
Capacity Building Training for Infant and Young Child Feeding (IYCF) Counseling Specialist (The 4 in 1)

A REPORT

30th March to 5th April 2015 (Shimla,
Himachal Pradesh)

Submitted by



**Breastfeeding Promotion Network
of India (BPNI)**

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Submitted to



**National Health Mission,
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Shimla, Himachal Pradesh

This is a report of a training workshop on IYCF Counselling Specialists conducted by BPNI for NHM Himachal Pradesh functionaries.

1. Introduction

A training workshop on Infant and Young Child Feeding Counselling – ‘The 4 in 1’ course was conducted in collaboration with the National Health Mission Shimla from 30th March to 5th April 2015. The training was proposed by NHM Shimla for their recently appointed Nutrition Counsellors and Staff Nurses. The training was hosted at SHFWTC, Shimla. 28 participants from 11 districts of Himachal Pradesh attended the training. There were 11 ward sisters, 2 nursing sisters, 3 staff nurses and 12 nutrition counsellors. The seven days IYCF Counselling Specialists training was conducted by four national trainers of BPNI namely Dr. K. C. Aggarwal, Dr. Anita Gupta, Ms. Prerna Bhardwaj and Ms. Vibharika Chandola.

2. IYCF Counselling Specialists Course

BPNI’s training course is designed to prepare people working directly with mothers and families and build their skills to transfer the knowledge. The Infant and Young Child Feeding Counselling – ‘The 4 in 1’ course’ (An integrated course on Breastfeeding, Complementary Feeding, Infant Feeding & HIV and Growth monitoring counselling) is a comprehensive course that focuses on:

- **Education/ Knowledge:** Detailed information on the four key aspects of IYCF which are; Breastfeeding, Complementary Feeding, Infant Feeding and HIV and Growth Monitoring is imparted to the participants. Updated information is presented in the simplest manner so that participants from non medical background are also able to understand the concepts.
- **Skills:** Counselling is a way of working with the people in which one tries to understand how the other feels and helps them to decide what to do. Counselling is a helping approach that is taught to the participants thus developing the appropriate way of interaction wherein the counsellors are able to connect with the beneficiaries in a more effective way.
- **Decision making and Problem solving:** The ability to take better decisions and problem solving comes with experience. For the same, participants are taken for clinical practice every day where they engage with mothers, families and children thereby putting their knowledge and skills to test. Working in a live situation gives them the confidence to understand real life situations. Interactions with mothers and their problems gives them the unique opportunity to solve them and choosing the best possible solution for the same builds their capacities.
- **Ethics:** BPNI advocates breastfeeding and believes that breastfeeding in most situations is possible and must be the first choice. The training has been built in a way that it tries to integrate the best feeding practices from infancy and throughout childhood thus focussing on breastfeeding and homemade complementary foods. There is a key focus on the IMS act that bans promotion and marketing of Infant milk and Infant food substitutes and feeding bottles. Participants are encouraged to practice and follow the Act.
- **Attitudinal Changes:** A final change in the attitude of the participants is the expected outcome of the training. By integrating knowledge, skills and developing decision making and problem solving abilities, behaviour change is anticipated and believed to be a long term

change. The training seeks to minimise the value- action gap by providing appropriate knowledge and skills to deal with situations.

3. Training Proceedings

The training of Counselling Specialists commenced with participants filling in a standard questionnaire as a Pre intervention test to assess the present knowledge levels. The questionnaire comprised of 33 multiple choice questions based on the subject. This phase was led by the four National Trainers (Resource Persons) of BPNI. Here the participants were explained about the course objectives, training methodology and training tools. They were explained about the differences between teaching and training, principles of adult learning and attributes of organizing such trainings. During the entire seven days all the National Trainers conducted sessions, transferring the skills and knowledge to the participants, finally preparing them to be the counsellors. This phase comprised of a total 33 theoretical sessions, 6 practice exercises, 5 clinical practices and 2 practical sessions.

