

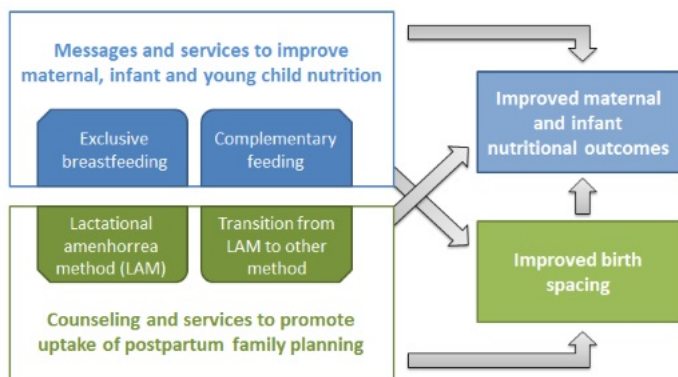
Maternal Infant and Young Child Nutrition and Family Planning (MIYCN-FP) Integration Toolkit

Maternal, infant, and young child nutrition (MIYCN) and family planning (FP) programs and services are often perceived as distinct, yet integration of these interventions can be mutually beneficial for mothers and their children. For example, exclusive breastfeeding in the first six months after birth not only protects the infant from becoming malnourished but also meets the mother's contraceptive needs if she practices the lactational amenorrhea method (LAM).

The intersection of nutrition and family planning is not limited to outcomes. Synergies exist in terms of interventions as well, especially within the context of the reproductive life course:

- **Adolescence:** Girls have important nutritional needs as well as the need to protect themselves from pregnancies too early, especially if unintended.
- **Pregnancy:** An important time for provision of micronutrients as well as counseling on both maternal and newborn nutrition and healthy timing and spacing of pregnancies.
- **Postnatal period:** Support for exclusive breastfeeding and nutrition and family planning advice are key during this time. Around 6 months postpartum, complementary foods should be introduced to the infant. Women practicing LAM should transition to another modern method to protect against pregnancy.

Linkages Between MIYCN and Family Planning Services and Outcomes



The MIYCN-FP toolkit was compiled by the MIYCN-FP Technical Working Group. This working group brings together the MNCH, FP/RH and nutrition communities. Also, in recognition that the lactation amenorrhea method of contraception is a key component in MIYCN and family planning integration, this toolkit now encompasses all information and resources previously found in the K4Health LAM Toolkit.

To receive information and participate in MIYCN-FP Working Group activities and events, please join the MIYCN-FP Community of Practice.

What are K4Health Toolkits?

What is the purpose of this toolkit?

Who developed this toolkit?

Who are the publishers of the resources?

What types of resources are included?

Who are the intended audiences?

How do I get started using this toolkit?

What are K4Health Toolkits?

K4Health Toolkits are electronic collections of carefully selected information resources on a particular topic for health policy makers, program managers, and service providers. They are based on a continuous publishing principle that allows them to evolve after publication to capture additional resources and to identify and fill remaining information gaps.

What is the purpose of this Toolkit?

This Toolkit contains resources to help advocates, policy makers, program managers, service providers, and other audiences effectively integrate maternal, infant and young child nutrition and family planning (MIYCN-FP) services.

Who developed this Toolkit?

The MIYCN-FP Integration Toolkit is a collaborative effort among Jhpiego, PATH, ICF International, Pathfinder International, and the U.S. Agency for International Development. Individuals from other organizations also contributed their experience and expertise to review the toolkit and ensure its relevance and usefulness.

Who are the publishers of the resources?

Resources selected for inclusion in this Toolkit were published by organizations working throughout the world to promote evidence-based best practices and improve the delivery of MIYCN-FP services. These organizations include USAID, WHO, MCHIP, the MIYCN-FP Technical Working Group, IYCN, AED, UNICEF, the CORE Nutrition Working Group, The Cochrane Collaboration, ACCESS-FP, and more.

What types of resources are included?

This Toolkit is not a comprehensive library of all existing materials on MIYCN or FP but is rather a strategic package of resources to guide program managers at implementing organizations, advocates, and decision makers through the processes of piloting, implementing, and scaling up integrated programs and advocating for policy change. These resources include:

?Up-to-date global and country-specific background and reference materials to inform advocacy and assist with the design of evidence-based, state-of-the-art programs.

?Job aids, curricula, and other tools to increase the effectiveness and quality of program activities and services.

?Publications that detail key implementation processes and lessons learned.

Who are the intended audiences?

