



World Food Programme

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Community Based Management of Acute Malnutrition (CMAM) Programme Coverage Assessment Report

Ukhiya and Teknaf Host Community
January – February 2022



EXECUTIVE SUMMARY

KEY HIGHLIGHTS:

Programme coverage (Children 6-59 months):

- **Outpatient Therapeutic Programme (OTP) coverage** is estimated by SQUEAC assessment to be **69.5% (95% CI: 58.6-78.5%)**. However, the true coverage is likely to be higher (75-85%) based on wide area survey.
- **Targeted Supplementary Feeding Programme (TSFP) coverage** is estimated to be **81.2% (95%CI: 76.4-86%)** by wide area survey findings.
- These coverage estimates indicate that coverage of CMAM programmes for children are above **Sphere standards in rural contexts (50%) in both Ukhiya and Teknaf upazilas**. This was attributed to screening campaigns conducted between October-November 2021. There was minimal differentiation of findings between Upazilas.

Primary reasons for non-attendance included:

- OTP: Children were enrolled in the TSFP but had not been referred to the OTP.
- TSFP: Caregivers and their children were waiting for referral to the TSFP.

Programme coverage (Pregnant and Lactating Women):

- **TSFP coverage** was estimated to be 70-100% based on wide area survey findings. This indicates that coverage of the TSFP for Pregnant and Lactating Women (PLWs) **was above Sphere standards in rural contexts (50%)**.
- **The primary reasons for non-attendance** for non-covered moderately acutely malnourished (MAM) cases was due to PLWs not being aware that they were MAM.

Community screening coverage (Children and PLW):

- At least 95% of PLWs and caregivers confirmed that they or their child had been screened at home previously. More than 90% confirmed that this had taken place during the month preceding the survey.

Background and objectives

The upazilas (sub-districts) of Ukhiya and Teknaf are in Cox's Bazar District in Southern Bangladesh, one of the most disaster-prone coastal districts of Bangladesh. The district's rural communities, many of which have a low socio-economic status, are highly vulnerable to tropical cyclones, tidal surges, and flooding, especially during the annual cyclone season, which lasts from May to July. In addition, the Rohingya refugee settlements are located within the two upazilas and, in October 2021, were home to approximately 888,000 Rohingya refugees, the majority of whom had fled from Myanmar in 2017 due to escalating violence.

The January 2021 SMART nutrition survey indicates that the prevalence of Global Acute Malnutrition (GAM) by weight for height (WFH) remains in the third-highest category, "Medium." The prevalence rates for chronic malnutrition, commonly known as "stunting", was in the High category. However, low prevalence of wasting by MUAC was observed among women of reproductive age (<2.0%).

With support from the World Food Programme (WFP), Action Against Hunger Bangladesh and SHED¹, the Government of Bangladesh has been running programmes to tackle the high rates of acute malnutrition in the two-host community Upazilas since 2012. They have done this through Community Based Management of Acute Malnutrition (CMAM) programmes, which treat SAM and MAM in children aged 6-59 months in 54 Community Nutrition Centres (CNCs): 25 in Ukhiya and 29 in Teknaf. The same programmes also work to prevent and treat acute malnutrition in Pregnant and Lactating Women (PLW).

In January and February 2022, the Action Against Hunger Bangladesh nutrition surveillance team conducted a coverage survey of CMAM services for children under five years of age and PLWs through WFP's financial and technical support. This was the fourth coverage assessment to be completed since 2015 and was conducted using the Semi-Quantitative Evaluation of Access and Coverage (SQUEAC) methodology.

The objective was to assess the treatment coverage of CMAM services (Severe Acute Malnutrition (SAM) treatment in the OTP and MAM treatment in the TSFP programmes) for children aged 6-59 months in host communities in Teknaf and Ukhiya. In 2022, for the first time, the assessment also set out to assess the coverage of the CMAM programme for PLWs.

The SQUEAC methodology is an iterative assessment method which uses existing programme data and new survey data to estimate the coverage of SAM and MAM treatment services. The methodology involves three stages of data collection and analysis including programme data analysis, qualitative data collection and analysis, mind mapping and in-community survey methods. More details about the methodology will be included in the final report.

