

# **USE OF MOTHER CHILD PROTECTION CARD FOR IMPROVING INFANT FEEDING PRACTICES**

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**Dr.C. Gopalan Centenary Symposium**

**18 Oct.2019**

## **INTRODUCTION**

- The importance of child nutrition as a major determinant of mortality and morbidity during childhood and growth during infancy, childhood, adolescence and adult life has been well recognised.
- Available data suggest that poor infant and young child feeding (IYCF) practices and availability and accessibility of health care for morbidity are the major modifiable factors associated with under-nutrition in under-three children.
- Over the last few decades there has been substantial reduction in household food insecurity and improvement in access to health care for morbidity.
- There has been rapid reduction in under-five mortality in the last two decades but reduction in under-nutrition levels in under-five children has been relatively slow.
- Major factors identified which are responsible for rise in under-nutrition rate during infancy and early childhood are:
  - ✓ too early introduction of animal milk
  - ✓ delay in introduction of semi-solid complementary feeds
  - ✓ inadequacy in number of quantity and quality of semi-solid complementary feed
- The Mother Child Protection Card (MCPC) was designed as the critical intervention tool to support the front line health and nutrition workers to effectively communicate nutrition education messages to mothers on appropriate infant and young child feeding practices, care and feeding during illness and convalescence.

## **MOTHER CHILD PROTECTION CARD**

- **Mother Child Protection Card was developed jointly by the Ministry of Women and Child Development and Ministry of Health and Family Welfare as a critical intervention tool for combating under-nutrition during infancy and early childhood through nutrition and health education and early detection and effective management of growth faltering.**
- **The card provides:**
  - ✓ **a structured format in which health and nutrition related information pertaining to pregnancy and first three years of the child's life could be entered;**
  - ✓ **a separate growth chart for boys and girls (in which WHO MGRS standards have been indicated) to plot weight-for-age and monitoring growth in the first three years; and**
  - ✓ **authentic health and nutrition education messages (both pictorial and written) on infant and young child feeding, growth and development, and care during illness and convalescence.**
  - ✓ **timely reminder for immunization**
- **The card has been translated into all the major languages of India and made available to the State governments.**
- **The States were given the responsibility of printing and distributing the cards.**

# Integrated Child Development Services



Photograph of Mother & Child

<b>Family Identification</b>	
Mother's Name _____	Age <input type="text"/>
Father's Name _____	
Address _____	
Mother's Education: illiterate/primary/middle/high school/graduate	
<b>Pregnancy Record</b>	
Date of the last menstrual period	<input type="text"/> / <input type="text"/> / <input type="text"/>
Expected date of delivery	<input type="text"/> / <input type="text"/> / <input type="text"/>
No of pregnancies/ previous live births	<input type="text"/> / <input type="text"/>
Last delivery conducted at:	Institution <input type="checkbox"/> Home <input type="checkbox"/>
Current delivery:	Institution <input type="checkbox"/> Home <input type="checkbox"/>
JSY Registration No. _____	
<b>Birth Record</b>	
Child's Name _____	
Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	Birth Weight <input type="text"/> <input type="text"/> <input type="text"/> kgs <input type="text"/> <input type="text"/> <input type="text"/> gms
Girl <input type="checkbox"/>	Boy <input type="checkbox"/> Birth Registration No: <input type="text"/>

<b>Institutional Identification</b>	
AWW _____	AWC/Block _____
ASHA _____	ANM _____
SHC / Clinic _____	
PHC / Town _____ Hospital Address _____	
Transport Arrangement _____	

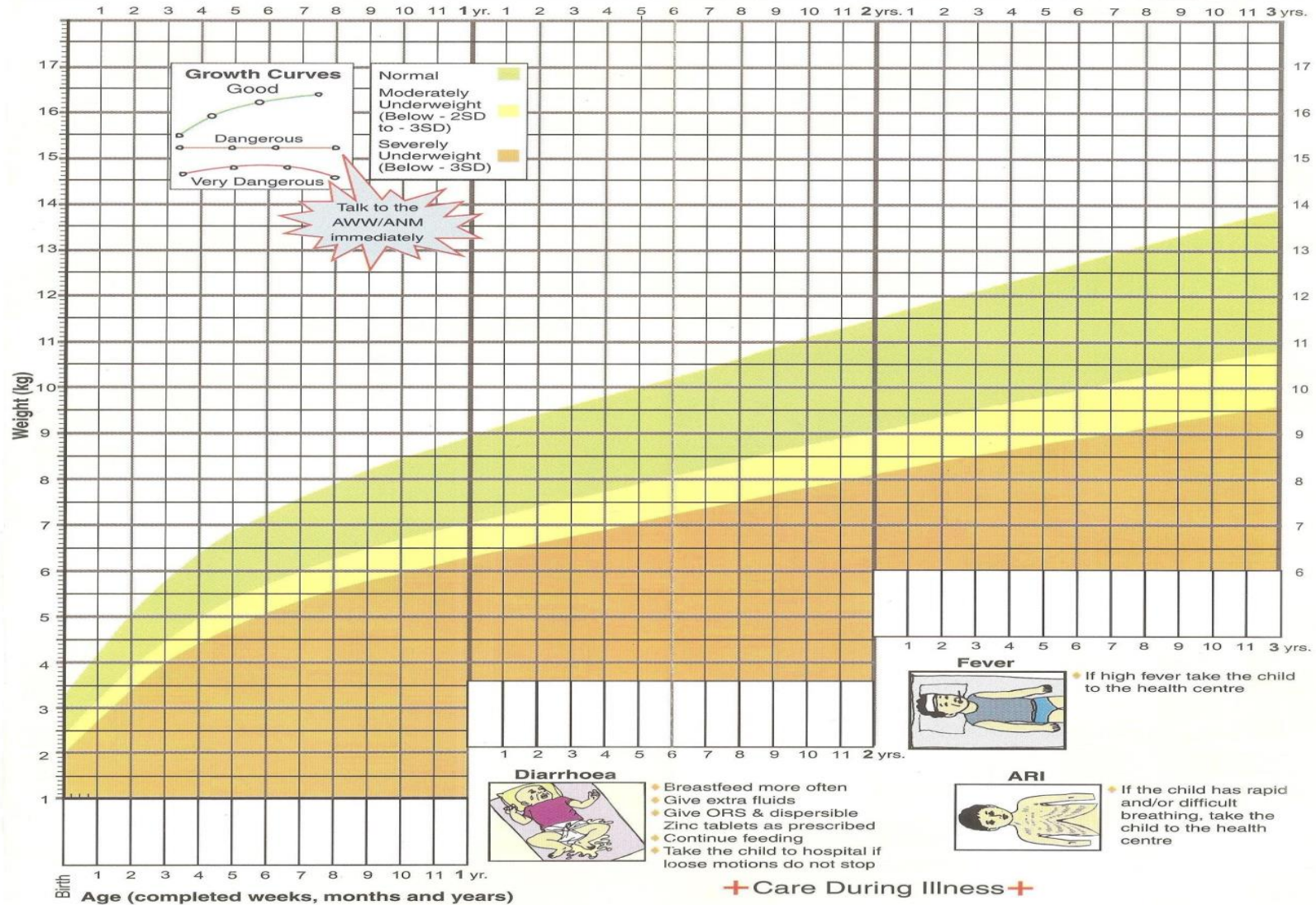
Anganwadi Reg. No <input type="text"/>	Sub-centre Reg. No <input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/>
Referral <input type="text"/>	<input type="text"/>	<input type="text"/>

**Food & Nutrition Board**  
Ministry of Women & Child Development, Government of India

# WHO Growth Standards



## GIRL: Weight-for-age – Birth to 3 years (As per WHO Child Growth Standards)



Ensure equal care for the girl child



# Timely Reminder for Immunisation

## NEWBORN CARE

- ◆ Keep the child warm
- ◆ Start breastfeeding – within 1 hour. For the first 6 months, give nothing except mother's milk, not even water
- ◆ Do not bathe child for first 7 days
- ◆ Keep the cord dry
- ◆ Keep the child away from people who are sick
- ◆ Weigh your child at birth
- ◆ Give special care if child is less than 2.5 kg.



