ASSESSMENT OF REASONS BEHIND LOW BED OCCUPANCY & DROP OUT FROM NRC AND SERVICES OFFERED & FACILITIES AVAILABLE AT NRC AS PER GUIDELINES

Presented by:

Vinay Kumar Gupta

MBA health Management

Batch 2017-19; Roll no. 0694

Contents

Rationale for the study

The study was aimed to identify the major reasons behind low bed occupancy in NRC and drop out from it, so that further it can be used to increase bed occupancy in NRC.

Objectives

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

Research Questions

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

Methods

- **STUDY DESIGN:** cross-sectional descriptive
- **STUDY AREA: Ayodhya districts of Uttar Pradesh**
- **DURATION OF STUDY:** 3 months
- **SAMPLE SIZE:** 30 Parents who did not admit their children to NRC, Parents of 30 SAM children who dropped out from NRC and In-charge of NRC
- **SAMPLING TECHNIQUE:** Convenience sampling
- **DATA COLLECTION PROCEDURE:** Questionnaire contains both close and open ended, which was followed by personal interview.
- **DATA ANALYSIS PLAN:** Excel
- **ETHICAL CONSIDERATIONS:** Informed consent was taken before conducting personal interviews.

Research question 1

Information on services a malnourished children and their families can avail :-

- Free ambulance service (from home or CHC to NRC)
- Free therapeutic diet
- Free food for care taker
- Free stay facility for care taker
- Indemnity allowance for family
- Free treatment of complications
- Free follow-up services

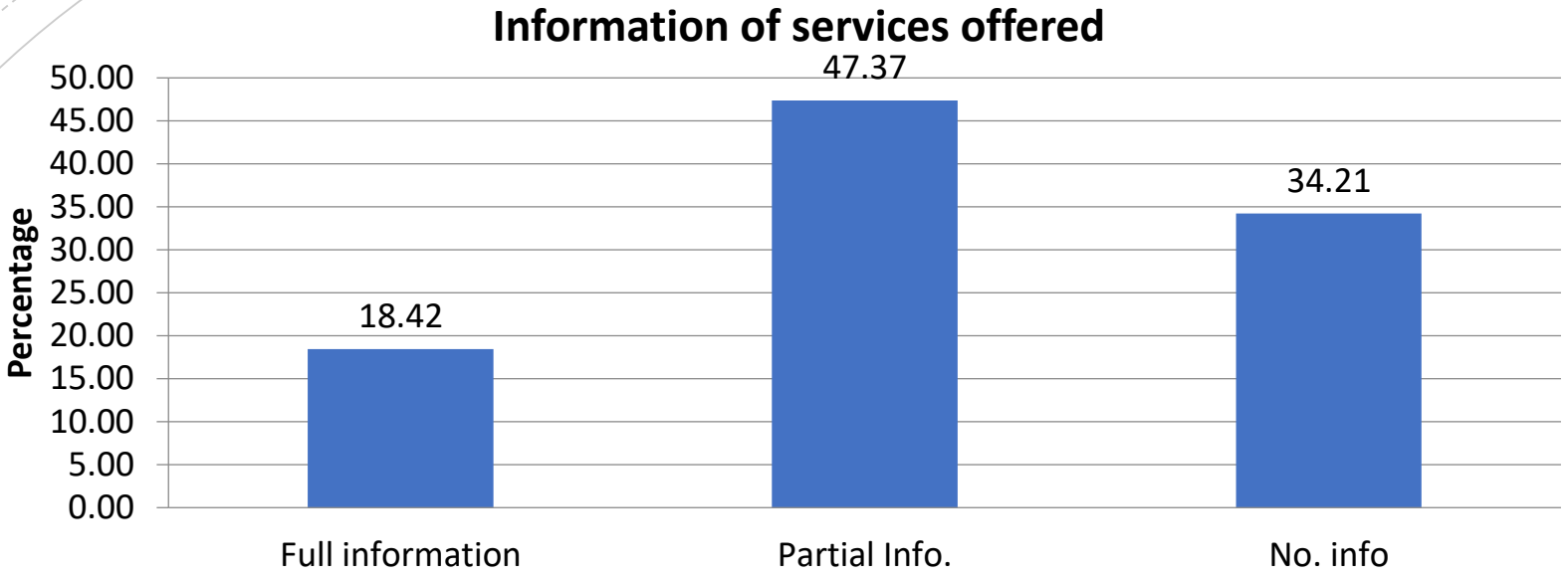

Fig 1. The following table demonstrate that around 81% parents of beneficiary having partial or no information regarding NRC services and 18.42% parents of beneficiary having full information.

