

# Capacity Building Training for Middle Level Trainers on Infant and Young Child Feeding (IYCF) Counseling (The 4 in 1)

## A REPORT

12-18 October, 2015 (Dehradun, Uttarakhand)

**Submitted by**



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

BP-33, Pitampura, Delhi-110034  
Tel: +91-11-42683059, 27343608  
Email: [bpni@bpni.org](mailto:bpni@bpni.org)  
Website: [www.bpni.org](http://www.bpni.org)

**Submitted to**



**Integrated Child Development Services  
Department of Women Empowerment &  
Child Development, Government of  
Uttarakhand  
Dehradun, Uttarakhand**

## **BACKGROUND**

In view of a very high prevalence of under nutrition and underweight in the state of Uttarakhand, coupled with a high rate of neonatal mortality, Infant mortality and under-5 child mortality rate and very low rates of optimal breastfeeding practice in the state of Uttarakhand, Breastfeeding Promotion Network of India (BPNI) approached the ICDS department, Government of Uttarakhand in order to organize a training programme for ICDS functionaries in the state to strengthen their capacity to counsel the mother on Infant and Young Child Feeding.

A meeting was held on 3<sup>rd</sup> of August, 2015 at the Secretariat, Dehradun. The meeting was chaired by Smt. Radha Raturi (Principal Secretary, WECD). Smt. Jyoti Neeraj Khairwal (Director, ICDS) Dr. Bhupinder Kaur (Secretary, WECD), Dr. J. P. Dadhich (National Coordinator, BPNI), Ms. Perna Bhardwaj (Programme Officer, Training, BPNI) and Ms. Vibharika Chandola (Programme Officer, Training, BPNI) participated in the meeting.

Dr. Radha Raturi acknowledged BPNI by complementing on the committed group of people working with BPNI. She also recalled the substantial work done by BPNI in the 13 districts of Uttarakhand in 2006-07. There was a discussion on implementing the training either in Haridwar or Dehradun, for which everyone decided on initiating the trainings at Dehradun. During the meeting discussion was done on the action plan for training in the districts.

Post this decision, Breastfeeding Promotion Network of India was requested to share the Training Modules used under the training course period. Within the next few days, the training module was sent to *Dr. Jyoti (Director, ICDS)*. She was satisfied with the contents of the training and approved to initiate training on IYCF Counselling in Dehradun district, Uttarakhand.

A Memorandum of Understanding (MOU) for the training of Middle Level Trainers to be held from 12<sup>th</sup> to 18<sup>th</sup> October, 2015 was signed between both the parties that were ICDS, Dehradun, Uttarakhand (First Party), and Breastfeeding Promotion Network of India (BPNI), Delhi (Second Party) (Annexure 1).

As per the MOU, Breastfeeding Promotion Network of India had to arrange the training material and the National Trainers for the training. The training material was sent to the ICDS office much prior to the training and the allocated trainers from the BPNI were:

- 1) Dr. Sangeeta Rani, Medical Superintendent, Guru Govind Singh Hospital, New Delhi.
- 2) Ms. Fariha Siddiqui, Senior Programme Officer, BPNI, New Delhi
- 3) Ms. Perna Bhardwaj, Programme Officer, BPNI, New Delhi
- 4) Ms. Vibharika Chandola, Programme Officer, BPNI, New Delhi

## **ABOUT THE TRAINING**

This is a report of a training workshop on Infant and Young Child Feeding (IYCF) Counselling: Middle Level Trainers Training (MLT) Course conducted in Dehradun by Breastfeeding Promotion Network of India (BPNI) in collaboration with Integrated Child Development Scheme (ICDS), Dehradun, Uttarakhand. The training programme included training of ICDS functionaries like Supervisors and CDPO's as well as NHM functionaries like Medical Officers of respective hospitals. A total of 22 participants were trained in this seven days training course. (Annexure 2)

Breastfeeding, Complementary feeding, HIV & Infant Feeding and Growth Monitoring are the 4 components of this "4 in 1" Middle Level Trainers Training Course which builds the capacity of the participants in order to further train the participants who can directly help the mother and baby dyad at

the ground level. This course has been in use for 12 years in India and many other Asian Countries. The training has proved to be effective in other countries like Afghanistan and Nepal who have started organizing and conducting such trainings at Frontline Workers Level using their own certified Middle Level Trainers.

This seven days course in Dehradun was inaugurated on 12<sup>th</sup> of October, where the complete course and the training material was introduced to the participants. One of the National Trainers (Ms. Vibharika Chandola, Programme Officer, BPNI) introduced this course and the material. After this the participants were requested to fill up their respective registration forms and fill a Pre Test Questionnaire before starting of the course. This course comprises of 27 sessions, few of which are presentation based, demonstrations, practical sessions and sessions on Counselling skills. Along with this there are few clinical practice sessions, which are organized and conducted in the local hospitals. All this is covered in a period of 7 days.

A proper schedule was followed for the training (Annexure 3). This 7 days course is divided into two phases. During the first phase (for the first three days) the National Trainers who have been identified by BPNI conduct the training whereas in the second phase (last four days); the participants are required to conduct the sessions under the supervision of the same National Trainers. Each participant has to attend the course for the complete 7 days period in order to be certified as a Middle Level Trainer from BPNI.

The complete training was conducted in a conference hall in the Child Development Office (CDO), Vikas Bhawan, Dehradun. The total number of participants (22) were divided in four groups, each group being supervised by one National Trainer. Any group activity was conducted among the same groups.

