Breastfeeding Promotion Network of India

BPNI BULLETIN

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Skilled Counselling on IYCF

An effective intervention to promote optimal infant feeding

The Global Strategy for Infant and Young Child Feeding as well as the National guidelines on infant and young child feeding in India recommend early initiation of breastfeeding within one hour and exclusive breastfeeding for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.[1,2] *The Global Strategy for Infant and Young Child Feeding* also states that "Even though it is a natural act, breastfeeding is also a learned behaviour. Virtually all mothers can breastfeed provided they have accurate information and support within their families and communities and from the health care system. They should also have access to skilled practical help from, for example, trained health workers, lay and peer counsellors, and certified infant and young child feeding counselling specialist, who can help to build mothers' confidence, improve feeding technique, and prevent or resolve breastfeeding problems."

India has dismal rates of infant feeding practices which are not rising!

Annually about 26 million babies are delivered in India. According to National Family Health Survey -3 (NFHS-3) data, 20 million are not able to receive exclusive breastfeeding for the first six months and about 13 million do not get good timely and appropriate complementary feeding after six months along with continued breastfeeding Unfortunately, exclusive breastfeeding for the first six months has not shown any rise over the past two decades since India began measuring them.[3] According to the NFHS-3, the initiation of breastfeeding within one hour of birth is only 24.5%. Data from the District Level Household and Facility Survey (DLHS-3)[4] has shown remarkable improvement, which is encouraging; initiation of breastfeeding is now about 40% from data of 534 districts. Similarly exclusive breastfeeding is only 46.3% as per NFHS-3. Looking at the DLHS data, it varies substantially from state to state and district to district. Further analysis of age wise data of NFHS-3 also reveals that exclusive breastfeeding rapidly declines from first month to sixth month, and only about 20% children are exclusively breastfeeding at six months of age. Introduction of complementary feeding along with continued breastfeeding in 6-9 months age is only 55.8 % as per NFHS-3. The DLHS-3 data reveals that introduction of complementary feeding along with continued breastfeeding in 6-9 months age is only 23.9%. All that shows how much work needs to done if meaningful rise of feeding practices is to be achieved.

WHAT IS NEEDED?

This is now a documented fact that

This newsletter is an attempt to compile the various research evidences related to skilled counselling on IYCF. The newsletter is a joint effort by BPNI & IMCH to develop advocacy documents based on the research compilation and disseminate these to all stakeholders.

mother needs support to initiate breastfeeding with in one hour of birth and to practice exclusive breastfeeding. The reason for introducing supplements to breastmilk leading to mixed feeding in Indian mothers is perceived milk insufficiency.[5] Although there is a complex pattern of immediate and underlying causes for this; most instances can be prevented or treated. Various other lactation difficulties, which are preventable to a large extent, may also contribute to premature cessation of breastfeeding. Health workers must be enabled to assess these lactation difficulties and offer appropriate counselling for the community as well as for the individual mother.

There is evidence to suggest that individual and group counselling is effective tool to improve duration of exclusive breastfeeding.[6] In the WHO Child Growth Standards study, trained lactation counselors supported the mothers to prevent and manage breastfeeding difficulties from soon after birth and at specified times during the first year after birth. By using this strategy, good compliance to exclusive breastfeeding was achieved in all the participating countries including India.[7] A Cochrane review on support for breastfeeding mothers concluded that training on infant and young child feeding, which in turn led to more qualified professional and lay support to the mothers, resulted in prolonged breastfeeding duration.[8] The promotion of breastfeeding intervention trial (PROBIT) has also documented a significant improvement in the rates of exclusive breastfeeding in the intervention group, who received skilled, counselling support from the trained health workers.[9]

Bhandari et al (2003) conducted a cluster randomized controlled trial in Haryana, India to assess the effect of a 3 day-training programme. The training was based on the Integrated Management of Childhood Illnesses Training Manual on Breastfeeding Counseling of traditional birth attendants, social village-based workers (Anganwadi workers) and auxiliary nurse midwives. Improved rates of exclusive breastfeeding and reduction of diarrhoea was documented.[10] A field experience in Lalitpur district has shown such a training is feasible and doable at a scale and within 2 years practices have shown a positive change apart from gain in motivation of workers and their knowledge and skills.[11]

To achieve the goal of providing counseling and education in breastfeeding and complementary feeding to each lactating mother, it is mandatory that frontline workers like Anganwadi workers should be empowered using a standard training course in knowledge and skills in IYCF which is imparted by trained personnel. The trained Anganwadi workers will be capable of providing counselling to the families using simple pictorial communication guide through facility meetings, home visits, group meetings etc.

