**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 policymakers. 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 FRAMEWORK**

This framework 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.
CONCEPTUAL FRAMEWORK FOR INTEGRATED MATERNAL, INFANT, YOUNG CHILD NUTRITION-FAMILY PLANNING SERVICES

MAY 2014

CONTEXTUAL CHALLENGES

Governments, donors, and civil society do not see MIYCN-FP as a priority
Segmented policy and governance setting
Limited technical capacity and staffing in health, nutrition, and family planning
Insufficient numbers or distribution of supplies and commodities

INPUTS

MIYCN-FP champions
Integrated MIYCN-FP policy, guidelines, and operational plan
Integrated social and behavior change communication (SBCC) strategy
Trained health staff at all levels
Procurement and distribution of sufficient MIYCN-FP supplies and commodities

PROCESSES

Conduct advocacy at all levels to increase country ownership
Implement integrated SBCC strategies
Conduct capacity strengthening for service providers and CHWs
Maximize attendance at integrated service delivery at all points of contact
Increase access to preconception care
Strengthen management practices (logistics, supervision, QI) to ensure integration of MIYCN-FP actions at all levels
Improve MIS to capture key data

OUTPUTS

Effective MIYCN-FP advocacy activities
Demand for integrated services created in relevant stakeholders
Health workers (facility and community) delivering quality, integrated MIYCN-FP services
Integrated MIYCN-FP services received
Functioning logistics and supply system
Monitoring and supervision system strengthened to capture key data needed by decision-makers and dual benefits of practices (e.g. breastfeeding)

OUTCOMES

Increased use of modern FP methods in women of reproductive age
Increase in mothers practicing birth-to-pregnancy spacing of at least 2 years
Increase in mothers having four or more ANC visits and a postpartum visit within two days
Increased use of exclusive breastfeeding and LAM for the first 6 months after birth
Increase in women and children adopting optimal MIYCN practices

IMPACT

Reduction in poor pregnancy outcomes
Reduced anemia in mothers and children under 5
Reduction in adolescent pregnancy
Reduction in stunting in children under 5
Reduction in underweight in children under 5

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outputs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>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</td>
<td>Number of ANC clients</td>
<td>Health facility records</td>
</tr>
<tr>
<td>2 Percentage of PNC clients counseled on maintaining a healthy diet, EBF, LAM, and other FP options</td>
<td>Number of PNC clients counseled on maintaining a healthy diet EBF, LAM, and other FP options</td>
<td>Number of PNC clients</td>
<td>Health facility records</td>
</tr>
<tr>
<td>3 Percentage of mothers given information about FP options during well-child visits</td>
<td>Number of mothers given information about FP options during well-child visits</td>
<td>Number of mothers attending well-child visits</td>
<td>Health facility records</td>
</tr>
<tr>
<td>Outcomes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Percentage of infants aged 0-5 months who were given only breast milk in the 24 hours preceding survey</td>
<td>Number of infants aged 0-5 months who were given only breast milk in the 24 hours preceding survey</td>
<td>All infants aged 0 – 5 months in the survey</td>
<td>Household survey</td>
</tr>
<tr>
<td>5 Percentage of infants and young children aged 6-23 months receiving a minimum acceptable diet</td>
<td>Number of infants and young children aged 6-23 months receiving a minimum acceptable diet</td>
<td>All infants aged 6 – 23 months in the survey</td>
<td>Household survey</td>
</tr>
<tr>
<td>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</td>
<td>Number of mothers of children age 0-23 months who had four or more antenatal visits when they were pregnant with the youngest child</td>
<td>All mothers of children aged 0 – 23 months in the survey</td>
<td>Household survey</td>
</tr>
<tr>
<td>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</td>
<td>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</td>
<td>All mothers of children aged 0 – 23 months in the survey</td>
<td>Household survey</td>
</tr>
<tr>
<td>8 Percentage of mothers of children aged 0-23 months who are using a modern contraceptive method</td>
<td>Number of mothers of children aged 0-23 months who are using a modern contraceptive method</td>
<td>All mothers of children aged 0 – 23 months in the survey</td>
<td>Household survey</td>
</tr>
<tr>
<td>9 Percentage of children aged 0-23 months who were born at least 36 months after the previous surviving child</td>
<td>Number of children aged 0-23 months whose birth date is at least 36 months after the previous surviving child</td>
<td>All children aged 0 – 23 months in the survey</td>
<td>Household survey</td>
</tr>
</tbody>
</table>

1 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)

2 Program teams will need to define a reasonable measurement period for these indicators, e.g. in the past three months.
<table>
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<th>Data Source</th>
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</thead>
<tbody>
<tr>
<td>Percentage of children under two years of age whose height-for-age is</td>
<td>Number of children under two years of age whose height-for-age is less</td>
<td>All children aged 0 – 23 months in the survey</td>
<td>Household survey</td>
</tr>
<tr>
<td>less than two standard deviations below the median height-for-age of</td>
<td>than two standard deviations below the median height-for-age of WHO Child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WHO Child Growth Standards</td>
<td>Growth Standards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11  Percentage of children aged 0-23 months who are less than two</td>
<td>Number of children aged 0-23 months who are less than two standard</td>
<td>All children aged 0 – 23 months in the survey</td>
<td>Household survey</td>
</tr>
<tr>
<td>standard deviations below the median weight-for-age of WHO Child Growth</td>
<td>deviations below the median weight-for-age of WHO Child Growth Standards</td>
<td></td>
<td></td>
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<tr>
<td>Standards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12  Percentage of mothers of children aged 0 – 23 months with a low</td>
<td>Number of mothers of children aged 0 – 23 months who have a mid-upper</td>
<td>All mothers of children aged 0-23 months in the survey</td>
<td>Household survey</td>
</tr>
<tr>
<td>mid-upper arm circumference</td>
<td>arm circumference less than 22.5 cm</td>
<td></td>
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</tbody>
</table>

**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