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

A REPORT

9th to 15th May, 2016

Hotel Orange Inn,

Patna, Bihar

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

This is a report of a training workshop on IYCF Counselling Specialists conducted by BPNI for UNICEF, Patna functionaries.

1. Introduction

A training workshop on Infant and Young Child Feeding Counselling – ‘The 4 in 1’ course was conducted in collaboration with the United Nations Children Emergency Fund (UNICEF), Patna from 9h to 15th May, 2016. The training was hosted at Hotel Orange Inn, Patna. 26 participants from different districts of Bihar attended the training. The seven days IYCF Counselling Specialists training was conducted by four national trainers of BPNI namely Dr. Anita Gupta, Ms. Purna Bhardwaj, Ms. Vibharika Chandola and Ms. Fariha Siddiqui.

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 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 26 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.
- **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 group of 6 participants each.
- **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 Nalanda Medical College and Hospital, Patna and Paediatrics wards at Nalanda Medical College and hospital, Patna. In order to conduct these sessions in a more helpful manner, the participants were divided into four groups, comprising of every group being 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.

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

Preparing Replacement Feed: During this session the participants were asked to make the replacement feed in their own 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, 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	17 (65.3)	18 (69.2)
2	Benefits of Breastfeeding to Mother	4 (15.3)	11 (42.3)
3	Dangers of Pre Lacteal Feeds	11 (42.3)	18 (69.2)
4	Duration of Breastfeeding	16 (61.5)	26 (100)
5	Oxytocin reflex is responsible for	7 (26.9)	21 (80.7)
6	Key for enhancing breastmilk production	1 (3.8)	15 (57.6)
7	Sign of good attachment	3 (11.5)	22 (84.6)
8	Causes of sore nipples	11 (42.3)	23 (88.4)
9	Engorged breast treatment	5 (19.2)	15 (57.6)
10	Reliable sign of enough milk being received by baby	2 (7.6)	9 (34.6)
11	Increase in mother's diet during lactation	4 (15.3)	12 (46.1)
12 (a)	Mothers malnutrition affects breastmilk production	8 (30.7)	21 (80.7)
12(b)	Size of the breast affects breast milk production	18 (69.2)	25 (96.1)
12(c)	Expressed breast milk can be stored at room temperature	2 (7.6)	12 (46.1)
13	Questions Regarding IMS (Infant Milk Substitute) Act	10 (38.4)	19 (73)

S.NO.	Questions pertaining to	Pre Intervention N=26 Correct Responses	Post Intervention N=26 Correct Responses
14	Appropriate age of starting complementary foods	15 (57.6)	22 (84.6)
15	One year child fed in a day	0 (0)	7 (26.9)
16	Feeding of low birth weight babies	1 (3.8)	8 (30.8)
17	Percentage of HIV Transmission from mother to baby	0 (0)	2 (7.7)
18	Transmission of HIV to children reduced	2 (7.6)	3 (11.5)
19	Composition of breast milk	12 (46.1)	14 (53.8)
20	Statements about cow milk	3 (11.5)	6 (23)
21	Factors which negatively affect Prolactin Reflex	5 (19.2)	8 (30.7)
22	Factors which helps in Oxytocin reflex	11 (42.3)	17 (65.3)

It can be seen from the above table that there has been a lot of improvement in quite a few aspects. Quite a good number of participants (65.3%) had previous knowledge about what is optimal infant and young child feeding, it still increased to 69.2% of the participants to answer the question correctly. Very few participants had the knowledge about benefits of breastfeeding to the mother. Only 15.3% of the participants could respond to it correctly in the pre test whereas in the post test this percentage increased to 42.3%. It is suggested not to give any pre-lacteals to the babies, but only 42.3% of the participants could respond to it correctly whereas much more participants 69.2% could respond correctly during the post test. There was a marvellous change in the knowledge regarding what should be the duration of breastfeeding. Around 61.5% of the participants responded to it correctly whereas, after the training all 100% of the participants responded to it correctly.

