NATIONAL STRATEGY

for

MATERNAL, INFANT AND YOUNG CHILD NUTRITION

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Foreword

Optimal Nutrition is key to health and wellbeing of women and children, while health status in adolescence is linked with the nutritional status during development of the child. Adequate nutrition will prevent malnutrition, reduce poor diet related diseases and boost the immune system, thereby reducing infant and maternal mortality rate and increasing nutrition indices in Nigeria.

The Maternal Infant and Young Child (MIYCN) Strategy has been reviewed in line with the National Multi-sectoral Plan of Action on Food and Nutrition (NMSPAF&N), the Health Sector Nutrition Strategic Plan of Action (NSPAN) and the National Strategic Health Development Plan II (NSHDP II), to support Universal Health Coverage. It is important to invest in proven cost-effective high impact nutrition-specific and sensitive interventions, which has been prioritized in this costed implementation plan of the Maternal Infant and Young Child (MIYCN) Strategy. Effective implementation and coordination of actions towards maternal, infant and young child nutrition targets at all levels of governance, along with measures in Agriculture, Water-sanitation and Education sectors, will support attainment of the Sustainable Development Goals, which has 12 nutrition related indicators out of the 17 SDG goals, and will impact the underlying social determinants of inadequate nutritional practices.

The National Strategy for Maternal Infant and Young Child Nutrition (NSMIYCN) identifies four components, each with strategic priorities and identified actions to enable relevant sectors and stakeholders implement MIYCN interventions in a harmonized and coordinated manner. The components are:

- ✓ Supportive environment for MIYCN
- ✓ Coverage for high impact MIYCN interventions
- ✓ Monitoring and Evaluation
- ✓ Partnership: coordination, roles and responsibilities

This Strategic Plan aligns with emerging and re-emerging trends in maternal and young child nutrition and programmatic experiences to present a costed plan for the Country. Each State can spell out the level of investment suitable to accelerate achievement of set targets in this five-year costed MIYCN strategy. It is a commitment plan to guide Stakeholders, Development Partners and the Private sector to invest across the six-priority areas of the Strategy on Prevention of Maternal and Child Malnutrition in all its forms, most especially in the first '1000 days of life.

Delivering the core package of proven high-impact nutrition-specific and nutrition-sensitive interventions at health facility and community levels, could ensure high coverage and quality of delivery of the priorities that ensure optimal nutrition of women during adolescence, pregnancy and lactation and of children during growth and development from conception to two years of life.

I therefore recommend that public and private sector stakeholders harness actions articulated in the multi-sectoral suject of nutrition, and align their roles and responsibilities to allocating robust resources for effective implementation of MIYCN interventions in Nigeria.

Dr. E. Osagie Ehanire, MD, FWACS
Honourable Minister of Health
June, 2022

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Dr. Salma Ibrahim Anas MWACP, FMCPH
Director/Head, Family Health Department
June, 2022

Abbreviations/Acronyms

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANRiN	Accelerating Nutrition Results in Nigeria Project
BFCI	Baby-Friendly Community Initiative
BFI	Baby -Friendly Initiative
CHO	Community Health Officers
COVID-19	Coronavirus Disease 2019
EBF	Exclusive Breast Feeding
FMIC	Federal Ministry of Information and Culture
FMOE	Federal Ministry of Education
FMOH	Federal Ministry of Health
HIV	Human Immunodeficiency Virus
ILO	International Labour Organisation
LGA	Local Government Area
LGCFN	Local Government Committee on Food and Nutrition
MNP	Micronutrient Powder
MMS	Multiple Micronutrient Supplementation
NAFDAC	National Agency for Food and Drug Administration and Control
NAIIS	National AIDS Indicators Impact Survey
NCFN	National Committee on Food and Nutrition
NCN	National Council on Nutrition
NFNP	National Food and Nutrition Policy
NDHS	Nigeria Demographic and Health Survey
NGOs	Non – Governmental Organisations
NSPAN	National Strategic Plan of Action on Nutrition
NPHCDA	National Primary Health Care Development Agency
ORS	Oral Rehydration Salt
PMTCT	Prevention of Mother-to -Child Transmission
SBCC	Social and Behaviour Change Communication
SDG	Sustainable Development Goals
SMOH	State Ministry of Health
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organisation

Section 1: Introduction

The Nutrition Situation in Nigeria

Nigeria is one of the five countries contributing to the global burden of under-five and infant mortality.[1] Nigeria has the second-highest and highest number of stunted children globally and in Africa respectively with a national prevalence of 37%.[2] This implies that a significant percentage of Nigerian children under five years without nutrition intervention may not reach their full physical and cognitive potential although there has been some improvements in some areas. The nutrition and breastfeeding situation in Nigeria is described in the figure below.

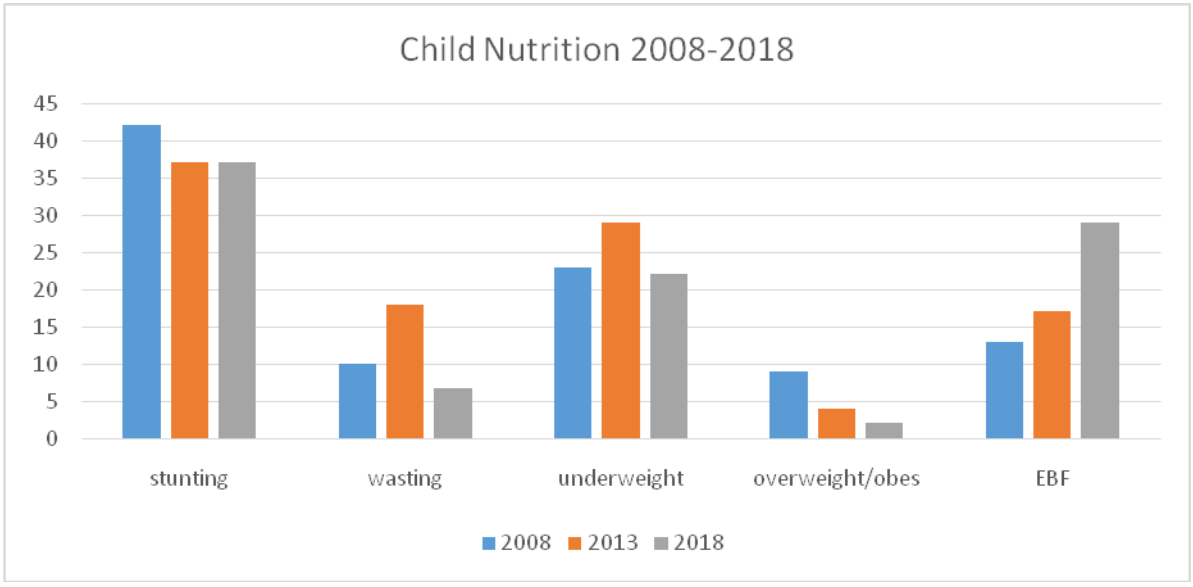

Figure 1: Pattern and Trend of child nutrition in Nigeria, 2008-2018, NDHS 2008, 2013 and 2018

Evidence from the last decade increasingly shows that child undernutrition is common in poor households and about a fifth of the rich households.[2,3]There is wide variation by zone in the prevalence of stunting, with the North-West and North-East zones having more under 5 stunting rates of 57% and 49% respectively than the South-South zone with the lowest stunting rate of about 20%. The situation is particularly critical in Kebbi, Jigawa, Katsina, Yobe, Kano, Sokoto, Bauchi, Gombe, and Zamfara, where more than half of under 5 children are stunted. Children whose mothers are thin (BMI less than 18.5) are more likely to be stunted, wasted, or underweight than children whose mothers have a normal BMI. The

[1]Global Nutrition Report Stakeholder Group (2020). Global Nutrition Report.
[2] National Population Commission (NPC) [Nigeria] and ICF. 2019. *Nigeria Demographic and Health Survey 2018*. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF
[3] National Demographic Health Survey 2013

prevalence of stunting in children whose mothers are thin is twice that (49%) of children whose mothers are overweight or obese (23%).[2]

Micronutrient deficiencies remain a persistent problem in children; about 3 out of every 5 children do not receive adequate Vitamin A from foods or through supplementation therefore putting them at risk of vitamin A deficiency along and its adverse consequences. While less than 50% of children below five years of age received Vitamin A supplementation, only 59% of those below 2 years consumed foods that are rich in Vitamin A, of which breastfeeding is a rich source. Similarly, iron deficiency anemia due to poor dietary intake and common infections from parasites affect more than two-thirds of children.

Less than 50% of children consumed iron-rich food, there are significant regional variations in the intake of iron-rich foods by the children; North-East and North-West had the least percentages of about 24% each and 73% in the South-Western part of the country.

Maternal nutrition is intertwined with that of the child especially within the first 1,000 days of life. The proportion of women who are overweight or obese has increased from 22% in 2008 to 28 percent in 2018. The proportion of adolescent girls who are too thin for their age has also increased from 19% in 2008 to 25% in 2018 when compared with older women[2]. According to the 2015 NNHS[4], 20% of the 15 to 19-year-old adolescents had acute malnutrition when compared to 5% among 20 to 49-year-old adult women using MUAC <22.1cm.

Improving nutrition in adolescent girls is critical in the improvement in the nutrition status of the entire population. The prevalence of malnutrition is common among adolescent than adult women. Although trends in adolescent fertility rate shows a decline from 122/1000 adolescents aged 15-19years in 2013 to 106/1000 in 2018, childbearing during adolescence is known to have adverse medical and social consequences This indicates the urgent need to prioritize improvement in the nutrition of the adolescent girls for better birth outcomes and subsequent nutrition throughout the lifecycle.

Anaemia is a foremost cause of maternal mortality, and poor birth outcomes with 58% of women having some degree of anaemia. The proportion of women who consumed five or more food groups is lower in the northern region, 52.7% in northwest than the southern

[4]Nigerian Nutition Health Survey (NNHS) 2015

region of the country,64.9% Southwestwhile 31% of the women did not receive iron supplementation.[2]

ANC offers the best opportunity for information on maternal nutrition as well as nutrition for infants and young children. Also, details on HIV prevention and care; especially the prevention of mother-to-child transmission of HIV are best provided during the ANC. It is at ANC that the National recommendations on infant feeding are discussed with pregnant women of different age categories. The proportion of pregnant women who received antenatal care from a skilled provider ranged from 15% in Kebbi to 97% in Imo and the national coverage stands at 67%.

Poverty and inequality, water, sanitation, and hygiene (WASH), education, food systems, climate change, social protection, and agriculture impact on nutrition outcomes especially among children.[2-3] Improved nutrition is thus the platform for progress in health, education, and employment, female empowerment including poverty and inequality reduction.

Nigeria's failure to make substantial progress against poverty has translated to limited progress in improving nutrition and health indicators which makes achieving the Sustainable Development Goals (SDGs) a challenge. Realizing that at least 12 of the 17 SDGs contain indicators that are relevant to nutrition, reflecting the central role of nutrition in sustainable development, this National MIYCN strategy focuses on the first 1,000 days of life to strengthen the service delivery at all levels including community- and facility-MIYCN interventions, thereby contributing to national socio-economic development.

Infant and Young Child Feeding Practices

Exclusive breastfeeding and complementary feeding practices are important determinants of the nutritional status of children, particularly those under 2 years. Poor infant and young child feeding (IYCF) practices are the main causes of the high rates of chronic malnutrition in Nigeria. According to NDHS of 2018, 42% of infants are initiated with breastfeeding within one hour of birth (although a much lower rate of 19% was reported by NNHS 2018), just about half (49%) were introduced to prelacteal feeds mostly plain water and water with herbs. Although exclusive breastfeeding (EBF) rate has increased from 13% in 2008 to 17% in 2013 and to 29% in 2018, yet it is still far from global targets and recommendations. Eighty-three percent were breastfeed at one year while only 28% were breastfed until 2 years and 55% of the children had age-appropriate breastfeeding.[2] The breastfeeding duration is higher in the North and among uneducated as well as rural women and a

national median duration of breastfeeding of 18.5 months.[2] However, there are disparities in breastfeeding practices across all the geopolitical zones.