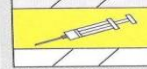








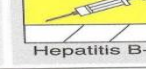
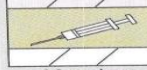

## DANGER SIGNS SEE HEALTH WORKER

- ◆ Weak suck or refuses to breastfeed
- ◆ Baby unable to cry/difficult breathing
- ◆ Yellow palms and soles
- ◆ Fever or cold to touch
- ◆ Blood in stools
- ◆ Convulsions
- ◆ Lethargic or unconscious




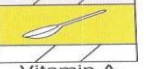


## Details of Immunisation



### Birth to 3 Years

Birth	Birth	Birth	
 B.C.G.	 OPV-0*	 Hepatitis B-0*	* For Institutional Delivery
1½ months  OPV-1	2½ months  OPV-2	3½ months  OPV-3	
1½ months  DPT-1	2½ months  DPT-2	3½ months  DPT-3	
1½ months  Hepatitis B-1	2½ months  Hepatitis B-2	3½ months  Hepatitis B-3	9 months  Measles
			9 months  Vitamin A

### 16 to 24 months

16-24 months  DPT Booster	16 months  Polio Booster	16 months  Vitamin A	24 months  Vitamin A
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### 24 to 36 months

30 months  Vitamin A	36 months  Vitamin A
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### Remember

- ◆ Give Iron & Folic Acid syrup to children over 6 months as prescribed
- ◆ Deworm children over 1 year biannually as prescribed

# Health and Nutrition Education Messages

## Feeding, playing and communicating with children helps them grow and develop well

### 0 to 6 months

#### Feeding



- ◆ Start breastfeeding immediately after birth – within 1 hour
- ◆ Exclusively breastfeed for 6 months. Do not give any other food or drinks and not even water
- ◆ Breastfeed as many times as the child wants
- ◆ Breastfeed day and night

Continue breastfeeding during illness

### 0 to 3 months

#### What you can do

Smile at your child, look into child's eyes and talk to your child



Provide ways for the child to see, hear, feel and move

#### What children can do

Around 3 months, most children can

Smile in response



Track a ribbon bow



Begin to make sounds



Always use adequately iodized salt for the family

### 3 to 6 months

#### What you can do

Have large colourful objects for your child to see and to reach for



Talk to & respond to your child. Get a conversation going with sounds or gestures

#### What children can do

Around 6 months, most children can

Hold head steady when held upright



Turn to a voice



Reach out for objects

Child needs extra food after illness

### 6 to 12 months

#### Feeding



- ◆ On completion of 6 months, start with small amounts of soft mashed cereal, dal, vegetables and fruits
- ◆ Increase the quantity, frequency and thickness of the food gradually
- ◆ Understand child's signals for hunger and respond accordingly
- ◆ Feed the child 4-5 times a day and continue breastfeeding

#### What you can do

Give your child clean safe items to handle and things to make sounds with.



Play games like peek-a-boo. Tell the child names of things & people.

#### What children can do

Around 9 months most children can

Sit up from lying position



Pick up with thumb and finger



Sit without support

Around 1 year most children can

Stand well without support



Wave



Say papa/mama

If the child seems slow, increase feeding, talking and playing. If the child is still slow, take the child to a doctor



# Feeding, playing and communicating with children helps them grow and develop well

## 1 to 2 years

### Feeding



- ◆ Continue to offer a wide variety of foods including family foods, such as rice/ chappati, dark green leafy vegetables, orange & yellow fruits, pulses and milk products
- ◆ Feed the child about 5 times a day
- ◆ Feed from a separate bowl and monitor how much the child eats
- ◆ Sit with the child and help her finish the serving
- ◆ Continue breastfeeding upto 2 years or beyond

### What you can do

Give your child things to stack up & to put into containers and take out.



Ask your child simple questions. Respond to your child's attempts to talk.

### What children can do

Around 1½ years most children can

Express wants



Put 3 pebbles in a cup



Walk well

Around 2 years most children can

Stand on one foot with help



Say one other word



Imitate household work

Continue breastfeeding during illness

Always use adequately iodized salt for the family

Child needs extra food after illness

## 2 to 3 years

### Feeding



- ◆ Continue to feed family foods 5 times a day
- ◆ Help the child feed herself / himself
- ◆ Supervise feeding
- ◆ Ensure hand washing with soap before feeding

### What you can do

Help your child count and compare things; make simple toys for your child.



Encourage your child to talk & respond to your child's questions. Teach your child stories, songs, and games.

### What children can do

Around 2½ years most children can

Point to 4 body parts



Feed self spilling little



Name one colour correctly



Around 3 years most children can

Copy & draw straight line



Wash hands by herself



Name 3 out of 4 objects



If the child seems slow, increase feeding, talking and playing. If the child is still slow, take the child to a doctor



## **HYPOTHESIS**

**Under-nutrition rates in under-five children continue to be high.**

**Poor infant and young child feeding and caring practices had been identified as the major modifiable factors associated with under-nutrition especially in the critical first two years.**

**Mother Child Protection Card (MCPC) is a critical intervention tool for combating these two factors and improving nutritional status of children.**

## **OBJECTIVE**

- **to assess feasibility and impact of using MCPC as a supportive tool for nutrition and health education regarding infant and young child feeding and care during illness**

- The present study was conducted in the urban low middle income communities among mothers with relatively high literacy rates.
- In this milieu the study explored:
  - ✓ acceptance and safe keeping of the MCPC by the mothers
  - ✓ use of MCPC as a tool for nutrition education by the ANM AWW and research team
  - ✓ weighing and plotting of growth in MCPC growth chart by AWW and research team

### **LOCALE OF STUDY**

Anganwadi's of Nebsarai, Lado Sarai and Andheria Mod of South Delhi

### **INCLUSION CRITERIA**

- Willing
- low or low middle income group households
- Infants under one of age

### **EXCLUSION CRITERIA**

- Not willing
- High income group households
- Single men and women who are students or employees who are staying as tenants/paying guests

### **APPROVALS**

- Permission to conduct the study was obtained from Department of Women and Child Development, NCT, Delhi.
- Approval to undertake the study was obtained from the Institutional Ethics Committee of Nutrition Foundation of India, New Delhi.

# STUDY DESIGN



**Update the anganwadi census and enrolling**



**Identify households with under 3 children who plan to stay in the locality for 3 years**



**Explain the details of the study; provide SIS to the household and community**



**Obtain informed consent**



**Provide Hindi version of MCPC to all children below 2 year**



**Teach mothers how to keep the card safely in the zip lock envelope provided with the card**



**Nutrition and health education messages in the MCPC were explained to all the mothers**



**Weighing the child monthly and plotting their weight for age in MCPC**



**During every visit information on the feeding practice were obtained**



**If the practice was inappropriate, MCPC was used to show the mother the right feeding practice for age and tried to convince the mother to correct the feeding practice**



**If the child was ill at the time of the visit, advice was given to the mother to access health care and feeding during illness and convalescence**



**When seeking child care, mothers were requested to take MCPC with them and give it to AWW or ANM which enable AWW/ANM to enter all data pertaining to the child in the MCPC; and provide appropriate nutrition and health advice**



