SITUATION ASSESSMENT OF CHILD MALNUTRITION TREATMENT CENTERS IN SURENDRANAGAR DISTRICT OF GUJARAT

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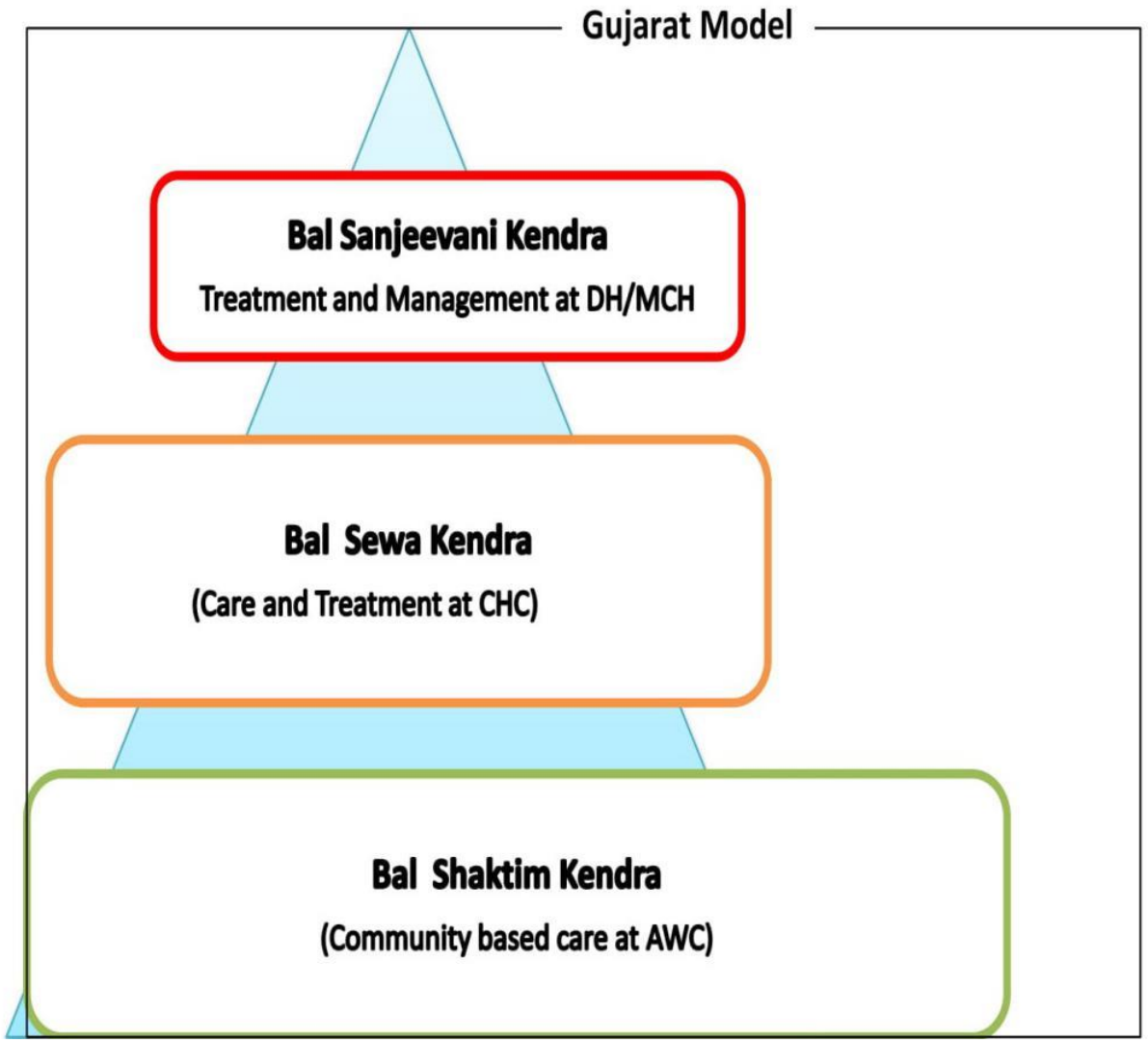
INTRODUCTION



RATIONALE FOR THE STUDY:

- Child nutrition - concerning issue for public health field as undernourished children have significantly high risk of both mortality and morbidity .
- Also, under nutrition leads to growth retardation and other impaired psycho social cognitive development
- In particular, utilization of Child Malnutrition treatment Centers (CMTCs) in district Surendranagar, Gujarat is found to be low as compared to the performance of other districts. Though Gujarat govt. has well planned monitoring and evaluation for the program, a rapid qualitative situation analysis was done to find the gaps for CMTC

RESEARCH QUESTION:

Why is the facility services utilization rate low in the CMTC centers in Surendranagar district of Gujarat?

