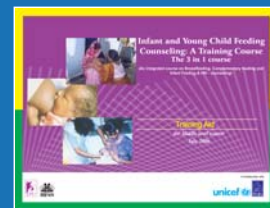
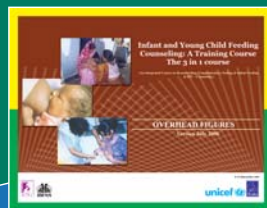
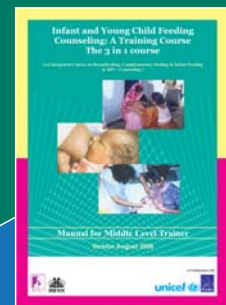
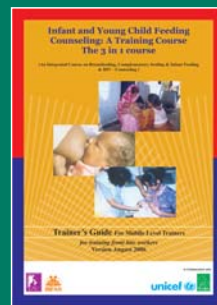
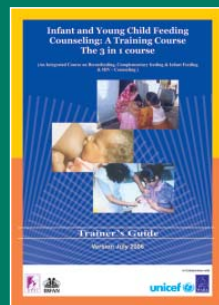
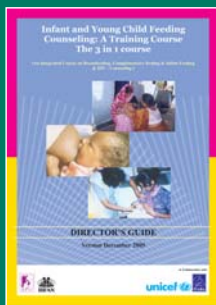


The '3 in 1' Training Programme

Capacity building initiative for building health workers' skills in infant and young child feeding counseling

Based on WHO and UNICEF's 3 courses on breastfeeding, complementary feeding and HIV infant feeding counseling.

November 2009



Jointly Developed by the:



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**A UNIQUE WORLD CLASS PROGRAMME TO BUILD SKILL
CAPACITY AT SPECIALIST AND FAMILY LEVEL**

Jointly developed by the
Breastfeeding Promotion Network of India (BPNI)
International Baby Food Action Network (IBFAN), Asia

Endorsed by:
Indian Academy of Pediatrics (IAP)
Indian Association of Preventive and Social Medicine (IAPSM)

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PUBLISHED BY

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ISBN No.: 978-81-88950-31-7

Designed by: Amit Dahiya

Printed by: Process and Spot. 9811222771

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Given the strong impact of breastfeeding on human survival and development, nations must invest on protecting, promoting and supporting breastfeeding, to rapidly reduce disease and deaths of infants. This would mean mainstreaming of breastfeeding and infant and young child feeding counselling within larger child health or development programmes, supporting all women to achieve this practice at work, and complete protection from commercial influence.

Dr. Arun Gupta

Regional Coordinator, IBFAN Asia

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The 3 in 1 Training Programme

Introduction

BPNI and IBFAN Asia, have jointly developed a unique training programme based on the existing three training courses provided by WHO and UNICEF on infant and young child feeding counseling (Breastfeeding, Complementary Feeding and HIV & Infant Feeding). This '3 in 1' programme has two major elements. The first is to develop “infant and young child feeding counseling specialists” and the second is to develop “middle level trainers” and “family counselors”.

This programme is run through various types of training courses. Key among these is the “Infant and young child feeding counseling- A training course, the 3 in 1 course (integrated course for breastfeeding, complementary feeding and infant feeding & HIV counseling). This course combines and replaces the three training courses of WHO/UNICEF. It is also most updated as far as the scientific content is concerned, making it a world-class training course for imparting scientific knowledge, and clinical and counseling skills to health and child care providers. The training course saves time and resources without compromising the content. The course has a built in mechanism to develop “national trainers” who teach this course of over seven days to develop infant and young child feeding counseling specialists. The capacity building programme has been developed because of the vast need of the governments and related agencies, as it was very difficult for them to spare the health care providers for three different courses. This document provides detailed information about the training course and how to conduct the capacity building programme for a country or its part. It also provides guidance on use of training materials and selection of individuals to participate in the training programme. Background, and brief history of the development of training resources is also given.

Background

Infant mortality continues to be unacceptably high in India and neighboring south Asia countries. Undernutrition remains very high since last five decades, the basic reason being poor infant nutrition inputs. As babies grow rapidly during the first year of life, infant feeding practices have major role in determining the nutritional status of infant and resultant health and development outcomes. The UNICEF's 2006 “*Progress for Children- A Report Card on Nutrition*” identifies nutrition as the foundation of survival and development. It also emphasizes that improving nutrition is crucial towards meeting the millennium development goals. According to the Global strategy for Infant and Young Child Feeding, adopted by the World Health Assembly in 2001, child malnutrition has been responsible, directly or indirectly, for 60% of all deaths among children under-five years annually. Over 2/3rd of these deaths are associated with inappropriate feeding practices and occur during the first year of life. This leads to rampant under-nutrition below 2 years, which can be checked to a significant extent by the three crucial practices; i.e. starting breastfeeding within one hour of birth, practicing exclusive breastfeeding for the first six months and appropriate and adequate complementary feeding after six months along with continued breastfeeding for two years or beyond.

The State of World's Breastfeeding

In spite of the stated benefits of optimal feeding of infants, only one third of world's babies are exclusively breastfed for the first 6 months. Recently International Baby Food Action Network (IBFAN) Asia did a report card on initiation of breastfeeding within one hour and found that data was available only of 68 countries and average rates were 42%. For exclusive breastfeeding it was from 128 countries with average rate of 32%. In 51 countries, IBFAN Asia launched a programme on a comprehensive assessment of policy and programme to study the implementation of the Global Strategy for Infant and Young Child Feeding, which sets ten target areas of action including a strong national level coordination. Action areas included national policy and plan on infant and young child feeding with assured funds, BFHI, health and nutrition care programmes, international code, maternity protection, community outreach, information support, infant feeding in difficult circumstances like HIV and emergencies, and monitoring and evaluation. All countries get a grading and ranking based on its performance on 15 indicators; including 10 mentioned above and 5 of the resultant infant and young child feeding practices. Individual country reports of 23 nations received so far highlight how each one lags behind in many of the ten areas requiring action. The IBFAN South Asia report lays bare gaps in all ten areas of action. A comparison between 2005 and 2008 in South Asia reveals some countries have made a progress showing impact of this programme. (www.worldbreastfeedingtrends.org)

In 2006, and 2007 many new studies have appeared. Firstly, the Ghana study¹, which clearly showed, for the first time in the world, an association between timing of initiation of breastfeeding and newborn survival. Edmond et al in this study showed that 22% of all neonatal deaths could be prevented if all women could initiate breastfeeding within one hour of birth. Further analysis now suggests that this figure could be as high as 31%. The effect was found to be independent of exclusive breastfeeding patterns. This data set is in an important addition to existing data on child survival published in the Lancet in 2003.