**Evolve, test and finalize the modified MCPC which has IYCF, morbidity and growth in the same page**

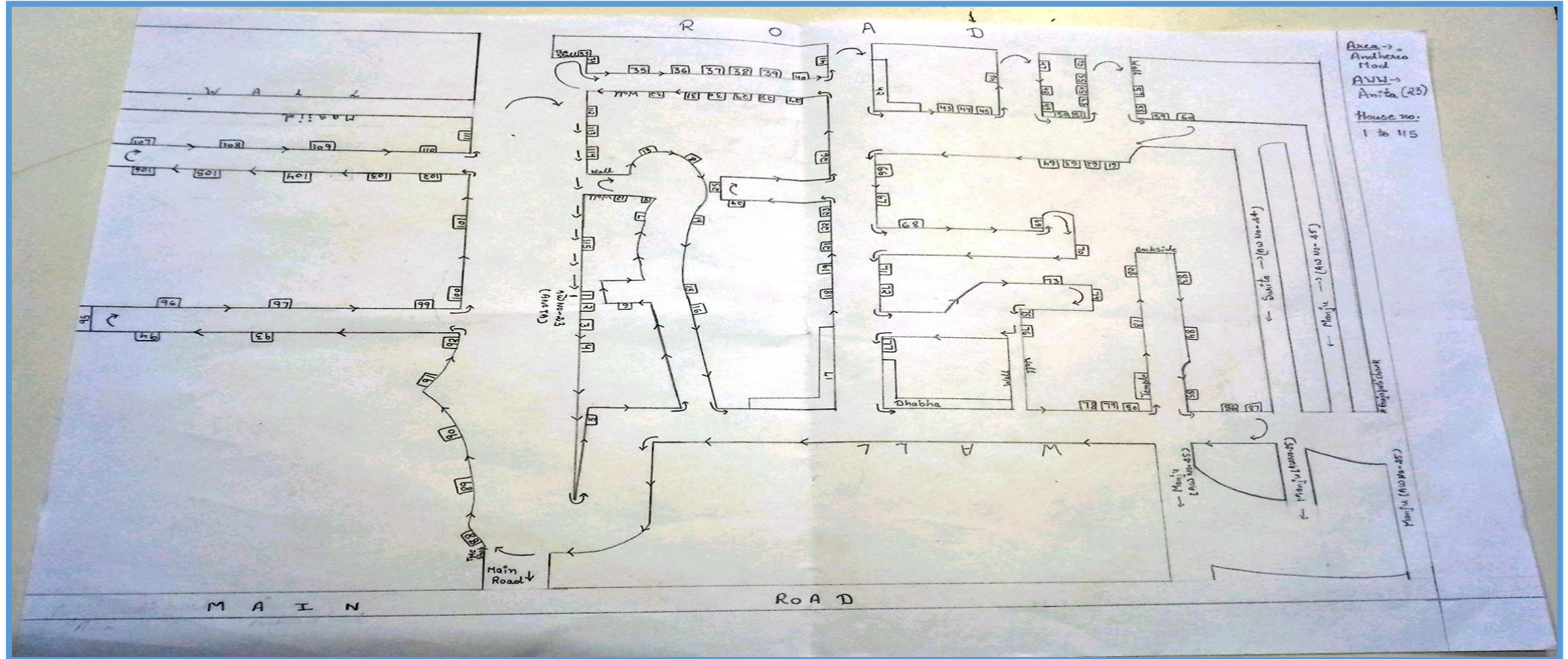


**Start plotting the data on growth, IYCF and morbidity on the modified card**



**Assess whether having all the data on one page improves identification of cause of growth faltering**

# MAP OF ANGANWADI SHOWING CENSUS



- A census of all the households in selected blocks in South Delhi was done in January 2015 and subsequently updated in January 2016 and 2017
- Map was constructed of all 30 anganwadis; this makes easy identification of households possible .



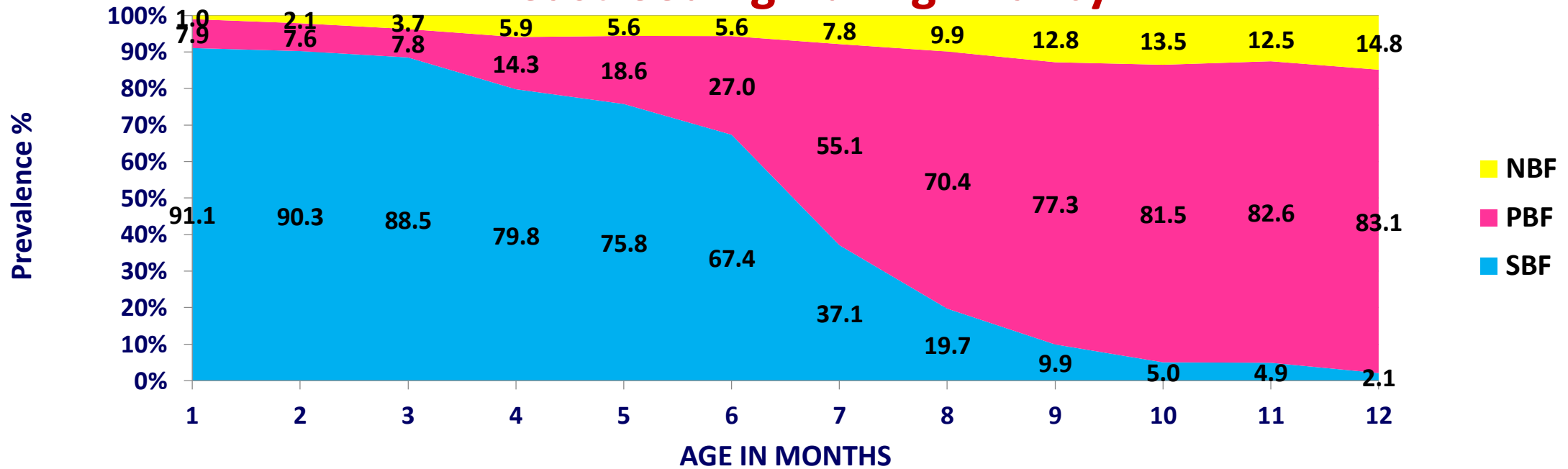
# RESULTS

<b>Number of children studied</b>				
	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>Total</b>
<b>Total no. of children (0-35 months)</b>	<b>1480</b>	<b>1041</b>	<b>1198</b>	<b>3718</b>
<b>Total no. of visits</b>	<b>9715</b>	<b>5191</b>	<b>4899</b>	<b>19805</b>
<b>Average number of visits/year</b>	<b>6.6</b>	<b>5</b>	<b>4.1</b>	<b>5.3</b>
<b>Visits in 0-11 months of age</b>	<b>2817</b>	<b>1365</b>	<b>1675</b>	<b>5857</b>
<b>Visits in 12- 23 months of age</b>	<b>3508</b>	<b>1928</b>	<b>1761</b>	<b>7197</b>
<b>Visits in 24-35 months of age</b>	<b>3390</b>	<b>1898</b>	<b>1463</b>	<b>6751</b>

**Table shows average number of visits per child with data on infant feeding, morbidity and anthropometry**

- **Mothers accepted the MCPC, and kept it safely in the zip lock envelope.**
- **During the follow-up period all except six women were able to provide the card as and when the research team requested for it.**
- **Whenever they took their children to the anganwadi and health facility, they took MCPC and gave it to the AWW or ANM.**

