

MULTI-SECTORAL NUTRITION STRATEGY 2014–2025

Technical Guidance Brief

NUTRITION, FOOD SECURITY AND FAMILY PLANNING

INTRODUCTION

The U.S. Agency for International Development's (USAID's) Multi-Sectoral Nutrition Strategy 2014–2025 was launched in May 2014 and promotes both nutrition-specific interventions and nutrition-sensitive interventions implemented across multiple sectors. Voluntary family planning is an important nutrition-sensitive intervention that is often overlooked in nutrition and food security programming but has been prioritized in the USAID nutrition strategy. Although there is widespread acknowledgement of the relationship between population growth and food security and nutrition, the links between family planning and food security and nutrition have not yet been adequately reflected in policy and programming decisions (Reshma 2015). Given the impact of population growth and fertility rates on a country's capacity to feed itself and the importance of healthy timing and spacing of pregnancies for good health and nutrition for mothers and children, voluntary family planning should be an integral part of policy dialogue in the food security and nutrition arenas. In addition, more integrated programs are needed that both utilize nutrition and food security platforms for family planning and also utilize voluntary family planning services as an entry point for nutrition assessment, counseling, and support.

BACKGROUND

Expanding access to and use of voluntary family planning has a positive impact on the nutritional status of both mothers and young children, as well as the overall food security of communities and countries.

Macro Level

Increasing access to reproductive health services, including voluntary family planning, has profound health, economic and social benefits for families and communities, including mitigating the impact of population dynamics on natural resources.

Family planning can most directly affect food security through its impact on population growth, which determines the size of a country's population and consequently the demand for food and services. Globally, the world's population is projected to rise from 7.3 billion in 2015 to approximately 9.7 billion in 2050, which will significantly increase the demand for food worldwide (UN 2015). As part of this projection, the population of the 48 least-developed countries is expected to double by 2050 – increasing the demand for food particularly in areas already experiencing food insecurity. By 2100, 10 African countries are projected to have increased their populations by at least a factor of 5: Angola, Burundi, Democratic Republic of Congo, Malawi, Mali, Niger, Somalia, Uganda, United Republic of Tanzania, and Zambia, placing severe pressure on natural resources, including land and water, health and social services, and increasing the gap between food availability and food demand (UN 2015). Countries like Ethiopia and Rwanda are already experiencing the effects of rapid population growth with increasing numbers of people cultivating land with poor production potential and dividing already small land holdings among many family members.

Forty-one percent of the world's pregnancies are unintended. Enabling individuals to choose the number and spacing of their children and to space pregnancies at healthier intervals will help to mitigate these problems and reduce the gaps projected between demand for food and crops produced. Expanded access to and use of family planning can play a major role in reducing population growth, hunger, and malnutrition (Singh 2012).

Household Level

Poor households typically face the multiple burdens of unmet need for family planning, larger family size than desired, and inadequate resources to provide sufficient quantity and quality of nutritious foods to meet the needs of their families. Poverty is both a cause and consequence of limited access to family planning. Poorer households are less likely to have access to family planning. They also spend a larger percentage of their income on food yet spend less money on food per capita than higher income families.

Individual Level

The evidence is clear that preventing high-risk and unintended pregnancies can have a direct impact on maternal, child, and adolescent nutrition: childbearing that is too early, too often, or too late has a direct impact on birth outcomes and the nutritional and health status of both the mother and child (Dewey K.G. 2007, Rutstein 2014, Naik 2015).

