

Report on Capacity Building Training Course on Infant and Young Child Feeding Counseling for Development of Middle Level Trainers in 2 districts of Punjab (NRHM)



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Contents

Background	3
The Work	4
The process and role of partners	4
Report of Training of Middle Level Trainers	5
Supervision of 3 days training of ASHAs and ANMs	7
Evaluation (Summary)	8
Annexes	9

Report on Capacity Building Training Course on Infant and Young Child Feeding Counseling for Development of Middle Level Trainers in 2 districts of Punjab (NRHM)

Background

India has a national legislation the “Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 as amended in 2003”, and the National Guidelines on Infant and Young Child Feeding 2006, which call for promotion of early breastfeeding (within one hour of birth) and exclusive breastfeeding for the first six months and complementary feeding beginning after six months along with continued breastfeeding for 2 years or beyond.

The IMS Act recognised that promotion of artificial feeding has been more pervasive than promotion of breastfeeding and this led to decline in optimal infant feeding contributing to high infant malnutrition and deaths.

The National Rural Health Mission (NRHM), India’s flagship programme aims to establish strong health systems with the major objective to lower down maternal and infant mortality. Its framework of implementation suggests that breastfeeding counseling can be integrated into the existing interventions so as to bring down infant mortality.

In Punjab, infant mortality rate is about 42, and 25% children are underweight by 3 years meaning Lakhs of children are underweight thus will not develop to their full potential. Brain develops almost entirely during first 2 years of life, it means optimal nutrition inputs are critical at this point of time, or we will face the consequences of undernutrition, which are irreversible after that. This determines the future of Lakhs of children of our society. District Level Household Survey (2007-2008) shows that in Ferozpur district, children breastfed within one hour of birth was 49.1% and children exclusively breastfed for 6 months was 9.9% only. In the district of Gurdaspur DLHS shows children breastfed within one hour of birth was 29.6% and children exclusively breastfed for 6 months was 8.8% only.

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. It is well documented that breastfeeding is the optimal nutrition for infants and reduces the risk of infectious diseases like diarrhoea and pneumonia substantially. Breastfeeding may also enhance the effect of some vaccines. Improvements of complementary feeding could substantially reduce stunting and related burden of disease. 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. 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.

Undernutrition peaks steeply during first six months of life to 18 months, so action is needed here to break the intergenerational cycle. Recent scientific evidence reveals that early breastfeeding within one hour can reduce neonatal mortality by 22%. Further partial breastfeeding (breastmilk plus other milks) and predominant breastfeeding (breastmilk plus water) has a significant bearing on incidence of diarrhea,

pneumonia as well as the mortality related to the two common diseases. It is also shown that early breastfeeding has strong negative correlation with child malnutrition. Despite the known benefits of optimal breastfeeding, Punjab's early breastfeeding rate within one hour is 12.7%, exclusive breastfeeding rate is 36% and complementary feeding rate is 50% according to the NFHS-3 reports. All these three infant feeding practices should change to make an impact on infant morbidity and mortality, as well as under nutrition.

The Work

In view of this situation and with the intent to enhance optimal breastfeeding rates, among range of activities that have been conducted, Punjab government NRHM, selected two districts of Punjab, Ferozpur and Gurdaspur. We were invited to strengthen the district capacity for counseling on breastfeeding and complementary feeding.

In this project implemented in the year 2008-2009, BPNI trained Middle level trainers (MLTs) from the health sector including medical officers and staff nurses, who could also act as support system for any referral. The middle level trainers further trained frontline workers at the village level i.e. ASHA and ANM in counselling on breastfeeding and complementary feeding. This created a district level model for intensive counselling support under NRHM.

The process and role of partners

The representatives of BPNI, Delhi (HQ) had a meeting with the Mission Director, Govt. of Punjab and other concerned officers of the Dept. of Health and Family Welfare. All the aspects of the IYCF Counseling Training (3 in 1) were explained by giving a presentation. Accordingly a proposal was submitted for the training of middle level trainers for the districts of Ferozpur and Gurdaspur. After the approval of the proposal the MOU was finalized between BPNI Delhi (HQ) and NRHM Punjab during January 2009. The representatives of BPNI then arranged a meeting with the Civil Surgeon of Ferozpur on - February 2009 for finalizing the dates of the first batch of MLT training and other logistic support. A similar meeting was arranged with the Civil Surgeon Gurdaspur in March 2009.

State NRHM facilitated coordination with the district authorities. The participants for MLTs were identified and deputed by the respective Civil Surgeons. BPNI Delhi HQ deputed the National Trainers for the 6 days IYCF counseling training course for the MLT training and arranged for the training material, venue, audio visual aid, honorarium and travel expenses for the trainers. These trained MLTs further conducted 3-day training on IYCF Counseling for the ANM/ASHA workers at their PHC/CHC. The National Trainers of BPNI supervised 10 such 3-days training courses at CHC/PHC in Ferozpur district and 13 courses at CHC/PHC in Gurdaspur district. After the completion of 4 batches of MLT trainings in both these districts, a detailed report was submitted to NRHM Punjab.

Report of Training of Middle Level Trainers

Four training courses of 6-day duration were conducted in these 2 districts to develop 106 MLTs consisting of 29 Medical Officers and 77 Staff Nurses. Existing team of BPNI trainers from Delhi and Punjab conducted these courses. These training courses were held at Ferozpur and Gurdaspur district HQ and the clinical practice was conducted at the respective civil hospitals. All the participants were fully satisfied with the quality and contents of the training course.

Middle Level Training Courses

Batch No.1 at Kayson Hotel, Ferozpur

Date: 24 Feb. to 1 March 2009

Participants: 7 Medical Officers & 18 Staff Nurses

This training course was inaugurated by Civil Surgeon, Ferozpur (Dr. D. P. Godara) on 24.2.09. The purpose and course content of the training was explained by Shri P K Sudhir, Coordinator (Finance and Training) of BPNI. The Civil Surgeon in his inaugural speech appreciated the efforts being done by BPNI. Print and electronic media from Punjab covered the inaugural function. National Trainers of BPNI conducted this 6 day training course which comprised clinical practice for 3 days in the government hospital. These courses also had practical demonstration and role plays.

