

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

A REPORT

16th - 22nd November, 2015 (Shimla, Himachal Pradesh)

Submitted by



Breastfeeding Promotion Network of India (BPNI)

BP-33, Pitampura, Delhi-110034
Tel: +91-11-42683059, 27343608
Email: bpni@bpni.org
Website: www.bpni.org

Submitted to



**National Health Mission,
Government of Himachal Pradesh**
Shimla, Himachal Pradesh

INTRODUCTION

This is a report of the Middle Level Trainers Training course on IYCF Counselling conducted by Breastfeeding Promotion Network of India in collaboration with National Health Mission Himachal Pradesh. A total of 19 participants were trained from various medical fields. The training was conducted at State Institute of Health and Family Welfare, Parimahal, Shimla, from 16th to 22nd November 2015. Participants included Medical officers, nurses and nutrition counsellors from different districts of the state. National trainers from Breastfeeding Promotion Network of India namely Dr. Sangeeta Rani, Ms. Ulka Jamal, Ms. Fariha Siddiqui and Ms. Vibharika Chandola conducted the training.

ABOUT THE TRAINING

Infant and Young Child Feeding Counselling, The “4 in 1” course is a unique course developed by BPNI which is well recognised by the government of India. This course has been prepared for different levels of functionaries. The MLT(Middle Level Trainer) course on IYCF Counselling is a seven day programme designed especially to train participants on the four important aspects of infant and young child feeding that are; Breastfeeding, Complementary feeding, HIV & Infant Feeding and Growth Monitoring. Middle Level Trainers Training Course builds the capacity of the participants to further train workers at the grassroots who are in direct contact of the mother and baby at the ground level, in a four day course. This course has been in use for 12 years in India and many other Asian Countries. The training has proved to be effective in countries like Afghanistan and Nepal who have started organizing and conducting such trainings for Frontline Workers Level using their own pool of trainers trained by BPNI.

This 7 days course is divided into two phases. During the first phase (for the first three days) the National Trainers of BPNI conduct the training using the Middle Level Trainers guide, imparting the knowledge as well the skills as a trainer simultaneously. The guide contains 27 sessions in total including theoretical, group and practical sessions. All sessions are taken by the National trainers in the first three and a half days. In the Phase-II, for the remaining 3.5 days, all the sessions are divided amongst the participants which they have to prepare and conduct according to the prescribed time table. The national trainers supervise and guide the participants during this phase and give suggestions for improvement. During the entire training period, the participants are continuously monitored and assessed by the trainers. Each participant is required to attend the complete course of 7 days period in order to be certified as a Middle Level Trainer from BPNI.

INITIATION

BPNI had previously conducted one IYCF Counselling Specialists training wherein newly appointed Nutrition Counsellors and some nurses working with NHM Himachal Pradesh were trained. During the training, BPNI national trainers had met the MD NHM and the course and importance was discussed. The MD recognised the need to train grassroots level staff and after which BPNI and NHM were in regular contact planning at their ends to take up the cause further. Regarding the same an elaborate training project proposal was made at BPNI wherein a proper calculation of the number of trainings required to train all the frontline workers was done. It was proposed that each district should have at least one team of Middle level trainers who can then train the frontline workers. To discuss the proposal further, BPNI CCC members and MD NHM

met and discussed how IYCF practices can be enhanced in the state. This MLT training was a fruitful result of the meeting. A suitable date for the training was mutually decided and the training was conducted at the State Institute of Health and Family Welfare, Parimahal, Shimla.

PROCESS

On the first day the training started wherein Dr. Sangeeta rani- course director, introduced the purpose and expected outcomes of the training after which Ms. Vibharika introduced the training material and kit to the participants. A pre test was given to all the participants to check their current understanding and level of knowledge. The training started with the first theoretical session on the importance of optimal Infant and Young child feeding. A total of 12 sessions on Breastfeeding, two on complementary feeding, two sessions on counselling skills, and three sessions on growth monitoring were conducted. Along with it, three related sessions on IMS act, nutrition, health and fertility of mothers and institutionalising of IYCF Counselling were conducted. On day two of the trainings, sessions were divided amongst all the participants and everyone was informed. From the third day onwards they started taking their sessions. At the end of the training, Dr. D. S. Gurung, Director Health Services, Himachal Pradesh graced the valedictory function. He said that doctors have a lot of responsibility on them but there should always be a focus on quality. He said that this training is important and that all should take back the learning and implement in their daily work.



