Treatment of Malnutrition at Facility and Community level in National Health Mission, Rajasthan

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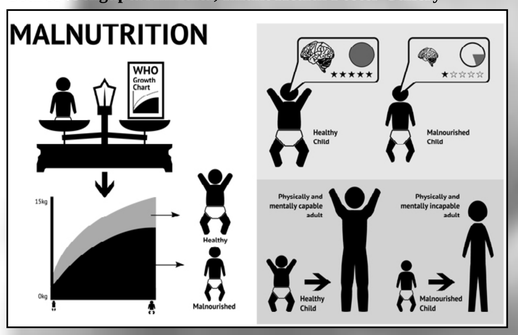
Introduction

- Underweight is becoming a leading cause of child Mortality and Morbidity. Underlying causes of malnutrition is Infections, Diarrhoea ,loss of appetite, vomiting ,lack of financial aid.
- Malnutrition is defined by very low weight-for-height/length (Z- score below -3SD of the median WHO child growth standards), a mid-upper arm circumference <115 mm, or by the presence of nutritional oedema.

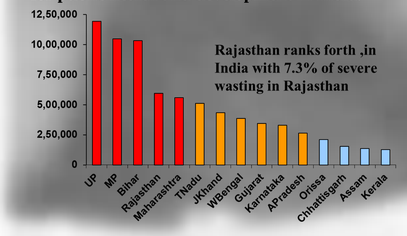
• Figure: Brain Development is slow in malnourished child in comparison to healthy child

Source :Sengupta Anindita, Infant Health Poster Gallery



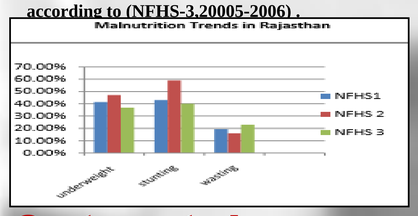
Malnutrition Status in India

- Childhood undernutrition is a concerning issue for public health and development in India.



Rajasthan ranks forth ,in India with 7.3% of severe wasting in Rajasthan

- Source :NFHS(2005-2006)
- In India out of Children under 6-59 Months ,6.4% children are Severe acute Malnourished according to (NFHS-3,20005-2006) .



System at place..

Governing Body (Govt.,UNICEF,GAIN,ACF)

Malnutrition
1.Malnutrition Treatment Centres(MTC)
2.Community Based Management of Acute malnutrition.

Service Provider (Doctors, Paramedical Staff, ASHAs and ANM)

(Beneficiaries) Malnourished Children

Research Methodology

•Study Design: Exploratory Study Design

•Study Location : Mandreyal Village Sub centre Sapotra block,. Karauli District , Rajasthan .

•Sample size: 20 Parents of enrolled children in CMAM programme,11 ASHAs (Poshan Praheri)

•Sampling Method: Non- Probability ,Convenience Sampling

•Sample selection criteria :

•Inclusion Criteria: 1 Mothers who were willing and available during the period of study .

•2.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 : Two months

Study Respondents: Parents of Enrolled Children in CMAM

Objectives

- To Assess the knowledge and Practice of Beneficiaries regarding Malnutrition and the Community based Management of Acute Malnutrition (CMAM) Programme.
- To analyse the knowledge and Practice of ASHA for CMAM programme.

Systems Understanding

- Case identification Active screening at village level by AWW/ASHA through house to house visit with MUAC tape for all children (6 – 59 months) and looking for presence/absence of bilateral pitting oedema

SAM: WFH < -3SD/ and /or severe visible wasting and / or bilateral pedal oedema and /or MUAC < 115 mm

No SAM: MUAC > 115; or WFH > -3 SD; and no bilateral pedal

Nutritional counselling to Mother/caregiver for adequate diet at home .