### **Classrooms**

All the presentation sessions along with demonstrations and practical sessions were conducted in the same venue using the Audio-Visual aids, flipcharts and the training material from Breastfeeding Promotion Network of India.

### **Hospital Practice Sessions**

Few sessions of this training programme needs to be conducted in the hospital premises so that the real mothers and babies are available to understand and practice the real situations. The hospital identified for conducting Hospital Practice Sessions was the “Doon Hospital”, New Road, Race Course. The hospital administration was already informed about the activities and a prior permission was taken to conduct the sessions in the hospital premises.

As per the requirement there were many mother and baby dyads in the maternity ward and quite a number of hospitalised children in the paediatric ward for practical sessions on breastfeeding as well as complementary feeding techniques respectively. In the hospital all the participants were divided among the same groups and they could learn how to practically deal with the mothers and children, how they can use their skills and help the mothers by counselling them in different situations. The participants could also help the mothers to understand correct attachment and good positioning so they can breastfeed well.

In the maternity ward the participants could learn assessment and observation of breastfeeding, how to take breastfeeding history from the mothers and correct attachment and good positioning of baby. The participants could counsel the mothers on breastfeeding and its importance.

In the paediatric ward the participants were to counsel the mothers of the children aged between 6 months to 2 years. Among this the participants counselled the mothers on breastfeeding, complementary feeding

as well as growth monitoring. The participants used 24 hour dietary recall, counselling skills, growth charts by plotting growth measurements in order to counsel the mothers. There were proper vehicle arrangements made by the ICDS department of Dehradun, Uttarakhand for travelling from the training venue to the hospital and back to the training venue.

Both the phases as mentioned above were conducted in the same manner. A pre decided Training schedule of BPNI was followed for the first three days where the National Trainers conducted all the sessions (presentation sessions, hospital practice sessions, practical sessions). And the same was followed during the second phase where the sessions were divided among the participants who trained the others under the supervision of the National Trainers. The schedule of the second phase was divided among the participants in such a way that each participant was designated with at least one session.

After the end of both the phases of the training, a post test was conducted in order to analyse how effective the training has been for the participants. The results of the training proved to be effective with the requirement of time to time refreshers training for the participants to make the results much more effective in the longer run.

#### **TOOLS USED DURING THE TRAINING**

- 1) Breastfeeding Observation Form
- 2) Breastfeeding History Form
- 3) Dietary Recall Form
- 4) Growth Charts
- 5) Counselling Checklists
- 6) Spoon Consistency Pictorial

#### **ANALYSIS OF PRE-POST TEST**

As the course content has been divided into four components: Breastfeeding, Complementary Feeding, HIV & Infant feeding and Growth Monitoring. The pre and post test (questionnaire) comprised of questions from all the four components (Annexure 4) so as to analyse the knowledge of the participants in all aspects. The data from these tests revealed that there was a significant difference in the knowledge of the participants after the course period. Paired sample t-test test was applied on the data for assessing the impact of the training intervention on the knowledge of IYCF. Paired sample t-test is a statistical technique that is used to compare two population means in the case of two samples that are correlated. Paired sample t-test is used in 'before-after' studies, or when the samples are the matched pairs, or when it is a case-control study. The paired t-test calculates the difference within each before-and-after pair of measurements, determines the mean of these changes, and reports whether this mean of the differences is statistically significant. In simple terms a statically significant result implies that the change is brought about by the intervention and can be taken as a success of the intervention. In the present analysis, P less than and equal to 0.005 is taken to be statistically significant.

Table no. 1 shows there was improvement in the post intervention score on 15 out of 23 questions asked on Infant and Young Child Feeding Practices compared with their pre intervention scores and this difference was **statistically significant** as assessed after using the t- Test.

**Table 1 Topics where marked improvement was seen in the Pre- Post Test**

Q. No.	Questions Pertaining to IYCF	Pre	Post	Sig. (2-tailed)
3	Benefits of Breastfeeding Mother	5 (23.8%)	19 (90.5%)	<b>.000</b>
7	Functions of Oxytocin Reflex	2 (9.5%)	17 (81.0%)	<b>.000</b>
8	Factors which hinder Oxytocin reflex	11 (52.4%)	20 (95.2%)	<b>.004</b>
9	Key for enhancing breast milk production	5 (23.8%)	19 (90.5%)	<b>.000</b>
10	Sign of good attachment	1 (4.8%)	19 (90.5%)	<b>.000</b>
11	Causes of sore nipples	4 (19.0%)	18 (85.7%)	<b>.000</b>
12	Reliable sign of enough milk being received by baby	0 (0.0%)	14 (66.7%)	<b>.000</b>
15	How many meals does the 1 year child per day with breastfeeding	2 (9.5%)	14 (66.7%)	<b>.000</b>
16	Percentage of transmission in HIV	0 (0.0%)	13 (61.9%)	<b>.000</b>
17	How can transmission of HIV to children be reduced during feeding	1 (4.8%)	14 (66.7%)	<b>.000</b>
18	Number of curves in the growth chart used in NRHM/ ICDS	9 (42.9%)	18 (85.7%)	<b>.001</b>
20	A Child who is shorter than expected age	8 (38.1%)	15 (71.4%)	<b>.005</b>
21	What can help a lactating mother having an engorged breast	13 (61.9%)	20 (95.2%)	<b>.005</b>
22	Methods of feeding Low Birth Weight babies	0 (0.0%)	13 (61.9%)	<b>.000</b>
23	Counselling Skill (based on story format)	1 (4.8%)	12 (57.1%)	<b>.000</b>