Dr. D. S. Gurung, Director Health Services at the valedictory function

PARTICIPANTS

There were a total of 19 participants from eight different districts of Himachal Pradesh. There were two Assistant Professors(Ped), two District Immunization Officers, two District Programme Officers, two MD (Obg)/ Assistant Professor, two MD (Community Medicine) Assistant Professor, five Medical Officers, one State Program Officer community process, one Nursing Sister, one Nutrition Counsellor and one Medical Social Worker. All the participants were practicing in medical and health related field the participation from all the participants was very good and they involved in the training quite well. Every day the participants were assessed by the trainers on few key points and at the end of the training workshop were rated by the trainers. The same assessment is given below.

S. No.	Name	Designation	Initiative	Class participation+ Attendance	Pre preparation	Presentation- Confidence, following book, use of language, inviting questions, explanation
1	Ms. Kanu Priya Parmar	Nutritional Counselor	good	good	good	good
2	Ms. Bandhu	Medical Social Worker	good	good	good	good
3	Dr. Chander Deep Sharma	MD (Obg)/ Assistant Professor	good	good	good	very good
4	Dr. Meenakshi Kandoria	MD (Obg)/ Assistant Professor	good	good	good	very good
5	Dr. Dinesh Kumar	MD (Community Medicine) Assistant Professor	very good	very good	very good	very good
6	Dr. Anjali Mahajan	MD (Community Medicine) Assistant Professor	good	very good	good	very good
7	Ms. Vidya Sharma	Nursing Sister	very good	very good	good	poor
8	Dr. Jalam Bhardwaj	DIO	very good	very good	good	good
9	Dr. Chitra Kaushal	DIO	very good	good	good	very good
10	Dr. Ramesh Chander	State Program Officer community process	very good	very good	very good	very good
11	Dr. Shrikant Chavan	DPO (Child Health)	very good	very good	good	good

S. No.	Name	Designation	Initiative	Class participation+ Attendance	Pre preparation	Presentation- Confidence, following book, use of language, inviting questions, explanation
		&Immunisation)				
12	Dr. Seema Sharma	Assistant Professor (Ped.)	good	fair	good	very good
13	Dr. Mangla Sood	Assistant Professor (Ped.)	good	fair	good	good
14	Dr. Vijay Kumar Yadav	MO	poor	poor	poor	poor
15	Dr. Ajay Thankur	MO	good	good	good	good
16	Dr. Ashwani Sammi	MO	good	fair	good	good
17	Dr. Sonika Ranaut	DPO	very good	fair	fair	good
18	Dr. Shruti Sharma	MO	good	good	good	good
19	Dr. Ambika Sood	MO	very good	very good	very good	very good

CLASSROOMS

The theoretical sessions were conducted in the well equipped seminar room at State Health Institute of Family Welfare, Parimahal, Shimla. Many sessions during the training required audio visual aids and power point and some sessions used Flip charts. Session where positioning of the baby at breast was taught to the participants was also taken in the same room in phase II. Participants were divided into groups and all arrangements like mattress, pillows and blankets etc. was done.



CLINICAL PRACTICE

The training programme had a total of four clinical practices. Two clinical practices, one each on breastfeeding and complementary feeding were conducted in both the phases alike. The purpose of these sessions is to provide the participants with first hand opportunity to apply their knowledge and skills learnt in the classes. Practicing in a live situation gave them hands on experience in understanding the use of counselling skills and recognised their shortcomings.

