Assessment of Reasons Behind Low Bed Occupancy & Drop Out from NRC and Services Offered & Facilities Available at NRC As Per Guidelines

By

Devendra Kumar Tiwari

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2017-2019

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that **Devendra Kumar Tiwari** student of MBA Hospital and Hea;th Management from The IIHMR University, Jaipur has undergone internship training at **Department of Women and Child Development, Hamirpur** from **8th February 2019 to 7th May, 2019.**

The Candidate has successfully carried out the study on '**The assessment of reasons behind low bed occupancy and drop out fromNRC and services offered and facilities available at NRC as per guidelines'** designated to his during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Dr. P.R. Sodani
Dean and Guide
Pro-president
The IIHMR University, Jaipur

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WOMEN AND CHILD DEVELOPMENT DEPARTMENT

DISTRICT HAMIRPUR (U.P.)

POSHAN Abhiyaan
PM's Overarching Scheme for Holistic Nourishment
सही पोषण – देश रोशन

Certificate of completion of Dissertation

The certificate is awarded to

Devendra Kumar Tiwari

In recognition of having successfully completed his Internship in the department of

Women and Child Development

and has successfully completed his Project on

Assessment of reasons behind low admission rate and dropout of children at NRC and to assess the facilities available at NRC in accordance with guidelines,

Date-08th February to 07th May 2019

Organization –TINI (The India Nutrition Initiative) TATA TRUSTS

He comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning.

I wish him all the best for future endeavors

06/05/2019

District Programme Officer,
Women and Child Development
District Hamirpur (U.P.)

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Assessement of reasons behind low bed occupancy and drop out from NRC and services available at NRC as per guidelines in Hamirpur district, Uttar Pradesh** and submitted by **Devendra Kumar Tiwari, 0557** under the supervision of Dr. P.R. Sodani for award of MBA in Hospital and Health Management at The IIHMR University carried out during the period from 8th February 2019 to 7th May 2019 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Devendra Kumar Tiwari
Signature

CONTENT

1. Abbreviation

NRC : Nutrition Rehabilitation Centre

NNM : National Nutrition Mission

POSHAN Abhiyaan : Prime Minister's Overarching Scheme for Holistic Nourishment Abhiyaan

SNM : State Nutrition Mission

UP : Uttar Pradesh

DPO : District Program Officer

DNC : Divisonal Nutrition Consultant

DNS : District Nutrition Specialist

CDPO : Child Development Project Officer

AWW: Anganwadi Worker

AWH: Anganwadi Helper

2. Uttar PradeshSNM State Profile

Topography

Uttar Pradesh is limited by the states of Uttarakhand and Himachal Pradesh on the north-west, Haryana and Delhi on the west, Rajasthan on the south-west, Madhya Pradesh on the south, Chhattisgarh and Jharkhand on south-east and Bihar on the east. Arranged somewhere in the range of 23°52'N and 31°28'N scopes and 77°3' and 84°39'E longitudes, this is the fourth biggest state in the nation as far as zone, and the first as far as populace. U.P. can be separated into three particular hypsographical districts.

1.The Shivalik lower regions and Terai in the North

2. The Ganges Plain in the middle - Highly ripe alluvial soils; level geography broken by various lakes, lakes and waterways; incline 2 m/km

3. The Vindhya Hills and level in the south - Hard shake Strata; differed geology of slopes, fields, valleys and level; constrained water accessibility.

History

The historical backdrop of Uttar Pradesh has been perceived in the later Vedic Age as Brahmarshi Desha or Madhya Desha. Numerous incredible sages of the Vedic circumstances such as' Bhardwaja, Gautam, Yagyavalkaya, Vashishtha, Vishwamitra and Valmiki' prospered in the state. A few hallowed books of the Aryans were likewise created here. Two incredible stories of India,The Ramayana and The Mahabharata, seem to have been enlivened by Uttar Pradesh. In the Sixth Century BC Uttar Pradesh was related with two new religions-Jainism and Buddhism. It was at Sarnath that Buddha lectured his first lesson and established the frameworks of his request. A few focuses in Uttar Pradesh like Hamirpur, Prayag, Varanasi and Mathura moved toward becoming rumored focuses of learning.