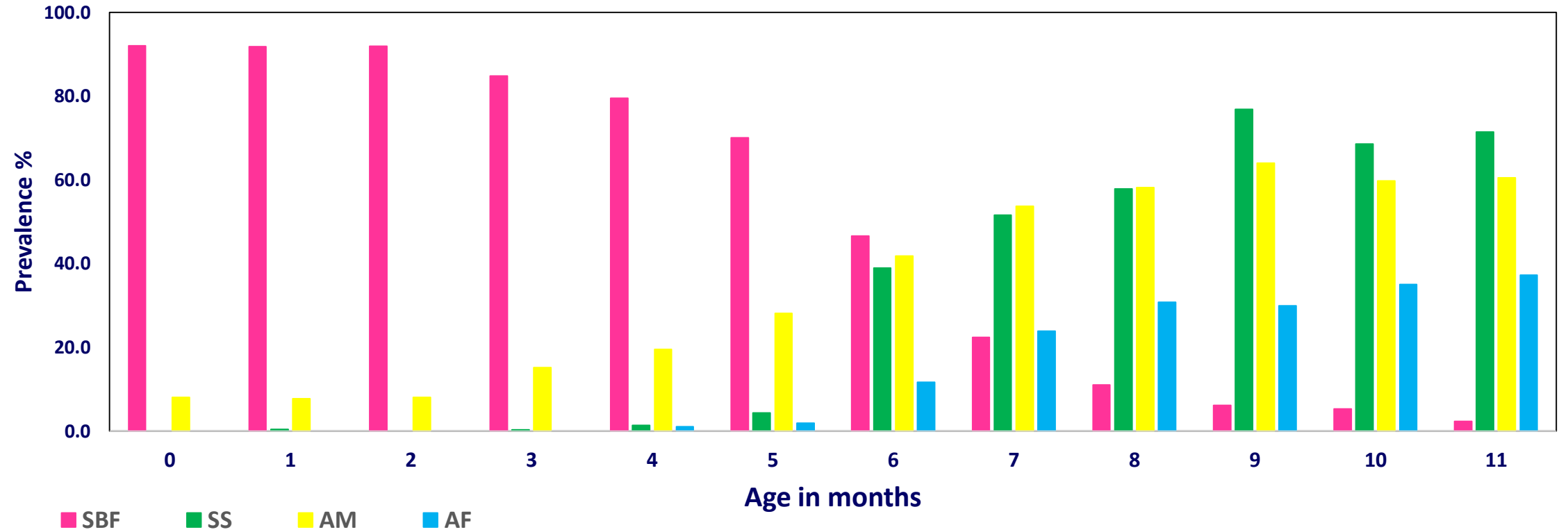
## Breastfeeding During Infancy



- In India breastfeeding is nearly universal; because of this the infants do get a good start in life.
- Data on infant feeding practices in the study children is shown in Fig .
- Over 90% of the mothers were giving only breast milk to their infants in the first two months of life.
- Even at 5 months over two-thirds of the women solely breast-fed their infants. Very few children continued to be solely breast-fed beyond nine months.
- Breast feeding continued in the 6-11 months; only 15% of women stopped breast feeding at 11 months

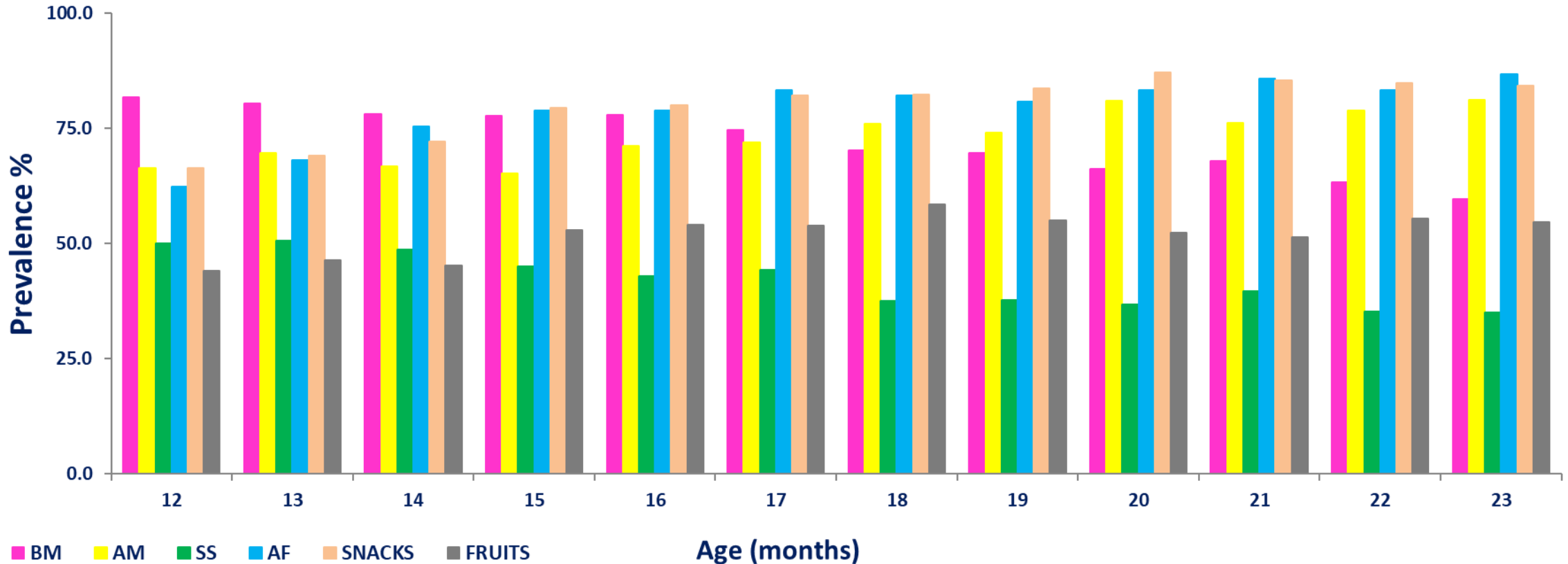


## Other Food Given to Breast-fed Infant



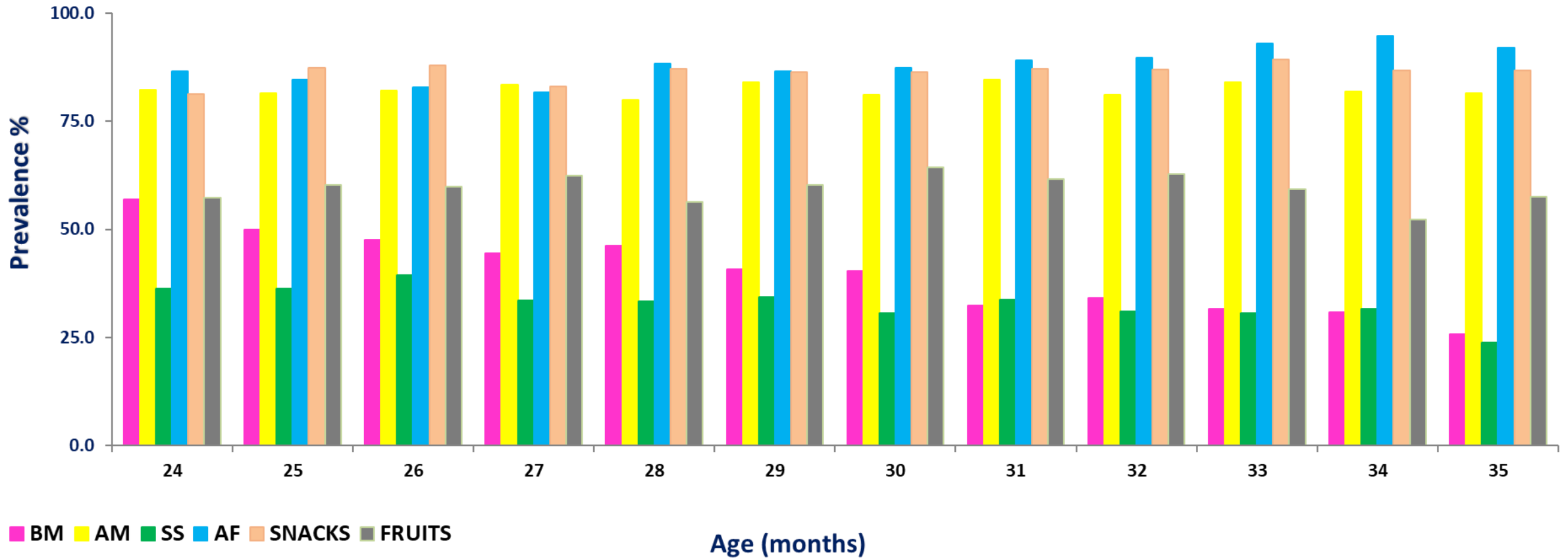
- Fig. shows over 50% of mothers had introduced animal milk and semi-solids by the 7<sup>th</sup> month
- By 9<sup>th</sup> month over 3/4<sup>th</sup> all infants received semi-solid feeds and one-third received mashed adult food.

