



National Coverage Workshop: 24-25 March 2015, Islamabad

Outputs and next steps

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Introduction

The second phase of the Coverage Monitoring Network 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.

On 24 and 25 March 2015, the Coverage Monitoring Network and the Pakistan National Nutrition Working Group (NNWG) organised a two day workshop in Islamabad to discuss and plan the scale up of coverage assessments in the country. The meeting was attended by 44 participants including representatives from the Department of Health, UN agencies and national and international NGOs (a full list of participants is available in Annex 1).

This short report includes a summary of the outputs of the workshop including the National action plan for scaling up coverage assessments in Pakistan (to last from May 2015 to March 2016), recommendations on how to tackle the main barriers to access and the next steps.

National Action Plan to scale up coverage assessments in Pakistan

April 2015 – March 2016

Total coverage of CMAM: 51 Districts

Overall objective:

- To assess the programme coverage of the ongoing programme (nutrition specific) in Pakistan

Sub-objectives:

- To find out the effectiveness of CMAM coverage
- To discover barriers and boosters of programme implementation
- To find out solutions to these challenges

Leadership:

- Government (federal and provincial)
- National working group also required (currently under NDMA – National disaster management authority)

Technical capacity:

- Available – UNICEF (SAM) / WFP (MAM) / ACF
- Trainings required for all provinces and regions for DOH implementing partners (ToTs: Training of Trainers)
- Technical support on data cleaning and report writing

Resources:

- Required for survey development partners / UN agencies
- National NGOs: Available resources: HR, Logistics (Partial); Required resources: Additional logistics, HR (Data encoder), Honoraria for Staff (health), NDC (PDM/FDMA)

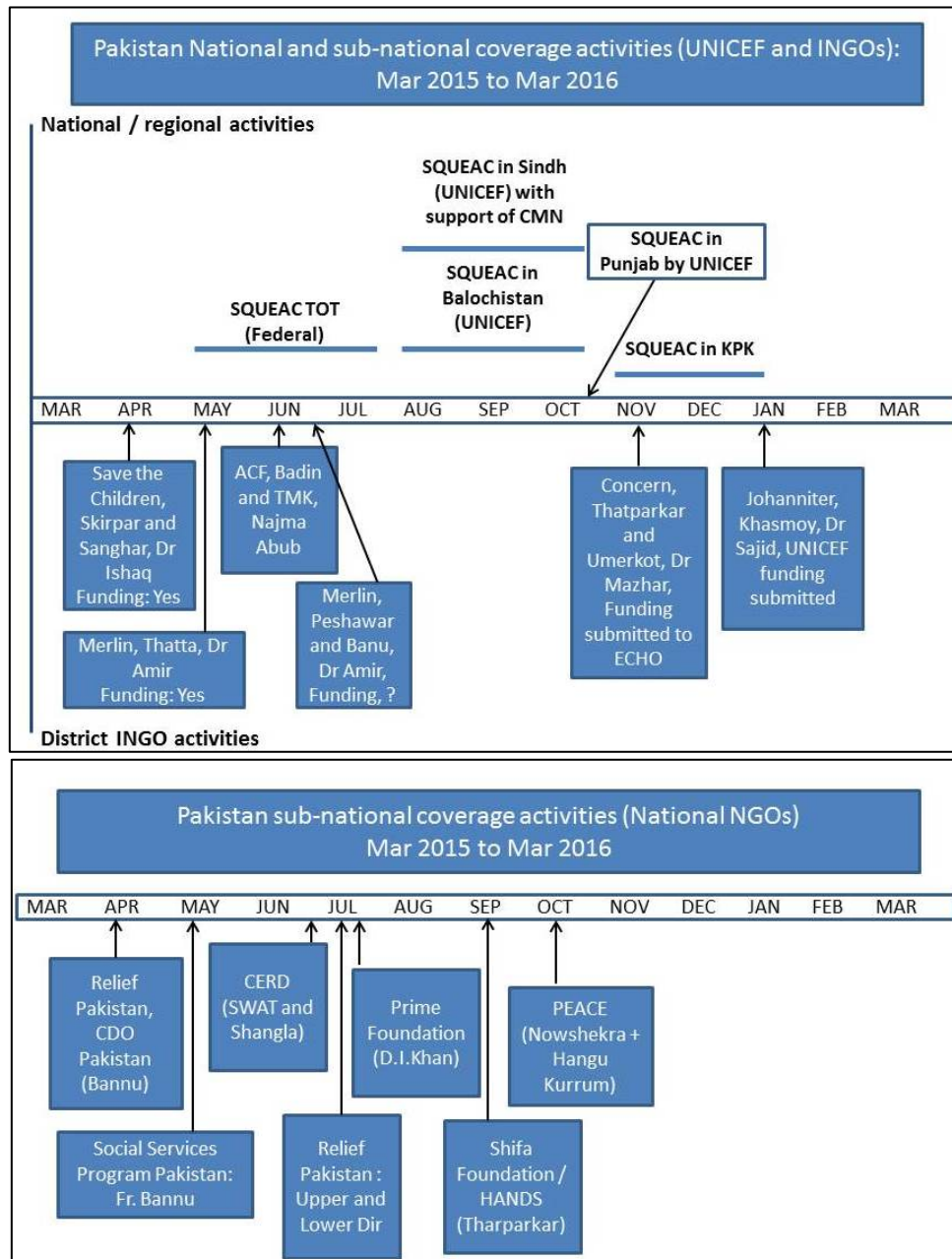
Basic timeline for national action plan:

Activities	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Formation of national working group									
National TOT									
Provincial trainings									
Planning for SQUEACs									
SQUEACs in 25% of districts									
Final report, analysis and recommendations									
Revision of original strategy based on SQUEAC results									

National NGOs – which organisations are in each district?

