NEWS SITES
Sign in/Sign up
Follow us:

ET Healthworld.com
From The Economic Times

In absence of national guidelines there is no dedicated programme or budget for Community Based Management of Acute Malnutrition (CMAM): Dr A K Rawat

There is lack of clarity on how to manage the children after identification. There is no specific mechanism in place including, supply chain, monitoring and supervision, reporting mechanism, role clarity of different functionaries and logistics etc. for implementing the programme in the states.

Shahid Akhter • ETHealthWorld • August 20, 2021, 07:34 IST

Shahid Akhter, editor, ETHealthworld spoke to **Dr A K Rawat**, National Technical Expert, NCoE SAM Management, to know about the challenges associated with community-based program for management of malnourishment among children.

Your views on the expected rise in wasting numbers in India due to Covid 19 in the last 14-15 months?
Covid-19 is likely to have a significant impact on wasting in children and since the pandemic is still raging it will take some time for experts to be able to gather data and accurately estimate the increase in number of wasted children and associated deaths due to Covid- 19. The pandemic has resulted in reduced family income, overburdening of health services, and hampering of routine health services like

Immunisation Program, Nutrition Rehabilitation Centres, Anganwadi services, public distribution system, school meal program and other similar services. In addition to the above, the pandemic has also caused disruption to agricultural production, market linkages, and seasonal labour movements which have contributed to increase in food prices thereby making nutritious food even more expensive for those most at risk of micronutrient deficiencies and under nutrition. As wasting is associated with all these factors, its prevalence is likely to increase significantly.

Considering the high numbers of wasted children, in your opinion, how relevant is community-based management of SAM?
Community based program always has significant relevance whether during the current pandemic and otherwise. It is a common experience of all that facility-based programs have certain limitations, as it is not accessible to all children and does not have the capacity to cater to all wasted children at the same time. Further, it is also difficult for parents to admit their children for 10 to 14 days for in patient care.

Due to Covid-19 pandemic families may be reluctant to travel distances to avail in patient care for their children. Frequenting a Nutrition Rehabilitation Centre by family members can expose them to Covid-19 infection which could in certain cases also result in loss of life. This would in turn significantly affect family income and cause added pressure as the family members also need to take care of their other children and manage their household and livelihood works. It is imperative to highlight that all children do not need facility-based treatment since nearly 85% to 90% of severely wasted children can be effectively managed in the community-based program. Therefore, for all the above reasons, community programs are the need of the hour and will help provide comprehensive care to SAM children without delay.

Over the years many Indian states have piloted Community Based Management of Acute Malnutrition (CMAM) approach. Despite encouraging results, the states could not scale it up. What could be the probable

reasons?
Many states are implementing the CMAM program and increasing its coverage as they have realised its value. The training of service providers and strategy to treat are gradually expanding and I hope that in near future and with more evidence, the CMAM will cover all wasted children below 5 years of age. States have been reluctant because in absence of national guidelines there is no dedicated programme and budget for CMAM. There is no specific mechanism in place including, supply chain, monitoring and supervision, reporting mechanism, role clarity of different functionaries and logistics etc. for implementing the programme in the states. There is also a lack of clarity on how to manage the children after identification. Additionally, there is a lack of clarity on what food item, medicines and supplements need to be provided to children with uncomplicated SAM.

What are the existing policy gaps in scaling up community-based program for management of malnourishment in general and SAM in particular?
Main gaps are logistics, training of service providers, national guidelines for CMAM and a uniform treatment protocol. Many states have gone ahead with CMAM approach using different treatment protocols and the need for standardised protocol is felt. There is no doubt that national guidelines will bring uniformity, build confidence of service providers, will also have greater acceptability and community participation. I believe many steps have been taken in this direction and there is enough scientific evidence in favour of CMAM program and I hope these guidelines will be released soon.

According to Lancet an increase is expected in childhood wasting accounting for 18-23% additional child deaths in low- and middle-income countries. What steps should be taken to prevent these child deaths?
First and foremost, a country wide CMAM program should be implemented with the aim to prevent the ill effects of the Covid-19 pandemic. Secondly, focus should be on sustaining routine health and nutrition care services e.g., immunisation, care during illnesses (diarrhoea, pneumonia, febrile illnesses), growth monitoring, mid-day meal schemes etc. Thirdly, efforts need to be made to increase awareness and motivate communities to avail maximum benefits of existing health and other social services such as food security program, school meal program, supplementary nutrition program at AWC etc. Apart from these direct measures, indirect measures like providing livelihood opportunities and financial support by expanding coverage of rural employment guarantee programme, direct benefit transfer schemes can help improve the financial condition of families and will also go a long way preventing child deaths.

Follow and connect with us on Twitter, Facebook, Linkedin