



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

**FEDERAL MINISTRY OF HEALTH,  
DEPARTMENT OF FAMILY HEALTH  
ABUJA**

**NOVEMBER 2010**

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## **LIST OF STAKEHOLDERS**

Federal Ministry of Health

Federal Ministry of Women Affairs

National Agency on Food and Drug Administration and Control  
(NAFDAC)

National Primary Health Care Development Agency  
(NPHCDA)

World Health Organisation (WHO)

United Nations Children's Fund (UNICEF)

Infant and Young Child Nutrition (IYCN)

Nutrition Society of Nigeria

Academia

Consultants

Micronutrient Initiative (MI)

Federal Ministry of Information and Communication (FMIC)

## **ACRONYMS**

AIDS	-	Acquired Immune Deficiency Syndrome
ARV	-	Anti-retroviral
BF	-	Breastfeeding
BFI	-	Baby -Friendly Initiative
BFHI	-	Baby- Friendly Hospital Initiative
CBSC	-	Communication for Behaviour and Social Change
EBF	-	Exclusive Breastfeeding
FADUS	-	Frequency, Adequacy, Density, Utilisation and Safety
FMIC	-	Federal Ministry of Information and Communication
FMOE	-	Federal Ministry of Education
FMOH	-	Federal Ministry of Health
HCT	-	HIV Counselling and Testing
HIV	-	Human Immunodeficiency Virus
HKI	-	Helen Keller International
IBFAN	-	International Baby Food Action Network
IEC	-	Information, Education, Communication
ILO	-	International Labour Organisation
IMCI	-	Integrated Management of Childhood Illnesses
LGCFN	-	Local Government Committee on Food And Nutrition
LGA	-	Local Government Area
MI	-	Micronutrient Initiative
MTCT	-	Mother-to -Child Transmission
NAFDAC	-	National Agency for Food and Drug Administration and Control
NAPEP	-	National Poverty Eradication Programme
NASCP	-	National AIDS and STDs Control Programme

NDHS	-	Nigeria Demographic and Health Survey
NEEDS	-	National Economic Empowerment and Development Strategy
NFCNS	-	Nigeria Food Consumption and Nutrition Survey
NGOs	-	Non – Governmental Organisations
NPC	-	National Planning Commission
NPHCDA	-	National Primary Health Care Development Agency
ORS	-	Oral Rehydration Salt
PITC	-	Provider Initiated HIV Testing and Counselling
PLWHAs	-	People Living With HIV and AIDS
PMTCT	-	Prevention of Mother-to-Child Transmission
SCFN	-	State Committee on Food and Nutrition
SON	-	Standards Organisation of Nigeria
SMOH	-	State Ministry of Health
SSS	-	Salt Sugar Solution
UNICEF	-	United Nations Children’s Fund
UNTH	-	University of Nigeria Teaching Hospital
VAD	-	Vitamin A Deficiency
WHO	-	World Health Organisation

## **PREFACE**

The Convention on the Rights of the Child (Article 24) urges States Parties to recognize the right of the child to the enjoyment of the highest attainable standard of health and to take appropriate measures to among others:

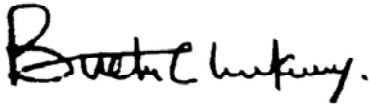
- reduce infant and child mortality;
- combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking water, taking into consideration the dangers and risks of environmental pollution;
- ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents.

The National Policy on Infant and Young Child Feeding in Nigeria is in fulfilment of government's obligations to this instrument as well as the World Health Organisation's Global Strategy for Infant and Young Child Feeding which called for a revitalisation of commitment towards the protection, promotion and support of optimal infant and young child feeding. This second edition of the National Policy on IYCF promotes exclusive breastfeeding for the first six months of the child's life and thereafter, the introduction of adequate complementary foods, based on local food materials while breastfeeding continues up to two years and beyond for the general population. It also provides for mothers diagnosed and certified HIV positive and their infants and strongly recommends that they exclusively breastfeed their infants for the first six months of life, introducing complementary feeding at six months and continuing breastfeeding up to twelve months but with appropriate ARV treatment.

