KADUNA STATE

Policy on Maternal, Infant and Young Child Nutrition (MIYCN)

MINISTRY OF HEALTH
KADUNA, KADUNA STATE

2022

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LIST OF ACRONYMS

AFATDVAH	Age, Frequency, Amount, Texture, Density, Variety, Activeness/responsiveness and Hygiene
AIDS	Acquired Immune Deficiency Syndrome
ANRiN	Accelerating Nutrition Results in Nigeria Project
ARV	Anti-retroviral
BDTH	Barau Dikko Teaching Hospital
BFCI	Baby-Friendly Community Initiative
BFI	Baby-Friendly Initiative
BMGF	Bill and Melinda Gates Foundation
CMAM	Community Management of Acute Malnutrition
COVID-19	Coronavirus Disease 2019
DFID	UK Department for International Development
EBF	Exclusive Breast Feeding
FMIC	Federal Ministry of Information and Culture
FMOE	Federal Ministry of Education
FMOH	Federal Ministry of Health
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
IEC	Information, Education, Communication
ILO	International Labour Organisation
IPT	Intermittent Preventive Therapy/Treatment
LGA	Local Government Area
LGCFN	Local Government Committee on Food and Nutrition
LGHA	Local Government Health Authority
MIYCN	Maternal, Infant and Young Child Nutrition
MNCH	Maternal, Newborn and Child Health
MNP	Micro-Nutrient Powder
MMS	Multiple Micro-nutrient 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
NFCMS	National Food Consumption and Micronutrient Survey
NGOs	Non – Governmental Organisations
NSPAN	National Strategic Plan of Action on Nutrition
NPHCDA	National Primary Health Care Development Agency
ORS	Oral Rehydration Salt
PHCDs	Primary Health Care Departments
PHCUOR	Primary Health Care Under One Roof
PLW	Pregnant and Lactating Women
PMTCT	Prevention of Mother-to -Child Transmission
RUSF	
RUTF	Ready to Use Therapeutic Food
SBCC	Social and Behaviour Change Communication
SCFN	State Committee on Food and Nutrition
SDG	Sustainable Development Goals
SMOH	State Ministry of Health
SMOLG	State Ministry of Local Governments
SON	Standards Organisation of Nigeria
SPHCB	State Primary Healthcare Board
SSS	Sugar Salt Solution
TSFP	Targeted Supplementary Feeding Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WDC	Ward Development Committee
WHO	World Health Organisation

DEFINITION OF KEY TERMS

Breast Milk Substitute:
Any food being marketed or otherwise represented as a partial or total replacement for breast milk, whether or not suitable for that purpose. It includes any milks that are specifically marketed for feeding infants and young children

Bottle feeding:
Feeding from a bottle, whatever its contents, whether expressed breast milk, water, infant formula or another food or liquid.

Breastfeeding:
The process of feeding an infant or young child milk either directly from the breast or expressed.

Cessation of breastfeeding:
Completely stopping breastfeeding (including suckling), and breast milk feeding.

Cerebral Palsy
Cerebral palsy (CP) is a "variety of non-degenerating neurologic disabilities caused by abnormal development of the central nervous system as well as injuries to the brain during the prenatal, perinatal and postnatal period, resulting in abnormalities of movement and posture.

Codex Alimentarius:
The Codex Alimentarius or "Food Code" is a collection of internationally recognized standards, codes of practice, guidelines, and other recommendations adopted and published by the Codex Alimentarius Commission (also known as CAC, a body established under the joint Food and Agriculture Organization (FAO) and World Health Organization (WHO) food standards programme), relating to food, food production, food labelling, and food safety aimed at protecting consumers' health and ensuring fair practices in the food trade.

Continued breastfeeding:
The provision of breast milk beyond the first 6 months of life

Complementary feeding:
The process of feeding a child other foods and liquids along with breast milk beginning from 6months, when breast milk alone is no longer sufficient to meet the nutritional requirements

Complementary food:
Any food, other than breast milk or infant formula (liquids, semisolids, and solids) introduced to an infant to provide nutrients.

Early initiation of breastfeeding
Provision of mother's breast milk to infants within one hour of birth

Exceptionally difficult circumstances:
Special and difficult situations where a mother and /or a child requires extra support and attention.

Exclusive breastfeeding:
Feeding a child with only breast milk for the first six months of life, giving no other liquids or solids, not even water, with the exception of prescribed drops or syrups consisting of vitamins and mineral supplements or medicines and expressed breast milk.

HIV- exposed children:
Refers to infants or children born to a mother living with HIV until they are reliably excluded from being HIV infected.

HIV-negative:
Refers to people who have tested negative to HIV and who know that they tested negative, or to young children who have tested negative and whose parent(s) or guardians know the result.

HIV-positive:
Refers to people who have tested positive to HIV test and who know that they tested positive, or to young children who have tested positive and whose parent(s) or guardians know the result.

Infant:
A baby from birth to less than 12 months of age (i.e. 0 – 11 months).

Infant feeding counselling:
Counselling on breastfeeding and complementary feeding, including counselling on infant feeding in the context of HIV/AIDS, emergency and humanitarian settings.

Infant formula:
A breast milk substitute formulated industrially in accordance with applicable 'Codex Alimentarius' standards for infants

Kangaroo care:
A method of care for low birth weight babies or pre-term infants where the mother/caregiver carries the infant on the chest or abdomen to maintain skin to skin contact. The rest of the baby's body not in contact with the mother/caregiver is covered with warm clothing, binding the mother or caregiver and baby together.

Low birth weight:
Birth weight of less than 2.5kg.

Low Osmolarity Oral Rehydration Solution (LO-ORS),
A reduced-osmolarity ORS, containing 75 mEq/L of sodium instead of 90 mEq/L, with glucose concentration to 75 mmol/L, and total osmolarity of 245 mOsm/L.

Maternal population
Relating to mothers, especially during pregnancy or shortly after child birth.

Minimum feeding frequency:
The proportion of breastfed and non-breastfed children 6-24months of age who receive solid, semi-solid, or soft foods or milk feeds the minimum number of times or more.

Minimum dietary diversity:
The proportion of children 6- 24months of age who receive foods from five or more food groups.

Minimum acceptable diet:
A standard indicator for children 6-23 months of age, measuring both the minimum feeding frequency and minimum dietary diversity as appropriate for various age groups. If a child meets the minimum feeding frequency and minimum dietary diversity for their age group and breastfeeding status, they are considered to receive a minimum acceptable diet.

Mixed feeding:
Feeding both breast milk and other foods or liquids to a child under 6 months of age.

Moderate acute malnutrition:
Moderate acute malnutrition (MAM), also known as wasting, is defined as Mid-Upper Arm Circumference (MUAC) of 11.5-12.4 cm or Weight-for-Height or Weight-for-Length of ≥ -3 to < -2 z-scores and no oedema of nutritional origin.

Normal circumstances:
Refers to mothers and children that are not infected with or exposed to HIV or other exceptionally difficult circumstances.

Palliative care:
An action that is intended to make the effect of a problem less severe but does not solve the problem.

Persistent Diarrhoea:
A child is said to have diarrhoea when he/she passes three or more watery stools in 24 hours. Persistent diarrhoea refers to a condition where an episode of diarrhoea illness lasts for more than 14 days.

Pre-lacteal feeding:
Giving other fluids or foods to a baby before the initiation of breastfeeding.

Re-lactation:
Re-establishing breastfeeding after a mother had stopped, whether in the recent or distant past.

Replacement Feeding:
The process of feeding a child who is not receiving any breast milk with a diet that provides all the nutrients the child needs, until the child is fully fed on family foods. Replacement feeds do not include black coffee/tea, fruit juices, or over-diluted milk.

Rooming-in/Bedding in:
When the mother and her baby stay in the same room/bed.

Severe Acute Malnutrition:
Defined as Weight for Height Z score less than –3 or MUAC < 11.5cm, or the presence of bilateral pitting oedema, or both.

Very Low Birth Weight:
Infant weighing less than 1.5kg at birth.

3 W's:
Wear a mask during feeding, Wash hands with soap before and after touching the baby, Wipe and disinfect surfaces regularly.

Young child:
A young person from the age of 12 months up to 5 years (59 months).

FOREWORD

Malnutrition and diet-related Non-Communicable Diseases (NCDs) remain a challenge to public health especially among women and children. Adolescent and maternal nutritional status are intertwined with the nutritional and health status of the child especially within the first 1,000 days of life, making maternal nutrition agenda visible determinants for the prevention of malnutrition globally, in Nigeria, and indeed in Kaduna State.

The deliverables of the Sustainable Development Goals (SDGs), which has up to twelve out of the seventeen goals linked to Nutrition indicators, will impact meaningfully on economic development when nutrition-specific and nutrition-sensitive interventions on Maternal, Infant and Young Child Nutrition (MIYCN) receive urgent attention. Proven cost-effective and feasible high impact interventions have been prioritized in both the National and State Multi-sectoral Plans of Action on Food and Nutrition (NMSPAF&N and KDMSPAN) as well as the second Health Sector Strategic Development Plans (NSHDP II and KDSHDP II) to ensure Universal Health Coverage. However, the emerging trends in maternal and adolescent health, gaps in policy statement of Early Initiation of Breastfeeding (EIB), intergenerational malnutrition that spans through the first one thousand days (1000-days) of a child's life, the pre-conception stage of the adolescent, the vulnerability in the pregnant adolescents with its negative impact on their ongoing formative, transitory and productive life; the globalised humanitarian challenges on the continuum of care in human life course including resurgence of exceptionally difficult conditions in sick from both natural and man-made disasters calls for the review the 2010 National Policy on Infant and Young Child Feeding.

Furthermore, as long as Nutrition-specific interventions of the health sector have proven positive impact, the need to articulate the role of nutrition-sensitive interventions to the target population in this Policy review is critical. Thus, policy statements addressing the protection, promotion and support of MIYCN shall consider male/spouse involvement including the sectors in the policy of Education, Agriculture, Water, Sanitation and Hygiene (WASH), Social Protection net to address the basic and underlying determinants of suboptimal nutritional practices of these vulnerable groups.

The reviewed National Policy on Maternal Infant and Young Child Nutrition is a National commitment to the 2030 Global Strategy for Women's Children's and Adolescents' Health, emphasizing their rights to attainable highest standard of health. The policy has incorporated issues on the Global strategy on Infant and Young Child Feeding, Infant and Young Child Feeding in Emergency, nutritional needs of the exceptionally difficult situations of the physically challenged, Sick maternal and Young child, nutritional needs in humanitarian crisis of the pre-conception and conception stage of the adolescents to break the intergenerational malnutrition cycle when policy statements are executed.

Being mindful of the determinants of non-health sectors to achieving the optimal nutritional health practices, the policy framework is inclusive of the principles of nutrition-sensitive sectors for Zero hunger and zero poverty of these vulnerable groups for ultimate attainment of their health rights and deliver the targets of the decade of Nutrition in the 2030 SDG agenda.

I therefore endorse the effective implementation of the policy statements to ensure adequate nutritional practices that would break the intergenerational chain of malnutrition in the continuum of care of human life course in Kaduna State, Nigeria.

Dr. Amina Mohammed Baloni
Honourable Commissioner of Health
Kaduna, Kaduna State
January 2022

ACKNOWLEDGEMENT

This State Policy on Maternal, Infant and Young Child Nutrition is a result of the collaborative efforts of stakeholders in Maternal, Infant and Young Child Nutrition. It is borne out of the conviction that a policy statement is necessary for the effective delivery of nutrition-specific and nutrition-sensitive interventions, especially as it relates to women, adolescents and children.

The State Ministry of Health (SMOH) acknowledges the support of the United Nations Children's Fund Nigeria (UNICEF) for financial assistance in the development and production of this document. The contributions of all other nutrition Stakeholders including Partners such as Accelerating Nutrition Results in Nigeria (ANRiN) Project, Save the Children Nigeria, FHI 360-Alive & Thrive, and Civil Society-Scaling Up Nutrition in Nigeria (CS-SUNN) in the development of this document are also acknowledged.

The relevant Government Institutions from Ministries, Department and Agencies including Ministry of Health, Planning and Budget Commission, State Primary Health Care Board (SPHCB), Kaduna Emergency Nutrition Action Plan, Kaduna State AIDS Control Agency (KADSACA), National Agency for Food and Drug Administration and Control (NAFDAC) North West Zonal office, News Agency of Nigeria(NAN),Kaduna Drug Supply and Health Management Agency (KADSHMA), Kaduna State Media Corporation (KSMC), Ministry of Agriculture (MOA), Ministry of Education(MOE), National Orientation Agency (NOA) Kaduna State Office, Kaduna Agricultural Development Agency (KADA), Rural Water Supply and Sanitation (RUWASSA), Bureau for Statistics, Ministry for Business Innovation, and State Emergency Management Agency (SEMA) are profoundly acknowledged.

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Finally, the contributions of numerous stakeholders and partners, who in one way or the other enriched the quality of this State Policy on Maternal, Infant and Young Child Nutrition, is profoundly acknowledged.

