early marriage and child birth were still a problem as 2.2% mothers were younger than 18 years in 1992 as well as 2010. The norm of having two children is not yet established as 29% mothers were having 3 or more children in year 2009-10, which also suggests inadequacy of birth control measures.

There are many other areas where improvement was suboptimal like first ANC visit in first trimester, >3 ANC visits, ANC as well as TT at all, and not receiving IFA supplementation. However, these data were better as compared to national figures reported by Government of India where 11.5% pregnant mother did not receive ANC and 26.5% did not receive TT [1] and also in the report from Rajasthan (2010) only 55% pregnant women received TT [3]. Postnatal care was a relatively weak area of ICDS project as only 65.4% mothers received postnatal care as compared to national data where 87% received PNC [3,4]. Postnatal home visits in initial 2 days after delivery has been shown to reduce neonatal mortality rate; hence, it is very important to improvise this [4]. There was increasing trend to have antenatal, natal and postnatal services from medical officers and home deliveries were significantly reduced from 78.6% in 1992 to 4.9% in 2010. However, the progress made in many areas were also due to additional efforts made as part of Janai Suraksha Yojna in National Rural Health Mission, which has its primary focus on institutional deliveries.

To conclude, ICDS program has made significant improvement in many areas but a lot need to be done for improvement in postnatal care, promotion and initiation of breastfeeding within 2 hours of birth.

Contribution: MKK, SK & MG conceptualized the study and drafted the manuscript; MKK, AKM &SK were involved in data collection and MKK, MG analyzed the data.

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Non-alcoholic Fatty Liver Disease in Children

A cross sectional study was conducted in 100 children, aged 5 to 12 years, to find the prevalence of non-alcoholic fatty liver dieases (NAFLD), at New Delhi. Those with fatty liver on ultrasonography with no apparent etiology, were labeled as NAFLD. Three (3%) children had evidence of fatty liver on ultrasonography.

Key Words: *Non alcoholic fatty liver disease (NAFLD), Prevalence, Ultrasound*.

Non-alcoholic fatty liver disease (NAFLD) is characterized by hepatic fat accumulation (steatosis) with no apparent etiology [1]. The risk factors for NAFLD are obesity, insulin resistance and genetics. In adults, 15-20% of obese and 2-3% of lean individuals have steatohepatitis [2]. We intended to find out the prevalence of NAFLD in children visiting Holy Family Hospital, New Delhi, between June 2007 to December 2008.

One hundred children aged 5 to 12 years were included. Children with malnutrition, acute or chronic liver disease, history of hepatotoxic drug intake and those receiving total parenteral nutrition were excluded. All children underwent anthropometry (height, weight, body mass index (BMI) and waist to hip ratio) and an ultrasound of the abdomen. The diagnosis of fatty liver was based on ultrasonographic findings of hepatorenal echo contrast, bright liver, deep attenuation, and vessel blurring [3]. Further evaluation of these children included liver transaminases, lipid profile, hepatitis B surface antigen, anti-Hepatitis C antibodies, fasting blood sugar, serum ceruloplasmin, and urine for reducing substances. The

children with no apparent etiology were labeled as having NAFLD.

The mean age was 7.02±2.93 years. A total of 8% (*n*=8) were at risk for overweight (BMI 85th-94th centile) and 11% were obese (BMI above 95th centile). Three children (3%) were found to have NAFLD; one was obese (girl) and other two (both boys) had normal BMI. None of them had hepatomegaly. The obese boy also had raised trasaminases and raied fasting blood sugar.

The present study had limitations of a small sample size to estimate true prevalence, and absence of liver biopsy confirmation of NAFLD. The prevalence was comparable to 2.6% found in Japanese children [4] but lower than that reported from Turkey [5]. Larger population based studies need to be conducted tothe true prevalence and associated risk factors of NAFLD in Indian children.

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