?Advocates and policymakers will find research and information to help set national guidelines about MIYCN-FP programs and plan for future changes in service delivery.

?Program managers will find information and tools to help them design, plan, implement, and scale up programs.

?Trainers can review the latest curricula for training service providers on nutrition or family planning and reproductive health generally and for specific contraceptive methods.

?Health workers will find tools and job aids to help them provide quality services to their clients.

?Communication professionals can use the toolkit resources to explore strategies, media, and messages about MIYCN-FP integration. We invite you to suggest resources or adapt the resources in this toolkit to suit your local circumstances and languages.

How do I get started using this Toolkit?

To browse the content of this Toolkit, use the navigation tabs to view resources related to key topics. Click on the title of the resource for more information about it, or click on the full-text link to get direct access to the full publication. Some of the tools are readily available in an adaptable format (for example, Microsoft Word documents and PowerPoint presentations). We encourage you to alter and personalize these tools for your own use. (Please remember to credit the source).



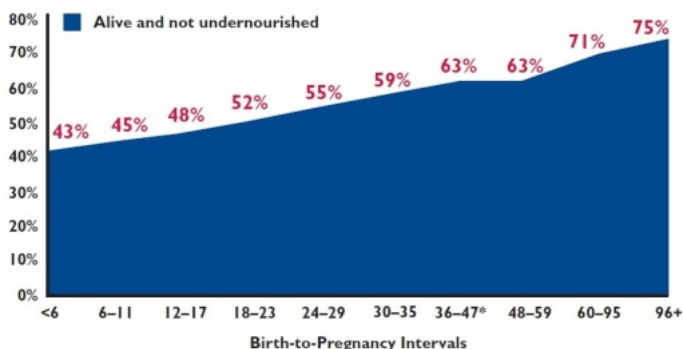
Global Evidence

This section provides links to global evidence on the relationship between MIYCN and FP and highlights recent research and synergies, including:

- A 4-page MIYCN-FP Advocacy Brief, which gives a brief summary of key evidence
- The MIYCN-FP Bibliography, which lists documents supporting the rationale for integrated MIYCN-FP programs, with studies and reports from 2000-2014
- A Systematic Review of Integration of Maternal, Neonatal, and Child Health and Nutrition and Family Planning which looks at the evidence for and effectiveness of MNCHN-FP integration and provides recommendations for program planners, policy makers, and researchers

Short birth-to-pregnancy intervals are associated with poor pregnancy and child nutrition outcomes. An analysis of Demographic and Health Survey (DHS) data from 52 developing countries revealed that children conceived less than 24 months after the birth of the next oldest sibling had one to two times (1.1-2.3) greater risk of dying within the first year of life than children conceived 36 to 47 months apart. This same DHS analysis also revealed the likelihood of a child becoming stunted or chronically undernourished increases substantially with decreasing birth intervals. Children conceived after an interval of only 12 to 17 months are 25 percent more likely to be stunted and 25 percent more likely to be underweight than those conceived after an interval of 36 to 47 months.

Percentage of Children Alive and Not Undernourished by Duration of Preceding Birth-to-Conception Intervals



Source: Rutstein, 2008
*Ref Group

As the amount of time between birth and next pregnancy increases, so do the odds that children are

alive and not undernourished (Rutstein, 2008).

The first 1,000 days of a child's life is a critical time to prevent undernutrition. Growth faltering in developing countries typically happens between 6 and 24 months, when infants and young children begin to receive complementary foods in addition to breastmilk. This is also the time that women using the lactational amenorrhoea method (LAM) to prevent pregnancy should transition to another modern method. Family planning is a lifesaving intervention that can avert unintended pregnancy and lengthen the time between pregnancies, decreasing the risk of maternal nutrient deficiencies, poor pregnancy outcomes, and infant mortality.

There is growing recognition that MIYCN and FP are closely intertwined health needs and that interventions in these areas can have positive synergistic effects on maternal and child health. Harmonizing counseling and services for MIYCN and FP throughout the continuum from before pregnancy to early childhood will help to improve outcomes.

How to Integrate

This section of the toolkit provides practical knowledge of the why, how, when, and where of integrating maternal, infant and young child nutrition (MIYCN) and family planning (FP) as well as recommendations for how to integrate based on previous successful examples of integrated service delivery.

