

**International Training-of-Trainers**  
**In**  
**Infant & Young Child Feeding Counseling: a 4-in-1 course**  
**(An Integrated Course on Breastfeeding, Complementary Feeding, Growth**  
**Monitoring and Infant Feeding & HIV- Counseling)**

# REPORT



**University College of Medical sciences & GTB Hospital, Delhi**  
**(June 24-July 07, 2013)**

## **COURSE DIRECTOR**

**Professor M. M. A. Faridi**  
*MD, DCH, MNAMS, FIAP, FNNF*  
Head, Department of Pediatrics  
In-Charge Division of Neonatology  
University College of Medical Sciences Delhi University and  
GTB Hospital Delhi-110095, India  
E-mail: [mmafaridi@yahoo.co.in](mailto:mmafaridi@yahoo.co.in)  
[drmmafaridi@gmail.com](mailto:drmmafaridi@gmail.com)  
Ph: (Office) +91-11-2258 6262 Ext 2417, 2418  
(Mobile) +91-98683 99740  
Fax: +91-11-2259 0495



# Contents

<b>1. Background</b>	<b>5</b>
<b>2. Course Director--a brief resume</b>	<b>7</b>
<b>3. Aim of the TOT</b>	<b>8</b>
<b>4. Objectives of TOT</b>	<b>8</b>
<b>5. Expected Outcome of TOT</b>	<b>9</b>
<b>6. Training Schema</b>	<b>10</b>
<b>7. Account of Present TOT</b>	<b>12</b>
<b>8. Outcome of the TOT</b>	<b>18</b>
<b>9. Limitations</b>	<b>20</b>
<b>10. Recommendations</b>	<b>21</b>
<b>Acknowledgement</b>	<b>23</b>
<b>Annexes</b>	<b>25</b>



# 1. Background

Malnutrition is a result of various factors including poor/inappropriate infant and young child feeding and caring practices including status of exclusive breastfeeding and timely introduction of complementary feeding. Poverty does not seem to play a significant role. According to current estimates <50% children are exclusively breastfed up to six months of age in South-Asian region and semisolid foods are introduced early in infancy by 2-3 months of age. Breastfeeding is altogether stopped in almost 1/3<sup>rd</sup> infants between 12-17 months. The Global Strategy on IYCF recommends that exclusive breastfeeding should be done up to six months of age followed by introduction of complementary feeding, including variety of thick consistency foods in appropriate amounts given by a care giver in enabling environment, along with continuance of breastfeeding for two years or beyond.

One of the most important strategies to improve nutrition status and reduction in the mortality of U5 children is through improvement of infant and young child feeding practices. It has been reported that if breastfeeding can be initiated within one hour of birth then 22.3% neonatal deaths can be prevented. Even if it is delayed to 24 hours breastfeeding still prevents 16% newborn deaths. The Lancet Series (2003) has brought out that breastfeeding for one year alone, and in combination with complementary feeding, prevents 13% and about 20% of all U5 deaths respectively [Jones G, Steketee RW, Black RE, Bhutta ZA, Morris SS; Bellagio Child Survival Study Group. How many child deaths can we prevent this year? Lancet. 2003 Jul 5;362 (9377):65-71]. It is also acknowledged that malnutrition contributes to over half of all deaths in children under five years. Breastfeeding not only reduces mortality but also ensures quality survival and prevents adult onset metabolic syndrome; lipid profile of breastfed infants has been found to be significantly different from formula fed and even from mixed fed infants (Harit D, Faridi MMA, Aggarwal A, Sharma SB. Lipid profile of term infants on exclusive breastfeeding and mixed feeding: a comparative study. Eur J Clin Nutr 2008; 62:203-9).

Successful long-term breastfeeding depends on a successful start and on going support to manage breastfeeding difficulties. Breast milk alone is sufficient to provide all nutrients, and water, that a baby requires till six months of age. Hence mothers require support and help to do exclusive breastfeeding up to six months of age and then continuing breastfeeding for at least 2 years. Timely start of complementary feeding is essential to prevent growth faltering and deficiency disorders. Mothers need encouragement and guidance to introduce semisolid foods from the family pot after six months of age in caring and responsive manner. Breast milk provides almost 1/2 to 1/3<sup>rd</sup> of the total energy to the infant between age 6 to 12 months and 1 to 2 years respectively. It fulfills about 45% and 90% needs of the vitamin A and vitamin C respectively in the second year of breastfeeding.

A mother, therefore, needs counseling to continue breastfeeding for at least 2 years. There are evidences that counseling by health workers and peers result in increased rates of improved infant feeding practices (Haider et al. Training peer counselors to promote and support exclusive breastfeeding in Bangladesh. *J Hum Lact* 2002; 8:7-12).

Growth monitoring with the help of WHO Growth Charts is a very effective tool to identify early growth faltering and poor weight gain in children. The weight –for-age and weight-for-length lines plotted on the growth charts also give an idea of the growth trajectory which is extremely important in taking appropriate steps lest it is late when child falls in the category of malnutrition. Infants generally resent and cry during taking weight and length and mothers often find weighing of their infants uncomfortable and unacceptable. The health workers should be able to take and plot all measurements correctly, and must possess skills to empathize with mothers and empower them to participate in growth monitoring of their infants. Such skills are missing from most of the health workers; one of the reasons is that pre service curriculum is silent on this aspect. This course is unique in that it facilitates trainees in acquiring skills for growth monitoring as well.

## 2. Course Director--a brief resume

Dr M. M. A. Faridi (MD, DCH, MNAMS, FIAP, FNNF) having advanced training in Neonatology from University of Illinois, Chicago, USA, is the Professor and Head, Department of Pediatrics and In-Charge, Division of Neonatology, University College of Medical Sciences and GTB Hospital Delhi, India. He is a WHO/UNICEF/IBFAN Course Director of IYCF Counseling Training Course and is a Resource Person to Government of India Ministry of Health and Family Welfare, National Aids Control Organization, Ministry of Women and Child Development, National Institute of Public Cooperation and Child Development, Government of Delhi, University Grants Commission, Indian Council of Medical Research, National Board of Examination, Government of Delhi, BPNI, Hope Foundation and other NGOs.