Dr. Hajara Ni'ima Kera
Director, Public Health Department
January 2022

LIST OF STAKEHOLDERS

Accelerating Nutrition Results in Nigeria (ANRiN) Project Kaduna

Civil Society-Scaling up Nutrition in Nigeria (CS-SUNN) Kaduna chapter

Kaduna Agricultural Development Agency (KADA)

Kaduna State Bureau for Statistics (KDBS)

Kaduna State Media Corporation (KSMC)

Ministry of Agriculture and Forestry, Kaduna State

Ministry of Education, Kaduna State

Ministry of Health, Kaduna State

Ministry of Human Services and Social Development, Kaduna State

National Agency on Food and Drug Administration and Control (NAFDAC), Kaduna Office

National Orientation Agency (NOA), Kaduna State Office

News Agency of Nigeria (NAN)

Planning and Budget Commission, Kaduna State

State Emergency Management Agency (SEMA), Kaduna State

State Primary Health Care Board (SPHCB), Kaduna State

United Nations Children's Funds (UNICEF)

KADUNA STATE GOVERNMENT

CHAPTER ONE: OVERVIEW OF MATERNAL, INFANT AND YOUNG CHILD NUTRITION

1.0 Background

Located in the North West geo-political zone, Kaduna State is the twelfth largest State in Nigeria accounting for some 5% of Nigeria's total landmass. With a 9.7 million projected population (KDBS 2020 Estimates), it is the third most populous state in the country among the 36 States and the FCT. Over 2 million of the people in the state live in the two towns of Kaduna and Zaria. An estimated 51.2% of the population are demographically unproductive and comprise of 46.2% of children aged less than 15 years and 2.6% of older persons aged 64 years and above. An estimated 22% of the working age population is unemployed, and poverty rate in the state was put at 56.5% in 2018. The population is culturally very diverse with distinct differences in religion, ethnicity, traditions and social norms between the predominantly Hausa/Muslim population located in the northern part of the State and Christians of a variety of ethnic groups to the south. The population is spread across the 23 Local Government Areas (LGAs) and 255 political wards. Kaduna town, the state capital, was the administrative and military capital of the defunct Northern Region from which Katsina State was carved and remains the unofficial political capital of the northern region.

1.0.1 Socio-economic context of Kaduna State

Being a predominantly rural State, the mainstay of its economy is subsistence agriculture, which accounts for 70% of employment and income given that 50% of the rural households engaged in agriculture compared to 15% of the urban households. Maize, sorghum, ginger, beans, yams, and cocoyam are the main cash crop foods grown. However, animal husbandry and mechanized cash crop farming are increasingly being practiced as well. The State is richly endowed with yet to be fully tapped reserves of lime, gemstones, emerald, aquamarine, columbite and deposits of iron and granite. In addition, Kaduna State used to have many industries, some still functional and majority of them located in the state capital. They consist of agro-allied, textile, banking and finance, beverages, petroleum (oil refinery), communications and entertainment industries. Most of these industries are owned by the private sector.

According to the Nigeria Living Standards survey of 2018/2019, the poverty level of the state has improved to 50%, from 67% in 1996. But the current level is still high compared to other states and zones of the country. There is a clear relationship between poverty, health and nutrition determinants, access to information and services and nutrition outcomes.

1.0.2 Nutritional status of *people in Kaduna State*

Available data indicate that the North West geo-political zone of Nigeria, to which Kaduna State belong, still has some unacceptably high mortality rates and disease burden. The maternal mortality ratio is 1,025/100,000 live births; a figure that is almost six times the rate in the South West Zone[1]. The infant and under-five mortality rates (IMR and U5MR) are 66/1000 and 82/1000 live births respectively,[2] almost twice the rates in the southern zones of the country (See table 1). These values are however contrary to those obtained from the General Household Survey (GHS) conducted in 2020/21 by the Kaduna State Bureau for statistics, which were 97/1000 live births and 187/1000 live births for IMR and U5MR, respectively (Table 1). (These may however be an over estimation of the real values as the maternal and child health service coverage indicators of Kaduna State are much better than the North West zonal average). The high infant and child mortality are largely from vaccine-preventable diseases that can be prevented or treated at low cost. They include diarrhoea, malaria, malnutrition, measles, and acute respiratory tract infections.

[1] FOS and UNICEF 2016/2017 Multiple Indicator Cluster Survey
[2] NPC 2018 National Demographic and Health Survey

HIV/AIDS prevalence is on the decrease in the State. Between 1991 and 1999, there was an exponential increase in the sero-prevalence rate of HIV in Kaduna State. As shown in Figure 1, after a period of decline beyond 1999, the rate increased to 7% in 2008, making it the state with the highest prevalence rate in the NW zone,[3] as at then but recent data from the 2018 Kaduna State AIDS Indicator Cluster Survey (KADAIS) indicated a remarkable decline in these values. However, there are still very wide variations in the HIV sero-prevalence observed in LGAs across the State with Kajuru LGA recording the highest (4.5%) while Zaria LGA is at negligible levels (0.0%). Persons aged 15 years and above have prevalence of 1.1% and children aged 0 to 14 years have 0.1% while the male to female ratio stands at 1 to 2 (i.e. 0.4% versus 0.8%).[4]

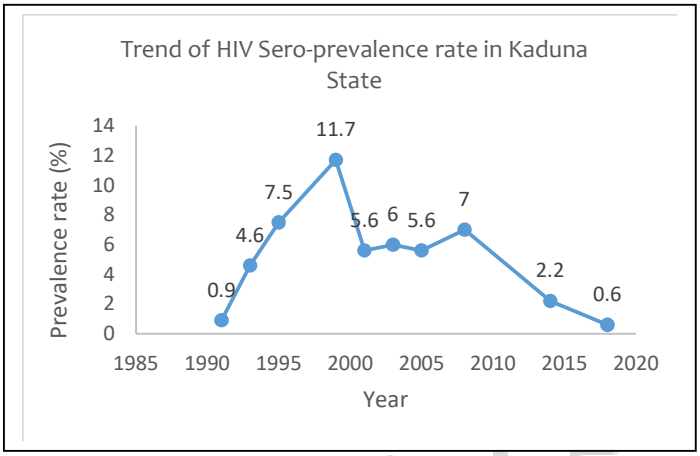

Figure 1: HIV Sero-prevalence rate in Kaduna State

As for neglected tropical diseases (NTDs), Lymphatic Filariasis, Schistosomiasis and Onchocerciasis are endemic in the State. The state target for Lymphatic Filariasis is to treat at least 65% of the entire population living in endemic LGAs while 75% of school age children are targeted for treatment of Schistosomiasis and Soil-transmitted Helminthiasis. A total of 1,027 health facilities and 5,951 communities spread across the 23 LGAs are providing services to address these neglected tropical diseases (NTDs).[5]

Table 1: Summary of Kaduna State Socio-demographic, Health and Nutrition Indicators

Indicator	State Estimate	North West Estimate	National Estimate	Year	Source
Demographic					
Total population	10,088,312 9,735,053 (KDBS)			2022	NPoPC
Children aged < 1 year	403,532			2022	NPoPC
Childre n< 5 years	2,017,662			2022	NPoPC
Pregnant women	504,415.59			2022	NPoPC
Women of child bearing age	2,219,429			2022	NPoPC
Crude birth rate			3.8	2018	NDHS
Total fertlity rate	5.9 (5.3 KDBS)	7.26 (MICS 2018)	5.3	2018 (2020)	NDHS (KDGHS)
Mortality/morbidity					
Crude death rate			117-Female 122-Male	2018	NDHS
Infant mortality rate	97 (66/1000 KD MICS 2016/17)		67.2	2018	NDHS
Under five mortality rate	187 (82 KD MICS 2016/17)		132	2018	NDHS
Maternal Mortality ratio		1,025/100,000 live births (MICS 2016/17)	512	2018	NDHS
Health Services Coverage					
1. Reproductive Health					

[3] Federal Ministry of Health. 2008 National HIV/AIDS Sero-Prevalence Survey
[4] Kaduna State AIDS Indicator Cluster Survey (KADAIS)
[5] SMOH 2021 NTD Report

Antenatal care by health professional	69 (66.3 KD MICS FIG.)	53.6 (MICS 2018)	67	2018	NDHS
Deliveries supervised by a health professional	26.5		43.4		NDHS
Women who had a live birth delivered in a health facility	17.6 (21.4 KDGHS 2020)	17.8 (MICS 2018)	43	2018	NDHS
Women who had a live birth delivered by a health professional	26.5(66.7 KDGHS 2020)		43.3	2018	NDHS
Currently married women who used any modern method of contraception	14.9(13.0 KDGHS 2020)		16.6	2018	NDHS
2. Immunization					
DPT-3 coverage	32(28.3 MICS 2018)		50	2018	NDHS
Measles coverage	42(43.1 MICS 2018)	15.6 (MICS 2018)	54	2018	NDHS
Fully immunized children	22(11.9 MICS 2018)		31	2018	NDHS
3. Management of childhood illnesses					
Children < 5 yrs with ARI symptoms who sought for treatment from health provider	28		29	2018	NDHS
Children < 5 yrs with Diarrhoea who sought for treatment from health facility/provider	48		65	2018	NDHS
Children < 5 yrs with diarrhoea given solution from ORT packet	41		40	2018	NDHS
Children <5 yrs with fever who took anti-malarial drugs same/next day	38		38	2018	NDHS
4. Malaria					
Households who own at least one ITN	79		61	2018	NDHS
Pregnant women who slept under ITNs	62		58	2018	NDHS
Children <5 yrs who slept under ITNs	67		52	2018	NDHS
Pregnant women who received IPT during ANC visit	59		64	2018	NDHS
5. Nutrition					
Children <5 yrs underweight below -2 SD(height-for-age)	22		22	2018	NDHS
Children <5 yrs underweight below -3 SD(height-for-age)	7.6		7.4	2018	NDHS
Children <5 yrs wasted below -2 SD(height-for-age)	4.8		6.8	2018	NDHS
Children <5 yrs wasted below -3 SD(height-for-age)	1.1		1.8	2018	NDHS
Children <5 yrs stunted below -2 SD(height-for-age)	48.1		36.8	2018	NDHS
Children <5 yrs stunted below -3 SD(height-for-age)	22.1		17.1	2018	NDHS

1.0.3 Nutrition and related MIYCN services provision and utilization

Kaduna State, like the rest of Nigeria, has a broad health care service, comprising a wide range of service providers, public, private for profit and faith-based organizations. The health care providers are also very heterogeneous, varying from traditional birth attendants, medicine hawkers to specialists in teaching hospitals. Excluding the PMVs, 40.2% of the health facilities in the State belong to the private sector. The distribution of health facilities in the State by type and ownership is shown in Table 2; 96.5%

of the 1,682 health facilities in the State are primary health care (PHC) facilities, 3.2% secondary, and 0.3% tertiary health care facilities, including the state-owned Barau Dikko Teaching Hospital (BDTH).

Table 2: Health Facilities Available in Kaduna State

Type of Facility	Ownership					Availability
	Federal	State	LGA	Private	Total	
Tertiary	5	1	0	0	6	1: 1,218,091
Secondary	2	31	0	20	54	1: 112,861
Primary	2	0	965	656 plus 2500 PMVs	1623 (excluding PMVs)	1: 4362

The tertiary health facilities belonging to the federal government are five in number, four of which provide specialized care, while the Ahmadu Bello University serves as the apex reference tertiary health care facility. In addition there are two hospitals belonging to the armed forces. All the federal government health facilities are based in Kaduna and/or Zaria. The general hospitals belonging to the state have been categorized as either rural hospitals, general hospitals or specialist hospitals, and a State-owned teaching hospital with range of services and skills available for service delivery improving along as one moves from the rural hospitals to the specialists hospitals. The PHC facilities, are divided into health clinics and PHC centers, one in each of the 255 wards, with the latter expected to provide the full complement and range of PHC services. These are all operated within the current PHC Under One Roof (PHCUOR) policy arrangement. The state is comparatively well endowed with private health facilities, majority providing primary care.

A number of disease control and health programmes are also run by the state, majority driven by the State in close collaboration with donors and/or the FMoH, NPHCDA, and other related Federal MDAs. These programmes were previously run essentially as vertical programmes but there is an increased drive by the state to promote integration of services. These services include the TB-Leprosy Programme, the AIDS Control Programme (PMTCT, ART, HCT), the Neglected Tropical Diseases (NTD) Control Programmes, NPI and the Malaria Control Programmes and more recently, the Community Management of Acute Malnutrition (CMAM) and Infant and Young Child Nutrition (IYCF) Programmes. In the past few years, the State has invested significantly in both malaria control and Nutrition programmes, which are to date considered top-most State priorities, among others.

Integrated supportive supervision, which was introduced in the State in 2007, is currently being conducted on a quarterly basis to PHC and secondary health facilities. Fee for service at point of service delivery is still a method of financing health care services in the State. However, with the introduction of the Kaduna State Contributory Health Care Scheme, a number of the public PHCs and secondary health facilities now provide some components of healthcare, MNCH plus Nutrition and MIYCN services. In addition, through the Sustainable Drug Supply Program/Last Mile Drug distribution arrangement, essential health commodities are being provided in an effort to ensure availability of quality, cost-effective drugs and other consumables in these facilities.

1.0.4 Health, nutrition, water and sanitation services coverage

Coverage with key cost effective, high impact interventions, while higher than the zonal average, still remains low for the state. Coverage with selected maternal, newborn and child health, adolescent and nutrition interventions is shown in Table 1. Generally, the coverage is much higher than that of the North West zonal average, but usually much lower than the rate for the states with the highest coverage. Figure 1 gives examples of some of these indicators for maternal care coverage from the 2018 NDHS and other relevant survey reports. Currently, only 14.9% of women in the reproductive age group in the state use modern contraceptives; 69% of pregnant women receive antenatal care from a trained professional while 26.5% of the deliveries are supervised by a skilled birth attendant/professional (Table 1).

Only one in five children is fully immunized while only 42% have been immunized against measles. These figures are about three times the zonal average. The NDHS 2018 coverage figures are lower than the estimate generated by the Kaduna State Bureau for Statistics in its 2020/21 GHHS; thus underscoring the importance of surveys to generate credible data.

Appropriate and timely treatment of children for common childhood illnesses remain poor as less than a third of children with acute respiratory tract infections and less than a half of children with diarrhoea are taken to a trained health care provider for professional care. Slightly more than a third of the children with diarrhoea are given oral rehydration solution (41%) (Table 1). Appropriate and timely treatment of malaria in children is also very poor and coverage for both pregnant women and children with long lasting insecticide treated nets (LLINs) remains low.

