SOUTH SUDAN NATIONAL CMAM COVERAGE WORKSHOP

17-18 SEPTEMBER 2014

WORKSHOP REPORT AND NATIONAL ACTION PLAN

COVERAGE MONITORING NETWORK

unicef

Global NUTRITION CLUSTER

Supported by:

USAID FROM THE AMERICAN PEOPLE

European Commission

SUMMARY

The second phase of the Coverage Monitoring Network was started in 2014. Focusing on nine priority countries in East and West Africa and Asia and operating until the end of 2015, the second phase aims to continue to measure CMAM coverage in each of the countries and to build the capacity of key stakeholders to undertake coverage assessments. It also goes beyond just diagnosing barriers to access in CMAM programmes and aims to work with the organisations it is supporting to plan key actions to boost coverage and secure organisational buy-in to see these actions implemented. One of the main barriers identified during Phase 1 was inadequate community mobilisation. As such the CMN has recruited Community Mobilisation Advisers to devise tailored community mobilisation strategies.

South Sudan is one of the CMN's priority countries for 2014/15. From 17-18th October 2014, a workshop was held in Juba with members of the nutrition cluster in the country. The workshop was organised by the nutrition cluster coordinator and facilitated by the CMN. The main objective of the workshop was to develop a country-specific action plan for scaling-up coverage assessments in Ethiopia for the forthcoming years.

A total of XX participants took part in the workshop, including CMN representatives, MoH staff, and representatives from XX different implementing agencies. A full list of participants and their contact information is available in Annex 2.

The objectives of the workshop were threefold;

1. To enable partners to plan, coordinate and evaluate the quality of coverage assessments

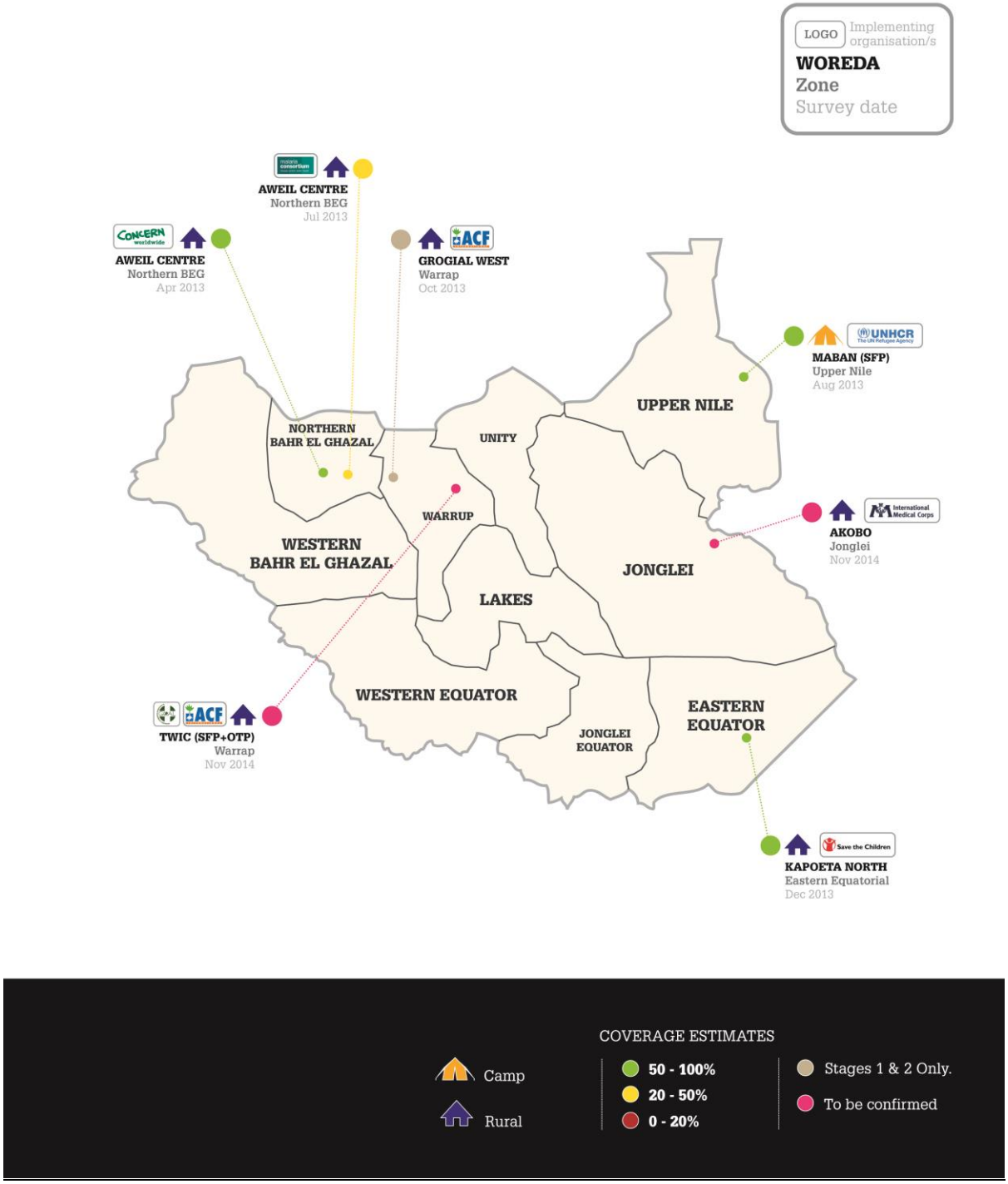
2. To jointly develop an understanding of existing technical capacities and opportunities for implementing coverage assessments in each country