The training course was divided into different sessions which were facilitated by four national trainers. The national trainers used the 'Trainer's Guide for Infant and Young Child Feeding Counselling: A training course: The "4 in 1 course"'. The training course has been developed keeping in mind the principals of adult learning. The different ways that were used to conduct the sessions in an interactive manner are explained below:

- **Didactic Lectures using Power point presentations:** Majority of the sessions like 'What is the need for *Optimal Infant and Young Child Feeding*', '*Production and Intake of breast milk*', Different kinds of '*breast conditions*', Reasons for '*baby's refusal to breastfeed and crying*', Need and Importance of '*Complementary Feeding and how one can fill the nutrient gaps*', '*Breastfeeding in Special circumstances especially HIV*', '*Growth Monitoring*' etc. All these sessions were conducted using the power point presentations. These sessions were conducted with an aim to widespread the immense knowledge about Infant and Young Child Feeding. This way the complete theoretical content of the subject was explained to the participants in a very interactive manner.



Trainer explaining anatomy of breast

- **Demonstration Sessions:** Few sessions were being planned in a more participatory manner wherein the counselling skills were taught to the participants using innovative demonstrations. These demonstrations made the topic easier to understand in an interesting way. Especially the skills based sessions like *'Listening & Learning'*, *'Building Confidence and Giving Support'*, how to *'Position baby at the breast'*, *'Feeding techniques and strategies* that a care giver should adopt while feeding a child, etc were taught using the demonstration technique.

- **Practice Exercises:** These writing exercises comprise of questions in the form of stories. These exercises are based on the theory sessions that are already completed. Here the participants have to apply their knowledge and problem solving skills to answer the questions. The participants are divided in groups of four where one national trainer monitors and guides each participant.



Discussions during group exercise session

- **Enacting Role plays to convey important information and messages:** To convey important information and messages, trainers enacted the role plays in front of the group. Such a method is useful for practicing skills like counselling and for exploring how people react in specific situations. The role-play's objective was to lead to an attitudinal change dealing with feeling and emotions. Role-plays have many advantages like: - The trainees get involved in problem solving; active participation of trainees stimulates interest and helps in understanding and developing behaviour of self and others. The sessions which have the role plays as their back bone are: how is it possible for a *'working mother to breastfeed'*, *'Growth Monitoring: Take Action'*, *'institutionalizing skilled Infant and Young Child Feeding Counselling'* etc.
- **Clinical Practice:** Certain practice sessions required working in the clinical settings that were conducted in the hospital premises of Gynaecology ward at Kamla Nehru Hospital Shimla and Paediatrics wards at Indira Gandhi Medical College Shimla. In order to conduct these sessions in a more helpful manner, the participants were divided into four groups, comprising of every group was led by one National Trainer of BPNI.

In these clinical practice sessions, all the participants got the chance to work with the mother-baby dyad at the bed-side. This helped them to understand how they can use their skills and counsel a mother about the real importance of breastfeeding. The participants were also taught how they can help mothers practically to understand the correct attachment and position of a baby which leads to successful breastfeeding. As already taught in the previous sessions, the participants tried using all their *Communication skills*, in order to learn how to *assess and observe a breastfeed and take the child's feeding history from the mother, recording feeding habits of a child using a 24 hour dietary recall form, and take weight and length (growth measurements) of the child* in real situation, plotting them on the growth charts .They were

asked to use all the forms that were provided to them. With the help of all this the participants had to finally counsel the mothers on the child's actual growth status, especially motivating the mothers to breastfeed the child exclusively for the initial 6 months, starting with the complementary feed after 6 months and continuing breastfeeding for 2 years and above.

After returning back from each clinical practice session, a detailed discussion was conducted. The trainers and participants shared the experiences and difficulties faced at the wards. These discussion sessions are actually planned to understand the different experiences from each group. During this session the participants were praised for what they did well and encouraged towards using these skills in subsequent sessions and throughout life. Most participants feel a little hesitant in the first clinical practice or are hesitant to talk to mothers. By the end of the first phase and having done three clinical sessions they begin to feel more confident. These Clinical practice sessions were advantageous as trainees could get hands-on experience on the topic which they had learnt and discussed in the previous theoretical sessions.



