Goals

2.3. Goal and objective of the National IYCF Policy and Strategy

The IYCF Policy and Strategy is designed to contribute to the objectives of the Afghanistan National Health and Nutrition Sector Strategy 2008-2013 of reducing child and maternal mortality and malnutrition.

Its overall goal is the same as the overall goal of the Public Nutrition Policy and Strategy, namely: To reduce all forms of undernutrition, thereby improving the growth, development and health of Afghan infants and young children, through improved infant and young child feeding practices.

The objective of the Infant and Young Child Feeding Policy, and its associated Strategy is:

To increase the percentage of child caregivers adopting appropriate infant and young child feeding and caring practices (by 20%, by 2013).

Strategic components and approaches to achieve this objective are described in section 3 of the present document.

2.4. Purpose of the Infant and Young Child Feeding Policy and Strategy

The purpose of the present Policy and Strategy is to describe the Government of Afghanistan’s position on IYCF, in accordance with the Global Strategy on IYCF. All key stakeholders directly or indirectly involved in IYCF, notably health sector professionals, NGOs, UN agencies, military, and private sector, are responsible, and will be held accountable, for respecting the present Policy.

This document also clarifies the strategies that need to be adopted and interventions to be implemented to achieve the policy objectives. It will serve to support advocacy and resource mobilization, as well as coordination between the main implementing partners (MoPH Departments, BPHS partners, NGOs, UN, private sector, communities). Finally, it provides guidance on how to monitor the protection and promotion of optimal IYCF in Afghanistan.

Strategies

Strategy for Promoting Optimal Infant and Young Child Feeding
The IYCF Policy and Strategy is designed to contribute to the objectives of the Afghan National Health and Nutrition Sector Strategy and the overall goal of the Public Nutrition Policy and Strategy by focusing on the following objective:

To increase the percentage of child caregivers adopting appropriate infant and young child feeding and caring practices (by 20% by 2013).

This objective will be achieved through the following three strategy components:

1. Application of IYCF Policy and Strategy supported by advocacy, technical guidance and law enforcement

**National IYCF Policy and Strategy**

1. Disseminate the National IYCF Policy and Strategy amongst all key stakeholders (MoPH, MAIL, MoJ, MoMI, MoEd, MoRA, MoWA, NGO7s, private sector).
   - Preparation of a policy brief/leaflet for key decision makers, civil servants, NGOs and private sector stakeholders on the Government of Afghanistan’s IYCF policy
   - Participation in relevant meetings and forums to disseminate information on the IYCF policies.

2. Regular updating of IYCF action plan and preparation of a resource mobilization plan to support the implementation of the IYCF Policy & Strategy

3. Review MoPH related sub-policies, strategies and guidelines and make sure IYCF has been reflected in these documents

**The Code of Marketing of Breast-milk Substitutes**

4. Establish a National Committee for the Enforcement of the Code

5. Establish enforcement mechanisms for the Code of Marketing of BMS

6. Disseminate information on the Code (including translations) and related legislation to all key stakeholders (Provincial Departments of Health, PRTs, private sector, all health facilities, MOWA, NGOs, etc.) through posters, leaflets, and workshops

7. Training of Code monitors (IBFAN)

**Maternity protection**

8. Establish enforcement mechanisms and develop guidelines for the implementation of the Maternity Protection Act

9. Inform working women of their rights under the Maternity Protection Act (e.g. through leaflets and radio; can be part of IYCF Public Awareness Campaign)

**IYCF Guidelines**

10. Review existing international guidelines and national training packages and develop a comprehensive and coherent set of harmonized guidelines covering IYCF policy and priorities and strategic interventions, namely: IYCF promotion in different health facilities (including BFHI guidelines); IYCF promotion at community level; Infant and Young Child Feeding in Emergencies; Implementation of the Code, etc.

11. Disseminate guidelines to the relevant stakeholders, and conduct trainings on their implementation (c.f. also training activities under outputs 2 and 3)

**Infant and Young Child Feeding in Emergencies**

12. As part of the Afghan IYCF guidelines, develop a section on IYCF in Emergencies based on the internationally endorsed
Operational Guidance for IFE

13. Disseminate the IFE Guidelines to all relevant stakeholders (including the Disaster Management Committee, the PRT, NGOs and Provincial Development Councils) and ensure they are implemented in emergency situations.

2. Caregivers know optimal IYCF practices and are supported in providing optimal care and mobilizing the resources required for IYCF, through IEC/BCC and community support interventions.