Secondly, exclusive breastfeeding can cut down HIV transmission rates in infants born to HIV positive women by half. The new intervention cohort study from South Africa, assessed the HIV-1 transmission risks and survival associated with exclusive breastfeeding and other types of infant feeding in HIV positive women. Risk of acquisition of infection at six months of age via exclusive breastfeeding was 4.04%. Breastfed infants who received some solids had 11 times higher risk of infection and if other milk or formula is given along with breastfeeding the risk could almost double.²

Thirdly, the World Health Organisation (WHO) conducted a systematic meta-analysis, published in May 2007, to assess the association between breastfeeding and blood pressure, diabetes and related indicators, serum cholesterol, overweight and obesity, and intellectual performance. Subjects who were breastfed experienced lower mean blood pressure and total cholesterol, as well as higher performance in intelligence tests. Prevalence of overweight/obesity and type-2 diabetes was lower among breastfed subjects. All effects were statistically significant but for some outcomes their magnitude was relatively modest.³

Finally, the new Lancet series on maternal and child undernutrition 2008⁴ provide further support to the view that poor nutrition inputs during early infancy, like suboptimal breastfeeding during 0-6 months and inadequate complementary feeding after 6 months, remain the major reason for

childhood malnutrition and mortality. One of the main conclusions of the Lancet is to focus on the window of opportunity - from conception to the first 24 months of life. It says 1.4 million deaths (12% of under five) and 43.5 million DALYs (10% of global under-5 DALYs are attributable to suboptimal breastfeeding. And out of these attributable deaths 77% numbering 1.06 million child deaths are due to non-exclusive breastfeeding during 0-6 months of life. Apart from strengthening the value of breastfeeding, the Lancet series has also clarified what works for breastfeeding. It is 'one to one individual counseling' and 'group counseling', both have potential to increase exclusive breastfeeding substantially at 1 and 6 months significantly. And for complementary feeding again, it can be enhanced through education programmes, and counseling. However for food insecure populations, food supplements are required.

According to the World Health Statistics Report of 2009, certain risk factors are associated with increased mortality and morbidity. The most common preventable risks are: poor infant feeding practices, low birth weight, being overweight or obese, childhood and maternal under-nutrition among several others.⁵

History of the training in breastfeeding counselling

It was in 1989 and 1990 that India hosted two sessions of a 40-hour course "Recent Advances in Human Lactation Management" followed by a training of trainer's course of 12 days (100hours) duration in 1991. These were based on the course "Lactation Management Topic Outlines for health professionals", a 100-hour course developed for African workers (by Helen Armstrong). Since 1991, trainers developed in these courses have led breastfeeding promotion movement and action in India both in enhancing the training capacity and improving its outreach. In 1992, WHO/UNICEF provided 18 hours training on BFHI; in 1993, WHO/UNICEF provided a training on breastfeeding titled "Breastfeeding counseling: a training course" (BFC) of 40-hour duration. In 1998, WHO SEARO and BPNI together organized a 'Regional Training Course' in New Delhi and considering the local situation, a 34th chapter on 'complementary feeding' was added making it as "Breastfeeding Counseling and Complementary Feeding: A Training Course" and it was recommended to WHO SEARO and WHO HQ to include 'complementary feeding' in the existing courses. In 2000, WHO/UNICEF/UNAIDS provided "HIV and Infant feeding counseling: a training course" of 18-hour course which required the participants to undergo 40 hours of **BFC course as a pre-requisite**. In 2001, WHO/UNICEF provided "Complementary Feeding Counseling: A training course", an 18-hour course, again requiring 40 hours BFC course as a prerequisite.

In 2003, the UN provided its guidelines to deal with HIV and infant feeding and recommended combining of the 18-hour course "HIV and Infant feeding counseling: a training course" with Breastfeeding Counseling course and they also provided a 'framework program' of 6 days duration. In February 2004, WABA's International Task Force on HIV & Infant Feeding at Lusaka also recommended similar action. In 2004, BPNI/IBFAN Asia made significant effort of combining these two courses into one and named it '2 in 1 course', and trained 54 counselors of HIV/AIDS programme in Delhi. Based on this successful experience and the availability of additional materials on 'complementary feeding' from WHO, the BPNI/IBFAN and UNICEF India team made further efforts to combine complementary feeding into the above course calling it " infant and young child feeding counseling, A training course: the '3 in 1' training course (an integrated course on breastfeeding, complimentary feeding and infant feeding & HIV).

The Government of India's Secretary of Women and Child Development released this '3 in 1 course' to the nation on the occasion of the World Breastfeeding Week 2005. Since then the course has been used in several states of India. It has been regularly updated every year.



Release of training material 3 in 1 course by Smt. Reva Nayyar, Secretary, Ministry of Women and Child Development, Government of India

In 2005, the WHO also launched a course on “Infant and Young Child Feeding Counseling: An Integrated Course” for the purpose of familiarizing the lay counselors. According to WHO, this 5-day course does not replace the existing 3 courses of breastfeeding, complementary feeding and HIV but is a simplified version for lay counselors to cover all 3 subjects. According to WHO, if one has to acquire specialized skills, he/she must undergo the earlier available 3 courses. The '3 in 1' course actually does that to develop 'Infant and Young Child Feeding Counseling Specialists', and replaces the existing three courses of WHO, UNICEF on breastfeeding, complementary feeding and HIV and infant feeding counseling. Additionally '3 in 1' training programme provides training right upto the village level. On page 32 their comparison between existing training courses has been made to show complementary nature. This programme has been field tested by NIPCCD independent effective.

In 2005-2006, various governments of States of India, UNICEF and BPNI realized that there is another need to multiply efforts at a scale to train large numbers of its frontline family workers. BPNI and UNICEF India together developed a 3-day training course for family workers; a need based programme. This required to develop large numbers of 'middle level trainers' who will be able to provide a 3-day training on infant and young child feeding counseling to family counselors who are working at the grassroots level. Training modules and visual aids have been developed in local several languages along with a communication guide for the family workers to use for counseling women.

Following is a chronological listing of the development of the training on breastfeeding as well resources developed.

1. 1989 and 1990: First ever 40 hour training courses on recent advances in Human lactation management is organized, in Maharashtra, about 50 persons trained.
2. 1991: First TOT in Wardha, to produce 25 trainers to lead above courses organized in India. Training materials used was based on 1990: Helen C. Armstrong, of IBFAN provided “Lactation Management Topic Outlines for health professionals” a 100-hour course developed for African workers.
3. 1992: WHO/UNICEF provided 18 hours training on BFHI. India developed adapted version

(UNICEF and BPNI) later.