Trainer discussing clinical practice

- **Practical Sessions:** In these specially designed practice sessions, participants learnt to prepare replacement feeds and complementary foods.

Preparing Replacement Feed: During this session the participants were asked to make the replacement feed as per their groups. Each group was given different heating sources (gas stove, electric kettle) for boiling the water to prepare the feed and a specific quantity (ml) to prepare. This session helped the participants to understand how difficult it is to prepare a milk feed under different circumstances. They could identify what minor mistakes can a mother do while preparing a feed like not being able to maintain hygiene (clean hands, clean utensils, clean water and clean surface), improper dilution, which may lead to child sickness and increase the financial burden. The participants could also understand how much time does it take to actually prepare one replacement feed and the cost required to formula feed a child in the long run.

Preparing Complementary Feed: During this session the participants were asked to prepare one complementary feed. This session was also conducted within the groups. All the groups were given different age groups of a child (8 months, 11 months etc.) according to which the participants were asked to prepare the feed. The participants were provided with the cooked ingredients from almost all sources like chapatti, rice, bread, dal, boiled vegetables,



Participants preparing one complementary feed

milk, curd, egg, oil, butter etc using which they had to prepare their meal. This session helped the participants to understand that it is a matter of concern when we are actually preparing a feed for any child. The participants could understand that there is some specific quantity and consistency that plays an important role while feeding a child. Also it was emphasized during the session that there is a real need to maintain hygiene during all times.

These exercises provided them with a firsthand experience of various logistic needs, time consumption, hygiene requirement etc. in preparing these feeds versus the ease and economic benefit of breastfeeding if compared.

4. Analysis of Pre- Post Tests

A standard questionnaire was administered on the trainees to assess their pre and post training knowledge levels so as to reflect on the effectiveness of the training. The increase in knowledge based on the correct responses is a reflection of the success of the training.

S.NO.	Questions pertaining to	Pre Intervention N=26 Correct Responses	Post Intervention N=26 Correct Responses
1	Knowledge about Optimal Infant and Young Child Feeding Practices	9 (34.6)	23 (88.5)
2	Preventable under 5 deaths due to malnutrition by appropriate feeding practices	6(23.1)	13 (50.0)
2(a)	Universal EBF can prevent % of under 5 child deaths	0(0.0)	1 (3.8)
3	Benefits of Breastfeeding to Mother	14 (53.8)	17 (65.4)
4	Dangers of Pre Lacteal Feeds	9 (34.6)	20 (76.9)
5	Duration of Breastfeeding	21 (80.8)	25 (96.2)
6	Factors which hinder Oxytocin reflex	12 (46.2)	20 (76.9)
6b	Key for enhancing breastmilk production	10 (38.5)	19 (73.1)
7	Sign of good attachment	10 (38.5)	24 (92.3)
8	Causes of sore nipples	19 (73.1)	24 (92.3)
9	Engorged breast treatment	24 (92.3)	25 (96.2)
10	Reliable sign of enough milk being received by baby	1 (3.8)	14 (53.8)
11	When a mother is ill	23 (88.5)	26 (100.0)
12	Increase in mother's diet during lactation	0 (0.0)	9 (34.6)
12a	Mothers malnutrition affects breastmilk production	19 (73.1)	21 (80.8)
12b	Size of the breast affects breast milk production	21 (80.8)	24 (92.3)
12c	Expressed breast milk can be stored at room temperature	2 (7.7)	21 (80.8)
13	Questions Regarding IMS (Infant Milk Substitute) Act	13 (50.0)	19 (73.1)
14	Appropriate age of starting complementary foods	11 (42.3)	25 (96.2)
15	One year child fed in a day	1 (3.8)	19 (73.1)
16	Foods rich in Vitamin A	14 (53.8)	26 (100.0)
17	Foods for children in disease	12 (46.2)	26 (100.0)
18	Feeding of low birth weight babies	6 (23.1)	21 (80.8)