Dy. Commissioner, Ferozpur, Shri Megraj, IAS, chaired the valedictory function on 1st March 2009, along with all the district health officers. The Dy. Commissioner suggested that such trainings should be conducted regularly and the benefit of these trainings must reach up to the family level through grassroots level workers (ANM/ASHA).



Batch No.2 at Kayson Hotel, Ferozpur

Date: 16 March - 21 March 2009

Participants: 5 Medical Officers and 18 Staff Nurses

This training course was inaugurated by Civil Surgeon, Ferozpur (Dr. D P Godara) on 16.3.09. The same process of training was adopted for this batch of the training course. The valedictory function was chaired by Dr. Gian Chand Khir, Professor & Head, Department of Chest & Tuberculosis, GGS Govt. Medical College, Faridkot, along with all the district health officers.



Batch No.3 at Regalia Hotel, Gurdaspur

Date: 24 - 29 March 2009

Participants: 9 Medical Officers and 19 Staff Nurses

This training course was inaugurated by Civil Surgeon Gurdaspur (Dr.R S Rana) on 24th March 2009. The training process was the same as conducted at Ferozpur. The Dy. Commissioner, Gurdaspur (Shri Nilkanth) was invited for the valedictory function on 29th March 2009, along with all the district health officers.



Batch No.4 at Regalia Hotel, Gurdaspur

Date: 20-25 April 2009

Participants: 8 Medical officers and 22 Staff Nurses.

This training course was inaugurated by Civil Surgeon Gurdaspur Dr. R S Rana on 20th April 2009. The training process was the same as conducted at Ferozpur. The valedictory function was chaired by Dr. Inderjit Singh, Dy. Commissioner, (Health) Municipal Corporation Gurdaspur along with all the district health.



The copies of the course content (Annex-1), eligibility & criteria for the middle level training course (Annex-2), the list of national trainers & middle level trainers (Annex-3) who conducted the training course for MLT.

The course content (Annex-4), eligibility & criteria for the three days training course of ANM/ASHA workers (Annex-5) were prepared and supplied by BPNI.

Supervision of 3 days training of ASHAs and ANMs

- a. Ferozpur district – The MLTs trained in this district have further conducted a 3 day training of Frontline workers (ANM/ASHA) at the block level by forming a team of one doctor and 2 staff nurses. Thirty eight such training have been conducted at CHC/PHC level to cover 1500 ANM /ASHA workers in this district. Out of these 38 trainings, 10 such trainings were supervised by the National Trainers of BPNI.

In this process, all the ANMs/ASHA workers have been trained in the IYCF Counseling training and they are expected to deliver this knowledge and skill to the community and family level.

- b. Gurdaspur district - The MLTs trained in this district, have conducted 3 days training of Frontline workers of ANM/ASHA at the block level by a team of One doctor and 2 staff nurses. 48 such trainings have been conducted at CHC/PHC level to cover 2000 ANM/ASHA workers in this district. 13 such trainings have been supervised by the National Trainers of BPNI. In this process all the ANM/ASHA workers have been trained in IYCF Counseling Training in this district and they are expected to deliver this knowledge and skill to the community and family level.

Evaluation (Summary)

In each of the districts, three blocks were selected randomly from the total block of the district. A total of 10 village were selected randomly in the three blocks (3 each in two blocks and 4 in one block) to interview the mothers with a child between 0-3 months. In all 100 mothers from three blocks were interviewed. Besides 3 trainers, 3 ANM and 10 ASHA's were also interviewed. The followings were the major observations.

- Number of sessions and time provided for IYCF training were quite adequate.
- The training course for both ANM and ASHA was up to the mark and no problem was reported by the trainers.
- Trainers desired such courses should be conducted every year to refresh their knowledge. Also, those who have not been trained will have exposure of breastfeeding training.
- ANM and ASHA interviewed knew the contents of training covered such as importance of breastfeeding / exclusive breastfeeding and complementary feeding.
- Most of ANM and ASHA knew the type of counselling to be provided to women during pregnancy and who have recently delivered (such as initiation of breastfeeding, prelacteal feeds, duration of exclusive breastfeeding and its advantages).
- Knowledge of problems associated with breastfeeding was known to most of ANM and ASHA. They were also aware of the type of counselling to be provided to overcome such problems.
- Amongst the mothers interviewed, majority started breastfeeding within one hour. ASHA and ANM were reported as the source of information for initiation of breastfeeding by majority of mothers interviewed.
- Majority of mothers did not feel need of any support during breast feeding. However, less than half reported getting support from ASHA about correct positioning and attachment while feeding baby.
- Majority of mothers told that the child is breastfed for 10-20 minutes.
- Most of the mothers did not face any problem in initiation and continuation of breastfeeding.
- Majority of mothers wanted to receive more information about complementary feeding and correct ways of feeding the child. They desired such information either from ANM or ASHA.

Assessment of training

The detailed report of assessment of training on IYCF in Ferozpur and Gurdaspur district in the Annex-6,7.

Annexes

Example of a timetable for a course for MIDDLE LEVEL TRAINERS of frontline workers/AWWs

Infant and Young Child Feeding Counseling: A training course (The 3 in 1 course)

(an Integrated Course on Breastfeeding, Complementary feeding & Infant Feeding & HIV - Counseling)

