Assessing coverage of Community-based Management of Acute Malnutrition in Urban Montserrado and Grand Bassa, Liberia

A problem-based learning case study

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Introduction

- CMAM model of service delivery is proven to achieve and sustain high levels of programme coverage

- Limitations and issues found with previous methods used to assess CMAM programme coverage

- Methods such as CSAS, SQUEAC, SLEAC, and S3M have been developed to specifically assess CMAM programme coverage

The case of CMAM in Liberia

- Inpatient therapeutic feeding programmes started in 2006 in Liberia

- With the introduction of CMAM in 2009, efforts shifted from inpatient to outpatient care using the CMAM service delivery model

- There was also a shift from international NGO-implemented programmes to MoHSW-led programming

- Scale-up CMAM programming nationally has been initiated by 2011

SQUEAC in Monrovia in 2011

- Between February to April 2011, SQUEAC was implemented to assess CMAM coverage in Monrovia

- Point coverage of 24.8%

- Period coverage of 48.6%

- Increase OTPs contributed to increase programm uptake

- But limited linkages with other health facilities and limited integration with other health services impeded access to programme

- Lack of community awareness was the single most significant barrier to access

- RUTF stock-outs and lack of defaulter follow-up also contributed to low coverage

Continuing CMAM national scale-up

- national scale-up continued with support from variouis national and international stakeholders

- In 2017, 3-year nutrition programme was implemented in 15 counties of Liberia with focus on improving coverage of nutrition-specific interventions including CMAM

- theory of change was that improving coverage would lead to improvement in child nutrition outcomes

# Simple Spatial Survey Method in 2018 and 2019

- coverage assessment was conducted to assess the 3-year programmes progress towards overall aim

- Simple Spatial Survey Method or S3M was used to assess programme coverage in Urban Montserrado district and in Grand Bassa county

- **Case-finding effectiveness** was assessed to be low at baseline for both areas. At endline, Greater Monrovia's case-findinng effectiveness dropped significantly while Grand Bassa's stayed about the same

- **Treatment coverage** showed a relatively higher result for Greater Monrovia at baseline compared to previous coverage assessed in the area. At endline, treatment coverage dropped significantly in Greater Monrovia.

