

CMAM COVERAGE EXPERIENCES AND LEARNINGS

2018 / 2019

Hugh Lort-Phillips, Global Coverage Advisor
Action Against Hunger UK



COVERAGE OF CMAM

What? Why? How?

CAMEROON

National coverage survey – 4 regions

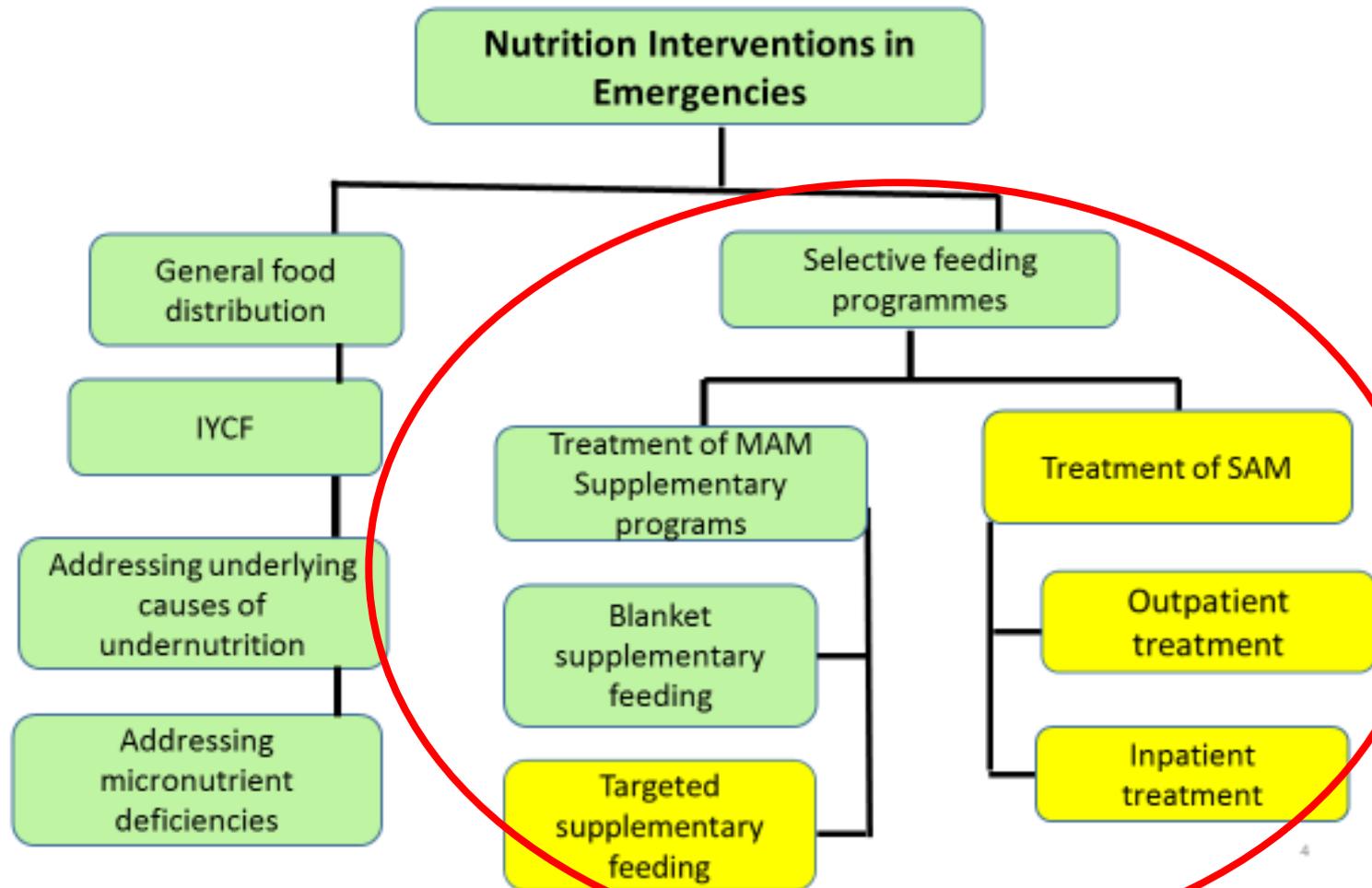
BANGLADESH

Follow up SQUEAC investigation – 2 districts

LEARNINGS

Various tips and learnings...

