receive a postnatal care visit within two days of delivery.^(c) Both antenatal and postnatal care attendance do not meet the recommended number of contacts during the antenatal and postpartum periods.

¹⁹ World Food Programme, Scaling Up Nutrition, Pakistan 2025 and Ministry of National Health Services, Regulations and Coordination, *The Economic Consequences of Undernutrition in Pakistan: An Assessment of Losses*, Islamabad and Bangkok, WFP, 2016.

²⁰ Ibid.

Determinants	Evidence
Content and quality of care	<ul style="list-style-type: none"> 89% of women have their blood pressure checked, and 70% have urine and blood samples checked during antenatal care visits. During antenatal care visits, 52% of women have received counselling on the early initiation of breastfeeding, 54% have received information on exclusive breastfeeding and 70% have received counselling on a balanced diet.^(c) Only 33.4% of women have received iron and folic acid supplements. Of the women who received these supplements, 66.7% did not take supplements, 6.1% took supplements for less than 60 days, 5.1% for 60–89 days and 22.2% for 90 days or more.^(a) Very few women (1.8%) have received deworming treatment.^(c)
Early marriage and childbearing	<ul style="list-style-type: none"> The median age for women's first marriage is 20.4 years, and 29% of women in Pakistan are married by the age of 18. The median age for women first giving birth is 22.8 years, and 8% of adolescent girls (15–19 years old) have begun childbearing.^(c)
Educational attainment and employment	<ul style="list-style-type: none"> 50% women have no education, compared to 34% of men in Pakistan. Fewer than one-quarter (22%) of women have completed their primary education, 10% have completed middle school, 9% have completed secondary education and 10% have completed higher education. Formal employment for women is extremely limited (17%) and has fallen from 26% over a five-year period. More women (32%) are employed in agriculture than men (21%), but one-quarter (24%) of these women workers do not receive payment for their agricultural work.^(c)
Women's agency	<ul style="list-style-type: none"> 51% of women report participating in decisions regarding their own health care, 44% participate in decisions on major household purchases and 49% take part in decisions about visiting family and friends. 39% of women report not participating in any of these decisions.^(c)

Notes: (a) Data from the Pakistan National Nutrition Survey 2018.

(b) Data from Ministry of Planning, Development & Reform and World Food Programme, Minimum Cost of Diet (CoD) Pakistan, Government of Pakistan, Islamabad, July 2016.

(c) Data from the Pakistan Demographic and Health Survey 2012–13 and 2017–18.

Women's dietary diversity and dietary patterns

Economic constraints and sociocultural practices limit access to nutrient-rich foods. Poor households cannot afford optimal food habits and nutritious diets across different livelihood zones in Pakistan. Requirements for vitamin B12, calcium and iron are the hardest to meet using locally-available foods.²¹ Performance on minimum dietary diversity for women (MDD-W) – a proxy indicator for nutrient sufficiency and the quality of diets²² – is very low across the country.

21 Ministry of National Health Services, Regulations and Coordination, UKAID and United Nations Children's Fund, *Cost of the Diet Analysis Report in 12 Districts, 17 Livelihood Zones – Pakistan*, Government of Pakistan, Islamabad, 2018.

22 Minimum dietary diversity for women of reproductive age is a food group diversity indicator that has been shown to reflect one key dimension of diet quality: micronutrient adequacy, summarized across 11 micronutrients (FAO and FHI 360, 2016). Women achieve minimum dietary diversity if they consume at least 15g of food from at least five of the following 10 food groups: all starchy staple foods; beans and peas; nuts and seeds; dairy; meat, poultry and fish; eggs; vitamin A-rich dark green leafy vegetables; other vitamin A-rich vegetables and fruits; other vegetables; and other fruits.

Women’s dietary patterns are determined by food availability and access, intra-household food distribution and sociocultural factors. Studies have found that women in South Asia are more sensitive to changes in food availability, often acting as a buffer for their households in food insecure conditions in terms of food allocation within the household. This challenge is compounded by ‘eating order’, where young women often serve themselves, and eat, last.²³ Reduced food consumption during pregnancy for fear of delivering a large baby and experiencing a painful labour is also an existing practice.²⁴

A qualitative exploration of the knowledge and perceptions of Lady Health Workers (LHWs) and community members about maternal diets and nutrition has shed light on some of the issues and challenges surrounding local dietary practices in Pakistan.²⁵ Some available nutritious foods are not consumed by pregnant or lactating women due to beliefs passed on by elders. For example, fish, eggs, milk and meat are regarded as ‘hot’ foods that are incorrectly considered harmful for pregnant women. Rice, as a ‘cold’ food, is not served to women for 40 days after giving birth. Male community members and leaders appear disengaged and uncomfortable answering questions about women’s diets during pregnancy, but are more engaged in nutrition support during lactation for the sake of the child’s health, rather than the mother’s.²⁶

Health care access and utilization

Reproductive health care coverage is improving in Pakistan. The proportion of deliveries in health facilities increased from 48 per cent in 2012–13 to 66 per cent in 2017–18. However, low coverage in terms of sustained health care visits and nutrition services reveals that many women are unable to access the quality health and nutrition services that they need.

Issues which prevent women from accessing optimal nutrition services are linked to broader challenges in terms of access to and the utilization of maternal health services (see Section 3.2 and the discussion of strategic area 2). Overarching challenges include poor physical access to maternal health services, weak delivery platforms to reach women in facilities and at the community level, the low quality of care, and gaps in the health and community workforce.²⁷

A recent iron and folic acid bottleneck analysis illustrates challenges in the delivery of maternal nutrition services and the utilization and uptake of nutrition interventions in Pakistan. Critical bottlenecks exist across the domains of supply, demand, effective coverage and an enabling environment. Supply side issues for iron and folic acid supplementation include inconsistent supply, ‘stock outs’, procedural delays, inefficient human resources with suboptimal knowledge and counselling skills, and gaps in coverage for facility-based and community-based health care services. Demand side issues for iron and folic acid supplementation include low awareness of anaemia as a serious condition, a lack of support from household decision makers, the side effects of consuming iron and folic acid supplements, and financial limitations. All of these issues contribute

23 Harris-Fry, Helen, et al., ‘Determinants of intra-household food allocation between adults in South Asia – a systematic review’, *International Journal for Equity in Health*, vol. 16, 21 June 2017, art. 107.

24 Khadduri, R., et al., ‘Household knowledge and practices of newborn and maternal health in Haripur district, Pakistan’, *Journal of Perinatology: Official Journal of the California Perinatal Association*, vol. 28, no. 3, March 2008, pp. 182–187.

25 Ministry of National Health Services, Regulations and Coordination, United Nations Children’s Fund and Aga Khan University, *Pakistan National Nutrition Survey 2018*, Government of Pakistan, Islamabad, 2019.

26 Ministry of National Health Services, Regulations and Coordination, United Nations Children’s Fund and Aga Khan University, *Pakistan National Nutrition Survey 2018*, Government of Pakistan, Islamabad, 2019.

27 United Nations Children’s Fund, *Policy Environment and Programme Action on the Nutritional Care of Pregnant Women During Antenatal Care in South Asia*, UNICEF Regional Office for South Asia, Kathmandu, 2019.

to the low coverage and continued use of nutrition services. Challenges related to an enabling environment include prevailing social norms and patriarchal values, wherein the importance of women’s nutrition is not well-understood, alongside inadequate policies for health care coverage and resource allocations, weak stakeholder coordination, and the lack of a targeted evidence-based communication strategy.²⁸

Gender issues and women’s empowerment

Maternal malnutrition is rooted in gender inequality. Pakistan ranks third-to-last (151st of 153 countries) on the global Gender Gap Index 2020. To date, it has only closed 56 per cent of the gender gap in the country.²⁹ Different dimensions of women’s agency – such as their age at marriage, formal education, decision-making power relative to men, and control over resources – have an impact on women’s and children’s nutrition.³⁰ Early marriage increases the risk of adolescent pregnancy, which has an acute effect on the health and well-being of young women, bringing with it nutritional risks, higher risks of poor pregnancy and poor birth outcomes, and potentially contributing to high fertility rates. In terms of agency, women have varying levels of control over decisions and participation in decision-making. This can impact their purchasing power, their ability to make decisions for themselves and their families, and the amount of food available to them when resources are scarce. Women’s level of education also has a significant impact on their health-related knowledge and care-seeking practices. In Pakistan, women’s education attainment remains low.

Women are disproportionately engaged in agricultural work in Pakistan, which can have both positive and negative implications for nutrition. The energy-intensive nature of agricultural labour and exposure to pathogens from wastewater irrigation and livestock can be detrimental to women’s nutrition and health. The time-intensive aspects of labour can detract from the time they spend taking care of themselves and caring for children. Women’s employment in agriculture can influence intra-household decision-making and resource allocations, with a potential positive impact on women’s control over decisions related to food and health care. At the same time, the poor quality of health services, diseases, a lack of adequate sanitation and hygiene, and the lack of women’s empowerment can undermine these potential positive impacts on nutrition outcomes.³¹

2.3 Policy context for maternal nutrition

A strong emerging enabling environment has the potential to shape political, institutional and policy processes for improving maternal nutrition in Pakistan. Nutrition has been positioned within the national development agenda with a high level of political commitment, and both federal and provincial governments are ready to invest in maternal nutrition. Pakistan is committed to the Sustainable Development Goals (SDGs) and the Scaling up Nutrition (SUN) movement. Improving maternal nutrition will be key to achieving SDG 2 to end hunger and all forms of malnutrition, SDG 3 to ensure good health and well-being for all, and SDG 5 to achieve gender equality and empower all women and girls.

28 PHC Global, Ministry of National Health Services, Regulations and Coordination, and United Nations Children’s Fund, National Iron Folic Acid Bottleneck Analysis: Pakistan, Islamabad, UNICEF, 2022 (forthcoming).

29 World Economic Forum, *Insight Report: Global Gender Gap Report 2020*, WEF, Cologne, 2019.

30 Vir, Sheila C, ‘Improving women’s nutrition imperative for rapid reduction of childhood stunting in South Asia: coupling of nutrition specific interventions with nutrition sensitive measures essential’, *Maternal and Child Nutrition*, vol. 12, suppl. 1, May 2016, pp. 72–90.

31 Gillespie, Stuart and Mara van den Bold, ‘Agriculture, Food Systems, and Nutrition: Meeting the Challenge’, *Global Challenges*, vol. 1, no. 3, April 2017, p. 1600002; Balagamwala, Mysbah, Haris Gazdar and Hussain Mallah, ‘Women’s Agricultural Work and Nutrition in Pakistan: Findings from Qualitative Research’, LANSa Working Paper Series No. 2, LANSa, Brighton, 2015.

Pakistan's national development framework, Vision 2025, emphasizes the need to address the food and nutrition needs of the country's growing population as a critical component of human and social development, as well as national stability. It describes several initiatives to improve nutrition, ranging from implementing the Hunger Free Pakistan Programme, to food-for-work schemes, livelihood initiatives to improve access to food, nutrition-specific and nutrition-sensitive interventions, fortified food supplementation, fortification and biofortification, feeding programmes and nutrition education. The National Health Vision 2016–2025, the National Vision for Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH&N) 2016–2025, and the Pakistan Multi-sectoral Nutrition Strategy (PMNS) 2018–2025 are aligned with Vision 2025. These frameworks all recognize the importance of addressing women's nutrition. Other policy developments related to maternal nutrition include the Protection of Breastfeeding and Child Nutrition Act, the Food Fortification Act and the Early Marriage Restraint Act.

The National Vision for Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition focuses on the health sector's critical role in enabling the implementation of nutrition-specific interventions and includes a renewed focus on promoting evidence-based international best practices. It calls for the integration of maternal nutrition and breastfeeding support strategies within primary care programmes, while urging the integration of parallel initiatives including the Maternal, Neonatal and Child Health (MNCH) Programme, the Expanded Programme for Immunization (EPI), programmes on malaria and programmes on nutrition. The Pakistan Multi-sectoral Nutrition Strategy calls for a set of nutrition-specific interventions related to maternal nutrition, as well as the development of an 'essential nutrition service delivery package' that should be integrated with health service delivery.

While Pakistan does not have specific guidance on maternal nutrition in the preconception period (before pregnancy), the recently developed Pakistan Adolescent Nutrition Strategy (PANS) provides direction for improving adolescent nutrition. It encompasses a core package of nutrition-specific interventions delivered through the health sector (healthy eating, nutrient supplementation, behaviour change for health and risk avoidance, and hygiene and sanitation), paired with nutrition-sensitive interventions in non-health sectors.

Pakistan's Infant and Young Child Feeding (IYCF) Strategy 2016–2020 recognizes the importance of improving maternal nutrition during the postpartum period (after childbirth). It particularly acknowledges the link between the early initiation of breastfeeding and exclusive breastfeeding, on the one hand, and reduced postpartum haemorrhage and the reduced risk of breast and ovarian cancer, on the other. The strategy also advocates for skilled nutrition counselling to be provided to mothers through the Lady Health Worker Programme, in addition to introducing a parental education package through the education sector that focuses on maternal nutrition and infant and young child feeding.

2.4 Programme context

All of Pakistan's provinces and regions have a multi-sectoral or inter-sectoral nutrition strategy in place following the development of the Pakistan Integrated Nutrition Strategy (PINS) 2011, the predecessor of the Pakistan Multi-sectoral Nutrition Strategy 2018–2025. All of the country's provinces and regions also have a reproductive, maternal, newborn, child and adolescent health and nutrition strategy for 2016–2020 that stems from the National Vision for Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition 2016–2025. One province also has a stunting reduction framework in place as its guiding framework for nutrition.

The context of maternal nutrition programming within the health sector and through a multi-sectoral approach differs across Pakistan's provinces. Maternal nutrition programming is implemented and funded by government initiatives, as well as by projects undertaken by donors and development partners. The degree of integration of maternal nutrition into broader maternal, newborn and child health programmes, reproductive health programmes, and levels of health care – primary, secondary and tertiary health care – also differ by province. Punjab and Khyber Pakhtunkhwa have integrated nutrition into their overarching health programmes. However, nutrition is not fully integrated at scale in Sindh and Balochistan. Health and nutrition services for pregnant and lactating women in the provinces include iron and folic acid supplementation, tetanus toxoid vaccination, deworming, the treatment of infections such as malaria and dengue fever, counselling on dietary and hygiene practices for mothers and children, counselling on breastfeeding and complementary feeding, and family planning services. Some provincial programmes have introduced multiple micronutrient supplementation and specialized nutritious foods for undernourished pregnant and lactating women in select districts.

Health and nutrition services are delivered through the Lady Health Worker Programme to improve access to these services in rural areas and urban slums. This is done through community-based services and via links to the formal health system. There are 90,000 Lady Health Workers across Pakistan who provide primary health care services to approximately 115 people each through home visits in rural districts. The services they provide that are related to maternal nutrition include family planning and counselling on health, nutrition, hygiene, antenatal and postnatal care, and anaemia prevention. There are between 15,000 and 20,000 community midwives (CMWs) nationwide. Trained in home-based deliveries, antenatal care and postnatal care, community midwives are part of the Lady Health Worker referral system. They have not been fully used for nutrition service delivery, although this varies by province. While the coverage of antenatal care services has improved across Pakistan, the focus on assessment and education remains weak. In addition, postnatal care services for postpartum and lactating women are few and far between.

Other provincial programmes that include maternal nutrition-related interventions are:

- **Punjab:** Chief Minister's Stunting Reduction Programme.
- **Sindh:** Accelerated Action Plan (AAP) for the Reduction of Stunting and Malnutrition.
- **Khyber Pakhtunkhwa:** the Stunting Prevention and Rehabilitation Integrated Nutrition Gain (SPRING) Project.
- **Balochistan:** Nutrition Programme for Mothers and Children (BNPMC).

Table 6. Gaps and bottlenecks for maternal nutrition programming

Area	Gaps/bottlenecks
Maternal nutrition interventions: focus, package, guidelines and protocols	<ul style="list-style-type: none"> ▪ The lack of a comprehensive, tailored maternal nutrition services package based on global guidelines that covers the period from preconception to postpartum. ▪ The lack of approaches for reaching women of reproductive age who are not pregnant or lactating ▪ A greater focus on curative, rather than preventive, actions for nutrition across all provinces and regions ▪ Outdated guidelines and protocols that are not aligned with global guidelines ▪ The lack of a standardized system to tailor maternal nutrition services and counselling messages based on an assessment of nutritional, medical and other risks that women face
Governance and coordination	<ul style="list-style-type: none"> ▪ The need to strengthen multi-sectoral coordination and accountability at all levels (for both short-term donor-funded projects and for government programmes) ▪ Short-term initiatives by donors and partners that affect sustainability (especially in Balochistan, Khyber Pakhtunkhwa, Azad Jammu and Kashmir, and Gilgit-Baltistan) ▪ Challenging planning, budgeting and resource allocations due to lengthy strategy and PC-1 approval processes which are often affected by budget cuts and delays, thereby hampering their goals and the intended impact of activities ▪ Frequent transfers of key players, causing capacity gaps (in Sindh) ▪ The lack of consensus-building across sectors and the need for better coordination between sectors through a single platform (in Sindh)
Integration, multi-sectoral approach and service delivery	<ul style="list-style-type: none"> ▪ The insufficient integration of maternal nutrition interventions in health services and as part of universal health coverage, with integration varying across provinces and regions at the primary, secondary and tertiary levels ▪ The need to combine direct maternal nutrition interventions with measures that empower women using a range of programme platforms in the health, education, agriculture and social protection sectors in order to improve women's access to food, health and care (for instance, by improving the targeting and coverage of social protection programmes)
Workforce capacity	<ul style="list-style-type: none"> ▪ Human resource and capacity gaps that affect the delivery of nutrition interventions and vary in scope across provinces ▪ Gaps in existing nutrition curricula for health care and medical providers, as well as for community and frontline workers, alongside the need to improve content on topics related to maternal nutrition
Advocacy/social & behaviour change communication (SBCC)	<ul style="list-style-type: none"> ▪ The lack of a comprehensive communications approach for maternal nutrition, highlighting the need to strengthen advocacy and social and behaviour communication efforts using a variety of channels, involving all key influencers, and targeting a range of audiences
Monitoring	<ul style="list-style-type: none"> ▪ Incomplete maternal nutrition indicators in existing health information monitoring systems and multi-sectoral monitoring systems ▪ The need for better data collection which is gender-specific and disaggregated (especially in Balochistan, Khyber Pakhtunkhwa, Azad Jammu and Kashmir, and Gilgit-Baltistan)
Emergency preparedness	<ul style="list-style-type: none"> ▪ The need to improve preparedness and response to address women's nutritional needs during emergencies, which is vital given the frequency of disasters in several parts of Pakistan, as well as current and emerging pandemics

Opportunities for maternal nutrition programming

There are several frameworks and strategies that lay the foundation and ways forward for the formulation, programme planning and implementation of a Maternal Nutrition Strategy for Pakistan. These include:

- Pakistan Multi-sectoral Nutrition Strategy;
- Pakistan Adolescent Nutrition Strategy;
- National Vision for Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition;
- Federal Nutrition PC-1: Tackling Malnutrition-induced Stunting in Pakistan;
- Provincial nutrition or integrated health PC-1s; and
- Universal Health Care (UHC) Package of Benefits.

2.5 Development of the Maternal Nutrition Strategy

It became clear that Pakistan needs a strategy on maternal nutrition when the National Nutrition Survey 2018 was released, which revealed persistently poor maternal nutrition outcomes. The survey highlighted the urgent need to address maternal nutrition nationwide. Momentum for developing a strategy on maternal nutrition grew in the wake of the 2018 regional conference entitled “Stop stunting: The power of maternal nutrition”, organized by the South Asian Association for Regional Cooperation (SAARC), the United Nations Children’s Fund (UNICEF) and Nutrition International. The conference brought together SAARC Member States to discuss and prioritize actions for scaling-up nutrition-related care for women during and after pregnancy. It culminated in a consensus: a set of 10 key actions to guide country plans and regional plans for improving maternal nutrition.

UNICEF and Pakistan’s Ministry of National Health Services, Regulations and Coordination reviewed survey data, policies, strategies and literature on maternal nutrition, based on which a Maternal Nutrition Snapshot was finalized in August 2020. This summarized the situation of maternal nutrition, and the policy and programming environment in Pakistan, alongside key considerations for future approaches.

In-depth interviews on the maternal nutrition situation and programming in the country were held with key stakeholders at the federal and provincial levels in September and October 2020. Focus group discussions with pregnant and lactating women, women of reproductive age, health care providers (HCPs) and Lady Health Workers took place in November 2020.

Four provincial consultations were held to develop the strategic areas of the Maternal Nutrition Strategy, sub-strategies and activities for implementation at the provincial level:

- **Punjab:** 4 November 2020;
- **Sindh:** 12 November 2020;
- **Khyber Pakhtunkhwa:** 17 November 2020; and
- **Balochistan:** 19 November 2020.

The provincial consultations presented information to key stakeholders on the causes and consequences of maternal malnutrition, country-specific issues, and global and regional guidance and recommendations. Participants were divided into thematic groups to discuss the strategy's components:

- **An enabling environment:** The policy and coordination environment, resource allocations, advocacy and a social and behaviour change communication (SBCC) approach.
- **Programming and implementation:** Nutrition-specific interventions, nutrition-sensitive interventions and emergency/crisis situations.
- **Evidence-based programming:** Monitoring, evaluation, accountability and learning.

Each group received information on background issues, challenges and opportunities related to each strategic area. Based on their discussions, the groups agreed on approaches to use and activities to undertake in order to improve maternal nutrition in their provinces. They presented their work so that the proposed activities could be discussed in greater detail, so as to develop implementation plans for each province.

Based on these inputs, a first draft of the Maternal Nutrition Strategy was developed. A federal workshop took place in Islamabad on 2 February 2021 to review the strategic focus areas and activities based on provincial outcomes for consideration in the strategy, as well as to streamline the strategy's strategic areas and sub-strategies. The revision of the strategy and its provincial and regional implementation plans was based on the outcomes of the federal consultation. A validation workshop was held on 23 June 2021, at which the revised strategy was reviewed once more and validated by all stakeholders. The Maternal Nutrition Strategy and its provincial and regional implementation plans were completed on 25 October 2021 and finalized for publication in January 2022.

CHAPTER 3.

MATERNAL NUTRITION STRATEGY

3.1 Goal, objectives and outcomes

Goal

The **goal of the Pakistan Maternal Nutrition Strategy 2022–2027** (MNS) is to protect and promote healthy diets, practices and services that support the optimal nutrition, health and well-being of all the women in Pakistan, with a focus on preventing all forms of malnutrition among women during the preconception, pregnancy and postpartum stages of nutritional vulnerability.

The strategy's goal is guided by Sustainable Development Goal 2, specifically SDG 2's first two targets:

- SDG target 2.1: By 2030, end hunger and ensure access by all people, in particular, the poor and people in vulnerable situations, including infants, to nutritious, safe, and sufficient food all year round.
- SDG target 2.2: By 2030, end all forms of malnutrition, including achieving, the internationally agreed nutrition targets for children under 5 years of age, and address the nutritional needs of adolescent girls and pregnant/lactating women.

Objectives to achieve this goal, the objectives of the Pakistan Maternal Nutrition Strategy are:

- **Objective 1:** To provide evidence-based, gender-responsive and equity-based nutrition programmes and services at scale to women, focusing on the preconception, pregnancy and postpartum periods, by 2027.
- **Objective 2:** To protect and control against undernutrition, anaemia, micronutrient deficiencies, overweight and obesity in women by 2027, focusing on pregnant and lactating women.

Three strategies and their related sub-strategies will be used to achieve these objectives. These three strategic areas are:

- **Strategic area 1:** Create and sustain an enabling environment for maternal nutrition.
- **Strategic area 2:** Programme and implement maternal nutrition interventions with equity and at scale.
- **Strategic area 3:** Guide evidence-based programming for maternal nutrition through monitoring, evaluation, accountability and learning (MEAL).

Achieving the Maternal Nutrition Strategy's objectives will ensure progress in terms of quantitative impact indicators (reducing the incidence of women who are underweight, overweight, obese, or suffer from anaemia, as well as reducing the prevalence of micronutrient deficiencies, and low birth weight among children) and outcome indicators (the consumption of iron and folic acid supplements and multiple micronutrient supplements), as listed in Table 3 below. Programme (process and intermediate) indicators for the strategy's strategic objectives, as well as the management indicators used to monitor the strategy's outcomes, are discussed in Annex 1.

Table 7. Planned impact and outcomes of the Pakistan Maternal Nutrition Strategy 2022–27

Indicators	2022 (baseline) ^(a)	2027 (end line)
Underweight (women of reproductive age)	14.5%	10.5%
Overweight (women of reproductive age)	24.2%	24.2%
Obese (women of reproductive age)	13.9%	13.9%
Anaemia (women of reproductive age)	42.7%	30%
Vitamin A deficiency (women of reproductive age)	27%	15%
Vitamin D deficiency (women of reproductive age)	80%	67%
Low birth weight (newborns)	22.7%	17%
Minimum dietary diversity for women D (MDD-W) (women of reproductive age)	27.6%	33.6%
Iron and folic acid (IFA) 90+ tablets consumed (by anaemic women recipients) (c)	22%(d)	50%
Multiple micronutrient supplement (MMS) 180+ tablets consumed (by women recipients) (c)	N/A(e)	50%

Notes: (a) Baseline data from the National Nutrition Survey 2018. Targets for indicators related to underweight, anaemia, vitamin A deficiency, vitamin D deficiency and low birth weight are aligned with the targets of the National Nutrition Plan.

(b) IFA 90+ tablets will be provided to anaemic pregnant women.

(c) MMS 180+ tablets will be provided to all pregnant women.

(d) The baseline for iron and folic acid consumption in the National Nutrition Survey 2018 is 22.2 per cent (the consumption of IFA tablets by women who received them during their last pregnancy). Moving forward, however, IFA tablets will only be provided to anaemic women.

(e) There is no baseline because multiple micronutrient supplementation has not yet been introduced at scale in Pakistan.

As nutrition is also a foundation of SDG 3, “*Ensure healthy lives and promote well-being for all at all ages*”, the Maternal Nutrition Strategy is expected to contribute to SDG 3 as well as SDG 5, particularly SDG 3’s targets to “*reduce maternal mortality*” and “*meet family planning needs with modern methods of contraception*.” The Maternal Nutrition Strategy is further expected to contribute to SDG 5, “*Achieve gender equality and empower all women and girls*”, with its emphasis on legislation related to maternal health and nutrition.

Box 2. Strategic areas and sub-strategies of the Maternal Nutrition Strategy 2022–2027**Strategic area 1. Create and sustain an enabling environment for maternal nutrition**

Sub-strategy 1.1. Strengthen policy and coordination for the evidence-based and equity-based inclusion of maternal nutrition interventions

Sub-strategy 1.2. Establish and strengthen financing and resource allocations for maternal nutrition

Sub-strategy 1.3. Strengthen advocacy and awareness of maternal nutrition by designing social and behaviour change (SBC) strategies that target different audiences

Strategic area 2. Programme and implement maternal nutrition interventions with equity and at scale

Sub-strategy 2.1. Design and implement maternal nutrition interventions in the health sector

Sub-strategy 2.2. Design and implement maternal nutrition interventions in other sectors

Sub-strategy 2.3. Strengthen preparedness and response for maternal nutrition in disaster-prone districts and emergency situations

Strategic area 3. Guide evidence-based programming for maternal nutrition through monitoring, evaluation, accountability and learning (MEAL)

Sub-strategy 3.1. Strengthen routine monitoring, evaluation and accountability for maternal nutrition

Sub-strategy 3.2. Promote a learning agenda on maternal nutrition for continued programme guidance

3.2 Strategic areas and sub-strategies

This section describes what needs to be done to improve maternal nutrition in Pakistan, guided by global guidance and evidence for each strategic area and sub-strategy.

Strategic area 1. Create and sustain an enabling environment for maternal nutrition**Sub-strategy 1.1. Strengthen policy and coordination for the evidence-based and equity-based inclusion of maternal nutrition interventions**

While political, institutional and policy processes to address maternal nutrition in Pakistan are strong as part of the 1,000 days+ approach, a commitment is required to implementing comprehensive approaches to improve maternal nutrition with equity and at scale. This will necessitate policy advocacy and coordination with stakeholders at all levels – the federal, provincial and district levels – to develop a streamlined and integrated programme for maternal nutrition. At the policy level, maternal nutrition is included as a national priority in the Pakistan Multi-sectoral Nutrition Strategy and the National Vision for Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition. This Maternal Nutrition Strategy – alongside the Pakistan Adolescent Nutrition Strategy, which promotes good nutrition during preconception and the antenatal period for newly married and pregnant adolescent girls – will provide a strategic roadmap and plan to address maternal nutrition across all life stages.

Commitment to a package of interventions: Maternal nutrition interventions will be guided by the global guidance and the recommendations of the World Health Organization (WHO), the World Health Assembly (WHA) and other global authorities, as well as by context-specific knowledge and evidence on maternal nutrition and its determinants.³² Global guidance recommends a comprehensive package of evidence-based interventions for maternal nutrition across the preconception, pregnancy

³² Horton, Susan, et al., *Scaling Up Nutrition: What Will it Cost? Directions in Development: Human Development*, World Bank, Washington, DC, 2010.

and postnatal periods, with services for assessment, supplementation, counselling and treatment, paired with services that are specially tailored for women whose nutrition is at risk.³³

The Pakistan Multi-sectoral Nutrition Strategy calls for the development of an essential nutrition package. The interventions it recommends that are relevant for maternal nutrition are: comprehensive antenatal care for pregnant women (iron and folic acid supplementation, promoting iodized salt consumption, screening for severe anaemia and nutrition counselling), maternal multiple micronutrient supplementation, specialized foods that offer energy protein supplements for targeted at-risk groups, and consuming fortified staple foods including cooking oils, wheat flour and iodized salt. The nutrition-specific components of this package need to be institutionalized and provided as part of the Universal Health Care Benefits Package, which is guided by localized evidence on Disease Control Priorities (DCP3), and integrated into existing primary health care in Pakistan. This package of interventions is presented in detail below (see strategic area 2, sub-strategy 2.1).

Intra-sectoral and multi-sectoral coordination: Both intra-sectoral and multi-sectoral coordination are required to secure the commitment, leadership and engagement of policy makers, programmers and technical experts to address maternal nutrition. The Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) Technical Advisory Group (TAG) is an established platform at the federal level to provide technical direction for the 1,000 days+ approach and to ensure that evidence-based interventions are promoted across the life cycle, including for maternal nutrition. Provincial level chapters of the MIYCAN TAG should be implemented in each province, with updated terms of reference for maternal nutrition. These terms of reference will outline stakeholders' roles and responsibilities, activities with timelines and outcomes, and measures for monitoring and ensuring accountability for maternal nutrition actions.

The Scaling Up Nutrition (SUN) Secretariat enables multi-sectoral coordination and linkages for nutrition across sectors. This platform should be used to ensure policy and programme alignment and consistency within the health system, with other systems – namely agriculture/food, water, sanitation and hygiene (WASH), education and social protection – and between development partners responsible for delivering nutrition-specific and nutrition-sensitive interventions to improve maternal nutrition.

Legislation and enforcement: There are several strategies at the policy level that can be implemented, enforced and monitored to improve maternal health and nutrition outcomes. The WHO's guidelines to prevent early pregnancy and poor reproductive outcomes among adolescents in developing countries recommend several strategies that have a direct bearing on maternal health and nutrition. These include promoting girls' education and keeping girls in school, enforcing the legal age of marriage of 18 years old or older, and reducing pregnancy before the age of 20.³⁴ These strategies are covered in the Pakistan Adolescent Nutrition Strategy and should be enforced and monitored.

Effective **social protection** legislation can also have a positive impact on maternal nutrition outcomes. For women in the workplace, maternity protection laws need to be enforced and monitored in order

33 World Health Organization, 'Maximizing Gains for Maternal and Child Health', Preconception Care Policy Brief, WHO, Geneva, 2013; World Health Organization, *Recommendations on Postnatal Care for the Mother and Newborn*, WHO, Geneva, 2013; World Health Organization, *WHO Recommendations on Antenatal Care for Positive Pregnancy Experience*, WHO, Geneva, 2016; South Asian Association for Regional Cooperation, *Regional Maternal Nutrition Guidance (draft)*, SAARC, Kathmandu, 2020; United Nations Children's Fund, *Global Nutrition Strategy 2020–2030*, UNICEF, New York, 2020.

34 World Health Organization, *Preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries*, WHO, Geneva, 2011.

to protect employment, safeguard maternity leave with cash benefits during leave, ensure medical care, protect pregnant and breastfeeding women’s health from workplace risks, protect women from dismissal and discrimination, and promote breastfeeding upon their return to work. For low-income households, cash transfers are used around the world to reduce poverty because they are efficient, empower recipients as decision-makers, and can help to build social safety nets. While there is mixed evidence of cash transfer programmes affecting women’s nutritional outcomes, these types of social benefit programmes can be linked with conditionalities related to the utilization of health and nutrition services.³⁵ Policies should be strengthened to provide these types of social benefit programmes directed towards maternal health and nutrition for low-income families in Pakistan, including improved targeting and monitoring.

Effective policies, regulatory frameworks and strategies in **agriculture and food systems** are important for improving the availability, affordability, access to and consumption of diverse nutritious foods. At the population level, food fortification is considered an effective strategy to decrease micronutrient malnutrition by adding essential nutrients to centrally-processed staple foods, as outlined by the GAIN Copenhagen Consensus. In line with Pakistan’s National Food Fortification Strategy, legislation on food fortification – especially the fortification of staples and salt – should be enforced and monitored at all levels. At the same time, it is vital to ensure the affordability of fortified staple foods, as well as to promote the consumption of fortified foods by women and their families at the household level. Efforts are also needed to strengthen food environments to protect women from harmful marketing practices and facilitate healthy food choices. Recently passed legislation to enforce trans fatty acid (TFA) limits need to be enforced and monitored at all levels through federal and provincial regulatory bodies. The labelling foods with high trans fatty acid contents should be considered. Possibilities should also be explored for developing legislation on the regulation, taxation and labelling of sugar-sweetened beverages (SSBs), as well as for updating food-based dietary guidelines to ensure that women’s needs are met across their life course.

