

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

### INTRODUCTION

MIYCN and FP services are equally concerned with the health and well-being of mothers and young children. Because the timing of MIYCN and FP messages and services overlap and because there is a documented relationship between short birth intervals and stunting in children, these services should be integrated in order to address clients' needs in a comprehensive and holistic way. Integrated service delivery requires a robust monitoring and evaluation (M&E) system to assess the effects on both MIYCN and FP services within the larger health system and on related individual behaviors. An M&E system includes appropriate indicators, regular data collection and analysis, and timely reporting to decision-makers and stakeholders. Staff implementing integrated programs should monitor key indicators for MIYCN and FP on a regular basis and then use this information to refine programs and to inform policy makers. Using evidence generated from a reliable M&E system to improve program implementation will ultimately improve the effectiveness of integrated services.

### PRIORITY QUESTIONS

The M&E of integrated MIYCN and FP services seeks to answer the following questions:

1. How does integration affect clients?

Program implementers want to ensure that clients benefit from integration and, conversely, that integration does not harm clients. Monitoring the *process* of service delivery, including the quality, timing, and location of services, as well as the *outcome* of service delivery, including client behaviors and use of services will provide those answers.

2. How does integration affect the health system?

Program implementers want to ensure that health service providers are capable of providing integrated services, can maintain accurate and complete records about service delivery, and have support for their efforts. They also want to know about any efficiencies or inefficiencies that are created by integrating services and if the benefits outweigh the costs. There may be additional questions related to managing FP commodities in different contexts. Finally, program implementers and partners want to know if the system could likely maintain integrated service delivery in the absence of external support.

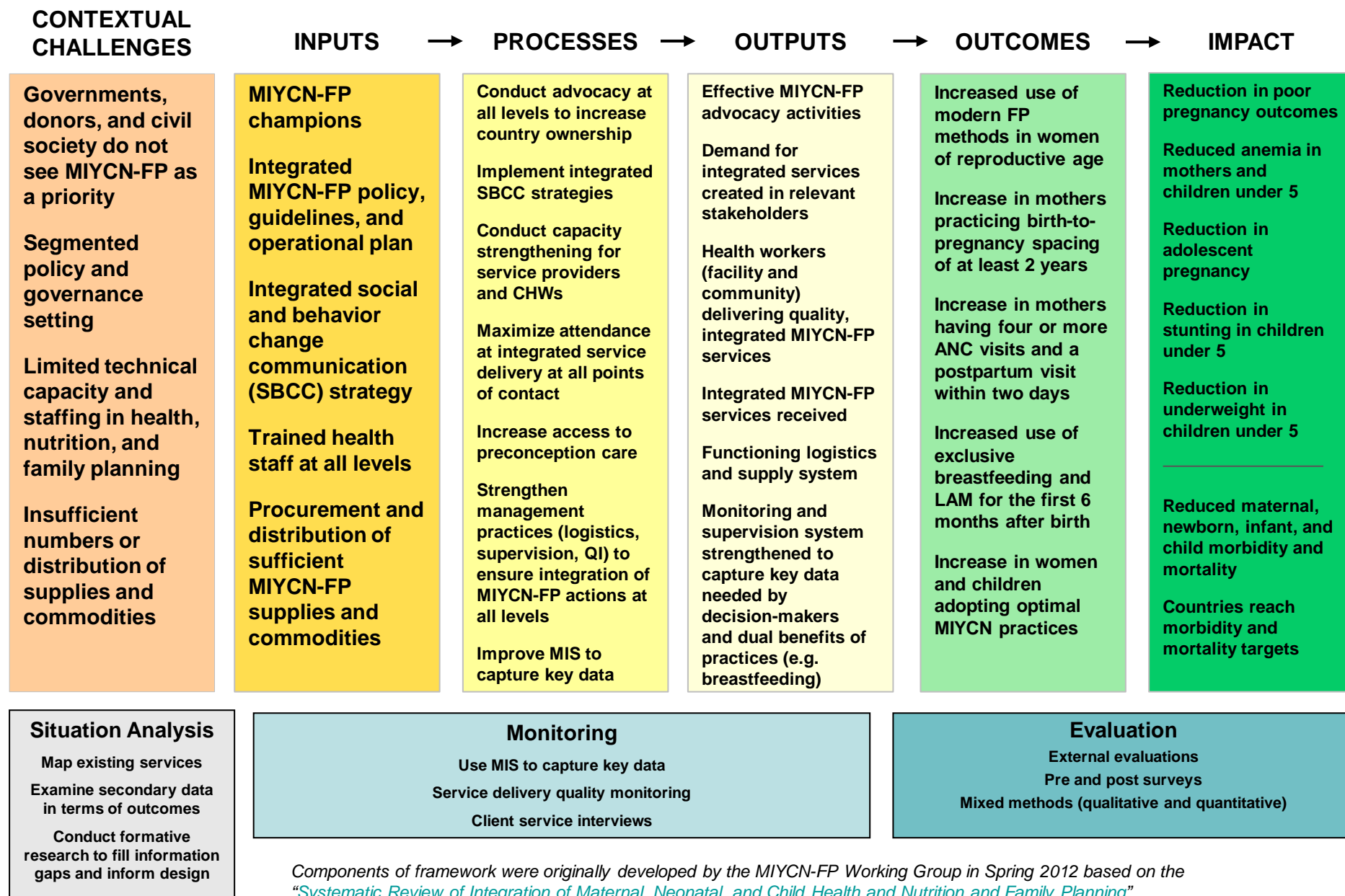
### M&E LOGICAL FRAMEWORK

This logic model was developed by the MIYCN-FP Technical Working Group. It describes the relationship among contextual challenges, inputs, processes, outputs, outcomes, and impact in integrated MIYCN and FP services:

- A *situation analysis* will inform program planners of *contextual challenges* which could include potential systemic barriers to integrating MIYCN and FP services.
- Those challenges then inform program-specific *inputs* which include programmatic guidance and strategies, personnel, and logistics. With those inputs, program staff can implement *processes* including advocacy, SBCC, and capacity strengthening activities while increasing access to efficient services and strengthening management practices. Those processes are anticipated to produce *outputs* including increased demand for and delivery of integrated services, with supportive advocacy, logistics and M&E systems.
- The outputs will lead to certain MIYCN and FP *outcomes* including increased use of modern FP methods, birth spacing, exclusive breastfeeding (EBF), and optimal MIYCN practices. The ultimate *impact* will be reduced maternal, infant, and child morbidity and mortality through a reduction in poor pregnancy outcomes, adolescent pregnancy, stunting and underweight children.

# LOGIC MODEL FOR INTEGRATED MATERNAL, INFANT, YOUNG CHILD NUTRITION-FAMILY PLANNING SERVICES

DEC 2014



Components of framework were originally developed by the MIYCN-FP Working Group in Spring 2012 based on the [“Systematic Review of Integration of Maternal, Neonatal, and Child Health and Nutrition and Family Planning”](#)

Regular program *monitoring* will capture information about inputs, process, and outputs and sound *evaluation* will provide evidence regarding outcomes and impact. Table 1 contains a minimal list of suggested indicators for FP and MIYCN integrated service delivery.

**Table 1. Minimal List of Suggested Indicators for M&E of MIYCN and FP Integrated Service Delivery<sup>1</sup>**

	Indicator	Numerator	Denominator	Data Source
<b>Outputs<sup>2</sup></b>				
1	Percentage of ANC clients provided iron-folic acid, IPTp (in malaria endemic areas only) and mebendazole, and given information about a healthy diet, EBF, LAM, and other FP options	Number of ANC clients who received iron-folic acid and mebendazole and were given information about a healthy diet, EBF, LAM, and other FP options	Number of ANC clients	Health facility records
2	Percentage of PNC clients counseled on maintaining a healthy diet, EBF, LAM, and other FP options	Number of PNC clients counseled on maintaining a healthy diet EBF, LAM, and other FP options	Number of PNC clients	Health facility records
3	Percentage of mothers given information about FP options during well-child visits	Number of mothers given information about FP options during well-child visits	Number of mothers attending well-child visits	Health facility records
<b>Outcomes</b>				
4	Percentage of infants aged 0-5 months who were given only breast milk in the 24 hours preceding survey	Number of infants aged 0-5 months who were given only breast milk in the 24 hours preceding survey	All infants aged 0 – 5 months in the survey	Household survey
5	Percentage of infants and young children aged 6-23 months receiving a minimum acceptable diet	Number of infants and young children aged 6-23 months receiving a minimum acceptable diet	All infants aged 6 – 23 months in the survey	Household survey
6	Percentage of mothers of children age 0-23 months who had four or more antenatal visits when they were pregnant with the youngest child	Number of mothers of children age 0-23 months who had four or more antenatal visits when they were pregnant with the youngest child	All mothers of children aged 0 – 23 months in the survey	Household survey
7	Percentage of mothers of children aged 0-23 months who received a post-partum visit from an appropriate trained health worker within two days after the birth of the youngest child	Number of mothers of children aged 0-23 months who received a post-partum visit from an appropriate trained health worker within two days after the birth of the youngest child	All mothers of children aged 0 – 23 months in the survey	Household survey
8	Percentage of mothers of children aged 0-23 months who are using a modern contraceptive method	Number of mothers of children aged 0-23 months who are using a modern contraceptive method	All mothers of children aged 0 – 23 months in the survey	Household survey
9	Percentage of children aged 0-23 months who were born at least 36 months after the previous surviving child	Number of children aged 0-23 months whose birth date is at least 36 months after the previous surviving child	All children aged 0 – 23 months in the survey	Household survey

<sup>1</sup> Survey questionnaires and indicator tabulation plans can be found at [http://www.mchipngo.net/controllers/link.cfc?method=tools\\_mande](http://www.mchipngo.net/controllers/link.cfc?method=tools_mande)

<sup>2</sup> Program teams will need to define a reasonable measurement period for these indicators, e.g. in the past three months.

	Indicator	Numerator	Denominator	Data Source
	<b>Impact</b>			
10	Percentage of children under two years of age whose height-for-age is less than two standard deviations below the median height-for-age of WHO Child Growth Standards	Number of children under two years of age whose height-for-age is less than two standard deviations below the median height-for-age of WHO Child Growth Standards	All children aged 0 – 23 months in the survey	Household survey
11	Percentage of children aged 0-23 months who are less than two standard deviations below the median weight-for-age of WHO Child Growth Standards	Number of children aged 0-23 months who are less than two standard deviations below the median weight-for-age of WHO Child Growth Standards	All children aged 0 – 23 months in the survey	Household survey
12	Percentage of mothers of children aged 0 – 23 months with a low mid-upper arm circumference	Number of mothers of children aged 0 – 23 months who have a mid-upper arm circumference less than 22.5 cm	All mothers of children aged 0-23 months in the survey	Household survey

***Developed by the MIYCN-FP Integration Technical Working Group***

For more information on MIYCN-FP,  
please visit the Toolkit at:

<http://www.k4health.org/toolkits/miycn-fp>

To join the MIYCN-FP Online Community of Practice, please visit:

<https://knowledge-gateway.org/miycnfp>