Complementary feeding is also a major concern in Nigeria. Appropriate complementary feeding should include feeding children with a variety of foods to ensure that nutrient requirements are met. Without adequate meal frequency and diversity, infants and young children are vulnerable to undernutrition, especially stunting and micronutrient deficiencies, and increased morbidity and mortality. Only two out of 10 children aged 6-23 months consume the minimum dietary diversity, four out of 10 had minimum meal frequency while the minimum acceptable diet which is a composite indicator that combines meal frequency and dietary diversity was received by only one out of 10 of children 6-23 months receive a minimum acceptable diet. The lowest percentage of children who consumed the minimum acceptable diet is reported in the North Central (5.2%), while the highest is in the South East (18%).[2]

The National MIYCN Policy environment

In 2010, the National Policy on infant and young chid feeding[5] set out detailed guidelines[6] for implementing IYCF. The 2010 IYCF policy has now been reviewed as the 2020 National policy on Infant and Young Child Nutrition. Also, the regulatory framework for marketing of breastmilk substituted was updated in 2019 at the National Regulation on Marketing of Infant and Young Children Food and other designated products (registration, sales, etc.). In 2014, the National Strategic Plan of Action for Nutrition[7] (NSPAN) was approved which sets out strategic priorities for the health sector to ensure achievement of the National Policy on Food and Nutrition goal. The NSPAN has since become outdated and is been reviewed for 2020-2025.

With respect to Maternal Nutrition and IYCF as prioritized in the 2014-2019 NSPAN, there were targets for increasing exclusive breastfeeding in the first six months to 50% by 2018 from 17% reported in NDHS 2013. Interventions were to be delivered through health facilities, community platforms, and focused campaigns. A life-cycle framework is implicit in this preventive approach: maternal nutrition was to be addressed through iron/folate supplementation, promotion of women's nutritional status, and the accompanying target to reduce low birth weight by 15% by 2018. At the community level, trained health workerssensitize families and local leadership on the importance of IYCF, organize support

[5] FMOH Department of Family Health (2020). *National Policy on Infant and Young Child Feeding.*
[6] FMOH Department of Family Health (November 2010) *Guidelines on Infant and Young Child Feeding in Nigeria*.
[7] Government of Nigeria (2014*) Heath Sector Component of the National Food and Nutrition Policy. National Plan of Action for Nutrition* (2014-2019)

groups, and generate demand for health and nutrition services. The National plan makes provision for screening for malnutrition including basic growth monitoring and promotion.

The National Social and Behaviour Change Communication Strategy (NSBCC) for Infant and Young Child Feeding in Nigeria (2016-2020) which focuses on promoting IYCF and maternal practices to contribute to the improvement of nutritional status, growth, development, health, and survival of infants and young children through optimal breastfeeding and complementary feeding as well as other related maternal interventions. The strategy thus outlines all-inclusive advocacy, interpersonal communication, mass media, and social mobilization activities such as the MNCH[8]week and World Breastfeeding Week.

The Challenges of MIYCN Programme Implementation

There has been remarkable progress in policy, strategy, and training packages development, and mainstreaming of MIYCN programming in nutrition. Following the WHO/UNICEF recommendations on improving infant and young child feeding practices, Nigeria initiated several programs and policies responses to promote and support infant and young child feeding practices. Some improvements have been observed in early or timely initiation of breastfeeding and an increase in the rate of EBF from 17% in 2013 to 29% in 2018. Nigeria has an established a national legislative and health system framework to promote and support infant and young child feeding practices[9]. Despite these initiatives, malnutrition, and early childhood feeding related diseases and mortality still remain problems of public health importance in Nigeria[10]Furthermore, there has been a drop in the proportion of children under 24 months of age who were fed in accordance with IYCF (breastfeeding and complementary feeding) guidelines. The assessment of MIYCN programming and coverage of most key interventions have remained negligible across the country[11]. Though Health workers have been trained to deliver MIYCN counseling at the facility, and the community-based workers are trained to mobilize and counsel caregivers at the community level, the implementation coverage, quality as well as rates of supervision of these activities appeared to be low. The importance of MIYCN programming as an important preventive measure for addressing malnutrition has been recognized. In Nigeria, the anticipated 90% coverage for successful programming for high impact interventions is yet to be reached.

[8]National Social and Behavioural Change Communication (SBCC) Strategy for Infant and Young Child Feeding (IYCF) in Nigeria 2016-2020, FMOH

[9] United Nation Childen's Education Fund. Infant and young child feeding programming status: results of 2010–2011 assessment of key actions for comprehensive infant and young child feeding programmes in 65 countries. In: Nutrition section. New York: UNICEF; 2012.

[10]Ogbo, F.A., Page, A., Idoko, J. *et al.* Have policy responses in Nigeria resulted in improvements in infant and young child feeding practices in Nigeria?. *Int Breastfeed J***12,** 9 (2016). https://doi.org/10.1186/s13006-017-0101-5

[11].Scaling up Nutrition (SUN) Movement Progress Report 2019

Section 2: National Strategy for Maternal Infant and Young Child Nutrition (NSMIYCN)

2.1. Rationale for MIYCN Strategy

Maternal nutritional status and the neonatal period impact on later years of life. The development of certain non-communicable diseases (NCDs) such as diabetes and obesity have been linked to nutrition. These are believed to have originated in the early stages of human growth, specifically during foetal development. One approach, therefore, to reducing preventable, diet-related NCDs and their risk factors is to improve the nutritional status of women of reproductive age. Efforts to improve maternal nutrition are critical to attaining the Sustainable Development Goal number 2 on ending hunger and all forms of malnutrition (Zero Hunger).

Adequate nutrition, including appropriate feeding practices, from birth through the early months and years of life, is crucial to achieving optimal outcomes for the mother and child.

Malnutrition is remains a major challenge in Nigeria. Nigeria contributes significantly to the global burden of malnutrition. While progress has been made in the control and management of acute malnutrition, gaps still exist as 37% of all children less than five years of age in Nigeria are stunted, 6.8% are wasted and 22% are underweight.

The health and nutritional status of women and children are intimately linked. Improving the health of women and children, requires ensuring the health and nutritional status of women throughout all stages of life.Poor maternal nutrition at the earliest stages of the life-course, during foetal development and early life, can induce both short-term and long lasting effects throughout the life-course.

The MICYN strategy is intended to fasttrack the implementation of the 2020MIYCN policy in order to mitigate the impact of inadequate nutrition in the mother, adolescent girl, neonate, infant and child.

2.2 Strategic priorities

This Strategy intends to re-invigorate MIYCN efforts in Nigeria and to build on lessons learned from the effective MIYCN partnerships that are currently in place. The Strategic priorities identified are based on the new 2020 National Policy on MICYN and on six specific principles that provide the overall direction for MIYCN in Nigeria.

This include the following:

1. **Focussing on the prevention of maternal and child malnutrition** in all its forms through; evidence-based programs, addressing structural determinants that put women and children at risk of malnutrition, and prioritizing interventions in the first '1000 days as "window of opportunity" from conception to 2 years of life, and in older children up to 59 months as well as other specific nutrition preventive interventions for the adolescent girls and pregnant and lactating adolescent mothers.
2. **Integrating MIYCN services into other nutrition-sensitive interventions** such as integration and collaboration with other sectors (health, education, agriculture and water and sanitation, child protection, private sector, etc.).
3. **Mobilizing fund and scaling up MIYCN**- Significant increase in government funding as well as mobilizing resources for MIYCN scale-up, through various donors and development partners.
4. **Establishing effective data management system**: Creation, adoption, and use of new technologies for data capturing, reporting, management, and documentation. Effective, accurate, and transparent data management at National, State and LGA levels is required to guide policy formulation, programme design, and adjustments. Investment in data management (routine monitoring and surveys) using established MIYCN indicators is imperative[12]. MIYCN indicators are part of Nigeria's Health Management Information System.
5. **Investing in formative research and innovation in selected aspects of the MIYCN**- Formative research should be a fundamental component of MIYCN programming in Nigeria.
6. **Strengthening multi-sectoral planning and coordination using the existing committees on food and nutrition to address the determinants of malnutrition**: stronger partnership among food and nutrition-related sectors will be needed in attaining the common goal. This calls for a greater focus on MIYCN at all levels to bring political commitment to address the barriers and determinants to optimal MIYCN.

[12] WHO (2013). *Essential Nutrition Actions – Improving Maternal Newborn Infant and Young Child Nutrition*. Geneva.

2.3. Strategy Goal

The overall goal of the National Strategy for Maternal Infant and Young Child Nutrition is to ensure the optimal nutrition of adolescent girls, pregnant and lactating women, and children aged zero to 59months to contribute to the prevention and management of malnutrition among them.

2.4. Statements on maternal, infant and young child nutrition

The main thrust of this strategy is to prevent malnutrition in adolescent girls, pregnant and lactating women, and children under five years. A full presentation of optimal feeding recommendations for maternal, infants, and young children can be found in the National Policy on Maternal Infant and Young Child Nutrition[13], which include:

1. **Early initiation of breastfeeding and exclusive breastfeeding from birth to six months of age**: Mothers are encouraged and assisted to put their newborn infants to the breast within one hour of delivery, and to practice exclusive breastfeeding for the first six months of life. In all population groups, breastfeeding shall be protected, promoted, and supported unless medically contraindicated on a case-by-case basis. This should be in line with the provisions of the National Regulations on the Marketing of Breastmilk Substitutes.
2. **Complementary feeding from six months of age**: Exclusive breastfeeding for the first six months of life shall be followed by the introduction of complementary foods that are age-appropriate, frequent, the right amount, increased texture, energy-dense, increased in varieties, actively provided and hygienic for the child. The child shall be fed responsively. Breastfeeding is encouraged to continue up to two years and beyond. The timing of the introduction of complementary foods shall be from six months of life, except otherwise medically indicated and those that are in exceptionally difficult circumstances.
3. **Breastfeeding in the context of HIV:** Mothers who do not know their HIV status are advised to access HIV Counseling Services (HCS) to test and know their status. Mothers who are HIV positive shall be encouraged to enroll in a PMTCT program to access care and support as well as counselled on appropriate maternal and infant feeding practices. HIV positive mothers and receiving ART are encouraged to exclusively breastfeed their

[13] FMOH/Department of Family Health (2012). *National Policy on Maternal Infant and Young Child Nutrition*. Abuja.

infants for the first six months, introduce complementary feeding at six months and continue breastfeeding for up to 24months as in the general population[14].

4. **Adolescent girls &maternal nutrition:** Nutritional care and support for breastfeeding mothers entail the care and support for the reproductive-age women before, during, and after conception. Adolescent girls and women of childbearing age shall be encouraged to have adequate food and nutrients to build their nutritional status before pregnancy and continue to feed adequately before and after delivery. Nutritional counselling shall be provided to adolescent girl, pregnant woman and breastfeeding mothers to ensure their nutritional needs are met. Concretely, pregnant women shall receive iron and folic acid supplementation, according to national guidelines.

2.5. Strategic objectives

1. By 2025, at least 50% pregnant women will consume Iron and Folic Acid supplementation
2. By 2025, increase by at least 50% children who were put to the breast within one hour after delivery (50%)
3. By 2025, 65% mothers of infants < 6months are exclusively breastfeed
4. By 2025, at least 25 % of children 6-23 months receive minimum acceptable diet
5. By 2025, increase the proportion of children 6-23 months of age who receive minimum dietary diversity from 22% to at least 50 %
6. By 2025, increase the proportion of children 6-23 months of age who receive minimum meal frequency from 44% to at least 50 %
7. By 2025, at least 50% of adolescent girls will be reached with Iron and Folic Acid supplementation

Section 3: Strategic components and priorities

This section describes the mutually supportive and synergistic strategic priorities for improving the feeding practices of adolescents, mothers, infants, and young children in Nigeria. These priorities are essential to achieving the MIYCN outcomes across the country and are to be implemented around four key components

1. A supportive environment for maternal, infant and young child nutrition

[14] WHO (2016). *Guideline Updates on HIV and Infant Feeding*. Geneva. P 3.

2. Coverage for high-impact interventions,
3. Monitoring and evaluation
4. Partnership, coordination, roles and responsibilities

An important aspect of implementation of the strategic priorities is strengthening and invigorating the platforms and linkages between households/communities, health facilities and integration with other sectors. It will also build on important findings that government and Partners[15] have produced with their various experiences in different geographical areas across the country. All the strategic priorities are known to be effective in improving one or more MIYCN indicators when implemented at scale (adequate coverage) and with attention to quality.

Strategic Component 1: Supportive environment for MIYCN

Strategic Priority 1.1:Advocacy for Resource Mobilization

Objectives: *By 2025, at least 50% of States have annually allocated and released up to 80% of allocated funds to support MIYCN interventions.*

Despite the documented evidence for the benefits of proven MIYCN interventions, investments in MIYCN in Nigeria are still far below other life-saving interventions. Political commitment, leadership and engagement of all relevant stakeholders are critical to mobilizing sufficient resources for MIYCN[16]. With evidence of public health benefits at low cost, decision makers need to commit the necessary resources for effective MIYCN implementation. A key priority for creating a sustainable enabling environment for policy support and implementation of MIYCN interventions at scale is to address the critical need for sufficient budgetary allocation, and timely release. The actions outlined below aim to improve the current financial limitation of MIYCN funding in Nigeria.

