



**NATIONAL POLICY ON INFANT AND YOUNG CHILD FEEDING IN
NIGERIA**

**FEDERAL MINISTRY OF HEALTH,
Nutrition Division
ABUJA
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LIST OF STAKEHOLDERS

Ministry of Education

Ministry of Information and National Orientation

Ministry of Women Affairs

National Primary Health Care development Agency (NPHCDA)

National Programmed on Immunization (NPI)

National Action Committee on AIDS (NACA)

National Agency on Food and Drug Administration Control (NAFDAC)

National Committee on Food and Nutrition (NCFN)

Nutrition Society of Nigeria (NSN)

Pediatric Association of Nigeria (PAN)

World Health Organization (WHO)

United Nation for Children Fund (UNICEF)

Helen Keller International

ENHANSE

COMPASS

ACRONYMS

ABUTH	-	Ahmadu Bello University Teaching Hospital
AFASS	-	Acceptable, Feasible, Affordable, Sustainable and Safe
AIDS	-	Acquired Immune-Deficiency Syndrome
ARV	-	Antiretroviral
BF	-	Breastfeeding
BFI	-	Baby Friendly Initiative
BFHI	-	Baby Friendly Hospital Initiative
CDPA	-	Community Development and Population Activities
EBF	-	Exclusive Breast feeding
FMOH	-	Federal Ministry of Health
FMINO	-	Federal Ministry of Information and National Orientation
HIV	-	Human Immunodeficiency Virus
HKI	-	Helen Keller International
IBFAN	-	International Baby Food Action Network
IEC	-	Information, Education, Communication
ILO	-	International Labour Organisation
IMCI	-	Integrated Management of Childhood Illnesses
LGCFN	-	Local Government Committee on Food and Nutrition
LGA	-	Local Government Area
LUTH	-	Lagos University Teaching Hospital
MTCT	-	Mother-To -Child Transmission
NAFDAC	-	National Agency for Food and Drug Administration and Control
NAPEP	-	National Poverty Eradication Programme

NASCP	-	National AIDS and STDs Control Programme
NCFN	-	National Committee on Food and Nutrition
NDHS	-	Nigeria Demographic and Health Survey
NEEDS	-	National Economic Empowerment and Development Strategies
NFCNS	-	Nigeria Food Consumption and Nutrition Survey
NGOs	-	Non – Governmental Organisations
NPC	-	National Planning Commission
NPHCDA	-	National Primary Health Care Development Agency
ORS	-	Oral Rehydration Salt
PAN	-	Paediatric Association of Nigeria
PCR	-	Polymerase Chain Reaction
PLWHAs	-	People Living With HIV/AIDS
PHCD	-	Primary Health Care Department
PMTCT	-	Prevention of Mother-to-Child Transmission
SCFN	-	State Committee on Food and Nutrition
SON	-	Standards Organisation of Nigeria
SMOH	-	State Ministry of Health
SSS	-	Salt Sugar Solution
STDs	-	Sexually Transmitted Diseases
STIs	-	Sexually Transmitted Infections
UBTH	-	University of Benin Teaching Hospital
UHT	-	Ultra High Temperature
UNAAB	-	University of Agriculture, Abeokuta
UNAIDS	-	Joint United Nations Programmes on HIV/AIDS
UNICEF	-	United Nations Children’s Fund
UNTH	-	University of Nigeria Teaching Hospital
USAID	-	United States Agency for International Development
VAD	-	Vitamin A Deficiency
VCT	-	Voluntary Counselling and Testing
WHO	-	World Health Organisation

CHAPTER 1

1.0 Introduction

The provision of adequate nutrition during infancy and early childhood is a basic requirement for the development and promotion of optimum growth, health and behaviour of the child. Adequate nutrition is defined as the intake and utilisation of enough energy and nutrients to maintain well-being, health and productivity of an individual, in this case, the child. The period of birth to 2 years of age is recognised as a critical period for which adequate nutrition should be provided for the child to achieve optimum development and full potential.

Malnutrition in children manifests as stunting, underweight and wasting in individuals and could be due to deficiencies in macro- and micro-nutrients especially vitamin A, iodine, iron, zinc and folic acid. Further consequences of malnutrition include impaired immune system leading to significant illnesses, recurrence and severity of diarrhoea, acute respiratory infections. In the long term, malnutrition can result in impairment of intellectual performance and work capacity. It could also have adverse reproductive consequences, delayed mental and physical development as well as death during childhood, adolescence and adulthood.

Malnutrition is recognised as a global problem, which, beside weakening the immune system and worsening of illnesses, is the underlying cause of half the deaths of children less than five years of age. Of these deaths, 20% are associated with severe and 80% with mild and moderate forms of malnutrition. Well over two-thirds of malnutrition-related deaths occur in the first year of life and are often associated with inappropriate feeding practices.