When to Integrate

	Antenatal	Birth	Postnatal			Childhood (at least 2 years)	
	0 hours	48 hours	3 weeks	4 weeks	6 weeks	6 months	2 years
Contact Point	ANC Visits	At birth and discharge	Postnatal care visit (scheduled per WHO or national guidelines)			Well child, immunization and nutrition visits	
Family Planning Integration	Exclusive breast-feeding (EBF) and lactational amenorrhoea method (LAM); Healthy timing and spacing of pregnancy (HTSP); counseling on PPIUD or, if interested in limiting, postpartum tubal ligation	Initiate immediate and exclusive breastfeeding, LAM, confirm PPIUD or sterilization after timely counseling and informed choice, plus provision of method	Counseling and informed and voluntary choice of method, plus provision of method as appropriate based on breastfeeding status and timing of PP method initiation, EBF/LAM			Counseling and informed and voluntary choice, plus provision of method	
Provider	Skilled birth attendant (SBA), ANC provider, and/or dedicated counselor	SBA, linked provider, or referral	SBA, linked provider, or referral			EPI or MCH worker, or linked or dedicated provider	
Community	Pregnancy identification by CHWs and referral for ANC, danger signs Birth preparedness/complication readiness, introduce postpartum family planning Enrollment in breastfeeding/LAM support groups	Notification of births First home visit for PNC, referral for danger signs Support for EBF/LAM, including support groups	Additional PNC home visits, referral for danger signs EBF support, LAM advice Provision of condoms			EBF support, LAM advice up to 6 months, emphasize fertility will return prior to menses return as baby starts complementary food, mother still needs to breastfeed, but to prevent another pregnancy should start FP Community-based distribution of condoms and hormonal methods as appropriate given infant age/lactation (i.e., no combined hormonal contraception before 6 months)	

There are numerous opportunities to

integrate family planning and MIYCN services. The framework above outlines contact points for integration from antenatal care through two years postpartum (click the image to view a larger version). MIYCN and family planning can be integrated as part of facility services across all contact times as well as during community health worker (CHW) visits related to these services.

Why to Integrate

Integrating maternal, infant and young child nutrition and family planning (MIYCN-FP) is mutually beneficial to both technical areas and the mothers who seek services. Integrated service delivery can

be cost effective and more efficient for women and providers for a myriad of reasons. By receiving multiple services at one time, the amount of time spent seeking services at facilities is limited, allowing women to carry on with their busy lives. Family planning leads to longer birth intervals which can reduce malnutrition. Exclusive breastfeeding delays fertility return and supports postpartum family planning.

How to Integrate

In order to make MIYCN-FP integration successful:

1. Identify a champion and a task force for integration at the central level with ample representation from the health care level where integration is proposed (facility, community, factory, school)
2. Ensure buy-in from and engagement of stakeholders at all levels (institutionalization)
3. Identify/develop an integration package that includes relevant changes in policies and strategies, trainings, job aids, IEC materials
4. Make sure that a plan for roll out and scale-up is in place
5. Ensure that appropriate supplies (i.e. commodities) are available
6. Include indicators to measure integrated services, supportive supervision, and reporting tools and possible HMIS changes

Where to Integrate

Integration is feasible at both the community and facility level. Community health workers can deliver integrated messages during counseling sessions at the household level. At the facility level, providers can also deliver integrated messages, give referrals, or even provide contraceptive methods.

These considerations are highlighted within other tabs on this toolkit. Recommendations and suggestions will be modified as more research and programmatic evidence becomes available. Resources highlighted below will help determine when and how to integrate MIYCN-FP. Detailed process documentation will highlight different integration models to help inform what type of integration works best for an individual program.

This section will be updated periodically to reflect new integration tools. If you'd like to suggest a resource or comment about this section please visit our feedback form.

Advocacy



For MIYCN-FP integration, advocacy is critical to advance the global agenda for integrating these services, build stakeholder support for integration at various levels, and secure resources to advance MIYCN-FP integration efforts. This section of the Toolkit includes advocacy briefs, reports, tools, and presentations that can be used to advocate for MIYCN and FP integration. These advocacy resources can be used by grassroots organizations, program managers, donors, and high-level stakeholders, such as champions or key actors in government ministries of health, to support MIYCN-FP integration across the continuum of care.

A highlighted resource in this section is the MIYCN-FP Advocacy Brief, developed by the MIYCN-FP Working Group, which outlines the global evidence behind MIYCN-FP integration and presents recommended advocacy messages.

