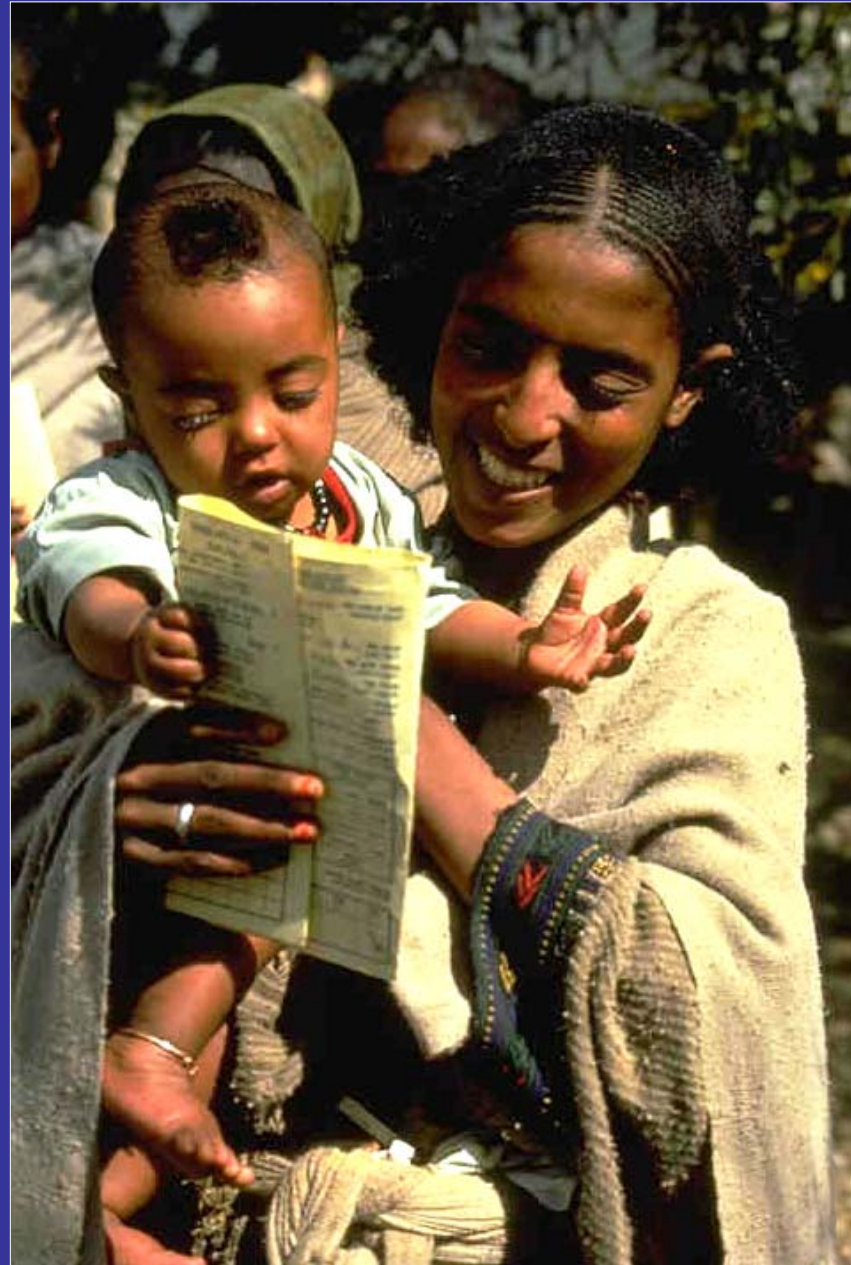


# Presentation 9.1

## Monitoring & Evaluation for ENA: Experiences from the Field



## Theme 9 Learning Objectives:

By the end of the activity, we shall be able to:

- Definition of key infant feeding indicators and the way in which they are collected (24 hour recall)
- Describe two major types of indicators: impact and process
- Describe four components of a M/E system

# Presentation 9.1:

- ENA Impact Indicators
- ENA Process Indicators
- Multi-pronged M/E Strategy
- Lessons learned



# ENA Impact Indicators

- Globally recognized indicators with standard calculations
- Indicators now under review by global experts (especially complementary feeding)

# Impact Indicators [1]

## Example of ENA Impact indicators:

- ✓ Timely Initiation of Breastfeeding rate (within 1 hr birth)
- ✓ Exclusive Breastfeeding (infants 0-6 months)
- ✓ Timely Introduction of Complementary Feeding (infants 6-<10 months)
- ✓ Number of complementary feedings of infants 6-<10 months)
- ✓ Feeding during & after illness (children) (same or more)

