

PRACTICAL GUIDE OF PUBLIC POLICIES

INTERVENTIONS FOR CHILD MALNUTRITION

BACKGROUND



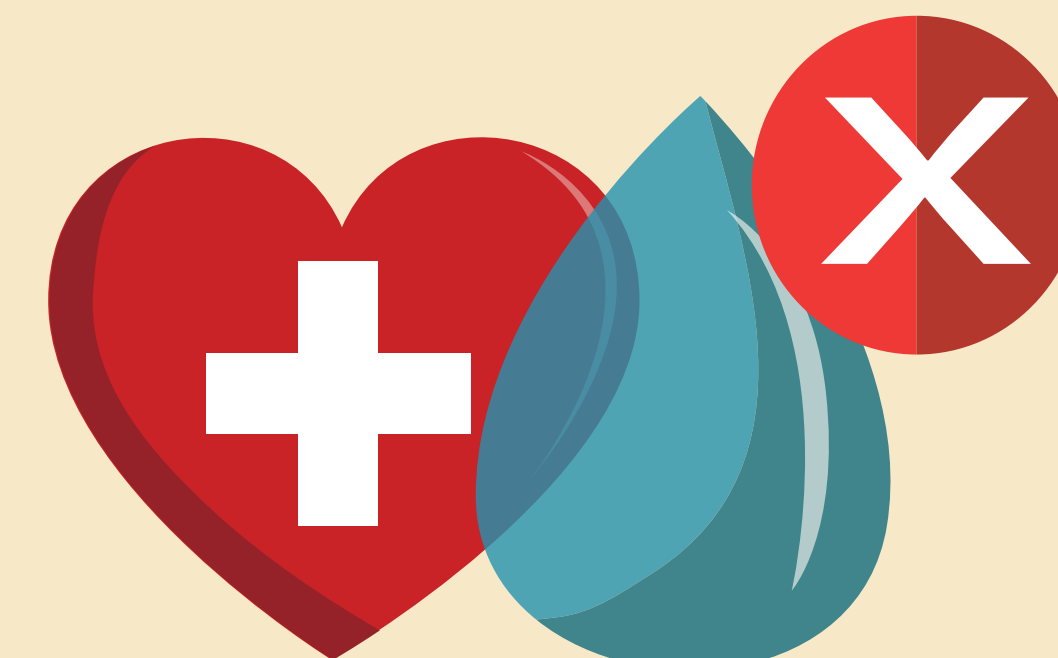
In Mexico... 1 OUT OF 7 CHILDREN under 5 years of age suffer from **CHRONIC MALNUTRITION**

CAUSES



INAPPROPRIATE DIET

- Limited supply of healthy food
- Insufficient income
- Inappropriate child care practices



ACUTE DIARRHEAL DISEASES (ADD)

- Poor health services
- Bad housing conditions
- Lack of access to drinking water and sanitation

EFFECTS

- Diseases
- Higher infant mortality rates
- Risks in cognitive development and school performance



WHAT WORKS AND WHAT DOESN'T? Based on evidence



POSITIVE IMPACT

- Breastfeeding promotion
- Supplementary feeding and nutritional education
- Conditional cash transfers
- Water quality improvement
- Probiotics for diarrhea
- Health promoters in primary care



INCONCLUSIVE IMPACT

- Long chain polyunsaturated fatty acid supplements (LCPUFA) for lactating women
- Promoting fruits and vegetables consumption
- Oral zinc for diarrhea



NO IMPACT

- Intermittent iron supplementation (1)
- Food fortification with micronutrients powder (1)

Interventions without rigorous evidence

- Proper management of excreta
- Lactose suppression in children with chronic diarrhea
- Bio-fortified corn
- Interventions to improve water, sanitation and hygiene
- Prenatal and postnatal education about breastfeeding for parents
- Child care services
- Positive deviance approach
- Agricultural Projects (aquaculture, family gardens, backyard animals)
- Use of deworming
- Growth monitoring
- Food supply (2)

Impact will only be achieved if interventions target the population under 5 years of age with chronic malnutrition

(1) For these interventions other variables were analyzed such as anemia, iron deficiency, hemoglobin, iron status, weight for age, mortality, weight for height, morbidity, among others, it was found that intermittent supplementation is effective to improve the concentration of hemoglobin and reduce the risk of anemia or iron deficiency in children under 12 years of age, and that food fortification with micronutrients powder is effective in reducing anemia and iron deficiency in children from 6 to 23 months of age. If the objective is to influence the reduction of chronic child malnutrition, its implementation is not recommended.

(2) The scarcity and heterogeneity of the studies included complicates the elaboration of conclusions about the effectiveness of the intervention. The implementation of these interventions is not recommended given the low quality of the evidence found.

