



COVERAGE MONITORING NETWORK

FORMULATING A STRATEGY & ACTION PLAN





For the purpose of this guide, an action plan is a road map allowing partners (organisation, local health system, community) to address barriers to access and coverage of a CMAM program, as identified during the community assessment, through a harmonised and coordinated action. It is a simple tool outlining what and how will be done, who and when will do it. It should provide a framework for the implementation and monitoring of activities agreed collectively by all stakeholders. Thus, the focus is more on the process of understanding and overcoming barriers to access and coverage by all partners and their active engagement to improve the programme. It is imperative to involve all parties in the process of formulation of an action plan in order to encourage an increased sense of ownership and adherence to proposed activities. It should target both community engagement strategies as well as CMAM service components.

An action plan can be an outstanding capacity-building tool allowing partners to share information, exchange views, and identify needs and potential solutions to problems, which burden them. The key is to highlight and promote the potential of contribution, regardless of stakeholder's status.

The case study on turning the community assessment findings (i.e. barriers and boosters) to a strategy is given in the below table.

Key Findings

Recommendations

<p>Community believes that malnutrition is caused by an evil spirit, evil eye, exposure to bright sunlight, God's will. As a result the community first seeks treatment from the traditional healer, auto-medication or religious rites to treat the disease.</p>	<ul style="list-style-type: none"> ◆ Sensitise the local population on local terms, causes, symptoms, effects and treatment of acute malnutrition; ◆ Involve traditional healers and religious leaders in sensitization and referral of children with SAM.
<p>Each kebele formed community-based "volunteer" network such as Health Development Army (HDA) which include women. They meet weekly and discuss about hygiene and the importance of childbirth at the health facility, but they have never been trained on malnutrition and CMAM program nor are they involved in monthly and quarterly screenings carried out by Health Extension Workers (HEWs).</p>	<ul style="list-style-type: none"> ◆ Train HDA in malnutrition and use them for CMAM outreach activities (sensitization, case finding and referral, etc.); ◆ Engage HDA in mass screenings carried out by HEWs.

Designing a detailed and balanced action plan, based on community assessment findings, will enable all stakeholders of a CMAM program to monitor its implementation, to evaluate its progress and to call for modifications, as necessary. The action plan should be specific and clear in its goals, strategies and planned interventions. It should address three core questions: **Where are we? Where do we want to be? How do we get there?**



The formulation of an action plan can be broken down to nine basic steps, which are detailed in the following sections:



**1**

Establish a planning team

A planning team should be composed of representatives of these main stakeholders:

- ◆ **Local health office**
- ◆ **Health facility personnel**
- ◆ **Programme staff** (NGO)
- ◆ **Community assessment / SQUEAC investigation team**
- ◆ **Key community figures** (local leaders, religious authorities and other opinion leaders)
- ◆ **Other community stakeholders** (community volunteers, community-based organisations, traditional healers/birth attendants, etc.)

A team leader should strive for a gender balance within the planning team, assuring a representation of women of at least 30%, aiming for 50%, if circumstances allow.

An equitable participation of all these stakeholders will help to create more culturally-appropriate CMAM interventions which will maximize the positive impact of CMAM programming and minimize its downsides. It is also highly important to ensure whilst selecting key community figures that genders are equally represented, as well as ethnic groups of the intervention zone. Involving the community as early as possible in the planning stage will increase their participation in the program, consequently increasing their ownership and sustainability. The composition of the planning team should never be ad hoc but rather well thought out, assuring the participation and continuous engagement of dedicated and respected individuals.

2

Synthesize & articulate the findings

The second step in the action plan formulation process is a synthesis and articulation of community assessment (& SQUEAC investigation) findings in order to answer two core questions: **“Where are we?”** and **“What do we have to work with?”** Answering these questions will guide the team to understand the programme, its context, served communities as well as the status of community engagement activities.

