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Family Planning Integration with Food Security and Nutrition

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Recognizing the urgent need to address both the direct and underlying causes of malnutrition, the U.S Agency for International Development (USAID) Multi-Sectoral Nutrition Strategy 2014–2025 calls for the increased availability of family planning and reproductive health services (USAID 2014). To escalate the U.S. Government's global commitments in this area and to optimize the effectiveness of food security and nutrition programs, there is a need to understand how best to integrate family planning with food security and nutrition programming and a need to raise awareness about the importance of family planning for improved food security and nutrition outcomes. However, to date there has been limited peer reviewed literature and a dearth of documentation on programmatic experiences of integrating family planning with food security and nutrition (Brickley et al. 2011; Maternal and Child Health Integrated Program [MCHIP] 2010; Ringheim 2012; USAID 2011; Yourkavitch 2012).

To address this evidence gap, the Food and Nutrition Technical Assistance III Project (FANTA) conducted a desk review to take stock of and better understand ***how*** food security and nutrition programs are integrating family planning (Borwankar and Amieva 2015). As a companion to this review, the Health Policy Project conducted two literature reviews summarizing the empirical evidence on ***why*** it is important to integrate these services (Smith and Smith 2015; Naik and Smith 2015). This brief summarizes the findings from the FANTA desk review.

This brief summarizes the findings of a FANTA report, ***Desk Review of Programs Integrating Family Planning with Food Security and Nutrition***. It provides a snapshot of the various ways development programs are integrating family planning with nutrition and food security interventions. The brief offers lessons learned and promising practices for programming, provides recommendations for USAID, and sheds light on gaps in the evidence base. The full report (available at **www.fantaproject.org/fp-integration**) synthesizes learnings from 102 programs and provides a rich set of program examples, including three case studies.

Producer group members in Zambia use the *Better Life Book* to learn about the links between conservation, food security, and family planning. (Photo provided by COMACO program staff)

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METHODS

The focus of the desk review was primarily grey and published literature from USAID-funded programs implemented over a 10-year period (2003–2013). Several funding streams supporting the implementation of food security, nutrition, and family planning programs across USAID Bureaus and Offices were targeted for the review. The 102 programs of focus in the review included child survival; maternal, newborn, and child health; food assistance; population, health, and environment; and food security and agriculture programs. Data sources included program documents such as evaluation and annual reports, technical briefs, and implementation plans. A program was considered integrated if food security and/or nutrition and family planning interventions were delivered either at the same service delivery point or by the same provider.

