

THE NATURE, CAUSES, AND IMPACT OF DEFAULTING FROM A CMAM PROGRAM IN NIGERIA

October 17th 2013, London

*JAMIE LEE, THERESA BANDA, KATJA SLING, EMMANUEL MANDALAZI,
PALUKU BAHWERE*

VALID INTERNATIONAL



BACKGROUND

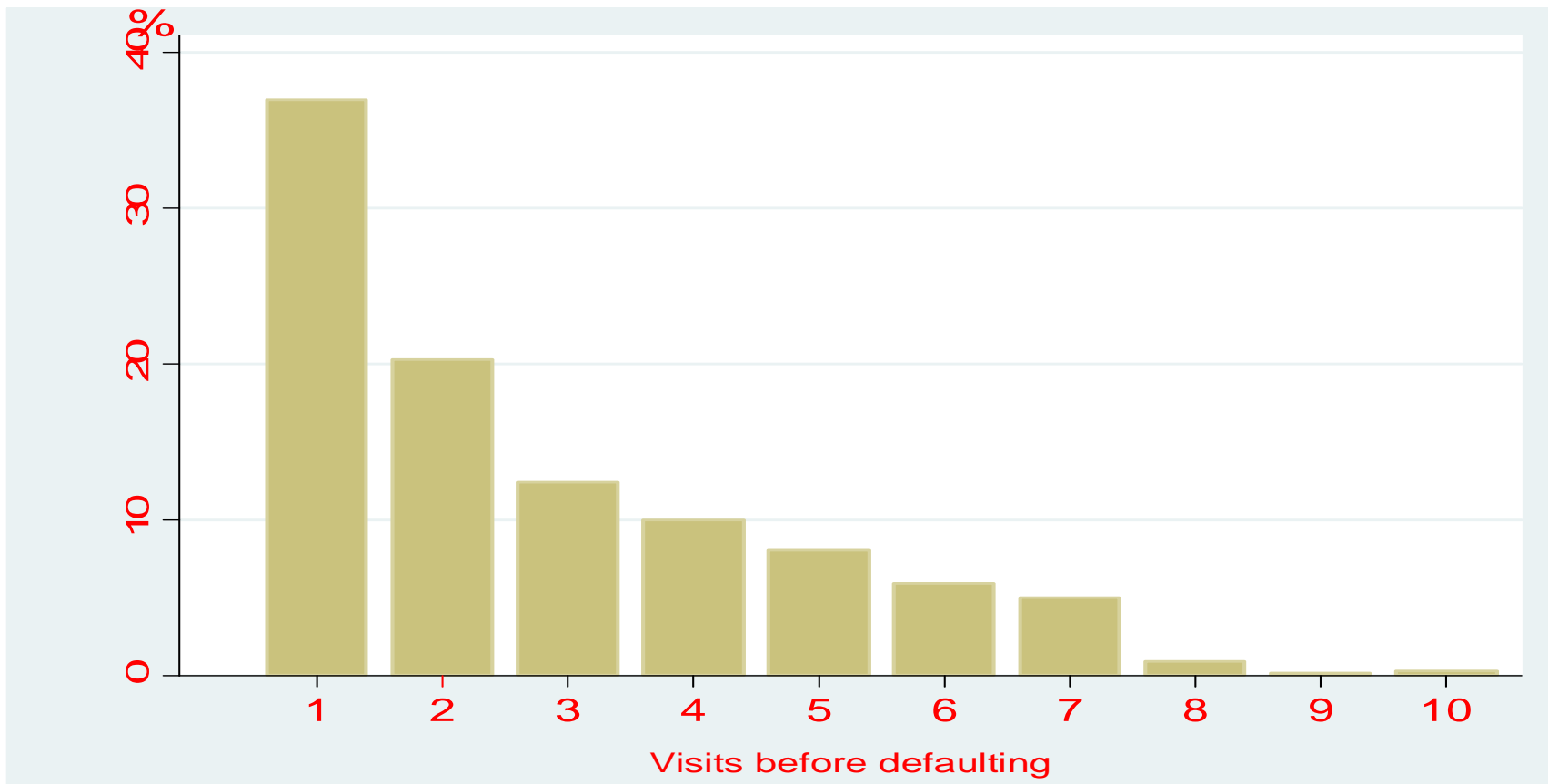
- Defaulting from CMAM program in Gombe state, Nigeria, very high – sometimes as much as 50%
- Community outreach or mobilisation = frequently under-resourced in CMAM programming
- Evidence on health impact of defaulting from CMAM scant and inconsistent
- Debate around defaulting rate:
 - indirect sign of dissatisfaction?
 - an early self-discharge of a recovered child?
 - hidden deaths?