COMMUNITY-BASED MANAGEMENT OF ACUTE MALNUTRITION



COMMUNITY BASED...

1. Treatment is designed to take place **in the community**
2. Treatment is likely to be more successful if acutely malnourished children access care **early**
3. Care should only last as long as necessary
4. The success of treatment and the quality of care in health facilities have a strong influence on the **perception of the programme in the community**



Access and coverage are pivotal to the success of a programme

COVERAGE

WHAT IS A COVERAGE SURVEY?

- Coverage survey methods measure the **coverage** of CMAM treatment services
- **Coverage** = percentage of acutely malnourished children in a district who are in the CMAM programme
- Survey also aim to learn **community perceptions** about the CMAM programme – what is working well and what could work better

METHODS

SQUEAC

SLEAC

Community
assessment

Bottleneck
analysis

CAMEROON, NOV-DEC 2018

A coverage survey of SAM treatment in the four priority regions of Cameroon

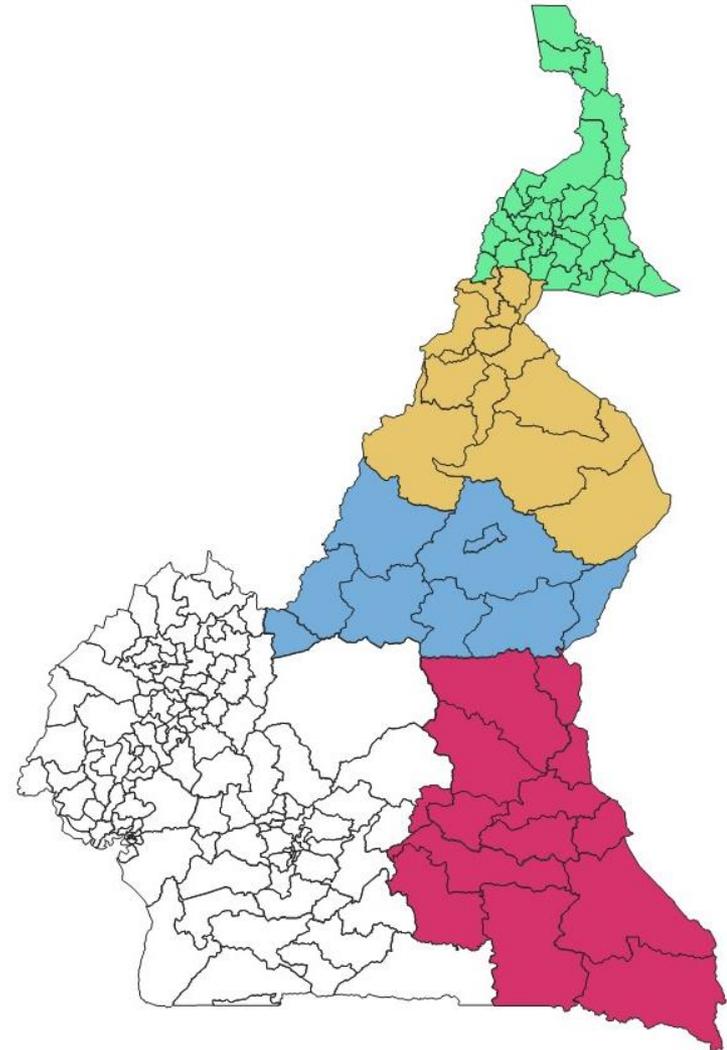


CAMEROON, NOV-DEC 2018

68 health districts

Population: 9,000,000

Timeframe: About 3 weeks



KFW

unicef 
pour chaque enfant



CAMEROON, NOV-DEC 2018

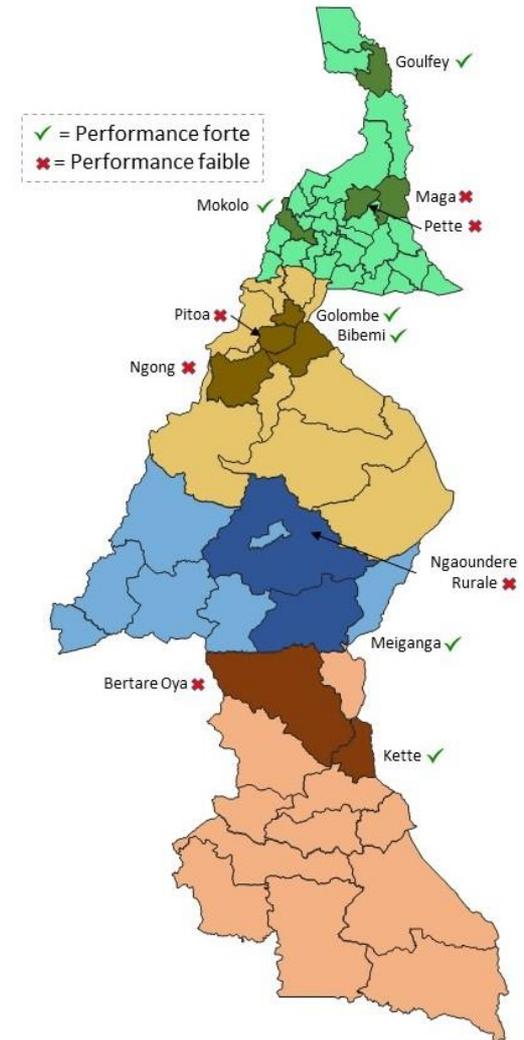
12 districts selected

One rapid coverage survey completed in each (SLEAC)