Access to basic water, sanitation and hygiene is up 12.2% in 2021 from 8% in 2020 in Kaduna state while the national average is 8.6% (NBS/UNICEF Factsheet 2021). By end of 2021, the population using basic water supply services only in Kaduna state stood at 61.9% as against the 2020 value of 56.4%. For basic sanitation services, the state is currently at 55% against 23.4% in 2020. In the aspect of hygiene promotion, proportion of people using basic hygiene service is 23.4% in 2021 against 21.5% in 2020, while the national coverage stands at 16% in 2021.[6]

1.0.5 State policies and plans on Nutrition

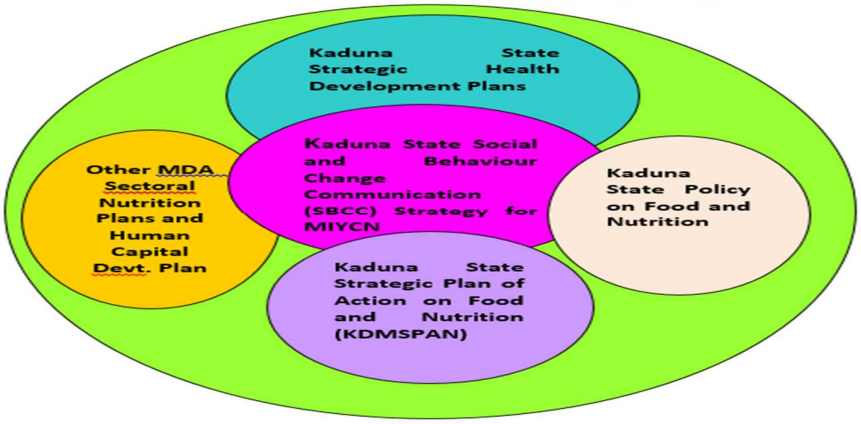

Figure 2: Policies and plans that guided the development of Kaduna State MIYCN Policy

Table 3: Nutrition-related policies and laws enacted in Kaduna State

S/N	Policies/Laws/Guidelines	Year	Key Provisions/purpose
CORE NUTRITION/MIYCN POLICIES			
1.	Kaduna State Policy on Food and Nutrition	2017	o The policy was adopted to add value and strengthen the synergy among public and private sectors and promote other initiatives of Government and partners on nutrition matters. It is expected that all other policies that are related to or have bearing on food and nutrition should be updated in line with this policy
2.	Kaduna State Multi-Sector Strategic Plan of Action on Food and Nutrition (KDMSPAN)	2020-2024	o The KDMSPAN provides guidance for the various sectors planned interventions for nutrition using a multi-sectoral approach. o It is known that malnutrition impairs health especially due to inadequacy or imbalance of one or more nutrients needed for people, especially the vulnerable groups of women, adolescents and children, to grow and develop optimally.

[6] Washim's report, 2021

			o It is also known that malnutrition has multifaceted and multifactorial causes responsible for the emerging situation of malnutrition. o A multi-disciplinary and multi-sectoral approach is therefore needed to solve these problems through nutrition-relevant sectors like health, education, agriculture, water and sanitation and their likes, which are very key in delivering the results required to address malnutrition in Kaduna State
3.	Kaduna State Strategy for Maternal, Infant and Young Child Nutrition (MIYCN)	2019-2023	o The MICYN strategy covers a period of 5 years o It is intended to fast track the implementation of the MIYCN policy and relevant components of the Kaduna State policy on food and nutrition in order to prevent the onset and mitigate the impact of malnutrition in the mother, adolescent girl, neonate, infant and child.
4.	Kaduna State IYCF SBCC Strategy		o The factsheet on MIYCN SBCC Strategy for Kaduna State gives the main data on MIYCN indicators, behavioural analysis for MIYCN practices, best practices and models of communication and an overview of mass media present in the State. o It also presents State specific priority processes, logical framework and operational plan that seeks to promote MIYCN practices in order to improve the nutritional status of women, adolescents and children as well as enhance their growth, development, health, and survival.
5.	Kaduna State Emergency Nutrition Action Plan (KADENAP)	2017	o KADENAP was established as an emergency response mechanism to urgently fast track the activities of existing MDAs that have to do with Nutrition, women and child health plus development, and properly synergize their functions, avoid duplication of efforts, and eliminate clogging and unnecessary delay in addressing malnutrition issues in Kaduna State.
OTHER RELEVANT POLICIES RELATED TO MIYCN			
1.	Kaduna State Development Plan	2021 – 2025 2016 – 2020	o This provides an over-arching policy framework for development efforts across all sectors in the state. o It articulates the Kaduna State Government's policy thrust and priorities for sustainable development in delivering public goods and services for the people of the state.
2.	Revised PHC Under One Roof (PHCUOR)/SPHCB Law	2020	o The concept of bringing "Primary Health Care Under One Roof" (PHCUOR) was introduced by NPHCDA to improve the implementation of PHC. o The PHCUOR, otherwise known as Integrated PHC Governance, is PHC reform promoted by the Government of Nigeria (GoN) through the National Primary Health Care development Agency (NPHCDA) to integrate the PHC structures and programmes at sub-national levels, under one State-level body – the SPHCDA or Board within the framework of a decentralized health system.
4.	Free MCH Policy	2007	o Aimed at increasing attendance at health facilities for pregnant women and children aged less than five years. Through free treatment o Target is t increase attendance at health facilities from 10-15% in 2006 to 40% by the end of 2007, 60-80% by end of 2008 and above 90% by 2009. T o Phased implementation- 1 facility per LGA by the end of 2007; 2 facilities in each LGA by the end of 2008 with minimal equipment and personnel required to function.

			To date, there are 111 health facilities enrolled in the program throughout the State in all the 23 LGAs. o Plan is to have one in each ward
5.	State PHCDA Act	2008	o Fully operational and transited to PHCUOR o Purpose is to strengthen the coordination and management of PHC across the state
6.	Sustainable drug supply policy		o Aimed at ensuring functional DRFs in secondary and selected PHC facilities
7.	State Drug Management Agency Act		o Purpose is to harmonize all drug systems in the State o Ensure that drug supply in public health facilities in the State is sustainable. o Fully operational
8.	Public-Private Partnership policy		o National PPP domesticated to foster closer partnership with the private sector
9.	Essential Service and Systems Package Policy ((KESSP)	2008	o The costed KESSP aims at domesticating the Minimum Health Care Package of NPHCDA; categorizing all public health institutions in the state and defining the minimum human and equipment resources for each level, including the services to be provided at each level. The KESSP also has a plan for human resources for health (HRH) capacity development.
10.	State Medium Term Health Plan for the period 2008 – 2011	2008	o Now replaced by the 5-year State Strategic Health Development Plan
11.	Hospital Boards Management Law	2007	This law seeks to make secondary health facilities semi-autonomous through the establishment of Boards and the direct funding of these facilities.

1.0.6 Key issues and challenges of MIYCN implementation in Kaduna State

In spite of a number of improvements in the public health sector and nutrition landscape in Kaduna state, myriad of problems and challenges still hinder the attainment of set and desired goals for nutrition in the State. These are listed below following a strengths, weaknesses, opportunities and threats (SWOT) analysis to determine factors that can prevent the effective delivery of Nutrition programmes and interventions in the state

Table 4: SWOT on nutrition policy environment and burden of malnutrition in Kaduna State

Strengths	**Weaknesses**
1. Availability of policies, strategies, operational plan and other documents.(Kaduna State food and nutrition policy; A State Strategic Plan of Action on Nutrition (SSPAN) 2016-2020, the State Multi-Sectoral Plan of Action on Nutrition) 2. Presence strong of Political Support 3. Presence of Budget Line on nutrition for the LGAs and the other ministries (Education, Agriculture, SEMA, PBC, Human Services etc) 4. Availability of Nutrition supporting Partners and structures 5. Task shifting and task sharing policy. 6. Availability of the Integrated Service delivery strategy 7. Availability of training institutions 8. Presence of Integrated Supportive Supervision Presence of functional State Committee for Food and Nutrition.	1. Inadequate funding/and timely cash-backing of the LGAs and other MDAs 2. Inadequate trained nutritionists 3. inadequate capacity of service providers 4. poor attitude of service providers 5. inadequate monitoring and Evaluation 6. Inadequate and irregular supply of vital commodities such as RUTF, IFA, Vitamin, Zinc/ORS, MNP) 7. Absence of ME framework for nutrition 8. Irregular technical Supportive Supervision on nutrition interventions 9 Poor data documentation and management across all levels. 10, inadequate state-specific data. 11. Poor access to facilities.

9. Presence of healthcare facilities to offer services 10. availability of healthcare providers trained on treatment of malnutrition 11, Availability of CMAM sites 13. availability of a pool of Master Trainers to train more healthcare workers on MIYCN	12. Inadequacy of OTP sites to address the burden of malnutrition (only 77 in only 50% of Wards in 15 LGAs 13. Inadequate and consistent stock-out of RUTF in the facilities 14, Absence of specific budget lines in the health sector MDAs 15. 11.7% of children under5 years classified as wasted from acute under nutrition, 4.1% severely wasted, 47% stunted, 27% severely stunted, and 34% described as underweight (MICS 2017). The infant mortality rate is 67/1000 live births while Under 5 Mortality rate is 132/1000 live births (NDHS 2018).
Opportunities	**Threats**
1. Presence of strong political Support. 2, Presence of Nutrition supporting Development Partners and Civil Society as well as faith-based organizations. 3. Availability of national MIYCN policies at national level for adaptation. 4. Availability of Experts from tertiary and research institutions 5. Availability of willing and supportive community 6. Availability of functional community structures to support service provision. 7. Availability of committed MDAs and structures to drive nutrition such as KADENAP, ANRiN project.	1. Strong cultural and religious beliefs and practices(Re-cast) 2. Insecurity 3. Natural disaster 4. Geographical access. 5. Inadequate logistics 6. Population exploration 7. Poverty

Table 5: SWOT on implementation coverage issues – supply and demand sides, access, quality of care, supportive supervision, M&E etc.

Strengths	***Weaknesses***
1. Kaduna Government response to nutrition has been consistent with State Development Plan. 2. Kaduna State policy on food and Nutrition 2017 (this policy acknowledged the multi sectoral nature of nutrition) 3. Establishment of functional state committee on food and nutrition. 4. Availability of Kaduna state multi sectoral plan of action 2021 – 2025. 5. Increased government support on multi sectorial coordination of nutrition intervention in the state. 6. Presence of 78 Primary Health OTP to treat CMAM across 16 LGAs, with 17 secondary health facilities as stabilization centres.	1. Poor documentation from PHCs effecting nutrition supervision and M&E 2. Inactive of particular government agency responsible for tracking and monitoring food security situation initiative 3. Poor coordination of nutrition intervention at Local Government and Ward level. 4. Inadequate skilled man power in relation to population in the state. 5. Staff attrition. 6. Low coverage of nutrition programming in relation to total number of health facilities in Kaduna state (state dev. Plan 3). 7. *Ignorance* (Men has only 5.5%, Grandmothers 11.0%, Child bearing Age 17.7%, Mother of 6-23 Month, 22.3% pregnant women 22,5% despite the big role of these individuals in the community and House hold. (MOH Jan – Sept, 2021 report)

	8. The shortage or stock out of RUTF effect the CMAM intervention with current admission rate of 40% (nutrition intervention report, 2021). 9. Cultural misconception (e.g., on early initiation of breast feeding and dietary diversification.
Opportunities	***Threats***
1. Increased political commitment in nutrition intervention in the state. (e,g the commitment of her excellency the wife of the Governor) **2.** Presence of donors and/or partners in nutrition space (e.g. ANRiN and the forthcoming A&T MIYCN project)	1. Religious belief 2. Delay in releases / cash backing 3. Insecurity 4. Natural Disasters (such as flood)

Table 6: SWOT on capacity of managers and stakeholders to deliver MIYCN interventions at all levels (facility, community, LGA, and State)

Strengths	***Weaknesses***
1. A dedicated desk officers at the state ministry of health and state primary health care dev. agency *2. Guidelines for treatment of acute malnutrition* *3. Adaptation of national policy on food and nutrition by the KD sate Gov.* *4. Trained nutrition service providers* *5.Development of Kaduna state social and behavioural change strategy (SBCC (2016 - 2020))* *6. Multi-sectoral approach to drive successes on nutrition issues. (MDAs, NGOs, Media etc)*	*1. Budgetary constraint* *2. inadequate human resources in nutrition sector* (KD-MIYCN 2019 - 2023) *3. Non- compliance with international code of marketing by manufacturers and marketers of infant formula.* (KD-MIYCN 2019 - 2023) *4. Poor attitude and insufficient knowledge by health care provider.* (KD-MIYCN 2019 - 2023) *5. Lack of a dedicated department/unit at the state ministry of health* *6. inability of the LGAs to utilize funds meant for nutrition promotion activities*
Opportunities	***Threats***
1.The existence of development partners, CSOs, CBOs, FBOs that support nutrition interventions *2. Government commitment and political will to advance the course of nutrition services.* *3. Availability of volunteer groups that sustain the campaign to promote nutrition security in rural communities (e.g. TFD groups in 16 LGAs)* *4. Availability of the offices, staff, community volunteers of NOA, to mobilize and sensitize the rural communities on required nutrition behaviours*	*1. Security challenges. (eg bandit attacks that dislocate communities)* *2. Natural disasters. (e.g. floods, pandemic)* *3.displacement of some communities* *4.negative cultural and religious barriers*

Table 7: SWOT on demand for MIYCN services by stakeholders (especially caregivers and targeted beneficiaries across all levels especially community level)

Strengths	**Weaknesses**
1.It is a national policy that is being adapted by the state 2.It considers all stake holders down to the LGA 3.The national policy has a strategic plan that considers clearly points out the importance of institutionalisation of MIYCN intervention both	1.Funding/logistic issues/lack of cash backing 2.Lack of designated office space for the program in the ministries and LGAs 3. Inadequate well trained personnel, focal persons at the wards are not adequate to take out all activities in the ward.

at state LGA facility and community levels (MIYCN strategic plan document) The state/ LGA will take it down to other stake holders(care givers and communities) 4.It will consider all the needs of the stakeholders 5.Capacity building of the human resource	4. Inadequacy of supervision of the step down staff or personnel.
Opportunities	**Threats**
1.Behaviuoral change in terms breast feeding and 2.Child spacing/ Family planning services or 3.Food and nutrition program 4.Food security program 5. Building alliances and hosting policy dialogues; developing IYCF champions among non-traditional partners such as professional associations and religious institutions. (ALIVE AND THRIVE NIGERIA 2015-2020) 6.Facilitates individual and community engagements	1.Hard to reach communities and wards 2.Insecurity 3.Food insecurity 4.inflation 5.Ability of the beneficiaries to get this services 6. Cultural/religious acceptability 7. High under five mortality in the state ()169/1000live births) NDHS 2013 8. Lack of sensitisation at the community level 9. Poor attitude of the individuals towards health seeking for the vulnerable groups. 10. Lack of knowledge on signs and symptoms of malnutrition especially in children/ Pregnant women/ Lactating mothers and adolescent girls

1.1 Rationale

Adequate nutrition, including appropriate feeding practices, in the early months and years of life, is crucial to achieving optimal outcomes for the mother and child. Ensuring optimal nutrition during the first 1000 days of life is critical to a child's growth and development. Deterioration in nutrition status can be reduced by focusing on a set of well proven nutrition-specific and nutrition sensitive interventions during this critical period.