The broad topics where a significant improvement could be seen were; physiology of milk production, enough milk, breast condition, attachment of baby at breast and counselling skills. The considerable escalation in the post test score bears testimony to the fact that high quality training which offers both theoretical and practical knowledge to the workers on this issue is absolutely the need of the hour and is effective. The core areas which are important to understand the mechanism of breastfeeding so that appropriate counselling can be offered to the mothers saw significant improvement. Like, signs of good attachment ( $p= .000$ ). One of the prime reasons for difficulty in breastfeeding is poor attachment and positioning of the baby. An improvement in this area means that the participants would be able to counsel mothers better after the training and impart the same knowledge while conducting trainings for the frontline workers. Likewise a higher score reflecting higher significant result can be seen in Reliable sign of enough milk being received by baby. In the pre test none of the participants knew about the reliable signs that reflect if the baby is getting enough milk or not. This increased to 66.7% ( $p= .000$ ) in the post test. Knowing the reliable signs helps the participants to judge whether the child is getting enough milk or not and thus empowers them to educate and counsel the mothers accordingly.

**Table 2**

S. No.	Questions Pertaining to IYCF	Pre	Post	Sig. (2-tailed)
1	Knowledge about Optimal Infant and Young Child Feeding Practices	18 (85.7%)	21 (100%)	.083
4	Dangers of Pre Lacteal Feeds	15 (71.4%)	21 (100%)	.010
5	Duration of Breastfeeding	19 (90.5%)	21 (100%)	.162
6	Factors which enhance Prolactin Reflex	11 (52.4%)	15 (71.4%)	.214
14	Appropriate age of starting complementary foods	18 (85.7%)	19 (90.5%)	.329

The training intervention though largely successful had its grey area as well. As seen in Table no. 2 there were areas where there was not much significant change in the knowledge. There was no significant change ( $p=.083$ ) in the knowledge about optimal infant and young child feeding practices when asked. There were questions where a higher p value was calculated reflecting very less change in the knowledge level like when asked about the appropriate age of starting of complementary feeding ( $p=.329$ ). Such a result can be attributed to the fact that the participants were experienced workers of the ICDS programme and have had much training before. These trainings cover the basics of complementary feeding, growth monitoring and Breastfeeding. Thus the pre test scores were already higher and very less scope of improvement was there. However 100% score was achieved in three of the areas post the training intervention.

There were some questions where a marked significance could not be seen for e.g. In Table 3 Composition of breast milk (pre score= 19%, post score= 42.9%,  $p= .096$ ). The pre test scores were quite low in these questions and there was not much increase in the post test results too and that remained quite low too. The reason for such a result may be; confusion in the questions or a lag in the training somewhere reflecting that the trainers needed to put more focus there. Either ways we can take it as a scope for improvement of the training for future.

**Table 3**

S. No.	Questions Pertaining to IYCF	Pre	Post	Sig. (2-tailed)
2	Composition of Breast Milk	4 (19.0%)	9 (42.9%)	.096
13	Questions Regarding IMS (Infant Milk Substitute) Act	5 (23.8%)	15 (71.4%)	0.109
19	Which indices are used for Growth Monitoring	8 (38.1%)	13 (61.9%)	.135

Overall we can say that the results point to the need for regular periodic interventions in the form of health education to constantly improve health worker's knowledge in this field. The quality of training is also very important. It should be comprehensive and should encompass every relevant aspect of Infant and Young Child Feeding. This training is effective and people did better on the test after it.

### **PARTICIPANTS FEEDBACK**

At the end of the training, participants were requested to share their feedback about the training. An evaluation form was filled by them. The data shows that majority of the participants were satisfied with the training and its contents. The objective of the training and the way of training was good. Around 95% of the participants were satisfied with the training, stating that the training could meet the objectives as stated in the beginning. Around 85.7% of the participants were positive about the training being helpful to them and were satisfied with the knowledge of their trainers.

The participants were a little upset with the training venue and especially with the food (lunch) that was provided during the training. There is a scope of improvement in these matters as they affect the overall quality of the training.

### **PARTICIPANTS COMMITMENTS**

Post training, the participants committed to be good resource persons by helping the other supervisors who were not a part of the training. Also they promised to act as Middle Level Trainers for the state, by training the Frontline Workers (AWW's) as desired. Some of the participants were also actively ready to act as Counsellors and help the mothers in practical situations if required or refer them to the Counsellor for better advices.

The participants were amazed to understand about the IMS Act. They committed to follow the rules of the Act and also aware others. They committed to be resources who will always promote Breastfeeding and other IYCF Practices in the community.

On asking about the challenges they will face to fulfil the commitments formed by them. They mentioned about the lack of budget being the biggest challenge. Other than this a proper accommodation and other arrangements (like a training venue and all training materials/ tools) is something more that needs proper consideration before planning any future trainings. Also, they suggested that committed Frontline Workers should be asked to participate because there is a lot in this training to learn about, which only that individual can learn and practice who actually wants to do so.