18 data collection teams

72 data collectors

12 days of data collection

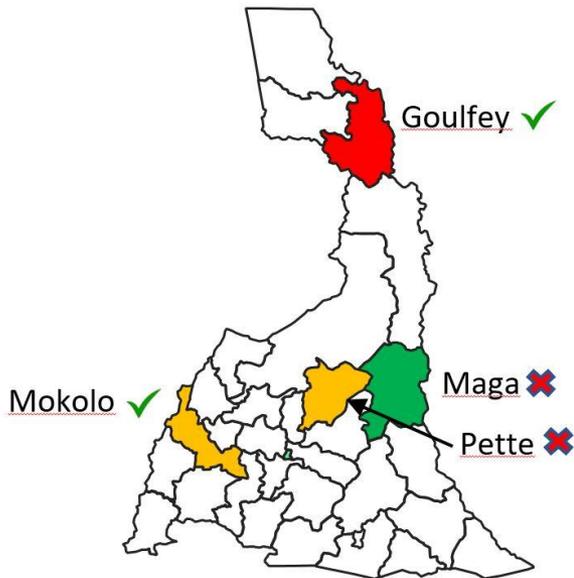




CAMEROON, NOV-DEC 2018

Classifications by district

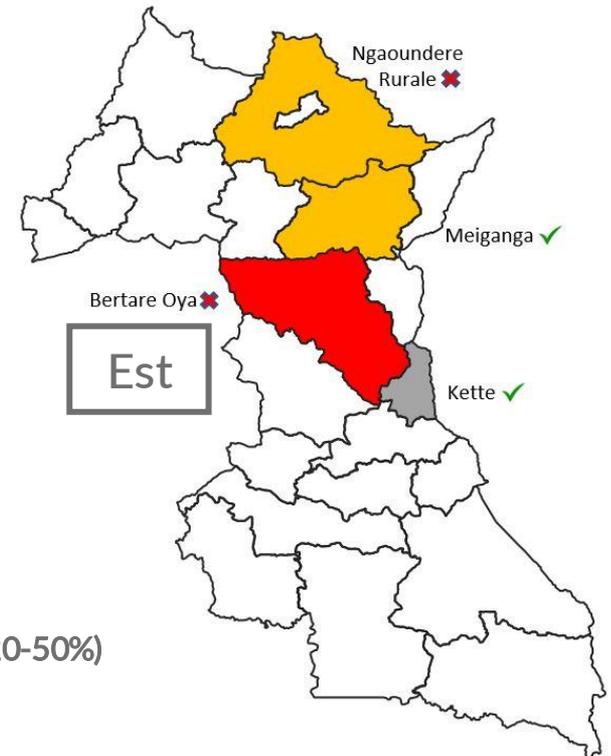
Extreme Nord



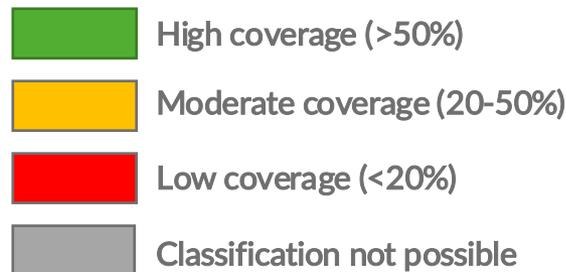
Nord



Adamaoua

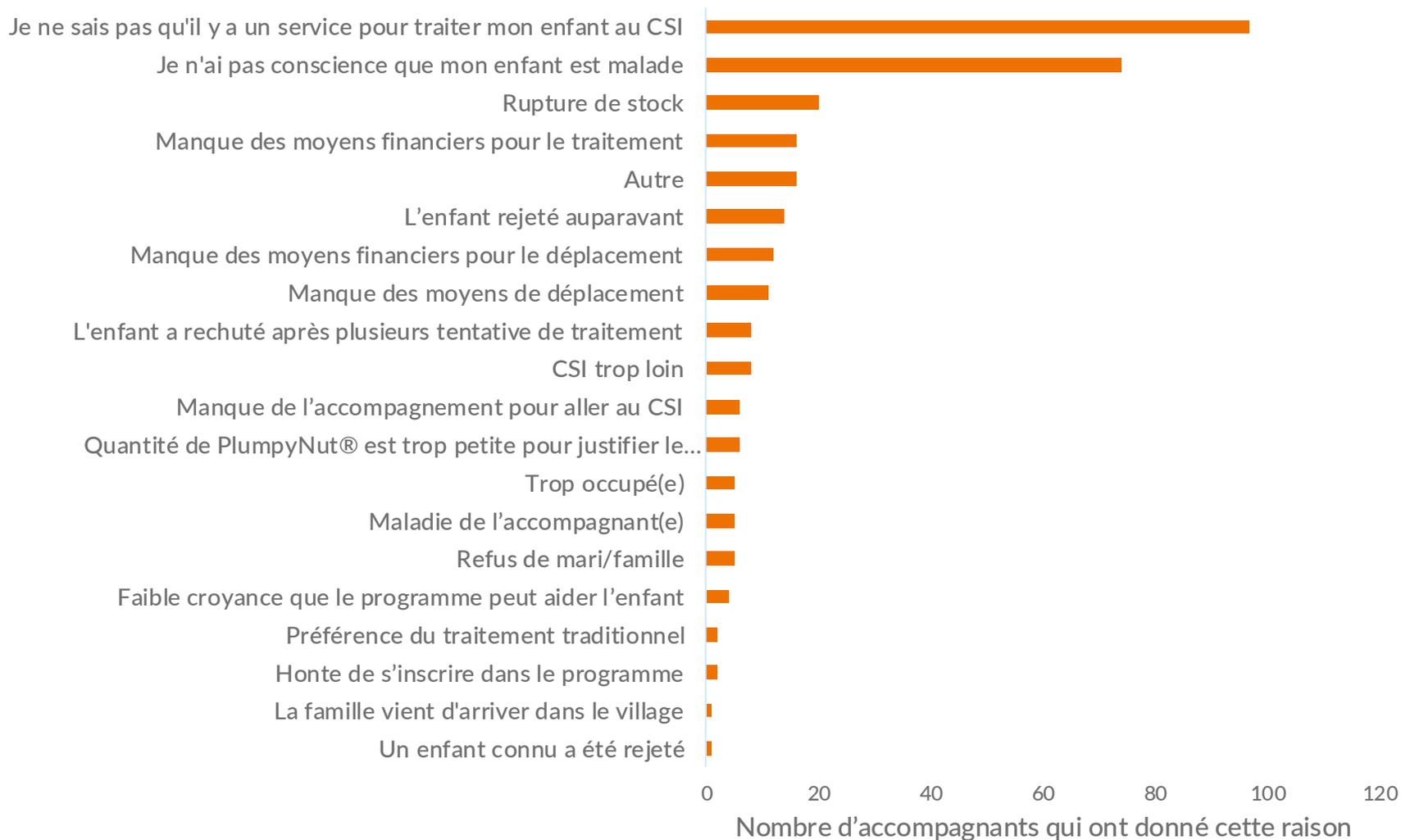


✓ = Performance forte
✗ = Performance faible



