Programming Small-Quantity Lipid-Based Nutrient Supplements (SQ-LNS): Lessons Learned and Tools to Strengthen Implementation

26 July 2023


Photo credit: A Balla and H Diadie/Niger

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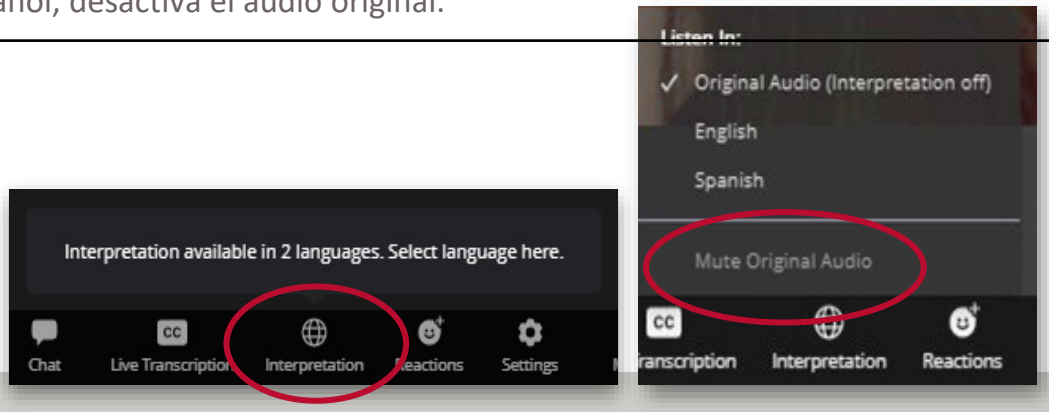

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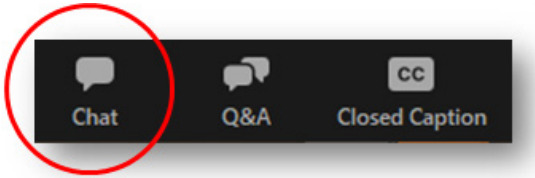

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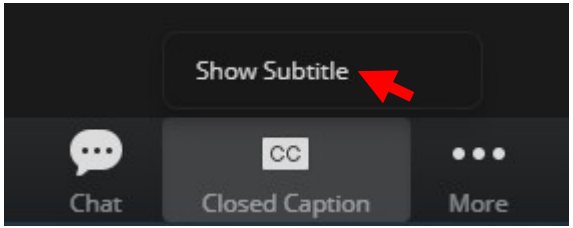

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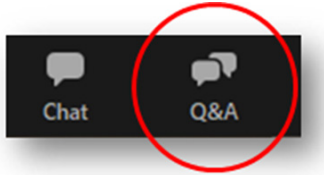

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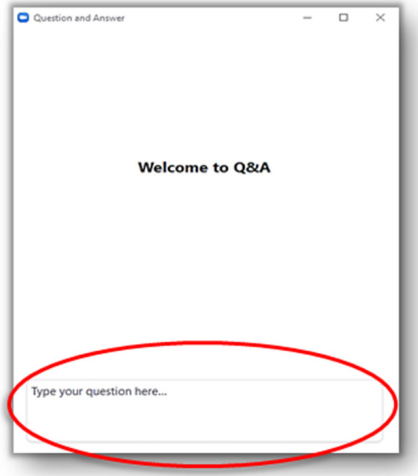


WELCOME

Kavitha Sethuraman
Technical Director, Nutrition in Humanitarian Contexts
USAID Advancing Nutrition

Agenda

- Welcome and webinar overview
- Opening remarks
- Presentation on
  - —Small-Quantity Lipid-Based Nutrient Supplement (SQ-LNS) activities
  - —Materials: program guidance brief, communication brief, job aids
- Questions and answers
- Closing remarks

OPENING REMARKS

Benjamin Vogler
Program Manager, International Food Relief Partnership
USAID Bureau for Humanitarian Assistance

SQ-LNS ACTIVITIES & MATERIALS

Akriti Singh
Nutrition and Health Systems Advisor
USAID Advancing Nutrition

Background

- Small-quantity lipid-based nutrient supplements (SQ-LNS) are a fortified product intended to fill nutrient gaps during the complementary period, pregnancy, and lactation (Dewey et al. 2021).
- There is strong evidence for the effectiveness of preventive SQ-LNS in reducing stunting, wasting, anemia, and mortality among children 6–24 months of age (Dewey et al. 2021).
- There is a small but growing evidence base on the effectiveness of SQ-LNS when consumed by women during pregnancy to improve birth outcomes (Das et al. 2018).
- However, very little is known about the challenges and opportunities of expanding the use of this product and the best approaches to do so.

Background

- USAID's International Food Relief Partnership (IFRP)-funded programs are among the few in the world to distribute SQ-LNS. Thus, IFRP programs present a unique opportunity for learning.
- At the time USAID Advancing Nutrition conducted this set of learning activities, the IFRP awards were 18 months in duration and provided up to US$200,000 in addition to the cost of product procurement to transport and distribute products to ~19,200 children and ~9,400 pregnant and lactating women (PLW) (USAID 2021).
- To better understand how to support implementation of SQ-LNS programs, USAID Advancing Nutrition conducted two activities with IFRP partners and developed resource materials.