In the medieval period Uttar Pradesh was under Muslim principle and drove the best approach to new amalgamation of Hindu and Islamic societies. Ramananda and his Muslim devotee Kabir, Tulsidas, Surdas and numerous different erudite people added to the development of Hindi and different dialects. Amid the British standard in India, there were sure pockets in Uttar Pradesh that were administered by the English value and custom-based law. In 1773, the Mughal Emperor exchanged the regions of Banaras and Ghazipur toward the East India Company. The East India Company gained the zone of modern day Uttar Pradesh over some stretch of time. The regions involved from the Nawabs, the Scindias of Gwalior and the Gurkhas, were at first put inside the Bengal Presidency.

History Behind the making of Uttar Pradesh :-

In April 1937, Lucknow was turned into the capital of the region, the name of which got additionally changed to United Provinces.

On January 24, 1950, the then senator general of India passed the United Provinces (adjustment of name) Order 1950 renaming the then United Provinces as Uttar Pradesh.

5. On 9 November 2000, another state, Uttarakhand, was cut out from the Himalayan slope locale of Uttar Pradesh.Health Profile

Nutrition Profile

The Stunting (low height for age) 46%

The Under nutrition 39.5 %

The Wasting of the state is 10% as per NFHS - 4.

Comparative major nutrition and demographic indicators

Hamirpur District Profile

Topography

Hamirpur district town is the district headquarters. The district occupies an area of 4,1212.9 square kilometres. The district is sorrounded by two major rivers, river Yamuna and river Betwa. Coarse sand which lies on the bank of river Betwa is exported to many parts f Uttar Pradesh.

History

History of Hamirpur can be traced back to the times of' Kanishka' who ruled from 78-120 AD.The region was ruled by Chandels in the beginning of 9^{th} century. In 11^{th} Century town of Hamirpur, which gave its name of the district, was founded by Hamira Deva . Hamirpur was under the possession of Nawab of Farrukhabad for an year between 1728-29 until Nawab got defeated by Peshwa Bajirao.

Divisions

Hamirpur is one of the 4 districts of Chitrakoot Division.

The district consists of 08 projects (Blocks)

Demographic Profile-

Indicator	UP	Hamirpur
IuTotal Population (Census 2011)	19.09 Crores	11.04 Lakhs
Adult Sex Ratio (Census 2011)	912	861
Child Sex Ratio (Census 2011)	902	886
Total Literacy Rate (%) (Census 2011)	67.68	68.77

Review of literature:-

Undernutrition also results in fewer fibres getting myelinated, and when rate of myelin synthesis is expressed per myelinated fibre the especial sensitivity disappears.

. Hence without ensuring optimal child growth and development, efforts made for significant economic development will be unsuccessful.[1],[2],[3] Nutrition has a significant role in physical, mental, and emotional development of children, particularly through the formative years of life.[4],[5] The nutritional plans and policies can have important effect on human and social development of communities worldwide.[6] Indeed, malnutrition is considered as one of the most fundamental public health and health policy issues in the world.[7] Malnutrition is a condition which causes adverse effects on body form or performance and clinical outcomes due to a deficiency or imbalance in energy, proteins, and other nutrients.[8] Due to their fundamental needs, children are at risk of malnutrition significantly worldwide, especially in the developing nations.[9] About 45% of the total mortality is related to under five-year-old children (U5C)[10],[11] among which almost half is attributed to malnutrition.[11] About six million children under age five died in 2015 and the under-five mortality rate in low-income countries was 76 deaths per 1000 live births, which is about 11 times the average rate in high-income countries (7 deaths/1000 live births).[12] Studies show that despite economic development in developing countries, malnutrition has remained as an important issue.[13],[14] are key indicators of malnutrition, calculated using anthropometric status of children.[15] In this regard more than 150 million children suffer from one or more types of malnutrition.[16],[17] The overall prevalence of stunting

