

SIGNIFICANCE AND IMPACT OF 'COMPLEMENTARY FEEDING IN EARLY CHILDHOOD DEVELOPMENT'

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EMINENT SCIENTISTS IN FOOD SCIENCE, NUTRITION AND AGRICULTURE



Dr. C Gopalan
(1918 - 2019)



Dr. Rajammal P Devdas
(1919 - 2002)



Mr. MS Swaminathan
(1925 -)

What is Early Childhood?

- **Early Childhood (2 years to 6 years)**
- **Is a critical period in the development of the human potential.**
- **It is the period of the development of initiative.**
- **It is also referred to as preschool age.**



Early Childhood

- **Infancy & Early Childhood are important stages in Brain development**



- **0-6 years Children develop necessary skills for physical, cognitive & social development**

- **Early education plays a crucial role during this developmental period**



- **Early Childhood Education makes a positive impact & gives the Child a head start towards a bright future**

Patterns of Growth

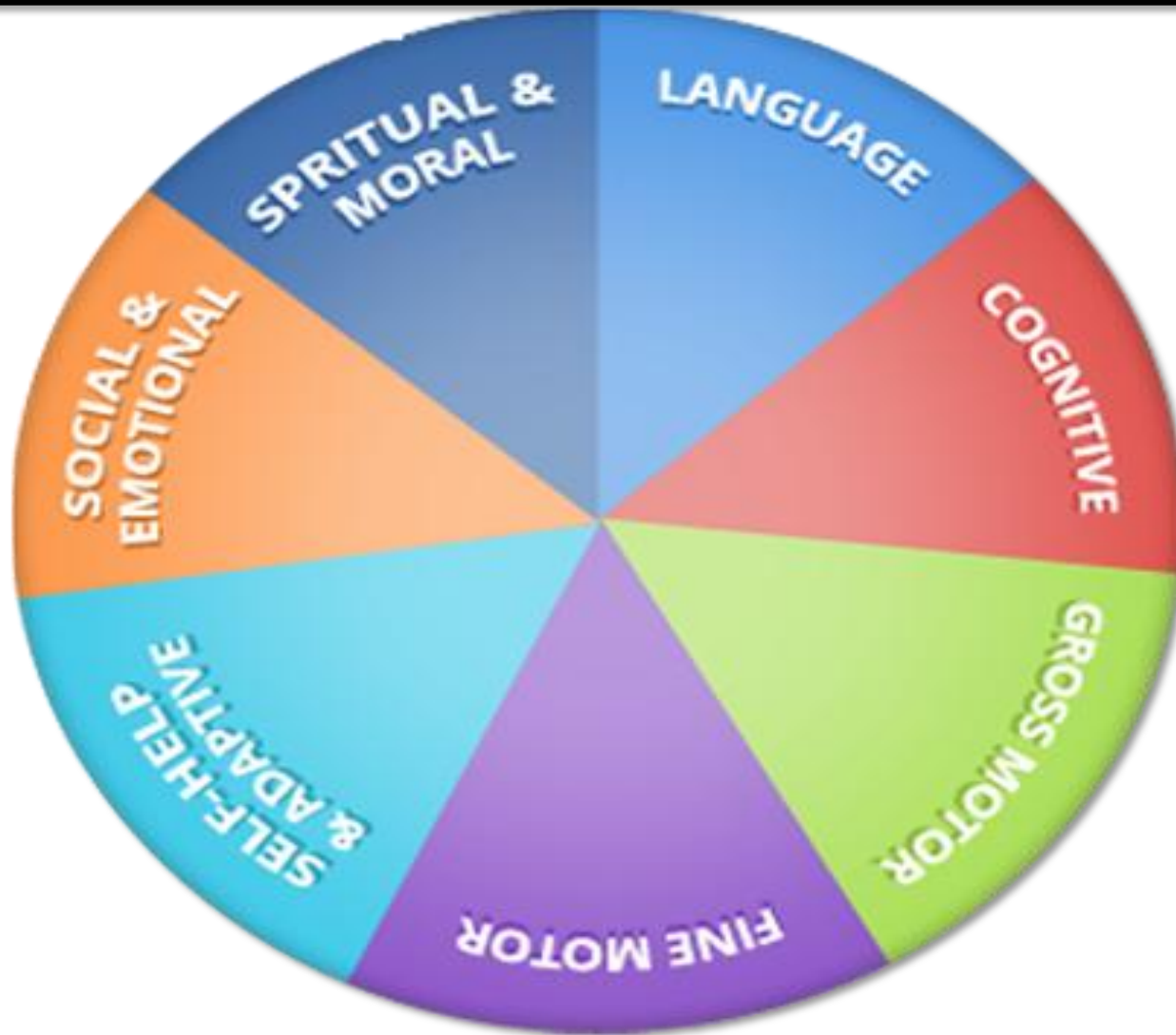


At birth, the head is the fastest growing part of the body.

The torso lengthens throughout early childhood.

Children grow from their torso out.

SEVEN STAGES OF EARLY CHILDHOOD DEVELOPMENT



EARLY CHILDHOOD DEVELOPMENT MILESTONES

The first four years of a child's life are the most important period of development physically, emotionally, cognitively, socially and morally. This is a guide to what you might expect in their first four years – often called developmental 'milestones'.

NOTE

EVERY CHILD DEVELOPS DIFFERENTLY



3 Months

- Turns head toward direction of sound
- Recognizes familiar faces and smiles back
- Follows moving objects
- Watches faces with interest
- Raises head and chest while lying on stomach
- Brings hand to mouth
- Takes swipes at dangling object with hands
- Begins to babble and imitate some sounds



6 Months

- Responds to other people's emotions
- Enjoys social plays/games (especially peek-a-boo)
- Struggles for out of reach objects
Uses voice to express pleasure and displeasure
- Interested in mirror images
- Responds to their own name
- Babbles chain of sounds
Rolls both ways (front to back, back to front)
- Sits with, and then without support on hands



1 Year

- Pulls up to stand, Walks holding onto furniture
- Tries to imitate during play (like winking when you wink or clapping when you clap)
- Explores objects; finds hidden objects and begins to use objects correctly (drinking from cup, brushing hair, dialing phone, listening to receiver)
- Uses simple gestures like shaking head to say 'NO' or waving to say 'BYE BYE'
- May speak single words like "Mama" and "Dada"
- Cries when Mother or Father leaves
- Babbles with inflection (changes in tone)
- Uses exclamations, such as "oh - oh!"
- Pokes index finger



2 Years

- Excited about the company of other children
- Begins to sort by shapes and colors; starts simple make-believe play
- Follows simple instructions; recognizes names of familiar people
- Walks without help; plays pretend (like talking on a toy phone)
- Points out at the objects, when you name it (like toy or photo)
- Imitates behavior of others, especially adults and older children
- Uses 2-4 word sentences
Repeats word overheard in conversation
- Pulls toys behind him/her while walking



3 Years

- Imitates adults and playmates
- Shows affection for playmates/friends
- Sorts objects by shape and colors; and matches objects to pictures
- Plays make-believe with dolls, animals and people (like feeding a doll)
- Uses pronouns (I, you, me) and sometimes plurals too (cars, dogs)
- Uses simple phrases or micro sentences to communicate with others
- Understands concept of 'mine' and 'his/hers'
- Expresses wide range of emotions
- Walks up and down stairs, alternating feet (one foot per stair step)
- Runs easily and pedals tricycle
- Starts to make friends



4 Years

- Follows three-step commands (like wash your hands, comb your hair)
- Draws circles and squares
- Speaks in sentences of 5-6 words; Speaks clear enough for outsiders to understand
- Names some colors; understands counting
- Shares and take turns with other children
- Knows the difference between boys and girls
- Enjoys humor (like laugh at silly faces or voices)
- Brushes his/her teeth by self
- Dresses and undresses without help except for shoelaces
- Pretends by role playing
- Knows opposite (hot/cold, big/small)

Your Child's Early Development is a Journey

Check off the milestones your child has reached and share your child's progress with the doctor at every visit.



