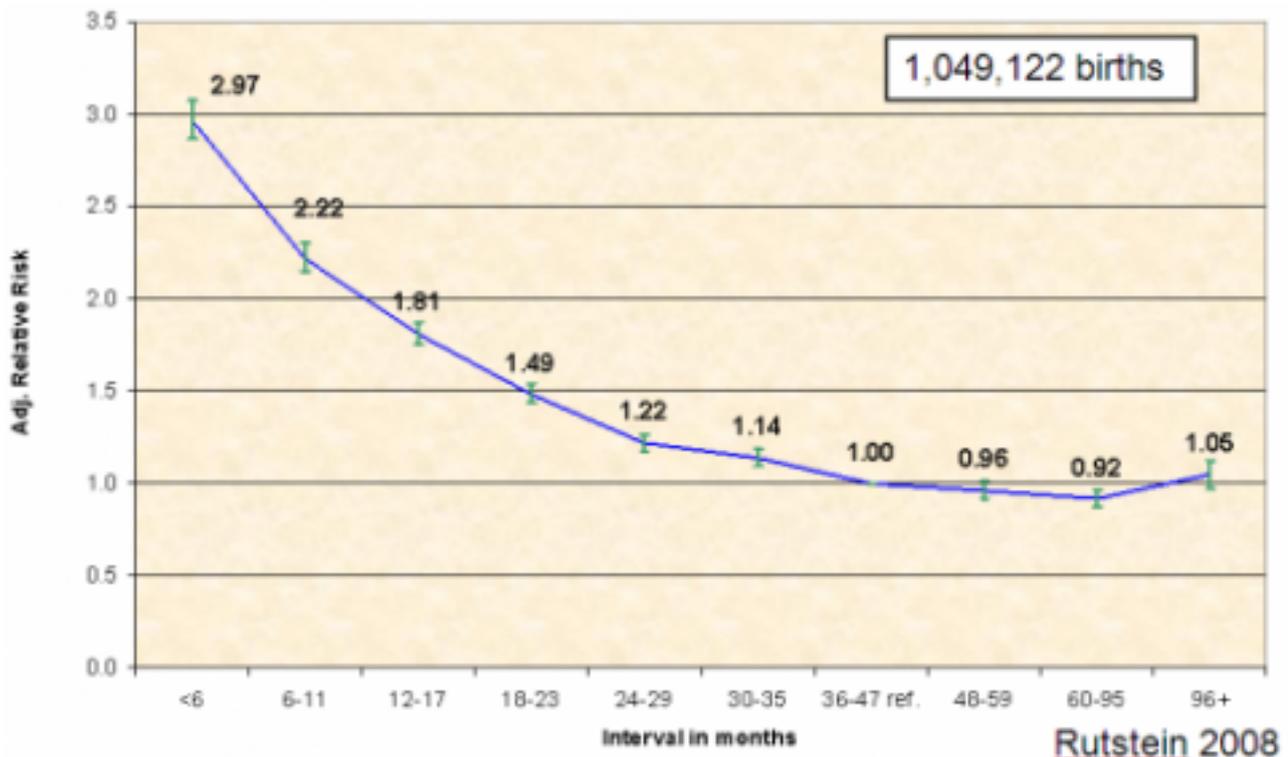


# Maternal Infant Young Child Nutrition - Family Planning (MIYCN-FP) Integration

## Welcome to the Maternal Infant Young Child Nutrition - Family Planning (MIYCN-FP) Integration Toolkit.

Maternal, Infant, and Young Child Nutrition-Family Planning (MIYCN-FP) Integration Working Group was established by the Maternal and Child Integrated Program (MCHIP) and its partners. This working group brings together the Postpartum Family Planning Community of Practice, the Lactational Amenorrhea Method (LAM) Working Group and the Nutrition community.

