

## 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, DWCD, UNICEF, BPNI, and RJMCHN.
- Phenomenal breakthrough in overcoming commonly encountered problems in early breast feeding.
- 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 Kaksha 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 BPNI 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 Kaksha have been established even at Bus stands in Maharashtra.

### Breast feeding within one hour as per surveys in Maharashtra

NFHS III 2005-06	CNSM 2012	HMIS Mar. 2013
52 %	61.8 %	79 %

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

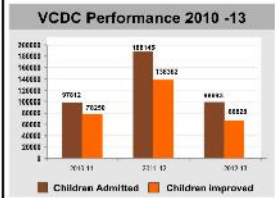
- Cost effective strategy • Burden on Facilities is reduced
- Comprehensive approach for addressing child malnutrition • Reduces discomfort of the parents

#### Village Child Development Center (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 bridge the energy gap and rectify the micronutrient deficiencies.
- Special diet is made of Amylase rich flour. Each 100 gms gives 940 Calories & 20 gms of Proteins.
- Around 64,726 VCDC camps held up to March 2013 with around 3,84,650 malnourished children admitted for treatment.
- Improvement in 74% children
- Budget: Rs. 33 per child per day**

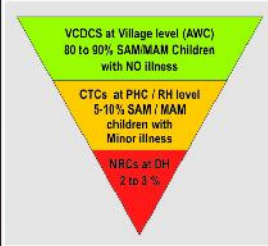


#### Village Child Development Centre (VCDC)



#### SAM/MAM identification criteria

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



#### Nutrition Rehabilitation Centre (NRC)

- Critically ill SAM/MAM children requiring pediatric services and intensive monitoring and those who do not recover in CTC/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. 322 per child per day**



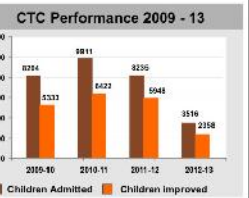
#### Nutrition Rehabilitation Centre (NRC)

#### Child Treatment Center (CTC)

- Children with SAM/MAM with medical illnesses are treated at these centers for 21 Days.
- CTCs now organized at Rural Hospitals / Sub District Hospitals / PHCs .
- Around 5,504 CTC camps held since 2008 up to March 2013 with around 29,866 malnourished children admitted for treatment.
- Improvement in 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. 250 per child per day**

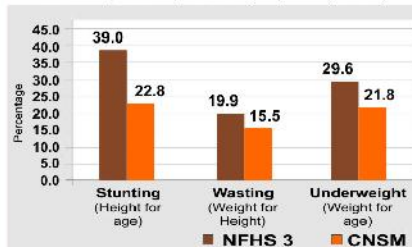


#### Child Treatment Centre (CTC)



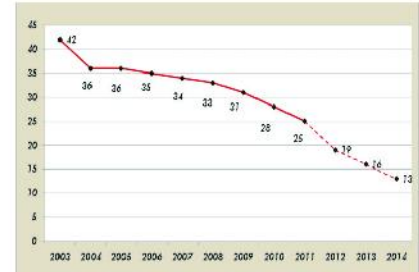
## Impact

### 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 25 in 2011.

"WHO NEW GROWTH CHARTS/ SAM/IYCF" has been introduced in the Curriculum of 3rd year MBBS !!