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Maternal and Child Survival Program

MCHIP Maternal and Child Health Integrated Program

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

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Abbreviations

ANC	Antenatal care
CHANIS	Child health and nutrition information system
CHEW	Community health extension worker
CHIS	Community health information system
CHV	Community health volunteer
COCs	Combined oral contraceptives
CPR	Contraceptive prevalence rate
CWC	Child welfare clinic
DHS	Demographic and Health Survey
DMPA	Depo-Provera
FP	Family planning
LAM	Lactational amenorrhea method
MCH	Maternal and child health
MCHIP	Maternal and Child Health Integrated Program
MIYCN	Maternal, Infant, and Young Child Nutrition
MNCH	Maternal, newborn, and child health
MOH	Ministry of Health
NDU	Nutrition and Dietetics Unit
POP	Progestogen-only pill
PPFP	Postpartum family planning
RMHSU	Reproductive and Maternal Health Services Unit
SCHMT	Sub-county health management team
SBCC	Social and behavior change communication
USAID	United States Agency for International Development

Introduction

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-County[1], 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.

Rationale for Integration

MIYCN and FP practices are closely intertwined, and interventions in these areas can have mutually beneficial and synergistic effects on maternal and child health. In the *Lancet* Child Survival series, exclusive breastfeeding for the first six months and continuing to breastfeed through 12 months were rated as the number one intervention for preventing child mortalities.[2] Analyses of Demographic and Health Survey (DHS) data and other studies have shown that short birth intervals and high fertility rates increase the risk of perinatal, infant, and child mortality and stunting and underweight in children younger than five years of age.[3] It is also important to note that exclusive breastfeeding for the first six months is consistent with the World Health Organization's infant feeding recommendations for prevention of maternal-to child-transmission of HIV.[4] Thus, integrated service delivery can result in a win-win for MIYCN, FP, and HIV outcomes.

Although the critical linkages between MIYCN and FP are evident, nutrition programs generally do not include messages about the when, what, and how of modern methods of contraception. Likewise, maternal health and FP providers often do not provide enough information about maternal and infant nutrition. Harmonizing counseling and services for MIYCN and FP throughout the continuum from pre-pregnancy to early childhood can help to improve outcomes and reduce missed opportunities for provision of comprehensive services for the mother and the child.

According to the 2008–2009 *Kenya Demographic and Health Survey* (the most recent DHS available at the outset of the demonstration initiative), half (50%) of all pregnancies in Kenya occurred within intervals shorter than the recommended minimum of 24 months after the

[1] After a period of municipal reorganization, Bondo District became Bondo Sub-County.
[2] Jones G. et al. How many child deaths can we prevent this year? *Lancet* 2003; 362: 65–71.
[3] 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*. Macro International, Demographic and Health Research Division, Calverton, MD, 2008.
[4] World Health Organization. Infant Feeding Guidelines 2010. Geneva: World Health Organization, 2010.

preceding birth. From 0–5.9 months postpartum, overall unmet need for contraception was 76%. At the end of one year postpartum, unmet need decreased to 59%, and then to 48% by the end of the second year. Among newborns less than 2 months of age, 24% received complementary foods or liquids other than water, and the median duration of exclusive breastfeeding was estimated at less than one month.

Comparatively, Bondo Sub-County's maternal and child health indicators fell below the national average. In Bondo, maternal and under-5 mortality rates are high, as are stunting and HIV prevalence (Table 1).

Table 1: Maternal and Child Health Indicators: Bondo Sub-County versus Nationwide

	Bondo Sub-County[a]	Kenya[b]
Maternal mortality ratio	620/100,000	488/100,000
Under-5 mortality ratio	208/1,000	74/1,000
HIV prevalence among adults ages 15–49	23.6	6.3
Percentage of live births receiving assistance at delivery from a trained health professional	30%	44%
Percentage of children 12–23 months fully vaccinated	83.1%[c]	77%
Percentage of children stunted (moderate or severe)	56%	35%
Contraceptive prevalence rate	37% (Nyanza Province, DHS 2008)	46%
Total fertility rate	5.4 (Nyanza Province, DHS 2008)	4.6

[a] Bondo District AOP5, 2009/2010.

[b] Kenya National Bureau of Statistics and Measure DHS. *Kenya Demographic and Health Survey, 2008–09*. Nairobi, Kenya, and Calverton, MD; Kenya National Bureau of Statistics and ICF Macro, June 2010.

[c] Kenya National Health Information System. http://hiskenya.org/. Accessed March 2015.

Planning & Implementing an Integrated Approach

Key steps in planning and implementing the MIYCN-FP demonstration initiative in Bondo Sub-County are summarized in Table 2.

Table 2: Overview of Activities

Activity	Timeline
Initial advocacy with Ministry of Health teams	Early 2011
Formative assessment	June - July 2011
Planning and design meeting	August 2011
Pre-testing and finalization of social and behavior change communication materials	September-October 2011
Training of service providers and community health volunteers at Bondo Sub-County Hospital	July 2012
Implementation begins at Bondo Sub-County Hospital	August 2012
Training of service providers and community health volunteers at additional sites	February 2013
Implementation begins at additional sites	February 2013
Supportive supervision visits	September 2012 – February 2014
PPFP Integration Study conducted	June 2014

Advocacy and Stakeholder Engagement

In early 2011, MCHIP began advocating at the national level for strengthening linkages between MIYCN and FP. Once buy-in was secured at the national level, the team shifted its focus to engaging officials at the sub-county level in advocacy efforts. The initial meetings provided an opportunity for nutrition and reproductive health stakeholders to identify common priorities and mechanisms for collaboration. Involving these stakeholders throughout the process promoted local ownership and sustainability of programming.

FORMATIVE ASSESSMENT

A formative assessment was conducted in six health facilities in Bondo Sub-County during June through July 2011 in partnership with the Bondo Sub-County Health Team. The assessment aimed to gather information to guide the design of the MIYCN-FP integration intervention. In order to ensure adequate representation of responses, two facilities from each of the three divisions in Bondo Sub-County were selected as focus sites for the assessment. The facilities were located in rural sites and represented the small-, medium-, and large-volume facilities in the sub-county. The formative assessment relied on structured interviews with facility-based service providers and community health volunteers (CHVs) and focus group discussions with women who had given birth in the last two years, as well as husbands and other community members. The assessment was designed to elicit information about current MIYCN and FP practices, motivators, barriers, and perceived benefits of key MIYCN and FP behaviors, health systems and structures, communication channels, and perceptions related to integrated MIYCN and FP service delivery.

Key findings included the following:

- Health workers indicated that mothers in the region generally do not practice exclusive breastfeeding and start providing their infants other foods such as porridge before the age of 6 months.
- Among focus group participants, less than half of women who had given birth in the past two years were using an FP method.

- There was a lack of knowledge about the three LAM criteria among both CHVs and facility health providers. Health workers at both levels did not appear to be routinely counseling on LAM.
- Health workers and clients seemed to realize the potential benefits of integrating MIYCN and FP services. Facility providers mentioned that this type of integrated approach would save time for both the providers and clients over the long run. Respondents also had a number of suggestions related to MIYCN-FP integration activities, such as delivering both services in one room, having CHVs discuss both topics during community activities, and engaging MIYCN and FP champions to advocate for optimal practices in the community.
- Among mothers and husbands, there was a lack of clear understanding about recommended practices, especially surrounding breastfeeding, introduction of complementary foods, and HIV/AIDS.
- Barriers to exclusive breastfeeding noted across the various respondent groups included the perception that exclusive breastfeeding is associated with having HIV/AIDS, that breastmilk does not provide sufficient nutrients for the infant, and that colostrum is unhealthy for the infant.
- Noted barriers to timely postpartum family planning uptake included perceived side effects and lack of partner support.
- Women indicated that the most trusted sources of health information were facility providers, their mothers, spouses, and CHVs.

Findings from the formative assessment generated insights that informed the intervention design and the message and materials development process.

Planning the Approach

After the formative assessment, key stakeholders (MCHIP, RMHSU, NDU, and Bondo Sub-County health staff) convened for a five-day meeting to finalize the intervention design. Stakeholders determined that the intervention would include both a facility and a community component. Six health facilities and affiliated community units, the same sites where the formative assessment was conducted, were selected as focus sites for the demonstration initiative. However, when it was determined that three of the sites were located too far from Bondo Sub-County Hospital to enable feasible ongoing supervision by project staff using existing resources, the selected facilities were changed. Three replacement sites that were closer to Bondo Sub-County Hospital were identified. These facilities had already had some exposure to the Baby Friendly Community Initiative, so health workers and community members in these sites were expected to have a strong foundation of knowledge on recommended breastfeeding practices on which to build during the MIYCN-FP integration intervention. The intervention sites are listed in Table 3.

Table 3: Intervention Health Facilities and Community Units

Health Facility	Affiliated Community Unit
Bondo Sub-County Hospital*	BarKowino and Nyawita
Gobei Health Centre	BarChando and Ajigo
Kapiyo Health Centre*	Kapiyo
Got Matar Health Centre	Pala
Usigu Health Centre*	Usigu
Ogam Dispensary	Nyamonye

*Included in formative assessment

Integration Model Design

The intervention design included synergistic activities at the health facility and community levels. Key components of the approach are described below.

FACILITY APPROACH

The integration model employed a "one stop shop" approach at intervention health facilities; clients visiting the maternal and child health and family planning clinics received critical MIYCN and FP messages during antenatal, intrapartum, child welfare, and family planning visits. The approach involved:

- A realignment of services so that clients could access MIYCN and FP services in the same room, provided by the same health provider (without referral);
- Capacity strengthening for service providers and ongoing supportive supervision on MIYCN and FP in the six health facilities; and
- Introduction of strategically designed materials (including a job aid, poster, and brochure, which complemented community materials) to support integrated MIYCN and FP service provision.

COMMUNITY APPROACH

The community approach sought to strengthen existing community-level FP and nutrition activities, highlighting the critical linkages between MIYCN and FP. The approach involved:

- CHVs and their supervisors, community health extension workers (CHEWs), trained on the links between MIYCN and FP, as well as on the use of newly developed MIYCN-FP communication materials (counseling cards, brochure, and poster) to complement existing community-level nutrition and reproductive health materials;
- CHVs and CHEWs oriented on use of existing nutrition and family planning materials; and
- Key MIYCN-FP messages incorporated within existing community-level activities, such as CHV home visits, community dialogue sessions, mother support groups, and health action days.