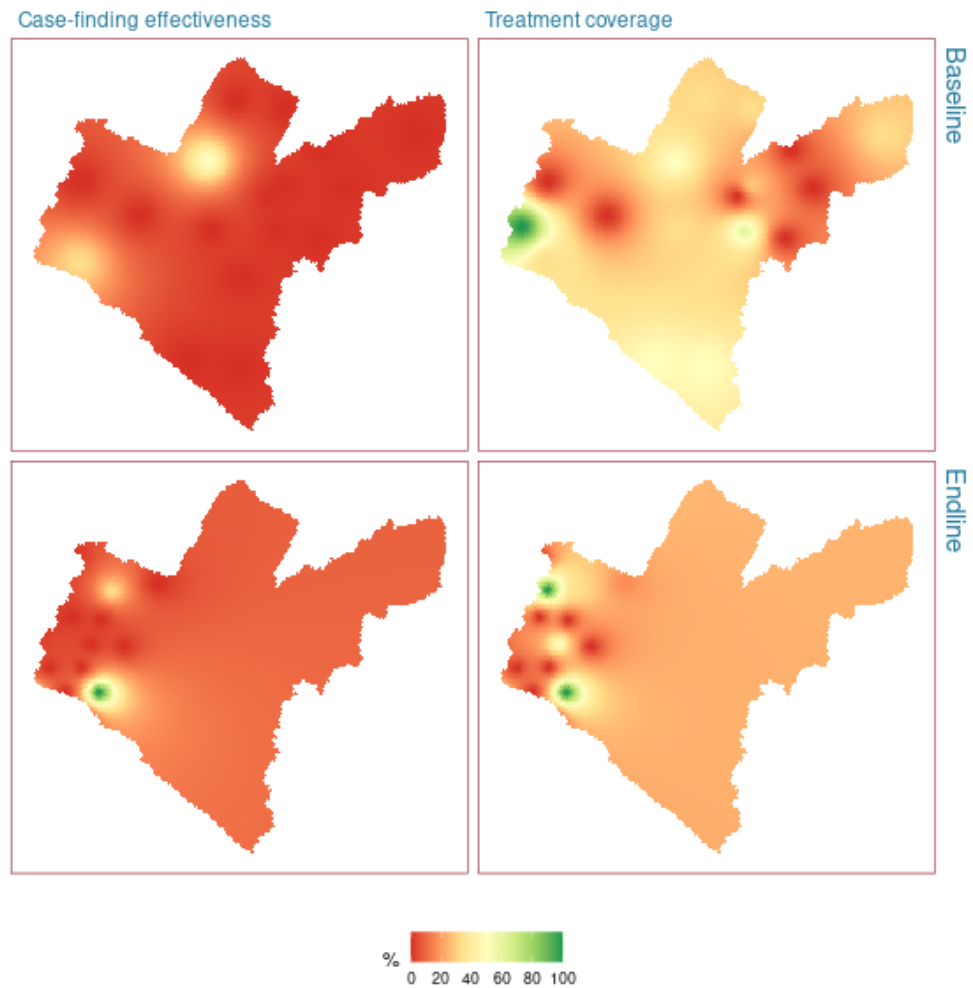# Baseline and Endline coverage estimates
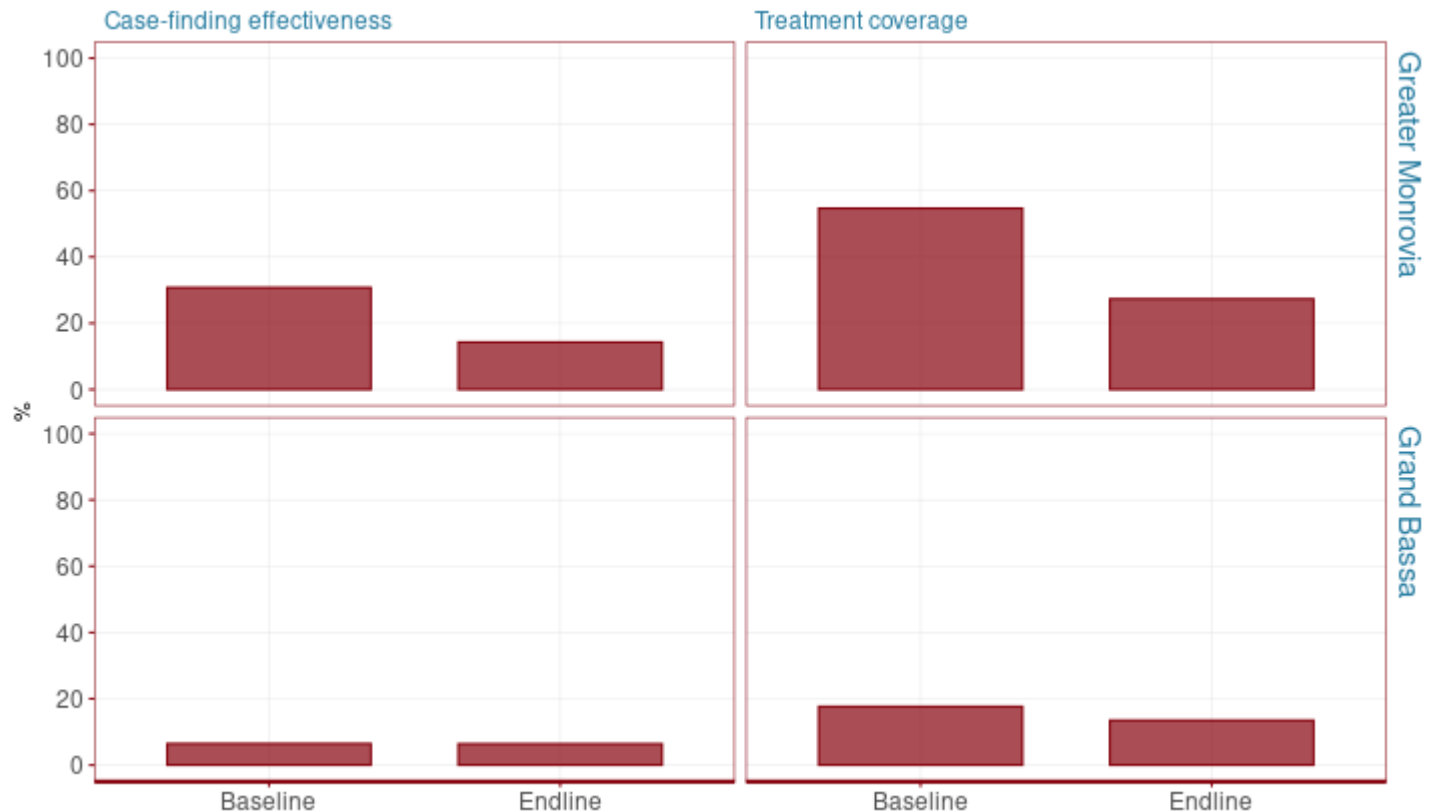
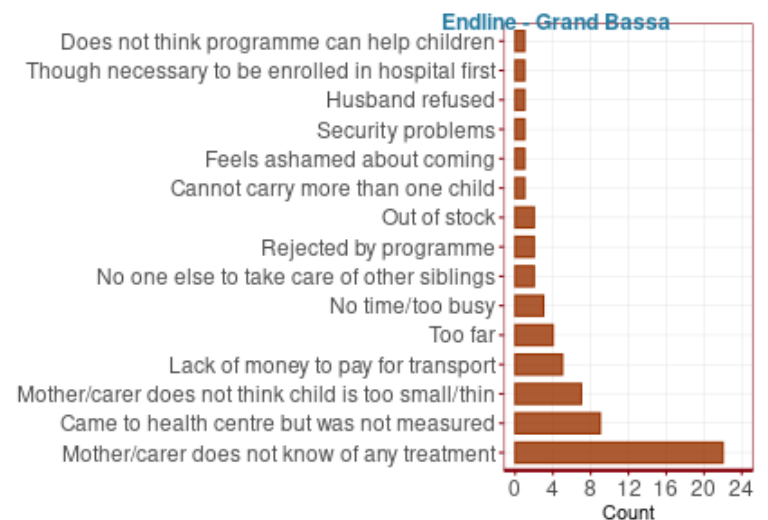# Baseline and endline spatial distribution of CMAM coverage - Greater Monrovia
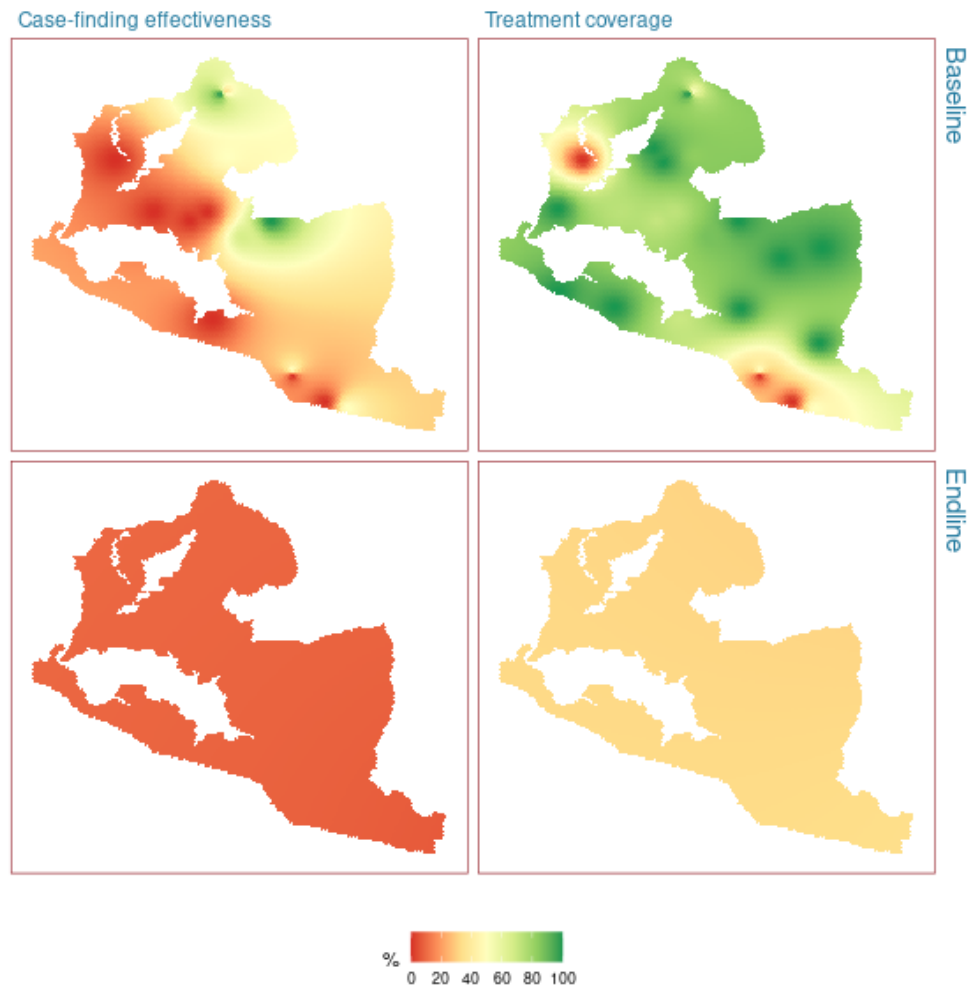
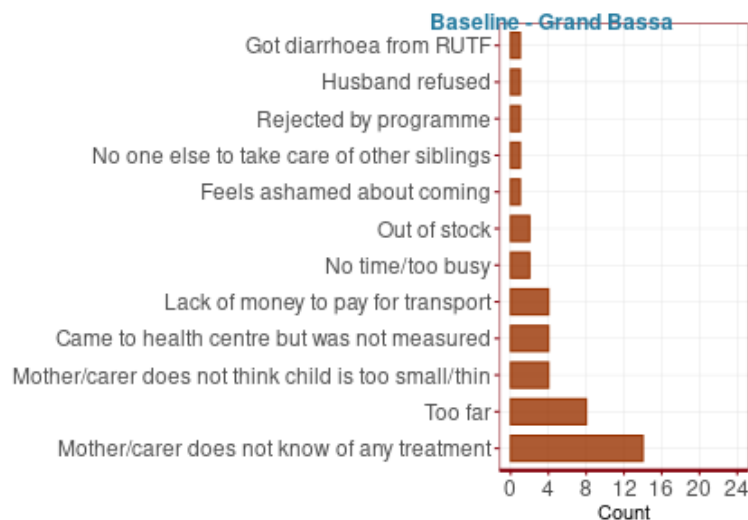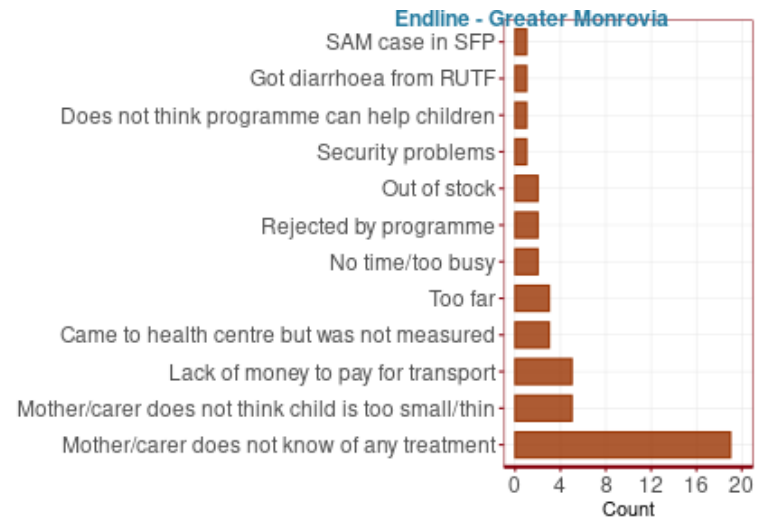