Research question 1
Reasons given by parents for not taking their children to NRC.

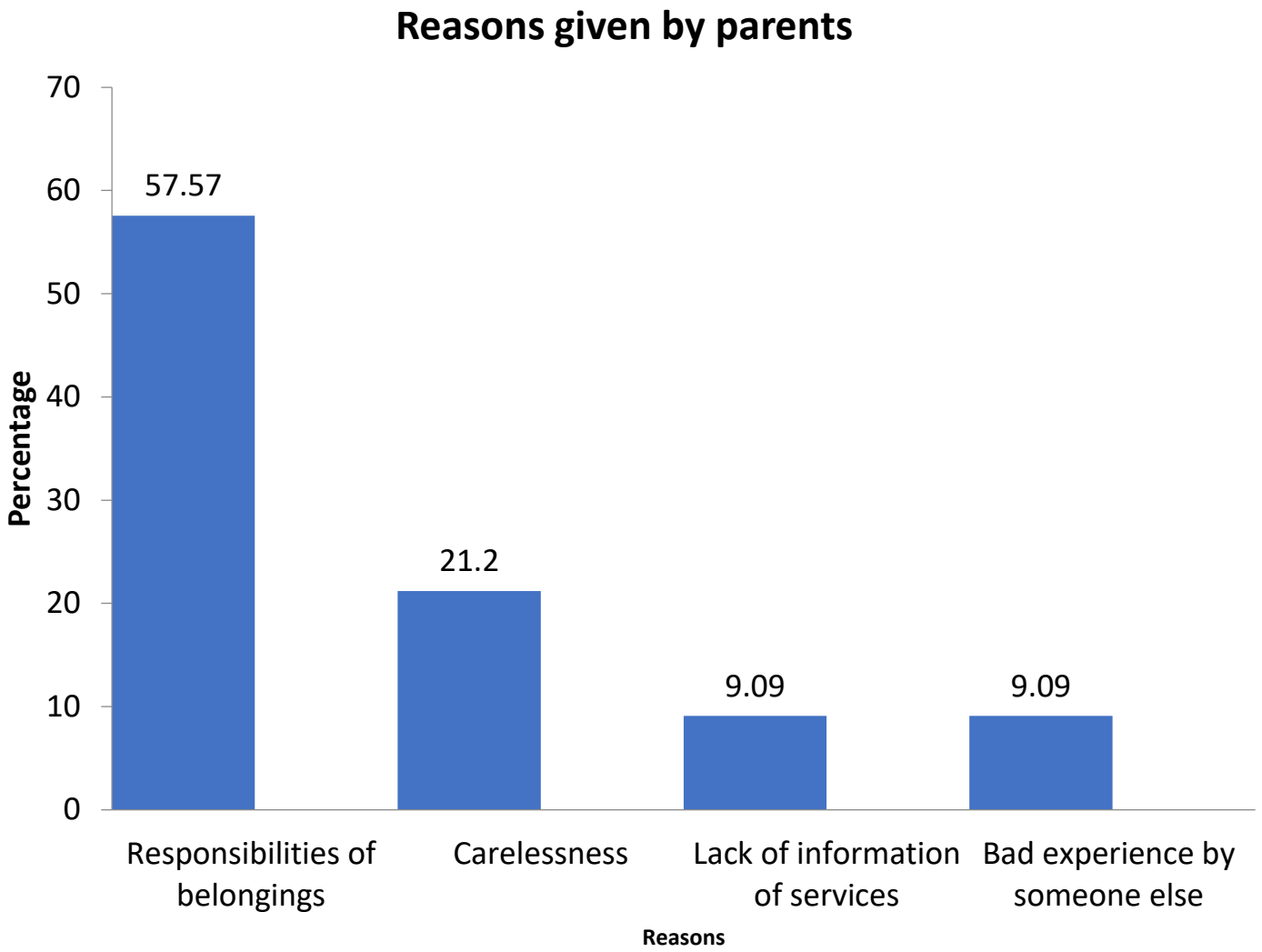

Fig 2. Table reveals that around 57.57 parents of beneficiary did not admitted their children to NRC because they have burden of taking care of their belongings.

Research question 1
Whether parents were motivated to admit their children by health workers or not.