6 MONTHS

- Copies sounds
- Begins to sit without support

- Likes to play with others, especially parents
- Responds to own name

- Strings vowels together when babbling ("ah," "eh," "oh")

- Uses simple gestures such as shaking head for "no" or waving "bye bye"
- Copies gestures

12 MONTHS (1 YEAR)

- Responds to simple spoken requests

- Says "mama" and "dada"

- Pulls up to stand

18 MONTHS (1 1/2 YEARS)

- Says several single words
- Walks alone

- Knows what ordinary things are for; for example, telephone, brush, spoon

- Plays simple pretend, such as feeding a doll
- Points to show others something interesting

2 YEARS

- Follows simple instructions
- Kicks a ball

- Says sentences with 2 to 4 words
- Gets excited when with other children

- Points to things or pictures when they're named

3 YEARS

- Copies adults and friends (like running when other children run)

- Carries on a conversation using 2 to 3 sentences
- Climbs well

- Plays make-believe with dolls, animals and people
- Shows affection for friends without prompting

4 YEARS

- Hops and stands on one foot for up to 2 seconds

- Would rather play with other children than alone
- Tells stories

- Draws a person with 2 to 4 body parts
- Plays cooperatively

WORLD ALLIANCE FOR BREASTFEEDING ACTION (WABA)



- **The World Alliance for Breastfeeding Action (WABA) was formed on 14 February, 1991.**
- **World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organisations dedicated to the protection, promotion and support of breastfeeding worldwide.**
- **WABA is in consultative status with UNICEF and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC).**

Vision

To achieve a world where breastfeeding is the cultural norm, where mothers and families are enabled to feed and care optimally for their infants and young children thus contributing to a just and healthy society.

Mission

To protect, promote and support breastfeeding worldwide in the framework of the Innocenti Declarations (1990 and 2005) and the Global Strategy for Infant and Young Child Feeding through networking and facilitating collaborative efforts in social mobilisation, advocacy, information dissemination and capacity building.

Goal

To foster a strong and cohesive breastfeeding movement, which will act on the various international instruments to create an enabling environment for mothers, thus contributing to increasing optimal breastfeeding and infant and young child feeding practices.



BREASTFEEDING

Breastfeeding is the feeding of an infant or young child with breast milk directly from female breasts (i.e. via lactation).

It is the normal way of providing young infants with the nutrients they need for healthy growth and development.



BENEFITS OF BREASTFEEDING

For Mom

WWW.GENMEDICARE.COM

For Baby



Mothers who are breastfeeding burn extra calories each day, helping them return to their pre-pregnancy weight quicker.



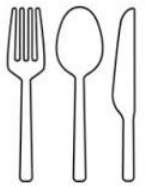
Women who breastfeed have lower rates of developing breast and ovarian cancer.



Reduces the risk of postpartum depression and creates a unique bonding experience for mom and baby.



Breast milk is rich in nutrients and the perfect natural food for babies. Breastfed babies are also less likely to become obese.



Antibodies in breast milk help babies fight off viruses and bacteria, while protecting them from various infections.

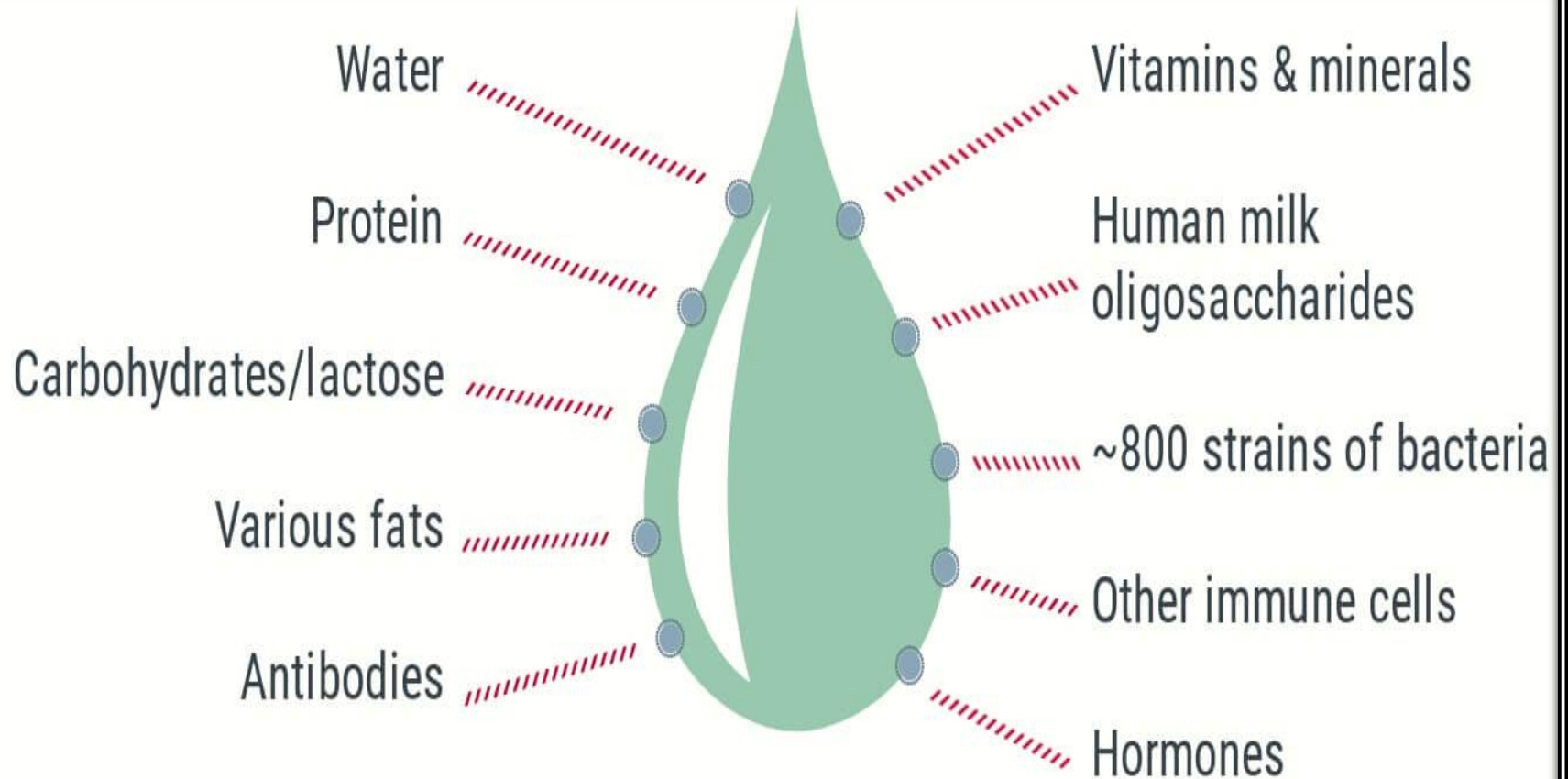


Children who were breastfed as babies have lower risks of developing ear infections, respiratory infections, allergies, and diabetes.



