The Minimum Package for Nutrition in a Functional Primary Health Care Center

List of Abbreviation and Acronyms

CHAI	-	Clinton Health Access Initiatives
CHO	-	Community Health Officers
CHEW	-	Community Health Extension Workers
CHIPS	-	Community Health Influencers Promoters and Services
CS-SUNN	-	Civil Society Scaling Up Nutrition in Nigeria
FMoH	-	Federal Ministry of Health
GMP	-	Growth Monitoring and Promotion
JCHEWs	-	Junior Community Health Extension Workers
LGA	-	Local Government Area
LLINs	-	Long Lasting Insecticidal Nets
Lo ORS	-	Low Osmolarity Oral Rehydration Solution
MDAs	-	Ministries, Departments and Agencies
M & E	-	Monitoring and Evaluation
MICS	-	Multiple Indicator Cluster Survey
MI	-	Micronutrient Initiative
MIYCN	-	Maternal Infant and Young Child Nutrition
MUAC	-	Mid-Upper Arm Circumference
MNP	-	Micronutrient Powder
NDHS	-	Nigeria Demographic Health Survey
NPHCDA	-	National Primary Health Care Development Agency
NSPAN	-	National Strategic Plan of Action for Nutrition
OPV`	-	Oral Polio Vaccine
OTP	-	Outpatient Therapeutic Programme
PHC	-	Primary Health Care
PHCUOR	-	PHC Under One Roof
RUTF	-	Ready to Use Therapeutic Food
SAM	-	Severe Acute Malnutrition
SC	-	Stabilization Care
SMART	-	Standardized Monitoring and Assessment of Relief and Transition
SP	-	Sulphadoxine Pyrimethamine
UNICEF	-	United Nation Children Fund
WHO	-	World Health Organization

Table of Contents

List of Abbreviation and Acronyms		i
Acknowledgement		iii
List of Contributors		iv
1.1.	Executive Summary	1
1.2.	Introduction	1
1.3	Background	3
1.4	Goal and Objectives	4
1.5	Implementation Strategy	4
1.6	Minimum Nutrition Package	5
1.7	Personnel	8
1.8	Essential Medicines	8
1.9	Equipment	8
Appendix		9

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This pocket guide marks the achievement of an important milestone for the Nutrition Division. By this achievement, the potential of Primary Health Care Workers in ensuring optimal nutritional status for all Nigerians through a lifecycle approach is enhanced.
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1.1 Executive Summary

The Federal Government of Nigeria through the National Primary Health Care Development Agency (NPHCDA) has shown commitment to eradicating hunger and malnutrition among her citizens in order to lay a strong foundation for improved standard of living of citizens and socioeconomic development of the nation.

Under nutrition can affect the effectiveness of vaccines. The antibody response to immunization with vaccines can diminish owing to under nutrition and seroconversion rates are poor in under nourished children hence, children can be seronegative to OPV due to undernutrition.

Under nutrition, malaria and anaemia have strong association and co-exist frequently affecting women and children. Nutrition and HIV are strongly related and complement each other. A malnourished person after acquiring HIV is likely to progress faster to AIDS, because under nutrition reduces the capacity of the body to fight infection by compromising the immune system. Under nutrition can affect food production and productivity at the work place.

The nutritional status of a woman before and during pregnancy is important for a healthy pregnancy outcomes. In an effort to further strengthen the nutritional indices, NPHCDA initiated the review of the minimum package for nutrition in a functional primary health care center. This pocket guide is intended for use by health workers, community workers, and development partners among other stakeholders, and to build capacity for effective implementation of nutrition service delivery.

1.2 Introduction

Nutrition is one of the components of the Ward Minimum Health Care Package. Improved nutrition outcomes cannot be detached from national development and international developmental visions and goals. This is especially important to achieve the Sustainable Development Goals in Nigeria. The importance of Nutrition as a determinant of the health status of populations cannot be overemphasized. Nutrition is a major modifiable and powerful factor for health in promotion, prevention and treatment of disease as well as improving quality of life.

The emergence of chronic diseases in Nigeria can be linked to nutrition misinformation. Poor food choices are often based on nutrition ignorance, misconceptions and superstitions, religious and cultural unscientific beliefs. These lead to poor dietary patterns and lifestyle that ultimately influence health outcomes. Consumption of a healthy and adequate diet can provide the nutritional needs of an individual throughout the lifecycle from Womb to Tomb.

There is overwhelming evidence that support the integration of Primary Health Care (PHC) services and community based nutrition interventions. Integration offers a platform to launch a cost effective strategy to improve the nutritional status and quality of life for the populace.

In spite of the robust policy documents and guidelines such as the National Policy on Food and Nutrition and the health sector National Strategic Plan of Action for Nutrition (NSPAN), Nigeria is still experiencing minimal progress in implementing large-scale Maternal Infant and Young Child Nutrition programmes.

The interventions outlined in the policy documents aimed at reducing malnutrition are crucial to achieving optimal nutritional status for all Nigerians, the following are the targets set to achieve improved nutritional status for Nigerians:

- Increase exclusive breast feeding rate from 17% in 2013 to 65% by 2030
- Reduce stunting rate among under-five children from 37% in 2013 to 18% by 2030
- Reduce childhood wasting including Severe Acute Malnutrition (SAM) from 18% in
- 2013 to 10% in 2030
- Reduce anaemia in pregnant women from 67% in 2013 to 40% in 2030
- Reduce prevalence of diet-related non-communicable diseases by 25% in 2030
- Achieve universal access of all school children in the pre and basic school classes to school based feeding programmes by 2030
- To arrest the emerging increase in obesity prevalence in adolescents and adults by 2030
- Increase by 50% households with relevant nutrition knowledge and practice that improve their nutritional status
- Mainstream nutrition objectives into social protection and safety net programmes of all Ministries, Departments and Agencies (MDAs) linked to nutrition by 2030.

The NSPAN also identifies a set of priority areas to support the attainment of the listed targets to improve nutritional status. These 6 priority areas are:

1. Maternal nutrition
2. Infant and young child feeding practices
3. Management of severe acute malnutrition in children under five
4. Micronutrients deficiencies control
5. Diet related non-communicable diseases
6. Nutrition information systems

The delivery of core package of high-impact proven nutrition-specific and nutrition-sensitive interventions at PHC and community levels, in collaboration with stakeholders relevant to nutrition such as Agriculture, Water, Sanitation, and Education and to adopt a multi-sectoral approach to improve the nutritional status of the population especially women and children require that health workers and Community Health Influencers and Promoters(CHIPS) Agents are adequately trained and equipped with appropriate and relevant skills and tools to provide quality nutrition services. In addition, using these existing structures will guarantee uniform quality and standards to enhance performance.

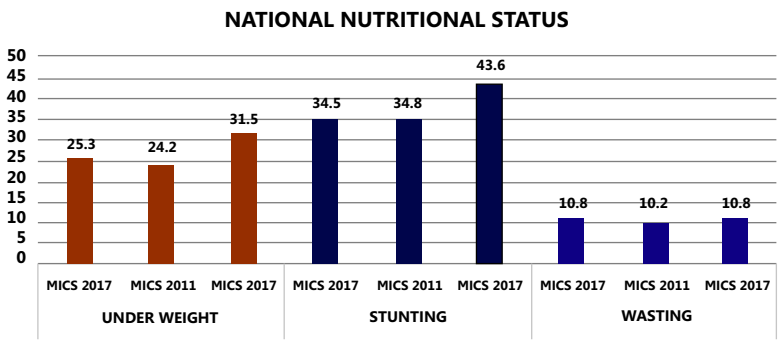
1.3 Background

The progress in reducing malnutrition and increasing access and utilization of cost-effective quality nutrition services for women and children in Nigeria is slow. The number of malnourished women and under five children as a result of poor nutrition counselling, poor feeding, poor health and care leading to ill health and death are not decreasing. Malnutrition classified as: under nutrition, over nutrition and micronutrient deficiencies remain a challenge, particularly for mothers and children. It is the cause of 50% of child death and of public health importance.

The 2013 NDHS showed that Nigeria has deplorable health and nutrition indices with unsatisfactory maternal infant and young-child-feeding practices. The report revealed that for under five children the stunting rate is 37%, with 29% and 18% underweight and wasting rates respectively. In addition, Eleven Percent (11%) of women of child bearing were found undernourished and 25% were obese. The infant mortality rates are: 69/1000 live births, Child 64/1,000 live births and under five 128/1000 live births while maternal mortality rate is 576/1,000 live births.

Considering such poor health indices, it is not surprising that the NDHS reported low rates of timely initiation of breastfeeding (38%) and very low rate of exclusive breastfeeding (17%). The data shows that during a child's transition period (6-9 months) when appropriate complementary feeding is provided in addition to breast milk, only 10% of children 6-23 months were fed with the recommended meals. Data on micronutrients deficiencies status are limited; however, there are micronutrient deficiencies in communities; an estimated 30% of children suffer Vitamin A deficiency and 70% are anaemic. Zinc supplementation in diarrhoea management is 7%, and the proportion of children who receive Deworming Tablets is 13%. The prevalence of nutritional anaemia in Adolescent girls and pregnant women is 28% and 67% respectively.

According to the 2017 Multiple Indicator Cluster (MICS) survey there had been no improvement in nutritional status as both underweight and stunting are increasing. Underweight moved from 25% to 32%, Stunting from 34.5% to 43.6% with negligible change wasting 10.8%. Early initiation of breastfeeding was reported 32.8% and exclusive breastfeeding 23.7%.



1.4 Goal:

To reduce morbidity and mortality associated with malnutrition, and contributing to national socio-economic development.

