



MINISTRY OF HEALTH

KENYA STRATEGY FOR MATERNAL, INFANT AND YOUNG CHILD NUTRITION



2023-2028



REPUBLIC OF KENYA



MINISTRY OF HEALTH



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YOUNG CHILD NUTRITION**

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FOREWORD

Adequate nutrition during infancy and early childhood is essential to ensure that children grow, are healthy, and that they develop to their full potential. Kenya has endorsed WHO global targets that identify priority areas in the implementation of Maternal, Infant and young child nutrition.

Optimal maternal nutrition is crucial for the health and development of both the foetus and the mother. This has an impact on birth outcomes, with better nourished mothers having increased chances of delivering healthier infants. On the other hand, optimal infant and young child feeding practices are fundamental to ensure good physical and mental development and also contribute to long-term health benefits.

Kenya as a country has achieved significant milestones in terms of developing policies and strategies to guide implementation of programs including maternal, infant and young child nutrition (MIYCN). This strategy will go along to guide the health sector and nutrition sensitive sectors with regard to the strategic priorities for achieving optimal MIYCN.

The Ministry of Health renews its commitment to provide leadership for creating an enabling environment that supports Kenyan families to realize optimal maternal, infant and young child nutrition. The government shall work with all stakeholders and partners both at national and county levels to ensure full implementation of this strategy.



Dr. Patrick Amoth, EBS

AG. DIRECTOR GENERAL FOR HEALTH

PREFACE

The Ministry of Health is always striving to improve Kenya's healthcare system and improving the population's health status. Over the past decades, the Ministry of Health has initiated several actions in promoting and supporting optimal maternal, infant and young child nutrition. This includes the development of the second Kenya National Nutrition Action Plan (KNAP) (2018-2022) which has incorporated a key result area on MIYCN to strengthen care practices and services for improved maternal, infant and young child nutrition (MIYCN).

The full implementation of the MIYCN Strategy, will contribute to reduction of child morbidity and mortality hence improve child survival which is in line with the Kenya Health Sector Strategic and Investment Plan (KHSSIP) (2013- 2017) and the global strategy on infant and young child feeding (2012-2017). It also makes a strong contribution towards attainment of the Sustainable Development Goals (SDG), World Health Assembly (WHA) targets and Kenya Vision 2030.

The development of this strategy was driven by government through a broad consultative process involving different sectors from both national and county government including: Ministry of Health; Ministry of Agriculture and Livestock Development, Ministry of Labour and Social Protection; Ministry of Water, Sanitation and Irrigation; development and implementing partners.

The document is divided into five sections: Part 1: Introduction, Part 2: Development and Implementation of MIYCN National Strategy, Part 3: MIYCN Framework 2023-2028, Part 4: Implementation matrix 2023-2028; and Part 5: Resource planning and mobilization.



Dr. Andrew Mulwa

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Kenya Strategy for MIYCN 2023-2028 was developed through the leadership of MOH. Special thanks goes to division leaders from the ministry, Dr. Bashir-Head Department of Family health, Veronica Kirogo-Director Division of Nutrition and Dietetics, Dr. Nancy Etiang-THS, Leila Akinyi-deputy head of nutrition and dietetics, Rose Wambu and Caroline Kathiari, MIYCN program managers who coordinated the process.

Further, MOH is grateful to all the partners and counties that participated in the development of this document. Our appreciation goes to the national committee for infant and young child feeding (NCIYCF) for their technical review and contributions.

We wish to acknowledge World Bank through the project transforming health systems -universal care (THS) for their technical and financial support in the drafting of this strategy.

Special thanks goes to MIYCN technical working group members who successfully generated the MIYCN strategy, which will serve as a national strategic guideline for improving MIYCN in the country. It is my sincere hope that, with the active support from all the key agencies and partners, the Division of Nutrition will ensure complete implementation of this National Strategy MIYCN 2023-2028.

A special thanks to the Nutrition consultant Clementina Ngina who supported the development of the strategy and the technical reviewer Dr. Florence Kyallo (JKUAT) for the great effort towards finalization of the document.

Finally, the Ministry of Health wishes to thank UNICEF, Action against Hunger (ACF)-Kenya, Save the Children-Kenya and Program for Appropriate Technologies in Health (PATH) for their financial contribution towards final review of this MIYCN Strategy 2023-2028.



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HEAD DIVISION OF NUTRITION AND DIETETICS

ABBREVIATIONS

ANC	Antenatal Care
ART	Antiretroviral Treatment
AWP	Annual Work plan
BFCI	Baby Friendly Community Initiative
BFHI	Baby Friendly Hospital Initiative
BMS	Breastmilk Substitute
CHV	Community Health Volunteer
CME	Continuous Medical Education
HCP	Health care provider
IEC	Information Education and Communication
IFAS	Iron Folic Acid Supplementation
IYCF	Infant and Young Child Feeding
IYCN	Infant and Young Child Nutrition
KAP	Knowledge Attitude and Practice
KHIS	Kenya Health Information System
KNAP	Kenya Nutrition Action Plan
KNDI	Kenya Nutrition and Dietetics Institute
KPA	Key Priority Area
M&E	Monitoring and Evaluation
MAM	Moderate Acute Malnutrition
MEAL	Monitoring Evaluation Accountability and Learning
MIYCN	Maternal Infant and Young Child Nutrition
MIYCN TWG	Maternal Infant and Young Child Nutrition Technical Working Group
MIYCN-E	Maternal Infant and Young Child Nutrition in Emergency
MNPs	Micronutrient Powders
MOH	Ministry Of Health
MUAC	Mid Upper Arm Circumference
NCIYCF	National Committee for Infant and Young Child Feeding
OJT	On Job Training
OVC	Orphans and Vulnerable Children
PLA	Pregnant and Lactating Adolescent
PLW	Pregnant and Lactating Woman
SAM	Severe Acute Malnutrition
SBCC	Social and Behaviors Change Communication
SDG	Social Development Goals
SUN	Scaling Up Nutrition
SWOT	Strengths, Weaknesses, Opportunities, and Threats
THS	Transforming Health Systems
TWG	Technical Working Group
UHC	Universal Health Coverage
UNICEF	United Nations Children Fund
WASH	Water, Sanitation and Hygiene
WHA	World Health Assembly
WHO	World Health Organization
WRA	Women of Reproductive Age

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CHAPTER 1: INTRODUCTION

The MIYCN strategy 2023-2028 is the outcome of the Ministry of Health (MOH) led consultative process with relevant government entities at the national and county levels as well as various stakeholders including UN bodies, civil society organizations (CSOs), faith based organizations (FBOs), private sector, professional associations, development partners and communities. It is also supported by solid analytical work, including triangulating of data from different sources and a desk review of relevant documents to inform the development process. The MIYCN strategy is therefore grounded in the latest evidence, identifies best practices relevant for the country context, priorities and affordability, and provides an integrated approach across MIYCN Key Priority Areas (KPAs).

The MIYCN strategy takes into consideration existing global, regional and national strategies and implementation plans as well as current programs and initiatives by MOH, County Departments of Health and development partners. It will serve as a guide for the implementation of county MIYCN plans, which will be in alignment with County Nutrition Action Plans and the County Health Strategic and Investment Plans.

The first 1000 days of life between a woman's pregnancy and her child's second birthday is critical for child survival, growth and development. It is the period when the physiological needs of both the mother and child are at their highest and the child is highly dependent on the mother for nutrition and other needs. Optimal maternal nutrition is critical for the health and development of both the foetus and mother. Pregnancy and breastfeeding are nutritionally distinct periods in a woman's life. Good maternal nutrition during pregnancy improves the birth outcomes and reduces the risk of pregnancy related health complications.^{1,2} Energy requirements increase by an average 300 kcal/day during pregnancy and by 640 kcal/day during breastfeeding. Key vitamins and other micronutrients, such as iron, folic acid, zinc and calcium, are also in high demand.

Infant and young child nutrition (IYCN) is a critical component of the 1,000 days approach to improve child health and survival. WHO recommends early initiation of breastfeeding (within the first hour), exclusive breastfeeding for the first six months of life, and timely, safe, adequate and appropriate complementary feeding, with continued breastfeeding up to two years or beyond (WHO and UNICEF 2003). Exclusive breastfeeding for the first six months reduces infant morbidity and mortality from common infections, such as diarrhea or pneumonia; and it indirectly reduces anemia by preventing the inhibitory effects of inflammation on iron absorption, mobilization, and consequently red blood cell production.

Complementary feeding starts at 6 months of age when breastmilk alone cannot meet the nutritional requirements of an infant, and other foods and liquids are needed with the breastmilk.

¹ Abu-Saad, K. and Fraser, D. (2010) Maternal Nutrition and Birth Outcomes. *Epidemiologic Reviews*, 32, 5-25.
<http://dx.doi.org/10.1093/epirev/mxq001>

² Black, R.E., et al. (2013) Maternal and Child Undernutrition and Overweight in Low-Income and Middle-Income Countries. *The Lancet*, 382, 427-451.

1.1. The scope of MIYCN Strategy

The MIYCN Strategy is anchored on the Global Strategy for IYCF (WHO and UNICEF 2003), the 2012 World Health Assembly Resolution 65.6 which endorsed the WHO Comprehensive Implementation Plan for maternal, infant and young child nutrition, Kenya Health Policy 2014-2030, National Food and Nutrition security policy, 2012, Kenya Primary Health Care Strategic framework 2019-2024, Kenya Community health policy 2020-2030 and the Kenya Nutrition Action Plan (2018-2022) among others. It seeks to build on past initiatives and achievements in addition to aligning to the current global evidence in promoting and supporting optimal MIYCN in the country.

The MIYCN Strategy is intended to provide a strong framework through which the government aims to promote and support a comprehensive and coordinated approach to accelerate actions to improve MIYCN practices in Kenya. Its full implementation will help further reverse the maternal, infant and young child morbidity and mortality trends as envisaged in the Kenya Health Sector Strategic Plan (KHSSP) 2018-2023 and the 3rd Medium Term Plan (MTP, 2018- 2022) and make a strong contribution towards attainment of the Sustainable Development Goals (SDGs) and Vision 2030 in Kenya. In addition, the related MIYCN guidelines will help health care providers deliver quality and timely interventions. Further, the strategy supports key actions to ensure implementation and monitoring of the Breast milk Substitutes (Regulation and Control) Act, sections 68 (1) (e) (vi), 71 and 72 of the Health Act 2017, implementation framework for securing a breastfeeding friendly environment at workplaces, IMAM guidelines and the operational guidance for Infant and Young Child Feeding in Emergencies (2023).

1.2. MIYCN Global Situation

The prevalence of childhood stunting has fallen, and linear growth faltering in early life has become less pronounced over time, markedly in middle-income countries but less so in low-income countries. Worldwide, since 2000, the proportion of children under five suffering from stunting has reduced by one third (55 million). This remarkable achievement proves that positive change for nutrition is possible and is happening at scale – but there is more work to be done. Stunting and wasting remain public health problems in low-income countries, where 4.7% of children are simultaneously affected by both and is associated with a 4.8-times increase in mortality. New evidence shows that stunting and wasting might already be present at birth, and that the incidence of both conditions peaks in the first 6 months of life.³ Global low birth weight prevalence declined slowly at about 1.0% a year. There is growing evidence on the short-term and long-term consequences of child undernutrition and its adverse effect on adult human capital. Existing data on vitamin A deficiency among children suggest persisting high prevalence in Africa and south Asia. Zinc deficiency affects close to half of all children in the few countries with data. New evidence on the causes of poor growth points towards subclinical inflammation and environmental enteric dysfunction.

Among women of reproductive age, the prevalence of low body-mass index has been reduced by half in middle-income countries, but trends in short stature prevalence are less evident. Both conditions are associated with poor outcomes for mothers and their children, whereas data on gestational weight gain are scarce. Data on the micronutrient status of women are conspicuously scarce, which constitutes an unacceptable data gap. Prevalence of anaemia in women remains high

³ The Lancet series 2021, [https://doi.org/10.1016/S0140-6736\(21\)00394-9](https://doi.org/10.1016/S0140-6736(21)00394-9)

and unabated in many countries. Social inequalities are evident for many forms of undernutrition in women and children, suggesting a key role for poverty and low education, and reinforcing the need for multi-sectoral actions to accelerate progress. Despite little progress in some areas, maternal and child undernutrition remains a major global health concern, particularly as improvements since 2000 might be offset by the COVID-19 pandemic.⁴

1.3. MIYCN National situation

1.3.1. Maternal nutrition

Optimal maternal nutrition is crucial for the health and development of both the foetus and the mother. It has further been shown to have an impact on birth outcomes, with better nourished mothers having increased chances of delivering healthier infants. Maternal malnutrition increases the risk of poor pregnancy outcomes including obstructed labour, premature or low-birth weight babies and post-partum haemorrhage. Severe anaemia during pregnancy is linked to increased mortality at labour.

The most significant time for good nutrition is in the 1,000 days from the beginning of a woman's pregnancy to the second birthday of her child. What occurs in those first days determines to a large extent the course of a child's life, the ability to grow, learn, work, succeed and by extension, the long-term health, stability and prosperity of the society in which that child lives. To support children's optimal growth & development and women's well-being during pregnancy and lactation, women need access to health and nutrition services.

Currently, the antenatal care data indicate that the quality of ANC care is inconsistent. Almost 7 in 10 women received four or more ANC visits (KDHS 2022), but a few had their first ANC visit in first trimester, as recommended. According to the Kenya National Micronutrient Survey 2011 (Ministry of Health, 2011), 42 per cent of women suffered from anaemia in pregnancy, with only 8 per cent of women taking the minimum recommended number iron tablets.

KDHS, 2022 showed that eight in ten live births were delivered in a health facility. Delivery in a health facility increases with a woman's education and wealth. Overall, 73% of women received a post-natal checkup within 2 days after delivery.

1.3.2. Infant and young child nutrition

Adequate nutrition is critical to children's growth and development. The period from birth to age 2 years is especially important for optimal physical, mental, and cognitive growth, health, and development. Unfortunately, this period is often marked with nutrient deficiencies that interfere with optimal growth and may cause common childhood illnesses such as diarrhea and acute respiratory infections. Appropriate IYCF practices include; early initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first six months, and timely introduction of appropriate, adequate and safe complementary feeding at 6months with continued breastfeeding for two years or beyond.

According to KDHS 2022, there has been no remarkable change in early initiation and exclusive breastfeeding rates. Early initiation of breastfeeding is 60% compared to 62% in 2014, while exclusive breastfeeding is 59.7% compared to 61% in 2014. Although there has been an improvement in Minimum Acceptable Diet (MAD) as recorded in KDHS 2022, there still remains a challenge in the

⁴ Lancet. 2021 Apr 10; 397(10282):1388-1399.doi: 10.1016/S0140-6736(21)00394-9. Epub 2021 Mar 7

proportion of children that are receiving optimal complementary feeding, as only 31% of children aged 6-23 months consume a minimum acceptable diet. Children’s nutritional status has improved in recent years. Stunting has dropped from 26% in 2014 to 18% in 2022. Overweight and underweight have also dropped slightly from 4% to 3% and 11% to 10% respectively. Five percent of children under five are wasted, or too thin for their height⁵.

1.4. Rationale for MIYCN strategy 2023-2028

The National Strategy for MIYCN draws upon key principles from the global frameworks such as the global strategy for IYCF as well as strategies and practices from other sectors. It contributes towards improving the health, nutrition and wellbeing of infants and young children (0-59 months), and the health and wellbeing of mothers and mothers-to-be by protecting, promoting, supporting and monitoring MIYCN in Kenya.

Under-nutrition is a major cause of morbidity and mortality especially, in low-to-middle-income (LMIC) countries. Globally, under-nutrition accounts for more than 3 million deaths annually among children below 5 years, with Kenya having 35,000 deaths⁶. Evidence shows that malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. This results to far-reaching consequences for human capital, labour productivity, and are a major obstacle in the attainment of the overall goal of economic development. Cognizant of the burden of child undernutrition in terms of monetary loss and loss in the Gross Domestic Product (GDP) and well-being of Kenyan citizen, the Cost of Hunger in Africa (COHA) Kenya study showed that overall, the economic impact of under nutrition in health-related aspects was equivalent to 0.34 per cent of GDP in 2014, which was equivalent to Ksh 18.6 billion or US\$ 211.8 million⁷. Strategies to improve MIYCN are a key focus of the Ministry of Health. Scientific evidence has steadily underscored breastfeeding and complementary feeding as major factors in child survival, growth and development.

The MIYCN strategy sets out the scope, vision, goals, principles, strategic directions and provides a framework for priorities and actions for the Government of Kenya, led by the Ministry of Health to address the protection, promotion, support and monitoring of optimal MIYCN at the population level.

1.5. MIYCN Milestones in Kenya

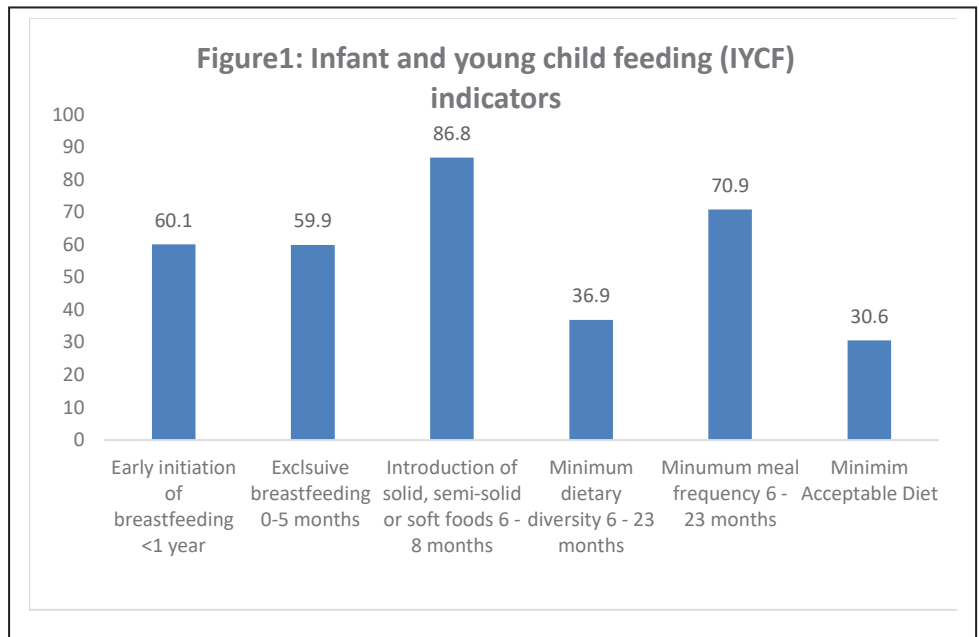
MIYCN targets women of reproductive age (15-49 years) and children 0-59 months with messages and interventions/activities aimed at improving their health, nutrition and survival. Kenya is on track on four (4) WHA targets. Although this is notable improvement, there is need for continued efforts to improve the current MIYCN practices so as to meet the WHA targets 2025, Vision 2030 and SDGs. Guidance has been provided on MIYCN implementation within key strategic documents which includes the Kenya National Action Plan 2018-2022 among others.

