



Government of the Republic of Kenya
Ministry of Health
Division of Nutrition

National Maternal, Infant and Young Child Nutrition

POLICY GUIDELINES

2013



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Preface

This policy is intended to provide a strong framework through which the government can accelerate activities aimed at improving Maternal, Infant and Young Child Nutrition (MIYCN) practices in Kenya. Its full implementation shall support reduction of infant and young child morbidity and mortality in line with the National Health Sector Strategic Plans and make a strong contribution towards attainment of the Millennium Development Goals (MDGs) and Vision 2030 in Kenya.

In order to improve child survival the government is committed to working within the National MIYCN policy framework. The policy provides a mechanism for comprehensive interventions to support optimal nutrition for pregnant and lactating women, infant and young child feeding and improved child survival.

The Government shall work with all stakeholders and partners in developing social support systems to protect, facilitate and encourage optimal MIYCN and create an environment that fosters breastfeeding, provides appropriate family and community support and protects mothers from factors that inhibit breastfeeding. The Ministry renews its commitment to provide leadership that creates an environment that enables Kenyan women, their families and communities to practice optimal Maternal, Infant and Young Child feeding.



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Foreword

Good health and nutrition is expected to play an important role in boosting economic growth, poverty reduction and the realization of social goals and Vision 2030 in Kenya. The Ministry of Health fully recognizes the immediate and long-term social and economic repercussions of malnutrition among infants and young children and has developed this policy guideline drawn from the broader Kenya Food and Nutrition Security Policy (FNSP) to provide a policy framework for national and county response to optimal Maternal Infant and Young Child Nutrition (MIYCN) for improved child survival and maternal health.

Implementation of a package of interventions to address infant and young child nutrition between 2003 and 2008 saw the rate of exclusive breastfeeding rise from 13% in 2003 to 32% in 2008. This made a significant contribution to child survival and development in the country with an improvement in infant mortality rate from 77/1,000 live births in 2003 to 52/1,000 live births and under-five mortality from 115 to 74 per 1000 live births as revealed by the Kenya Demographic Health Survey 2008/09. Breastfeeding is therefore highlighted as a key strategy under High Impact Nutrition Interventions (HINI). As exclusive breastfeeding continues to be the best option for HIV exposed infants the government has made exclusive efforts to provide evidence-based comprehensive guidelines for feeding infants and young children in the context of HIV/AIDS thus increasing their chances of survival, growth and development. In addition, the Government of Kenya enacted the Breast Milk Substitutes Regulations and Control Act in 2012 to ensure protection, promotion and support of breastfeeding.

The Ministry acknowledges the support of international and national non-governmental organizations, development partners, professional bodies, community-based organizations, faith-based organizations, families and communities in working towards improving nutrition indicators. The Ministry also recognizes that the implementation of this policy guideline requires mobilization of various forms and levels of resources for national and county response. The Kenya Government is therefore committed to allocate and actively seek human and material resources and provide effective coordination to protect, facilitate and encourage optimal Maternal Infant and Young Child Nutrition and create an environment that fosters nutrition wellbeing, affirming the right of every child and every pregnant and lactating woman to be adequately nourished.

I urge all stakeholders to play their role in the implementation of this strategy.



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Acronyms and Abbreviations

3TC	Lamivudine
AFASS	Affordable, Feasible, Acceptable Safe and Sustainable
AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Antennal Clinic
ART	Anti-retroviral Therapy
ARV	Anti-retroviral
AZT	Zinovudine
BFCI	Baby Friendly Community Initiative
BFHI	Baby Friendly Hospital Initiative
BMI	Body Mass Index
CBO	Community Based Organization
CD4	Cluster of Differentiation 4
D4T	Stavudine
DNA	Deoxyribonucleic Acid
EFV	Efavirenz
EID	Early Infant Diagnosis
eMTCT	Elimination of Mother-to-Child Transmission
ERSWEC	Economic Recovery Strategy for Wealth and Employment Creation
FBO	Faith Based Organization
GDP	Gross Domestic Product
GOK	Government of Kenya
HAART	Highly Active Anti-Retroviral Therapy
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HSV-1	Herpes Simplex Virus Type 1
IF	Infant Feeding
IGR	Intra-Uterine Growth Retardation
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illnesses
IYCF	Infant and Young Child Feeding
IYCN	Infant and Young Child Nutrition
KAIS	Kenya Aids Indicator Survey
KDHS	Kenya Demographic and Health Survey

KHSSP	Kenya Health Sector Strategic Plan
KNBS	Kenya National Bureau of Statistics
LBW	Low Birth Weight
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MIYCN	Maternal, Infant and Young Child Nutrition
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
MTCT	Mother to Child Transmission
MUAC	Mid-Upper Arm Circumference
NGO	Non Governmental Organization
NC-IYCF	National committee on Infant and Young Child Feeding
NVP	Nevirapine
PCR	Poly-Merese Chain Reaction
PMTCT	Prevention of Mother to Child Transmission
TDF	Tenofir
TFR	Total Fertility Rate
UNDP	United Nations Development Programme
UNICEF	United Nation's Children Fund
WHA	World Health Assembly
WHO	World Health Organisation

Operational Definitions

Breastfeeding:	Is feeding an infant or a young child the breastmilk either directly from the breast or from a cup of expressed breastmilk.
Breastmilk Substitute:	Means any food being marketed or otherwise represented as partial or total replacement for breastmilk, whether or not suitable for that purpose.
Complementary Feeding:	The process starting when breastmilk alone is no longer sufficient to meet the nutritional requirements of infants, and therefore other foods and liquids are needed, along with breastmilk or a breastmilk substitute. The target range for complementary feeding is generally taken to be 6 up to 24 months.
Complementary Foods:	Any food, whether manufactured or locally prepared, suitable as a complement to breastmilk or to a breastmilk substitute when either becomes insufficient to satisfy the nutritional requirements of the infant.
Exclusive Breastfeeding:	Means giving an infant no other food or drink, not even water, apart from breastmilk; with exception of drops or syrups consisting of vitamins, mineral supplements or medicine from prescription.
Flex-time:	Adjusted arrival and departure times to meet family's schedule; time in which workers arrange to work unusual hours to accommodate their home and breastfeeding schedules.
Health:	A state of complete physical, mental, social, and spiritual well being and not merely the absence of disease and infirmity.
Infant:	Means a child from birth to 12 months of age.
Low birth weight:	A birth weight of less than 2500gm, as a consequence of pre-term birth or due to small size for gestational age (weight for gestation <10th percentile) or both.
Nutritional Status:	The state of the body produced by the process by which the human organism utilizes food as a result of eating, digestion, absorption, transport, storage and metabolic effect of the cellular level.
Obesity:	A Body Mass Index of 25.0 kg/m ² or above
Pre-lacteal Feeds:	Any food, solid or liquid given to an infant before initiation of breastfeeding.
Pre-term:	A birth before 37 completed weeks of gestation.
Stunting:	Children whose height-for-age Z-score is below minus 2Z-scores from the mean of the reference population
Under weight	Children whose weight-for-age is below minus 2Z-scores from the mean of the reference population
Wasting:	Children whose weight-for-height Z-score is below minus 2Z-scores from the mean of the reference population
Window of Opportunity:	This is the period from conception through pregnancy to two years old (i.e. from minus 9 to 24 months) when nutrition interventions of high impact are critical in avoiding irreversible harm due to stunting and reducing death and disease.
Young Child:	A child aged between 12 months and including 59 months.

