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?

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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**
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 amenorrhea 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.

**Resources:**

1. **Advocacy brief: Maximizing synergies between maternal, infant, and young child nutrition and family planning**

   This technical brief outlines the rationale for aligning MIYCN and FP interventions, summarizes evidence on the relationship between these two areas, and provides an overview of opportunities to identify linkages and better integrate counseling and services across multiple interventions.

2. **Systematic Review of Integration of Maternal, Neonatal, and Child Health and Nutrition and Family Planning**
This systematic review seeks to specifically focus on the MNCHN and FP components of SRH to examine the evidence for MNCHN-FP integration, review the most up-to-date factors that promote and inhibit program effectiveness, discuss best practices and lessons learned, and identify recommendations for program planners, policy makers, and researchers. The review is broad in scope, attempting to define and cover the entire field of MNCHN and FP linkages. It used standard Cochrane methods to systematically review and analyze this body of evidence.

- **Desk Review of Programs Integrating Family Planning with Food Security and Nutrition**

This desk review was conducted to identify and synthesize programmatic experiences, including integration models, platforms, contact points, and providers used for integrated service delivery. This report synthesizes learnings from 102 health and multisectoral programs, including a rich set of program examples and three case studies, to illustrate the various ways programs are integrating family planning with nutrition and food security interventions. Lessons learned, promising practices for programming, and recommendations for USAID are also provided in the report.

- **Bibliography: Maternal, Infant and Young Child Nutrition and Family Planning (MIYCN-FP) Integration**

In an effort to promote documented best practices, the MIYCN-FP Technical Working Group has supported the development of this annotated bibliography of Maternal, Infant and Young Child Nutrition (MIYCN) and Family Planning (FP) Integration to serve as reference for both researchers and program managers. The purpose of this bibliography is to provide a brief, illustrative sample of documents describing the basic elements of MIYCN-FP integration.

- **Lactational Amenorrhea Method Fact Sheet**

This fact sheet describes how the Lactational Amenorrhea Method (LAM) works and explains the advantages and disadvantages of the method.

- **The Potential for Integrating Community-Based Nutrition and Postpartum Family Planning: Review of Evidence and Experience in Low-Income Settings**
This review examines integration of community-based family planning and nutrition programs, how such integration has been implemented, and the results of providing integrated services.

- **FP-MNCH-Nutrition Integration Technical Consultation: Conference Report**

  This report summarizes the proceedings of USAID's FP-MNCH-Nutrition Integration Consultation, a one-day conference organized by ESD on March 30, 2011 in Washington, DC. The report contains presentation summaries, key themes in integration, and recommended next steps.

- **Review of MIYCN-FP Literature: Key Findings from the MIYCN-FP Bibliography**

  This presentation describes the literature review of the Bibliography for the Maternal, Infant and Young Child Nutrition (MIYCN) and Family Planning (FP) Integration Technical Working Group.

- **MCHIP Report of MIYCN-FP Integration Technical Meeting 2010**

  This report discusses a meeting focused on exploring the benefits and challenges of integrating family planning and nutrition services.

- **Postpartum Fertility and Contraception: An Analysis of Findings from 17 Countries**

  Postpartum fertility and contraception are generally not well-understood by policymakers, health service providers or women themselves. Making use of existing Demographic and Health Survey (DHS) data for women in the first year postpartum, descriptive country profiles for the extended postpartum family planning (PPFP) period have been developed for 17 countries in which the ACCESS-FP program has worked since October 2005. These postpartum family planning profiles highlighted unmet need, short birth-to-birth intervals, timing of key factors related to fertility return, and the relation of family planning use and
maternal health care, as well as method mix. These profiles soon demonstrated their usefulness by succinctly describing key issues and findings that have been used both in the initiation of program activities among stakeholder and in the development of provider and community training materials. This paper aggregates some of the most compelling findings from the country profiles. The objective of this paper is to provide a synthesis of the country findings as well as identify key patterns of behavior related to postpartum family planning.

- **LAM Reference Guide**

This evidence-based reference manual contains all of the basic technical/clinical content presented in the LAM workshop and the LAM training course. It also includes job aids to reinforce key aspects of high-quality LAM counseling, as well as a tool for continued self- and peer-assessment. The content, scope and easy-to-navigate format of the manual make it a key resource for participants?both during the workshop/course and when they return to the workplace.

- **LAM Frequently Asked Questions (FAQ)**

These FAQs provide an overview of common questions concerning the Lactational Amenorrhea Method.

- **LAM Bibliography**

This LAM bibliography contains key articles on LAM including those on effectiveness of the method, policy, training, transition evidence and other evidence supporting LAM.

**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**
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.

Resources:

- **Systematic Review of Integration of Maternal, Neonatal, and Child Health and Nutrition and Family Planning**

  This systematic review seeks to specifically focus on the MNCHN and FP components of SRH to examine the evidence for MNCHN-FP integration, review the most up-to-date factors that promote and inhibit program effectiveness, discuss best practices and lessons learned, and identify recommendations for program planners, policy makers, and researchers. The review is broad in scope, attempting to define and cover the entire field of MNCHN and FP linkages. It used standard Cochrane methods to systematically review and analyze this body of evidence.

- **Desk Review of Programs Integrating Family Planning with Food Security and Nutrition**

  This desk review was conducted to identify and synthesize programmatic experiences, including integration models, platforms, contact points, and providers used for integrated service delivery. This report synthesizes learnings from 102 health and multisectoral programs, including a rich set of program examples and three case studies, to illustrate the various ways programs are integrating family planning with nutrition and food security interventions. Lessons learned, promising practices for programming, and recommendations for USAID are also provided in the report.