# Impact Indicators [2]

## Example of ENA Impact indicators (cont'd):

- ✓ Intake of Vitamin A capsules (children & women)
- ✓ Intake of iron or IFA tablets (children & women)
- ✓ Intake of iodized salt
  
- ✓ Food intake by women during pregnancy & lactation (??  
Indicator)

# Definition of Impact Indicators [3]

## Timely Initiation of Breastfeeding Rate:

# of infants 0 to <12 months put to  
breast within one hour of birth

**X 100**

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Total # of infants 0 to <12 months

# Definition of Impact Indicators [4]

## Exclusive Breastfeeding Rate: (24 hour recall)

# of infants 0 to <6 months

Exclusively breastfed

**X 100**

---

Total # of infants 0 to <6 months

# Definition of Impact Indicators [5]

## Timely Complementary Feeding Rate: (24 hour recall)

# of infants 6 to <10 months  
breastfeeding & receiving semi-solid/solid foods

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Total # of infants 6 to <10 months

**X 100**

# CF Indicator [6]

Problems with designing an indicator to measure adequacy of complementary feeding

## **FADUA**

Frequency

Adequacy

Density

Utilization

Active

# Operationalizing the Impact Indicators:

- Asking 'standard questions' in the surveys
  - Ensures comparability with WHO and DHS
- Entering, cleaning and coding the data
- Analyzing the data & calculating the indicators
  - Age categories
  - Standardize analysis
- The Goal: comparability of indicators within and across countries for global reporting

# Process Indicators

Process indicators reflect how well the program's activities are being implemented:

- # Health workers trained
- # Members of Women Groups trained
- # IEC materials distributed
- # Target groups exposed to key messages
- # Target groups able to repeat key messages
- # Radio spots broadcasted
- # nutrition coordination meetings/workshops carried out
- etc...

# Multi-pronged Data Collection Strategy

- 1.) Baseline & Endline Surveys: assessing impact
- 2.) Annual Rapid Assessment Surveys (RAPs)
- 3.) On-going monitoring of process indicators
- 4.) Special Studies of program interventions

# 1.) Baseline & Endline surveys...

- Full questionnaires with large sample sizes
- Focus on ENA Impact indicators
- Sample: households with women having children under 2 years
- Ensure consistency of questionnaires with key surveys carried out by other groups

## 2.) Annual RAPs ...[1]

- Annual program 'snap-shot' of progress being made on Intermediate Results:
  - Process indicators
  - Impact Indicators
- Low cost and quick to execute
  - Smaller sample size than baseline/endline
  - 3 week implementation period
  - smaller geographic area with purposeful sample selection

## 2.) Annual RAPs ... [2]

### Sample

- Smaller sample size but maintains statistical power
- Cluster sampling strategy
- Program communities and control communities chosen

### Quantitative & qualitative components

- Focus depends on changing programmatic themes each year

## 3.) On-going program monitoring...

- Monthly field reports from district field staff
- Routine process indicators:
  - Numbers of IEC materials ordered and distributed
  - Numbers of workshops held
  - Numbers of individuals trained by type of training

-

## 4.) Special Studies on Program Interventions: To re-orient and improve program as needed

[1]

1. Performance evaluation of target groups trained, Health Workers, community volunteers, members of Women Groups, ...
  - knowledge assessment in what they were trained;
  - observation of negotiation skills and use of IEC materials
2. Study on Women Groups:
  - how they operate...
  - constraints they face...

# M/E Lessons Learned [1]

- 1.) From the beginning, the M/E system should be part and parcel of the design of the overall program strategy;
- 2.) Process evaluation, RAP data, and lessons learned provide vital feedback to improve program management and implementation
- 3.) M&E data should be used throughout the program cycle by multiple stakeholders and partners
- 4.) Monitoring IYCF indicators requires precise information on age (correct to the month)

# M/E Lessons Learned [2]

- 5.) Use of 24 hour recall overestimates percentage of infants exclusively breastfed
- 6.) A single complementary feeding indicator give an incomplete picture of this complex behavior
- 7.) Infant feeding questions typically require more interviewer time and training than “yes” and “no”
- 8.) Consistency in indicators and measurement allows for comparability within country and across countries

# Thank You!

Appreciation to:

LINKAGES/Madagascar and DC M/E Teams