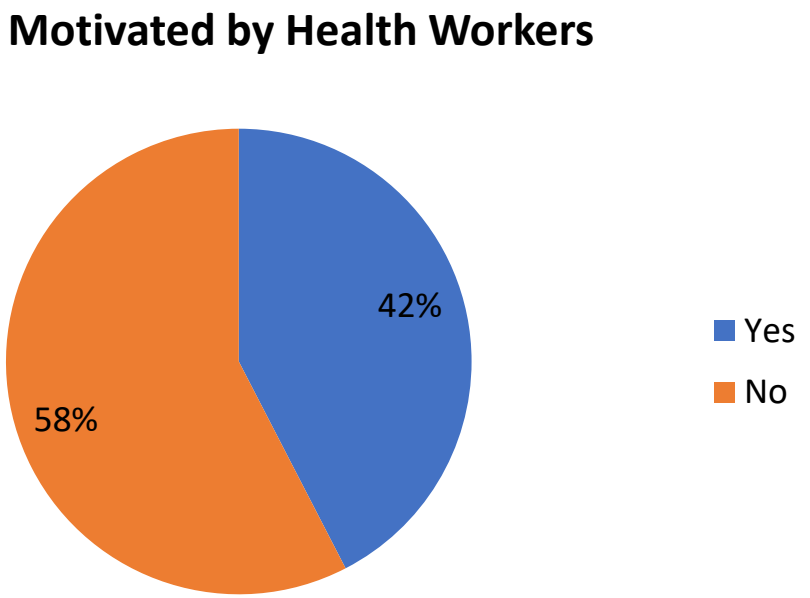

Fig 3. Chart reveals that only 42% parents were motivated by health workers to admit their children in NRC

Research question 1
Educational background was asked of parents of children who were not admitted in NR.C