Research Evidence

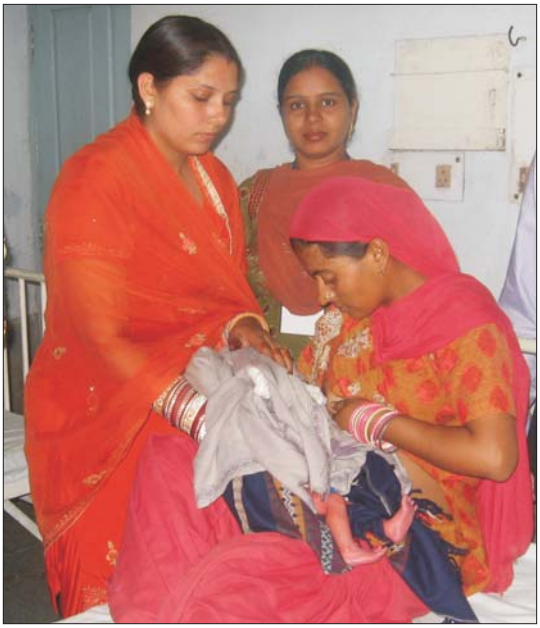
To illustrate the importance of counselling skills we have put forth few research evidences where it has been proved that it is an effective intervention to promote optimal infant feeding.

Breastfeeding among minority women: moving from risk factors to interventions

According to Chapman DJ, Pérez-Escamilla R[12] the gap between current breastfeeding practices and the Healthy People 2020 breastfeeding goals is widest for black women compared with all other ethnic groups. Also of concern, Hispanic and black women have the highest rates of formula supplementation of breast-fed infants before 2 d of life. These disparities must be addressed through the scale-up of effective interventions. The objective of this critical review is to identify and evaluate U.S.-based randomized trials evaluating breastfeeding interventions targeting minorities and highlight promising public health approaches for minimizing breastfeeding disparities. Through PubMed searches, we identified 22 relevant publications evaluating 18 interventions targeting minorities (peer counseling [n = 4], professional support [n = 4], a breastfeeding team [peer + professional support, n = 3], breastfeeding-specific clinic appointments [n = 2], group prenatal education [n = 3], and enhanced breastfeeding programs [n = 2]). Peer counseling interventions (alone or in combination with a health professional), breastfeeding-specific clinic appointments, group prenatal education, and hospital/Special Supplemental Nutrition Program for Women, Infants, and Children enhancements were all found to greatly improve breastfeeding initiation, duration, or exclusivity. Postpartum professional support delivered by nurses was found to be the least effective intervention type. Beyond improving breastfeeding outcomes, 6 interventions resulted in reductions in infant morbidity or health care use. Future research should include further evaluations of successful interventions, with an emphasis on determining the optimal timeframe for the provision of support, the effect of educating women's family members, and the impact on infant health care use and cost-effectiveness.

Infant feeding practices in Bhaktapur, Nepal: a cross-sectional, health facility based survey

Promotion of proper breastfeeding practices for the first six months of life is the most cost-effective intervention for reducing childhood morbidity and mortality. However, the adherence to breastfeeding recommendations in many developing countries is not satisfactory. The aims of the study[13] were to determine breastfeeding and infant feeding patterns at nine months of age and to assess factors influencing exclusive breastfeeding practices. In Bhaktapur, Nepal, we carried out a cross-sectional survey of 325 infants who came for measles vaccination at the age of nine months. Mothers were interviewed on details regarding feeding of their child and health since birth. Three quarters of all mothers reported that they did not receive any information on breastfeeding during the antenatal visit. Two hundred and ninety five (91%) mothers gave colostrum and 185 (57%) initiated breastfeeding within one hour of delivery. The prevalence of exclusively breastfeeding at 1, 3 and 6 months were 240 (74%), 78 (24%) and 29 (9%), and partial feeding was initiated in 49 (15%), 124 (38%) and 257 (79%) babies, respectively. The main reason, according to the mother, for introducing other foods before six months of age was insufficient breast milk. In logistic regression analyses, mother's knowledge on how long child should be given only breast milk and not living in joint families were associated positively with exclusive or predominant breastfeeding for four months or beyond. Despite the high proportion of mothers who initiated breastfeeding immediately after birth, continuation of exclusive breastfeeding for up to six months was not common. Very few mothers received any information on breastfeeding during the antenatal visit, indicating a need for counseling on exclusive breastfeeding. Possible options for this counseling could be during antenatal visits and at regular clinic visits for vaccination.