In Nigeria, malnutrition is widespread, for example, 43% of all children less than five years of age are stunted, 9% wasted and 25% are underweight (NDHS 2003). Also 60% of all childhood deaths are reportedly due to underlying malnutrition. The causes of malnutrition in Nigeria are many and complex. The immediate causes of malnutrition in the first two years of life are inappropriate breastfeeding and complementary feeding practices coupled with high rates of infections. The rate of exclusive breastfeeding in the first 6 months of life is between 15% and 17% (NFCNS 2001-3, NDHS 2003). Over 50% of Nigerian infants are given complementary foods too early and they are often of poor nutritional value mostly inadequate in terms of energy, protein and

micronutrients such as iron, zinc, iodine and vitamin A. The frequency of feeding is usually low, while the quantities given are less than that required for the ages of the children.

Feeding of children in difficult circumstances, such as low birth weight infants (LBW), infants born to HIV positive mothers, orphans and those in emergency situations deserve special considerations. Other conditions worthy of attention include sick infants with persistent diarrhoea, infants living with HIV/AIDS, infants of adolescent mothers and those with cleft-palate. Given a national HIV sero-prevalence of 5% among pregnant women attending antenatal clinic, with an estimated 5,000,000 babies born annually in Nigeria, (NDHS 2003), with a mother-to-child transmission rate of 40%, about 100,000 newborn babies are at risk of HIV infection annually.

The main source of HIV infection in young children is mother-to-child-transmission, which could occur during pregnancy, labour, delivery and breast-feeding, and is responsible for about 90% of paediatric HIV/AIDS cases globally. Without intervention, breastfeeding is estimated to contribute about 15% of mother-to-child transmission of HIV. Based on the current rates of transmission (and without intervention), close to 600,000 paediatric HIV/AIDS deaths would have been recorded in the country by the year 2010. Thus, promotion, protection and support for breastfeeding are extremely important in order not to lose the gains made in child survival during the last few years.

The provisions of international conventions, agreements and national legal instruments, such as the Convention on the Rights of the Child, which has been domesticated, the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding, the Baby Friendly Initiative and the Code of Marketing of Breastmilk Substitutes, have been recognised in the articulation of this Policy.

1.1 Rationale

Review of available national policies on Nutrition and Maternal and Child Health revealed gaps in policy provisions on infant and young child feeding. The HIV/AIDS pandemic and the possibility of transmission of HIV through inappropriate feeding options, make the articulation of a comprehensive national policy on infant and young child feeding in Nigeria imperative. Furthermore, the increasing evidence, that nutrition, including appropriate feeding practices, in the early months and years of

life, is crucial to achieving optimal outcomes, necessitates the development of a policy on infant and young child feeding.

1.2 Goal and Objectives

Infant and young child feeding is an integral part of the overall objective of ensuring the socio-economic well being of all Nigerians. It is in this context that the problem of malnutrition exists and within which the goal and objectives of this policy are derived.

1.2.1 Goal

The overall goal of the National Policy on Infant and Young Child Feeding in Nigeria is to ensure the optimal growth, protection and development of the Nigerian child from birth to the first five years of life.

1.2.2 Specific Objectives:

- i. To promote, protect and support exclusive breastfeeding in the first six months of life.
- ii. To create and sustain a positive image for breastfeeding throughout the society.
- iii. To empower all women (including women who work outside their homes) to adopt and practice optimal infant feeding.
- iv. To promote the timely introduction of appropriate and adequate complementary foods while continuing breastfeeding up to 24 months and beyond.
- v. To ensure the provision of specific feeding recommendations for all infants and young children irrespective of their circumstances of birth and health status.
- vi. To promote the provision of appropriate information for nutrition counselling and support for households in the prevention of malnutrition in children.
- vii. To develop and strengthen activities that will protect, promote and support adequate infant and young child feeding practices.
- viii. To raise awareness on issues affecting infant and young child feeding in Nigeria.
- ix. To provide an enabling environment for mothers, family members and communities to make and implement informed decisions on optimal feeding of infants and young children.
- x. To support and enhance the provision of enabling environment without any form of discrimination for working mothers, fathers

- and other care-givers including those in part-time and domestic occupation to practice optimal infant and young child feeding.
- xi. To promote the prevention of mother-to-child transmission of HIV through appropriate and safe measures that ensure optimal infant and young child feeding.
 - xii. To ensure that health workers and other care providers have adequate skills and information to support optimal infant and young child feeding including in emergency situations.
 - xiii. To support and enhance the national capacity to address issues of infant and young child feeding in different situations and circumstances.

