



Infant and Young Child Feeding Strategy for Puntland

2012-2016

**Ministry of Health
Garowe- Puntland**

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Acronyms

BCC	Behavioral Change Communication
BMS	Breast Milk Substitutes
CHD	Child Health Day
CMAM	Community Management of Acute Malnutrition
EPHS	Essential Package of Health Services
FAO	Food and Agriculture Organization
FSNAU	Food Security and Analysis Unit –Somalia
GAM	Global Acute Malnutrition
HP	Health Post
HSS	Health System Strengthening
HIMS	Health Information Management System
IYCF	Infant and Young Child Feeding
MCH	Maternal Child Health
MDG	Millennium Development Goal
MICS	Multiple Indicators Cluster Survey
MOH	Ministry of Health
NGO	Non Governmental Organization
RUIF	Ready to Use Infant Formula
SAM	Severe Acute Malnutrition
WHO	World Health Organization
UNICEF	United Children’s Fund

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EXECUTIVE SUMMARY

Malnutrition in **Puntland** is a huge public health problem, negatively affecting growth, development and survival of the young children. An analysis of the situation shows that under five children in **Puntland** have been affected by long term chronic and acute under nutrition and micronutrients deficiency. The analysis also reveals poor infant and young child feeding practices, further contributing to the aggravation of malnutrition. Possible reasons for this include, nearly two decades of armed conflict and insecurity, with breakdown in social and public services, recurrent droughts and flooding seriously affecting food security.

Government and partners' response to this continuous high rates of malnutrition has focused primarily at providing support to the immediate needs of saving lives, through Nutrition cluster coordinating mechanisms, donors' material and financial support as well as support from relatives within or outside **Puntland**. However, despite these efforts, surveys and nutrition surveillance information from FSNAU still indicates alarming rates of acute malnutrition even during periods of improved food production and relative stability. Evidence shows that the nutritional status of the young children is significantly affected by other underlying causes including:

- Inadequate infant and young child practices,
- High morbidity rates, coupled with limited accessibility to quality health care and poor family practices with regards to seeking health care,
- High maternal malnutrition rates,
- limited knowledge and practices regarding optimum infant and young child feeding practices and
- low dietary diversity and poor hygiene, water and sanitation.

The Government recognizes that to address these multifactorial and overlapping causes, a comprehensive framework with a plan of action needs to be put in place. The Infant and Young Child Feeding (IYCF) Strategy provides this adequate framework to guide such holistic programming approach.

The IYCF Strategy for Puntland was developed under the leadership and coordination of the Ministry of Health and through a sustained consultative approach of all stakeholders involved in the implementation of health and nutrition programmes, UN agencies and other key line ministries since the beginning of its development process in April 2010. The overall objective of the strategy is to improve the nutritional status, growth, development, and survival of infants and young children through promotion, protection and support of optimal infant and young child feeding practices. Specifically, the IYCF Strategy for Puntland seeks to achieve following key objectives: (i) ensuring that policies and legislation that are supportive of optimal IYCF practices are enacted and adequately implemented, (ii) ensuring

adequate implementation of IYCF programming via an agreed upon guiding framework and plan of action and (iii) raising awareness of the scale and magnitude and prioritization of responses to identified pertinent infant and young child feeding issues.

In order to implement activities planned to achieve the outcomes contributing to these above objectives, specific strategies will be used and these will consist of :

- Supporting the enactment of the Code of marketing Breast Milk Substitutes and strengthening its implementation, monitoring and enforcement of the measures against its violations.
- Supporting the legislation regarding protecting the breastfeeding rights of the woman in the workplace. And increasing understanding of the barriers to optimal breastfeeding among women in the informal sector
- Ensuring that the quality of infant processed available in Puntland is in accordance with the international food standards, guidelines and codes of practices.
- Ensuring that IYCF interventions are incorporated into national development policies, plans, major national health initiatives and other programmes & projects to advocate for its importance and potentially for mobilizing resources.
- Strengthening IYCF role and its coordination mechanisms at national and regional levels.
- Mainstreaming and prioritization of IYCF interventions through multi-sectorial partnerships.
- Scaling up technical capacity of service providers including building the technical capacity of influential people on mothers' decisions to feeding their young children.
- Establishing linkages between "Baby Friendly Community and "Baby Friendly Hospital/MCH Initiatives
- Regularly monitoring IYCF activities and ensuring collection of routine data collection, analysis, compilation and incorporation into the HIMS as well as undertaking research studies and impact evaluation.
- Supervision of the service providers to ensure quality service delivery.
- Strengthening the improvement of the mother's caring behaviours through promotion of adequate knowledge on IYCF.
- Creating public awareness on optimum IYCF through community mobilisation
- Enhancing promotion, support and protection of optimum infant and young child feeding practices through individual and group counselling.
- Enhancing partnership and community support groups interventions

The need to extend partnership to multiple sectors and various health programmes and projects to reach these objectives cannot be emphasized enough. The Nutrition Unit within the Ministry of Health will play a significant role of leading and coordinating these various sectors, programmes/projects and initiatives following the same phases identified in the Essential Package of Health Services (EPHS). In this respect, the Nutrition Unit will appoint,

at the start of the implementation of this Strategy, a national IYCF focal point who will assume overall administrative, management and coordinating responsibilities and will be assisted by an IYCF technical working team whose members will be drawn from the various IYCF participating partners. A similar regional structure will be established in year 2 of implementing this strategy and a strong link between the two levels will coexist to ensure their smooth operationalization.

The National IYCF strategy borrows in terms of outcomes from the Nutrition Strategy (2010-2013) and from the National Health Policy and is derived from the WHO/UNICEF Global Strategy on Infant and Young Child Feeding and from several other World Health Assembly Resolutions, for instance the International Code of Marketing of Breast Milk Substitutes (1981), the Innocenti Declaration (1990, 2005), the Baby friendly Hospital Initiative (1991) etc. The strategy's timeframe is for 5 years and a plan of action, presented in Annex 1, gives a detailed listing of the expected results, the activities, implementing partners and a rough estimate of the budget. An annual work plan will be derived from the 5 year master plan of action.

Five years is ample time to measure the impact achieved and thus, a baseline KAP study, followed two years later by a mid-term evaluation of the strategy will allow reviewing and updating the objectives and suggested outcomes. A final evaluation of the strategy will be carried out in 2016. Regular monitoring of the interventions coupled with formative research on specific key issues and behaviors are planned so as to ensure the effectiveness of the planned activities, strengthen the technical capacity of services providers through on job-training and structured supervision and make appropriate adjustments in the plan of action as need be. Harmonized standard tools for monitoring, supervision and for data collection for all levels of IYCF implementing partners will be used to ensure comparability of the results.

1. BACKGROUND

1.1 Introduction

Optimum infant and young feeding (IYCF) practices are essential for survival, growth and development of infants and young children. These feeding practices comprises of breastfeeding and complementary feeding. The WHO/UNICEF Global Strategy¹ for infant and young child feeding states that:

- 1) Infants should be initiated to breastfeeding within the half to 1 hour following their birth.
- 2) They should be exclusively breastfed up to 6 months of age and from then on,
- 3) They should receive safe, nutritionally adequate and age appropriate complementary foods while continuing to breastfeed up to 2 years and beyond to meet their evolving nutritional needs.

The Convention on the Rights of the Child states that access to adequate nutrition with appropriate family support for optimum infant feeding practices is a right for every child which must be supported. Feeding optimally infants and young children requires adequate health and nutrition for the mother and the right support from the family, the community and the health care system. It also requires special attention and measures especially in exceptionally difficult circumstances such as feeding low birth weight babies, malnourished children, infants and young children in emergencies, infants born to HIV-positive mothers, or other vulnerable children living under challenging circumstances.

In Puntland, however, it has not been easy to ensure optimal infant and young child feeding practices and this, due to:

- strong beliefs and cultural practices i.e, limiting food intake in the 3rd trimester for a pregnant woman, poor infant and young child feeding practices,
- limited accessibility to health care services,
- recurrent droughts coupled with prolonged years of war and conflicts since early 1990 (s),
- food insecurity even in period of improved food production.

Faced with these factors, the Government of **Puntland** together with its partners decided starting from 2010 to strengthen the IYCF programming so as to give it a more prominent role than it has had in the past given recent evidence concerning its important contribution to the child survival, growth and development. In this respect, the Ministry of Health and its

¹ Global Strategy for Infant and Young Child Feeding Practices. WHO/UNICEF. 2002

partners agreed that a National Strategy for Infant and young child feeding was necessary as it would provide a framework to guide infant and young child feeding programming so as to ensure sustainable behavioural changes and thus improving under five nutritional status and reducing infant and under five mortality. The processes of developing the strategy which began in April 2010 included, consultative meetings to agree and lay out the framework of the strategy and plans of action and to discuss widely a second draft of the strategy and plans of action at a consensus workshop, organized on 26 & 27 of October, 2011, in Garowe, Puntland. This draft was endorsed by all the participants to this workshop with the agreement that the final draft of the strategy and the plans of action will include all the recommendations made during this workshop. The final draft is expected by the Director General of Ministry of Health, Garowe, Puntland by end of November 2011. It will be signed by the Ministry of Health at a launching ceremony in December, 2011.

1.2 Situation Analysis

1.2.1 High under five mortality and malnutrition rates

Somalia is among the countries with the highest neonatal, infant and under five mortality rates at 52‰, 109‰ and 180‰ lives born respectively² in the world³. Mortality rates in Puntland follow similar trends in that , neonatal mortality at 35%, infant mortality rate at 80% and under five mortality rate at 122%. Globally, malnutrition* is the main contributing factor to childhood mortality and morbidity. Malnutrition is a significant public health concern and has been consistently so for the last decade, negatively affecting survival, growth and development of the children. The results of the 2009 National micronutrient and anthropometric Nutrition survey⁴ show malnutrition to be an alarming problem with global acute malnutrition and severe acute malnutrition rates reported at 10.7% and 1.3 respectively, while underweight and stunting rates are 12.8% and 16.5% respectively. Seasonal fluctuations and livelihood zone variations are common for acute malnutrition in Puntland. The latest food security and livelihood based nutrition surveys by FSNAU shows global acute malnutrition rate in West Golis at 22% and SAM of 5%, while in Nugal valey, the GAM rate is at 23.2% and SAM rate at 6.7% and in Sool Plateau, a GAM of 15.9% and SAM of 4%(Post (Gu, October 2011). Concerning micronutrient deficiency, the study notes that anemia is quite high at 56.4% and vitamin A deficiency at 24.1 %, both indicative, of a severe public health concern. Prevalence of Iron deficiency in children under five was estimated in the same study at 59.6%.

² UNICEF. 2009. State of the World Children

³ UN. Somalia 2010

⁴ FSNAU 2009. National Micronutrient and Anthropometric Nutrition Survey

1.2.2 Immediate causes of malnutrition

a) Poor food intake

Children nutritional status is negatively affected by the inadequate food intake and by illnesses. Household food intake is inadequate in Puntland, with only 45.2% and 41.4% of the households consuming, on the day prior to the survey, 3 meals or 2 meals per day respectively⁵. While food diversity seems appropriate with an average mean number of food types of 5.95, it is important to note that generally in Puntland, the consumption of fresh fruits, vegetables, meat, fish, egg, and organ meat, especially for children, in rural areas especially, is quite limited while consumption of cereal, milk and milk products is very high. It is clear that the reported food types consumed in this survey are primarily from cereal, milk and milk products.

b) Illnesses

Poor nutritional status compromises the child's ability to resist and recover rapidly from illnesses. It is estimated that more than 1/3 of the child deaths are, globally, attributable to under nutrition⁶. The results of the 2009 National micronutrients and anthropometric nutrition survey indicated that 20.4% of the children 0-23 months were affected by diarrhea, 2 weeks prior to the survey, 31.6% of the children 6-23 months of age affected by upper respiratory infections and 24% by fever, all of which impact greatly on the nutritional status of these young children and consequently on the childhood mortality. The countdown to 2015 reports the major contributing illnesses to child deaths in Somalia to be pneumonia at 24%, neonatal causes at 23% and diarrhea at 19%. While the above survey did not show the impact of the diseases on the child mortality, it is assumed here that the high rates of diarrheal disease, fever and upper respiratory infection have a negative impact on the well-being of the infants in Puntland.

1.2.3 Underlying causes of malnutrition

a) Inadequate infant and young child feeding practices

Feeding optimally infants and young children requires adequate knowledge, attitudes and practices regarding infant and young child feeding, adequate health and nutrition for the mother and the right support from the family, the community and the health care system.

Referring to the 2009 National Micronutrient and Anthropometric Nutrition Survey, we note that Infant and young child feeding indicators in Puntland are alarming, with only 87% of the children ever breastfed, 27% of the infants initiated to breastfeeding within the first hour of their lives and only 6.3% exclusively breastfed up to 6 months of age⁷. Looking at the same study, breastfeeding duration, that is, the percentage of children who were breastfed up to 2 years and beyond, we note that only 45% % of the infants 12-16 months and 8.3 %

⁵ FSNAU. National Micronutrients and Anthropometric nutrition Survey. 2009

⁶ Countdown to 2015. Maternal, Newborn, and child survival. Somalia

Malnutrition* is referred here to under nutrition

⁷ National Micronutrients and Anthropometric Nutrition Survey. FSNAU. 2009. Somalia

children aged to 20-23 months were breastfed while also receiving complementary feeding, respectively. With regards to complementary feeding (6-8 months), the data shows that only 11.6% of the infants 6-8 months received complementary foods (4).

Feeding during illnesses is also sub-optimal in Puntland further impacting negatively on the children's nutritional status. Indeed, the recommended feeding practices during diarrheal diseases of small meals but frequently given to the child such that to increase fluids and food intake is very poor in Puntland with about 70% of the children consuming less than they normally eat and only 50% of the children given ORS during the diarrheal episode (4). A little less than 10% of the children are reported eating no food during the diarrheal episode, while 21% of the children's feeding practices remain the same as in normal times.

From these results, it is clear that the feeding practices of the infant and the sick child remain quite poor in Puntland. Further, difficulties to access to clean water and poor food and domestic hygiene and sanitation contribute significantly to diarrheal diseases.

b) Maternal (15-49 yrs of age) nutritional status

The nutritional status of adolescent girls and women affects pregnancy outcome and the ability to provide proper child care, including breastfeeding. In Puntland, 19% of women of reproductive age (15-49 years old) are undernourished (BMI <18.5 kg/m²) while 14.2% (BMI >30 kg/m²) are overweight. About 53% of non-pregnant women are anemic and almost 50% of the women are deficient in Vitamin A, an indication in both cases of a severe public health concern (4). Delaying the first pregnancy and increased intervals between pregnancies to 3 to 4 years contribute to the best nutritional and survival outcomes for both the mother and the child. The importance of women's nutrition and reproductive health care to break the intergenerational cycle of malnutrition is very important and must be recognized and addressed through the same community and facility based services working to improve infant and young child feeding practices. This is particularly important in exceptionally difficult circumstances such as when the mother is malnourished or does not have access to adequate nutrition.

1.3 Importance of optimum IYCF practices and Child Survival

The benefits of optimum IYCF practices for the child survival, growth and development abound in the literature. The 2003 landmark Lancet⁸ Child Survival Series ranked the top 15 preventative child survival interventions for their effectiveness in preventing under-five mortality. Exclusive breastfeeding up to 6 months and breastfeeding up to 12 months ranked as the single greatest nutrition intervention for effectively reducing child mortality while complementary feeding starting at 6 months along with continued breastfeeding was ranked number three. The report indicates that these two interventions were estimated to prevent almost one-fifth of the under-five mortality in developing countries. Using an

⁸ Lancet series 2003. Maternal and child survival

insecticide treated mosquito net to cover the child while he sleeps at night was ranked as the second most effective intervention for reducing child mortality.

The 2008 Lancet Nutrition Series confirmed the importance of optimal IYCF on child survival. This research found that exclusive breastfeeding could potentially prevent 1.4 million deaths every year among children under five years of age out of the 10 million child deaths estimated globally. According to the Lancet Nutrition series, it was estimated that over 1/3rd of under five mortality was caused by under nutrition of which poor breastfeeding practices and inadequate complementary feeding were the primary causes⁹.

The benefits of early initiation of breastfeeding on neonatal mortality have started to emerge. Recent studies from other countries¹⁰ & ¹¹ showed that early initiation of breastfeeding within the first hour of the infant birth could prevent 22% neonatal deaths in Ghana and 19% in Nepal while initiation within the first day prevented 16% of the neonatal deaths in Ghana and 7.7% in Nepal.

1.4 Importance of Infant and Young child practices on Growth and development

Optimum IYCF is essential for child growth and development. Breast milk alone for the first 6 months and continued breastfeeding thereafter together with adequate complementary feeding (adequate foods, liquids including milk and water in terms of quality and quantity at household level) as well as freedom from illnesses are prerequisites for achieving proper infant and young child growth and development. Breastfeeding plays a significant role on the child's growth, first as a complete and adequate food for the baby in terms of nutrients content and also through reduction of morbidity due to infections and stronger immunological response to diseases as a result of the antibodies that the mother has had in the past.

