



### VICTORIA SAUVEPLANE

Senior Program Manager Action Against Hunger – Canada

Already a decade has passed since the release of the first manual on the SMART methodology. Data quality has since grown to be at the forefront of nutrition assessments when estimating the levels

of malnutrition in a given community, region or even country. Governments, donors, UN agencies, international and national non-



governmental organisations, research institutions and academia are now applying SMART methods to many National Nutrition Protocols, survey team training curricula, and validation procedures. SMART survey results also feed into surveillance and early warning systems such as the Famine Early Warning Systems Network (FEWS NET), the Integrated Food Security Phase Classification (IPC), and the Nutrition Information in Crisis Situations (NICS), contributing to informed decision-making and resource allocation for the most in need.

Since I have joined the SMART initiative six years ago, I have witnessed firsthand how the humanitarian community is promoting good quality nutrition and mortality estimates. When teaching new survey managers the revolutionary Plausibility Check, I would have never anticipated the enthusiasm of trainees to understand the utility and logic behind its statistical tests. Since being a part of this dynamic and essential global project, the SMART initiative has evolved from just another nutrition survey manual to being the reference and standard survey methodology among stakeholders, growing the availability of accurate, comparable data for informed



decision-making. Nevertheless, there is still a global scarcity of valid nutrition data. As stated in the Global Nutrition Report<sup>1</sup>, the call for a data revolution for nutrition is ongoing. The lack of available information on malnutrition hinders the tracking of real progress at the global and national levels, the identification of health and gender inequalities within countries with limited amount of disaggregated data, and the measure of prevalence of the growing double burden across both humanitarian and development contexts<sup>2</sup>.

In the years ahead, the SMART global initiative will not only contribute to ongoing efforts for rendering more reliable data available, it will be an essential part of utilizing data for informed decision-making thanks to its global spread of users. May the (quality) nutrition data revolution continue!

### **JOSEPHINE IPPE**

### Global Nutrition Cluster Coordinator



The goal of the SMART Global Initiative aligns with the Global Nutrition Cluster's (GNC) vision to safeguard and improve the nutritional status of emergency affected populations by ensuring an appropriate response that is predictable, timely, effective and at scale. Over the past ten years, the SMART methodology has grown to be the reference and standard tool for nutrition cluster partners (governments, United Nations agencies and organizations) for collecting nutrition assessment data both during emergencies and in developing contexts. The availability of quality nutrition data is essential in understanding the extent of nutritional needs of a given population, as well as how to best formulate programs to most appropriately address those needs. Data are crucial for nutrition programs particularly during emergencies and when large scale responses are required; hence, the importance of valid nutrition data and evidence generated by SMART surveys over the years cannot be over emphasized.

Therefore, the role of Action Against Hunger as the key convenor of the SMART initiative and as a GNC Strategic Advisory Group member has immensely contributed in enabling country coordination mechanisms to generate and utilize quality data in order to plan and implement quality and appropriate nutrition response to emergencies. These assessments have also allowed for the alignment of key nutrition response with the Sustainable Development Goals 2 - End hunger, achieve food security and improved nutrition and promote sustainable agriculture, and 3 -Ensure healthy lives and promote well-being for all at all ages; where a renewed, sustained and coordinated effort to protect children from malnutrition is prioritized.

### DR. OLEG BILUKHA AND EVA LEIDMAN

Emergency Response and Recovery Branch Center for Global Health US Centers for Disease Control and Prevention



Reliable data is essential to ensuring humanitarian responses are evidence-based. The SMART initiative has played a key role in building the infrastructure to enable this. The SMART methodology allows for rigorous – yet rapid – data collection. The ENA software enables accurate and instantaneous analysis of survey results and data quality parameters. Trainings over the last decade have focused on building capacity of a wide array of individuals – nutrition staff from national governments, INGOs, and UN agencies. The impact of this is that despite the many nutrition emergencies ongoing, SMART surveys are being conducted in the most food insecure places in each and every one of the affected countries. Moreover, the SMART initiative has supported working groups with the skills to critically review and interpret the survey data in-country.

Recognizing the impact of the SMART initiative, as members of the CDC's Emergency Response and Recovery Branch we are proud to serve as members of the SMART Technical Advisory Group (TAG) and technically support the SMART initiative.

Global Nutrition Report (2016) http://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/130354/

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 A Pioneering Methodology always Breaking New Ground

**SMART COMMUNITY 20-21** 

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COVER PHOTO: © SADEQUE RAHMAN SAED FOR ACTION AGAINST HUNGER

# SMART: THE QUA NUTRITI RESPON

SMART stands for Standardized Monitoring and Assessment of Relief and Transitions. Development of the SMART methodology began in 2002 by the **Technical Advisory Group** (TAG), a core of expert panellists in emergency epidemiology and nutrition, food security, early warning systems and demography drawn from the Centers for Disease Control (CDC), various universities, non-governmental organizations (NGOs) and United Nations (UN) partners. After several meetings to review and refine the methodology, SMART was field-tested in six countries in early 2005 by Action Against Hunger, the Food Security Analysis Unit (FSAU) of the Food and Agriculture Organization (FAO), the United Nations Children's Fund (UNICEF) and Médecins sans Frontières (MSF). This led to the SMART roll-out meeting held in June of the same year at UNICEF House in New York, titled "Saving Lives: the Right Information for the Right Decision". The first version of the SMART Methodology Manual was launched in 2006 and since its inception several local ministries of health and institutes of statistics, NGOs and UN agencies have adopted the SMART Methodology for nutrition assessments. To this day, the TAG is responsible for the continuous enhancement of SMART based on field experiences.

SMART is a systematized survey approach that balances simplicity and technical soundness. SMART survey results provide quality and timely data, contributing to effective and coordinated decision-making on resource allocation, relief response, and program development from governments and nutrition partners. SMART enhances capacity in emergencies and in high-risk developing contexts where there may be an absence of reliable data, by ensuring coordination and dissemination of information around SMART as well as advancing technical capacity to conduct SMART surveys.