## Other food given to 12-23 month old breast-fed children



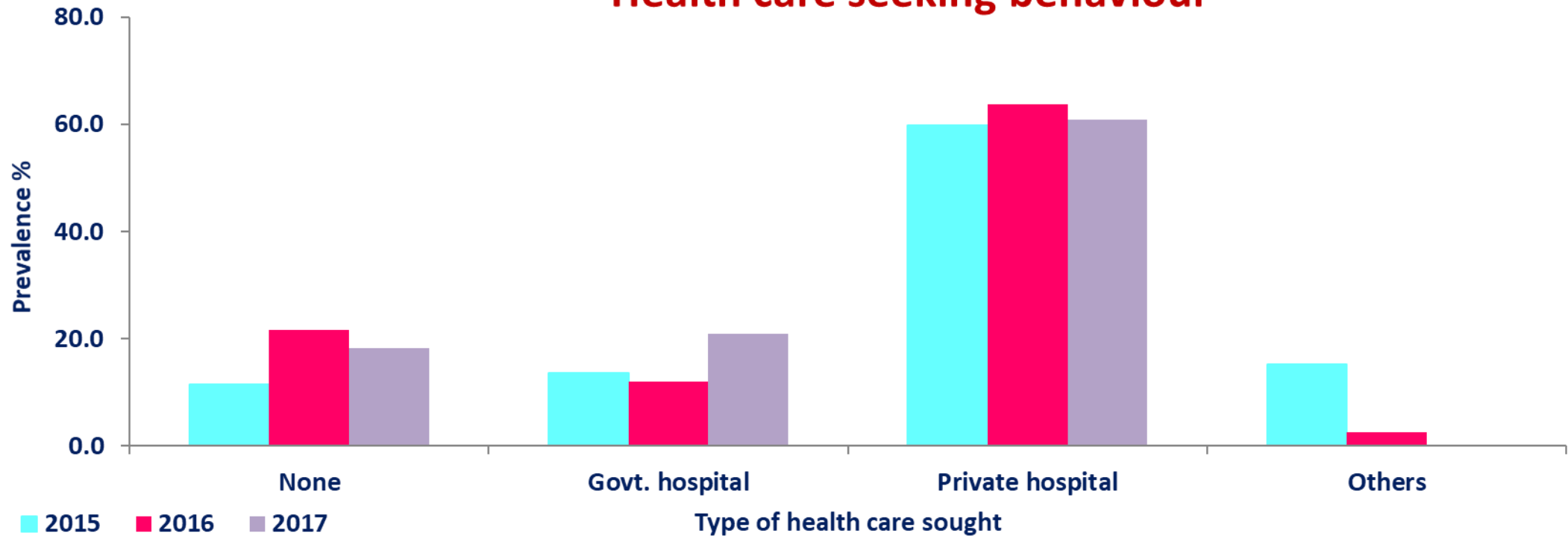
- In the 12-23 month age group majority of children continued to get breast milk/animal milk and some mashed adult food.
- They ate meals along with the family who were following the three meal pattern.
- Some children were given some snacks or fruit between meals

## Food given to 24-35 month old children



- In the third year almost all children were having three meals with adults and some animal milk, snacks and occasionally fruits.

## Health care seeking behaviour



- The advice that if the children are ill for 3 or more days they should be taken to the health care provider was followed by over 90%.
- As a result none of the children had severe infection requiring hospitalization.
- Mothers followed the nutrition education messages on feeding during illness and convalescence.

## Mean WAZ in under-3 children

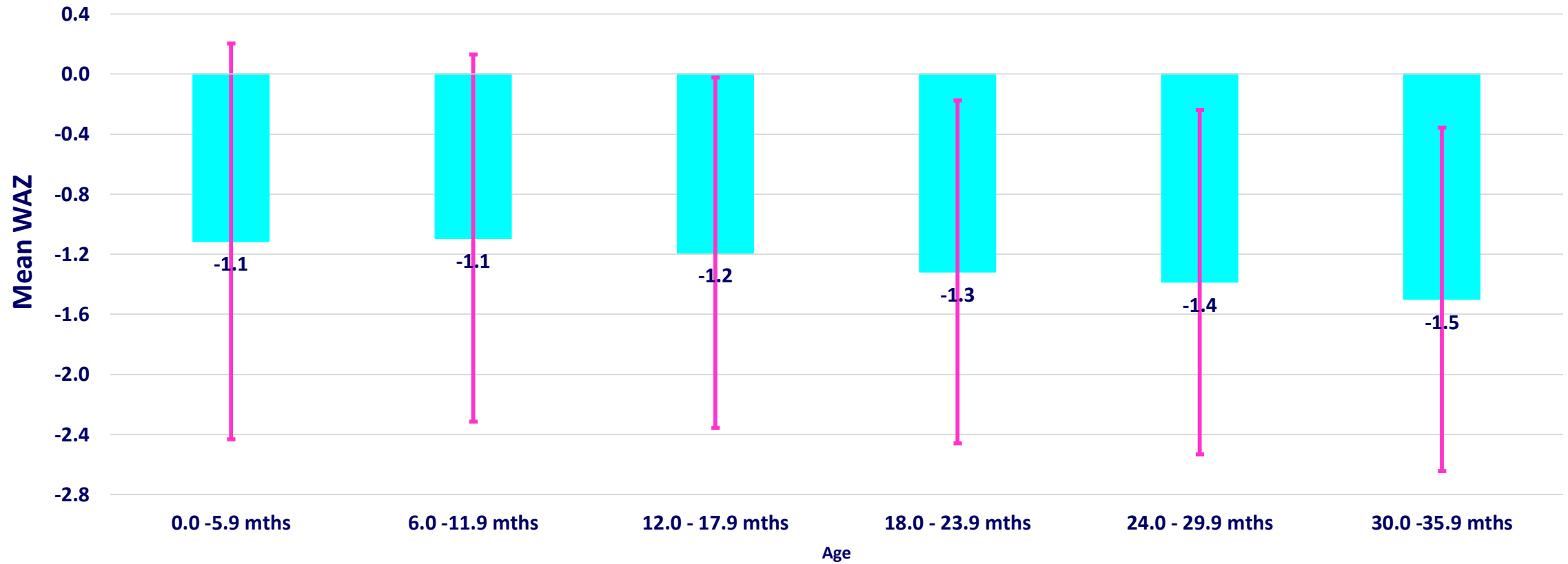
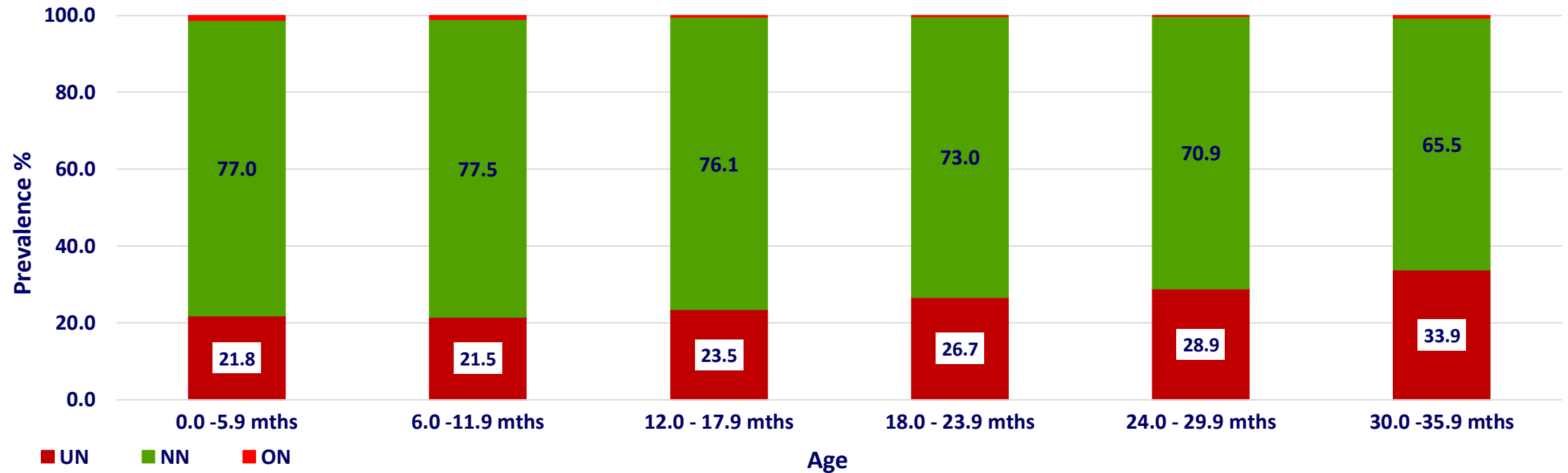


Fig. shows Z scores for weight-for-age in the first three years of life.