The Policy is also mindful of the fact that there will be HIV positive mothers who In spite of Government recommendations will decide not to breastfeed. Health workers shall within the context of this

policy, respect such decisions and shall provide all the expert information and technical support required to ensure safe and optimal nutrition for these infants.

I approve the effective implementation of this policy which will bring about the desired improvement in the nutritional status, growth and development of infants and young children in Nigeria.



Professor C. O. Onyebuchi Chukwu  
Honourable Minister of Health  
Federal Republic of Nigeria  
August 2011



## **CHAPTER ONE**

### **1.0 Introduction**

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

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

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

In Nigeria, malnutrition is widespread, for example, 41% of all children less than five years of age are stunted, 14% wasted and 23% are underweight (NDHS, 2008). The causes of malnutrition in Nigeria are many and complex. The immediate causes of malnutrition in the first two years of life are inappropriate breastfeeding and complementary feeding practices coupled with high rates of infections. The rate of exclusive breastfeeding in the first 6 months of life is 13% (NDHS, 2008). In addition, 35% of Nigerian infants are given complementary foods too early and they are often of poor nutritional value, mostly inadequate in terms of energy, protein and micronutrients such as iron, zinc, iodine and vitamin A. The frequency of feeding is usually low, while the quantities given are less than that required for the ages of the children.

Feeding of children in difficult circumstances, such as low birth weight infants (LBW), infants born to HIV positive mothers, orphans and those in emergency situations deserve special considerations. Other conditions worthy of attention include sick infants, those with persistent diarrhoea, infants living with HIV and AIDS, infants of adolescent mothers and those with cleft-palate. Given a national HIV sero-prevalence of 4.6% among pregnant women attending antenatal clinic (FMOH, 2008), it has been estimated that over 6,000,000 babies will be born annually in Nigeria. With a mother-to-child transmission rate of 40%, over 85,000 of these newborn babies are at risk of HIV infection annually.

The main source of HIV infection in young children is mother-to-child-transmission, which could occur during pregnancy, labour, delivery and breastfeeding, and is responsible for about 90% of paediatric HIV and AIDS cases globally. Without intervention, breastfeeding is estimated to contribute about 15% of mother-to-child transmission of HIV. Thus, protection, promotion and support for breastfeeding are extremely important in order not to lose the gains made in child survival during the last few years.

The provisions of international conventions, agreements and national legal instruments, such as the Convention on the Rights of the Child, which has been domesticated; the Innocenti Declaration on the Protection, Promotion, and Support of Breastfeeding; the Baby-Friendly Initiative; the Code of Marketing of Breastmilk Substitutes; the Global Strategy for Infant and Young Child Feeding and the WHO Guidelines on HIV and Infant Feeding (2010) have been recognised in the articulation of this Policy.

## **1.1 Rationale**

There is increasing evidence, that nutrition, including appropriate feeding practices, in the early months and years of life, is crucial to achieving optimal outcomes. The HIV and AIDS pandemic and the possibility of transmission of HIV through inappropriate feeding practices, make the articulation of a comprehensive National Policy on Infant and Young Child Feeding imperative.

Based on new scientific evidence, particularly in the areas of HIV and Infant Feeding, Nigeria came up with a new recommendation informed by the WHO Guidelines on HIV and Infant Feeding of 2010. This necessitates the review of the first edition of the National Policy on Infant and Young Child Feeding in Nigeria.