S.NO.	Questions pertaining to	Pre Intervention N=26 Correct Responses	Post Intervention N=26 Correct Responses
19	Percentage of HIV Transmission from mother to baby	1 (3.8)	8 (30.8)
20	Transmission of HIV to children reduced	1 (3.8)	14 (53.8)
21	Statements about human milk	6 (23.1)	1 (3.8)
22	Composition of breast milk	2 (7.7)	16 (61.5)
23	Statements about cow milk	2 (7.7)	9 (34.6)
24	Benefits of Breastfeeding Mother	19 (73.1)	13 (50.0)
25	Factors which enhance Prolactin Reflex	9 (34.6)	13 (50.0)
26	Factors which hinder Oxytocin reflex	6 (23.1)	20 (76.9)

It can be seen from the above table that there has been a lot of improvement in quite a few aspects. Previously only 34.6% of the participants had knowledge about what is optimal Infant and Young Child Feeding, whereas after the training, 88.5% were able to answer correctly. There was a marked improvement in knowledge on feeding when the mother is ill, foods for children during diseases and feeding of the child during illness and recovery, all the participants answered these correctly in the post test. Signs of good attachment and causes of sore nipples increased to 92.3% in both cases from 38.5% 73.1% in the pre test. Very few (7.7%) participants knew the appropriate conditions of storing milk earlier whereas after the training 80.8% of them were able to answer correctly. Number of times a one year child should be fed in a day increased to 73.1% from merely 3.8% initially. Not many participants knew earlier the different ways of feeding low birth weight babies, but after the training, 80.8% gave correct responses. Knowledge about factors which hinder oxytocin reflex increased from 23.1% to 76.9%.

Most of the participants rated the training as Good. All the participants said that they feel confident enough to pass on their newly acquired skills to their. 67.9% of the participants rated the skills of the trainer as good and 64.3% felt that the organisation of the overall event was good.

5. Observations made by the trainers

- The trainers felt that the trainees were quite receptive and ready to learn.
- All the participants were quite hardworking and responsive.
- Participants had some previous knowledge regarding complementary feeding especially the nutrition counsellors thus they were able to relate to those sessions.
- The group was quite energetic which was motivating for everyone.
- The organisers i.e. NHM, H.P. seemed to understand the issue, its relevance and importance of having such trainings.

6. Comments from Participants

- Participants said that this is the first training where they are being given in-depth knowledge on a topic. They said that it should be extended to 15 days.
- Few participants especially the nurses said that they have attended many trainings but this is the first time they are being given an opportunity to practice side by side.
- Participants shared that the counselling skills if they can use in their everyday life would also improve their personality as well.
- All the participants said that after this training they feel confident that they can help mothers especially those who have problems related to breastfeeding.
- All the participants said that training should be provided to all the doctors especially paediatricians and gynaecologists as no matter how much they inform and counsel the mothers, but if a doctor prescribes formula milk they have no argument to convince them against it.
- Participants also said that refresher training should also be provided so that they can get updated information.
- Few of the older participants shared that it is very difficult for them to change the way they talk and they have a much harder time learning counselling language.

7. Challenges

- The biggest challenge was the hilly terrain. As the roads were quite narrow and destinations quite far, a lot of time was lost in commute to and fro from the training venue and the hospital during clinical practice.
- The training is very time bound and even slight delays can offset the track. In the initial days non availability of support staff and transportation was faced by the trainers. This consumed a lot of time of the trainers who had to do the background tasks during the training. Also as the vehicle for clinical practices was not available on time it delayed the complete training schedule. However by the third day all these things could be managed better.

