



COVERAGE MONITORING NETWORK

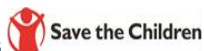
NATIONAL LEVEL COVERAGE ASSESSMENT TRAINING FOR NGO STAFF, SOUTH SUDAN

DATE: OCTOBER 19th TO 23rd 2015.

VENUE: JUBA REGENCY HOTEL



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ACKNOWLEDGEMENT

- Thanks to Ministry of Health (MoH) and Nutrition Information Working Group (NIWG) and special thanks to UNICEF South Sudan for organizing the training.
- Thanks to Coverage Monitoring Network (CMN) for facilitating this training
- Lastly, thanks to all participants from various organizations who dedicated their time by attending & actively participating in this training

INTRODUCTION AND BACKGROUND

The CMN (Coverage Monitoring Network) is **an inter-agency initiative** established in July 2012 with the support from the European Commission Directorate-General for Humanitarian Aid and Civil Protection (ECHO) and USAID's Office of Foreign Disaster Assistance (OFDA) in order to **improve nutrition programmes** through the promotion of quality coverage assessment tools, capacity building and information sharing.

The CMN offers **trainings and workshops** on the various coverage assessment methods, as well as **guidance on how to overcome the barriers** identified. The CMN offers free technical support in the design, planning, implementation and analysis of coverage assessments of community based management of acute malnutrition (CMAM) programs. Since its creation in 2012, the CMN Project has supported more than 50 organizations to design, plan and implement coverage assessments. During the first year of CMN Phase II, activities focused largely on providing support to programs in 9 priority countries with the planning and delivery of semi-quantitative evaluation of access and coverage (SQUEAC) surveys and community assessments. The first year of the project saw the team supporting organizations and focal points in each country to develop and start to implement national action plans to overcome the barriers and scale up coverage assessments. To support national scale up, during year one the CMN team launched a major review of coverage methods, developed simplified training materials for coverage and community assessments. The materials are available on the [Coverage Monitoring Network website](#).

One of the main activities of the second phase of the project (which started in 2014) is to provide technical support in the design, implementation and analysis of coverage assessments and the formulation of community mobilization action plans.

The major impetus for the implementation of CMAM was the publication in March 2007 of the WHO/WFP/SCN/UNICEF Joint Statement on CMAM, which recognized that *"large numbers of children with severe acute malnutrition can be treated in their communities without being admitted to a health facility or a therapeutic feeding centre"*. The CMAM approach offers advantages over the traditional treatment of SAM in the hospital by providing safe and nutritious ready to use therapeutic food administered by caretakers at home to promote early recovery and prevent life-threatening medical complications. CMAM involves active participation of the community to diagnose moderately and severely malnourished children at a very early stage using the simplified WHO criteria by measuring middle upper arm circumference (MUAC) and assessing oedema. The CMAM approach also focuses on sustainability through integration into the existing health infrastructure system.

While the WHO/WFP/SCN/UNICEF Joint Statement on CMAM recognises that *"large numbers of children with severe acute malnutrition can be treated in their communities without being admitted to a health facility or a*

therapeutic feeding centre”, the efficacy and effectiveness in treatment of acutely malnourished children through CMAM remain unacceptably low in most countries.

PURPOSE / OBJECTIVES OF THE TRAINING

PURPOSE

The purpose of the National Coverage Assessment training in South Sudan was to build the capacity of nutrition cluster partners **with the skills and provide tools to implement and train others on the six core competencies of coverage assessments**. With the skills they learned during the workshop, the partners would therefore be able to go on to implement coverage assessments in their own CMAM programs and cascade their knowledge to other staff in their organisations.

Principal objective:

To provide participants with the knowledge and tools to roll out coverage assessment methodologies in their own organisations

Sub-objectives:

1. To provide participants with an overview of the theory, practice and training techniques for the key coverage competencies (which together constitute a SQUEAC assessment)
2. To train partners in SQUEAC and related techniques in coverage surveys
3. To support national partners to plan for future coverage activities
4. To promote participants’ interest in measurement and implementation activities that improve coverage in CMAM programmes

Participant’s needs and expectation on Coverage assessment training:

Before the training, the CMN administered pre-questionnaire send by email to assess prior knowledge and experience among the participants with regards to coverage methodologies. The results of the questionnaires also helped the trainers to adapt the coverage training modules based on identified needs (**Annex 3**). As part of facilitating the capacity building process, CMN created a drop box which trainees could access and download training materials used during the training.