Activities and Related Materials

- Activity: LNS program mapping and gap analysis
  - —Materials: Program guidance brief
- Activity: SQ-LNS learning activity
  - —Materials: Communication brief
  - —Materials: Job aids

LNS PROGRAM MAPPING & GAP ANALYSIS

Objectives

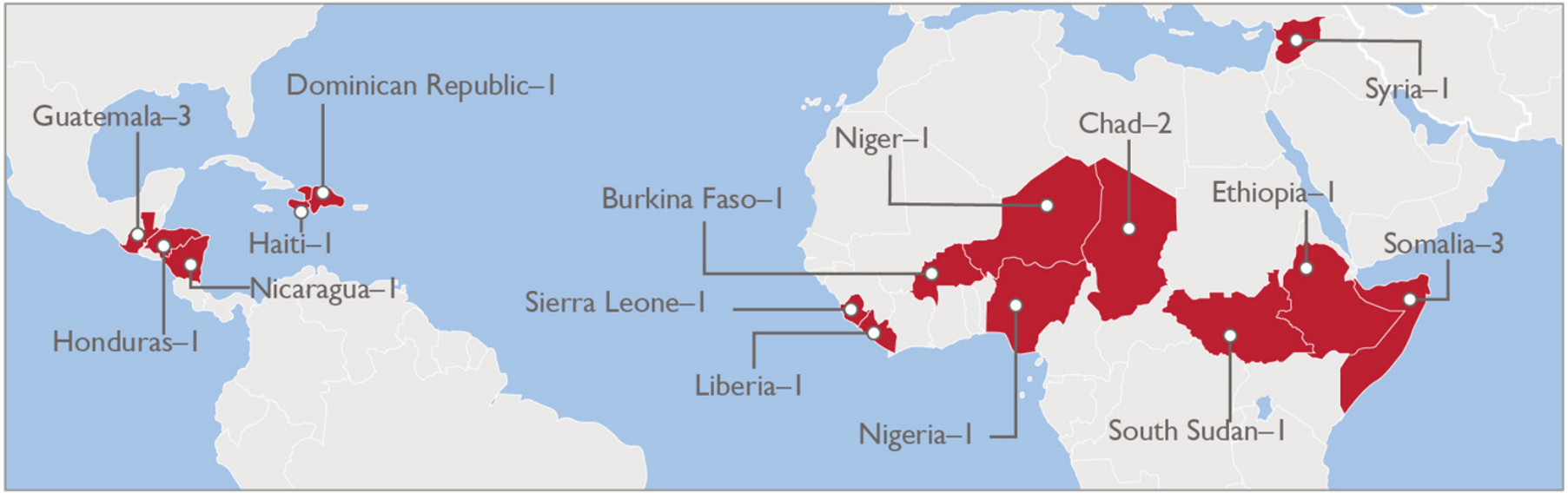
- To compare LNS program details across IFRP implementing partners
  - —SQ-LNS and medium-quantity lipid-based nutrient supplements (MQ-LNS)

- To identify gaps and opportunities for strengthening the quality of LNS program implementation

Methods

	FY 2018/ 2019	FY 2020	Total
Survey	13/14	5/6	18/20
Interview (program)	6/6	2/2	8/8
Interview (business development)	2/3	-	2/3
Grants reviewed	14	6	20

Geographic Coverage



Findings, Gaps, and Recommendations

Area	Finding	Gap	Recommendation
Start-up phase	Start-up is reliant on existing national-level data	Existing data are inaccurate; partners will not find target number at the beginning	Develop implementation guidance based on lessons from previous partners. Create opportunities for partners to interact and share experiences.
Program design: Targeting	Targeting includes full age range and less so by vulnerability criteria	Partners unclear that children who start supplementation close to 6 months benefit the most	Include how to use scientific evidence in the implementation guidance.

Findings, Gaps, and Recommendations

Area	Finding	Gap	Recommendation
Program design: Exit criteria	Exit criteria based on age or pre-set intervention duration (months)	Partners unclear that duration of supplementation influences outcomes	Include how to use scientific evidence in the implementation guidance.
Program evaluation	Program evaluation is not required	Current award amount may not allow partners to evaluate their program	Support partners to review/ evaluate their LNS programs.
Complementary activities	New partners need support integrating LNS with IYCF and WASH	Lack of existing SBC guidance for IYCF+LNS programming	Include information on how to develop SBC for IYCF+LNS programming in the implementation guidance.

Findings, Gaps, and Recommendations

Area	Finding	Gap	Recommendation
Coordination	Coordination focused on government, not NGO or UN agencies	New partners unsure who to contact for implementation support	In the implementation guidance, add description of how to coordinate with other nutrition actors and details of potential actors partners could contact.
Request for application	Needs clarity on monitoring and evaluation requirements	Provides a link but no clear expectations	Include clear expectations on monitoring and evaluation. Continue to organize the pre-award consultation webinar each year.

LNS PROGRAM GUIDANCE BRIEF


Photo credit: A Balla and H Diadie/Niger

SQ-LNS Program Guidance Brief

Photo credit: Dan Fiedler, Helen Keller International

Lipid-Based Nutrient Supplements:

Evidence and Program Guidance

This guidance was developed for the USAID Bureau for Humanitarian Assistance-managed International Food Relief Partnership (IFRP). The lipid-based nutrient supplements (LNS) described below are for nutrition promotion/protection and not for treatment.