Sub-strategy 1.2. Establish and strengthen financing and resource allocations for maternal nutrition

Effective budgeting and resource allocations for maternal nutrition require adequate, effective, efficient and equitable public financing and alignment across financing streams for implementation plans.³⁶ Pakistan needs a combination of a costing exercise – conducted to estimate the funding needed to scale up the updated package of maternal nutrition interventions – and the tracking of current investments to assess financing gaps. This Maternal Nutrition Strategy aims to support federal and provincial policy makers and programmers to prioritize actions for maternal nutrition, to conduct a costing or budget needs assessment and to advocate for increased budget allocations for maternal nutrition activities in the health sector, as well as for nutrition-related activities in other sectors (agriculture/food, social protection, WASH and education). Resource allocations should also address equity concerns considering differences in geographic residence, income, livelihoods and education. Furthermore, approaches need to be developed to address the challenges of insufficient funds and budget allocations at the provincial and district levels, in addition to addressing lengthy

35 Victora, Cesar G, et al., ‘Scaling up maternal nutrition programs to improve birth outcomes: A review of implementation issues’, *Food and Nutrition Bulletin*, vol., 33, no. 2, suppl. 1, June 2012, pp. S6–S26.

36 South Asian Association for Regional Cooperation, *Regional Maternal Nutrition Guidance (draft)*, SAARC, Kathmandu, 2020; *United Nations Children’s Fund, Indicator and Monitoring Framework for the Global Strategy for Women’s, Children’s and Adolescent’s Health (2016–2030)*, UNICEF, New York, 2016; Maximising the Quality of Scaling up Nutrition Network, ‘Planning and Costing to Accelerate Actions for Scaling Up Nutrition’, MQSUN briefing paper 3, August 2014.

timelines for the approval and dispersal of budgets. Additional efforts will be made to advocate for resources during emergencies and epidemics.

Sub-strategy 1.3. Strengthen advocacy and awareness of maternal nutrition by designing social and behaviour change (SBC) strategies that target different audiences

Many of the factors that affect women’s nutritional status are behavioural. As such, social and behaviour change interventions are a critical component of maternal nutrition programmes to facilitate behaviour change at all levels – the individual, household and community levels – and to promote shifts in social norms and the environment at the population level. Evidence-based social and behaviour change approaches for maternal nutrition should target the determinants of behaviours, that is knowledge, beliefs, social norms and the ability to act. These approaches should focus on women as individuals, as well as key influencers and an enabling environment.³⁷ Global guidance recommends using a combination of social and behaviour change approaches through variety of channels – such as mass communication, community mobilization, interpersonal counselling, mobile technology and social media, among others – and ensuring that information is complementary and reinforced through all the channels and contact points. For maternal nutrition, information and materials should be provided to both women and men. Gender, age, literacy levels and knowledge should be considered while avoiding gender stereotypes or biases in materials.

In Pakistan, greater advocacy is needed to enhance awareness and understanding, in order to achieve deep-seated social change and foster positive norms for improved maternal nutrition. As interventions are largely provided through maternal health delivery platforms – that is, through antenatal and postnatal care – social and behaviour change activities and messages need to be fully integrated into existing approaches and delivered by health care providers in facilities, as well as by frontline workers in communities. This will require building human resource capacities for interpersonal counselling, ensuring the quality of counselling, providing contextually-specific and culturally-specific information, education and communication (IEC) materials, and monitoring behavioural outcomes. Health care providers and frontline workers should also use tailored counselling approaches according to women’s nutritional status and risk factors.

Based on existing literature, secondary data and the overarching goal of this Maternal Nutrition Strategy, priority maternal nutrition practices should include those listed in Box 3. These can be adapted or expanded at the provincial and regional levels to include specific practices based on nutritional risks, such as women being overweight, underweight or anaemic.

³⁷ South Asian Association for Regional Cooperation, *Regional Maternal Nutrition Guidance (draft)*, SAARC, Kathmandu, 2020; Alive & Thrive, ‘How to Scale up Maternal Nutrition: A Successful Operational Approach based on WHO’s Antenatal Care Guidelines and Alive & Thrive’s Implementation Framework’, Brief, 2017; United States Agency for International Development and SPRING, *Evidence of Effective Approaches to Social and Behavior Change Communication for Preventing and Reducing Stunting and Anemia: Report from a Systematic Literature Review*, SPRING, Arlington, VA, 2014.

Box 3. Prioritized maternal nutrition behaviours and practices

- Attend antenatal care (4+ and 8+ visits) and postnatal care (4+ visits)
- Attend community-based mothers' group counselling sessions
- Take 180 multiple micronutrient supplement tablets during pregnancy
- Take iron and folic acid during pregnancy (for anaemic women)
- Take iron and folic acid postpartum
- Ensure dietary diversity, and consume iron-rich foods (eggs and meat), foods rich in vitamin A (sweet potatoes, spinach and carrots) and calcium-rich foods (dairy)
- Consume iodized salt
- Consume fortified staple foods, where feasible
- Take deworming prophylaxis
- Monitor weight gain during pregnancy
- Handwashing at six critical times
- Use a modern method of family planning

Based on these defined priority practices, formative research will be conducted to identify where gaps remain in levels of knowledge, such as understandings of consequences, motivators, barriers, social norms, and support from families, health care providers and community-based workers. Based on this research, approaches should be developed to address the determinants of practices and activities, in order to facilitate changes in these practices using behaviour change theories. These theories cover the stages of change, the theory of reasoned action and the health belief model, among other issues.

Based on the socio-ecological model of behavioural change and Pakistan's specific context, activities will be designed to engage husbands, mothers-in-law and the broader community to support mothers in obtaining the food and other supplies they need to achieve recommended maternal nutrition practices. Separate orientation sessions will be held for local opinion leaders, including religious leaders, elders and schoolteachers, who can influence social practices and norms around nutrition. As husbands are often the main decision makers in households, and because they purchase food items in most households, separate forums need to be held with these men. These forums must include messages on the importance of nutrition during pregnancy and lactation for both mothers and children, as well as the role that husbands can play in providing special care during this time, including in terms of diets, nutrition, rest and reduced workloads.

Strategic area 2. Programme and implement maternal nutrition interventions with equity and at scale

Sub-strategy 2.1. Design and implement maternal nutrition interventions in the health sector

Nutrition-specific (direct) and indirect interventions for maternal nutrition are delivered through the health sector. Evidence-based interventions should be integrated as part of an essential health and nutrition package for women across the continuum of care – the preconception, pregnancy and postpartum periods – and across all levels, from community-based care to hospital care.³⁸ To ensure their sustainable integration, maternal nutrition interventions should be framed within the reproductive, maternal, newborn, child and adolescent health and nutrition agenda, and not as a vertical programme.

Preconception care: Global guidance emphasizes the importance of preconception care to reach women before pregnancy. However, this is a challenge from an implementation perspective. In Pakistan, ways will be explored on how to reach women before conception and provide them with the nutrition education and support they require so that they enter pregnancy with optimal health and nutrition status. Entry points will include the registration of newly married women by Lady Health Workers during regular home visits, family planning services for newly married couples, and reaching husbands in separate community forums. Based on WHO’s preconception care recommendations,³⁹ the preconception package that will be introduced, and expanded where feasible, will include the activities outlined in Box 4.

Box 4. Preconception care (care before conception)

- Screening for anaemia and diabetes, and the management of both conditions
- Supplementation with either folic acid or iron and folic acid
- Counselling on healthy and diverse diets, physical activity, and optimal personal and environmental hygiene
- Monitoring nutritional status
- Supplementing diets with energy-dense and nutrient-dense foods (for malnourished women)
- Promoting the consumption of iodized salt and fortified staple foods

Current maternal nutrition interventions in Pakistan need to be updated according to WHO’s recommendations. They must be provided at scale as part of universal health care and in conjunction with the Federal Nutrition PC-1, which covers 30 per cent of the population and 67 districts with a high burden of stunting and wasting. Interventions that are not provided as part of these plans – such as calcium supplementation where the prevalence of calcium deficiency is greater than 20 per cent, and balanced energy and protein (BEP) supplementation for undernourished women – should be provided as part of provincial and regional primary health care plans.

38 Kerber, Kate J., et al., ‘Continuum of care for maternal, newborn and child health: from slogan to service delivery’, *The Lancet*, vol. 370, no. 9595, 13 October 2007, pp. 1358–1369.

39 World Health Organization, ‘Maximizing Gains for Maternal and Child Health’, Preconception Care Policy Brief, WHO, Geneva, 2013.

Based on WHO's recommendations,⁴⁰ Table 8 summarizes the complete package for maternal nutrition interventions that will be provided at scale in Pakistan.⁴¹

Table 8. Maternal nutrition interventions for antenatal care and postnatal care

Pregnancy/antenatal care	Postpartum/postnatal care
<ul style="list-style-type: none"> ▪ Counselling on nutritious and safe diets ▪ Counselling on physical activity and rest ▪ Counselling on weight gain, and the tracking and monitoring of weight gain ▪ Supplementation with iron and folic acid or multiple micronutrients (see Box 5) ▪ Deworming prophylaxis ▪ Calcium supplementation ▪ Promoting the consumption of fortified staple foods ▪ Energy and protein supplementation (for undernourished women) ▪ Screening and management of health and medical conditions, such as anaemia and diabetes, among others ▪ Care and support for nutritionally at-risk women (women who are anaemic, underweight, overweight, or experience inappropriate weight gain, among others) ▪ Maternal mental health support 	<ul style="list-style-type: none"> ▪ Counselling on healthy eating, nutrition and physical activity ▪ Support for exclusive breastfeeding, such as the frequency and duration of feeding, as well as managing breastfeeding problems ▪ Micronutrient supplementation, either iron and folic acid or multiple micronutrients ▪ Promoting the consumption of fortified foods ▪ Deworming prophylaxis ▪ Care and support for nutritionally at-risk women (women who are anaemic, underweight or overweight, among others) ▪ Maternal mental health support

An assessment and classification algorithm of nutritional risks should be put in place, along with an effective referral system. This system should be used to identify women at nutritional risk and to provide them with referrals to appropriate care. Nutritional risk factors include young age, low stature, thinness (low body mass index), being overweight/obesity (high body mass index), anaemia, other micronutrient deficiencies, and insufficient or excessive weight gain during pregnancy. Current screening for maternal malnutrition uses mid-upper arm circumference (MUAC). Ideally this should shift to a calculation of body mass index, based on height and weight measurements.

40 World Health Organization, *Recommendations on Postnatal Care for the Mother and Newborn*, WHO, Geneva, 2013; World Health Organization, *WHO Recommendations on Antenatal Care for Positive Pregnancy Experience*, WHO, Geneva, 2016; World Health Organization, *Guideline: Counselling of Women to Improve Breastfeeding Practices*, WHO Geneva, 2018.

41 In addition, delayed umbilical cord clamping (not earlier than one minute after birth) is recommended to increase neonatal haemoglobin concentration and iron stores at birth in the first several months of life. See: World Health Organization, *Guideline: Delayed Umbilical Cord Clamping for Improved Maternal and Infant Health and Nutrition Outcomes*, WHO, Geneva, 2014.

Box 5. WHO's nutritional interventions update, 2020

In 2020, the WHO issued a nutritional interventions update, calling for multiple micronutrient supplements during pregnancy. In the wake of rigorous research, WHO recommends antenatal multiple micronutrient supplements containing 13–15 micronutrients, which include iron and folic acid. Global evidence has concluded that antenatal multiple micronutrient supplementation is superior to iron and folic acid supplementation in terms of improving birth outcomes. It also has equivalent benefits for preventing maternal anaemia. Moreover, recent analyses have shown that multiple micronutrient supplementation is more cost-effective than existing iron and folic acid programmes in low- and middle-income countries for achieving positive health outcomes.

Pakistan will be transitioning from iron and folic acid to multiple micronutrient supplementation due to the multiple micronutrient deficiencies prevalent in Pakistan, as well as evidence that transitioning from iron and folic acid to multiple micronutrient supplementation would be cost-effective. For instance, this transition will avert an estimated 2,379,157 disability-adjusted life years (DALYs) over a 10-year period, prevent 29,862 additional child deaths and yield benefits that are 550 times greater than the costs of additional investments in multiple micronutrient supplementation over a decade).

Source: Nutrition International, 'Pakistan: Cost-effectiveness of transitioning from iron and folic acid to multiple micronutrient supplementation for pregnancy', Policy brief, 2019.

Alongside a comprehensive package, guidelines for maternal micronutrient supplementation need to be updated, involving the transition from iron and folic acid to multiple micronutrient supplementation and the inclusion of calcium. Protocols will be developed for the management of nutritional risks – such as women being underweight, overweight or anaemic – and for the provision of targeted balanced energy and protein. Given the high prevalence of anaemia in Pakistan, guidelines should be developed for the prevention and control of anaemia, with protocols for the management of moderate and severe anaemia.

Early antenatal care attendance will also be encouraged, as women tend to start antenatal care after the first trimester of pregnancy. Antenatal care needs to be expanded in line with WHO's recommendations, increasing from four focused antenatal care visits to eight antenatal care contacts using diversified contact points. This expansion will provide opportunities for more frequent nutrition-related care and support. As postnatal care attendance in Pakistan is exceptionally low, it should be increased to WHO's recommended number of four postnatal care contacts in the first six weeks postpartum.

Beyond these contacts, maternal nutrition interventions should also be linked with routine child health services during the lactation period for up to two years. Contact points for antenatal and postnatal care are outlined below (see Table 9) that can be adapted to provincial contexts.

Table 9. Contacts during antenatal care and postnatal care

Phase	Contact person	Purpose/description	Number of contacts
Pregnancy, first trimester	<ul style="list-style-type: none"> ▪ Community midwife, Lady Health Visitor (facility-based health care providers) ▪ *Registration and referral by Lady Health Worker or community health worker (community-based workers) 	<ul style="list-style-type: none"> ▪ Anthropometric assessment ▪ Clinical examination ▪ Monitoring and management of nutritional risks ▪ Provision of multiple micronutrient supplements/iron and folic acid/calcium ▪ Counselling 	1 contact (facility)
Pregnancy, second trimester	<ul style="list-style-type: none"> ▪ Community midwife, Lady Health Visitor (facility-based health care providers) 	<ul style="list-style-type: none"> ▪ Gestational weight gain ▪ Clinical examination ▪ Monitoring and management of nutritional risks ▪ Provision of multiple micronutrient supplements/iron and folic acid/calcium ▪ Counselling 	2 contacts (facility and home visits)
	<ul style="list-style-type: none"> ▪ Lady Health Worker, community health worker (community-based workers) 	<ul style="list-style-type: none"> ▪ Counselling ▪ Provision of multiple micronutrient supplements/iron and folic acid/calcium ▪ Referral if needed 	
Pregnancy, third trimester	<ul style="list-style-type: none"> ▪ Community midwife, Lady Health Visitor (facility-based health care providers) 	<ul style="list-style-type: none"> ▪ Gestational weight gain ▪ Clinical examination ▪ Monitoring and management of nutritional risks ▪ Provision of multiple micronutrient supplements/iron and folic acid/calcium ▪ Counselling 	4 contacts (facility and home visits)
	<ul style="list-style-type: none"> ▪ Lady Health Worker, community health worker (community-based workers) 	<ul style="list-style-type: none"> ▪ Counselling ▪ Provision of multiple micronutrient supplements/iron and folic acid/calcium ▪ Referral if needed 	

Phase	Contact person	Purpose/description	Number of contacts
Postpartum, up to 6 weeks	<ul style="list-style-type: none"> Community midwife, Lady Health Visitor (facility-based health care providers) 	<ul style="list-style-type: none"> Anthropometric assessments Clinical examination Supplementation Counselling 	4 contacts (24 hours, day 3, between day 7 and day 14, six weeks)
	<ul style="list-style-type: none"> Lady Health Worker, community health worker (community-based workers) 	<ul style="list-style-type: none"> Counselling Supplementation Referral if needed 	
Postpartum, beyond 6 weeks	<ul style="list-style-type: none"> Lady Health Worker, community health worker (community-based workers) 	<ul style="list-style-type: none"> Counselling Supplementation (up to 3 months) Referral if needed 	Monthly, bimonthly or trimonthly contacts aligned with child home visits

Evidence shows that integrating a well-designed and locally relevant maternal nutrition package into existing maternal, newborn and child health programmes can be successful if high service coverage is prioritized, as outlined above, and if the high quality of services is ensured. This includes adequate supplies, effective training, close supervision, well-defined roles and job aids for health care providers and frontline workers. In Pakistan, this requires systems strengthening measures for preconception care, antenatal care and postnatal care platforms within primary health care and maternal, newborn and child health programmes. This is necessary to deliver maternal nutrition services and care at the facility level – the tertiary, secondary, basic health unit (BHU) and rural health centre (RHC) levels – and in the community by frontline workers, including Lady Health Workers, community midwives and community health workers (CHWs). The commitment to universal health coverage also provides an opportunity for integration through the health system by the existing health workforce, with the enhanced oversight of nutrition services for programme sustainability.

Sub-strategy 2.2. Design and implement maternal nutrition interventions in other sectors

In addition to high impact, predominantly nutrition-specific interventions through the health sector, a multi-sectoral and gender-responsive approach is needed to improve maternal nutrition outcomes in Pakistan. This requires the involvement of a number of sectors, including agriculture/food, social protection, WASH, population welfare, women's development, and education. Nutrition-sensitive interventions and their impact on women's nutritional outcomes are more distal than the proximal impact of nutrition-specific interventions. Thus, specific interventions – both population-based and at the individual level – will be included in non-health sectors, with linkages to the health sector.

Addressing the underlying causes of poor nutrition will be important to enhance maternal nutrition in Pakistan. This involves improving household food security and access to nutritious foods for women and their families, expanding access to clean water and sanitation, addressing social and household dynamics and power relations, and empowering women to make decisions and improve their own health and nutrition practices.

Social protection sector: Social protection schemes and benefits are essential to support vulnerable households and women with in-kind support, such as food baskets and fortified foods, or with cash support, which may be unconditional or conditional. The use of conditional cash transfers (CCTs) has been found to improve women’s knowledge of health and nutrition, their control over resources and their decision-making power. Conditional cash transfers also stand to increase household food expenditure and improve household dietary diversity, including the increased consumption of animal source foods, fruits and vegetables.

At present, social protection measures only reach 2 per cent of the women in Pakistan. The Ehsaas social protection programme must ensure that women in low-income households are linked to all the types of benefits that they are eligible for, as well as forging links with the health sector to develop conditional cash transfers for pregnant and lactating women using soft conditionalities for health care utilization and nutrition practices. Subsidies for food should be expanded, as should the inclusion of nutritious foods – such as lentils, fortified staples and oils – in social safety nets for low-income women. Effective social and behaviour change communication for maternal nutrition will be incorporated into social protection programmes and platforms. It will be important to engage men through advocacy and awareness raising on social protection schemes and on the support that men can provide. This is essential given prevailing gender dynamics in terms of decision-making, the use of resources and intra-household food allocation.

Agriculture and food sector: In addition to food policies and regulations to control supply-side factors in food systems – including the marketing and labelling of unhealthy foods – the agriculture and food sector can promote the consumption of healthy foods and fortified foods by women and their families. As highlighted in Pakistan’s Food Fortification Strategy, efforts will be needed to reach the women and families who are not accessing fortified foods because they purchase goods from small informal oil crushers and chakki mills. Agricultural extension services should target low-income households, women-headed households and women working in agriculture to provide information on and resources for homestead food production, such as kitchen gardens, dairy production, and egg and poultry production. This is important to improve dietary diversity. The agriculture and food sector will need to work closely with the private sector on food fortification, as well as the marketing and labelling of food products. The agriculture/food sector should also forge links with livelihood and income generation initiatives through agricultural and livestock extension workers, with a focus on engaging low-income women.

Water, sanitation and hygiene sector: Interventions in the WASH sector are associated with improved health and nutrition in communities, including among women and children. These interventions involve improved sanitation facilities, access to improved and safe water supplies, and optimal handwashing practices. Women also benefit from having water points and safe sanitation facilities closer to home, as this reduces their time burden and the likelihood that they will experience harassment. The WASH sector will provide infrastructural support in terms of improved toilets and home water connections, provide resources such as soap and point-of-use water treatment, and conduct advocacy campaigns to improve domestic hygiene behaviours. For maternal nutrition, the WASH and health sectors will coordinate to ensure that health facilities which provide services for women have adequate water and sanitation facilities. Another important linkage between WASH and nutrition for women will involve ensuring that essential hygiene actions (EHA) are included in maternal, newborn and child health programmes, with information and messages provided through primary health care platforms.

Population welfare and women’s development sector: The population and women’s development sector will support interventions for women’s empowerment and income generation. It will link these efforts with the social protection and agriculture/food sectors, as well as using interventions that directly target women’s nutrition. The sector should use effective platforms to target low-income women, such as existing community groups – including women’s groups, farmers’ groups and self-help groups.

Education sector: The education sector plays an important role for adolescents in terms of keeping girls in school, providing health and nutrition education, and using schools and madrassas as service delivery platforms for nutrition interventions. These aspects are covered by the Pakistan Adolescent Nutrition Strategy. For specific maternal nutrition needs, the education sector will facilitate and ensure that curricula for medical and nursing students at the undergraduate and graduate levels include adequate maternal nutrition topics and training, as they will be future health care providers in maternal and child health platforms. The education sector will also forge links with the health sector to ensure that educational materials and information, education and communication materials for frontline workers are comprehensive and streamlined with the materials used for health care providers. In addition, the education sector and academic institutions have opportunities to conduct implementation research on maternal nutrition through health sector programmes. This is important for generating evidence to guide programme improvements.

Sub-strategy 2.3. Strengthen preparedness and response for maternal nutrition in disaster-prone districts and emergency situations

Disasters take a severe toll on Pakistan’s development agenda, disrupting promotive, preventative and life-saving health and nutrition services. In disaster-prone districts – that is, districts affected by natural disasters, shocks or conflict – during potential or current emergencies, maternal malnutrition is exacerbated by a lack of social protection, extreme poverty, displacement and poor access to health services. The current COVID-19 pandemic and potential future pandemics may limit the availability of and access to essential nutrition services for women.⁴²

National and provincial capacities to respond to disasters have improved over the years. However, Pakistan’s disaster risk management system needs a greater focus on mitigating risks through risk-informed planning that addresses the unique needs of women. Global guidance for maternal nutrition in emergencies calls for rapid nutrition and food security assessments at different stages of crisis, with the inclusion of maternal nutrition indicators – such as malnutrition, diet and care, health, and food insecurity, among others – for timely programme improvement. Guidance also recommends that women who are pregnant and breastfeeding are prioritized for emergency interventions, including access to food, nutrition services, drinking water, sanitation facilities and social protection.⁴³

For capacity development at the provincial and district levels, disaster risk reduction (DRR) plans will be strengthened by including maternal nutrition needs in the health sector response. A continuous supply chain for commodities and supplies for the delivery of maternal nutrition interventions

42 World Food Programme, United Nations Children’s Fund, Global Nutrition Cluster (GNC) and Global Technical Assistance Mechanism for Nutrition (GTAM), ‘Protecting Maternal Diets and Nutrition Services and Practices in the Context of COVID-19’, Brief No. 4, 22 April 2020.

43 Scaling Up Nutrition, ‘Adolescent Girls and Women’, Monitoring, Evaluation, Accountability and Learning Brief (2016 –2020), SUN, Nutrition International and UKAID, 2016; Scaling Up Nutrition, ‘SUN Countries with High Humanitarian Risk Level’, Monitoring, Evaluation, Accountability, and Learning Brief (2016–2020), SUN, Nutrition International and UKAID, 2016.

needs to be put in place. This will require improving the current public health supply chain system at all levels. Services at Community Management of Acute Malnutrition (CMAM) Centres – which encompass the Outpatient Therapeutic Programme (OTP), the Targeted Supplementary Feeding Programme (TSFP) and Stabilization Centres (SC) – should also be prepared to provide services for malnourished pregnant and lactating women.

Based on global guidance,⁴⁴ key activities that will be undertaken to ensure that nutrition services are provided continuously and without disruption for women across Pakistan include:

- Maintaining the continuity of services, with adaptations as required. This means continuing to provide antenatal and postnatal care services with the delivery of essential maternal nutrition interventions – counselling, micronutrient supplementation, weight gain monitoring and deworming, among others – while implementing infection prevention and control (IPC) procedures to minimize the risk of COVID-19 transmission.
- Prioritizing the needs of at-risk women if the COVID-19 response, the response to another or an emergency response requires services to be scaled back.
- Adapting service delivery platforms and schedules to maintain continuity while mitigating risks and protecting health workers and women. For instance, using protective personal equipment (PPE), employing infection prevention and control measures, modifying workflows, promoting physical distancing, using alternate delivery modalities – such as tele-health, mobile phones and home visits – task shifting to community-based workers, and prioritizing COVID-19 hotspots.
- Providing specialized care according to protocols for women who are suspected to have or have confirmed cases of COVID-19, such as alternative delivery platforms or home care.
- Ensuring that nutrition commodities for women are available and accessible at all regular and alternative service delivery points by forecasting, stocking for 2–3 months and ensuring adequate storage facilities. This also involves organizing food and supplement distribution sites close to homes and communities, as well as distributing greater amounts of commodities, such as a 2–3 month supply, at contact points.
- Ensuring that food systems and social protection activities are in place to support the availability of and access to safe and nutritious diets. For instance, ensuring that markets and retailers carry staple foods, fruits, vegetables and protein-rich foods, as well as expanding gender-responsive social protection activities, such as in-kind food, vouchers and other activities for women in food-insecure households.
- Using a variety of channels to inform and counsel women and their families about COVID-19, changes in service delivery, nutrition and health messages.
- Ensuring that data on key indicators related to women are collected, and continuing nutrition surveillance and monitoring activities.

⁴⁴ World Food Programme, United Nations Children's Fund, Global Nutrition Cluster (GNC) and Global Technical Assistance Mechanism for Nutrition (GTAM), 'Protecting Maternal Diets and Nutrition Services and Practices in the Context of COVID-19', Brief No. 4, 22 April 2020.

Strategic area 3. Guide evidence-based programming for maternal nutrition through monitoring, evaluation, accountability and learning (MEAL)

Sub-strategy 3.1. Strengthen routine monitoring, evaluation and accountability for maternal nutrition

Robust monitoring, evaluation and accountability processes are needed to guide the design and implementation of effective maternal nutrition programmes that are provided at scale and with equity.⁴⁵ Monitoring systems, based on a results framework, should include an appropriate set of maternal nutrition programme targets and indicators to assess the policy and capacity environment, as well as to measure key programme outputs and outcomes. Periodic evaluations of maternal nutrition-related knowledge and practices, maternal nutrition coverage indicators, and anthropometric and biomarker indicators should be used to assess progress on provincial and national targets.

Global guidance on maternal nutrition indicators for monitoring and evaluation recommend the following indicators, outlined in Table 10.⁴⁶ These will be considered for inclusion in routine monitoring systems in Pakistan's provinces and regions – including the Health Management Information System (HMIS), the District Health Information System (DHIS) and the Nutrition Management Information System (NMIS). The coverage of maternal nutrition interventions should be monitored by routine data collection with monthly recall in order to track coverage each year.

Table 10. Global maternal nutrition indicators for monitoring and evaluation

Indicators	Description
Output indicators (process of activity outputs)	<ul style="list-style-type: none"> ▪ Enabling environment: Policies and guidance are in place, multi-sectoral and sectoral plans include activities and budgets for maternal nutrition, and maternal nutrition is included in curricula, etc. ▪ Capacity of health facilities and the health workforce to deliver maternal nutrition services: Health facilities have the equipment and supplies required to deliver maternal nutrition services, and frontline workers have the capacity to deliver interventions, etc.
Outcome indicators (through routine monitoring systems)	<ul style="list-style-type: none"> ▪ Micronutrient supplementation ▪ Energy-protein supplementation ▪ Maternal nutrition counselling topics during pregnancy and postpartum, ▪ Gestational weight gain ▪ Other context-specific behavioural indicators

45 United States Agency for International Development, World Health Organization and World Bank, *Measurement and Accountability for Results in Health: A Common Agenda for the Post-2015 Era. The Roadmap for Health Measurement and Accountability*, USAID, WHO and World Bank, Washington, DC and New York, 2015.

46 United Nations Children's Fund, *Indicator and Monitoring Framework for the Global Strategy for Women's, Children's and Adolescent's Health (2016–2030)*, UNICEF, New York, 2016; World Health Organization, *Indicators for the Global Monitoring Framework on Maternal, Infant, and Young Child Nutrition*, WHO, Geneva, 2014; United States Agency for International Development, *Multi-sectoral Nutrition Strategy Technical Guidance Brief: Maternal Nutrition for Girls & Women*, USAID, Washington, DC, 2015; South Asian Association for Regional Cooperation, *Regional Maternal Nutrition Guidance (draft)*, SAARC, Kathmandu, 2020.

Indicators	Description
<p>Outcome indicators (collected in routine surveys every 3–5 years, such as the National Nutrition Survey and the Pakistan Demographic and Health Survey)</p>	<ul style="list-style-type: none"> ▪ Micronutrient supplementation ▪ Protein-energy supplementation ▪ Maternal nutrition counselling topics during pregnancy and postpartum ▪ Minimum dietary diversity for women
<p>Impact indicators (also collected in routine surveys every 3–5 years such as the National Nutrition Survey and the Pakistan Demographic and Health Survey)</p>	<ul style="list-style-type: none"> ▪ Anthropometric indicators (height, weight and body mass index) ▪ Prevalence of anaemia, a marker of micronutrient deficiencies ▪ Incidence of low birth weight in newborns, a direct outcome of maternal nutrition

Pakistan has a strong foundation of data collection on maternal nutrition-related impact and outcome indicators through routine surveys. Both the Pakistan Demographic and Health Survey (PDHS) and the National Nutrition Survey (NNS) report on anthropometric measures, such as height, weight and body mass index. The Pakistan Demographic and Health Survey also collects data on antenatal and postnatal care attendance, delivery information, the consumption of iron and folic acid, and low birth weight. The National Nutrition Survey includes data on anaemia, micronutrient deficiencies and minimum dietary diversity among women, disaggregated by region, wealth quintile, age and education. It further collects qualitative information about knowledge and practices related to maternal nutrition.

At the programme level in Pakistan, nutrition-related reporting and monitoring indicators focus on child nutrition, particularly infant and young child feeding (IYCF). For women, data with a bearing on nutrition is collected on antenatal care attendance, delivery information, iron and folic acid supplementation, and the provision of counselling. However, this data does not capture the content of the counselling provided, such as the health and nutrition topics covered during counselling.

The routine monitoring and periodic evaluation of maternal nutrition must be strengthened. This will involve, first of all, assessing the system to identify gaps in indicators and the recording of indicators. Second, it will involve identifying indicators that should be included and integrated into the Health Management Information System and the District Health Information System, followed by a process of updating tools for recording and reporting data. Nutrition-related data from different sources – health facility records, health worker records and the routine system, including the Health Management Information System, the District Health Information System and the Nutrition Management Information System – will be streamlined and routinely reviewed by programme managers, health care providers and frontline workers. A commitment to universal health coverage also ensures that nutrition supplies will be integrated into the Logistics Management Information System (LMIS) for health commodities and that nutrition indicators will be incorporated in the Health Management Information System.

Sub-strategy 3.2. Promote a learning agenda on maternal nutrition for continued programme guidance

Identify areas for implementation research, include these within programming, and use lessons learned from programme implementation research for continued programme guidance:

The documentation of programme implementation will provide important information about programmes' successes and failures. Lessons learned should be used to improve programme service delivery and attain intended goals and targets for maternal nutrition. There is a need to develop an implementation research plan for maternal nutrition in Pakistan, which would help to inform evidence-based planning, implementation, gap analysis and the monitoring of effective strategies and programmes.

Academic institutions in Pakistan are already engaged in research on maternal nutrition. They will be linked with the health sector to incorporate an implementation research agenda within programming. Key areas of implementation research include:

- The effective integration of maternal nutrition packages through universal health care and primary health care delivery systems.
- Assessing quality of care issues that affect the uptake of maternal health and nutrition services.
- Assessing effective updated social and behaviour change approaches for maternal nutrition provided through a variety of channels.
- Planning prospective studies over five years of strategy implementation to identify the factors that contribute to improvements in maternal nutrition.

Implementation research will also be required to determine the impact of switching from iron and folic supplements to multiple micronutrient supplementation, including an evaluation of acceptability, feasibility, sustainability, equity and cost-effectiveness. Another important area for maternal nutrition research is exploring the different causes of anaemia in Pakistan, including nutritional deficiencies, infectious diseases and genetic haemoglobin disorders. This will offer evidence to better guide investments in resolving the challenge of anaemia among women of reproductive age, including both pregnant and lactating women as well as women who are not pregnant or lactating.

3.3 Federal strategic plan

The federal chapter of this Maternal Nutrition Strategy has a dual role: overarching coordination, harmonization and standardization across Pakistan, and the implementation of programme interventions in federally administered regions. The regions of Azad Jammu and Kashmir and Gilgit-Baltistan have each developed an implementation plan to implement the Maternal Nutrition Strategy within their specific contexts. These regional activities are summarized below.

Strategic area 1. Enabling environment

Sub-strategy 1.1. Policy and coordination

The regions of Azad Jammu and Kashmir and Gilgit-Baltistan will be under the federal Maternal, Infant, Young Child and Adolescent Nutrition Technical Advisory Group chapter and will develop a plan to provide strategic and technical direction for the implementation of the Maternal Nutrition Strategy. The regions will revitalize and strengthen the existing multi-sectoral coordination platform – encompassing steering committees at the regional and district levels – in order to include maternal nutrition interventions that will be implemented and monitored by all sectors.

The regions will determine priority legislation that affects maternal nutrition outcomes. They will enforce and monitor legislation on maternity protection laws and benefits, social protection schemes and benefits targeting vulnerable women and their families, and food fortification legislation and regulations for staples and salt. They will also observe legislation on trans fatty acid limits and its enforcement through sub-national food regulatory boards, as well as the enforcement and monitoring of the ban on breastmilk substitutes.

Once key maternal nutrition interventions are standardized and integrated, the federal Maternal, Infant, Young Child and Adolescent Nutrition Technical Advisory Group will develop technical guidelines and programme protocols for maternal nutrition service delivery.

Sub-strategy 1.2. Financing and resource allocations

Azad Jammu and Kashmir and Gilgit-Baltistan will review maternal nutrition commodities and equipment, as well as revising the essential drug list to include such commodities – most prominently iron and folic acid, multiple micronutrient supplements and calcium. They will calculate and allocate budgets for updated social and behaviour change approaches, the development of information, education and communication materials, and related training for health care providers and frontline workers.