METHODS

- Exploratory retrospective analysis of routine data at CMAM facilities (February-July 2012)
- Retrospective following-up defaulters in 3 LGAS (districts) to investigate health outcomes (Oct-09 – Aug-12)
- SQUEAC method – a “defaulter SQUEAC” to understand reasons for defaulting

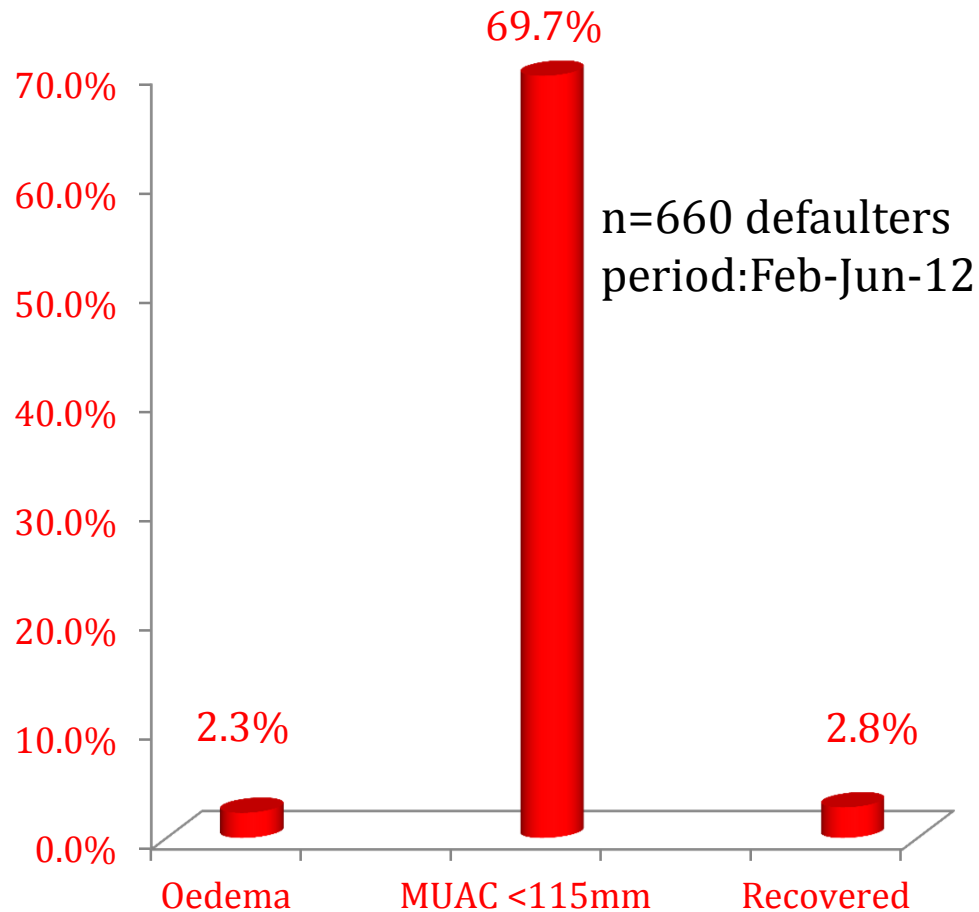
RESULTS (1): DEFAULTING TIME

- Based on OTP card review
- n= 660 defaulters (Period: Feb-12 to Jun-12)



VALID INTERNATIONAL

RESULTS (2): DEFAULTING NUTRITION STATUS



- Majority of children defaulting while still at critical condition

- % MUAC \geq 115mm increases with number of OTP visits

- Recovered = MUAC $>$ 115mm and No oedema and Weight gain \geq 15%

VALID INTERNATIONAL

RESULTS (3): FOLLOW UP FINDINGS

NUTRITIONAL STATUS (n=516)

- SAM + MAM: 26.7 (23.1-30.7) %
- SAM: 9.1 (6.9-11.9) %

Usual GAM 8%

MORTALITY (n=609)

- Mortality rate: 11.5 (9.2 – 14.3)%
- Mortality incidence: 2.7/10,000 child-days

Baseline U5MR (sub-Saharan)

1.14 deaths/10,000/day

SQUEAC RESULTS (1): REASONS FOR DEFAULT

Issues with service provision

- Service quality: rejection, no explanation, threats & bad attitude, poor adherence to protocols
- Problems with RUTF supply

Community mobilization

- Issues with recruitment and activity of volunteers
- Poor sensitization and community understanding
- Little active case finding

