Utilization Of Child Malnutrition Treatment Centers(CMTCs) In District Amreli, Gujarat

---A CROSS-SECTIONAL DESCRIPTIVE STUDY---

Presented by:
Dr. Vidhi Tomar
M.B.A. Hospital and Health Management
Roll No. 1521

CONTENTS

- Background and rationale
- Research question
- Aim and Objectives
- Methodology
- Results
- Suggestions
- Limitations
- Further scope of study
- References

BACKGROUND AND RATIONALE

- Current underweight prevalence in state: 41 percent
- 14 functional Child Malnutrition Treatment Centers (CMTCs) in District Amreli in Gujarat
- Around 8000 children malnourished in district Amreli (MOR,Jan-2015)
- Referrals made from Anganwadi centers (AWC) and other facilities are low
- Sanctioned bed capacity is 10 per CMTC but there are 5-7 children in one batch on average.

RESEARCH QUESTION

- What is the utilization level of CMTC services in district Amreli? What factors affect the utilization pattern?

AIM AND OBJECTIVES

- **Aim:** to understand utilization level of CMTCs

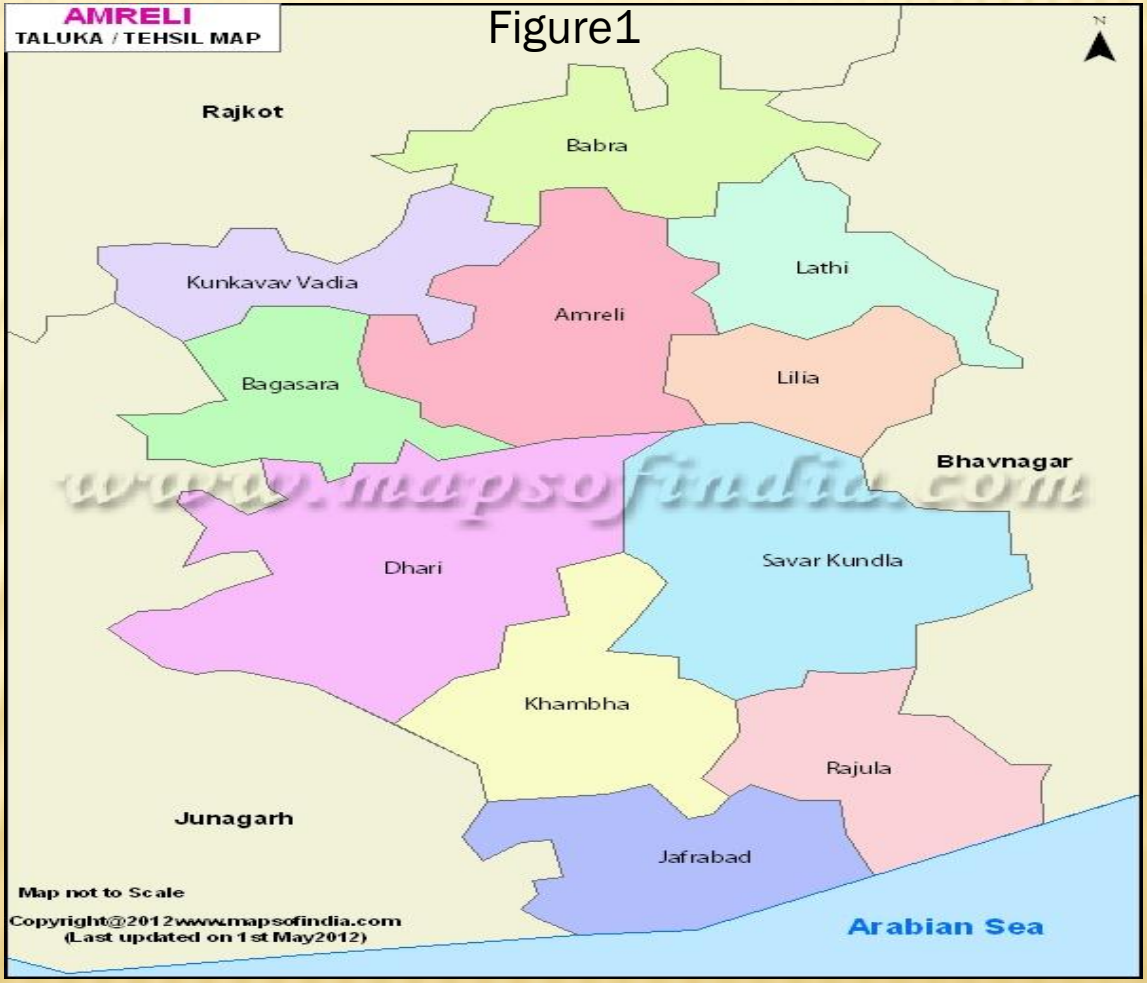
- **General Objective:** To understand the utilization of CMTC services in district Amreli and factors which affect the utilization pattern

- **Specific Objectives:**
  - To understand the utilization pattern of CMTC services in district Amreli
  - To understand beneficiary perspective
  - To understand frontline worker (AWW) perspective
  - To assess current status of CMTCs in terms of equipments, facilities and human resource and to identify loopholes at facility level (CMTC)
  - To devise suggestions for betterment of service delivery

METHODOLOGY

- **Study Area:** 11 blocks of district Amreli

Figure1



- **Type of study:** Quantitative + Qualitative
- **Study Design:** Cross-sectional, Descriptive
- **Location of study:** District Amreli
- **Study subjects:** CMTCs, Parents of admitted and discharged beneficiaries and Anganwadi workers
- **Study duration:** 2 months (March 10, 2015- May 13, 2015)

