



NATIONAL STRATEGY ON INFANT AND YOUNG CHILD NUTRITION

Final Draft 2007

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Foreward

Abundant evidence shows that appropriate feeding practices play a key role in attainment of optimal health and nutrition outcomes in early childhood. Poor infant feeding practices especially not exclusively breastfeeding infants in the first six months of life constitute an important risk factor for morbidity and mortality. In Kenya, the rate of exclusive breastfeeding at six months is less than 3%. Childhood malnutrition rates in Kenya are also unacceptably high, with stunting among children < 5 years at 31%. The long term impact of early childhood malnutrition includes impaired intellectual development leading to poor school performance and reduced productivity.

This strategy was developed with a view of providing a strong framework for accelerating action to improve IYCF practices that have proven to play a major role in enhancing the health, nutrition, survival and development of infants and young children. The strategy aims at creating an environment that enables mothers, families and other caregivers in all circumstances to make and implement informed choices about optimal feeding practices for infants and young children. Further, it aims at raising awareness of the main problems facing IYCF, identifying approaches to address these and to provide a framework for essential interventions.

The Ministry of Health would like to renew its commitment to undertake and strengthen strategies contributing to the reduction of malnutrition among infants and young children through improvement of feeding practices. Notable among these are: Strengthening policies and legislation on IYCF including advocating for enactment of the code for marketing of breastmilk substitutes into law and adoption of the maternity protection bill; Promotion of breast and complementary feeding; Support for appropriate IYCF practices in HIV and emergency situations; Strengthening coordination and programming on IYCF including revitalization of BFHI; Strengthening community support mechanisms and developing a comprehensive communication strategy on IYCF.

It is intended that this strategy will provide guidance to the government and other stakeholders on key areas of focus aimed at improving feeding practices and hence the nutritional status of families and communities. The strategy is intended as a guide for action and is based on accumulated evidence of the significance of proper feeding practices in the early months and years of life for child development. It identifies interventions with a proven positive impact during this period. To remain dynamic, successful implementation of this strategy will rely on keeping pace with new developments.

I note that no single intervention can succeed in meeting the challenges presented in this strategy. Implementing the national strategy calls for increased political will, public investment, awareness among health workers and other professions and extension workers. Involvement of the government, including families; CBO's, FBO's communities, in collaboration with international organizations and other concerned parties will ultimately ensure that necessary action is taken.

Signed - Director of Medical Services

Abbreviations

ANC	-	Antenatal Care
ART	-	Anti Retro-Viral Therapy
BCC	-	Behaviour Change Communication
BF	-	Baby Friendly
BFC	-	Baby Friendly Community
BFCI	-	Baby Friendly Community Initiative
BFHI	-	Baby Friendly Hospital Initiative
CBO	-	Community Based Organization
CDC	-	Centre for Disease Control
CHANIS	-	Child Health and Nutrition Information System
CHEW	-	Community Health Extension Worker
C- IMCI	-	Community Integrated Management of Childhood Illnesses
DCH	-	Department of Community Health
DHMT	-	District Health Management Team
DoN	-	Division of Nutrition
FANTA	-	Food and Nutrition Technical Assistance
FBO	-	Faith Based Organization
GM	-	Growth Monitoring
HIV/AIDS	-	Human Immuno Deficiency Virus
IBFAN	-	International Baby Food action Network
IEC	-	Information, Education and Communication
ILO	-	International Labour Organization
IMR	-	Infant Mortality Rate
IYCF	-	Infant and Young Child Feeding
IYCN	-	Infant and Young Child Nutrition
KDHS	-	Kenya Demographic Health Survey
KEMRI	-	Kenya Medical Research Institute
KMTC	-	Kenya Medical Training College
LBW	-	Low Birth Weight
LMC	-	Lactation Management Centre
M&E	-	Monitoring and Evaluation
MOH	-	Ministry of Health
MDGS	-	Millennium Development Goals
MICS	-	Multi Indicator Cluster Survey
MTCT	-	Mother to Child Transmission

NARESA	-	Network of AIDS Researchers in East and Southern African
NASCOP	-	National Aids and Sexually Transmitted Infections Control Programme
NGO	-	Non Governmental Organization
NHSSP	-	National Health Sector Strategic Plan
NIFSC	-	National Infant Feeding Steering Committee
NNMR	-	Neonatal Mortality Rate
NPAN	-	National Plan of Action on Nutrition
OP	-	Office of the President
OVC	-	Orphans and Vulnerable Children
PGH	-	Provincial General Hospital
PHMT	-	Provincial Health Management Team
PMTCT	-	Prevention of Mother to Child Transmission of HIV/AIDS
TOR	-	Terms of Reference
U 5S MR	-	Under 5s Mortality Rate
UNICEF	-	United Nations Children's Fund
UNHCR	-	United Nations High Commission for Refugees
WABA	-	World Alliance for Breastfeeding Action
WHA	-	World Health Assembly
WHO	-	World Health Organization

1. Introduction

This strategy was developed with a view to providing a strong framework for accelerating action to improve IYCF practices that are proven to play a major role in enhancing the health, nutrition, survival and development of infants and young children. The strategy derives from the broad principles of the global strategy on IYCF and is an important step towards operationalising key strategies for improving the feeding of infants and young children in Kenya. Implementation of this strategy will make a strong contribution towards attainment of the millennium development goals (MDGs) in Kenya through a reduction in young child morbidity and mortality.

The strategy has been developed in the context of the National Food and Nutrition Policy. It also draws from recommendations of the National assessment of IYCF Policies, Programmes and Practices in the country (2004) as well those from follow-on consultative meetings of IYCF stakeholders. Key strategic issues that will need to be addressed to improve IYCF practices in the country detailed in the implementation plan are : Strengthening policies and legislation on IYCF including advocating for enactment of the code for marketing of breastmilk substitutes into law and adoption of the maternity protection bill; Promotion of breast and complementary feeding; Support for appropriate IYCF practices in difficult circumstances including IF/HIV; Strengthening coordination and programming on IYCF - revitalization of BFHI, strengthening community support mechanisms and developing a comprehensive communication strategy on IYCF; Supporting on-going research as well as monitoring implementation of IYCF interventions at all levels.

The strategy provides a framework for various sectors to contribute to the improvement of health and nutritional status of Kenyan children through improved infant and young child feeding practices. It was developed through a participatory and consultative process involving key IYCF stakeholders, steered by a technical working group under the auspices of the National Infant Feeding Steering Committee. A framework for implementation of the strategy is included.

Implementing this strategy calls for increased political will, public investment and a heightened awareness of the critical importance of IYCF among health workers, other professionals and community based care providers. Involvement of the Government, families, communities, community based organizations, in collaboration with international organizations and other concerned parties will ultimately ensure that necessary action is taken.

The strategy is divided into five broad areas as follows:

- Background and situational analysis – This section provides an insight into the status of IYCF Policy and legislative framework, Practices and Programmes in Kenya. Strategic issues deriving from the situational analysis are highlighted.
- Justification, aims, objectives and National targets on IYCF. This section outlines the rationale for the strategy and specifies the desired goals as well as targets on IYCF for a three five year period.
- Strategies: This section outlines the broad strategic areas which incorporating strategic issues, objectives, outputs and specific activities.
- Implementation plan: This section provides information on how the strategies will be implemented and highlights activities, outputs, responsible institutions, monitoring indicators and time frame.
- Roles and responsibilities of the government, private sector and other partners in implementation of the strategy.

2. Background

Appropriate feeding practices are of fundamental importance for the health, nutrition, survival and development of infants and children everywhere. The 1990's saw an upsurge of several worldwide efforts to achieve this goal. Examples of these are the Innocenti Declaration on Breastfeeding (1990), the World Summit for Children (1990), The Earth Summit (1992), the International Conference on Nutrition (1992) and the International Conference on Population and Development (1994). All agreed on the need to create the right environment for women to breastfeed their children. The World Alliance for Breastfeeding Action (WABA), a global network of individuals and organizations and IBFAN were also formed during this period, and both continue to champion promotion of appropriate IYCF practices.

Children have the right to access safe and nutritious food, and nutrition is a universally recognized component of the child's right to enjoyment of the highest attainable standard of health. It is noteworthy that poor nutrition among infants and young children results primarily from inappropriate feeding practices where the timing, quantity and quality of foods given to infants are often inadequate. Optimal breastfeeding and complementary feeding practices are essential to meet the nutritional needs of children in the first years of life. An analysis of child survival strategies (Lancet, 2003) emphatically demonstrated that exclusive breastfeeding for the first 6 months and continued breastfeeding from 6 – 11 months are among the most effective preventive interventions in reducing child mortality. The two combined with appropriate complementary feeding from 6 months can reduce childhood mortality by up to 19%, thus contributing significantly to attainment of the millennium development goals (MGD 1).