- ***Action 1.1a:*** Address awareness and knowledge barriers among stakeholders and policy influencers to motivate political commitment and action for mobilizing and obtaining sufficient resources for MIYCN
- ***Action 1.1.b:*** Determine the extent of financial investments in MIYCN interventions and compare to other life-saving interventions; track changes over time including

[15]These include approaches implemented with support from Alive & Thrive, Spring, DFID, EU, Save the Children, and others.
[16] Shekar et al (2015). *Investing in nutrition, the foundation for development. An investment framework to reach the global nutrition targets*. A brief published by the World Bank, the Gates Foundation, Results for Development and CID.

budget tracking, transparency and accountability,and to guide improve State and Local Government levels' MIYCN budget and resource allocations.

- ***Action 1.1.c:*** Develop and implement a targeted work plan to address barriers to resource mobilization around MIYCN as a viable approach to investing in human and social capital.

Strategic Priority 1:2: Advocacy for implementation and monitoring of adherence to the National Regulation on Marketing of Infant and Young Children Food and other designated products (registration, sales etc.)

Objectives: *By 2025 National Regulation on Marketing of Infant and Young Children Food and other designated products (registration, sales etc.) is implemented by atleast 60% of States*

Implementing the National Regulation on Marketing of Infant and Young Children Food and other designated products (registration, sales etc.)

Nigeria's regulations on the National Regulation on Marketing of Infant and Young Children Food and other designated products (registration, sales etc.)[17, 18], outline responsibilities of governments, health systems and the companies that market or manufacture breastmilk substitutes[19]. Some provisions of the Regulations are still being violated due to paucity of knowledge on the regulations. Increased awareness, commitment and investment are needed to support implementation, monitoring and enforcement of the Regulations. The following actions are recommended to strengthen enforcement and compliance.

- ***Action 1.2.a:*** Educate/sensitize stakeholders and public on the National Regulations on Marketing of Infant and Young Children Food and other designated products (registration, sales etc.) and its value to protect, promote and support breastfeeding for optimal nutrition and health outcomes; and explain penalties for non-compliance by defaulting health facility to ensure implementation and accountability.
- ***Action 1.2.b:*** Develop capacity on issues around the Regulations and its inclusion in School Curricula of all cadres of medical, health and allied professionals.

[17]NAFDAC-*MNational Regulation on Marketing of Infant and Young Children Food and other designated products (registration, sales etc.)- Regulations 2019*
[18] Federal Republic of Nigeria Official Gazette, No. 30, Vol 3, May 2006.
[19] Rollins et al (2016). Why invest, and what will it take to improve breastfeeding practices? *Lancet* 387 :491.

- ***Action 1.2.c*** Monitor and ensure full enforcement and compliance with the National Regulation on Marketing of Infant and Young Children Food and other designated products (registration, sales etc.) at all levels.

Strategic Priority 1:3: Maternity workplace policies and benefits

Objectives: *By 2025, maternity protection laws and regulation are reviewed to at least 24 weeks' maternity leave including 2 weeks paternity leave.*

With respect to maternity leave, the International Labour Organization in 1981 set 14 weeks as a minimal standard for maternity leave and recommended atleast 24 weeks leave. In Nigeria, women engaged in private sector have 12 weeks paid maternity leave while the public sector recently increased paid leave to 16 weeks. The large informal work sector across the country means that most women would not be directly affected by such legislation. For the growing numbers of employed women, research has shown that maternity leave policies are effective in increasing exclusive breastfeeding. Furthermore, breastfeeding can be continued after a return to work in settings where maternity leave or child care is available and where breastfeeding or expressing of breastmilk is supported. Providing lactation rooms and nursing breaks are additional low-cost interventions that can reduce absenteeism, increase workplace productivity and improve exclusive breastfeeding rate. Efforts at establishing more crèches and lactation rooms in both public and private work places should be intensified.

- ***Action. 1.3.a****: Conduct* advocacy to public and private institutions with feasible plan outlining immediate and long-term benefits of breastfeeding to individuals and society for extended paid maternity leave to 24 weeks through consultation with Ministry of Labour and Employment, Women's groups, Labour and Trade Unions, Private sector and other stakeholders. Thereafter, continue to advocate for paid paternity leave of 2 weeks.
- ***Action 1.3.b:*** Identify and implement Baby-Friendly workplace interventions such as crèche, lactation and breastfeeding corners/rooms to enable mothers to continue breastfeeding or express breast milk in a supportive, safe and clean environment.

Strategic Component 2: Coverage for high-impact MIYCN interventions

Strategic Priority 2.1: Maternal, Adolescent, Infant and Young Child Nutrition

Objectives: By 2025, increase by 50% the access of adolescent girls, pregnant and lactating women to key maternal nutrition interventions.

Access of adolescent girls, pregnant and lactating women to nutrition interventions: Emerging research shows the importance of the nutrition of adolescent girls[20]for birth outcomes and subsequent nutrition through the lifecycle, making it more urgent than ever to develop effective interventions for the adolescent preconception period. Adolescence is a conduit for intergenerational nutritional status and so calls for a life-course approach towards the prevention of malnutrition[21]. Reaching girls and women with interventions before their first pregnancy and in between pregnancies is an important strategy to improve their nutritional status and build micronutrient reserves before their first pregnancy. Delivering interventions to girls is a challenge in Nigeria where 30–40% of girls do not attend lower secondary school. If girls are attending school, improving their nutrition is a strategy to keep them in school, which in turn will delay marriage and first pregnancy, and thereby improve the nutritional status of both mothers and their children later[22] . Maternal malnutrition has serious consequences for both mothers and their children. For women, anemia is an underlying cause in approximately 20% of all maternal deaths[23] and women's own short stature, which is a consequence of chronic malnutrition during early childhood.

- ***Action 2.1.a:*** Update screening guidelines and protocols like Nutrition Assessment, Counseling and Support (NACS) at facility and community levels to strengthen follow up of women that are 15-49 years with low BMI, overweight, obesity; pregnancies and adolescent's mothers 15-19 years.
- ***Action 2.1.b.:*** Work with other related sectors to provide health, water, sanitation, hygiene and Nutrition-sensitive interventions to benefit adolescent girls, toilet facilities for girls, micronutrient supplements, deworming and malaria prevention and treatment.

[20] Dominguez-Salas et al (2014). Maternal nutrition at conception modulâtes DNA methylation. *Nature Communications* 5: 3746.
[21] The recently-published *Global Nutrition Report 2015* draws attention to the role of good nutrition in adolescence as a key element of the lifecycle approach.
[22] Save the Children (2015). *Adolescent Nutrition. Policy and Programming in SUN+ Countries 2015*. Save the Children Fund.
[23] Stolzfus et al (2004). Comparative Quantification of Health Risks: Global and Regional Burden of Disease Attributable to Selected Major Risk Factors. Geneva: *World Health Organization* 163-209

- ***Action 2.1.c:*** Re-invigorate maternal nutrition counseling and Take-Home Brochures for Pregnancy and Breastfeeding as well as How to Breastfeed and Feed Baby at 6months. This would be conducted with the caregivers during ANC visits, CMAM sessions, Mother Support Groups (MSG) in the community including MNCHW and Immunization days etc. to address what and how foods should be distributed and consumed for optimal adolescents and maternal nutritional status.

Strategic priority 2.2: Breastfeeding and Baby-Friendly Initiative

Objective:By 2025, 50% of health facilities providing maternity services are Baby Friendly Compliant

Implement Baby Friendly Initiative at health centres and adjoining communities: The *Baby Friendly Hospital Initiative* (BFHI) was launched globally in 1991 to scale up ten steps to successful breastfeeding interventions in maternity facilities to protect, promote and support successful breastfeeding. A recent meta-analysis[24] of interventions to improve breastfeeding outcomes finds that baby- friendly health facilities across a range of countries is a highly cost -effective intervention. Recently, Nigeria, re-branded the BFHI program as the *Baby Friendly Initiative* (BFI) to be operated at facility (BFHI) and community (BFCI) levels. The new strategy aims at improving care for pregnant women, mothers and newborns to ensure the protection, promotion and support for breastfeeding at the health facilities and by extension at the community level especially upon discharge from the hospital. The implementation of BFCI is essential as 59% of women in Nigeria deliver at home and 70% of adolescent mothers also have their babies delivered at home (NDHS 2018).

- ***Action 2.2.a:*** Initiate a systematic process for revitalization and certification of health facilities and communities as 'Baby Friendly Compliant' with the aim of maintaining quality institutionalization of BFI certification as part of the criteria for selecting and prioritizing 'One PHC per Ward' vision of the Nation.
- ***Action 2.2.b:*** Re-launch the initiative at the community level (BFCI) so that promoters include traditional, religious and community leaders as well as community support groups and volunteers outside the health system, helping to ensure community ownership.

[24] Sinha et al (2015) Interventions to improve breast feeding outcomes: a systematic review and meta-analysis. *Acta Pediatrica* 104: 114.

- ***Action 2.2.c*** Establish a *Baby Friendly Score Card* to ensure accountability and convey the message that breastfeeding is *not the sole responsibility* of a woman but success demands the role of her spouse, close relations and community.
- ***Action 2.2.d*** Conduct regular sensitization and mobilization activities at facilities and community levels to strengthen establishment and institutionalization of breastfeeding support groups.
- ***Action 2.2.e*** Strengthen the establishment and institutionalization of breastfeeding support group at facility and community level with integration of breastfeeding interventions with other MNCH interventions.

Strategic priority 2:3: Improve complementary feeding

Objectives:

1. *By 2025, at least 25% of caregivers have improved knowledge and practices of complementary feeding for children 6-23 months*
2. *By 2025, at least 25% of caregivers have access to locally available food for minimum dietary diversity.*

The largest part of the 1000-day 'window of opportunity' is the complementary feeding period, 6-24 months, the transition from exclusive breastfeeding to consuming a wide range of foods in addition to breastmilk. Growth faltering does occur during the prenatal period and early months of life, as evidenced by the 19% infants 0-5 months old in Nigeria who are stunted (NDHS 2018). However, increase in the rates of stunting was observed from 6months and peak at 24-35months thus portraying the effect of undernutrition in the first 1,000 days of life. Inadequate nutrient intake from complementary foods and the high incidence of infections during this interval are major causes of stunting and other adverse health and developmental outcomes.

Consequently, ensuring adequate complementary feeding is a major priority for Nigeria. Though challenges to meet nutritional needs during this age interval are enormous, however, there is extensive accumulated programming expertise across the country that can be tapped. A nutritionally complete, food-based approach is more likely to be successful at resolving multiple micronutrient deficiencies and promoting healthy child growth as well as laying the foundation for healthy food choices over the lifespan than programmes based on supplementation with only one or a few micronutrients[25]. A food-based approach makes

[25] Dewey et al (2014) *Ensuring adequate nutrient intake during the period of complementary feeding*. Technical Brief no. 7, Alive and Thrive.

it possible to tackle not only micronutrient quality, but also the adequacy of macronutrients, high-quality protein and essential fatty acids.

- ***Action 2:3: a*** Improve the quality of on-going counselling and food demonstrations in facilities and communities by prioritizing what is doable, available and context specific.
- ***Action 2.3. b*** Identify and analyze the potential for increased intake of culturally acceptable indigenous foods that are under-utilized and can be used to enrich local cereal gruels. These include vegetable, fruits, eggs, whole small fish and fermented seeds {Locust bean (Ogiri/dadawa/okpehi), oil bean (Ugba)} which are high in energy, protein and micronutrients.
- ***Action 2.3.c*** In line with effective Social and Behavioural Change Communication strategies, emphasize approaches to behaviour change that target social norms, especially among authoritative family decision makers, to overcome barriers to improve complementary feeding practices including responsive feeding norms.
- ***Action 2.3.d*** Align with other MDAs and organisations in the promotion of food security projects such as homestead gardens, school garden, food processing and promotion of year-round access to diverse foods for household preparation of dietary diversity to improve complementary foods.

Strategic priority 2.4: Integration with other Nutrition-specific interventions

Objectives:

By 2025, at least 50% of women, infants and young children have access to MIYCN services through integrated Nutrition-specific interventions (MNP, Vitamin A, Deworming, SAM treatment, Iron folate, nutrient-dense rations, Growth Monitoring and Promotion (GMP) & key MIYCN messages).

Although progress has been made in understanding the technical aspects of nutrition interventions, there is a dearth of actionable programing and research on how to scale up and sustain such interventions. Nutrition-specific interventions are key to accelerating progress in nutrition outcomes but they work best in tandem with Nutrition-sensitive interventions which address basic causes of malnutrition that incorporate nutrition goals and actions from a wide range of sectors. No single intervention to improve MIYCN practices can work universally or in isolation.It has been shown that community groups in several

countries have provided useful platforms to deliver C-IYCF counselling package and to link households to facilities.

