

Integrating End-User Monitoring Within Routine Programmatic Reporting for Nutrition Interventions

CASE STUDY • 1/6
Delivery System
for Scale

 CHAD

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Overview

This case study is part of a compendium of country-level case studies produced by the Delivery System for Scale¹ project that explore promising, context-specific approaches to scale the management of wasting treatment for children under five. In Chad, where the availability of use of nutrition commodities is a major concern, UNICEF and its implementing partners developed an approach to integrate key end-user monitoring (EUM) indicators into the routine programmatic reporting system for

treatment of child wasting. The pilot approach is believed to improve adherence to the treatment protocols, improve the availability of nutrition commodities at health center-levels, and lower the risk of stockouts over time. This case study, therefore, describes how and why the routine EUM approach was developed, the operational advantages (and limitations) it shows in practice, and important considerations for its application at-scale or in other contexts.

Introduction

The February 2023 Integrated Phase Classification (IPC) Acute Malnutrition Snapshot for Chad shows and increasingly dire nutritional situation for children, estimating that a global acute malnutrition (GAM) rate of over 1.7 million children, of which over 400,000 are estimated to experience severe acute malnutrition (SAM), which is life threatening. An additional 270,000 pregnant and lactating women are also estimated to suffer from acute malnutrition. Despite efforts to ensure that malnourished women and children have access to the care they need to recover, the percentage of those who need and have access to this care currently still hovers at around 38%², meaning that over 62% of those who experience acute malnutrition will not receive the care they deserve.

In Chad, the management of SAM is complicated by a number of factors, including poor integration of nutrition activities into the minimum package of essential activities at health facilities, low coverage of nutritional units within health centers (e.g., only 49% of health centers contain nutrition units), insufficient

skilled and qualified human resources, and insufficient treatment-related materials and equipment within health facilities, and poor management of nutrition commodities (e.g. ready-to-use therapeutic foods (RUTF)), which amplifies the risk of stockouts.

In particular, the proper use of nutrition commodities has been a difficult challenge to solve. Following the most recent, June 2023 bottleneck analysis (BNA), the availability and use of nutrition commodities – specifically RUTF – was identified as a continuing and major bottleneck to the scale-up of treatment services for child wasting in Chad. The issue has been repeatedly witnessed by supervision and evaluation staff across the country and supported by data – including an implausibly high rate of consumption (i.e., indicators exceeding targets) and prevalence (i.e., high number of SAM children admitted compared to anticipated caseload estimated from SMART surveys³). After some investigation, mishandling practices were identified as:

- ▶ Over-reporting admissions at multiple levels (i.e., provincial, health facility and caregiver) to receive higher quantities of RUTF (with excess likely re-sold to generate income);
- ▶ Loss of RUTF during transport (i.e., from spoilage due to roads conditions or theft);
- ▶ Sharing of RUTF among family members of the same household; and,
- ▶ Re-sale on public markets³.

As part of a broader effort to solidify supply chains for health system strengthening, the Ministry of Public Health and UNICEF Chad conducted a supply chain management

evaluation of RUTF³. That evaluation provided clear recommendations to improve the availability and use of RUTF, including to “continue to scale-up routine end-user monitoring exercises, as well as their popularization using the digitized and systematized tool for promotional purposes community feedback in partnership with health center managers.” As such, the Government of Chad and UNICEF developed a unique approach to routine end-user monitoring (EUM) – an approach that measures the availability, quality, distribution, and use of RUTF from the point of distribution to the last mile of service delivery.

EUM as a Part of Routine Implementation

While EUM provides a variety of relevant information⁴, the cost and level of effort associated with such surveys often leads towards their ad hoc and/or infrequent, rather than systematic, implementation. In contexts like Chad, however, where the availability and use of nutrition commodities are a concern, consistent and high-quality EUM data can help to quickly course-correct emergent issues and improve decision-making towards sustainable, well-managed pipeline. In an effort to monitor the supply chain more closely, systemically, and cost-effectively, UNICEF increased its focus on EUM both internally, within the agency (i.e., in routine supervision missions of staff), and externally, among implementing partners – where an exciting approach was developed to undertake EUM as a routine part of standard program implementation.

To develop the approach in Chad, UNICEF collaborated with three international non-governmental organizations (NGOs) – International Rescue Committee (IRC), Premiere Urgence International (PUI) and the Alliance for Medical Action (ALIMA) – across three areas of Chad. Together, UNICEF and partners sought to strengthen the supply chain system by improving data quality and the management of nutritional supplies. This was achieved through strengthening supervision at health facilities and, in close collaboration with the Provincial Sanitary District, providing technical support to assist in the analysis and transmission of quality and timely data. Indicators forming the core of this routine programmatic EUM included: the percent of health facilities meeting the minimum acceptable storage condition (target of >90%); the number of EUM reports elaborated (target of 6, once monthly); the rate of prompt transmission of monthly data from the health districts to the central level (target of > 90%); and, the number of data quality analysis reports produced (target of 6).