### Risk of under-five mortality by birth-to-pregnancy interval

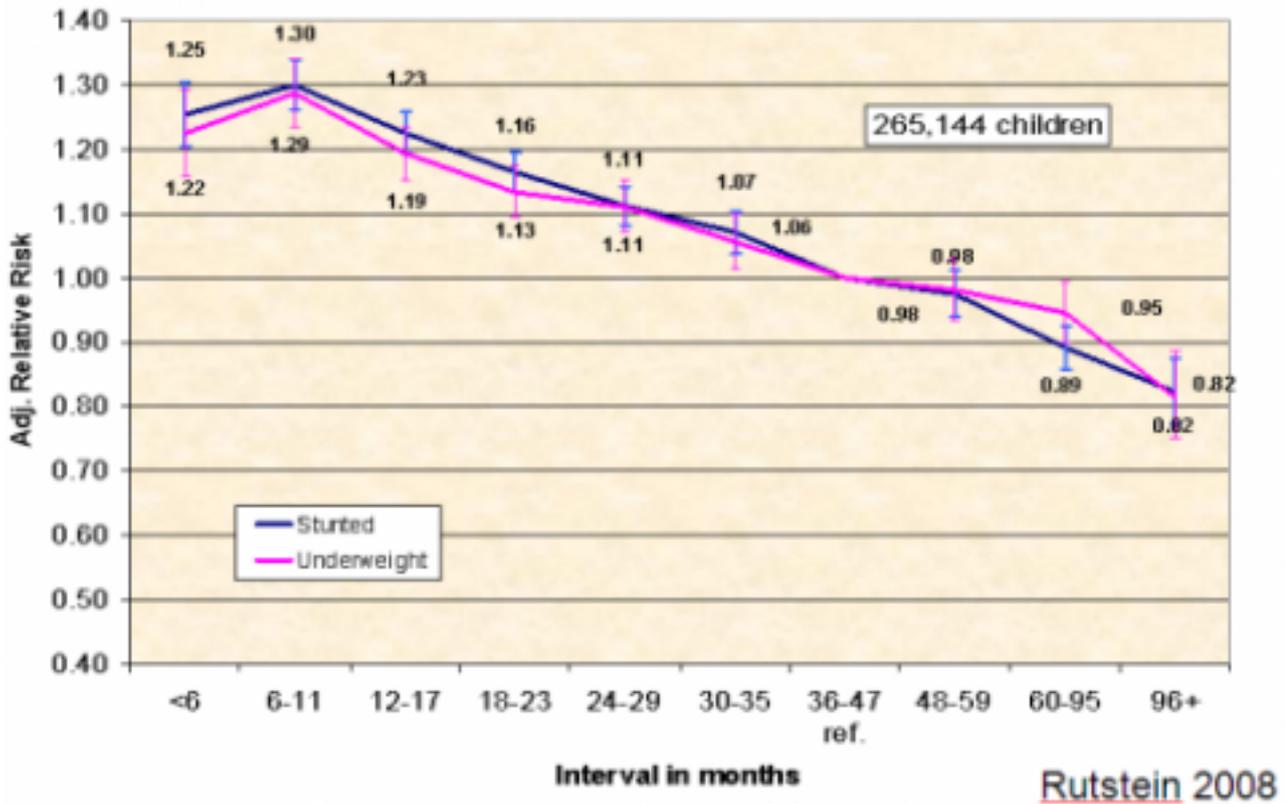


Women have understood the connection between breastfeeding and regulating their fertility for centuries. LAM integrates postpartum family planning and nutrition because it promotes exclusive breastfeeding which reduces malnutrition and mortality in infants in their first six months and extends birth intervals which, in turn, promotes maternal and child survival. [K4Health has a toolkit for LAM under family planning methods](#) [1].

FP-MIYCN messages and supportive programmatic activities continue beyond six months when mothers transition to other family planning methods and their infants are introduced to other foods ([fruits, veggies, cereals and animal protein](#) [2]) **while continuing to breastfeed**.

**For the healthiest babies couples need to space out the next pregnancy at least 24 months.** Young children 6-23 months of age should be fed foods of adequate quality and quantity to [complement the nutrients in breast milk](#) [3]. In countries where adolescent pregnancies are high, efforts to [delay marriage and pregnancies](#) [4] before at least 18 years of age also should be part of the entire family planning and nutrition program.

### Risk of child undernutrition (underweight and stunting) by birth-to-pregnancy interval



[What are K4Health Toolkits?](#)

[What is the purpose of this toolkit?](#)

[Who developed this toolkit?](#)

[Who are the publishers of the resources?](#)

[What types of resources are included?](#)

[Who are the intended audiences?](#)

[How do I get started using this toolkit?](#)

[How can I suggest a resource to include in this toolkit?](#)

[How can I make a comment or give feedback?](#)

**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 above 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).

### **How can I suggest a resource to include in this toolkit?**

We invite you to contribute to evolving and enhancing this toolkit. If you have developed or use quality resources that you think should be included in this toolkit, please [email us](#) [5] with your suggestions. The toolkit collaborators will review and consider your suggestions.