1. Introduction

1.1 Background

The Constitution of Kenya guarantees basic nutrition and health of highest attainable standards to all children and adults as a fundamental human right. The goal of Kenya Vision 2030 is to “transform Kenya into a globally competitive and prosperous nation with a high quality of life by 2030”. The achievement of the first six Millennium Development Goals; eradication of extreme poverty and hunger; achievement of universal primary education; promotion of gender equality and empowerment of women; reduction in child mortality; improvement in maternal health and combating HIV/AIDS, malaria and other diseases, requires a healthy and productive labor force, which in turn, calls for the children born today to be well nourished and cared for to optimize their potential. This policy is geared at the conceptual period through the first five years of a child’s life with significant emphasis on the first 1000 days which is the critical window of opportunity where nutrition interventions to reduce stunting have the highest impact to maximize growth and development as well as preventing the risk of death in infants and young children.

1.1.1 Population

More than half of Kenya’s population is under the age of 18 years and about 8.6 million women are in the childbearing age. An estimated 6 million children require special care and protection of which 2.4 million are orphans. On average, one child under the age of five dies every eight minutes in Kenya from preventable causes which constitute 90%.

The 2008/2009 Kenya Demographic and Health Survey reported improvements in infant and under five mortality rates at 54 and 74 deaths per 1,000 live births compared to 77 and 115 per 1,000 live births in 2003 respectively. In spite of this improvement and renewed focus on child survival, achieving MDG targets in under five mortality (33/1000 live births) and infant mortality (26/1000 live births) by 2015 will require the acceleration of evidence based approaches.

1.1.2 Health and Nutrition

One third of children under 5 years are stunted and though the 2008 KDHS showed a reduction in infant mortality and under five mortality, the figures for chronic under-nutrition have not improved over the past 30 years.

Available evidence shows that pregnant women have poor nutritional status with 55% being anemic (GOK, 1999) and 12.3% of women of reproductive age having a BMI of less than 18.5kg/m². Anemia in pregnancy contributes to high rates of intrauterine growth retardation (IGR) and premature birth, increased post-partum bleeding, and finally, greater risk of maternal mortality (MDG 5). Low birth weight (birth weight <2500g) which is one of the best composite indicators of short and long term under nutrition in women, affects one in ten newborns in Kenya (KNBS and ICF Macro, 2010).

Only 53% of women receiving antenatal care are given information on breastfeeding. Initiation of breastfeeding within the first hour of birth which provides the best start to life only occurs among 58% of infants. Data from the 2003 and 2008 Kenya Demographic and Health Survey, show that although breastfeeding is a common practice in Kenya, mixed feeding rather than exclusive breastfeeding is practiced and only 32% of infants are exclusively breastfed during the first six months. Introduction to other foods and liquids start as early as the first month with 32% and 60% of infants being given complementary foods by 2-3 months and 4-5 months respectively. Unfortunately, these complementary foods which replace breast milk are low in energy and micronutrients. Only 39% of all children 6-23 months old are fed in accordance with optimal IYCF practices for appropriate age and breastfeeding status. Only 54% of 6-23 months old babies have adequate dietary diversity to meet their nutritional needs (KNBS and ICF Macro, 2010).

Micronutrient deficiencies particularly iron and Vitamin A are unacceptably high among young children in Kenya where 76% and 74% of pre-school children are deficient in Vitamin A and iron, respectively. This affects cognitive development, lowers school performance and adult productivity, lowers immunity and eventually contributes to the high burden of infant and child morbidity and mortality (MDG 4).

Infant feeding in the context of HIV remains a great challenge. According to Kenya Aids Indicator Survey 2007, only 57% of all pregnant women were tested for HIV during their antenatal period. The HIV prevalence among pregnant women was 7.8%.

1.1.3 Economics

In 2003 the Government launched the Economic Recovery Strategy for Wealth and Employment Creation with the goal of poverty reduction (ERSWEC 2003-2007). This has since been succeeded by Vision 2030 which presents the national economic road map. However, according to the Human Development Index (HDI), Kenya was ranked 147th (UNDP, 2008) and the current annual GDP growth was 2.0% (World Bank, 2008).

Kenya like other countries is currently experiencing challenges due to climate change with associated floods and drought emergencies, food insecurity and rising food prices which is exacerbated by limited arable land where approximately 88% of the land is arid or semi-arid as reported in Kenya Integrated Household Budget Survey (GoK, 2005/2006). Over half of the population in Kenya lives on less than a dollar a day. Inflation has affected the purchasing power at household level.

Malnutrition leads to death and/or disease which in turn reduce the country's productivity. Poor households bear the highest burden of chronic malnutrition with 44% and 39% of children being in the first and second lowest wealth quintile respectively. Chronic malnutrition also affects the richest households with 25% of children in the highest wealth quintile being stunted (KNBS and ICF Macro, 2010). The prevalence of malnutrition is significantly higher in rural than urban households however statistics from urban areas tend to mask the vast disparities between the very rich and the very poor, who live in the densely populated urban informal settlements.

Height at 2 years of age is clearly associated with enhanced productivity and human capital in adulthood and hence proper nutrition does contribute to economic development. It is estimated that for every 1 centimeter loss in height there is 1.4% loss in productivity (Haddad & Bouis, 1990). Stunting is also an important predictor of child development; it is associated with reduced school performance. Compared to children who are not stunted, stunted children often enroll later, complete fewer grades and perform less well in school. With very high number of children in primary school affected by stunting, the impact of free primary education in Kenya is compromised. The under-performance in schools leads to reduced productivity and income-earning capacity in adult life.

The Kenya Nutrition Profiles (2009) estimates that in 2010 alone, Kenya lost about Kshs. 95 billion due to stunting and if nothing is done to address this between 2010 and 2030; the country will lose approximately Kshs. 2.4 trillion with approximately 704,771 related deaths. Other losses that could be prevented through nutrition interventions include:

- 50,000 child lives lost every year because children are underweight
- 23,000 child lives lost every year because children lack the protection of Vitamin A
- 11,000 child lives lost every year because children are not exclusively breastfed

Maternal and child malnutrition in Kenya is part of wider problems of lack of education, poverty and social injustice. The health of infants and young children cannot be isolated from the health and nutrition of women, their socioeconomic status and their roles as mothers.

1.1.4 Social Cultural Environment

Kenya is a multi-ethnic and multi-cultural country and the socio-cultural beliefs influence maternal dietary habits and IYCF practices. Qualitative assessments have identified several factors and beliefs that contribute to poor dietary intake among pregnant and lactating women and breastfeeding practices. Inadequate knowledge, cultural beliefs, heavy maternal workload, societal norms and household food insecurity all contribute to the low exclusive breastfeeding rates and poor complementary feeding practices in Kenya (MOH and UNICEF, 2008). Inadequate knowledge about appropriate foods and feeding practices is however, often a greater determinant of malnutrition than the lack of food. Appropriate complementary feeding depends on accurate information and skilled support from the family, community and health care system.

The HIV pandemic and the attendant risk of mother-to-child transmission (MTCT) of HIV through breastfeeding continue to pose unique challenges. There is need to ensure that HIV-positive pregnant women are given a combination of interventions during the antenatal period, labor and delivery and postnatal period, including interventions for the infant during breastfeeding period that make infants less likely to be infected with HIV and have improved rates of survival [WHO, 2009]. With these interventions, the risk of MTCT of HIV is reduced to less than 5% (WHO, 2009) supporting the achievement of global and national targets for virtual elimination of MTCT of HIV.