1.3 Policy Statements

- 1.3.1 This policy shall be known and referred to as the "National Policy on Infant and Young Child Feeding in Nigeria".
- 1.3.2 This Policy reaffirms government's commitment to optimal feeding of all children from birth, as a public health measure, and the implementation of the global strategy for infant and young child feeding for improved child survival.
- 1.3.3 Exclusive breastfeeding for the first six months of life shall be promoted and strengthened.
- 1.3.4 In all population groups, breastfeeding shall be protected, promoted and supported, unless medically contra-indicated, on case-by-case basis and this should be in line with the provision of the Code of Marketing of Breastmilk Substitutes.
- 1.3.5 All public and private places of employment shall be actively encouraged to provide crèches and establish flexible nursing periods during the working hours.
- 1.3.6 Exclusive breastfeeding for the first 6 months of life shall be followed by the introduction of complementary foods that are safe, appropriate, locally available and nutritionally adequate, with continued breastfeeding for up to two years and beyond. The timing of introduction of complementary foods shall be from six months of life, except otherwise medically indicated.

- 1.3.7 All individuals especially women of child bearing age shall have access to confidential voluntary counselling and testing to ascertain their HIV status and thus facilitate informed decision on infant feeding options.
- 1.3.8 Mothers who are found to be HIV negative shall be counselled to breastfeed exclusively for six months, followed by complementary feeding with safe, appropriate, locally available and nutritionally adequate foods while continuing breastfeeding for up to two years and beyond. Such HIV negative mothers shall be encouraged to maintain their HIV status.
- 1.3.9 Mothers who do not know their HIV status shall be counselled on confidential voluntary testing and the need to know their status, while encouraging them to adopt the feeding advice for mothers that are HIV negative (1.3.8).
- 1.3.10 Mothers diagnosed and certified HIV positive shall be counselled on possible feeding options.
- 1.3.11 Government shall endeavour to train health and community workers to promote, protect and support optimal infant and young child feeding in all situations including emergencies and large displacement of persons, among others.
- 1.3.12 In situations where the mother cannot breastfeed, caregivers/mothers shall be counselled and supported to practice replacement feeding of choice e.g. wet nursing, infant formula feeding, home prepared formula feeding.
- 1.3.13 In cases of donations of commercial milk formulae during emergencies or to orphanages, they shall be given to only those who need them and for as long as they are required. Donations shall conform with the National Code on Marketing of Breastmilk Substitutes.

CHAPTER 2

2.0 Optimal Infant and Young Child Feeding

This chapter provides the framework for the optimal feeding of infants and young children in normal (general population) and special situations.

2.1 General Population

General population here refers to infants of HIV negative mothers and mothers of unknown HIV status.

2.1.1 Breastfeeding

- All mothers shall be encouraged to take adequate nourishment during pregnancy and lactation.
- All pregnant women, their relations and other relevant persons shall during ante-natal clinics, admissions of mothers or babies, postpartum clinics, child welfare clinics, home visits and at other opportune periods receive education on the advantages of breastfeeding, the dangers of bottle feeding.
- Breastfeeding shall be protected, promoted and supported unless medically contraindicated.
- All mothers shall be encouraged and assisted to put their newborn infants to the breast within half hour of delivery.
- Mothers shall be encouraged to exclusively breastfeed their babies on demand until the age of 6 months, (with no water or other liquids including breastmilk substitutes).
- All mothers shall be taught to express and preserve breastmilk for feeding their infants during periods of unavoidable separation. Under these special circumstances, feeding with the cup is recommended.
- All health workers shall be made aware of, and comply with the National Code of Marketing of Breastmilk Substitutes which prohibits promotional schemes by infant formula manufacturers directed at consumers and health workers e.g. posters, free samples, donations. The use of artificial

milks or other breastmilk substitutes shall not be encouraged except in exceptional circumstances and by prescription only.

- Thereafter, mothers shall be encouraged to continue breastfeeding with adequate complementary foods for up to 2 years and beyond.

2.1.2 Complementary Feeding

Complementary feeding should commence when the infant is 6 months old. Infants are particularly vulnerable during this transition period as new foods are being introduced. Mothers and care-givers shall be encouraged to practice responsive feeding using the principle of psycho-social care.

The guiding principle shall be that of frequency, adequacy, density, utilisation and safety (FADUS) of the complementary food. Consequently, it is important that nutritional needs of the infant be met by ensuring that complementary foods are:

- **Frequent:** the meal is offered frequently to the child as required.
- **Adequate:** they provide sufficient energy, protein, fat and micronutrients from a variety of foods.
- **Dense** : there is gradual increase in food consistency.
- **Utilised** : they are provided in a form that can be easily digested and absorbed e.g. vitamin A rich-foods are given with fat and iron-rich foods with Vitamin C to increase absorption.
- **Safe** : they are hygienically stored, prepared and fed.