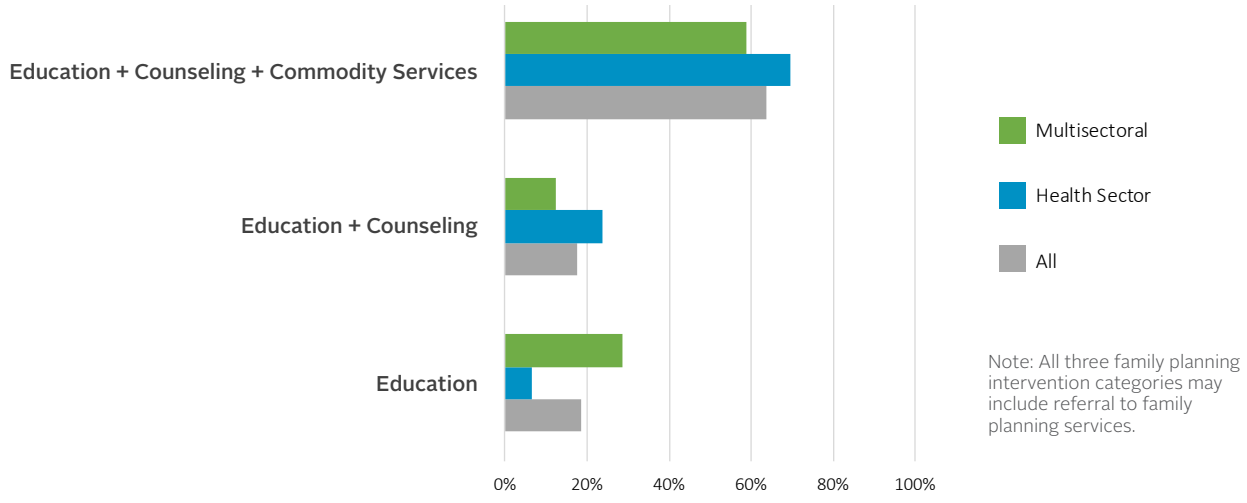
HOW PROGRAMS ARE INTEGRATING FAMILY PLANNING WITH FOOD SECURITY AND NUTRITION

Types of Integrated Programs by Sector. Within the 102 programs reviewed, family planning integration was found in health sector programs implementing only health activities (45% of programs), as well as in multisectoral programs that included agriculture, environment, fisheries, or livelihood activities in addition to health activities (55% of programs). Over half of the health sector programs were Child Survival and Health Grants Programs and the rest included other USAID global and Mission-funded health sector programs, including two non-USAID health programs. Close to half of the multisectoral programs were Office of Food for Peace development food assistance programs, about a third were population, health, and environment programs and the rest were other global or Mission-funded USAID programs, including one non-USAID program. While nutrition and family planning integration occurred in both health and multisectoral programs, family planning and food security integration occurred only within multisectoral programs. Although over half of the programs were multisectoral, family planning was integrated only within health activities in 43% of programs, suggesting more room for integration across non-health interventions.

Of the programs reviewed, family planning and nutrition or food security interventions were mostly built into program design from the outset as part of larger integrated health (maternal, newborn, and child health or integrated management of childhood illnesses) or multisectoral agriculture, conservation, livelihoods, and health packages. Only 10% of programs added family planning after program implementation began, usually as a result of receiving additional funds.

Integration Models. Programs reviewed were categorized as offering one of three types of integration models based on the type of family planning intervention(s) delivered across all the nutrition and/or food security points of contact within the program: (1) family planning education, (2) family planning education and counseling, or (3) family planning education, counseling, and commodity provision. All three models could include referrals to family planning services. The third model was most common across both health and multisectoral programs (see Figure 1).

Figure 1. Family Planning Integration Models



[1] The ENA framework is an integrated package of priority nutrition actions intended to be promoted at six contact points across the lifecycle (antenatal care, delivery and immediately postpartum, postnatal and family planning, immunization, growth monitoring/well child, and sick child visits).

Integrated Service Delivery Strategies. Across the programs reviewed, a range of strategies were used for integrated service delivery across the three models both at the community and health facility levels. Service delivery platforms and providers were not unique to a specific integration model. For example, in some programs a platform was used to integrate only family planning education and the same platform was used by other programs to implement family planning education, counseling, and commodity provision. Some programs used routine service delivery platforms such as mobile clinics and rally posts to deliver integrated services. Other programs added family planning into platforms such as nutrition weeks, farmer field days, or nutrition rehabilitation sessions.

The use of specific lifecycle contact points (such as during antenatal care, birth and discharge, postpartum care, or childhood) was a strategy employed by all three models. Programs either targeted a specific lifecycle point or more often adopted a continuum of care approach that targeted several or all lifecycle contact points by implementing approaches such as essential nutrition actions (ENA) or timed and targeted counseling.

Similar to the range of platforms used across the programs reviewed, a range of different providers were involved in delivering integrated services. Community-level providers were critical to most program integration strategies and very few programs implemented integrated activities only through health facility providers; most included both health- and community-level providers. Community-level providers were often organized in groups and a wide range of community-based groups were used as entry points or platforms to deliver integrated activities. These groups included care groups, mother's/father' clubs, farmer's groups, and associations for people living with HIV. Box 1 provides some program examples of the various platforms, contact points, and providers used for integrated service delivery.

GAPS IN THE EVIDENCE BASE

Several important gaps in the evidence base and available program documentation were identified in the desk review, underscoring the need for stronger program documentation on the integration process and research that tests the effectiveness of integration models. Specifically, across the programs reviewed there was scarce information on family planning referral systems; significant variation in measurement of family planning, nutrition, and food security outcomes; and limitations of the existing program evaluation data, which precluded the identification of successful or promising integration models.

The Sak Plen REP program in Haiti targeted caregivers of children under 5 years of age through Mothers' Clubs to reduce child malnutrition, increase food security, and integrate maternal and child health and nutrition activities with agriculture production. (Photo provided by World Vision/Haiti program staff)

Box 1. Program Examples of Integrated Service Delivery Strategies

Nutrition weeks. A bilateral program in Mali used national nutrition weeks, held once every 6 months, to target immediate postpartum women and mothers with children under 5 years of age with services such as deworming, screening for malnutrition, vitamin A supplementation, and immediate postpartum family planning counseling. During the family planning counseling session at the nutrition week, women were given a plastic ticket to serve as their referral to the health center where they could access the family planning services. The ticket was used by the program to track family planning referrals from the national nutrition week.