Observing the Advantages in Practice

Through this experience, UNICEF and implementing partners learned that implementation of routine EUM in Chad offered a number of strategic advantages:

- 1. Consistently (monthly) transfer of data from health districts to the central level improves operational decision-making for nutrition interventions.** When interviewed, a person in-charge of a health center agreed that the increased frequency of reporting allowed for a closer monitoring of supply and more logical management of the supply chain, leading to fewer occurrences of stockouts. Such monitoring also supports micro-planning for supply, storage capacity monitoring (including mitigating risks of warehouse inventory discrepancies), maintaining the “first in, first out” rule, and ensuring reliable reporting at multiple levels. In practice, it also allowed implementing agencies to better prioritize budget allocations – from warehouse rehabilitation activities to the procurement of nutritional supplies (e.g., buffer stocks) and home visit activities by community volunteers and mobilization staff.
- 2. Increased collaboration – especially with Government staff – leads to higher supply chain management ownership and accountability.** Frequent conversations with district focal points and their involvement in both data management and data analysis of stock situation and RUTF availability led to improved management of the supply chain overall, but particularly at district levels.
- 3. Integration of EUM into the routine monitoring of implementing partners allows for more timely and decisive corrective actions.** Implementing partners were often, even on a daily basis, present at field sites and, as a result, leveraging the implementing partner’s presence allowed for more consistent, even real-time, monitoring of conditions and proactive troubleshooting at the early emergence of an issue. NGO access to this data also facilitated evidence-based advocacy efforts tailored to localized needs.

- 4. Integration does not amount to a significant, additional level of effort for implementing partners, although additional funds must be secured to support it.** IRC, PUI and ALIMA staff judged this project as easy to implement, especially in locations where they had already established routine electronic data collection for other nutrition indicators. There, data requirements specific to routine EUM were simply added to the list of other routine data being collected and to the list of duties for nutrition staff in the field. Where such electronic data collection was not already in place, the project successfully conducted relevant training among staff, who found it to then be easily implemented. No major challenges were reported and the use of tablets was judged as convenient. Still, it is important to remember that this work was facilitated through the use of additional funding, which would be required to sustain such activities systematically.

From the data collected, implementing partners also compared EUM results from the first to the fourth month of monitoring. They found that, initially, RUTF administered fluctuated between 20-30 sachets per child per week, but by the fourth month, almost 100% of children received the correct ratio (14 sachets per week) as per the community-based management of acute malnutrition (CMAM) guideline. Additionally, staff reported anecdotally that at health centers where issues were found or where stock changes were alerted, the EUM system allowed for a closer follow-up and supervision to avoid wasting supplies. Overall, partners believe the routine EUM system piloted in Chad can lead towards improved adherence to the CMAM guideline, improved availability of RUTF at health center-levels, and a lower frequency of stockouts over time.

Pushing Toward Scale

While this approach to routine EUM was successful in the 3 areas in which it was piloted, partners agree that Chad is not yet ready for a country-wide scale-up. Based on the learning from the project, the following pre-requisites must be met to enable an effective scale-up:

- ▶ Prioritize RUTF supply chain strength and sustainability at the level of the Nutrition Cluster, with appropriate monitoring and evaluation systems in place for consistent follow-up.
- ▶ Wide dissemination of supply chain analyses and recommendations, with ownership and accountability across the pyramid of actors involved in RUTF management.

Partners also noted that scale-up would be particularly challenging in areas where key enabling factors are absent. Most especially here is the operational presence of implementing partners, who are able to streamline routine EUM within their existing data collection, monitoring and evaluation systems. Additionally, the roles and responsibilities of staff for data collection and reporting need to be clear; in practice, this was often facilitated by centralizing key activities within the responsibilities of one

staff member. Importantly, this staff member would not be concurrently in charge of supply chain management (as it could bias the data) and also would not be a temporary enumerator (as frequent turnover would increase training demands). Therefore, identifying the most appropriate staff member with whom to embed these responsibilities is a critical factor to enable the project's success and leverage partnerships across health center staff, district-level government representatives, UNICEF and implementing partners.

Even when these enabling factors are present, some challenges should also be expected. These include the refusal of the person in-charge of the health center to cooperate (in that they potentially do not allow checks on physical vs. estimated stock), connectivity issues for electricity and internet, and a lack of familiarity with digital reporting tools at health centers level. Finally, it is important to remember that while routine EUM, such as was implemented through this pilot project, would discourage falsification of data, it would not fully resolve all of the problems originally associated with RUTF availability and use in Chad (i.e., sharing among family members or re-sale on the market).

Summary

While only implemented in its pilot stage, integration of EUM within the routine programmatic reporting of implementing partners offers a new potential avenue for more responsible RUTF and other nutrition commodity supply chain management. In Chad, the approach offered a number of strategic advantages, including: improving operational decision-making for nutrition interventions, increasing supply chain ownership and

accountability, facilitating timely and proactive corrective actions, and streamlining supply-related reporting within routine data collection systems. However, when considering its potential application, partners should keep in mind that there are important enabling factors and limitations to the approach, which should be considered and contextualized in light of the motivation, resources, and coordination structures available.

Endnotes

- 1 The Delivery System for Scale project was implemented from 2022-2023 by the International Rescue Committee, Action Against Hunger and Save the Children, with the support of UNICEF. The project provided technical and operational support to UNICEF country offices in high-burden countries, aiming to accelerate efforts to bring child wasting treatment to scale.
- 2 Ministère de la Santé Publique et de la Solidarité Nationale & UNICEF. (2022). Évaluation de la Couverture du Programme PCIMAS à Base de LQAS Simplifiée SLEAC dans 10 Districts Sanitaires, SLEAC 2022.
- 3 Ministère de la Santé Publique, la Direction de la Nutrition et la Technologie Alimentaire and UNICEF Tchad. (2022). Rapport Final : Évaluation de la gestion de chaîne d'approvisionnement des ATPes fournis par l'UNICEF Tchad.
- 4 Including, for example, a review of the distribution process, reception, storage and distribution of nutritional supplies up to the last mile; an assessment of quality, including the standards applicable to warehouses for storage; estimate of availability and shortages in health centers; RUTF distribution practices in health centers and households, among others.