Participants were provided all the necessary documents, presentation and assessment tools, reports, joint action plan and training packages for each of the coverage competencies. Additionally, participants were also presented with certificates after post-test and the qualification of the five days training. The training was done in Juba Regency Hotel from October 19th to 23rd, 2015, (**see annex 1 for the agenda**).

TRAINING ORGANIZATION

The training was organized in close coordination with South Sudan Nutrition Information Working Group (NIWG) and UNICEF. It was agreed that the first batch of training should be conducted for all nutrition cluster partner staff working on nutrition programs in South Sudan. The second batch of the training will be conducted for the technical team of Ministry of Health (MoH), South Sudan at a date to be agreed.

ATTENDANCE RECORD

A total of 20 (16 Male & 4 Female) trainees or 77% of the 26 trainees attended from 10 INGO/NGO and UNICEF as well as independent consultant working in Nutrition Program in South Sudan. All the training participants attended the training for the full duration of the training. (See attached **Annex 2** the name of the participants)

PRE AND POST TEST RESULTS OF THE TRAINEES

To evaluate the knowledge gained by the participants, pre and post-tests were conducted. The average score of the pre-test was 50.3% and the average score of the post-test was 84%. Overall, scores increased by an average of 33.7% over the course of the training (see **table 1 below**)

The majority of the trainees were unable to answer the following topics during the pre-test:

- Qualitative data collection methods in Stage 1.
- Qualitative data collection and analysis through all the stages.
- Differences between point, period and single coverage.
- Qualitative data collection method
- What uncertainty percentage points to consider in setting 'prior' if you conduct a SQUEAC survey for the first time.

Table: 1 Pre & Post-Test Results, South Sudan, National Level Coverage Training, October 2015

Total number of participants:		20		
Participants name/CODE	Pre-test result	Pre-test result %	Post-test result	Post-test result %
HAILU	60	66.7%	90	100.0%
B	57.5	63.9%	84	93.3%
A	52.5	58.3%	87	96.7%
VICTOR	52.5	58.3%	84	93.3%
MFARAWO	52.5	58.3%	72	80.0%
ZENO	52.5	58.3%	84	93.3%
	52.5	58.3%	84	93.3%
AS	47.5	52.8%	78	86.7%
M16	47.5	52.8%	78	86.7%
OO7	47.5	52.8%	78	86.7%
JOSEPH ACF	45	50.0%	72	80.0%
JAMES LUAL	45	50.0%	75	83.3%
DANIEL	42.5	47.2%	63	70.0%
001Z	42.5	47.2%	84	93.3%
SAMUEL GATKEL	40	44.4%	60	66.7%
	40	44.4%	63	70.0%
DAMAVIS	35	38.9%	72	80.0%
AM.M	32.5	36.1%	66	73.3%
DUDUKA	32.5	36.1%	72	80.0%
OK	27.5	30.6%	66	73.3%
Total	45.3	50.3%	75.6	84.0%
Average increase in knowledge 33.7%				

EVALUATION OF THE TRAINING

In order to measure the efficacy and effectiveness of the training various monitoring and evaluation methods were applied during and at the end of the training.

At the end of each day's training, participants were asked to complete daily evaluation forms, and an end of workshop evaluation was done. Each day, participants gave an overall rating for each session (scale: 1 = insufficient to 5= excellent), overall comments, and picked the most valuable learning session (see Figure 1 below).

The majority (90 %) of participants mentioned that they gained new knowledge and skills during the training and that the training was useful. All participants voted that they were either "satisfied" or "extremely satisfied" with the overall training and all participants agreed that they will be able to train others or/and able to apply what they have learned in the training on CMAM program coverage assessment (see Figure 2 below).

Additionally, 85% of the training participants mentioned that the training is extremely effective, while 80% of the trainees were extremely satisfied with the overall sessions, formats and presentation style.

Meantime, 85% of the trainees mentioned that the overall information and materials provided to their work was extremely relevant. While 15% of the trainees mentioned that information and materials were irrelevant.

95% of participants of the training would recommend the training to others and 80% of the trainee mentioned they are confident to apply the learning in their own roles. Of this, 95% of the trainee mentioned that they will apply the learning to their work.

All the participants (100%) attended the training for the full five days.

The majority (80%) of the participants said that the environment and setup of the training was extremely sufficient.