CAMEROON, NOV-DEC 2018

Reasons for non-attendance (n=313)



CAMEROON, NOV-DEC 2018

What did the survey show?

- Coverage is low but there are pockets of high coverage
- Community outreach is poor
- Presence of NGOs doesn't necessarily lead to HIGH coverage

What did I learn?

- Acute malnutrition is an everyday emergency
- Government resources are often very limited
- Heros are numerous



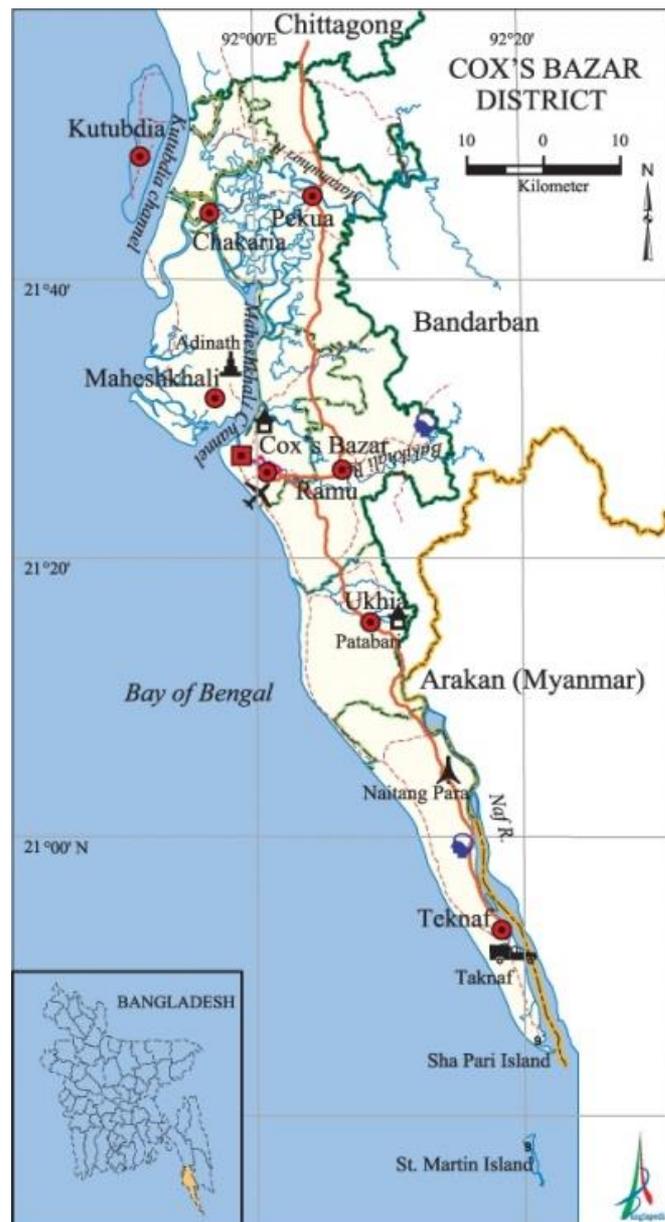
BANGLADESH, MARCH 2019

SQUEAC assessment of CMAM programme **in host community** in upazilas of Teknaf and Ukhiya in Cox's Bazar

- Population of approx. 350,000
- Two SQUEACs already completed
- Previous results indicated **high** coverage
- Programme implemented through local partners
- Strong community outreach component

But...