3. To develop country-specific action plans for scaling-up/rolling-out coverage assessments

Presentations from the CMN focussed heavily on the first objective in order to build this capacity. The second objective was achieved through interactive mapping sessions and group discussions. The third and final objective underlined the workshop and was the result of interactive sessions of objective setting, resource allocation and time-frame planning. The Nutrition Cluster opened the workshop with a presentation on the current situation of AM in country demonstrating the impact of the recent crises on the caseload of AM. Those areas specifically affected by the crises have a very high prevalence of GAM. Nutrition activities in Unity state have been greatly affected by the conflict situation. Response is scattered, reactive and sometimes inconsistent due to insecurity, logistics as well as type of staff that should be in specific areas. Also a lack of predictability impacts upon the response. Currently the nutritional outlook of the country is a critical situation – namely the conflict affected states are most affected. Currently there are 49 partners in country dealing with AM.

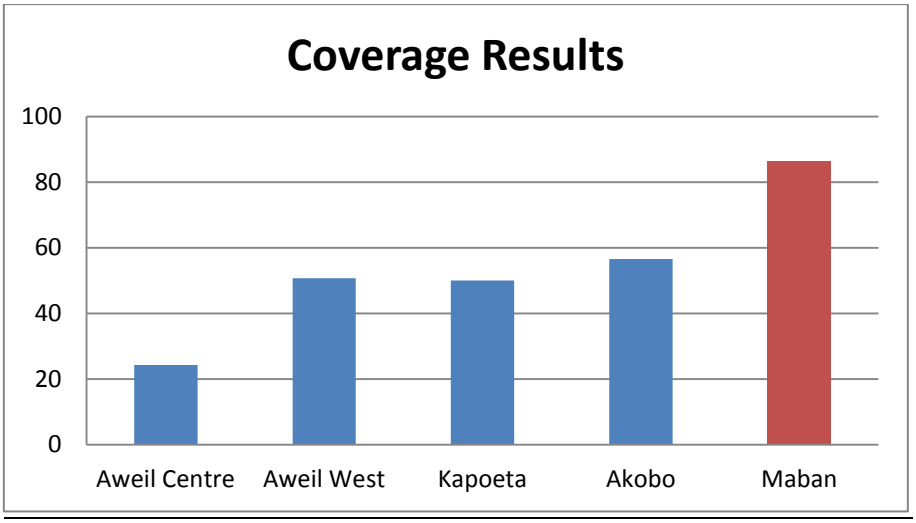
EXISTING COVERAGE ACTIVITIES:

Figure 1: Map of the locations of current and planned SQUEAC assessments



As the map above shows, there have been a fairly limited amount of SQUEAC assessments that have taken place to date in South Sudan. Figure 2 details the locations of these assessments and their coverage rates, where the blue denotes a rural setting and the red a camp setting.

Figure 2: Coverage Results for South Sudan to date



Unfortunately the limited amount of coverage data makes it very difficult to conclusively analyse trends in coverage. Generally speaking however, programmes are being able to achieve approximately 45% coverage in rural settings, and over 80% in camp settings.

NATIONAL AND REGIONAL PRIORITIES TO SCALE UP COVERAGE ASSESSMENTS

At key points during the workshop, participants were asked to think about and make note of where the priorities and gaps lie in relation to national and regional coverage assessments and local coverage assessments. They then added their notes to five thematic areas: Objectives, Timeline, Resources (financial), Capacity and Leadership.

