

## MIYCN/FP Integration Working Group Meeting

May 15, 2013

9:00 am – 1:45 pm

JSI/SPRING Office

---

**Attendance:** 22 people from 9 projects/organizations were present

1. Devon MacKenzie – GWU/MCHIP	2. Victoria Rossi – JSI/MCHIP
3. Peggy Koniz-Booher – SPRING	4. Jack Fiedler – SPRING
5. Nancy Harris – Advancing Partners and Communities	6. Anne Pfitzer – MCHIP
7. Rae Galloway – MCHIP	8. Heather Forrester – E2A
9. Sadia Parveen – URC	10. Kristina Beall, SPRING
11. Reena Borwankar – fhi360/FANTA	12. Andrea Spray – SPRING
13. Laurette Cucuzza – PlanUSA	14. Leah Elliott – MCHIP
15. Jennifer Yourkavitch – MCHIP	16. Agnes Guyon – JSI/SPRING
17. Elizabeth Berard – USAID	18. Adrienne Allison – World Vision
19. Chelsea Cooper – MCHIP	20. Mary Drake – MCHIP
21. Elizabeth Sasser – MCHIP	22. Nathalie Albrow - MCHIP

### Highlights:

**Welcome & Review of November Meeting Minutes** – Peggy Koniz-Booher and Kristina Beall, SPRING

- Welcome to all the working group members attending the meeting
- Review of meeting minutes from last meeting

**Rwanda MoH Virtual Presentation/Q&A: Community MIYCN program & integration of FP and HIV** – Dr. Anicet Nzabonimpa & Dr. Cathy Mugeni, MoH Rwanda

- MIYCN and Counseling Training package
  - Counseling cards for both community and facility health workers (Kinyarwanda)
  - Take home brochures for mothers and caregivers
  - Posters on breastfeeding and ante-natal care
  - Corresponding training materials
- Development process started in 2010 including a 4 day workshop to review & harmonize existing national and international materials following global release of UNICEF package.
- Translated into Kinyarwanda in 2011 and field tested, then adjusted based on results, development of budget and scale-up
- Field tested with community health workers
- 2 integrated sets of counseling cards for both health workers and community health workers

- Specific counseling cards on individual messages and recommended practices
- One specific card on family planning and HTSP of children
  - LAM and other FP methods also mentioned throughout
- Policy on community-based provision of FP services
  - CHWs are authorized to provide resupply to current users of:
    - Injectables
    - Oral contraceptive pills
    - Standard Days Method
    - Condoms
  - All methods must be initiated by a provider in a health center or hospital
  - CHWs are supervised by a Community Health Supervisor at each health center
- Training
  - Each health center has two trainers: FP provider and Community Health Supervisor
  - Trained 10,000 Community Health Workers in 20 districts
  - One CHW of the 3 in the village was selected by the CHW supervisor
  - Training is 5 days theory + 5 days practical sessions
- Remuneration/incentives
  - CHWs are volunteers
  - Community performance-based financing: receive motivation via cooperatives
- IYCF in the context of HIV – 5 additional counseling cards on this
  - Policy on PMTCT
- Scale up plan 2012
  - 24 master trainers trained
  - 1200 facility based trainers/supervisors trainings in 30 districts
    - Training of 30k CHWs in 1500 villages in 30 districts: 25/30 districts are already trained (April 2013)
  - Messages on nutrition and FP integrated into immunization card used since Jan 2012
  - Exposed infant follow-up (PMTCT) integrated into the vaccination card since January 2012
  - Evaluation planned to assess the added value in nutritional program uptakes (end 2013)
- Planned continuation of integration of messages in MCH documents – 2012/2013
  - All documents will integrate nutrition, FP, HIV, SGBV, Hygiene
    - FP policy and strategic plan 2012-2016
    - Child Survival strategic plan 2013-2017
    - RHA policy and strategic plan 2011-2015
    - Related working tools updated
  - An evaluation to be conducted at end of 2013

#### Q&A:

- How successful is the strategy for integrated nutrition and family planning into immunization?
  - In Rwanda we have MCH week which started with vaccinations but has expanded to include family planning, child nutrition.
  - Strategy includes this national campaign conducted 2x a year countrywide – working with CHW, health facilities, national and local authorities
  - During MCH week we also have additional sites in the communities, like through schools, health centers, other centers which are all open.

