Office of The President and Cabinet

Infant & Young Child Nutrition Policy

World Health Organization

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Infant & Young Child Nutrition Policy

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Annex 2

Guide for the number of infant feeds needed per day

Age (months)	Weight (kg)	Amount per feed (w)	Number of feeds per day
1	3	60ml	8
2	4	90ml	7
3	5	120ml	6
4	5	120ml	6
5	6	150ml	8
6	6	150ml	8

This means the child will require the following amounts of replacement milk according to age for the first six months

Age of child in months	No. 500g tins per month	No. 450 g tins per month
1	4 tins	5 tins
2	6 tins	6 tins
3	7 tins	8 tins
4	7 tins	8 tins
5	8 tins	8 tins
6	8 tins	9 tins
Total: 6months	40 tins	44 tins

- Orient members of staff on the legal requirements and food standards
- Conduct food quality assurance and control within their production and marketing system
- Comply with the legal requirements and foods standards
- Support government efforts through networking and supporting key services and interventions.
- Partners
- Development partners shall support government efforts to implement the policy by providing technical and financial assistance.
- Align their work plans and programmes to the policy
- Support the evaluation of the programmes against the investment
- Facilitate the printing of programme materials and tools.
- Support periodic nutrition assessment and surveillance.
- Civil societies will also provide technical support and complement government efforts in the relevant sectors

FOREWORD

Malawi has made some significant progress towards the reduction of child morbidity and mortality. Several factors have been acknowledged for the progress, one of which is improvements in some key practices and services related to nutrition. Malawi has achieved significant improvement in the rates of exclusive breastfeeding of children for the first six months from 3% up to 4 months in 1992 to 53. 3% for the first six months in 2004 (MDHS 1992 and 2004), while MICS, 2006 reported further increase to 56. 7%. Additionally, Malawi has also made significant increases in the coverage of Vitamin A supplementation and sustained it at above 80% from below 40% for children 6-59 months. Similarly Vitamin A supplementation has increased to 60% from less than 20% for postnatal mothers since child health days were introduced in 2004.

A lot of progress has also been made in the management of malnutrition among children under five years of age especially with the adoption of the Community Therapeutic Care approach. The approach facilitates early detection and treatment of children with malnutrition before complications set in and cases are followed up at the community level with the full participation of the communities. The approach has improved case outcomes such that the cure rate is above 80%, while the death rate is at 2% and default rate at less than 10% (Programme Reports and returns 2002 -2007). The figures are within the recommended management of malnutrition standards for the well functioning and effective programmes.

Although Malawi has made such improvements, malnutrition rates among infants and young children, pregnant and lactating women are still high at 48% stunting, 22% underweight and 5% wasting, DHS 2004 while MICS 2008 has reported a 2 percentile decline, threatening the country's goal of achieving significant and sustainable economic growth, development and prosperity. The Government of Malawi recognises the importance of adequate

nutrition in facilitating the human capital development, which is a prerequisite for economic growth, development and prosperity. The Government fully recognizes the immediate and long-term social and economic repercussions of malnutrition among infants and young children. It is in light of this that the Government has included Prevention of and Management of Nutrition disorders which include malnutrition as one of the priority areas in the Malawi Growth and Development Strategy (MGDS) which is the overarching policy strategy for future investment in Malawi that is stimulating economic growth and development. The Priority area has been operationalised through the National Nutrition Policy and Strategic Plan, which forms the basis for guiding and coordinating the implementation of the Nutrition programmes, services and projects in the country while the business plan guides all the stakeholders in identifying their nice, roles and responsibilities in service delivery.

The policy and guidelines on nutrition for infant and young child is a second edition of the one produced in 2005 which has been revised to accommodate emerging issues and align it with the National Nutrition Policy, Strategic Plan and other key Government Policies that have been developed to operationalise the Malawi Growth and Development Strategy (MGDS). It is intended to provide a focused guidance in the promotion of the key priority interventions that relate to improved nutritional status of infants and young children in various circumstances including HIV and AIDS. The Government of Malawi is fully aware that the possible vertical transmission of HIV from an infected mother to her child through breast feeding remains a big challenge which has created numerous healthy, social and economic demands in the provision of PMTCT and nutrition services at all levels. The policy has made an effort to provide comprehensive guidelines for the feeding of HIV exposed infants and young children based on the WHO recommendations and national experience in the implementation of PMTCT services.

The Policy has designated special attention to a comprehensive strategic plan, which take has taken full cognisant of priority areas stipulated in the key Government Policies that relate to

- Submit quarterly nutrition reports to the Department of Nutrition, HIV and AIDS

8. Malawi Bureau Of Standards and Ministry of Trade and Industry should:

   - Develop and enforce food standards, including fortified complementary foods
   - Regulate food manufacturing organisations
   - Monitor and maintain food standards for complementary foods
   - Certify and control marketed food quality of complementary foods.
   - Submit quarterly nutrition reports to the Department of Nutrition, HIV and AIDS

9. Ministry of Justice

   - Provide legal technical support in the development and implementation of legal instruments that promote infant and young child nutrition by the public sectors
   - Submit quarterly nutrition reports to the Department of Nutrition, HIV and AIDS

10. Ministry of Information and Civic Education

    - Produce documentaries, features and other communication products to disseminate information in infant and young child nutrition, using multimedia channels
    - Conduct civic education on Infant and young child nutrition in collaboration with other government sectors
    - Submit quarterly nutrition reports to the Department of Nutrition, HIV and AIDS

11. The Private Sector

    - Familiarise with key legal requirements and food standards for Infant and young nutrition

- Facilitate the establishment of child feeding centres at the workplace as an enabling environments and condition that promote, protect and support breastfeeding in the public and private sector
- Conduct labour law reviews as may be deemed necessary from time to time
- Submit quarterly reports to the Department of Nutrition, HIV and AIDS

6. Ministry of Education

- Promote optimal practices in Infant and young child feeding through the education system
- Promote access to nutrition and related services through the Education system
- Scale up school feeding and the Nutrition and Health programme to all public schools
- Mobilise resources for the nutrition programmes within the National Education Programmes
- Provide policy and technical guidance to stakeholders implementing nutrition programmes within the Education sector
- Submit quarterly nutrition reports to the Department of Nutrition, HIV and AIDS

7. Ministry of Trade and Industry

- Facilitate food fortification of complementary foods at industrial level
- Control marketing of infant and young child foods through regulation of marketing of infant and young child foods according to the national regulations and standards and other rules and regulations as shall be defined from time to time,
- Regulate food manufacturing organisations
- Monitor the importation, manufacturing and packaging of iodised salt by packers and distributors and of infant and young child foods

child survival, growth and development. It also emphasises on creating an enabling environment to facilitate the implementation of the policy which among other things includes mobilization of various forms and levels of resources, Human and institutional capacity development and coordination in line with the National Nutrition Policy and Strategic Plan; and sectoral policies and strategic plans such as the Essential Health Package, the Accelerated Child Survival and Development policy and strategic plan, the Agriculture Development Programme (ADP), the Prevention of Mother to Child Transmission of HIV Strategic plan and guidelines and the Early Childhood Development policy among others. Malawi Government is committed to allocating and actively seeking human, financial and material resources for the effective implementation of the Policy through intensive advocacy and partnership development within the National Nutrition Partnerships and structures. The policy is costed to define the resource basket needed and is accompanied by clear identification of the key stakeholders in the public sector, private sector and civil society organisations based on their roles and responsibilities in line with the stakeholders' mandate, core business, capacity and comparative advantage.

The Government, therefore, invites the general public, Government Ministries, Departments, non governmental organizations, development partners and donor community members, private sector and stakeholders to be active players in the implementation of the Policy as an integral part of the Malawi Government Growth and Development Strategy, and an operational document to facilitate the focused implementation of the National Nutrition Policy and Strategic Plan to improve Infant and young child's nutritional status.

Dr Mary Shawa
SECRETARY FOR NUTRITION, HIV AND AIDS

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- Dr. Mary Shawa, Secretary for Nutrition, HIV and AIDS, Office of the President and Cabinet (OPC).
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- Tapiwa Nguluwe, Ministry of Health
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- Mrs. Mary Lukhele, Infant Feeding Coordinator and Trainer, Thyolo District Health Office
- Charlotte Walford, Nutritionist
- Blessings Muwalo Chief Clinical Nutrition Officer, OPC
- Kondwani Mpeniuwawa, Chief Community Nutrition Officer, OPC

4. Ministry of Women and Child Development

- Facilitate the integration of Infant and young child Nutrition in policies, programmes and services in the sector.
- Mobilise resources for implementing the sector's component
- Incorporate Infant and young child nutrition recommended practices and messages in relevant sectoral programmes, activities, contact points and events such as the community based child care (CBCC) programme; nutrition and education sessions
- Use Community Based structures such as CDAs, Child Protection Officers to promote key recommended practices and messages at community and household level
- Monitor infant and young child food donations for OVCs and collaborate with other stakeholders for technical guidance and action as appropriate
- Facilitate economic empowerment programmes to increase household and community access to high nutritive value food resources for complementary feeding and improving maternal nutrition.
- Facilitate community mobilisation for infant and young child nutrition promotion.
- Facilitate nutrition education and demonstrations in infant and young child nutrition.
- Join the nutrition surveillance and growth monitoring team in collaboration with other stakeholders
- Submit quarterly nutrition reports to the Department of Nutrition, HIV and AIDS

5. Ministry of Labour

- Facilitate the integration of public laws and regulations in Infant and young child nutrition in labour laws
- Monitor the employers' compliance to the rules and regulations in the legal instruments like maternity leave.

- Dietary management of nutrition conditions, disorders and diseases in Infants and young children
- Conduct operational research and Infant and young child nutrition education within the sector
- Conduct nutrition surveillance and disseminate the results periodically in collaboration with other stakeholders
- Conduct periodic supervision, review and joint planning meetings with stakeholders in the sector
- Chair the merged Infant and Young Child Nutrition and the targeted nutrition programme (TNP) committee and report periodically to the National Nutrition Committee.
- Submit quarterly nutrition reports to the Department of Nutrition, HIV and AIDS

3. Ministry of Agriculture and Food Security

- Integrate infant and young child nutrition interventions in the main Policy of the sector
- Mobilise resources to implement the Infant and young child Nutrition interventions with a focus on farm households
- Integrate and disseminate recommended Infant and young child Nutrition practices and messages within the agriculture sector through various programmes. Events and activities or any contact point with the mother and farm households.
- Develop and disseminate recipes for complementary feeding, a sick child and the mother using the multi-mix principle
- Using community structures conduct regular Infant and young child nutrition promotion activities including demonstrations
- Develop and disseminate materials, tools and targeted key messages for farming households
- Conduct intensive campaigns and education activities on infant and young child nutrition for the farm households
- Support farm households to have adequate access to a variety of foods throughout the year
- Chair and facilitate functions of the Micronutrient Committee
- Submit quarterly nutrition reports to the Department of Nutrition, HIV and AIDS

- Paul Kaseye, PMTCT Coordinator and Trainer, Karonga District Health Office
- Maggie Chiwaula, District Nutritionist, Zomba District Health Office
- Mrs. I. Medi, PMTCT Trainer and National BFHI Assessor, Kamuzu Central Hospital

ACRONYMS

AED	Academy for Education and Development
AIDS	Acquired Immune Deficiency Syndrome
BCC	Behavioural Change and Communication
BFHI	Baby Friendly Hospital Initiative
BMI	Body Mass Index
BMS	Breast Milk Substitutes
CTC	Community Therapeutic Care
EHP	Essential Health Package
EU	European Union
FADUA	Feeding Frequency, Amount, Density, Utilisation and Active feeding
GMP	Growth Monitoring and Promotion
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling?
HSA	Health Suveillance Assistant or ?
HMIS	Health Management Information System
IDD	Iodine Deficiency Disorder
IDRC	International Development Research Centre
IEC	Information Education and Communication
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illnesses
IU	International Units
MBS	Malawi Bureau of Standards
MCH	Maternal and Child Health
MDHS	Malawi Demographic and Health Survey
MICAH	Micronutrient and Health
MoH	Ministry of Health
MTCT	Mother-to-Child-Transmission
MUAC	Mid Upper Arm Circumference
NAC	National AIDS Commission
NRU	Nutrition Rehabilitation Unit
NSO	National Statistical Office
OPC	Office of the President and Cabinet
PMTCT	Prevention of Mother-to-Child Transmission
PRSP	Poverty Reduction Strategy Paper

2. Ministry of Health

- Implementation of Health sector initiatives that promote infant and young child nutrition such as the Baby Friendly Initiative, Universal Salt Iodisation Initiative, Child Health Days, the Essential Nutrition Actions as shall be defined from time to time
- Mobilise resources for Infant and young child nutrition services and programmes in the sector
- Facilitate the integration of Infant and young child Nutrition in child survival programmes, services and contact points with the mother and child within the health sector
- Facilitate adequate integration and implementation of the Infant and young child feeding services in the PMTCT.
- Facilitate and monitor the implementation of key initiatives in Infant and young child nutrition within the District and CHAM Health care systems and like the mothers to community level and Civil Societies involved in the implementation.
- Conduct periodic Code Monitoring on marketing of infant and young child foods
- Facilitate regular meetings of the Code Advisory services and monitor compliance to the code by stakeholders
- Build capacity of health workers and stakeholders in the sector on recommended practices as required from time to time
- Provide policy and technical guidance to stakeholders working in the health sector
- Control and coordinated NGO programmes in the sector.
- Facilitate the development and dissemination of programme materials and tools for the health workers and other stakeholders for the sector
- Detect and management malnutrition disorders among Infants and young children, including the mother early.
- Facilitate increased access and coverage of key Infant and young child Nutrition services within the Health sector
- Conduct Growth monitoring and promotion for under-five children in liaison with community level service providers
- Conduct localised Nutrition assessment among Infants and young children

Annex 1

Stakeholders roles and responsibilities

1. Department of Nutrition, HIV and AIDS

The Department will be responsible for the following:

- Spearhead and oversee the formulation and periodic review of the Infant and young child Nutrition Policy, Programme and implementation strategies.
- Provide policy and technical guidance in the implementation of the programmes, services and projects by stakeholders
- Advocate and lobby for the effective integration of Infant and Young Child Nutrition services, practices and messages in child survival programmes
- Support sectors to mobilise resources for the implementation of Infant and Young Child Nutrition services and programmes
- Strengthen sectoral institutional and human capacity for the effective implementation of sectoral services and programmes in infant and young child nutrition
- Coordinate the implementation of the policy and programmes by various stakeholders according to government priorities and policy targets
- Monitor and evaluate the implementation of the policy for rational and evidence based response to nutrition
- Monitor sectoral the implementation of key initiatives and legal instruments that promote, protect and support breastfeeding
- Liaise with sectors on the commemoration of key global events related to Infant and young child nutrition
- Facilitate research, documentation and dissemination of best practices in Infant and young child Nutrition.
- Facilitate periodic joint supervision, review and planning of activities.

SWAp	Sector Wide Approach
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WHA	World Health Assembly
WHO	World Health Organization

INTRODUCTION

The current policy is a revision of the one produced in 2005 by the Ministry of Health and collaborating partners. The policy review became imperative due to a number of emerging issues such as the new evidence related to the feeding of HIV exposed infants and young children that was released by WHO recently; new approaches like the high impact interventions in child survival, growth and development in general; improvement in infant and young child nutritional status recommendations that have been reported in the Lancet Series on Child Survival; and from national and global experiences. The countries are expected to adopt, adapt and implement the identified high impact interventions in order to significantly contribute to the reduction in child morbidity and mortality. Furthermore, the policy was reviewed in order to align it to the Malawi Growth and Development Strategy (MGDS) which is the overarching development strategy for the Government for the attainment of economic growth and prosperity. The review further helped to align the Infant and Young Child Feeding Policy with the National Nutrition Policy and Strategic Plan which is the main policy that the Government has developed to facilitate the operationalisation of the priority area of the Nutrition component of the MGDS. The Infant and young child Nutrition Policy is an operational document that is supposed to guide the focused implementation of the high impact interventions that promote the nutritional status, well being and the health of infants and young children in the country.

The policy has three main focus areas which are as follows:

1. Promotion of optimal infant and young child feeding practices in different circumstances including HIV and AIDS. This focus area covers the promotion of optimal breastfeeding practices of infants 0-6 months, sustained optimal breastfeeding with optimal complementary feeding from 6-59 months, optimal feeding of a sick child during and after illness, feeding of a child in special circumstances such as HIV exposure, emergency, low birth weight and malnutrition.