- ***Action 2.4.a:*** Prioritize a core or 'minimum' package of up to five MIYCN messages and interventions to be delivered at facility and community levels.[26] These can be taken from the Counselling cards now in use, delivered through strengthened mother-support *groups* at community level.
- ***Action 2.4.b:*** Distribute commodities such as micronutrient powders, water guard and hand soap, etc.[27]; scale up rapidly as part of the MIYCN programme to reinforce the perceived importance of the strategies of MNDC for Nigeria.
- ***Action 2.4.c:*** Establish a Reward system as scheme to provide incentives for Community Oriented Resource Persons (CORP) and other community-based groups so that motivation remains high, e.g. inviting CORPs to state-level meetings where their work would be recognized.

Strategic priority 2:5: Integration with Nutrition-sensitive interventions

Objectives: By 2025, at least 50% Caregivers have access to Nutrition-Sensitive Services (HH income generation, home gardening, livelihood, WASH, Health, social protection, etc.) in support of MIYCN efforts.

Accelerating progress in MIYCN in Nigeria will require strong cross-sectoral cooperation and a range of actions, termed nutrition-sensitive interventions, which are intended to address basic determinants of poor Maternal infant and young child nutritional practices. Partnerships with other sectors will enhance coverage of the MIYCN interventions, and ensure long term results. When implemented at large scale, nutrition-sensitive interventions are effective in reaching poor populations with high rates of malnutrition. In some circumstances, they can be leveraged to serve as delivery platforms for nutrition-specific interventions such as linking them with social protection to accelerate improved MIYCN thereby augmenting the household and community environment in which children

[26]Reuel et al (2013): Nutrition-sensitive interventions & programmes, how they help improving maternal and child malnutrition, Lancet 382: 536.
[27] Linkages with local soap manufacture would contribute to income generation.
[27] A 5-message package could include messages on: increased food intake during pregnancy, initiate breast feeding within one hour and continue breastfeeding to 6 months exclusively, feed nourishing complementary foods frequently every day and continue breastfeeding till two years and beyond even during illness, practice frequent handwashing especially after using the toilet, cleaning the baby and before preparing babies food. These five would address pre-pregnancy through sanitation. These five, or another five to be selected by officials and technical experts at national level, would then be added to at State level considering State level circumstances.
[27] Linkages with local soap manufacture would contribute to income generation.
[27] Ruel et al (2013). Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child malnutrition? *The Lancet* 382: 536

develop and grow. This Strategy provides for coordinated action in three critical sectors: agriculture, girls' education and WASH waterand sanitation, with the involvement of the private sector in the social protection network.

Efforts towards increasing homestead food production, personal hygiene and safe clean water, improved income and access to diverse diets should be intensified. Improved water and sanitation have been shown to contribute to reduced enteric infections, health care costs and better growth of children[28]. Low birth registration, poor education levels of girls and women, as well as poor utilization of health care services pose a formidable barrier to improved MIYCN practices. These barriers need to be addressed.

- ***Action 2.5.a*** Identify promising homestead and school gardening program that can be mainstreamed with the aim to improve MIYCN outcome; and build partnerships for scale up.
- ***Action 2.5.b:*** Scale up the national programme on personal, food and environmental hygiene to deliver high-impact messages around hand washing, linked with local manufacture and distribution of soap, food safety and clean water, proper waste disposal at all levels.
- ***Action 2.5.c*** Team up with national and state education policy makers and other stakeholders with focus on girls' education and advocate for strengthened educational norms for girls to reduce drop out; integrate health and nutrition content in school curricula at all levels.

Strategic priority 2:6: Improve Maternal Infant and young Child Nutrition in Exceptionally difficult circumstances [MIYCN-EDC]

Objectives:

1. *By 2025, 80% Mothers of infants <6months practise exclusive breastfeeding in exceptionally difficult circumstances*
2. *By 2025, 50 % of Emergency facilities (Clinics, IDP & host communities) monitor & report compliance on the* National Regulation on Marketing of Infant and Young Children Food and other designated products (registration, sales etc.)

This MIYCN Strategy is relevant to all infants and young children in Nigeria. However, children in difficult circumstances such as acutely malnourished children, orphans and

[28] Butta et al (2013). Evidence-based interventions for improvement of maternal and child nutrition: What can be done and at what cost? The Lancet 34: 40.

unaccompanied children, low birth weight (LBW) infants, children living in emergency settings and children born to mothers living with HIV require special feeding and care. HIV-exposed infants and their caregivers require support and careful follow up to determine the HIV status of the infants and to help ensure exclusive breastfeeding for the first six months regardless of HIV status with continued breastfeeding alongside the introduction of complementary foods thereafter.

In Nigeria, MIYCN-EDC is a new area for most of implementing actors and it is concerned with interventions to protect, promote and support safe and appropriate feeding practices for both breastfed and non – breastfed infants and young children in emergencies. The main goal of MIYCN-EDC is to do no harm and save lives. In recognition of this, a coordination sector has been set, and Technical working group will be set up as well to develop relevant guidelines in line with core humanitarian standards[29], global guidance on infant and young child feeding in emergencies[30] and the National Regulation on Marketing of Infant and Young Children Food and other designated products (registration, sales etc.)

- ***Action 2.6.a:*** *Screen and*prioritize interventions for mothers and caregivers of children 0-11months.
- **Action 2.6.b**: Conduct full assessment of caregivers and infants that meet admission criteria for targeted supplementary feeding. Initiate breastfeeding support and where this is not possible, appropriate BMS in line with National Regulation on Marketing of Infant and Young Children Food and other designated products (registration, sales etc.)
- ***Action 2.6.c:*** Register households with newborn and children < 2yrs, including children with special needs to provide skilled breastfeeding support to mothers and caregivers.
- ***Action 2.6.d:*** Establish safe and supportive places for mothers/caregivers of children 0-23months to breastfeed and receive additional feeding and care support.
- ***Action 2.6.e:*** Promote safe and appropriate complementary feeding for children 6-23months from basic food commodities with supplements of locally available foods, MNP distribution, fortified blended foods e.g. corn/wheat soya blend etc.

[29] The Sphere Project (2011) Humanitarian Charter and Minimum Standards in Humanitarian Response. Available on http://www.sphereproject.org/

[30] IFE Core Group (2007) Operational Guidance on Infant and Young Child Feeding in Emergencies v 2.1. Available on http://www.ennonline.net/operationalguidanceiycfv2.1

- ***Action 2.6.f:*** Provide for the nutritional support to Pregnant and Lactating women including MMS/IFAS
- ***Action 2.6.g:*** Provide consistent and appropriate communication and counselling and support on MIYCN-E
- ***Action 2.6.h:*** Promote access to frontline feeding support like water and sanitation facilities, food and non-food items to mothers/ caregivers and their children

Strategic priority 2:7: Social and Behaviour Change Communication for Improved MIYCN practices

Objectives:

1. By 2025, 80% of care givers have received MIYCN 'messages &counseling for improved practices.

The specific objectives set out in the SBCC strategy cover a range of promoted practices that would occur at three levels: ***micro*** (individual change objectives for pregnant women, mothers, women newly delivered, and influencers such as mothers-in-law, husbands, domestic assistance and communities behavior change, TBAs and CORPs/CHIPs); ***meso*** (health workers at facility level and media) and ***macro*** (LGA, State and Federal governments to hold health workers accountable).

The intent is to shift social norms through innovation. A key barrier to proper implementation of MIYCN is the persistence on giving water to infants at birth and under the age of six months, and giving them solid or semi-solid food before six months, in the belief that they need it or it will make them stronger. Social and Behavior Change Communication programs (SBCC) use the most powerful and fundamental human interaction – communication – to positively influence these social dimensions of health and well-being. In this context, communication goes beyond the delivery of a simple message or slogan to encompass the full range of ways in which people individually and collectively convey meaning. Among the powerful tools employed by SBCC programs are mass media, community-level activities, interpersonal communication, information and communication technologies, and social media. These media will be employed to mobilize and influence mothers and significant others to adopt optimal MIYCN as critical to saving children's lives.

- ***Action 2.7.a:*** Support and implement activities recommended in MIYCN SBCC strategy that will strengthen communication at all levels to reach pregnant, lactating

mothers and mothers of under-five children; husbands (fathers), mothers-in-law, family members and peers participate in interpersonal communication and counseling, educational meetings, food demonstrations etc. on MIYCN

- ***Action 2.7.b:*** Support mother-to-mother groups, TBAs and other CBOs and conduct community mobilization activities as described in the MIYCN Communication strategy. These activities include food demonstration, home visits, and community educational sessions on MIYCN practices, MNCH weeks, World Breastfeeding Week, Safe Motherhood Day and Immunization plus Days.
- ***Action 2.7.c*** Run media campaigns about MIYCN using jingles, public service announcements, talk shows, music videos and the like with the participation of health workers and religious and/or traditional leaders and other community representatives and MIYCN models.
- ***Action 2.7.d*** Establish MIYCN SBCC Technical Working Groups at national and state levels; and support structured schedule of meetings (e.g. quarterly meetings) for the groups to provide opportunities for the SBCC expert network to contribute to review and validation of integrated communication approaches on optimal infant and young child feeding in Nigeria.
- ***Action 2.7.e*** Empower communities tackling MIYCN issues through engaging community leaders publicly and personally, to encourage their communities to achieve universal MIYCN implementation. This include systematic community involvement and planning led by community-based decision makers to be implemented by the entire community; identify and implement initiatives that communities and familiescan undertake to promote MIYCN and use of MIYCN related services; collate feedback from community members (mother support groups, CBOs, Young People Support Group etc.).

Strategic priority 2.8: Capacity Development

Objectives:

1. *By 2025, 80% of HWs & CVs are trained on MIYCN counselling skills for routine service delivery.*
2. *By 2025, 80% of Health facilities & Communities are equipped with tools on MIYCN for routine service delivery*{Food demonstration, MIYCN one-on-one Counseling, MMS/MNP, IFA, GMP}.

Building capacity of health workers at facility and community levels and maintaining performance in delivering high-quality MIYCN services on a large scale will be central to program expansion in Nigeria. Although equipping health workers with the knowledge and skills to plan, implement, monitor, counsel, coach, demonstrate, and impart good feeding practices is a critical component for improving their performance. Lessons learned from other country contexts show that training alone is not enough.[31] Extensive investments will be needed in supportive supervision, monitoring and mentoring. Technical competence is one measurement of performance, but other variables such as motivation, ability to allocate work time, job aids, monthly meetings, incentives, mentoring and community support activities can also affect performance.

Capacity across the health sector in Nigeria is insufficient in quality and quantity and the sector is requesting for additional qualified human resources at all levels to implement nutrition interventions. Numbers will be known when an assessment, currently underway, is completed. Currently-employed health workers who care for mothers need updated knowledge on MIYCN legislation, policies, guidelines as well as skills in interpersonal communication, community mobilization, supportive supervision and counselling. Counseling will remain a core activity of this Strategy, including group and individual counselling to reinforce messages and deal with specific challenges and barriers to behaviour change.

A comprehensive training package will include both pre-service and in-service curricula and on job training. New approaches to performance monitoring of community workers with a view to improving application of new knowledge, motivation and confidence, group facilitation skills and raising the perceived importance of the program by communities will also be helpful. This can be coupled with a new incentive scheme/ reward system for community workers.

Action 2.8.a: Conduct a training assessment and critically review training plans for facility- and community- health workers to determine whether training frequency and exposure is sufficient, and to what extent lessons learnt from on-going programs are incorporated.

Action 2.8.b: Enhance the quality of training by developing protocol for trainingof HWs and Community resource persons and a robust system for post training follow up through supportive supervision, monitoring and mentoring.

[31] Sanghvi et al (2013). Strengthening systems to support mothers in infant and young child feeding at scale. *Food and Nutrition Bulletin* 34:5156.

Action 2.8.c *Capacity development of HWs and community resource persons in MIYCN based on the developed protocols.*

Action 2.8.d: Ensure to equip all levels of interventions with materials and equipment to improve the quality of service delivery,(Planning guides, protocols, training materials, counselling and educational tools, food demonstration equipment, etc.)

Strategic Component 3: Monitoring and Evaluation

The monitoring and evaluation strategy monitors service delivery, including inputs and processes as well as outputs and outcomes, such as the number of women adolescent girls and under five children receiving MIYCN interventions and the impact at the individual and population levels. The monitoring and evaluation plan includes a framework to track progress in implementing the guidelines to verify whether new policies are required or better performance of the existing ones and recommendations and plans for service delivery are actually implemented.

