

Community-Based Therapeutic Care (CTC) Mogadishu, Somalia

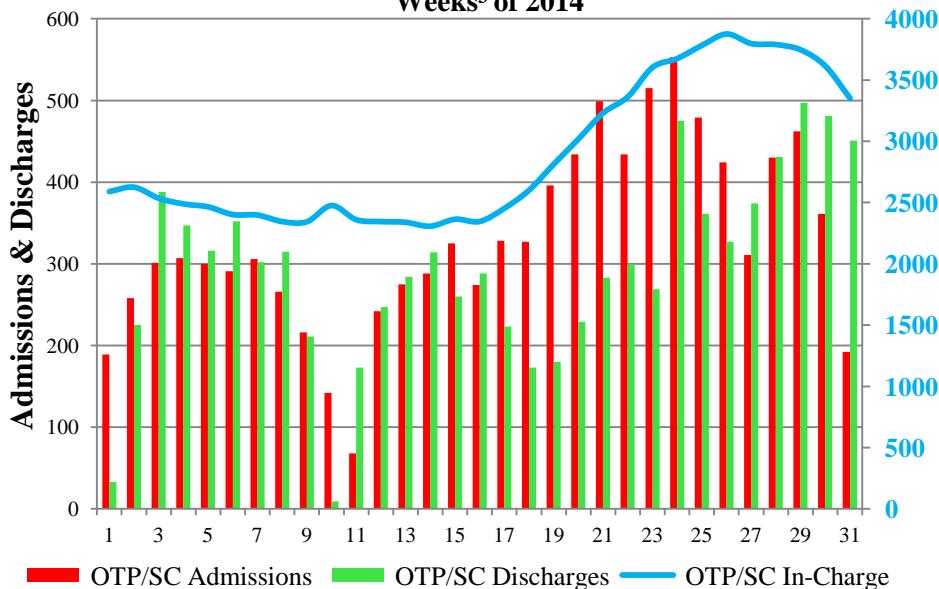
SAACID, in partnership with UNICEF, operates a health and nutrition network across Mogadishu City; treating severely malnourished children under 5 years of age, providing counselling and micro-nutrient supplementation to pregnant and lactating women, immunization services, TB treatment, and hygiene promotion. This bulletin provides figures and highlights from this month's activities.



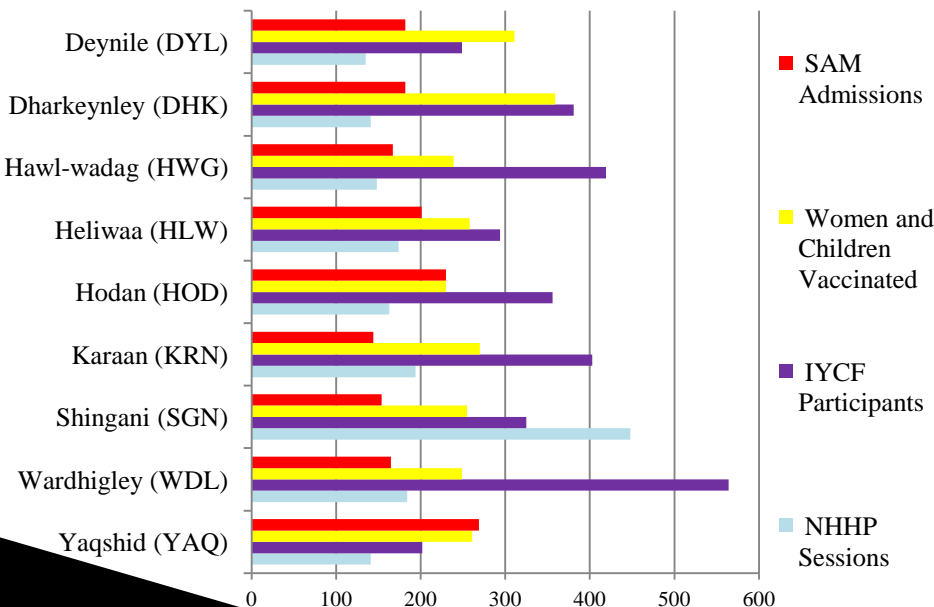
OTP/SC for <5s – July 2014

OTP/SC in-charge at end of month	3,351
OTP new admissions this month	1,694
SC admissions this month	89
Percentage +/- from last month ¹	-30%
District ² with highest admissions	YAQ
OTP cured rate this month	91%
OTP default rate this month	7.5%
SC success rate this month	91%
Avg. weight gain (g/kg/day)	5.26
Average length of stay	59 days
SAM cases over the last 12 months	13,068