Objectives:

- To provide a minimum nutrition package to influence improved nutritional status of Nigerians especially women and children
- To build the capacity of health workers and CHIPS Agents on effective implementation of nutrition services to include updates on current practices and procedures
- To ensure availability of quality interventions that address nutrition needs of the population especially the most vulnerable
- To strengthen the monitoring, evaluation and supportive supervisions of services implemented at health center and community levels
-

1.5 Implementation Strategy

The effective and efficient implementation of nutrition services require a multi-sectoral and multi-disciplinary approach. This will involve the adoption of the principles of "Bringing PHC Under One Roof'' (PHCUOR) by relevant stakeholders. Through the integration of all PHC services with minimum intervention standard delivered under one authority and single management body. This will ensure adequate capacity to control services and resources, especially human and financial resources. A decentralized authority responsible and accountable with an appropriate "span of control" at all levels will introduce efficiencies for optimal delivery of service. This integration will leverage on the principle of "three ones": one management, one plan and one Monitoring and Evaluation (M&E) system to achieve an integrated supportive supervisory system managed from a single source. An effective referral system across the different levels of care will also be incorporated in the plan to meet the needs of the population. Consequently, enabling legislation and concomitant regulations which incorporate these key principles will be adopted to ensure success of the strategy.

The strategy of creating awareness through community mobilization and engagement remains the cornerstone of the programme with support from CHIPS Agents.

1.6 Minimum Nutrition Package

The minimum nutrition package in the functional PHC is defined as follows:
Table 1: Life Cycle Approach to Nutrition Services in Primary Health Care Centers and Communities

LIFE CYCLE	PROMOTION/PREVENTION	SUPPORT/TREATMENT	IMPLEMENTATION PLAN
Preconception	• Nutrition education • Nutrition assessment and counselling • Iron Folate supplementation Promote the use of iodized salt by all age group at household level.	• Nutritional assessment • Screening for anaemia, malnutrition and treatment	• Training and refresher training of health workers and CHIPS Agents • Supply of essential nutrition equipment and commodities at PHC • Print and distribute Guidelines and other behavioural change communication materials to PHC and communities Promote consumption of diversified diet and/or of fortified foods (commercial and/or in-home fortification).
Pregnancy	• Nutrition education IYCF counselling and hygiene behaviours Iron-Folate supplementation • Promote consumption of adequate nutritious and diversified diets. • Screening for anaemia and diabetes • Malaria prevention - Intermittent preventive treatment, LLINs • Home visits to ensure compliance to intake of Iron Folate supplement	During ANC visits: • Provide counselling on importance of Iron-folate supplementation, maternal nutrition, and early initiation of breastfeeding • Screening of acute malnutrition and provision of supplementary feeding in states with emergencies • Conduct Body Mass Index and record the results in the mother's card. • During ANC visits, provide counselling to under-nourished women on consumption of diversified diets during pregnancy • Conduct periodic cooking food demonstrations of nutrient-dense maternal nutrition recipes.	• Use all contacts (ANC visit, delivery, postnatal care, routine immunization, sick and well-baby visits) for nutritional counseling on maternal, infant and young child nutrition

LIFE CYCLE	PROMOTION/PREVENTION	SUPPORT/TREATMENT	IMPLEMENTATION PLAN
		• Calcium (food sources for baby's and mothers bone) Home visits	
Neonatal (0-28 days)	• Early initiation of breastfeeding, keeping baby warm including consumption of colostrum • Exclusive breastfeeding • Delayed cord clamping	• Support mothers to put baby to breast within 1 hour of delivery and keeping baby warm • Support mothers to exclusively breastfeed their baby	• Mobilize children under 2 years and their mothers/ caregivers for monthly GMP through CHIPS Agents
Infancy (0-6) months	• Promote Exclusive breastfeeding	• Support mothers to exclusively breastfeed their babies	• Conduct periodic food demonstration sessions of locally available nutrient-dense recipes for improved maternal nutrition during breastfeeding
Infancy (6-23 months)	• Promote adequate complementary feeding practices based on nutrient density and frequency (from 6 months) • Hygiene practices • Nutritional assessment and counselling (growth monitoring and promotion) • Micronutrient supplementation (from 6 months) • Conduct food demonstrations of nutrient-dense recipes Referral of severe acute malnutrition cases to OTP sites • Adequate complementary feeding • Hygiene practices • Nutritional assessment and counselling (growth monitoring and promotion) • Micronutrient supplementation Conduct periodic cooking food demonstrations of nutrient-dense recipes • Responsive feeding	• Treatment of uncomplicated cases of severe and moderate acute malnutrition • Treatment of diarrhoea using Zinc Tablets and Lo w Osmolar ORS • Treatment of uncomplicated cases of severe and moderate acute malnutrition • Referral of complicated cases of severe acute malnutrition to stabilization centers • Treatment of diarrhoea Provision of Micronutrient Powders (MNP)	• Organize women's groups to support the local production and preparation of complementary food. • Distribute MNP at health facility and at Community level by CHIPS Agents where and when necessary to children not severely malnourished • Provide RUTF to children with severe acute malnutrition at health facility and Community level

LIFE CYCLE	PROMOTION/PREVENTION	SUPPORT/TREATMENT	IMPLEMENTATION PLAN
Pre-school (2-5 years)	• Handwashing at critical times • Promotion of optimum IYCF practices • Nutritional assessment and counselling (growth monitoring and promotion) • Vitamin A supplementation • Deworming • Micronutrient supplementation	• Treatment of uncomplicated cases of severe acute malnutrition • Counselling for cases of moderate acute malnutrition through food demonstration Treatment of diarrhoea using Zinc Tablets and Lo w Osmolar ORS	• Integrate Early Child Development package Nutrition, health, psychosocial stimulation and responsive environments, for well developed neuronal systems
School age (6-13 years)	• Nutritional assessment and counselling Handwashing at critical times Dietary diversity Deworming	• Nutritional support for malnourished children	• Initiate school visit programme to promote nutrition, hygiene and sanitation practices and to prevent harmful traditional practices related to nutrition. Promote key nutrition actions through teachers • Use of BMI wheel tool for Nutrition Assessment, Counselling and Support (NACS) and BCC materials
Adolescence (14-19 years)	• Nutrition education Intermittent Iron-folate supplementation Nutritional assessment and counselling	• Nutritional support for malnourished adolescents	• Use of BMI wheel tool for Nutrition Assessment, Counselling and Support(NACS) and BCC materials
Reproductive age (15-49 years)	• Nutritional assessment and counselling • Iron-folate supplementation	• Nutritional support	• Use of BMI wheel tool for Nutrition Assessment, Counselling and Support (NACS) and BC C materials
Elderly (50+ years)	• Nutritional assessment and counselling Promote consumption of diversified diet and/or of fortified foods (commercial and/or in-home fortification).	• Nutritional support	• Strengthen the linkages between health workers and CHIPS Agents for improved household nutrition practices and partner and support nutrition linkages in various relevant sectors • Use of BMI wheel tool for Nutrition Assessment, Counselling and Support (NACS) and BCC materials

Source UNICEF 2017

1.7 Personnel

Nutritionist/Nutrition officers	2
CHO (must work with standing order)	1
Nurse/midwife	4
CHEW (must work with standing order)	2
Pharmacy technician	1
JCHEW (must work with standing order)	4
Environmental Officer	1
Medical records officer	1
Laboratory technician	1

Support Staff

Health Attendant/Assistant	2
Security personnel	2
General maintenance staff	1
Total:	**22**

Community

CHIPS Agents (Per Ward)	10
Community Engagement Persons	2
Total	**12**

1.8 Essential Medicines

Vitamin A – Capsule
Micronutrient Powder
Ready to Use Therapeutic Food
Zinc Lo ORS
Iron Folate (Iron/Folic acid supplements)
Antimalarial
SP/Tetanus Diphtheria

1.9 Equipment

Basket with lid for ORS	2
Ceiling fan	2
Dust bin (pedal)	2
Plastic chairs	2
Drinking mug	2
Wooden long benches	2
Plastic bowls	4
Cooking pots	6
Chopping board	3
Table Gas cooker	1

Gas cylinder	2
Kerosene stove	2
Gas cylinder	2
Refrigerator	1
Solar Refrigerator	1
Spoons	10
Knife	5
Adult weighing scale	2
Length/height board	2
BMI Wheel	2
MUAC tapes (Adult and Children)	20
Brooms	3
Mops	2
Mop buckets	2
Buckets	4
Waste Bins	2
Writing Table	1
Wall clock	1
Water container with tap	2
Liquid soap	2
Disposable wipes	2
Other Requirements	
Mobile phone	1
Computer/Modem	1
Generating set	1
Motorcycle	1
LLINs	100
Stationaries	100
SBCC Materials	50
Data tools	50

Appendix

- Sample Template for Annual Quantification of Nutrition Commodities at Primary Health Care Center
- Care for Children 0 - 23 Months
- 1,000 Days Schedule: Pregnancy
- Growth Parameters and Nutrition Counselling Table
- Sample Growth Monitoring Charts
- Combined Growth Monitoring Charts for Boys and Girls
- Sample of Child Health Card
- MUAC/Growth Monitoring Chart
- Ten Steps to Successful Breastfeeding
- Abuja Breastfeeding Declaration 28th June 2016
- International Code of Marketing Breast Milk Substitutes
- Monitoring Framework

Sample Template for Annual Quantification of Nutrition Commodities at Primary Health Care Center

Commodity	Target Pop	Expected Coverage	Doses	Wastage Factor	Buffer Stock	Needs	
	Number	%	Number		25%	6 months	Annual
Vitamin A 100,000UI							
Vitamin A 200,000UI							
Albendazole 200mg							
Iron Folate							
Zinc							
ORS							
RUTF							
MNP							

Annual Need = Tp x Dc x Ds x WF

Tp = Target Population

Dc = Desired Coverage

Ds = Numberof Dosesin theSchedule

WF = Wasting Factor

$$WF = \frac{100}{100-WR}$$

For Vitamin A = Tp x Dc x Ds x WF

WR = 10%

$$WF = \frac{100}{100-10} = \frac{100}{90} = 1.111$$

Annual need for blue capsule of Vitamin A = TP x 100% x 2 x 1.11

Annual need for red capsule of Vitamin A = TP x 100% x 2 x 1.111

Annual need for Vitamin A = Annual need for blue capsule of Vitamin A + Annual need for Red capsule of Vitamin A x 25% buffer stock.

