CHAPTER: 02

UTILIZATION OF CHILD MALNOURISHMENT TREATMENT CENTERS (CMTCs) IN DISTRICT AMRELI, GUJARAT

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INTRODUCTION

Gujarat is the 10th largest state of India with more than 60.3 million people [1]. It is an economically prosperous state. State domestic product per capita is 5th in India (Reserve Bank of India, 2012). However, despite excellent economic growth, the state lags behind in various human development indicators [2]. Gujarat is the 4th worst performing major state for under nutrition in India as per NFHS III. Underweight prevalence in the state has reduced only by one percent from 42% in 98-99 to 41% in 05-06. This picture is further complicated by a high prevalence of malnutrition among non-poor people (30% in the wealthiest quintile group) and a skewed distribution of under nutrition among boys (47%) compared to girls (42%). Since its inception on October 2, 1975, Integrated Child Development Services Scheme (ICDS) is striving hard to combat malnutrition in India [3]. With the introduction of new services like Child Malnutrition Treatment Centres (CMTCs) and Nutrition Rehabilitation Centres (NRCs) in coordination with other sector like the Ministry of Health and Family welfare it is intended towards fighting against malnutrition with full Vigor. But utilization of these very services is strikingly varying in different parts of the country. The variations are noticeable between states as well as within the states. In the Gujarat district of Amreli, there are 14 operational Child Malnutrition Treatment Centers (CMTCs). However, the effectiveness of these facilities in treating severe acute malnourished (SAM) children is significantly lower compared to other districts. Referrals from Anganwadi centers (AWCs) and other facilities are minimal. Specifically, the utilization of Child Malnutrition Treatment Centers (CMTCs) in the Amreli district of Gujarat is observed to be lower when compared to the performance of other districts.

RESEARCH QUESTION

1. What was the utilization pattern of CMTC services in district Amreli? What factors affect the utilization pattern?

RESEARCH OBJECTIVES

1. To understand the utilization pattern of CMTC services in district Amreli
2. To understand beneficiary perspective
3. To understand frontline worker (AWW) perspective
4. To assess current status of CMTCs in terms of equipment, facilities and human resource and to identify loopholes at facility level (CMTC)
5. To devise suggestions for betterment of service delivery

RESEARCH METHODOLOGY

The research was a cross-sectional, descriptive study carried out for a duration of two months. The participants in the study included mothers of CMTC beneficiaries (both admitted and discharged) and the CMTCs themselves. Pre-tested instruments employed in the study consisted of an interview schedule for mothers of beneficiaries and a checklist for CMTCs.

RESULTS & DISCUSSION

The majority of beneficiaries admitted and discharged from the program were from low socioeconomic backgrounds and were referred to CMTC through Anganwadi centers by Anganwadi workers due to identification as malnourished (based on weight for age). While most mothers of beneficiaries expressed satisfaction with the services, they lacked awareness of incentives, and many children did not achieve the expected weight gain during their stay. Anganwadi workers exhibited a lack of knowledge about CMTC services and faced resistance from the community. Most CMTCs were equipped with measuring scales and kitchen tools but lacked essential amenities. Additionally, nutrition assistants were not available full-time and shared working hours between two CMTCs.

CONCLUSION

The study was primarily conducted to understand all supply and demand perspectives in relation to Child Malnutrition Treatment Centres (CMTCs). For the understanding of demand side, mothers of admitted and discharged beneficiaries and Anganwadi workers were interviewed through interview schedules. In order to evaluate supply side, CMTCs were observed against prepared checklists for basic amenities, equipment and human resources.

REFERENCES

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