Introduction

This technical brief provides information for designing small- and medium-quantity lipid-based nutrient supplement (LNS-SQ and LNS-MQ) programs that promote improved nutritional status of women and young children in resource-limited settings. The following sections feature an overview of recent evidence, considerations for program design, and details of ways that LNS can complement or enhance a wide range of community health and development programs.

Recent Evidence for Effectiveness

Although multiple factors influence child growth and development, the diets of pregnant and breastfeeding women and children play a critical role. In settings where these vulnerable populations are not able to afford or access a healthy and diverse diet, LNS products may reduce the risk of death and improve growth and brain development for children 6–24 months of age and offer potential benefits in birth outcomes for pregnant women. Lipid-based nutrient supplement products provide energy (110–270 kcals per sachet), protein, multiple micronutrients, and essential fatty acids.

Considerations for Program Design

The following recommendations are for optimal programming use of LNS products and align with manufacturer instructions. The recommendations for women are specific to IFRP programs.

PROGRAM ASPECT	CHILDREN	WOMEN
Population	All children 6–24 months of age in areas with a high burden of child micronutrient deficiency, food insecurity, and poor growth and development	All pregnant women in areas with a high burden of low newborn size, micronutrient deficiency, food insecurity, and where MMS or IFA may not be readily available
Program Entry	6–11 months of age	As early as possible in pregnancy
Program Exit	24 months of age	End of pregnancy; if resources are available, while breastfeeding as well
Duration	6–12 months or longer if resources are available If only provided for 6 months, children should start the program at or close to 6 months of age	As long as possible in pregnancy and during the first six months of breastfeeding if resources are available
Frequency of Consumption	Daily	Daily
Ration Size	20–50g	20g

Complementary Programming Actions

Lipid-based nutrient supplements may have a greater impact on child growth and development when implemented with programmatic approaches that together address multiple drivers of undernutrition. Where nutrient-deficiencies are significant, and programs provide messages regarding LNS, integration with other interventions can serve as an entry point. Also, program engagement increases when participants receive an immediate tangible benefit, such as LNS.

LNS and Nutrition Education

The provision of LNS should be accompanied by appropriate messages that communicate who the products are intended for, how to use the products, and associated benefits.[8] Since the role of LNS is to enhance diets that are nutritionally deficient, LNS programs should also provide additional messages on promotion of good nutrition practices for women (e.g., diet diversity) and young children (e.g., breastfeeding, appropriate complementary feeding, and consumption of animal-source foods). All messages should be tailored to the context in which the programs are implemented.

LNS in Existing Programs

Below are examples that illustrate how LNS can be incorporated into existing programs to support the achievement of program objectives:

- **Nutrition:** In food-insecure settings, LNS distribution can be included in programs that promote good nutrition practices for pregnant and breastfeeding women and children during the complementary feeding period (6–24 months). Nutrition promotion programs can also provide LNS to encourage caregivers to bring their children to community screenings for acute malnutrition or growth monitoring and promotion sessions for timely identification and referral for nutrition services.
- **Health:** LNS may be used to motivate participation in a range of primary health care services, including but not limited to antenatal and postnatal care visits for pregnant and/or breastfeeding women, and growth monitoring and promotion sessions for young children (6–24 months). In this way, programs will support both the health and nutritional status of the intended population.
- **Food Assistance:** Often, ration baskets provided to groups vulnerable to food insecurity, particularly in protracted crises, do not meet the full daily micronutrient needs. Pregnant and breastfeeding women and young children need more micronutrients than the average household ration provides. Programs can meet this additional need by delivering LNS with the household ration.
- **Agriculture:** Activities that support agriculture production (including home gardens), livelihoods recovery (including small livestock), and income generation can also leverage the opportunity to provide LNS because they already reach households with pregnant and breastfeeding women and young children. In this way, programs will strengthen the nutritional status of populations vulnerable to malnutrition through direct and indirect interventions.

SQ-LNS LEARNING ACTIVITY

Objectives

- Document **factors that promoted and/or hindered successful implementation** of SQ-LNS programs from IFRP partners and program participants.

- Garner IFRP partner perspectives on **considerations for expanding SQ-LNS programs** in their context, including potential opportunities and constraints.

Implementation: Context

	Honduras	Niger	Somalia
Location	Dry Corridor: Francisco Morazan, La Paz, Valle, Comayagua, and Choluteca Departments 	Dakoro District, Maradi Region 	Mogadishu, Afgoe, Kismayo, Beletweyne, and Wanleyene 
Emergency	Drought	Drought	Drought, Al Shabab (Kismayo)
Food insecurity*	Dry Corridor: Integrated Food Security Phase Classification (IPC) 3 (crisis)	Dakoro: IPC 1 (minimal)	Mogadishu: IPC 3 (crisis) Kismayo: IPC 3 (crisis)

Source: *FEWS NET 2021a (Niger), FEWS NET 2021b (Somalia), and FEWS NET 2022 (Honduras)

