CMAM Forum

Collaborating to improve the management of acute malnutrition worldwide

CMAM Forum Country Case Studies, Summary Report
June 2014

The CMAM Forum conducted a series of country case studies (CCSs) in India, Kenya, Niger and Yemen to synthesise learning about efficient and effective ways to disseminate and optimize use of information related to acute malnutrition-related information at the global and country level. The CCSs tried to capture what difference the CMAM Forum makes in the visited countries, what opportunities were not used or what and how to do better, and considered potential future collaborations.

Objectives

1. Assess how effectively CMAM Forum information products and services were disseminated to the intended audiences, how useful they were perceived to be, and how they were used or adapted to inform policy, improve services and programmes, enhance education and training and promote research, and
2. Identify opportunities for the CMAM Forum to improve its information products and services and enhance the effectiveness of information sharing and improving learning at the country level.

Methods

The CCSs combined monitoring of website usage for country-specific website statistics, e-survey of members, key informant interviews (KIIs) and focus group discussions (FGDs) with CMAM Forum members and users, and key national and sub-national health and nutrition actors during a country visit where possible. The study indicators assessed audience (members or users, missing professions or key actors), reach (dissemination of information), usefulness (satisfaction and perceived quality of information) and use for improved health outcomes (application in work).

The e-survey used a standardised questionnaire, and the KIIs and FGDs used a semi-structured questionnaire. Because the CMAM Forum provides links to relevant technical support initiatives, questions about the usefulness and use were asked (where relevant) on the e-learning course offered by the International Malnutrition Task Force (IMTF) and the University of Southampton, the Nutrition Exchange publication of the Emergency Nutrition Network (ENN) and the need for audio-visual materials for Medical Aid Films (MAF). Whenever awareness of the CMAM Forum was assessed as low, the CCS used the opportunity to present the CMAM Forum's information products and services and discuss the advantages of membership.

General remarks:

- There are relatively few members in one country
- Similar and complementary mandates of 'information sharing for learning' with CMAM Forum, the Coverage of Malnutrition network (CMN) and the Emergency nutrition Network (ENN) and the EN-Net has been confusing for some actors.
- Findings are very similar across countries and information obtained to report on is limited, but the process of the CCS has been important and very interesting learning for the respondents on the use of the CMAM Forum and for the interviewer on the expressed needs and expectations.

The following table provides a summary of the CCSs results showing similarities and differences.

Table: Country Case Studies (CCSs) Summary of Results

	Kenya	Yemen	Niger	India
Date	September 2013	February 2014	March 2014	March 2014, ongoing
Method	Web statistics, e-survey members, country/field visit with KIIs and FGDs, participation in a nutrition cluster meeting	Web statistics, e-survey members, e-survey subnational cluster members, KIIs by skype No country/field visit	Web statistics, e-survey members, country/field visit KIIs and FGDs, participation in a national workshop (previously presentation at a Nutrition Working Group meeting)	Web statistics, e-survey members, KIIs by skype and phone No country/field visit
Findings				
Entry point	Nutrition cluster	Nutrition cluster	Ministry of public health and CMAM partner contacts	Contact list Nutrition Coalition
# of responses (rate) member e-survey	N: 36	N: 15 15/59 national members and 23/123 sub-national cluster members	N: 26	N: 19
# of KII or FGD	KII: 14 national and 5 sub-national FGD: 1 national during cluster meeting (12) and 2 sub-national (6,10)	KII: 13 national	KII: 14 national and 12 sub-national FGD: 1 national (3) and 4 sub-national (4, 12, 3, 4) Presentation at workshop/meeting: national (80, 25) and sub-national (100)	KII: 11 national level
# of person-contacts	47	13	267 (62 personal discussions, 205 in groups discussion)	12
# of members in quarter prior-post CCS (% increase)	90 - 116 (30%)	61 – 65 (5%)	32 – 60 (100%)	62 – 75 (21%)
# of Web site visits in year prior to CCS	2,875	676	921	3,456
# of Web site visits in quarter prior to CCS	827	192	351	854
Average Web site visits per day	7	1	3	9
Total page views in year prior to survey	4,710	1,312	629	1,814
Average page views per day	12	3	2	4
Audience	International NGOs and UN, few government, one professor Most members at national level Rural health sector actors not aware of initiative	International NGOs and UN; All influential respondents included Most members at national level 25% of nut cluster members	UN, (inter)national NGOs, few government, few researchers National and subnational mixed Nutritionists at highest level are physicians Clearly many more users than members Health sector actors not aware of initiative	International NGOs, UN, Government, few local NGO members Some influential respondents not aware of initiative
Reach	Knowledge: limited, supervisors/colleagues Pull: mostly once a week use Push: monthly Resource Update(MRU)	Knowledge: limited, supervisors/colleagues Pull: mostly once a week use Push: MRU received appreciated	Knowledge: limited, supervisors/colleagues/my previous visit Pull: once a week (+50%) every day (25%) Push: MRU received appreciated	Knowledge: limited Internet (42%), colleagues Pull: once a month (58%) once a week (42%) Push: members only