STRATEGY	ACTIVITIES	TIME FRAME	RESPONSIBILITY	OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	BUDGET
	6. Implement the strategy using various means of communication	Jan 09 onwards	OPC/ MoH/ MoA/ MoCWD/ MoICE	Strategy implemented	Activity reports	
	7. Develop IEC material for service providers, clients and caregivers based on standardised message	Nov 08 - Jan 09	OPC/ MoH/ MoA/ MoCWD/ MoICE	Materials developed	Availability of the IEC materials	
	8. Disseminate IEC materials at various levels using various channels at both facility and community level to reach 6 000 000 people	Jan 09 onwards	OPC/ MoH/ MoA/ MoCWD/ MoICE	Number reached	Activity report	

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
	10. Train DHMT, service providers and community workers on the use of the checklist in interpretation, reporting and response	Jul 09 - Dec 09	OPC/ MoH/ MoA/ MoWCD	Number reached	Activity report	
	11. Compile and produce district monthly reports for action and re-porting to central level	On going	OPC/ MoH/ MoA/ MoWCD	Number of reports	Avail-abil-ity of reports	
Provide necessary knowledge and skills to caregivers and clients in nutrition management of HIV re-lated condi-tions and infections	1. Conduct periodic review of nutri-tion education and counselling mate-rials in NCST	Dec 08 - Feb 09 Dec 10 - Feb 11	OPC/ MoH	Number of review meet-ings	Avail-ability of re-viewed materi-als	
	2. Print and distrib-ute 5 000 revised materials for all sites and service providers	Jan 09 - Mar 09 Jan 11 - Mar 11	OPC/ MoH	Number printed and distributed	Activity report	
	3. Orient 8 000 nutri-tion counsellors and other services providers at facil-ity and community level	Jan 09 onwards	OPC/ MoH	Number oriented	Activity report	
	4. Conduct nutrition education and counseling ses-sions for client and their caregiv-ers at facility and community level to reach 6 000 000 people	On going	OPC/ MoH/ MoA/ MoCWD/ MoICE	Number reached	Activity report	
	5. Develop compre-hensive nutrition communication strategy	Nov 08 - Jan 09	OPC/ MoH	Developed strategy	Avail-ability of the strategy	

2. Prevention and control of micronutrient deficiencies with a focus on Vitamin A, iron and iodine among others as may be defined from time to time by the Government of Malawi.
3. Management of moderately and severely malnourished children through the Community Therapeutic Care (CTC) approach, and stand alone therapeutic and supplementary feeding centres.
4. The focus areas have been identified in line with the MGDS, the National Nutrition Policy and Strategic Plan, the Essential Health Package, the ACSD, the Essential Nutrition Actions (Package) and other sectoral policies in which targets were determined through recommendations from the Lancet series, national and global experience and in line with the Global Strategy on Infant and Young Child Feeding.

The policy is expected to cause notable improvements in the national nutrition indicators among infants and young children in the next five years. This is imperative considering the fact that, although Malawi has been implementing various interventions aimed at improving infant and young child nutrition, no significant impact has been realised over the years, bearing in mind that the attainment of adequate nutrition for infants and young children is achieved only when immediate underlaying causes and factors like high disease burden are addressed.

According to the MICS 2008, forty six percent (800, 000) of under five children have chronic malnutrition, most of which occurs during the first two years and cause irreversible physical, emotional and mental damage to the child which is a two and three percentile decline from the reported 2004 and 2000 MDHS figure of forty eight and forty nine percent representing almost one million and 1. 1 million) respectively. The children fail to reach their potential height, intellectual and emotional abilities and are less likely to attain their academic and professional achievements. Twenty one percent (slightly less than half a million) of under five children are underweight. This is a slight improvement from the MDHS levels estimated at twenty-five percent in 2000. In addition, four percent of the children under five years of age have low weight for their height and are therefore wasted.

Malnutrition has been singled out as one of the major contributing factors to the high infant and young child mortality rates in Malawi. The main causes of malnutrition in Malawi include low dietary nutrient intake and frequent infections which is exacerbated by the HIV pandemic and poor feeding and caring practices. The latter are due to low access to resources for care and quality health services among others,

One of the major challenges to the addressing of the persistent high levels of malnutrition has been the vertical, uncoordinated and unfocused interventions that have high impact in reducing the child morbidity and mortality implementation. In addition, the Policies and strategic plans that were put in place have been implemented with limited success due to inadequate allocation of resources, lack of convergence of resources and interventions, and limited human and institutional capacity in key sectors. The policies and strategic plans were also not results oriented, making it difficult to measure the impact relative to the investment.

The Policy review has therefore provided an opportunity for the standardisation of the implementation of nutrition interventions and service delivery in relation to the priority areas defined in the policy and targets set in the MGDS and the National Nutrition Policy and Strategic Plan and other relevant Government policies and strategic plans. It will also be used for advocacy and resource mobilisation.

The interventions will be implemented in a participatory and multisectoral manner involving stakeholders in the public and private sector, development and donor partners, civil society organisations, local leaders, communities, households, caregivers and other duty bearers through their specific functions as defined in the business plan part of the document.

The policy has three sections which must be used together namely: The Infant and Young Child Nutrition Policy which comprises program goal and objectives, policy purpose and objectives; and corresponding policy statements to guide policy direction and focus areas for the implementation of interventions and services. The second part is the Infant and Young Child Nutrition Guidelines which spells out

STRATEGY	ACTIVITIES	TIME FRAME	RESPONSIBILITY	OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	BUDGET
Provision of adequate knowledge and skills to service providers to be able to manage and monitor malnutrition in PLWHA.	1. Review guidelines and accompanying materials for Nutrition Care, Support and Treatment (NCST) of PLWHA.	Nov 08 - Feb 09	OPC/ MoH/ MoA/ MoWCD	Number of working sessions	Reviewed guidelines	
	2. Conduct 4 dissemination meetings with stakeholders on the guidelines	Jan 09 - Mar 09	OPC/ MoH/ MoA/ MoWCD	Number of meetings	Activity report	
	3. Develop training materials in management of moderate and severe acute malnutrition in Nutrition Care, Support and Treatment (NCST)	Nov 08 - Feb 09	OPC/ MoH/ MoA/ MoWCD	Training materials developed	Availability of training materials	
	4. Conduct training of at least 5 trainers in each district on the guidelines	Mar 09 - Jun 09	OPC/ MoH/ MoA/ MoWCD	Number trained	Activity report	
	5. Train 2 000 service providers in the guidelines	Jul 09 - Dec 09	OPC/ MoH/ MoA/ MoWCD	Number trained	Activity report	
	6. Conduct quarterly on-spot supervision	Mar, Jun, Sept and Dec every year	OPC/ MoH/ MoA/ MoWCD	Number of visits	Field visit report	
	7. Orienta clinicians on clinical care for the malnourished clients	On going	MoH	Number trained	Activity report	
	8. Provide on going support to the service providers through follow up and technical supervisory visits	On going	OPC/ MoH/ MoA/ MoWCD	Number of visits	Field visit report	
	9. Orientation of tutors from pre-service institutions, DHMTs and zone officers on the guidelines	Jul 09 - Dec 09	OPC/ MoH/ MoA/ MoWCD	Number reached	Activity report	

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
	7. Engage communities growth Monitoring, and active case detection in their communities	On going	MOH/ MoA/ MoWCD	Number engaged	Activity report	
Monitor case management outcomes for appropriate action	1. Develop and print 2 000 copies of consolidated checklist for monitoring case management outcomes	Nov 08 - Jan 09	MoH	Number of copies	Check-list copies	
	2. Disseminate consolidated checklist for monitoring case management outcomes to reach 2 000 service providers	Jan 09 - Mar 09	MoH/ MoA/OPC	Number reached	Activity report	
	3. Train DHMTs in all 28 districts, service providers and community workers on the use of the checklist in interpretation, reporting and response	Feb 09 - Jun 09	MOH/ MoA/ MoWCD	Number reached	Activity report	
	4. Compile and produce district monthly reports for action and reporting to central level	On going	MOH/ MoA/ MoWCD	Number of reports	Avail-abil-ity of reports	
	5. Produce quarterly bulletin on malnutrition case, interventions and case management outcomes.	Mar, Jun, Sept, and Dec every year	OPC/ MOH/ MoA/ MoWCD	Number of bulletins	Avail-ability of bul-letins	

guidelines specific to the policy statements. The policy also has key strategies and an implementation framework which are costed to facilitate the operationalisation of the policy

The Policy will be implemented in line with other existing relevant policy instruments such as:

The Millennium Development Goals (MDGs), MGDS, the National Nutrition Policy and Strategic Plan, the Accelerated Child Survival and Development Policy and Strategic Plan, the Essential Health Package, the PMTCT guidelines, The National Guidelines for the management of malnutrition through CTC, or stand alone therapeutic feeding and supplementary feeding programmes and the Early Childhood Development (ECD) Policy and Essential nutrition package (actions). The relevant international resolutions and declarations will be the legal basis upon which the policy is based such as:

- The Convention on the Rights of the Child 1991.
- The International Code of Marketing of Breast milk Substitutes, and Subsequent World Health Assembly resolution 1992.
- Innocent Declaration 1990.
- And others as provided for from time to time.

SECTION A: POLICY

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
	7. Orientation of tutors from pre-service institutions, DHMT and zone officers	On going	MoH/ OPC	Number oriented	Activity report	
Strengthen community follow-up and participation in treatment of clients with malnutrition	1. Develop information kit and standardised check list for early case detection, follow up and referral of clients	Nov 08 - Feb 09	MoH/ OPC	Kit and checklist developed	Activity report	
	2. Conduct training of Community Nutrition Workers, HSAs, CDAs, AEDOs, AEDCs, SWAs, AEHO and others to reach at least 5000 service providers.	On going	MOH/ MoA/ MoWCD	Number reached	Activity report	
	3. Conduct community registration of various population groups	On going	MOH/ MoA/ MoWCD	Number registered	Activity report	
	4. Conduct weekly door to door visits to households with malnourished individuals	On going	MOH/ MoA/ MoWCD	Number reached	Activity report	
	5. Conduct community nutrition assessment sessions monthly and more frequently where deemed necessary.	On going	MoH	Assessment conducted	Activity report	
	6. Conduct community sensitisation meetings on prevention, causes, management and existing programmes for management of malnutrition reaching 6 000 000 people.	On going	MOH/ MoA/ MoWCD	Number reached	Activity report	

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
	9. Conduct dissemi-nation meetings with 2000 stake-holders and ser-vice providers	Dec 08 - Feb 09	OPC/ MoH	Number reached	Activity report	
	10. Communicate with all govern-ment sectors through a circular on the guidelines and circulation as well as orientation of key users to the said guidelines	Dec 08 - Feb 09	OPC/ MoH	Guidelines communi-cated	Avail-ability of the circular	
Provide necessary knowledge and skills to service providers in management of acute malnutrition in under-five children, pregnant and lactating women and in provision of nutrition treatment , care and support to adolescents and adults through in-service and on the job training with emphasis on mentoring the service providers and sharing of experi-ences.	1. Develop consoli-dated training ma-terials in manage-ment of moderate and severe acute malnutrition in infants, young children, adoles-cents and adults.	Dec 08 - Feb 09	OPC/ MoH	Training materials developed	Avail-abil-ity of training materi-als	
	2. Conduct training of trainers for 30 participants.	Feb 09 - Mar 09	MoH/ OPC	Number trained	Activity report	
	3. Train 2 000 service providers with emphasis on men-toring to facilitate effective transfer of skills.	Mar 09 - May 09	MoH/ OPC	Number trained	Activity report	
	4. Conduct on-spot supervision at least once in each quarter.	Aug, Nov, Feb, May every year	MoH/ OPC	Number visits	Field visit report	
	5. Provide clinical care for the mal-nourished clients.	On going	MoH	Number reached	Activity report	
	6. Provide on going support to the service providers through follow up and technical supervisory visits.	Aug, Nov, Feb, May every year	MoH/ OPC	Number visits	Field visit report	

Program Goal And Objectives

The Policy intends to guide the implementation of the evidence based and high impact interventions that will effectively improve the nutritional status of infants and young children in various circumstances. It will provide direction to programme coordinators, managers, policy makers, health workers, extension service providers and stakeholders dealing with infants and young children to implement nutrition interventions, programmes, projects and activities that will adequately promote the adoption of optimal practices of feeding infants and young children in various circumstances in line with the international and national recommendations. The anticipated achievements include:

Programme Goal

To contribute to the reduction of infant and child malnutrition and mortality.

Program Objectives

The programme's specific objectives are:

1. To increase the rate of exclusive breastfeeding among infants for the first 6 months of life from the current levels of 53. 3 % to 85% by 2013
2. To increase the number of children aged 6-24 months being fed optimally using FADUA
3. To increase optimal feeding frequencies during and after illness the child's illness.
4. To contribute to the reduction of the Mother to Child transmission of HIV especially through breastfeeding.
5. To reach five million caregivers with knowledge and skills on optimal feeding of infants 0-6 months, 6-59 months, sick child, HIV exposed and those in emergencies.

6. To detect cases of malnutrition continuously at facility and community level for timely intervention
7. To improve case outcomes (cure rates from 86% in CTC to above 90%, death rate to below 1% and default rate to less than 8%) through early case detection, improved management of moderately and severely malnourished infants, young children and follow –up.
8. To increase Vitamin A supplementation in children 6-59 months from 80% to over 90% and from 60% to over 70% among lactating women
9. To increase number of households that use iodised salt to above 90%
10. Increase number of households that feed their children fortified foods
11. Increase number of households that consume a variety of foods from six food groups every day
12. Increase number of households that feed their children 6-59 months with Vitamin A, fat, iron and Vitamin C rich foods.
13. Increase number of pregnant and lactating women that follow the national recommended practices for improving own nutrition before, during and after pregnancy.

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
	4. Disseminate the guidelines through in-service training of service providers, nutrition coordination, planning and committee meetings and other contact points and mass media to reach at least 5000 people in all districts.	Jul 09 - Oct 09	MoH/ OPC	Number reached	Activity report	
	5. Develop job aids and other accompanying materials on the use of the guidelines.	Apri 09 - Jun 09	MoH/ OPC	Job aids developed	Availability of the job aids	
	6. Build capacity at district and community levels for further dissemination as well as interpretation, implementation and monitoring and evaluation of the use and effectiveness of the guidelines to reach at least 2000 service providers	Apri 09 - Jun 09	MoH/ OPC	Number reached	Activity report	
	7. Orient Zone officers and key stakeholders on the use of the guidelines	Apri 09 - Jun 09	MoH/ OPC	Number reached	Activity report	
	8. Include guidelines for provision of Nutrition Care and Support in the HIV Work Place Guidelines for the use of the 2 percent government budgetary allocation in all government sectors and departments	Sept 08 - Nov 08	OPC/ MoH	Guidelines incorporated	Activity report	

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
OBJECTIVE 9: To improve the quality of management of malnutrition in under five children through the Community Therapeutic Care (CTC) and through stand alone Nutrition Rehabilitation and Supplementary feeding sites where there is no CTC and in adolescents and adults.						
EXPECTED OUTPUT: Quality of management of malnutrition in under five children through the Community Therapeutic Care (CTC) and through stand alone Nutrition Rehabilitation and Supplementary feeding sites where there is no CTC and in adolescents and adults improved.						
Review and consolidation of guidelines for management of malnutrition in under-five children, adolescents and adults and the work place HIV and AIDS guidelines.	1. Compile existing guidelines for management of malnutrition through Community Therapeutic Care, Therapeutic and Supplementary feeding in under-five children, pregnant and lactating women, adolescents and adults from Government and other stakeholders	Nov 08 - Feb 09	MoH/ OPC	Guidelines compiled	Availability of the guidelines	
	2. Conduct stakeholders meetings to review the guidelines	Mar 09 - Apri 09	MoH/ OPC	Review meeting conducted	Availability of the reviewed guidelines	
	3. Conduct a series of working sessions to consolidate the guidelines	Apri 09 - Jun 09	MoH/ OPC	Guidelines consolidated	Availability of consolidated guidelines	

Purpose And Objectives Of Programme And Service Policy

Policy Purpose

To direct and facilitate standardized programmes, implementation and monitoring and evaluation of high impact infant and young child nutrition interventions.