MCHIP provided a stipend of 2,000 Kenyan shillings per month to CHVs in the district as a whole to provide a package of maternal and child health (MCH) services including distribution of family planning methods. At the time, the government required all programs working with

CHVs to pay them a standard stipend based on specific performance criteria. No additional financial incentives were given by MCHIP for the incorporation of the integrated approach described in this report, as this was seen as part of the CHV's job responsibilities monitored by the CHEWs.

SOCIAL AND BEHAVIOR CHANGE COMMUNICATION (SBCC) MESSAGES/ MATERIALS

During the intervention design meeting, the team drafted behavior change materials to be incorporated across community and facility activities. The materials developed included a MIYCN-FP brochure, counseling cards for CHVs, a job aid for service providers, and a MIYCN-FP poster. The SBCC materials are catalogued in Appendix A. After the initial drafts of materials were prepared, they were pretested in Bondo with facility service providers, CHVs, and mothers of children less than 1 year old. The purpose of the pretest was to learn from the intended beneficiaries whether the content of the materials was appropriate, persuasive, and comprehensible, and to identify areas for refinement. The MIYCN-FP brochure and poster were translated into Dholuo, the local language, for ease of use at the community level.

THE TRAINING PROCESS

In 2011 MCHIP held an initial one-day orientation on the proposed MIYCN-FP activities and materials for 12 health providers and 30 CHVs. Participants were selected from Bondo Sub-County Hospital and adjacent community units. Following this orientation, the MCHIP team felt that the capacity of service providers, CHEWs, and CHVs needed to be further strengthened through onsite training and whole-site orientations. Another five-day training was held for 26 service providers (nurse/midwives and clinical officers working in MCH/FP clinics, maternity units, and outpatient departments) from all six intervention health facilities. The training included practicum sessions on family planning, nutrition, links between postpartum family planning and MIYCN, and use of Ministry of Health (MOH) registers, tools, and the MIYCN-FP supplemental register. A similar training was also conducted for seven CHEWs and 111 CHVs from the adjacent community units. MCHIP and the sub-county health management team (SCHMT) felt that training the CHEWs was crucial because they supervise CHVs and must be conversant in the key aspects of the integrated approach.

Service providers and CHEWs at the MIYCN-FP training in Bondo Sub-County

CHVs listen attentively during the MIYCN-FP training

THE SUPPORTIVE SUPERVISION PROCESS

After implementation of the integrated approach began, MCHIP and the SCHMT conducted quarterly supportive supervision visits to the implementation sites. The supervision teams included experts in FP, nutrition, community health, and monitoring and evaluation. During these visits, a standardized MIYCN-FP supportive supervision tool was administered at the facility and community levels (see Appendix B). The health facility tool included interviews with the facility in-charge; observation and interviews with service providers from relevant service delivery points; client exit interviews; collection of service statistics; and discussion of progress made and agreements for the next quarter. The community tool included observations and interviews with community health volunteers at the household level; client household interviews; review of service statistics; and discussion of progress made and agreements for the next quarter.

A nurse shows a mother how to attach her infant to the breast

A CHV discusses the benefits of FP and MIYCN with a young mother at Nyamonye community unit

THE MONITORING AND EVALUATION APPROACH

Following the request of the first group of service providers trained on MIYCN-FP integration, MCHIP developed MIYCN-FP supplemental registers for facility providers and CHVs (Appendix C) that include FP and nutrition indicators, some of which were not being captured in the MOH registers. The supplemental register was designed to assist in monitoring the provision of integrated MIYCN-FP services. The registers were pretested and adjustments were made before they were introduced to the health facilities and community units for ongoing collection of service statistics. On a monthly basis, the CHVs were asked to submit their registers to their respective CHEWs who would review them before sharing them with the MCHIP office. Likewise, facility-based service providers would submit a summary of their registers to their supervisors for review before forwarding them to the MCHIP office.

MCHIP also conducted a multi-site study on postpartum family planning (PPFP) integration in Kenya and India, including sites in Bondo Sub-County where the MIYCN-FP integration demonstration initiative took place. The objectives of the study were to describe models of integration, barriers and facilitating factors in implementation and scale-up, and stakeholder perceptions of integration models. Methods and key findings relevant to the Kenya MIYCN-FP activities are detailed in the results section of this report.

ADJUSTMENTS TO THE APPROACH

Through the implementation process, several adjustments were made to the approach to respond to challenges and to enhance results. Initially, the MIYCN-FP orientation for providers at Bondo Sub-County Hospital was designed to last only one day, but it was determined that service providers would benefit from more substantial training on FP and nutrition. The orientation was thus extended to a five-day training to introduce the approach to the new sites.

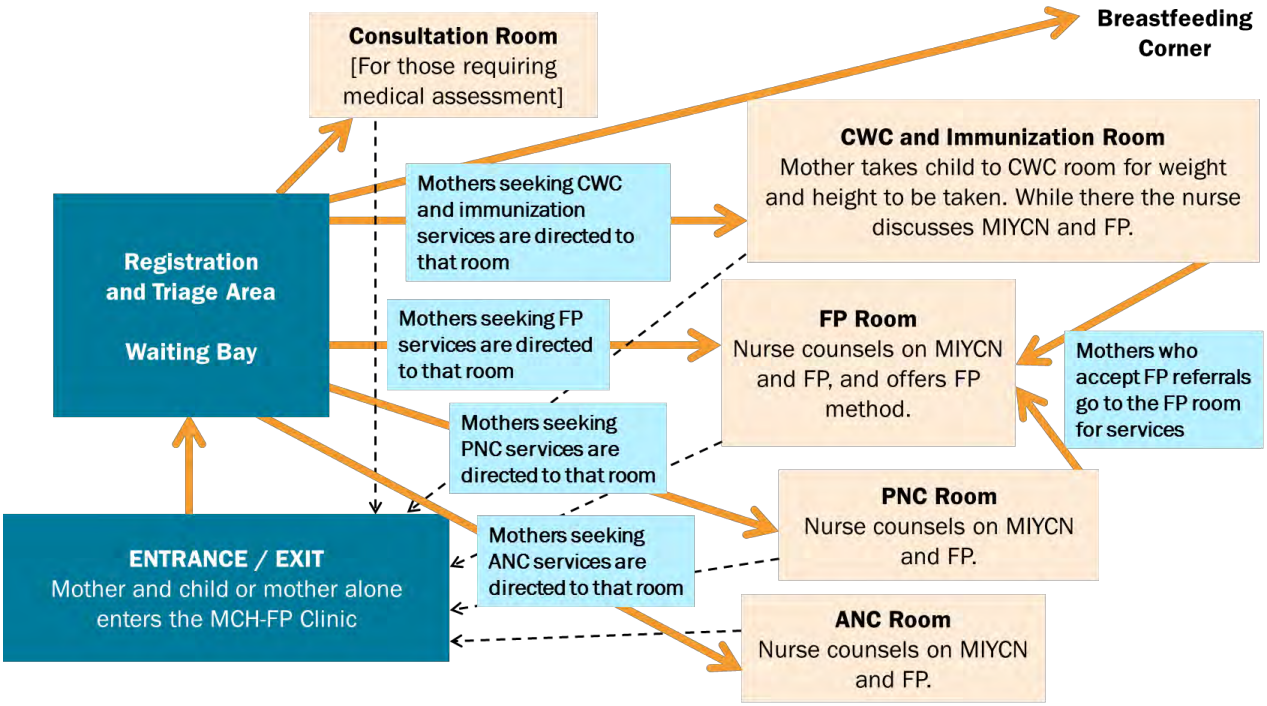
In addition, the waiting bay at the MCH/FP clinic in Bondo Sub-County Hospital was renovated, and benches and a tent were procured, providing a shaded space where women and children could rest while waiting to receive FP, antenatal care (ANC), child welfare clinic (CWC), and MIYCN services. While group talks at the health facility were not initially part of the intervention design, several health facilities supplemented the approach by adding health talks on MIYCN and FP for clients waiting for MCH services.

VARIATIONS IN IMPLEMENTATION ACROSS SITES

In Bondo Sub-County Hospital, service providers are rotated annually. As a result, the service providers working in MCH/FP and the maternity and outpatient departments who had been trained in MIYCN-FP integration were moved to other service delivery departments. Consequently, MCHIP had to train additional staff in MCH/FP in the maternity and outpatient departments to ensure that there was continuity in MIYCN-FP services. Integration in the four health centers and dispensary was easier because service providers there were not rotated and had more sustained roles, and trained service providers were more likely to orientate colleagues on the integration process and use of materials.

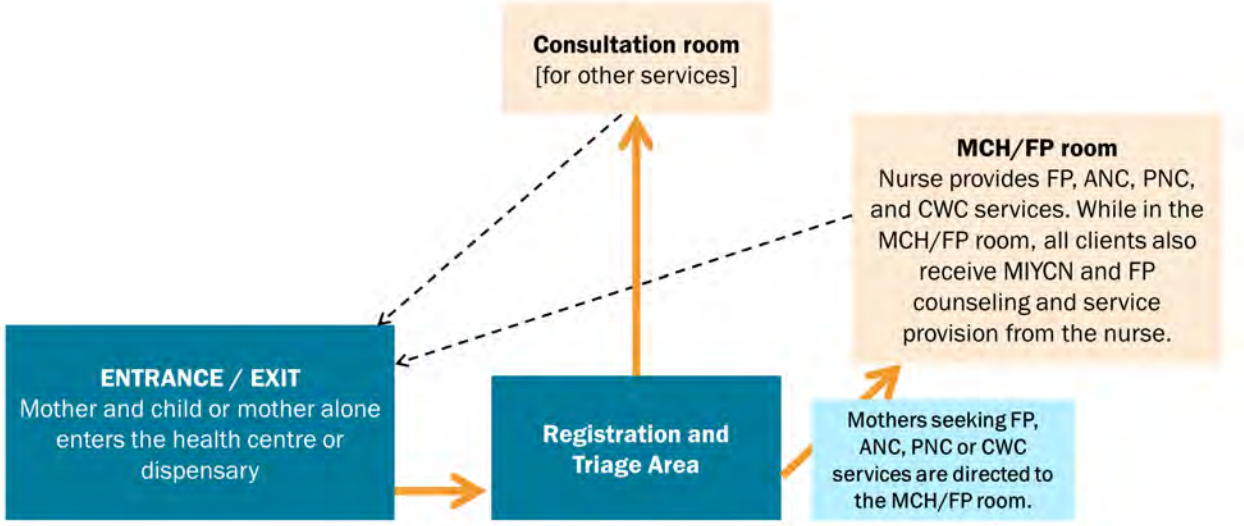
Although the *"one stop shop"* approach was initially proposed for all of the health facilities, it worked most effectively in the dispensary and health centers, where all integrated services were provided by the same provider in the same room. Bondo Sub-County Hospital adopted more of a *"one shop stop"* [supermarket approach], whereby integrated services were offered by more than one service provider within the facility during the same visit, and clients were linked from one provider to another through same-day intra-facility referrals. Figures 1 and 2 depict the variations in client flow by type of facility.