### **FUTURE ACTION**

The child health and nutritional status of children in Uttarakhand is worrisome. There is a very high prevalence of under nutrition and underweight in the state coupled with a high rate of neonatal mortality, Infant mortality and under-5 child mortality rate. In the backdrop of high child mortality, high levels of under-nutrition in children and very low rates of optimal breastfeeding practice; it becomes critical to plan for improvement of feeding behaviors in order to enhance child nutrition, survival, development and growth.

Therefore, many such IYCF Trainings are needed in the state of Uttarakhand. The government is required to organize such trainings to strengthen the team of health professionals working for the cause in order to achieve the desired goals. The government should also focus upon training of the doctors (paediatricians and gynaecologists) as they are the first point of contact for the mother and the baby.



**GLIMPSES FROM THE TRAINING (PHASE 1)**



**Dr. Sangeeta Rani emphasizing on the Current Status of IYCF in Uttarakhand**



**Ongoing Session on Complementary Feeding**



**On Going Session on Positioning the Baby at the Breast**



**Practical Session on Preparation of Complementary Foods**



**Practical Session on Preparation of Complementary Foods**



**On Going session on Feeding Techniques and Strategies**



**GLIMPSES FROM THE TRAINING (PHASE 2)**



**On Going Session on IYCF**



**On Going Session on Listening and Learning Skills**



**On Going Session on Breast Conditions**



**On Going Session on Expression of Breastmilk**




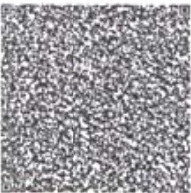
**On Going Session on Growth Monitoring**



**Valedictory Session with Mr. S. K. Singh (DPO)**

## Memorandum of Understanding

INDIA NON JUDICIAL	
Government of National Capital Territory of Delhi	
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Certificate No.	IN-DL57628521132601N
Certificate Issued Date	: 15-Sep-2015 12:34 PM
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Description of Document	: Article 5 General Agreement
Property Description	: Not Applicable
Consideration Price (Rs.)	: 0 (Zero)
First Party	: BREASTFEEDING PROMOTION NETWORK OF INDIA
Second Party	: I C D S DEHRADUN
Stamp Duty Paid By	: BREASTFEEDING PROMOTION NETWORK OF INDIA
Stamp Duty Amount(Rs.)	: 100 (One Hundred only)



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**MEMORANDUM OF UNDERSTANDING**

**Capacity building of Integrated Child Development Scheme (ICDS) functionaries of Dehradun on Infant and Young Child Feeding counselling**

**Terms of Contract for Training of Middle Level Trainers for district Dehradun, Uttarakhand**

This Memorandum of Understanding (MOU) is entered on this 16<sup>th</sup> day, of September 2015 between ICDS, Dehradun (First Party, Hereinafter called the ICDS), and Breastfeeding Promotion Network of India





**Statutory Alert:**

1. The authenticity of this Stamp Certificate should be verified at "www.shilestamp.com". Any discrepancy in the details on this Certificate and as available on the website renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

(BPNI), Delhi having their office at BP-33, Pitampura, Delhi-110034 represented by Dr. J. P. Dadhich, National Coordinator, BPNI (hereinafter to be called the Second Party/BPNI)

Whereas the ICDS has engaged the BPNI for conducting one training workshop for the training of Middle level Trainers and supporting for the capacity building of Front Line Workers (Anganwadi Workers) for the district Dehradun on Contract basis and that BPNI has agreed on the terms and conditions hereinafter contained

These present witnesses and the BPNI hereto respectively agree as follows:

**1) SPECIFIC RESPONSIBILITIES:**

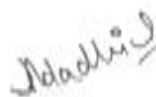
**BPNI: BPNI will undertake following activities:**

1. BPNI will be responsible for the conduct of Middle level trainers training at Dehradun as mutually identified by BPNI and ICDS for the Supervisors, CDPO's, Anganwadi Training Centers (AWTCs) faculty and other appropriate functionaries working with ICDS, Dehradun.
2. Training of MLTs in the district Dehradun will include one training workshop of 7 days to train 24 Middle Level Trainers in one workshop.
3. The skill trainings of trainers will be done using the training package titled "The '4 in 1' Infant and Young Child feeding Counselling: A training programme, (Integrated breastfeeding, complementary feeding, infant feeding & HIV counselling and Growth Monitoring)".
4. Deputing National Trainers for conducting training of nominated Middle level trainers.
5. Ensuring quality control in the training.
6. Report writing and submission to Director, ICDS, Uttarakhand
7. Delivering Teaching Aid / Supply of Training Kit / Training Tools / Certificate / Banners at the address of nominated ICDS functionary for use during the training workshop.

**ICDS, Dehradun will undertake following activities:**

- Nomination of the nodal officer for local coordination.
- Nomination of 24 participants from ICDS Dehradun for training.
- Arrangement of 2 supporting staff at training venue for seven days.
- Arrangement of training venue and logistics arrangements at training venue (audio visual, sitting arrangement, flipcharts, pens, etc..).
- Arrangement of lunch, tea and water during the training (at the training venue).
- Arrangement of mothers with newborns for clinical practices (atleast 30 mother-child dyad per day).
- Facilitating hotel accommodation for 4 National Trainers from BPNI.
- Reimbursement of TA/DA to participants of MLT trainers as per government norms.
- Arrangement of local transport for national trainers.
- Arrangement of local transport for hospital visit from training venue to the hospital and back.
- Availability of the senior officials for inaugural and valedictory function.





