CMAM Report

Development of CMAM Report – an online reporting system for CMAM programming

Background, evaluations and lessons learnt

September 2014

Acknowledgements

This report would not have been possible without the support, effort and contributions of many people both inside and outside of Save the Children. Thanks are due to those who made time to discuss and share information, their experiences of using the MRP and ideas for strengthening CMAM reporting.

Particular thanks go to our partners throughout the process

CDC – Carlos Navarro Colorado
Concern
GOAL
IMC
ACF

Contents

Abbreviations and Acronyms

ACF	Action Contre la Faim
CDC	Centre for Disease Control
CMAM	Community Management of Acute Malnutrition
CTC	Community based therapeutic care
ECHO	European Commission Humanitarian Aid Department
ENN	Emergency Nutrition Network
HIF	Humanitarian Innovation Fund
MoH	Ministry of Health
MoPH	Ministry of Public Health
MRP	The Minimum Reporting Package
NIS	Nutrition information system
NIS TWG	NIS Technical Working Group
SAM	Severe Acute Malnutrition
SCI	Save the Children International
SFP	Supplementary Feeding Programmes
SPHERE	Humanitarian Charter and Minimum Standards in Humanitarian Response
UN	United Nations
UNHCR	UN High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WFP	World Food Programme

Introduction

This briefing paper outlines the findings of a 3 year process in development of the MRP. It combines the evaluation of qualitative components of the project, practical field experiences and lessons learned throughout.

Background

The 2008 HPN Network Paper 'Measuring the effectiveness of Supplementary Feeding Programmes in emergencies' highlighted the inconsistencies, inadequacies and bias associated with reporting of Supplementary Feeding Programmes (SFP). The report outlined the lack of existing tools to support all reporting needs for Community Management of Acute Malnutrition (CMAM) programmes. Many programmes used different versions of excel spreadsheets, had different definitions for indicators and therefore data was not comparable between programmes.

The 'Minimum Reporting Package' (MRP) was developed in response to this paper with the initial intention of supporting standardised reporting for emergency SFPs, in order to improve programme management decisions, improve accountability and assist urgently needed learning in the effectiveness of this programme approach. It had been developed over a number of years through a consultative process amongst the global nutrition community. In 2009, standardised indicators and reporting categories were defined by a steering committee of twelve international agencies and were later piloted in four countries. As part of this, a Microsoft Access based software was developed and rolled out. In 2011/12, OTP and SC reporting categories were added and made up the last version of the Microsoft Access based software which has been used by 7 NGOs in 15 countries.

A number of challenges were identified following this first phase both in relation to the indicators and the software. Despite guidance on standardised indicators, they were still not fully adopted even by agencies committed to the MRP principles. There were also a number of issues identified in the quality of data such as over reporting of performance. The software that was rolled out was not user friendly enough. There were bugs and difficulties in file management. Evaluations and feedback on the software also emphasised the focus on NGO implementation, the lack of field access, the lack of capacity for coordination, and the potential for parallel systems.

The overall aim of this review is to provide a qualitative perspective on the implementation and use of the MRP as a management tool in CMAM programming, to complement the CMAM data review that will be published separately.

Methodology

The review covered assessments of past and current MRP use, successful & unsuccessful implementation, existing barriers & challenges to MRP use and external opinions on the MRP.

Data collection methods included:

- A review of key documents (listed in Annex 1)
- Key informant interviews (listed in Annex 2)
- Observation of implementation in Ethiopia
- Participatory discussions during MRP regional training in Nairobi

An activity plan is outlined in Annex 3, and questionnaire template for standardised interviews & semi-structured discussions during group discussions & observations were used to collect primary data (Annex 4.)

Qualitative data was analysed using a Microsoft Excel mapping tool (see Annex 5) and data from different sources was triangulated & consolidated in order to form a valid & complete overview of MRP field use. Good practice, challenges & lessons learnt were assessed in order to formulate recommendations.

CMAM reporting systems

During the evaluation of the roll out of the MRP, interviews were held with UNICEF, ACF & World Vision due to their roles in CMAM reporting globally to explore CMAM reporting systems. Although efforts have been made to co-ordinate with each agency in the development of the MRP, co-ordination hasn't been achieved to date. This is partly due to concerns that a strong global reporting system will undermine national systems, and partly due to the development & use of internal agency reporting systems.

UNICEF's priority is to promote the integration of CMAM into national systems. This includes supporting government systems to develop national reporting tools. In April 2014, UNICEF were supporting 34 government-led SAM management reporting systems, 16 systems that were co-managed by UNICEF & the Ministry of Health (MoH) and only one UNICEF-led reporting system, highlighting their commitment to supporting government systems. As the MRP is viewed as an agency-led approach there are questions related to its utility in supporting this objective to build government capacity. However, UNICEF do recognise the value of the MRP indicators & consider the MRP to be useful as a template to inform reporting at national level. An example of this was in Pakistan where the MRP were invited to make technical recommendations on the indicators in the National Information System co-led by the government & UNICEF.

UNICEF's decision not to buy-into the MRP was a key factor in ACF's decision not to use the MRP as a reporting tool. For example in Nigeria where UNICEF has a strong operational role and ACF & Save the Children work as a consortium to implement CMAM, it was decided not to use the MRP, as alignment with UNICEF was viewed as essential.

Both UNICEF & ACF are also undergoing development of internal reporting systems that will include CMAM indicators. UNICEF is developing a global Nutri-dash programme monitoring output system that would include CMAM indicators as part of a module on SAM management. This will provide a global framework with a minimum set of indicators to report on whilst remaining flexible to suit government needs. In addition, ACF already collect CMAM data using functional internal reporting systems and are currently developing a standard programme management tool for use across all five ACF headquarters. This will include CMAM indicators, and the advantage in aligning this internal system with the MRP hasn't been recognised.

World Vision are likewise using an internal reporting system for CMAM. This was developed before the MRP but was designed for internal use. Initial meetings between Save the Children & World Vision led to World Vision updating some indicators within their database to align with those in the MRP. Though this was intended to enable data from this system to be transferred into the MRP, to date the data that was provide was not fully aligned and so was not included in the full analysis of data.

Roll out of the Access based version of the MRP

The roll out of the access based version began in May 2012. This went as far as the indicators & software being routinely used across 12 countries by 6. MRP use in each country has been summarised in Annex 5. This annex outlines;

- how the MRP was rolled out,
- how its management has changed,
- how field teams have responded to data,
- how the MRP fits with other systems & reporting processes,
- how the MRP adds value to existing systems,
- How confident users are in the quality of data being entered.

Case studies

Field experiences from different countries after the initial roll out have been consolidated below under the headings; common challenges, good practice & lessons learned and value added. For each heading specific case studies have been outlined as examples of MRP use in a particular setting.

Common challenges

A number of common challenges have been experienced when attempting to roll out the MRP in different contexts. Many of these have related to software which are not been discussed here due to the development of a new web-based version of the software which will negate many of the issues discussed.

a) Parallel reporting systems

In many contexts, the MRP has been implemented in parallel with a strong national reporting system. As the objective of the MRP was to replace internal reporting systems this should not have prohibited its use. However, this has been the case in 2 countries; Pakistan & South Sudan1. Each of these countries have been outlined as case studies in order to give more detail as to why this was the case. In both cases, use of the MRP indicators without the software was presented to encourage standardised reporting, whilst negating the need to introduce a new reporting system. In other countries, reporting via national systems has not prevented use of the MRP but has raised different challenges related to integration. These are outlined under point b.

[1] Save the Children was also prohibited from using the MRP in Kenya for a time but they are considering the possibility of using it internally. For more information on Kenya see the Case study box in Section 3.2

Pakistan – challenges of harmonisation with a strong national system

Pakistan has its own national reporting system – the NIS (nutrition information system), in place since 2009. This is led by UNICEF & implemented through partner agencies including Save the Children.

Save the Children decided to work through a consultative process to determine how the MRP & NIS systems could be harmonised through introducing standardised indicators. A comparison of MRP & NIS indicators was conducted & it was realised that several features of the MRP could potentially improve the NIS for enhanced utility, improved calculation of performance and to ensure that Pakistan's CMAM data base was internationally comparable. A report outlining these improved features was drafted and shared with the NIS Technical Working Group (NIS TWG).

A consultation meeting was held in September 2013 between members of the NIS TWG and the MRP team was invited to discuss their report. It was agreed that many of the recommendations made by SCUK following this meeting could be beneficially integrated into the NIS, and the UNICEF cluster coordinator was in agreement with the changes.

In order for this to take effect, the recommendations had to be endorsed at a final NIS TWG meeting in which the national CMAM guidelines were finalised & signed off. However, key supporters of the MRP (including the UNICEF cluster coordinator) weren't able to be present at the meeting, and the CMAM guidelines were revised without reference to the MRP.

It was recognised after this meeting that in order for the MRP to influence indicators included in a national system such as the NIS, an MRP advocate needs to have a consistent presence in meetings of key decisions makers. This is particularly true of the MRP as CMAM reporting is a heavy subject that requires specific technical knowledge not shared by all nutritionists.