Two of the clinical practices focussing on breastfeeding counselling aspect, required mothers with infants less than six month of age. These two clinical practices were conducted in Kamla Nehru Hospital, Shimla. Participants were divided in groups of four with one National trainer as their leader. Participants were taken to the post- natal wards and had the opportunity to interact with mothers who had normal deliveries as well as caesarean mothers too. Groups were divided in the four wards and every group got the opportunity to counsel mothers having normal as well as caesarean deliveries. Using the breastfeeding history form, breastfeeding observation form along with the counselling skills checklist the participants learnt to observe and assess a feed and the importance of taking a complete history in a correct as well. They practically helped the mothers in correcting their position and baby's attachment as and when the need was felt.

For practicing counselling on complementary feeding, importance of breastfeeding till two years and growth monitoring, required children above the age of six months up till two years. For the same, participants were taken to the paediatric ward in Indira Gandhi Medical Hospital, Shimla. These two clinical practices were conducted in the same groups. The participants learnt to take a feeding history from the caregivers using a 24 hour dietary recall form and consistency and quantity was asked with the help of the consistency diagram and a 250 ml reference bowl provided to them.. They also took the height and weight of the child where possible and learnt plotting the same on the growth charts. Using the information received through the dietary recall and the growth charts, participants counselled the caregivers accordingly.

After every clinical practice, a group discussion was held, where the participants got an opportunity to share their experiences with the larger group. To save time, clinical practice discussions were held at the respective hospitals itself. Shortcomings were discussed as well as things done well were appreciated. The participants said that this discussion is very useful as it helps them to understand the concepts, especially the skills better. Also it gives an opportunity to learn from others as well. In the second phase, clinical practices were led by the participants as group leaders and discussions conducted by them. National trainers however guided them at all times.

TOOLS USED DURING THE TRAINING

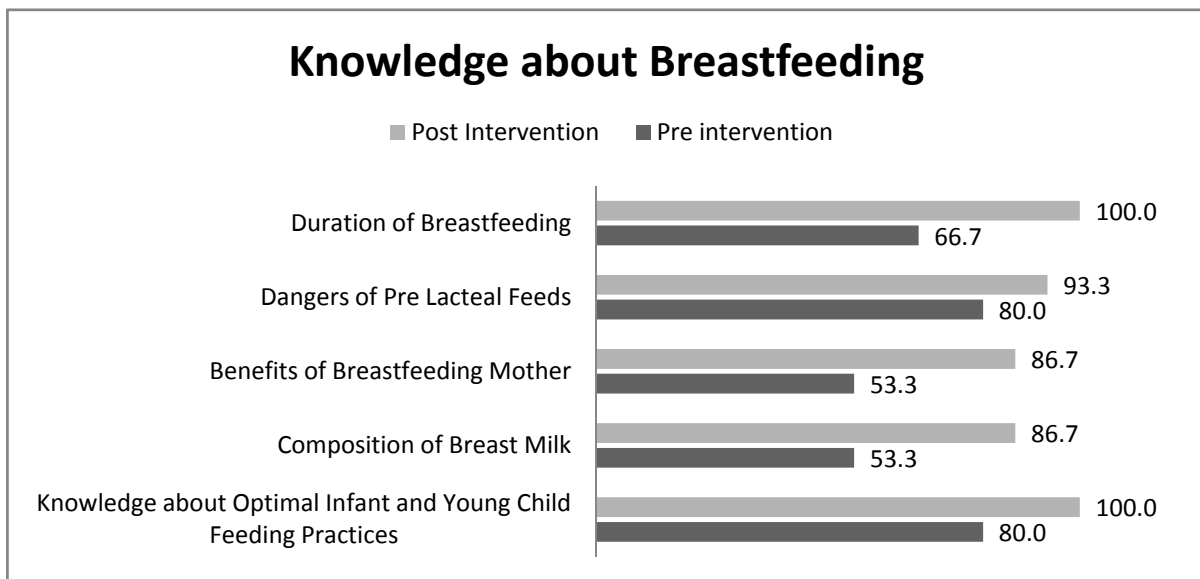
- 1) Breastfeeding Observation Form
- 2) Breastfeeding History Form
- 3) Dietary Recall Form
- 4) Growth Charts
- 5) Counselling Checklists
- 6) Spoon Consistency Pictorial