Policy Objectives

1. To guide decision-making among policy makers and service providers at all levels.
2. To facilitate the coordination of infant and young child nutrition services at all levels.
3. To increase access to Infant and young child nutrition services at all levels.
4. To standardize infant and young child nutrition service delivery.
5. To be used as a tool for advocacy, resources mobilisation and formation of strategic partnerships.

Focus Areas: Infant And Young Child Feeding

A. Optimal Feeding Of Infants 0-6 Months (First 180 Days) Of Life

In Malawi, breastfeeding is a traditional norm practiced by almost all mothers (97%), but exclusively breastfeeding for the first 6 months remains a challenge. The MDHS 2004 showed that only fifty three percent (53. 3%) of infants are exclusively breastfed for the first 6 months of life. The meaning of this is that many mothers in Malawi still practice sub-optimal breastfeeding which according to Malawi profiles, 2004, contributes approximately nineteen percent to Infant Mortality Rate. The Infant Mortality Rate is currently at 76/1000 Live Births. If no action is taken to improve the breast feeding practices among mothers, 82, 000 infants are likely to die in the next 10 years translating into 8, 200 infants deaths/year.

Malawi recognises breastfeeding as the natural and best mode of feeding infants and young children since it does not only save lives, but also greatly improves the quality of life through its nutritional, immunological, biological and psychological benefits.

The following policy statements should therefore guide the promotion of optimal breast feeding practices among mothers who are HIV negative and those with unknown HIV status:

- All infants must be exclusively breastfeed during the first 6 months (180 days of their life unless otherwise medically indicated. (Put this text in footnotes** exclusive breastfeeding means the mother should feed the child breast milk only with no other foods or fluids, not even water during the first six months of the child's life unless advised otherwise by a recognised health professional. ** Foot note)
- Children shall be put to the breast immediately after birth to promote skin to skin contact unless there are medical conditions that require immediate attention
- Breastfeeding shall be initiated within half an hour even before the placenta is expelled

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
	8. Develop dietary recommendations and daily require-ments for various population groups	Dec010-Jun011	OPC/ MoA/ MoCWD/ MoICE	Dietary standards developed	Activity report	
	9. Develop dietary recommendations and daily require-ments for people suffering from nutrition-related disorders	Dec010-Jun011	OPC/ MoA/ MoCWD/ MoICE	Dietary Rec-ommenda-tions Devel-oped	Activity report	
	10. Produce and dis-seminate a food calendar based on the seasonal and geographical food variations	Dec010-Jun011	OPC/ MoA/ MoCWD/ MoICE	Food calen-ders pro-duced and disseminated	Copies of cal-enders avail-able	
	11. Conduct civic education on the amount of food that families should keep taking into account food seasonal variations	Dec010-Jun011	OPC/ MoA/ MoCWD/ MoICE	Civic educa-tion con-ducted	Activity report	

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
Promote the consumption of adequate food in both quality and quantity to meet the nutritional needs for rural and urban households with special emphasis on vulnerable groups and low-income households	1. Develop guidelines on meal planning using a variety of foods based on principles of dietary diversification	Nov 08-Dce 10	OPC/ MoA/ MoCWD/ MoICE	Guidelines developed	Activity report	
	2. Develop and disseminate audio-visual documentaries on food budgeting and dietary diversification to reach 6 million people	Nov 08-Dce 10	OPC/ MoA/ MoCWD/ MoICE	Audio visual documentaries developed and disseminated	Activity report	
	3. Train extension workers, caregivers and communities on dietary diversification to reach at least 5000 in 10 districts	Oct 09-Oct 010	OPC/ MoA/ MoCWD/ MoICE	Number trained	Activity report	
	4. Develop IEC materials on different combination of foods from the six food groups and disseminate to at least 5 million people	Dec010-Jun011	OPC/ MoA/ MoCWD/ MoICE	IEC materials developed and disseminated	Activity report	
	5. Develop minimum dietary standards for Malawi	Dec010-Jun011	OPC/ MoA/ MoCWD/ MoICE	Minimum dietary standards developed	Activity report	
	6. Develop comprehensive food composition tables for Malawi	Nov 08-Dce 10	OPC/ MoA/ MoCWD/ MoICE	Food composition table developed	Activity report	
	7. Develop recommended minimum nutrition package for Malawian households and disseminate to at least 500 households in 10 districts	Feb09-Dec11	OPC/ MoA/ MoCWD/ MoICE	Minimum nutrition package developed	Activity report	

- The mother and baby shall be kept together for one hour after delivery to facilitate early bonding between the mother and the child and establishment of lactation unless there are other medical indications that require prompt attention.
- Health care and other trained service providers shall show the mother how to position and attach the child to the breast.
- The Health workers and other trained service providers shall also show and assist the mother how to express breast milk for feeding the child where there is separation of the mother and child longer than one hour or for feeding children with special conditions.
- All mothers shall be followed up by the health worker and other trained service providers within the first six hours after delivery to provide further support.
- Service providers and other trained workers shall encourage mothers to breast feed on demand at least 8-12 times day and night, and for as long as the child wants
- Mothers shall be encouraged to seek help in case of any breast conditions and breastfeeding problems which they encounter
- Service providers shall refer mothers to trained community based service providers and support groups for continued support
- All mothers shall be encouraged to do the following:
    - Eat a variety of foods from the six food groups every day
    - Eat one additional meal during pregnancy and two extra meals during lactation
    - To take iron/folate tablets every day and malaria prevention tablets according to schedule during pregnancy
    - To take Vitamin A supplement once immediately after delivery or at least within 8 weeks after the birth of the child. If the mother delivers at a Traditional Birth Attendant, they should report for Vitamin A supplementation within 8 weeks after the delivery at the nearest Health facility or outreach services.
    - To eat more Vitamin A rich foods together with fat rich foods every day

- To eat iron rich foods together with Vitamin C rich foods everyday
- To use iodised salt in their food always
- To sleep under insecticide treated bed nets during pregnancy and lactation

B. Feeding infants and young children 6-24 months

From six months, children have increased nutritional needs which can not be met by breastfeeding alone. The children experience rapid growth as they go through various milestones such as doubling birth weight at 6 months, sitting, crawling, walking and running, all of which increase their nutritional requirements. In addition, the child is prone to various infections as they interact with their surroundings which further increase their nutritional requirements. Appropriate feeding practices are therefore important to ensure adequate nutrition and health for children 6-24 months. If the child is malnourished during the first 2 years of life, the effects may be irreversible even when the nutrition status improves in the later years. The following policy statements shall, therefore guide the feeding of children 6-24 months of age:

- Breastfeeding shall be encouraged from 6-24 months or beyond along with appropriate complementary feeding
- All service providers shall continue to promote, support and protect breastfeeding from 6-24 months or beyond with timely, appropriate and adequate complementary feeding.
- Services providers and other trained workers shall encourage mothers to increase feeding frequency, amount and density of the feed as the child grows up
- Service providers and other trained workers shall also encourage proper combination of nutritious foods to facilitate the utilisation of some of the nutrients such as Vitamin A which require fats.
- Service providers and other trained workers shall also encourage mothers to actively feed the child
- Service providers shall encourage mothers to follow recommended hygiene rules in food handling, preparation and feeding of the child

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
	9. Monitor the imple-mentation of the food processing technologies and standards	Oct 09-Oct 010	OPC/ MoA/ MoCWD/ MoICE	Number of monitoring visits	Activity report	
	10. Review and docu-ment existing post-harvest nutritious food management practices.	Oct 010-Dec 010	OPC/ MoA/ MoCWD/ MoICE	Number of review meet-ings	Activity report	
	11.Train at least 3000 extension work-ers in post-harvest food management	Dec010-Jun011	OPC/ MoA/ MoCWD/ MoICE	Number trained	Activity report	
	12. Develop and dis-seminate multi-media messages on post harvest food management to reach at least 500 farmers in 10 districts by 2011.	Oct 09-Oct 010	OPC/ MoA/ MoCWD/ MoICE	Messages developed and dissemi-nated	Activity report	
	13. Advocate for the development and adoption of labour saving technolo-gies on post-har-vest food manage-ment	Oct 09-Oct 010	OPC/ MoA/ MoCWD/ MoICE	Labour sav-ing technolo-gies adopted	Activity report	

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
	4 Conduct trainings for at least 500 service providers and 200 communities in each district on food processing, preparation, storage and participatory recipe development	Nov010-Mar011	OPC/ MoA/ MoCWD/ MoICE	Number trained	Activity report	
	5 Conduct demonstrations on food processing, preparation and storage techniques at village and area level in at least 10 districts reaching at least 5000 people per district by 2011.	Mar011-Dec011	OPC/ MoA/ MoCWD/ MoICE	Number of Demonstration Conducted	Activity report	
	6 Conduct meetings with research institutions on food preparation, processing and storage and engage them to produce appropriate technologies.	Oct 09-Oct 010	OPC/ MoA/ MoCWD/ MoICE	Number of meetings conducted	Activity report	
	7. Conduct tours and exchange visits to food processing sites	Oct 010-Dec 010	OPC/ MoA/ MoCWD/ MoICE	Activity report		
	8. Orient tutors, supervisors and community nutrition workers on food processing, storage, preparation, utilisation and Community Nutrition Programmes reaching at least 500 people by 2011	Dec010-Jun011	OPC/ MoA/ MoCWD/ MoICE	Number oriented	Activity report	

- Service providers shall encourage mothers to always use iodised salt in the child's and family diet
- All health facilities and service providers shall comply with the rules and regulations of the National Code of Marketing of Infant and young child foods as applicable.

C. Feeding of HIV exposed infants and young children

The possible transmission of HIV from an infected mother to the child through breastfeeding poses a challenge for feeding infants and young children that are HIV exposed. The policy has therefore given special consideration on how such children should be fed in order to reduce the risk of vertical transmission of the virus.

The following policy statements shall guide feeding practices for infants and young children of mothers who are HIV positive.

All women shall be routinely offered an HIV test before pregnancy, during pregnancy, during labour and delivery and during lactation for proper management and support for successful feeding of the child

- All women who are confirmed HIV negative shall be encouraged to breast their child as stated in A and B above.
- All women who are confirmed HIV positive shall be given full information on the following:
  - Possible risk of vertical transmission of HIV from an infected mother to the child through breastfeeding.
  - Possible infant feeding options, their advantages and disadvantages
  - Mothers shall be allowed to make an informed choice on how to feed the child, be provided with adequate technical support and follow-up to implement it.
  - The most appropriate infant feeding option for a mother who is HIV positive shall continue to depend on her individual circumstances, her health status, the local situation and on availability and access to health care and support services.

- Mothers who are known to be HIV positive shall be encouraged to exclusively breastfeed their infants for the first 6 months of the child's life unless replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS) before that time. Mothers who are HIV positive, should feed their child breast milk only with no other foods or fluids, not even water during the first six months of the child's life.
- When replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-infected women shall be recommended.
- Malawi recommends only two main feeding options for feeding HIV exposed children namely exclusive breastfeeding and exclusive replacement feeding using commercial infant formula which is already modified and fortified to suit the nutritional needs of the child.
- Health workers and other service providers shall counsel mothers on each one of these individually and assist the mother or caregiver to make an informed choice according to their condition at home. The child and mother shall be assessed continuously for early detection of problems and timely action.
- At six months, if replacement feeding is still not acceptable, feasible, affordable, sustainable and safe, the mothers who are HIV positive shall continue to breastfeed while giving the child a variety of foods from the Malawi six food groups every day in the right amount, consistency, nutrient density and at the right feeding frequency according to the age of the child.
- The mother and baby shall be regularly assessed through the PMTCT and Maternal and Child health services and through other contact points within their reach.
- The mothers shall be encouraged to stop all breastfeeding once a nutritionally adequate and safe diet without breast milk can be provided to their child.

STRATEGY	ACTIVITIES	TIME FRAME	RESPONSIBILITY	OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	BUDGET
OBJECTIVE 8: To increase number of caregivers and households with improved knowledge and skills in appropriate food utilisation, processing, post harvest management, storage and preparation.						
EXPECTED OUTPUT: Percentage of caregivers and households with improved knowledge and skills in appropriate food utilisation, processing, post harvest management, storage and preparation increased.						
Development and dissemination of guidelines on food utilisation, processing, post harvest management, storage, preparation techniques, based on typically available foods and quantities to maximise nutrition benefit from available foods throughout the year.	1. Develop food utilization guidelines, that include collection, storage, processing and preparation techniques based on locally available foods and quantities to maximize nutritional benefits	Jul 09 - Sept 09	OPC/ MoA/ MoCWD	Guidelines developed	Availability of the guidelines	
	2. Develop and disseminate information education and communication (IEC) materials on food preparation , processing and storage using various media channels and community activities to reach at least 6 million people by 2011.	Jul 09 - Sept 09	OPC/ MoA/ MoCWD/ MoICE	Number reached	Activity report	
	3. Conduct nutrition education demonstrations, mass media campaigns and civic education to disseminate the food preparation, processing, storage and utilization guidelines at all levels to reach at least 6 million people	Oct 09- Oct 010	OPC/ MoA/ MoCWD/ MoICE	Number reached	Activity report	

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
	3. Conduct intensive nutrition education through Community Workers such as: Nutrition and HIV and AIDS Workers, Agriculture Extension Workers, Community Development Assistants and HSAs; and mass media in appropriate food choices, combinations, food preparation and utilisation to reach at least 6 million people	On going	OPC/ MoH/ MoA/ MoCWD/ MoICE	Number reached	Activity report	
	4. Conduct nutrition campaigns, fairs, shows, focus group discussions, civic education and mass media approaches at national and localised to popularise the guidelines and recipes to reach at least 5 million people	Feb 09 onwards	OPC/ MoH/ MoA/ MoCWD/ MoICE	Number reached	Activity report	

- If the infant or young child is known to be HIV-infected already, the mother shall be strongly encouraged to exclusively breast feed for the first six months after the birth of the child and to continue breastfeeding with appropriate complementary feeding from six months until the child is two years or beyond.
- Whatever the feeding decision, service providers shall follow-up all HIV-exposed infants, their mothers or caregiver and continue to offer infant feeding counselling and support at every contact point within the health service delivery system and at community level.
- The National Code of Marketing of Infant and Young Child Foods shall be adhered to by the health facility, service providers, mothers, other caregivers, manufacturers and distributors of infant and young child foods in order to prevent spill over among the HIV negative women and those of unknown HIV status.

D. Feeding Recommendations During Sickness

Infections increase the nutrient requirements by the body. Some infections interfere with nutrient absorption in the body and reduce the amount of nutrients that the body may get from ingested food. An infant or child that is ill needs to continue to eat and feed appropriately in order to strengthen the body's ability to resist and fight the infection and to speed up the recovery process. HIV exposed children have increased risk of getting infections which are likely to be severe and difficult to treat. Mothers and caregivers should therefore, be encouraged to continue feeding their children during and after the illness depending on the feeding option and age of the child. The following policy statements shall guide the feeding of sick children during and after illness:

If the child is below six months of age, Service providers and other trained workers shall counsel the mother or caregiver to:

- Continue to breastfeed the baby at increased frequency than before the illness if the mother is HIV negative or does not know her status.

- If the mother is confirmed HIV positive, the child shall continue to be fed at increased frequency during illness according to the infant feeding option
- Feed the child as often as he or she wants, day and night, at least eight times in 24 hours.
- Increase fluid intake by providing more frequent breast milk or replacement feeds, as appropriate.
- Give small but frequent breast milk or replacement feeds according to the feeding option.
- Do not give other foods or fluids like water or phala.
- If the child has diarrhoea, give ORS, and maintain proper hygiene in its preparation.
- Take the child immediately to the nearest health facility for treatment.
- If the child is more than six months of age, the service provider or other trained workers shall counsel the mother or caregiver to:
- Continue feeding the child during and after illness accordingly.
- Feed the child as often as he or she wants, day and night, at least eight times in 24 hours.
- Give small but frequent feeds according to the feeding option if the child is HIV exposed
- Increase fluid intake by providing more frequent breast milk or replacement feeds, as appropriate.
- In addition, give other nutritious fluids such as home prepared fresh fruit juice, thobwa and enriched Likuni phala.
- Give the child a variety of nutritious foods from the six food groups
- Prepare the diet in a way that will help the child to eat and digest without problems.
- Offer the diet in small but frequent meals
- If the baby has diarrhoea, give ORS and maintain proper hygiene in its preparation.
- Take the child to the nearest health facility for treatment immediately.