4. 1993: WHO/UNICEF gave “Breastfeeding counseling: a training course” (BFC) of 40 hour duration.
5. 1994: BPNI provided 18-hours training on “Human Lactation Management Training” essentially to impart training in BFHI.
6. 1998: WHO SEARO and BPNI organised a Regional Training Course in New Delhi. Considering the local situation, a 34th chapter on 'complementary feeding' was added to the “Breastfeeding counseling "a training course” making it “Breastfeeding Counseling and Complementary Feeding: A Training Course”. Three experts (Felicity Savage King, Dr. K P Kushwaha and Dr. Arun Gupta) developed this chapter before the training session and it was well received. In the report it was recommended to WHO SEARO and WHO HQ to include complementary feeding in the existing courses.
7. 1998-2000: Several trainers that came out of these courses used these materials for further local training in the states of India.
8. 1998-2000: BPNI translated “Breastfeeding Counseling and Complementary Feeding: A Training Course” course into Hindi supported by WHO SEARO. This version was field tested in January 2000.
9. 2000: WHO/UNICEF/UNAIDS provided “HIV and Infant feeding counseling: a training course” of 18 hour course. The course required 40 hours of BFC course as a prerequisite.
10. 2001: WHO/UNICEF provided “Complementary Feeding Counseling: A training course” again requiring 40 hours BFC course as a prerequisite.
11. 2003: The UN published its guidelines, and recommended combining of the 18 hour course “HIV and Infant feeding counseling: a training course” with Breastfeeding Counseling course and provided a framework programme for 6 days.
12. 2004: WABA's international task force on HIV & Infant Feeding in February 2004 at Lusaka also recommended combining two courses.
13. 2004: Based on the above, BPNI/IBFAN Asia did this effort of combining these two courses of breastfeeding and HIV and Infant feeding into one and named it '2 in 1 course'. This training course was tested and 54 counselors of AIDS programme in Delhi (India) were trained. It also led to developing 32 trainers for the 2 in 1 combined “Infant Feeding & HIV Counseling Course”.
14. 2004-2005: WHO HQ saw the above 2 in 1 course and provided comments and text of acknowledgement of WHO materials that was needed; it was inserted in the module.
15. 2004-2005: BPNI/IBFAN Asia team made further efforts to combine complementary feeding into the above course calling it “ infant and young child feeding counseling, A training course: 3 in 1 training course (an integrated course on breastfeeding, complementary feeding and infant feeding & HIV”. This was developed in collaboration with UNICEF & WABA. This was used by BPNI, UNICEF in partnership with at least 3 state governments. The course was further refined with the feedback received. First version was launched in 2004, and now is in its 4th version of March 2008. India has more than 140 national trainers and about 150 certified infant and young child feeding specialists.
16. 2005: Government of India's Secretary of Women and Child Development released this version to the nation on the occasion of World Breastfeeding Week 2005 in the presence of UNICEF, BPNI and other government officials. This was the 2nd version.
17. 2005: The 2nd version was further refined with lessons learnt and feedback from trainees and participants.

18. 2005/6: WHO launched a course on “Infant and Young Child Feeding Counseling: An Integrated Course” for counselors in Manila, Philippines in October. One of BPNI-IBFAN's key trainers took part on invitation of WHO and learnt that the new course launched by the WHO UNICEF is not replacing the early 3 courses of breastfeeding/ complementary feeding and HIV. However, it is a simplified version for lay counselors to cover all 3 subjects.
19. 2005-2006: UNICEF & BPNI conducted another round of training courses and following materials were developed, a Middle Level Trainer guide, Training visual aid, Manual for Frontline Workers and Counseling Guide for Frontline Workers. BPNI trained more than 500 middle level trainers over 2 years. They impart a 3-day training course to family/frontline workers.
20. 2006: 3-day training course for family workers has been field tested by NIPCCD and found useful.
21. 2006: BPNI/IBFAN Asia organized the first international course in India hosted by a pioneer medical school and Laos UNICEF and government sent as team to participate. Similarly Nepal and Bhutan and 3 states of India sent a team to participate. Such courses have been organised three times.
22. 2006: The course was updated based on feedback from the field and experts. Now in its 3rd version.
23. 2006: BPNI, UNICEF Andhra Pradesh and Andhra Pradesh Government organized a training course on “Infant and Young Child Feeding Counseling: A Training Course The 3 in 1 course (an integrated course breastfeeding, complementary feeding and infant feeding & HIV counseling)” at Hindupur, Andhra Pradesh in April 2006.
24. 2007: BPNI / IBFAN Asia in collaboration with UNICEF and WABA organised 3 in 1 course in Gwalior, MP.
25. 2007: BPNI/IBFAN Asia organised second international course in New Delhi in which 3 countries took part.
26. 2007: IBFAN Asia supported a 3 in1 course in Timor Lesté. The course was introduced after translation and adaptation of the whole programme.
27. 2007: BPNI organized 4 training courses to develop 'infant and young child feeding counseling specialists' in which participants paid at least 50% of the expenses.
28. 2008: Updated as on March 2008. The course has been endorsed by the Indian Academy of Pediatrics (IA) and Indian Association of Preventive and Social Medicine (IAPSM).
29. 2008: BPNI and Government of Haryana organised a Training of Trainers (13 day) course.
30. 2009: IBFAN Asia supported a 3 in1 programme in Yemen in collaboration with UNICEF and MOH Yemen.
31. 2009: BPNI and governments of Andhra Pradesh, Haryana and Punjab conducted MLT training course.

Why is such training needed?

One of the areas that needs attention here is universal access to skilled counseling on infant and young child feeding whether it is one to one or group counseling. Unfortunately, many mothers and newborns do not receive the help they need to initiate breastfeeding within one hour, and to practice exclusive breastfeeding during the first six months. The help includes assistance, education about breastfeeding, answers to their questions, and prevention of breast conditions like sore nipples and mastitis and tackling these if they do arise. Majority of mothers do not get antenatal information about advantages of breastfeeding, risk of artificial or replacement feeding, techniques of feeding and how

to breast feed their babies. Only very few mothers breastfeed their babies starting just after birth, majority give other feeds and fluids while waiting for breast milk to come. False perception of not enough milk leads to early and unnecessary feeding resulting in repeated episodes of diarrhea and pneumonia and under-nutrition. One in seven breastfeeding mothers develops sore nipples, cracks, engorgement or mastitis due to lack of correct breastfeeding skill. Avoiding certain foods and stopping foods altogether during sickness are also common social practices along with thin and watery foods for complementary feeding. Skilled and adequately trained health care providers are needed at 2 levels. One, the specialist level for given population of 5000-10000, and second is at the family level for a population of about 1000. Both these counsellors are required as manpower available to improve the rates of optimal feeding practices through a behavior change in the society and family.

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; and finally be able to counsel HIV positive mothers about infant feeding options and support their feeding choice. Unfortunately, most health care providers and frontline workers have barely acquired these 'skills' in counseling and management of breastfeeding and complementary feeding either during their pre-service or in-service training.

For the family level services: Family level counselors require skills on counseling in normal circumstances, motivating mothers for early breastfeeding within one hour, support them to initiate breastfeeding and skin to skin contact, and exclusive breastfeeding. They should be able to recognise difficulty that may need specialist level care.

Inadequate knowledge and skills of these workers complicates the situation but there is very little time assigned to infant and young child feeding in their basic curricula or in the child health programmes later. Commercial pressures of baby food companies add to this problem in a significant manner. This situation makes it imperative to train all care providers in the required skills till we achieve such a skill in their pre-service training. With increasing HIV prevalence and the knowledge that HIV can be transmitted through breastfeeding, it becomes critical to help women to decide the best possible option for infant feeding.

The '3 in 1' training programme addresses this specific need of skill building in counselling in all health and childcare settings, as well as at family level.

EVIDENCE

Optimal infant and young child feeding is the most effective single intervention to improve child health, prevent malnutrition and reduce neonatal, infant and child mortality.^{1,6,7} It is well documented that breastfeeding is the optimal nutrition for infants and reduces the risk of infectious diseases like diarrhoea and pneumonia substantially.⁸ Breastfeeding may also enhance the effect of some vaccines.⁹ Improvements of complementary feeding could substantially reduce stunting and related burden of disease.⁷ Thus, effective interventions to improve infant and young child feeding will have positive effects on child morbidity and mortality, as well as adult human capital.¹⁰ Despite the importance of nutrition in early life, there are few examples of large-scale effective interventions from India, where 42.5% of children under 5 are underweight.

