



**HUMANITARIAN INNOVATION FUND**  
**Small Grant Final Report for Diffusion Funding**  
 - Please try not to exceed 5 pages (Arial, 12pts) excluding attachments -

<b>Organisation Name</b>	Save the Children UK
<b>Project Title</b>	<i>Dissemination of tools and key advocacy messages defined in the project – Transforming decision making on emergency feeding programmes using the Minimum Reporting package</i>
<b>Partner(s)</b>	CDC Atlanta, Concern Worldwide, IMC, Goal
<b>Problem Addressed / Theme</b>	Diffusion
<b>Location</b>	Global
<b>Start Date</b>	1st July 2014
<b>End Date</b>	31st October 2014 + approved no-cost extension until 30th June 2015
<b>Total Funding</b>	£ 19,671 HIF £ 30,672 SCUk
<b>Total Spent</b>	£ 22,977 HIF £ 30,672 SCUk £ 79,914 SCUk (software development/support costs)
<b>Innovation Stage</b>	Diffusion
<b>Type of Innovation</b>	Product and service
<b>Project Impact Summary</b>	<i>Roll out of the state of the art web-based MRP software and dissemination of findings from a project designed to improve Monitoring, Evaluation, Accountability and Learning of feeding programmes to improve standardisation and enhance the quality of CMAM.</i>

## ACTIVITIES CARRIED OUT

1. Describe all the activities carried out. Please attach a work plan or log frame, if these were used.

### **Activity 1: Roll out of the web-based software to existing MRP partners and new users**

In July 2014, we launched a first beta version of the MRP online software to existing partners (Concern Worldwide, GOAL, IMC and EDARP) and Save the Children only. Data in the previous Microsoft Access® based MRP software was migrated to the MRP online software so that agencies would not suffer from interruption of service. The beta version contained a minimum of functionality that was deemed necessary for an initial partner's launch, e.g. web based platform established, ability to set feeding up sites and users, and entering and analysing data. Partners were asked to test the software and provide feedback on bugs, functionality and user-friendliness. In response to this a list of 278 change requests and bugs was raised since 1<sup>st</sup> July 2014 which were work on and fixed by the software developers, e.g. data synchronisation issues, duplication of monthly reports after data migration and others. See Annex 2 for the full list.

This beta version, however, did not include all functionality/changes seen as essential for the final launch to the wider nutrition community. The following vital items were deemed necessary to make the software acceptable for a wider audience (and were not yet ready at the time of the beta launch):

1. Country Admin access that allows the MoH or UN agencies to access data from all CMAM implementers in a given country.
2. SPHERE validation report that shows which highlights individual feeding sites that are not performing well and need special managerial attention to improve the treatment of malnutrition
3. A function in the software to select only data that was marked as "Approved" for any analysis (tables and graphs)
4. French language translation corrections
5. Quick switch between English/French language software versions
6. Option to delete monthly reports (e.g. data for one feeding site for one specific month/year)
7. Close and re-open feeding sites
8. Disable user accounts - in case an individual user leaves the organisation using CMAM Report so they no longer t have access to data anymore

Software finalisation continued until August 2015 for the final launch early September 2015. Email notification went out to 180 individuals from NGOs, governments, UN and donors on 20<sup>th</sup> of August. ENN, GNC, HPN and CMAM Forum posted the announcement on their websites and partly shared it with their mailing lists (Annex 3). [Launch webinars](#) were held on the 1<sup>st</sup> and 9<sup>th</sup> September 2015 with 23 and 26 participants, respectively. A clear decision was taken not to rush the launch of the software until it was functional and ready, particularly reflecting on and learning from the previous versions of the software that were not user friendly which was a major barrier to its use and uptake.

During this finalisation period, testing of the software, fixing bugs and other improvements were implemented resulting in a well-functioning and desirable end product.

Between July and September 2014, 10+ key HQ staff of partners and Save the Children were trained in 2-hours online skype sessions on the new software. The training included background information on the standardised reporting categories and indicators used in the MRP as well as all main functions of the new online software being demonstrated, user accounts set up (in the LIVE and in the

test/training software<sup>1</sup>) and any support options described. Partners received ongoing email support and if needed online (skype with screen sharing) support to solve any problems they encountered while using the software. This ranged from login problems, difficulties to set up feeding sites, issues with data (e.g. duplicate feeding sites) and making reports.