in the world has been reported 25% which this rate has been 6.6% among Iranian girls. Furthermore, the overall prevalence of wasting among boys in Iran were reported to be 4.11%.[18] Infections and micronutrient and other deficiencies due to inadequate diet are the main causes of malnutrition during childhood.[19] In foodstuff.[5] Besides limited accessing to adequate food and suffering from infections, inadequate access to available hygienic services and issues in the living environment as well as socioeconomic and cultural structure of communities are also considered as primary causes of the incidence and prevalence of malnutrition.[20] In this regard, has provided a conceptual model for understanding causes of malnutrition. In this model, main factors are related to socioeconomic, cultural, and political structure of a society.[21] Iran is one of the developing countries and given the importance of this issue in this country, the aim of this study was to conduct a systematic review of factors associated with malnutrition among children under 5 years. The results of this study can identify the most important factors of malnutrition among U5C and lead to improving solutions.

Introduction:

Nutrition Rehabilitation Center (NRC) has been propelled under the community plan of UNICEF and Government of India. It is where kids with SAM are conceded and oversaw. Kids are conceded according to the characterized affirmation and furnished with medicinal and wholesome remedial consideration. When released from the NRC, the tyke keeps on being in the nourishment recovery program till she/he achieves the characterized release (portrayed in specialized rules).

In-tolerant administration of SAM youngsters is profoundly viable in diminishing case casualty rates, however even under the best conditions inpatient the board won't probably deal with the whole of kids. Different issues may incorporate issue of access to the well-being office and long emergency clinic stay expecting parental figures to avoid home and work for a long time. In this way, a network based program for the administration of extreme intense lack of healthy sustenance ought to be set up to supplement the conveyance of administrations by nourishment restoration Centers. All the more critically components should be set up to routinely screen the development of kids with the goal that squandering and development floundering can be recognized in their beginning periods and remedial estimates taken before the kid advances to serious evaluations of under sustenance.

Goals of administration of SAM:

- To advance physical and psychosocial development of youngsters with extreme intense hunger (SAM).

- To fabricate the limit of moms and other parental figures in proper encouraging and thinking about babies and youthful youngsters

- To recognize the added to the slipping into serious intense ailing health.

Recipients of the plans:

Children from 0-6 years,

Specialist co-ops:

1. Medical Officer
2. Nutrition Counselor
3. Medical Social Worker
4. Nursing staffs and so forth.

Real Impact: The program through the objectives will endeavour to diminish the dimension of hindering, under-sustenance.

RESEARCH QUESTION:

1. Why parents of SAM children do not get their children admitted in NRC?
2. What are the reasons behind drop out of children from NRC?
3. Are facilities available and services offered at NRC is in accordance with the guidelines?

OBJECTIVES:

1. To assess the reasons behind low admission rate in NRC.
2. To assess the reasons behind drop out from NRC.
3. To assess the facilities available & services offered at NRC in accordance with the guidelines.

MATERIAL AND METHODS:

STUDY DESIGN: cross-sectional, Analytical study

STUDY AREA: Villages and NRC

DURATION OF STUDY: 3 months

SAMPLE SIZE:30 Parents who did not admitted their SAM children to NRC, Parents of 30 SAM children who are drop out from NRC and In charge of NRC

SAMPLING TECHNIQUE: Convenient sampling

DATA COLLECTION PROCEDURE: Questionnaire contains both close and open ended, which is followed by personal interview.

DATA ANALYSIS PLAN: Excel

ETHICAL CONSIDERATIONS: Informed consent will be taken before conducting personal interviews.

IMPLICATIONS OF RESEARCH: The data collected will be utilized to check the reasons behind low admissions in NRC, reasons behind drop out from NRC without completing full course of treatment and available facilities and services of NRC in accordance with the guidelines. That will help us to check the effectiveness of AWW, ASHA, ANM, CDPO & MOIC and loophole in facilities and services of NRC. It will also help us to know the other major reasons, community is facing to get their children admitted in NRC and fulfill the course of treatment.