- When intervals between births are too short, mothers may be at risk of undernutrition, resulting in negative changes in maternal weight and body mass index and increased risk of anemia and other micronutrient deficiencies. Poor maternal nutrition leads to poor birth outcomes.
- Short pregnancy intervals are associated with increased risk of infants being born preterm, small-for-gestational age, and with low birth weight, all of which are associated with key indicators of childhood undernutrition, including wasting, stunting, underweight, and anemia.
- Spacing births too closely can also affect nutrition outcomes of all children in the family when the mother's ability to adequately care for and feed her children is compromised due to too many young children to breastfeed at one time and lack of time and resources to provide adequate nutritious food and care for all children.
- Adolescent pregnancy can result in adverse nutritional outcomes for both the mother and the fetus, with increased risk of adverse perinatal outcomes such as preterm birth, low birth weight, and small-for-gestational age. DHS data analysis from 55 low- and middle-income countries indicate the relative risk of poor child health and nutrition outcomes to be highest for teen mothers, with increased risk of stunting, underweight, and moderate anemia (MacQuarrie 2014).

Pregnancy, breastfeeding, and childcare all affect women's opportunities for educational attainment, participation in the labor force, and subsequent social mobility. The ability to choose the number and spacing of children can lead the way to improvements in women's status and empowerment through increased time to participate in the labor force, stay in school longer and attain increased education levels, and participate in community and political activities. These actions also facilitate a woman's ability to increase income, provide nutritious foods and basic services for her family, and improve healthcare seeking behaviors for herself and her children (Naik 2015).

STEPS TO IMPROVING SYNERGIES: NUTRITION, FOOD SECURITY, AND FAMILY PLANNING PROGRAMS

Too often nutrition, food security, and family planning have been addressed through vertical programs with little cross-sectoral dialogue at the policy, strategic, funding, or program implementation levels. Below are recommendations based on current promising practices that can increase linkages and synergies across programs and ultimately improve the health and nutrition outcomes for countries.

I. Analyses, Strategies, and Policy Dialogue

Conduct Robust Analysis of the Impact of Population Growth and Family Planning on Nutrition and Food Security: Robust analyses and advocacy/communications strategies can promote improved understanding, funding, and

actions to address the link between family planning, population growth, and all four pillars of food security and use these results to design multi-sectoral programs to achieve optimum nutrition results. Population projections by country are made by the United Nations each year; however, analyses that link these projections to nutrition and food security are not always conducted or disseminated widely. USAID has taken the lead in a number of countries such as Rwanda and Tanzania to fund assessments and tools like the RAPID Model, which is a computer-based tool that demonstrates the effects of rapid population growth on different sectors including agriculture and economic growth. PROFILES, a similar type of advocacy tool, consists of a set of computer-based models that calculate consequences if malnutrition does not improve over a defined time period and the benefits of improved nutrition over the same time period, including lives saved, disabilities averted, human capital gains, and economic productivity gains.

Incorporate Sector Linkages in Country Development Cooperation Strategies (CDCS): It is very important that the linkages between voluntary family planning, nutrition, and food security be included in the development of U.S. Government Country Development Cooperation Strategies that support host government development strategies in the various sectors, particularly for the agriculture, food security, and health sectors. A recent example is the Tanzania CDCS, in which family planning is placed in the economic growth intermediate result because of its strong connection to both agriculture and economic development. Because family planning has a direct impact on maternal and child health outcomes, the linkages among these multiple sectors are identified throughout the CDCS.

Implement Policy Dialogue: As part of USAID’s leadership, USAID can advocate with host governments and other donors to increase investments in voluntary family planning as an important component of a country’s food security strategy, based on good analyses of demographic impacts on food production, availability, and consumption.

II. Integration of Nutrition, Food Security, and Family Planning Programs

Researchers from the FANTA III project recently conducted a review of more than 102 interventions in which family planning activities were integrated with food security and/or nutrition interventions. Three types of family planning activities were identified among these integrated models: 1) family planning education; 2) family planning education and counseling; and 3) family planning education, counseling, and commodity provision. Referrals to family planning services were included within programs found in all three models. The following lessons and recommendations, drawn from this review and other experiences globally, can contribute to improved integration of nutrition, food security, and family planning.

