

MIYCN/FP Integration Working Group

Meeting Notes

April 1, 2015 | 9:00 am – 3:00 pm | MCSP Office

Attendance

41 people from 20 organizations participated in the working group meeting.



Attendees and remote participants included:

- 1) Michelle Prosser – Save the Children
- 2) Asma Qureshi – URC-CHS
- 3) Judith Moore – Abt Associates
- 4) Diane DeBernardo – USAID
- 5) Mark Hathaway – MCSP
- 6) Kusum Hachhethu – Tufts University
- 7) Reena Borwankar – FHI 360/FANTA
- 8) Reshma Naik – PRB
- 9) Justine Kavle – PATH
- 10) Elizabeth Tully – K4Health
- 11) Anushka Kalyanpur – IMC
- 12) Lauri Winter
- 13) Sarah Harlan – JHU CCP
- 14) Agnes Guyon – JSI
- 15) Jane Ebot – USAID
- 16) Kathryn Reider – World Vision
- 17) Joan Jennings – Save the Children/TOPS
- 18) Clifton Kenon Jr. – USAID
- 19) Anne Pfitzer – MCSP
- 20) Trish MacDonald – USAID
- 21) Heather Forrester – E2A
- 22) Ingrid Weiss – URC
- 23) Charlotte Warren – Pop Council
- 24) Ishita Chattopadhyay – Pop Council
- 25) Kristina Beall – SPRING
- 26) Sadie Healy – Jhpiego/MCSP

- | | |
|----------------------------------|---|
| 27) Elizabeth Sasser – MCSP | 35) Beatrice M. – GAIN |
| 28) Devon Mackenzie – MCSP | 36) Ellen Smith – Futures Group/HPP |
| 29) Amy Uccello – USAID | 37) Jeniece A. |
| 30) Elizabeth Futrell – JHU CCP | 38) Mychelle Farmer – Jhpiego |
| 31) Leah Elliott – FHI 360 | 39) Paige Passano – OASIS Initiative, UC Berkeley |
| 32) Peggy Koniz-Booher – SPRING | 40) Sarah Borger – FHI 360 |
| 33) Alison Flynn | 41) Linda Sussman – USAID |
| 34) Amanda Puckett – IntraHealth | |

Highlights

Welcome & Review of Minutes from Previous Meeting – Devon Mackenzie and Sadie Healy, MCSP

- Welcome and introductions of working group members attending the meeting.
- Overview of working group: co-chaired by SPRING at JSI and MCSP at Jhpiego, meets roughly every six months.
- Review of meeting minutes from last meeting (see previous meeting notes) – at last meeting, discussed developing answers to frequently asked questions about MIYCN-FP integration to add to the MIYCN-FP Toolkit site.

Literature Review on FP, Nutrition, and Food Security Linkages – Reshma Naik, PRB/HPP and Ellen Smith, Futures Group/HPP

- Presented key findings from two recently completed reviews conducted as part of the USAID funded Health Policy Project (HPP):
 - Impacts of family planning on food security
 - Impacts of family planning on nutrition (evidence needed to advocate for FP as a strategy or key intervention that can be leveraged to achieve key nutrition outcomes)
- The two reports are both up on the Health Policy Project website.
- PRB will be posting an Engage Presentation (multimedia) based on this evidence.
- The Q&A centered around clarifications to the evidence presented, with questions on additional topics and to what extent they were covered in the report.

The following topics and responses were discussed:

- Poor maternal nutrition and how it impacts infant/child nutrition (for example, the issue of children who are stunted 6 months after delivery likely begins in utero): This did not come out in detail in the HPP report but good to have on the radar.
- Overweight/obese women and how that affects child growth or birth outcomes, in light of the rise of non-communicable diseases (NCDs): The report was focused on under-nutrition so it does not touch on this issue.

Comments:

- i. People who are overweight/obese may still be micronutrient deficient.
- ii. Overweight and obese women who enter pregnancy that way have more inflammation that leads to a series of epigenetic changes predisposing the

child to gain weight later on, have metabolic disorders, develop diabetes and hypertension – similar to the risks that stunted children face.