Figure 1. Client Flow at the Sub-County Hospital*



*PMTCT services are also integrated within maternal and child health service provision

Figure 2. Client Flow at the Health Center/Dispensary Level*



*PMTCT services are integrated within maternal and child health service provision

At the community level, some community units were more effective than others at implementing the integrated approach, often due to the leadership of the CHEWs and the CHVs' sense of determination and motivation.

Data Sources and Methods

Sources of data used to assess the MIYCN-FP activities are detailed in Table 4. Data sources include both routine data collection and data from the PPFP Integration Study. The PPFP Integration Study used a cross-sectional design to track the services clients received and to determine whether PPFP counseling and/or services were offered consistently and as expected under the integrated implementation model. Study sites were selected due to the length of time activities had been implemented under MCHIP (Table 5). The PPFP Integration Study results shared in this report focus on findings from sites in Bondo Sub-County where the MIYCN-FP integration activity was conducted. Data from additional study sites in Embu Sub-County, at which the ACCESS-FP program had previously implemented a PPIUD program, are also included to provide a comparison to an area where MIYCN-FP was not deliberately integrated.

Table 4: Data Sources

Data Source	Description
Routine Data Collection Sources	
MIYCN-FP Facility Supplemental Registers	Supplemental registers collect data on MIYCN-FP practices and counseling/services/referrals offered; completed during each contact by MCH and FP providers

Data Source	Description
MIYCN-FP Community Supplemental Registers	Supplemental registers collect data on MIYCN-FP practices and counseling/services/referrals offered; completed during each household visit by CHVs
Supportive Supervision Reports	Prepared quarterly by MCHIP program staff based on findings from application of standardized MIYCN-FP supervision tool
PPFP Integration Study Sources	
Client Flow Form	Research assistants screened all female clients arriving at target health facilities over a period of one week. Clients who were pregnant and/or had a child less than 2 years of age were asked to carry a checklist throughout their visit at the health facility, on which providers and staff marked the services and referrals provided to the client. The research team documented the time the client arrived at the service area on the form and then gave the form to the client and asked her to give it to any facility staff she encountered, regardless of whether they were clinicians or worked in ancillary services in the dispensary.
Facility In-Charge In-Depth Interviews	Structured interviews conducted with facility in-charges at intervention facilities
Service Provider In-Depth Interviews	Structured interviews conducted with service providers at intervention facilities
Community-Based Provider In-Depth Interviews	Structured interviews conducted with community health volunteers working in the intervention community units
Key Informant Interviews	Structured interviews conducted with Sub-County Health Management Team and other key stakeholders

Table 5: PPFP Integration Study Sites

Tier of service	Bondo Kenya	Embu Kenya	Total
Hospitals	1	1	2
Health centers and dispensaries	2	2	4
Totals	3	3	6

Key Findings

BEHAVIOR CHANGE AND SERVICE USE

Due to incompleteness of the data from the supplemental registers, it is difficult to draw conclusions about changes in service uptake attributable to the integration of services. During supportive supervision, however, providers reported seeing marked increases in the number of family planning clients since the rollout of integrated services. According to service providers,

the most popular contraceptive method for new contraceptive users was injectables, and the second most popular was implants.

In the PPFP Integration Study, when key informants were asked about the most significant changes that had occurred in Bondo since postpartum family planning services were integrated with maternal, newborn, and child health (MNCH) and nutrition services, informants mentioned increased contraceptive use, reduction of mixed feeding[5] before 6 months of age, increases in exclusive breastfeeding, increased client and provider knowledge and awareness about nutrition and family planning, increased CHV follow-up with clients, improvements in health-seeking behavior, improved health worker documentation and recordkeeping, enhanced coordination and collaboration across stakeholder groups, and reduced wait times for clients. One sub-county official noted, "Communities are now well enlightened on FP because of the good sensitization by CHVs."

During a supervision visit, one health worker mentioned that women with infants less than 6 months old who practiced exclusive breastfeeding had noticed that infants were healthier and not falling sick as easily as before, when they had been practicing mixed feeding. One CHV mentioned, "FP/MIYCN improves the well-being of the mother and child. Some mothers reported their children did not get frequent infections when they exclusively breastfed their children." Other CHVs also reported that women who had chosen to use LAM expressed a willingness to transition to other FP methods when their infants turned 6 months old. It should be noted, however, that several women mentioned that service providers required proof of menses before offering a family planning method. For example, one client explained, "A few service providers are not willing to provide family planning services to women transitioning from LAM to other family planning methods until they go to the health facilities during their menses."

Service provider at Usigu health center uses the MIYCN-FP counseling flip chart while counseling a postnatal care client

LEVELS OF INTEGRATION ACROSS SITES

The PPFP Integration Study revealed greater integration of counseling and services at the health center versus the hospital level[6] [Table 6]. At Bondo Sub-County Hospital, out of all visits, 9.2% of pregnant women and those with a child less than 2 years old received *both* nutrition and FP services, whereas at the two health centers 44.7% of women received both services. MIYCN and FP services were more integrated in Bondo than in Embu, where 4.1% of women at the hospital received both nutrition and FP services and 4.2% of women at the two health centers received both services. Across antenatal care, postnatal care, and child health visits in Bondo, there was substantially more counseling on MIYCN, FP, and LAM at the health centers than at the sub-county hospital (Table 6).

Health talk on FP and MIYCN at the MCH/FP clinic in Bondo Sub-County Hospital

[5] "Mixed feeding" refers to the introduction/giving of food and other liquids other than breast milk to any infant before six months of age

[6] Dispensaries were not included in the Bondo PPFP Integration Study sites

Supportive supervision revealed that service providers often gave more emphasis to the primary service that brought a client to the health facility and that the secondary service was given substantially less focus.

Table 6: Services Received by Purpose of Visit, as Determined through Client Flow Assessment

	Bondo Sub-County Hospital			Bondo Health Centers (x2)		
	Number of Clients	Total Clients	Percentage of total	Number of clients	Total clients	Percentage of total
ANC						
Nutrition	**32**	**57**	**56.1%**	**21**	**23**	**91.3%**
Child weighing/MUAC*	2	57	3.5%	2	23	8.7%
MIYCN counseling	0	57	0.0%	13	23	56.5%
MIYCN support	1	57	1.8%	2	23	8.7%
Iron folate: mother	27	57	47.4%	20	23	87.0%
Iron folate: child*	3	57	5.3%	1	23	4.3%
Vitamin A: child*	0	57	0.0%	1	23	4.3%
FP	**1**	**57**	**1.8%**	**13**	**23**	**56.5%**
FP counseling	0	57	0.0%	12	23	52.2%
LAM counseling	0	57	0.0%	9	23	39.1%
FP services	1	57	1.8%	0	23	0.0%
Both nutrition and FP	**1**	**57**	**1.8%**	**13**	**23**	**56.5%**
Postnatal Care						
Nutrition	**19**	**29**	**65.5%**	**22**	**25**	**88.0%**
Child weighing/MUAC	18	29	62.1%	20	25	80.0%
MIYCN counseling	0	29	0.0%	19	25	76.0%
MIYCN support	0	29	0.0%	0	25	0.0%
Iron folate: mother	0	29	0.0%	0	25	0.0%
Iron folate: child	0	29	0.0%	0	25	0.0%
Vitamin A: child	2	29	6.9%	2	25	8.0%
FP	**10**	**29**	**34.5%**	**21**	**25**	**84.0%**
FP counseling	8	29	27.6%	21	25	84.0%
LAM counseling	2	29	6.9%	15	25	60.0%
FP services	4	29	13.8%	3	25	12.0%
Both nutrition and FP	**7**	**29**	**24.1%**	**21**	**25**	**84.0%**
Child Health						
Nutrition	**83**	**124**	**66.9%**	**102**	**113**	**90.3%**
Child weighing/MUAC	68	124	54.8%	93	113	82.3%
MIYCN counseling	13	124	10.5%	62	113	54.9%
MIYCN support	2	124	1.6%	6	113	5.3%
Iron folate: mother	2	124	1.6%	2	113	1.8%
Iron folate: child	5	124	4.0%	1	113	0.9%
Vitamin A: child	7	124	5.6%	13	113	11.5%

	Bondo Sub-County Hospital			Bondo Health Centers (x2)		
	Number of Clients	Total Clients	Percentage of total	Number of clients	Total clients	Percentage of total
FP	**25**	**124**	**20.2%**	**58**	**113**	**51.3%**
FP counseling	19	124	15.3%	55	113	48.7%
LAM counseling	5	124	4.0%	34	113	30.1%
FP services	9	124	7.3%	9	113	8.0%
Both nutrition and FP	**19**	**124**	**15.3%**	**54**	**113**	**47.8%**
Nutrition AND FP services received during visit (out of all visits)	**21**	**228**	**9.2%**	**68**	**152**	**44.7%**

*Use of these specific child health services is anticipated to be lower in ANC because child health is not a focus of the visits.

At the community level, supervisors observed that CHVs routinely incorporated MIYCN and FP messages in their household visits. Client exit interviews conducted during supportive supervision at the community level revealed that 96% (23 out of 24) of clients reported that the CHV discussed the benefits of MIYCN, and 58% (15 out of 24) reported that the CHV discussed the benefits of child spacing. Only 33% (8 of 24)] reported that the CHV discussed LAM as a family planning option. In addition to the client reports, the PPFP Integration Study also captured community-based providers' reports of the contents of their counseling. Interviews with 65 community-based providers revealed that 94% indicated they had discussed maternal nutrition; 71% had discussed birth spacing and family planning benefits; 20% counseled on the risk of pregnancy after birth; 45% counseled on LAM (although probing revealed that few counseled accurately and comprehensively on the three criteria); 45% discussed exclusive breastfeeding for six months; and 7% discussed continued breastfeeding for two or more years.

Bondo nutritionist interviews a CWC and FP client at Gobei health center during supportive supervision

PROVIDER KNOWLEDGE AND COMMUNICATION SKILLS

During supportive supervision visits, the majority of service providers demonstrated knowledge of MIYCN-FP integration. However, at the community level, supervision visits after the initial training revealed gaps in CHV knowledge about postpartum family planning (especially about return to fecundity and LAM criteria and the transition to other modern methods). In light of this finding, a refresher training was held across sites to discuss challenges and address knowledge gaps. After the refresher training and as the supportive supervision visits progressed, teams noted enhanced CHV counseling skills and ability to convey FP and nutrition messages.