All participants were satisfied with the training and thanked the trainers for improving their knowledge on coverage assessments and understanding the importance of the coverage assessment for the program quality. Please see Figure 2.

Figure 1: Daily Training evaluation from participants

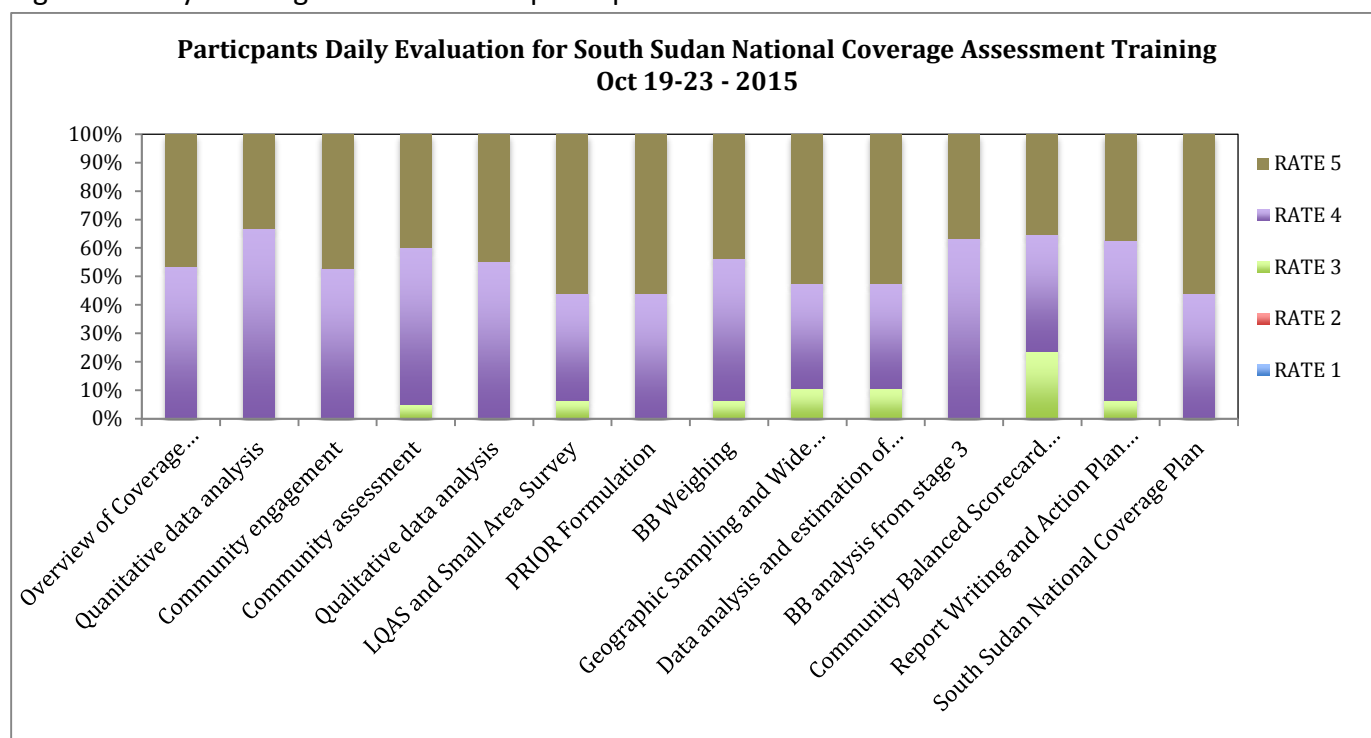
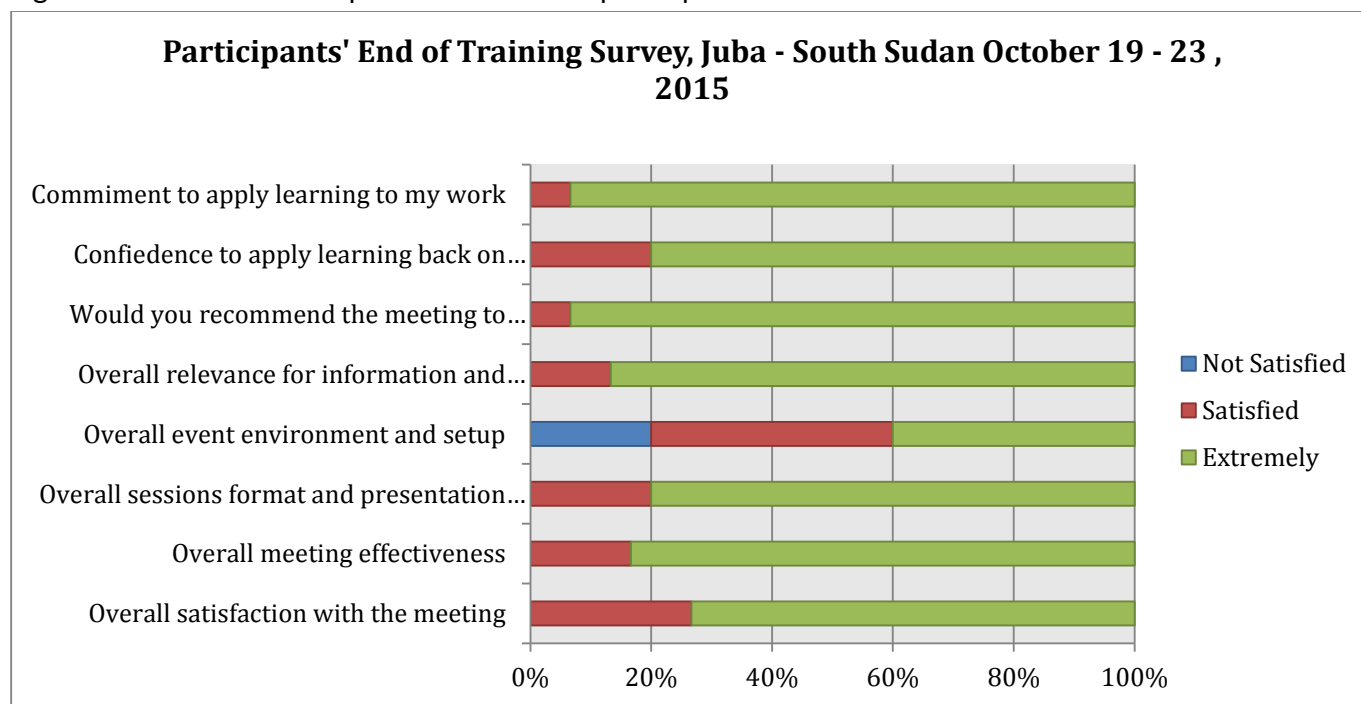


