

# **REPORT OF INFANT AND YOUNG CHILD FEEDING: MIDDLE LEVEL TRAINERS TRAINING OF NHM FUNCTIONARIES AT RANCHI, JHARKHAND**

**Conducted by Breastfeeding Promotion Network of India in  
collaboration with National Health Mission Jharkhand and Institute  
of Public Health, Ranchi**

**May- July 2016**

**Submitted by**



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

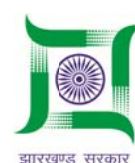
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**Submitted to**



**Institute of Public Health  
Ranchi, Jharkhand**



## BACKGROUND

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In view of a very high prevalence of under nutrition and underweight in the state of Jharkhand, coupled with a high rate of neonatal mortality, Infant mortality and under-5 child mortality rate and very low rates of optimal breastfeeding practice, Breastfeeding Promotion Network of India (BPNI) approached the National Health Mission (NHM) Government of Jharkhand for capacity building of NHM functionaries in the state to strengthen their capacity to counsel the mother on Infant and Young Child Feeding.

A meeting was held on 2<sup>nd</sup> May, 2016 at the NHM office, Ranchi. The meeting was chaired by Mr. Ashish Singhmar (MD, NHM), Dr. Arun Gupta (Central coordinator, BPNI), Dr. Sunita Katyayan (CCC member, BPNI) participated in the meeting.

A Memorandum of Understanding (MOU) for the training of Middle Level Trainers (MLTs) to be held from May to July, 2016 was signed between Institute of Public Health Ranchi, Jharkhand, and Breastfeeding Promotion Network of India (BPNI), Delhi (Annexure 1).

## ABOUT THE TRAINING

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This is a report of four training workshops on Infant and Young Child Feeding (IYCF) Counselling: Middle Level Trainers Training (MLT) Course conducted in Ranchi by Breastfeeding Promotion Network of India (BPNI) in collaboration with Institute of Public Health (IPH), Ranchi, Jharkhand. The training programme included training of NHM functionaries like AYUSH medical officers, staff nurses, and GNM's. A total of 90 participants were trained in four MLT trainings. (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 frontline workers who can directly help the mother and baby dyad. This course has been in use for 12 years in India and many other Asian Countries..

The training of MLTs commenced with participants filling in a standard questionnaire as a pre test. 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.

A proper schedule was followed for the training (Annexure 3). This 7 days course is divided into two phases (Preparatory phase & Participatory phase). During the preparatory phase (for the first three and half days) the National Trainers from BPNI trained the trainers whereas in the participatory phase (last three and half 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. This MLT course comprises of 27 sessions, few of which are presentation based, demonstrations, practical sessions and sessions on Counselling skills. Along with this there are five clinical practice sessions, which are organized and conducted in the local hospitals or Aganwadi Centres.



## Classrooms

All four trainings were conducted in the conference hall, IPH Office, Ranchi, Jharkhand. All the presentation sessions along with demonstrations and practical sessions were conducted in the same venue using the Audio-Visual aids, flipcharts and training material from Breastfeeding Promotion Network of India.

## Training Proceedings

The training course was divided into different sessions, which were conducted by the four national trainers. The national trainers used the 'Trainer's Guide to impart the training. The training course has been developed to 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 breastmilk*', 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. This way the complete theoretical content of the subject was explained to the participants in an interactive manner.
- ❖ **Demonstration sessions:** Few sessions like counselling skills were taught to the participants using innovative demonstrations. The demonstrations made the topic easier to understand 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.
- ❖ **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 backbone 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 Paediatric/ Gynaecology ward and OPD of hospitals near the respective regional centres. In order to conduct these sessions in a more helpful manner, the participants were divided into four groups, comprising of approximately 6 participants per group. One National Trainer of BPNI led every group. In these clinical practice sessions, participants got a chance to work with the mother-baby dyad at the bedside. 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 positioning 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 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. 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. Using a discussion checklist, the trainers and participants shared the experiences and difficulties faced at the wards. These discussion sessions have been 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 in their everyday life too. Most participants felt a little hesitant in the first clinical practice while talking to the mothers. By the end of the first phase and having done three clinical sessions they began 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.