- We give all other treatments as well including deworming, Vit. A
- Includes growth monitoring and promotion –
  - Request to send example of the integrated child health card
  - *this is saved in the May 15<sup>th</sup> Meeting folder in the CoP library*
- Plans for evaluation – what are the measures of success that you plan to look at as part of the evaluation?
  - Want to look at the impact and if they can adjust the MCH program to ensure that the program is working effectively and efficient.
  - CH Program is what we want to evaluate.
  - Looking at the tools, commodities
  - Slipped pilot phase and go right to national scale-up
  - Evaluating the integration of nutrition – if CHWs understand and provide good service in the community
    - Client interviews to assess if they are happy with the services and the package and understand
- Rationale for the decision not to provide FP methods directly without a prior visit to health facility?
  - Especially for injectables – concerns over how untrained health workers can provide injectables.
  - Policy ensures that all CHWs are trained and then evaluated on FP – specifically on injectables. All CHW can provide condoms though and some other methods.
  - Supervised at health facility level – supportive supervision, to ensure that they are comfortable in providing FP methods.
  - For Rwanda, the difference between community and health facility is not far and so it is more feasible to request the first FP visit is done at health facility.
  - The women’s opinion is that they prefer CHW to give FP methods from the first time IN the communities.
  - More advocacy to the MOH is needed to encourage this change to provide FP directly at the community level.
- Level of work that CHW do as volunteers and can you talk more about what the incentives are that you offer to CHW?
  - In other countries they get salaries but in Rwanda they do not as there is no capacity to provide salary.
  - Functions in Rwanda through cooperative to give them income generating activities and the performance-based financing which has been working very well to keep them motivated.
  - Motivation is based on: good governance, community recognition, local recognition as authority.
  - All CHW have phones and can call their health facilities for free when there is any problem or questions.
  - Therefore there is evident support from MOH, health facilities, communities, hospitals, etc.
- What is the ratio of community health workers to households in the 30 districts?
  - 3 to 100-150 households?
  - Out of the 3 one is trained in FP and 2 are trained in MIYCN
  - Rwanda has strong political commitment from all levels to support integration.
- Campaign for Community Health Workers in Africa – Rwanda launched this campaign in Rwanda to showcase the impressive effort on CHWs in the country.
  - Sub-level: the level between health facilities and communities is the focus on this approach to support health.

***Please refer to the May 15 Meeting folder in the Library of the Community of Practice for a***

**Lessons from the Field: MIYCN-FP Trials of Improved Practices (TIPs)– Rae Galloway, MCHIP**

- TIPS: Based on market research methods and has been used in IYCF, iron supplementation, bed nets, FP, and others.
  - Qualitative research methodology to explore current and new behaviors and provide information to program managers to design evidence-based interventions.
  - Uses small sample sizes to get to the “why” of behaviors and identify barriers and motivators to optimal practices
- Who developed it? The Manoff Group
- Basic methodology
  - Based on 3 visits to the clients
  - TIPs Visit#1-in-depth interviews about past and current practices
  - TIPs Visit#2-discussion of the results of TIPs Visit#1, counseling on optimal practices, identification by the mother (or husband) of a new practice to try
  - TIPs Visit#3-follow-up to see if the practice was tried, what the experience was with the practice, barriers/motivators to use in the future
- TIPs is NOT an intervention – it is only one counseling visit after all.
- But it shows that behaviors can be changed just from one visit and it provides details for how behaviors can be changed, at least in the short term and how to negotiate these behaviors with clients.
- How is MCHIP using TIPs?
  - In Egypt program, stunting doubled in one region, so MCHIP is conducting a study to determine the causes of stunting with TIPs as one of the methodologies.
  - Yemen – MCHIP will be implementing a MIYCN-FP intervention in Dhamar Governorate in which MIYCN and FP messages are given at each contact with the mother.
  - TIPs will be used to develop FP and MIYCN messages and design the intervention.
- In Yemen – learn more about current MIYCN-FP practices
  - Identify barriers and motivators to optimal MIYCN-FP practices
  - Develop evidence-based messages for counseling
- What do we know about MIYCN related to FP?
  - In Malawi, the #1 reason women continued breastfeeding as long as possible was to prevent pregnancy – but mothers didn’t know the LAM criteria
  - In many countries, mothers think getting pregnant again means that breastfeeding must stop, that breast milk is no longer good if you get pregnant.
  - In Afghanistan, when couples understood LAM and the importance of transitioning to another method of FP, FP increased.
- Lao PDR study – TIPs on Complementary Feeding
  - Out of 4 specific practices that mothers were asked to start – almost all tried the practices. Additionally, a large number spontaneously tried other recommended practices as well even though they were only asked to try 1 specifically.
  - As this is research, we don’t go back to assess whether they sustained the behaviors just from the TIPS research activities, as the idea is that they will be part of the intervention community.
  - How did you record the spontaneous uptake of practices? They were counseled on all of the practices and then negotiated one practice but then at the third visit, it was recorded that they also tried other practices they were not originally asked to