An assessment of different interventions to reduce undernutrition showed that counseling about breastfeeding has one of the greatest potentials to reduce the burden of child morbidity and mortality. Complementary feeding could also be improved through nutrition counseling, although additional measures may be necessary in food insecure settings.⁷

Process of development of training courses

The BPNI in association with IBFAN Asia, in collaboration with UNICEF, Government of India and ** is state governments, and the World Alliance for Breastfeeding Action (WABA), developed the training course titled “Infant and young child feeding counseling, A Training Course, the 3 in 1 course (integrated course for breastfeeding, complementary feeding and infant feeding and HIV counseling). This has now evolved into a comprehensive capacity building training programme to reach the family level, which includes several steps including development of a middle level capacity to rapidly reach family level. The programme also includes counseling guides for the ‘family counselors’.

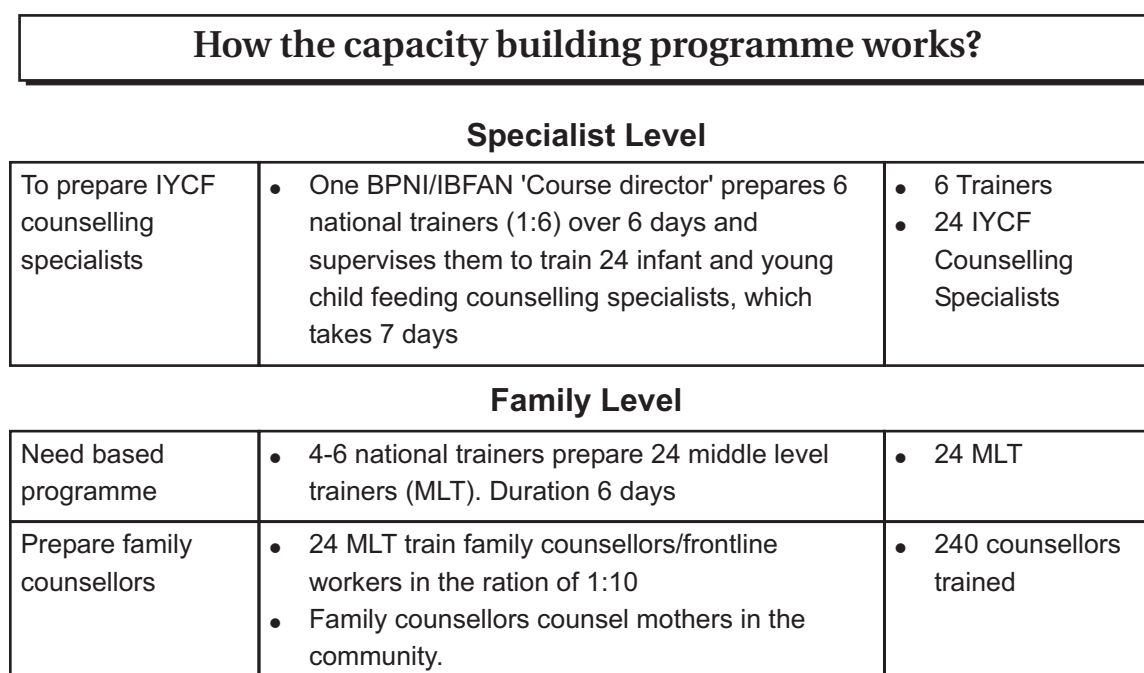
This training programme has 2 major courses, a 7 day/one-week course to develop “infant and young child feeding counselling specialists” and a 3-day course to develop a “family counsellor”. To train these two cadres, trainers are needed. The programme has also developed training for the trainers as well, including the training materials.

How the programme runs?

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

Further to reach the family level, 4 national trainers train 24 ‘middle level trainers’ in 6 days. 3 middle level trainers in turn can train 30 counsellors (in 3 days). The diagram below (Fig.1) shows how the capacity can be rapidly multiplied to enhance outreach to family level.

Figure 1



This algorithm suggests how this capacity building programme works, with one course director going out to begin the process in a state or a country.

Details of the '3 in 1' training courses

1. Preparation of 'Infant and Young Child Feeding Counselling Specialists' and 'National Trainers'

BPNI and IBFAN Asia now run this course regularly to produce and certify 'infant and young child feeding counselling specialists'. The participants have to undergo 7 days (51 hours) training and they use a training module. There are 43 sessions (see page ...) structured around five clinical sessions for interpersonal counselling skills with the mothers and babies in a clinical situation. Participants learn the skills in the preceding classroom sessions, in a sequence of lecture, discussions, demonstrations and written exercises. Training is conducted partly with the whole class together and partly in smaller groups. The ratio of trainer and participants is ideally maintained at 1:6.

For preparation of 'national trainers' additional 6 days (48hrs) are required. This can be done in the week preceding the 7-day course. The six-day course enables trainers to become familiar with course materials, and learn how to conduct the different kinds of training sessions. It is essentially focused on training skills using materials developed to run in structured format. One course director conducts this part of training to train 6 national trainers. Very next week, they have to teach the 7-day course mentioned above, under supervision of the course director. This process enables them to become national trainers. They learn and practice the training skills and continue to sharpen as well as gain more experience by getting involved in more training. The national trainers and IYCF counselling specialists act as breastfeeding advocates for the state or the nation apart from being able to assess and analyse the situation of infant and young child feeding.

2. Need based training for preparation of family counsellors on infant and young child feeding counselling

For the family counsellors, BPNI/IBFAN Asia and UNICEF India have developed a 3-day training course, which suits her basic knowledge and requirements. This has to be in the local language for those who adapt this. The course has 18 sessions and provides her with a 'counselling guide' for using to counsel the family members or mothers. This training course has been field tested and found to be useful by Indian government institution that develops training materials and programmes on all child related issues. In this course 3 'middle level trainers' train about 30-40 family counsellors over a period of 3 days.

The middle level trainers are trained by the national trainers using a 6-day training package specially developed for this purpose.

In the following Tables 1-2 you will see a typical programme schedule for these two courses, preparation of national trainers and infant and young child feeding counselling specialists. Table 3 and 4 show the criteria and guidelines for these.

Schedule and guideline of training for specialist level

Table 1: Example of a timetable for training of Infant and Young Child Feeding Counseling Specialist

Time	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
0900 -0930	Registration and Pre-test	• Listening and learning exercises	• Breastfeeding Positioning	• Breast conditions	• Hospital practices and BFHI	• Counselling HIV +ve mothers for feeding options and teaching replacement feeding	• IMSAct
0930 -1030	• Introduction of Counseling Specialist course & IYCF Counseling & Support Centre	• Building confidence	• Expression of breast milk	• Complementary feeding-foods to fill the Nutrient gap	• Overview of HIV and infant feeding	• Preparation of milk feeds	• Sustaining optimal infant and young child feeding
1030-1100	Inauguration						
1100-1200	• Why optimal infant and young child feeding	• Preparation and conduction of Clinical Practice I	• Preparation and conduction of Clinical Practice II	• Preparation and conduction of Clinical Practice III	• Preparation and conduction of Clinical Practice IV	• Preparation and conduction of Clinical Practice V	• Women nutrition, health and fertility
1200-1300	• How breastfeeding works	• Listening and learning & assessing breastfeed	• Building confidence, giving support and checking understanding baby at the breast	• Taking feeding history	• Counseling mothers in different situations and filling dietary recall form	• Complementary feeding	• Women and work
1300-1400	LUNCH						
1400 -1500	• Assessing a breastfeed	• Building confidence and giving support exercises	• Increasing breastmilk and relactation	• Quantity variety and frequency of complementary feeding	• Breastfeeding option for HIV +ve mothers	• Feeding during illness and recovery	• Infant feeding in emergency situation
1500 -1600	• Observing breastfeeding	• Not enough milk	• Not enough milk refusal to breastfeed and crying exercises	• Feeding techniques and strategies	• Replacement feeding during first 6 months by HIV +ve mothers	• History Practices • Practice counseling skills in HIV +ve mothers	• Post-test presentation of individual plan and valedictory function
1600-1630	TEA						
1630-1730	• Listening and Learning	• Refusal to breastfeed and crying	• Taking a feeding history	• Breast conditions exercises	• Counseling Practice	• Feeding LBW and sick babies	
1730-1830	• Local situation of infant and young child feeding	Trainer's Meeting	Trainer's Meeting	Trainer's Meeting	Trainer's Meeting	Trainer's Meeting	Trainer's Meeting