For children above 2 years, mothers/caregivers shall be encouraged to continue to offer nutrient dense foods.

Optimal feeding of children up to 5 years shall be promoted.

2.2 Special Situations

This policy recognises that there are children in special circumstances who need further attention and extra support to meet their nutritional requirements. Also, there are situations under which breastmilk substitutes or other artificial feeding may be necessary.

Community participation at all levels and stages is required for effective interventions targeted at these groups of children.

These groups include:

- Infants and young children of HIV positive mothers
- Sick infants and young children, particularly;
 - with persistent diarrhoea
 - living with HIV/AIDS
- Low birth weight infants
- Motherless/adopted infants and young children
- Infants and young children in emergency situations
- Infants of adolescent mothers
- Infants with cleft-palate.

2.2.1 Infants and Young Children of HIV Positive Mothers

Exclusive breastfeeding for the first six months and introduction of nutritionally adequate complementary foods from 6 months with continued breastfeeding for up to 24 months have been the policy in Nigeria.

However, the increasing HIV prevalence in the country and corresponding well documented risk of Mother-to-child Transmission (MTCT) through breastfeeding has necessitated the need to weigh the benefits of breastfeeding against the risk of infection with HIV and AIDS. It shall be the policy of Government that HIV positive mothers be counselled on infant feeding options and be supported on their choice.

- Replacement feeding when acceptable, feasible, affordable, sustainable and safe, shall be exclusive and adjudged on a case-by-case basis. Government shall make efforts to provide such HIV positive mothers, who choose to feed their infants on breast milk substitutes, with government approved commercial infant formula through designated health facilities for the entire period of infancy. Such mothers shall be individually taught on safe and hygienic preparation and feeding of such substitutes to minimise the risk of contamination and diarrhoea.

- When replacement feeding is not acceptable, feasible, affordable, sustainable and safe, the mother shall be appropriately counselled on the benefits of exclusive breastfeeding and the risks of feeding breast milk substitutes. The mother shall also be counselled on the best and appropriate feeding options including the modifications to the period of exclusive breastfeeding, which may be shorter than the recommended duration of six months.
- At such defined and individually determined shorter duration of exclusive breastfeeding, safe cessation of breastfeeding shall be initiated. Transition to approved government commercial milk formula for the remaining period of infancy in addition to introduction of suitable and appropriate locally available complementary foods at six months shall be encouraged.

2.2.2 Sick Infants and Young Children

Generally, for the sick child, mothers and caregivers shall be counselled and encouraged to:

- Increase the frequency of breastfeeding
- Increase fluid intake
- Continue to provide soft, appetizing and nutritionally adequate favourite foods
- Give at least one extra meal per day for one month after illness
- Follow regular growth monitoring
- Follow immunisation schedule.

2.2.2.1 Persistent Diarrhoea

All the international definition of diarrhoea is 14 days, mothers are encourage to take their children to Hospital if diarrhoea persist after three days.

This refers to a condition when an episode of diarrhoea illness lasts for 14 days or more. Mothers/caregivers shall be counselled to take such children to the nearest health facility.

- If the child is still breastfeeding exclusively, mothers shall be supported to:

- Continue breastfeeding day and night
- Increase the frequency of breastfeeding
- If the child is above 6 months and on complementary foods, the mother shall be encouraged to:
 - Continue breastfeeding day and night
 - Continue the feeding recommendation for the child's age
 - Give extra fluids, for example, Solution of Oral Rehydration Salt or Salt Sugar Solution (ORS\SSS).
- If no longer breastfeeding, the mothers shall be counselled to:
 - Continue the feeding recommendation for the child's age
 - Give ORS/SSS.
- If on milk, mothers/caregivers shall be counselled to:
 - Replace half the amount of milk with water or nutrient rich semi-solid food (for example, enriched pap or yoghurt if available and acceptable).

Additionally, for all children aged 6 months and above who have persistent diarrhea, mothers shall be encouraged to:

- Give vitamin A supplement, multivitamins and minerals (drops or syrups).
- Give one extra meal daily for 1 month after the cessation of diarrhea.

2.2.3.2 Infants and Young Children Living with HIV/AIDS

It shall be the policy of Government that:

- Infants and young children diagnosed as HIV positive shall suffer no discrimination on grounds of their HIV status including in the provision of health care delivery services.
- HIV positive infants and young children shall be given necessary support to receive optimal nutrition.
- Mothers and families of such infants and young children shall be empowered to provide adequate care and referred to specialised services as the need arises.
- Health care managers shall be adequately informed and supported to take appropriate actions regarding the provision of enabling environment to achieve the objectives of the policy.
- Health care providers shall be trained and adequately supported to provide counselling regarding the feeding of infants and young children of HIV mothers and make appropriate referrals.
- Communities and family members shall be adequately informed and supported to:
 - Take appropriate actions towards preventing MTCT of HIV.
 - Provide necessary support to ensure optimal feeding of infants and young children of HIV positive mothers using available community resources and structures.
- Communities shall be adequately informed and mobilised towards providing adequate care and support using appropriate resources including IEC materials to reduce stigma and discrimination in the communities.