Inadequate environmental sanitation, unhygienic preparation and storage of complementary foods, further predisposes many infants to diarrhoeal diseases. This, together with prolonged consumption of nutritionally inadequate diets contributes to growth faltering which leads to the long-term effects of malnutrition in children.

1.1.5 Policy Context

Kenya is a signatory to the global conventions with a commitment to promote, protect and support optimal infant and young child feeding practices. These resolutions include the World Health Assembly Resolutions adopted since 1981 on regulating the marketing of Breast Milk Substitutes (WHA34.22), the 1990 Convention on the Rights of the Child, the International Labor Organization (ILO) convention for maternity protection and the Innocenti Declarations of 1990 and 2005. Kenya is committed to adhering to the 1981 WHO Code of Marketing of Breast Milk Substitutes by creating legal support through enactment into law an Act of parliament to regulate the marketing of breast-milk substitutes passed in 2012 Breast Milk Substitutes (Regulation and Control) Act.

The policy guideline has also incorporated the review of new evidence of IYCF practices including within the context of HIV demonstrating the government's commitment to improving IYCF practices and reducing the risk of mother to child transmission, while, at the same time protecting and promoting breastfeeding as the optimal feeding choice to maximize child survival. Kenya has adopted the 2009 WHO Consensus statements on HIV and Infant Feeding which concluded that breastfeeding with appropriate use of anti-retroviral drugs for mother and child is the best option for overall well-being and survival of HIV exposed children (MoPHS/MOMS, 2010).

The NMIYCN policy guideline is a revision of the National Policy on Infant and Young Feeding Practices of 1991. The Kenya National Strategy on Maternal, Infant and Young Child Nutrition (2012 - 2017) under review will be used to implement this policy. The policy has also drawn reference to other government national policy and strategy documents covering needs of children which include;

- The Constitution of Kenya
- Kenya Vision 2030
- Breast Milk Substitutes (Regulation and Control) Act, 2012
- Food Security and Nutrition Policy
- Food Security and Nutrition Strategy
- National Nutrition Action Plan 2012 – 2017
- National Strategy on Infant and Young Child Feeding
- Community Health Strategy
- National Nutrition and HIV/AIDS Strategy
- National Health Sector Strategic Plan II
- Kenya National Strategy on HIV and AIDS III
- Early Childhood Development Guidelines
- National newborn and Maternal Health Roadmap (2010)
- Child Survival and Development Strategy (2008-2015)
- National Policy on Orphans and Vulnerable Children (2007)
- National Reproductive Health Policy (2007)
- National Reproductive Health Strategy (2009-2015)

- National School Health Policy – Chapter 4.5: Nutrition (Focusing on optimizing school nutrition services, enhancing nutrition education in schools and enhancing school feeding programmes).
- National School Health Guidelines – Chapter 5: Nutrition (Focusing on nutritional assessment, education, support, regulations and related programmes for school age children).
- Agricultural Sector Development Strategy

National Programmes Supporting Infant and Young Child Feeding

- i. Baby Friendly Hospital/Community Initiative
- ii. Focused Antenatal Care
- iii. Growth Monitoring and Promotion
- iv. Integrated Management of Acute Malnutrition
- v. Vitamin A Supplementation and Micronutrient Deficiency Control
- vi. Integrated Management of Childhood Illnesses
- vii. Prevention of Mother-to-Child Transmission of HIV
- viii. Kenya Expanded Programme on Immunization.
- ix. Community Health Strategy
- x. Malezi Bora
- xi. School Health and School Feeding Programme

2. Policy Guideline Framework

The Maternal, Infant and Young Child Nutrition Policy guideline covers nutrition for the mother during pregnancy and lactation, for the newborn and early childhood (up to five years).. It also includes a focus on nutrition during difficult circumstances; including in the context of HIV and AIDS, low birth weight, children with special medical conditions, malnourished children, children in institutional care and infants and young children in emergency situations, and emerging focus on adolescence and childhood obesity. This policy integrates issues of the International Code of Marketing of Breastmilk Substitutes (WHO 1981) and subsequent relevant World Health Assembly Resolutions, key child survival strategies and responsibilities of decision makers and health care personnel implementing maternal, child health and nutrition programmes at national, county, district, facility and community levels. The policy guideline also identifies actions that should be taken to strengthen the capacity of health care services, communities and stakeholders to ensure that the nutritional needs of pregnant and lactating mothers, infants and young children are met. It is envisaged that these policy guidelines will be operationalized through the Kenya National Maternal, Infant and Young Child Nutrition Strategy (2012-2017).

2.1 Vision

Improved survival, optimal growth and development for every child and woman in Kenya.

2.2 Purpose

To guide and facilitate standardized implementation of maternal, infant and young child nutrition services at national, county and community levels. The policy also aims at providing an enabling environment that fulfills the rights of every child, pregnant and lactating woman to adequate nutrition.

2.3 Objectives

The objectives of the MIYCN policy guideline are;

1. To protect, promote and support exclusive breastfeeding for the first six months of a child's life and continued breastfeeding up to two years or beyond.
2. To promote the timely introduction of appropriate, safe and adequate complementary foods at 6 months while continuing breastfeeding.
3. Support eMTCT services while promoting optimal IYCF in HIV-exposed children for overall child survival.
4. Enhance optimal MIYCN in other exceptionally difficult circumstances.
5. To strengthen and accelerate family, community and health care support and mechanisms to achieve optimal MIYCN.

6. To support and enhance the provision of enabling environment for working mothers, fathers and other care-givers both in formal and informal employment to provide optimal infant and young child nutrition.
7. To strengthen research, monitoring and evaluation systems to support policy guidance for MIYCN.

2.4 Scope of the Policy

The Maternal, Infant and Young Child Nutrition Policy guideline is aimed at decision makers, health care providers, partners and all members of society; including community and household members and is meant to provide guidance for subsequent nutrition interventions and care for mothers, infants and children from conception to 5 years of life.

2.5 Guiding Principles

Fostering optimal maternal, infant and young child nutrition should be within a human rights paradigm wherein the following principles are enshrined:

- i. Every Kenyan has the right to basic nutrition, shelter and health care services contemplated in articles 53 (1)(c) and 43 (1)(c) of the Constitution of Kenya
- ii. Children should achieve the highest attainable standard of health (Children's Act, 2001).
- iii. Children's right to survival, growth and development.
- iv. Life-cycle approach to MIYCN intervention.
- v. Public health approach to national, county and community based interventions for maternal, infant and young child nutrition
- vi. Comprehensive, integrated and equitably distributed interventions for improvement of Maternal Infant and Young Child Nutrition.
- vii. The best interest of the child in all matters concerning the child.
- viii. Adherence to the Breastmilk Substitutes regulation and control Act, and subsequent relevant adapted Health Assembly Resolutions and Regulation.

3. Policy Guidelines

3.1 Maternal Nutrition

A pregnancy during adolescence often increases the risk for malnutrition, complications during pregnancy and delivery, and poor birth outcomes, including death of the mother and child. The nutritional requirements of pregnant adolescent girls are greater than the requirements of pregnant adult women because an adolescent is usually still growing. Her daily intake must satisfy both the requirements of the developing girl and those of the developing fetus. Adolescent mothers are also more likely to have LBW babies because of the competition for nutrients between mother and fetus, as well as poorer placental function. This perpetuates the intergenerational cycle of malnutrition. By addressing the special requirements of adolescents before they become pregnant as well as during pregnancy there is a potential opportunity to break the cycle.