Table 2: Example of a timetable for a course for preparation of national trainers

Infant and Young Child Feeding Counseling: A training course (The 3 in 1 Course)
(an Integrated Course on Breastfeeding, Complementary feeding and Infant Feeding & HIV - Counseling)

Time	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
0900 -1030	<ul style="list-style-type: none"> Introduction of trainees and visit to hospital place of clinical practice 	<ul style="list-style-type: none"> Why optimal infant and young child feeding Preparation for clinical practice I 	<ul style="list-style-type: none"> Expression of breast milk Preparation of clinical practice II 	<ul style="list-style-type: none"> Breast conditions Preparation of clinical Practice III 	<ul style="list-style-type: none"> Not enough milk Preparation of clinical practice IV 	<ul style="list-style-type: none"> Counseling HIV +ve mothers for feeding options and teaching replacement feeding Preparation of clinical practice V
1030-1100	TEA					
1100-1200	<ul style="list-style-type: none"> Introduction to the course material and training skills 	<ul style="list-style-type: none"> Clinical practice I 	<ul style="list-style-type: none"> Clinical practice II 	<ul style="list-style-type: none"> Clinical practice III 	<ul style="list-style-type: none"> Clinical practice IV 	<ul style="list-style-type: none"> Clinical practice V
1200-1300	<ul style="list-style-type: none"> Introduction to the course material and training skills..contd 					
1300-1400	LUNCH					
1400 -1500	<ul style="list-style-type: none"> How breastfeeding works 	<ul style="list-style-type: none"> Listening and learning exercises 	<ul style="list-style-type: none"> Overview of HIV and infant feeding 	<ul style="list-style-type: none"> Breast conditions exercises 	<ul style="list-style-type: none"> Replacement feeding during first 6m by HIV +ve mothers. 	<ul style="list-style-type: none"> Feeding technique and strategies
1500 -1600	<ul style="list-style-type: none"> Assessing a breastfeed 	<ul style="list-style-type: none"> Complementary feeding foods to fill the Nutrient gap 	<ul style="list-style-type: none"> Building confidence and giving support exercises 	<ul style="list-style-type: none"> Hospital practices and BFHI 	<ul style="list-style-type: none"> Refusal to breastfeed, crying and not enough milk - exercises 	<ul style="list-style-type: none"> Feeding during illness and recovery
1600-1630	TEA					
1630-1730	<ul style="list-style-type: none"> Observing breastfeeding 	<ul style="list-style-type: none"> Building confidence, giving support and checking understanding 	<ul style="list-style-type: none"> Breastfeeding option for HIV +ve mothers 	<ul style="list-style-type: none"> Feeding LBW and sick babies 	<ul style="list-style-type: none"> Quantity, variety and frequency of complementary feeding 	<ul style="list-style-type: none"> History practice
1730-1830	<ul style="list-style-type: none"> Listening and learning 	<ul style="list-style-type: none"> Breastfeeding Positioning 	<ul style="list-style-type: none"> Taking a feeding history 	<ul style="list-style-type: none"> Refusal to breastfeed and crying 	<ul style="list-style-type: none"> Preparation of milk feeds 	<ul style="list-style-type: none"> Counseling practice
1830-1900	Trainer's Meeting	Trainer's Meeting	Trainer's Meeting	Trainer's Meeting	Trainer's Meeting	Trainer's Meeting

Table 3. Preparation of IYCF counseling specialist

Title	“Infant and Young Child Feeding Counseling Specialist”
Aim	To prepare health care providers with knowledge and appropriate counseling skills in infant and young child feeding and to manage IYCF Counseling Centers.
Interest and commitment	Protecting, promoting and supporting breastfeeding and complementary feeding.
Who can do it	Doctors, Staff nurses, nutritionists, Graduates in Science/social work/home science
Duration of training (7 days)	7 days (51 Hours) including 5 X 2 hrs clinical practice in hospital.
Competence after receiving training	<p>Able to Conduct:</p> <ul style="list-style-type: none"> • Initiate setting up a infant and young child feeding counseling center • Provide referral level support for problem solving at hospital • Provide individual counseling on breastfeeding, complementary feeding HIV and Infant Feeding • Awareness raising on IYCF. • Monitor IYCF programme and IMS Act.
Future potential	Can become National Trainer after undergoing 13 days training in IYCF.
Number of trainers needed	4 National Trainers for training of 24 infant and young child feeding counseling specialists
Course Material	<ul style="list-style-type: none"> • Participants Manual • Counseling Guide for Infant Feeding Options in PPTCT Programme • Counseling guide for mothers on IYCF practices
Place of Training	It should be associated with a hospital setting where 40-50 mother-baby pairs are available for counseling sessions.

Table 4. Preparation of National Trainers

Title	“National Trainer” Infant and Young Child Feeding Counseling
Aim	To prepare national trainers of the 3 in 1 course, who can transfer knowledge and training skills on IYCF to all health professionals and child care workers, and teach IYCF counseling specialists.
Interest and commitment	Protecting, promoting and supporting breastfeeding. Interested to provide time to conduct future training
Who can do it	<ul style="list-style-type: none"> • Senior Faculty member in medical colleges (Pediatrics/Obstetric /Gynecology and Preventive & Social medicine), nursing and nutrition colleges • Any one who has already taken a 7-day IYCF Counseling specialists course the 3 in 1 course on IYCF
Duration of training (13 days)	<ul style="list-style-type: none"> • Participate in the 6 days course “Preparation of Trainers”, • Conduct a 7 day (51 hrs) training course “<i>Infant and Young Child Feeding Counseling: the 3 in 1 course</i>” including 5 x 2 hr clinical training in hospitals for IYCF Counseling Specialist under supervision of BPNI's Course Director for this programme.
Competence after receiving training	<p>Able to Conduct:</p> <ul style="list-style-type: none"> • The 7- day IYCF Counseling A Training Course: The 3 in 1 to develop Infant and Young Child Feeding Counseling Specialist, • A 6 day course on IYCF for developing Middle Level Trainers for frontline workers • 3- days IYCF training course Frontline workers/peer counsellors • The 5 day training course Infant feeding and HIV Counseling for PPTCT counselors/doctors & nurses • Able to set up a IYCF Counseling Support Centre
Future potential	Can become a Course Director after experience of at least 2 such courses, planner for a state/country programme and plan of action on IYCF after having learnt the art of planning
Number of trainers needed	1 Course Director for training 6 national trainers
Course Material	<ul style="list-style-type: none"> • Trainer's Guide • Participants Manual for IYCF counseling specialist • Overhead Figures / Transparencies / CD of PPT presentations • Answer Sheets • Manual for Preparation of Middle Level Trainers • Middle Level Trainer's Guide • Training Aids for training frontline workers • A Manual for frontline workers • Counseling Guide for Frontline Workers on infant and young child feeding • Counseling Guide for Infant Feeding Options in PPTCT Programme
Place of Training	It should be associated with a hospital setting where 40-50 mother-baby pairs are available for counseling sessions.