The period during pregnancy and the first 2 years of the child's life are referred to as **critical window of opportunity** for prevention of child growth faltering. Recent data show that children aged between 3 and 23 months are most critically susceptible to under nutrition and stunting as this is when the child is most affected by inadequate food intake and feeding practices. This is also the age when the child is most vulnerable to infections given his/her weak immunity. More studies¹² further emphasize the role stunting as one of the major factors leading to poor development. Micronutrient deficiency, particularly Iron deficiency in infancy, is indicated to have long-term effects on cognitive, motor, and psychological functioning even when the deficiency is treated, indicating the importance of

⁹ Quantifying the benefits of breastfeeding: A summary of the evidence. PAHO. 2002.

¹⁰ Edmond, K et Al, Delayed breastfeeding initiation increases the risk of neonatal mortality. Pediatrics 2006; 117 (3): e380-6

¹¹ Mullany L. et al. Breastfeeding patterns, time to initiation and mortality risk among newborns in Southern Nepal. The Journal of Nutrition 2008: 599-603

¹² The Lancet Series. Early Childhood development. September 2011

ensuring adequate iron nutrition early in life. This study further states that interventions during the early years of the child's life are most effective and cost efficient to reduce inequalities and promote physical, mental and economic prospects of the children and ultimately that of the country.

The window of opportunity for preventing under nutrition corresponds exactly to the same period when recommended optimum infant and young child feeding practices should be carried out. Unfortunately, infant and young child feeding practices in **Puntland** are far too much below the recommended optimum standards which put the children at high risk for under nutrition, proper growth and eventually if not resolved, death.

Breastfeeding plays a significant role on the child's growth through reduction of morbidity due to infections, stronger immunological response to diseases as a result of the antibodies that the mother has had in the past, as a complete and adequate food for the baby in terms of nutrients content. Breast milk alone is sufficient to meet the baby's growing needs up to 6 months of life. After 6 months, the baby should continue to be breastfed while he/she receives also appropriate complementary feeding for optimum growth and development.

1.5 Importance of IYCF practices for the mother and the country

Breast milk confers to the baby 0-6 month protection from illness thanks to its antibodies; it is adequately nutritious for the infant and is a uniquely balanced and complete food for this age group. On the other hand, a 0-6 month old infant who is artificially fed is faced with a threefold risk:

- he/she does not receive the necessary antibodies from the breast milk,
- he/she is at risk of being contaminated from unhygienic milk preparations, and
- her diet may not be adequate.

In emergency situations, this risk may further be aggravated when other factors may negatively impact on the quality of replacement milk, including the quality of water, the availability of firewood/charcoal to prepare water for diluting powder milk or to sterilize fresh milk, and the quantity of powdered milk available at the. Even ready to use infant formula (RUIF) is not without risk; its use must be strictly adhered to.

The benefits of breastfeeding are also enormous for the mother, the family and the country at large. For the mother, breastfeeding is associated with decreased maternal postpartum blood loss, breast cancer, ovarian cancer, and endometrial cancer, and reduced osteoporosis. Breastfeeding also contributes to the duration of birth intervals and thus reducing maternal risks of pregnancies that are too close together and limited time to recuperate from one pregnancy to the next. Breastfeeding promotes the return of the mother's body to pre-pregnancy status, including more rapid involution of the uterus and postpartum weight loss.

Breast milk plays a significant role in the household economy by reducing early childhood feeding cost and as such, contributing to the MDG 1: Eradicating extreme poverty and hunger. Lack of breastfeeding or poor breastfeeding practices are associated with increased child morbidity (infections, diarrhea, pneumonia etc.) resulting in increased financial spending on care seeking treatment. The long term consequences of not breastfeeding are associated with chronic diseases such as diabetes and increased obesity. Contributions of breastfeeding to the other MDGs are highlighted in the box 2 below.

Further, when infant illness requires mothers to miss work, households, employers and the economy are all affected. The high cost of breast milk substitutes, feeding and sterilizing equipment, wood, charcoal or gas etc for preparing alternative milk, industry waste, pharmacy waste and plastic and aluminum tin wastage, represents a substantial drain on household resources and on the economy.

Thus, providing appropriate food and feeding practices to the infant and young children reduces incidence and severity of childhood diseases and malnutrition, thus contributing directly to their optimum growth and development and in the long run contributing to the achievement of all the Millennium Development Goals as noted in the Box 1 above.

1.6 Major Gaps

As noted in the section above, optimum infant and young child feeding practices are poor in **Puntland** while the reasons to ensure that these practices are adequate are many in the literature. Every mother can breastfeed her baby provide she is in good health, she has the right information, attitudes and support from the family, the community and the health care system. Below are some of the gaps identified for the uptake of appropriate infant and young child feeding practices.

At household level-

- Limited knowledge by the mothers and caregivers on optimum infant and young child feeding practices,
- Widespread social and cultural beliefs affecting proper infant feeding practices. For instance, that colostrums is harmful to the baby or that early initiation of breastfeeding and exclusive breastfeeding for 6 months and continuation of breastfeeding up to 24 months and beyond are not possible.
- Early or late introduction of complementary feeding, inadequate knowledge on and practices of optimum complementary feeding practices.
- Poverty, lack of diversity in the diet
- Unhygienic preparation, sanitation and storage of complementary feeds.

B) At community and health facility level

- Early marriage, adolescent pregnancies and maternal malnutrition

- Limited number and adequately trained health workers and community health workers on IYCF
- Lack of community mother support groups to promote optimum infant and young child feeding practices
- Lack of work on creating a supportive community as a whole

C) At management/coordination level

- Weak coordination and partnership in promoting and supporting optimum feeding practices
- Limited implementing partners in support, promotion and protection of optimum IYCF practices, especially in special circumstances
- Lack of supportive policies, IYCF guidelines, and legislation aimed at promoting, protecting and supporting optimum infant and young child feeding,
- Limited human and financial resources for adequate IYCF programming
- Limited supervision of service providers.

1.7 IYCF Interventions

The Ministry of Health with support from UNICEF and other partners has worked since 2009 at strengthening the IYCF programming at all levels of the health system so as to have an integrated and comprehensive approach of delivering basic nutrition services. On the upstream level, the Somali Nutrition policy and IMAM operation guidelines that also include IYCF aspects have been developed and are in use in **Puntland**. Training material adapted, from the November 2010 UNICEF Generic Community IYCF Counseling Package¹³ to the Somalia context and translated into Somali language are being used in Puntland and trained TOTs from both the MOH and NGO partners are actively involved in the IYCF implementation. Most recently, major key interventions that are currently being scaled up for the promotion, support and protection of the IYCF practices and programming include:

- Sensitization of families and caregivers on breastfeeding practices through various channels, the main important being: the BBC World Service Trust, Somali service, storytelling and drama.
- Support IYCF programming through outreach activities and at MCH clinics.
- Development of an IYCF promotion package aimed at changing behaviour of grandmothers and other influential people on young mothers such as religious leaders and fathers.
- Advocacy for the IYCF strategy and for improvement on maternal nutrition

¹³ Somalia was the first country post-pilot to adopt and roll-out the C-IYCF package. The initial training was conducted by Mary Lung'aho and Maryanne Stone-Jimenez in March 2011. It was a three-tiered process to create at one go Master Trainers, Trainers/Facilitators, and Counselors.

Generally as noted above, it is important to highlight that these interventions have so far focused on building technical capacity of service providers and at promotional activities. The IYCF Strategy represents a framework which will guide better coordination of IYCF programming, harmonization and scale up the overall IYCF interventions.

1.8 Justification for an Infant and Young Child Feeding Strategy for Puntland

As has been argued earlier, Puntland is faced with multiple challenges with regards to ensuring adequate level of institutional support and services delivery at health facility and household levels in such a way to adequately promote and support infant and young child survival, growth and development. On one hand, malnutrition rates have remained exceedingly high for the last decade even during periods of relatively improved food production. In this context, the scale of the humanitarian response to the persistently high rates of malnutrition has, for the most part, focused on the management of acute malnutrition. On the other hand, while this is crucial in order to curb the resulting consequences of increased acute malnutrition, morbidity and mortality rates, the need to also tackle the underlying causes of malnutrition, and thus looking at long term nutrition interventions, has recently become a major priority for the MOH and its partners. Indeed, looking at the continuing competition of the global funding for emergency interventions, the severity and frequently occurring natural disasters worldwide and the impact of climate change on water availability and on food production in many countries, the decision from the Ministry of Health of Puntland to focus on more sustainable long terms nutrition interventions, such as promotion, protection and support of optimum infant and young child feeding practices seems totally justified.

The Somalia Nutrition Strategy (2010-2013) stresses integration of comprehensively designed and holistically long term funded interventions as one of the ways of improving health and nutritional status of the young children in Puntland. Infant and Young Child Feeding is viewed in the National Nutrition Strategy as the ideal platform to bring about integration of various sectors for the common goal, that of improving the well-being of the mother and the child.

From the situation analysis presented above, it has been argued that IYCF programming is weak and gaps are noted at policy and institutional level and in service delivery at health facility, community and household levels. Specifically, the analysis points to a lack of coordination of IYCF implementing partners as well as to a lack of national operational targets on IYCF and thus, the IYCF strategy is thought to be the key to a comprehensive, integrated and coordinated approach to IYCF programming.

Thus, the IYCF strategy provides a framework through which the government will influence in comprehensive and accelerated manner, actions to improve infant and young child feeding practices in Puntland. The IYCF strategy brings in one place strategic issues identified for the promotion, support and protection of infant and young child feeding and

maternal nutrition programming that are also found in other key national policy and strategy documents i.e., the Essential Package of Health Services (EPHS) and the **National Nutrition Strategy** (2010-2013). Similarly to the EPHS, the IYCF strategy also recognizes and adheres to the structural organization suggested in this document in terms of coordination, partnership and programme integration and service delivery. In terms of service provision, the IYCF strategy seeks to reinforce implementation of the nutrition interventions identified in two of the core programmes of the EPHS: 1) the maternal, reproductive and neonatal health and 2) the child health at the 4 levels of service provision as well as in the **National Nutrition Strategy** (2010-2013). Further, the IYCF strategy makes similar assumptions as underlined in the EPHS, namely the financial and the human resource management and development, the logistic supports as well as the community participation in order to achieve the set objectives.

Thus, the IYCF Strategy is justified as it provides clear guidance of the strategies and broad plan of action designed in a most comprehensive and holistic approach for promoting, protecting and supporting of optimum infant and young child feeding practices. The strategy also defines the roles and responsibilities that are expected from the various stakeholders and suggests examples of channels of communication that may be used to equitably reach the communities, particularly, those in the far remote areas. The strategy is also a key document that could be used for resources mobilization where gaps may be experienced in the course of the IYCF strategy implementation.

Thus, the National Strategy for Infant and young child feeding practices is justified as it provides clear guidance on strategies, interventions and actions for a comprehensive and holistic approach, with an estimated long term budget for the promotion, protection and support of optimum infant and young child feeding. The strategy also recommends the roles and responsibilities that are expected from the various stakeholders and suggests examples of channels of communication that may be used to equitably reach the communities, particularly, those in the far remote areas.

1.9 Formulation of the Strategy

The MOH, UNICEF and partners implementing health and nutrition projects recognized, following the dissemination of the results of the 2007 KAP survey the need to respond to some of the recommendations raised in the study for improving breastfeeding and complementary feeding practices in **Puntland**. One of the recommendations of the study was to develop a National Strategy for Infant and Young Child Feeding. The strategy was thought important as it provides a framework for programme guidance, plans of action and communication strategies necessary for the promotion, support and protection of optimum infant and young child feeding practices. The process of developing the strategy began in April 2010 with a number of consultation meetings convened by the MOH with collaboration and support from UNICEF. The purpose of the meetings was to:

- (i) advocate for the strategy and obtain from all the stakeholders, implementing health and nutrition interventions, consensus for its development,
- (ii) agree on the strategy's main and specific objectives, outcomes and plan of action

The IYCF Strategy for [Puntland](#) builds on past achievements in infant and young child feeding from the Region and has had as its basis for development the Somali Nutrition Strategy (2010-2013) and the WHO/UNICEF Global Strategy for Infant and Young Child feeding. It also builds from many of the global policies, strategies and guidelines including:

- The International Code of Marketing of Breast Milk Substitutes approved by the World Health Assembly in 1981 and subsequent resolutions that addressed its implementation
- The Innocenti Declaration (1990),
- The Baby friendly Hospital Initiative (1991),
- The Millennium Development Goals (1990), pledged by 189 United Nations member
- The 2002 World Fit for Children goals,
- The 2005 Innocenti Declaration on Infant and Young child Feeding, celebrating the 15th anniversary of the 1990 Declaration,
- The 2010 WHO/UNICEF guideline on infant and young child feeding in the context of HIV/AIDS
- The 2010-2013 National Nutrition Strategy for Somalia and the 2011 Somaliland Health Policy.

The Strategy is based on the evidence that nutrition plays a significant role in achieving optimum growth and development of the child in his/her early years of life (0-36 months). It identifies comprehensive actions that will be undertaken to support, protect and promote optimum infant and young child feeding practices from a policy level to activity implementation at all levels of the health system structure and through other entry points such as education, academic institutions, ministry of agriculture and livestock, academic institutions and the private sector.

The first draft of the strategy together with its plan of action was circulated to the IYCF technical working group in Nairobi and to all implementing partners in Puntland via UNICEF nutrition programme. Feedback were received from Nairobi and through a consensus workshop organized in Garowe on October 26-27/2011. This draft was endorsed in this meeting by all the participants and by the Director General in the MOH with the recommendations be included in the final draft.

As stated earlier, the strategy identifies comprehensive actions that will be undertaken to improve policies, strategies and legislation to support, protect and promote optimum infant and young child feeding practices. The strategy also describes actions to be implemented at

all levels of the health system structure and through other entry points such as education, academic institutions, ministry of agriculture, livestock etc. and the private sector in order to promote, protect and support optimum infant and young child feeding practices.

The roles and responsibilities of the various partners – government ministries, UN Agencies, international non- organizations, local organizations, community based organizations and associations, academic institutions, the private sector and other concerned parties – are also identified to ensure that individual efforts are taken into account for the full attainment of the National IYCF Strategy's goal and objectives. It is expected that IYFC Strategy will give to the IYCF programming a more strategic role for achieving optimum sustainable behavioural changes and thus improving under five nutritional status and reducing morbidity and mortality.

Box 1: Contribution of infant and young child feeding to the Millennium Development Goals	
MDG	Contribution of Infant and Young Child feeding
Goal 1 Eradicate extreme poverty and hunger	Breast milk is a low cost, high quality, readily available food for the infant and as such, breastfeeding significantly reduces early childhood feeding costs. Exclusive breastfeeding and continued breastfeeding for two years is associated with reduction in underweight and is an excellent and high quality food source. Exclusive breastfeeding delays the returns of the menstruations and consequently, reduces fertility and reproductive stress. Breast milk is a low-cost, high quality, readily available food for the infant.
Goal 2: Achieve universal primary education	Breastfeeding and adequate complementary feeding contribute significantly to mental, physical and cognitive development and are prerequisites for readiness to learn
Goal 3: Promote gender equality and empower women	Breastfeeding is the great equalizer, giving every child a fair start on life. Most differences in growth between sexes begin as complementary foods are added into the diet, and gender preference begins to act on feeding decisions. Breastfeeding also empowers women: increased birth spacing and potentially helps prevents maternal depletion from short birth intervals. Only women can breastfeed.
Goal 4: Reduce child mortality	The 2003 landmark Lancet Child Survival Series [2] ranked the top 15 preventative child survival interventions for their effectiveness in preventing under-five mortality. Exclusive breastfeeding up to six months of age and breastfeeding up to 12 months was ranked number one, with complementary feeding starting at six months along with continued breastfeeding number three. These two interventions alone were estimated to prevent almost one-fifth of under-five mortality in developing countries
Goal 5: Improve maternal health	Breastfeeding is associated with decreased maternal postpartum blood loss, breast cancer, ovarian cancer, and endometrial cancer, as well as the probability of decreased bone loss post-menopause. Breastfeeding also contributes to the duration of birth intervals, reducing maternal risks of pregnancy too close together, including lessening risk of maternal nutritional depletion from repeated, closely-spaced pregnancies. Breastfeeding promotes return of the mother's body to pre-pregnancy status, including more rapid involution of the uterus and postpartum weight loss. (obesity prevention).
Goal 6: Combat HIV/AIDS, malaria, and other diseases	Based on extrapolation from published literature and research pending publication on the impact of exclusive breastfeeding on parent-to-child transmission (PTCT) of HIV, exclusive breastfeeding in a population of untested breastfeeding HIV infected population could be associated with a significant and measurable reduction in PTCT ¹⁴ .
Goal 7: Ensure environmental sustainability	Breastfeeding is associated with decreased milk industry waste, pharmaceutical waste, plastics and aluminum tin waste, and decreased use of firewood/fossil fuels for alternative feeding preparation.
Goal 8: Develop a global partnership for development	The National IYCF Strategy will use traditional as well as other innovative entry points to expand to a wider multi-sectroal collaboration for the promotion, protection and support of breastfeeding and complementary feeding interventions.

