Case Study: The Case of the Hidden Defaulters

This case study describes how a SQUEAC investigation identified and investigated the issue of 'hidden defaulters' in a CMAM program implemented in a southern African country by the MOH supported by an international NGO.

Routine program monitoring data were analysed. A plot of admissions over time revealed that the program was probably responsive to need. Rises in admissions coincided with periods when SAM incidence was expected to be high (e.g., during periods of food insecurity and of increased incidence of infections associated with wasting). The results of the analysis of program exits were consistent with a well-performing program. Cure, default, and death rates were all within Sphere minimum standards:

Cured	:	81%
Default	:	8%
Transfers to hospital	:	9%
Deaths	:	2%

Qualitative data revealed that carers heard of the CMAM program from their local health centres and through program-sponsored announcements on local radio. Carers of children in the program and other informants reported that they were unaware of malnourished children in their communities that were not already covered by the program.

The quantitative and qualitative data described above were consistent with a program achieving moderate or high levels of coverage.

During mapping of home locations of beneficiaries using data from admission records, a considerable number of record cards with only one or two visits recorded were found. It was suspected, therefore, that there was likely to be considerably more defaulting than was recorded in the routine program monitoring data. Interviews with program staff revealed that program activity had focussed on delivering services to beneficiaries at clinics and that absences were **not** well recorded. This had led to an under-reporting of defaulters. These findings prompted an investigation focussed on defaulting.

Current and past beneficiary record cards were examined and discharges classified according to the program's own discharge criteria. This exercise resulted in a very different picture of the program:

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Cured	:	40%
Default	:	49%
Transfers to hospital	:	9%
Deaths	:	2%

Further analysis revealed that a large majority (approximately 90%) of defaulters defaulted after only one or two visits to a program site (**Figure 100**). These were early defaulters and, therefore, probable current SAM cases at the time of defaulting.

Figure 100. Number of visits before defaulting
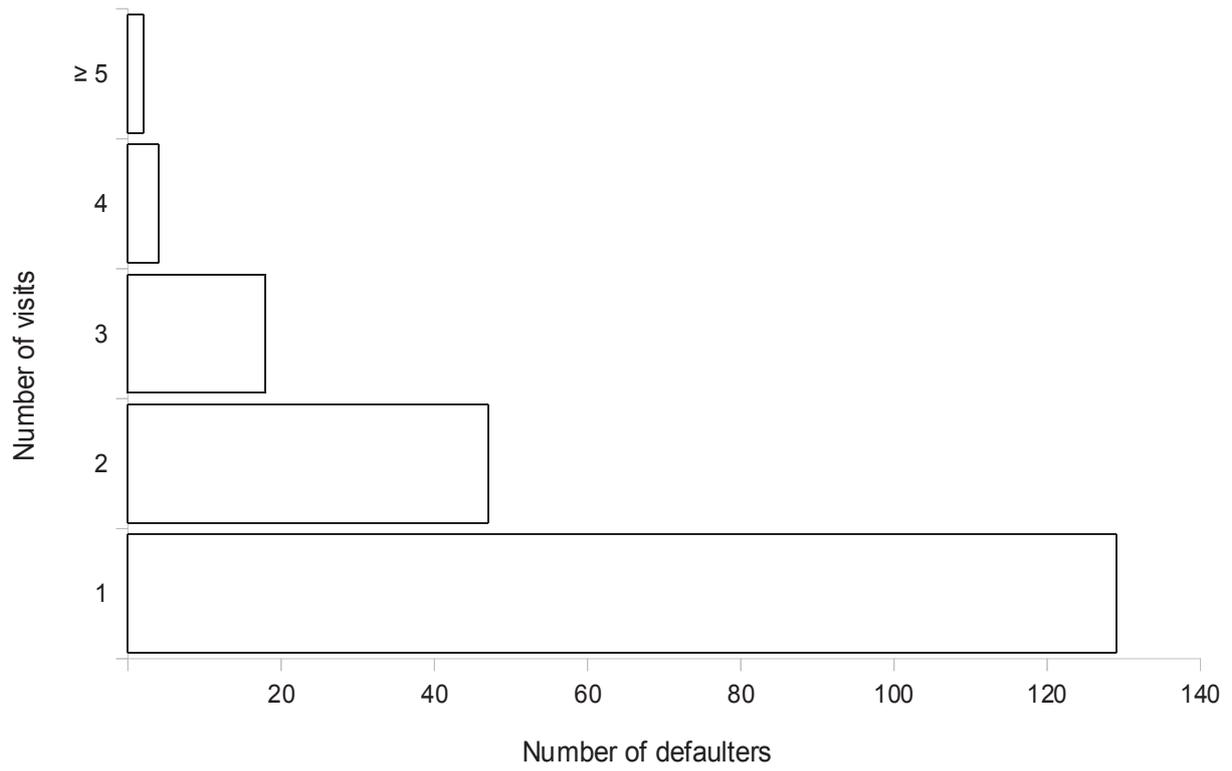
The trend of defaulting over time was analysed. This revealed that defaulting peaked during periods of higher agricultural labour demand (**Figure 101**).

