

In Bundelkhand, fortified food fights malnutrition, shows hope

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NARENI (BANDA): To her parents, Sunayana was a lethargic cry baby. She barely got down from her mom's lap to play like other kids of her age. Blaming god for Sunayana's condition, her mother Phulwa wondered if she would survive.

Her dilemma found an answer in January during a visit by health staff who were quick to identify the baby's problem—severe acute malnutrition (SAM), a life threatening medical condition. Six months since, Sunayana has turned into a happy child full of energy and willing to play all the time.

A pilot effort by the state health and women and child welfare departments is behind Sunayana's turnaround. Known as C-SAM or community-based intervention to mitigate severe acute malnourishment (SAM), the project included a three-tier structure for early identification, timely referral and appropriate community-based management of SAM children.

The baseline survey for Nareni—where the project is being implemented—brought to the fore the presence of 357 malnourished children including 93 SAM kids from 50 Anganwadi centres.

“The intervention aimed at helping the community nurse these children back to health. For this, mothers were taught how to fortify everyday food to meet the additional nutritional requirements of the affected children,” said Garima Singh, divisional resource person.

“Nareni was specially chosen as about 40% of under-5 children in this block belonged to the SAM category,” she added.

Nutrition counsellor Lekhchandra Tripathi shared that mothers were taught to prepare several recipes at home.

“Instead of simple porridge, mothers were asked to fortify it by mixing pulses, soyabean granules and seasonal vegetables. Likewise, nutrition and energy levels in panjeeri could be elevated by mixing roasted peanut or gram flour in it,” he said.

The women were counselled with the help of ASHA, ANMs, Anganwadi workers and self-help group leaders who used immunisation days to emphasise on healthy practices.

The mothers were also apprised and sensitised about the importance of routine immunisation and handwashing with soap to prevent diseases. They were also encouraged to start kitchen gardens to meet their need for vegetables.

Talking about the rationale behind the pilot, Garima said, “There is evidence to prove that 10% of SAM children need to be admitted to nutritional rehabilitation centres while the remaining can be treated at home. Our experience showed that the continuity of healthy practices was broken when the children came back home. Community can play an important role in this.”