## **1.2 Goal and Objectives**

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

### **1.2.1 Goal**

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

### **1.2.2 Specific Objectives:**

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

- x. To promote the prevention of mother-to-child transmission of HIV and ensure HIV-free survival through appropriate and safe measures that ensure optimal infant and young child feeding.
- xi. To ensure that health workers and other care providers have adequate skills and information to support optimal infant and young child feeding, including in emergency situations.
- xii. To support and enhance the national capacity to address issues of infant and young child feeding in different situations and circumstances.

### **1.3 Policy Statements**

- 1.3.1** This Policy shall be known and referred to as the “National Policy on Infant and Young Child Feeding in Nigeria 2010”.
- 1.3.2** This Policy reaffirms government’s commitment to optimal feeding of all children from birth, as a public health measure, and the implementation of the Global Strategy for Infant and Young Child Feeding for improved child survival.
- 1.3.3** Exclusive breastfeeding for the first six months of life shall be protected, promoted, and supported.
- 1.3.4** In all population groups, breastfeeding shall be protected, promoted and supported, unless medically contra-indicated, on case-by-case basis and this should be in line with the provisions of the National Code of Marketing of Breastmilk Substitutes.
- 1.3.5** All public and private places of employment shall be actively encouraged to provide crèches and establish flexible nursing periods during the working hours.

- 1.3.6** Exclusive breastfeeding for the first 6 months of life shall be followed by the introduction of complementary foods that are safe, appropriate, locally available and nutritionally adequate, with continued breastfeeding for up to two years and beyond. The timing of introduction of complementary foods shall be from six months of life, except otherwise medically indicated.
- 1.3.7** All individuals, especially women of child bearing age, shall have access to Provider-Initiated HIV Testing and Counselling (PITC) with option to decline.
- 1.3.8** Mothers who are found to be HIV negative shall be advised to breastfeed exclusively for six months, followed by complementary feeding with safe, appropriate, locally available and nutritionally adequate foods while continuing breastfeeding for up to two years and beyond. Such HIV negative mothers shall be encouraged to maintain their HIV status.
- 1.3.9** Mothers who do not know their HIV status shall be advised to access HIV testing and counselling so as to know their HIV status, while advising ‘them to adopt the feeding advice for mothers that are HIV negative (1.3.8).
- 1.3.10** Mothers diagnosed and certified HIV positive shall, with appropriate ARV prophylaxis, be advised to exclusively breastfeed their infants for the first six months of life, introduce complementary feeding at six months and continue breastfeeding up to twelve months.
- 1.3.11** All HIV exposed infants shall be provided with appropriate ARV prophylaxis from birth.
- 1.3.12** Government shall endeavour to train health and community workers to protect, promote, and support

optimal infant and young child feeding in all situations including emergencies and large displacement of persons, among others.

- 1.3.13** In situations where the mother cannot breastfeed, caregivers/mothers shall be advised and supported to adopt wet nursing by HIV negative woman or commercial infant formula feeding.
  
- 1.3.14** In cases of donations of commercial milk formulae during emergencies or to orphanages, they shall be given to only those who need them and for as long as they are required. Donations shall conform to the National Code on Marketing of Breast Milk Substitutes.

## **CHAPTER TWO**

### **2.0 Optimal Infant and Young Child Feeding**

This chapter provides the framework for the optimal feeding of the infant and young child in general population and special situations.

### **2.1 General Population**

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

#### **2.1.1 Exclusive Breastfeeding**

- Breastfeeding shall be protected, promoted and supported unless medically contra-indicated.
- All mothers shall be encouraged to exclusively breastfeed their babies on demand until the age of 6 months, (no water or other liquids including breast milk substitutes).
- All mothers shall be encouraged to take adequate nourishment during pregnancy and lactation.
- All pregnant women, their relations and other relevant persons shall, during ante-natal clinics, admission of mothers or babies, postpartum clinics, child welfare clinics, home visits and at other opportune periods receive education on the advantages of breastfeeding and the dangers of bottle feeding.
- All mothers shall be encouraged and assisted to put their newborn infants to the breast within half an hour of delivery.
- All mothers shall be taught how to express and preserve breast milk for feeding their infants during periods of



navoidable separation. Under these special circumstances, feeding with a cup is recommended.

