

Capacity Building of Trainers of Infant and Young Child Feeding Counselling NCF & NIPCCD



A Report

Submitted by



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We are thankful to the regional Directors of Indore, Lucknow, Bengaluru and Guwahati NIPCCD for their support and cooperation during the trainings.

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BPNI wishes to thank all the participants for their positive attitude, willingness to learn and commitment to support breastfeeding practices.

Our special thanks to all our national trainers who have put in the hard work for making the trainings a success.

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Preface

The partnership between Breastfeeding Promotion Network of India (BPNI) and National Children's Fund provides an opportunity to strengthen ongoing relationship of BPNI and NIPCCD and at the same time provides BPNI an opportunity to deliver its quality skill training; i.e. '4 in 1 training programme at the door steps of regional centres of NIPCCD. Once introduced into the curriculum of the health and nutrition cadres at district level, it is more likely to be integrated into further training programmes of workers and thus mainstreamed.

BPNI thus hopes, through such training programme a national policy could evolve that would harmonise skill building component of breastfeeding infant and young child feeding counselling in the country.

We hope more State governments will implement such trainings in the coming years!

Dr. Arun Gupta
Central Coordinator, BPNI
Regional Coordinator, IBFAN Asia

Chapter 1: Introduction

The 12th five year plan suggested revamping of one of the flagship child nutrition and development programmes of Government of India i.e. Integrated Child Development Services (ICDS) Scheme. Laying more focus on children less than three years of age the restructured ICDS mission redesigned as Early Child Care and Development (ECCD), Care & Nutrition Counselling, health services AND Community Mobilization, Awareness, Advocacy & IEC. Recognising the need for capacity building for its field functionaries, National Children's Fund and National Institute of Public Cooperation and Child Development (NIPCCD), in collaboration with Breastfeeding Promotion Network of India (BPNI) organized a skill based capacity building training programme for state/district level ICDS functionaries on Infant and Young Child Feeding Counselling.

1.1 Background

ICDS envisions ensuring holistic physical, psychosocial, cognitive and emotional development of children less than 6 years of age in nurturing, protective, child friendly and gender sensitive family, community, programme and policy environments with greater emphasis on children under 3 and promotion of optimal early childhood care, development & learning including maternal care.¹ According to the latest census, India is home to about 15.8 crore children under 6 years of age². Despite various government efforts at central and state levels through various programmes and schemes and increased literacy rate, understanding of holistic development of children from birth is lacking and considered not important. A child's life cycle begins from birth where child survival is of most importance. After which child development and child protection add on. High child mortality rate controverts the basic right of child survival. The common reasons of post neonatal deaths are mainly due to various causes, such as communicable diseases, both of the digestive systems, such as diarrhoea and enteritis, and of the respiratory system, such as bronchitis and pneumonia, as well as faulty feeding practices, and poor hygiene.³ Poor feeding practices in the initial months for children who have survived locks them in a vicious cycle of recurring sickness and growth faltering, often denting their overall growth and development. The resultant under nutrition is an underlying cause of 53 percent of all under five deaths. The world health statistics Report 2009 recognised that poor infant feeding- not being exclusively breastfed for the first months of life is a risk factor for child survival.

1.2 Relevance of Training on Breastfeeding and Optimal Infant and Young Child Feeding (IYCF) for Child Survival and Nutrition

The ICDS document clearly states that a focus on under 3s – Growth monitoring & IYCF; Training & capacity building at all levels is one of the steps ahead for universalising and strengthening with a focus on quality. The National Guideline on Infant and Young Child Feeding, Government of India (2006) points out that malnutrition among children occurs almost entirely during the first two years of life and is virtually irreversible after that. The guideline calls for building skilled support to women through health care system. National Nutrition policy⁴ and Plan of Action on Nutrition⁵ of government of India includes specific activities like “Ensuring that health care providers receive high quality training in breastfeeding practices and appropriate complementary feeding practices, lactation management etc., using updated training material and techniques.”

¹ http://wcd.nic.in/icdsimg/icds_english_03-12-2013.pdf

² <http://censusmp.nic.in/censusmp/All-PDF/05POPULATION.pdf>

³ http://mospi.nic.in/mospi_new/upload/Children_in_India_2012.pdf

⁴ <http://wcd.nic.in/nnp.pdf>

⁵ <http://wcd.nic.in/fnb/fnb/Publications/FNB%20Booklets/national%20Plan%20of%20Action.pdf>

It is a well documented fact that mothers need practical help and support to initiate breastfeeding within one hour of birth and to practice exclusive breastfeeding. The reason for introducing supplements to breastmilk leading to mixed feeding in Indian mothers is perceived milk insufficiency.⁶ Although there is a complex pattern of immediate and underlying causes for this; most instances can be prevented or treated. Various other lactation difficulties, which are preventable to a large extent, may also contribute to premature cessation of breastfeeding. Health workers must be enabled to assess these lactation difficulties and offer appropriate counselling for the community as well as for the individual mother.

There is evidence to suggest that individual and group counselling is an effective tool to improve duration of exclusive breastfeeding.⁸ In the WHO Child Growth Standards study, trained lactation counsellors supported the mothers to prevent and manage breastfeeding difficulties from soon after birth and at specified times during the first year after birth. By using this strategy, good compliance to exclusive breastfeeding was achieved in all the participating countries including India.⁷ A Cochrane review on support for breastfeeding mothers concluded that training on infant and young child feeding, which in turn led to more qualified professional and lay support to the mothers, resulted in prolonged breastfeeding duration.⁸ The Promotion of Breastfeeding Intervention Trial (PROBIT) has also documented a significant improvement in the rates of exclusive breastfeeding in the intervention group, who received skilled, counselling support from the trained health workers.⁹

Bhandari et al (2003) conducted a cluster randomized controlled trial in Haryana, India to assess the effect of a 3 day training programme. The training was based on the *Integrated Management of Childhood Illnesses Training Manual on Breastfeeding Counselling* of traditional birth attendants, social village-based workers (Anganwadi workers) and auxiliary nurse midwives. Improved rates of exclusive breastfeeding and reduction of diarrhoea was documented.¹⁰

To achieve the goal of providing counselling and education in breastfeeding and complementary feeding to each lactating mother, it is mandatory that frontline workers like ASHA & ANM workers should be empowered using a standard training course in knowledge and skills in IYCF which is imparted by trained personnel. The trained ASHA & ANM workers will be capable of providing counselling to the families using simple pictorial communication guide through facility meetings, home visits, group meetings etc.

There is a possibility to accelerate the decline of IMR through sustainable skill building intervention to enhance early and exclusive breastfeeding. In Lalitpur (one of the districts in Uttar Pradesh) it has been shown that how well a planned and systematic program can bring changes in feeding practices.¹¹

⁶ Oommen A, Vatsa M, Paul VK, Aggarwal R.. Breastfeeding Practices of Urban and Rural Mothers. *Ind Pediatr* 2009;46:891-894.

⁷ WHO Multicentre Growth Reference Study Group. Breastfeeding in the WHO Multicentre Growth Reference Study. *Acta Pædiatrica* 2006; Suppl 450:161-26.

⁸ Britton C, McCormick FM, Renfrew MJ, Wade A, King SE. Support for breastfeeding mothers. *Cochrane Database Syst Rev.* 2007 Jan 24;(1):CD001141.

⁹ Kramer MS, Chalmers B, Hodnett ED, Sevkovskaya Z, Dzikovich I, Shapiro S et al. PROBIT Study Group (Promotion of Breastfeeding Intervention Trial). Promotion of Breastfeeding Intervention Trial (PROBIT): a randomized trial in the Republic of Belarus. *JAMA.* 2001 Jan 24-31;285(4):413-20.

¹⁰ Bhandari N, Bahl R, Mazumdar S, Martinez J, Black RE, Bhan MK (Infant Feeding Study Group). Effect of community-based promotion of exclusive breastfeeding on diarrhoeal illness and growth: a cluster randomized controlled trial. *Lancet* 2003; 361(9367): 1418-1423.

¹¹ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4219670/>

Chapter 2: BPNI's Training Programme on Infant and Young Child Feeding Counselling

The '4 in 1' course

BPNI's training programme has 2 major courses, a 7 day/one-week course to develop “infant and young child feeding counselling specialists” and a 4-day course to develop a “family counsellor”. To train these two cadres, trainers are needed. This programme has also developed training for the trainers as well as the training materials.

One experienced 'course director' develops 6 (six) 'national trainers' in 6 days to learn training skills as well as become familiar with training materials of both levels. They in turn develop 24 'infant and young child feeding counselling specialists' over a period of 7 days. Depending upon the needs the 'national trainers' can be utilized to prepare more infant and young child feeding counselling specialists.

Further to reach the family level, 4 national trainers train 24 'middle level trainers' in 7 days. 3 middle level trainers in turn can train 30 family counsellors (in 4 days).

2.1. For the specialist level services

Health care providers/workers need appropriate skills e.g. to build mother's confidence to increase her own milk flow from the mother to the baby when she has a 'feeling' of 'not enough milk'; assist her to initiate breastfeeding within one hour of the birth of the baby; assist her in making proper attachment at the breast to allow effective suckling which will help in preventing breast problems like sore nipples and engorgement; and in solving problems if they do arise; answer any questions if mothers have; counsel mothers and families on adequate and appropriate complementary feeding. Growth monitoring- frequent assessment of weight and length/height during infancy and childhood may detect growth faltering at an early stage, hence adequate steps may be taken promptly for the management of suboptimal growth and prevention of serious repercussions thereto and finally be able to counsel mothers about infant feeding options and support their feeding choice. Unfortunately, most health care providers and frontline workers have not adequately acquired these 'skills' in counselling and management of breastfeeding and complementary feeding either during their pre-service or in-service training.

2.2. For the family level services

Family level counsellors require skills on counselling in normal circumstances, motivating mothers for early breastfeeding within one hour, support them to initiate breastfeeding and skin to skin contact, and exclusive breastfeeding, Mother Child Protection card, such as one issued by the Government of India, which helps to track the nutritional status, immunization schedule and developmental milestones for both child, the pregnant and lactating mothers. They should be able to recognize difficulty that may need specialist level care.

BPNI's Training Course, (*Integrated Breastfeeding, Complementary feeding, Infant feeding & HIV Counselling and Growth Monitoring*)- The 4 in 1 Course", has been referred and has been mentioned as options of trainings for capacity building of health care staff in various government documents such as the guidelines for **Enhancing Optimal Infant and Young Child Feeding practices by NRHM**¹². Recognising a need for training of for improving counselling skills of health care provider's, the guidelines state that, "*The existing training packages that can be used for this purpose is the Infant and Young Child Feeding Counselling: A Training Course. The 4 in 1 course (An Integrated course on Breastfeeding, Complementary Feeding Infant feeding & HIV counselling and Growth Monitoring). This package provides core training material for all levels including Master trainers, Mid Level Trainers, facility based service providers and frontline workers*" (NRHM, 2013, p. 19) . BPNI's training programme has been working on the government's recommendations and taking forward the programme by recognising that capacity building at all levels is necessary. Likewise this "4 in 1" Training course has been recommended through other government documents like **The 12th Five Year Plan, revised ICDS document, PPTCT guidelines and the National Nutrition Mission guidelines.**

¹² <http://nrhm.gov.in/images/pdf/programmes/child-health/guidelines/Enhancing-optimal-IYCF-practices.pdf>

Chapter 3: Project Approval and Planning

3.1. Submission and approval of project proposal

The project proposal was sent to the Director, NIPCCD Delhi for capacity building intervention on Infant and Young Child Feeding under National Children's Fund. The Board of Management of the National children's Fund discussed the proposal and the project received an approval in October 2013. (See attached MOU in **Annexure – 1**)

3.2. Preparatory meeting

Once the project proposal was approved and the MOU was signed, preparatory meetings were held between NCF/NIPCCD and BPNI functionaries to finalise the training schedules and to take action about the agreed responsibilities of each organisation. An action plan for implementing the training workshops was discussed and finalised with mutual concurrence. The action plan included dates and venue of the training workshops, probable participants and responsibilities of each collaborating organisation. (Please see **Annexure 2** for the action plan)

Chapter 4: Initiation of the Project & Implementing the Trainings

As proposed MLTs were to be conducted in the regional centres of NIPCCD while one National trainer's training was to be done in Delhi. These National trainers were further required to train a batch of IYCF Counselling Specialists. Schedule of the trainings done in the regional centres is given below: (See List of participants in the **Annexure – 3**)

Middle Level Trainers Training		
Location of Training	Date	No. Of Participants
NIPCCD Lucknow	19- 25 May 2014	14
NIPCCD Guwahati	8-14 September 2014	16
NIPCCD Indore	10- 16 November 2014	16
NIPCCD Bangalore	10- 16 November, 2014	12
National Trainer's Training		
UCMS >B Hospital	18- 31 August 2014	6 National Trainers+ 21 Counselling Specialist

4.1. Middle Level Trainers Training

This ToT was conducted to prepare Middle Level Trainers who can further impart training to Frontline workers.

4.1.1. Training Methodology

The training of Middle Level Trainers is divided into two phases (See Training Schedule in **Annexure 4**).

- First phase:** Referred as the 'Preparatory Phase' lasted for initial 3 days. Before the commencement of the sessions, participants were given a standard questionnaire as a Pre intervention test to assess the present knowledge levels. The questionnaire comprised of 20 multiple choice questions based on the subject. This phase was led by the four National Trainers (Resource Persons) of BPNI. Here the participants were explained about the course objectives, training methodology and training tools. They were explained about the differences between teaching and training, principles of adult learning and attributes of organizing such trainings. During these three days all the National Trainers conducted these sessions, transferring the skills and knowledge to the participants, finally preparing them to be the trainers. This phase comprised of a total 27 sessions, wherein 22 were theoretical sessions, 3 clinical practices and 2 practice sessions.