STRATEGY	ACTIVITIES	TIME FRAME	RESPONSIBILITY	OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	BUDGET
	4. Train 2 000 service providers to integrate Micronutrient supplementation services and promotion at each contact point with the child and the woman and other child survival programmes.	Jan 09 - Jun 09	MoH/ MoA/ MoICE	Number reached	Activity report	
OBJECTIVE 7: To increase number of caregivers and households that practice appropriate food utilization, food choices, combinations and dietary diversification and variety to achieve and sustain adequate nutrition.						
EXPECTED OUTPUT: Percentage of caregivers and households that practice appropriate food utilization, food choices, combinations and dietary diversification and variety to achieve and sustain adequate nutrition.						
Development and dissemination of recipes and guidelines based on the various food combinations using the “Multi-mix principle”.	1. Develop a recipes and guidelines for feeding children aged 6-24 months and beyond, sick children during and after illness, pregnant and lactating mothers, the elderly and the family based on “Multi-mix Principle”.	Nov 08 - Feb 09	OPC	Developed recipes and guidelines	Availability of recipe and guidelines	
	2. Print and disseminate recipes and guidelines for feeding children aged 6-24 months and beyond, sick children during and after illness, pregnant and lactating mothers, the elderly and the family based on “Multi-mix Principle” to 2 000 service providers and other stakeholders.	Feb 09 onwards	OPC	Number reached	Activity report	

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
OBJECTIVE 6: To increase or maintain the coverage of micronutrient supplementation to under-five and school-aged children, pregnant and lactating women to above 80%.						
EXPECTED OUTPUT: Above 80% coverage of micronutrient supplementation reached to under-five and school-aged children, pregnant and lactating women						
Strengthen delivery of micronutri-ent supple-mentation to targeted beneficiaries according to schedule through rou-tine services and targeted campaigns	1. Conduct biannual Child Health Days that cover Vitamin A supplementa-tion, de-worming and nutrition education on child care practices and other child surviv-al interventions to maintain over 80% coverage of each of the intervention	May and Nov every year	MoH	Coverage percentage	Activity report	
	2. Conduct na-tional, district and community level sensitisation meetings on the importance of supplementation among caregivers, communities and service providers to reach at least 6 million people by 2011.	On going	MoH/ MoICE	Number reached	Activity report	
	3. Commission con-sultancy to develop reliable supply chain logistics management sys-tem to ensure ad-equate availability of micronutrient supplementation supplies	Jul 09 - Oct 09	MoH	Supply chain developed	Activity report	

- Follow-up of the mother and the child is very crucial for early detection of problems that may compromise the successful feeding of the child, maternal health and nutrition; and child survival, growth and development. They should be followed up through all the MCH services (under-five, Postnatal care, Family Planning Clinics), Paediatric Wards and Nutrition Rehabilitation Units) and any other possible contact point within the Health care system and community based services. Mothers need to be trained in their children's growth monitoring.

During each visit, the service provider shall assess the growth, health, nutritional and feeding status of the child and counsel the mother or caregiver on:

- Sustainability of optimal breast feeding or replacement feeding depends on the feeding option and age of the child,
- The service provider shall:

Remind the mother of:

- Optimal breastfeeding or replacement feeding practices depending on the feeding option.
- Timely introduction of complementary feeding at 6 months
- Optimal complementary feeding practices
- Assess the mother's health and nutritional status and counsel her accordingly.
- Remind the mother to eat a variety of nutritious diets from the six food groups depending on the foods available.
- Remind the mother to eat two additional meals and nutritious snacks in between the meals.
- Counsel the mother on alternative feeding if a mother has low CD4 count or develops AIDS,
- Assess possible signs of HIV infections such as oral thrush, persistent diarrhoea, failure to thrive, present or past ear discharge, enlarged lymph nodes and recurrent pneumonia
- Refer Infants with possible HIV infections to paediatric HIV clinic for consultations. The infant feeding counsellor should work hand in hand with ART and paediatric HIV clinics.

E. Feeding Infants and young children in emergency situations

People living in emergency situations such as those affected by natural disasters like floods or wars often have to live in crowded and unsanitary conditions which put infants, young children and mothers at risk of infections such as diarrhoea. Their access to food and health care services may also be compromised.

Thus, during emergencies, breastfeeding becomes even more crucial in ensuring adequate nutrition and health for infants and young children. Therefore, the following policy statements shall guide the feeding of infants in emergency situations:

- Infants in emergency situations shall be exclusively breastfed in the first six months unless medically or otherwise indicated.
- All service providers to populations in emergency situations shall continue to protect, promote and support breastfeeding of infants and young children aged 6 – 24 months or beyond with timely, appropriate and adequate complementary feeding based on national recommendations on optimal infant and young child feeding.
- Although breastfeeding remains the best practice for feeding infants in emergency situations, replacement feeding may sometimes be indicated due to various reasons such as physical or psychological incapacitation of the mother. In other cases, infants may not be accompanied by a caretaker. The following policy statement shall guide replacement feeding in emergency situations:
- Where replacement feeding for infants less than 6 months is indicated, infant feeding options shall be made on fully informed choices by the caregivers.
- Replacement feeding shall continue with timely, appropriate and adequate complementary foods for infants and young children aged 6 – 24 months or beyond.

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
	13. Conduct a national wide social marketing campaigns on fortified foods in collaboration with the civil societies, Ministry of Information and Civic Education to reach at least 3 million people by 2011.	Jul. 10 on wards	OPC/ MoA/ MoH/ MoIT/ MoICE	Number reached	Activity report	
	12. Conduct quarterly and ad-hoc monitoring of industries, port of entry and outlets of fortified foods.	On going	OPC/ MoH/ MoIT	Number of monitoring visits	Field report	
	13. Encourage and monitor use of fortified foods in social protection programmes.	On going	MoIT/ MoH/ MBS/OPC	Number of monitoring visits	Field report	

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
	7. Develop and review standards for fortification of sugar, maize meal, cooking oil, salt and likuni phala within the Malawi Bureau of Standards regulations or the public health Act.	May 09 - Jun 09	OPC	Standards developed and reviewed	Activity report	
	8. Disseminate standards for fortification of sugar, maize meal, cooking oil, salt and likuni phala within the Malawi Bureau of Standards regulations or the public health Act to reach 6 million people.	Jul 09 - Dec 09	MoA/ MoH/ MoCWD	Number reached	Activity report	
	9. Orient captains of 50 industries and other stakeholders to the standards and engage them to fortify their food products	Jul 09 - Dec 09	MoIT/ OPC	Number oriented	Activity report	
	10. Establish or strengthen mechanism for facilitating distribution of and access to fortified foods by the vulnerable groups in the country reach 2 500 000 people.	On going	OPC/ MoH/ MoCWD	Number reached	Activity report	
	11. Develop tools for monitoring fortified foods	Mar 09 - Jun 09	OPC/ MoIT	Tools developed	Availability of the tools	
	12. Develop a logo for fortified foods	Mar 09 - Jun 10	OPC/ MoIT	Logo developed	Availability of the logo	

- Replacement feeding of choice shall comply with the National Code of Marketing of Infant and Young Child foods, International Code of Marketing –breast milk substitute (BMS) and subsequent World Health Organisation (WHA) resolutions.
- Confidentiality and support of feeding choice shall be maintained at all times as the standard management of infant feeding for mothers who are HIV positive.

F. Prevention and control of micronutrient deficiencies

Micronutrient deficiencies of vitamin A, iodine and iron are of specific public health concern in Malawi. 38% of the whole population is estimated to be vitamin A deficient with over 60% and 57% sub-clinical vitamin A deficiency among under five children and expectant women respectively, (MoH 2001). At least 54% and 70% of pregnant women and under five children, respectively are anaemic (MoH 1998). Iodine deficiency disorders (IDD) have significantly reduced over years from 56% to less than 5% total goitre rate. One of the major interventions has been the use of iodised salt. According to the 2001 National Micronutrient Survey, 71% of households were using iodised salt; however, only 36% of the salt was adequately iodised (MoH 2003). Reports from MICS show similar lower levels of using adequately iodised salt far from reaching the Universal targets. This trend would reverse the gains already realized in IDD elimination as demonstrated in the 2007 school health and nutrition survey which indicated low iodine levels in 54% school children urine analysis. These deficiencies have direct impact on the survival, growth, development and psychosocial well being of the children and that of women of childbearing age. The Malawi Profiles analysis shows that the impact of iodine deficiency on economic growth and development is enormous due to low human productivity as a result of mental retardation that result in reduced academic and professional achievements; and work productivity.

A comprehensive package consisting of micronutrient supplementation, fortification, dietary diversification and modification; and public health interventions is essential in reducing micronutrient deficiencies using the Essential Nutrition Action approach. In light of

this, the following policy statements shall guide the implementation of the interventions:

- All children aged 6 – 59 months shall routinely and using campaigns be given vitamin A supplements every six months.
- All women within 8 weeks of delivery shall be given vitamin A supplements.
- All pregnant women shall get iron/folate tablets according to schedule
- All stakeholders should encourage and guide families and communities to consume fortified foods in their diets where feasible.
- Health workers and other stake holders shall reinforce the implementation of salt iodisation Act.
- Stakeholders shall comply with food fortification regulations and standards.
- Stakeholders shall follow the multi mix principle using the six food groups in the promotion of appropriate diets for infants, young children and women of childbearing age. Appropriate food choices and recipes that promote meal diversity and modification shall be promoted. The foods will be prepared at the right consistency to suit the age and physiological maturity of the child.

Service providers shall promote good hygiene, use of safe water and sanitation.

Health workers shall facilitate prevention, control and treatment of parasitic and infectious diseases.

G. Growth monitoring and promotion (GMP)

Growth monitoring and promotion (GMP) is an operational strategy of enabling caretakers to visualize growth or lack of growth, and to receive specific, relevant and practical guidance on ways in which the household and the community can act to ensure the health and continued growth of the child (IDRC, 1992). GMP should be regarded as a preventive and promotive strategy aimed at taking specific action to avert poor physical and psychosocial development

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
	3. Disseminate reci-pes that use micro-nutrient rich foods to reach at least 6 million people by 2011.	Feb 10 on wards	OPC/ MoA/ MoH	Number reached	Activity report	
	4 Promote use of recipes that use oil and Vitamin A rich foods to facilitate the biological availability and effective utilisation of Vitamin A in the body to reach 6 million people.	Feb 10 on wards	OPC/ MoA/ MoH	Number reached	Activity report	
	5. Conduct advocacy and campaigns at all levels on the consumption of fruits rich in Vitamins A and C with every meal to aid in the utilisa-tion of the Vitamin A from the fruits and Iron from plant sources in the body to reach at least 6 million people	On going	MoA/ MoH/ MoCWD	Number reached	Activity report	
	6 Conduct Civic Edu-cation campaigns using mass media and community activities on the use of iodised salt in all the family foods to reach at least 6 million people.	On going	MoA/ MoH/ MoCWD	Number reached	Activity report	
	6. Conduct a food consumption sur-vey to determine commonly con-sumed foods	Jan 11 - Oct 11	OPC	Survey con-ducted	Survey report	

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
	14. Conduct regular community level demonstrations in preparation and consumption of locally available nutritious foods such as indigenous fruits, vegetables, legumes, oil seed crops, staples, livestock, fish, ng-umbi, bwamnoni, mphalabungu, mapala, sesenya, matondo and other locally available foods at commu-nity level to reach at least 6 million people.	On going	MOA	No of dem-onstrations	Activity report	
OBJECTIVE 5:To increase number of people consuming micronutrient rich and fortified foods for all Malawians						
EXPECTED OUTPUT: Percentage of number of people consuming micronutrient rich and fortified foods in all Malawians						
Promote consumption of micronu-trient rich and fortified foods among all Malawi-ans	1. Develop nutrition information kit on the importance of eating micronutri-ent rich foods to reach at least 6 million people by 2011	Jun 09 - Dec 09	OPC	Developed information kit	Avail-ability of the kit	
	2 Disseminate nutri-tion information kit on the impor-tance of eating micronutrient rich foods to reach at least 6 million people by 2011	Dec 09 -Feb 10	OPC/ MoH/ MoA	Number reached	Activity report	
	3. Develop recipes that use micronu-trient rich foods to reach at least 6 million people by 2011.	Dec 09 -Feb 10	OPC	Developed recipes	Avail-ability of reci-pes	

of a child. Therefore, the following policy statement shall guide the implementation of the service:

- Growth monitoring and promotional activities shall be provided at all levels of health and community service delivery based on the National Growth Standards as shall be defined from time to time according to WHO and other global requirements.
- Infant and young child developmental milestones shall be an integral part of growth monitoring and promotion activity.
- Infant and young child feeding shall be assessed during each session and visit
- Caregivers shall be counselled according to the growth pattern and feeding practices of the child

H. Management of moderately & severely malnourished children and mothers

Almost half (46%) of children under five years of age in Malawi are chronically malnourished, of whom 21% are severely malnourished. Mortality had been high at, more than 20% in Nutrition Rehabilitation Units (NRU) as a result of late presentation, poor management and follow up of the moderately and severely malnourished children. In many cases children present with multiple complications compounded by HIV and AIDS. NRU services are also affected by the long stay leading to congestion and high default rate. The adoption of the CTC approach by the Government of Malawi has helped to improve treatment outcomes to 84% cure rate, 2. 5% mortality rate and 10% default rate from 50%, due to early detection, presentation and treatment of cases before complications set in.

Similarly, about 10% of pregnant and lactating women are malnourished each year. The high rate of maternal malnutrition significantly contributes to low birth weight and high maternal mortality, presently estimated at 807/100, 000 live births. In light of the new approaches in the management of moderately and severely malnourished children and mothers, the following policy statement shall guide all health workers and service providers in the management of acute malnutrition through the CTC approach as well as stand alone Therapeutic and supplementary feeding programmes:

i. Management of Acute Malnutrition

All stakeholders involved in the management of moderate, severe and acute malnutrition in children and mothers shall comply with the national guidelines on the Management of Moderate, Severe and Acute Malnutrition through the CTC approach and where no CTC is provided, the existing national guidelines for therapeutic and supplementary feeding services shall apply.

The following policy statement shall guide all health workers and stakeholders in the provision of services for the management of acute malnutrition through the CTC approach.

All stakeholders involved in the management of acute, moderately and severely malnourished children and mothers shall comply with the following:

- National Guidelines for the Management of Severe and Acute Malnutrition
- National Guidelines for the Management of Acute Malnutrition through Community-based Therapeutic Care or stand alone Therapeutic and Supplementary feeding services where no CTC services are available.
- National Guidelines for the Prevention and Management of acute malnutrition in Adults and adolescents

All malnourished children and their caregivers shall be routinely offered Testing and Counselling of HIV (TCH), and those confirmed HIV infected shall be referred to the appropriate services.

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
	9. Promote agricultural practices that encourage diversified food crops production practices among farmers in all districts	6th Dec08-Apr13	MOA	No of promotional campaigns	Crop diversification	
	10. Promote the rearing of small livestock such as chickens, rabbits, guinea pigs and goats and dairy animals for household consumption among farmers	6th Dec08-Apr13	MOA	No of promotional campaigns	Farmers having small stocks	
	11. Provide Support to the communities, households and individuals for them to run income generating activities for adequate access to a variety of foods at all times in selected communities and scaling up to 10 districts in phases	Mar09-June09	MOA	Support provided	No of income generating activities	
	12 Sensitise communities on proper food management techniques in all districts10 villages in each TA	Mar09-June09	MOA	Number of communities sensitised	Activity report	
	13. Develop, review and consolidate recipes that use indigenous foods to diversify diets and disseminate to reach at least 6 million people by 2011	Oct 08 - Nov 08	OPC / MOA/ MOCWD	Recipes developed, reviewed and consolidated	Report	

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
	5. Organise selected communities to establish a revolving seed fund for indigenous vegetables, other fruits and vegetables, high nutritive value foods and small livestock to loan to the community members. Pilot in a few districts and scale up in phases to reach at least 10 districts by 2011.	Mar09-June09	MOA	Communities Organise	No of groups	
	6. Support communities to produce indigenous, high nutritive value foods, livestock and other foods from the six food groups through the provision of small loans to selected communities while scaling up in phases to the 10 districts by 2011,	6th Dec08-Apr13	MOA	No of communities supported	Amount of loan given out	
	7. Promote backyard gardens and planting of fruit trees during wet and dry seasons in selected districts and scaling up to the 10 districts by 2011.	6th Dec08-Apr13	MOA	No of promotional campaigns	No of back-yard gardens	
	8. Promote aquaculture nationally through other development programmes, projects.	6th Dec08-Apr13	MOA	No of promotional campaigns	No of fish ponds	

Policy Implementation Requirements

The implementation of the Policy will require the creation of an enabling environment that promotes advocacy, partnership development, resource mobilisation, institutional and human resource capacity development, coordination, increased resource allocation from the Government of Malawi and from discrete and pool funding development partners. It will also require the use of evidence based response to emerging nutrition issues and continuous monitoring and evaluation for results oriented planning.