⁵ Kenya Demographic Health Survey, 2022

⁶ Fanzo J, Hawkes C, Udomkesmalee E, Afshin A, Allemandi L, Assery O, Baker P, Battersby J, Bhutta Z, Chen K, Corvalan C. Global Nutrition Report. 2019.

⁷ Social and Economic Effects of Child Undernutrition Kenya country report, November 2019

Kenya has witnessed an improvement in the nutritional status of children over the past eight years. Despite the reduced child under nutrition, there are regional disparities with some counties having stunting rates as low as 9% and highest being at 37%. Out of the 47 counties, W.Pokot 34%, Samburu 31% and Kilifi 37% have stunting prevalence of above 30% while Kisumu 9%, Garissa 9% and Murang'a 10% have the lowest prevalence.



Consistent with other low-income countries, stunting is highest in the 12-23-months and 24-35 months at 22.5% and 22.8% respectively. Wasting prevalence Marsabit 20%, Wajir 22.8% and Turkana 22% and the lowest is Nyamira 1.2%, Murang'a 1.7%, Homabay 1.8% Nyandarua 1.9%. The prevalence of underweight is highest in Turkana 31.7%, Samburu 30.2 %, W.Pokot 27% and lowest in Kisumu 3.5%, Nyamira 3.4%, Nyeri and Nyandarua 4%.

The triple burden of malnutrition among women of reproductive age (WRA) according to KDHS 2014 indicates a decline in under nutrition while overweight and obesity have increased. Between 2008-09 and 2014 the proportion of thin women (BMI <18.5kg/m²) declined from 12% to 9%. The proportion of women who were overweight or obese increased from 25 per cent to 33 per cent and those who were obese increased from 7 per cent to 10 per cent (KDHS, 2008/09; KDHS, 2014). The 2011 National Micronutrient Survey established that anaemia prevalence was highest in pregnant women at 41.6% and among children 28.3% (MOH, 2011). Figure 1 shows the IYCN indicators as per KDHS 2022.

CHAPTER 2: DEVELOPMENT AND IMPLEMENTATION OF MIYCN NATIONAL STRATEGY

2.1. Organizational structure

2.1.1. National Committee on Infant and Young Child Feeding (NCIYCF)

The National Committee on Infant and Young Child Feeding (NCIYCF) is an advisory committee for MIYCN matters in the country. The Breast milk Substitutes (Regulation and Control) Act, 2012 gives provision for the establishment of this committee as well as other committees. The mandate of the committee is as follows:

1. Advise the Cabinet Secretary on the policy to be adopted in relation to infant and young child feeding.
2. Participate in the formulation of and recommend the regulations to be made under the Act.
3. Approval of a person or institution who undertakes to make a donation of a designated product or pre-packaged complementary food product to a charitable children institution or social welfare institution under the Act or Regulations.
4. Approval for manufacturer or distributor who wishes to create awareness about the scientific and factual matters of the breast milk substitute or complementary food product.
5. Approval of any interactions between a manufacturer or distributor and a health care provider for the purposes of professional evaluation of a designated product or pre-packaged complementary food product.
6. Approval on the publication of information, education and communication materials that relate to infant and young child feeding.
7. Perform any other functions as may from time to time be assigned by the Cabinet Secretary.

2.1.2. Maternal, Infant and Young Child Nutrition Technical Working Group (MIYCN TWG)

The MIYCN TWG exists to provide technical advisory support for key decision making processes on maternal, infant and young child nutrition in line with the Key Result Area (KRA)¹ in the KNAP. In addition, it supports advocacy, resource mobilization and review of MIYCN documents.

The terms of reference include:

1. Setting of Standards
 - Undertake national adaptation of international standards/guidelines/policies on infant and young child feeding.
 - Development and periodic review of national MIYCN Strategies, Policies, guidelines, implementation frameworks among others.
 - Development and review of informational and educational materials on MIYCN including training and sensitization packages, posters, e-content, factsheets among others.
 - Support development of MIYCN content in the nutrition curriculum for academic and learning institutions.
2. Training and Capacity Building
 - Gap analysis and recommendations for capacity building efforts on MIYCN.
3. Application of standards
 - Support and promote the implementation of national policies and guidelines on MIYCN.

- Review and support dissemination of technical updates on MIYCN to the government, learning institutions, private health sector and other implementing agencies.
4. Monitoring, Reporting and Research
 - Support regular monitoring of MIYCN policies, programs and practices in the country.
 - Review reports of contraventions or other matters relating to the Breast Milk Substitutes (Regulation and Control) Act, 2012 (BMS Act) and make periodic reports to NCIYCF.
 - Monitor the enforcement of the BMS Act, 2012 and generate country reports.
 - Identify and support areas of research on MIYCN.
 5. Information Management
 - Provide overall guidance on information management on MIYCN in conjunction with other working group.
 6. Resource Mobilization
 - Conduct gap analysis and resource mobilization for implementation of the MIYCN strategy.

2.1.3. MIYCN task forces

The MIYCN program established different task forces whose members are drawn from the national MIYCN technical working group. The task forces were established to focus on specific interventions within the larger MIYCN program. Each task force has TORs and works under the leadership and support of the MIYCN program manager. The task forces include the following:

1. Baby Friendly Hospital Initiative (BFHI)
2. Baby Friendly Community Initiative (BFCl)
3. Maternal, Infant and Young Child Nutrition In Emergencies (MIYCN-E)
4. Workplace support for breastfeeding mothers

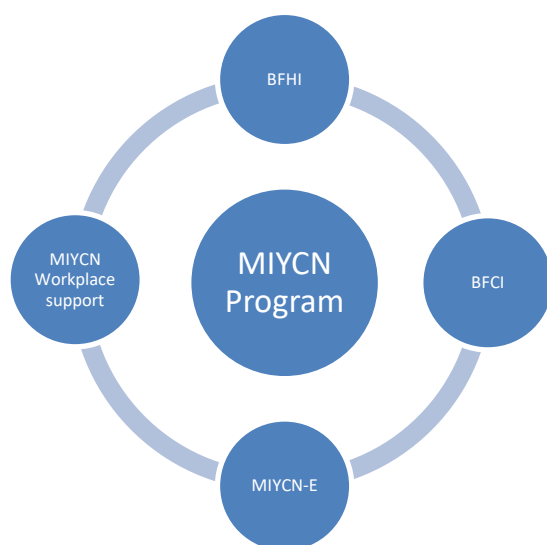


Figure 2: The organization chart for the MIYCN technical working group

2.2. Vision

A nation of well-nourished and healthy mothers, infants and young children.

2.3. Mission

To contribute towards improved health, nutritional status, development and survival of mothers, infants and young children in Kenya.

2.4. Guiding principles

- Professionalism
- Quality
- Efficiency and effectiveness
- Equity
- Accountability
- Sustainability
- Ownership
- Risk management
- Innovativeness
- Gender Responsiveness

2.5. Development of MIYCN Strategy

The development of MIYCN strategy comprised of a comprehensive review of the previous strategy 2012-2017, stakeholders consultative meeting and participatory workshops. The strategy builds on the past and continuing achievements in the overall context of Kenya national policies and programmes on nutrition, maternal and child health. The strategy is guided and grounded by the current scientific and epidemiological evidence; hence the implementation of this strategy calls for increased multi-sectoral collaboration, political will, public investment, awareness among health care providers and involvement of families and communities that will ultimately ensure that all necessary action is taken.

2.6. SWOT Analysis in the implementation of the previous MIYCN strategy

The SWOT analysis considered the strengths, weaknesses, opportunities and threats in relation to the implementation of the previous MIYCN strategy as follows in table 1

Table 1: MIYCN Strategy SWOT analysis

SWOT ANALYSIS OF MIYCN STRATEGY 2012-2017	
Strengths	<ul style="list-style-type: none"> • Roll out of BFCI trainings at county level • Enactment of the Breast Milk Substitutes (Regulation and control) Act. 2012 and the Breast Milk Substitutes (Regulation and control) (General) Regulations, 2021 • Existence of various technical guidelines and materials: <ul style="list-style-type: none"> ○ Guidelines for Securing a Breastfeeding Friendly Environment at the Work Place, 2018 ○ Implementation framework for securing a breastfeeding friendly environment at workplace, 2018-2022 ○ BMS Act implementation framework ○ BMS monitoring and enforcement protocol ○ National MIYCN counseling cards ○ 1000 days booklet • Baby Friendly Community Initiative (BFCI)- trainers guide, training manual for community health volunteers (c-BFCI), BFCI Mentorship, supportive supervision & self-assessment guidance tools, BFCI training for health care providers-Participants handout, and c-BFCI training for community health volunteers-participants handout • Hospitals achieving BFHI certification. • Community units achieving BFCI certification. • Scaling up of MIYCN as a key result area in the KNAP 2018-2022 • Inclusion of key MIYCN indicators in the KHIS, Kenya Nutrition Scorecard and RAMNCAH Scorecard • Integration of MIYCN in health and other relevant sectors
Weakness	<ul style="list-style-type: none"> • Inadequate integration of MIYCN in the multi-sectoral frameworks • Most MIYCN indicators especially at the community level are not integrated into KHIS • Overreliance on donor funding for implementation of MIYCN • There were no specific annual review meetings for the MIYCN strategy. • Weak linkage between Counties and National level • Weak mechanisms for monitoring Breast Milk Substitute (BMS) Act, 2012 • Low level of knowledge among health care providers on MIYCN • Inadequate MIYCN IEC materials • Inadequate human resource for nutrition • A lot of infiltration of knowledge from social media with incorrect information • Poor documentation and reporting hence poor data quality • Low scale implementation and dissemination of policies and legislations • Reducing external funding due to changing donor landscape
Opportunities	<ul style="list-style-type: none"> • Favorable policy and regulatory environment • Availability of nutrition donors/partners • Devolution

	<ul style="list-style-type: none"> • Universal Health Coverage (UHC) • Legislation at the county level • Leveraging on other activities to capacity build health care providers • Increasing partnership and collaboration • Social media-SBCC-Increase coverage • Availability of national and county nutrition action plans for resource mobilization • Domestic Resource Mobilization (DRM)- co funding-Joint work plan with nutrition partners • Political goodwill • Existing structures up to community level to be used for implementation • Technology-Hybrid meetings • Integration of MIYCN interventions in other sectors • Existing global and regional MIYCN targets and guidelines • Leveraging on MIYCN relevant commitments made during United Nations Food Systems Summit (UNFSS) and Nutrition For Growth (N4G) • Celebration of annual world breastfeeding week(National and county levels)
Threats	<ul style="list-style-type: none"> • Emergencies including COVID 19 pandemic, drought • Too much dependence on donor funding • Inadequate domestic resource base • Household food insecurity • Disasters • Climate change • Political interference • Myths and misconceptions on maternal infant and young child feeding • Inappropriate marketing of BMS • Negative social media influence

2.7. Recommendations for inclusion in the MIYCN Strategy

- MIYCN strategy to be disseminated widely and cascaded up to the lower levels including learning institutions.
- Advocate for increased investment in MIYCN programs at both national and county level.
- Integrate MIYCN with other sectors namely, Agriculture, Education, Social Protection, Finance and Planning, WASH and Nurturing Care.
- Guide coordination of MIYCN interventions at all levels of the government.
- Improve/strengthen MIYCN MEAL.
 - Agree on realistic targets with clear baseline data.
 - Introduce specific MIYCN indicators.
 - Identify responsible agency(s) & the cost implication for the implementation of the various MIYCN components.
- Align MIYCN Strategy with other existing policy documents e.g. Vision 2030, KNAP, Kenya Health Policy and UHC.
- Introduce quality improvement and quality assurance in the MIYCN strategy.

-
- Use cost effective approaches/strategies to achieve MIYCN objectives/activities.
 - Have a data repository linked to the larger MOH dashboard.
 - Linkage with the academic and research institutions in sharing MIYCN research findings and utilization to inform policy.
 - Establish a system for dissemination and or publishing of research findings.
 - Improve coordination of both County and National in MIYCN MEAL and research.
 - Capacity building in research for MIYCN programming.
 - Strengthen workplace support for breastfeeding mothers both within the public and private sectors.
 - Strengthen private and public partnership in MIYCN.
 - Review of pre-service curriculum of learning institutions- MIYCN to be included in the pre-service curriculum.
 - Have consultative forums on MIYCN matters with regulatory bodies e.g. KNDI, KPA, KMA, NNAK.
 - Inclusion of children with special needs in MIYCN planning.
 - Consider other emerging issues such as overweight and obesity.
 - Leverage on other existing forums and programs in the implementation of MIYCN interventions
 - Harmonize partner support with clear roles and responsibilities of various actors being well articulated.
 - Conduct annual review meetings for the MIYCN strategy at the national level.
 - Strengthen mechanisms for BMS monitoring and enforcement at all levels.
 - Scale up implementation of MIYCN-E.
 - Promote robust evidence generation for MIYCN through prioritization of research areas.
 - Promote health system strengthening with a strong focus on CHUs.
 - Strengthen workplace support for breastfeeding mothers.

CHAPTER 3: MIYCN FRAMEWORK 2023-2028

3.1 Key priority areas, strategic objectives, expected outputs and activities

MIYCN Strategy has emphasized on appropriate interventions/activities to address challenges faced during this critical period of child growth and development. Research has shown investing in the first 1,000 days between pregnancy and a child's second birthday is the most critical period for child survival, growth and development. This strategy has focused on guiding implementation of proven, high impact, low cost interventions, focusing on the "window of opportunity" for the first 1,000 days of a child's life. It has identified 8 key priority areas (KPAs) with corresponding strategic objectives, expected outputs and activities which will help in achieving the expected results. Table 2 below indicates the 8 key priority areas for MIYCN implementation.

Table 2: MIYCN Key priority areas

No.	Key Priority Areas
1	Policy, legal and regulatory framework a. MIYCN policy, legal and regulatory framework in line with global, regional and national guidance for quality service delivery.
2	Maternal, infant and young child nutrition a. Optimal maternal nutrition b. Optimal infant and young child nutrition i. Initiate breastfeeding within 1 hour of delivery. ii. Promote, protect, and support exclusive breastfeeding for the first six months of life. iii. Promote the timely introduction of appropriate, adequate and safe complementary foods at 6 months of life with continued breastfeeding for two years or beyond. iv. Optimal IYCN practices in difficult circumstances. v. Growth and developmental monitoring and promotion c. Social and community support for optimal MIYCN practices.
3	Capacity Development for MIYCN a. Capacity of health care providers and other key actors to effectively implement policy guidelines and legislation on MIYCN
4	Nutrition and health products for mothers, infant and young children a. Therapeutic and supplemental commodities for prevention and treatment of all forms of malnutrition; Nutrition assessment equipment, monitoring and evaluation tools.
5	Monitoring, evaluation, research and learning for MIYCN a. Monitoring of MIYCN program b. Evaluation of MIYCN program c. Research and development of innovations for MIYCN d. Learning forums for MIYCN
6	Evidence-based advocacy, communication and social mobilization for MIYCN a. Commitment and continued prioritization of MIYCN in county and national agenda

7	<p>Sectoral and multi-sectoral collaboration, coordination and social accountability for MIYCN</p> <p>a. Sectoral and Multi-sectoral Coordination, partnership and collaboration for successful and sustainable implementation of MIYCN interventions</p>
8	<p>MIYCN in other Nutrition programs</p> <p>a. Micronutrient deficiencies prevention and control</p> <p>b. Clinical Nutrition</p> <p>c. Healthy diets and Lifestyle</p> <p>d. Integrated management of acute malnutrition</p>

Key Priority Area 1: Policy, legal and regulatory framework

Strategic Objective 1: Strengthen the MIYCN policy, legal and regulatory framework in line with global, regional and national guidance for quality service delivery.

Expected outcome 1: Policy, legal and regulatory environment for MIYCN implementation enhanced

Approaches

- Develop/review MIYCN policy guidelines, strategy and regulations
- Disseminate MIYCN policy guidelines, strategy and Regulations to relevant stakeholders at national and county level
- Upload and update periodically the existing MIYCN related policy guidelines, strategies, frameworks in the MOH repository
- Participate in policy discussions related to pre and post-disaster reviews to influence MIYCN considerations
- Integrate and align MIYCN in relevant national health and other sector policies and guidelines
- Scale up maternity protection interventions

Key Priority Area 2: Maternal Infant and Young Child Nutrition

A. Optimal Maternal Nutrition

Strategic Objective 1: Scale up maternal nutrition interventions for improved birth outcomes and infant and young child nutrition

Expected outcome 1: Reduced incidences of Low Birth Weight (LBW) and preterm babies

Approaches

- Promote and support continuous maternal health and nutrition education sessions at all levels
- Promote integration of maternal nutrition services in all routine and outreach programs targeting children and mothers
- Strengthen continuous nutrition assessment for PLA, WRA and PLW(Weight, MUAC)
- Promote optimal dietary diversity and meal frequency for PLW and PLAs at facility and community level
- Promote skilled breastfeeding counseling practices among PLW and PLAs

Expected outcome 2: Reduced anemia prevalence and other micronutrient deficiencies among Women of Reproductive Age (WRA) and Pregnant and Lactating Women (PLW)

Approaches

- Promote optimal dietary diversity for PLW and PLAs at facility and community levels
- Strengthen health education and counselling on prevention of anemia among pregnant women
- Promote consumption of locally grown iron-rich foods among PLW, PLAs, WRA and adolescent girls
- Promote consumption of fortified foods among PLW, PLAs, WRA and adolescent girls

B. Optimal Infant and Young Child Nutrition

Strategic Objective: To scale up IYCN interventions for improved survival, growth and development of infants and young children

i) Initiate breastfeeding within 1 hour of delivery

Expected Outcome 1: Increased proportions of newborns initiated to breastfeeding within the first one hour of birth

Approaches

- Promote skilled breastfeeding counselling to mothers and their families using trained health care providers in health facilities during antenatal, and perinatal contact points and in the community.
- Promote early and uninterrupted skin-to-skin contact between mothers and infants and initiate breastfeeding within one-hour of birth.
- Scale up practical support to mothers to initiate timely breastfeeding
- Promote and support implementation, monitoring and enforcement of BMS Act
- Scale up the implementation of baby friendly hospital initiative (BFHI) at all levels
- Scale up implementation of BFCI in community health units and level at all levels

ii) Promote, protect, and support exclusive breastfeeding for the first six months of life.

