To Assess the functioning of CMAM program through knowledge and practice study analysis of ASHA and beneficiaries in Surendranagar district of Gujarat

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Introduction

- Malnutrition, as a major public health and nutrition challenge faced by many developing countries, stands as a consequence of several key social and economic factors such as lack of education, inadequate health care services and ill-informed cultural behaviours.
- Underpinning all these is the fact that poverty, by and large, is the principal cause of poor feeding habits. In order to holistically address the issues surrounding malnutrition, a comprehensive understanding of the multidimensional complexities at play in society is crucial.
- It is estimated that improved feeding habits aimed to prevent or treat malnutrition could prevent 11 million child deaths globally per year.

- Around 36 per cent of India's children are underweight, 38.4 percent are stunted and 21 percent of children are wasted as per NFHS- 4 report.
- according to WHO, about fifty percent of infant and child mortality may be associated with malnutrition.
- Under nutrition is associated with high rates of mortality and morbidity and is an underlying factor in almost one-third to half of all children under five years who die each year of preventable causes.
- Strong evidence exists on synergism between under nutrition and child mortality due to common childhood illnesses including diarrhea, acute respiratory infections, malaria and measles.
- WHO and UNICEF in their joint statement have recommended two major approaches to address children with SAM

1. Facility/hospital-based care for children with SAM and medical complications
2. Home/community-based care for children with SAM but without medical complications Children with SAM, when managed in specialized units with skilled manpower and adequate resources for nutrition rehabilitation have very high levels of survival

- There is ample evidence suggesting that large numbers of children with SAM that do not have medical complications (85 – 90% of all SAM children) can be treated in their communities without being admitted to a health facility.
- Besides, children managed at specialized units located at health facilities also need to be followed up at their households and communities after being discharged for continued care and support; and to prevent the relapse

- It must finally be recognized that although treatment is urgently needed for those who are severely undernourished, preventing child under nutrition is critical.
- NRCs will reduce child mortality but will not improve the general nutritional status of children in the community.
- From the perspective of health sector, the most important intervention is promotion of appropriate infant and young child feeding and nutrition practices and related maternal under nutrition.
- the malnutrition status of Gujarat has been below par in comparison to other states.
- As per the Comprehensive Nutrition Survey in Gujarat (CNSG, 2014): In 2014, prevalence of underweight (too thin for age) in Gujarat is estimated to be at 10.4% whereas wasting (too thin for height) is estimated to be at 11.4%. Stunting (too short for age) is estimated to be at 37.2%.

- . Among the other vital indicators such as Maternal Mortality Rate (MMR), Neo-Natal Mortality rate (NNR) and Under-5 Mortality Rate (U5MR), Gujarat ranked 6, 13 and 10 respectively during 2008-10, and ranked 12 and 6 for birth rate and death rate respectively (SRS Bulletin, 2011, Government of India, 2011 and (Vital Statistics-Indiastat, 2010).

Rationale of the study

- The present study is aimed to assess the knowledge and practices of ASHA and beneficiaries regarding malnutrition and CMAM program.

Research question

- What is the existing knowledge and practices of ASHA and beneficiaries regarding CMAM program in Surendranagar district of Gujarat?

Objective of study

- To assess the knowledge and Practice of Parents regarding Malnutrition and the CMAM Programme.
- To Assess the knowledge and practice of ASHA's regarding the CMAM Project.
- To review the Secondary Data to know the extent of CMAM program outcome.

RESEARCH METHODOLOGY

- **Research Design:** Quantitative Design.
- **Study Design**: observational cross sectional study
- **Study Loaction :** village khodu, nagara, katuda, prangadh, dedadara and kharva of Wadhwan block of Surendranagar district.
- **Sample size:** 20 Parents of enrolled children in CMAM programme,30 ASHAs
- **Sampling Method**: Non-Probability, Convenience Sampling.

- **Sample selection criteria :**

❑ Inclusion Criteria:

- Mothers who were willing and available during the period of study .
- Mothers whose children were enrolled in the CMAM Project and who are in age group of 6 to 59 Months.

❑ Exclusion Criteria :

- 1. Mothers who have children with history of Complications.
- 2. More than 59 Months children were not included.
- **Study Duration** : Three month
- **Study Respondents:** Parents of Enrolled Children in CMAM and ASHA workers of that area.

- **Methodology:**
- **For Primary Data collection** : According to convenience sampling village khodu, nagara, katuda, prangadh, dedadara and kharva were visited . A Rapid Situational analysis tool was prepared for ASHA and the parents of SAM Child enrolled, at their home setting in these village the Questions were asked and the Reponses were recorded. The Questions were close ended as to explore whether the Target population falls into that Range of responses, with an Intent to find Probable reasons.

- **For secondary Data collection** :From the State monitors the figures for Indicators of CMAM Project was collected and recorded as to analyze the SAM load and What is the success rate .

Secondary Data was analyzed as to assess the Characteristics like Program Effectiveness and appropriateness. The Indicators are as follows:

- 1. Cured
- 2. Defaulters
- 3. Non Respondents

Data analysis

Data is interpreted through coding in MS-Excel .

Ethical considerations

- Informed consent was taken before the start of the interview. If anyone disagreed to become the part of the data collection process, they were not forced by any means. Prior information was given before visiting any health facility. Purpose and objective of the research was explained before to the respondents.