- ❖ **Practice Sessions:** In these specially designed practice sessions, participants learnt to prepare replacement feeds and complementary foods.
  - **Preparing Replacement Feed:** During this session the participants were asked to make the replacement feed as per their groups. Each group was given different heating sources (gas stove, chulah, electric kettle depending on availability at the centres) 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 milk feed under different circumstances. They could identify what mistakes a mother is likely to make while preparing a feed e.g. 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 time required to 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. The participants were asked to prepare the feed for different age groups. The participants were provided with cooked ingredients from almost all food groups like chapatti, rice, bread, dhal, boiled vegetables, milk, curd, egg, oil, butter, beans, spinach etc using which they had to prepare one meal. 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 first-hand experience of various logistic needs, time consumption, hygiene requirement etc. in preparing these feeds versus the ease and economic benefit of breastfeeding if compared.

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 and half days where the National Trainers conducted all the sessions the same schedule 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

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- 1) Breastfeeding Observation Form
- 2) Breastfeeding History Form
- 3) Dietary Recall Form
- 4) Growth Charts
- 5) Counselling Checklists
- 6) Spoon Consistency Pictorial
- 7) Dolls, Breast model, Syringe(15ml)
- 8) Utensils for complementary feeding (Bowl, Plates, Spoons, Glass etc).

## ANALYSIS OF PRE-POST TEST

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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 improvement 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.

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.	Topics	Pre (%age)	Post (%age)	Sig. (2-tailed)
3	Benefits to Breastfeeding Mother	26 (33.8)	67(87)	<b>.000</b>
7	Functions of Oxytocin Reflex	21 (27.3)	67(87)	<b>.000</b>
8	Factors which hinder Oxytocin reflex	56 (72.7)	71(92.2)	<b>.002</b>
9	Key for enhancing breastmilk production	23 (29.9)	65(84.4)	<b>.000</b>
10	Sign of good attachment	15 (19.5)	68(88.3)	<b>.000</b>
11	Causes of sore nipples	27 (35.1)	62(80.5)	<b>.000</b>
12	Reliable signs of enough milk being received by baby	6 (7.8)	48(62.3)	<b>.000</b>
15	Meal frequency for a one day old child	1 (1.3)	31(40.3)	<b>.000</b>
16	Percentage of transmission in HIV	0 (0.0)	30(39.0)	<b>.000</b>
17	How can transmission of HIV to children be reduced during feeding	3 (3.9)	17(22.1)	<b>.001</b>
18	Growth chart used in NRHM/ ICDS	11 (14.3)	43(55.8)	<b>.000</b>
20	A Child who is shorter than expected age	33 (42.9)	49(63.6)	<b>.001</b>
21	What can help a lactating mother having an engorged breast	40 (51.9)	59(76.6)	<b>.001</b>
22	Methods of feeding Low Birth Weight babies	0 (0.0)	45(58.4)	<b>.000</b>
23	Counselling Skill (based on story format)	0 (0.0)	21(27.3)	<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 improvement 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 very less number of the participants knew about the Reliable signs that reflect if the baby is getting enough milk or not. This increased to 62.3% ( $p = .000$ ) 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.	Topics	Pre	Post	Sig. (2-tailed)
1	Knowledge about Optimal Infant and Young Child Feeding Practices	50(64.9)	71(92.2)	.000
4	Dangers of Pre Lacteal Feeds	58(75.3)	73(94.8)	.000
5	Duration of Breastfeeding	68(88.3)	76(98.7)	.010
6	Factors which enhance Prolactin Reflex	41(53.2)	49(63.6)	.145
14	Appropriate age of starting complementary foods	60(77.9)	71(92.2)	.021

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 ( $p=.145$ ) in the knowledge about factors which enhance Prolactin reflex when asked. There were questions where a very less change in the knowledge level like the appropriate age of starting of complementary feeding ( $p=.021$ ). Such a result can be attributed to the fact that the participants were experienced workers 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, good score were achieved in three of the areas post the training intervention.

