Disparities in Severe Acute Malnutrition (SAM) case admission and annual case burden: Evidence from Nepal

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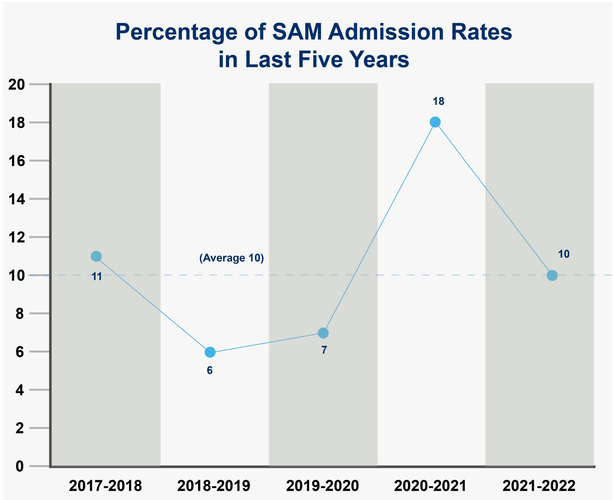
RATIONALE/ OBJETIVE

Government's service data suggests a wide gap in estimated annual case burden of SAM children and their admissions for treatment in Nepal. This study aims to identify the barriers for managing SAM cases from the perspectives of both service users and service providers.



METHODS/ ANALYSIS

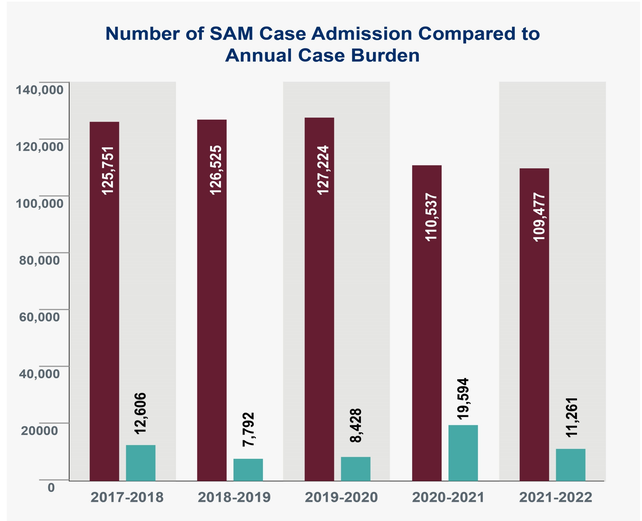
We used the Global Nutrition Cluster indirect estimation method to calculate annual case burden based on Health Management Information System (HMIS) target population for 6-59 months children. SAM case admission data was obtained from HMIS. Simple descriptive analysis was used to calculate the disparity. Quantitative findings were substantiated by a qualitative study with in-depth interviews of 37 participants from three districts in Nepal.

The participants included 23 caregivers of 6-59 months children, who were either receiving treatment, were discharged as cured or defaulted, and 14 healthcare professionals involved in delivering treatment services. NVivo V.12 was used to analyze the qualitative data

Barriers Shared by Health Service Providers	Barriers Shared by Caregivers of SAM Children
Lack of willingness to screen otherwise healthy children, among parents	Limited understanding of malnutrition
Limited screening by FCHVs due to large catchment area	Lack of family support
Limited human resources	Limited access to health facilities and transportation
No separate room for treatment	The heavy domestic workload of mothers
	Repeated health facility visits in order to receive RUTF
	Lack of follow-up visits by FCHVs and health workers
	Child demanding food other than RUTF

RESULTS

In the last five years (2017- 2022), out of an estimated SAM case burden of 600,000, 60,681 (10%) SAM cases were admitted at Outpatient Therapeutic Centers (OTCs), leaving nearly 9 out of 10 SAM children untreated. Qualitative data from service users revealed that the major barriers were limited understanding about malnutrition, lack of family support, limited access to health facilities and transportation, and opportunity costs; whereas for service providers, lack of willingness of parents to screen seemingly healthy children, limited screening by Female Community Health Volunteers (FCHVs) due to large catchment area, limited human resources, and no separate room for treatment, were major barriers.



IMPLICATIONS

This study offers insightful information about the disparity in SAM case admission and annual case burden and the associated program barriers. Raising community understanding of wasting, tailored incentive package for resource poor households with malnourished children such as linkages with social protection programs including cash grant, involving husbands in treatment of SAM children, increasing the frequency of community-level screening, investing in increasing the number of treatment facilities, and exploring ways to bring treatment closer to the communities are some of the potential program implications of this study.

Data Source: Government of Nepal, Health Management Information System (2017-2022), NDHS 2022

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