Time	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
9.00-9.30 am	Registration	Refusal to breastfeed and crying	Breastfeeding positioning (Groups)	Overview of HIV and Infant Feeding	How to conduct training of frontline workers using trainers guide and frontline workers training kit- (presentation, Demonstration group work and one to one counseling)	Positioning baby at the breast- 2 group (Group I - Participant 12 & 13, Group II – Participant 14 & 15)
9.30-10.00 am	Introduction of participants Role of Middle Level Trainers					
10.00-10.30 am	introduction of Course material for Trainer and for Frontline workers		Not enough milk	Sustaining optimal infant and young child feeding		Expression of Breastmilk (2 groups- Participant 16 & 17, 20 & 21)
10.30-11.00 am	Tea	Tea	Tea	Tea	Tea	Tea
11.00-11.30 am	Why Optimal Infant and Young Child Feeding	Preparation and conduct of Clinical Practice I (<i>Observing breastfeed, Listening and Learning</i>) & Discussion on Clinical Practices Confidence building History taking	Preparation & conduct of Clinical Practice –II Positioning	Clinical Practice-III: Observing breastfeeding, building confidence giving support and checking understanding, Taking breastfeeding and complementary feeding history.	Why optimal infant and young child feeding – ½ + ½ by two trainers, participant (1&2)	Breast condition (2 group- Participant 18 & 19)
11.30-12.00 pm	Production and Intake of Breastmilk					
12.00-1.00 pm	Assessing and Observing breastfeeding (Groups)					
					Production and intake of breastmilk (Participant 3 & 4)	Refusal and crying (Participant 22)
						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	Listening and Learning (Groups)	Expression on of Breastmilk (Groups)	Replacement feeding during first 6 month by HIV+VE mothers Counseling HIV +VE mother for feeding options and teaching replacement feeding	Complementary feeding- foods to fill nutrient gap, quantity, variety and frequency of feed Feeding technique and strategies	Assessing and observing a breastfeed (Participant 5 & 6)	Not enough milk (2 group- participant 25 & 26)
2.30-3.00 pm						
3.00-3.30 pm	Building confidence, giving support and checking understanding (Groups)	Breast Conditions	Feeding low birth weight and sick babies	Feeding during illness and recovery	Listening and learning (Participant 7 & 8)	Complementary Feeding Food to fill nutrient gap (Participant 27 & 28)
3.30-4.00 pm		Women nutrition health and fertility				
4.00-4.30 pm	Tea				Tea	Demonstration of foods- thickness, quantity and variety (Participant 29 7 30)
4.30-5.00 pm	Antenatal preparation and establishing community infant feeding support	Tea	Tea	Tea	Building confidence giving support and checking under standing (Participant 9 & 10)	Valedictory Function Certificate of participants Tea
5.00-5.30 pm	Taking a feeding history	Women and Work				
5.30-6.00 pm	Trainer's Meeting	Trainers Meeting	Trainers meeting	Trainers Meeting	Antenatal preparation establishing community breastfeeding support and sustaining breastfeeding (Participant 11)	

Training Guideline-2

**Breastfeeding Promotion Network of India (BPNI)****Infant and Young Child Feeding Counseling: A Training Course
The 3 in 1***(An integrated course on Breastfeeding, Complementary feeding and Infant Feeding & HIV - Counseling)***Middle Level Trainers IYCF
Criteria and guidelines**

Title	“Middle Level Trainer” for Infant and Young Child Feeding Counseling.
Aim	To prepare trainers of frontline workers to transfer knowledge and skills on IYCF.
Interest and commitment	Committed to provide training to frontline workers responsible for maternal and child care.
Who can do it	Instructors /trainers/tutors of frontline workers, CDPO/supervisor, Grade A Staff 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 trainers • Part II: 2 days: Practice how to conduct a course for frontline workers /family counsellors including 3 X 2 hrs clinical practice in hospital
Competence after receiving training	Able to: <ul style="list-style-type: none"> • Conduct 3 days training course for frontline workers • Provide skilled support to in-service worker • Supervise monitoring and evaluation health component of IYCF
Future potential	Can become National Trainer after undergoing 13 days training in IYCF.
Training	4 National Trainers will train 24 middle level trainers in one training sessions
Course Materials	<ol style="list-style-type: none"> 1. Participant Manual for Middle Level Trainers 1. Middle Level Trainer’s Guide 2. Training Aids for training frontline worker 2. A Manual for frontline workers 3. Communication Guide for Counseling mothers on IYCF
Place of Training	It should be associated with a medical college/district hospital/other hospitals where 20-25 mothers baby pairs are available for counseling sessions

Breastfeeding Promotion Network of India (BPNI)BP-33, Pitampura, Delhi-110 034, India. Email: bpni@bpni.org*Modified as on March 2008*

List of Participants

Ferozpur, Punjab (24 Feb – 1 Mar 2009)

National Trainers

S. No.	Name & Designation	Place of Work	Home address	Telephone	Email address
1	Dr. Rajinder Gulati , Medical Officer (Pediatrics)	Deptt. of Pediatrics, ESIC Model Hospital, Bharat Nagar, Ludhiana-141001	46-L, Model Town, Ludhiana-141002	0161 2407869 (R) 098141 20206 (M)	rajinder_gulati@hotmail.com
2.	Mr. Pawan Sudhir Consultant (BPNI),	RP-106, Pitampura, Delhi – 110034	RP-106, Pitampura, Delhi – 110034	098106 73476 (M) 011 27321400 (O)	pk_sudhir2002@yahoo.co.in
3.	Dr. Sarit Sharma Asstt. Professor (Community Medicine)	Department of Community Medicine, DMC & Hospital, (OLD CAMPUS) Ludhiana	21-D, Kitchlu Nagar, Ludhiana-141001	098155 98162 (M) 0161 4686620 (O)	sarit_sharma@yahoo.com
4.	Dr. A. K. Handa Medical Officer (Paed)	Deptt. of Pediatrics, ESIC Model Hospital, Bharat Nagar, Ludhiana-141001	17 Loomba Street, Civil Lines, Ludhiana	0161 2444291 (R) 098144 19291 (M) 0161 2772435 (O)	arundrhanda@yahoo.com