ANALYSIS OF PRE-POST TEST

Having a pre analysis of the knowledge levels of the participants is a mandatory part of the trainings. A standardised set of questions in the form of a pre test was given to the participants that assessed their knowledge status at the beginning of the training. The test comprised of questions from all the four crucial aspects of the training course; breastfeeding, complementary feeding, HIV & infant feeding and growth monitoring. The same test was given to the participants at the end of the training as well to test the change in their knowledge levels. Following table shows the pre and post test result. As most of the participant's had a medical background they had a fair enough knowledge about the basics of Breastfeeding and complementary feeding.

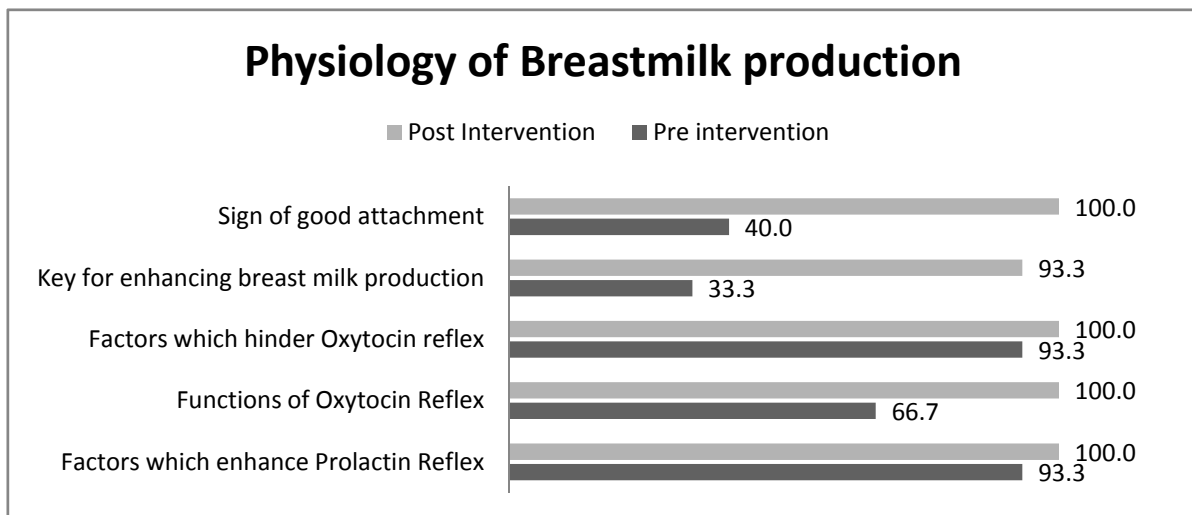
Q.No.	Questions	Pre	Post
1	Knowledge about Optimal Infant and Young Child Feeding Practices	12 (80)	15 (100)
2	Composition of Breastmilk	8 (53)	13 (87)
3	Benefits of Breastfeeding Mother	8 (53)	13 (87)
4	Dangers of Pre Lacteal Feeds	12 (80)	14 (93)
5	Duration of Breastfeeding	10 (67)	15 (100)
6	Factors which enhance Prolactin Reflex	14 (93)	15 (100)
7	Functions of Oxytocin Reflex	10 (67)	15 (100)
8	Factors which hinder Oxytocin reflex	14 (93)	15 (100)
9	Key for enhancing breast milk production	5 (33)	14 (93)
10	Sign of good attachment	6 (40)	15 (100)
11	Causes of sore nipples	10 (67)	14 (93)
12	Reliable sign of enough milk being received by baby	5 (33)	12 (80)
13a	Questions Regarding IMS (Infant Milk Substitute) Act	7 (47)	11.3 (75)
14	Appropriate age of starting complementary foods	11 (73)	15 (100)
15	No. of meals/ day a one year old child needs with breastfeeding	1 (7)	15 (100)
16	Percentage of transmission of HIV during various stages	0 (0)	14 (93)
17	ways through which transmission of HIV to infants can be reduced	5 (33)	14 (93)
18	Number of curves in the growth chart used in NRHM/ ICDS	4 (27)	11 (73)
19	Indices are used for Growth Monitoring	12 (80)	13 (87)
20	A Child who is shorter than expected age	11 (73)	15 (100)
21	Relieving engorged breasts	11 (73)	14 (93)
22	Methods of feeding Low Birth Weight babies	5 (33)	14 (93)
23	As per the story what relevant information should be given to the mother	5 (33)	13 (87)