Methods: Tools

Key Informant Interviews

Photo credit: Jama Mohamud Ahmed/Somalia

Observations


Photo credit: A Balla and H Diadie/Niger


Photo credit: A Balla and H Diadie/Niger

Group Discussions


Photo credit: Jama Mohamud Ahmed/Somalia

Methods: Data Collection

Methods	Honduras	Niger	Somalia
Key informant interviews			
Partner staff (program, warehouse, distribution)	8	7	8
Observations			
Warehouse	2	1	2
Distribution site	3	3	3
Group discussion			
Caregivers (children 6–24 months)	3	3	3
Pregnant and lactating women	3	-	3
Informal conversations	3	3	1
Total	**21**	**17**	**20**

Implementation: Partner Perspectives on Distribution

Methods	Honduras	Niger	Somalia
Delivery platform	• School, community center, volunteer home, health facility, participant home	• Health facility	• Health facility
Enrollment	• Child: 6–24 months • PLW: pregnancy	• Child: 6–11 months	• Child: 6–24 months • PLW: pregnancy
Assessment	• Child: Weight and height at enrollment and exit and MUAC every visit • PLW: none	• Child: Height, weight, and mid-upper arm circumference (MUAC) every 4 weeks	• Child: Height, weight, and MUAC every 4 weeks • PLW: weight
Duration	• Child: 12 months • PLW: 12 months	• Child: 18 months	• Child: 6 months • PLW: 12 months
Frequency	• Every 3 months	• Every 4 weeks	• Every 2 weeks
Complementary activities	• Child: Atención Integral del Niño en la Comunidad (AIN-C; Comprehensive Care for Children in the Community), food ration, early child stimulation • PLW: iron-folic acid (IFA)/multiple micronutrient supplementation (MMS), antenatal care (ANC)	• Child: 1,000 days program, management of severe acute malnutrition, family MUAC	• Child: health services • PLW: ANC, IFA

Implementation: Observation of Distribution Site

Methods	Honduras	Niger	Somalia
Number of staff	• Paid staff: 1–3 • Paid volunteers: 1–3	• Paid staff: 1 • Paid volunteers: 1–2	• Paid staff: 2 • Unpaid volunteers: 1–2
Number of participants	• 16–40	• 25–52	• 50–100
Staff to participant ratio	• 1:5–1:7	• 1:13–1:18	• 1:13–1:25
Time to receive LNS-SQ	• ~77 mins–114 mins	• ~15 mins–125 mins	• ~30–101 mins
Notes	• Only 1 participant returned sachets others did monthly • SQ-LNS related information provided • Early childhood stimulation	• Nutrition education and anthropometric measurements for first 2 hours then SQ-LNS distribution	• No designated waiting area • Caregivers and PLW chatting while waiting

Implementation: Partner-Perceived Strengths

	Honduras	Niger	Somalia
Implementation	• Program resulted in fewer underweight children • Capable local NGO • Implement through volunteers • Learned from prior experience implementing program in Guatemala	• Program resulted in higher vaccination rates, lower cases of SAM • Learned from prior experience implementing program in Mirriah District	• High staff capacity • Program participants using SQ-LNS correctly
Supervision	• Department coordinator/promoters closely monitor volunteers	• Not mentioned	• Close supervision from program focal person every month, M&E officer every quarter
Participants	• High acceptability of SQ-LNS	• High acceptability of SQ-LNS	• High acceptability of SQ-LNS
Logistics	• Experience and system in place at the national level to move large volumes of different types of product	• Strong system in place (importation, warehouse, transport to health centers and health posts)	• Not mentioned

Implementation: Partner-Perceived Challenges

	Honduras	Niger	Somalia
Funding amount	• Insufficient to hire required number of staff • Insufficient to print SBC materials	• Insufficient to hire required number of staff	• Insufficient to hire required number of staff • Insufficient to print SBC materials
Participants	• Caregivers and PLW dislike the aftertaste of iron	• Caregivers visiting multiple distribution sites • Caregivers found the size too small	• Caregivers and PLW found the size too small
Logistics	• Delay in product arrival • Higher than expected transportation cost (fuel price)	• Storage of SQ-LNS at health centers and health posts	• Delay in product arrival • Transportation to areas affected by Al Shabab activity
M&E	• Delay in data entry	• Not mentioned	• Delay in data entry
Complementary activities	• Could not take anthropometric measurements more frequently	• Dependent on non-IFRP funding	• Dependent on non-IFRP funding

Implementation: Perceived Experiences of Caregivers of Children 6–24 Months

	Honduras	Niger	Somalia
Use	• Child ate as is • Child ate 1 sachet per day • Returned empty sachets	• Child ate as is • Child ate 1 sachet per day • Some returned empty sachets	• Child ate as is, some mixed with milk or water • Most gave 1 sachet per day • Some returned empty sachets
Benefits	• Child has greater appetite, weight and height gain, increased level of activity, and are well-nourished	• Child is happy, healthy, grows well	• Child drank more water, gained weight, had more energy, looked good
Feedback	• Dislike after taste of iron • Improve packaging, give SQ-LNS to children beyond 24 months, manage distribution sites better	• Size is small • Enroll children older than 11 months, want more information on SQ-LNS, manage distribution sites better	• Size is small • Want more time with clinic staff, one month supply for those that live far, complementary activities (ANC, delivery, vaccines)
Quotes	**"One must be aware of giving a glass of juice or milk, for the taste in the mouth. Because [after] finishing the packet, just 15 minutes after, one has an iron taste."** *—Caregiver, La Paz Department*	**"We only want the LNS-SQ partner to increase the [LNS-SQ] size. Otherwise the taste, color, and packaging are good."** *— Caregiver, Kornaka*	**"I will say to increase the size of the product, it's very small and it's not sufficient even for the children."** *— Caregiver, Mogadishu*