- Mothers shall be encouraged to continue breastfeeding with adequate complementary foods for up to 2 years and beyond.
- All health facilities providing maternity services shall practice the “Ten Steps to Successful Breastfeeding”
- All health workers shall be made aware of, and comply with the National Code of Marketing of Breastmilk Substitutes which prohibits promotional schemes by commercial infant formula manufacturers directed at consumers and health workers e.g. posters, free samples, donations, sponsorship of professional associations and conferences.

## **2.2 Special Situations**

Exclusive breastfeeding for the first six months is the national policy. However, this Policy recognises that there are children in special circumstances who need further attention and extra support to meet their nutritional requirements. In these situations, the use of commercial infant formula may be necessary.

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

These groups include:

- Infants of HIV positive mothers
- Sick infants, particularly with persistent diarrhoea
- Low birth weight infants
- Motherless/adopted infants
- Infants and young children in emergency situations

- Infants of adolescent mothers
- Infants with cleft-palate.

### **2.2.1 Infants of HIV Positive Mothers**

“HIV -free survival” of HIV- exposed infants, and not just prevention of HIV infection, shall be the cornerstone of the Policy of Government for infant feeding in the context of HIV. Consequently, all HIV-infected mothers, with appropriate ARV prophylaxis, shall exclusively breastfeed their infants for the first 6 months of life, introduce complementary feeds at 6 months and continue breastfeeding until 12 months.

### **2.2.2 Sick Infants**

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

- Increase the frequency of breastfeeding
- Increase fluid intake (if medically indicated)
- Follow regular Growth Monitoring and Promotion
- Follow immunisation schedule.

#### **2.2.2.1 Persistent Diarrhoea**

A child is said to have diarrhoea when he/she passes three or more watery stools in 24 hours. Persistent diarrhoea refers to a condition where an episode of diarrhoea illness lasts for more than 14 days. Mothers/caregivers shall be counselled to take such children to the nearest health facility.

In addition, mothers shall be supported to:

- Continue breastfeeding day and night
- Increase the frequency of breastfeeding

- Give extra fluids, for example, Solution of Oral Rehydration Salt or Salt Sugar Solution (ORS\SSS) if medically indicated.

### **2.2.3 Low Birth Weight Infants**

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

- Exclusively breastfeed frequently.
- Express breast milk and give by tube feeding to a baby who is too underweight and weak to suckle.
- Commence iron and multivitamins supplementation from one month of age.

### **2.2.4 Motherless/Adopted Infants**

For the motherless/adopted infants re-lactation of a wet nurse (foster mother or caregiver) who is HIV negative shall be encouraged.

- Such a wet nurse shall be encouraged to remain HIV negative throughout the period of breastfeeding.
- Caregivers shall be supported to feed the infants on commercial infant formula from birth to six months, if not breastfeeding.
- Infants with inappropriate weight gain shall be referred to health facilities for more specialised care.

### **2.2.5 Infants in Emergency Situations**

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

- The importance of protection, promotion, and support of breastfeeding shall be emphasised.

- All government and non-governmental agencies that are working on nutrition in emergency sites shall be identified and their activities coordinated.
- Rapid assessment shall be conducted at early stages to provide relevant information on all aspects of infant care including nutrition in emergency situations.
- Procurement, management, distribution, targeting and use of commercial infant formula, shall be in line with the National Code of Marketing of Breastmilk Substitutes.

### **2.2.6 Infants of Adolescent Mothers**

In Nigeria, 9 percent of women aged 25-49 years have given birth by age 15, and 47 percent have become mothers by age 20 (NDHS, 2008). Such adolescent mothers require additional nutritional care both for their healthy growth and that of their babies. Thus:

- Mothers shall be encouraged to remain together with their babies and be provided the support they need to exclusively breastfeed.
- The adolescent mother shall be supported to continue schooling.
- Adolescent -friendly health services shall be provided.