Mobile clinics. In Burundi, integrated mobile teams delivered a basic package of services including screening for malnutrition, nutrition counseling, family planning counseling, and provision of pills, condoms, and injectables. For clients requesting methods such as implants, intrauterine devices, and permanent methods, referrals were made. The team consisted of a minimum of six members from the district and included a Ministry of Health doctor, nurse, midwife, community health worker, and community nutrition volunteers.

Farmer field days. In Kenya, health camps were offered as part of 1-day farmer field days. During field days, exhibitors marketed products and taught attendees about improved agricultural practices. Family planning education, counseling, and services (such as distribution/provision of oral contraceptives, injectables, and condoms) were provided by trained health providers/clinicians who also provided referrals to the health center for clients choosing long-acting family planning methods.

The Government of Ethiopia's Health Extension Program implements 16 health packages, including family planning and nutrition. Source: Pathfinder International and John Snow, Inc. 2013

Maternity waiting homes. A child survival program in Liberia used maternity waiting homes it helped establish as the contact point for integration of family planning with nutrition and food security during antenatal care, birth and discharge, and the immediate postpartum period. Certified midwives and trained traditional midwives run the homes and interact with pregnant women during their stay at the maternity waiting home on adopting healthy lifestyles, early and exclusive breastfeeding, immunizations, family planning counseling, and income-generation activities. In addition, community health volunteers were also trained to provide family planning and nutrition-related messages primarily through group education activities.

Essential nutrition actions. A Feed the Future-funded program in Uganda trains community health workers to deliver behavior change messages (on ENA, spaced pregnancies, improved hygiene and sanitation, and diet diversification) during child health days, field days, and through youth groups. They also provide referrals for family planning services.

Timed and targeted counseling. A child survival program in India used a lifecycle or continuum of care approach where key messages were bundled, timed, and targeted to reach families through a series of seven scheduled visits by community health workers—three during pregnancy, one after childbirth, and three during infancy. During the home visits, the trained community volunteers delivered the relevant targeted message related to nutrition, birth spacing and family planning, and immunization; followed up on previous messages; and documented any changes in behavior or services used.

PROMISING PRACTICES FOR PROGRAMMING

Despite these gaps, the available evidence highlights several potential promising practices which could offer a starting point for programs interested integrating family planning with food security and/or nutrition programming. These practices were identified based primarily on a synthesis of facilitators and barriers to integration reported in program documents reviewed and represent recurrent or common themes across the programs reviewed. In some instances, specific research conducted as part of a program provide additional support for these practices (see Box 2 for examples).

Build on existing platforms. A strong community network or existing program infrastructure facilitates expanded services. Building on existing program infrastructure helps programs reduce costs (transport, training, and personnel), achieve rapid results, and prime communities for expanded services while building trust and allowing communities to benefit from the cumulative effect of a broad spectrum of continuous efforts. Leveraging existing convening mechanisms (such as farmer field days, nutrition weeks, rally posts, and growth monitoring sessions) and community structures (such as care groups and producer groups) that have already demonstrated success in effectively bringing people together at an established time and place also facilitates an expanded program (e.g., the addition of family planning).

Target the first 1,000 days. Focusing on the 1,000-day period (from a mother's pregnancy up until the child is 2 years of age) through a continuum of care model allows programs to reach mothers at a critical time for both nutrition and family planning. Promoting messages that are appropriately timed to reach women and their families at the right time to ensure that the messages are not too early or too late for the behavior that is being promoted is also critical. Several programs included in the review used approaches and delivery platforms that cover the 1,000-day period for nutrition and family planning integration.

Three case studies are available at **www.fantaproject.org/fp-integration** which illustrate how the Ramba Kibondo Program in Burundi, Sak Plen Program in Haiti, and Community Markets for Conservation (COMACO) Program in Zambia used existing platforms like care groups, rally posts, and producer groups to integrate family planning.

Include home visits. Home visits offer an opportunity for nutrition and family planning counseling that can be tailored to individual needs and also provide an opportunity to target and involve family members who influence uptake of nutrition and family planning practices promoted by the program.

Work at both the community and facility level. Multiple contacts at both the community and facility level facilitates integration by helping to reinforce consistent messages, meet increased demand generated at the community level, and enable provision of a greater mix of contraceptive methods.

