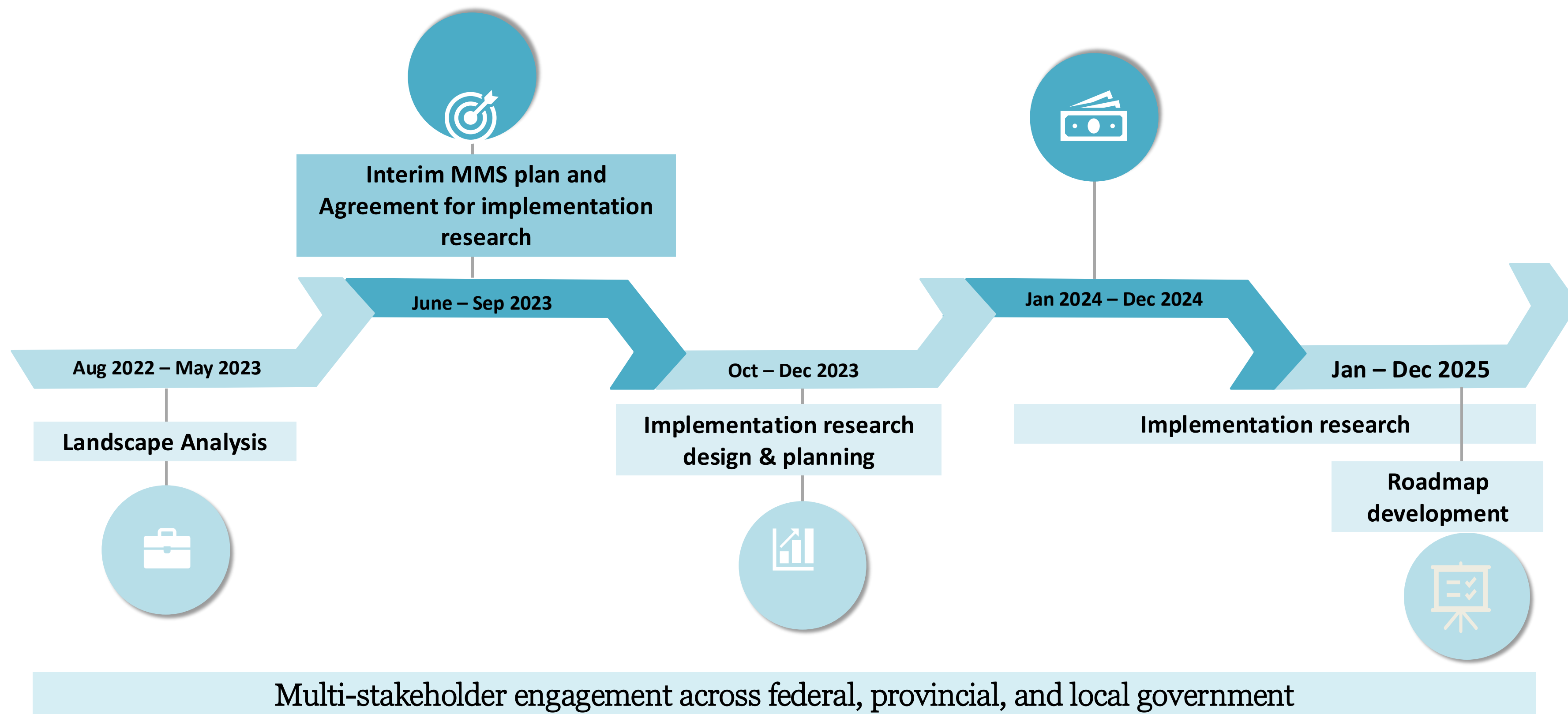


Scaling Multiple Micronutrient Supplementation (MMS) In Nepal

A multi-stakeholder policy, implementation research, and practice journey

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Exploring a Transition from Iron Folic Acid (IFA) to MMS in Nepal