Approach	Rationale	Best Practices and Examples of Integrated Programming
Building bridges across sector projects and activities	<p>Growing evidence suggests targeting nutrition-specific and nutrition-sensitive interventions, including family planning, to the same populations will improve nutrition results including stunting reduction.</p> <p>Traditional USAID project models supported by one funding stream pose a number of obstacles to providing coordinated/integrated services. Therefore, funding that supports the integration of family planning and food security and nutrition efforts is encouraged to increase synergies of financial, technical, and human resources and achieve optimal impact.</p>	<p>Co-locate/overlay in the same geographical areas separate projects that deliver nutrition, food security, and family planning and ensure that they are reaching the same populations;</p> <p>Integrate voluntary family planning within nutrition and food security projects from the start of a new program design.</p> <p>Use program platforms across sectors to deliver consistent family planning and nutrition education and referral recommendations;</p> <p>Suaahara in Nepal has developed one integrated project mechanism that delivers family planning, nutrition and food security/agriculture services to the same populations.</p>
Building on existing platforms	<p>An existing program infrastructure facilitates expanding services; helps</p>	<p>USAID/Rwanda’s Coffee Value Chain project provides family planning messages to women</p>

	<p>reduce program costs, (transport, training, and personnel); and can achieve more rapid results. Ongoing services typically build trust and prepare communities to benefit from the cumulative effect of a broad spectrum of services.</p> <p>Leveraging existing convening mechanisms (farmer field days, nutrition weeks, rally posts, and growth monitoring and promotion sessions) and community structures (peer-to-peer support groups and producer groups) that have already demonstrated success in effectively bringing people together at an established time and place facilitates the addition of services such as family planning. Using program platforms across sectors to deliver consistent family planning and nutrition education and referrals is an efficient way of doing business.</p>	<p>working at coffee processing cooperatives, as well those participating in value chain-supported savings groups.</p> <p>The World Vision/Haiti Title II development food assistance project, Sak Plen, integrates family planning into a food security and nutrition program using an existing community network. The Community Health Promoters (CHP) contribute to improving access to health services and strengthening the health system. Mothers' Clubs and home visits were effective in facilitating understanding of family planning due to the interactive nature of these contacts between the CHPs and the beneficiaries. During the program, the use of modern family planning methods increased from 43 percent to 58.3 percent.</p> <p>Farmer field days in Kenya were used for both exhibiting and teaching about the use of new agricultural products. At the same time, voluntary family planning education and services were provided by trained providers.</p>
<p>Targeting the first 1,000 days</p>	<p>Focusing on the 1,000-day period (from a mother's pregnancy until the child's second birthday) through a continuum-of-care model allows programs to reach mothers at a critical period for both nutrition and family planning.</p>	<p>USAID/India's Child Survival program uses a life-cycle approach where key nutrition and voluntary family planning messages are bundled, timed, and targeted to reach families – three visits during pregnancy, one after childbirth, and three during infancy.</p> <p>Ethiopia's Health Extension Program provides both voluntary family planning and nutrition interventions to pregnant and lactating women and children under two through pre- and postnatal care and well-child services.</p> <p>The Lactation Amenorrhea Method is a modern, postpartum, temporary family planning method that supports exclusive breastfeeding, while at the same time providing family planning protection for mothers to extend birth intervals, thus promoting both maternal and child survival.</p>
<p>Working at both the community and facility levels, including home visits</p>	<p>Working both in the community and local health facilities integration by reinforcing consistent nutrition and family planning messages and meeting increased demand generated at the community level.</p>	<p>The Maternal, Infant, and Young Child and Family Planning (MIYCN-FP) Integration Demonstration Program in Kenya was implemented in six health facilities and affiliated communities. All clients visiting maternal and child health clinics receive MIYCN-FP integrated messages and services at</p>