Data from the National Demographic and Health Survey (NDHS) 2018 indicates Kaduna as the tenth State with poor nutrition indices (stunting 48%, wasting 4.8%, and underweight 22.1%). In addition, the high prevalence of poverty of about 80% coupled with high fertility rate contributed to poor nutrition practices and outcomes among residents of Kaduna state.

The recent COVID-19 pandemic has affected nutrition through disruption of the food supply chains and other socioeconomic activities of priority in the state. Similarly, HIV/AIDS pandemic with other emerging and re-emerging infections, especially with the possibility of transmission through inappropriate feeding practices and adverse birth outcomes are closely associated with maternal nutrition. Low practice of early initiation of breastfeeding and exclusive breastfeeding (35.9% and 19.7% respectively, 2018 NDHS) contributed to poor nutrition outcomes among under five (5) children in the state. Prioritising maternal and child nutrition, and especially that of the adolescent girl prior to motherhood, is an essential basis for optimum maternal and child nutrition. These makes the articulation of a comprehensive Kaduna State Policy on Maternal, Infant and Young Child Nutrition imperative.

1.2 Goal and Objectives

1.2.1 Goal

The goal of this policy is to ensure adequate nutrition for the survival, optimal growth and development of all children, adolescent girls, women and other vulnerable population in Kaduna State.

1.2.2 Specific Objectives:

i. To promote the early initiation of breastfeeding in all new-borns within the first one hour of childbirth;
ii. To protect, promote, and support exclusive breastfeeding for the first six months of life with continued breastfeeding up to 2 years or beyond

iii. To support, promote and sustain evidence-based interventions that support the practice of optimal nutrition for all women of child bearing age and adolescent girls.
iv. To strengthen the care, support, and follow-up services for pregnant women, lactating mothers and caregivers in order to practice optimal MIYCN
v. To promote the provision of optimal MIYCN practices in exceptionally difficult circumstances and emergencies.
vi. To promote the timely introduction of appropriate, safe, and nutritionally adequate complementary foods from 6 months while continuing breastfeeding up to 24 months or beyond.
vii. To promote and support appropriate micronutrient programming for all children, adolescent girls and women through fortification, supplementation and dietary diversification
viii. To promote early identification and management of acute malnutrition and support referral to appropriate treatment sites for all children less than five years
ix. To promote the integration of MIYCN with relevant Primary Health Care and education interventions.
x. To promote the prevention of mother-to-child transmission of HIV and other communicable diseases through appropriate and safe measures that ensure optimal MIYCN.
xi. To promote an enabling environment for mothers, care givers, families, communities and health care services to make informed feeding choices and adopt mechanisms to achieve optimal MIYCN

1.3 Policy Statements

1.3.1 This Policy shall be known and referred to as the "Kaduna State Policy on Maternal, Infant and Young Child Nutrition".

1.3.2 This Policy reaffirms government's commitment to optimal nutrition for women, children, and adolescent girls, as a public health measure, and serves as framework for the implementation of the Global Strategy for Women, Children, Adolescents' Health (2016 – 2030)

1.3.3 Early initiation of breastfeeding within one hour of childbirth and exclusive breastfeeding for the first six months of life shall be protected, promoted, and supported.

1.3.4 In all targeted population groups, breastfeeding shall be protected, promoted and supported, unless medically contra-indicated, on case-by-case basis. This should be in line with the provisions of the National Guideline on Maternal, Infant and Young Child Nutrition, National Regulation on Marketing of Infant and Young Children Food and other designated products (Regulations, sales etc.) 2019, and Kaduna State Child Welfare and Protection Law 2018.

1.3.5 The compulsory 6 months paid maternity leave and provision of crèches, lactation rooms and establishment of flexible nursing periods during the working hours in Kaduna state shall be actively encouraged to be instituted in all organisations including the private sector.

1.3.6 Exclusive breastfeeding for the first 6 months of life shall be followed by the introduction of complementary foods that are safe, appropriate, locally available, affordable, and nutritionally adequate, with continued breastfeeding for up to two years or beyond.

1.3.7 The timing of introduction of complementary foods shall be from six months of life, except otherwise medically indicated.

1.3.8 Mothers/Caregivers of children six months and above shall receive social and behaviour change communication counselling and food demonstration on complementary feeding practice alone or in combination with other nutrition-specific and nutrition-sensitive interventions.

1.3.9 All HIV exposed infants shall be provided with appropriate antiretroviral (ARV) prophylaxis from birth in accordance with the national guidelines on Prevention of Mother to Child Transmission (PMTCT) of HIV.

1.3.10 HIV positive mother shall receive Highly Active Antiretroviral Therapy (HAART) and be advised to exclusively breastfeed their infants for the first six months of life, introduce complementary feeding at six months and continue breastfeeding up to twelve months. HIV positive mothers are advised to breastfeed for not more than 12 months.

1.3.11 Government shall endeavour to train health and community workers to protect, promote, and support optimal maternal, infant and young child feeding in all situations including emergencies and large displacement of persons, amongst others.

1.3.12 Donations shall conform to the National Regulation on Marketing of Infant and Young Children Food and other Designated Products (Regulations, sales etc.) 2019.
In cases of donations of commercial milk formulae during emergencies, they shall be given to only those who need them and for as long as they are required (Annex A).

1.3.13 Dissemination of the policy shall be made to all relevant stakeholders and its adoption shall be ensured for implementation across all levels (State, LGAs and Communities).

1.3.14 Health workers and other care providers shall be trained to have adequate and updated information and skills to support optimal maternal, infant and young child nutrition, including in emergency and exceptionally difficult situations.

1.3.15 All key stakeholders shall champion actions for improving nutrition for mothers, adolescent girls and children.

1.3.16 The nutrition services in pre-conception, pregnancy, post-pregnancy and lactation, as captured within the Minimum Package for Nutrition Services shall be implemented across all levels of care.

1.3.17 Government shall ensure access to appropriate treatment of acute malnutrition whenever and wherever needed.

1.3.18 A dedicated budget line for nutrition shall be created for the implementation of the minimum nutrition package for MIYCN.

1.3.19 Government shall promote significant male involvement including paid paternity leave of 10 working days and support to maternal, infant and young child nutrition

1.3.20 Advocate for the legislation and implementation of six months paid maternity leave to enable the practice of exclusive breastfeeding.

1.3.21 Government shall promote optimal MIYCN in the context of emergencies and in exceptionally difficult circumstances.

CHAPTER TWO: MATERNAL, INFANT AND YOUNG CHILD NUTRITION POLICY FRAMEWORK

2.0 Optimal Maternal, Infant and Young Child Nutrition

This chapter provides the framework for optimal Maternal, Infant and Young Child Nutrition (MIYCN) in the general population and in exceptionally difficult circumstances.

2.1 Rationale

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. Maternal nutritional status and the neonatal period have been shown to affect the development of certain non-communicable diseases (NCDs) such as diabetes and obesity. 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). 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.

Women's vulnerabilities in the humanitarian context are increased for several reasons, some of which include: increased risk of psychological problems due to stress or conflict situations, heightened risk of gender based violence, disruption of 'normal' services such as antenatal or reproductive health, and disruption of breastfeeding amongst others. These heightened vulnerabilities have many and varied implications such as micronutrient deficiencies and its attendant consequences in pregnant and lactating women and increased risk of infections such as malaria with potential impact on maternal and new-born health.

2.2 Maternal nutrition

2.2.1 General maternal population

Good maternal nutrition highlights the importance of protecting and promoting public health through improved nutrition and well-being of women of reproductive age, especially during the pre-conception, pregnancy and postpartum periods.

To achieve optimal maternal nutrition, the interventions shall include;

- Provision of iron/folic acid supplement for pregnant women and adolescent girls.
- Prevention, diagnosis and treatment of malaria.
- Social and behavioural change communication to improve maternal nutrition behaviour and practice.
- General food rations and targeted supplementary feeding programme (TSFP) for pregnant and lactating women and adolescent girls in exceptionally difficult circumstances.
- Regular assessment of micronutrient Status.
- Nutrition Assessment and Counselling for weight optimization with Body Mass Index (BMI) to address issues on underweight before and after conception.
- Identification and treatment of Pregnant and Lactating Women (PLW) with acute malnutrition using TSFP.
- Strengthen the surveillance system to include MIYCN intervention among women and adolescence girls

2.3 Adolescent girls, pregnant and lactating Adolescent

Adolescent girls are at particular risk of iron deficiency anaemia due in part to rapid growth during adolescence. This coupled with the increased demand for iron in pregnancy for expansion of maternal tissues and foetal growth, makes pregnant adolescents a particularly vulnerable group.
The following shall be ensured:

- Micronutrient supplementation shall be encouraged for all adolescent girls and pregnant adolescents where iron and folic acid supplements are unavailable,
- Adolescent mothers shall be encouraged to remain together with their babies and be provided the support they need to exclusively breastfeed for the first six months and continue breastfeeding with age-appropriate complementary food until the child is 24 months or beyond,
- Adolescent girls and mothers shall be supported to begin/continue schooling,
- Provision of, and referral to community economic empowerment schemes and strengthening of livelihood and food security services,
- Promotion of hygiene practices to households with adolescents,
- Adolescent -friendly health services and nutrition counselling shall be provided to support the adolescent in and out of school, and during pregnancy and lactation,
- In exceptionally difficult circumstances and emergencies, supplementary feeding programme and support for good nutrition shall be supported to target adolescent mothers,
- General food rations and targeted supplementary feeding programme for adolescent girls in exceptionally difficult circumstances,
- Nutrition education in schools and promotion of girls' education.

Generally,

- All mothers shall be encouraged to take adequate nourishment during pre-pregnancy, pregnancy and lactation.
- All pregnant women, adolescent girls and other relevant persons shall, during contact with healthcare facilities, home visits and at other opportune periods (such as humanitarian settings, emergencies, internally displaced persons (IDPs) and others) receive education including information, education and communication (IEC) materials on the advantages of breastfeeding.

2.4 Infants and Young Children Feeding

2.4.1 Optimal Breastfeeding

To ensure optimal breastfeeding at all ages (i.e. from birth to 2 years of age or beyond),

- Breastfeeding shall be protected, promoted and supported unless medically contra-indicated.
- All mothers shall be encouraged to exclusively breastfeed their babies on demand until the age of six months.
- All mothers shall be encouraged and assisted to put their new-born infants to the breast within one hour of delivery.
- All mothers shall be taught how to express and preserve breast milk for feeding their infants during periods of unavoidable separation. Under these special circumstances (refer to section 2.4.3), feeding with a cup shall be utilized.
- Mothers shall be encouraged to continue breastfeeding with introduction of adequate complementary foods from six to 24 months or beyond.
- All health facilities providing maternity services shall practice the "2018 revised Ten Steps to Successful Breastfeeding" (see Annex B).
- Communities shall be mobilized to support and sustain the Baby Friendly Community Initiative (BFCI).
- All health workers shall be trained on and adhere to the 2018 revised Ten Steps to Successful Breastfeeding including National Regulation on Marketing of Infant and young Children Food and other Designated Products (Registration, sales, etc.) 2019.

2.4.2 Complementary Feeding for Infants and young children six months and above

Complementary feeding shall commence when the infant is six months old. This applies to children in both general population and exceptionally difficult circumstances. The national guideline on age appropriate complementary food for infants and young children shall be followed. The guiding principle for complementary feeding shall be that of Age appropriateness, Frequency, Amount, Texture, Density, Variety, Activeness/responsiveness and Hygiene (AFATDVAH). Consequently, it is important that nutritional needs of the infant and young children be met by ensuring that complementary foods are:

- ✓ A **A**ge-**A**ppropriate for infants and young children
- ✓ F More **F**requent feeding
- ✓ A Increased **A**mount of food
- ✓ T Increased **T**exture (thickness and consistency) of food
- ✓ D Energy **D**ensity (Energy needs)
- ✓ V Increased food **V**ariety, (more solid foods, foods from all food groups)
- ✓ A **A**ctive feeding or responsive feeding
- ✓ H **H**ygiene (good hygiene and safe food preparation)

Food demonstration and counselling shall be one of the medium to deliver this component

2.4.3 Exceptionally Difficult Circumstances

In such situations, infants shall be exclusively breastfed for the first six months of life and continue breastfeeding with age-appropriate complementary food up to 24 months or beyond. Children in exceptionally difficult circumstances who need additional attention and extra support to meet their nutritional requirements shall, with the use of healthcare worker-guided counselling, receive breast milk substitute in accordance with the provision of the BMS Code or replacement feeds as may be necessary.