Expected outcome 2: Increased exclusive breastfeeding rates among children 0 – 6 months

Approaches

- Promote and support skilled breastfeeding counselling to mothers and their families using trained health care providers in health facilities during antenatal, perinatal and postpartum contact points and in the community.
- Promote and support early and uninterrupted skin-to-skin contact between mothers and infants and initiate breastfeeding within one-hour of birth.
- Scale up practical support to mothers on how to manage breastfeeding including positioning, attachment, recognizing hunger cues, and breastfeeding difficulties
- Promote and support rooming in of both the mother and infant
- Strengthen linkages and referrals of the mother and infant upon discharge from health facility to an existing community health unit for on-going support and care
- Promote implementation of the breastfeeding friendly workplace environment in formal and informal work sectors
- Scale up human milk bank services
- Promote and support implementation, monitoring and enforcement of BMS Act
- Scale up implementation of baby friendly hospital initiative (BFHI) at all levels

-
- Scale up implementation BFCI in community health units and at all levels

iii) Promote the timely introduction of appropriate, adequate and safe complementary foods at 6 months of life with continued breastfeeding for two years or beyond

Expected outcome 3: Increased minimum acceptable diet among children 6-23 months

Approaches

- Promote timely introduction of adequate, appropriate and safe complementary foods from locally available foods for children.
- Promote and support continued breastfeeding for up to 2 years or beyond. .
- Scale up cooking demonstrations to impart skills to mothers/caregivers on preparation of adequate, appropriate and safe, complementary foods at facility and community levels
- Strengthen individualized counselling to mothers/caregivers on minimum dietary diversity and the meal frequency at all levels of service delivery
- Disseminate key complementary feeding messages to caregivers to improve complementary feeding for optimal growth and development
- Equip mothers/caregivers with practical skills on responsive feeding techniques
- Integrate messages on complementary feeding to other programs such as growth monitoring and promotion, care for child development, vitamin A supplementation
- Scale up establishment of household kitchen gardens to promote consumption of a variety of locally available foods
- Strengthen linkages with other sectors e.g. agriculture, social services, education

iv) Optimal IYCN practices in difficult circumstances.

Expected outcome 4: Improved nutrition status of infants and young children in institutions

Approaches

- Disseminate policies, guidelines and regulations on provision for optimal IYCN practices in the institutions.
- Adopt integrated guidelines on nutrition and relevant nurturing care components in institutions.
- Promote monthly growth monitoring and promotion activities in formal and informal institutions
- Implement guidance on feeding children in institutions
- Strengthen timely routine health and nutrition services to children in institutions.
- Promote the establishment of food safety inspection committees in the institutions
- Strengthen linkages and referral for mothers of children with special needs in institutions to other sectors

Expected outcome 5: Improved Nutrition status for non-breastfed children

Approaches

- Guide on the use of breastmilk substitutes for non-breastfed infants 0-6 months as per the MIYCN national policy guidelines and the BMS Act, 2012
- Guide the development of IEC materials for the non-breastfed children
- Promote timely provision of routine health and nutrition services for the non-breastfed children

Expected outcome 6: Reduced transmission of MTCT

Approaches

- Build capacity of health care providers at all levels on IYCN in the context of HIV
- Participate in the development, review and dissemination of IYCN in the context of HIV related documents and IEC materials
- Promote routine screening for nutrition related problems and referral for HIV positive mothers, exposed infants and children
- Conduct biannual service quality audits to Protect, promote and support exclusive breastfeeding for all HIV exposed infants in the first 6 months of life and continued breastfeeding up to 2 years or beyond
- Strengthen referral and support for HIV positive mothers on ART adherence
- Strengthen referral of HIV-exposed infants (HEI) for timely interventions
- Improve linkages of vulnerable HIV positive mothers and their babies to existing social protection programs

Expected outcome 7: Improved Maternal, Infant and Young Child Nutrition practices in Emergencies

Approaches

- Integrate MIYCN requirements in emergencies in the multi-sectoral National and County level contingency and response plans
- Strengthen MIYCN-E as an agenda in the Kenya Food Security Steering Group (KFSSG) and other disaster response committees at national and county level
- Promote and support skilled counselling to pregnant & lactating women during emergencies
- Strengthen linkages and referral for pregnant and lactating women with infants and children during emergency to other social protection programs

Expected outcome 8: Improved nutrition status of orphans and vulnerable children

Approaches

- Promote and support nutrition counselling for families with orphans and vulnerable children
- Scale up nutrition education targeting households registered in the cash transfer programs
- Strengthen linkage and referral for orphans and vulnerable children (OVC) and their families to appropriate social protection initiatives

Expected outcome 9: Improved nutrition for children with congenital malformations

Approaches

- Promote and support optimal nutrition for children 0-23 months with congenital malformations
- Strengthen referral and linkages for mothers and caregivers of children 0-23 months with congenital malformations for appropriate care such as occupational, physiotherapy, psychosocial and social welfare support

Expected outcome 10: Appropriate MIYCN practices enhanced in IMAM

Approaches

- Promote and support optimal IYCN practices for children with under nutrition
- Strengthen skilled counselling and support to mothers with undernourished infants and children
- Strengthen linkages and referral for mothers of children with SAM or MAM to existing nutrition sensitive interventions (WASH, Agriculture, social protection programs)

Expected outcome 11: Optimal nutrition for infants and children with acute, chronic childhood illnesses and medical conditions

Approaches

- Promote and support optimal nutrition for infants and children with acute, chronic illnesses and medical conditions
- Participate in the revision and dissemination of MIYCN content in the neonatal guidelines
- Promote and support skilled counselling on consumption of age appropriate diets to mothers and caregivers of infants and children with medical conditions, acute and chronic illnesses in accordance with MIYCN recommendations
- Strengthen linkages and referral at both facility and community level for mothers and caregivers of infants and children with medical conditions, acute and chronic illnesses

v. Growth and developmental monitoring and promotion

Expected outcome 1: Increased proportion of children (0-59 months) whose growth and development is assessed

Approaches

- Promote monthly Growth Monitoring and Promotion (GMP)
- Strengthen assessment of developmental milestones for children 0-59 months
- Strengthen linkages and referral at facility and community level for children who have developmental delay for support

C. Social and community support for optimal MIYCN practices.

Strategic Objective 1: To scale up community and social support for MIYCN

Expected Outcome 1: Increased number of households benefitting from community and social support

Approaches

- Scale up and strengthen peer-to-peer groups such as mother to mother, father to father support groups and care groups
- Strengthen referral and linkages between community and facility for MIYCN service
- Strengthen linkages with existing nutrition sensitive interventions at community level to improve MIYCN practices

Key Priority Area 3: Capacity development for MIYCN

Strategic objective 1: To develop and review MIYCN training packages and curricula

Expected outcome 1: MIYCN training packages developed and reviewed

Approaches

- Adapt training package on MIYCN Integrated Course
- Develop and review BMS Act, 2012 training package
- Develop and review the implementation framework for securing breastfeeding friendly environment at work place training package
- Develop human milk banking training package
- Adapt BFHI guidelines and training package
- Develop and review standard operating procedures for MIYCN standardized delivery (Maternal, IYCN)

- Develop MIYCN package for daycare centers and children in institutions
- Review BFCI operational guidelines and training package
- Develop MIYCN-E operational guidelines and training package
- Develop a Breastfeeding Counseling Mentorship Training Package
- Participate in development and review of curricula at all levels to ensure inclusion of updated MIYCN content

Strategic Objective 2: To enhance capacity of health care providers (public and private) to deliver quality MIYCN services

Expected outcome 2: Enhanced capacity of health care providers on MIYCN

Approaches

- Capacity build health care providers on the following;
 - ❖ BFHI
 - ❖ BFCI
 - ❖ MIYCN-E
 - ❖ Skilled breastfeeding counseling
 - ❖ Human milk banking
 - ❖ BMS Act, 2012
 - ❖ Integrated MIYCN course
 - ❖ Implementation framework for securing breastfeeding friendly environment at workplaces
 - ❖ Lactation management

Key Priority Area 4: Nutrition and health products for mothers, infants and young children

Strategic Objective 1: To improve the availability of nutrition equipment and commodities

Expected outcome 1: Reduced stock outs of nutrition commodities

Approaches

- Capacity building of health care providers on LMIS
- Strengthen supply chain management of nutrition commodities

Expected outcome 2: Improved availability of functional nutrition equipment

Approaches

- Strengthen procurement and distribution of nutrition equipment for MIYCN
- Enhanced maintenance of nutrition equipment

Key Priority Area 5: Monitoring, Evaluation, Research and Learning for MIYCN

Strategic objective 1: To improve the documentation and reporting system for MIYCN MEAL at all levels

Expected outcome 1: Improved documentation and reporting system of MIYCN interventions

Approaches

- Develop a database/dashboard for MIYCN indicators
- Integrate and link MIYCN data into existing information system (KHIS, MIS, NIS,)
- Annually report on MICYN indicators at national and global level
- Upload MIYCN nutrition reports and bulletins in the nutrition website

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- Strengthen monitoring system for implementation and enforcement of BMS Act, 2012 at both national and county level.
 - Streamline reporting on Maternal and Infant Young Child Nutrition indicators with relevant departments within health
 - Procure and distribute nutrition documentation and reporting tools

Strategic objective 2: To strengthen implementation of the MIYCN strategy

Expected outcome 2: Strengthened implementation of the MIYCN strategy

Approaches

- Biennial review of the MIYCN strategy implementation
- Biennial dissemination of the status report on implementation of MIYCN strategy to stakeholders
- Quarterly reviews of MIYCN AWP program activities
- Quarterly performance review meetings on the implementation and enforcement of BMS Act, 2012 at both national and county level.
- MIYCN M & E quarterly review meetings between the national M & E department and counties.
- MIYCN resource tracking at national and county levels
- Strengthen review meetings to assess performance of MIYCN integrated interventions
- Monitor compliance and enforcement of the BMS (Regulation and Control) Act, 2012 at all levels
- Monitor compliance of the workplace support for breastfeeding legislations as provided in the Health Act, 2017 article 71 and 72
- Monitor the feeding of children in institutions

Strategic objective 3: To review and update MIYCN indicators and tools

Expected outcome 3: MIYCN indicators and tools reviewed and updated

Approaches

- Review and update the MIYCN KAPs tools in line with revised WHO guidance
- Develop a monitoring tool for MIYCN-E

Strategic objective 4: To Strengthen research and learning on MIYCN at all levels

Expected outcome 4: MIYCN research and learning strengthened at all levels

Approaches

- Prioritize MIYCN research areas and gaps
- Strengthen linkages with academia and research institutions to further MIYCN research agenda
- Develop a research repository for MIYCN.
- Enhance utilization of MIYCN research findings and best practices at all levels
- MIYCN KAP surveys conducted after every 2 years

Key Priority Area 6: Evidence-Based Advocacy, Communication and Social Mobilization for MIYCN

Strategic objective 1: To strengthen commitment and continued prioritization of MIYCN in county and national agenda

Expected outcome 1: Advocacy, Communication and Social Mobilization strengthened at all levels

Approaches

- Advocate for increased resource allocation for MIYCN programming at all levels
- Strengthen engagement with key champions/ influencers in MIYCN activities
- Advocate for public private, partnership for MIYCN programme implementation
- Advocate for inclusion of MIYCN interventions in the county integrated development plans and other sectoral plans
- Advocate for scaling up of MIYCN Interventions in nutrition sensitive sectors
- Advocate for resource allocation towards routine nutrition support for OVCs and in emergencies
- Advocate for implementation of legislation on maternity protection
- Advocate for increased human resource for nutrition.
- Advocate for a line budget for MIYCN service delivery, equipment's, nutrition commodities and tools at all levels
- Advocate for formulation of local commodities for management of acute malnutrition
- Advocate for research and innovation to guide MIYCN policy and implementation
- Strengthen community engagement, participation and feedback mechanism in MIYCN services and decision making
- Lobby with professional bodies for inclusion/ revision of MIYCN content within training curriculum
- Develop annual resource mobilization plan for MIYCN strategy
- Lobby for MIYCN funding through annual donor forums on Nutrition

Strategic objective 2: To improve MIYCN communication and social mobilization at all levels

Expected outcome 2: MIYCN communication and social mobilization improved at all levels

Approaches

- Develop and disseminate MIYCN social behavior change and communication strategy
- Develop and disseminate MIYCN Job aids, IEC/BCC materials
- Develop and translate key MIYCN messages to county specific language/pictorial form
- Commemorate World Breastfeeding Week and other MIYCN global and national events(nutrition week, world premature day, Malezi bora) at all levels
- Scale up MIYCN messaging using effective communication channels (media, mosques, churches,)
- Integrate MIYCN messages within health and other relevant sectors
- Integrate MIYCN messages on eHealth platforms
- Strengthen community engagements on MIYCN

Key Priority Area 7: Sectoral and Multi-sectoral Collaboration and Coordination for MIYCN

Strategic objective 1: To promote sectoral and multi-sectoral coordination and collaboration for successful and sustainable implementation of MIYCN interventions

Expected outcome1: Improved sectoral and multi-sectoral coordination and collaboration implementation of MIYCN interventions at national and county level

Approaches

- Map MIYCN stakeholders and partners at national and county level to effectively coordinate MIYCN services and avoid duplication

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- Quarterly NCIYCF meetings
 - Monthly MIYCN TWG meetings
 - Promote and support regular, sectoral, multi-sectoral coordination meetings for implementation of the MIYCN strategy at national and county level
 - Participate in the development of relevant sectoral plans within the health sector and other relevant government line ministries to ensure inclusion of MIYCN interventions at National and county level

Key Priority Area 8: MIYCN integration in other nutrition programs

Strategic objective: Mainstream and align MIYCN in other nutrition programs (micronutrient, clinical, healthy diets and physical activity, IMAM/Emergency)

Expected outcome 1: MIYCN mainstreamed and aligned to micronutrient deficiencies prevention and control program

Approaches

- Promote and support routine micronutrient supplementation (IFAS, VAS, MNPs) among PLW, PLA and children
- Promote deworming among pregnant women and children
- Conduct a survey to establish the micronutrient status of WRA and children 6-59 months
- Promote the consumption of fortified staple foods, salts, fats and oils
- Promote consumption of bio-fortified foods such as orange fleshed sweet potatoes, iron-rich beans
- Promote dietary diversification

Expected outcome 2: MIYCN mainstreamed and aligned to clinical nutrition program

Approaches

- Develop and disseminate MIYCN standard operating procedures (SOP) in line with clinical nutrition guidelines
- Promote use of donor human milk as per existing guidelines
- Promote treatment of sick children, PLW and WRA with micronutrient deficiencies (Zinc, iodine, calcium, iron, VIT D)

Expected outcome 3: MIYCN mainstreamed and aligned to healthy diets and lifestyle program

Approaches

- Promote healthy diets and physical activity during childhood, adolescence and among WRA

Expected outcome 4: MIYCN mainstreamed and aligned to IMAM/Emergency program

Approaches

- Strengthen linkages and referral for vulnerable WRA/PLW and children under five in the IMAM program to social protection and other relevant support programs at community level
- Refer PLW with clinical conditions at risk of malnutrition for appropriate management
- Provide appropriate management of PLW/PLA and children with Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM)

3.2 Roles and Responsibilities of different stakeholders in the implementation of the MIYCN Strategy

3.2.1 National Government

Successful implementation of the MIYCN strategy will depend on effective, efficient and sustainable national coordination of all concerned national government departments, county governments, development partners, civil society organizations, academia, private sector, community and other concerned parties such as the media. Positive dialogue and active collaboration with appropriate parties for the protection, promotion and support of appropriate maternal infant and young child feeding practices will be particularly important in this connection. The national government has an important role to play in the implementation of this strategy by:

- i. Formulate and review MIYCN policy, guidelines and standard on MIYCN
- ii. Provide sector coordination, leadership, and guidance to ensure full collaboration of all concerned government agencies, international organizations and other concerned parties in implementation of MIYCN
- iii. Ensure adequate human, financial and organizational resources to ensure successful implementation of MIYCN strategy
- iv. Conduct resource mobilization for implementation of MIYCN activities
- v. Ensure dissemination of MIYCN strategy, standard and guidelines to the stakeholders
- vi. Offer technical support on development and monitoring of MIYCN service delivery and standards throughout the country.
- vii. Promote mechanisms for improving administrative and management system including conducting relevant MIYCN Studies
- viii. Give effect to the principles and regulatory framework of the Breast Milk Substitutes (Regulation and Control) Act, 2012
- ix. Capacity build county governments to effectively deliver high quality culturally responsive MIYCN services
- x. Support the National Committee on Infant and Young Child Feeding (NC-IYCF) to carry out its mandate.
- xi. Through the Ministry of Education and in collaboration with universities and research institutions develop and include infant and young child feeding in school curriculum
- xii. Strengthen collaboration with development partners to ensure adequate financial and technical support for infant and young child feeding
- xiii. Ensure standard for trade and industry comply with national standards promoting and protecting optimal IYCN support Breast Milk Substitutes (Regulation and Control) Act, 2012
- xiv. Advocate for industries, private sector and enterprises to support MIYCN initiatives as part of their corporate social responsibility
- xv. Advocate for research prioritization at both national and county levels.
- xvi. Advocate and strengthen formation and coordination of sub -committees for MIYCN research at national and county level
- xvii. Conduct evaluation of MIYCN programme