At the federal level, activities will be undertaken to sensitize decision makers, including parliamentarians and relevant authorities, for the timely allocation of funds and efforts to address procedural delays in disbursement. Regional stakeholders will improve and accelerate budget development for maternal nutrition activities within sectoral annual work plans.

Sub-strategy 1.3. Advocacy, awareness, and social and behaviour change

At the federal and regional levels, stakeholders will advocate for greater political and social commitment to maternal nutrition. To this end, they will develop an advocacy agenda with themes and plans for specific activities and events. Policy makers, bureaucrats, parliamentarians, the media, religious leaders, opinion leaders and influencers will be sensitized through campaigns and orientations on the converging priorities for maternal nutrition within the health sector, within other relevant sectors and within the private sector.

A comprehensive communication strategy will be developed for maternal nutrition based on existing data, formative research, the updated maternal nutrition package, and improved social and behaviour change approaches. This will include using low-cost approaches to reach audiences at scale, such as through digital media, mobile technology and social media. The communication strategy will facilitate community and family engagement using existing community-based structures, as well as by using tailored approaches to reach husbands, in order to strengthen their knowledge of and support for maternal nutrition. Antenatal and postnatal care materials will be updated with maternal nutrition messages and practices. Pictorial materials will be developed and displayed in community centres, facilities and homes.⁴⁷

⁴⁷ If materials such as pregnancy calendars are developed – featuring health and nutrition messages and actions – could be displayed within homes, as has been done in other South Asian countries for antenatal and postnatal care services integrated with nutrition, as well as for micronutrient powders for young children.

Strategic area 2. Programme and implement

Sub-strategy 2.1. Maternal nutrition interventions in the health sector

The regions of Azad Jammu and Kashmir and Gilgit-Baltistan will finalize and standardize the updated maternal nutrition package comprising four areas: assessment and classification, counselling, supplementation, and treatment. These areas are described in Table 11 below.

Table 11. Areas of the updated maternal nutrition package

Area	Intervention
Assessment and classification	<ul style="list-style-type: none"> ▪ Assessing and monitoring nutrition status using weight and weight gain at each antenatal care visit ▪ Measuring height, body mass index (in the first trimester of pregnancy) and mid-upper arm circumference during the first antenatal care visit ▪ Screening for anaemia and other micronutrient deficiencies ▪ Screening for diabetes and hypertension ▪ Using protocols and providing referrals for nutritionally at-risk women to special care and support
Counselling	<ul style="list-style-type: none"> ▪ Healthy eating and keeping physically active to stay healthy and prevent excessive weight gain ▪ Providing nutrition education on increasing daily energy and protein intake ▪ Taking micronutrient supplements and managing their potential side effects ▪ Promoting the consumption of fortified foods and iodized salt ▪ Promoting optimal handwashing practices and optimal food hygiene practices ▪ Reducing daily caffeine intake ▪ Resting adequately and reducing heavy workloads ▪ Providing information, counselling and support for early and exclusive breastfeeding ▪ Providing information on family planning and healthy birth spacing
Supplementation	<ul style="list-style-type: none"> ▪ Daily multiple micronutrient supplementation (for pregnant women) ▪ Daily iron and folic acid (only for anaemic pregnant women) ▪ Daily calcium supplementation ▪ Balanced energy and protein supplementation
Treatment	<ul style="list-style-type: none"> ▪ Preventive chemotherapy (deworming) ▪ Tetanus toxoid vaccine (TT-2) ▪ Managing and treating infections (asymptomatic bacteriuria (ASB), sexually transmitted infections, HIV, tuberculosis, etc.) ▪ Malaria prevention and treatment ▪ Managing hypertension and gestational diabetes ▪ Managing moderate and severe anaemia ▪ Managing severe thinness, thinness, being overweight and obesity

To integrate the revised maternal nutrition package into antenatal and postnatal care services with the health system, the regions will develop guidelines for maternal micronutrient supplementation and devise protocols for the assessment and management of nutritionally-at-risk women (see Table

12). They will also improve referral processes across the primary, secondary and tertiary levels, as well as strengthening inter-departmental linkages for family planning and for maternal, newborn and child health and nutrition.

A focus will be placed on improving the coverage and continued utilization of services by expanding the number of antenatal care visits from four to eight antenatal care visits, and increasing postnatal care services with a focus on maternal health and nutrition. Once services are well-established for the pregnancy and postpartum periods, the regions will explore the feasibility of designing a pilot programme on a preconception care package for newlywed couples.

Table 12. Protocols for the assessment and management of women nutritionally-at-risk

Assessment component	Not at nutritional risk	At nutritional risk	At severe nutritional risk
<ul style="list-style-type: none"> ▪ Anthropometric measurements at first visit: ▪ Age ▪ Height ▪ Calculation of body mass index ▪ Mid-upper arm circumference 	<ul style="list-style-type: none"> ▪ Age: ≥ 20 years ▪ Height: ≥ 150 cm ▪ Body mass index: 18.5–22.9 kg/m² ▪ Mid-upper arm circumference: ≥ 23 cm 	<ul style="list-style-type: none"> ▪ Age: 18–<20 years ▪ Height: 145–149.9 cm ▪ Body mass index: 16–18.49 or 23–24.99 kg/m² ▪ Mid-upper arm circumference: 19–22.9 cm 	<ul style="list-style-type: none"> ▪ Age: <20 years ▪ Height: <145 cm ▪ Body mass index: <16 or ≥ 25 kg/m² ▪ Mid-upper arm circumference: <19 cm
Gestational weight gain at every visit	2 kg per month from the second trimester onward		<1 kg per month and >3 kg/month from the second trimester onward
Test for anaemia (haemoglobin level)	Haemoglobin: ≥ 11 g/dl	Haemoglobin: 7–10.9 g/dl	Haemoglobin: < 7 dl

Several activities to strengthen health systems and human resources will be undertaken in Azad Jammu and Kashmir and Gilgit-Baltistan. The supply chain for maternal nutrition commodities will be strengthened by ensuring that essential commodities – iron and folic acid, multiple micronutrient and calcium supplements – are in the procurement system as essential drugs, and that they are covered by the Logistics Management Information System. The supply chain will also be enhanced by ensuring that health facilities effectively forecast and procure commodities, as well as by making sure that all health care providers have adequate supplies and equipment in place for maternal nutrition services.

To build the capacity of health care providers and frontline workers to deliver maternal nutrition interventions in public and private sector facilities, a workforce capacity assessment will be conducted. This will identify gaps and increase the recruitment of Lady Health Workers, community midwives, community health workers, nutrition assistants and counsellors, where needed. All of these workers will be provided with job aids, checklists and counselling materials to effectively deliver maternal nutrition-related services and counselling. These workers will also be provided with supportive supervision to boost motivation and ensure optimal performance monitoring. To strengthen the curriculum and training for maternal nutrition, the regions have committed to updating pre-service and in-service training manuals. They are also committed to conducting ‘train the trainer’ sessions for master trainers to enable trickle-down training, as well as implementing refresher trainings during regular meetings for frontline workers in order to address time constraints.

Sub-strategy 2.2. Maternal nutrition interventions in other sectors

Social protection sector: The Departments of Social Welfare of Azad Jammu and Kashmir and Gilgit-Baltistan are committed to expanding social protection programmes for eligible women who meet explicit criteria – that is, they are part of low-income, food insecure or marginalized households – through awareness raising for households and women. They are also committed to coordinating with the health sector to identify eligible women and link them to appropriate benefits.

Agriculture and food sector: To improve women’s nutrition in both regions, the agriculture and food sectors will undertake several activities to improve food and nutrition security. Regional Food Departments and authorities will facilitate the availability of and access to fortified foods, while promoting the consumption of fortified foods. They will also undertake awareness raising initiatives, strengthen knowledge of unhealthy foods, and explore options for regulating and labelling foods with a high content of trans fatty acids and highly processed foods.

Departments of Agriculture and Livestock, alongside community development programmes, will promote and expand homestead food production, including home gardening, livestock rearing, egg production and dairy production. This will be done through livelihood and skills training, paired with in-kind asset transfers and conditional cash transfers for resource-poor women, in order to support their initiatives. Regional Departments of Agriculture, Livestock and Health will work together to train agricultural extension workers to provide information on food safety, food preservation and dietary diversity to families.

Water, sanitation and hygiene sector: Public Health and Engineering Departments, hand in hand with water and sanitation agencies in the regions, will facilitate and promote optimal sanitation and hygiene practices and behaviours. The WASH sector will develop and maintain adequate water and sanitation infrastructure at health facilities that provide maternal health and nutrition services. The WASH sector will forge links with the health sector to promote awareness on personal and environmental hygiene in households, as well as to integrate essential hygiene actions into antenatal care and postnatal care packages.

Education sector: Regional Departments of Education will ensure that maternal nutrition topics are part of nursing and medical school curricula and training. They will build explicit links with academic institutions that conduct research on maternal nutrition in order to use lessons learned from this research to inform programming.

Sub-strategy 2.3. Disaster-prone districts and emergency situations

The regions will strengthen their disaster risk reduction capacities by including maternal nutrition needs in the health sector response to disasters and emergency situations. The National Disaster Management Authority (NDMA), Departments of Health (DoH) and partner organizations will conduct risk assessments to identify and develop contingency plans for addressing food and nutrition insecurity among women and their families. They will ensure that measures for safeguarding women’s health and nutrition are included in preparedness guidelines, disaster risk management (DRM) plans and the National Disaster Management Authority’s relief and recovery plans. Capacity development for relevant stakeholders will involve training on nutrition in emergencies. Based on global guidance on nutrition and COVID-19,⁴⁸ key activities have been, and will continue to be,

48 World Food Programme, United Nations Children’s Fund, Global Nutrition Cluster (GNC) and Global Technical Assistance Mechanism for Nutrition (GTAM), ‘Protecting Maternal Diets and Nutrition Services and Practices in the Context of COVID-19’, Brief No. 4, 22 April 2020.

undertaken in Pakistan to ensure that nutrition services are provided continuously and without disruption for women across the country.

Strategic area 3. Evidence-based programming through MEAL

Sub-strategy 3.1. Monitoring, Evaluation, Accountability and Learning

Azad Jammu and Kashmir and Gilgit-Baltistan will strengthen routine monitoring, evaluation and accountability for maternal nutrition services. This will be done by first assessing gaps and updating routine information systems to capture additional maternal nutrition-related indicators beyond antenatal care (ANC-1) attendance, anaemia diagnosed during the first antenatal care visit, family planning services and commodities provided, and the administration of the tetanus toxoid vaccine. Additional indicators include the number of antenatal care and postnatal care visits, anthropometric indicators (body mass index and weight gain), receipt of micronutrient supplementation and deworming prophylaxis. The updated indicators for data collection will be integrated into monitoring and reporting systems, and will be modified in the District Health Information System 2 (DHIS-2).

The regions will assess programme implementation to monitor progress through periodic evaluations and by assessing gaps in coverage and service utilization, such as micronutrient supplementation. They will also develop plans for evaluating new social and behaviour change approaches and materials used, and will conduct periodic rapid assessments of knowledge and practices.

Sub-strategy 3.2. Learning agenda

The regions of Azad Jammu and Kashmir and Gilgit-Baltistan will identify and develop a research agenda within programming. This will cover issues of integration – that is, the integration of maternal nutrition into the broader health programme – and effective nutrition-sensitive approaches in the context of each region. They will forge links with academic institutions to help conduct this research. The regions will also document programme outcomes and lessons learned in the form of reports, case studies and briefs. These will be disseminated to relevant stakeholders at all levels.

3.4 Provincial strategic plans

Each province in Pakistan has developed a strategy matrix and implementation plan to implement the Maternal Nutrition Strategy within their specific contexts. These activities are summarized below.

Strategic area 1. Enabling environment

Sub-strategy 1.1. Policy and coordination

All of Pakistan's provinces are prioritizing the enforcement and monitoring of legislation which has a bearing on maternal nutrition outcomes. This includes legislation on maternity protection laws and benefits, social protection schemes and benefits targeting vulnerable women and their families, food fortification legislation and regulations for staples and salt, legislation and the enforcement of limits on trans fatty acids through provincial food regulatory boards, and the enforcement and monitoring of the ban on breastmilk substitutes. Progress varies across provinces, as processes are at different stages in each province. Punjab, Sindh and Khyber Pakhtunkhwa have established regulated standards for the main dietary sources of trans fatty acids. Punjab has also proposed the development of legislation to regulate media advertisements related to different nutritional supplements targeted at pregnant and lactating women and young infants.

All of Pakistan's provinces will explore commitments to integrate essential nutrition actions within universal health coverage. This will begin with a proposed review of gaps and moves to update maternal nutrition interventions within the package, followed by provincial endorsements of integration.

Every province will strengthen and/or establish a provincial chapter of the Maternal, Infant, Young Child and Adolescent Nutrition Technical Advisory Group. Punjab already has a MIYCAN chapter in place, while Sindh, Khyber Pakhtunkhwa and Balochistan need to establish their own chapters of this technical working group at the provincial level. All of the provinces will also improve communication and reporting between provincial chapters and the federal MIYCAN Technical Advisory Group.

All provinces will revitalize and bolster their existing multi-sectoral coordination platform – that is, steering committees at the provincial and district levels – for the inclusion of maternal nutrition interventions that will be implemented in all sectors.

Intra-sectoral coordination for nutrition within the health sector varies by province. In Punjab, nutrition is already integrated in the health sector through the Integrated Reproductive Maternal Neonatal Child Health and Nutrition (IRMNCH&N) Programme. In Khyber Pakhtunkhwa, nutrition is being reincorporated into the Integrated Health Programme (IHP), which also includes the Maternal, Newborn and Child Health Programme and the Lady Health Worker Programme. In Sindh and Balochistan, nutrition is a separate programme and efforts will be made to improve coordination with maternal nutrition actions within health sector programmes.

Sub-strategy 1.2. Financing and resource allocations

The provinces will review and revise resource allocations for existing and updated maternal nutrition interventions within health sector programmes. These include resources for maternal nutrition commodities and equipment at health facilities and for community outreach, as well as filling gaps in human resources, curriculum development and training. They also include resources for updated social and behaviour change approaches and the development of information, education and communication materials for frontline workers and health care providers, such as job aids and counselling materials, among others. Each province will revise its essential drug list (EDL) to include essential maternal nutrition supplies, such as iron and folic acid, multiple micronutrient supplements and calcium.

All of the provinces will sensitize decision makers, including parliamentarians and provincial authorities, for the approval of increased resource allocations for maternal nutrition. They will also address challenges to the timely disbursement of funds by expediting approval processes for PC-1s and the release of funds. Balochistan will develop and advocate for the approval of a PC-1 on comprehensive reproductive, maternal, newborn and child health and nutrition services.

Sub-strategy 1.3. Advocacy, awareness, and social and behaviour change

Pakistan's provinces will conduct advocacy to foster greater political and social commitment to maternal nutrition by Departments of Health, nutrition-sensitive sectors, the private sector, parliamentarians, UN partners and other development partners. They will advocate for the greater visibility and understanding of maternal nutrition among the general public through mass communication efforts.

The provinces will each develop an innovative, comprehensive social and behaviour change strategy for maternal nutrition. This will be linked with existing social and behaviour communication change

interventions on maternal, newborn and child health, as well as existing nutrition-related SBCC efforts, which are currently focused on the nutrition of infants and young children. These SBCC strategies will use a combination of approaches and information, education and communication materials to reach all audience levels – women, husbands, families, community leaders and the general public. The provinces will also ensure that information, education and communication materials for antenatal care and postnatal care include updated maternal nutrition messages and updated information on maternal nutrition practices.

A specific focus will be placed on interpersonal counselling methods at health facilities and during community visits. To this end, job aids will be created for frontline workers and health care providers, and materials will be created for home use. Another specific focus will be approaches that target husbands to increase their engagement and support for maternal nutrition.

Strategic area 2. Programme and implement

Sub-strategy 2.1. Maternal nutrition interventions in the health sector

All of Pakistan's provinces have committed to updating interventions for maternal nutrition and providing a comprehensive package of services that will be delivered through antenatal care and postnatal care, and will be part of the essential package of health services and universal health coverage, as detailed in the federal strategic plan (see Chapter 3, Section 3.3, above).

All of the provinces have proposed substantive efforts to strengthen health systems for the provision of antenatal care, postnatal care and maternal nutrition interventions in order to provide optimal maternal health and nutrition services. These efforts include strengthening functional integration, enhancing the capacity of health care providers and frontline workers (Lady Health Workers, community midwives and community health workers), and improving the supply chain.

The provinces will also explore possibilities for providing interventions to women during the preconception period by reaching out to newly married couples during their registration by Lady Health Workers. Punjab has proposed incorporating nutrition services in its family planning package, which is being provided to eligible couples. It has also proposed providing preconception counselling on maternal nutrition in outpatient departments (OPD) through Lady Health Workers and community midwives for newly married couples, as well as revising guidelines for folic acid supplementation for newly married women during the preconception period. Preconception efforts in all provinces will be linked with the strategic actions for adolescent girls enshrined in the Pakistan Adolescent Nutrition Strategy.

Sub-strategy 2.2. Maternal nutrition interventions in other sectors

Social protection sector: The provinces will strengthen social protection programmes for eligible women who are part of low-income households, while ensuring that these women are aware of available benefits and social safety nets. The provinces will also design social protection interventions, such as conditional cash transfers for pregnant and lactating women with health and nutrition-related conditionalities. These conditionalities include antenatal care and postnatal care attendance, nutrition education sessions and the use of supplements. Where feasible, social protection platforms can be used for the direct distribution of supplements and fortified foods.

Agriculture and food sector: Approaches will be employed in this sector to evoke changes that lead to improved nutrition among women. Provincial Food Departments and authorities will facilitate

the availability of and access to fortified foods, while promoting the consumption of fortified foods. They will raise awareness and enhance knowledge of unhealthy foods, in addition to exploring options for the regulation and labelling of such foods, that is, foods that have a high content of trans fatty acids or are highly processed. Departments of Agriculture, Fisheries and Livestock will promote and expand homestead food production, including home gardening, livestock and egg production, and dairy production. This will involve the distribution of seeds and other commodities, paired with skills and livelihood training for resource-poor women. Agricultural extension services will strengthen efforts to provide services for women, linked with nutrition education and the use of complementary information, education and communication materials.

Water, sanitation and hygiene sector: Provincial Public Health and Engineering Departments and water and sanitation agencies will facilitate optimal sanitation and hygiene practices and behaviours. The WASH sector will develop and maintain adequate WASH infrastructure at health facilities that provide maternal health and nutrition services. The sector will also forge links with the health sector to promote awareness of personal and environmental hygiene within households, as well as to integrate essential hygiene actions into antenatal care and postnatal care packages.

Education sector: Provincial Departments of Education will ensure that maternal nutrition topics are part of nursing and medical school curricula and training. They will build explicit links with academic institutions that conduct maternal nutrition research, in order to use lessons learned from such research to inform programming. In Punjab, it is proposed that opportunities for nutrition graduates should be expanded by offering them nutrition-related posts in health and research facilities.

Sub-strategy 2.3. Disaster-prone districts and emergency situations

Provincial Disaster Management Authorities (PDMAs) will strengthen disaster risk reduction plans by including maternal nutrition needs in the health sector response. They will enhance communication and coordination with the National Disaster Management Authority and District Disaster Management Authorities (DDMAs) to address maternal nutrition needs. Risk assessments will be conducted to identify vulnerabilities in terms of food security, diets, and the nutrition of pregnant and lactating women and women of reproductive age. Provincial Disaster Management Authorities will ensure that measures to safeguard women's health and nutrition are included in preparedness guidelines, disaster risk management plans, and relief and recovery plans.

The provinces will also strengthen the commodity supply chain for maternal nutrition in disasters and emergency situations. They will ensure that there are no disruptions in the provision of nutrition services for women – such as the provision of micronutrients, blended fortified foods and ready-to-use supplementary food (RUSF) – during the relief and recovery phases, as well as in normal settings to address acute malnutrition.

Balochistan and Khyber Pakhtunkhwa have proposed strengthening nutrition services at Community Management of Acute Malnutrition Centres – including Targeted Supplementary Feeding Programmes and Outpatient Therapeutic Programmes – for pregnant and lactating women and women of reproductive age. These will be linked to regularized nutrition services, the Maternal, Newborn and Child Health Programme, the Expanded Programme on Immunization, and primary health care services.

Strategic area 3. Evidence-based programming through MEAL

Sub-strategy 3.1. Monitoring, evaluation, accountability and learning

All of Pakistan's provinces support the proposal to assess gaps and update routine information systems to capture additional maternal nutrition-related indicators. This means indicators beyond antenatal care attendance, anaemia diagnosed in the first antenatal care visit, family planning services and commodities provided, and the administration of the tetanus toxoid vaccine. Following assessments of gaps, these systems will need to be updated and streamlined in terms of reporting, reporting mechanisms and tools, and the modification of provincial District Health Information Systems. Additional maternal nutrition indicators include antenatal and postnatal care visits, anthropometric indicators (body mass index and weight gain), micronutrient supplementation and deworming. The provinces have proposed to better integrate various reporting and information management systems, such as District Health Information Systems, the reporting mechanisms of Maternal, Newborn and Child Health Programmes and the Lady Health Worker Programme, the Logistics Management Information System and Nutrition Management Information System. They also suggest strengthening the Logistics Management Information System for the dispatch, distribution and tracking of nutrition commodities.

The provinces are considering ways to explore quality of care indicators within routine monitoring, as well as through periodic evaluations of the knowledge and practices of frontline workers and beneficiaries.

Sub-strategy 3.2. Learning agenda

The provinces will support data analysis and data visualization (the use of dashboards) derived from monitoring and evaluation processes so that programmes can continually use the data generated for decision-making on strategy development and programming.

All of Pakistan's provinces have proposed incorporating an implementation research agenda within programming. However, they are at different stages of this process and have different levels of capacity to undertake research. Balochistan and Khyber Pakhtunkhwa are focused on issues concerning the integration of maternal nutrition in their broader health programmes, as well as documenting programme outcomes and lessons learned to inform programme improvements. Sindh and Punjab will explore ways of reaching women during the preconception period with nutrition interventions. Punjab has proposed developing strong partnerships with academic institutions, research institutions and partner organizations to conduct additional research on maternal nutrition.

CHAPTER 4.

IMPLEMENTATION ARRANGEMENTS

4.1 Delivery platforms

Maternal nutrition interventions must be delivered through a variety of delivery channels for the effective implementation of services, high coverage, adherence to interventions and sustained behaviour change. To trigger and sustain positive social and gender norms for improved maternal nutrition, platforms must engage women, influencers, decision makers, care providers in households – particularly husbands, mothers-in-law and other family members – key influencers in the community and the general population.

Table 13. Delivery platforms for maternal nutrition interventions

Platform	Description	Interventions
Health facilities	<p>Primary health care services for maternal, newborn and child health, delivered at basic health units and rural health centres, are optimal platforms for delivering preventive and promotive maternal nutrition interventions. They are also optimal platforms for the assessment and classification of nutritional risks.</p> <p>Secondary and tertiary health facilities provide assessments, management and treatment for nutrition conditions and complications.</p>	<ul style="list-style-type: none"> ▪ Nutrition counselling (one-on-one and/or in groups) ▪ Screening and the assessment of nutritional risks ▪ Management and treatment of malnutrition and related medical conditions ▪ Micronutrient supplementation ▪ Energy protein supplementation (targeted) ▪ Deworming ▪ Family planning services
Community mobilization and outreach	<p>Community mobilization activities aim to reach the wider community. These activities can influence social and gender norms, while increasing family support for maternal nutrition.</p> <p>Community outreach can reach groups of women to provide services and information.</p>	<ul style="list-style-type: none"> ▪ Public forums and community orientation sessions involving community leaders and influential community members to advocate for good maternal nutrition and raise awareness of key issues ▪ Health Committee meetings with community members and influencers to provide key messages on maternal nutrition ▪ Integrating nutrition services into community-based women's groups – such as self-help groups and microcredit groups, among others – that provide women with training on social protection, livelihoods and skills

Platform	Description	Interventions
Home visits	Contacts are provided by frontline workers during home visits, targeting women/mothers and their family members through individual and/or group counselling.	<ul style="list-style-type: none"> ▪ Interpersonal counselling (one-on-one) on key maternal nutrition topics ▪ Group counselling with women’s husbands, mothers-in-law, sisters-in-law and/or other family members
Mass media	Communities and individuals can be targeted with messages on maternal nutrition through mass media channels, such as community loudspeakers, the radio, television and the print media.	<ul style="list-style-type: none"> ▪ Delivering key messages on maternal nutrition which are culturally and context-specific, and which target different audiences and family members
Digital approaches	Telephone text messaging and telephone voice messaging are digital approaches that can support maternal nutrition interventions.	<ul style="list-style-type: none"> ▪ Reaching women and husbands with key maternal nutrition messages ▪ Reaching women with reminders to attend follow up antenatal and postnatal care visits

4.2 Implementing partners and their roles

Responsibility for implementing the Maternal Nutrition Strategy rests with authorities at the three levels of government – the federal, provincial and district levels – with the support and collaboration of partners. These include development partners, civil society organizations (CSOs), non-governmental organizations (NGOs), professional bodies and faith-based organizations. The health sector is the custodian of the Maternal Nutrition Strategy at the federal and provincial levels. The Ministry of National Health Services, Regulations and Coordination will lead the implementation of the Maternal Nutrition Strategy at the federal level, while provincial Departments of Health will lead the strategy’s implementation in the provinces.

To ensure the effective implementation of the Maternal Nutrition Strategy, strong coordination will be developed with other sectors through existing government-led structures. These include steering committees and taskforces, with the cooperation of the Ministry of Planning, Development & Special Initiatives at the federal level and provincial Planning and Development Departments at the provincial level.

Federal implementation

The Ministry of National Health Services, Regulations and Coordination has a key role in nutrition-specific programming and regulations, as well as inter-sectoral and intra-sectoral coordination. The Maternal, Infant, Young Child and Adolescent Nutrition Technical Advisory Group within the ministry will provide technical direction for nutrition-specific and nutrition-sensitive approaches and interventions. This platform provides a forum for advocacy, coordination, planning and the exchange of best practices and lessons learned, with a view to offering strategic direction for maternal nutrition programmes and the development of technical guidelines. The platform will also monitor progress at the national and provincial levels, and offer appropriate recommendations to improve programming.

The Ministry of Planning, Development & Special Initiatives and the federal SUN Secretariat will support coordination with, and efforts to build links between, nutrition-sensitive and nutrition-

specific interventions, when required. They will also facilitate resource mobilization, effective implementation and the monitoring of nutrition-sensitive interventions and activities.

The National Food Fortification Alliance will coordinate with the Ministry of National Health Services, Regulations and Coordination to implement, monitor and evaluate food fortification interventions. The Ehsaas Programme will be engaged by the Ministry of National Health Services, Regulations and Coordination’s Nutrition Wing to implement social protection interventions related to maternal health and nutrition for eligible low-income women.

All concerned ministries will ensure that adequate resources are in place for the comprehensive implementation of the Maternal Nutrition Strategy, in line with their specific roles. Non-provincial regions will be guided by the federal plan.

Provincial implementation

Punjab has already established a provincial chapter of the Maternal, Infant, Young Child and Adolescent Nutrition Technical Advisory Group, while Sindh, Khyber Pakhtunkhwa and Balochistan will also set up MIYCAN TAG chapters of their own. These platforms will provide overall guidance and oversight. Nutrition programmes within provincial Departments of Health and other relevant departments will be responsible for the implementation of the Maternal Nutrition Strategy, in line with the commitments outlined in their respective provincial implementation plans.

As with their federal counterparts, provincial Planning and Development Departments and the provincial chapters of the SUN initiative will support the coordination, resource mobilization, implementation, monitoring and evaluation of nutrition-sensitive interventions. The responsibilities of provincial government departments and authorities listed in Table 14 should be coordinated with the actions listed in the Pakistan Adolescent Nutrition Strategy, where applicable.

Table 14. Responsibilities of provincial government departments and authorities

Provincial department or authority	Responsibilities
Department of Health	<ul style="list-style-type: none"> ▪ Ensure that the Maternal Nutrition Strategy’s actions are reflected in guidelines and protocols for maternal health. ▪ Ensure that the updated maternal nutrition package is integrated into the Maternal, Newborn and Child Health Programme and the Lady Health Worker Programme. ▪ Ensure the implementation of nutrition-specific interventions as part of an essential package of health services/universal health coverage. ▪ Strengthen linkages with other sectors for nutrition-sensitive strategy actions. ▪ Develop human resource capacity – of health care providers, Lady Health Visitors, Lady Health Supervisors (LHS), Lady Health Workers, community midwives and community health workers – through competency standards, competency-based pre-service training, and in-service training programmes for maternal nutrition. ▪ Develop a system of supportive supervision and mentoring for health care providers and frontline workers. ▪ Strengthen the supply chain for maternal nutrition commodities.

Provincial department or authority	Responsibilities
Department of Social Protection	<ul style="list-style-type: none"> ▪ Liaise with the federal Ehsaas Programme to effectively link eligible women beneficiaries with various types of social protection schemes, such as unconditional cash transfers for women from low-income households, the provision of productive assets, shock-related safety nets and conditional cash transfers for nutrition. ▪ Reform and scale up conditional cash transfers for health and nutrition conditionalities to reach all low-income women. ▪ Sensitize community members and frontline workers on social protection schemes and eligibility requirements.
Department of Population Welfare and Women Development	<ul style="list-style-type: none"> ▪ Coordinate with the Department of Health through the Primary Health Care Programme and the Maternal, Newborn and Child Health Programme to ensure universal access to family planning and reproductive health services. ▪ Develop livelihood and income-generation programmes for low-income women/families, as well as skills training. ▪ Coordinate with the social protection sector for the effective provision of benefits for eligible women.
Department of Agriculture	<ul style="list-style-type: none"> ▪ Ensure that food systems and markets are sensitive to the needs of young children, adolescents and women in terms of the availability and accessibility of nutritious foods. ▪ Engage with low-income households and female-headed households to explore less resource-intensive ways to produce safe, diverse and nutritious foods for household consumption, including homestead food production options.
Department of Food	<ul style="list-style-type: none"> ▪ Ensure measures for food safety, quality control and the prevention of food-borne diseases. ▪ Develop guidelines for the labelling of foods high in trans fatty acids and ultra-processed foods. ▪ Coordinate with the Department of Health and the Food Fortification Alliance to promote the consumption of fortified foods at the community and household levels. ▪ Ensure the availability of staple foods, such as flour and rice, and the stability of their prices.
Food Fortification Alliance	<ul style="list-style-type: none"> ▪ Ensure the enforcement and monitoring of fortified foods from the production process through to retail and the consumer level. ▪ Coordinate with the Department of Health and the Department of Food to promote the consumption of fortified foods at the community and household levels.
Department of Education	<ul style="list-style-type: none"> ▪ Review existing pre-service training curricula for maternal nutrition content in public and private higher learning institutions for health care, such as midwifery, nursing and medical schools. ▪ Advocate and provide technical support for the inclusion of maternal nutrition modules where gaps exist. ▪ Establish partnerships with higher education institutions to support students and faculty members to conduct research on maternal nutrition.

Provincial department or authority	Responsibilities
Public Health Engineering Department	<ul style="list-style-type: none"> ▪ Coordinate with the Department of Health to make sure that all public health facilities that provide maternal health care services have adequate sanitation and hygiene infrastructure. ▪ Coordinate with the Department of Health to ensure that essential hygiene actions are integrated in the Maternal, Newborn and Child Health Programme.
Planning and Development Department, SUN Secretariat and SUN movement focal points	<ul style="list-style-type: none"> ▪ Coordinate with, and develop linkages between, sectors and partners who deliver nutrition-sensitive and nutrition-specific interventions on, or related to, maternal nutrition. ▪ Facilitate resource mobilization, the effective implementation and the monitoring of nutrition-sensitive interventions.

District and community implementation

Public sector district offices and service providers will provide maternal nutrition services with the support of NGOs and development partners. Local governments are best placed to coordinate and integrate health and nutrition promotion activities that target women. The capacity of local government staff should be developed in terms of integrating the maternal nutrition response. The role of local governments is to:

- Oversee district-level coordination among line departments.
- Collaborate with communities and provincial Departments of Health to implement and monitor priority maternal nutrition interventions.
- Collaborate with communities to strengthen community support for maternal nutrition, learn lessons, and track resources and results.
- Identify new stakeholders for implementing the Maternal Nutrition Strategy and encouraging their participation and contributions.

At community level, the role of local governments is to:

- Bring women's concerns, priorities and needs identified by communities to the attention of the managers of health facilities and other facilities, including schools.
- Ensure that the implementation of the Maternal Nutrition Strategy is consistent at the level of health facilities and within communities.
- Explain concepts related to maternal malnutrition and the prevention of maternal malnutrition to communities.
- Spearhead community mobilization and the establishment of functional community groups.

Implementation by other partners

NGOs and civil society organizations

The role of non-governmental and civil society organizations is to:

- Demonstrate leadership by publicly endorsing and implementing the Maternal Nutrition Strategy.
- Support the Government to shift to a focus on preventive and promotive actions for maternal nutrition.
- Communicate with the public – both communities and families – regarding barriers to maternal nutrition and opportunities for improving maternal nutrition behaviours.
- Pilot and research approaches to address maternal malnutrition.
- Support the monitoring and accountability of maternal nutrition programmes.
- Work with the Government through public-private partnerships for service delivery.
- Bring in experience and learning from other countries.

Development partners

The role of development partners active in Pakistan is to:

- Fund and support innovation in maternal nutrition programme delivery at all levels, and support approaches that are ready to be scaled up and which can deliver results.
- Assist the development of an agenda on formative research for improved social and behaviour change communication delivery to improve maternal nutrition, as well as implementation research to determine factors that impact the success and failure of interventions. This is important for improved programme guidance and sustainable approaches at scale.
- Bring in experiences from other countries to provide evidence, best practices and lessons learned to inform implementation approaches in Pakistan.
- Provide technical support to the Government to improve maternal nutrition nationwide.

CHAPTER 5.

MONITORING, EVALUATION AND REPORTING

5.1 Federal and provincial implementation plans

Strategic interventions and actions for maternal nutrition must be monitored to ensure that they are progressing, and evaluated to ensure that they are effective. Data from monitoring will help to justify the continuation or modification of the course of actions taken to implement this Maternal Nutrition Strategy at the federal and provincial levels. Interventions, timelines, indicators, stakeholders and accountability are detailed in matrices for federal and provincial implementation. These activities must be monitored by the stakeholders – departments, authorities, committees and organizations – accountable for overseeing the implementation and integration of the interventions into sectoral work plans. Federal and provincial implementation will incorporate a monitoring and evaluation plan to guide data collection, analysis, interpretation and the use of information, based on the implementation plans and the Maternal Nutrition Strategy’s results framework (see Annex 1).