The training course was 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.

- ❖ **Demonstration Sessions:** Few sessions were being planned in a more participatory manner wherein the counselling skills were taught to the participants using innovative demonstrations. These demonstrations made the topic easier to understand in an interesting way. Especially the skills based sessions like '*Listening & Learning*', '*Building Confidence and Giving Support*', how to '*Position baby at the breast*', '*Feeding techniques and strategies* that a care giver should adopt while feeding a child, etc were taught using the demonstration technique.
- ❖ **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 around 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* (See **Annexure 5**), 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* (See **Annexure 6**) and *take weight and length (growth measurements) of the child* in real situation, plotting them on the growth charts. They were asked to use all the forms that were provided to them. With the help of all this the participants had to finally counsel the mothers on the child's actual growth status, especially motivating the mothers to breastfeed the child exclusively for the initial 6 months, starting with the complementary feed after 6 months and continuing breastfeeding for 2 years and above.

After returning back from each clinical practice session, a detailed discussion was conducted. Using a discussion checklist, (See Annexure 7) 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 centers) 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 minor mistakes a mother is likely to make while preparing a feed for 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 how much time does it take to actually prepare one replacement feed and the cost required to formula feed a child in the long run.

Preparing Complementary Feed: During this session the participants were asked to prepare one complementary feed. This session was also conducted within the groups. All the groups were given different age groups of a child (8 months, 11 months etc.) according to which the participants were asked to prepare the feed. The participants were provided with cooked ingredients from almost all food groups like chapatti, rice, bread, dal, boiled vegetables, milk, curd, egg, oil, butter etc using which they had to prepare one meal. This session helped the participants to understand that it is a matter of concern when we are actually preparing a feed for any child. The participants could understand that there is some specific quantity and consistency that plays an important role while feeding a child. Also it was emphasized during the session that there is a real need to maintain hygiene during all times.

These exercises provided them with a 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.

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 flipbook was provided to them in the training material.

- ii. **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 assigned sessions 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 the National Trainers took them during the previous days. Each of them also got the opportunity to lead one group for specific Group works like Demonstrations, Practice sessions and bedside Clinical practice sessions.

During the second phase all the National Trainers observed the on-going 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 normal 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. At the end of the second phase, on the last day, participants were again given the standard questionnaire as a post test, which was given on day one. After receiving both the pre and post for all the participants, analysis of the results was done which has been further explained in this report.

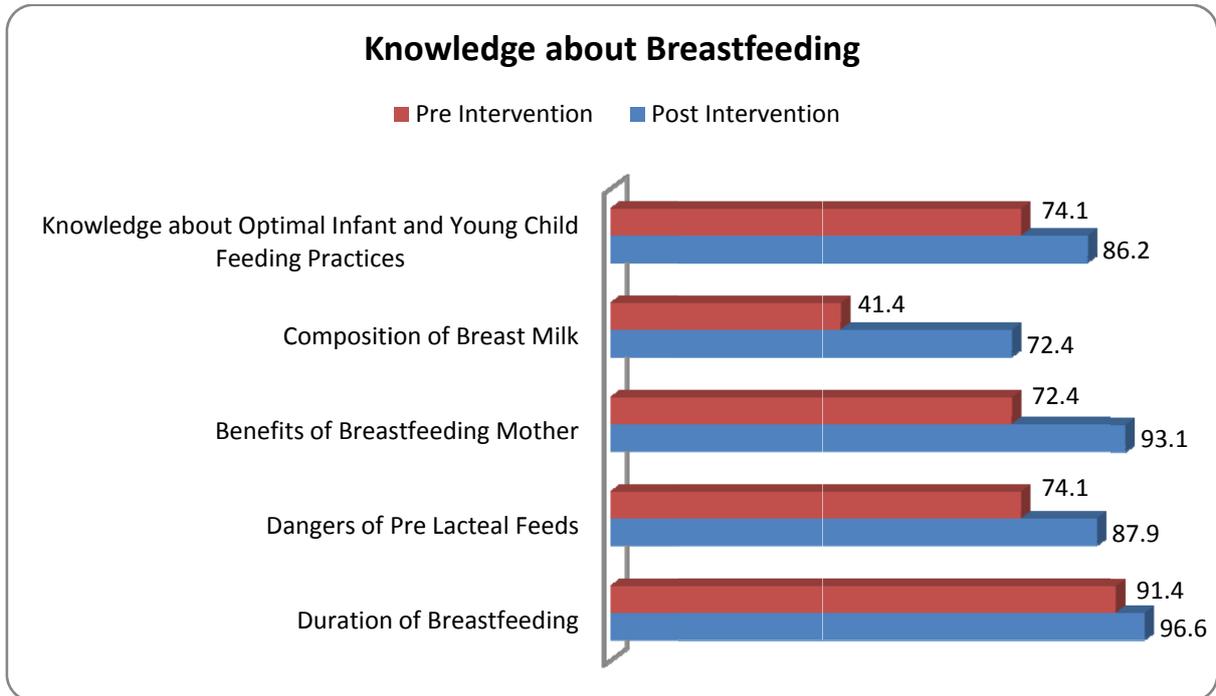
4.1.2. Analysis of Pre-Post Tests and Training Evaluation

A standard questionnaire was administered on the trainees to assess their pre and post training knowledge levels so as to reflect on the effectiveness of the training. The questionnaire is attached in **Annexure 8**. The increase in knowledge based on the correct responses is a reflection of the success of the training.

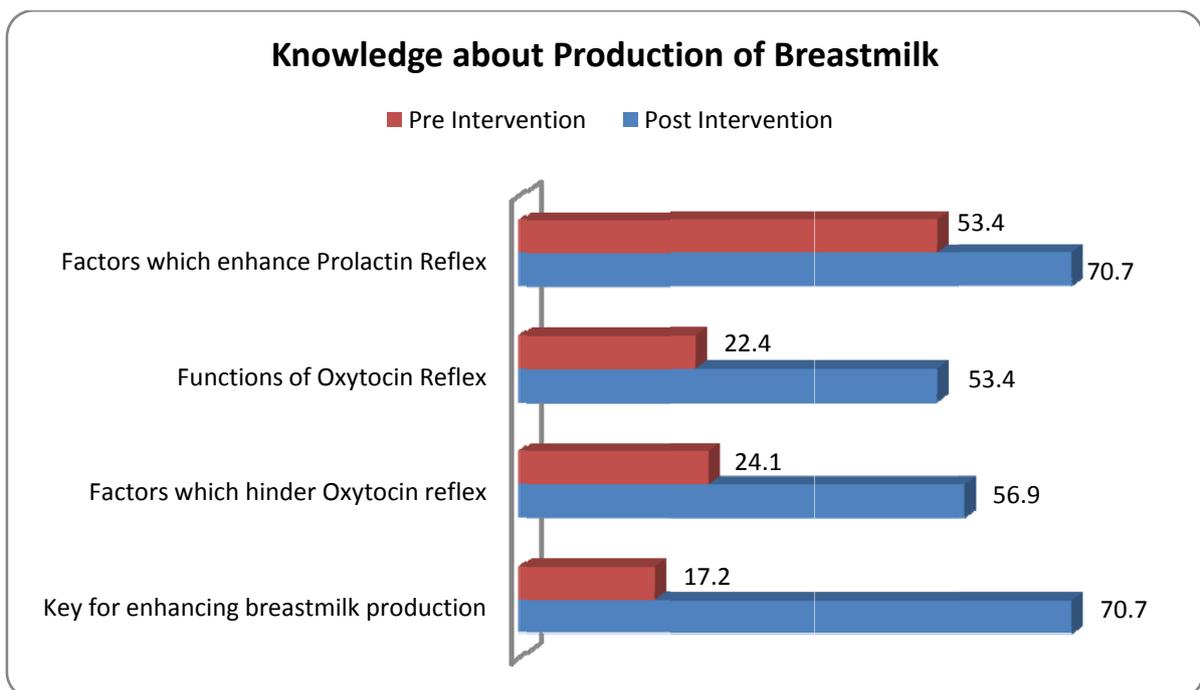
S.NO	Questions pertaining to	Pre Intervention N= 58		Post Intervention N= 58	
		Correct Responses	Percentage	Correct Responses	Percentage
1	Knowledge about Optimal Infant and Young Child Feeding Practices	43	74.1	50	86.2
2	Composition of Breast Milk	24	41.4	42	72.4
3	Benefits of Breastfeeding Mother	42	72.4	54	93.1
4	Dangers of Pre Lacteal Feeds	43	74.1	51	87.9
5	Duration of Breastfeeding	53	91.4	56	96.6
6	Factors which enhance Prolactin Reflex	31	53.4	41	70.7
7	Functions of Oxytocin Reflex	13	22.4	31	53.4
8	Factors which hinder Oxytocin reflex	14	24.1	33	56.9
9	Key for enhancing breastmilk production	10	17.2	41	70.7
10	Sign of good attachment	18	31.0	50	86.2
11	Causes of sore nipples	19	32.8	40	69.0
12	Reliable sign of enough milk being received by baby	10	17.2	44	75.9
13	Questions Regarding IMS (Infant Milk Substitute) Act	28	48.3	41.3	71.2
14	Appropriate age of starting complementary foods	44	75.9	56	96.6
15	Foods rich in Vitamin A	41	70.7	53	91.4
16	Foods for children in disease	29	50.0	46	79.3
17	The Growth Chart used in NRHM/ ICDS has How many curves	40	69.0	46	79.3
18	A Child who is shorted than expected age	29	50.0	42	72.4
19	which indices are used for Growth Monitoring	21	36.2	38	65.5
20	What should happen at a routine 'well-child' Visit	38	65.5	51	87.9

Analysis

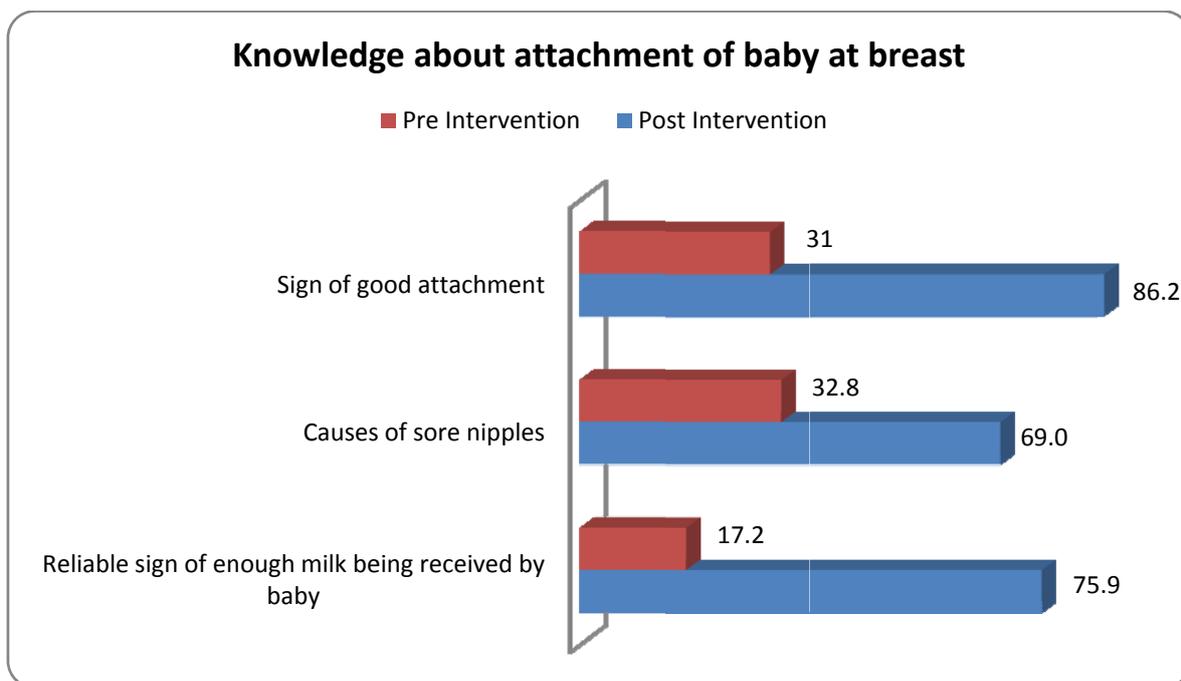
The pre and post test analysis revealed that there was a significant increase in the knowledge of the trainees after the training was over. A detailed analysis of the questionnaire and responses is given further.