Middle Level Trainers

S.No.	Name	Designation	Place of posting
1.	Dr. Babita	Medical Officer	Civil Hospital Jalalabad, Dist. Ferozpur
2.	Dr. Kanchan Lata Bhandari	Medical Officer	Civil Hospital Abohar, Dist. Ferozpur
3.	Mrs. Lakhveer Kaur	Staff Nurse	Civil Hospital Zira, Dist. Ferozpur
4.	Mrs. Shinder Pal Kaur	Staff Nurse	CHC, Makhu, Dist. Ferozpur
5.	Mrs. Sangeeta	Staff Nurse	PP Unit Ferozpur
6.	Mrs. Asha Sharma	Nursing Sister	Eye Mobile Team, Ferozpur
7.	Mrs. Gurvinder Kaur	Staff Nurse	CHC Mamdot, Dist. Ferozpur
8.	Mrs. Parveen Marry	Staff Nurse	Civil Hospital Fazilka, Dist. Ferozpur
9.	Miss Parmjit Kaur	Staff Nurse	Eye Mobile Unit, Ferozpur
10.	Dr. Vanita Bhullar	Medical Officer	Civil Hospital Ferozpur
11.	Dr. Hans Raj	Medical Officer	Civil Hospital Fazilka, Dist. Ferozpur
12.	Mrs. Ravinder Kaur	Staff Nurse	Civil Hospital Zira, Dist. Ferozpur
13.	Mrs. Surinder Pal Kaur	Staff Nurse	CHC Ferozshah, Dist. Ferozpur
14.	Dr. Kamaljeet Kaur	Medical Officer	Civil Hospital Zira, Dist. Ferozpur
15.	Mrs. Krishna Rani	Staff Nurse	CHC Guru Har Sahai, Dist. Ferozpur
16.	Mrs. Zarina	Staff Nurse	Rural Hospital Mudhki, Dist. Ferozpur
17.	Mrs. Neelam Rani	Staff Nurse	CHC Mamdot, Dist. Ferozpur
18.	Dr. Meenakshi Abrol	Medical Officer	Mini PHC Jhoke Hari Har, PHC Mamdot, Dist. Ferozpur
19.	Dr. (Mrs) Arun Bhola	Medical Officer	Urban Slum Area Dispensary, Basti Tainka Wali, Ferozpur
20.	Mrs. Kanno Kaur	Staff Nurse	CHC Makhu, Dist. Ferozpur
21.	Mrs. Binderjit Kaur	Staff Nurse	Mini PHC Talwandi Bhai, Dist. Ferozpur
22.	Mrs. Seema	Staff Nurse	CHC Guru Har Sahai, Dist. Ferozpur
23.	Mrs. Asha	Staff Nurse	Mini PHC Malwal, Dist. Ferozpur
24.	Mrs. Gurinder Kaur	Staff Nurse	Civil Hospital Fazilka, Dist. Ferozpur
25.	Mrs. Kanwaljit	Staff Nurse	Eye Mobile Unit, Ferozpur

List of Participants

Ferozpur, Punjab (16 March – 21 March 2009)

National Trainers

S. No.	Name & Designation	Place of Work	Home address	Telephone	Email address
1	Dr. Rajinder Gulati, Medical Officer (Pediatrics)	Deptt. of Pediatrics, ESIC Model Hospital, Bharat Nagar, Ludhiana-141001	46-L, Model Town, Ludhiana- 141002	0161 2407869 (R) 0 9814120206 (M)	rajinder_gulati@hotmail.com
2.	Mr. Pawan Sudhir Consultant (BPNI),	RP-106, Pitampura, Delhi – 110034	RP-106, Pitampura, Delhi – 110034	0 9810673476 (M) 011 27321400 (O)	pk_sudhir2002@yahoo.co.in
3.	Dr. Deepak Bhat Asstt. Professor (Pediatrics)	Department of Pediatrics, DMC & Hospital, Ludhiana	C-105 Kitchlu Nagar, Ludhiana	0161 2301104 (R) 0 9876109401 (M)	dbhat14@yahoo.co.in
4.	Dr. A. K. Handa Medical Officer (Paed)	Deptt. of Pediatrics, ESIC Model Hospital, Bharat Nagar, Ludhiana-141001	17 Loomba Street, Civil Lines, Ludhiana	0161 2444291 (R) 0 9814419291 (M) 0161 2772435 (O)	arundrhand@yahoo.com
5.	Dr. Amarjit Singh Associate Professor & Haed (Community Medicine)	Department of Community Medicine, GGG Govt Medical College, Faridkot	H. No. 44, Medical College Campus, Sadiq Road, Faridkot	0 9815177708 (M)	amarjitspm@yahoo.co.in

Middle Level Trainers

S.No.	Name	Designation	Place of posting
1.	Dr. Narinder Singh	Medical Officer	Civil Hospital, Ferozpur
2.	Mrs. Manju Arora	Staff Nurse	Civil Hospital, Ferozpur
3.	Mrs. Sneh	Staff Nurse	Civil Hospital Fazilka, Dist. Ferozpur
4.	Mrs. Shaminder	Staff Nurse	Civil Hospital Zira, Dist. Ferozpur
5.	Dr. Daya Bhukal	Medical Officer	Civil Hospital Fazilka, Dist. Ferozpur
6.	Mrs. Swarnjit Kaur	Staff Nurse	Civil Hospital Abohar, Dist. Ferozpur
7.	Mrs. Parsanta Sharma	Staff Nurse	Civil Hospital Fazilka, Dist. Ferozpur
8.	Mrs. Balwinder Kaur	Staff Nurse	Civil Hospital, Ferozpur
9.	Dr. Jiwan Kumar	Medical Officer	CHC Makhu, Dist. Ferozpur
10.	Mrs. Ramesh Kumari	Nursing Sister	Civil Hospital, Ferozpur
11.	Mrs. Bimla Dhawan	Staff Nurse	Civil Hospital Fazilka, Dist. Ferozpur
12.	Mrs. Satvinder Kaur	Staff Nurse	Civil Hospital Zira, Dist. Ferozpur
13.	Dr. V. K. Verma	Medical Officer	Mini PHC Balluana, Dist. Ferozpur
14.	Mrs. Navjit Kaur	Staff Nurse	Civil Hospital, Ferozpur
15.	Mrs. Malkeet Kaur	Staff Nurse	CHC Ferozshah, Dist. Ferozpur
16.	Mrs. Anjana	Staff Nurse	CHC Dabwala Kalan, Dist. Ferozpur
17.	Dr. Sonia Gulati	Medical Officer	Civil Hospital, Ferozpur
18.	Mrs. Satbir Kaur	Staff Nurse	CHC Guru Harsahai, Dist. Ferozpur
19.	Mrs. Rajinder Kaur	Staff Nurse	Civil Hospital Abohar, Dist. Ferozpur
20.	Mrs. Sudesh	Staff Nurse	Civil Hospital, Ferozpur
21.	Mrs. Veena Margreat	Staff Nurse	Civil Hospital, Ferozpur
22.	Mrs. Om Prabha	Staff Nurse	CHC Khui Khera, Dist. Ferozpur
23.	Mrs. Manpreet	Staff Nurse	Rural Hospital Mudki, Dist. Ferozpur