¹⁴ Bangladesh IYCF strategy

2 MAIN AND SPECIFIC OBJECTIVES OF THE IYCF STRATEGY (2012-2016)

The Puntland IYCF builds on existing achievements and aims at providing a framework for guiding the promotion, protection and support of adequate feeding practices in order to achieve proper child growth, survival and development.

2.1 Main Objective

The IYCF Strategy's main objective is to improve the nutritional status, growth, development, and survival of infants and young children through promotion and support for optimal infant and young child feeding practices.

2.2 Specific objectives of the National IYCF Strategy

The strategy specific objectives are:

1. To ensure that policies and legislation that are supportive of optimal IYCF practices are enacted and adequately implemented.
2. To ensure adequate implementation of IYCF programming via an agreed upon guiding framework and plan of action.
3. To raise awareness of the scale and magnitude and prioritization of responses to identified pertinent infant and young child feeding issues.

2.3 Statement on optimum infant and young child feeding practices

As indicated earlier, infant and young child feeding practices include:

- Early initiation and exclusive breastfeeding for the first 6 months to achieve optimum growth, development and good health,
- Age appropriate complementary feeding, with safe and nutritionally adequate foods, starting at 6 months while continuing to breastfeed up to 2 years and beyond.
- Appropriate feeding of the sick child

2.3.1 Exclusive Breastfeeding

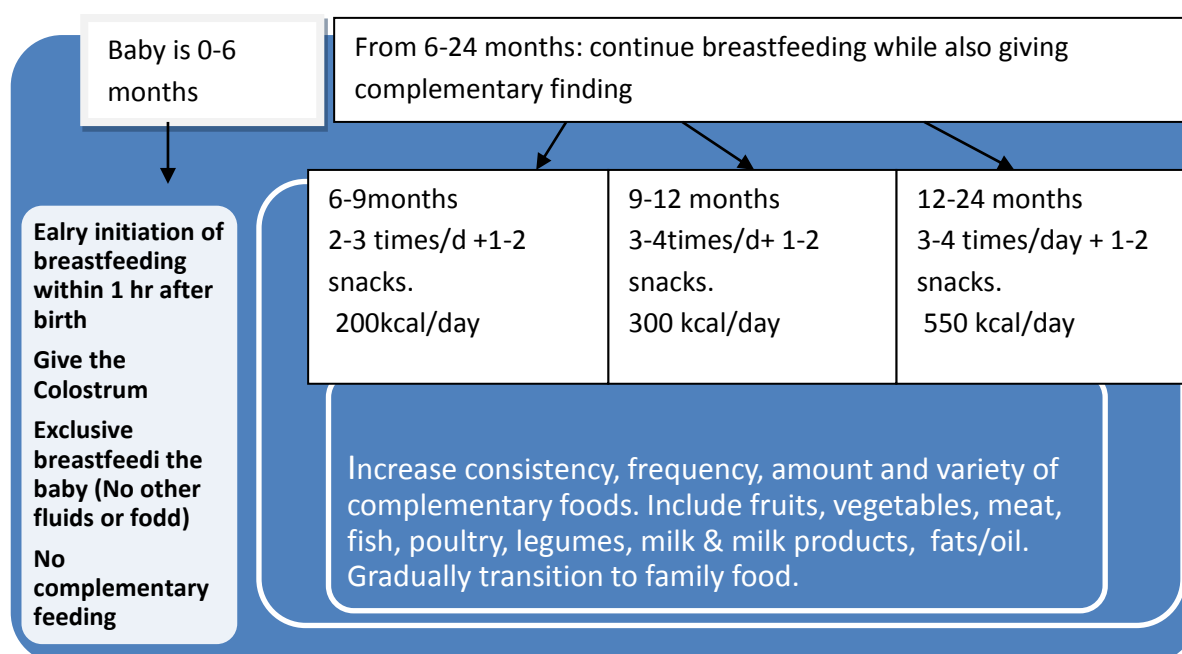
Breast milk is an ideal food for the healthy growth and development of the infants; it is an integral part of the reproductive process with beneficial implications for the infant and maternal health. As a global public health recommendation, breastfeeding should be initiated within the first 30 minutes to 1 hour following the infant delivery and no prelacteal fluids should be given. Early initiation of breastfeeding is associated with lowering neonatal mortality and successful establishment of the bonding between the mother and her baby.

Infants should be exclusively breastfed up to 6 months, that is, no other fluids or food given, achieve optimal growth, development and health. Children 0-6 months of age should be breastfed on demand, that is, they should be given to suckle whenever they want to, night and day, 8-10 times a day. Exclusive breastfeeding from birth to 6 months is possible except in very few rare medical conditions.

Research shows that early introduction of foods and other liquids, reduces breast milk production by the mother and in consequence, breast milk intake by the child. Breast milk at this age range (0-6 months) is enough for the infant; it contains ideal and balanced nutrients that the infant can digest easily and needs to optimally grow. After that point in time, to meet their evolving nutritional requirements, infants should be fed adequately available local and safe complementary foods while continuing to be breastfed up to two years of age and beyond.

Even though breastfeeding is a natural act, it is a complicated behaviour that needs to be learned. Generally, almost all the mothers can breastfeed their babies provided they learn how to do it and have the support from their husbands, families, communities and from the health care system. They should also have access to skilled practical help from, for example, trained health workers and nutritionists. Also, grandmothers, counsellors etc. can help build mothers' confidence, improve feeding techniques, and prevent or resolve breastfeeding problems provided they are knowledgeable of optimum breastfeeding practices. Optimal infant and young child feeding practices by age of the child are illustrated in Figure 1 below.

Figure1. Optimum infant and young child feeding practices



One of the common barriers to exclusive breastfeeding in **Puntland** is that mothers and other family members often believe that breastfeeding mothers are unable to produce enough milk to exclusively breastfeed their babies up to 6 months of age. They also believe that the baby needs some other drinks in addition to breast milk such as, water and animal milk. Also, young families, especially those living in urban centres, are faced with societal pressure to bottle feed their babies for two reasons: (1) as a sign that they too, like their peer, are capable to offer bottle feeding to their babies and (ii) the youthful image of the mother may be deterred by breastfeeding. Mothers need reassurance that they are able to exclusively breastfeed their infants for 6 months even if they are malnourished or have sub-optimal diets. At the same time, every effort is needed to improve the dietary intake of the mothers. The dangers of bottle feeding the infant with formula or fresh animal milk should be clearly communicated to mothers, to their husbands, to grandmothers, TBA etc., at every opportunity.

2.3.2 When breastfeeding is not possible

In very rare cases when the mother cannot breastfeed her baby, the best alternative feeding method -- (i) feeding her baby with her own expressed milk through a cup, (ii) the infant is breastfed by a healthy wet nurse, (iii) or the breast milk substitute is fed with a cup -- may be considered based on the individual mother's circumstance. The use of breast milk substitute must be done with total hygienic conditions following health education and practical demonstration on how to prepare the breast milk substitute by a health worker. Infants who are not breastfed should be followed regularly by the health worker as they constitute a special group which must receive special attention to ensure that they are growing adequately well.

Box 2: Disadvantages of artificial feeding

(Adapted from WHO IYCF training course)

- Artificial feeding may interfere with bonding. The mother and baby may not develop a close and loving relationship.
- An artificially fed baby is more likely to become ill with diarrhea, respiratory and other infections. The diarrhea may become persistent.
- An artificially fed baby may get too little milk and become malnourished because he receives too few feeds or because they are too dilute. He is more likely to suffer from vitamin A deficiency.
- She/he is more likely to develop allergic conditions such as eczema and possibly asthma.
- She/he may become intolerant to animal milk, such that the milk may cause him/her diarrhea, rashes and other symptoms.
- The risk of some chronic diseases in the child, such as diabetes, is increased. The baby may get too much artificial milk, and become obese.
- He may not develop very well mentally, and thus may score lower on intelligence tests.
- A mother who does not breastfeed may become pregnant sooner.
- She is more likely to become anemic after childbirth, and later to develop cancer of the ovary and the breast. **So artificial feeding is harmful for children and their mothers.**

2.3.3 Breastfeeding Protection

Lactating mothers, working in paid employment should be encouraged to breastfeed their babies by being provided with enabling conditions, for example, having sufficient maternity leave, being guaranteed of their job if they decide to take unpaid leave to breastfeed their babies, part time work arrangements, support from co-workers, opportunities to breastfeed

the baby at work, breastfeeding breaks during the day, facilities to express and properly store breast milk etc. Rural women who do many hours of household workload i.e. farming, caring for animals, selling in the market, should get support from their husband, other family members or community friends if their breastfeeding experience is to be successful.

2.3.4 Maintenance of Breastfeeding up to 2 years and beyond

The Global strategy on infant and young child feeding states that breastfeeding must continue up to two years of age and beyond while also giving adequate complementary foods, starting from 6 months of age. In the beginning when the complementary foods are introduced at six months of age, they should be fed when the infant is hungry. As the child starts taking the complementary foods well, he/she child should be given breastfeeding first and then the complementary food. This will ensure adequate lactation for sustained breastfeeding. Breast milk still remains important at this age as it provides to the child energy, high quality protein, vitamin A, anti-infective nutrients and also the emotional satisfaction for optimum development. Breastfeeding especially at night ensures sustained lactation. To maintain breastfeeding up to two years and beyond, the mother should continue to breastfeed on demand, day and night.

Box 3: Summary of benefits of breastfeeding

(Adapted from the UNICEF Programme guide. Infant and Young feeding practices. 2011)

- Breast milk cannot be duplicated by any artificial means.
- Unique in its composition and function, breast milk:
 - Contains an ideal balance of nutrients that the infant can easily digest, along with digestive enzymes.
 - Changes over time, and even over the course of a day to meet the changing needs of the growing child.
 - Contains substances essential for optimal development of the infant's brain, with effects on both cognitive and visual function.
 - Supplies growth factors that combine to mature the infant gut.
 - Provides the infant with immune factors necessary to fight illnesses.
 - Is especially beneficial for the preterm infant, ; preterm human milk contains higher concentrations of immunoglobulin and other anti-infective factors such as lysozyme, lactoferrin and interferon, and more anti-inflammatory and immunomodulating components, thus providing some protection from infection to these vulnerable infants. Both fresh and pasteurized human milk help lower rates of infections.

2.3.5 Complementary Feeding

Complementary feeding is defined as the process starting when breast milk alone is no longer sufficient to meet the nutritional needs of the infant, and thus other foods and liquids are needed, to complement the breast milk. The age for complementary feeding is defined as from 6 month of age to 24 months. Starting complementary feeding too early or too late is undesirable and contrary to the Global strategy recommendation for infant and young child feeding practices.

a) Giving complementary foods before 6 months

Giving complementary foods earlier than 6 months of age is dangerous and the child does not need these foods yet. If foods are given before 6 months of age, the child takes less breast milk, and the mother produces less milk and so it may later be more difficult to meet the child's nutritional needs. Also, the child receives less of the protective factors found in

breast milk, so the risk of illness, for instance diarrhoea, increases because complementary foods may not be clean and hygienic. The foods given instead of breast milk are often thin, almost watery porridges or soups because these are easy for the infants to eat. These foods fill the stomach but provide fewer nutrients than breast milk, and so the child's needs are not met. Also giving foods too earlier may limit the duration of the mother's amenorrhea and thus may result in shortened birth intervals.

b) Starting complementary feeding after 6 months

When complementary feeding is started later than 6 months, the infant does not get the extra food needed to fill the energy and nutrient gaps, thus slowing or stopping to grow adequately. The risk of malnutrition is increased as a result of the overall inadequacy of the complementary foods in terms of energy, protein and micronutrients content. Appropriate complementary feeding depends on accurate information and skilled support the mother receives from the family, community and health care system. Inadequate knowledge about appropriate foods and feeding practices is often a greater determinant of malnutrition than the lack of food. As such, diversified approaches are required to ensure access to foods that will adequately meet the energy and nutrient needs of the growing child, for example, use of kitchen gardens, traditional technologies such as drying meat, animal husbandry, food vouchers, cash for work, multiple micronutrient supplementation etc., to ensure availability of many kinds of foods such as vegetables and fruits at the household level and thus enhance dietary diversity.

Nutrition education for the mothers of young children will focus on the use of local foods, recipes development and trials, food demonstrations to enhance optimum complementary feeding practices. Cooking food demonstrations will be introduced on a pilot basis and expanded as per the needs, interests and contribution, either in kind or cash to the intervention by the mothers and caregivers. The first complementary foods should be mashed, smooth and softened with breast milk. The food should be thick enough to stay on the spoon easily. Porridge prepared with water that can be fed from a feeding bottle or poured from the hand or drunk from a cup does not provide enough energy or nutrients.

Adding oil/sugar or ghee to the porridge is important as it increases the energy value of the porridge while adding small amount of cooked legumes or vegetables and milk is good as it allows improving the nutrient content of the child's meal. Introduction of finger foods (snacks that can be eaten by the child alone) can begin at around 8 months of age although this is depending on the child's readiness. Transition to family food may begin at around 12 months.

Therapeutic and supplementary foods are given to children 6-59 months who are severely or moderately malnourished. Home food fortification and micronutrient supplementation ensure that young children received adequate amount of micronutrients for proper growth and development. Currently, vitamin A supplements are given to children 6-59 months of

age and to postpartum women, iron/folic acid to pregnant women, zinc supplements to under five year old children during diarrheal diseases and multiple micronutrients to pregnant women. The agriculture and social welfare sectors have important roles to play to ensure the availability and affordability of suitable foods for complementary feeding.

Box 4: The guiding principles for complementary feeding a breastfed child include: (Adapted from WHO training modules....)	
<p>Timeliness – meaning that complementary foods are introduced when the need for energy and nutrients exceeds what can be provided through breast milk.</p> <p>Adequacy – meaning that the foods provide sufficient energy, protein and micronutrients to meet a growing child's nutritional needs.</p> <p>Safety – meaning that they are hygienically stored and prepared, and fed with clean hands using clean utensils and not bottles and teats.</p> <p>Responsiveness: meaning that the foods are given depending on the child's signals of appetite and satiety, and that meal frequency and feeding method (actively encouraging the child, even during illness, to consume sufficient food using fingers, spoon or self-feeding) are suitable for the age of the child.</p>	1. Practice exclusive breastfeeding from birth to 6 months; and Introduce complementary food at 6 months of age while continuing to breastfeed.
	2. Breastfeed frequently and on-demand until child is two years of age and beyond.
	3. Start with a small amount of food at six months of age and increase quantity gradually as child gets older.
	4. Increase food consistency and variety gradually as child gets older.
	5. Increase number of times that the child is fed complementary foods as child gets older
	6. Feed a variety of foods to be sure that nutrient needs are met
	7. Use fortified complementary foods or vitamin and mineral supplements for infants and mothers, as needed.
	8. Practice responsive feeding. Be sensitive to a child's signals of appetite and satiety, feed slowly and patiently, experiment with different food combinations, tastes, textures and methods of encouragement, minimize distractions and ensure the meal frequency and feeding method are active and suitable for age
	9. . Increase fluid intake during illness, including more frequent breastfeeding. Encourage child to eat. Give food more often. after illness.
	10. . Practice good hygiene and proper food handling and storage
	11. Appropriate complementary feeding promotes growth and prevents stunting among children 6–24 months.

2.3.6 Improving Mothers/Caregivers Feeding Behaviors

a) Responsive Feeding

Improving complementary feeding practices requires attention to the foods to be given to the child: its consistency, texture, and taste as well as to the caregiver's feeding practices. Responsive feeding includes adopting a caring attitude while feeding the young child such as talking, encouraging and playing with him/her to stimulate his/her appetite and development. Mothers/caregivers should feed young infants directly, from a plate and/or cup while older children need appropriate assistance relative to their age and developmental needs to feed themselves and to ensure that they consume adequate amounts of complementary food. Mothers/caregivers should be sensitive to their kids' hunger and satiety cues and assistance provided to them as need be. Caregivers often are unaware of the importance of responsive feeding, or do not know how to practice it. They need support from health workers and community resources people (TBA, CHW, etc) to acquire the necessary knowledge and skills to feed responsibly their young children.

b) Ensure safe preparation and storage of complementary foods

Careful handling, hygienic preparation and storage of complementary foods are crucial to prevent contamination. Hand washing at critical times (before and after preparing food, before and after eating and/or feeding the child, after cleaning the child who has defecated etc..) with soap plays an important role in feeding infants. If proper hygiene and sanitation practices regarding food handling, preparation and storage, utensils and personal hygiene of the mother/caregiver and the child, are not observed, complementary feeding may do more harm than good to the child. It is, therefore, important that all foods prepared for young infants and children and utensils used to serve and or stored these foods are handled in a way that they are free from germs that may be found on them.

