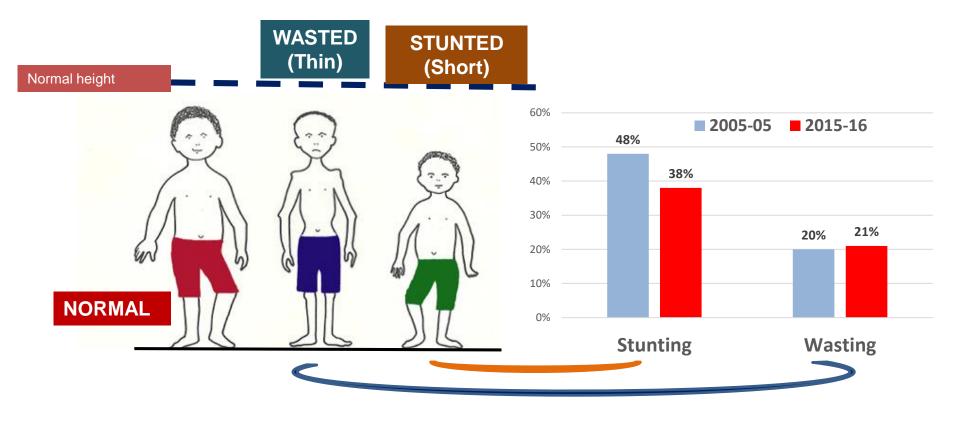


POSHAN Abhiyaan

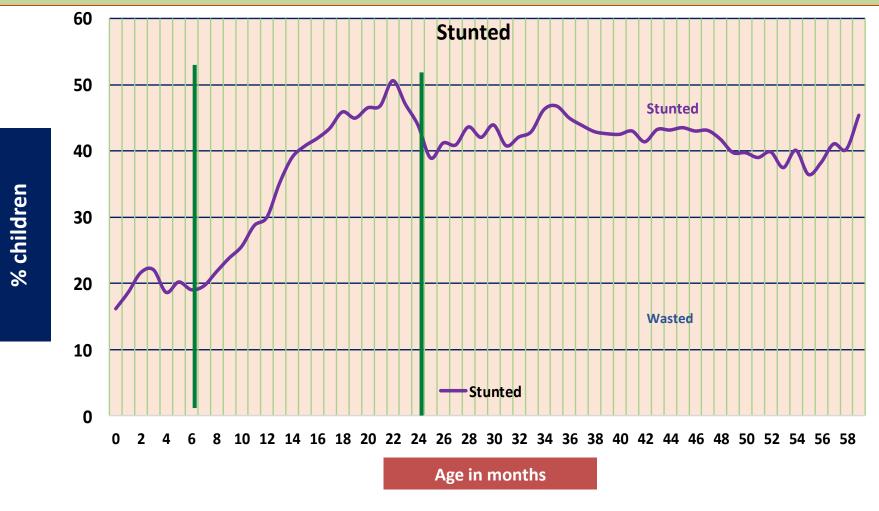
PM's Overarching Scheme for Holistic Nourishment





UNDERNUTRITION TREND BY AGE

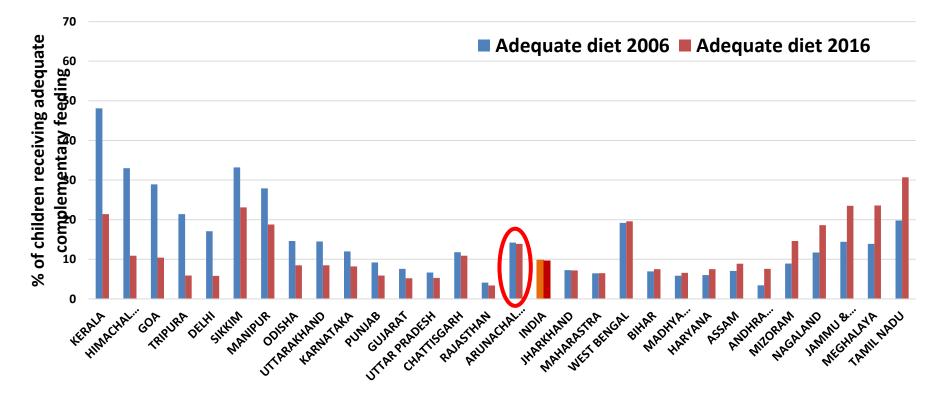
6 months to 18 mo crucial: adult height is set at 2 years of age