The implementation of the policy, will therefore, require to review and institute a number of management processes. The Government of Malawi through the Department of Nutrition, HIV and AIDS will provide a flexible system that will ensure periodic and adhoc review of the policy to respond to emerging global and local nutrition issues. The Department of Nutrition, HIV and AIDS, the individual sectors and the Government - Development Committee on Nutrition shall work together to mobilise resources both from within and external sources through continued engagement and advocacy with potential donors and Government budgetary allocation and increased donor funding within the Nutrition Sector Wide Approaches (SWAp) in the sectors.

Coordination and Networking

The policy implementation will require a multisectoral approach due to the varying mandates of the key stakeholders whose services and programmes are crucial in implementing the policy provisions. Infant and young child nutrition programmes and services in the country are mainly implemented through the Ministries of Health, Agriculture and Food Security; Women and Child Development; Education, Science and Technology; Trade and Industry; Justice; Information and Civic Education; and Labour. In addition private sector and civil society organisations have critical roles and responsibilities to play. The roles

and responsibilities of the key stakeholders are described in Annex 1 based on their sectoral mandates, core functions and comparative advantage.

The implementation of the policy will, therefore, adopt a multisectoral approach to facilitate adequate multisectoral collaboration, coordination and networking with a variety of individual organizations and institutions at all levels. The Department of Nutrition, HIV and AIDS shall take the leading role in coordinating and networking for the implementation of this Policy as a management tool in promoting infant and young child nutrition across sectors while services, programmes and projects within the sectors will be coordinated by the relevant Nutrition Units in the Ministries both at central and district levels.

In addition, the policy will operate within the existing national nutrition structures, inclusive of regular reporting, sharing of experiences and addressing the challenges for joint planning and timely action. The main policy committees will be the National Nutrition Committee and the Government- Development Partners Nutrition Committee which already provide policy direction in the National Nutrition Programme. The Infant and young child feeding Committee, the Targeted Nutrition Programme Committee and the National BFHI task force will be responsible for the provision of technical guidance and monitoring of the implementation of the policy and report to the National Nutrition Committee for policy direction and guidance. .

The stated mechanism facilitates the progression from a project centred approach to a programme that is more efficient and collaborative in the prevention and management of nutrition disorders in infants and young children.

In order for the key sectors to effectively meet their mandate as defined in the Infant and Young Child Policy document, several institutional capacity issues need to be addressed. The policy will require the strengthening of human and institutional capacity of the key sectors namely Health, Agriculture, Education, Women and Child Development and Local Government (including Local Assemblies) and communities. The Government of Malawi shall

STRATEGY	ACTIVITIES	TIME FRAME	RESPONSIBILITY	OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	BUDGET
Promote availability, accessibility and consumption of a variety of foods from the six food groups everyday by the women and the general public in order to strengthen the capacity of women, households and communities to adopt the optimal nutrition practices and health life styles for improving women nutrition	1. Conduct village and area level food fairs and campaigns on production and consumption of indigenous, high nutritive value foods and other foods from the six food groups in varied and diversified diets to reach at least 6 million people with the information by 2011.	6th Dec08-Apr13	OPC/ MoH/ MoA/ MoCWD	No of campaigns & fairs	Activity report	
	2. Document the type and diversity of foods for various geographical areas or districts in Malawi according to seasonal variations.	Oct 08 - Dec 08	MOA	No of documentation sessions	Food calender	
	3. Identify sources of seed materials for indigenous and high nutritive foods and stocks of animals for distribution to selected communities to multiply.	6th Dec08-Apr13	MoA	No of sources identified	Sources catalogue	
	4. Organise the selected communities to collect and multiply seeds for indigenous foods where possible and provide the initial start up seeds where required.	10th Dec08-April	MoA	No of communities Selected	Seeds collected	

STRATEGY	ACTIVITIES	TIME FRAME	RESPONSIBILITY	OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	BUDGET
OBJECTIVE 4:Increase percentage of women with adequate nutrition						
EXPECTED OUTPUT: Percentage of women with adequate nutrition						
Increase the number of women eating a variety of food from the six food groups with appropriate number of meals according to their physiological status.	1. Review key policies and guidelines on promoting maternal health (PMTCT, Reproductive Health) to incorporate optimal nutrition practices and key messages for promoting women nutrition before, during and after pregnancy	Oct 08 - Dec 08	OPC/ MoH	Reviewed policies and guidelines	Activity report	
	2. Orient at least 2 000 of service providers in each district such as Maternal and Child Health Coordinators, Nutrition Officers, Growth Monitors, Safe Motherhood Coordinators and providers, Family planning providers, IMCI providers, PMTCT coordinators, Agriculture Development Extension Officers and other relevant service providers on the reviewed policy.	Dec 08 - Feb 08	MoH/ MoA/ MoCWD	Number oriented	Activity report	
	3. Disseminate key messages on optimal nutrition practices for promoting women and child nutrition through various media channels to reach at 6 000 000 people.	On going	OPC/ MoH/ MoA/ MoCWD	Number reached	Activity report	

endeavour to put in place qualified personnel in the sectors to facilitate the incorporation process in the existing outreach programmes, coordinate and implement various interventions and services at sectoral and community levels. Furthermore, the implementation of the policy requires relevantly trained personnel at the central, service delivery and community levels. Service providers shall therefore, be trained in specific skills in order to realise proper implementation of the Policy at all levels. In addition, the Government, working in collaboration with development partners will provide the necessary equipment, materials and supplies without undue stock-outs for the effective delivery of nutrition and related services through the routine services and periodic campaigns.

Community Support System

Infant and young child nutrition is greatly influenced by community beliefs, attitudes and cultural norms some of which may have adverse effect on the Infant and young child nutrition while some are either beneficial or harmless. The success of the Policy will depend on the adequate understanding and respect of existing beliefs, attitudes and cultural norms. Active community participation and involvement is crucial in joint planning, implementation and consensus building on the issues. Special attention should be placed in strengthening the existing community support systems to improve the child's nutritional status and build the capacity of the community based service providers for day to day interaction and monitoring of the recommended practices and services at the community level. .

Behavioural Change and Communication

The infant and young child nutrition IEC messages that have been in use did not adequately address the enormous issues attributed to attitude, cultural practices and beliefs, and the emergence of HIV and AIDS. There is need to develop comprehensive behavioural change and communication (BCC) messages which will help to improve infant and young child nutrition. The BCC strategy will also cut across advocacy, gender issues, client provider interaction and improved

maternity protection. The implementation of the policy will therefore be based on the approach which uses simple doable oriented action key messages in service delivery. The messages will be delivered through various communication channels and using all possible key contact points with the caregiver within the services delivery points in the health sector, Agriculture, Women and Child Development, Education, Community, National and localised functions and public media. The policy will use the Behaviour Change Model that promotes negotiation with the caregivers on specific behaviours which they can implement within their context.

Monitoring and Evaluation

In order to foster a practice of continuous assessment and facilitate the monitoring and evaluation process, the Department of Nutrition, HIV and AIDS through the Central, Monitoring, Evaluation and Research Unit will reinforce the timely collection, processing and utilization of data at all levels using a comprehensive Information Management System that will be housed and managed at the Department but connected to sectors. In addition, a comprehensive facility and community-based nutrition surveillance system will be strengthened to track nutrition disorders. The surveillance will use sentinel sites in all the districts and the district management teams will be trained in data collection, analysis, interpretation and response in order to facilitate timely action at district level to emerging issues. Additionally various sectors will also provide data using monthly returns, reports and national or localised assessments for specific indicators as shall be required from time to time. The MDHS Micronutrient Survey and MICS will continue to provide vital information based on the stipulated indicators that they collect.

Operational research based on the National Nutrition Research Strategy which is also linked to the National Nutrition Policy and Strategic Plan will be regularly undertaken to help in the identification of the areas that can be improved, and reprogrammed.

The reported indicators will include those related to the recommended Infant and young child feeding practices, quality and coverage of nutrition and related services for Infants and young children and

STRATEGY	ACTIVITIES	TIME FRAME	RESPONSIBILITY	OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	BUDGET
OBJECTIVE 3:To increase number of children that are fed optimally during and after illness						
EXPECTED OUTPUT: Number of children that are fed optimally during and after illness.						
Strengthen integration of optimal practices and messages on feeding a child during and after illness in key child survival programmes such as IMCI, PMTCT, Growth monitoring and promotion.	1. Conduct review of guidelines, protocols and counselling tools for IMCI, PMTCT and growth monitoring to incorporate or update guidelines and key message on feeding a child during and after illness according to age	Dec 08 - Feb 09 Dec 11 - Feb 12	OPC/ MoH/ MoA/ MoCWD	Number reviewed	Availability of guidelines and protocols	
	2. Orient 2 000 service providers to the revised materials and tools in year 1 and year 3.	Mar 09 - Jun 09 Mar 12 - Jun 12	MoH/ MoA/ MoCWD	Number oriented	Activity report	
	3. Orient 2 000 service providers to integrate counselling services on feeding of sick child in management of a sick child, PMTCT, follow-up and growth monitoring services in year 1 and year 3.	Jun 09 - Aug 09 Jun 12 - Aug 12	MoH/ MoA/ MoCWD	Number oriented	Activity report	
	4. Sensitise caregivers, communities and the public to reach 6 000 000 people on importance of early seeking of health care when a child is sick and on optimal practices for feeding of a child during and after illness	On going	OPC/ MoH/ MoA/ MoCWD	Number reached	Activity report	

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
	8. Develop and re-view job aids for service providers at different levels on infant and young child feed-ing counselling and education	Sept - Dec 2008	OPC	Developed and reviewed job aids	Avail-ability of job aids	
	9. Disseminate job aids for 2 000 ser-vice providers at different levels on infant and young child feeding coun-selling and educa-tion in year 1 and year 3.	Sept - Dec 2008 Sept - Dec 2011	OPC/ MoH/ MoA/ MoCWD	Number of copies	Activity report	
	10. Train com-munity support system (VDCs, ADCs, DDCs) for providing on-going support and follow-up to care-givers, households and communities to strengthen their skills in implementing the recommended feeding practices.	On going	MoH/ MoA/ MoCWD	Number of support sys-tem reached	Activity report	

operational milestones and targets. The indicators are already defined and included in the monitoring and evaluation framework for the MGDS, National Nutrition Policy and Strategic Plan, accelerated child survival and development (ACSD), Essential health package (EHP) SWAp, Agriculture Development Plan (ADP), National Education Sector Pron (NESP) and other sectoral programmes.

SECTION B: GUIDELINES

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
	4. Conduct national wide nutrition education and campaigns in collaboration with the Ministry of Information and civic education and other government sectors, civil society's organisations, the Local leaders and politicians to reach 6 000 000 people.	On going	OPC and sectors	Number reached	Activity report	
	5. Conduct community dialogue, debates, campaigns and discussions in at least 10 village per TA per each district per year on the key recommended practices	On going	MoH/ MoA/ MoCWD	Number of villages reached	Activity report	
	6. Disseminate standardised messages on infant and young child feeding to reach 6 000 000 people.	On going	OPC/ MoH/ MoA/ MoCWD	Number of people reached	Activity report	
	7. Orient service providers (IMCI, Malaria, DEHO, DAC, ECD, SMHC, PMTC, FNO, DSWO, NO, DEM) in 28 districts in various child survival programmes to the optimal Practices and the key messages on optimal Infant and young child feeding practices at all levels.	On going	MoH/ MoA/ MoCWD	Number of officers oriented	Activity report	

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
	4. Conduct training of 10 trainers per district for ENA in 28 Districts in year 1 and 3.	Nov 08 - Jan 09 Nov 11 - Jan 12	OPC/ MoH/ MoA	Number trained	Activity report	
	5. Conduct training for 500 service providers per district from the sectoral Ministries and other stake-holders in ENA.	On going	MoH/ MoA	Number trained	Activity report	
	6. Develop and implement a comprehensive Communication Strategy for ENA.	Jul 08 - Apri 09	OPC	Number trained	Activity report	
Increase the knowledge and skills of service providers, caregivers, households and com-munities in appropriate infant and young child feeding prac-tices through a compre-hensive com-munication strategy and civic educa-tion.	1. Develop nutrition education kit on infant and young child feeding for information dis-semination and civic education us-ing the Behaviour change communi-cation approach.	Oct 08 - Dec 08	OPC/ MoH/ MoA/ MoCWD	Kit devel-oped	Copies of kits pro-duced	
	2. Print 2000 nutri-tion education kit on infant and young child feed-ing	Dec 08 - Feb 09	OPC	Printed kits	Cop-ies kits printed	
	3. Orient 150 stake-holders at National level and 10 per district in 28 dis-tricts on the use of the kit	Mar 09 - Jun 09	OPC/ MoH/ MoA/ MoCWD	Number of district man-agers and stakeholders oriented	Activity report	

Feeding Practices For Children In The First 2 Years Of Life And Beyond

Guiding Principle 1

Protect, promote and support breastfeeding in health facilities and community services and discourage practices which undermine breastfeeding.

Guidelines

Breast feeding is the natural and best way of feeding infants. It does not only save life but also improves the quality of life. Several benefits of breast feeding related to infant health, survival, growth and development, and maternal health have been reported in various literature. They include nutritional, ant-infective, contraceptive, psychological and economic benefits.

The unequalled benefits of breast milk have caused ever-growing global recognition of breast feeding as one of the key practices in promoting child survival, growth and development. This has lead to the global promotion, protection and support for breast feeding. The possible transmission of HIV from an infected mother to the child through breast feeding, however, poses a big challenge to the global and national efforts to promote, protect and support breast feeding. The risk of transmission is related to certain factors which can potentially be minimized to reduce the risk. Optimal infant feeding practices are crucial in ensuring adequate nutrition to the child while protecting it from various forms of infection including HIV.

The following guidelines should therefore be followed when feeding infants and young children:

1. The mother should initiate breastfeeding within half an hour (30 minutes) after delivery.

Milk production and ejection are stimulated by suckling, therefore mothers should be encouraged to put the child to the breast immediately after birth if everything is normal.

The child should get the first feed within half an hour after delivery. Children show strong suckling reflex and are awake the first hour after birth. They have a natural ability to look for and crawl to the mother's nipple if put on the mother's abdomen face down. Most of them are ready to breastfeed between 15 and 55 minutes after birth (Windstrom et al.)

- Hospital practices should facilitate this by allowing early skin to skin contact between the mother and the child.
- The child should be put on the mother's chest immediately after birth and cover them together with a cloth or blanket.
- There should be no separation between the mother and the child for weighing or bathing during the first hour after delivery unless there are some medical complications that require immediate attention.
- The mother should be allowed to hold and breastfeed the child while wrapped together even before the placenta is delivered.
- The mother and child should be allowed to stay together day and night.
- Hospital and family practices should support this by creating an environment where the mother will mostly hold and sleep with her child and not putting the child in baby cots.
- In facilities where guardians are allowed to look after the mother who has just delivered, the guardian flow and stay in the maternity ward should be controlled in order to allow time for the mother and child to be together and develop a relationship.
- The child should get Colostrum (the thick yellowish first milk).

