



Exclusively breastfeed for first 6 months, child's first food and excellent nutrition

STRONGER MATERNAL BOND - BETTER HEALTH

Breastfeeding helps you and your baby to develop a closer and loving relationship. Initiate breastfeeding immediately after birth, preferably within one hour. For the first 6 months breast milk should be the only food and drink for your baby.

- A newborn baby should be nursed 8-12 times a day.
- Breast milk Protects against pneumonia, diarrhea, constipation etc.
- Better brain development and intelligence
- Lower risk of having asthma or allergies
- Continue breastfeeding your child for 2 years.

For the first 6 months breast milk should be the only food and drink for your baby. Water, honey and all other food and drinks are not required.

Introduce complimentary feeding along with breast milk for a healthy and active child



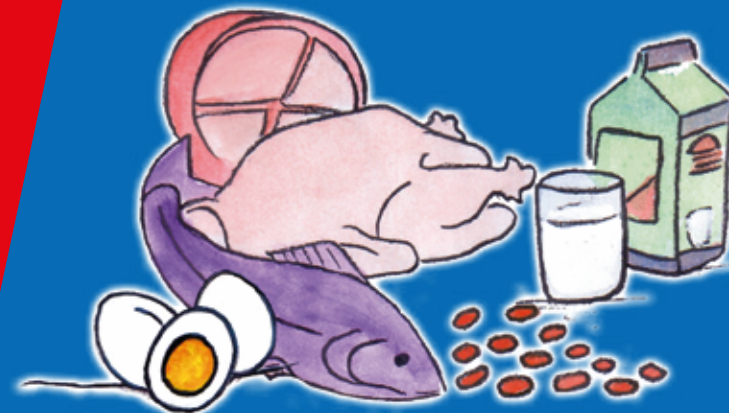
RIGHT NOURISHMENT - BETTER DEVELOPMENT

- When the infant gets 6 months old only breast milk isn't sufficient enough for his/her nourishment.
- For better nourishment infants need complimentary food such as boiled and mashed potatoes, porridge, pulses with soft rice, fruits like banana, mango, sliced apples etc.
- Normally it covers the period after 6 to 24 months of age.
- Continue breast feeding with complementary feed.

Remember! Girls and boys require equal and similar diet



Balanced diet for pregnant and lactating mothers



BALANCED DIET - HEALTHY MOTHER AND CHILD

Sources for balanced diet:

Proteins	Meat (Red Meat, Chicken, & Fish), Eggs, Nuts, Seeds, Milk etc. Proteins are beneficial for bones, muscles, cartilage, skin, and blood
Carbohydrates	Potato, Pulses, Rice, Grains e.g. Wheat, Maize, Barley etc. Carbohydrates are body's main source of energy
Fats	Butter, Oil, Ghee, etc. Fats provide energy to body and are beneficial for better brain function
Minerals and Vitamins	Fruits and Vegetables. They release energy, increase immunity and fight diseases.

- Pregnant and lactating mothers require balanced diet enriched in proteins, carbohydrates, fats, minerals and vitamins.
- Pregnant women and lactating mothers should take at least 3 full meals a day, in addition to two extra small meal is highly recommended. Drink at least 8 to 12 glasses of water daily or whenever you are thirsty.



Vaccinating children to protect them against deadly diseases

Timely Immunization Guarantees Healthier Generations!

- Immunization is the only way of preventing your child from infectious and other serious diseases.
- Vaccinating children 6 times within first 15 months of their age is the best way to protect them against 10 deadly diseases
- Immunize your child within the first week after birth.

You can immunize your child from the nearest health centre free of cost.