List of Participants

Gurdaspur, Punjab (24 - 29 March, 2009)

National Trainers

S. No.	Name & Designation	Place of Work	Home address	Telephone	Email address
1	Dr. Rajinder Gulati , Medical Officer (Pediatrics)	Deptt. of Pediatrics, ESIC Model Hospital, Bharat Nagar, Ludhiana-141001	46-L, Model Town, Ludhiana-141002	0161 2407869 (R) 098141 20206 (M)	rajinder_gulati@hotmail.com
2.	Mr. Pawan Sudhir Consultant (BPNI),	RP-106, Pitampura, Delhi – 110034	RP-106, Pitampura, Delhi – 110034	098106 73476 (M) 011 27321400 (O)	pk_sudhir2002@yahoo.co.in
3.	Dr. Anita Gupta C.M.O.	Department of Community Medicine, University College of Medical Science & GTB Hospital, Shahdara, Delhi - 110095	C-704, Mayur Dhvaj Apartment, Plot No- 60, I.P. Extension, Patparganj, Delhi-110095	011 22236254 (R) 0 9810617023 (M)	anitagupta58@gmail.com
4.	Dr. Anurag Agarwal Pediatrician	Department of Pediatrics, Maharishi Balmiki Hospital, Pooth Khurd, Delhi – 110039	House No-17/33, Sector-15, Rohini, New Delhi- 110085	0 9810409625 (M)	anurag_dr@rediffmail.com
5.	Dr. A. K. Handa Medical Officer (Paed)	Deptt. of Pediatrics, ESIC Model Hospital, Bharat Nagar, Ludhiana-141001	17 Loomba Street, Civil Lines, Ludhiana	0161 2444291 (R) 098144 19291 (M) 0161 2772435 (O)	arundrhanda@yahoo.com

Middle Level Trainers

S.No.	Name	Designation	Place of posting
1.	Dr. Kamla	Medical Officer	Mini PHC Madhopur, CHC Bungal Badhani, Dist. Gurdaspur
2.	Mrs. Parmjit Kaur	Staff Nurse	CHC Gharota, Dist. Gurdaspur
3.	Mrs. Kavila Sharma	Staff Nurse	Rural Hospital Rangar Nangal, Dist. Gurdaspur
4.	Mrs. Bakhshish Kaur	Staff Nurse	CHC Sujampur, Dist Gurdaspur
5.	Dr. V. K. Sethi	Medical Officer	CHC Dera Baba Nanak, Dist. Gurdaspur
6.	Dr. Des Raj	Medical Officer	PHC Mand, Dist. Gurdaspur
7.	Mrs. Raj Kumari	Staff Nurse	CHC Bhaini Mian Khan, Dist. Gurdaspur
8.	Mrs. Soma Devi	Staff Nurse	PHC Naushehra Majha Singh, Dist. Gurdaspur
9.	Mrs. Sinder Kaur	Staff Nurse	CHC Kahnowan, Dist. Gurdaspur
10.	Dr. Subhash Sharma	Medical Officer	Mini PHC Bamial, Dist. Gurdaspur
11.	Mrs. Kamla Devi	Staff Nurse	CHC Bungal Badhani, Dist. Gurdaspur
12.	Mrs. Baljinder Kaur	Staff Nurse	CHC Ghoman, Dist. Gurdaspur
13.	Mrs. Sukhwinder Kaur	Staff Nurse	Mini PHC Udhanwal, Dist. Gurdaspur
14.	Dr. Pardeep Kumar	Medical Officer	Mini PHC Gurdaspur Bhaian, CHC Gharota, Dist. Gurdaspur
15.	Dr. Vijay Kumar	Medical Officer	CHC Kalanaur, Distt. Gurdaspur
16.	Mrs. Asha Rani	Staff Nurse	PHC Dorangla, Dist. Gurdaspur
17.	Mrs. Raminderjit Kaur	Staff Nurse	PHC Behrampur, Dist. Gurdaspur
18.	Mrs. Indu Sharma	Staff Nurse	PHC Ranjit Bagh, Dist. Gurdaspur
19.	Dr. Vimmi Mahajan	Medical Officer	CHC Kahnowan, Dist. Gurdaspur

20.	Mrs. Madhu Bala	Staff Nurse	CHC Bham, Dist. Gurdaspur
21.	Mrs. Satwinder Kaur	Staff Nurse	Civil Hospital Dera Baba Nanak, Dist. Gurdaspur
22.	Mrs. Ranjit Kaur	Staff Nurse	CHC Qadian, Dist. Gurdaspur
23.	Mrs. Roseleen	Staff Nurse	PHC Fatehgarh Churian, Dist. Gurdaspur
24.	Dr. S. P. Singh	Medical Officer	PHC Bhullar, Dist Gurdaspur
25.	Mrs. Karmjit Kaur	Staff Nurse	CHC Kot Santokh Rai, Dist. Gurdaspur
26.	Mrs. Kuljit Kaur	Staff Nurse	CHC Kalanaur, Dist. Gurdaspur
27.	Mrs. Balwinder Kaur	Staff Nurse	CHC Narotjaimal Singh, Dist. Gurdaspur
28.	Dr. Shubeg Singh Bal	Medical Officer	CHC Bhaini Mian Khan, Dist. Gurdaspur

List of Participants

Gurdaspur, Punjab (20 - 25 April, 2009)

National Trainers

S. No.	Name & Designation	Place of Work	Home address	Telephone	Email address
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Middle Level Trainers

