

Inequalities in Health Care Attention of Severely Malnourished Children in Remote and Conflicts Zones

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BACKGORUND



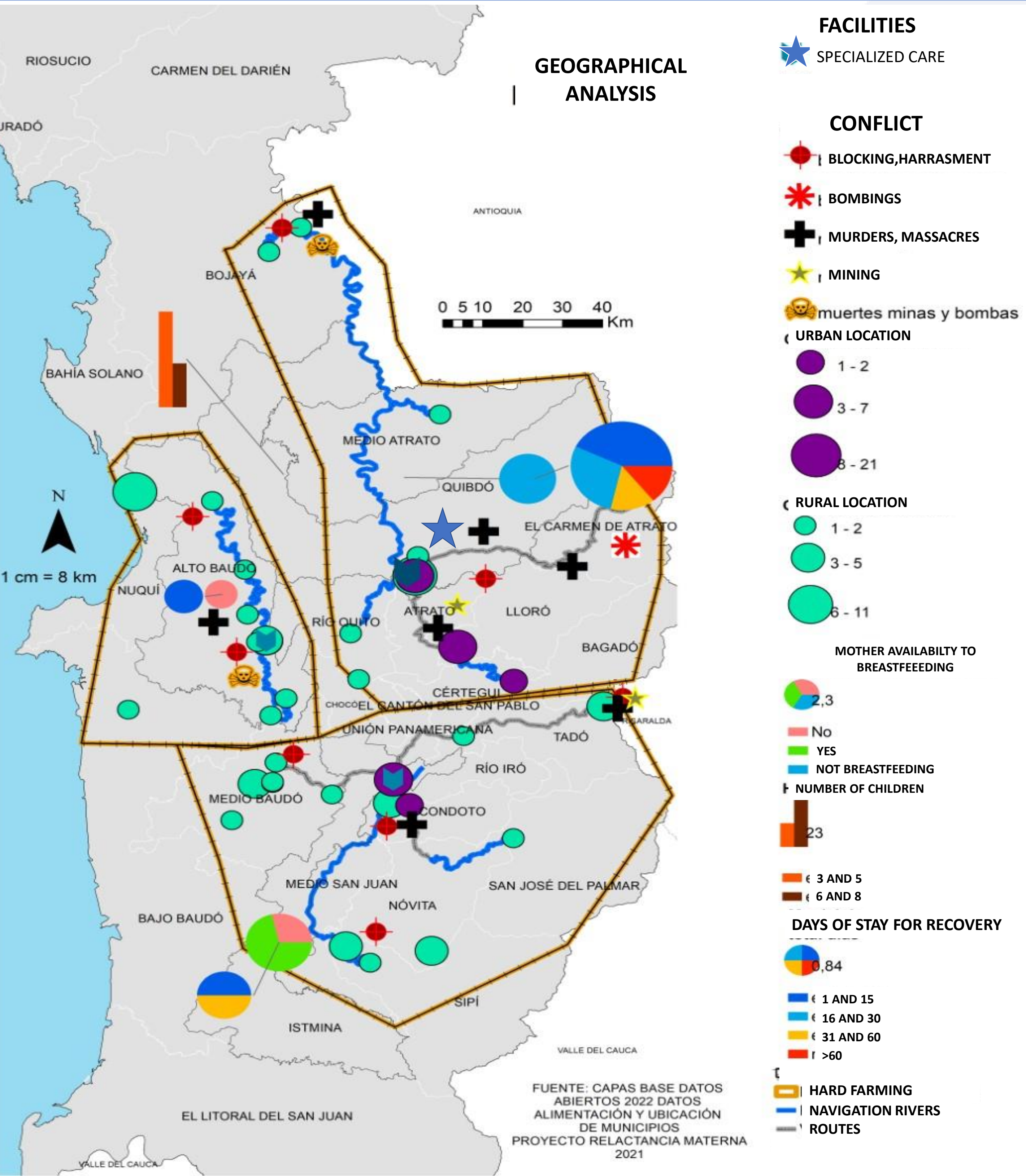
Malnourished in children under two years has increased in the las two years in Colombia and other countries. The objective of this research was to analyze geographical and social inequalities in the process of health care and factors related wit the Moderate and Severely Malnourished Children under two years old in remote and Conflicts Zone

METHODOLOGY



An ambispective (retrospective and prospective) analysis of the geographical, social context and clinical information using mixed methods was developed. The retrospective information was extracted from clinical records of children diagnosed with moderate and severely malnourished and attended in nine remote territories and with conflict problems in Colombia during the COVID-19 pandemic era in the period of 2020 and 2021. The prospective analysis was developed with interviews to health care professionals and mothers of children attended in 2021 and 2022 and external resources of epidemiological reports. Further, a geographical analysis using information from the practices reported by the subjects and secondary information from the territory based on all the available archives and data collected to configure the area zone's malnutrition and their territorial causes

FIGURE 1. EXAMPLE OF ONE OF THE REMOTE TERRITORIES AFFECTED BY CONFLICT (CHOCÓ)



RESULTS

357 clinical records of children diagnosed with acute moderate and severely malnourished were analyzed. 89% (320/357) of the population was located in the rural area, 76% of the children belong to indigenous ethnicity and 20% to afro-descendant, followed of migrants; more than a half of families have an income minor to 125 USD per month, on the other hand more than 500 newborns per month was attend at home.

In the Choco territory there is just one facility with specialized care available and the territorial problems related with conflict, salaries, between others, could explain the high rotation of health care workers in the territory.

In the spatial analysis low income, availability of the mother to breastfeeding, conflict and lack access roads were the most common circumstances identified as barrier to access to a specialized health care. Factors related with the food insecurity and clean water access are structural determinants that remain unresolved in those territories.



CONCLUSIONS

To understand the incident geographic factors of malnutrition, it was necessary to see the spatial configuration of armed conflict, possibilities of transportation to access health services, and the differences to get health services between rural and urban areas from study zones.

In this case, the findings obtained can show the existence of territorial differences in the predominance of malnutrition. The explanation for these differences would be in the complex interaction between the infrastructure to access health services, the possibilities for development of practices agricultural, the armed conflict such us factor of confining or displacing the population, and the establishment of supportable economy.

The circumstances of poverty and inequities in that zones were increased after covid-19 pandemic and have a big influence in the health and nutrition status of children and their families. This situation requires new models of health care based on community surveillance and empowerment of leaders as midwives who are present in those territories. These results also highlight the need of intersectorial work in those areas.



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La salud es de todos

Minsalud



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