In Kenya, the HIV pandemic and the attendant risk of mother to child transmission of HIV through breastfeeding continues to pose unique challenges to promotion of breastfeeding, even among families without infected individuals. The country also experiences recurring drought related emergencies frequently, and appropriate IYCF in emergency situations remains a challenge. The strategy derives from the Global strategy on IYCF, the Kenyan Policy guidelines on IYCF, The National Assessment of IYCF Policies, Programmes and Practices, and the National Food and Nutrition Policy. It seeks to build on the past initiatives and achievements in promoting optimal infant young child feeding in the country.

3. Justification

A national assessment of Infant and Young Child Feeding (IYCF) Practices, Policies, Programmes and Practices conducted in 2004 cited lack of operational targets on IYCF and a national strategy with an action plan for achievement of set targets as a key constraint to effective programming on IYCF in the country. The assessment report further identified key challenges and gaps in implementation of IYCF Programmes at various levels. The key strategic issues addressed in this strategy derive from situational analysis issues through the national assessment on IYCF as well as views from subsequent consultative meetings held with key IYCF stakeholders. It is envisaged that the strategy will facilitate more focused and coordinated programmatic approaches in addressing the major challenges on IYCF in the country.

4. Situation analysis

4.1 Child nutritional status

In Kenya, malnutrition remains a major challenge. Chronic and acute malnutrition, micronutrient deficiencies and infectious diseases are prevalent, particularly among the rural populations and urban poor. Trends over the past 15 years have shown no significant change in the nutritional status of children under five years of age. In 1998, 33% of children under 5 years were stunted, 22% underweight and 6% severely malnourished. In 2003, 30% were stunted, 20% underweight and 6% severely malnourished. Nationally, an estimated 1.8 million children (30%) are classified as chronically undernourished. Major causes of mortality and morbidity in children under the age of 5 years in the country are malaria, acute respiratory infections, diarrhea, HIV/AIDS related diseases and malnutrition which is associated with a significant level of childhood mortality. Poor infant feeding practices are a major contributor to morbidity and mortality among infants and young children in Kenya.

4.2 Situation of Infant and Young Child Feeding in Kenya

4.2.1 Infant and Young Child Feeding Practices

Feeding practices play a crucial role in determining development of infants and young children. Poor breast and complementary feeding practices have adverse effects on the health and nutrition status of children, which in turn has consequences on mental and physical development of the child. The status of key infant feeding practices in Kenya was assessed during the Kenya Demographic and Health Survey in 2003. Practices assessed included initiation of breastfeeding, exclusive breastfeeding rates, duration of breastfeeding, usage of feeding bottles and complementary feeding practices.

Breastfeeding

Exclusive breastfeeding in the early months of life is strongly correlated with increased infant survival and lowered risk of illness, particularly from diarrheal disease. The national public health recommendation is that infants should be exclusively breastfed for the first 6 months of life to achieve optimal growth, health and development. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues up to two years. Virtually all mothers can breastfeed provided they have accurate information and support from their families and communities. Breastfeeding from birth is possible except for a few medical conditions, and unrestricted exclusive breastfeeding results in ample milk production.

Data from the Kenya Demographic and Health Survey (KDHS 2003) showed that only 58% of mothers initiate breastfeeding within one hour of delivery. Results of this survey also showed that exclusive breastfeeding rate at six months is only 2.7%. The majority of mothers however continue to breastfeed young children up to 2 years and beyond as reflected in the median duration of breastfeeding which stands at 21 months. However, bottle feeding seems to be on the increase with the rate increasing from 12% in 1998 to 27.6 in 2003. The following have been identified as major issues/constraints to uptake of appropriate breastfeeding practices in the country.

Strategic issues

- Weak partnerships in promotion and support of breastfeeding at all levels. This is manifested in the few community based organizations (NGOs/CBOs/FBOs) involved in promotion and support of breastfeeding.
- Inadequate awareness of appropriate breastfeeding practices among mothers, families and communities.
- Inadequate capacity building on of health workers on HIV/IF resulting in a decline in promotion and support of breastfeeding in health facilities due to fear of MTCT of HIV through breast milk.
- Weak implementation and poor monitoring of IYCF Programmes in the country.
- Inadequate capacity building of health workers on IYCF (Pre and In-service) leading to insufficient promotion and protection and support of breastfeeding through health care facilities.
- Insufficient support for working mothers to breastfeed.
- Widespread belief among mothers and other caregivers that breastmilk alone is not adequate to support proper growth of infants in the first six months of life.
- Infant feeding in difficult circumstances not adequately addressed

Complementary Feeding

Appropriate complementary feeding promotes growth and prevents stunting among children 6 – 24 months of age. Infants are particularly vulnerable to malnutrition and infection during the transition period when complementary feeding commences. Inadequate knowledge about appropriate foods and feeding practices is often a greater determinant of malnutrition than lack of food.

By 6 months, breast milk is no longer adequate to meet an infant's nutritional requirements. From six months, complementary foods that are nutritionally adequate should therefore be provided – in *addition* to breast milk, which continues to be an important source of vital nutrients, fluids and offers immunological protection. Giving complementary foods too early or too late are both undesirable. In Kenya, complementary foods are introduced as early as the first month and by six months 84% of infants are already receiving complementary feeds. Unfortunately, these supplementary foods which replace breastmilk are low in energy and micronutrients. This coupled with unhygienic preparation and storage conditions predisposes many infants to diarrhea and inadequate diets leading to growth faltering which is very characteristic of this age group in Kenya. There is also widespread promotion and use of inappropriately constituted cereal and legume mixes. Guidelines for quality control of food-to-food fortification of infant foods will be necessary to regulate this. The following were identified as the key issues/constraints that need to be addressed to improve complementally feeding practices in the country.

Strategic issues

- Inadequate awareness and knowledge of optimal complementary feeding practices by caregivers
- Early introduction of complementary foods
- Widespread use of nutritionally inadequate complementary feeds especially cereal based porridges
- Low feeding frequency making it difficult to meet energy needs of infants and young children
- Unhygienic preparation and storage of complementary foods
- Limited access to appropriately fortified complementary foods
- Lack of guidelines for quality control of food-to-food fortification of infant foods
- Widespread promotion and use of inappropriately constituted cereal and legume mixes.

4.2.2 Policy and Legislative Framework

To effectively promote, protect and support breastfeeding, countries are expected to implement supportive policies and legislation, key among which are:

- Comprehensive Policy guidelines on IYCF
- Legislation to give effect to the principles and aim of the international code of marketing of breastmilk substitutes
- Legislation protecting and supporting breastfeeding among working mothers

Policy Guidelines on IYCF

The National Policy guidelines on Infant Feeding Practices launched in 1992 incorporates global recommendations on infant feeding. The policy guidelines support optimal infant and young child feeding practices that are consistent with international guidelines, including guidelines on HIV and infant feeding.

Code for Marketing of breastmilk substitutes

The International Code of Marketing Breast milk Substitutes was adopted in Kenya in 1983. The aim of the Code is *'to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding and by ensuring the proper use of breast milk substitutes when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.'* The Kenyan Code for Marketing of Breast milk Substitutes has not been enacted into law and is thus still voluntary.

Maternity Protection

Working women in both the formal and informal sectors should be facilitated to continue breastfeeding by being provided with paid maternity leave and breastfeeding breaks. In Kenya, women who are employed in the public sector get 60 working days leave and forfeit annual leave. There is also no provision for a breastfeeding break after resumption of duty by nursing mothers. The ILO maternity protection convention 2000 No. 183 recommends at least 14 weeks of paid maternity leave. This together with the maternity protection convention is yet to be enacted in Kenya. Mothers should be supported to continue breastfeeding and caring for their children after they return to paid employment. This can be accomplished by implementing maternity protection legislation and related measures consistent with ILO Maternity Protection Convention, 2000 No. 183 and Maternity Protection Recommendation 2000 No 191. There is therefore an urgent need to ratify and implement the ILO Maternity Protection Convention, 2000 No. 183 which gives mothers 14 weeks of paid maternity leave. The following were identified as the main gaps/issues relating to the Policy and legislative framework that need to be addressed to improve IYCF practices in the country.