Prof Faridi has vast experience of conducting T-O-T in IYCF Counseling in India and abroad. He has trained Master Trainers of IYCF Counseling Course, IYCF Counseling Specialists, Infant Feeding and HIV Counselor and Frontline Health workers from Afghanistan, Nepal, Bhutan, Bangladesh, Maldives, Sri Lanka, Philippines, Laos PDR, Iran, USA, Timor-Leste and Yemen besides many states of India.

Prof Faridi is a National Faculty for Neonatal Resuscitation, Essential District Newborn Care Program and Facility Based Newborn Care Program. He is Medical Council of India Inspector for postgraduate courses in Pediatrics and examiner of undergraduate and postgraduate students of several universities in India and Nepal. Having membership of prestigious academic bodies, he is a Fellow of Indian Academy of Pediatrics and National Neonatology Forum. He has been President of Indian Academy of Pediatrics Delhi State and currently is the President National Neonatology Forum of India, Delhi State. Recently he has been elected as Executive Member of the Central Indian Academy of Pediatrics from Delhi State. He has several Gold Medals, State Citation and other awards to his credit for distinguished service in Neonatology and Pediatrics.

Prof Faridi has authored a book "Neonatology Practice Made Easy" and has written several chapters in the textbooks of Pediatrics and published 145 articles in the national and international journals. He is a member of the core committee which developed the present 4-in-1 IYCF Counseling training course. He has guided about 50 postgraduate and PhD students for theses research work. He is a reviewer for International Journals such as Human Vaccine, Vaccine, Journal of Vaccine & Therapeutics, Journal of Pediatric Infectious Diseases, Journal of Human Lactation, African Medical Journal, Asian Pacific Journal of Tropical Medicine, International Journal of Medicine and Medical Sciences, and National Journals like Indian Pediatrics, Indian Journal of Pediatrics, Indian Journal of Medical Research, Journal of Emergency Pediatrics, and Journal of Neonatology.

### 3. Aim of the TOT

The aim of the present endeavor was to build national capacity of the three countries, namely Afghanistan, Nepal and India, for implementing optimal infant and young child feeding practices in the community.

### 4. Objectives of TOT

The TOT was organized with the following objectives.

1. To produce six master trainers of IYCF counseling course- an integrated 4-in-1 course
2. To train 25 IYCF Counseling Specialists
3. To find out practicality of running 4-in-1 course in 13 days



## 5. Expected Outcome of TOT

After the training it was expected that--

1. Three health personnel each from Afghanistan and Nepal would be trained as Master Trainers of the integrated 4-in-1 IYCF Counseling Training Course.
2. Twenty five IYCF Counseling Specialists would be produced from India.
3. Successful completion of the 4-in-1 integrated IYCF Counseling Training Course; phase-1 in 6 days and phase-2 in 7 days.

## 6. Training Schema

The T-O-T with 3-in-1 integrated course on breastfeeding, complementary feeding and HIV & infant feeding is completed in 13 working days in two phases. It is organized at a health facility where maternity and pediatric services are available to facilitate clinical bed side and OPD training. At a time 6 master trainees may be trained by one course director. Each master trainee trains 4 or 5 IYCF counseling specialists in the second phase of the T-O-T under the supervision of the course director. Now growth monitoring has also been included making 4-in-1 course. The training will be completed in 13 days.

- 6.1. **Phase-I**, referred to as Preparatory Phase, lasts for 6 days. In the first phase the objectives of the course, training methodology and training tools are explained to the participants who are called master trainees. The course director explains to them differences about teaching and training, principles of adult learning and attributes of organizing such training. He then prepares them as how to take different interactive sessions like power point presentations, demonstrations, role plays, written exercises, practice classes, clinical bed side working with the mothers in the wards and OPD, preparation of replacement feed and semi solid food meal in order to achieve the above objectives. Use of training tools and mother counseling flip chart are explained. On the last day administrative and managerial responsibilities are given to each master trainee for smooth conduct of the T-O-T II phase. This helps them in understanding real issues of logistics in organizing such trainings in future.
- 6.2. **Phase-II**, called Consolidation Phase, in which master trainees actually get an opportunity to train IYCF counseling specialists for 7 days and sharpen their training and counseling skills under the supervision of the course director. Each master trainee presents sessions allotted to them. Each of them leads a group of 4-5 IYCF counseling specialists for group work, demonstration, practice sessions and bed side training.
- 6.3. Training kit: The training is conducted with the help of the following tools and material.
  - Trainer's Guide
  - Participant's Manual
  - Counseling Flip Charts
  - Doll and breast model
  - Cup, spoon, bowl, feeding bottle, pacifiers
  - Breast pump, syringe pump
  - Weighing scales, infantometer, measuring taps

- Power points
- Written exercises
- Demonstrations
- Role plays
- Clinical practice in the hospital
- Charts, cards, stories
- Videos
- Breastfeeding observation form, Dietary Recall Form, Infant Feeding History Form
- Counseling skill forms
- WHO growth charts
- Practical: preparation of replacement feed, complementary feed
- Group discussion
- Opportunity to train IYCF Counseling Specialists

#### **6.4. Process of Training**

The course director presents different sessions before the master trainees in the first phase which is also known as 'preparatory phase'. He then makes a time table for both phases and gives sessions to each master trainee so that they get enough time for preparation. The course director asks master trainees to present some of the sessions before other participants. The role plays are done by the master trainees themselves as 'health worker' and 'mother'. The course director observes and facilitates their learning by giving them feedback and correcting mistakes.

In the second phase each master trainee is made in-charge of a group of 4 or 5 IYCF counseling specialists whom she/he helps in acquiring counseling skills required for infant and young child feeding under the watchful eyes of the course director. The master trainees take all sessions as allotted to them. In the trainers' meeting held at the end of the day, course director discusses the proceedings of the day, gives feedback and gives inputs for improving the session in future. This gives master trainee a first hand opportunity of training participants and building confidence for future endeavors.

# 7. Account of Present TOT

A brief description of the present TOT is given here.