Action Against Hunger Canada is the inter-agency project convenor for the methodology since 2009. The SMART initiative links with Action Against Hunger's mission to save lives by eliminating hunger through prevention, detection, and treatment of malnutrition, especially during and after emergency situations of conflict, war, and natural disaster. SMART also aligns with the objectives of No Wasted Lives – a coalition made up of Action Against Hunger, the Children's Investment Fund Foundation (CIFF), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the Department for International

# IMPROVING ALITY OF ON AGENCIES' ISE CAPACITY

Development (DFID) of United Kingdom and the European Civil Protection and Humanitarian Aid Operations (ECHO) – that aims to double the proportion of mothers able to access nutrition treatment for their children – to a record 6 million a year by 2020.

Endorsed by the **GNC**, SMART also actively coordinates with aid and development organizations at global, regional and national levels and shares its expertise in the methodology to help partners move toward the long-term goal of increased response effectiveness in humanitarian emergencies and development contexts.

### SMART STRATEGY 2015-2017 IN REVIEW

At the mid-point of our three-year Strategic Plan, the SMART Strategy was reviewed and strengthened based on the experience and lessons learned from the four pillars of engagement of the SMART Strategy (below). Now in the last months of the 2015-2017 Strategic Plan, this review will

Technical Coordination & Information Management SMART STRATEGY

Promotion of SMART Learning

Technological Advancements to Nutrition Surveys

feed into the preparations for the next three year Strategy until 2020.

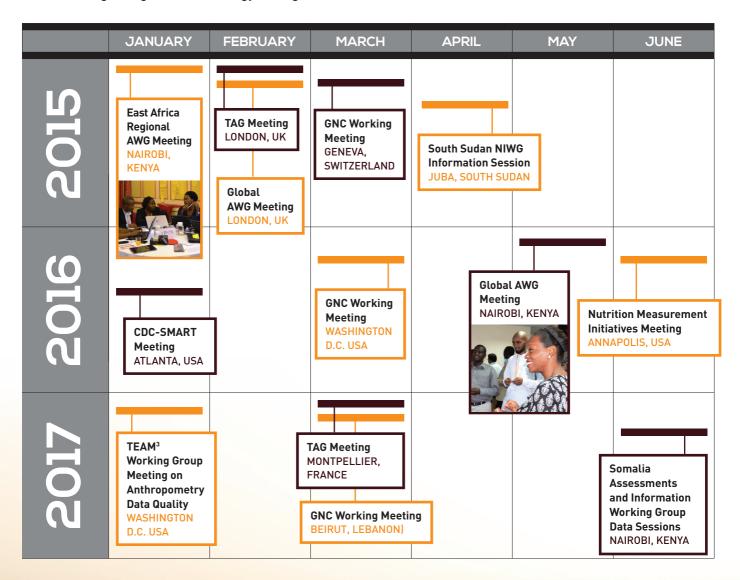
In this document, we will present the highlights of what has been accomplished in each of our core pillars while celebrating the growth of the SMART Community worldwide and across all sectors.



SMART STRATEGY REVIEW 2015-2017 | 5

# TIMELINE OF ACTIVITIES

Through continued **collaboration** and coordination with the Global Nutrition Cluster (GNC), the Centers for Disease Control and Prevention (CDC), the SMART Technical Advisory Group (TAG) and the SMART Assessment Working Group (AWG), the project ensures access to the latest tools, innovations and good practices based on the methodology. In doing so, the SMART initiative maintains its position as the **technical point of contact** regarding the methodology through its **coordination role**.



### WHAT IS THE SMART ASSESSMENT WORKING GROUP (AWG)?

The AWG face-to-face forum is the sole global-level technical working group of its kind, where key focal points representing various governments and organisations are provided a platform for keeping up with advancements in nutrition assessment methodology, technology and software and sharing field experiences and good practices.

### EAST AFRICA REGIONAL AWG MEETING 2015 (INSET)

Workshop participants were drawn from key stakeholders across the region, including UN agencies and development partners, with special emphasis being given to government representation to foster engagement and sustainability.

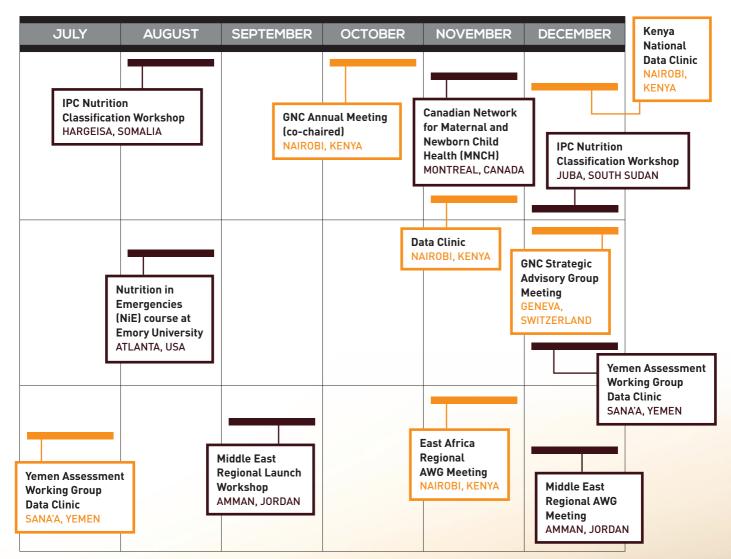
Highlights from this AWG meeting include a reaffirmation of UNICEF ESARO's commitment and support for SMART

initiatives in the region, the sharing of National Survey experiences from Tanzania and Kenya and lessons from the South Sudan technical support deployment, as well as discussions on urban sampling and the use of mobile applications for survey data collection.

### **GLOBAL AWG MEETING 2016 (INSET)**

This meeting brought together more than 40 participants, including members of the TAG.