All programmes have to report to donors including UNICEF & the World Food Programme (WFP). Donors have not officially recognised the MRP as a standard set of indicators that could be used to inform information systems globally or in the countries in which they operate and therefore MRP indicators do not align with those reported at the national level. This is a challenge common to all internal reporting systems and is not unique to the MRP. However, it does increase the burden of reporting & was highlighted by users across programmes. It was also highlighted by head office users who commented that there appeared to be little global level co-ordination between the MRP, UNICEF and World Vision reporting systems as presented at a recent SAM meeting[2]. This is particularly relevant for programmes being implemented in camp settings as there is a strong global reporting system run by UNHCR.

MRP reporting has also been viewed as an internal parallel system in contexts where roll out of the MRP software has been challenging. In these cases agencies have piloted the MRP software alongside internal reporting systems in order to ensure consistency of data for donor reports. This has led to field staff seeing the MRP as a parallel system that doubles work load. In some cases, this has resulted in MRP use being conducted at the national office with field users not benefiting from the data review & analysis functions. This means they are unclear of the added value of the MRP in programming which furthers their reluctance to use the MRP.

[2] International SAM Conference, London 2014. Hosted by ACF- Coverage Monitoring Network. http://www.coverage-monitoring.org/london-presentations/

South Sudan – Implementing the MRP alongside a cluster reporting tool

ACF, GOAL & Save the Children were trained in MRP indicator and software use in South Sudan. However, the tool wasn't taken up by any agency due to the presence of a cluster standardised reporting tool. This tool is Excel based; UNICEF- endorsed and incorporates all UN reporting systems (UNHCR+WFP.) Agencies have also been able to extract data for internal use & donor reporting.

Although it would be advantageous to use the MRP software as a parallel reporting tool due to its additional functionality, agencies are reluctant to take up the MRP. This is mainly due to the misconception that using the MRP would require unnecessary duplication of data entry. There are also concerns over the time & resources required to implement a new system due to the heavy time burden that was experienced in development & roll out of the cluster HIS system. A comprehensive report was produced by ACF detailing why they felt the MRP wasn't appropriate for use in South Sudan[1].

Discussion has been held around the potential to develop an automatic data transfer system to transfer directly from the HIS to the MRP or vice versa. This would be feasible but requires a budget for software development.

In addition, further national-level discussion regarding use of only the MRP indicators would be beneficial in order to enhance the utility of the HIS, improve calculation of performance and ensure that South Sudan's CMAM data base is internationally comparable.

[1] Feedback on the Minimum Reporting Package (MRP) Action Against Hunger/ACF International South Sudan. *Internal SCUK report*. May 2013.

b) Integration with government health systems

In many countries, CMAM programmes fall under the responsibility and leadership of the Ministry of Health and its sub-national authorities. In these contexts agencies have a role in supporting the national health system to deliver effective & sustainable health systems for the management of acute malnutrition at scale. These responsibilities include reporting programme outcomes & feeding back data to the Ministry of Health to inform improvements to CMAM programmes. The MRP objective to standardise reporting in order to strengthen monitoring, reporting and decision making falls within this remit, and so work has been done to sensitise MoH staff to the MRP indicators in a number of contexts.

In addition, reporting programme outcomes for MoH use may be achieved through use of the MRP software. There are two approaches by which agencies report programme outcomes for MoH use; data is collected by agency staff and used to report directly into government reporting systems (e.g. Ethiopia, Nigeria) or Ministry of Heath staff are supported by agencies in reporting (e.g. Kenya.) In the first approach, the data collected at site level can be fed into both the MRP software and a national data reporting system. In the second, data has to be copied from a government reporting tool into the MRP.

Both systems have proved challenging to countries implementing the MRP due to the presence of national data collection systems, and performance monitoring & evaluation. This has resulted in country programmes having to report according to different reporting categories, or to calculate performance indicators differently within internal and government systems. Issues around sensitivity with data sharing have also been encountered whereby the Ministry of Health has to approve data before it can be submitted for further reporting.

c) Lack of standardization across different Save the Children members

After an internal transition during 2012-13, Save the Children country offices now operate under Save the Children International. CMAM programmes within a country are now supported by a number of members[3], and a number of members may support CMAM implementation within one country context.

At present the MRP software is promoted as the standard monitoring & reporting tool for CMAM by SCUK to enable better quality reporting and analysis at all levels to inform programme management (particularly for field users and at a country level). However, it is not used as a standardised system across programmes led by other SC members. This has led to multiple reporting systems being used for CMAM programmes within one country programme. An example of this is in Afghanistan where CMAM programmes are supported by SCUK, SCUS & SC Canada, and the MRP is only used in one SCUK supported programme. This is an ineffective way to report CMAM as there is no clear data management system and so data cannot easily be compiled and reviewed at national level, and different programme staff require different technical support depending on which reporting system they are using.

d) Initial implementation time

Many countries implementing the MRP experienced a number of practical issues that resulted in a longer implementation time than anticipated. These were related to both use of the indicators and software, and include:

- Additional human resource needs for double data entry during period of transition between existing internal reporting tools & time taken to test the system
- Confusion at field level over change in definitions
- Gaining buy-in from staff due to the presence of existing 'adequate' reporting systems, time taken to learn a new system & time taken for MRP use to prove valuable
- Staff turnover
- Lack of budget provision in proposals for training, support etc.
- Issues with French translation of materials

Although these did not prevent use of the MRP, implementation was delayed & the added value of using the MRP could only be recognised after several months of implementation. This is however expected. The implementation of a new reporting system will inevitably change over a period and will take time to prove its utility when people become familiar with the system and start to use it

e) Software development

An updated web-based version of the MRP software has undergone development during the HIF-funded phase of the MRP project in 2013-14. However, software development has been more time consuming & costly than expected. This has resulted in delayed piloting, training & roll out of the new software, which in the case of Nigeria has meant that the country programme has had to revert back to its old reporting system before using the updated MRP due to the inoperative Access based software. More needs to be learned on how to work effectively with software developers to ensure that agency needs are met within a given time & budget (see software development section below).

[3] SC UK, SC US, SC Australia, SC Canada, SC Sweden and SC Norway

Lessons learnt & good practice

a) *Implementing the MRP in contexts with strong existing reporting systems*

The MRP was not intended to be a tool to be used in spite of national reporting systems, rather it was intended to help strengthen reporting through analysis of data better which can feed into national systems. The MRP has been implemented in some contexts with strong national reporting systems as an internal system. These countries include Ethiopia, Nigeria[4] and Afghanistan. In each case, the added value of the MRP was clearly defined, a mapping exercise was done to align national reporting categories with those of the MRP and the MRP software was used as a central database to compile data to inform different reports.

The use of the MRP by the Eastern Deanery Aids Relief Programme (EDARP) & Concern in Kenya is another good example of where the MRP has been successfully implemented alongside a strong government system, as outlined in the box below.

Kenya (Concern, EDARP)
Agencies implementing CMAM programmes in Kenya are required to report through the DHIS, an online national reporting system. The government in Kenya strongly discourages parallel reporting & all data entered into the system by government staff at the site level. However, agencies are required to report their own site data to donors and do have a role in capacity building MoH staff in reporting.
It was felt that use of the MRP in Kenya alongside the DHIS would be useful as an internal monitoring & reporting tool for agency-supported CMAM sites. Although data cannot be directly collected & entered into the MRP by agency staff at site level, there is still a value in copying DHIS data into the MRP due to the additional functionalities of the MRP software. The examples below explain how Concern & the EDARP have implemented the MRP, and the added value of the MRP to their programmes.
Concern Kenya were trained in MRP use by the nutrition advisor in Nairobi. All 180 programme sites were configured and field staff copied DHIS data for their sites into the MRP software. Data was merged in Nairobi & issues of data quality highlighted as reporting compliance for the DHIS is low & site data is often entered late. Concern conduct data quality meetings with the MoH which fall under their role in capacity building and are planning further capacity building activities with government staff to increase timeliness & completeness of data. In addition, Concern staff are using the MRP to produce reports & graphs for data analysis & reporting.
The EDARP previously used an internal Excel based system to report CMAM figures based on the SPHERE handbook. This information was collected separately to the DHIS. MRP indicators overlapped with those previously used in the Excel system, and so transfer to use of the MRP was fairly straightforward. The EDARP collect data directly from some sites using the MRP in order to be able to be able to conduct a data quality assessment between the two data sets. This assessment is used to inform monthly discussions with the cluster & makes it easier to provide technical feedback to specific sites.

In some contexts, agencies have also entered into discussions with partners, government & UN agencies on using MRP indicators to inform national reporting systems. These are listed below:

- **Somalia:** the MRP indicators & software are used by Save the Children in Somalia & have been shown to be advantageous over previous reporting tools (as discussed under 'using the MRP

[4] Nigeria had to cease MRP use due to software issues

for programmatic reasons.'). SCI Somalia was invited to present the MRP as a potential reporting tool for a nutrition consortium in April 2014, that includes the CMAM implementers IMC, ACF & Oxfam. The additional utility of the tool was recognised and it was decided to use the MRP as a consortium reporting tool.

- **Philippines:** Save the Children invited partner staff to a training on the MRP indicators & software in Manila in May 2013. Attendees included the Department of Health at the Autonomous Region in Muslim Mindanao, WFP, UNICEF and ACF. Partners identified the MRP as a strong Save the Children system. However, further efforts to de-brand the MRP are required so that external agencies feel comfortable in using the system.
- **Yemen:** Presented the MRP at a cluster meeting and it was well received. In addition a joint MRP training was conducted in Yemen between IMC and SCUK staff.
- **West Africa:** Agencies are using internal databases due to the lack of strong national systems in many contexts and so there is a need for a regional standardised CMAM reporting tool which could be met by the MRP software. UNICEF has requested a presentation of the web-based MRP & there are windows of opportunity to present to both UNICEF & different MoH.