## 7.1. Training Team

- Dr M.M.A. Faridi Course Director
- Dr Anita Gupta Co-Course Director and translator
- Dr Ruchita Negi in-charge training venue & logistics
- Dr Parul Gupta in-charge food and catering
- Dr Sakshi Sachdeva, translator
- Ms Fariha Siddiqui BPNI Coordinator & translator
- Mr Praveen Kumar Secretarial assistant and liaison officer
- Ms Teresa sister in-charge bed side clinical training (Pediatrics)
- Ms Merry sister in-charge bed side clinical training (Maternity)
- Mr Jamil assistant

## 7.2. TOT Observer

- Ms Nirmala Selvam

## 7.3. Trainees

There were six master trainees, three each, from Afghanistan and Nepal and 25 IYCF Counseling Specialists trainees drawn from different states of India (Annex-1-2). Six master trainees attended both phases of the training whereas 25 IYCF Counseling Specialists were trained in the phase-2 by them.

## 7.3. TOT Phase-I

The Phase-I of the T-O-T was held from June 23-29, 2013 at UCMS & GTB Hospital Delhi. A mini secretariat equipped with computer, printer, stationary, training tools and material was opened at the training venue. Three master trainees from Afghanistan and three from Nepal participated in the training. There were four doctors, two from each country; one nurse from Nepal, and one nutritionist from Afghanistan.

Registration of the participants followed by detail self introduction starting from the course director and training team members to all participants. The aim was to understand strength of the participants, their work profile and interest in breastfeeding and complementary feeding; knowledge and understanding of the issues and barriers in implementation of optimal IYCF practices in the community, and language prowess and expressive acumen that would help later on in developing plan of action.

On the first day all master trainees were introduced to the objectives of the preparatory phase and exposed to the course contents [Annex-3], skills required for a counselor and a trainer, process of training, training tools and logistics. Essentials of adult learning and role of a facilitator was explained. After that hospital visit was made, along with the clinical practice nurse, where participants would work with the mother-baby dyad at bed side to learn communication skills, assess and observe breastfeeding and complementary feeding, and take growth measurements in real situation clinical practice. The visit was planned to familiarize participants with the place and to liaison with the nursing staff of the maternity, postnatal and pediatric indoor wards and outdoor facility for carrying out clinical practice efficiently. All the participants were invited by the institution authorities, Principal and Medical Superintendent, on the same day and a photo session was held with them. A space was created at the training area marked as “HOPES” & “FEARS” where master trainees could scribble their doubts and expectations. A large sheet was put up in the training area inscribed ‘parking lot’ for questions which might be asked by the participants during sessions having no relation with the topic under discussion or were not relevant at that moment. Such questions were to be answered during coffee break or trainer’s meeting. This simple technique and hospital sojourn made participants very comfortable and relaxed.



***Positioning of baby on to breast***



***Preparing a complementary feed***

The Course Director, Prof Faridi, put up time table-1 [Annex-4] on the notice board and allocated sessions to each Master Trainee for preparation and presentation on the following days [Annex-5]. They were also requested to make a breast model (one by each team from Nepal and Afghanistan) in the hotel with the help of the material and written instructions given to them and bring it to the training venue after two days. Each team made good breast model.

Prof Faridi took all the sessions on day-1 and day-2 to demonstrate to the Master Trainees as to how different presentations should be made so that participants could understand and learn the subject, and their attention and interest were maintained

throughout the course. Subsequently new sessions on written exercise, demonstration, role play, practical training and clinical practice were taken by the course director/co-course director and objectives and process of taking these sessions was explained to the master trainees so that they understand their relevance as the training tool.

The Master Trainees presented sessions on subsequent days as per the time table-1. The Course Director observed them and helped, if they faced difficulty while making presentations. The master trainees were divided in to two groups and a translator was provided to them so that they can communicate with the mothers during clinical practice. Participants from Nepal could understand Hindi but were not fluent in speaking. Similarly Afghanistan team was not familiar with Hindi. It was very important because entire course and training was counseling based. A detail discussion was made after each Clinical Session about what they learnt and what difficulties they experienced while using listening and learning and confidence building skills (Annex-6), positioning the baby for breastfeeding, expression of breast milk, filling dietary recall and breastfeeding observation forms, taking weight and length of the infants and plotting these on the growth charts, and managing breastfeeding and complementary feeding problems with the help of Clinical Practice Discussion Check List (Annex-7). They were praised and encouraged to use the counseling skills more and more in the subsequent sessions. Each Master Trainee was given ample opportunity to observe breastfeeding, improve position for breastfeeding while working with the mothers, take measurements and manage breastfeeding and complementary feeding difficulties, some breast conditions and expression of breast milk. A video on expression of breast milk and cup feeding was also shown to all the participants.

At the end of each day the Course Director conducted Trainers' Meeting from 5.30 to 6.30 pm daily where detail inputs and feedback were given to the individual master trainee regarding the session/s taken by her/him. In the Trainers' Meeting program and preparation for the next day were also discussed and specific instructions and tips were given to the master trainees. On some days Ms Nirmala also participated in



the Trainers' Meeting. On the last day of the Phase-I training (June 29, 2013) master trainees were asked to describe extent of the acquisition of training skills. If there was any difficulty or doubts were clarified, and role and responsibilities for Phase-II of the training were assigned to each master trainee (Annex-8) and time table for Phase II was put up on the notice board (Annex-9-10).

#### 7.4. TOT Phase-II

Phase-II or consolidation phase of the T-O-T was organized from July 1-7, 2013 at the same venue. All master trainees trained 25 participants as IYCF Counseling Specialist. After introduction of the participants Prof Faridi, Course Director, took the first session on “Local Situation of Infant and young Child Feeding in India, Afghanistan and Nepal” to apprise the IYCF Counseling Specialist Trainees about the magnitude of the inappropriate infant feeding practices in the community and nutritional status of U5 children. They were divided into six groups with one Master Trainee who was responsible to lead her group and to facilitate learning in the clinical practice sessions, written exercises, history



practice role plays and practical demonstrations [Annex-11]. The training started sharp at 9:00 am with the prayer, and ‘recap’ being presented by any two participants already decided on the previous day. Master Trainees presented the sessions as per the time table-2 and facilitated IYCF Counseling Specialist Trainees to learn communication and counseling skills required for helping mothers to practice appropriate infant and young child feeding. During the clinical practice the Master Trainees led their group in the indoor wards/OPD and helped them to practice counseling skills and take feeding history, observe breastfeeding, improve breastfeeding position while mother was sitting or lying down, help mother breastfeeding soon after lower section caesarian section, observe expression of breast milk, take weight and height of children and plot these on the WHO growth charts, and empower mothers in choosing what to feed and how to feed. After the clinical practice one Master Trainee led the discussion in the class room with the help of “Clinical Practice Discussion Check List (Annex-6)” where each group presented its learning experiences.