OBJECTIVES OF THE STUDY:

The main objectives of the study are: -

1. To assess the availability of services at CMTCs in Surendranagar District in terms of infrastructure, human resources and equipment according to the Operational Guidelines.
2. To assess the improvement in health status of children admitted in CMTCs in the district.
3. To assess the functioning of malnutrition centers in 4 centers.
4. To identify gaps and suggest interventions to fill up the gaps identified at the facilities.

RESEARCH METHODLOGY

STUDY DESIGN

Cross Sectional and Descriptive Study

The data of children admitted from February to April, 2018 is analyzed to assess their nutritional status at the time of discharge . Assessment of Infrastructure, Human resources and equipment was done through structured check lists, drawn up in accordance with the guidelines

STUDY LOCATION

Four CMTC at 4 blocks of district

Sr. No	Place	Operational Under
1	Limbdi	NHM
2	Chuda	Gatisheel
3	Sayla	NHM
4	Chotila	NHM
5	Lakhtar	Gatisheel
6	Vadhvan	Gatisheel
7	Surendranagar NRC	NHM
8	Dhagandhra	NHM
9	Patdi	NHM

Table 1.1 Table showing list of CMTC in the district

SAMPLING METHOD: Non probability, Purposive sampling

DATA COLLECTION

- The main source of information for this study is based on the data collection from the facility
- Primary data is collected of SAM admission and discharge rate. Data is taken from 4 facility based health care centres (CMTC)

DATA ANALYSIS

The data is collected through comparison list based on the checklist filled. The checklist is used as the probable cause of low performance rate MTC the comparison is based on infrastructure, working conditions, practice protocol

FINDINGS AND OBSERVATIONS

- Comparative analysis by checklist
- **SCALE**: **Satisfactory more than 70%**

  Unsatisfactory -40-70%

  Poor- less than 40%

PARAMETERS	CMTC PATDI	CMTC LAKHTAR	CMTC CHUDA	CMTC CHOTILA
1. Human Resource				
a) Nutritionist	YES	YES	YES	YES
b) Staff nurse	YES	NO	NO	NO
c) Cook cum caretaker	YES	YES	YES	YES
1. ADMISSION PROTOCOLS				
Weight taken	Satisfactory	Unsatisfactory	Satisfactory	Satisfactory
Measurement of MUAC done	Satisfactory	Satisfactory	Satisfactory	Satisfactory
Measurement of length done	Satisfactory	Satisfactory	Satisfactory	Satisfactory
Appetite test conducted	Satisfactory	Satisfactory	Satisfactory	Satisfactory
Giving medications, antibiotics	Satisfactory	Unsatisfactory	Satisfactory	Satisfactory
Feeding schedule followed	Poor	Poor	Satisfactory	Satisfactory
KMC	Satisfactory	Unsatisfactory	Satisfactory	Satisfactory

Table 2.1 Table showing comparative analysis of CMTC in the district

3. CLEANLINESS HYGIENE	CMTC PATDI	CMTC LAKHTAR	CMTC CHUDA	CMTC CHOTILA
Hand Washing	**Poor**	**Poor**	**Poor**	**Poor**
Mother's cleanliness	Satisfactory	Satisfactory	Satisfactory	Satisfactory
Bedding and laundry	Satisfactory	**Poor**	Satisfactory	Satisfactory
Hand wash technique demonstrated to mother	**Unsatisfactory**	**Unsatisfactory**	**Unsatisfactory**	**Unsatisfactory**
Nails of beneficiary and staff cut and clean	Satisfactory	**Unsatisfactory**	Satisfactory	Satisfactory
Toys	Satisfactory	Satisfactory	Satisfactory	Satisfactory
Proper toilet facility	satisfactory	**Poor**	Satisfactory	Satisfactory

4.COUNSELLING	CMTC PATDI	CMTC LAKHTAR	CMTC CHUDA	CMTC CHOTILA
Mother counselled about BF and CF	Yes	Yes	yes	yes
IYCF banners available	Yes	**No**	Yes	**No**
Counselling session conducted as per schedule	Yes	Yes	Yes	Yes

FINDINGS AND GAPS

1. Discrepancies in Feeding Protocol. As per guideline of F SAM, child who failed Appetite test, should be given :

- F-75 for 7 days (Phase 1 Stabilization phase)
- F-100 for 3 days (Transition Phase)
- F 100 and F 75 alternatively (Phasse-2 Catch up growth).But guideline was not followed at all CMTCs, different practices were seen at different places.