Results

chart depicting the knowledge of parents with respect to malnutrition

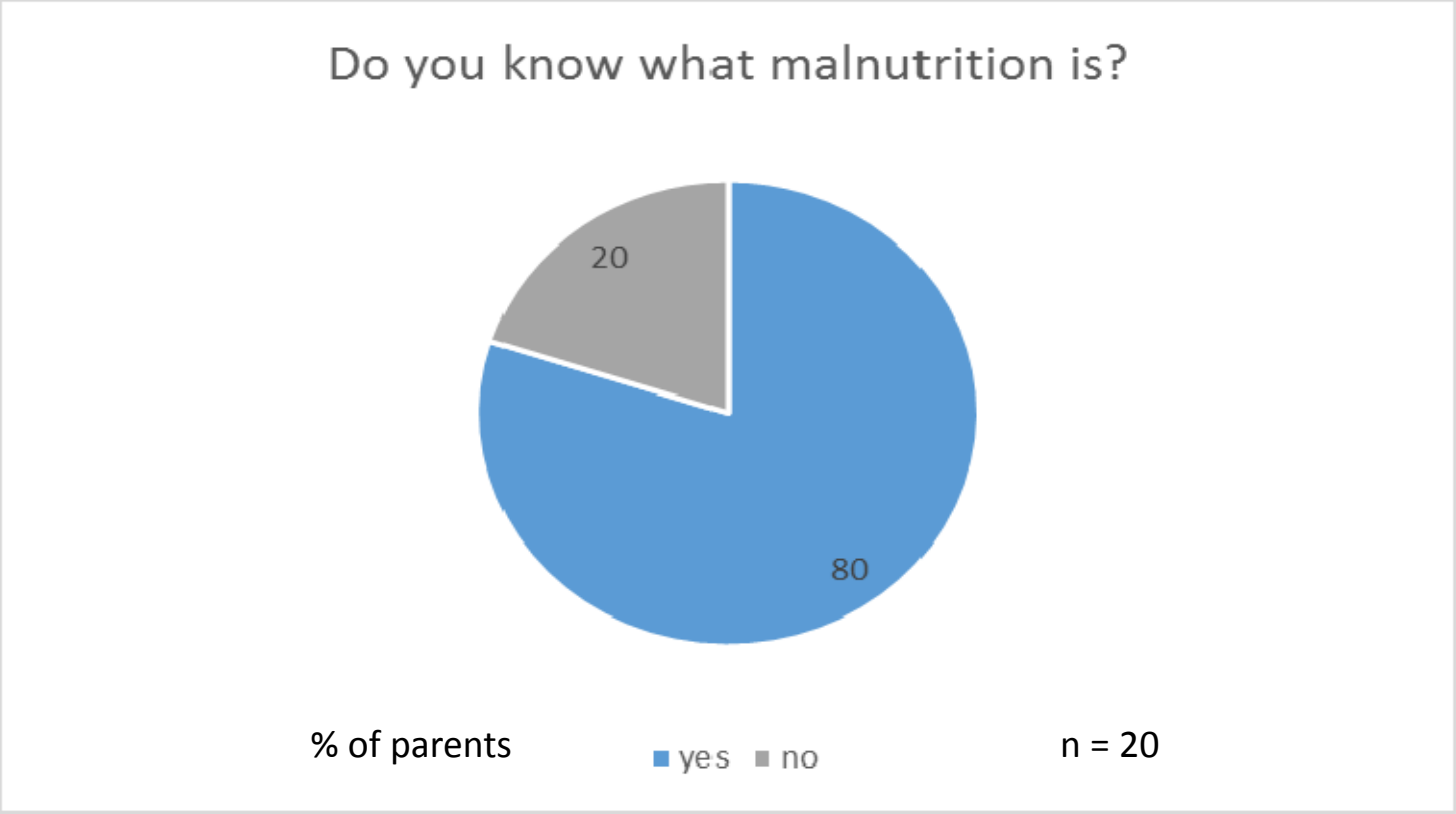


Chart depicting the person who motivated the parents for enrolment in the program