### **2.2.7 Infants with Cleft Palate**

Cleft palate is a congenital abnormality in which there is a breach in the architecture of the upper lip and palate that might hamper effective breastfeeding of babies. In general, such babies shall be taken to the hospital for possible treatment. In addition,

- Optimal breastfeeding shall be encouraged. If the baby cannot suckle effectively, expressed breast milk should

be fed with cup.

## **2.3 Infants and young children 6 months and above**

### **Complementary Feeding**

**Complementary feeding** is process of giving an infant food in addition to breast milk or infant formula when either becomes insufficient to satisfy the infant's nutritional requirements.

Complementary feeding should commence when the infant is 6 months old. Infants are particularly vulnerable during this transition period as new foods are being introduced. This applies to children in both general population and special situations.

Mothers and care-givers shall be encouraged to practice responsive feeding using the principle of psycho-social care. The guiding principle shall be that of frequency, adequacy, density, utilisation and safety (FADUS) of the complementary food. Consequently, it is important that nutritional needs of the infant be met by ensuring that complementary foods are:

- **Frequent:** the meal is offered frequently to the child as required.
- **Adequate:** they provide sufficient energy, protein, fat and micro-nutrients from a variety of foods.
- **Dense :** there is gradual increase in food consistency.
- **Utilised :** they are provided in a form that can be easily digested and absorbed e.g. vitamin A rich foods are given with fat and iron-rich foods with Vitamin C to increase absorption.
- **Safe:** they are hygienically stored, prepared and fed. For children above 2 years, mothers/caregivers shall be encouraged to continue to offer nutrient dense foods.

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

## **2.4 Special situations**

### **2.4.1 Infants and Young Children of HIV-infected Mothers**

“HIV -free survival” of HIV exposed infants, and not just prevention of HIV infection, shall be the cornerstone of the Policy of Government for infant feeding in the context of HIV.

Consequently, all HIV-infected mothers, with appropriate ARV prophylaxis, shall exclusively breastfeed their infants for the first 6 months of life, introduce complementary feeds at 6 months and continue breastfeeding until 12 months.

### **2.4.2 Sick Infants and Young Children**

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

- Increase the frequency of breastfeeding
- Increase fluid intake
- Continue to provide soft, appetizing and nutritionally adequate favourite foods
- Give at least one extra meal per day for one month after illness
- Follow regular Growth Monitoring and Promotion
- Follow immunisation schedule
- Give vitamin A supplement according to age

#### **2.4.2.1 Persistent Diarrhoea**

A child is said to have diarrhoea when he/she passes more than 3 watery stools in 24 hours. Persistent diarrhoea refers to a condition when an episode of diarrhoea illness lasts for

14 days or more. Mothers/caregivers shall be counselled to take such children to the nearest health facility.

In addition, mothers shall be supported to:

- Continue breastfeeding day and night
  - Continue the feeding recommendation for the child's age
  - Give extra fluids, Solution of Oral Rehydration Salt or Salt Sugar Solution (ORS\SSS).
- If no longer breastfeeding, the mothers shall be advised to:
    - Continue the feeding recommendation for the child's age
    - Give ORS/SSS.
    - Give vitamin A supplement, multivitamins and minerals (drops or syrups).
    - Give appropriate Zinc supplement
    - Give one extra meal daily for 1 month after the cessation of diarrhoea.

### **2.4.3 Infants and Young Children Living with HIV and AIDS**

- Infants and young children diagnosed as HIV- positive shall suffer no discrimination on grounds of their HIV status especially in the provision of healthcare delivery services including:
  - Regular Growth Monitoring and Promotio
  - Immunisation
  - Vitamin A supplementation
- HIV positive infants and young children shall be given necessary support to receive optimal nutrition.
- Mothers and families of such infants and young children shall be supported to access adequate care and referral to specialised services as the need arises.
- Healthcare managers shall be adequately informed and supported to take appropriate actions regarding the provision of enabling environment to achieve the objectives of this Policy.