Based on these notes from participants an action plan was developed taking in to consideration all five thematic areas. The key objectives were identified as the following:

- To get baseline information in order to identify gaps in service delivery
- To improve programme performance
- To identify barriers to access
- To inform evidence based decisions/programmatic planning
- Enhance regular monitoring of nutrition programmes

Activity	Location	Who	Existing Capacity	When
Set up Coverage Ambassadors who will lead on coverage activities in country[1]	Juba	Nut Cluster	n/a	Oct-14
Coverage assessment	Warrap	Goal, ACF	CMN will support implementation	Nov-14
SLEAC assessment	NBeG	ACF, Concern, WV	CMN will support implementation	Nov-14
Coverage assessment in UN Camp	Maban	Medair, IMC, SP, RI, Goal, UNHCR	CMN will support implementation	March – June-15
SLEAC State-wide assessment	Unity	Care, IRC, WR, SP, MSF	TBC	March – June-15

[1] The Coverage Ambassadors will consist of members from the following organisations: Medair, ACF, PSI, IMC, Goal, TF, CCM, SP, PLAN, UKEA, MoH, MC

SLEAC State-wide assessment	Jonglei	TF, SCI, IMC, CADA, KHI, ACF, CARE, JDF, HC	TBC	March – June-15
SQUEAC	Awerial	Plan, CCM, IMC, MoH	TBC	March – June-15
SQUEAC	Cuelbet	Plan, Moh, Brac	TBC	March – June-15
SQUEAC	Wau	PSI, MoH	TBC	March – June-15
SQUEAC	Budi Kotos	MoH	TBC	March – June-15

FACTORS AFFECTING COVERAGE AND COMMUNITY MOBILISATION SESSION

During the working groups on Day 2, participants worked in groups to review key barriers and boosters already encountered in their programmes and to determine where gaps were. Teams also worked to identify any proxy indicators that could be used in order to measure these barriers on a routine basis. The work of the groups was consolidated and summarised below:

Barriers to Programme Access:

- Traditional practices
- Distance
- Long waiting times
- Selling RUTF
- Awareness of the programme
- Seasonality (rainy season access)
- RUTF Stockout
- Insecurity
- Displacement
- Benef-Staff interface
- Gender imbalance for volunteers
- Staffing costs
- Scale up costs

Boosters to Programme Access:

- Good staff benef interface (good welcome)
- Good mobilisation
- Free services
- Consistent supply chain
- Relations with local authorities
- Good communication with benefs and communities.
- Pull factors (incentives – NFIs)
- Good recovery rates (and consequent positive feedback loops)
- Good referral system
- Integrated services
- Good accessibility
- Good coordination with other partners
- Long term funding

Proxy indicators for coverage:

- Traditional practices: admissions, MUAC at admission,
- Distance: time taken for benefs to reach HF, map admissions by village, how many new HF (or mobile teams / outreach programmes) are established,
- Long waiting times: exit interviews, people checking-in when they show up,
- Selling RUTF: market assessment / random checks,
- Awareness of the programme: screening data, admissions, rates of defaulters, self-referrals, early admissions (?)
- Seasonality (rainy season access): defaulters and admissions
- RUTF Stockout: how many weeks of stock out have you had in a month? (whichever measure of time works – is a simple Yes/No question)
- Insecurity: admissions / defaulter
- Displacement: admissions / defaulters
- Benef-Staff interface: defaulter rates
- Gender imbalance for volunteers: staff lists
- Scale up costs: number of facilities

How much is already being collected:

- Admissions
- Cured rates
- MUAC at admissions
- Admissions by distance
- Number of facilities
- Screening numbers

- Proportion of self-referrals – some still do not.
- Market – non systematic
- Exit interviews – non systematic
- Outreach – every week there are systematic reports from CVs

<u>Boosters that are not already incorporated in the above list:</u>

- Relations with local authorities – not reported
- Good communication with benefs and communities – not reported
- Good acceptability – how many days the OTP is open for
- Coordination with partners – number of referrals from partners

ANNEX 1: AGENDA

National CMAM coverage workshop

AGENDA: DAY ONE

TIMINGS	TOPIC	PRESENTER(S)
09.00 - 09.15	**Welcome**	CMN + UNICEF
09.15 - 09.30	**Objectives of Meeting and Presentation of Agenda**	CMN
09.30-10.00	**THE CURRENT SITUATION**	
	Severe Acute Malnutrition: - What is the scale of the problem? - What is the situation regarding SAM in country? - Where are services currently being provided? - Which organisations are supporting CMAM?	UNICEF
10.00 - 11.00	**NATIONAL / LARGE AREA OPTIONS FOR COVERAGE**	
	What methodology should we use? - S3M and SLEAC: An Overview of the Results and Methods and experiences in country - Q&A	CMN
11.00 - 11.15	**MORNING BREAK**	
11.15 – 13.00	**SLEAC:** - How to interpret Results? - What are the practical requirements? - Group Exercises	CMN
13.00 - 14.00	**LUNCH**	
14.00– 15.00	**SUB-NATIONAL COVERAGE ASSESSMENTS**	
	What are the existing coverage activities that have taken place in country? - Where have Coverage Assessments Taken Place? - What were the results of these Assessments? - What is the existing capacity?	Relevant organisations
15.30 – 16.00	**Mapping Exercise:** - Locating all coverage activities that have happened in country	CMN
16.00 – 17.00	**What methodologies should we use?** - SLEAC and SQUEAC	CMN