Discussions focused on feedback from the latest technical support deployments in different contexts, the development of new technical guidance resources, improvements to the training policy to allow for more training opportunities, and on the conception of new learning tools, such as the E-Learning series.



<sup>3</sup> Technical Expert Advisory group on Nutrition Monitoring (TEAM): Established in 2015 by UNICEF and WHO, the TEAM work plan includes a number of priority actions, one of which is to review and expand guidance on anthropometry data quality and develop recommendations for improving data collection and presentation.

# FOCUS ON SMANN SUB-SAHARAN

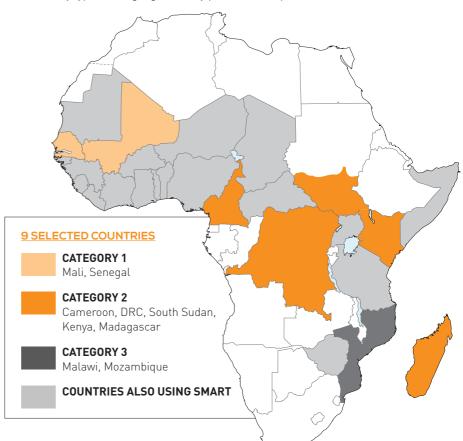
For six months in 2016, SMART joined forces with UNICEF's East and Southern Africa Regional Office (ESARO) and West and Central Africa Regional Office (WCARO) to document the implementation process of SMART surveys in Sub-Saharan Africa. Key outputs include a report landscaping the use of national, regional and small-scale surveys using SMART methods in the regions of East and South Africa, and West and Central Africa including lessons learned on coordination mechanisms and their use in National **Nutrition Information** Systems. Two case studies (next pages) on Tanzania and Burkina Faso were also devised, outlining the process and lessons learned of introducing and institutionalizing SMART methods for National Nutrition Surveys (NNS).

### **OBJECTIVE**

To **document the implementation process of SMART surveys**, including coordination mechanisms and use of results of the different types of SMART surveys (national, regional and small-scale) conducted in different countries in Sub-Saharan Africa.



This is to provide lessons learned on the planning and implementation processes based on the survey type, and highlight the key processes, steps and tools.



# ART IN **VAFRICA**

### **MAIN FINDINGS**

- There has been a broad use of the SMART methodology in Sub-Saharan Africa in the last few years: 32 countries out of a total of 45 in Sub-Saharan Africa used the SMART methodology between 2013 and 2015.
- The implementation of nutrition surveys using the SMART methodology has contributed to the **harmonization of** nutrition rapid assessment methods across the region.
- The use of National Nutrition Survey/SMART owned by governments has contributed to achieve consensus on the nutritional situation in a country.
- This report also illustrated the key role played by **UNICEF** with regard to SMART surveys in Sub-Saharan Africa: UNICEF provides significant technical support, supplies anthropometric equipment, and supports the implementation of SMART surveys financially.
- Action Against Hunger Canada's support is also pivotal, providing SMART methodology training, helping build the SMART capacities of the individuals responsible for conducting surveys, and maintaining the technical stringency required to obtain quality data.





### **KEY CONCLUSIONS** AND LESSONS LEARNED



### COORDINATION MECHANISMS

- Coordination between the government (i.e. Ministry of Health, Statistics Institute) and the different technical and financial partners (other government institutions, UN agencies, nongovernmental organizations) is generally good during the planning, implementation and results validation/ dissemination phases.
- Nutrition information working groups significantly contribute to the strengthening of nutrition information systems.

### **IMPLEMENTATION**

Implementation processes are similar across selected countries and comply with SMART technical recommendations.



- Governments are becoming increasingly independent from outside technical support.
- It is increasingly difficult to raise and secure funds to carry out SMART surveys: some thought will have to be given to the frequency and representation of regional and/or small-scale surveys in order to reduce their associated implementation costs and thereby facilitate the sustainability of the information systems currently in place.



### **USE OF RESULTS**

- Results are used in nutrition programming, as tools for advocacy and lobbying for the mobilization of resources, and included in early warning systems to enhance responses to crises and emergencies.
- Constant interest from development partners in SMART surveys, considering results (including malnutrition prevalence) as benchmark nutrition data.
- Data on women of childbearing age are collected in several countries, helping to highlight the nutritional transition underway in developing nations.

# NATIONAL NUTF

### CASE STUDY - TANZANIA

The case study, completed in April 2016, highlights and discusses the key steps and lessons learned from the first Tanzania National Nutrition Survey (TNNS) using the SMART methodology.

As this was the first implementation of this type of nutrition survey, an advocacy phase aimed at the Government and its main nutrition partners started in July 2013, before work on the TNNS itself began. Then TNNS was prepared and implemented from July to December 2014.

### Key lesson learned and recommendations:

The pivotal involvement of the Government throughout the different phases of the TNNS has contributed to the successful implementation of this first TNNS, highlighting the importance of involving key government stakeholders from survey inception.

Based on this first experience, a number of recommendations

were also formulated in preparation for the next TNNS regarding, among others:

- improvements to the training of the survey teams;
- improvement of the national communication plan, to ensure that all stakeholders at regional, district and community levels know the objectives and implementation dates of the survey, and;
- increased involvement of Technical Committee members, nutrition partners or governmental institutions in the supervision visits during data collection.

It has also been recommended to orient capacity building towards analysis and reporting in preparation for the next TNNS, planned for September-November, 2017.

Detailed findings and recommendations can be found in the full case study report.



# RITION SURVEYS

### **CASE STUDY - BURKINA FASO**

The process of institutionalization of SMART NNS in Burkina Faso is detailed in this case study including the various steps leading to this outcome, from the SMART methodology awareness-raising phase to the integration of NNS in the country's Nutritional Information System.

The Ministry of Health of Burkina Faso, through its Department of Nutrition (DN), undertook a first National Nutrition Survey (NNS) in 2009 using the SMART methodology. Since then, NNS have been conducted annually.