STRATEGY	ACTIVITIES	TIME FRAME	RESPONSIBILITY	OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	BUDGET
	12. Train 30 Trainer of Trainers from the 5 pilot districts	Sep-08	MoH	Number trained	Training report	
	13. Train 30 service providers per facility from the 5 pilot district	Oct-08	MoH	Number trained	Training report	
OBJECTIVE 2:To increase percentage of children 6-24 months that are breastfed while getting appropriate complementary feeding with emphasis on feeding frequency, amount, energy and nutrient density and diversity based on the six food groups.						
EXPECTED OUTPUT: Percentage of children 6-24 months that are breastfed while getting appropriate complementary feeding with emphasis on feeding frequency, amount, energy and nutrient density and diversity based on the six food groups.						
Promote implementation of simple doable actions for promoting optimal complementary feeding for the children 6-24 months through scale up implementation and integration of the Essential Nutrition Actions (ENA) in various programmes, projects and contact points with the mother and the child at all levels	1. Conduct stakeholders orientation meetings on the Essential Nutrition Actions (ENA) approach reaching 10 people per district including NGO partners in 28 districts.	On going	OPC/ MoH	Number of meetings	Orientation report	
	2. Develop or review and print 1000 operational guidelines copies and 1000 job aids for the integration of ENAs in the nutrition programmes, projects, child survival programmes and other development interventions and activities at all service delivery points in year 1 and 3.	Sept - Oct 2008 Sept - Oct 2011 Sept - Oct 2013	OPC/ MoH/ MoA	Number developed or reviewed and printed	Availability of job aids and guidelines	
	3. Disseminate operational guidelines and job Aids for the integration of ENAs reaching 2000 service providers and stakeholders.	Oct - Dec 2008 Oct - Dec 2011 Oct - Dec 2013	OPC/ MoH/ MoA	Number of copies	Activity report	

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
	5. Conduct quarterly and ad-hoc code monitoring on infant and young child foods in strategic districts in the country (cities, boarder and main towns), health facilities and other relevant Institutions.	On going	MoH	Number conducted	Activity report	
	6. Conduct quarterly meetings for the National Code Advisory Committee	On going	MoH	Number conducted	Minutes of the meetings	
	7. Orient employers and employees on the need for maternity protection and support to lactating mothers	September - October	MoH/ MoL	Number of orientations	Activity report	
	8. Engage community based service providers and support groups in regular follow-up and support to pregnant and lactating mothers in all communities	On going	MoH	Number followed up	Activity report	
	9. Pilot the Community Baby Friendly Initiative in 5 districts	July 09 - Jun 10	MoH	Number piloted	Activity report	
	10. Scale up Community Baby Friendly Initiative at least 5 communities in 10 district/year	July 10 and on-going	MoH	Number scaled up	Activity Report	
	11. Revise the current growth monitoring and promotion guidelines and materials to incorporate new WHO Growth Standards	Aug-08	MoH	Number linked	Activity report	

- Counsel the mother on the importance of colostrum stressing that:
- Colostrum has special properties that make it a must for the newborn baby.
- It contains more antibodies and other anti-infective proteins than mature milk so that it provides protection against diseases even before the first immunizations are given to the child.
- It has some purgative effect which helps to clear meconium from the child's gut to prevent jaundice in the new-born.
- It contains growth factors which are reported to facilitate the new-born's immature intestines to develop after birth.
- It contains more vitamin A than mature milk. Vitamin A helps the body to fight infections too and promote proper vision especially in dim light.
- It contains bifida factors that prevent diarrhoea.

2. Mother should breastfeed the child on demand

- Inform the mother that:
- Breastfeeding is influenced by the frequency of breastfeeding such that frequent breastfeeding stimulates more milk production.
- Mothers should allow the child to breastfeed as often as the child and mother want at least 8–12 times day and night.
- The mother should let the child to breastfeed for as long the child wants until the child leaves the breast on his/her own.
- Frequent breastfeeding promotes bonding.
- Frequent breastfeeding increases the chance of the child getting enough milk which is important considering that its stomach capacity is still small.
- Hospital and family practices should support mothers to successfully breastfeed on demand by:
- Allowing the mother and child to sleep with the mother on the same bed and room.
- Avoid long separation of the baby from the mother for medical procedures unless the procedure is medically life threatening.

- Allow mothers access to feed their children in special care units without restrictions unless medically advised.
- Provide mothers and other caregivers with adequate information at any given session such as at antenatal, group counselling and under five clinics on the benefits of breastfeeding and the importance of frequent feeding.
- Encourage mothers to wake up the child to breastfeed if the child sleeps for more than one hour.
- The family should support the mother in household chores and create more time for her to rest and stay with the child.
- The mother should never bottle feed nor give pacifiers (dummies or artificial teats) to her child
- Inform the mother and other caregivers that bottle feeding can interfere with breastfeeding by reducing the frequency of breastfeeding and causing nipple confusion which may make the child fail to suckle effectively on the nipple.
- Inform the mother and other caregivers that bottle feeding can also cause diarrhoea and other common infections apart from being expensive.

3. Mother should express breast milk to feed the child in case of separation of longer than one hour

Mothers may need to be separated from the child for periods more than one hour for some reason. The long separation period interferes with breastfeeding frequency. It may affect milk production and deprive the child of its best food.

In cases of long separation beyond one hour encourage mothers to express their breast milk and leave it with other family members to feed the child.

- Inform the mother that expressing breast milk :
- Allows the child to continue getting the breast milk even in the mother's absence.
- It maintains lactation and prevents breast engorgement since the mother empties the breasts.
- It also facilitates production of more milk.
- Show mothers proper techniques for expressing breast milk.

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
	6. Orient at least 30 community support groups per year for each PMTCT and BFHI facility	On going	MoH	Number oriented	Orien-tation report	
	7. Orient at least 300 Community lead-ers in Infant and young child feed-ing in each district	On going	MoH/ MoA/ MoWCD/ MoEST	Number oriented	Orien-tation report	
	8. Develop clearly defined referral network among HTC, PMTCT and Infant feed-ing counselling services.	Apr-09	MoH	Referral network de-veloped and defined	Activity report	
Strengthen support and protection to mothers to adequately and suc-cessfully breastfeed at national, district and community level	1. Conduct bi-annual sensitisation and awareness cam-paign on the role of breastfeeding in child survival among the pub-lic, local leaders, service providers, communities and caregivers.	On going	OPC/ MoH/ MoA/ MoCWD/ MoICE	Number conducted	Activity report	
	2. Incorporate civil society involve-ment in promotion of optimal Infant and young child feeding practices	On going	OPC/ MoH	Number of civil societies involved	Activity report	
	3. Conduct bi-annual orientation and review meeting on the code of mar-keting infant and young child foods with stakeholders	On going	MoH/ OPC	Number conducted	Activity report	
	4. Train 10 Code national monitors, the DEHO and 5 other monitors in each district.	On going	MoH	Number trained	Activity report	

STRATEGY	ACTIVITIES	TIME FRAME	RESPON-SIBILITY	OBJEC-TIVELY VERIFIABLE INDICATOR	MEANS OF VERI-FICA-TION	BUDGET
	6. Conduct annual assessment of 10 new Health facilities for BFHI status every year, and re- assessment of 50 old Baby Friendly Hospitals every two years	On going	MoH	Number of assessed and re-assessed	Assess-ment and re-assess-ment report	
	7. Conduct bi-annual review and coordination meeting for stakeholders	Dec and June	MoH	Number of coordination meetings conducted	Activity report	
Increase number of service providers with adequate knowledge and skills to counsel mothers and other care-givers on infant and young child feeding at facility and community level	1. Update Infant and young child counselling tools in the context of HIV and AIDS to incorporate new WHO recommendations and other emerging issues	Nov - Dec. 08 and midterm review	MoH	Updated counselling tools in context of HIV and AIDS	Coun-selling tools avail-able	
	2. Disseminate the revised tools to all stakeholders	On going	MoH	Revised tools disseminated	Dissem-ination report	
	3. Train 6 000 service providers and counsellors in Infant feeding in the context of HIV and AIDS	On going	MoH	Number trained	Train-ing report	
	4. Integrate training in Infant and young child feeding counselling in the ACSD, OVC, Community Nutrition and other relevant programmes	Jan - Feb. 09 and midterm review	OPC	Number in which Integrated	Activity report and revised docu-ments	
	5. Train at least 5,000 community based service providers in Infant and young child feeding in the context of HIV and AIDS	On going	MoH/ MoA/ MoWCD/ MoEST	Number trained	Train-ing report	

- Counsel her on how to give the milk to the child using a well cleaned safe cup to avoid contamination.
- Remind her not to use feeding bottles as they are usually difficult to clean and the child may refuse to feed on the breast once it gets used to the bottle teat

4. Mother should give the child breast milk only for the first 6 months (180 days) of the child's life

- Remind the mother of the benefits of breast milk:
- As a complete and natural food to the child which is adequate for the first six months of life.
- Suitable for the infant's immature digestive system and small stomach size.
- Emphasise that before 6-moths the child's digestive system is not well developed to effectively digest and absorb other foods and fluids. The stomach capacity is small hence the child needs a complete well balanced food in the form of breast milk only.
- Inform her that other foods and fluids may be bulky, less digestible. Though, filling the stomach, they may not provide the child with all the required nutrients in the right amount and proportion as in breast milk.
- Emphasise that the child should be given breast milk only during the first six months of the child's life. No other foods and fluids and not even water should be given to the child.
- Remind her that artificial feeding or early introduction of other foods and fluids before six months may increase the risk of infections, allergies and malnutrition.
- Inform her that the child may either become obese or undernourished due to the inpropotianate of amounts of nutrients from other foods and fluids.
- Further remind her that artificial feeding before six months of age may interfere with breastfeeding and bonding since the child is likely to feed less on the breast and this will interfere with milk production.

- The mother may end up not having enough milk. When formula is introduced earlier the bay may become more used to the bottle teat and lose its ability to suck effectively on the breast. This may cause sore nipples, poor milk ejection, inadequate milk removal which may cause breast engorgement, refusal to breastfeed and lactation failure.
- Inform the mother that children who are given other foods and fluids earlier are likely to stop breastfeeding earlier.
- Hospital practices should avoid giving children pre-lacteal foods such as glucose unless on medical prescription while home deliveries should avoid giving "Dawale" of water.
- Hospitals should also abide to the international and national code of marketing of Breast Milk Substitutes.

5. Mother should position and attach the child correctly to the breast

The position at which the mother breastfeeds has a bearing on successful breastfeeding.

Show mothers how to position and attach the child correctly to the breast by doing the following:

- Assisted the mother to get into a comfortable position that allows them not to bend or stretch themselves.
- Ensure she is in a position that will make her feel relaxed without any pain and which does not tire her easily in order to breastfeed for long and adequately.
- Where necessary, use pillows or folded blankets under her arm if she is sitting or head if she is lying down to make her sit or lie in more comfortable position.
- Inform the mother that the positioning of the child to the breast is equally important it helps the child to attach well to the breast and be comfortable to suckle as long as the child wants.
- Pillow or folded blanket may also be used to raise the child to the level of the breast.
- Emphasise to her that correct positioning would:
- Stimulate more suckling, more milk removal, and more production; and prevent breast engorgement.

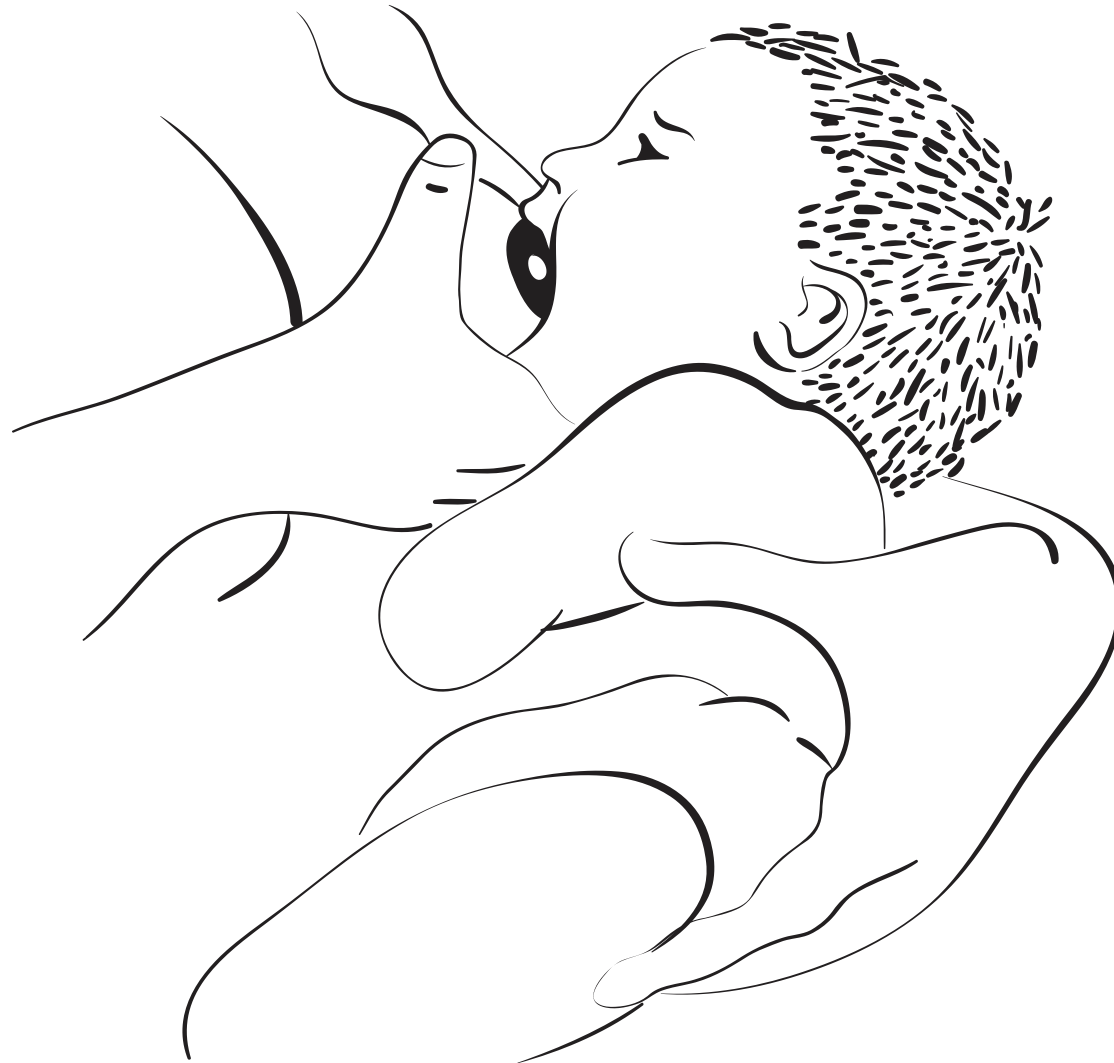
The policy will be implemented through a number of strategies in line with the National Nutrition Policy and Strategic Plan. The key strategies are indicted in the attached strategic matrix.

STRATEGY	ACTIVITIES	TIME FRAME	RESPONSIBILITY	OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	BUDGET
OBJECTIVES: To increase the rate of exclusive breastfeeding of infants for the first 6 months of life from the current levels of 53.3 % to 85% by 2013						
EXPECTED OUTPUT: Percentage of women who are exclusively breastfeeding their infants for the first six months of life.						
Strengthen implementation of the Baby Friendly Hospital Initiative (BFHI) targeting at least 10 facilities every year	1. Conduct advocacy and orientation meeting of Management Teams for the targeted 10 health facilities per year	On going	MoH	Number of facilities reached	Activity report	
	2. Review the Infant and young child Nutrition Policy and guidelines in the context of HIV and AIDS	July - Aug. 08 and midterm review	OPC	Reviewed policy and guidelines	Policy and guidelines document available	
	3. Disseminate the revised guidelines to all stakeholders	Oct-08	OPC	Revised guidelines disseminated	Activity report	
	4. Review and consolidate the training materials for Infant and young child feeding in the context of HIV and AIDS	Nov - Dec. 08 and midterm review	MoH/ OPC	Reviewed and consolidated training materials	Training materials available	
	5. Provide technical support to 100 Health facilities per year to maintain or attain the BFHI status	On going	MoH	Number visited	Field visit report	

SECTION C: IMPLEMENTATION STRATEGY

- Help to prevent sore or cracked nipples
- Inform the mother that:
- Correct attachment to the breast allows the child to take more of the areola into the mouth.
- The milk storage ducts lie underneath the areola.
- Correct attachment will therefore encourage effective removal of breast milk.
- Assist the mother to do the following to attach the child well to the breast:
- Hold her breast with her fingers in a C- shape, the thumb being above the areola and the other fingers below (see diagram below).
- Ensure fingers are not in scissor hold to avoid putting pressure on the milk ducts which may disturb milk flow in the ducts
- Touch the child's lips with the nipple and wait until the child opens the mouth widely
- Move the child onto the breast with the child's lower lip below the nipple.
- Avoid moving only the child's head but support the back and the neck such that the whole body is straight and well supported and move the whole body.
- The breast tissue should not block the child's nose while suckling.
- The mother should not lean over the child. She should bring the child to her breast without moving her breast to the child.
- Check for the following signs of correct positioning and attachment during breast feed

Correct positioning:



a. The mother is relaxed and comfortable
b. The child's body is close to the mother and facing the breast.
c. The mother's and child's stomach should touch
d. The mother holds the infant's entire body, not just the neck and shoulders.
e. The child's head and body is straight.
f. Correct Attachment

MANAGEMENT OF MODERATE AND SEVERE ACUTE MALNUTRITION IN UNDERFIVE CHILDREN, PREGNANT AND LACTATING MOTHERS

Manage moderately, severely and acutely malnourished under-five children pregnant and lactating mothers following national guidelines.