2.4 Feeding in exceptionally difficult circumstances.

Families in difficult situations require special attention and practical support in order for them to optimally feed their young children. These special circumstances include feeding malnourished infants less than 6 months of age, or low birth weights babies, feeding acutely malnourished children in emergencies, feeding during illnesses, feeding infants born to HIV-positive women, and children living in special circumstances, such as orphans and vulnerable children or infants born to adolescent mothers. In these situations, mothers and babies should receive adequate support, not just from the nutrition sector, but from all relevant sectors, i.e. the health, agricultural and or social sector etc. to ensure that their needs and or those of their infants and young children are given special consideration with regards to appropriately feeding.

2.4.1 Feeding low birth weight babies (LBW)

Low birth weight defined as weight at birth less than 2500 gms is one of the most contributing factors to neonatal and infant mortality, illness and malnutrition. LBW babies may be so because they are born before completing 37 weeks of gestation or they are born at term but weigh less than 2500gms. Studies show that a LBW is associated with the development of diabetes and heart disease in adulthood. Appropriate feeding practices during pregnancy can reduce the risks of giving birth to a LBW baby, mortality and morbidity associated with LBW. LBW babies who are medically stable can and should be breastfed within half to 1 hour following their birth. Breast milk is especially beneficial for a preterm baby as it contains higher concentrations of anti-infective substances which protect the preterm baby against infections and help him/her to grow.

Box 5: Guidelines for hand expression of breast milk

To hand express breast milk, the mother should:

1. Wash hands first, then prepare a sterile, clean container where the milk will be collected.
2. Gently massage the breasts in a circular motion with her fingers.
3. Position the thumb on the upper edge of the areola and the other fingers on the underside of the breast behind the areola.
4. Compress and release the breast from the grip of your fingers intermittently.
5. If no milk is produced, move the thumb and fingers towards or further away from the nipple and try again.
6. Repeat compressing and releasing rhythmically.
7. Rotate the thumb and finger positions to remove milk from other parts of the breast
8. Express for 3–5 minutes from one breast, then the other breast, then go back again to the breast you started with; continue alternating breasts until the milk just drips freely from the breast at the start.
9. Avoid squeezing the breast, pulling out the nipple or the breast. Use the following rhythm: position, push, press; position, push, press to get as much milk as possible.

Note: As long as milk continues to be removed from the breast, more milk will be produced.

While some preterm babies may not be able to breastfeed in the first days or weeks following their birth, they can generally take and greatly benefit from expressed breast milk. A mother can express her breast milk directly into the baby's mouth, or the mother's expressed breast milk can be given by cup or other appropriate feeding methods to the baby. Mothers of preterm babies need extra emotional support, encouragement, good nutrition and rest. Feeding a preterm baby can be especially demanding and exhausting. The assistance and reassurance of a health worker and support from family members are particularly important to promote proper care and feeding of the preterm baby.

Box 6: Health care of a LBW baby: the Kangaroo Mother Care (KMC) Method

Skin-to-skin thermal protection or Kangaroo Mother Care (KMC) is a simple, gentle and most effective method of caring for LBW infants who are medically stable. Evidence indicates that using KMC for preterm babies results in stability of cardiac and respiratory functions, lower rates of severe infections, increased breast milk supply, higher rates of exclusive breastfeeding, and better weight gain. It also encourages frequent observation of the baby by the mother; it fosters bonding between the mother and her baby, reduces reliance on thermal (incubator) equipment and leads to earlier discharge from the hospital/MCH. KMC facilitates breastfeeding of the baby as the mother can offer the breast to her baby on demand.

KMC may be practiced at home if there is clear guidance from the health professional, frequent supervision and regular follow up of the infant at home. For very preterm babies who are acutely ill, KMC may not be appropriate for their care. These infants may require being in an incubator and under medical supervision until they are medically stable.

Reference: World Health Organization, Dept. of Reproductive Health and Research. 2003. Kangaroo mother care: a practical guide

2.4.2 Breastfeeding in Emergencies

Young children are extremely vulnerable to emergencies because of their increased developmental needs as well as increased susceptibility to illnesses as a result of their weak immunity. Even during emergencies, it is important to promote, protect and support adequate feeding practices among young children less than 2 years old in order to reduce the risks associated with inappropriate feeding practices, particularly, the use of infant formula. Thus, infants should be exclusively breastfed from birth to 6 months of age and those infants who cannot be breastfed by their biological mother, every effort should be made to feed them through a clean cup and spoon or provide them with a healthy wet-nurse. However, the aim in emergencies should always be to create and sustain an environment that encourages frequent breastfeeding for children up to two years and beyond. The health and vigour of the infants and young children should be protected so that they may be able to suckle frequently and well and maintain their appetite for complementary foods.

Whenever breast-milk substitutes are required for social or medical reasons, the use of these substitutes should be strictly controlled and carried out under strict conditions to prevent any artificial feeding coming into the general population. A nutritionally adequate breast-milk substitute should be fed by cup only to those infants who must be fed on breast-milk substitutes. A mother or caregiver who must feed her baby a breast milk substitute must be well counselled and provided with all the necessary equipment to ensure safe and hygienic preparation and use of the milk substitute. Feeding a breast milk substitute to a minority of children should not interfere with promoting, supporting and protecting breastfeeding for the majority of the children. The use of feeding bottles and teats must be actively discouraged at all times.

In exceptionally difficult circumstances, it is important to create conditions that will support the mother to breastfeed her baby, for example, by providing extra food rations and drinking-water and counselling support by staff members who have appropriate breastfeeding and maternity care counselling skills. Further, active measures should be put in place to identify infants, children and mothers who need special attention so that their conditions can be rapidly assessed in order to refer them for treatment for example through selective feeding programs or through confidential volunteer counselling and testing in case HIV/AIDS may be suspected.

2.4.3 Feeding Acutely Malnourished Children in Emergencies

To sustain growth and healthy development, infants aged 6 months and older need hygienically prepared, age appropriate nutritious foods to complement breast milk. Adequate feeding of infants and young children cannot be assured if the food and other basic household needs are unmet. Therapeutic and supplementary foods are used to feed children who are severely or moderately malnourished, respectively. The provision of supplementary feeding for the treatment of moderate malnutrition must also encourage

consumption of locally available foods through individual and group counselling. Counselling should also stress the principles of good hygiene and proper food handling. Severely malnourished children without medical complications require therapeutic feeding within their communities while severely malnourished children with complications are referred to OTP sites for appropriate rehabilitation and treatment as per the national IMAM guidelines.

Nutritional status should be continually monitored to identify malnourished children so that their conditions can be assessed and treated, and/or prevented from further deteriorating. The underlying causes of malnutrition should be investigated and corrected.

2.4.4 Responsive Feeding in Emergencies

Generally immediate response actions to emergencies focus on saving lives by scaling up selective feeding programs and provision of non-food items to affected populations. The health care system is generally overstretched to treat comprehensively all the sick and malnourished children such that counselling mothers/caregivers on proper infant feeding practices become lesser of a priority. Further, because of the increased population flow in the feeding programs, a pleasant, discrete and comfortable place where mothers can sit together to breastfeed properly their infants, discuss breastfeeding issues with each other, get support from other women or health workers/community health workers is essential to maintain optimum child feeding practices.

The worsening of living conditions and lack of privacy for the mothers to breastfeed their babies during an emergency may lead to a further deterioration of breastfeeding practices when compared to normal times. In these conditions, some women may feel shy to breastfeed in front of many strangers especially men, or they may feel that they are unable to successfully breastfeed their infants as they were doing prior to the emergency. Other mothers may think that the quality and quantity of their breast milk is insufficient for their babies. Yet others may be malnourished, tired, or may have lost a loved one i.e., a husband, a child, a parent etc, and thus too emotionally stressed and this may temporarily affect their milk production or desire to breastfeed. It is important to know, however, that when the mother regains access to adequate nutrition and fluid intake and is supported by an encouraging and supportive environment, she is capable to breastfeed her infant successfully as long as she continues to offer her breast milk on demand, day and night.

2.4.5 IYCF counselling sites

The IYCF counselling sites can provide an intimate, comfortable, friendly and stimulating environment for women to continue breastfeeding their infants and young children or for newly mothers to establish breastfeeding adequately. As argued above, in these sites,

- Mothers can share breastfeeding experiences with each other; they can receive encouragement from one another and/or from the health personnel.

- Women can meet and get organized to form breastfeeding peer support groups, share experience and recipes for promoting optimum complementary feeding.
- Pregnant women may be educated on the importance of early initiation of breastfeeding to establish the bonding between the mother and the child and the many benefits of exclusive breastfeeding for the first 6 months.
- Breastfeeding women can be observed, advised and supported by a trained health worker or community counsellor, especially first time mothers or mothers who may be experiencing difficulties to breastfeed (poor positioning, poor attachment).
- Referral of the breastfeeding mother to more specialized agencies in case she may have a problem that cannot be handled by a health workers or community health workers can easily be made.
- Infant formula may be provided in these counselling sites for infants for whom breastfeeding is not an option and who have been evaluated by a qualified health worker or nutritionist and meet the strict criteria of feeding on formula. However, it is essential to ensure that breastfeeding is not undermined, and this requires that agencies work in coordination with the Ministry of Health and the Nutrition Cluster to report on all milk donations and to seek advice on how to handle the situation regardless of the type of emergency. National and international standards on the use of BMS must be upheld at all times.

2.4.6 Feeding during diarrheal disease or in case of cholera

Diarrheal diseases or cholera are often recorded when a large number of people are settled in a congested area, where their basic needs: water, sanitation, shelter are not adequately in place yet. Young children, elderly and caregivers are general the first group of people to be affected by this, given their increased susceptibility to illnesses. Dehydration from diarrhoea is a major cause of death in children under five years of age. During diarrheal disease, children's fluid needs increase because of fluid loss from loose and repeated stools. Generally, the appetite is also reduced and food intake decreases at the same time that energy needs are increased. To meet the increased fluid and energy requirements, children's fluid and food intake should be increased during diarrheal episodes. Continued breastfeeding prevents dehydration and provides important micronutrients that assist in recovery from infection. Following the diarrhoea episode, children need increased nutrient intake to make up for the nutrient losses and to support catch-up growth.

2.4.7 Feeding in the context of HIV/AIDS

The prevalence of HIV is quite low in **Puntland** and the IYCF strategy for infant and young child feeding provides an opportunity to integrate education and counselling on HIV/AIDS within the IYCF programming in order to contribute to the overall prevention of the infection from further expanding from the current level. Indeed the Strategy for IYCF has an important role to play in this area. The overall aim of the HIV and infant feeding actions is to improve child survival born to mothers known to be HIV infected by promoting appropriate feeding practices while minimizing the risk of HIV transmission through

breastfeeding and protecting the health of the mother. Exclusive breastfeeding remains the preferred method of feeding infants up to 6 months and continue breastfeeding thereafter with complementary feeding unless environmental and social circumstances are safe and supportive of replacement feeding. In other words, when counselling mothers and caregivers, it should be stressed that mothers known to be HIV-infected (and whose infants are HIV uninfected) or of unknown HIV status should exclusively breastfeed their infants for the first 6 months of life while introducing appropriate complementary foods thereafter, and continue breastfeeding for the first 12 months of life¹⁵. Breastfeeding should then only stop once a nutritionally adequate and safe diet without breast milk can be provided. Thus, even in situation where ARVs are not available, such as in emergencies, breastfeeding of HIV exposed infants is recommended to increase the child survival.

2.4.8 Feeding other vulnerable children and mothers in exceptionally difficult circumstances

Mothers living in complicated circumstances, for instance, mothers suffering from severe physical or mental disabilities, or drug and alcohol dependents, or imprisoned, require extra attention from health workers and social services to ensure that their infants and young children are appropriately fed. Similarly, it is a fundamental basic right for orphaned children or any other vulnerable children living in difficult circumstances to be assured of support and adequate nutrition and health care.

2.5 Family and community network support for improving feeding practices

Grandmothers, mothers-in-law, fathers and other influential people on young mothers within a community should be well knowledgeable about infant and young child feeding practices in order to provide adequate support and the right advice to the lactating mother. Fathers are particularly important support network to their breastfeeding wives; they can provide the companionship and emotional support the wife needs to successfully initiate and sustain breastfeeding practices up to 2 years and beyond.

Health workers and IYCF counsellors have the responsibility to ensure that the influential people have regularly access to clear, objective, simple but consistent and complete information regarding appropriate infant and young feeding practices, free from the influence of advertisement of infant formula. The messages should focus particularly on:

- the benefits and disadvantages of breastfeeding for the child, the mother and the whole family,
- the dangers of bottle feeding,
- the recommended period of exclusive and continued breastfeeding,
- the age at which to introduce complementary feeding to the child and the type of foods to give, how much and how often; and how to feed these foods safely.

¹⁵ 2010 Guidelines on HIV and infant feeding: Principles and Recommendations for infant feeding in the context of HIV and a summary of evidence.

Nevertheless, mothers should still have access to health and nutrition education from a professional health worker, using all contact points within the health care system. For instance, mothers should be counselled by health workers on optimum infant and young child feeding during their antenatal care visits so as to already be prepared to introduce their babies to early initiation and exclusive breastfeeding practices, to prevent breastfeeding difficulties and manage them when they occur. Health workers are well placed to provide this support to the mothers and this should be part of the routine services provided to young mothers not only during regular antenatal visits, but also at the time of the infant's delivery, the postnatal care, when the child is brought at the MCH for immunization or he/she is sick.

3. IYCF STRATEGIES AND PLAN OF ACTION FOR PUNTLAND (2012-2016)

3.1 Introduction

As it has been said earlier, the main objective of the strategy is to provide a framework for guiding infant and young child feeding programming in order to improve the nutritional status, growth, development, and survival of the infants and young children, thus contributing to a reduction in child mortality rates. There is a strong momentum in the ministry of Health in Puntland to improve nutrition in general and infant and young child feeding programming in particular as it provides a great opportunity for integrating preventive to curative health services at all levels. Indeed, the Ministry of health with support from UNICEF and partners has undertaken to focus significantly to improving communication for behavioural changes through individual and group counseling and community mobilization through various communication channels with the aim of improving health and nutritional status of the mothers and young children. The Plans of action within the IYCF Strategy provide to the Ministry and its partners a structured planning framework with expected annual results to be achieved within the next 5 years. The technical capacity within the Ministry of Health, particularly at the upstream level, will however have to be boosted in order to provide the necessary coordinating role that the Ministry has to assume so as to adequately lead the partners through the implementation of these plans. More specifically, a technical support to the Ministry of Health will help enhance the technical and managerial capacity of the Nutrition department so as to participate and contribute significantly to the policy and strategy dialogue. Specific objectives and key major action areas which to focus on in these plans are described below.

3.2 Strategies

The priority strategies for IYCF Strategy falls within three (3) broad categories areas and these are:

1. legislation, policies and standards strategies.,
2. Health system strengthening strategies.
3. Community based strategies.

3.2.1 Legislation, Policies and standards - *The Upstream Level*

Legislation, policies and standard measures are needed to protect infant and young child feeding practices.

These legislation, policies and standards measures include:

- Creating a non-conducive environment for the unethical marketing of breast milk substitutes
- Protection of the breastfeeding rights of employed women and advocacy for the support of breastfeeding women working in the informal sector.
- Protection of infant processed foods to ensure their safety and nutritional content in accordance with the relevant Codex Alimentarius standards.
- **Strategy 1: Supporting the legislation of the Code of marketing Breast Milk Substitutes and strengthening its implementation, monitoring and enforcement of the measures against its violations.**

Breast-milk is the best food for an infant's first six months of life. It contains all the nutrients the infant needs to grow healthy and it protects the infant against infections. On the other hand, breast-milk substitutes are expensive and often inadequate substitutes for breast-milk, although they are well marketed and advertised by food manufacturers and attract a relative large number of families in **Puntland**. In 1981, the World Health Assembly (WHA) adopted the International Code of marketing Breast-milk Substitutes to provide guidelines on monitoring, implementing and regulating the marketing of Breast milk Substitutes. As a follow up on its recommendations and from other WHA resolutions thereafter, **Puntland** has committed to adapt the international Code for marketing Breast-milk Substitutes to a local Code. It is hoped that its enactment into a law will be achieved by 2016, although this will depend on several factors, many of which are beyond the control of the IYCF coordinating team.

The aim for a local Code of Breast-milk Substitutes is to contribute to the provision of safe and adequate nutrition for ONLY those infants for whom breast milk may not be an option by ensuring appropriate marketing and distribution of breast milk substitutes and prohibition of its promotion and advertisement for the general population. Thus, while monitoring the availability and advertisement of breast milk substitutes in the markets, pharmacies etc. the Government of **Puntland** and its partners will also work at raising awareness to policy makers, food manufacturers, wholesalers, health workers and the general public about the Code.

Further, it is planned that procedures to regulate and enforce the local Code will be established and a coordinating body, led by the Ministry of Commerce, Industry and Tourism established to monitor any violations of Code. The need to strengthen this body cannot be emphasized enough so as to ensure immediate legal action when violations are detected. The coordinating body will receive support from the Ministry of Health and other key ministries as well as any other concerned parties.