Implementation: Perceived Experiences of PLW

	Honduras	Somalia
Use	• Some mixed with food or drink • Some ate more than one sachet per day • Took in addition to IFA/MMS, when available	• Ate as is • Most ate more than one sachet per day • Some also took IFA and corn soy blend
Benefits	• Improved appetite • Some said babies were born "beautiful" and "chubby" • Others said several factors were involved	• More energy, greater appetite, less constipation, slight increase in weight, drank more water
Feedback	• Disliked after taste of iron; difficult to open sachets • Enjoy group meetings, provide inputs for kitchen gardens	• Size is small; also give porridge • Want more time with staff; difficult to return empty sachets
Quotes	**"If you only eat [SQ-LNS] and you don't eat well, you don't eat fruits, vegetables, vitamins, all that, you won't benefit from it"** *— PLW, Choluteca Department*	**"I also eat porridge from another [maternal and child health clinic] which I am registered as pregnant because they give us enough food which I can eat, and it can fill my stomach but the LNS can't fill my stomach."** *— PLW, Mogadishu*

Note: Partner in Niger did not program SQ-LNS for PLW

Implementation: Partner Perspectives on Scale-Up

- Partners in all three countries felt they could scale up activities, if they had—
  - more funding
  - human resources
  - better and more proximal storage capacity
  - improved monitoring and evaluation systems.

Photo credit: Dalila Sierra/Honduras

Summary

- **Acceptability**: High acceptability for SQ-LNS among children 6–24 months of age, caregivers, and PLW in Honduras, Niger, and Somalia. But, dissatisfaction with the size of the product in Niger and Somalia and aftertaste of iron in Honduras.
- **Program design:** Variation in how implementing partners designed their SQ-LNS program. The program design was not always evidence-based.
- **SQ-LNS SBC:** Higher staff-to-participant ratio enabled program staff in Honduras to spend more time giving participants information about SQ-LNS and problem-solving, which contributed to participants using the product correctly.
- **Complementary activities**: Provision of complementary activities depended on non-IFRP funding.
- **Monitoring and evaluation:** Although not required by the award, partners tracked anthropometric measurements and used the information to assess change.

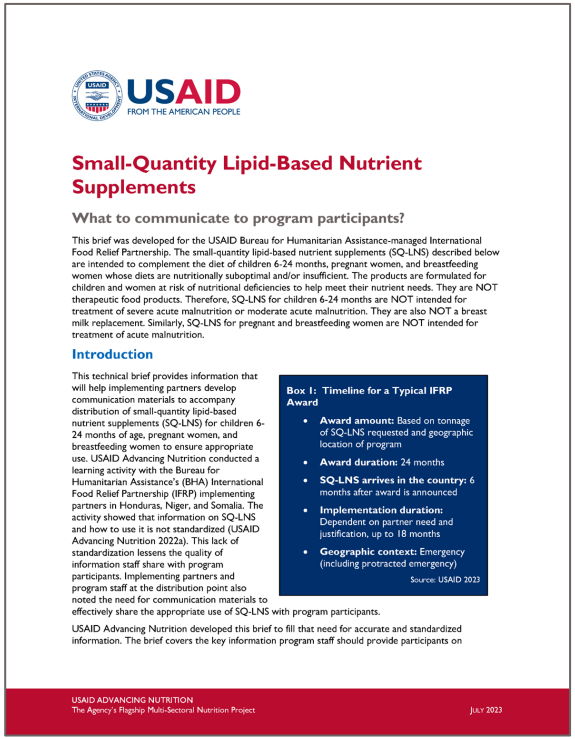
Recommendations: Global Nutrition Community

- **Program guidance:** Develop operational guidance that encourages implementers to program SQ-LNS with household assistance in highly food insecure areas.
- **Distribution model:** Ensure that the guidance provides the evidence-based rationale for elements of the distribution model (enrollment criteria, duration of supplementation, distribution frequency, exit criteria).
- **SBC:** Call for mandatory inclusion of SBC in the program guidance for SQ-LNS programming.
- **Operational research:** Conduct operational research to understand how to scale up SQ-LNS programs in areas with high levels of undernutrition.
- **Essential medicines list:** Include SQ-LNS in the essential medicines list, at the global (World Health Organization) and country levels to enable greater accessibility and scale-up.

SQ-LNS COMMUNICATION BRIEF & JOB AIDS

Photo credit: Jama Mohamud Ahmed/Somalia

SQ-LNS Communication Brief (draft)



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FROM THE AMERICAN PEOPLE

Small-Quantity Lipid-Based Nutrient Supplements

What to communicate to program participants?