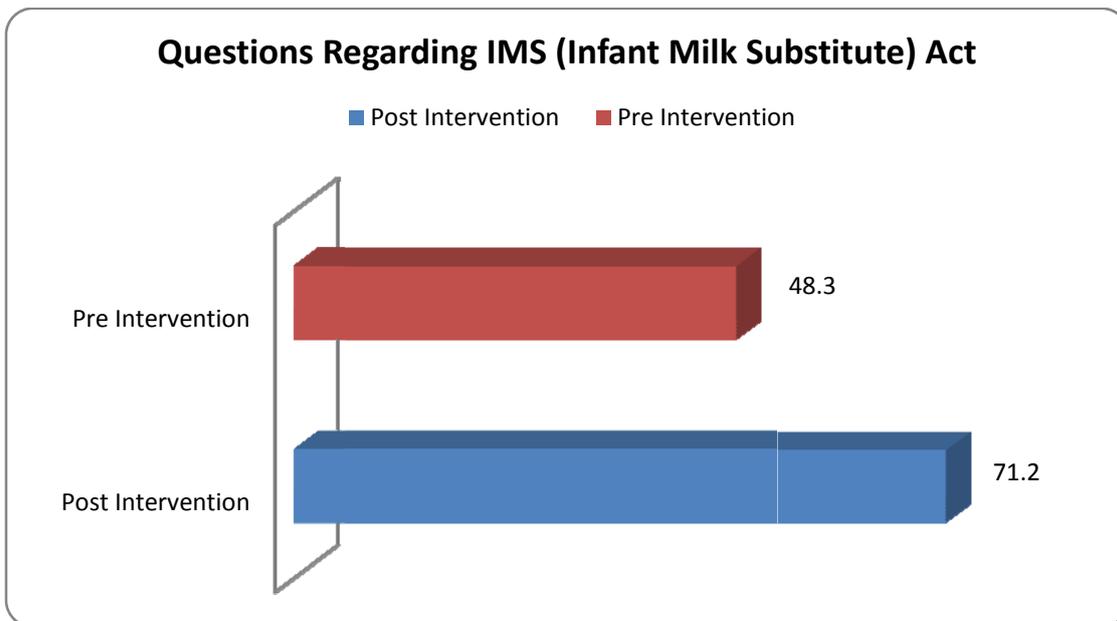
Participants were asked various questions regarding their knowledge on breastfeeding. When asked what optimal Infant and Young Child Feeding practices include, 74.1% of responses were correct, although it increased to 86.2% after the training was completed. Few participants (41.4%) knew about the composition of breast milk, which significantly increased to 76.4%. Some participants (72.4%) knew about the four benefits of breastfeeding mothers already however this knowledge too increased to 93.1% after the training completed. 74.1% of the participants were aware of the dangers pre- lacteal feeds pose to the child however more participants showed improvement and after the post test 87.9% of them could answer correctly. Most of the participants (91.4%) knew correctly about what the duration of breastfeeding should be.



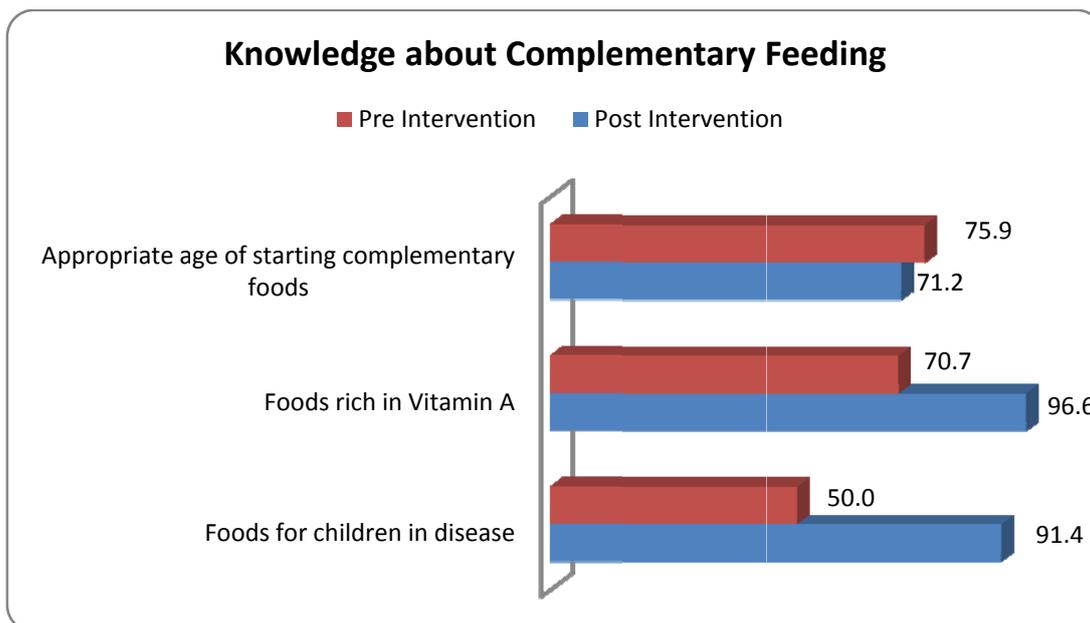
It is evident from the above chart that there has been a marked improvement in the knowledge levels of the participants on the how breast milk is produced. Prolactin and Oxytocin are two hormones responsible for production and flow of milk. After the training 70.7% of participants knew the factors that enhance prolactin reflex in mothers whereas around half (53.4%) of the participants knew it earlier. There was a marked improvement in the knowledge about functions of Oxytocin reflex from mere 22.4% to 53.4%. The fact that Maternal confidence does not hinder oxytocin reflex, was earlier answered correctly by just 24.1% of respondents whereas after the training 56.9% were able to get it right. Hardly any participants (17.2%) knew that the key to enhance breastmilk production is frequent suckling by the child. After the training course a considerable increase was seen and 70.7% of the participants answered correctly.



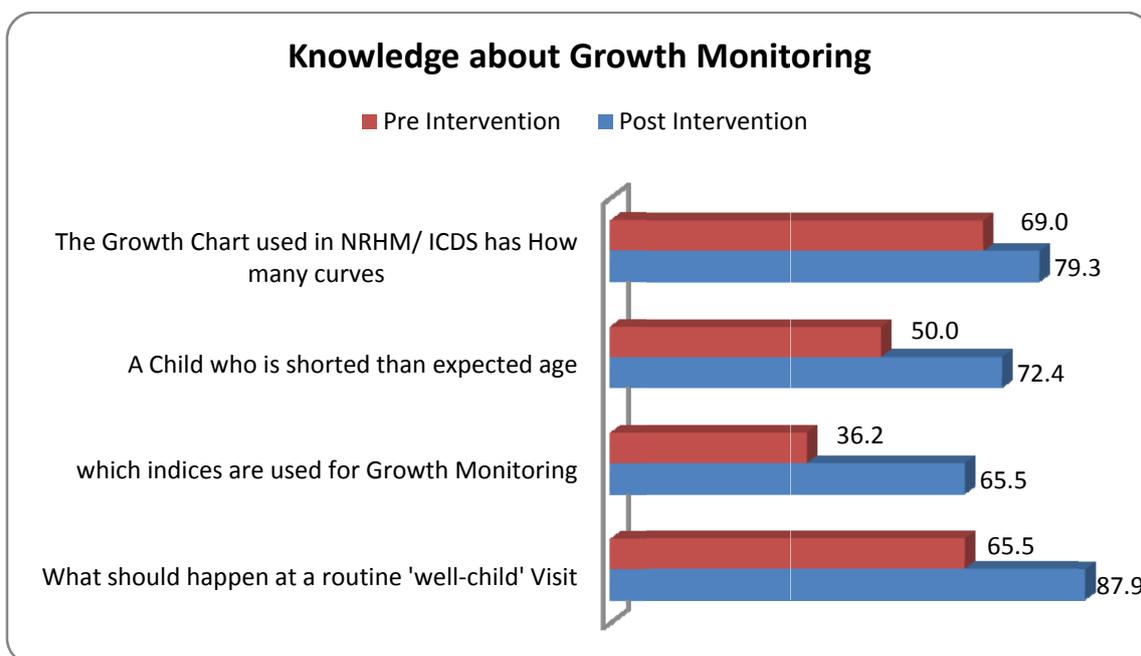
Good positioning of the baby at breast leads to good attachment of the baby and ultimately the baby is able to breastfeed properly. Mere 31% of the trainees knew the four key signs of good attachment while after the training a marked improvement was shown i.e. 86.2% answered correctly. The cause of sore nipples is poor suckling position of the baby and just 32.8% knew it before the training. After the training, 69% of the participants gave correct answers. When asked how we can know if enough milk is being received by the baby, meagre 17.2% of the participants knew the signs to look for. The post test revealed a jump to 75.9% where participants answered correctly that frequent urination and at least 500gms weight increase per month are reliable signs that the child is getting enough milk.



Participants were asked a few questions about the Infant Milk Substitute Act. Pre intervention assessment showed that around 48% of the participants knew about the various aspects of the act, which increased to 71.2% post intervention. IMS act does not ban the use of infant milk substitutes and feeding bottles but only advertising and promotion is prohibited was not known by many participants. They were also informed that mother's can cannot be given free samples of infant milk substitutes or bottles.



Complementary feeding is the third important aspect is of the training course and the participants were asked a few questions related to it. Quite a few (75.9%) participants knew the appropriate age of starting complementary foods before the training, which further increased to 96.6% after the training. Previous to the training only half (50%) of the participants knew that normal family foods could be given to child during illness which again showed improvement and 79.3 % of the participants answered it correctly. Many participants knew foods that are rich in vitamin A beforehand and after the training almost all (91.4%) the participants gained knowledge about it.



It was seen that participants had some knowledge about the aspects of growth monitoring beforehand. 69% knew that the growth chart used in ICDS has three reference curves, which increased to 79.3% after the training. Only half of the trainees knew that a child who is shorter than expected age is called as stunted. This increased to 72.4% after the training. Very few (36.2%) of the trainees knew which indices are used for growth monitoring and the response percentage approximately doubled post intervention to 65.5%. Some participant answered correctly to the question on what should happen at a routine 'well-child visit' here too a jump to 87.9% was seen after the training ended.

4.2. National Trainers Training

One national trainers training was conducted which was a 13-day training workshop (See the Schedule of the training in **Annexure 4**). For the first seven days master trainees were trained on the course and the next seven days these master trainees trained a batch of IYCF counselling specialists as a trainer. The Course Director for the same was Dr. MMA Faridi, Professor and HOD Paediatrics, GTB Hospital, Delhi and Co-course director was Dr. Sangeeta Rani CMO/NFSG Guru Govind Singh Hospital, Delhi

4.2.1. Training Methodology

The TOT with 4-in-1 integrated course on breastfeeding, complementary feeding and HIV & infant feeding and growth monitoring was completed in 13 working days in two phases. It was organized at a health facility where maternity and paediatric services were available to facilitate clinical bedside and OPD training. A total of seven national trainers were trained under the supervision of one course director. Each master trainee trained 4 or 5 IYCF counselling specialists in the second phase of the TOT under the supervision of the course director.

- i. **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 were explained to the participants. The course director explained to them differences about teaching and training, principles of adult learning and attributes of organizing such training. He then prepared 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 counselling flip chart was explained. The course director explained the nuances of giving a good presentation in detail. On the last day administrative and managerial responsibilities were given to each master trainee for smooth conduct of the TOT II phase. This helped them in

understanding real issues of logistics in organizing such trainings in future. From the second day of the first phase, the master trainers were allotted topics that they had to start taking every day. This made them at ease and used to the national trainer's guide. Suggestions of improvement were given after each session and summarisation of the session was also done by the course directors so as to clear any doubts of the master trainees.

- ii. **Phase-II:** called as Consolidation Phase, in which master trainees got an opportunity to train IYCF counselling specialists for 7 days and sharpen their training and counselling skills under the supervision of the course director. Each master trainee presented sessions pre-allotted to him or her. Each of them led a group of 4-5 IYCF counselling specialists for group work, practice sessions and bedside training.

4.2.2 Trainees

Out of the seven Master trainees, two were Programme Officers- Training, from BPNI Headquarters. Five master trainees were from regional centres of NIPCCD. There were four Research assistants and one Assistant Director CD. These seven master trainers attended both the phases. The second phase was attended by 23 trainees from the northern states of India namely; Delhi, Punjab and Haryana. There were 13 CDPO, 8 Supervisors, 1 DPO and 1 Staff Nurse . (See the list of participants in **Annexure 3**)

4.2.3. Case Study

During the training course, the course director arranged for the participants to meet his clients who had earlier had difficulties during breastfeeding. The participants met three mothers who discussed about their problems they had faced during breastfeeding. All the mothers belonged to different socio-economic backgrounds and had one thing in common i.e. lack of knowledge about breastfeeding. One mother shared that she had developed a serious case of mastitis as she had no idea about the right technique of breastfeeding. She had taken a lot of medicines and visited many gynaecologists and paediatricians to cure her problem but to no avail. After a recommendation of a friend she visited Dr. Faridi who was also an IYCF counsellor. He counselled the mother and observed breastfeeding and concluded that the severe condition of the mother rose out of a simple fact that the technique or rather position and attachment of the baby was incorrect.

This way the course director discussed cases with the participants and explained how to observe assess and counsel a mother. He also stressed that matters such as these appear to be very simple but they cause a lot of pain and discomfort to the mother and also pose a great health risk for the baby in the long run.