In each case, discussions are likely to have been successful due to the following factors: use of the MRP indicators was presented as distinct from use of the MRP software, agencies had used the MRP before presenting it to others and so were able to clearly articulate its value in a specific context; presentations were made to agencies with whom agencies were already working; attempts were made to de-brand the MRP to undermine the misconception that the MRP is an SCUK reporting tool.

b) Effectively rolling out the MRP

Rolling out the MRP indicators & software in different contexts gave valuable insight into the practicalities of rolling out a new reporting tool. The lessons learned were as follows:

- Need to align new reporting categories with those existing
- Time required to update reporting tools (where this is possible) – to report weekly data (e.g. in Myanmar & Somalia) an additional Excel report had to be created that could feed into the MRP
- Time required to capacity build staff on aligning reporting categories
- Ensure all relevant staff are trained, this includes data clerks, programme managers and M&E staff
- Ensure that trainings are timed immediately before collecting MRP data – this is a skills based training & so skills are easily forgotten
- May need to keep an internal parallel reporting system for a few months to ensure consistency of reporting
- Account for the time that it will take for the MRP to start to add value (configuration, training staff etc. at the beginning is time consuming)
- Pilot the MRP in one programme and scale up (e.g. Afghanistan)
- Ensure appropriate support is available (including technical MRP support & HQ management support)

c) Data quality

In many cases, confidence in data quality is low as evidenced by unrealistically high performance indicators as demonstrated in preliminary analyses of MRP data. The MRP has been useful in highlighting issues with data quality across programmes, partially through the standardisation of methods to calculate performance indicators. Using the MRP software, indicators can also be easily

compared across programmes and compliance and validation reports have highlighted missing, late and erroneous data.
In response to concerns about data accuracy, a quick analysis of actual versus reported data was conducted in one Save the Children programme implementing the MRP[5]. These highlighted:

- Defaulting rates reported as <1% actually looked closer to 30-40%.
- In another programme, children discharged as recovered were found to not meet discharge criteria and should have been reported as non-recovered.
- The same children were later reported as new admissions rather than re-admissions.

In response to this the MRP is piloting a quality appraisal tool to help assess the quality of the data. This was piloted in Ethiopia, and was found to be valuable in highlighting specific issues with data duplication & admission criteria (see section below)[6].

Concern have also used MRP software reports to assess data quality. A global assessment of missing, late & erroneous data was conducted during the initial months of MRP implementation and it was noted that data quality improved during that time.

d) Using the MRP to inform programme management

In many contexts, use of the MRP software has enabled country programmes to conduct a critical review of their data. The added value of the reporting, review & analysis functions of the software are discussed below. There are also examples of where analysis of MRP data has been used to inform programme management:

- In Yemen high defaulter rates were highlighted & resulted in the programme adapting their programme delivery model
- In Asia, a large number of defaulters were revealed due to a supply chain break. The MRP made this visible & results could be traced back to specific sites
- In West Africa the MRP clearly shows where issues are and where to focus technical support. Stock management is one of the main challenges and blocks in the region and the MRP is advantageous in estimating caseloads & supply needs
- In Somalia the MRP has been used to estimate caseloads & supply needs in Puntland for stock management

Many countries cited using the MRP minimally for data analysis & programme management as only a few months of data were available. As more data becomes available and the quality of data improves, the use of the analysis & programme management functions should be further encouraged and supported.

Value added

The added value of the MRP[7] has been outlined for use across country programmes (see Annex 6.) This was distributed at the Nairobi Regional training in April 2014 and should be used as a tool to encourage use of the MRP indicators both internally & externally.

[5] PowerPoint presentation*: The MRP – Development of a comprehensive CMAM reporting tool using a set of standardised indicators.* CMAM conference London. *October 2013*
[6] *CMAM reporting: Shinile district, Ethiopia.* Rachel Evans. *April 2014*
[7] Based on use of the updated MRP software

In addition, users cited that the MRP software had added value to CMAM programming in specific contexts. These include:

Data entry & management

- Data is easy to manage
- Data sharing is easy (when internet is available)
- Captures different levels of data so it is easy to search for data
- Reduced reporting time compared to Excel

Data review

- Data entry system is error proof as false data can't be entered
- Inconsistent data & missing data easily viewed & feedback made easier
- Highlights missing data – can be used to enforce better reporting. This is particularly useful in programmes with high numbers of sites
- Compliance reports improve timeliness of reporting
- Highlights discrepancies between totals at the beginning of month and end of last month
- Collection of data from site level makes it easier to feed back to sites

Data analysis

- Captures different levels of data so it is easy to compile reports
- Facilitates trend monitoring to feed into donor reports/ stock checks
- Easy to extract indicators for donor reporting
- Useful for programme review
- Field staff using analysis functions to produce reports & graphs
- Analysis by site possible so easier to target support in programme management
- Able to verify/ compare with national reporting system to do a data quality assessment and inform monthly data discussions with cluster
- Graphs highlight problems assisting management

Use in Head Office

- Support is easier to provide from HQ as programme details can easily be accessed
- Good information source
- Encouraged monthly instead of quarterly reporting, increasing transparency
- Remote supervision & technical support easier
- Transparent, easier to trace back results to original sites

Yemen

The MRP software replaced Excel sheet reporting which was prone to many errors and had limited use. The Yemen team cited the following as ways in which the MRP has added value to reporting:

- "With the MRP we can see indicators directly when entering data – a major advantage over the old system"
- "We can take actions if indicators do not reach Sphere in single feeding sites"
- "Data in the MRP report format is shared with the Ministry of Public Health (MoPH)/UNICEF"
- "The MRP helps to improve the quality of the programme. Before starting the MRP, the defaulter rate of the programme was very high. With the MRP it has been easier to monitor the data and to take corrective actions."

Back to basics – investigating data quality

Audit is used as a tool to assess the way in which programmes are implemented and to highlight areas where things are being done well and areas where improvement is needed. Clinical audit is a routine part of many health care initiatives. Following the identification of data of questionable quality being collected at field level through the analysis and case studies, a draft audit tool was developed for field piloting. The purpose of this tool was to provide a framework and assist programme managers/nutrition officers conducting field visits to carry out random quality checks to determine the quality of data being collected. The tool was intended to be used alongside existing site supervision checklists and as a component of overall programme supervision.

During the evaluation, a review of CMAM reporting was conducted for the Shinile programme, Ethiopia in April 2014. The review included a rapid audit of site-level reporting & had the following aims:

1. To understand how the MRP is used for CMAM reporting within a specific CMAM programme in Ethiopia
2. To estimate the quality of data entered into the MRP software
3. To assess the utility of the audit tool in Ethiopia for use in future remote management & supervision of programmes

Programme background

The Sitti 6-month, HRF funded programme started in November 2013 & includes three treatment components of CMAM. (BSFP is not conducted here under the enhanced outreach strategy.) The programme covers three woredas (districts) & reporting is primarily conducted by government staff according to national guidelines. Save the Children supports health facility based OTP sites with logistics, supplies & capacity building. Field teams support CMAM reporting in this context through capacity building of government staff & compilation of site data for the district government at the woreda level. Staff follow Save the Children protocols which were introduced in November 2013 in line with government protocols.[8]

Method:

Meetings were held with the nutrition team in Addis to review data for Shinile. Data for Shinile is compiled into a pivot table format by the M&E officer, and into the MRP format by a nutrition officer. In addition, supervision checklists, monitoring plans and national CMAM protocols were reviewed in order to understand how current procedures address reporting quality.

Further meetings were held in Dire Dawa to understand reporting requirements & mechanisms at the programme level.

A site visit was conducted to Shinile Health Centre, the following reporting tools were reviewed & photographed:

- Patient cards
    - OTP discharges- random selection of 11 cards
    - OTP in charge
    - SC discharges- only 2 SC beneficiaries in total
- Registration books
    - OTP & SC
    - SFP registration book was not kept in the health centre
- Weekly tally sheets don't exist
- Monthly report (OTP) – March

[8] Guiding Reference for implementation, CMAM project; Save the children, November 2013