List of sessions for the 7 day course to develop IYCF counseling specialist

- | | | | |
|----|---|----|---|
| 1 | Why optimal infant and young child feeding? | 26 | Not enough milk |
| 2 | Local situation of infant and young child feeding | 27 | Refusal to breastfeed, crying and not enough milk exercises |
| 3 | Production and intake of breastmilk | 28 | Breastfeeding low birth weight babies and sick babies |
| 4 | Assessing a breastfeed | 29 | Increasing breastmilk and relactation |
| 5 | Observing a breastfeed | 30 | Complementary feeding - foods to fill the nutrient gap |
| 6 | Listening & learning | 31 | Quantity, variety and frequency of complementary feeds |
| 7 | Listening and learning exercises | 32 | Counselling practice (BF & CF) |
| 8 | Hospital practices and baby friendly hospital initiative | 33 | Clinical Practice 3
<i>Taking a feeding history</i> |
| 9 | Clinical Practice 1
<i>Listening and learning
Assessing a breastfeed</i> | 34 | Feeding techniques, strategies and food hygiene |
| 10 | Positioning baby at the breast | 35 | Clinical Practice 4
<i>Counseling mothers in different situations and Filling dietary recall form</i> |
| 11 | Building confidence, giving support and checking understanding | 36 | Feeding during illness and recovery |
| 12 | Building confidence exercises | 37 | Sustaining optimal infant and young child feeding |
| 13 | Clinical Practice 2
<i>Building confidence, giving support and checking understanding Positioning baby at the breast</i> | 38 | Clinical Practice 5
<i>Complementary feeding</i> |
| 14 | Breast conditions | 39 | Women nutrition, health and fertility |
| 15 | Breast condition exercises | 40 | Women and work |
| 16 | Refusal to breastfeed and crying | 41 | Regulating marketing of breastmilk substitutes (IMS Act) -International Code |
| 17 | Taking a breastfeeding history | 42 | Infant feeding in emergency situation |
| 18 | History practice | 43 | Assessing Practices of Participants, Setting up Infant & Young Child Feeding Counseling and Support Centre and their Future Commitments |
| 19 | Overview of infant feeding and HIV | | |
| 20 | Breastmilk feeding options for HIV positive mothers | | |
| 21 | Replacement feeding in the first six months by HIV | | |
| 22 | Preparation of milk feeds | | |
| 23 | Counselling HIV positive mothers for feeding options and teaching replacement feeding | | |
| 24 | Practice counseling skills in HIV positive mothers | | |
| 25 | Expressing breastmilk | | |

Schedule and guideline of training for family level

Table 5: Programme outline for 3-day course for frontline workers / family counselors

<u>Day 1</u>		
Time	Programme	Minutes
9-10am	Registration/Inauguration	60
10am to 10.30am	Tea	30
10.30 to 11.30am	Session 1: Why Optimal Infant and Young Child Feeding	60
11.30 to 12.30 pm	Session 2: Production and Intake of Breastmilk	60
12.30 to 1.30 pm	Session 3: Assessing and Observing a Breastfeed	60
1.30 to 2.30 pm	Lunch	60
2.30 to 3.30 pm	Session 4: Listening and Learning	60
3.30 to 4.00pm	Tea	30
4.00 to 5.00 pm	Session 5: Building Confidence, Giving Support and Checking Understanding	60
5.00 to 5.30pm	Session 6: Antenatal Preparation and Establishing Community Breastfeeding Support	30
<u>Day 2</u>		
Time	Programme	Minutes
9.00 -10.00am	Session 7: Positioning Baby at the breast	60
10.00 to 10.30am	Tea	30
10.30 to 11.15 am	Session 8: Breast conditions	45
11.15 to 12.00 am	Session 9: Refusal to Breastfeed and Crying	45
12.00 to 12.30 pm	Session 10: Expression of Breastmilk	30
12.30 to 1.30 pm	Session 11: Not Enough Milk	60
1.30 to 2.30 pm	Lunch	60
2.30 to 3.00 pm	Session 12: Breastfeeding Low Birth Weight Babies	30
3.00 to 5.30 pm	Tea: Home visit / visit to anganwadi center / Health Centre	120
<u>Day 3</u>		
Time	Programme	Minutes
9.00-10.10am	Session 13: Complementary Feeding - Foods to Fill the Nutrient Gap	70
10.10-10.30am	Tea	30
10.30 to 11.30 am	Session 14: Feeding Techniques and Strategies	60
11.30 to 1.30 pm	Home visit / visit to anganwadi center / Health Centre	120
1.30 to 2.30 pm	Lunch	60
2.30 to 3.15 pm	Session 15: Sustaining Optimal Infant and Young Child Feeding	45
3.15 to 3.35pm	Session 16: Women Nutrition, Health and Fertility	20
3.35 to 4.00 pm	Tea	30
4.00 to 4.30pm	Session 17: Women and Work	30
4.30 to 4.45 pm	Session 18: Breastfeeding in Special Circumstances	15
4.45 to 5.30 pm	Valedictory Session	45

Table 6: Example of a timetable for a course for Middle Level Trainers of family counselor