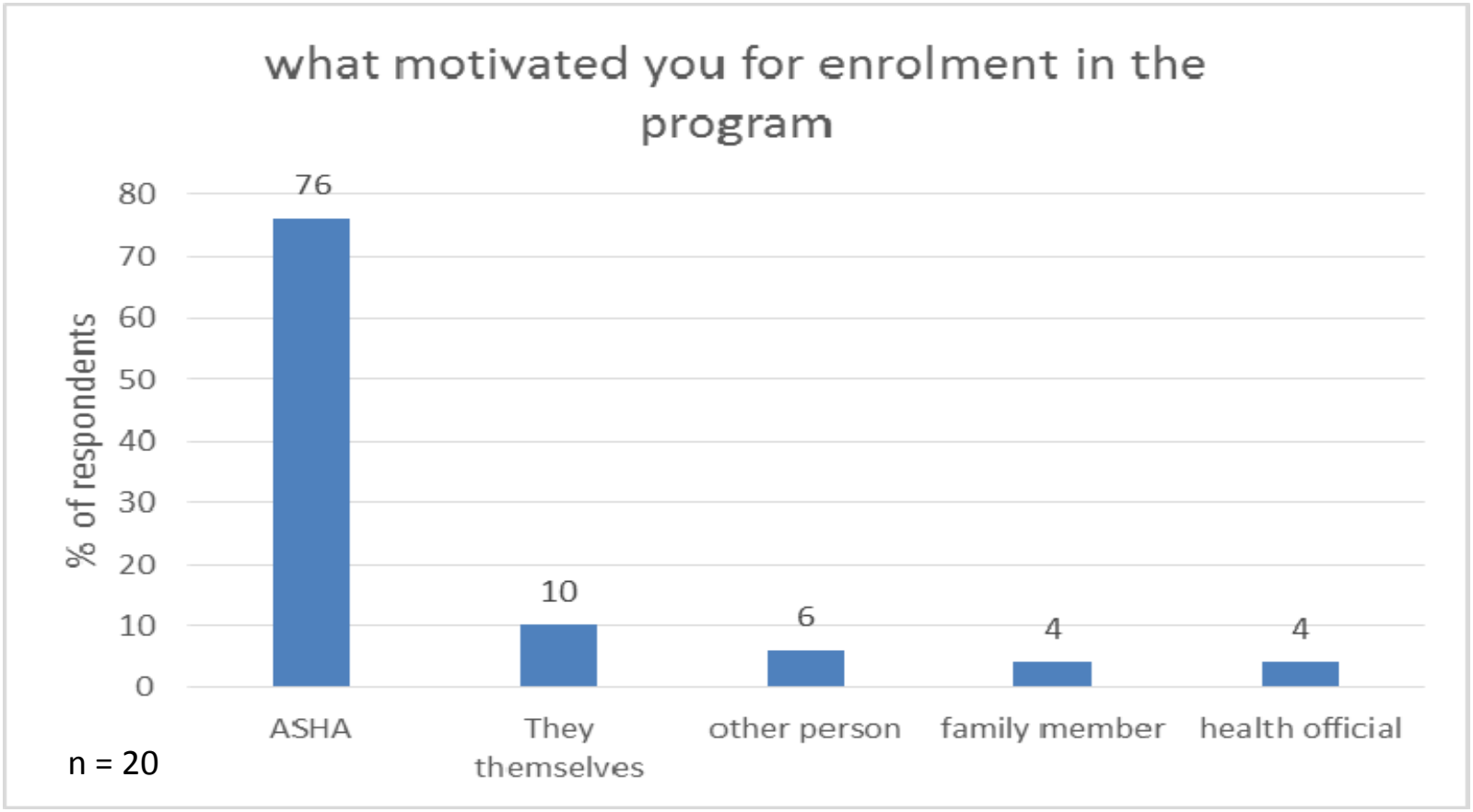


Chart depicting the delay in seeking the treatment

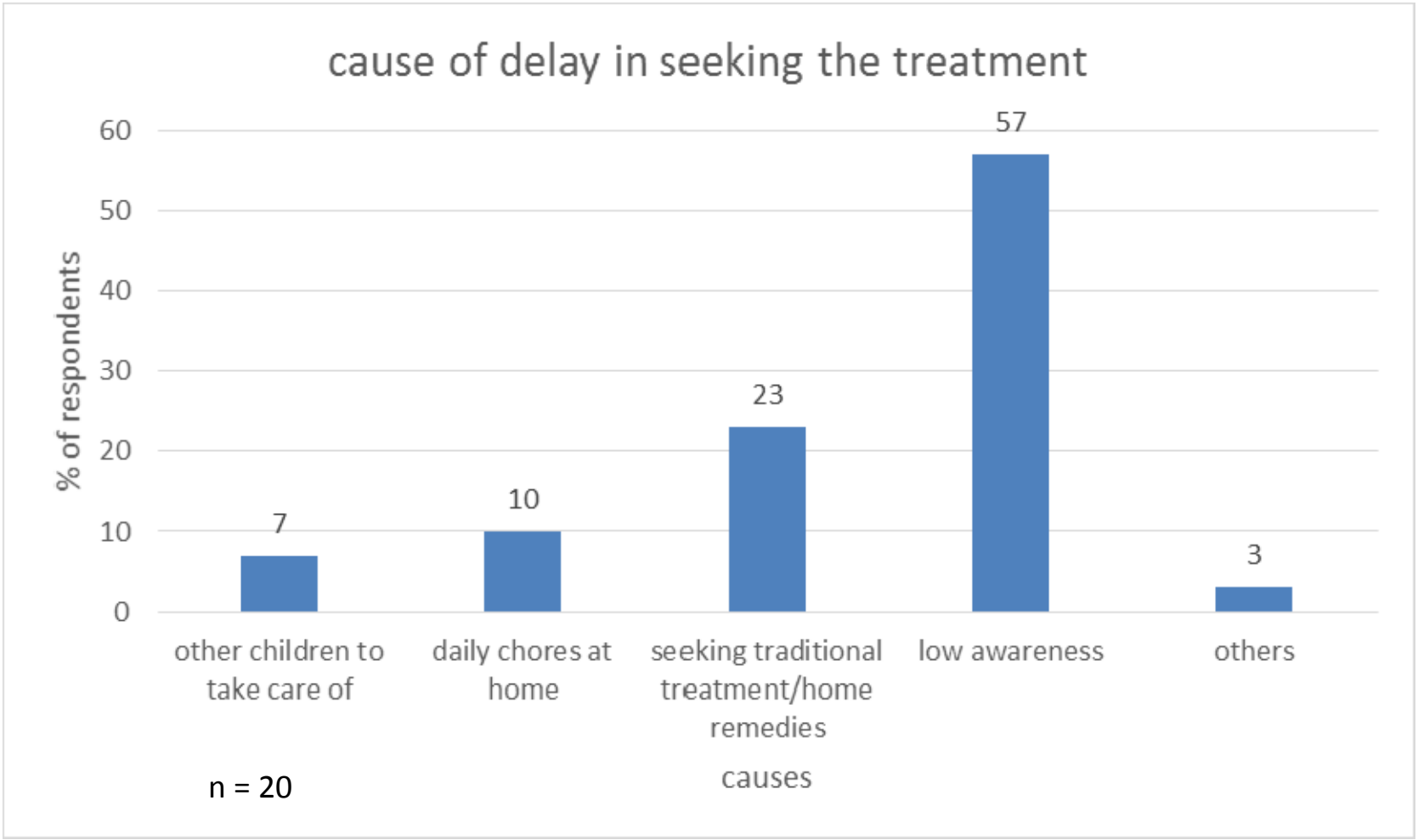


Chart depicting the knowledge of ASHA workers about identification of SAM children