Using cognitive-behavioural techniques to improve exclusive breastfeeding in a low-literacy disadvantaged population

Despite being an important component of Pakistan's primary health care programme, the rates of exclusive breastfeeding at 6 months remain among the lowest in the world. Low levels of literacy in women and deeply held cultural beliefs and practices have been found to contribute to the ineffectiveness of routine counselling delivered universally by community health workers in Pakistan. We aimed to address this by incorporating techniques of cognitive-behavioural therapy (CBT) into the routine counselling process. We conducted qualitative studies of stakeholders' opinions[14] (mothers, community health workers, their trainers and programme managers) and used this data to develop a psycho-educational approach that combined education with techniques of CBT that could be integrated into the health workers' routine work. The workers were trained to use this approach and feedback was obtained after implementation. The new intervention was successfully integrated into the community health worker programme and found to be culturally acceptable, feasible and useful. Incorporating techniques of CBT into routine counselling may be useful to promote health behaviours in traditional societies with low literacy rates.

Are infants born in baby-friendly hospitals being exclusively breastfed until 6 months of age?

The study[15] aimed to objectively measure rates of breast-feeding to infants born in a baby-friendly hospital in Bangalore, India, and to capture home-based compliance to exclusive breastfeeding (EBF). Breast-milk (BM) and non-breast-milk (NBM) water intake were assessed in 50 mother-infant pairs using a deuterium dilution technique at months 1, 3 and 6. Complementary feeding (CF) was introduced as early as 1 month among 44% of the infants, and only 14.2% remained as exclusively breastfed by month 6. Intake of BM significantly declined from 166 to 87?ml/kg/day and NBM significantly increased from 23 to 51?ml/kg/day from month 1-6 ($P<0.01$). There was a significant negative correlation between BM and NBM at months 3 ($r = -0.59$, $P<0.001$) and 6 ($r = -0.61$, $P<0.001$). The most common barrier to EBF was 'a persistently crying infant'. BM intake significantly correlated with weight for age (WAZ; month 1: $r = 0.56$, $P<0.001$; month 3: $r = 0.60$, $P<0.001$) and weight for height (WHZ; month 1: $r = 0.59$, $P<0.001$; month 3: $r = 0.57$, $P<0.001$). NBM intake showed a significant negative correlation with WHZ ($r = -0.33$, $P = 0.02$) at month 3 and correlated positively with WAZ ($r = 0.37$, $P = 0.01$) and height for age ($r = 0.30$, $P = 0.03$) at month 6.Despite intensive counseling at birth and during the immediate postnatal period in a baby-friendly hospital, early CF was observed at home. Reason for the early introduction of CF was primarily a crying infant. Home- and community-oriented approaches should be designed to address barriers and improve EBF rates.

Impact of a strategy to prevent the introduction of non-breast milk and complementary foods during the first 6months of life: A randomized clinical trial with adolescent mothers and grandmothers

Although the disadvantages of introducing non-breastmilk and the early introduction of complementary foods are known, such practices are common worldwide. To evaluate the efficacy of counseling about breastfeeding and complementary feeding in preventing the introduction of non-breast milk and complementary foods in the first 6months.This randomized clinical trial[16] enrolled 323 adolescent mothers and their newborns and 169 maternal grandmothers; 163 mothers and 88 grandmothers received five counseling sessions on breastfeeding while in the hospital and at 7, 15, 30, and 60days, and one session on complementary feeding at 120days. Data about infant feeding were collected monthly. The impact was evaluated by comparing the Kaplan-Meier survival curves for the time of introduction of non-breast milk and complementary foods of the control and intervention groups. Median time of introduction of milk was calculated in the two groups. The survival curves showed that the intervention postponed the introduction of non-breast milk and complementary foods. At 4months, 41% (95% CI, 32.8-49.2) of the infants in the control group received complementary foods in comparison to 22.8% (95% CI, 15.9-29.7) of the intervention group. Counseling postponed the introduction of non-breast milk, which occurred at 95days (95% CI, 8.7-111.3) in the control group and at 153days (95% CI, 114.6-191.4) in the intervention group. Counseling sessions on infant's first 4months were an efficacious strategy to prevent the introduction of non-breast milk and complementary foods in the 6months of life.

Effect of breastfeeding promotion interventions on breastfeeding rates, with special focus on developing countries

Given the recognized benefits of breastfeeding for the health of the mother and infants, the World Health Organization (WHO) recommends exclusive breastfeeding (EBF) for the first six months of life. However, the prevalence of EBF is low globally in many of the developing and developed countries around the world. There is much interest in the effectiveness of breastfeeding promotion interventions on breastfeeding rates in early infancy. A systematic literature was conducted to identify all studies that evaluated the impact of breastfeeding promotional strategies on anybreastfeeding and EBF rates at 4-6 weeks and at 6 months.[17] Data were abstracted into a standard excel sheet by two authors. Meta-analyses were performed with different sub-group analyses. The overall evidence were graded according to the Child Health Epidemiology Reference Group (CHERG) rules using the adapted Grading of Recommendations, Assessment, Development and Evaluation (GRADE) criteria and recommendations made from developing country studies for inclusion into the Live Saved Tool (LiST) model. After reviewing 968 abstracts, 268 studies were selected for potential inclusion, of which 53 randomized and quasi-randomized controlled trials were selected for full abstraction. Thirty two studies gave the outcome of EBF at 4-6 weeks postpartum. There was a statistically significant 43% increase in this outcome, with 89% and 20% significant increases in developing and developed countries respectively. Fifteen studies reported EBF outcomes at 6 months. There was an overall 137% increase, with a significant 6 times increase in EBF in developing countries, compared to 1.3 folds increase in developed country studies. Further sub-group analyses proved that prenatal counseling had a significant impact on breastfeeding outcomes at 4-6 weeks, while both prenatal and postnatal counseling were important for EBF at 6 months. Breastfeeding promotion interventions increased exclusive and any breastfeeding rates at 4-6 weeks and at 6 months. A relatively greater impact of these interventions was seen in developing countries with 1.89 and 6 folds increase in EBF rates at 4-6 weeks and at 6 months respectively.

