COVERAGE MONITORING NETWORK

LEARNING FROM ACTION PLANS

AUGUST 2015

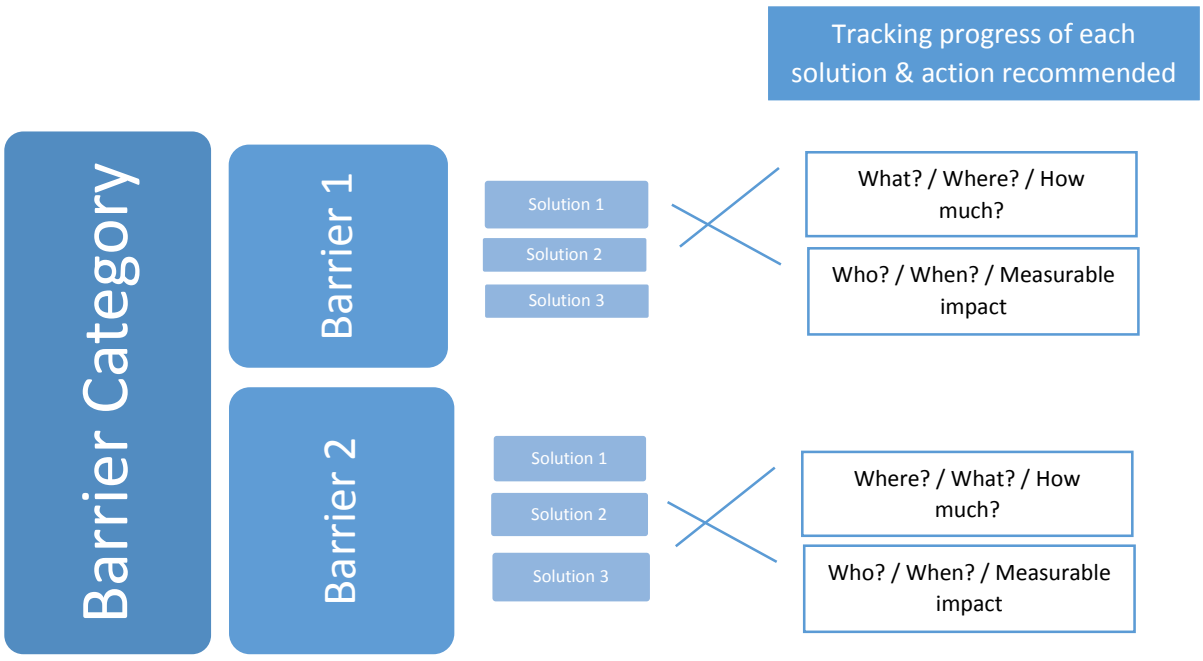
Over the last few years, the CMN has done more than simply providing CMAM programmes with coverage estimates: it has contributed to paving the way for improving service quality and service delivery by engaging with programmes in the identification of barriers to access and coverage, and on practical solutions to address them.

The CMN has collaborated in the design of Action Plans (APs): roadmaps that help identifying strengths and lacks, and defining priorities for action. It is thus worth considering **Action Plans as a central product** of the partnership between the CMN and CMAM programmes. APs become the starting point for engaging into a systematic learning process that aims to look backwards to programmes' progress, but also onwards to the challenges still to be faced.

A. Why is an analysis of Action Plans necessary?

Analysing APs is mostly about tracking the use and effectiveness of tools designed to address main barriers to access and coverage. So far, the CMN and other actors have developed several tools to address Community Mobilisation-related barriers, as well as all other barriers whose impact can be mitigated.

The application of these tools should culminate with the tracking made of the evolutions of barriers in each programme context. The following diagram depicts the organisation of barriers according to main categories (awareness, distance and transport, quality of services…), and the elements of each proposed solution that can be tracked in the future: what activities are necessary, where will they be implemented, who should be responsible, how can their impact be measured, and so on.



B. Systematising APs

CMN staff together with programme managers and officers in 47 health districts across nine countries has developed an equal number of Action Plans. These encompass a large number of barriers to access and coverage, and proposed solutions that fit particular contexts, but that can also be extrapolated to address issues more generally.

Each AP is individually assessed, and progress made regarding each barrier is constantly tracked**. What is lacking is a mechanism for systematically gathering and analysing information drawing from all APs.** Also, there is still no concrete tool available to compare APs and obtain general lessons from then as a whole. This is precisely the gap that the CMN is starting to fill. It will create a **database of Action Plans where each specific AP will be traceable over time, and where its main elements will be comparable across time and location**. This tool will enable the analysis to be broken down to single barriers, where their change over time will be measureable.

C. Learning on the implementation of APs

Comparing Action Plans against each other is useful as a way of storing information, but it is an incomplete task if learning is not produced and assimilated during the process. Consistent learning on how APs are implemented is necessary to further evaluate their quality and impact.

We are conscious about **the specificity of each programme's context** —and therefore of the environment in which each AP has been conceived and is being implemented. Precisely because of this, learning around APs experiences can draw useful points around the following aspects of CMAM programmes:

- Availability of **resources** (financial, human, infrastructural…)
- Challenges and achievements in **capacity building**
- **Programme's environment** (government support, consolidation of civil society bodies, availability of national protocols, guidelines and enforcement, etc.).
- **Organisational structure** (each NGOs priorities, strategies, donor relations…).