COMMUNICATION MATERIALS

It was noted during supportive supervision visits that posters, counseling cards, and job aids were generally available at the health facilities. However, there were often stock-outs of client brochures. Some of the households visited reported having been given a copy of the MIYCN-FP brochure or poster containing messages about breastfeeding, healthy timing and spacing of pregnancies, and maternal and child nutrition.

DATA COLLECTION

Health facility providers and CHVs experienced challenges with completing the MIYCN-FP supplementary registers (Appendix C). During an early round of supportive supervision, supplemental registers were observed to be only partially completed at the sub-county hospital and two health centers. At two other health centers, the registers either had not been completed at all or could not be traced. Over time and with coaching during the supervision visits, improvements in data collection were noted.

OTHER LOGISTICAL AND MATERIAL CONSIDERATIONS

Except for IUDs and female condoms, FP commodities were generally available at the six health facilities. Temporary stock-outs of implants were noted at some facilities in light of widespread demand for this method. One facility in-charge noted, "There is still need to train providers in the maternal department on how to administer long-term FP methods, which all of them lack."

Several staff and facility in-charges reported concerns with provider workload associated with the integrated approach. Infrastructure limitations, including lack of availability of dedicated private space for provision of MIYCN and FP services, were also cited as a barrier.

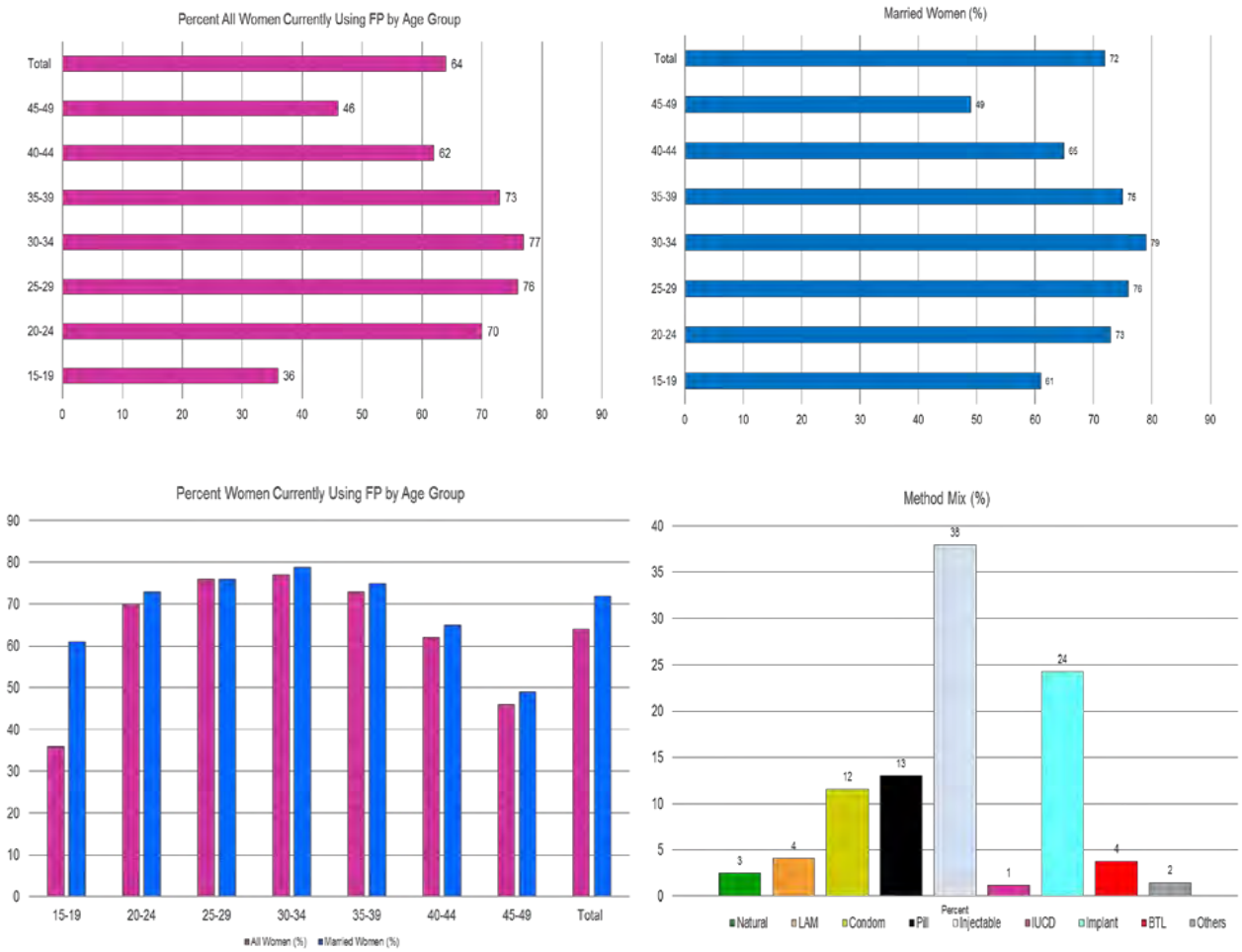
SOCIOCULTURAL CONSIDERATIONS

It was noted that sociocultural and religious factors played an important role in influencing women's practice of FP and MIYCN behaviors and use of services. Partner and family support was cited as critical for influencing adoption of recommended practices. Mothers expressed that they often felt a lack of support from their spouses and family members for exclusive breastfeeding and adopting a family planning method. One mother at Ogam Dispensary explained, "My grandmother discouraged us from exclusively breastfeeding our second born child. When the baby cried we were told the baby was hungry and he could not be sustained on breastmilk alone. My grandmother was quite harsh towards us for introducing something that could not work [exclusive breastfeeding]. After some time my grandmother overpowered us and when the child was 4 months we introduced cow's milk [to the child's diet] and some porridge." Another mother, from BarKowino Community Unit noted, "I had planned to go to the health facility for tubal ligation after the birth of my sixth child; however, I had a dream where God questioned me about my plans. He told me that He was the giver and taker of life and that I should continue bearing children."

MIYCN AND FP OUTCOMES IN BONDO SUB-COUNTY

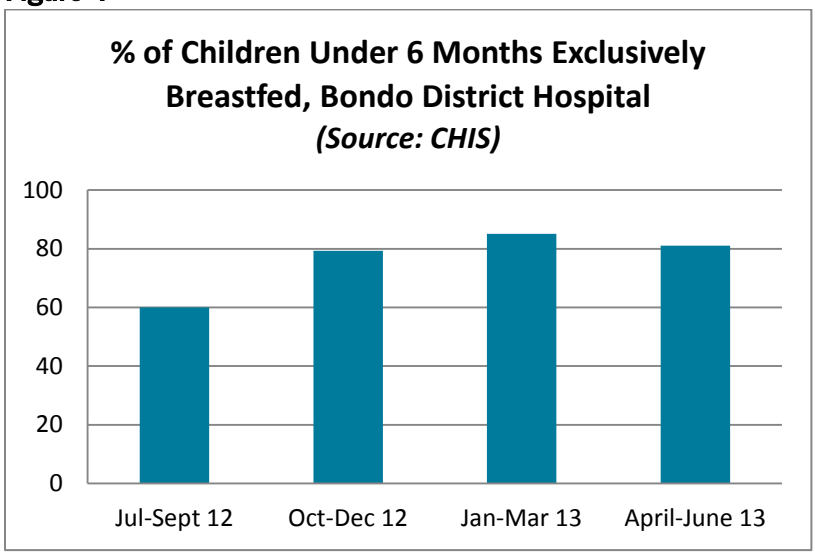
The Bondo Contraceptive Prevalence Rate (CPR) Survey, a representative survey of the whole sub-county conducted in 2014, revealed that Bondo had an impressively high contraceptive prevalence rate, considerably higher than the Nyanza Province rates from the KDHS 2008-09. LAM represented 4% of the contraceptive method mix, whereas the KDHS 2008-09 revealed only 1% use of LAM in Nyanza Province. Results of the CPR survey are presented in Figure 3.

Figure 3. Results of Bondo Sub-County CPR Survey, 2014.



Community health information system (CHIS) data also reveal an increase in exclusive breastfeeding for Bondo Sub-county Hospital over the course of July-September 2012 through April-June 2013. This period correlates with the course of implementation of the integrated approach (Figure 4).

Figure 4



While it is not possible to directly link the MIYCN-FP integration efforts with these positive outcomes, the changes are likely attributable to the broader, multi-pronged and collaborative set of activities implemented in the sub-county, which included the MIYCN-FP integration approach in selected sites.

Lessons Learned

This section highlights factors that contributed to and hindered the success of integrated service delivery.

FACTORS THAT CONTRIBUTED TO THE SUCCESS OF INTEGRATED SERVICE DELIVERY

Factors that enhanced the likelihood of success of integrated services include the following:

- Advocacy and buy-in from national-level nutrition and reproductive health stakeholders
- Involvement of the SCHMT and hospital management team at all levels of intervention design, planning, coordination, and implementation
- Strategically designed behavior change communication materials and working tools, which made it easier for service providers and CHVs to convey standardized, accurate information to women and their families
- Community and facility worker supervisor buy-in and leadership, oversight, and on-the-job mentoring
- Involvement of community-level leaders, school administration, religious leaders, and other stakeholders as advocates for FP and nutrition
- Mentorship and continuous engagement of health workers in provision of MIYCN-FP services, which led to retention of knowledge and skills learnt
- Human resource availability and continuity
- Availability of FP methods/commodities and equipment
- Whole site trainings, especially at facilities where staff rotations take place routinely

FACTORS THAT HINDERED THE SUCCESS OF INTEGRATED SERVICE DELIVERY

Key challenges included the following:

- Competing tasks and activities—for example, polio campaigns at the sub-county level delayed implementation of MIYCN-FP activities because priority was given to national sub-county activities
- Lack of team cohesion and transfer of learning at the facility level
- Large training class sizes for CHVs, which may compromise the quality of learning and skills assessment

- Large client load with staff shortages (especially at Bondo Sub-County Hospital, where provider concerns about client wait times often led them to shorten or skip the integration altogether)
- Staff rotations, particularly at Bondo Sub-County Hospital, which resulted in trained staff being shifted to other units and a need for additional orientations for new staff
- Inadequate male involvement from the outset of the program (male opposition was cited as key barrier to optimal MIYCN and FP practices) and lack of support from other family members including grandmothers and mothers-in-law
- Burdensome supplementary data collection mechansisms and gaps in data management among CHVs and facility providers