Breastfeeding in infancy: identifying the program-relevant issues in Bangladesh

In Bangladesh, many programs and projects have been promoting breastfeeding since the late 1980s. Breastfeeding practices, however, have not improved accordingly. For identifying program-relevant issues to improve breastfeeding in infancy, quantitative data were collected through visits to households (n = 356) in rural Chittagong and urban slums in Dhaka,[18] and qualitative data from sub-samples by applying semi-structured in-depth interviews (n = 42), focus group discussions (n = 28), and opportunistic observations (n = 21). Trials of Improved Practices (TIPs) (n = 26) were conducted in the above sites and rural Sylhet to determine how best to design further interventions. Our analysis focused on five breastfeeding practices recommended by the World Health Organization:

putting baby to the breast within the first hour of birth, feeding colostrum and not giving fluids, food or other substances in the first days of life, breastfeeding on demand, not feeding anything by bottle, and exclusive breastfeeding for the first six months. The biggest gaps were found to be in putting baby to the breast within the first hour of birth (76% gap), feeding colostrum and not giving other fluids, foods or substances within the first three days (54% gap), and exclusive breastfeeding from birth through 180 days (90% gap). Lack of knowledge about dangers of delaying initiation beyond the first hour and giving other fluids, foods or substances, and the common perception of "insufficient milk" were main reasons given by mothers for these practices. Health workers had talked to only 8% of mothers about infant feeding during antenatal and immunization visits, and to 34% of mothers during sick child visits. The major providers of infant feeding information were grandmothers (28%).The findings showed that huge gaps continue to exist in breastfeeding behaviors, mostly due to lack of awareness as to why the recommended breastfeeding practices are beneficial, the risks of not practicing them, as well as how to practice them. Health workers' interactions for promoting and supporting optimal breastfeeding are extremely low. Counseling techniques should be used to reinforce specific, priority messages by health facility staff and community-based workers at all contact points with mothers of young infants.

Breastfeeding knowledge and practices among rural women of punjab, India: a community-based study

Irrespective of the fact that breastfeeding in India is almost universal, psychosocial and cultural barriers still exists to early breastfeeding. The exact reasons for this delay are not clearly known. Hence we conducted this study to assess breastfeeding knowledge and practices and the factors influencing them among women in rural Punjab, India.[19] We interviewed 1,000 women in a community-based analytical cross-sectional study that was carried out in 20 villages of the District of Amritsar, Punjab, India, in 2005-2006 by standard cluster sampling. Time at initiation of breastfeeding and variables like understanding about the importance of colostrum, nutrition during lactation, and motivation by health workers were assessed. Statistical analysis was done by percentages compared with the ÷² test. Two hundred twenty-five respondents (23.8%) started breastfeeding their babies on the first day of birth, but in terms of early breastfeeding only 128 (13.5%) respondents put their babies on the breast within 4 hours of birth. Of the 1,000 respondents, 356 (35.6%) of the respondents were unaware of the importance of colostrum, 733 (77.6%) were not given advice on benefits of breastfeeding/ weaning, and 306 (33.5%) of respondents had not increased their diet during lactation. Early breastfeeding knowledge and practices were suboptimal among the mothers in rural Punjab. Health education on breastfeeding and nutrition remains the dark area. Research and public health efforts like one-to-one "breastfeeding counseling and health education on nutrition" to the mother by health workers should be promoted.