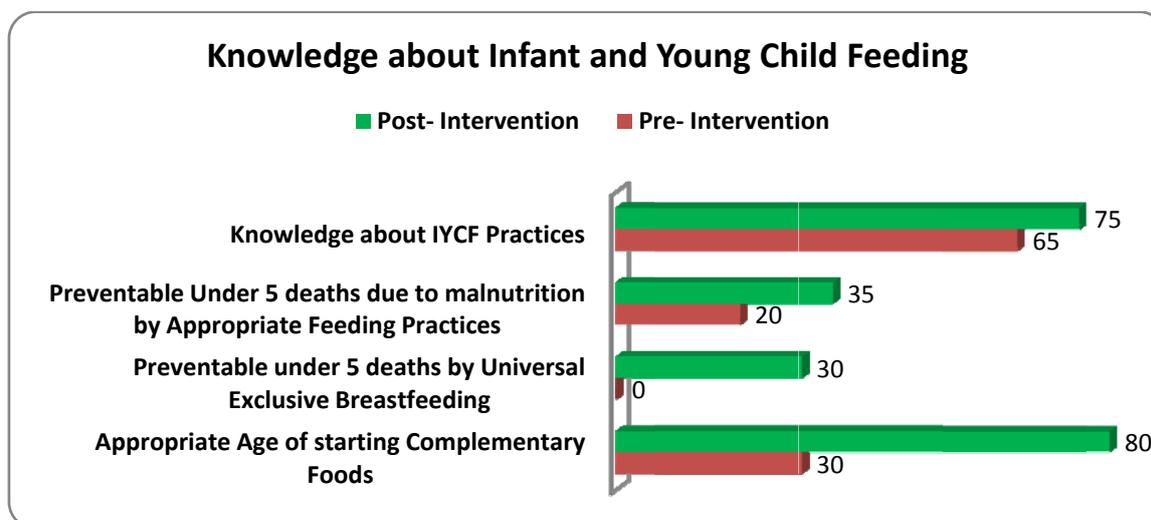
Another mother shared that as she was working and had no leaves to take care of her child, she did not know how she would be able to feed her child. Bottle feeding seemed to be an easy solution. But after starting bottle feeding she realised that the child refused to breastfeed after she came home. After some time health of the child started deteriorating and the parents could not understand why that was happening. After meeting Dr. Faridi who suggested that she could express her milk and leave for the child, she initially was hesitant to do that and did not believe that the child's health was suffering because of bottle feeding. But after regular consultations she stopped bottle feeding slowly and slowly the child's health started improving. She said that the way the doctor had handled her situation was excellent and he always gave her suggestions and information. She said that this problem she faced was with her first child where as she has exclusively breastfed her second one after getting information and knowledge. She said that the breastfed child is certainly much healthier in every way than the older bottle fed child. Thus the participants could see live examples of real life situations and see the use and importance of counselling and IYCF

4.2.4 Analysis of Pre-Post Tests and Training Evaluation

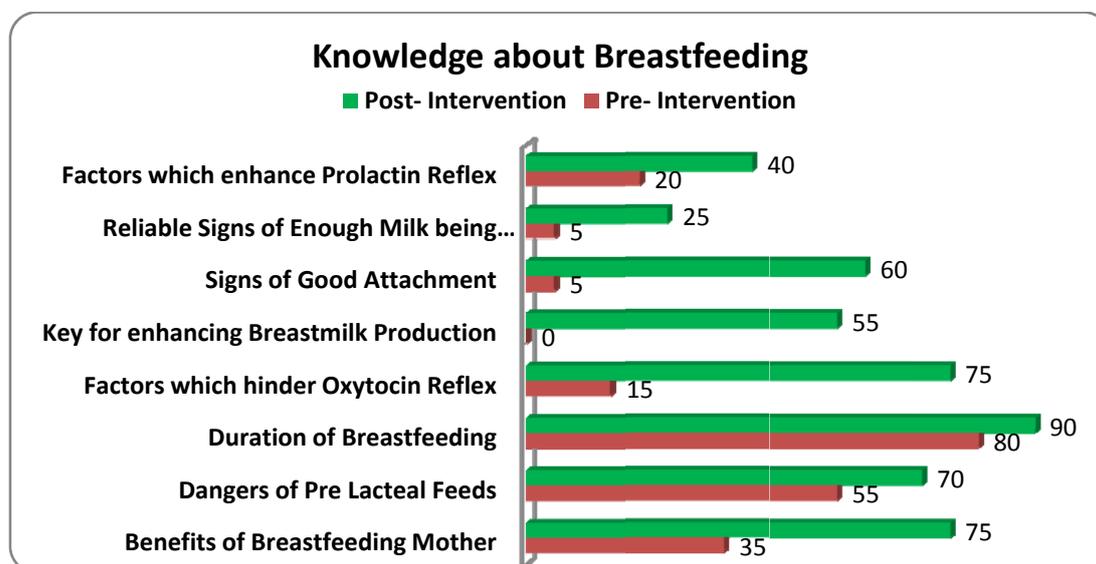
S.NO.	Questions pertaining to	Pre Intervention	Post Intervention
		N=20	N=20
		Correct Responses	Correct Responses
1	Knowledge about Optimal Infant and Young Child Feeding Practices	13 (65%)	15 (75%)
2	Preventable under 5 deaths due to malnutrition by appropriate feeding practices	4 (20%)	7 (35%)
2(a)	Universal EBF can prevent % of under 5 child deaths	0 (0%)	6 (30%)
3	Benefits of Breastfeeding Mother	7 (35%)	12 (60%)
4	Dangers of Pre Lacteal Feeds	11 (55%)	14 (70%)
5	Duration of Breastfeeding	16 (80%)	18 (90%)
6	Factors which hinder Oxytocin reflex	3 (15%)	15 (75%)
7	Key for enhancing breastmilk production	0 (0%)	11 (55%)
8	Sign of good attachment	1 (5%)	12 (60%)
9	Causes of sore nipples	5 (25%)	17 (85%)
10	Engorged breast treatment	10 (50%)	20 (100%)
11	Reliable sign of enough milk being received by baby	1 (5%)	5 (25%)
12	When a mother is ill	14 (70%)	19 (95%)
13	Mothers malnutrition affects breastmilk production	3 (15%)	9 (45%)
14	Size of the breast affects breast milk production	12 (60%)	15 (75%)
15	Expressed breast milk can be stored at room temperature	4 (20%)	16 (80%)
16	Questions Regarding IMS (Infant Milk Substitute) Act	7 (35%)	12.5 (62.5%)
17	Appropriate age of starting complementary foods	6 (30%)	16 (80%)
18	One year child fed in a day	0 (0%)	11 (55%)
19	Foods rich in Vitamin A	9 (45%)	17 (85%)
20	Foods for children in disease	3 (15%)	9 (45%)
21	Feeding of low birth weight babies	2 (10%)	11 (55%)
22	Percentage of HIV Transmission from mother to baby	0 (0%)	10 (50%)
23	Transmission of HIV to children reduced	1 (5%)	11 (55%)
24	Statements about human milk	4 (20%)	9 (45%)
25	Composition of breast milk	2 (10%)	9 (45%)
26	Statements about cow milk	4 (20%)	7 (35%)
27	Benefits of Breastfeeding Mother	7 (35%)	15 (75%)
28	Factors which enhance Prolactin Reflex	4 (20%)	8 (40%)
29	Factors which hinder Oxytocin reflex	5 (25%)	13 (65%)

Analysis

Given below is the analysis of the counselling specialist's training that was done in the second phase of the National trainers training.

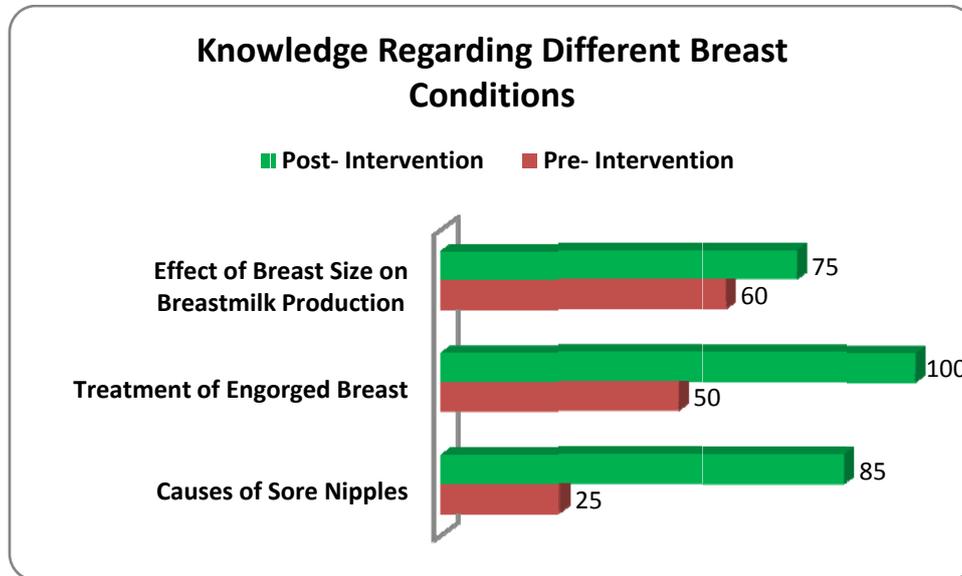


Participants were asked various questions related to knowledge about Infant and Young Child Feeding. For the question pertaining to optimal Infant and Young Child Feeding practices, 65% of the trainees responded correctly prior to the training whereas after the training 75% of the participants could respond correctly. None of the participants could respond to preventable Under-5 deaths by Universal Exclusive Breastfeeding and around 20% of the participants could respond to the question correctly about preventable Under-5 deaths due to malnutrition by appropriate feeding practices whereas after the training the response increased to 30% and 35% respectively. Also they were asked about the appropriate age of starting complementary feeding to which 30% of the participants responded correctly before the training and this response could increase tremendously to 80% after the training.

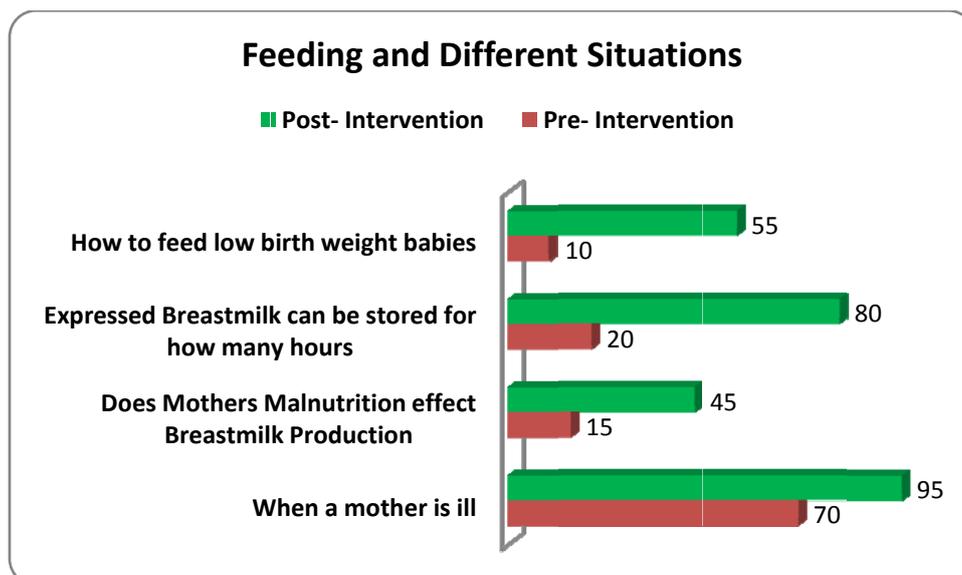


The second set of questions asked to the participants were related to Breastfeeding and the production of Breast Milk. The chart above clearly depicts the rise in knowledge related to breastfeeding. Prior to the training only about 35 % of the participants could respond to the benefits of breastfeeding that a mother enjoys whereas after the training 75% of the participants could respond to it correctly. On the questions asked about dangers of giving pre-lacteal feeds to the child, the change in the awareness raised up from 55% to 70%. The other questions were related to duration of breastfeeding and signs of good attachment where prior to the training the awareness of the participants was about 80% and 5% respectively which raised

tremendously to 90% and 60% respectively. None of the participant could respond to the key of enhancing breastmilk production earlier but after the training the awareness level raised to 55%. Alongwith all these, the participants were also asked about the reflexes that work for breastmilk production. The awareness related to Oxytocin reflex raised to 75% after the training from 15% prior to the training and related to prolactin reflex raised to 40% after the training from 20% prior to the training. The response on reliable signs of enough milk being received by the baby was just 5% before the training and it could rise upto 25% after the training.



Different breast conditions could lead to difficulties during Breastfeeding. The response percentage of the participants on what could be the cause of sore nipples raised highly from just 25% to 85%. Only half of the participants (50%) could respond how an engorged breast could be treated, whereas all the participants (100%) could respond to this question correctly after the training sessions. Over the myth that production of breast milk depends on the size of the breast , about 60% participants knew earlier that milk production does not depend on size of the breast but this knowledge did increased to some more participants making the figure reach to 75%.