Recommendations

Learning generated from the demonstration experience in Bondo Sub-County points to several noteworthy recommendations for future work to expand MIYCN and FP integration in Kenya:

- As was done throughout this pilot phase, engage the reproductive health, nutrition, and health promotion teams in initial advocacy efforts and provide regular updates to strengthen relationships and synergies across teams, and to build buy-in.
- Involve the SCHMT and hospital management team at all levels of planning, training, and supervision to build buy-in and enhance sustainability.
- Additional formative research may be needed to adapt the approach to local contexts outside of Bondo Sub-County, where barriers to optimal practices may vary.
- Start integrating at a high-volume health center rather than a hospital, to avoid challenges with client load/infrastructure complexities and rotation.
- Pair facility-based integration with community MNCH work.
- Add key indicators directly to the MOH registers (rather than introducing a supplemental MIYCN-FP register) so that service providers are not overwhelmed with completing more than one register.
- Build data management into initial training for health providers and their supervisors at the beginning of the programme and strengthen the use of data for decision-making.
- Further strengthen community and facility-based provider capacity to counsel on long-acting and permanent methods and postpartum family planning during initial training and ongoing supervision (including postpartum return to fecundity, pregnancy risk after delivery, importance of using a method before menses resume, contraceptive options, and LAM and transition). Address provider misconceptions and ensure that all service providers and those engaged in the integration process have training and practical skills in providing long-acting and permanent FP methods. Reinforce that women should not be asked for proof of menses before offering a contraceptive method.
- Strengthen community- and facility-based provider capacity to counsel on the importance of continued breastfeeding for at least two years.
- Engage champions at the community level (such as those who have successfully practiced recommended behaviors) to promote optimal practices alongside CHVs.

- Incorporate specific activities to reach men. Representatives from the sub-county office may be well positioned to speak about MIYCN and FP at chiefs' barazas.
- Encourage collaboration with religious leaders to share MIYCN-FP information during meetings with their followers.
- Conduct whole site orientations on MIYCN-FP to ensure staff awareness of the integration initiative and continuity of service provision in case of rotation/turnover.
- Introduce targeted activities to build support for MIYCN and FP among men, and to promote couple communication.
- Work with grandmothers (and other extended family members) to support exclusive breastfeeding for 6 months and timely transition to complementary feeding and another modern contraceptive.
- Address infrastructure, human resource, and commodity supply challenges to optimize integrated service delivery. Ensure privacy and confidentiality for family planning counseling.
- Explore opportunities to incorporate discussion of MIYCN and FP linkages into pre-service education.
- Additional small scale replications should be conducted in other parts of Kenya with different cultural or social contexts before going to full scale. Monitor the adaptation that will inevitably be needed to fit with those new contexts. In any future replication efforts, it will be important to: enable leadership of district teams to coordinate and oversee scale-up; assess facility readiness including ensuring that commodities are in place; build support and buy-in among facility supervisors, health workers, and community leaders before rolling out an integrated approach; and focus first on health centers with high client loads.

Next Steps

The findings from the MIYCN-FP integration process will be shared with the Ministry of Health, RMHSU, NDU, and the donor, with the possibility of scale-up to other sub-counties and counties within Kenya.

Appendix A: Information, Education, and Communication Materials (Poster, Job Aids, Brochure)

[Complete versions of all materials also available here: https://www.k4health.org/toolkits/miycn-fp/kenya-miycn-fp-sbcc-materials]

Ministry of Public Health and Sanitation

Guide to Maternal, Infant and Young Child Nutrition and Family Planning Integration

For a healthy outcome of the pregnancy counsel or provide the following:

Antenatal Care

General Health Care
- Encourage early initiation of ANC- (before 14 weeks) and at least 4 ANC visits for complete care
- Encourage Iron/folate supplementation and compliance for 180 days
- Provide IPTp, TT as indicated in National Guidelines
- Discuss preparation of individual birth plan
- Discuss danger signs during pregnancy
- Monitor vital signs and weight gain
- Provide PMTCT services according to national guidelines

Maternal Nutrition
- Encourage client to eat a variety of locally available foods from all food groups, including intake of Iron & Vitamin A rich foods like beans, meat, green leafy vegetables, eggs, tomatoes, pumpkins, pawpaw
- Encourage client to increase frequency of meals during pregnancy

Breastfeeding
- Discuss importance of immediate and exclusive breastfeeding (no water, other liquids, food) for the infant for the first 6 months
- Explain that optimal breastfeeding practices can improve breast milk production
- Explain that her body can produce enough breast milk for the baby and that breast milk alone is enough for the baby for the first 6 months
- Discuss benefits of breastfeeding including improved child growth and survival, protection from disease, and bonding between mother and baby.

Family Planning
- Encourage client to wait at least 2 years after delivery before the next pregnancy. Explain benefits of family planning.
- Discuss Lactational Amenorrhea Method (LAM) method of family planning, which requires that ALL 3 conditions are met:
  - o Feed your baby ONLY breast milk (no water, liquids or other foods)
  - o Monthly period has not returned
  - o Baby is below 6 months
- Discuss fertility intentions and offer long acting and permanent methods of family planning as indicated. Initiate FP discussion during ANC to allow for immediate BTL or post partum IUCD.

Intrapartum

- Initiate breast feeding within the first one hour after delivery
- Demonstrate optimal breastfeeding practices, including proper positioning and attachment
- Give mother vitamin A supplementation immediately after birth or within 4 weeks AFTER DELIVERY
- Provide contraception as appropriate (especially for PPIUCD and BTL)

Counsel on the following:
- Importance of giving colostrum
- Importance of exclusive breastfeeding (on demand, day and night and NOT feeding any water, liquids, or other foods) for 6 months and continued breastfeeding for 2 years and beyond.
- Increase frequency of breastfeeding when the child is sick, and continue breastfeeding even when mother is sick
- Ensure that the infant removes ALL milk from one breast before switching to the other breast.

Postnatal Care

- Give mother vitamin A supplement immediately after birth or within 4 weeks

Counsel on the following:
- Breastfeed exclusively (on demand day and night, and NOT feeding any water, other liquids or foods) for the first 6 months
- Proper positioning and attachment
- If spending time away from her infant (e.g. at work), she can express breast milk for her baby. This will keep the breast milk flowing and will prevent breast engorgement
- Her body can produce enough breast milk for her baby
- Even when food is scarce, a mother's milk is complete for the baby
- Introduce optimal complementary foods at 6 months and continue to breastfeed for 2 years and beyond.
- Wait at least 2 years before becoming pregnant again. Explain benefits of family planning for her health and health of her children.
- Explain the LAM method of family planning, which requires that ALL 3 conditions are met:
  - o Feed your baby ONLY breast milk (no water, liquids or other foods)
  - o Monthly period has not returned
  - o Baby is below 6 months
- When any of the three criteria are no longer met, she should choose another method of family planning to prevent another pregnancy too soon
- HIV+ mothers should use condoms in addition to LAM or other FP method to prevent HIV transmission
- Breast feeding is the best option for infants born to HIV positive mothers
- If she is not using a family planning method, it is possible for her to become pregnant even if her monthly period has not returned.
- She should discuss with the health provider about the choice of family planning method that she can use during breast feeding
- It is good for her partner to provide support for health visits
- She should join a mother support group in her community, if available
- Postpartum danger signs (she should return to the health facility in case of any problem)
- Importance of practicing good maternal nutrition:
  - o Eat a variety of locally available foods from all food groups
  - o Eat 2 extra meals each day, take extra fluid, and eat fruits and vegetables.
  - o Eat foods rich in vitamin A and iron such as beans, meat, green leafy vegetables, eggs, tomatoes, pumpkins, pawpaw.

"Be compassionate, friendly and respectful to the clients. Remember, clients have their rights"

USAID FROM THE AMERICAN PEOPLE | MCHIP Maternal and Child Health Integrated Program

Images courtesy of UNICEF and URC/CHS

Feed your baby ONLY breast milk for the first 6 months!

Feed your baby ONLY breast milk for the first 6 months (no water or other food).

- It helps your child grow strong and healthy
- It helps protect your baby from many diseases
- It helps you space pregnancies as long as:
  - **You feed your baby ONLY breast milk** (no water, liquids or other foods) AND
  - **Your monthly period has not returned** AND
  - **Your baby is below 6 months of age**

Breast milk alone is enough for your baby for the first 6 months. It has all the nutrients and water your baby needs for the first 6 months.

Wait at least 2 years before another pregnancy.

Good things about family planning and pregnancy spacing include:

- It helps you and your children to be healthy.
  - It gives you more time to breastfeed and care for each child.
  - It gives you more time for your body to recover between pregnancies.
  - It gives you more time to earn money for the family.

Remember, you can become pregnant again even if your monthly period has not returned. Ask your health provider for a family planning method to prevent another pregnancy too soon. There are family planning methods that you can use while you continue to breastfeed.

Practice good nutrition for you and your baby.

Breastfeeding mothers should eat a variety of locally available foods. Women who are breastfeeding should:

- **Eat 2 extra meals each day, take extra fluid, fruits and vegetables**
- Take vitamin A and iron folate supplementation after delivery

Examples of foods rich in vitamin A and iron are: beans, meat, **green leafy vegetables, eggs, pawpaw, fish, tomatoes, pumpkin.**

Even when food is scarce, a mother's milk is complete for the **baby for the first 6 months.**

Remember the following:

Breastfeed:

- Within one hour after delivery
- On demand, both day and night
- Until you feel the breast is soft
- Position and attach the baby correctly to the breast
- Ask your health worker how to attach and position your baby correctly on your breast.

Breast feeding is the best option for the overall wellbeing and survival of infants born to HIV positive mothers

Good positioning and attachment will increase production of breast milk.

When the baby reaches 6 months, introduce other nutritious family foods and continue to breastfeed for two years and beyond. Use a family planning method to prevent another pregnancy too soon.

Encourage your partner to accompany you to the health facility.

Partners and Mothers-in-law: You can help babies grow strong and healthy by supporting their mothers to breastfeed.

Ministry of Public Health and Sanitation

Mother, Child Nutrition and Child Spacing

Feed your baby ONLY breast milk for the first 6 months

Breastfeeding helps:

- Your baby **GROW** strong and healthy
- **PROTECT** your baby from many diseases
- You **SPACE** your pregnancies ONLY IF you meet all these 3 conditions:
  1. Feed your baby on **ONLY** breast milk
  2. Monthly period has **NOT** returned
  3. Child is **BELOW** 6 months of age

Breast milk has all the nutrients and water your baby needs for the first 6 months.

For more information, visit the nearest health facility.