This brief was developed for the USAID Bureau for Humanitarian Assistance-managed International Food Relief Partnership. The small-quantity lipid-based nutrient supplements (SQ-LNS) described below are intended to complement the diet of children 6-24 months, pregnant women, and breastfeeding women whose diets are nutritionally suboptimal and/or insufficient. The products are formulated for children and women at risk of nutritional deficiencies to help meet their nutrient needs. They are NOT therapeutic food products. Therefore, SQ-LNS for children 6-24 months are NOT intended for treatment of severe acute malnutrition or moderate acute malnutrition. They are also NOT a breast milk replacement. Similarly, SQ-LNS for pregnant and breastfeeding women are NOT intended for treatment of acute malnutrition.

Introduction

This technical brief provides information that will help implementing partners develop communication materials to accompany distribution of small-quantity lipid-based nutrient supplements (SQ-LNS) for children 6-24 months of age, pregnant women, and breastfeeding women to ensure appropriate use. USAID Advancing Nutrition conducted a learning activity with the Bureau for Humanitarian Assistance's (BHA) International Food Relief Partnership (IFRP) implementing partners in Honduras, Niger, and Somalia. The activity showed that information on SQ-LNS and how to use it is not standardized (USAID Advancing Nutrition 2022a). This lack of standardization lessens the quality of information staff share with program participants. Implementing partners and program staff at the distribution point also noted the need for communication materials to effectively share the appropriate use of SQ-LNS with program participants.

Box 1: Timeline for a Typical IFRP Award

- **Award amount:** Based on tonnage of SQ-LNS requested and geographic location of program
- **Award duration:** 24 months
- **SQ-LNS arrives in the country:** 6 months after award is announced
- **Implementation duration:** Dependent on partner need and justification, up to 18 months
- **Geographic context:** Emergency (including protracted emergency)

Source: USAID 2023

USAID Advancing Nutrition developed this brief to fill that need for accurate and standardized information. The brief covers the key information program staff should provide participants on

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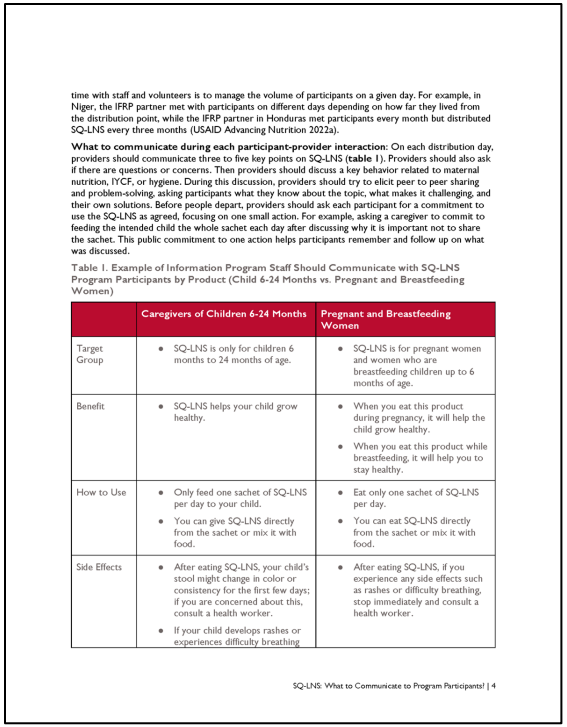
JULY 2023

Box 3: Key Principles to Designing SQ-LNS-Related Communication

- Be culturally sensitive and grounded in local knowledge and practices about nutrition.
- Show clear benefits to using SQ-LNS.
- Help participants understand what to expect and what not to expect after using SQ-LNS.
- Provide 3-5 key points on–
  - Whom SQ-LNS is intended for
  - Why SQ-LNS should be used
  - How and when to take SQ-LNS
  - How to manage potential side effects

Source: UNHCR 2011



time with staff and volunteers is to manage the volume of participants on a given day. For example, in Niger, the IFRP partner met with participants on different days depending on how far they lived from the distribution point, while the IFRP partner in Honduras met participants every month but distributed SQ-LNS every three months (USAID Advancing Nutrition 2022a).

