

**Indicator: # of pregnant women reached with nutrition-specific interventions through USG-supported programs****STANDARD SECTOR**  
**INDICATOR CODE:**  
HE\_MNCH\_253\_FTF**HEALTH SECTOR** **PROJECT AREA:** Maternal, Newborn, and Child Health**Type:** Output**Unit of Measure:** Individual**Disaggregation:****Age:** under 19 and 19 and over**Type of Service:** # women receiving iron and folic acid supplementation; # women receiving counseling on maternal and/or child nutrition; # women receiving calcium supplementation; # women receiving multiple micronutrient supplementation; # women receiving direct food assistance of fortified/specialized food products**Related Objective:** Increase knowledge and skills of women to adopt practices that contribute to a healthy pregnancy, safe delivery, good postpartum, and a healthy newborn (Objective 1)**Precise definitions****Pregnant women:** This indicator captures activities targeted toward women during pregnancy, intended to contribute to the health of both the mother and the child, and to positive birth outcomes.**Reached:** This indicator is not intended to capture one-time activities or events but should focus on pregnant women participating in activities that are ongoing, such as care groups, mothers groups, etc. Increasing knowledge and changing behavior is a longer-term process and requires multiple interactions with the same individual. While there may be some utility in once-off events, this indicator is focused on those individuals who attend a number of predefined sessions co-facilitated by the PCV and their counterpart or other local health staff/volunteers.**Nutrition-specific Interventions:**

A pregnant woman can be counted as reached if she receives one or more of the following interventions:

1. Iron and folic acid supplementation
2. Counseling on maternal and/or child nutrition
3. Calcium supplementation
4. Multiple micronutrient supplementation
5. Direct food assistance of fortified/specialized food products (i.e. CSB+, Supercereal Plus, RUTF, RUSF, etc)

Nutrition interventions for women are often delivered at the facility level, included in the package of antenatal care, but they may also be delivered through community-level platforms, such as care groups or community health extension activities. Iron and folic acid (IFA) supplementation is a commonly implemented intervention for pregnant women, often with broad coverage. Ideally, however, pregnant women should receive nutrition interventions beyond IFA, within a comprehensive ANC program informed by the local epidemiology of nutrient deficiencies. A woman is

reached with IFA if she receives the IFA according to national guidelines regardless of the number of days she adheres. If a woman only receives Iron or only Folic Acid, she would not be counted as reached.

The nutrition interventions during pregnancy listed above affect neonatal health outcomes such as low birth weight, small for gestational age, preterm birth, and cretinism.

**USG-supported programs:** Values reported should reflect countrywide results in Feed the Future focus countries; results should not be restricted to only those achieved in the Feed the Future Zone of Influence.

## Data collection

### Tool: Maternal and Newborn Health Attendance Tracking Tool, Feed the Future Tab

Data should be collected routinely at each session covering topics related to maternal and newborn health. A PCV should track individuals separately per session to assess how many total sessions each participant attended by the end of the intervention. Feed the Future countries should use the “FTF” tab of the workbook to track this specific indicator, including the specific type of service received.

A pregnant women reached by these interventions should be counted under this indicator, and not counted as a “child reached” under the two other Nutrition indicators: (indicator *HE\_MNCH\_255\_FTF Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs* or *HE\_MNCH\_252\_FTF Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported nutrition programs*).

Women can be double-counted across the intervention disaggregates if they receive more than one intervention, but a unique number of women reached must be entered into the age disaggregates.

## Reporting

### To be counted for this indicator the following criteria must be met:

- Individuals received counseling on nutrition that was facilitated by a PCV and their counterpart, or one of the other four direct supplementations.
- The supplementation/counseling was provided by the PCV and their counterpart in an individual or small group setting of 25 individuals or less.
- Individuals attended at least 75 percent of the sessions.
- Attendance at the counselling sessions was documented by the Volunteer or their partner (sign-in sheet, photo, etc.).
- The individual was provided information on all topics specified in the definition of essential maternal care services (see above definition).

Data will be aggregated over the reporting period, counting each participant only once during the fiscal year (October 1–September 30). For example, if a woman attended 10 different essential maternal health-care sessions over five months, she would only be counted once under this indicator within the fiscal year. If she continues to attend another group in the following year, she could be counted again, as one individual, under the same indicator in the VRT for the following fiscal year.