- 2) Training Venue and Date: It will be identified with mutual discussions. Tentative dates for the training could be from 5<sup>th</sup> October to 11<sup>th</sup> October, 2015.
- 3) Mode of Payments: ICDS Dehradun will make full payment to BPNI on submission of account of expenditure incurred on the MLT training as per budget mentioned in the **Annexure 1** and FLW Training mentioned in **Annexure 2**
- 4) Details of the training scheme for Middle Level Trainers are given in **Annexure 3**.

**Capacity Building of Anganwadi workers (AWW) in Dehradun, Uttarakhand**

- Total AWWs to be trained=1907 in the whole district. Trainings may be rolled out block wise.
- Total training workshops (4 days each and 30 participants in one workshop) required = 64 batches.

Number of MLTs available in the district	Total Duration to complete the trainings of AWWs in the district	
24 (Total 8 teams of MLT trainers with 3 trainers in each team)	Each team of MLTs conducting 1 training in one month	8 months required to complete 64 FLW batches
	Each team of MLTs conducting 2 trainings in one month	4 months required to complete 64 FLW batches
	Each team of MLTs conducting 3 trainings in one month	2.75 months required to complete 64 FLW batches
	Each team of MLTs conducting 4 trainings in one month	2 months required to complete 64 FLW batches

*Madhvi*  
 National Coordinator  
 Breastfeeding Promotion Network of India (BPNI)  
 Date: 16/09/2015

*[Signature]*  
 Director  
 ICDS, Dehradun  
 23/9/2015

BREASTFEEDING PROMOTION  
 NETWORK OF INDIA  
 BP-33, Pitam Pura, Delhi-110 054



Annexure 2: Budget for Preparation of Frontline workers

S. No.	Component	No	Days	Rate	To be remitted to BPNI	Remarks
1	TA for MLTs- as per govt rule	3				As per Government of Uttarakhand norms
2	TA for Frontline Workers- as per govt rule	30				As per Government of Uttarakhand norms
3	DA for MLTs- as per govt rule	3	4			As per Government of Uttarakhand norms
4	DA for Frontline Workers- as per govt rule	30	4			As per Government of Uttarakhand norms
5	Honorarium for MLTs - as per govt rule	3	4			As per Government of Uttarakhand norms
6	Accommodation for MLT & FW(on actual basis)-twin sharing basis	33	4			To be provided by WCD, Uttarakhand
7	Food for trainees for MLT (Breakfast and Dinner)	33	4			To be provided by WCD, Uttarakhand
8	Lunch + Tea during training (3 MLTs + 30 participants)- average	33	4			To be provided by WCD, Uttarakhand
9	Bags for Participants (Bag, Pen, Pad, Pencil, Sharpener, Eraser, Name Tag)	33				To be provided by WCD, Uttarakhand
10	Local travelling expenses to health centres					As per Government of Uttarakhand norms
11	Misc. (Photocopy, Banner, Certificate)					To be provided by WCD, Uttarakhand
12	Training Materials to the participants (To be supplied by BPNI)* • A Manual for	30		215	6,450	To be reimbursed to BPNI (If desired, WCD, Uttarakhand may print the training material, soft copies for which can be provided from

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	<i>frontline workers-60/-</i> <ul style="list-style-type: none"> <li>▪ <i>Counseling Guide for Frontline Workers (Flip Chart)-120/-</i></li> <li>▪ <i>Breastfeeding and Complementary Feeding- A Guide for Parents-35/-</i></li> </ul>					BPNI. In such a situation, no reimbursement is required to be made to BPNI)
	<b>Total for 1 FLW Training</b>				<b>6,450/-</b>	

Total Anganwadi workers to be trained in Dehradun = 1907, Total training workshops (4 days each and 30 participants in one workshop) requires = 64 batches.

Therefore the budget for the training material all 64 batches will be 4,12,800/- .

*Shalini*

*Don*

**Annexure 3: Details of the Middle Level Trainers Training**

Title	"Middle Level Trainers" Training for 4 in 1 Infant and Young Feeding Counselling.
Aim	To prepare trainers of frontline workers like AWWs and ASHAs to transfer knowledge and skills on IYCF
Interest and commitment	Committed to provide training to frontline workers in child care and health sector like AWWs and ASHAs.
Who can do it	ICDS Supervisors, CDPOs, Principals of DTC/HFWTCs/AWTCs, Medical Officers and Senior Nurses.
Number of participants per training	A total number of 24 participants can be trained in one batch.
Duration of training	7 days (one week)
Competence after receiving training	<b>Able to:</b> <ul style="list-style-type: none"> <li>• Conduct 4 days training course for frontline workers</li> <li>• Provide skilled support to in-service worker</li> <li>• Supervise monitoring and evaluation component of IYCF</li> </ul>
Number of trainers needed	National trainer (BPNI) to trainee (Health workers) ratio will be 1:6 i.e., for a batch of 24 trainees, 4 national trainers from BPNI will be required
Place of trainings	As per the arrangements made by ICDS, Dehradun preferably in or near a hospital.
Course materials	<ol style="list-style-type: none"> <li>1. Trainer's guide for training frontline workers</li> <li>2. Training aids for training frontline workers</li> <li>3. Book titled: "The law to protect, promote and support breastfeeding-IMS Act"</li> <li>4. A manual for frontline workers</li> <li>5. Counselling guide for frontline workers</li> <li>6. Breastfeeding and complementary feeding: "A Guide for Parents"</li> </ol>