## Nutritional status (weight-for-age) of under-3 children



- Prevalence of underweight (weight-for-age) is shown in Fig.
- There was no deterioration in the mean z scores for weight-for-age or increase in prevalence of under-nutrition in the first 11 months.
- Subsequently, there was a slow but progressive deterioration in the z scores for weight-for-age and increase in underweight rates between 12-35 months of age.

# MODIFIED MCPC

WEIGHT FOR AGE GIRLS (Birth to 5 years)

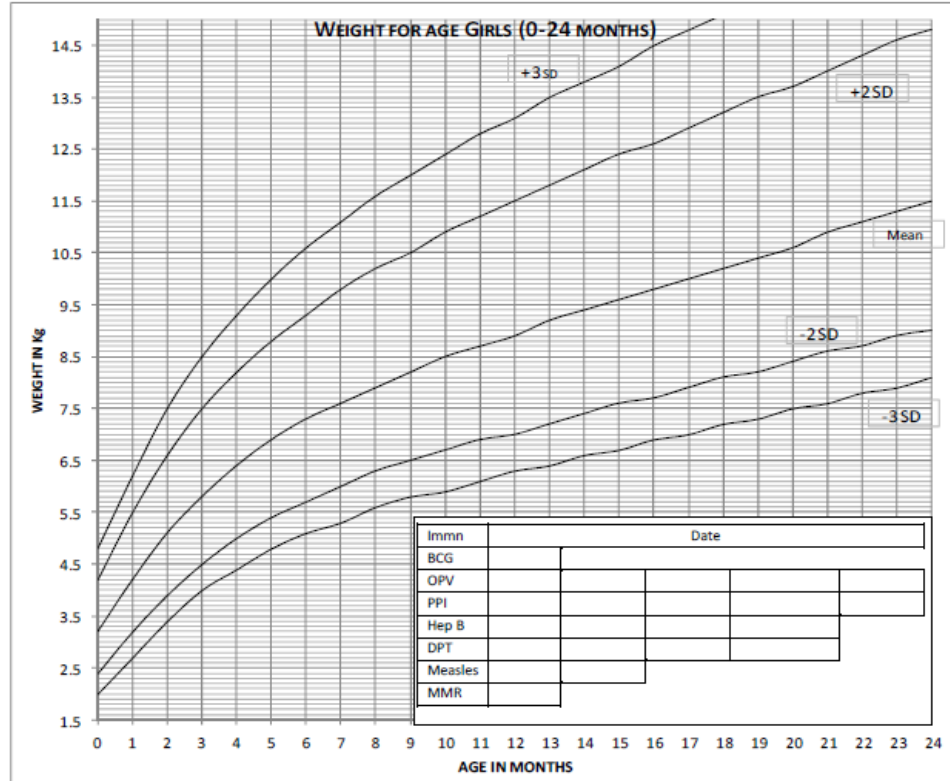
AREA MUID NO. NAME OF CHILD  
 AWW SEX OF CHILD DATE OF BIRTH  
 HOUSE No. MOTHER'S NAME BIRTH WEIGHT  
 H.H. No. FATHER'S NAME DATE OF FIRST VISIT  
 CUID NO.

← Identification data

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
BM																								
AM																								
Water																								
SS																								
AF																								
V&F																								
Others																								
M(N/Y)																								
CODING FOR MORBIDITY																								
A																								
B																								
C																								
D																								
E																								

← IYCF data

← Morbidity data



← Weight for age chart 0-23 months

← Immunization record

(A) Type of Morbidity 1. Diarrhea 2. Dysentery 3. Fever 4. Respiratory infection 5. Eruptive fever 6. Skin disease 7. Any other  
 (B) Duration- 1. <3 d 2. 4-7 d 3. >7d (C) Severity- 1. Mild 2. Moderate 3. Severe (D) Treatment 1. Hosp 2. Dr. 3. Nurse 4. Unqualified  
 (E) 1. Improved 2. Deteriorated 3. No change

← Coding for morbidity data

A modified growth chart was developed which has information on IYCF and morbidity on the same page above the growth chart which shows the temporal linkage between poor feeding practices, illness and growth faltering and makes it easier to provide appropriate nutrition and health education to the mother and the family.

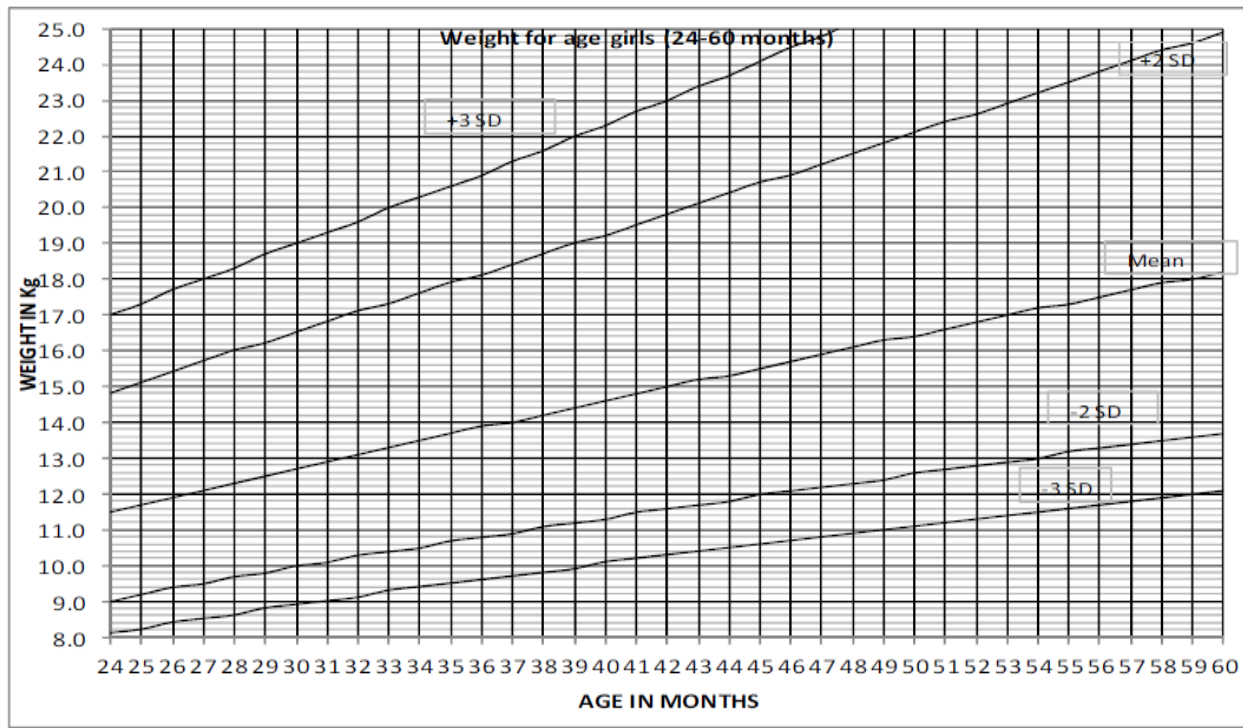
# MODIFIED MCPC

WEIGHT FOR AGE GIRLS (2 to 5 years)

	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59			
BM																																							
AM																																							
AF																																							
V&F																																							
M(N/Y)																																							
CODING FOR MORBIDITY																																							
A																																							
B																																							
C																																							
D																																							
E																																							

← IYCF data

← Morbidity data



← Weight for age chart -24- 59 months

# Adverse impact of formula feeding on infant growth

WEIGHT FOR AGE BOYS (Birth to 5 years)