Also, a marked improvement was seen in the knowledge concerned with oxytocin reflex is responsible for, key for breast milk production and signs of good attachment. During the pretest 26.9%, 3.8% and 11.5% of the participants responded correctly whereas in the post test 80.7%, 57.6% and 84.6% of the participants responded correctly respectively. Some major issues that a mother faces during breastfeeding are the sore nipples and breast engorgement. Only 42.3% of the participants knew about the reason of this problem, whereas almost double 88.4% of the participants could know the reason by the end of the training. And 19.2% knew how to relieve engorgement earlier and it increased to 57.6% at the end.

Mothers are usually found concerned if they are able to produce the required amount of milk for their babies. And so the participants were checked if they knew the reliable signs to be dependent on for answering this query of the mothers. Only 7.6% of the mothers were aware about this earlier but around 34.6% of the participants understood it by the end. Also, it is a concern for a new mother how much more food should a mother eat to make more milk and if a malnourished mother can feed the baby well? Earlier only 15.3% of the mothers knew how much more food does a lactating mother need whereas later 46.1% of the mothers could

respond correct. And only 30.7% of the mothers knew the relationship between malnourishment and breast milk production earlier, which improved to 80.7%.

It is a concern for the working mothers how can they exclusively breastfed their babies. Only 7.6% of the participants knew how can an expressed breastmilk be stored which improved to 46.1%.

38.4% of the participants had previous knowledge about IMS Act which improved to 73%.

Quite a good number of participants (57.6%) knew the appropriate age to start complementary feeding, which still improved to better that is about 84.6%. None of the participant could respond to the number of meals that a 1 year old child needs and percentage of HIV transmission from mother to baby. About 26.9% and 7.7% of the participants respectively could respond post training.

Most of the participants rated the training as Excellent. All the participants said that they feel confident enough to pass on their newly acquired skills to their.

Timetable for training of Infant and Young Child Feeding Counselling 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)

PRE- LUNCH

Time	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
9:00-9:30 am	Registration and Pre-test	Hospital practices and BFHI 8 (B)	Breastfeeding Positioning 10 (ABCD)	Expression of breast milk 25 (D)	Growth measuring 44 (C)	Monitoring by growth charts: taking action 46 (ABCD)	IMS act 41 (D)
9:30-10:00 am	Introduction participants, local IYCF situation (A)						IF in emergency situation 42 (B)
10:00-11:00 am	Why optimal infant and young child feeding 1 (B)	Breast conditions 14 (D)	Breast condition exercise 15 (ABCD)	History Practice 18 (ABCD)	Growth monitoring by growth charts Growth 45(C)	Counseling practice in HIV+ve mothers 24 (ABCD)	Prepare replacement feed 22 (B)
11:00-11:30 am	<p align="center"><i>Preparation CP-1 (A) Preparation CP-2 (B) Preparation CP-3 (C) Preparation CP-4 (D) Preparation CP-5 (A)</i></p>						
11:30 am-12:30 pm	Production and intake of breastmilk 3 (D)	Clinical Practice I Listening and learning &	Clinical Practice II Building confidence, giving	Clinical Practice III Taking feeding history by	Clinical Practice IV Counseling mothers in different	Clinical Practice V Complementary feeding	Relactation 29 (C)

12:30-1:30 pm	Assessing a breastfeed 4 (A)	assessing breastfeed (ABCD)	support and checking understanding Positioning baby at the breast (ABCD)	using counseling skills, Expression of breastmilk (ABCD)	situations; filling dietary recall form, taking measurements (ABCD)	counseling, Taking action after taking measurements (ABCD)	BF by working women 40 (A) Nutrition Health and Fertility 39 (D)
1:30-2:30 pm	LUNCH						
	POST LUNCH						
2:30-3:30 pm	Observing breastfeeding 5 (A)	Building confidence and giving support 11 (A)	Refusal to breastfeed and crying 16 (D)	Complementary feeding- foods to fill the Nutrient gap 30 (A)	Overview of HIV and infant feeding 19 (A)	Counseling for HIV +ve mothers for feeding options 23 (C)	IYCF Counseling centre 43 Use Of counseling flip charts (A)
3:30-4:30 pm	Listening and Learning 6 (C)	Building confidence and giving support exercise 12 (ABCD)	Not enough milk refusal to breastfeed and crying exercises 27 (ABCD)	Quantity variety and frequency of complementary feeding 31 (C)	Breastfeeding option for HIV +ve mothers 20 (D)	Feeding during illness and recovery 36 (D) Preparation of one meal (A)	Post-test Valedictory function
4:30-4:45 pm	Tea						
4:45-5:45 pm	Listening and learning exercises 7 (ABCD)	Not enough milk 26 (C)	Taking a feeding history 17 (B)	Feeding techniques and strategies 34 (B)	Replacement feeding during first 6 months by HIV +ve mothers 21 (B)	Feeding LBW & sick babies 28 (B)	
5:45 pm	Trainers meeting	Trainers meeting	Trainers meeting	Trainers meeting	Trainers meeting	Trainers meeting	