Multi-faceted Approach to Rolling-out MMS

Policy Engagement

Stakeholder Awareness

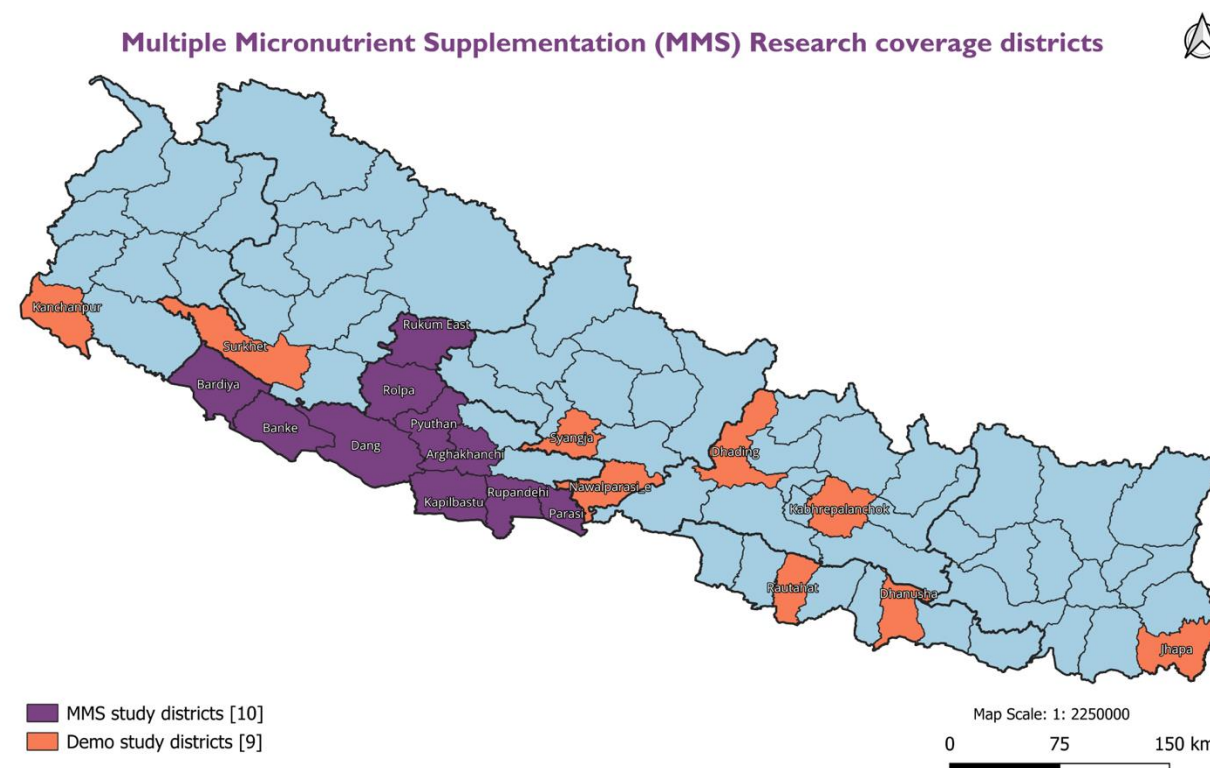
Implementation Research

Policy engagement

1. MMS added to national EML
2. Roadmap for MMS roll-out

Stakeholder Awareness

1. IEC materials (posters, job aids, take home cards)
2. Research briefs
3. Policy briefs
4. Health worker and multi-level policymaker engagement



Policy Engagement



Formation of an MMS technical working committee



Facilitation of Drug Advisory Committee meetings on MMS



Evidence and engagement for inclusion of MMS in the National Essential Medicine List (NEML)



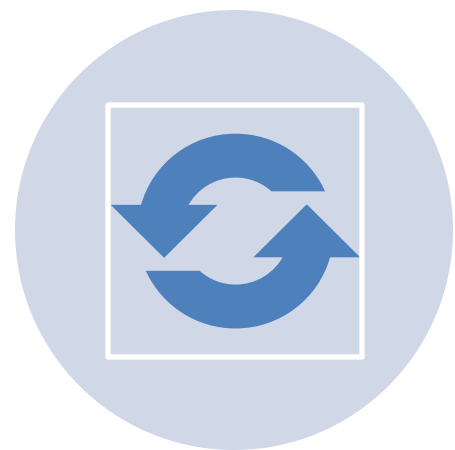
Support to ensure alignment with national nutrition and health priorities e.g. Nutrition for Growth Commitments