  This strategy document promotes both nutrition-specific interventions and nutrition-sensitive interventions implemented across multiple sectors, including voluntary family planning and food security programming.

- **Practical Information and Guidance for Integration of MNCH and HIV Programs Within a Continuum of Health**
This Technical Brief outlines the rationale behind integration of maternal, newborn, and child health (MNCH) and HIV services, integration models and strategies, and the evidence base for MNCH/HIV integration.

- **USAID’s Child Survival and Health Grants Program: Select Information from Five Projects**

  This paper represents a quick review of selected examples of Child Survival and Health Grants Program/Family Planning (CSHGP/FP) integration with observations from the MCHIP PVO/NGO support team. It provides useful insights about practical and operational aspects of family planning integration in child survival projects, particularly with nutrition activities.

- **Strategies for Integrating Primary Health Services in Low- and Middle-income Countries at the Point of Delivery (Review)**

  In some low- and middle-income countries, separate vertical programs deliver specific life-saving interventions but can fragment services. Strategies to integrate services aim to bring together inputs, organization, and delivery of particular functions to increase efficiency and people’s access. This review examines the evidence on the effectiveness of integration strategies at the point of delivery (sometimes termed "linkages"), including integrated delivery of TB, HIV/AIDS, and reproductive health programs.

- **Meeting the HIV; Maternal, Newborn, and Child Health; and Social Support Needs of Mothers and their Young Children**
The PEPFAR Technical Working Groups for Care and Support, PMTCT, Pediatric Treatment, OVC and Nutrition hosted a Field Driven Learning Meeting for U.S. government staff and partners in Africa from November 8-10, 2011 in Addis Ababa, Ethiopia. The purpose of the three day meeting was to share promising practices and approaches to integrating HIV prevention, treatment, care and support services for pregnant women, infants and their mothers, and pre-school aged children and their mothers.

The meeting aimed to:

- Identify programs and approaches focused upon client identified needs and priorities which support a continuum of care approach to the design, implementation, monitoring and evaluation of health and social services for these target groups.

- Provide a forum for country programs to share innovations and promising programs focused on the provision of a continuum of health and social services for these target populations. These innovations/programs may address challenges in designing, implementing, monitoring, and evaluating programs.

- Develop a catalog of PEPFAR-supported interventions that integrate facility and community based HIV and MNCH services around the mother-child dyad (inclusive of evaluation results, where available.)

- Identify 1-2 potential next steps for each country program to improve the quality of existing integrated services and develop innovative programs.

• MCHIP Report of MIYCN-FP Integration Technical Meeting 2010

This report discusses a meeting focused on exploring the benefits and challenges of integrating family planning and nutrition services.

• Nutrition and Population Links - Breastfeeding, Family Planning and Child Health

At the community level, family planning services are often separate from nutrition and health interventions despite their reinforcing effects. This report provides all the arguments for linking nutrition - specifically breastfeeding - and family planning programs because both are beneficial for the mother and the child, increasing the cost-effectiveness of each. Exclusive breastfeeding during the first four to six months of life is highly recommended to ensure normal growth and development of the infant. It should be maintained as long as possible,
while supplementary feeding should start at six months approximately. For the mother, breastfeeding has both economic and health benefits. It induces lactational amenorrhoea which allows births to be spaced, thus reducing the likelihood of mothers becoming nutritionally depleted through the demands of frequent pregnancies. At the macro-level, it contributes to the control of population growth, thus lessening strain on environmental and productive resources. This report includes papers which explore these inter-relationships in depth, in many cases providing compelling new evidence for their beneficial links.

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.

Resources:

• Advocacy brief: Maximizing synergies between maternal, infant, and young child nutrition and family planning

This technical brief outlines the rationale for aligning MIYCN and FP interventions, summarizes evidence on the relationship between these two areas, and provides an overview of opportunities to identify linkages and better integrate counseling and services across multiple interventions.

• Maximizing Synergies between Maternal, Infant and Young Child Nutrition and Pregnancy Prevention

This discussion paper was prepared for the Maternal, Infant and Young Child Nutrition (MIYCN) and Family Planning (FP) Integration Technical Meeting in May 2010, which aimed to recognize and take advantage of the natural synergies that exist between FP and MIYCN to achieve optimal maternal and child nutritional status and health.

• Improving Nutrition through Family Planning
This video raises awareness and understanding among decisionmakers about how family planning can help improve key measures of nutrition for mothers, infants, and children, as well as improve food security on a broader scale.

- **Lessons Learned in Advocacy by Alive and Thrive**

  This set of briefs summarizes the lessons in advocacy and policy dialogue in the first years of Alive & Thrive; outlines the process; presents the issues, actors, and challenges; and offers recommendations for action. The briefs focus on Media Engagement, Medical Associations, Sub-national Advocacy, and Women's Associations.

- **Population and Food Security: Africa's Challenge**

  This brief examines trends in population growth, fertility, and family planning in sub-Saharan Africa and makes the case that investments in women and family planning are necessary to fulfill future food needs. Food security and nutrition advocates must add their voices to support investments in women and girls and voluntary family planning as essential complements to agriculture and food policy solutions.

- **Programming Guide on Infant and Young Child Feeding**

  This program guidance contains detailed programming information on IYCF, including breastfeeding, complementary feeding and infant feeding in general and in especially difficult circumstances including in the context of HIV and in emergencies. It also briefly addresses maternal nutrition. The key action areas for these components are detailed at the different levels, including national policy/strategy level, health services, and community. The document provides strategic programme recommendations for priority IYCF actions and their operationalization that will support achievement of MDGs 1 and 4, among others, as well as UNICEF Medium Term Strategic Plan (MTSP) Focus Area 1 on Young Child Survival, Growth and Development. The document emphasizes that breastfeeding and complementary feeding both play a significant role in the reduction undernutrition (both stunting and wasting) which is a key strategic area of UNICEF’s equity focus. The document briefly summarizes UNICEF’s role in IYCF programming, but the document is not focused on UNICEF actions alone; it may be used by a broad range of partners involved in IYCF programming.