### Key lessons learned and recommendations:

Several factors have been identified as supporting the successful institutionalization of SMART NNS in the country:

The Government plays a leading role in the SMART NNS implementation process and many key government partners are involved, for instance through the Technical Committee.

- The ongoing support provided to the government by UNICEF Burkina Faso contributes to the appropriation of the activity by the DN and increases government autonomy in conducting the NNS.
- The NNS is registered as a national activity by the Government, and its outcomes are considered to be benchmarks by technical and financial partners.

Recommendations pertain to the two main challenges regarding SMART NNS: securing funds to finance the surveys and maintaining the quality of the nutrition data collected. To ensure quality of data, it is recommended to increase survey awareness at all levels and to start the survey with all teams in one area/ stratum to allow for intensive supervision until the first area is completed and facilitate immediate correction of errors.

The reader is invited to consult the full report to learn more about the institutionalization experience in Burkina Faso.



WHAT IS A NATIONAL NUTRITION SURVEY (NNS)?

A NNS is a nutrition survey that uses SMART recommendations in the planning, sampling, training, data collection, analysis and reporting phases. These surveys have national coverage and make it possible to obtain representative results at the national level and for the first administrative level (or second administrative level, depending on the country and needs).

# **TECHNICAL SUPPORT ARO**



	SMART TRAININGS	ON-GROUND SUPPORT - TECHNICAL SUPPORT DEPLOYMENTS	REMOTE TECHNICAL SUPPORT
2015	<ul><li>Guatemala</li><li>Senegal</li><li>Kenya (Regional)</li><li>Somalia (ICRC)</li><li>Bangladesh</li><li>South Sudan</li></ul>	<ul> <li>Malawi</li> <li>Syria (via Turkey)</li> <li>South Sudan (Integrated Food Security Phase Identification)</li> </ul>	<ul><li>Liberia</li><li>Chad</li><li>DRC</li><li>Yemen</li><li>Afghanistan</li></ul>
2016	<ul> <li>Kenya (Regional Training)</li> <li>Kenya (Global Training)</li> <li>Canada (Global Training)</li> </ul>	<ul> <li>Afghanistan</li> <li>Nepal</li> <li>Whole of Syria (WoS) Crisis (via Cyprus)</li> <li>Niger</li> <li>Yemen</li> <li>Jordan</li> </ul>	<ul><li>Ethiopia</li><li>Haiti</li><li>Iraq</li><li>Niger</li><li>WoS Crisis</li></ul>
2017	<ul> <li>Canada (Global Training)</li> <li>France</li> <li>Lebanon</li> <li>Thailand</li> <li>Nigeria</li> <li>Senegal</li> <li>Uganda</li> <li>Zimbabwe</li> </ul>	<ul><li>Madagascar</li><li>South Sudan</li><li>Somalia</li></ul>	• India



## **UND THE WORLD**

During the period of 2015 to 2017, SMART provided technical support for nutrition stakeholders across the world, with a particular focus on East Africa and the Middle East. TURKEY SYRIA LEBANON **IRAQ AFGHANISTAN** JORDAN NEPAL **SMART** BANGLADESH **REGIONAL INDIA** NIGER THAILAND CHAD YEMEN ERIA **ETHIOPIA** SOUTH SUDAN SOMALIA UGANDA KENYA DEMOCRATIC REPUBLIC OF CONGO **SMART REGIONAL** OFFICE ACTIVATED NUTRITION **COUNTRIES WITH** SECTOR ACTIVATED (AUGUST 2017) CLUSTERS (AUGUST 2017) ZIMBABWE Afghanistan Bangladesh **MADAGASCAR** (deactivated Chad cluster) DRC Haiti Ethiopia (deactivated Iraq cluster) Liberia Kenya Malawi Nepal Niger deactivated Somalia cluster) South Sudan Nigeria Syria -Turkey - Northern Syria Response Regional WoS Syria - Damascus Yemen

## SUMMARY OF TECHNICAL SUPPORT DEPLOYMENTS

The SMART initiative responds to inter-agency survey needs by providing technical support to organizations who wish to undertake SMART surveys in areas of high priority, including humanitarian crises and high-risk nutrition situations with an absence of reliable data. Technical support is tailored and contextualized to the unique needs in each setting.

### **GLOBAL-LEVEL DEPLOYMENTS OVERVIEW**

### 2017

### **SOUTH SUDAN**

### Need for strong nutrition surveillance mechanisms

Following declaration of famine in parts of the country, the Nutrition Cluster sought to enhance SMART capacity of partners in conducting reliable nutrition and mortality surveys to inform humanitarian response and monitor the situation. A Survey Manager training was conducted for partners' staff, who then took part in nutrition surveys and provided technical support to the cluster's Nutrition Information Working Group.

### 2016

### **AFGHANISTAN**

### Need for updated standardized nutrition information given the protracted crisis

As per request from the national Assessment and Information Management Working Group (AIM-WG), a five-day SMART training for the Public Nutrition Department staff and Basic Package of Health Services (BPHS) implementing partners was conducted for 21 participants from local government ministries, three UN agencies, and five NGOs. A three-day national data workshop on standardization using SMART methods was also conducted, in addition to another multi-sector data workshop led by the AIM-WG, and a follow-up training with remote technical support provided from SMART.

### **NEPAL**

### Absence of reliable nutrition data one year post-earthquake

One year following the earthquakes of April and May 2015, the Assessment Working Group (AWG) of the National Nutrition Cluster chaired by UNICEF-Nepal called for technical support in SMART. Capacity-building of 23 national stakeholders was carried out, including an extensive review of survey protocols to ensure quality of upcoming surveys in earthquake-affected areas. Since then, with additional remote support and collaboration for review of data quality, a series of surveys were conducted by partners trained during the deployment and were used to guide interventions.