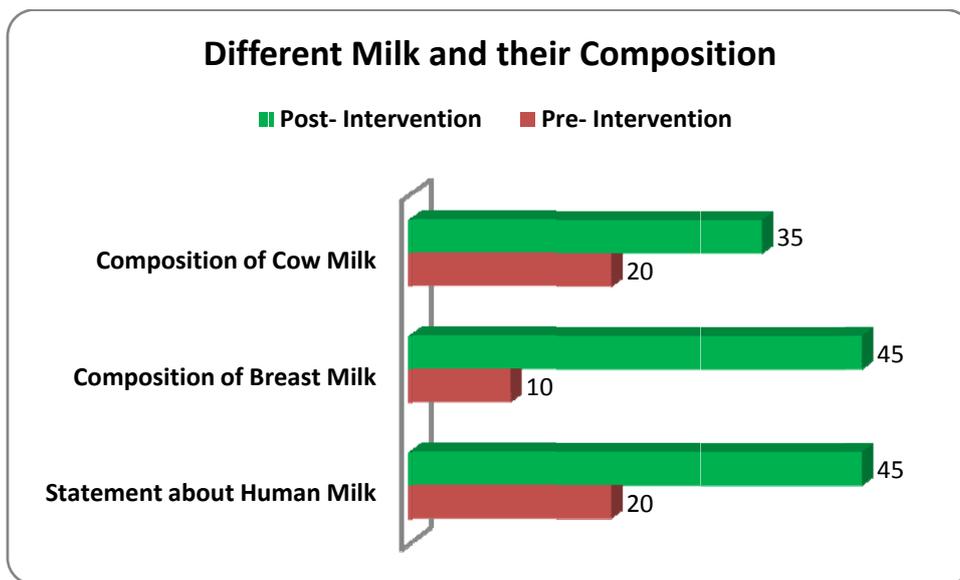


The different situations makes a mother think about how can she feed her baby. The common concerns we encounter about can a mother breastfeed while she is ill or if she is malnourished. 70% of the participants could respond correctly that a mother can breastfeed during illness prior to the training but after the training

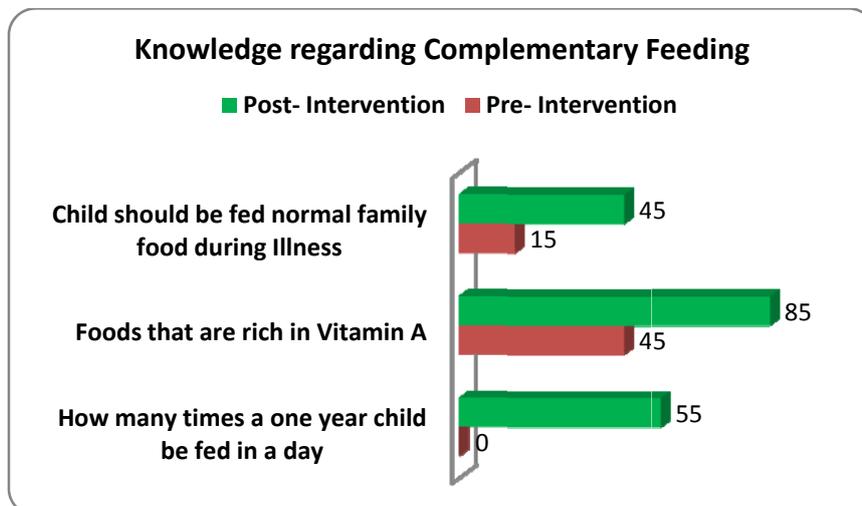
almost 95% of the participants could respond to it correctly. Only 15% of the participants were earlier aware about the fact that malnourishment does not have any effect on the breast milk production whereas this knowledge increased to 45% at the end of the training.

The mothers who are working or are away from the child for longer durations usually stop breastfeeding exclusively. On asking the participants that for how many hours can the expressed breast milk be kept at the room temperature to feed the child over the day, only 20% could respond it correctly before the training but at the end of the training the awareness raised largely to almost 80% of the participants.

Other concern of feeding a baby is when a baby is born pre-mature or if the child is born with a low birth weight. On asking the options of feeding a child with low birth weight only 10% participants were aware about how could one feed a low birth weight child prior to the training, but the training could make almost 55% of the participants aware of the feeding options in case of low birth weight children.

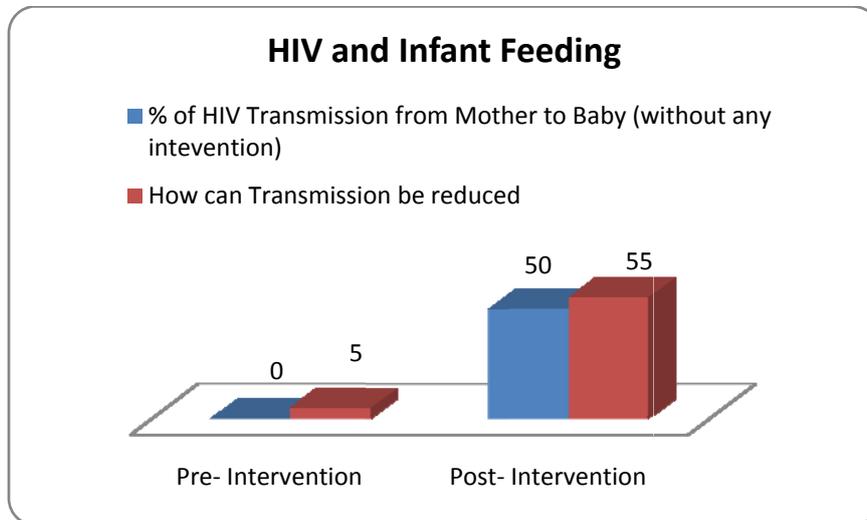


In the manner to feed the young child with the best option, some questions were raised to the participants to test their knowledge about composition of different milks. The response about the composition of breast milk raised from 10% prior to the training to about 45% at the end of the training. About 20% of the participants already knew about the composition of cow milk whereas the figure raised to 35%.

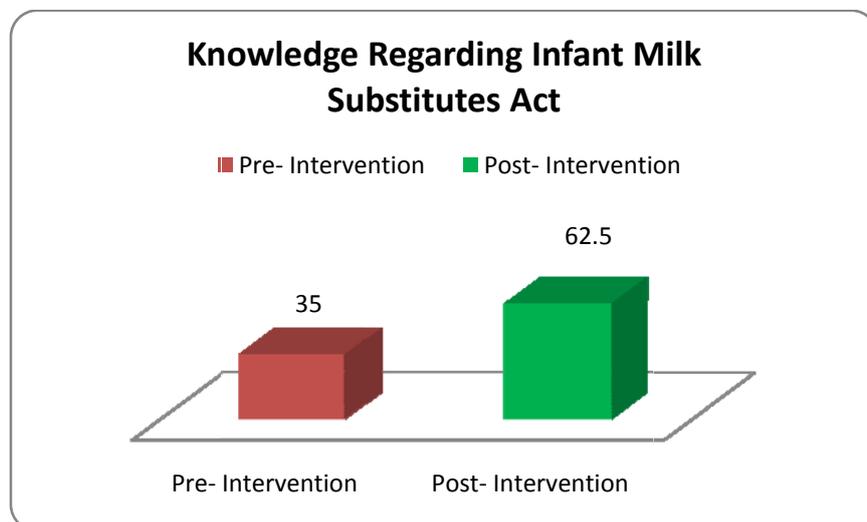


The second component of the “4 in 1” training was about Complementary feeding. The pre test of the participants spoke about the lack of awareness among them related to the concerns of Complementary

Feeding. None of the participant could respond correctly to the fact that how many times should a one year child be fed in a day. Only 45% of the participants could respond correctly about the foods that are rich in Vitamin A and 15% of the participants could respond correctly to If a child can be fed with normal family food during illness. Whereas the response at the end shows the impact of the training making the correct responses reach to 55%, 85% and 45% respectively.



The third component of the training was about HIV and Infant Feeding. This graph clearly depicts the lack of knowledge of the participants related to HIV and feeding prior to the sessions and the increase in the knowledge after the training sessions. Where none of the participants could respond correctly to Percentage of transmission of HIV from mother to the baby (without any intervention) about half of them (50%) of them could respond to it correctly at the end. Also only 5% of the participants could respond before the training that how can this transmission be reduced, whereas after the training almost 55% of the participants could respond to it correctly.



Participants were asked a few questions about the Infant Milk Substitute Act. Pre-test of the participants showed that 35% of the participants knew about the various aspects of the Act which raised to 62.5% during the post test. The participants could therefore learn about what all does the Act ban and what not. Like the production is not banned as per the Act but advertisement and giving free samples to the mothers and health facilities is being banned.

Chapter 5: Training Experience & Epilogue

5.1. Training experience

- The participants suggested that training could be made better if the training guides could be provided in Hindi while doing trainings in the northern region.
- Boarding Lodging facility should be better.
- Duration of the training should be six days. As it is quite lengthy right now.
- Very informative training. Will help us in our respective fields.
- Learnt a lot. Gained a lot of knowledge not only theoretically but practically as well.
- Course is excellent, but the translated version of guidebook should be available in local language.
- Trainers were very cooperative and helpful and knowledgeable.
- Reading the guide during sessions should be allowed.

Coordination for the training was a little difficult. Taking out contact details of the participants and making many calls for calling and confirming each participant took a lot of time and resources. Finding and communicating to the concerned authority or person was a little difficult. During the training for southern states, difficulty arised due to different regional languages of all the states.. Not all the participants were at ease with English. Thus there is a need to make trainers from those who are comfortable with English and the local language both.

5.2 Epilogue

The collaboration between National Children's Fund (NCF), National Institute of Public Cooperation and Child Development (NIPCCD) and Breastfeeding Promotion Network of India (BPNI) for capacity building of state/district level functionaries and faculty members of NIPCCD headquarter and regional centres has been a very fruitful experience. Trained functionaries will be able to undertake capacity building of community ICDS workers. There is need to undertake more such training programmes to make a real dent in prevailing child undernutrition and high mortality.

Annexures

Annexure 1: Memorandum of Understanding between National Children’s Fund and BPNI

Annexure 2: The action plan for implementation of the trainings

Annexure 3: List of participants for Middle Level Trainers training, National Trainers training and Counselling Specialist training

Annexure 4: Training Schedule for Middle Level Trainers, National Trainer’s Training Phase I and II

Annexure 5: Proforma for Communication Skills

Annexure 6: Proforma for assessing and observing a breastfeed and taking child’s feeding history from the mother, Proforma for recording feeding habits of a child using a 24-hour dietary recall form

Annexure 7: Clinical Practice Discussion Checklist

Annexure 8: Questionnaire for Pre- and Post – training assessment

Annexure 9: Photographs from training workshops

Annexure 10: Training Cell

Memorandum of Understanding between National Children's Fund and BPNI



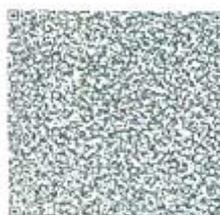
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INDIA NON JUDICIAL

Government of National Capital Territory of Delhi

e-Stamp

Certificate No.	: IN-DL83922136493625L
Certificate Issued Date	: 02-Nov-2013 02:36 PM
Account Reference	: IMPACC (IV)/ dl893403/ DELHI/ DL-DLH
Unique Doc. Reference	: SUBIN-DL89340365868421730623L
Purchased by	: BREASTFEEDING PROMOTION NETWORK OF INDIA
Description of Document	: Article Bond
Property Description	: Not Applicable
Consideration Price (Rs.)	: 0 (Zero)
First Party	: BREASTFEEDING PROMOTION NETWORK OF INDIA
Second Party	: Not Applicable
Stamp Duty Paid By	: BREASTFEEDING PROMOTION NETWORK OF INDIA
Stamp Duty Amount(Rs.)	: 100 (One Hundred only)



Please write or type below this line.

BOND

KNOW ALL MEN THESE THAT WE Breastfeeding Promotion Network of India having its office BP - 33 Pitampura Delhi 110034 in the state of Delhi (hereinafter called the obligor) is held and fully and firmly, bound up to the secretary - Treasurer, National Children's fund, C/O National Institute of Public Cooperation and child Development, New Delhi (hereinafter called the NCF) for the sum of Rs. 14,40,000/- (Rupees Fourteen lakh Forty Thousand

Statutory Alert:

1. The authenticity of this Stamp Certificate should be verified at "www.shoelamp.com". Any discrepancy in the details on this Certificate and as available on the website renders it invalid.

2. The seal of the issuer is mandatory.

only _____) with interest thereon @10% per annum well and truly to be paid to the NCF on demand and without a demur for which payment the obligor firmly bind itself and its successors and assigns by these presents. Signed this 25th day of November in the year 2013.

2. Whereas on the obligor's request, the NCF had as per its letter No. NCF/IV-6/2013-14/11016 dated 28th October 2013 (hereinafter referred to as the 'letter of sanction' which forms as integral part of these presents and a copy where of is annexed here to as Annexure 'A' agreed to make in favor of the obligor a grant of Rs. 14,40,000/- (Rupees Fourteen lakh Forty Thousand only) and Rs. NIL has been paid to the Obligor (the receipt whereof the obligor of both hereby admit and acknowledge) on condition of the obligor executing a bond in the terms and manner contained hereinafter which the obligor has agreed to do.

3. Compliance of the terms and conditions for release of funds by the NCF as given in letter of sanction will be obligatory.

4. Now the condition of the above written obligation is such if the obligor duly fulfill and copy with all the terms and conditions mentioned in the letter of sanction as given in Annexure A, when the above written bond or obligation shall be void and of no effect but otherwise it shall remain in full force, effect and virtue.

THESE PRESENT FURTHER WITNESS THAT

(a) The decision of the Secretary – Treasurer of the National Children's Fund on the question whether there has been breach or violation on the part of the obligor of any of the terms and conditions mentioned in the letter of sanction, shall be final and binding on the obligor.

(b) The obligor shall in the event of breach or violation of any of the terms and conditions mentioned in the letter of sanction, refund to the NCF on demand and without demur the entire amount of Rs. 14,40,000/- (Rupees Fourteen lakh Forty Thousand only) or such part thereof as the case may be with the interest thereon at the rate of 10% (ten percent) per annum from the date of receipt of the said amount by the obligor up to the date of refund to the National Children's Fund.

(c) The NCF agrees to bear the stamp duty, if any chargeable on these presents.

(d) If any question or dispute arose to the interpretation or violation of any of term and condition for release of funds by the NCF and also sanction letter under which the funds have been released, the matter will be referred to the sole arbitration of the Secretary Ministry of Women and Child Development of his/her nominee whose decision shall be final and binding between the parties and there should be no objection to the appointment of arbitrator whether the Secretary, Ministry of Women and Child Development or his/her nominee that he is an officer of the NCF or Ministry, of Women and Child Development.