Medical complications

No Medical Complication

Referred to MTC(Malnutrition Treatment Centre)

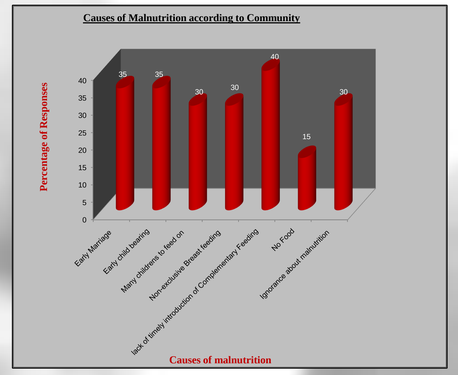
Community Based management of Acute Malnutrition (CMAM)

Both linked with AWC after Discharge

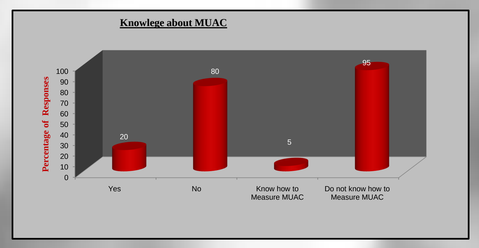
Results and Findings

On knowledge of Beneficiaries

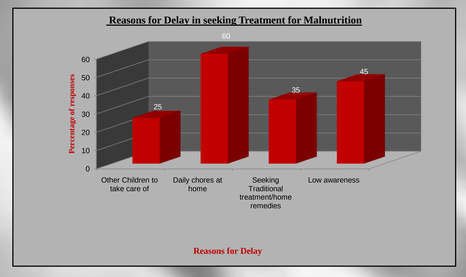
Causes of Malnutrition



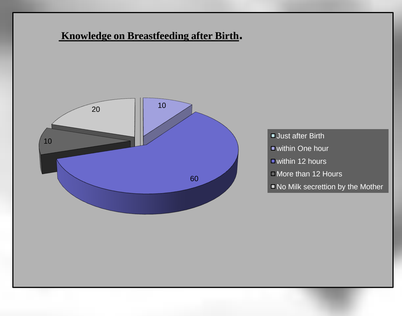
Knowledge on Mid upper arm Circumference (MUAC



Reasons for Delay in seeking Treatment for Malnutrition

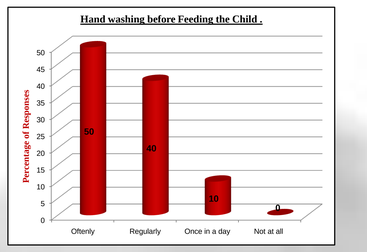


Knowledge on Breastfeeding after Birth



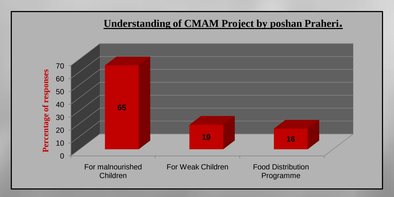
On Practice of Beneficiearies

Hand washing before Feeding the Child

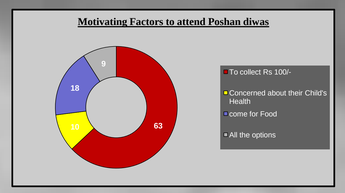


On Knowledge of ASHAs

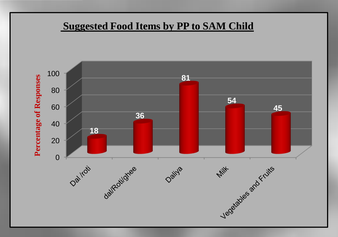
On Understanding of CMAM Project by Poshan Praheri



Motivating Factors to attend Poshan diwas

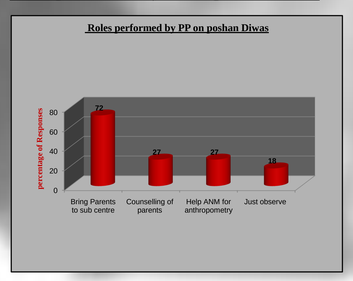


Suggested Food Items by Poshan praheri to SAM Child



Practices of ASHAs

•Roles performed by PP on poshan Diwas



Challenges

Mother's illiteracy: It has been observed that the mothers of the admitted children are illiterate and do not posses knowledge regarding malnutrition and its treatment nor do they know much about the condition or improvement in the health of their children.

Age of the mothers:
Early Child Bearing ,Average age was20 years.

Behavior of staff/doctors:
It was observed that doctors or staff doesn't give any importance towards the counselling of mothers regarding the care and feeding practices of children.

Suggestions

On the project work:
1 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
2.ASHAs can exclusively use the Poshan Diwas waiting time of Parents to counsel them on their Child's Health as to avoid relapse cases, which will save their time for Home visits too in Hot summers.

On understanding at State Level
1.Strengthen Community Mobilisation
2.Management Information system

A Healthy woman gives Birth to a Healthy Child.