- Early weaning of a child due to subsequent pregnancy and whether that starts a cascade of early weaning: Did not find much literature on early weaning due to pregnancy; one study provided evidence that the mother would have weaned longer if not for the new pregnancy but it did not result in much earlier weaning.

Comments:

- i. In experience with work in Chad, mothers did immediately wean when they discovered the next pregnancy.
 - ii. In some contexts it would likely be easier to convince mothers to space births than to convince them to continue breastfeeding while pregnant.
- Women's empowerment and evidence on male involvement in FP and the nutrition of the family overall: The review did not collect evidence on this.
 - Availability of data on reallocation of resources that would be targeted toward food or other needs rather than FP (re: impact of food security on FP): Did not come across anything in the literature but making a note of it to look.
 - Availability of data by country in Africa to show decision-makers how reductions in total fertility could reduce crop demand (re: the finding that a TFR of 2.1 could reduce crop demand in sub-Saharan Africa by 25%): The study that finding is from was not by country level; however, work Ellen Smith did with Scott Moreland looked at food security, food availability, and climate change. While this analysis does not exist for specific TFRs or countries, it could be done to look at how changes in TFR would affect food availability. Contact Ellen (esmith@futuresgroup.com) for more info.
 - Lack of strong evidence around maternal depletion: Mechanisms of action not clear in the evidence – a few studies look at general links between spacing and maternal nutrition and did not always see a strong effect. Even if there is an effect, teasing out exactly what is happening and the explanation as to how and why is difficult.
 - Comment: Work in Nigeria and India has been done to look at women's freedom of movement and decision-making and how that affects whether a child is stunted.
 - Comment: Additional information on adolescents and nutrition, as it relates to pregnancy outcomes and FP outcomes, is needed.
 - Comment: Moving from common sense to having data and trying to motivate the nutrition community on FP is challenging, have to think about the language we use – FP needs to be positioned as a 'nutrition-sensitive' intervention.

Review of FP, Nutrition, and Food Security Integrated Programs – Reena Borwankar, FHI 360/FANTA

- Developed a synthesis from grey and published literature of programmatic experiences, lessons learned, and promising practices:
 - Models of integration
 - Entry points
 - Facilitators and barriers
 - 3 case studies: child survival, title 2 food assistance, and population health and environment

- Gaps in program documentation
 - Limited information on referrals – both how are they being tracked and how uptake of services is tracked.
 - Weak documentation of integration process and variation in measurements used
 - i. Programs supporting LAM are not tracking it as an outcome
 - ii. Less than 20% of programs measured integration indicators
 - Evidence gap on effectiveness of integration models – how to attribute changes in outcomes to integration itself and not other factors.
- Promising practices for programming
 - Build on existing platforms and strong infrastructure (e.g. care groups, nutrition sessions) and respond to needs of community.
 - Focus on first 1,000 days through continuum of care model – a critical time for nutrition as well as FP.
 - Consistent messaging across multiple contexts.
 - Gender integration to engage men and empower women.
- Moving forward
 - Need a clear definition of what FP & nutrition integration is, how to define success
 - Need for harmonized indicators and key outcomes to prioritize (e.g. health status, process measures, behavioral outcomes, value added of integration).
 - Research on effectiveness of integration models, including acceptability, feasibility, and cost-effectiveness.
 - Guidance and technical assistance on what models work best under which circumstances, with strategic considerations programs can use in determining which model is best for their setting.
- The following topics and responses were discussed during the Q&A:
 - How a program qualifies as offering FP:
 - i. Did not want to restrict FP indicators so considered the whole spectrum from education to commodity provision, whereas nutrition and food security programs had to meet specific criteria to be included.
 - ii. Two types of FP referrals included: 1) community-based provider doing education/counseling and refers to clinic to obtain method, and 2) CBD of condoms/pills with referrals for other methods.
 - Guidance for people designing integrated programs in terms of best practices for selecting indicators for integrated FP/nutrition/food security programs, how to go about measurement:
 - i. Can look at the MIYCN-FP working group briefer on Key Considerations for M&E which has a conceptual framework and suggested indicators.
 - ii. Existing recommendations tend to focus on the two sectors or just different technical elements within each health sector since each programmatic area has standard established indicators. In integrated programs, you thus end up with indicators for each area but need to also consider the ‘integration’ indicators (e.g. # of postpartum women counseled in nutrition *and* FP).
 - iii. Routine monitoring is just one piece; there is still a need for more rigorous operations research.