- Healthcare providers shall be trained and adequately supported to provide appropriate advice regarding the feeding of infants and young children of HIV mothers and make appropriate referrals.
- Communities and family members shall be adequately informed and supported to:
  - Take appropriate actions towards preventing MTCT of HIV.
  - Provide necessary support to ensure optimal feeding of infants and young children of HIV positive mothers using available community resources and structures.
- Communities shall be adequately informed and mobilized towards providing adequate care and support using appropriate resources including Communication for Behaviour and Social Change materials to reduce stigma and discrimination in the communities.

#### **2.4.4 Low Birth Weight Infants**

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

- Breastfeed frequently
- Continue iron supplementation
- Give adequate and appropriate complementary foods according to age
- Follow regular Growth Monitoring and Promotion
- Follow immunisation schedule
- Give vitamin A supplement according to age



#### **2.4.5 Motherless/Adopted Infants and Young Children**

To ensure the survival of these infants and children, and to protect their rights to adequate nutrition, it is recommended that:

- Wet nurses shall be encouraged to remain HIV negative throughout the period of breastfeeding.
- Caregivers shall be counselled to introduce locally sourced complementary foods from the age of six months in addition to milk feeds.
- Infants and young children with inappropriate weight gain shall be referred to health facilities for more specialised care.
- Regular Growth Monitoring and Promotion should take place
- Immunisation schedule should be followed
- Vitamin A supplement should be given according to age

#### **2.4.6 Infants and Young Children in Emergency Situations**

It shall be the Policy of government to protect the rights of all Infants and Young Children in emergency situations. In these situations:

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

#### **2.4.7 Infants of Adolescent Mothers**

Adolescent mothers require additional nutritional care both for their healthy growth and that of their babies. Thus:

- Adolescent mothers shall be counselled to introduce locally sourced complementary foods from the age of six months in addition to breastfeeding.
- Follow regular Growth Monitoring and Promotion.
- Follow immunisation schedule.
- Give vitamin A supplement according to age.
- The adolescent mother shall be supported to continue schooling.
- Adolescent-friendly health services shall be provided.

#### **2.4.8 Infants with Cleft Palate**

Infants with cleft palate may have difficulties with eating, and this may affect their growth and development. It is recommended that:

- Caregivers shall be counselled to introduce locally sourced complementary foods from the age of six months in addition to breastfeeding.
- Regular Growth Monitoring and Promotion shall take place.
- Immunisation schedule shall be followed.
- Vitamin A supplement shall be given according to age.

#### **2.4.9 Nutritional Care and Support for Breastfeeding Mothers**

- Breastfeeding mothers need adequate food and nutrients. Therefore, women of childbearing age shall be encouraged to build their nutritional status before pregnancy and continue to feed adequately before and after delivery.
- Nutritional counselling shall be provided to breastfeeding mothers to ensure that they eat adequate food.

- A breastfeeding mother needs to receive Vitamin A supplementation immediately after delivery but not later than 8 weeks after delivery.
- Government shall promote the establishment of Community-Based Breastfeeding Support Groups.
- Government shall strengthen existing Community- Based Breastfeeding Support Groups.

## **CHAPTER THREE**

### **3.0 Strategies**

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

- Legal, gender and cultural considerations
- Advocacy and social mobilisation
- Communication for Behaviour and Social Change (CBSC)
- Capacity building and development
- Counselling and Support services
- Research
- Monitoring and Evaluation
- Supervision
- Coordination

### **3.1 Legal, Gender and Cultural Considerations**

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

- 3.1.1** Enforcing NAFDAC Marketing of Infant and Young Child Nutrition (Regulation ,Sales,etc Regulation 2005) This is to ensure that the procurement and distribution of breast milk substitutes and other designated products strictly adhere to international and national standards.
- 3.1.2** Integrating Public Service Regulation, Labour Acts, Child's Rights Acts and other existing policies, maternity entitlement

as defined in ILO Convention 183 and Recommendation 2000, (No191) into existing legislation, to enhance optimal infant and young child feeding.

