

RECOMMENDATIONS FOR SENS FINAL SURVEY REPORT

How to write useful recommendations for SENS final survey report

Module 1: Demography

The Demography results should be used, in conjunction with socio economic / vulnerability assessments, to help UNHCR and partners plan and prioritise food assistance intervention and programme design such as targeting assistance to meet food and other basic needs.

Module 2: Anthropometry and Health

The anthropometric, nutrition programme enrolment, measles vaccination, vitamin A supplementation, deworming and diarrhoea assessment results are to assist public health partners working in refugee settings to better plan their nutrition programming.

For example, the results can assist in:

- Improving the provision of food assistance and / or implementing blanket feeding programmes;
- Improving the nutrition treatment programmes and screening at the community level;
- Improving measles, vitamin A and/or deworming campaigns or programmes;
- Improving supply and retention of health record cards, and enhancing the recording of key information;
- Strengthening training of health staff in nutrition programmes;
- Implementing Behaviour Change and Communication activities on prevention of malnutrition.

Examples of recommendations:

- Continuation and further strengthening of nutrition treatment (SC, OTP, TSFP) for children considering “High” level of acute malnutrition in both camps;
- Continue with active case findings, referral and defaulter tracing with a scale up of further innovative approaches like “Mothers led MUAC” can be introduced to increase the case detection and referral at community level. Higher MUAC cut-offs can be applied considering poor concordance between MUAC and WHZ as well as low case detection by MUAC;
- Develop a 5-year strategy for the prevention of obesity and non-communicable diseases;
- Strengthen routine vitamin A supplementation program through existing health and nutrition system;
- Institutionalize vitamin A supplementation for the camps on established schedules independent of National campaigns and establish child health nutrition days for the camps.

Module 3: Anaemia

The anaemia assessment results are to assist public health partners working in refugee settings to better plan their anaemia control programming. Preventing and treating anaemia among refugees and other persons of concern to UNHCR demands a multi-dimensional and comprehensive approach in public health and nutrition.

The specific anaemia activities encompass:

- The reinforcement of existing activities (e.g. malaria control, deworming campaigns and antenatal activities);
- Introduction of new activities such as use of lipid based nutrient supplements or micronutrient powders (refer to UNHCR Operational Guidance on the Use of Special Nutritional Products to Reduce Micronutrient Deficiencies and Malnutrition in Refugee Populations);
- Provision of micronutrients through improving the micronutrient content of the general food ration;
- Strengthening and standardizing assessment and monitoring / evaluation of anaemia control activities;
- Providing information and education for the refugee community on anaemia and micronutrient deficiencies;
- A multi-dimensional approach to food security among refugees including: use of cash, fresh food vouchers, income generating activities, cash and food for work programmes, and augmenting safety net programmes for vulnerable groups;
- Strengthening of training of health staff for anaemia detection and treatment as well as investment in equipment for measuring anaemia and ensuring adequate quantities of appropriate treatment.

Examples of recommendations:

- Scale up MNP programs and other micronutrient deficiency reduction interventions;
- Resume the blanket supplementary feeding (BSF) to children aged 6-59 months with Nutributter® and re-establish BSF for PLW with micronutrient-powder (MNP);
- Scale-up ANC coverage and create strong referral linkages from BSFP to ANC and vice versa in liaison with the health sector, encourage pregnant women to attend ANC as required;
- Scale up IFA tablet supplementation among the pregnant women and intensify health education on the importance of IFAS and its adherence both at the community and during ANC Visits.

Module 4: IYCF

The IYCF survey results should be used in conjunction with qualitative assessments, IYCF strategies and plans, and monitoring data to help UNHCR and partners plan and prioritise IYCF interventions.

For example, the results can:

- Provide a quantitative baseline for subsequent monitoring and evaluation of IYCF programme progress and effectiveness;

- Highlight the need to strengthen the awareness, promotion, and protection of IYCF through for example baby tents and expanded mother to mother support groups;
- Identify areas of concern with regards to IYCF practices used by the refugee populations. For example, determining the proportion of non-breastfed infants that will necessitate identification and skilled assessment and support; detecting low prevalence figures of exclusive breastfeeding or a downward trend in prevalence that will require skilled breastfeeding support; identifying risky IYCF practices to inform areas to target in a population, e.g. bottle feeding; identifying inadequate intake of micronutrient rich foods that will necessitate improving the quality of food available for complementary feeding; investigating the factors determining bottle feeding;
- Help to inform advocacy efforts to improve funding and / or the deployment of resources.