### Rapid influx of refugees due to ongoing conflict

UNICEF, WFP, the Office of the United Nations High Commissioner for Refugees (UNHCR) and the Institut National de Statistique (INS) of Niger advocated for the need to conduct a SMART survey including a limited number of health, water, sanitation and hygiene (WASH), infant feeding, and food security guestions among the displaced and refugee populations in the host communities in Diffa. Remote support was provided to the GNC's Technical Rapid Response Team (TRRT) for this assessment.

### **MALAWI**

### Providing support to flood-affected areas

SMART, in collaboration with UNICEF Malawi, built the capacity of 15 technical partners from seven organizations in order to conduct SMART surveys in flood-affected areas; this included a Survey Manager training, technical support for the survey protocols and questionnaires for the upcoming surveys, as well as remote support for anthropometric data analysis based on survey results.

### **SOUTH SUDAN**

### Up-to-date nutrition information for crisis monitoring

Technical guidance to the Integrated Phase Classification (IPC) process in South Sudan was provided during a workshop with 30 participants from government ministries, UN agencies and NGOs. Experts reviewed nutrition data from



the Food Security and Nutrition Monitoring System (FSNMS), Rapid SMART surveys, and SMART surveys and used them in the IPC analysis to classify the overall nutrition situation by state and to define key nutrition messages for the country.

# **NUTRITION ASSESSMENTS** IN RESPONSE TO THE WHOLE OF SYRIA CRISIS

### SPOTLIGHT ON **SMART IN THE** MIDDLE EAST (2015-2017

The ongoing crisis in Syria is now in its sixth year and as the scale and intensity of violence show little to no signs of abating, large numbers of Syrians continue to seek protection in the nearby countries of Lebanon, Turkey, Iraq, Egypt and Jordan.

In response to this crisis and other numerous protracted crises requiring the monitoring of the ongoing malnutrition risk among affected populations across the Middle East and North Africa (MENA), a regional Nutritional Capacity Needs Analysis (NCNA) was conducted in 2016, involving countries with ongoing humanitarian situations: Djibouti, Egypt, Iraq, Jordan, Lebanon, Palestine, Sudan, Syria, Tunisia and Yemen. Findings revealed a significant variation in SMART capacity in the MENA region and showed low to medium capacity regarding the methodology across the countries studied.

As a result of the NCNA, a scale up of SMART presence and services in the Middle East is planned for mid-2017. This new initiative will allow for more effective advocacy efforts, improve coordination of nutrition information, and result in an increase of regional capacity in the planning, implementation, analysis and validation of nutrition assessments.



### **APRIL - MAY** Survey of refugees in **Jordan**, led by

UNHCR based on the SMART methodology.

The need to closely monitor the nutrition situation was identified as a priority in the 2015 and 2016 Syria Strategic Response Plan.

Inter-agency Survey Manager training for the Middle East and North Africa region conducted in Cyprus, organized and financed by UNICEF and facilitated by Action Against Hunger and the CDC. 17 survey managers from nine countries and six organizations were trained.

### **OCTOBER**

Collaboration with UNHCR to support data collection for an inter-agency nutrition survey of children under five and women of reproductive age among refugees living in urban host communities in Jordan, and to assist in the monitoring of effectiveness and coverage of interventions.

Survey Manager level training on SMART for the Southern hub governorates of Yemen in Aden. A total of 23 partners were trained.

### MAY

2014

2015

2016

2017

Six-day SMART training for survey teams held in Turkey for Syrian surveyors collecting data in Syria.

### MAY

20 participants were trained in Turkey as Enumerators / Team Leaders. Participants in management positions were also provided with training in adult learning techniques.

### **SEPTEMBER**

SMART training held in Turkey and facilitated by individuals who had been trained earlier in 2014 and 2015. Such local initiatives increase collaboration with other implementing partners.

### **DECEMBER**

In Yemen, the National Nutrition Cluster requested technical support from SMART, UNICEF, and the Ministry of Public Health and Population to train 16 participants from 15 agencies and hold a workshop on procedure standardization.

### **AUGUST**

Another Survey Manager level training will be held in Sana'a, Yemen for further capacity building in SMART.

<sup>&</sup>lt;sup>2</sup> Standardised Expanded Nutrition Survey (SENS): UNHCR SENS is based on the SMART methodology for survey design and anthropometric assessments and adapted to the specific requirements of refugee settings.

# **CAPACITY BUILDING**

The SMART initiative provides training services for the methodology through a sound technical and methodological training approach that ensures training participants have the capacity to conduct SMART surveys.

### **LEVELS OF TRAINING OFFERED**

### **SURVEY MANAGER TRAINING** (14 TRAININGS CONDUCTED)

Survey Managers are expected to lead the planning, implementation, analysis and reporting of SMART surveys and to ensure proper supervision of team members in the field.

Duration: seven days of training.

### **MASTER TRAINER COURSE**

SMART Master Trainers are expected to be able to lead all elements of a Survey Manager level training, including the technical and statistical content. Master Trainers are expected to commit to both internal and inter-agency training efforts in the SMART methodology and act as a technical focal point within their place of employment. Duration: four days of training.



### **NEW MODEL FOR TRAINING SERVICES**

To meet the growing demand for face-to-face trainings, SMART instituted a cost-recovery model for training services in 2016 where training fees cover classroom instruction time, practical/field exercises, training

the training. Two different types of training services are offered:

materials and

daily catering

costs for the

duration of

individual-based, in which each participant and/or their own agency is responsible for the payment of the training fee, and agency-based, in which the training costs are covered by the requesting agency and the training is tailored for internal agency needs.