- **PowerPoint presentation: Maximizing Opportunities:**
Integrating Maternal, Infant and Young Child Nutrition and Family Planning

This presentation reviews the literature on pregnancy spacing, its impacts on infant and child well-being, and the risks of unintended pregnancy during the first two years post-delivery. The presentation then explores a strategic alignment between maternal, infant, and young child nutrition and family planning.

• Repositioning the Lactational Amenorrhea Method: Benefits for Women, Children and Programs

This two-page advocacy brief describes the benefits of LAM and sets forth the strategy for repositioning LAM, which includes: emphasizing timely transition to other family planning methods, simplifying LAM services, and broadening the program context for offering LAM, beyond family planning programs. This brief was developed by the Interagency LAM Working Group.

• The RAPID Model: An Evidence-based Advocacy Tool to Help Renew Commitment to Family Planning Programs

This training manual was prepared to help representatives of NGOs and other formal groups of civil society form and maintain advocacy networks and develop effective family planning/reproductive health advocacy skills. The manual's tools and approaches can be used to affect FP/RH policy decisions at the international, national, regional, and local levels. While this manual was geared towards RH/FP, it can be easily tailored to promote the integrated health services as the same principles for creating and sustaining an advocacy network applies.

• One Thousand Days Advocacy Online Toolkit

This toolkit provides resources on the importance, impact and cost-effectiveness of investing in nutrition during the critical 1,000 day window.

• Support for Advocacy And Capacity Building in Healthy
Timing and Spacing of Pregnancy (HTSP) for Improved Child Survival

The purpose is to build target decision makers’ awareness, interest and commitment for healthy timing and spacing of pregnancy within the child health agenda.

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.

Resources:

• Tanzania FP Nutrition Formative Assessment Report

This report presents findings from a formative study, conducted in two selected regions of the Lake Zone (Kagera and Mara), that was embedded within the broader work of the Maternal and Child Survival Program (MCSP) in Tanzania. The objective of the study was to explore sociocultural and environmental cues to birth spacing and maternal, infant, and young child nutrition (MIYCN) practices and identify barriers and facilitating factors for optimal family planning (FP) and MIYCN practices.

• The Basics: Planning for Formative Research for Infant and Young Child Feeding Practices

This guide is intended to assist researchers, who are already familiar with formative research methods, in conducting formative assessments for infant and young child feeding programs. It offers a brief orientation to infant and young child feeding; describes major formative
research methods and techniques that can be applied to nutrition; outlines a process for determining the appropriate formative research approach; and provides guidance for analyzing the information collected. The document also includes examples of formative research tools and plans and offers suggestions for analytical tools and formats.

- **IYCN Materials: Formative Assessments**

This page of the IYCN website includes all of the reports from IYCN formative assessments from multiple countries, including Kenya, Ethiopia, Zambia, Nigeria, Madagascar, and Malawi.

- **Summary of Sociocultural and Epidemiological Findings on Infant and Young Child Feeding in 11 Countries**

The US Agency for International Development’s (USAID) Infant & Young Child Nutrition (IYCN) Project aims to improve nutrition for mothers, infants, and young children, and prevent the transmission of HIV to infants and children. Toward this end, IYCN has completed a series of reviews of qualitative and quantitative data, as well as conducted our own formative research. We carried out this work to understand the key practices in infant and young child feeding and maternal nutrition, why these practices are common, and what factors influence the behaviors. These studies have been done in the following countries: Côte d’Ivoire, Ethiopia, Ghana, Haiti, Kenya, Lesotho, Malawi, Madagascar, Mozambique, Nigeria, and Zambia. This summary presents a consolidation of these data and existing literature from these countries, highlighting common socio-cultural practices related to feeding infants and young children and dietary practices of pregnant and lactating women, and providing a framework for a focused strategy for enhanced IYCN programming applicable to all countries.

- **Kenya MIYCN-FP Formative Assessment Report**

An assessment was conducted in six health facilities in Bondo District in 2011 to inform program design, and development of messages and materials for a MIYCN/FP integration activity. The assessment aimed to generate useful information on current MIYCN and FP practices; enablers, barriers, and perceived benefits of key MIYCN and FP behaviors; health systems and structures; communication channels; and perceptions and ideas related to integrated MIYCN and FP service delivery. This report shares the findings from this assessment, which will generate insights which will be critical for informing the message and materials development process and program design.
LAM and the Transition Barrier Analysis: Uganda and Guinea

The purpose of the study was to gain better understanding of the facilitators and barriers to the transition from LAM to other modern FP methods in two African countries: Guinea and Uganda. In each country, the study was nested with Save the Children’s Family Planning Program and conducted by the program team with support from ACCESS-FP and Save the Children’s FP technical advisor.

LAM and the Transition Barrier Analysis: Sylhet, Bangladesh

The purpose of the LAM and the Transition Barrier Analysis was to gain further insight and explore the facilitators of and the barriers to the transition from LAM to other modern FP methods. The analysis was conducted within an operations research study, entitled the Healthy Fertility Study (HFS), which examined the integration of postpartum family planning services with community-based maternal and newborn health services. The HFS is a collaboration between ACCESS-FP, the Johns Hopkins Bloomberg School of Public Health, the Bangladesh Ministry of Health and Family Welfare, and Shimantik, a local Bangladeshi nongovernmental organization (NGO).