It is recommended to explore these questions during an initial working session with all members of the planning team. As a first step, a team leader should present preliminary results of the assessment to all team members and make sure they understand them. Then, s/he can write core questions on two sheets of flipchart paper and have the team to brainstorm and note their answers. It is very important to encourage the participation of all individuals as well as the importance of their contribution, regardless their status. If necessary, a team leader may clarify core questions by asking further straight-forward questions, e.g. **What is the OTP coverage rate? What community engagement activities exist? What more could it be done? What is working well? What is not working well? What local resources, systems and structures are available to improve the programme? What is their potential?**

It is important to remind the team that their answers should revolve around the findings, rather than their own ideas. If a team leader chooses, s/he can divide the team into two smaller working groups and have them brainstorm on their own. This technique could provide for a more interactive exchange of ideas as well as their complementarity once the two groups summarise their discussions in front of the whole team.

In addition, if not done during earlier stages of the assessment, a team leader may introduce a variety of matrices (e.g. SWOT tool) to help the team to synthesise the findings. A compilation of these should be used to determine next steps.

**3**

Define overall goals & smart objectives

Using the collective thinking about CMAM programming from the second step, the team should determine the 3rd core question in the action plan development process; i.e. **Where do we want to be? What do the partners including the community want to achieve?** These answers are the overall goals.

It is recommended to tie in this discussion with Step 2. If, due to time constraints, this cannot be achieved the same day, a team leader might need to start the discussion with a recapitulation of Step 2 and setting the findings against global targets for a CMAM program (e.g. SPHERE standards, etc.)

The main objective of this exercise is to define overall goal(s) that the partners would like to achieve during a specific period, for example **“To increase an OTP coverage rate from 45 to 70% by the end of 2015 and to reduce the defaulter rate to less than 10% by the end of 2015”**.

As soon as an overall goal is set, a team leader should guide the team to develop SMART¹ objectives for five strategies (e.g. timely case finding and referral, effective follow-up, varied and regular sensitization, efficient collaboration among partners and technical support) to achieve the overall goal.

“To increase the proportion of SAM children timely detected and referred by community health volunteers by 50 % by the end 2015.”

“To increase the percentage of defaulter and non-respondent children with SAM tracked and returned to the program by 60% by Dec 2015.”

At this stage, it may be helpful to use a project design logical framework.

Alternatively, a team may opt to develop five priority recommendations, which will contribute to achieving the overall goal and to addressing key gaps in service, as identified through the BBQ tool. Please refer to section on BBQ Weighting in Community Assessment Guidelines for more details on elaboration of operational recommendations.

¹ SMART stands for Specific, Measurable, Attainable/Achievable, Relevant/Realistic and Time bound.



4

Set priorities & select interventions

Once it is clear **“Where we are today”** and **“Where we want to go”**, the team will need to focus on **“How do we get there? - or, in other words, “What is the means of the execution to achieve the goal? What detailed interventions need to happen to achieve the goal and specific objectives/recommendations?”**

At this point, it may be suitable to divide the planning team into five smaller working groups; however each group should be composed of a variety of stakeholders. It is not recommended to divide the team into groups by their status, i.e. programme staff only, community health volunteers only, etc. as it may limit the scope of contributions and their feasibility. The role of each team is to identify key interventions for a specified objective/recommendation, respecting the following effective community engagement strategies:

- ◆ **All community engagement activities must be coordinated by a community mobilisation focal person at the local health office (possibly supported by partner's community mobilisation focal point).**
- ◆ **All community engagement activities for a CMAM program must be linked with or integrated into existing community engagement mechanisms for other health and non-health programs in the area.**
- ◆ **The proposed interventions need to encompass early and active case-finding a referral, follow-up visits of problematic cases and community sensitisation.**
- ◆ **Standardised sensitisation messages, addressing local understanding of malnutrition, are prepared and duly documented/communicated.**
- ◆ **All activities must seek to encourage the participation of a variety of community figures to efficiently address barriers to access, as perceived by carers and a wider community, as well as health facility challenges to deliver the services.**
- ◆ **Health facility personnel, community health volunteers and other participating stakeholders receive technical supervision and support.**
- ◆ **All community engagement activities are coordinated at all levels.**

As soon as the teams finish their work, they should present it to the whole group for feedback and comments. If certain interventions appear nonfeasible in view of all other proposed actions, it is recommended to prioritise interventions in terms of their immediate, mid-term and long-term impact on the CMAM program and choose those, which need to absolutely happen to boost coverage and prepare the ground for future improvements. The prioritization of activities should be based on available local structure and resources, including community contributions, organizational capacity and, possibly, the external support. The team is advised to constantly refer to BBQ and SWOT tools for guidance and inspiration. For details on these tools, please refer to the Community Assessment Guide.