Time	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
9.00-9.30 am	Registration	Breastfeeding positioning (Groups)	Taking a feeding history	Not enough milk	How to conduct training of frontline workers using trainers guide and frontline workers training kit-	Positioning baby at the breast- 2 group (Group I - Participant 12 & 13, Group II Participant 14 & 15)
9.30-10.00 am	Role of Middle Level Trainers	Video- Helping to Breastfeed	Refusal to breastfeed and crying	Sustaining optimal infant and young child feeding	Demonstration group work (2 groups- Participant 16 & 17, 20 & 21)	Expression of Breastmilk (2 groups- Participant 16 & 17, 20 & 21)
10.00-10.30 am						
10.30-11.00 am	Tea	Tea	Tea	Tea	Tea	Tea
11.00-11.30 am	Introduction of participants and introduction of Course material for Trainer and for Frontline workers	Preparation and conduct of Clinical Practice I (<i>Observing breastfeeding, Listening and Learning and Positioning</i>) & Discussion on Clinical Practices	Preparation & conduct of Clinical Practice II	Clinical Practice-II: Observing breastfeeding, building confidence giving support and checking understanding, Taking breastfeeding and complementary feeding history.	Why optimal infant and young child feeding participant (1&2)	Breast condition (2 group- Participant 18 & 19)
11.30-12.00 pm	Why Optimal Infant and Young Child Feeding					Refusal and crying (Participant 22)
12.00-1.00 pm	Production and Intake of Breastmilk				How breastfeeding works (Participant 3 & 4)	Breastfeeding low birth weight & sick babies (Participant 23 & 24)
1.00-2.00 pm	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
2.00-2.30 pm	Assessing and Observing breastfeeding (Groups)	Building confidence, giving support and checking understanding (Groups)	Replacement feeding during first 6 month by HIV+VE mothers	Complementary feeding- foods to fill nutrient gap, quantity, variety and frequency of feed	Assessing and observing a breastfeed (Participant 5 & 6)	Not enough milk (2 group- participant 25 & 26)
2.30-3.00 pm			Counseling HIV +VE mother for feeding options and teaching replacement feeding	Feeding technique and strategies		Complementary Feeding Food to fill nutrient gap (Participant 27 & 28)
3.00-3.30 pm	Listening and Learning (Groups)	Expression on of Breastmilk (Groups)	Feeding low birth weight and sick babies	Antenatal preparation and establishing community infant feeding support	Listening and learning (Participant 7 & 8)	Demonstration of foods- thickness, quantity and variety (Participant 29 7 30)
3.30-4.00 pm		Breast Conditions			Tea	Valedictory and Tea
4.00-4.30 pm	Tea					
4.30-5.00 pm	Overview of HIV and Infant Feeding	Tea	Tea	Tea	Building confidence giving support and checking under standing (Participant 9 & 10)	
5.00-5.30 pm	Local situations of Infant and Young Child Feeding	Women nutrition health and fertility	Video feeding LBW	Feeding during illness and recovery	Antenatal preparation establishing community breastfeeding support and sustaining breastfeeding (Participant 11)	
5.30-6.00 pm	Trainers Meeting	Women and Work	Trainers meeting	Trainers Meeting	Trainers Meeting	
6.00-6.30 pm		Trainers Meeting				

Table 7. Preparation of Family counsellors/ Frontline Workers

Title	“Family counselor “ on Infant and Young Child Feeding Counseling
Aim	To prepare skilled counselors for counseling on IYCF
Interest and commitment	To promote and support breastfeeding in national programmes
Who can do it	Frontline workers responsible for health, child care development or nutrition sectors. ANM, AWW, ASHA, TBA, Women support groups, school teachers, breastfeeding mothers, self help groups, peer counsellors etc.
Duration of training (3 days)	3 days (18-20 hours) including 4 hours (2 hours x 2 days) of counseling skills practice during the training session.
Competence after receiving training	<p>Able to Conduct:</p> <ul style="list-style-type: none"> • Provide IYCF counseling to pregnant and lactating women and their families • Solve breastfeeding problems and assistance in proper positioning while breastfeeding • Refer for breast problems like mastitis to a IYCF counseling specialist
Number of trainers needed	3 Middle level trainers for training of 24-30 counsellors
Course Material	<ul style="list-style-type: none"> • A Manual for frontline workers • Counseling Guide for Frontline Workers on infant and young child feeding

Table 8. Preparation of Middle Level Trainers

Title	“Middle Level Trainer” for Infant and Young Child Feeding Counseling.
Aim	To prepare trainers of frontline workers to transfer basic knowledge and skills on IYCF.
Interest and commitment	Committed to provide training to frontline workers in child care and health sector
Who can do it	Instructors /trainers/tutors of frontline workers, CDPO/supervisor, nurses, nutrition officers, medical officers, MSW, graduate in science, graduate in home science etc.
Duration of training (6 days)	<ul style="list-style-type: none"> ● Part I: 4 days: Receive training from national trainers in IYCF Counseling ● Part II: 2 days: Practice how to conduct a course for frontline workers /peer counsellors including 3 X 2 hrs clinical practice in hospital
Competence after receiving training	Able to Conduct: <ul style="list-style-type: none"> ● Conduct 3 day training course for frontline workers ● Provide skilled support to in-service worker ● Supervise monitoring and evaluation component of IYCF in state or national programmes.
Number of trainers needed	4 national trainers for training 24 middle level trainers
Course Material	<ul style="list-style-type: none"> ● Manual for Middle Level Trainers ● Middle Level Trainer's Guide ● Training Aids for training frontline workers ● A Manual for frontline workers ● Counseling Guide for Frontline Workers on infant and young child feeding

List of sessions for the 3 day course to develop Family Counselors

- ♦ Why optimal infant and young child feeding
- ♦ Production and Intake of breastmilk
- ♦ Assessing and observing a breastfeed
- ♦ Counseling skills
- ♦ Building confidence, giving support and checking understanding
- ♦ Antenatal preparation and establishing community breastfeeding support
- ♦ Positioning the baby at the breast
- ♦ Breast conditions
- ♦ Refusal to breastfeed and crying
- ♦ Expressing breastmilk
- ♦ Not enough milk
- ♦ Breastfeeding low birth weight babies and twins
- ♦ Complementary feeding - foods to fill the nutrient gap
- ♦ Feeding techniques and strategies
- ♦ Sustaining optimal infant and young child feeding
- ♦ Women nutrition, health and fertility
- ♦ Women and Work
- ♦ Breastfeeding in special circumstances

The Training Materials

This section provides a brief about each of the training materials and training aids. It will serve as a catalogue. Training materials are meant only for use by the trained personnel for their best impact. These are not for routine sales.

However, certain materials are meant for reading of health workers and parents. These can be widely disseminated and ordered for purchase. This is indicated along with the material.

The Training Materials

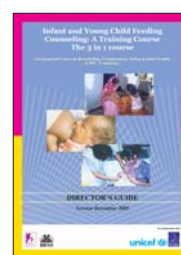
The following is a brief about the training and communication materials developed along and to be used in the 3 in 1 training programme. **Infant and Young Child Feeding Counseling - A Training course: The '3 in 1 course'** (Integrated course on breastfeeding, complementary feeding and infant feeding & HIV)

Specialist Level

Course Director's Guide

The document contains Guidelines on planning and administration on how to organize the different types of courses. It describes in detail preparation of national trainers and the course director's role before and during the course. It includes details of course materials, checklists of forms, timetables and items required for demonstration, and checklists of equipments needed. It includes course outline, course structure, and a description of the facilities required.

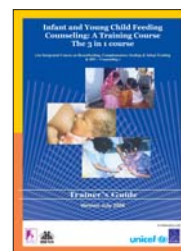
Code: IF Trg. 01 **Language:** English **ISBN:** 81-88950-14-9 **130p.** Size 210 x 297mm **Price:** Rs. 150



Trainer's Guide to train IYCF counseling specialist or middle level trainer

The Trainer's Guide is a comprehensive manual comprising of the 3 in 1 integrated course on breastfeeding, complementary feeding and infant feeding and HIV - counseling all covered in 43 sessions. It is an essential tool for the national trainers, and contains all the information needed, with detailed instructions on how to conduct each session. It describes the teaching methods to be used, and includes all exercises, clinical practice sessions, group discussions, role plays, practical guidelines, summary boxes, forms, checklists and the case stories needed during the course. This guide is provided to those who have completed the 13 days training course to be a "National Trainer on infant and young child feeding"

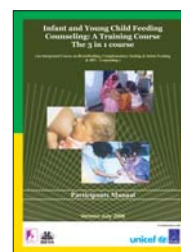
Code: IF Trg. 02 **Language:** English **ISBN:** 81-88950-17-3 **472p.** Size 210 x 297mm **Price:** Rs. 700



Participants Manual for IYCF Counseling Specialist

The Participants' Manual follows the same pattern as the Trainer's Guide covering all 43 sessions. It contains the key information presented in the lectures and other sessions that it is useful for participants of the IYCF counseling Specialists course to remember.