Breast milk composition

Breast milk changes to meet your growing baby's needs! These are some components:

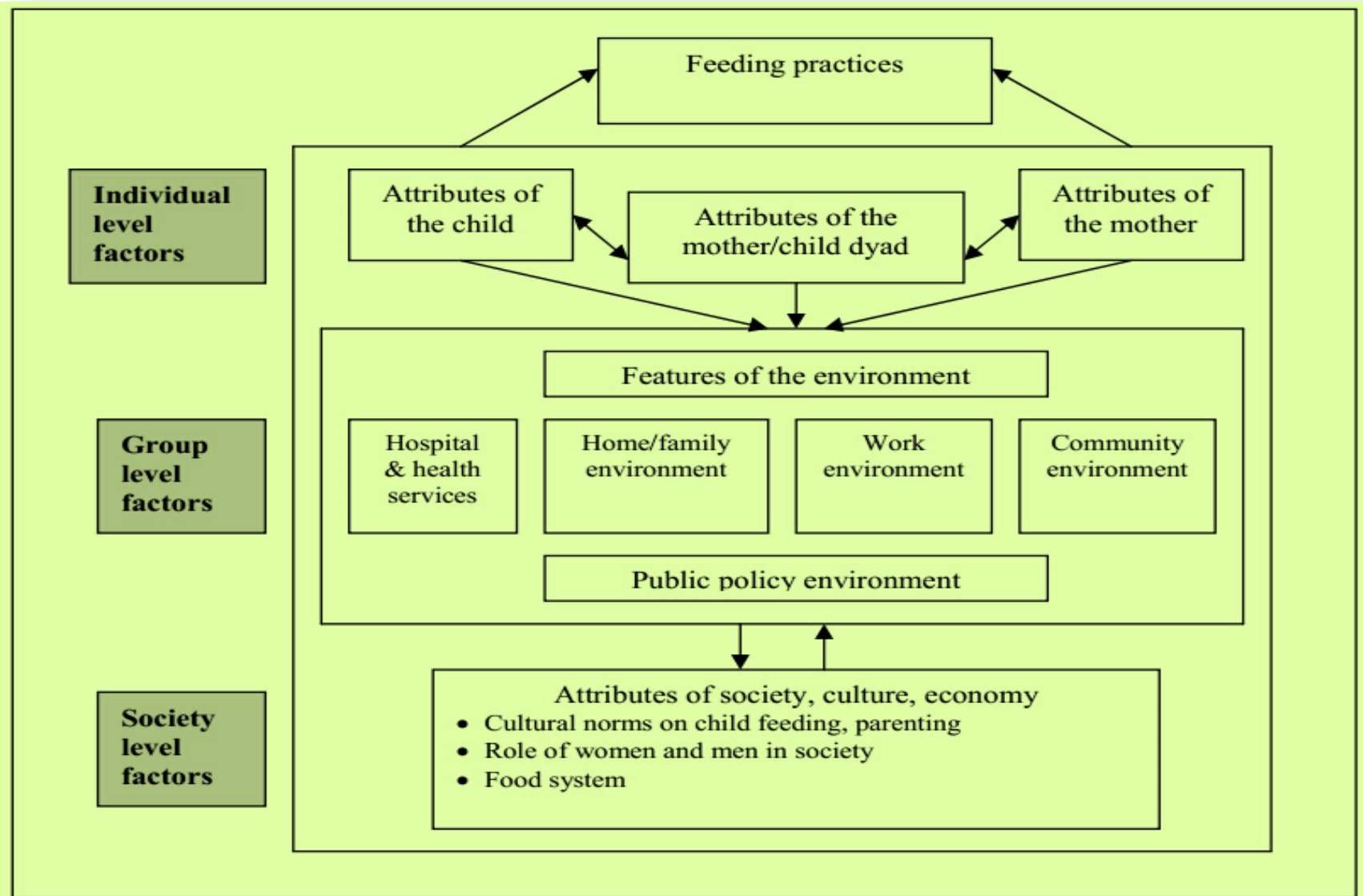


WHAT IS *COMPLEMENTARY FEEDING*?

The process starting when breast milk alone is no longer sufficient to meet the nutritional requirements of infants, and therefore other foods and liquids are needed, along with breast milk. The transition from exclusive breastfeeding to family foods – referred to as complementary feeding – typically covers the period from 6–24 months of age, even though breastfeeding may continue to two years of age and beyond. This is a critical period of growth during which nutrient deficiencies and illnesses contribute globally to higher rates of under nutrition among children under five years of age.



CONCEPTUAL FRAMEWORK OF DETERMINANTS OF FEEDING PRACTICES AMONG CHILDREN ABOVE SIX MONTHS OF AGE



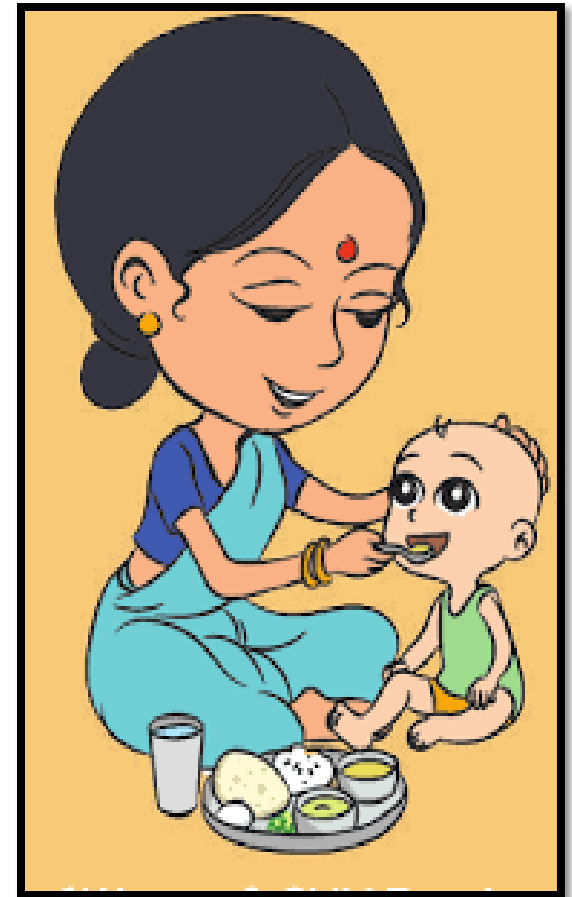
Why Start at Six Months-



- **Infant's intestinal tract develops immunologically with defense mechanisms to protect the infant from foreign proteins.**
- **The infant's ability to digest and absorb proteins, fats, and carbohydrates, other than those in breast milk increases rapidly.**
- **The infant's kidneys develop the ability to excrete the waste products.**
- **The infant develops the neuromuscular mechanisms needed for recognizing and accepting variation in the taste and color of foods.**

What are Signs that the Baby is ready for Complementary feeding

- **Holds his/her head straight when sitting down**
- **Opens his/her mouth when others eat**
- **Is interested in foods when others eat**
- **Receives frequent breastfeeds but appears hungry soon after > Is not gaining weight adequately**



The Continuum of Infant and Child Feeding

0-6 mo

6-9 mo

9-12 mo

12-24 mo

•Exclusive BF

- Initiate breastfeeding soon after birth
- Feed colostrum
- Avoid prelacteal feeds
- Avoid bottle-feeding

•Continue BF

- Introduce variety of CF, including animal foods
- Feed CF foods 2-3 times/d + snacks
- Avoid bottle-feeding

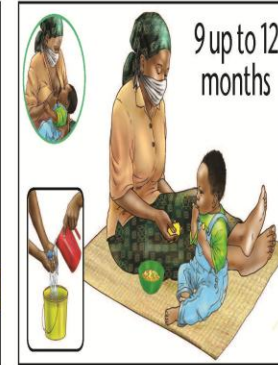
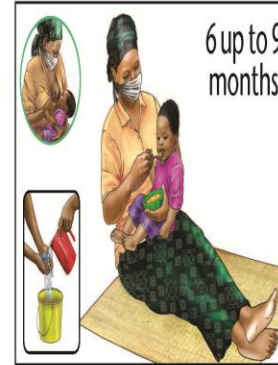
•Continue BF

- Increase amount, variety, frequency of CF, including animal foods
- Feed complementary foods 3-4 times/d + snacks
- Avoid bottle-feeding













•Continue BF

- Continue to give a variety of foods, complete transition to family diet
- Feed complementary foods 3-4 times/d + snacks
- Avoid bottle-feeding

Practice safe complementary feeding



RECOMMENDATIONS

	6-9 Meses	9-12 Meses
		
		
		
		

Background

WHO/UNICEF Feeding Recommendations

- Exclusive breastfeeding for first six months
- Continued breastfeeding for two years or more
- Safe, appropriate and adequate complementary foods beginning at 6 months
- Frequency of complementary feeding: 2 times per day for 6-8 month olds; 3 times per day for 9-11 month olds

- Infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health.
- Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed for up to two years or beyond.