Figure: 2 Overall Workshop evaluations from participants



SUGGESTION/ RECOMMENDATION FORM THE TRAINEES

At the end of the training evaluation, followings are the suggestions and recommendations were made by the participants:

- Streamlined refresher course to deal with aspects of the coverage survey methodology.
- Increase the training days from five days to seven days to accommodate field practices.
- More practice at field level.
- To have more training on S3M, NCA

National Plan for Coverage assessment & way forward:

At the end of the training the participants were asked to develop a national strategy on coverage assessment. There are three key areas that the strategy was focused on:

- I. National plan for coordinated coverage activities,
- II. Official buy-in by government and donors of coverage methodologies
- III. Information sharing and learning process

National strategy, for coverage assessment:

ISSUES	Who should lead the process?	What will output look like?	What is approximate timeline?
National plan for coordinated coverage activities.	Nutrition Information working group/MOH	✓ National guidelines developed on coverage survey methodology ✓ Number of coverage survey assessment validated. ✓ Number of assessment survey done by counties and states ✓ Numbers active partners trained on coverage ✓ Number of people trained on coverage survey	✓ 1 to 2 years ✓ Two to four weeks after the submission of survey report (the process has started already). ✓ One year period ✓ To be determined (CMN wrap workshop). ✓ To be determined
Official buy-in by government and donors of coverage methodologies.	✓ Nutrition Cluster/NIWG ✓ MOH / Nutrition Department	✓ It helps to establish national coverage action plan / Strategy ✓ Evaluation of existing program activities ✓ Helps to develop guidelines.	✓ In Year 2016 ✓ After coverage assessments ✓ Follow up of the action plan after every 6 months.
Information sharing and learning process	In the South Sudan- the National Nutrition cluster has in place both CMAM and nutrition information working groups which meet weekly and monthly, play coordination roles in regulating and validating coverage surveys in the country.	✓ Develop matrix for coverage survey ✓ Validation of coverage survey proposal and reports ✓ Sharing of experiences among states and partners ✓ Sharing of coverage reports with CMN ✓ During CMN wrap up workshop, the forum to share information	✓ Within the first quarter of 2016 but make it a continuous process.

