

Chapter-12

SITUATION ASSESSMENT OF CHILD MALNUTRITION TREATMENT CENTERS IN 4 BLOCKS IN SURENDRANAGAR DISTRICT OF GUJARAT

¹Harshita Jain

¹Student, IIHMR University

²Dr. Anoop Khanna

²Professor, IIHMR University

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INTRODUCTION

Children suffering from Severe Acute Malnutrition (SAM) face a significantly higher risk of mortality, ranging from 5 to 20 times more than well-nourished children. However, with appropriate nutritional and clinical interventions, a substantial number of deaths resulting from severe wasting can be averted [1].

The management of malnutrition in children involves two approaches: Home or Community-Based management and Inpatient or Facility-Based management. The Gujarat model of Malnutrition management has embraced a 3-tier approach [2].

The Child Malnutrition Treatment Centre, also known as Bal Sew Kendra, represents the second tier of malnutrition management, delivering care at the sub-district or block level health centers. Children diagnosed with SAM, Severe Underweight (SUW), and serious growth faltering, accompanied by conditions such as infection, loss of appetite, or bilateral pitting edema on legs, qualify as beneficiaries of Bal Sewa Kendra. They undergo treatment as inpatients for a minimum of 21 days. This strategy is an adoption that deviates from the guidelines provided by the Government of India for institutional management, which primarily focuses on SAM children.

RESEARCH OBJECTIVES

1. To evaluate the presence of services at CMTCs in Surendranagar District concerning infrastructure, human resources, and equipment, in alignment with the operational guidelines.
2. To investigate output indicators for evaluating the effectiveness of Community Nutrition and Treatment Centers (CMTCs) in improving the nutritional condition of admitted children.
3. To assess the operations of CMTC treatment centers across four blocks.
4. To identify deficiencies and propose key interventions to address the identified gaps in the facilities.

RESEARCH METHODOLOGY

This study employed a descriptive cross-sectional design, analyzing data gathered from either the entire population or a representative subset at a particular moment, referred to as cross-sectional data. The research, conducted over a three-month period, utilized a facility-based cross-sectional approach at four Community-based Management of Acute Malnutrition Treatment Centers (CMTCs) situated in the Surendranagar district of Gujarat. The evaluation of infrastructure, human resources, and equipment was conducted using structured checklists developed in accordance with established guidelines. The data of children admitted from February to April 2018 were analyzed to assess their nutritional status at the time of discharge and after three follow-up visits. The filled interview schedules and records were checked for completeness, and the analysis was performed using MS Excel.

RESULTS & DISCUSSION

There were notable discrepancies in feeding protocols across all CMTCs, with the guidelines not being consistently followed, resulting in varying practices at different locations. Additionally, instances of multivitamin stockouts due to expiry dates were observed in CMTCs Chuda and Lakhtar. In CMTCs operated under Gatisheel Gujarat (Chuda, Lakhtar), beneficiary payments were irregularly processed. On a positive note, most health centers had Informational and Educational Communication (IEC) material displayed for handwashing stations. However, it is noteworthy that good cleanliness and hygiene standards were maintained at all CMTCs, except for Lakhtar.

CONCLUSION

The examination and results suggest a suboptimal utilization of services at CMTC centers, with inconsistent adherence to recommended practices. Moreover, an ongoing challenge is observed in the form of a defaulter rate, attributed to inadequate awareness about the program. These findings underscore the need for targeted interventions to enhance service utilization, promote consistent adherence to recommended

practices, and address awareness gaps to mitigate default rates among the target population.

REFERENCES

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