1. **District Bannu:** Relief Pakistan, CDO Pakistan, SSP – Mid-Apr to mid-May 2015
2. **SWAT / Lower Dir:** CERD, Relief Pakistan – mid July to mid Aug 2015
3. **Hangu / Nowshehra:** PEACE – Oct 2015
4. **Tharparkar:** Shifa Foundation, HANDS – Sept 2015
5. **DI Khan:** PRIME – July 2015

Field level activities for UNICEF and National and International NGO Activities:



ADDRESSING BARRIERS TO ACCESS

Participants split into different groups to identify and suggest solutions for the main barriers to access in Pakistan:

GOVERNMENT

BARRIER	RECOMMENDATION	M AND E	TIMEFRAME	RESPONSABLE
Non-covered areas	<ul style="list-style-type: none"> - Inductions of new NGOs - Mapping of covered and non-covered areas 	<ul style="list-style-type: none"> - Mapping / matrix - Assessment Tools - Reporting - Feedback - Dissemination 	<ul style="list-style-type: none"> - As early as possible - NWG – findings meeting 	Provincial nutrition cell
Distance, scattered population, transport cost	Increase no. of health facilities, mobile health unit, Food voucher (incentives)	As above		
Capacity building (technical, human resources)	<ul style="list-style-type: none"> - Trainings, need assessment - Awareness / sensitisation nutrition healthcare providers 	As above		
Financial constraints	PC-I	As above		
Cultural barriers / stabilisation centre admission	<ul style="list-style-type: none"> - Awareness campaigns - Radio messages - Religious leaders 	As above		

INGOs

BARRIER	RECOMMENDATION	M AND E	TIMEFRAME	RESPONSABLE
Lack of awareness of malnutrition / services	<ul style="list-style-type: none"> - Strong community mobilisation - Standard IC material with more focus on diversity 	Frequent monitoring by all stakeholders	Throughout	Government UN INGO / NGOs
Supply of commodities breaks	<ul style="list-style-type: none"> - Proper planning and local production - Funding 	<ul style="list-style-type: none"> - Supply plan - Contingency stock 	Throughout	Government UN Cluster / working group
Government capacity	- Strength the government's capacity	<ul style="list-style-type: none"> - Database of TOT trainers - Monitoring of quality and training by Gov 	Throughout	Government UN Cluster / working group INGOs

		&UN		
Socio cultural	- Social mobilisation - Increase health education	- Monitoring by all stakeholders (esp. district officials)	Throughout	Government INGOs
Security	- Coordination with district authorities	Regular monitoring of security situation	Throughout	Government LEA INGOs

UN

BARRIER	RECOMMENDATION	M AND E	TIMEFRAME	RESPONSABLE
Security issues	Risk mitigation Community involvement	Third party and community involvement		DoH all stakeholders
Less awareness of programme amongst men	Effective community mob. BCC effective	Community itself	Ongoing	All stakeholders
Women's engagement in workload and labour	BCC			
Supply chain disruptions	Effective supply plans Forecast / EPRPs / Procurement initiatives			
Travelling / distance	Satellite sites Effective strengthening of outreach			
Travelling cost	Linkage of social network / income support programme			

National NGOs

BARRIER	RECOMMENDATION	M AND E	TIMEFRAME	RESPONSABLE
Syn. Of NOC, FLA and PCA	Rapid and timely processing of documents		One week within approval of project	Gov't, UN, NNGO, Implementing partners
Lack of awareness about malnutrition / programme	Capacity building	Proper M&E	Ongoing	NNGOs
Law and order situation	Hiring of locals Sharing of activities with district authorities		Ongoing	District authorities, Implementing partners
Distance /	Satellite teams and		At the time of	Donor

transport cost	proper fund allocation		project proposal approval	
Sociocultural factors	Better social mobilisation (BCC, IEC)		Throughout project time	Implementing partners

NEXT STEPS

Based on the above discussions, the next steps were agreed by the National Nutrition Working Group:

Next steps	Responsible?	When?
Establish National coverage working group	NNWG – Saeed and Kashif	July and August 2015
Set date for training of trainers for SQUEAC and SLEAC with working group partners	National working group	July 2015
Organise and deliver national training of trainers	National coverage working group (with support of CMN)	September 2015

ANNEX 1: Workshop attendees

Name	Organization	Designation	Contact #	Email
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