Key considerations for MIYCN-FP advocacy include the following:

- Build country ownership and encourage resource commitments for MIYCN-FP integration. Ensure planning, budgeting, mobilization and allocation of resources for integration of services is clearly laid out in the country compacts, yearly plans, etc.
- Cultivate champions among political leaders, government representatives, NGO representatives, facility providers, religious and traditional leaders, and other community members who advocate for integrated services. Champions or change agents should be selected by a local team to identify and analyze effective practices.
- Ensure integration of approaches in pre-service training, standard policy/ country-level guidelines and protocols, communication tools, facility setup, commodity logistics and supplies for integrated MIYCN-FP services are in place.
- Ensure MIYCN-FP integration is included on the agenda and addressed at key meetings, events, and conferences.

The resources presented in this section of the toolkit focus primarily on MIYCN and FP ? for more general advocacy guidance, please refer to the POLICY Project?s **Policy Circle**, as well as PATH?s **Advocacy to Improve Global Health: Strategies and Stories from the Field**.

The Family Planning Advocacy Toolkit also offers a host of family planning-related advocacy resources.

To suggest an additional resource or share your perspective on advocating for integration of MIYCN and FP, please email us at toolkits@k4health.org or visit our feedback form.

Social & Behavior Change Communication



Social and behavior change communication (SBCC) can be employed to promote and sustain optimal MIYCN and FP practices. Integrating SBCC activities for MIYCN and FP benefits the health of mothers and their children by reinforcing the mutual benefits of nutrition and family planning practices. SBCC is guided by an ecological approach addressing both individual level change and change at broader environmental and structural levels. For MIYCN and FP integration, SBCC can build buy-in and stimulate demand for both services, motivate individuals to carry out desired MIYCN and FP practices, improve the quality of provider-client interactions, and shift social norms in support of optimal MIYCN and FP behaviors.

A strategic SBCC approach follows a systematic process including conducting formative assessment, identifying the most important barriers and motivators to behavior change, and then designing and implementing a comprehensive set of interventions to support and encourage positive behaviors.

The SBCC section of the MIYCN-FP Toolkit provides a range of tools and materials to assist with designing a strategic approach for promoting key MIYCN and FP behaviors and shifting social norms. These resources can be accessed by clicking on the links below or going to the links in the sidebar menu on the right side of this page. Resources are grouped into the following sub-sections:

- Formative Assessment
- SBCC Planning and Design Resources
- Sample SBCC Materials

One highlighted resource in this section of the toolkit is the MIYCN-FP Behavior Table , developed by the MIYCN-FP Working Group, which outlines key MIYCN and FP behaviors, along with illustrative behavioral determinants and activities for each.

This section of the toolkit will be updated periodically as new resources become available. If you would like to suggest a resource or comment about this section please visit our feedback form.

Formative Assessment Resources

This section includes formative assessment guidance documents and reports from a variety of country contexts. Conducting formative research helps to gather information about current knowledge, perceptions, practices, and barriers and motivators to behavior change within a particular setting. These findings are used to inform the development of a strategic and tailored SBCC approach. It is important to ensure that sufficient planning and resources are allocated for formative assessment within any MIYCN-FP integration initiative. The resources below focus specifically on MIYCN and FP. For more general tools to guide your formative research, refer to **A Practical Guide to Conducting a Barrier Analysis** and the **Barrier Analysis Facilitator's Guide**.

SBCC Planning and Design Resources

This section presents resources for planning and designing a strategic SBCC approach. The resources below focus specifically on MIYCN and FP ? for more general guidance on planning and designing SBCC, refer to the **C-Modules** and the **SBCC Strategy Template** developed by the C-Change Program, the **Designing for Behavior Change** curriculum developed by the CORE Group, **A Field Guide to Designing a Health Communication Strategy**, and **Designing by Dialogue**.

Sample SBCC Materials

This section of the toolkit includes examples of SBCC materials used within MICYN-FP integration activities in countries such as Kenya, Nigeria, Egypt, and Bangladesh. Materials presented below include job aids, counseling cards, brochures, and posters. These materials provide examples which can be adapted for various contexts, informed by findings from context-specific formative assessment and field testing.

Training

Training materials and job aids in this section have components of both postpartum family planning (PPFP) and maternal, infant and young child nutrition. Materials include topics like antenatal care, immediate and exclusive breastfeeding, maternal nutrition, and complementary feeding. All of the materials have been used in the field. Several training packages develop skills of facility and community-level health workers to provide MIYCN-FP messages and services.

The key to successful integration of both family planning and infant nutrition is to help learners/participants understand the link between FP and infant nutrition listed in the 5 bullets below.