How had Rohingya influx in 2017/8 affected programme?

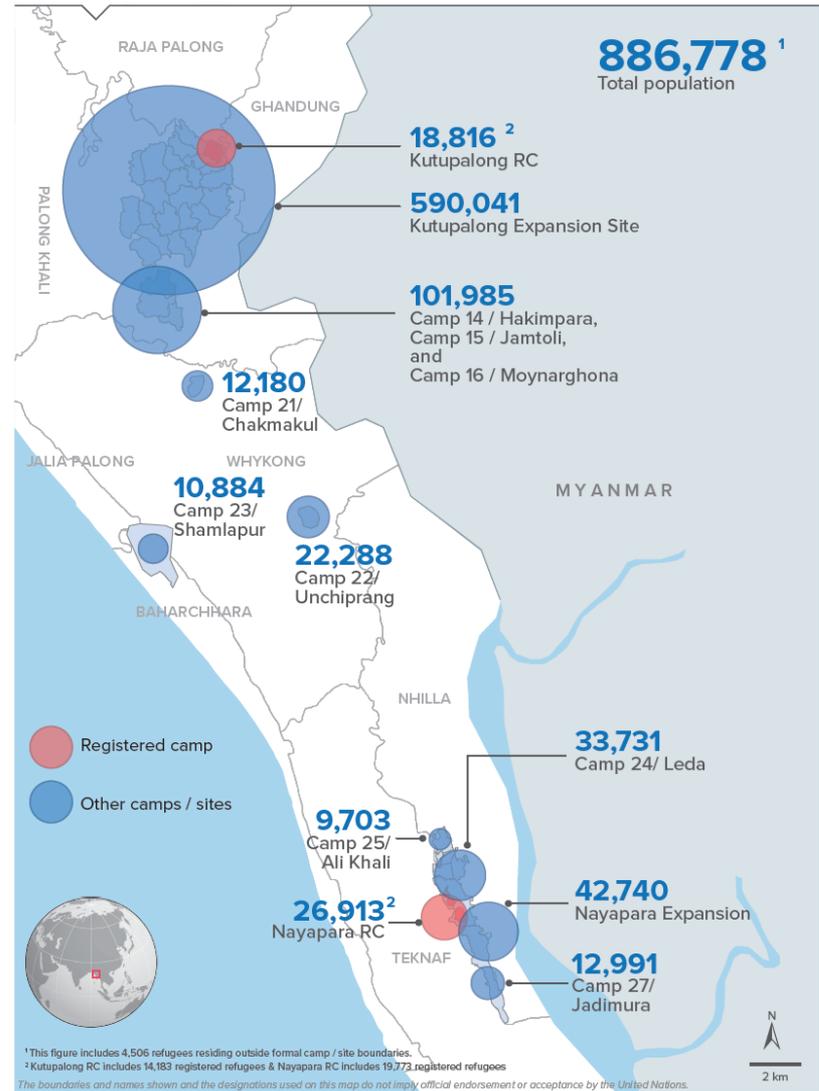


BANGLADESH, MARCH 2019

Rohingya Makeshift camps (August 2018)



BANGLADESH REFUGEE EMERGENCY
Refugee population density
(as of 31 May 2018)