3.2.2. County Governments

The county government has a critical role in identification and allocation of human, financial and organizational resources to ensure the plan's timely and successful implementation. Other roles include:

- i. Monitor implementation of the strategy
- ii. Capacity build government officers at the county level

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- iii. Monitor the implementation of MIYCN activities at county level
 - iv. Participate in evaluation of MIYCN implementation status
 - v. Provide feedback on the status of implementation of MIYCN strategy

3.2.3 Non-Governmental Organizations and Civil Societies

The Non-Governmental Organizations and Civil Societies have a role in the following:

- i. Support the scale up of MIYCN interventions in line with MIYCN strategy at National and County levels
- ii. Provide their staff with accurate, up-to-date information on maternal infant and young child nutrition
- iii. Contribute to the creation of mother and child friendly y communities and workplaces that routinely support appropriate maternal infant and young child feeding

3.2.4 Development Partners

- i. The development partners have a role in ensuring the following:
- ii. Support resource mobilization at county and national levels
- iii. Support implementation of MIYCN strategy at county and national levels
- iv. Support Information generation, advocacy to ensure global standards are adapted in a national and county levels
- v. Provide technical and financial support to government and community efforts in capacity building, advocacy, social mobilization and service delivery in MIYCN

3.2.5 Industries, Private Sector and Enterprises

The industries, private sector and enterprises role includes:

- i. Ensure compliance with the Breast Milk Substitutes (Regulation and Control) Act, 2012 and related legislation.
- ii. Adhere to regulations and standards on complementary feeds
- iii. Establish mechanisms to support breastfeeding mothers at workplace in line with national MIYCN programme priorities

3.2.6 Professional Regulatory bodies

- i. The Professional regulatory bodies have a role in the implementation of the MIYCN strategy by:
- ii. Regulating their professional members and practice in accordance with national MIYCN guidelines
- iii. Providing guidance on harmonization of pre-service training curricula of learning institutions offering nutrition and dietetics courses to include MIYCN
- iv. Providing technical support on training and capacity building to agencies and organizations involved in the implementation of MIYCN strategy
- v. Integrating monitoring and enforcement of MIYCN legislations and policies like BMS Act, workplace support for breastfeeding, BFHI, in their regular routine monitoring system

3.2.7 Learning and Research Institutions

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

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- i. Conduct research in MIYCN
 - ii. Disseminate findings and best practices including publishing in peer reviewed journals and conferences
 - iii. Develop capacity for MIYCN research, promote research and advocate for resource allocation
 - iv. Participate in annual forums for sharing best practices
 - v. Ensure inclusion of MIYCN in training curricula
 - vi. Participate in Capacity building in MIYCN
 - vii. Review their training curricula periodically to include new developments from MIYCN research.
 - viii. Provide technical support to relevant agencies and organizations in conducting research on various components of MIYCN.
 - ix. Provide accurate information required to create awareness and develop appropriate intervention programmes for improved maternal, infant and young child nutrition.

3.2.8 Communities

The community role includes:

- i. Ensuring appropriate community-based support system for mothers/caregivers
- ii. Demanding for MIYCN services
- iii. Be facilitated to support optimal nutrition to the orphaned and vulnerable children created
- iv. Sharing information on MIYCN for behaviour change communication
- v. Participating in MIYCN support groups
- vi. Participating in community engagements on MIYCN e.g. outreach programmes, community dialogues, chief's barazas and other periodic health and nutrition campaigns by the government and other stakeholders.

3.2.9 Media Agencies

The media role includes:

- I. Supporting the advocacy and communications components of the MIYCN strategy, ensuring citizens have correct information to promote optimal maternal infant and young child nutrition.
- II. Ensuring adherence to standards under the Breast Milk Substitutes (Regulation and Control) Act, 2012 and subsequent relevant Health Assembly Resolutions
- III. Disseminate information on positive role models, thus enabling individuals to adopt enlightened and effective MIYCN practices.
- IV. Promoting more appropriate and timely use of health services in the public and private sectors

CHAPTER 4: IMPLEMENTATION MATRIX 2023/2024-2027/2028

Key Priority Area 1 : Policy, legal and regulatory framework											
Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
<p>Strengthen the MIYCN policy, legal and regulatory framework in line with global, regional and national guidance for quality service delivery.</p>	<p>Expected outcome 1: Policy, legal and regulatory environment for MIYCN implementation enhanced</p>										
	Develop/ review MIYCN policy guidelines, strategy and Regulations	MIYCN policy guidelines, strategy and Regulations developed/ reviewed	Number of MIYCN related laws, regulations and policies developed, reviewed or enacted at national level	#	Program reports	Annually	14	2	4	4	2
	Disseminate MIYCN policy guidelines, strategy and Regulations to relevant stakeholders at national and county level	MIYCN policy guidelines, strategy and Regulations disseminated in all countries	Number of countries reached with MIYCN dissemination	#	Program reports	Annually	47	47	47	47	47
	Upload and update periodically the existing MIYCN related policy guidelines, strategies, frameworks in the MOH repository	Up-to-date MIYCN policy guidelines, strategy and Regulations available in the MOH repository/ nutrition website	Number of MIYCN documents uploaded in the MOH repository	#	MOH repository, Nutrition website	Annually	6	2	1	1	1
	Participate in policy discussions related to pre and post-disaster reviews to influence MIYCN considerations	Policy discussions related to pre and post-disaster reviews incorporates MIYCN considerations	Number of Policy discussions/papers incorporating MIYCN	#	MOH Repository	Annually	5	1	1	1	

Key Priority Area 1: Policy, legal and regulatory framework

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
Strengthen the MIYCN policy, legal and regulatory framework in line with global, regional and national guidance for quality service delivery.	Integrate and align MIYCN in relevant national health and other sector policies and guidelines	MIYCN integrated in national relevant health and other sector policies and guidelines	Number of national health and other sector policies and guidelines integrating MIYCN	Program reports	Every 3 Years	3	-	2	-	-	1
	Scale up maternity protection interventions	Lactation spaces established at work places	Number of work places with established lactation spaces	Survey	Annually	25	5	5	5	5	5

Expected outcome 1 : Policy, legal and regulatory environment for MIYCN implementation enhanced

Key priority Area 2: Maternal, infant and young child nutrition

a) Optimal maternal nutrition

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
Scale up maternal nutrition interventions for improved birth outcomes and infant and young child nutrition	Promote and support continuous maternal health and nutrition education sessions at all levels	Maternal nutrition education sessions provided continuously at facility and community levels	Number of education sessions provided at facility and community	Facility reports	Monthly	60	12	12	12	12	12
	Promote integration of maternal nutrition services in all routine and outreach programs targeting children and mothers	Maternal nutrition services integrated in routine and outreach programs	Number of outreaches integrating maternal nutrition services	Facility reports	Monthly	60	12	12	12	12	12

Expected outcome 1 : Reduced incidences of Low Birth Weight (LBW) and preterm babies

Key priority Area 2: Maternal, infant and young child nutrition

a) Optimal maternal nutrition

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28	
Scale up maternal nutrition interventions for improved birth outcomes and infant and young child nutrition	Expected outcome 1: Reduced incidences of Low Birth Weight (LBW) and preterm babies											
	Strengthen continuous nutrition assessment for PLA, WRA and PLW(WWeight, MUAC)	Nutrition assessment of PLA, WRA and PLW continuously conducted	Proportion of PLA, WRA and PLW assessed for nutrition status	%	Facility data	Monthly	80%	80%	80%	80%	80%	
	Promote optimal dietary diversity and meal frequency for PLW and PLAs at facility and community level	Increased consumption of diversified diets and recommended meal frequency for PLW and PLAs promoted at Facility and community level	Proportion of PLW and PLAs consuming at least 5 out of 10 food groups and the recommended meal frequency.	%	Survey/ assessments	Periodically	80%	80%	80%	80%	80%	
	Promote skilled breastfeeding counseling practices among PLW and PLAs	Breastfeeding counselling conducted to PLW and PLAs	Proportion of breast-feeding counselling sessions conducted to PLW and PLAs	%	Facility data	Quarterly	80%	80%	80%	80%	80%	
	Expected outcome 2: Reduced anemia prevalence and other micronutrient deficiencies among Women of Reproductive Age (WRA) and Pregnant and Lactating Women (PLW)											
	Promote optimal dietary diversity for PLW and PLAs at facility and community levels	Increased consumption of diversified diets among PLW and PLAs	Proportion of PLW and PLAs consuming at least 5 out of 10 food groups	%	Facility data	Monthly	80%	80%	80%	80%	80%	

Key priority Area 2: Maternal, infant and young child nutrition

a) Optimal maternal nutrition

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28	
Scale up maternal nutrition interventions for improved birth outcomes and infant and young child nutrition	Expected outcome 1: Reduced incidences of Low Birth Weight (LBW) and preterm babies											
	Strengthen health education and counseling on prevention of anemia among pregnant women	Health education and counselling sessions on prevention of anaemia conducted	Proportion of pregnant women receiving health education and counselling sessions	#	Facility data	Monthly	80%	80%	80%	80%	80%	
	Promote consumption of locally grown iron-rich foods among PLW, PLAs, WRA and adolescent girls	Increased consumption of iron-rich foods among PLW, PLAs, WRA and adolescent girls	Proportion of PLAs, PLWs, WRA and adolescent girls consuming iron-rich foods	%	KHIS, Program reports	Monthly	80%	80%	80%	80%	80%	
	Promote consumption of fortified foods among PLW, PLAs, WRA and adolescent girls	Increased consumption of fortified foods among PLW, PLAs and WRA	Proportion of PLW, PLAs and WRA consuming fortified foods	%	Survey	Bi-annual	100%	100%	100%	100%	100%	

b) Optimal infant and young child nutrition

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28	
To scale up IYCN interventions for improved survival, growth and development of infants and young children	i) Initiate breastfeeding within 1 hour of delivery											
	Expected Outcome 1: Increased proportions of newborns initiated to breastfeeding within the first one hour of birth											
	Promote skilled breastfeeding counseling to mothers and their families using trained health care providers in health facilities during antenatal, and perinatal contact points and in the community	Breastfeeding counselling conducted to mothers and their families during ANC, Perinatal contact points	Proportion of pregnant and lactating women breastfeeding counselling sessions.	%	Facility data	Monthly	80%	80%	80%	80%	80%	80%
	Promote early and uninterrupted skin-to-skin contact between mothers and infants and initiate breastfeeding within one-hour of birth.	Early interrupted skin-to-skin contact conducted	Proportion of infants supported on early skin-to-skin contact	%	Facility data	Monthly	80%	80%	80%	80%	80%	80%
	Scale up practical support to mothers to initiate timely breastfeeding	Early initiation to breastfeeding conducted	Proportion of infants initiated to breast-feeding within the first hour of delivery	%	Facility data	Monthly	80%	80%	80%	80%	80%	80%
Promote and support implementation, monitoring and enforcement of BMS Act	Increased implementation and monitoring of the BMS Act in all Counties	Number of Counties implementing and monitoring the BMS Act	#	County nutrition program data	Annually	47	17	10	10	10	-	
Scale up implementation of BFHI in counties.	Implementation of BFHI in all counties	Number of Counties implementing BFHI	#	County nutrition program data	Annually	47	17	10	10	10	-	

b) Optimal infant and young child nutrition

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28	
To scale up IYCN interventions for survival, growth and development of infants and young children	Scale up implementation of BFCI in all countries	BFCI Implemented in 47 countries	Number of countries implementing BFCI	#	Annually	47	17	10	10	10	-	
	ii) Promote, protect, and support exclusive breastfeeding for the first six months of life.											
	Expected outcome 2: Increased exclusive breastfeeding rates among children 0 – 6 months											
	Promote and support skilled breastfeeding counselling to mothers and their families using trained health care providers in health facilities during antenatal, perinatal and postpartum contact points and in the community.	Skilled breast feeding counselling provided to mothers and families in health facilities during the antenatal, perinatal and postpartum contact points and in the community	Proportion mothers and families receiving skilled breastfeeding counselling in health facilities and in the community	%	Monthly	80%	80%	80%	80%	80%	80%	
	Promote and support early and uninterrupted skin-to-skin contact between mothers and infants and initiate breast feeding within one-hour of birth	Newborns provided with uninterrupted skin-to-skin contact and initiated on breastfeeding within one-hour of birth.	Proportion of new-borns with uninterrupted skin-to-skin contact and initiated to breast-feeding within one-hour of birth.	%	Monthly	80%	80%	80%	80%	80%	80%	

b) Optimal infant and young child nutrition

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To scale up IYCN interventions for improved survival, growth and development of infants and young children	Scale up practical support to mothers on how to manage breastfeeding including positioning, attachment, recognizing hunger cues, and breastfeeding difficulties	Mothers given practical help on how to manage breastfeeding including positioning, attachment, recognizing hunger cues, and breastfeeding difficulties	Proportion of mothers given practical help on how to manage breastfeeding including positioning, attachment, recognizing hunger cues and breastfeeding difficulties	Facility data	Quarterly	80%	80%	80%	80%	80%	80%
	Promote and support rooming in of both the mother and infant	Health facilities rooming in both mothers and infants	Number of health facilities supporting rooming in of mothers and infants	Facility data	Monthly	80%	80%	80%	80%	80%	80%
	Strengthen linkages and referrals of the mother and infant upon discharge from health facility to an existing community health unit for on-going support and care	Mothers and infants referred from health facilities to an existing community health unit for on-going support and care upon discharge	Proportion of mothers and infants discharged from health facilities referred to community services for on-going support and care	%	MOH 100	Monthly	80%	80%	80%	80%	80%
	Promote implementation of the breastfeeding friendly workplace environment in formal and informal work sectors	Establishment of breastfeeding spaces in the formal and informal work sector promoted	Proportion of breastfeeding spaces established in the informal work sector	Program data	Annually	50%	50%	50%	50%	50%	50%

b) Optimal infant and young child nutrition

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To scale up IYCN interventions for improved survival, growth and development of infants and young children	Scale up human milk bank services	Human milk banking services scaled up Counties	Number of human milk banks established	Program data	Annually	5	1	1	1	1	1
	Scale up implementation of BFCI in all counties	BFCI Implemented in 47 counties	Number of counties implementing BFCI	Program	Annually	47	17	10	10	10	-

b) Optimal infant and young child nutrition

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To scale up IYCN interventions for improved survival, growth and development of infants and young children	iii) Promote the timely introduction of appropriate, adequate and safe complementary foods at 6 months of life with continued breastfeeding for two years or beyond Expected outcome 3: Increased minimum acceptable diet among children 6-23 months										
	Promote timely introduction of adequate, appropriate and safe complementary foods from locally available foods for children	Timely introduction of adequate, appropriate and safe complementary foods from locally available foods promoted	Percentage of Infants age 6-23 months given solid, semi-solid or soft foods	%	KDHS	90%	90%	90%	90%	90%	90%
	Promote and support continued breastfeeding for up to 2 years or beyond.	Counselling and support to mothers on continued breastfeeding for two years or beyond provided	Percentage of mothers with children 6-23 months counselled on continued breastfeeding for two years or beyond	%	KDHS	65%	57%	60%	62%	64%	65%
	Scale up cooking demonstrations to impart skills to mothers/ caregivers on preparation of adequate, appropriate, safe, nutritious, feasible and locally available diverse complementary foods at facility and community levels	Cooking and handling of complimentary foods demonstrated to mothers/ caregivers	Proportion families participating in cooking demonstrations	%	Program data	85%	20%	50%	70%	80%	85%

b) Optimal infant and young child nutrition

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To scale up IYCN interventions for improved survival, growth and development of infants and young children	Strengthen individualized counseling to mothers/caregivers on minimum dietary diversity and the meal frequency at all levels of service delivery	Caregivers of children 6 –23 months of age provided with individualised counselling on minimum dietary diversity and minimum meal frequency	Proportion of caregivers with children 6-23 months offered individualised counselling on minimum dietary diversity and minimum meal frequency	Program data	Quarterly	85%	65%	70%	75%	80%	85%
	Disseminate key complementary feeding messages to caregivers to improve complementary feeding for optimal growth and development	Key complementary feeding messages disseminated to caregivers	Proportion of caregivers given key complementary feeding messages	Program data	Quarterly	85%	20%	50%	70%	80%	85%
	Equip mothers/-caregivers with practical skills on responsive feeding techniques	Mothers/caregivers of children 6-23 months provided with practical skills on responsive feeding technique	Mothers/ caregivers of Infants 6-23 months counselled on responsive feeding technique	Qualitative	Program data	Annually	60%	30%	40%	50%	60%
	Integrate messages on complementary feeding to other programs such as growth monitoring and promotion, care for child development, vitamin A supplementation	Programs integrating messaging complementary feeding	Proportion of programs integrating complementary feeding messaging	Qualitative	Program data	Annually	-	-	-	-	-

b) Optimal infant and young child nutrition

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To scale up IYCN interventions for improved survival, growth and development of infants and young children	Scale up establishment of household kitchen gardens to promote consumption of a variety of locally available foods	Household kitchen gardens established	Percentage of Household kitchen gardens established	% Assessment data	Annually	30%	10%	15%	20%	25%	30%
	Strengthen linkages with other sectors e.g. agriculture, social services, education	Linkages with other sectors	Number of sectors linked with	# Program data	Annually	5	5	5	5	5	5

iv) Optimal IYCN practices in difficult circumstances.