Exceptionally Difficult Circumstances include:

- Communicable disease exposed Infants and Young Children (such as HIV, Ebola, COVID-19, and other emerging infectious diseases).
- Sick infants, particularly with persistent diarrhoea.
- Low birth weight infants.
- Motherless/adopted infants,
- Infants and young children in emergency situations,
- Infants and young children with Severe Acute Malnutrition or Moderate Acute Malnutrition.
- Infants and young children of adolescent mothers.
- Infants and young children with special needs such as cleft-lip and palate, cerebral palsy and others.
- Infants and young children with inborn errors of metabolism (such as lactose intolerance, phenylketonuria, gluten enteropathy and others).
- Infants and young children in other exceptionally difficult circumstances including: street children; children whose mothers are very ill, dead, mentally challenged, or with other forms of disabilities, alcoholic and/or addicted to drugs; rejected infants/children, abandoned, displaced, in refugee settlements, in foster institutions; and children of imprisoned mothers, and other situations.

2.4.3.1 Infants and Young Children with Communicable Diseases

This policy shall pursue the global best practices in the nutritional management of children affected with such communicable diseases. Available international, national and state guidelines shall be adopted and contextualized for optimal nutrition.

2.4.3.2 Infants and young children with Severe Acute Malnutrition or Moderate Acute Malnutrition

Under five children with severe/moderate acute malnutrition shall be treated using the National guideline for integrated community management of acute malnutrition (CMAM).

2.4.3.3 Infants and Young children with Childhood Illnesses

Childhood illnesses include diarrhoea, malaria, pneumonia, measles and others. Generally, for infants and young children with childhood illness, mothers and caregivers shall be counselled and encouraged to:

- Increase the frequency of breastfeeding
- Express breast milk for child where there is difficulty in suckling
- Continue to feed the child with adequate diet if above six months
- Increase fluid intake (if medically indicated)
- Follow regular Growth Monitoring and Promotion (GMP)
- Follow immunisation schedule.
- In the case of persistent diarrhoea, mothers/caregivers shall be counselled to take such children to the nearest health facility. In addition to the general recommendations above, give the child Low Osmolality Oral Rehydration Solution (LO-ORS) and zinc supplements
- Refer child to the nearest health facility for further treatment where appropriate and if symptoms persist.

2.4.3.4 Low Birth Weight Infants

Breast milk is particularly important for pre-term infants and the small proportion of term-infants with very low birth weight.

- Mothers shall be encouraged to exclusively breastfeed their baby.
- Very low birth weight infants who are weak to suckle shall be fed with expressed breast milk from their mothers.
- Very Low Birth Weight (VLBW) infants fed with mother's own milk or donor human milk, shall be given vitamin D, calcium and iron supplements as prescribed by healthcare provider.

2.4.3.5 Motherless/Adopted Infants and Young Children

For the motherless/adopted infants and young children, re-lactation of a wet nurse (foster mother or caregiver) who is HIV, hepatitis B and C negative shall be encouraged.

- Such a wet nurse shall be encouraged to remain free of these diseases throughout the period of breastfeeding.
- Caregivers shall be supported to feed the infants on appropriate infant formula that meets the national standard from birth to six months, if not able to breastfeed.
- Infants and young children with inappropriate weight gain shall be referred to health facilities for more specialised care.
- Screening for acute malnutrition especially in infants less than six months and those not breastfeeding or having difficulty to breastfeed shall be pursued.

2.4.3.6 Infants and Young Children in Emergency Situations

It shall be the policy of the Kaduna State government to protect the rights of all infants and young children in emergency situations. In these situations:

- The first priority shall be to ensure that infants are not separated or that separation of infants from their biological mothers is minimized to ensure continuation of optimal infant feeding.
- Rapid assessment shall be conducted at early stages to provide relevant information on all aspects of infants and young children care. Periodic nutrition monitoring and surveillance shall be promoted and supported.
- Nutrition of the affected population shall be prioritized and nutrition experts shall be part of the planning and response committee.

- Appropriate interventions to protect, promote and support MIYCN shall be implemented based on results of assessments and on-going nutrition surveillance in line with prevailing guidelines.
- The importance of protection, promotion, and support of exclusive breastfeeding for all infants below six months and optimal complementary feeding in all emergency efforts shall be emphasised.
- All government and non-governmental agencies that are working on nutrition in emergency sites shall be identified and their activities coordinated.
- Technical representation in inter-sectorial fora shall be ensured in protection and promotion of the nutritional needs of infants and young children, adolescent girls and their mothers.

2.4.3.7 Procurement, management, distribution, targeting and use of infant formula

This shall be in line with the national regulation on marketing of infant and young children food and other designated products (Registration, sales, etc.)

2.4.3.8 Infants and Young children with Cleft Lip/Palate

Infants with cleft lip/palate may have difficulties with eating, and this may affect their growth and development. They shall be medically attended to.
The following shall be ensured:

- Optimal breastfeeding shall be encouraged using appropriate methods
- Mothers/caregivers shall be counselled to introduce locally sourced complementary foods from the age of six months in addition to breastfeeding
- Regular Growth Monitoring and Promotion shall take place
- Immunisation schedule shall be followed
- Vitamin A supplement shall be given according to age and status

2.4.3.9 Infants and Young children with Cerebral Palsy

The difficulty in feeding children with cerebral palsy (CP) varies from one child to another. Thus, nutritional management shall be individualized. An evidence-based guideline shall be adopted in managing children with CP. In addition,

- Optimal breastfeeding shall be encouraged by direct suckling if possible or expressed breast milk with cup
- Mothers/caregivers shall be counselled to introduce locally sourced complementary foods from the age of six months in addition to breastfeeding
- Regular Growth Monitoring and Promotion shall take place
- Immunisation schedule shall be followed
- Vitamin A supplement shall be given according to age and status

2.4.3.10 Infants and Young Children with Inborn Errors of Metabolism

Infants and young children with inborn errors of metabolism such as lactose intolerance, phenylketonuria, gluten enteropathy and others shall be nutritionally managed using internationally and nationally accepted evidence-based medical guideline and protocol.

- Shall be exclusively breastfed unless medically contra-indicated
- Shall receive age-appropriate complementary feed
- Shall receive specialized breast milk substitute as medically indicated. Such products shall be in line with the National Regulation on Marketing of Infant and young Children Food and other Designated Products (Registration, sales, etc.) 2019

3.0 Strategies

The Kaduna State Policy on Maternal, Infant and Young Child Nutrition shall achieve its goals and objectives through the following key strategies:

- Legal, gender and cultural considerations
- Advocacy and Resource mobilisation
- Social and Behavioural Change Communication
- Capacity building and development
- Counselling and Support services
- Interventions for Women, Adolescent girls, persons with disability (PWD), Infants and Children, and those in exceptionally difficult circumstances including HIV exposed children,
- Research for development
- Monitoring and Evaluation
- Supervision, Mentoring and Coaching
- Coordination, Collaborative partnership and accountability

3.1 Legal, Gender and Cultural Considerations

Legal, gender and cultural considerations shall be addressed by enacting, reviewing, harmonizing and enforcing state laws and adapting national, relevant international conventions/treaties, and recommendations that enhance gender equality and equity, child's and PWDs rights on the situation of women, adolescent girls and children, particularly with respect to maternal, infant and young child nutrition. These shall be achieved through the following:

3.1.1 Marketing of Infant and Young Child Breast-Milk substitutes

Enforce compliance to the National Regulations on the Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, etc.), Regulations 2019 in Kaduna state. This is to ensure that the procurement and use of breast milk substitutes and other designated products comply with national and international standards.

3.1.2 Public Service Regulation, Labour Acts, Child Rights Act etc.
Integrating updated Public Service Regulation, Labour Acts, state child welfare and protection Law (No. 18 of 2018), and other existing policies, maternity entitlement as defined in ILO Convention 183 and Recommendation 2000, (No 191), Kaduna State Revised Public Health Law (2021/2022) into existing legislation, to enhance optimal maternal (including adolescent), PWD, infants and young child nutrition.

3.1.3 State Development Policies and Programmes
Ensuring all relevant nutrition sectors and stakeholders, align with Policies, Plans, Programmes and Strategies approved by the State Executive Council (SEC), such as Kaduna State Policy on Food and Nutrition, Kaduna State Multi-sectorial Strategic Plan of Action on Food and Nutrition (KDMSPAN), and State Health Sector Reform Plan among others (See Table 3), to give prominence to maternal, infant and young child nutrition (MIYCN).

3.1.4 Guideline Review
Developed guidelines shall be reviewed for relevant Ministries, Departments and Agencies (MDAs), healthcare providers at all levels of service delivery, NGOs, CSOs, FBOs, development partners and other relevant stakeholders assisting communities for effective coordination of efforts in the areas of maternal, infant and young child nutrition.

3.1.5 Policy Review
This Policy shall be reviewed every 10 years to address emerging issues on Maternal, Infant and Young Child Nutrition and to contribute to the national review process. Ensure other nutrition policies and strategic plans such as Baby Friendly Initiatives and KADMSPAN are reviewed every 5 years or as the need arises.

3.2 Advocacy and Resource Mobilization

Advocacy and Resource Mobilization shall be strengthened to address the mandate of relevant MDAs, NGOs, CBOs, CSOs, political, traditional and religious leaders, media organizations, educational institutions, professional associations, regulatory bodies, youth organizations and the relevant private sectors on maternal, infant and young child nutrition and related issues. These shall be achieved by:

- Developing and harmonising appropriate advocacy messages to avoid duplication.
- Creating awareness about optimal maternal, infant and young child nutrition at all levels.
- Utilizing Social Marketing Strategies to advocate for domestic funds mobilization for the policy implementation, and create demand for MIYCN across all levels through engagement of highest policy makers and community stakeholders, with a view to address issues of care in Maternal, Infant and Young Child Nutrition.
- Utilizing notable events such as World Breastfeeding Week, National Nutrition Week, World Food Day, Maternal New-born and Child Health Week, Safe Motherhood Day, Day of the African Child, Micronutrient Day and other state, national and international nutrition related events to promote optimal maternal, infant and young child nutrition at State, Local governments and Community levels.
- Encouraging communities' involvement (particularly grandparents and male groups) in maternal, infant and young child nutrition activities and family nutrition in general using appropriate social and behavioural change communication strategies
- Actively involving traditional and or religious leaders, youth organizations and all forms of media in all advocacy and resource mobilization for all the issues elaborated in this Policy.
- Developing effective and sustainable feedback mechanism for strategic planning, implementation, monitoring and evaluation for nutrition results.

3.3 Social and Behavioural Change Communication

Social and Behavioural Change Communication (SBCC) packages shall be reviewed, approved and disseminated to deliver appropriate, context specific, technically correct and up-to-date information on optimal maternal, infant and young child nutrition. For this,

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

3.4 Capacity Building and Development

Capacity Building and Development shall be encouraged to enhance effectiveness and efficacy at the State, Local Government and community levels for implementation of this Policy. In pursuance of this: Training for pre-service, in-service and informal sector shall be promoted for all healthcare providers at State, Local Government and community levels; in private and public institutions as well as community-based organizations. Communities shall be enlightened to access the skill acquisition initiatives, micro-credit facilities and other poverty alleviation programmes for optimal maternal, infant and young child nutrition.

3.4.1 Pre – Service Training

- Maternal, infant and young child nutrition issues shall be promoted as an examinable subject in the pre-service curricula of all health workers and related professions as provided by the relevant regulatory authority, to provide consistent, up-to-date information and practical skills.
- The Nutrition Unit of the SMOH shall collaborate with health and related training institutions to assess training needs, mainstream MIYCN in existing curricula, resource texts, teaching modules, guidelines, information packs and other materials (such as anatomical models and IEC materials) for use in pre-service and informal trainings, as well as in advocacy work for this Policy.

3.4.2 In-Service Training

- A plan of action for continuous in-service training shall be developed to update different cadre of health care providers on maternal, infant and young child nutrition.
- All health facilities providing maternal, new born and child services shall teach and practice the current "Ten Steps to Successful Breastfeeding" as set out in the WHO/UNICEF Joint Statement on Breastfeeding and Maternity Services.
- Trainer competency criteria for various levels of training shall be established to maintain training standards.
- A mechanism shall be designed to include concerns of women, adolescent girls and children from special situations and emergencies into relevant existing programmes, including programmes for humanitarian assistance and emergency preparedness.
- Provision of teaching tools such as guidelines, job aids, anatomical models, scales, length or height board and IEC materials for facility and community use.