Strategic issues

- Weak implementation and monitoring of the National IYCF Policy guidelines
- Inability to effectively protect breastfeeding due to lack of enforceable regulations/code
- Lack of a strategy for monitoring code violation
- Few code monitors trained in the country
- Inadequate awareness among health care providers of their role in implementation of the code leading to gross violations especially at PMCT sites.
- Inadequate support of working mothers to breastfeeding due to non-adoption of the ILO maternity protection Bill.

4.2.3 National Infant and Young Child Feeding Programme

A national programme focused on infant and young child feeding is necessary if mothers and children are to receive adequate support for optimal breastfeeding and complementary feeding practices. It should have adequate funding, part of which should be provided by the government. For maximum impact, the programme should be comprehensive and be an integral part of the health care system, including strategies for providing support at the regional and local levels. Key aspects of programming on IYCF assessed included implementation of BFHI, community outreach and support mechanisms, existence of IEC on IYCF and HIV and Infant Feeding, IF in emergency situations. The following were identified as key gaps/issues relating to programming on IYCF that need to be addressed.

Strategic issues

- Lack of national targets on IYCF
- Majority (> 95%) of health facilities offering maternity services are not baby friendly.
- Lack of a harmonized curricula and training materials on IYCF
- Limited capacity building on IYCF at all levels
- No communication and advocacy strategy on IYCF
- No programme supporting or promoting IYCF at the community level
- Inadequate allocation and poor mobilization of resources for IYCF
- IYCF component within PMTCT weak
- Inadequate support for IYCF in difficult circumstances (Emergencies, HIV and low birth weight).
- Lack of a national research advisory group on IYCF.
- Few partners supporting or implementing IYCF programmes in the country

4.2.4 Institutional framework for IYCF

The Ministry of Health - Division of Nutrition (DON) is the focal point for implementation of the IYCF programme in the country. The division of nutrition provides leadership in implementation and monitoring of the IYCF policy guidelines in the country. The focal person on infant feeding in the Ministry of Health also serves as the breastfeeding coordinator in the country. The National Infant Feeding Steering Committee (NIFSC) which has multi-sectoral representation is an advisory body to the Ministry of health on IYCF issues.

Coordination of IYCF at the provincial and district level is undertaken by PHMTs and DHMTs. These teams are responsible for implementation, capacity building and monitoring/evaluation of IYCF activities. Community level initiatives on IYCF are integrated in newly developed MOH community health strategy/C-IMCI implemented through CHWs supported by community health extension workers (CHEWs). The following emerged as key gaps/issues that need to be addressed to strengthen the institutional framework on IYCF in the country.

Strategic issues

- The national committee on IYCF is not officially designated.
- The roles of the committee are unclear.
- Lack of representation of some key stakeholders in the NIFSC.
- Weak linkage between the division of nutrition and the NIFSC.
- Weak coordination on IYCF at provincial and District level.
- Lack of a stakeholders forum on IYCF.
- Weak articulation of IYCF issues in district health plans.
- Weak coordination mechanism on IYCF at all levels.
- Weak monitoring and evaluation of IYCF at all levels.

5 Goals and Targets

5.1 Goal and Objectives

The goal of this strategy is to improve the health, nutritional status, development and survival of infants and young children in Kenya.

The objective is to provide a framework of essential interventions to improve the feeding practices for infants and young children.

Sub-Objectives

- To ensure that policies and legislation that are supportive of IYCF are enacted and implemented.
- To improve uptake of optimal breast and complementary feeding practices.
- To promote appropriate IYCF practices for infants and children in difficult situations.
- To ensure appropriate nutrition of children born to HIV infected mothers and reduce the risk of mother to child transmission of HIV through breastmilk.
- To promote efficient implementation of interventions on IYCF through improved coordination and collaboration of partners in the country.
- To improve knowledge and skills on IYCF among stakeholders, program managers and health care providers through capacity building.
- To strengthen monitoring and evaluation of IYCF at all levels.
- To strengthen research on IYCF and timely dissemination of findings to decision makers.
- To improve awareness on optimal IYCF practices through advocacy and awareness creation efforts.
- To specify roles and responsibilities of partners in promoting appropriate IYCF practices

The strategy is intended as a guide for action. It is based on accumulated evidence of the significance of IYCF during the early months and years of life for child development.

5.2 National Targets on Infant and Young child feeding

Kenya will work towards attainment of the following targets for the period 2008 – 2010.

- Code for marketing of breastmilk substitutes legislated/ enacted into law by 2008.
- National legislation on maternity leave to enable women to take annual leave alongside maternity leave amended by 2010.
- IYCF Policy guidelines reviewed and updated by 2008.
- Increase rate of timely initiation of breastfeeding (within half hour of delivery) from 58% to 80%.
- Increase the rate of exclusive breast feeding from 2.7 – 50%.
- Reduce bottle feeding from 27.6% to 5% by 2010.
- Increase timely introduction of appropriate and adequate complementary foods from 84% - 95%.
- 80% Health workers offering PMTCT services trained on IYCF integrated course by 2010.
- Increase facilities that are Baby Friendly from 5.7% to 70% by 2010.
- 20% of communities designated as Baby Friendly Communities (BFC) by 2010.
- 80% of hospitals managing children with severe malnutrition according to the national
- National Infant Feeding steering Committee officially designated by end of 2008
- IYCF stakeholders forum established by end of 2008
- Curriculum for training on infant feeding reviewed and harmonized by end of 2007
- 60% of health workers trained in IYCF/BFHI by 2010
- 40% of districts with at least 10 functional community breastfeeding support groups
- Monitoring and evaluation framework for IYCF developed by 2008
- National communication strategy developed by 2008 and implemented continuously for 3 years

6 Strategic Areas

The strategic issues identified from the situational analysis on IYCF are categorized into the following broad areas: Policies and legislation on IYCF, Practices on IYCF, IYCF in difficult circumstances, Capacity building on IYCF, Communication and advocacy, Research on IYCF, Partnerships and coordination and Monitoring and Evaluation of IYCF

6.1 Policies and legislation on IYCF

Strategic objective: To ensure that policies and legislation that are supportive of IYCF are enacted and implemented

Outputs

- National strategy on IYCF finalised and disseminated
- Policy guidelines on IYCF reviewed and updated
- National legislation on maternity leave amended to enable women to take maternity and annual leave concurrently
- Health worker guidelines on IYCF reviewed and updated
- Standards on complementary foods, inpatient feeding and feeding of infants and young children in institutions developed
- Guidelines for promotion of IYCF at community level developed and disseminated

Activities

- Review and update the Infant and Young Child Feeding Policy guidelines
- Advocate for amendment of national legislation on maternity leave
- Accelerate enactment of the Code of marketing breastmilk substitutes into law and develop guidelines for implementation
- Review/adopt the new guidelines for implementation of the baby friendly hospital initiative
- Review and adopt guidelines for community level promotion IYCF
- Develop standards and regulations on complementary feeding
- Develop norms and standards on IYCF counseling/education service delivery
- Develop standards for inpatient feeding of sick children including therapeutic/supplementary feeding
- Adaptation of the new WHO growth standards training modules

6.2 Promotion of Appropriate Infant and Young Child Feeding Practices

Strategic objective: To improve uptake of optimal breast and complementary feeding practices

6.2.1 Breastfeeding

Outputs

- IEC materials/ job aids on IYCF disseminated to health workers for use in counseling
- Information packs to promote breastfeeding antenatally developed and disseminated to caregivers
- Facility based groups on IYCF established antenatally through negotiation with mothers
- Awareness creation/counseling on breastfeeding antenatally strengthened
- All health facilities offering maternity services designated as baby friendly
- PHMTs/DHMTs sensitized on BFHI
- On-going self assessment of facilities designated as baby friendly institutionalised
- Periodic assessment and reassessment of facilities on BFHI status institutionalised
- More community based organizations partnering in implementation of IYCF initiatives
- Communication for social change/ BCC approach adopted in promotion of breastfeeding at community level
- Community breastfeeding support groups established and functional
- Community level initiatives on IYCF linked to health facilities
- Equipment and supplies for GM at community level available

Activities

- Revitalize BFHI at health facilities offering maternity services countrywide
- Expand BFHI through initiation of a programme on baby friendly community initiative
- Establish a referral system between health facility and community level initiatives on IYCN
- Initiate health worker facilitated mother support groups on IYCF through ANC
- Establish breastfeeding support systems in work places and at community level
- Develop and disseminate fact sheets and IEC on exclusive breastfeeding to mothers and caregivers.
- Promote appropriate maternal diets for pregnant and lactating mothers
- Set up lactation management/CME centers at all provincial general hospitals

6.2.2 Complementary Feeding

Outputs

- Standards on complementary foods developed and disseminated
- IEC for promotion of appropriate complementary feeding developed and used in counseling
- Recipes of locally available complementally foods for each district documented
- Demonstration kits on preparation of nutritious complementary feeds available and in use
- Demonstrations on preparation of complementary foods held regularly in health facilities

Activities

- Develop fact sheets and IEC for promotion of appropriate complementary feeding
- Promote appropriate care practices on complementary feeding
- Strengthen nutritional supplementation for groups at risk
- Promote utilization of locally available enriched complementary foods
- Strengthen growth monitoring at facility level
- Integrate growth monitoring and promotion with breastfeeding support groups

6.2.3 IYCF in difficult circumstances

(Includes low birth weight babies, sick children, and children with malnutrition and in emergencies)

Strategic objective: To ensure appropriate IYCF practices for infants and children in difficult situations.