Figure 101. Trend of defaulting over time
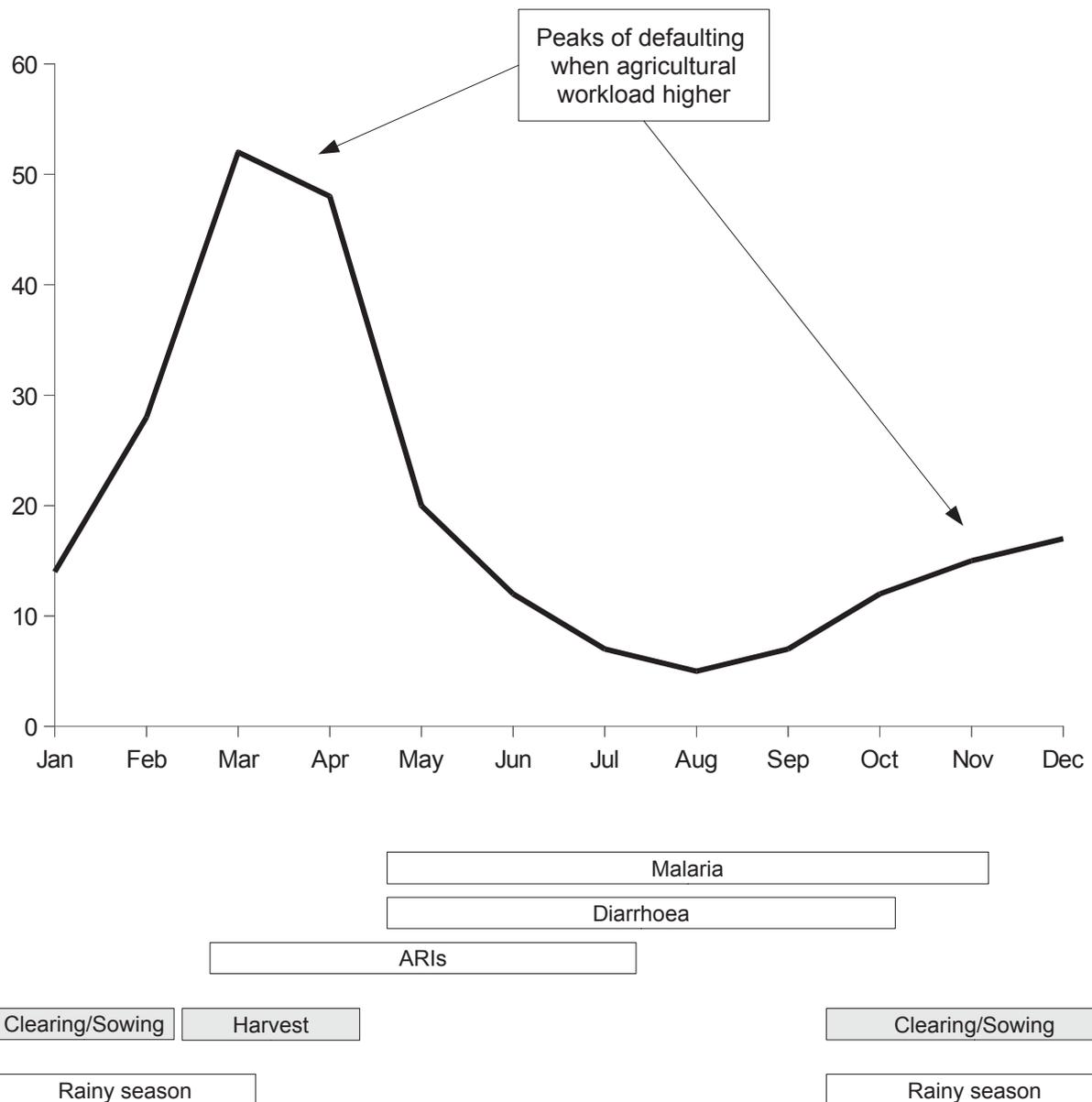
Examination of the home locations of active cases and defaulters (**Figure 102**) indicated that:

- The majority of active cases came from villages within 5 km of program sites.

- The majority of defaulters came from villages farther than 5 km from program sites.