Expected outcome 4: Improved nutrition status of infants and young children in institutions

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To scale up IYCN interventions for improved survival, growth and development of infants and young children	Disseminate policies, guidelines and regulations on provision for optimal IYCN practices in the institutions.	Policies, guidelines and regulations on provision for optimal IYCN disseminated	% of policies, guidelines and regulations on provision of optimal MIYCN in institutions disseminated	# Activity reports	Annually	1	1	1	1	1	1
	Adopt integrated guidelines on nutrition and relevant nurturing care components in institutions.	Integrated guidelines on nutrition and nurturing care components adopted	% of guidelines on nutrition and nurturing care components adopted	# Activity reports	Biennial	1	0	1	0	1	0
	Promote monthly growth monitoring and promotion activities in formal and informal institutions	Growth monitoring and promotion activities in formal and informal institutions implemented	Proportion of formal and informal institutions implementing growth monitoring and promotion	# Survey Activity reports	Annually						

b) Optimal infant and young child nutrition

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28	
To scale up IYCN interventions for improved survival, growth and development of infants and young children	Guidance on feeding children in institutions implemented	Proportion of institutions implementing the guidance on feeding children	Qualitative	Survey	Annually	80%	80%	80%	80%	80%	80%	
	Strengthen timely routine health and nutrition services to children in institutions	Routine nutrition services offered to children in institutions	Proportion of children receiving nutrition services	Activity reports	Annually	100%	100%	100%	100%	100%	100%	
	Promote the establishment of food safety inspection committees in the institutions	Food inspection committees in institutions established	No of food inspection committees in institutions established	Survey	Annually	80%	80%	80%	80%	80%	80%	
	Strengthen linkages and referral for mothers of children with special needs in institutions to other sectors	Linkages and referral for mothers of children with special needs in institutions to other sectors	Proportion of mothers of children with special needs in institutions linked and referred to other sectors	%	Activity reports	Monthly	80%	80%	80%	80%	80%	80%

Expected outcome 5: Improved Nutrition status for non-breast fed children

	Guide on the use of breast milk substitutes for non-breastfed infants 0-6 months as per the MIYCN national policy guidelines and the BMS Act, 2012	Guidance on the use of breast milk substitutes for non-breastfed infants 0-6 months as per the MIYCN national policy guidelines and the BMS Act, 2012 provided to mothers and caregivers	Proportion of mothers and care givers of non-breastfed infants 0-6 months who receive guidance	%	Activity Reports	80%	80%	80%	80%	80%	80%
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b) Optimal infant and young child nutrition

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To scale up IYCN interventions for improved survival, growth and development of infants and young children	Guide the development of IEC materials for the non-breastfed children	Materials for the Non- breastfed children developed	Number of IEC materials for the Non- breastfed children developed	Program report	Annually	2	1	1	-	-	-
	Timely provision of routine health and nutrition services for the non-breast-fed children	Provision of nutrition services to non-breastfed children	Proportion of non-breastfed children receiving nutrition services	Program report	Annually	60%	40%	45%	50%	55%	60%
Expected outcome 6: Reduced transmission of MTCT											
	Build capacity of health care providers at all levels on IYCN in the context of HIV	Capacity of HCPs at all levels on IYCN in the context of HIV built	Proportion of HCPs at all levels trained on IYCN in the context of HIV	Activity Reports	Annually	60%	40%	45%	50%	55%	60%
	Participate in the development, review and dissemination of IYCN in the context of HIV related documents and IEC materials	Development, revision and dissemination of IYCN in the context of HIV related documents and IEC materials	Number of meetings attended to develop, revise and disseminate IYCN in the context of HIV related documents and IEC materials	Qualitative Reports	Annually	-	-	-	-	-	-
	Promote routine screening for nutrition related problems and referral for HIV positive mothers, exposed infants and children	Routine nutrition screening all PLHIV and HIV exposed infants and children conducted	Proportion of all PLHIV, HIV exposed infants and children screened routinely for nutrition related problems	Program reports	Annually	65%	45%	50%	55%	60%	65%

b) Optimal infant and young child nutrition

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To scale up IYCN interventions for improved survival, growth and development of infants and young children	Strengthen MIYCN-E as an agenda in the Kenya Food Security Steering Group (KFSSG) and other disaster response committees at national and county level	MIYCN-E agenda included in the KFSSG and other disaster response committees at national and county level	Number of meetings held with MIYCN-E agenda included in the KFSSG and other disaster response committees at national and county level	#	Quarterly	20	4	4	4	4	4
	Strengthen referral and support for HIV positive mothers on ART adherence	HIV positive mothers referred and supported for ART adherence counselling	Proportion of HIV positive mothers referred and supported for ART adherence counselling	%	Annually	80%	60%	65%	70%	75%	80%
	Strengthen referral of HIV-exposed infants (HEI) for timely interventions	HIV exposed infants referred for timely interventions	Proportion of HEI referred timely	%	Annually	100%	100%	100%	100%	100%	100%
Expected outcome 7: Improved Maternal, Infant and Young Child Nutrition practices in Emergencies											
	Integrate MIYCN requirements in emergencies in the multi-sectoral National and County level contingency and response plans	MIYCN needs in emergencies in the multi-sectoral National and County level contingency integrated	Number of County level contingency plans with MIYCN needs in emergency integrated	#	Annually	47	47	47	47	47	47

b) Optimal infant and young child nutrition

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To scale up IYCN interventions for improved survival, growth and development of infants and young children	Strengthen MIYCN-E as an agenda in the Kenya Food Security Steering Group (KFSSG) and other disaster response committees at national and county level	MIYCN-E agenda included in the KFSSG and other disaster response committees at national and county level	Number of meetings held with MIYCN-E agenda included in the KFSSG and other disaster response committees at national and county level	Minutes	Quarterly	20	4	4	4	4	4
	Promote skilled counselling to pregnant & lactating during emergencies	Skilled counselling provided to pregnant & lactating women and mothers with infants 0-6 months during emergencies	Proportion of pregnant & lactating women and mothers with infants 0-6 months supported with skilled counselling during emergencies	Program Reports	Annually	80%	80%	80%	80%	80%	80%
	Strengthen linkages and referral for pregnant and lactating women with infants and children during emergency to other social protection programs	Pregnant and lactating women with infants and children during emergency referred and linked to other social protection programs	Proportion of Pregnant and lactating women with infants and children during emergency referred and linked to other social protection programs	Program Reports	Quarterly	70%	40%	50%	60%	65%	70%
Expected outcome 8: Improved nutrition status of orphans and vulnerable children											
	Promote nutrition counselling and support for families with orphans and vulnerable children	Nutrition counselling and support for families with orphans and vulnerable children promoted	Proportion of families with orphans and vulnerable children supported with nutrition counselling.	Program Reports	Annually	70%	50%	55%	60%	65%	70%

b) Optimal infant and young child nutrition

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To scale up IYCN interventions for improved survival, growth and development of infants and young children	Scale up nutrition education targeting households registered in the cash transfer programs	Nutrition education targeting households registered in the cash transfer programs promoted	Proportion of households registered in the cash transfer programs provided with nutrition education	Program Reports	Annually	80%	60%	65%	70%	75%	80%
	Promote skilled counselling to pregnant & lactating during emergencies	Skilled counselling provided to pregnant women and mothers with infants 0-6 months during emergencies	Proportion of pregnant & lactating women and mothers with infants 0-6 months supported with skilled counselling during emergencies	Program Reports	Annually	80%	80%	80%	80%	80%	80%
	Strengthen linkage and referral for orphans and vulnerable children (OVC) and their families to appropriate social protection initiatives	Linkages and referrals for OVC and their families to appropriate social protection initiatives strengthened	Proportion of OVC and their families linked and referred for social protection	Program Reports	Annually	70%	40%	50%	60%	65%	70%
Expected outcome 9: Improved nutrition for children with congenital malformations											
Promote and support optimal nutrition for children 0-23 months with congenital malformations	Optimal nutrition for children 0-23 months with congenital malformations provided	Proportion of Children 0-23 months with congenital malformations provided with optimal nutrition	Program Reports	Annually	80%	80%	80%	80%	80%	80%	80%

b) Optimal infant and young child nutrition

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To scale up IYCN interventions for improved survival, growth and development of infants and young children	Strengthen referral and linkages for mothers and caregivers of children 0-23 months with congenital malformations for appropriate care such as occupational, physiotherapy, psychosocial and social welfare support	Mothers and caregiver with children 0-23 months with congenital malformations referred and linked for appropriate care such as occupational/physiotherapy, psychosocial and/or social welfare support	Proportion of mothers and caregiver with children 0-23 months linked with congenital malformations referred and linked for appropriate care such as occupational/physiotherapy, psychosocial and/or social welfare support	%	Annually	80%	80%	80%	80%	80%	80%
	Promote and support optimal IYCN practices for children with under nutrition	Optimal IYCN practices promoted	Proportion of underweight children receiving optimal nutrition	%	Annually	80%	80%	80%	80%	80%	80%
	Strengthen skilled counseling and support to mothers with undernourished infants and children	Skilled counselling provided to mothers with undernourished infants and children	Proportion of mothers with infants and children supported with skilled counselling	%	Annually	80%	80%	80%	80%	80%	80%

Expected outcome 10: Appropriate MIYCN practices enhanced in IMAM

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
	Strengthen linkages and referral for mothers of children with SAM or MAM to existing nutrition sensitive interventions (WASH, Agriculture, social protection programs)	Mothers of children referred and linked to nutrition sensitive interventions	Proportion of mother with children linked to nutrition sensitive interventions	Program Reports	Annually	70%	50%	55%	60%	65%	70%
Expected outcome 11: Optimal nutrition for infants and children with acute, chronic childhood illnesses and medical conditions											
	Promote and support optimal nutrition for infants and children with acute, chronic illnesses and medical conditions	Optimal nutrition for infants and children with acute, chronic illnesses and medical conditions promoted	Proportion of infants and children with acute, chronic illnesses and medical conditions received optimal nutrition	Program Reports	Annually	80%	80%	80%	80%	80%	80%
	Participate in the revision and dissemination of MIYCN content in the neonatal guidelines	Guidelines on neonatal including MIYCN content revised and disseminated	Number of guidelines on neonatal including MIYCN content revised and disseminated	Program Reports	Annually	1	-	1	-	-	-
	Promote and support skilled counseling on consumption of age appropriate diets to mothers and caregivers of infants and children with medical conditions, acute and chronic illnesses in accordance with MIYCN recommendations	Skilled nutrition counselling to mothers and caregivers of infants and children with medical conditions, acute and chronic illnesses promoted	Proportion of mothers and caregivers of infants and children with acute and chronic illnesses provided with skilled nutrition counselling	Program Reports	Annually	80%	80%	80%	80%	80%	80%

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
	Strengthen linkages and referral at both facility and community level for mothers and caregivers of infants and children with medical conditions, acute and chronic illnesses	Mothers and caregivers of infants and children with medical conditions, acute and chronic illnesses linked and referred to appropriate community support system	Proportion of Mothers and caregivers of infants and children with medical conditions, acute and chronic illnesses linked and referred to appropriate community support system.	#	Annually	80%	80%	80%	80%	80%	80%
v) Growth and developmental monitoring and promotion											
Expected outcome 1: Increased proportion of children (0-59 months) whose growth and development is assessed											
	Promote monthly growth monitoring and Promotion (GMP)	Monthly growth monitoring and promotion promoted	% of children 0-59 assessed for growth and development	KHIS	Monthly	87%	77%	80%	83%	85%	87%
	Strengthen assessment of developmental milestones for children 0-59 months	Anthropometric measurements and assessment of progress of developmental milestones for children 0-59 months conducted	% of children 0-59 months whose anthropometry and developmental milestones are assessed, documented and reported monthly	KHIS	Monthly	50%	32%	37%	41%	45%	50%
	Strengthen linkages and referral at facility and community level for children who have developmental delay for support	Children with developmental delay linked and referred for support	% Children with developmental delay linked and referred for support	KHIS	Monthly	55%	35%	40%	45%	50%	50%

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To scale up community and social support for MIYCN	C. Social and community support for optimal MIYCN practices. Expected Outcome: Increased number of households benefitting from community and social support										
	Scale up and strengthen peer-to-peer groups such as mother to mother, father to father support groups and care groups	Peer-to-peer support groups promoted	No of peer-to-peer support groups established	%	Activity report	Monthly	55%	40%	45%	50%	55%
	Strengthen referral and linkages between community and facility for MIYCN service	Referrals and linkages between community and facility for MIYCN services strengthened	Referral slips MOH 100 filled and filed	%	Facility report	Monthly	55%	40%	45%	50%	55%
	Strengthen linkages with existing nutrition sensitive interventions at community level to improve MIYCN practices	Linkages with existing nutrition sensitive interventions at community level to improve MIYCN practices promoted	Proportion of	%	Program report	Quarterly	80%	80%	80%	80%	80%

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To scale up community and social support for MIYCN	Key priority Area 3: Capacity Development for MIYCN										
	Expected outcome 1: MIYCN training packages developed and reviewed										
	Adapt training package on MIYCN Integrated Course	MIYCN integrated training packages for health care providers developed	Developed, and updated training package on MIYCN integrated course	#	MIYCN program reports	Every 3 Years	1	1	-	-	-
	Develop and review BMS Act, 2012 training package	BMS Act training package developed and reviewed	Developed and/or review BMS training package	#	MIYCN program reports	Every 3 Years	1	1	-	-	-
	Develop and review the implementation framework for securing breastfeeding friendly environment at work place training package	Workplace support training package developed and reviewed	Developed workplace support training package	#	MIYCN program reports	Every 3 Years	1	-	1	-	-
Develop milk banking training package	Milk banking training package developed	Developed milk banking training package	#	MIYCN program reports	Every 3 Years	1	-	1	-	-	
Adapt training package for BFHI	Develop and review standard operating procedures for MIYCN standardized delivery (Maternal, IYCN)	BFHI training package adapted standard operating procedures for MIYCN for standardized delivery (maternal and IYCN) developed and reviewed	Adapted BFHI training package Developed and reviewed standard operating procedures for MIYCN	#	MIYCN program reports	Every 2 Years	1	1	-	-	1

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To scale up community and social support for MIYCN	Develop MIYCN package for day care centres and children in institutions	MIYCN package for day care centres and children in institutions developed	Developed MIYCN package for day care centres and children in institutions	#	MIYCN program reports	Every 5 Years	1	1	-	-	-
	Review BFCI operational guidelines and training package	BFCI operational guidelines and training package reviewed	Reviewed BFCI operational guidelines and training package	#	MIYCN program reports	Every 5 Years	1	-	-	-	-
	Develop MIYCN-E operational guidelines and training package	MIYCN-E operational guidelines and training package developed	Developed MIYCN-E operational guidelines and training package	#	MIYCN program reports	Every 5 Years	1	-	-	-	-
	Develop a Breastfeeding Counseling Mentorship Training Package	Breastfeeding Counseling Mentorship Training Package developed	Developed Breastfeeding Counseling Mentorship Training Package	#	MIYCN program reports	Every 5 Years	1	-	-	-	-
	Participate in development and review of curricula within the health sector and other line ministries, and regulatory bodies to ensure inclusion of updated MIYCN content	MIYCN represented during document review and development	Curricula at all levels updated with MIYCN content	Qualitative	MIYCN program reports	Annually	-	-	-	-	-

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28	
2. To enhance capacity of health care providers (public and private) to deliver quality MIYCN services	Expected outcome 2: Enhanced capacity of health care providers on MIYCN											
	Train Health care providers and on BFHI	BFHI trainings conducted	No. of BFHI trainings conducted	#	National and county MIYCN reports	Bi-annual	9	1	2	2	2	2
	Train health care providers and CHVs on BFCl and CBFCI	BFCl and cBFCl trainings conducted	No. of BFCl and CBFCI trainings conducted	#	National and county MIYCN reports	Bi-annually	100	20	20	20	20	20
	Train health care providers and CHVs on MIYCN-E	MIYCN-E trainings conducted	No. of MIYCN-E trainings conducted	#	National and county MIYCN reports	Bi-annual	9	1	2	2	2	2
	Train healthcare workers on skilled breastfeeding counselling	Health care providers trained on skilled breastfeeding counselling	No. of skilled breastfeeding trainings conducted	#	MIYCN program reports	Bi-annually	9	1	2	2	2	2
	Train healthcare workers on human milk banking	Health care providers trained on human milk banking	No. of human milk banking trainings conducted	#	MIYCN program reports	Annually	5	1	1	1	1	1
	Train health care providers and CHVs on BMS Act, 2012	BMS Act, 2012 trainings conducted	No. of BMS Act, 2012 trainings conducted	#	MIYCN program reports	Bi-annual	9	1	2	2	2	2
	Train health care providers and CHVs on Integrated MIYCN	Integrated MIYCN trainings conducted	No. of health care providers and CHV trained on integrated MIYCN	#	National and county MIYCN reports	Bi-annual	9	1	2	2	2	2

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
2. To enhance capacity of health care providers (public and private) to deliver quality MIYCN services	Sensitize health care providers on the implementation framework for securing breastfeeding friendly environment at workplaces	Health care providers sensitized on MIYCN workplace support	Number of counties supporting sensitization of health care providers on work place support	National and county MIYCN reports	Annually	47	-	47	47	47	47
	Train health providers on lactation management	Health providers trained on lactation management	No. of trainings conducted on lactation management	National and county MIYCN reports	Annually	15	3	3	3	3	3

Expected outcome 2: Enhanced capacity of health care providers on MIYCN

Key Priority Area 4: Nutrition and health products for mothers, infants and young children.