Country MMS roadmap preparation



Stakeholder Awareness



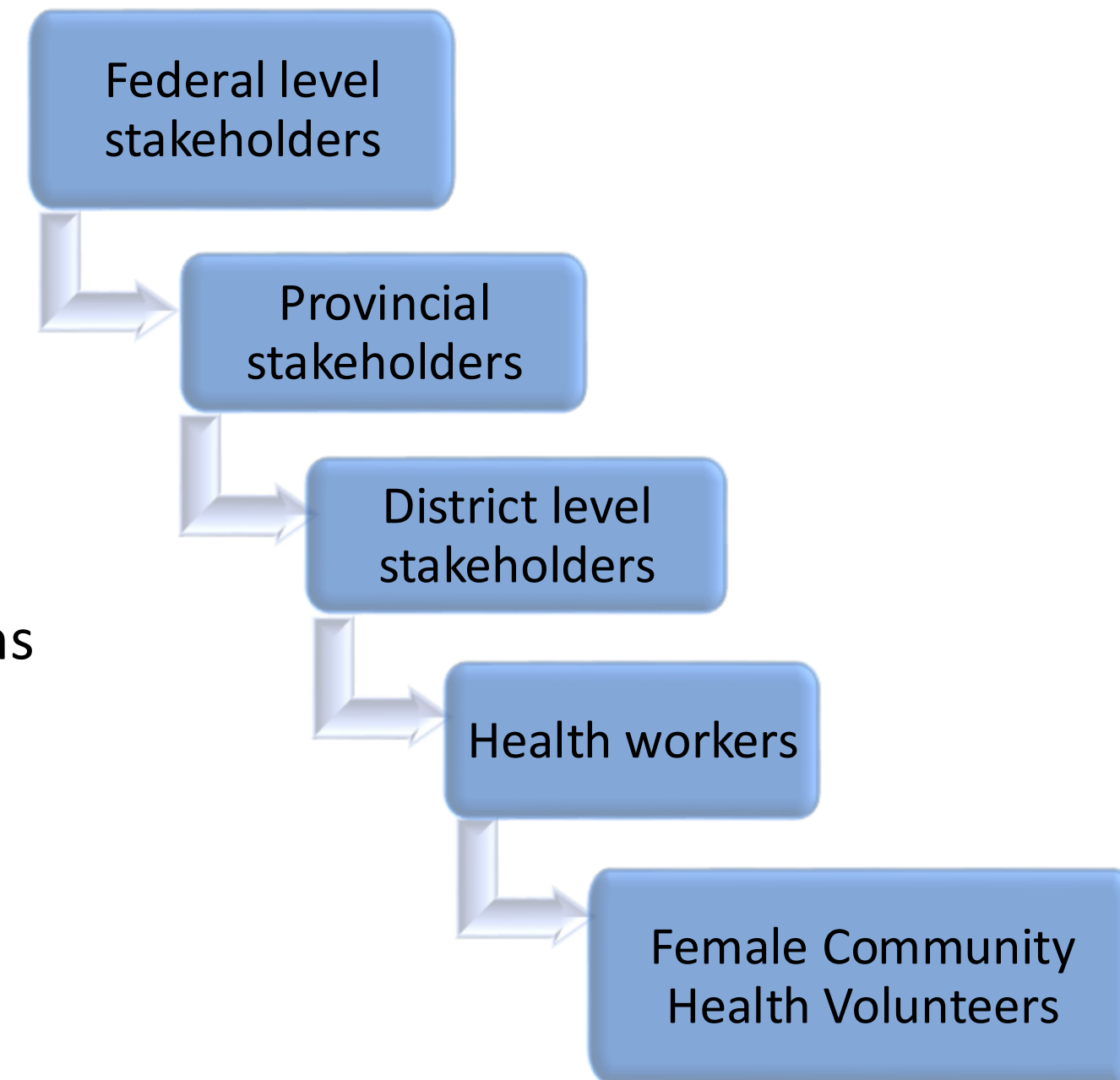
Early and continuous
multi-level engagement



Build consensus and
accelerate policy
momentum



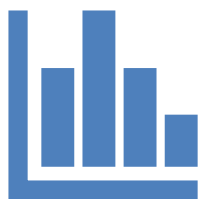
Create early champions
among policymakers
and providers



Implementation Research



NAMASTE-MMS trial in Lumbini to test pill adherence, acceptability and ANC participation.



Quantitative demonstration studies in the other 6 provinces to build evidence from diverse geographic areas.



Qualitative studies to explore supply readiness and operational feasibility in health system as well as acceptability.

NAMASTE MMS	Lumbini Province (10 districts) 2640 Pregnant women, 120 Health facilities 3 Arms: IFA blister; MMS blister; MMS bottle
Demonstration Study	Six Provinces (9 districts) 534 Pregnant Women, 44 health facilities MMS blister
Qualitative: Adherence and Acceptability	Seven Provinces (28 pregnant women, 84 family members)
Qualitative: MMS Operational Feasibility	Seven Provinces (42 Key Informant Interviews, 85 ANC providers, 90 FCHVs)
Supply Readiness Assessment	Seven provinces (42 Key Informant Interviews)

Lessons Learned



Early, continuous stakeholder engagement builds consensus and accelerates policy momentum



Implementation research provides actionable evidence to guide operational decisions



Supply and systems readiness assessments are essential prior to scale-up



Embedding MMS within existing systems - supply chain, guidelines, health management information system (HMIS) should ease the transition from IFA



A clear roadmap needs alignment in policy, financing, and implementation partners



Next Steps for Nepal

Inclusion of MMS in NEML

Roadmap for IFA to MMS transition finalized and endorsed

Budget allocated for policy transition

HMIS systems updated to capture MMS indicators

Stakeholder engagement at local, provincial, and federal levels continued and strengthened



Acknowledgements

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- Study participant leaders, facilities, and individuals

Thank You



Thank You