

# Infant and Young Child Feeding Counselling Training course- The 4 in 1' course

---

A report of Middle Level Trainer's Training

**Submitted to – India Health Action Trust**

**Submitted By: Breastfeeding Promotion Network of India**

## BACKGROUND

Breastfeeding Promotion Network of India (BPNI) was approached by the India Health Action Trust (IHAT), for conducting training on Infant and young child feeding counselling (an integrated course on Breastfeeding, Complementary feeding, HIV & Infant Feeding and Growth Monitoring) in Uttar Pradesh, for preparing a skilled pool of trainers and subsequently counsellors for combating malnutrition in the state. After discussions, it was decided to conduct one training for preparation of Middle Level Trainers (MLT) on IYCF Counselling who can further conduct trainings for frontline workers in the state. The MLT training was finalised for 6- 12 November 2017 to be conducted in Lucknow.

## TRAINING AREA & PARTICIPANTS PROFILE

A total of 30 participants were selected by IHAT to be trained as MLTs. The participants were selected from various district and zonal offices of IHAT.

S. No.	Profile	Total
1	District Technical Specialist/ District Nutrition Specialist	20
2	Nurse mentor	4
3	Zonal Technical Specialist	3
4	State Specialist	2
5	Paediatrician	1

## CLASSROOM

A big training hall in Avanti Bai Medical Hospital was given by IHAT to conduct the training. This saved a lot of time and resources as it became very convenient to go for clinical practices within the premises.



Training hall at the hospital

## HOSPITAL PRACTICE SESSIONS



Clinical Practices which are an essential part of the training were conducted at Veerangana Avanti Bai Mahila Chikitsalaya. Avanti Bai is 300 bedded government maternity hospital. The hospital is quite big with all facilities with good hygiene and cleanliness maintained all around. The influx of patients however was not much thus it was easy for the participants to meet mothers and baby's as there was no crowd. The clinical visits were coordinated well.

## TRAINING PROCESS

In pursuance of training of trainers on IYCF counselling course, under this project, Middle Level Trainers were trained with 4-in-1 training programme over the course of 7 days training workshop consisting of 2 phases. The venue to conduct the 7 day training workshop was Veerangana Avanti Bai Mahila Chikitsalaya, Lucknow. For all the in house sessions and all the clinical practice sessions were conducted in the Paediatric/ Gynea ward and OPD of the same hospital.

## TRAINING PHASES

- A. **First phase:** Referred as the 'Preparatory Phase' lasted for initial 3 days. This phase was led by the four National Trainers (Resource Persons) of BPNI. In this phase, the participants were explained about the course objectives, training methodology and training tools. The participants were explained about the differences between teaching and training, principles of adult learning and attributes of organizing such trainings. During these three days all the National Trainers conducted the sessions, transferring the skills and knowledge to the participants, finally preparing them to become trainers. This phase comprised of a total 27 sessions, wherein 22 were theoretical sessions, 3 clinical practices and 2 practical sessions.

## ○ **Training Methodology**

The training has been divided into different sessions which were distributed amongst the four national trainers. The national trainers used the 'Trainer's Guide for Middle Level Trainers for training of Frontline Workers' to impart the training. This was done purposely so that the trainees understand the use of the guide and how it should be utilised for conducting future trainings. 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.



Session on Production & intake of Breastmilk being taken by National Trainer

- **Demonstration Sessions:** Few sessions were 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.



National trainers giving demonstration of using counselling skills and helping mother to position baby at breast

- **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 Paediatric/ Gynea ward and OPD of Avanti Bai maternity hospital. In order to conduct these sessions in a more helpful manner, the participants were divided into four groups, comprising of 7-8 participants per group. 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.



Participant helping a mother and baby in positioning



Participant practicing counselling skills in live situation during clinical visits

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 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.

- **Practical 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 replacement feed as per their groups. Each group was given different heating sources (gas stove, chulah, 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 a

mother can 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 it take to actually prepare one replacement feed and the cost required to formula feed a child in the long run. Thus the fact that breastfeeding is the most healthy and cost effective method of providing child nutrition was reiterated.



Participants preparing milk feed in their groups

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 actual preparation of complementary food is not easy and slight shortcomings can pose a health risk. 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 maintaining hygiene is essential at 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.



Participants making one meal for the baby and the discussion afterwards

At the end of the first phase, the Participants were also informed about the utility of the flipbook and explained about how they would train the frontline workers further to use it in the community. This flip book was provided to them in the training material.