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28	
To improve the availability of nutrition equipment and commodities	Expected outcome 1: Reduced stock outs of nutrition commodities											
	Capacity building of health care providers on LMIS	Health care providers trained on LMIS	No. of trainings conducted for health providers on LMIS	#	Annually	10	2	2	2	2	2	
	Strengthen supply chain management of nutrition commodities	Supply chain management of nutrition commodities strengthened	Stock outs for nutrition commodities reported	Qualitative	Annually	5	1	1	1	1	1	
	Expected outcome 2: Improved availability of functional nutrition equipment											
	Strengthen procurement and distribution of nutrition equipment for MIYCN	Procurement and distribution of nutrition equipment for MIYCN	Nutrition equipment for MIYCN procured and distributed	Qualitative	Annually	5	1	1	1	1	1	
	Enhanced maintenance of nutrition equipment	Functional nutrition equipment	Functional nutrition equipment	Qualitative	Annually	5	1	1	1	1	1	

Key Priority Area 5: Monitoring, Evaluation, Accountability, Learning and Research

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28	
To improve the documentation and reporting system for MIYCN MEAL at all levels	Expected outcome 1: Improved documentation and reporting system of MIYCN interventions											
	Develop a database/dash-board for MIYCN indicators	Data base/dash board for MIYCN indicators developed	MIYCN database/- dashboard in place	Qualitative	Program reports	Annually	1	-	1	-	-	-
	Integrate and link MIYCN data into existing information system (KHIS, MIS, NIS)	MIYCN data integrated into existing information systems (KHIS, MIS and NIS)	Existing information systems (KHIS, MIS and NIS) with MIYCN data	Qualitative	Program reports	Annually	3	-	1	1	-	-
	Annually report on MIYCN indicators at national and global level	Reporting on MIYCN indicators conducted	No of MIYCN indicators reported at global and national level	#	Reports	Annually	5	1	1	1	1	1
	Upload MIYCN nutrition reports and bulletins in the nutrition website	MIYCN nutrition reports and bulletins uploaded in the nutrition website	No of MIYCN nutrition reports and bulletins uploaded in the nutrition website	#	Nutrition Website	Quarterly	14	2	4	4	4	4
Strengthen monitoring system for implementation and enforcement of BMS (regulation and Control) act , 2012. at both national and county level.	BMS (regulation and Control) act , 2012 monitoring system strengthened	BMS (regulation and Control) act , 2012 monitoring system strengthened	Qualitative	Program report	Annually	1	-	1	-	-	-	

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To strengthen implementation of the MIYCN strategy	Streamline reporting on Maternal and Infant Young Child Nutrition indicators with relevant departments within health	Reporting on MIYCN Indicators with relevant departments within health streamlined	No. of meetings held with relevant departments within health to streamline reporting on MIYCN indicators	#	Annually	10	2	2	2	2	2
	Procure and distribute nutrition documentation and reporting tools	Nutrition documentation and reporting tools procured and distributed	No. of tools procured and distributed	Qualitative	Annually	5	1	1	1	1	1
Expected outcome 2: Strengthened implementation of the MIYCN strategy											
	Biennial review of the MIYCN strategy implementation	Biennial review of MIYCN strategy implementation conducted between county and national	No of meetings held	#	Annually		1	1	1	1	1
	Biennial dissemination of the status report on implementation of MIYCN strategy to stakeholders	Status report on the implementation of the MIYCN Strategy disseminated	No of meetings held	#	Annually	5	1	1	1	1	1

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To strengthen implementation of the MIYCN strategy	Quarterly reviews of MIYCN AWP program activities	Quarterly reviews of the MIYCN AWP held	No of meetings held	Meeting report	Annually	20	4	4	4	4	4
	Quarterly performance review meetings on the implementation and enforcement of BMS (regulation and Control) act , 2012. at both national and county level.	Quarterly performance review meetings on the implementation and enforcement of BMS (regulation and Control) act , 2012. (at both national and county level conducted	No of meetings held	Meeting Reports	Quarterly	25	4	4	4	4	4
	MIYCN M & E quarterly review meetings between the national M & E department and counties.	Quarterly MIYCN M&E review meetings between the national M&E department and counties conducted	No. of Quarterly MIYCN M&E review meetings held	Report	Quarterly	25	4	4	4	4	4
	MIYCN resource tracking at national and county levels	MIYCN resource tracking at national and county levels conducted	Resource tracking at national and county conducted	Report	Quarterly	5	1	1	1	1	1
Strengthen review meetings to assess performance of MIYCN integrated interventions	Review meetings to assess performance of MIYCN integrated interventions conducted	No. of review meetings to assess performance held	Report	Quarterly	25	4	4	4	4	4	

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To strengthen implementation of the MIYCN strategy	Monitor compliance and enforcement of the BMS (regulation and Control) act , 2012. (at all levels	Compliance and enforcement of the BMS (regulation and Control) act , 2012. at all levels monitored	Compliance and enforcement sessions held	Report	Annually	5	1	1	1	1	1
	Monitor compliance of the workplace support for breastfeeding legislations as provided in the Health Act, 2017 article 71 and 72	Compliance of the workplace support for breastfeeding legislations as provided in the Health Act, 2017 article 71 and 72 monitored	Compliance sessions conducted	Report	Annually	5	1	1	1	1	1
	Monitor the feeding of children in institutions	Feeding of children in institutions monitored	Proportion of institutions feeding children monitored	Report	Annually	5	1	1	1	1	1
To review and update MIYCN indicators and tools	Expected outcome 3: MIYCN indicators and tools reviewed and updated										
	Review and update the MIYCN KAPs tools in line with revised WHO guidance	MIYCN KAPs tools reviewed and updated.	MIYCN KAP tools reviewed and updated	#	Annually		1	1	1	1	1
	Develop a monitoring tool for MIYCN-E	MIYCN-E monitoring tool developed	MIYCN-E tools developed	MIYCN-E tool	Annually			1	1		

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28	
To Strengthen research and learning on MIYCN at all levels	Expected outcome 4: MIYCN research and learning strengthened at all levels											
	Prioritize MIYCN research areas and gaps	MIYCN research priority areas and gaps identified	No. of MIYCN research priority areas and gaps identified	#	Program reports	Annually	4	1	1	1	1	1
	Strengthen linkages with academia and research institutions to further MIYCN research agenda	Linkages with academia and research institutions for furthering research agenda on MIYCN strengthened	Engagement meetings held	Qualitative	Program reports	Annually	5	1	1	1	1	1
	Develop a research repository for MIYCN.	MIYCN research repository developed	Research repository for MIYCN developed	Qualitative	Program reports	Once	1	1	-	-	-	-
	Enhance utilization of MIYCN research findings and best practices at all levels	Utilization of MIYCN research findings and best practises enhanced	No of sensitization conducted	#	Sensitization reports	Annually	4	-	1	1	1	1
	MIYCN KAP surveys conducted after every 2 years	MIYCN KAP surveys conducted	No. of surveys conducted	#	Survey report	Annually	1	-	-	1	-	-

Key priority Area 6: Evidence-Based Advocacy, Communication and Social Mobilization for MIYCN

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To strengthen commitment and continued prioritization of MIYCN in national and county agenda	Expected outcome 1 : Advocacy, Communication and Social Mobilization strengthened at all levels										
	Advocate for increased resource allocation for MIYCN programming at all levels	Advocacy for increased resource allocation in MIYCN programming at all levels conducted	No of advocacy meetings held	#	Meeting reports	Annually	5	1	1	1	1
	Strengthen engagement with key champions/ influencers in MIYCN activities	MIYCN key champions/ influencers identified and engaged	No of key MIYCN champions/influencers identified and engaged	#	Meeting reports	Annually	5	1	1	1	1
	Advocate for public private partnership for MIYCN programme implementation	Advocacy for public private partnership for MIYCN implementation conducted	No of advocacy meetings for public private, partnership for MIYCN implementation conducted	#	Reports	Annually	5	1	1	1	1
	Advocate for inclusion of MIYCN interventions in the county integrated development plans and other sectoral plans	MIYCN interventions captured in the county integrated development plans and other sectoral plans	No of MIYCN interventions captured in the county integrated development plans and other sectoral plans	#	CIDP/ sectoral plans	Every 5 Years	-	-	-	-	-

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To strengthen commitment and continued prioritization of MIYCN in national and county agenda	Advocate for scaling up of MIYCN Interventions in nutrition sensitive sectors	Advocacy for scaling up of MIYCN Interventions in nutrition sensitive sectors conducted	No of sub counties implementing MIYCN Interventions in nutrition sensitive sectors	Reports	-	3	1	1	1	-	-
	Advocate for resource allocation towards routine nutrition support for OVCs and in emergencies	Advocacy for increased allocation of finances for nutrition support for OVCs and in emergencies conducted	Increment in allocation of finances for nutrition support for OVCs and in nutrition emergencies	Program Reports	Annually	5	1	1	1	1	1
	Advocate for implementation of legislation on maternity protection	Adoption of legislation on maternity protection advocated for	No of sectors who have adopted legislation on maternity protection	Program Reports	Annually	2	-	1	1	-	-
	Advocate for increased human resource for nutrition	Advocacy meeting conducted on Increased human resource for nutrition	No. of advocacy meeting conducted on Increased human resource for nutrition	Program reports	Annually	48	48	48	48	48	48
	Advocate for a line budget for MIYCN service delivery, equipment's, nutrition commodities and tools at all levels	Advocacy meeting conducted on a line budget for MIYCN service delivery, equipment's, nutrition commodities and tools at all levels	No. of advocacy meeting conducted on a line budget for MIYCN service delivery, equipment's, nutrition commodities and tools at all levels	Program reports	Annually	47	47	47	47	47	47

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To strengthen commitment and continued prioritization of MIYCN in national and county agenda	Advocate for formulation of local commodity for management of acute malnutrition	formulation of local commodity for management of acute malnutrition advocated for	No. of advocacy meeting carried out on the formulation of local commodity for management of acute malnutrition	Program Report	Biannually	6	2	2	2	-	-
	Advocate for research and innovation to guide MIYCN policy and implementation	MIYCN research priority areas and gaps identified	No. of MIYCN research priority areas and gaps identified	Program Reports	Annually	4	-	1	1	1	1
	Strengthen community engagement, participation and feedback mechanism in MIYCN services and decision making	Community engagement, participation and feedback mechanism in MIYCN services and decision making strengthened	No. of community engagement, participation and feedback mechanism in MIYCN services and decision making	Program reports	Annually	47	47	47	47	47	47
	Lobby with professional bodies for inclusion/revision of MIYCN content within training curriculum	Inclusion/revision of MIYCN content in training curricula lobbied with professional bodies	# of lobbying meetings on inclusion/revision of MIYCN content in training curricula done with professional bodies	Program reports	Annually	4	-	2	2	-	-

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To strengthen and continued prioritization of MIYCN in national and county agenda	Develop annual resource mobilization plan for MIYCN strategy	Annual resource mobilization strategy plan developed	Number of development of annual resource mobilization strategy meetings attended	MIYCN Program Report	Annually	5	1	1	1	1	1
	Expected outcome 2: MIYCN communication and social mobilization improved at all levels										
To improve MIYCN communication and social mobilization at national and county levels	Develop and disseminate MIYCN Social behaviour change and communication strategy	MIYCN Social behaviour change and Communication strategy developed and disseminated	MIYCN Social behaviour change and Communication strategy developed and disseminated	Qualitative	Every 5 Years	1	-	-	1	-	-
	Develop and disseminate MIYCN Job aids, IEC /BCC materials	Job aids/IEC materials developed and disseminated	Job aids/IEC materials developed and disseminated	#	Annually	5	1	1	1	1	1
	Develop and translate key MIYCN messages to county specific language/pictorial form	Key MIYCN messages from the MIYCN policy summary statement translated to county specific language/pictorial form	No of Counties with key MIYCN messages from the MIYCN policy summary statement translated to county specific language/pictorial form	#	Annually	47	5	10	15	20	2

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
	Commemorate World Breastfeeding Week and other MIYCN global and national events (nutrition week, world premature day, Malezi bora) at all levels	World Breastfeeding Week, Malezi Bora and Health Days marked/celebrated	No. of Counties marking/celebrating WBW and Malezi Bora days	Program Reports	Annually	47	47	47	47	47	47
	Scale up MIYCN messaging using effective communication channels (media, mosques, churches)	MIYCN messaging using effective communication channels (media, mosques, churches) scaled up	No. of counties using Effective communication channels (media, mosques, churches) to scale up MIYCN messages	Program Reports	Survey	47	47	47	47	47	47
	Integrate MIYCN messages within health and other relevant sectors	MIYCN messages integrated within health and other relevant sectors	Health and other relevant sectors with integrated MIYCN messages	Survey	Annually	5	1	1	1	1	1
	Integrate MIYCN messages on eHealth platforms	MIYCN messages on e-health platform integrated	MIYCN messages on the health platform	E health platform within MOH	Annually	5	1	1	1	1	1
	Strengthen community engagements on MIYCN	Community engagements on MIYCN integrated	Community engagement on MIYCN	Program	Annually	47	47	47	47	47	47

Key Priority Area 7: Sectoral and Multi-sectoral Collaboration and Coordination and social accountability for MIYCN

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To promote sectoral and multi-sectoral coordination and collaboration for successful and sustainable implementation of MIYCN interventions	Expected outcome 1: Improved sectoral and multi-sectoral coordination and collaboration implementation of MIYCN interventions at national and county level										
	Map MIYCN stakeholders and partners at national and county level to effectively coordinate MIYCN services and avoid duplication	Map MIYCN stakeholders and partners at national and county level	Number of stakeholders and partners mapped at National and county level	MIYCN Program Report	Annually	5	1	1	1	1	1
	Quarterly NCIYCF meetings	Quarterly meetings of the National committee on infant and young child feeding conducted	No. of NCIYCF meetings conducted	NCIYCF Program Report	Quarterly	18	2	4	4	4	4
	Monthly MIYCN TWG meetings	MIYCN TWG meetings conducted	No. of TWG meeting conducted	TWG Committee Report	Monthly	54	6	12	12	12	12
Promote and support regular, multi-sectoral coordination meetings for implementation of the MIYCN strategy at national and county level	Sectoral and multi-sectoral Partners at national and county level engaged and briefed on implementation of MIYCN strategy	No. of meetings held to brief partners on the implementation of MIYCN Strategy	MIYCN Program Report	Quarterly	18	2	4	4	4	4	4

Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
To promote sectoral and multi-sectoral coordination and collaboration for successful and sustainable implementation of MIYCN interventions	Participate in the development of relevant sectoral plans within the health sector and other relevant government line ministries to ensure inclusion of MIYCN interventions at National and county level	Development of relevant sectoral plans within the health sector and other relevant government line ministries attended to ensure inclusion of MIYCN interventions at National and county level	No. of meetings /workshops attended on the development of relevant sectoral plans within the health sector and other relevant government line ministries to ensure inclusion of MIYCN interventions at National and county level	Program Report	Bi-annually	9	1	2	2	2	2

Key Priority Area 8: MIYCN Integration in other nutrition programs											
Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
Mainstream and align MIYCN in other nutrition programs (micro nutrient, clinical, healthy diets and lifestyle program, IMAM/ Emergency)	Expected outcome 1: MIYCN mainstreamed and aligned to micronutrient deficiencies prevention and control program										
	Conduct a survey to establish the micronutrient status of WRA and children 6-59 months	Survey on micronutrient status of WRA and children 6-59 months conducted	# of survey Conducted to establish the micronutrient status of children 6-59 months	Program data	Annually	47	10	10	10	10	7
	Promote deworming among pregnant women and children	Deworming among pregnant women and children promoted	Proportion of pregnant women and children dewormed	Facility Data	Monthly	80%	60%	65%	70%	75%	80%
	Promote the consumption of fortified staple foods, salts, fats and oils	Consumption of fortified staple foods, salts, fats and oils promoted	Proportion of PLW, PLA and children consuming fortified staple foods, fats and oils	Program reports	Quarterly	70%	40%	50%	60%	65%	70%

Key Priority Area 8: MIYCN Integration in other nutrition programs											
Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
Mainstream and align MIYCN in other nutrition programs (micro nutrient, clinical, healthy diets and lifestyle program, IMAM/ Emergency)	Expected outcome 1: MIYCN mainstreamed and aligned to micronutrient deficiencies prevention and control program										
	Promote consumption of bio-fortified foods such as orange fleshed sweet potatoes, iron-rich beans	Consumption of bio-fortified foods such as orange fleshed sweet potatoes, iron-rich beans promoted	Number of counties promoting consumption of bio-fortified foods	#	Program data	Annually	47	47	47	47	47
	Promote dietary diversification	Dietary diversification promoted	Proportion of counties promoting consumption of diverse diets	%	KDHS Smart Survey Program reports	Annually	47	47	47	47	47

Key Priority Area 8: MIYCN Integration in other nutrition programs											
Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
MIYCN mainstreamed and aligned to clinical nutrition program	Expected outcome 2: MIYCN mainstreamed and aligned to clinical nutrition program										
	Develop and disseminate MIYCN standard operating procedures (SOP) in line with clinical nutrition guidelines	MIYCN standard operating procedure (SOP) in line with developed and disseminated	MIYCN standard operating procedure (SOP) in line with Clinical	#	Program report	Annually	1	-	-	-	-
	Promote use of donor human milk as per existing guidelines	Use of donor human milk promoted	Guidelines on use of donor human milk developed	#	Program report	Annually	1	1	-	-	-
	Promote treatment of sick children, PLW and WRA with micronutrient deficiencies (Zinc, iodine, calcium, iron, VITD)	Supplementation of sick children, PLW and WRA with micronutrient deficiencies promoted	Proportion of sick children, PLW and WRA supplemented with micronutrients	#	Program reports KDHS DHIS	Annually	80%	65%	70%	75%	80%

Key Priority Area 8: MIYCN Integration in other nutrition programs											
Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
MIYCN mainstreamed and aligned to clinical nutrition program	Expected outcome 3: MIYCN mainstreamed and aligned to healthy diets and lifestyle program										
	Promote healthy diets and physical activity during childhood, adolescence and among WRA	Healthy diets and physical activity during childhood, adolescence and among WRA promoted	Number of counties promoting healthy diets and physical activity in childhood, adolescence and among WRA	#	Program reports	Annually	47	47	47	47	47
MIYCN mainstreamed and aligned to IMAM/Emergency program	Expected outcome 4: MIYCN mainstreamed and aligned to IMAM/Emergency program										
	Strengthen linkages and referral for vulnerable WRA/PLW and children under five in the IMAM program to social protection and other relevant support programs at community level	Linkages and referral for vulnerable WRA/PLW and children under five in the IMAM program to social protection and other relevant support programs at community level strengthened	Proportion of vulnerable WRA/PLW and children under five in the IMAM program being linked/referred to social protection and other relevant support programs at community level	%	Program report	Annually	80%	60%	65%	70%	75%

Key Priority Area 8: MIYCN Integration in other nutrition programs											
Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
MIYCN mainstreamed and aligned to IMAM/Emergency program	Expected outcome 4: MIYCN mainstreamed and aligned to IMAM/Emergency program										
	Refer PLW with clinical conditions at risk of malnutrition for appropriate management	PLW with clinical conditions at risk of malnutrition referred for appropriate management	Proportion of PLW with clinical conditions at risk of malnutrition being referred for appropriate management	%	Program reports	Annually	80%	65%	70%	75%	80%
	Provide appropriate management of PLW/PLA and children with Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM)	Appropriate management of PLW/PLA and children with Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM)	Proportion of PLW/PLA and children with Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) receiving appropriate management	%	Program report	Annually	80%	65%	70%	75%	80%