There were some questions where a marked significance could not be seen e.g. In Table 3 Composition of breastmilk (pre score= 32.5%, post score= 59.7%,  $p= .001$ ). 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 focuses there. Same as with the questions up on IMS Act one point which trainers need to be focuses in future training that is IMS Act does not ban the use of formula milk or bottles. This act bans any kind of promotion. Either ways we can take it as a scope for improvement of the training for future.

**Table 3**

S. No.	Topics	Pre	Post	Sig. (2-tailed)
2	Composition of Breastmilk	25(32.5)	46(59.7)	.001
13	Questions Regarding IMS (Infant Milk Substitute) Act	35(45.5)	52(67.5)	.001
19	Which indices are used for Growth Monitoring	43(55.8)	51(66.2)	.135



## **PARTICIPANTS FEEDBACK**

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At the end of the training, participants were requested to share their feedback about the training by filling up an evaluation form. The data shows that majority of the participants were satisfied with the training and its contents. Most of them gave excellent rating to the course content and presentation. 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% 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 concerned with facilities at the training venue especially with the food (Dinner) provided during the training and the stay arrangements. They also faced the electricity problem during the training. There is a scope of improvement in these matters as they affect the overall quality of the training.

## **PARTICIPANTS COMMITMENTS**

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Post training, the participants committed to be good resource persons by helping the other colleagues 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 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. Most of them want to open the IYCF Counselling centre in their areas and help the mothers in antenatal or postnatal period. Few of them said they try to change their hospital settings and practice better IYCF practices and make their hospital baby friendly.

The participants were amazed to understand about the IMS Act. They committed to follow the rules of the Act and also spread the information to know.

On asking about the challenges they will face to fulfil the commitments 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 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. They all want to conduct this training soon in to their areas because this training is very helpful and important to all frontline workers.

## **FUTURE ACTION**

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The child health and nutritional status of children in Jharkhand is worrisome. 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. Many such IYCF Middle Level Trainers (MLT) and Front Line Workers (FLW) Trainings are needed in the state of Jharkhand.



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

**Participants filling the pre test before the training**



**Session on positioning the Baby at the Breast**



**Trainer explaining breast conditions to the participants**



**Practical session on preparation of complementary Foods**



**Session on growth monitoring**



***Dr. Sumant Mishra (Director, IPH) interacting with the participants***





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

***Trainer showing positioning through demonstration***



***On Going session on growth monitoring***



***Trainer explains back massage before milk expression***



***Participant making milk feed during practice***



***Participants talking to the mothers in anganwadi centre.***



***Dr. Beena Sinha (Deputy Director Child Health, NHM) with BPNI National trainers at the valedictory function***





## **ANEXURE 1: Memorandum of Understanding between BPNI and IPH Ranchi**



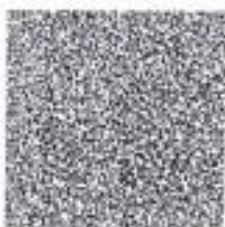
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#### **Memorandum of Understanding**

This Memorandum of Understanding (MOU) is entered into on 10<sup>th</sup> day of May 2016 between the Institute of Public Health, Jharkhand (First Party, herein after called IPH, Jharkhand), presented by Director, Institute of Public Health, Jharkhand, GVI Campus, RCH Namkum and Breastfeeding Promotion Network of India (BPNI), Delhi having their office at

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BP-33, Pitampura, Delhi-110034 represented by National Coordinator, BPNI (hereinafter to be called the 'Second Party'/BPNI).

Whereas, the IPH has engaged the BPNI for the training of Middle Level Trainers for (NHM) Jharkhand on Contract basis and that BPNI has agreed on the terms and conditions hereinafter contained for the year 2016.