B. **Second Phase:** Referred to as the “Consolidation Phase”, which lasted from day 4 to day 7 of the training using the same venues. During this phase all the participants (Middle Level Trainers) were asked to conduct various sessions assigned among the group under the supervision of all four National Trainers from BPNI. They were

expected to be the trainers of the specific sessions thereby taking the sessions in the same manner as they were taken by the National Trainers during the previous days. Each of them also got the opportunity to lead one group for specific Group works like Demonstrations, Practical sessions and bed side Clinical practice sessions.

During the second phase all the National Trainers observed the ongoing sessions and facilitated the participants wherever needed. After each session the National Trainers appreciated the efforts of the participants and gave their feedback on how can he/she improve their skills as a trainer.

It is expected that after the training these MLT trainers will be motivated enough and have acquired sufficient skills to further train the frontline workers for Optimal Infant and Young Child Feeding, including feeding of an infant born to a HIV positive mother and even during the emergency situations like natural calamities and man-made disasters. Frontline Workers, who function as the family level counsellors require skills on counselling in general as well as in difficult circumstances. The second phase of MLT training therefore arms the Middle Level Trainers to address these specific needs of skill building in counselling of frontline workers.

The national trainers observed each session carefully and at the end of each session, constructive feedback was sought from the participants on the performance of their fellow trainee. After which the trainers provided their inputs on how the session could be made better and interactive. Participants whose session was not satisfactory was asked to prepare the session and deliver it again on the last day. For each session, the national trainers noted the improvements that are provided in annex..

## KNOWLEDGE ASSESSMENT- Pre- Post test

At the start and end of the training a pre- post test was given to the participants. The questionnaire tests the basic concepts on breastfeeding. Pre- post knowledge analysis of the participants was as under

Q.No.	Questions	Pre	Post
1	Knowledge about Optimal Infant and Young Child Feeding Practices	86.2	100
2	Composition of Breastmilk	65.5	96.4
3	Benefits of Breastfeeding Mother	44.8	85.7
4	Dangers of Pre Lacteal Feeds	79.3	96.4
5	Duration of Breastfeeding	86.2	100
6	Factors which enhance Prolactin Reflex	96.6	100
7	Functions of Oxytocin Reflex	31	92.9
8	Factors which hinder Oxytocin reflex	72.4	100
9	Key for enhancing breast milk production	17.2	96.4
10	Sign of good attachment	27.6	100
11	Causes of sore nipples	51.7	85.7
12	Reliable sign of enough milk being received by baby	10.3	78.6
13a	Questions Regarding IMS (Infant Milk Substitute) Act	57.4	83.3
14	Appropriate age of starting complementary foods	72.4	82.1
15	No. of meals/ day a one year old child needs with breastfeeding	6.9	60.7

16	Percentage of transmission of HIV during various stages	0	50
17	ways through which transmission of HIV to infants can be reduced	3.4	42.9
18	Number of curves in the growth chart used in NRHM/ ICDS	44.8	67.9
19	Indices are used for Growth Monitoring	55.2	85.7
20	A Child who is shorter than expected age	79.3	96.4
21	Relieving engorged breasts	69	92.9
22	Methods of feeding Low Birth Weight babies	20.7	92.9
23	As per the story what relevant information should be given to the mother	6.9	60.7

It is evident from the pre and post test results that a significant increase in knowledge has taken place. The participants although had some previous knowledge and idea about breastfeeding and its aspects. The training gave them more technical knowledge and practical ability to transform the information received into skills. A significant change can be seen in the replies in the post test and marked improvement in some topics such as, signs of attachment and positioning, reliable sign that a baby is getting enough milk, HIV and growth monitoring.

It was however felt that more in depth study of the topics and the manual is required from the participants so that they can build a strong knowledge base. In addition to knowledge assessment through questionnaire, the trainers made specific observations during clinical practice as well. The classroom learning's specially related to technical information giving like importance of colostrums, benefits of breastfeeding, dangers of artificial feeding etc. it was felt the participants were not able to explain these to the mother satisfactorily. The main focus was on correcting attachment and positioning. This was conveyed to the participants that the knowledge gained during classroom lectures has to be passed on to the mother as relevant information. Counselling is a comprehensive process of empowering the mother with

information, knowledge, skills and techniques. The national trainers suggested that it is crucial for all the participants to re-read the sessions after the training is over and keep on practicing their counselling skills so that they know how to transform that knowledge during counselling.