Periodic evaluations will also be needed to assess progress towards the strategy’s goal and objectives over its five-year duration. Stakeholders responsible for accountability and the Ministry of National Health Services, Regulations and Coordination will determine the periodicity of these evaluations.

5.2 Monitoring and evaluation indicators

The strategy’s process (input/activity and output) indicators will be monitored against the indicators outlined in federal and provincial implementation plan matrices. These are predominately input and activity-based indicators which focus on legislation and regulations, coordination and management, resource allocations, human resource capacity, supply, delivery, quality and social and behaviour change communication. Output indicators centre on access to and the coverage of interventions, such as health care utilization (antenatal care and postnatal care attendance, Lady Health Worker coverage and the services they provide, the provision of micronutrients and the provision of nutrition counselling topics, among others) and knowledge factors.

Strategy outcome and impact indicators

Outcomes in terms of the uptake and appropriate use of interventions should also be assessed. These include the consumption of micronutrients, deworming and adherence to optimal nutrition practices. Outcome-level (impact) indicators for the Maternal Nutrition Strategy are listed in Table 7 (see Chapter 3, above). These include women who are underweight, overweight, suffer from obesity, have anaemia, iron and folic acid consumption and the consumption of multiple micronutrient supplements (two intervention uptake indicators), and low birth weight.

Management indicators: Accountability

To ensure accountability for results at the federal and provincial levels, management indicators have been identified based on global/regional guidance, and federal and provincial focus areas. These management indicators should be reviewed annually.

Table 15. Management and accountability

Area	Planned	In progress	No	Yes
Legislation, guidelines and resources				
Maternal nutrition priorities are integrated in national and provincial sectoral policies				
Maternity protection laws or regulations are enacted				
Updated guidelines and protocols for maternal nutrition are developed				
Plans are made operational with appropriate resource allocations from required funding mechanisms				
Social and behaviour change communication (SBCC) plan and associated materials are developed (for the integration of maternal nutrition with maternal, newborn and child health (MNCH) and maternal, infant, young child and adolescent nutrition (MIYCAN)				
Coordination mechanisms to guide and monitor plans				
National and provincial chapters of the Maternal, Infant, Young Child and Adolescent Nutrition Technical Advisory Group (MIYCAN TAG), as well as inter-sectoral/intra-sectoral coordination mechanisms, are established and operational in order to implement and monitor maternal nutrition priorities				
Coordination mechanisms are established and operational at decentralized levels to set and monitor maternal nutrition priorities				
Capacity of service providers to deliver interventions				
Health facilities have the equipment and supplies to deliver maternal nutrition services				
Maternal nutrition is included in the pre-service and in-service training curricula for health care providers and frontline workers				
Health care providers and frontline workers are recruited, as required, trained on the provision of maternal nutrition services and provided with refresher trainings				
Results and evidence				
A results framework for maternal nutrition is developed, with updated indicators, and included in sectoral monitoring frameworks				

Area	Planned	In progress	No	Yes
Updated maternal nutrition indicators are included in plans, and are updated in reporting and recording tools, as well as in routine monitoring systems				
Formative research is conducted for social and behaviour approaches to guide the development of a SBCC plan and information, education and communication materials				
The implementation research agenda is incorporated within programme plans				
Lessons learned from periodic evaluations are documented				

5.3 Reporting mechanisms

The reporting mechanism for the Maternal Nutrition Strategy may adapt existing systems, or devise a new system with technical guidance from the Maternal, Infant, Young Child and Adolescent Nutrition Technical Advisory Group. The health sector currently uses two information systems: the District Health Information System and the Nutrition Management Information System. There are gaps in maternal nutrition indicators and reporting, and these information systems need to include several of the Maternal Nutrition Strategy’s process, output and outcome indicators in regular reporting forms. While the Maternal Nutrition Strategy focuses largely on the health sector, it also includes key multi-sectoral approaches. As provincial multi-sectoral nutrition strategies are already in place, reporting channels should be adopted to avoid duplication or the creation of a standalone information and reporting system.

Population surveys in Pakistan – the National Nutrition Survey, the Pakistan Demographic and Health Survey and Multiple Indicator Cluster Surveys (MICS) – already include indicators related to maternal nutrition. However, advocacy may be needed to ensure the inclusion of additional indicators. Phase 8 of the Demographic and Health Survey (DHS) has added new indicators on maternal nutrition that could be recommended for inclusion in the Pakistan Demographic and Health Survey. These include minimum dietary diversity for women, the source of iron supplements, food/cash assistance programmes during pregnancy, and questions on nutrition counselling during antenatal care.

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Annex 1.



RESULTS FRAMEWORK OF THE MATERNAL NUTRITION STRATEGY

The Maternal Nutrition Strategy's results framework includes indicators for monitoring the process and progress of the strategy's implementation. The framework includes impact indicators from Table 7 (see Chapter 3 of the strategy), as well as key outcome indicators for improved maternal health and nutrition through access to and the equitable use of maternal health and nutrition-specific services and nutrition-sensitive services. It also includes key output indicators, which are aggregated from the strategy's provincial and regional implementation plans, for each strategic area.

Result	Results indicators/ activities	Baseline (2022)	End line (2027)	Means of verification	Responsible sector
Impact (goal of the Maternal Nutrition Strategy)					
Improved maternal nutrition outcomes	Prevalence of underweight	14.5%	10.5%	National Nutrition Survey (NNS)	Health
	Prevalence of overweight	24.2%	24.2%	NNS	Health
	Prevalence of obesity	13.9%	13.9%	NNS	Health
	Prevalence of anaemia	42.7%	30%	NNS	Health
	Prevalence of vitamin A deficiency (VAD)	27%	15%	NNS	Health
	Prevalence of vitamin D deficiency (VDD)	80%	67%	NNS	Health
	Prevalence of low birth weight (LBW)	22.7%	17%	Pakistan Demographic and Health Survey (PDHS)	Health
	Women of reproductive age (WRA) who achieve minimum dietary diversity for women (MDD-W)	27.6%	33.6%	NNS/PDHS	Health

MATERNAL NUTRITION STRATEGY 2022–2027 PAKISTAN

Result	Results indicators/ activities	Baseline (2022)	End line (2027)	Means of verification	Responsible sector
Outcomes					
Improved access to and the equitable use of maternal health and nutrition-specific services	Percentage of pregnant women who attend 4+ antenatal care contacts	31.7%	61.7%	NNS	Health
	Percentage of pregnant women who attend 8+ antenatal care contacts	10.7%	30%	NNS	Health
	Percentage of lactating women who attend 1 postnatal care contact within 2 days of delivery	60%	75%	PDHS	
	Percentage of lactating women who attend 4+ postnatal care contacts	..	20%	Currently not collected	Health
	Percentage of antenatal clients given/prescribed supplements containing iron (from any source, e.g. a health facility, community worker, etc.)	..	70%	District Health Information System 2 (DHIS-2), NNS, PDHS	Health
	Percentage of pregnant and lactating women (PLW) consuming 90+ iron and folic acid (IFA) tablets	22%	50%	NNS/PDHS	Health
	Percentage of pregnant and lactating women consuming 180+ multiple micronutrient supplement (MMS) tablets	..	50%	NNS/PDHS	Health
	Percentage of pregnant and lactating women taking deworming tablets	1.8%	15%	PDHS	Health

Result	Results indicators/ activities	Baseline (2022)	End line (2027)	Means of verification	Responsible sector
Improved access to and the equitable use of nutrition-sensitive services (social protection, agriculture/ food, and water sanitation and hygiene (WASH) sectors)	Percentage of eligible women receiving any social protection benefit (conditional cash transfers (CCTs), cash transfers, etc.)	4.9%	40%	NNS, Benazir Income Support Programme (BISP) annual reports, partner reports	Social Welfare, Health, BISP
	Percentage of eligible women receiving food or cash assistance during pregnancy	...	60%	PDHS	Health/Social Welfare
	Percentage of households consuming adequately iodized salt	79.6%	90%	NNS	Health/Food
	Percentage of eligible women receiving livelihood or skills training on home gardening, poultry/egg production, dairy production, etc.	...	50%		
Percentage of households practising handwashing at 5 critical times	Percentage of households practising handwashing at 5 critical times	~70-96% (depending on the critical time)	95% (for all critical times)	NNS	WASH, Health
	Percentage of households using an improved sanitation facility	84.7%	95%	NNS	WASH, Health

Result	Results indicators/ activities	Baseline (2022)	End line (2027)	Means of verification	Responsible sector
Outputs: Strategic area 1. Create and sustain an enabling environment for maternal nutrition					
Improved legislative environment for maternal nutrition	Maternity protection benefits enforced and implemented (provinces/ regions)	..	All provinces/regions have implemented and are enforcing benefits	Annual reports for each sector or department	Labour, Social Protection
	Legislation/ enforcement of trans fatty acid (TFA) limits (provinces/ regions)	1 (Punjab)	All provinces/regions have TFA limits established	Annual reports	Food, private
	Food fortification standards: Percentage of medium and large industries utilizing adequate fortification standards	..	70%	Annual reports	Food fortification, private
	Enforcement of breastfeeding act	..	All provinces/regions are enforcing the act	Annual reports	Health, Law and Parliamentary Affairs Departments
Improved coordination environment for maternal nutrition	Provincial chapters of the Maternal, Infant, Young Child and Adolescent Nutrition Technical Advisory Group (MIYCAN TAG) established	1 federal MIYCAN TAG (Azad Jammu and Kashmir and Gilgit-Baltistan) and 1 provincial MIYCAN chapter (Punjab)	5 (federal, Punjab, Sindh, Khyber Pakhtunkhwa, Balochistan)	MIYCAN TAG report	Ministry of National Health Services, Regulations and Coordination, Health
	Multi-sectoral coordination mechanisms standardized	..	Ministry of National Health Services, Regulations and Coordination, Ministry of Planning, Development & Special Initiatives, SUN Secretariat and other relevant platforms are coordinating on maternal nutrition activities	MIYCAN TAG report	Ministry of National Health Services, Regulations and Coordination
Improved resource allocations for maternal nutrition	PC-1s and sectoral work plans include budget lines for maternal nutrition	Federal PC-1 (stunting) developed	All provinces/ regions have PC-1s for nutrition which include budgets for maternal nutrition	MIYCAN TAG report	Ministry of National Health Services, Regulations and Coordination, Health

Result	Results indicators/ activities	Baseline (2022)	End line (2027)	Means of verification	Responsible sector
Development of social and behaviour change (SBC) strategy	Maternal nutrition SBC strategy developed	..	National/provincial/ regional strategies developed	MIYCAN TAG report	Ministry of National Health Services, Regulations and Coordination
Updated/new information, education and communication (IEC) materials	IEC materials developed	..	National/provincial/ regional IEC materials developed	MIYCAN TAG report	Ministry of National Health Services, Regulations and Coordination
Outputs: Strategic area 2. Programme and implement maternal nutrition interventions with equity and at scale (sub-strategy 2.1. Design and implement maternal nutrition interventions in the health sector)					
Updated maternal nutrition package	Maternal nutrition services package is finalized	Package is detailed in the Maternal Nutrition Strategy (MNS)	All provinces/regions have finalized a maternal nutrition package	MIYCAN TAG report	Ministry of National Health Services, Regulations and Coordination
Updated technical maternal nutrition guidelines and programme protocols	Guidelines and programme protocols developed	..	National guidelines developed and adapted for provinces/regions	MIYCAN TAG report	Ministry of National Health Services, Regulations and Coordination
Effective integration of maternal nutrition	Updated maternal nutrition package is integrated into primary health care (PHC), antenatal care (ANC) and postnatal care (PNC) services at all levels	Integration is detailed in the Maternal Nutrition Strategy	Percentage of provinces, regions, districts that have facilities and community programmes with updated packages/ services	MIYCAN TAG report	Ministry of National Health Services, Regulations and Coordination
Improved capacity of the health workforce for maternal nutrition	Percentage of health care providers (HCP) and frontline workers (Lady Health Workers and community midwives) providing maternal health services who are trained on maternal nutrition	..	80% of health care providers and frontline workers in all districts are trained on maternal nutrition	Health annual report	Health
Improved counselling for maternal nutrition	Percentage of women receiving nutrition counselling during pregnancy	..	75%	PDHS	Health

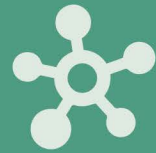
Result	Results indicators/ activities	Baseline (2022)	End line (2027)	Means of verification	Responsible sector
Improved supply chain for maternal nutrition commodities	Maternal nutrition supplements (iron and folic acid, multiple micronutrient supplements and calcium) are included in the essential drug list (EDL)	Supplements are detailed in the Maternal Nutrition Strategy	All provinces/regions have included maternal nutrition supplements in their EDLs	Health annual report	Health
Outputs: Strategic area 2. Programme and implement maternal nutrition interventions with equity and at scale (sub-strategy 2.2. Design and implement maternal nutrition interventions in other sectors)					
Increased access to social protection benefits and conditional cash transfers for eligible women	Percentage of districts with conditional cash transfers linked to maternal health/nutrition conditionalities	...	75%	BISP annual reports, partner reports	Social Welfare, Health, BISP
Increased capacity for homestead food production	Percentage of agricultural extension workers trained to provide skills and livelihood support to resource-poor women	...	50%	Annual reports, partner reports	Agriculture/ Food, Health
Improved sanitation and handwashing at maternal health facilities	Percentage of maternal health facilities equipped with improved sanitation facilities	...	75%	Annual reports	Health
Improved maternal nutrition curricula for higher learning health care institutions	Curricula for national/provincial midwifery/ nursing/medical programmes are updated	...	Updated curricula are in place	Annual reports	Education, Health
Outputs: Strategic area 2. Programme and implement maternal nutrition interventions with equity and at scale (sub-strategy 2.3. Strengthen preparedness and response for maternal nutrition in disaster-prone districts and emergency situations)					
Enhanced preparedness for maternal nutrition	Preparedness plans are updated to include maternal nutrition services	...	All provinces (4) and regions (2) have included women's health and nutrition measures in preparedness guidelines and protocols (disaster risk management (DRM) plans)	Annual reports, Partner reports	National Disaster Management Authority (NDMA), Provincial Disaster Management Authorities (PDMAs), partners

Result	Results indicators/ activities	Baseline (2022)	End line (2027)	Means of verification	Responsible sector
Effective forecasting and procurement of maternal nutrition commodities	Maternal nutrition commodities are updated in preparedness plans	..	Maternal nutrition micronutrient supplements and ready-to-use supplementary food (RUSF) are in supply during emergencies	Annual reports	NDMA, PDMA, partner organization
Improved workforce capacity to manage maternal nutrition during emergencies	Number of trainings held on emergency nutrition for frontline workers	..	Percentage of emergency and disaster-prone districts with a workforce trained on maternal nutrition	Annual reports	NDMA, PDMA, partner organizations
Outputs: Strategic area 3. Guide evidence-based programming for maternal nutrition through monitoring, evaluation, accountability and learning (MEAL)					
Improved reporting and data collection on maternal nutrition indicators	Anthropometric, supplementation and deworming indicators are updated in data collection systems	ANC-1 attendance, anaemia diagnosis (at the first antenatal care visit), family planning commodities provided, and tetanus toxoid (TT-2) vaccine administered	Number of antenatal care and postnatal care visits, anthropometric indicators (body mass index (BMI) and weight gain), receipt of micronutrient supplementation and deworming prophylaxis	DHIS-2	Health
Improved monitoring and periodic evaluation	Assessment periodicity is finalized and undertaken	..	Annual reports/ periodic evaluations are completed	Annual reports, NNS, PDHS	Health, MIYCAN TAG
Improved implementation research capacity and knowledge creation	Programme outcomes are documented and disseminated through reports and events	..	2 programme outcome reports are created at the national level (provincial and regional documentation) and disseminated at national level meetings	MIYCAN TAG reports	MIYCAN TAG



Provincial/ Regional Implementation Plans

Azad Jammu and Kashmir



Strategic area 1. Create and sustain an enabling environment for maternal nutrition
Sub-strategy 1.1. Strengthen policy and coordination for the evidence-based and equity-based inclusion of maternal nutrition interventions

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
1.1.1. Strengthen the coordination of maternal nutrition activities for effective advocacy (intra-sectoral and inter-sectoral)							
Hold an orientation and planning meeting on the Maternal Nutrition Strategy and its implementation plans with all federal stakeholders	X	X			All relevant stakeholders included in coordination groups	National Maternal, Newborn and Child Health Programme (NMINCH); Health and Nutrition Programme; Planning and Development and Policy and Strategic Planning Unit (Azad Jammu and Kashmir Department of Health)	National Maternal, Newborn and Child Health Programme; Health and Nutrition Programme; Planning and Development Department (P&DD)
Standardize coordination mechanisms with all relevant platforms for the Maternal Nutrition Strategy's implementation and monitoring (Ministry of National Health Services, Regulations and Coordination (MoNHSRC), Ministry of Planning, Development & Special Initiatives, SUN Secretariat, etc.)	X	X			Technical nutritionists included in coordination group meetings	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme (CNP); Azad Jammu and Kashmir Planning and Development Department; Planning Section, Azad Jammu and Kashmir Department of Health (DoH)	National Maternal, Newborn and Child Health Programme; Health and Nutrition Programme; Planning and Development Department

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Develop a plan for the Maternal, Infant, Young Child and Adolescent Nutrition Technical Advisory Group (MIYCAN TAG) to provide strategic and technical direction for the implementation of the Maternal Nutrition Strategy	X	X	X	X	X	Number of MIYCAN and multi-sectoral coordination meetings held, and the outputs of these meetings	National Maternal, Newborn and Child Health Programme; Health and Nutrition Programme; Planning and Development Department	National Maternal, Newborn and Child Health Programme; Health and Nutrition Programme; Planning and Development Department
1.1.2. Foster and sustain an enabling environment through appropriate legislation that has a bearing on maternal health and nutrition								
Determine legislation and regulations to focus on, advocate for their enforcement, and assess progress in terms of their enforcement and monitoring	X	X				Regulations in place	Department of Health; National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Law and Parliamentary Affairs Department	Department of Health
Enforce and monitor maternity protection through legislation (employment protection, maternity and paternity leave, and breastfeeding arrangements)	X	X	X	X	X	Regulations enforced and monitored, and nutrition counselling incorporated	Department of Health; National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Law and Parliamentary Affairs Department; Population Welfare Department (PWD); Women Development Department (WDD)	Labour Department
Explore efforts to expand social benefits programmes linked to maternal health and nutrition for low-income women (cash transfers, conditional cash transfers, social safety nets)	X	X	X	X	X	Legislation enforced	Department of Health; National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Law and Parliamentary Affairs Department; Population Welfare Department	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Enforce and monitor legislation on the food fortification of staples and salt, form links with existing food fortification strategies and efforts, and ensure enforcement at all levels	X	X				Regulation developed	Department of Health; National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Law and Parliamentary Affairs Department; Labour Department; Women Development Department; Population Welfare Department	Labour Department
Enforce food systems legislation on trans fatty acid (TFA) limits through national regulatory bodies, and explore regulations for sugar-sweetened beverages (SSBs)	X	X	X	X	X	Regulations enforced	Department of Health; National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Law and Parliamentary Affairs Department; Social Welfare Department (SWD); Population Welfare Department	Social Welfare Department; Law and Parliamentary Affairs Department
1.1.3. Commit to an essential maternal nutrition package provided via universal health coverage (UHC) and delivered through the health system								
Ensure that the universal health coverage package includes key maternal nutrition interventions to be delivered at scale	X					Review completed and gaps assessed	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; World Health Organization (WHO); United Nations Children's Fund (UNICEF); Ministry of National Health Services, Regulations and Coordination	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Integrate the universal health coverage/maternal health/maternal nutrition package into primary care health care (PHC) service delivery through the health sector (public and private facilities)	X					Updated package finalized and endorsed	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; WHO; UNICEF; Ministry of National Health Services, Regulations and Coordination	Department of Health
Implement the maternal nutrition package at scale through primary health care, antenatal care (ANC) and postnatal care (PNC) services		X	X	X	X	Package implemented at scale	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; sectors; partners	Department of Health
1.1.4. Build country-wide sectoral capacity to implement the Maternal Nutrition Strategy at all levels								
Develop key technical guidelines on maternal nutrition	X	X				Technical guidelines on maternal nutrition available	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health
Develop implementation guidance and programme protocols	X					Implementation guidelines and protocols developed	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health

Sub-strategy 1.2. Establish and strengthen financing and resource allocations for maternal nutrition

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
1.2.1. Review and revise resource allocations for existing and updated maternal nutrition interventions within the health sector and in other sectors								
Advocate for resources for the procurement of maternal nutrition commodities and equipment	X	X	X	X	X	Resources allocated	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health
Revise the national essential drug list (EDL) to include maternal nutrition commodities		X	X			Resources allocated	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health
Calculate budgets for updated social and behaviour communication (SBC) approaches and information, education and communication (IEC) materials and promotional activities, in addition to the budget for individualized counselling compared to group counselling by qualified nutritionists		X	X	X		Resources calculated and allocated	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination	Department of Health
1.2.2. Review and allocate resources for the integration of maternal nutrition into the training of health care providers (HCP) and the frontline workforce								
Allocate resources for training on nutrition in antenatal care and postnatal care, particularly on counselling and the quality of care		X	X	X	X	Resources calculated and allocated	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; UNICEF	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Allocate resources for the revision and development of IEC materials that target different audiences	X	X	X			Resources calculated and allocated	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination	Department of Health
1.2.3. Address procedural delays for resource allocations and disbursements for nutrition interventions								
Sensitize decision makers, including parliamentarians and regional authorities, on the need for the timely allocation of resources	X					Meetings held with decision makers	All sectors; Finance Department; Planning Department	Finance Department
Improve and accelerate budget development for annual work plans across sectors so that these include maternal nutrition resource allocations and the timely disbursement of funds	X	X	X	X	X	Ongoing monitoring undertaken	All sectors; Finance Department; Planning Department	All sectors

Sub-strategy 1.3. Strengthen advocacy and awareness of maternal nutrition by designing social and behaviour change (SBC) strategies that target different audiences

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
1.3.1. Advocate for greater political and social commitment to maternal nutrition								
Develop an advocacy agenda that includes the identification of themes and plans for advocacy activities	X	X				Number of advocacy events/campaigns conducted	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners; all sectors	Department of Health
Organize theme-specific and audience-specific advocacy events	X	X	X	X	X	Number of advocacy campaigns conducted	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners; all sectors	Department of Health
Sensitize policy makers, bureaucrats, parliamentarians, media professionals, religious leaders, champions and influencers	X	X	X	X	X	Number of advocacy events/ orientations conducted	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners; all sectors	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Conduct advocacy on converging priorities for maternal nutrition with the health sector, nutrition-sensitive sectors and the private sector	X	X	X	X	X	Number of advocacy campaigns conducted	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners; all sectors	Department of Health
1.3.2. Develop a comprehensive communication strategy for maternal nutrition (aligned with existing MIYCAN and MNCH approaches)								
Conduct periodic community campaigns to raise awareness of personal and environmental hygiene	X	X	X	X	X	Number of campaigns conducted	Public Health Engineering Department (PHED); Department of Health; National Maternal, Newborn and Child Health Programme; Community Nutrition Programme	Department of Health
Develop strategy based on existing data, formative research, and updated maternal nutrition package	X	X				Formative research report developed, based on secondary data	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health
Integrate the communication approach with existing approaches, and approaches that are being developed, for infant, young child and adolescent nutrition	X	X	X			Integrated communication strategy on infant and young child feeding (IYCF) and adolescent nutrition available	Department of Education; Department of Health; Higher Education Department; academic and research institutions	Higher Education Department

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
1.3.3. Develop a combination of approaches and materials to reach all audience levels								
Develop and use low-cost approaches to reach audiences at scale, including digital approaches, for example, using mobile technology and social media to share information at scale		X	X			Gaps assessed and recorded, and recommendations developed	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health
Develop and implement approaches using existing community-based structures to facilitate the engagement of communities and families		X	X			Number of community group sessions conducted	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health
Develop specific approaches to increase knowledge and encourage actions by husbands on maternal nutrition		X	X			Number of materials for husbands/family members developed	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health
Update the information in antenatal care and postnatal care materials to include maternal nutrition-related messages and practices (iron and folic acid (IFA) supplementation, multiple micronutrient supplementation (MMS) and calcium supplementation, physical activity, rest during pregnancy, tailored messages on anaemia, overweight/obesity, underweight, etc.)		X	X			Video and audio messages developed	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Develop materials with pictorial messages to be displayed at community centres, facilities and in homes		X	X		Pictorial materials developed	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health

Strategic area 2. Programme and implement maternal nutrition interventions with equity and at scale

Sub-strategy 2.1. Design and implement maternal nutrition interventions in the health sector

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
2.1.1. Integrate the revised maternal nutrition package into antenatal care and postnatal care services as part of the universal health coverage package and maternal health package (delivered through existing health platforms)							
Develop guidelines for maternal multiple micronutrient supplementation (shift from iron and folic acid to multiple micronutrient supplements and calcium)	X	X			Guideline developed with protocols for referral and management	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health
Develop protocols and guidelines for the assessment and management of nutritionally-at-risk women (screening for underweight, overweight/obesity and anaemia, counselling, and referral protocols)	X	X			Set of protocols developed	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health; partners

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Strengthen referral linkages for maternal nutrition across the primary, secondary and tertiary levels		X	X	X		Referral data available	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health
Strengthen inter-departmental linkages for family planning, maternal, child and newborn health (MNCH) and nutrition for functional integration		X	X	X	X	Record of coordination meetings, reviews and minutes available	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; Family Welfare Programme (FWP)	Department of Health
2.1.2. Improve the coverage and continued utilization of services for maternal nutrition through antenatal care and postnatal care								
Increase the coverage of 4+ antenatal care visits, with the aim of expanding these to 8 antenatal care visits and reaching women earlier in pregnancy	X	X	X	X	X	Client records maintained	National Maternal, Newborn and Child Health Programme; District Health Information System (DHIS); National Programme for Primary Health Care and Family Planning (NPPHC&FP)	Department of Health
Expand postnatal care services with a focus on maternal health and nutrition		X	X	X	X	Data on conditional cash transfers and supplementary food provided and available	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; Benazir Income Support Programme (BISP)/Ehsaas	Department of Health; Ehsaas
2.1.3. Improve the supply chain for maternal nutrition commodities								
Ensure that maternal nutrition commodities (iron and folic acid/multiple micronutrient supplements, calcium, deworming tablets, etc.) are included in the procurement system as essential drugs		X	X	X	X	Procurement plan and stock available	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Include required nutrition commodities in the Logistics Management Information System (LMIS)		X	X	X	X	Nutrition Logistics Management Information System available	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	
Strengthen the forecasting and procurement of maternal nutrition commodities		X	X	X	X	Data on pregnant and lactating women (PLW), and stocks of maternal nutrition commodities, available	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health
Ensure that health care providers/frontline workers have adequate supplies and equipment for maternal nutrition services						Adequate stock available	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health
2.1.4. Build the capacity of health care providers and frontline workers in the public and private sectors to deliver maternal nutrition interventions								
Conduct a workforce capacity assessment to identify gaps and increase the recruitment of Lady Health Workers (LHWs), community midwives (CMWs), community health workers (CHWs), nutrition assistants and nutrition counsellors, where needed	X	X				Gap assessment conducted with plans to increase human resources	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health
Ensure that health care providers and frontline workers have the job aids, checklists and counselling materials necessary to provide services	X	X				Materials distributed to all health facilities and frontline health programmes	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Include mentorship and supportive supervision in the monitoring mechanisms for frontline workers	X	X	X	X	X	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health
2.1.5. Strengthen the curriculum and training on maternal nutrition for health care providers and frontline workers							
Update the pre-service and in-service curriculum and training manuals for health care providers and frontline workers	X	X				National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health
Conduct training for master trainers and trickle-down trainings		X	X			National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health
Enhance the competencies of frontline workers in terms of assessment, the provision of services and tailored counselling		X	X	X	X	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health
Implement refresher trainings during regular meetings/sessions for frontline workers		X	X	X	X	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health

Sub-strategy 2.2. Design and implement maternal nutrition interventions in other sectors

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
2.2.1. Social protection sector: Strengthen social protection programmes for women with intended maternal health and nutrition outcomes								
Raise awareness among households and women about social protection benefits and eligibility requirements	X	X	X	X	X	Number of campaigns, events and orientations held on social protection benefits	World Food Programme (WFP); Department of Health; Benazir Income Support Programme; Social Welfare Department	Benazir Income Support Programme
Explore the expansion of social protection programmes with health and nutrition conditionalities which involve explicit criteria (low-income, food-insecure and/or marginalized women, etc.)		X	X	X	X	Data on expanded centres available	WFP; Department of Health; Benazir Income Support Programme	Benazir Income Support Programme
Coordinate with the health sector to identify eligible women (who are attending antenatal care/postnatal care sessions) in order to link them to social protection benefits		X	X	X	X	Data on pregnant and lactating women available	National Maternal, Newborn and Child Health Programme; Nutrition Programme; District Health Information System	WFP; Community Nutrition Programme
2.2.2. Agriculture/food sectors: Promote changes in food systems in order to improve women's nutrition								
Facilitate the availability of and access to fortified foods, and promote the consumption of fortified foods		X	X	X	X	Percentage of households consuming fortified staples, and percentage of households consuming iodized salt	Food Department; Department of Health; partners	Food Department
Develop and expand programmes linked to nutrition for women (kitchen/home gardening, poultry rearing, egg production, dairy production, etc.)		X	X	X	X	Number of community development programmes established	Partners; Livestock Department; Agriculture Department	Livestock Department; Agriculture Department

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Provide livelihood and skills training for women in resource-poor or low-income households, along with in-kind asset transfers and conditional cash transfers to support initiatives		X	X	X	X	Number of rural and urban women trained on livelihoods/skills	Community Development Programme (CDP); partners	Livestock Department; Agriculture Department
Train agricultural extension workers on food preservation and the prevention of foodborne, waterborne and vectorborne diseases	X	X				Training package developed	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health
Use agricultural extension workers to provide information on food preservation, food safety and dietary diversity to families	X	X	X	X	X	Plan developed and implemented	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health
Raise awareness and knowledge about healthy/unhealthy foods and food labelling among consumers (incorporate this information into messaging disseminated by health care providers and frontline workers)	X	X	X	X	X	Number of awareness raising campaigns conducted	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health
2.2.3. Water, sanitation and hygiene (WASH) sector: Promote optimal WASH practices and behaviours								
Ensure that all facilities that provide maternal health services are equipped with adequate sanitation and handwashing facilities	X	X				Essential hygiene actions (EHA) included in the materials of the National Maternal, Newborn and Child Health Programme and the Community Nutrition Programme	Department of Health; Local Government and Rural Development Department (LGRDD); Public Health Engineering Department; National Maternal, Newborn and Child Health Programme; Community Nutrition Programme	Department of Health

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Coordinate with the health sector to promote and facilitate essential hygiene actions	X	X	X	X	X	Public Health Engineering Department / Local Government and Rural Development Department	Public Health Engineering Department / Local Government and Rural Development Department
2.2.4. Education sector/academia: Strengthen linkages between education and maternal nutrition							
Review the curricula of public and private health care-related higher learning institutions in terms of maternal nutrition content (midwifery, nursing and medical schools) and update nutrition modules	X	X			Curricula updated and finalized	Department of Education; Department of Health; Ministry of National Health Services, Regulations and Coordination; UNICEF; Higher Education Department; academic institutions	Higher Education Department
Engage with academic institutions that conduct research on nutrition to plan much-needed research on maternal nutrition (linkage to sub-strategy 3.2 on the learning agenda)	X	X	X	X	X	Department of Education; Department of Health; Higher Education Department; academic and research institutions	Higher Education Department

Sub-strategy 2.3. Strengthen preparedness and response for maternal nutrition in disaster-prone districts and emergency situations

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
2.3.1. Strengthen disaster risk reduction (DRR) capacity by including maternal nutrition needs in the health sector response								
Conduct risk assessments to identify vulnerabilities related to food security, diets and nutrition among women and families	X	X				Updated disaster risk reduction plans developed	Department of Health; WFP; Food and Agriculture Organization of the United Nations (FAO); State Disaster Management Authority (SDMA); UNICEF; international non-governmental organizations (INGOs), sectors	Department of Health; State Disaster Management Authority
Ensure that women's health and nutrition measures are included in preparedness guidelines, disaster risk management (DRM) plans and the National Disaster Management Authority's (NDMA) relief and recovery plans	X	X	X	X	X	Nutrition measures included for women	Department of Health; WFP; FAO; State Disaster Management Authority; UNICEF; INGOs; sectors	Department of Health; State Disaster Management Authority
Organize capacity development trainings for relevant stakeholders to address nutrition in emergencies						Trained human resources available	Department of Health; WFP; FAO; State Disaster Management Authority; UNICEF; INGOs; sectors	Department of Health; State Disaster Management Authority
2.3.2. Strengthen the procurement and delivery of commodities and supplies for maternal nutrition								
Ensure that essential maternal nutrition commodities – such as blended fortified foods and micronutrients – are in stock and distributed during relief and recovery phases	X	X	X	X	X	Commodities in supply, with no reported stock-outs	Department of Health; WFP; FAO; State Disaster Management Authority; UNICEF; INGOs	Department of Health; State Disaster Management Authority

Strategic area 3. Guide evidence-based programming for maternal nutrition through effective monitoring, evaluation, accountability and learning (MEAL)

Sub-strategy 3.1. Strengthen routine monitoring, evaluation and accountability for maternal nutrition