5 Define performance indicators & targets

When a planning team finalises what needs to happen to achieve an overall goal, it is time to specify how we can evaluate its success. In other words, each intervention should specify and quantify the kind and amount of change to be achieved for the target population within a given time frame. This will be done by defining target setting and performance indicators for each activity.

Performance indicators and targets will help local stakeholders to track the progress of individual interventions toward to the overall goal and objectives/recommendations of the action plan. It is immensely helpful if they are integrated into a logical framework to allow for an easier monitoring and evaluation.

Activity	Performance indicator	Target	Source
Sensitise the community on causes, symptoms, effects and treatment of malnutrition.	Number of individuals sensitised per year.	5,000	Volunteers weekly reports

6 Define location, responsibility & timeline

The sixth step in the action plan formulation process consists in the definition of who, where and when – or in other words, the team needs to decide who will be responsible for the activity, in which time frame and in which location it will need to be carried out. Depending on the community assessment findings and resources, some of the activities may need to focus on some specific areas rather than the whole intervention zone.

Activity	Performance indicator	Target	Source	Location	Time	Responsibility
Sensitise the community on causes, symptoms, effects & treatment of malnutrition.	Number of individuals sensitised per year.	5,000	XY district	Volunteers weekly reports	Jan-Dec 2015	Host partner



7 Define resource needs & sources

Any action plan without sufficient resources is ineffective. The required budget for each objective and intervention should be estimated and indicated by the planning team. The source of such resources should also be identified – be it internal/external sources or community contribution. Further tuning up of the budget can be done by the supporting organisation at a later stage. However, as previously stated, a categorisation of interventions into short-term/long-term may be useful for the allocation of resources. While short-term interventions can be implemented by partners using available resources in the project year, the long-term interventions may require additional resources, generated from internal and external sources, and may need to be implemented beyond the current project/budget year.

Step 7 represents the last step in the action plan formulation per se. It is recommended that a team leader organises a whole day workshop where Steps 2 – 7 could be completed. If such arrangement is impossible, the workshop may be split into two half-days. Splitting into smaller units is not recommended as the planning team may lose the momentum and certain important details of discussions may be forgotten.

8 Advocacy

Once the planning team completes Stages 2-7, its representatives should organise debriefings at various levels. It is recommended that all members inform other peers, which may ignite general interest and motivation to participate in the change. The programme staff should organise debrief meetings with relevant members of the country team, including programme and assistant programme directors, programme support and advocacy officers, nutrition staff, etc. Representatives from a local public office should do the same with their superiors and health facility personnel. Local leaders should use their own communication channels to inform other important figures about the content of held discussions and the agreed action plan. Advocacy with donors in-country can also be helpful to raise additional resource for the implementation of the action plan. This can be done by debriefing and sharing of findings with all concerned parties.

9 Follow-up

The follow-up of the action plan, as discussed and agreed by stakeholders represented within the planning team, is one of the most critical steps and life stages of the whole process. If not attended to, the action plan becomes nothing but scribbles on a sheet of paper. Thus, it is very important to put mechanisms in place, which will see to its implementation and monitoring. As suggested, a local health office, supported by a partner organisation, should take a leadership, aided by a variety of community figures of influence. The implementation and follow-up of the action plan will not only improve the program in question but will also provide endless opportunities for learning and technical support of all parties.

The follow-up may take form of monthly/quarterly official updates/reports, joint supervisions or meetings. The involvement of donors can also strengthen the process and the likelihood of the action plan's implementation and completion.