Where and how breastfeeding promotion initiatives should focus its attention? A study from rural wardha

In India, the practice of breastfeeding is almost universal, but initiation of breastfeeding is generally quite late and colostrum is discarded. Integrated Management of Neonatal and Childhood Illness (IMNCI) strategy recommended systematic assessment of breastfeeding and emphasized counseling of the mother on proper positioning and attachment of infant to the breast. To assess breastfeeding among mothers of below six months children in rural Wardha.[20] The present cross-sectional study was undertaken in surrounding 23 villages of Kasturba Rural Health Training Center (KRHTC), Anji. Two Auxiliary Nurse Midwives (ANMs) trained in IMNCI paid house visits to 99 mothers during the study period and undertook the assessment of breastfeeding using IMNCI assessment form for young infants. Auxiliary Nurse Midwives observed and recorded the positioning and attachment of infant to the breast as per IMNCI guidelines. The data were entered and analyzed using Epi_Info (version 6.04d) software package. Most of the deliveries 94 (94.9%) took place in the healthcare facilities. Majority 61 (61.6%) newborn babies had received breastfeedingwithin half an hour. About half of the mothers had any of the feeding problems like feeding less than eight times in 24 h, giving any other food or drinks or is low weight for age. Significantly more mothers with feeding problems had problems in positioning and attachment of infant to the breast as compared with those mothers who did not have any feeding problems.In the settings, where practice of institutional delivery is high, the staff of healthcare facility should ensure education of the mothers regarding position and attachment of infant to the breast before discharge from the healthcare facility. At the village level, Village Health Nutrition Day (VHND) can be utilized for health education of future mothers and support for the breastfeeding mothers. The IMNCI assessment form for young infant should also include assessment of positioning of infant.

Training on Counselling Skills

Why is such training needed?

Many mothers and newborns do not receive the help they need to initiate breastfeeding within one hour, and to practice exclusive breastfeeding during the first six months. The help includes assistance, education about breastfeeding, answers to their questions, and prevention of breast conditions like sore nipples and mastitis and tackling these if they do arise. Majority of mothers do not get antenatal information about advantages of breastfeeding, risk of artificial or replacement feeding, techniques of feeding and how to breast feed their babies. Only very few mothers breastfeed their babies starting just after birth, majority give other feeds and fluids while waiting for breast milk to come. False perception of not enough milk leads to early and unnecessary feeding resulting in repeated episodes of diarrhoea and pneumonia and under-nutrition. One in seven breastfeeding mothers develops sore nipples, cracks, engorgement or mastitis due to lack of correct breastfeeding skill. Avoiding certain foods and stopping foods altogether during sickness are also common social practices along with thin and watery foods for complementary feeding. Skilled and adequately trained health care providers are needed at 2 levels. At village level, the community based health workers should impart counselling services after getting appropriate training in breastfeeding counselling. At a cluster of 5-10 villages (or maximum of 30 villages), there should be a skilled IYCF / breastfeeding / lactation support. Both these counsellors are required as manpower available to improve the rates of optimal feeding practices through a behaviour change in the society and family.[21]

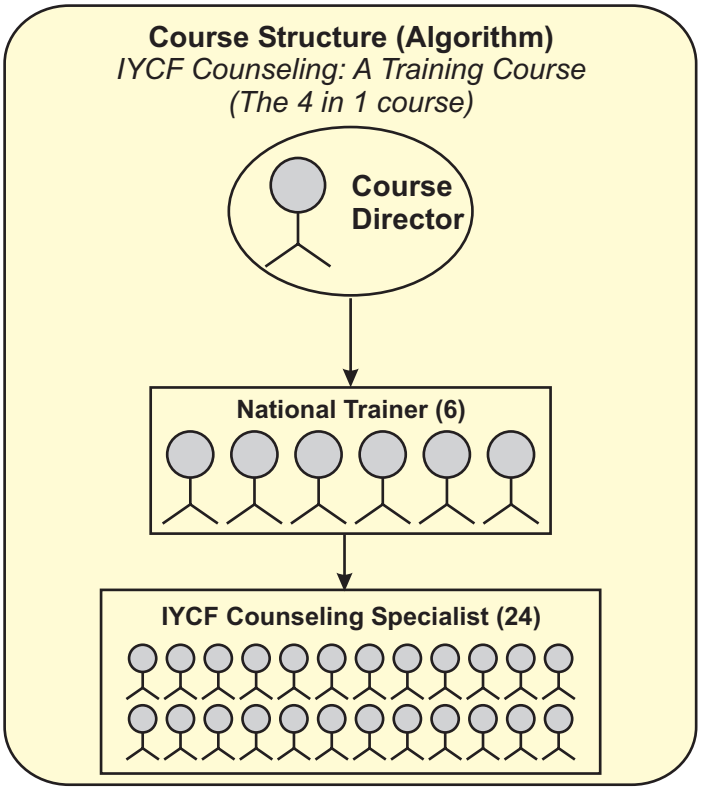
For the specialist level services: Health care providers/workers need appropriate skills e.g. to build mother's confidence to increase her own milk flow from the mother to the baby when she has a 'feeling' of 'not enough milk'; assist her to initiate breastfeeding within one hour of the birth of the baby; assist her in making proper attachment at the breast to allow effective suckling which will help in preventing breast problems like sore nipples and engorgement; and in solving problems if they do arise; answer any questions if mothers have; counsel mothers and families on adequate and appropriate complementary feeding; and finally be able to counsel HIV positive mothers about infant feeding options and support their feeding choice. Unfortunately, most health care providers and frontline workers have barely acquired these 'skills' in counselling and management of breastfeeding and complementary feeding either during their pre-service or in-service training.