Engage men and empower women. Integrated programs recognized gender integration as a critical component to overcoming barriers women face not only in using family planning but also to adopting optimal nutrition behaviors and reaching their full potential in the agricultural and economic sectors. A review of population, health, and environment programs concluded that the three advantages or value-added elements that an integrated approach brought to family planning efforts included: "greater access to men who are drawn in by the livelihoods and natural resource management issues; greater access to youth who are attracted to sessions discussing resource management, livelihoods, and health; and giving access to income and credit to help women become more valued in their communities and be able to participate more in decisions regarding their fertility" (Pielemeier 2005).

Align with national and local priorities. Integration efforts have greater potential to succeed and to be sustained when program goals for nutrition, food security, and family planning are aligned with national-level policies and guidelines. Similarly, aligning the program vision with the local government vision and obtaining local government support for integrated efforts has also been identified as key to success and to ensuring sustainability of programs.

Respond to community needs. Messaging that frames the integrated intervention around perceived community needs and as a win-win for both sectors aids integration efforts. Responding to a community's immediate needs (e.g., health and livelihoods) can help win its trust and improve receptivity to longer-term conservation or natural resource management efforts, and promote community ownership and motivation. Sequencing the interventions in a strategic way so that short-term visible results occur and trust is gradually developed as new program elements are added was a useful strategy for several programs.

Ensure a regular supply of commodities and provide a private space for services. Availability of a regular supply of family planning commodities in the community is critical to the success of family planning integration efforts. Irregular supply of commodities and stock-outs often pose a challenge in communities where family planning has been integrated into broader platforms. Establishing or linking to a community-based distribution system was key to increasing family planning access and integration efforts. Integrated programs also report that adding a private location to discuss family planning in facilities and, in some cultures, providing a private space for nursing mothers facilitated service delivery.

Ensure adequate staff experience, training, and incentives. Inadequate numbers of staff (high client/provider ratios) and lack of incentives for volunteers are challenges experienced by integrated programs. Having motivated and adequately compensated program staff facilitates integration of a new program element like family planning, especially in the case of actual or perceived heavy workloads. Identifying managers that have some sectoral experience but also a good understanding of integrated community development is imperative for program success. Cross-training of providers, including unpaid volunteers, to perform multiple tasks across sectors creates integration champions, improves their motivation, and facilitates a truly integrated cross-sectoral approach to addressing interconnected community challenges.

Box 2. Supporting Evidence for Integrated Programming

The **Healthy Fertility Study** in Bangladesh tested the integration of postpartum family planning services into a community-based maternal and neonatal health program. Using a quasi-experimental design, two intervention groups received an integrated maternal and neonatal health/family planning package and two comparison groups received only the maternal and neonatal health package. With interpersonal communication and counseling at the core of its behavior change communication strategy, female community health workers delivered maternal and neonatal health and family planning messages through scheduled home visits. During the visits, the community health workers discussed women's plans for antenatal and postpartum care with a specific focus on joint problem solving for potential barriers women and their families face in accessing care and adopting behaviors such as exclusive breastfeeding and family planning. In addition to family planning education and counseling, community health workers were equipped midway through the study to provide oral contraceptives, condoms, and injectables to postpartum women and referrals to health centers for other family planning methods. Findings from the study showed that the integrated model was associated with a decrease in the incidence of pregnancy within the first 36 months of delivery and reduced risk of preterm birth. The incremental costs for adding family planning to community-based maternal and neonatal health services for a 5-year period was $101.24 per 100,000 of the population (or annualized incremental cost of US$20.25 per 100,000) (MCHIP 2014; Ahmed et al. 2013).

The **Program Research for Strengthening Services (PROGRESS)** in collaboration with Land O' Lakes-supported dairy cooperatives conducted a pilot study to assess a model of providing family planning services through health camps as part of 1-day farmer field days. The pilot study of seven health camps showed high service utilization with over 80% of the 2,344 attendees receiving health consultations. Family planning counseling was the second most common service (18%) following general health exams (66%). A quarter of family planning users restocked contraceptive supplies at the health camp. Among the 319 women surveyed, none of the women classified as having an unmet need (15%) for family planning initiated a modern method of family planning during the event. The reasons provided were either not wanting a contraceptive method or wanting a method not provided at the health camp. These women were provided a referral to the closest health facility where the method of choice was available (Otieno-Masaba et al. 2013).