•



Mothers can increase the survival of the

ir infants and help them grow

strong by exclusively breastfeeding during the first 6 months;

- Exclusive breastfeeding is giving babies only breast milk. No water or food during the first 6 months;
- By exclusively breastfeeding, they are likely to be amenorrheic and can practice LAM for 6 months;
- Mothers must start feeding their babies at 6 months fruits, veggies, animal protein, and micronutrients;
- Mothers need to transition from LAM to other methods of family planning while continuing to breastfeed.

For specific examples of job aids and counseling cards, please see the SBCC section of the MIYCN-FP Toolkit.

For related training materials, visit the Healthy Timing and Spacing of Pregnancy (HTSP) Toolkit training section and the Essential Nutrition Actions training guide and handouts for health workers.

Monitoring & Evaluation

To assess the process and outcomes of integrated delivery of MIYCN-FP services, appropriate indicators and effective systems of monitoring and evaluation are required.



A featured resource in this section is the Key Considerations for Monitoring and Evaluating MIYCN-FP Integrated Services. Developed by the MIYCN-FP Working Group, the 4-page briefer outlines priority questions around M&E of MIYCN-FP integration. The paper includes a conceptual framework laying out key elements of integrated service delivery, along with a list of suggested indicators for MIYCN-FP aligned with the conceptual framework. Indicators should be selected based on the focus of the program.

For analysis reports and tools on conducting formative assessments, please see the formative assessment resources section of the toolkit.

This is a living toolkit; please provide your input and experience through the feedback form.

Country Experiences



This section of the Toolkit offers examples of country

experiences intended to demonstrate strategies, challenges, and lessons learned from initiatives addressing the integration of FP services and maternal, infant, and young child nutrition.

A number of organizations have also developed materials, including provider job aids, tools, and

briefs, on MIYCN-FP. These country-specific resources can serve both as examples of successful MIYCN-FP integration, as well as templates to be adapted for different purposes and contexts.

To see examples of MIYCN-FP resources used in Africa, Asia, and the Middle East and North Africa (MENA) region, click on the regions to the right for specific materials.

If you'd like to suggest a resource or comment about this section of the Toolkit, please visit our feedback form.

Africa



Here you will find reports on some of the barriers to

using family planning while breastfeeding and on the influence that grandmothers have on their grandchildren's nutrition. Country-specific counseling cards from Ethiopia for community health workers (CHWs) are included that cover a variety of topics, including antenatal care, maternal health and nutrition, breastfeeding, infant and young child feeding, immunizations, and prevention of mother-to-child transmission of HIV. This section also contains an integrated service delivery training packet from Kenya, including posters and key messages for providers, as well as the final report detailing the results of this activity. Finally, case studies of the Community Markets for Conservation program in Zambia and the Ramba Kibondo (Live Long Child) program in Burundi examine integration of FP with nutrition and food security interventions.

Asia



Here you will find reports on integrating nutrition into other maternal and infant services, including a presentation on the experience of the MaMoni project in Bangladesh.

Additionally, the Healthy Fertility Study (HFS), also from Bangladesh, examines outcomes of a community-based family planning/maternal and newborn health service delivery program.

Latin America & the Caribbean



This section includes a case study from Haiti examining the integration strategies used by the Sak Plen REP (Full Sack Resiliency Enhancement Program).

The program used community platforms to integrate family planning into either the integrated maternal and child health and nutrition package or the program's agriculture and livelihoods components.

Middle East & North Africa (MENA)



In the SMART project in Egypt, several reports and training materials have been developed. The emphasis was on the 1,000 days from pre-pregnancy through

the first two years of an infant's life, mostly focusing on nutrition. A brochure and counseling tool on postpartum family planning, including messages on the lactational amenorrhea method (LAM) and when to transition to another modern method of family planning, were incorporated within SMART activities.

Related Links



The Related Links section of the toolkit provides high-

quality online sources of additional information on MIYCN-FP topics, including prevention of mother-to-child transmission (PMTCT) of HIV and other HIV-related issues; postpartum family planning (PPFP); healthy timing and spacing (HTSP) of pregnancies; the Lactational Amenorrhea Method (LAM) of contraception and other contraceptive methods; breastfeeding and other maternal, infant, and child nutrition topics; and agriculture.

Many of the organizations listed here have contributed publications to this toolkit and are conducting ongoing MIYCN-FP research and programming. Please visit the web sites below for more in-depth information on these cutting-edge efforts to improve maternal, infant, and young child health outcomes.

Click on the links in the dropdown menu to the right to browse links to MIYCN-FP-related web sites.

Do you have a comment about this section or a new resource or link you'd like to suggest? Please share your thoughts through our feedback form.