- iv. Could explore use of health facility assessments as an opportunity to assess what services are provided jointly and quality/consistency/coverage; client flow tool used by Integra and adapted by MCSP has potential for this.
- o Whether there is enough evidence to show that this integration is a best practice:
 - i. Findings supported building additional technical areas into existing platforms and showed feasibility of using particular models (nutrition weeks, for example), however the authors are hesitant to call these best practices yet.
 - ii. Some well-documented models include the Healthy Fertility Study (Bangladesh) and a MIYCN-FP demonstration project in Kenya. More examples are needed in order to support developing a High Impact Practices (HIP) brief.
- o How to engage agronomists and men in nutrition and FP integration:
 - i. It is easier to integrate FP and nutrition in programs that have a heavy nutrition focus, whereas it's harder to convince agriculture programs to integrate nutrition as it is not their job or interest. Food security has historically been defined as self-sufficiency in staple crops and this is just now starting to change.
 - ii. Most people working in the FP/nutrition world are women whereas most agronomists are men.
 - iii. FANTA does a lot of work supporting Title 2 programs and food aid; the population/health/environment programs seem like a good opportunity because they focus on food sustainability. Messaging and education looks at linkages between population and the environment. Male farmers have been trained to communicate messages to peers.
- o Comment: Integration can also be a challenge at the donor level, though there are promising examples of writing integration into solicitations, such as Food for Peace solicitations containing a requirement to address FP.

Introducing the Progesterone Contraceptive Vaginal Ring (PCVR) – Ishita Chattopadhyay, Population Council

- The PCVR is designed exclusively for breastfeeding women in the 1st year following childbirth. It is a user-controlled method that women can easily insert and remove themselves. Once inserted, the PCVR releases about 10mg/day of the natural progesterone hormone into the uterus of the women. The progesterone hormone prevents ovulation in breastfeeding women and helps further delay the return to menstruation, essentially prolonging lactational amenorrhea in women.
- When used correctly, PCVR is up to 98.5% effective.
- Q&A notes
 - o Clarification: PCVR use could go beyond 12 months but as soon as menses resume, women should change to another method.
 - o For PCVR to be efficacious as FP, women need to breastfeed at least 4 times a day. The efficacy rate of PCVR for non-breastfeeding women not measured.
 - o This method could extend 'LAM' efficacy through 18 months as long as women are getting those four feeds in.

- Have completed acceptability study and want to look at long-term effects moving forward. Key reasons for discontinuation were bleeding irregularities and vaginal discharge.
- Engaging lactation professionals is taken into consideration in introduction and scale-up, since the method will not work well for women who have difficulties breastfeeding.
- Q: Ring has to be changed every three months, can women keep track of that appropriately and remember that it's there or needs to be changed? A: There are various points of contact and follow-up strategies e.g. through CHWs. (Could consider using SMS reminders for replacing ring at three months).
- The PCVR can be stored at room temperature and has been tested for heat tolerance. It stays good for two years of shelf life and doesn't require refrigeration.
- Still working on a price point, which will vary by public/private sector and volume.
- Ring has **not** been tested on teenage girls due to ethical issues with testing for women under 18 (though in some countries adolescents make up a huge portion of women giving birth).

Spotlight on MNCH-FP Integration: Promoting MIYCN-FP – Liz Tully, K4Health

- Presentation of a whiteboard animation as an option for MIYCN-FP promotion
 - Stock images available through Videoscribe (though Western-focused; can also bring in graphics from other sources to appear on the screen).
 - Could potentially get access to initial drawings from SPRING in an outline style from one of their illustrators to create bank of images.
 - Languages – English and French
 - Literacy levels: See HTSP video on K4Health site as an example, it is narrated but has no written words.
 - Different videos for different audiences (e.g. FP-nutrition 101 targeted at an agronomist)? As a first step, need to decide as a group on the audience.
- Advocacy events for promotion:
 - FP conferences coming up: PRH holding FP training for FSNs and Missions this summer (July), collecting bank of resources to share with them to take back to the Mission and nutrition staff – something like this would help make that nutrition-FP link for Mission doing program planning.
 - June: Food for Security officers in US.
 - K4Health – shining spotlight on MNCH-FP integration between Mother's day and Father's day (also looking for guest bloggers, contributions, key resources to post on website).
- Based on advocacy brief, short and snippy – evidence for why integration makes sense, pull from FANTA case studies & evidence with technical people to review
 - Anne & Anges to review for technical content
 - SBCC sub-group to lead

