



CMAM COVERAGE MONITORING

IMPROVING NUTRITION PROGRAMMES THROUGH THE PROMOTION OF QUALITY COVERAGE
ASSESSMENT TOOLS, CAPACITY BUILDING AND INFORMATION SHARING.

ABOUT COVERAGE METHODOLOGIES CAPACITY BUILDING MATERIALS

INTEGRATING COMMUNITY ASSESSMENT INTO SQUEAC

28/08/2015 by CMN

While latest Coverage Monitoring Network (CMN) publications have been continually referring to a new *Community Assessment* and even laid out a solid groundwork for its implementation, very little has been written on how this qualitative research fits within the framework of Semi-Quantitative Evaluation of Access and Coverage (SQUEAC), how it differs from previously used methods and, most importantly, what is its added value for coverage assessments of CMAM programming. The development of *Community Assessment* was inspired by a coincident growing demand and need to investigate more thoroughly on barriers and boosters having an impact on access and coverage of CMAM programmes, which, in consequence, translate into operational recommendations aiming to improve programme's performance. A thorough review of all coverage assessment reports available to date, coupled with an invaluable feedback from partners, identified a number of gaps in a qualitative data collection of Stage I of a SQUEAC investigation and motivated several months' worth of meticulous work of designing and field-testing of improved methods and tools. *Community Assessment* is a result of those efforts, aiming to assist CMAM programmes in exploring in greater depths positive and negative factors influencing decision-making process for access and upkeep of the treatment. In contrast to a standard Stage I of a SQUEAC investigation, *Community Assessment* aspires to identify under-surface trigger points in community behaviour and thus allow programmes to develop comprehensive remedial strategies addressing core obstacles rather than their external manifestations. *Community Assessment* could also be labelled as an extended Stage I of a SQUEAC investigation as it makes use of its original methodology but systematizes and expands its scope and qualitative dimension. As such, *Community Assessment* fits perfectly into a standard SQUEAC investigation timeline and does not entail any implementation obstacles.

Table 1: Overview of key features of a standard Stage I of a SQUEAC investigation vs. Community Assessment

Key feature	Stage I (standard)	Community Assessment
Geography & environment		
location, topography, climate, natural & man-made hazards (seasonal calendar, war & other security concerns, population displacements)	✓	✓
Demographic profile		
ethnic groups (representativeness (%), spoken languages, stereotypes)	✓	✓
religious affiliation (representativeness (%), beliefs having impact on the perception of malnutrition)	✗	✓
socioeconomic status (education, occupation, income, casts, migration)	✗	✓
Sociocultural profile		
gender relations / decision-making, marriage / family planning, childcare, daily activities	✗	✓
feeding behaviours & dietary patterns (distribution of meals, food taboos)	✗	✓
beliefs & practices (pregnancy & childbirth, exclusive breastfeeding & weaning)	✗	✓
Social organisation and key community actors		
structure, institutions, relationships	✗	✓
Formal and informal communication channels		
	✗	✓
Local understanding of malnutrition		
local terminology, symptoms, causes, effects, health-seeking patterns, stigmatization	✓	in-depth
Perceptions of CMAM programme		
distance, cost, quality and variety of care, admissions, client interface, sensitization	✓	in-depth
Community outreach		
volunteer networks (role, status, coverage, capacity, aptitude)	✓	in-depth
screening (actors, tools, frequency, planning & follow-up)		in-depth
sensitization (actors, themes, tools, frequency, variety, planning & follow-up)		in-depth

However, *Community Assessment* should not only be considered as yet another assessment option. It is the first step in a community engagement framework, which allows CMAM programmes to initiate and/or strengthen their ties with served communities and recognize these communities as equal partners with a set of well-defined responsibilities to achieve common, public health goals. In fact, it is this interaction and its continuation throughout the project cycle, which can guarantee a gradual elimination of barriers and, as a consequence, an increase in coverage and uptake of treatment. **Practical considerations** Designed to fit within a SQUEAC investigation, *Community Assessment* does not have any practical (financial or logistical) implications on

the implementation of a coverage assessment according to the SQUEAC methodology. However, it does require a thorough preparation, including a bibliographical review, and a well-trained team with sufficient experience in qualitative data collection as these two elements channel down to an assessment's raw and processed data set and subsequently to programme's understanding of its working environment. For more information on *Community Assessment*, please refer to our guidelines published [here](#).