AGENDA: DAY TWO

TIMINGS	TOPIC	PRESENTER
09.00 – 09.30	**Recap of Day One**	CMN
09.30 – 10.45	**SQUEAC:** - What are the practical requirements of a SQUEAC? - How to ensure the quality of assessments	CMN
10.45 - 11.15	**MORNING BREAK**	
11.15 – 12.00	**Practical Exercises with SQUEAC**	CMN
12.00 - 12.45	**ROUTINE PROGRAMME DATA & COVERAGE MONITORING**	
	Proxy Measurements for Coverage: - Why is there the need for Coverage Monitoring? - What is the current research around this? - How will it look in practical terms?	CMN
12.45 – 13.45	**LUNCH**	
13.45 – 15.00	Trends in Barriers and Boosters to Programme Uptake Community Mobilisation Action Plans	CMN
15.00 – 17.00	**POLICY IMPLICATIONS & NEXT STEPS**	
	Developing a framework for coverage in country: - National / Large Area Options - Local Level Mapping of Capacity and Need	Nutrition Cluster

ANNEX 2: PARTICIPANT LIST

Name	Organisation	Email
Alemayehu Habtamu Tamene	RI	alemayehu.tamene@ri.org
ARAMAN MARK MUSA	SP	amusa@samaritan.org
Nawal Sadick.	COSV	cosv.nutcoordinator@gmail.com
Joel Makii	CARE	jmakii@ss.care.org
Demelash Habtie	CARE	DHabtie@ss.care.org
Mercy Laker	SP	MLaker@samaritan.org
Joseph Ogani	Kissito	joseph.ogani@kissito.org
Julia Joseph	GOAL	pjendia@ss.goal.ie
Frank Okello	GOAL	ofrank@ss.goal.ie
Karel Chromy (tentative)	GOAL	kchromy@ss.goal.ie
George Kirimi	TF	southsudan-nutadvisor@tearfund.org
Ratib Dricile	MC	d.ratib@malariaconsortium.org
Helen Martin	Plan	Hellen.Martin@plan-international.org
Joseph Duduka (Nutrition PM)	TF	yuai-nutpm@tearfund.org
Vallery Omondi	Mulrany	adhiambov@mulranyinternational.org
Hellen T joseph	ACEM	awadacemission@gmail.com
Lexon A Maku	ACEM	awadacemission@gmail.com
Joseph Kayanga	MAQDA	kjosophmacda@gmail.com
Robert Magezi	CCM	nutrition.warrap@ccm-italia.org
Lai Daniel	CCM	monitoring@ccm-italia.org
Patricia Ayebazibwe	CCM	ayebstricia@yahoo.com
Jogie Abucejo Agbogan	ACF	cmn.ssd@acf-international.org
Christine Muthoni	Medair	christine.muthoni@southsudan.medair.org
Tesfahun Daniel Jofore	Medair	monitoring-southsudan@medair.org
Kate Thanel	PSI	kthanel@psi-southsudan.org
Tiah Gumah	PSI	tgumah@psi-southsudan.org
David Lukadi	PSI	dlukadi@psi-southsudan.org
John Riek	CADA	Cada.development@gmail.com
Vera Lukalo	CADA	Cada.development@gmail.com
Suzanne Fuhrman	ACF	fieldco-set.ssd@acf-international.org
Bereket Madebo	SCI	Florence.njoroge@savethechildren.org

ANNEX 3: COVERAGE SURVEYS IN SOUTH SUDAN 2012-2014

SQUEAC SURVEYS						
COUNTY	**STATE**	**ORGANISATION**	**SURVEY DATE**	**CONTEXT**	**TYPE OF ESTIMATE**	**COVERAGE ESTIMATE**
Aweil Centre	Northern BEG	Malaria Consortium	Jul-13	Rural	Point	24.3
Aweil West	Northern BEG	Concern	Apr-13	Rural	Point	50.7
Grogial West	Warrap	ACF	Oct-13	Rural		St. 1+2
Twic	Warrap	ACF / GOAL	Nov-13	Rural		TBC
Kapoeta North	Eastern Equatoria	Save the Children	Dec-13	Rural	Point	50.0
Maban (SFP)	Upper Nile	UNHCR	Aug-13	Camp	Point	86.3
Akobo	Jonglei	IMC	Nov-13	Rural		TBC

= Results yet to be published