Rationale: To identify the major reasons behind low bed occupancy in NRC and drop out from it, further it can be used to increase bed occupancy in NRC**.**

Results:

For research question 1 :-

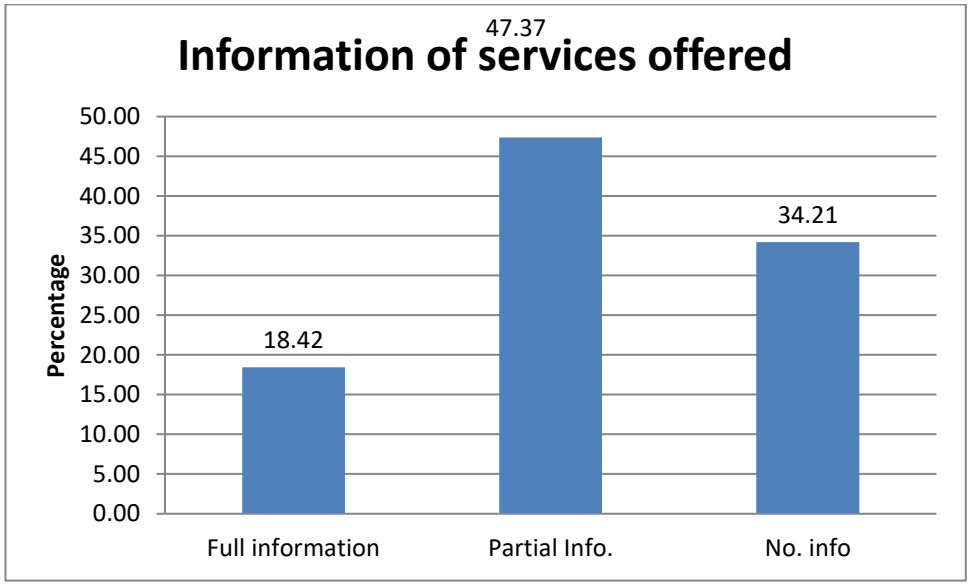

Fig 1. The following table demonstrate that around 81% parents of beneficiary having partial or no information regarding NRC services and 18.42% parents of beneficiary having full information.

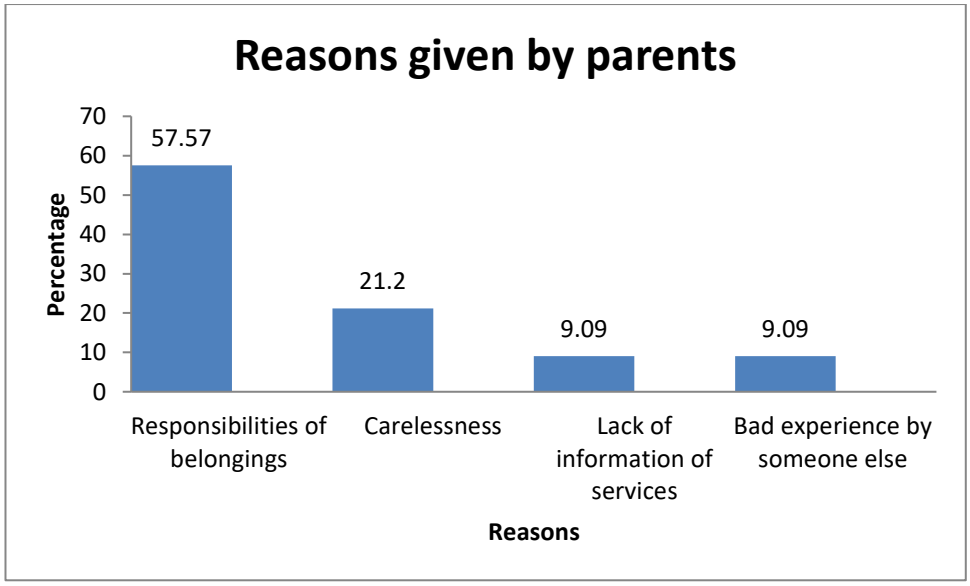

Fig 2. Table reveals that around 57.57 parents of beneficiary did not admitted their children to NRC because they have burden of taking care of their belongings.