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2.	Mrs. Rita Kumari	Staff Nurse	PHC Behrampur, Dist. Gurdaspur
3.	Mrs. Krishna Devi	Staff Nurse	PHC Dorangla, Dist. Gurdaspur
4.	Mrs. Harjeet Kaur	Staff Nurse	CHC Gurdaspur, Dist Gurdaspur
5.	Dr. Vandana Kundal	Medical Officer	Mini PHC Marara, Dist. Gurdaspur
6.	Dr. Rajesh Kumar	Medical Officer	CHC Kot Santokh Rai, Dist. Gurdaspur
7.	Mrs. Bhupinderjit Kaur	Staff Nurse	CHC Gurdaspur, Dist. Gurdaspur
8.	Mrs. Shashi Sharma	Staff Nurse	CHC Narot Jaimal Singh, Dist. Gurdaspur
9.	Mrs. Satwinder Kaur	Staff Nurse	Mini PHC Phurana Shalla, PHC Ranjit Bagh, Dist. Gurdaspur
10.	Mrs. Baljit Kaur	Staff Nurse	PHC Naushera Maja Singh, Dist. Gurdaspur
11.	Dr. Sarabjit Singh	Medical Officer	Mini PHC Babehali, Dist. Gurdaspur
12.	Mrs. Amarjit Kaur	Staff Nurse	CHC Pathankot, Dist. Gurdaspur
13.	Mrs. Kuljeet Kaur	Staff Nurse	CHC Kalanaur, Dist. Gurdaspur
14.	Mrs. Baljit Kaur	Staff Nurse	CHC Dera Baba Nanak, Dist. Gurdaspur
15.	Mrs. Jatinder Kaur	Staff Nurse	PHC Dhainpur, Dist. Gurdaspur
16.	Dr. Lalit Mohan	Medical Officer	PHC Dorangla, Dist. Gurdaspur
17.	Mrs. Paramjit Kaur	Staff Nurse	CH Batala, Dist. Gurdaspur
18.	Mrs. Harjinder Kaur	Staff Nurse	PHC Ghuman, Dist. Gurdaspur
19.	Mrs. Sarbjeet Kaur	Staff Nurse	PHC Bham, Dist. Gurdaspur
20.	Mrs. Khurshid Bhatti	Staff Nurse	CHC Pathankot, Dist. Gurdaspur
21.	Dr. Kulbir Kaur	Medical Officer	CD Dhariwal, Dist. Gurdaspur

22.	Mrs. Satwant Kaur	Staff Nurse	CHC Batala, Dist. Gurdaspur
23.	Mrs. Satnam Kaur	Staff Nurse	CHC Kahnuwan, Dist. Gurdaspur
24.	Mrs. Rajwinder Kaur	Staff Nurse	CHC Fatehgarh Churian, Dist. Gurdaspur
25.	Dr. Subash Chander	Medical Officer	Mini PHC Taragarh, Dist. Gurdaspur
26.	Dr. Om Parkash	Medical Officer	Civil Hospital, Ferozpur
27.	Mrs. Raj Kumari	Staff Nurse	Mini PHC Wadala Garanthian, Dist. Gurdaspur
28.	Mrs. Shanti	Staff Nurse	CHC Bhaini Mian Khan, Dist. Gurdaspur
29.	Mrs. Gurmeet Kaur	Staff Nurse	CHC Sujanpur, Dist. Gurdaspur
30.	Mrs. Komal Michael	Staff Nurse	CHC Kot Santokh Rai, Dist. Gurdaspur

Example of a 3-day course for frontline workers / peer counselors**Infant and Young Child Feeding Counseling: A training course (The 3 in 1 course)***(an Integrated Course on Breastfeeding, Complementary feeding & Infant Feeding & HIV - Counseling)*

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

Training Guideline-3

**Breastfeeding Promotion Network of India (BPNI)****Infant and Young Child Feeding Counseling: A Training Course
The 3 in 1***(An integrated course on Breastfeeding, Complementary feeding and Infant Feeding & HIV - Counseling)***Frontline Worker/Family Counselor****Criteria and guidelines**

Title	“FLW/Family counsellor” on Infant and Young Child Feeding Counseling
Aim	To prepare skilled frontline workers/peer counselors for counseling on IYCF.
Interest and commitment	To promote and support breastfeeding and complementary feeding in National Programmes
Who can do it	Frontline workers responsible for maternal and child health. ANM, AWW, ASHA, TBA, Women support groups, school teachers, breastfeeding mothers, self help groups peer counselors etc.
Duration of the course (3 days)	3 days (20 hours) including 4 hours (2 hours x 2 days) of counseling skills practices on mother & baby during the training session
Competence after receiving training	Able to : <ul style="list-style-type: none"> • Provide IYCF counseling to pregnant and lactating women and their families • Solve breastfeeding/complementary feeding problems • Refer for breast problems like mastitis to a IYCF counseling specialists
Training	3 middle level trainers for training of 24-30 counsellors
Course Materials	1. A Manual for frontline workers 2. Counseling Guide for mothers on IYCF
Place of Training	It should be conducted on Block/PHC

Breastfeeding Promotion Network of India (BPNI)BP-33, Pitampura, Delhi-110 034, India. Email: bpni@bpni.org*Modified as on March 2008*

**Assessment of Training on Infant and
Young Child Feeding (IYCF) in
Ferozpur District, Punjab**

**Submitted
To**

**‘Breastfeeding Promotion Network of India’
BP-33, Pitampura, New Delhi 110088**

By

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Contents

	Page No.
Executive Summary	i-iii
1. Background	1
2. Objectives of the Study	1
3. Area of Study	1
4. Methodology	1
5. Breastfeeding Practices as reported by Mothers	3
5.1 Profile of Mothers	3
5.2 Type of Advice Given by Frontline Workers to Mothers on Breastfeeding the Infant	3
5.3 Initiation of Breastfeeding	3
5.4 Pre-lacteal Feeding to Child	3
5.5 Duration of Breastfeeding	3
5.6 Type of Support for Breastfeeding	4
6. Problems Faced in breastfeeding	4
6.1 Insufficient Supply of Milk	4
6.2 Crying of Child while taking milk	4
7. Additional Information on IYCF requested by mothers	4
7.1 Type of information desired by mothers	4
8. Quality of training on IYCF	4
8.1 Knowledge of ANM	5
8.2 Knowledge of ASHA	6
8.3 Suggestions of Trainers and District level official	7
Annexure	
Annexure 1: Tabulation of data for mothers of Infants 0-3 months old	1-4
Annexure 2: Tabulation of information received from ASHA	5-8

Executive Summary

1. Background

Breastfeeding Promotion Network of India (BPNI) is a registered, non-profit, independent national organization with international collaboration and works towards protecting, promoting, and supporting breastfeeding and appropriate complementary feeding of infants and young children since 1991. BPNI works to protect, promote and support breastfeeding in India with the broad goal of empowering all women to breastfeed their infants exclusively for first 6 months, start adequate and appropriate complementary feeding through advocacy, training, education, information, research and social mobilization.