Toolkits

Family Planning Methods Toolkits Click on this link to access toolkits on a range of contraceptive methods, including condoms, implants, injectables, IUDs, oral contraceptives, and the standard days method.

Healthy Timing and Spacing of Pregnancy Toolkit

Lactational Amenorrhea Method (LAM) Toolkit

Coalitions

1,000 Days 1,000 Days' mission is to promote targeted action and investment to improve nutrition for mothers and young children during the critical 1,000 days from pregnancy to age 2, when better nutrition can have a lifelong impact on a child's future and help break the cycle of poverty. 1,000 Days' vision is to inspire a global movement that will result in nourished, healthier, more productive futures for children, their families and societies across the world. The 1,000 Days partnership brings together a wide-range of partners to help create lasting improvements in maternal and child nutrition. NGO, donor, and private sector partners working across a variety of sectors—including health, agriculture and food security, water, sanitation and hygiene, economic development and gender equality—each have an opportunity to work toward better nutrition outcomes in the 1,000 day window through their priorities, practices and programming.

CORE Group CORE Group's vision is a world of healthy communities, where no mother or child dies of preventable causes. We work towards this vision by bringing together our 50+ member organizations and network of partners to generate collaborative action and learning to improve and expand community-focused public health practices for underserved populations around the world. Working groups that operate within CORE Group include Community Child Health, Safe Motherhood and Reproductive Health, Nutrition, and HIV/AIDS.

Reproductive Health Supplies Coalition The Reproductive Health Supplies Coalition is a global partnership of public, private, and non-governmental organizations dedicated to ensuring that all people in low- and middle-income countries can access and use affordable, high-quality supplies to ensure their better reproductive health. The Coalition brings together diverse agencies and groups with critical roles in providing contraceptives and other reproductive health supplies. These include multilateral and bilateral organizations, private foundations, governments, civil society, and private-sector representatives.

The Partnership for Maternal, Newborn & Child Health (PMNCH) The Partnership (PMNCH) joins the maternal, newborn and child health (MNCH) communities into an alliance of more than 350 members to ensure that all women, infants and children not only remain healthy, but thrive.

U.S. Coalition for Child Survival (UCCS) The US Coalition for Child Survival is a U.S.-based nonprofit organization dedicated to raising awareness and increasing U.S. commitment to global efforts that improve the survival and health of children under five in developing countries. The Coalition currently brings together 40 of the most influential organizations working in child survival and committed individuals who believe it is unacceptable that nearly 10 million children every year die of largely preventable or treatable causes.

Current Projects

Advancing Partners & Communities (APC) is a five-year project funded and managed by USAID's Office of Population and Reproductive Health and implemented by JSI Research & Training Institute, Inc., in partnership with FHI 360. APC's core funding will cover grants management and capacity building for community-based family planning activities. APC is also positioned to accept funding from missions for capacity building and grants management of community-based approaches in family planning, HIV, maternal health, newborn and child health, nutrition, and control of infectious disease. Finally, APC will help to advance global learning in community-based programming through the dissemination of best practices and lessons learned at the global, regional, and national levels.

Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls (E2A) Project The E2A Project, a follow on to Extending Service Delivery (ESD), will increase global support for the use of evidence-based best practices (BPs) to improve family planning and reproductive health (FP/RH) service access and quality while integrating FP/RH with other health and non-health services, mitigating gender barriers, and enhancing informed decision-making for women and girls. The project will help foster an environment in which women and girls can fulfill their reproductive intentions and aspirations. By strengthening FP/RH service delivery, E2A will reduce unmet need at each stage of the reproductive life cycle—a major contribution to reducing unintended pregnancies.

Food and Nutrition Technical Assistance III (FANTA) Project For more than 15 years, the Food and Nutrition Technical Assistance Project (FANTA) has been working to improve the health and well-being of vulnerable individuals, families, and communities in developing countries by strengthening food security and nutrition policies, programs, and systems. The project provides comprehensive technical support to USAID and its partners, including host country governments, international organizations, and nongovernmental organizations. FANTA works at both the country and global levels, supporting the design and implementation of programs in focus countries, and building on field experience to strengthen the evidence base, methods, and global standards for food security and nutrition programming. FANTA is a cooperative agreement funded by USAID. The project is managed by FHI 360.

Food for Peace Maternal and child nutrition, health and food security are inextricably linked. Recognizing this, Food for Peace implements a range of activities and programs that promote and support maternal and child nutrition and health in food security programs. These programs provide pregnant women, nursing mothers and children with support for improved dietary diversity, improved infant feeding and care practices and prevention of, and recuperation from, malnutrition, through a variety of community based nutrition, health, water and sanitation programs that include capacity building, behavior change communication, access to preventive and curative health services and the provision of on-site and/or take home rations.