- try and those additional practices were recorded.
  - What is the time interval between visits? It depends, often between 7-14 days depending on the practices requested, the logistics, etc.
- TIPs in Yemen: there is a lot of food aid and treatment of acute malnutrition; not much work to prevent malnutrition to date.
  - Study protocols adapted from Egypt.
  - Two different groups – one group trying MIYCN practices and one with women and their husbands trying FP practices..
  - Where do you put LAM? In both.
- Team and Process:
  - TDY, orientation and piloting of MIYCN-FP TIPs.
  - Yemen consultants and staff from Save on qualitative methods and nutrition and logistics.
  - MCHIP team developing protocols and instruments.
- Orientation and pilot test with 6 participants
  - MIYCN-TIPs with 2 women, FP-TIPs with 2 women, FP-TIPS with 2 husbands of women.
  - First visit is usually 2 hour interview including 24 hour dietary recall and then return during mealtime.
  - Debrief after visit 1, developed case studies on the visits summarizing experiences and key findings, discussing dietary information, and how to tailor counseling, determined which practices to recommend. English summaries of interviews were developed (at the end of each interview).
  - Visit #2 – mothers and husbands were counseled on results of interviews, how current practices compare with recommended, and asked to try new practices for 2 days.
    - All TIPs mother and husbands counseled on both nutrition and family planning but only asked to try a practice on one of them.
- Presented examples of case studies for both MIYCN and FP.
  - Case studies with findings from visit #1, then recommended practices are teased out based on those findings and presented during visit #2.
- Lessons learned – emphasis should be on spacing and not limiting family size because discussions of limiting family size can be controversial.
- The perceptions of mothers that their breast milk is “insufficient” in some way is a universal issue, usually occurring when the baby has a growth spurt and is not fed for longer and more frequently to increase breast milk production; mothers and health workers alike don’t know how to increase breast milk production to address this perception. In fact, while most mothers breastfeeding, the practices are inadequate to support exclusive breastfeeding including frequency, duration, breastfeeding from both breasts – need more focus on all the behaviors needed to ensure the exclusivity of breastfeeding and not just initiation within 1 hour after birth.

#### Q&A:

- In Yemen girls marry before 18; why doesn’t the study include girls younger than 18 years of age?
  - This is because of IRB issues.
  - Could be problematic as you are missing an important target group as the first nutrition intervention should be delay of first marriage.
  - The age of subjects can be investigated with the IRBs to see if they will allow younger women.
- The issue is the baby being thirsty and needing water is universal – can you tell the mother to drink water if the baby is thirsty, would that work?

- Yes, that is exactly what you can look into by using the TIPs methodology.
- How does this research then inform program activities?
  - This will inform our counseling materials mostly with mothers and other people in the community who are influential over MIYCN and family planning but also help us look at how we can link with other projects based on findings.
  - In Yemen, the intervention will likely be a pilot or small scale but may be able to scale up at some point.
- How do you respond to the concern that women should stop breastfeeding during pregnancy as with experience, pregnancy hormonal changes does in fact inhibit production of breast milk.
  - Moms need a lot more support to improve their own nutrition than we put emphasis on...
  - There was a comment that , the composition of milk changes during pregnancy and the currently breastfeeding child may may not like it as much.
  - This is why FP is so important for nutrition, not only during the LAM period of the first six months, but almost more important after the 6 months and we are missing this focus in nutrition programs.
  - Another comment pointed out that we need to focus counseling on “before your menses returns” not “when”. We need to dig deeper into the tendency for providers to insist on seeing evidence of menses to avoid giving FP to a pregnant women.
- Since interventions seem to still be very emergency based – when is this package planning to be used?
  - At every contact with the woman; USAID wants MCHIP to link it to emergency programs. Ideally both community and facility levels.