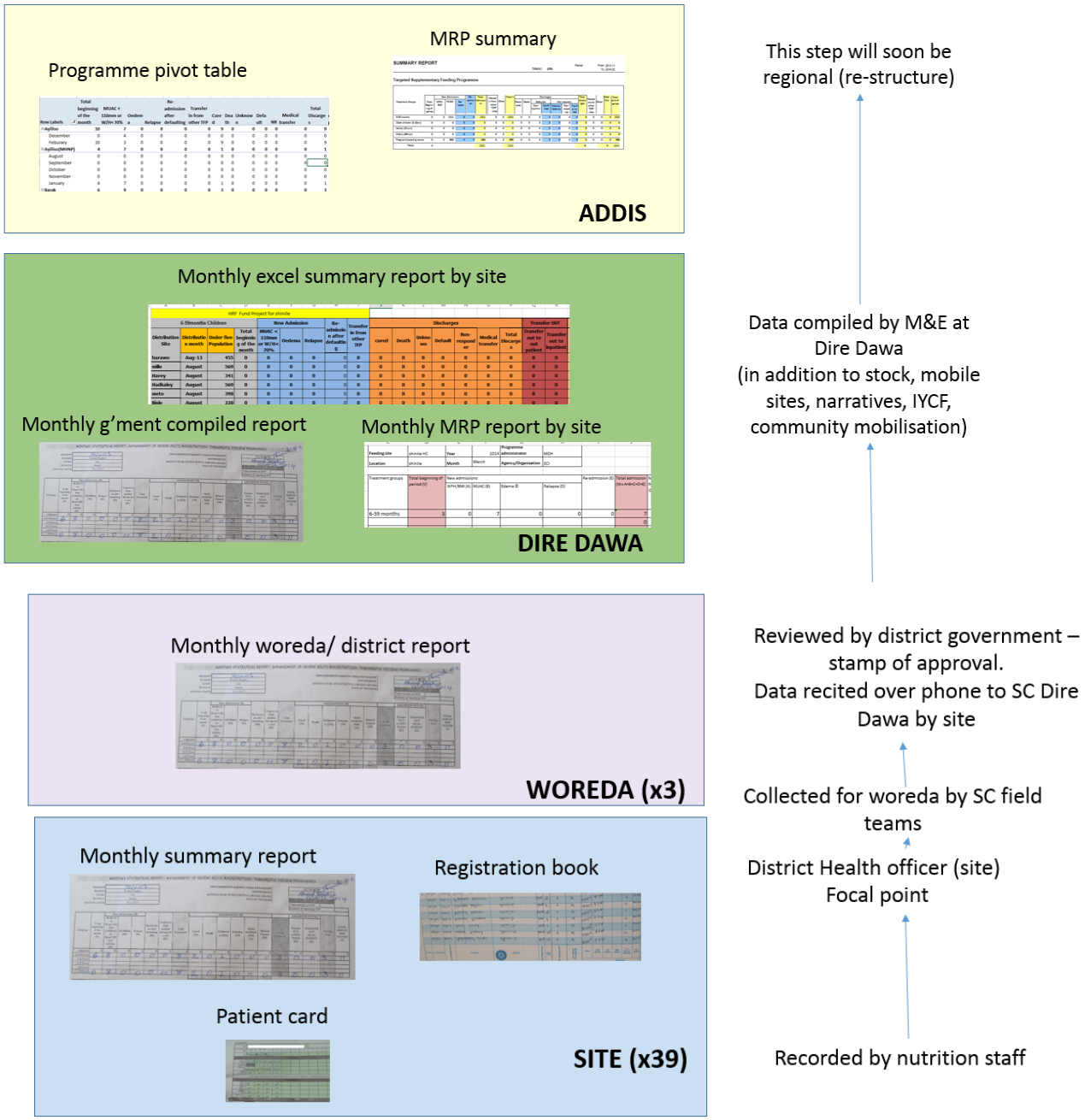
- tSFP summary lists for Jan- March

There were no children in attendance at the site as the visit could not be conducted on a service day. Therefore, it was not possible to conduct the individual child level component of the audit tool.

1. Reporting mechanism for Shinile

The following depicts the reporting mechanism for the Shinile programme.

CMAM reporting example: Shinile OTP



There is an unnecessary reporting burden on staff in Dire Dawa as a number of the reporting processes are duplicated. Monthly summary reports from each site are compiled at district level, and separately

at programme level. In addition, the team in Dire Dawa are entering site data into Excel for compilation into a pivot table, and the same data into a separate Excel sheet for entry into the MRP.
Currently the MRP software is only being used in Addis by M&E and nutrition staff. Therefore, the value of the MRP is lost as data still needs to be entered multiple times into Excel & field level staff cannot compile & analyse data automatically.
Ideally, the MRP would be used from District level reporting to avoid any duplication of data entry. However, there were a number of concerns raised by field staff that would make the introduction of the MRP at this level challenging:

- Need for training & follow up
- Need for resources i.e. laptops
- Very intermittent internet
- A review is needed as to how the reporting categories in the MRP align with those used by the government (including collection of sex-disaggregated data when this isn't required by the MoH)

In addition, to use the MRP in Ethiopia there would be a need to control who views data above the country level due to sensitivities with the government around data access.

Quality of data entered into MRP software

Data was collected from Shinile Health Centre as part of a rapid audit & compared with that at district & programme level. Although this audit isn't representative of the whole programme it gave an insight into the quality of data for the Shinile programme & the factors affecting data quality.
The results were as follows:

Patient cards

a) Admission criteria
    a. Of the 12 OTP cards reviewed, all children were admitted according to correct criteria
    b. 10 of the 12 children were admitted using MUAC & 2 due to oedema. Height data was only collected for children admitted to SC
    c. Oedema status was recorded in 11 of the 12 children admitted
b) Discharge criteria
    a. All children in the register book were discharged as cured apart from one medical transfer. This child was a transfer to SC.
    b. Of the 12 OTP cards reviewed, only 3 children (25%) were discharged as cured according to the correct criteria (target weight for 2 consecutive weeks). Among field staff there was a general understanding that children could be discharged as cured with MUAC>115mm for 2 consecutive weeks. If MUAC was included in national protocol as a criterion for discharge, 6 of the 12 children would have been discharged according to the correct criteria.
c) Vital signs (resps/ min, temperature) & appetite were recorded in all cases
d) Routine medicines were recorded as follows:
    a. Antibiotics were recorded for 9 of the 12 children
    b. Measles vaccine was recorded for 6 of the 12 children
    c. Vitamin A was administered to 7 children, and to only 1 child 4 weeks after admission
e) RUTF was correctly administered in most cases:
    a. 11 of the 12 children received the correct ration
    b. 10 of the 12 children were provided with a discharge ration

Register books & monthly summary reports

(NB No weekly tally sheets are completed for Shinile Health Centre)

a) Incorrect use of the unique SAM ID number
    a. Two patient cards were found with the same unique SAM ID number (#35). Only one child was recorded in the register book.
    b. A new SAM ID number was recorded for the 2 children who were transferred from OTP to SC programmes. In these cases children were recorded as new admissions & become harder to trace
b) Register book
    a. Date & new admissions recorded in wrong columns
    b. Oedema on admission not always recorded
c) Consistency between reports:
    a. Number of beneficiary cards matched number in charge
    b. Discharge criteria in register book matched those on patient cards (however, children had been discharged using the wrong criteria in most cases)
    c. The number of children in the register book matches that in the monthly summary reports (apart from a child missed in December who was re-added in February)
    d. Total admissions in the summary report for March were 8. This was recorded correctly in the Excel summary report but not in the MRP Excel sheet where total was recorded as 7.
    e. tSFP lists matched the total number in the Excel database. However, there were small discrepancies in figures when data was disaggregated by sex & target group
    f. No tSFP discharges in Excel as programme opened in Jan 2014 due to late arrival of RUTF

2. Utility of the audit tool in Ethiopia for remote management & supervision of programmes

The audit tool is a useful system for systematically reviewing reporting at the programme level. In the case of Shinile it flagged an important issue (that children are being discharged according to the wrong criteria) and that routine medications were not necessarily given according to the protocol. In order to recognise these issue it was necessary to review individual OTP cards.
The review of OTP cards is included in the TFP performance monitoring score card as part of regular programme supervision. 4 cards are collected from a site to determine whether 'OTP cards are accurate and complete.' However, this regular supervision doesn't detail which indicators should be observed on each card and so the review of cards will be different in each case.
The limitations of the audit were as follows:

- The process was time consuming. It was only possible to collect information on one site during a half-day visit
- Selection of sites was biased by distance/ quality of site, therefore the site reviewed was not necessarily representative of the programme
- It wasn't possible to see individual children or the tSFP registration book due to miscommunication with the field before the visit

Recommendations

In order to improve the reporting process for the Shinile programme in Ethiopia, the following recommendations should be taken into account:

- Ensure that reporting processes aren't duplicated to avoid inconsistencies between reports
- Introduce use of the MRP at district level & train programme staff in its use

- Discuss data sharing procedures with government as necessary (ownership & control of data will become relevant when the MRP software is replaced with a web-based version)
- Re-train field staff in discharge criteria

In order to utilise the audit tool fully, the following should be conducted:

- Indicators should be prioritised & only those most relevant assessed. These indicators should be updated over time.
- A realistic activity plan should also be developed to ensure that all sites are reviewed over a period of time
- The audit should be integrated with UN & government supervision checklists that are already being used. This will ensure that the audit is done on a regular basis
- A mechanism for feeding back to the programme & relevant staff should be developed

Moving on from the access based version - Software development

Alongside the evaluation of the access based version and to address challenges identified in the initial software through use and evaluations, since April 2014, there has been a process of review and development towards an innovative web-based version of the tool with offline capability. The objective of this process was to develop a web-based software which would not require installation and to have access to data at several levels without the need to send, receive and merge data with the intention of improving programme monitoring and reporting through the use of standardised indicators and improving programme management decisions, accountability and assist urgently needed learning in the effectiveness of CMAM programmes.

An initial invitation to tender was developed by the MRP team who had been involved in the development of the web based software. A tender process was conducted for the software development. A call for proposals was made and 3 proposals were shortlisted. The development company were selected based on price, and best met need. The cheapest supplier was not selected as they were not able to fully deliver on the fully technology solution that was required. All bids were significantly above the original assigned budget meaning additional funds needed to be sourced.

An agile methodology was chosen for the programme with a fixed price cost attached. Agile software development is iterative and incremental and requirements and solutions evolve. It promotes adaptive planning, evolutionary development and delivery, iterative approach, and rapid and flexible response to change.