**The IPH, Jharkhand and the BPNI hereto respectively agree as follows:**

1. The BPNI will be responsible for the conduct of the Middle Level Trainers training at the state level in four batches using 4 in 1 Infant and Young Child Feeding Counselling Course.
2. The BPNI will ensure that trainings of the Middle Level Trainers are conducted as per quality as well as quantity and also in time according to the training time-table/schedule. Any modification may be done only with mutual concurrence of IPH, Jharkhand and BPNI.
3. The BPNI will ensure availability of required teaching aids & training tools during training.
4. IPH will identify and nominate participants from the respective districts to be trained as the Middle Level Trainers.
5. Training venue: IPH Ranchi, Jharkhand.
6. Tentative time line: TOT of 4 batches may be conducted in May to July 2016 respectively.
7. Details of training scheme for the Middle Level Trainers are given in Annexure 2.
8. Mode of Payments.
  - a. The payments shall be made to the BPNI as per budget through RTGS.
  - b. Payment should be made as per NHM financial guidelines and approved budget.
  - c. Reimbursement would be done after submission of actual bills through RTGS.

**9. SPECIFIC RESPONSIBILITIES:**

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

- Conducting training of nominated Middle Level Trainers through BPNI's National Trainers.
- Report writing and submission of report to IPH, Jharkhand for individual MLT training workshop (4) and a combined report of all the trainings.





**IPH, Jharkhand: IPH, Jharkhand will undertake following activities:**

- Identification and facilitation of participation of the trainees from the respective districts to be trained as Middle Level Trainers.
- Nomination of Nodal officer/supervisor from IPH for training at training venue.
- Arranging of training venue and arrangements at training venue.
- Arrangement of Caterer.
- Arrangement of mothers with newborns for clinical practices.
- Support staff (2 helpers-Class IV) to be made available by IPH, Jharkhand during training for seven days in each training.
- Arranging hotel accommodation for national trainers of BPNI.
- Making stay arrangement for participants.
- Making arrangement for reimbursement of Travelling allowance to participants.
- Facilitating arrangement of local transport for national trainers if they need.
- Making arrangements for hospital visit (local transport) for the participants.

*J. P. Dadhich*

**Dr. J.P. Dadhich**  
**National Coordinator**  
**Breastfeeding Promotion Network of India**

Date: 10/05/2016



*J. Kishor*  
18/5/16

**Director**  
**Institute of Public Health (IPH),**  
**Jharkhand**



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## Enhancing Breastfeeding Infant and Young Child Feeding Practices (MLT)

Budget for Preparation of Middle Level Trainers (Per Training)

	Component	No.	Days	Rate	Total cost (in Rs)	Remarks
1	Honorarium (Trainer)	4	7	1,500	42,000	As per NHM financial norms Rs. 1500 National Level trainer per day to be reimburse to BPNI.
2	TA to trainers (as per actual basis)	4		15,000	60,000	TA rules of state Govt.
3	Accommodation for trainer (with breakfast and dinner)	4	8	2000	64,000	As per government of Jharkhand norms as per actual.
4	Food ( Breakfast, tea, lunch & Dinner) to participants including trainers (4 NT +24 participants +2 staff)	30	7	200	42,000	As per government of Jharkhand norms as per actual.
5	Local Transportation charges for hospital visit on actual basis		4	2000	8,000	State norms of hiring of vehicle will apply.
6	TA to Participants (as per actual)	24	2	1000	48,000	TA rules of state Government whichever is applicable
7	Misc. expenses like (PA system, training materials and training tools, Local complementary foods, Infant food supplement, photocopies, Certificates, banners, coordination by BPNI, courier charges, support staff etc.) and postage of training materials.				115,510	To be reimburse to BPNI as per bill submission as per NHM Budget training financial norms.
	<b>Total Fund (amount in Rs) for 1 training</b>				<b>379,510</b>	

<b>Total Fund for 4 MLT Training</b> <b>(379,510 per training x 4)</b>				<b>15,18,040</b>	
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## Annexure-2

### Details of the Middle Level Trainers Training

The Breastfeeding Promotion Network of India (BPNI) will conduct Training of Trainers (Middle Level Trainers – MLTs) of the Health worker identified by IPH, Jharkhand. These functionaries will be trained by BPNI's national trainers in IYCF as per the scheme suggested in the table No.1