Adequate nutrition for women in pregnancy prevents nutrition deficiencies that affect mental, physical and physiological development of the child before birth. In addition to improving pregnancy outcomes, promotion of adequate maternal nutrition before, during and after pregnancy is vital for reducing maternal morbidity and mortality.

The following policy guidelines shall be used to support this;

- i. Nutritional needs of pregnant/lactating women should be prioritized and met through access to the minimum required healthy diet in terms of frequency, energy content and variety.
- ii. Provide and promote intake of iron/folate through antenatal health services and support the establishment of a monitoring and support system to address maternal anemia
- iii. Monitor maternal weight during pregnancy to support optimal maternal nutrition
- iv. Provide special care to pregnant and lactating adolescents, women with low weights, HIV-positive women to support optimal care.
- v. Strengthen focus on family planning for all women during antenatal and postnatal care to optimize MIYCN.
- vi. Support and advocate for the implementation of 90 days of paid leave under the Maternity Protection (Employment Act, Part 5, and Section 25) to support optimal infant feeding and care.
- vii. Ensure that women receive support for knowing their HIV status through PMTCT services in order to maximize interventions that reduce the risk of mother to child transmission. HIV infected mothers should be supported for the most appropriate infant feeding option and their own health.
- viii. All HIV positive pregnant women should be evaluated for HAART eligibility and if not eligible, provided with ARV prophylaxis.
- ix. All pregnant women should be educated on appropriate IYCF practices.
- x. Lactating mothers with difficulties should be assisted to start, maintain, enhance or re-establish breastfeeding by means of re-lactation, when necessary.

3.2 Infant and Young Child Nutrition (0-5 years)

In order to address the current child malnutrition situation, the following policy statements shall guide infant feeding practices in the first 6 months (exclusive breastfeeding), and complementary feeding 6-24 months.

- i. Infants and young children shall be appropriately fed during the first 5 years of life, with specific attention to the first 2 years of life, to prevent under nutrition and over nutrition, including obesity
- ii. Newborn babies should be initiated to breastfeeding within one hour from birth and no pre-lacteal foods like water or glucose should be given by health workers or birth attendants.
- iii. Mothers should be supported to initiate breastfeeding within one hour of birth.
- iv. Exclusive breastfeeding should be recommended for all infants during the first 6 months of their life unless otherwise medically indicated.
- v. Continue to promote, support and protect breastfeeding from 6-24 months or beyond with timely, appropriate and adequate complementary feeding.
- vi. Where use of breast milk substitutes (BMS) is required, procurement, distribution, targeting and use, should be in compliance with the Breast Milk Substitutes (Regulation and Control) Act, 2012 and that safety procedures are strictly adhered to.

3.2.1 Obesity: Emerging Problem

Childhood obesity is an emerging public health problem in Kenya. Overweight and obese children have higher risk of becoming overweight/obese adults and also have higher risks of co-morbidities such as high blood pressure, non-insulin-dependent diabetes, hyperlipidaemia, orthopedic problems and psychological problems, among other negative health effects including higher health costs and reduced productivity. In order to address obesity and cancer which are linked to malnutrition, formula feeding, inappropriate young child feeding, overconsumption of unhealthy foods and inappropriate lifestyles, the government will:

- i. Regulate the marketing of 'junk'/unhealthy foods (foods high in saturated fats, trans-fatty acids, free sugars, or salt) by restricting marketing, including in settings where children gather such as schools and to avoid conflicts of interest.
- ii. Support optimal infant feeding and appropriate lifestyle practices to reduce the risk of obesity
- iii. Promote use of locally available and home based foods for complementary feeding
- iv. Ensure commercially processed complementary foods meet the KEBS standards
- v. Ensure that nutrition and feeding of children complies with guidelines of the Breast Milk Substitutes (Regulation and Control) Act, 2012.
- vi. Promote growth monitoring for early detection and prevention of obesity.
- vii. Develop legislative measures to eliminate trans-fats and standards for saturated fats, refined sugars and salt in processed baby foods

3.2.2 Promotion and Marketing of Unhealthy Foods and Drinks to Children

In view of the vulnerability of infants and young children and the risks involved in inappropriate feeding practices including unnecessary and improper use of market based solutions to malnutrition,

and realizing the susceptibility of households to succumb to the influence of promotional and advertising by food and beverage industries, the marketing of complementary foods require special treatment which makes usual marketing practices unsuitable for these products. At global level, it has been realized that conflict of interest can undermine policy development and implementation and that advertising of foods and drinks unhealthy for young children's growth require guidance. It calls for the development of a Code of Conduct and Ethical Framework to help protect the integrity of, and to ensure transparency in, public policy decision-making, by identifying, safeguarding against and managing potential conflicts of interest. This would ensure that appropriate safeguards are put in place when and if the private sector needs to be consulted.

In order to address this, the government will:

- i. Establish mechanisms to distinguish business-interest not-for-profit organizations (BINGOs) and public interest non-governmental organizations (PINGOs) that are both currently under the 'Civil Society' umbrella without distinction.
- ii. Develop a 'code of conduct' that sets out a clear framework for interacting with the private sector and managing conflicts of interest, and which differentiates between policy development and appropriate involvement in implementation.
- iii. Establish a strong and clear policy guidance on conflicts of interest as guided by Kenya Public Officers' Ethics Act and the international community to provide the country with guidance to identify conflicts, eliminate those that are not permissible and manage those considered acceptable, based on thorough risk/benefit analysis.
- iv. Encourage and support Civil Society (Public Interest NGOs) in monitoring and challenging public and private sector action and inaction to ensure the public interest is upheld.

3.2.3 Children in Daycare and Early Childhood Centers and Other Institutions

Child care or day care is care of a child during the day by a person other than the child's legal guardians, performed by someone outside the child's immediate family provided in nurseries, crèches, by a nanny or family child care provider caring for children in their own homes. Early Childhood Centers are formal structures, with education, child development, and discipline. They provide kindergarten and early learning education services. The children in this category also include those children in foster care, mothers suffering from physical or mental disabilities, drug or alcohol dependence; or mothers who are imprisoned or part of any disadvantaged and/or otherwise marginalized populations. The government will therefore:

- i. Support optimal nutrition for children in day care centers, early childhood centers, prisons and other institutions.
- ii. Ensure that nutrition and feeding of children complies with the Breast Milk Substitutes (Regulation and Control) Act, 2012 and subsequent relevant World Health Assembly Resolutions.
- iii. Ensure staff is provided with education on child nutrition and written policy regarding sitting with children at mealtimes, serving family style meals, sharing the same foods and being important role models.
- iv. Support parents' efforts to evaluate the quality of child care by providing information on nutrition, physical activity policies and meal schedules.

3.3 Infant and Young Child Nutrition context of HIV and AIDS

Breastfeeding with appropriate use of antiretroviral drugs for the mother and baby is the best option for overall well being and survival of HIV exposed children. All HIV positive pregnant women should be evaluated for Highly Active Anti Retroviral Therapy (HAART) eligibility and if not eligible, provided with ARV prophylaxis. HIV exposed infants should receive appropriate ARV prophylaxis according to national guidelines (PMTCT guidelines, 2012).