1. **Monitoring MIYCN Policy and Advocacy activities**:

MIYCN Policy and Advocacy activities are carried out by the Government at national and sub-national levels in collaboration with international donors, implementing partners and civil society organisations and other relevant stakeholders. The monitoring indicators for policy and advocacy will identify the key outcomes and outputs of various nutrition advocacy interventions across the country, including category of technical support provided, primary and intermediate outcomes from such activities and tangible key deliverables for the country.

The investment results (i.e. outcomes and outputs) include budget and resource allocation for nutrition, timely release of allocated funds, policy documents and National Guidelines in line with the overall target for MIYCN in Nigeria.

2. **Monitoring MIYCN activities at health facility level:**

Monitoring indicators will focus on measuring outputs and documenting the processes involved in achieving the outcome or impact. These output level indicators are expressed in numbers, and the system uses register and/or electronic forms. Health workers at facility level shall maintain a national HMIS register and forms to document services provided and aggregate data into Monthly Summary reports. The reports shall be collated at monthly meetings through the LGA Nutrition focal person/M&E, aggregated at the LGA level and

transmitted to the state. The electronic data reporting is through DHIS 2.0. The monitoring system shall be designed to provide data for measuring trends in service delivery and program intensity over time. In addition, the MIYCN data generated in the health facility system greatly contribute to the outcome evaluations.

3. Monitoring MIYCN activities at community level:

Activities of community volunteers across the various states implementing MIYCN activities are monitored and supervised by primary health facility Community Health Officers (CHO) and community data is entered using the community service records and the NISS for community. Communities are mapped as catchment areas to health facility through which data are reported. The community data is aggregated at LGA level for transmission to the state.

4. Sentinel surveillance for MIYCN monitoring

Monitoring MIYCN progress through population-based surveys: MIYCN population-based surveys include the NDHS, MICS three years), Micronutrient and Food Consumption and SMART surveys. Surveillance of MIYCN monitoring is essential to identify and address preventable adverse events. These reports facilitate evidence-based and flexible data driven programs for the country, help to identify and address determinants (barriers and motivation) to MIYCN behavior change interventions and help to review the multiple channels for reaching mothers and their influencers, program implementers including frontline providers, and program/policy leaders for maximum impact.

Evaluation, operational and implementation research for evaluating impact across multisectoral response is a key element for review of research results for improving MIYCN programmes. This includes monitoring and evaluation partnerships and coordination of monitoring and reporting activities among key stakeholders and partners in alignment with national MIYCN strategy and link with other maternal and child health program strategies.

Strategic priority 3:1:

Strengthen optimal use of MIYCN data for advocacy and decision making for scale up.

Objective

- By 2025 Key MIYCN indicators are included in NHMIS & regularly monitored

A system for monitoring and evaluation (M&E) is a critical component for the implementation of this MIYCN strategy that will enable tracking of program and

implementation of activities. The NHMIS and Nutrition Information and Surveillance System (NISS) would document MIYCN indicators to effect planning and re-planning as well as respond to the information needs of all stakeholders (Policy makers, Donors, Civil Society Organization (CSOs), Research and Academic institutions, Development Partners, Media and the Public, Professional bodies,and others)

The key actions for this strategic priority:

- Actions 3.1: Capacity building for routine data collection and reporting. Frontline health and community workers need to be trained on MIYCN data management and feedback mechanism,
- Action 3.2: Strengthen routine MIYCN data collection, rapid assessment, surveys and formative research, making use of modern technology and innovations/tablets and hand-held devices.
- Action 3.3: Emphasize data quality assurance and use of data to inform decision-making at National, State, LGA, Health facility and Community levels.
- Action 3.4: Make optimal use of the routine data, results of formative research, surveys and studies, across the country for advocacy and decision making in any forum to support MIYCN programme.
- Action 3.5: Establish and strengthen monitoring and evaluation of MIYCN at all levels
- Action 3.6: Ensure the availability of data collection tools at all levels of service delivery
- Action 3.7: Documentation and knowledge generation.

3.1.1 Indicators

For this strategic document, the following indicators would be tracked among the nutrition indicators as enumerated in the National Glossary of Health indicators, FMOH 2017 and in line with the 2021 WHO/UNICEF global indicators. The indicators also align with those recommended in the National Social and Behaviour Change Communication Strategy (NSBCC)for Infant and Young Child Feeding of Nigeria (2016-2020).[8]

3.1.2 Output indicators:

Infant and Young Child Nutrition

Table3. 1. Summary of IYCF Indicators[32]

Breastfeedingindicators	**Short name**	**Age group**	**Definition**
1. Everbreastfed	EvBF	Children bornin the last 24months	Percentageofchildrenborninthelast24monthswhowereeverbreastfed
2. Early initiation ofbreastfeeding	EIBF	Childrenborninthelast24months	Percentageofchildrenborninthelast24monthswhowereputtothebreastwithinonehourofbirth
3. Exclusivelybreastfedfor thefirsttwodaysafterbirth	EBF2D	Childrenborninthelast24 months	Percentageofchildrenborninthelast24monthswhowerefedexclusivelywithbreastmilkforthefirsttwodaysafterbirth
4. Exclusivebreastfeedingundersixmonths	EBF	Infants0–5 monthsofage	Percentageofinfants0–5monthsofagewhowerefedexclusivelywithbreastmilkduringthepreviousday
5. Mixedmilkfeedingundersixmonths	MixMF	Infants0–5 monthsofage	Percentageofinfants0–5monthsofagewhowerefedformulaand/oranimalmilkinadditiontobreastmilkduringthepreviousday
6. Continuedbreastfeeding12–23months	CBF	Children12–23 monthsofage	Percentageofchildren12–23monthsofagewhowerefedbreastmilkduringthepreviousday

Complementary feeding indicators	**Short name**	**Age group**	**Definition**
7. Introduction of solid, semi-solidorsoftfoods6–8months	ISSSF	Infants 6–8monthsofage	Percentageofinfants6–8monthsofagewhoconsumedsolid,semi-solidorsoftfoodsduringthepreviousday
8. Minimumdietarydiversity 6–23months	MDD	Children6–23 monthsofage	Percentageofchildren6–23monthsofagewhoconsumed foods and beverages from at least five out of eight defined foodgroupsduringthepreviousday

[32] WHO/UNICEF. Indicators for assessing infant and young child feeding practices: definitions and measurement methods. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2021. Licence: CC BY- NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo.

9. Minimummealfrequency6–23months	MMF	Children6–23 monthsofage	Percentageofchildren6–23monthsofagewhoconsumedsolid, semi-solid or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more during the previous day
10. Minimummilkfeedingfrequency for non-breastfed children 6–23 months	MMFF	Children6–23 monthsofage	Percentageofnon-breastfedchildren6–23monthsofage whoconsumedatleasttwomilkfeedsduringtheprevious day
11. Minimumacceptable diet 6–23months	MAD	Children6–23 monthsofage	Percentageofchildren6–23monthsofagewhoconsumed aminimumacceptabledietduringthepreviousday
12. Eggand/orfleshfood consumption6–23months	EFF	Children6–23 monthsofage	Percentageofchildren6–23monthsofagewhoconsumed eggand/orfleshfoodduringthepreviousday
13. Sweetbeverageconsumption6–23months	SwB	Children6–23 monthsofage	Percentageofchildren6–23monthsofagewhoconsumed asweetbeverageduringthepreviousday
14. Unhealthyfoodconsumption 6–23months	UFC	Children6–23 monthsofage	Percentageofchildren6–23monthsofagewhoconsumed selectedsentinelunhealthyfoodsduringthepreviousday
15. Zerovegetableorfruit consumption6–23months	ZVF	Children6–23 monthsofage	Percentageofchildren6–23monthsofagewhodidnot consumeanyvegetablesorfruitsduringthepreviousday

Other Indicators	**Short name**	**Age group**	**Definition**
16. Bottle feeding 0–23 months	BoF	Children 6–23 months of age	Percentage of children 0–23 months of age who were fed from a bottle with a nipple during the previous day
17. Infant feeding area graphs	AG	Children 6–23 months of age	Percentage of infants 0–5 months of age who were fed exclusively with breast milk, breast milk and water only, breast milk and non-milk liquids, breast milk and animal milk/formula, breast milk and complementary foods, and

			not breastfed during the previous day

Maternal Nutrition indicator

- Proportion of pregnant women receiving iron and folic acid supplements

3.1.3 Output/Outcome indicators for routine MIYCN:

A) Enabling Environment:

- Adoption of ILO Maternity Protection Law.
- Existence of a National MIYCN training curriculum for health workers
- Existence of emergency preparedness response plan for MIYCN
- Existence of National Guideline for IYCF-E

B) Supply:

- Proportion of health facilities that are certified Baby Friendly Compliant (BFC)
- Proportion of Health/community facilities providing MIYCN counselling services
- Proportion of CORPs trained to provide MIYCN counselling services accordingto national standards
- Proportion of health workers trained to provide MIYCN counselling services per national standard
- Availability of service delivery points (facility and community) offering IYCF-E in humanitarian situation.

C) Demand

- Proportion of primary caregivers of children 0-23 months old who received counseling on MIYCN
- Number of active community support groups
- Proportion of Births in baby-friendly health facilities

Section 4: Coordination Partnership, Roles and Responsibilities

Strategic Component 4: Coordination Partnership, Roles and Responsibilities

It is the responsibility of the three levels of government: Federal, State and Local in collaboration with other stakeholders including Civil Society Organisations, Non-Governmental Organizations, Professional Associations and Regulatory Bodies, Faith-Based Organizations, Communities Based-Organization, Development Partners and Donors to

implement this strategy. Specifically, the Federal Ministry of Health shall be responsible for coordinating the implementation of this National Strategy for Maternal, Infant and Young Child Nutrition through the Nutrition Technical Working Groups. The following highlights the key roles and responsibilities of the key MIYCN stakeholders in Nigeria. A full description of their terms of reference is found in the 2016 National Policy on Food and Nutrition.

4.1 National Council on Nutrition

- Provision ofleadership in policy direction with regards to MIYCN programmes in Nigeria
- Enforcing compliance to the adoption and full implementation of MIYCN policy in Nigeria
- Provision ofsupport in mobilizing adequate resources for full implementation of this Strategy
- Conduct advocacy and targeted sensitization to raise awareness of the costs to the economic, developmental and societal benefits of preventing malnutrition.
- Support the implementation of Abuja Breastfeeding Declaration and all other national and global commitment on MIYCN

4.2 Federal Ministry of Health

The FMOH (**Nutrition Division)** is the national focal point for implementation of this MIYCN Strategy. Its responsibility further includes:

- Articulation of a vision for MIYCN in Nigeria and providing leadership in the coordination of the national response
- Provision of overall technical MIYCN policy direction and monitor quality and coverage of the core package
- Provision of supportive supervision for implementation of the Strategy through the Nutrition Technical Working Groups and other platforms.
- Conducts advocacy and resources mobilization activities
- Engagement of State Ministries of Health and Parastatals to prioritize MIYCN implementation as a preventive strategy for malnutrition
- Conduct annual assessments on the status of nutrition Knowledge, Attitude and Practices (KAPs)in the general population.
- Development, dissemination and implementation of national nutrition advocacy and social and behavior change communication strategies at all levels.
- Capacity building for service providers on nutrition, including communication and advocacy skills.
- Commemoration of National and Global Nutrition Days such as the World Breastfeeding Week and National Nutrition Week
- Participation in African Food and Nutrition Security Day and World Food Day etc
- Provision of support the implementation of Maternal Newborn and Child Health Week (MNCHW)
- Provision of support the implementation of Abuja Breastfeeding Declaration for protection, promotion and support to breastfeeding at the high-level policy dialogue towards national development
- Explore opportunities to include micronutrients supplementation as part of routine health services

4.3 Federal Ministry of Agriculture and Rural Development

- Conduct research and development on locally available foods that are under-utilized and can be used to improve the quality of complementary food.

- Development and promotion of homestead gardening program, livestock rearing, livelihood and small-scale food production linked to national MIYCN effort.
- Conduct monitoring and evaluation of MIYCN-linked farming/gardening initiatives in Nigeria.
- Scale up evidence-based food production components linked with MIYCN.

4.4 Federal Ministry of Communication & Digital Economy (FMCDE)

- Partner with FMOH and relevant stakeholders to develop MIYCN messages and disseminate same through mobile network providers and social media platforms
- Provide support for MIYCN-related national and global days and weeks (such as World breastfeeding week, MNCHW, National nutrition week, etc) through social mobilization and information dissemination in different communication and digital platforms.