IMMUNIZATION SCHEDULE

VISIT	AGE	VACCINATION
1st	At Birth	BCG, OPV-0, Hepatitis-B
2nd	6 Weeks	OPV1, Rotavirus 1, Neumococcal1, Pentavalent1
3rd	10 Weeks	OPV2, Rotavirus 2, Neumococcal2, Pentavalent2
4th	14 Weeks	OPV3, IPV, Neumococcal3, Pentavalent3
5th	9 Months	Measles1
6th	15 Months	Measles2



Care for child's health after birth

You can save your child - Act now

Take your child immediately to a trained health worker or clinic if you see any of the following problems:

- Child is refusing to take breast milk or food
- Vomiting 1-2 times a day
- Having difficulty in breathing
- Having high grade fever
- Has very low weight with respect to age
- Having convulsions or seizure
- Diarrhoea (3 or more watery stools per day)





Use of iron and folic acid supplements for pregnant and lactating mothers

- Deficiency of blood in pregnant women poses a threat to mother and child's health.
- Use of Iron and folic acid supplements helps in preventing deficiency of blood. Or use of iron and folic acid supplements reduces the risk of anemia.
- Ensures enough blood in the body of mother during pregnancy and after delivery
- Use of iron and folic acid supplements is mandatory during 9 months of pregnancy and 3 months after child birth.

If due to household responsibilities pregnant woman fails to take supplements then it is the responsibility of the family to play their role. Folic acid saves children from serious issues such as neural deficits, weakness of organs and fragile bones.



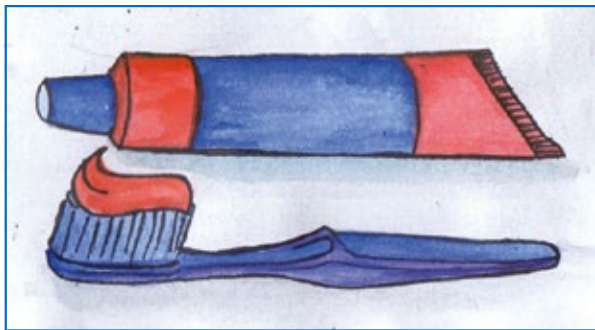


Health and Hygiene

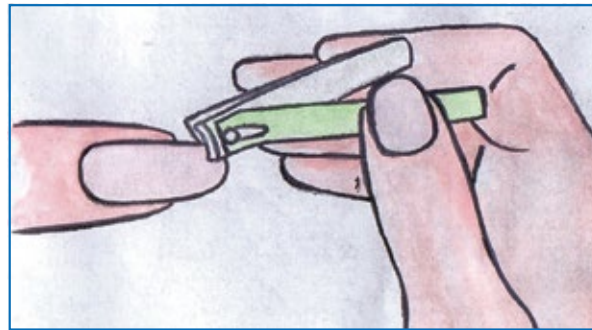
Adopt cleanliness for a healthy life

Ways to adopt personal hygiene:

Brush your teeth regularly



Cut your nails weekly



Take a bath regularly and twice a week during winters



Comb your hair regularly



Always wash hands with soap and water after using latrine



Always wear neat and clean clothes



Handwashing is the first step towards personal hygiene.

Let's get together to beat acute malnutrition

Outpatient Therapeutic Program (OTP)

Symptoms of EDEMA:

Grade +	Grade ++	Grade +++
Mild Edema	Moderate Edema	Severe Edema
This appears on both feet and ankles	This appears on both feet plus lower legs, hand and lower arms	This is a generalized Edema that appears on face including both legs, hands and lower arms

Admission Criteria:

Age limit: 5-6 years

- MUAV < 11.5cm or bilateral pitting edema Grade+ and Grade ++
- Children suffering from Marasmic Kwashiorkov should also be sent to stabilization centers

Discharge from stabilization centers

- Child is transferred to OTP from stabilization center after curing

Relapse

- Children previously discharged from OTP returns within 2 months and falls on OTP's admission criteria

Return after incomplete medication:

- If the child falls on OTP's criteria within 2 months of receiving incomplete medication, he/she can be re-admitted to OTP

When can the child be discharged from OTP?