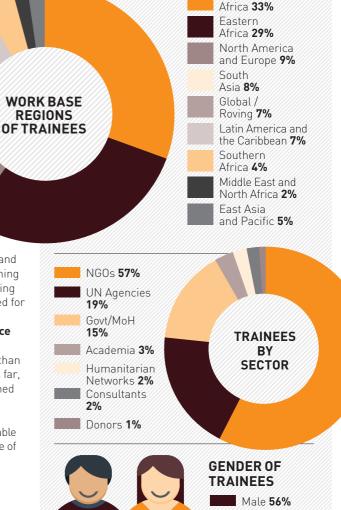
Since 2016, 47% of face-to-face trainings were conducted under this new model, receiving more than **500 applications** to attend. Thus far, **141 participants** have been trained under the new model.

A set training schedule will be available by the end of 2017 to enable agencies to better plan attendance of their staff.

### KEY STATISTICS ON THE 2015-2017 SMART TRAINEES

Participating in a SMART Training is joining... 268 participants trained4 between January 2015 and August 2017, over 85 days of training, conducted in 10 cities. 9 countries!

West and Central



<sup>&</sup>lt;sup>4</sup> Excluding individuals trained as part of the technical support provided during deployments.

Female 44%

### E-LEARNING SERIES

In order to complement face-to-face learning and to extend access to capacity building, a four-module SMART E-Learning Series was developed and launched.

The modules include:

**MODULE 1: OVERVIEW OF FIELD SURVEYS** 

**MODULE 2: SURVEY TEAMS** 

MODULE 3: QUESTIONNAIRE DESIGN
MODULE 4: FIELD PROCEDURES

E-Learning targets both new learners to SMART and act as a refresher for previous training participants. To access the E-Learning Series, visit:

http://smartmethodology.org/survey-planning-tools/smart-capacity-building-toolbox/smart-e-learning-series-2/.

Hosting of the SMART E-Learning Series is provided through a partnership with DisasterReady, a non-profit initiative of the Cornerstone OnDemand Foundation with support from representatives of NGOs, agencies and the private sector.



disaster ready.org

### CAPACITY BUILDING TOOLBOX

Pursuing its mission to support stakeholders in the adoption of the methodology and the implementation of SMART surveys, a formal set of training materials for the Enumerator Training and Survey Manager Training is readily available on the website.

These packages consist of training manuals, new and updated presentations, and complementary tools and resources

What's more, the toolbox is available in three languages: English, French, and Spanish!

http://smartmethodology.org/survey-planning-tools/

### SMART WEBSITE VISITS, DOWNLOADS AND USER DEMOGRAPHICS

JANUARY 2015 TO AUGUST 2017)

82,161

**52,929**TOTAL UNIQUE VISITING USERS

202
NUMBER OF COUNTRIES &
TERRITORIES OF VISITING USERS

TOOLS AND RESOURCE DOWNLOADS

48,852
TOTAL NUMBER
OF DOWNLOADS

4,305
TOTAL NUMBER OF UNIQUE

STATISTICS ON SMART WEBINARS

ORGANIZATIONS (DOWNLOADS)

30

TOTAL NUMBER OF PARTICIPANTS

9

NUMBER OF COUNTRIES AND TERRITORIES OF PARTICIPANTS

TOTAL NUMBER OF UNIQUE ORGANIZATIONS REPRESENTED

**762**HUMANITARIAN
NETWORK

**2,030**RESEARCH INSTITUTIONS & HEALTH CARE PROVIDERS

**3,269**CONSULTANTS & PRIVATE FOUNDATIONS

**3,424**NATIONAL, REGIONAL OR LOCAL NGO

**3,834**GOVERNMENTS

**6,883** UN AGENCY

7,425
ACADEMIC

21,225 INTERNATIONAL NGO

48,852
TOTAL DOWNLOADS

# A PIONEERING MI ALWAYS BREAKIN

Since its beginnings, the SMART methodology has set itself the ambitious goal to reform and harmonize assessments and responses to emergencies, as well as surveillance (if used at equal time intervals).

### **INNOVATIONS OF THE SMART METHODOLOGY**

- Rigorous standardization test procedures and analysis.
- Improved census procedure for mortality assessments.
- Flexibility in sample size calculation, with standardized survey
  protocols with the use of replacement clusters, household selection
  techniques, and best field practices (e.g. for absent children or empty
  households).
- User-friendly open-access Emergency Nutrition Software (ENA) that
  is easy to use even for non-epidemiologists, featuring automated
  functions for sample size calculations, sample selection, quality
  checks, standardization for anthropometry measurements and report
  generation with automatic analyses (latest version: July 9, 2015).
- Plausibility Check (see opposite) to verify data quality and flag problems.

### **RAPID SMART (2014)**

Field-tested in several settings between 2012 and 2014, **Rapid SMART** allows for the quick collection of reliable nutrition data under certain contexts (see figure opposite). The use of a fixed sample size (or simplified rule in case of required cluster sampling), the selection of a limited number of variables, and an overall streamlined process allowing organization and completion of the survey in a week are amongst the main adjustments made to the full standard methodology to create Rapid SMART. However, due to its nature, Rapid SMART has limitations. It cannot be used to assess global acute malnutrition (GAM) / severe acute malnutrition (SAM) for larger geographical areas, cannot be used for the collection of multiple indicators beyond anthropometry (and mortality), and cannot be used to inform long-term programs. As such, Rapid SMART surveys are only appropriate when the situation requires a rapid estimate of the nutritional status in small geographical areas. This is most often the case in **emergency contexts** with **high insecurity** that limits the survey team's access to survey areas.

### **USE OF RAPID SMART**

Rapid SMART, rather than full SMART surveys, can be considered in cases when the affected population:

- lives in a clear, geographically delimited, small administrative unit (such as IDP/ refugee camps, urban slums, settlements or neighborhoods, group of villages);
- has similar access to public services and socio-economic patterns;
- lives in an insecure and/or limited access area where the survey team cannot spend a long time on the ground;

And is combined with at least one of the following factors:

### Limited time:

emergency situation due to epidemics, drought, calamities, displacement, high insecurity in the zone.