3.4.3 Informal Training

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

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

3.5 Nutritional assessment, Counselling and Support Services

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

- Nutritional assessment and counselling shall be institutionalized in all areas concerned with maternal, infant and young child nutrition.
- Health workers shall provide mothers, fathers and other caregivers with objective, consistent and adequate information about appropriate maternal, infant and young child nutrition practices free from commercial influence.
- Health workers shall provide skilled support to mothers in the initiation and sustenance of appropriate maternal, infant and young child nutrition practices.
- Community and facility-based support groups shall be strengthened where in existence and established where necessary.
- Mothers shall be provided with maternal, infant and young child nutrition counselling services and referred to other support services in the community for identification of malnourished, emergencies, follow-up and care where necessary.
- Periodic surveillance system should be put in place to provide timely data for planning and intervention
- Develop/adapt guidelines for the implementation of the Kaduna State MIYCN policy

3.6 New-born, children, adolescent girls, and Women in exceptionally difficult circumstances

Considerations for women (pre-conception, during pregnancy and post-delivery), adolescent girls, new-born and children with special needs and difficult situations shall be put in place. These shall be achieved through the following;

- Adaptation/adoption of national guidelines on how to ensure optimal nutrition practices and support shall be prioritized for women, adolescent girls, new-born and children with special needs and in difficult situations.
- Health workers shall be trained on current national guidelines for maternal, infant and young child nutrition.
- Health workers shall ensure the implementation of updated national guidelines for maternal, infant and young child nutrition.
- Dissemination of adequate information on the best nutrition practices as it applies to new-born, children, adolescent girls and women.
- Mothers with all forms of disabilities shall be encouraged and guided to breast feed their babies with the support of the family and the community.
- Ensure that the basic minimum package for nutrition is available, affordable and accessible for all the special groups
- Encourage Partners in nutrition space to provide regular support for women, adolescent girls, new-born and children in difficult situations
- Palliatives shall include nutrition packages as shown in the basic minimum package for nutrition for these groups in difficult and emergency situations.

3.7 Research for development

This Policy recognizes the importance of research in the overall attainment of its goal and objectives on a sustainable basis, and will therefore support various aspects of research on maternal, infant and young child nutrition based on the priority research agenda for Kaduna state. To achieve this:

- A focal person shall be identified and capacity built for nutrition and related research in ministries, relevant agencies and local government councils.
- Research linkages shall be established with research institutes/researchers in the field of Nutrition, paediatrics and child health, adolescents, maternal and public health as well as other related social and economic fields.

- Nutrition related researches including research on the implementation of the International Code of Marketing of Breast Milk Substitutes and innovative interventions should be supported and funded.
- Governments at state and LGA levels should make adequate budgetary provision to fund nutrition related research initiatives.
- Epidemiological, clinical and operational research on maternal, infant and young child nutrition shall be carried out and used for policy review, planning, programming, advocacy and other intervention.
- Research into maternal, infant and young child nutrition trends shall be carried out for policy review to comply with national and state goals.
- Other research that will have impact on maternal, infant and young child nutrition shall be supported and carried out.
- Ensure enforcement and compliance of research ethics including gender considerations as instrument to prevent abuse and safeguard integrity.
- Products of the research shall be disseminated to stakeholders for action and documentation of learning and best practices.

3.8 Monitoring and Evaluation

Monitoring and evaluation of the implementation of this Policy shall be carried out at various levels as appropriate. The following key activities and tasks shall be carried out:

- Monitoring and evaluation of the implementation of this Policy shall be the responsibility of the SMoH, SPHCB, with the support of relevant MDAs, CSOs and development partners using standard nutrition indicators.
- All designated baby friendly facilities, communities and work places shall be periodically monitored, assessed and re-assessed to ensure compliance with the revised "Ten Steps to Successful Breastfeeding".
- Growth and development of infants and young children shall be routinely monitored with particular attention to at-risk infants and young children especially low birth weight infants, sick infants, children in exceptionally difficult circumstances as well as those born to HIV positive mothers.
- The SMoH, SPHCB, relevant MDAs, LGAs and other stakeholders shall periodically monitor maternal, infants and young child nutrition practices to evaluate the impact of interventions. Such monitoring shall be done monthly, quarterly, biannually and annually as applicable.
- Application of this Policy on maternity and paternity entitlements shall be regularly monitored.
- Facilities shall set up a Quality Improvement (QI) Team to routinely monitor and evaluate MIYCN activities.
- Develop/adapt monitoring tools for MIYCN programs and activities.

3.9 Supervision

Supervision shall be a continuous process designed to ensure that programme operations at state, local government, facility and community levels, are proceeding according to plan.
Supervision shall be pursued in the following manner;

- An integrated supportive supervisory system shall be established within the framework of the Nutrition Unit of the State Ministry of Health which shall be responsible for supervision of all maternal, infant and young child nutrition activities.
- Supervisory schedules and checklists for maternal, infant and young child nutrition activities shall be developed for all tiers of service.
- Supportive supervision, mentoring and coaching shall be carried out at facility, community and workplace levels.
- Mechanism to provide regular feedback shall be institutionalized and sustained at all levels with a good governance structure to monitor the feedback mechanism.

- There shall be funding from key government MDAs with complimentary contribution from development/donor partners to support regular supervision of MIYCN services at all levels.

3.10 Coordination, Collaborative Partnerships and Accountability

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

- At the State level, Nutrition Unit of the State Ministry of Health shall coordinate all maternal, infant and young child nutrition activities,
- At the State and LGA levels, the Committees on Food and Nutrition shall coordinate the implementation of this Policy.
- At the Ward level, the coordination of the implementation of this Policy will rest on the WDC.
- Government at all levels should ensure effective and efficient coordination of all nutrition-related implementing partners through the Planning and Budget Commission (PBC),
- The composition and roles of these Food and Nutrition committees is clearly spelt out in the State Policy on Food and Nutrition 2017.

CHAPTER FOUR: ROLES AND RESPONSIBILITIES OF NUTRITION STAKEHOLDERS

4.0 Roles of Stakeholders

For the purposes of this Policy, the key nutrition stakeholders in Kaduna State are as follows:

- Kaduna State Government
- Kaduna State Ministry of Health (KDSMoH):
- Kaduna State Planning and Budget Commission (PBC)
- Kaduna State Ministry of Agriculture (KDSMoA
- Kaduna State Ministry of Education (SMoE)
- Kaduna State Department of Public Affairs (DPA)
- Kaduna State Ministry of Human Services and Social Development (MHSSD)
- Kaduna State Emergency Management Agency (SEMA)
- Kaduna State Ministry of Business Innovation and Technology
- Kaduna State Primary Health Care Board (KSPHCB)
- Kaduna State House of Assembly
- Local Governments
- Ward Development Committees (WDCs)
- Universities and Research Institutions
- Organised Private Sector
- Professional Bodies and Associations
- Healthcare Workers
- Traditional, Community and Religious leaders
- Federal Ministry of Health (FMOH)
- National Primary Healthcare Development Agency (NPHCDA)
- National Orientation Agency (NOA) – Kaduna branch
- National Agency for Food and Drug Administration and Control (NAFDAC) – Kaduna branch
- Non-Governmental Organisations and Civil Society Organisations
- Nigeria Labour Congress Kaduna State Chapter
- Media Organizations and Practitioners

4.1 State Government

The State Government shall support the implementation of the MIYCN Policy through its various MDAs such as:

4.1.1 Kaduna State Ministry of Health (KSMoH):

For effective implementation of this policy and to achieve the desired objectives, the Ministry of Health shall:

- Monitor progress of implementation and keep stakeholders updated.
- Act as the principal coordinator of all the interventions aimed at achieving the goal and objectives of this Policy.
- Liaise with and coordinate the MIYCN activities of the MDAs with roles as specified in the Kaduna MIYCN Policy.
- Strengthen the Nutrition unit by providing it with adequate human, material and financial resources to spearhead implementation and coordination of this policy.
- Facilitate the training and re-training of healthcare professionals, community-based health care providers and all others who work with women and caregivers on MIYCN.
- Disseminate and monitor the "National Regulations on the Marketing of Infant and Young Children Food and other Designated Products (Registration, Sales, etc.), Regulations 2019".
- Undertake capacity development of health workers on monitoring and evaluating the impact of MIYCN activities including use of data for decision making.
- Harmonize nutrition related materials on MIYCN and develop appropriate MIYCN behavioural change communication strategy.
- Support LGAs and relevant MDAs to implement the MIYCN policy.
- Provide technical support to Local Governments and other related MDAs for advocacy, social mobilization and training on MIYCN, in collaboration with the State Department of Public Affairs and other relevant agencies.
- Ensure the establishment and revitalization of Nutrition Corners for food demonstration and counselling in private and public (primary and secondary) health facilities.
- Set up reward system for community and facility-based support groups to facilitate motivation, accountability, and sustainability of service delivery.
- Strengthen nutrition information system with the National data base for effective communication and coordination

4.1.2. Kaduna State Planning and Budget Commission (PBC)

For effective coordination, resource mobilization, and monitoring and evaluation, the State planning and Budget Commission shall:

- Ensure the creation of a dedicated budget line for the implementation of Programmes on Maternal Infant and young child nutrition (MIYCN).
- Advocate for the prioritization of MIYCN Programmes in the State Development Plan (SDP).
- Provide platform for awareness creation through the State Committee on Food and Nutrition in partnership with relevant MDAs on MIYCN practices.
- Collaborate with SMoH and other stakeholders to carry out periodic review of the Policy.
- Effectively coordinate activities of development partners to ensure optimal delivery of MIYCN at all levels.
- Strengthen collaboration with development partners to ensure adequate financial and technical support for MIYCN activities.
- Facilitate effective supportive supervision and regular monitoring and evaluation of MIYCN activities, at all levels.

4.1.3. Kaduna State Ministry of Agriculture

To ensure adequate household food security and livelihood, the State Ministry of Agriculture (MoA) shall:

- Empower Agric. Extension workers including Kaduna State Agricultural Development Agency (KADA) staff on MIYCN to support families and communities to produce and consume locally available crops of improved nutritional quality and to rear animals.
- Ensure household food and nutrition security including the establishment of school and home gardens, bio-fortification of staple food crops among others.
- Ensure diversification of household food production and consumption especially targeting women, adolescents and children.
- Increase access to micronutrient rich crops by promoting cultivation of vegetables, fruits and bio-fortified staple crops.
- Facilitate implementation of State Strategic Plans on Agriculture and Food Security, including the execution of the Agricultural Transformation Agenda of the state and federal government

4.1.4. Kaduna State Ministry of Education (SMoE)

In recognition of the immense benefits of education as one of the core nutrition sensitive interventions, the some shall:

- Ensure that primary, secondary and tertiary institutions mainstream MIYCN activities into their schools' curricula.
- Orient education managers at all levels on optimal MIYCN.
- Ensure optimal MIYCN services are supported and provided at Early Child Care Development Centres (ECCD)
- Ensure Adolescents nutrition using School gardens, young farmers' club and health clinics have access to essential micronutrients including iron and folic acid supplements and are upheld
- Support the Home-Grown School Feeding and Health Programme of the basic learners to provide adequate one-lunch meal daily during school hours
- Facilitate effective implementation and integration of education into ongoing MIYCN interventions in the state

4.1.5. Kaduna State Department of Public Affairs (DPA)

To ensure effective implementation of the State Strategic Plan on Behavioural Change Communication for improved MIYCN outcomes, the State DPA shall:

- Create awareness on MIYCN activities
- Advocate for the creation of MIYCN awareness programmes by all media houses
- Facilitate linkages with relevant MDAs and organizations including NOA, development partners, NGOs, CSOs and FBOs towards effective dissemination of relevant information on MIYCN
- Support the promotion of MIYCN on digital media platforms and through the development and deployment of innovative technologies that will support implementation of the policy
- Work in close collaboration with the National Orientation Agency (NOA) to disseminate MIYCN messages

4.1.6 Kaduna State Ministry of Human Services and Social Development (MHSSD)

For optimal protection during special circumstances and for the most vulnerable population in the state, the MHSSD shall:

- Promote and protect the welfare of women, youths and vulnerable groups in the state particularly on MIYCN related interventions
- Monitor compliance and ensure enforcement of provisions of the Child Welfare and Protection Law 2018
- Promote integration and inclusion of women, youths and vulnerable groups and work towards the total elimination of all social and cultural practices that discriminate against them while ensuring effective MIYCN service delivery for all

- Leverage on existing and emerging social safety net opportunities for women, adolescents, youth and other vulnerable group to maximise optimal MIYCN outcome.

4.1.7 State Emergency Management Agency (SEMA)

To ensure optimal protection of the MIYCN target population in emergencies and exceptional circumstances, SEMA shall:

- Lead and provide support including food aid and healthcare package to implement MIYCN during emergencies.
- Ensure healthy palliative care are provided to the exceptionally difficult maternal, infant & young children during humanitarian responses.
- Integrate with other relevant MDAs, development partners, NGOs, FBOs and CSOs to support MIYCN implementation during emergencies

4.1.8 Kaduna State Ministry of Business Innovation and Technology

The Ministry shall:

- Promote enabling environment for Public Private Partnership on local production and commercialization of nutrition commodities, e.g. MNP, RUTF, RUSF, and similar products in the State

4.1.9 Nigeria Labour Congress (NLC), Kaduna State Chapter

NLC shall:

- Ensure six (6) months paid maternity leave for mothers, in Private and Public sectors,
- Ensure fourteen (14) working days paid paternity leave for fathers, in Private and Public sectors,
- Ensure the creation of crèches in the workplaces, in Private and Public sectors.

4.1.10 National Orientation Agency (NOA) Kaduna State Office

NOA shall:

- Support information and dissemination of MIYCN concept and delivery using various communication channels and feedback,
- Produce and disseminate Information, Education and Communication (IEC) materials to promote MIYCN in local communities,

4.1.11 National Agency for Food and Drug Administration and Control (NAFDAC) Kaduna State Office

NAFDAC shall:

- Monitor the implementation of the National Regulations on the Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, etc.), Regulations 2019,
- Ensure sustainable Code implementation and enforcement in Kaduna state,
- Control and regulate the marketing and practices related to Breast milk Substitutes, Complementary food and Related Products,
- Control the planning, design, production, provision and dissemination of IEC materials on Infant and Young Child's Foods designed to be used by families and those involved in the field of infant and young child's health and nutrition,
- Ensure that imported foods for infants and young children maintain the standards by the Regulations on Marketing of Infant and Young Child Foods and the Codex.
- Enforce compliance at factory, ports of entry and retail outlet levels for appropriate foods that can be used for Maternal Infant and Young Child Nutrition.
- Ensure enforcement and compliance to set standards for appropriate foods that can be used for infant and young child feeding.