Examples of recommendations:

- Develop or strengthen IYCF community-based activities through community peer-to-peer support groups. These activities should include other family members who traditionally influence IYCF practices of mothers, e.g. husbands and mothers-in-law;
- Develop a package of IYCF materials to facilitate user-friendly communication and dissemination of appropriate IYCF messages;
- Design a media/communication campaign for IYCF awareness;
- Explore the feasibility of introducing the Baby Friendly Hospital Initiative.

Module 5: Food Security

The results of this Food Security module should be used in conjunction with qualitative assessments and monitoring data to help UNHCR, WFP and partners plan and prioritise public health and food security interventions. The results provide a basic overview of the food security situation in the survey context at one point in time, and are valuable in monitoring evolution in the food security situation. They may help explain any increases or decreases in acute malnutrition in the refugee population in order to take the necessary actions to address the problems.

In addition, the results can:

- Provide a quantitative baseline for subsequent monitoring and evaluation of progress and effectiveness of food security programmes.
- Show that an expanded food security assessment needs to be implemented to understand the causes of food insecurity at the household level.
- Show the need for strengthening the monitoring system of food distributions, including the implementation of on-site Food Basket Monitoring (FBM) to monitor the efficiency and equity of the general food distribution system, and Post Distribution Monitoring (PDM) to analyze the adequacy of the distributed ration as compared to the needs.
- Identify areas of concern with regards to negative coping mechanisms used by the refugee populations.
- Suggest the revision of the existing food assistance strategy, including the composition of the ration.
- Highlight the need to design food security interventions that can support, complement or provide alternatives to current assistance, such as introduction of cash-based assistance for other sectors or increasing livelihood support in the form of agricultural interventions or income generation.
- Help to inform advocacy efforts to improve funding and / or the deployment of resources.

Examples of recommendations:

- Increase household food diversity and GFD diversity by increasing the number of fresh food commodities (provide a minimum monthly distribution of three different fresh food commodities) and by increasing the number of food commodities rich in animal protein (canned fish should be distributed monthly);
- Strengthen the backyard/sack gardening interventions to enhance the household dietary diversity which has a significant role on improving the nutritional status;
- Scale up e-voucher program with more emphasis on education on selection and consumption of iron rich foods;
- Advocate for cash-based interventions (CBI) as part of food assistance to limit sale of food and to provide better purchasing power for the refugees especially with the existing ration cuts.

Module 6: Coverage of Mosquito Net Coverage

The rapid LLIN coverage results are to assist public health partners working in refugee settings to better plan their malaria control programming.

The results can assist in determining if:

- A hang-up campaign is necessary to put unused LLINs over sleeping surfaces so that they are more likely used;
- Increased BCC is necessary for targeted groups who are not sleeping under their LLINs;
- A new distribution of LLINs is necessary to achieve ownership of sufficient LLINs to reach Universal Coverage;
- Recent distribution campaigns or routine delivery succeeded in sustaining or increasing ownership and utilization of LLINs;
- Recent IRS campaign succeeded in reaching sufficient coverage level of households.

Examples of recommendations:

- Enhance distribution of mosquito nets in all camps to increase the coverage of LLINs;
- Conduct indoor residual spraying in all camps to reduce the incidence of malaria and consequently anaemia;
- Strengthen environmental management activities such as clearing of stagnant ponds in the camps.

Module 7: WASH

The SENS WASH results should be used in conjunction with qualitative assessments and monitoring data to help UNHCR and its partners plan and prioritise public health and WASH interventions.

For example, the results can:

- Provide a quantitative baseline for subsequent monitoring and evaluation of programme progress and effectiveness;
- Help to show if hygiene promotion has been successful or if the strategy used needs to be changed;
- Help to develop or adapt WASH monitoring plans;

- Identify areas of concern with regard to hygiene that require further in depth discussion with communities;
- Highlight where additional physical or human resources need to be deployed;
- Help to inform advocacy efforts to improve funding and /or the deployment of resources;
- Recommendations can also be made to ensure that the survey results are followed up and that the information is shared with key stakeholders, including the affected community. Discussing the results with communities can help to mobilize future action on health issues;
- Further in depth investigation of key variables may also be indicated from the results of the survey; for example, conducting a standard UNHCR WASH KAP.