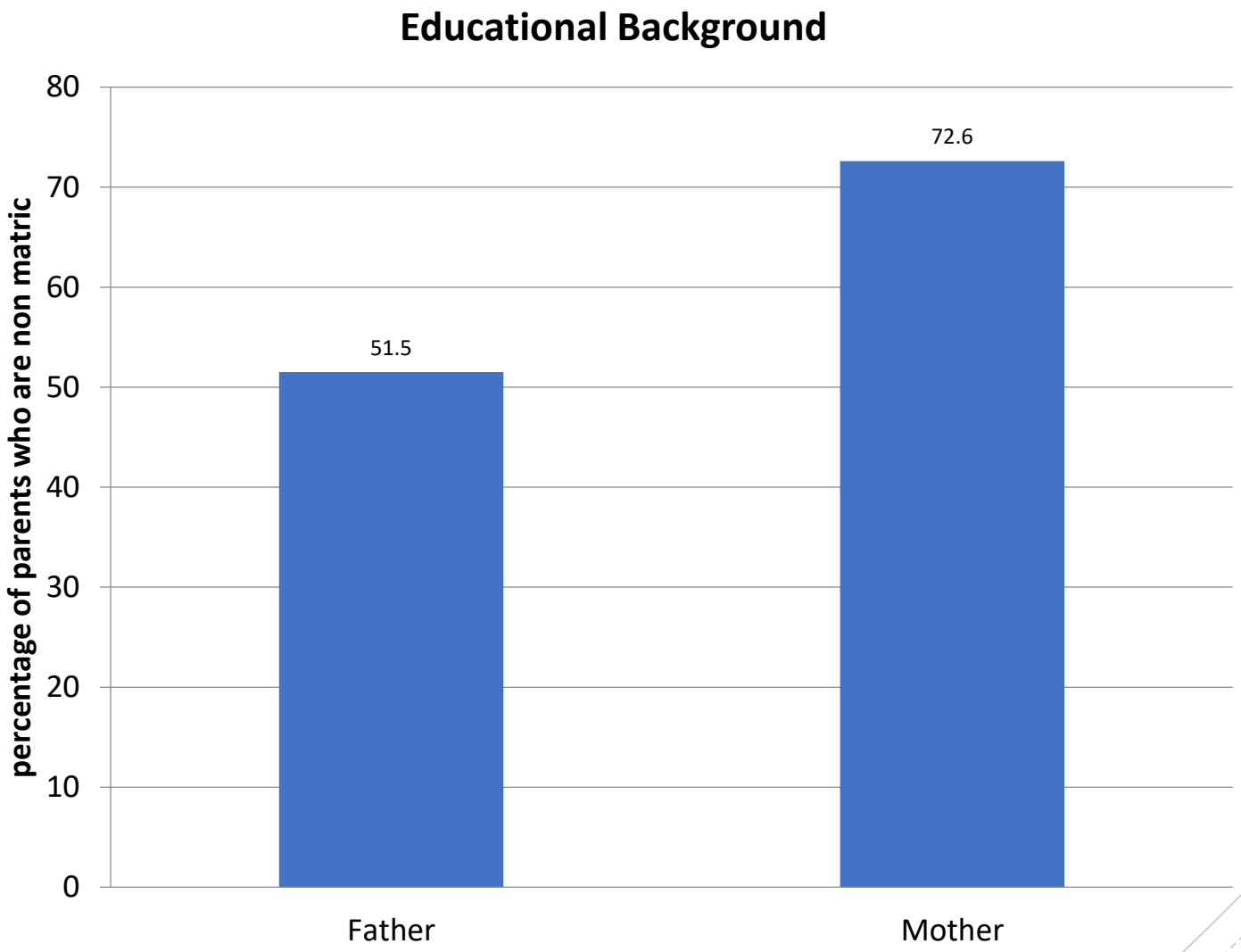

Fig 4. Table reveals that more than 50 % parents of children who didn't went to NRC both father and mother having less than matriculation qualification.

Research question 2
Parents were asked about the reasons for not completing full course of treatment.