¹ Social Health and Education Development

Key findings:

PROGRAMME COVERAGE - OTP (CHILDREN)

The OTP coverage for SAM children 6-59 months, based on three stages of SQUEAC methodology was **69.5% (95% Credibility Interval: 58.6-78.5%)** for Ukhiya and Teknaf upazilas. However, the true coverage estimate of OTP would be **75-85%** based on wide area survey results.

PROGRAMME COVERAGE - TSFP (CHILDREN AND PLW)

The TSFP coverage for MAM children based on the wide area survey was **81.2% (95% Confidence interval: 76.4-86%).²** The TSFP coverage for PLW was not possible to calculate due to low number of sampled PLWs achieved during the survey. However, based on the number of samples PLWs achieved during the survey, it was possible to say that TSFP coverage for **PLWs falls between 70% and 100%**.

The disaggregated wide area survey findings indicated that OTP and TSFP coverage for children under five years of age and TSFP coverage for PLWs were similar in Ukhiya and Teknaf.

However, **all three estimates exceeded the Sphere standard for coverage in rural contexts (50%)**. It is likely that the mass screening activities conducted between October-November 2021 contributed to the high levels of coverage of children under the age of five years and PLWs.

COMMUNITY SCREENING COVERAGE (CHILDREN & PLW)

At least 95% of PLWs and caregivers confirmed that they or their child had been screened at home previously. More than 90% confirmed that this had taken place during the month preceding the survey. There has been a significant increase in community screening in 2022 compared to 2019 indicating strong outreach activities happening at community level.

Upazila	2019	2022
Ukhiya	87%	95%
Teknaf	72%	97%

KEY BARRIERS TO ACCESS SERVICES

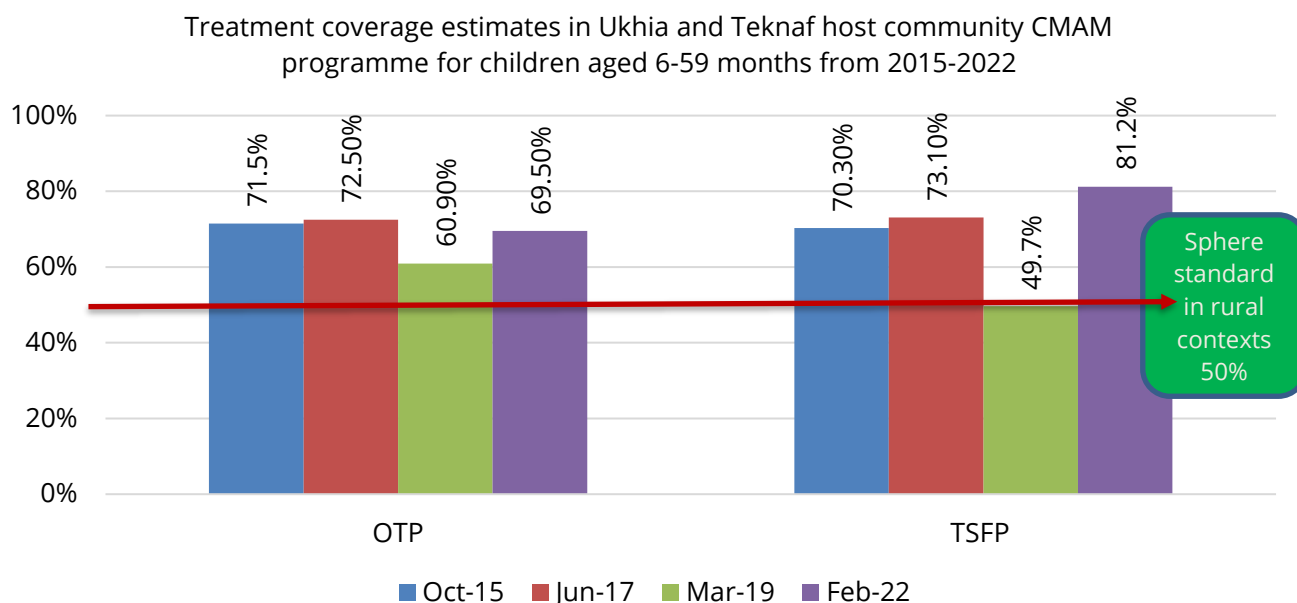
Where non-covered SAM children were identified, the primary reason was due to children being enrolled in the incorrect programme. For example, some children in the TSFP had become SAM whilst receiving treatment and had not been transferred to the OTP.