4.1.12 Kaduna State Primary Health Care Board (KSPHCB)

Kaduna SPHCB shall:

- Provide technical support to LGAs and communities.
- Train Health Workers on MIYCN issues.
- Engage communities through Ward Community Engagement Structure and Ward Development Committees (WDC) on MIYCN activities.
- Promote inter-agency relationship on nutrition.
- Provide essential nutrition commodities and equipment through the Local Government Health Authority (LGHA) Departments to the health facilities.
- Conduct monitoring and supportive supervisions on nutrition interventions.
- Initiate, establish and revitalize Food Demonstration Corners in health facilities.
- Train community members (e.g. community volunteers) in active case finding and management of SAM and CMAM.
- Integrate MIYCN services into CMAM and PHC integrated Services
- Collaborate with the State Ministry of Local Governments (SMoLG) to create budget line for nutrition across the 23 LGAs
- Feedback/interactions with key stakeholders.
- Guide the Local Government Health Authority PHCDs on sourcing and procurement of nutrition products e.g. RUTF, RUSF etc.

4.1.13 Kaduna State House of Assembly

The state house of assembly shall:

- Review and approve nutrition related budget,
- Provide legislation for paid 6 months maternity and 2 weeks paternity leave for public and private sector employees,
- Carry out oversight functions on budget performance of nutrition line MDAs,
- Provide legislation for the creation of nutrition agency as may be required

4.1.14 Kaduna State Ministry of Justice

The Ministry of Justice shall:

- Provide legal advice and other services to relevant ministries, departments and agencies (MDAs) on any legal matters relating to MIYCN
- Ensure that all laws duly passed and assented to, including other legal instruments, notices and orders related to promotion of MIYCN are published in the state official gazette within 30 days.
- Ensure adequate publicity of all laws and executive orders regarding MIYCN in the State.

4.1.15 Planning and Budget Commission

Planning and Budget Commission shall:

- Provide a budget line for the implementation of programmes on maternal, infant and young child nutrition.
- Have responsibility for coordination and harmonisation of matters related to this Policy through the State Committee on Food and Nutrition (SCFN)
- Provide necessary structures for the effective implementation, supervision, monitoring and evaluation of this Policy at state, local government and community levels.
- Track provision of essential nutrition commodities and equipment through SMOH hospital management to secondary and Primary health facilities
- Strengthen collaboration with relevant Stakeholders to ensure optimal MIYCN practices.

4.1.16 Ministry for Local Governments

The Ministry for Local Governments shall:

- Provide budgetary allocations to LGAs and ensure release of funds for the implementation of activities on Maternal, infant and young child nutrition.
- Have responsibility for coordination and harmonisation of matters related to this Policy through the Local Government Committee on Food and Nutrition (LGCFN).
- Provide necessary structures and ensure implementation, supervision, monitoring and evaluation of this Policy at community levels.
- Build capacity of LGA staff for effective implementation of the MIYCN.
- Disseminate the MIYCN Policy at the LGA level.

4.1.17 Ward Development Committee (WDC)

The WDCs shall:

- Identify nutrition, health, and social needs of the communities and plan interventions to address the identified needs.
- Mobilize the community for nutrition and health actions (Community-based Growth Monitoring and Promotion, immunization, maternal and child health/ Family Planning (MCH/FP, etc.)
- Forward all health, nutrition and community development plans (village, facility and ward levels) to LGA.
- Supervise the implementation of developed work plans on MIYCN.

4.1.18 Universities and Research Institutions

The Kaduna State Bureau of Statistics, Universities, Polytechnics and other Research Institutions shall:

- Respond to research needs of governments and other stakeholders for improved MIYCN in Kaduna state.
- Provide technical support to relevant agencies, organisations, and individuals to conduct research on various components of MIYCN.
- Provide accurate information required to create awareness and develop appropriate intervention programmes for improved maternal infant and young child nutrition.
- Facilitate, in collaboration with the Ministry of Education, the inclusion of MIYCN in the curricula of educational institutions.
- Support capacity development for health service delivery.

4.1.19 Organised Private Sector

The Organized Private Sector shall:

- Ensure compliance with laid down Government regulations and guidelines on issues relevant to this Policy.
- Provide appropriate support needed for effective implementation of this Policy.

4.1.20 Non-Governmental Organisations and Civil Society Organisations

The Non-Governmental Organizations and Civil Society Organizations shall:

- Advocate for, and mobilise resources to support the implementation of this Policy
- Collaborate with relevant government agencies in ensuring effective implementation of this Policy.
- Provide necessary support to communities for improved participation and ownership of programmes and activities targeted at promoting maternal infant and young child nutrition.
- Support efforts of government and other implementation Partners to ensure members accept and practice MIYCN.
- Help resolve emerging challenges arising in communities in the course of promoting and implementing MIYCN activities

4.1.21 Professional Bodies and Associations

The Professional Bodies and Associations shall:

- Advocate for, and mobilise resources to support the implementation of this Policy
- Provide technical support on training and capacity building to agencies and organisations involved in the implementation of this Policy.
- Recognise achievements and promote the maintenance of standards in the implementation of various components of this Policy.
- Participate in community-based activities in Maternal Infant and Young Child Nutrition.
- Prioritize community-based activities on maternal infant and young child nutrition.

4.1.22 Healthcare Workers

The healthcare workers shall:

- Support MIYCN counselling in all health facilities at all levels (during antenatal clinic (ANC) / child health clinic (CHC) and other health facility activities),
- Provide and support capacity building on MIYCN at the community level,
- Prioritize community-based activities on maternal infant and young child nutrition.

4.1.23 Traditional, Community and Religious leaders

The traditional, community and religious leaders shall:

- Advocate for, and mobilise resources to support the implementation of this Policy,
- Mobilise and create awareness on the importance of MIYCN in their communities,
- Support efforts of government and other implementation partners to ensure members accept and practice MIYCN.

4.1.24 Media Organizations and Practitioners

The Media Organizations and practitioners shall:

- Sensitize the communities on MIYCN practices,
- Track the implementation of the MIYCN policy at all levels,
- Support efforts of government and other implementation Partners to ensure members accept and practice MIYCN.

4.1.25 Kaduna State Rural Water and Sanitation Agency (RUWASSA)

To ensure optimal *Support of Water Supply, Sanitation and Hygiene promotion and interventions in emergency settings,* RUWASSA shall:

- Ensure optimal provision and access to Safe Portable Water Supply integrated with sanitation and hygiene promotion in Rural Areas and Small Towns.
- Raise awareness among all mothers to wash hands with soap and water before preparing complementary foods
- Facilitate capacity building and learning exchange to WASHCom on implementation of sensitive activities on MIYCN
- Raise awareness on water safety plan with a particular focus on the most affected areas related to MIYCN
- Disseminate Information, Education and Communication (IEC) materials to promote MIYCN in local communities.

6.0 ANNEXES

6.1 Annex A: Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, Etc.), Regulations 2019

6. **HEALTH CARE SYSTEM**

1) It is an offence for the manufacturers or distributors of the Products to compromise or seek to compromise the healthcare system including a health care facility, health worker, the regulator or their staff with inducements contrary to the provisions of these Regulations;
2) No facility of healthcare system shall be used for the purpose of promoting or displaying placards, posters or materials concerning the Products;
3) No individual or body corporate shall offer Breastmilk Substitutes at a low price to health care institutions;
4) No healthcare facility shall allow manufacturers or distributors of the Breastmilk Substitutes to use their facilities for commercial events, contests or campaigns;
5) Manufacturers or distributors of the products shall not directly or indirectly be allowed to provide education to parents or other caregivers in health facilities;
6) Donation of Breastmilk Substitutes and related products, equipment, information and educational materials to a health care facility by manufacturers or distributors of the Products is hereby prohibited;
7) Nothing in sub-regulation (6) shall prevent donation of the products for humanitarian purposes during emergency or prevent the government from procuring the products for health or humanitarian programmes;
8) The manufacturer shall ensure that Breastmilk Substitutes and related products donated for emergency or procured by government for humanitarian programmes do not display company's brand name and logo.

7. **HEALTH CARE WORKERS TO PROMOTE BREASTFEEDING**

1) Health workers responsible for maternal and infant nutrition shall make themselves familiar with their responsibilities under these Regulations;
2) Health workers shall encourage and protect breastfeeding and shall eliminate practices that directly or indirectly undermine the initiation and continuation of breastfeeding;
3) Feeding with the Breastmilk Substitutes, where necessary, shall be demonstrated only by health workers to mothers or family members who are medically in need of any of the substitutes;
4) Information or education provided by manufacturers and distributors to health professionals relating to the Breastmilk Substitutes or complementary food shall not imply or create a belief that artificial feeding is equivalent or superior to breastfeeding or that Breastmilk Substitute is equivalent or superior to breastmilk;

6.2 Annex B: Revised Ten Steps to Successful Breastfeeding

6.2.1 Critical management procedures
1a. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.

1b. Have a written infant feeding policy that is routinely communicated to staff and parents. 1c. Establish ongoing monitoring and data-management systems.
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

6.2.2 Key clinical practices
3. Discuss the importance and management of breastfeeding with pregnant women and their families.

4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.

5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.

6. Do not provide breastfed newborns any food or fluids other than breast milk.

7. Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.

8. Support mothers to recognize and respond to their infants' cues for feeding.

9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.

10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

6.3 Annex C: Minimum Nutrition Package

6.3.1 The essential components of the package and justifications include:

Essential components	Justification
Management of acute malnutrition	Contributes to reducing mortality and morbidity
Micronutrient supplementation	Reduces micronutrient deficiencies and contributes to reducing morbidity/mortality, contributes to improving growth & development, helps prevent neural tube defects, and helps ensure quality of breastmilk
Immunizations	Reduces morbidity and risk of malnutrition
Deworming	Reduces micronutrient deficiencies and morbidity
Promotion and support for optimal Infant and Young Child Nutrition	Ensures optimal nutrient intake and contributes to reducing childhood morbidity/mortality and micronutrient deficiencies. Contributes to growth and development and reducing chronic and acute malnutrition. Also contributes to health of the mother
Promotion and support for optimal maternal nutrition and care	Prevents maternal undernutrition/micronutrient deficiencies and reduces likelihood of low birth weight babies. Helps maintain ability to breastfeed and ensure high-quality milk.
Prevention and management of common illnesses (anemia, malaria, diarrhea, pneumonia, etc)	Contributes to reducing mortality and risk of malnutrition.
Fortification (Home-based and food vehicles) and promotion of appropriate food fortification	Increases dietary quality and reduces micronutrient deficiencies. It also assists in targeting of harder to reach vulnerable groups such as women of child-bearing age or the elderly
Monitoring and surveillance	Supports program decision-making and ensures an up-to-date understanding of needs and programs to support resource allocation.

6.3.2 Minimum Package

COMMUNITY					
	Common – should be targeted to all stages	**Women of child-bearing age**	**Pregnancy**	**Infancy & post-natal mother**	**Childhood**
Minimum	▪ Community mobilization on nutrition, malnutrition, and its identification ▪ Identification (MUAC & oedema) and referral of cases of acute malnutrition. As well as follow-up of those who have defaulted from a nutrition program ▪ Basic promotion for consumption of nutritious locally available foods ▪ Identification and referral of cases of diarrhea, respiratory tract infections and fever ▪ Promotion and support for handwashing with soap, ash, ▪ Promotion and support for household drinking water treatment	▪ Promotion of consumption of iron, folate, and vit A rich foods	▪ Promotion and support of early initiation and exclusive breastfeeding ▪ Basic promotion of maternal nutrition ▪ Encourage regular attendance at MCH and community-based services (BFCI) ▪ Promotion of deworming	▪ Basic promotion of maternal nutrition ▪ Encourage regular attendance at MCH and infant growth monitoring ▪ Support and counseling services for early initiation and EBF until 6 months	▪ Promotion of appropriate feeding of the sick child ▪ Basic promotion and support for optimal complementary feeding and continued breastfeeding for children 6-24 months
Additional	▪ Promotion for consumption micronutrient fortified or enriched foods (ie. Flours, oil, sugar) ▪ Specialized promotion for cultivation and consumption of	▪	▪ Support for reduced workload and rest ▪ Specialized promotion of maternal nutrition	▪ Support for reduced workload and nursing breaks so that women have time for exclusive breastfeeding and care	▪ Specialized promotion and support for optimal complementary feeding and

	nutritious locally available foods ▪ Support for formation of relevant support groups (ie. Breastfeeding, complementary feeding, etc).			▪ Specialized promotion of maternal nutrition	continued breastfeeding, focusing on locally available foods/recipes ▪ Promotion for child stimulation and play

6.3.3 Outpatient or exceptionally difficult circumstances

OUTPATIENT OR EXCEPTIONALLY DIFFICULT CIRCUMSTANCES					
	Common – should be targeted to all stages	**Women of child-bearing age**	**Pregnancy**	**Infancy & post-natal mother**	**Childhood**
Minimum	▪ Community mobilization ▪ Treatment of moderate and uncomplicated severe acute malnutrition (OTP & SFP) ▪ Referral of complicated cases of SAM to inpatient facility (IPC) ▪ Identification and management of diarrhea with zinc and ORS ▪ Identification and treatment of common illnesses (anemia, malaria, and pneumonia) ▪ Nutrition education ▪ Nutritional monitoring and reporting	▪ Multiple micronutrients supplementation ▪ TT immunizations ▪ Education on IYCF and importance of appropriate child care ▪ SFP for at-risk mothers, adolescent girls	▪ Multiple micronutrients supplementation ▪ Deworming (from 2nd trimester only) ▪ Promotion of early initiation and exclusive breastfeeding ▪ Tetanus Toxoid (TT) immunizations	▪ Deworming of the mother ▪ Micronutrient supplementation for lactating women ▪ Referral of infants not gaining weight or not suckling/breastfeeding well to inpatient facilities ▪ Support and counseling services for early initiation and exclusive breastfeeding until 6 months	▪ Vitamin A supplementation ▪ Deworming ▪ Basic counseling and support for optimal complementary feeding behaviours ▪ Multimicronutrient supplementation ▪ Measles vaccination **or full immunization**