Two practical sessions on preparation of semi solid from family pot and replacement feed were beautifully taken by the master trainees. Each one of them helped their group to prepare one complementary feed; age of the child was told to the group, boiled vegetables and cereals, dairy and poultry food and utensils were provided. Master trainees explained

variety, amount and consistency of the complementary food. Each group wrote three key messages on complementary feeding.

IYCF Counseling Specialist trainees prepared one replacement feed on another day in



the groups led by the master trainees. Amount of feed was told to each group. Water, measuring jar, utensils, gas burner or conventional chulah with woods, and tinned formula milk were provided. Participants were given task to record total time for preparation of one feed which included time of measuring, boiling and cooling water, and washing utensils. In both practical sessions some group members were assigned task of observing

hygiene and cleanliness. They were asked to give their account at the end and then any breach in the safe preparation of the feed was highlighted. The concept of clean hands, clean surface, clean utensils, and clean environment was emphasized while feeds are prepared.

All the six Master Trainees actively participated in the Phase-II training. The Course Director observed them facilitating participants in the ward and during discussion. In all 46 sessions comprising of power point presentations, clinical practice, practical work, demonstrations, role plays, written exercises and group discussion were taken by the Master Trainees among themselves. Trainers' meeting was held every day from 5.30 pm to 6.30 pm. Ms Nirmla was also present and she gave useful inputs about the performance of the master trainees. Each Master Trainee conducted one meeting facilitated by the Course Director to take stock of the day. Brief account and shortcomings in the presentation of each session were highlighted by the Course Director to the Master Trainees for future improvement. Then next day's program was discussed and preparations were made.

On the last day of the Phase-II training (7<sup>th</sup> July, 2013) the Course Director explained to the Master Trainees and the IYCF Counseling Specialist Trainees how to establish IYCF Counseling Centre and its scope in the health facility and discussed future plan and activities to improve infant and young child feeding practices in the community. All the participants showed keen interest and suggested many ways to improve infant





feeding practices at their health facility and in the community keeping in mind cultural and social barriers.

It is hoped that after this training the IYCF Counseling Specialist Trainees are motivated enough and have acquired sufficient skills to counsel mother/family for optimal infant and young child feeding including feeding an infant born to mother LHIV and during emergency situations like natural calamities and man made disasters. I am confident that Master Trainees now have sufficient cognitive, psychomotor and affective skills to train others in acquiring IYCF counseling skills.

#### **7.5. An Interesting Clinical Situation:**

A 2<sup>nd</sup> gravida mother delivered two healthy twin girl babies normally weighing 2 kg and 1.8 kg respectively at birth, and was not sure of exclusive breastfeeding due to apprehension that milk would not be sufficient for both infants. One of the Master Trainees called me while leading her group in the clinical session. I advised her to counsel the parents, praise her and give some relevant information and suggestion for exclusive breastfeeding. In the following morning counseling of the father and mother-in-law was done. At last both father and mother accepted exclusive breastfeeding. Both parents were praised and assured of help any time. The mother was breastfeeding when contacted on phone three days after discharge. This case was discussed with the participants during clinical practice discussion session which was well received.

#### **7.6. Some Reactions of the Participants:**

- Many participants (both master trainees and IYCF counseling specialists) admitted that they were initially wondering what would be 'taught' in 13 and 7 days (as the case may be). But after training they realized that they knew very little about infant and young child feeding and counseling skills.
- Almost all the participants realized after the practical session on the 'preparation of replacement feed' that it was not easy to feed a baby by fresh animal milk or powder milk. It was difficult to maintain hygiene during preparation of replacement feed.
- All participants admitted that they never emphasized on consistency of food and strategy of feeding. The concept of Responsive Feeding was new for many of them.
- One participant doctor vowed that she would exclusively breastfeed her baby for 6 months by any means.
- One participant has started giving thick porridge and chicken to her 9 months old baby after attending complementary feeding sessions.

## 8. Outcome of the TOT

1. Six Master Trainers have been prepared after successful completion of the T-O-T in 13 working days. They were confident about the skills and had understood the training process. They could counsel as well as train. A crisp valedictory function was held on 7<sup>th</sup> July 2013. Medical Superintendent GTB Hospital Delhi was the chief guest. Dr Arun Gupta, Coordinator IBFAN Asia was guest of honor and Dr JP Dadhich, National Coordinator BPNI presided over the function. Dr Aslam (Afghanistan) and Dr Kesari (Nepal) gave their feedback on and appreciated the ambience as well as quality of the training. The certificates were awarded to all Master Trainers.
2. Twenty five IYCF Counseling Specialists were prepared in 7 training days. Four IYCF Counseling Specialists expressed their views on the quality and contents of the training and were satisfied having attended the training. They were sure of skills they acquired and were feeling confident of using them. All of them completed the training successfully and Course Director sent recommendation to BPNI office to award them certificate.
3. The 4-in-1 integrated course for IYCF Counseling Specialists can be successfully completed in 7 days.

### 8.1. Expected skills of Master Trainers

The master trainers, after under going 13 days training, would be able to--

- i) Train master trainers, IYCF counseling specialists, MTCT counselors, middle level trainers and frontline health workers for breastfeeding, complementary feeding, growth monitoring, infant feeding in emergency situation, and HIV & infant feeding counseling, and in understanding and monitoring International Marketing Code and Infant Milk Substitute Act.
- ii) Manage breast conditions and help mothers in improving their own nutrition and spacing.
- iii) Counsel mother/family empowering them for adopting optimal infant & young child feeding practices in all situations.
- iv) Monitor growth pattern and growth trajectory of infants and young children and helping mothers accordingly.
- v) Able to make breast model and syringe pump.

In other words a Master Trainer would be an efficient counselor as well as an effective trainer who can transfer IYCF counseling skills to others.

## **8.2. Expected skills of IYCF Counseling Specialists**

After 7 days of training the participants would be able to---

- i) Counsel a mother/family for breastfeeding, complementary feeding, infant feeding in emergency situation and MLHIV/AIDS.
- ii) Help mother in managing common breast conditions such as engorgement, flat nipples, nipple fissures, mastitis etc.
- iii) Counsel mother for growth monitoring and taking action in case of growth faltering.
- iv) Counsel mothers for their own nutrition, contraception, health and expression of breast milk.
- v) Help women spending time away from infants for breastfeeding and complementary feeding.
- vi) Support mothers in feeding during illness and recovery.
- vii) Monitor and comply with the International Marketing Code and Infant Milk Substitute Act.
- viii) Able to make breast model and syringe pump.