Key Priority Area 8: MIYCN Integration in other nutrition programs											
Proposed strategic objective	Proposed approaches	Expected Outputs	Key Performance Indicators	Source of Data	Periodicity	Target	2023/24	2024/25	2025/26	2026/27	2027/28
MIYCN mainstreamed and aligned to IMAM/Emergency program	Expected outcome 4: MIYCN mainstreamed and aligned to IMAM/Emergency program										
	Refer PLW with clinical conditions at risk of malnutrition for appropriate management	PLW with clinical conditions at risk of malnutrition referred for appropriate management	Proportion of PLW with clinical conditions at risk of malnutrition being referred for appropriate management	%	Program reports	Annually	80%	65%	70%	75%	80%
	Provide appropriate management of PLW/PLA and children with Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM)	Appropriate management of PLW/PLA and children with Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM)	Proportion of PLW/PLA and children with Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition receiving appropriate management	%	Program report	Annually	80%	65%	70%	75%	80%

CHAPTER 5. RESOURCE PLANNING AND MOBILIZATION

Costing Summary by Objectives

Key Priority Area 1: Policy, legal and regulatory framework							
Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	Total
Strengthen the MIYCN policy, legal and regulatory framework in line with global, regional and national guidance for quality service delivery	Develop/review MIYCN policy guidelines, strategy and Regulations		300,000	955,000	300,000	300,000	1,855,000.00
	Disseminate MIYCN and other related policy guidelines, strategy and Regulations to all countries and SUN networks	300,000	300,000	300,000	300,000	300,000	1,500,000.00
	Sensitize stakeholders on MIYCN policy guidelines, strategy and Regulations	180,000	180,000	180,000	180,000	180,000	900,000.00
	Upload and update periodically the existing MIYCN related policy guidelines, strategies, frame - works in the MOH repository	0	0	0	0	0	0.00
	Sensitize relevant legislators/ law makers on the BMS Act (General) Regulations, 2021 and its implementation	0	0	0	0	0	0.00
	Integrate and align MIYCN in relevant national health and other sector policies and guidelines	0	0	0	0	0	0.00
	Promote establishment of lactation spaces at work places	0	0	0	0	0	6,000,000.00
	Scale up implementation of Baby Friendly Hospital Initiative (BFHI)	0	0	0	0	0	0.00
	Scale up implementation of Baby Friendly Community Initiative (BFCI)	0	0	0	0	0	0.00
	COST KRP 1						

RESOURCE PLANNING AND MOBILIZATION

Costing Summary by Objectives

Key Priority Area 2: Maternal Nutrition

Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	Total
To scale up maternal nutrition interventions for improved birth outcomes and infant and young child nutrition	Provide continuous maternal health and nutrition education sessions at facility and community level	150,000	150,000	150,000	150,000	150,000	750,000.00
	Promote integration of maternal nutrition services in all routine and outreach programs targeting children and mothers	0	0	0	0	0	0.00
	Conduct continuous nutrition assessment for PLA, WRA and PLW (Weight, MUAC)	0	0	0	0	0	0.00
	Promote optimal dietary diversity for PLW and PLAs at facility and community level	0	0	0	0	0	0.00
	Promote optimal meal frequency for PLW and PLAs at facility and community level	0	0	0	0	0	0.00
	Promote optimal breastfeeding practices among PLW and PLAs	0	0	0	0	0	0.00
	Promote appropriate management for PLAs, PLW and WRA with nutrition disorders	0	0	0	0	0	0.00
	Link vulnerable WRA/PLW to social protection and other relevant sectors for care and support	0	0	0	0	0	0.00
	Refer PLW with clinical conditions for appropriate management	150,000	150,000	150,000	150,000	150,000	750,000.00
	Provide appropriate management of PLW/PLA with MAM and SAM	150,000	150,000	150,000	150,000	150,000	750,000.00
	Promote consumption of fortified foods among PLW, PLAs, WRA and adolescent girls	0	0	0	0	0	0.00
	Promote consumption of bio-fortified foods among PLW, PLAs, WRA and adolescent girls	0	0	0	0	0	0.00
Promote routine issuing of IFA supplements among PLW, PLA	0	0	0	0	0	0.00	
Promote consumption of IFAS among pregnant women	0	0	0	0	0	0.00	

RESOURCE PLANNING AND MOBILIZATION

Costing Summary by Objectives

Key Priority Area 2: Maternal Nutrition									
Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	Total		
To scale up maternal nutrition interventions for improved birth outcomes and infant and young child nutrition	Promote consumption of locally grown iron-rich foods among PLW, PLAs, WRA and adolescent girls	150,000	150,000	150,000	150,000	150,000	750,000.00		
	Promote optimal dietary diversity for PLW and PLAs at facility and community level	0	0	0	0	0	0.00		
	Promote supplementation of PLW and WRA with micronutrient deficiencies (zinc, iodine, calcium, VIT D)	0	0	0	0	0	0.00		
	Conduct a survey to establish the micronutrient status of WRA	0	0	0	0	0	1,500,000.00		
Cost KPA 2							3,750,000.00		
Key priority Area 3: infant and young child nutrition									
Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	Total		
1. To promote exclusive breastfeeding for children aged 0-6 months.	Promote skilled breastfeeding counselling to mothers and their families using trained health care workers in health facilities during antenatal, perinatal and postpartum contact points and in the community.	0	0	0	0	0	0.00		
	Promote early and uninterrupted skin-to-skin contact between mothers and infants and initiate breastfeeding within one-hour of birth.	0	0	0	0	0	0.00		
	Give practical support to mothers on how to manage breastfeeding including positioning, attachment, recognizing hunger cues, and breastfeeding difficulties	0	0	0	0	0	0.00		

Key priority Area 3: Infant and young child nutrition

Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	Total	
1. To promote exclusive breastfeeding for children aged 0-6 months.	Link and refer the mother and infant upon discharge from health facility to an existing community health unit for on-going support and care	0	0	0	0	0	0.00	
	Link and refer mothers with breastfeeding difficulties and conditions for support and management to the nearest health facility	0	0	0	0	0	0.00	
	Promote establishment of lactation rooms for mothers informal and informal work sector	0	0	0	0	0	0.00	
	Foster establishment of mother to mother support groups at the community health unit level	0	0	0	0	0	0.00	
	Establish human milk banking services to promote use of donor human milk for vulnerable neonates	0	0	0	0	0	0.00	
	Promote implementation, monitoring and enforcement of BMS Act	0	0	0	0	0	0.00	
	Implement baby friendly hospital initiative (BFHI) at level 3, 4, 5, and 6 facilities	2,095,000	2,095,000	2,095,000	2,095,000	2,095,000	10,475,000.00	
	Implement BFCI in community health units and level 2 health facilities	1,905,000	1,905,000	1,905,000	1,905,000	1,905,000	9,525,000.00	
	2. To increase the proportion of Infants 6-23 months consuming minimum acceptable diet.	Promote timely introduction of adequate, appropriate and safe complementary foods from locally available foods for children aged 6-23 months	0	0	0	0	0	0.00
		Counsel and mothers to continue breastfeeding for up to 2 years or beyond	0	0	0	0	0	0.00

Key priority Area 3: Infant and young child nutrition

Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	Total
<p>2. To increase the proportion of Infants 6-23 months consuming minimum acceptable diet.</p>	<p>Demonstrate on hygienic food preparation, cooking and handling of complimentary foods to mother/caregivers of children 6-23 months.</p>	0	0	0	0	0	0.00
	<p>Conduct cooking demonstrations to impart skills to mothers/caregivers on preparation of adequate, appropriate, safe, nutritious, feasible and locally available diverse complementary foods at facility and community level.</p>	0	0	0	0	0	0.00
	<p>Provide individualized counselling to mothers/caregivers of children 6–23 months of age to provide the minimum dietary diversity and the minimum meal frequency at all levels of service delivery</p>	0	0	0	0	0	0.00
	<p>Disseminate key complementary feeding messages to caregivers to improve complementary feeding for optimal growth and development</p>	0	0	0	0	0	0.00
	<p>Provide mothers/caregivers of children 6-23 months with practical skills on responsive feeding technique</p>	0	0	0	0	0	0.00
	<p>Integrate messages on complementary feeding to other programs such as growth monitoring and promotion, care for child development, vitamin A and IFAS supplementation</p>	0	0	0	0	0	0.00
	<p>Promote establishment of household kitchen gardens to promote consumption of a variety of locally available foods</p>	0	0	0	0	0	0.00

Key priority Area 3: Infant and young child nutrition							
Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	Total
3. To promote optimal growth and development for children 24-59 months	Promote implementation of ECD programs (care for child development, nurturing care framework) among children 0-59 months	0	0	0	0	0	0.00
	Promote and support implementation of free meals and nutrition programs for early childhood development education centers (EDEs)	0	0	0	0	0	0.00
	Promote multi-sectoral partnerships, coordination and collaboration for the successful and sustainable implementation of nutrition interventions in ECDE centers	0	0	0	0	0	0.00
	Promote healthy diets and physical activity for children	0	0	0	0	0	0.00
	Train teachers in schools to promote health diets and physical activity	17,904,000	26,856,000	0	0	0	44,760,000.00
	Implement the recommendations on the marketing of food and nonalcoholic beverages to children (resolution WHA 63.14)	0	0	0	0	0	0.00
4. To promote strategies addressing critical micronutrient deficiencies among children 6-59 months	Promote home fortification of complementary foods with point of use Micronutrients	0	0	0	0	0	0.00
	Promote and Provide vitamin A supplementation for children 6-59 months biannually	159,000	159,000	159,000	159,000	159,000	795,000.00
	Promote the consumption of fortified staple foods, salts, fats and oils at household level	0	0	0	0	0	0.00
	Conduct a survey to establish the micronutrient status of children 6-59 months	0	0	0	0	0	1,500,000.00
	Promote deworming of children 12-59 months as per schedule	0	0	0	0	0	0.00

Key priority Area 3: Infant and young child nutrition								
Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	Total	
5. To strengthen growth monitoring and promotion of children 0-59 months	Promote monthly growth monitoring and promotion (GMP)	0	0	0	0	0	0.00	
	Conduct anthropometric measurements and assess progress of developmental milestones for children 0-59 months	0	0	0	0	0	0.00	
	Link and refer all children who have developmental delay for support	0	0	0	0	0	0.00	
6. Promote Food safety, sanitation and hygiene	Promote key health and nutrition messages on food safety, sanitation and hygiene at facility, community and household level	0	0	0	0	0	0.00	
	Participate in the development of food safety and WASH messages in collaboration with relevant sectors	0	0	0	0	0	0.00	
	Integrate key messages on food safety, sanitation and hygiene in MIYCN documents	0	0	0	0	0	0.00	
	Promote zinc supplementation for children with diarrhea	0	0	0	0	0	0.00	
Cost KPA 3							1,500,000.00	

Key Priority area 4: Infant and young child feeding in special circumstances									
Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	Total		
1. To promote optimal nutrition for children in institutions.	Disseminate policies, guidelines and regulations on provision for optimal MIYCN practices in the institutions.		4,000,000.00				4,000,000.00		
	Adopt integrated guidelines on nutrition and relevant nurturing care components in institutions.	0	0	0	0	0	0.00		
	Monitor compliance of the BMS (Regulation and Control) Act, 2012	225,600	225,600	225,600	225,600	225,600	1,128,000.00		
	Monitor compliance of the workplace support for breastfeeding legislations as provided in the health Act, 2017 article 71 and 72"	0	0	0	0	0	0.00		
	Promote provision of child stimulation facilities and activities within institutions		2,346,000		2,346,000		4,692,000.00		
	Promote monthly growth monitoring and promotion activities in formal and informal institutions	0	0	0	0	0	0.00		
	Implement guidance on feeding children in institutions	0	0	0	0	0	0.00		
	Provide guidance on diets that meet age specific nutrition requirements for children						0.00		
Provide guidance on diets for children in institutions to comply with the constitution of Kenya article 53c "every child has the right to basic nutrition, shelter and healthcare" and 43c "every person has the right to be free from hunger, and to have adequate food of acceptable quality"		0	0	0	0	0	0.00		

Key Priority area 4: Infant and young child feeding in special circumstances							
Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	Total
1. To promote optimal nutrition for children in institutions.	Promote establishment of feeding committee in institutions	0	0	0	0	0	0.00
	Monitor the feeding of children in institutions	0	0	0	0	0	0.00
	Provide timely routine health and nutrition services to children in institutions.	0	0	0	0	0	0.00
	Advocate for provision of infrastructure and equipment's for optimal meal preparation.	0	0	0	0	0	0.00
	Promote the establishment of food safety inspection committees in the institutions	0	0	0	0	0	0.00
	Link and refer mothers with children in institutions for health-related insurance (NHIF, Linda Mama)	0	0	0	0	0	0.00
	Monitor compliance of the BMS (Regulation and Control) Act, 2012	0	0	0	0	0	0.00
	Procure therapeutic feeds (including enteral and parenteral feeds) that meet the requirement of critically ill children in hospitals	0	0	0	0	0	0.00
	Conduct regular nutrition assessment for all hospitalized children	0	0	0	0	0	0.00
	Prepare nutrition care plans for individualized sick children	0	0	0	0	0	0.00
2. To promote optimal nutrition for hospitalized children	Promote the establishment of food safety inspection committees in the hospital	0	0	0	0	0	0.00
	Promote establishment of in-patient feeding committee in hospitals	0	0	0	0	0	0.00
	Monitor the feeding of hospitalized children	0	0	0	0	0	0.00

Key Priority area 4: Infant and young child feeding in special circumstances							
Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	Total
2. To promote optimal nutrition for hospitalized children	Participate and provide specifications to committees for procurement of nutrition commodities for feeding and management of special medical conditions based on inpatient						0.00
	Review and disseminate standard operating procedures (SOP) for feeding low birth weight and preterm infants	0	9,522,000.00	0	0	0	9,522,000.00
3. To promote good nutrition for Low birth weights/ preterm infants	Promote continuum of care for low birth weight and preterm infants through referral and household visitation for nutrition counselling and support	0	0	0	0	0	0.00
	Promote skilled counselling to mothers and caregivers on Kangaroo mother care in line with National guidelines	0	0	0	0	0	0.00
	Provide guidance to mothers and caregivers on feeding low birth weight and preterm babies	0	0	0	0	0	0.00
	Promote use of donor human milk in feeding preterm and low birth weight	0	0	0	0	0	0.00
4. To promote good nutrition for non-breast children	Guide on the use of breastmilk substitutes for non-breastfed infants 0-6 months as per the MYCN national policy guidelines and the BMS Act, 2012	0	0	0	0	0	0.00
	Develop IEC materials for the non-breastfed children	0	0	0	0	0	0.00
	Monitor and enforce BMS Act, 2012 compliance at community level	0	0	0	0	0	0.00

Key Priority area 4: Infant and young child feeding in special circumstances								
Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	Total	
4. To promote good nutrition for non-breast children	Advocate for provision of diets that meet age specific nutrition requirements for children 6-23 months as stipulated in the national MIYCN operational guideline	0	0	0	0	0	0.00	
	Promote timely provision routine health and nutrition services for the non-breastfeed children	0	0	0	0	0	0.00	
	Promote child stimulation activities for non-breastfed children	0	0	0	0	0	0.00	
	Link and refer non-breastfeed children to existing social protection programs	0	0	0	0	0	0.00	
5. To promote appropriate MIYCN practices in integrated management of malnutrition	Promote optimal IYCN practices for children with undernutrition	0	0	0	0	0	0.00	
	Promote continued breastfeeding and optimal CF for children 6-23 months in IMAM program	0	0	0	0	0	0.00	
	Promote skilled counselling and support to mothers with undernourished infants 0-6 months with prospects of being breastfed to exclusively breastfeed during the treatment period and after recovery as per IMAM guidelines	0	0	0	0	0	0.00	
	Promote skilled counselling to mothers with infants 0-6 months with moderate or severe malnutrition with no prospects of breastfeeding during the treatment period after recovery as per IMAM guidelines	0	0	0	0	0	0.00	
	Link and refer mothers of children with SAM or MAM to existing nutrition sensitive interventions (WASH, Agriculture and other social protection programs)	0	0	0	0	0	0.00	

Key Priority area 4: Infant and young child feeding in special circumstances							
Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	Total
6. To support prevention of MTCT and survival of children born to HIV positive mothers in line with national guidelines and policies	Build capacity of HCWs at all levels on IYCN in the context of HIV	0	0	0	0	0	0.00
	Develop, revise and disseminate MIYCN in the context of HIV related documents and IEC materials	0	0	0	0	0	0.00
	Promote routine screening for nutrition related problems and referral for HIV positive mothers, exposed infants and children	0	0	0	0	0	0.00
	Conduct biannual service quality audits to Protect, promote and support exclusive breastfeeding for all HIV exposed infants in the first 6 months of life and continued breastfeeding up to 2 years or beyond	0	0	0	0	0	0.00
	Refer and support HIV positive mothers for ART adherence counselling	0	0	0	0	0	0.00
	Refer HIV-exposed infant (HEI) for timely interventions	0	0	0	0	0	0.00
	Refer HIV-exposed infant (HEI) for timely interventions	0	0	0	0	0	0.00
	Link vulnerable HIV positive mothers and their babies to existing social protection programs	0	0	0	0	0	0.00
	Advocate for provision of adequate nutrition for households with pregnant, lactating women, infants and young children according to the MIYCN-E operation guidelines	0	0	0	0	0	0.00
	Contribute in policy discussions related to pre and post-disaster reviews to influence nutrition considerations	0	0	0	0	0	0.00
7. To improve and sustain optimal Maternal Infant and Young Child Nutrition practices during Emergency							