IN WITNESS WHERE OF these presents have been executed on behalf of the obligor the day and year here in written and for an on behalf of the Secretary- Treasurer of the NCF (Name and Designation) from the day and year appearing against his signature.

Madhvi

Signed for on Behalf of

Breastfeeding Promotion Network of India

Signature: *J P Dadhich*

In Presence of:
Name and Address

1. *L.R. Gupta*
SU-74 Pitampura
DELHI-110034
2. *Dr. Shoba Suri*
SU-74 Pitampura
Delhi - 110034

L.R. Gupta
Signature

Shoba
Signature

Name : Dr. J P Dadhich

Designation: National Coordinator, BPNI

BREASTFEEDING PROMOTION
NETWORK OF INDIA
BP-33, Pitam Pura , Delhi-110 034

For and Behalf of the Secretary-Treasurer,
National Children's Funds
C/O National Institute of Public Cooperation
And Child Development.

Signature

NCF

राष्ट्रीय बाल कोष
National Children's Fund

(भारत सरकार द्वारा धर्मार्थ निधि अधिनियम 1890 के अन्तर्गत संस्थापित)
(Constituted by the Government of India under the Charitable Endowments Act 1890)

No.NCF/IV-6/2013-14 / 11016

Dated: 25th October, 2013.

To

28 OCT 2013

The National Coordinator
Breastfeeding Promotion Network of India,
BP-33, Pitampura,
Delhi-110034

Sub: Financial Assistance under NCF for the Project, "Capacity Building of Trainers of Infant and Young Child Feeding Counseling" -reg.

Sir,

I am directed to refer to your Project Proposal No.BFNI/2013/114 dated 28th February, 2013, on the above mentioned subject and to convey the approval of the Project amounting to Rs.16,00,000.00 (Rupees Sixteen Lakh Only) and financial assistance amounting to Rs.14,40,000.00 (Rupees Fourteen Lakh Forty Thousand Only). This was approved subject to receipt of satisfactory pre-assessment report of the organization by the NIPCCD faculty/Head of the Academic Institutions approved in 16th Meeting of BOM.

2. I am further directed to convey the sanction of NCF to the payment of Rs. 7,20,000/- (Rupees Seven Lakh Twenty Thousand only) as first installment to Breastfeeding Promotion Network of India, BP-33, Pitampura, Delhi-110034. A copy of the rationalized budget as approved by the Board of Management is enclosed for your ready reference and you are requested to incur the expenditure as per heads under rationalized budget.

3. The financial assistance is subject to the following terms and conditions:

- a) The financial assistance to the organization shall be limited to 90% of the estimated cost of the proposed programme and shall not exceed Rs.14,40,000.00 (Rupees Fourteen Lakh Forty Thousand Only) in any case. The project period is for one year commencing from the date of release of first installment.
- b) After the project is initiated, the responsibility for running and maintenance of services will be that of the organization.
- c) The grant will be utilized only for the purpose for which it has been sanctioned and shall not be diverted for any other purpose.
- d) The organization shall not obtain or apply for grants for the same purpose or activity from any other Ministry or Department of the Govt. of India or State Government or any other Agency.

Contd/---

द्वारा राष्ट्रीय जन सहयोग एवं बाल विकास संस्थान

O/o National Institute of Public Cooperation & Child Development

5, सीरी इंस्टीट्यूशनल एरिया, हाज खास, नई दिल्ली-110 016. फोन : 091-011-26851349, दूरभाष : 26963002, 26963204, 26533445, 26966392
5, Siri Institutional Area, Hauz Khas, New Delhi-110 016. Fax : 091-011-26851349. E-mail : nationalchildrenfund@gmail.com

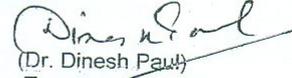
- e) The grant amount will be released through an A/c Payee Demand Draft drawn in the name of the organization (and not in the name of the individual) and it shall be deposited in an account maintained by the organization with a scheduled/nationalized bank in the name of the organization (and not in the name of an individual whether by name or by designation). This account should be operated jointly by any two or three office bearers of the organization.
- f) The Books of Accounts must be maintained as per accepted accounting principles and get it checked and signed by authorized signatories on regular basis.
- g) The organization shall maintain proper records relating to the project, activities and detailed accounts of all their receipts and expenditure including those connected with the approved project, etc. and the latter shall always be open to inspection by the representative of the National Children's Fund or its Auditors.
- h) The grantee organization would maintain its accounts corresponding to the financial year of the National Children's Fund (i.e. 1st April to 31st March)
- i) The detailed accounts of the grant shall be maintained in such a way that it shall show the details of the 'Receipts' and 'Payments' in respect of the approved project as well as other activities (not aided by the National Children's Fund) of the organization as a whole separately.
- j) The grantee organization shall maintain and also submit the following sets of documents duly audited:
 - i) The "Receipt and Payment" Accounts of this Project as well as of the body as a whole for the financial year;
 - ii) The 'Income and Expenditure' Accounts of this Project as well as of the body as a whole for the financial year;
 - iii) The Balance Sheet at the end of the financial year of this Project as well as for the body as a whole;
 - iv) Utilization Certificate in the prescribed format; and
 - v) Audit Report.
- k) Accounts of the Grantee organization would be audited by a Chartered Account or an auditor of the National Children's Fund immediately after the close of the financial year/Project.
- l) The grantee organization shall submit unaudited statements of accounts to the National Children's Fund within one month of the close of the financial year followed by audited statement of accounts within six months from the close of financial year.

- m) The Grantee shall make reservations for SC and ST in the posts/services under its control on the lines indicated by the Government of India.
- n) The organization shall ensure and abide by all statutory requirements/obligations while appointing the project staff. Any disputes/claims in this regard shall be dealt by the organization at its own. The NCF shall have no liability on this count.
- o) There is no reason to believe that the Grantee is involved in corrupt practice.
- p) That the grantee organization shall duly maintain a list of the assets created with the help of the above grant in the register which shall be open to inspection by a nominee of the Fund. The grantee organization shall extend full cooperation for inspection of the records/programmes by any representative of the Fund.
- q) (i) The organization shall communicate to the National Children's Fund the date of commencement of the project within a period of one month from the date of sanction of the grant.
- (ii) The organization shall submit to the National Children's Fund a progress report of the approved project along with unaudited accounts on quarterly basis.
- r) In case the NCF have reasons to believe that the grant released already is not being utilized for the originally approved purpose(s) the payment of the balance sanctioned grant would not be considered and the amount already released would be recovered from the grantee organization.
- s) The organization shall execute a bond in favour of Secretary-Treasurer (NCF) in the enclosed format. The defaulting grantee shall have to refund to the National Children's fund the total grant paid to them for the purpose along with interest @ 10% . The Bond is to be executed on Stamp Paper with a value of Rs.100/- by the authorized member of the Managing Committee and each page of the Bond is to be signed after affixing office stamp of the organization thereon.
- t) The grantee organization would always exercise reasonable economy in its overall expenditure on the implementation of the approved project/programme.
- u) The grant from the National Children's Fund will be released in three installments. First instalment of 50% of the sanctioned amount will be released immediately on receipt of Bond, pre-stamped receipt, detailed action plan and details of Bank Account. The second installment of 40% of sanctioned amount shall be released on receipt of mid-term progress/monitoring report, un-audited statement of accounts and stamped pre-receipt and final installment of 10% amount will be released on receipt of final report acceptable to NCF and Audited Statement of Accounts.

4. In case the above conditions of grant are acceptable to you, kindly send your confirmation along with the following documents:

- (a) Detailed Action Plan;
- (b) Pre-stamped receipt of Rs. 7,20,000/- (Rupees Seven Lakh Twenty Thousand only);
- (c) Bank Account No. nature of account (saving/current), name and address of the bank; and
- (d) Bond duly filled and signed with seal on Stamp Paper.
(Prescribed format of Bond is enclosed)

Yours faithfully,



(Dr. Dinesh Paul)

Secretary-Treasurer (NCF)

Encl: as above.

6. Rationalized budget of Breastfeeding Promotion Network Of India
National Secretariat, BPNI, BP-33, Pitampura, Delhi - 110 034

Project on "Capacity Building of Trainers of Infant and Young Child Feeding Counseling"

Duration: One year

ID No.148.

Sl. No.	Budget Components	Budget submitted (Rs.)	Budget Recommended (Rs.)	Remarks
1	IYCF Training and capacity development of district level ICDS functionaries from states (16 programmes x 4 lakh)	64,00,000.00	12,00,000.00	(4 x 3,00,000) Four training programmes at NIPCCD regional centers
2	Report writing printing and dissemination to regional centers	1,00,000.00		
3	Training of Trainers (National Trainers) and capacity development of state level functionaries (8 x 2)	16,00,000.00	✓ 03,00,000.00	(1 x 3lakh) ✓
4	Establishing National IYCF Training Unit at BPNI	24,00,000.00		
	Audit, Travel & unforeseen exp		1,00,000.00	Subject to actual within the ceiling
	Grand Total	1,05,00,000.00	16,00,000.00	
	BPNI's Contribution (Grand Total x 10%)	10,50,000.00	1,60,000.00	
	Financial Assistance sought from NCF	94,50,000.00	14,40,000.00	

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The Action Plan for Implementation of the Trainings

S.No.	ACTIVITY	TIME FRAME	DETAIL OF ACTIVITY
1	Middle Level Trainer (trainers for frontline workers) training for Infant and Young Child Feeding Counselling at NIPCCD regional centre, Lucknow	19-25 May 2014 <i>Lucknow</i>	No. of Participants- 24 Trainees (Participants)- CDPO's, DPO's, supervisors, MLTC/AWTC faculty etc. Competence after training: <ul style="list-style-type: none"> • Conduct 4 days training course for FLW • Provide skilled support to in-service worker • Supervise monitoring and evaluation of health component of IYCF
2	Middle Level Trainer (trainers for frontline workers) training for Infant and Young Child Feeding Counselling at NIPCCD regional centre, Guwahati	8-14 September 2014 <i>Guwahati</i>	
	Middle Level Trainer (trainers for frontline workers) training for Infant and Young Child Feeding Counselling at NIPCCD regional centre, Bangalore	10-16 Nov 2014 <i>Bangalore</i>	
4	Middle Level Trainer (trainers for frontline workers) training for Infant and Young Child Feeding Counselling at NIPCCD regional centre, Indore	10-16 Nov 2014 <i>Indore</i>	
5	Training of Trainers (National Trainers) and capacity development of state level functionaries for Infant and Young Child Feeding Counselling at UCMS & GTB Hospital, New Delhi	18-31 August 2014 <i>New Delhi</i>	

Responsibilities

BPNI

- Training materials for 24 Middle Level Trainers
- Training tool (e.g. doll, breast model, spoon, breast pump, utensils etc)
- 4 National Trainer's-Honorarium, Travel on Actual basis (Air/AC II tier/Taxi/Local) & Boarding & Lodging at NIPCCD Regional centre
- Boarding & Lodging of participants
- Local travel to hospital visit & support staff
- Misc. expenses like (Material for practical demonstration, photocopy, flipcharts etc.)
- Participant kits, certificates, banners, report writing, photographs etc.

NIPCCD

- Administrative support for identifying & deputing participants
- Venue, Audiovisual at regional centre

STATE GOVERNMENT

- TA (To & Fro) for government participants (Middle Level Trainers)- As per entitlement

Annexure 3**List of participants for Middle Level Trainers training, National Trainers training and Counselling Specialist training****Training of Middle Level Trainers****Lucknow (19-25 May 2014)**

S. No.	Names	Address of Posting	Phone No.	Email id
1.	Sharda Verma	Bal Vikas Pariyojna Haider garh (barabanki)	9450501435	-
2.	Usha Rani Kanaujia	Bal Vikas Pariyojna Haider garh (barabanki)	9450465958	-
3.	Namita Singh	Bal Vikas Pariyojna office banki, Barabanki	8423237155	-
4.	Sadhna Mishra	Bal Vikas Pariyojna Bharawan Hardoi	9956829270	-
5.	Karuna Tamta	Dhauladevi Ahmora (Uttarakhand)	9412924776	-
6.	Bhawana Rana	Bal Vikas Pariyojna Banki, Barabanki	9795758090	elegantbhann@gmail.com
7.	Urvashi kumari	Bachhwara, Begusarai	9771834872	-
8.	Leena Kumari	NIPCCD Regional centre Lucknow	9792366510	leena_nipccd@gmail.com
9.	K. Jaya Ranjani	NIPCCD Regional Centre, Lucknow	9648141437	jayaranjani.78@gmail.com
10.	Dr. Monika Shrama	NIPCCD Regional Centre, Lucknow	89488004594	mona_hd16@gmail.com
11.	Babita Roy	Patna Gramin, Bihar	9431005072	babitaroycdpo@yahoo.com
12.	Arti Kumari	Thakurgangti Godda Jharkhand	8235363977	-
13.	Nayab Zeba	ICDS Office, Jarmundi Dumka, Jharkhand	9431169817	-
14.	Nilisha Kumari	CDPO Office Mander Block, Ranchi Jharkhand	9162739104	kumarinilisha@gmail.com
15.	Neelam Nath	Balvikas Pariyojna salt, Almora	9412963871	-
16.	Pushpa Mishra	Bal Vikas Pariyojna Banki, Barabanki	9452677014	-
17.	Azra Parveen	Balvikas Pariyojna Karyalaya sehar slum, Kanpur Dehat	9415774563	-
18.	Neelam Sah	Balvikas Pariyojna, Rudrapur Rural	9412980736	nimasah455@gmail.com
19.	Jaya Mishra	Danapur Patna, Bihar	9431005063	cdpodanapur@yahoo.in
20.	Nand Lal Prasad	Dalman, Raibareli	9415043013	-