When development started it was through an iterative process. For each iteration delivery testing took place and was reported back to the developers. On the 5th iteration, the testing process was opened up to partners and interested parties so that they could test and comment on the software. At the same time, piloting of the software was conducted in Ethiopia, Yemen, and Myanmar. The main phase of software development was completed in June 2014.

Alongside development, the team at Save The Children facilitated consultations with partners and reviews of evaluations that had been conducted for each component under development to ensure lessons learned were applied. This has resulted in a number of changes to the software and the addition of some new components:

- The structure of the software was changed from being focused around programmes and grants (a criticism of the old software as it makes it very NGO focused) to being built around feeding sites. This means that feeding sites, health centres or hospitals are the main level for data entry and analysis. Grants and contextual information can be attached to this to support 1 click reporting.
- Revision of the INS indicator (as this was found to be confusing for some). This indicator has been redefined within the software to OTP discharges. This now sits within the TSFP screen to encourage its use.
- The ability to report by gender was added as an option so that users can now choose to report by gender for each type of treatment level.
- The ability to disaggregate by age was added so users can report on children <6 months, 6-23 months, 24-59, 6-59 etc
- A new user level has been added for a country level administrator. This is a view only function that would allow the ministry of health or an organisation like UNICEF or WFP to review all country data
- A stock tracking component has been added with automatic email alert function in the event that a stock out is reported
- Blanket supplementary feeding screens have been added

- Community screening has been added and can be defined as active community screening or passive health centre level screening
- A new website has been developed as an access point to the software and associated tools
- The system has been de-branded so that it no longer shows Save the Children logos

In early July 2014, CMAM Report, the fully revised and updated version of the old MRP Access software was launched among partners. The software is a comprehensive monitoring and reporting package for global reporting of all CMAM components. It can be used on desktop computers, laptops, tablets, smart phones with any of the following browsers: Firefox, Google Chrome, Internet Explorer. It is freely available to all agencies/countries that wish to use it. There is also potential for the software to be replicated and housed locally given sensitivities in data collection and storage. The software supports:

- Secure data collection through controlled access from field to HQ levels
    - Data collection and entry varies by country, CHWs, MOH, programme staff, senior levels – 5 adaptable user access levels in system
- Enables the use of standardised indicators and reporting categories (comparable data and unbiased reporting)
- Gender and age disaggregated reporting through all admission and discharge categories – if desired
- Analysis of additional components – Feeding site or Grant level reporting, Stock tracker, AWG/LOS calculator, MUAC screening and BSFP
- Creation of summary tables and graphs by feeding site, group of feeding sites, geographical location up to global level, e.g. East Africa or global
- Export of tables and graphs to PDF, Excel and Word
- Raw data can be selectively exported to Excel and in turn statistical software
- Real-time check for data entry mistakes
- Built in analysis capacity
    - Creation of summary tables and graphs by feeding site, group of feeding sites, geographical location up to global level, e.g. East Africa or global. Can also search by grants or context
    - Graphs (with raw data attached in case the system does not produce graphs to your specifications)
    - Analysis of programme characteristics and trends

The software, user manuals and more information can all be found on the CMAM Report website using the following link www.cmamreport.com

Lessons learned in software development

Lessons learned

The process of software development has posed many challenges. Given the relevance of new innovative technology within the sector, it is important to pull out lessons learnt from the experience.

This project has faced significant stumbling blocks along the way. The main problems were mostly related to development delays in the software, complexities in development and the challenge in defining what constitutes a change in the planning of development (and therefore is attached to additional time and cost), and adapting the development process to accommodate the changes. The following lessons can be taken away from the development process:

- Software development projects require flexibility in time and financial resources in order to meet needs which evolve over time.
    - Throughout the process, the project has incurred additional cost and there have been significant delays (increase in iterations, complexities, changes)
- Agile methods work but also need funding appropriately
    - Clear definition on what constitutes change should be defined early on. This project would have benefitted from a better defined baseline
- This kind of project is not typical of grant structures we follow as NGOs
    - This project has benefited from very patient donors who understand the innovation process
- Wider learning is essential as use of ICT increases in our programmes
    - This kind of development often requires a change in skill sets
- The potential for parallel systems and duplication of efforts remains
    - There are a number of ongoing initiatives that may duplicate or complement each other. Transparency and coordination is essential as there is no one solution to many of the problems these systems address. Lessons should be learned and shared.
- Systems should be flexible in terms of indicators to be collected, but definitions should be standardised
- There are many sensitivities around data storage
- Advances systems are not a solution to poor quality data
    - System is only as good as the data – back
- Software development projects should be adequately resourced, both technically and financially. This project has benefited significantly from having a team fully dedicated to the development of this work rather than managing it as a side line to an already over stretched work load (even so, we have still had to reprioritise some work for example the analysis has taken longer due to development demands).
- In the world of information systems there is no one solution that would fit everywhere. One of the key lessons learned in this project is that platforms which can link different systems are likely to play a vital role in facilitating more efficient ways of working in the future.

A workshop was help between the software developers and Save The Children to review the methodology used, processes followed, technology available etc. and to extract lessons learned and recommendations for any future projects similar to this, or any further development of this software. The report from this workshop is pending.

Future recommendations

The following recommendations have been formulated from field experiences. They also take into account discussions with external agencies.

1.1 Use the MRP as a template reporting system to strengthen national reporting systems

Efforts should be continued to use the MRP indicators to strengthen national reporting systems. This is in accordance with current priorities to integrate CMAM into national Health systems. In order to successfully build government capacity in reporting & programme management, efforts should be made to inform national systems technically using the MRP standard indicators, definitions & performance indicators. This may be done in a number of ways:

- Provide a template reporting system for use at national level & introduce the MRP software where appropriate. It is important to ensure the MRP is a flexible tool which may take different forms depending on the context whilst still generating comparable and unbiased reporting. The re-naming of the MRP to 'CMAM Report[9]' is a constructive first step, and further de-branding of the MRP should undermine the misconception that the MRP is an internal reporting tool for use by Save the Children only. The template should also allow governments to take ownership of their national reporting system.
- When discussing the MRP with partner, government & UN agencies, an MRP advocate with a strong working knowledge of the national system & technical knowledge of the MRP should be allocated. This advocate needs to have a consistent presence in key decision making meetings and should seek to technically improve national reporting systems rather than encourage uptake of the MRP as a package.
- Conduct capacity building activities for MoH staff in reporting and analysis of data for programme management. MRP indicators can be used as a template for ideal reporting, and the MRP software used to highlight issues with data quality and discuss programme performance. Conduct trainings & meetings at all levels of reporting.
- Provide appropriate management and legal support for MRP software use in contexts where there are sensitivities related to sharing national data externally. This is known to be relevant to Ethiopia & is likely to be the case for other contexts.
- Continue to encourage use of the MRP indicators and software as an internal reporting system by partner agencies. This will enable joint review and analysis of programme data. In addition it will provide a stronger platform for discussions on integrating MRP indicators into national systems. For example in the case of Somalia. This may be particularly relevant in the following contexts:
    - Sudan: SCI and Islamic Relief have been trained in MRP and Concern are using the MRP as their reporting tool. SCI also have strong working links with the MoH
    - Kenya: Concern and EDARP use the MRP for internal reporting andSCI are trained in use. Discussions should focus on indicators & quality of reporting, not on the system itself.
    - Ethiopia: GOAL, SCI and Concern are using the MRP.

Sensitising donors to the MRP would also be an effective means of standardising indicators at the national level. Enabling external agencies to access live CMAM data using the MRP website would be of value to donors and should be considered.

[9] Online survey conducted in March 2014 with partner agencies to determine name

1.2 Institutionalise the MRP as the CMAM reporting tool across Save the Children International

Discussions have been held with SCI to review how the MRP software may fit with an agency-wide global reporting tool, the HIS. However, as this tool will not be exclusively used for CMAM reporting it would be beneficial to review whether the MRP could be used as the standard SCI tool for CMAM. This will be particularly relevant as SCI merges with Merlin[10], as the number of CMAM programmes will increase significantly. Institutionalising the reporting tool across all members will not only allow the compilation of CMAM data across SCI but will systematise reporting for national nutrition advisors who currently oversee multiple reporting systems from different programmes.

Leadership of the MRP should be allocated to a focal point in each country at national level and the implications of scaling up MRP use should be reviewed in detail in order to allocate sufficient resources, time and staff. There will be a clearer picture on what these inputs require once the new software is rolled out and used for a period of time. In particular, the increased number of field level users should be mapped in order to ensure that a sufficient number of cascade trainings are conducted & sufficient follow up support is allocated. A review of the number of programmes using MRP as primary tool to report indicators should be conducted quarterly to determine support needs as discussed in the M&E framework. In addition, Monitoring, Evaluation, Accountability & Learning advisors should be included in discussions at national, regional & global level.

1.3 Provide a platform to share lessons learned as countries roll out the MRP

As the new web-based version of the MRP software is implemented & countries continue to roll out the MRP package, programmes will require a period of time to consolidate their own learning. A platform to share lessons would be beneficial in disseminating examples of good practice. This is particularly relevant for countries reluctant to use the MRP as they are unclear of its added value.
As more data become available and the MRP is used increasingly for analysis & programme management, the platform could also be used to share examples of best practice in relation to programming in addition to reporting.