- 3.1.3** Ensuring that National Development Policies, Plans, Programmes and Strategies such as Vision 2020, Health Sector Reform Plan, National Poverty Eradication Programme (NAPEP) and National Economic Empowerment and Development Strategies (NEEDS) give prominence to infant and young child feeding.
- 3.1.4** Guidelines shall be reviewed and developed for relevant ministries, healthcare providers, NGOs and other stakeholders assisting communities for effective coordination of efforts in the areas of infant and young child feeding.
- 3.1.5** This Policy shall be reviewed periodically to address emerging issues on infant and young child feeding.
- 3.2** Advocacy and Social Mobilisation Advocacy and social mobilisation shall be strengthened to address the mandate of relevant ministries, NGOs, community-based organisations, political and traditional leadership groups, media organisations, educational institutions, and the relevant private sectors on infant and young child feeding and related issues These shall be achieved by:
- 3.2.1. Harmonisation of Messages to Eliminate Conflicts**
- Creating awareness about optimal infant and young child feeding at all levels.
  - Developing a National Social Marketing Strategy to advocate from the highest policy level to the lowest community level, to address different issues of care in infant and young child feeding for the general public, as well as children in special situations.

- Utilising notable events such as World Breastfeeding Week, Maternal Newborn and Child Health Week, Safe Motherhood Day, Day of the African Child and Micronutrient Day to promote optimal infant and young child feeding in various states, local governments and communities.
- Encouraging communities' involvement (particularly male groups) in infant and young child feeding activities and nutrition of the family in general.
- Actively involving the media in all advocacy and social mobilisation for all the issues elaborated in this Policy.

### **3.3 Communication for Behaviour and Social Change (CBSC)**

Communication for Behaviour and Social Change Communication packages shall be developed, disseminated and reviewed to deliver appropriate, technically correct and up-to-date information on optimal infant and young child feeding.

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

### **3.4 Capacity Building and Development**

Capacity Building and Development shall be encouraged to enhance effectiveness and efficacy at the National, State,

Local Government Area and community levels for implementation of this Policy. In pursuance of this:

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

### **3.4.1 Pre – Service Training**

- Infant and young child feeding and nutrition issues shall be promoted as an examinable subject in the pre-service curricula of all health workers and related professions, to provide consistent, up-to-date information and practical skills.
- The Nutrition Division of the FMOH shall collaborate with institutions of learning to assess training needs, develop curricula, resource texts, teaching modules, guidelines, information packs and other materials for use in preservice and informal trainings, as well as in advocacy work, for this Policy.

### **3.4.2 In-Service Training**

- A plan of action for continuous in-service training shall be developed to update different cadres of health care providers on infant and young child feeding.
- All health facilities providing maternity services shall teach and practice the “Ten Steps to Successful Breastfeeding” as set out in the WHO/UNICEF Joint Statement on Breastfeeding and Maternity Services.

- Trainer competency criteria for various levels of training shall be established to maintain training standards.
- A mechanism shall be designed to include concerns of children from special situations and emergencies into relevant existing programmes, including programmes for humanitarian assistance and emergency preparedness.

### **3.4.3 Informal Training**

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

- Prospective partners and networks shall be identified, including the media, community and religious leaders to incorporate infant and young child feeding issues in their mandates.

## **3.5 Counselling and Support Services**

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

- Nutrition counselling shall be institutionalised in all areas concerned with infant and young child feeding.
- Health workers shall provide mothers, fathers and other caregivers with objective, consistent and adequate information about appropriate infant and young child feeding practices free from commercial influence.
- Health workers shall provide skilled support to mothers in the initiation and sustenance of appropriate infant and young child feeding practices.



