

# IYCN *brief*

## **Infant & Young Child Nutrition Project (IYCN)**

is the United States Agency for International Development's (USAID) flagship project on infant and young child feeding and nutrition. It consolidates and expands upon 20 years of experience gained from past USAID programs aimed at improving maternal nutrition and infant and young child feeding practices, including those focused on breastfeeding (BF) and complementary feeding promotion and support, nutrition of children and women in emergency settings, and micronutrient programming. IYCN is focused on delivering measurable results at scale to improve infant and young child growth and nutritional status, HIV-free survival of infants and young children, and maternal nutrition. This includes promoting and supporting:

- **Optimal breastfeeding practices** – Initiating BF immediately after childbirth, use of colostrum, exclusive BF for the infant's first 6 months, and continued BF for at least 2 years.
- **Optimal complementary feeding practices** – Adequate frequency, quality, quantity, and density of foods; responsive feeding of young children; and continued BF between 6 and 24 months.
- **Infant feeding during and after illness** – Children's food and fluid needs increase when they are ill, even though they are often anorexic. Continued BF and feeding during illness prevent dehydration and provide important micronutrients to assist in recovery. Additional foods are needed after an illness to help infants and young children regain weight commonly lost while sick.
- **Safe feeding practices for infants affected by HIV/AIDS** – To improve HIV-free survival of infants and children, IYCN assists prevention of mother-to-child transmission of HIV, orphans and vulnerable children, and care and treatment programs to: provide good counseling and support for the safest feeding choice; when replacement feeding is not AFASS (acceptable, feasible, affordable, sustainable, and



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safe), promote exclusive BF for the first 6 months; assist health workers and mothers to determine and support the appropriate timing of BF cessation after 6 months; provide optimal nutrition and child survival services for breastfed and replacement fed infants and young children from birth through 2 years of age, via health services, lay counselors, and/or community groups, including via people living with HIV/AIDS; develop and implement Food by Prescription programs, including cost-effective use of supplementary foods; and assess, monitor, and evaluate program approaches.

- **Maternal nutrition** – Nutritional deficiencies during pregnancy and lactation lead to poor maternal and infant outcomes. Actions that improve maternal nutritional status increase newborn and child survival and benefit women's health programs, particularly those that address anemia.

## **Objectives of the IYCN Project**

- Identify, scale up, and institutionalize cost-effective interventions to improve infant and young child nutritional status: continue to increase the coverage of optimal breastfeeding, increase coverage of optimal complementary feeding practices, and increase coverage of key caring practices.
- Identify, scale up, and institutionalize good infant and young child feeding and caring practices in the context of HIV/AIDS.
- Identify, scale up, and institutionalize cost-effective interventions to improve maternal nutritional status.
- Develop and implement public- and private-sector partnerships, strategies, and interventions to increase the availability of high-quality foods and food products for infants and young children.
- Increase national and donor commitment to improve infant and young child nutrition.



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USAID's Infant  
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Nutrition Project

## IYCN's technical intervention package

IYCN views infant and young child feeding as part of a continuum of critical nutrition and health practices that begins during pregnancy and continues through at least the first two years of life. A package of key interventions to improve the nutritional status of children has a strong evidence base and international support, is available, and can be delivered at low cost.

### During pregnancy:

- Iron/folate (or prenatal micronutrient) supplementation.
- Promotion of adequate weight gain/extra meals or snacks.
- Counseling and support for optimal breastfeeding practices.
- Consumption of iodized salt.

### First 6 months postpartum:

- Immediate initiation of breastfeeding.
- Exclusive breastfeeding for six months.
- Extra food and fluids for lactating mothers.
- Special care (skin-to-skin contact, kangaroo care) for low-birthweight infants.
- Infant vitamin A supplementation (supplement the mother postpartum).

### 6–24 months:

- Continued frequent, on-demand breastfeeding to 24 months and beyond.
- Appropriate complementary feeding:
  - Timely introduction of complementary foods (6 months).
  - Increased quantity of food as the child gets older (6–8 months, 200 Kcal/day; 9–11 months, 300 Kcal/day; 12–23 months, 555 Kcal/day).
  - Increased frequency of feeding as the child gets older because gastric volume of young children is limited.
  - Increased variety of high-quality (nutrient-dense) foods, including from an animal source where possible, and from foods that contain critical micronutrients.
  - Introduction of family foods as the child gets older until the child is eating family/solid foods.
  - Responsive feeding to ensure the best possible environment while feeding, so that the child consumes optimal amounts of food.
  - Good hygiene practices in preparing, feeding, and storing complementary foods.
  - Continued feeding during illness and increased feeding afterward.
  - Iron or micronutrient supplementation and/or provision of fortified complementary foods.



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What is less well known is how to effectively deliver these interventions. IYCN identifies and supports the implementation of demand-driven solutions tailored to the needs of specific countries.

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