



**NATIONAL POLICY ON
MATERNAL, INFANT AND YOUNG CHILD NUTRITION (MIYCN)
IN NIGERIA**

FEDERAL MINISTRY OF HEALTH,
DEPARTMENT OF FAMILY HEALTH
ABUJA

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Foreword

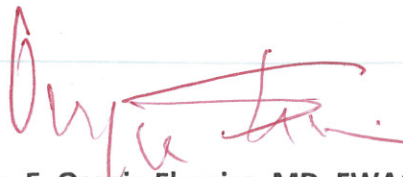
The triple burden of malnutrition remains a public health challenge especially among women and children. Maternal and adolescent nutritional status are intertwined with the nutritional and health status of the child especially within the first 1,000 days of life, making maternal nutrition visible determinants for the prevention of malnutrition nationally and globally.

Proven cost-effective and feasible high impact interventions have been prioritized in the National Multisectoral Plan of Action on Food and Nutrition (NMSPAF&N); the Health Sector Nutrition Strategic Plan of Action (NSPAN) and the National Strategic Health Development Plan II (NSHDP II) to ensure Universal Health Coverage. Also, emerging trends in maternal and adolescence health, gaps in policy statement on Early Initiation of Breastfeeding, the vulnerability of pregnant adolescents with its negative impact on their formative, and productive life, the humanitarian challenges on the continuum of care attended by both natural and man-made disasters, the need to articulate the critical role of nutrition-sensitive interventions to the target population in the policy calls for the review the 2010 National Policy on Infant and Young Child Feeding as well as the development of its implementation plan. This informed the policy to be renamed Maternal Infant and Young Child Nutrition.

Furthermore, Twelve out of the seventeen goals of the deliverables of the Sustainable Development Goals are linked to nutrition indicators. Therefore, when nutrition-specific and nutrition-sensitive interventions on Maternal Infant and Young Child Nutrition (MIYCN) receive urgent attention, it impacts meaningfully on the economic development of the country

Thus, the National Policy on Maternal Infant and Young Child Nutrition is a National commitment to the 2030 Global Strategy for Women Children and Adolescents' Health, emphasizing their rights to attainable highest standard of health. The policy has incorporated issues on the Global strategy on Infant and Young Child Feeding, Infant and Young Child Feeding in Emergency, nutritional needs in exceptionally difficult situations as well as the nutritional needs in humanitarian crisis. Being mindful of the determinants of non-health sectors to achieving optimal nutritional health practices for this vulnerable group, the policy is inclusive of nutrition-sensitive sectors.

I therefore endorse the effective implementation of the policy statements to ensure adequate nutritional practices in the continuum of care to break the intergenerational chain of malnutrition in the country.



Dr. E. Osagie Ehanire, MD, FWACS
Honourable Minister of Health

May, 2022

Acknowledgement

This National Policy on Maternal, Infant and Young Child Nutrition emanated as a result of the collaborative efforts of all stakeholders. It is borne out of the conviction that IYCF policy needs to incorporate emerging issues for the effective delivery of nutrition-specific and nutrition-sensitive interventions, especially as it relates to women, pregnant adolescents and children.

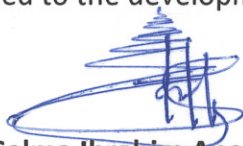
The Federal Ministry of Health (FMOH) acknowledges the support of Accelerating Nutrition Results in Nigeria (ANRiN) in the development and production of this document.

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Finally, special commendation goes to Dr Chris Isokpunwu, his Successor Dr. Binyerem C. Ukaire and the entire team of Nutrition Division including ANRiN Programme Management Unit (PMU) of the Family Health Department of the Federal Ministry of Health (FMOH) for the leadership and coordination skills that led to the development and approval of this policy document.



Dr. Salma Ibrahim Anas MBBS, MWACP, FMCPH
Director/Head, Family Health Department

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Acronyms

AFATDVAH	Age, Frequency, Amount, Texture, Density, Variety, Activeness/responsiveness and Hygiene
AIDS	Acquired Immune Deficiency Syndrome
ANRiN	Accelerating Nutrition Results in Nigeria Project
ARV	Anti-retroviral
BFCI	Baby-Friendly Community Initiative
BFI	Baby -Friendly Initiative
COVID-19	Coronavirus Disease 2019
EBF	Exclusive Breast Feeding
FMIC	Federal Ministry of Information and Culture
FMOE	Federal Ministry of Education
FMOH	Federal Ministry of Health
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
IEC	Information, Education, Communication
ILO	International Labour Organisation
LGA	Local Government Area
LGCFN	Local Government Committee on Food and Nutrition
MNP	Micronutrient Powder
MMS	Multiple micronutrient supplementation
NAFDAC	National Agency for Food and Drug Administration and Control
NAIIS	National AIDS Indicators Impact Survey
NCFN	National Committee on Food and Nutrition
NCN	National Council on Nutrition
NFNP	National Food and Nutrition Policy
NDHS	Nigeria Demographic and Health Survey
NFCMS	National Food Consumption and Micronutrient Survey
NGOs	Non – Governmental Organisations
NSPAN	National Strategic Plan of Action on Nutrition

National Policy on Maternal Infant and Young Child Nutrition

NPHCDA	National Primary Health Care Development Agency
ORS	Oral Rehydration Salt
PLW	Pregnant and Lactating Women
PMTCT	Prevention of Mother-to -Child Transmission
SBCC	Social and Behaviour Change Communication
SCFN	State Committee on Food and Nutrition
SDG	Sustainable Development Goals
SMOH	State Ministry of Health
SON	Standards Organisation of Nigeria
SPHCBs	State Primary Healthcare Boards
SSS	Sugar Salt Solution
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
WHO	World Health Organisation

Definition of Terms

Breast Milk Substitute:

Any food being marketed or otherwise represented as a partial or total replacement for breast milk, whether or not suitable for that purpose. It includes any milks that are specifically marketed for feeding infants and young children

Bottle feeding:

Feeding from a bottle, whatever its contents, whether expressed breast milk, water, infant formula or another food or liquid.

Breastfeeding:

The process of feeding an infant or young child milk either directly from the breast or expressed.

Cessation of breastfeeding:

Completely stopping breastfeeding (including suckling), and breast milk feeding.

Cerebral Palsy

Cerebral palsy (CP) is a “variety of non-degenerating neurologic disabilities caused by abnormal development of the central nervous system as well as injuries to the brain during the prenatal, perinatal and postnatal period, resulting in abnormalities of movement and posture.

Continued breastfeeding

The provision of breast milk beyond the first 6 months of life

Complementary feeding:

The process of feeding a child other foods and liquids along with breast milk beginning from 6 months, when breast milk alone is no longer sufficient to meet the nutritional requirements

Complementary food:

Any food, other than breast milk or infant formula (liquids, semisolids, and solids) introduced to an infant to provide nutrients.

Early initiation of breastfeeding

Provision of mother’s breast milk to infants within one hour of birth

Exceptionally difficult circumstances:

Special and difficult situations where a mother and /or a child requires extra support and attention.

Exclusive breastfeeding:

Feeding a child with only breast milk for the first six months of life, giving no other liquids or solids, not even water, with the exception of prescribed drops or syrups consisting of vitamins and mineral supplements or medicines and expressed breast milk.

HIV- exposed children:

Refers to infants or children born to a mother living with HIV until they are reliably excluded from being HIV infected.

HIV-negative:

Refers to people who have tested negative to HIV and who know that they tested negative, or to young children who have tested negative and whose parent(s) or guardians know the result.

HIV-positive:

Refers to people who have tested positive to HIV test and who know that they tested positive, or to young children who have tested positive and whose parent(s) or guardians know the result.

Infant:

A baby from birth to less than 12months of age.

Infant feeding counselling:

Counselling on breastfeeding and complementary feeding, including counselling on infant feeding in the context of HIV/AIDS, emergency and humanitarian settings.

Infant formula:

A breast milk substitute formulated industrially in accordance with applicable Codex Alimentarius standards for infants

Kangaroo care:

A method of care for low birth weight babies or pre-term infants where the mother/caregiver carries the infant on the chest or abdomen to maintain skin to skin contact. The rest of the baby's body not in contact with the mother/caregiver is covered with warm clothing, binding the mother or caregiver and baby together.

Low birth weight:

Birth weight of less than 2.5kg.

Low Osmolarity Oral Rehydration Solution (LO-ORS),

A reduced-osmolarity ORS, containing 75 mEq/L of sodium instead of 90 mEq/L, with glucose concentration to 75 mmol/L, and total osmolarity of 245 mOsm/L.

Maternal population

Relating to mothers, especially during pregnancy or shortly after childbirth.

Minimum feeding frequency:

The proportion of breastfed and non-breastfed children 6-24months of age who receive solid, semi-solid, or soft foods or milk feeds the minimum number of times or more.

Minimum dietary diversity:

The proportion of children 6- 24months of age who receive foods from five or more food groups.

Minimum acceptable diet

A standard indicator for children 6-23 months of age, measuring both the minimum feeding frequency and minimum dietary diversity as appropriate for various age groups. If a child meets the minimum feeding frequency and minimum dietary diversity for their age group and breastfeeding status, they are considered to receive a minimum acceptable diet.

Mixed feeding:

Feeding both breast milk and other foods or liquids to a child under 6 months of age.

Moderate acute malnutrition.

Moderate acute malnutrition (MAM), also known as wasting, is defined as Mid-Upper Arm Circumference (MUAC) of 11.5-12.4 cm or Weight-for-Height or Weight-for-Length of ≥ -3 to < -2 z-scores and no oedema of nutritional origin.