Maternal and Child Health Integrated Program (MCHIP) MCHIP is the USAID Bureau for Global Health's flagship maternal, neonatal and child health (MNCH) program, which focuses on reducing maternal, neonatal and child mortality and accelerating progress toward achieving Millennium Development Goals (MDGs) 4 and 5. Awarded to Jhpiego and partners in September 2008, MCHIP works with USAID missions, governments, nongovernmental organizations, local communities and

partner agencies in developing countries to implement programs at scale for sustainable improvements in MNCH.

Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) Project

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally Project, SPRING, is a five-year USAID-funded Cooperative Agreement to strengthen global and country efforts to scale up high impact nutrition practices and policies. The project is managed by the John Snow Research & Training Institute, Inc, with partners, Helen Keller International, the Manoff Group, Save the Children, and the International Food Policy Research Institute. SPRING provides state-of-the-art technical support and focuses on the prevention of stunting and maternal and child anemia in the first 1,000 days of life.

Past Projects

A2Z: The USAID Micronutrient and Child Blindness Project The USAID Micronutrient and Child Blindness Project is to increase the use of key micronutrient and blindness interventions to improve child and maternal health. The technical focus areas of the project are vitamin A supplementation for children under five and newborns, anemia reduction in pregnant women and children, food fortification, and zinc treatment for diarrhea. The expected results of the project are large-scale, sustainable vitamin A supplementation programs, anemia control, expansion of food fortification, and integration of effective approaches, tools, and data collection into national strategies and multiple program platforms.

BASICS: Basic Support for Institutionalizing Child Survival After more than 15 years of providing technical assistance for child survival programs in developing countries, BASICS concluded most of its country programs on September 29, 2009. This site is dedicated to ensuring your access to the tools and lessons that made BASICS a success, and contributed to improved health for children under five years of age worldwide. Make sure to visit the Publications & Resources page for a wide range of documents, and use the quick links below to review key materials on the past and future of child survival programming needs.

Extending Service Delivery (ESD) Project At least 200 million women around the world want to delay, space, or limit childbearing, but are unable to do so because they lack knowledge of and access to reproductive health and family planning (RH/FP) services. Funded by the U.S. Agency for International Development (USAID), the Extending Service Delivery (ESD) Project works to make these services accessible to the underserved populations of the world.

Flexible Fund The USAID PVO/NGO Flexible Fund was established in 2002 to promote the development of, interest in, and quality of community-based family planning and reproductive health (FP/RH) services worldwide. At this site, you may find information on the lessons learned over 10 years of funding community-based family planning projects and other resources created under the Flexible Fund project.

Infant & Young Child Nutrition Project The Infant and Young Child Nutrition (IYCN) Project is the

flagship project on infant and young child nutrition of the US Agency for International Development (USAID). Begun in 2006, the five-year project aims to improve nutrition for mothers, infants, and young children and prevent the transmission of HIV to infants and children. IYCN builds on 25 years of USAID leadership in maternal, infant, and young child nutrition. Our focus is on proven interventions that are effective during pregnancy through the first two years of life.

Organizations

Elizabeth Glaser Pediatric AIDS Foundation The Elizabeth Glaser Pediatric AIDS Foundation is a nonprofit organization dedicated to preventing pediatric HIV infection and eliminating pediatric AIDS through research, advocacy, and prevention, care, and treatment programs. Founded in 1988, the organization works in 16 countries around the world.

ICF International ICF International (NASDAQ:ICFI) partners with government and commercial clients to deliver professional services and technology solutions in the energy, environment, and infrastructure; health, social programs, and consumer/financial; and public safety and defense markets.

Institute for Reproductive Health Since its founding in 1985, IRH has been recognized as a leader in the effort to improve reproductive health worldwide. The Institute's strengths are its quantitative and qualitative research skills, its focus on critical needs in reproductive health, and its research-to-practice strategy that includes working with partners to build capacity for sustainable services. The Institute collaborates with a wide variety of organizations from central to community levels to implement evidence-based service delivery programs in countries worldwide. Much of IRH's work focuses on promoting the lactational amenorrhea method (LAM).