Thus an IYCF Counseling Specialist would acquire skills to help mother in doing successful breastfeeding and practicing safe and adequate complementary feeding. She/he would be able to detect growth faltering very early by monitoring growth with the help of WHO growth charts and counsel mother to prevent development of SAM and MAM, and take action if condition does not improve by timely referral.

## **8.3. Expected feasibility of organizing the 4-in-1 IYCF Counseling Course**

The duration of 3-in-1 integrated training course on breastfeeding, complementary feeding, and infant feeding & HIV counseling was 7 days for IYCF Counseling Specialists. The course had 43 sessions including five-day clinical bed side trainings of three hours each and two practical sessions on preparation of replacement feed and complementary feed.

The 4-in-1 integrated course had three additional sessions on growth monitoring including clinical bed side exposure for recording and plotting growth parameters. Total sessions thus were 46 (Annex-3). It was possible to add additional sessions on growth monitoring by putting three sessions namely, health and nutrition of women, for self study. The growth measurement & plotting of the anthropometric values on the WHO growth charts were practiced during clinical sessions 4 and 5.

## 9. Limitations

The T-O-T in IYCF Counseling is very exhaustive and aims at acquiring infant and young child feeding counseling skills and practical competence by the participants. The Clinical Practice on the mothers and babies in the indoor wards/OPD is the great strength of the training course. Therefore, Course Director has to monitor every step of the training and observe the participants using counseling skills while practicing in the role plays and during the Clinical Practice. I experienced following limitations.

1. The Master Trainees were from different countries and backgrounds. There were four doctors, one nurse and one nutritionist; later were neither able to comprehend nor were comfortable to communicate in English. I found it difficult to explain micro details of the counseling process to them though efforts were made to highlight the issues with the help of the translator. However, it would have been better if all Master Trainees were doctors.
2. Language was a barrier. Master trainees could not communicate with mothers directly except two Nepali doctors who could talk to them in Hindi. The course was conducted in English. Communication was excellent with the doctors as all of them could understand and speak English, but it was difficult with the nurse and nutritionist. The clinical practice required extra efforts because a translator was helping in the communication with the mothers. I could however, observe what communication and counseling skills were being used by the participants.
3. The mother counseling flip chart need to be translated in the regional languages as suggested by the Master Trainers and IYCF Counseling Specialists.

# 10. Recommendations

I would like to suggest following measures for consideration and implementation.

**10.1. Short term measures-** Hospital feeding practices profoundly affect breastfeeding and complementary feeding in the community. Efforts should be made to initiate breastfeeding within one hour of birth in most deliveries and as early as possible in operative deliveries. The use of bottle feeding should be stopped in the hospital. All mothers admitted in the Maternity and Pediatric Wards should be counseled for breastfeeding and complementary feeding so that after discharge they are able to practice optimal feeding. They should be advised to attend IYCF Counseling Center after discharge from the hospital. To achieve this aim following measures may be adopted.

- Establish an IYCF Counseling Centre in the OPD which should function on all working days.
- Sensitize all doctors, nurses and other paramedical health workers of the pediatric medicine ward, pediatric surgical ward, maternity ward, post natal ward, pediatric casualty and Nutrition Rehabilitation Centre of the hospital should be done in breastfeeding and complementary feeding on urgent basis to stop bottle feeding altogether and to encourage feeding with expressed breastmilk in case baby is separated from the mother on medical grounds.
- Organize four days training in IYCF counseling for all nurses/midwives of the above areas as early as possible. The training tools for four-day training are available with BPNI.

**10.2. Long term measures:** The aim is that all the mothers are empowered to practice Optimal IYCF Practices in the community through out India, Nepal and Afghanistan. Following Plan of Action may be expected to give the desired results.

- Make national policy on IYCF Counseling and sensitize all stakeholders.
- Develop national capacity to implement optimal IYCF practices in the community by--
- Implement BFHI in all health facilities.
- Establish IYCF Counseling Center at each health facility
- Train community health worker in IYCF Counseling through 3- Day course
- Integrate IYCF Counseling Program with the existing child health care delivery system.
- Carry out periodic self assessment of the Baby Friendly Health facility.

- Monitor and evaluate IYCF Counseling Program in the country on regular basis. To start the Mother Support Group Development Program may be initiated to study its process, methodology, course content, expected outcome, strength and weakness. Based on the results further steps may be taken for improvement and expansion of the program.

**Suggested Process of Action:**

1. Constitute a high powered committee of experts to formulate policy guidelines for National IYCF.
2. Constitute Apex IYCF Committee in the MOH and District IYCF Committees in all districts which will coordinate, guide and monitor implementation of the National IYCF Policy.
3. Create separate budget for IYCF activities including training in IYCF counseling.
4. Translate and update training course at all levels from English into regional languages before training of the middle level trainers and community health workers.
5. Develop capacity building program of the country to enable health care system to help and support all women for adopting and practicing optimal infant and young child feeding.
6. Start breastfeeding support at all the maternity facilities in the country by training doctors and nurses in IYCF counseling.
7. Monitor and evaluate the impact of the interventions two years after implementation.

# Acknowledgement

I sincerely acknowledge the help and support provided by the Principal, Prof OP Kalra and Medical superintendent, Prof Rajpal, and BPNI office in conduction the course at all levels. My sincere thanks are for all Resident doctors and entire nursing staff of the children ward, maternity ward, NICU and OPD with whom training could not have been completed successfully.