Trials of Improved Practices Guide

Trials of Improved Practices (TIPs) is a formative research technique developed by the Manoff Group. Using TIPs, program planners pretest the actual practices that a program will promote. The procedure consists of a series of visits in which the interviewer and the participant analyze current practices, discuss what could be improved, and together reach an agreement on one or a few solutions to try over a trial period; and then assess the trial experience together at the end of the trial period. The results are moved directly into program design. TIPs has been applied to nutrition as well as other public health issues including HIV/AIDS, school health, infectious disease control, maternal health and family planning.

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.

Resources:

- **Table of Key Behaviors for MIYCN-FP Integration**

  This table highlights practices that are central to the integration of MIYCN and FP services. It provides an illustrative behavioral analysis for each of the priority practices, using the Designing for Behavior Change (DBC) framework, which was developed by the CORE Group in 2008 based largely on the BEHAVE framework initially developed by AED. This table presents optimal behaviors along with illustrative behavioral determinants, bridges to activities, and activities based on findings from several field programs. For actual program planning, an implementing agency should create their own table to reflect context-specific influencing groups, determinants, bridges to activities and activities informed by findings from formative assessments.

- **Healthy Fertility Study LAM Ambassadors Brief**

  This brief describes the LAM Ambassadors approach which was incorporated within the Healthy Fertility Study in Bangladesh.

- **Behavior Change Interventions and Child Nutritional Status: Evidence from the promotion of improved complementary feeding practices**

  This literature review analyzes behavior change interventions aiming to improve complementary feeding practices and children’s nutritional status and provides recommendations for designing and implementing these interventions.

- **IYCN Social and Behavior Change Communication**
Approach

The purpose of this document is to describe the approach IYCN uses to develop, implement, and monitor SBCC activities in IYCN country programs. This document describes IYCN's approach to meeting country-specific objectives by elaborating the systematic planning process, defining optimal practices and behaviors (outlined in Annex 1), and identifying audiences and communication interventions at each level: mother/other caregiver, household, community, facility, and environment.

Social and Behavior Change for Family Planning: A Facilitator's Guide

This curriculum, designed by the CORE Group, is designed to be used "off-the-shelf" which means it is not necessary to bring in an outside trainer. A local staff person or team can use this guide to run a 2.5 day training course that teaches the basics of "designing for behavior change." This can serve as an energizing starting point for addressing family planning by building skills and helping staff get started in social and behavior change. The concepts and tools can actually be applied to other topics as well, including maternal and child health, nutrition, infectious disease care and control, sanitation, and more.

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.

Resources:

- Cue Cards for Counseling Adults on Contraception

The set of cue cards is designed to help a range of community- and facility-based providers to counsel adults on their contraceptive options. The cue cards address: Implants, Male Sterilization, Female Sterilization, Intrauterine Device (IUD), Lactational Amenorrhea Method
(LAM), DMPA (injectables), Combined Oral Contraceptives (COCs), Progestin-Only Pills (POPs), Standard Days Method (SDM), Male Condom, Female Condom, and Emergency Contraceptive Pills (ECPs). The provider can use the front side of the cards to give information about all available options and, after the client chooses a method, the provider turns to the back side to give specific instruction on use.

• Egypt SMART Project SBCC Materials

The SMART project—a USAID-funded MCHIP project that focuses on improving maternal and neonatal health and nutrition—works through community development associations in Upper and Lower Egypt to train physicians and CHWs to improve newborn care, nutrition, and the use of modern family planning methods. A brochure highlighting key information on Postpartum Family Planning, including messages on LAM + transition, was incorporated within community activities. A LAM counseling tool, featuring fictional case scenarios, was also incorporated within SMART activities.

• Kenya MIYCN-FP Counseling Cards, Job Aids, and other SBCC Materials

The Kenya Ministry of Public Health and Sanitation, Department of Family Health through the Divisions of Nutrition and Reproductive Health are working collaboratively, with support from the USAID-funded Maternal and Child Health Integrated Program (MCHIP), to initiate a demonstration program integrating MIYCN with FP services. The main objective of this initiative is to enhance and strengthen the intersection between nutrition and FP interventions in order to improve maternal and child outcomes through pregnancy spacing and better nutrition practices. Integrated service delivery can increase utilization of both FP and nutrition services. This integrated approach reinforces messages about the importance of exclusive breastfeeding during the initial six months, continuation of breastfeeding when offering complementary food, and transition to another modern method of FP when the LAM criteria are no longer met. The Ministry of Health, with support from MCHIP, has initiated activities in Bondo District of Nyanza Province on a demonstration basis (in 6 health facilities and adjacent community units), with potential for scale-up to other regions.

Communication materials developed to support the approach include the following:

- Counseling Card for Community Health Workers
- Job Aid for Facility Providers: Overarching
- Job Aid for Facility Providers: Service Specific
- MICYN-FP Brochure for Clients
- Poster

• Bangladesh Healthy Fertility Study SBCC Materials

The Healthy Fertility Study (HFS), conducted in eight unions of Sylhet District in Bangladesh,
was funded by the United States Agency for International Development (USAID). The study began in 2007 as a partnership of the Bangladesh Ministry of Health and Family Welfare (MoHFW), the Bangladeshi nongovernmental organization Shimantik, the Center for Data Processing and Analysis, ACCESS-FP, and the Johns Hopkins Bloomberg School of Public Health (JHU). In December 2010, the study transitioned from ACCESS-FP to the USAID-funded Maternal and Child Health Integrated Program (MCHIP). The study integrated postpartum family planning within a community-based maternal and newborn health (MNH) program, which has demonstrated results in reducing newborn mortality. Key HFS activities included: antenatal and postpartum home visits, community mobilization sessions, engagement of local champions, and advocacy through ward-level meetings. HFS activities use strategic, field tested information and materials informed by formative assessment. Content includes postpartum return to fecundity and pregnancy risk after delivery, the benefits of PPFP and healthy timing and spacing of pregnancy, postpartum contraceptive options, benefits of exclusive breastfeeding, and LAM + transition. SBCC materials incorporated within the approach are available below.