*Abdullah*

*for*



**Annexure 1: Budget for preparation of Middle Level Trainers for one Training Workshop**

S. No.	Component	No.	Days	Rate	Amount to be remitted to BPNI	Remarks
A	<b>Trainers</b>					
1	Honorarium (Trainer)	4	7	2,000	56,000 ✓	To be reimbursed to BPNI
2	TA (Actual Basis)	4		3,000	12,000 ✓	To be reimbursed to BPNI
3	Accommodation for Trainers (with breakfast and dinner)	4	8			To be provided by WCD, Uttarakhand
B	<b>Training Material</b>					
1	Training Materials & Training Tools (included Breast Model)	24		1565 per set	37,560 ✓	To be reimbursed to BPNI
2	Training Kits (bags, pen, pad, pencil etc)	24		300	7200 ✓	To be reimbursed to BPNI
3	Training tool (e.g. doll, breast model, spoon, breast pump, utensils etc)	24		1000 per set	24,000 ✓	To be reimbursed to BPNI
4	Courier Charges as per actual				9,000 ✓	To be reimbursed to BPNI
C	<b>Expenses during Training of Middle Level Trainers</b>					
	Lunch + Tea + water during training (4 NT + 24 participants + 2 staff)-average	30	7			As per Government of Uttarakhand norms
	Hiring of Training Venue		7			To be provided by WCD, Uttarakhand
	Hiring of Audiovisual (AV equipment, mike)		7			To be provided by WCD, Uttarakhand
	Local Transport charges for hospital visit		4			As per Government of Uttarakhand norms
	Support Staff at training venue	2	7			To be provided by WCD, Uttarakhand
D	Misc. expenses like (Local Complementary foods, Infant Food Supplement, Photocopies etc.) & Postage of Training Material			10,000	10,000	To be reimbursed to BPNI
E	Certificates, banners etc.				2,500	To be reimbursed to BPNI
F	Coordination by BPNI				10,000	To be reimbursed to BPNI
	<b>Total for 1 MLT Training payable to BPNI</b>				<b>1,68,260</b>	

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**ANNEXURE 2****LIST OF PARTICIPANTS**

<b>S. No.</b>	<b>Name of the Participant</b>	<b>Profession/ Designation</b>	<b>Place of Posting</b>	<b>Contact Number</b>
1	Dr. Sarita Gharia	Medical Officer	PHC, Balawala	9557184482
2	Sarita Sawai	Supervisor	Haridwar	8909168600
3	Dr. Vinita Sayana	Medical Officer	Govt. Combined Hospital, Prem Nagar	9456745631
4	Dr. Sandhya Verma	Medical Officer	HPC, Ballapur	9412940549
5	Soni Jawal Rawat	Supervisor	Vikas Nagar	8126032378
6	Anita Kamboj	Supervisor	Sahaspur	9536341946
7	Vidhu Gulati	Supervisor	Vikas Nagar	9897415245
8	Meena Baloni	Supervisor	Vikas Nagar	7579091202
9	Firdosh	Supervisor	Vikas Nagar	8979113597
10	Phool Devi	Supervisor	Sahaspur	9410354347
11	Lalita Bampal	Supervisor	Bahadrabad, Haridwar	8171205750
12	Anita Patwal	Supervisor	Sahaspur	9412110969
13	Eshita Kathait	Supervisor	Sahaspur	8477811079
14	Renu Lamba	Supervisor	Haridwar	9997468973
15	Yashodhra Sharma	Supervisor	Bhagwanpur	9368439943
16	Archana Bhardwaj	Supervisor	Haridwar	8449470041
17	Dr. Shabana	Medical Officer	Mussorie	7088042415
18	Anju Dabral Gaur	Supervisor	Haridwar	9412979863
19	Luxmi Yadav	Supervisor	Roorkee, Haridwar	9359154245
20	Beena Purohit	C.D.P.O	Haridwar	9456173707
21	Pushpa Singh	Supervisor	Doiwala	7253011130
22	Usha Shriyal	Supervisor	Doiwala	9411397555

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

*(An Integrated Course on Breastfeeding, Complementary Feeding, Growth Monitoring & Infant Feeding & HIV - Counselling)*