4.5Federal Ministry of Education (FMoE)

- Incorporate MIYCN policy and strategy into the curricular of education at all levels in Nigeria in collaboration with relevant stakeholders
- Conduct capacity building sessions with teachers for implementation of MIYCN programmes in Nigeria
- Create enabling environment for the implementation of Baby Friendly Initiative practice in all institutions in Nigeria
- Provide enabling environment for effective school feeding programme in basic schools in Nigeria
- Establish nutrition clubs at all levels of education in Nigeria

4.6Federal Ministry of Finance, Budget and National Planning (MFB&NP)

The MB&NP is the national focal point for the overall coordination of food and nutrition policy, programme planning across sectors such as health, agriculture, education, etc, thus they are to ensure adequate budgets for nutrition and timely release of funds;

- Utilize multisectorial approach to nutrition intervention through the platform of National Committee on Food and Nutrition (NCFN),
- Conduct public dialogue on the importance and feasibility of preventing malnutrition
- Advocate for continued political visibility of MIYCN among Implementing partners and MDAs

4.7Federal Ministry of Humanitarian Affairs, Disaster Management & Social Development.

- Provide timely emergency support to crises and disaster location to ensure good MIYCN
- Provide support including healthy food aid and healthcare packages to ensure good nutritional status for mothers and children during emergencies.
- Partner with state government and other stakeholders at emergency sites to ensure proper coordination of nutrition programmes targeted at mothers and children.

4.8Federal Ministry of Information & Culture (FMIC)

- Conduct orientation programmes on locally available nutritious food for MIYCN in Nigeria
- Conduct awareness programmes on good cultural practices that support good MIYCN while discouraging the cultures that inhibit good MIYCN in Nigeria
- Mobilize support for the translation of MIYCN programme implementation into local context for easy understanding and adoption.

4.9Federal Ministry of Interior (FMI)

- Provide conducive environment for breastfeeding mothers in detention to practice exclusive breastfeeding for the first 6 months and continue breastfeeding with introduction of appropriate complementary food until the baby is 24 months and beyond.
- Provide adequate and diversified diets for mothers and children in their detention facilities.

4.10 Federal Ministry of Industry, Trade & Investment (FMITI)

- Create linkages to farmers and local manufacturers to access low interest funds to produce MIYCN related nutritious foods.
- Organize sessions for locally produced foods and innovations targeted at mothers and children during trade fairs and other market platforms

4.11 Federal Ministry of Labour and Employment

- Facilitate and Coordinate the ratification and domestication of Maternity Protection Convention 183.
- Facilitate, initiate and advocate for 6 months paid maternity leave and 14 days paid paternity leave in both public and private sectors in Nigeria.
- Support the promotion of baby friendly workplace interventions such as breastfeeding breaks, establishment of crèches in institutions and markets, lactation and breastfeeding rooms to enable women employed in formal settings/organizations to continue breastfeeding or express breast milk in a supportive, safe and clean environment.

4.12 Federal Ministry of Science, Technology and Innovation (FMSTI)

- Conduct research and development in food fortification technologies using indigenous nutritious foods to meet MIYCN needs.
- Promote biofortification of staple food crops in order to reduce micronutrient deficiency.
- Develop engineering technologies that will support MIYCN related foods such as complementary foods, RUTF, RUSF, MNP, and others in line with the code on marketing of infant and young child food.
- Provide support to private sectors in the development and promotion of MIYCN related foods using locally available foods.
- Encourage and support adoption of innovative technologies for improved agricultural productivity and food security in the country.
- Promote safe practices on the application of pesticides to control the levels of pesticide residues in foods for improved food quality and safety.
- Promote the use of labour saving technologies to reduce workload in women.
- Promote research and development of indigenous foods with health benefits and underutilized crops.
- Provide small grants to conduct food and nutrition research on standardization of food recipes and portion sizes of locally available diets.

4.13 Federal Ministry of Women Affairs (FMWA)

- Conduct awareness programmes for women on MIYCN during women conferences, meetings and fora.
- Conduct advocacy and seek support for adequate budget allocation for MIYCN programmes in Nigeria

- Provision of support and advocacy for women empowerment programmes in Nigeria

4.14. Federal Ministry of Water Resources

- Promote access to safe and sufficient water to meet needs to enhance public health, food security and poverty reduction
- Create awareness on use of potable water for domestic uses and good storage sytem
- Conduct awareness and promote Water, Sanitation and Hygiene (WASH) including Hand Washing practices

4.15. Federal Ministry of Environment

- Conduct environmental sensitization and sanitation programme for a clean and healthy environment for sustainable socio-economic development of the nation;
- Create awareness on use and maintenance of public toilet to prevent open defecation

4.16. National Primary Health Care Development Agency:

- Conduct periodic review and update of the Primary Health Care Service minimum health care package/guidelines to reflect MIYCN services
- Facilitate research that will improve the uptake and utilization of nutrition services at PHC levels.
- Ensure that all PHCs comply with baby friendly initiative and the regulations on Marketing of Breastmilk Substitutes.
- Facilitate appropriate micronutrient supplementation, fortification and dietary diversification of mothers, infants and young children for improved MIYCN through the Primary Health Care Facilities.
- Ensure data dissemination and utilization to PHC levels for better MIYCN service delivery.

4.17. National Agency for Food and Drug Administration and Control

- Conduct monitoring and enforcement of International Code of Marketing of Breastmilk Substitutes and National Regulations.
- Regulate the breastmilk substitute industry by implementing, monitoring and enforcing compliance to the National Regulations on Marketing of Breastmilk Substitutes;
- Conduct monitoring and enforcement of Food Fortification programme in Nigeria.
- Monitor adherence by health workers, healthcare professionals and healthcare system to the provisions of International Code of Marketing of Breastmilk Substitutes and National Regulations.

4.18. State Ministries of Health

The SMOH is the State focal point for implementation of this MIYCN Strategy in the state. Its responsibility further includes:

- Adapt and domesticate the MIYCN strategy at the state level
- Articulates a vision for MIYCN in the state and take leadership in the coordination of the state response
- Provision of budgetary allocation and timely release of funds for the implementation of the strategy in the State
- Provision of technical support and monitoring of quality and coverage of the core MIYCN package in the state
- Conduct supportive supervision for implementation of the Strategy through the Nutrition Technical Working Groups and other platforms in the state.
- Conducts advocacy and resource mobilization for MIYCN activities in the state
- Conduct advocacy and orientation of Local government Departments of Health and Parastatals to prioritize MIYCN implementation as a preventive strategy for malnutrition
- Conduct formative and periodic assessments on the status of nutrition knowledge, attitude and practices in the general population in the state.
- Develop, disseminate and implement state nutrition advocacy and social and behavior change communication strategies at all levels.
- Conduct capacity building sessions for service providers on nutrition, including communication and advocacy skills in the state.
- Participate in the activities of National and Global Nutrition Days such as the World Breastfeeding Week, Nutrition Week, African Food and Nutrition Security Day, MNCHW, etc.) in the states.
- Endorse the implementation of Abuja Breastfeeding Declaration for protection, promotion and support to breastfeeding at the high-level policy dialogue towards national development in the state.
- Facilitate implementation of micronutrients supplementation as part of routine health services in the state.
- Provide support for the implementation of nutrition sensitive interventions such as WASH programmes targeted at women and children in the state.
- Provide human resources for effective MIYCN service delivery.

4.19. Local Government Area/Council

- Provide budgetary allocation and ensure release of funds for the implementation of MIYCN programmes.
- Establish and strengthen Local Government Committee on Food and Nutrition (LGCFN) for MIYCN programmes
- Provide necessary structures for the effective implementation, supervision, monitoring and evaluation of this strategy at community levels.
- Build capacity of LGA staff for effective implementation of MIYCN Strategy in the local governments.
- Conduct orientation for MIYCN concerns, priorities and needs of the community to managers of the LGA health facilities.
- Conduct sensitization on concepts of malnutrition prevention to communities to ensure consistent implementation of the Strategy at both facility and community levels.
- Conduct community mobilization for the establishment and support of functional community support groups for MIYCN.

4.20. Traditional, Community, and Religious Leaders

- Support and mobilize communities/congregations for behaviour change and demand for MIYCN programmes.
- Create conducive environment for participation in MIYCN programmes by communities/congregations
- Conduct orientation programmes for communities/congregation of cultural practices that support good MIYCN practices
- Carryout periodic community outreaches to support good MIYCN practices in the communities.

4.21. Ward Development Committees

- Conduct community sensitization session on cultural practices that support good MIYCN practices
- Carryout periodic community outreaches to support good MIYCN practices in the communities.

4.22. Civil Society Organisations

- Provide support to all government efforts in MIYCN strategy implementation in Nigeria.
- Provide support for advocacy and resource mobilization, and strengthen accountability mechanism for MIYCN programmes.
- Promote demand generation and support service delivery of MIYCN programmes at all levels.
- Provide support for SBCC activities including community mobilization, participation, ownership and sustainability of MIYCN programmes.

4.23. Development Partners and Donors

- Provide support and technical assistance for the implementation of MIYCN strategy in Nigeria.
- Collaborate with relevant government MDAs in ensuring effective implementation of this strategy.
- Share global best practices and expertise for implementation of MIYCN services.
- Support coordination and information management of MIYCN services in exceptionally difficult circumstances for MDAs.

4.24. Media Organisations and Practitioners

- Create awareness and disseminate information on MIYCN programmes
- Create educational programmes on MIYCN
- Broadcast MIYCN programmes
- Participate in celebration of specific nutrition days such as WBW

4.25. Universities and Research Institutions

- Facilitate the inclusion of MIYCN in the curricula of tertiary institutions in Nigeria.
- Conduct research, innovation and development on MIYCN in Nigeria.
- Disseminate MIYCN research outputs in relevant fora and media.
- Provide technical support to relevant agencies and organisations to conduct research on various components of MIYCN.
- Create awareness and develop appropriate intervention programmes for improved MIYCN.

- Conduct periodic community outreaches to support MIYCN practices as part of staff community service.

4.26. Organised Private Sector

- Provide support for research, development, and innovation in MIYCN programmes
- Use locally available foods to produce complementary foods, RUTF, RUSF, MNP and other food supplement.
- Collaborate with Government agencies and other stakeholders to support MIYCN programmes.
- Carryout periodic community outreaches to support good MIYCN practices in Nigeria.

4.27. Professional Associations and Regulatory Bodies

- Establish partnership with the Federal, State, LGAs and Development Partners for the engagement of members on scaling up MIYCN interventions at all level.
- Participate in development of agenda for formative research and other studies to identify key barriers toMIYCN and development of effective intervention strategies.
- Create opportunities for the sharing of relevant MIYCN experiences and update during annual scientific conferences,meeting and other platforms.
- Provide technical support to relevant Agencies and Organisations to conduct research on various components of MIYCN in Nigeria.
- Partner with ministry of education to ensure that MIYCN is incorporated in curricular of education at all levels in Nigeria.

4.28. Health Workers

- Implement Baby Friendly Initiative.
- Provide quality MIYCN services with respect and dignity
- Provide targeted counselling on MIYCN to mothers and caregivers
- Participate in capacity building activities for effective MIYCN service delivery.
- Monitor and report MIYCN service delivery using national reporting tools
- Conduct food demonstration at PHC levels.
- Participate in national and global events such as MNCHW, world breastfeeding week, national nutrition week etc.

MIYCN Implementation Plan

Background

Adequate provision of nutrients, beginning in early stages of life, is crucial to ensure good physical and mental development and long-term health.

Malnutrition has a negative impact on cognitive development, school performance and productivity. Stunting as well as deficiencies of iodine and iron, as well as inadequate cognitive stimulation, are leading risk factors contributing to the failure of significant number of children unable to attain their full development potential.

In women, low body mass index and short stature lead to poor foetal development, increased risk of complications in pregnancy, and the need for assisted delivery. Conversely, an increased body mass index greater than 30kg/m2, leads to increased risk of complications in pregnancy and delivery as well as heavier birth weight and increased risk of obesity in children. Maternal anaemia is associated with reduced birth weight and increased risk of maternal mortality.

In 2020, the Federal ministry of health with the support of the Accelerating Nutrition Results in Nigeria Project (ANRiN) developed the Maternal Infant and Young Child Nutrition policy as well as updated the Maternal Infant and Young Child Nutrition strategy to address nutrition in the pre-conceptual, conceptual and post-conceptual period amongst pregnant and lactating mothers including adolescent girls.

The goals of the 2020 MIYCN policy as developed is to ensure adequate nutrition for the survival, optimal growth, and development of every child, adolescent girls, and women in Nigeria. Drawing from this the MIYCN strategy goal is to ensure the optimal nutrition of adolescent girls, pregnant and lactating women, and children aged zero to 59months to contribute to the prevention and management of malnutrition among them.