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
3.1.1. Assess routine information systems for gaps on maternal nutrition indicators and recording and update systems								
Assess gaps in maternal nutrition intervention indicators (process and output indicators) within existing reporting systems (the Health Management Information System (HMIS), the District Health Information System (DHIS) and the Nutrition Management Information System (NMIS))	X					Gaps assessed and recorded	Department of Health; partners	Department of Health
Identify additional maternal nutrition indicators to include in monitoring (based on updated programmes)	X	X				Indicators identified and finalized	Partners; Department of Health	Department of Health; District Health Information System
Incorporate the recommended indicator changes into the draft formats of recording and reporting tools, and pilot them		X				Indicators added to recording and reporting tools in order to pilot them	Partners; Department of Health	Department of Health
Informed by the pilot, update recording and reporting tools	X	X				Modified reporting tools available	Partners; Department of Health	Department of Health
Collect data through updated recording and reporting mechanisms in the routine monitoring system		X	X	X	X	Data available	Partners; Department of Health	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
3.1.2. Periodically assess programme implementation to monitor progress								
Develop a plan for the periodic evaluation of programmes to assess gaps in coverage and service utilization, for example the utilization of supplementation services		X				Indicators added to finalized recording and reporting tools, as well as into routine monitoring systems to assess gaps	Partners; Department of Health	Department of Health
Develop a plan for the periodic evaluation of the updated or new social and behaviour change communication (SBCC) approaches and materials used			X	X	X	Periodic assessment and evaluation of ongoing programmes in terms of indicators	Department of Health	Department of Health
Develop a plan for conducting rapid assessments of the knowledge and practices of beneficiaries by frontline workers		X				Assessments conducted	Department of Health; partners	Department of Health

Sub-strategy 3.2. Promote a learning agenda on maternal nutrition for continued programme guidance

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
3.2.1. Identify areas for implementation research and include these within programming								
Identify areas of implementation research, such as research on the effective integration of nutrition services or effective nutrition-sensitive approaches, etc.		X	X			Incorporate a research component into ongoing programming	Department of Higher Education; Department of Health; partners; Ministry of National Health Services; Regulations and Coordination; UNICEF; education institutions (nutrition)	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Plan and conduct research, in coordination with ongoing research by partner organizations		X	X	X	X	Prospective studies planned and conducted (ongoing)	Department of Higher Education; Department of Health; partners, Ministry of National Health Services, Regulations and Coordination; education institutions (nutrition)	Education institutions; Department of Health; Ministry of National Health Services, Regulations and Coordination
Form links with academic institutions that are conducting research on key maternal nutrition issues in the country, such as the etiology of anaemia, targeted balanced energy and protein (BEP) intake, and prospective studies, etc.	X	X	X	X	X	Partnerships established with a number of institutions	Department of Higher Education; Department of Health; partners, Ministry of National Health Services, Regulations and Coordination; education institutions (nutrition)	Education institutions; Department of Health
3.2.2. Use the lessons learned from programme implementation research for continued programme guidance								
Document programme outcomes and lessons learned in the form of reports, case studies and briefs			X	X	X	Number reports, briefs and case studies	Department of Health; National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; partners	Department of Health
Disseminate research findings to stakeholders at all levels by circulating and presenting these at coordination group meetings and at other appropriate venues					X	Number of dissemination events held	Department of Health; National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; partners	Department of Health

Gilgit Baltistan



Strategic area 1. Create and sustain an enabling environment for maternal nutrition

Sub-strategy 1.1. Strengthen policy and coordination for the evidence-based and equity-based inclusion of maternal nutrition interventions

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
1.1.1. Strengthen the coordination of maternal nutrition activities for effective advocacy (intra-sectoral and inter-sectoral)							
Hold an orientation and planning meeting on the Maternal Nutrition Strategy and its implementation plans with all federal stakeholders	X	X			All relevant stakeholders included in coordination groups	National Maternal, Newborn and Child Health Programme; Planning and Development Policy and Strategic Planning Unit, Gilgit-Baltistan Department of Health	National Maternal, Newborn and Child Health Programme; Health and Nutrition Programme; Planning and Development Department
Standardize coordination mechanisms with all relevant platforms for the Maternal Nutrition Strategy's implementation and monitoring (the Ministry of National Health Services, Regulations and Coordination, the Ministry of Planning, Development & Special Initiatives, the SUN Secretariat, etc.)	X	X			Technical nutritionists included in coordination group meetings	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Gilgit-Baltistan Planning and Development Department; Planning Section, Gilgit-Baltistan Department of Health	National Maternal, Newborn and Child Health Programme; Health and Nutrition Programme; Planning and Development Department

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Develop a plan for the Maternal, Infant, Young Child and Adolescent Nutrition Technical Advisory Group (MIYCAN TAG) to provide strategic and technical direction for the implementation of the Maternal Nutrition Strategy	X	X	X	X	X	National Maternal, Newborn and Child Health Programme; Health and Nutrition Programme; Planning and Development Department	National Maternal, Newborn and Child Health Programme; Health and Nutrition Programme; Planning and Development Department
1.1.2. Foster and sustain an enabling environment through appropriate legislation that has a bearing on maternal health and nutrition							
Determine which legislation and regulations to focus on, advocate for their enforcement, and assess progress in terms of their enforcement and monitoring	X	X				Department of Health; National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Law and Parliamentary Affairs Department	Department of Health
Enforce and monitor maternity protection through legislation (employment protection, maternity and paternity leave, breastfeeding arrangements)	X	X	X	X	X	Department of Health; National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Law and Parliamentary Affairs Department; Population Welfare Department; Women Development Department	Labour Department
Explore efforts to expand social benefits programmes linked to maternal health and nutrition for low-income women (cash transfers, conditional cash transfers, social safety nets)	X	X	X	X	X	Department of Health; National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Law and Parliamentary Affairs Department; Population Welfare Department	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Enforce and monitor legislation on the food fortification of staples and salt, form links with existing food fortification strategies and efforts, and ensure enforcement at all levels	X	X				Regulation developed	Department of Health; National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Law and Parliamentary Affairs Department; Labour Department; Women Development Department; Population Welfare Department	Labour Department
Enforce food system legislation on trans fatty acid limits through national regulatory bodies and explore regulations for sugar-sweetened beverages	X	X	X	X	X	Regulations enforced	Department of Health; National Maternal, Newborn and Child Health Programme; Nutrition Programme; Law and Parliamentary Affairs Department; Social Welfare Department; Population Welfare Department	Social Welfare Department; Law and Parliamentary Affairs Department
1.1.3. Commit to an essential maternal nutrition package provided via universal health coverage and delivered through the health system								
Ensure that the universal health coverage package includes key maternal nutrition interventions to be delivered at scale	X					Review completed and gaps assessed	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; WHO; UNICEF; Ministry of National Health Services, Regulations and Coordination	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Integrate the universal health coverage/maternal health/maternal nutrition package into primary care health care service delivery through the health sector (public and private facilities)	X					Updated package finalized and endorsed	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; WHO; UNICEF; Ministry of National Health Services, Regulations and Coordination	Department of Health
Implement the maternal nutrition package at scale through primary health care, antenatal care and postnatal care services		X	X	X	X	Package implemented at scale	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; sectors; partners	Department of Health
1.1.4. Build country-wide sectoral capacity to implement the Maternal Nutrition Strategy at all levels								
Develop key technical guidelines on maternal nutrition	X	X				Technical guidelines on maternal nutrition available	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health
Develop implementation guidance and programme protocols	X					Implementation guidelines and protocols developed	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health

Sub-strategy 1.2. Establish and strengthen financing and resource allocations for maternal nutrition

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
1.2.1. Review and revise resource allocations for existing and updated maternal nutrition interventions within the health sector and other sectors								
Advocate for resources for the procurement of maternal nutrition commodities and equipment	X	X	X	X	X	Resources allocated	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health
Revise the national essential drug list to include maternal nutrition commodities		X	X			Resources allocated	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health
Calculate budgets for updated social and behaviour communication approaches and information, education and communication materials and promotional activities, as well as budgets for individualized counselling compared to group counselling by qualified nutritionists (as part of the core maternal nutrition package)		X	X	X	X	Resources calculated and allocated	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination	Department of Health
1.2.2. Review and allocate resources for the integration of maternal nutrition into the training of health care providers and the frontline workforce								
Allocate resources for training on nutrition in antenatal care and postnatal care, particularly on counselling and the quality of care		X	X	X	X	Resources calculated and allocated	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; UNICEF	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Allocate resources for the revision and development of information, education and communication materials that target different audiences	X	X	X			Resources calculated and allocated	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination	Department of Health
1.2.3. Address procedural delays for resource allocation and disbursement for nutrition interventions								
Sensitize decision makers, including parliamentarians and provincial authorities, on the need for the timely allocation of resources	X					Meetings held with decision makers	All sectors; Finance Department; Planning Department	Finance Department
Improve and accelerate budget development for annual work plans across sectors so that these include maternal nutrition resource allocations and the timely disbursement of funds	X	X	X	X	X	Ongoing monitoring undertaken	All sectors; Finance Department; Planning Department	All sectors

Sub-strategy 1.3. Strengthen advocacy and awareness of maternal nutrition by designing social and behaviour change (SBC) strategies that target different audiences

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
1.3.1. Advocate for greater political and social commitment to maternal nutrition								
Develop an advocacy agenda that includes the identification of themes and plans for advocacy activities	X	X				Number of advocacy events/campaigns conducted	National Maternal, Newborn and Child Health Programme; Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners; all sectors	Department of Health
Organize theme-specific and audience-specific advocacy events	X	X	X	X	X	Number of advocacy campaigns conducted	National Maternal, Newborn and Child Health Programme; Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners; all sectors	Department of Health
Sensitize policy makers, bureaucrats, parliamentarians, media professionals, religious leaders, champions and influencers	X	X	X	X	X	Number of advocacy events/orientations conducted	National Maternal, Newborn and Child Health Programme; Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners; all sectors	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Conduct advocacy on converging priorities for maternal nutrition with the health sector, nutrition-sensitive sectors and the private sector	X	X	X	X	X	Number of advocacy campaigns conducted	National Maternal, Newborn and Child Health Programme; Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners; all sectors	Department of Health
1.3.2. Develop a comprehensive communication strategy for maternal nutrition (aligned with existing MIYCAN and MNCH approaches)								
Conduct periodic community campaigns to raise awareness of personal and environmental hygiene	X	X	X	X	X	Number of campaigns conducted	Public Health Engineering Department; Department of Health; National Maternal, Newborn and Child Health Programme; Nutrition Programme	Department of Health
Develop a strategy based on existing data, formative research and the updated maternal nutrition package	X	X				Formative research report developed, based on secondary data	National Maternal, Newborn and Child Health Programme; Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health
Integrate the communication approach with existing approaches, and approaches that are being developed, for infant, young child and adolescent nutrition	X	X	X			Integrated communication strategy on infant and young child feeding and adolescent nutrition available	Department of Education; Department of Health; Higher Education Department; academic and research institutions	Higher Education Department

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
1.3.3. Develop a combination of approaches and materials to reach all audience levels							
Develop and use low-cost approaches to reach audiences at scale, including digital approaches, such as using mobile technology and social media to share information at scale		X	X		Gaps assessed and recorded, and recommendations offered	National Maternal, Newborn and Child Health Programme; Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health
Develop and implement approaches using existing community-based structures to facilitate the engagement of communities and families		X	X		Number of community group sessions conducted	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health
Develop specific approaches to increase knowledge and encourage actions by husbands on maternal nutrition		X	X		Number of materials developed for husbands/family members	National Maternal, Newborn and Child Health Programme; Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Update information in antenatal care and postnatal care materials to include maternal nutrition messages and practices (iron and folic acid supplementation, multiple micronutrient supplementation and calcium supplementation, physical activity, rest during pregnancy, tailored messages on anaemic, overweight/obesity, underweight, etc.)		X	X			National Maternal, Newborn and Child Health Programme; Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health
Develop materials with pictorial messages to be displayed at community centres, facilities and in homes		X	X			National Maternal, Newborn and Child Health Programme; Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health

Strategic area 2. Programme and implement maternal nutrition interventions with equity and at scale

Sub-strategy 2.1. Design and implement maternal nutrition interventions in the health sector

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
2.1.1. Integrate revised maternal nutrition package into antenatal care and postnatal care services as part of the universal health coverage and maternal health package (delivered through existing health platforms)							
Develop guidelines for maternal micronutrient supplementation (shift from iron and folic acid to multiple micronutrient supplements and calcium)	X	X			Guidelines developed with protocols for referral and management	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health
Develop protocols and guidelines for the assessment and management of nutritionally-at-risk women (screening for underweight, overweight/obesity and anaemia, counselling, and referral protocols)	X	X			Set of protocols available	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health, Partners
Strengthen referral linkages for maternal nutrition across primary, secondary and tertiary levels		X	X	X	Referral data available	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Strengthen inter-departmental linkages for family planning, maternal, child and newborn health and nutrition for functional integration		X	X	X	X	Records of coordination meetings, reviews and minutes available	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; Family Welfare Programme	Department of Health
2.1.2. Improve the coverage and continued utilization of services for maternal nutrition through antenatal care and postnatal care								
Increase the coverage of 4+ antenatal care visits, with the aim of expanding these to 8 antenatal care visits and reaching women earlier in pregnancy	X	X	X	X	X	Client records maintained	National Maternal, Newborn and Child Health Programme; District Health Information System; National Programme for Primary Health Care and Family Planning	Department of Health
Expand postnatal care services with a focus on maternal health and nutrition		X	X	X	X	Data on conditional cash transfers and supplementary food provided and available	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health; Benazir Income Support Programme/Ehsaas	Department of Health/Ehsaas
2.1.3. Improve the supply chain for maternal nutrition commodities								
Ensure that maternal nutrition commodities (iron and folic acid/multiple micronutrient supplements, calcium, deworming tablets, etc.) are included in the procurement system as essential drugs		X	X	X	X	Procurement plan and stock available	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Education; Department of Health	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Include required nutrition commodities in the Logistics Management Information System		X	X	X	X	Nutrition LMIS available		
Strengthen the forecasting and procurement of maternal nutrition commodities		X	X	X	X	Data on pregnant and lactating women, and stocks of maternal commodities, available	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health
Ensure that health care providers/ frontline workers have adequate supplies and equipment for maternal nutrition services						Adequate stock available	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health
2.1.4. Build the capacity of health care providers and frontline workers in the public and private sectors to deliver maternal nutrition interventions within antenatal care and postnatal care platforms								
Conduct a workforce capacity assessment to identify gaps and increase the recruitment of Lady Health Workers, community midwives, community health workers, nutrition assistants and nutrition counsellors, where needed	X	X				Gap assessment conducted with plans to increase human resources	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health
Ensure health care providers and frontline workers have the job aids, checklists, counselling materials necessary to provide services	X	X				Materials distributed to all health facilities and frontline health programmes	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Include mentorship and supportive supervision in the monitoring mechanisms for frontline workers	X	X	X	X	X	National Maternal, Newborn and Child Health Programme; Department of Health	Department of Health
2.1.5. Strengthen the curriculum and training on maternal nutrition for health care providers and frontline workers							
Update the pre-service and in-service curriculum and training manuals for health care providers and frontline workers	X	X			Updated curricula available	National Maternal, Newborn and Child Health Programme; Department of Health	Department of Health
Conduct training for master trainers and trickledown trainings		X	X		Skilled master trainers available	National Maternal, Newborn and Child Health Programme; Department of Health	Department of Health
Enhance the competencies of frontline workers in terms of assessment, the provision of services and tailored counselling		X	X	X	X	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health
Implement refresher trainings during regular meetings/sessions for frontline workers		X	X	X	X	National Maternal, Newborn and Child Health Programme; Department of Health	Department of Health

Sub-strategy 2.2. Design and implement maternal nutrition interventions in other sectors

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
2.2.1. Social protection sector: Strengthen social protection programmes for women with intended maternal health and nutrition outcomes								
Raise awareness among households and women about social protection benefits and eligibility requirements	X	X	X	X	X	Number of campaigns, events and orientations held on social protection benefits	WFP; Department of Health; Benazir Income Support Programme; Social Welfare Department	Benazir Income Support Programme
Explore the expansion of social protection programmes with health and nutrition conditionalities which involve explicit criteria (low-income, food insecure and/or marginalized women, etc.)		X	X	X	X	Data on expanded centres made available	WFP; Department of Health; Benazir Income Support Programme	Benazir Income Support Programme
Coordinate with the health sector to identify eligible women (who are attending antenatal care/postnatal care sessions) in order to link them to social protection benefits		X	X	X	X	Data on pregnant and lactating women made available	National Maternal, Newborn and Child Health Programme; Nutrition Programme; District Health Information System	WFP; Community Nutrition Programme
2.2.2. Agriculture/food sectors: Promote changes in food systems to improve women's nutrition								
Facilitate the availability of and access to fortified foods, and promote the consumption of fortified foods		X	X	X	X	Percentage of households consuming fortified staples; percentage of households consuming iodized salt	Food Department; Department of Health; partners	Food Department

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Develop and expand programmes linked to nutrition for women (kitchen/home gardening, poultry rearing, egg production, dairy production, etc.)		X	X	X	X	Number of community development programmes established	Partners; Livestock Department; Agriculture Department	Livestock Department; Agriculture Department
Provide livelihood and skills training for women in resource-poor or low-income households, along with in-kind asset transfers and conditional cash transfers to support initiatives		X	X	X	X	Number of rural and urban women trained on livelihoods/skills	Community Development Programme; partners	Livestock Department; Agriculture Department
Train agricultural extension workers on food preservation and the prevention of foodborne, waterborne and vector borne diseases						Training package developed	National Maternal, Newborn and Child Health Programme; Community Nutrition Programme; Department of Health	Department of Health
Use agricultural extension workers to provide information on food preservation, food safety and dietary diversity to families						Number of households reached by agricultural extension workers	National Maternal, Newborn and Child Health Programme; Nutrition Programme; Department of Health	Department of Health
Raise awareness and knowledge about healthy/unhealthy foods and food labelling to consumers (link to sub-strategy 1.2)	X	X	X	X	X	Number of awareness campaigns conducted, and information incorporated into the messages shared by health care providers and frontline workers	National Maternal, Newborn and Child Health Programme; Nutrition Programme; Department of Health	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
2.2.3. Water, sanitation and hygiene sector: Promote optimal WASH practices and behaviours								
Ensure that all facilities that provide maternal health services are equipped with adequate sanitation and handwashing facilities	X	X				Essential health actions included in the materials of the National Maternal, Newborn and Child Health Programme and the Nutrition Programme	Department of Health; Local Government and Rural Development Department; Public Health Engineering Department; National Maternal, Newborn and Child Health Programme; Nutrition Programme	Department of Health
Coordinate with the health sector to promote and facilitate essential hygiene actions	X	X	X	X	X	Number of campaigns conducted	Public Health Engineering Department; Local Government and Rural Development Department; Department of Health; National Maternal, Newborn and Child Health Programme; Community Nutrition Programme	Public Health Engineering Department / Local Government and Rural Development Department
2.2.4. Education sector/academia: Strengthen linkages between education and maternal nutrition								
Review the curricula of public and private health care-related higher learning institutions in terms of maternal nutrition content (midwifery, nursing and medical schools) and update nutrition modules	X	X				Curricula updated and finalized	Department of Education; Department of Health; Ministry of National Health Services, Regulations and Coordination; UNICEF; Higher Education Department; academic institutions	Higher Education Department

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Engage with academic institutions that conduct research on nutrition to plan much-needed research on maternal nutrition (linkage to sub-strategy 3.2 on the learning agenda)	X	X	X	X	X	Ongoing communication and activities linking research and programmes	Department of Education; Department of Health; Higher Education Department; academic and research institutions	Higher Education Department
Sub-strategy 2.3. Strengthen preparedness and response for maternal nutrition in disaster-prone districts and emergency situations								
Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
2.3.1. Strengthen disaster risk reduction capacity by including maternal nutrition needs in the health sector response								
Conduct risk assessments to identify vulnerabilities related to food security, diets and nutrition among women and families	X	X				Updated disaster risk reduction plans developed	Department of Health; WFP; FAO; State Disaster Management Authority; UNICEF; INGOs; sectors	Department of Health, State Disaster Management Authority
Ensure that women's health and nutrition measures are included in preparedness guidelines, disaster risk management plans and the National Disaster Management Authority's relief and recovery plans	X	X	X	X	X	Nutrition measures included for women	Department of Health; WFP; FAO; State Disaster Management Authority; UNICEF; INGOs; sectors	Department of Health, State Disaster Management Authority
Organize capacity development trainings for relevant stakeholders to address nutrition in emergencies	X	X	X			Trained human resources available	Department of Health; WFP; FAO; State Disaster Management Authority; UNICEF; INGOs; sectors	Department of Health; State Disaster Management Authority

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
2.3.2. Strengthen the procurement and delivery of commodities and supplies for maternal nutrition							
Ensure that essential maternal nutrition commodities – such as blended fortified foods and micronutrients – are in stock and distributed during relief and recovery phases	X	X	X	X	X	Department of Health; WFP; FAO; State Disaster Management Authority; UNICEF; INGOs	Department of Health; State Disaster Management Authority

Strategic area 3. Guide evidence-based programming for maternal nutrition through effective monitoring, evaluation, accountability and learning (MEAL)

Sub-strategy 3.1. Strengthen routine monitoring, evaluation and accountability for maternal nutrition

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
3.1.1. Assess routine information systems for gaps on maternal nutrition indicators and recording and update systems							
Assess gaps in maternal nutrition intervention indicators (process and output indicators) within existing reporting systems (the Health Management Information System, the District Health Information System and the Nutrition Management Information System)	X				Gaps assessed and recorded	Department of Health; partners	Department of Health
Identify additional maternal nutrition indicators to include in monitoring (based on updated programmes)	X	X			Indicators identified and finalized	Partners; Department of Health	Department of Health; District Health Information System

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Incorporate the recommended indicator changes into the draft formats of recording and reporting tools, and pilot them		X				Indicators added to recording and reporting tools for piloting	Partners; Department of Health	Department of Health
Informed by the pilot, update recording and reporting tools	X	X				Modified reporting tools available	Partners; Department of Health	Department of Health
Collect data through updated recording and reporting mechanisms in the routine monitoring system		X	X	X	X	Data available	Partners; Department of Health	Department of Health
3.1.2. Periodically assess programme implementation to monitor progress								
Develop a plan for the periodic evaluation of programmes to assess gaps in coverage and service utilization, for example the utilization of supplementation services		X				Indicators added to finalized recording and reporting tools, and incorporated into routine monitoring systems to assess gaps	Partners; Department of Health	Department of Health
Develop a plan for the periodic evaluation of updated or new social and behaviour communication change approaches and materials used			X	X	X	Periodic assessments and evaluations of ongoing programmes in terms of indicators	Department of Health	Department of Health
Develop a plan for conducting rapid assessments of the knowledge and practices of beneficiaries by frontline workers		X		X		Assessments conducted	Department of Health; partners	Department of Health

Sub-strategy 3.2. Promote a learning agenda on maternal nutrition for continued programme guidance

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
3.2.1. Identify areas for implementation research and include these within programming								
Identify areas for implementation research, such as research on the effective integration of nutrition services or effective nutrition-sensitive approaches, etc.		X	X			Research component incorporated into ongoing programming	Department of Higher Education; Department of Health; partners; Ministry of National Health Services, Regulations and Coordination; UNICEF; education institutions (nutrition)	Department of Health
Plan and conduct research, in coordination with ongoing research by partner organizations		X	X	X	X	Prospective studies planned and conducted (ongoing)	Department of Higher Education; Department of Health; partners; Ministry of National Health Services, Regulations and Coordination; education institutions (nutrition)	Education institutions; Department of Health; Ministry of National Health Services, Regulations and Coordination
Form links with academic institutions that are conducting research on key maternal nutrition issues in the country, such as the etiology of anaemia, targeted balanced energy and protein intake, and prospective studies, etc.	X	X	X	X	X	Partnerships established with a number of institutions	Department of Higher Education; Department of Health; partners; Ministry of National Health Services, Regulations and Coordination; education institutions (nutrition)	Education institutions; Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
3.2.2. Use lessons learned from programme implementation research for continued programme guidance								
Document programme outcomes and lessons learned in the form of reports, case studies and briefs			X	X	X	Number of reports, briefs and case studies	Department of Health' National Maternal, Newborn and Child Health Programme; Nutrition Programme; partners	Department of Health
Disseminate research findings to stakeholders at all levels by circulating and presenting these at coordination group meetings and at other appropriate venues					X	Number of dissemination events held	Department of Health; National Maternal, Newborn and Child Health Programme; Nutrition Programme; partners	Department of Health

Balochistan



Strategic area 1. Create and sustain an enabling environment for maternal nutrition

Sub-strategy 1.1. Strengthen policy and coordination for the evidence-based and equity-based inclusion of maternal nutrition interventions

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
1.1.1. Strengthen the coordination of maternal nutrition activities for effective advocacy (intra-sectoral and inter-sectoral)								
Strengthen the Maternal, Infant, Young Child and Adolescent Nutrition Technical Advisory Group (establish a provincial MIYCAN chapter)	X	X	X	X	X	MIYCAN provincial chapter established	WHO; UNICEF; Lady Health Worker Programme; Maternal, Newborn and Child Health (MNCH) Programme; Maternal and Child Health (MCH) Programme; Nutrition Programme; Population Welfare Department; SOGB; People's Primary Healthcare Initiative (PPHI)	Nutrition Directorate will take action to issue a notification
Strengthen the existing multi-sectoral coordination platform for addressing maternal nutrition (steering committees at the provincial and district levels)	X	X	X	X	X	Coordination bodies meet quarterly	Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme; Nutrition Programme; Population Welfare Department; SOGB; SUN; People's Primary Healthcare Initiative	Nutrition Directorate; Directorate General (DG) Health
Strengthen intra-sectoral coordination for effective linkages on maternal nutrition within programmes (Lady Health Worker Programme, MNCH Programme, Nutrition Programme, Maternal and Child Health Programme, Population Welfare Department)	X	X	X	X	X	Coordination bodies meet quarterly	Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme; Nutrition Programme; Population Welfare Department; SOGB; People's Primary Healthcare Initiative	Nutrition Directorate; Directorate General Health

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
1.1.2. Foster and sustain an enabling environment through appropriate legislation that has a bearing on maternal health and nutrition							
Review and revisit existing legislation (on abortion, breastfeeding, and mandatory maternal death notifications) for implementation and monitoring	X	X			Regulations reviewed	Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme; Nutrition; Population Welfare Department; Services and General Administration Department (S&GAD); Local Government Department; NADRA; Finance Department; SOGB; Department of Health; Law Department	Department of Health/MNCH Programme; Nutrition
Provide maternity protection through legislation (employment protection, maternity and paternity leave, and breastfeeding arrangements)	X	X	X		Regulation in place for maternity protection	Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme; Nutrition Programme; Population Welfare Department; Services and General Administration Department; Local Government Department; NADRA; Social Welfare Department; Women's health; SOGB; Department of Health; Finance Department; Benazir Income Support Programme; Provincial Disaster Management Authority (PDMA); Law Department	Department of Health/MNCH Programme; Nutrition Programme

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Strengthen policies linking social benefits programme to maternal health and nutrition among the poorest of poor (cash transfers, conditional cash transfers, and social safety nets)	X	X				Policy in place	Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme; Nutrition Programme; Population Welfare Department; Services and General Administration Department; Local Government Department; NADRA; Social Welfare Department; women health; SOGB; Department of Health; Benazir Income Support Programme; Provincial Disaster Management Authority; Law Department	Nutrition; Social Welfare Department
Expedite vetted legislation on the food fortification of staples and salt, form links with existing food fortification strategies and efforts, and ensure enforcement at all levels	X					Legislation in place with a monitoring plan	Law; Nutrition Programme; Services and General Administration Department; Food Department; WFP; Balochistan Food Authority (BFA)	Food Department; Balochistan Food Authority/ Nutrition Programme
Enforce trans fatty acid limits through provincial food regulatory actions and introduce labelling	X	X				Regulation in place	Balochistan Food Authority; Services and General Administration Department; Law Department; Department of Health	Balochistan Food Authority; Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
1.1.3. Integrate the updated maternal nutrition essential package into existing health sector strategy and universal health coverage package protocols								
Review the universal health coverage package (with provisions for maternal nutrition) and assess gaps	X					Gaps assessed and recorded	Nutrition Programme; WHO; UNICEF; Department of Health; Ministry of National Health Services, Regulations and Coordination	Department of Health
Update the maternal nutrition package for provincial level endorsement and develop plans for implementation/integration	X	X				Updated package finalized	WHO; UNICEF; Department of Health; Ministry of National Health Services, Regulations and Coordination	Department of Health/Nutrition Programme
Develop management and quality standards for monitoring and scaling up the maternal nutrition package (the implementation of this activity will be linked to sub-strategy 3.1)	X	X				Standards developed	WHO; UNICEF; Department of Health; Ministry of National Health Services, Regulations and Coordination	Department of Health/Nutrition Programme
Sub-strategy 1.2. Establish and strengthen financing and resource allocations for maternal nutrition								
Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
1.2.1. Review and revise resource allocations for existing and updated maternal nutrition interventions within the MNCH and Lady Health Worker Programmes								
Advocate for resources for the procurement of maternal nutrition equipment, commodities and supplies	X					Resources allocated in budgets	Department of Health; Nutrition Programme; Ministry of National Health Services, Regulations and Coordination	Department of Health/Nutrition Programme

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Revise the essential drug list to include maternal nutrition supplements (linkage to sub-strategy 2.1)	X					Commodities added to the essential drug list	Department of Health; Nutrition Programme; Ministry of National Health Services, Regulations and Coordination	Department of Health/Nutrition Programme
1.2.2. Review and allocate resources for the integration of maternal nutrition into the training and materials for the MNCH/Lady Health Worker workforce (additional training, revision of IEC materials, etc.)								
Allocate resources to train human resources on nutrition in antenatal care and postnatal care, particularly in terms of counselling and the quality of care	X					Resources allocated in budgets	Department of Health; Nutrition Programme; Finance Department	Department of Health
Allocate resources for the revision and development of information, education and communication materials that target different audiences (counselling cards, job aids, pictorial posters, etc.)		X				Resources allocated in budgets	Department of Health; Nutrition Programme; Finance Department	Department of Health
1.2.3. Address challenges to resource allocations and disbursements for nutrition interventions								
Sensitize decision makers, including parliamentarians and provincial authorities, on the need for the timely allocation of resources	X	X				Meetings with decision makers conducted	Department of Health; Nutrition Programme; Ministry of National Health Services, Regulations and Coordination	Department of Health

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Improve and accelerate budget development for annual work plans across sectors, with the inclusion of maternal nutrition resource allocations and the timely disbursement of funds	X	X	X	X	X	Department of Health; Nutrition Programme; Finance Department	Department of Health

Sub-strategy 1.3. Strengthen advocacy and awareness of maternal nutrition issues by designing social and behaviour change (SBC) strategies that target different audiences

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2021	2022	2023	2024			
1.3.1. Advocate for greater political and social commitment to maternal nutrition							
Conduct advocacy on maternal nutrition with the Department of Health and nutrition - sensitive sectors, the private sector and parliamentarians	X	X				All sectors	Department of Health; Ministry of National Health Services, Regulations and Coordination
Conduct advocacy and orientation sessions on maternal nutrition with community leaders, religious leaders and other community influencers	X	X	X	X	X	Department of Health; Nutrition Programme	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2021	2022	2023	2024	2025			
1.3.2. Integrate the maternal nutrition social and behaviour change plan into existing SBC approaches for maternal health (aligned with existing MIYCAN and MNCH approaches (linkage with strategic area 2))								
Conduct formative research in identified maternal nutrition areas where gaps exist	X					Formative research conducted, analysed and documented	Department of Health; Nutrition Programme; UNICEF; Ministry of National Health Services, Regulations and Coordination	Department of Health; Nutrition Programme
Develop social and behaviour change information and messages for maternal nutrition, based on formative research and aligned with the updated maternal nutrition package		X				Social and behaviour change strategy developed	Department of Health, Nutrition Programme; UNICEF; Ministry of National Health Services, Regulations and Coordination	Department of Health; Nutrition Programme
Update materials for antenatal care and postnatal care by including information on maternal nutrition messages and practices (iron and folic acid supplementation, multiple micronutrient supplementation and calcium supplementation, physical activity, rest during pregnancy, tailored messages for anaemia, overweight/obesity, underweight, etc.)		X				Updated materials developed and tested	Department of Health; Nutrition Programme; UNICEF; Ministry of National Health Services, Regulations and Coordination	Department of Health; Nutrition Programme
Develop pictorial materials to be displayed at facilities and in homes, such as home calendars on supplement intake		X	X			Pictorial materials developed and tested	Department of Health; Nutrition Programme; UNICEF	Department of Health; Nutrition Programme

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	Timeline							
	2021	2022	2023	2024	2025			
Ensure that the messages given to individuals (women) are consistent and complementary at every contact point with service providers (health care personnel, Lady Health Workers and frontline workers in different sectors)		X	X	X	X	Activity ongoing	Department of Health; Nutrition Programme; Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme	Department of Health; Nutrition Programme
1.3.3. Develop a combination of social and behaviour change approaches to reach all audience levels								
Use mass media approaches (digital media, text messages) to reach the general population with nutrition messages		X	X	X	X	Number of nutrition messages delivered (through different channels)	Department of Health; Nutrition Programme; Ministry of National Health Services, Regulations and Coordination; Ministry of Information	Department of Health; Nutrition Programme
Conduct community events and forums to increase awareness in communities and families		X	X	X	X	Number of community events held	Department of Health; Nutrition Programme; Ministry of National Health Services, Regulations and Coordination	Department of Health; Nutrition Programme
Conduct separate forums for husbands to increase knowledge and encourage actions by husbands to support maternal nutrition		X	X	X	X	Number of husbands' forums conducted at the community/facility level	Department of Health; Nutrition Programme; Ministry of National Health Services, Regulations and Coordination	Department of Health; Nutrition Programme
Use context-specific individual and group antenatal care/postnatal care counselling, identifying small actions and using demonstrations		X	X	X	X	Individual and group counselling session protocols standardized and implemented	Department of Health; Nutrition Programme; Ministry of National Health Services, Regulations and Coordination	Department of Health; Nutrition Programme

Strategic area 2. Programme and implement maternal nutrition interventions with equity and at scale

Sub-strategy 2.1. Design and implement maternal nutrition interventions in the health sector