Normal circumstances:

Refers to mothers and children that are not infected with or exposed to HIV or other exceptionally difficult circumstances

Palliative care: an action that is intended to make the effect of a problem less severe but does not solve the problem

Persistent Diarrhoea

A child is said to have diarrhoea when he/she passes three or more watery stools in 24 hours. Persistent diarrhoea refers to a condition where an episode of diarrhoea illness lasts for more than 14 days).

Pre-lacteal feeding:

Giving other fluids or foods to a baby before the initiation of breastfeeding.

Re-lactation

Re-establishing breastfeeding after a mother had stopped, whether in the recent or distant past.

Replacement Feeding

The process of feeding a child who is not receiving any breast milk with a diet that provides all the nutrients the child needs, until the child is fully fed on family foods. Replacement feeds do not include black coffee/tea, fruit juices, or over-diluted milk.

Rooming-in/Bedding in

When the mother and her baby stay in the same room/bed.

Severe Acute Malnutrition

Defined as Weight for Height Z score less than -3 or MUAC < 11.5 cm, or the presence of bilateral pitting oedema, or both.

Very Low Birth Weight

Infant weighing less than 1.5kg at birth

3 W's -

Wear a mask during feeding, Wash hands with soap before and after touching the baby, Wipe and disinfect surfaces regularly

Young child

A young person from the age of 12 months up to 5 years (59 months).

CHAPTER ONE: Overview of Maternal, Infant and Young Child Nutrition

1.0 Background

Premised on the Sustainable Development Goals, Nigeria has expressed its ambition and commitment to addressing hunger and all forms of malnutrition by the year 2030. The provision of adequate nutrition during infancy and early childhood remains an important means of addressing malnutrition thus ensuring adequate development and promotion of optimum growth, health, and behaviour of the child.

It is well established that cost-effective maternal nutrition programs/interventions play an important role in improving the health of mothers and their children. Children of malnourished

women are more likely to have cognitive impairments, short stature, lower resistance to infections, and a higher risk of disease and death throughout their lives. Adolescents who become pregnant are at greater risk of various complications. Pregnant adolescents who are underweight or stunted are especially likely to experience obstructed labour and other obstetric complications as well as give birth to children with intrauterine growth restriction, low birth weight, preterm delivery, higher infant mortality and poor child outcomes¹. The poorly nourished adolescent mother perpetuates the intergenerational cycle of malnutrition with attendant consequences.²

The first 1000 days that is from conception to a child's second birthday is recognised as a critical period during which adequate nutrition should be provided for the child to achieve optimum growth, development, and full potential. Inadequate nutrition has far-reaching implications for the child and the nation at large; these include developmental delays, impaired educational ability, a lifetime of poor health, increased risk of chronic diseases, and early death. The economic implications of malnutrition include the perpetuation of poverty (World Bank 2006)³. The mortality and morbidity from malnutrition represents a direct loss in human capital and productivity for the economy. It is estimated that at a microeconomic level, a one percent loss in adult height as a result of childhood stunting equals to a 1.4 percent loss in productivity of the individual. Malnutrition traps generations of individuals and communities in the vicious circle of poverty. Improving nutrition is therefore essential to eradicate poverty and accelerate economic growth.

Malnutrition remains a major challenge in Nigeria. While progress has been made in the control and management of acute malnutrition, gaps still exist as 37% of all children under five years of age in Nigeria are stunted, 6.8% are wasted and 22% are underweight.⁴ Wasting showed a decline from 18% and underweight from 29% in 2013.⁵ The trend is depicted in the graph below.

Nigeria also contributes significantly to the global burden of malnutrition, in that, Nigeria alongside India and Pakistan, account for over 40% of burden of stunting.⁶

¹Yu SH, Mason J, Crum J, Cappa C, Hotchkiss DR. Differential effects of young maternal age on child growth. *Glob Health Action*. 2016;9(1):31171. doi: 10.3402/gha.v9.31171

²Martorell, R & Zongrone, A (2012) Intergenerational influences on child growth and undernutrition. *Paediatr Perinat Epidemiol* 26, 302–314

³Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action, The World Bank, 2006

⁴ NDHS 2018

⁵ NDHS 2013

⁶ 2018 Global Nutrition Report. <https://globalnutritionreport.org/reports/global-nutrition-report-2018/burden>

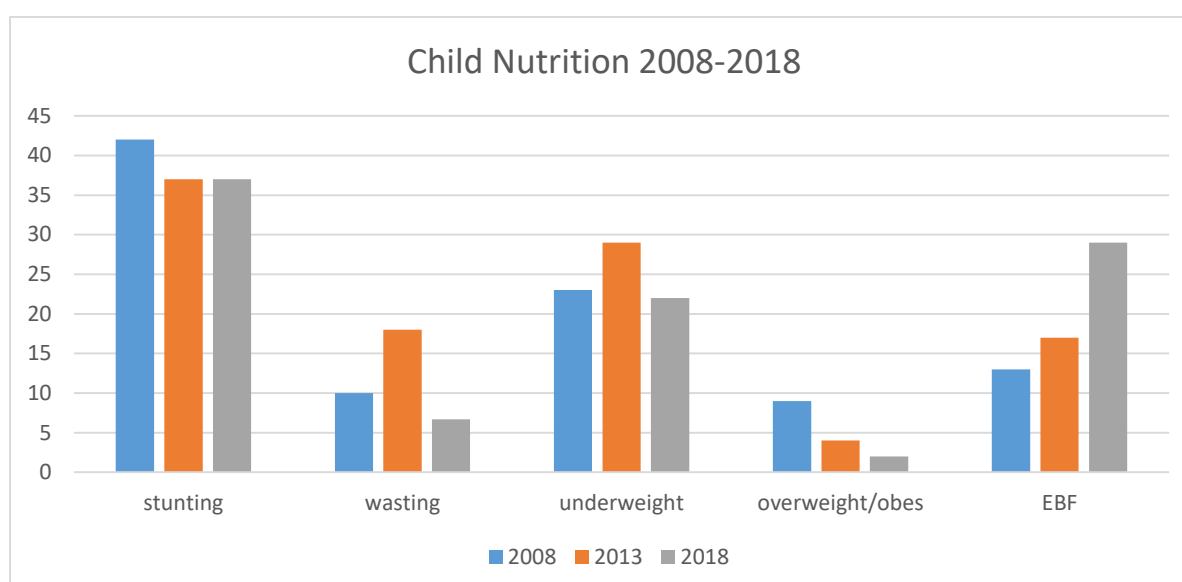


Table 1: Pattern and Trend of child nutrition in Nigeria, 2008-2018, NDHS 2008, 2013 and 2018

Malnutrition, besides weakening the immune system and worsening of illnesses, is the underlying cause of about half the deaths of children less than five years of age⁷. Well over two-thirds of malnutrition-related deaths occur in the first year of life and are often associated with inappropriate feeding practices.

Only four out of every ten new-borns are initiated on breastfeeding within the first hour of birth while 49% of children are introduced to pre-lacteal feed. The rate of exclusive breastfeeding in the first 6 months of life is 29%, which represents a significant increase from previous years, but remains lower than the average for the West Africa Region. Complementary feeding practices have been sub-optimal. The minimum dietary diversity improved from 19% in 2013⁸ to 23% in 2018 but the minimum meal frequency declined from 58% in 2013 to 42% in 2018. Feeding of children in exceptionally difficult circumstances, such as low birth weight infants (LBW), infants born to HIV positive mothers, orphans, and those in emergency situations deserve special considerations. Although there is a decline in the national HIV seroprevalence to 1.4% in 2018⁹, there is still an ongoing risk of mother-to-child transmission of HIV infection. Without intervention, breastfeeding is estimated to contribute about 15% of mother-to-child transmission of HIV. Therefore the protection, promotion, and support for

⁷ WHO. Children: improving survival and well-being. 2020. <https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality>

⁸ NDHS 2013

⁹ NAISS 2018

breastfeeding are extremely important in order to sustain the gains made in child survival during the last few years.

Adequate nutrition, including appropriate feeding practices, from birth through the early months and years of life, is crucial to achieving optimal outcomes for the mother and child. Deterioration in nutrition status can be reduced by focusing on a set of well-proven nutrition-specific and nutrition-sensitive interventions during this critical period.

The HIV/AIDS infection as well as other emerging infections as the novel Corona virus 2019 with the possibility of transmission between mother and child through inappropriate feeding practices and adverse birth outcomes are closely related to maternal nutrition. Therefore, prioritising maternal nutrition especially that of adolescent girls prior to motherhood is an essential basis for optimum maternal and child nutrition. These make the articulation of a comprehensive National Policy on Maternal, Infant, and Young Child Nutrition imperative.

The provisions of international conventions, agreements, and national legal instruments, such as the Convention on the Rights of the Child, which has been domesticated, were considered in the articulation of this Policy. This include;

- Innocenti Declaration on the Protection, Promotion, and Support of Breastfeeding;
- Abuja Declaration on Breastfeeding, the International Code of Marketing of Breast-milk Substitutes,
- Global Strategy for Infant and Young Child Feeding,
- Global Strategy for Women, Children, Adolescents' Health,
- World Health Organization Guidelines on HIV and Infant Feeding,
- Operational Guidance on Infant Feeding in Emergency (IFE),
- National Policy on Food and Nutrition,
- National Guideline on Baby-Friendly Initiative,
- National Regulation on Marketing of Infant and Young Children Food and other designated products (registration, sales, etc.),
- National Social and behaviour Change Communication Strategy.

1.1 Goal and Objectives

1.1.1 Goal

The goal of this policy is to ensure optimal nutrition for the survival, growth, and development of every child, adolescent girl, and woman in Nigeria.