The following policy guidelines shall be used in the feeding of children in the context of HIV/AIDS;

- i. All mothers who are HIV negative or are of unknown status should be encouraged and supported to exclusively breastfeed for the first 6 months and continue breastfeeding with appropriate complementary feeding after 6 months for a period of 24 months and beyond.
- ii. Mothers known to be HIV-infected shall exclusively breastfeed their infants for the first 6 months of life, introducing appropriate complementary foods after 6 months, and continue breastfeeding up to 12 months of life. Both mother and their infants should receive prophylaxis or anti-retroviral treatment in line with the national recommendations.
- iii. HIV positive women, **who choose not to breastfeed**, should be given information on the special conditions (AFASS) that should be met. If these conditions are met, she should be counseled and supported to do exclusive replacement feeding using infant formula for the first 6 months and appropriate complementary feeds introduced at 6 months. Infants of these mothers should be provided with appropriate antiretroviral prophylaxis for 6 weeks.
- iv. Health workers shall ensure that counseling on replacement exclusive feeding complies with the Breast Milk Substitute (Regulation and Control) Act, 2012, and subsequent World Health Assembly (WHA) resolutions.
- v. Mothers known to be HIV-infected who decide to stop breastfeeding at any time should stop gradually. Mothers or infants who have been receiving ARV prophylaxis should continue prophylaxis for one week after breastfeeding is fully stopped. Stopping breastfeeding abruptly is no longer advisable.
- vi. Mothers known to be HIV-infected (and whose infants are HIV infected) should exclusively breastfeed their infants for the first 6 months of life, introducing appropriate complementary foods after 6 months, and continue breast-feeding up to 12 months of life. Mothers should be assessed for appropriate anti-retroviral treatment and infants should be started ARVs in line with the national recommendations (PMTCT guidelines, 2012).
- vii. In selected cases, mothers not eligible for ART can be initiated on ART under what is called “option B Plus”. In this case their infants are given ARV prophylaxis for 6 weeks.

Guiding Principle include: Promoting integration of PMTCT interventions into all MCH services and provide information and supportive counseling to mothers who are HIV positive on optimal infant feeding.

In order to achieve the objective of evidence based interventions on optimal infant feeding practices for the HIV positive mother, the government will ensure health care providers:

- i. Protect, promote and support exclusive breastfeeding for all infants in the first 6 months of life regardless of the HIV status of their mothers.

- ii. Incorporate PMTCT interventions in all their health care practices.
- iii. Encourage caregivers/mothers that are HIV positive to timely introduce appropriate complementary foods while continuing with their infant feeding of choice.
- iv. Provide information on mother to child transmission of HIV to pregnant and lactating women utilizing MCH or family planning services and those considering becoming pregnant.
- v. Provide counseling and psychosocial support to mothers who are HIV positive to sustain their feeding option.
- vi. Ensure that counseling of HIV positive mothers on infant feeding options should be on a one-to-one basis either before or during pregnancy, or the postnatal period.

3.4 Infant and Young Child Nutrition in Emergency Situations

Maternal, Infants and young children in emergency situations are particularly vulnerable to inadequate nutrition, growth and development, morbidity, mortality and related child protection concerns. It shall be the policy of government to protect the rights of all pregnant women, lactating mothers, Infants and Young Children in emergency situations using the following policy guidelines;

- i. Ensure that mothers and their infant are not separated or that separation is minimized as the first priority to ensure continuation of optimal infant feeding.
- ii. Protect, promote and support exclusive breastfeeding and optimal complementary feeding (assess need for supplementary food rations) in all emergency efforts
- iii. Periodic nutrition monitoring and surveillance including rapid assessments fostered and facilitated.
- iv. Technical representation in humanitarian coordination forums and promotion of cross-sector engagement should be ensured to protect and meet adequately and in time the broader nutritional needs of infants and young children and their mothers.
- v. Policy, guidelines and standards for Infant and Young Children Feeding in Emergency (IYCF-E) including complementary feeding standards should meet Inter-Agency Standing Committee (IASC) and SPHERE standards, and that systems support adherence.
- vi. Minimize the risk of artificial feeding through ensuring that all emergency efforts including donations comply with Breast Milk Substitutes (Regulation and Control) Act, 2012.

3.5 Feeding Children in Special and/or Difficult Circumstances

3.5.1 Low Birth Weight Infants and Pre-term Infants

Low birth weight (LBW) is one of the key contributing factors to neonatal and infant death, illness, and malnutrition. LBW could be as a consequence of pre-term birth (delivery before 37 completed weeks) or due to small size for gestational age (weight for gestation <10th percentile) or both. LBW is also associated with reduced chances of survival and where they survive, LBW is associated with increased risk of obesity, diabetes and heart disease in later life. Optimal maternal nutrition during pregnancy reduces the chances of delivering a LBW baby. Good feeding practices can reduce the increased risks of morbidity and mortality associated with LBW.

In order to achieve optimal nutrition for low birth weight and premature infants, the government will:

- i. Promote maternal nutrition before and during pregnancy
- ii. Promote Kangaroo mother care for skin-to-skin contact between the mother and baby to keep the baby warm and ensure reduced risk of hypothermia and hypoglycemia
- iii. Promote, protect and support exclusive breastfeeding or exclusive breastmilk cup-feeding of expressed breast milk for the first 6 months of life and sustained breastfeeding for two years and beyond.
- iv. Encourage and assist mothers of low birth weight infants who cannot suckle well to express breastmilk and give it by cup, spoon or naso-gastric tube.
- v. Provide accommodation within health facilities to mothers with low birth weight babies and especially lactating mother.

3.5.2 Hospitalized Infants, Children and Mothers; Children with Special Medical Conditions

These categories of vulnerable groups are at a higher risk of malnutrition due to their increased nutrient demand due to illness/medical conditions, compromised environment and attendant care. Their nutrient intake is affected by reduced appetite. Feeding a child during and after sickness facilitates recovery and protects the child from becoming worse.

Appropriate feeding of sick children has been proven in some countries to contribute to a reduction in child mortality by one percent.

In order to achieve optimal nutrition, the government will ensure healthcare providers:

- i. Enable mothers to remain with their hospitalized infants and young children to ensure continued breastfeeding and adequate complementary feeding.
- ii. Assist in-patient lactating mothers to continue breastfeeding unless medically contraindicated.
- iii. Promote, protect and support breastfeeding in the best interests of the vast majority of infants and health care personnel should not recommend formula feeding as an alternative to breastfeeding, unless there are legitimate medical reasons to do so. Replacement feeding using a specialized formula is only necessary: in rare cases of metabolic disorders of the infant, such as galactosemia, maple syrup urine disease and phenylketonuria; and in some cases of maternal illness e.g. life-threatening illness, and when a mother makes an informed decision not to breastfeed.
- iv. Provide an adequate age-appropriate diet for hospitalized children while continuing to promote breastfeeding for up to two years and beyond.
- v. Assess, refer and/or appropriately manage any child suspected of special metabolic conditions or difficulty feeding.
- vi. Provide information and support to mothers, fathers and caregivers on feeding sick infants and young children.

3.6 Management of Moderate and Severe Acute Malnutrition

During the management of malnutrition the following guidelines will take effect:

- i. Provide care and support according to protocols for Integrated Management of Acute Malnutrition (2009) at facility level to ensure the maximum recovery and minimal mortality is achieved.
- ii. Establish appropriate community-based identification, referral systems and follow-up to prevent relapse.
- iii. Support appropriate infant feeding and complementary feeding practices and lifestyle practices to prevent over and under-nutrition.
- iv. Strengthen regular growth monitoring and promotion for all children for prevention and early detection of malnutrition.
- v. Promote use of improved recipes and preparation methods for home based locally available foods including home fortification to address moderate and mild malnutrition.