Vitamin A capsule comes in 500 cap/pack, therefore divide the annual by 500 to get the number of tin needed.

Forecast Using Morbidity Data e.g. Zinc ORS

Annual need = (Tp x Prevalence rate) x (Dc x Ds x3) x WF

Note Tp(0-59months)= underfive target population

Prevalence rate of Diarrhoea among under five

Dc = Desired Coverage

Ds x 3 = number of doses in the schedules multiplied by number of episode.

WF = wasting factor

Scenario 1 Using Demographic Data

Example of forecast for Vitamin A for Shao State with a population of 3,000,000

Annual Need = 2% x 100% x 2 x 1.11= Annual need for blue capsule of Vitamin A

For Vitamin A(Blue) = Tp x Dc x Ds x WF while Wastage Rate = 10%

$$WF = \frac{100}{100-10} = \frac{100}{90} = 1.111$$

$$\text{Tp is 2\%} = \frac{2}{100} \times 3{,}000{,}000 = 60000$$

Ds = 2 doses

Dc = 100%

Annual Need for blue capsule = TP x 100% x 2 x 1.11

= 60000 x 100% x 2 x 1.11

= 133,320

Annual need for Red capsule = TP x 100% x 2 x 1.111

= 480000 x 100% x 2x 1.111

= 1,066,560

For annual need for vitamin A = Annual need for blue capsule of Vitamin A + Annual need for red capsule

= 133,320 + 1, 06 6,560 = 1,199,880

Total Vitamin A x 25% buffer stock = 1,199,880 x 25% = 299,970

= 1,199,880 + 299,970 = 1,499,850

Vitamin A capsule comes in 500cap/pack, therefore divide the annual need by 500 capsules to get the number of tin/500caps of Vitamin A needed.

$$= \frac{1{,}499{,}850}{500} = 2999.7$$

Annual need = 29,991 Tins of Vitamin A for Shao State.

Scenario 2 Using Morbidity Method

- ✓ It requires established standard treatment guidelines and morbidity and patient attendance data from health facilities.
- ✓ It is the most complex and time consuming method, but may be the most convincing
- ✓ Comparecosts to available funding

Forecasting for annual need of Zinc tablet ofShao State, Nigeria using morbidity data

Assumption. The prevalence of Diarrhoea among under five in Shao State is 2%
The total population of Shao State is 3,000,000
Forecast using morbidity data for Zinc tablet/ ORS.
Annual need = (Tp x Prevalence rate) x (Dc x Ds x3) x WF

Note = Tp is under five target population, prevalence rate of Diarrhoeaamong under five

Dc = Desired Coverage

Ds x 3 = number of doses in the schedules multiple by number of episode. The assumption is that each child is expected to have three episodes of Diarrhoea in a year

WF = wasting rate =10% Therefore wastage factor = 1.111

18% of theTotal population represent 6-59 months (This age group received one tablet of Zinc 20mg for 14 days.

$$= \frac{20}{1000} \times 3{,}000{,}000 = 600{,}000$$

Since the prevalence is 2%, WR= 10% therefore wastage factor = 1.111
Annual need = (Tp x Prevalence rate) x (Dc x Ds x3) x WF

= 540,000 x 2% x (100% x14 x 3) x 1.111
= 10,800 x 42x 1.111
= 503949.6 = 5,039,491 tablets of 20mg Zinc Sulphate.

Buffer stock = 25% 0f 5039491 = 1259873
= 5039491 + 1259873
= 6,399,364

Assuming it comes in 1000 tablet per tins. Annual need for 6-59months (20mg Zinc tablet) = 6,299 tins/ 1000 tabs.

Ultimately, the final decision on the quantities to procurewill be determined by the amount of funding available for procurement of products. If sufficient funding is available, the final quantity to procure each product will be the same as the quantity to order which was determined during the quantification. If funding is insufficient, stakeholders will need to determine whether additional resources can be obtained. However, the quantification results can be used as an effective tool for resource mobilization because quantification results could be used to explain and illustrate the funding gap that must be filled to ensure timely procurement and delivery of the required quantities of commodities.

Care for Children 0 - 23 Months						
	Verify Age	**Day 1**	**< 6**	**6-8**	**9-11**	**12-23**
Feeding						
Breastfeeding		✓	✓	✓	✓	✓
Complementary food given	Feed thick well mashed (mixed)food 2-3 times and 2 -3 tablespoons at each meal daily, give fruits, 1 snack and breastmilk	X	X	✓	✓	✓
	Feed thick well mashed (mixed)food 3 times and 3 tablespoons at each meal daily, give fruits, 2 snacks and breastmilk	X	X	✓	✓	✓
	Feed thick well mashed (mixed)food 4 times and 3- 4 tablespoons at each meal daily, give fruits, 2 snacks and breastmilk	X	X	✓	✓	✓
Weight recording by CHEW						
	MUAC checked	X	X	✓	✓	✓
Developmental delay checked		X	✓	✓	✓	✓
Immunization status checked		✓	✓	✓	✓	✓
Micronutrient Powder		X	X	✓	✓	✓
Vitamin A		X	X	✓	✓	✓
Deworming		X	X	✓	✓	✓
RUTF		X	X	X	X	✓
ZincORS		X	X	✓	✓	✓
Other Medicines given		✓	✓	✓	✓	✓
Counselling						
Counsel for exclusive breastfeeding		✓	✓	X	X	X
Counsel for complementary feeding		X	✓	✓	✓	✓
Counsel for handwashing		✓	✓	✓	✓	✓
Counsel for good parenting		✓	✓	✓	✓	✓
counsel for family planning		✓	✓	✓	✓	✓
Cousel for monthly growth monitoring		✓	✓	✓	✓	✓
Counsel for care of non breastfed & sick child		✓	✓	✓	✓	✓

X : Not Applicable

✓: Applicable

1,000 Days Schedule: Pregnancy									
Months	1	2	3	4	5	6	7	8	9
Household									
Visits by CHIPS Agents									
Register pregnancy									
Remind mother to attend antenatal care sessions									
Measure MUAC; counsel on nutrition & diet diversification									
Check and counsel on LLINs usage and maintenance									
Counsel on early initiation & exclusive breastfeeding									
Counsel on family planning									
Months	1	2	3	4	5	6	7	8	9
Health Facility									
8 Antenatal Care sessions									
Counseling									
Food demostration									
Check heamoglobin level (< 11g/dl)									
Check BMI at ANC 1 before 12 weeks									
Give daily supply of iron/folic acid supplements at least 90 days									
De-worming medication									
Tetanus immunization (2 doses, 4 weeks apart)									
Intermittement preventive treatment with SP									

Growth Parameters and Nutrirtion Counselling Table

Assessment							Analysis	Action	Remarks	Date of Next Visit	Name & Signature of Officer
Date	Age (Months)	Weight(kg)	Length/Height (cm)	Interpretation of Chart Curve	Recent History of Illness	Recent History of Feeding	List of Identified Gaps in Feeding and Care	Recommended Actions(Doable options agreed with clients)	Additional Notes		