### TOT of District Level Government Functionaries of NRHM

#### (Trainers to train Front Line Workers)

Title	"Middle Level Trainer" for Infant and Young Feeding Counselling
Aim	To prepare trainers of frontline workers like 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 ASHAs
Who can do it	Staff grade nurse, AYUSH Medical officers and NTT/STT.
Duration of training	7 days
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	IPH, Jharkhand.
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. 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>





## **ANNEXURE 2: LIST OF PARTICIPANTS**

<b>1<sup>ST</sup> TRAINING 23- 29 MAY 2016</b>					
<b>S. No.</b>	<b>Name of the Participant</b>	<b>Profession/ Designation</b>	<b>Address</b>	<b>Contact Number</b>	<b>Email id</b>
1	Ms. Geeta Kumari	Staff Nurse	Dist. Ranchi- Jharkhand	7061614837	<a href="mailto:geeta2sang@gmail.com">geeta2sang@gmail.com</a>
2	Dr. Paresh Kumar Bediya	MO AYUSH	Dist. Ranchi, Jharkhand-	9835466448	<a href="mailto:pkbediya@gmail.com">pkbediya@gmail.com</a>
3	Ms. Mariam Turkey	Staff Nurse	Dist. Gumla, Jharkhand	8809080910	
4	Dr. Jaydev Gorai	M.O. AYUSH	Dist. Jamshedpur, Jharkhand	9507791095	<a href="mailto:drjaydevgorai@gmail.com">drjaydevgorai@gmail.com</a>
5	Dr. Binod Oraon	M.O. AYUSH	Dist. Ranchi, Jharkhand		<a href="mailto:drbinodjaldega@gmail.com">drbinodjaldega@gmail.com</a>
6	Dr. Ambrish Kumar	M.O. AYUSH	Dist. Ramgarh, Jharkhand	8271912697	<a href="mailto:ambrish63@gmail.com">ambrish63@gmail.com</a>
7	Dr. Md. Fidaullah	M.O. AYUSH	Dist. Ranchi Jharkhand	8877017736	<a href="mailto:hakimgee@gmail.com">hakimgee@gmail.com</a>
8	Dr. Shriya	M.O. AYUSH	Dist. Bokaro, Jharkhand	9471302701	<a href="mailto:shriya.singh76@gmail.com">shriya.singh76@gmail.com</a>
9	Ms. Lily Kujur	Staff Nurse	Dist. Bokaro, Jharkhand	9955138368	
10	Dr. Abhishek Kumar	M.O. AYUSH	Dist. Bokaro, Jharkhand-	8084827746	<a href="mailto:sa269329@gmail.com">sa269329@gmail.com</a>
11	Ms. Teresa Anthony	Grade 'A' Nurse	Dist. Ranchi, Jharkhand	9279727641	
12	Ms. Rita Kumari	Staff Nurse	Dist. Chatra, Jharkhand	9798544242	<a href="mailto:rita.lakra50@gmail.com">rita.lakra50@gmail.com</a>
13	Dr. Pinki Rani Pathak	M.O. AYUSH	Dist. Ramgarh- Jharkhand	7352162625	<a href="mailto:pinkiranipathak@gmail.com">pinkiranipathak@gmail.com</a>
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15	Ms. Bindeshwari	Staff Nurse	Dist. Ranchi, Jharkhand	9097609293	
16	Mr. Anil Bhagat	Staff Nurse	Dist. Koderma, Kharkhand- Jharkhand	8271094831	<a href="mailto:anilbhagat28@gmail.com">anilbhagat28@gmail.com</a>
17	Ms. Manisha Minz	Staff Nurse	Dist. Simdega, Jharkhand	9631100529	
18	Ms. Usha rani Utra	GNM nursing	Dist. Ranchi, Jharkhand- 835217	9798590700	
19	Dr. Samsuddin Ansari	M.O. AYUSH	Dist. Giridh, Jharkhand	9771890780	<a href="mailto:drsamsuddinbhms@gmail.com">drsamsuddinbhms@gmail.com</a>
20	Dr. Manoj Kumar	Contract job RBSK	Dist. Kodarma, Jharkhand	7250602176	<a href="mailto:drmanojpandit35@gmail.com">drmanojpandit35@gmail.com</a>
21	Ms. Kanchan Meela	Grade 'A' Nurse	Dist. Ranchi, Jharkhand	9471579846	
22	Ms. Renu Singh	Staff Nurse	Dist. Khutri- Jharkhand	-	-
23	Ms. Rinku Kumari	Staff Nurse	Dist. Dhanbad- jharkhand	-	-