1.1.2 Specific Objectives:

- i. To promote early initiation of breastfeeding in all new-borns within the first one hour of childbirth
- ii. To protect, promote, and support exclusive breastfeeding for the first six months of life with continued breastfeeding up to 24 months or beyond
- iii. To promote the timely introduction of age-appropriate, nutritious, safe, diverse and adequate complementary foods from 6 months while continuing breastfeeding up to 24 months or beyond.
- iv. To support, promote and sustain evidence-based interventions that support the practice of optimal nutrition for all women and adolescent girls
- v. To strengthen the care, support, and follow-up services for pregnant women, lactating mothers, and caregivers to achieve optimal MIYCN
- vi. To promote the provision of optimal MIYCN services in exceptionally difficult circumstances.
- vii. To promote early identification of acute malnutrition and support referral to the appropriate centres for all children less than five years
- viii. To promote the prevention of mother-to-child transmission of HIV and other communicable diseases through appropriate and safe measures that ensure optimal MIYCN.
- ix. To promote an enabling environment for mothers, caregivers, families, communities, and health care services to make informed feeding choices and adopt mechanisms to achieve optimal MIYCN

1.2 Policy Statements

1.2.1 This Policy shall be known and referred to as the “National Policy on Maternal, Infant and Young Child Nutrition in Nigeria 2020”

1.2.2 This Policy reaffirms the government’s commitment to optimal nutrition for women, children, and adolescent girls, as a public health measure, and as a

framework for the implementation of the Global Strategy for Women, Children, Adolescents' Health (2016 – 2030)

- 1.2.3 Dissemination of the policy shall be made to all relevant stakeholders and its adoption shall be ensured for implementation across all levels
- 1.2.4 In all population groups, optimal breastfeeding shall be protected, promoted, and supported.
- 1.2.5 Where BMS is required, this shall be given in line with the provisions of the National Guideline on Maternal, Infant and Young Child Nutrition, National Regulation on Marketing of Infant and Young Children Food and other designated products (Regulations, sales, etc.) 2019, Child Right Act (2003)
- 1.2.6 Donations of BMS shall conform to the National Regulation on Marketing of Infant and Young Children Food and other Designated Products (Regulations, sales, etc.) 2019. (Annex A)
- 1.2.7 Shall promote optimal MIYCN in the context of emergencies and exceptionally difficult circumstances
- 1.2.8 The nutrition services in pre-conception, pregnancy, post-pregnancy, and lactation, as captured within the Minimum Package for Nutrition Services shall be implemented across all levels of care.
- 1.2.9 The government shall endeavour to train health and community workers to protect, promote, and support optimal maternal, infant, and young child feeding in all situations including emergencies and exceptionally difficult situations.
- 1.2.10 Encourage the legislation and implementation of 6 months paid maternity leave to enable the practice of exclusive breastfeeding.
- 1.2.11 Shall promote significant male involvement including paid paternity leave of 14 days and support to maternal, infant, and young child nutrition
- 1.2.12 All public and private places of employment shall be actively encouraged to institute at least 6 months paid maternity leave and provide crèches, lactation rooms and establish flexible nursing periods during the working hours.
- 1.2.13 All key stakeholders shall champion actions for improving nutrition for mothers, adolescent girls, and children.
- 1.2.14 The government shall ensure access to preventive and management services of acute malnutrition whenever and wherever needed.

1.2.15 A dedicated budget line and release of funds for the implementation of the minimum nutrition package for MIYCN should be ensured. (Annex C)

1.3 Policy Guiding Principles

- 1.3.1 Early initiation of breastfeeding within one hour of childbirth shall be promoted and supported.
- 1.3.2 Exclusive Breastfeeding for the first 6 months of life shall be promoted
- 1.3.3 The timing of introduction of complementary foods shall be from six months of life and continue breastfeeding up to 2 years or beyond
- 1.3.4 Pregnant women, Mothers/Caregivers of children 6 months and above shall receive social and behaviour change communication counselling and food demonstration on complementary feeding practice alone or in combination with other nutrition-specific and nutrition-sensitive interventions
- 1.3.5 HIV positive mother shall receive Highly Active Antiretroviral Therapy (HAART) and be encouraged to exclusively breastfeed their infants for the first six months of life, introduce complementary feeding at 6 months and continue breastfeeding up to 24 months or beyond

CHAPTER TWO: Maternal, Infant and Young Child Nutrition Policy Framework

2.0 Optimal Maternal, Infant and Young Child Nutrition

This chapter provides the framework for optimal Maternal, Infant and Young Child Nutrition (MIYCN) in the general population and in exceptionally difficult circumstances

2.1 Rationale

The health and nutritional status of women and children are intimately linked. Improving the health of women and children, requires ensuring the health and nutritional status of women throughout all stages of life.

Maternal nutritional status and the neonatal period have been shown to affect the development of certain non-communicable diseases (NCDs) such as diabetes and obesity. These are believed to have originated in the early stages of human growth, specifically during foetal development. One approach, therefore, to reducing preventable, diet related NCDs and their risk factors is to improve the nutritional status of women of reproductive age. Efforts to improve maternal nutrition are critical to attaining the Sustainable Development Goal number two on ending hunger and all forms of malnutrition (Zero Hunger).

Poor maternal nutrition at the earliest stages of the life-course, during foetal development and early life, can induce both short-term and long-lasting effects, such as an increased risk of non-communicable diseases and obesity throughout the life-course.

Women's vulnerabilities in the humanitarian context are increased for several reasons, some of which include; increased risk of psychological problems due to stress or conflict situations; heightened risk of gender based violence; disruption of 'normal' services such as antenatal or reproductive health; disruption of breastfeeding amongst others. These heightened vulnerabilities have many and varied implications such as acute malnutrition, micronutrient deficiencies and its attendant consequences in pregnant and lactating women and increased risk of infections such as malaria with potential impact on maternal and new-born health.

2.2 Maternal Nutrition

2.2.1 General Maternal population

Good maternal nutrition highlights the importance of protecting and promoting public health through improved nutrition and well-being of women of reproductive age, especially during the preconception, pregnancy and postpartum periods.

To achieve optimal maternal nutrition, the interventions shall include services across health and food systems as well as under exceptionally difficult circumstances.

- Provision of Multiple Micronutrient Supplements (MMS) containing iron and folic acid or iron and folic acid supplements for pregnant women and adolescent girls, in both facility and community-based platforms.
- Prevention, diagnosis and treatment of malaria for Pregnant Women
- Mothers shall be encouraged to remain together with their babies and be provided with the support they need to exclusively breastfeed for the first 6 months and continue breastfeeding with age appropriate complementary food until the child is 24 months or beyond.
- Social and behaviour change communication to promote the uptake of optimal maternal nutrition behaviour and practices.
- Promote referral for healthcare services including maternal reproductive healthcare
- General food rations and targeted supplementary feeding programme (TSFP) for pregnant and lactating women (PLW) and adolescent girls in exceptionally difficult circumstances
- Regular assessment of micronutrient status of adolescent girls and women.
- Nutrition Assessment and Counselling for weight optimization with BMI to address issues on underweight before and after conception.
- Identification and treatment of PLW with acute malnutrition using TSFP
- Provide linkage to community economic empowerment scheme and strengthening of livelihood.
- Promote access to safe food and nutrition security services as well as other social protection schemes including cash transfers, and food voucher assistance.

2.3 Adolescent girls, pregnant and lactating adolescents

Adolescent girls are particularly at risk of malnutrition, especially iron deficiency anaemia due to inadequate intake of nutritious foods, rapid growth and iron loss during menstruation. This coupled with the increased demand for iron in pregnancy for expansion of maternal tissues and foetal growth, makes pregnant and lactating adolescents particularly more vulnerable.

The following shall be ensured:

- MMS including iron and folic acid shall be encouraged for all adolescent girls and pregnant adolescents in line with best global practices.
- Adolescent mothers shall be encouraged to remain together with their babies and be provided the support they need to exclusively breastfeed for the first 6 months and continue breastfeeding with age appropriate complementary food until the child is 24months or beyond.
- Adolescent girls and mothers shall be supported to begin/continue schooling.
- Provision of linkages to community economic empowerment scheme and strengthening of livelihood.
- Promotion of access to safe food and nutrition security services.
- Promotion of hygiene practices to households with adolescents
- Adolescent -friendly health services and nutrition counselling shall be provided to support the adolescent pre-conception, conception and lactation
- In exceptionally difficult circumstances, supplementary feeding programme` and support for good nutrition shall target adolescent mothers
- General food rations and targeted supplementary feeding programme (TSFP) shall be provided for adolescent girls in exceptionally difficult circumstances
- Strengthen nutrition education curricula in schools and in community-based promotion of girls' education
- Leveraging on existing adolescent platforms to foster peer-peer communication and promote optimal nutrition.

Generally,

- All mothers shall be encouraged to take adequate nourishment during pre-pregnancy pregnancy and lactation.
- All pregnant women, adolescent girls and other relevant persons shall, during contact with healthcare facilities, home visits and at other opportune periods (such as

humanitarian settings, emergencies, internally displaced persons [IDPs] and others) receive education including Information, Educational and Communication (IEC) materials on the advantages of optimal IYCN practices.

2.4 Infants and Young Children Feeding (IYCF)

Infant and Young Child Feeding is to ensure adequate nutritional status, growth, development and health through optimal breastfeeding and complementary feeding.