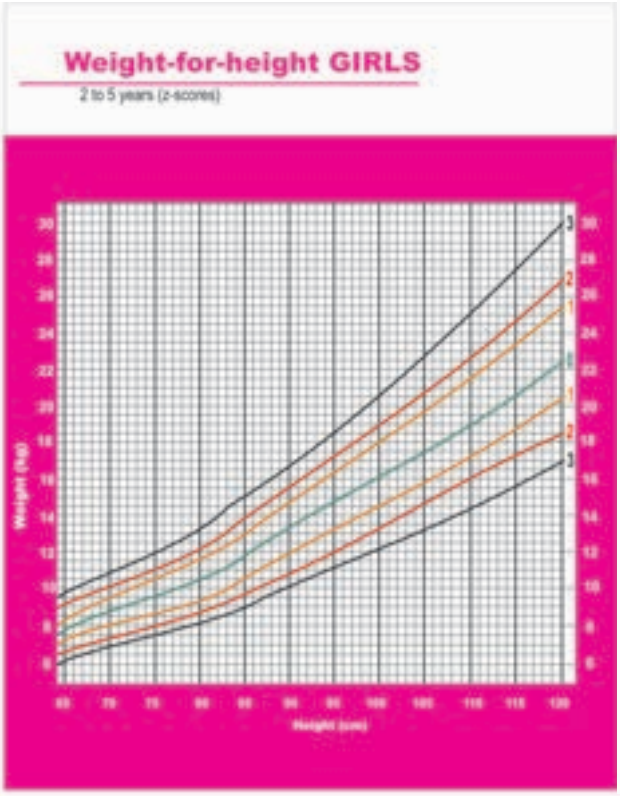
Use for both boys and girls

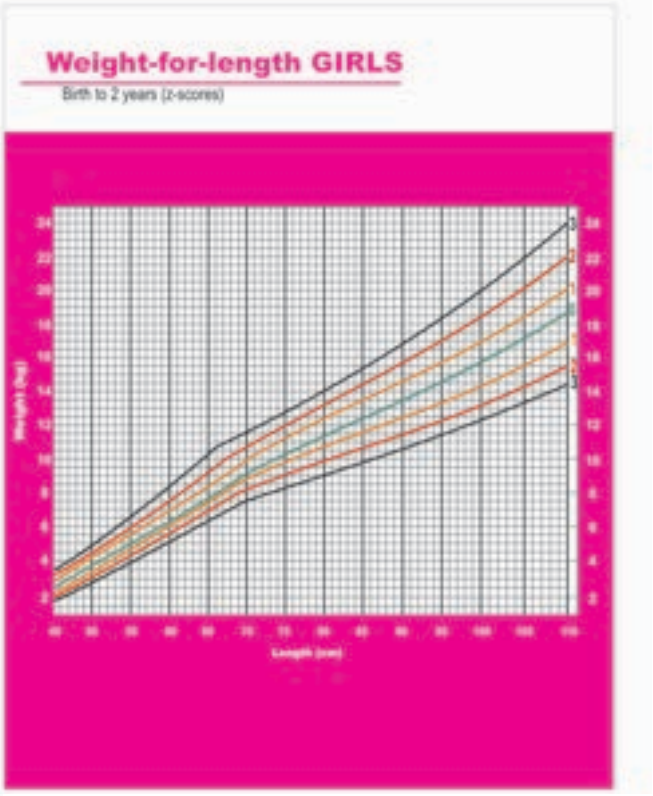
Length	Weight Kg = Z score						Length	Weight Kg = Z score					
	very severe	severe SAM	moderate MAN	discharge MAM		Median		very severe	severe SAM	moderate MAN	discharge MAM		Median
cm	4.0	-3	-2	-1.5	-1	0	cm	4.0	-3	-2	-1.5	-1	0
Use Length for less than 87 cm													
45	1.73	1.88	2.04	2.13	2.22	2.42	66	5.5	5.9	6.4	6.7	6.9	7.5
45.5	1.79	1.84	2.11	2.21	2.31	2.52	66.5	5.6	6	6.5	6.8	7	7.6
46	1.85	2.01	2.18	2.28	2.38	2.61	67	5.7	6.1	6.6	6.9	7.1	7.7
46.5	1.91	2.07	2..26	2.36	2.46	2.69	67.5	5.8	6.2	6.7	7	7.2	7.9
47	1.97	2.12	2.33	2.46	2.54	2.78	68	5.8	6.3	6.8	7.1	7.3	8
47.5	2.04	2.20	2.40	2.51	2.62	2.86	68.5	5.9	6.4	6.9	7.2	7.5	8.1
48	2.10	2.28	2.48	2.58	2.70	2.95	69	6.0	6.5	7	7.3	7.6	8.2
48.5	2.17	2.35	2.55	2.66	2.78	3.04	69.5	6.1	6.6	7.1	7.4	7.7	8.3
49	2.23	2.42	2.63	2.75	2.87	3.13	70	6.2	6.6	7.2	7.5	7.8	8.4
49.5	2.31	2.50	2.71	2.83	2.96	3.23	70.5	6.3	6.7	7.3	7.6	7.9	8.5
50	2.28	2.58	2.80	2.92	3.05	3.33	71	6.3	6.8	7.4	7.7	8	8.6
50.5	2.46	2.66	2.89	3.01	3.14	3.42	71.5	6.4	6.9	7.5	7.8	8.1	8.8
51	2.54	2.75	2.98	3.11	3.24	3.54	72	6.5	7	7.6	7.9	8.2	8.9
51.5	2.62	2.83	3.08	3.21	3.34	3.65	72.5	6.6	7.1	7.6	8	8.3	9
52	2.70	2.93	3.17	3.31	3.45	3.76	73	6.6	7.2	7.7	8	8.4	9.1
52.5	2.79	3.02	3.28	3.41	3.56	3.88	73.5	6.7	7.2	7.8	8.1	8.5	9.2
53	2.80	3.12	3.38	3.53	3.68	4.01	74	6.8	7.3	7.9	8.2	8.6	9.3
53.5	2.98	3.22	3.49	3.64	3.80	4.14	74.5	6.9	7.4	8	8.3	8.7	9.4
54	3.08	3.33	3.61	3.76	3.92	4.27	75	6.9	7.5	8.1	8.4	8.8	9.5
54.5	3.18	3.55	3.85	4.01	4.18	4.55	75.5	7.0	7.6	8.2	8.5	8.8	9.6
55	3.29	3.67	3.97	4.14	4.31	4.69	76	7.1	7.6	8.3	8.6	8.9	9.7
55.5	2.29	3.78	4.10	4.26	4.44	4.83	76.5	7.2	7.7	8.3	8.7	9	9.8
56	3.50	3.90	4.22	4.40	4.58	4.98	77	7.2	7.8	8.4	8.8	9.1	9.9
56.5	3.61	4.02	4.35	4.53	4.71	5.13	77.5	7.3	7.9	8.5	8.8	9.2	10
57	3.7	4	4.3	4.5	4.7	5.1	78	7.4	7.9	8.6	8.9	9.3	10.1
57.5	3.8	4.1	4.5	4.7	4.9	5.2	78.5	7.4	8	8.7	9	9.4	10.2
58	3.9	4.3	4.6	4.8	5	5.4	79	7.5	8.1	8.7	9.1	9.5	10.3
58.5	4.0	4.4	4.7	4.9	5.1	5.6	79.5	7.6	8.2	8.8	9.2	9.5	10.4
59	4.2	4.5	4.8	5	5.3	5.7	80	7.6	8.2	8.9	9.2	9.6	10.4
59.5	4.3	4.6	5	5.2	5.4	5.9	80.5	7.7	8.3	9	9.3	9.7	10.5
60	4.4	4.7	5.1	5.3	5.5	6	81	7.8	8.4	9.1	9.4	9.8	10.6
60.5	4.5	4.8	5.2	5.4	5.6	6.1	81.5	7.8	8.5	9.1	9.5	9.9	10.7
61	4.6	4.9	5.3	5.5	5.8	6.3	82	7.9	8.5	9.2	9.6	10	10.8
61.5	4.7	5	5.4	5.7	5.9	6.4	82.5	8.0	8.6	9.3	9.7	10.1	10.9
62	4.8	5.1	5.6	5.8	6	6.5	83	8.1	8.7	9.4	9.8	10.2	11
62.5	4.9	5.2	5.7	5.9	6.1	6.7	83.5	8.2	8.8	9.5	9.9	10.3	11.2
63	5.0	5.3	5.8	6	6.2	6.8	84	8.3	8.9	9.6	10	10.4	11.3
63.5	5.1	5.4	5.9	6.1	6.4	6.9	84.5	8.3	9	9.7	10.1	10.5	11.4
64	5.1	5.5	6	6.2	6.5	7	85	8.4	9.1	9.8	10.2	10.6	11.5
64.5	5.2	5.6	6.1	6.3	6.6	7.1	85.5	8.5	9.2	9.9	10.3	10.7	11.6
65	5.3	5.7	6.2	6.4	6.7	7.3	86	8.6	9.3	10	10.4	10.8	11.7
65.5	5.4	5.8	6.3	6.5	6.8	7.4	86.5	8.7	9.4	10.1	10.5	11	11.9