Knowledge about Breastfeeding



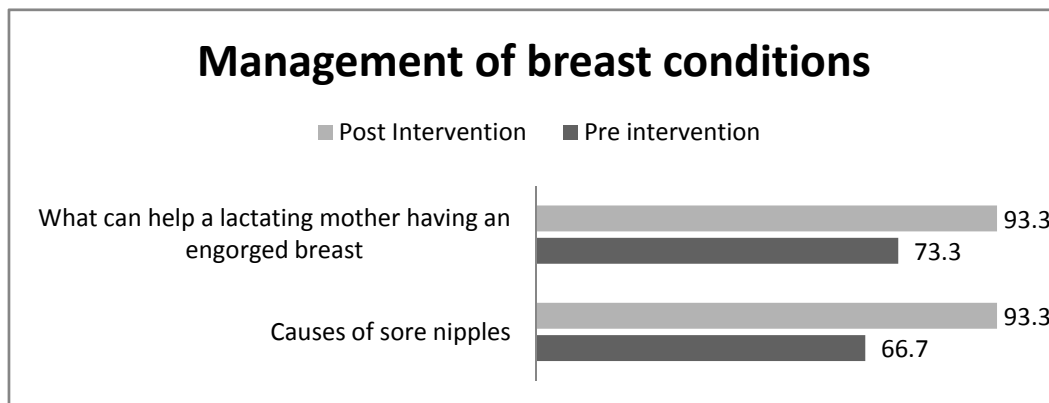
Participants were asked few basic questions about breastfeeding. When asked about what constitutes optimal infant and young child feeding, 80% of the participants answered correctly. After the completion of the training all the participants (100%) were able to answer it correctly. Only 53.3% of the participants answered correctly about the composition of breastmilk and that hindmilk and not foremilk contains fat in the pre test. After the training, 86.7% of the participants were able to answer it correctly. Around half (53.3%) of the participants knew Benefits of breastfeeding to the mother like less chances of cancer, bringing the uterus back to shape, acts as a contraception, brings the mother back to shape. This rose to 86.7% after the training. Dangers of prelacteal feeds like infection, lack of desire to suck and development of allergies was known to most of the participants (80%). This further increased to 93.3% post the training. Few of the participants (66.7%) knew about that the ideal duration of breastfeeding is as long as the baby wants. After the training this concept was cleared completely and all the participants (100%) answered correctly.