ANNEX 1: TRAINING AGENDA

Day 1:
- Introductions - Overview of agenda - Coverage methodologies - Quantitative data analysis
Day 2:
- Community assessments and qualitative data collection and analysis
Day 3:
- Lot Quality Assurance Sampling (LQAS) - Prior formulation (Bayes Theory)
Day 4:
- Geographic sampling and wide area surveys - SLEAC assessments
Day 5:
- Balanced Scorecard - Action Plan - Report writing and action plan setting

ANNEX 2: PARTICPANTS List, South Sudan.

First Name	Last Name	Position	Organisation	Nationality	Email Address
Andrew	Gore Fuljensio	Nutrition Programme Manager	ACF	South Sudanese	nut-alk.ssd@acf-international.org
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Akol Vankar	Lonyamoi	Nutrition Coordinator	WVI	South Sudanese	Akol_Lonyamoi@wvi.org

ANNEX 3: ASSESSMENTS OF PARTICIPANTS' PRIOR KNOWLEDGE ON COVERAGE ASSESSMENT

The training will take place over five days. Each day will focus on different themes of coverage assessments. Please complete the table below (checking one box per row) to indicate your prior level of knowledge. Add additional topics that you would like the trainers to focus on:

DAY	TOPIC	PRIOR KNOWLEDGE				List specific topics which you need extra training on within each theme
		I have no prior experience in this area and need to learn everything from the basics	I have a basic understanding of this theme, but need to be trained more to be proficient	I have a good knowledge of this theme but would benefit from a reminder	I understand this concept very well and do not need to go over this	
1	Programme routine data collection and analysis, and/or bottleneck analysis	☐	☐	☐	☐	
2	Qualitative Data Collection & Community assessments	☐	☐	☐	☐	
3	Lot Quality Assurance Sampling	☐	☐	☐	☐	
4	Bayes Theory: Formulating Prior Estimations	☐	☐	☐	☐	
5	Wide area surveys; geographic spatial sampling, case finding	☐	☐	☐	☐	
6	Preparation of action plans	☐	☐	☐	☐	
7	Using the balanced score card	☐	☐	☐	☐	

The participants were trained on developing joint action plan.

ANNEX 4: A SAMPLE JOINT ACTION PLAN DEVELOPMENT BY PARTNERS

Table x: International Medical Corps and UNHCR, Draft Joint Action Plan, September –December 2015, Kaya Refugee camp

	Strategy /Activity	Performance indicator	Target	Priority	Time	Responsible	Applicable Internal Resources	External Resources Needed
1	Community Participation							
1.1	Train and involve key community figures(THA, Imam, women groups etc) in community engagement for CMAM	# of community figures trained and engaged	40	Medium	Sept-Dec	IMC		
1.2	Strengthen community leaders-IMC coordination meeting by involving women and others	# of community leaders conducted	2	Medium	Sept -Dec	IMC		
2	Community Engagement-outreach							
2.1	Train MSG-lead mothers in MUAC measurement and referral, and engage in community engagement	#lead mother trained and engaged	100	Medium	Sept-Dec	IMC		
2.2	Establish music and dram team and engage them for community sensitization	Music and dram team established and engaged	Yes/No	Medium	Nov	IMC		
2.3	Provide on-job training for CHPs in MUAC measurement by integrated supervisors	# support provided by CHPs supervisors and nutrition teams	4	Medium	Sept - Dec	IMC		
2.4	Motivate the CHPs by recognition of their work by community and providing certificate of appreciation	# of CHPs received motivation award and materials	10	High	Sept - Dec	IMC		
2.6	Train CHPs in individual counselling on MUAC result	# of CHPs trained	67	High	Sep	IMC		
2.7	Promote individual counselling to caretakers by CHPs at Household level	% of caretakers, who referred by CHPs, received counselling	100%	High	Sept-Dec			
2.8	Adapt appropriate IEC materials and provide to CHPs	# CHPs received IEC materials	67	Medium	???	UNHCR		
3	Technical Support, mentoring and monitoring							
3.1	Analyze CHPs' report data and use to improve the outreach program and provide feedback to CHPs	# analysis data done and used	2	High	Sept to Dec.	IMC		
3.2	Analyze outreach report and provide feedback to CHPs	# CHPs and their supervisors received feedback weekly	67	High	September	IMC		