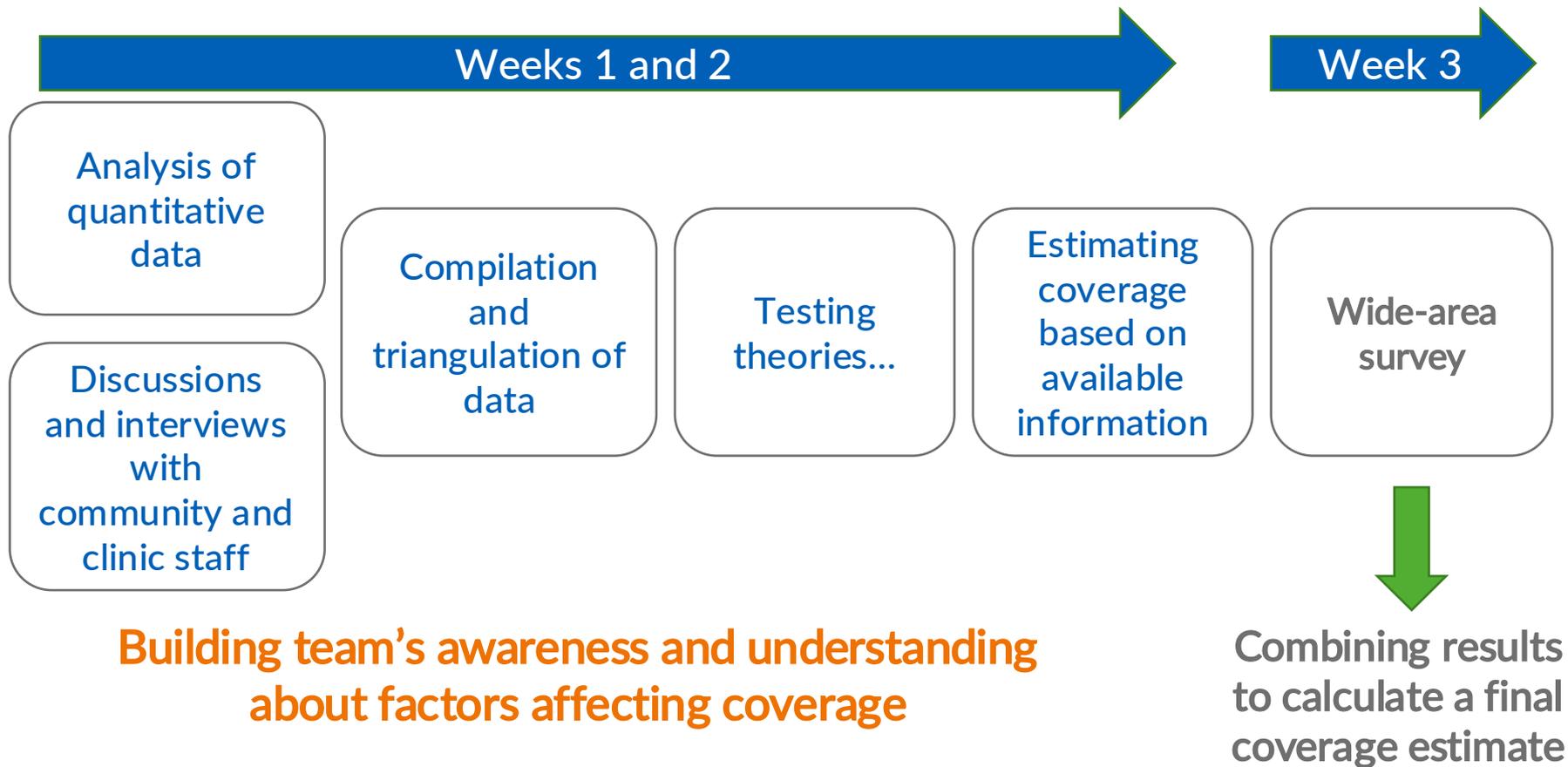
BANGLADESH, MARCH 2019

Ukhiya host communities



BANGLADESH, MARCH 2019

A SQUEAC investigation



BANGLADESH, MARCH 2019



BANGLADESH, MARCH 2019

What did the investigation show?

- Coverage had **dropped**
 - SAM treatment: 70% to **60%**
 - MAM treatment: 70% to **50%**
- Community awareness still strong and high quality treatment
- Multiple impacts of Rohingya response

Availability of
highly paid
work in camps

Selling of
nutrition
products in
local markets

Increased
accessibility
challenges

Ongoing roll
out of refugee
nutrition
programmes

LEARNINGS

TRAINING AND SUPERVISING LARGE TEAMS

- Training should only include essential information
- Communicate message, repeat and then practice
- **Tablets and KoboCollect** make data collection and analysis
- Use Whatsapp to supervise large teams

QUALITATIVE DATA COLLECTION

- Practice, practice, practice...
- Very good understanding of questions is essential
- Use scenarios and role plays

QUESTIONS??