Complementary Feeding

By the time your little one is six months old, it is time to get him started on complementary foods. Breastfeeding alone beyond 6 months does not provide sufficient nutrition for growth.

To avoid choking, it is crucial that your child is developmentally ready in terms of his oral-motor skills (mouth patterns) as well as hand and body control. These determine when to introduce solids, different textures, and how the feeding is done.

The table below illustrates the recommended textures and examples of food for estimated ages and the necessary oral-motor skills to handle a given texture.

When Child can:	Estimated Age	Texture	Description	Serve:
<ul style="list-style-type: none"> Suck and swallow. Able to take food from spoon with lips. 	6 months onwards (breastfeed exclusively up to 6 months, unless special cases).	Thin puree 	Use strainer/ blender and blend to a paste (add liquid for thinner consistency).	Infant cereal, strained meat, pureed vegetables and fruits.
<ul style="list-style-type: none"> Suck and swallow. Able to take food from spoon with lips. Swallow thickened puree and not gag. 	6 months onwards (breastfeed exclusively up to 6 months, unless special cases).	Thick puree 	Food forms a thicker consistency or heavy mash (without lumps).	Blended meats, pureed vegetables and fruits.
<ul style="list-style-type: none"> Swallow without gagging. Close lips while swallowing food. Remove food from spoon with lips. Up-and-down munching movement. 	6 to 7 months onwards	Mashed 	Food is blended or mashed with a fork (still retains some texture and consistency)	Mashed potatoes, carrots, sweet potatoes, pumpkin, bananas and other soft fruits such as papaya, mango, egg yolk.
<ul style="list-style-type: none"> Begin to chew in rotary pattern. 	8 months onwards	Ground 	Food ground in food chopper, not blender (should be easy to chew).	Crumbled or ground meat, scrambled eggs, pieces of soft bread, crackers broken into small pieces.
<ul style="list-style-type: none"> Side-to-side tongue movement. Vertical and diagonal jaw movement, with enough strength to break up the food. 	10 to 11 months onwards	Chopped 	¼ to ½ inch in size.	Meat, vegetables and fruits.
<ul style="list-style-type: none"> Close lips and keep food in mouth. Bite through food. Enough jaw strength to grind. 	10 to 11 months onwards	Regular size 	Cut up food or leave it whole.	All foods. (family meals can be served from 12 months onwards)

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TYPES OF COMPLEMENTARY FOODS



MILK



FRESH JUICE

LIQUID SUPPLEMENTS



**SOUP FROM GREEN
LEAFY VEGETABLES**



FISH LIVER OIL



**CEREALS AND
STARCHY GRUELS**



PULSE/ KICHIDI



**MASHED
VEGETABLES**

**SOLID SUPPLEMENTS MASHED
WELL BEFORE FEEDING**



MASHED FRUITS



MASHED EGG



**PROCESSED FOOD-
PASTA**



BUSCUITS

**SOLID SUPPLEMENTS
UNMASHED**



IDLI



IDIYAPPAM



BREAD

SATHU MAAVU POWDER

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Sathu Maavu Powder



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Can home-made recipes be nutritious supplements?

Low-cost food supplements can be prepared at home from commonly used ingredients such as cereals (wheat, rice, *ragi*, *jowar*, *bajra*, etc.); pulses (*grams*/dhals), nuts and oilseeds (groundnut, sesame, etc.), oils (groundnut oil, sesame oil etc.) and sugar and jaggery. Such supplements are easily digested by all infants, including those with severe malnutrition.



LOW COST SUPPLEMENTARY FOODS DEVELOPED IN INDIA

Name of the Product	Composition
India multipurpose food (C.F.T.R.I)	Low fat groundnut flour and bengal gram flour (75: 25) fortified with vitamin A and D ₁ ,B ₁ , B ₂ and calcium carbonate. Contains 42 percent protein
Malt food (C.F.T.R.I)	Cereal Malt, low fat groundnut flour, roasted bengal gram flour (40:40:20) fortified with vitamins and calcium salts. Contains 28 per cent proteins
Balahar (C.F.T.R.I)	Whole wheat flour, ground nut flour and roasted bengal gram flour (70:20:10) fortified with calcium salts and vitamins. Contains 20 per cent proteins
Supplementary food (N.I.N)	Roasted wheat flour, green gram flour, groundnut and sugar or jaggery (30:20:8:20)contains 12.5 per cent proteins
Supplementary food (A.H.S.C.W) Kuzhandai Amudhu	Roasted Maize flour , green gram flour, roasted groundnut and jaggery (30:20:10:20) contains 14.4 per cent proteins
Win food (Gandhigram Rural Institute)	Pearl millet, green gram dal, ground nut flour, and jaggery (50:15::25:25) contains 20 per cent proteins

Conti..

Name of the Product	Composition
India multipurpose food (C.F.T.R.I)	Rice flour, ragi flour, bengal gram flour, sesame flour groundnut flour and jaggery (15:15:10:20:25) Contains 14 per cent protein
Poshak	Cereal (wheat, maize, rice or jowar) pulse (channa dal or green gram dal) and oil seeds (groundnut) and jaggery (4:2:1:2)
Poshak (least cost weaning mix)	Same ingredients as poshak but in the proportion of 60:17:14:9
Kerala indigenous food (KIF)	Tapioca, Bulgar wheat and groundnut (25:50:25)

COMPLEMENTARY FEEDING GUIDE

- **Practice exclusive breast feeding from birth up to 6 months and introduce complementary feeding after 6 months of age.**
- **Continue frequent on demand breast feeding until 2 years of age.**
- **Feed infant slowly and patiently and encourage them to eat but do not force them.**
- **Practice good hygiene and proper food handling to reduce the risk of diarrhoea.**
- **Start with small amounts of food and increase the quantity as child gets older.**
- **Gradually increase food consistency and variety as the child grows older.**

Conti..