**TOT of Middle Level Trainers [Phase I]**

<b>DAY 1</b>			
<b>Time</b>	<b>Sessions</b>	<b>Minutes</b>	<b>Trainers</b>
9-10am	Registration. Introduction- participants, course material. Expectations	60	All Trainers
10-10.30am	Tea	30	
10.30-11.30am	Session 1: <i>Why Optimal Infant and Young Child Feeding</i>	60	Ms. Prerna
11.30-12.30 pm	Session 2: <i>Production and Intake of Breastmilk</i>	60	Dr. Sangeeta
12.30-1.30 pm	Session 3: <i>Assessing and Observing a Breastfeed</i>	60	Ms. Fariha
1.30-2.30 pm	Lunch	60	
2.30-3.30 pm	Session 4: <i>Listening and Learning</i>	60	Dr. Sangeeta
3.30-4.00pm	Tea	30	
4.00-5.00 pm	Session 5: <i>Building Confidence, Giving Support and Checking Understanding</i>	60	Ms. Vibharika
5.00-5.30pm	Session 6: Hospital Practices and Baby Friendly Initiative	30	Ms. Vibharika
5:30-6:00 pm	Trainers' meeting	60	
<b>DAY 2</b>			
9.00-10.00am	Session 7: <i>Positioning Baby at the breast</i>	60	All Trainers
10.00-10.30am	Tea	30	
10.30-12.30 pm	Session 19: Clinical Practice-1[ <i>Listening and learning, confidence building, giving support, taking feeding history. Assessing a breastfeed and Positioning a baby at the breast</i> ]	120	Ms. Fariha
12.30-1:00 pm	Session 8: <i>Breast conditions</i>	30	Dr. Sangeeta
1:00-1:30 pm	Session 10: <i>Expressing Breastmilk</i>	30	Ms. Vibharika
1:30-2:30 pm	Lunch	60	
2:30-3:00 pm	Session 22: Growth monitoring and measuring	30	Ms. Prerna
3:30-4:00 pm	Tea	30	
4.00-5.00 pm	Session 23- 24 : <i>Growth monitoring by charts and taking action</i>	60	Ms. Prerna
5.00-5.30 pm	Session 12: Breastfeeding Low Birth Weight Babies & Twins	30	Ms. Fariha
5:30-6:00 pm	Trainers' meeting		
<b>DAY 3</b>			
9.00-10.10am	Session 13: <i>Complementary Feeding - Foods to Fill the Nutrient Gap</i>	70	Ms. Prerna
10.10-10.30am	Tea	20	
10.30-11.30 am	Session 14: <i>Feeding Techniques and Strategies</i>	60	Ms. Fariha
11.30-1.30 pm	Session 20 : Clinical Practice-2 [ <i>Communication skills, taking measurements, plotting on the charts, Counselling for Complementary Feeding</i> ]	120	Ms. Vibharika
1.30-2.30 pm	Lunch	60	
2.30-3.30 pm	Session 11: Not enough milk	60	Dr. Sangeeta
3.30-4:00 pm	Practical-2 Preparation of complementary feed	30	Ms. Prerna

4:00-4:10 pm	Tea	10	
4:10-4:30pm	Session-21 IMS Act	20	Ms. Vibharika
4:30--5:00 pm	Session 18: <i>Breastfeeding in special circumstances especially HIV &amp; IF</i>	60	Dr. Vibharika
5:00-5:30 pm	Session 9: Refusal to Breastfeed and Crying	30	Dr. Sangeeta
5:30-6:00 pm	Trainers' meeting	30	

#### Day 4

9.00-9.30am	Session 15: Institutionalizing Skilled Infant & Young Child Feeding Counselling	30	Dr. Sangeeta
9.30-10.00 am	Session 16: Nutrition of Lactating Mothers and their Health and Fertility	30	Ms. Prerna
10-10.30am	Session17: Breastfeeding by working mothers	30	Ms. Fariha
10.00- 11 am	Preparation of Replacement Feed	30	Ms. Fariha
11.00–12.00 am	Session 1: <i>Why Optimal Infant and Young Child Feeding</i>	60	
12.00- 1 pm	Session 2: <i>Production and Intake of Breastmilk</i>	60	
1.00 – 2.00 pm	Session 3: <i>Assessing and Observing a Breastfeed</i>	60	
2.00 -3.00 pm	Lunch	60	
3.00- 4.00 pm	Session 4: <i>Listening and Learning</i>	60	
4.00 - 4.30 pm	Tea	30	
4.30- 5.30 pm	Session 5: <i>Building Confidence, Giving Support and Checking Understanding</i>	60	
5:30-6:00 pm	Trainers' meeting	30	

#### DAY 5

9.00-10.00am	Session 7: <i>Positioning Baby at the breast</i>	60	
10.00-10.30am	Tea	30	
10.30-12.30 pm	Clinical Practice-3[ <i>Listening and learning, confidence building, giving support, taking feeding history. Assessing a breastfeed and Positioning a baby at the breast</i> ]		
12.30-1:00 pm	Session 8: <i>Breast conditions</i>	45	
1:00-1:30 pm	Session 10: <i>Expressing Breastmilk</i>	30	
1:30-2:30 pm	Lunch		
2:30-3:00 pm	Session 18: <i>Breastfeeding in special circumstances especially HIV &amp; IF</i>	30	
3:30-4:00 pm	Tea	30	
4.00-5.00 pm	Session 9: Refusal to breastfeed and crying	45	
5.00-5.30 pm	Session 6: Antenatal Preparation and Establishing Community Breastfeeding Support	30	
5:30-6:00 pm	Trainers' meeting		

#### DAY 6

9.00-10.10am	Session 13: <i>Complementary Feeding - Foods to Fill the Nutrient Gap</i>	70	
10.10-10.30am	Tea	20	
10.30-12.30 am	Session – 20 Clinical Practice-4 [ <i>Communication skills, taking measurements, plotting on the charts, Counselling for Complementary Feeding</i> ]	120	
12.30-1.30 pm	Session 14: <i>Feeding Techniques and Strategies</i>	60	
1.30-2.30 pm	Lunch	60	
2.30-3.30 pm	Session 22: Growth Monitoring and Measuring	60	
3.30-4:00 pm	Session21: IMS Act	30	
4:00-4.30 pm	Tea	30	
4:30--5:00 pm	Session23 -24 : Growth Monitoring by Growth charts	60	

	and Taking action		
5:00-5:30 pm	Session 16: Nutrition of Lactating Mothers and their Health & Fertility	30	
5:30-6:00 pm	Trainers' meeting	30	