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MCHIP Maternal and Child Health Integrated Program

Appendix B: MIYCN-FP Supportive Supervision Tools

MIYCN-FP SUPPORTIVE SUPERVISION GUIDE: COMMUNITY LEVEL

Cover Sheet: Instructions

Purpose of the supportive supervision: To review progress on efforts made toward improving MIYCN-FP integration. The supportive supervision process, conducted monthly at each of the focus sites, includes the following steps:

SECTION: COMMUNITY LEVEL

Selected CHVs from each catchment area will meet with the MCHIP/MOH team for the supportive supervision meeting.

1. Conduct interview with three CHVs from each community unit
2. Conduct interview with three CHV clients from each community unit
3. Collect service statistics
4. Review progress made since previous month (CHVs + facility-level supervisor)
5. Discuss feedback and agreements made for this month (CHVs + facility-level supervisor)

For each facility/community unit, please fill out one full supervision packet.

**In addition to the service statistics collected through the supervision visits, baseline service statistics should be collected for the three months preceding program initiation (for example, January–March 2013).

COMMUNITY-LEVEL SUPPORTIVE SUPERVISION GUIDE

Name of catchment area: _____

Date: _____ (DD-MM-YYYY) for the month of _____

Conducted by: _____

Sub-Section 1: Observation & Interview with Community Health Volunteer(s)

Instructions: Complete this section by observing and/or interviewing the CHVs working in each catchment area. Ideally, observe at least one CHV home visit in each catchment area. Please include comments when something is not in place as was designed.

No.	Item	Response	Comments
1.	Ask: How many household are allocated to you?	10–15.....1 16–20 .....2 21–25.....3 26–30 4	
2.	Ask: How many home visits did you make this month (tally all ANC, postnatal/postpartum care, and pregnancy surveillance visits)? *(Verify from the CHV registers.)*	ANC _____ Postnatal/postpartum care _____ Pregnancy surveillance ____	
3.	Ask: Do you use the MIYCN-FP counseling cards routinely during your MNCH home visits? *(Ask to see the MIYCN-FP counseling cards; verify that they are carried with the CHV's other working tools.)*	Yes.....1 No.....2 *(If no, ask why not.)*	Comments:
4.	Ask: Do you conduct a newborn home visit within first week after birth?	Yes.....1 No.....2 *(If no, ask why not.)*	Comments:
5.	Ask: Do you use q newborn referral checklist to teach and assess newborn dangers?	Yes.....1 No.....2 *(If no, ask why not.)*	
6.	Observe: Does the CHV use the counseling cards appropriately?	Yes.....1 No.....2 *If no, provide an explanation in the comments section.*	Comments:
7.	Observe: Does the CHV use a newborn referral checklist (or MOH referral form for newborns with danger signs)? *If no, provide an explanation in the comments section.*	Yes.....1 No.....2	Comments:
8.	Observe: Does the CHV provide the client with an MIYCN-FP brochure?	Yes.....1 No.....2	Comments:
9.	Observe: Does the CHV address **both** MIYCN and FP messages during the visit?	Yes.....1 No.....2	Comments:

No.	Item	Response	Comments
10.	Ask: Do you distribute FP commodities during your household visits?	Yes.....1 No.....2 *(If no, explain in the comments section and skip to **Q13.**)*	Comments:
11.	If the answer to #10 is **yes**, ask: What FP commodities do you distribute?		Comments:
12.	Ask: Have you had a sufficient supply of contraceptives over the past month?	Yes.....1 No.....2 n/a.....3 *(If n**o**, explain in the comments section.)*	Comments:
13.	Observe: If the client expresses an interest in receiving FP services, does the CHV give appropriate counseling, services, and referral (as needed)?	Yes.....1 No.....2	Comments:
14.	Observe: Does the CHV refer the client to the facility for nutrition services as needed?	Yes.....1 No.....2	Comments:
15.	Observe: Is the CHV appropriately documenting MIYCN-FP and newborn early referrals client data in his/her registers?	Yes.....1 No.....2	Comments:
16.	Ask: Do you experience any specific concerns or challenges in providing ***both*** MIYCN and FP services to clients during the household visits? *(Write explanation in the comments section.)*	Yes.....1 No.....2	Comments:
17.	Ask: Do you experience any specific concerns or challenges in providing newborn early postnatal visit services to clients during the household visits?	Yes.....1 No.....2	Comments:
18.	Ask: Do you need any additional support in order to provide integrated services? If **so**, what support do you need?	Yes.....1 No.....2	Comments:

Sub-Section 2: Client Household Interview in Each of the Sampled Villages

Instructions: Conduct at least two interviews with women who have recently received a CHV MNCH home visit. Invite each potential respondent to be interviewed.

1. Introduce yourself: *My name is _____, and I represent MCHIP. We are speaking with women who have recently received a CHV home visit to learn more about their experience and interest in receiving additional nutrition and family planning services.*
2. Ensure that there is privacy and that the woman is comfortably seated.
3. Ask the woman if she is willing to answer some questions anonymously.
4. Explain that you are interested in improving health programs for women and that her comments will be used only for that purpose.

5. Assure the woman that her answers will be kept confidential and will not affect the quality of the services she receives at the health facility.

No.	Item	Response	Comments
1.	Have you been visited by a CHV at your home?	Yes.....1 No.....2	Comments:
2.	When was the last visit?	***Write the date and/ or month in the comments section.***	Comments:
3.	How old is your baby?	0–28 days .....1 1–6 months.....2 7–12 months .....3 1–2 years .....4 More than 2 years...5	Comments:
4.	When the CHV came to your home, did s/he talk to you about breastfeeding and infant and young child nutrition? If **so**, what did s/he tell you? *(Record the woman's response in the comments section.)*	Yes.....1 No.....2	Comments:
5.	Did s/he talk to you about your own nutrition and good foods to eat? If **so**, what did s/he tell you? *(Record the woman's response in the comments section.)*	Yes.....1 No.....2	Comments:
6.	Did the CHV talk with you about newborn danger signs and the importance of early postnatal visits (within one week after birth)? If **so**, what did s/he tell you? *(Record the woman's response in the comments section.)*	Yes.....1 No.....2	Comments:
7.	Did the CHV use your **mother child booklet** to teach you about newborn danger signs?	Yes.....1 No.....2	Comments:
8.	Did s/he talk to you about family planning? If **so**, what did s/he tell you? *(Record the woman's response in the comments section.)*	Yes.....1 No.....2	Comments:
9.	Did the CHV talk to you about the benefits of waiting at least two years after your last delivery before trying to become pregnant again? If **so**, what did s/he tell you? *(Record the woman's response in the comments section.)*	Yes.....1 No.....2	Comments:
10.	Did s/he talk to you about the LAM method of family planning? *If **so**, what did s/he tell you? (Record the woman's response in the comments section.)*	Yes.....1 No.....2 *If **yes**, proceed to **Q11**.* *If **no**, move to **Q12**.*	Comments:
11.	What are the three criteria of LAM that the provider mentioned? *(Do not offer prompts.)*	Circle all mentioned: Infant < 6 months old...1 No menses return .....2 Exclusive breastfeeding .....3 Other specify	Comments:
12.	Did the CHV show you this MIYCN-FP counseling book with messages about family planning and nutrition? *(Show MIYCN-FP counseling book for reference.)*	Yes.....1 No.....2	Comments:

No.	Item	Response	Comments
13.	Did you mention to the CHV that you were interested in receiving FP services? If **so**, did you receive a method or a referral to receive services at the facility?	Yes.....1 No.....2 Yes.....1 No.....2	Comments:
14.	Did the CHV refer you to the facility for an early postnatal visit (within one week after birth)? If **so**, have you gone for the services?	Yes.....1 No.....2 Yes.....1 No.....2	Comments:
15.	Did the CHV refer you to the facility for any nutrition services? If **so**, have you gone for the services? If **not**, why not? *(Record the woman's response in the comments section.)*	Yes.....1 No.....2 Yes.....1 No.....2	Comments:
16.	Did s/he give you a brochure with information about nutrition and FP?	Yes.....1 No.....2	Comments:
17.	How did you feel about the amount of time spent for the home visit? *(Record reason in the comments section.)*	Circle one: Very satisfied Somewhat satisfied Not satisfied	Comments:
18.	Do you have any suggestions for the CHV and local health facility regarding provision of family planning, maternal and infant nutrition, and newborn early postnatal visit services? If **so**, what are your suggestions? *(Record suggestions in the comments section.)*	Yes.....1 No.....2	Comments:

Sub-Section 3: Service Statistics

Instructions: Record relevant service statistics from CHV registers for the **last 3 months** before the month of data collection (for example, June to July 2013).

No.	Item	Month _____	Month _____	Month _____	Comments
1.	Total number of households visited where FP/MIYCN messages were shared	Antenatal: _____ Postpartum: _____ Pregnancy surveillance: _____	Antenatal: _____ Postpartum: _____ Pregnancy surveillance: _____	Antenatal: _____ Postpartum: _____ Pregnancy surveillance: _____	
2.	Total number of new family planning clients	POPs: _____ COCs: _____ Condoms: _____	POPs: _____ COCs: _____ Condoms: _____	POPs: _____ COCs: _____ Condoms: _____	
3.	Total number of FP referrals made	_____	_____	_____	

No.	Item	Month _____	Month _____	Month _____	Comments
4.	Total number of early newborn referrals (within the first week of birth)	_____	_____	_____	
5.	Total number of MIYCN-FP brochures distributed	_____	_____	_____	

POP = PROGESTOGEN -only pill; COC = combined oral contraceptive

Sub-Section 4: Review Progress on Agreements Made during Previous Month

Instructions: Review supportive supervision form from previous month and discuss progress with CHVs and their facility-level supervisors. Summarize key improvements here:

Sub-section 5: Discuss Feedback and Agreements for this Month

Instructions: After completing sub-sections 1-4, review challenges and potential areas of improvement and discuss feedback with CHVs and their facility-level supervisors.

Facility-Level Supportive Supervision Guide

Facility Name: _____ Facility MFL Code: _____

Level of Facility: _____ Owner of Facility: _____

Date: _____ (DD-MM-YYYY) for the month of _____

Conducted by: _____

SUB-SECTION 1: INTERVIEW WITH FACILITY IN-CHARGE

Instructions: Complete this section by observing and interviewing the officer in-charge at this facility. Please include comments when something is not in place as was designed.