- **Strategy 2: Supporting the legislation regarding protecting the breastfeeding rights of the woman in the workplace.**

The majority of women in **Puntland** work outside their homes in formal paid employment as well as in the informal sector, for instance in family agriculture and or livestock related activities or as vendors in the market or household maids. For most of the women in the informal sector, their contribution to the family income and thus to the national economy, while officially unaccounted for, is generally considerable. For all these women, the ability to exclusively and continually breastfeed their infants so as to ensure a healthy, well-nourished and productive future workforce, may be compromised given their responsibilities outside the home.

Traditionally, women resumed their activities, after 40 days of the infant's birth, although this practice may be on the decline as a result of the war, poverty, and migration to urban areas in search of a living. In the formal sector, women resume their government jobs 14 weeks or about 3 months, after the birth of their infant. Generally, there is neither a culture of feeding one's expressed milk nor the use of a wet nurse in the prolonged absence of a mother from her baby. Infants are breastfed by their own mothers and because these mothers must go back to work soon after the birth of their child in the informal sector, they should be accommodated by the government and/or by the communities so as to feed optimally their infants.

Maternity leaves allow the mother to exclusively breastfeed her baby and to establish and maintain a bonding between her and her baby. There is however no maternity protection for the majority of the lactating women who work in the informal sector in **Puntland**. The IYCF Strategy will seek to support the drafting of adequate legislation to protect the breastfeeding rights of the mothers and propose means to ensure that these rights are upheld in the formal sector. The IYCF technical coordinating team will also support the Ministry of Social Affairs and Labour in its efforts to advocate for maternity leave to be increased to 4 months.

Formative research will establish key barriers and enablers to creating a conducive environment within the informal sector for breastfeeding. Increased family and community support services for women working in the informal sector are suggested and will also be supported to enable mothers to exclusively breastfeeding their children and continue to breastfeeding up to 2 years and beyond. With increased advocacy about the women's rights and increased sensitization on the importance of optimally feeding the baby, it is hoped that employers will create an enabling environment for mothers to breastfeed at work and other measures to promote breastfeeding i.e. taking breastfeeding breaks, taking longer unpaid maternity leave periods, expressing one's milk to be left for the baby, creating breastfeeding corners, for instance in the market.

With regards to women working in the informal sector, advocacy to support the rights of the breastfeeding mothers will be strengthened through community network support structures such as income generating activities for women, enhanced promotion of the commendations made from a formative research on factors enabling women to optimally breastfeed and sensitization of the communities on the Koran teachings concerning breastfeeding practices. It is expected that in the long run, these actions will help breastfeeding women not to have to choose between having an income today and protecting their infant's future health and development.

- **Strategy 3: The Codex Alimentarius: Ensuring that the quality of infant processed foods available in Somaliland is in accordance with the international food standards, guidelines and codes of practices.**

The Codex Alimentarius Commission was established by FAO and WHO in 1963 to develop harmonized international food standards, guidelines and codes of practices to protect the health of the consumers and ensure fair trade practices in the international food trade market. There are many Codex Standards, guidelines and codes of practices but this strategy only focuses on a few, including:

- the Codex Standard (72) for Infant formula and formulas for special medical purposes intended for infants.
- the Codex Standards (73) for canned baby foods,
- Codex Standards (74) for processed cereal based foods for infants and young children.

These codex standards generally give the scope, the definition and essential composition and quality factors of the food, food additives, hygiene conditions, the labeling packaging and the methods of analysis and sampling. There are also many Codex guidelines, but relevant to this strategy, we note the codex general guidelines for food hygiene (1, 1969), the code of hygiene practice for powdered formula for infant and young children (66, 2008), the guidelines on nutrition labeling (2, 1985), the guidelines on formulated supplementary foods for older infant and young children (08, 1991).

Imported food, especially processed infant foods are abundant in the **Puntland** markets and for this reason mothers and caregivers must be exposed to and only buy quality and safe food products coming into the markets. Similarly, importers must also trust that the foods they order are in accordance with their specifications. Similarly to the National Code of marketing Breast Milk Substitutes, The IYCF strategy will also ensure that the quality and labeling of infant processed foods, imported or locally produced, is in accordance with the relevant Codex Alimentarius standards and guidelines and any violations noted and immediately dealt with by the national coordinating body. Processed food intended for the infant and young children consumption should be legally certified before use by the relevant authority to ensure the appropriate food quality and labeling standards are met.

- **Strategy 4: Ensuring that IYCF interventions are incorporated into national development policies, plans, major national health initiatives and other programmes & projects to advocate for its importance and potentially, for mobilizing resources.**

The Ministry of Health views Infant and Young Child Feeding as one of the major key developmental areas and in consequence, the MOH advocates for putting IYCF high on the public health agenda. This is important so as to obtain active support for infant and young child feeding interventions from other ministries, for instance, Ministry of Agriculture and Ministry of Livestock for issues relating to complementary feeding, Ministry of Commerce, Industry and Tourism when it comes to the Code of BMS etc.. Advocacy to other ministries: Ministry of National Planning and Development, Ministry of Education, of Social affairs and labor, of Justice of culture and tradition etc., to the private sector, local leaders, religious leaders, youth and women groups is also important for their support in implementing the IYCF strategy and its Plan of Action. Within the Ministry of health, IYCF interventions are already envisaged within the National Health Policy and the EPHS.

Thus, the IYCF strategy revitalizes the important place infant and young child feeding plays within the broad national development agenda in all relevant sectors, such as agriculture, livestock, education, environment water and sanitation etc. and major health initiatives such as the Global funds for HIV/AIDS, Malaria and Tuberculosis. It is argued above that every opportunity must be utilized to introduce infant and young child feeding interventions in all these sectors, projects and initiatives. In the health sector for instance, these opportunities include the Reproductive health, Malaria, HIV/AIDS, Immunization and outreach programmes and the health management information system.

3.2.2 Strategies for the Health System Strengthening- The Meso Level

Health care system strengthening strategies will focus first at ensuring that IYCF interventions are comprehensively well coordinated by a designed technical coordinating committee, functioning under the leadership of the Ministry of Health. Coordination mechanisms will be established at national and regional levels and any move beyond the regional level will be undertaken in accordance with the EPHS projected planning. The IYCF strategy calls for IYCF focal points at national and regional levels to play coordination, management and administrative roles within the technical coordinating committees. Second, the IYCF strategy will focus at ensuring that the interventions at all levels of the health system actively promote, support and protect optimal infant and young child feeding practices. Every opportunity of contact with women of reproductive age and with young children will be used by the health service providers to counsel the mothers on infant and young child feeding through integration of IYCF within health, education, food security, water and sanitation sectors etc. Staff members from these sectors also need updated

knowledge and skills on IYCF so as to effectively support infant and young child feeding practices.

Strategies to strengthen the health system will focus on:

- Coordination of IYCF interventions
 - Mainstreaming and prioritization of IYCF interventions to expand the IYCF entry points,
 - Appropriate service delivered at hospital, MCH and Health post levels by adequately trained health staff, community health workers, community resource people and other staff from line ministries who may be involved at counselling mothers on IYCF.
 - Regular monitoring of activities and routine data collection, analysis, compilation and dissemination,
 - Supervision of the service providers and research evaluation.
- Strategy 5: Strengthening IYCF Role and its Coordination mechanisms at national and regional levels**

The IYCF Strategy presents a unique opportunity to offer comprehensive health care services at all levels of the health care system and within other sectors outside the health system. In this regard, the IYCF Strategy stresses the important role of having well designed structures, with a clear mandate to coordinate the IYCF interventions at all levels of the health system. As such, the national IYCF strategy suggests having IYCF focal points at national level and regional levels backed by technical coordinating committees at both levels. The proposed coordinating mechanisms come to reinforce suggested coordinating structures in the EPHS so as to provide adequate support to the overall EPHS manager coordinator for a harmonized health care system.

From an implementation level, IYCF programming presents a forum for bringing preventive services forward to support and enhance demand and supply of curative health services quality. In this regard, planning of the IYCF interventions, to implementation, monitoring, supervision and evaluation at all levels will be important to ensure quality service delivery. Various sectors, including health, nutrition, education, water and sanitation, agriculture, livestock, fishery, commerce etc. and different entry points within these sectors are identified in the strategy as areas to introduce or scale up integrated IYCF interventions.

In consequence, regular quarterly coordination meetings will be an important undertaking for the IYCF coordinating team at National and Regional level. Coordinating meetings are expected to occur quarterly so as to evaluate the progress realized in relation to set objectives, identify gaps, and propose actions to correct these gaps. Information from the regions will inform issues to be discussed at National level. Further, the IYCF coordinating teams will provide support for IYCF advocacy to line ministries, resource mobilization, and technical support in organizing/managing, updating/reviewing IYCF policies, strategies, operation guidelines and IEC material.

- **Strategy 6: Mainstreaming and prioritization of IYCF interventions through multi-sectorial partnerships**

The IYCF Strategy calls for working with multiple sectors to integrated IYCF interventions where possible. This implies that every contact point with the women of reproductive age (15-49), pregnant women and women during the first three years of her child's life will be used to sensitize these women on optimum infant and young child feeding practices. The constant reminding of these practices from multiple contacts is thought important as a way of reinforcing positive behaviours, providing support to the mother when she most needs it and promoting adaptation of optimum infant and young feeding practices.

Within the health sector these contact points are currently identified at antenatal care at the MCH, hospital and health post levels, delivery sites, postnatal care, immunization visits, VCT & HIV/AIDS counselling sites, SC, OTP & TSFP feeding sites, outreach clinics, child health days, and breastfeeding mother support groups. In other ministries, suggested entry points are at community gatherings, professional associations, women and youth groups & special events, through primary, secondary and in academic institutions curricula and education. This list is not exhaustive; if additional contact points with mothers are identified during implementation of this strategy, it is important to ensure that women are counselled on optimum infant and young child feeding practices and efforts are made to provide them with the support they need. The use of consistent key messages and IEC materials, harmonized guidelines, job aids and counselling cards etc. is expected to support and sustain behaviour change.

- Strategy 7: Scaling up technical capacity of service providers including building the technical capacity of influential people on mothers' decisions to feeding their young children

Health workers (doctors, nurses/nurses assistants, midwives, public health officers, health educators), nutritionists need up-to-date knowledge on infant and young child feeding practices, policies and operation guidelines, legislation, and skills on interpersonal communication, counselling and community mobilization. This will be achieved by building the technical capacity of the existing & future health care providers through formal and informal/on the job training on IYCF, counselling and communication skills and regular supervision of these staff to improve their performance. Further, updating nursing & midwifery schools' curricula to include IYCF information as well as introducing topics on optimum infant and young child feeding in primary and secondary schools will ensure that future mothers are more knowledgeable on optimum IYCF practices and future workforce in the MCH, hospitals and health posts is better prepared to adequately advise mothers/caregivers on optimum infant and young child feeding practices.

Influential people such as mothers, mothers-in-laws, grandmothers, husbands, sheikhs can greatly influence the mothers/caregivers with regards to optimum infant and young child feeding and in this respect, their knowledge on IYCF need to be constantly mentored, monitored and encouraged. If a mother receives clear, correct and simple messages on

IYCF from a trustworthy person, it is more likely that she will act upon it in order to ensure that her baby grows well and healthy. There may be some barriers to this however, for instance in extreme poverty situation, where the mother does not have adequate food to ensure optimal complementary feeding, efforts will be made to provide the mother food assistance directly, or orient the mother to community network support system, to enable her to carry on feeding her baby properly. In the event it is a mother who is a malnourished, effort should also be made to ensure that she is referred to programmes that provide care and assistance to her.

In summary, to ensure sustainable implementation of the training plans it will be important to maintain:

- Updated training and IEC material and communication strategies.
- Roll out plans for scaling up technical capacity of health workers and community health workers, community resources people are strictly followed up. Strict criteria for selecting trainers of trainers and trainees for all levels are adhered to and the quality of the training and follow up actions are monitored.
- Regular monitoring and follow up supervision at all levels are undertaken as planned.
- Monitoring the quality of the services delivered at all levels of the health care system is carried out.

- **Strategy 8: Establishing linkages between “Community Baby Friendly and “Hospital/MCH Baby Friendly Initiatives**

The Baby-Friendly Hospital initiative is a worldwide programme of WHO/UNICEF initiated in 1992 to encourage maternity hospitals to implement the 10 steps to successful breastfeeding (see Annex 2) and to practice infant feeding in accordance with the Code of marketing of Breast Milk Substitutes. As discussed earlier in the strategy, the majority of the infants in **Puntland** are born in the community with the assistance of community midwife or a TBA. As such, the IYCF strategy greatest emphasis will be placed at supporting, promoting and protecting breastfeeding practices at community level so as to encourage the majority of the mothers and caregivers to practices optimum feeding of their infants and young children.

Further, the local code for the marketing of Breast Milk Substitutes will be enacted while the IYCF policy will be developed during the course of the IYCF Strategy. It will also be important to scale up the number of community based mother support groups and to strengthen their supervision so as to ensure support to the mothers to improve their skills and knowledge concerning optimum infant and young child feeding practices. A strong link between a “baby friendly community” to “baby friendly MCH” of the same catchment area will be encouraged.

- **Strategy 9: Regularly monitoring IYCF activities and ensuring routine data collection, analysis, compilation and incorporation into the HIMS as well as undertaking research studies and impact evaluation.**

Interventions in support of infant and young child feeding must be regularly monitored and evaluated to assess their efficiency, effectiveness and progress achieved. The IYCF plans for the monitoring to be an on- going process and to aim at providing to IYCF coordinating teams and to the implementing stakeholders indications of progress (or lack thereof) in the achievement of expected results and set objectives and outcomes. Because progress in infant and young child feeding practices is based heavily on behavioural changes, behavioural indicators will be given special attention while planning for research evaluations.

Monitoring and evaluation tools will be developed to provide a standardized framework of the information to be collected, how to process, analyze, compile and interpret the results and present guidance on how to disseminate the findings to stakeholders at all levels. All organizations working on IYCF in **Puntland** will use the same monitoring and evaluation tools and collect the same indicators to ensure comparability. Some of the IYCF (early initiation and exclusive breastfeeding) are already being included in the HMIS system. Following data will also be progressively included in the HMIS data base as the technical capacity to ensure their introduction in the HMIS data base is developed :

- No of mothers practicing exclusive breastfeeding
- No of infants, timely introduced to complementary feeding
- No of individuals mothers counselled
- No of group sessions held
- No of new mother support groups created and the cumulative no per community/MCH.

Inclusion of IYCF data in the existing health information mechanisms as well as in new entry points such as feeding programs, etc. for children less than 3 years of age is identified as an opportunity to strengthen the HIMS system and the IYCF programming for that matter.

Outcome and impact indicators will be included in MICS, nutrition and KAP surveys.

Research evaluation is a periodic exercise and in this strategy, such studies are planned every 2- to 3 years. Thus, a KAP, followed by the IYCF strategy mid-term evaluation and final evaluation are planned as key studies to be carried out between 2012 and 2016. These studies will help to determine the factors that contribute to the improvement in infant and young child feeding practices, identify the gaps and most cost effective and efficient interventions to be recommended for the future and appropriate approaches to use for improving infant health and nutrition.

- **Strategy 10: Supervision of the service providers to ensure quality service delivery.**

Structured supervision of community health workers will be undertaken by health workers.

The IYCF strategy suggests appointing an IYCF focal point, ideally a nutritionist, at national level and one in each of the regions. The IYCF focal point from national level will supervise those at regional level as well as health workers at the capital level. Regional focal points will be involved in supervising staff and IYCF activities within their region, districts and communities. Other implementing partners such as NGO will also be involved in monitoring and supervision of their own programs using the MOH monitoring and supervisory tools. Monitoring data, follow up and supervision reports will be compiled from the bottom to upstream level, that is, from community level, to regional level for final compilation at central level. Regular feedback will be shared during the technical coordination committees meetings.

3.2.3 Community level strategies- Micro level

Mothers need support for feeding optimally their infant and young children in the communities where they live. A mother support at family and community level is essential as this has the potential to improve infant and young child feeding practices given her close accessibility to the information and guidance and counseling from the people she trusts and lives with. Individual and group counseling is one of the key interventions at community level and these will be done by a health worker, a counselor, a peer, a family member and an influential person such as a sheikh. Mother support groups, home visits, cooking demonstrations, recipes trials, kitchen gardening etc. are also opportunities considered in the strategy where women can share information, support one another for eventually changing their behavior regarding optimum infant and young child feeding practices. It is important to remember here that all the people, professional or influential, involved in changing the mother's behavior should have accurate knowledge and skills about infant and young child feeding and be adequately equipped to negotiate feasible actions that the mothers are able to undertake for improving their young children's feeding practices.