3.7 Prevention and Control of Micronutrient Deficiency Disorders

A comprehensive package consisting of micronutrient supplementation, fortification, and dietary diversification and modification, and public health interventions is essential in reducing micronutrient deficiencies. In light of this, the following policy statements shall guide implementation of the interventions:

a) Supplementation

- i. All children aged 6–59 months should be given vitamin A supplements once every six months (6-11 months- 100,000 IU; 12-59 months- 200,000 IU. Infants less than 6 months who are NOT breastfed should receive 50,000 IU)
- ii. All women within 4 weeks of delivery should be given a single dose of vitamin A supplements (200,000 IU).
- iii. All pregnant women attending antenatal services should get iron/folate tablets (60mg iron/0.5g folate) on daily basis for 90 days.

b) Fortification

- i. All stakeholders should encourage and guide families and communities to consume fortified foods.
- ii. Health workers shall reinforce implementation of fortification regulations according to Kenya Bureau of Statistics guidelines.
- iii. Stakeholders shall comply with food fortification regulations and standards.

c) Dietary Diversification

- i. Mothers and caregivers should be empowered in appreciating nutrient dense local foods and valuable traditional complementary feeding practices.
- ii. Knowledge and skills should support mothers and caregivers to apply a balanced diet using locally available resources.
- iii. FATVAH criteria of frequency, amount, timely, variety, active feeding and hygienic shall guide the caregivers to define the meaning of adequate complementary feeding for children 6-35 months.

3.8 Growth Monitoring and Promotion

Growth monitoring should be regarded as a preventive and promotive strategy aimed at taking specific action to avert poor physical and psychosocial development of a child. Therefore, the following policy statements shall guide implementation of this service:

- i. Growth monitoring and promotional activities shall be provided at all levels of health service delivery for early detection and prevention of malnutrition including obesity.
- ii. Infant and young child developmental milestones should be an integral part of growth monitoring and promotion activity.

4. Policy Implementation Framework

4.1 Coordination and Networking

Causes of malnutrition are multifaceted in nature requiring multi-sectoral collaboration, coordination and networking with a variety of individual organizations and institutions at all levels. The government through the division of nutrition shall take a leading role in coordinating and networking for the implementation of this Policy guidelines as a management tool in the fight against malnutrition.

4.2 Capacity Building

Implementation of this policy requires adequate and relevantly trained personnel both at national and service delivery levels. Capacity building and development shall be encouraged to enhance effectiveness in implementation of this policy. The government will:

- Ensure that frontline practitioners have to access updated recommendations on healthy maternal, infant and young child feeding. Policies and guidelines will need to be simplified and translated into user-friendly job-aids for easy reference.
- Ensure national adaptation of standardized MIYCN training curriculum and areas of new evidence on nutrition for all pre-service and in-service training.
- Ensure health facilities management provide opportunities for education, training and skills development for relevant staff in child survival strategies and programmes and also appropriate training to implement this policy.
- Ensure capacity building of community health workers and Community Health Extension Workers so as to implement this policy.

4.3 Behavior Change Communication

All groups of people have customs and traditions concerning feeding infants and young children. It is important to recognize and understand these and work with them sensitively while promoting best practice. To this end, community involvement and ownership is crucial and should be supported to overcome cultural barriers to recommended maternal, infant and young child feeding practices. The involvement of community-based structures should also aim to strengthen the referral and follow-up link between clients and available nutrition services. The government

Appropriate messages and actions on healthy maternal, infant and young child feeding will be promoted at all levels of health care delivery. A multi-channel strategy that also involves private and civic partners, the media, non-government organizations, community-based organizations, faith-based organizations will be used to reach families with appropriate messages and actions on healthy maternal, infant and young child feeding. In addition, a multi-sector strategy that involves different sectors like health, education, women and children welfare, agriculture and trade will be encouraged. Nutrition is a cross-cutting issue that cannot be dealt by the health sector alone.

The Infant and Young Child Feeding Communication and Advocacy Strategy (2011 - 2017) shall be fully implemented to support improved infant and young child feeding practices. Advocacy and communication materials shall be prepared and reviewed annually to ensure relevance to the various situations and new research information. Partners shall be supported with factual information and legal framework provided for their advocacy of processed foods.

4.4 Monitoring and Evaluation

The Ministry of Public health and sanitation will facilitate the monitoring and evaluation of the implementation of this policy guideline at various levels as appropriate. Through the District Health Information System (DHIS), the M&E unit at the Division of Nutrition shall ensure development of clear indicators and targets at national and county levels and ensure annual tracking of the indicators. The unit shall reinforce timely collection, processing and utilization of data at all levels. In addition, there is need to establish a community-based nutrition surveillance system which should be linked to DHIS.

Special emphasis shall be given to;

- Ensure monitoring and evaluation of the implementation of this policy shall be carried out at various levels as appropriate
- Strengthen the national framework for monitoring and evaluation of infant feeding practices at all levels.
- Ensure compliance with baby friendly health facilities through periodic monitoring and review to ensure compliance with the “Ten steps to successful breastfeeding”.
- Ensure the growth and development of infants and young children is monitored as a routine nutrition intervention with particular attention from conception to two years, at-risk infants and young children especially low birth weight, sick infants and those born to HIV positive mothers.
- Ensure any institutions using replacement feeding as a mechanism to address the needs of children that cannot be breastfed, meet pre-conditions (i.e. Baby Friendly Hospital /Health Centre Certification).
- Ensure that any replacement feeding programme adhere to BMS regulation and control Act.

Operational research shall be regularly undertaken to help identify areas that can be improved.

4.5 Roles and Responsibilities

4.5.1 The Government of the Republic of Kenya

The government has the mandate to provide nutrition and health services of the highest attainable standards to its citizens as contemplated in the constitution. In order to comprehensively implement MIYCN Policy, the government at the national and County level will:

a) National Level

- Provide leadership, guidance and coordination to all stakeholders providing MIYCN services.
- Give effect to the principles and regulatory framework of the Breast Milk Substitutes (Regulation and Control) Act, 2012.

- Support the National Committee on Infant and Young Child Feeding (NC-IYCF).
- Through the Ministry of Education and in collaboration with universities and research institutions develop and include infant and young child feeding in school curriculum.
- Strengthen collaboration with development partners to ensure adequate financial and technical support for infant and young child feeding.
- Ensure standard for trade and industry comply with national standards promoting and protecting optimal IYCN support Breast Milk Substitutes (Regulation and Control) Act, 2012.
- Ensure that imported foods and equipment for infants and young children maintain the standards specified by the Kenya Bureau of Standards, the Regulations on Marketing of Infant and Young Child Foods and the Codex.

b) County Level

- Engage and provide oversight to CBOs, FBOs and NGOs operating in the community.
- Monitor the implementation of the Regulations on Marketing of Infant and Young Child Foods and report findings to the MOH and the Ministry of Justice and Constitutional Affairs
- Ensure that cross-sectoral programmes (i.e. livelihood and agriculture) promote optimal maternal, infant and young child nutrition.
- Support implementation of the policy at all levels (with adequate human, financial and organizational resources).
- Monitor implementation of the maternity protection rights in line with ILO Maternity Protection Convention No. 183.