Height at 2 years determines productivity and income

NFHS 4: 2015-16

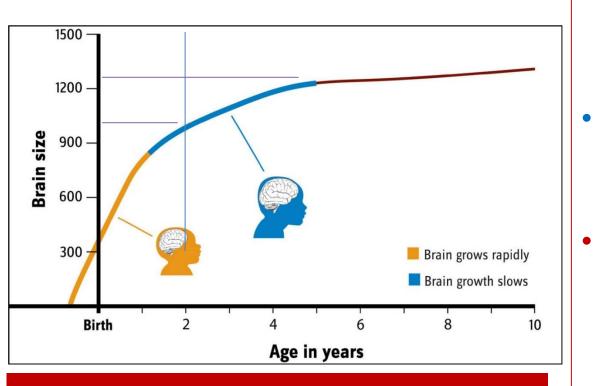
India: changes in adequacy of complementary feeding for children 6-24 months of age, 2006-2016, by state



Adequate diet = child 6-24 fed either breastmilk/source of dairy; and age-appropriate number of food groups and age-appropriate number of meals per day NFHS-3 indicator calculation by IFPRI; NFHS-4 indicator as reported in fact sheets.

90% of our young children are nutrition hungry

First 2 years of life are the key



But ICDS services in this period have low focus: a design flaw

- Undernutrition occurs in the first and the second year
- Period of rapid brain growth and maturation: 80% by 2 years
- Linear growth failure in this period is associated with adult short stature
 - Less schooling
 - -Low productivity, income
 - Lower offspring birthweight (females)

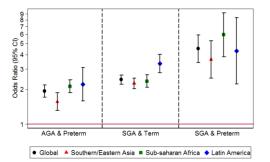
1. Small size at birth determines childhood undernutrition

~20% Stunting and ~30% wasting is contributed to by small size at birth

Risk of childhood undernutrition related to small-for-gestational age and preterm birth in low- and middle-income countries

Int J Epidemiol. 2013 October ; 42(5):

Chrisian 2013



Overcoming Challenges to Accelerating Linear Growth in Indian Children

HPS SACHDEV

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INDIAN PEDIATRICS 271 VOLUME 49-APRIL 16, 2012 40 35 - Underweig NDBC (%) 30 25 Shutled NDBC (% 5 20 £ 15 -Wasted NDBC (% 10

D.5 1 2 3 4 5 (%)

2. Childhood infections

Diarrhea contributes to ~25% of undernutrition; pneumonia, measles, TB, other infections - add further risk

What works

Prevention

- Swachh: Sanitation, safe water, Hand washing
- Immunization to avert diarrhea, measles, TB and pneumonia
 - Rotavirus
 - Pneumococcal
 - HiB, Measles, BCG

Treatment

- Early detection, care seeking
- ORS and **ZINC** for diarrhea
- Antibiotics for pneumonia

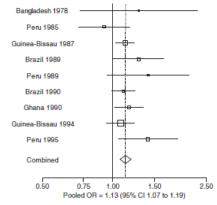


Figure 3 Effect of diarhoeal incidence prior to 24 months on stunting at 24 months of age. Point estimates of the effect of diarhoeal incidence on stunting at 24 months are shown for each study. The size of the square around the point estimate is proportional to sample size. The lines represent 95% C1. In the pooled estimate, represented by a diamond, the odds of stunting at 24 months increased by 1.13 when diarthoeal incidence prior to 24 months increased by five episodes (95% C1 1.07 to 1.19)