Strategic Priorities

In order to achieve the stated objectives of the MIYCN strategy, six strategic priorities have been set up. The six priorities are

1. **Prevention of maternal and child malnutrition** in all its forms through; evidence-based programs, addressing structural determinants that put women and children at risk of malnutrition, and prioritizing interventions in the first ‘1000 days from conception to 2 years of life, and in older children up to 59 months as well as other

specific nutrition preventive interventions for the adolescent girls and pregnant and lactating adolescent mothers.

2. **Integration of MIYCN services into other nutrition-sensitive interventions** such as integration and collaboration with other sectors (health, education, agriculture and water and sanitation, child protection, private sector, etc.).
3. **Mobilization of fund and scaling up MIYCN**- Significant increase in government funding as well as mobilizing resources for MIYCN scale-up, through various donors and development partners.
4. **Establishment of effective data management system**: Creation, adoption, and use of new technologies for data capturing, reporting, management, and documentation.
5. **Investment in formative research and innovation in selected aspects of the MIYCN**
6. **Strengthening multi-sectoral planning and coordination using the existing committees on food and nutrition to address the determinants of malnutrition**:

This implementation plan seeks to articulate actions and programmes of work with clear goals and targets, timelines and deliverables; as well as specify roles and responsibilities for those involved, or identify workforce and capacity needs; and includes process and outcome evaluation.

Strategic Objectives, Targets and Timelines

The strategic objectives to be achieve by this implementation plan is drawn from the MIYCN Strategy. This have been carefully selected to meet the objectives and targets of the National Food and Nutrition Policy as captured in the 2021-2025 National Strategic Plan of Action on Nutrition and the 2021 MICYN policy.

The objectives are as listed below;

8. By 2025, at least 50% pregnant women will be reached with Iron and Folic Acid supplementation
9. By 2025, increase by at least 50% children who were put to the breast within one hour after delivery (50%)
10. By 2025, at least 50% mothers of infants < 6months are exclusively breastfeed
11. By 2025, at least 25 % of children 6-23 months receive minimum acceptable diet
12. By 2025, increase the proportion of children 6-23 months of age who receive minimum dietary diversity from 22% to at least 50 %

13. By 2025, increase the proportion of children 6-23 months of age who receive minimum meal frequency from 44% to at least 50 %
14. By 2025, at least 50% of adolescent girls will be reached with Iron and Folic Acid supplementation

Strategic Components

The framework for the achievement of this objectives is set under four strategic components with targeted activities.

1. Supportive environment for maternal, infant and young child nutrition
2. Coverage for high-impact interventions,
3. Monitoring and evaluation
4. Partnership, coordination, roles and responsibilities

Each of this component has defined strategic priorities and action. The strategic priorities are as follows;

Component One: Supportive environment for maternal, infant and young child nutrition

- Strategic Priority 1.1: Advocacy for resources mobilization
- Strategic Priority 1.2: Advocacy for adoption and implementation of National Regulations on the Marketing of Infant and Young Children Foods and Designated Products and subsequent Resolutions
- Strategic Priority 1.3: Maternity workplace policies and benefits

Component two: Coverage for high-impact interventions

- Strategic Priority 2.1: Adolescent , maternal & Infant nutrition
- Strategic priority 2.2: Breastfeeding and Baby-Friendly Initiative
- Strategic priority 2.3: Improve complementary feeding
- Strategic priority 2.4: Integration with other Nutrition-specific interventions
- Strategic priority 2.5: Integration with Nutrition-sensitive interventions
- Strategic priority 2.6: Improve Infant and young Child Feeding practices in Emergency [IYCF-E]
- Strategic priority 2.7: Social and Behaviour Change Communication for Improved MIYCN practices
- Strategic priority 2.8: Capacity Development

Component three: Monitoring and evaluation

- Strategic priority 3:1: Strengthen optimal use of MIYCN data for advocacy and decision making for scale up

Component four: Partnership, coordination, roles and responsibilities

There are no strategic priorities defined here as the roles and responsibilities of various ministries, departments and agencies as well as development partners have been clearly defined in the policy. However, key coordination and partnership roles were defined in the three components above.

Strategic Priority and Actions

The strategic priorities defined have targets set for each of them and followed by strategic action points for which detailed activities to enable the achievement of the set targets in the priority areas have been defined. The details of the strategic priority targets, actions and activities as defined can be viewed in the MIYCN implementation framework as attached.

MIYCN and NSPAN 2 Alignment

Whereas NSPAN 2 encapsulates the ideals and objectives of MIYCN strategy, detailed implementation plan has been provided here taking into consideration that some of the NSPAN priorities spread across the eight priority +coordination areas, this has been detailed further in the MIYCN implementation framework.

The targets covered in NSPAN II for MIYCN is same and all derived from the national policy on food and nutrition and the 2025 global nutrition targets. This same targets have also been captured in the 2021 MIYCN policy as approved.

The indicators for infant and young child feeding in the MIYCN strategy is in line with the recent WHO/UNICEF revised indicators and it is also as reflected in the NSPAN-II.

MIYCN IMPLEMENTATION COSTING PLAN

Background

The implementation of the MIYCN plan require estimation of the resource requirements in order to proposed strategies are realistic and feasible given the duration of the plan. This section presents the scope, cost estimates and methodology used.

Scope of the cost

The cost presented in this implementation plan is the federal component[33] of the programme management cost required to deliver Maternal Infant and Young Child Nutrition (MIYCN) interventions for the time period 2021 to 2025. The service delivery component is estimated in the National Strategic Plan of Action for Nutrition (NSPAN II 2021-2025). Although NSPAN II has MIYCN as a priority area with an estimated programme management cost which is relatively lower compared to the cost in this plan. MIYCN elements in other priority areas such as Micronutrient Deficiency Control, Integrated Management of Acute Malnutrition in children under five, Diet-related Non-communicable Diseases and Nutrition in emergency, account for the variance. Also, some elements of MIYCN-specific co-ordination and M&E were included.

Methodology

The cost is based on ingredient costing approach. This is approach applied the bottom-up style - costing all elements required to deliver each activity and values aggregated across the strategic components. The costing adopted 2020 as the base year and set the duration of the strategic plan to 2021-2025. The unit prices are based on current market prices and programmatic evidence with mark-up to accommodate inflation. Also, Covid-19 protocols were factored into activities requiring physical gathering. The exchange rate for US Dollar to Naira is NGN410 to $1.

Cost estimates

The estimated total cost is **NGN908.3 million (USD2.2 million)** over the five years[34]. The distribution of the costs by strategic components and cost categories are presented below:

Table 1: Distribution of MIYCN Programme Activities Cost by Strategic Components (N'Millions)

	Strategic Components	***2021***	***2022***	***2023***	***2024***	***2025***	***Total***	
1	*Supportive environment for MIYCN*	98.2	36.9	20.0	20.0	20.0	195.1	*21.5%*

[33]State-level costs to be estimated by domesticating the framework.
[34]Detailed cost for each element is presented in the costing matrix

2	*Coverage for high-impact MIYCN interventions*	147.3	262.7	109.4	82.5	76.2	678.0	*74.6%*
3	*Monitoring and Evaluation*	0.8	6.9	10.3	10.4	6.9	35.2	*3.9%*
	Total	**246.2**	**315.7**	**139.7**	**112.9**	**103.1**	**908.3**	

Table 2: Distribution of MIYCN Programme Activities Cost by Cost Categories (N'Millions)

Strategic Components	***2021***	***2022***	***2023***	***2024***	***2025***	***Total***	
Training	68.3	46.9	33.1	11.4	0.0	159.7	*17.6%*
Supervision	4.1	34.5	10.8	10.8	10.8	71.0	*7.8%*
Monitoring and Evaluation, Research	12.0	18.1	21.5	21.6	18.1	91.3	*10.0%*
Communication, Media & Outreach	71.0	54.1	38.1	38.1	38.1	239.5	*26.4%*
Advocacy	25.0	14.3	12.6	12.6	12.6	77.1	*8.5%*
General Programme Management	65.8	138.6	23.5	18.3	23.5	269.8	*29.7%*
Total	**246.2**	**315.7**	**139.7**	**112.9**	**103.1**	**908.3**	

ANNEXES

1.0 Stakeholders and Contributors

1.1 List of Stakeholders

Federal Ministry of Health

Federal Ministry of Women Affairs

Federal Ministry of Disaster, Humanitarian Affairs and Social Development

Federal Ministry of Information and Culture

Federal Ministry of Labour and Employment

Federal Ministry of Science, Technology and Innovation

Federal Ministry of Industry, Trade and Investment

Federal of Communications and Digital Economy

Federal Ministry of Finance, Budget and National Planning,

Federal Ministry of Agriculture and Rural Development,

Federal Ministry of Education

Federal Ministry of Environment

Federal Ministry of Defence

Federal Ministry of Interior

Federal Ministry of Water Resources

National Social Safety Nets Programme,

National Emergency Management Agency;

National Orientation Agency

National Agency on Food and Drug Administration and Control

National Primary Health Care Development Agency

Accelerating Nutrition Results in Nigeria (ANRiN) Project;

National Council on Nutrition;

National Committee on Food and Nutrition;

Professional Associations

Professional Regulatory Bodies

Standards Organisation of Nigeria

Academia

Development Partners

Civil Society Organisation

1.2 Contributors for MIYCN Strategy

NAMES	DESIGNATION	ORGANIZATION
Dr. Salma Ibrahim Anas	Director& Head Family Health Department	FMOH
Dr. Chris Osa Isokpunwu	STA/HMH	FMOH
Dr. Binyerem Ukaire	Director/Head, Nutrition Division	FMOH
Sangeeta Carol Pinto	Task Team Lead, ANRiN Project	World Bank
Mrs. Thompson Kobata C.	Deputy Director, Nutrition	FMOH
Mr. Dominic Elue	Deputy Director, Nutrition	FMOH
Rakiya Idris	Assistant Director, Nutrition	ANRiN PMU
Ali Beatrice	CNO	FMOH
Odebunmi Temidayo	SNO	FMOH
Grace Mogekwu-Omoluwabi	SBCC Officer, ANRiN	FMOH
Zubairu Tinau U.	M&E Officer, ANRiN	FMOH
Bayode Adenike	Nutrition Officer	FMOH
Ojinika Confidence O.	Project Officer, ANRiN	FMOH
Dr Ogechi Akalonu	Assistant Director	NPHCDA
Temitope Omotola R	Project Officer, ANRiN	MFBNP
Onuigwe Kingsley	PAO, NUT/FS	FMARD
Ummul-Khairi Bobboi	Dep. Director, Nut. Food Safety	NAFDAC
Joyce Odu	ACRO	NAFDAC
Dr Joy Ufere		WHO
Anthony Ayeke	Country Director	EU
Zack Fusheini	Nutrition Manager	UNICEF
Tobi Osunkentan	Nutrition Officer	UNICEF
Oluwasenu Okediran	Nutrition Officer	UNICEF
Dr Davis Omotola	Nut. Tech A	Nutrition International
Lois Onyike	SNO	SMOH, IMO
Beatrice Kwere	SNO	SMOH, KEBBI

Dr. Zainab K. Muhammad-Idris	Project Manager	ANRiN, Kaduna
Salisu Maiwada Abubakar	Vice President NSN	NSN/BUK
Dr Leshi Oluwatosin	Researcher	University of Ibadan
Dr Aloysius Maduforo	Senior lecturer	UNN, Enugu
Mary Ajakaye	Project Officer	CS-SUN
Dr. Francis Ohanyido	Country Director	Vitamin Angels
Rahila Midala Diwa	Nutrition Officer	Mercy Corps
Gushe S. Vivian	Executive Assistant	West African Institute of Public Health
Toyin Adewale-Gabriel	Technical Adviser	Alive & Thrive, FHI360
Oluloto Ebenezer	Nutrition Manager	USAID
Ifeanyi Ume	Technical Lead, CHNM	USAID-IHP
Dr Jessica Ango	IPNC Adviser	USAID-IHP
Angela Samba	MNCH + Nutrition Adviser	Breakthrough Action
Olumide Faleke	Technical Adviser	Alive & Thrive, FHI
Ochaje Kingsley	M & E Assistant	CS-SUN
Aiyedun Olubunmi	President	NANPAN
Dr Collins John	Consultant	University of Jos

Contributors for MIYCN Strategy Implementation Framework and Costing

NAMES	**DESIGNATION**	**ORGANIZATION**
Dr. Salma Ibrahim Anas	Director/Head Family Health Department	FMOH
Dr. Binyerem Ukaire	Director/Head, Nutrition Division	FMOH
Mr John Uruakpa	Head/MND, Deputy Director, Nutrition	FMOH
Mr. Dominic Elue	Head/ NISS, Deputy Director, Nutrition	FMOH
Mrs. Rakiya Idris	Head/IYCF Assistant Director,	ANRiN PMU