- Community and facility-based support groups shall be strengthened where in existence and established where necessary.
- Mothers shall be provided with infant and young child feeding counselling services and referred to other support services for follow-up and care where necessary.

### **3.6 Research**

This Policy recognises the importance of research in the overall attainment of its goal and objectives on a sustainable basis, and will therefore support various aspects of research on infant and young child feeding. To achieve this:

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

### **3.7 Monitoring and Evaluation**

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

The following key activities and tasks shall be carried out for a successful programme implementation:

- Monitoring and evaluation of the implementation of this Policy shall be the responsibility of the Ministry of Health.
- All designated baby friendly facilities shall be periodically monitored and re-assessed to ensure compliance with the “Ten Steps to Successful Breastfeeding”
- Growth and development of infants and young children shall be monitored as a routine nutrition exercise with particular attention to at-risk infants and young children especially low birth weight, sick infants and those born to HIV positive mothers.
- The Ministry of Health shall regularly monitor infants and young child feeding practices to evaluate the impact of interventions.
- Application of the Policy on maternity entitlements shall be regularly monitored.

### **3.8 Supervision**

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

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

- A mechanism shall be established to provide regular feedback at all levels.

### **3.9 Coordination**

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

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

## **CHAPTER FOUR**

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

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

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

#### **4.1 Federal Government**

The Federal Government shall:

- have a budget line for the implementation of programmes on infant and young child feeding.
- strengthen the Nutrition Division of the Federal Ministry of Health (FMOH) as the focal point in the drive towards optimal infant and young child feeding.
- train and re-train relevant health care providers involved in the implementation of this Policy.
- provide technical support to State and Local Governments for advocacy, social mobilisation and training on infant and young child feeding, through the FMOH and in collaboration with the Federal Ministry of Information and Communications (FMIC) and other relevant agencies.
- set standards and enforce compliance at factory, ports of entry and retail outlet levels for appropriate foods that can be used

for infant and young child feeding through the regulatory agencies [National Agency for Food and Drug Administration and Control(NAFDAC) and Standards Organisation of Nigeria(SON)].

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

## **4.2 State Governments**

The State Governments shall:

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

## **4.3. Local Governments**

The Local Government shall:

- have a budget line for the implementation of programmes on infant and young child feeding.

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

#### **4.4. Universities and Research Institutions**

The Universities and Research Institutions shall be supported to:

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

#### **4.5. Organised Private Sector**

The Organised Private Sector shall:

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

- be encouraged to partner with relevant stakeholders in the implementation of this Policy.

#### **4.6. Non-Governmental Organisations and Civil Society Organisations**

The Non-Governmental Organisations and Civil Society Organisations shall:

- advocate for, and mobilise resources to support the implementation of this Policy
- collaborate with relevant government agencies in ensuring effective implementation of this Policy.
- provide necessary support to communities for improved participation and ownership of programmes and activities targeted at promoting infant and young child feeding.

#### **4.7 Professional Groups and Associations**

The Professional Groups and Associations shall:

- advocate for, and mobilise resources to support the implementation of this Policy
- provide technical support on training and capacity building to agencies and organisations involved in the implementation of this Policy.
- recognise achievements and promote the maintenance of standards in the implementation of various components of this Policy.
- be encouraged to participate in community-based activities in infant and young child feeding.

## **4.8 Media Organisations and Practitioners**

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

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

## **4.9. Development Partners**

The Development Partners shall:

- place infant and young child feeding high in their support agenda.
- serve as advocates for increased human, financial and institutional resources for the implementation of this Policy.
- provide technical and financial support to complement government and community efforts in the area of capacity building, advocacy, social mobilisation and service delivery for the successful implementation of this Policy