METHODOLOGY **CONTD..**

- **Sampling:** Non-Probability Sampling/Purposive sampling

- **Sample size:**

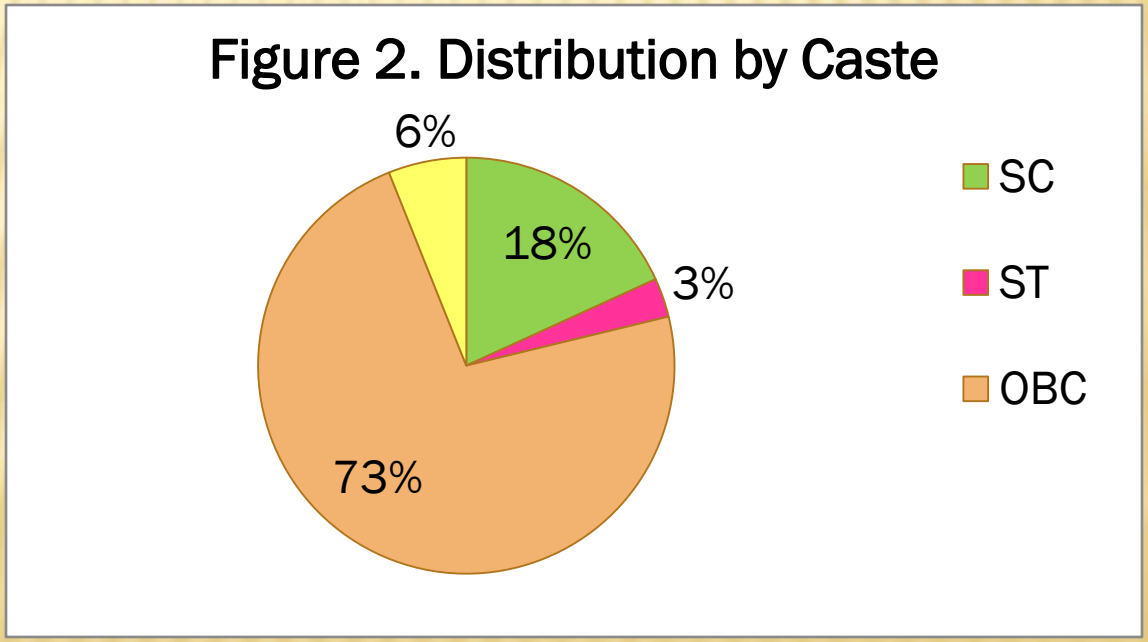
Table 1. Sample size		
Sr. No.	Subject	Number
1	Parents of admitted beneficiaries	37
2	Parents of discharged beneficiaries	42
3	AWW	20
4	CMTCs	14

- **Data (information) collected:** Accessibility, infrastructure, environment and equipments at CMTCs; beneficiary perspective

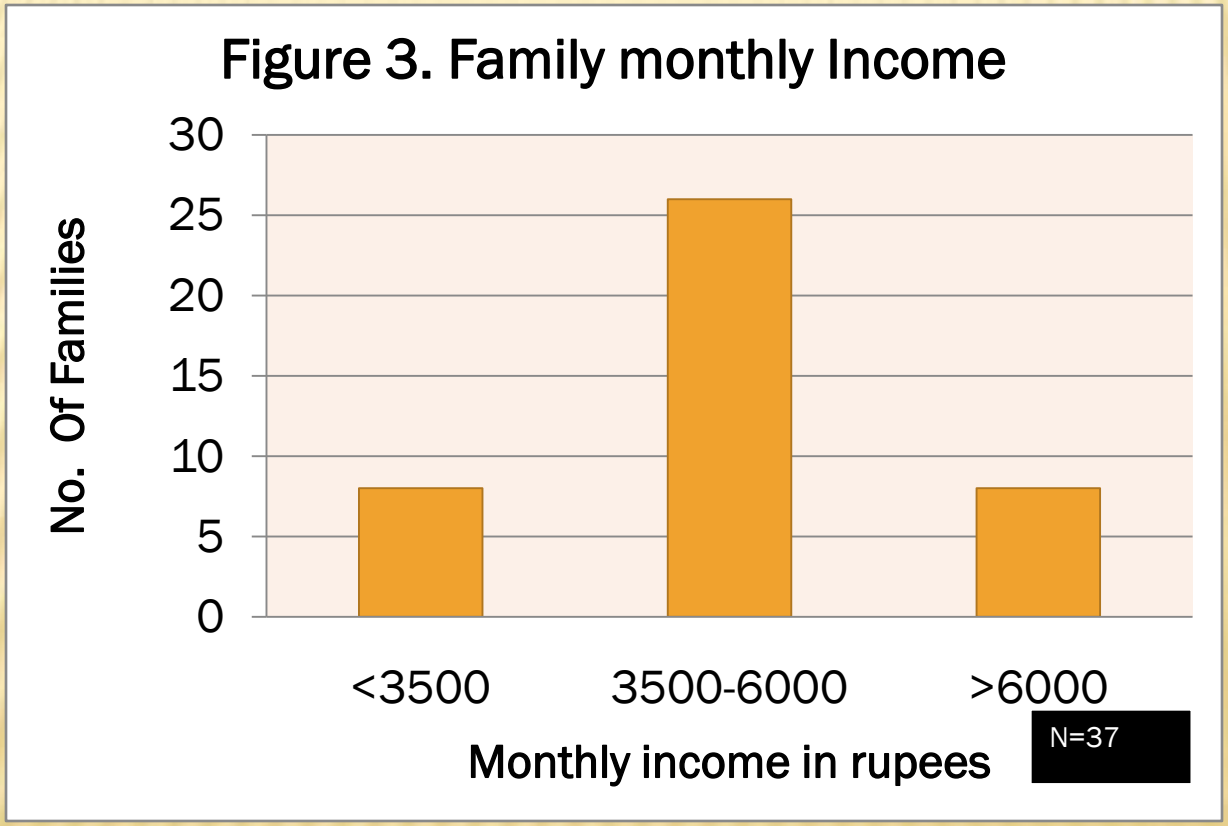
- **Data collection tools and techniques:**
  - Checklist for CMTCs- observation
  - Pre-tested semi-structured interview schedule for beneficiaries' mothers and AWW- Face-to-face interview