SAACID Outpatient Therapeutic Programmes (OTPs) and Inpatient Care at the Stabilization Centre (SC) Caseload of Severely Acutely Malnourished (SAM) Children Weeks³ of 2014



SAACID CTC Activities By District - July 2014



EPI Activities⁵ – July 2014

# of children vaccinated	2,127
# of women vaccinated (TTV)	320
Cumulative children - 12 months	18,451
Cumulative women - 12 months	3,598



Outreach – July 2014

Total screened by outreach workers	12,840
SAM Referrals by outreach workers	1,804
% of SAM referrals admitted ⁴	95%
# of home and SC visits for follow up	516

IYCF Activities – July 2014

Individual counselling sessions	842
Group counselling sessions	436
# of participants in group sessions	2,424
# of participants last 12 months	48,969



Micro-nutrient Interventions – July 2014

# of children that received Vit. A	1,702
# of women that received MMN	no supply
# of children & PLW dewormed	856
Cases of diarrhoea treated with zinc	147

NHHP Activities – July 2014

SAACID reached 13,599 men and women this month through 1,766 small group sessions conducted across all the clinics on special topics for positive nutrition, health and hygiene practices.

NHHP Topics This Month	# of Sessions
Diarrhoea Management	379
Personal Hygiene	341
Malaria Prevention	399
Education on RUTF	384
Identifying Oedema	263

TB Activities⁵ – July 2014

TB patients in-charge	360
Cured TB cases this month	39
Malnourished TB patients	97

Incidents – July 2014

There were no incidents this month.

The CTC Programme includes 135 outreach workers that conduct active case finding, follow up and deliver key health, hygiene, and nutrition messages on a daily basis across 9 districts of the city.

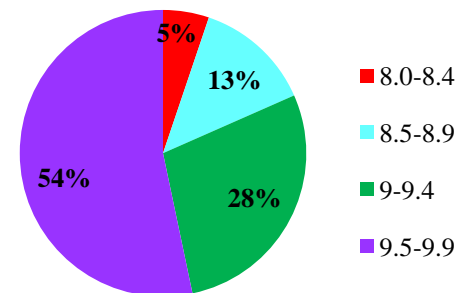
Understanding Late Admission Behaviour

The success of Community-Based Therapeutic Care relies heavily on strong outreach and community awareness of malnutrition. Finding cases early, before they become severe, is critical. The Mid-Upper Arm Circumference (MUAC) measurement used in Somalia to determine Severe Acute Malnutrition (SAM) in children less than 5 years of age is 11.5 cm. Supplementary Feeding Programmes (SFPs) for children with MUAC of 11.5-12.5 cm can help prevent children from reaching SAM status. For those children that do become severely malnourished, the sooner they are identified in the community, and act on referrals for services, the greater the chance they survive.

The average MUAC at admission of SAM children in SAACID OTPs is 10.8 cm, and 59% of all children admitted have a MUAC of 11 cm-11.4 cm. To better understand cases that are admitted late (i.e. with very low MUAC), SAACID collects additional data on children admitted with MUAC of <10 cm.

Over the first 7 months of 2014, additional data was collected on 212 SAM cases admitted with MUAC of <10 cm. The average MUAC for these cases was 9.3 cm. The majority of cases fell in the range of 9.5-9.9 cm, and only 5% had MUAC as low as 8.0-8.4 cm.

SAM Admissions 2014
MUAC Ranges <10 cm



The objective was to determine if there were correlations between low MUAC at admission and other factors, such as whether or not the family was displaced, how long they had been aware of the clinic, and what other actions they had taken to seek help for the child.