	received appreciated Interaction: low (41 documents) Referral: reference on initiative done	Interaction: low (11 documents) Referral: reference on initiative done	Interaction: low (38 documents) Referral: reference on initiative done	Interaction: low (46 documents) Referral: 61% MRU, 63% other downloads
Usefulness	Moderately enthusiast; TOP: Library, Monthly resource update, technical summaries; Many functions not known (country tab, uploading, asking questions, membership advantage); Quality OK; Not so user-friendly	Very enthusiast; Trustworthy and authoritative source; User-friendly	Very enthusiast; TOP: Library, Monthly resource update, Technical summaries; Many Web site functions and services not known (country tab, uploading, asking questions, member contact); Quality : tendency to respect WHO as lead normative agency and UNICEF as lead supporting agency	Moderately enthusiastic; political buy in still needs to be achieved; high need for information sharing and transparency; high need for Asia specific evidence base on use of MUAC and RUTF
Use	Guidelines review	Guidelines review, training development	Proposal writing, Workshop/meetings	Technical discussions
Limitations	Low response rate to e-survey, non-ideal timing of country-visit	Low response rate to e-survey, language barrier	Language barrier	No Ministry of Health contact, CMAM approach not recognized as a health intervention
Main suggestions	Make information dissemination more accessible: Promote initiative actively, Expand audience Use podcasts Use social networks Add share button Link with national networks	Translate into Arabic Expand audience and use: Promote initiative actively through cluster, SUN and colleagues Install a national focal point Link with universities and teaching institutions Improve dissemination of initiative to expand audience	Translate into French Promote initiative actively and have accessible resources accessible for promoting initiative Develop a national platform for sharing Use social networks	Develop training materials and adapt technical documents to the local context; Promote the CMAM Forum through the Nutrition Coalition, at State Level Nutrition Coordination groups, during conferences and meetings, by using the international and national NGOs that are active in the field of acute malnutrition in India, recently launched Nutrition Resource Platform (NRP)
Main action points identified	Add link on MOH web site, and various Facebook pages (Breastfeeding promotion, nutritionists) Promote to all MOH nutritionists by e-mail Link with MOH/MCH-PHC/SHC sections	Promote initiative through e-mail Appoint a national focal point Arabic resources space on CMAM Forum website	Start a national platform that links with the CMAM Forum and includes social networks, as part of a larger Knowledge sharing platform	Link with ongoing initiatives that create promising opportunities: ACF as secretariat of Nutrition Coalition offered to share information on a regular basis, link with websites that have been named, link with paediatric association through an influential paediatrician who is a user
Follow up of action points	Facebook page links under development	Promotion email sent to colleagues National focal point appointed Arabic corner on Web site established and Arabic documents collation started	Discussion started, concept developed in partnership with HC IRN/REACH and SUN/CSO, plus Nut Directorate and Paediatric Association	Regional nutrition meeting participation in India will provide an opportunity to discuss with Indian participants on how to strengthen collaboration for information sharing
Focal Point	Yes, MOH Nutrition Division	Yes, MOH Nutrition Directorate	MSP Nutrition Directorate, pending	Consider a member of the Nutrition Coalition or Nutrition Resource Platform could be considered