**DAY 7**

9.00-10.00am	Session 11: Not enough milk	60	
10.00-10.30am	Tea	30	
10.30-12.30 pm	Clinical Practice-5 [ <i>Communication skills, taking measurements, plotting on the charts, Counselling for Complementary Feeding along with breastfeeding assessment and observation.</i> ]	120	
12.30-1:00 pm	Session12: Breastfeeding low birth weight babies	45	
1:00-1:30 pm	Practical -2 Preparation of complementary feed	60	
1:30-2:30 pm	Lunch		
2:30-3:00 pm	Session 17: Breastfeeding by working woman	30	
3:30-4:00 pm	Tea	30	
4.00-5.00 pm	Session 15: Institutionalizing skilled IYCF counselling	30	
5.00-5.30 pm	Valedictory Function		

**PRE TEST / POST TEST FOR MIDDLE LEVEL TRAINER**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Optimal IYCF practices do not include which of the following?
  - a) Initiation of Breastfeeding within an hour after birth.
  - b) Exclusive Breastfeeding for the first six months of life.
  - c) Complementary feeding with nutritionally adequate and safe food after completion of 6 months.
  - d) Continued breastfeeding for up to 2 years of age and beyond.
  - e) Starting water at 4 months of age.
  
2. Which of these is not true for the composition of breastmilk?
  - a) It contains many anti-infective substances
  - b) It is rich in lactose
  - c) Major protein fraction is whey proteins
  - d) Foremilk is rich in fats
  
3. Enumerate 4 benefits of breastfeeding for the mother?
  - 1.
  - 2.
  - 3.
  - 4.
  
4. Dangers of pre-lacteal feeds are
  - a) Infection
  - b) Development of allergies
  - c) Lack of desire to suck
  - d) All of the above
  - e) None of the above
  
5. The duration of the breastfeeding should be
  - a) 5 minutes
  - b) 10 minutes
  - c) 20 minutes
  - d) As long as the baby wants
  
6. Which of these factors negatively affects prolactin reflex?
  - a) Suckling by the baby
  - b) Bottle feeding
  - c) Night feeds
  - d) Expression of milk.

7. Oxytocin Reflex is responsible for
- Milk secretion in the breasts
  - Milk flow from the breasts
  - Composition of the breast milk
  - None of the above
8. Which of these factors helps in Oxytocin reflex?
- Worry
  - Stress
  - Pain
  - Confident mother
9. The key for more breast milk production is.....
10. Enumerate 4 signs of good attachment?
- - 
  - 
  -
11. Which one of these is a common cause for sore nipple?
- Unclean breasts
  - Poor suckling position of the baby
  - Prolonged feeding
  - None of the above
12. Give two reliable signs which show that the baby is getting enough breast milk till the age of Six months?
- -
13. Questions regarding IMS (Infant Milk Substitute) Act? **(Please tick the correct answer)**
- (a) The IMS Act bans the use of infant formula and feeding bottles.
- |     |    |
|-----|----|
| Yes | No |
|-----|----|
- (b) IMS Act bans the advertisement of infant foods.
- |     |    |
|-----|----|
| Yes | No |
|-----|----|
- (c) IMS Act bans supply of free samples of infant milk substitutes or infant food.
- |      |       |
|------|-------|
| True | False |
|------|-------|
14. At what age should complementary feeding be started?
- 4<sup>th</sup> month.
  - 6<sup>th</sup> month.
  - After completion of six months.
  - Any of the above.



15. Along with breastfeeding how many meals does a one year child need in a day? \_\_\_\_\_
16. What is the percentage of transmission of HIV from mother to baby in the absence of any intervention?
- (a) During Pregnancy \_\_\_\_\_%
  - (b) During delivery \_\_\_\_\_%
  - (c) During Breastfeeding \_\_\_\_\_%
17. How can transmission of HIV to children be reduced during feeding. **(Tick all that apply)**
- a) Use of ART/ARV to mothers during breastfeeding
  - b) Practicing safe sex practices during breastfeeding period.
  - c) Modified breastfeeding (heat treated expressed breast milk)
  - d) Preventing and treating mastitis/ cracked nipples in the mother and oral lesions in the infant.
  - e) Feeding the child with any other milk along with breast milk.
18. The Mother and Child Protection Cards used in NRHM/ICDS has
- a) Two reference Curve
  - b) Three Reference Curve
  - c) Four Reference Curve
  - d) Five Reference Curve
19. Which Indices can be used for Growth Monitoring
- a) Weight for age
  - b) Weight for height
  - c) Height for age
  - d) All of the above
20. A Child who is shorter than expected age is
- a) Underweight
  - b) Wasted
  - c) Stunted
  - d) Normal Growth
21. What can help a lactating mother having an engorged breast?
- (a) Expression of milk
  - (b) Hot & cold Pack
  - (c) Frequent suckling by a child
  - (d) All of the above
22. Give two methods how a low birth weight newborn baby can be fed?
- (a) \_\_\_\_\_
  - (b) \_\_\_\_\_
23. Mother of one month old exclusively breastfed child, comes with a complaint that the child pulls up his legs and cries a lot during the evening hours. She thinks that may be her breast milk is not enough for her child and the baby is always hungry. So she wants to add something extra. Baby's growth chart shows that his growth is going good according to the age.  
*What relevant information will you give to this mother?*