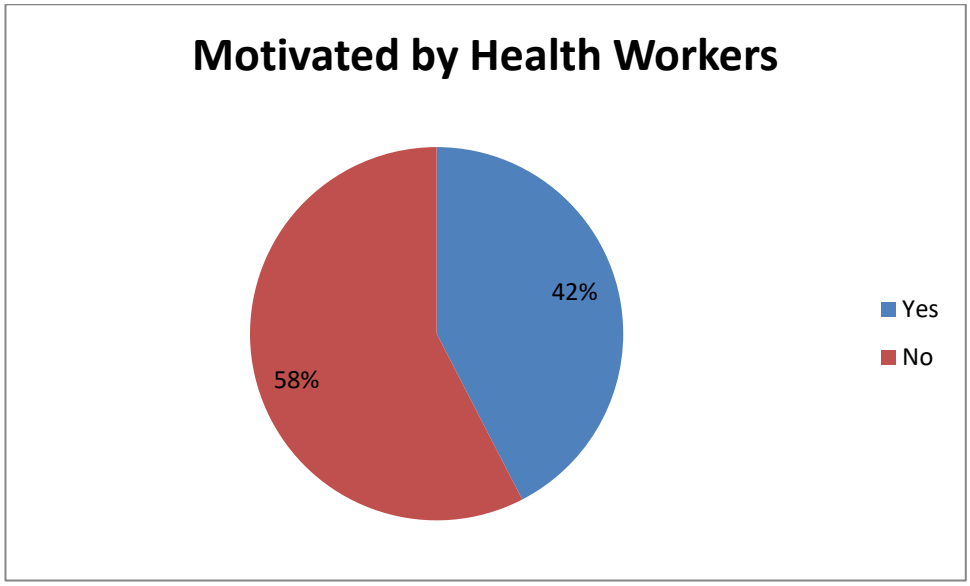

Fig 3. Chart reveals that only 42% parents were motivated by health workers to admit their children in NRC

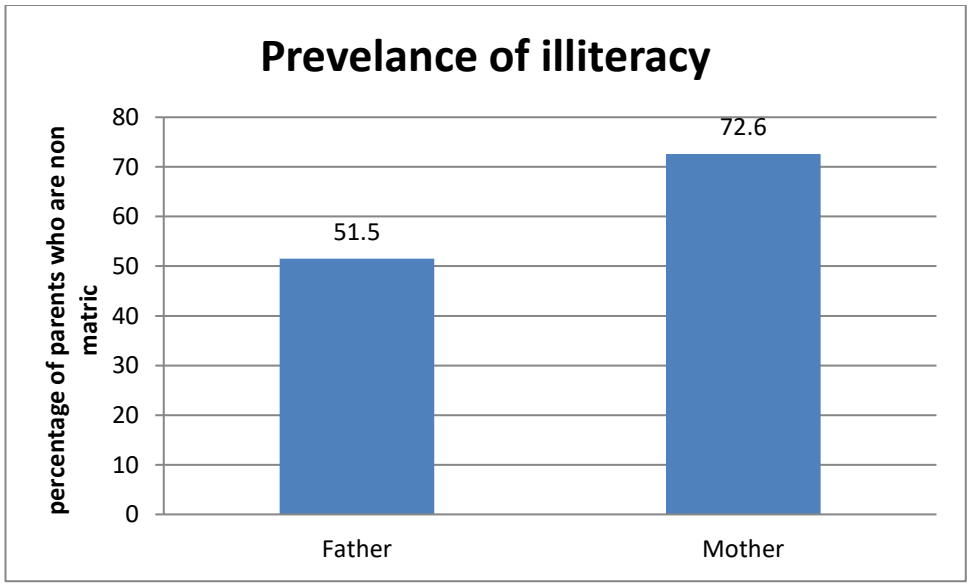

Fig 4. Table reveals that more than 50 % parents of children who didn't went to NRC both father and mother having less than matriculation qualification.