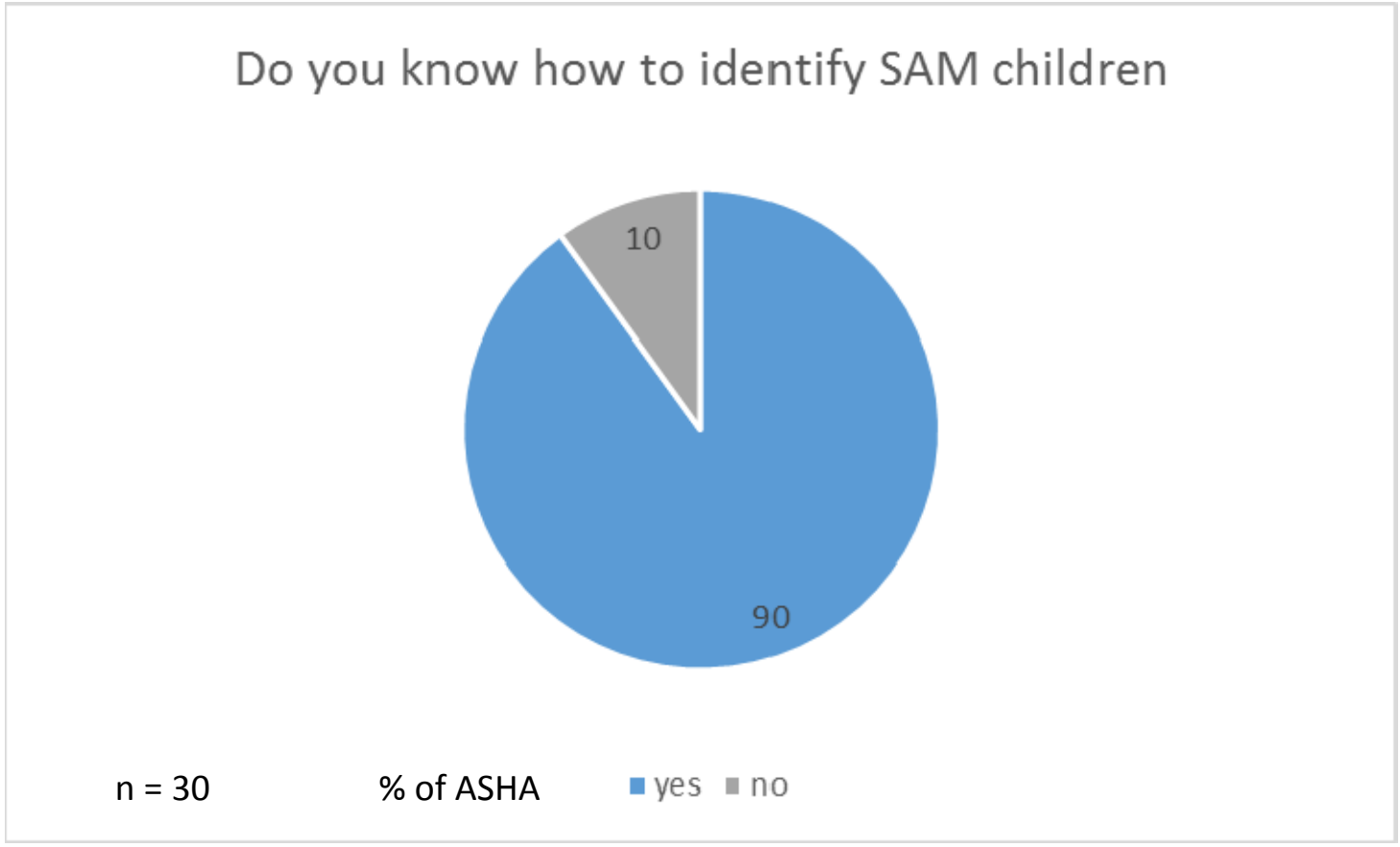
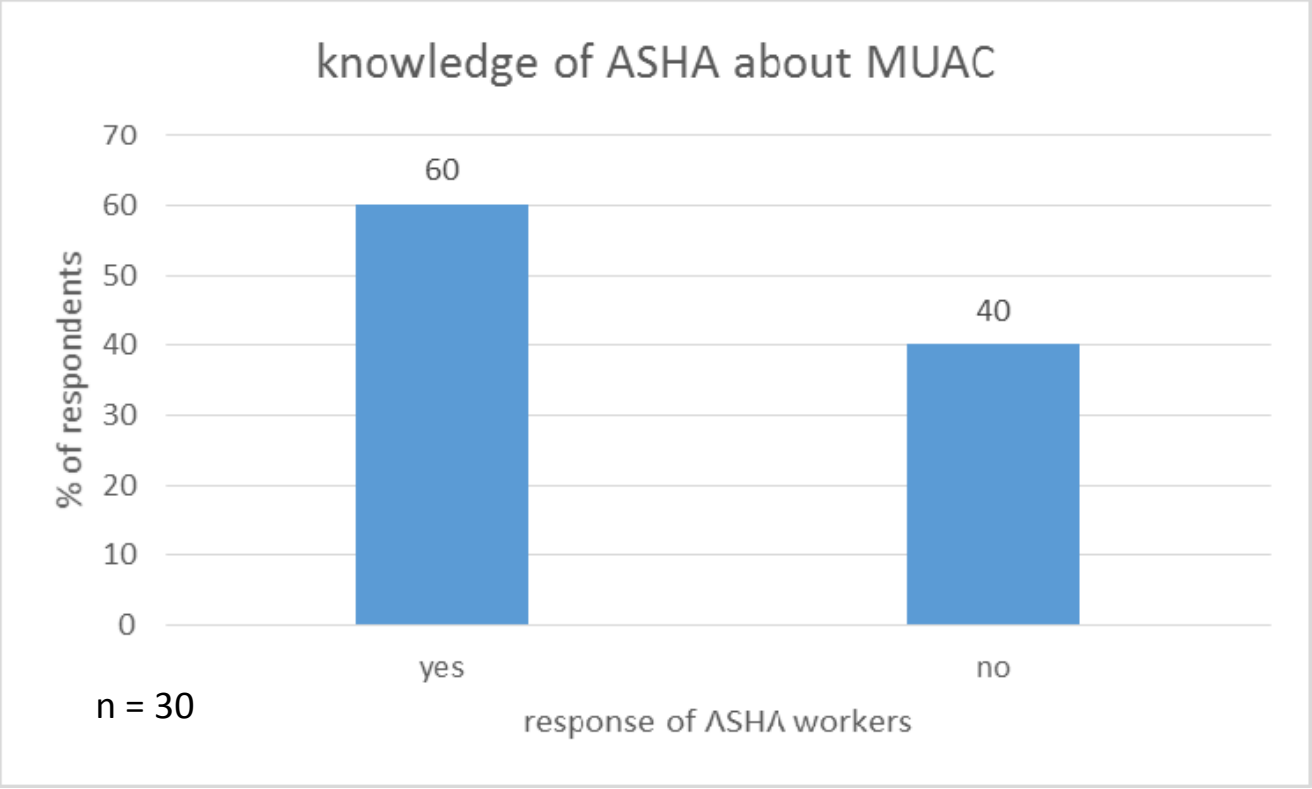


