

Nutrition

Improving nutrition for infants and young children

Early interventions strengthen outcomes for mothers and children

Project name

Infant and Young Child Nutrition

Location

Global

Methods

Advocacy, behavior change communication, capacity-building, operations research, technical assistance

Partners

CARE, the Manoff Group, and the University Research Co., LLC

Funder

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For more information

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Increasing the availability of and access to nutritious foods for children is essential to preventing malnutrition.



Aurelio Ayala III

Nutrition is critical to the rapid growth and development that take place during pregnancy, infancy, and early childhood.

POOR NUTRITION IN EARLY CHILDHOOD increases the severity of common childhood diseases and the risk of death. It can also lead to stunted growth, a permanent physical and mental condition that affects an estimated 178 million children and undermines their productivity, health, and life expectancy.¹

Many of the 3.5 million maternal and child deaths that are attributed to undernutrition each year could be averted through improved nutrition and feeding practices.¹ Proven practices that begin during pregnancy and continue through a child's second year of life—when nutritional requirements are the highest and children are most at risk of illness—show the greatest promise in alleviating these effects.²

To increase use of these interventions among many of

the world's most vulnerable populations, PATH and its partners are implementing the Infant and Young Child Nutrition (IYCN) project. The project promotes and supports interventions that protect and improve nutritional status during these critical years, including advocating for optimal breastfeeding and complementary feeding practices, improving access to high-quality complementary foods for children, and supporting improved nutrition policies and services.

Feeding practices for HIV-positive mothers

Providing high-quality support to HIV-positive mothers and their infants, young children, and orphans and vulnerable children (OVC) is the cornerstone of the project. With appropriate support, these groups have a lower risk of

HIV transmission and malnutrition and an increased chance for survival.

As part of this effort, the team is integrating World Health Organization (WHO) guidelines* for breastfeeding and replacement feeding into programs in Côte d'Ivoire, Haiti, Kenya, Lesotho, Swaziland, and Zambia. (The project will begin supporting additional countries later in 2008.) IYCN also supports high-quality health care for children of HIV-positive women and OVC through their first two years, as this helps increase the chances for HIV-free survival.

To encourage these practices, the team provides ministries of health and other partners with technical assistance in training, behavior change communication, and monitoring and evaluation. The project team also develops training and support materials on appropriate infant feeding practices for health workers and lay counselors and caregivers. These resources are helping strengthen nutrition assessment and counseling services. They are also informing policies aimed at preventing mother-to-child-transmission of HIV and increasing OVC access to health services.

Increasing the quality and use of fortified complementary foods

From 6 to 24 months of age, children need food that complements the nutrients they receive through breast milk. Increasing the availability of and access to nutritious foods for children is essential to preventing malnutrition, especially in the many developing countries that lack a sufficient supply of nutrient-rich food for daily consumption.

*WHO recommends that HIV-positive mothers breastfeed exclusively for the first six months unless replacement-feeding—i.e., commercial infant formula—is acceptable, feasible, affordable, sustainable, and safe (AFASS). When replacement feeding is AFASS, avoidance of all breastfeeding by HIV-positive women is recommended.³

Fortified complementary food products have the potential to be both cost-effective and nutritionally beneficial in low-resource settings. To support efforts to develop and market the products, the team works with the Global Alliance for Improved Nutrition to increase the availability, consumption, and appropriate use of fortified complementary foods in several Asian and African countries. In some African countries, project staff are also working with the President's Emergency Plan for AIDS Relief to help identify and develop cost-effective and appropriate supplementary foods for vulnerable populations.

National and community efforts

From the community to national levels, the IYCN team advocates for improved nutrition policies and services. In Haiti, Lesotho, and Madagascar, for example, the team works with ministries of health to incorporate recommendations into national policies and guidelines, which are subsequently incorporated into training curricula for health workers. The team is also collaborating with other in-country partners to link nutrition interventions with education, agriculture, and other activities to help strengthen, sustain, and integrate existing nutrition messages throughout the community.

To ensure that mothers and caregivers of children under two years have up-to-date information, project resources support counseling and supervision on optimal feeding practices and nutrition messages for lay counselors, volunteers, and community representatives. In Madagascar, trained health workers and community volunteers support pregnant women and new mothers by providing information about support groups and promoting optimal feeding practices.

Looking ahead

The IYCN team is continually monitoring and evaluating its work to ensure that these experiences are used to scale up nutrition interventions using best implementation practices. Future project activities include strengthening these existing interventions and sharing good practices with nutrition program managers in developing countries. Collectively, these efforts should improve infant/young child feeding and maternal nutrition practices—and ensure healthier beginnings for mothers and children around the world. ■

REFERENCES

1. Black R, Allen L, Bhutta Z, et al. Maternal and child undernutrition: global and regional exposures and health consequences. *The Lancet*. 2008; 371(9608):243–260.
2. Martorell R, Khan K, Schroeder D. Reversibility of stunting: epidemiological findings in children from developing countries. *European Journal of Nutrition*. 1994;48:S45–S57.
3. World Health Organization (WHO). *HIV and Infant Feeding: New Evidence and Programmatic Experience: Report of a Technical Consultation Held on Behalf of the Inter-agency Task Team (IATT) on Prevention of HIV Infections in Pregnant Women, Mothers, and Their Infants*. Geneva: WHO; 2006. Available at: www.who.int/child_adolescent_health/documents/9789241595971/en/index.html.



PATH/ Jesse Schubert

Good nutrition improves health and life expectancy.