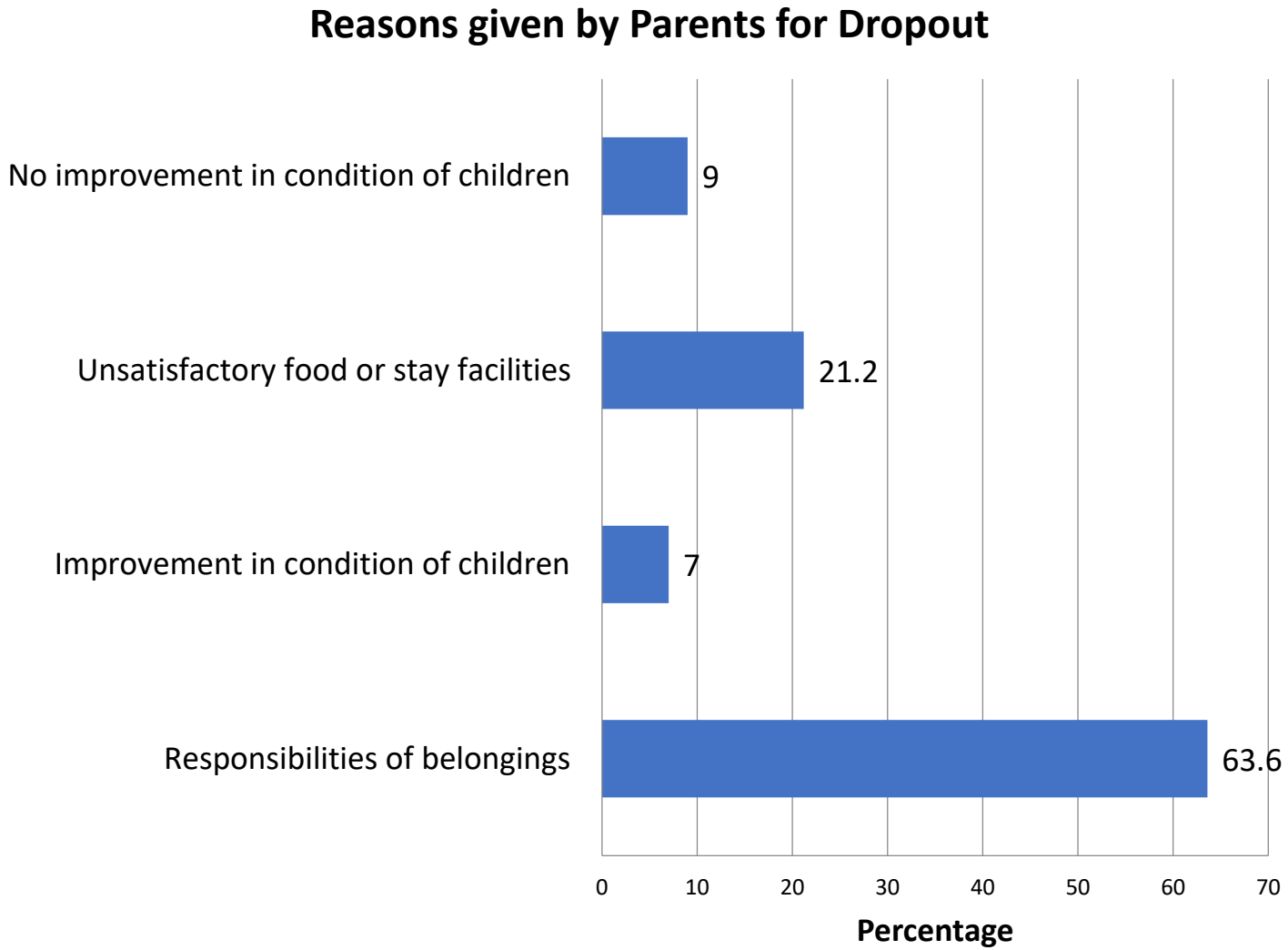

Fig 5:- Table demonstrate that more than 63 % parents who were drop out from NRC without completing full course of treatment of their children said that they did it because of burden of taking care of their belongings.

Research question 2

Care taker who stayed with the child was asked about the services they availed before and during treatment :-

- Free ambulance service (from home or CHC to NRC)
- Free therapeutic diet
- Free food for care taker
- Free stay facility for care taker
- Indemnity allowance for family
- Free treatment of complications
- Free follow-up services
- Behavior of staff of NRC