2. At the time of visit at CMTC chuda, on malaria meeting was arranged in CMTC.

Many of the workers were found sitting on cots of children which increase infection in children. Such meetings should not be arranged in CMTC.

3. Due to lack of space, the distance between two cots is not maintained at CMTC Patdi.

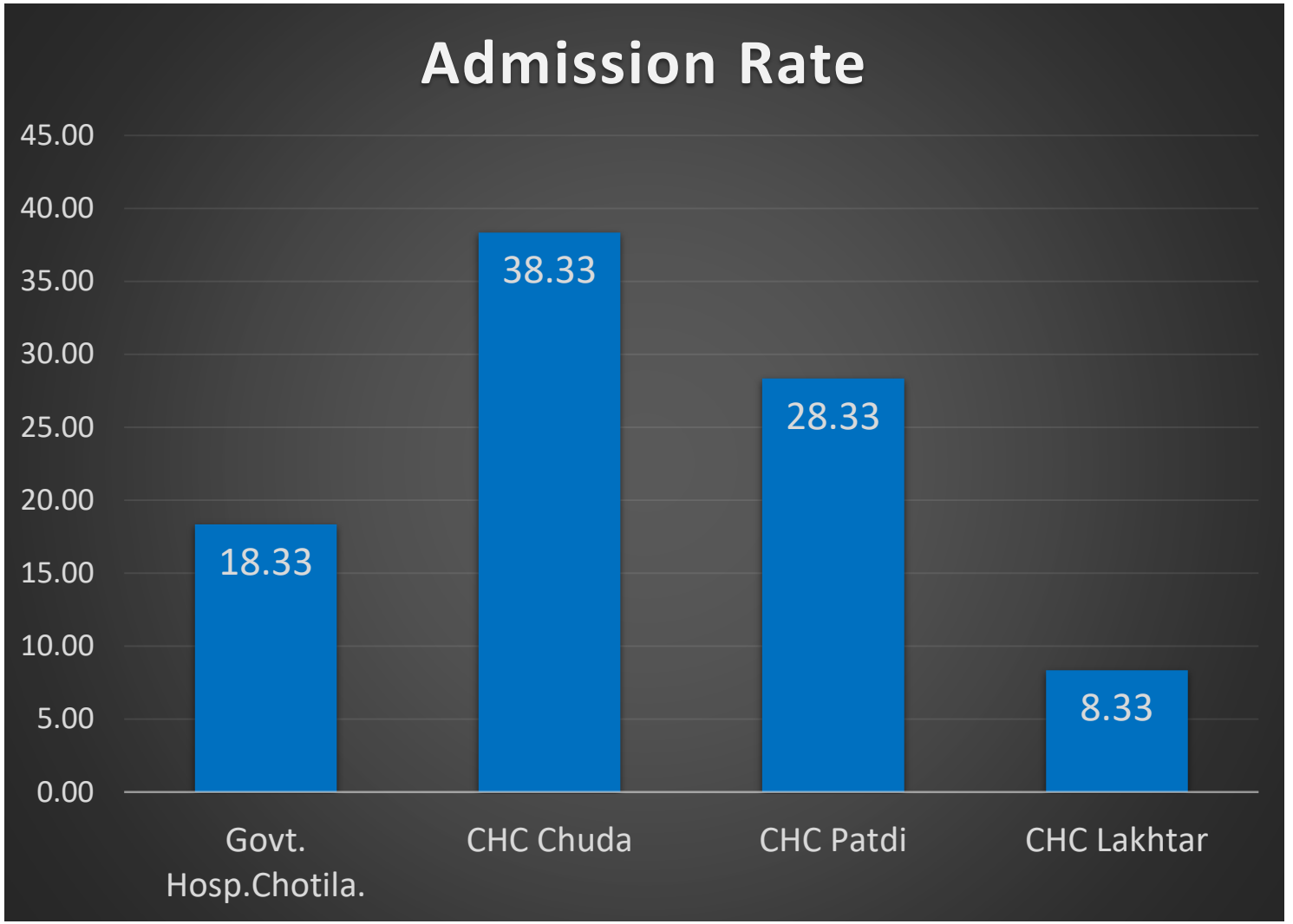
4. Stock out of Multivitamin has been observed in CMTC Chuda and Lakhtar due to expiry dates. Children were not given Multi vitamin since October 2017 in in CMTC Chuda and Lakhtar.