Chart depicting the knowledge of ASHA workers about how to measure MUAC



Practices

Chart depicting the frequency of breastfeeding by mother

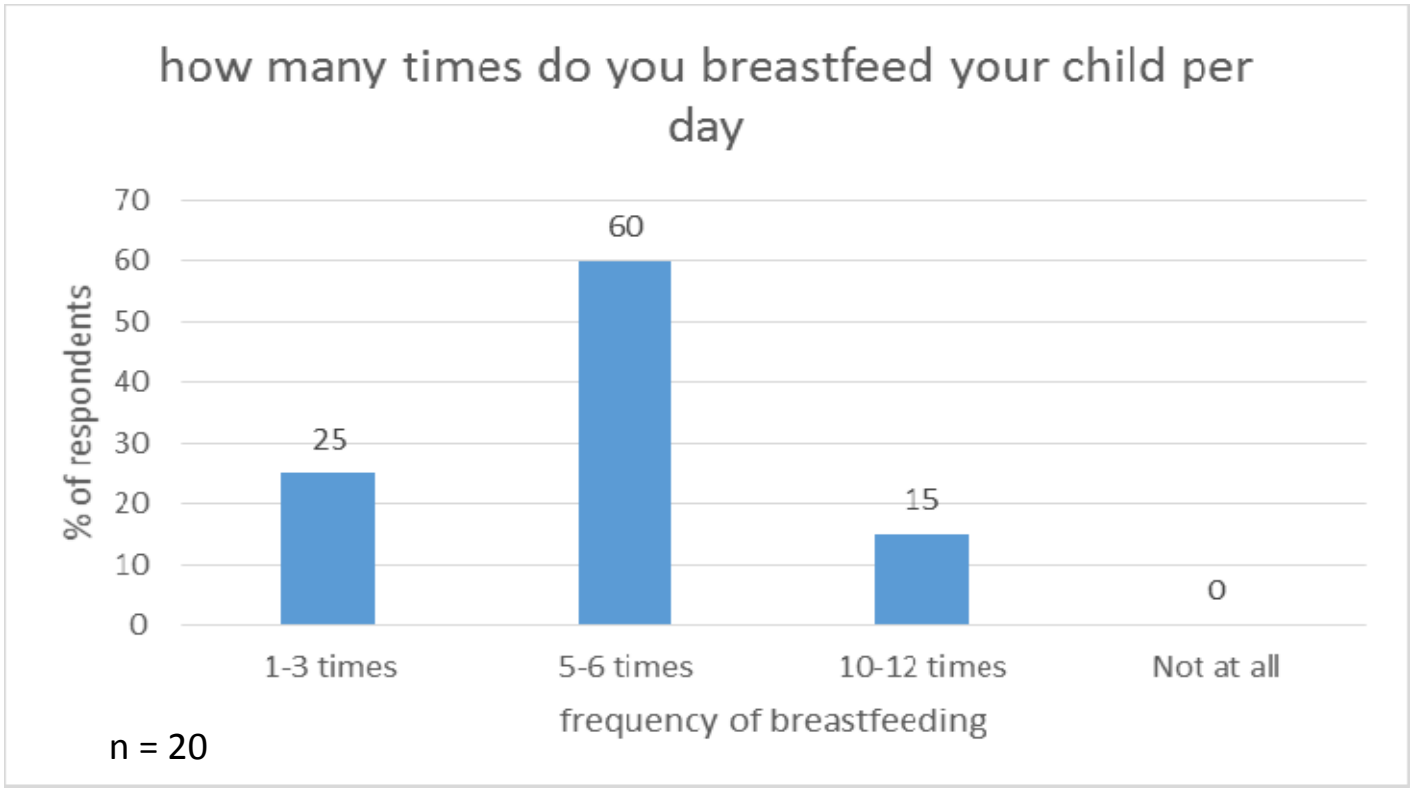