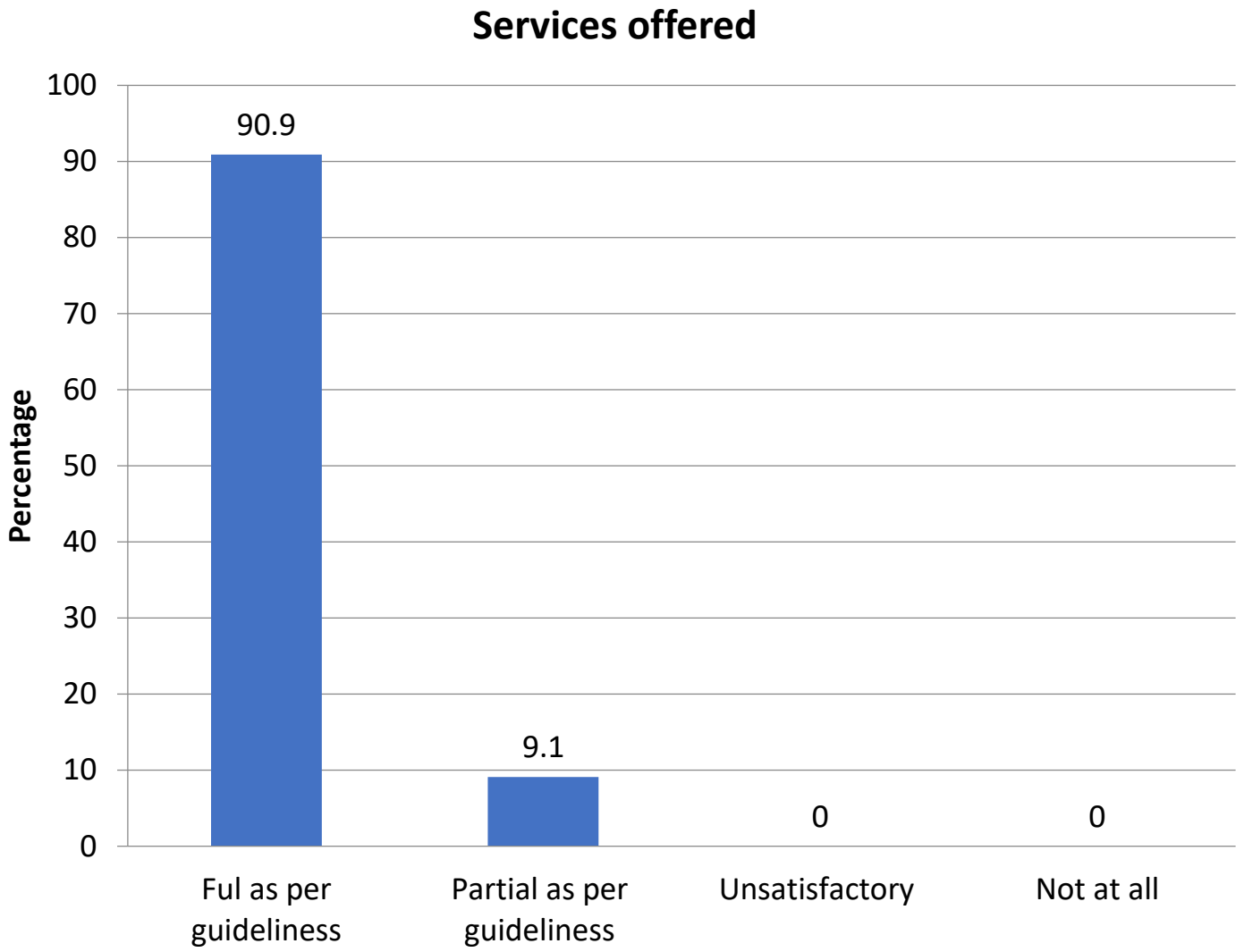

Fig 6:- Table demonstrate that more than 90 % parents whose children were admitted in NRC were given all the services as per guidelines.

Research question 2

Care taker who stayed with the child was asked whether they were told about worse effect of malnutrition or not.