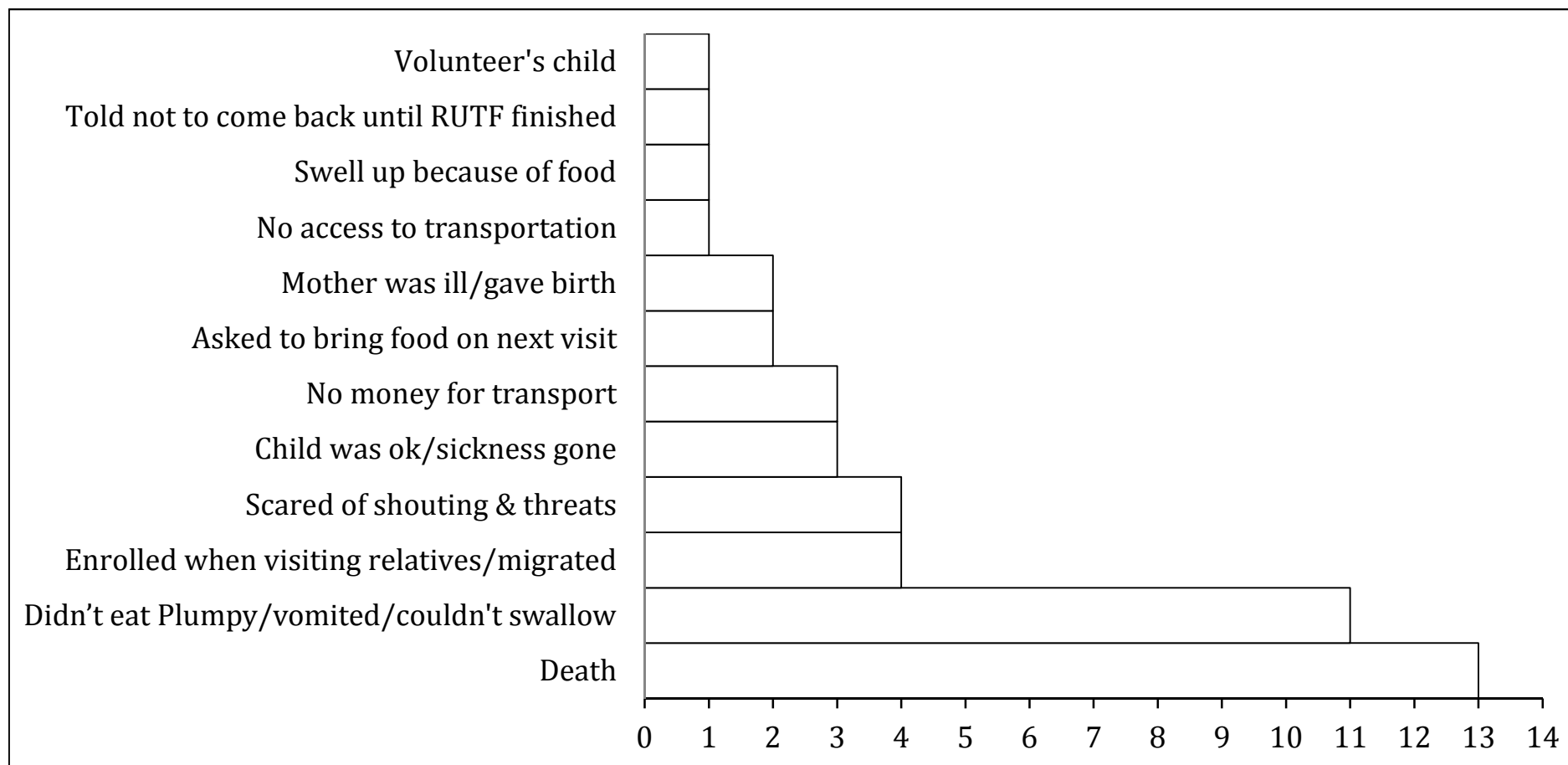
Access and associated costs

- Yet people living nearby still defaulted as much

Death

SQUEAC RESULTS (2): REASONS FOR DEFAULT

Reasons for defaulting among 35 defaulters traced in Gombe LGA and Dukku LGA in Nov 2012



ZANGE OTP: A CASE OF POSITIVE DEVIANCE

- Busy clinic but low defaulting rates
- Volunteers involved in running of the clinic
- Good relationship with the head nurse – motivated volunteers
- Case finding and follow-up visits in the community
- Understand the community – available in the afternoon
- Respectful to beneficiaries – good beneficiaries' satisfaction

CONCLUSIONS

- The follow-up study data supports the SQUEAC findings
- Developing sustained community mobilisation and follow-up model is a high priority and is possible
- Quality of delivery critical for achieving acceptable program outcomes
- Defaulting is associated with serious consequences (death and poor nutritional status)