1.4 Use the MRP as a means to address issues related to data quality within Save the Children

The MRP indicators and software provide a standard and transparent means to report data, and an opportunity to introduce procedures to systematically review data quality. Nutrition advisors should be encouraged to collect data on: percentage of nutrition advisors reviewing and approving data for their programmes, percentage of site reports submitted by the end of each quarter and the percentage of monthly reports submitted by the monthly reporting deadline, as specified in the M&E framework. This data should be reviewed with regional technical advisors with the aim of improving data quality.

In addition, the quality appraisal tool developed by SCUK should be used routinely to help assess the quality of the data collected from a beneficiary card level, up to and including what is entered into the system.

1.5 Use the MRP as a means to standardise improvements in programme management within Save the Children

The MRP software has a number of means to easily review and analyse data for use in programme management. In order to ensure that these are being fully utilised, MRP trainings need to include

[10] International health charity Merlin merged with Save the Children in 2014

sessions on using the MRP to analyse data, and use of analysis functions should be introduced as standard practice. In addition, technical advisors should be given the time and resources to prioritise capacity building of field staff in data review.

The number of programmes using MRP software analysis functions at programme level and the number of programmes extracting data for review/ statistical analysis at national level can be used as proxy indicators to assess whether the MRP is being used to improve programme management. This should be collected quarterly as outlined in the M&E framework.

5.6 Ensure long-term sustainability of the MRP software, including budget for adaptations as required
A review of the budget and staffing required for software support and development should be conducted in order to ensure the sustainability of the MRP software. This should include an ongoing review of the cost of software support per month, and the time spent on support and management. It is important to ensure that appropriate support is available for software use as the MRP software has been the key determining factor in whether roll out has been successful to date. In order to review whether support is adequate a review of the percentage of users who feel well prepared to use the software post-training and the percentage of programmes able to use the software at programme level. Information should be collected through training evaluations and online surveys as outlined in the M&E framework.

In addition, the software should remain adaptable to the changing nutrition environment. There should be a process for reviewing the utility of the MRP over time and additional functionalities that would be useful in improving CMAM reporting. For example, including an integrated community case management (ICCM) module with capacity to record screening, early detection and service access to support the agenda to improve the utilisation of community based structures.

In addition, a mobile based m-health application is under development and aims to facilitate data collection and review at the individual child level. Save the Children will be piloting the application along with a number of agencies and plans should be made on how to link the two systems should the opportunity arise.

Budgets should also be allocated in specific contexts to develop automatic data transfer systems from national reporting systems to the MRP software or vice versa, for example in South Sudan and Kenya. This will ensure that data entry isn't unnecessarily duplicated & may increase uptake of the MRP in contexts with strong national reporting systems.

Due to support costs it should be considered whether Save the Children is able to continue sole ownership of the MRP or whether the software should be supported by a consortium of agencies or UN agency. Changing ownership would be challenging however, as strategic actors (UNICEF, ACF and World Vision) have each begun development of internal reporting tools that include CMAM indicators. This should not affect the objective of standardising indicators across agencies but calls into the question the feasibility of joint ownership of the MRP software.

5.7 Develop a technical body to advise on CMAM reporting

The MRP objective to standardise reporting categories and definitions, and calculation of indicators is shared by partners, governments and UN agencies who are also responsible for implementing CMAM reporting systems in different contexts. In addition, challenges on how to implement CMAM reporting systems which encompass: choice of indicators, capacity building and the quality and use of data, are shared across the nutrition sector. Although there is a wealth of different reporting systems, and more

undergoing development[11] there is a gap in the sector of technical support to inform decisions on choice of indicators and optimal reporting methods for CMAM.

Given Save the Children's experience on rolling out standardised MRP indicators it should also be considered whether to set up a technical CMAM reporting team or body of individuals with strong technical skills in CMAM reporting that could advise national systems and provide assistance in troubleshooting across a range of reporting issues. This technical body could work with UNICEF as they would share a common objective of supporting national systems.

[11] For example, the UNICEF Nutri-dash programme monitoring system

Conclusions

The development and roll out of CMAM indicators has been effective in meeting the MRP objective to standardise the use of reporting categories, definitions and indicators globally. This is evidenced by the routine use of the MRP by 6 agencies across 12 countries globally. The software has also begun to play a role in the objective to improve programme management by enabling country programmes to conduct a critical review of data, for example, in Somalia where admission figures were used to estimate caseloads for stock management. In addition, routine use of the MRP software in different country contexts has revealed the added value of the MRP in reporting, review and analysis of data which will be evidenced further when the web-based software is rolled out.

The MRP team have continued to encounter challenges to roll out of the MRP indicators in contexts with strong parallel reporting systems. However, there are ongoing opportunities to use the MRP as a template reporting system to strengthen partner, government and UN reporting systems, and in some cases to integrate the MRP with these systems. Experience of MRP use over the past year will enable countries to clearly articulate its value in specific contexts, and plans to de-brand the MRP will allow governments to continue ownership of national reporting systems. Given the current lack of global technical support for CMAM reporting it may also be possible for Save the Children to develop a technical body to advise on this subject given their experience in this area.

Internally, the MRP indicators and software have been successfully rolled out across 9 countries with plans to roll out in 3 additional countries when the web-based software is available. However, to ensure sustainability of the MRP system and to improve programme management across programmes the MRP needs to be institutionalised as the CMAM reporting tool all SCI members. This will be of considerable benefit not only in the compilation of data for reporting, but as a means to standardise improvements in programme management within SCI as has already been evidenced by its use within SCUK. Increasing the transparency of CMAM data will also enable the MRP to be used as a means to address issues related to data quality which is a priority in ensuring that CMAM data can be used to constructively inform programming. The use of a quality appraisal tool should be encouraged to compliment the MRP in assessing the quality of data being entered into the software.
A wealth of experience on CMAM reporting has been gained during the roll out of the MRP indicators & software across 12 countries and should be used to inform future implementation. Example of best practice in introducing a new reporting system should be shared through the development of a platform to document lessons learned. Experiences of software development should also be documented to inform future software development, ensuring long-term sustainability of the MRP software.

In order to measure whether the MRP software & roll out continues to have an effect on programme management, a monitoring & evaluation framework has been proposed for future use by Save the Children and other implementing agencies. This includes indicators related to use of the MRP in programme management & more directly to software use.

Annex 1
List of key documents reviewed

ACF International Network Health System Strengthening: From diagnosis to programming- A step by step approach Scientific and Technical Department. Nutrition and Health Section Action Contre la Faim – International. *(2014)*

CMAM reporting: Shinile district, Ethiopia. Rachel Evans. *(2014)*
(Informed by a review of CMAM reporting tools for the Shinile Programme)

Development of a Minimum Reporting Package for Emergency Supplementary Feeding Programmes Project. ENN, Save the Children UK *(2011)*
http://www.ennonline.net/pool/files/research/mrp-report-final.pdf

Humanitarian Innovation Fund MRP Expression of Interest/ proposal. Victoria Sibson. (*2013)*
International SAM Conference presentations, London. Hosted by ACF- Coverage Monitoring Network. http://www.coverage-monitoring.org/london-presentations/ (2014)

Introduction to the MRP. PowerPoint Presentation for Internal IMC Conference. Esther Busquet. (*May 2014)*
M*easuring the Effectiveness of Supplementary Feeding Programmes in Emergencies*, Carlos Navarro-Colorado, Frances Mason and Jeremy Shoham, Humanitarian Practice Network Paper 63, ODI *(2008)*

Mid-term review for the introduction of mid-term review for the introduction of Minimum Reporting Package (MRP) as standard reporting protocol in emergency supplementary feeding programmes. Valid International & Nutrition Works. *(2012)*

MRP Training report: Save the Children Training of Trainers, Nairobi. Rachel Evans. *April 2014*

SCUK Integrated Community-based Management of Acute Malnutrition. Sub Strategy and Priority Actions. Save the Children UK. *(2014)*

The MRP – Development of a comprehensive CMAM reporting tool using a set of standardised indicators. CMAM conference London. *(2013)*

Annex 2
List of interviewees

Name	Country	Organisation
Adelaide Challier	Rwanda	Concern
Alfred Sambou	West Africa (CAR, Niger)	SCUK
Alison Donnelly	East Africa	SCUK
Amado Parawan	Philippines	SCI
AnneMarie Kueter	Myanmar	SCUK
Aurelien Barriquault	West Africa	SCUK
Carlos Navarro-Colorado	Global	CDC
Chris Andert	Global	SCUK
Daniel	Ethiopia	GOAL
Diane Baik	Global	World Vision
Emily Keane	Global	SCUK
Gudrun Stallkamp	Global	Concern
James Hedges	Global	UNICEF
Jane Keylock	Pakistan	Freelance
Jess Bourdaire	Mali	SCUS
Karina Lopez	Nigeria	SCI
Lilly Schofield	Asia	SCUK
Mary Murphy	Ethiopia	GOAL
Maureen Gallagher	Global	ACF
Nick Connell	Global	SCUS
Oumar kassambara	Mali	SCI
Regine Kopplow	Global	Concern
Samuel Kirichu	Kenya	Concern
Sarah Butler	Asia	SCUS
Sinksar Simeneh	Ethiopia	SCI
Sophie Woodhead	Global	ACF
Steve Kegoli	Kenya	EDARP

List of SCUK Regional training participants who contributed to group discussion on MRP use (excluding those listed above)