RESULTS

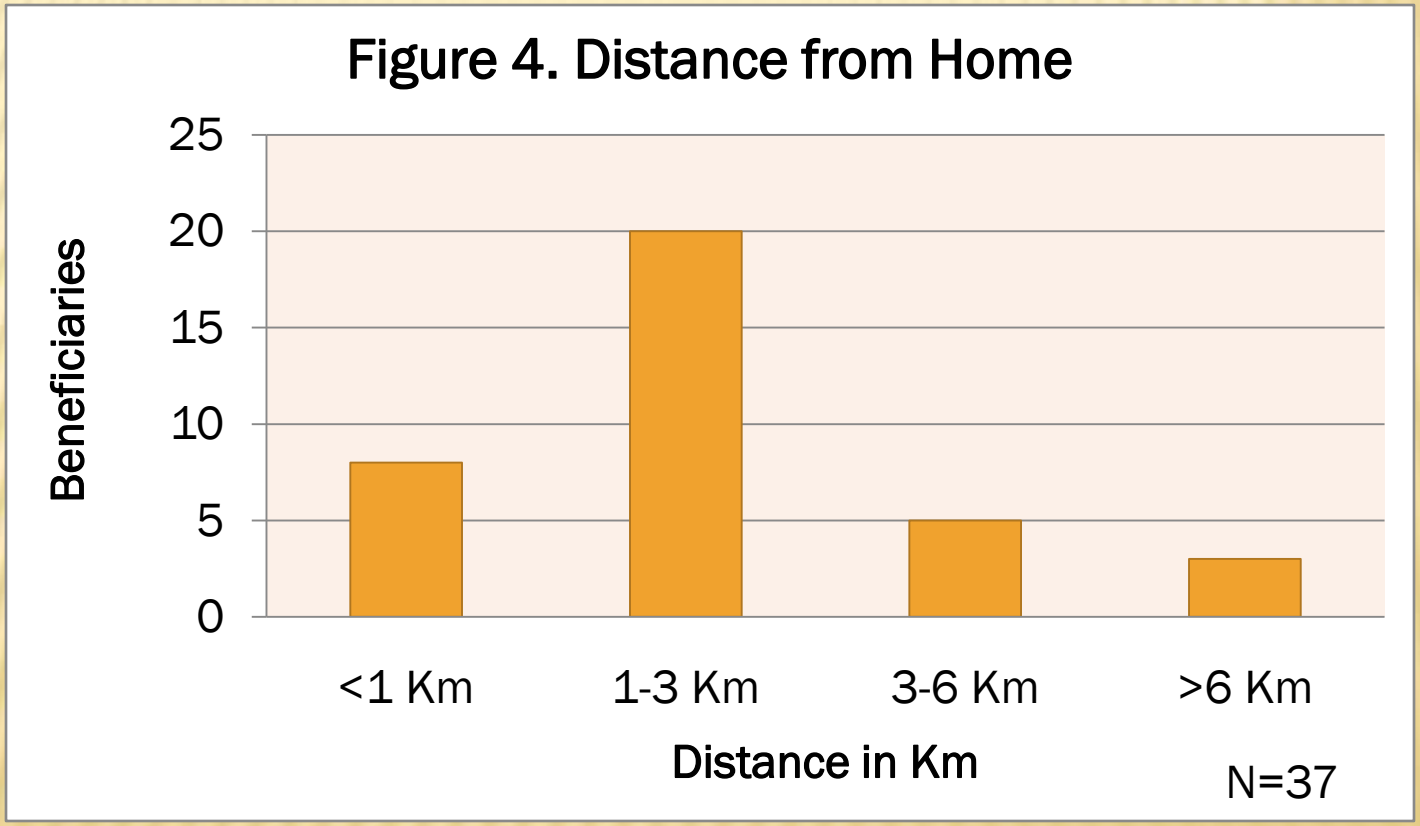
- **Admitted beneficiaries**:
  - **Social and demographic profile**:
    - **Age of the beneficiaries:** ranged from 6 months to 5 years with mean age 2.58 years.
    - **Sex**: even with 19 female and 18 male children.
    - **Religion and caste:**



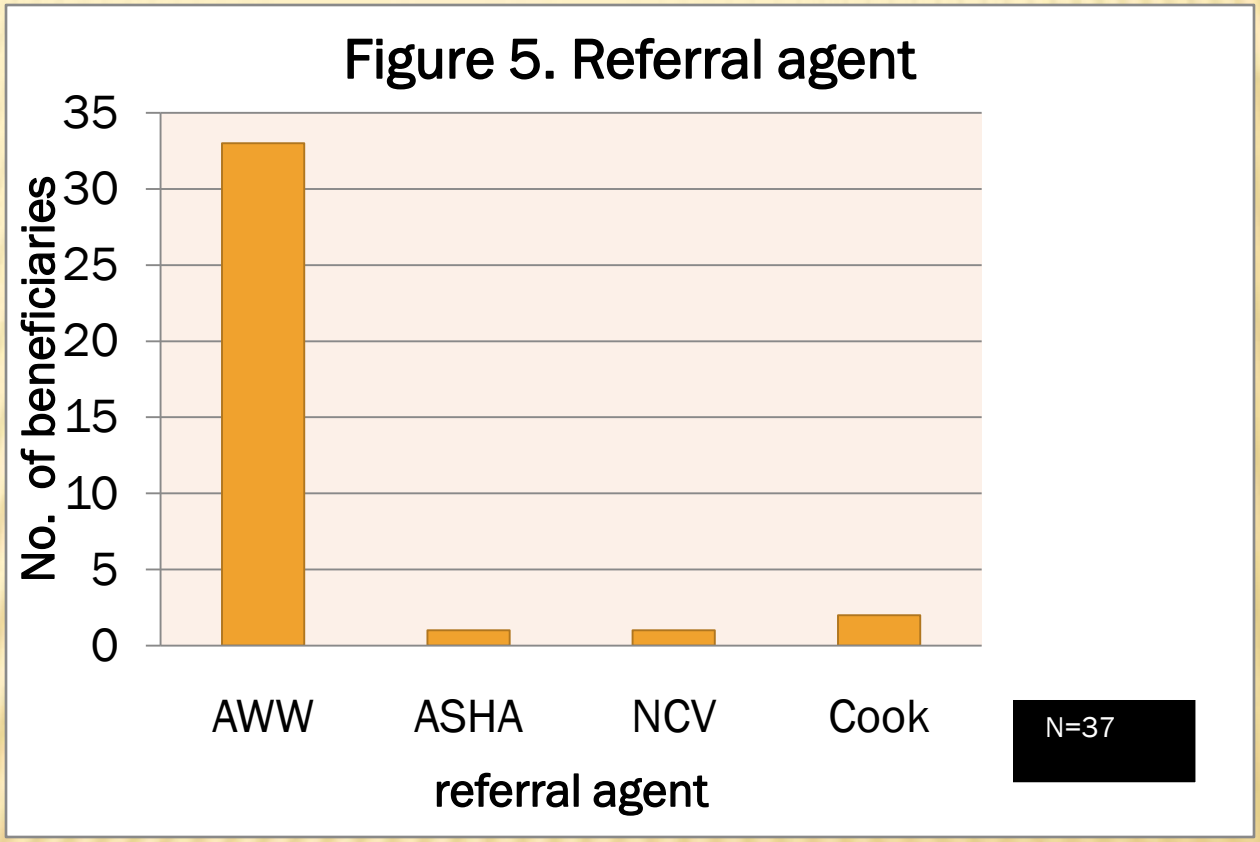
- **Monthly Family Income:**



- **Distance from residence:**



Referral Agent:

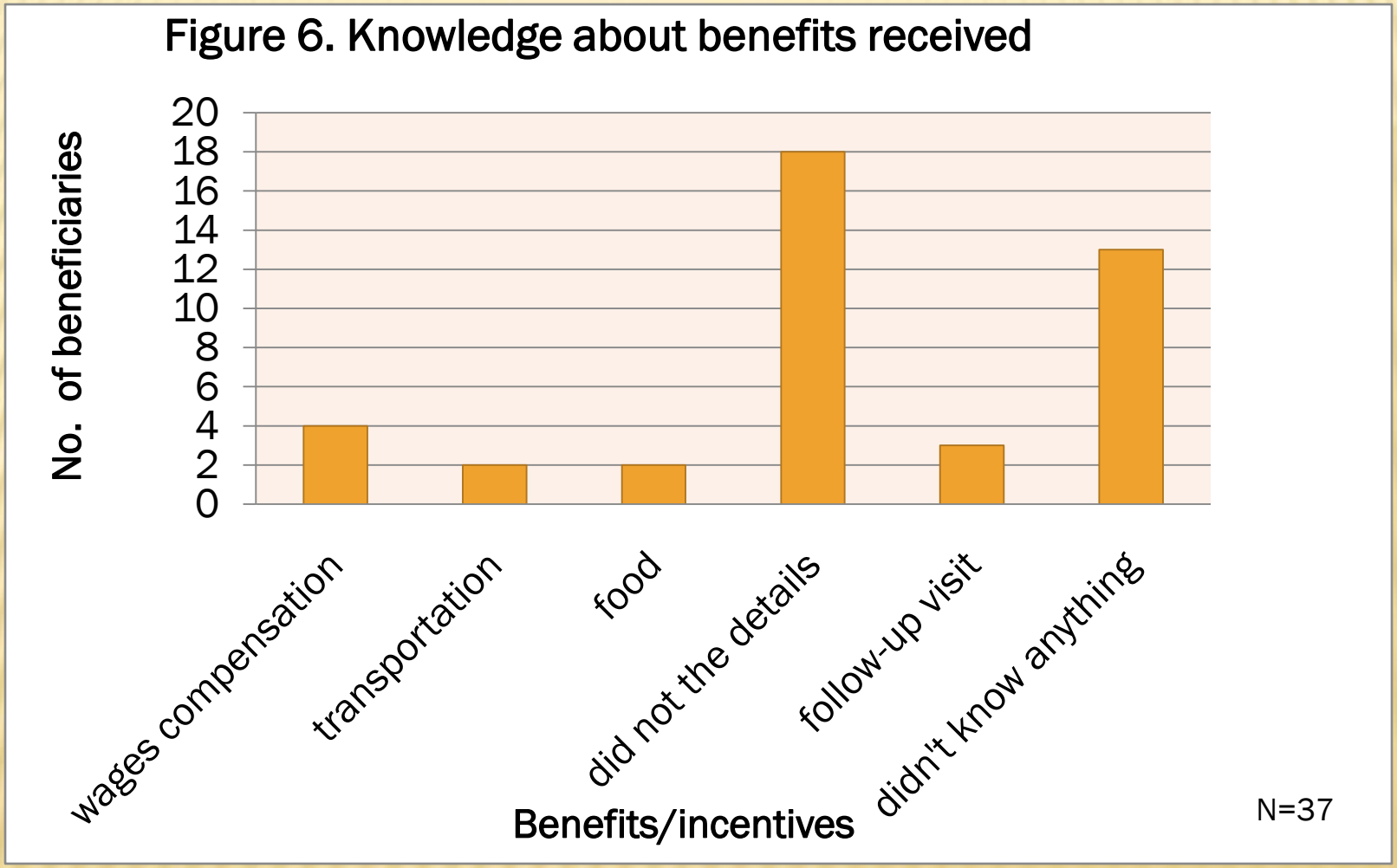


Place Of Stay During Treatment:

Table 2. STAY AT NIGHT	
CMTC	2
Home	33
Relative	2
Total	37

Major Reasons Cited Were:
< Objection From Family(19)
< Other Children At Home To Be Taken Care Of(6)
< No Information/Counseling Done From AWW/CMTC(6)

Knowledge About Benefits Received



* Multiple response allowed; each benefit/incentive assessed w.r.t. "N"

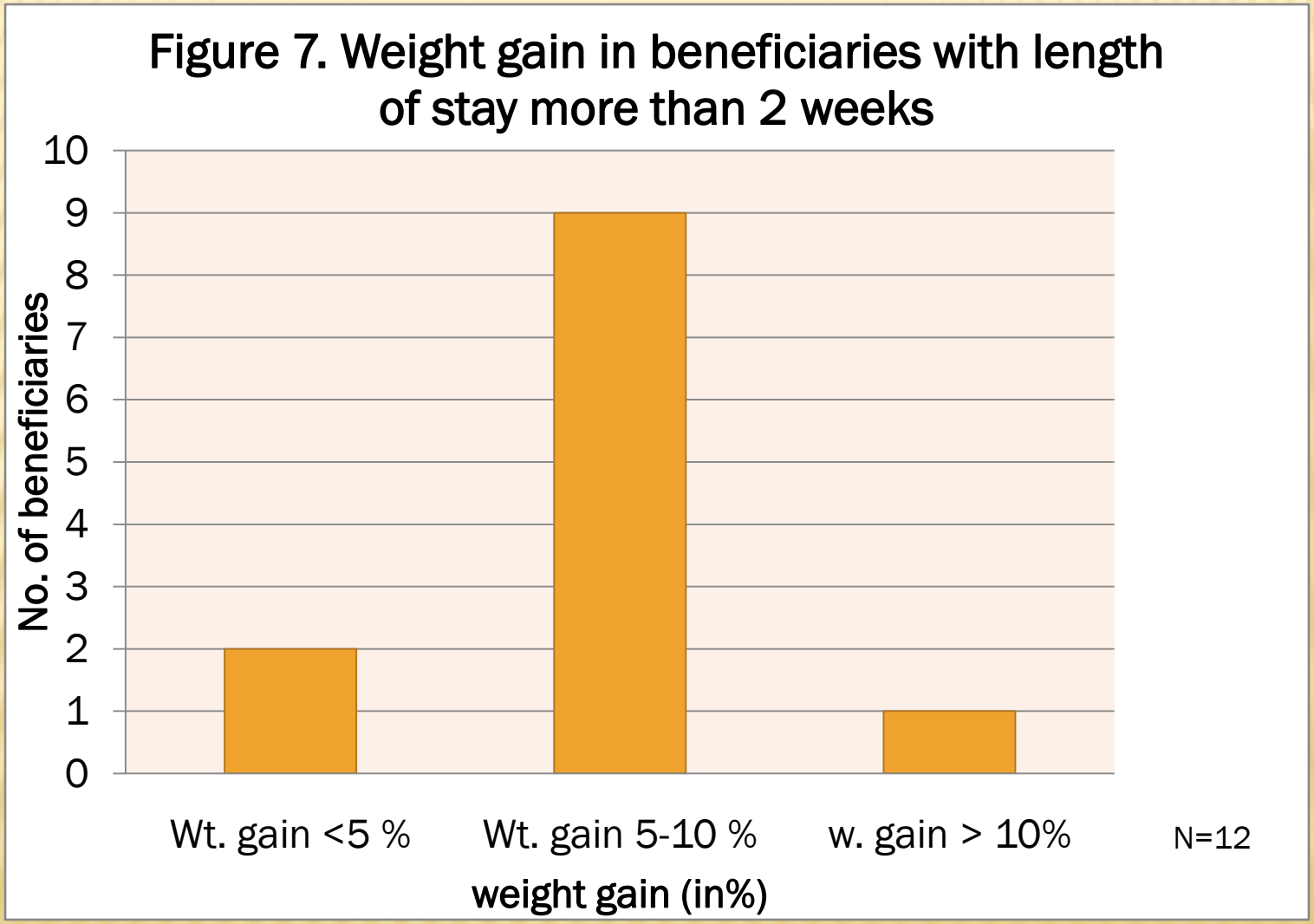
- **Knowledge about follow-up visits:**

Table 3. Knowledge about follow-up visits		
Sr. No.	Follow up visits recommended	Respondents/mothers
1	4 visits fortnightly	24
2	Did not know	8
3	Other responses(2-3 times)	3
4	not told so far	2
	Total	N=37

- **Problem faced at CMTC:**

Doctor did not come for check-up, particularly in CMTC Mota Akadiya and Liliya

Weight Gain In Beneficiaries With Length Of Stay More Than 2 Weeks



- **Discharged beneficiaries**:
- **Demographic Profile**:
- **Age**: ranged from 1 year to 5 years with mean age of 2.58 years.
- **Sex**: 23 were male and 19 were female.