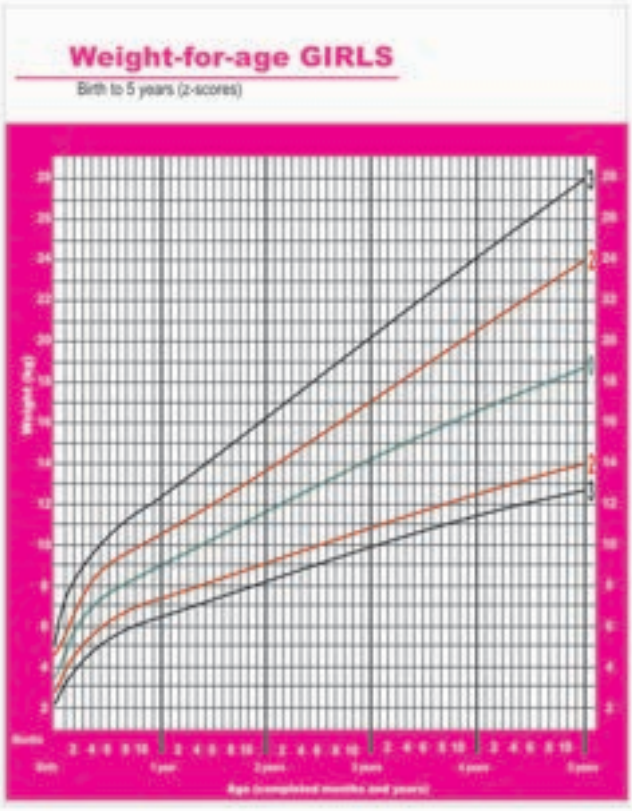
Use for both boys and girls

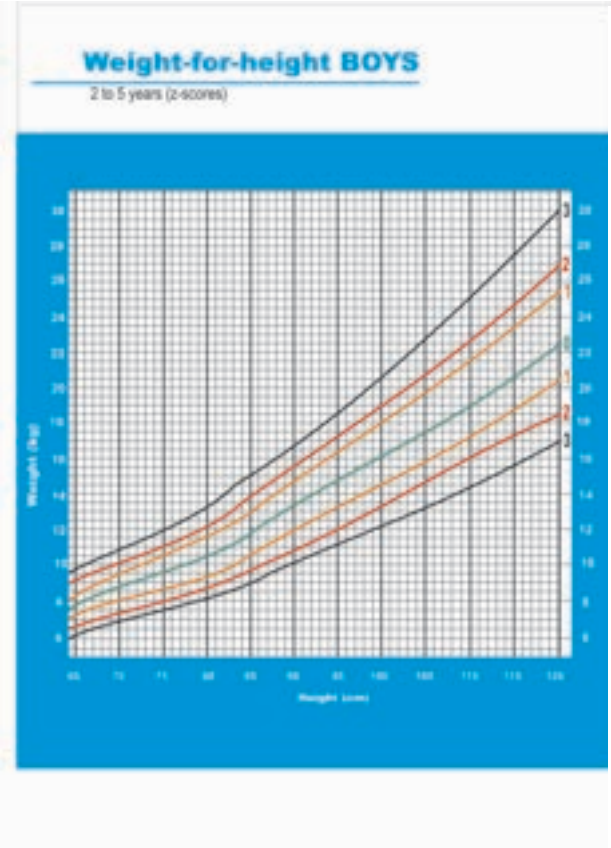
Height	Weight Kg = Z score						Height	Weight Kg = Z score					
	very severe	severe SAM	moderate MAN	discharge MAM		Median		very severe	severe SAM	moderate MAN	discharge MAM		Median
cm	4.0	-3	-2	-1.5	-1	0	cm	4.0	-3	-2	-1.5	-1	0
Use Height for less than 87 cm													
87	9.0	9.6	10.4	10.8	11.2	12.2	104	12.0	13	14	14.6	15.2	16.5
87.5	9.0	9.7	10.5	10.9	11.3	12.3	104.5	12.1	13.1	14.2	14.7	15.5	16.7
88	9.1	9.8	10.6	11	11.5	12.4	105	12.2	13.2	14.3	14.9	15.5	16.8
88.5	9.2	9.9	10.7	11.1	11.6	12.5	105.5	12.3	13.3	14.4	15	15.6	17
89	9.3	10	10.8	11.2	11.7	12.6	106	12.4	13.4	14.5	15.1	15.8	17.2
89.5	9.4	10.1	10.9	11.3	11.8	12.78	106.5	12.5	13.5	14.7	15.3	15.9	17.3
90	9.5	10.2	11	11.5	11.9	12.9	107	12.6	13.7	14.8	15.4	16.1	17.5
90.5	9.6	10.3	11.1	11.6	12	13	107.5	12.7	13.8	14.9	15.6	16.2	17.7
91	9.7	10.4	11.2	11.7	12.1	13.1	108	12.8	13.9	15.1	15.7	16.4	17.8
91.5	9.8	10.5	11.3	11.8	12.2	13.2	108.5	13.0	14	15.2	15.8	16.5	18
92	9.9	10.6	11.4	11.9	12.3	13.4	109	13.1	14.1	15.3	16	16.7	18.2
92.5	9.9	10.7	11.5	12	12.4	13.5	109.5	13.2	14.3	15.5	16.1	16.8	18.3
93	10.0	10.8	11.6	12.1	12.6	13.6	110	13.3	14.4	15.6	16.3	17	18.7
93.5	10.1	10.9	11.7	12.2	12.7	13.7	110.5	13.4	14.5	15.8	16.4	17.1	18.8
94	10.2	11	11.8	12.3	12.8	13.8	111	13.5	14.6	15.9	16.6	17.3	19
94.5	10.3	11.1	11.9	12.4	12.9	13.9	111.5	13.6	14.8	16	16.7	17.5	19.2
95	10.4	11.2	12	12.5	13	14.1	112	13.7	14.9	16.2	16.9	17.6	19.4
95.5	10.4	11.3	12.1	12.6	13.1	14.2	112.5	13.9	15	16.3	17	17.8	19.6
96	10.5	11.4	12.2	12.8	13.2	14.3	113	14.0	15.2	16.5	17.2	18	19.8
96.5	10.6	11.5	12.3	12.9	13.3	14.4	113.5	14.1	15.3	16.6	17.4	18.1	20
97	10.7	11.6	12.4	13	13.4	14.6	114	14.2	15.4	16.8	17.5	18.3	20.2
97.5	10.8	11.7	12.5	13.1	13.5	14.7	114.5	14.3	15.5	16.9	17.7	18.5	20.6
98	10.9	11.8	12.6	13.3	13.7	14.8	115	14.5	15.7	17.1	17.8	18.6	20.8
98.5	11.0	11.9	12.8	13.4	13.8	14.9	115.5	14.6	15.8	17.2	18	18.8	21
99	11.1	12	12.9	13.5	13.9	15.1	116	14.7	16	17.4	18.2	19	21.2
99.5	11.2	12.1	13	13.6	14	15.2	116.5	14.8	16.1	17.5	18.3	19.2	21.4
100	11.2	12.2	13.1	13.7	14.2	15.4	117	15.0	16.2	17.7	18.5	19.3	21.6
100.5	11.3	12.3	13.2	13.9	14.3	15.5	117.5	15.1	16.4	17.9	18.7	19.5	21.8
101	11.4	12.4	13.3	14	14.4	15.6	118	15.2	16.5	18	18.8	19.7	22
101.5	11.5	12.5	13.4	14.1	14.5	15.8	118.5	15.3	16.7	18.2	19	19.9	22.2
102.5	11.6	12.6	13.6	14.2	14.7	15.9	119	15.4	16.8	18.3	19.1	20	22.4
102.5	11.7	12.7	13.7	14.3	14.8	16.1	119.5	15.6	16.9	18.5	19.3	20.2	
103	11.8	12.8	13.8	14.4	14.9	16.2	120	15.7	17.1	18.6	19.5	20.4	
103.5	11.9	12.9	13.9	14.5	15.1	16.4							

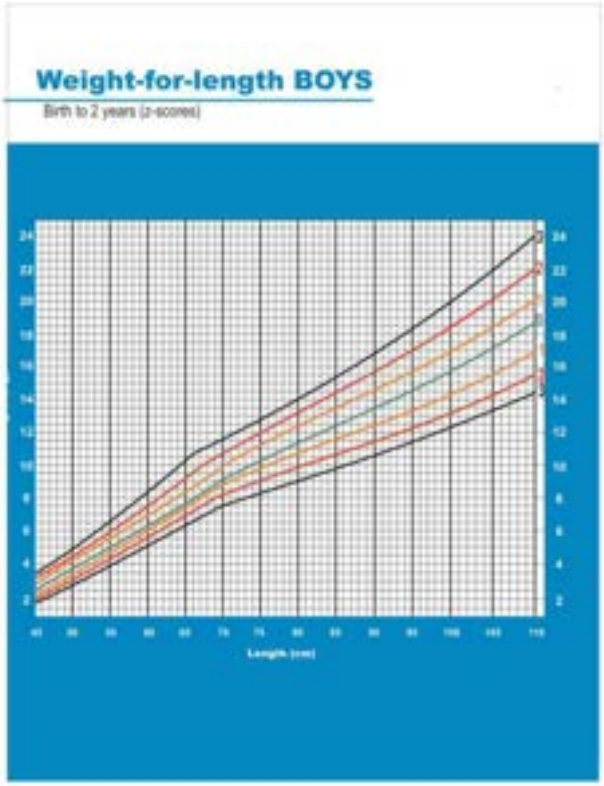
These tables are derived from the WHO2006 standards for Boys, Because using separate tables for boys and girls may lead to many more boys being admitted to therapeutic programs than girls, the use of the boys table for both sexes is recommended to avoid discrimination against female children. It is recommended that the discharge criteria should be -1.5Z where there are adequate follow up arrangements and/or a supplementary feeding program to which the children can be referred.

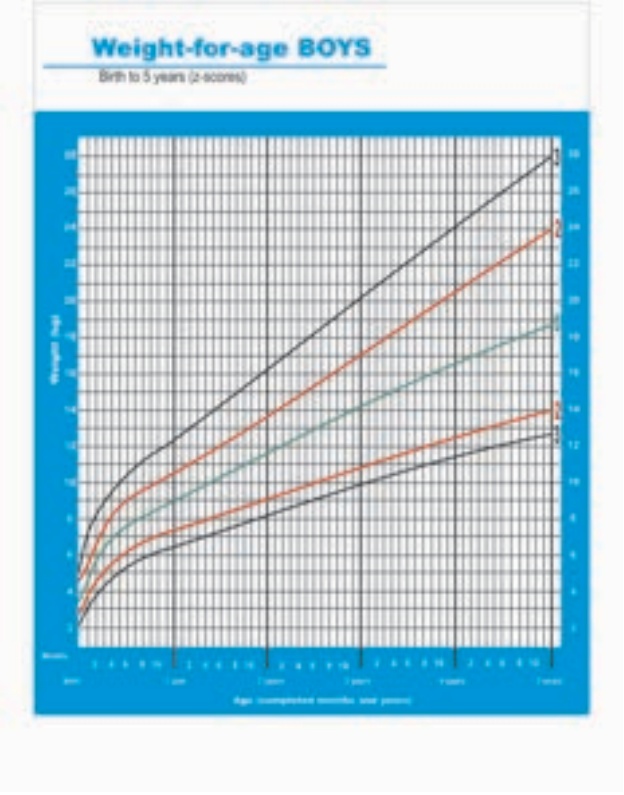

Weight-for-height GIRLS
2 to 5 years (z-scores)


Weight-for-length GIRLS
Birth to 2 years (z-scores)


Weight-for-age GIRLS
Birth to 5 years (z-scores)


Weight-for-height BOYS
2 to 5 years (z-scores)


Weight-for-length BOYS
Birth to 2 years (z-scores)


Weight-for-age BOYS
Birth to 5 years (z-scores)

VACCINATION SCHEDULE

Antigen	Birth	6w	10w	14w	6m	9m	12m	18m
BCG	✓							
HepB	✓							
OPV	0	1	2	3				
PENTA		1	2	3				
PCV		1	2	3				
ROTA		1	2	3				
IPV				✓				
Measles						1		2
Vitamin A					1		2	
Yellow Fever						✓		
Meningitis							✓	

AEFI

Date of Onset (D D M M Y Y)	Complaint	
		☐Mild ☐Serious
		☐Mild ☐Serious
		☐Mild ☐Serious
		☐Mild ☐Serious

EXTRA CARE QUESTIONNAIRE

		Take care
How many surviving children?		
How many dead children?		
What's the baby's weight at birth (Kg)?		
Did the baby weigh less than 2.5kg at birth?	☐No	☐Yes
Is this baby a twin?	☐No	☐Yes
Is this baby bottle fed?	☐No	☐Yes
Does the mother need more family support?	☐No	☐Yes
Are any brothers/sisters underweight?	☐No	☐Yes
Are there any other reasons in the family that calls for extra care (e.g. TB, Leprosy etc)	☐No	☐Yes

HOW TO TREAT DIARRHOEA (RUNNY STOMACH)

Most children who die from diarrhoea die because they do not have enough water left in their bodies. This is called dehydration. Any child with watery diarrhea is in danger of dehydration. **You must act quickly to prevent death.**

What to do when your child has diarrhoea:

Give your child plenty of water to drink. If available, give your child Oral Rehydration Solution (ORS).