- **Nigeria Community and Facility Infant and Young Child Feeding Package**

This package of materials was adapted from the UNICEF and WHO generic global document and the 2010 National Recommendations on IYCF in the Context of HIV following a series of technical working group meetings comprising all relevant government agencies, parastatals, development partners, and NGOs. The Nutrition Division of the Federal Ministry of Health led the process with financial support from UNICEF, the (former) IYCN Project, the SPRING Project, and the WINNN project. The package has been finalized in English and translated into five Nigerian languages?Hausa, Igbo, Tiv, and Yoruba. Each translation was field tested and reviewed before finalization. The Facility and Community IYCF Packages each include a trainer’s manual with appendices, pictorial training aids for training community health workers, participant materials, a set of slides for projection during training, a set of 31 IYCF counseling cards, a key messages booklet, and three take-home brochures. Both packages provide updated technical information on breastfeeding, complementary feeding, and IYCF in the context of HIV and teach basic skills, such as listening and learning skills, confidence-building skills, and support skills. Employing various methodologies?including lectures, demonstrations, clinical practice, and small-group discussions?these simple-to-use packages enable trainees to develop their skills in the classroom before practicing them with mothers and babies in wards, clinics, or other locations in their communities.

- **The Community Infant and Young Child Feeding Counselling Package**
UNICEF recently developed a new set of generic tools for programming and capacity development on community-based IYCF counselling. Aimed for use in diverse country contexts, the package of tools guides local adaptation, design, planning, and implementation of community-based IYCF counselling and support services at scale. It also contains training tools to equip community workers (CWs), using an interactive and experiential adult learning approach, with relevant knowledge and skills on the recommended breastfeeding and complementary feeding practices for children from 0 up to 24 months, enhance their counselling, problem-solving, negotiation, and communication skills, and prepare them to effectively use the related counselling tools and job aids.

- **Haiti Infant and Young Child Feeding Counseling Cards**

  IYCN supported the Government of Haiti to develop this set of nationally-validated infant and young child feeding counselling cards for health workers and community workers. IYCN developed the messages based on formative research and pre-tested the cards to ensure that they are locally appropriate.

- **LAM Client Education Card**

  This two-page client card contains essential messages provided during counseling with graphics and text for lower-literacy women.

- **Counseling Guide for Teaching Women How to Use LAM**

  Two-page job aid, been designed for clinic level providers to assist them in teaching breastfeeding women how to use LAM as a family planning method.

- **Comic book training tool (India)**

  This comic book, developed in India, is a training tool to help community health workers provide the Lacational Amenorrhea Method (LAM) and the Standard Days Method (SDM).

- **CHW Postpartum Family Planning Counseling Flip Chart (Afghanistan)**
This Counseling Flip Chart for community health workers in Afghanistan includes messages on LAM and the transition to other methods.

- **Provider Tools by Save the Children (Guinea)**

These tools were developed by Save the Children (SC) for their child survival health program in Upper Guinea.

The LAM Counseling Card pictorially shows the three LAM criteria.

The Transition Counseling Card is used to help the provider counsel the postpartum woman on the transition to another family planning method once she does not meet one of the three LAM criteria.

- **Lactational Amenorrhea Method: Tools for Creating Choices**

This package of materials contains communication tools and job aids to support women in choosing LAM.

**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 their 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.

Resources:

- Kenya MIYCN-FP Counseling Cards, Job Aids, and other SBCC Materials

The Kenya Ministry of Public Health and Sanitation, Department of Family Health through the Divisions of Nutrition and Reproductive Health are working collaboratively, with support from the USAID-funded Maternal and Child Health Integrated Program (MCHIP), to initiate a demonstration program integrating MIYCN with FP services. The main objective of this initiative is to enhance and strengthen the intersection between nutrition and FP interventions in order to improve maternal and child outcomes through pregnancy spacing and better nutrition practices. Integrated service delivery can increase utilization of both FP and nutrition services. This integrated approach reinforces messages about the importance of exclusive breastfeeding during the initial six months, continuation of breastfeeding when offering complementary food, and transition to another modern method of FP when the LAM criteria are no longer met. The Ministry of Health, with support from MCHIP, has initiated activities in Bondo District of Nyanza Province on a demonstration basis (in 6 health facilities and adjacent community units), with potential for scale-up to other regions.

Communication materials developed to support the approach include the following:

- Counseling Card for Community Health Workers
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The Community Infant and Young Child Feeding Counselling Package

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Healthy Timing and Spacing of Pregnancy: A Trainer's Reference Guide

This Trainer's Reference Guide is intended as a reference and a resource that trainers can use to incorporate HTSP information into current or planned training activities as part of pre-service, in-service or continuing education for health care providers working in maternal child health; reproductive health and family planning; well-baby and child health programs; cervical cancer screening programs; HIV prevention, care and treatment; immunization programs; malaria prevention programs; youth services; or men's services, among others. It can also be used by trainers and programs to build community support for and acceptance of the delay of first pregnancy and improved pregnancy spacing practices through increased use of FP.