Place: DELHI

Dr MMA FARIDI

Date: September 25, 2013





**List of Master Trainees**

<b>S No.</b>	<b>Name</b>	<b>Address</b>
1	Dr. Merina Shrestha	Tribhuvan University Teaching Hospital Nepal
2	Dr. Srijana Basnet	Tribhuvan University Teaching Hospital Nepal
3	Tulashi Adhikari Mishra	T.U. Institute of Medicine; Nursing Campus Maharajganj Kathmandu
4	Dr. H. Homayun Ludin	Kabul, Afghanistan
5	Dr.M. Aslam Takhaj	Kabul, Afghanistan
6	Dr. Khalil	Kabul, Afghanistan

## Annex-2

### List of IYCF Counseling Specialists

SNo.	Names	Contact No.	Email id	Address
1	Bhavya	7838632102	malhotra.bhavya01@gmail.com	E-34, Shastri Nagar, Meerut-250004
2	Dr. Shagufta Parveen	9986647376	dr.shaguftaa@gmail.com	105, D Block, Aishwarya amaze App. Chodichikkahalli front of mega mart factory Banglore, Karnatka.
3	Dr. Deepika M Pahwa	9212427835	deepikamunjajal2000@gmail.com	H No. 52, GF Block B1 Sushant lok3 Sec-57, Gurgaon-122003 Land mark- near rail vihar
4	Dr. Suparna Gosh	9711311910	suparna.ghoshj@iiphd.org	INDIAN INSTITUTE OF PUBLIC HEALTH-DELHI Plot No.-34, Sector 44 Institutional Area Gurgaon-122002.
5	Sujata	9892993223	Sujata.aroehan@gmail.com	AROEHAN Office, 4, Laxmi nagar Near Mokhada S.T Stand, Tal Mokhada, Thane Maharashtra,401604
6	Shraddha	9272540141	shraddha.aroehan@gmail.com	B-14, Shree Nisarg Apartments. Chaitanya nagar, Gangapur Road, Nashik.
7	Dr. Sonal G. Bangad	7200529799	sonalmit.toshniwal@gmail.com	44/5, Annai Flats, Kumarappa Street Nungambakkam. Chennai, Tamilnadu
8	D. Mayuri	9003075732	<a href="mailto:mayuri69sunil@gmail.com">mayuri69sunil@gmail.com</a> <a href="mailto:maya_mayu@yahoo.co.in">maya_mayu@yahoo.co.in</a>	H.No. 3/23, Sterling Avenue First Cross, Shakti Nagar Porur, Chennai, Tamilnadu
9	Dr. Rashmi Gandhi	9810047451	rashmi_g01@rediffmail.com	T-3 rajouri Garden new Delhi-27
10	Seema	9871352392	Seemasingh251@gmail.com	H-22. IInd Floor. Acharya Shree Bhikshu Govt. Hospital Residential Quater Moti Nagar New Delhi-110015.
11	Anesh Kumar Saini	9654142593	anesh.saini84@gmail.com	E-229. 3 <sup>rd</sup> Floor tagore Garden Extn. New Delhi,29
12	Vinod kumar Jogi	8750710042	vincejogi@gmail.com	A-60, 2 <sup>nd</sup> Floor Vishnu garden, Newdeli-18
13	Dr. Isha khetarpal	9899778897	drishakhetarpal@gmail.com	GN-5 Shivaji Enclave New delhi 110027
14	Dr. Smita Khetarpal	9899237100	smita.khetarpal@gmail.com	Khetarpal Hospital F-95, Bali nagar, New delhi 110015
15	Dr. Syed Tariq Bukhari	09419005527	drst_bukhari@yahoo.co.in	C/o G.B. Pant hospital Sanwar, Srinagar
16	Ms. Ankumoni Saikia	9435016507	drankumonisaikia@rediffmail.com	Associate Professor, Dept. Of Community Medicine GAuhati Medical College, Guwahati-32
17	Dr. Sumeet Singh	9855556030	85.sumeet@gmail.com	H.No.29/1, Lahori gate NR. Malhotra Ultrasound, Patiala-147001, PUNJAB

SNo.	Names	Contact No.	Email id	Address
18	Mrs. K Navita sree	08143808635	sreenavitak@gmail.com	Govt. Dist. Hospital Hindupur, Anantapur (D+) Andhra Pradesh
19	Dr. Jaya shri Pandey (Gorakhpur, Uttar Pradesh)	9868434932	Jaikriti.pandey@gmail.com	Room No.-32 Indira Hostel BRD Medical College GKP (U.P)
20	Dr. Latha G.S	09448614364	lathags@hotmail.com	4999/1,"MEGHA", 8 <sup>th</sup> cross, Siddiveerappa layout, Davanagere-577004 Karnatka.
21	Dr. Rohan Mishra	9860271377	Doc.rohan1@gmail.com	Flat-36, Sonako Heights, Near Bharti Hospital, Chaitanya Nagar, Pune-411043
22	Kamamma V.K	9990283971	Anandhu25arun@gmail.com	SIR GANGA RAM HOSPITAL New Rajinder Nagar New delhi-60
23	Kriti jain	9899933803	Kritijain_88@yahoo.com	House No. 154, Street No.8 west Azad Nagar, Delhi, 51
24	Sushmita titus	9013871651	Titus.sushmita@gmail.com	Flat No.-38, PKT-B, LIG Flats, GTB Enclave DELHI-110093
25	Rachna Kumar	8588868019	rachnakler@gmail.com	RL-18, 2 <sup>nd</sup> Floor ganga ram vatika, Tilak Nagar New Delhi-110018

## **Infant and Young Child Feeding Counseling Course: The 4 in 1 Training Course – Course Content**

	Introduction	
Session 1	Why optimal infant and young child feeding?	(Class, 60 minutes)
Session 2	Local situation of infant and young child feeding	(Class, 30 minutes)
Session 3	Production and intake of breast milk	(Class, 60 minutes)
Session 4	Assessing a breastfeed	(Class, 60 minutes)
Session 5	Observing a breastfeed	(Class, 60 minutes)
Session 6	Listening & learning	(Class, 60 minutes)
Session 7	Listening and learning exercises	(Class, 60 minutes)
Session 8	Baby Friendly Hospital Practices	(Class and small groups, 90 minutes)
Session 9	Clinical Practice* 1 Listening and learning Assessing breastfeed	(Class and small groups, 120 minutes)
Session 10	Positioning baby at the breast	(Class and small groups, 60 minutes) (Optional video,30 minutes)
Session 11	Building confidence, giving support and checking understanding	(Groups, 60 minutes)
Session 12	Building confidence exercises	(Groups, 60 minutes)
Session 13	Clinical Practice* 2 Building confidence, giving support and checking understanding Positioning baby at the breast	(Class and small groups, 120 minutes)
Session 14	Breast conditions	(Class, 60 minutes)
Session 15	Breast condition exercises	(Groups, 30 minutes)
Session 16	Refusal to breastfeed and crying	(Groups, 60 minutes)
Session 17	Taking a feeding history	(Groups, 60 minutes)
Session 18	History practice	(Small Groups, 70minutes)
Session 19	Overview of infant feeding and HIV	(Class, 60 minutes)
Session 20	Breastmilk feeding options for HIV positive mothers	(Groups, 60 minutes)
Session 21	Replacement feeding in the first six months by HIV Positive Mothers	(Class, 60 minutes)
Session 22	Preparation of milk feeds	(Class and Small groups, 60 minutes)
Session 23	Counseling HIV positive mothers for feeding options and teaching replacement feeding	(Demonstration, 60 minutes)