4.5.2 Non-Governmental Organizations and Civil Societies

The government will provide leadership to co-ordinate Non-governmental Organizations and Civil Society to support implementation of national priorities on MIYCN at all levels of devolved government while providing technical support.

4.5.3 Development Partners

The government will work with Development Partners to:

- Support resource mobilization.
- Support policy development and advocacy to ensure global standards are adapted in a national context.
- Provide technical and financial support to government and community efforts in capacity building, advocacy, social mobilization and service delivery for successful implementation of this policy.

4.5.4 Industries, Private Sector and Enterprises

The government will provide leadership to industries to:

- Ensure that their conduct at every level conforms to the Breast Milk Substitutes (Regulation and Control) Act, 2012.
- Monitor their marketing practices according to Breast Milk Substitutes (Regulation and Control) Act, 2012.

- Address national programme priorities and ensure optimal health and nutrition well-being of children including support breastfeeding mothers at workplace.

4.5.5 Professional Associations

The government will support the Professional Associations to:

- Regulate their professional members and practice in accordance with national MIYCN standards and law.
- Establish a 'code of conduct' for their members to ensure the Breastmilk Substitutes regulation and control Act is adhered to and the violations are addressed accordingly.
- Facilitate harmonization of pre-service training curricula of learning institutions offering nutrition and dietetics courses to include MIYCN package necessary to implement this policy.
- Provide technical support on training and capacity building to agencies and organizations involved in the implementation of this policy.
- Recognize achievements and promote the maintenance of standards in the implementation of various components of this policy.

4.5.6 Media Agencies

The mass media has a powerful impact on public perceptions of health issues. The media not only provides information but also helps to create or reinforce ideas. The penetration of marketing and mass media, particularly radio, is significant both in urban and rural areas. There has been a parallel growth in the communications industry, including advertising and public relations, as well as community-based media mainly servicing governments and NGOs.

Food advertising to children is extensive and significant. Much of the marketing is for foods high in saturated fats, refined sugars and salt whose high consumption is a risk factor for obesity. Sometimes, advertising changes food preferences in unhealthy ways. A responsible media also has a role to play in mitigating these negative effects

The media could enhance maternal infant and young child nutrition through consistent and coordinated messaging, by:

- Disseminating information on positive role models, thus enabling individuals to adopt enlightened and effective nutritional practices.
- Promoting more appropriate and timely use of health services in the public and private sectors.
- Empowering consumers to make the best use of traditional and new products in local markets.

The government will support the print, electronic and theatre media to:

- Support the advocacy and communications components of the IYCN policy, ensuring citizens have correct information to promote optimal infant and young child feeding.
- Be actively involved in advocacy and social mobilization for all the issues elaborated in this policy.
- Ensure adherence to standards under the Breast Milk Substitutes (Regulation and Control) Act, 2012 and subsequent relevant Health Assembly Resolutions.

4.5.7 Learning and Research Institutions

The main role of these institutions is training and research. It is important that they link research to problems affecting the society. The educational institutions provide a main avenue for passing the MIYCN information to pupils, students, parents and general public necessary for uptake of MIYCN services.

These institutions will support to;

- Ensure institutional standards, curriculum and related mechanisms for students and staff adhere to MIYCN policy and related national standards
- Ensure MIYCN training package is provided through pre-service training of health workers and related professions.
- Review their training curricula periodically to include new guidelines from MIYCN research. Provide technical support to relevant agencies and organizations in conducting research on various components of maternal, infant and young child nutrition.
- Provide accurate information required to create awareness and develop appropriate intervention programmes for improved maternal, infant and young child nutrition.

4.5.8 Child Care Institutions

Child care institutions host young children highly vulnerable to malnutrition. In order for children in these institutions to access optimal nutrition, child care institutions will:

- Support sensitization of members on the MIYCN policy
- Adhere to policy directives and support mothers and their infants to ensure optimal infant and young child feeding.

4.5.9 Communities

Integrating nutritional components into community based activities enables communities to identify their own nutritional problems, define and target their own nutritional interventions and monitor their own progress. The community and the household is the strength of nutrition interventions. Communities will therefore be supported to:

- Adhere to policy directives and support mothers and their infants to ensure optimal infant and young child feeding.
- Deliver user friendly messages on maternal and child nutrition and health, including infant feeding, positive hygiene and sanitation and health services seeking behaviors.
- Support the mobilization and participation of communities in outreach programmes, community dialogues, chief's barazas and other periodic health and nutrition campaigns by the government and other stakeholders
- Promote the establishment of community social support groups.
- Work in collaboration with the public and private sectors, partners, NGOs and other stakeholders to mobilize resources to support nutrition and health programmes in the communities.

Annex 1

Summary Policy Statement



MINISTRY OF HEALTH

NATIONAL POLICY ON MATERNAL, INFANT AND YOUNG CHILD NUTRITION

Summary Statement

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

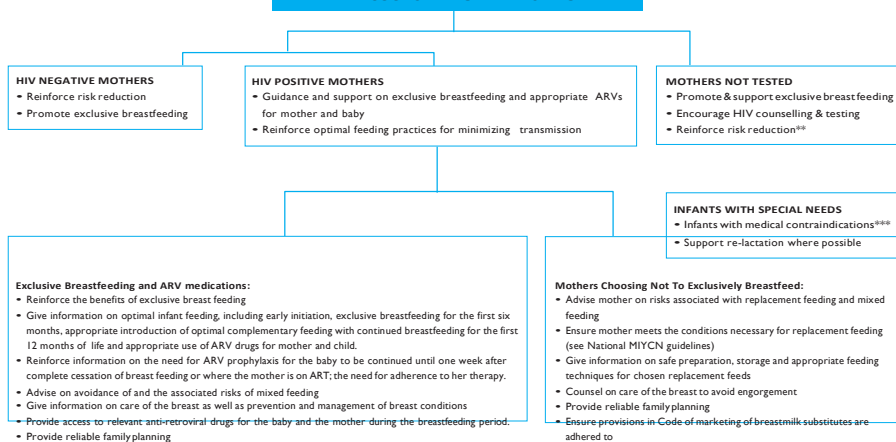
- (1) Adhere to the National Maternal, Infant and Young Child Nutrition Policy, which should be routinely communicated to all health staff and publicly displayed;
- (2) Train all health care staff in skills necessary to implement this policy;
- (3) Provide information to all pregnant and lactating mothers and their partners on the benefits and management of breastfeeding;
- (4) Assist mothers initiate breastfeeding within the first one hour of birth;
- (5) Give newborn infants no food or drink other than breast milk unless medically indicated (Details in the National MIYCN guidelines);
- (6) Show mothers how to breastfeed and to maintain lactation even if they should be separated from their infants;
- (7) Practice rooming-in, allow infants to remain together with the mother 24 hours a day;
- (8) Encourage breastfeeding on demand;
- (9) Encourage and actively promote exclusive breastfeeding for infants up to six months;
- (10) Provide information and demonstrate to mothers how to introduce and prepare appropriate and nutritious complementary foods to their infants after six months;
- (11) Encourage mothers to breastfeed for at least 24 months (see Infant feeding and HIV guidelines below);
- (12) Foster the establishment of infant and young child nutrition support groups and refer mothers to them on discharge from hospital or clinic;
- (13) Not accept any free samples and supplies of breast-milk substitutes;
- (14) Not allow any publicity by the manufacturers or agents of breast-milk substitutes;
- (15) Give no pacifiers, artificial teats or feeds using bottles to all infants;
- (16) Ensure that health workers do not accept any gifts or materials from manufactures of breast milk substitutes and designated products.