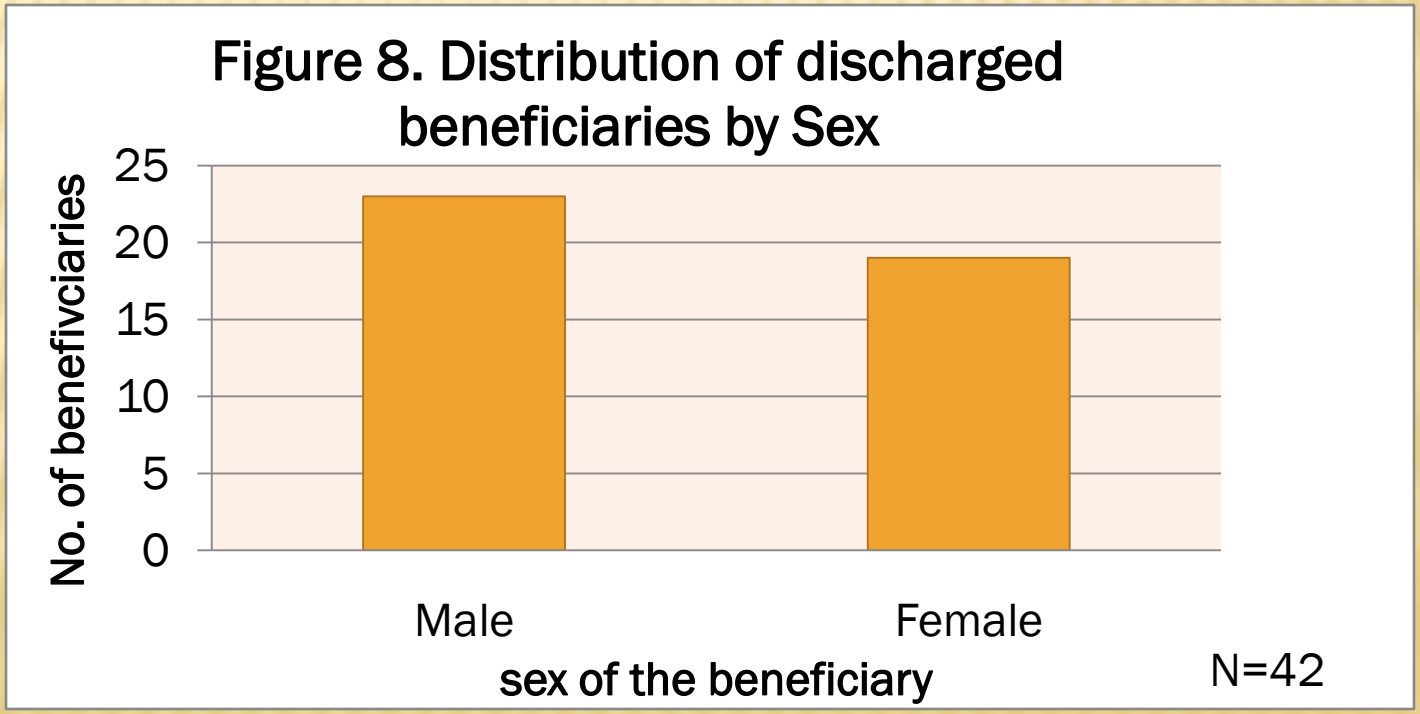
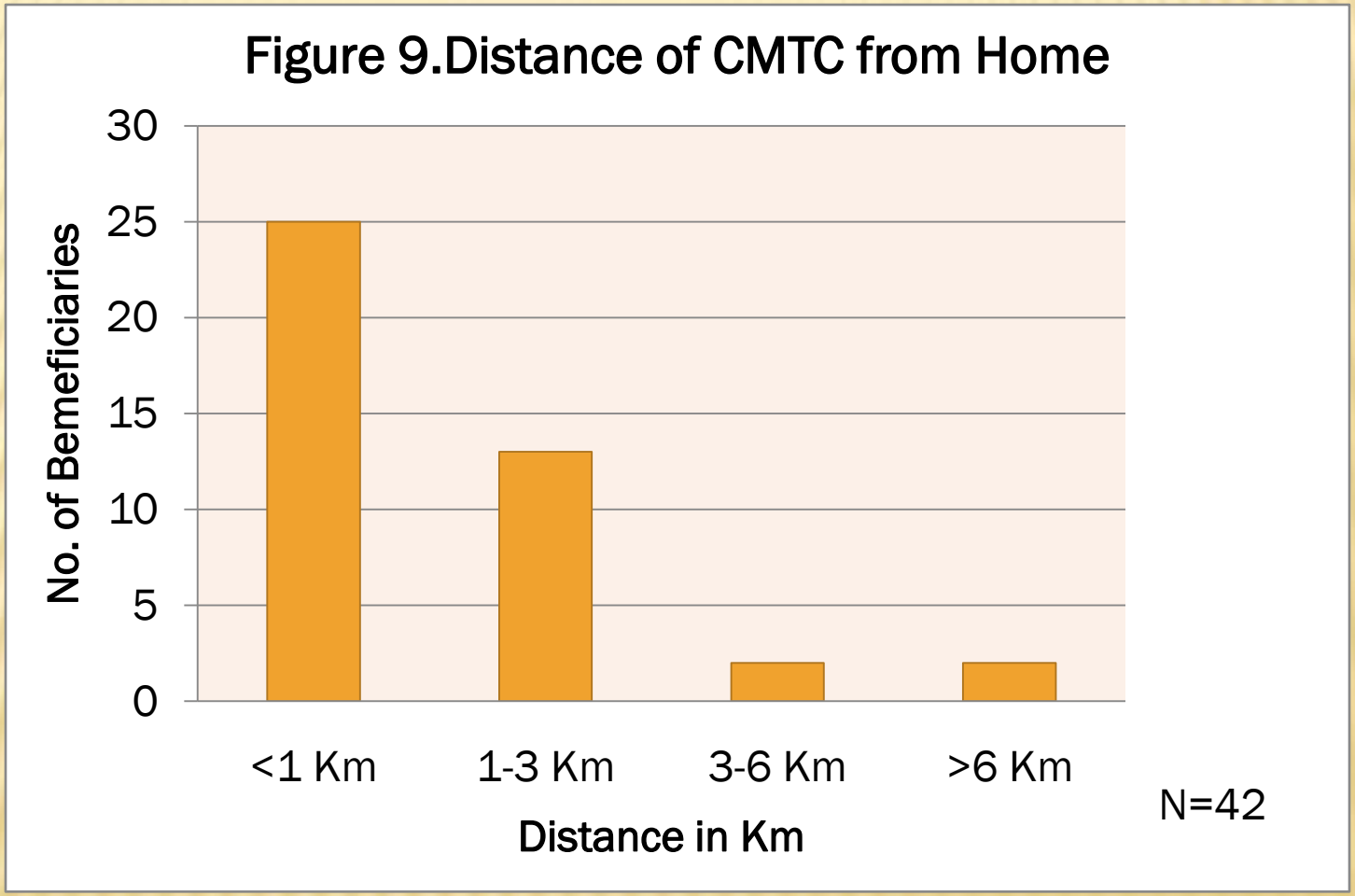