- **Increase the number of times the child is fed complementary food, as the child gets older.**
- **Feed a variety of nutrient rich foods to ensure that all needs are met.**
- **Give micronutrient rich complementary foods or vitamin and mineral supplements to the infant as needed.**
- **It is advisable to start one or two teaspoons of new food at first which should be given when baby is hungry, just before regular feeding, during the day time.**

Benefits of optimal complementary feeding *(timely, adequate, appropriate and safe)*

■ Less likely to die

■ Less diarrhoea and respiratory infections

■ Improved cognitive development

■ Better psychosocial development



■ Improved productivity and economic status

■ Optimal growth

■ Prevention of stunting and acute malnutrition

■ Prevention of overweight/obesity

■ Less risk of anemia

■ Less risk of zinc and other micronutrient deficiencies

INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS)

- **The Integrated Child Development Services (ICDS) scheme is a government initiative for the all-round development (health, nutrition and education) of children under six years.**
- **Its aim is to reduce infant mortality, child malnutrition and to provide pre-school education.**



OBJECTIVES OF ICDS

1 Improve the nutritional and health status of children in the age-group of 0-6 years

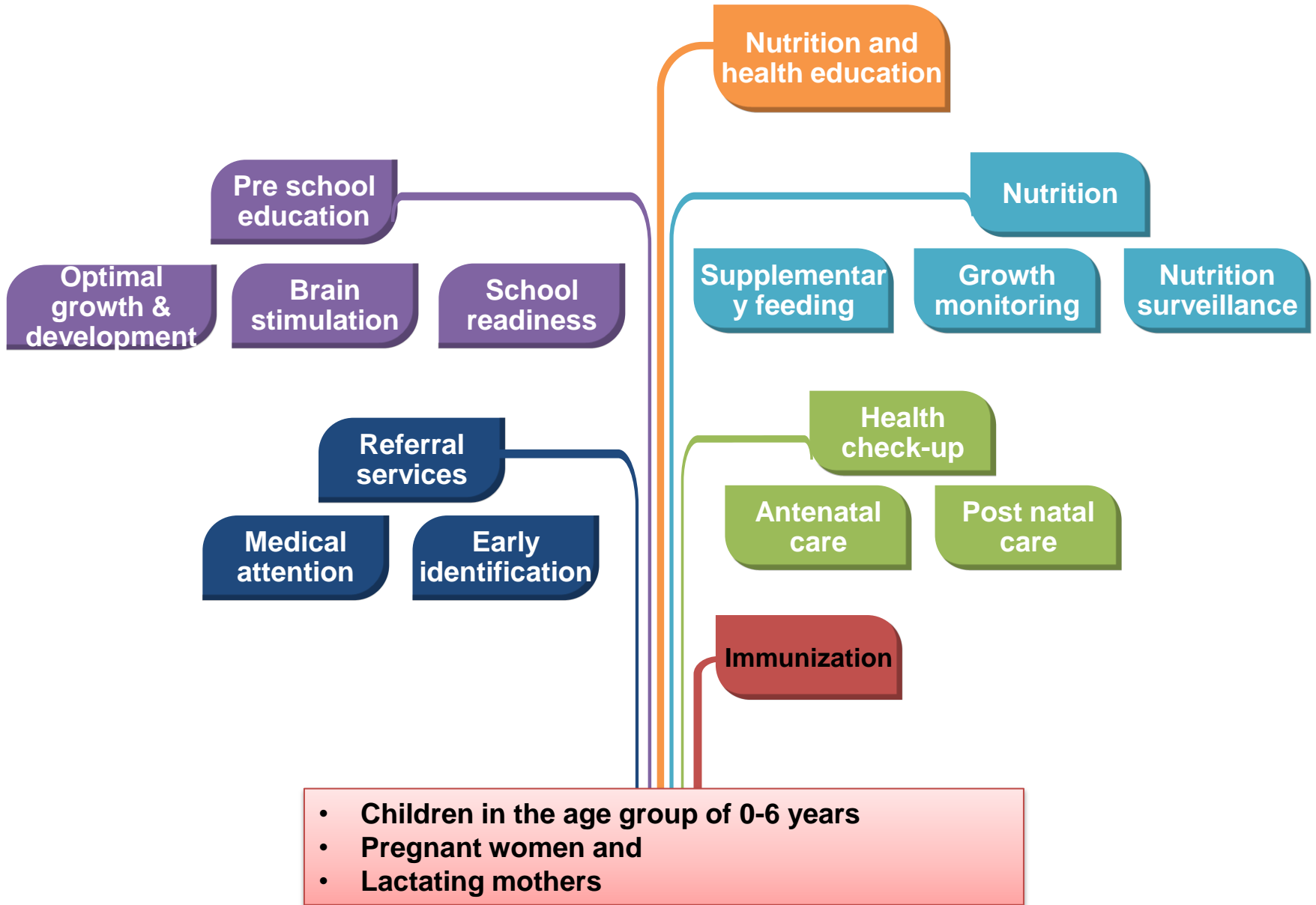
2 Lay the foundation for proper psychological, physical and social development of the child

3 Reduce the incidence of mortality, morbidity, malnutrition and school dropout

4 Achieve effective co-ordination of policy and implementation amongst various departments to promote child development

5 Enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education

Components of ICDS



Complementary Food containing amylase activity- under Supplementary Nutrition Programme

Category	Quantity of Complimentary food being provided per day (Grams)
Children 6 months - 2 years	150
Children 6 months - 2 years (Severely malnourished)	240
Children 2 - 3 years	130
Children 2 - 3 years (Severely malnourished)	190
Children 3 - 5+ years	10
Children 3 - 5+ years (Severely malnourished)	100
Pregnant Women and Nursing Mothers	160
Adolescent Girls (11 - 14 years Out of School)	130



Source- <http://icds.tn.nic.in>

COMPOSITION OF COMPLEMENTARY FOOD CONTAINING AMYLASE ACTIVITY

Item No.	Particulars	Kgs
1.	Wheat/Maize/Bajra(kambu) Flour	52
2.	Malted Ragi Flour	5
3.	Bengal Gram Dhal Flour	12
4.	Powdered jaggery	30
5.	Minerals and Vitamins	1
	Total	100

PER HEAD COST AND BENEFITS OF THE COMPLEMENTARY FOOD

Category	Quantity of complementary food provided per day (gm)	Cost per beneficiary per day (₹)	Protein (min) (gm)	Energy (min) (kcal)
Children 6-36 months	130	6.5	11	455
Children 6-36 months (severely malnourished)	190	9.5	16	665
Pregnant women and nursing mothers	160	8	13.5	560

Note: ₹1 = 1 pence and 1 gram = 0.002 pounds

Source: Department of Social Welfare and Nutritious Meal Programme, Government of Tamil Nadu

RECOMMENDED DIETARY ALLOWENCES

**Recommended Dietary Allowances for Indians
(Macronutrients and Minerals)**

Group	Particulars	Body weight kg	Net Energy Kcal/d	Protein g/d	Visible Fat g/day	Calcium mg/d	Iron mg/d
Woman	Pregnant woman	55	+350	+23	30	1200	35
	Lactation						
	0-6 months		+600	+19	30		21
	6-12 months		+520	+13	30		
Infants	0-6 months	5.4	92 Kcal/kg/d	1.16 g/kg/d	-	500	46 µg/kg/day
	6-12 months	8.4	80 Kcal/kg/d	1.69 g/kg/d	19		5
Children	1-3 years	12.9	1060	16.7	27	600	09
	4-6 years	18	1350	20.1	25		13

Recommended Dietary Allowances for Indians (Vitamins)

Group	Particulars	Vit. A mg/d		Thiamin mg/d	Riboflavin mg/d	Niacin equivalent mg/d	Pyridoxin mg/d	Ascorbic acid mg/d	Dietary folate mg/d	Vit. B ₁₂ mg/d	Magnesium mg/d	Zinc mg/d
		Retinol	β-carotene									
Woman	Pregnant woman	800	6400	+0.2	+0.3	+2	2.5	60	500	1.2	310	12
	Lactation 0-6 months	950	7600	+0.3	+0.4	+4	2.5	80	300	1.5		
	6-12 months			+0.2	+0.3	+3	2.5					
Infants	0-6 months	--	-	0.2	0.3	710mg/kg	0.1	25	25	0.2	30	-
	6-12 months	350	2800	0.3	0.4	650mg/kg	0.4				45	-
Children	1-3 years	400	3200	0.5	0.6	8	0.9	40	80		50	5
	4-6 years			0.7	0.8	11	0.9		100		70	7