Key Priority area 4: Infant and young child feeding in special circumstances									
Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	Total		
7. To improve and sustain optimal Maternal Infant and Young Child Nutrition practices during Emergency	Integrate MIYCN requirements in emergencies in the multisectoral National and County level contingency and response plans	0	0	0	0	0	0.00		
	Strengthen MIYCN-E as an agenda in the Kenya Food Security Steering Group(KFSSG) and other disaster response committees at national and county level	0	0	0	0	0	0.00		
	Monitor compliance to the Breast Milk Substitutes (Regulations and Control) Act, 2012	0	0	0	0	0	0.00		
	Promote skilled counselling to pregnant & lactating women during emergencies	0	0	0	0	0	0.00		
	Link and refer pregnant and lactating women with infants and children during emergency to other social protection programs	0	0	0	0	0	0.00		
	Monitor compliance to the Breast Milk Substitutes (Regulations and Control) Act, 2012	0	0	0	0	0	0.00		
8. To improve and sustain optimal nutrition status of orphans and Vulnerable children	Create awareness to the community on the basic rights that support optimal nutrition to the orphaned and vulnerable children	0	0	0	0	0	0.00		
	Promote nutrition counselling and support for families with orphans and vulnerable children	0	0	0	0	0	0.00		
	Promote nutrition education targeting households registered in the cash transfer programs	0	0	0	0	0	0.00		
	Link the orphaned and vulnerable children (OVC) and their families to appropriate social protection Initiatives	0	0	0	0	0	0.00		

Key Priority area 4: Infant and young child feeding in special circumstances							
Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	Total
9. To improve and sustain optimal nutrition for children with congenital malformations for children 0-23 months	Promote optimal nutrition for children 0-23 months with congenital malformations	0	0	0	0	0	0.00
	Train HCWs on feeding children with congenital malformations	0	0	0	0	0	0.00
	Refer and link mothers and caregivers with children 0-23 months with congenital malformations for appropriate care such as occupational/physiotherapy, psychosocial and/or social welfare support	0	0	0	0	0	0.00
10. To improve and sustain optimal nutrition for infants and children with acute, chronic childhood illnesses and medical conditions	Implement guidelines on integrated management of newborn and childhood illnesses and clinical nutrition guidelines for children with acute, chronic illnesses and medical conditions	0	0	0	0	0	0.00
	Develop MIYCN content in the revision and dissemination of neonatal guidelines	0	0	0	0	0	0.00
	Promote skilled nutrition counselling to mothers and caregivers of infants and children with medical conditions, acute and chronic illnesses						0.00
	Promote consumption of age- appropriate diets in accordance with MIYCN recommendations for feeding infants with medical conditions, acute and chronic illnesses	0	0	0	0	0	0.00
	Link and refer mothers and caregivers of infants and children with medical conditions, acute and chronic illnesses to appropriate community support system	0	0	0	0	0	0.00
Cost KPA 4							19,342,000.00

Key Priority area 4: Infant and young child feeding in special circumstances							
Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	Total
4. To promote good nutrition for non-breast children	Advocate for provision of diets that meet age specific nutrition requirements for children 6-23 months as stipulated in the national MIYC operational guideline	0	0	0	0	0	0.00
	Promote timely provision routine health and nutrition services for the non-breastfed children	0	0	0	0	0	0.00
	Promote child stimulation activities for non-breastfed children	0	0	0	0	0	9,522,000.00
	Link and refer non-breastfed children to existing social protection programs	0	0	0	0	0	0.00
	Promote skilled counselling to mothers and caregivers on Kangaroo mother care in line with National guidelines	0	0	0	0	0	0.00
	Provide guidance to mothers and caregivers on feeding low birth weight and preterm babies	0	0	0	0	0	0.00
	Promote use of donor human milk in feeding preterm and low birth weight	0	0	0	0	0	0.00
	Guide on the use of breastmilk substitutes for non-breastfed infants 0-6 months as per the MIYCN national policy guidelines and the BMS Act, 2012	0	0	0	0	0	0.00
	Develop IEC materials for the non-breastfed children	0	0	0	0	0	0.00
	Monitor and enforce BMS Act, 2012 compliance at community level	0	0	0	0	0	0.00

Key Result Area 5: Coordination, Partnership and Collaboration

Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	Total	
1. To promote multisectoral coordination, partnership and collaboration for successful and sustainable implementation of MIYCN interventions	Engage partners at national and county level on implementation of MIYCN strategy	239,760	479,520	479,520	479,520	481,680	2,160,000.00	
	Map MIYCN stakeholders and partners at national and county level	0	0	0	0	0	0.00	
	Conduct quarterly national committee on infant and young child feeding meetings	143,856	287,712	287,712	287,712	289,008	1,296,000.00	
	Conduct monthly MIYCN TWG meetings	149,850	299,700	299,700	299,700	301,050	1,350,000.00	
	Conduct quarterly national interagency coordinating committee meetings	49,950	99,900	99,900	99,900	100,350	450,000.00	
	Participate in multi-sectoral and multidepartment coordination meetings/forums at national and county level	0	0	0	0	0	0.00	
	Conduct regular, multi-sectoral coordination meetings for implementation of the MIYCN strategy	0	0	0	0	0	0.00	
	2. To mainstream MIYCN interventions in all relevant government sectors and multi-sectoral plans	Integrate MIYCN interventions within the health sector and other relevant government multi-sectoral plans	0	0	0	0	0	0.00
		Participate in the development of annual work plan (AWP) and other plans to ensure inclusion of MIYCN interventions at National, county and sub-county levels	0	0	0	0	0	0.00
		Participate in the development of relevant sectoral plans to ensure inclusion of MIYCN interventions at National, county and sub-county levels	0	0	0	0	0	0.00

Key Result Area 5: Coordination, Partnership and Collaboration							
Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	Total
3. To increase resources for coordination and implementation of MIYCN interventions	Conduct MIYCN resource tracking at national and county levels	0	0	0	0	0	0.00
	Develop annual resource mobilization plan for MIYCN strategy	0	0	0	0	0	0.00
	Conduct annual donor forums on nutrition to lobby for MIYCN funding	0	0	0	0	0	0.00
Cost KPA 5							5,256,000

Key Priority Area 6: Capacity Development							
Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	Total
1. To developed and review MIYCN training packages	Adapt training package on MIYCN Integrated Course	0	4,614,000	0	0	4,614,000	9,228,000.00
	Develop and review BMS Act, 2012 training package	0	3,076,000	0	0	3,076,000	6,152,000.00
	Develop and review the implementation framework for securing breastfeeding friendly environment at work place training package	0	3,076,000	0	0	3,076,000	6,152,000.00
	Develop MIYCN package for daycare centers and children in institutions	0	4,614,000	0	0	4,614,000	9,228,000.00
	Develop standard operating procedures for MIYCN for standardized delivery (Maternal , IYCN)	0	3,076,000	0	0	3,076,000	6,152,000.00
Adapt training package for BFHI		0		0	0	0	0.00

Key Priority Area 6: Capacity Development

Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	Total
2. To enhance capacity of health care workers (public and private) and CHVs to deliver quality MIYCN services	Train Health care workers and on BFHI	1,536,462	1,536,462	0	0	0	4,614,000.00
	Train health care workers and CHVs on BFCI and CBFCI	4,898,000	4,898,000	4,898,000	4,898,000	4,898,000	24,490,000.00
	Train health care workers on skilled breastfeeding counseling	0	1,740,000	1,740,000	1,740,000	1,740,000	6,960,000.00
	Train health care workers on human milk bank	0	2,082,000	2,082,000	2,082,000	2,082,000	8,328,000.00
	Train health care workers on HACCP	0	1,398,000	1,398,000	1,398,000	1,398,000	5,592,000.00
	Train health care workers and CHVs on MIYCN-E	2,082,000	2,082,000	2,082,000	2,082,000	2,082,000	10,410,000.00
	Train health care workers and CHVs on BMS Act, 2012	2,082,000	2,082,000	2,082,000	2,082,000	2,082,000	10,410,000.00
	Train health care workers and CHVs on Integrated MIYCN course	0	0	2,602,500	2,602,500	5,205,000	10,410,000.00
	Train Nutritionist on specialized nutrition courses	0	10,000,000	10,000,000	10,000,000	10,000,000	40,000,000.00
	Sensitize health care workers on the implementation framework for securing breastfeeding friendly environment at workplaces	0	1,128,000	1,746,000	1,746,000	1,746,000	6,984,000.00
	Sensitize top leadership and Legislators on MIYCN at county level	0	0	0	0	0	0.00
	Sensitize MIYCN Champions on MIYCN	0	1,320,000	1,320,000	1,320,000	1,320,000	5,280,000.00
	Sensitize teachers at ECDE and day care centers on MIYCN	0	0	0	0	0	0.00
Integrate MIYCN messages on e-Health platform	0	0	0	0	0	0.00	
Conduct mentorship/OJT/CMEs for health care workers	499,200	499,200	499,200	499,200	499,200	2,496,000.00	

Key Priority Area 6: Capacity Development										
Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	Total			
3 To enhance capacity for pre-service trainees in MIYCN	Lobby with professional bodies for inclusion/revision of MIYCN within training curriculum	0	0	0	0	0	0.00			
	Sensitize academia on MIYCN	0	0	1,830,000	0	1,830,000	3,660,000.00			
	Participate in academia curriculum review to ensure inclusion of updated MIYCN content	0	0	0	0	0	0.00			
Cost KPA 6								176,546,000.00		
Key Priority Area 7: Monitoring, Evaluation, Accountability, Learning and Research										
Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	TOTAL BUDGET			
1. To improve the documentation and reporting system for MEAL at all levels	Develop a data base/dash board for MIYCN indicators	0	0	0	0	0	0.00			
	Integrate and link MIYCN data sets into existing information systems (KHIS, MIS, NIS, NEMIS)	0	0	0	0	0	0.00			
	Annually report on MICYN indicators at national and global level	0	0	0	0	0	0.00			
	Upload MIYCN nutrition reports and bulletins in the nutrition website	0	0	0	0	0	0.00			
	Establish a monitoring system for implementation and enforcement of BMS Act, 2012 at both national and county level.	0	262,500	0	0	0	262,500.00			
	Hold consultative forums to integrate MIYCN indicators at community level into KHIS.	0	0	0	0	0	0.00			
Hold meetings with relevant departments within health to streamline reporting on Maternal and Infant Young Child Nutrition indicators		0	0	0	0	0	0.00			

Key Priority Area 7: Monitoring, Evaluation, Accountability, Learning and Research							
Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	TOTAL BUDGET
2. To strengthen implementation of the MIYCN strategy	Conduct biennial review meetings on implementation of the strategy between National and Counties	120,000	120,000	120,000	120,000	120,000	600,000.00
	Disseminate biennial status report on MIYCN strategy implementation	75,000	75,000	75,000	75,000	75,000	375,000.00
	Conduct quarterly reviews of MIYCN AWP program activities	120,000	120,000	120,000	120,000	120,000	600,000.00
	Conduct quarterly progress review meetings on implementation and enforcement of BMS Act, 2012 at both national and county level.	0	45,000	0	0	0	45,000.00
3. To review and update MIYCN indicators and tools	Conduct MIYCN M & E quarterly review meetings between the national M & E department and counties.	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000.00
	Review and update the MIYCN KAPs tools in line with new WHO guidance	0	3,767,900	0	0	0	3,767,900.00
	Develop a monitoring tool for MIYCN-E	0	1,885,900	0	0	0	1,885,900.00
4. To Strengthen research and learning on MIYCN at all levels	Develop a research repository for MIYCN.	0	470,000	450,000	600,000	0	1,520,000.00
	Sensitize stakeholders on the MIYCN research repository for utilization	0	0	0	0	0	0.00
	Disseminate MIYCN research findings and best practices at all levels	140,000	140,000	140,000	140,000	140,000	700,000.00
	Identify MIYCN research priority areas and gaps	0	0	0	0	0	0.00
	Sensitize academia and research institutions on MIYCN research priority areas and gaps	0	0	0	0	0	0.00
	Conduct MIYCN KAP surveys after every 2 years	0	0	0	0	0	0.00
Cost KPA 7							24,329,300.00

Key Priority Area 8: Advocacy, Communication and Social Mobilization									
Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	TOTAL BUDGET		
1. To strengthen and commitment and continued prioritization of MIYCN in county and national agenda	Conduct high level advocacy for resource allocation in MIYCN programming at both County and National	190,000	190,000	190,000	190,000	190,000	950,000.00		
	Identify and engage key influencers in MIYCN activities	50,000	50,000	50,000	50,000	50,000	250,000.00		
	Sensitize stakeholders on MIYCN implementation	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000.00		
	Advocate for private, public partnership for MIYCN Program implementation	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000.00		
	Advocate for inclusion of MIYCN interventions in the county integrated development plans	0	0	0	0	0	0.00		
	Advocate for scaling up of NICHE to other counties	0	0	0	0	0	0.00		
	Advocate for resource allocation towards routine nutrition support for OVCs and in emergencies	0	0	0	0	0	0.00		
	Advocate for adoption of legislation on maternity leave for 3 full months and 2 weeks paternity leave with full pay in both the formal and informal sector	0	0	0	0	0	0.00		
	Advocate for increased human resource for nutrition and a line budget for MIYCN service delivery, provision of equipment, devices, supplements and dewormers at county and national levels	0	0	0	0	0	0.00		
	Advocate for formulation of local commodity for management of acute malnutrition	0	0	0	0	0	0.00		

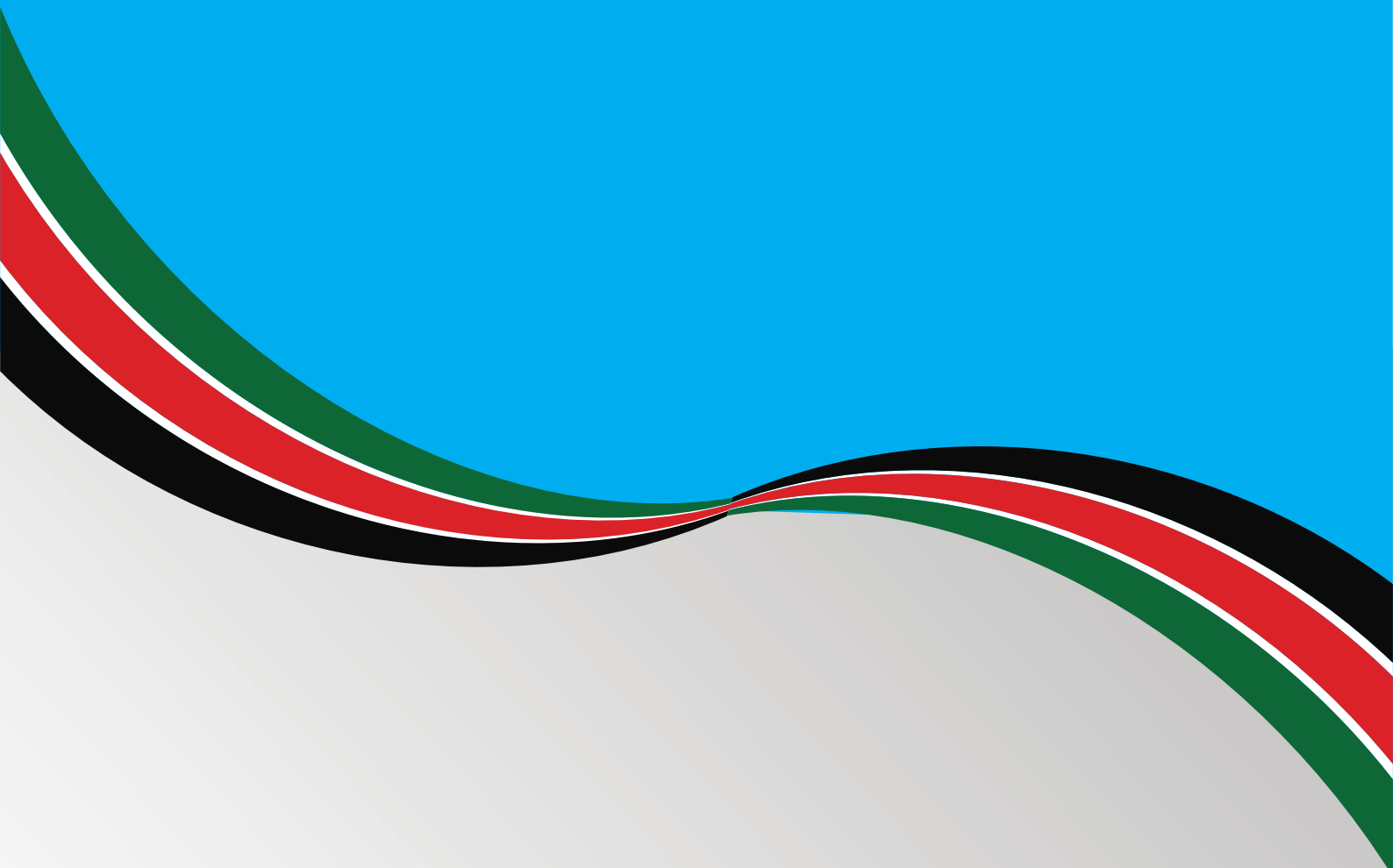
Key Priority Area 8: Advocacy, Communication and Social Mobilization

Strategic objectives	Proposed activities	2023/24	2024/25	2025/26	2026/27	2027/28	TOTAL BUDGET
2. To improve MIYCN communication and social mobilization at national and county levels	Develop and disseminate MIYCN social behavior change and communication strategy	0	0	5,546,000	0	0	5,546,000.00
	Develop and disseminate of MIYCN Job aids, IEC materials and videos	50,000	50,000	50,000	50,000	50,000	250,000.00
	Develop and translate key MIYCN messages from the MIYCN policy summary statement to county specific language/pictorial form	0	0	0	0	0	0.00
	Mark/celebrate World Breastfeeding Week and other MIYCN global/national events (nutrition week, world premature day, matezi bora) at national level"	8,000,000	8,000,000	8,000,000	8,000,000	8,000,000	40,000,000.00
	Scale up MIYCN messaging using effective communication channels (media, mosques, churches)	200,000	200,000	200,000	200,000	200,000	1,000,000.00
	Integrate MIYCN messages on eHealth platform	0	0	0	0	0	0.00
	Create awareness on human milk banking	0	0	0	0	0	0.00
	Create awareness among stakeholders on existing laws and regulations that support MIYCN at county and national level	200,000	200,000	200,000	200,000	200,000	1,000,000.00
	Conduct community engagements on MIYCN	0	0	0	0	0	0.00
	Cost KPA 8						
Grand Total for the whole strategy (Cost of KPA 1-8)							362,932,500.00

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