## GLIMPSES OF SECOND PHASE



Trainee taking a session on counselling skills



One of the trainers giving instructions before clinical practice session



Trainees taking a session on Positioning baby at breast



Participants asking questions



Trainer demonstrating growth measuring



Participants practicing complementary feeding counselling under the observation of trainer



## **CLINICAL SKILL COMPETENCY AND FUTURE COMMITMENTS OF THE PARTICIPANTS**

When asked about how much they found the training to be useful, 85% of the participants found it to be extremely houseful in their everyday work. Around 30% of the participants rated their counselling skills as excellent after the training while 59% of the participants rated themselves as having developed good counselling skills. 11% of the participants rated themselves as having fair counselling skills and shared that they would like to have more time with mothers and babies so that they can practice their skills more with them. All the participants got at least 2 chances of meeting and counselling a breastfeeding mother and family of a young child under the age of 2 years for complementary feeding. Participants were seen to be a little hesitant in approaching mothers and handling a baby during positioning. More hesitation from male trainees was reported. The National trainers explained to them that their under confidence signals to the mother that they do not have any knowledge. They were encouraged to talk with the mothers in the presence of a female participant of along with the mother. By the last clinical practice, good improvement was seen.

In their feedback, the participants shared that they have seen a vast difference in the counselling that they were doing earlier and what they have learnt during the training. Their behaviour and outlook towards counselling has changed and it is now more client focussed. Some participants also shared that they would focus more on finding the solution of the problem now rather than only giving information. They also shared that they would now focus more on imparting counselling skills in future trainings and not just impart a lecture.

They also suggested that a counselling room should be there in there in every health facility with a counsellor, which has written policy on breastfeeding must be established. Second suggestion was to provide counselling skills checklist in Hindi as well.

## Annex.1 Trainer feedback notes on Second Phase

### SESSION 1 -WHY IYCF

- **Good body language, Had knowledge of the session, confident**
- **No Movement in class**
- **Very less class control- No Praise, Speaking Out of Turn, Within group discussions, Not Encouraging those who are quiet**
- **Too Fast, One hour session completed in 30 min**
- **No use of av AID, Not following instructions in the manual**
- **Deviation from Topic**

### SESSION 2- ANATOMY PHYSIOLOGY OF BREAST

- **Good body language**
- **Praised, good audience control**
- **Tried maintaining eye contact**
- **Not using training aids, going out of topic**
- **Speaking very Fast, same tone throughout**
- **Commanding Using too many technical words**
- **Need more clarity on the topic- prolactin reflex, oxytocin, reasons of hindering etc.**

### SESSION 3- ASSESSING A BREAST FEED

- **No introduction**
- **Reading Objectives - are not meant to be discussed**
- **Didn't thank the participants of Role play**
- **No movement**
- **Did not involve all /silent participants**
- **Didn't Use the AID**
- **Completed Session before Time**
- **Didn't demonstrate suckling**

### SESSION 4- LISTENING AND LEARNING

- **Good eye contact**



- **Control on audience**
- **Praise**
- **Good Movement**
- **Confident**
- **Demonstration of skills could have been better, should change the volunteer for demonstration to involve all**
- **Take care of font size and colour of marker while writing on flip chart so that it is visible to all**
- **Never show back to the trainee**

#### **SESSION- 5-BUILDING CONFIDENCE**

- **Well taken session**
- **Good confident, used voice modulation**
- **Maintained eye contact**
- **Could have been more interactive, did not wait for participants to answer, gives the answers to all questions herself**

#### **SESSION 7-POSITIONING THE BABY AT THE BREAST**

- **Focus was on positioning, not on counselling skills**
- **More clarity of concepts needed**
- **Time limit exceeded in some groups, some completed about 15 min before**
- **Ensure all logistics are available before the start of session**
- **Trainer needs to clear all doubts before taking the session from co trainer.**
- **Coordination of all the trainers is important**

#### **SESSION -CLINICAL EXERCISE-DAY 2**

- **Prepared the session well, Instructions were clear**
- **Emphasis was on practicing skills**

**During summarizing the session**

- **Questions should be group wise**
- **Ask Questions on how the groups practiced counselling skills**
- **Not involving other group leaders**