	<p>Home visits offer an opportunity for nutrition and family planning counseling to be tailored to individual needs and also to target and involve family members who influence the uptake of nutrition and family planning practices promoted by the program.</p>	<p>antenatal, intra-partum, postnatal, family planning, and child health visits.</p> <p>The Feed the Future program in Uganda trained community health workers to deliver behavior change messages on the Essential Nutrition Actions; pregnancy spacing, referrals for family planning, water, sanitation and hygiene, and dietary diversity.</p> <p>Many USAID health programs (including HIV and AIDS, nutrition, and family planning) support home visits and/or use the model household approach for changing behavior. Programs should be determining priority messages and assure reinforcement of key behaviors.</p>
Engaging youth	<p>Reaching youth with reproductive health services is a priority and a challenge in many countries. Integrating reproductive health, including family planning, within broader livelihoods and conservation context can increase engagement and motivation of youth. The importance of engaging and addressing the needs of youth is recognized as a primary objective of USAID's 2012 <i>Youth in Development Policy</i>. The policy calls for Agency officers to mainstream, integrate, and invest in youth to yield success, scale, and sustainability across USAID core initiatives and priorities.</p>	<p>Schools, employment/livelihood, and agriculture forums provide opportunities to reach and engage youth.</p> <p>World Wildlife Fund's Successful Communities from Ridge to Reef program in Kenya integrated family planning and reproductive health messages into its existing Conservation Education and Awareness Program, which targeted youth groups, local school curriculums, community meetings, and sermons at mosques.</p>
Integrating gender into the program: engaging men and empowering women	<p>Integrated programs report that addressing factors related to gender was a critical component to overcoming barriers women face, not only to using family planning, but also to reaching their full potential in the agricultural and economic sectors. Male resistance was often identified as a barrier to program implementation, while male engagement or male endorsement was found to facilitate or promote improved family planning outcomes.</p>	<p>Most Feed the Future projects have women's empowerment components that include access to agricultural inputs, credit, and savings groups, as well as male engagement regarding women roles. These activities may offer opportunities to incorporate information and support for family planning – whether by directly providing methods or facilitating referral to existing services.</p> <p>USAID/Ethiopia, Kenya, and Uganda have approaches that engage men in integrated family planning activities.</p>
Beyond Social and Behavior Change Communication: Ensuring a regular supply of commodities	<p>Availability of a regular supply of family planning commodities in the community is critical to the success of family planning integration efforts. Establishing or linking to a community-based distribution system was found to be key to increasing family planning access and integration efforts.</p>	<p>USAID/Mali supported the National Plus Program, an integrated family planning, health and nutrition program that improved family planning outcomes and effectively tracked referrals and new acceptors. Contraceptive distribution was a key component of the program.</p>

<p>Incorporating referral systems for family planning services into integrated programs and strengthening with improved monitoring.</p>	<p>Referral for services and commodities are often provided when family planning integration is limited to education and counseling. Clients are also referred to health facilities for long-acting and permanent methods when community-based providers are authorized to only provide certain types of methods, such as condoms, pills, and injectables.</p>	
<p>Staff experience, training, and incentives across sectors</p>	<p>Inadequate staff numbers (high client/provider ratios) and lack of incentives for volunteers are common problems identified in integrated programs. Having motivated and adequately compensated program staff can facilitate integration of a new program element like family planning, especially in the case of actual or perceived heavy workloads.</p>	<p>In the Balanced Pwani Project in Tanzania, training savings and credit cooperative society members as Population/Health/Environment peer educators and training Ministry of Health community-based distributors (CBDs) in savings and conservation activities, such as beekeeping and other alternative livelihoods activities, facilitated a “more integrated whole-system approach.” This approach facilitated more people, providing consistent integrated messages and resulted in a low dropout rate of the volunteers (92 percent of the volunteer CBDs and 88 percent of the peer educators remained active throughout the Program).</p>
<p>Strengthening data collection, monitoring evaluation, and rigorous research to improve effectiveness of current and future integrated programs</p>	<p>The approach and levels of family planning integrated into broader platforms will depend on numerous factors within the particular context in which they will be implemented. Robust formative research will provide the information needed to assess how to best incorporate family planning. Stronger monitoring, evaluation, and research that evaluates the impact of incorporating family planning into food security and nutrition programming will enable current programs to adapt and improve the effectiveness of these activities, as well as provide lessons for future programming.</p>	<p>The FANTA 2015 “Desk Review of Programs Integrating Family Planning with Food Security and Nutrition” provides an excellent overview of the evidence available regarding the impact of integrated nutrition and family planning programs and the need to improve research to better document the impact of integration. Voluntary family planning and nutrition programs in Nepal (Suaahara), Rwanda (Integrated Nutrition and WASH), and Madagascar (Environmental and Health Project) have improved monitoring of nutrition and family planning activities.</p>