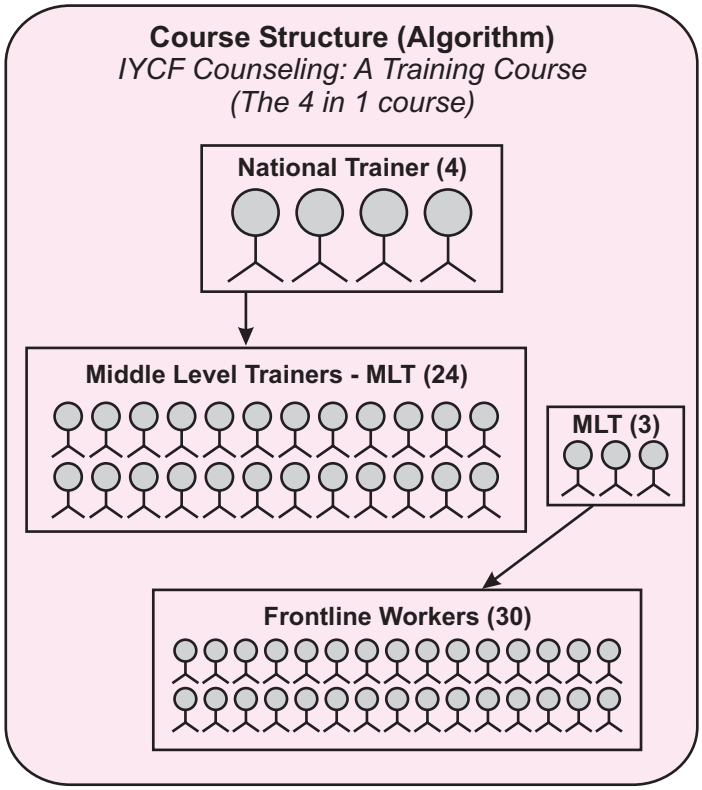
For the family level services: Family level counsellors require skills on counselling in normal circumstances, motivating mothers for early breastfeeding within one hour, support them to initiate breastfeeding and skin to skin contact, and exclusive breastfeeding. They should be able to recognise difficulty that may need specialist level care.

Inadequate knowledge and skills of these workers complicates the situation but there is very little time assigned to infant and young child feeding in their basic curricula or in the child health programmes later. Commercial pressures of baby food companies add to this problem in a significant manner. This situation makes it imperative to train all care providers in the required skills till we achieve such a skill in their pre-service training. With increasing HIV prevalence and the knowledge that HIV can be transmitted through breastfeeding, it becomes critical to help women to decide the best possible option for infant feeding.

BPNI Training Programme

The '4 in 1' Infant and Young Child feeding Counseling: A training programme, (Integrated breastfeeding, complementary feeding, infant feeding & HIV counseling and Growth Monitoring)" addresses the specific need of skill building in counselling in all health and childcare settings, as well as at family level. The training package has been developed by the Breastfeeding Promotion Network of India (BPNI) along with its' partners. It is a condensed version of the WHO/UNICEF's three training courses on breastfeeding counseling, complementary feeding, and HIV infant feeding. The forth component of 'Growth Monitoring' has been added to the course to make it '4 in 1'. The course for the frontline workers has been field tested by the National Institute of Public Cooperation and Child Development (NIPCCD), Government of India. The course has also been endorsed by the Indian Academy of Pediatrics (IAP), Indian Medical Association (IMA) and Indian Academy of Preventive and Social Medicine (IAPSM).





Comparison of major training courses on Breastfeeding & IYCF used globally

Title	Duration	Output	Aim/Objective	Relationship with the existing courses
WHO/UNICEF's integrated infant and young child feeding counseling course; 5 day course (Structured)-2006	5 days	Well oriented Lay counselor	The course aims to familiarize the lay counselors in health and nutrition care systems to be able to counsel mothers on basic knowledge on infant feeding.	The course DOES NOT replace the 3 WHO/UNICEF courses.
BPNI/IBFAN's /UNICEF's "Infant and young child feeding counselling, A training Course, the 4 in 1 course (integrated course for breastfeeding, complementary feeding and infant feeding & HIV counseling & Growth Monitoring) - 2003	7 days	Infant and young child feeding counseling specialist	The course aims to develop trainers, infant and young child feeding counselling and support specialists; who are able to solve all kinds of breastfeeding and complementary feeding problems, counseling to HIV positive mothers in infant feeding and to monitor growth to provide support to them and offer specialist services in feeding difficulties, monitor code, offer services to the organizations/ Governments to support programmes to improve IYCF status in community.	The course REPLACES the three WHO UNICEF courses and adds up growth monitoring. In addition it is simplified and updated. It is linked to a programme to build capacity for counseling.
Centre for International Child Health,UCL-2006	2x2 weeks	A national breastfeeding advocate	Designed for senior health professionals who are at a position to influence practice and policy, to act as advocates for optimal feeding in national programmes. The course doesn't develop advanced trainers or counselors for skills training.	It provides comprehensive and in-depth scientific, technical and practical orientation on all aspects of breastfeeding.