### Urgency for decision-making:

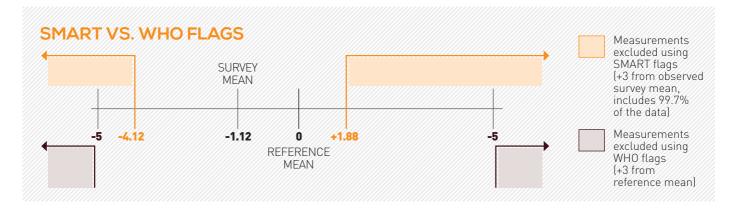
rapid information of nutritional situation in a representative and accurate manner is needed.



# ETHODOLOGY NG NEW GROUND

### **PLAUSIBILITY CHECK CHAPTER (2015)**

There are many ways in which a survey can be biased or inaccurate and give erroneous results; quality control of the data is critical if these problems are to be avoided. The Plausibility Check is a key SMART innovation used to analyse the overall quality of anthropometric survey data. Refined over years of use in the field, the Plausibility Check Report shows the distribution of the sample against that expected if the subjects are properly sampled, the amount of missing and implausible data based on flag criteria (see figure below), and a series of statistical tests examining the internal structure of the survey data against that which would be expected to occur in a well conducted survey. Explanations on the logic behind the statistical tests used to analyse anthropometric data and a step-by-step approach on how to interpret the different sections of the Plausibility Check are provided in a dedicated chapter available on the SMART website.



### SAMPLING CONSIDERATIONS FOR **URBAN CONTEXTS (2017)**

General sampling principles and existing SMART guidelines for sampling apply to all settings. However, certain sampling challenges exist that are specific to urban areas.

A technical document resulting from the SMART Assessment Working Group (AWG) meetings, Sampling in Urban Areas: Approaches and Case Studies (Spring 2017) aims to reach three main objectives.

- to consolidate urban sampling experiences;
- to illustrate key considerations when performing simple or systematic random sampling in urban contexts; and
- to provide partners with realistic examples of how to implement SMART surveys in various urban contexts.

Components of each example can be used to help develop a survey protocol and are meant to help illustrate the complexity, challenges and possible approaches to urban sampling. This document will be amended based on further urban sampling discussions and lessons learned.



### SMART COMMUNITY

### Online Users of the SMART Learning Toolbox

### **International NGOs**

ACDI/VOCA

Action Against Hunger/Action contre la Faim

Adventist Development and Relief Agency (ADRA)

African Development Solutions (Adeso)

Aga Khan Foundation (AKF)

Agency for Technical Cooperation and Development (ACTED)

Alimentacción

Alliance for International Medical Action (ALIMA)

American Refugee Committee

Amref Health Africa

Asian Disaster Preparedness Center (ADPC)

Ayni Desarrollo

Bioforce

Canadian International Medical Relief Organization (CIMRO)

CARE

CARE International
Caritas Internationalis

Catholic Relief Services (CRS) Centre for Affordable Water and Sanitation Technology

(CAWST)

Clinton Health Access

Initiative (CHAI)

Medica (CCM) Concern Worldwide (CWW)

Cooperative for Assistance and Relief Everywhere (CARE) Cooperazione e Sviluppo (CESVI)

Cooperazione Internazionale (COOPI)

Coordinamento delle Organizzazioni per il Servizio Volontario (COSV)

Dan Church Aid (DCA)

Danish Refugee Council
(DRC)

DSW

Family Health International 360 (FHI 360)

Feed the Children

FINCA International

Food for the Hungry International (FH)

Foundation for International Development/Relief (FIDR)

French Institute for Public Health Surveillance (InVS) Global Alliance for Improved Nutrition (GAIN)

Global Communities

GOAL

Gorta Self Help Africa Health Poverty Action Helen Keller International

Help – Hilfe zur Selbsthilfe e.v. (Help e.V)

HelpAge International ICAP at Columbia University

Innovations for Policy Action (IPA)

Interchurch Organization for Development Cooperation (ICCO)

International Emergency and Development Aid (IEDA Relief)

International Medical Corps

International Orthodox Christian Charities (IOCC) International Relief &

Development (IRD)
International Rescue
Commmitee IRC)

INTERSOS

Islamic Relief Worldwide

Italian Development Cooperation

Johanniter International Assistance

John Snow, Inc. and JSI Research & Training Institute, Inc. (1SI)

Joint Aid Management International (JAM)

Kimetrica

Magna Children at Risk (MAGNA)

Malaria Consortium

Medair

Médecins Du Monde (MdM)

Médecins Sans Frontières/ Doctors Without Borders (MSF)

Mercy Corps Merlin

Micronutrient Initiative (MI)
Muslim Aid

Norwegian Church Aid

Norwegian Refugee Council

Oxfam

Partners in Health (PIH)

PATH

People in Need (PIN)
Physicians Across Continents

(PAC)
Plan International

Population Services International (PSI)

Proyecto CERO ONG Internacional Relief International Samaritan's Purse

Save the Children

Secours Islamique France Solidarités International Syrian American Medical

Society (SAMS) Syrian Expatriate Medical Association (SEMA) TDO

Tearfund

Terre des hommes (Tdh) The Hunger Project

UOSSM

Valid International
Voluntary Service Overseas
(VSO)

Welthungerlife

World Concern World Relief

World Relief

World Vision International (WVI)

Zerca y Lejos ONGD

### National, Regional or Local NGOs

Access Development and Relief Organization (ADRO) AFIA Santé

Aged and Children
Pastoralists Association
[ACPA]

Aide Au Développement Gembloux (ADG)

Al Massar

Apnalaya

Asociacion Nacional Ecumenica de Desarrollo (ANFD)

Association for Rural Development (ARD)

Association pour la Promotion de la Femme et de L'Enfant (ASSOPROFEN)

Associazione Studio Paziente Immuno Compromesso onlus

Avantha Foundation

Bangladesh National Woman Lawyers' Association (RNWLA)