District Level Household Survey (2007-08) shows that in Ferozpur district, children breastfed within one hour of birth was 49.1% and children exclusively breastfed for 6 months was 9.9% only. In order to improve Infant and Young Child Feeding (IYCF) practices in Ferozpur district, BPNI conducted 6 days IYCF training of middle level trainers (doctors and staff nurses) to further train frontline workers in the district. Three days training programme for frontline workers (ANM / ASHA) were organized in May/June, 2009. These workers were trained on various aspects of breastfeeding, complementary feeding, infant feeding and HIV.

In order to know the effect of training in improved counselling of mothers on IYCF by ASHAs and ANMs, assessment of training was conducted by the Y.G. Consultants & Services (P) Ltd., New Delhi in November 2009.

2. Objectives of the Study and Methodology

The objectives of the study were:

- To assess the counseling services provided by Accredited Social Health Activist (ASHA) and Auxiliary Nurse Midwife (ANM) to pregnant and lactating mothers on Infant and Young Child Feeding (IYCF).
- To assess the problems faced by mothers in breastfeeding the child and how they were resolved.
- To assess feedback from district NRHM Officer-in-charge, middle level trainers, ANMs and ASHAs.

The assessment was conducted by having consultation with Civil Surgeon, District Training Officer, middle level trainers, ANMs, ASHAs and mothers (Community).

A total of 100 mothers with infant 0-3 months were interviewed in 10 villages in three blocks of Ferozpur district. In addition, one ASHA from sampled village and one ANM in sampled blocks were interviewed for data collection.

3. Findings of the Study

Mothers

- Nearly 55 percent mothers had received advice on breastfeeding practices and among them, 55 percent mothers received advice from ASHA and 45 percent from ANM. Regarding the type

of advice received, more than four fifth mothers received advice on exclusive breastfeeding the child for 6 months and 93 percent were told about initiation of breastfeeding within an hour. Other advices received were no pre-lacteal feed (89%) and no water upto 6 months with breastfeeding (86%). They also received counseling on immunization (22%) and correct position for breastfeeding (15%).

- About half of mothers initiated breastfeeding within one hour and only less than one-fourth within 1-3 days after the birth of child.
- More than half of mothers gave pre-lacteal feed (something to drink to child other than breastmilk) in first three days after delivery. Most of the mothers (96%) gave milk other than breastmilk to child followed by *Janam Ghutti* (17%) and honey (15%).
- Only four mothers sought help for breastfeeding the child of which three took help of ASHA whereas one consulted the doctor. About 96 percent did not require any help/support to breastfeed the child.
- About 86 percent of mothers did not face any problem during breastfeeding such as insufficient supply of breastmilk and child crying during breastfeeding.
- The problem of insufficient supply of breastmilk reported by eleven mothers was perceived due to weak health, elder daughter was breastfeeding till late pregnancy and did not drink milk during/after delivery. These problems were resolved after consulting ASHA.
- Problem of child crying while feeding was faced by three mothers but this problem was not resolved as mothers did not discuss with anybody.
- Nearly 26 percent mothers desired more information on appropriate breastfeeding. The information desired was about complementary feeding (12), less or insufficient breastmilk (7), correct positioning and attachment (9) and about pre-lacteal feeding (8). These information were desired from ASHA (21) and ANM (19).

ANMs and ASHAs

- Problems generally reported by mothers to ANMs were insufficient breastmilk, small nipples and child not taking feed properly and swelling in nipples. The reasons for insufficient breastmilk were not known to ANMs. However, tension and balanced diet was reported as the main reasons. Mothers were advised about correct way of feeding.
- The main reasons for child crying and not taking breastmilk reported by ANMs were mother and child may be having problem in stomach, less breastmilk and not correct positioning and attachment. Support provided by ANMs was to feed again and consult the doctor.
- The reasons reported by ASHAs for child crying and not taking milk were child and mothers may be having some problems, less breastmilk and no correct positioning and attachment while feeding. In this regard, ASHA advised mothers to consult doctor and feed again and again.
- All the ASHAs told the main reason for giving expressed milk is that mother may not be well / can't sit or stand. Working mother was the other reason of giving expressed milk.
- About the problem of flat or inverted nipples, most of ASHAs use breast pump to extract milk as well as try to extract nipple by pressing with thumb and finger.
- In case of sore nipples, use of hand to extract milk and washing with hot water and applying cream were the actions suggested by ASHAs.
- In case of engorgement, most of the ASHAs reported using pump to extract milk and taking out milk by pressing nipples by hand.
- Only 4 out of 10 ASHAs were confident in resolving breastfeeding problem.

- In case of complaints by ASHA in regard to flat or inverted nipples and in engorgement, most of ANMs told that they use pump to extract out the milk. However, in case of sore nipples, they advice to use own milk to cure sore nipple and fissure and apply some cream. Cases are also referred to doctor for treatment.
- Almost all ANMs were confident in resolving problems of breastfeeding which mother's face.
- Majority of mothers were advised by ASHA to initiate breastfeeding within an hour and continue feeding upto 6 months. Almost all ASHAs also advised mother not to take water alongwith breastfeeding.
- According to ASHAs, less breastmilk was the main problem generally faced by mothers. The main reasons reported by ASHAs for insufficient supply of breastmilk were lack of balanced diet, tension and mothers may be weak. In this regard, ASHAs told that they advice mothers to take green vegetables and milk and to feed again and again.
- District level officials and trainers told that training of ASHAs was adequate but ANM need more training. Dummy models of breastfeeding dolls are required for teaching as enough number of lactating mothers is not available for practical training at some places.
- The training course for both was upto the mark. It was suggested that such training programme should be conducted every year. No problem was faced in organizing the training course.