	▪ Provision and promotion of ITNs ▪ Supervisor visits performed regularly for outpatient/outreach sites				
Additional	▪ Provision and/or promotion of fortified foods or supplements ▪ Adapted and specialized nutrition counseling focusing on locally available foods or products ▪ Distribution of household drinking water purification materials ▪ Growth monitoring	▪	▪ Referral of complicated cases to a higher level care facility		▪ Full immunization coverage ▪ Specialized promotion and support for optimal complementary feeding, focusing on locally available foods/recipes

6.3.4 In-patient Facilities

INPATIENT FACILITIES					
	Common – should be targeted to all stages	Women of child-bearing age	Pregnancy	Infancy & post-natal mother	Childhood
Minimum	▪ Medical and nutritional management of complicated severe acute malnutrition ▪ Psycho-social , emotional support ▪ Nutrition education, including breastfeeding and IYCF		▪ Referal to MCH on discharge	▪ Relactation services ▪ Management of infants not gaining weight at home ▪ Support for the feeding of infants who cannot be breastfed ▪ Provision of ITNs for discharge	• Catch-up immunizations

	▪ Linkages with outpatient services				

6.4 Annex D: List of Stakeholders and Contributors

S/N	NAMES	DESIGNATION	MDAs
1	Dr. Hajara Niima Kera	Director, Public Health	SMOH
2	Dr. Mohammad Ado Zakari	Director, Medical Services	SMOH
3	Salihatu Aminu	Director, Nursing & Midwifery Services	SMOH
4	Rose Ndandok	Public Relations Officer (PRO)	SMOH
5	Habiba M. Jibril	Deputy Director, Public Health	SMOH
6	Rebecca Barnabas Gaiya	Nutrition Desk Officer/PRS	SEMA
7	Aisha Mohammed Imam	Nutrition Desk Officer	MOA
8	Sani S. Hassan	Tech. Advisor	KADENAP
9	Jonah Justus Yusuf	DES	KDBS
10	Mohammed Adamu	Deputy Director, Planning	MfLG
11	Dr. Saeed Zakaria M.	Director, SC, KADSACA	SMOH
12	Emmanuel Kumba Peter	HCFO	SMOH
13	Yusuf Kabir Idris	RC/HP	SMOH
14	Philip D. Yatai	Representative	NAN
15	Umar Usman Bambale	Project Manager (PM)	KADENAP
16	Adams George Ango	Assistant State Nutrition Officer	SPHCB
17	Priscilla Dariya	Dep. Director, Devt. Aid Coordination (DD DAC)	P&BC
18	Nasiru Mato	AD/SC	NAFDAC
19	Alhassan Dada Halilu		UNICEF
20	Dr. Bilkisu Usman	Senior Resident,	ABUTH, Shika, Zaria
21	Ibrahim Z. Bakut	Deputy Director, Planning, Research & Statistics	SMOH
22	Lucy Abet	SPO	SMOH
23	Hauwa Aliyu	Asst. Nutrition Coordinator	SMOH
24	Ruth Leo	Nutrition Desk Officer	MOE
25	Musa Murtala Muhammed		KADHSMA
26	Hauwa Usman	Nutrition Specialist	ANRiN
27	Suleiman Ibrahim	Asst. Director Programmes	NOA
28	Sarah Didi Kwasu	State Team Leader	Alive and Thrive
29	Jamila Hamza	ASRH Coordinator	SMOH
30	Rakiya Abdu na Abdu	HWIA	KADA
31	Maimuna Abdulrahman	Controller Programmes	KSMC
32	Grace Z. Solomon	P,M&E Officer	MHSSD
33	Isiyaku H. Bala	AG. DD PME	RUWASSA
34	Aishatu Gambo Jakada	Adolescent Health & Nutrition Specialist	ANRIN
35	Farouk Abdulkadir	State Team Leader	Save the children
36	Aliya Ramalan	RMNCH Coordinator	SMOH
37	Philip Daniel Yatai	Media	NAN
38	Jessica Bartholomew	State Coordinator	CS-SUNN
39	Zainab Haruna	Nutrition Coordinator	SMOH
40	Zainab Kwaru Muhammad-Idris	Facilitator (Consultant Public Health Specialist/Project Manager)	KASU and ANRiN

6.5 ANNEX E: AGENDAS

6.5.1: AGENDA FOR ONE DAY STAKEHOLDERS ENGAGEMENT AND SENSITIZATION MEETING FOR ADAPTATION OF THE NATIONAL MIYCN POLICY IN KADUNA STATE

DATE: 26th OCTOBER 2021

TIME: 9:00am - 5:00pm

VENUE: Al-Ihsan Metro Hotel, Mogadishu Layout, Kaduna

TIME	ACTIVITY	RESPONSIBLE PERSON
9:00 - 9:30 am	Arrival / Registration	All
9:30 - 9:35 am	Opening Prayers	All
9:35 - 9:45 am	Self -Introduction	All
9:45 - 9:50 am	Opening Remarks/Welcome Remarks	Dr. H.N. Kera, Director Public Health (SMOH)
9:50 – 10:00 am	Goodwill Messages	UNICEF, CS-SUNN, PM KADENAP, Alive and Thrive, Save the Children, ANRiN
10:00 - 10:05 am	Objectives of the Meeting	Zainab Haruna, SMOH Nutrition Desk Officer
10:05 – 10:45 am	Nutrition situation in Kaduna State	SNO
10:45 - 11:00 am	Tea Break	All
11:00 -11:45 am	Overview of the National MIYCN Policy	Dr. Z.K. Muhammad-Idris
11:45 am – 12:00 pm	Question and Answer session	All
12:00 – 12:45 pm	Status of MIYCN Implementation in Kaduna state - Prospects and Challenges	Dr. Z.K. Muhammad-Idris
12:45 - 1:30 pm	Interactive session on priorities for adaptation of MIYCN policy in Kaduna state	All
1:30 – 2:30 pm	Lunch and Prayers	All
2:30 - 3:00 pm	Interactive session contd.	All
3:00 - 3:30 pm	Roadmap and key next steps towards development of Kaduna MIYCN Policy	All
3:30 - 3:35 pm	Closing prayers, wrap up & close	All

6.5.2: AGENDA FOR TWO-DAY MEETING TO CONDUCT SITUATION ANALYSIS OF MATERNAL, INFANT AND YOUNG CHILD NUTRITION (MIYCN) ISSUES IN KADUNA STATE

VENUE: AL-IHSAN HOTEL, KADUNA **DATE:** 9th and 10th November, 2021

TIME-FRAME	S/N	DAY-1: *9th Nov. 2021*	DAY-2: *10th Nov. 2021*
8.30am-9.00am	1	Registration: *Secretariat*	Registration: *Secretariat*
9.00am-9.05am	2	Opening Prayers: *National Anthem 2nd Stanza*	Opening Prayers: *National Anthem 2nd Stanza*
9.05am-9.45am	3	Opening Session: • Welcome Address: *By Dr. Hajara N. Kera, Director, Public Health* • Opening Remarks: *By Dr. Amina Mohammed-Baloni, Hon. Commissioner of Health* • Goodwill Messages: *By Development Partners* •	Recap of Day-1 Activities: *By Rapporteur (10 Minutes)* Introduction to the SWOT Analysis Template: *By* Dr. Zainab K. Muhammad-Idris, Facilitator
9.45am-10.00am	4	Meeting Objectives, Ground Rules & Housekeeping: *By Zainab Haruna, Nutrition Desk Officer, SMOH*	General Discussions, Questions & Answer Session
10.00am-10.30am	5	Nutrition situation in Kaduna State: By Ramatu Musa Haruna, State Nutrition Officer (SNO)	Group Work to conduct SWOT Analysis on MIYCN situation in Kaduna State: All Groups A - D
10.30am-10.45am	6	**Tea Break**	**Tea Break**
10.45am-11.15am	7	Key terms and concepts on MIYCN: By Dr. Zainab K. Muhammad-Idris, Facilitator	Group Work to conduct SWOT Analysis contd.
11.15am-11.45am		Overview of the National MIYCN Policy: By Dr. Zainab K. Muhammad-Idris, Facilitator	
11.45am-12.15pm		General Discussions, Questions & Answer Session	Plenary presentation of Group Work: Group A Rep
12.15pm-12.45pm		Global and National MIYCN Policy Indicators: *By* Dr. Zainab K. Muhammad-Idris, Facilitator	Plenary presentation of Group Work: Group B Rep
12.45pm-1.00pm		General Discussions, Questions & Answer Session	Plenary presentation of Group Work: Group C Rep
1.00pm-1.30pm	8	Introduction to Nutrition and MIYCN Policy Indicators Template for Kaduna State: *By* Dr. Zainab K. Muhammad-Idris, Facilitator	Plenary presentation of Group Work: Group D Rep
1.30pm-2.30pm		**Lunch/Prayer Break**	**Lunch/Prayer Break**
2.30pm-3.30pm	9	Group Work to Review the MIYCN Policy Indicators for Kaduna State - All	General Discussions, Questions & Answer Session
3.30pm-4.45pm	10	Presentation of Group Work on MIYCN Policy Indicators: *By Group Leaders*	Introduction to the MIYCN Policy framework for adaptation in Kaduna State:
4.45pm-4.55pm	11	Closing Remarks: *By DPH*	Closing Remarks: *By DPH*
4.55pm-5.00pm	12	Wrap up and Closing Prayers	Wrap up and Closing Prayers

6.5.3: THREE-DAY MEETING ON ADAPTATION OF THE NATIONAL MATERNAL, INFANT AND YOUNG CHILD NUTRITION (MIYCN) POLICY IN KADUNA STATE

VENUE: JOCLARIF HOTEL, YAN KARFE/GRACELAND, ZARIA, KADUNA STATE
DATE: 6th TO 8th January, 2022

AGENDA

TIME	S/N	DAY-ONE: 6th Jan. 2022	DAY-TWO: 7th Jan. 2022	DAY-THREE: 8th Jan. 2022
8.30am-9.00am	1	Registration: *Secretariat*	Registration: *Secretariat*	Registration: *Secretariat*
9.00am-9.05am	2	Opening Prayers: *National Anthem 2nd Stanza*	Opening Prayers: *National Anthem 2nd Stanza*	Opening Prayers: *National Anthem 2nd Stanza*
9.05am-9.15am	3	What are our Objectives, ground rules & housekeeping issues for the next 3 days? *By Zainab Haruna/Hauwa Aliyu Ammani, Nutrition Desk Officers, SMOH*	Recap of Day-1 Activities: *By Rapporteurs (10 Minutes)*	Recap of Day-2 Activities: *By Rapporteurs (10 Minutes)*
9.15am-9.20am	4	Welcome Address: *By Dr. Hajara N. Kera, Director, Public Health*	Group work presentation on Chapter 3 in plenary + Comments - Groups 1-4 Chairs/representatives	Plenary Presentation & Comments on harmonized chapter 1 – Group 1 Chair
9.20am-9.30am	5	Goodwill Messages: *By Development Partners*		
9.30am-9.45am	6	Highlights of situation analysis of MIYCN in Kaduna State: By Dr. Zainab Kwaru Muhammad-Idris, Facilitator		
9.45am-10.00am	7	Tea Break	Tea Break	Tea Break
10.00am-11.00am	8	Group work on Chapter One (1) and preliminary sections: Overview of Maternal, Infant and Young Child Nutrition – Groups 1-4	Group work presentation on Chapter 3 in plenary contd.	Plenary Presentation & Comments on harmonized Ch. 2 & Ch. 3: Chapter 2 – Group 2 Chair Chapter 3 – Group 3 Chair
11.00am-12.30pm	9	Group work presentation on Chapter 1 in plenary + Comments - Groups 1-4 Chairs/representatives	Group work on Chapter Four (4): Roles and responsibilities of stakeholders plus annexures: – Groups 1-4	Plenary Presentation & Comments on harmonized chapter 4 and annexures – Group 4 Chair
12.30pm-1.30pm	10	Group work on Chapter Two (2): Maternal, Infant and Young Child Nutrition Policy Framework – Groups 1-4	Group work presentation on Chapter 4 and annexures in plenary	Final collation and harmonization of comments from plenary on all chapters - *Chairs and secretaries of Groups 1 to 4*
1.30pm-2.30pm	11	Lunch/Prayer Break	Lunch/Prayer Break	Lunch/Prayer Break
2.30pm-4.00pm	12	Group work presentation on Chapter 2 in plenary + Comments - Groups 1-4 Chairs/representatives	Corrections and inclusion of comments from the plenary presentations of chapters 1 to 4 – All Groups 1-4	Presentation of final domesticated draft Kaduna MIYCN Policy: *By* Dr. Zainab K. Muhammad-Idris, Facilitator
4.00pm-5.00pm	13	Group work on Chapter 3: Policy Strategies – Groups 1-4 Group work presentation in plenary + Comments - Groups 1-4 Chairs/representatives	*Collation and harmonization of group work by chapters –* • *Group 1: Chapter 1 plus preliminary sections* • *Group 2: Chapter 2* • *Group 3: Chapter 3* • *Group 4: Chapter 4*	*Discussion and key next steps on Kaduna MIYCN Policy implementation: By* Dr. Zainab K. Muhammad-Idris, Facilitator

				Recap of Day 3: By Rapporteurs
5.00pm-5.30pm	14	Wrap up and closing prayers	Wrap up and closing prayers	Closing remarks and prayers