Postpartum Family Planning for Community Health Workers

This package provides all of the tools and materials needed to conduct a 3-day workshop to help community health workers learn how to counsel mothers, families and communities about postpartum family planning (PPFP). The content covers counseling on return to fertility as well as suitable family planning (FP) method choices, primarily for breastfeeding mothers. Emphasis is placed on the Lactational Amenorrhea Method (LAM) and the transition to other modern methods of family planning. Content focuses on helping the mother make the best method choice and understand how to use it.

The package emphasizes the importance of "no missed opportunities" to give women
appropriate PPFP messages. This means that every client contact with pregnant or postpartum women is used to provide appropriate counsel and services. This package provides the content that is needed for PPFP counseling. It will, however, be up to the individual country/locale to decide where, when, and how many times the CHW is expected to visit the mother to give these PPFP messages. Ideally, these visits will be conducted during pregnancy, at the end of pregnancy and several times in the postpartum period.

The components of this package include:

- A participants’ manual? This manual includes those items that the CHWs will need as they proceed through the training, including the reasons for PPFP, PPFP counseling and the role of the CHW; how to be a good counselor, counseling couples, counseling the fathers; healthy spacing of pregnancy, and return to fertility.

- The facilitator’s manual, which includes the overview of the course, the pre-test and answer key, detailed session plans, the handouts that you will use with participants, and a set of illustrative counseling flip-charts. A set of graphics which contain the content for each session is included.

As with all competency-based trainings, the sessions are highly interactive with the focus on small-group work, demonstration/return demonstration, case studies, games, and role plays to stimulate interest, energy, and active participation of the learners. This is especially important for the community health worker with limited (6th grade) literacy level. Visual aids are particularly important.

Additional information is also provided in the folder of Reference Materials. The PPFP Message Guide is a key reference for this training. Likewise, job aids and other resources will support CHWs in transferring newly acquired knowledge and skills in the communities they serve.

- **Clinical Training Skills (CTS) for Health Care Providers**

  The Clinical Skills manual contains essential content covered in the Clinical Training Skills course and serves as a valuable reference during the course and when conducting future courses.

  The Learner's Guide includes key information about the course, the course syllabus and a range of tools that you will need to navigate through the course.

- **Community Health Worker Postpartum Family Planning Training Package for CHW Trainers**
The purpose of this training package is to assist Community Health Worker (CHW) trainers in conducting a PPFP training course for CHWs. The training package covers interpersonal communication and counseling, breastfeeding, the lactational amenorrhea method (LAM), healthy timing and spacing of pregnancy, and family planning methods.

- **The Balanced Counseling Strategy: A Toolkit for Family Planning Service Providers**

The BCS toolkit incorporates the latest international family planning norms and guidance as recommended by the World Health Organization, including the 2004 Medical Eligibility Criteria for Contraceptive Use and the 2007 Family Planning Global Handbook. The process, tested and refined in several countries, involves a set of steps to determine the method that best suits the client according to her/his preferences and reproductive health intentions.

- **Breastfeeding Videos**

These training videos focus on various topics including:

- Breastfeeding in the first hours
- Positions for breastfeeding
- Attaching your baby at the breast
- Ensuring your baby is getting enough milk
- Increasing your milk supply
- How to express breastmilk
- Storing breastmilk safely
- What to do about breast pain
- What to do about nipple pain
- Early initiation of breastfeeding
- Helping a breastfeeding mother
- Expressing and storing breastmilk
LAM Self Study Module

The purpose of this module is to familiarize providers of family planning with information on the Lactational Amenorrhea Method of contraception, including information about counseling on LAM. Depending upon your background and needs, you may decide to use some or all of the information or supplement the module with information relevant to your local situation. Overall, this learning module is expected to take approximately 35 minutes to complete.

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.

Resources:

- **Key Considerations for Monitoring and Evaluating Maternal, Infant, and Young Child Nutrition (MIYCN) and Family Planning (FP) Integrated Services**

  This brief, developed by the MIYCN-FP Integration Technical Working Group, highlights priority questions and key considerations around monitoring and evaluation (M&E) of integrated MIYCN and FP services. The brief contains an M&E framework as well as a minimal list of suggested indicators for integrated MIYCN-FP service delivery.

  Do you have any suggestions based on your program’s experience with M&E for integrated programs? Have you used this resource in your projects? If so, we would like to hear from you! Please feel free to submit feedback online about the M&E brief.

- **Conceptual Framework for Integrated Maternal, Infant, Young Child Nutrition-Family Planning Services**

  This conceptual framework describes the relationship among contextual challenges, inputs, processes, outputs, outcomes, and impact for integrated maternal, infant, young child nutrition-family planning services. The components of the framework were synthesized by the MIYCN-FP Working Group in Spring 2012, based on a review of MNCHN and FP integration. The MIYCN-FP Working Group updated the framework in May 2014.

- **Using Time-Motion Charts to Identify Programmatic Synergies and Monitor Outcomes of Integrated Interventions**
This how-to guide walks through several ways to use time-motion charts to monitor the outcomes of integration efforts. Examples using project data from USAID's Child Survival and Health Grants Program show how to visually track changes in key outcome indicators like child spacing (CS) and exclusive breastfeeding (EBF) during the life of a project.

- **Measurement of LAM through Programs, Surveys and Research: Recommendations from the MIYCN/FP Integration Working Group**

  This document reflects recommendations put forth from the Maternal Infant Young Child Nutrition and Family Planning (MIYCN/FP) Integration Working Group (Working Group) on measurement of LAM through program monitoring (HMIS and/or other monitoring systems), surveys and research studies.

- **LAM Counseling Checklist for MNCH Service Providers**

  This tool can be used by the learner for self-assessment, by colleagues for peer assessment and/or by the trainer or supervisor for comprehensive skills assessment.