### **How can I make a comment or give feedback?**

If you have comments about the toolkit, please share them through the [feedback form](#) [6]. Your

---

feedback will help to ensure the toolkit remains up-to-date and is continually improved. For example, you can share ideas about how you have used the toolkit in your work so that others can learn from and adapt your experiences.



## Global Evidence

- [PDF version](#) [7]



### **Evidence on the relationship between maternal, infant, and young child nutrition and family planning**

Maternal, infant, and young child nutrition (MIYCN) and family planning (FP) programs and services are mutually beneficial for mothers and their children. Exclusive breastfeeding in the first six months after birth protects the infant from becoming malnourished and also meets the mother's contraceptive needs if she practices the lactational amenorrhea method (LAM). This section provides links to key global evidence on the relationship between MIYCN and FP and highlights recent research and synergies.

[MIYCN-FP Advocacy Brief](#) [8], 4-page summary of key global evidence

[MIYCN-FP Bibliography](#) [9]: Studies between 2000-2011 focusing on MIYCN-FP

[Country Experiences](#) [10]

---

## Quick Links to Studies

[Birth-to-pregnancy intervals less than 36 months and their association with stunting and underweight](#)

[Birth-to-pregnancy intervals less than 24 months and their association with adverse pregnancy outcomes](#)

## **Maternal nutrition, unintended pregnancy, and effects on child health**

### Infant and young child nutrition and the role of family planning

To access cross-cutting resources, please click on the link in the drop-down menu on the right-hand side of this page.

This section of the toolkit will be updated periodically to reflect new research findings. If you would like to suggest a resource or comment about this section please email us at [toolkits@k4health.org](mailto:toolkits@k4health.org) [11] or visit our [feedback form](#) [6].

---

## **Studies**

### **Birth-to-pregnancy intervals less than 36 months and their association with stunting and underweight**

Recent research demonstrates that too rapid child bearing (short birth-to-next-pregnancy intervals) poses substantial nutritional risks for children, increasing their risk for underweight and stunting (the most prevalent form of undernutrition in children). Please see below study for global evidence on this topic:

- Rutstein SO. [Further Evidence of the Effects of Preceding Birth Intervals on Neonatal, Infant, and Under-Five-Years Mortality and Nutritional Status in Developing Countries: Evidence from the Demographic and Health Surveys DHS Working Papers](#). [12] Calverton, MD: Macro International, Demographic and Health Research Division; 2008.

### **Birth-to-pregnancy intervals less than 24 months and their association with adverse pregnancy outcomes**

Recent research also demonstrates that too rapid child bearing (short birth-to-next-pregnancy intervals) increases the risk of neonatal, child, and maternal mortality; and poor pregnancy outcomes, such as small for gestational age (SGA), preterm delivery, and delivery of a low-birthweight baby. Please see below studies for global evidence on this topic:

- Conde-Agudelo A, Belizan JM, Norton MH, Rosas-Bermudez A. [Effect of the interpregnancy interval on perinatal outcomes in Latin America](#) [13]. *Obstetrics and Gynecology*. 2005;106(2): 359–366.
- Conde-Agudelo A, Rosas-Bermudez A, Kafury-Goeta A. [Birth spacing and risk of adverse perinatal outcomes: a meta-analysis](#) [14]. *Journal of the American Medical Association*. 2006;295(15):1809–1822.

### **Maternal nutrition, unintended pregnancy, and effects on child health**

Nutrients mobilized from the mother's reserves to meet the needs of pregnancy and lactation must be replaced during the inter-pregnancy interval. Yet, this often does not occur, as short intervals between pregnancies can result in maternal nutrient depletion and poor pregnancy outcomes. Poor maternal iron and folate status has been associated with preterm births and intrauterine growth retardation (IUGR), which are associated with greater risk of neonatal death. Family planning is a lifesaving intervention that can avert unintended pregnancy, lengthen the time between pregnancies and therefore decrease the risk of micronutrient nutrient deficiencies and maternal anemia, neonatal mortality, and poor pregnancy outcomes, such as IUGR and premature birth. Please see below studies for global evidence on this topic:

- King JC. [The risk of maternal nutritional depletion and poor outcomes increases in early or closely spaced pregnancies](#) [15]. *The Journal of Nutrition*. 2003;133(5 Suppl 2):1732S–1736S.
- Winkvist A, Rasmussen KM, Habicht JP. [A new definition of maternal depletion syndrome](#) [16]. *American Journal of Public Health*. 1992;82(5):691–694.
- DaVanzo J, Hale L, Razaque A, Rahman M. [The effects of pregnancy spacing on infant and child mortality in Matlab, Bangladesh: how they vary by the type of pregnancy outcome that began the interval](#) [17]. *Population Studies*. 2008;62(2):131–154.
- World Health Organization (WHO). [Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2003, Fifth Edition](#) [18]. Geneva: WHO; 2007.
- Cleland J, Bernstein S, Ezeh A, Faundes A, Glasier A, Innis J. [Family planning: the unfinished agenda](#) [19]. *The Lancet*. 2006;368(9549):1810–1827.
- Strong MA. The health of adults in the developing world: the view from Bangladesh. *Health Transition Review*. 1992;2(2):215–224.

## Infant and young child nutrition and the role of family planning

Undernutrition contributes to 35% of child deaths worldwide (3.2 million deaths per year). Globally, an estimated 178 million children younger than 5 years suffer from chronic malnutrition and are stunted (low height for age), and another 19 million are severely wasted, or acutely malnourished.

The period from pregnancy to 24 months of age "the first 1,000 days", is a critical time to prevent undernutrition. Most growth faltering in children occurs between 6 and 24 months of age due to several factors including: illness, early or late introduction of complementary foods as well as inappropriate and/or insufficient nutrient intake and poor hygiene during food preparation. During this period of time, postpartum mothers who do not use modern methods of family planning are at risk of pregnancy and closely spaced births can result in poor health outcomes for both mother and child.

Evidence-based interventions that prevent or address maternal and child undernutrition and poor nutrition-related outcomes include exclusive breastfeeding and timely complementary feeding, micronutrient interventions such as fortification and supplementation, treatment of severe acute malnutrition, and healthy timing and spacing of pregnancy achieved through family planning. Postponing pregnancy among adolescents allows girls to fully grow into adulthood. Offering permanent methods for couples, who choose this option, is particularly relevant among high parous and older women who are at higher risk for adverse maternal and neonatal outcomes. Because the first two years are critical for infant and young child nutrition, prevention of pregnancy during this time can be lifesaving. Please see below studies for global evidence on this topic: (Note: studies will be hyperlinked to the COP unless publically available)

- Jakobsen MS, Sodemann M, Molbak K, Alvarenga IJ, Nielsen J, Aaby P. [Termination of breastfeeding after 12 months of age due to a new pregnancy and other causes is associated with increased mortality in Guinea-Bissau](#) [20]. *International Journal of Epidemiology*. 2003;DOI:10.1093/ije/dyg006.
- The International Bank for Reconstruction and Development/The World Bank. [Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action](#) [21]. Washington, DC: The World Bank; 2006.
- Bryce J, Coitinho D, Darnton-Hill I, Pelletier D, Pinstруп-Andersen P, for the Maternal and Child Undernutrition Study Group. [Maternal and child undernutrition: effective action at national level](#) [22]. *The Lancet*. 2008;DOI:10.1016/S0140-6736(07)61694-8.
- Black RE, Allen LH, Bhutta ZA, Caulfield LE, de Onis M, Ezzati M, Mathers C, Rivera J, for the Maternal and Child Undernutrition Study Group. [Maternal and child undernutrition: global and regional exposures and health consequences](#) [23]. *The Lancet*. 2008;DOI:10.1016/S0140-6736(07)61694-8.
- Victora CG, Adair L, Fall C, Hallal PC, Martorell R, Richter L, Sachdev HS, for the Maternal and Child Undernutrition Study Group. Maternal and child undernutrition: consequences for adult health and human capital. *The Lancet*. 2008;DOI:10.1016/S0140-6736(07)61692-4.
- Shrimpton R, Victora CG, Onis M, Lima R, Blossner M, Clugston G. [Worldwide timing of growth](#)

- [faltering: implications for nutritional interventions](#) [24]. *Pediatrics*. 2001;107(5):e75.
- Bhutta ZA, Ahmed T, Black RE, Cousens S, Dewey K, Giugliani E, Haider BA, Kirkwood B, Morris SS, Sachdev HP, Shekar M, for the Maternal and Child Undernutrition Study Group. [What works? Interventions for maternal and child undernutrition and survival](#) [25]. *The Lancet*. 2008;DOI:10.1016/S0140-6736(07)61694-8.