*Please refer to the May 15 Meeting folder in the Library of the Community of Practice for a copy of the presentation.*

#### **Update & Instructions: Sub-Working Groups – Leah Elliott, MCHIP**

- Reviewed new Sub Working Groups that were formed at the last meeting (note – all WG members will all be asked to sign up for at least one of the below groups).
- Groups then broke for small group work. Each group was asked to:
  - Fill out the sub-group form with a list of the members, goals, activities, and proposed products, as well as toolkit dissemination efforts.

#### **Report Out from Small Groups:**

- M&E: While this was not in the list of subgroups from the last meeting, the group took a vote as to whether M&E should be maintain its own group or move under field experiences and the decision was to keep the M&E group separate.
  - Subgroup Leaders: Jennifer Yourkavitch & Leah Elliott, MCHIP
  - Subgroup Members:
    - Charlotte Warren – Population Council
    - Devon Mackenzie – MCHIP
    - Nancy Harris – JSI
    - Mary Drake – MCHIP
    - Reena Sethi - MCHIP
  - Goal: Advance rational measurement of integrated programming.
  - Proposed Activities:
    - Review indicators & make suggestions on programming
    - Indicate CORE indicators that should be included for all integrated programs
    - Create guidance for outcome analysis to show that no harm was done

in integrated programming, synthesized benefits → taking data that programs likely already collect and analyzing it in a separate way.

○ HTSP & and Adolescents

- Changed the name from *HTSP* to *HTSP and Adolescents*
- Subgroup Leaders: Adrienne Allison, WorldVision & Heather Forrester, E2A
- Subgroup Members:
  - Laurette Cucuzza, Plan USA
  - Adriane Seibert, Save the Children
  - Sadia Parveen, URC
  - Maureen Norton, USAID
- Goal: Increase visibility and understanding of the links between MIYCN/development and Family Planning for HTSP and Adolescents.
- Proposed Activities:
  - Add articles to toolkit showing linkages between brain development and HTSP and cognitive development.
  - Reach out to other groups that work with youth.
  - E2A will hopefully be doing research on delay of first pregnancy and spacing second and subsequent pregnancies.
  - Association b/w optimal pregnancy intervals and poor maternal indicators and outcomes.
  - Dissemination of toolkit through various networks.

○ Documentation of Field Experiences and Results

- Subgroup Leaders: Elaine Charurat & Justine Kavle, MCHIP
- Subgroup Members:
  - Sadia Parveen, URC
  - Reena Borwankar, FANTA-3
  - Anne Pfitzer, MCHIP
  - Elizabeth Sasser, MCHIP
  - Laurette Cucuza, Plan
  - Barb Deller, MCHIP
  - Rae Galloway, MCHIP
- Subgroup Goal: To promote, track and document MIYCN-FP.
- Not only focused on documentation but promotion in the field so that implementation does take place.
- Proposed Activities:
  - Map what's existing and what we want to track.
  - Look at existing child survival and other USG projects
  - Contact key people at the WB and find out what they are doing.
  - Case studies for Kenya and Rwanda – key learning
  - Zambia, Malawi, Tanzania – look at how they might be integrating, looking at district plans
  - Further dissemination of toolkit to groups that work in health.
  - Bringing together a few countries in regions on presentations and such and especially to share south to south notes and experiences.