BPNI Training experience of last 5 years

S.No.	Name of the Project	Supporting Organisation	No. Trained
1.	Preparation of National Trainers & IYCF Counseling Specialists (2008)	Self (BPNI)	NT:17 IYCF CS: 135
2.	Preparation of State Master Trainers in the field of IYCF (2008 & 2009)	Women &Child Department, Government of Punjab	TMLTs: 7 MLTs: 24
3.	Preparation of Middle Level Trainers (MLTs) (2008)	CARE Jharkhand	MLTs: 32
4.	Preparation of National Trainers & IYCF Counseling Specialists (2008)	Department of Health Services, Government of Haryana	NT: 6 IYCF CS: 21
5.	Preparation of State Mentors in the field of IYCF (2008-09)	Women Development & Child Welfare Department, Government of Andhra Pradesh	TMLTs: 13 MLTs: 168
6.	Preparation of Master Trainers in the field of IYCF (2008-09)	Women & Child Development Department, Government of Haryana	MLTs: 47
7.	Training of MLTs and Frontline Workers in IYCF for districts of Firozpur and Gurdaspur (2009)	Department of Health & Family Welfare, National Rural Health Mission, Government of Punjab	MLTs: 106 FLWs: 3500
8.	Preparation of IYCF Counseling Specialists 2010 & 2011)	Self (BPNI)	IYCF CS: 75
9.	Preparation of IYCF Counseling Specialists (2010 & 2011)	Women Development & Child Welfare Department, Government of Andhra Pradesh	IYCF CS: 93
10.	International Outreach Course on Breastfeeding: Advocacy & Practice Course (2010)	UCL Institute of Child Health, London, BRD Medical College, Gorakhpur & BPNI	18
11.	Training of MLTs and Frontline Workers in IYCF for 8 districts of Punjab (2010-2011)	Department of Health & Family Welfare, National Rural Health Mission, Government of Punjab	MLTs: 607 FLWs: 8602
12.	Improving breastfeeding and other IYCF practices in Uttar Pradesh and Bihar (2011) - (Capacity Building of State Mentors)	Plan International (India Chapter)	MLTs: 50
13.	Training of Middle Level trainer and Yashodas in 33 Districts of Rajasthan (2011-2012)	Directorate of Medical Health & FW Services, Government of Rajasthan	MLTs: 105 FLWs: 567
14.	Capacity Building on IYCF for Middle Level Trainers in Punjab (2012)	Department of Health & Family Welfare, National Rural Health Mission, Government of Punjab	MLTs: 117 FLWs: 1100
15.	Training of Trainers on IYCF Counselling & IYCF Counselling Specialist "4 in 1"training course (2012)	UCMS & BPNI	NT:5 IYCF CS: 22
16..	IYCF Counselling Specialist "4 in 1"training course (2012)	Women Development & Child Welfare Department, Government of Andhra Pradesh	IYCF CS: 31

NT: National Trainer
TMLTs: Trainers of Middle Level Trainers
FLWs: Frontline Workers
CS: Counseling Specialist
MLTs: Middle Level Trainers

Training Course on Infant and Young Child Feeding Counseling in 8 Districts of state Punjab, India

The National Rural Health Mission (NRHM), flagship programme of Ministry of Health and Family Welfare, Government of India (GOI) aims to lower down maternal and infant mortality in India. The optimal infant feeding has been recognized to be key interventions for this purpose.

The state of Punjab in India comprises of 20 districts and has a total population of 27 million. In the state of Punjab, infant mortality rate is about 42, and 25% children are underweight by 3 years meaning thousands of children are underweight thus will not develop to their full potential.

With the intent to enhance optimal breastfeeding rates, NRHM Punjab government & BPNI implemented training of Middle Level Trainers (MLTs) and Frontline Workers/ Community health workers in eight districts of Punjab i.e. Amritsar, Barnala, Hoshiarpur, Jalandhar, Kapurthala, Mohali, Patiala, and Sangrur, to strengthen the district capacity for counseling on breastfeeding and complementary feeding.