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2021	2022	2023	2024			
2.1.1. Update existing antenatal care and postnatal care packages to include recommended nutrition-specific interventions as part of the universal health coverage package, with comprehensive support for nutritional risks							
Update the antenatal care and postnatal care package with relevant maternal nutrition interventions (screening for underweight, overweight and anaemia, iron and folic acid/multiple micronutrient supplementation, calcium supplementation, counselling, and referral protocols, etc.)	X				Package, related guidelines and protocols developed	Department of Health; Nutrition Programme; Ministry of National Health Services, Regulations and Coordination	Department of Health
Ensure that the package is standardized in antenatal care and postnatal care across all levels, with referral linkages (the primary, secondary and tertiary levels)		X	X	X	All facilities, health care providers and frontline workers are aware of new packages and protocols	Department of Health; Nutrition Programme; Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme; People's Primary Healthcare Initiative	Department of Health
Strengthen assessment measures (mid-upper arm circumference (MUAC), height, weight, body mass index (BMI), haemoglobin (Hb), blood glucose, hypertension, etc.) to provide additional support and referrals for women at nutritional risk	X	X			Assessment measures finalized and incorporated in programming	Department of Health; Nutrition Programme; Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme; People's Primary Healthcare Initiative	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2021	2022	2023	2024	2025			
Develop protocols for the management of anaemia, and develop protocols for different combinations of nutritional risks (for example, underweight, anaemic, food insecure, etc.)		X				Guidelines and protocols developed	Ministry of National Health Services, Regulations and Coordination; Department of Health; Nutrition Programme	Department of Health
2.1.2. Ensure the functional integration of programme interventions (for the MNCH, Nutrition and Lady Health Worker Programmes) delivered through existing health care platforms								
Strengthen the functional integration of nutrition service delivery into antenatal care and postnatal care at the primary, secondary and tertiary levels		X	X			Percentage of districts, and the percentage of facilities and community programmes with updated packages/ services	Department of Health; Nutrition Programme; Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme; People's Primary Healthcare Initiative	Department of Health
Align the nutrition services and information provided by different frontline workers at the community level (Lady Health Workers, community midwives)		X	X	X	X	Nutrition services by all frontline workers streamlined	Department of Health; Nutrition Programme; Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme; People's Primary Healthcare Initiative	Department of Health
Integrate reporting mechanisms for nutrition into existing health reporting mechanisms (linked to sub-strategy 3.1)	X	X				Reporting mechanisms integrated and operational	Department of Health; Nutrition Programme; Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme; People's Primary Healthcare Initiative	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2021	2022	2023	2024	2025			
2.1.3. Improve the coverage and reach of all components of antenatal care and postnatal care services (coverage and utilization)								
Increase the coverage of 4+ antenatal care visits with the aim of expand these to 8 antenatal care visits, and expand postnatal care services (update the protocols for Lady Health Workers, basic health units (BHUs) and rural health centres (RHCs))	X	X				Protocols on the timing and content of antenatal care and postnatal care contacts updated and implemented; number of antenatal care visits (4+, 8+); number of postnatal care visits (6+); number of nutrition services provided at each visit	Department of Health; Nutrition Programme; Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme; People's Primary Healthcare Initiative	Department of Health
Improve coverage in remote areas of Balochistan, strengthening both targeting and prioritization in order to reach the most marginalized communities	X	X	X	X	X	Percentage/number of pregnant and lactating women reached in identified marginalized communities	Department of Health; Nutrition Programme; Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme; People's Primary Healthcare Initiative	Department of Health
Develop approaches to reach women earlier in pregnancy, as feasible in their context (earlier registration through Lady Health Workers, community midwives and community health workers)	X	X				Approaches developed and recorded	Department of Health; Nutrition Programme; Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme; People's Primary Healthcare Initiative; Ministry of National Health Services, Regulations and Coordination	Department of Health

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2021	2022	2023	2024			
2.1.4. Improve the supply chain for maternal nutrition commodities							
Ensure that maternal nutrition commodities (iron and folic acid supplements/multiple micronutrient supplements, calcium supplements, deworming prophylaxis tablets, etc.) are included in the procurement system as essential medicines/drugs	X				Commodities included	Department of Health; Nutrition Programme; Ministry of National Health Services, Regulations and Coordination	Department of Health
Include required maternal nutrition commodities in the Logistics Management Information System	X				Commodities included	Department of Health; Nutrition Programme	Department of Health
Strengthen the forecasting and procurement of maternal nutrition commodities to ensure coverage for all pregnant and lactating women	X	X	X	X	Ongoing and timely forecasting, procurement and disbursement of commodities	Department of Health; Nutrition Programme; Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme	Department of Health
2.1.5. Build the capacity of health care providers and frontline workers in the public and private sectors to deliver maternal nutrition interventions within antenatal care and postnatal care platforms							
Increase the recruitment of Lady Health Workers and community midwives (where needed) to bridge all gaps in existing coverage	X	X			Adequate human resources for maternal and child health and nutrition in place, and percentage coverage by the health workforce	Department of Health; Nutrition Programme; Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme; People's Primary Healthcare Initiative	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2021	2022	2023	2024	2025			
Ensure that health care providers and frontline workers have the job aids, checklists and counselling materials necessary to provide services (linkage to SBCC/IEC products in sub-strategy 1.3)	X	X	X	X	X	Adequate provision of materials for workers, and percentage of workers equipped with these materials	Department of Health; Nutrition Programme; Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme; People's Primary Healthcare Initiative; UNICEF; Ministry of National Health Services, Regulations and Coordination	Department of Health
Ensure that health care providers/frontline workers have adequate supplies and equipment to deliver maternal nutrition services	X	X	X	X	X	All programmes and facilities are equipped for service delivery	Department of Health; Nutrition Programme; Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme; People's Primary Healthcare Initiative	Department of Health
Develop protocols for periodic performance review mechanisms for frontline workers, including mentorship and supportive supervision	X	X				Protocols developed for periodic performance reviews	Department of Health; Nutrition Programme; Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme; People's Primary Healthcare Initiative	Department of Health
2.1.6. Strengthen the curriculum and training on nutrition (within the Integrated Health Programme) for health care providers and frontline workers								
Ensure that the updated standard package is part of the pre-service and in-service curriculum and training manuals for health care providers and frontline workers	X	X				Maternal nutrition components updated in the pre-service curriculum and training manuals	Department of Health; Nutrition Programme; Lady Health Worker Programme; MNC Programme; Maternal and Child Health Programme; People's Primary Healthcare Initiative; UNICEF; Ministry of National Health Services, Regulations and Coordination	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2021	2022	2023	2024	2025			
Develop a checklist and protocol on frontline workers' competencies in terms of assessment, the provision of services and tailored counselling	X	X				Competency checklist developed	Department of Health; Nutrition Programme; Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme; People's Primary Healthcare Initiative	Department of Health
Implement refresher trainings during regular meetings/sessions for frontline workers	X	X	X	X	X	Number of refresher trainings scheduled and conducted	Department of Health; Nutrition Programme; Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme; People's Primary Healthcare Initiative	Department of Health

Sub-strategy 2.2. Design and implement maternal nutrition interventions in other sectors

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
2.2.1. Social protection sector: Strengthen social protection programmes for women with intended nutrition outcomes (and linkages with maternal health services)								
Raise awareness among households and women about social protection benefits and eligibility requirements	X	X	X	X	X	Number of awareness raising campaigns conducted and information incorporated into the messages provided by health care providers and frontline workers	Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme; Nutrition Programme; Population Welfare Department; Services and General Administration Department; Local Government Department; NADRA; Social Welfare Department; Women's health; SOGB; Department of Health; Benazir Income Support Programme; Provincial Disaster Management Authority	Social Welfare

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Link eligible women in low-income, resource-poor households to social protection benefits	X	X	X	X	X	Number of eligible women receiving relevant social protection benefits	Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme; Nutrition Programme; Population Welfare Department; Services and General Administration Department; Local Government Department; NADRA; Social Welfare Department; Women's Health; SOGB; Department of Health; Finance Department; Benazir Income Support Programme; Provincial Disaster Management Authority	Social Welfare Department
Ensure the effective linkages of pregnant and lactating women to health and nutrition conditional cash transfers, where needed	X	X	X	X	X	Number of eligible women receiving conditional cash transfers with health and nutrition conditionalities through social protection programmes	Lady Health Worker Programme; MNCH Programme; Maternal and Child Health Programme; Nutrition Programme; Population Welfare Department; Services and General Administration Department; Local Government Department; NADRA; Social Welfare Department; Women's Health; SOGB; Department of Health; Finance Department; Benazir Income Support Programme; Provincial Disaster Management Authority	Social Welfare Department

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
2.2.2. Agriculture/food sector: Promote changes in food systems to improve women's nutrition								
Facilitate the availability of and access to fortified foods through adequate regulations and marketing	X	X	X	X	X	Regulations for industry enforced (percentage of industries)	Department of Health; Agriculture & Cooperatives (A&C); Provincial Food Fortification Alliance	Department of Health; Provincial Food Fortification Alliance
Promote the consumption of fortified foods through campaigns and extension services	X	X	X	X	X	Percentage of households consuming fortified foods (salt, flour, oil)	Department of Health; Agriculture & Cooperatives	Department of Health
Implement and monitor agriculture/fisheries/livestock extension services for women with a focus on nutrition (kitchen/home gardening efforts, livelihood initiatives, skills training, asset transfers)	X	X	X	X	X	Programmes for women implemented and monitored	Agriculture & Cooperatives; Livestock and Dairy Development Department (LDDD); Department of Health; Women Development Department	Agriculture & Cooperatives; Livestock and Dairy Development Department; Department of Health
Provide nutrition information and messages through extension services	X	X	X	X	X	Number of extension workers trained in nutrition	Agriculture & Cooperatives; Livestock and Dairy Development Department; Department of Health; Women Development Department	Agriculture & Cooperatives; Livestock and Dairy Development Department; Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Initiate the process of labelling unhealthy foods, such as products high in trans fatty acids	X	X				Strategy developed for labelling and marketing unhealthy food products (with a focus on trans fatty acids)	Ministry of National Health Services, Regulations and Coordination; Provincial Food Authority	Ministry of National Health Services, Regulations and Coordination; Provincial Food Authority
2.2.3. Water, sanitation and hygiene sector: Promote optimal WASH practices and behaviours								
Ensure that all facilities that provide maternal health services are equipped with adequate water, sanitation and hygiene facilities (such as handwashing facilities)	X	X	X	X	X	Facilities equipped and maintained regularly	Public Health Engineering Department; Department of Health	Public Health Engineering Department
Integrate essential hygiene actions into maternal and child health and nutrition materials in the health sector	X	X				Essential hygiene action messages included in maternal and child health and nutrition materials	Public Health Engineering Department; Department of Health	Department of Health
Conduct periodic community campaigns to raise awareness of personal and environmental hygiene	X	X	X	X	X	Number of campaigns conducted	Public Health Engineering Department; Department of Health	Public Health Engineering Department
2.2.4. Education sector/academia: Strengthen linkages between education and maternal nutrition								
Revise the curricula for undergraduate medical and nursing degree programmes with updated nutrition (maternal nutrition) topics and training	X	X				Curricula updated and finalized	Department of Education; Department of Health; Ministry of National Health Services, Regulations and Coordination; UNICEF	Department of Education

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Revise pre-service and in-service curricula for frontline workers with updated maternal nutrition topics	X	X			Curricula updated and finalized	Department of Education; Department of Health; Ministry of National Health Services, Regulations and Coordination; UNICEF	Department of Education/ Department of Health
Engage with academic institutions that are conducting research on nutrition to explore the possibilities of conducting implementation research on maternal nutrition (linkage with sub-strategy 3.2 on the learning agenda)	X	X	X	X	Ongoing engagement with academic institutions	Department of Education; Ministry of National Health Services, Regulations and Coordination; UNICEF; partners; academic institutions	Department of Education

Sub-strategy 2.3. Strengthen preparedness and response for maternal nutrition in disaster-prone districts and emergency situations

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
2.3.1. Strengthen disaster risk reduction plans by including maternal nutrition needs in the health sector response							
Conduct risk assessments to identify vulnerabilities related to food security, diets and nutrition among women and families	X	X	X	X	Risk assessments conducted	Department of Health; WFP; FAO; Provincial Disaster Management Authority; UNICEF; INGOs	Department of Health; sectors

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Ensure that women's health and nutrition measures are included in preparedness guidelines, disaster risk management plans, and the Provincial Disaster Management Authority's relief and recovery plans	X	X	X	X	X	Department of Health; WFP; FAO; Provincial Disaster Management Authority; UNICEF; INGOs	Department of Health; sectors
2.3.2. Strengthen the procurement and delivery of maternal nutrition commodities and supplies							
Ensure that essential maternal nutrition commodities – such as blended fortified foods and micronutrients – are in stock and distributed during the relief and recovery phases	X	X	X	X	X	Department of Health; WFP; Provincial Disaster Management Authority; UNICEF; INGOs	Department of Health; sectors
2.2.3. Strengthen services at Targeted Supplementary Feeding Programme (TSFP) sites and Outpatient Therapeutic Programme (OTP) sites in communities for pregnant and lactating women (develop linkages between communities and OTP/TSFP sites)							
Link nutrition services with the Maternal, Newborn and Child Health Programme, the Expanded Programme on Immunization (EPI) and primary health care services to strengthen the continuum of care for maternal nutrition	X	X				Department of Health; Nutrition Programme; MNCH Programme; partners	Department of Health; Nutrition

Maternal nutrition Strategic area 3. Guide evidence-based programming for maternal nutrition through monitoring, evaluation, accountability and learning (MEAL)

Sub-strategy 3.1. Strengthen routine monitoring, evaluation and accountability for maternal nutrition

Intervention/activity	Time line				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
3.1.1. Assess routine information systems for gaps in maternal nutrition indicators and recording							
Assess gaps in maternal nutrition intervention indicators (process and output indicators) within existing recording and reporting systems	X					Partners; Department of Health	Department of Health; District Health Information System; Nutrition Programme
Include mechanisms/indicators for he dispatch, distribution and tracking of commodities (linked to sub-strategy 2.1 on the supply chain and the Logistics Management Information System)	X					Partners; Department of Health	Department of Health; District Health Information System; Nutrition Programme
Link comprehensive planning with the Medical Information System (MIS)/Health Information System (HIS)	X					Partners; Nutrition Programme; Department of Health	Nutrition Programme; Department of Health
3.1.2. Identify additional maternal nutrition indicators for monitoring (based on updated programmes) and integrate these into monitoring systems							

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Identify, include and update anthropometric, supplementation and deworming indicators	X					Indicators finalized and added in monitoring system	Partners; Department of Health	Department of Health; District Health Information System; MNCH Programme; Nutrition Programme
Identify and include quality of care indicators (counselling on nutrition, hygiene, family planning, etc.)	X					Indicators finalized and added in the monitoring system	Partners; Department of Health	Department of Health; District Health Information System; MNCH Programme; Nutrition Programme
Develop common monitoring, evaluation and knowledge management mechanisms across sectors	X	X				Mechanism established across sectors	All sectors	Department of Health
3.1.3. Update new recording tools and reporting tools, and integrate these into the routine monitoring system								
Ensure the proper monitoring of service delivery protocols and ensure that checklists are in place (community and facility-based services)	X	X				Protocols and checklists developed	Partners; Department of Health; Nutrition Programme	Department of Health; Nutrition Programme
Update recording tools for frontline workers	X	X				Recording tools updated	Partners; Department of Health; Nutrition Programme	Department of Health; Nutrition Programme

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Consider including rapid assessments of the knowledge and practices of beneficiaries by frontline workers		X		X	Rapid assessment reports developed	Partners; Department of Health; Nutrition Programme	Department of Health; Nutrition Programme
Sub-strategy 3.2. Promote a learning agenda on maternal nutrition for continued programme guidance							
Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
3.2.1. Identify areas for implementation research and include these within programming							
Research/assess issues related to the effective integration of nutrition services into the Maternal, Newborn and Child Health Programme and the Lady Health Worker Programme (for example, exploring integration at different levels including recording, monitoring, etc.)		X	X		Research/assessment report developed	Department of Health; partners	Department of Health
Assess updated or new social and behaviour change communication approaches and materials used (based on the new/updated SBC strategy)		X			Report developed	Department of Health; partners	Nutrition Programme; Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Form links with academic institutions that are conducting research on maternal nutrition issues		X	X	X	X	Engagement ongoing; number of academic institutions; number of research projects	Department of Health; partners	Nutrition Programme; Department of Health
Conduct periodic programme evaluations to identify gaps and good practices			X		X	Programme evaluations conducted	Department of Health; partners	Department of Health; Nutrition Programme
3.2.2. Use lessons learned from programme implementation research for continued programme guidance								
Document programme outcomes and lessons learned in the form of reports and case studies, briefs			X	X	X	Number of reports, case studies and briefs	Department of Health; partners	Nutrition Programme; Department of Health
Disseminate research findings to stakeholders at all levels by circulating and presenting these at coordination group meetings and other appropriate venues					X	Number of dissemination events held	Department of Health; partners	Department of Health; Nutrition Programme



Khyber Pakhtunkhwa



Strategic area 1. Create and sustain an enabling environment for maternal nutrition
Sub-strategy 1.1. Strengthen policy and coordination for the evidence-based and equity-based inclusion of maternal nutrition interventions

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability	
	2022	2023	2024	2025				2026
1.1.1. Strengthen the coordination of maternal nutrition activities (intra-sectoral and inter-sectoral)								
Strengthen the Maternal, Infant, Young Child and Adolescent Nutrition Technical Advisory Group (establish a provincial MIYCAN chapter)	X				Provincial MIYCAN chapter established	Lady Health Worker Programme; Nutrition Cell; Expanded Programme on Immunization; MNCH Programme; academia/education sector; Population Welfare Department; gynaecologists; paediatricians; partners	Department of Health	
Strengthen the existing multi-sectoral coordination platform (steering committees at the provincial and district levels)		X	X	X	X	Number of meetings conducted bi-annually and meeting minutes	WASH; Public Health and Engineering Department; Local Government Department; Agriculture Department; Social Welfare Department; Benazir Income Support Programme; <i>Ehsaas Nashonuma</i> ; Provincial Disaster Management Authority; Planning and Development; community-based organizations (CBOs); Khyber Pakhtunkhwa Food Authority; media; Auqaf Department	Led by the Additional Chief Secretary (ACS) and led by the DC at the district level
Strengthen intra-sectoral coordination within the Integrated Health Programme (Lady Health Worker Programme, MNCH Programme, Nutrition Cell) with discussions on nutrition-specific programmes, progress and challenges	X	X	X	X	X	Number of quarterly meetings held and meeting minutes	Expanded Programme on Immunization; Population Welfare Department; also focusing on the Infant Feeding Board (IFB) and District Infant Feeding Committees (DIFCs)	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
	1.1.2. Enforce legislation that has a bearing on maternal health and nutrition							
Enforce maternity protection regulations (employment protection, maternity and paternity leave, breastfeeding arrangements)	X	X				Identified stakeholders initiate and approve the proposed clause	Department of Health; Law Department; Provincial Cabinet; Provincial Assembly	Department of Health
Enforce and monitor social protection benefits for the poorest of the poor (cash transfers, conditional cash transfers)	X	X	X	X	X	Targeted population benefits from the programmes	Benazir Income Support Programme; <i>Ehsaas</i> ; <i>Bait-ul-Mal</i> ; Social Protection; Social Health Protection Initiative	Department of Health
Facilitate food system legislation on trans fats (enforce trans fatty acid limits through the provincial food regulatory authority and introduce labelling)	X	X	X	X	X	Trans fats utilization banned; ban on general pouches/packs; Food Authority's rules of business implemented	Department of Health; Food Authority; academia	Food Authority
Enforce and monitor food fortification and ensure the utilization of fortified foods at household level (link with existing food fortification strategies and efforts)	X	X	X	X	X	Percentage of households using fortified staple foods; percentage of households using iodized salt	Food Fortification Programme (FFP); National Fortification Alliance of Pakistan (NFA); Punjab Food Authority (PFA); millers; National Agricultural Research Centre (NARC); Pakistan Agricultural Research Council (PARC); Nuclear Institute for Food and Agriculture (NIFA); Pakistan Council of Scientific and Industrial Research (PCSIIR); Food Authority; Department of Health	Food Department; Agriculture

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Protect and promote the Breastfeeding Act, and enforce and monitor the Act	X	X	X	X	X	Updated law on infant breastfeeding	District Infant Feeding Committees	Department of Health
1.1.3. Integrate the updated maternal nutrition essential package into the existing health sector strategy and universal health coverage package protocols								
Review the universal health coverage package (with provisions for maternal nutrition) and assess gaps	X	X				Maternal nutrition included in the reviewed universal health coverage package	Nutrition Cell in coordination with the Department of Health; SUN Cell, Planning and Development Department	Department of Health
Update the maternal nutrition package for provincial level endorsement and develop plans for its implementation/integration	X	X				Maternal nutrition package updated and endorsed	Nutrition Cell in coordination with the Department of Health; SUN Cell, Planning and Development	Department of Health
Develop management and quality standards for monitoring and scaling up the package (linkage to sub-strategy 3.1)	X	X	X			Quality standards and monitoring tools developed	Department of Health; Food Authority; M&E; Independent Monitoring Unit (IMU); Health Sector Reform Unit (HSRU)	Department of Health

Sub-strategy 1.2. Establish and strengthen financing and resource allocations for maternal nutrition

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
1.2.1. Review and revise resource allocations for existing and updated maternal nutrition interventions within the MNCH Programme and the Lady Health Worker Programme (commodities, supplies)								
Advocate for resources for the procurement of maternal nutrition commodities and equipment	X	X	X	X	X	Annual budgets allocated for maternal nutrition commodities/equipment	Department of Health; Planning and Development Department; Finance Department; donors; parliamentarians	Department of Health
Revise the essential drug list to include maternal nutrition commodities and supplies (linkage to sub-strategy 2.1)	X	X				Maternal nutrition supplies included in the essential drug list (preventive, supplementary and therapeutic supplies)	Department of Health; Drug Regulatory Authority of Pakistan (DRAP); Health Care Commission (HCC); Khyber Pakhtunkhwa Public Procurement Regulatory Authority (KPPRA); Food Authority	Department of Health
Advocate for resources for maternal nutrition activity inputs (at scale)	X	X	X	X	X	Annual budgets allocated for maternal nutrition activities	Department of Health; Planning and Development Department; Finance Department; donors; parliamentarians	Department of Health
1.2.2. Review and allocate resources for the integration of maternal nutrition in the training of and materials for the MNCH/Lady Health Worker workforce (additional training, revision of IEC materials, etc.)								
Allocate resources for training on nutrition in antenatal care and postnatal care, particularly on counselling and the quality of care	X	X	X			Resources allocated in annual budgets for training health care providers, Lady Health Workers, community midwives and frontline workers, etc.	Department of Health; Lady Health Worker Programme; MNCH Programme; Population Welfare Department; Provincial Health Services Academy (PHSA); Khyber Medical University (KMU)	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Allocate resources for the revision and development of information, education and communication materials that target different audiences	X	X	X	X	X	Resources allocated in annual budgets for the development and printing of IEC materials for social and behaviour change communication	Department of Health	Department of Health
1.2.3. Address challenges to the allocation and disbursement of resources for nutrition interventions								
Sensitize decision makers, including parliamentarians and provincial authorities, on the need for the timely allocation of resources	X	X				Meetings conducted with decision makers	Line departments; Planning and Development Department; Finance Department	Department of Health
Improve and accelerate the process of budget allocations for annual sectoral work plans and the timely disbursement of funds	X	X	X	X	X	Ongoing monitoring of budget allocations and the release of funds	All sectors; Finance Department	All departments

Sub-strategy 1.3. Strengthen advocacy and awareness of maternal nutrition issues by designing social and behaviour change (SBC) strategies that target different audiences

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
1.3.1. Advocate for greater political and social commitment to maternal nutrition								
Conduct advocacy on maternal nutrition with the Department of Health, nutrition-sensitive sectors, the private sector and parliamentarians	x	x	X	X	X	Number of meetings and/or campaigns conducted with relevant stakeholders	Department of Health; SUN; parliamentarians	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Conduct advocacy and orientation sessions on maternal nutrition with community leaders and religious leaders	X	X	X	X	X	Number of meetings conducted with relevant stakeholders	Department of Health; Scaling Up Nutrition Civil Society Alliance (SUNCSA); local community-based organizations; the media	Department of Health
1.3.2. Integrate maternal nutrition information and messages into existing social and behaviour change communication approaches for maternal health (linkage with strategic area 2)								
Ensure that materials for antenatal care/postnatal care have updated information on maternal nutrition messages and practices (iron and folic acid supplementation/multiple micronutrient supplementation and calcium supplementation, physical activity, rest during pregnancy, tailored messages on overweight/obesity, underweight, etc.)	X	X				Maternal nutrition messages incorporated in existing IEC materials of the programmes mentioned	Department of Health; associated programme	Department of Health
Ensure that the messages provided to individuals (women) are consistent and complementary at every contact point with providers, and are communicated for easy understanding	X	X	X	X	X	Messages standardized across delivery methods	Department of Health	Department of Health
Ensure that messages are consistent and shared with nutrition-sensitive sectors who provide services to women	X	X	X	X	X	IEC materials for nutrition streamlined across sectors	Department of Health	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
1.3.3. Develop a combination of approaches and materials to reach all audience levels								
Use interpersonal communication (IPC), community events, the mass media and text messages, etc. across different audiences	X	X	X	X	X	Interpersonal communication materials displayed at all events at different levels	Department of Health	Department of Health
Develop specific approaches to increase the knowledge of and encourage actions by husbands and mothers-in-law (key influencers in the household) on maternal nutrition	X	X	X	X	X	Information and messages developed for men and key household influencers; number of contacts with men/husbands, household influencers and/or families	Department of Health	Department of Health
Use pictorial materials, to be displayed at facilities and in homes – such as home calendars on supplement intake – to communicate easily understandable messages	X	X	X	X	X	Number of visual IEC materials displayed at the community and health facility levels	Department of Health	Department of Health

Strategic area 2. Programme and implement maternal nutrition interventions with equity and at scale

Sub-strategy 2.1. Implement maternal nutrition interventions in the health sector

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
2.1.1. Update the existing antenatal care and postnatal care packages to include recommended nutrition-specific interventions as part of the universal health coverage package, and as part of Integrated Health Programme (Lady Health Worker Programme, Nutrition Cell, MNCH Programme)							
Finalize the standard package for maternal nutrition, which should include screening and assessment, counselling, supplementation (supplementing energy- and nutrient-dense foods such as ready-to-use supplementary food (RUSF) and ready-to-use therapeutic food (RUTF) for malnourished women, iron and folic acid supplementation/multiple micronutrient supplementation, calcium supplementation)	X				Subject to availability/approval of federal PC-1; supplementation included (yes/no in all districts, facilities); package standardized (yes/no in all districts, facilities)	Department of Health; Integrated Health Programme (IHP); donors; UN agencies	Department of Health; Integrated Health Programme
Ensure that the package is uniform within antenatal care/postnatal care service delivery, across all levels, with referral linkages (the primary, secondary and tertiary levels)		X	X	X	Package strengthened and implemented at scale (yes/no in all districts, facilities)	Department of Health; donors; UN agencies	Department of Health; UN agencies
2.1.2. Ensure the functional integration of programme interventions (for the MNCH, Nutrition and Lady Health Worker Programmes)							
Strengthen the functional integration on nutrition into antenatal care/postnatal care services at the primary, secondary and tertiary levels	X	X	X	X	Number of services provided at all levels (in line with protocols) and number of referrals provided	Department of Health; Integrated Health Programme	Department of Health; Integrated Health Programme; UN agencies

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Integrate the maternal nutrition services delivered by frontline workers to streamline community services and create linkages with facility services	X	X	X	X	X	Number of referrals provided by Lady Health Workers and community midwives	Department of Health; Integrated Health Programme	Department of Health; Integrated Health Programme; UN agencies
Integrate service delivery and monitoring and reporting mechanisms (linkage to sub-strategy 3.1)		X				Subject to the implementation of the District Health Information System 2 (DHIS-2), timeliness and completeness of weekly and monthly reports received from health care facilities	Department of Health; Integrated Health Programme	Department of Health; Integrated Health Programme
2.1.3. Include nutritional risk factors within existing antenatal care and postnatal care checklists to identify and support at-risk women								
Ensure that assessment measures (mid-upper arm circumference, height, weight, body mass index, haemoglobin, blood glucose, hypertension, etc.) are in place within antenatal care and postnatal care service delivery	X	X	X	X	X	Implemented, but should be updated in protocols and capacity building at each facility; protocols developed for assessment with simple checklists; number of facilities with assessment measures in place	Department of Health; Integrated Health Programme	Department of Health; Integrated Health Programme

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Establish the appropriate identification, referral and management/treatment of nutritionally-at-risk women (underweight women, overweight women, anaemic women, women with iron deficiency disorder (IDD), etc.)	X	X	X	X	X	Number of nutritionally-at-risk women referred for management/ treatment, in line with the protocol	Department of Health; Integrated Health Programme	Department of Health; Integrated Health Programme
Provide appropriate individualized counselling for different nutritional risks, and ensure periodic assessments	X	X	X	X	X	Periodic assessments of counselling by health care providers and frontline workers	Department of Health; Integrated Health Programme	Department of Health; Integrated Health Programme
2.1.4. Improve the coverage and reach of all components of antenatal care and postnatal care services that include maternal nutrition interventions								
Increase the coverage of 4+ antenatal care visits with the aim of expanding these to 8 antenatal care visits, and expand postnatal care services (update protocols for Lady Health Workers and basic health units)		X	X	X	X	Protocols for antenatal care and postnatal care updated (with a focus on maternal nutrition); number of antenatal care visits (4+, 8+); number of postnatal care visits (6+); number of nutrition services provided at each visit	Department of Health; Integrated Health Programme	Department of Health; Integrated Health Programme

Intervention/activity	Time line				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Focus on coverage and reach-related issues in rural and remote areas of Khyber Pakhtunkhwa (issues to tackle: the identification of 'gap areas' (underserved and uncovered areas), strengthening human resources' service delivery, supplies and equipment in rural/remote areas, and increasing the coverage of Lady Health Workers and community midwives)		X	X	X	X	Department of Health; UN agencies	Department of Health; UN agencies
Develop approaches to reach women earlier in pregnancy (as feasible in their context, and based on secondary data and formative research), with referrals and linkages between community health workers strengthened at the community level		X	X			Department of Health; Integrated Health Programme; Ministry of National Health Services, Regulations and Coordination; UN agencies	Department of Health; Integrated Health Programme

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Conduct the periodic mapping of maternal and child health and nutrition Services (implemented and integrated)		X		X	Mapping reports developed	Department of Health; UN agencies	Department of Health
2.1.5. Improve the supply chain for maternal nutrition commodities							
Ensure that maternal nutrition commodities (iron and folic acid supplements, calcium, multiple micronutrient supplements, deworming tablets, ready-to-use supplementary and therapeutic food, etc.) are included in the procurement system as essential medicines/drugs		X			Advocate for the inclusion of maternal nutrition commodities in the Medicine Coordination Cell's (MCC) list	Department of Health; UN agencies; Nutrition International	Department of Health; Integrated Health Programme
Include required nutrition commodities in the Logistics Management Information System		X			Nutrition commodities included in the Logistics Management Information System	Department of Health; Integrated Health Programme	Department of Health; Integrated Health Programme
Strengthen the forecasting and procurement of maternal nutrition commodities to ensure the coverage of all pregnant and lactating women, in line with Khyber Pakhtunkhwa's public health forecasting and supply chain strategy		X	X		Liaise with partners to ensure appropriate forecasting/ procurement	Department of Health; Integrated Health Programme; Nutrition International	Department of Health; Integrated Health Programme

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
2.1.6. Build the capacity of health care providers and frontline workers in the public and private sectors to deliver maternal nutrition interventions within antenatal care and postnatal care platforms								
Increase the recruitment of Lady Health Workers and community midwives, as needed, to expand the coverage of nutrition services			X			Subject to the provision of the Pakistan Population Fund and the approval of the scheme	Ministry of National Health Services, Regulations and Coordination; Department of Health	Department of Health
Provide health care providers and frontline workers with the tools necessary to provide tailored counselling (linkage to SBCC/IEC products in sub-strategy 1.3)	X	X				Counselling materials updated	Department of Health; UN agencies; Nutrition International	Department of Health; UN agencies
Provide health care providers and frontline workers with adequate supplies and equipment for maternal nutrition services (linkage to the supply chain sub-strategy)	X					Implemented, but needs to be updated with new supplies and equipment	Department of Health; UN agencies; Nutrition International	Department of Health; UN agencies
Include mentorship and supportive supervision for frontline workers in service delivery and monitoring mechanisms (linkage to sub-strategy 3.1)	X	X	X	X	X	Supportive supervision scaled up across all frontline health programmes	Department of Health; UN agencies; Nutrition International	Department of Health; UN agencies
2.1.7. Strengthen the curriculum and training for nutrition (within the Integrated Health Programme) for health care providers and frontline workers								
Ensure that the updated standard package is part of the pre-service and in-service curriculum and training manuals for health care providers and frontline workers	X	X	X	X	X	Capacity building on new curricula; curricula and training manuals updated	Provincial Health Services Academy; Pakistan Nursing Council; Integrated Health Programme; Department of Health; UN agencies	Department of Health; Integrated Health Programme; UN agencies

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Enhance the competencies of frontline workers in terms of assessment, the provision of services and tailored counselling	X	X	X	X	X	Department of Health; Integrated Health Programme; UN agencies	Department of Health; Integrated Health Programme; UN agencies
Implement refresher trainings during regular meetings/sessions for frontline workers	X	X	X	X	X	Department of Health; Integrated Health Programme; UN agencies	Department of Health; Integrated Health Programme; UN agencies
Strengthen the training curricula and implementation of training for maternal nutrition in emergencies (continuity of nutrition services during crises or emergency situations)	X	X	X	X	X	Department of Health; Integrated Health Programme; UN agencies	Department of Health; Integrated Health Programme; UN agencies

Sub-strategy 2.2. Design and implement maternal nutrition interventions in other sectors

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
2.2.1. Social protection sector: Strengthen social protection programmes for women with intended nutrition outcomes (and form linkages with maternal health services)							
Raise awareness among households and women about social protection benefits and eligibility requirements	X	X	X	X	X	Social Health Protection Initiative (SHPI); Ehsaas; Social Welfare Department	Social Welfare Department