2.4.1 Optimal Breastfeeding

- Breastfeeding shall be protected, promoted and supported
- Mothers shall be encouraged and assisted to put their new-born infants to the breast within one hour of delivery.
- Mothers shall be encouraged to exclusively breastfeed their babies on demand until the age of 6 months.
- Mothers shall be taught how to express and preserve breast milk for feeding their infants during periods of unavoidable separation. Under these special circumstances, feeding with a cup shall be utilized. Bottle feeding and use of teats should not be used
- Mothers shall be encouraged to continue breastfeeding with introduction of age appropriate complementary foods from 6months to 24 months or beyond
- Health facilities providing maternity services shall practice the “2018 revised Ten Steps to Successful Breastfeeding” (see Annex B)
- Communities shall be mobilized to support and sustain the Baby Friendly Community Initiative (BFCl)
- All health workers shall be trained on and adhere to the 2018 revised Ten Steps to Successful Breastfeeding including National Regulation on Marketing of Infants and Young Children Food and other Designated Products (Registration, sales, etc.) 2019.
- Routine Growth Monitoring and Promotions shall be conducted at facility and community level

2.4.2 Complementary Feeding for Infants and Young Children 6months and above

Complementary feeding shall commence when the infant is 6months old. This applies to children in both general population and exceptionally difficult circumstances. The national

guideline on age appropriate complementary food for infants and young children shall be followed.

The guiding principle for complementary feeding shall be that of Age appropriateness, Frequency, Amount, Texture, Density, Variety, Activeness/responsiveness and Hygiene (AFATDVAH). Consequently, it is important that nutritional needs of the infant and young children be met by ensuring that complementary foods are:

- ✓ A **A**ge-Appropriate for Infants and young children
- ✓ F More **F**requent feeding
- ✓ A Increased **A**mount of food
- ✓ T Increased **T**exture (thickness and consistency) of food
- ✓ D Energy **D**ensity (Energy needs)
- ✓ V increased food **V**ariety, (more solid foods, foods from all food groups)
- ✓ A **A**ctive feeding or responsive feeding
- ✓ H **H**ygiene (good hygiene and safe food preparation)

2.4.3 Exceptionally Difficult Circumstances

In such situations, Infants shall be exclusively breastfed for the first six months of life and continue breastfeeding with age-appropriate complementary food up to 24 months or beyond. Children in exceptionally difficult circumstances who need additional support to meet their nutritional requirements, shall be assessed and receive healthcare worker-guided counsel on appropriate feeds. Exclusive breast feeding shall be promoted as indicated in this policy. as may be necessary.

Exceptionally Difficult Circumstances include:

- Communicable disease exposed Infants and Young Children (such as HIV, Ebola, COVID-19, and other emerging infectious diseases)
- Sick infants, particularly with persistent diarrhoea
- Low birth weight infants
- Motherless/adopted infants
- Infants and Young Children in emergency situations
- Infants and Young Children with Acute Malnutrition
- Infants and Young Children of adolescent mothers

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- Infants and Young Children with special needs such as cleft-lip and palate, cerebral palsy and others
- Infants and young children with inborn errors of metabolism (such as lactose intolerance, phenylketonuria, gluten enteropathy and others)
- Infants and young children in other exceptionally difficult circumstances, including, street children; children whose mothers are very ill, mentally and/or physically challenged or dead, alcoholic and/or addicted to drugs; rejected infants/children, abandoned, displaced, in refugee settlements, in foster institutions; and children of imprisoned mothers, and other situations.

2.4.3.1 Infants and Young Children with Communicable Diseases

This policy shall pursue the best global practices in the nutritional management of children affected with such communicable diseases. Available International and National guidelines shall be adopted and contextualized for optimal nutrition.

2.4.3.2 Infants and young children with Severe Acute Malnutrition or Moderate Acute Malnutrition

Under five children with severe/moderate acute malnutrition shall be treated using the National guideline for integrated community management of acute malnutrition.

2.4.3.3 Infants and Young children with Childhood Illnesses

Childhood illnesses include diarrhoea, malaria, pneumonia and others. Generally, for infants and young children with childhood illness, mothers and caregivers shall be counselled and supported to:

- Increase the frequency of breastfeeding
- Continue to feed the child with adequate diet if above 6 months
- Increase fluid intake for children over 6 months, or ORS if medically indicated
- Follow regular Growth Monitoring and Promotion
- Follow immunisation schedule.
- In the case of persistent diarrhoea, mothers/caregivers shall be counselled to take such children to the nearest health facility. In addition to the general recommendations

above, give the child Low Osmolality Oral Rehydration Solution (LO-ORS) and zinc supplements

2.4.3.4 Low Birth Weight Infants

Breast milk is particularly important for pre-term infants and the small proportion of term-infants with very low birth weight.

- Mothers shall be encouraged to exclusively breastfeed their baby.
- Very Low Birth Weight (VLBW) infants who are weak to suckle shall be fed with expressed breast milk using the most appropriate method.
- Very Low Birth Weight infants fed with mother's own milk or donor human milk, shall be given vitamin D, calcium and iron supplements as prescribed by healthcare provider.

2.4.3.5 Motherless/Adopted Infants and Young Children

For the motherless/adopted infants and young children, re-lactation of a wet nurse (foster mother or caregiver) who is medically fit to breastfeed, (free from HIV, hepatitis B and C, TB) shall be encouraged.

- Such a wet nurse shall be encouraged to remain free of these diseases throughout the period of breastfeeding.
- Where breastmilk is not available, caregivers shall be supported to feed the infants from birth to six months with appropriate BMS in line with national guideline, i.e., Accessible, Feasible, Acceptable, Sustainable and Safe (AFASS).
- Infants and young children with inappropriate weight gain shall be referred to health facilities for more specialised care.
- Screening for acute malnutrition especially in infants less than six months and those not breastfeeding or having difficulties to breastfeed shall be followed up.

2.4.3.6 Infants and Young Children in Emergency Situations

It shall be the policy of government to protect the rights of all infants and young children in emergency situations. In these situations:

- The first priority shall be to ensure that infants are not separated or that separation of infants from their biological mothers is minimized to ensure continuation of optimal infant feeding.

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- Rapid assessment shall be conducted at early stages to provide relevant information on all aspects of infants and young children care. Periodic nutrition monitoring and surveillance shall be promoted and supported.
- Nutrition of the affected population shall be prioritized, and nutrition experts shall be part of the planning and response committee.
- Appropriate interventions to protect, promote and support MIYCN shall be implemented based on results of assessments and on-going nutrition surveillance; in line with prevailing guidelines.
- The importance of protection, promotion, and support of exclusive breastfeeding for all infants below 6 months and optimal complementary feeding in all emergency efforts shall be emphasised.
- All government and non-governmental agencies that are working on nutrition in emergency sites shall be identified, their activities shall be coordinated and shall abide by the National Regulation on Marketing of Infants and Young Children Food and other Designated Products (Registration, sales, etc.) 2019
- Technical representation in inter-sectorial fora shall be ensured in protection and promotion of the nutritional needs of infants and young children, adolescent girls and their mothers.
- Procurement, management, distribution, targeting and use of infant formula shall be in line with the National Regulation on Marketing of Infant and young Children Food and other Designated Products (Registration, sales, etc.) 2019.

2.4.3.7. Infants and Young Children with Special Needs

Infants with special needs alongside case-defined interventions,

- Shall be supported to continue exclusive and continued breastfeeding and appropriate complementary feeding in line with this policy
- Shall be supported to receive medically appropriate interventions with the primary medical condition and physician-directed nutritional intervention.

2.4.3.7.1 Infants and Young Children with Cleft Lip/Palate

Infants with cleft lip/palate may have difficulties with eating, and this may affect their growth and development. They shall be medically attended to.

The following shall be ensured:

- Optimal breastfeeding shall be encouraged using appropriate feeding methods
- Caregivers shall be counselled to introduce locally sourced complementary foods from the age of six months in addition to breastfeeding.
- Regular Growth Monitoring and Promotion shall take place.

2.4.3.7.2 Infants and Young Children with Cerebral Palsy

The difficulty in feeding children with cerebral palsy (CP) varies from one child to another, thus nutritional management is individualized. Evidence-based medical guidelines shall be adopted in managing children with CP. In addition,

- Optimal breastfeeding shall be encouraged by direct suckling if possible or expressed breast milk with cup.
- Caregivers shall be counselled to introduce locally sourced complementary foods from the age of six months in addition to breastfeeding.
- Regular Growth Monitoring and Promotion shall take place.
- Immunisation schedule shall be followed.
- Vitamin A supplement shall be given according to age and status.

2.4.3.7.3 Infants and Young Children with Inborn Errors of Metabolism

Infants and young children with inborn errors of metabolism such as lactose intolerance, phenylketonuria, gluten enteropathy and others shall be nutritionally managed using nationally (where available) accepted evidence-based medical guideline and protocol in line with international best practices.

- Shall be exclusively breastfed.
- Shall receive age-appropriate complementary feed
- Shall receive specialized breast milk substitute as medically indicated. Such products shall be in line with the National Regulation on Marketing of Infant and Young Children Food and other Designated Products (Registration, sales, etc.) 2019

CHAPTER THREE: Policy Strategies

3.0 Strategies

The National Policy on Maternal, Infant and Young Child Nutrition in Nigeria shall achieve its goal and objectives through the following key strategies:

- Legal, gender and cultural considerations
- Advocacy and Resource mobilisation
- Social and Behaviour Change Communication
- Capacity building and development
- Nutritional assessment, Counselling and Support Services
- Interventions for Women, Adolescent girls, Infants and Children and those in exceptionally difficult circumstances
- Research for development
- Monitoring and Evaluation
- Supervision, Mentoring and Coaching
- Coordination, Collaborative partnership and accountability

3.1 Legal, Gender and Cultural Considerations

Legal, gender and cultural considerations shall be addressed by enacting, reviewing, harmonizing and enforcing national laws and adapting international conventions and recommendations that enhance gender equality and equity, child's rights and the situation of women, adolescent girls and children, particularly with respect to maternal, infant and young child nutrition. These shall be achieved through the following:

3.1.1 Marketing of Infant and Young Child Breast-Milk substitute

Enforcing compliance to the National Regulations on the Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, etc.), Regulations 2019. This is to ensure that the procurement and use of breast milk substitutes and other designated products strictly adhere to international and national standards.

