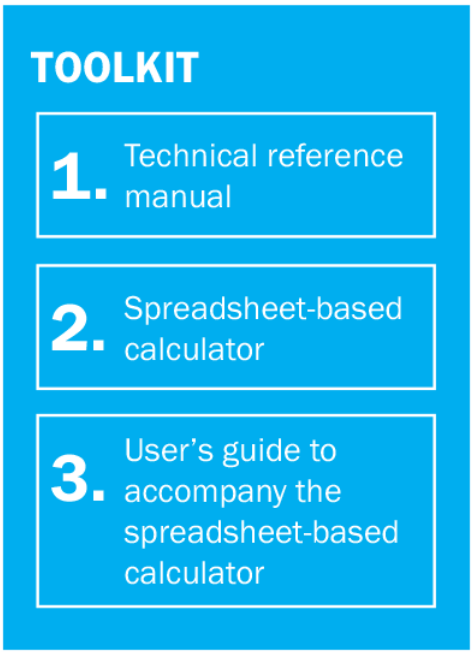
Toolkit to Monitor Bottlenecks to Effective Coverage of Community-Based Management of Severe Acute Malnutrition Services

March 2015

Community-based management of severe acute malnutrition (SAM) services are currently provided in more than 60 countries and reach almost 3 million children with SAM every year. However, SAM services may reach less than half the number of children suffering from SAM at the country level.[1] Identifying and addressing the bottlenecks—the obstacles along the service delivery process that impede effective coverage of services—is thus critical. Direct coverage methodologies exist and could identify the various bottlenecks that might limit service coverage, but due to cost and time, such direct coverage surveys can only be implemented sporadically; as a result, they are more useful for baseline measurements or course correction. Routine monitoring systems are not designed to identify bottlenecks to effective coverage. New tools that identify and routinely monitor bottlenecks are therefore essential to complement the coverage methods that already exist.



With the aim of addressing this gap and building on existing internal initiatives,[2] UNICEF, USAID's Food and Nutrition Technical Assistance III Project (FANTA), Coverage Monitoring Network (CMN), Action Against Hunger UK (ACF UK), and consultant and former FANTA staff member David Doledec have partnered to develop a toolkit that will facilitate monitoring of bottlenecks and support decision-making processes for SAM programmers and supervisors.

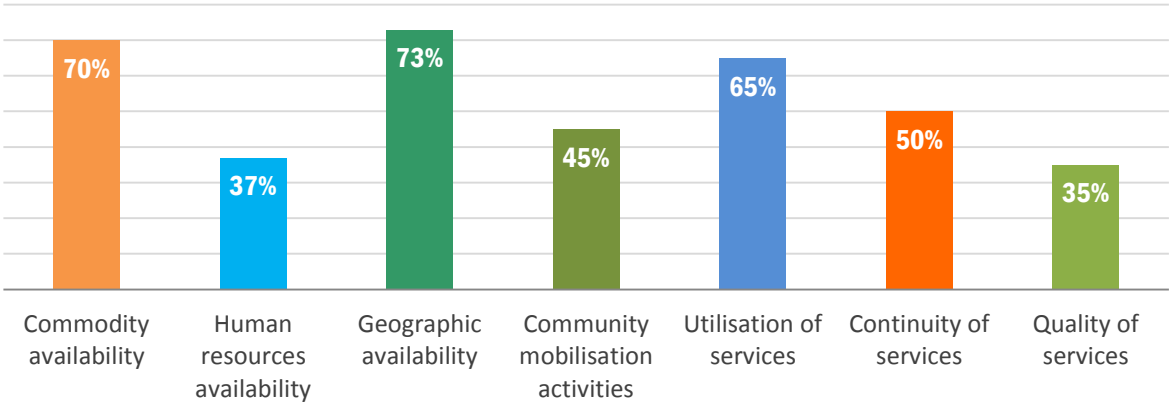
In order to facilitate integration of the bottleneck analysis into existing nutrition information systems, the toolkit's core set of indicators will be based on data that are already collected monthly through routine SAM monitoring systems. Users seeking a more in-depth understanding of their bottlenecks can draw on a set of elaborated indicators collected through surveys or more intensive data collection activities that may be suited to contexts with more well-developed information systems. The indicators fall within seven determinants, based on an approach developed by the World Health Organization[3] to measure coverage: commodity availability, human resources availability, geographic availability, community mobilisation activities, utilisation of services, continuity of services, and quality of services.

[1] UNICEF, CMN, and ACF International. 2012. The State of Global SAM Management Coverage 2012 (New York and London, August 2012).

[2] As part of its equity approach, UNICEF is promoting monitoring of results for equity systems using the Tanahashi model across various sectors (e.g., health, nutrition, WASH). This project aims to strengthen a particular component within the broader organisational initiative, focusing on treatment of SAM.

[3] Tanahashi, T. (1978). Health service coverage and its evaluation. *Bulletin of the World Health Organization*, 56(2), 295–303.

The bottleneck analysis outlined in the toolkit will enable supervisors at regional and national levels to monitor country-wide trends for each of those determinants. Results will be presented in a dashboard to provide a simple visual representation of the bottlenecks to effective coverage, as represented in a graph (example illustrated in the following figure), where 100 percent indicates no bottlenecks within that determinant. The sample dashboard shows that the bottlenecks that most affect service provision are human resources availability and community mobilisation activities, and this in turn affects the continuity and quality of services.



Pilot testing of indicators will take place in Kenya and Pakistan[4] in March–June 2015. It will include both retrospective and real-time data collection in camp, urban, and rural settings in select districts/counties, as well as at regional and national levels. The information collected will be triangulated with data and experiences from similar exercises (such as UNICEF bottleneck analyses and SQUEAC assessments), and analysed to determine the most appropriate content for the final toolkit.

The toolkit will include (1) a technical reference manual with guidance on how to approach the exercise, when and how to collect data, how to interpret the data, and how to manage a process for determining the underlying causes and actions to address them; (2) an optional spreadsheet-based calculator to assist with indicator calculation; and (3) a practical user's guide to accompany the spreadsheet-based calculator. Once compiled, the spreadsheet-based calculator and user's guide will undergo further testing. The toolkit is expected to be published and available for use by Ministries of Health, UNICEF, nongovernmental organisations, and other actors by March 2016. It will complement ongoing processes to strengthen bottleneck analysis and management of SAM services.

For more information, please contact cmnproject@actionagainsthunger.org.uk.

[4] The selection process for choosing pilot countries considered the following factors: national and subnational data collection; SQUEAC versus non-SQUEAC areas; programme implementer (NGO, MOH, or MOH with NGO support); camp, urban, and rural location availability; data availability; the nine CMN priority countries and their capacity for data collection; and UNICEF country office capacity.

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