Physiology of Breastmilk production



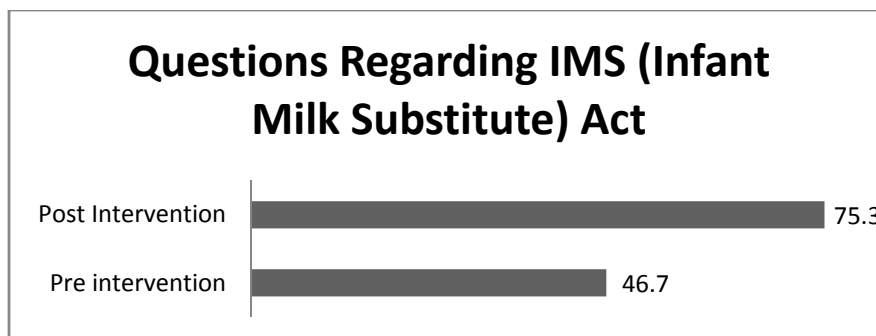
Production of breastmilk is a normal physiological function of a woman's body that takes place after the birth of the child. However it is highly dependent upon two hormones; Prolactin and Oxytocin for it to function well. Questions asked in this section reflected the change in knowledge level of the participants on this aspect. Coming from a medical background most participants fared quite well in this aspect. Most of the participants (93.3%) knew that suckling by the baby, expression of breastmilk and night feeds enhance prolactin reflex. Post the training, 100% participants answered correctly. The results were same for the factors that enhance oxytocin reflex. Very few (33.3%) knew that key to production of breastmilk is frequent suckling by the child. This concept was well understood during the training and 93.3% answered correctly post test. When we talk about suckling it is necessary that the attachment of the baby is correct for effective suckling to take place. Whether the attachment of the baby is correct or not can be assessed by observing a breastfeeding. 40% of the answers were correct when the four signs of attachment were asked. These four signs of attachment were discussed in one of the sessions i.e. assessment and observation of breastfeeding and hence there was a sharp increase in the answers given by the participants and all (100%) answered correctly. Participants were also asked the reliable signs that reflect that the child is getting enough milk or not. Before the training only 33% knew it correctly and this increased to 80% after the training.

Management of breast conditions



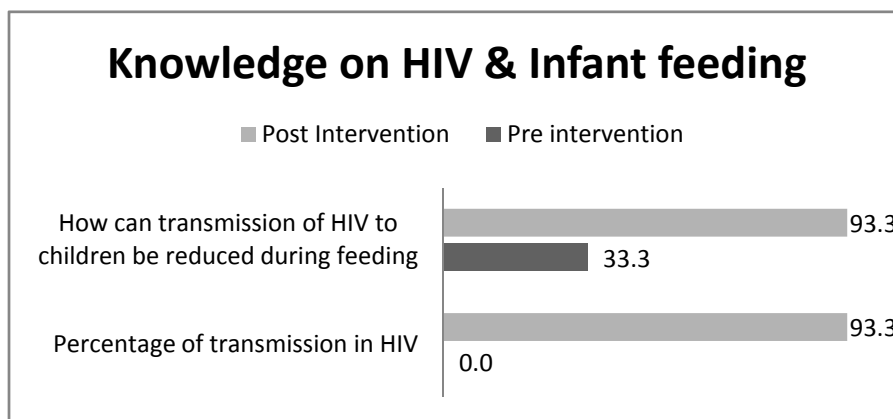
A complete session focussed on the various breast conditions that the mothers can face and discussed in detail, ways of managing the conditions. Sore nipples are a common condition that can be easily managed if the position and attachment of the baby is corrected. More often than not, many practitioners advice to use nipple shields or advice to stop breastfeeding altogether which is not required. 66.7% answered the correct way of management of sore nipples which increased to 93.3% after the training. When asked about management of the engorged breast many (73.3%) knew the correct answers. This too rose to 93.3% post the training.

IMS ACT



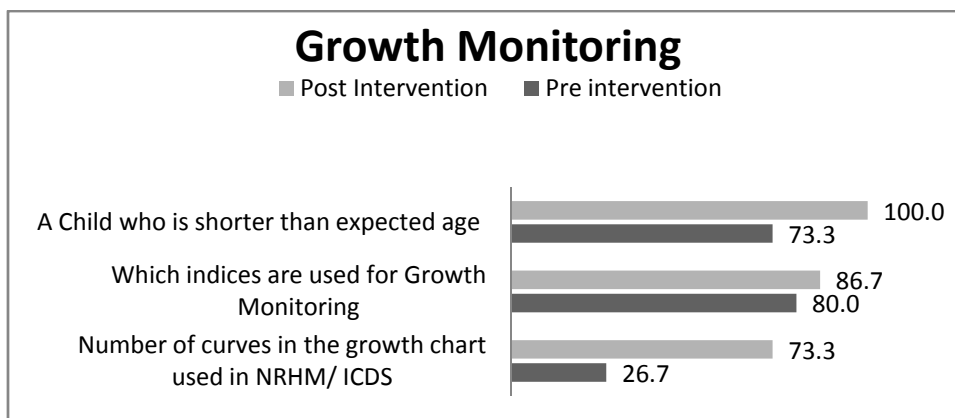
Participants were also informed about the Indian law based on the International Code of Marketing of Breastmilk Substitutes. The IMS Act restricts the promotion and regulates the marketing of infant milk substitutes, infant foods and feeding bottles. It has often been seen that generally people lack awareness about it. 46.7% of the participants answered correctly when quizzed on the IMS act. After the training 75.3% were able to answer correctly. Although there is an increase in the knowledge level, it was however felt that the participants were still getting confused that the act bans the production and manufacturing of the products. This fact was clarified to them.