5.In CMTCs (Chuda, Lakhtar) run under Gatisheel Gujarat, Payments of beneficiaries were not done regularly.

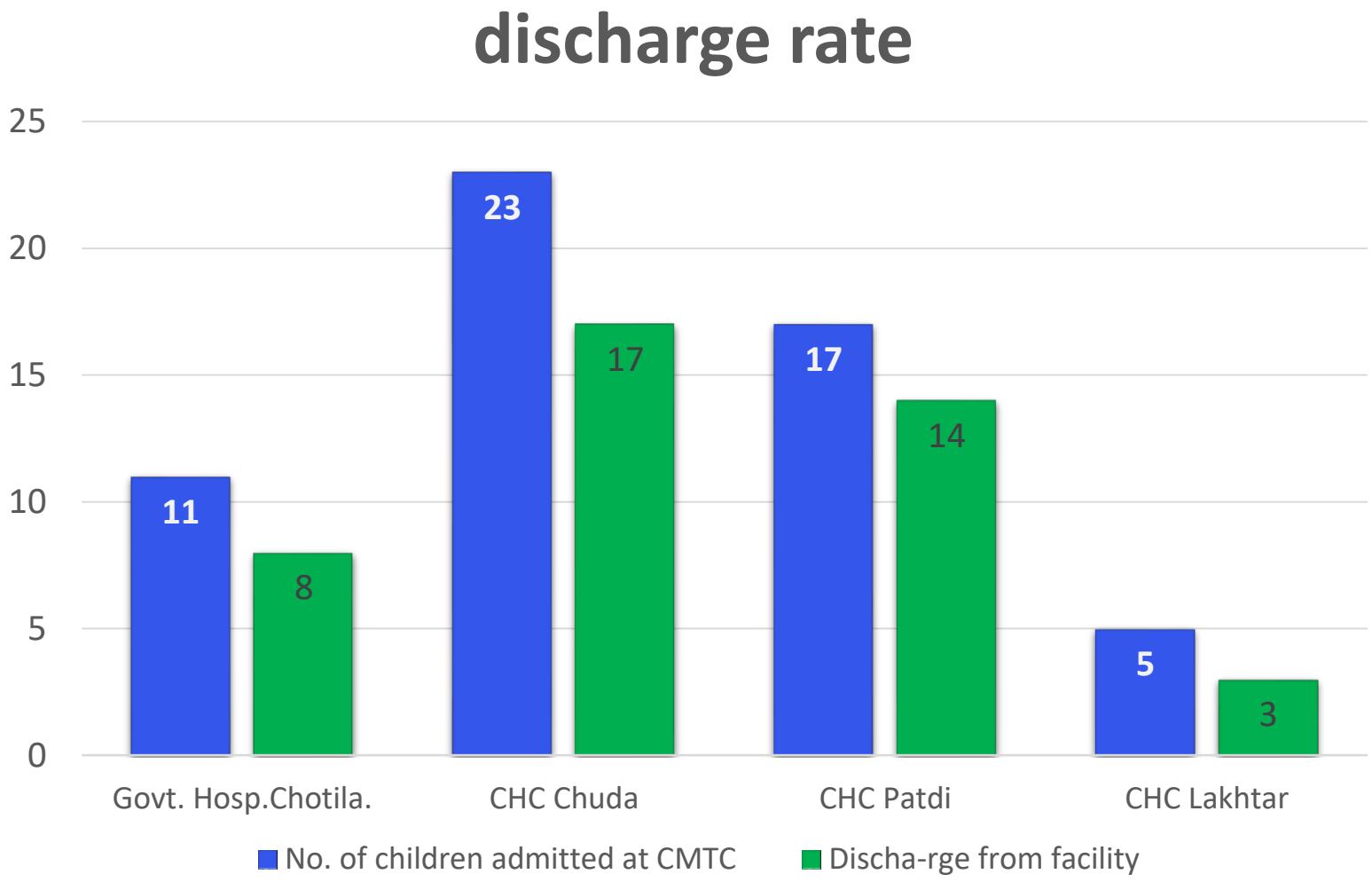
6. There should be a definitely need of refresher training of IYCF/NIPI and F SAM for all NAs of CMTCs/NRC

