

SEMI QUANTITATIVE EVALUATION OF ACCESS AND COVERAGE (SQUEAC) in Cadaado District

Background

Save the children (SCI) has been implementing nutrition programmes in Cadaado since 2014. Since 2017, SCI has been implementing a Community Health and Social Accountability Project (CHASP) in collaboration with the Ministry of Health in three health centres in Cadaado in Galgaduud region namely Cadaado, Godinlabe and Bahdo. Cadaado district is experiencing an increasing number of population who have been internally displaced by inter-clan conflict or families hit by drought from parts of Galgaduud region with a population of close to 395,051 as of 2016. Maternal mortality rates are exceptionally high - 850/100,000 - compared to the national average of 732/100,000.

Methods

SQUEAC survey is a three stage investigation process that allowed for the regular monitoring of programs at low cost, helps identify areas of high or low coverage and provides explanations for such situations. This information allows development of specific, time bound and concrete action plan to improve the coverage of programme. The survey took place over the course of two weeks from 28th July-13th Aug 2018

Findings

Admissions per OTP and TSFP sites

Over June 2017-July 2018 a 909 Outpatient Therapeutic Program (OTP) admissions were recorded with Bahdo recording the highest number (421) of admissions (**Figure 1**). Surprisingly, Bahdo's high admissions exceeded Cadaado which is located in a more populated area. Interviews further revealed that Bahdo is the only health facility nearby 40 villages and is usually the first stop for villagers seeking medical attention.

Additionally, **figure 2** shows Targeted Supplementary Feeding Program (TSFP) admissions per every health center from January-July 2018. Cadaado recorded the highest number of admissions with 370 cases while Godinlabe has the lowest number of admissions across the three sites with a total of 165 admissions during the same period. As both OTP and TSFP admissions are relatively low in Godinlabe, it can be deduced that the health center has limited active case finding.

Figure 1: Total admissions per OTP site in Cadaado

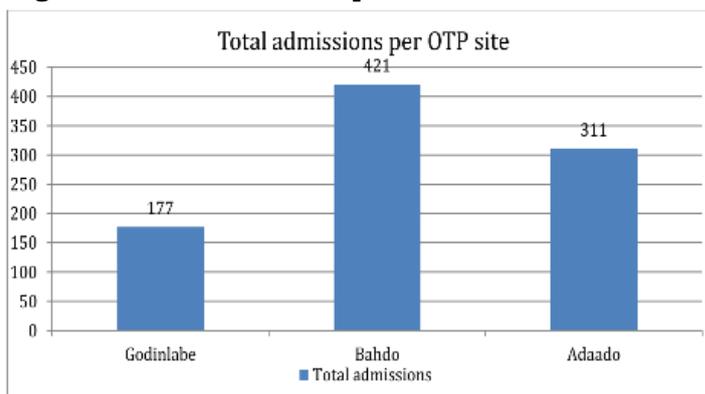
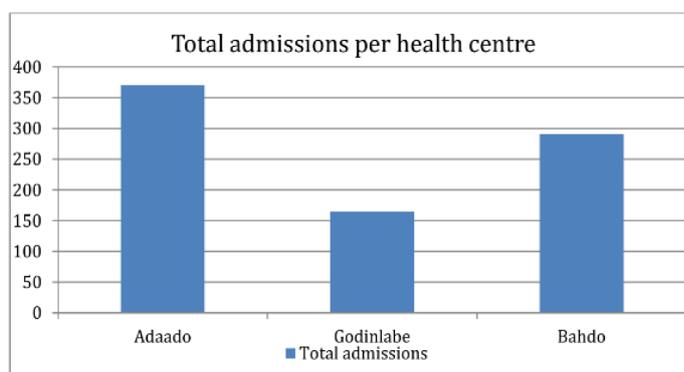


Figure 2: Total admissions per OTP site in Cadaado



Findings of the wide area Survey and Coverage Estimation

A wide area survey was conducted in the 19 villages sampled by the team. A total of 41 SAM cases were found of which 12 were in the program and 29 were not in the program. Further, a total of 40 recovering cases in the program were also found.

A single coverage was done for the OTP programme in Cadaado while a point coverage was done for the TSFP programme. For the single coverage, the recovering cases not in the program was calculated in the SQUEAC/SLEAC software, which also generated the numerator as 52 and the denominator as 110. For point coverage, the numerator generated was 40 and the denominator as 92. Both these parameters were inserted into the SQUEAC Coverage Estimate Calculator version 3.01.

The coverage for OTP was estimated as 48.0% while for TSFP it was found to be 39.8%. This below the recommended SPHERE threshold for a combined urban and rural SQUEAC survey which is 60%.

Boosters Identified in Cadaado

- Good understanding of the CMAM programme. MUAC uses.
- Presence of the INS programme, which has really reduced cases of relapse in the program.
- Early treatment seeking behavior of beneficiaries as indicated by the number of self – referrals in OTP and TSFP register book.
- Indicating phone numbers on OTP cards to help contact beneficiaries in advance and help in defaulter tracing
- Peer to peer as beneficiary influence to others on the benefits of CMAM, as most of the caregivers have indicated that they share information when they find the sickly children of their neighbours and help them come to the health centre.

Barriers Identified in Cadaado

- Distance: Since there are no outreach activities some beneficiaries come from as far as 40Km
- Caregivers competing priorities, as the caregivers fall sick, others mentioned that they don't get someone to look after the other children.
- Absence of mobile outreach programmes, as the programme is operating just three health centers with static nutrition sites.
- Limited active case finding, most admissions are by self-referrals. CNVs recruited late into the programme-Feb 2018.
- Seasonal migration affecting program access, as some of the programme beneficiaries are from the pastoralist community who move from one place to another-especially those who come from far-flung villages.

Key Recommendations

- Ensure that the district is served with adequate nutrition treatment sites. Meaning future nutrition programs should have more than the current three sites.
- Use hybrid approach where both outreach teams and permanent sites exists serving populations of close proximity and those far away. This was a key impediment to program access
- CNVs need training and facilitation to cover a larger area of active case finding. Apart from training, they need to be motivated adequately.

In conclusion, the overall performance indicators of the program are excellent, but low OTP and TSFP coverage. Therefore, it is strongly recommended to apply the proposed recommendations to ensure high coverage of the program.