Chart depicting the response of parents regarding health of their child after enrolment in CMAM program

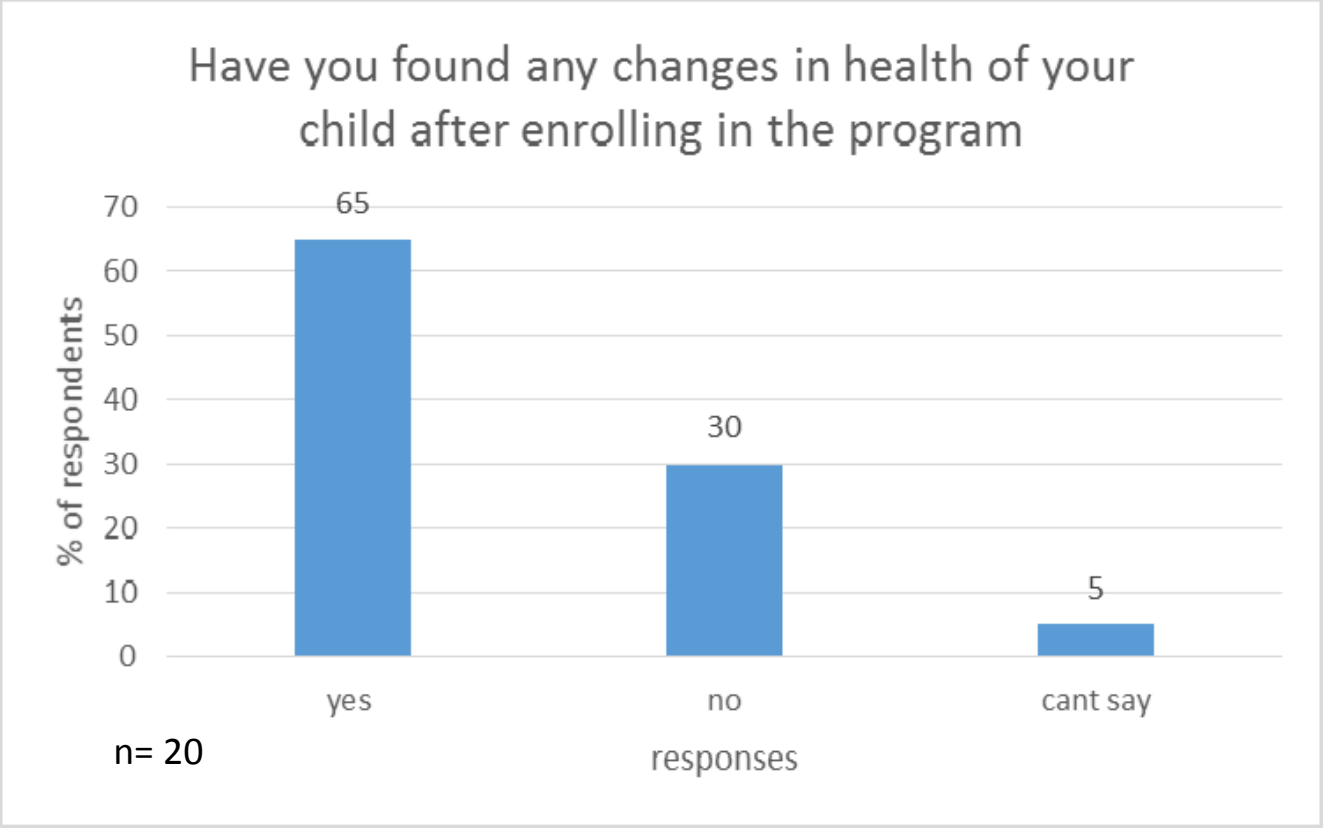
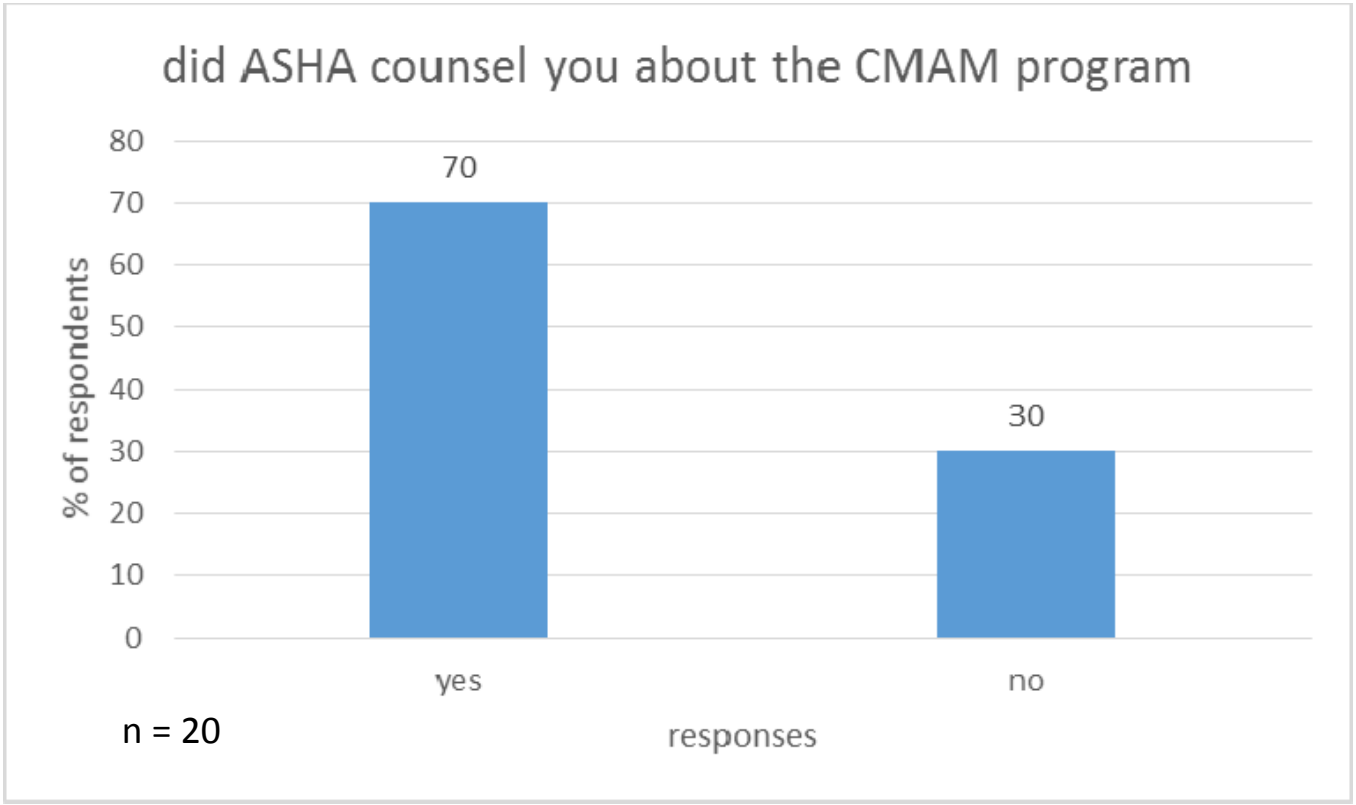