- **LAM "Transition" Checklist for FP Service Providers**

  This tool can be used during the course (as in the counseling demonstration and practice session) and after the course by the learner for self-assessment, by colleagues for peer assessment and/or by the trainer or supervisor for comprehensive skills assessment.

- **LAM Knowledge Improvement Tool (KIT)**

  This tool should be administered individually by the supervisor of the trainer. It evaluates provider competences in LAM provision. The information collected identifies concepts that need reinforcement and allows for adjustments in trainings to help meet specific provider needs.
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.

**Resources:**

- **Report: Integrating Maternal, Infant, and Young Child Nutrition and Family Planning Services in Bondo Sub-County, Kenya**

The Kenya Ministry of Health, Department of Family Health, through the Reproductive and Maternal Health Services Unit (RMHSU; formerly the Division of Reproductive Health) and the Nutrition and Dietetics Unit (NDU; formerly the Division of Nutrition), worked collaboratively, with support from the USAID-funded Maternal and Child Health Integrated Program (MCHIP), to initiate a demonstration program integrating maternal, infant, and young child nutrition (MIYCN) and family planning (FP) services. The initiative took place in six health facilities and adjacent community units in Bondo Sub-County1, Siaya County, Western Kenya. The main objective of the initiative was to enhance and strengthen the linkages between nutrition and FP interventions in order to improve maternal and child health outcomes through pregnancy spacing and better nutrition practices. The integrated approach reinforced messages about the importance of exclusive breastfeeding during the first six months after birth, continuation of breastfeeding when offering complementary food starting at six months, and transition to another modern method of FP before the lactational amenorrhea method (LAM) criteria are no longer met. This report outlines the intervention
approach, planning and implementation process, key results, and recommendations for future efforts in this area.

- **Ramba Kibondo (Live Long Child) Child Survival Program**

  This case study illustrates how the Live Long Child Survival Program, or Ramba Kibondo, integrates family planning with nutrition interventions in Burundi.

- **Community Markets for Conservation (COMACO), Ltd.**

  This case study illustrates how the Community Markets for Conservation program integrates family planning with nutrition and food security interventions in Zambia.

- **Kenya MIYCN-FP Counseling Cards, Job Aids, and other SBCC Materials**

  The Kenya Ministry of Public Health and Sanitation, Department of Family Health through the Divisions of Nutrition and Reproductive Health are working collaboratively, with support from the USAID-funded Maternal and Child Health Integrated Program (MCHIP), to initiate a demonstration program integrating MIYCN with FP services. The main objective of this initiative is to enhance and strengthen the intersection between nutrition and FP interventions in order to improve maternal and child outcomes through pregnancy spacing and better nutrition practices. Integrated service delivery can increase utilization of both FP and nutrition services. This integrated approach reinforces messages about the importance of exclusive breastfeeding during the initial six months, continuation of breastfeeding when offering complementary food, and transition to another modern method of FP when the LAM criteria are no longer met. The Ministry of Health, with support from MCHIP, has initiated activities in Bondo District of Nyanza Province on a demonstration basis (in 6 health facilities and adjacent community units), with potential for scale-up to other regions.

  Communication materials developed to support the approach include the following:

  - Counseling Card for Community Health Workers
  - Job Aid for Facility Providers: Overarching
  - Job Aid for Facility Providers: Service Specific
  - MICYN-FP Brochure for Clients
  - Poster
Strengthening Family Planning with Community-based Nutrition Interventions in Ethiopia: A Qualitative Study

This report presents the findings of a small-scale, exploratory, and qualitative operational research study that was conducted in early 2011 to identify some of the strengths, opportunities, risks, and challenges of integrated FP and community-based nutrition (CBN) programs implemented in Ethiopia as a component of the national health extension program (HEP). The report examines:

- How stakeholders perceive the relevance and appropriateness of integrating FP and community-based nutrition programs, and
- Whether community-based nutrition programming improves the provision and uptake of FP services (and if so, how).

Engaging Grandmothers and Men in Infant and Young Child Feeding and Maternal Nutrition: Report of a formative assessment in Eastern and Western Kenya

The purpose of this formative assessment was to document infant and young child feeding and maternal dietary practices and to inform the design of culturally relevant interventions for engaging men and grandmothers to improve maternal, infant, and young child nutrition in Eastern and Western Provinces.

Ethiopia Maternal, Infant and Young Child Nutrition Counseling Cards and Training of Trainers Manual

USAID’s Infant and Young Child Nutrition (IYCN) project supported the Government of Ethiopia to develop this set of maternal, infant and young child feeding counseling cards. The 27 cards cover a range of topics including antenatal care, HIV testing and counseling, initiation of breastfeeding, and nutrition.

A training of trainers manual on use of the counseling cards is also available.

LAM and the Transition Barrier Analysis: Uganda and Guinea
The purpose of the study was to gain better understanding of the facilitators and barriers to the transition from LAM to other modern FP methods in two African countries: Guinea and Uganda. In each country, the study was nested with Save the Children’s Family Planning Program and conducted by the program team with support from ACCESS-FP and Save the Children’s FP technical advisor.

- **FAM Project Brief, The Lactational Amenorrhea Method (LAM): An important option for mothers and infants**

  This FAM Project Brief provides a description of current LAM activities in three countries - India, Guatemala, and Mali - where IRH is working to expand family planning options through fertility awareness-based methods.

- **Revitalizing Lactational Amenorrhea Method (LAM) services in Burkina Faso and Mali**

  The goal of this project was to revitalize LAM, by making quality LAM services effectively available in more large-scale health programs in Burkina Faso and Mali through pilot studies which could provide information on which to base future LAM expansion.