For research question 2:-

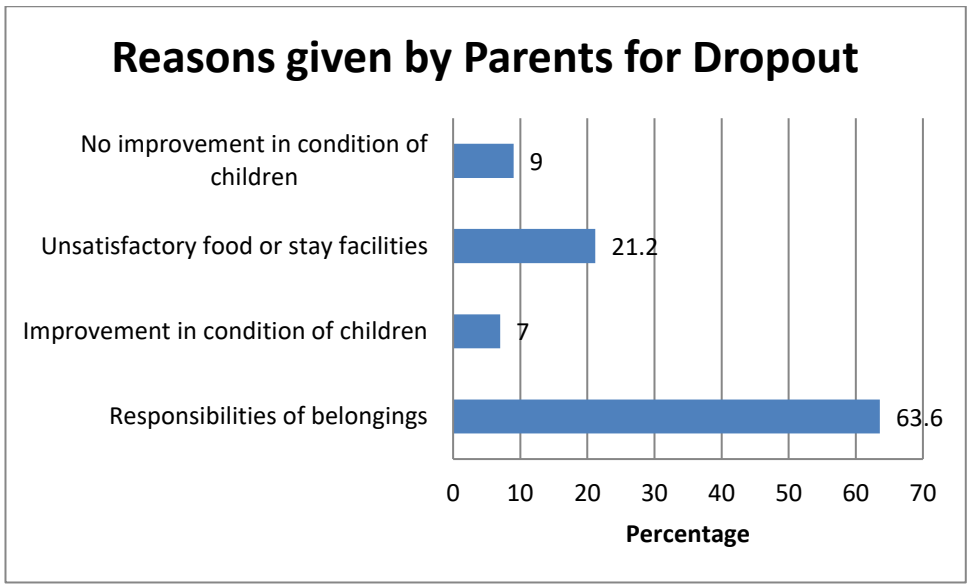

Fig 5:- Table demonstrate that more than 63 % parents who were drop out from NRC without completing full course of treatment of their children said that they did it because of burden of taking care of their belongings.

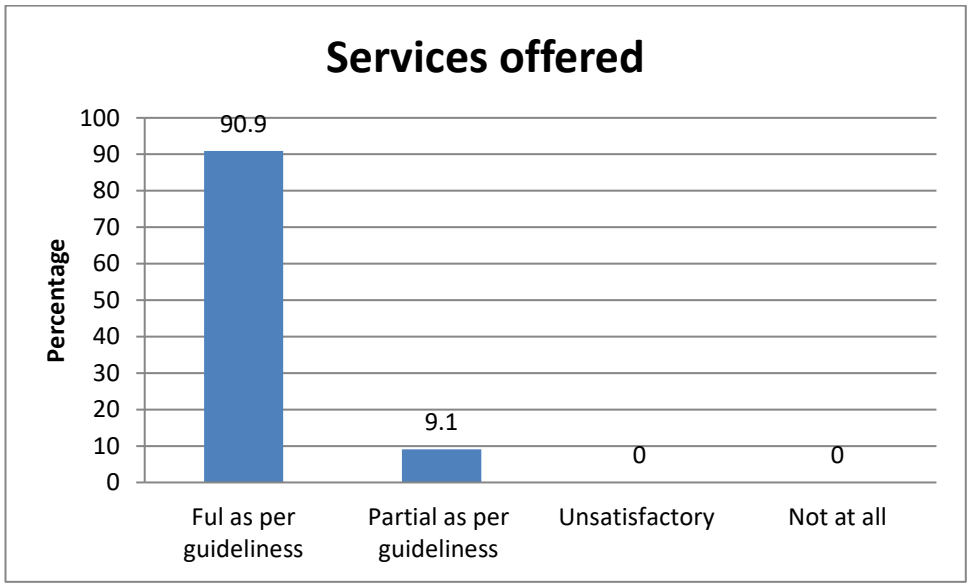

Fig 6:- Table demonstrate that more than 90 % parents whose children were admitted in NRC were given all the services as per guidelines.