○ Engaging Nutrition: As now the group is not formed, however additional outreaches need to be done with Title II, Food for Peace and Feed the Future programs

- Subgroup Leaders: Agnes Guyon & Holly Blanchard
- *Potential* Subgroup Members:

- Jennifer Nielsen, HKI - > link with the CORE group nutrition group
- Joan Jennings, TOPS (Save the Children)
- Karin Lappin, Save the Children
- Kristen Cashin, FANTA
- Kathleen Kurtz, DAI
- Justine Kavale & Rae Galloway, MCHIP
- Anne Peniston & FP focal point, USAID
- Subgroup Goals:
  - Advocate family planning links within nutrition programs
  - Make the MIYCN-FP toolkit available and known to nutrition program staff
  - Collect and document existing field experience
  - Identify new opportunities to operationalize the MIYCN-FP toolkit
- Proposed Activities:
  - Work with Documentation group to identify integration efforts and write up case studies for dissemination.
  - Investigate MIYCN-FP session in Fall CORE group meeting.
  - Survey CORE on integration efforts – via Shannon Downey and others
  - Ensure its posted on the CORE group website
- Engaging the HIV Community:
  - Subgroup Leaders: Peggy Koniz-Booher, SPRING & Anne Pfitzer, MCHIP
  - Subgroup Members:
    - Rose Amolo, CEDPA
    - Tigistu Adamu, Jhpiego
    - Laura Fitzgerald, MCHIP
    - Milly Kayongo (through Elizabeth Berard)
  - Subgroup Goal: Advocate for integrated HIV/MIYCN/FP as consistent with HIV-free survival goals of PEPFAR; Identify opportunities and platforms for integration including the design of programs; document cases of integration attempts to gather lessons learned and identify promising models.
  - Proposed Activities:
    - Priority to connect with the right people @ USAID – opportunities to engage with PEPFAR
    - Document cases of integration attempts to identify promising models and lessons learned
    - Maintain contact with mother child pairs through linking them with MCH activities
    - Add report from AIDSTAR-one on social support to bibliography and toolkit
    - Design a protocol for case studies and identify countries where we could do this
- Social & Behavior Change Communication (SBCC)
  - Subgroup Leaders: Chelsea Cooper, MCHIP & Rose Amolo, Plan
  - Subgroup Members:
    - Peggy Koniz-Booher, SPRING
    - Kristina Beall, SPRING
    - Altrena Mukuria, PATH



- Ashley Atkinson, PATH
- Devon MacKenzie, MCHIP
- Subgroup Goal: To advocate for, document, and provide guidance on, the use of strategic social and behavior change approaches to increase acceptability and uptake of key MICYN-FP practices and use of services.
- Proposed Activities:
  - Review and update MIYCN-FP SBCC Toolkit Tab
  - Develop guidance/briefer on SBCC for MIYCN-FP including:
    - BEHAVE Framework
    - Considerations regarding barriers and motivators for recommended behaviors
    - Opportunities to engage behavioral influencers (including men) in SBCC for MIYCN-FP
    - Strategies for addressing gaps between knowledge and action
  - Engage CORE SBC working group to share and discuss guidance
  - Finalize list of key behaviors
  - MIYCN-FP Toolkit-- SBCC landing page text developed and resources uploaded
- Dissemination
  - Subgroup Leaders: Kristina Beall, JSI & Liz Futrell, K4Health
  - Subgroup Members:
    - Leah Elliott, MCHIP
  - Subgroup Goal: Encourage and facilitate disseminations of the toolkit among members and non-members and track proposed efforts.
  - Proposed Activities:
    - Collect commitments from this meeting and follow-up with members on these
    - Targeted toolkit outreach to field and HQ teams
    - Translate portions of toolkit into French
    - Expand CoP – search for new users and improve use (the platform can serve as a listserv)
    - Look at when it will be more helpful to use simple language – “nutrition and family planning integration” instead of MIYCN-FP. Toolkit does not currently pull up with this simple language.

### **Closing and Next Steps** – Agnes Guyon, SPRING

- Thanked all the participants for attending and for active participation in sub-working groups.
- The group voted to hold the next meeting at the end of September. It will take place at MCHIP.
- There is lots to do in the sub groups until then! Everyone was encouraged to stay engaged via the new community of practice. Anyone can send out an e-mail to the MICYN-FP community of practice using: [miycnfp@my.ibpinitiative.org](mailto:miycnfp@my.ibpinitiative.org)
  - Please contact Leah or Kristina if you have any problems joining the Community of Practice on the Knowledge Gateway (<http://knowledge-gateway.org/miycnfp>)