

## IDENTIFYING COVERAGE AND BARRIERS: WHICH METHODS ARE AVAILABLE?

Many methods are available to assess barriers and boosters to coverage. Depending on the information needed and resources available, actors can choose the most appropriate approach. Regardless of the method for collecting the data, a critical analysis of the programme and its performance should be carried out regularly.

## MEASURING COVERAGE & BARRIERS

Specific assessment methods have been developed to measure coverage and provide information on barriers to coverage.

	<u>SQUEAC</u>	<u>SLEAC</u>	Follow up SQUEAC
	The SQUEAC method is a comprehensive, iterative tool to analyse the barriers and boosters to coverage and give an estimate of coverage. It also provides succinct actions for improving access and coverage	The SLEAC method is designed to provide rapid information on the spatial representation of coverage. It was developed for measuring coverage at the Regional level	If a coverage assessment has already taken place, much of the necessary information is available to conduct another SQUEAC Follow-up SQUEACs should be carried out in order to assess the impact of remedial activities
OUTPUTS	<ul style="list-style-type: none"> <li>• Coverage estimate %</li> <li>• Community profile</li> <li>• Barrier information</li> <li>• Action plan</li> </ul>	<ul style="list-style-type: none"> <li>• Coverage classification / estimate</li> <li>• Barrier information</li> </ul>	<ul style="list-style-type: none"> <li>• Updated barrier information</li> <li>• Coverage estimate %</li> </ul>
DATA SOURCES	<ul style="list-style-type: none"> <li>• Routine programme data</li> <li>• Community members</li> <li>• Health facility staff</li> <li>• Case finding</li> </ul>	<ul style="list-style-type: none"> <li>• Case finding</li> </ul>	<ul style="list-style-type: none"> <li>• Routine programme data</li> <li>• Community members</li> <li>• Health facility staff</li> <li>• Case finding</li> </ul>
RESOURCES	\$\$\$ <sup>1</sup>	\$ District level) \$\$\$ Regional / National level	\$\$
TIMING	21 days	5-7 days per district	7-10 days
SCALE	Health District	Regional or National	Health District
SKILLS REQUIRED	<ul style="list-style-type: none"> <li>• Quantitative data analysis</li> <li>• Qualitative data collection / community assessment</li> <li>• LQAS</li> <li>• Bayes theory</li> <li>• Geographic sampling</li> <li>• Report writing and action plan setting</li> </ul>	<ul style="list-style-type: none"> <li>• LQAS</li> <li>• Geographic sampling</li> <li>• Report writing</li> </ul>	<ul style="list-style-type: none"> <li>• Qualitative data collection</li> <li>• Geographic sampling</li> <li>• Report writing</li> </ul>

<sup>1</sup> Exact prices vary from country to country, however a SQUEAC should cost between \$5,000 to \$10,000 (without consultancy fees).

## ASSESSING BARRIERS

Information about bottlenecks to CMAM programme coverage can be gained through routine data analysis or qualitative data collection and analysis. Bottlenecks can appear at various levels of service provision, ranging across the four categories of: enabling environment, supply, demand and quality. These categories are based on the Tanahashi model of coverage which identifies the relationship between the target population and service achievement. Below are two methods for collecting this type of information.

	<p><u>Routine Bottleneck Analysis</u></p> <p>Collecting routine data as per the Tanahashi model of the determinants of coverage can help identify, in a structured and logical manner, bottlenecks to effective coverage. This analysis should be carried out on a regular basis using routine data and qualitative stakeholder discussion.</p>	<p><u>Community Assessment</u></p> <p>Qualitative information is key to understanding the profile of the community, to understanding health seeking behaviour, communication channels. This activity fits within a SQUEAC assessment but can be carried out independently if a coverage estimate is not needed.</p>
OUTPUTS	<ul style="list-style-type: none"> <li>Barrier Information</li> <li>Action Plan</li> </ul>	<ul style="list-style-type: none"> <li>Community profile</li> <li>Barrier information</li> <li>Action plan</li> </ul>
DATA SOURCES	<ul style="list-style-type: none"> <li>Routine programme data</li> </ul>	<ul style="list-style-type: none"> <li>Community members</li> <li>Health facility staff</li> </ul>
RESOURCES	\$	\$\$
TIMING	<p>Health District : 1 day data collection per month + stakeholder consultations every 3 months</p> <p>Regional / National : 1-3 week data collection + stakeholder consultations every 6 months or year</p>	5 days
SCALE	Health District, Regional or National	Health District
SKILLS REQUIRED	<ul style="list-style-type: none"> <li>Quantitative data collection and analysis</li> </ul>	<ul style="list-style-type: none"> <li>Qualitative data collection</li> <li>Report writing and Action plan setting</li> </ul>