Outputs

- Facility capacity for optimal feeding of low birth and preterm babies improved
- Capacity of institutions/organizations to respond to needs related to IYCF in children with malnutrition strengthened
- Capacity of managers of organizations working in emergency situations on IF guidelines in emergencies developed

6.2.3.1 Low birth weight and Preterm babies

Activities

- Build capacity of health workers for improved nutritional care and support for mothers of preterm and low birth weight babies
- Improve mode of feeding and follow up for low birth weight and Preterm babies institutionally and at community level
- Improving facility capacity to ensure optimal feeding of low birth and preterm babies in health facilities
- Strengthen implementation of strategies for prevention of low birth weight e.g. improved maternal nutrition/health and micronutrient supplementation for adolescent girls.

6.2.3.2 Children with malnutrition

Activities

- Build capacity of institutions/organizations to respond to needs related to IYCF with malnutrition
- Lobby for availability and use of ready to eat local foods for management of malnourished children at facility and community level
- Improve screening at community level to facilitate timely management for malnourished children

6.2.3.3 Sick children

- Improve nutrition care services for sick children
- Improve provision of therapeutic feeds for sick children
- Build capacity of institutions and communities to respond to needs of nutrition related chronic diseases

6.2.3.4 Infant Feeding in Emergencies

- Sensitize/orient relevant organizations/institutions on use of guidelines on infant feeding in emergencies
- Support and monitor utilization of IYCF guidelines in emergencies
- Build capacity of managers of relevant organizations/institutions on guidelines
- Ensure adherence to the code of marketing BM substitutes in emergency settings

6.3 HIV and Infant Feeding

Strategic objective: To ensure appropriate nutrition for children born to HIV infected mothers and reduce the risk of mother to child transmission of HIV through breastmilk.

Outputs

- Health workers providing PMTCT services competent in HIV/IF issues
- Follow up of mother/infant pairs infected with HIV institutionalized

Activities

- Institutionalize follow up for mother/infant pairs infected with HIV on IYCF
- Build capacity of PMCTC and HIV service providers on infant feeding counseling
- Support social mobilization for increased male involvement in infant feeding issues for HIV infected women
- Develop monitoring and evaluation tools for infant feeding practices in PMTCT programs

6.4 Partnerships and Coordination

Strategic Objective: To promote efficient implementation of interventions on IYCF through improved coordination and collaboration of partners in the country

Outputs

- National Infant Feeding Steering committee strengthened
- Stakeholders forum for IYCF established at national level
- National and community level partnerships for implementation of IYCF interventions strengthen
- IYCF issues integrated in the district health and nutrition committees

Activities

- Strengthen the national technical committee on IYCN
- Establish stakeholders forum for IYCN at national level
- Strengthen community partnerships for implementation of IYCN interventions
- Accelerate integration of IYCF issues in the district health and nutrition committees
- Mobilize resources for implementation of IYCF strategy

6.5 Capacity building

Strategic objective: To improve awareness, knowledge and skills on IYCF among stakeholders, program managers and health care providers

Outputs

- National training curricular and materials on Integrated IYCF/BFHI reviewed and harmonized.
- Training package and capacity for monitoring IYCF at all levels developed.
- Training package for community health workers on IYCF using the social change/BCC approach reviewed and adapt.
- IYCF component in pre-service education curricular for relevant cadres strengthened.
- National TOTs and health workers trained on the Integrated IYCF/BFHI.
- Capacity building for code implementation and monitoring scaled up.
- Policy makers/programme managers and stakeholders sensitized on IYCF.
- Community health extension workers and community resource Persons trained on IYCF.
- National TOTs and health workers trained on the new WHO growth standards.

Activities

- Harmonize national training curricular on IYCF
- Review and adopt the WHO/UNICEF Integrated IYCF training course materials and the updated BFHI training and assessment tools
- Support capacity building of national TOTs and district health workers on the new integrated IYCF and updated BFHI
- Strengthen the IYCF component in pre-service education curricular for relevant cadres
- Accelerate in-service capacity building of health care providers on IYCF/BFHI
- Review and adapt a training package for community resource persons on IYCF using the behaviour change communication (BCC) approach
- Support capacity building of PMTCT service providers on IYCF
- Scale up capacity building for code implementation and monitoring
- Sensitize programme managers and stakeholders on IYCF
- Build capacity of Community Health Extension Workers and community resource Persons.
- Develop training package and build capacity for monitoring IYCF at all levels.

6.6 Monitoring and evaluation

Strategic objective: To strengthen monitoring and evaluation of IYCF

Outputs

- Annual status report on implementation of the IYCF strategy shared with stakeholders
- Monitoring and evaluation framework for IYCF developed and implemented
- Monitoring and evaluation indicators and tools for IYCF reviewed and harmonized
- Collection, analysis and utilisation of CHANIS data strengthen
- Implementation of the national communication strategy on IYCF monitored at all level
- Data bank for all the persons trained on IYCF/BFHI/Code developed and maintained

Activities

- Develop a monitoring and evaluation framework for IYCF

- Review and harmonize monitoring and evaluation indicators and tools for IYCF
- Develop monitoring and evaluation tools for IYCF in difficult circumstances including HIV and infant feeding
- Strengthen collection, analysis and utilisation of CHANIS data
- Strengthen the IYCF component in the KDHS and other national nutrition surveys
- Improve data collection on IYCF in the early warning system and food security assessments
- Monitor and evaluate implementation of the communication strategy at all levels
- Maintain a data bank for all the persons trained on IYCF/BFHI/Code
- Regular review of IYCF strategy implementation

6.7 Research on IYCF

Strategic objective: To support research on IYCF and timely dissemination of findings to decision makers

Output

- Capacity of the NIFSC to advice on IYCF research needs strengthened.
- Priority research issues on IYCF identified and supported and findings disseminated.
- Formative research on IYCF undertaken.
- Existing research on IYCF documented and shared.
- Report of baseline surveys shared.

Activities

- Strengthen capacity of the technical committee on IYCN to advise on IYCF research needs
- Support epidemiological and operational research on priority IYCF issues
- Improve dissemination of research findings on IYCF to stakeholders
- Document and share existing research on IYCF

6.8 Advocacy and communication on IYCF

Strategic objective: Increased uptake of appropriate breast and complementary feeding practices through focused advocacy and awareness creation efforts

Outputs

- National communication strategy on IYCF developed and implemented
- Formative research to guide development of appropriate communication strategy on IYCF undertaken
- Men/Youth/religious leaders involved in the protection, promotion and support of IYCF
- World breastfeeding/Malezi Bora (Child/Mother health and Nutrition weeks) commemorated
- Advocates on IYCF identified and supported to undertake advocacy on IYCF

Activities

- Develop a national communication strategy on IYCF
- Support a formative assessment study to guide development of appropriate communication strategy on IYCF
- Strengthen social-mobilization activities on IYCF at all levels
- Advocate for involvement of men, youth and the community in protection, promotion and support of IYCF
- Support focused and sustained advocacy on breast and complementary feeding during world breastfeeding weeks and Malezi Bora (Child/Mother health and Nutrition weeks)
- Identify advocates for IYCF

7. National Infant and Young Child Nutrition Strategy

Implementation Plan

Goal: To improve the nutritional status, health, development and survival of infants and young children in Kenya

Strategic Area 1: Policies and Legislation

Objective: To ensure that policies and legislation that are supportive of IYCF are developed and enacted