3.1.2 Public Service Regulation, Labour Acts, Child's Right Act etc.

Integrating updated Public Service Regulation, Labour Acts, and Child's Rights Acts Child's Rights Act 2003, and other existing policies such as the Nigerian National Health Act 2014, the National Policy on Food and Nutrition, maternity entitlement as defined in International Labour Organisation (ILO) Convention 183 and Recommendation 2000, (No 191) into existing legislation, to enhance optimal maternal including adolescent, infant and young child nutrition.

3.1.3 National Development Policies and Programmes

Ensuring all relevant nutrition sectors National Policies and programmes approved by Federal Executive Council (FEC), such as the National Food and nutrition Policy, 2016, National Social and Behavioural Change Communication Strategy for Infant and Young Child Feeding in Nigeria, Infant and Young child feeding policy National Strategic Plan of Action for Nutrition – Health Sector Component (NSPAN) and the National Multi-sectoral Strategic Plan of Action for Food and Nutrition (NMPFAN), and Health Sector Reform Plan, as well as the National strategic health development plan II give prominence to MIYCN.

3.1.4 Guideline Review

Developed guidelines shall be reviewed for relevant Ministries, Departments and Agencies (MDAs), healthcare providers at all levels of service delivery, NGOs and other relevant stakeholders assisting communities for effective coordination of efforts in the areas of maternal, adolescent, infant and young child nutrition.

3.1.5 Policy Review

This Policy shall be reviewed every 10 years to address emerging issues on Maternal, Infant and Young Child Nutrition. Ensure nutrition strategies and guidelines such as National Strategic Plan of Action for Nutrition, Strategic Plan on MIYCN, Baby Friendly Initiative (BFI) are reviewed every 5 years or as the need arise.

3.2 Advocacy and Resource Mobilization

Advocacy and Resource Mobilization shall be strengthened to deliver on the mandate of relevant Ministries, Departments and Agencies (MDAs) NGOs, community-based organizations, political and traditional & religious leadership groups, media organizations, educational institutions, professional associations, youth organizations and the relevant private sectors for improved maternal, infant and young child nutrition and related issues.

These shall be achieved by:

- Mobilizing domestic funds from Government, private sector and philanthropists for the policy implementation, and demand creation for MIYCN across levels, through engagement of highest policy makers and community stakeholders.
- Leveraging on external resources from International Partners and donors
- Evidence based awareness creation and harmonisation of messages on optimal maternal, infant and young child nutrition at all levels.
- Utilizing notable events such as World Breastfeeding Week, National Nutrition Week, World Food Day, Maternal New-born and Child Health Week, Safe Motherhood Day, Day of the African Child, Micronutrient Day, World prematurity Day and other national/international nutrition events to promote optimal maternal, infant and young child nutrition at States, Local governments and Community levels.
- Encouraging community involvement (particularly grandparents and male groups) in maternal, infant and young child nutrition activities and nutrition of the family in general.
- Actively involving traditional and religious leaders, other community platforms, youth organizations and all forms of media in all advocacy and resource mobilization for all the issues elaborated in this Policy.
- Relevant MDAs and other stakeholders' shall prioritize budgeting and timely release of funds to address emergencies in maternal, infant and young child nutrition.

3.3 Social and Behaviour Change Communication

Social and Behaviour Change Communication packages shall be reviewed, approved and disseminated at the federal, state, local government and community levels using all available channels including media and IPC to deliver appropriate, context specific, technically correct and up-to-date information on optimal maternal, infant and young child nutrition.

For this,

- Assessment of behavioural and information needs of different target populations shall be carried out.
- Formative research to identify specific communication methods to address social and cultural norms affecting MIYCN shall be encouraged
- Social and Behaviour Change Communication materials (including guidelines or strategy and training materials) shall be developed, disseminated, reviewed, and adapted for different target groups of the general public.
- All working documents including guidelines on maternal, infant and young child nutrition shall be reviewed, developed and regularly updated as appropriate.

3.4 Capacity Building and Development

Capacity Building and Development for healthcare providers in provision of MIYCN services shall be prioritized to enhance effectiveness and efficacy at the National, State, Local Government and community levels for implementation of this Policy.

In pursuance of this:

- Training for pre-service, in-service and informal sector for all healthcare providers at national and sub-national levels; in private and public institutions as well as community-based organizations shall be conducted.
- Communities shall be enlightened to access the skill acquisition initiatives, micro-credit facilities and other poverty alleviation programmes such as *TraderMoni*, *MSME*, and *Conditional Cash Transfers* etc for optimal maternal, infant and young child nutrition.
- Training on interpersonal communication for appropriate service delivery.

3.4.1 Pre – Service Training

- Maternal including adolescent, infant and young child nutrition shall be promoted as an examinable subject in the curricula of institutions and health related professions, to provide consistent, up-to-date information and practical skills related to MIYCN.
- The Nutrition Division of FMOH shall advocate to relevant institutions to use MIYCN guidelines, information packs and other materials (such as anatomical models and IEC materials) in pre-service and informal trainings

- The Nutrition Division of the FMOH shall collaborate with relevant institutions of learning to assess training needs, develop curricula, resource texts and teaching modules.

3.4.2 In-Service Training

- A plan of action for continuous in-service training shall be developed to update different cadres of health care providers on maternal, infant and young child nutrition.
- All health facilities providing maternal, newborn and child services shall teach and practice the current “Ten Steps to Successful Breastfeeding” as set out in the WHO/UNICEF Joint Statement on Breastfeeding and Maternity Services.
- Trainer competency criteria for various levels of training shall be established to maintain training standards.
- A mechanism shall be designed to include concerns of women, adolescent girls and children from special situations and emergencies into relevant existing programmes, including programmes for humanitarian assistance and emergency preparedness.
- Provision of teaching tools such as guidelines, job aids, anatomical models, scales, length or height board and IEC materials for facility use.

3.4.3 Informal Training

Informal training shall be promoted to contribute to capacity building of the public for effective participation in the implementation of this Policy.

- Prospective implementing partners and networks shall be identified, including the media, community and traditional/religious leaders, women groups to incorporate maternal, infant and young child nutrition messages in their mandates.
- Empower households and communities to support and promote optimal MIYCN

3.5 Nutritional assessment, Counselling and Support Services

These services are essential to ensure sustainability of implementation of this Policy at all levels. To this effect;

- Nutritional assessment, counselling shall be institutionalized in all healthcare facilities, and at the community level.

- Health workers shall provide mothers, fathers and other caregivers with objective, consistent and adequate information about appropriate MIYCN practices free from commercial influence in the health facilities and other formal contact points.
- Health workers shall provide skilled support to mothers in the initiation and sustenance of appropriate MIYCN practices in the healthcare facilities and all contact points.
- Community and facility-based support groups shall be strengthened to support appropriate MIYCN practices where in existence and established where necessary.
- Mothers shall be provided with MIYCN counselling services and referred to other support services in the community /health facilities for follow-up and care where necessary.

3.6 Women, Adolescent girls, New-born and children in exceptionally difficult circumstances

Considerations for women (pre-conception, during pregnancy and post-delivery), adolescent girls, new-born and children with special needs and difficult situations shall be put in place.

These shall be achieved through;

- National guidelines on how to ensure optimal nutrition practices and support shall be prioritized for women, adolescent girls, new-born and children with special needs and in difficult situations.
- Health workers shall be trained on current national guidelines for MIYCN.
- Health workers shall ensure the implementation of updated national guidelines for MIYCN.
- Dissemination of adequate information on the best nutrition practices as it applies to these groups.
- Mothers with all forms of disabilities shall be encouraged and guided to breast feed their babies with the support of the family and the community.
- Ensure that the basic minimum package for nutrition is available, affordable and accessible for this special group.
- Encourage Implementing partners in nutrition to provide regular support for women, adolescent girls, new-born and children in difficult situations.
- Palliatives shall include nutrition packages as shown in the basic minimum package for nutrition for these groups in difficult situations.

3.7 Research for development

This Policy recognizes the importance of research in the overall attainment of its goal and objectives on a sustainable basis and will therefore support formative and operational/implementation research on MIYCN among researchers and relevant research institutions

To achieve this:

- A focal person should be appointed for nutrition related research in ministries and relevant agencies.
- Linkages shall be established with research institutions and researchers in the field of Nutrition, gender and women's rights, paediatrics and child health, adolescents and maternal health.
- Nutrition related researches (including research on the implementation of the Code of Marketing of Breast milk Substitutes) and innovative interventions should be supported and funded.
- Epidemiological, clinical and operational research on maternal, infant and young child nutrition shall be carried out and used for policy review, advocacy and resource mobilization (budgeting and timely release of funds)
- Research into MIYCN trends including secondary analysis and triangulation of data shall be carried out for policy review to comply with global and national goals.
- Other research that will have impact on maternal, infant and young child nutrition shall be supported and carried out.

3.8 Monitoring and Evaluation

Monitoring and evaluation of the implementation of this Policy shall be carried out at various levels as appropriate.