In addition to the East-Africa regional training in April 2014, a West Africa regional training was conducted on the online software in August 2014. 22 participants from Save the Children took part in this training.

In order to help uptake and roll out of the new software all support materials were reviewed and updated including all [5 software manuals](#) that were updated with the feedback of partners. The [e-learning](#) tool was completely redone with a much more appealing design than the previous version. We additionally recorded [11 video tutorials](#) that showcase how to use the software in 2-3 minutes videos, e.g. setting up feeding sites, entering data, analysing data, etc. All supportive materials are now available on the newly designed website [www.cmamreport.com](http://www.cmamreport.com) in English and French language. This website acts as the main access and information hub around the CMAM Report (MRP) and includes a section for access to the LIVE software and DEMO version, downloads, FAQs and a history section.

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<sup>1</sup> There are two software environments that have the same functionality but different purpose: The LIVE software is meant for real data from existing CMAM programmes. A separate DEMO or test and training version was established that can be used to have interested people testing the software before signing up to its use and as training environment new users were mock data is entered.

**Access details to the DEMO version**Link: <https://demo.cmamreport.com>

Username: HIF

Password: Password1298

This gives you access as [Data Manager](#) for a SCUUK CMAM programme in **India**. You might need to set up feeding sites and enter data before you can analyse data. Consult the video tutorials on how to do this [here](#).

**Access details to the LIVE software**Link: <https://software.cmamreport.com>

The LIVE software contains real data from current CMAM Report users. We advise not to login in order to avoid accidental changes to the data base. We can offer you a meeting to show you the LIVE software and its capabilities in a skype/screen sharing session. Please contact [c.andert@savethechildren.org.uk](mailto:c.andert@savethechildren.org.uk) to arrange a suitable date and time.

In order to protect Save the Children's rights on the development we drafted a licence agreement that each agencies needs to sign before official using the CMAM Report software (Annex 4). The license is free of charge and limited to 12 months, renewable. The software is open source and can be changed by any interested person/company, however, any changed version needs to be made available free of charge to agencies wishing to use it.

To date (11<sup>th</sup> September 2015) the LIVE software is used by 9 agencies in 20 countries. Agencies include: ACF-France, Concern Worldwide, EDARP, Food for the Hungry, GOAL, IMC, Medair, Save the Children and Oxfam. 269 users have been set up and 58 are "active users"<sup>2</sup>. 2,345 feeding sites have been set up in the database and 1,681 are currently open for entering data<sup>3</sup>.

Throughout the project time 51 individuals representing 31 agencies approached (Annex 5) us to learn more about the online software and its usefulness for their CMAM operations. Amongst them were all target groups for the software: UN agencies, Ministries of Health, local and international NGOs, and academic/research institutes. All interested agencies received logins to the demo software version with detailed information on resources on how to use the software (software manuals, video tutorials, e-learning). Most individuals also receive the 2-hours online skype call to introduce them to the main functions of the software and the standardisation of indicators.

Participants of skype calls voiced very positive feedback on the software and the whole package. Some were even excited to learn that such a brilliant tool with useful functions exists; others said that this software could well act as a Nutrition Cluster tool for some countries in the future.

This achievement is very exciting as we did not actively shared the software with the nutrition community before the 20<sup>th</sup> of August (when all of the key functions were in places and major bugs fixed) and news of this tool must have gone out by word of mouth.

Feedback from the launch webinars in September was also very encouraging with 12 out of 14 participants indicating that CMAM Report would be "useful" or "very useful" for their agency. 75% (3out of 4) indicated that they would use CMAM Report for their CMAM programming. One agency approached us after the webinar indicating that they want to use CMAM Report from now on.

'CMAM Report' has been used as a new working title for more than a year, replacing the old title of 'the MRP'. This change was long overdue as both, the software and reporting standards focus on all components of CMAM and not only on SFP as the MRP started out with. Furthermore, putting a new label to the innovation might help to marked it better amongst some user groups for whom the old name might have negative associations<sup>4</sup>.

**Activity 2: Dissemination of lessons learnt and key advocacy points from the invention phase**

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<sup>2</sup> Have been login at least once in the last 45 days.

<sup>3</sup> Sites that are not open at the moment might have been closed as no CMAM service is provided anymore. Sites can be re-opened and receive data any time.

