**2.6 Case Study: Supply Caseload**

**Day 2:  14:15-15:45 (90 minutes)**

**Session Purpose:**

To give participants an opportunity to practice making supply calculations using contextually relevant data and nutrition cluster tools.

**Learning Outcomes:**

By the end of this session, participants will be able to:

* Recognise the importance of explaining definitions and methodology for calculating supply caseload with all partners.
* Consolidate knowledge and practice on procedures for estimating caseloads for nutrition in emergencies interventions.
* Establish and agree on data when estimating caseloads.

**Outline of the Session**:

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| **Topic** | **Time** | **Guidance notes for facilitator** |
| Introduction to Supply Calculations | 15’ | * Introduce the session and stress the importance of agreeing and using common definitions in the context.
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| Life-saving nutrition interventions | 45’ | * Mix groups and ensure that on Day 4 participants get the opportunity to work with other colleagues they have not yet worked with.
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| Supply | 30’ | * Estimate supply quantities.
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**Session Materials:**

|  |  |  |
| --- | --- | --- |
| **General** | **HO=Handouts (1 per person) and** **R =Resources (copy per instructions)** | **Electronic References** |
| * PowerPoint presentation
* Flipcharts
* Markers
 | * 2.6 HO Caseload CMAM
* 2.6 HO Caseload PLW
* 2.6 HO IASC Guidelines on Humanitarian Profile COD
* 2.6 HO Nutrition Supply Calculations
* 2.6 HO Establishing Humanitarian Caseloads
* 2.6 R Guidance on Est SAM Target Caseload
 |  N/A |

**Note to Facilitator**: This session is best delivered by local representative or facilitator.
***IT IS ESSENTIAL TO ADAPT THIS SESSION TO THE COUNTRY CONTEXT.***

Before the training, research the Caseload estimation and Supply calculations and gather realistic examples for the two group works so participants can practice using relevant Nutrition Cluster tools. Facilitators should prepare relevant PowerPoints and/or handouts to distribute for the exercises.

**Facilitator Notes**:

**Introduction to Supply Caseload (15 minutes)**

Start the session with a discussion on how people across different organisations and sometimes geographic areas, use different terminology to describe the same things. Agreeing terminology is extremely important in being able to make correct calculations and mobilise the right resources.

Ask participants to share any experiences where there has been a challenge due to stakeholders (other partners in the cluster and/or the government using conflicting terminology) using different definitions for key terms in nutrition responses such as.

* Caseload (no exact agreed definition – the other terms are types of caseloads)
* Affected people
* People in need
* People targeted
* People reached
* People covered

Summarise by explaining that agreeing the use of important terms in the cluster is one way we can ensure we meet the resource needs.

**Exercise: Caseload Estimation (45 minutes)**

* ***Note****: Prior to the training, facilitators will gather relevant information and prepare an exercise that is relevant to the country context for Caseload Estimation.*
* Distribute handouts: 2.6 HO Caseload CMAM, 2.6 HO Caseload PLW and 2.6 HO Nutrition Supply Calculations. Also give 2.6 R Guidance on Est SAM Target Caseload (one copy for each group)
* ***Note****: Prior to the training, facilitators will gather relevant information and prepare an exercise that is relevant to the country context for Caseload Estimation.*
* The task is to estimate the target caseload for SAM and MAM treatment activities in a realistic example from the country of the training.
1. Find relevant information / data in the background documents so far received
2. Take decisions on which information / data you will use for your calculations and justify your choice
3. Your objective is to identify the nutrition cluster’s target caseload
* Each group has 20 minutes to complete this task
* Debrief notes:
* Correction factors, as needed
* Expected coverage. Coverage levels achieved during an emergency response highly depend on pre-crisis situation – in countries with well-established CMAM services baseline coverage can still increase due to the greater presence of actors (more treatment sites, better community awareness…). In recent crises (Sahel 2012) caseload estimates have been calculated assuming 100% coverage for SAM treatment However, in countries where no CMAM services (or very few) were available before the emergency, coverage should aim, at least, Sphere standards values: >50% in rural areas, >70% in urban areas and >90% in a camp situation.

**Supply (30 minutes)**

***Note****: Prior to the training, facilitators will gather relevant information and prepare an exercise that is relevant to the country context for Supply Calculations.*

* Using HO Nutrition Supply Calculations, estimate the number of essential commodities for the targeted population.
* ***Note****: Prior to the training, facilitators will gather relevant information and prepare an exercise that is relevant to the country context for Supply Calculations.*
* At tables, ask participants to identify the priority nutrition inputs and the quantities required based on the calculations. Identify any issues which arise (cold chain, access, security, pipeline logistics, etc.)

Take the last few minutes to check for questions and finish with Key Messages.

**Key Messages:**

* Always involve partners in calculation of People in Need, your caseload and targets.
* Explain definitions and methodology to calculate the caseload with all partners.