Special emphasis on the protection, promotion and support of infant and young child feeding at community level is needed when exceptionally difficult circumstance arise, for example, acute malnutrition, in emergencies and HIV/AIDS situations. These circumstances often hinder the ability of a mother to feed her child at the very time when her child needs it most. More details on the communication strategy to the general public, health workers, community health workers and community resource people is found in the next chapter.

- Strategy 11: Strengthening the improvement of the mother's caring behaviours through promotion of adequate knowledge on IYCF

Every mother (first time mothers or not) faces challenges with regards to adequately feeding her infant and young child in the first 3 years of her child's life. She should have access to appropriate information and skilled support from trusted people to help her initiate breastfeeding, with proper attachment and positioning of the baby unto the breast so as to sustain feeding practices, prevent difficulties and manage them when they occur. When her baby starts complementary feeding at 6 months of age, she should be taught age

appropriate feeding. Trained health workers are well placed to provide the information and be able to adequately counsel the mother, which should be a routine of regular antenatal visits, delivery and postnatal care and also of the services provided for the sick child.

Support to mothers to adequately feed their infants and young children should also be extended to the communities where they live. Trained counsellors and community based networks offering mother-to-mother support have a significant role to play in advising young mothers to optimally feed their infants and young children. As indicated earlier, these counsellors and other key influential community resource people (grandmothers, mothers-in-law, elderly women and husband, sheikhs) can provide the support the mothers need especially in far remote areas where health care is less accessible, poverty and food insecurity, misinformation on appropriate infant and young child feeding practices are common. Regular supervision of these community resource people by the health workers is very important to make sure that the information they give to the mothers remains at all times accurate.

The strategy stresses the establishment of community mother support groups as they have the potential to improve infant and young child feeding practices through increased access to information, counselling, and experience sharing between mothers. The community mother support groups should be, where possible, initiated from existing community structures, i.e. an income generating support group

- **Strategy 12: Creating public awareness on optimum IYCF through community mobilisation**

Various channels of communication and mobilization techniques have been identified for the promotion and support of IYCF activities. Communication campaigns are generally carried out during the World Breastfeeding Week, the Child Health Days and National Immunization days etc. The MOH and its partners: NGO, UNICEF and other UN agencies, uses various media channels during these campaigns, including posters, banners, leaflets, TV & radio spots, as well as integrating key message on health/nutrition into Friday's prayers, by moving vehicles, drama, storytelling etc. These channels will continue to be used and partnership will be expanded to include other government ministries i.e. Ministry of Information and National Guidance, Ministry of Religion and Endorsement, Ministry of Culture and Tradition, Ministry of Social Affairs and Labor, Ministry of Agriculture, Ministry of livestock, Ministry of Education, Professional associations, Women and Youth and Sports groups, academic institutions and secondary schools. Targeted messages to a specific campaign will be planned and developed in collaboration with the implementing partners.

Further, while previous campaigns have primarily focused on breastfeeding, the present IYCF strategy plans to expand the communication topics to also cover complementary feeding, feeding during illnesses, water, hygiene and sanitation and maternal nutrition. Messages on complementary feeding will focus on various aspects, notably the amount of foods to be given, the composition and frequency of feeds. Appropriate caring practices will also be promoted during these campaigns. In addition to the campaigns, regular awareness raising activities will be

conducted on IYCF in partnership with the media, religious leaders and community leaders in order to increase caregivers' exposure to the information and thus increase their knowledge of optimum infant and young child feeding practices.

Finally, public campaigns should be conducted (i) to increase health facility utilization and (ii) to sensitize traditional healers and TBA on optimum infant and young child feeding practices and treatment of illnesses in health facilities. The use of other means of communication for example, drama, songs, posters, games and demonstrations in primary schools, should be encouraged to enhance community sensitization on health and nutrition issues through Child-to-Child or Child-to-Community approaches. The Child-to-Child approach is currently being implemented by UNICEF through schools and youth groups.

- **Strategy 13: Enhancing promotion, support and protection of optimum infant and young child feeding practices through individual and group counselling.**

Individual counselling activities will be conducted at the community-level to support behavioural change. In addition to knowledge and skills regarding adequate breastfeeding, complementary feeding and care, mothers require peer support, time, and access to the resources necessary for promoting optimal child feeding. It will therefore be important to also involve other family members i.e. husbands, mothers & mothers-in-law, grandmothers as well as influential people such as Sheikhs, TBA/CHW in IYCF promotion, support and protection.

Generally, husbands' contribution to the care of the infant has traditionally been limited to providing financial support. The health and care of the infant and young child is seen as a woman's job in **Puntland** culture. Although men are decision makers, it is believed that they do not have strong opinion on infant feeding, but that they are willing to learn if they could. Thus, it would be important to have specific campaigns targeting them on IYCF as they can provide tremendous support and advice to their wives when it comes to reinforcing breastfeeding the new-born and discouraging bottle feeding.

Concerning TBA/Community health workers and other volunteers, they should be adequately trained, supported and regularly supervised in order to provide adequate counselling to the mothers. They should be given praise and recognition for the duties they perform to ensure they remain motivated at assuming these duties. Given that they are not on the government payroll and there is no consensus on their compensation for the services they render, mechanisms need to be put into place to motivate, compensate, and recognize them as the designed community own resources people by all parties. TBA/CHW's role will be that of counselling women on optimal infant and young child feeding at various entry points and of providing support to mother support groups. They may also be involved in growth monitoring activities as suggested in the EPHS, identifying and referring malnourished children to MCH, HP or OTP sites.

a) **Counselling at health facility level (MCH, hospital): Health workers and community midwives.**

While HW may be knowledgeable to counsel mothers/caregivers on optimum IYCF practices, their effectiveness may depend on their training skills and their own beliefs on feeding practices. Their misconception about colostrum and preconceived ideas about exclusive breastfeeding may lead to confusion especially with young mothers and impact negatively on feeding their infants optimally. Nevertheless, mothers have high esteem of the health workers; they consider them to be a reliable source of information even though they may be the last to be consulted when a child is sick. Consequently, there is a need to continually train HW on IYCF to ensure that health care services are not just about treatment of illnesses. Their role at providing adequate counselling to mothers and caregivers on optimum infant and young child feeding practices, monitoring and supervising promotional IYCF activities at community level is equally important and should be strengthened as part of their job duties.

b) **In schools (secondary and training colleges): teachers and students**

One of the major gaps in IYCF programming in **Puntland** is the limited number of Somali Speakers to train and supervise community counsellors on IYCF. In this regards, in addition to health workers from the MOH, partnership with local NGO, women and youth groups implementing IYCF activities, nursing and midwifery colleges, will be established to enlarge the pool of trainers on IYCF. Doing so, will help scale up training of IYCF counsellors and thus providing more support to mothers and caregivers within their communities.

- **Strategy 14: Enhancing partnership and community support groups interventions**

Partnerships with other government ministries (Agriculture & livestock, labor & women affairs, Commerce, Planning etc.), the private sector and NGOs will be undertaken for expanding IYCF programming. Extension workers and professional staff from these ministries and organizations will be involved in supporting community activities relevant to IYCF in relation to their specific mission. Counseling and network support may be best done through establishment of community breastfeeding mother support groups. These groups may also be associated with a wide range of community development interventions, such as income generating activities (Hagbad). With regards to improving infant and young child feeding practices, such group as discussed above, may constitute a “Baby-Friendly Community group”, or “Mother Support Group” with support from the health worker, TBAs, family members and the community. Flexibility is required to build on from existing local opportunities, to adapt to the cultural setting and the caregivers’ needs and motivation.

Community breastfeeding mother support groups are best if facilitated by a woman who is well liked and listened to by other women within the community and who has experience working with women groups. Such women should be trained on IYCF practices and on weaning food preparation as they are also in better position for encouraging other women

to breastfeed their babies or to feed their babies well balanced complementary foods. One of the important activities of the community mother support group may be to support households in food production so as to enable the community to access food required for optimal feeding.

Food for cooking demonstrations will be mobilized by the community support group members themselves, for example, each woman may be asked to bring some food, or water, utensils etc.. to the cooking demonstration session. The community mother support group will be encouraged to be linked to the MCH/Hospital mother support group within the same catchment area for these two groups to work together to achieve their respective baby friendly status.

3.3 Development of a communication strategy for behavioural change

3.3.1 Introduction

The health and nutritional status of a child depends on feeding, love and caring practices given by his mother/caregiver, food security in the home, accessibility to the health care services, hygiene and sanitation standards. Caring practices that are strong determinants of the child's nutritional status include - care of the pregnant and lactating woman, breastfeeding and complementary feeding, care during the child's illness, psychosocial caring practices of the child, food storage, preparation, and hygienic practices.

The improvement in child health and nutritional status will depend on how well we address these factors through behavioural change communication strategies. Indeed, evidence on the importance of communication for behavioural change exists in the literature especially when looking at promotion of breastfeeding practices, i.e. during world breastfeeding week, child health action days etc. Generally, for the majority of the countries where improvement in child feeding indicators has been recorded, communication is found to be a major contributor to the behavioural and social change. Behavioural change for improving IYCF practices requires:

- (i) the mother or caregiver have adequate knowledge around child care and feeding practices,
- (ii) her adequate physical and mental health, nutritional status, and self-confidence
- (iii) her time and the support she receives from her family and community to minimize her stress or reduce her workload,
- (iv) her autonomy, motivation and contribution to or control of the family financial resources and household food or other resources.

Communication for behavior change should be broadly considered, that is, not only in terms of individual counseling, nor just in terms of mass media campaigns, but rather as a comprehensive national strategy with its set of actions and realistic expected results that can be achieved using various predetermined channels and well defined roles and responsibilities of the various participating stakeholders.

3.3.2 Elements of Communication strategy

In general, a communication strategy should comprise elements of advocacy, social mobilization, social marketing, and behavioural and social communication. This supposes that essential elements of communication including, behavioural assessment, targeted audiences, concise messages and materials to be promoted, and communication channels for multiple exposure of the targeted beneficiaries are in place for successfully promoting and sustaining behavioural and social changes. In a successful IYCF program, the communication strategy for IYCF focuses first on policy dialogue in order to create support for IYCF itself and the communication strategies to accompany it. Thus, the IYCF coordinating team will support the policy dialogue in advocating for the development and implementation of a communication strategy as well as its monitoring, follow up and evaluation.

The communication strategy will be developed based on the results of formative research. Indeed, while most of the health and nutrition indicators to improve upon in the National IYCF strategy are based on the 2009 FSNAU Micronutrient and National Nutrition Survey and on a KAP study undertaken in 2007, on a situation analysis/Formative research, including behavioural assessment will be carried for an update on the situation with regards to behaviours, knowledge and attitudes concerning infant and young child feeding practices.

The formative research will help to understand current behaviours concerning IYCF feeding practices, the benefits and barriers impacting on optimum infant and young child feeding practices, the key influential people on infant feeding practices and the channels of communication to use for improving the practices. The methods commonly employed in the formative research include reviews of existing data, in-depth interviews, focus group discussions, observations, dietary recalls, recipe trials, market surveys, trials of improved practices (TIP), and positive deviance inquiry. The data collection in the formative research must be participatory with contribution from the community: men and women must all be well represented so as to identify the best context-specific practices, beliefs and behaviours. Gender, power relationship and social networks should be well analysed as they may influence how divergent practices are sorted out. The analysis of the formative research should look not only at the behaviours but also at the various groups of participants, at communication channels to be used, and at lessons learnt from past experiences.

Finally, the communication strategy will then be developed following the results of the formative research whereby the beneficiaries' needs and interests are the primary focus on the behaviours to be promoted. As such, a formative research for promoting behaviours concerning infant and young child feeding is highly recommended and should be one of the key activities to be undertaken in the first year of this Strategy.

3.4 Broad Plan of Actions

This broad plan of action gives a detailed account of the objectives, outcomes and outputs required to implement this strategy. A detailed matrix of the plan of action with suggested expected results, activities, timeframe for implementation and suggested budget is found in Annex 1.

Objective 1:

To ensure that national coordination & monitoring framework as well as policies and legislation that are supportive of optimal IYCF practices are enacted and adequately implemented.

Outcome 1.0

Coordination mechanisms & monitoring framework of the Strategy are in place and IYCF is mainstreamed into national development policies, strategies and initiatives.

Outputs

1.0.0 The National IYCF Strategy is disseminated and overall coordination mechanisms at national and regional level are set up and operational.

Outcome 1.1

A national Code of marketing Breast Milk Substitutes is enacted into a law in 2013 and international standards, guidelines and codes concerning the safety and quality of processed complementary foods intended for consumption by infants and young children are adapted to Puntland and strictly adhered to.

Outputs

1.1.1 Advocacy of the code for marketing BMS is expanded to all relevant structures and a coordinating task force of the Code is set up to spearhead the Code monitoring and its enactment.

1.1.2 The code is enacted

1.1.3 The scope of the Code is broadened to ensure that all processed complementary foods intended for consumption by infants and young children are appropriately labelled, marketed and distributed.

1.1.4 A Monitoring system of the Code & Codex Alimentarius for violations, enforcement procedures, and suggested legal course of action are established and functional.

Outcome 1.2

The legislation to support proposed amendments to the provisions of the ILO Maternity Protection Convention C183 for the protection of all employed women is effective by 2016 and recommendations to promote, support, and protect optimum breastfeeding practices for women in the informal sector are endorsed.

Outputs

- 1.2.1 Situation analysis on mothers' ability to sustain optimum breastfeeding is undertaken and advocacy and partnership to protect, promote and support optimum breastfeeding practices for all women enhanced.
- 1.2.2 Advocacy is enhanced and sustained to relevant government ministries, employers, trade unions, communities to provide support and an enabling environment for promoting, supporting and protecting breastfeeding for women in paid employments and informal sector.

Objective 2:

To ensure adequate implementation of IYCF programming via an agreed upon guiding framework and plan of action

Outcome 2.1

Improved capacity and means of delivering IYCF interventions

Outputs

- 2.1.1 A communication strategy and an annual plan of action to promote optimum infant and young child feeding practices are developed
- 2.1.2 Training needs and necessary training material support to improve optimum Infant and young child feeding practices rates are developed/updated and in use for all levels of the health system, in schools and academic institutions and in other sectors..
- 2.2.3 Standardized monitoring and supervision tools for all levels of IYCF implementation are developed.

Outcome 2.2

Increased appropriate knowledge, attitudes and practices regarding infant and young child and maternal nutrition

Outputs

- 2.2.1 Scale up technical capacity on IYCF to at least 80% of the health workers, 75% of Community health workers and 50% of community resource influential people
- 2.2.2 Access to IYCF counselling for pregnant and lactating mothers is expanded through health services, community based structures and Baby Friendly Health & Baby Friendly Community Initiatives.
- 2.2.3 Local availability and consumption patterns of nutrient dense foods are better understood and this knowledge is used to promote increased intake of energy, protein and micronutrient-rich foods.
- 2.2.4 Appropriate IYCF practices for infant and young children are adequately maintained in difficult circumstances.

Outcome 2.3

Improved mainstreaming IYCF as a key component of other relevant sectors' interventions.

Outputs

- 2.3.1 IYCF interventions are effectively incorporated into Health, education, Wash, HIV/AIDS, agriculture interventions.
- 2.3.2 The uptake of optimum IYCF programming through multi sectorial collaboration is strengthened.

Objective3

To raise awareness of the scale and magnitude and prioritization of responses to identified pertinent infant and young child feeding issues.

Outcome 3.1

Sustained availability of regular, timely and quality IYCF information and planned studies and operational research are carried out to ensure adequate IYCF programming.

Outputs

- 3.1.1. Monitoring and evaluation framework/plan for the effectiveness of IYCF interventions is developed.
- 3.1.2. The technical capacity concerning M&E is improved for all stakeholders, IYCF indicators are incorporated into existing health information system & into other structures; service providers collect regular data as part of their routine activities.
- 3.1.2 Periodic assessments, operation research and evaluation studies are conducted to evaluate the impact of the IYCF programming on infant and young child feeding practices, identify the gaps and improve the design of the IYCF interventions.

3.5 Implementation

A detailed plan of action with the above objectives, outcomes and outputs as well as the activities, expected results and timeframe are presented in the Annex1. For effective implementation of this strategy, assumptions are made here that there will be an enabling environment marked by good governance, adequate financial and human resources, security across the country, technical, material and logistic supports as well as community participation in order to achieve the set objectives. It is described earlier in this document that IYCF interventions will be introduced into other sectors such as education, wash, agriculture, etc, as well as into other health and nutrition programmes, i.e. during antenatal clinics or in feeding programmes, and through existing funding initiatives such as the Global fund. Specific strategies to work with these sectors and programmes are detailed in the strategy.

3.4.1 Partnership

The implementation of the strategy will be carried out through partnership with line ministries, NGO (international and national), the local community, the private sector, and schools and academic institutions. The Ministry of Health will provide the overall leadership,

guidance and policy direction with support from UNICEF and other UN agencies and donor community. The Ministry of Health remains evidently the main implementer of the IYCF strategy, although other partners, particularly the local NGOs and the communities are very important partners at delivering the IYCF interventions. With regards to local communities, the Strategy identifies the group of influential people on mothers/caregivers decisions to feed their infants, young children and families. It is stressed that these people should be adequately knowledgeable of IYCF and must have the necessary skills to sensitize mothers and caregivers on the optimum infant and young child feeding practices. It is also stressed that these people should be regularly supervised by local and national NGO, the ministry of Health staff to ensure that the quality of the messages they convey to the mothers are in accordance to optimal behaviour.