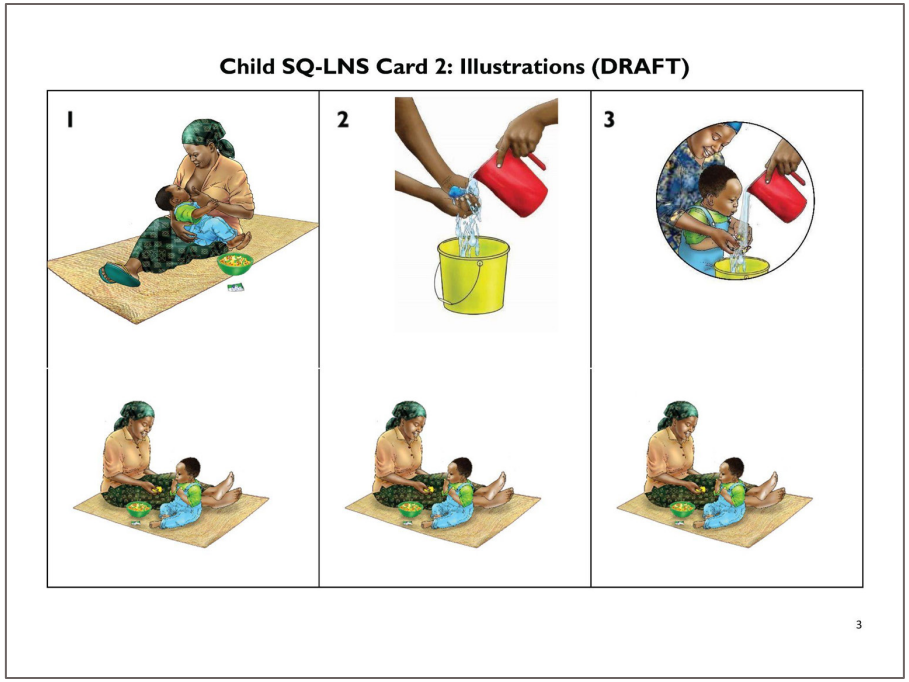
What to communicate during each participant-provider interaction: On each distribution day, providers should communicate three to five key points on SQ-LNS (**table 1**). Providers should also ask if there are questions or concerns. Then providers should discuss a key behavior related to maternal nutrition, IYCF, or hygiene. During this discussion, providers should try to elicit peer to peer sharing and problem-solving, asking participants what they know about the topic, what makes it challenging, and their own solutions. Before people depart, providers should ask each participant for a commitment to use the SQ-LNS as agreed, focusing on one small action. For example, asking a caregiver to commit to feeding the intended child the whole sachet each day after discussing why it is important not to share the sachet. This public commitment to one action helps participants remember and follow up on what was discussed.

Table 1. Example of Information Program Staff Should Communicate with SQ-LNS Program Participants by Product (Child 6-24 Months vs. Pregnant and Breastfeeding Women)

	Caregivers of Children 6-24 Months	Pregnant and Breastfeeding Women
Target Group	• SQ-LNS is only for children 6 months to 24 months of age.	• SQ-LNS is for pregnant women and women who are breastfeeding children up to 6 months of age.
Benefit	• SQ-LNS helps your child grow healthy.	• When you eat this product during pregnancy, it will help the child grow healthy. • When you eat this product while breastfeeding, it will help you to stay healthy.
How to Use	• Only feed one sachet of SQ-LNS per day to your child. • You can give SQ-LNS directly from the sachet or mix it with food.	• Eat only one sachet of SQ-LNS per day. • You can eat SQ-LNS directly from the sachet or mix it with food.
Side Effects	• After eating SQ-LNS, your child's stool might change in color or consistency for the first few days; if you are concerned about this, consult a health worker. • If your child develops rashes or experiences difficulty breathing	• After eating SQ-LNS, if you experience any side effects such as rashes or difficulty breathing, stop immediately and consult a health worker.

SQ-LNS: What to Communicate to Program Participants! | 4

SQ-LNS Job Aids (draft)



Child SQ-LNS Card 2: Illustrations (DRAFT)

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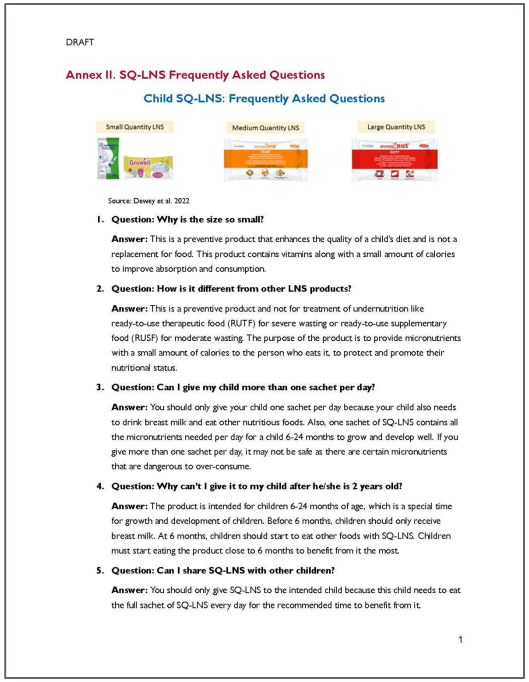

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Annex II. SQ-LNS Frequently Asked Questions

Child SQ-LNS: Frequently Asked Questions

Small Quantity LNS | Medium Quantity LNS | Large Quantity LNS

Source: Dewey et al. 2022

1. **Question: Why is the size so small?**

   Answer: This is a preventive product that enhances the quality of a child's diet and is not a replacement for food. This product contains vitamins along with a small amount of calories to improve absorption and consumption.

2. **Question: How is it different from other LNS products?**

   Answer: This is a preventive product and not for treatment of undernutrition like ready-to-use therapeutic food (RUTF) for severe wasting or ready-to-use supplementary food (RUSF) for moderate wasting. The purpose of the product is to provide micronutrients with a small amount of calories to the person who eats it, to protect and promote their nutritional status.

3. **Question: Can I give my child more than one sachet per day?**

   Answer: You should only give your child one sachet per day because your child also needs to drink breast milk and eat other nutritious foods. Also, one sachet of SQ-LNS contains all the micronutrients needed per day for a child 6-24 months to grow and develop well. If you give more than one sachet per day, it may not be safe as there are certain micronutrients that are dangerous to over-consume.