- Trainers themselves using too many closed questions.
- “Can you tell positives? “ -Instead - How was your counselling session ?
- When talking to a particular group , should not loose contact with others

### CLINICAL EXERCISE FEEDBACK –DAY 3

- No Praise
- Ignored participants question “ Can Egg yolk be given to a 1 year old child”
- No control on participants response
- No Expressions
- Limited movements
- Too much Repetition
- Time Management could be better
- Clarification on skills needed – Empathise
- Other co trainer taking lead
- All skills not covered

### SESSION 23 & 24- GROWTH MONITORING

- Good attempt, had prepared well, drawn the growth chart well to demonstrate
- Confident
- Simple language
- Repetition of content
- Use of judging words “Sab Samajh aa gaya hoga”, “Nahin samajh aaya hoga”
- Concepts regarding taking weight and age was not clear
- Praise of participants could have been better

### SESSION 11- NOT ENOUGH MILK

- Well Prepared, Prepared the co participant well
- Followed the manual
- Used Simple language
- Lack of confidence

- Translation of instructions of English to Hindi was not proper, thus deviating from topic. Terms like “Low birth weight” was used for poor weight gain.
- “Reason for not getting enough milk” was asked as “Why the child may not be gaining weight”
- Poor eye contact with participants
- Lack of energy, No voice modulation
- Lack of praise for participants

#### SESSION-18 -BREASTFEEDING AND SPECIAL CIRCUMSTANCES, HIV

- Well Prepared
- Followed the MANUAL
- Good voice modulation, maintained eye contact
- Improve on managing trainee- “Many reading manuals”
- Clarification can be better on some concepts.

#### SESSION 12 –BREASTFEEDING LBW BABIES & TWINS

- Good attempt, Started the session well asked trainee to close manuals, raise hands to ask questions
- Well prepared, Dolls, Cup all in place
- Used simple language
- Stuck to manual, however writing responses to some questions not desirable
- No praise of participants
- Better eye contact needed

#### SESSION 27- PREPARATION OF REPLACEMENT FEEDING

- Well prepared, but better implementation desired
- Instructions in the beginning were not correct. It was disclosed that we will be observing hygiene during the session
- Better group management desired
- All steps need to be observed
- All skills like measurement of water, Taking powder should have been discussed

## ANNEX 2- LIST OF BPNI NATIONAL TRAINERS

S. No.	Name
1	Dr. Sangeeta Rani
2	Dr. Manish Kumar Singh
3	Ms. Prerna Bhardwaj
4	Ms. Vibharika Chandola

## ANNEX. 3 LIST OF PARTICIPANTS

S. No.	Name	Designation
1	Mr. Abhilash nanan	District technical specialist
2	Mr. Amit sharma	District nutrition specialist
3	Dr. Ankur khare	District technical specialist
4	Ms. Anusha sharma	District technical specialist
5	Ms. Arti dubey	Nurse mentor
6	Dr. Arvind basotia	Zonal technical specialist
7	Mr. Biswajit patra	District nutrition specialist
8	Dr. Ajay sadanshiv	District nutrition specialist
9	Dr. Devendra sharma	District technical specialist
10	Dr. Hirkani madnaik	District technical specialist
11	Dr. Piyush kumar nayak	District nutrition specialist
12	Dr. Khushbu kumari	District technical specialist
13	Mr. Nitesh kaneria	District technical specialist
14	Ms. Priya chaturvedi	District nutrition specialist

15	Ms. Rachna sharma	District nutrition specialist
16	Mr. Raja ram padey	District technical specialist
17	Mr. Raju sinha	District technical specialist
18	Dr. Rita kumari jha	Zonal technical specialist
19	Ms. Roopali sawhney	District technical specialist
20	Mr. Sagnik roy	Zonal technical specialist
21	Mr. Samarth tripathi	District technical specialist
22	Ms. Shikha kandhil	Nurse mentor
23	Ms. Shruti sachdev	District nutrition specialist
24	Ms. Sneha t. Thomas	Nurse mentor
25	Dr. Mohd. Salman khan	Paediatrician
26	Ms. Tuhina verma	District nutrition specialist
27	Mr. Umesh kumar singh	State specialist nutrition
28	Ms. Vandana sachan	Nurse mentor
29	Mr. Vivek kumar asrekar	District nutrition specialist
30	Dr. Neha agarwal	State specialist- new born health