Guidelines

These guidelines should be used with reference to national guidelines on the management of moderate and severe acute malnutrition.

Health workers and other trained service providers should mobilise communities on the early case detection and refer all cases of acute malnutrition to the nearest health facility according to the national guidelines.

1. Service providers should ensure that eligible beneficiaries are registered for appropriate malnutrition management services such as the CTC, Stand alone therapeutic and supplementary feeding services.
2. Service providers should manage the eligible clients according to the national protocols.
3. Service providers should follow up and link discharged clients to community based services.
4. Reinforce growth monitoring and promotional services for all children under-five years of age.

Service providers should encourage care givers to bring their children for growth monitoring and promotion at least for the first 2 years of life and until the child is five years of age where this is possible.

- Service providers should assess the child's nutritional status, developmental milestones, immunisation status, feeding practices and clinical indications.
- Service providers should counsel, manage and refer children accordingly.
- Service providers should follow up and link discharged clients to community based services.
- Where feasible, children should be encouraged to join early child development centres for play and development

- Service providers and stakeholders should encourage care givers to use of iodised salt in diet preparation.
- Service providers should counsel care givers to use oil-rich foods together with vitamin A-rich foods for better utilization of vitamin A.
- Service providers should counsel care givers to use vitamin C-rich foods together with plant-based iron-rich foods for better utilization of iron.
- Facilitate prevention, control and treatment of parasitic and infectious diseases in children.
- These guidelines should be used with reference to Integrated Management of Childhood Illnesses (IMCI) and other relevant public health guidelines.

Service providers should provide information on the relationship between nutrition and infection to all caregivers/mothers and the general public.

- Health workers should follow standardized guidelines/ protocols in the prevention, control and treatment of childhood illnesses.
- Service providers should encourage caregivers/mothers to use insecticide treated nets every night throughout the year
- Service providers should encourage caregivers/mothers to bring their children for immunisation according to the schedule.
- Health workers should ensure that all children are immunised according to the schedule.
- Service providers should encourage caregivers/mothers to use safe and clean water.
- Service providers and stakeholders should encourage caregivers/mothers to adhere to hygiene and sanitation practices.
- Health workers should de-worm all children from 12 months

- The mother should bring the child towards her breast and not leaning towards the child
- The child's mouth is open wide.
- The child's lips are curled outwards.
- The child's chin touches the mother's breast.
- The mother's entire nipple and a good portion of the areola should be in the child's mouth.
- More areola should show above rather than below the nipple.
- The child should be suckling properly.
- If the attachment is poor, the mother should remove the child from the breast and start the process again.
- To remove the child from the breast, the mother can break the suction by putting her fingers gently into the child's mouth.

- Remind her that poor positioning, attachment and suckling results in sore or cracked nipples and incomplete removal of milk, which can lead to breast engorgement, blocked ducts and mastitis.

The mother would know the child is suckling effectively through the following signs:

- Visible jaw movements. The child takes slow deep sucks, sometimes pausing
- There is no drawing in of cheeks.
- Suckling is comfortable and pain free
- The mother hears her child swallowing
- The breast is softer after the feed

Show the mother common methods of breastfeeding positions that could be used for successful breastfeeding:

Breastfeeding positions

The mother should

- Be comfortable by resting her back on the chair or cushion with feet crossed or raised on a stool because any pain that the mother may feel, will interfere with breast feeding.
- Hold the child such that his/her head, back and buttocks are in a straight line
- The child should face the mother's breast
- The mother should ensure that
- The child's body is close to the mother's such that the child's stomach should touch the mother's stomach
- The child's body is well supported with the head lying on the mothers elbow and her hand on the infant's buttocks
- The child is brought to the breast and not the mother leaning towards the child

The mother should hold her breast with her fingers in a C shape as describe above.

5. Service providers should encourage all households to give their children fortified foods.
6. Where fortification facilities exist, service providers should promote community level fortification of locally processed foods.
7. Guiding Principle 2
    - Reinforce fortification regulations and mandatory food standards where applicable.
    - Guidelines

These guidelines should be used with reference to salt iodisation regulations and Malawi Bureau of Standards (MBS) food standards and other legal food regulations as shall be defined from time to time.

MBS should ensure that food fortification is done according to the stipulated Malawi standards and regulations.

1. Port Health Officers, Environmental Health Officers (District and City Assemblies), Health Surveillance Assistants, other service providers and MBS staff should ensure that all salt for human and animal consumption in Malawi is adequately iodised as stipulated in the salt iodisation regulations.
2. Promote the production, accessibility and consumption of a variety of high nutritive value foods rich in micronutrient.
    - Promote appropriate food combinations and recipes to facilitate biological availability and utilisation of various nutrients by the body.
    - These guidelines should be used with reference to Community Nutrition Training Manual for Extension Workers. The multimix principle (a method of using foods from different groups at each meal time) should be used.

Service providers should encourage households to produce a variety of foods and use them in the preparation of complementary diets for their children.

- Service providers and stakeholders will provide recipes for complementary foods.
- Service providers should teach/demonstrate the preparation of complementary foods using a variety of foods from the six food groups while discussing their nutrient content.

8. Donor communities should facilitate the acquisition of regular and sufficient supplies of suitable infant and young child foods where these could be necessary, without undermining breastfeeding.
9. Service providers should facilitate hygiene in the preparation of artificial feeds by parents/guardians for the artificially fed infants.

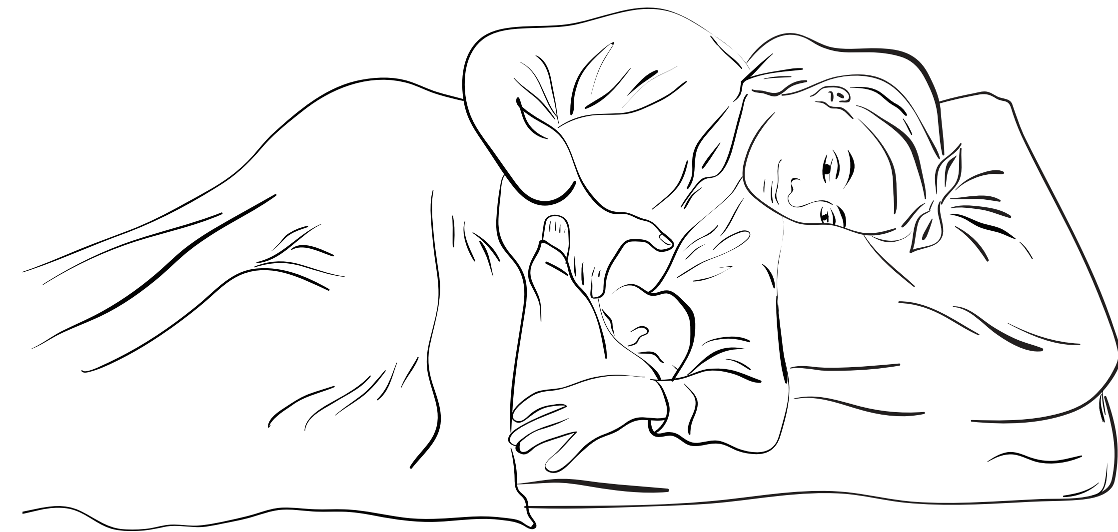
Micronutrient Promotion

Promote micronutrient supplementation for children, pregnant and lactating mothers according to national protocols.

These guidelines should be used with reference to National Reproductive Health Guidelines (2004)

1. Service providers shall encourage all pregnant women attending antenatal services to take iron/folate supplements (60mg iron/0.5g folate) on daily basis (The mother should get at least 120 tablets).
2. Service providers may supplement iron/folate to other groups such as children under five years of age, school aged (6 – 12 years), and adolescents where this is possible.
3. Service providers shall supplement all children from 6 – 59 months with vitamin A capsule once every six months (<12 months, 100, 000 IU, >12 months 200, 000 IU).
   - Service providers shall supplement all mothers with a single dose of vitamin A (200, 000 IU) immediately after delivery or at least within 8 weeks of delivery.
   - Health Care Workers shall ensure that all children aged 6 - 59 months receive Vitamin A supplements according to schedule even if they had treatment dose in less than 6 months.
   - Health workers shall ensure that all children with persistent diarrhoea, measles, severe malnutrition and exophthalmia receive a treatment dose of vitamin A as part of the case management even if they had received vitamin A supplement in less than 6 months.
   - Promote use of fortified foods by all households.
   - Guidelines
4. Service providers should inform mothers on the importance of using fortified foods.

2. Side-Lying



This position is more comfortable for the mother after delivery and it helps her to rest while breastfeeding.

It could also be used by mothers who have had caesarean birth or episiotomy

The mother should:

- Lie on her side comfortably
- She should hold the child close at her side, with the child facing her
- She should guide the child's mouth to the breast

3. Football or clutch position

This position is best used:

- After a Caesarean section,
- When the nipples are painful, or to clear blocked ducts since the mother uses different positions to breastfeed the child
- To breastfeed twins.
- For very small or sick children or those with some disabilities that make it difficult to attach to the breast

The mother should

Sit comfortably with the child under her arm on her side

- Raise the child to the breast using the palm and the fore arm until the child is level with the nipple.
- Hold the back of the child's head

2. Where possible service providers should establish the HIV status of the mother for appropriate management of the infant's feeding.
3. Mothers who experience interruption in breastfeeding should be assisted to re-lactate and continue breastfeeding where possible.
4. Mothers who are severely malnourished should be given comprehensive treatment as stipulated in the guidelines for National Guidelines for Prevention and Management of Acute Malnutrition, and be assisted to continue breastfeeding.
5. Mothers should be supported to effectively feed their infants and young children.
6. Guiding Principle 2

Encourage the introduction of complementary foods from 6 months according to the recommended practices.

Any food donation to children 6 – 24 months should be fortified.

1. The food basket should include energy and protein rich foods.
2. Service providers should encourage mothers to introduce energy and nutrient-rich foods from 6 months while continuing to breastfeed on demand up to 2 years or beyond.
3. Caregivers should be advised to always follow the standard food hygiene rules when preparing food for the child to avoid food contamination.
4. Caregivers should actively participate in feeding the child from an individual plate or cup in order to ensure adequate food intake by the child.
5. Cup-feeding should be the standard feeding method, feeding bottles and use of teats should be discouraged.
6. Caregivers should be encouraged to continue breastfeeding, giving more energy and nutrient-rich foods or fluids more frequently than usual to children who are sick or recovering from illness.
7. Reinforce the National Code of Marketing of Infant and Young Child Foods and subsequent World Health Assembly (WHA) resolutions as shall be reviewed from time to time.

Service providers and other stakeholders should reinforce the National Code of Marketing of Infant and Young Child Foods and subsequent World Health Assembly (WHA) resolutions as shall be reviewed from time to time.

1. Mothers who are HIV positive should be given on-going counselling and continuous support (at 1 week, 6 weeks 10 weeks, 14 weeks after birth and monthly thereafter) to sustain their feeding option and for family planning.
2. Health care workers and other service providers should encourage mothers or caregivers to introduce complementary feeding from six months according to recommended practices while continuing with their infant feeding option
3. Health care workers and other service providers should encourage mothers to continue breastfeeding infants who are known to be HIV infected or those who have not gained weight in the previous two months (less than 250g gained in last 2 months)
4. Guiding Principle 2

Promote and maintain the standard approach to the management of feeding of infants from mothers who are HIV positive

1. Health workers and other service providers should ensure that counselling of HIV positive mothers on infant feeding options should initially be on one-to-one and thereafter it can be offered in group sessions, however those with specific needs can be counselled individually.
2. Health care workers and other service providers should observe standard protocols for maintaining confidentiality for counselling women and their partners on infant feeding options as stipulated in the PMTCT and HTC guidelines.
3. Health care workers and other service providers should emphasise the importance of shared confidentiality among support group members
4. Health care workers and other service providers should encourage sharing of experiences among members of support groups.
5. Protect, promote and support breastfeeding and eliminate practices which undermine breastfeeding among populations in emergency situations.

Infants aged below 6 months of age who are accompanied by their own mothers should continue to be exclusively breastfed.

1. For infants less than 6 months of age who are not accompanied by their mothers should be fed commercial formula in line with the national guidelines and code of marketing.

- The mother should support the child's head and body with her palm holding the base of the child's head at the level of the ears or lower and forearm supporting the length of the back and bottom.
- Ensure that the child's body is straight
- Remind her that regardless of the position chosen, the mother must be comfortable. She should not lean toward the child but rather draw him/her towards herself. The child should take more of the areola into his or her mouth for effective suckling and removal of breast milk. The mother should avoid pressing on the breast as this may disturb milk flow and may lead to inadequate removal of milk from other ducts or block some ducts. The mother should also avoid wearing tight clothes such as tight bra which may block ducts.

Illustrations of Common Breastfeeding Positions & Proper Attachment

6. Mother should feed the child on one breast first until it is empty before switching to the second.

Inform the mother that this practice is important because:

- It allows the child to empty the first breast before the second one so that the child receives both "fore" milk (which has a high water content to quench the child's thirst) and "hind" milk (which is rich in fat and nutrients).
- It ensures adequate removal of the breast milk from each breast which encourages more milk production.
- The mother should eat more than usual during pregnancy and lactation

Inform the mother that:

- When a woman is pregnant, her nutrition needs are higher than when she is not and than a woman who is not pregnant due to various changes that take place in her body.
- She needs to gain extra weight of 11-15 kg on average in order to ensure the normal birth weight for the child.
- Her uterus, placenta, breasts and blood all increase in size or amount during the first half of pregnancy.
- She also needs to store fat, vitamin A and other nutrients in preparation for lactation.
- She needs to maintain her own body processes, health and activity.

- The mother should always check the expiry date on the pack to ensure that the milk is not expired.
- Advise the mother to prepare enough formula for one feed at a time as indicated in the instruction table on the pack or could be guided by the table below. Any left over milk should be discarded and not kept for future use.
- Give mothers information on the dangers of bottle feeding. A bottle is difficult to clean, hence may keep dirt and germs that may cause the child to be sick from diarrhoea and other diseases
- The mother should always feed the child using a clean open cup which has been boiled to avoid germs that may cause diseases.
- Advise the mother not to keep the prepared milk in a thermos flask to avoid microbial growth; however she may keep hot water in the thermos, after through cleaning of the thermos, to make formula for each feed.
- Emphasize to the mother the importance of following basic hygiene practices to prevent the introduction of harmful bacteria and other germs to the infant.
- Emphasise to the mother or caregiver that if the formula is not prepared correctly, an infant is more likely to get sick from diarrhoea and pneumonia, and develop malnutrition. Safe preparation requires clean water (boiled for 10 minutes), fuel, and soap for cleaning utensils. Therefore, advise the mother to:
- Boil or use bleach to disinfect utensils for preparing feeds before use. Follow manufacturer's instructions if bleach is used to disinfect utensils.
- Keep the utensils in a clean and covered container
- Wash hands with soap and water before handling and preparing the feed and before feeding the child.
- Wash hands every time she changes the child nappies or when she cleans the child and after she goes to the toilet.
- Always use previously boiled water to prepare formula.
- The table in annex 2 can be used as a guide to determine the number of feeds an infant will need per day, as well as how much formula is needed per feed:

- The option completely eliminates the risk of MTCT through breastfeeding, however; it deprives the child and mother of the benefits of breastfeeding
- Replacement feeding lacks other nutritional and growth factors found in breast milk that have been linked with optimal growth and development.
- Formula does not contain antibodies, which protect infants from infection. In addition, Formula feeding does not protect from pregnancy.
- Commercial infant formula is the recommended replacement feeding form of milk when AFASS conditions are met.
- The formula is already modified to suit the physiological characteristics and nutritional needs of the child.
- Commercial infant formula is fortified with vitamins and minerals that the baby requires;
- Commercial formula is however costly. An infant fed from birth to 6 months should consume approximately 40 tins of commercial formula weighing 500g each or 44 tins of 450g each or 50 tins weighing 400g each.
- Encourage mothers to cost this and the resources required for the safe provision of replacement feeds.
- Determine if the mother will have adequate amount and flow of income to meet the child's requirement, the anticipated socio-cultural problems, resources and the feasibility of providing the replacement feeds according to recommended amount and frequency.
- Consider the source and availability of commercial formula in the area to avoid long stock outs. A continuous/reliable supply of formula will be needed to prevent malnutrition.
- Emphasize to the mother the importance of exclusive replacement feeding.
- Emphasize to the mother that she should not breastfeed at all.
- Demonstrate to the mother how to prepare the commercial infant formula based on the instructions on the pack.
- Advise the mother to follow all the instructions given for the preparation, mixing and storage of the commercial infant formula.