Session 24	Practice counseling skills in HIV positive mothers	(Small groups, 75 minutes)
Session 25	Expressing breast milk	(Class, 60 minutes)
Session 26	Not enough milk	(Class, 60 minutes)
Session 27	Refusal to breastfeed, crying and not enough milk exercises	(Class, 75 minutes)
Session 28	Breastfeeding low birth weight babies and sick babies	(Class and demonstration, 85 minutes) (Optional video,30minutes)
Session 29	Increasing breast milk and relactation	(Class, 60 minutes)
Session 30	Complementary feeding - foods to fill the nutrient gap	(Class, 60 minutes)
Session 31	Quantity, variety and frequency of complementary feeds	(Class, 60 minutes)
Session 32	Counseling practice (BF & CF)	(Class, 60 minutes)
Session 33	Clinical Practice* 3 Taking a feeding history	(Class and small groups, 120 minutes)
Session 34	Feeding techniques, strategies and Food Hygiene	(Class, 60 minutes)
Session 35	Clinical Practice* 4 Counseling mothers in different situations and Filling dietary recall form	(Class and small groups, 120 minutes)
Session 36	Feeding during illness and recovery	(Class, 45 minutes)
Session 37	Sustaining optimal infant and young child feeding	(Class, 60 minutes)
Session 38	Clinical Practice* 5 Complementary feeding	(Class and small groups, 120 minutes)
Session 39	Nutrition of lactating mothers and their health and fertility	(Class, 60 minutes)
Session 40	Breastfeeding by working mothers	(Groups, 60 minutes)
Session 41	Regulating marketing of breast milk substitutes- Infant Milk Substitute Act and cable TV Act (India) & <i>International Code of marketing breast milk substitutes</i>	(Class and small groups, 60 minutes)
Session 42	Infant feeding in emergency situation	(Class, 30 minutes)
Session 43	Setting up Infant & Young Child Feeding Counseling and Support Centre and their Future Commitments	(Groups, 60 minutes)
Session 44	Growth Monitoring & Measuring	(60 minutes)
Session 45	Growth Monitoring by Growth Charts	(60 minutes)
Session 46	Measuring Growth: Taking Action	(60 minutes)

## **Infant and Young Child Feeding Counseling Course: The 4 in 1 Training Course – Programme**

### **Phase 1 [24-29 June, 2013]**

<b>Time</b>	<b>Day 1 June 24</b>	<b>Day 2 June 25</b>	<b>Day 3 June 26</b>	<b>Day 4 June 27</b>	<b>Day 5 June 28</b>	<b>Day 6 June 29</b>
9-10 am	Introduction of trainees & Introduction to the course material	Listening and learning 6 A	Positioning baby at the breast 10 A	Expressing BM 25 G	Hospital practices and BFHI; IMC 8 A	Growth monitoring 44 B
10-10:15 am	A	Preparation of Clinical Practice I A	Preparation of Clinical Practice II B	Preparation of Clinical Practice III C	Preparation of clinical practice IV E	Growth assessment by growth charts 45 G Preparation clinic practice V D
10:15-10:30 am	Inauguration	<b>Tea</b>				
10:30 am-12:30 pm	Visit to hospital A Introduction to the training skills A	<b>Clinical Practice I</b>	<b>Clinical Practice II</b>	<b>Clinical Practice III</b>	<b>Clinical Practice IV</b>	<b>Clinical Practice V</b>
12:30-1:30 pm	Why optimal infant and young child feeding 1 A	Listening and learning exercises 7 A	Building confidence exercises 12 A	History practice 18 A	Overview of HIV and infant feeding 19 C	Counseling HIV +ve mothers for feeding options 23 D
1:30-2:30 pm	<b>Lunch</b>					
2:30-3:30 pm	Production and intake of breast milk 3 A	Building confidence, giving support 11 A	Taking a feeding history 17 D	Complementary feeding – fill Nutrient gap 30 E	Breastfeeding option for HIV +ve mothers 20 E	Replacement feeding during first 6m by HIV +ve mothers 21 F
3:30-4:30 pm	Assessing a breastfeed 4 A	Breast conditions 14 G	Refusal to breastfeed and crying	Quantity variety and frequency of	Feeding LBW and sick babies 28 F	Preparation of milk feeds 22 G

<b>Time</b>	<b>Day 1 June 24</b>	<b>Day 2 June 25</b>	<b>Day 3 June 26</b>	<b>Day 4 June 27</b>	<b>Day 5 June 28</b>	<b>Day 6 June 29</b>
			16 E	comp. feeding 31 B		
4:30- 4:45	<b>Tea</b>					
4:45- 5:45	Observing breastfeeding 5 A	Breast conditions exercises 15 A	Not enough milk 26 F	Feeding technique and strategies 34 D	Feeding during illness and recovery 36 C	
5:45	Trainers meeting A	Trainers meeting A	Trainers meeting A	Trainers meeting A	Trainers meeting A	Trainers meeting A

**Topic allocation to master trainees (Phase-1)**

- A. Faridi**
- B. Ludin:** Sessions 17, 19, 34
- C. Aslam:** Sessions 16, 20, 45
- D. Khalil:** Sessions 23, 28,
- E. Srijina:** Sessions 25, 30, 36
- F. Merina:** Sessions 31, 44
- G. Tulasi:** Sessions 14, 26



## Listening & learning and confidence building skills

### LISTENING AND LEARNING SKILLS

- Use helpful non-verbal communication
- Ask open questions
- Use responses and gestures which show interest
- Reflect back what the mother says
- Empathize - show that you understand how she feels
- Avoid words which sound judging