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Link eligible women in low-income, resource-poor households to social protection benefits	X	X	X	X	X	Number of eligible women linked to relevant social protection programmes	Social Health Protection Initiative; <i>Ehsaas</i> ; Social Welfare Department	Social Welfare Department
Ensure the effective linkage of pregnant and lactating women with health and nutrition-related conditional cash transfers, where needed	X	X	X	X	X	Number of eligible women receiving conditional cash transfers with health and nutrition conditionalities through social protection programmes	Social Health Protection Initiative; <i>Ehsaas</i> ; Social Welfare Department; Department of Health	Social Welfare Department
2.2.2. Agriculture/food sectors: Promote changes in food systems to improve women's nutrition								
Improve the enforcement of labelling and the marketing of certain foods at the manufacturing and market levels (trans fatty acids, sugar-sweetened beverages)	X	X	X			Advocacy conducted for mandatory legislation on the enforcement and implementation of food fortification	Food Safety and Halal Food Authority; SUN Unit; UN agencies; Ministry of National Health Services, Regulations and Coordination; Department of Health; Integrated Health Programme	Food Authority
Raise awareness and increase knowledge of healthy/unhealthy foods and labelling among consumers	X	X	X	X	X	Number of awareness raising campaigns conducted	Food Safety and Halal Food Authority; SUN Unit; UN agencies; Department of Health	Food Authority; Department of Health
Facilitate the availability of and access to fortified foods	X	X	X	X	X	Fortified food regulations enforced at the industry and market levels	Food Safety and Halal Food Authority; Food Fortification Programme	Food Authority; Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Promote the consumption of fortified foods through campaigns and other social and behaviour change communication modalities	X	X	X	X	X	Number of awareness campaigns on fortified foods conducted; number of health/nutrition-related IEC materials that include messages on fortified foods	Food Safety and Halal Food Authority; Food Fortification Programme; Department of Health	Food Authority; Department of Health
Establish and strengthen extension services linked to nutrition for women (kitchen/home gardening efforts, livelihood initiatives, skills training, asset transfers)	X	X	X	X	X	Programmes developed and implemented through extension services for low-income women	SUN Unit; Agriculture; Fisheries; Livestock Department; Agriculture Extension Directorate	Agriculture; Fisheries; Livestock Department
Provide maternal nutrition information and messages through extension services	X	X	X	X	X	Number of extension workers trained on nutrition	SUN Unit; Agriculture; Fisheries; Livestock Department; Agriculture Extension Directorate	Agriculture; Fisheries; Livestock Department
2.2.3. Water, sanitation and hygiene sector: Promote optimal WASH practices and behaviours								
Integrate essential hygiene actions into antenatal care and postnatal care packages	X	X				Essential hygiene actions integrated into antenatal care and postnatal care packages	Department of Health; Integrated Health Programme; UN agencies	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Ensure that all facilities that provide maternal health services are equipped with adequate water, sanitation and hygiene facilities (such as handwashing facilities)	X	X	X			Number of health facilities with adequate sanitation and handwashing facilities; continued maintenance of these facilities	Department of Health; Integrated Health Programme; UN agencies; Public Health Engineering Department	Department of Health; Public Health Engineering Department
Raise awareness of personal and environmental hygiene at the health facility and community levels	X	X	X	X	X	Number of awareness campaigns conducted	Department of Health; Integrated Health Programme; UN agencies	Department of Health
2.2.4. Education sector/academia: Strengthen linkages between education and maternal nutrition								
Update pre-service and in-service curricula for community health care providers and frontline workers, including maternal nutrition topics and practical training	X	X				Curricula updated and finalized	Department of Education; Department of Health; Ministry of National Health Services, Regulations and Coordination; UNICEF	Department of Education; Department of Health
Update the curricula for undergraduate medical and nursing degree programmes, including maternal nutrition topics and practical training	X	X				Curricula updated and finalized	Department of Education; Department of Health; Ministry of National Health Services, Regulations and Coordination; UNICEF	Department of Education
Engage with academic institutions that are conducting research on maternal nutrition – including implementation research and other research topics (linkage to sub-strategy 3.2)	X	X	X	X	X	Identify research topics; identify modalities to integrate research into programming	Department of Education; Ministry of National Health Services, Regulations and Coordination; UNICEF; partners; academic institutions	Department of Education

Sub-strategy 2.3. Strengthen preparedness and response for maternal nutrition in disaster-prone districts and emergency situations

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
2.3.1. Strengthen disaster risk reduction plans by including maternal nutrition needs in the health sector response								
Conduct risk assessments to identify vulnerabilities related to food security, diets and nutrition among women and families	X	X	X	X	X	Emergency Preparedness and Response Plans (EPRPs) available	Department of Health; UN agencies; Provincial Disaster Management Authority	Department of Health
Ensure that women's health needs and nutrition measures are included in preparedness guidelines, disaster management plans and the Provincial Disaster Management Authority's relief and recovery plans	X	X	X	X	X	Emergency Preparedness and Response Plans address women's needs during emergencies	Department of Health; UN agencies; Provincial Disaster Management Authority	Department of Health; Provincial Disaster Management Authority
2.3.2. Strengthen commodities and supplies procurement and delivery for maternal nutrition								
Ensure that essential maternal nutrition commodities are in stock and distributed during relief and recovery phases (while strengthening existing support from partners)	X	X	X	X	X	Streamlined support for commodities by partners; essential commodities in stock, with no reported shortages	Department of Health; UN agencies; Provincial Disaster Management Authority	Department of Health

Strategic area 3. Guide evidence-based programming for maternal nutrition through effective monitoring, evaluation, accountability and learning (MEAL)

Sub-strategy 3.1. Strengthen routine monitoring, evaluation and accountability for maternal nutrition

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
3.1.1. Assess routine information systems for gaps in terms of maternal nutrition indicators and their recording							
Assess gaps in maternal nutrition intervention indicators (process and output indicators) within existing recording and reporting systems	X				Report on indicator gaps	Partners; Department of Health	Department of Health; District Health Information System
Include mechanisms/indicators for the dispatch, distribution and tracking of commodities (linked to sub-strategy 2.1 on the supply chain/the Logistics Management Information System)	X				Indicators included in supply chain monitoring/the Logistics Management Information System	Partners; Department of Health	Department of Health; District Health Information System
Streamline planning in terms of nutrition indicators and monitoring with the comprehensive planning of the Medical Information System/Health Information System	X				Nutrition streamlined with the routine information systems of the health sector and other sectors	Partners; Nutrition Cell; Department of Health	Department of Health
3.1.2. Identify additional maternal nutrition indicators for monitoring (based on updated programmes) and integrate these into monitoring systems							
Identify, include and update anthropometric, supplementation and deworming indicators	X				Indicators finalized and added in the monitoring system	Partners; Department of Health	Department of Health; Integrated Health Programme; District Health Information System

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Identify and include quality of care indicators (counselling on nutrition, hygiene and family planning, etc.)	X				Indicators finalized and added to the monitoring system	Partners; Department of Health	Department of Health; Integrated Health Programme; District Health Information System
Develop common monitoring, evaluation and knowledge management mechanisms across sectors	X	X			Mechanism established	All sectors	Department of Health
3.1.3. Update new recording tools and reporting tools, and integrate these into the routine monitoring system							
Ensure the proper monitoring of service delivery protocols and ensure that checklists are in place (community and facility-based services)	X	X			Protocols and checklists developed	Partners; Department of Health	Department of Health
Update the recording tools used by frontline workers to include maternal nutrition	X	X			Recording tools updated	Partners; Department of Health; Integrated Health Programme	Department of Health
Consider including rapid assessments of beneficiaries' knowledge and practices by frontline workers		X		X	Assessment reports of knowledge, attitudes and practices developed	Partners; Department of Health; Integrated Health Programme	Department of Health

Sub-strategy 3.2. Promote a learning agenda on maternal nutrition for continued programme guidance

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
3.2.1. Identify areas for implementation research and include these within programming								
Identify areas for implementation research within programming, as well as other research, through academic and other partner institutions		X	X			Research topics and study plans developed	Department of Health; partners; academic institutions	Department of Health
Assess updated or new social and behaviour change communication approaches and materials used (based on a new/updated SBCC strategy)		X				Report developed	Department of Health; partners; academic institutions	Department of Health
Form links with academic institutions that are conducting research on maternal nutrition issues		X	X	X	X	Ongoing engagement; number of academic institutions; number of research projects	Department of Health; partners	Department of Health
Conduct periodic programme evaluations to assess gaps and identify best practices			X		X	Programme evaluation reports developed	Department of Health; partners	Department of Health
3.2.2. Use lessons learned from programme implementation research for continued programme guidance								
Document programme outcomes and lessons learned in the form of reports, case studies and briefs			X	X	X	Number of reports, case studies and briefs	Department of Health; partners	Department of Health
Disseminate research findings to stakeholders at all levels by circulating and presenting these at coordination group meetings and other appropriate venues					X	Number of dissemination events held	Department of Health; partners	Department of Health



Punjab

Strategic area 1. Create and sustain an enabling environment for maternal nutrition

Sub-strategy 1.1. Strengthen policy and coordination for the evidence-based and equity-based inclusion of maternal nutrition interventions

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
1.1.1. Continue to strengthen the coordination of maternal nutrition activities [Note: coordination platforms for maternal nutrition are already in place, including a provincial Maternal, Infant, Young Child and Adolescent Nutrition Technical Advisory Group (MIYCAN) chapter]							
Strengthen linkages between Punjab's various coordination mechanisms – the Integrated Reproductive, Maternal, Newborn and Child Health and Nutrition (IRMNCH&N) Programme; the Multi-sectoral Nutrition Centre (MSNC), Planning and Development Department; and the Policy and Strategic Planning Unit, Punjab Department of Health – for the coordination of maternal nutrition activities across sectors (population welfare, food, agriculture, social protection, education, WASH, and women's development)	X	X			All relevant stakeholders included in coordination groups	Multi-sectoral Nutrition Centre, Planning and Development Department; Policy and Strategic Planning Unit and IRMNCH&N Programme, Punjab Department of Health; Directorate General of Health Services (DGHS)	Multi-sectoral Nutrition Centre; Planning and Development Board
Strengthen the representation and participation of technical nutritionists in multi-sectoral coordination platforms for nutrition	X	X			Technical nutritionists included in coordination group meetings	Directorate General of Health Services; IRMNCH&N Programme; Multi-sectoral Nutrition Centre, Planning and Development Department; Policy and Strategic Planning Unit, Punjab Department of Health	IRMNCH&N Programme; Planning and Development Board

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Continue holding meetings of the Maternal, Infant, Young Child and Adolescent Nutrition Technical Advisory Group and other multi-sectoral coordination meetings, as well as monitoring activities	X	X	X	X	X	Number of MIYCAN and multi-sectoral coordination meetings held, and the outputs of these meetings	Directorate General of Health Services; IRMNCH&N Programme; Multi-sectoral Nutrition Centre; Planning and Development Department; Policy and Strategic Planning Unit, Punjab Department of Health	Multi-sectoral Nutrition Centre; Planning and Development Department
1.1.2. Foster and sustain an enabling environment through appropriate legislation that has a bearing on maternal health and nutrition								
Develop legislation for the regulation of advertisements in the media related to different nutritional supplements for pregnant and lactating women and young infants	X	X				Regulations in place	Directorate General of Health Services; Department of Health; IRMNCH&N Programme; Law and Parliamentary Affairs Department; Punjab Food Authority	Food Department (Punjab Food Authority)
Enforce the regulation on maternity leave and link this with nutrition lessons/counselling sessions	X	X	X	X	X	Regulations enforced and monitored; nutrition counselling incorporated	Directorate General of Health Services; Department of Health; IRMNCH&N Programme; Law and Parliamentary Affairs Department; Population Welfare Department; Women Development Department; Labour Department	Labour Department
Enforce legislation on breastfeeding and the ban on breast-milk substitutes/infant formula	X	X	X	X	X	Legislation enforced	Directorate General of Health Services; Department of Health; IRMNCH&N Programme; Law and Parliamentary Affairs Department; Population Welfare Department; Punjab Food Authority	Department of Health; Punjab Food Authority

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Develop regulations on the provision of day care facilities in workplaces	X	X				Regulation developed	Directorate General of Health Services; Department of Health; IRMNCH&N Programme; Law and Parliamentary Affairs Department; Labour Department; Women Development Department; Population Welfare Department	Labour Department
Enforce legislation/regulations for social protection benefits delivered through the <i>Ehsaas Programme</i> , <i>Kafalat</i> and other programmes with provisions for low-income women	X	X	X	X	X	Regulations enforced	Directorate General of Health Services; Department of Health; IRMNCH&N Programme; Law and Parliamentary Affairs Department; Social Welfare Department; Population Welfare Department	Social Welfare Department; Law and Parliamentary Affairs Department
1.1.3. Integrate the updated maternal nutrition core/essential package into existing health strategies and the guidelines of the universal health coverage package								
Review the universal health coverage package and maternal health services for maternal nutrition provisions, and assess gaps	X					Review completed and gaps assessed	Directorate General of Health Services; IRMNCH&N Programme; Department of Health; WHO; UNICEF; Ministry of National Health Services, Regulations and Coordination	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Revise and update the maternal nutrition package for its implementation/integration into the IRMNCH&N Programme	X					Updated package finalized and endorsed	Directorate General of Health Services; IRMNCH&N Programme; Department of Health; WHO; UNICEF; Ministry of National Health Services, Regulations and Coordination	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Implement the maternal nutrition package at scale through primary health care, antenatal care, postnatal care, family planning services and maternal vaccination services		X	X	X	X	Directorate General of Health Services; IRMNCH&N Programme; Department of Health; sectors; partners	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department

Sub-strategy 1.2. Establish and strengthen financing and resource allocations for maternal nutrition

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
1.2.1. Review and revise resource allocations for existing and updated maternal nutrition commodities/supplies							
Review and calculate budgets for the continuous supply of maternal nutrition commodities in out-patient departments and all health facilities (multiple micronutrient supplements, iron and folic acid, calcium, testing kits, weighing scales, etc.)	X	X			Resources allocated	Directorate General of Health Services; IRMNCH&N Programme; Department of Health	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Calculate the budget for micronutrient supplements and fortified food for high-risk patients in out-patient departments (OPDs)	X				Resources allocated	Directorate General of Health Services; IRMNCH&N Programme; Department of Health	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Calculate budgets for pilots and new interventions, such as multiple micronutrient supplementation	X					Resources calculated and allocated	Directorate General of Health Services; IRMINCH&N Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Calculate budgets for updated social and behaviour change approaches, updated information, education and communication materials and promotional activities, as well as the budget for individualized counselling compared to group counselling by qualified nutritionists (as part of the core maternal nutrition package)	X	X				Resources calculated and allocated	Directorate General of Health Services; IRMINCH&N Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
1.2.2. Review and allocate resources to strengthen human resources for maternal nutrition								
Review and allocate budgets to fill gaps in human resources for nutrition at all levels (the tertiary, secondary and primary levels)						Budget gaps assessed and resources allocated	Department of Health; Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department; UNICEF; Directorate General of Health Services	Department of Health, Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Review and allocate resources to develop training courses and refresher trainings on maternal nutrition	X	X				Resources calculated and allocated	Directorate General of Health Services; IRMNCH&N Programme; Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department; Finance Department; UNICEF	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
1.2.3. Address challenges to resource allocations and the disbursement of funds								
Sensitize decision makers, including parliamentarians and provincial authorities, on the need for the timely allocation of resources	X					Meetings held with decision makers	All sectors; Finance Department; Multi-sectoral Nutrition Centre; Planning and Development Board	Finance Department
Improve and accelerate budget development for annual work plans across sectors, including maternal nutrition resource allocations and the timely disbursement of funds	X	X	X	X	X	Ongoing monitoring undertaken	All sectors; Finance Department; Multi-sectoral Nutrition Centre; Planning and Development Board	All sectors

Sub-strategy 1.3. Strengthen advocacy and awareness of maternal nutrition by designing social and behaviour change (SBC) strategies that target different audiences

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
1.3.1. Develop a social and behaviour change communication strategy on maternal nutrition (as part of the larger SBCC strategy for maternal and child health and nutrition)							
Use formative research (existing qualitative studies) or conduct new formative research on areas of maternal nutrition that require more attention (such as reaching women during preconception or earlier in pregnancy, family approaches to improving maternal nutrition, reaching remote marginalized communities, etc.)	X				Formative research report developed (based on secondary research and new primary research)	Directorate General of Health Services; Policy and Strategic Planning Unit (PSPU); IRMNCH&N Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Assess the social and behaviour change communication strategies used for maternal nutrition to identify gaps and determine where updates and new methods need to be incorporated	X				Gaps assessed in SBCC strategies, and recommendations for a new/updated strategy developed	Directorate General of Health Services; Multi-sectoral Nutrition Centre; Planning and Development Board; IRMNCH&N Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners and relevant departments	Multi-sectoral Nutrition Centre; Planning and Development Board; Department of Health
Develop or update the social and behaviour change communication strategy for maternal and child health and nutrition, incorporating updated evidence and context-specific maternal nutrition approaches, in order to reach all audiences and key influencers		X			SBCC strategy developed	Directorate General of Health Services; Multi-sectoral Nutrition Centre; Planning and Development Board IRMNCH&N Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Multi-sectoral Nutrition Centre; Planning and Development Board; Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
1.3.2. Reach multiple audience levels with social and behaviour change approaches for maternal nutrition								
Conduct advocacy on maternal nutrition with all policy makers, decision makers and parliamentarians, etc.	X	X				Number of advocacy events/campaigns conducted	Directorate General of Health Services; Multi-sectoral Nutrition Centre; Planning and Development Board IRMNCH&N Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners; all sectors	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Conduct advocacy and orientation sessions on maternal nutrition with key influencers, including community leaders, religious leaders and teachers, etc.	X	X	X	X	X	Number of advocacy events/orientations conducted	Directorate General of Health Services; Multi-sectoral Nutrition Centre; Planning and Development Board IRMNCH&N Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners; all sectors	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Raise public awareness through mass media campaigns on maternal nutrition (within the MIYCAN advocacy approach)	X	X	X	X	X	Number of advocacy campaigns conducted	Directorate General of Health Services; Multi-sectoral Nutrition Centre; Planning and Development Board IRMNCH&N Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners; all sectors	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Ensure that the social and behaviour change communication strategy includes a specific focus on strengthening and filling gaps in health care providers' and frontline workers' knowledge of maternal nutrition		X				SBC strategy includes specific approaches for health care providers/frontline workers	Directorate General of Health Services; IRMNCH&N Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
1.3.3. Develop evidence-based and context-specific knowledge products (information, education and communication materials/social and behaviour change communication materials/advocacy materials)								
Assess gaps in existing IEC materials and revise these to include updated and tailored messages on maternal nutrition		X	X			Gaps assessed and recorded, and recommendations offered	Directorate General of Health Services; IRMNCH&N Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Develop recipe books with cost-effective, traditional, nutrient-rich recipes and meal ideas for underweight and overweight women		X	X			Recipe books developed	IRMNCH&N Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability	
	2022	2023	2024	2025				2026
Develop pictorial materials to be displayed at the facility, community and household levels		X	X			Pictorial materials developed	Directorate General of Health Services; IRMNCH&N Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Develop video/audio messages for maternal nutrition to be used during antenatal care and postnatal care, family planning and vaccination visits to facilities		X	X			Video and audio messages developed	Directorate General of Health Services; IRMNCH&N Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Incorporate messages on nutrition during the preconception period in IEC materials		X	X			Messages on nutrition during preconception nutrition incorporated in IEC materials	Directorate General of Health Services; IRMNCH&N Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Pilot and test new materials before finalizing them			X			IEC materials piloted, tested and finalized	IRMNCH&N Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
1.3.4. Implement a provincial social and behaviour change communication action plan								
Incorporate updated SBCC plans for maternal nutrition into sectoral work plans, outlining roles and responsibilities			X	X		Updated plans incorporated	Directorate General of Health Services; Multi-sectoral Nutrition Centre; Planning and Development Board; IRMNCH&N Programme; Department of Health; relevant departments	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Implement and monitor SBCC activities			X	X	X	Ongoing implementation and monitoring conducted	Directorate General of Health Services; IRMNCH&N Programme; Department of Health; relevant departments	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department

Strategic area 2. Programme and implement maternal nutrition interventions with equity and at scale

Sub-strategy 2.1. Design and implement maternal nutrition interventions in the health sector

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
2.1.1. Revise/update the core package of nutrition-specific interventions that will be integrated into antenatal care and postnatal care packages, including comprehensive support for nutritional risks (assessment, counselling, supplementation and treatment)								
Identify gaps in the core package of maternal nutrition services	X					Gap assessment conducted and recorded	Directorate General of Health Services; IRMNCH&N Programme; Department of Health; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Update the antenatal care, postnatal care and family planning packages by including relevant maternal nutrition interventions, such as the transition from iron and folic acid supplementation to multiple micronutrient supplementation (screening and assessment protocols, supplementation, counselling and treatment)	X					Package, and related guidelines and protocols, developed	Directorate General of Health Services; IRMNCH&N Programme; Department of Health; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Revise anaemia prevention and treatment guidelines in light of the local context	X					Anaemia guidelines developed	Directorate General of Health Services; IRMNCH&N Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
2.1.2. Develop algorithms for screening nutritional risks and tailored approaches to provide care and support for pregnant and lactating women who are nutritionally at-risk								
Standardize the protocol for anthropometric assessments: height, weight and body mass index (not just mid-upper arm circumference) in order to tailor services to the needs of underweight and overweight/obese women	X	X				Protocols for assessment developed	Directorate General of Health Services; IRMNCH&N Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Develop guidelines for the management of acute malnutrition among women, including the targeted provision of ready-to-use supplementary food/balanced energy and protein	X	X				Guidelines developed with protocols for referral and management	Directorate General of Health Services; IRMNCH&N Programme; Department of Health; UNICEF; Ministry of National Health Services, Regulations and Coordination; partners	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Ensure that counselling messages are tailored to different nutrition risks (undernutrition, overweight/obesity, micronutrient deficiencies, food insecurity, etc.)	X	X	X	X	X	Ongoing counselling provided to nutritionally at-risk women	Directorate General of Health Services; IRMNCH&N Programme; Department of Health	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
2.1.3. Strengthen maternal nutrition service delivery at all levels (the primary, secondary and tertiary levels) and improve the coverage of all antenatal care and postnatal care services								
Identify where gaps exist in maternal nutrition service delivery, referrals and coverage across levels	X					Gaps identified and recorded	Directorate General of Health Services; IRMNCH&N Programme; Department of Health	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Increase the coverage of 4+ antenatal care visits with the aim of expanding these to 8 antenatal care visits, and increase the coverage of postnatal care visits with the aim of expanding these to 6 postnatal care visits	X	X	X	X	X	Protocols for the timing and content of antenatal care and postnatal care contacts updated and implemented; number of antenatal care visits (4+, 8+); number of postnatal care visits (6+); number of nutrition services provided at each visit	Directorate General of Health Services; IRMNCH&N Programme; Department of Health	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Ensure that this core package of services for antenatal care and postnatal care, which includes high-impact maternal nutrition interventions, is delivered at scale in high-burden districts	X	X	X	X	X	Ongoing programme implementation and monitoring conducted	Directorate General of Health Services; IRMNCH&N Programme; Department of Health	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Allocate space within out-patient departments for group and individual/personalized counselling during antenatal care, postnatal care, family planning and maternal vaccination visits, using a variety of methods (interpersonal communication, video messages, print materials, etc.)	X					Number of facilities with space established for counselling	Directorate General of Health Services; IRMNCH&N Programme; Department of Health	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Introduce the Baby-Friendly Hospital Initiative (BFHI) in all health facilities	X	X	X			Number of facilities implementing the Baby-Friendly Hospital Initiative	Directorate General of Health Services; IRMNCH&N Programme; Department of Health	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
2.1.4. Develop a programme to reach women with nutrition support and care before pregnancy (preconception care)							
Incorporate nutrition services into the family planning package provided to eligible couples	X	X			Nutrition services incorporated	Directorate General of Health Services; IRMNCH&N Programme; Department of Health; Population Welfare Department; Ministry of National Health Services, Regulations and Coordination	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Provide preconception counselling on maternal nutrition to newly married couples through Lady Health Workers and community midwives at out-patient departments					Counselling protocol developed and implemented	Directorate General of Health Services; IRMNCH&N Programme; Department of Health; Population Welfare Department	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Revise guidelines for folic acid supplementation and provide folic acid supplements to newly married women	X	X	X		Guidelines developed and begin to be implemented	Directorate General of Health Services; IRMNCH&N Programme; Department of Health; Population Welfare Department; Ministry of National Health Services, Regulations and Coordination	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
2.1.5. Build the capacity of health care providers and frontline workers in the public and private sectors to deliver maternal nutrition interventions								
Increase the recruitment of Lady Health Workers, community midwives, community health workers, nutrition counsellors and nutrition assistants, based on a workforce gap assessment	X	X				Gap assessment conducted, and plans put in place to increase human resources	Directorate General of Health Services; IRMNCH&N Programme; Department of Health	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Introduce nutrition graduates at the tertiary care and primary care levels [Note: This intervention has been approved by the Government but has not yet been implemented due to a shortage of funds)	X	X	X	X	X	Plan developed and implemented	Directorate General of Health Services; IRMNCH&N Programme; Department of Health	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Update the training package on maternal nutrition (focusing on technical skills, and counselling skills and methods) for health care providers and frontline workers	X	X				Training package developed	Directorate General of Health Services; IRMNCH&N Programme; Department of Health	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Ensure that health care providers and frontline workers have the job aids, checklists and counselling materials they need to provide services (linkage to sub-strategy 1.3)	X	X	X	X	X	Directorate General of Health Services; IRMNCH&N Programme; Department of Health	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
2.1.6. Improve the supply chain for maternal nutrition commodities							
Ensure that maternal nutrition commodities (iron and folic acid supplements/multiple micronutrient supplements, calcium supplements, deworming prophylaxis tablets, etc.) are included in the procurement system as essential drugs/medicines	X					Directorate General of Health Services; IRMNCH&N Programme; Department of Health; Ministry of National Health Services, Regulations and Coordination	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Include required nutrition commodities in the Logistics Management Information System, and strengthen forecasting and procurement to ensure their continued supply and prevent stock-outs	X	X	X	X	X	Directorate General of Health Services; IRMNCH&N Programme; Department of Health	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department

Sub-strategy 2.2. Design and implement maternal nutrition interventions in other sectors

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
2.2.1. Social protection sector: Strengthen social protection programmes for women with intended nutrition outcomes								
Raise awareness among households and women about social protection benefits and eligibility requirements	X	X	X	X	X	Number of awareness campaigns conducted; information incorporated into the messages provided by health care providers and frontline workers	Directorate General of Health Services; IRMNCH&N Programme; Department of Health; Population Welfare Department; Social Welfare Department; Women Development Department; Benazir Income Support Programme; <i>Ehsaas</i> ; Provincial Disaster Management Authority	Social Welfare Department; Punjab Social Protection Authority (PSPA)
Improve the targeting and coverage of beneficiaries to ensure that they are covered by available services (<i>Ehsaas Kafalat</i> , <i>Amdan</i> , <i>Nashonuma</i> and <i>Tahafuz</i> , etc.)	X	X	X	X	X	Number of eligible women receiving relevant social protection benefits	Directorate General of Health Services; IRMNCH&N Programme; Department of Health; Population Welfare Department; Social Welfare Department; Women Development Department; Benazir Income Support Programme; <i>Ehsaas</i> ; Punjab Social Protection Authority; Provincial Disaster Management Authority	Social Welfare Department; Punjab Social Protection Authority

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Strengthen conditional cash transfer programmes to improve maternal health, nutrition practices and outcomes (<i>Ehsaas Nashonuma</i>)	X	X				Conditional cash transfer programmes developed with maternal health and nutrition conditionalities; number of eligible women receiving conditional cash transfers with health and nutrition conditionalities	Directorate General of Health Services; IRMNCH&N Programme; Department of Health; Population Welfare Department; Social Welfare Department; Women Development Department; Benazir Income Support Programme; <i>Ehsaas</i> ; Provincial Disaster Management Authority; Punjab Social Protection Authority	Social Welfare Department; Punjab Social Protection Authority
Build effective linkages between social protection, poverty alleviation and social safety nets for women	X	X				Linkages established and institutionalized	Directorate General of Health Services; IRMNCH&N Programme; Department of Health; Population Welfare Department; Social Welfare Department; Women Development Department; Benazir Income Support Programme; <i>Ehsaas</i> ; Provincial Disaster Management Authority; Punjab Social Protection Authority	Social Welfare Department; Punjab Social Protection Authority
2.2.2. Agriculture/food sectors: Promote changes in food systems to advance positive nutrition practices and improve women's nutrition								
Identify gaps in the consumption of fortified foods and the reasons for these gaps	X					Gaps assessed and reported	Provincial Food Fortification Alliance; Food Department; Department of Health; IRMNCH&N Programme	Food Department, Department of Health Primary &

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Promote the consumption of fortified staple foods in households (iodized salt, fortified flour, oil, ghee, etc.) through campaigns and counselling, and consider providing fortified food samples for free to households that include pregnant or lactating women	X	X	X	X	X	Campaigns conducted; percentage of households consuming fortified foods	Provincial Food Fortification Alliance; Food Department; Department of Health; IRMNCH&N Programme	Food Department; Department of Health Primary & Secondary Healthcare Department
Provide nutrition IEC materials through agriculture extension services (cross-linkage with nutrition counselling)	X	X	X	X	X	Number of extension workers trained in nutrition; extension workers providing messages to households	Agriculture Department; Food Department; Department of Health; IRMNCH&N Programme	Agriculture Department
Promote and expand homestead food production (home gardening, livestock production, dairy production) by distributing seeds and other commodities to resource-poor women	X	X	X	X	X	Programmes for women implemented and monitored	Agriculture Department; Livestock and Dairy Department; Food Department; Department of Health; Social Welfare Department; Women Development Department	Agriculture; Food; Women Development Department; Multi-sectoral Nutrition Centre
Provide a subsidy for nutrient-rich foods (eggs, milk, meat and fish) for malnourished women in low-income, resource-poor households	X	X	X	X	X	Subsidy system developed and implemented	Agriculture Department; Livestock and Dairy Department; Food Department; Department of Health; Social Welfare Department	Agriculture; Food

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
2.2.3. Water, sanitation and hygiene sector: Promote optimal WASH practices and behaviours								
Develop and maintain proper WASH infrastructure at health facilities where women receive maternal health/nutrition care	X	X	X	X	X	Indicators already added in the MEAS report; number of facilities with adequate water and soap; facilities equipped and maintained regularly	Public Health Engineering Department; Multi-sectoral Nutrition Centre	Public Health Engineering Department
Ensure that essential hygiene actions (i.e. actions that support optimal hygiene and sanitation) and messages are part of the nutrition counselling delivered by frontline workers, and that these actions and messages are included in information, education and communication materials	X	X				Essential hygiene actions included in IRMNCH&N materials	Department of Health; Public Health Engineering Department; IRMNCH&N Programme	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Conduct periodic community campaigns to raise awareness of personal and environmental hygiene	X	X	X	X	X	Number of campaigns conducted	Public Health Engineering Department; Department of Health; IRMNCH&N Programme	Public Health Engineering Department

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
2.2.4. Education sector/academia: Strengthen linkages between education and maternal nutrition								
Revise the curricula for medical, nursing, public health and midwifery degree programmes by including updated nutrition (maternal nutrition) topics and training	X	X				Curricula updated and finalized	Department of Education; Department of Health; Ministry of National Health Services, Regulations and Coordination; UNICEF; Higher Education Department; academic institutions; National and Provincial Nursing Councils and Boards	Higher Education Department; Higher Education Commission; Pakistan Medical and Dental Council (PMDC); National and Provincial Nursing Councils and Boards
Revise the pre-service and in-service curricula for frontline workers to include updated maternal nutrition topics	X	X				Curricula updated and finalized	Department of Education; Department of Health; Ministry of National Health Services, Regulations and Coordination; UNICEF; National and Provincial Nursing Councils and Boards	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Provide opportunities for nutrition graduates to take up nutrition posts in health facilities and research facilities	X	X	X	X	X	Ongoing; percentage of nutrition graduates obtaining nutrition-related employment	Department of Education; Department of Health; Higher Education Department; academic institutions	Higher Education Department; Higher Education Commission; Pakistan Nursing Council; academic institutions and universities; Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Form explicit links with research institutions that are conducting research on maternal nutrition, in order to use their findings to inform programming	X	X	X	X	X	Ongoing communication and activities link research and programmes	Department of Education; Department of Health; Higher Education Department; academic and research institutions	Higher Education Department
Sub-strategy 2.3. Strengthen preparedness and response for maternal nutrition in disaster-prone districts and emergency situations								
Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
2.3.1. Strengthen disaster risk reduction plans by including maternal nutrition needs in the health sector response								
Conduct risk assessments to identify vulnerabilities related to food security, diets and nutrition among women and families	X	X				Updated disaster risk reduction plans developed	Department of Health; WFP; FAO; Provincial Disaster Management Authority; UNICEF; INGOs; sectors	Provincial Disaster Management Authority
Ensure that measures to meet women's health and nutrition needs are included in preparedness guidelines, disaster risk management plans and the Provincial Disaster Management Authority's relief and recovery plans	X	X	X	X	X	Nutrition measures included for women	Department of Health; WFP; FAO; Provincial Disaster Management Authority; UNICEF; INGOs; sectors	Provincial Disaster Management Authority

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
2.3.2. Strengthen the procurement and delivery of maternal nutrition commodities and supplies during emergency situations								
Ensure that essential maternal nutrition commodities – such as fortified blended foods, ready-to-use supplementary food, ready-to-use therapeutic food, and micronutrients – are in stock and distributed during the relief and recovery phases	X	X	X	X	X	Commodities in supply, with no reported stock-outs	Department of Health; WFP; FAO; Provincial Disaster Management Authority; UNICEF; INGOs	Provincial Disaster Management Authority
Strategic area 3. Guide evidence-based programming for maternal nutrition through monitoring, evaluation, accountability and learning (MEAL)								
Sub-strategy 3.1. Strengthen routine monitoring, evaluation and accountability for maternal nutrition								
Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
3.1.1. Assess routine information systems to identify gaps in terms of maternal nutrition indicators and their recording								
Assess facility-based and community-based reporting systems in terms of maternal nutrition, and identify gaps in indicators	X					Gaps assessed and recorded	Department of Health; partners; Multi-sectoral Nutrition Centre; Planning and Development Board for Nutrition Information System	Multi-sectoral Nutrition Centre; Planning and Development Board; Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Assess routine information systems in terms of the inclusion of maternal nutrition indicators and levels of disaggregation	X					Systems assessed and recorded	Multi-sectoral Nutrition Centre; Planning and Development Board; Department of Health; partners	Multi-sectoral Nutrition Centre; Planning and Development Board; Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
3.1.2. Identify additional maternal nutrition indicators for monitoring (based on updated programmes) and integrate these into monitoring systems								
Identify additional maternal nutrition indicator to monitor, including the intake of iron and folic acid/multiple micronutrient supplements (by pregnant and lactating women, and adolescents), calcium intake, pre-pregnancy body mass index, gestational weight gain, and screening indicators for anaemia, hypertension, gestational diabetes mellitus (GDM), hypothyroidism, micronutrient deficiencies, etc.)	X	X				Indicators identified and finalized	Partners; Department of Health	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department; District Health Information System

