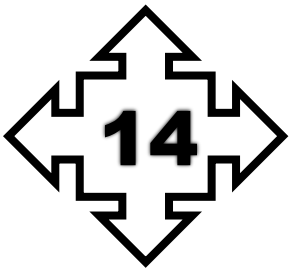

TO ASSESS THE FUNCTIONING OF CMAM PROGRAM THROUGH KAP STUDY ANALYSIS IN SURENDRANAGAR DISTRICT

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INTRODUCTION

Malnutrition, a notable public health and nutrition concern prevalent in many developing nations, stems from diverse social and economic factors such as limited education, insufficient healthcare services, and culturally embedded practices. As per the NFHS-4 report, around 36 percent of children in India are reported to be underweight, 38.4 percent are stunted, and 21 percent are wasted. This surpasses the average for developing countries, which stands at 27 percent. According to the World Health Organization (WHO), around fifty percent of infant and child deaths are potentially linked to malnutrition [1].

When considering undernutrition in children under the age of five, it is associated with elevated rates of mortality and morbidity, representing a fundamental concern for nearly one-third to half of all children under five who succumb to preventable causes each year. A substantial number of these deaths are attributed to severe undernourishment. There is ample evidence indicating that a significant proportion of children suffering from Severe Acute Malnutrition (SAM), especially those without medical complications (85 – 90% of all SAM children), can be effectively treated within their communities without requiring admission to a healthcare facility. Children treated at specific units within healthcare facilities also need to be monitored in their homes and communities after being cleared for ongoing care and support, aiming to prevent relapse. Hence, there is a need for a community-based program that complements and aligns with facility-based interventions, operating concurrently [2,3].

RESEARCH QUESTIONS

What was the current level of knowledge and practices among ASHA workers and beneficiaries concerning the CMAM program in the Surendranagar district of Gujarat?

RESEARCH OBJECTIVES

1. To evaluate the knowledge and practices of parents regarding Malnutrition and the CMAM Programme.

2. To assess the knowledge and practices of ASHA workers regarding the CMAM Project.
3. To examine the Secondary Data to determine the extent of outcomes from the CMAM program.

RESEARCH METHODOLOGY

The research employed Quantitative Design, specifically employing an observational cross-sectional study. The study was conducted in the villages of Khodu, Nagara, Katuda, Prangadh, Dedadara, and Kharva, situated within the Wadhwan block of the Surendranagar district. The sample size consisted of 20 parents with children enrolled in the CMAM program and 30 ASHAs, and the chosen sampling method was Non-Probability Convenience Sampling. The study duration extended over three months. The primary respondents were parents of children enrolled in the CMAM program and ASHA workers operating in the specified area. A Rapid Situational analysis tool was devised for ASHA workers and parents of SAM children enrolled, conducted in their home settings. The questions posed were close ended, aiming to ascertain whether the target population fell within specific response ranges, with the intention of identifying potential reasons. Data interpretation involved coding in MS-Excel.

RESULTS & DISCUSSION

Discrepancies in knowledge about the CMAM program were identified among ASHA workers and beneficiaries. The primary reason for treatment delays was attributed to low awareness, accounting for approximately 60% of cases. Only 60% of ASHA workers demonstrated knowledge about how to measure MUAC. Positive responses regarding health improvement in their children were provided by 65% of parents. ASHA counseling was reported by 70% of parents.

CONCLUSION

The study aimed to evaluate the overall functionality and effectiveness of the CMAM program in enhancing the health status of

SAM children. The results and discussion underscore the insufficient awareness about the issue and suboptimal resource utilization. Knowledge gaps among ASHA workers pose a significant concern. Additionally, the prescribed practices were not consistently adhered to, contributing to a notable dropout rate attributed to low awareness.

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