Introduction to Sub-Group Work and Small Group Report Out – Kristina Beall, SPRING and Sadie Healy, MCSP

- Sub-groups discussed action plans for the coming year and assigned next steps:
 - Dissemination (Kristina Beall and Liz Tully):
 - i. Convince nutrition community about value of FP (low-hanging fruit); possibly go on to do additional whiteboard videos if demand exists
 - ii. Foster understanding of linkages between FP and nutrition to overcome lack of knowledge, narrow definition of nutrition field that fails to see role of FP
 - iii. Provide practical examples of successful programming
 - iv. Following a character throughout her lifecycle
 - v. Key message: integrating nutrition & FP improves health and saves lives
 - vi. Tone: light & optimistic, happy milestones in person's life
 - vii. Encourage donors, program managers, etc. to pursue opportunities to integrate (possibly others down the road like providers)
 - viii. Join working group, visit toolkit
 - ix. Next steps: draft script & get input from technical experts (touch base with PRB about Engage presentation script, tie in with them & into toolkit)
 - Documentation of Field Experiences (Justine Kavle, Liz Sasser):
 - i. Resources to add: MIYCN-FP Kenya report nearly final; Reports from HPP, FANTA; BKMI project resources
 - ii. Feature the programs from the FANTA case studies on the Toolkit
 - iii. Competition to motivate programs to develop case studies, e.g. having groups submit an abstract and pair a writer w/program staff to interview them, then write up a case study? Follow-up: Share KM interview guide.
 - iv. Learning from countries' decentralization experiences
 - Engaging HIV (Peggy Koniz-Booher and Anne Pfitzer):
 - i. Sent Qs to people from SPRING & MCSP on three-way integration – got two responses
 - 1. Respondent from Kenya talking about MIYCN-FP (who had worked on PMTCT)
 - 2. Jhpiego in Nigeria – detailed report on CDC project that looks at three-way integration [could invite them to present at upcoming working group or write case study to get further insights on this]
 - HTSP and Engaging Adolescents (Heather Forrester):
 - i. Wonderful data shared in one place applicable as to why we should target adolescents
 - ii. Put this into one page – why should FP AND nutrition people both care about reaching adolescents
 - iii. Adapt existing indicators to promote disaggregation by age
 - iv. Call planned for next month
 - v. Recruit a nutrition colleagues; group predominantly FP
 - M&E (Devon Mackenzie and Jennifer Yourkavitch)
 - i. Have more in-depth conversation with FANTA on gaps & recommendations moving forward – deep dive
 - ii. Our group focuses on 'rational' measurement – want to come up with what's realistic for programs to do

- iii. What was the process, was it successful, what are the outcomes?
- iv. Come up with grounded guidance for programs
- o SBCC
 - i. Note: Did not meet, merged with dissemination
 - ii. Working remotely on effort to reinvigorate the LAM/transition (Justine, Clifton, Chelsea, Kristina) – working on commentary for Lancet journal of global health

Closing and Next Steps – Devon Mackenzie, MCSP

- The working group will finalize and post answers to the frequently asked questions about the MIYCN-FP Toolkit.
- Next steps:
 - a. LAM/transition technical consultation to be organized by MCSP after FP conference in November
 - b. Share FANTA & HPP reports with MIYCN-FP Community of Practice
 - c. Post FAQs to the MIYCN-FP Toolkit
 - d. Consider updating the MIYCN-FP advocacy briefer with newer evidence and studies that have come out, once the HPP shorter briefs are developed [Peggy, Agnes, Anne to read to briefer to see if it's still relevant]
 - e. Send around adolescent webinar PPTs & resources
 - f. Check on DHS and revised LAM guidance [Clifton to ask Jane about status]