A – Fariha
B – Dr. Anita
C – Ms. Prerna
D – Ms. Vibharika

Participants List

S. No.	Name	Profession	Address	Email	Contact Number
1	Nitu Chandra		Koeribari, 1 st Lane, Gaya	kumarinitugaya@gmail.com	8083117062
2	Rashmi Sinha	Teacher	Gewal Bigha, Devi Asthan, Gaya	gyansinha1374@gmail.com	8863044101
3	Anju Kumari		New Colony, Kali Bari, Sahmir Takaya, Gaya		8083697628
4	Annpurna Kumari	Teacher	Gulzarbag, Patna		8987305800
5	Arti Kumari	Housewife	New Aria Patal Pury, Nawada		8292416315
6	Babita Kumari	Teacher	Village – Lalganj, PO Churi, Gaya	Kumaribabitaperk011@gmail.com	7549357401
7	Farhat Jahan	CMC	CMC Chatarghat, Team No 2, PO Luxmipur, Gaya	Farhatjahan3285@gmail.com	8757077786
8	Manju Kumari	Teacher	Chanda, Dobhi, Gaya		8431175144
9	Rekha Kumari	Teacher	Sanskint College, Bodhgaya, Gaya	Rekhakumari0589@gmail.com	7739057331
10	Nitu Singh	ASHA Trainer	Nai Sarak, Chandchura, Gaya		9472654862
11	Nargis Bano	CMC	CMC Shadipur, Chakand, Gaya	Nargisbano10011993@gmail.com	9973110961
12	Nazan Nazmi		Bithi Sharif, Gaya		9973979760
13	Saba Kalim	Teacher	Hamzapur, Shergati, Gaya		9939466589
14	Jayshree	IMNCI Facilitator	Savitri Sadan, Road Number 21, Plot No 120, Sri Krishna Nagar, Patna		9430921052
15	Sunita Kumari	IMNCI Facilitator	Gokul Path, Patel Nagar, Patna	Sunitasinha67@gmail.com	9835490636
16	Sanjula Singh	State Level Trainer	Jalalpur, Noorsarai, Nalanda, Biharsarif	Sanjulasinha1@gmail.com	9931237004
17	Anjani Kumari		Gopal Ganj, Rajender Nagar, Gopalganj		9097494119
18	Savita Kumari		Basokubauli, Kubauliram, Samastipur	Savitakumari1236@gmail.com	7545082464
19	Mamta Devi	Coaching Teacher	Nai Sarak, Panchmahala, Gaya		9931604625
20	Anita Singh	IMNCI Facilitator	Savitri Sadan, Opp Canada Bhawan, Seopuri, Boring Road, Patna	Anita.aurQ@gmail.com	9905046897

21	Alam Ara		Maroof Ganj, Baniya Pokhar, Gaya	alamara2478@gmail.com	8102199098
22	Bibha Mishra		Kumar Colony, Gaya		3904038678
23	Tanya Kumari Mishra		Kumar Colony, Gaya	avitanya123@gmail.com	9931905669
24	Kanchan Kumari	Tutor	Prof Colony, Panaichack, Patna	Kkanchan2404@gmail.com	7779836599
25	Mohsina Bano		Baily Road, Khajpura, Patna, Nargis Appt 101, Patna		9308093926
26	Priyanka Kumari		AT – Bhikhanpura, Muzaffarpur	Priya.sangita06@gmail.com	8987268655

Glimpses of the Training



Inauguration of the training



Trainer giving presentation on IYCF



Trainer explaining the use of the aid



Ongoing role play for the session



Group preparing complementary feed



Group preparing replacement feed