Activities	Outputs	Responsible	Indicators	Time Frame				Budget US \$			
				2007	2008	2009	2010				
<ul style="list-style-type: none"> ▪ National and district launch and dissemination of the IYCF strategy ▪ Review and print 10,000 policy guidelines on IYCF ▪ Review and update health worker guidelines on IYCF ▪ Amend national legislation on maternity leave to enable women to take annual leave alongside maternity leave ▪ Review and adopt guidelines for community level promotion of IYCF ▪ Develop standards and regulations for complementary foods ▪ Develop standards for inpatient feeding of sick children including therapeutic feeds ▪ Establish standards and regulations for appropriate IYCF in institutions ▪ Develop norms and standards on IYCF counseling 	<ul style="list-style-type: none"> ▪ National strategy on IYCF finalised and disseminated ▪ Policy guidelines on IYCF reviewed and update ▪ National legislation on maternity leave amended ▪ Health worker guidelines on IYCF reviewed and updated ▪ Guidelines on complementary foods, inpatient feeding and feeding in institutions developed ▪ Guidelines for promotion of IYCF at community level developed and disseminated 	<p>MOH/NIFSC Ministry of Labour, Min of trade, KEBs, Min of local government, Home affairs, OP</p> <p>Partners UNICEF, WHO Private sector, NGOs/CBOs/FBOs</p>	<ul style="list-style-type: none"> • No. of dissemination sessions, participants at the disseminations by sector and gender • No. of copies of the policy guidelines printed • National legislation on maternity leave amended and bill signed • Existence of written standards and norms • Availability of standards and regulations for complementary foods • Existence of updated health workers' guidelines on IYCF • Existence of guidelines for promotion of IYCF at community level 	X				34,000			
										10,000	
									X		20,000
										X	5,000
									X		15,000
										X	20,000
									X		10,000
											10,000
											5,000

<ul style="list-style-type: none"> ▪ Sustained advocacy for enactment of Code of Marketing of Breast Milk Substitutes with senior management of MOH ▪ Carry out rapid assessment of code implementation in 8 provinces ▪ Develop framework for action against code violators 	<ul style="list-style-type: none"> ▪ Code of marketing of breastmilk substitutes enacted into law 		<ul style="list-style-type: none"> ▪ Code Legislated ▪ Framework for action against code violators development Availability of a framework ▪ Report on assessment compiled and used for advocacy available 	X			5,000	5,000	-
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Strategic Area 2: Promotion of Appropriate Infant and Young Child Feeding Practices

Objective: Improve uptake of optimal breast and complementary feeding

Breastfeeding and Complementary Feeding

<ul style="list-style-type: none"> ▪ Disseminate IEC materials/job aids on IYCF to health care providers for use in counseling ▪ Develop/Disseminate simple guidelines on EBF and complementary feeding to caregivers 	<ul style="list-style-type: none"> ▪ IEC materials/Job aids on IYCF disseminated to health workers for use in counseling ▪ Information packs to promote breastfeeding and maternal nutrition antenatally developed and disseminated to caregivers 	<p>MOH/NIFSC UNICEF, WHO</p>	<ul style="list-style-type: none"> ▪ No. of facilities with minimum package of IEC/ job aids on IYCF ▪ No. of dissemination sessions 	X			-	10,000	
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Strengthen IYCF counseling antenatally

<ul style="list-style-type: none"> ▪ Establish facility based groups on IYCF antenatally through negotiation with mothers ▪ Develop facility based outline and content of key messages on breastfeeding for use in nutrition education/counseling antenatally ▪ Disseminate IEC/Job aids to strengthen infant feeding counselling in PMTCT services 	<ul style="list-style-type: none"> ▪ Facility based groups on IYCF established antenatally through negotiation with mothers ▪ Awareness creation/counseling on breastfeeding antenatally strengthened 	<p>MOH - DoN DCH/RH/TCIF, DHMT's</p> <p>Partners – UNICEF, WHO, CBOs, NGOs</p>	<ul style="list-style-type: none"> ▪ No. of facility based groups on 			X		-	-	-
--	---	--	--	--	--	---	--	---	---	---

<ul style="list-style-type: none"> Promote breastfeeding messages antenatally through regular health/nutrition education sessions 								-
<p>BFHI</p> <ul style="list-style-type: none"> Sensitize health management teams on BFHI at all levels Institutionalize self assessment on BFHI status of facilities offering maternity services at provincial and district level, and implement recommendations towards designation as baby friendly Conduct external assessment to designate facilities as baby friendly every 3 year Once designated as baby friendly, undertake on-going self assessment to maintain status <p>BFCI</p> <ul style="list-style-type: none"> Create partnerships with MCSS/NGOs/CBOs in implementation of the community component of BFHI Sensitize and provide support to communities on breastfeeding through media, WBFW, leaflets Adopt communication for social change/BCC approach on IYCF at household/community levels Support establishment of community breastfeeding support groups Integrate growth monitoring and promotion with community breastfeeding support groups Establish linkages between health facility and community level initiatives on IYCN 	<ul style="list-style-type: none"> All health facilities offering maternity services designated as baby friendly PHMTs/DHMTs sensitized on BFHI On-going self assessment of facilities designated as baby friendly institutionalised Regular assessment and reassessment of facilities on BFHI status undertaken <ul style="list-style-type: none"> More community based organizations implementing IYCF initiatives Communication for social change/BCC approach adopted in promotion of breastfeeding at community level Community breastfeeding support groups established and functional Community level initiatives on IYCF linked to health facilities Equipment and supplies for GM at community level available 	<p>MOH- DoN DCH/RH/ Div of Nursing/Div clinical medicine/Health Promotion</p> <p>NIFSC , DHMT's</p> <p>Partners – UNICEF, WHO, CBOs, NGOs, FBOs</p>	<p>BFHI</p> <ul style="list-style-type: none"> No. of PHMTs/DHMTs oriented to BFHI No of facilities with self assessment report No of health facilities designated as Baby friendly No. of health facilities providing yearly BFHI status reports <p>BFCI</p> <ul style="list-style-type: none"> No of community breastfeeding support groups established per district No. of partners collaborating on IYCF at community level No of districts adopting social change/BCC approach for promotion of IYCF at household and community levels No of GM sites integrated with community breastfeeding support groups 		X		X	<p>50,000</p> <p>-</p> <p>40,000</p> <p>-</p> <p>-</p> <p>20,000</p> <p>-</p> <p>126,000</p> <p>-</p>

<ul style="list-style-type: none"> Provide equipment and supplies for community growth monitoring 								<p>-</p> <p>300,000</p>
<p>Establish centers of excellence on IYCF at all provincial general hospitals</p> <ul style="list-style-type: none"> Establish Lactation management centers at all provincial general hospitals Define role and scope of activities of lactation mgt centers Provide resource package for operationalisation of a Lactation management centers Hospital management teams to develop action plans for LMC Implement minimum package defined for a center of excellence on IYCF 	<ul style="list-style-type: none"> Centers of excellence on Lactation management established and functioning at all provincial general hospitals Clear TOR and standards for centres of excellence defined Supportive package of materials/equipment available 	<p>MOH- DoN DCH/RH/Div of Nursing/Div clinical medicine</p> <p>UNICEF/WHO</p>	<ul style="list-style-type: none"> No. of lactation management centers established No of PGHs with minimum resource package for LMC No. of LMCs with and implementing action plans No of LMCs designated as centres of excellence on IYCF 			X		<p>25,000</p> <p>-</p> <p>50,000</p> <p>-</p> <p>-</p>
<p>Complementary Feeding</p> <ul style="list-style-type: none"> Develop standards on complementary foods Promote timely introduction of complementary feeds Promote utilization of locally available enriched complementary foods Document recipes of locally available complementally foods for each district print and disseminate. Promote positive care practices on complementary feeding to mothers and caregivers 	<ul style="list-style-type: none"> Standards on complementary foods developed and disseminated IEC for promotion of appropriate complementary feeding developed and used in counseling Recipes of locally available complementally foods for each district documented Equipment and supplies procured and distributed Demonstration kits on preparation of nutritious 	<p>MOH</p> <p>NIFSC/UNICEF, WHO/CBOs/NGOs</p>	<ul style="list-style-type: none"> No. of health facilities utilizing demonstration kits No. of districts with documentation of local recipes Availability of equipment and supplies for GM 		X		X	<p>-</p> <p>-</p> <p>126,000</p> <p>-</p> <p>-</p>

<ul style="list-style-type: none"> Hold regular demonstrations on preparation of CF Provide equipment and supplies for growth monitoring Support health facilities with demonstration kits to facilitate demonstration on preparation of nutritious complementary feeds 	complementary feeds available and in use				X				-
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Strategic Area 3: IYCF in difficult circumstances

Objective: To ensure appropriate IYCF practices for infants and children in difficult situations.