7.Most of the health centers have IEC material displayed for handwashing station

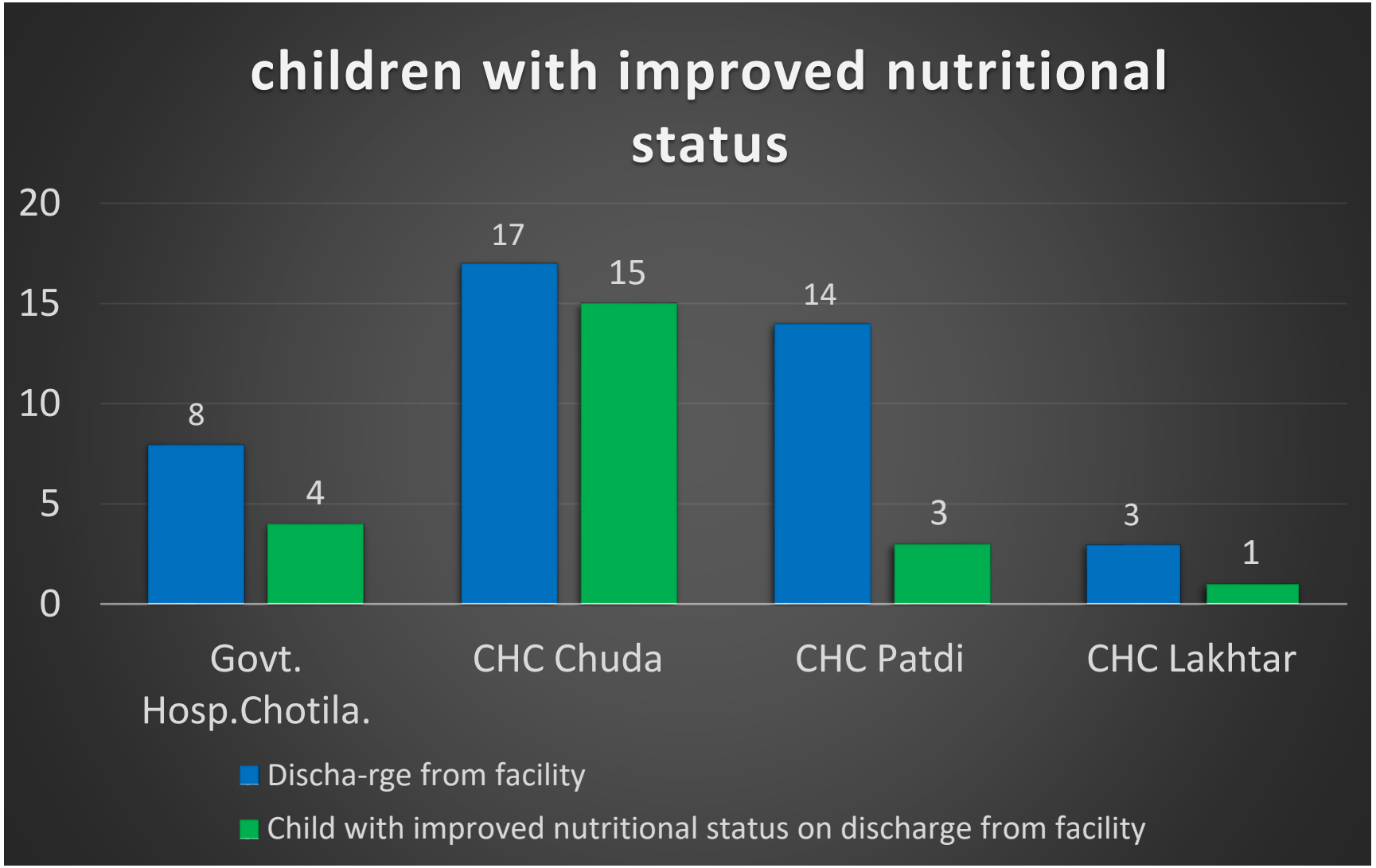
8.Good cleanliness and Hygiene were maintained at all CMTCs except Lakhtar.