Where non-covered MAM children were identified, the primary reason for non-enrolment was due to caregivers waiting for referral to the TSFP indicating that caregivers either do not know that they can enrol their child spontaneously at the Community Nutrition Centre or that they had been referred but were waiting for the monthly distribution day.

²It was not possible to estimate coverage of the TSFP using three stages of SQUEAC methodology due to methodological limitations in the calculation of prior estimation. However, the sample size of MAM cases identified during the wide area survey was large enough to be able to estimate coverage using wide area survey alone.

There was also evidence that male community leaders and other male community members are not targeted by sensitizations and therefore lack understanding of malnutrition and CMAM programmes, which may lead to negative perceptions in the community.

TRENDS OF PROGRAMME COVERAGE



The results from the SQUEAC indicated that coverage estimates for OTP and TSFP for children under five had both increased since the last survey in March 2019 with TSFP coverage being the highest ever estimated.

RECOMMENDATIONS AND PRIORITIES

The findings of the CMAM coverage assessment in Ukhiya and Teknaf were presented to Nutrition Sector partners on 16 March 2022. Based on the negative factors identified during the survey, partners elaborated the following recommendations to improve coverage based on the results of the assessment. More detailed activities relating to each recommendation will be included in the full report.

Treatment of acute malnutrition (children U5 and PLWs) in Community Nutrition Centres

Negative factor identified	Recommendations
SAM children are not being identified during TSFP distribution days	<ul style="list-style-type: none"> Revert TSFP distribution for children to bi-weekly Ensure bi-weekly follow up at the household level for TSFP children for timely identification of any deterioration

Long period between TSFP distribution days leads to longer recovery period for MAM cases	<ul style="list-style-type: none"> • Increase capacity building and supportive supervision to community nutrition volunteers and workers³ to ensure that all children are identified and referred using the correct protocols in a timely manner
Some pregnant women cannot or will not visit the CNC during the third trimester	<ul style="list-style-type: none"> • Allow an alternate to collect rations during distribution days • Ensure proper monitoring and tracking of acutely malnourished PLWs • Sensitize alternative caregivers and other family members

Community outreach

Negative factor identified	Recommendations
Key male community members excluded from sensitization	<ul style="list-style-type: none"> • Effectively sensitize more men on CMAM programmes • Monitor and report male forums reached monthly
Few referrals from model mothers	<ul style="list-style-type: none"> • Strengthen model mother activities with some modification of their responsibilities including clear demarcation of their working areas • Organise model mother meetings monthly with incentives for participation
The sale and availability of therapeutic and supplementary food in local markets at cheap rates leading to non-responder and defaults	<ul style="list-style-type: none"> • Sensitize caregivers, male forums, and local influencers on the importance of CNC visits and consumption of therapeutic and supplementary food by intended beneficiaries
Poor hygiene in certain areas leads to high rates of non-responders	<ul style="list-style-type: none"> • Sensitization on proper hygiene during courtyard sessions • Coordination with other stakeholders who work on WASH components • Investigate the feasibility of distributing hygiene kits to malnourished children (OTP and TSFP) through relevant agencies/organizations
Low screening coverage by community nutrition volunteers and workers in remote areas	<ul style="list-style-type: none"> • Identify remote areas at risk of low screening coverage • Conduct mass screenings in these areas • Consider setting up mobile nutrition teams for those areas to conduct screening and treatment services monthly

³ Community nutrition volunteers and community nutrition workers

SUPPORTED BY



For further information, please contact:

World Food Programme – Cox’s Bazar

Senior Emergency Coordinator: Sheila Grudem
Head of Programme: Jesscia Kim
Head of Nutrition unit: Manaan Mumma

Cox’s Bazar Nutrition Sector:
Assessment and Information Management Working Group chair:
Md. Lalan Miah: surhod@bd-actionagainsthunger.org