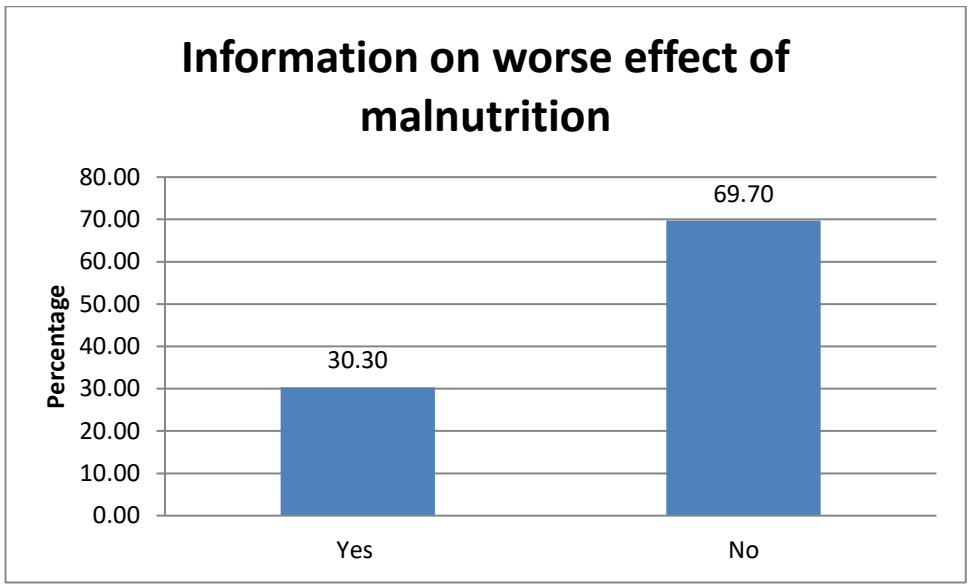

Fig. 7 Chart reveals that around 70 % parents of children who were admitted in NRC were not told about the worse effect of malnutrition.

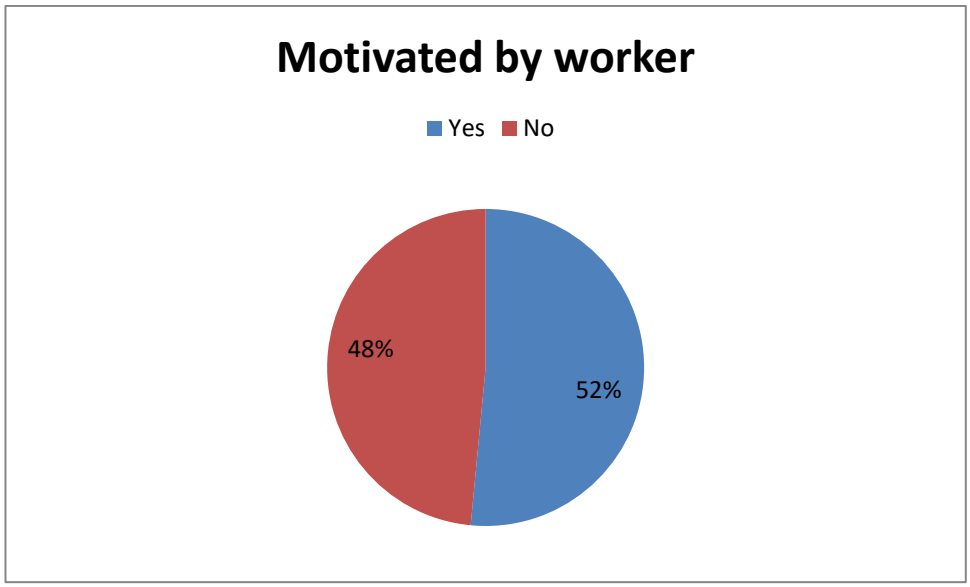

Fig. 8 Chart demonstrate that only about half of the parents of children who were admitted in NRC were motivated by health workers to complete full course of treatment of their children in NRC.

For research question 3 :-

Staffing: -

Staff position	Suggested Number	Assigned
medical officer	1	1
Nursing Staffs	4	4
Nutrition advisor	1	1
Cook or caretaker	1	1
Attendant or cleaners	2	2
	1	Nil

Fig. 9 shows that except medical social worker all the staffs are assiged as per the guidelimes.