In this project implemented in the year 2010-2011, BPNI trained MLTs from the health sector including medical officers and staff nurses, who could also act as support system for any referral. The MLTs further trained frontline workers/community health workers at the village level i.e. Accredited Social Health Activist and Auxiliary Nurse Midwife in counseling on breastfeeding and complementary feeding. This created a district level model for intensive counseling support under the NRHM *(full report available at http://www.bpni.org/Training/Training-IYCF-Counseling-8district-Punjab.pdf)*

Capacity Building Training for Middle Level Trainers and Yashoda Workers on Infant and Young Child Feeding (IYCF) Counseling in 33 Districts of Rajasthan

The Norway-India Partnership Initiative (NIPI) work to accelerate the reduction of child mortality by supporting action in India's National Rural Health Mission (NRHM). NIPI currently focuses its work in Orissa, Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh to improve maternal and child health.

NIPI has also placed an innovative volunteer support worker at the facilities with high delivery volumes, named Yashoda to optimise the benefits of safe motherhood program. One responsibility of the Yashoda, is to support mothers for immediate initiation of exclusive breastfeeding and to orient the mother about basic newborn care and immunization

To achieve improved infant and young child feeding practices, the pregnant and lactating women requires access to appropriate counseling, which could only be achieved by strengthening knowledge and skills of the health care providers. Hence there is an urgent need to train health workers who care for mothers and young children in the skills needed to both support and protect breastfeeding and promote and support appropriate complementary feeding. Health workers also need such a training to provide accurate information to mothers on maternal transmission of HIV to children and to support the mother to practice safer infant feeding.

According to the district level data for the state of Rajasthan, initiation of breastfeeding within one hour is 41.9 percent, exclusive breastfeeding for first six month of life is 65.5 percent, and introduction of complementary feeding along with continued breastfeeding among 6-9 month is 43.7 percent. This is evident from the data that all the districts in Rajasthan requires concerted efforts to improve the status of infant and young child feeding practices.

Thus NRHM Rajasthan, NIPI-UNOPS & Breastfeeding Promotion Network of India (BPNI) jointly implemented the training programme for MLTs (district level doctors and nurses) and Yashoda workers with an objective to enhance early and exclusive breastfeeding for the first six months in 33 districts of Rajasthan State.

The programme included training of Middle Level Trainers (MLTs) and Yashoda workers in all 33 districts of Rajasthan. A total of 105 MLTs and 567 Yashoda workers were trained over a period of two and half months between January 2012 and March 2012.

'4 in 1' Training Course on
Infant and Young Child Feeding Counselling
released on 3rd December 2011

The training course on "Infant and Young Child Feeding Counseling (an integrated course on breastfeeding, complementary feeding, infant feeding & HIV and growth monitoring) was released by Sh. P.K. Pradhan, Secretary, Ministry of Health & Family Welfare and Dr Shreeranjan, Joint Secretary, Ministry of Women and Child Development, Government of India along with Dr. R.K. Anand, Founder member, BPNI, Dr. Arun Gupta, Central Coordinator, BPNI and Dr. J.P. Dadhich, National Coordinator, BPNI on 3rd December 2011 on the occasion of BPNI's 20th Foundation Day.

WORLD BREASTFEEDING WEEK (1-7 August 2012)

Taking Stock of Policies and Programmes!

Twenty years ago the World and India celebrated the first World Breastfeeding Week with the theme "Baby –Friendly Hospital Initiative (BFHI)". Today it's the time to celebrate, but also look back and see what has changed and what more is required. Each year there has been a path breaking theme, this year it is "Taking Stock of Policies and Programmes", with the following objectives:

- To take stock of implementation of policies and programmes on breastfeeding & infant and young child feeding in India.
- To celebrate successes and achievements of past 20 years.
- To identify the gaps that exist and call for action to bridge these gaps.
- To raise awareness among public and policy makers about these gaps in policies and programmes related to breastfeeding and infant and young child feeding.
- To share the action taken with the national and global community.

http://bpni.org/WBW/wbw2012.html

COME JOIN THE FIGHT

6th-9th December, 2012
New Delhi, India

BABIES NEED MOM-MADE NOT MAN-MADE!

WORLD BREASTFEEDING CONFERENCE 2012

LET'S PROTECT EVERY FEEDING MOTHER

www.worldbreastfeedingconference.org

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The IMCH and BPNI PDC Project

UPPSALA UNIVERSITET

International Maternal and Child Health, Uppsala University, Sweden and Breastfeeding Promotion Network of India has come together to work on a partner driven cooperation project in India. The purpose of this project is to use evidence-based advocacy (policy advice) to expand the provision of full maternity entitlements/benefits to all women (in the selected States) and to provide women with accurate, unbiased information through skilled counseling and support. The project will work through situational analysis of policy and programmes at state and district levels; and national and state level consultations to develop call for action.

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