Public awareness Raising

1. Implement the National Breastfeeding Communication Campaign (to be launched during World Breastfeeding Week 1-7 August 2009)
2. Celebrate World Breastfeeding Week annually
3. Expand the National Breastfeeding Communication Campaign to cover complementary feeding and IYCF as a whole, and conduct regular IYCF awareness activities:
   - Identification and mobilization of key partners for public awareness activities, namely MoPH, MAIL, MoWA, MoRA, MoE, MRRD and public media.
   - Conduct sample baseline KAP surveys, where possible (referring to formative research conducted in 2002 and 2003)
   - Identification and definition of harmonized messages to be used by all stakeholders, under MoPH PND lead.
   - Development of adequate materials, including posters, leaflets, radio and TV spots
   - Training of relevant stakeholders on the IEC messages (including key health staff -cf link to output 4-, religious leaders, community leaders, journalists, etc.)
   - Implementation of Public Awareness Activities through the various media identified
   - Post-awareness raising monitoring survey (KAP)

Establishment of community support groups and interventions

1. Identification of opportunities for establishing IYCF community support groups, on the basis of existing networks and projects (e.g. health shuras, women’s shuras, Growth Monitoring and Promotion, etc.) and/or integrating IYCF counselling in existing community development activities.
2. Mobilization of elders and community leaders to establish support for the community support groups and/or community-based IYCF counselling
3. Identify facilitators who can provide counselling at community level, through community support groups and/or other development interventions (e.g. CHW, dahia, literacy teacher, head of women’s shura, etc.) and determine their training needs
4. Development of training materials and job aids for community-level IYCF counsellors and support group facilitators
5. Training of IYCF counsellors and /or support group facilitators on adequate IYCF counselling and psycho-social support skills
6. Provide IYCF counsellors and /or support group facilitators with the resources required to conduct adequate counselling (e.g. BF counselling kit; cooking set;)
7. Provide regular assistance and supervision to IYCF support groups and IYCF counsellors operating at community level.
8. Monitor the implementation of counselling sessions and participatory cooking sessions
9. Establish linkages and partnerships with food security projects aiming to diversify household food production and income generation (if locally in place) or mobilize resources and expertise to implementation food security interventions if they are not in place.

Integration of IYCF in non-health community-level interventions

1. Establish pool of IYCF trainers in MAIL and train extension workers (in particular women) on IYCF counselling
2. Integration of IYCF messages and participatory cooking sessions in agricultural projects
3. Include IYCF in the curricula of literacy training and train literacy teachers on IYCF.

3. IYCF promotion and counselling is effectively implemented as part of the BPHS and EPHS in all health facilities.

Capacity-building of various categories of personnel involved in implementation will be an integrated component of each strategic priority/output. Advocacy and resource mobilization will be essential to enable the implementation of the activities required to achieve
these outputs. An advocacy and resource mobilization plan will therefore be developed. The activities to be implemented to achieve these outputs/strategic priorities are described below.

**Expansion of Baby-Friendly Hospital Initiative to more hospitals and selected health facilities providing MCH services**

1. Review lesson learned from the current BFHI
2. Train pool of BF assessors/advocates at the central and regional level.
3. Develop tools, conduct assessment/re-assessment to certifying health facilities as Baby-friendly
4. Train health facility staff on measures required to comply with BFHI criteria and implement these measures
5. Supervise and monitor facilities and provide certificates for facilities complying with BFHI criteria

**Integration of IYCF counselling in all health facilities**

6. Develop guidelines and establish IYCF corners in health facilities, including breastfeeding counselling and participatory cooking sessions (N.B. can be part of child health corner)
7. Ensure IYCF counselling is part of health education activities, including breastfeeding demonstration and participatory cooking sessions
8. Ensure breastfeeding counselling and re-lactation assistance are part of the management of acute malnutrition (in TFU and CMAM)
9. Identify at least one referral centre in each province for referral of complicated and difficult lactation and IYCF cases.

**Training of health staff on IYCF**

10. Integrate IYCF into the curricula of all medical and paramedic education institutions including community midwifery school and postgraduate programs (esp. residency training programs in paediatrics, obstetrics and gynaecology).
11. Develop training packages and job aids on IYCF for different health staff categories, including: doctors, nurses, midwives, community midwives, and CHWs
12. Integrate IYCF training modules as part of in-service trainings, in particular for MCH staff, CHWs & midwives (e.g. as part of C-IMCI training)
13. Distribute printed material and job aids to all facilities, including for CHWs and community midwives as part of C-IMCI
14. Train and establish pool of trainers at the national level and in each region on MBFI and IYCF, in particular by training Provincial Nutrition Officers on IYCF
15. Train at least 2 MCH staff of each health facility.
16. Train out-reach staff to enable them to integrate IYCF in out-reach services.

