

EXECUTIVE SUMMARY

Introduction: To address the challenges of malnutrition and treat SAM children, the country has set up Nutritional Rehabilitation Centers (NRC) and there are 896 NRCs functional in 25 States/Union Territories under the National Health Mission. In Karnataka, 32 NRCs are functioning across 30 Districts. This study was undertaken to evaluate the functioning of NRCs in Karnataka; in treating of SAM children, utilization/satisfaction of services, impact of the program on nutritional status of SAM children and household feeding practices.

Methodology: This study was undertaken in 08 Districts across 04 divisions in Karnataka. A total of 11 NRCs was included from 08 Districts. The study was conducted with mixed methodology, including: Review of Nutrition Policy, Review of published literature on NRCs, Secondary data review of records at NRCs, Facility mapping of all 11 NRCs were undertaken, and primary data was collected from beneficiaries who have availed NRC services. A sample size of 567 was estimated for the study. Sample was distributed proportionately across the Districts and years 2015-16, 2016-17 and 2017-18. With a response rate of 94.17%, 534 beneficiaries participated in the study, & Qualitative in – depth interviews and FGD's with various stakeholders of NRCs were conducted.

Major Findings:

- Karnataka is yet to enact its State Nutrition policy for prevention and management of SAM children in the State.
- The study results indicate that sizeable proportion of the children treated at NRCs continue to be malnourished. 35.4% of children who were treated at NRCs have achieved normal weight; however large proportion of children who were admitted and discharged from NRCs are still underweight for their age (64.6%). Majority of the children come from poor socio-economic background and 40.1% of the SAM children admitted to NRCs were of SC/ST category. There is an opportunity to sensitize mothers and caregivers on good practices in home care using audio-visual aids for sustaining good feeding and WASH practices.
- Study of satisfaction level of beneficiaries showed that majority of beneficiaries are satisfied (92.5%) with the services offered at NRCs and they are more likely to

recommend others for utilization of services. Undoubtedly, the interaction with beneficiaries, and key stakeholders revealed that NRCs have made an impact on improving the malnutrition status of those admitted.

- Utilization of NRC services varies across various districts of Karnataka with admissions rates being higher in the district of Raichur followed by Koppal and Bangalore districts. Average length of stay is less than 14 days in most of the NRCs (14 days of stay suggested as per NRC operational guidelines), most common reasons for seeking early discharge cited by beneficiaries were care of siblings of SAM children, loss of wages, etc. Documentation, reporting and monitoring is fairly good in most of the NRCs, however, Hubli NRC needs special attention. Facility mapping of NRCs indicated that cleanliness, hygiene practices, availability of medicines, consumables and kitchen supplies were adequate. Specific lacunae in this were reported. Vacancies of Medico-social workers in nine of eleven NRCs evaluated requires special attention.
- Stakeholder interviews and qualitative methods indicated that economic conditions, mothers returning to work after NRC stay and family responsibilities hinder the sustainability of feeding practices among beneficiaries. Low level of community support and awareness regarding the long-term ill effects of malnourishment among young children hinder care seeking.
- Literature evidences are suggestive of using AYUSH remedies for effective management of malnourished children.

Recommendations:

- State Nutrition Policy to be enacted as early as possible with due weightage on both prevention and management on the models of State Nutrition Policies of Haryana and Tamil Nadu. In the long run, high focus on shift from food security to nutrition security at household level need to be considered to address the problem of malnutrition.
- Communication strategies including mass communication (TV & Radio) need to be undertaken to improve community awareness and referrals of SAM children to NRCs. This would in turn improve the utilization of NRC services.
- Special focus on vulnerable communities (low social-economic background and SC/ST) to be given in the policy and programme implementation.

- Gaps in knowledge and skills among staff regarding NRC operations need to fill by regular training programmes at Belagavi division, Raichur and Kodagu NRCs which would enhance overall service delivery. Filling up of vacant positions, particularly of medico social workers could help strengthen forward linkages of NRCs with ANMs, AWCs, Schools, etc using trackers and alert messages consistently.
- Facilities could have provision to help mothers to take care of siblings of SAM children during their stay at the NRCs.
- Future research to focus on establishment of evidence and use of AYUSH remedies for management of SAM children.