	Table 4. Distribution by religion		
Sr. No.	Category	number	Percentage (%)
1	Hindu	36	86
2	Muslim	6	14
	Total	42	100
	Distribution by Caste		
1	SC	9	21
2	ST	3	7
3	OBC	28	67
4	Others	2	5
	Total	42	100

❖Distance Of CMTC From Home:



Monthly Income Of Beneficiaries' Families:

Table 5. Monthly income of beneficiaries' families

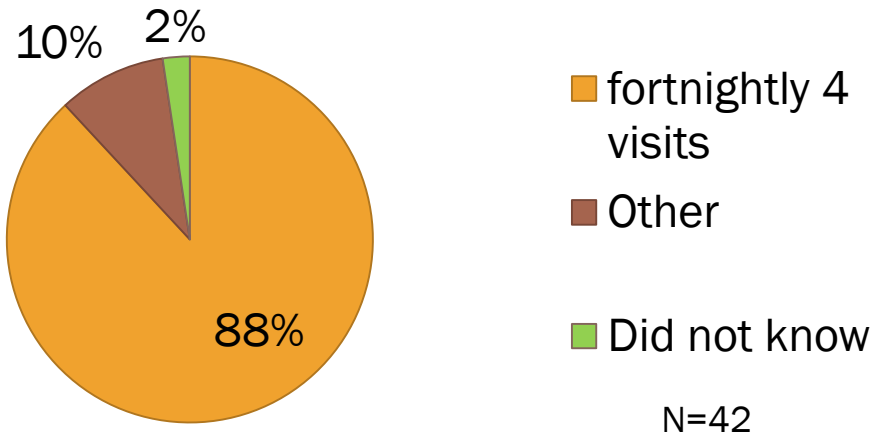
Sr. No.	Family Monthly income (In Rs.)	
1	< 3500	28
2	3500-6000	13
3	> 6000	1
	Total	42

- Referral agent: seventy-six percent discharged children referred by Anganwadi worker.
- Remaining 24 percent were referred by either Medical Officer or ASHA.
- Reason for referral: Prime reason -underweight child (as told by 95 percent of the mothers)
- Ninety-eight percent (N=42) were accompanied by Anganwadi worker at the time of admission in CMTC.

- **Place of stay:** Only three beneficiaries stayed back at CMTC during night. Rest used to come back home for various reason.

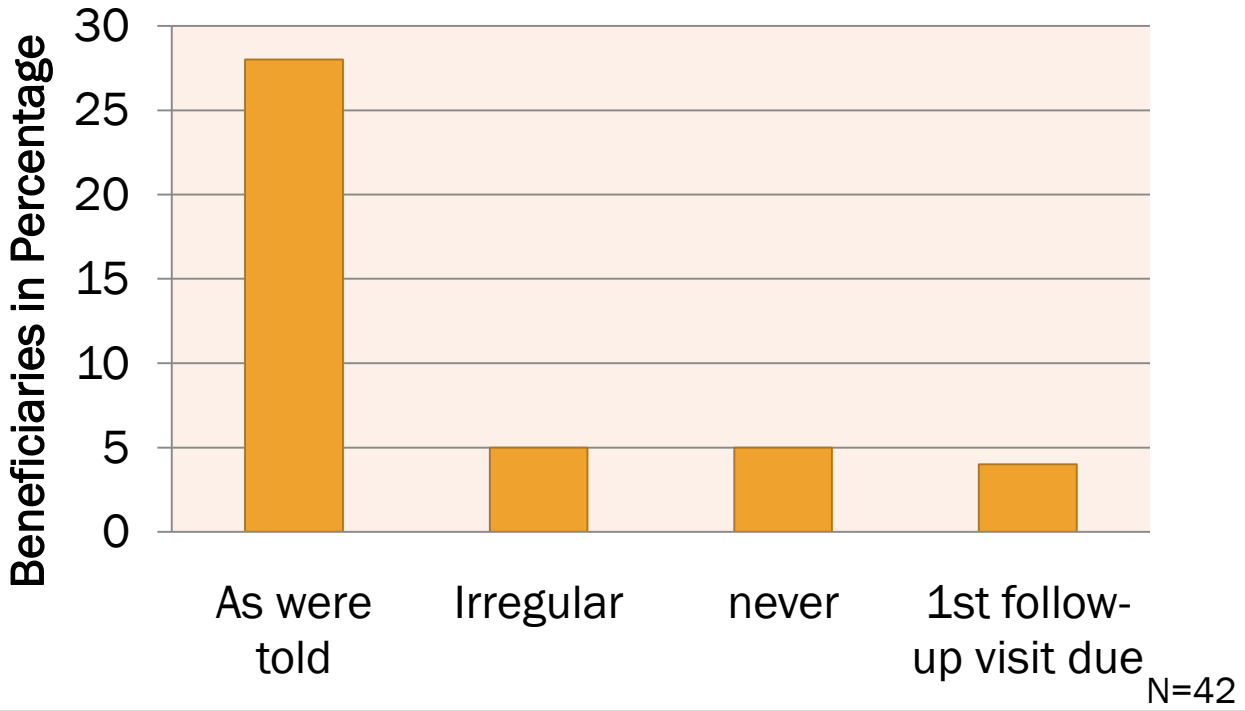
- **Reasons for not staying at CMTC during night:** various reasons cited by the respondents were:
  - Other children at home
  - Objection by family
  - Told by Hospital staff as an alternative
  - Not told by anyone to stay