Chart depicting whether parents were counselled by ASHA about the program



Practice (ASHA)

chart depicting whether a proper list of enroled children is maintained

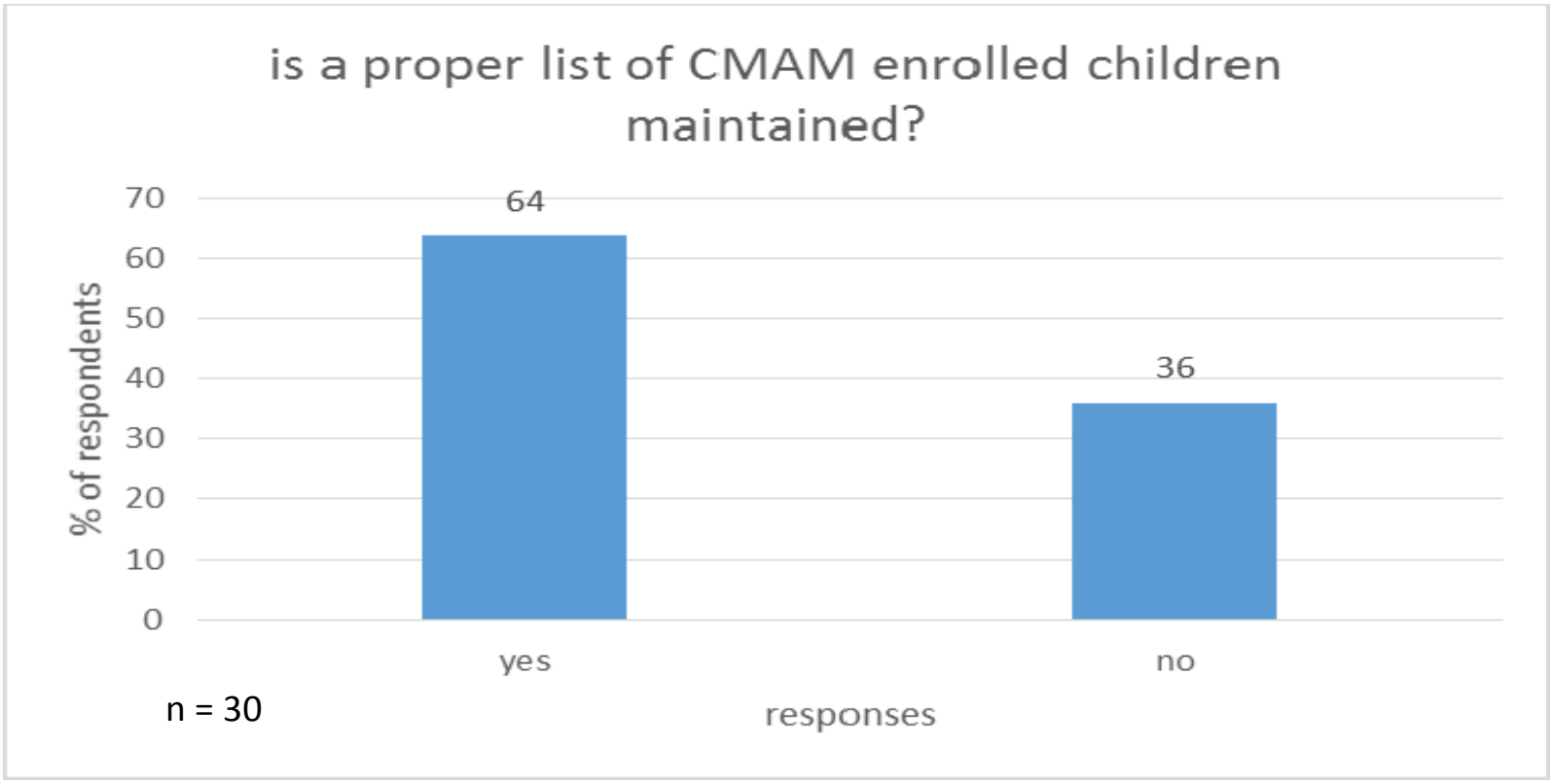


Chart depicting whether Bal Amul(RUTF) is being provided by ASHA

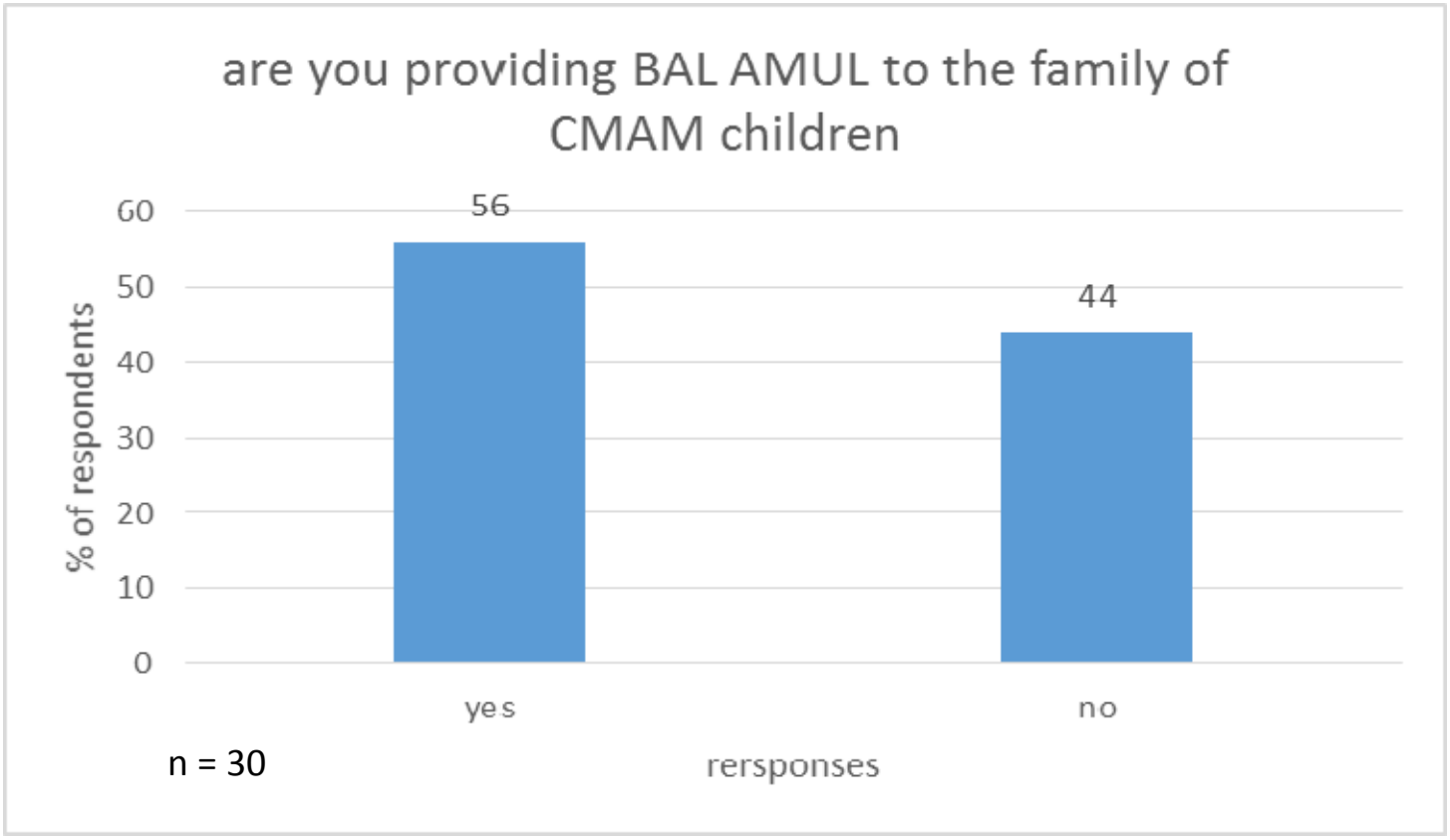
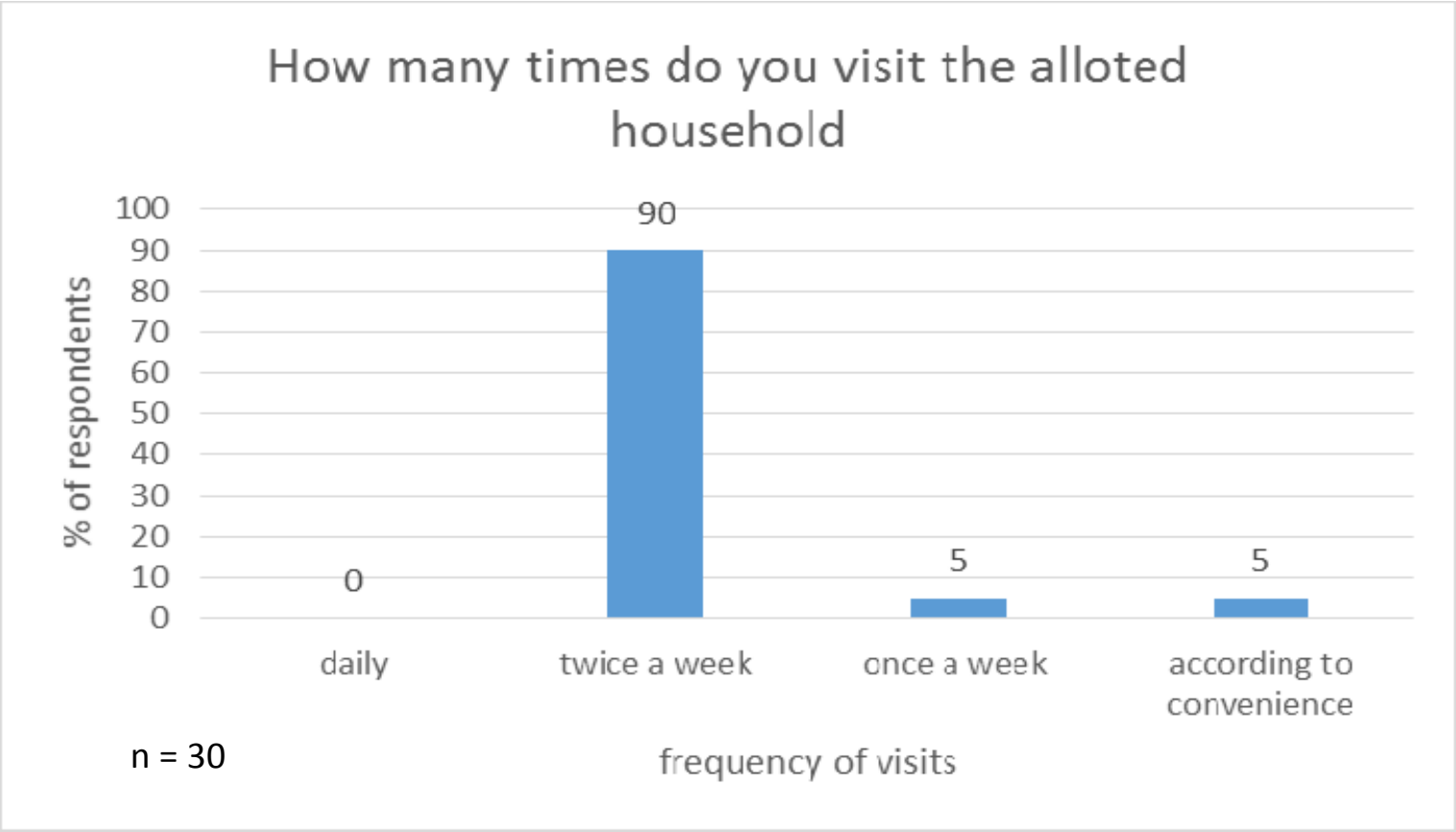
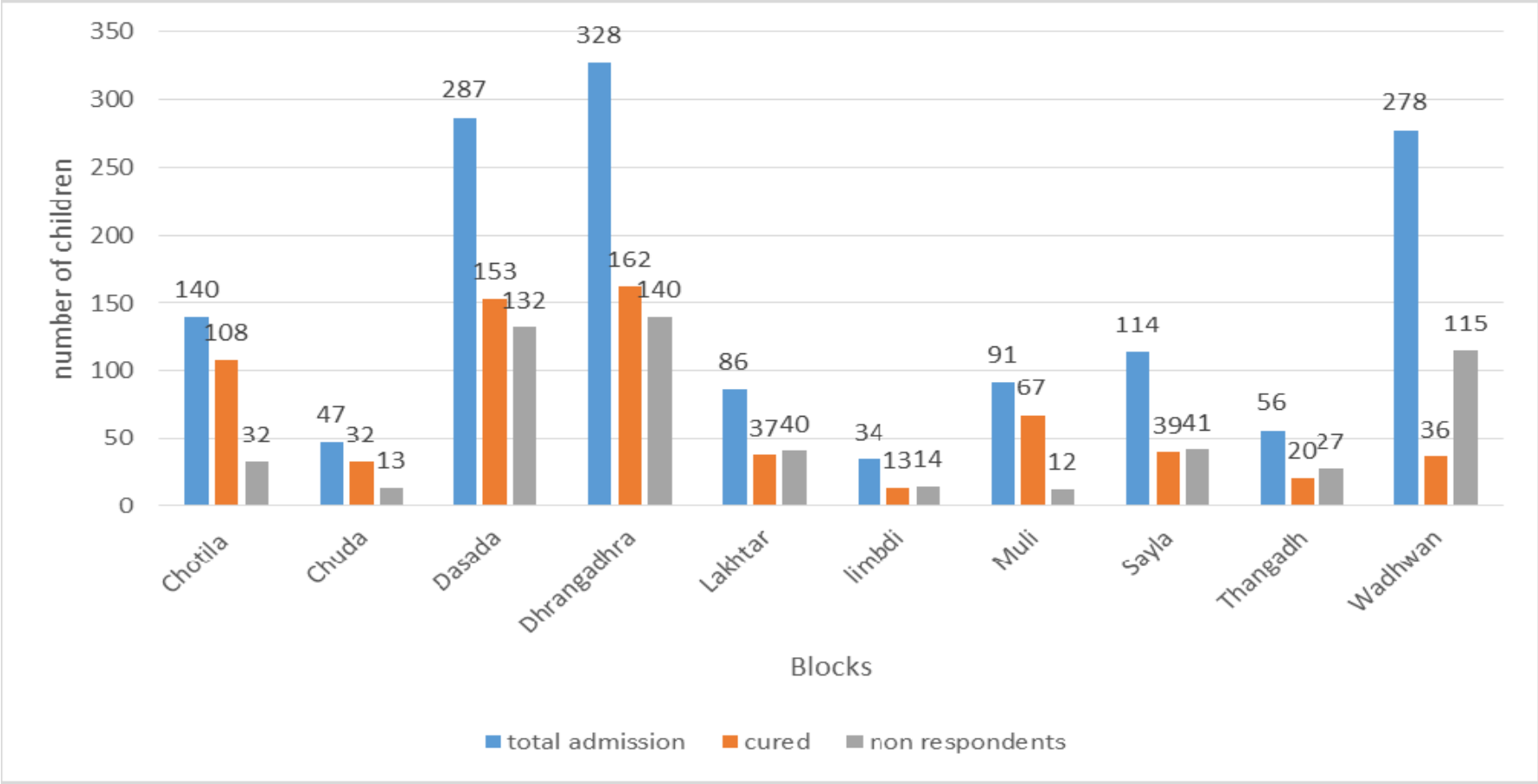


Chart depicting frequency of visits by ASHA for the follow up of CMAM children



Status of CMAM enrolments from may 2016 to may 2017 in Surendranagar district of Gujarat



Conclusion

- The study aimed to assess the overall functioning of CMAM programme and its effectiveness in improving overall health status of SAM children. It is evident from the results and discussion that there is lack of awareness about the problem and inefficient utilization of resources. There are gaps in the knowledge of ASHA workers about the program which is a big concern. Moreover the practices are not followed the way they should be. There is a high dropout rate which is because of low awareness.

Recommendations

- Extensive Training Modules should be made which can teach the ASHAs and ANMs on counselling part and the Mothers on their child's Health and on Breastfeeding knowledge, related to Importance of First Milk.
- The only way to guarantee Development of the Public Health is to focus on the systematic and sustainable solutions from the community itself.
- **Strengthen Community Mobilisation :**.If community is unaware about the services provided ,they will not utilise it to the fullest .Who are the target population ,where to get the access from and what are the benefits will be unexplored by them .This confusion will act as threats which will then not convince others too to take the advantage. A community mobilisation strategy should be planned and implemented before the start of treatment activities in the health facilities.