2 <sup>ND</sup> TRAINING (6-12 JUNE 2016)					
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2	Rose Pratima Kholkho	Staff Nurse	Distt. Palamu, Jharkhand	7079771028	
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4	Sumati Kumari	Staff Nurse	Distt. Latehar, Jharkhand	7761806497	
5	Dr. Kuldeo Choudhary	Medical Officer (AYUSH)	Distt. Garhwa, Jharkhand	9955441987	<a href="mailto:drkuldeo78@gmail.com">drkuldeo78@gmail.com</a>
6	Suchita Jiwan	Staff Nurse	Distt. Garhwa, Jharkhand	9386307453	
7	Dr. Sharat Chandra	Medical Officer (AYUSH)	West Singhbhum, Jharkhand	9798710852	<a href="mailto:dr.saratbams@gmail.com">dr.saratbams@gmail.com</a>
8	Purnima Beck	Staff Nurse	West Singhbhum, Jharkhand	9709228492	
9	Dr. Kalyan Mahota	Medical Officer (AYUSH)	East Singhbhum, Jharkhand	9608132571	<a href="mailto:kalyanbhms@gmail.com">kalyanbhms@gmail.com</a>
10	Sandhya Rani Mahato	Staff Nurse	East Singhbhum, Jharkhand	9031944403	
11	Dr. Wakil Kumar Singh	Medical Officer (AYUSH)	Distt. Godda, Jharkhand	9471560565	<a href="mailto:drwakilkumarsingh@gmail.com">drwakilkumarsingh@gmail.com</a>
12	Meenu Kumari	Staff Nurse	Distt. Godda, Jharkhand	8298449999	
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15	Dr. Ziaur Rahman	Medical Officer (AYUSH)	Distt. Sahebganj, Jharkhand	8292311375	
16	Archana Mandal	Staff Nurse	Distt. Sahebganj, Jharkhand	8292311375	
17	Prabhash Kumar Prabhakar	Medical Officer (AYUSH)	Distt. Dumka, Jharkhand	9534020255	<a href="mailto:prabhash2k16@gmail.com">prabhash2k16@gmail.com</a>
18	Ruby Kumari	Staff Nurse	Distt. Dumka, Jharkhand	7209750510	
19	Dr. Digvijay Bhardwaj	Medical Officer (AYUSH)	Distt. Deogarh, Jharkhand	9955530938	<a href="mailto:drbabloo2013@gmail.com">drbabloo2013@gmail.com</a>
20	Abha Kumari	ANM	Distt. Deogarh, Jharkhand	9973625990	
21	Dr. Neelam Bhushan	Medical Officer (AYUSH)	Distt. Saraikela, Jharkhand	9431386815	<a href="mailto:dr.nlm.bh@gmail.com">dr.nlm.bh@gmail.com</a>
22	Kanchan Dungdung	Staff Nurse	Distt. Saraikela, Jharkhand	8102973380	<a href="mailto:kanchand55@gmail.com">kanchand55@gmail.com</a>
23	Babita Kumari	GNM	Distt. Deogarh, Jharkhand	8271291947	



