Strategies for Addressing Malnutrition in Maharashtra

Preventive strategies

IYCF practices... The Breast Crawl initiative

- All newborns, when placed on mother’s abdomen soon after birth, have the ability to crawl to their mother’s breast and begin suckling on their own.
- Breast Crawl: A remarkable initiative of Public Health Department, DWD, UNICEF, BPNL, and RMCHN.
- Phenomenal breakthrough in overcoming commonly encountered problems in early breastfeeding.
- Till date approx. 50,000 persons (ICDS & Health) trained in IYCF in Maharashtra.

The Hirkani Kaksh initiative... for promotion of Breast Feeding

- Maharashtra is first state to launch Hirkani Kakshas to promote breastfeeding among lactating mothers by providing special rooms with facilities for breast feeding.
- A special cell at health centers where lactating mothers are taught and counseled about importance of breast feeding.

- Initiative started with help of BPNL in May 2008 at Kolhapur district and subsequently in all districts of Maharashtra.
- Hirkani rooms now made available at 72 Primary Health Centers, all District hospitals and all Eight women’s hospitals in the state.
- Hirkani Kakshas have been established even at Bus stands in Maharashtra.

Breastfeeding within one hour as per surveys in Maharashtra

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<td>52 %</td>
<td>61.8 %</td>
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Almost 3/4th districts in the state show breastfeeding within one hour above 75%.

Curative strategies

3 TIER SYSTEM FOR TREATING ACUTE MALNUTRITION IN MAHARASHTRA

- Cost effective strategy
- Burden on facilities is reduced
- Comprehensive approach for addressing child malnutrition
- Reduces discomfort of the parents

Village Child Development Centre (VCDC)

- VCDC is conducted for 30 days through Anganwadi centers on Day care basis
- Children with SAM / MAM are given special diet seven times a day.
- Since these children do not have any medical complications, aim of this feeding is to adapt the feeding age and rectify the micronutrient deficiencies.
- Special diet made of Amaranth rich flour. Each 100 gms gives 540 Calories & 20 gms Protein.
- Around 84,728 VCDC camps held up to March 2013 with around 3,84,500 malnourished children admitted for treatment.
- Improvement 74% children
- Budget: Rs. 32 per child per day.

SAMAMAM identification criteria

- As per MUAC
- Bilateral pitting edema
- Weight for height

VCDCs of Villages/low ANC like SC, SDA, SAMAMAM children with KG illness

NRC

- Critically III SAMAMAM children requiring pediatric services and intensive monitoring and those who do not recover in LTP/VCDCs are admitted in NRCs.
- In NRC 14 - day treatment as per prescribed protocols of GOI
- Dedicated staff of one Medical officer, Dietician, nurses, cook cater to the medical needs of these acute patients.
- Budget: Rs. 122 per child per day.

Nutrition Rehabilitation Centre Centre (NRC)

Child Treatment Center (CTC)

- Children with SAMAMAM with medical illnesses are treated at these centers for 21 Days.
- CTCs now organized at Rural Hospitals / Sub District Hospitals / PHCs.
- Around 5,594 CTC camps held since 2008 up to March 2013 with around 26,866 malnourished children admitted for treatment.
- Improvement 70% children
- Mother of malnourished children are also given diet and loss of daily wages.
- Demonstration of preparation of nutritious diet and counseling.
- Budget: Rs. 256 per child per day.

Impact

Comparison of anthropometric measures in NFHS 3 (2005-06) & CNSM (May 2012) Survey

- Reduction in Stunting by 16.2%
- Reduction in underweight by 7.8%
- Reduction in wasting by 4.4%

Declining Trend in IMR and Future Targets

Substantial reduction in IMR of Maharashtra from 42 in 2003 to 29 in 2011.

WHO NEW GROWTH CHARTS’ SAMAMAM* has been introduced in the Curriculum of 3rd year MBBS !!

*Public Health Department, Govt. of Maharashtra