HIV & Infant feeding



A core aspect of infant feeding saw a remarkable increase in the knowledge amongst the participants. Before the training none of the participants knew the percentage of HIV transmission from mother to the baby during pregnancy, during delivery and during breastfeeding. This is crucial to understand the fact that the total risk of PTCT is merely 20- 25% and the remaining children are not under risk. Thus breastfeeding is the best option for all mothers and babies. After the training 93.3% of the participants were able to answer to give the correct answer for the question. Participants were then asked about the various ways which reduced the transmission of HIV infection during feeding only. Earlier 33.3% of the participants were able to answer correctly where as after the training 93.3% were able to list most of the options correctly.

Growth Monitoring



The fourth aspect of Infant and young child feeding is growth monitoring. Participants' responses revealed that they had fair knowledge on the topic. Before the training, 73.3% of the participants knew that a child who is shorter than expected at a certain age is called stunted which increased to 100% post the training. Question on indices used for growth monitoring did not see much change. Previously 80% answered correctly which increased to 86.7% merely. When asked about the number of curves in the MCP card used by NHM/ ICDS, only 26.7% knew that it has three reference curves. This increased to 73.3% after the training.

PARTICIPANTS FEEDBACK

Participants shared that the training has been informative and participatory and that this is the only training where they learnt to look beyond the child and see the environment and factors associated with him. It has expanded the scope and is very comprehensive. All agreed that counselling skills will go a long way in improving their practices every day. Participants shared that now they feel better equipped to deal with problems faced by mothers in breastfeeding. They can effectively use their counselling skills to convince mothers and caregivers. 64% of the participants rated their counselling skills at the end as being very good. Some participants felt that a few sessions could have been cut short. However it was discussed that in a mix group having people from both medical and non medical background it is not possible to skip content. Some participants felt that a little more focus should be given to complementary feeding. It was also shared that doctors should be freed from their duties so that they are able to focus in the training completely. Participants shared that they would pass on the knowledge gained through the training to others as well. 78.6% of the participants said they would be able to pass on their knowledge and skills.

When asked about the changes that they want to bring but would need authorities help participants listed a few areas like;

- Organisation of this training at the grassroots level for the field staff
- BFHI support and how that can be implemented
- IEC material support to be displayed in the hospital
- A separate room for counselling and Breastfeeding rooms with enough space
- Making breastfeeding support groups at the community level
- Every hospital should have a policy/ protocol to promote breastfeeding & complementary feeding and that should be informed to all persons working in the hospital.

ROAD AHEAD

This MLT training is the first step towards building a pool of trainers in the state and capacity building in the state. Effectiveness of the training can be seen when there is a change in the attitudes, behaviour and practices in the community. For the same it is important to train all the frontline staff. Thus as had been proposed earlier, to train all the frontline workers a pool of Middle Level trainers needs to be made. Two more MLTs in the state would enable Himachal to train all their frontline staff within a span of one year.