## Cross-Cutting Resources

- [PDF version](#) [26]

## Prevention of Mother-to-Child Transmission (PMTCT)

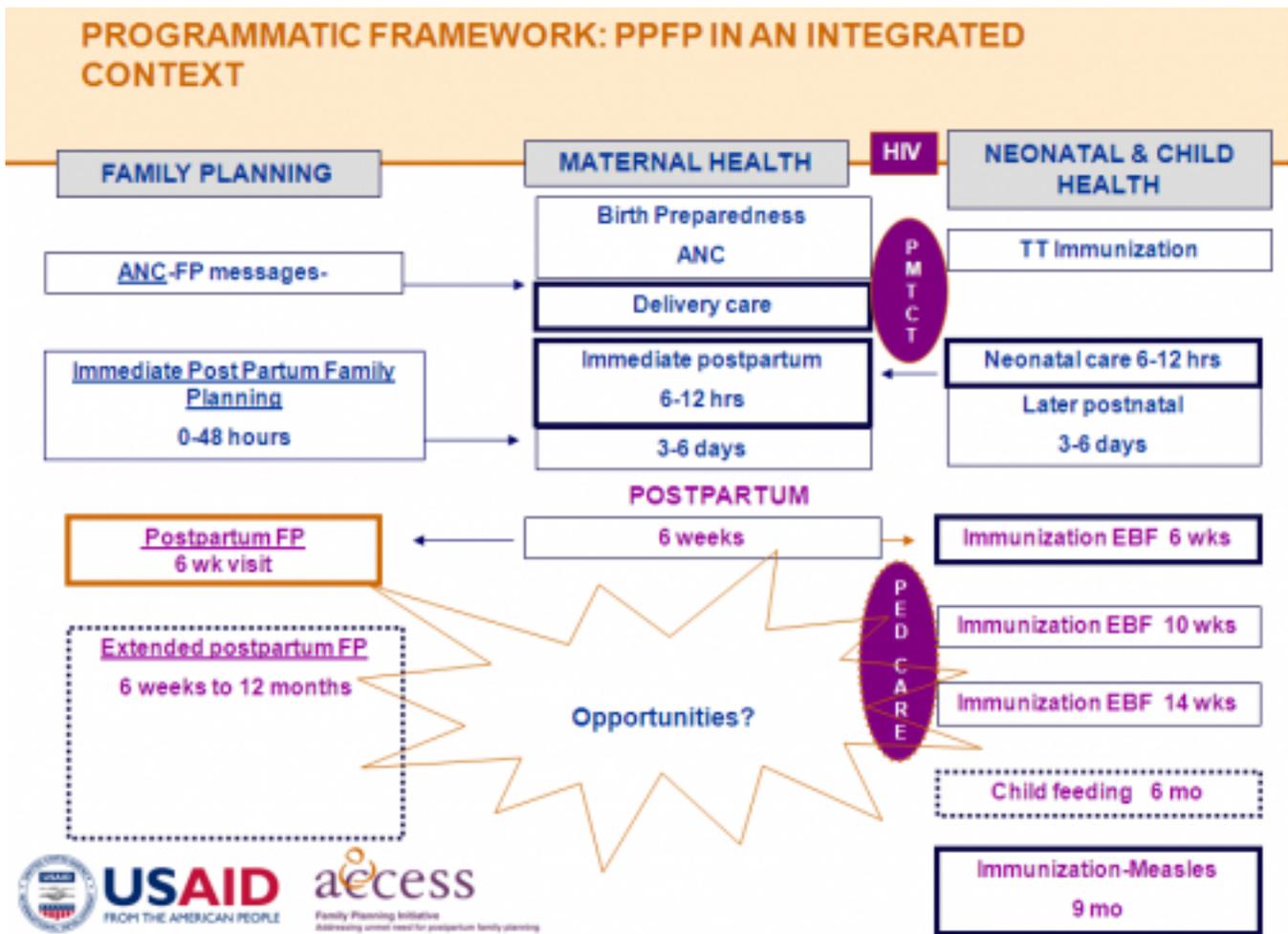
- [PDF version](#) [27]

## How to Integrate

- [PDF version](#) [28]

This tab provides practical knowledge of the why, how, when and where of integrating MIYCN and FP as well as recommendations for how to integrate based on previous successful examples of integrated service delivery.

### **When to integrate:**



MIYCN-FP can be integrated into all of these services and 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 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 (ie 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 which 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 email us at [toolkits@k4health.org](mailto:toolkits@k4health.org) [29] or visit our [feedback form](#) [6].