1. Boil 1 liter (2 big mineral bottles) of water. Let the water cool after boiling.
2. Mix 1 sachet of Oral Rehydration Salts in this water. Give the solution to your child to drink.

If you can't find ORS, give your child 'salt-sugar solution'. Give at least 1 teacupful for every watery stool.

1. Boil 1 liter (2 big mineral bottles) of water. Let the water cool after boiling.
2. Add 1/2 level teaspoon of cooking salt to the water.
3. Add 8 level teaspoons of sugar to the water.
4. Give the solution to your child to drink.

Give your child 20mg Zinc tablets for ten days.
If your child is less than 6 months old, give 10mg each day.
If you can't find zinc, ask your health worker to help.

If your child is a baby, keep giving breast milk often and before other drinks.

If your child will take food, give food. Not feeding your child can make diarrhoea worse.

version 2017

NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY

Child Health Card

Bring card at every visit and keep safe after completion of vaccination.

DATE OF NEXT VACCINATION

	D D M M Y Y		D D M M Y Y
1		5	
2		6	
3		7	
4		8	

CHILD INFORMATION (Write in CAPITAL letters)

Card Number

Child's Name

Date of Birth (D D M M Y Y) ☐M ☐F

Mother's Name

Father's Name

Caregiver's name

Contact Number

Village/Settlement

HEALTH FACILITY INFORMATION

PHC Facility

LGA

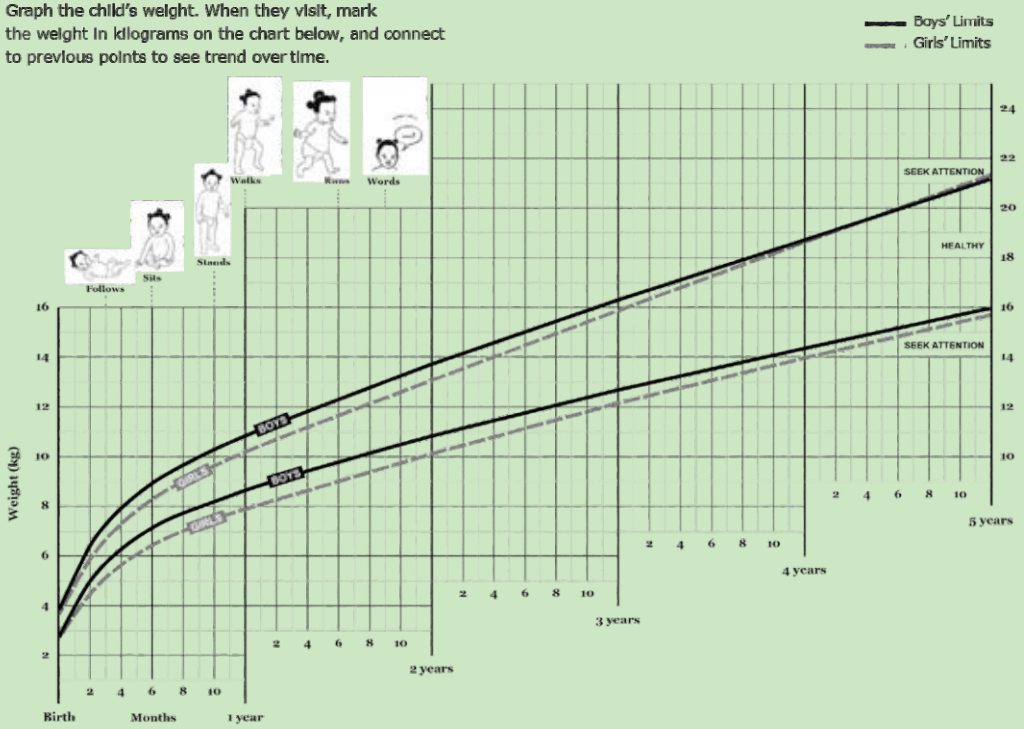
State

VACCINATION

Antigen	Batch No.	Date Given (DD-MM-YY)
BCG		D D - M M - Y Y
Hep B – 0		D D - M M - Y Y
OPV – 0		D D - M M - Y Y
OPV – 1		- -
PCV – 1		- -
Penta – 1		- -
Rota – 1		- -
OPV – 2		D D - M M - Y Y
PCV – 2		D D - M M - Y Y
Penta – 2		D D - M M - Y Y
Rota – 2		D D - M M - Y Y
OPV – 3		- -
PCV – 3		- -
Penta – 3		- -
IPV		- -
Measles 1		D D - M M - Y Y
Yellow Fever		D D - M M - Y Y
Meningitis		D D - M M - Y Y
Measles 2		- -
		D D - M M - Y Y
_____		D D - M M - Y Y
Vitamin A – 1		D D - M M - Y Y
Vitamin A – 2		D D - M M - Y Y

CHILD WEIGHT HISTORY & MONITORING

Graph the child's weight. When they visit, mark the weight in kilograms on the chart below, and connect to previous points to see trend over time.



1. Watch the direction of the line to track child's health

GOOD
Child growing well

DANGER:
Not gaining weight, find out why

VERY DANGEROUS
May be sick, needs extra care

2. Complete breast feeding keys

E: Exclusive Breast Feeding

P: Partial Breast feeding

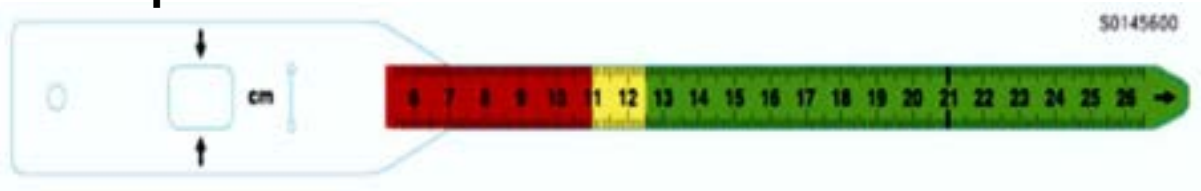
BW: Breast Feeding with Water

NO: No Breast feeding

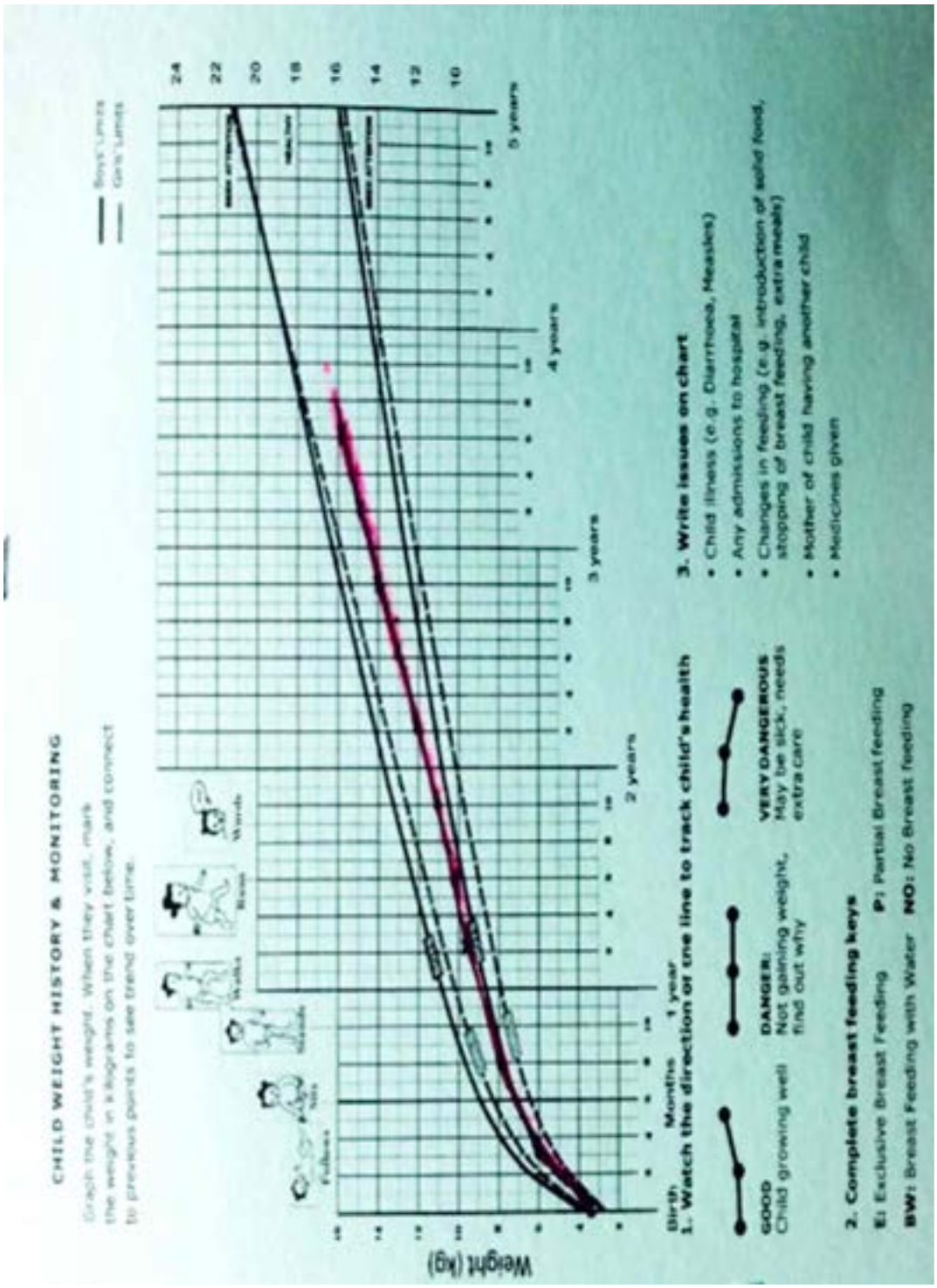
3. Write issues on chart

- Child illness (e.g. Diarrhoea, Measles)
- Any admissions to hospital
- Changes in feeding (e.g. introduction of solid food, stopping of breast feeding, extra meals)
- Mother of child having another child
- Medicines given