The **IPOPCORM** program in the Philippines worked through local government units and nongovernmental organization partners to achieve food security using a three-pronged integrated approach involving coastal resource management, supporting alternative livelihoods to reduce fishing pressure, and improving access to family planning as a way of easing population pressure. Using a quasi-experimental evaluation design, the program tested the hypothesis that there would be a significant improvement in coastal resource management and reproductive health outcomes by delivering services in an integrated way compared to delivering each separately. The study found that the integrated approach was successful in all nine reproductive health and food security indicators and outperformed the single sector coastal resource management intervention for five of the nine indicators, suggesting that the integrated approach "yields a larger impact on human health and food security compared to the sectoral management approaches" (D'Agnes et al. 2010).

THE WAY FORWARD: RECOMMENDATIONS FOR USAID

The review findings point to several recommendations for consideration by USAID in their efforts to further strengthen and promote nutrition and family planning integration or food security and family planning integration more systematically.

Define "success" for family planning-food security-nutrition integration. Since family planning, nutrition, and/or food security are most often delivered as part of larger integrated packages, USAID should clearly define nutrition and family planning, and food security and family planning integration and also define what constitutes success as it relates to this type of integration. Given the complexities and many dimensions of integrated programs, questions remain on what outcomes are most relevant to measure to determine success.

Ensure adequate funding and time for implementation. Despite local and core stakeholder support and buy-in for integrated approaches, donor and government funding for integrated programs remain structured as vertical funding mechanisms. The USAID Multi-Sectoral Nutrition Strategy recognizes the benefits of and encourages integrated programs. However, to facilitate this vision, USAID will need to build bridges across the current traditional vertical funding mechanisms to facilitate cross-sectoral collaboration across its various Bureaus and Offices. Expanding the use of sectoral funding, co-funding of programs, or co-location of programs in overlapping target areas are options for consideration. USAID should consider increasing the program implementation period, especially for add-on funding grants.

Harmonize reporting requirements. Given the high degree of variability in the reporting requirements for programs aiming to improve food security and nutrition outcomes across its' various Offices and Bureaus, USAID should consider having clear and harmonized guidelines for reporting on the family planning component and for reporting on integration. Programs should be required to clearly report on their family planning objectives and types of family planning interventions; how services are integrated with nutrition and/or food security program elements; measures taken to monitor compliance with USAID family planning voluntarism and informed choice requirements; and a limited set of harmonized indicators that reflects USAID's vision for successful integrated programs.

Fund rigorous research focused on testing effectiveness of integration models. In order to improve the evidence for what works and what does not in nutrition and family planning integration and food security and family planning integration, USAID should consider developing an applied research agenda around family planning-food security-nutrition integration. USAID should also emphasize and support formative research to provide the information needed to assess how to best incorporate family planning into program platforms delivering nutrition or food security interventions. In addition, USAID should fund operations or implementation research to specifically test the feasibility, acceptability, fidelity, and effectiveness of integration models within broader integrated programs to understand which strategies work well (or do not work well) when combined and which strategies are more cost-effective.

Develop guidance and provide technical assistance for integrated programs. Programs interested in integrating family planning with nutrition or food security program elements will need to give some thought when selecting an integration model since one model might not be inherently better than another and the usefulness of a model depends on the context the model is being implemented in. USAID should develop program guidance or strategic considerations for strengthening this type of integration in programs.

Promote dialogue and cross-learning across health and multisectoral programs. Since nutrition and family planning integration occurs in both health and multisectoral programs often through similar strategies and platforms, USAID can promote increased dialogue and opportunities for learning between these types of programs. There is also a need to support efforts to improve access to documentation through existing mechanisms such as the USAID Development Experience Clearinghouse, communities of practice, and other knowledge management strategies.

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Access the full report and case studies at **www.fantaproject.org/fp-integration**.

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Recommended citation:

Borwankar, Reena and Amieva, Shelly. 2015. *Family Planning Integration with Food Security and Nutrition.* Washington, DC: FANTA/FHI 360.

This report is made possible by the generous support of the American people through the support of the Office of Population and Reproductive Health and the Office of Health, Infectious Diseases, and Nutrition, Bureau for Global Health, U.S. Agency for International Development (USAID), under terms of Cooperative Agreement No. AID-OAA-A-12-00005, through the Food and Nutrition Technical Assistance III Project (FANTA), managed by FHI 360.

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