Figure 10. Knowledge about recommended follow-up visits

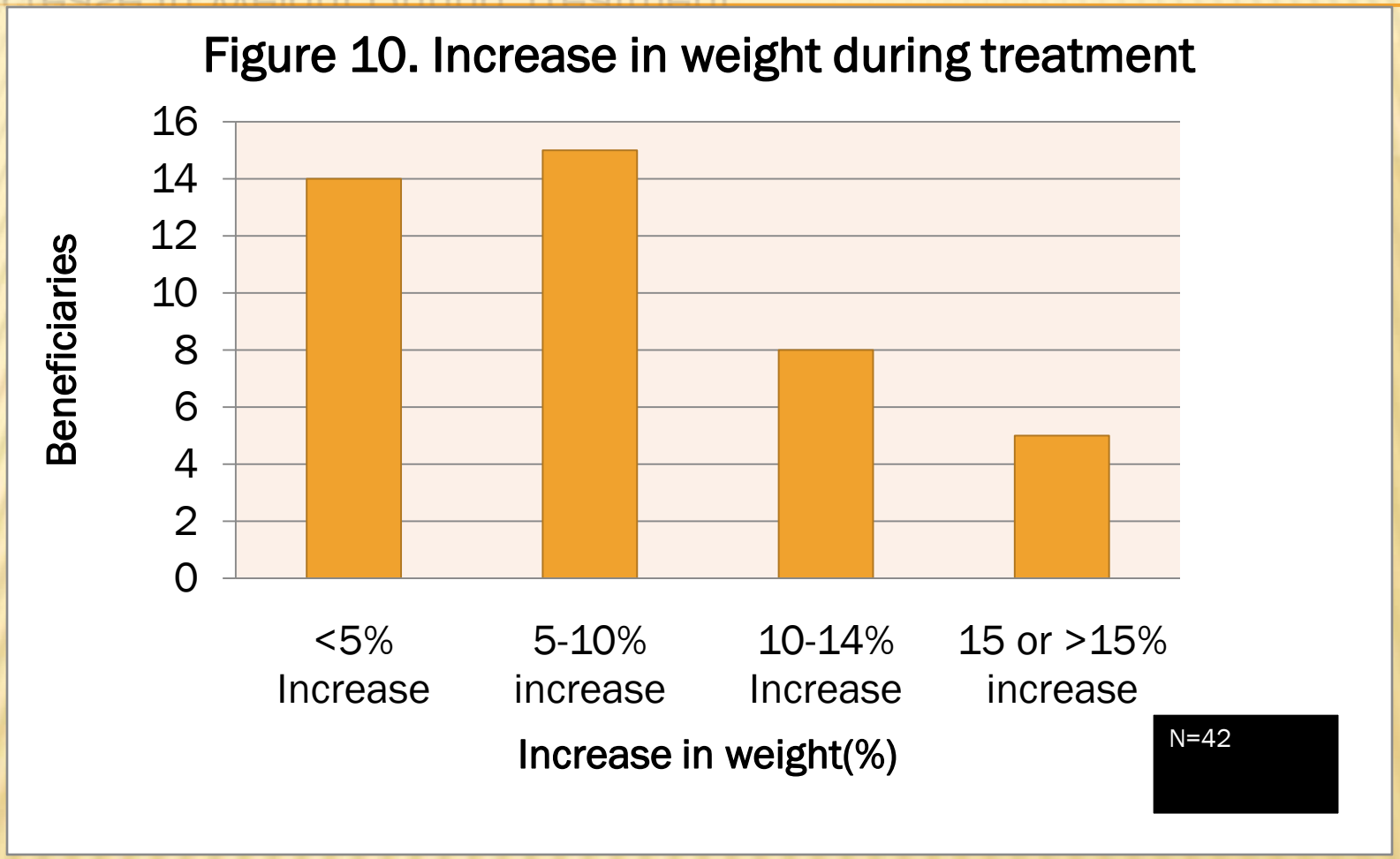


Knowledge about recommended follow-up visits		
Sr. No	Response	No. of Respondents
1	Fortnightly 4 visits	37
2	Other	4
3	Did not know	1
	Total	42