Schools, academic institutions, religious groups, professional associations, women and youth groups etc. represent important structures through which to deliver population based interventions. Partnership with academic institutions will be strengthened to support training of service providers.

The Private Sector

The Private sector, the wholesalers, food manufacturers, trade unions etc., have an important role to play towards improving infant and young child feeding practices. One of the areas where the private sector's role is particularly stressed is at policy level to support the advocacy and legislation relating to the Code of marketing of the BMS and protection of the rights of the breastfeeding mothers. The Private Sector has also a role to play with regards to the quality and safety of the processed infant foods and to ensure that these products adhere to the international standards, codes and guidelines. Social marketing of products that can support optimal IYCF should be explored.

4. MONITORING, EVALUATION AND RESEARCH

Actions to promote and support infant and young child feeding must be monitored and regularly evaluated to assess program effectiveness, justify continuation or modification of planned interventions and provide feedback at all levels. Monitoring is an on-going process of a program and aims at providing continuous indications of progress made or lack of it to the management and other stakeholders in achieving the objectives and expected results.

Evaluation is a periodic exercise that tries to systematically and objectively assess progress realized towards achieving the program's objectives. Progress in IYCF depends very much on behavioral changes and in this regards, monitoring and evaluation of the behavioral indicators should be given special attention when evaluating the progress made on the IYCF Strategy.

Monitoring and evaluation tools will be developed to provide a standardized framework of the information to be collected, how to process, analyze and interpret it and guidance on how to disseminate it to stakeholders at all levels. All organizations working on IYCF in Puntland will use the same monitoring and evaluation tools and follow the same indicators so as to ensure comparability. Some of the IYCF (early initiation and exclusive breastfeeding) are already at the testing phase to be included in the HMIS system. Inclusion of IYCF data in the HMIS system has been identified as an opportunity to strengthening the system and the IYCF programming for that matter. Although more discussion is needed to ensure that indicators being collected are appropriate and informative. Indeed with regards to IYCF programming, regular collection, processing and analysis of the IYCF data will help ensure a follow up of the trends on infant and young child feeding. Infant and young child feeding indicators should be incorporated into existing health information mechanisms as well as in new entry points such as feeding programs, etc for all children less than 2 years of age. Outcome and impact indicators will be included in MICS, nutrition and KAP surveys, and other qualitative surveys.

Research, including operations research, is needed to determine:

- factors that contribute to poor, and support optimal, infant and young child feeding practices at all levels,
- to identify groups that may need more support, more follow up, or training or who might most benefit from services
- identify cost-effective approaches to improving infant and young child feeding practices that should be advocated for and implemented,

Research evaluation of the IYCF Strategy for Puntland will be carried out as follow:

- 2013: Qualitative study to assess progress
- 2014: Mid-term evaluation
- 2016: Final evaluation

Results obtained from monitoring, evaluation and research will be regularly reviewed and used to revise concerned areas of the strategy and planned actions so as to improve the infant and young child feeding practices.

5. ROLE AND RESPONSIBILITIES

The various ministries in the Government of Puntland and other concerned stakeholders share the responsibilities for ensuring the fulfillment of the right of the children to adequate nutrition, health and care and for the mothers, the right to successful breastfeeding. In this regards, each partner is committed to improving the nutritional status of each child in Somaliland and thus, to the successful implementation of the IYCF Strategy. In other words, all partners will work with the MOH to achieve the aim and objectives of the National IYCF strategy, thus ensuring wide coverage of IYCF interventions within the country, avoidance of duplication of efforts and efficient use of resources under the overall leadership of the Ministry of Health.

Making the necessary behavioural changes to improve infant and young child feeding practices requires many actions from the families and the communities and increased political will, public investment, and sustained collaboration between government ministries,

UN agencies, international and national organizations, academic institutions, professional associations and other concerned groups.

5.1 Ministry of Health- -Overall leadership for the implementation of the IYCF Strategy

The Ministry of Health provides the overall leadership for the implementation of the IYCF Strategy and its plan of action. Adequate human, financial and material resources should be identified in order to implement plans in a successful and timely fashion.

The Ministry of Health will receive support from several key government ministries and other concerned stakeholders. A national IYCF focal person, from the nutrition Department in the MoH should assume a leadership role of coordinating a multi sectorial technical coordinating committee. The technical coordinating committee will be made of technical focal points for IYCF from the various government ministries, preferably the Director General of a given ministry and of project manager or most senior technical representative of an NGO. For specific activities, such as monitoring the local Code for the marketing of Breast Milk Substitutes, the review of the communication strategy etc., a steering committee will be established to spearhead the given task up to its completion.

Similar coordination structure will exist also at regional level, that is, a regional IYCF coordinator, who provides management and administrative support to the regional IYCF technical coordinating committee.

5.2 Other Government Ministries and Key stakeholders

A summary of the roles and responsibilities of the MOH and other partners are presented in the table below.

Table 1: Stakeholders, their roles and responsibilities in implementing the IYCF strategy

No	Stakeholder	Role and Responsibilities
1	MOH- Nutrition UNIT	National coordinator of the IYCF Strategy
2	Ministry of Health (DG) -Public Health Care department -Primary Health Care Department -Planning Department	<ul style="list-style-type: none"> - Assumes overall leadership and coordination of the implementation, monitoring and evaluation of the IYCF strategy. - Provide the lead in formulating guidelines, policies and strategies & developing IEC material, training modules, drafting the code for marketing BMS and its measures for controlling its violation. - Coordinate overall IYCF data analysis, dissemination and feedback to implementing partners. - Identify and allocate human and financial resources for effective implementation of the IYCF Strategy.
2	Ministry of Agriculture, Ministry of Pastoral Development and Environment, Ministry of Fishery and Marine Resource	<ul style="list-style-type: none"> - Provide support to the MOH in all coordination and management aspects of the IYCF strategy and advocacy for IYCF. - Provide support to the families and communities with issues concerning food availability especially in difficult situations.
3	Ministry of Education Ministry of Culture and Tradition Ministry of Social Affairs and Labor Ministry of Commerce, Industry and Tourism Ministry of finance Ministry of Information and National Guidance Ministry of National Planning and Development Ministry of Religion and Endorsement	<ul style="list-style-type: none"> - These ministries collaborate with the MOH to carry out advocacy for IYCF strategy; - they provide support to the MOH for the overall implementation of the IYCF strategy and are called to assume leadership role in their respective areas of the strategy. - Participate in IYCF strategy coordination mechanisms and in the enforcement of the National Code for the marketing of the Breast-milk substitutes, the maternal protection legislations and the Codex Alimentarius.
3	UN Agencies:-UNICEF,-WHO,-FSNAU,-WFP,-UNFPA,-UNHCR	<ul style="list-style-type: none"> - Provide technical, financial and logistic support for effective implementation of the IYCF Strategy. - Assist government ministries in monitoring and evaluation of the IYCF strategy, identification of the gaps and implementation of key recommendations.
4	NGO (International, National, faith	<ul style="list-style-type: none"> - Provide financial and technical support for

	<p><i>based and community based organizations)</i></p>	<p>community based IYCF interventions and ensure effective linkages with health care system.</p> <ul style="list-style-type: none"> - Provide members with accurate, up-to-date information about infant and young child feeding from their programmes. - Ensure effective supervision of IYCF interventions, contribute to the creation of community & MCH mother-support groups and ensure effective promotion of their Baby-friendly Status. - Participate in IYCF strategy coordination mechanisms and the enforcement of the local Code for the marketing of the Breast-milk substitutes and the maternal protection legislations.
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5	Academic Institutions	<ul style="list-style-type: none"> - Ensure optimum IYCF practices and counselling skills are included in nursing/midwifery colleges curricula - Provide support the MOH in the training of health workers at all levels on community IYCF package. - Participate in IYCF strategy coordination mechanisms and the enforcement of the local Code for the marketing of the Breast-milk substitutes and the maternal protection legislations
7	Professional Associations/Groups	<ul style="list-style-type: none"> - Provide support the MOH in the training of health workers on community IYCF package at all levels of the health system and in all other entry points identified in the strategy. - Provide support in monitoring of activities, supervision of health workers and community health workers. - Participate in IYCF strategy coordination mechanisms and the enforcement of the local Code for the marketing of the Breast-milk substitutes and the maternal protection legislations.
8	Private Sector	<ul style="list-style-type: none"> - Provide financial support to the MOH in the overall IYCF programming, participate in IYCF coordination mechanisms. - All manufacturers and distributors of artificial milk products are responsible for monitoring that their marketing practices are according to the principles and aims of the Code of BMS and Codex Alimentarius.

Annex 1: Plans of Action. (Separate file)

Annex 2: The TEN STEPS TO SUCCESSFUL BREASTFEEDING

The "[Ten Steps to Successful Breastfeeding](#)" are the foundation of Baby Friendly Hospital Initiative. They provide guidance on maternity practices necessary to protect, support and promote breastfeeding practices. Generally, a maternity facility is certified 'baby-friendly' when it has implemented all the 10 Steps to Successful Breastfeeding and does not accept free or low cost breast milk substitutes, feeding bottles or teats. The TEN Steps are presented in the table below.

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 a half-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 - 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.**

Annex 3: The Seven Steps for the Protection, Promotion and Support of Breastfeeding in Community Health Care Settings

Baby Friendly Community Initiative

Similarly to the Baby Friendly Hospital Initiative, the Baby Friendly Community Initiative aims at protecting, promoting and supporting breastfeeding for healthy mothers and babies. It is based on the principles of the Ten Steps to Successful Breastfeeding, although UNICEF and WHO have not made these steps official yet. Nevertheless, the Baby Friendly Community Initiative which is already in use in several countries is meant to encourage and support health services in the community so as to increase breastfeeding initiation and duration, to discourage bottle feeding and to provide support, information and advice to breastfeeding mothers in their communities.

The Seven Steps

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
2. Train all staff involved in the care of mothers and babies in the skills necessary to implement the policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Support mothers to initiate and maintain breastfeeding.
5. Encourage exclusive and continued breastfeeding, with appropriately-timed introduction of complementary foods.
6. Provide a welcoming atmosphere for breastfeeding families.
7. Promote co-operation between healthcare staff, breastfeeding support groups and the local community

Annex 2: The TEN STEPS TO SUCCESSFUL BREASTFEEDING

The "[Ten Steps to Successful Breastfeeding](#)" are the foundation of Baby Friendly Hospital Initiative. They provide guidance on maternity practices necessary to protect, support and promote breastfeeding practices. Generally, a maternity facility is certified 'baby-friendly' when it has implemented all the 10 Steps to Successful Breastfeeding and does not accept free or low cost breast milk substitutes, feeding bottles or teats. The TEN Steps are presented in the table below.

Ten Steps to Successful Breastfeeding

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

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

Plans of Action for IYCF 2012-2016

This plan of action presents the objectives, outcomes and outputs, expected results and the activities. It also gives a rough estimation of the budget required to implement this strategy and a suggestion of time frame for their implementation and responsible parties.

Objective 1: To ensure that national coordination & monitoring framework as well as policies and legislation that are supportive of optimal IYCF practices are enacted and adequately implemented								
Outcome 1.0 : Coordination mechanisms & monitoring framework of the Strategy are in place and IYCF is mainstreamed into national development policies, strategies and initiatives								
Output 1.0.0. The National IYCF Strategy is disseminated & overall coordination mechanisms at national and regional level are set up.								
Expected Results	Activities	Execution year					Responsible	Budget in USD
		Y1	Y2	Y3	Y4	Y5		
1) The National IYCF Strategy is effectively coordinated by a technical coordinating team guided by a National IYCF coordinator 2) IYCF regional coordinating mechanisms are established in 2013 to undertake coordination, oversee the planning and implementation of annual work plan starting from 2014.	1.1 Translation of the National IYCF strategy into Somali language	x					IYCF Focal points from line ministries, IYCF stakeholders, professional associations, Religious, women and youth groups	
	1.2 The National IYCF strategy is disseminated at all levels	x						
	1.3 Finalization and validation of the TOR for a multi sectorial National IYCF technical coordinating group and the ToR of the National IYCF coordinator.	x						
	1.4 The ICYF National coordinator chairs IYCF coordination meetings & ensures dissemination of quarterly reports to all stakeholders.	x	x	x	x	x		
	1.5 IYCF is effectively mainstreamed into policies, plans, strategies, activities, other sectors, and health initiatives & programmes.	x	x	x	x	x		
	1.6. Regional coordination mechanisms: a multi sectorial regional technical coordinating team and regional IYCF coordinator with TOR are established by 2013.		x					
	1.7 Regional coordination meetings are held quarterly and minutes shared with national IYCF coordinating structures.		x	x	x	x		
	1.8 Raise awareness & advocate for regional IYCF funding; provide technical support for the development & implementation of regional IYCF annual work plan, starting in 2014.			x	x	x		
Total budget								120,000

Outcome 1.1: A national Code of marketing Breast Milk Substitutes is enacted into a law in 2013 and international standards, guidelines and codes concerning the safety and quality of processed complementary foods intended for consumption by infants and young children are strictly adhered to.								
Output 1.0.1: Advocacy for the code of marketing BMS is expanded to all relevant structures and a coordinating task force of the Code is set up to spearhead the Code monitoring and its enactment.								
Expected Results	Activities	Execution year					Responsible	Estimated budget
		Y1	Y2	Y3	Y4	Y5		
3) A Task force for the Code of marketing of BMS is in place to ensure its advocacy to policy makers, health workers and its enactment into law.	2.1 Identify members of a task force & validate its TOR for the implementation of the Code of Marketing of BMS	x					MOH, Line ministries, UN agencies, trade unions, private sector, NGO (international & national), Professional associations, women, youth, religious groups	
	2.2 Copies of the Code in English and in Somali are available	x	x					
	2.3 Official dissemination of the Code to government ministries Officials, health service providers & IYCF implementing partners at all levels, to private sector, community based structures & of user friendly guidelines of the content of the Code and its enforcement procedures to government officials and health workers are produced & disseminated.		X					
	2.4 Develop and disseminate user friendly guidance notes for Health workers interactions with infant formula sellers & manufacturers.		X					
	2.5 Advocate for the enactment of the Code of Marketing BMS into a law through public mass media sensitization at all levels.		X	x				
	2.6 Increased awareness & sustain advocacy of the code of the BMS to senior health management, policy makers, health providers, and pharmacists, private sector, wholesalers/food manufacturers etc		X	x				
	2.7 Enhance sensitization of the health service providers and other stakeholders on their responsibilities under the Code during emergencies particularly.		X	x	x	x		
Total budget								50,000

Output 1.0.2: The scope of the Code is broadened to ensure that all processed complementary foods intended for consumption by infants and young children are appropriately labeled, marketed and distributed.									
Expected Results	Activities	Execution year					Responsible	Estimated Budget	
		Y1	Y2	Y3	Y4	Y4			
4) A task force for monitoring the Code of marketing of BMS has also the capacity and overall responsibility to monitor the appropriateness for consumption of processed complementary foods intended for consumption for infants and young children	4.1 Conduct market chain analysis of processed complementary foods intended for infants and young children’s consumption in relation to compliance with the international standards, guidelines and codes and ensure wide distribution of the results and recommendations at all levels.			x			MOH, Line ministries, UN agencies, trade unions, private sector, NGO (international & national), Professional associations, women, youth and religious groups		
	4.2 Develop standards for nutrient content, safety, and appropriate labeling of processed complementary foods intended for infants and young children consumption and ensure they are incorporated into the Code of marketing BMS.			x					
	4.3 Enhance knowledge on the quality of processed infant foods, available in the markets during IYCF training of service providers.			x	x	x			
	4.4 Conduct a formative research to assess knowledge, attitudes and practices on the use of processed complementary foods intended for infants and young children’s consumption			x					
	4.5 Develop guidelines for service providers and key messages on the use of processed complementary foods intended for consumption by infants and young children at all levels				X				
Total budget								150,000	
Output 1.0.3: A Monitoring system of the Code & Codex Alimentarius for violations, enforcement procedures, and suggested legal course of action are established.									
Expected results	Activities	Y1	Y2	Y3	Y4	Y5	Responsible		
5) The Code of marketing of BMS and Codex Alimentarius are regularly monitored, enforcement procedures and legal action taken against violations undertaken	5.1 Strengthen monitoring and enforcement procedures of the Code of marketing of BMS and Codex Alimentarius to effectively detect any violations.		x	x	x	X	MOH, Line ministries, UN agencies, trade unions, private sector, NGO (international & national), Professional associations, women, youth & religious		
	5.2 Carry out regular assessment of the Code & Codex implementation to detect the strengths, weaknesses, and threats to the monitoring mechanisms and enforcement procedures of the code and processed complementary foods .			x		x			