<sup>4</sup> MRP is still seen as a tool of Save the Children for some. It carries the label of an NGO tool that is not focused on government and UN use.

Together with our partner in CDC we have drafted a review of field data<sup>5</sup> that focused on CMAM current practice (Annex 6). This report was shared with current partners for approval. Data collected was not of sufficient quality to make any suggestions on effectiveness of SFP or any other CMAM component as anticipated. Further data collection would be necessary in the future to look at this again.

We submitted this report for publication with the Humanitarian Practice Network (HPN) – this journal published the original paper<sup>6</sup> in 2008 that started the idea of the MRP – and currently awaiting response. Two more pieces from the main report are anticipated for publication with the BIOMED Nutrition online magazine: confirmed/unconfirmed defaulter topic and the OTP discharges in TSFP. We have refrained from sharing the main report with the wider nutrition community as some journals might insist on publishing unpublished material only.

We have published an article on the development of the online software with lessons learned in the [Field Exchange 50, August 2015](#) that was based on the evaluation shared with you before.

We also presented CMAM Report and key learnings at the Emergency Nutrition Network Technical Meeting on Nutrition in October 2014. Which was well attended by many key actors in the CMAM community. The full presentation can be viewed [here](#).

Save the Children remains actively engaged with the Global Nutrition Cluster who are currently reviewing information and knowledge management tools. Save the Children will continue to promote standardisation of indicators through this forum as well as offering CMAM Report as a tool to be reviewed by the cluster that can be used for reporting on CMAM interventions during humanitarian response<sup>7</sup>.

2. If you have made changes or amendments to the planned activities and objectives that have NOT been detailed in an *Agreement Amendment Form*, please list them here.

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## ACHIEVEMENTS

3. Has the diffusion been successful?

- Completely successful
- Significantly successful
- Partially successful
- Completely unsuccessful

*Please explain further:*

The online software was launched to existing partners in July 2014. Feedback from partners on the software and indicators was overwhelmingly positive, e.g. an NGO headquarters user commented to us:

A headquarters user wrote:

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<sup>5</sup> Review of current Community Management of Acute malnutrition (CMAM) practice and outcomes in 12 countries using the Minimum Reporting Package

<sup>6</sup> Measuring the Effectiveness of Supplementary Feeding Programmes in Emergencies, Carlos Navarro-Colorado, Frances Mason and Jeremy Shoham, Humanitarian Practice Network Paper 63, September 2008. ODI

<sup>7</sup> This is an ongoing process within the Global Nutrition Cluster's work plan at present

*“Maybe I should tell you that I really like the new version (of the online CMAM Report software). Since I found some time to actually use it myself I find the functions all pretty intuitive and I check the manual only from time to time and then I find the help immediately, all written in a nice short and clear way. You and your team did a great job! Now we only have to convince more NGOs to use it.”*

A user from the field wrote:

*“The software is good as it automatically does everything once the data entered; even analyses survey data. I am impressed about it and see it as an easy way of data management in selective feeding programmes and for surveys.”*

During the project time we received an overwhelming interest in the innovation which we responded with introductory sessions into the software but we did not actively promote the use until the software was final. We felt that a software that is lacking essential features (see list above) would minimise the chance of being accepted. This might have prevented some agencies from using CMAM Report officially and scaling it up.

**MAJOR OBSTACLES**

4. Please list the three most significant obstacles faced during the project and describe how they affected the planned activities and results.

<b>Obstacle</b>	<b>Impact of Obstacle</b>
<p><b>1. Underestimation of development time for software changes</b>            Learning from previous delays in during software development, we closed the list of desired/needed software changes in October 2014 and divided the remaining list of changes into 3 workable batches. However, although suggested by us the software company refused to talk through all changes at this time to give us an estimated end date and preferred that batches are handled consecutively. This led to the situation that the software company were unable to estimate the overall time required for the final changes.</p>	<p><b>It is estimated that this obstacle delayed software completion by 8 months.</b></p>
<p><b>2. Migration of data from the MS Access based software to the online software:</b> 1000+ feeding site data reports across all agencies and countries appeared in duplicate or even 3 or 4 times. This must have happened during data migration but the actual cause was not identified. Four types of duplications were identified whereas Type 4 could only be cleaned manually to avoid loss of essential data and disruption of CMAM programmes relying on this data. The cleaning took 6 months in total.</p>	<p><b>It is estimated that this obstacle caused a time delay in the overall software development of 2-3 months.</b> Investigations, data cleaning, software script writing and back and forth communication with partners was very time consuming and staff intensive on all sides ( Save the Children technical nutrition and IT staff and IT staff from the software developers) during which time other developments and fixes of the software were delayed.</p>
<p><b>3. Bottle neck in software testing</b>            Testing software changes that are implemented by the software company is a major task for our IT team and the nutrition expert. Each change is</p>	<p><b>Time delay in software completion.</b></p>