Name	Position	Country
Assumpta Ndumi	Regional Nutrition Advisor - PPQ	Kenya / Region
Wema Adere	Nutrition Advisor	Kenya
Rahab Kimani	Nutrition Program Manager	Kenya
Yetayesh Maru	Nutrition Program Manager	Ethiopia
Florence Njoroge	Nutrition Advisor	South Sudan
Robert Gama	Nutrition Advisor	South Sudan
Joyce Akandu	Nutrition Advisor	South Sudan
Ali Nasr	Health & Nutrition Advisor	Sudan
Onesmus Muinde	Deputy head of nutrition	Somalia
Paul Odingo Wasike	Emergency response personnel	SCUK

Alfred Sambou	ERP	SCUK
Mohammad Akbar Sabawoon	Senior health and nutrition adviser	Afghanistan
Sherry Hadondi	Nutrition Program Manager	Myanmar
Swelinn Maung	Nutrition Program Manager	Myanmar
Adewale Falade	M&E Coord Katsina	Nigeria
Mohammed Abdurrasheed	LTA Zamfara	Nigeria
Omolola Morgan	Nutrition Programme Officer Abuja	Nigeria

Annex 3
Review Activity Plan

Task (MRP Project review)	Time (days)	Period
1. Review proposal and relevant documents (inc. nutri-works evaluations)	1	Nov
2. Activity plan (discuss with MRP team) • Choose case study countries • Discuss scope of report (i.e. wider questions around data collection for SFP/CMAM, agencies, countries etc.) • Finalise questionnaire for partners (approved by MRP team)	1	Nov
3. Phone/ Skype interviews with SC and partners to gather field experiences • Including Concern, GOAL • Lessons learned: World Vision (online DB) etc. • Wider learning on project, MRP team? Carlos? • London SC (Emily, Ali)	4	Dec-Feb
4. Field visits • East Africa (Kenya with participants of ToT?) • Ethiopia • India (Emily)	5	14th-22nd Feb
5. Develop MRP M&E framework • Including a baseline of current MRP status • Discuss with MRP team	2	Feb/ March
6. Present findings to relevant SC team(s)	1	Early March
7. Report writing	2	March
	16 days total	

Annex 4
Questionnaire template

- How was the MRP rolled out in your context?
    - Which tools are used?
    - How many staff have been trained & how were they trained?
    - Were there any constraints/ challenges to implementing the MRP?

- How has the MRP changed management?
    - Who drove in-country discussions?

- How have field teams responded to data produced by the MRP?
    - Do you think the MRP has the potential to improve **programme management?** How?
    - Are users good at reviewing data?
    - Is data systematically reviewed?
    - Is there an easy way to flag problems?

- How does the MRP fit with other systems & reporting processes?
    - Was it implemented where reporting systems already exist?
    - Do indicators align with those of the MoH?

- Are there existing or past misconceptions about the MRP and what has been done to address this?
    - Were there any lessons learned during the implementation of the MRP that should inform future use of the MRP?

- What is the added value of the MRP in your specific context?
    - Are there any particular examples of good practice in MRP use? Was there a particular programme where the MRP was most useful? Why?
    - What is useful in the MRP that is not in the existing reporting systems?

- How do you think the data presented in the MRP compared with field data?
    - Do you think the MRP has the potential to improve **data quality?** If so, how?
    - Do you use other tools to address issues of data quality?

Annex 5

A. Excel Mapping tool: Overview of MRP use

Country	Agency	Member support	Attended regional training	National training (not cascade training from regional)	Camp?	Attempted use?	Using routinely in 2013	Number of staff routinely using	Number of field users	Language of use (English/ French)
Afghanistan	SCI	SCUK	Y	Y	N	Y	Y	3	1	E
Burkina Faso	SCI	SCUK	Y	N	N	Y	Y	1	0	F
CAR	SCI	SCUK		Y		N	N	0	0	
Chad	Concern				N	Y	Y	1		F
Cote D'Ivoire	SCI	SCUK		Y	N	Y	N	2	0	F
DRC	SCI	SCUK	Y	N		N	N	0	0	
Ethiopia	SCI	SCUK	Y	N	N	Y	Y	1	0	E
Ethiopia	GOAL		Y		Y	Y	Y	2	1	E
Ethiopia	Concern					Y	N	0	0	
India	SCI	SCUK	Y	Y	N	Y	Y	1	0	E
Mali	SCI	SCUS		Y	N	Y	Y	2	0	F
Myanmar	SCI	SCUS		Y	Y	Y	Y	3	1	E
Kenya	SCI	SCUK		Y		N	N	0	0	
Kenya	Concern				N	Y	Y	1	0	E
Kenya	EDARP				N	Y	Y	3	2	E
Nepal	WFP		Y							
Niger	Islamic Relief		Y							
Niger	Humedica		Y							
Niger	Concern				N	Y	N			
Niger	SCI	SCUK	Y	Y		Y	N	0	0	
Nigeria	IMC			Y		Y	Y	1	0	E
Nigeria	SCI	SCUK		Y		Y	N	0	0	
Philippines	SCI	SCUS	Y	N	N	Y	Y	2	1	E

Pakistan	SCI	SCUS	Y	N		N	N	0	0	
Pakistan	Merlin		Y							
Rwanda	Concern				Y	Y	Y	1	0	F
Somalia	IMC			Y		Y	Y	1	0	E
Somalia	SCI	SCUK	Y	Y	N	Y	Y	2	0	E
Somalia	Concern				N	Y	Y	1	0	E
Somalia	WFP		Y							
Somalia	Islamic Relief		Y							
South Sudan	Concern					Y	N	0	0	
South Sudan	ACF		Y			Y	N	0	0	
South Sudan	IMC					Y	N	0	0	
South Sudan	SCI	SCUK		Y		N	N	0	0	
Sudan	Islamic Relief		Y							
Sudan	Concern				N	Y	Y	1	0	E
Yemen	IMC			Y		Y	Y	1	0	E
Yemen	SCI	SCUK		Y	N	Y	Y	1	0	E

B. Excel Mapping tool: Overview of MRP interviews

Country	NGO	How was the MRP rolled out?	How has the MRP changed management?	How have field teams responded to data?	How does the MRP fit with other systems	Misconceptions	Added value	Challenges	Data quality

Afghanistan	SCUK	Tested in UNICEF-funded programme. Exposure to other tools/ software aided roll out as strong staff capacity	Led by nutrition advisor	Mostly focused on outputs of reporting, rather than what can extract from data. BUT need more data	Parallel with cluster, implemented through smaller partners. Need to capacity build partners to ensure data quality	None	None	Scale up: More data management, more field level users	Unknown
CAR	SCUK	Configured software but couldn't train local staff	Training conducted by ERP- currently no clear national leadership	Excited by analysis potential, frustrated by software & poor translation. Sending data, not using for analysis.	No government system, 1st CMAM system	None	NA	Team new to CMAM programming	NA
DRC	SCUK	NA	Not used (size of programme, emergency context). Plans to commence use of MRP post-April 2014. Very close follow up needed post training.	Poor french translation	NA	None	NA	Poor french translation of software	NA
Ethiopia	GOAL			Graphs / key indicators not used in field	Using standard UNHCR format. No coordination with SC. No internal reporting tool, less analysis at HQ, standardised tool less of a priority (10 programmes smaller, easier to pick up, MRP training would need funding etc.) Explained MRP to government in co-ordination meetings (SC+GOAL), no sig challenges so far. But in scale up policing issues in data sharing with government	None	Easy to manage, error proof (can't enter false data), data sharing easy if internet, captures diff. levels of data-search & generate data easily, all in one place over time, inconsistent data & missing data easily viewed & feedback made easier	Somali/ Afar: Pastoralist areas- SC staff main actor. Central areas: collect data from woreda/ MoH. Need to sensitise MoH to MRP needs. Amhara: started to configure, technical difficulty & prohibited from collecting data. Dolla Ado: HIS. Software issues & use of access, double reporting using excel	Slightly different data MRP & MoH due to user error. Double time for data entry which would affect quality (priority to feed into reports as necessary.) Indicators too good.