<p>Preterm and Low birth weight babies</p> <ul style="list-style-type: none"> Promote use of expressed breast milk as optimal method of feeding LBW and preterm babies Ensure utilization of other feeds for preterm and LBW when medically indicated and upon prescription ONLY. Support improvement of facility capacity to ensure optimal feeding of LBW and preterm babies. Ensure appropriate follow up for low birth weight and Preterm babies Strengthen linkages with other programmes offering interventions for mothers/adolescents 	Facility capacity for optimal feeding of low birth and preterm babies improved	<p>MOH - DoN DCH/Dept of curative services</p> <p>NIFSC, DHMT's</p> <p>Partners – UNICEF, WHO, FBOs/CBOs/NGOs Private sector</p>	<ul style="list-style-type: none"> No. of facilities offering optimal care for LBW and preterm babies No. of mothers giving expressed milk No. of collaborative activities with other stakeholders offering interventions for mothers/adolescents 				X	-	
<p>Infant Feeding in Emergencies</p> <ul style="list-style-type: none"> Adapt, print and disseminate guidelines on IF in emergency to relevant organizations and DHMTs Orient organizations on use of the guidelines Promote observation of the Code for marketing of BM substitutes 	Capacity of managers of organizations working in emergency situations on IF guidelines in emergencies developed	<p>MOH - DoN DCH/Disaster Mgt unit/DOMU/NIFSC, DHMT's</p> <p>OP Partners – UNCHR/WFP/ECHO/U</p>	<ul style="list-style-type: none"> No. of organisations working in emergency situation with and oriented on IF guidelines No. of organisations implementing guidelines on IF No. of organisations 				X	30,000	
									20,000
									-
									-
									-
									10,000
									-

in emergency situations		NICEF, WHO, Red Cross FBOs, CBOs, NGOs	complying with the code					
Children with Malnutrition <ul style="list-style-type: none"> Develop standards for ready to use food Support development of ready to eat local foods for management of malnourished children at facility and community level Improve screening at community level to facilitate timely management for malnourished children Strengthen therapeutic and supplementary feeding programmes at health facility and community levels 	Capacity of institutions, organizations to respond to needs related to IYCF in children with malnutrition strengthened	MOH - DoN DCH/Disaster Mgt unit/DOMU/NIFSC, DHMT's OP Partners – UNCHR/WFP/ECHO/U NICEF, WHO, Red Cross FBOs, CBOs, NGOs	<ul style="list-style-type: none"> Standards for ready to use foods for management of malnutrition developed No. of facilities with equipment and supplies for nutritional screening 				X	20,000
Sick children <ul style="list-style-type: none"> Support improvement of facility capacity to ensure optimal nutritional care for sick children Build capacity of institutions and communities to respond to needs of nutrition related chronic diseases 		MOH – DoN/DCH/Dept Curative/DHMTs FBOs/Private health services WHO/UNICEF	<ul style="list-style-type: none"> No. of facilities implementing standards for feeding sick children 					30,000
Strategic Area 4: HIV and Infant Feeding Objective: To ensure appropriate nutrition for children born to HIV infected mothers and reduce the risk of mother to child transmission of HIV through breastmilk.								
<ul style="list-style-type: none"> Disseminate guidelines on HIV/IF and job aids for counseling on IF to all health facilities offering PMTCT services Sensitize community support groups on IYCF on IF/HIV Provide guidelines for procurement and use of replacement feeds at PMTCT sites to ensure non violation of the code Ensure implementation of 	<ul style="list-style-type: none"> Health workers providing PMTCT services competent in HIV/IF issues Follow up care and support of HIV positive mothers and their infants institutionalized Guidelines for procurement and use of replacement feeds at PMTCT sites to ensure non violation of the 	MOH – DoN RH/DCH/HP NASCOP/FANTA NARESA/DHMT Partners: APHIA II, Clinton Foundation, USAID, PEPFAR, CDC, Elizabeth Glazer Foundation, CBOs/NGOs/FBOs	<ul style="list-style-type: none"> No. of health facilities with IYCF/HIV guidelines/IEC/ job aids No. of PMTCT sites adhering to procurement procedures for replacement feeds No. of health facilities offering PMTCT services adhering to guidelines for replacement feeding 				X	-
							X	-
								10,000
								-

nutrition care standards and follow up for mother/infant pairs on IYCF	code disseminated							
Strategic Area 5: Partnerships and Coordination								
Objective: To promote efficient implementation of interventions on IYCF through improved coordination and collaboration of partners in the country								
<ul style="list-style-type: none"> Establish national stakeholders forum for IYCF Review TOR to reflect comprehensively role and mandate of the national technical committee on IYCF Develop TOR for the national breastfeeding coordinator Appoint BFHI designating authority Accelerate integration of IYCF issues in district health work plans Mobilize resources for implementation of IYCF strategy 	<ul style="list-style-type: none"> Stakeholders forum for IYCF established at national level National Infant Feeding Steering committee strengthened Community partnerships for implementation of IYCF interventions strengthened IYCF issues integrated in the district health plans 	MOH – DoN/ DCH/RH/DHMTs NIFSC MOE/Arid Lands/MOA Partners UNICEF/WHO NGOs/FBOs/CBOs Private sector	<ul style="list-style-type: none"> No. of IYCF stakeholders meetings held BFHI designating authority appointed NIFSC membership and TOR as stipulated in the code document implemented No. of districts integrating IYCF issues in health plans 	X				-
				X				5,000
					X			-
						X		-
							X	-
Strategic Area 6: Capacity building								
Objective: To improve awareness, knowledge and skills on IYCF among stakeholders, program managers and health care providers								
Training Materials								
<ul style="list-style-type: none"> Review and adopt the WHO/UNICEF Integrated IYCF training course materials and the updated BFHI training and assessment tools Develop/review/adapt training packages for children in difficult circumstances Review and adapt training package for community resources persons on IYCF using the BCC approach Ensure harmonization of key community packages/materials on IYCF 	<ul style="list-style-type: none"> National training curricular and materials on Integrated IYCF/BFHI reviewed and harmonized Training package and capacity for monitoring IYCF at all levels developed Training package for community HW on IYCF using the social change/BCC approach reviewed and adapt IYCF component in pre-service education curricular for relevant cadres strengthened 	MOH – DoN/ NIFSC DCH/RH/Health promotion/Div of Nursing/Clinical medicine/KMTC/ KPA/National Nurses Association/Nursing council/Clinical officers association Universities	<ul style="list-style-type: none"> Training materials on IYCF/BFHI reviewed and adopted Training courses on IYCF/BFHI harmonized Community training package adapted No. of training institutions with curricular reviewed to include IYCF M and E tools for key components of IYCF adapted Existing key community materials/packages 	X				50,000
					X			10,000
						X		50,000
							X	-

<ul style="list-style-type: none"> ▪ Strengthen IYCF component in pre-service education curriculum for relevant cadres ▪ Adaptation of the new WHO growth standards training modules and print. 		<p>DHMTs UNICEF/WHO NGOs/CBOs - Care Kenya, CRS and others</p>	<p>harmonized</p>					<p>20,000</p>
<p>Capacity building</p>								<p>20,000</p>
<ul style="list-style-type: none"> ▪ Sensitize Policy makers/programme managers and stakeholders on IYCF ▪ Train national TOTs and health workers on the new integrated IYCF and updated BFHI ▪ Build capacity for monitoring IYCF at all levels. ▪ Train PMTCT service providers on IYCF ▪ Scale up capacity building for code implementation and monitoring ▪ Build capacity of CHEWs and community resource persons on IYCF issues. ▪ Build capacity of health workers on the new WHO growth standards ▪ Training on severe malnutrition 	<ul style="list-style-type: none"> ▪ National TOTs and health workers trained on the Integrated IYCF/BFHI ▪ Capacity building for code implementation and monitoring scaled up ▪ Policy makers, programme managers and stakeholders sensitized on IYCF ▪ Community health extension workers and community resource Persons trained on IYCF ▪ National TOTs and health workers trained on the new growth standards 		<ul style="list-style-type: none"> ▪ No. of national trainers trained on IYCF/BFHI ▪ No. of district level trainers trained on IYCF/BFHI ▪ No. of service providers trained on IYCF/BFHI ▪ No. of code monitors trained at national/provincial/district levels ▪ No. of CHEWs and community resource persons trained 	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>10,000</p> <p>60,000</p> <p>-</p> <p>60,000</p> <p>2,000,000</p> <p>2,000,000</p> <p>1,000,000</p>