INFANT FEEDING AND HIV GUIDELINES

ALL PARENTS SHOULD BE GIVEN INFORMATION ON:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Benefits of exclusive breastfeeding for 6 months and continue breastfeeding for 2 years • Risks of mother to child transmission of HIV • Prevention and management of breastfeeding problems * • Appropriate complementary feeding • Promotion of good maternal nutrition and self-care | <ul style="list-style-type: none"> • Importance of micronutrients • Counsel on child spacing • Prompt treatment of infections • Importance of HIV counselling and testing • Reinforcing risk reduction to couple |
|---|---|

HIV COUNSELLING AND TESTING



* Breastfeeding is a source of vitamins, essential minerals, enzymes, antibodies and maternal milk.

** For women who have a diagnosis of clinical AIDS manage in HIV positive.

*** Replacement feeding using a specialized formula is necessary in rare cases of metabolic disorders of the infant such as galactosemia, maple syrup urine disease and phenylketonuria.

References

AED, (2009) Kenya Nutrition PROFILES. Nairobi, Kenya.

AED, (2007) Kenya Nutrition PROFILES. Nairobi, Kenya.

Countdown Coverage Writing Group. (2008). Countdown to 2015 for Maternal, Newborn and Child Survival: The 2008 Report on Tracking Coverage of Interventions. Lancet; 371: 1247–58.

Central Intelligence Agency (2009). CIA World Fact book, 2010. SkyHorse Publishing Inc. New York.

Edmond et al. (2006). Delayed Breastfeeding Initiation Increases Risk of Neonatal Mortality. Pediatrics 2006;117(3).

Government of the Republic of Kenya. (2011), National Food Security and Nutrition Policy. Nairobi, Kenya.

Government of the Republic of Kenya (2010). Giving Our Children the Best. A National Strategic Communication & Advocacy Plan for Infant & Young Child Feeding Practices in Kenya. Revised Draft. 2011–2015. Ministry of Public Health and Sanitation. Nairobi, Kenya.

Government of the Republic of Kenya, (2010). National Recommendations for Prevention of Mother to Child Transmission of HIV, Infant and Young Child Feeding and Antiretroviral Therapy for Children, Adults and Adolescents, Government of Kenya, July 15th, 2010. Nairobi, Kenya.

Government of the Republic of Kenya. (2012). Breastmilk Substitutes Regulation and Control Act. Nairobi, Kenya.

Government of the Republic of Kenya. (2010). The Constitution of Kenya, 2010. Nairobi, Kenya.

Government of the Republic of Kenya. (2009) Child Survival and Development Strategy. Ministry of Public Health and Sanitation. Nairobi, Kenya.

Government of the Republic of Kenya. (2009). Guidelines for the Prevention of Mother to Child Transmission (PMTCT) of HIV and AIDS in Kenya. 3rd Edition. National AIDS and STI Control Programme. Nairobi, Kenya.

Government of the Republic of Kenya. (2008). Kenya AIDS Indicator Survey (KAIS) 2007. National AIDS and STI Control Programme, Ministry of Health. Nairobi, Kenya.

Government of the Republic of Kenya, (2007). Kenya Vision 2030: Transforming National Development. Nairobi, Kenya.

Government of the Republic of Kenya, (2007). National Infant and Young Child Feeding Strategy 2007-2010. Ministry of Public Health and Sanitation, Division of Nutrition. Nairobi, Kenya.

Government of the Republic of Kenya. (2006). Kenya Integrated Household Budget Survey 2005/2006. Central Bureau of Statistics. Nairobi, Kenya.

Government of the Republic of Kenya. (2003). Economic Recovery Strategy for Wealth and Employment Creation (ERS- WEC) 2003-2007. Nairobi, Kenya.

Government of the Republic of Kenya (2003). Kenya Demographic and Health Survey 2003. Nairobi, Kenya.

Government of the Republic of Kenya. (2001). The Children's ACT, 2001. NO. 8 of 2001. Nairobi, Kenya.

Government of the Republic of Kenya. (1999). The 1999 National Micronutrient Survey Report. Ministry of Health. Nairobi, Kenya.

Haddad L.J. et al. (1990). The impact of nutritional status on agricultural productivity: wage evidence from the Philippines. *Oxford Bulletin of Economic Statistics* 53(1):45-68.

International Labour Organization. (2000). Maternity Protection Recommendation (R191), 2000. Switzerland, Geneva.

Kenya National Bureau of Statistics (KNBS) and ICF Macro (2010) Kenya Demographic Health survey 2008-09. Calverton, Maryland: KNBS and ICF Macro. Nairobi, Kenya.

Morris, B.R.E. et al. (2003). Where and why are 10 million children dying every year?. *Lancet*; 361: 2226-2234.

United Nations. (1990). Millennium Development Goals 2015. Switzerland, Geneva.

United National Development Programme. (2007). Human Development Report 2007/2008. Fighting Climate Change: Human Solidarity in a Divided World. Palgrave McMillan, New York.

UNICEF. (2011). Programming Guide. Infant and Young Child Feeding. New York.

UNICEF. (2008). Rapid Assessment of Infant Feeding and HIV in Kenya, Malawi and Zambia (2007). Nairobi, Kenya.

UNICEF and Ministry of Health. (2008). Qualitative Assessment of the Infant and Young Child Feeding Practices (IYCF) in UNICEF Kenya Focus Districts. Nairobi, Kenya.

Victora CG, Adair L, Fall C, Hallal PC, Martorell M, Richter L, Sachdev HS for the Maternal and Child Undernutrition Study Group (2008) Maternal and child undernutrition: consequences for adult health and human capital. *The Lancet* 37: 340-357

World Health Organization. (2010). Infant and young child nutrition. 63rd World Health Assembly. Agenda item 11.6 21. WHO Geneva, Switzerland.



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Available at URL:http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R23-en.pdf

WHO. (2009). Rapid Advice: HIV and Infant Feeding. Revised Principles and Recommendations. WHO Geneva, Switzerland.

WHO. (2009). Rapid Advice: Antiretroviral Therapy for HIV Infection in Adults and Adolescents. WHO Geneva, Switzerland.

WHO. (2009). Rapid Advice: Use of Antiretroviral Therapy Drugs for Treating Pregnant Women and Preventing HIV Infection in Infants. WHO Geneva, Switzerland.

World Health Organization and UNICEF. (2009). Acceptable Medical Reasons for Use of Breast-milk Substitutes. WHO Geneva, Switzerland.

WHO and UNICEF. (2006). Baby Friendly Hospital Initiative (BFHI) Revised, Updated and Expanded for Integrated Care. UNICEF, New York.

WHO and UNICEF (2005). Innocenti Declarations 2005 on Infant and Young Child Feeding. Florence, Italy.

WHO and UNICEF. (2003). Global Strategy for Infant and Young Child Feeding. WHO, Geneva, Switzerland.

WHO and UNICEF. (1991). Baby Friendly Hospital Initiative. Geneva, Switzerland.

WHO and UNICEF. (1990). Innocenti Declarations 1990 on the Protection, Promotion and Support of Breastfeeding. Geneva, Switzerland.

World Health Organization and UNICEF.(1981). International Code of Marketing of Breastmilk Substitutes. Geneva, Switzerland.