TECHNICAL RESOURCES

- Health Policy Project (HPP) Impacts of Family Planning on Nutrition; and Impacts of Family Planning on Food Security: <http://www.healthpolicyproject.com/index.cfm?id=%20publications&get=pubID&pubID=690> (full reports and briefs)

- Food and Nutrition Technical Assistance (FANTA III) Project; Desk Review of Programs Integrating Family Planning with Food Security and Nutrition :<http://www.fantaproject.org/focus-areas/food-security/desk-review-programs-integrating-family-planning-food-security-and-nutrition>
- IDEA: Informing Decisionmakers to Act; ENGAGE video: <http://www.prb.org/Multimedia/Video/2015/engage-fp-nutrition-foodsecurity.aspx>
- MIYCN-FP Integration Toolkit: <https://www.k4health.org/toolkits/miycn-fp>
- RAPIDhttp://www.healthpolicyinitiative.com/Publications/Documents/808_I_RAPID_Model_Handout_FINAL_July_2009_acc2.pdf

REFERENCES

Dewey, K.G., and R.J. Cohen 2007. “Does Birthspacing Affect Maternal or Child Nutrition Status? A Systematic Literature Review.” *Maternal & Child Nutrition* 3(3): 151-173

Food and Nutrition Technical Assistance III Project. January 2015; *Advocacy to Reduce Malnutrition: Using PROFILES and Nutrition Costing*, Washington, DC. 2015.

MacQuarrie, Kerry L.D. 2014. *Unmet Need for Family Planning among Young Women: Levels and Trends*. DHS Comparative Reports No. 34. Rockville, Maryland, USA: ICF International. See more at: <http://dhsprogram.com/publications/publication-CR34-Comparative-Reports.cfm#sthash.GHaKF6Xh.dpuf>.

Mogelgaard, K. 2013. Accessed at: <http://www.newsecuritybeat.org/2013/08/faster-than-expected-population-growth-fused-future-countries/>.

[Naik Reshma and Rhonda Smith, 2015. “Family Planning Improves Nutrition: Evidence from Studies in Low- and Middle-Income Countries. Brief: Health Policy Project, Washington, DC.](#)

[Rutstein, S. and Winter, R. 2014. “The Effects of Fertility Behavior on Child Survival and Child Nutrition Status; Evidence from the Demographic and Health Surveys, 2006 to 2012.” DHS Analytical Studies 37. Calverton, MD; ICF International.](#)

Singh, S.; Darroch, J.E.; Ashford, L.S.; and Vlassof, M. 2009. *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*. New York: Guttmacher Institute and United Nations Population Fund.

Staff Experience and Training text box: BALANCED Project. 2013. “PHE Lessons Learned from the BALANCED Project.” In *BALANCED Newsletter*. Rhode Island: Coastal Resources Center. Accessed from: <https://www.k4health.org/toolkits/phe/phe-lessons-learned-balanced-project>.

United Nations World Population Prospects. *Key Findings and Advance Tables*, United Nations, New York. 2015.

USAID Youth Policy: http://www.usaid.gov/sites/default/files/documents/1870/Youth_in_Development_Policy_0.pdf.

USAID Gender Equality and Women’s Empowerment Policy: <http://www.usaid.gov/what-we-do/gender-equality-and-womens-empowerment/addressing-gender-programming>.

This Technical Brief will be periodically updated. Comments from readers are welcome, especially comments to help clarify the information provided or where additional information may be useful (last updated May 2016).