Jhpiego Jhpiego is an international non-profit health organization affiliated with The Johns Hopkins University. Jhpiego works with health experts, governments and community leaders to provide high-quality health care for their people. Since 1998, Jhpiego has led the U.S. Agency for International Development's flagship global programs to increase maternal and newborn health and survival and presently directs the Maternal and Child Health Integrated Program (MCHIP, 2008-2013). Jhpiego works to integrate FP with a variety of reproductive health (RH) services. By doing this, Jhpiego has been able to bring modern contraceptive methods and other essential FP services closer to the women who need them. Jhpiego takes every opportunity to provide this essential information to all women who attend antenatal care, deliver in a facility, are referred for emergency care services or receive postnatal services.

John Snow, Inc. JSI builds local capacity to address critical health problems, collaborating with local partners to assist countries, governments, communities, families, and individuals to develop their skills and identify solutions that meet their public health needs. Internationally, JSI helps prevent child morbidity and mortality caused by disease and malnutrition. JSI provides worldwide leadership in nutrition, immunization, neonatal care, oral rehydration, and integrated management of childhood illness (IMCI), including acute respiratory illness. JSI also strives to enhance the health and wellbeing of women throughout their life span, working to prevent illnesses and diseases that impact women and strive to improve access to and quality of health care.

PATH PATH is an international nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public- and private-sector partners, PATH helps provide appropriate health technologies and vital strategies that change the way people think and act. PATH's work improves global health and well-being. PATH works with global health colleagues and communities around the world to promote inexpensive, integrated health interventions aimed at making sure pregnant mothers and babies get the nutrients they need.

Save the Children Save the Children's health and nutrition programs seek to facilitate and promote sustained improvements in the health and nutritional status of women and children, with special attention given to the needs of poor and marginalized populations.

UNICEF: Infant and Young Child Feeding In accordance with the Global Strategy on Infant and Young Child Feeding (WHO-UNICEF 2003), UNICEF's overall goal in this programme area is to protect, promote and support optimal infant and young child feeding practices. The expected results are improved nutrition status, growth, development, health and ultimately the survival of infants and young children.

University Research Co., LLC The mission of University Research Co., LLC is to provide innovative, evidence-based solutions to health and social challenges worldwide.

World Vision World Vision is a Christian humanitarian organization dedicated to working with children, families, and their communities worldwide to reach their full potential by tackling the causes of poverty and injustice. Founded in 1950, the organization works in nearly 100 countries and serves all people, regardless of religion, race, ethnicity, or gender.

Community of Practice

The Maternal, Infant and Young Child Nutrition and Family Planning Integration (MIYCN-FP) Community of Practice serves as a discussion space and library for people involved in the MICYN-FP Integration Working Group. The 400+ members hail from a variety of organizations spanning over 30 countries. This group is open to anyone working and interested in nutrition, infant and young child feeding, and family planning or related fields.

To join the community, visit <https://knowledge-gateway.org/miycnfp>. Community members are encouraged to share announcements, events, new resources, requests for information, etc. related to MIYCN-FP through the community email list. To submit a message to the moderator for dissemination, email miycnfp@my.ibpinitiative.org or log into the community website to start a new discussion.

The Working Group

The Working Group is co-hosted by the MCSP and SPRING programs. To receive notifications about upcoming working group meetings, please join the MIYCN-FP Community of Practice or email Devon Mackenzie (devon.mackenzie@jhpiego.org).

The working group's vision is that all women and children have access to family planning and nutrition interventions during maternal, newborn, and child health services and use them to achieve optimal health. Group goals include:

- Identify effective strategies for the integration of MIYCN and FP in nutrition; maternal, newborn, and child health (MNCH), and HIV/prevention of mother to child transmission (PMTCT) services
- Adopt evidence-based MIYCN and FP strategies at various levels from policy to implementation at both community and facility levels
- Advocate among policy makers, managers, healthcare providers, and community leaders on the mutual benefit of integrating MIYCN and FP and HIV services

The Working Group and Community of Practice provide a forum to:

- Share experiences on MIYCN/FP integration from a variety of programs including MNCH, infant and young child nutrition (IYCN), FP, and HIV
- Document and share successful practices of MIYCN/FP integration
- Collect, review, and standardize programmatic guidance, including job aids, training materials, and other resources for effective integration of MIYCN and FP and disseminate globally
- Develop advocacy materials and tools to promote MIYCN-FP integration
- Develop indicators to measure MIYCN-FP integration in MNCH, IYCN, FP and PMTCT programs along with guidance on how to use them

This section of the toolkit includes Working Group meeting reports from the past several years. For access to related presentations and archives of earlier meetings, please visit the MIYCN-FP Community of Practice library.

Source URL: <http://live-toolkits.pantheonsite.io/toolkits/miy-cn-fp>