AREA AM      AWW *Sarita*      HOUSE No. *75*      H.H. No. *153*      CUID NO. \_\_\_\_\_  
 MUID NO.      SEX OF CHILD *M*      MOTHER'S NAME *Reshma*      FATHER'S NAME *Nazim*  
 NAME OF CHILD *Ahaan*      DATE OF BIRTH *30/11/17*      BIRTH WEIGHT *2.5*      DATE OF FIRST VISIT \_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
BM	0	0	0	0	0	0	0	0	0	0	0													
AM		2	4	6	6	6	6	6	6	6	4													
Water	0	0	0	0	1	4	4	4	4	4	4													
SS		0	0	0	1	1	1	1	1	2	3													
AF		0	0	0	0	0	0	0	0	0	0													
V&F		0	0	0	0	0	0	1	1	0	0													
FF		6	6	6	6	0	0	0	0	0	0													
M(N/Y)					4					4														

Coding for morbidity																									
A				1							3														
B				2							2														
C																									
D				2							1														
E				1							1														



(A) Type of Morbidity 1. Diarrhea 2. Dysentery 3. Fever 4. Respiratory infection 5. Eruptive fever 6. Skin disease 7. Any other  
 (B) Duration- 1. <3 d 2. 4-7 d 3. >7d (C) Severity- 1. Mild 2. Moderate 3. Severe (D) Treatment 1. Hosp. 2. Doctor. 3. Nurse 4. Unqualified.  
 (E) 1. Improved 2. Deteriorated 3. No change  
 F.F - FORMULA FED



# Adverse impact of late introduction of complementary feeds and morbidity on growth

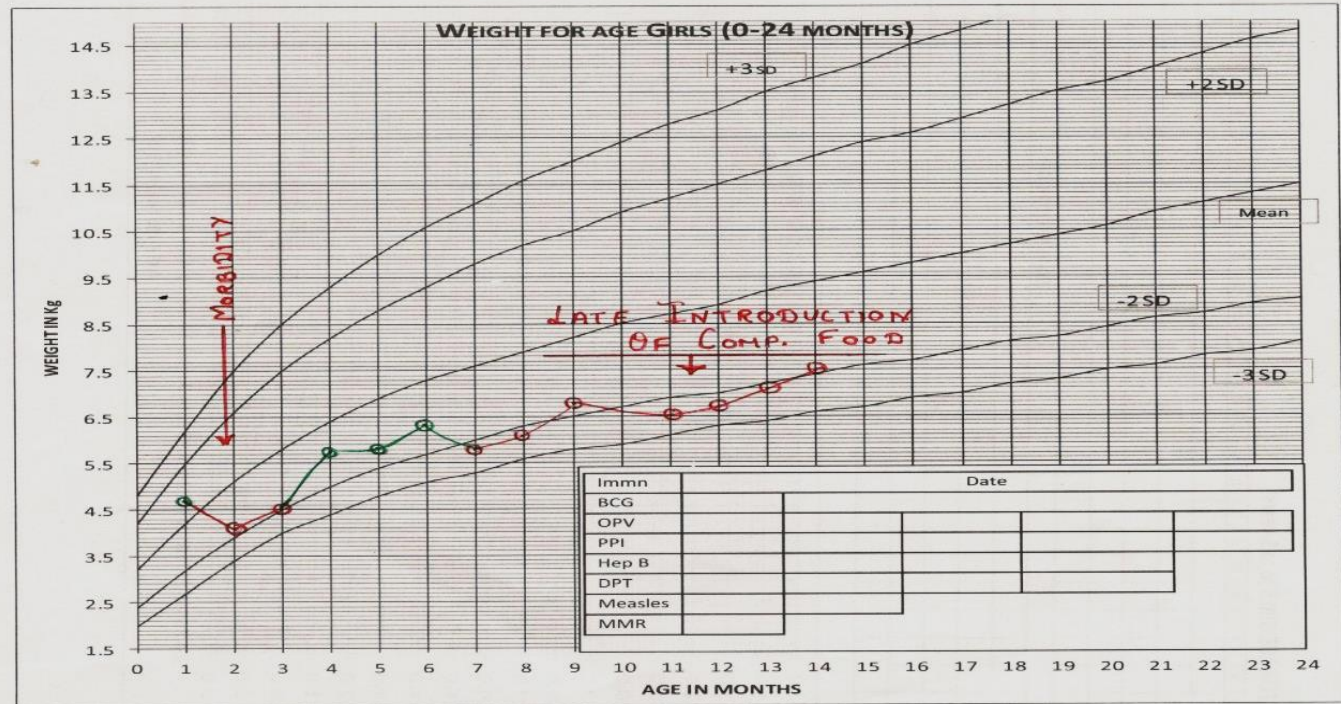
**WEIGHT FOR AGE GIRLS (Birth to 5 years)**

AREA AM AWW Anita HOUSE No. 42 H.H. No. 87 CUID NO. \_\_\_\_\_  
 MUID NO. \_\_\_\_\_ SEX OF CHILD F MOTHER'S NAME Pinky FATHER'S NAME Narendes  
 NAME OF CHILD Lakshi DATE OF BIRTH 21/11/17 BIRTH WEIGHT 2.1 DATE OF FIRST VISIT \_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
BM	12	10	10	10	8	8	8	8	8	1	1	1	6	6										
AM	0	0	0	0	0	0	0	0	0	1	1	1	4	4										
Water	0	0	0	0	0	0	0	0	0	1	1	1	4	4										
SS	0	0	0	0	0	0	0	0	0	1	1	1	1	1										
AF	0	0	0	0	0	0	0	0	0	1	1	1	1	1										
V&F	0	0	0	0	0	0	0	0	0	1	1	1	1	1										
Others	0	0	0	0	0	0	0	0	0	1	1	1	1	1										
M(N/Y)	N	Y	N	N	N	N	N	N	N	N	N	N	N	N										

**CODING FOR MORBIDITY**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
A			3																						
B			1																						
C			1																						
D			1																						
E			3																						



(A) Type of Morbidity 1. Diarrhea 2. Dysentery 3. Fever 4. Respiratory infection 5. Eruptive fever 6. Skin disease 7. Any other  
 (B) Duration- 1. <3 d 2. 4-7 d 3. >7d (C) Severity- 1. Mild 2. Moderate 3. Severe (D) Treatment 1. Hosp 2. Dr. 3. Nurse 4. Unqualified  
 (E) 1. Improved 2. Deteriorated 3. No change