Training Glimpses



Participants taking their sessions of Positioning of baby at breast and cup feeding during Phase - II

National Trainers taking sessions in Phase-I



Participant checking consistency of meal during complementary feeding practical



List of Participants (Annex 1)

S. No.	Name	Designation	Contact No.	E-Mail
1	Ms. Kanu Priya Parmar	Nutritional Counselor	9736122557	parmar.kanupriya@gmail.com
2	Ms. Bandhu	Medical Social Worker	9418123232	vandhuparihar@gmail.com
3	Dr. ChanderDeep Sharma	MD (Obg)/ Assistant Professor	9816326544	cdsharma2006@gmail.com
4	Dr. Meenakshi Kandoria	MD (Obg)/ Assistant Professor	9418112444	MEKANDORIA@GMAIL.COM
5	Dr. Dinesh Kumar	MD (Community Medicine) Assistant Professor	8091139247	dinesh9809@gmail.com
6	Dr. Anjali Mahajan	MD (Community Medicine) Assistant Professor	9418485312	anj311@gmail.com
7	Ms. Vidya Sharma	Nursing Sister	9418482014	vidya00312@gmail.com
8	Dr. Jalam Bhardwaj	DIO	9418247979	jalamsingh206@gmail.com
9	Dr. Chitra Kaushal	DIO	8894064356	chitra.kaushal@gmail.com
10	Dr. Ramesh Chander	State Program Officer community process	8894280966	drcramesh009@gmail.com
11	Dr. Shrikant Chavan	DPO (Child Health & Immunisation)	9418497197	chavanshrikant12@gmail.com
12	Dr. Seema Sharma	Assistant Professor(Ped.)	9418455635	seema406@rediffmail.com
13	Dr. Mangla Sood	Assistant Professor(Ped.)	9418453465	drmanglasood@gmail.com
14	Dr. Vijay Kumar Yadav	MO	9817134227	
15	Dr. Ajay Thankur	MO	8988202545	AJAYTHAKUR2004@GMAIL.COM
16	Dr. Ashwani Sammi	MO	9418480786	ashwani_1995@yahoo.com
17	Dr. Sonika Ranaut	DPO	9418008259	dreranaut@gmail.com
18	Dr. Shruti Sharma	MO	8351016373	shrutichail@gmail.com
19	Dr. Ambika Sood	MO	9418309009	drambikasood@gmail.com

Training Schedule (Annex 2)

DAY 1			
Time	Sessions	Minutes	
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	Dr. Ms. Ulka Jamal
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. Fariha
5:30-6:00 pm	Trainers' meeting	60	

DAY 2

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	Dr. Ms. Ulka Jamal
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. Fariha
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. Fariha
5.00-5.30 pm	Session 12: Breastfeeding Low Birth Weight Babies & Twins	30	Dr. Ms. Ulka Jamal
5:30-6:00 pm	Trainers' meeting		

DAY 3

9.00-10.10am	Session 13: <i>Complementary Feeding - Foods to Fill the Nutrient Gap</i>	70	Ms. Fariha
10.10-10.30am	Tea	20	
10.30-11.30 am	Session 14: <i>Feeding Techniques and Strategies</i>	60	Ms. Vibharika
11.30-1.30 pm	Session 20 : Clinical Practice-2 [<i>Communication skills, taking measurements, plotting on the charts, Counseling for Complementary Feeding</i>]	120	Dr. Sangeeta
1.30-2.30 pm	Lunch	60	
2.30-3.30 pm	Session 11: Not enough milk	60	Dr. Ms. Ulka Jamal

3.30-4:00 pm	Practical-2 Preparation of complementary feed	30	Ms. Fariha
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 & IF</i>	60	Dr. Ms. Ulka Jamal
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	Ms. Fariha
9.30-10.00 am	Session 16: Nutrition of Lactating Mothers and their Health and Fertility	30	Dr. Ms. Ulka Jamal
10-10.30am	Session17: Breastfeeding by working mothers	30	Ms. Fariha
10.00- 11 am	Preparation of Replacement Feed	30	Dr. Sangeeta
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 & 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, Counseling 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 and Taking action	60	
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, Counseling 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 counseling	30	
5.00-5.30 pm	Valedictory Function		