## Advocacy

- [PDF version](#) [30]



- **Family planning is a life saving intervention that can decrease the risk of neonatal mortality, babies born too early or too small and a mother's risk of developing nutritional deficiencies and anemia.**
- **Mothers who do not use modern methods of family planning, especially in the 2 years following birth of their child, will get pregnant again. A poorly nourished mother that has closely spaced pregnancies could give birth to a low birth weight baby or a child that suffers from chronic malnutrition or stunting.**
- **Undernutrition is one of the largest contributors to child mortality. The first 1,000 days, is a critical time to prevent undernutrition, which can negatively impact a child's growth and brain development. A child's growth can lag behind, if a child does not receive quality nutrient-rich foods starting at 6 months of age, along with mothers' breastmilk.**

Jump to [MIYCN-FP Advocacy Brief](#) [8]

To achieve advocacy include these steps:

1. Encourage commitment as well as build champions among political leaders, government bureaucrats, NGO representatives, religious and traditional leaders who advocate for integrated services. Champions or change agents should be selected by a local team to identify and analyze effective practices. Then, the change agent and the team should choose and adapt an effective practice to the local context and develop a plan to implement and monitor how the desired change occurs.
2. Ensure planning, budgeting, mobilization and allocation of resources for integration of services is clearly laid out in the country compacts, yearly plans, etc.
3. 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.
4. Ensure MIYCN-FP integration is included on the agenda and addressed at key meetings, events, and conferences.

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.

## Social & Behavior Change Communication

- [PDF version](#) [31]



**Integrating nutrition and family planning social and behavior change communication (SBCC) activities can benefit the health of mothers and children.**

Social and behavior change communication (SBCC) uses communication to promote and support recommended practices, which often requires changes in behavior. This includes changes in individual behaviors of women, their family members, and health providers; changes in related socio-cultural norms; and creating a supportive environment. SBCC interventions are an essential program component for improving behaviors related to maternal, infant, and young child nutrition (MIYCN); family planning (FP); and other public health topics.

Integrating SBCC activities for MIYCN and FP can be mutually beneficial for the health of mothers and their children. A multi-pronged, integrated approach that uses consistent, correct, and clear messages reinforced at each level can bring about significant and sustained improvements. Examples of key MIYCN and FP messages can be found on the last page of the [MIYCN-FP Integration Advocacy Brief](#) [8].

A strategic SBCC approach follows a systematic process to analyze a problem in order to define key barriers and motivators to change, and design and implement a comprehensive set of interventions to support and encourage positive behaviors. Conducting formative research to inform the project strategy and using a proven framework for strategy development contribute to successful SBCC programs.

The SBCC section of the MIYCN-FP Toolkit provides a range of tools and materials for designing a strategic approach to promoting key MIYCN-FP behaviors and related social change. Key resources to develop a strategic SBCC approach can be accessed by clicking the links in the drop-down menu on the right side of this page. They include:

- Formative assessment resources
- Guidance & resources on SBCC strategy & activity design
- Resources to guide messages & materials development
- Sample job aids & IEC materials that have been used in-country

This section of the toolkit will be updated periodically as new resources become available. If you'd like to suggest a resource or comment about this section please email us at [toolkits@k4health.org](mailto:toolkits@k4health.org) [11] or visit our [feedback form](#) [6].

## **Formative Assessment Resources**

## **Guidance & Resources on SBCC Strategy & Activity Design**

## **Resources to Guide Messages & Materials Development**

## **Sample Job Aids & IEC Materials**

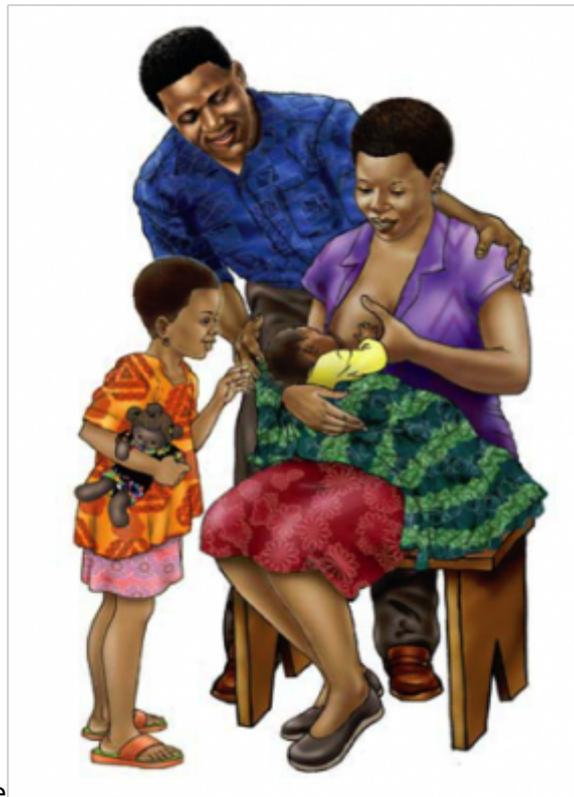
## **Capacity Building & Training**

- [PDF version](#) [32]