Strategic Area: Monitoring and evaluation

Objective: To strengthen monitoring and evaluation of IYCF

<ul style="list-style-type: none"> ▪ Develop a monitoring and evaluation framework for the IYCF strategy ▪ Review/develop/print monitoring and evaluation indicators and tools for IYCF ▪ Strengthen the IYCF component in the KDHS and other national nutrition surveys ▪ Strengthen collection, analysis and utilisation of CHANIS data ▪ Annual review of progress in implementation of IYCF strategy ▪ Undertake regular support supervision and monitoring implementation of IYCF at all levels ▪ Maintain a data bank for all the persons trained on IYCF/BFHI/Code. ▪ Conduct mid term and end term evaluation of IYCF interventions 	<ul style="list-style-type: none"> ▪ Monitoring and evaluation framework for IYCN developed and implemented ▪ Monitoring and evaluation indicators and tools for IYCN reviewed and harmonized ▪ Collection, analysis and utilisation of CHANIS data strengthen ▪ Annual status report on implementation of the IYCF strategy shared with stakeholders ▪ Implementation of the national strategy on IYCF monitored at all levels ▪ Data bank for all the persons trained on IYCF/BFHI/Code developed and maintained ▪ Evaluation reports on implementation of IYCF interventions shared with stakeholders 	<p>MOH – DoN/HMIS DCH/RH NIFSC</p> <p>MOP/OP/MOA/MOLF</p> <p>UNICEF/WHO NGOs/CBOs/FBOs</p>	<ul style="list-style-type: none"> ▪ M and E framework on IYCF developed ▪ M & E tools on IYCF developed ▪ No of districts analyzing and utilizing CHANIS data ▪ No. of supervisory visits ▪ Reports on CHANIS from districts submitted monthly ▪ Data bank on personnel trained on IYCF/BFHI/CODE compiled ▪ Report of progress on implementation of planned activities produced and shared ▪ Mid and end term evaluation reports on IYCF interventions available 		X				5,000	
										20,000
					X					-
										10,000
										-
					X	X	X	X		10,000
						X	X	X		-
						X	X	X		200,000
							X			
					X	X	X	X		

Research on IYCF									
Objective: To provide evidence base for programming on IYCF									
<ul style="list-style-type: none"> ▪ Strengthen capacity of the NIFSC on IYCF to advise on information and research related needs on IYCF ▪ Support epidemiological and operational research on priority IYCF issues ▪ Undertake formative research to guide development of appropriate communication strategy on IYCF ▪ Disseminate research findings on IYCF to stakeholders ▪ Collate document and share existing research on IYCF ▪ Conduct baseline survey on IYCF 	<ul style="list-style-type: none"> ▪ Capacity of the NIFSC to advise on IYCF research needs Strengthened ▪ Priority research issues on IYCF identified and supported and findings disseminated ▪ Formative research on IYCF undertaken ▪ Existing research on IYCF documented and shared ▪ Report of baseline surveys shared 	MOH – DoN DCH/RH NIFSC Universities/KEMRI/ KMTC/ Partners UNICEF/WHO NGOs	<ul style="list-style-type: none"> ▪ Priority issues for research on IYCF identified ▪ Report on formative assessment available ▪ No. of research on IYCF undertaken ▪ No. of dissemination meetings where research findings are shared ▪ Research findings on IYCF collated ▪ Baseline survey report available 		X				-
				X	X	X			100,000
									200,000
				X					10,000
				X	X				20,000
				X					200,000
Strategic Area: Advocacy and communication on IYCF									
Objective: Increased uptake of appropriate breast and complementary feeding practices through focused advocacy and awareness creation efforts									
<ul style="list-style-type: none"> ▪ Develop communication strategy on IYCF guided by findings of formative assessment ▪ Review existing IEC materials on IYCF ▪ Develop key messages to promote EBF and appropriate complementary feeding ▪ Disseminate key messages through multiple channels at all levels ▪ Identify advocates and good will ambassadors for IYCF and support to carry out advocacy ▪ Focused and sustained advocacy on breast and complementary 	<ul style="list-style-type: none"> ▪ National communication strategy on IYCF developed and implemented ▪ Men/Youth/religious leaders involved in the protection, promotion and support of IYCF ▪ Advocates on IYCF identified and supported to undertake advocacy on IYCF 	MOH – DoN DCH/RH/Health Promotion/ NIFSC DHMT UNICEF/WHO NGOs/CBOs/FBOs Media, Private sector Employers	<ul style="list-style-type: none"> ▪ Communication strategy on IYCF developed ▪ Job aids/IEC materials produced disseminated ▪ Advocates for IYCF identified ▪ Good will ambassadors identified ▪ World breastfeeding weeks and Malezi Bora marked in all districts 		X				200,000
				X	X	X			-
									-
									200,000
				X	X				30,000

feeding during world breastfeeding weeks and Malezi Bora (child mother health and nutrition weeks)	<ul style="list-style-type: none"> ▪ World breastfeeding/Malezi Bora (Child/Mother health and Nutrition weeks) commemorated 			X	X	X	X	500,000
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8 Obligations and Responsibilities

The government, international organizations, development partners, NGOs, professional bodies, CBOs, FBOs, families and communities share responsibility for ensuring fulfillment of the right of children to adequate health care and nutrition.

Each partner should acknowledge and fulfill its responsibilities for improving the nutrition of infants and young children and for mobilizing required resources. All partners should work together to achieve the aim and objectives of the national strategy, through forming innovative alliances and partnership to avoid conflict of interest, duplication of efforts and to enhance effective use of resources.

8.1 Government

- The government should support implementation of the strategy and operational plan all levels. Adequate human, financial and organizational resources should be identified and allocated to facilitate timely and successful implementation of the plan. It is particularly important to have constructive dialogue and active collaboration with appropriate groups working for the protection, promotion and support of appropriate infant and young child feeding practices.
- The government should ratify the maternity protection rights in line with the ILO Maternity Protection Convention No. 183.
- Government should accelerate efforts to enact the Kenyan Code for Marketing of Breastmilk Substitutes into law and put in place monitoring mechanism to ensure effective enforcement.
- Government should spearhead revitalization of the Baby Friendly Hospital Initiative (BFHI) countrywide. The integrated curriculum on implementation of BFHI in the context of HIV should be adopted and health service provider oriented in its use. BFHI needs to be integrated within the national health care system and provided with adequate resources to sustain it.
- The National Consultative Group on Infant and Young Child Nutrition (NCGIYCN) should be strengthened to support implementation of the strategy and action plans.
- The government should advocate and sensitize all stakeholders i.e. health and other sector ministries, institutions and partners on the national strategy on IYCF
- Government should engage CBOs, FBOs and NGOs operating in the community through monitoring and coordination of their activities. The linkage between the health facilities and the community should be strengthen through active engagement and collaboration.

8.2 Non Governmental organizations and community based support groups

Diverse national and local NGO's/CBO's/FBO's have multiple opportunities to contribute to implementation of the operational plan on IYCF though

- Providing their members with accurate, upto date information on IYCF
- Integrating skilled support for infant and young child feeding in community based interventions and ensuring effective linkages with the nutrition and health care system

- Supporting creation of mother and child friendly communities and work places that routinely support appropriate IYCF
- Providing community based support including peer support through mother support groups, breastfeeding counselors

8.3 International organizations

International organizations should place Infant and young child feeding high on the global public health agenda due to its central significance in realizing the rights of women and children. They should serve as advocates for increased human, financial and institutional resources for implementation of the strategy.

Specifically, international organizations should contribute to implementation of the action plan through:

- Monitoring the baby friendly Hospital Initiative and advocating for expansion beyond the maternity care setting.
- Supporting social mobilization activities for example using the mass media to promote appropriate infant feeding practices and educating media representatives
- Supporting improvement of women and child development and health workers skills in support of optimal infant and young child feeding
- Supporting national and regional capacity building of policy and decision makers on IYCF
- Support monitoring implementation of the code for and research on marketing practices of infant formula by commercial enterprises
- Revision of pre-service curricula for doctors, nurses, midwives, nutritionists, dietitians auxiliary health workers and other groups as necessary.