4. **Question: Why can't I give it to my child after he/she is 2 years old?**

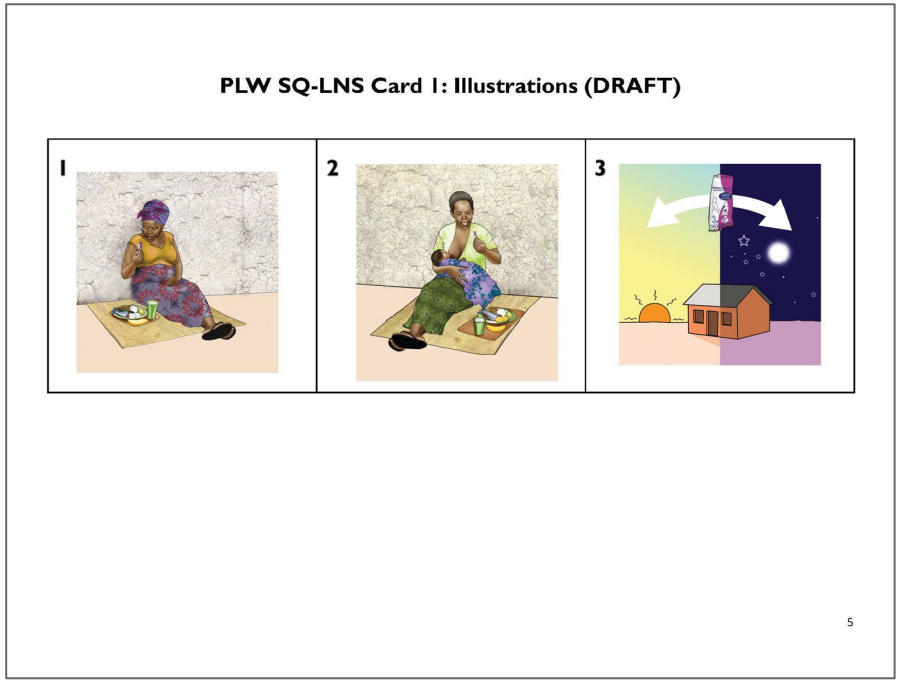
   Answer: The product is intended for children 6-24 months of age, which is a special time for growth and development of children. Before 6 months, children should only receive breast milk. At 6 months, children should start to eat other foods with SQ-LNS. Children must start eating the product close to 6 months to benefit from it the most.

5. **Question: Can I share SQ-LNS with other children?**

   Answer: You should only give SQ-LNS to the intended child because this child needs to eat the full sachet of SQ-LNS every day for the recommended time to benefit from it.

1

SQ-LNS Job Aids (draft)



PLW SQ-LNS Card 1: Illustrations (DRAFT)

1

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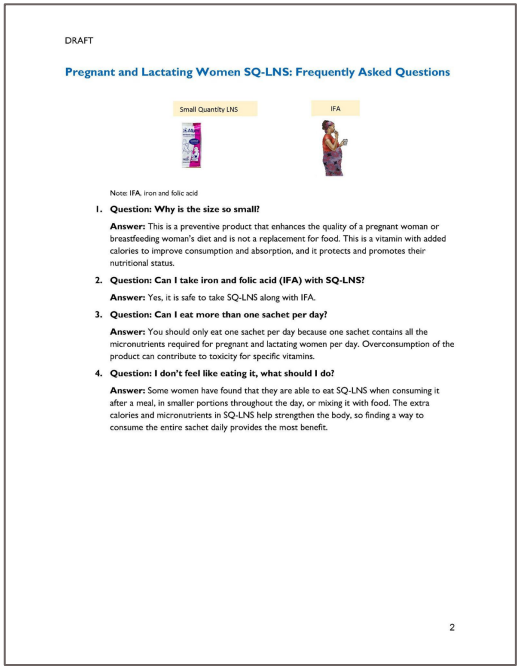

DRAFT

Pregnant and Lactating Women SQ-LNS: Frequently Asked Questions

Small Quantity LNS

IFA

Note: IFA, iron and folic acid

1. **Question: Why is the size so small?**

   Answer: This is a preventive product that enhances the quality of a pregnant woman or breastfeeding woman's diet and is not a replacement for food. This is a vitamin with added calories to improve consumption and absorption, and it protects and promotes their nutritional status.

2. **Question: Can I take iron and folic acid (IFA) with SQ-LNS?**

   Answer: Yes, it is safe to take SQ-LNS along with IFA.

3. **Question: Can I eat more than one sachet per day?**

   Answer: You should only eat one sachet per day because one sachet contains all the micronutrients required for pregnant and lactating women per day. Overconsumption of the product can contribute to toxicity for specific vitamins.

4. **Question: I don't feel like eating it, what should I do?**

   Answer: Some women have found that they are able to eat SQ-LNS when consuming it after a meal, in smaller portions throughout the day, or mixing it with food. The extra calories and micronutrients in SQ-LNS help strengthen the body, so finding a way to consume the entire sachet daily provides the most benefit.

2

Question & Answers

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CLOSING REMARKS

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FROM THE AMERICAN PEOPLE

USAID ADVANCING NUTRITION

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