

## Report on Capacity Building Training Course on Infant and Young Child Feeding Counseling for Development of Middle Level Trainers in Kapurthala district of Punjab (NRHM)

### Background

India has a national legislation the “Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 as amended in 2003”, and the National Guidelines on Infant and Young Child Feeding 2006, which call for promotion of early breastfeeding (within one hour of birth) and exclusive breastfeeding for the first six months and complementary feeding beginning after six months along with continued breastfeeding for 2 years or beyond.



The IMS Act recognised that promotion of artificial feeding has been more pervasive than promotion of breastfeeding and this led to decline in optimal infant feeding contributing to high infant malnutrition and deaths.

The National Rural Health Mission (NRHM), India’s flagship programme aims to establish strong health systems with the major objective to lower down maternal and infant mortality. Its framework of implementation suggests that breastfeeding counseling can be integrated into the existing interventions so as to bring down infant mortality.

In Punjab, infant mortality rate is about 42, and 25% children are underweight by 3 years meaning Lakhs of children are underweight thus will not develop to their full potential. Brain develops almost entirely during first 2 years of life, it means optimal nutrition inputs are critical at this point of time, or we will face the consequences of undernutrition, which are irreversible after that. This determines the future of Lakhs of children of our society.

### Evidence

Optimal infant and young child feeding is the most effective single intervention to improve child health, prevent malnutrition and reduce neonatal, infant and child mortality. It is well documented that breastfeeding is the optimal nutrition for infants and reduces the risk of infectious diseases like diarrhoea and pneumonia substantially. Breastfeeding may also enhance the effect of some vaccines. Improvements of complementary feeding could substantially reduce stunting and related burden of disease. Thus, effective interventions to improve infant and young child feeding will have positive effects on child morbidity and mortality, as well as adult human capital. Despite the importance of nutrition in early life, there are few examples of large-scale effective interventions from India, where 42.5% of children under 5 are underweight.

An assessment of different interventions to reduce undernutrition showed that counseling about breastfeeding has one of the greatest potentials to reduce the burden of child morbidity and mortality. Complementary feeding could also be improved through nutrition counseling, although additional measures may be necessary in food insecure settings.

Undernutrition peaks steeply during first six months of life to 18 months, so action is needed here to break the intergenerational cycle. Recent scientific evidence reveals that early breastfeeding within one hour

can reduce neonatal mortality by 22%. Further partial breastfeeding (breastmilk plus other milks) and predominant breastfeeding (breastmilk plus water) has a significant bearing on incidence of diarrhea, pneumonia as well as the mortality related to the two common diseases. It is also shown that early breastfeeding has strong negative correlation with child malnutrition. Despite the known benefits of optimal breastfeeding, Punjab's early breastfeeding rate within one hour is 12.7%, exclusive breastfeeding rate is 36% and complementary feeding rate is 50% according to the NFHS-3 reports. All these three infant feeding practices should change to make an impact on infant morbidity and mortality, as well as under nutrition.

## **The Work**

In view of this situation and with the intent to enhance optimal breastfeeding rates, among range of activities that have been conducted, Punjab government NRHM, selected 8 districts of Punjab, Amritsar, Barnala, Hoshiarpur, Jalandhar, Kapurthala, Mohali, Patiala and Sangrur. We were invited to strengthen the district capacity for counseling on breastfeeding and complementary feeding.

In this project implemented in the year 2010, BPNI trained Middle level trainers (MLTs) from the health sector including medical officers and staff nurses, who could also act as support system for any referral. The middle level trainers will further train frontline workers at the village level i.e. ASHA and ANM in counselling on breastfeeding and complementary feeding. This will create a district level model for intensive counselling support under NRHM.

## **The process and role of partners**

The representatives of BPNI, Delhi (HQ) had a meeting with the Mission Director, Govt. of Punjab and other concerned officers of the Dept. of Health and Family Welfare. All the aspects of the IYCF Counseling Training (3 in 1) were explained by giving a presentation. Accordingly a proposal was submitted for the training of middle level trainers for the eight districts. After the approval of the proposal the MOU was finalized between BPNI Delhi (HQ) and NRHM Punjab during October 2010. The representatives of BPNI then arranged a meeting with the Civil Surgeons of eight districts for finalizing the dates of the MLT trainings and other logistic support.

State NRHM facilitated coordination with the district authorities. The participants for MLTs were identified and deputed by the respective Civil Surgeons. BPNI Delhi HQ deputed the National Trainers for the 6 days IYCF counseling training course for the MLT training and arranged for the training material, venue, audio visual aid, honorarium and travel expenses for the trainers. These trained MLTs will further conduct 3-day training on IYCF Counseling for the ANM/ASHA workers at their PHC/CHC. The National Trainers of BPNI will supervise 3-days training courses at CHC/PHC in all the 8 districts.

## **Report of Training of Middle Level Trainers**

### **Middle Level Training Courses**

#### ***Batch No.1 at Training Annexe, Kapurthala***

Date: 13<sup>th</sup> – 18<sup>th</sup> December 2010

25 Participants: 9 Medical Officers & 16 Staff Nurses

This training course was inaugurated by Civil Surgeon, Kapurthala on 13<sup>th</sup> December 2010. The objective and course content of the training was explained by Dr. MMA Faridi. The Civil Surgeon in his inaugural speech appreciated the efforts being done by BPNI. National Trainers of BPNI conducted this 6 day training course which comprised clinical practice for 3 days in the government hospital. These courses also had practical demonstration and role plays. Copy of the course content is enclosed.

District Family Welfare Officer, Kapurthala, chaired the valedictory function on 18<sup>th</sup> December 2010, along with all the district health officers. He suggested that such trainings should be conducted regularly and

the benefit of these trainings must reach up to the family level through grassroots level workers (ANM/ASHA).

***Batch No.2 at Training Annexe, Kapurthala***

Date: 3<sup>rd</sup> – 8<sup>th</sup> January 2011

26 Participants: 8 Medical Officers and 18 Staff Nurses

This training course was inaugurated by Civil Surgeon, Kapurthala on 3<sup>rd</sup> January 2011. The same process of training was adopted for this batch of the training course. The valedictory function was chaired by District Family Welfare Officer, Kapurthala, along with all the district health officers on 8<sup>th</sup> January 2011.