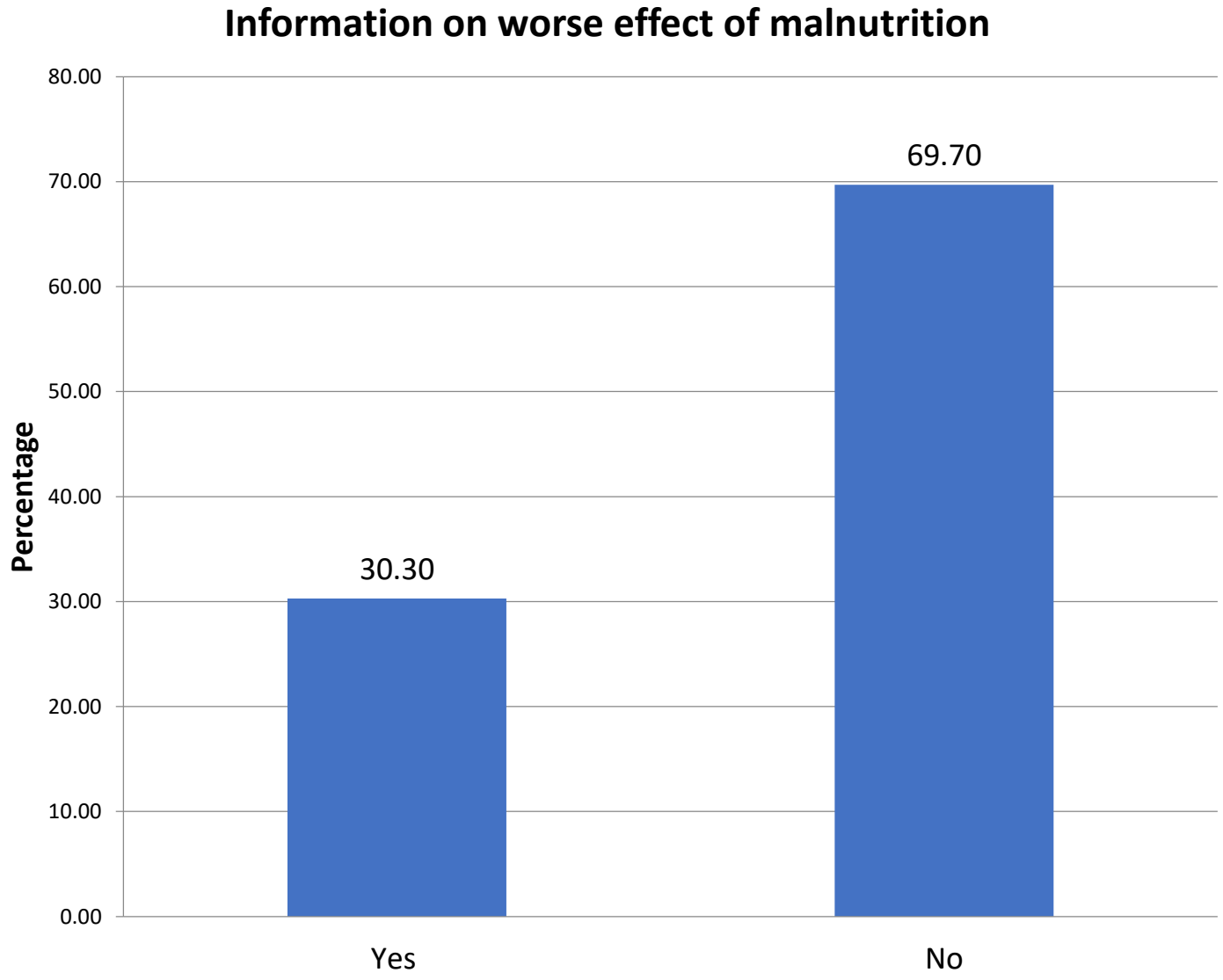

Fig. 7 Chart reveals that around 70 % parents of children who were admitted in NRC were not told about the worse effect of malnutrition.

Research question 2

Care taker who stayed with the child was asked whether they were motivated to complete full course of treatment or not.

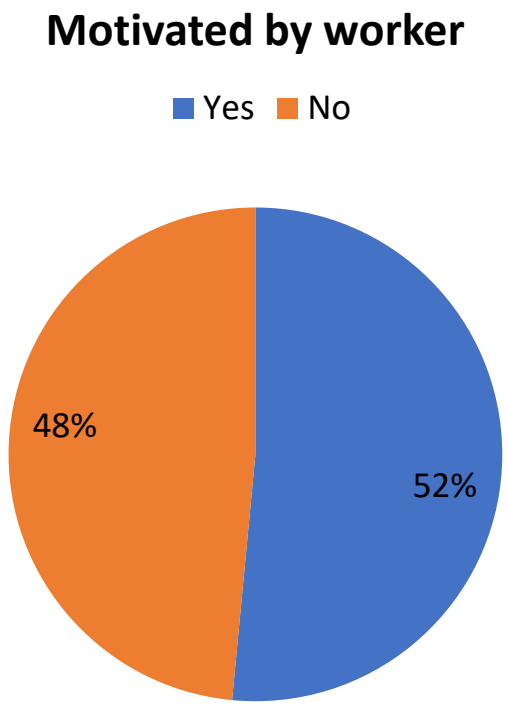

Fig. 8 Chart demonstrate that only about half of the parents of children who were admitted in NRC were motivated by health workers to complete full course of treatment of their children in NRC.

Research question 3

Checklist was filled by interviewing the in charge of the NRC for the assessment of facilities available and services offered at NRC

Staffing:

Staff position	Suggested Number	Assigned
Medical officer	1	1
Nursing Staff	4	4
Nutrition Counsellor	1	1
Cook Cum/ caretaker	1	1
Attendant / cleaners	2	2
Medical Social Worker - Social Assessment	1	Nil

checklist shows that except medical social worker all the staffs are assigned as per the guidelines.

Essential Ward Equipment's: -

Equipment's	Availability – Yes/No
Glucometer	Yes
Thermometers	Yes
Weighing scales - Ward - Outpatient - Emergency Area	Yes
Infantometer - OPD - NRC	Yes
Stadiometer	Yes
Resuscitation Equipment's	- Yes - No (DTH)
Suction Equipment	Yes
Equipment's	Yes
Glucometer	Yes
Thermometers	Yes

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

.

Other ward Equipment’s: -

Equipment’s	Availability – Yes/No
IV stands	Yes
Almirah	Yes
Shoe rack	Yes
Dustbin	Yes
Room Heaters	Yes
IEC Materials - TV - DVD Player - Other	 - Yes - No (DTH)
Toys	Yes
Clock	Yes
Calculator	Yes
Reference height and weight charts	Yes

checklist demonstrate that all the ward Equipment’s are available as per the suggested guidelines.

Infrastructure :-

Infrastructure	Available – Yes/No
Patient Area	Yes
Play & Counselling Areas	Yes
Nursing station	Yes
Kitchen & Food storage	Yes
Attached toilet and bathroom facility	Yes

checklist reveals that Infrastructure meets the requirements of guidelines.

Training: -

Position of staff	Training Package	Done – Yes/No
Medical Officer	Facility based care of Severe Acute Malnutrition	-

checklist reveals that medical officer assigned has to gone through the training of facility based care of severe acute malnutrition.