Where there is no TSF:

- MAUC ≤ 11.5cm
- No signs of Edema for two consecutive visits
- Minimum stay of eight weeks in OTP
- Clinically well

Non-recovered:

- Child not fit for discharge criteria within four months

Death:

- Death during registration in OTP

Medical transfer

- Transferred for medical treatment

Incomplete medication:

- Absent for three consecutive weekly visits from OTP.
- Absent for two consecutive 15-day visits from OTP.

Where there is TSF

- During two consecutive visits, MUAC ≤ 11.5cm.
- No signs of edema during two consecutive visits.
- Clinically well

Transferred to stabilization center:

- Complications developed during treatment and requires inpatient care

Severe malnourishment with complications

Stabilization Centre (SC)

When the child should be discharged from stabilization center?

Transfer from OTP

- The child has deteriorated whilst receiving treatment in the OTP

Exit Criteria

- There are no medical complications
- Appetite has returned (child has taken at least 75% of the prescribed RUTF ration for at least 1-2 consecutive days)
- Edema is resolving and has reduced to grade +
- Weight gain for two consecutive days

Defaulted

- Child is absent from SC for 2 consecutive days

Possibilities

- Died
Child died during treatment in SC
- Non-recovered
Child who does not reach the discharge criteria after 45 days in SC.
- Medical transfer
When the medical conditions of the child require referral out of the SC to another health facility e.g. to referral hospital.

Admission Criteria

- 6 to 59 months of age
- Infants <6 months
- Bilateral Pitting Edema Grade +++
- (Marasmic-kwashiorkor MUAC < 11.5cm with any grade of Edema)
- MUAC ≤ 11.5cm or bilateral Edema Grade + or ++

With any of the following Complications:

- Anorexia, no appetite for RUTF
- Vomits everything
- Hypothermia ≤ 95.9°F
- Fever ≥ 101.3°F
- Severe pneumonia
- Severe dehydration based on the history of diarrhea, vomiting, fever or sweating.
- Severe anemia
- Not alert (very weak, lethargic, unconscious, fits or convulsions)
- Conditions requiring IV infusion or NG tube feeding.

Less than 6 months old infant under following circumstances:

- A severe wasting (weight-for-length less than -3 Z-score) for infants 45cms or more.
- Visible severe thinness for infants less than 45cms
- Bilateral pitting Edema
- Any serious clinical condition or medical complication as outlined for infants more than 6 months or age with severe acute malnutrition.
- Recent weight loss or failure to gain weight
- Examine the child for 15-20 minutes at a separate place to notice if he/she is facing difficulty during feed.
- Under any emergency medical conditions or social issues serious care is required.

Relapse

- Children previously discharged from the SC but meet admission criteria to the SC again within two months.

Transfer from OTP

- The Child has deteriorated whilst receiving treatment in the OTP

Return after default

- Children return within two months after default (away from SC for two consecutive days) if they meet their admission criteria.

Symptoms of EDEMA:

Grade +	Grade ++	Grade +++
Mild Edema	Moderate Edema	Severe Edema
This appears on both feet and ankles	This appears on both feet plus lower legs, hands and lower arms	This is generalized Edema, this appears on face including both

Cure for malnutrition in children

RUTF Ration Chart

Child Weight (KG)	Packet Per Week	Packet Per Day
3.5 - 3.9	11	1.5
4.0 - 5.4	14	2
5.5 - 6.9	18	2.5
7.0 - 8.4	21	3
8.5 - 9.4	25	3.5
9.5 - 10.4	28	4
10.5 - 11.9	32	4.5
≥ 12	35	5

RUTF is a combination of food and medicine for malnourished children which should not be given to healthy children.

How to Use

- Malnourished children should be given small meals of RUTF regularly (at least 6 times a day).
- Quantity of RUTF given to each child may vary, based on their weight (see RUTF Ration Chart)
- If the child is on breastfeeding, breastfeed before giving RUTF to your child.
- If the child needs complementary feeding, feed him before giving RUTF.
- Always give plenty of clean water to your child as using RUTF makes children thirsty.

Note: Don't stop giving RUTF to your child who is suffering with Edema, even when the child is becoming thinner.