Catholic Church - Integrated Community-based Development Program

Development Program
(CC-ICDP)
Center for Development
and Disaster Management

Support Service (CDDMASS)
Center of Excellence for Rural
Development (CERD)

Centre de Sante de Reference (CSREF)

Centre for Children's Happiness (CCH) Centre for Counselling Nutrition and Health Care (COUNSENUTH)

Centre for Disability in Development (CDD)

Centre pour la Promotion du Monde Rural (CEPROMOR)

Charitable Society for Social Welfare (CSSW)

Child Rights and You (CRY)
Child Rights Connect (CRC)
Child Rights Foundation
(CRF)

Chuny Thuolo Group (CTG) Community Appraisal & Motivation Programme (CAMP)

Community Children Organisation (COCO)

Community Health and Development (CHADO)

CooEsperanca

Deepak Foundation

Development Fund (DF)
Disaster Prevention and
Food Security Programme
and Coordination Office
(IDPESPCO)

Disaster Risk Management and Food Security Sector (DRMFSS)

Ekjut

Eminence Associates for Social Development (EASD)

Fight Hunger Foundation First Step Cambodia

FOCUS 1000 Graines de Paix

Graines de Paix Hand in Hand India

HANDS Pakistan Health for All Foundation

Health Link South Sudan Health Organization for Mindanao (HOM)

Health Oriented Preventive

Health Reform Foundation of Nigeria (HEFRON)

Health Strategy and Delivery Foundation (HSDF) HealthNet Afghanistan

Jan Sahas Social Development Society

John Dau Foundation KISIMA Peace and development

Mother and Children
Development Aid (MACDA)
Nepali Technical Assistance

Group (NTAG) Nile Hope Philani

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Shanti Ashram

SHBC Swaziland
Society for Nutrition,
Education & Health Action

Solutions For Humanity International (SFH)

Somali Rehabilitation &
Develoment Agency (SORDA)

Support Health and Integrated Development Organization (SHIDO-Uganda) Système d'Alerte Précoce du

Mali (S

THESO Universal Intervention and Development Organization

(UNIDO) Universal Network for Knowledge & Empowerment

Agency (UNKEA) Unnayan Onneshan Urban Poverty (PNPM

Perkotaan)
WARDI Relief & Developmet
Initiatives

Women Peacemakers Program (WPP)

### **UN Organisations**

Food and Agriculture Organization (FAO)

Food Security and Nutrition Analysis Unit - Somalia (FSNAU)

International Organization for Migration (IOM)

United Nations Children's Fund (UNICEF)

United Nations Development Programme (UNDP) United Nations Educational, Scientific and Cultural

Organization (UNESCO)
United Nations Foundation
United Nations Office for
Project Services (UNOPS)

United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

United Nations Refugee Agency (UNHCR)

United Nations Relief and Works Agency for Palestine Refugees in the Near East

World Bank

World Food Programme

World Health Organization

### Academic Institutions

Abia State University Addis Ababa University

Aga Khan University

Ahfad University
Ahfad University For Women
Ahmadu Bello University,

aria

Ain Shams University Airlangga University

Aksum University

Alborz University of Medical

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Health Sciences Brac University

Brawijaya University
Central Philippine University

(CPU)
Central University of Orissa
Chiang Mai University

Christian Medical College, Vellore Columbia Global Centers

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Technology Dilla University

École de Santé Publique de Kinshasa École Nationale de la Statistique et de

(ENSAE) Emory University

Ghent University
Government Medical College

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Kozhikode Great Lakes University of Kisumu

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National Institute of Nutrition

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IERC consultant

JF Kapnek Trust

KnowledgeOne Inc.

Le Monde Health and

MOSS ICT Consultancy

Ponki Enterprises

Prime Foundation

Precision consultants

Development Consultancy

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University of Johannesburg

University of KwaZulu-Natal University of Leeds University of Malawi University of Melbourne University of Moratuwa University of Nairobi University of Ottawa University of Oviedo, Spain University of Pennsylvania University of Port Harcourt University of Reading University of Rwanda University of Southampton University of Southern Mindanao University of Sydney University of Tokyo University of Valencia University of Waterloo University of Westminster University of Zalingei University of Zambia University of Zimbabwe Uppsala University Vidyasagar University, India Virginia Tech Wageningen University Walden University Wayamba University of Sri Lanka Wolaita Soddo University Research Institutions & **Health Care Providers** Alghouta Hospital Centre for Research on the Epidemiology of Disasters (CRFD) Food and Nutrition Research Institute (ENRI) Helping Hands Community Hospital Hospital San José Institut National de Recherche en Santé Publique International Centre for Diarrheal Disease Research, Bangladesh (icddr,b) International Development Research Centre (IDRC) International Food Policy Research Institute (IFPRI) JSI Research & Training Institute

Kalawati Saran Children

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Institute (KEMRI)

Nakaseke Hospital

Hospital

University of Juba

Police Hospital Tata-Cornell Agriculture and Nutrition Initiative Tenwek Hospital The Hospital for Sick Children (Sick Kids)/Centre for Global Child Health Zambia Center for Applied Health Research and Development (ZCAHRD) Humanitarian Networks Active Learning Network for Accountability and Performance in Humanitarian Action (AL NAP) African Centre for Global Health and Social Transformation (ACHEST) Clinton Foundation CORF Group Emergency Nutrition Network (FNN) International Baby Food Action Network (IRFAN) International Red Cross and Red Crescent Movement (ICRC) Millennium Villages Project Scaling Up Nutrition Civil Society Network (SUN CSN) Consultancies, Foundations or Independents AAC Consulting Akouto Consultina Altai Consulting American Nicarugan Foundation ATR Consulting Bibliant Foundation Bill and Melinda Gates Foundation Biostat Global Consulting Brixton Health Chemonics Colibri Consulting Consultant Social Group

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Cooperation Agency (JICA) La Eundacion Internacional y para Iberoamerica de Administracion y Politicas Publicas (FIIAPP) Ministry of Health Congo

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