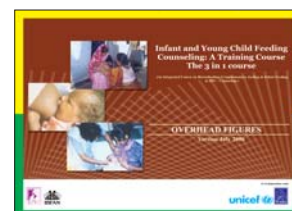
Code: IF Trg. 03 **Language:** English **ISBN:** 81-88950-18-1 **292p.** Size 210 x 297mm **Price:** Rs. 350



Overhead Figures

This is a booklet containing the figures of about 150 overhead transparencies both black & white and coloured. In circumstances where it is difficult to project overhead transparencies, trainers can use the booklet to show the figures to the participants. Trainers also use the booklet while preparing the sessions, which contains overheads.

Code: IF Trg. 04 **Language:** English **150p.** Size 210 x 297mm **Price:** Rs. 350



CD PowerPoint of AV aids

The CD contains 150 visual aids to be used while training participants. This is for use by the national trainers only.

Code: IF Trg. 05 **Language:** English **Price:** Rs. 100



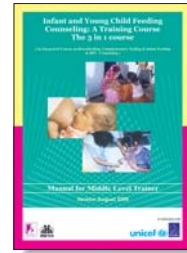
Family Level

Manual for Middle Level Trainer

This is a reference manual given to all “Middle level trainers” during their 6 days training. There are 27 sessions, which are structured around clinical practice sessions. While being trained they practice skills in hospitals and clinics after learning them in classrooms. The manual has all the information, which is provided by trainers during the course.

Code: IF Trg. 07 **Language:** English & Hindi

Price: Rs. 250

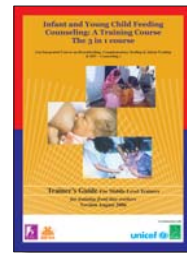


Trainer's Guide to train 'Family Counselor'

This is an essential tool for a middle level trainer. The guide provides how to conduct each session and the teaching methods to be used while training frontline workers. It also contains other guidelines and checklists. This is meant for a middle level trainer to conduct 3 -day training on IYCF for family counsellors.

Code: IF Trg. 08 **Language:** English & Hindi

Price: Rs. 300

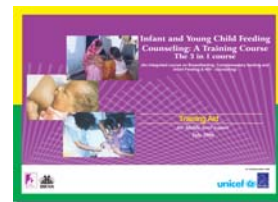


Visual Aids for trainers of family counselors

This is a set of flip charts laminated in large sizes, which middle level trainers can use during the training session for family counsellors at any place.

Code: IF Trg. 09 **Language:** English & Hindi

Price: Rs. 300



Manual for family counselors

This is a self-learning reference manual for family counsellors/ frontline workers having information on various topics discussed during the 3-day training. It helps her to refer whenever required.

Language: English, Hindi, Punjabi & Telugu

Price: Rs.50



Communication materials for the family counselors

Breastfeeding and Complementary Feeding - Counseling Guide for Frontline Workers

This is a communication guide to be used by the family counsellors /frontline workers for counseling mothers and other family members to improve infant and young child feeding practices, especially early and exclusive breastfeeding, complementary feeding and child caring practices during the various interactions with them during antenatal home visits and Mahila Mandal meetings. The guide has information on how to practice exclusive breastfeeding , correct sucking position and complementary feeding etc.

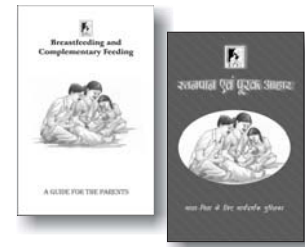


Code: IF Trg.11 **Language:** English, Hindi, Punjabi & Telugu **36p.** Size 215 x 279mm **Price:** Rs. 120

Breastfeeding and Complementary Feeding - A Guide for Parents

Language: English, Hindi, Punjabi & Telugu

Price: Rs. 35



CD - "Maa Kaa Pyaar Shishu Ahhar"

Language: Hindi **Price:** Rs. 100

Comparison with major training courses used globally

WHO/UNICEF has provided 3 courses on different aspects of Infant and Young Child Feeding (breastfeeding, complementary feeding and HIV and infant feeding are three critical areas). Now WHO has provided a course on 'Infant and Young Child Feeding Counseling An Integrated course, (October 2005) which is a 5 day course meant for lay counselors & WHO recognizes need of specialist counsellors. UN Framework for Priority Action and guidelines for Policy Makers and Health Care managers recommended that breastfeeding and HIV and Infant Feeding modules should be combined for better implementation. This is because while implementing the HIV and Infant Feeding training module, a 3-day module, cannot be given in isolation it asks for pre-requisite to complete 5 days of breastfeeding counseling course. WABA runs a breastfeeding advocacy and policy course. BPNI/IBFAN Asia runs the '3 in 1' training programme. It is important to compare the three most commonly offered courses because the three have different aims and objectives, in fact complement each other. Comparison of three important training courses being promoted regularly for promotion of breastfeeding can be seen in the Table-9.

For example, the 3-in-1 is for frontline counselors, and gives them practical skills for helping mothers, with necessary minimal theoretical back-up. The WABA advocacy course is at a higher level for resource people and leaders, such as might become trainers or programme organisers, with more theory. It fills the same role as the London Course, though obviously being shorter it cannot cover so much material. In a country, those who may have done policy advocacy course, may like to become 'national trainers' for the 3-in-1 course. It is not appropriate to do the policy course for all the counselors. People trained only on the '3-in-1' programme may not be come sound for advocacy, training and planning and organising the BFHI etc. So they have very distinct roles and cannot substitute for one another, but truly do complement one another.

Most important point is that we are comparing a 'programme' with training courses.

Table 9: Comparison of three important training courses for imparting skills on IYCF counseling and advocacy.

Title	Duration	Output	Aim/Objective	Relationship with the existing courses
WHO/UNICEF's integrated infant and young child feeding counseling course; 5 day course (Structured)	5 days	Well oriented Lay counselor	The course aims to familiarize the lay counselors in health and nutrition care systems to be able to counsel mothers on basic knowledge on infant feeding.	The course DOES NOT replace the 3 WHO/UNICEF courses.
BPNI/IBFAN's /UNICEF's "Infant and young child feeding counselling, A training Course, the 3 in 1 course (integrated course for breastfeeding, complementary feeding and infant feeding & HIV counselling) (Structured)	7 days	Infant and young child feeding counseling specialist	The course aims to develop trainers, infant and young child feeding counselling and support specialists; who are able to solve all kinds of breastfeeding and complementary feeding problems, counseling to HIV positive mothers in infant feeding and to provide support to them and offer specialist services in feeding difficulties, monitor code, offer services to the organizations/ Governments to support programmes to improve IYCF status in community.	The course REPLACES the three WHO UNICEF courses. In addition it is simplified and updated. It is linked to a programme to build capacity for counseling.
Centre for International Child Health, UCL (2x2wks modules)	2x2 weeks	A national breastfeeding advocate	Designed for senior health professionals who are at a position to influence practice and policy, to act as advocates for optimal feeding in national programmes. The course doesn't develop advanced trainers or counsellors for skills training.	It provides comprehensive and in-depth scientific, technical and practical orientation on all aspects of breastfeeding.

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