These training materials and job-aids have components of both postpartum family planning (PPFP) and infant and young child nutrition. They 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. [Training needs to be interactive where learners/participants are engaged in activities such as role plays, small group work, learning games, and opportunities to demonstrate what they have learned in field](#) [33].

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



- Mothers can increase the survival of the ir infants and help them grow strong by [exclusively breastfeeding during the first 6 months](#) [34];
- 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](#) [35];
- Mothers must start feeding their babies at 6 months [fruits, veggies, animal protein and micronutrients](#) [2];

- Mothers need to transition from [LAM to other methods of family planning while continuing to breastfeed](#) [36].

Click on the links in the drop-down menu on the right-hand side of the page to access training materials on a range of MIYCN-FP topics.

## **LAM**

### **LAM and the Transition**

## **PPFP**

### **Healthy Timing and Spacing of Pregnancy**

### **Infant and Young Child Nutrition**

### **Community Health Workers Materials**

### **Country Materials**

### **Essential Nutrition Actions**

### **Integrated Framework Visual Model**

### **How to Train Pre-Service and In-Service**

### **Monitoring & Evaluation**

- [PDF version](#) [37]



To assess the process and outcomes of integrated delivery of MIYCN-FP services, appropriate indicators and effective systems of monitoring and evaluation are required. The [conceptual framework](#) [38] has key elements of integrated service delivery that were identified in the [Cochrane MNCH-Nutrition-FP integrated programs review](#) [39]. There is also an initial set of [program indicators](#) [40], aligned with the conceptual framework. Indicators should be selected based on what is the focus of the program. This is a living toolkit; please provide your input and experience through the [feedback form](#) [6].

## Country Experiences

- [PDF version](#) [41]

This tab offers examples of country experiences intended to demonstrate strategies, chall



enges 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.

Click on the links in the drop-down menu on the right-hand side of the page to access country examples and country-specific counseling materials.

This section of the toolkit will be updated periodically to reflect new research findings. If you'd like to suggest a resource or comment about this section please email us at [toolkits@k4health.org](mailto:toolkits@k4health.org) [29] or visit our [feedback form](#) [6].

View [Country Examples](#) [42] in a larger map.

Click on the blue balloon on the map to see examples from specific countries.

## Country Examples

## Country-Specific Counseling Materials

## Related Links

- [PDF version](#) [43]



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

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

outcomes.

Click on the links in the dropdown menu to the right to browse links to MIYCN-FP-related web sites. Do you have a comment about this section or a new resource or link you'd like to suggest? Please share your feedback by emailing us at [toolkits@k4health.org](mailto:toolkits@k4health.org) [5] or posting on our [feedback form](#) [6].

## Toolkits

- [PDF version](#) [44]

## Coalitions

- [PDF version](#) [45]

## Current Projects

- [PDF version](#) [46]

## Past Projects

- [PDF version](#) [47]

## Organizations

- [PDF version](#) [48]

Listed in alphabetical order.

**Source URL:** <http://www.k4health.org/toolkits/miy-cn-fp>

### Links:

- [1] <http://www.k4health.org/toolkits/lam>
- [2] [http://www.unicef.org/nutrition/files/Brochure\\_feeding\\_after\\_6\\_m.PDF](http://www.unicef.org/nutrition/files/Brochure_feeding_after_6_m.PDF)
- [3] <http://whqlibdoc.who.int/paho/2003/a85622.pdf>
- [4] <http://www.k4health.org/toolkits/HTSP>
- [5] <mailto:toolkits@k4health.org>
- [6] <http://www.k4health.org/toolkits/miy-cn-fp/feedback>
- [7] <http://www.k4health.org/printpdf/7264>
- [8] <http://www.k4health.org/toolkits/miy-cn-fp/advocacy-brief-maximizing-sy>
- [9] <http://www.k4health.org/toolkits/miy-cn-fp/bibliography-maternal-infant>