The following key activities and tasks shall be carried out:

- Monitoring and evaluation of the implementation of this Policy shall be the responsibility of the Ministry of Health, with the support of relevant MDAs and CSOs, using National and programmatic nutrition indicators and checklist.
- Determination and setting up of standard programmatic indicators for MIYCN in the national health management information system (NHMIS)

- Ensuring appropriate input, process, output and outcome indicators, with standardized definitions, as part of theNHMIS to ensure appropriate tracking of MIYCN outcomes
- All designated baby friendly facilities, communities and workplaces shall be periodically monitored and re-assessed to ensure compliance with the revised “Ten Steps to Successful Breastfeeding”
- The Ministry of Health, relevant MDAs and other stakeholders shall biannually evaluate MIYCN practices to assess the impact of interventions.
- Application of this Policy on maternity and paternity entitlements shall be regularly monitored.
- Facilities shall set up a Quality Improvement (QI) Team to routinely monitor and enforce quality of MIYCN services

3.9Supervision, Mentoring and Coaching

Supervision shall be a continuous process designed to ensure that programme operations at federal, state, local government, facility and community levels, are proceeding according to plan.

Supervision shall be pursued in the following manner;

- Development of a framework, checklist and methodologies for integrated supportive supervision within the Nutrition division
- Ensuring an integrated supportive supervision (ISS)of all MIYCN activities at all levels, facilities, community and workplaces.
- Supervisory schedules and checklists for MIYCN activities shall be developed for all tiers of service.
- Mechanism to provide regular feedback at all levels shall be institutionalized and sustained at all levels with the required governance structure.
- There shall be funding from key government MDAs to support regular supervision of MIYCN services at all levels.

3.10 Coordination, Collaborative partnership and Accountability

Coordination of the implementation of this Policy shall be streamlined and enhanced to ensure effective involvement of all key stakeholders, make maximum use of resources, provide guidance, set standards of achievements and ensure accountability at all levels

Thus;

- At the National level, Nutrition Division of the Federal Ministry of Health shall coordinate all maternal, infant and young child nutrition activities.
- At the State level, the SMOH (SNO) shall coordinate the implementation of this Policy.
- State Committees on Food and Nutrition shall ensure resources allocation for MIYCN in the State
- At the Local Government level, the coordination of the implementation of this Policy will rest on the Local Government Committee on Food and Nutrition.
- Government at all levels should ensure effective and efficient coordination of all nutrition-related implementing partners.
- The composition and roles of these Food and Nutrition committees shall be as spelt out in the National Policy on Food and Nutrition.

CHAPTER FOUR: Roles and Responsibilities of Stakeholders

4.0 List of Stakeholders

For the purposes of this Policy, the key stakeholders are as follows:

- Federal Government, Ministries, Departments, and Agencies
- National Assembly, State Assembly & Judiciary
- State Governments, Ministries, Departments, and Agencies
- Local Government Departments
- Universities and Research Institutions

- Organised Private Sector
- Civil Society Organisations
- Professional Associations and Regulatory Bodies
- Media Organisations and Practitioners
- Development Partners and Donors
- Health Workers
- Traditional, Community, and Religious Leaders
- Ward Development Committees

4.1 Roles and Responsibilities

4.1.1 Federal Ministry of Health (FMoH):

- Shall act as the principal coordinator of all the interventions aimed at achieving the goal and objectives of this Policy.
- Shall monitor progress of implementation and keep stakeholders updated as reflected in developed workplans.
- Strengthen the Nutrition Division with adequate human, material and financial resources for the implementation and coordination of this policy.
- Facilitate the training and re-training of healthcare professionals, health workers and all other stakeholders on MIYCN.
- Disseminate and monitor the “National Regulations on the Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, etc.), Regulations 2019.
- Lead the monitoring and evaluation of all MIYCN activities including use of data for decision making.
- Harmonize nutrition related materials on MIYCN and develop appropriate MIYCN communication strategy.
- Shall support States to domesticate and implement the MIYCN policy.
- Provide technical support to State and Local Governments for advocacy, social mobilization and training on MIYCN, in collaboration with other stakeholders.
- Ensure the establishment and revitalization of Food Demonstration Corners in Private and Public Health facilities and communities.

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- Facilitate the development of reward system for community and facility-based support groups to ensure motivation, accountability, and sustainability of service delivery.
- Coordinate meetings with relevant MDAs, Partners, NGOs to aid and facilitate local production of nutrition commodities
- Plan, design, produce and disseminate SBCC materials on MIYCN

4.1.2. Federal Ministry of Finance, Budget and National Planning (MFBNP)

- Ensure the creation of a dedicated budget line for the implementation of programmes on Maternal Infant and young child nutrition (MIYCN).
- Advocate for the prioritization of MIYCN programmes in the National Development Plan.
- Provide platform for awareness creation on MIYCN practices.
- Collaborate with FMOH to carry out periodic review of the Policy.
- Mobilize and ensure Development Partners and other stakeholders commit adequate financial resources to support and implement MIYCN activities
- Support joint supervision of MIYCN activities at all levels.

4.1.3. Federal Ministry of Agriculture and Rural Development (FMARD)

- Build capacity of Extension Workers including State Agricultural Development Staff (ADPs) to support households and communities to produce and consume nutrition dense foods of plant and animal origin.
- Promote the production and consumption of diverse diet.
- Promote Good Agricultural Practices (GAP) among farmers. Ensuring that the exposure of foods to biological & chemical hazards are reduced including aflatoxin
- Promote and support access to quality raw materials for the production of RUTF and RUSF
- Promote and support availability of access control measure of Aflatoxin to farmers

4.1.4. Federal Ministry of Education (FMOE)

- Shall take steps to ensure that early childhood development, primary, secondary and tertiary institutions incorporate MIYCN activities into their schools' curricula.
- Build capacities of heads of schools and teachers at all levels on optimal MIYCN.

4.1.5. Federal Ministry of Information and Culture (FMIC)

- Create awareness on MIYCN activities
- Advocate for the creation of MIYCN awareness programmes by all media houses

4.1.6. Federal Ministry of Communication and Digital Economy (FMCDE)

- Encourage the dissemination of MIYCN messages through mobile network providers and social media platforms

4.1.7. Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development

- Provide support including healthy food aid and healthcare packages to implement MIYCN during emergencies and in line with the National Regulations on the Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, etc.), Regulations 2019
- Ensure nutritionally adequate palliative care are provided for MIYCN in exceptionally difficult circumstances
- Strengthen the School Feeding and Health Programme of the basic learners to provide one-third of their daily requirement during school hours

4.1.8. Federal Ministry of Science, Technology and Innovation (FMSTI)

- Conduct research and development in food fortification technologies using **indigenous** nutritious foods to meet MIYCN needs.
- Application of Science, Technology and Innovation (ST&I) to increase production of nutrient dense crops towards enhancing food and nutrition security.
- **Promote the development of technologies that will support MIYCN related foods such as complementary foods, RUTF, RUSF, MNP, and others in line with the code on marketing of infant and young child food.**
- **Deployment of innovative technologies for improved agricultural productivity and food security.**
- **Promote safe practices on the application of pesticides to control the levels of pesticide residues in foods for improved food quality and safety.**
- **Conduct research and development on labour saving technologies to reduce workload in women in order to provide adequate time for mothers/ caregivers to cater for their children.**

- Conduct research and development on indigenous foods with health benefits and underutilized crops.
- Promote food and nutrition research on standardization of food recipes and portion sizes of locally available diets.

4.1.9. Federal Ministry of Industry, Trade and Investment (FMITI)

- Provide support and incentives for local manufacturing of nutrition commodities, e.g. Micronutrient powder (MNP), RUTF, RUSF etc. in partnership with FMOH, and development partners such as WHO/UNICEF, and NAFDAC who are important for regulation, specifications
- Support market for locally produced nutritious foods.
- Collaborate with NAFDAC in the regulation of manufactured infant and young child feeds

4.1.10. Federal Ministry of Labour and Employment (FMLE)

- Ensure six (6) months paid maternity leave for mothers, in Private and Public sector.
- Ensure fourteen (14) days paid paternity leave for fathers, in Private and Public sector.
- Ensure the creation of crèches and breastfeeding corners in workplaces.

4.1.11 Federal Ministry of Interior (FMI)

- Ensure the implementation of this Policy in their Agencies
- Ensure that mothers and children on detention in their facilities are taken care of in-line with the provisions of this Policy

4.1.12 Federal Ministry of Defence (FMD)

- Shall provide secure environment for implementation of MIYCN

4.1.13. National Orientation Agency (NOA)

- Support information and dissemination of MIYCN concept and delivery using various communication channels.
- Produce and disseminate IEC materials to promote MIYCN in local communities

4.1.14. National Agency for Food and Drug Administration and Control (NAFDAC)

- Monitor the implementation of the National Regulations on the Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, etc.), Regulations 2019
- Ensure sustainable Code implementation and enforcement in Nigeria.

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- Control and regulate the marketing and practices related to Breast milk Substitutes, Complementary food and Related Products.
- Control the plan, design, production, provision of accurate Labelling on Maternal Infant and Young Child's Foods and disseminate relevant information
- Ensure that imported foods for infants and young children with the standards of the National Regulations.
- Enforce compliance at factory, ports of entry and retail outlet levels for appropriate foods that can be used for MIYCN.
- Set standards for appropriate foods that can be used for infant and young child feeding.

4.1.15 National Primary Health Care Development Agency (NPHCDA)

- Provide technical support to State, LGAs and communities on MIYCN.
- Provide essential nutrition commodities and equipment through the SPHCBs to the health facilities.
- Conduct monitoring and supportive supervisions with feedback on MIYCN
- Facilitate the establishment and revitalization of Food Demonstration Corners in primary health facilities.
- Promote the utilization of mother and child health handbook at PHC levels.
- Facilitate the integration of MIYCN services in routine PHC delivery
- Ensure strengthened supply chain for replacement feeding and preparation equipment to support MIYCN in exceptionally difficult circumstances.
- Provide designated spaces in health facilities to support replacement feeding in exceptionally difficult circumstances.