Ward procedures :-

Observe	Yes/No – Comments
Are correct feeds served in correct amounts?	Yes
Are feeds given at the prescribed times, even on nights and weekends?	Yes
Are children held and encouraged to eat (never left alone to feed)?	Yes
Are children fed with a cup (never a bottle)?	Yes
is food intake (and any vomiting/diarrhoea) recorded correctly after each feed?	Yes
Are leftovers recorded accurately?	Yes
Are amounts of Starter diet kept the same throughout the initial phase, even if weight is lost?	-
After transition, are amounts of Catch-up diet given freely and increased as the child gains weight?	-
Warming	
is the room kept between 25° - 30° C (to the extent possible)?	Yes
Are blankets provided and children kept covered at night?	Yes
Are safe measures used for re-warming children?	Yes
Are temperatures taken and recorded correctly?	Yes
Weighing	
Are scales functioning correctly?	Yes
Are scales standardized weekly?	Yes
Are children weighed at about the same time each day?	Yes
Are they weighed about one hour before a feed (to the extent possible)?	-
Do staff adjust the scale to zero before weighing?	Yes
Are children consistently weighed without clothes?	-
Do staff correctly read weight to the nearest division of the scale?	Yes
Are weights correctly plotted on the Weight Chart?	Yes
Do staff immediately record weights on the child’s case sheets?	Yes

Ward procedures :-

Giving antibiotics, medications, supplements	
Are antibiotics given as prescribed (correct dose at correct time)?	Yes
When antibiotics are given, do staff immediately make a notation on the daily care charts?	Yes
is folic acid given daily and recorded?	Yes
is vitamin A given according to schedule?	Yes
is a multivitamin given daily and recorded?	Yes
After children are on Catch-up diet for 2 days, is the correct.	-
Dose of iron given twice daily and recorded?	Yes
Ward environment	
Are surroundings welcoming and cheerful?	Yes
Are mothers offered a place to sit and sleep?	Yes
Are mothers taught/encouraged to be involved in care?	Yes
Are staffs consistently courteous?	Yes
As children recover, are they stimulated and encouraged to move and play?	Yes

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

Kitchen Equipment's: -

Equipment's	Yes/No – Comments
Cooking Gas	Yes
Dietary scales (to weigh to 5 gms.)	Yes
Measuring jars electric Blender (or manual whisks),	Yes
Water Filter	Yes
Refrigerator	Yes
Cooking utensils	Yes
Feeding cups	Yes
Containers	Yes
Saucers	Yes
Spoons	Yes
Jugs	Yes

checklist demonstrates that all the kitchen equipments are available as required per guidelines.

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 (ringer's lactate solution with 5% glucose; 0.45% (half normal) saline with 5% glucose; 0.9% saline (for soaking eye pads)	Yes
Cannulas	Yes
Iv sets	Yes
Pediatric nasogastric tubes Kitchen Supplies	Yes

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

Hygiene: -

Indicators	Yes/No - Comments
Staff's cleanliness **Are their working hand washing facilities in the ward?**	**Yes**
Does staff consistently wash hands thoroughly with soap?	Yes
Are their nails clean?	Yes
Do they wash hands before handling food?	Yes
Do they wash hands between each patient?	-
Mothers' cleanliness Do mothers have a place to bathe, and do they use it?	Yes
Do mothers wash hands with soap after using the toilet or changing diapers?	Yes
Do mothers wash hands before feeding children?	Yes
Bedding and laundry Is bedding changed every day or when soiled/wet?	Yes
Are diapers, soiled towels and rags, etc. stored in bag, then washed or disposed of properly?	Yes
Is there a place for mothers to do laundry?	---
Is laundry done in hot water?	Yes
General maintenance Are floors swept?	Yes
Is trash disposed of properly?	Yes
Is the ward kept as free as possible of insects and rodents?	

Hygiene: -

Food storage **Are ingredients and food kept covered and stored at the proper temperature?**	Yes
Are leftovers discarded? **Dishwashing**	Yes
Are dishes washed after each meal?	-
Are they washed in hot water with soap?	Yes -
Toys Are toys washable? Are toys washed regularly, and after each child uses them.	

table reveals that all the parameters of hygiene is practiced as per the guidelines.

Results

- (1) 30 parents who didn't took their children to nutrition rehabilitation centre were interviewed & it was found that more than 80% parents were not having full information of all the services they ca 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 responsibilities. 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 was interviewed it was found that more than 60 % parents didn't completed full treatment due to other responsibilities, 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 & 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.

Conclusion

(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 ad skill development.

Suggestions

- 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.
- 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.

THANK YOU