No.	Item	Response	Comment
1.	Ask: How many service providers at this facility are tasked with providing daytime MCH services? Ask: How many MCH providers are onsite today?	Posted _____ Antenatal _____ Intrapartum _____ Postnatal _____ Child welfare _____ Maternity _____ Family planning _____ Reported today (on duty today) Antenatal _____ Intrapartum _____ Postnatal _____ Child welfare _____ Maternity _____ Family planning _____ *(Note reasons for discrepancies in the comments section, if applicable.)*	Comments:
2.	Observe: How many MIYCN-FP brochures are in this facility? *(Ask if the MIYCN-FP brochures are not displayed.)*		Comments:
3.	Ask: Have you had any MIYCN-FP integrated brochure stock-outs in the facility?	Yes.....1 No.....2 *(If **yes,** indicate in the comments section the duration of and reasons for the stock-outs.)*	Comments:

<table>
<tr><th>No.</th><th>Item</th><th>Response</th><th>Comment</th></tr>
<tr><td>4.</td><td>Ask: From your experience over the past month, are women who attend the facility for the following services consistently offered both MIYCN and FP information and services?</td><td>Instructions: Put a √ if “YES” and put an X if “NO.”
<table>
<tr><th>Service</th><th>MIYCN</th><th>FP</th></tr>
<tr><td>Antenatal care</td><td></td><td></td></tr>
<tr><td>Intrapartum</td><td></td><td></td></tr>
<tr><td>Postnatal care</td><td></td><td></td></tr>
<tr><td>Child welfare</td><td></td><td></td></tr>
<tr><td>Family planning</td><td></td><td></td></tr>
</table>
(If no, indicate the reasons in the comments section.)</td><td>Comments:</td></tr>
<tr><td>5.</td><td>Ask: From your observations, how often do service providers at this facility use the MIYCN-FP job aids, leaflets, and posters during antenatal, intrapartum, postnatal, child welfare, and family planning visits?</td><td>All the time.....1
Most of the time.....2
Sometimes.....3
Rarely.....4
Never.....5
Do not know.....6</td><td>Comments:</td></tr>
<tr><td>6.</td><td>In reference to Q5, if the respondent answers rarely, never, or don’t know, ask: For what reasons do the providers not use the MIYCN-FP job aids, leaflets, and posters during antenatal, intrapartum, postnatal, child welfare, and family planning visits?</td><td></td><td>Comments:</td></tr>
<tr><td>7.</td><td>Ask: Has the facility faced any challenges with the new FP and MIYCN integrated service delivery approach?</td><td>Yes.....1
No.....2
(If yes, indicate specific challenges in the comments section.)</td><td>Comments:</td></tr>
<tr><td>8.</td><td>Ask: How have you managed to resolve these challenges?</td><td></td><td>Comments:</td></tr>
<tr><td>9.</td><td>Ask: Is any additional technical support needed for service providers at the MCH clinic to strengthen their ability to provide integrated MIYCN and FP services?</td><td>Yes.....1
No.....2
(If yes, indicate in the comments section the additional technical support the facility may need.)</td><td>Comments:</td></tr>
</table>

Sub-Section 2: Observation & Interview with Service Provider(s) from Relevant Service Delivery Point (MCH, FP, ANC, postnatal care, CWC, maternity, and outpatient department)

Instructions: Complete this section by observing and interviewing the service provider(s). Please include comments when something is not in place as was designed.

<table>
<tr><th>No.</th><th>Item</th><th>Response</th><th>Comment</th></tr>
<tr><td>1.</td><td>Observe: Are there MIYCN-FP materials posted/placed within the service provision areas in the health facility (i.e., in MCH clinic, postpartum ward, OPD)? How many are posted/placed, and where are they posted/ placed?</td><td>
<table>
<tr><th rowspan="2">FP-MIYCN Materials</th><th colspan="2">Availability</th><th rowspan="2">Where placed?</th><th rowspan="2">How many</th></tr>
<tr><th>Yes</th><th>No</th></tr>
<tr><td>Poster</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Job aid</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Counseling cards</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Brochures</td><td></td><td></td><td></td><td></td></tr>
</table>
</td><td>Comments:</td></tr>
<tr><td>2.</td><td>Observe: Is there a poster on assessment of the newborn within the service provision areas in the health facility?</td><td>Yes.....1
No.....2</td><td>Comments:</td></tr>
<tr><td>3.</td><td>Ask: Have there been stock-outs of any FP method/ commodities in the last month?</td><td>Yes.....1
No.....2
<table>
<tr><th rowspan="2">FP method</th><th colspan="2">Stock-outs</th><th rowspan="2">How long?</th><th rowspan="2">Reason</th></tr>
<tr><th>Yes</th><th>No</th></tr>
<tr><td>Depo</td><td></td><td></td><td></td><td></td></tr>
<tr><td>POP</td><td></td><td></td><td></td><td></td></tr>
<tr><td>COC</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Male condom</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Female condoms</td><td></td><td></td><td></td><td></td></tr>
<tr><td>IUD</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Implant</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Other commodities (specify)</td><td></td><td></td><td></td><td></td></tr>
</table>

(If yes, indicate how many days each method was out of stock in the comments section.)</td><td>Comments:</td></tr>
<tr><td>4.</td><td>Ask and observe: Which FP commodities are available in the rooms where MCH and postpartum care is provided? Note the FP commodity and the rooms where it's available.</td><td>
<table>
<tr><th>FP commodity</th><th>Room where it's available</th></tr>
<tr><td></td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td></td><td></td></tr>
</table>
</td><td>Comments:</td></tr>
</table>

No.	Item	Response	Comment
5.	Observe: Do the MCH providers consistently refer to and explain the content of the MIYCN-FP job aid while providing antenatal, intrapartum, postpartum, child welfare, and family planning services?	Yes.....1 No.....2	Comments:
6.	Observe: Do the MCH providers consistently distribute the MIYCN-FP brochure to antenatal, intrapartum, postpartum, child welfare, outpatient, and family planning clients?	Yes.....1 No.....2	Comments:
7.	Ask and observe: Are clients who go for antenatal, intrapartum, postpartum, child welfare, outpatient, and family planning services routinely receiving counseling on both FP and MIYCN and given access to FP methods and MIYCN services under one roof, by the same provider?	Yes.....1 No.....2 *(If **no**, ask why not? List reasons on the comment section.)*	Comments:
8.	Ask and observe: Are all service provision and supplementary registers available in each service provision area?	Yes.....1 No.....2 *(Note any that are not available and the reason for unavailability in the comments section.)*	Comments:
9.	Ask and observe: Is a referral file present at the facility level?	Yes.....1 No.....2	Comments:
10.	Check: If the answer to #9 is yes, are newborns included in the referrals?	Yes.....1 No.....2	Comments:
11.	Observe: Are providers documenting newborn referrals in postnatal and CWC registers?	Yes.....1 No.....2	Comments:
12.	Observe: Are providers appropriately documenting MIYCN and FP client data in their registers?	Yes.....1 No.....2	Comments:

No.	Item	Response	Comment
13.	Ask: Do the MCH providers experience any specific concerns or challenges in providing ***both*** MIYCN and FP services to clients during antenatal, intrapartum, postnatal, child welfare, outpatient, FP, and early maternal newborn postnatal visits?	Yes.....1 No.....2 Service area | Challenges | How they have dealt with the challenge [ ] | [ ] | [ ] [ ] | [ ] | [ ] [ ] | [ ] | [ ] *(List the service area, challenge, and how the challenge was handled, and write any explanations in the comments section.)*	Comments:
14.	Ask: Do the providers need any additional support in order to provide integrated services?	Yes.....1 No.....2 *(If the answer is yes, note the support needed in the comments section.)*	Comments:

POP = progesterone-only pill; COC = combined oral contraceptive; IUD = intrauterine device

Sub-Section 3: Client Exit Interviews at MCH Clinic

Instructions: Four client exit interviews will be conducted at the MCH clinic, preferably one each from ANC, postnatal/postpartum care, CWC, and FP and the OPD. Approach clients who have already been seen by the service provider and invite them to be interviewed:

1. Introduce yourself: *My name is ….and I work for the MOH/MCHIP. We are speaking with women who bring their babies for MCH services to learn more about their experience and interest in receiving additional nutrition and family planning services.*
2. Ask the woman if she is willing to answer some questions anonymously.
3. Explain that you are interested in improving health programs for women and that her comments will be used only for that purpose. There is no right or wrong answer.
4. Assure the woman that her answers will be kept confidential and will not affect the quality of the services she receives at the health facility.
5. Verify that the client is between 15 and 49 years old before starting the interview.
6. If she is willing, ensure that there is privacy and that the woman is comfortably seated.

Antenatal Care/Postnatal/Postpartum Care /FP (*for women with infants less than 2 years old*) and CWC

No.	Item	Response	Comment
1.	What services did you come for today?	1. ANC 2. Postnatal/ postpartum care 3. FP 4. CWC 5. Other: specify_____	If other, close the interview.

No.	Item	Response	Comment
2.	What information did you get for the service that you came for?		Comments:
3.	During your communication with the service provider, did the provider talk to you about your own nutrition? If **so**, did the service provider explain to you why it is important to consume more during pregnancy and when you are breastfeeding, and good foods to eat?	Yes.....1 No.....2 Yes.....1 No.....2	Comments:
4.	How old is your baby?	0–28 days .....1 0–6 months.....2 6–12 month.....3 1–2 years.....4 More than 2 years.....5	Comments:
5.	Did the provider talk to you about newborn referral with danger signs? *(Only ask postnatal clients with infants 0–28 days old.)*	Yes.....1 No.....2 *(If n**o**, skip to Q6.)*	Comments:
6.	**If so**, can you recall three newborn danger signs? *(Do not offer prompts.)*	Circle all mentioned: 1. Not able to breastfeed 2. Has difficult or fast breathing 3. Feels hot or unusually cold 4. Becomes less active 5. Body becomes yellow, especially the eyes, palms, and soles of feet 6. Convulsions 7. Cord stump is red, draining pus, or bleeding	Comments:
7.	*Did the provider talk to you about exclusive breastfeeding?* *(Only ask ANC clients and clients with infants less than 6 months of age.)*	*Yes.....1* *No.....2* *(If n**o**, skip to Q**8.)***	Comments:
8.	For how long did the provider recommend that you exclusively breastfeed your infant before you introduce other foods? *(Only ask ANC clients and clients with infants less than 6 months of age.)*	_____ months N/A	
9.	Did the provider talk to you about family planning?	Yes.....1 No.....2 *(If no, skip to **Q12.)***	Comments:

No.	Item	Response	Comment
10.	**If yes**, what did the provider tell you? Which FP methods did the provider mention to you?	Circle all that apply: PPIUD.....1 PPTL.....2 POPs.....3 COCs.....4 DMPA.....5 Implant.....6 Condoms..7 Other.....8	Comments
11.	Did the provider mention LAM as an FP method? *(Only ask ANC clients and clients with infant less than 6 months of age.)*	Yes.....1 No.....2 N/A.....3 *(If n**o**, skip to **Q12.**)*	Comments:
12.	Do you recall the three things that are needed to be sure LAM works? *(Do not offer prompts.)*	Circle all mentioned: 1. Infant < 6 months old 2. No menses return 3. Exclusive breast feeding 4. Other (specify) _____	Comments:
13.	Did the provider talk to you about the benefits of waiting to get pregnant? *(Only ask ANC clients and clients with babies less than two years old.)*	Yes.....1 No.....2	Comments:
14.	How long should you wait before getting pregnant again?	1 year 2 years 3 years 4 years 5 years More than 5 years	Comments:
15.	Were you given a brochure on family planning and maternal, infant, and young child nutrition? *(If the respondent answers **yes**, ask to see the brochure.)*	Yes.....1 No.....2	Comments:
16.	Did you see a poster on breastfeeding in the clinic/room? If the respondent answers y**es**, ask: Which one? *(Record all responses in comments section.)*	Yes.....1 No.....2	Comments:
17.	What information did you gather from the FP/MIYCN poster? *(Write the responses in the comments section.)*		Comments:

No.	Item	Response	Comment
18.	How did you feel about the amount of time you spent at the facility to receive your services? *(Ask the reason and record response in the comments section.)*	Circle one: Too much time.....1 Appropriate amount of time.....2 Too little time 3	Comments:
19.	How did you feel about the quality of the services you received? *(Ask the reason and record response in the comments section.)*	Circle one: Very satisfied...1 Somewhat satisfied .....2 Not satisfied...3 Not sure.....4	Comments:
20.	Do you have any ideas for how mothers can learn more about FP and maternal, infant, and young child nutrition services at this facility? *(Write the suggestions in the comments section.)*		Comments:
21.	If the woman received integrated services, ask: What did you appreciate about the information on FP and nutrition for you and your baby during your visit? *(Write response in the comments section.)*		Comments:
22.	What did you like about learning about nutrition for you and your baby during your visit?		Comments:
ANC Clients Only			
23.	Did the provider give you iron, folic acid, or a combined iron-folic acid supplement/tablet? *(If the client has the drugs given, ask to confirm if she does not know.)*	**Iron:** Yes.....1 No.....2 Don't know...3 **Folate:** Yes....1 No.....2 Don't know...3	Comments:
Postnatal/Postpartum Care /FP (*for women with infants less than 2 years old*) **and CWC Clients**			
24.	Did the provider talk to you about complementary feeding for your baby at 6–23 months?	Yes....1 No.....2	Comments:
25.	Were your child's weight and length taken?	Yes....1 No.....2	Comments:
26.	Did the health worker tell you what your baby's weight and length were? Did the service provider tell you that your baby is growing well or not growing well?	**Weight** Yes.....1 No.....2 **Length** Yes.....1 No.....2 Yes.....1 No.....2	Comments:
27.	Did the service provider tell you how to feed your baby?	Yes.....1 No.....2	Comments:

No.	Item	Response	Comment
28.	Did the provider talk to you about the benefits of family planning for you and for your infant's health and nutritional status (or growth)?	Yes.....1 No.....2	Comments:
29.	Before today's visit, were you already using a family planning method?	Yes.....1 No.....2 *(If yes, proceed to Q29. If no, proceed to Q30.)*	Comments:
30.	If so, which type of method?	Circle method: 1. LAM 2. POPs 3. COCs 4. DMPA 5. IUD 6. Implant 7. Condom 8. Other _____	Comments:
31.	If you were not already using a family method before today's visit, did you choose a family planning method during your visit today?	Yes.....1 No.....2 *(If yes, ask Q31. If no, proceed to Q32.)*	Comments:
32.	If **yes,** which type of method?	Circle: 1. LAM.....1 2. POPs.....2 3. COCs.....3 4. DMPA.....4 5. IUD.....5 6. Implant.....6 7. Condoms...7 8. Other.....8	Comments:
33.	Were you given vitamin A at delivery (**your most recent** delivery)? If **not**, did the provider give you vitamin A during your visit or at any other postpartum/postnatal visit?	Yes.....1 No.....2 Yes.....1 No.....2	Comments:
34.	Was your child given vitamin A today? If **not**, was your child given vitamin A within the past six months?	Yes.....1 No.....2 Yes.....1 No.....2	Comments:

PPIUD = postpartum IUD; PPTL = postpartum tubal ligation; POP = PROGESTOGEN -only pill; COC = combined oral contraceptive; DMPA = Depo-Provera

Sub-Section 4: Service Statistics

Instructions: Record relevant service statistics from the Child Health and Nutrition Information System (CHANIS), FP, ANC, and delivery registers.

The data collected should be for the past three months (for example, July to September 2013).

No.	Item	Month _____	Month _____	Month _____	Comments
1.	Catchment population of MCH clients	Neonates 0–28 days ____ Population < 1 year _____ Population < 5 years ____ Women of childbearing age (15–49 years old) _____	Neonates 0–28 days ____ Population < 1 year _____ Population < 5 years ____ Women of childbearing age (15–49 years old) _____	Neonates 0–28 days ____ Population < 1 year _____ Population < 5 years ____ Women of childbearing age (15–49 years old) _____	
2.	Number of live births in the past three months				
3.	Number of women who delivered in the past three months who initiated breastfeeding within the first hour				
4.	Number of newborn postnatal visits within the first week of birth in the past three months				
5.	Number of children 0–6 months old on early breastfeeding				
6.	Number of new family planning clients				
7.	Number of new family planning clients	Depo POPs Male condoms Female condoms IUD Implant Combined pills LAM	Depo POPs Male condoms Female condoms IUD Implant Combined pills LAM	Depo POPs Male condoms Female condoms IUD Implant Combined pills LAM	
8.	Number of women using LAM at five months				

No.	Item	Month _____	Month _____	Month _____	Comments
9.	Number of women using LAM who transitioned to another modern FP method before six months				
10.	Number of pregnant mothers with hemoglobin < 7g/dL				
11.	Number of pregnant mothers with hemoglobin < 11 g/dL				
12.	Number of pregnant women supplemented with iron/folate				
13.	Number of postpartum women supplemented with Vitamin A				
14.	Number of pregnant women having weight monitored				
15.	Number of children < 5 years old having weight monitored				
16.	Number of children < 5 years old with height/length monitored				
17.	Number of children < 5 years old attending CWC				
18.	Number of underweight children				
19.	Number of stunted children				
20.	Number of women attending postnatal visits' Of those attending postnatal visits, number who received FP and MIYCN counseling on the same day Of those attending postnatal visits, number who accepted a modern FP method on the same day	_____ _____ _____	_____ _____ _____	_____ _____ _____	

No.	Item	Month _____	Month _____	Month _____	Comments
21.	Number of women attending child welfare visits Of those, number who received MIYCN and FP counseling on the same day Of those, number who accepted a method	_____ _____ _____	_____ _____ _____	_____ _____ _____	
22.	Number of women attending FP services Of those, number who were counseled on MIYCN	_____ _____	_____ _____	_____ _____	
23.	Number of women attending MIYCN services Of those, number who were counseled on FP	_____ _____	_____ _____	_____ _____	

Sub-Section 5: Review Progress on Agreements Made during Previous Month

Instructions: Review supportive supervision form from previous month and discuss progress with MCH providers and facility supervisors. Summarize key improvements here:

Note: Providing feedback to providers and supervisors could be challenging and sensitive. Be objective and positive as you give feedback.

Sub-Section 6: Discuss Feedback and Agreements for this Month

Instructions: After completing sub-sections 1-4, review challenges and potential areas of improvement and discuss feedback with MCH providers and facility supervisors. Identify a strategy for making improvements over the coming month. Summarize key points and agreements made here:

Appendix C: MIYCN-FP Supplementary Registers

MIYCN-FP FACILITY REGISTER

Facility Name: _____ Month/Year: _____ MFL No.: _____ Service Area: _____

Date (DD:MM:YY)	Client no.	Client Name	Client Sex (F/M)	Caregiver Condition				Infant Feeding				Underweight Infant (see growth chart in Mother-Child booklet)	Current FP Method			Counseling				Medicines/ Supplements Administered			HB Level from ANC Profile	Maternal MUAC	Maternal BMI
					Postnatal																				
				Pregnant	New Born 0-28days	Infant less than 6 months (<6 months)	Infant more than 6 months (>6 months)	EBF	CF	MF	RF		LAM	Transitioning from LAM to Other FP	Continuing FP user (specify method with code)	FP	Maternal nutrition	LAM	IYCN	Deworming	Iron-folate	IPTp2+			
A	B	C	D	E		F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
Page Totals																									

Definitions: *Client sex:* F = female; M = male; *Infant feeding:* EBF=exclusive breastfeeding; CF=complementary feeding; MF=mixed feeding; RF=replacement feeding
Continuing FP user: choose natural family planning (NFP) **(1)**, condom **(2)**, COCs **(3)**, POPs **(4)**, DMPA **(5)**, implant **(6)**, IUD **(7)**, TBL **(8)**, vasectomy **(9)**
Referral reasons: FP=family planning; N=nutrition; DS=danger signs; HD=home delivery; PV=postnatal visit; O=other

MIYCN-FP COMMUNITY REGISTER

CHV Name _____ Month/Year _____

Village _____ Community Unit: _____ Link Facility _____

Date (DD:MM:YY)	Household Code	Individual Code	Name of Household Member	Sex of Household Member (F/M)	Caregiver Condition				Infant Feeding				Mother in BF Support Group	Current FP Method			FP/MIYCN Counseling Provided	Referral Provided	Referral Reason (FP/N/DS/HD/PV/O)	Remarks
					Pregnant	Postnatal			EBF	CF	MF	RF		LAM	Transitioning from LAM to Other FP	Continuing FP User (specify method with code)				
						Newborn 0-28days	Infant less than 6 months (< 6months)	Infant more than 6 months (> 6 months)												
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
Page Totals																				

Definitions: *Client sex:* F = female; M = male*; Infant feeding:* EBF=exclusive breastfeeding; CF=complementary feeding; MF=mixed feeding; RF=replacement feeding

Continuing FP user: choose natural family planning (NFP) **(1)**, condom **(2)**, COC **(3)**, POPs **(4)**, DMPA **(5)**, implant **(6)**, IUD **(7)**, TBL **(8)**, vasectomy **(9)**

Referral reasons: FP=family planning; N=nutrition; DS=danger signs; HD=home delivery; PV=postnatal visit; O=other