- **Ethiopia: LAM Success Stories**

  This story portrays two Ethiopian women’s experience with LAM and the support that lead to successful use.

*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.

Resources:

- **Healthy Fertility Study: Program Brief**

  This brief discusses a study which aimed to: develop and test an integrated FP/MNH service delivery approach in Bangladesh, assess the strengths and limitations of integrating FP with an ongoing community-based MNH care program, assess the impact of the intervention package, and assess the impact of the intervention on pregnancy spacing outcomes.

- **MaMoni: Integrating Family Planning in Community-based Maternal and Newborn Care in Bangladesh**

  These presentation focuses on the MaMoni Project in Bangladesh, which integrates safe motherhood, newborn care, and family planning.

- **MaMoni: Integrating Family Planning in Community-based Maternal and Newborn Care in Bangladesh**

  Presentation on the MaMoni Project, a USAID-funded associate award implemented by Save the Children under the Maternal and Child Health Integrated Program (MCHIP). The PowerPoint outlines the integrated maternal, newborn care, child health and family planning package implemented by the project, which included family planning/postpartum family planning (PPFP) and maternal & infant young child nutrition (MIYCH).

- **FAM Project Brief, The Lactational Amenorrhea Method**
(LAM): An important option for mothers and infants

This FAM Project Brief provides a description of current LAM activities in three countries - India, Guatemala, and Mali - where IRH is working to expand family planning options through fertility awareness-based methods.

- **Technical assistance for implementing best practices in the Asia and Near East region**

  This report summarizes the technical assistance provided by the Population Council to build the national capacity of the training institutions in Egypt to promote LAM as postpartum contraception, and ultimately develop a national postpartum postabortion family planning program.

- **Promote LAM for Postpartum Family Planning and Birth Spacing**

  This brief is a summary of a two-year operations research project led by Population Council’s FRONTIERS program beginning in 2000 to test an intervention to improve knowledge and use of LAM for birth spacing in Kazakhstan.

- **India LAM Counseling Cards**

  These client cards have been tailored to the India context and contain essential messages for LAM counseling with graphics and text for lower-literacy women.

- **Promoting Healthy Timing and Spacing of Births in India through a Community-based Approach**

  A Population Council study in India tested a model to increase use of postpartum contraception, including LAM, among young pregnant women with a parity of 0 or 1 to expand the interval between pregnancies.
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.

Resources:

- **Sak Plen REP (Full Sack Resiliency Enhancement Program)**

  This case study illustrates how the Full Sack Resiliency Enhancement Program, or Sak Plen Rep, integrates family planning with nutrition and food security interventions in Haiti.

- **FAM Project Brief, The Lactational Amenorrhea Method (LAM): An important option for mothers and infants**

  This FAM Project Brief provides a description of current LAM activities in three countries - India, Guatemala, and Mali - where IRH is working to expand family planning options through fertility awareness-based methods.

- **Bolivia LAM Counseling Cards**

  These client cards have been tailored to the Bolivia context and contain essential messages
for LAM counseling with graphics and text for lower-literacy women.

- **Guatemala LAM Counseling Cards**

  These client cards have been tailored for the Guatemala context and contains essential messages for LAM counseling with graphics and text for lower-literacy women.

**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.

**Resources:**

- **Egypt SMART Project SBCC Materials**

The SMART project—a USAID-funded MCHIP project that focuses on improving maternal and neonatal health and nutrition—works through community development associations in Upper and Lower Egypt to train physicians and CHWs to improve newborn care, nutrition, and the use of modern family planning methods. A brochure highlighting key information on Postpartum Family Planning, including messages on LAM + transition, was incorporated within community activities. A LAM counseling tool, featuring fictional case scenarios, was also incorporated within SMART activities.

- **Promoting the Lactational Amenorrhea Method (LAM) in Jordan Increases Modern Contraception Use in the**
Extended Postpartum Period

From late 1998 through 2003, the MOH collaborated with The LINKAGES Project to provide LAM services in all Ministry of Health MCH centers. This final report assesses the impact of LAM on continued modern method use by surveying 3,183 women in 11 child health centers in and around Amman, Jordan.

• Egypt: Enhancing correct use of LAM and Postabortion use of Family Planning

Researchers with the Population Council’s FRONTIERS program helped the Egyptian government build its capacity to promote the correct use of the lactational amenorrhea method.

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
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**

**Postpartum Family Planning (PPFP) Toolkit**

**Prevention of Mother-to-Child Transmission (PMTCT) 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.

Resources:

- **February 23, 2016 Working Group Meeting Notes**
  
  This document summarizes presentations and discussion from the February 23, 2016 Working Group meeting in Washington, DC.

- **April 1, 2015 Working Group Meeting Notes**
  
  This document summarizes presentations and discussion from the April 1, 2015 Working Group meeting in Washington, DC.

- **October 8, 2014 Working Group Meeting Notes**
  
  This document summarizes presentations and discussion from the October 8, 2014 Working Group meeting in Arlington, VA.

- **March 12, 2014 Working Group Meeting Notes**
  
  This document summarizes presentations and discussion from the March 12, 2014 Working Group meeting in Washington, DC.

- **October 22, 2013 Working Group Meeting Notes**
This document summarizes presentations and discussions from the October 22, 2013 Working Group meeting in Washington, DC.

- **May 15, 2013 Working Group Meeting Notes**

This document summarizes presentations and discussions from the May 15, 2013 Working Group meeting in Arlington, VA.

**Source URL:** http://live-toolkits.pantheonsite.io/toolkits/miycn-fp