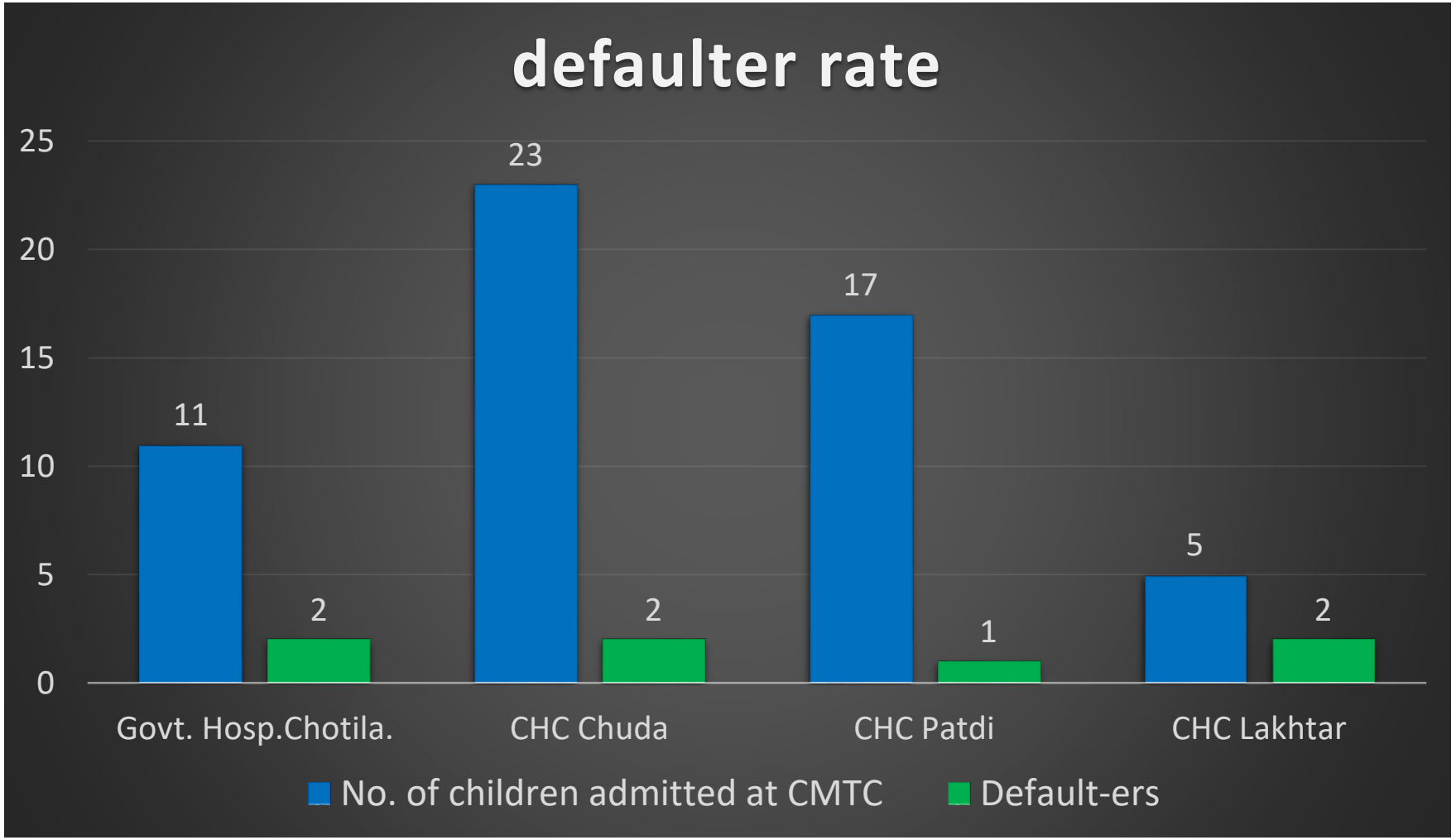
Graph 1.1. Graph showing admission rate in the selected(in percentage)
CMTC (N=56)



Graph 1.2. Graph showing discharge rate (n=56)



Graph 1.3. Graph showing children with improved nutritional status (n=56)



Graph 1.4. Graph showing defaulter rate in four CMTCs(n=56)

CONCLUSION

The study was aimed at assessing overall functioning of CMTC programme and its effectiveness in improving overall health status of SAM children. It is evident from the analysis and results that there is underutilization of the services at CMTC centres. Moreover the practices, are not followed the way it should be. There are still defaulter cases because of low awareness.

Few of the issues need better coordination with district health and planning implementation unit authorities. Based on the evidence and experience from the study, it is envisaged to provide supportive supervision through technical experts by periodic visits to the centers and districts .

analysis.xlsx

THANK YOU