Essential Ward Equipment's: -

Equipment's	Suggested Number	Available
glucometer	4	4
thermometers	4	4
Weighing scales - ward - outpatient - emergency area	3 1 1 1	3 - 1 - 1 - 1
ifamtometer - inpatient ward - nutrition rehabilitation centre	2 1 1	2 -1 -1
stadiometer	1	1
Resuscitation equipments	1	1
Suction equipments	1	1

Fig. 10 checklist reveals that all the Essential ward Equipment's are availale as per suggested guidelines.

Other ward Equipment's: -

Equipment's	Availability – Yes/No
IV stands	Yes
almirah	Yes
Room heaters	Yes
IEC materials	Yes
Toys	Yes
Clock	Yes
Calculator	Yes
Reference height and weight charts	Yes

Fig.11 checklist demonstrate that all the ward Equipment's are available as per the suggested guidelines.

Infrastructure:-

Infrastructure	Available- Yes/No
Patients Area	Yes
Play and counselling areas	Yes
Nursing station	Yes
Kitchen and food storage	Yes
Attached toilet and bathroom facilities	Yes

Fig.12 checklist reveals that Infrastructure meets the requirements of guidelines.

Fig.13 checklist reveals that medical officer assigned has to gone through the training of

Giving antibiotics, medications, supplements	
Is antibiotic and other drug given daily and recorded	Yes
Dose of iron given twice daily and recorded?	Yes

Fig. 14 checklist reveals that nearly all the ward procedures are up to mark of guidelines.

Availability of essential pharmacy supplies:

Essentials	**Available Yes/NO (Comments)**
Antibiotics(Ampicillin/Amoxycillin/Benzyl penicillin)	Yes
Chloamphenicol	Yes
Cotrimoxazole	Yes
Gentamycin	Yes
Metronidazole	Yes
Tetracycline or Chloramphenicol eye drops	Yes
Atropine eye drops	Yes
ORS	Yes
Electrolyte and minerals	Yes
Potassium chloride	Yes
Magnesium chloride/sulphate	Yes
Iron syrup	Yes
Multivitamin	Yes
Folic acid	Yes
Vitamin A syrup	Yes
Zinc Sulfate or dispersible Zinc tablets	Yes
Glucose (or sucrose)	Yes
Iv fluids	Yes
Cannulas	Yes

Iv sets	Yes
Pediatric nasogastric tubes Kitchen Supplies	Yes

Fig. 16 checklist reveals that all the pharmacy supplies were available as per the guidelines.

. Results: -

(1) 30 parents who didn't took their children to nutritional rehabilitation centre were interviewed and it was found that more than 80% parents were not having full information of all the services they can avail before, during and after treatment at nutritional rehabilitation centre. More than 55% parents said that they didn't take their children to NRC because they had to take care of their other belongings. More than 50 % were not motivated by any of the health workers for the same. Those parents who had not admitted their children to NRC among them more than 50 % father ad more than 70 % mothers were having less than matriculation qualification.

(2) parents of 30 children who didn't completed their full course of treatment were interviewed ad it was found that more than 60 % parents didn't completed full treatment due to responsibilities of their belongings, who were at home. Around 70% parents were not having knowledge of worse effect of malnutrition. More than half parents were not motivated by any of the health workers to complete full course of treatment.

(3) checklists was filled by asking charge of the nutrition rehabilitation centre ad it was found that about all the things fulfil the parameters of the guidelines except appointment of medical social worker and also the medical officer of the NRC has not gone through the training of facility based care of severe acute malnutrition.

Conclusions: - (1) There were several reasons affecting the decisions of parents for not admitting to NRC for incomplete treatment of their children at NRC. Some of the reasons served were lack of awareness of the services, overburden of responsibilities towards their belongings, ineffective counselling by the health workers and the educational background of the parents.

(2) The study conducted also revealed the lack of human resource and skill development.

Suggestions:-

(1) There should be proper counselling by the health workers motivating the parents for the regular and complete checkups of their wards at NRC and they should be made aware of the services to lower down tier financial burden to enhance the decision making power of individual.
(2) There should be proper allocation of human resource as per the guidelines ad capacity building programs should be organised on a regular basis to meet the requirement.

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