NATIONAL FAMILY HEALTH SURVEY FINDINGS (2015-16) IN RURAL INDIA

- **nearly every third child below five years is undernourished**
- **35.7% underweight,**
- **38.4% stunted growth,**
- **21.0% wasted muscle, and every second child is anemic (58.5%).**
- **More than half the women in 15-49 years age group suffer from anemia due to iron deficiency.**
- **Niti Ayog in 2017 estimated that among women, 22.9% have low body mass index due below 18.5 indicating chronic energy deficiency.**
- **Global Nutrition Report 2018 says that India accounts a third of the World's stunted children with 46.6 million stunted children.**
- **With a Global Hunger Index (GHI) score of 30.3, India still suffers from a serious level of hunger and malnutrition that leads to lower adult economic productivity.**
- **It is estimated that reducing malnutrition could add about 3% to India's Gross Domestic Product (GDP).**

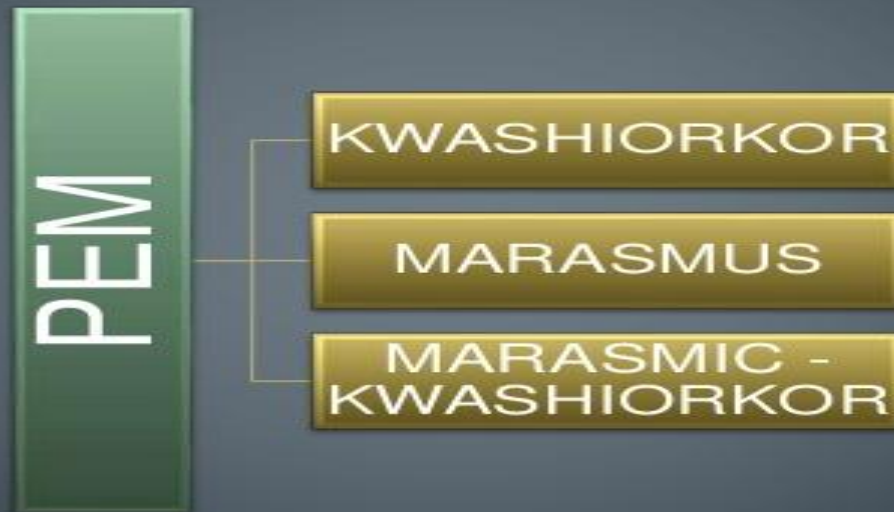
NUTRITIONAL PROBLEMS IN INDIA

PROTEIN ENERGY MALNUTRITION

- **Protein–energy malnutrition** (or **protein–calorie malnutrition**) refers to a form of malnutrition where there is inadequate protein and calorie intake
- It is considered as the primary nutritional problem in India
- PEM is due to the “food gap” between the intake and requirement
- Causes childhood morbidity and mortality



PROTEIN ENERGY MALNUTRITION



CAUSES AND RISK FACTORS

- ✓ Inadequate intake of food
- ✓ Diarrhea
- ✓ Respiratory infections
- ✓ Measles
- ✓ Intestinal worms
- ✓ Infants and pre schoolers

CONTRIBUTORY FACTORS

- ✓ Poor envt. Hygiene
- ✓ Large family size
- ✓ Poor maternal health
- ✓ Failure of lactation
- ✓ Premature termination of breast feeding
- ✓ Delayed supplementary feeding
- ✓ Use of over diluted cow's milk

KWASHIORKOR

Kwashiorkor is the most common and widespread nutritional disorder in developing countries. It is a form of malnutrition caused by not getting enough protein in the diet.



MARASMUS

- Marasmus is a severe form of malnutrition that consists of the chronic wasting away of fat, muscle, and other tissues in the body.
- Malnutrition occurs when the body does not get enough protein and calories.
- This lack of nutrition can range from a shortage of certain vitamins to complete starvation.
- Marasmus is one of the most serious forms of protein-energy malnutrition (PEM) in the world.



MARASMIC KWASHIORKOR

A malnutrition disease, primarily of children, resulting from the deficiency of both calories and protein.

The condition is characterized by severe tissue wasting, dehydration, loss of subcutaneous fat, lethargy, and growth retardation



VITAMIN A DEFICIENCY

Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health. A crude population measure of obesity is the body mass index (BMI), a person's weight (in kilograms) divided by the square of his or her height (in meters). A person with a BMI of 30 or more is generally considered obese. A person with a BMI equal to or more than 25 is considered overweight.

XEROPHTHALMIA

Xerophthalmia i.e., dry eyes refers to all the ocular manifestations of vitamin A deficiency in man

It is the most widespread and serious nutritional disorder leading to blindness



RISK FACTORS

- ✓ Poor SE status
- ✓ Faulty feeding practices
- ✓ Weaning
- ✓ PEM
- ✓ Infections
- ✓ 1-3 years

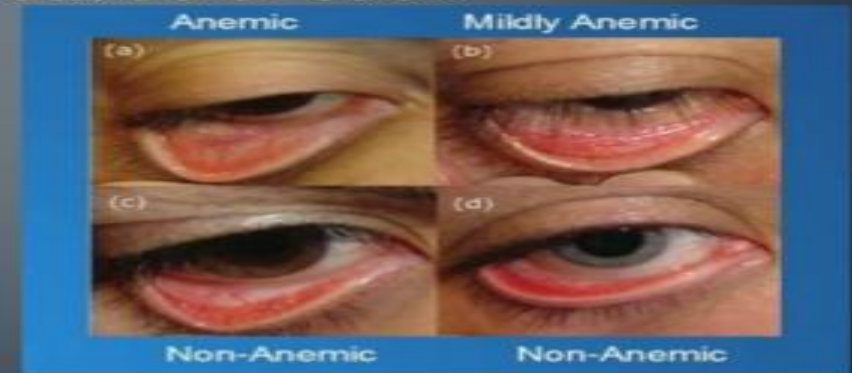
CLINICAL FEATURES

- ✓ Corneal ulcers
- ✓ Softening of cornea
- ✓ Keratomalacia
- ✓ Bitot spot



NUTRITIONAL ANEMIA

Nutritional anemia is a condition where the hemoglobin content of blood is lower than normal as a result of a deficiency of one or more essential nutrients, regardless of the cause of such deficiency.



RISK FACTORS

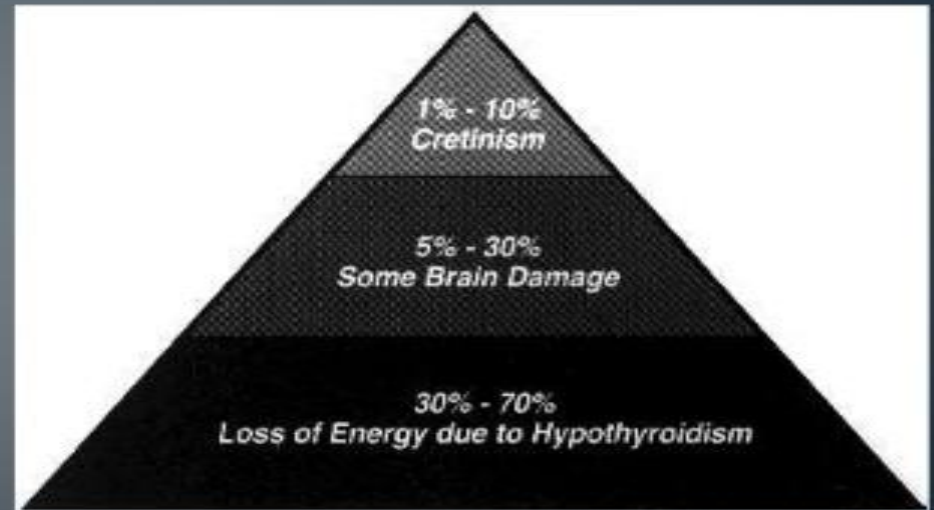
- Infants and children
- Pregnant women
- Pre menopausal women
- Adolescent girls
- Older adults
- Alcoholism
- Chronic/ critically ill
- Excessive exercise

CAUSES

- Inadequate diet
- Insufficient intake of iron
- Iron malabsorption
- Pregnancy
- Excessive menstrual bleeding
- Hook worm infestation
- Malaria
- Close birth intervals
- GI bleed

IODINE DEFICIENCY DISORDERS (IDD)

IDD leads to a much wider spectrum of disorders commencing with the intrauterine life and extending through childhood to adult life with serious health and social implications



DISORDERS

- Goiter
- Hypothyroidism
- Subnormal intelligence
- Delayed motor milestones
- Mental deficiency
- Hearing defects
- Speech defects
- Mental retardation
- Neuromuscular weakness
- Endemic cretinism
- Intrauterine death

Iodine Deficiency Disorders



Goiter



Cretinism

#POSHANAbhiyaan

POSHAN Abhiyaan

will promote positive behaviour change towards infant & young child feeding practices.

