

CHD GROUP SHOWCASES BEST PRACTICE FOR REDUCING MALNUTRITION IN INDIA

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Karnataka has around 36% of children in the age of under five who are stunted in nature and around 26% of the children who are wasted. Inadequate food intake, co-morbid conditions associated with malnutrition will add in concert to existing burden. Severe acute malnutrition (SAM) is a very serious problem in the region where over 10% of the children are SAM as per NFHS 4 data reports.

CHD Group has been working in Northern Karnataka's heartlands to reduce the burden of SAM, improve the situation of selected Nutritional Rehabilitations Centres (NRCs) and strengthening community screening thereby building community ownership.

CHD Group team members engage with temples, churches and mosques to push the mandate of malnutrition detection and quality nutrition promotion. For the very first time in the region, community leaders of different faiths have come forward to engage in nutritional screening programmes and engage in faster detection of SAM kids and then appropriately rehabilitate them in NRCs if need be. NRCs achieving SPHERE standards is important for ensuring children who are rehabilitated go back cured and do not come back malnourished to the hospital. NRCS where CHD Group channelizes the effort in have seen sharp improvements when compared to others.

Dr. Edmond Fernandes, CEO, CHD Group fondly recalls how Gavimutt Swamiji in Koppal welcomed the effort and continues to support CHD Group through their co-operations and also how Rev. Dr. Henry D'souza, Bishop of Ballari directed all churches to extend a helping hand in strengthening community based nutritional agendas. CHD Group has been rolling out nutritional screening programmes working with religious leaders in Bagalkote, Ballari, Koppal, Gadag, Raichur and Yadgir. They also would soon begin working on this model in Davangere, Gulbarga, Madikeri and Mandya. CHD Group is already in planning the roll out in other states of India and also in select aspirational districts.

Dr. Edmond says that, "Mothers in villages are not aware of what an NRC is, whether they have any benefits there. It so happens, that their child still looks normal yet is SAM. Convincing the mother that her child is not normal is the toughest thing to do. That's where faith leaders come in."

Early case detection for SAM and appropriate correction remains very important as the child's developmental milestones would directly get affected and the overall well-being of the child would depend on good nutritional content. There is a future for our children says Dr. Edmond, " a future we all can collectively believe in and work towards by keeping egos aside and strive for under 5 kids who do not even know who we are."