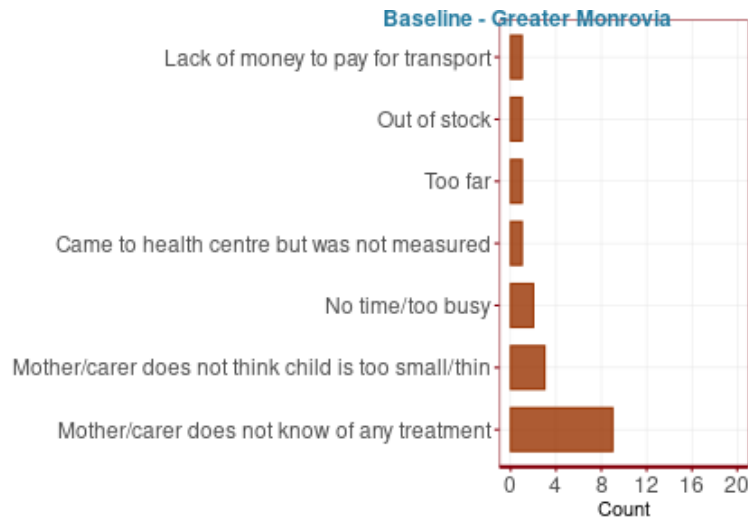Spatial distribution of CMAM coverage in Greater Monrovia

Baseline and endline spatial distribution of CMAM coverage - Grand Bassa

Spatial distribution of CMAM coverage in Grand Bassa

Barriers to programme access

Problem/Challenge

You are part of a multi-disciplinary team of CMAM experts who have been tasked with proposing recommendations for the next 5-year plan for the national CMAM programming in Liberia. Part of the brief is an emphasis on improving CMAM programme coverage.

Questions?

Thank you!

This slide deck is available online at https://ernest.guevarra.io/coverage-cmam-pbl

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