- [10] <http://www.k4health.org/toolkits/miycn-fp/country-experiences>
- [11] <mailto:toolkits@K4health.org?subject=MIYCN-FP%20Toolkit>
- [12] [http://pdf.usaid.gov/pdf\\_docs/PNADM649.pdf%20](http://pdf.usaid.gov/pdf_docs/PNADM649.pdf%20)
- [13] [http://journals.lww.com/greenjournal/Fulltext/2005/08000/The\\_Influence\\_of\\_Interpregnancy\\_Interval\\_on\\_the.24.aspx%20](http://journals.lww.com/greenjournal/Fulltext/2005/08000/The_Influence_of_Interpregnancy_Interval_on_the.24.aspx%20)
- [14] <http://jama.ama-assn.org/content/295/15/1809.full>
- [15] <http://jn.nutrition.org/content/133/5/1732S.full>
- [16] <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1694126/>
- [17] <http://paa2004.princeton.edu/download.asp?submissionId=42243%20>
- [18] [http://whqlibdoc.who.int/publications/2007/9789241596121\\_eng.pdf%20](http://whqlibdoc.who.int/publications/2007/9789241596121_eng.pdf%20)
- [19] [http://www.who.int/reproductivehealth/publications/general/lancet\\_3.pdf](http://www.who.int/reproductivehealth/publications/general/lancet_3.pdf)
- [20] <http://www.k4health.org/system/files/96%20Guinea%20Bisseau%20Weaning%20due%20to%20new%20pregnancy%20full.pdf>
- [21] <http://www.wphna.org/downloadsnov2011/2006%20Bank%20Repositioning%20Nutrition.pdf>
- [22] [http://www.who.int/nutrition/topics/Lancetseries\\_Undernutrition4.pdf%20](http://www.who.int/nutrition/topics/Lancetseries_Undernutrition4.pdf%20)
- [23] [http://www.who.int/nutrition/topics/Lancetseries\\_Undernutrition1.pdf](http://www.who.int/nutrition/topics/Lancetseries_Undernutrition1.pdf)
- [24] [http://www.who.int/nutgrowthdb/publications/growth\\_faltering.pdf](http://www.who.int/nutgrowthdb/publications/growth_faltering.pdf)
- [25] <http://202.71.128.172/nihfw/nchrc/sites/default/files/Maternal%20and%20Child%20Undernutrition%20Series%203%20-%20What%20works-%20Interventions%20for%20maternal%20and%20child%20undernutrition%20and%20survival%20-%20381.pdf>
- [26] <http://www.k4health.org/printpdf/7284>
- [27] <http://www.k4health.org/printpdf/7295>
- [28] <http://www.k4health.org/printpdf/7268>
- [29] <mailto:toolkits@k4health.org?subject=MIYCN-FP%20Toolkit>
- [30] <http://www.k4health.org/printpdf/7266>
- [31] <http://www.k4health.org/printpdf/7269>
- [32] <http://www.k4health.org/printpdf/7267>
- [33] <http://www.k4health.org/toolkits/miycn-fp/clinical-training-skills-cts>
- [34] <http://www.k4health.org/toolkits/miycn-fp/infant-and-young-child-feedi>
- [35] <http://www.k4health.org/toolkits/miycn-fp/lam-client-education-card>
- [36] <http://www.k4health.org/toolkits/miycn-fp/contraceptive-technology-upd>
- [37] <http://www.k4health.org/printpdf/7274>
- [38] <http://www.k4health.org/toolkits/miycn-fp/conceptual-framework-integra>
- [39] <http://www.k4health.org/sites/default/files/MNCHN-FP%20Cochrane%20exec%20report%208%2016%2011%20tracked.pdf>
- [40] <http://www.k4health.org/toolkits/miycn-fp/miycn-fp-integration-indicat>
- [41] <http://www.k4health.org/printpdf/7265>
- [42] <http://maps.google.com/maps/ms?msa=0&msid=204329391666568608754.0004bcf3e468c8ede3b91&hl=en&ie=UTF8&t=m&ll=1.685294,8.882446&spn=44.882816,162.103271&source=embed>
- [43] <http://www.k4health.org/printpdf/7270>
- [44] <http://www.k4health.org/printpdf/7271>
- [45] <http://www.k4health.org/printpdf/7273>
- [46] <http://www.k4health.org/printpdf/7275>
- [47] <http://www.k4health.org/printpdf/7276>
- [48] <http://www.k4health.org/printpdf/7272>