4.1.16 Standard Organisations of Nigeria

- Set standards and monitor its implementation for appropriate foods for MIYCN programmes.

4.1.17 Federal Ministry of Women Affairs (FMWA)

- Shall create awareness programmes for women on MIYCN during women conferences, meetings and fora.
- Shall advocate and seek support for adequate budget allocation for MIYCN programmes in Nigeria

- Shall advocate for women empowerment programmes in Nigeria
- Shall advocate for the passage of six months maternity leave and two weeks paternity leave.

4.1.18. Federal Ministry of Water Resources

- Provide sustainable access to safe and sufficient water to meet needs to enhance public health, food security and poverty reduction
- Supply of adequate and potable water for domestic uses;
- Provide adequate sanitation and maintenance of water quality
- Promote Wash, Sanitation and Hygiene (WASH)

4.1.19. Federal Ministry of Environment

- Promoting a clean and healthy environment for sustainable socio-economic development of the nation;
- Provide and maintain clean public toilet to prevent open defecation

4.2 National Assembly, State Assembly & Judiciary

- Enact laws and provide support for laws, regulations and policies, dealing with MIYCN, including maternity protection legislation that includes breastfeeding support measures for working mothers, including those employed both in the formal and informal economy.
- Advocate for and support budgetary allocations for the implementation of the policy and any other related MIYCN laws and policies.

4.3 State Governments and the Federal Capital Territory (FCT)

The State Governments and FCT shall:

- Provide a budget line and release fund for the implementation of MIYCN programmes.
- Establish and strengthen State Committee on Food and Nutrition (SCFN) for MIYCN programmes.
- Provide necessary structures for the effective implementation, supervision, monitoring and evaluation of this Policy at state and local government levels.
- Provide essential nutrition commodities and equipment through Hospital Management Board.
- Strengthen collaboration with relevant Stakeholders to ensure optimal MIYCN practices.

4.4. Local Governments

The Local Government shall:

- Provide budgetary allocation and ensure release of funds for the implementation MIYCN programmes.
- Establish and strengthen Local Government Committee on Food and Nutrition (LGCFN) for MIYCN programmes
- Provide necessary structures for the effective implementation, supervision, monitoring and evaluation of this Policy at community levels.
- Build capacity of LGA staff for effective implementation of the MIYCN.
- Promote implementation of breastfeeding support measures for working mothers; including those employed both in the formal and informal economy.

4.5 Ward Development Committee (WDC)

- Identify nutrition, health, and social needs of the community and plan for MIYCN programmes
- Mobilize the community for nutrition and health actions (Community-based Growth Monitoring and Promotion, immunization, MCH/FP, etc.)
- Work with the PHCs to develop, implement, and monitor the MIYCN plan

4.6 Universities and Research Institutions

The Universities and Research Institutions shall:

- Respond to research needs of governments and other stakeholders for improved MIYCN in Nigeria.
- Provide technical support to relevant agencies and organisations to conduct research on various components of MIYCN.
- Provide accurate information required to create awareness and develop appropriate intervention programmes for improved maternal infant and young child nutrition.
- Facilitate, in collaboration with the Ministries of Education, the inclusion of MIYCN in the curricula of educational institutions.

4.7. Organised Private Sector

The Organised Private Sector shall:

- Ensure compliance with National Regulations and Guidelines on issues relevant to this Policy.
- Provide support needed for effective implementation of this Policy.
- Partner with relevant stakeholders in the implementation of this Policy.
- Support research, development, and innovation in MIYCN programmes

4.8. Development Partners and Donors

The Development Partners and Donors shall:

- Provide technical assistance for the implementation of this Policy.
- Collaborate with relevant government MDAs in ensuring effective implementation of this Policy.
- Support strengthening capacities for implementation of MIYCN services.
- Support MDAs in the coordination and information management of MIYCN services in exceptionally difficult circumstances.
- Support the Government in emergency situations to provide aids in relation to MIYCN programmes.

4.9 Civil Society Organisations

The Civil Society Organisations shall:

- Advocate for, and support mobilisation of resources for the implementation of this Policy.
- Collaborate with relevant government MDAs in ensuring effective implementation of this Policy.
- Provide necessary support to communities for improved participation and ownership of MIYCN programmes.
- Support strengthening technical capacities for implementation of MIYCN services.
- Support Government agencies in the coordination and information management of MIYCN services in exceptionally difficult circumstances.

- Support efforts of government and other implementation Partners to ensure members accept and practice MIYCN.
- Support the Government in emergency situations to provide aids in relation to MIYCN programmes.

4.10 Professional Associations and Regulatory Bodies

The Professional Associations and Regulatory Bodies shall:

- Advocate for, and mobilise resources to support the implementation of this Policy
- Provide technical support on capacity building to members, agencies and organisations involved in the implementation of this Policy.
- Recognise achievements and promote the maintenance of standards in the implementation of various components of this Policy.
- Participate in community-based activities in MIYCN.
- Prioritize community-based activities on MICYN

4.11 Health Workers

- Ensure the performance of roles in line with the MIYCN policy
- Provide evidence based professional services in relation to MIYCN programmes
- Attend training and retraining for effective MIYCN service delivery.
- Implement, monitor and report MIYCN service delivery

4.12 Traditional, Community and Religious Leaders

- Creating enabling environment and acceptance for the implementation of this Policy in their communities.
- Support and promote the implementation of MIYCN programmes among their members and communities.

4.13 Media Organisations and Practitioners

- Create awareness on MIYCN programmes
- Provide enabling environment for airing of MIYCN programs in their media houses
- Create programmes that will educate the populace on MIYCN

5.0 List of Stakeholders and Contributors

5.1 List of Stakeholders

Federal Ministry of Health

Federal Ministry of Women Affairs

Federal Ministry of Disaster, Humanitarian Affairs and Social Development

Federal Ministry of Information and Culture

Federal Ministry of Labour and Employment

Federal Ministry of Science, Technology and Innovation

Federal Ministry of Industry, Trade and Investment

Federal of Communications and Digital Economy

Federal Ministry of Finance, Budget and National Planning,

Federal Ministry of Agriculture and Rural Development,

Federal Ministry of Education,

Federal Ministry of Defence

Federal Ministry of Interior

Federal Ministry of Women Affairs

Federal Ministry of Water Resources

Federal Ministry of Environment

National Social Safety Nets Programme,

National Emergency Management Agency;

National Orientation Agency

National Agency on Food and Drug Administration and Control

National Primary Health Care Development Agency

Accelerating Nutrition Results in Nigeria (ANRiN) Project;

National Council on Nutrition;

National Committee on Food and Nutrition;

Professional Associations

Professional Regulatory Bodies

Standards Organisation of Nigeria

Academia

Development Partners

Organised Private Sector

Civil Society Organisation

5.2 Contributors

NAMES	DESIGNATION	ORGANIZATION
Dr. Salma Ibrahim Anas	Director& Head Family Health Department	FMOH
Dr. Chris Osa Isokpunwu	STA/HMH	FMOH
Dr. Binyerem Ukaire	Head, Nutrition	FMOH
Sangeeta Carol Pinto	Task Team Lead, ANRiN Project	World Bank
Mrs. Thompson Kobata C.	Deputy Director, Nutrition	FMOH
Mr. Dominic Elue	Deputy Director, Nutrition	FMOH
Rakiya Idris	Nutrition Specialist, ANRiN Project	ANRiN PMU
Ali Beatrice	CNO	FMOH
Odebunmi Temidayo	SNO	FMOH
Mogekwu-Omoluwabi Grace	SBCC Officer, ANRiN Project	FMOH
Zubairu Tinau U.	M&E Officer, ANRiN	FMOH
Bayode Adenike	Nutrition Officer	FMOH
Ojinika Confidence O.	Project Officer, ANRiN	FMOH
Temitope Omotola R	Project Officer, ANRiN	MFBNP
Onuigwe Kingsley	PAO, NUT./FS	FMARD
Lois Onyeike	SNO	SMOH, IMO
Salisu Maiwada Abubakar	Vice President NSN	NSN/BUK
Ummul-Khairi Bobboi	Dep Director, Nut. Food Safety	NAFDAC
Dr Leshi Oluwatosin	Researcher	U.I
Dr Aloysius Maduforo	Senior lecturer	UNN
Dr. Zainab K. Muhammad-Idris	Project Manager	ANRiN, Kaduna
Joyce Odoh	ACRO	NAFDAC
Mary Ajakaye	Project Officer	CS-SUN
Dr. Francis Ohanyido	Country Director	Vitamin Angels
Rahila Midala Diwa	Nutrition Officer	Mercy Corps
Gushe S. Vivian	Executive Assistant	West African Institute of Public Health
Toyin Adewale-Gabriel	Technical Adviser	Alive & Thrive, FHI
Tobi Osunkentan	Nutrition Officer	UNICEF
Oluloto Ebenezer	Nutrition Manager	USAID
Ifeanyi Ume	Technical Lead, CHNM	USAID-IHP
Dr Jessica Ango	IPNC Adviser	USAID-IHP
Angela Samba	MNCH+Nutrition Adviser	Breakthrough Action, Nigeria
Olumide Faleke	Technical Adviser	Alive & Thrive, FHI
Ouwaseun Okediran	Nutrition Officer	UNICEF
Aiyedun Olubunmi	President	NANPAN
Dr Ogechi Akalonu	Assistant Director	NPHCDA
Phil-Imade Amenze	SNO	SMOH, EDO
Dr Adeniyi Kehinde	M&E Officer,	ANRiN, PMU
Beatrice Kwere	SNO	SMOH, KEBBI
Anthony Ayeke	Country Director	EU

6.0 Annexes

6.1 Annex A: Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, Etc.), Regulations 2019

6. HEALTH CARE SYSTEM

- 1) It is an offence for the manufacturers or distributors of the Products to compromise or seek to compromise the healthcare system including a health care facility, health worker, the regulator or their staff with inducements contrary to the provisions of these Regulations;
- 2) No facility of healthcare system shall be used for the purpose of promoting or displaying placards, posters or materials concerning the Products;
- 3) No individual or body corporate shall offer Breastmilk Substitutes at a low price to health care institutions;
- 4) No healthcare facility shall allow manufacturers or distributors of the Breastmilk Substitutes to use their facilities for commercial events, contests or campaigns;
- 5) Manufacturers or distributors of the products shall not directly or indirectly be allowed to provide education to parents or other caregivers in health facilities;
- 6) Donation of Breastmilk Substitutes and related products, equipment, information and educational materials to a health care facility by manufacturers or distributors of the Products is hereby prohibited;
- 7) Nothing in sub-regulation (6) shall prevent donation of the products for humanitarian purposes during emergency or prevent the government from procuring the products for health or humanitarian programmes;
- 8) The manufacturer shall ensure that Breastmilk Substitutes and related products donated for emergency or procured by government for humanitarian programmes do not display company's brand name and logo.