2.2.3 Low Birth Weight Infants

Breastmilk is particularly important for preterm infants and the small proportion of term infants with very low birth weight. For this reason, mothers shall be encouraged to:

- Exclusively breastfeed frequently.
- When the baby is so underweight and weak to suckle, expressed breastmilk shall be given by tube feeding.
- Commence iron supplementation from age 1 month.
- Introduce complementary foods at 6 months.

2.2.4 Motherless/Adopted Infants and Young Children

For the motherless/adopted infants and young children;

- Re-lactation of a foster mother or caregiver who is HIV negative shall be encouraged.
- Such foster mothers or caregivers shall be remain HIV negative throughout the period of breastfeeding.
- Caregivers shall be supported to feed the infants on breastmilk substitute from birth to six months, if not breastfeeding.
- Caregivers shall be counselled to introduce locally sourced complementary foods from the age of six months in addition to milk feeds.
- Infants and young children with inappropriate weight gain shall be referred to health facilities for more specialised care.

2.2.5 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 importance of protection, promotion, and support of breastfeeding shall be stressed.
- All government and non-governmental agencies that are working on nutrition in the emergency site shall be identified and their activities coordinated.
- Rapid assessment shall be conducted at early stages to provide relevant information on all aspects of children in emergency situations.
- Procurement, management, distribution, targeting and use of breastmilk substitutes, other milks, shall be controlled.
- The National Code of Marketing of Breastmilk Substitutes shall be complied with.

2.2.6 Infants of Adolescent - Mothers

About 25% of adolescent girls in Nigeria have begun child bearing before the age of 20 years and indeed 21% of them are already mothers (NDHS

2003). Such adolescent mothers require additional nutritional care both for their healthy growth and that of their babies. Thus:

- Mothers shall be encouraged to remain together with their babies and be provided the support they need to breastfeed optimally.
- They shall be supported to exercise the most appropriate infant feeding options and care under all circumstances.
- The adolescent mother shall be supported to continue schooling.
- Adolescent friendly health services shall be provided.

2.2.7 Infants with Cleft Palate

Cleft palate is a condition that might hamper effective breastfeeding of babies. In general, such babies shall be taken to the hospital for possible treatment. In addition,

- Optimal breastfeeding shall be encouraged for babies with cleft-palate.
- If the baby cannot suckle effectively, expressed breast milk should be fed with cup.

2.2.8 Nutrition Information for Breastfeeding Mothers

Breastfeeding mothers needs adequate food and nutrient to be able to withstand the energy and stress of breastfeeding their babies.

Therefore women of childbearing age shall be encouraged to build their nutritional status before pregnancy and continue to feed adequately during and after delivery.

CHAPTER 3

3.0 Strategies

The National Policy on infant and young child feeding in Nigeria shall achieve its goal and objectives through the following key strategies:

- Legal, gender and cultural considerations
- Advocacy and social mobilisation
- Information, Education, Communication (IEC)
- Capacity building and development
- Counselling and support services
- Research
- Monitoring and evaluation
- Supervision
- Coordination

3.1 The Legal, Gender and Cultural Considerations shall be addressed by reviewing, harmonising, enacting and enforcing National laws and adapting International conventions and recommendations that would enhance gender equality and equity, child's rights and the situation of women and children, particularly with respect to infant and young child feeding.

3.1.1 Enforcing Decree 41 (1990) on the marketing of breastmilk substitutes and other designated products used for feeding infants and young children. This is to ensure that the procurement and distribution of breastmilk substitutes and other designated products strictly adhere to International and National standards and regulation.

3.1.2 Integrating Public Service Regulation, Labour Acts and other existing policies, maternity entitlement as defined in ILO Convention 183 and Recommendation 2000, (No 191) into existing legislation, to enhance optimal infant and young child feeding.

- 3.1.3 Ensuring that National Development Plans, Policies, Programmes and Strategies such as National Economic Empowerment and Development Strategies (NEEDS), National Poverty Eradication Programme (NAPEP), Health Sector Reform Plan give prominence to infant and young child feeding.
 - 3.1.4 Guidelines shall be reviewed and developed for NGOs and other agencies assisting communities for greater coordination of their efforts in the areas of infant and young child feeding.
 - 3.1.5 This Policy shall be reviewed periodically to address emerging challenges on infant and young child feeding.
- 3.2** Advocacy and social mobilisation shall be strengthened to address the mandate of relevant ministries, NGOs, community-based organisations, political and traditional leadership groups, media organisations, learning institutions, and the relevant private sector on infant and young child feeding and related issues.