Guwahati (8-14 September 2014)

S.No.	Name	District	State	Profession	E-mailID	Contact No.
1	Kashmiri Baruah	Guwahati	Assam	Research assistant (NIPCCD)	boruahkashmiri@rediffmail.com	9706011496
2	Ms. Tseden Kipa Lchenda	Gangtok	Sikkim	Nutrition Educator	tseden23@yahoo.co.in	9434152996
3	Mrs. Jyothsna Khatiwara	Gangtok	Sikkim	Nutrition Educator	jyothsnakhatiwara@gmail.com	9547605214
4	Debanjana Bhowmik	Kolkata	West Bengal	Nutrition Instructor in CINI NGO	debanjana.bhowmik@yahoo.com	7044089123
5	Sudeshna Karan	Kolkata	West Bengal	Nutrition Instructor	sudeshnakaran@gmail.com	9433393290
6	Chemima Yasmin	Guwahati	Assam	Supervisor	semimysmin@gmail.com	9864036926
7	Ila chetia	Guwahati	Assam	Supervisor		9435119845
8	Saila pegu	Guwahati	Assam	Supervisor		9854324551
9	Anima Rajbongshi	Guwahati	Assam	Supervisor		9707727270
10	Madhuri Borah	Guwahati	Assam	CDPO		9435035797
11	Lakshayahira Bhuyan	Tezpur	Assam	CDPO		9435390496
12	Netuk Lepcha	Gangtok	Sikkim	CDPO		9733338421
13	Harka bir sangkher	Gyalshing	Sikkim	CDPO		9434869499
14	C.Lal Rinpuii	Mamit	Mizoram	CDPO	clalrinpuii14@gmail.com	9436143647
15	Shanti devi	Imphal	Manipur	Principal AWTC	apswmanipur@gmail.com	9862087146
16	W.Shimreipam	Ukhrul	Manipur	CDPO		8413036181

Bangaluru (10-16 Nov 2014)

S.No.	Name	District	State	Profession	E-mailID	Contact No.
1	Sahaya Rani Ruby Vaz	Chennai, Tamilnadu	Tamilnadu	Gr. 1 Supervisor	rubrayen@gmail.com	9176655997
2	A. Komathi	Chennai, Tamilnadu	Tamilnadu	Gr. 1 Supervisor	akomathi17@gmail.com	7598567990
3	K. Syrabhanu	Cheyar, Tvmalai,	Tamilnadu	CDPO	k.s.bhanu_14@gmail.com	9443184377
4	D. Sivakami	Chennai, Tamilnadu	Tamilnadu	MLTC Trainer	sivakamies@gmail.com	9445849608
5	P. C. James	south Andaman	Andaman and Nicobar Islands	State PO	Pcjames9@gmail.com	9474203644
6	M. Radhika	Kurnool	Andhra Pradesh	ACDPO	mradhikasudheer@gmail.com	9293123381
7	P. Prabhavathi	Khammam, Kothugudem	Telangana	CDPO	cdpokot_r_kha@gmail.com	8712264620
8	D. V. Annapurna	Bangalore	Karnataka	ACDPO	dvannapurnaacdpo@gmail.com	9741894678
9	L. Nagesh Bilwa	Mysore	Karnataka	DPO	bilwamysore@gmail.com	9448979090
10	Jasmin Begum A.	Kozhikode	Kerala	CDPO	icdsurbanfour@gmail.com	8281999309
11	Suma Peter	Kozhikode	Kerala	CDPO	icdschelannur@gmail.com	4952261560
12	M. Suguna	Pargi RR (dt)	Telangana	CDPO	ssugunamelavoy@gmail.com	9394841259

Indore (10-16 November 2014)

S.No.	Name	Place of Posting	State	Profession	Contact No.
1	Mohini Vijay	Bundi	Madhya Pradesh	CDPO	9414938815
2	Ramilaben M. Patel	Silvassa	Dadra and Nagar Haveli	Female Supervisor	9879957270
3	Vandu A. Javalia	Silvassa	Dadra and Nagar Haveli	Female Supervisor	8140887701
4	Rajendra Kumar Bangrey	Satna	Madhya Pradesh	Assistant Director	9407278779
5	Rajendra Prasad Tripathi	Nowgaon	Madhya Pradesh	Assistant Director	9407015414
6	Somliben Manchhabhai Halpati	Panchayat Daman	Daman	Mukhya Sevika	9724306657
7	Gayatri Devi Ranvir Singh Jat	Panchayat Daman	Daman	Mukhya Sevika	9924896433
8	Bismita Patley	Rajgarh	Chhatisgarh	Assistant Director	9752325299
9	Neelam Dewangan	Bilaspur	Chhatisgarh	Assistant Director	9827558166
10	Shashibala	NIPCCD Indore	Madhya Pradesh	Research Assistant	7771972759
11	Sonali Kumari	NIPCCD Indore	Madhya Pradesh	Research Assistant	8889952627
12	Durga Rawat	Dangarpur	Rajasthan	CDPO	9413118337
13	Gafuran Khanam	Nimbhara	Rajasthan	CDPO	9462779807
14	Preeti Sharma	Powarkheda	Rajasthan	Assistant Instructor	9827260486
15	Dinesh Chandra Meena	Anoopgarh	Rajasthan	CDPO	8696540504
16	Jyotsna Thakur	Dhanmandi Dhar	Rajasthan	Supervisor	9977653781

**Training of Trainers for Infant and Young Child Feeding Counseling
Delhi (18-31 August 2014)**

National Trainers

S. No.	Name	Email Id	Address
1	Vibharika Chandola	vibharika@gmail.com vibharika@bpni.org	693, Type- III, Krishi Kunj, Near Inderpuri, New Delhi- 110012
2	Prerna Bhardwaj	bhardwaj.prerna@gmail.com prerna@bpni.org	10-G, Jawahar Nagar, Kamla Nagar, New Delhi- 110007
3	Dr. Sitanshu Shekhar Senapati	senapati1976@gmail.com	E-58, Karampura, Near Milan Cinema, Milan Cinema Road, New Delhi- 110015
4	Nilesh Mansing Shinde	nileshnipccd@gmail.com nileshmshinde23@rediffmail.com	2/6, Ivan Philips Society, Premnagar, Kanjur Marg (East), Mumbai, Maharashtra- 400042
5	Meenu Kapur	meenukapur9@gmail.com	Room No. (007), Nipccd, 5 Siri Institutional Area, Opposite Hauz Khas Police Station, Hauz Khas, New Delhi- 110016
6	Vandana Sharma	vandana.ajaysharma24@gmail.com	Nipccd, 5 Siri Institutional Area, Opposite Hauz Khas Police Station, Hauz Khas, New Delhi- 110016
7	Aliya Tayyaba	aliya.nipccd@gmail.com	C-2, Type- III, NIPCCD Staff Quarter No. 18, Mothers Dairy Road, New Town Yelahanka, Bangalore, Karnataka- 560064

IYCF Counseling Specialists

S. No.	Name	Email Id	Address
1	Sukhpal Kaur		# 2308, Sector 44 C, Chandigarh- 160047
2	Sudesh Dogra		# 544/2, Milk Colony Dhanas, Chandigarh- 160014
3	Shveta	dhimanshveta7@gmail.com	# 2200, Sector 23 C, Chandigarh- 160023
4	Neelam Rani	cdpo.nurmehal@ymail.com	W/O Sh. Balvinder Kumar, V.P.O. Pharwala, Tehsil: Phillaur, District: Jalandhar, Punjab- 144037
5	Manju Lata		A485, Street No. 10, Mandali Ext. , Bank Colony Road, Delhi- 110093
6	Khushveer Kaur	khushveer767@gmail.com	D/O Darshan Singh, V.P.O.- Sahoke, Tehsil- Baghapurand, District- Moga, Via- Bargari, Punjab- 151208
7	Charanjit Kaur	cdporupnagar@yahoo.in	W/O Mohinder Singh, H. No. 185, Ward No. 2, Khushi Ram Colony Kurali, P/O Kurali, District- Mohali, Punjab
8	Kavita Tyagi		B- 18, G. N.- 2, East Nathu Colony, Shahadra, Delhi- 93
9	Aruna Devi	icdsseelampur@gmail.com	H. NO. 17/ G-230, Green View Apartments Vasundhara, Ghaziabad, Uttar Paardesh
10	Shashi Bala,		H. No. 661, Sector- 9, Vasundhara, Ghaziabad, Uttar Pradesh

S. No.	Name	Email Id	Address
11	Satinder Kaur	satinderkaur717@yahoo.in	355, Near Kiran Nursing Home, Dashmesh Nagar, Ropar- 140001
12	Sanisha Sabu	liziamma24@gmail.com	House No. 21, D- Block, IInd Floor, G.T.B. Hospital Campus, Dilshad Garden, Delhi- 95
13	Dayawati Chaudhary	poffd.klcd@gmail.com	L- II, 153- B, DDA Flats, Kalkaji, New Delhi- 19
14	Rajeshwari Rawat		II B, Pkt. F, MIG Flats, G.T.B. Enclave, Delhi- 110093
15	Dr. Savita Nehra	cdpokathura@gmail.com	Office: Office of W+ CDPO, Kathura Block, Sonapat, Haryana Resi: W/O Yogendra Singh, H. NO. 1718, Sector- 2, Rohtak- 124001
16	Ritendar Pal Kaur Dhariwal	ritendar@gmail.com	# 90, Street No. 5, Bhakhra Enclave, Sangrur Road, Patiala- 147001
17	Pushpa Johari		W/O D. N. Johari, H. NO. kc 3/5 IInd Floor, Ganesh Nagar, Ext.-2, Shakarpur, Delhi- 92
18	Neetu Rani	neeturaniyadav@gmail.com	W/O Ramkishan, D- 1146, Street No. 7, Ashok Nagar, Delhi- 110093
19	Kiran Pruthi	kiranpruthi15@gmail.com	Office: WCDPO Assandh, Bal Bhawan Building, District Karnal, Haryana Resi: 9415, Gandhi Nagar, Jind- 126102
20	Sukhmaneet Kaur	koursukhmaneet@gmail.com	# 116, Manjeet Nagr Patiala- 147002
21	Kuldip Kaur Bhamra	kuldip1177@gmail.com	# 52, Gokal Ka Bagh, Gali No. 5, 100Feet Road, Amritsar, Punjab- 143001
22	Prabha Wati		Office: C.D.P.O., Bal Udhyan, Civil Line, Near DC Residence, Gurgaon Resi: 328, Sector 15/I, Gurgaon, Haryana
23	Shakuntla Rai		SBS Nagar, S.No.:17, khotran Road, Phagwara District Kapurthala, (Punjab)

Training Schedule for Middle Level Trainers

TOT of Middle Level Trainers [Phase I]

Day 1		
Time	Sessions	Minutes
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: <i>Taking feeding History</i>	30
5:30-6:00 pm	Trainers' meeting	
Day 2		
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-1 [<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>	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: <i>Growth monitoring by charts and taking action</i>	60
5.00-5.30 pm	Practical-1 Preparation of Replacement feed	30
5:30-6:00 pm	Trainers' meeting	
Day 3		
9.00-10.10am	Session 13: <i>Complementary Feeding - Foods to Fill the Nutrient Gap</i>	70
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	Clinical Practice-2 [<i>Communication skills, taking measurements, plotting on the charts, Counseling 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
4:00-4.30 pm	Tea	30
4:30--5:00 pm	Session 18: <i>Breastfeeding in special circumstances especially HIV & IF</i>	60
5:00-5:30 pm	Session 6: Antenatal preparation & establishing community breastfeeding support	30
5:30-6:00 pm	Trainers' meeting	30

TOT of Middle Level Trainers [Phase II]

Day 1		
Time	Sessions	Minutes
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: Antenatal preparation & establishing community breastfeeding support	30
5:30-6:00 pm	Trainers' meeting	
Day 2		
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-1[<i>Listening and learning, confidence building, giving support, taking feeding history. Assessing a breastfeed and Positioning a baby at the breast</i>]	
12.30-1:00 pm	Session 8: <i>Breast conditions</i>	45
1:00-1:30 pm	Session 10: <i>Expressing Breastmilk</i>	30
1:30-2:30 pm	Lunch	
2:30-3:00 pm	Session 18: <i>Breastfeeding in special circumstances especially HIV & IF</i>	30
3:30-4:00 pm	Tea	30
4.00-5.00 pm	Session 9: Refusal to breastfeed and crying	45
5.00-5.30 pm	Session: 27 Practical-1 Preparation of Replacement feed	45
5:30-6:00 pm	Trainers' meeting	
Day 3		
9.00-10.10am	Session 13: <i>Complementary Feeding - Foods to Fill the Nutrient Gap</i>	70
10.10-10.30am	Tea	20
10.30-12.30 am	Clinical Practice-2 [<i>Communication skills, taking measurements, plotting on the charts, Counseling for Complementary Feeding</i>]	120
12.30-1.30 pm	Session 14: <i>Feeding Techniques and Strategies</i>	60
1.30-2.30 pm	Lunch	60
2.30-3.30 pm	Session 22: Growth Monitoring and Measuring	60
3.30-4:00 pm	Session21: IMS Act	30
4:00-4.30 pm	Tea	30
4:30--5:00 pm	Session23: Growth Monitoring by Growth charts	60
5:00-5:30 pm	Session 24: Measuring Growth- taking action	30
5:30-6:00 pm	Trainers' meeting	30
Day 4		
9.00-10.00am	Session 11: Not enough milk	60
10.00-10.30am	Tea	30
10.30-12.30 pm	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	Session12: Breastfeeding low birth weight babies	45
1:00-1:30 pm	Practical -2 Preparation of complementary feed	60
1:30-2:30 pm	Lunch	
2:30-3:00 pm	Session 17: Breastfeeding by working woman	30
3:30-4:00 pm	Tea	30
4.00-5.00 pm	Session 15: Institutionalizing skilled IYCF counseling	30
5.00-5.30 pm	Valedictory Function	