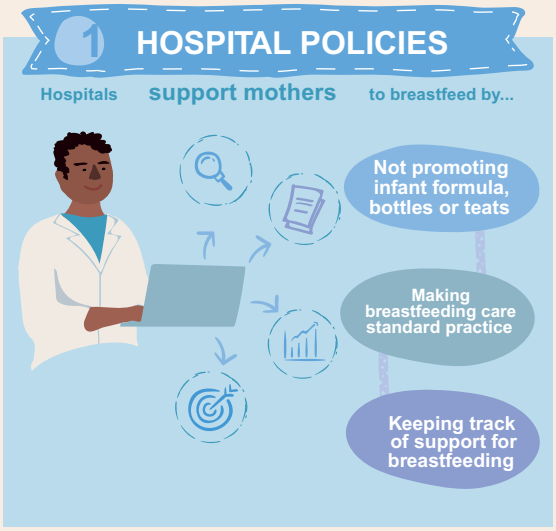
MUAC Tape

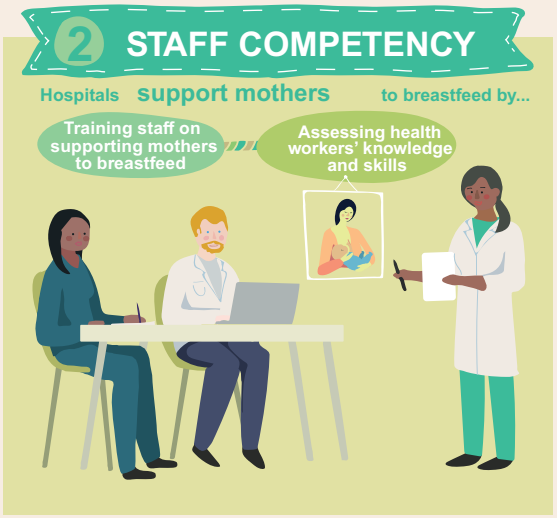


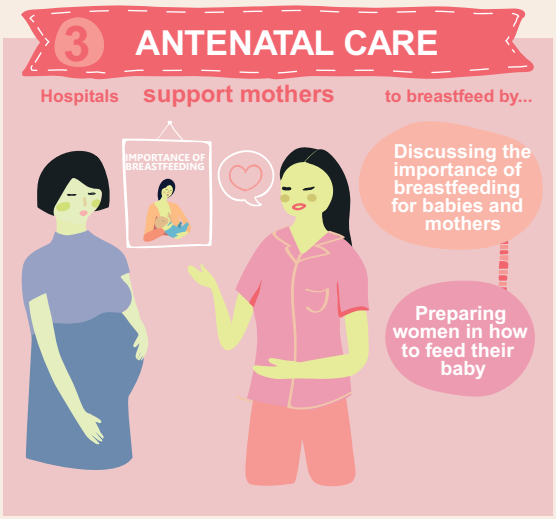
Growth Monitoring Chart

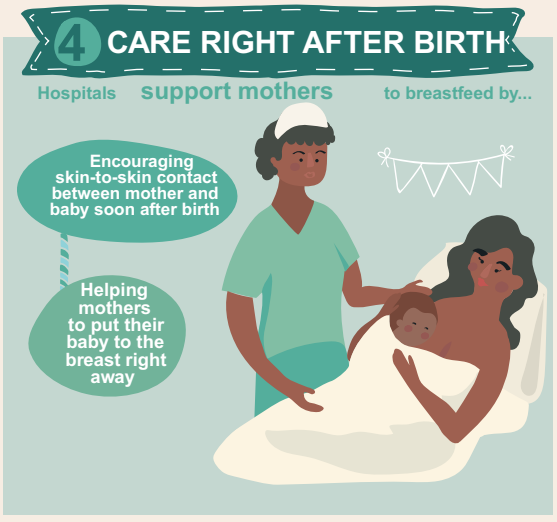


The TEN STEPS to Successful Breastfeeding



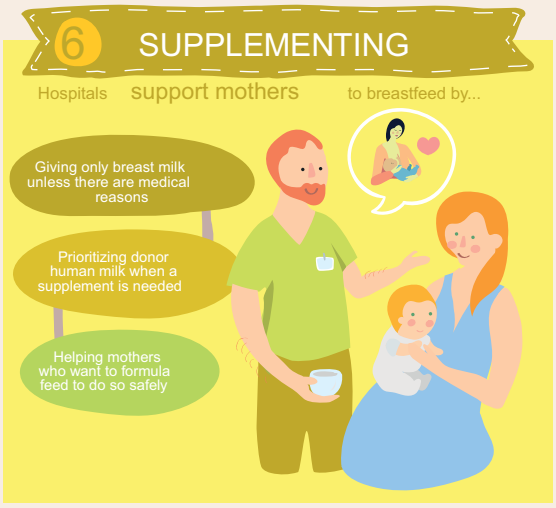


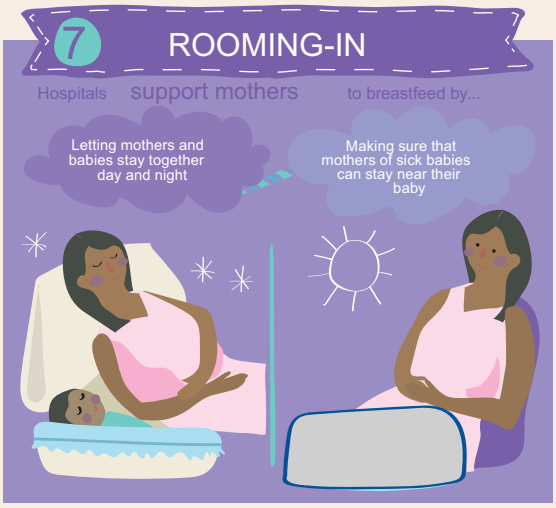


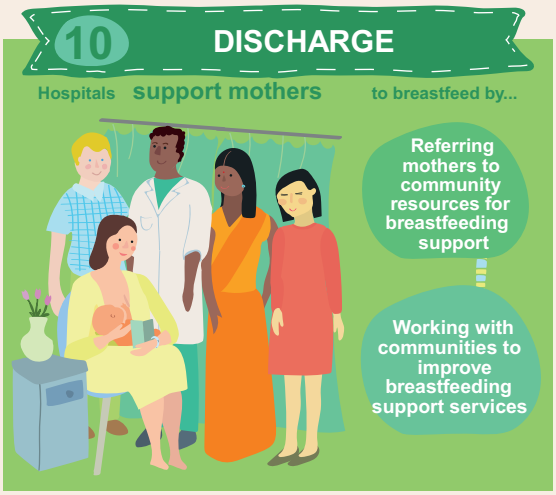


World Health Organization

unicef







World Health Organization

unicef

Ten steps to successful breastfeeding

Critical management procedures

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

1b. Have a written infant feeding policy that is routinely communicated to staff and parents.

1c. Establish ongoing monitoring and data-management systems.

2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

Key clinical practices

3. Discuss the importance and management of breastfeeding with pregnant women and their families.

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

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

6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.

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

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

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

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

ABUJA BREASTFEEDING DECLARATION
28 JUNE, 2016

DECLARATION OF PROTECTION, PROMOTION AND SUPPORT FOR BREASTFEEDING AT THE HIGH-LEVEL POLICY DIALOGUE ON PROMOTING BREASTFEEDING FOR NATIONAL DEVELOPMENT IN NIGERIA

Recognizing that breastfeeding:

- Is proven to save lives, bolster economies and contribute to better health outcomes for women and children.
- Provides numerous health and economic benefits: increasing exclusive breastfeeding rates can avert 100,000 infant deaths annually in Nigeria and add more than $150 million dollars to the Nigerian economy each year, according to the new Lancet Breastfeeding Series.
- Is a fundamental driver in achieving the Sustainable Development Goals by 2030.
- Initiated in the first 30 minutes of birth reduces neonatal mortality.
- Can protect children against infections and promote healthy development and achievement later in life.
- Exclusively within the first six months of birth reduces the risk of obesity and diabetes later in life.
- Has positive health benefits for mothers in the immediate post-natal period and longer term.