The data indicated that 70% of the families with children of MUAC <10cm were Internally Displaced Persons (IDPs), and 61% had been living in the district less than 6 months. SAACID has a robust outreach network, and anyone living in the district for more than a couple of months should definitely have been approached by an outreach worker. Overall, 89% said an outreach worker visited their home. Seventy-two percent (72%) of all cases knew about the clinic for a month or less (45% less than a week), which indicates they followed up on their referral quickly. However, there was still 28% that knew of the clinic for over a month, and waited to come until their child reached such a severely low MUAC. All of these cases took their child to a traditional healer; to a Sheikh for Quranic reading; and/or to a hospital; before bringing the child to the clinic first.

The data that SAACID collects on late admissions provides it with critical insight, and allows SAACID to more effectively manage its outreach worker programme, and improve the uptake of services.

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Terms

CTC	Community-Based Therapeutic Care
EPI	Expanded Programme of Immunization
FFW	Food-For-Work
IDP	Internally Displaced Person
In-charge	Number of active cases registered in the programme at a given time.
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
MCHN	Mother, Child, Health and Nutrition
MMN	Multi-micronutrients (tablets)
MUAC	Middle-Upper Arm Circumference
NHHP	Nutrition, Health & Hygiene Promotion
OTP	Outpatient Therapeutic Programme
PLW	Pregnant & Lactating Women
RUSF	Ready to Use Supplementary Food
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SC	Stabilization Centre (inpatient care for acutely malnourished children with medical complications)
SFP	Supplementary Feeding Programme
TB	Tuberculosis
WASH	Water, Sanitation and Hygiene
WCBA	Women of Child-bearing Age

References

- ¹ SAACID's CTC clinics operate on a weekly schedule, admitting and discharging children 5 days a week. Monthly figures cover either 20 or 25 operational days, depending on the number of weeks. Relative percentage +/- in admissions are then based on average daily admissions for that month compared to the previous month.
- ² See legend from graph of admissions by district on page 1 for abbreviations of district sites – *also see below*. SAACID operates the CTC Programme in 9 of Mogadishu's 16 districts.
- ³ Epidemiological weeks are used to demonstrate trends, due to the weekly schedule and the variation in operational days per month.
- ⁴ % of outreach worker referrals admitted is calculated by dividing the number of successful admissions from referrals by the total number of SAM referrals respectively. The difference represents the error rate (measurements done incorrectly) and those that do not act on the referral.
- ⁵ EPI staffing is supported by the Collegiate Churches of New York. TB activities receive support from WVI, WHO and WFP. All other operations and supplies for the CTC Programme are supported by UNICEF.

Mogadishu District Clinic Abbreviations

**Those with an asterisk are the districts where SAACID-managed clinics currently operate.*

Karaan (KRN)*	Wadajir (WDJ)	Hamar-jajab (HJB)	Dharkeynley (DHK)*	Heliwaa (HLW)*
Hodan (HOD)*	Bondhere (BDH)	Shibis (SBS)	Deynile (DYL)*	Abdul-aziz (AZZ)
Yaqshid (YAQ)*	Shingani (SGN)*	Hamar-weyne (HWN)	Waberi (WAB)	Hawl-wadag (HWG)*
Wardhigley (WDL)*				

Photo Descriptions

Source: All photos by SAACID

Page 1 – Photo 1: SAACID DHK clinic activities July 2014

Page 1 – Photo 2: MUAC measurement of SAM child

Page 1 – Photo 3: EPI activities at DHK clinic in July 2014

Page 2 – Photo 1 on left: Group IYCF counselling activities at DHK clinic in July 2014

Descriptions of Graphs

Source: All data collected from SAACID CTC programme

Page 1 – Graph 1: The figure demonstrates the combined OTP/SC (SAM) admissions over the weeks of 2014, against the weekly discharges, along with a trend line of the active caseload each week (the number of OTP/SC in-charge). As explained in references ¹ and ³ weekly trends are used due to variation in the number of operational days each month.

Page 1 – Graph 2: The graph compares the figures from various CTC activities by district/clinic for the current month.