3 <sup>RD</sup> TRAINING (4-10 JULY 2016)					
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3	Kajal Kumar	B.T.T (NRHM)	Dist. Jamtara, Jharkhand	8292536574	-
4	Birendra Kujur	B.T.T	Dist. Latehar , Jharkhand	7870751709	-
5	Rathu Prasad Sahu	S.T.T	Ramgarh Cantt. Jharkhand	9386609848	<a href="mailto:rathuprasad.sahu@gmail.com">rathuprasad.sahu@gmail.com</a>
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7	Md. Aziz Jami	BTT	Dist. Lohardaga- jharkhand	07482092777	-
8	Jagdish Chandra Mahalo	STT	Dist- Searikella- Kharsawan, Jamshedpur, Jharkhand	9955307293	<a href="mailto:Jajdishstt123@gmail.com">Jajdishstt123@gmail.com</a>
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12	Sukhodi Baskey	BTT	Dist. Giridih-Jharkhand	7546937443	-
13	Suresh Mahto	STT	Dist- Ranchi, Jharkhand-	9334696117	<a href="mailto:sureshmahto1968@gmail.com">sureshmahto1968@gmail.com</a>
14	Kiran Devi	BTT	Dist- Khunti- Jharkhand-	8292655447	<a href="mailto:kiran915kumari@gmail.com">kiran915kumari@gmail.com</a>
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23	Manoranjana Verma	STT	Dist. Dumka- Jharkhand	9470101703	<a href="mailto:manoranjanav@gmail.com">manoranjanav@gmail.com</a>
24	Sada Nand Yadav	STT	Dist. Sahibganj- Jharkhand	9771701724	<a href="mailto:sadanand.sttsbg@gmail.com">sadanand.sttsbg@gmail.com</a>



4 <sup>TH</sup> TRAINING 4- 10 JULY 2016					
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2	Dr. Tarun Josh Lakra	Medical Officer (R.B.S.K)	Dist. Ranchi- Jharkhand	7209635585	tarunjosh@gmail.com
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4	Dr. Ritu raj Aggarwal	Medical Officer (AYUSH)	Dist. Dhanbad- Jharkhand	9955122562	drriturajagarwala@gmail.com
5	Dr. Sanjay Kumar Dey	Medical Officer (AYUSH)	Dist. Bakaro- Jharkhand	9471156598	Kumardrsanjay08@gmail.com
6	Dr. Anand Kumar Sinha	Medical Officer (R.B.S.K)	Distt. Daltonganj- Jharkhand	9308642397	Anandji100@gmail.com
7	Dr. Sanjeev Satyam kumar Horo	Medical Officer (AYUSH)	Distt. Ranchi- Jharkhand	8797065035	sanjeevsatyanhoro@gmail.com
8	Dr. Dev Anand Tiwary	Medical Officer (R.B.S.K)	Distt. Deoghar- Jharkhand	9905138889	tiwarydevanand63@gmail.com
9	Dr. Gaurav Vikram	Medical Officer (AYUSH)	Distt. Ranchi- Jharkhand	9708687592	dr.gaurav.vikram@gmail.com
10	Dr. Mohd. Ali Sharfi	Medical Officer (AYUSH)	Distt. Ranchi- Jharkhand	9431347244	dr.alisharfi@gmail.com
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12	Dr. Lakshmi Kant Jha	Medical Officer (AYUSH)	Distt. Simdega- Jharkhand	9572637193	-
13	Dr. Namita Kumari	Medical Officer (AYUSH)	Distt. Jamtara- Jharkhand	7710044739	
14	Dr. Amit Kumar Das	Medical Officer (R.B.S.K)	Distt. Jamshedpur- Jharkhand	9661816081	drdasamit@gmail.com
15	Dr. Bishweshwar Paswan	Medical Officer (R.B.S.K)	Dist. Ranchi- Jharkhand	9279146454	dr.bpaswan1975@gmail.com
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### **ANNEXURE 3: 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>Time</b>	<b>Sessions</b>	<b>Minutes</b>
9-10am	Registration. Introduction- participants, course material, expectations	60
10-10.30am	Tea	30
10.30-11.30am	Session 1: <i>Why Optimal Infant and Young Child Feeding</i>	60
11.30-12.30 pm	Session 2: <i>Production and Intake of Breastmilk</i>	60
12.30-1.30 pm	Session 3: <i>Assessing and Observing a Breastfeed</i>	60
1.30-2.30 pm	Lunch	60
2.30-3.30 pm	Session 4: <i>Listening and Learning</i>	60
3.30-4.00pm	Tea	30
4.00-5.00 pm	Session 5: <i>Building Confidence, Giving Support and Checking Understanding</i>	60
5.00-5.30pm	Session 6: Hospital Practices and Baby Friendly Initiative	30
5:30-6:00 pm	Trainers' meeting	60
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	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
12.30-1:00 pm	Session 8: <i>Breast conditions</i>	30
1:00-1:30 pm	Session 10: <i>Expressing Breastmilk</i>	30
1:30-2:30 pm	Lunch	60
2:30-3:00 pm	Session 22: Growth monitoring and measuring	30
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
5.00-5.30 pm	Session 12: Breastfeeding Low Birth Weight Babies & Twins	30
5:30-6:00 pm	Trainers' meeting	
9.00-10.10am	Session 13: <i>Complementary Feeding - Foods to Fill the Nutrient Gap</i>	70
10.10-10.30am	Tea	20
10.30-11.30 am	Session 14: <i>Feeding Techniques and Strategies</i>	60
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
1.30-2.30 pm	Lunch	60
2.30-3.30 pm	Session 11: Not enough milk	60
3.30-4:00 pm	Practical-2 Preparation of complementary feed	30
4:00-4:10 pm	Tea	10
4:10-4:30pm	Session-21 IMS Act	20
4:30--5:00 pm	Session 18: <i>Breastfeeding in special circumstances especially HIV &amp; IF</i>	60
5:00-5:30 pm	Session 9: Refusal to Breastfeed and Crying	30
5:30-6:00 pm	Trainers' meeting	30
9.00-9.30am	Session 15: Institutionalizing Skilled Infant & Young Child Feeding Counselling	30
9.30-10.00 am	Session 16: Nutrition of Lactating Mothers and their Health and Fertility	30
10-10.30am	Session 17: Breastfeeding by working mothers	30
10.00- 11 am	Preparation of Replacement Feed	30
11.00-12.00 am	Session 1: <i>Why Optimal Infant and Young Child Feeding</i>	60