- Early initiation of breastfeeding within an hour after birth
- Exclusive breastfeeding for the first 6 months
- Complementary feeding from 6 months, along with breastfeeding up to 2 years

**POSHAN
Abhiyaan**
PM's Overarching
Scheme for Holistic
Nourishment



सही पोषण - देश रोशन



Government of India
Ministry of Women and Child Development



जय सत्राज की ओर
Towards a new dawn

Rashtriya Poshan Maah

THEME

**Complementary
Feeding**

VISION

**To ensure attainment of
malnutrition free India by 2022**

The entire month of September

will be celebrated as the Rashtriya Poshan Maah

Prime Minister Narendra Modi introduced the Scheme

POSHAN Abhiyaan



EXCEL INSTITUTE JODHPUR



Its aim to ensure holistic development and adequate nutrition for pregnant women, lactating mothers and children.

The Ministry of Women & Child Development (MWCD) is implementing POSHAN Abhiyaan.

315 Districts in 1st year

235 Districts in 2nd year

Remaining districts in the 3rd year

www.excelinst.org



Ministry of Women and Child Development
Government of India



Towards a new dawn

POSHAN KE PAANCH SUTRA

POSHAN
Abhiyaan
PM's Overarching
Scheme for Holistic
Nourishment



सही पोषण - ठीक विकास

5 COMPONENTS OF POSHAN MAAH 2019

JOURNEY OF THE FIRST
1000 DAYS OF A CHILD

1000

ANEMIA MUKT
BHARAT



DIARRHOEA
PREVENTION



WASH - (WASH,
SANITATION & HYGIENE)



PAUSHTIK
AAHAAR



Building a Healthy India

POSHAN Abhiyaan to Ensure Proper Nutrition



First of its kind initiative launched to tackle Malnutrition through **multi-modal interventions**

Target to reduce Malnutrition through Convergence, **Use of Technology & a Targeted approach**



Poshan Maah 2020: 01st - 30th September, 2020



**FOCUS
ON**

THEMES FOR POSHAN MAAH 2020

Identification and tracking
of children suffering Severe
Acute Malnutrition (SAM)

Plantation drive for
promotion of Poshan Vatika
(Nutri-Garden)

Rashtriya Poshan Maah
2020 aims to create digital
mobilization across the
country for improving
Nutrition indicators.

MWCD is responsible for
coordinating the conduct of
various activities with
Partner Ministries under
Convergence.

Activate Windows

Go to PC settings to activate Windows

Identification, Referral and Management of Children Suffering Severe Acute Malnutrition (SAM)

Poshan Maah 2020

(01st - 30th September, 2020)

& Beyond



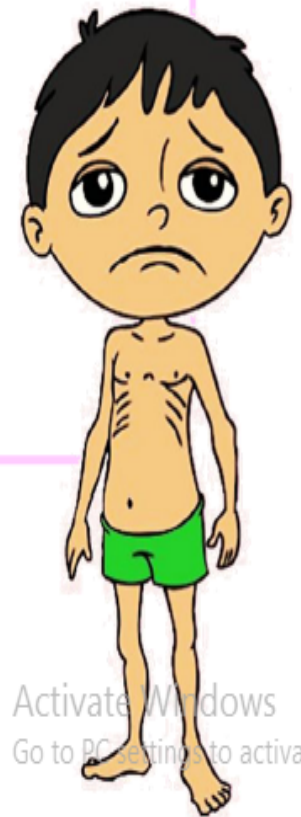
**A Step Towards
'Kuposhan Mukh Bharat'**

What is Severe Acute Malnutrition

- Severe Wasting as a recent occurrence
- Severe Acute Malnutrition (SAM) is defined by:
 - Very low weight-for-height / length (Z-score below - 3 SD)
 - By visible severe wasting
 - By the presence of nutritional oedema
- According to NFHS-4 (2015-2016) about 7.5% of the Children under 5 years are severely wasted (weight-for-height)

CAUSES INCLUDE

- Inadequate food intake
- Incorrect feeding practices
- Disease
- Infection
- More frequently, a combination of these factors



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Community Support-Mother's Education



MOTHER'S EDUCATION:

- A mother can build 'Kuposhan Mukh Bharat'
- Once every week, Anganwadi Worker to reach mother of children suffering SAM
- Knowledge to be given on:
 - Nutrition
 - Feeding practices
 - Services available
 - Local Officials (AWW etc.)
- Importance of growth monitoring, symptoms of malnutrition
- Shall be done in once in every week-Anganwadi Worker to reach mother of children suffering SAM



Community Support-Poshan Panchayat

POSHAN PANCHAYAT:

- 4 Poshan Panchayats in Poshan Maah
- Discussion on malnutrition situation within the Panchayat
- Whether all children suffering SAM are detected
- Measures taken for the children suffering SAM
- Nutrition being provided to the children suffering SAM
- Required physical, infrastructural and social support for the mothers
- Existing VHSNC set-up to be used
- Appreciation of Triple 'A'(AWW/ASHA/ANM)



Poshan Vatika (Nutri-Garden)

- Creation of micro-nutri environment in every village
- Usage of space in AWCs, panchayat area, vacant lands of village etc.
- Cultivation of vegetables, fruits, important herbs etc.
- Convergence with Innovation funds / MGNREGA / Untied funds / Finance commission funds etc./ Seeds from Agriculture Dept





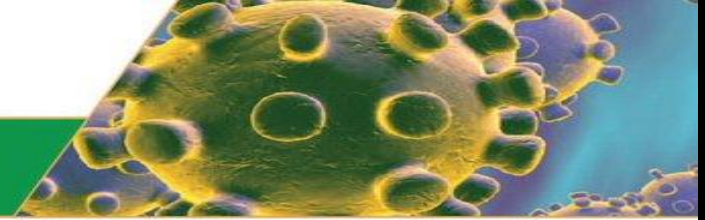


KITCHEN GARDENS



Roof Kitchen Garden Of Green Leafy Vegetables Maintained By SHG Women





CORONA VIRUS

COVID - 19

Continue Complementary Feeding Practices during COVID-19 outbreak (Children from 6 to 23 months)

Regularly **wash hands** before and after **touching and feeding** the baby.



Continue breastfeeding and give your child, if 06-months or older, additional food such as porridge, egg, fruits, vegetables at least three to five times a day.