7. HEALTH CARE WORKERS TO PROMOTE BREASTFEEDING

- 1) Health workers responsible for maternal and infant nutrition shall make themselves familiar with their responsibilities under these Regulations;
- 2) Health workers shall encourage and protect breastfeeding and shall eliminate practices that directly or indirectly undermine the initiation and continuation of breastfeeding;
- 3) Feeding with the Breastmilk Substitutes, where necessary, shall be demonstrated only by health workers to mothers or family members who are medically in need of any of the substitutes;
- 4) Information or education provided by manufacturers and distributors to health professionals relating to the Breastmilk Substitutes or complementary food shall not imply or create a belief that artificial feeding is equivalent or superior to breastfeeding or that Breastmilk Substitute is equivalent or superior to breastmilk;

6.2 Annex B: Revised Ten Steps to Successful Breastfeeding

Critical management procedures

- 1a. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.
- 1b. Have a written infant feeding policy that is routinely communicated to staff and parents. 1c. Establish ongoing monitoring and data-management systems.
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

Key clinical practices

3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6. Do not provide breastfed newborns any food or fluids other than breast milk.
7. Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.
8. Support mothers to recognize and respond to their infants' cues for feeding.
9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

6.3 Annex C: Minimum Nutrition Package

The essential components of the package include:

Essential components	Justification
Management of acute malnutrition	Contributes to reducing mortality and morbidity
Micronutrient supplementation	Reduces micronutrient deficiencies and contributes to reducing morbidity/mortality, contributes to improving growth & development, helps prevent neural tube defects, and helps ensure quality of breastmilk
Immunizations	Reduces morbidity and risk of malnutrition
Deworming	Reduces micronutrient deficiencies and morbidity
Promotion and support for optimal Infant and Young Child Nutrition	Ensures optimal nutrient intake and contributes to reducing childhood morbidity/mortality and micronutrient deficiencies. Contributes to growth and development and reducing chronic and acute malnutrition. Also contributes to health of the mother
Promotion and support for optimal maternal nutrition and care	Prevents maternal undernutrition/micronutrient deficiencies and reduces likelihood of low birth weight babies. Helps maintain ability to breastfeed and ensure high-quality milk.
Prevention and management of common illnesses (anemia, malaria, diarrhea, pneumonia, etc)	Contributes to reducing mortality and risk of malnutrition.
Fortification (Home-based and food vehicles) and promotion of appropriate food fortification	Increases dietary quality and reduces micronutrient deficiencies. It also assists in targeting of harder to reach vulnerable groups such as women of child-bearing age or the elderly
Monitoring and surveillance	Supports program decision-making and ensures an up-to-date understanding of needs and programs to support resource allocation.

MINIMUM PACKAGE

COMMUNITY					
	Common – should be targeted to all stages	Women of child-bearing age	Pregnancy	Infancy & post- natal mother	Childhood
Minimum	<ul style="list-style-type: none"> ▪ Community mobilization on nutrition, malnutrition, and its identification ▪ Identification (MUAC & oedema) and referral of cases of acute malnutrition. As well as follow-up of those who have defaulted from a nutrition program ▪ Basic promotion for consumption of nutritious 	<ul style="list-style-type: none"> ▪ Promotion of consumption of iron, folate, and vit A rich foods 	<ul style="list-style-type: none"> ▪ Promotion and support of early initiation and exclusive breastfeeding ▪ Basic promotion of maternal nutrition ▪ Encourage regular attendance at MCH and community-based services (BFCI) ▪ Promotion of deworming 	<ul style="list-style-type: none"> ▪ Basic promotion of maternal nutrition ▪ Encourage regular attendance at MCH and infant growth monitoring ▪ Support and counseling services for early initiation and EBF until 6 months 	<ul style="list-style-type: none"> ▪ Promotion of appropriate feeding of the sick child ▪ Basic promotion and support for optimal complementary feeding and continued breastfeeding for children 6-24 months

	<p>locally available foods</p> <ul style="list-style-type: none"> ▪ Identification and referral of cases of diarrhea, respiratory tract infections and fever ▪ Promotion and support for handwashing with soap, ash, ▪ Promotion and support for household drinking water treatment 				
Additional	<ul style="list-style-type: none"> ▪ Promotion for consumption micronutrient fortified or enriched foods (ie. Flours, oil, 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ Support for reduced workload and rest ▪ Specialized promotion of maternal nutrition 	<ul style="list-style-type: none"> ▪ Support for reduced workload and nursing breaks so that women have time 	<ul style="list-style-type: none"> ▪ Specialized promotion and support for optimal complementary feeding and continued breastfeeding,

	<p>sugar)</p> <ul style="list-style-type: none"> ▪ Specialized promotion for cultivation and consumption of nutritious locally available foods ▪ Support for formation of relevant support groups (ie. Breastfeeding , complementary feeding, etc). 			<p>for exclusive breastfeeding and care</p> <ul style="list-style-type: none"> ▪ Specialized promotion of maternal nutrition 	<p>focusing on locally available foods/recipes</p> <ul style="list-style-type: none"> ▪ Promotion for child stimulation and play
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OUTPATIENT OR EXCETIONALLY DIFFICULT CIRCUMSTANCES					
	Common – should be targeted to all stages	Women of child-bearing age	Pregnancy	Infancy & post-natal mother	Childhood
Minimum	<ul style="list-style-type: none"> ▪ Community mobilization.... ▪ Treatment of moderate and 	<ul style="list-style-type: none"> ▪ Multiple micronutrient s supplementa 	<ul style="list-style-type: none"> ▪ Multiple micronutrient s supplementa 	<ul style="list-style-type: none"> ▪ Deworming of the mother ▪ Micronutrient supplementati 	<ul style="list-style-type: none"> ▪ Vitamin A supplemententation

	<p>uncomplicated severe acute malnutrition (OTP & SFP)</p> <ul style="list-style-type: none"> ▪ Referral of complicated cases of SAM to inpatient facility (IPC) ▪ Identification and management of diarrhea with zinc and ORS ▪ Identification and treatment of common illnesses (anemia, malaria, and pneumonia) ▪ Nutrition education ▪ Nutritional monitoring and reporting ▪ Provision and promotion of ITNs ▪ Supervisor visits performed regularly for outpatient/outre 	<p>tion</p> <ul style="list-style-type: none"> ▪ TT immunizations ▪ Education on IYCF and importance of appropriate child care ▪ SFP for at-risk mothers, adolescent girls 	<p>tion</p> <ul style="list-style-type: none"> ▪ Deworming (from 2nd trimester only) ▪ Promotion of early initiation and exclusive breastfeeding ▪ Tetanus Toxoid (TT) immunizations 	<p>on for lactating women</p> <ul style="list-style-type: none"> ▪ Referral of infants not gaining weight or not suckling/breastfeeding well to inpatient facilities ▪ Support and counseling services for early initiation and exclusive breastfeeding until 6 months 	<ul style="list-style-type: none"> ▪ Deworming ▪ Basic counseling and support for optimal complementary feeding behaviours ▪ Multi micronutrient supplementation ▪ Measles vaccination or full immunization
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	ach sites				
Additional	<ul style="list-style-type: none"> ▪ Provision and/or promotion of fortified foods or supplements ▪ Adapted and specialized nutrition counseling focusing on locally available foods or products ▪ Distribution of household drinking water purification materials ▪ Growth monitoring 	▪	<ul style="list-style-type: none"> ▪ Referral of complicated cases to a higher level care facility 		<ul style="list-style-type: none"> ▪ Full immunization coverage ▪ Specialized promotion and support for optimal complementary feeding, focusing on locally available foods/recipes

INPATIENT FACILITIES					
	Common – should be targeted to all stages	Women of child-bearing age	Pregnancy	Infancy & post-natal mother	Childhood
Minimum	<ul style="list-style-type: none"> ▪ Medical and nutritional 		<ul style="list-style-type: none"> ▪ Referral to MCH on discharge 	<ul style="list-style-type: none"> ▪ Relactation services ▪ Management 	<ul style="list-style-type: none"> • Catch-up immunizations

	<p>management of complicated severe acute malnutrition</p> <ul style="list-style-type: none"> ▪ Psycho-social, emotional support ▪ Nutrition education, including breastfeeding and IYCF ▪ Linkages with outpatient services 			<p>of infants not gaining weight at home</p> <ul style="list-style-type: none"> ▪ Support for the feeding of infants who cannot be breastfed ▪ Provision of ITNs for discharge 	
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