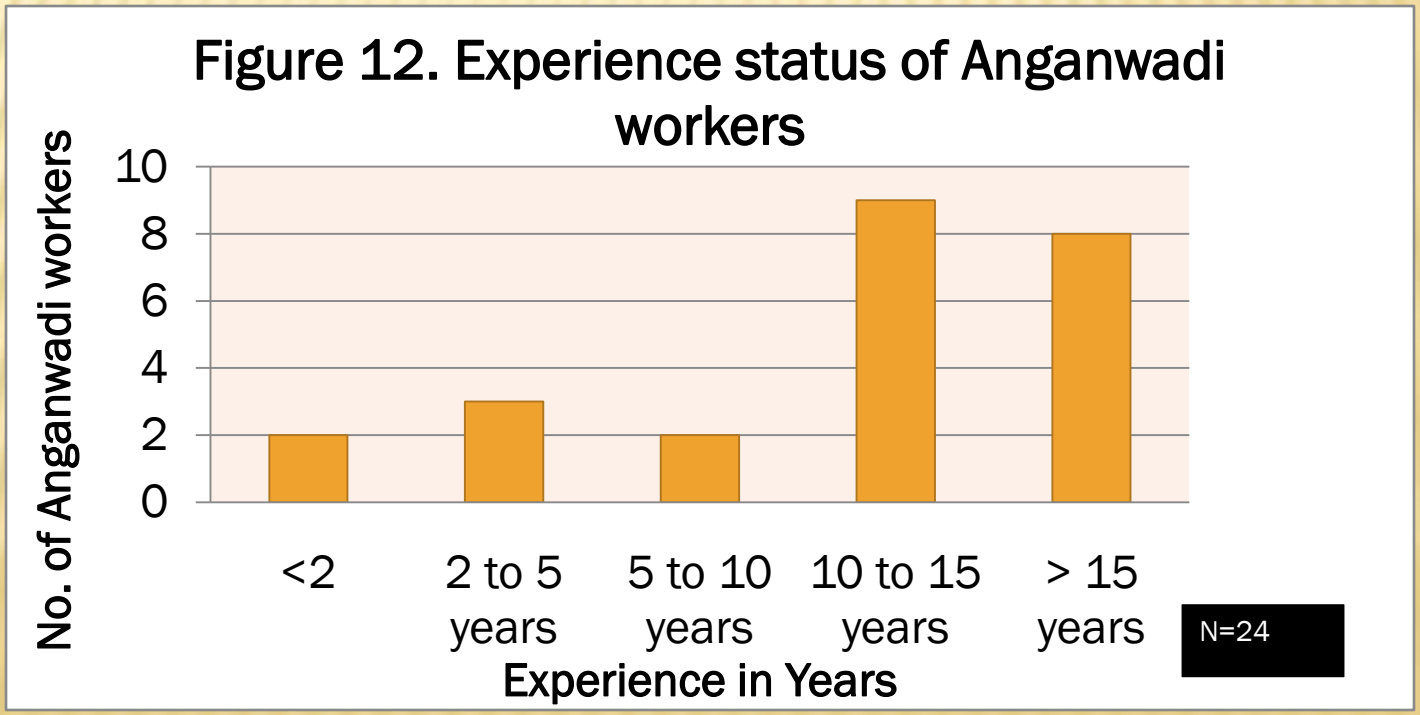
Figure 11. Follow-up visits done



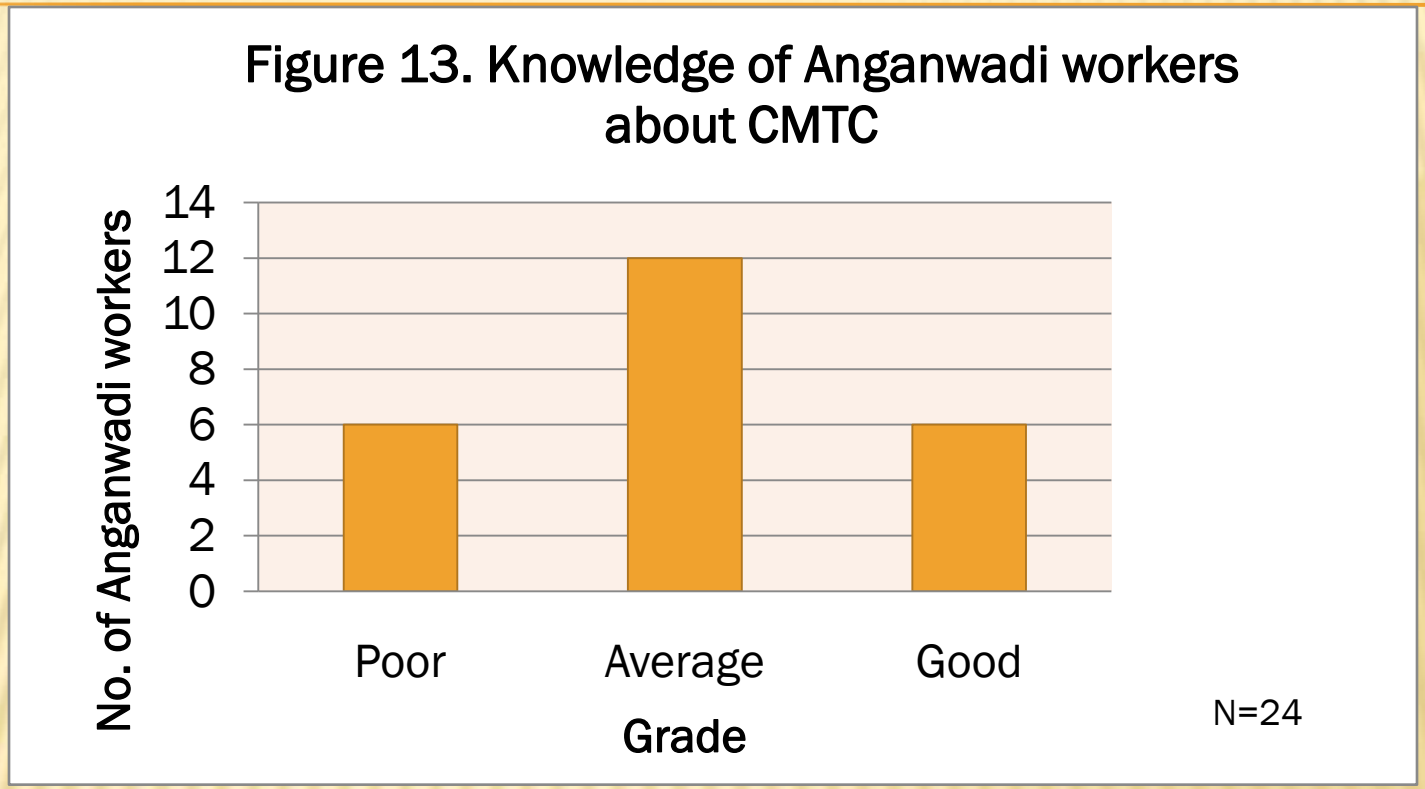
Increase In Weight During Treatment



- **Anganwadi workers**:
- **Demographic Profile:**
- **Age:** Age of the AWWs interviewed ranged from 30 years to 56 years with mean age as 43 years.
- **Marital status**: 22 workers were married and two were widowed.
- **Experience:**



Knowledge Of Anganwadi Workers About CMTC



Grading criteria:

- Good- above 70%
- Average-50% to 69%
- Poor- below 50%

Problems cited:

- Resistance from the community
- Migration of the targeted population

- **Child Malnourishment Treatment Centers:**
  - **Basic equipments and facilities**
  - **Human resource**
  - **Accessibility**

SUGGESTIONS

- Improving quality of nutrition and health education at field level through home-visits and monitoring
- Making efforts to convince beneficiaries to stay back at CMTC (by improving facilities at CMTC, making them children-friendly)
- Re-starting INCC at primary level
- Filling vacant positions
- Improving tracking of children through home-visits and coordination with CMTC to track defaulter/drop-outs.

LIMITATIONS:

- Study did not cover Defaulter/drop-out children
- Study did not include perspective of service provider(MO, SN, Nutrition assitant)
- Sample size was not large enough.
- Because of time-constraints and vacations of children, planned sample size was not covered

FURTHER SCOPE OF STUDY:

- Study must be extended to cover defaulter/Drop-out children
- Study can be extended to include perpective of other service providers

REFERENCES

1. *Gujarat Population Census data 2011. http://www.census2011.co.in/census/state/gujarat.html (accessed 10 April 2015).*
2. . *Human Development Report 2013. http://gujhd.gujarat.gov.in/images/human_development_report_2013.pdf (accessed accessed 10 April 2015).*
3. . *Combating malnutrition, our Mission-report by GAIN:Gujarat_ICDS_Project_Brochure_Gain_10Nov2009.pdf. http://www.gujaratcmfellowship.org/document/Women%20and%20Child%20Development/Gujarat_ICDS_Project_Brochure_Gain_10Nov2009.pdf (accessed accessed 10 April 2015).*
4. . *NFHS 3 report(2005-2006). http://www.rchiips.org/nfhs/nfhs3.shtml (accessed accessed 11 April 2015).*
5. . *16 Gujarat districts have 1.94 lakh malnourished children. http://www.dnaindia.com/ahmedabad/report-16-gujarat-districts-have-194-lakh-malnourished-children-1965548 (accessed accessed 11 April 2015).*
6. . *Mission Balam Sukham report. http://www.nrhm.gujarat.gov.in/mission-balam-sukham.htm (accessed accessed 11 April 2015).*
7. . *A list of next 150-day goals under Gatishil Gujarat mission of Gujarat government. http://deshgujarat.com/2014/10/08/a-list-of-next-150-day-goals-under-gatishil-gujarat-mission-of-gujarat-government/ (accessed accessed 11 April 2015).*
8. . *Gatisheel Gujarat MIS report- March 2015 / (accessed 10 April 2015)*

Thank you