- She needs extra nutrients for the growing foetus especially in the second half of pregnancy.
- During this time the foetus is growing rapidly and storing energy in the form of fat and micronutrients such as vitamin A and iron.
- The foetus needs iodine, iron and other nutrients for normal physical and mental growth and development.
- Adequate nutrition during pregnancy would therefore improve pregnancy outcomes and increase child survival.
- It would also help to sustain her physical capacity to work and care for the family.
- Adequate nutrition would increase her chances of survival during pregnancy, labour, delivery and after birth.
- Poor nutrition before and during pregnancy increases the risk of miscarriage, abortion, still birth and peri natal and maternal death.
- Poor nutrition during pregnancy may lead to low birth weight and mental retardation that may be irreversible.
- Low birth weight babies fall sick often and are more likely to die
- Therefore counsel the woman on her own nutrition as follows:
- Eat a variety of foods every day from various food groups that should include vegetables, fruits, cereal, pulses, animal foods and foods containing some fats especially from vegetable sources.
- Eat at least three meals with one additional meal everyday. All the meals should contain a variety of foods.
- Eat nutritious snacks in between meals.
- Eat foods rich in Vitamin A, such as meat, brightly coloured fruits such as mangoes, pawpaw, carrots, pumpkins and green leafy vegetables like bonongwe, nkhwani, nkhwanya, luni, fish
- Eat vegetables and fruits rich in vitamin A with a meal containing some fats to facilitate the proper absorption of vitamin A in the body. Vitamin A is fat- soluble.
- Eat foods rich in iron such as liver, red meat, and green leafy vegetables

- Eat the iron rich vegetables with foods rich in vitamin C to facilitate the absorption of iron in the body.
- Take iron/folate tablets once per day every day for the entire period of the pregnancy for your own well being and for proper physical and mental development of the child.
- Always use iodised salt in their meals
- Drink a lot of fluids such as water, thobwa, natural fruit juices and milk.
- Prevent and seek early treatment for infections
- Eat at least three meals with two additional meals everyday. All the meals should contain a variety of foods from various food groups.
- Eat additional foods rich in vitamin A to increase the amount of Vitamin A in the breast milk.
- Receive a high dose of Vitamin A supplementation (200, 000 IU) soon after the birth of the child or at least within eight weeks postpartum in order to ensure adequate amount of Vitamin A content in the breast milk.
- Drink plenty of fluids.

Guiding Principle 2

Health care facilities shall put in place necessary systems to effectively promote, protect and support optimal infant and young child feeding in line with the global and national recommendations and instruments such as the 10 steps to successful breastfeeding. The 10 steps are meant to strengthen health workers' skills and support to the mothers. The following guidelines will help Health facilities to promote, support and protect breast feeding based on the 10 steps to successful breastfeeding.

Every health facility providing maternity services should have a written Infant and young child feeding policy that is routinely communicated to all health care staff, other service providers, workers and the community.

1. The policy should be posted in key strategic areas of the hospital such as the notice board, maternity ward, District Health Management Team Offices, paediatric ward, OPD (ans)? Nurse and doctors' stations

- The breastfeeding option is also ideal for mothers whose children are known HIV positive. Such mothers should be encouraged to exclusively breastfeed for the first six months of the child's life and continue breastfeeding with appropriate complementary feeding until the child is two years or beyond.
- The service providers should adequately assist the mothers to successfully and safely breastfeed the child by the optimal feeding practices described earlier. In addition:
- Explain to the mother when to return for follow-up for infant feeding counselling, growth monitoring and immunization according to the schedule or when she has problems with the baby or her own health.
- Encourage HIV disclosure to the family for support of her decision to exclusively breastfeed.
- Discuss with the mother the common breast problems, their prevention and management.
- For mothers who develop the breast problems (mastitis, cracked nipples), advise as follows:
- If one breast is affected, continue breastfeeding on the unaffected side only. The mother should express and discard breast milk from the affected breast so that milk supply is not affected.
- If both breasts are affected, consider heat treatment of expressed breast milk until the breasts heal. Encourage the mother to express the breast milk every 3-4 hours so that milk supply is not affected.
- If AFASS requirements are met at the time that the mother has a breast or nipple problem, the mother may opt to use replacement feeds and stop breastfeeding completely.
- Encourage the mother to go to the nearest health facility for treatment immediately

Inform the mother that:

- Replacement feeding is the feeding of infants who are receiving no breast milk with a diet that provides the nutrients that the infant needs until the age at which he or she can feed on family foods.

2. Health workers should give full information on possible infant feeding options to mothers who are HIV positive and assist them to make an informed choice
3. Health care workers and other service providers should promote, protect and support exclusive breastfeeding for HIV exposed infants for the first 6 months of their life unless replacement feeding is acceptable, feasible, affordable, sustainable and safe () for them and their infants before that time.
4. Inform mothers of the two main options recommended in Malawi as follows:

The Breastfeeding Option:

- When an HIV positive mother chooses to breastfeed, she should be encouraged to do it exclusively during the first six months.
- No other foods or fluids such as glucose water, gripe water, other milks, juices, sodas, thobwa, porridge, dawale, mzuwa or other traditional drinks or solids should be given to the child during this time.
- Support the mother through on-going counselling, follow-up and psychological support by health workers, community workers and trained support groups in order to maintain exclusive breastfeeding and to adopt optimal practices for successful and safe breastfeeding.
- Counsel the mother and other caregivers on the dangers of giving the child other foods and fluids while breastfeeding before six months. If the child is given other foods and fluids, they may irritate the lining of the baby's stomach and increase the chances of HIV transmission through breast milk.
- Counsellors should remind the mothers on the possible risk of MTCT of HIV through breast milk while emphasizing that not all mothers that are HIV positive will transmit the HIV to their child.
- When the child is six months, the mother should introduce replacement feeding if AFASS conditions are met. If AFASS is not met at six months, then the mother should continue to breastfeed while giving appropriate complementary foods.

2. Health facilities should train health care staff at all levels of the service provision on knowledge and skills necessary to implement the breastfeeding policy through in-servicing training, on-the job mentoring and periodic orientations.
3. Health facilities should have an Infant feeding task force that should oversee the implementation of the policy
4. The Health Management Team and Infant and young child feeding Task force should ensure that Health workers:
   - Inform all pregnant women attending antenatal services about the benefits and management of breastfeeding.
   - Help mothers to initiate breastfeeding within half hour of birth with uninterrupted skin to skin contact throughout the first hour of delivery.
   - Help and show mothers how to breastfeed and maintain lactation even if they should be separated from their infants.
   - Encourage mothers and caregivers not to give newborn infants other food or drink other than breast milk, unless medically indicated.
   - Encourage bedding-in to allow mothers and infants to remain together 24 hours a day.
   - Encourage mothers to breastfeed their infant on demand.
   - Discourage mothers and other caregivers not to give artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
   - Foster the establishment of community support groups and inform mothers about them from antenatal and refer mothers to them on discharge.
   - Reinforce the National Code of Marketing of Infant and Young Child Foods and observe the International Code for Marketing of Breast Milk Substitutes (BMS) and subsequent World Health Assembly (WHA) resolutions.

Guidelines

These guidelines should be used with reference to the National Code of Marketing Infant and Young Child Foods and subsequent WHA resolutions.

There should be no advertising or other forms of promotion of breast milk substitutes to the general public.

1. The Health facility and other nutrition Institutions should put systems in place to monitor health care practices in line with the code. The National authorities responsible for monitoring the National Code of marketing Infant and young child foods under the Public health Act should ensure stakeholders comply to the code at all times.
2. The provisions of the code should be widely disseminated to create public awareness for informed actions
3. Where, formula is medically indicated, the product should be purchased and given in accordance with the code and on prescription to avoid spill over.
4. No formula should be visibly displayed or stored in any Health Workers' or service providers' office. Formula supplies should be kept in a pharmacy.
5. Any counselling and demonstrations given to the mothers using formula on medical advice should be targeted and individually done.
6. Donations or low cost BMS supplies and other forms of gifts should not be used as inducement for the promotion of breast milk substitutes
7. All health care providers and other service providers receiving donations of breast milk substitutes for infants should ensure that the supplies would continue as long as the infants concerned need them. The Table in Annex 2 should guide the health worker and other service providers on the quantities of commercial infant formula that the child may need according to age where the formula becomes necessary on medical recommendations.
8. All health care providers and other service providers should familiarise themselves with the provisions in the National Code of marketing of infant and young child foods and comply, implement and monitor the code at all levels including the community.
9. Only health, and other trained service providers and community workers should demonstrate to caregivers on how to prepare and feed the infants Breast Milk Substitutes where these are medically indicated.

- Offer nutritious foods that the child likes most and experiment with different foods using different food combinations, tastes, preparation methods and texture.
- Encourage everyone who feeds the child to do the same.
- Encourage Mothers to know their HIV status so as to make informed choices and decisions on the infant feeding options and HIV prevention, care and treatment.

Guidelines

1. Health facilities should make HTC available for women of child bearing age.
2. Health workers and other service providers should routinely offer HTC to all pregnant women of unknown status and those with HIV negative results after 3 months of pregnancy.
3. Health workers and other service providers should encourage HIV positive pregnant women to adhere to CPT (Cotrimoxazole Prophylaxis Therapy or any recommended prophylaxis therapy as defined by the Ministry of Health from time to time).
4. Health workers and other service providers should link all HIV positive pregnant women to ART services (refer PMTCT guidelines 2008).
5. Infant Feeding Practices For HIV Exposed Infants And Young Children

These guidelines should be used with reference to PMTCT guidelines.

Promote appropriate infant and young child feeding practices for HIV exposed children through adequate integration of infant feeding services and counselling in PMTCT interventions and into the baby friendly hospital initiative (BFHI) strategy where services are available.

Guidelines

1. Pregnant and lactating women utilizing MCH or Family Planning services and those planning to become pregnant should be given information on possible mother to child transmission of HIV through breastfeeding.

- Feed the child actively. The parents or caregiver should interact with the child during feeding (Active or responsive feeding) to encourage the child to eat more.
- Sing to the child, praise the child when she/he eats and help the child accordingly to put the food in the mouth depending on psych-motor abilities of the child.
- Inform the mother or other caregivers that active feeding helps to stimulate child's verbal and intellectual development.
- Encourage and persuade the child to eat, avoid forcing it to eat.
- Sing songs, use games, or tell stories to make feeding enjoyable while minimizing distractions during feeding.
- At 8 months give the child foods that the she/he can eat alone, such as cut-up fruit: mangoes, pawpaw, oranges, bananas, pumpkin, carrots, tomatoes and yellow sweet potato too.
- Inform the mother that this would also help the child to develop his/her psychomotor abilities.
- Active feeding promotes interaction and bonding with the child.
- Always follow good hygiene and sanitation practices when handling food and during food preparation and feeding to avoid contaminating the food.
- The parents or care giver should wash hands thoroughly with soap in clean safe running water before handling, preparing and serving food for the child and before feeding the child.
- Always wash hands after visiting the toilet and removing child's nappies or faeces. Wash child's hands before feeding and after she/he defecates.
- Always use clean utensils and bowls or dishes when preparing food.
- Remind her that the child should feed from a cup or plate but not a bottle. A bottle is difficult to clean, hence may keep dirt and germs that may cause the child to be sick from diarrhoea and other diseases.
- Keep food in clean well-covered containers to keep away flies, cockroaches, germs and dirt.
- Serve the food immediately after preparation.
- If a child refuses to eat, counsel the mother or caregiver to:
- Feed the child slowly and patiently while praising the child.

10. Reinforce maternity protection as per ILO (International Labour Organisation) Convention 2002 for an enabling environment to safely practice exclusive breastfeeding in the first 6 months of life.

These guidelines should be used with reference to Employment Act 1999.

Every organization/institution should not engage pregnant and breastfeeding women in the work, which has significant risk to the health of the mother and the unborn child.

1. Upon production of medical certificate or other appropriate certification stating the date of birth of the child, a mother should be entitled within every three years, to the minimum of 90 days in the Public sector and 60 days in the private sector full paid maternity leave as cited in the Employment Act 1999.
2. In the event of illness (certified by a registered medical practitioner) arising out of pregnancy or confinement affection of the employee or her child, the mother should be granted additional leave as the employer may deem fit.
3. Upon invitation to a workshop, seminar or similar professional gathering, breastfeeding mothers, their babies and baby sitters should be catered for by the organisers.
4. Employers should provide baby feeding and day care centres near the work place to enable mothers to breast feed their babies adequately during the first two and above years of life.
5. At 6 months, the mother or caregiver should introduce a variety of other foods and fluids from various food groups in addition to breast milk.

Once the child reaches six months breast milk alone is no longer adequate to meet the child's nutrient requirements for optimal growth and development. At six months, the child is expected to double its birth weight. The child becomes more active as she/he is likely to be crawling and learning to stand while holding on to objects. The child should be given other foods and fluids in addition to breast milk.

Guidelines

The following guidelines should therefore be used in feeding of the children 6-2 years or beyond:

The child should continue to breastfeed on demand till the child is two years or beyond.

Inform the mother that breast milk continues to provide the child with vital nutrients that are easily digested and absorbed by the body and continues to give the child some form of protection against infections.

- The mother should introduce the other foods and fluids slowly in small quantities because the child's stomach capacity is still small and not yet fully developed to digest various foods adequately.
- Increase the amount of complementary foods as the child gets older such that the child between 6-8months should get approximately 280 Kcal per day from complementary foods, while from 9-11 months old, the child should get about 450Kcal per day. At 12-24 months, the child should be getting 750Kcal per day from complementary foods.
- The mother should give the child freshly prepared food at each meal to avoid food contamination which may make the child sick.
- Prepare the complementary food using a variety of food combinations based on the foods that are available in the area and the household should ensure that the child gets a balanced diet and adequate nutrients every day.
- The child should be given a variety of foods from the six food groups by the end of the day every day
- Mothers or caregivers should enrich the child's food such as porridge from mgaiwa, millet, sorghum, rice, Likuni phala with crushed vegetables, mashed fruit, pounded fish, groundnuts flour, soya flour, banana, mashed potato, cassava, pumpkin, meat, eggs or milk.
- Animal foods are very important to support the child's rapid growth. Give the child an egg, piece of meat, chicken or fish, or a glass of milk every day. Pounded matemba, usipa or meat, egg or milk can be used to enrich the child's porridge
- Inform the mother or caregiver that proper food choices and combinations help the foods to complement each other in increasing the nutrient density of the meal. Some nutrients facilitate optimal absorption of other nutrients in the body. For example fats facilitate the absorption of Vitamin A while Vitamin C helps in the absorption of iron from green vegetables and other plant sources.
- The Mother should increase the frequency of feeding and the amount of food as the child gets older.
- A child aged 6-12 months should feed 2-3 times a day and increase to 3-5 times a day there after, while continuing breast feeding and giving nutritious snacks such as fruits, thobwa, pumpkin, fresh home prepared fruit juice, chambiko.
- The child can be started on the family foods at 12months for at least 3 times a day with nutritious snacks in between.
- The child should be given a variety of foods in order to gradually accustom him/her to family foods.
- The thickness and diversity of the diet should increase as the child gets older while adapting to the child's nutritional requirements, physiological and physical abilities. This is necessary to ensure that the child is given a diet with the right consistency for easy chewing and digestion, high energy and nutrient density.
- At six months, the child should be given food which is soft (mashed and semi-solid) and enriched with a variety of nutritious foods. Fruits, vegetables, fortified foods and foods from animal products should form part of the diet for the child every day.
- In cases where people eat from a communal plate, the child should eat from its own plate to monitor what the child is able to eat at each meal and to give the child a chance to eat enough. At this age the child is slow in eating and may therefore not compete adequately with older siblings if they eat from the same plate.