Training Schedule of National Trainers Phase I and II

Time	Day 1 August 18	Day 2 August 19	Day 3 August 20	Day 4 August 21	Day 5 August 22	Day 6 August 23
9-10 am	Introduction of trainees & Introduction to the course material	Listening and learning 6	Positioning baby at the breast 10	Expressing BM 25	Hospital practices and BFHI; IMS 8	Growth monitoring 44
10-10:15 am		Preparation of Clinical Practice I	Preparation of Clinical Practice II	Preparation of Clinical Practice III	Preparation of clinical practice IV	Growth assessment by growth charts 45 Preparation clinic practice V F
10:15-10:30 am	Inauguration	Tea				
10:30 am-12:30 pm	Visit to hospital Introduction to the training skills	Clinical Practice I	Clinical Practice II	Clinical Practice III	Clinical Practice IV	Clinical Practice V
12:30-1:30 pm	Why optimal infant and young child feeding 1	Listening and learning exercises 7	Building confidence exercises 12	History practice 18	Overview of HIV and infant feeding 19	Counseling HIV +ve mothers for feeding options 23
1:30-2:30 pm	Lunch					
2:30-3:30 pm	Production and intake of breast milk 3	Building confidence, giving support 11	Taking a feeding history 17	Complementary feeding – fill Nutrient gap 30	Breastfeeding option for HIV +ve mothers 20	Replacement feeding during first 6m by HIV +ve mothers 21
3:30-4:30 pm	Assessing a breastfeed 4	Breast conditions 14	Refusal to breastfeed and crying 16	Quantity variety and frequency of comp. feeding 31	Feeding LBW and sick babies 28	Preparation of milk feeds 22
4:30-4:45	Tea					
4:45-5:45	Observing breastfeeding 5	Breast conditions exercises 15	Not enough milk 26	Feeding technique and strategies 34	Feeding during illness and recovery 36	
5:45	Trainers meeting	Trainers meeting	Trainers meeting	Trainers meeting	Trainers meeting	Trainers meeting

Proforma for 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

**Proforma for assessing and observing a breastfeed and taking child's feeding history
from the mother**

B-R-E-A-S-T-FEED OBSERVATION FORM

Mother's name: _____ Date: _____

Baby's name: _____ Age of baby: _____

[Signs in brackets refer only to newborn, not to older babies]

Signs that breastfeeding is going well

Signs of possible difficulty

BODY POSITION

Mother relaxed and comfortable
Baby's head and body in straight line
Baby's face facing breast
Baby's nose opposite the nipple
Baby's body close to mother's
[Baby's back supported]
Baby reaches breast from below
Breast well supported (optional)

Shoulders tense, leans over baby
Baby's head and body in not straight line
Baby's face not facing breast
Baby's nose away from nipple
Baby's body not close to mother's
[Only shoulder or head supported]
Baby reaches breast from above
Breast supported in scissor hold or

RESPONSES

Baby reaches for breast if hungry
[Baby roots for breast]
Baby explores breast with tongue
Baby calm and alert at breast
Baby stays attached to breast
Signs of milk ejection,

No response to breast
[No rooting observed]
Baby not interested in breast
Baby restless or crying
Baby slips off breast
No signs of milk ejection

[leaking, after-pains]

EMOTIONAL BONDING

Secure, confident hold
Face-to-face attention from mother
Much touching by mother

Nervous or limp hold
No mother/baby eye contact
Little touching or
Shaking or poking baby

ANATOMY

Breasts soft after feed
Nipples average size
Nipples stand out, protractile
Skin appears healthy
No lump in breast
Breast looks round during feed

Breasts engorged
Nipples large/flat/inverted
Nipples not protractile
Fissures or redness of skin
Lump in breast
Breast looks stretched or pulled

SUCKLING

Mouth wide open
Chin touching the breast and nose
close to breast
Lower lip turned outwards
Tongue cupped around breast
Cheeks round
More areola above baby's mouth
Slow deep sucks, bursts with pauses
Can see or hear swallowing

Mouth not wide open, points forward
Chin and nose away from the breast

Lower lip turned in
Baby's tongue not seen
Cheeks tense or pulled in
More areola below baby's mouth
Rapid sucks only
Can hear smacking or clicking

TIME SPENT SUCKLING

Baby releases breast

Mother takes baby off breast

Baby suckled for ___ minutes

~ Notes:

© Adapted with permission from "B-R-E-A-S-T-Feeding Observation Form" by H C Armstrong, *Training Guide in Lactation Management*, New York, IBFAN and UNICEF 1992.

BREASTFEEDING HISTORY FORM

Mother's name _____ Baby's name _____ Date of birth _____

Reason for consultation _____

1. <i>Baby's feeding now</i> (ask all these points)	<i>Breastfeeds</i>		
	How often	Day	Night
	Length of breastfeeds		
	Longest time between feeds (time mother away from baby)		
	One breast or both breasts		
	<i>Complements (and water)</i>	<i>Pacifier</i>	
	What given	Yes/no	
	When started		
	How much		
	How given		
2. <i>Baby's health and behavior</i> (ask all these points)	Birth weight	Weight now	Growth
	Premature	Twin	
	Urine output (more/less than 6 times per day)		
	Stools (soft and yellow/brown; or hard or green; frequency)		
	Feeding behavior (appetite, vomiting)		
	Sleeping behavior		
	Illnesses	Abnormalities	
3. <i>Pregnancy, birth, early feeds</i>	Antenatal care (attended/not)	Breastfeeding discussed?	
	Delivery	Early contact (first ~1 hour)	
	Rooming-in	Time first breastfeed	
	Prelacteal feeds		
	What given	How given	
	Formula samples given to mother		
	Postnatal help with breastfeeding		
4. <i>Mother's condition and family planning</i>	Age	Breast condition	
	Health	Motivation to breastfeed	
	Family planning method	Alcohol, smoking, coffee, other drugs	
5. <i>Previous infant feeding experience</i>	Number of previous babies	Experience good or bad	
	How many breastfed	Reasons	
	Any bottles used		
6. <i>Family and social situation</i>	Work situation	Literacy	
	Economic situation		
	Father's attitude to breastfeeding		
	Other family members attitude to breastfeeding		
	Help with child care		
	What others say about breastfeeding.		

Proforma for recording feeding habits of a child using a 24-hour dietary recall form

Child's Name _____
 Child's Birth date _____ Child's Age _____
 (months completed) Sex _____

How was (child's appetite yesterday?.... read out options)
 Usual _ Less than usual _____ More than usual _____ (If the child ate less than usual (e.g. due
 To illness), ask when he/she last ate normally and go through what he/she ate on that day.

AFTER THE RECALL ASK THE FOLLOWING QUESTIONS:
 Does child breastfeed? _____ yes _____
 In the last week did (child) eat any _____
 Milk/milk product (Yes/No) _____
 Meat/fish/offal/bird/eggs?(YES / NO) if yes, ask:
 How many days? _____
 In the last week did (child) eat any pulses? (YES/NO).
 If yes, ask: How many days? _____
 In the last week did (child) eat any dark green/orange
 vegetables or orange fruits? (YES/NO) if yes, ask:
 How many days? _____
 meal yesterday? (if possible, use a plate/bowl/ cup for
 the caregiver to show you _____
 Ask if the caregiver has any difficulties with feeding
 the child? (describe) _____
 Describe a meal with your child from this week: Who
 was present? _____ How did
 your child eat? _____
 _____ if it was needed, how did you or
 someone encourage/help your child eat?
 Is (child) taking any vitamins/minerals? YES/NO
 (write out) _____
 Look at the shape of the child's growth curve. Is it
 heading
 up slowly, flat _____ or going down _____ ?

Time of Meal	All foods/drinks/breastfeeds. If food is a preparation of mixed dish, list ingredients	Consistency of food (show picture)
On waking, (before 1 st meal)	_____	_____
Morning (first meal)	_____	_____
Mid-morning	_____	_____
Mid-day	_____	_____
Mid-afternoon	_____	_____
Evening	_____	_____
Bed-time	_____	_____

QUESTIONS to fill out after completing the dietary recall	YES	NO
1. Does child receive breastmilk? How often?		
2. Ate an animal product (meat/fish/bird/eggs) yesterday?		
3. Given milk with food or as a drink?		
4. How many days did the child eat an animal product in the last week? _____ days.		
5. Did the child eat any pulses		
6. How many days did the child eat pulses in the last week? _____ days.		
7. Did the child eat a dark green or orange vegetable or orange fruit yesterday?		
8. How many days did the child eat a dark green or orange vegetable or orange fruit in the last week? _____ days		
9. Quantity of food eaten at main meal adequate for child's age?		
10. Number of foods with a thick consistency.		No
11. Number of meals and snacks in the day		No
12. Difficulties with feeding? _____		
13. Is the child's growth curve heading upwards? _____		

(Consider offering a suggestion when answer is "no")

Breastfeeding to at least 2 years of age helps a child to grow strong and healthy

Children who start complementary feeding at 6 months grow well

Animal foods are special foods for children.

Animal foods should be eaten daily or as often as possible.

Legumes, pulses – peas, beans, lentils and nuts – are also good for children.

Eating Vitamin C rich fruits and vegetables with a meal helps the body to use iron.

Dark green leaves and orange coloured fruits and vegetables help a child to have healthy eyes and fewer infections.

Vitamin A-rich vegetables and fruits should be eaten daily.

A growing child needs increasing amounts of food.

Family foods with a thick, soft consistency nourish and fill the child: foods that stay easily on the spoon

A growing child needs frequent meals and snacks: give a variety of foods

7-8 months, 3 meals; 9-11 months, 3 meals plus 1 snack; 12-23 months, 3 meals plus 2 snacks

A young child needs to learn to eat encourage and give help ... with lots of patience

Annexure 7
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?

Questionnaire for Pre- and Post – training assessment

Name: _____ District: _____ Date: _____

1. Optimal Feeding for IYCF includes all of the following except
 - a) Initiation of Breastfeeding (BF) within an hour after birth.
 - b) Exclusive BF for 6 months.
 - c) Appropriate and adequate complimentary feeding after completion of 6 months.
 - d) Continued breastfeeding up to 2years and beyond.
 - e) Starting water at 4 months of age.

2. With reference to composition of breast milk following are true expect.
 - 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 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. Factors which enhance prolactin reflex include the following except.
 - a) Suckling the baby
 - b) Bottle feeding
 - c) Night feeds
 - d) Expression of milk.

7. Oxytocin Reflex is responsible for
 - a) Milk secretion in the breasts

15. What are vitamin A rich foods?
16. Should normal family food be provided to a child during illness?
17. The Growth Chart used in NRHM/ICDS has
- Two reference Curve
 - Three Reference Curve
 - Four Reference Curve
 - Five Reference Curve
18. A Child who is shorted than expected age is
- Under weight
 - Wasted
 - Stunted
 - Normal Growth
19. Which Indices are used for Growth Monitoring-
- Weight for age
 - Weight for length
 - Length for age
 - All of the above
20. What should happen at a routine “well-child” Visit
- Feeding Evaluation
 - Growth Chart Monitoring
 - Feeding Counselling
 - All of the above.

Photographs from training workshops

Training of Middle Level Trainer at NIPCCD Regional Centre Lucknow

19-25 May 2014



Inaugural speech by Chief Guest



Role play by the trainer during session



Complementary food preparation by the participants



Certificate distribution by the chief guest Mr. Santosh Kumar

Training of Middle Level Trainer at NIPCCD Regional Centre Guwahati
8-14 September 2014



Course introduction by Dr. Anita Gupta (Trainer)



Role play by the trainers during the session



Trainer showing different feeding positions



Distributing Certificates to the participants

**Training of Middle Level Trainer at NIPCCD Regional Centre Bengaluru
10-16 November 2014**



Inauguration of the training on Day 1



Production of breastmilk explained by the trainer during phase 1



Participant taking feeding history using the dietary recall form



Participants learning the use of infantometer during clinical practice



Trainer explaining the concept of exclusive breastfeeding



Participants helping the mother to correct hers and baby's position

Training of Middle Level Trainer at NIPCCD Regional Centre Indore
10-16 November 2014



Inaugural speech by Regional Director



Role play by the trainer during session



Participants Learning different positions of Breastfeeding



Counselling practice by the participants in Aganwadi centre

Training of Trainers for IYCF Counseling
18-31 August 2014



Session taken by National Trainer



Group exercises during Training



Trainer Explaining different possible positions to Breastfeeding



Group Photograph after completion of training

BPNI Training Cell and BPNI Training Team

BPNI TRAINING CELL

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Prof. (Dr) K.P. Kushwaha, Gorakhpur

Co-Chairperson

Prof. (Dr) MMA Faridi, Delhi

Coordinator

Dr. JP Dadhich, Delhi

Members

Dr. Anita Gupta, Delhi

Dr. K. Kesavulu, Hindupur

Dr. Pardeep Khanna, Rohtak

Dr. Rajinder Gulati, Ludhiana

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