### M&E Indicators

**M&E Indicators related to nutrition:**

**Indicator (Baseline, Target)**

**Overall Goal:** The prevalence of chronic and global acute undernutrition among children 0-59 months and the prevalence of MDDs are reduced by 10% of current levels

- Prevalence of Chronic undernutrition (stunting) among children under 5. (54%, 49%)
- Prevalence of acute undernutrition (wasting) among children under 5. (6.7-10%, 5-9%)
- Prevalence of Iron Deficiency in children under 5 (72%, 65%)

**Objective:** To increase the percentage of child caregivers that have adopted appropriate infant and young child feeding and caring
practices.

- % increase in the percentage of mother that have initiated breast feeding within first hour after birth (37%* (AHS), 20% increase)
- % increase in the percentage of mothers that are exclusively breastfeeding until the child is 6 months (19-70%, 20% increase)
- % increase in the percentage of mothers that continue breastfeeding until the child is two years or older. (54% (MICS 2003), 20% increase)
- % increase in the percent of children that are receiving complementary foods at the age of 6 months (28% (MICS 2003), 20% increase)
- % of children’s under 2 with diet diversity scores >4 food groups consumed in previous 24 hours (N/A - TBD, 20% increase)

(see new WHO indicators for IYCF in annex 5)

**Component 1:** Application of IYCF Policy and Strategy supported by advocacy, technical guidance and law enforcement

- Relevant government officials, civil servants, NGO and health sector personnel, and private sector aware the IYCF Policy & Strategy (0, 100%)
- Resources for IYCF mobilised ($2m for 2009, At least 2m/year through MoPH)
- National Committee for the Code of Marketing of BMS active (No committee, 1 committee)
- Violations of the Code and Maternity Protection Act denounced and condemned (0, According to events)
- National IYCF Guidelines used by stakeholders (No guidelines, 1 guidelines set)

**Component 2:** Caregivers know optimal IYCF practices and are supported in providing optimal care and mobilizing the resources required to apply adequate IYCF through IEC/BCC and community support interventions

- 70% of Afghan adult and adolescent population is aware of key IYCF practices
- 90% shura members aware of good IYCF
- Number of IYCF community support groups established and operational
- Number of women receiving satisfactory breastfeeding counselling at community level
- Number of mothers having participated in at least 5 participatory cooking sessions

**Component 3:** IYCF promotion and counselling is effectively implemented as part of the BPHS and EPHS in all health facilities

- Number of facilities certified as Baby-friendly
- 50% of the EPHS facilities and health centre (CHC&BHC) provide IYCF counselling as part of the MCH services. (=700)
- 50% of doctors, nurses, community midwives and CHWs demonstrate correct counselling skills on IYCF
- Average number of women receiving breastfeeding counselling per month per counsellor in health services
- Number of health facilities conducting participatory cooking demonstrations

**M&E Indicator types:**

Outcome indicators
Process indicators

---

File upload:

[AFG 2009 National Infant and Young Child Feeding Policy and Strategy.pdf]

**Policy topics:**

- Stunting in children 0-5 yrs
- Wasting in children 0-5 years
- Anaemia
- Breastfeeding
- Breastfeeding - Early initiation by 1 hour
- Breastfeeding - Exclusive 6 months
- Minimum acceptable diet
- Breastfeeding - Continued
- Complementary feeding
- Management of severe acute malnutrition
- Vitamin A
- Iodine
- Iron
- Zinc
- Micronutrient supplementation
- Food fortification
- Wheat flours
- Food grade salt
- Counselling on feeding and care of LBW infants
- Growth monitoring and promotion
- Promotion of exclusive breastfeeding for 6 months
- Breastfeeding promotion/counselling
- Counselling on infant feeding in the context HIV
- Baby-friendly Hospital Initiative (BFHI)
- Complementary feeding promotion/counselling
- Maternity protection
- International Code of Marketing of Breast-milk Substitutes
- Nutrition counselling on healthy diets
- Media campaigns on healthy diets and nutrition
- Promotion of fruit and vegetable intake
- Nutrition in the school curriculum
- Home, school or community gardens
- Improved hygiene / handwashing

**Partners in policy implementation**

- Government
  - Other
  - Education and research
  - Food and agriculture
  - Health
  - Trade
  - Women, children, families
  - Details:
    - more
      Breastfeeding Promotion Network of India (BPNI), Interior (MoI) to promote IYCF and the application of the Code of Marketing of BMS, Religious Affairs, Rehabilitation and Rural Development (MRRD), Justice, Labor and Social Affairs
- Bilateral and donor agencies and lenders
  - US Agency for International Development (USAID)
- UN agencies
  - Food and Agriculture Organisation (FAO)
  - United Nations Children’s Fund (UNICEF)
  - World Food Programme (WFP)
  - World Health Organization (WHO)
- International NGOs
  - Basics Support for Institutionalizing Child Survival (BASICS)
  - International Baby Food Action Network (IBFAN)
  - Nutrition International
  - World Alliance for Breastfeeding Action (WABA)

**Links**

© World Health Organization 2012. All rights reserved.