### CONFIDENCE AND SUPPORT SKILLS

- Accept what a mother thinks and feels
- Recognize and praise what a mother and baby are doing right
- Give practical help
- Give a little, relevant information
- Use simple language
- Make one or two suggestions, not commands

### CONFIDENCE AND SUPPORT SKILLS

#### *Listening and learning*

- Helpful non-verbal communication
- Ask open questions
- Respond showing interest
- Reflect back
- Empathize
- Avoid judging words

#### *Assessing a breastfeed*

- Body position
- Responses mother and baby
- Emotional bonding
- Anatomy of breast
- Suckling
- Time spent suckling

#### *Confidence and support*

- Accept what mother says
- Praise what is right
- Give practical help
- Give relevant information
- Use simple language
- Make one or two

#### *Taking a history*

- Baby's feeding now
- Baby's health, behaviour
- Pregnancy, birth, early feeds
- Mother's condition and FP
- Previous infant feeding
- Family and social situation

## **Clinical Practice Discussion Checklist**

### *General questions*

- How did your clinical practice go?  
What did you do well? What difficulties did you have?
- Was the mother willing to talk? Did she seem to enjoy talking to you?
- Did the mother ask any questions? How did you respond?
- What was the most interesting thing that you learnt from her?  
Did she have a special difficulty or situation which helped you to learn?

### *Listening and learning*

- How many of the listening and learning skills were you able to use?
- What mistakes did you make? Did you ask a lot of questions?
- Did using the skills encourage the mother to talk?

### *Assessing a breastfeed*

- What did you learn by general observation?
- What did you learn using the B-R-E-A-S-T-FEED Observation Form?

### *Confidence and support*

- How many of the confidence and support skills were you able to use?  
(especially praise 2 things, and give 2 pieces of relevant information)
- What mistakes did you make? Did you give the mother a lot of advice?
- Did using these skills help you to help the mother?

### *History-taking*

- What did you learn by taking a breastfeeding history?
- Did you remember to ask something from each section of the form?
- Did using the form help you to understand the mother's situation?

## **Responsibilities of Master Trainees in Phase II**

- 1. Ludin**—Start/finish the day on time, arranging audio-visuals
- 2. Aslam**--- Marking attendance, arranging group work
- 3. Khalil**--- Arranging pretest, post test, flip charts
- 4. Srijina**--- Preparations for milk feed and complementary feed
- 5. Marina**--- Arranging valedictory function, feed back, photos
- 6. Tulasi**--- Arrangements for lunch, snacks, tea

## Infant and Young Child Feeding Counseling Course: The 4 in 1 Training Course – Programme

Phase 2 [1-7 July, 2013]

### Pre Lunch Sessions

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	Breastfeeding Positioning 10	Expression of breast milk 25	Growth measuring & 44	Monitoring by growth charts: taking action 46	IMS act 41
9:30-10.00 am	Introduction of participants						IF in emergency situation 42
10:00 - 11:00 am	Why optimal infant and young child feeding 1	Breast conditions 14	Breast condition exercise 15	History Practice 18	Growth monitoring my growth charts Growth 45	Counselling practice in HIV+ve mothers 24	Relactation 29
11:00 - 11:30 am	Preparation CP -1      Preparation CP-2      Preparation CP-3      Preparation CP-4      Preparation CP-5 TEA						
11:30 am-12:30 pm	Production and intake of breastmilk 3	Clinical Practice I Listening and learning	Clinical Practice II Building confidence,	Clinical Practice III Taking feeding	Clinical Practice IV Counseling mothers in	Clinical Practice V Complementary feeding	Relactation 29

12:30-1:30 pm	Assessing a breastfeed 4	& assessing breastfeed	giving support and checking understanding Positioning baby at the breast	history by using counseling skills, Expression of breastmilk	different situations; filling dietary recall form, taking measurements	counseling, Taking action after taking measurements	BF by working women 40 Nutrition Health and Fertility39
1:30-2:30 pm			LUNCH				

## **Infant and Young Child Feeding Counseling Course: The 4 in 1 Training Course – Programme**

**Phase 2 [1-7 July, 2013]**

### **Post Lunch Sessions**

<b>Time</b>	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 5</b>	<b>Day 6</b>	<b>Day 7</b>
2:30-3:30 pm	Observing breastfeeding 5	Building confidence and giving support 11	Refusal to breastfeed and crying 16	Complementary feeding- foods to fill the Nutrient gap 30	Overview of HIV and infant feeding 19	Counselling for HIV +ve mothers for feeding options 33	IYCF Counseling centre 43 Use Of counseling flip charts
3:30-4:30 pm	Listening and Learning 6	Building confidence and giving support exercise 12	Not enough milk refusal to breastfeed and crying exercises 27	Quantity variety and frequency of complementary feeding 31	Breastfeeding option for HIV +ve mothers 20	Feeding during illness and recovery 36	Post-test Valedictory function Presentation of certificate
4:30-4:45 pm	Preparation of One meal Tea			Preparation of Replacement Feed			
4:45-5:45 pm	Listening and learning exercises 7	Not enough milk 26	Taking a feeding history 17	Feeding techniques and strategies 34	Replacement feeding during first 6 months by HIV +ve mothers 21	Feeding LBW & sick babies 28	
5:45 pm	Trainers meeting	Trainers meeting	Trainers meeting	Trainers meeting	Trainers meeting	Trainers meeting	

**Groups**

<b><u>Group A</u></b> Facilitator—Ludin Dr Anku Moni Sakia Dr Latha GS K. Navitha Sree Dr Rohan Mishra	<b><u>Group B</u></b> Facilitator—Aslam Anesh Kumar Saini Dr Syed Tariq Dr Deepika Pahwa Dr Shagufta Parveen	<b><u>Group C</u></b> Facilitator— Khalil Sushmita Titus Seema Bhavya Malhotra Vinod Kumar Jogi
<b><u>Group D</u></b> Facilitator—Srijina Dr Isha Khetrpal Rachna Kumar Dr Jayashri Pandey Dr Sumeet Singh Smita Khetrpal	<b><u>Group E</u></b> Facilitator—Marina Dr Superna Ghosh Jerath Dr Rashmi Gandhi Dr Sonal G. Bangad Shraddha Shringarpure	<b><u>Group F</u></b> Facilitator—Tulasi Sujata Shringarpure Kamlamma VK Kriti Jain D. Mayuri