Ethiopia	SCUK	Support system - clear HQ messaging that use was required	Led by nutrition advisor	Used at Addis, not by field teams	See Audit report	None	Useful for remote support	As above re. national systems	See Audit report
Kenya	Concern	Cascade training conducted by NBO advisor. (Casual employee taken on to enter data.)	Led by national Nutrition advisor.	Data entry at different levels & merged in NBO. Concerned about duplication of data entry.	Work through government systems- interpret categories used my MRP & transfer into MRP. But revise previous months data. Copy DHIS. Double data entry, government low compliance. Government strongly discourage parallel reporting. Planning capacity building of government (to increase timeliness & completeness of data & review of indicators.)	None	Reporting monthly not quarterly. Staff also using MRP for reports/ graphs. Compliance reports improved timeliness of reporting, reduces reporting time compared to Excel.	Configuration a lot of work - 180 sites	Data quality meeting (with MoH due to role in capacity building.)Length of validation report due to government data entry into HMIS. High number of sites, low staff numbers.
Mali	SCUK	Training in October	Led by SCUS	No report was done before, only the report to donors and the indicators were not used properly. They were reporting the performance Sphere indicators as a whole without considering the different sites as no analysis was done of any of them.	Basic reporting on the CHW screening will be interesting as they have to come up with other different tools to get this info.	None	As it is minimum standards is not difficult to implement is in short period when the activities are on-going. If well implemented and followed up, it will help them to have a better picture of what is happening in nutrition, identifying what are the sites that needs more support and those are	Translation of software, downloading software due to internet issues. coaching nutrition Officer and those who collect data in the field so they can use it.	NA

							doing well so they can focus on why. MRP software helps us out simple reports and facilitates our reading performance indicators, MOC and the average length of stay.		
Myanmar	SCUK	Trained by nutrition intern	SCUS (Sarah) trained during visit. Capacity building has taken time (now have 5 mo. Data)	Variation in use of conextual section, not updated. Not used for analysis yet, insufficient data	No government system, unlikely to be introduced soon. Very little reporting to MoH. Just reporting admissions to nutrition sector. Some internal double data entry- excel for wider programme monitoring output tracker & MRP.	None	Used indicators for ECHO report, easy to compile relevant information. Useful for programme review.	Concerns over issues with web connectivity, need gender disaggregation as required by ECHO	Already well organised data (as evaluated in SQUEAC)
Niger	SCUK	Not using. MEAL staff trained in Dakar 2013, now training staff in programme region with previous experience of CMAM.	Second training conducted by MEAL & ERP	Concerns over duplication of data entry.	Government Excel database, same indictors	None	NA	Internet challenges in downloading software	Potential to improve data quality- especially in Niger, large number of sites. Time consuming to check compliance currently.

Nigeria	ACF	Not used: parallel to MoH, doubled workload, already collecting same information through internal ACF reporting system, UNICEF very operational role in Northern Nigeria - working with UNICEF essential.	NA	NA	NA	NA	NA	NA	NA
Nigeria	SCUK	Trained in March 2013 by MRP team member. Submitted data before software issues unresolvable, no longer used	Led by nutrition advisor	Able to use software after training apart from issues	Kept parallel Excel internal system. • Zamfara: New system needed as setting up CMAM • Katsina: took longer to get message to key people in established programme	Need to understand the time taken for the system to start to become useful.	Producing the Zamfara consolidated monthly report. Useful in Abuja to be able to analyse all data together- check without going back.	Unresolvable software issues	Potential to improve data quality (flag issues in data, if enter/ collect wrong data you're forced to analyse it.)

Pakistan	SCUK	MRP not used internally due to NIS	NA	NA	CMAM guideline revision. Monitoring & reporting formats & NIS (UNICEF- led) Valid consultation. MRP team produced a document on the robustness of data- small revisions to improve data quality. However, guidelines haven't been changed as we lost momentum when the UNICEF cluster coord left who was pushing for the changes. Miscommunication with the SC team in Pakistan at strategic moments as time pressure in decision making. Heavy subject matter & also differs to current SPHERE standards.	Clearly stated in CMAM meeting that MRP not meant to replace national system. Technically strong & pushed agenda of consistency of data & standardisation.	NA	Strong push from UNICEF on streamlining all reporting systems, SC presented on MRP but this appeared to undermine national efforts to systematise reporting. Stronger communication between HQ & national teams may have lessened this. Need a consistent presence in meetings of key decision makers.	NA

Philippines	SCUS	WFP funded MRP training	Staff turnover has prohibited use in field: One Field User at our project office in Cotabato City (for the WFP Project) and two from our Tagum City (for the UNICEF Project) were identified and trained, while our Data Management Officer at the SC National Office was the Basic User. After a month, the trained Field User at the Tagum Office did not renew her contract, and the other Field User was reassigned to another office thus the software was not used even if it was already installed.		Invited partner staff to a training e.g. Department of Health at the Autonomous Region in Muslim Mindanao, WFP, UNICEF and ACF in may 2013.		Cotabato City - report of the Phase 1 of the project used MRP which submitted to the WFP		Incomplete data from field implementers who are community-based volunteer health workers (CVHWs) • Delay in the submission of reports from the government midwives to who the field data are submitted by the CVHWs • Need to locate specific cases due to inaccurate data but these cases have transferred residence already • Heavy workload of project staff who have to cover another project area which does not need the use of the MRP • Partners identify the MRP as a Save the Children software and would rather create their own • Partners sent only one person to the training and did not send trainees to be trained as Field and Basic Users

Rwanda	Concern	Nutrition advisor trained in global training		Planning reporting - related training. Issues in software use. We might stop to use it if we decide to train all officers on the new MRP version, but the person that was in charge of data entry in MRP is still reluctant to this.	DRC refugee camp settings, not used- system already in place. Update parallel internal reporting system to avoid duplication of data entry. Using Excel in Rwanda, it detailed the admissions and discharge per week with the plumpy'nut stock remaining at the end of each week.		Support easier to provide from HQ, understand programme details, good information source. Highlights missing data, used to enforce better reporting, highlighted discrepancies between # beginning of month & end of last month. Facilitates monitoring trends to feed into donor reports, stock checks.	Concerns that UNICEF may be developing a parallel system. Difficult software to use- but so was excel / access. Language issues- French, lack of capacity.	Potential that use of validation checks (particularly in new software) will improve data quality.
Somalia	SCUK	Support system - clear HQ messaging that use was required			Big chance that the nutrition consortium where we are working in with IMC, ACF and Oxfam will take it up and use it as consortium reporting.	None	Stock management in Puntland	Software issues	Audit tool been piloted

South Sudan	ACF	Used Excel at field level & entered into MRP at HQ.	NA	NA	Too dense to align with MoH. Need to clearly define how internal systems used by other NGOs should be aligned with the MRP, why promote global over national?, not viewed as a partnership due to strong SC leadership	Software focus, lost programming objectives-data focused not outcomes to influence programming (and SFP questions being answered through research), objective not clear to external partners, future plan unclear	NA	NA	NA
South Sudan	SCUK	Not used- fear of time burden to use MRP given time to develop HIS	NA	Unnecessary duplication	NA	NA	NA	Automatic data transfer needed	NA
Yemen	SCUK	Joint training with IMC	Currently going through merge with Merlin until Sep. Operating separately but taken on reporting. Data manager for Save taken on all Merlin sites.	High defaulter rates, tweak programme delivery model. Critical review of data led to decision making	Presented results to cluster, well received.	None	Review of data	NA	NA

Asia					Using basic indicators aligns with MoH, would anticipate greater variation with SFP (but this isn't a component in Afghanistan or Myanmar)		Remote supervision, compliance report very useful, easy platform to share field level data (technical support easier) e.g. large number of defaulters questioned one month - supply break. Good, easy management & transparent. Relatively easy to trace back to original sites		
West Africa				Currently some countries double reporting internally, but seen as SCUK approach - needs to be handed over to SCI.	Presentation to W.Africa - NGOs have own DB (cluster + internal). Partners don't. Want to present new MRP. Share with ECHO/ cluster. No strong MoH in West Africa (except B Faso.) Need to convince UNICEF/ MoH to use- there are windows of opportunity to present (UNCIEF expecting presentation). Need to have information ready to present. Would also be helpful to have an easy guide to the MRP- 2 pager. UNICEF- rapid SMS vitamin A supplementation child health weeks, data entry, mobile pilot but Cameroon & Gambia		Time saved in reporting, clearly shows where issues are/ where to focus energy, stock management will be key - RUTF stock out/ management main block in the region (UNICEF/ WFP systems inadequate)	Budget cuts (ECHO) hard to include in proposals. (Needed for training, software issues, support (TA).) Concerns over support without MRP team. Poor French translation	Plausibility check enables to review data quality

Concern		MRP incorporated into normal technical support. One day training + skype support	Internal reporting tool since Jan 2013- good model (8 countries, 5 reporting regularly with good quality)	Performance at facility level - less frequent review due to time & capacity for data interpretation limited. Used for global annual report (# sites, performance etc.) Also used for reporting pilot sites for research in Northern Kenya, high case load used MRP to generate graphs for sites, show where meeting thresholds for reporting.) Avoid loss of data, avoid using excel which is prone to errors, global compilation easier, analysis between sites- focus support, review trends, encourages efforts to improve quality (e.g. Somalia- high defaulter rate, consistent decrease in rate once identified) all country with CMAM activities are now using the same indicators, and it makes easier to share the information.	Still appears parallel to UNICEF/ WFP. Lots of alternative tools. This was already the case for Concern. Had already undergone long discussion process re. finding common reporting categories for internal use. No joint NGO meetings	SFP review no longer the focus, but CMAM reporting tool	Countries with strong CMAM capacity reporting using MRP every month & see advantage over excel. Performance reports are required from countries which force them to review their data, help focus attention - no longer monthly .	Software- time taken to review global data (1/2 day) Staff turnover country programmes. Takes time to learn at HO if not using daily.	Reports use to review quality, advise on improvements & MoH capacity building objectives. Mapped number of validation error messages, # errors higher in Q1 than Q3- interpreted as data quality improving

IMC		Rolled out by roving Nutrition advisor	Handed over to nutrition advisors in country	Configuration is rather complicated and people have no time to find out how to do this; all indicate that training and help with configuration is required.	Also, most countries have an MoH database already, so for them MRP is double work			South Sudan – trained and started using MRP, but high turn-over of M&E advisers (all 3 that were trained left, successor was trained and just left; now in emergency phase so using own database for weekly reporting.) Staff turnover. Mali – not trained in MRP, interested to learn but no funding to go and do training; e-modules insufficient to get started	