Proportion of stunting attributed to 5 or more episodes of diarrhea before 2 years was 25%. Chekley 2008

Sub optimal feeding

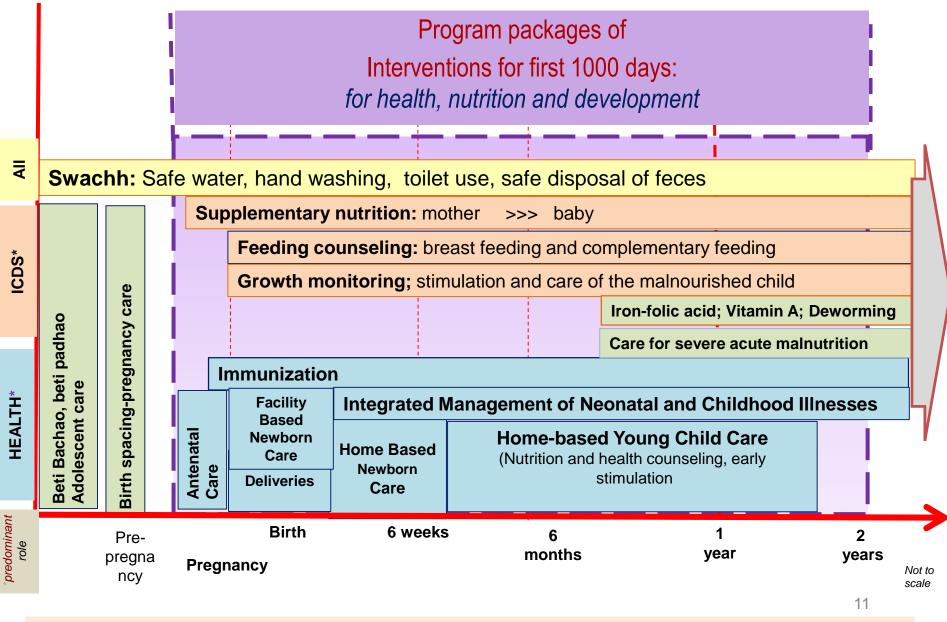
- Lack of knowledge of what to feed, when to start / augment
- Food insufficiency at home
- Lack of time, lack of skills
- Lack of support
- Taboos

Girl / adolescent / woman

- Care and education of the girl child: Beti bachao, beti padao
- Adolescent girl care: Food, micronutrients, healthcare, life style, preparation as adult
- Right age for child birth: Marriage after 18 years, childbirth after 20 years
- Pre-pregnancy care: Food, micronutrients, contraception
- Birth spacing: Gap between births more than 2-3 years
- Antenatal care: checks for complication detection, food, iron-folic acid, tetanus immunization, birth preparedness, treatment of complications
- Skilled birth attendance and emergency obstetric care: Facility birth, emergency obstetric care

Newborn and child	Swachh
 Newborn care: Care at birth, hygiene, cord care Breast feeding: within one hour, exclusive for six months, continuing for 2 years or more 	• Swachh: Sanitation, safe water, Hand washing, toilet use (mother) and safe disposal of feces
 Extra care of low birth weight baby Kangaroo mother care Care of the sick and small peopate 	
 Care of the sick and small neonate Complete immunization: Including rotavirus vaccine 	
 Breast feeding upto 2 years and more 	
 Complementary feeding: From 6 months onward; culturally appropriate recipes, hygienic, increasing amount, adequate in nutrition 	
 Growth monitoring Care of the undernourished child 	
 Care in severe acute malnutrition Early stimulation 	
 Early detection and care of illness: For diarrhea (including ORS and zinc), pneumonia (including antibiotics) and other illnesses; referral 	
 Supplements: Iron –folic acid Vitamin A supplementation 	

Deworming



Enablers: Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), Janani Suraksha Yojana (JSY) Pradhan Mantri Maatru Vandana Yojana (PMMVY), Janani Shishu Suraksha Yojana (JSSY), Rashtriya Bal Suraksha Karyakram (RBSK)

Let no woman and child be left behind

