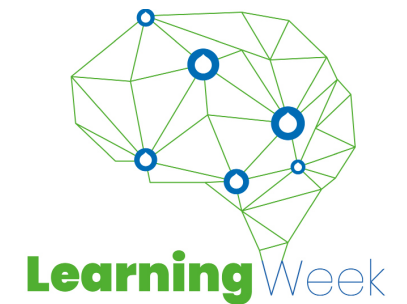


INSTITUTIONALISING QUALITY OF CARE IN INPATIENT FACILITIES FOR THE MANAGEMENT OF SAM IN INDIA

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SUMMARY

In Rajasthan, North India, 20.4% of children under 5 years old are wasted and 7.3% are severely wasted. Wasting is particularly bad in the tribal Bahran region.

To tackle this, the government set up integrated malnutrition treatment centres, where children with severe acute malnutrition (SAM children) can be referred for a required inpatient stay of 14 days or more. However, most caregivers, especially mothers, find it challenging to be away from home for over two weeks. This means they often refuse to be admitted or leave the centre abruptly against medical advice.

CHALLENGE

Despite the best efforts of Action Against Hunger and the Indian government, the proportion of children completing the treatment is low, as is the rate of follow-up after children have been discharged: for the first follow-up session, the rate is below 50%, and drops at each subsequent session.

To address this Action Against Hunger carried out a qualitative assessment of Malnutrition Treatment Centre services in the district, which subsequently informed a series of pilot interventions involving training, building counselling capacity and infrastructure development in target centres.

SOLUTION

A qualitative survey was undertaken to assess the perceptions of and barriers to the access of malnutrition treatment centre services. In-depth interviews were carried out with caregivers and frontline workers, and the skills of treatment centre staff and quality of infrastructure were assessed.

Key barriers identified included:

1. resistance from husbands and family members to mothers and children staying in the treatment centre,
2. caregivers feeling intimidated by the hospital setting, and
3. caregivers finding it difficult to stay alone at treatment centres without their husbands or family members accompanying them.

Many caregivers also complained that they feel bored in the centres, because they have nothing to do. These issues were aggravated by inadequate living conditions at the centres and the negative behaviour of some treatment centre staff, which damaged parental trust and perceptions of the quality of public health services.

Based on the findings of this assessment, a three-pronged programme was devised, to improve community demand and the quality of services provided by nine malnutrition treatment centres in the area. This involved:

1. training treatment centre staff in inpatient management of severe acute malnutrition in all nine centres;
2. appointing and training treatment centre counsellors from local communities in five selected centres (those with the highest caseloads and referrals) to provide caregivers with quality care and supportive counselling; and
3. key infrastructure developments in four centres where existing infrastructure was particularly poor, to improve the living conditions for caregivers and patients, and the general environment.

LEARNING

This multi-pronged approach had very positive results. Improvements in the overall management of malnutrition treatment centres and monitoring were observed. The percentage of cases attending all four post-discharge follow-up sessions increased in all malnutrition treatment centres assessed.

The role of counsellors seemed to be especially important. To optimise their stay at the centre, counsellors worked with caregivers to understand their challenges from a psychosocial perspective, provide emotional support, and empower them to care for their own and their child's nutrition and psychological needs.

Treatment outcomes improved for the 1,014 children treated between 2016 and 2018 in the five counsellor-intervention malnutrition treatment centres. During the two-week inpatient treatment programme, SAM children's anthropometric growth indicators improved significantly. There was also a 22% reduction in cases where caregivers left treatment centres against medical advice, indicating an improvement in caregiver compliance to treatment protocol due to enhanced quality of care.

Counsellors reported positive outcomes in response to child development support provided to caregivers and children at each facility. This included both caregivers and children engaging and responding positively to baby massage, bathing, play sessions and educational video sessions.

Programming experience shows that outcomes for non-counsellor malnutrition treatment centres remain less favourable. This reflects a strong need to reinforce post-discharge follow-ups and improve the length of stay of caregivers. While Action Against Hunger has been building the capacities of treatment centre staff in captivating caregivers during their stay at malnutrition treatment centres, regular staff are already burdened with the record-keeping and day-to-day management of SAM cases, making it difficult to effectively and efficiently deliver all components of a comprehensive service. This experience reinforces the necessity of securing staff who can exclusively deliver on family counselling and related follow-up.