Examples of recommendations:

- Increase water storage capacity in camps that have inadequate storage facilities and prioritize distribution of water storage jerry cans for the households;
- UNHCR to continue replacement of water containers to improve access to quality water;
- Provide information and education to improve the maintenance and cleanliness of water containers and to increase their utility life span.
- To increase use of toilets it is recommended to ensure timely construction, maintenance and desludging of full latrines.

Example of follow-up table for SENS recommendations

This example of follow-up table can be added in the annexes of the final SENS report to inform on the implementation status of recommendations provided in the previous SENS report.

| # | Recommendations and priorities | Implementation time frame* Short-term Medium-term Long-term | Status Achieved In-progress Not done | Justification |
|---|---|--|---|---------------|
| 1 | Existing nutrition programmes should be continued and linkages between the programmes should be strengthened; including selective feeding programmes for malnourished children and chronic medical cases as well as blanket feeding for pregnant and lactating mothers. | Short-term | | |
| 2 | WFP to continue the blanket supplementary feeding programme for children 6-59 months of age until the prevalence of GAM decreases to internationally acceptable levels. Ensure increased awareness and sensitisation for proper use of the supplementary foods in the target group. | Short-term | | |
| 3 | Increase MUAC screening cut-off at community level for children 6-59 months to 13.5 cm in order to refer all children at-risk of malnutrition for further assessment and conduct quarterly mass MUAC screening to improve coverage and monitor the nutritional situation. | Short-term | | |
| 4 | Increase the ratio of Community Health Workers to 1:500 in the newly established camps to enhance active case finding of malnourished children and uptake of nutrition programme services by the refugee community. | Short-term | | |
| 5 | Review the community health structure with the aim of strengthening the community health programme, and rationalizing the role of Community Health Workers to focus on Priority interventions. This includes active case finding for sick and malnourished persons, identification of new arrivals to educate on availability of services, identification of pregnant women, disease surveillance and mortality surveillance. | Short-term | | |
| 6 | Health agencies to recruit and train specialised Community Nutrition Workers to support strengthening of community nutrition outreach, community management of acute malnutrition and support to infant and young child nutrition. | Short-term | | |
| 7 | Strengthen the awareness, promotion, and protection of Infant and Young Child Feeding through baby tents, expanded mother to mother support groups, and the hiring of a professional to undertake lactation counselling in the nutrition programmes and by accelerating sensitisation and awareness creation on appropriate breastfeeding and complementary feeding practices. Investigate the factors determining use of breast milk | Short-term | | |

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| | substitutes and bottle feeding and provide appropriate support for safe breast milk substitute utilisation where needed as well as promote breastfeeding in the non-breast feeding population. | | | |
| 8 | Strengthen routine measles vaccination, vitamin A supplementation and deworming in children 6-59 months through defaulter tracing at block level and house to house checking of immunisation status by Community Health Workers. Improve the supply and retention of health record cards for children, and enhance the recording of key information. | Short-term | | |
| 9 | UNHCR to ensure adequate soap distribution on a monthly basis. | Short-term | | |
| 10 | Scale-up of hygiene promotion activities. This is to include effective messaging and dissemination on latrine usage and maintenance and hand-washing at the community level, at schools and at communal places, and ensuring adequate number of hygiene promoters to meet standards (1 hygiene promoter:500). | Short-term | | |
| 11 | Review the distribution network of water to ensure equity among all blocks in the camps and to ensure adequate water supply. | Short-term | | |
| 1 | WFP and UNHCR to conduct an expanded food security assessment to understand the causes of food insecurity at the household level and, where appropriate, design food security interventions that can support, complement or alternatives to GFD e.g. food vouchers, cash transfers or vouchers for non-food items. | Medium-term | | |
| 2 | UNHCR to finalize the anaemia reduction strategy and intervention package targeting children under two years of age and pregnant women. Consideration will be given to including supplementation of all women of child-bearing age in micronutrients. | Medium-term | | |
| 3 | Improve coverage and maintenance of household latrines over the next year (1 latrine for 1 to 2 families). | Medium-term | | |
| 4 | Conduct an in-depth assessment of household water containers to examine adequacy of water containers, and water storage practices and knowledge. | Medium-term | | |
| 1 | Develop operational research for children 5-9 years to guide MUAC screening cut-off points for this age group. | Long-term | | |
| 2 | Improve and scale up the livelihood opportunities for the refugees through developmental-oriented initiatives to improve their economic status. | Long-term | | |

* Implementation time frame: Short-term (< 3 months); Medium-term (3-6 months); Long-term (> 6months)