# Effect of morbidity on weight during infancy

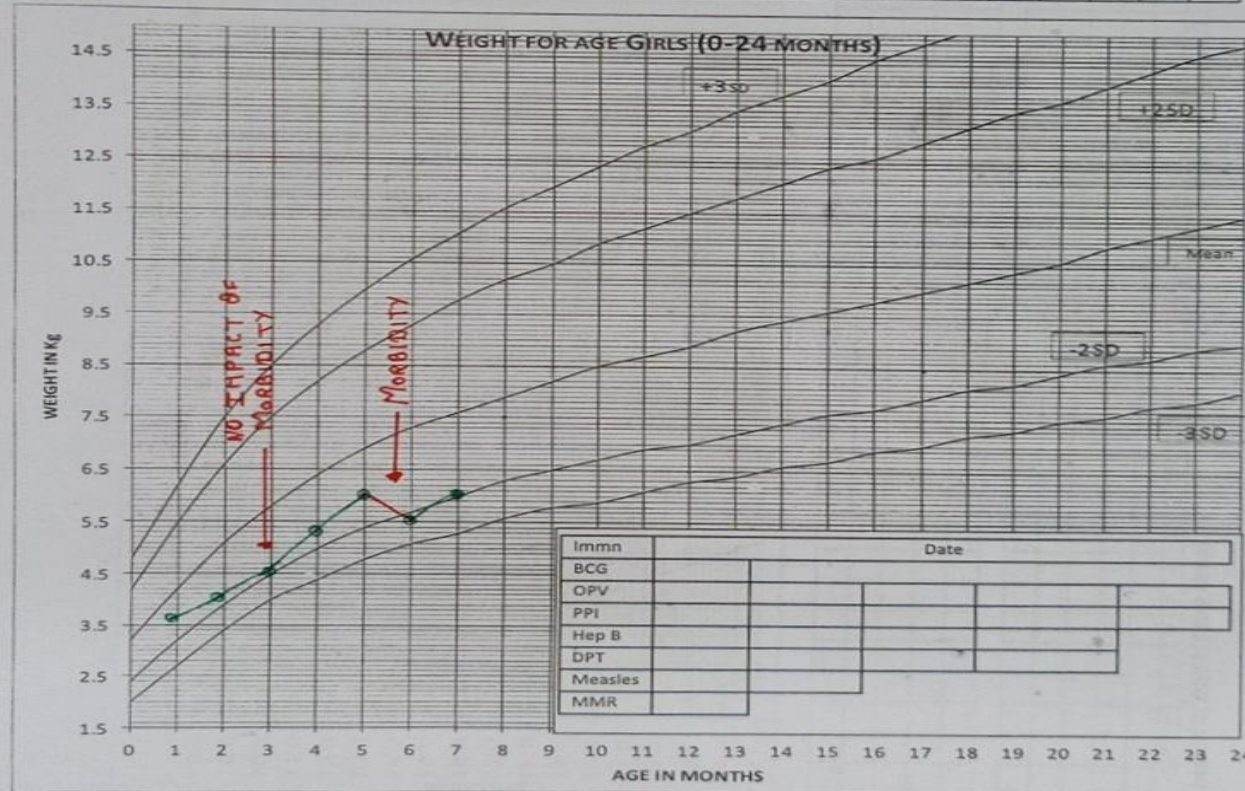
## WEIGHT FOR AGE GIRLS (Birth to 5 years)

AREA *AM* AWW *Amita* HOUSE No. *93* H.H. No. *189* CUID NO.  
 MUID NO. SEX OF CHILD *F* MOTHER'S NAME *Nusrat* FATHER'S NAME *Faizal*  
 NAME OF CHILD *Sara* DATE OF BIRTH *5/3/18* BIRTH WEIGHT H.D. DATE OF FIRST VISIT *27/3/18*

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
BM																								
AM	7	6	8	8	4	3	3	0																
Water					1	1	1	4																
SS						2	4	5																
AF								2																
V&F																								
Others																								
M(N/Y)			Y			Y																		

CODING FOR MORBIDITY	
A	
B	
C	
D	
E	



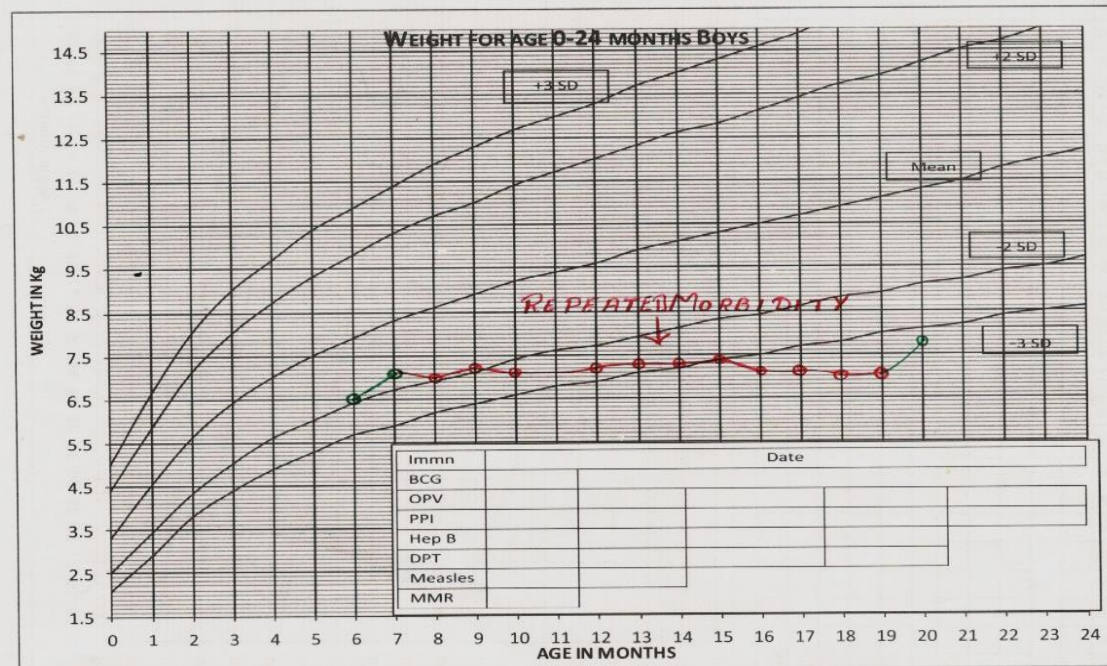
(A) Type of Morbidity 1. Diarrhea 2. Dysentery 3. Fever 4. Respiratory infection 5. Eruptive fever 6. Skin disease 7. Any other  
 (B) Duration- 1. <3 d 2. 4-7 d 3. >7d (C) Severity- 1. Mild 2. Moderate 3. Severe (D) Treatment 1. Hosp 2. Dr. 3. Nurse 4. Unqualified  
 (E) 1. Improved 2. Deteriorated 3. No change

# Effect of repeated infections on growth

## WEIGHT FOR AGE BOYS (Birth to 5 years)

AREA *AM*      AWW *Anita*      HOUSE No. *10*      H.H. No. *28*      CUID NO.  
 MUID NO.      SEX OF CHILD *M*      MOTHER'S NAME *Pinky*      FATHER'S NAME *Dinesh*  
 NAME OF CHILD *Ajay*      DATE OF BIRTH *5/2/17*      BIRTH WEIGHT *3*      DATE OF FIRST VISIT

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
BM						10	7	7	7	7		7	7	4	3	3	3	3	6	4				
AM						0	1	1	1	2		0	0	2	4	4	4	4	4	4				
Water						2	1	2	2	2		4	3	4	5	4	4	6	6	4				
SS						2	2	0	2	0		2	2	0	0	1	1	0	1	1				
AF						0	0	2	0	0		0	0	0	1	0	0	1	1	2				
V&F									0	1		0	0	0	0	0	0	0	0	0				
Others									2	0		0	0	0	0	0	0	0	0	0				
M(N/Y)						N	Y	Y	Y	N		Y	N	N	N	Y	Y	Y	N	N				
Coding for morbidity																								
A						4	3,4	6				3,4				3	3	3						
B						1	2	1				1				1	1	1						
C						1	1	1				1				1	1	1						
D						-	1	-				1				2	2	2						
E						3	1	1				2				1	1	1						



(A) Type of Morbidity 1. Diarrhea 2. Dysentery 3. Fever 4. Respiratory infection 5. Eruptive fever 6. Skin disease 7. Any other  
 (B) Duration- 1. <3 d 2. 4-7 d 3. >7d (C) Severity- 1. Mild 2. Moderate 3. Severe (D) Treatment 1. Hosp. 2. Doctor. 3. Nurse 4. Unqualified.  
 (E) 1. Improved 2. Deteriorated 3. No change

## **SUMMARY AND CONCLUSION**

**A community based mixed longitudinal study was taken up in urban low middle income group mothers with under-three children to assess feasibility and impact of using MCPC as a supportive tool for nutrition and health education regarding infant and young child feeding and care during illness.**

**Mothers readily accepted MCPC, kept it safely and produced it when requested.**

**MCPC with authentic pictorial messages was used by all health and nutrition front line workers and research team; this practice ensured uniformity in nutrition and health education messages.**

**Over 90% of infants at 2 months and over 2/3rd at 5 months were solely breast-fed. By 8th month almost all infants received semi-solid food.**

**Almost all families accessed health care during illness and followed the advice regarding feeding during illness and convalescence.**

**As a result the mean z scores for weight-for-age did not show any deterioration in the first year.**

**MCPC is a useful tool in providing nutrition and health education, and improving infant feeding practices**





THANK  
YOU