This shall be achieved by:

3.2.1. Harmonisation of messages to eliminate conflicts

- Creating awareness about optimal infant and young child feeding at all levels.
- Developing a National social marketing strategy to advocate from the highest policy level to the lowest community level, to address different issues of care in infant and young child feeding for the general public, as well as children in special situations.
- Utilising the annual World Breastfeeding Week, World Safe Motherhood Week and National Micronutrient Day to promote optimal infant and young child feeding in various communities.

- Encouraging communities' particularly male involvement in infant and young child feeding activities and nutrition of the family in general.
- Actively involving the media in all advocacy and social mobilisation for all the issues elaborated in this Policy.

3.3 Information, Education and Communication (IEC) packages shall be reviewed, developed and disseminated to deliver appropriate, technically correct and up-to-date information on optimal infant and young child feeding.

- Assessment of information needs of different target populations shall be carried out.
- Information, Education and Communication materials (including guidelines) shall be reviewed, adapted or developed and disseminated to different target groups of the general public.
- All working documents including guidelines on infant and young child feeding shall be reviewed, developed and regularly updated as appropriate.

3.4 Capacity Building and Development shall be encouraged to enhance effectiveness and efficacy at the National, State, Local Government Area and community levels for implementation of this Policy. In pursuance of this:

- Communities shall be enlightened to access the skills acquisition initiatives, micro-credit facilities and other poverty alleviation programmes for optimal infant and young child feeding.
- Training for pre-service, in-service and informal sector shall be promoted for all health care providers in private and public institutions as well as community-based organisations.

3.4.1 Pre – Service Training

- Infant and young child feeding and nutrition issues shall be

promoted as an examinable subject in the pre-service curricula of all health workers and related professions, to provide consistent, up-to-date information and practical skills.

- The Nutrition Division of the FMOH shall collaborate with institutions of learning to assess training needs, develop curricula, resource texts, teaching modules, guidelines, information packs and other materials for use in pre-service and informal trainings, as well as in advocacy work, for this policy.

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 infant and young child feeding.
- All health facilities providing maternity services shall teach and practice the “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 children from special situations and emergencies into relevant existing programmes, including programmes for humanitarian assistance and emergency preparedness.

3.4.3 Informal Training

Informal training shall contribute to capacity building of the general public for effective participation in the implementation of this policy.

- Prospective partners and networks shall be identified, including the media, community and religious leaders to

incorporate infant and young child feeding issues in their mandates.

3.5 Counselling and Support Services

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

- Nutrition Counselling shall be institutionalised in all areas concerned with infant and young child feeding.
- Community and facility-based support groups shall be strengthened where in existence and established where necessary.
- Health workers shall provide mothers, fathers and other caregivers with objective, consistent and adequate information about appropriate infant and young child feeding options and practices free from commercial influence.
- Health workers shall provide skilled support to mothers in the initiation and sustenance of appropriate infant and young child feeding practices.
- Mothers shall be provided with infant and young child feeding counselling services and referred to other support services for follow-up and care where necessary.
- Crèche shall be provided for breastfeeding mothers to provide enabling environment to practice exclusive breastfeeding and appropriate complementary feeding.

3.6 Research

This policy recognises the importance of research in the overall attainment of its goal and objectives on a sustainable basis, and shall cover various aspects of research on infant and young child feeding.

- Research on implementation of the Code of Marketing of Breastmilk Substitutes shall be supported.

- Epidemiological, clinical and operational research on infant and young child feeding shall be carried out and used for policy review.
- Research into infant and young child feeding trends shall be carried out for policy review to comply with the national and global goals.
- Other research that will have impact on infant and young child feeding shall be supported and carried out.

3.7 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 for a successful programme implementation;

- Monitoring and evaluation at the National level shall be the responsibility of the ministry of Health at National and states Level.
- All designated baby friendly facilities shall be periodically monitored and re-assessed to ensure compliance with the “Ten steps to successful breastfeeding”.
- Growth and development of infants and young children shall be monitored as a routine nutrition intervention with particular attention to at-risk infants and young children especially low birth weight, sick infants and those born to HIV positive mothers.
- The ministry shall regularly monitor infants and young child feeding practices to evaluate the impact of interventions.
- Application of the policy on maternity entitlements shall be regularly monitored.

3.8 Supervision

Supervision shall be a continuous process designed to ensure that programme operations at all levels, are proceeding according to plan. Supervision is also necessary in order to assess the quality and effectiveness of services being provided.