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Identify nutrition indicators for the preconception period (among newly married women) and existing family planning indicators for eligible married couples between 15 and 49 years old	X	X				Indicators identified and finalized	Partners; Department of Health	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department; District Health Information System
Identify and include quality of care indicators (counselling on nutrition, family planning and hygiene, etc.)						Indicators identified and finalized	Partners; Department of Health	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department; District Health Information System
Develop common monitoring, evaluation and knowledge management mechanisms across sectors	X	X				Mechanism established across sectors	All sectors	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
3.1.3. Update new recording and reporting tools, and integrate these into routine monitoring systems								
Incorporate the recommended indicator changes into recording and reporting tools for piloting		X				Indicators added to recording and reporting tools for piloting	Partners; Department of Health	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
After piloting the indicators, make the changes in the tools and monitoring systems, while ensuring that programme delivery protocols and checklists are in place for recording and reporting		X				Indicators added to finalized recording and reporting tools, and incorporated into routine monitoring systems	Partners; Department of Health	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Undertake data collection, reporting and monitoring at established periodic intervals			X	X	X	Periodical assessment and evaluation of ongoing programmes in terms of indicators	Department of Health	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Consider including rapid assessments of beneficiaries' knowledge and practices by frontline workers		X		X		Assessments conducted	Department of Health; partners	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Strengthen the management, use and visualization of data related to nutrition			X	X	X	Guidelines for data management, use and visualization developed as part of the broader monitoring and evaluation (M&E) plan	Partners; Department of Health	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department

Sub-strategy 3.2. Promote a learning agenda on maternal nutrition for continued programme guidance

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
3.2.1. Identify areas for implementation research and include these within programming (as well as other areas of research)								
Identify and research/assess issues around the effective integration of comprehensive maternal nutrition services into health services (IRMNCH&N)		X	X			Incorporate a research component into ongoing programming	Department of Higher Education; Department of Health; partners; Ministry of National Health Services, Regulations and Coordination; UNICEF; education institutions (offering nutrition degree programmes)	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Identify other maternal research topics based on gaps in evidence (such as protein and energy-related malnutrition among pregnant and lactating women; the prevalence of overweight and gestational diabetes mellitus among pregnant and lactating women; vitamin A and D deficiencies among pregnant and lactating women; anaemia and iron deficiency anaemia (IDA) among pregnant and lactating women, including barriers to iron absorption and the etiology of anaemia; complications related to malnutrition and its long-term intergenerational outcomes, specifically delays in developmental programming, etc.)	X	X	X			Department of Higher Education; Department of Health; Health Services, Regulations and Coordination; UNICEF, education institutions (offering nutrition degree programmes)	Education institutions
Plan and conduct prospective studies to identify factors related to improving maternal nutrition		X	X	X	X	Department of Higher Education; Department of Health; partners; Ministry of National Health Services, Regulations and Coordination; offering nutrition degree programmes)	Education institutions; Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department; Ministry of National Health Services, Regulations and Coordination

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
3.2.2. Determine funding and partnerships for implementation research								
Develop partnerships between the Department of Health and academia/research institutes for implementation research	X	X	X	X	X	Partnerships established	Department of Higher Education; Department of Health; partners; Ministry of National Health Services, Regulations and Coordination; education institutions (offering nutrition degree programmes); SUN Academia and Research Network (SUNAR)	Education institutions; Department of Health; Policy and Strategic Planning Unit; SUN Academia and Research Network
Involve the Higher Education Commission/Pakistan Medical and Dental Council/Gynaecologists' Association in research that focuses on maternal nutrition	X	X	X	X	X	Engagement secured	Department of Higher Education; Department of Health; partners; Ministry of National Health Services, Regulations and Coordination; education institutions (offering nutrition degree programmes)	Education institutions; Higher Education Commission; Department of Health
Advocate for funding, and secure funding, for research studies	X	X	X	X	X	Funding secured and partnerships established	Department of Higher Education; Department of Health; partners; Ministry of National Health Services, Regulations and Coordination; education institutions (offering nutrition degree programmes)	Education institutions, Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
3.2.3. Use lessons learned from programme implementation research for continued programme guidance								
Document programme outcomes and lessons learned in the form of reports, case studies and briefs			X	X	X	Number of reports, briefs and case studies	Department of Health; partners	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department
Disseminate research findings to stakeholders at all levels by circulating and presenting these at coordination meetings and appropriate venues					X	Number of dissemination events held	Multi-sectoral Nutrition Centre; Department of Health; IRMNCH&N Programme; partners	Department of Health Primary & Secondary Healthcare and Specialized Healthcare & Medical Education Department

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Strategic area 1. Create and sustain an enabling environment for maternal nutrition
Sub-strategy 1.1. Strengthen policy and coordination for the evidence-based and equity-based inclusion of maternal nutrition interventions

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
1.1.1. Strengthen the coordination of maternal nutrition activities (intra-sectoral and inter-sectoral)								
Notify a provincial chapter of the Maternal, Infant, Young Child and Adolescent Nutrition Technical Advisory Group, and hold bi-annual progress review meetings	X	X	X	X	X	Number of MIYCAN coordination meetings held per year; number of progress review meetings held	Directorate General Health; Reproductive, Maternal and Child Health (RMNCH) Programme; Accelerated Action Plan for the Reduction of Stunting and Malnutrition (AAP); development partners; private sector	Directorate General Health
Strengthen the existing multi-sectoral coordination platform (the Provincial Steering Committee, the Provincial Coordination Committee, and the District Coordination Committee, with the RMNH/District Nutrition Officer (DNO) as secretary of the District Coordination Committee for Nutrition (DCCN) or the Deputy District Health Officer)	X	X	X	X	X	Number of coordination meetings held per year	Accelerated Action Plan for the Reduction of Stunting and Malnutrition Taskforce; Planning and Development Board; Department of Health; all sectors	Department of Health
Engage the private sector and tertiary care hospitals through the Health Care Commission (development of standards)	X	X	X	X	X	The private sector and tertiary care hospitals participate in coordination meetings	Accelerated Action Plan for the Reduction of Stunting and Malnutrition Taskforce; Planning and Development Board; Department of Health; private sector	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Strengthen intra-sectoral coordination for effective linkages on maternal nutrition within the health sector	X	X	X	X	X	Regular communication and meetings within health sector programmes	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition; Lady Health Worker, MINCH Programme	Department of Health
1.1.2. Foster and sustain an enabling environment through appropriate legislation that has a bearing on maternal health and nutrition								
Enforce and monitor maternity protection regulations and legislation (employment protection, maternity and paternity leave, breastfeeding arrangements)	X	X	X	X	X	Regulations in place and implemented	Department of Health; Women Development Department; Labour Department; Law Department	Department of Health
Enforce/monitor social protection benefits for the poorest of the poor (cash transfers, conditional cash transfers) with linkages to maternal health and nutrition	X	X	X	X	X	Percentage of eligible beneficiaries receiving relevant social benefits	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition; Ministry of Poverty Alleviation; Social Welfare Department; Women Development Department	Social Welfare Department; Department of Health
Expedite food system legislation on transfers (trans fatty acid), involving provincial food regulatory responsibilities and enforcement mechanisms at all levels	X	X				Legislation on trans fatty acids in place	Provincial Food Authority; Department of Health	Provincial Food Authority
Enforce and monitor food fortification legislation and regulations, ensuring industry compliance (linkage with the existing food fortification strategy)	X	X	X	X	X	Food fortification regulations in place and monitored	Provincial Food Authority; Department of Health	Provincial Food Authority

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Enforce legislation on breastfeeding and the ban on breastmilk substitutes/infant formula	X	X	X	X	X	Department of Health; Health Care Commission; Food Authority; Law Department	Health Care Commission
Enforce the law on domestic violence (the Protection and Prevention Act)	X	X	X	X	X	Law Department; Women Development Department; Social Welfare Department	Law Department
1.1.3. Integrate the updated maternal nutrition essential package into the existing health sector strategy and universal health coverage package							
Review the universal health coverage package and maternal health package (with provisions for maternal nutrition) and assess gaps	X					Department of Health; WHO; UNICEF; Ministry of National Health Services, Regulations and Coordination	Department of Health
Update the maternal nutrition package for provincial level endorsement, as well as plans for implementation/integration	X					Department of Health; WHO; UNICEF; Ministry of National Health Services, Regulations and Coordination	Department of Health
Standardize the quality standards for the effective monitoring and scaling up of the universal health coverage package		X				Department of Health; WHO; UNICEF; Ministry of National Health Services, Regulations and Coordination; Health Care Commission	Department of Health

Sub-strategy 1.2. Establish and strengthen financing and resource allocations for maternal nutrition

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
1.2.1. Review and revise resource allocations for existing and updated maternal nutrition interventions within the MNCH Programme (commodities, supplies)								
Advocate for resources for the effective integration of nutrition interventions (primary, secondary and tertiary care)	X	X				Resources allocated	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition; Finance and Nutrition; Department	Department of Health
Allocate enough resources for the procurement of maternal nutrition supplies/commodities and equipment		X	X			Resources allocated	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition; Finance and Nutrition; Department	Department of Health
Revise the essential drug list to include maternal nutrition commodities (iron and folic acid supplements/multiple micronutrient supplements, calcium supplements, ready-to-use supplementary food, ready-to-use therapeutic food, balanced energy and protein, etc.)	X					Essential drug list revised and maternal nutrition commodities included	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition; Ministry of National Health Services, Regulations and Coordination	Department of Health
1.2.2. Review and allocate resources for the integration of maternal nutrition into the MNCH Programme (additional training, the revision of IEC materials, etc.)								
Allocate resources for the training of human resources and for delivering refresher trainings on antenatal care/postnatal care, including on improved counselling and the quality of care	X	X	X	X	X	Resources allocated	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition; Finance and Nutrition; Department	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Allocate resources for the revision and development of guidelines and information, education and communication materials that target different audiences (job aids, counselling cards, pictorial posters, etc.)	X	X				Resources allocated	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition; Finance Department	Department of Health
1.2.3. Address the challenges to resource allocations and disbursements for nutrition interventions								
Sensitize decision makers, including parliamentarians and provincial authorities, on the need for the timely allocation of resources	X	X				Meetings held with decision makers	Directorate General Health; RMNCH Programme; Accelerated Action Plan for the Reduction of Stunting and Malnutrition; development partners; all sectors; Finance Department	Directorate General Health
Improve and accelerate budget development for annual work plans across sectors, including maternal nutrition resource allocations and the timely disbursement of funds	X	X	X	X	X	Ongoing monitoring of budget allocations and their release undertaken	All sectors; Finance Department	Finance Department

Sub-strategy 1.3. Strengthen advocacy and awareness of maternal nutrition issues by designing social and behaviour change (SBC) strategies that target different audiences

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
1.3.1. Advocate for greater political and social commitment to maternal nutrition								
Conduct advocacy on maternal nutrition with the Department of Health, nutrition-sensitive sectors, the private sector and parliamentarians	X	X				Number of advocacy events/campaigns conducted	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition; nutrition-sensitive sectors; private sector	Department of Health
Conduct advocacy and orientation sessions on maternal nutrition with community leaders, religious leaders, teachers and other community influencers	X	X	X	X	X	Number of advocacy events/orientations conducted	Department of Health; Department of Education; Accelerated Action Plan for the Reduction of Stunting and Malnutrition	Department of Health
1.3.2. Integrate social and behaviour change approaches for maternal nutrition into approaches for maternal health (aligned with existing MIYCAN and MNCH approaches)								
Conduct formative research in identified maternal nutrition areas where gaps exist	X					Formative research conducted, analysed and documented	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition; UNICEF; Ministry of National Health Services, Regulations and Coordination	Department of Health
Develop or revise the social and behaviour change strategy based on formative research and secondary data, in line with existing MIYCAN approaches/ social and behaviour change approaches for reproductive, maternal, newborn, child and adolescent health	X	X				Social and behaviour change strategy developed/ revised	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition; UNICEF; Ministry of National Health Services, Regulations and Coordination	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Integrate the monitoring and evaluation of the SBC strategy into broader maternal health/nutrition monitoring and evaluation plans		X	X			Monitoring and evaluation of the social and behaviour change strategy integrated	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition; UNICEF; Ministry of National Health Services, Regulations and Coordination	Department of Health
Integrate social and behaviour change activities on maternal nutrition into maternal health services for health care providers and frontline workers at the antenatal care, postnatal care (facility) and community levels		X	X	X	X	SBC activities integrated into maternal health services	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition	Department of Health
1.3.3. Develop a combination of approaches for different audiences and context-specific IEC materials for maternal nutrition (within reproductive, maternal, newborn, child and adolescent health and MIYCAN)								
Ensure that maternal health/MIYCAN materials include updated information on maternal nutrition services and messages (iron and folic acid supplementation, calcium, tailored messages for underweight, overweight women, etc.)		X	X			Materials include updated maternal nutrition information and messages	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition; Ministry of National Health Services, Regulations and Coordination	Department of Health
Consider methods to improve the consumption of supplements, such as tracking reminders for home use, pictorial home calendars on supplements and food intake, etc.		X	X			Pictorial and other materials developed	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition; Ministry of National Health Services, Regulations and Coordination	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Pilot and test any new integrated materials at the facility and community levels before finalizing them		X	X			Piloting, testing and finalization of materials completed	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition; Ministry of National Health Services, Regulations and Coordination	Department of Health
Use mass media approaches (digital media, text messages) to reach the general population with nutrition messages		X	X	X	X	Number of nutrition messages delivered through different channels	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition; Ministry of National Health Services, Regulations and Coordination; Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition; provincial government; non-governmental organizations (NGOs); Ministry of Information; PPHI Pakistan	Department of Health; MMH provincial government; Ministry of Information
Use community events and forums to raise awareness of maternal nutrition in communities and among families		X	X	X	X	Number of community events held	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition; Ministry of National Health Services, Regulations and Coordination; NGOs	Department of Health
Use separate forums for husbands to increase their knowledge and encourage actions by husbands to support maternal nutrition		X	X	X	X	Number of husbands' forums conducted at the community/facility levels	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition; Ministry of National Health Services, Regulations and Coordination; NGOs	Department of Health

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Use context-specific individual and group counselling sessions on antenatal care/postnatal care, identifying small actions and using demonstrations		X	X	X	X	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition; Ministry of National Health Services, Regulations and Coordination	Department of Health

Strategic area 2. Programme and implement maternal nutrition interventions with equity and at scale

Sub-strategy 2.1. Design and implement maternal nutrition interventions in the health sector

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
<p>2.1.1. Update the existing antenatal care and postnatal care packages to include recommended nutrition-specific interventions as part of the universal health coverage package delivered at all facilities</p> <p>Ensure that the package is standardized for antenatal care/postnatal care across reproductive, maternal, newborn and child health care at all levels (the primary, secondary and tertiary levels), and make sure that:</p> <ul style="list-style-type: none"> The standard package includes screening (mid-upper arm circumference and other anthropometric assessment, counselling, supplementation, treatment, etc.) Maternal nutrition is included in the minimum service delivery package at all levels of health care Maternal nutrition is integrated in primary health care 		X	X			AAP Health; District Health Information System; WHO; Society of Obstetricians and Gynaecologists of Pakistan (SOGP); academia; tertiary care hospitals; medical professionals; frontline workers; all collaborators; public private partnership (PPP) node partners; MNCH Programme; Lady Health Workers	National and Provincial Department of Health; AAP Health; WHO; academia; tertiary care hospitals

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Include a standardized protocol for treatment of protein energy malnutrition and overweight/obesity		X	X			AAP Health; WHO; Society of Obstetricians and Gynaecologists of Pakistan; academia; tertiary care hospitals; medical Professionals; frontline workers; all collaborators; public private partnership node partners; MNCH Programme; Lady Health Workers	National and Provincial Government; AAP Health; Lady Health Workers; nurses; RMNCH Programme; Nutrition Programme; academia; tertiary care hospitals
Include a standardized protocol for the treatment of anaemia within the existing antenatal care/postnatal care checklist (moderate anaemia, severe anaemia)		X	X		Standardized package developed	AAP Health; WHO; Society of Obstetricians and Gynaecologists of Pakistan; academia; tertiary care hospital medical professionals; frontline workers; all collaborators; public private partnership node partners; MNCH Programme; Lady Health Workers	National and Provincial Government; AAP Health; Lady Health Workers; nurses; RMNCH Programme; Nutrition Programme; academia; tertiary care hospitals
Ensure that the updated standard package is part of the pre-service curriculum – wherever applicable, including for nurses, medical professionals and Lady Health Workers – with the scope of practices clearly defined					Package aligned in the curriculum	Academia, universities/colleges; associations with regular bodies; all collaborators; public private partnership node partners; MNCH Programme; Lady Health Workers	Academia; universities/colleges; association with regular bodies

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Train healthcare providers and frontline workers on the updated protocol for the treatment of anaemia			X	X	All health care providers trained at all levels of care	APP Department of Health; national and provincial bodies; District Managers; UN agencies; all NGOs and tertiary care hospitals; all collaborators; public private partnership node partners; MNCH Programme; Lady Health Workers	National and provincial stakeholders; Lady Health Workers; nurses; RMNCH Programme; Nutrition Programme; academia; tertiary care hospitals
2.1.2. Include nutritional risk factors within existing antenatal care and postnatal care checklists to identify and support at-risk women							
Strengthen assessment measures (mid-upper arm circumference, height, weight, body mass index, haemoglobin, blood glucose, hypertension, etc.) to provide additional support and referrals for women, as needed; formulate dietary diversity scores for risk assessments of women's dietary diversity score (WDDS); and identify the danger signs of intrauterine growth restriction (UGR)/low-birth weight/pre-term births	X	X	X		Assessment measures finalized and incorporated into programming	All health care professionals at primary, secondary and tertiary care hospitals; Population Welfare Department; all collaborators; public private partnership node partners; MNCH Programme; Lady Health Workers	Department of Health; AAP Health (district and provincial); tertiary care hospitals; Society of Obstetricians and Gynaecologists of Pakistan

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Implement and manage moderate and severe anaemia, as per the standardized protocol	X	X	X	X	X	All health care professionals at primary, secondary and tertiary care hospitals; Population Welfare Department; all collaborators; public private partnership node partners; MNCH Programme; Lady Health Workers	Department of Health (district and provincial); AAP Health; tertiary care hospitals; Society of Obstetricians and Gynaecologists of Pakistan
Provide tailored counselling for underweight and overweight/obese women within the antenatal care/postnatal care counselling packages, as well as counselling on anaemia, protein energy malnutrition and diet diversity			X	X	X	All health care professionals at primary, secondary and tertiary care hospitals; Population Welfare Department; all collaborators; public private partnership node partners; MNCH Programme; Lady Health Workers	Department of Health (district and provincial); tertiary care hospitals; Society of Obstetricians and Gynaecologists of Pakistan
2.1.3. Improve the coverage and reach of all components of antenatal care and postnatal care services							
Transition from 4+ to 8 antenatal care visits and extend the provision of postnatal care services to up to 1 year			X	X	X	All health care professionals at primary, secondary and tertiary care hospitals; Population Welfare Department; all collaborators; public private partnership node partners; MNCH Programme; Lady Health Workers	Department of Health (district and provincial); tertiary care hospitals; Society of Obstetricians and Gynaecologists of Pakistan

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Ensure that the full package is available at all delivery points (primary health care facilities, secondary and tertiary care health facilities, and through Lady Health Workers during household visits)			X	X	X	All health care professionals of primary, secondary and tertiary care hospitals; Population Welfare Department; all collaborators; public private partnership node partners; MNCH Programme; Lady Health Workers	Department of Health (district and provincial); tertiary care hospitals; Society of Obstetricians and Gynaecologists of Pakistan
Ensure the implementation of all packages			X	X	X	All health care professionals at primary, secondary and tertiary care hospitals; Population Welfare Department; all collaborators; public private partnership node partners; MNCH Programme; Lady Health Workers	Department of Health (district and provincial); tertiary care hospitals; Society of Obstetricians and Gynaecologists of Pakistan
2.1.4. Improve the supply chain for maternal nutrition commodities							
Ensure that maternal nutrition commodities (iron and folic acid supplements, calcium, multiple micronutrient supplements, deworming tablets, etc.) are included in the procurement system as essential medicines/ drugs (including parenteral iron)	X	X				AAP Health; Lady Health Workers; all NGOs and collaborators	Department of Health (district and provincial); tertiary care hospitals; Society of Obstetricians and Gynaecologists of Pakistan
					Commodities included		

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Ensure that all the supplies and items are included in the procurement list, including fridges, air conditioning (AC) units and the establishment of warehouses		X	X	X	X	Supplies and items included	AAP Health; Lady Health Workers; all NGOs and collaborators	Department of Health (district and provincial); tertiary care hospitals; Society of Obstetricians and Gynaecologists of Pakistan
Include nutrition commodities in the Logistics Management Information System and the build capacity of the LMIS, including by strengthening the forecasting and procurement of maternal nutrition commodities to ensure the coverage of all pregnant and lactating women		X	X	X	X	Nutrition commodities included in the LMIS; timely forecasting, procurement and disbursement of commodities with no reported stock-outs	AAP Health; Lady Health Workers; all NGOs and collaborators	Department of Health (district and provincial); tertiary care hospitals; Society of Obstetricians and Gynaecologists of Pakistan
2.1.5. Build the capacity of health care providers and frontline workers in the public and private sectors to deliver maternal nutrition interventions within antenatal care and postnatal care platforms (community health workers, Lady Health Workers and others)								
Build the capacity of human resources to deliver maternal nutrition services by increasing recruitment to bridge gaps in coverage			X	X	X	All health care providers and frontline workers recruited, at all levels of care	APP Department of Health; national and provincial bodies; District Managers; UN agencies; all NGOs and tertiary care hospitals; all collaborators; public private partnership node partners; MNCH Programme; Lady Health Workers	National and Provincial Government; AAP Health; Lady Health Workers; nurses; RMNCH Programme; Nutrition Programme; academia; tertiary care hospitals

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Strengthen the assessment and referral practices of frontline workers	X	X	X	X	X	Referral checklist and protocols in place	AAP Health; Lady Health Workers; all NGOs and collaborators	Department of Health (district and provincial); tertiary care hospitals; Society of Obstetricians and Gynaecologists of Pakistan
Define the scope of competencies for health care providers and frontline workers, and consider task-sharing and task-shifting for maternal nutrition services	X	X	X	X	X	Competency scope developed with delineated task sharing across provider and worker cadres	All health care professionals at primary, secondary, and tertiary care hospitals; Population Welfare Department; all collaborators; public private partnership node partners; MNCH Programme; Lady Health Workers	Department of Health (district and provincial); tertiary care hospitals; Society of Obstetricians and Gynaecologists of Pakistan
Ensure that all health care providers and frontline workers have social and behaviour change toolkits and capacities to provide tailored services and messages (linkage to SBCC/IEC products in sub-strategy 1.3)		X	X	X	X	Adequate provision of materials for health workers	AAP Health; Lady Health Workers; all NGOs and collaborators	Department of Health (district and provincial); tertiary care hospitals; Society of Obstetricians and Gynaecologists of Pakistan

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Develop comprehensive supportive supervision, mentoring or preceptorship guidelines and mechanisms, with scheduled supervision and mentoring visits		X	X			AAP Health; Health Care Commission; WHO; Society of Obstetricians and Gynaecologists of Pakistan; academia; tertiary care hospitals; medical professionals; frontline workers; all collaborators; public private partnership node partners; MNCH Programme; Lady Health Workers	National and Provincial government; AAP Health; Lady Health Workers; nurses; RMNCH Programme; Nutrition Programme; MNCH Programme; academia; tertiary care hospitals
Include training on warehouse and supply chain management for health care providers and frontline workers (linkage to sub-strategy 2.1.3)			X	X		AAP Health; Lady Health Workers; all NGOs and collaborators	Department of Health (district and provincial); tertiary care hospitals; Society of Obstetricians and Gynaecologists of Pakistan
Sub-strategy 2.2. Design and implement maternal nutrition interventions in other sectors							
Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
2.2.1. Social protection sector: Strengthen social protection programmes for women with intended nutrition outcomes							
Effectively link women in low-income, resource-poor households (eligible beneficiaries) with social protection benefits	X	X	X	X	X	Social Protection Unit (SPU); Department of Health; all collaborators and NGOs	Social Protection Unit

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Focus on adolescents before pregnancy, in line with the existing adolescent nutrition strategy	X	X	X	X	X	Number of adolescent girls/families of adolescent girls receiving relevant social protection benefits	Social Protection Unit; Department of Health; all collaborators and NGOs	Social Protection Unit
Conditional cash transfer and food packages should be delivered to low-income women on priority basis (with health and nutrition conditionalities)	X	X	X	X	X	Number of eligible women receiving conditional cash transfers with health and nutrition conditionalities through social protection programmes	Social Protection Unit; Department of Health; all collaborators and NGOs	Social Protection Unit
Conduct a needs assessment on conditional cash transfers (Benazir Income Support Programme, <i>Ehsaas Nashonuma</i> , Sehat Card)	X	X				Needs assessment report developed	Social Protection Unit; Department of Health; all collaborators and NGOs	Social Protection Unit
Include reproductive, maternal, newborn, child and adolescent health in the contingency plan	X	X					Social Protection Unit; Department of Health; all collaborators and NGOs	Social Protection Unit
2.2.2. Food/agriculture sectors: Promote changes in food systems to improve women's nutrition								
Facilitate the availability of and access to fortified foods through adequate regulations and marketing	X	X	X	X	X	Regulations enforced for industry (percentage of industries that meet food fortification standards)	Provincial Food Fortification Alliance; National Fortification Food Authority (Sindh); Pakistan Standards and Quality Control Authority (PSQCA)	Sindh Food Authority

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Promote the consumption of fortified foods through campaigns and extension services	X	X	X	X	X	Percentage of households consuming fortified foods (salt, flour and oil)	Provincial Food Fortification Alliance; National Fortification Alliance of Pakistan; Sindh Food Authority; Pakistan Standards and Quality Control Authority	Sindh Food Authority
Improve the enforcement, labelling and marketing of certain foods at the manufacturing and market levels, such as foods with high levels of trans fats	X	X				Foods high in trans fatty acids labelled	National Fortification Alliance of Pakistan; Sindh Food Authority; Pakistan Standards and Quality Control Authority	Sindh Food Authority
Provide nutrition information and messages through extension services	X	X	X	X	X	Number of extension workers trained on nutrition	National Fortification Alliance of Pakistan; Sindh Food Authority; Pakistan Standards and Quality Control Authority	Sindh Food Authority
Provide agriculture, fisheries and livestock extension services for women with a focus on nutrition (kitchen/home gardening, livelihood initiatives, skills training, asset transfers)	X	X	X	X	X	Programmes for women implemented and monitored	National Fortification Alliance of Pakistan; Sindh Food Authority; Pakistan Standards and Quality Control Authority	Sindh Food Authority
2.2.3. Water, sanitation and hygiene sector: Promote optimal WASH practices and behaviours								
Integrate essential hygiene actions into maternal, newborn and child health (antenatal care and postnatal care) packages in the health sector	X	X				Messages on essential hygiene actions included in maternal, newborn and child health and nutrition materials	WASH Department; Local Government Department; UN agencies; local administrations	Local Government Department; district administration; Department of Health

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability	
	2022	2023	2024	2025				2026
Ensure that all facilities that provide maternal health services are equipped with adequate water, sanitation and hygiene facilities, such as handwashing facilities	X	X	X	X	X	Facilities equipped and maintained regularly	WASH; Local Government Department; UN agencies; local administrations	Local Government Department; district administration; Department of Health
Conduct periodic campaigns on personal and environmental hygiene	X	X	X	X	X	Number of campaigns conducted	WASH; Local Government Department; UN agencies; local administrations	Local Government Department; district administration; Department of Health
Ensure adequate solid waste management, waste disposal and the management of sewerage lines	X	X	X	X	X	Solid waste and sewerage lines properly maintained	WASH; Local Government Department; UN agencies; local administration	Local Government Department; district administration; Department of Health
2.2.4. Education sector/academia: Strengthen linkages between education and maternal nutrition								
Revise the curricula for medical, nursing, midwifery and other public health degree programmes by including updated nutrition (maternal nutrition) topics and training	X	X				Curricula updated and finalized	Department of Education; Department of Health; Ministry of National Health Services, Regulations and Coordination; UNICEF; academic institutions; Higher Education Commission	Department of Education

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
Revise pre-service and in-service curricula for frontline workers to include updated maternal nutrition topics	X	X			Curricula updated and finalized	Department of Education; Department of Health; Ministry of National Health Services, Regulations and Coordination; UNICEF	Department of Education; Department of Health
Engage with academic institutions that are conducting research on nutrition to explore the possibilities of conducting implementation research on maternal nutrition (linkage to sub-strategy 3.2)	X	X	X	X	Ongoing engagement	Department of Education; Department of Health; Ministry of National Health Services, Regulations and Coordination; UNICEF; academic institutions; Higher Education Commission	Department of Education; Department of Health

Sub-strategy 2.3. Strengthen preparedness and response for maternal nutrition in disaster-prone districts and emergency situations

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
2.2.1. Strengthen disaster risk reduction plans by including maternal nutrition needs in the health sector response							
Conduct risk assessments to identify vulnerabilities related to food security, diets and nutrition among women and families	X	X	X	X	Risk assessments conducted, with contingency plans put in place	Department of Health; Provincial Disaster Management Authority; WFP; FAO; UNICEF; INGOs; all other stakeholders	Provincial Disaster Management Authority

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	Timeline							
	2022	2023	2024	2025	2026			
Ensure that women's health and nutrition measures are included in Sindh's preparedness guidelines, disaster risk management plans and the Provincial Disaster Management Authority's relief and recovery phase plans	X	X	X	X	X	Nutrition measures included for women	Department of Health; Provincial Disaster Management Authority; WFP; FAO; UNICEF; INGOs; all other stakeholders	Provincial Disaster Management Authority
2.2.2. Strengthen the procurement and delivery of maternal nutrition commodities and supplies								
Ensure that essential maternal nutrition commodities (blended fortified foods, RUSF + RUTF, micronutrients, etc.) are in stock and distributed during relief and recovery phases	X	X	X	X	X	Commodities in supply, with no reported stock-outs	Department of Health; Provincial Disaster Management Authority; WFP; FAO; UNICEF; INGOs; all other stakeholders	Department of Health; Provincial Disaster Management Authority
Link emergency nutrition services with the MINCH Programme, the Expanded Programme on Immunization and primary health care services to strengthen the continuum of care for maternal nutrition	X	X				Services linked	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition; partners	Department of Health

Strategic area 3. Guide evidence-based programming for maternal nutrition through monitoring, evaluation, accountability and learning (MEAL)

Sub-strategy 3.1. Strengthen routine monitoring, evaluation and accountability for maternal nutrition

Intervention/activity	Timeline				Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025			
3.1.1. Assess routine information systems for gaps on maternal nutrition indicators in recording and routine monitoring systems							
Assess gaps in maternal nutrition intervention indicators (process and output indicators) within existing recording, reporting and monitoring systems	X				Gaps assessed and recorded	Department of Health	
Assess gaps in terms of maternal nutrition supplies in the system for the centralized dispatch, distribution and tracking of commodities	X				Gaps assessed and recovered	Department of Health (contracted out to implementing partners)	Department of Health
Conduct a coverage assessment and field validation (actual basis)	X	X	X		Coverage assessment and field validation conducted	Department of Health	Department of Health
3.1.2. Identify additional maternal nutrition indicators for monitoring (based on updated programmes)							
Include the assessment of mid-upper arm circumference assessment (and body mass index) for monitoring, as well as the assessment of the maternal deworming indicator and all supplement indicators (iron and folic acid supplementation/multiple micronutrient supplementation, calcium supplementation)	X	X			Indicators included	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition	Department of Health

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
Include quality of care indicators (counselling on family planning, health, hygiene and diets)	X	X				Indicators included	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition	Department of Health
Include fortification-related indicators in monitoring	X	X				Indicators included	Department of Health; Fortification Alliance; Food Department	Department of Health
Incorporate quality indicators to strengthen routine information systems		X				Indicators included	Department of Health; Accelerated Action Plan for the Reduction of Stunting and Malnutrition	Department of Health
Include private sector data and data from teaching/tertiary hospitals in the routine information system	X	X	X	X	X	Indicators and data included		
3.1.3. Update new recording tools and reporting tools, and integrate these into the routine monitoring system								
Ensure that the proper monitoring of service delivery protocols and checklists is in place for community-based and facility-based services (such as the capacity assessment checklist for health care providers, continuum of care assessment, etc.)	X	X	X	X	X	Monitoring protocols and checklists implemented and utilized	Department of Health; implementing partners	Department of Health
Update recording and reporting tools for frontline workers and health care providers	X	X				Recording and reporting tools updated	Department of Health; implementing partners	Department of Health
Conduct assessments of the knowledge of beneficiaries		X		X	X	Knowledge assessments conducted	Department of Health; implementing partners	Department of Health

Sub-strategy 3.2. Promote a learning agenda on maternal nutrition for continued programme guidance

Intervention/activity	Timeline					Indicators or activity outputs	Stakeholders	Accountability
	2022	2023	2024	2025	2026			
3.2.1. Identify areas for implementation research and include these within programming								
Identify issues to research, for example, reaching women/couples before conception, the effective integration of nutrition care into maternal health service delivery (antenatal care, postnatal care), updated social and behaviour change materials, etc.		X	X	X	X	Research identified and incorporated in programming; partnerships developed for conducting research	Department of Health; Department of Education; partners; UNICEF; Ministry of National Health Services, Regulations and Coordination; academia	Department of Health
Conduct periodic programme evaluations to identify gaps and good practices			X		X	Programme evaluations conducted	Department of Health	Department of Health
Document programme and research outcomes and lessons learned, and disseminate findings to stakeholders at all levels			X	X	X	Number reports, case studies and briefs; number of dissemination events held	Implementers; Department of Health	Department of Health
3.2.2. Determine funding and partnerships for implementation research								
Establish innovative fund grants for cost-effective, high-impact and sustainable interventions	X	X	X			Grants established	Donor agencies; UN agencies	Department of Health
Incorporate the implementation research component in UN and departmental annual work plans (AWPs)						Research component incorporated	UN agencies; INGOs	Department of Health
Incorporate research plans in development schemes to establish funding and partnership mechanisms	X	X				Research plans incorporated	Department of Health; Planning and Development Department; Department of Education	Department of Health