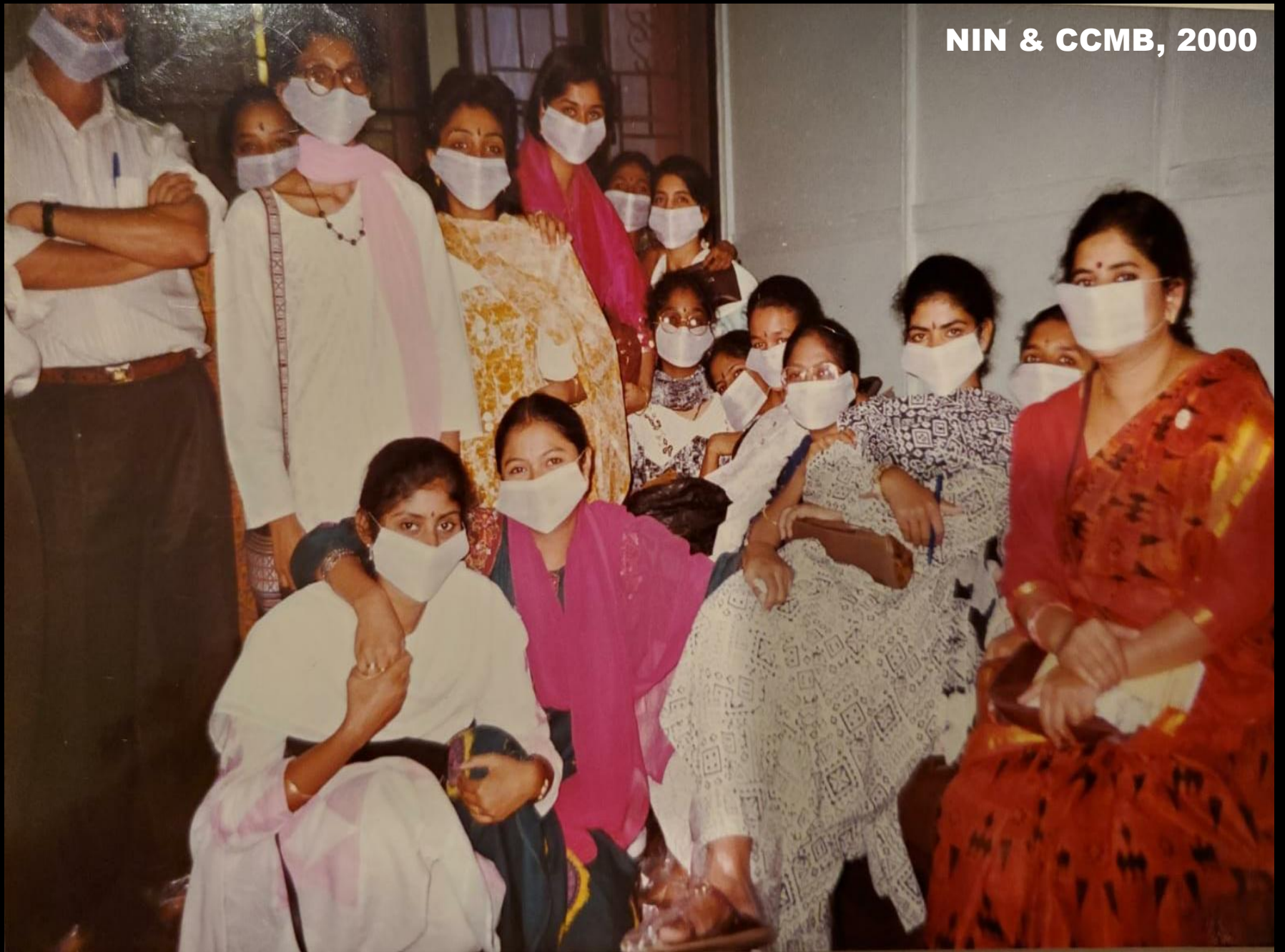


Increase breastfeeding and complementary feeding during and after illness.

If your child has illness, **continue feeding** your child as before to avoid malnutrition and **seek medical advice** for care and referral.



NIN & CCMB, 2000

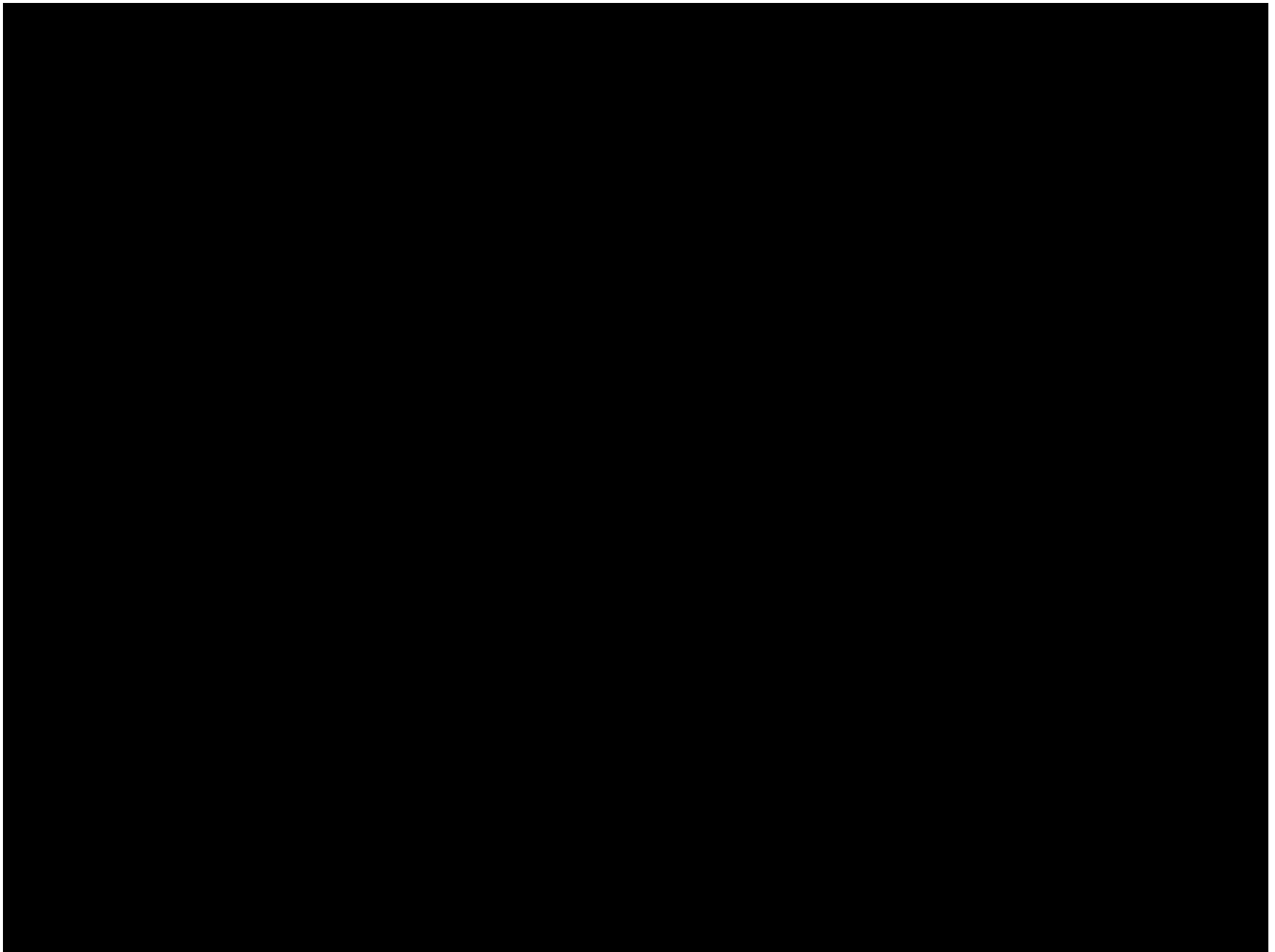


INTERNATIONAL

Literacy Day



8TH SEPTEMBER





THANK YOU



Credits: Abhirami Sivaprasad, PhD Scholar, AIHS&HE