- An integrated supervisory system shall be established within the Nutrition Division of the Federal Ministry of Health which shall be responsible for supervision of all infant and young child feeding activities.
- Supervisory schedules and checklists for infant and young child feeding activities shall be developed for all tiers of service.
- Support supervision shall be carried out at facility and community levels.
- A mechanism shall be established to provide regular feedback at all levels.

3.9 Coordination

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 and set standards of achievements.

- At the National level, Food and Nutrition Agency shall coordinate all infant and young child feeding activities.
- At the state level, the State Committees on Food and Nutrition shall coordinate the implementation of this Policy.
- At the local government level, the coordination of the implementation of this Policy will rest on the Local Government Committee on Food and Nutrition.
- The composition and roles of these Food and Nutrition committees shall be as spelt out in the National Policy on Food and Nutrition.

CHAPTER 4

Roles of Stakeholders in the National Policy on Infant and Young Child Feeding in Nigeria

For the purposes of this policy the key stakeholders are as follows:

- Federal Government, its ministries and agencies
- State Governments, their ministries and agencies
- Local Government Departments
- Universities and Research Institutions
- Organised Private Sector
- Non-Governmental Organisations and Civil Society Organisations
- Professional Bodies
- Development Partners
- Media Organisations and Practitioners

4.1 Federal Government

The Federal Government shall:

- have a budget line to support programmes on infant and young child feeding.
- strengthen the Nutrition Division of the Federal Ministry of Health (FMOH) as the focal point in the drive towards optimal infant and young child feeding.
- make adequate provision for training of staff members and stakeholders involved in the implementation of this Policy.
- provide support to State and Local Governments for advocacy, social mobilisation and training on infant and young child feeding, through the FMOH and in collaboration with the Federal Ministry of Information and National Orientation (FMINO) and other relevant agencies.
- through the regulatory agencies (National Agency for Food and Drug Administration and Control and Standards Organisation of Nigeria) set standards and enforce compliance at factory, ports of entry and retail outlet levels for appropriate foods that can be used for infant and young child feeding.

- facilitate, through the National Primary Health Care Development Agency (NPHCDA) and other relevant bodies appropriate micronutrient supplementation of infants and young children.
- through the Federal Ministry of Education (FMOE), in collaboration with Universities and Research Institutions develop and include infant and young child feeding in school curriculum.
- strengthen collaboration with development partners to ensure adequate financial and technical support for infant and young child feeding.

4.2 State Governments

The State Governments shall:

- have a budget line to support programmes on infant and young child feeding.
- through the State Committee on Food and Nutrition (SCFN) have responsibility for coordination and harmonisation of matters related to this Policy.
- provide necessary structures for the effective implementation, supervision, monitoring and evaluation of this Policy at state and local government levels.

4.3. Local Governments

The Local Government shall:

- have a budget line to support programmes on infant and young child feeding.
- through the Local Government Committee on Food and Nutrition (LGCFN) have responsibility for coordination and harmonisation of matters related to this Policy.
- provide necessary structures for the effective implementation, supervision, monitoring and evaluation of this Policy at community levels.

4.4. Universities and Research Institutions

The Universities and Research Institutions shall be supported to:

- respond to research needs of governments and other stakeholders for improved infant and young child feeding in Nigeria.
- provide technical support to relevant agencies and organisations in conducting research on various components of infant and young child feeding.
- provide accurate information required to create awareness and develop appropriate intervention programmes for improved infant and young child feeding.
- facilitate, in collaboration with the Ministries of Education, the inclusion of infant and young child feeding in school curricula.

4.5. Organised Private Sector

The Organised Private Sector shall:

- ensure compliance with laid down Government regulations and guidelines on issues relevant to this Policy.
- provide appropriate support needed for effective implementation of this Policy.
- be encouraged to partner with relevant stakeholders in the implementation of this Policy.

4.6. Non-Governmental Organisations and Civil Society Organisations

The Non-Governmental Organizations and Civil Society Organisations shall:

- collaborate with relevant government agencies in ensuring effective implementation of this Policy.

- provide necessary support to communities for improved participation and ownership of programmes and activities targeted at promoting infant and young child feeding.
- participate in advocacy and resource mobilisation for improved infant and young child feeding.

4.7 Professional Groups and Associations

The Professional Groups and Associations shall:

- provide technical support on training and capacity building to 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.
- be encouraged to participate in community-based activities in infant and young child feeding.

4.8 Media Organisations and Practitioners

These include print and electronic media and their roles shall be:

- complementing efforts of Government in disseminating information on infant and young child feeding at all levels.
- participating actively in advocacy, social and resource mobilisation for infant and young child feeding activities.

NOTE: This Policy recognises and shall support the roles of town announcers and village/town drummers play in the effective dissemination of information and social mobilisation for infant and young child feeding activities.