Time	Sessions	Minutes
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
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: <i>Refusal to breastfeed and crying</i>	45
5.00-5.30 pm	Session 6: <i>Antenatal Preparation and Establishing Community Breastfeeding Support</i>	30
5:30-6:00 pm	Trainers' meeting	
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: <i>Growth Monitoring and Measuring</i>	60
3.30-4:00 pm	Session21: <i>IMS Act</i>	30
4:00-4.30 pm	Tea	30
4:30--5:00 pm	Session23 -24 : <i>Growth Monitoring by Growth charts and Taking action</i>	60
5:00-5:30 pm	Session 16: <i>Nutrition of Lactating Mothers and their Health &amp; Fertility</i>	30
5:30-6:00 pm	Trainers' meeting	30
9.00-10.00am	Session 11: <i>Not enough milk</i>	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: <i>Breastfeeding low birth weight babies</i>	45
1:00-1:30 pm	Practical -2 <i>Preparation of complementary feed</i>	60
1:30-2:30 pm	Lunch	
2:30-3:00 pm	Session 17: <i>Breastfeeding by working woman</i>	30
3:30-4:00 pm	Tea	30
4.00-5.00 pm	Session 15: <i>Institutionalizing skilled IYCF counselling</i>	30
5.00-5.30 pm	Valedictory Function	



## **ANNEXURE 4: 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
  - a) Milk secretion in the breasts
  - b) Milk flow from the breasts



- c) Composition of the breastmilk
  - d) None of the above
8. Which of these factors helps in Oxytocin reflex?
- a) Worry
  - b) Stress
  - c) Pain
  - d) Confident mother
9. The key for more breastmilk production is.....
10. Enumerate 4 signs of good attachment?
- 1.
  - 2.
  - 3.
  - 4.
11. Which one of these is a common cause for sore nipple?
- a) Unclean breasts
  - b) Poor suckling position of the baby
  - c) Prolonged feeding
  - d) None of the above
12. Give two reliable signs which show that the baby is getting enough breastmilk till the age of Six months?
- a)
  - b)
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
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14. At what age should complementary feeding be started?
- (a) 4<sup>th</sup> month.
  - (b) 6<sup>th</sup> month.
  - (c) After completion of six months.
  - (d) 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 breastmilk)
  - 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 breastmilk.
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 breastmilk 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?*