And recent research has shown:

- The high efficacy of antiretroviral therapy (ART) to protect against transmission of HIV and global recommendations that endorse breastfeeding by mothers with HIV up to 24 months, allowing their children to similarly gain the full benefits of breastfeeding.
- Although a high proportion of Nigerian babies are breastfed, only 17% in Nigeria are breastfed exclusively for the first six months. The situation is even worse in some states where the rates are less than 10%.
- Rates of exclusive breastfeeding have not substantially increased in the past two decades, and Nigeria is off track to meet the global target, the National Strategic Plan of Action on Nutrition (NSPAN) calls for an increase in exclusive breastfeeding rates to at least 50% by 2018.

We therefore declare that we will commit to prioritizing the actions as outlined in The Lancet Breastfeeding Series, which include:

- Disseminating accurate information on the value of breastfeeding as a powerful intervention for health and development, benefiting both children and women;
- Fostering positive social attitudes toward breastfeeding and reinforce a breastfeeding culture;
- Demonstrating political will to support breastfeeding;
- Regulating the breastmilk substitute industry by implementing, monitoring and enforcing the regulation on marketing of Breastmilk Substitutes;
- Scaling up and monitoring breastfeeding interventions and trends in breastfeeding practices;
- Increasing public sector investment in breastfeeding interventions and implementing the National Strategic Plan of Action for Nutrition; and
- Erecting policy interventions to ensure that maternity protection and workplace interventions are implemented and that health and maternity services are breastfeeding-friendly and comply with the code.

Our vision is a Nigeria where communities and families, medical facilities and health centres, workplace and homes, and policies and legislation protect and support breastfeeding, for Nigeria's families to enjoy the health and economic benefits that come from increased optimal breastfeeding rates.

International Code of Marketing Breastmilk Substitute

NIGERIA CODE AND ADVOCACY Briefs

(for mothers & families)

unicef

World Health Organization

PREAMBLE: Exclusive breastfeeding for the first six months of life is the single most effective intervention for preventing child deaths. The World Health Organization estimates that lack of exclusive breastfeeding for the first six months of life contributes to more than one million avoidable child deaths worldwide each year. This is partly due to the aggressive promotion of breastmilk substitutes (Infant formula, water, juices, etc). Mothers should be supported to make the best feeding choice for their infants and young children. Implementing and monitoring the Code of marketing of breastmilk substitutes protects breastfeeding.

The provisions of the CODE relevant to mothers are:

- No advertising of any of these products to the public.
- No free samples to mothers.
- No promotion of products in health care facilities,
- including the distribution of free or low-cost supplies.
- No company sales representatives should counsel mothers.
- No words or pictures idealising artificial feeding, or pictures of infants on labels of infant milk containers.

All information on artificial infant feeding, including that on labels, should explain the benefits of breastfeeding and the costs and hazards associated with artificial feeding.

Unsuitable products, such as sweetened

BEST INFANT AND YOUNG CHILD FEEDING PRACTICE: Exclusive breastfeeding for six months, followed by Sustained breastfeeding and complementary feeding for 2 years and beyond.

Benefits of breastfeeding To baby:
Nutritional: Breastmilk is perfect and easily digested and utilised by the baby; prevents malnutrition. Psychosocial: encourages bonding between the mother and the baby. Protection against infections: e.g. diarrhoea, respiratory and urinary tract infections; reduces morbidity and mortality in infected babies. Protection against other disease conditions: protects against systemic diseases e.g. cancer, diabetes mellitus, obesity. Other benefits: optimal intellectual development, improved vision, reduces incidence of sudden infant deaths; prevents ear infection, dental caries and dental malocclusion.

Benefits to the Mother: Physiological: prevents postpartum haemorrhage; Psychosocial: encourages bonding with child. Child spacing: prevent new pregnancy; Diseases Protection: deficiency anaemia, cancers (breast and ovarian) and osteoporosis. Benefits to the Nation: Happy, healthy, intelligent and peaceful children clean environment, Economic, Environmental, Healthy citizens, National development

Your Role in Code Monitoring of Breastfeeding

- Breastfeed your baby exclusively for the first 6 months and thereafter continue breastfeeding with adequate complementary food for 3 years
- Learn how to produce nutritious complementary foods from locally available foods
- Do not be counseled on how to feed your baby by representatives of Infant Foods companies.
- Refuse to accept any gifts including formula, bibs, towels, clock etc from the infant food companies.
- Join in Code and breastfeeding discussion in your community
- Ensure that fathers and older persons in your communities provide support to breastfeeding
- Watch out for CODE violation in your communities and report violations to NAFDAC

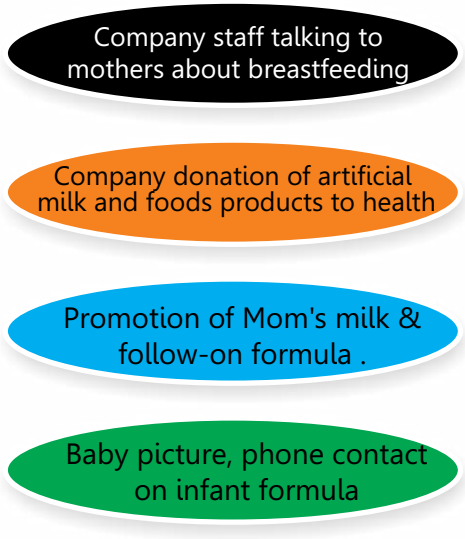
Begin to feed complementary food after 6 months (Select at least 5 food groups at every meal)
Type of food: Soft porridge, well mashed food
How often: 2 to 3 times each day
How much: 2 to 3 tablespoons at each meal
From 6 up to 8 months
Type of food: Mashed food
How often: 2 to 3 times each day and 1 to 2 snacks
How much: 2 to 3 tablespoons up to one-half (1/2) cup at each meal

From 9 up to 11 months
Type of food: Finely chopped or mashed food and foods that baby can pick up with his or her fingers
How often: 3 to 4 times each day and 1 to 2 snacks
How much: At least one half (1/2) cup at each meal
From 12 up to 23 months: Increase rations and snacks, give breastmilk.
Type of food: Family foods, chopped or mashed if necessary
How often: 3 to 4 times each day and 1 to 2 snacks
How much: Three-quarters (3/4) up to 1 full cup at each meal

Infants fed with artificial milk & bottle
are more likely to suffer from:

- Respiratory disease.
- Diminished response to immunization
- Early onset diabetes.
- More dental caries and malocclusion.
- Cancers - leukaemia & lymphoma, Ear infection.
- Less cognitive and mental development
- -Early onset of allergies.
- Less visual acuity
- Sudden infant death syndrome (cot death).
- Urinary tract infection
- Asthma and wheezing

EXAMPLES OF VIOLATONS



Article 5 of the CODE: The general public and mothers

- 5.1 There should be no advertising or other form of promotion to the general public of products within the scope of this Code.
- 5.2 Baby food manufacturers and distributors (M&D) should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code.
- 5.3 No point of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level
- 5.4 M&D should not distribute to pregnant women or mothers or infants and young children any gifts of articles or utensils which may promote the use of breast-milk substitutes or bottle-feeding.
- 5.4 Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children

WHA Resolution 2010 prohibits donations of breastmilk substitutes for social welfare purposes to institutions and organisations such as orphanages or for other social and welfare reasons. The Government of Nigeria is a signatory to these international treaties as such no donation of breastmilk substitutes is allowed in any place in Nigeria.

Join the volunteer Code watchers group in your community!

Monitoring Framework

SN	Priority Area	Expected Outcomes	Indicators
1	Maternal Nutrition	• Counseling Services	• Number of clients counselled on MIYCN Proportion of adolescent who are overweight
		• Adolescent Nutrition	• Number of adolescent who are underweight
		• Iron Folate supplementation	• Number of pregnant women receiving minimum of 90 Iron Folate tablets
		• Women and caregivers practicing exclusive breastfeeding for the first 6 months of child's life	• Number of children exclusively breastfed for the first 6 months
2	Infant and Young Child Feeding Practices	• Early Initiation	• Number of babies put to breast within 1 hour of birth and kept warm
		• Exclusive Breastfeeding	• Number of children 0-6months reporting being exclusively breastfed
		• Introduction of solid, semi-solid or soft foods	• Number of infants age 6-8 months who received solid, semi-solid or soft foods
		• GMP/Nutrition Services	• Number of children age 6–23 months who received food from 5 or more food groups • Number of children 0-59 months that received GMP/Nutrition Services • Number of children 0-59 months growing well • Number of children 0- 59 months not growing well
3	Management of Severe Acute Malnutrition	• Screening for malnutrition at the community level	• Number of children under five screened at the community level and referred to OTP & SC for malnutrition management Number of children under five discharged (as healthy) from treatment of severe acute malnutrition
		• Prevalence of stunting in under five children decreases	• Number of children under five who are stunted

		• Prevalence of wasting in under five children decreases • Prevalence of underweight in under five children decreases • Prevalence of overweight in under five children decreases • Prevalence of infants born low birthweight decreases	• Number of children under five who are wasted • Number of children under five who are underweight • Number of children under five who are overweight • Number of infants born low birthweight (<2.5kg)
4	Micronutrient Deficiency Control	• Vitamin A supplementation made available to all children aged 6 – 59 months • Micronutrient Powder (MNP) • Deworming medication	• Number of children aged 6- 59 months who received Vitamin A supplement • Number of children 6-23 months who received Micronutrient Powder (MNP) • Number of Children 12-59 months who received deworming medication
5	Diet Related Non communicable Diseases (DRNCD)	• Increase awareness on DRNCD	• Number of health facilities that have screening and referral services related to DRNCD
6	Nutrition Information System (NIS)	• Create a functional NIS data portal • Develop M & E • framework and research plan • Increase resource mobilization at Federal, State, LGA, Ward levels	• Availability of NIS data portal • Availability of M & E framework and research plan • Availability of budget line for Nutrition
7	Human Resources	• Training of Nutrition Professionals	• Number of trained nutrition professionals in a specified year