	5.3 Ensure wide distribution of the assessment results of the Code and revision of the monitoring procedures and measures.			x		x	groups	
Total budget								70,000

Outcome 1.2: The legislation to support proposed amendments to the provisions of the ILO Maternity Protection Convention C183 for the protection of all employed women is effective by 2016 and recommendations to promote, support, and protect optimum breastfeeding practices for women in the informal sector are endorsed.								
Output .1.2.1: Situation analysis on mothers' ability to sustain optimum breastfeeding is under taken and advocacy and partnership to protect, promote and support optimum breastfeeding practices for ALL** women enhanced. (** = women in paid employment and women working in informal sector)								
Expected Results	Activities	Execution year					Responsible	Est. Budget
		Y1	Y2	Y3	Y4	Y5		
6) A formative research is conducted; advocacy and partnership to support breastfeeding for ALL mothers undertaken.	6.1 Conduct formative research to assess factors enabling and barriers to optimum breastfeeding practices for women in paid employment and in informal sector. Disseminate results and recommendations to all stakeholders including, the private sector & community based structures.			x			MOH, Line ministries, UN agencies, trade unions, private sector, NGO (international & national), Professional associations, women, youth, Y religious groups, trade unions	
	6.2 Increase public awareness of the benefits of combining work and breastfeeding, and publicize legislation in support for women in paid employment and recommendations in support of breastfeeding women in informal sector.			x	x	x		
	6.3 Engage partnership with local NGO, trade unions, associations and women, youth and religious groups to improve their advocacy and support to breastfeeding mothers in formal and informal sectors.			x				
	6.4 Develop key messages aimed at various audiences for the promotion and support to breastfeeding by mothers in paid employment and inform sector and dissemination through appropriate channels.			x				
Total budget								100,000

Output 1.2.2: Advocacy is enhanced and sustained to relevant government ministries, employers, trade unions & communities to provide support and an enabling environment for promoting, supporting and protecting breastfeeding for women in paid employments and informal sector.								
Results expected	Activities	Execution year					Responsible	Est Budget
		Y1	Y2	Y3	Y4	Y5		
7) A conducive environment for the protection of breastfeeding is created to support ALL women to breastfeed optimally even during emergencies situation.	7.1 Advocate with employers/government to create better opportunities to breastfeed in the workplace.			x	x	x	MOH, Line ministries, UN agencies, trade unions, private sector, NGO (international & national), Professional associations, groups, Academic Institutions	
	7.2 Ensure support to the Ministry of Social Affairs and Labor for the legislation on the maternal protection to breastfeed in the workforce is provided by all IYCF stakeholders, private sector and trade unions.				x	x		
	7.3 Enhance implementation of the recommendations from the formative research in support of breastfeeding mothers in the informal sector.			x	x	x		
Total budget								30,000
Objective 2: To ensure adequate implementation of IYCF programming via an agreed upon guiding framework and plan of action								
Outcome 2.0: Improved capacity and means of delivering IYCF interventions								
Output 2.0.1: A communication strategy and a plan of action to promote optimum infant and young child feeding practices are developed								
Expected Results	Activities	Execution year					Responsible	Est. Budget
		Y1	Y2	Y3	Y4	Y5		
8) A communication strategy and a plan of action to promote optimum infant and young child feeding practices are endorsed by all partners.	8.1 Review/conduct formative research on current knowledge, attitudes and behaviors related to infant and young child feeding at all levels, identify gaps, needs and interests of the beneficiaries.		x				MOH, Line ministries, UN agencies, trade unions, private sector, NGO (international & national), Professional associations, women, youth & religious groups, Academic institutions	
	8.2 Develop an advocacy and communication strategy, based on the formative research, to support IYCF interventions		X					
	8.3 Develop advocacy and communication materials for all audiences & stakeholders to support the strategy.		x					
	8.4 Monitor the effectiveness of the advocacy and communication interventions and adjust strategy as required.		x	x	x	X		
Total budget								200,000

Output 2.0.2: Training needs and necessary training material support to improve optimum Infant and young child feeding practices rates are developed/updated and in use for all levels of the health system, in schools and academic institutions and in other sectors.								
Expected Results	Activities	Y1	Y2	Y3	Y4	Y5	Responsible	Est. budget
9) Training needs at all levels are known and training modules, IEC material, job aids, counseling cards and IYCF operation guidelines are developed.	9.1 Assess levels of skills and knowledge for improvement and training needs of IYCF service providers.		x				IYCF technical coordinating team and relevant stakeholders	
	9.2 Develop, reproduce & disseminate operation guidelines on optimum breastfeeding and complementary feeding practices, including feeding in special circumstances for specific audiences of IYCF service providers.		x					
	9.3 Develop or update (as need be), reproduce and disseminate IYCF training package, pre-service training, IEC material, job aids, counseling cards, key counseling messages for all levels of the health system, other sectors providing IYCF counseling & community support people.		x	x	x	x		
	9.4 Integrate appropriate content on IYCF in Medical colleges, Nursing/midwifery colleges, primary & sec. schools curricula.		x	x				
	9.5 Develop and follow a roll out IYCF plan for capacity development for all categories of IYCF service providers to promote optimum IYCF practices.	x						
Total budget								275,000

Output 2.0.3: Standardized monitoring and supervision tools for all levels of IYCF implementation are developed.								
Results	Activities	Y1	Y2	Y3	Y4	Y5	Responsible	Est. Budget
10) Technical capacity of service providers is reinforced through structured supervision & on job training.	10.1 Monitoring and supervision plans for national, regional, and community levels are established at the beginning of the year	x	x	x	x	x	IYCF technical coordinating team, relevant key stakeholders	
	10.2 Develop/Update & use standardized monitoring, supervision & reporting tools for all levels and entry points of IYCF implementation.	x	x	x	x	x		
	10.3 Ensure support is provided for regular on job training, follow up and formative /structured supervision of HW, counselors and Community resources people (Sheikhs, opinion leaders) by the MOH, NGO (international & local) in partnerships with other ministries/stakeholders, community based structures.	x	x	x	x	x		
	10.4 Document lessons learnt & success stories on the implementation of IYCF strategy.		x		x	x		
Total budget								250,000

Outcome 2.1: Increased appropriate knowledge, attitudes and practices regarding infant and young child and maternal nutrition.									
Output 2.1.1: Scale up technical capacity on IYCF to least 80% of the health workers, 75% of Community health workers and 50% of community resource influential people.									
Expected Results	Activities		Execution year						Est. budget
			Y1	Y2	Y3	Y4	Y5		
11) Technical capacity at national, regional and community levels & in primary, secondary and academic institutions on IYCF is scaled up to promote and support optimum infant and young child feeding practices.	11.1	Develop partnership with the Health/Medical & Nursing/Midwifery Colleges, NGO (locals and international) to develop a pool of trainers on IYCF for all categories of IYCF service providers and for all entry points.	x	x	x	x	x	MOH at national/regional and district level. NGO, CBO, UNICEF & UN agencies, Private sector, other gov. Ministries. Academic institutions,	
	11.2	Scale up training of HW on IYCF & maternal nutrition during pregnancy, in maternity, & in PMCTC sites	x	x	x	x	x		
	11.3	Identify & train TBA, CHW, Counselors and IYCF service providers from other sectors (WASH, Education, HIV/AIDS..).	x	x	x	x	X		
	11.4	Identify & train community resource influential people on IYCF (husbands, grandmothers, elderly women etc..)	x	x	x	x	X		
	11.5	On job training, mentoring & structured supervision of HW, community HW & or IYCF counselors scaled up to ensure quality service delivery in all IYCF entry points.	x	x	x	x	x		
	11.6	Scale up training on IYCF in schools (primary & secondary) and in academic institutions	x	x	x	x	x		
Total budget									600,000

Output 2.1.2: Access to IYCF counseling for pregnant and lactating mothers is expanded through health services, community based structures and Baby Friendly Health & Baby Friendly Community Initiatives.								
Expected Results	Activities	Execution year					Responsible	Est. Budget
		Y1	Y2	Y3	Y4	Y5		
12) Individual and group counseling on IYCF and support are provided to all mothers/caregivers using all entry points and channels of communication. 13) All Hospitals and at least 50% of the MCH implement at least 7 out of 10 BFHI steps to successful breastfeeding. 14) CBFI promoted and supported	12.1 Provide counseling to individual mothers and in group sessions on breastfeeding and complementary feeding practices. Entry points for service provisions would be: ANC, Immunization clinics, curative services, at delivery, at 1st follow up visit following the delivery, at VCT,.CHD, outreach clinics and at selective feeding programs, through other sectors	x	x	x	x	x	Gov. ministries: health, education, agriculture, etc at national level, MOH departments at national level & MOH at Regional and district levels, UNICEF and other UN Agencies, INGO & National & local NGO, Community leaders, University, nursing/midwifery colleges	
	12.2 Sensitize all health management teams at National and regional levels on the BFHI. Develop & Agree on criteria for Baby friendly Hospital/MCH certification and criteria for Baby friendly Community Initiatives			x				
	12.3 Establish, promote MCH/Hospital breastfeeding mother to mother support groups; Assess & certify MCH/hospitals 'Baby friendly'.		x	x	x	x		
	12.4 Establish and promote community-based mother to mother support groups, establish peer counselors support, with supportive supervision from health system, local and INGO, Ministry of Religious Affairs, Youth and Sports, Women Affairs		x	x	x	x		
	12.5 Establish linkages between baby friendly health facilities and baby friendly community initiatives with the same catchment area.		x	x	x	x		
Total budget								1,000,000

Results	Activities	Execution year					Responsible	Est. Budget
		Y1	Y2	Y3	Y4	Y5		
15) Uptake of IYCF is scaled up through BCC strategies	13.1 Expand partnership with local NGOs, mass media, institutions, women groups, religious groups, & other sectors etc.. to promote optimum infant and young child feeding practices.		x	x	x	X	IYCF coordinating team, all relevant stakeholders, communities	
	13.2 Promote IYCF messages through various communication channels: (drama, storytelling competitions, education, media – radio, TV, mobile vehicles, written materials (posters, banners, integration of IYCF through national, regional, community events, festival, traditional, international days, CHDs, youth events/sports, screening days).		x	x	x	X		
	13.3 Provide support to community leaders, men, grandmothers/mothers, religious leaders for the promotion of IYCF practices in their communities.		x	x	x	X		
Total budget								500,000

Output 2.1.3: Local availability and consumption patterns of nutrient dense foods are better understood and this knowledge is used to promote increased intake of energy, protein and micronutrient-rich foods.									
Expected Results	Activities	Y1	Y2	Y3	Y4	Y5	Responsible	Estimated budget	
16) Optimum Complementary feeding practices rates are increased.	14.1 Operational guidelines and strategies for promoting & supporting complementary feeding are developed and disseminated as per needs in the various entry points.		x				Gov. ministries: health, education, agriculture, etc at national level, MOH departments at national level & MOH at Regional and district levels, UNICEF and other UN Agencies, INGO & National & local NGO, Community leaders, University, nursing/midwifery colleges		
	14.2 Develop training modules and IEC material, job cards, counseling cards on complementary feeding practices for all levels of the health system and partner sectors.		x						
	14.3 Based on the results and recommendations of the formative research on optimum IYCF practices, develop key messages & recipes for promotion and support of optimum complementary feeding		x	x	x	x			
	14.4 On a pilot basis, undertake at MHC level cooking demonstrations of weaning foods using local foods & promotion of key family care practices. Expand initiative to other MCH areas on basis of lessons learnt.		x	x	x	x			
	14.5 Review & scale up use of nutritious complementary foods through traditional technics i.e meat drying, use of kitchen gardens, animal husbandry, recipe design and trials, social protection schemes: in kind, food vouchers, cash transfer, income generating activities.			x	x	x			
	14.6 Provide nutritional supplementation support to malnourished pregnant & lactating mothers with supportive health education.	x	x	x	x	x			
	14.7 Investigate & introduce on pilot basis, options for promoting use of multiple micronutrients supplementation, fortification for pregnant and lactating mothers	x	x	x	x	x			
	14.8 Strengthen the linkage with the Ministry of Agriculture, Pastoral and development to promote consumption of nutrient dense locally foods for complementary feeding.	x	x	x	x	x			
Total budget								15,000,000	

Output 2.1.4: Appropriate IYCF practices for infants and young children are adequately maintained in difficult circumstances.								
Expected Results	Activities	Execution year					Responsible	Est. Budget
		Y1	Y2	Y3	Y4	Y5		
17) Mothers and caregivers are adequately supported in special circumstances to ensure feeding optimally their infants and young children	15.1 Increase advocacy and collaboration with all stakeholders to ensure integrating IYCF interventions in all disaster preparedness and response plans.	x	x	x	x	x	IYCF coordinating team, all relevant stakeholders	
	15.2 Ensure guidelines on infant and young child feeding in emergencies are updated and copies available in health facilities for reference.	x	x	x	x	x		
	15.3 Develop/Update simple key messages on optimum infant and young child feeding practices targeting specific audiences and communication strategy that can be rapidly reproduced and disseminated during emergencies.		x		x			
Total budget								20,000
Outcome 2.2: Improved mainstreaming IYCF as a key component of other relevant sectors’ interventions.								
Output 2.2.1: IYCF interventions are effectively incorporated into Health, education, Wash, HIV/AIDS & agriculture etc. interventions.								
Expected Results	Activities	Y1	Y2	Y3	Y4	Y5	Responsible	Est. Budget
18) The uptake of IYCF programming is enhanced through multi sectorial partnership.	16.1 Advocate & plan annually for incorporation of IYCF interventions into Health, HIV/AIDS, WASH, education, agriculture sectors etc. to enhance its uptake	x	x	x	x	x	IYCF coordinating team, all relevant stakeholders	
	16.2 Conduct formative research to determine the limiting factors in integrating effectively IYCF into other sectors, national policies and how to overcome them.		x					
	16.3 Strengthen collaboration with reproductive health, HIV/AIDs, immunizations etc. programmes to mainstream IYCF activities .		x	x	x	X		
	16.4 Ensure consistence of approach across programmes, sectors through the use of harmonized guidelines, training material, key messages, IEC material, monitoring and supervision tools.		x	x	x	X		
Total budget								50,000

Objective 3: To identify pertinent infant and young child feeding issues and raise awareness on the scale and magnitude of these problems.									
Outcome 3.0. Sustained availability of regular, timely and quality IYCF information and planned studies and operational research are carried out to ensure adequate IYCF programming.									
Output 3.0.1: Monitoring and evaluation framework/plan to monitor and evaluate the effectiveness of IYCF interventions is developed									
Results	Activities	Execution year					Responsible	Estim. Budget	
		Y1	Y2	Y3	Y 4	Y5			
19) A monitoring and evaluation framework for IYCF is developed and implemented	17.1 Develop, reproduce and disseminate a monitoring and evaluation framework for the IYCF strategy to all stakeholders.		x				IYCF coordinating team, all relevant stakeholders		
	17.2 Select and agree on output and impact indicators, identify criteria and targets, data collection, types and sources of data.		x						
Total budget								10,000	
Output 3.0.2: The technical capacity concerning M&E is improved for all stakeholders, IYCF indicators are incorporated into existing health information system & into other structures; service providers collect regular data as part of their routine activities.									
Results	Activities	Y1	Y2	Y3	Y4	Y5	Responsible	Est. budget	
20) Build technical capacity for key concerned M&E service providers on M&E and for other IYCF implementing partners to ensure quality regular IYCF data collection and analysis to monitor trends.	18.1 Scale up technical capacity on M & E for concerned services providers for regular monitoring data collection and appropriate analysis and compilation as part of their routine service provision.	x	x	x	x	x	IYCF coordinating team, all relevant stakeholders		
	18.2 Review, develop and agree on regular IYCF indicators to be collected.		x						
	18.3 Quarterly and annual review of IYCF indicators to evaluation trends and progress realized.		x	x	x	x			
	18.4 Regular supervision from national to regional level and from regional to district levels to monitor IYCF programming.	x	x	x	x	x			
Total budget								150,000	

Output 3.0.3 Periodic assessments, operation research and evaluation studies are conducted to evaluate the impact of the IYCF programming on infant and young child feeding practices, identify the gaps and improve the design of the IYCF interventions.

Results	Activities	Execution year					Responsible	Est. budget
		Y1	Y2	Y3	Y4	Y5		
21) Periodic assessments, operations research and evaluations of IYCF interventions undertaken, survey results utilized to improve the IYCF programming design.	19.1 Conduct periodic evaluations of the impact of IYCF interventions on infant and young child practices every 2-3 year		x	x		x	IYCF coordinating team, all relevant stakeholders	
	19.2 Identify priority research gaps to improve the design of IYCF interventions and programmes,		x		x			
	19.3 Strengthen IYCF in the MICS and other national nutrition surveys			x		X		
	19.4 End of strategy evaluation is carried out					x		
	19.6 Ensure wide dissemination of the research results and implementation of the key recommendations.		x		x			
Total budget								500,000