Timetable for training of Infant and Young Child Feeding Counseling Specialist

**Infant and Young Child Feeding Counseling:
A training course (The 4 in 1 Course)**

(Integrated course on breastfeeding, complementary feeding, growth monitoring & infant feeding & HIV counseling)

30th March - 5th April 2015

Time	30/03 Day 1	31/03 Day 2	01/04 Day 3	02/04 Day 4	03/04 Day 5	04/04 Day 6	05/04 Day 7
9:00-9:30 am	Registration and Pre-test	Hospital practices and BFHI 8 Dr. Anita	Breastfeeding Positioning 10 ALL	Expression of breast milk 25 Dr. Anita	Growth measuring 44 Ms. Prerna	Monitoring by growth charts: taking action 46 ALL	IMS act 41 Ms. Vibharika
9:30-10.00 am	Introduction participants, local IYCF situation Dr. Aggarwal						IF in emergency situation 42 Dr. Anita
10:00-11.00 am	Why optimal infant and young child feeding 1 Ms. Prerna	Breast conditions 14 Dr. Aggarwal	Breast condition exercise 15 ALL	History Practice 18 ALL	Growth monitoring by growth charts Growth 45 Ms. Prerna	Counseling practice in HIV+ve mothers 24 ALL	Counseling practice (BF & CF) 32 ALL Prepare replacement feed 22 Ms. Paramjeet
11:00-11.30 am	<p align="center"> <i>Preparation CP -1</i> <i>Preparation CP-2</i> <i>Preparation CP-3</i> <i>Preparation CP-4</i> <i>Preparation CP-5</i> Ms. Vibharika Ms. Prerna Dr. Anita Dr. Aggarwal Ms. Paramjeet </p>						

11:30 am-12:30 pm	Production and intake of breastmilk 3 Dr. Anita	Clinical Practice I Listening and learning & assessing breastfeed	Clinical Practice II Building confidence, giving support and checking understanding Positioning baby at the breast	Clinical Practice III Taking feeding history by using counseling skills, Expression of breastmilk	Clinical Practice IV Counseling mothers in different situations; filling dietary recall form, taking measurements	Clinical Practice V Complementary feeding counseling, Taking action after taking measurements	Relactation 29 Ms. Prerna
12:30-1:30 pm	Assessing a breastfed 4 Ms. Vibharika						BF by working women 40 Ms. Paramjeet Nutrition Health and Fertility39 Dr. Anita
1:30-2:30 pm	LUNCH						
2:30-3:30 pm	Observing breastfeeding 5 Dr. Aggarwal	Building confidence and giving support 11 Ms. Vibharika	Refusal to breastfeed and crying 16 Dr. Aggarwal	Complementary feeding- foods to fill the Nutrient gap 30 Ms. Vibharika	Overview of HIV and infant feeding 19 Dr. Aggarwal	Counseling for HIV +ve mothers for feeding options 23 Dr. Anita	IYCF Counseling centre 43 Use Of counseling flip charts Ms. Vibharika
3:30-4:30 pm	Listening and Learning 6 Dr. Anita	Building confidence and giving support exercise 12 ALL	Not enough milk refusal to breastfeed and crying exercises 27 ALL	Quantity variety and frequency of complementary feeding 31 Ms. Prerna	Breastfeeding option for HIV +ve mothers 20 Ms. Vibharika	Feeding during illness and recovery 36 Ms. Vibharika Preparation of one meal Ms. Prerna	Post-test Valedictory function Presentation of certificate

4:30-4:45 pm	TEA						
4:45-5:45 pm	Listening and learning exercises 7 ALL	Not enough milk 26 Ms. Prerna	Taking a feeding history 17 Ms. Vibharika	Feeding techniques and strategies 34 Dr. Aggarwal	Replacement feeding during first 6 months by HIV +ve mothers 21 Dr. Anita	Feeding LBW & sick babies 28 Ms. Paramjeet	
5:45 pm	Trainers meeting	Trainers meeting	Trainers meeting	Trainers meeting	Trainers meeting	Trainers meeting	

Participants List

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27	Dinesh Kumari	9816011947	
28	Sunita Kondel	8988216333	

Glimpses of the Training



Participant taking the weight of a child



Participants sorting their queries after the sessions



Participants practicing plotting of weight on a growth chart



Participants counselling a mother on age appropriate complementary feeding



Participants practicing back massages for stimulating oxytocin reflex