Figure 102. Distance from home to a CMAM program site for active cases and defaulters

ACTIVE CASES

NUMBER OF
DEFAULTERS
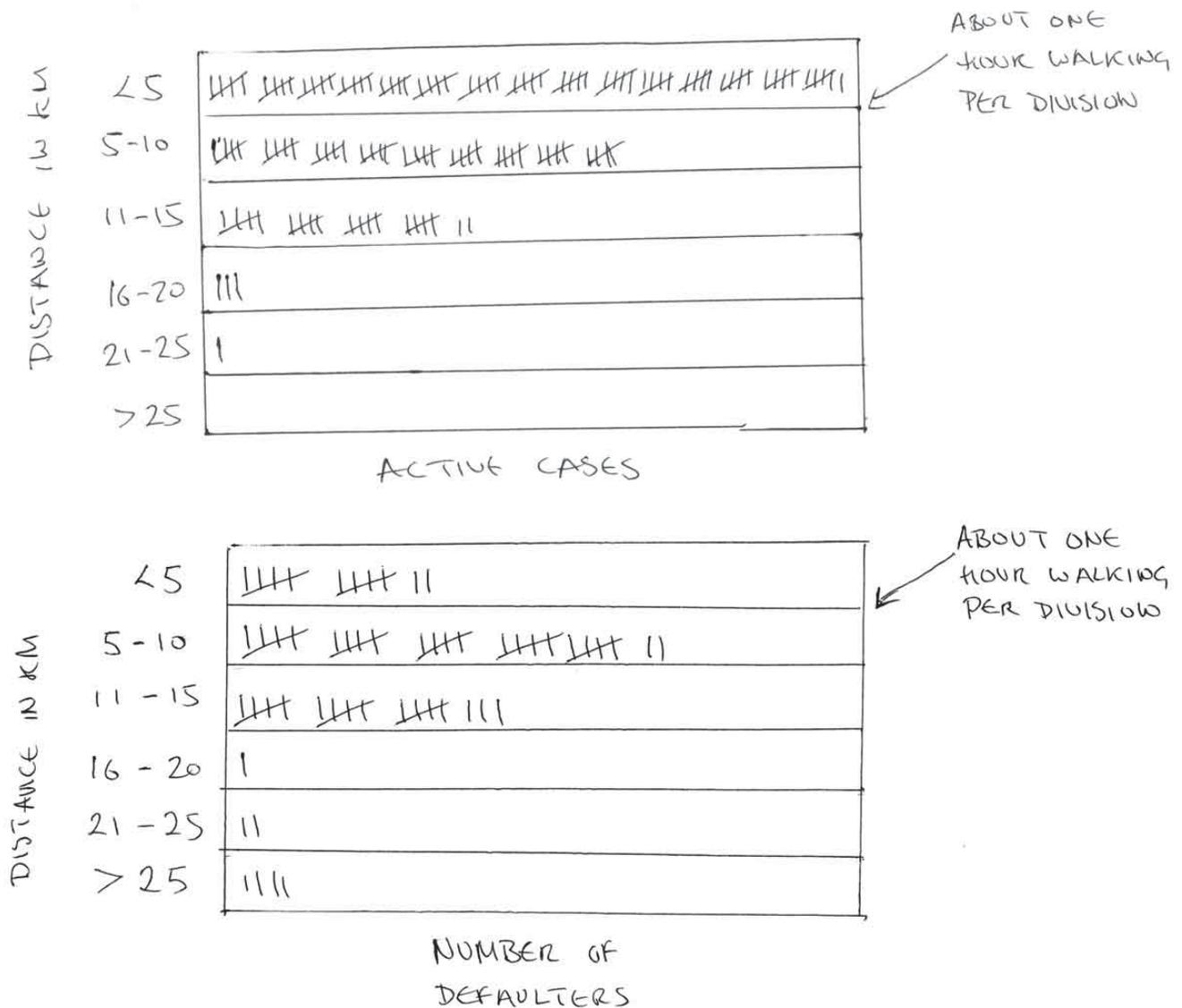
These findings were supported by interviews with carers of defaulted patients. These key informants reported that the most important factors affecting their decision to default was the amount of agricultural work that they had to do (i.e., the higher the workload the more likely they were to default) and the distance between their homes and the program sites. It should be noted that these were **not** independent findings since time-to-travel is an *opportunity cost* (longer times to travel to the program sites mean less time for work).

These new findings caused the SQUEAC investigators to revise their initial belief of moderate to high program coverage and changed the focus of the investigation report and recommendations.

This case study highlights the importance of:

- Scepticism when working with routine program monitoring data. In this case, defaulting was grossly under-reported.

- Investigation and the triangulation process in ensuring the robustness of findings. In this case, the investigators were presented with conflicting data (i.e., routine program monitoring data showed low levels of defaulting but coverage mapping suggested high levels of defaulting). This prompted further investigation using a variety of sources and methods (i.e., triangulation by source and method).