4.9. Development Partners

The Development Partners shall:

- place infant and young child feeding high in their support agenda.

- serve as advocates for increased human, financial and institutional resources for the implementation of this Policy.
- provide technical and financial support to government and community efforts in the area of capacity building, advocacy, social mobilisation and service delivery for successful implementation of this Policy.
- All such help should be made know to the Ministry of Health.

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HEALTH OF THE FEDERAL MINISTRY OF HEALTH

SECRET

NCH

21 November 2005

NO: NUT/IYCF/PO/O1

TOP MANAGEMENT COMMITTEE

**RATIFICATION OF THE DRAFT POLICY ON INFANT AND YOUNG CHILD
FEEDING (IYCF) IN NIGERIA**

Background

The purpose of this Memorandum is to present a draft policy on Infant and Young Child Feeding (IYCF) in Nigeria to Top Management Committee of the Federal Ministry of Health and to seek for approval of the TMC for adoption presentation to National Council on Health (NCH).

2. In Nigeria, malnutrition is widespread, with 43% of all children less than five years of age stunted, 9% wasted and 25% underweight (NDHS 2003). Malnutrition is responsible for over 60% of all infant and child mortality in the country, which could be due to macro- and or micro- nutrients deficiencies.
3. In an effort to improve the Infant Nutrition and Survival, policy on exclusive breastfeeding for the first six month of life was put in place in Nigeria in accordance with Innocenti declaration
4. However, World Health Assembly (WHA 55.25) in 2002 adopted a Global Strategy on IYCF and stressed the need for Countries to develop a policy and corresponding guidelines to promote and protect the survival of children. As a follow-up to that resolution, a Regional workshop to develop National Action Plan for implementation of appropriate infant feeding including HIV/AIDS cases was organised jointly by WHO, UNICEF and USAID in February 2003 in Adisa-Ababa, Ethiopia.
5. In recognition of the above, the Policy on IYCF in Nigeria was developed. The IYCF Policy protect, promote and support exclusive breastfeeding for the first six months life and continuation of breastfeeding up to 2 years and beyond in addition to introduction of nutritionally adequate, age – appropriate complementary foods, while taking into consideration other feeding related problem as addressed by Global Strategy on Infant and Young Child Feeding (GSIYCF).

6. The Action Plan of implementation of GSIYCF prioritised the followings:
 - a. Development of National policy on IYCF
 - b. Development of Guidelines on IYCF including HIV
 - c. Development of relevant Training Manuals

7. The development of the policy has undergone the following processes:-
 - Consensus Building Meeting of relevant stakeholders on the need for IYCF policy
 - Workshop to develop zero draft National Policy on IYCF
 - Committee meeting to fine-tune zero draft policy
 - Circulation of draft to other Stakeholders for input,
 - Finalization of draft policy
 - Editorial Meeting before presentation to NCH

NCH invited to note that:-

- ✓ Malnutrition is recognised as a global problem, which, weakens the immune system and worsens illnesses, with over 60% of all childhood deaths of children less than five years attributed to underlying malnutrition.

- ✓ Over two-thirds of malnutrition-related deaths occur in the first year of life and are often associated with inappropriate feeding practices exclusive breastfeeding rate in the first 6 months of life in Nigeria is currently 15% - 17% (NFCNS 2001-3, NDHS 2003).

- ✓ The HIV/AIDS pandemic emergency and special situations adversely affect Infant and Young Child Feeding, hence a need for harmonized single document on IYCF.

- ✓ The immediate causes of malnutrition in the first two years of life are inappropriate breastfeeding and complementary feeding practices coupled with high rates of infections.

- ✓ Over 50% of Nigerian infants are given complementary foods too early and they are often of poor nutritional value and inadequate in terms of energy, protein and micronutrients such as iron, zinc, iodine and vitamin A. The

frequency of feeding is usually low, while the quantities given are less than that required for the ages of the children.

- ✓ Consequences of malnutrition include impaired immune system leading to significant illnesses, recurrence and severity of diarrhoea, malaria and acute respiratory infections.
- ✓ In the long term, malnutrition can result in impairment of intellectual performance and work capacity. It could also have adverse reproductive consequences, delayed mental and physical development as well as death during childhood, adolescence and adulthood.
- ✓ The World Health Assembly resolution (WHA 55.25) in 2002 on Global Strategy on IYCF (GSIYCF)
- ✓ The committee recommendation on the needs for adoption of GSIYCF in all countries
- ✓ The prioritised activities in accordance with GSIYCF implementation plan of action.

Prayer

The NCH is invited to approve:-

- (1) The draft policy on Infant and Young Child Feeding (IYCF) in Nigeria.

Dr. A. A. Adeyemi
Director CDPA

21st November, 2005