All these elements are already captured in the Action Plan Dashboard kept by the CMN management.

With regards to the **outcomes**, there is a series of questions that a systemic analysis of APs can help to answer. They all relate to the quality and the sustainability of the programmes:

a. **What has worked?** Case studies, reports and evaluations addressing any of the points above.
b. **Best practices** with regards to increasing **coverage**: evolution and trends of coverage
c. What **relevant inputs, messages and ideas for change have come through local actors?** (local communities, programme staff, NGO clusters)
d. What is the sustainability of implementing APs in terms of its **costs and resources?**
e. How have **APs worked as leverage** for extra funds and resources to donors?

The answers to the questions above will be central to the learning process and will be the basis for producing outcomes such as learning reports, case studies feeding into country profiles, infographics,

documents resulting from final workshops, as well as providing the CMN with a solid pool of information that, in the future, could support research papers, programme design, etc.

Finally, outcomes and final documents offering learning on Action Plans should bear in mind the different needs and expectations of all actors involved. The following table gives a quick outlook on how the information derived from the learning process will benefit different target groups.

Communities	- Dialogues and 2-way discussions - Engaging with practical commitments of further actions to be developed
Programme Managers	- Follow-up tools - Guidance documents - Recommendations and proposed solutions
Nutrition Coordinators	All of the above plus: - Advocacy support - Learning produced on the implementation of APs - Costs and resources: sustainability of APs
NGO Head-Quarters	All of the above plus: - Regional and global analysis

D. Template for activity database (to be added to CMN Access database)

Implementation status of Recommendations from SQUEAC in Dollo, Ethiopia, 2013											
Date of original assessment	**Date of follow-up assessment**	**Specific Barrier (*In some APs formulated as a specific recommendation*)**	**Barrier Category***	**Activities to be developed**	**Responsible actor****	**Performance Indicator**	**Target Set**	**Progress against target / Expected time-frame**	**Status at the end**	**Comments**	**Additional resources used**
AUG 2013	APR 2015	Reduce distance of travel	*GEOGRAPHICAL BARRIER*	Re-arrangement of zone according to nearest CNC				Done			
		Create awareness among members to support for follow up visit	*AWARENESS-RELATED BARRIER*	Counseling family members to support during follow up visit				Being done			
				Discuss this also in refugee coordination committee meeting				Being done			
		Create awareness on CMAM program	*AWARENESS-RELATED BARRIER*	Conduct orientation on malnutrition and CMAM for especially for traditional healers and other community groups				Done but does not include traditional healers			
				Ask traditional healers to refer malnourished cases to CNC				Not done			
		Develop referral slip for CNP	*QUALITY OF CARE*	-Develop and print simple pictorial referral slip for non-literate CNPs -Deliver to all CNC and CNP timely				Done but not pictorial slip			
		Conduct demonstration on how to lust food for two weeks	*AWARENESS-RELATED BARRIER*	Develop a measuring materials which make easier to know the amount to be cooked for children				Cooking demonstration being done			
		Create awareness on the given is only for under 5 children in the program	*AWARENESS-RELATED BARRIER*	Counsel mothers that the food is only for the cases enrolled in the program not for other family members				Done but sharing is common problem			
		Develop visibility means for CNP and outreach workers	*QUALITY OF CARE*	-distribute identity cards and visibility T-SHIRT with IMC LOGO for CNPS and outreach workers				-Not done -Done			

				-conduct orientation in each zones on CNPs and their roles for CMAM program							
		Conduct close follow up for children not gaining weight	*QUALITY OF CARE*	-Make one to one counseling targeting care taker of children not gaining weight				Done and on-going			
				-create awareness that RUTF/RUSF is a medicine for malnutrition and not ordinary food				Done but need to continue			
				Monitor selling of RUTF/RUSF				Not done			
		Give refresher training to CMAM staff	*QUALITY OF CARE*	Provision of refresher training to CMAM staff at varies level (OTP/TSFP, Outreach workers)				Done			
		Make available MUAC tape for outreach workers	*QUALITY OF CARE*	Mentor and give MUAC tape to all CNP to identify children with malnutrition at community level				Done but CNPs received wrong MUAC tapes			
		Prevent sharing and selling of RUTF and RUSF	*AWARENESS-RELATED BARRIER*	Create an awareness that RUTF and RUSF is only medicine for malnourished children				On-going but still an issue			
				-counsel care taker on the importance of given RUTF and RUSF for malnourished children				On-going but still an issue			
				-conduct coordination meeting with local trader/shopkeepers union to support for the CMAM intervention by discouraging buying and selling of RUTF/RUSF				Not done			
		Conduct awareness that RUTF/RUSF is a safe food/medicine for malnourished children and do not cause any health problem	*AWARENESS-RELATED BARRIER*	-Give health education that diarrhea in children is not due to RUTF/RUSF. It might be due to hygiene and sanitation -orient caretakers on appropriate RUTF/RUSF feeding practices -Counsel on key hygiene sanitation messages				Done and on-going >> >>			

*__Barrier Categories:__ *(a) Awareness-related barriers; (b) Financial barriers (c) Quality of Care; (d) Geographical barriers; (e) Temporal barriers (f) Socio-cultural barriers.*

**__Different Actors:__ *(a) Community Volunteers; (b) Programme staff; (c) Programme managers; (d) Nutrition coordinators.*