tested in all web browsers and is normally returned to the software company for additional re-work. From November 2014 Save the Children's IT department unexpectedly changed the Business Analyst (BA) for the CMAM Report software support causing a bottleneck in our ability to check new batches released by the software company.

5. Please indicate what steps were taken to address these obstacles and whether the solutions were effective.

Solution	Effective?
1. <b>Underestimation of development time for software changes:</b> There was no real solution for this in the current project. For future project we would suggest to talk through all change and anticipated developments with the software developer and find out about the estimated time frame.	n/a
2. <b>Migration of data from the MS Access based software to the online software:</b> Software developers and the Save the Children IT team identified the duplicate data reports, grouped them into 4 groups and wrote scripts to remove the duplicates from the data base. The nutrition expert double checked each duplicate and script before it was run. Type 4 duplicates were removed manually.	Yes
3. <b>Bottle neck in software testing:</b> In response to this we have had a new Business Analyst assigned to the project who was supporting on testing.	Yes

## AUDIENCE IMPACTED

6. Indicate the audiences, including affected population as well as the humanitarians that have been targeted by the diffusion project and describe how their behaviour may have been impacted.

CMAM Report focused on all CMAM implementers and key stakeholders (NGOs, governments and the UN, donors, information and coordination platforms) to improve their reporting through the use of standardised reporting categories and indicators and/or the online software. We believe that some implementers are more aware of the existence of the standardised indicators and some have considered adopting their systems to match these in the future, .e.g. Burkina Faso cluster system. Others, e.g. our partner NGOs, are fully compliant with the CMAM Report standards ready and continue to use them for best practice.

## OPTIONAL: PARTNERSHIPS AND COLLABORATION

*If you received HIF funding with partners or collaborators, please answer questions 7 and 8.*

7. How and why did the partnership change during the course of the project?

**8.** Are there plans to continue your partnership, either while continuing this innovation or on other projects?

- Yes, with this innovation
- Yes, with another project
- Maybe
- No

*Please describe further:*

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## **NEXT STEPS**

**9.** Is the project or innovation now to be replicated or scaled up?

- Yes, we will scale up in the same or similar context
- Yes, we will scale up within our organisation (including running more pilots or trials)
- Yes, we will replicate the innovation/project in another context or country
- Yes, the innovation/project will be replicated or scaled up by another organisation or stakeholder
- No

**If you answered yes to question 9, please answer 9b:**

**9b.** What model are you pursuing to scale up or sustain your innovation?

- Applying for more donor funding
- Selling the innovation or patent
- Cost recovery (for example, selling your service or being paid as a consultant to implement the innovation)
- Innovation to be taken up by organisation or government as a standard and included in ongoing planning and core funding by them
- Other \_\_\_\_\_

*Please describe further:*

With all the positive feedback to date we hope that CMAM Report might be used as Nutrition Cluster tool in contexts where no or weak monitoring and reporting systems are in place or for major emergencies where a new tool might be needed quickly.

As data storage/access seems to be an issue, especially for some governments, we would like to find a new platform for CMAM Report. We will approach the UN, UNICEF in particular, if there are options to host CMAM Report and its global data base. This might favour governments to use this innovation as data is not stored with a single NGO.

At minimum, CMAM Report will be fully rolled out as internal reporting system in Save the Children, Concern Worldwide, IMC and GOAL.

We will continue to advocate for the use of the standardised indicators and the use of CMAM Report.

We will also monitor the use and uptake of CMAM Report and plan to evaluate the current version of the software one year after launch. We think that this will provide sufficient time to see how the innovation is received by the wider nutrition community and an opportunity to reflect on any adaptations that may need to be made to the software in the future (particularly to inform a new phase of software development).