	Nutrition	
Mogekwu-Omoluwabi Grace	SBCC Officer, ANRiN	FMOH
Yvonne Yinfaowei	ACSO	FMOH
Zubairu Tinau U.	M&E Officer, ANRiN	FMOH
Ojinika Confidence O.	Project Officer, ANRiN	FMOH
Dr Amina Mohammed	Head CU	FMOH
Umar Abdulliahi	PEOI	FMOH
Emenike Beatric N	PCS	FMOH
Oche Priscilla Ilebaye	NOI	NPHCDA
Nelson Chito	DD(F&N)	FMFBNP
Joseph Dayil	Computer Analyst	FMFBNP
Abah John	Admin Officer (ICT)	FMFBNP
Odhomi Christopher	ACIO	FMIC
Adekunle Akintayo	SSWO	FMWA
Onuigwe Kingsley	PAO, NUT./FS	FMARD
George Awuna	SAO (NFS)	FMARD
Okoro Clementina	SNO FCT	FCT, PHCB
Lois Onyike	SNO Imo	SMOH, IMO
Dr. Victor Bassey	SPC, ANRiN	SMOH Akwa Ibom
Iliyasu Salihu Tunga	SPM	SMOH Nasarawa
Clementina Okoro	SNO	FCT
Regina O. Egale	SNO	Benue SPHCDA Benue
Dahiru Muhammed Bello	M&E NUT	Sokoto SPHCDA
Halima Musa Yakubu	SNO Kano	SMOH Kano
Hauwa Usman	Nutrition Specialist, ANRiN	SMOH, Kaduna
Beatrice Nwkeji	DSP	SMOH
Phil-Imade Amenze	SNO Edo	EDSPHCDA
Ronas A. Amusa	SNO Gombe	GSPHCDA
Nmerechi Ofoegbu	SNO	ABIA SPHCDA
Regina O. Egale	SNO Benue	BSPHCB
Salisu Maiwada Abubakar	Vice President NSN	NSN/BUK
Dr Kefas Ibrahim	Co-Consultant	JUTH
Ade Adesanmi	SNO Ekiti	SPHCDA Ado-Ekiti

Dr Leshi Oluwatosin	Researcher	University of Ibadan
Dr Aloysius Maduforo	Senior lecturer	UNN, Enugu
Kingsley Ndoka	Lecturer	Yaba Tech, Lagos
Maryam S. Buhari	Nutrition Officer	Aliko Dangote foundation
Falmata A. Mohammed	Program Officer Health & Nutrition	Aliko Dangote Foundation
Faith Ishaya	SNO	HKI
Olasubomi Chuali	Haman Development Specialist	World Bank
Auwalu Kawu	Consultant /World Bank	World Bank
Chizoba Stev-Edemba	Nutrition Specialist	UNICEF
Oguntade Isaac	PA	CS-SUN
Rahila Midala Diwa	Nutrition Officer	Mercy Corps
Abraham Shobowale	Programme Officer	West African Institute of Public Health
Faith Ishaya	SNO	HKI
Adaeze Oramalu	Senior Nutrition Officer	Save the children International
Laurel Rushton	Team Lead RMNCH +N	USAID
Dr. Homsuk Swomen	PM-MCH	USAID
Oluloto Ebenezer	Nutrition Manager	USAID
Ifeanyi Umeh	Technical Lead, CHNM	USAID-IHP
Dr Jessica Ango	IPNC Adviser	USAID-IHP
Angela Samba	MNCH + Nutrition Adviser	Breakthrough Action
Ogbokor Duke	Tech Adviser M&E	Alive &Thrive FHI360
Toyin Adewale-Gabriel	Technical Adviser	Alive & Thrive, FHI
Olumide Faleke	Technical Adviser	Alive & Thrive, FHI
Aiyedun Olubunmi	President	NANPAN
Salisu Mohammed Abubakar	Vice President	NSN
Etumudor Stellamaris	Paediatrician	Delta State Teaching Hospital
Dr Collins John	MIYCN Consultant	University of Jos
Dr Kefas Ibrahim	Consultant	JUTH
Sylvester Igbedioh	NSPAN Consultant	Individual Consultant
Korede Royals	Consultant	Individual Consultant

2.0 IMPLEMENTATION PLAN AND COST EXCEL SHEET

2021-2025 MIYCN RESULT FRAMEWORK					
2021-2025 National MIYCN Strategy GOAL: The goal of this policy is to ensure adequate nutrition for the survival, optimal growth, and development of every child, adolescent girls, and women in Nigeria					
	Strategic Component: Strategic Component 1: Supportive environment for MIYCN				
	Strategic Priority: Strategic Priority 1.1: Advocacy for Resource Mobilization				
	OBJECTIVES	***INDICATOR***	***BASELINE***	***TARGET***	**OBSERVATION**
1	By 2025, at least 50% of States have annually allocated and released up to 80% of allocated funds to support MIYCN interventions	1. # of states with annual allocation for MIYCN. 2. # of States with up to 80% funding release for MIYCN.	0	50% of States should have had annual allocation for MIYCN interventions	No dedicated budgetline in the Ongoing MIYCN interventions in Nigeria
	Strategic Priority 1:2: Advocacy for implementation and monitoring of adherence to the National Regulation on Marketing of Infant and Young Children Food and other designated products (registration, sales etc.)				
	OBJECTIVES	***INDICATOR***			
2	By 2025 National Regulation on Marketing of Infant and Young Children Food and other designated products (registration, sales etc.) is implemented and adhered to by atleast 60% of States	Number of states adhering to National regulation on marketing of infant and young children food		at least 60%	
	Strategic Priority 1:3: Maternity workplace policies and benefits				
	OBJECTIVE	***INDICATOR***	***BASELINE***	***TARGET***	**OBSERVATION**
3	By 2025, maternity protection laws and regulation are reviewed to at least 24 weeks' maternity leave including 2 weeks paternity leave	*1. # of states that adopted at least 24 weeks' maternity leave including 2 weeks paternity protection laws and regulation* *2. # of states that implemented at least 24 weeks' maternity leave including 2 weeks paternity protection laws and regulations*	*10.80%*	*100% of state*	Only 4 states have currently adopted
	Strategic Component 2: Coverage for high-impact MIYCN interventions				
	Strategic Priority 2.1: Maternal, Adolescent, Infant and Young Child Nutrition				
	OBJECTIVE	***INDICATOR***	***BASELINE***	***TARGET***	**OBSERVATION**

4	**By 2025, increase by 50% the access of adolescent girls, pregnant and lactating women to key maternal nutrition interventions**	**1. % of adolecent aged 15 - 19 years receiving key maternal nutrition interventions** **4. # of infants 0-5 months who were exclusively breastfed.**		***60%***	
	Strategic priority 2.2: Breastfeeding and Baby-Friendly Initiative				
	OBJECTIVE	***INDICATOR***	***BASELINE***	***TARGET***	**OBSERVATION**
5	**By 2025, 50% of health facilities providing maternity services are Baby Friendly Compliant**	**1. % of health facilities that are certified BFI** **2. % of facilities that are compliant to the 10 steps of successful breastfeeding**		**1. 50%** **2. 50%**	
	Strategic priority 2:3: Improve complementary feeding				
	OBJECTIVES /Outcome	***INDICATOR***	***BASELINE***	***TARGET***	**OBSERVATION**
6	**1. By 2025, at least 25% of caregivers have improved knowledge and practices of complementary feeding for children 6-23 months** **2. By 2025, at least 25% of caregivers have access to locally available food for minimum dietary diversity.**	***1. % of caregivers that were counseled in nutrition education 2. % of caregivers that have been counselled on dietary diversity 3. % of caregivers that have been counselled on food demonstration***	***1. 0*** ***2. 0*** ***3. 0***	***1. increase % of caregivers councelled in nutition education by 50%*** ***2. increase % of caregivers counselled on dietary diversity by 50%*** ***3. Increase % of caregivers councelled on food demonstration by 50%***	
	Strategic priority 2.4: Integration with other Nutrition-specific interventions				
	OBJECTIVES /Outcome	***INDICATOR***	***BASELINE***	***TARGET***	**OBSERVATION**

7	**By 2025, at least 50% of women, infants and young children have access to MIYCN services through integrated Nutrition-specific interventions (MNP, Vitamin A, Deworming, SAM treatment, Iron folate, nutrient-dense rations, Growth Monitoring and Promotion (GMP) & key MIYCN messages).**	***1. % of pregnant women receiving iron and folic acid supplementation 2. % of Children 6-59 months that receive vitamin A 3. % of discharges of children stabilization centres that recover from SAM. 4. % of Children 12-59 months that receive Deworming Tablet. 5. % of Children 6-23 months that receive MNP. 6. % of Children 0-59 months whose growth were monitored. 7. % of Children 6-59 months that receive nutrient-dense ration.***	***1. 58% of women of reproductive age are anaemic***	***1. 50% reduction of aneamia women of reproductive age 2. increase the % of post-natal women that receive vitamin A supplementation by 50% 3. 50% increase in the discharges of children stabilization centres that recover from SAM***	
Strategic priority 2:5: Integration with Nutrition-sensitive interventions					
	OBJECTIVES /Outcome	***INDICATOR***	***BASELINE***	***TARGET***	**OBSERVATION**
8	**By By 2025, at least 50% Caregivers have access to Nutrition-Sensitive Services (HH income generation, home gardening, livelihood, WASH, Health, social protection, etc.) in support of MIYCN efforts.**	**% of caregivers that received Nutritional sensitive services (HH income generation, home gardening, livelihood, WASH, Health, social protection, etc.) in support of**	**0%**	**50% increase in caregivers that receives Nutritional sensitive services in support of MIYCN efforts**	

		MIYCN efforts.			
	Strategic priority 2:6: Improve Maternal Infant and young Child Nutrition in Emergency [MIYCN-E]				
	OBJECTIVES /Outcome	***INDICATOR***	***BASELINE***	***TARGET***	**OBSERVATION**
9	**1. By 2025, 80% Mothers of infants <6months practise exclusive breastfeeding in Emergency situations**	**% of children exclusively breastfed for first six months of life in emergency situation**	**o**	**65% increase in children exclusively breastfed for six months of life in emergency situation**	
10	**2. By 2025, 50 % of Emergency facilities (Clinics, IDP & host communities) monitor & report compliance on the National Regulation on Marketing of Infant and Young Children Food and other designated products (registration, sales etc.)**	**% of Emergency facilities (Clinics, IDP & host communities) that reported compliance on the National Regulation on Marketing of Infant and Young Children Food and other designated products**		**50% increase of emergency facilities that reports compliance on the National Regulation on Marketing of Infant and Young Children Food and other designated products**	
	Strategic priority 2:7: Social and Behaviour Change Communication for Improved MIYCN practices				
	OBJECTIVES/Outcome	***INDICATOR***	***BASELINE***	***TARGET***	**OBSERVATION**
11	**1. By 2025, 80% of care givers have received MIYCN 'messages &Counseling for improved practices.**	***% of caregiver that have receievedMICYN'messages&Counseling for improved practices.***			

	Strategic priority 2.8: Capacity Development				
	OBJECTIVES/Outcome	***INDICATOR***	***BASELINE***	***TARGET***	**OBSERVATION**
12	**1. By 2025, 80% of HWs & CVs are trained on MIYCN counselling skills for routine service delivery.**	***1. % of health workers trained on MIYCN counseling skills for routine service delivery 2. % of community volunteers trained on MIYCN counselling skills for routine service delivery***			
13	**B2. By 2025, 80% of Health facilities & Communities are equipped with tools on MIYCN for routine service delivery {Food demonstration, MIYCN one-on-one Counseling, MMS,MNP, IFAS, GMP}.**	***Number of health facilities equpped with tools for routine MIYCN services***		***50% of Health facilities & Communities are equipped with tools on MIYCN for routine service delivery {Food demonstration, MIYCN one-on-one Counseling, MMS/MNP, IFA, GMP}.***	
	Strategic Component 2: Coverage for high-impact MIYCN interventions				
	Strategic priority 3:1: Strengthen optimal use of MIYCN data for advocacy and decision making for scale up				
	OBJECTIVES/Outcome	***INDICATOR***	***BASELINE***	***TARGET***	**OBSERVATION**
14	**By 2025 Key MIYCN indicators are included in NHMIS & regularly monitored**	**1. % of key MIYCN indicators included in NHMIS 2. % of key MIYCN indicators regularly mornitor NHMIS**	**0%**		