8.4 Industries and Enterprises

Manufacturers and distributors of industrially processed foods intended for infants and young children have a constructive role to play in achieving the strategy. All manufacturers and distributors of products within the scope of the international code for marketing of breastmilk substitutes are responsible for monitoring their marketing practices according to the principles and aim of the code. They should ensure that their conduct at every level conforms to the Kenyan code for marketing of breastmilk substitutes.

8.5 Professional Associations, Ministries, mass media and other groups

Identification of crucial complementary and mutually reinforcing roles for protection, promotion and supporting appropriate IYCF practices is very important. Many other components of the society have potentially influential roles in promoting appropriate feeding practices.

- **Educational authorities:** These help to shape the attitudes of children and adolescents with regard to infant and young child feeding. Accurate information should be provided through schools and other educational channels to promote greater awareness and positive perceptions.
- **Mass media** – Influences popular attitudes towards parenting, child care and products within the scope of the international code for marketing of breastmilk substitutes.

- **Child care facilities** which permit mothers to care for their infants. These should facilitate continued breastfeeding

8.6 Communities

Parents and caregivers are directly responsible for feeding of children. Caregivers have a right to accurate information on feeding of infants and young children which they should be able to get from health care providers, as well as community based support networks including mother support groups and lay and peer breastfeeding counselors.

ANNEX 1: NATIONAL POLICY ON INFANT AND YOUNG CHILD FEEDING PRACTICES

MINISTRY OF HEALTH



Summary Statement

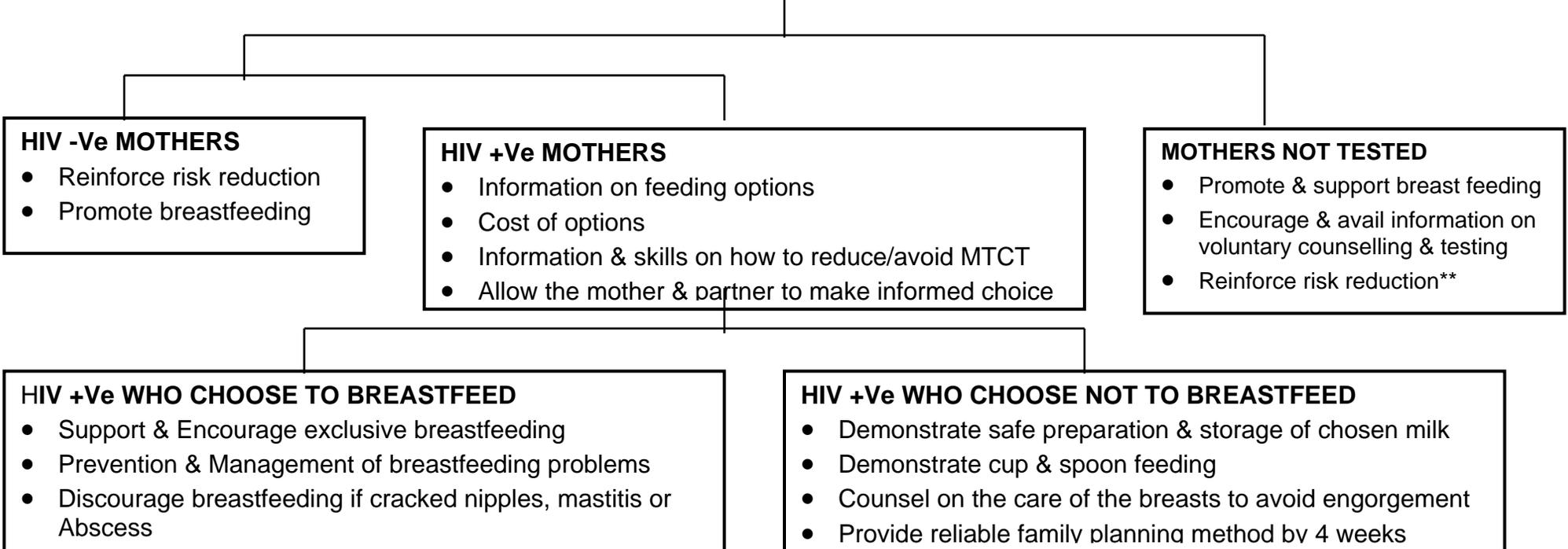
Every facility providing Maternal and Child Health (MCH) services should:

- (1) Adhere to the National Infant Feeding Policy, which should be routinely communicated to all health staff and strategically displayed;
- (2) Train all health care staff in skills necessary to implement this policy;
- (3) Provide information to all pregnant and lactating mothers and their partners on the benefits and management of breastfeeding;
- (4) Assist mothers initiate breastfeeding within the first 30 minutes of birth;
- (5) Give newborn infants no food or drink other than breastmilk unless medically indicated (see specific guidelines on infants of HIV infected mothers);
- (6) Show mothers how to breastfeed and to maintain lactation even if they should be separated from their infants;
- (7) Practice rooming-in, allow infants to remain together with the mother 24 hours a day;
- (8) Encourage breastfeeding on demand;
- (9) Encourage and actively promote exclusive breastfeeding for infants up to six months;
- (10) Provide information and demonstrate to mothers how to introduce and prepare appropriate and nutritious complementary foods to their infants after six months;
- (11) Encourage mothers to breastfeed for at least 24 months (see guidelines for HIV infected mothers);
- (12) Foster the establishment of breastfeeding support groups and other support groups and refer mothers to them on discharge from hospital or clinic;
- (13) Not accept any free samples and supplies of breast-milk substitutes;
- (14) Not allow any publicity by the manufacturers or agents of breast-milk substitutes;
- (15) Not give any feeds using bottles or teats.

HIV AND INFANT FEEDING PRACTICES GUIDELINES

ALL PARENTS		
<ul style="list-style-type: none"> Information on Benefits of Breastfeeding Prevention and Management of Breastfeeding problems* Appropriate complimentary feeding 	<ul style="list-style-type: none"> Promote good maternal nutrition and self care Provide Vit. A Supplements, iron folic and Zinc Counsel on child spacing Prompt treatment of infections 	<ul style="list-style-type: none"> Reduction of HIV infections Risk of mother to child transmission (MTCT) of HIV Information on Voluntary counselling and testing Reinforcing risk reduction to couple

VOLUNTARY COUNSELLING AND TESTING



HIV -Ve MOTHERS

- Reinforce risk reduction
- Promote breastfeeding

HIV +Ve MOTHERS

- Information on feeding options
- Cost of options
- Information & skills on how to reduce/avoid MTCT
- Allow the mother & partner to make informed choice

MOTHERS NOT TESTED

- Promote & support breast feeding
- Encourage & avail information on voluntary counselling & testing
- Reinforce risk reduction**

HIV +Ve WHO CHOOSE TO BREASTFEED

- Support & Encourage exclusive breastfeeding
- Prevention & Management of breastfeeding problems
- Discourage breastfeeding if cracked nipples, mastitis or Abscess

HIV +Ve WHO CHOOSE NOT TO BREASTFEED

- Demonstrate safe preparation & storage of chosen milk
- Demonstrate cup & spoon feeding
- Counsel on the care of the breasts to avoid engorgement
- Provide reliable family planning method by 4 weeks

* Breastfeeding problems (Abscess, mastitis, breast and nipple disease)
 ** For women who have features of clinical AIDS manage as HIV positive

ANNEX 2: CODE OF MARKETING OF BREASTMILK SUBSTITUTES

10 IMPORTANT PROVISIONS

Scope of the code

The code applies to all products that are marketed to replace breastmilk. These include formula, other milks, infant foods, teas or juices. The code also applies to feeding bottles and teats.

The code seeks to encourage and protect breastfeeding by restricting aggressive marketing practices used to sell products for artificial feeding

1. No advertising of Infant Formula to the public
2. No free samples to mothers.
3. No promotion of products in Health Care Facilities
4. No company representatives to advise mothers
5. No gifts or personal samples to health workers
6. No words or pictures idealizing artificial feeding, including pictures on the labels of products.
7. Information to health workers should be scientific and factual.
8. All information on artificial feeding, including the labels, should explain the benefits of breastfeeding, and the costs and hazards of artificial feeding.
9. Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.
10. All products should be of high quality taking into account the climatic and storage conditions of the country where they are used.

ANNEX 3: TEN STEPS TO SUCCESSFUL BREASTFEEDING

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in - that is, allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

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