4. Recommendations

- Dummy models of breastfeeding dolls may be provided for teaching as enough number of lactating mothers is sometimes not available for practical training at some places.
- ASHAs and ANMs reported major problems in breastfeeding faced by mothers were "insufficient supply of milk" and "child crying and not taking milk". But their responses in solving these problems show that they are still not clear about causes and intervention required for to resolve these problems. These aspects may be discussed more rigorously during training course.
- More than half of mothers gave pre-lacteal feed (something to drink to child other than breastmilk) in first three days after delivery. The pre-lacteal feed was not only given after delivery for rituals but even continued for 1-3 days in some cases. The counselling in this regard need to be more effective, especially with mothers/mother-in-laws.
- Nearly half of mothers initiated breastfeeding after one hour (11% within 2-24 hours after birth, 26% started within 1-3 days and 15% after 3 days of child birth). If breastfeeding is not initiated within an hour, it is obvious that colostrum is also not given to these babies. There is need for ASHAs to be proactive in counselling mothers/mother-in-laws in addition to mother for early initiation of breastfeeding and giving of colostrum to child. They need to be clearly told about benefits of giving colostrum and also disadvantages of not giving colostrum to child as well as late initiation of breastfeeding. These need to be emphasized during training.
- Training of frontline workers should be done using participatory training methodology for which middle level trainers should also be trained in using participatory training methodology. This will make the training of frontline workers more effective.

Overall training in the district has been of good quality.

Assessment of Training on Infant and Young Child Feeding (IYCF) in Ferozpur District, Punjab

1. Background

Breastfeeding Promotion Network of India (BPNI) is a registered, non-profit, independent national organization with international collaboration and works towards protecting, promoting, and supporting breastfeeding and appropriate complementary feeding of infants and young children since 1991. BPNI works to protect, promote and support breastfeeding in India with the broad goal of empowering all women to breastfeed their infants exclusively for first 6 months along with adequate and appropriate complementary feeding through advocacy, training, education, information, research and social mobilization.

In view of the above, BPNI tried to strengthen the breastfeeding practices in Ferozpur district by training middle level trainers for training frontline workers in these districts. Therefore, three days training programme for frontline workers (ANM / ASHA) were organized in May/June, 2009. These workers were trained on various aspects of breastfeeding such as importance of breastfeeding / exclusive breastfeeding, diet during pregnancy and lactation, correct positioning and attachment for feeding, problems during breastfeeding, expressing breast milk, complementary feeding for infants and young children etc. After a gap of about 4 months, it was desired to assess the IYCF training in these two districts.

2. Objectives of the Study

The objectives of the study were:

- a. To assess the counseling services provided by ASHA and ANM to pregnant and lactating mothers on IYCF.
- b. To assess the problems faced by mothers in breastfeeding the child and how they were resolved.

3. Area of Study

The study was conducted in Ferozpur district in Nov. 2009 where BPNI trained the middle level trainers who further trained frontline workers for strengthening the breastfeeding practices.

4. Methodology

The assessment was conducted by having consultation with civil Surgeon, Training In-charge, middle level trainers, ANMs, ASHAs and mothers (Community).

Sampling Design

In order to assess the impact of training imparted to ASHA and ANM on IYCF, a multistage sampling design was adopted. At first stage, 3 blocks were selected randomly from the total blocks of the district. The blocks selected in Ferozpur district were Ferozeshah, Mamdot and

Kossoana. Next to this, 3-4 villages were selected from each block randomly. Thus, in all 10 villages were selected in the district.

At third stage, mothers who have delivered a child within last 3 months were selected from the sampled villages. The information for such households was obtained from ANM / AWWs. Thus, a total sample of 100 mothers with a child between 0-3 months (assuming 9-10 children per village) were covered to assess the initiation of breastfeeding practices and the support provided by ASHA and ANM. If 10 mothers with a child less than 3 months were not available in the sampled village, the gap was filled from adjoining village.

Besides, one ANM and ASHA from each sampled village was interviewed to assess the counseling services provided by them relating to IYCF, problems solving of mothers with problems in breastfeeding the child and problems faced by them in resolving such issues as well as counseling mothers on IYCF.

In addition, trainers such as doctor/staff nurse were interviewed to understand their perceptions about quality of training, adequacy of training for problem solving and any suggestions to improve the training methodology/effectiveness of training.

Further, NRHM in-charge/CMO of the district were contacted to know their views for improving the performance of ANM/ASHA in the district for better implementation of infant and young child feeding practices.

Sample achieved in both districts:

	No.
Villages	10
Mothers with child 0 - 3 months	100
ANM	3
ASHA	10
Trainers (Dr/staff nurse)	3
District Try officer & Civil Surgeon	2

Instrument for Data Collection

The following instruments were used for collection of data:

- (i) Interview schedule for trainers
- (ii) Interview schedule for mothers with children (0-3 months old)
- (iii) Interview schedule for ANM and ASHA.

Data Collection

Data collection work was started in the first week of Nov, 09 and was completed within a span of 8 days. Local female field investigator was recruited and trained for collecting information from mothers of infants 0-3 months.

The other categories of persons such as ANM, ASHA, trainers, Training Officer and Civil Surgeon were interviewed by the Supervisor/consultant.

5. Breastfeeding Practices as reported by Mothers

During the survey information was collected from mothers having children less than 3 months about the type of advice given by frontline workers on breastfeeding the infant, time of initiation of breastfeeding, pre-lacteal feeding, type of support provided by frontline workers for breastfeeding and duration of breast feedings. These aspects were analyzed and are discussed in this section. The responses of mothers are presented in Tables 1-14 (Annexure-I).

5.1 Profile of Mothers

Mothers having a child less than 3 months were interviewed in order to assess the breastfeeding practices. Among the mothers interviewed, 89% were less than 30 years of age, 36% illiterate, 33% less than primary and only 16% had studied up to high school or above. About 39% of them had child aged 1-2 months and 37% had child aged 2-3 months.

5.2 Type of Advice Given by Frontline Workers to Mothers on Breastfeeding the Infant

The mothers having a child less than 3 months of age were asked whether they were given any advice on Breastfeeding (BF) practices and if yes, who gave such advice. It was noted that 55% of mothers had received advice on IYCF. Among the mothers who received advice on BF, 55% got it from ASHA and 45% from ANM.

They were further asked to tell what was told to them. The multiple responses indicate that 95% were told about exclusive breastfeeding to child for 6 months followed by breastfeeding within an hour (93%), no pre-lacteal feed (89%) and no water upto 6 months with breastfeeding (86%). They also received counseling on immunization (22%) and correct position for breastfeeding (15%). However, 45% of them were not given any advice on any methods by frontline workers.

5.3 Initiation of Breastfeeding

Nearly 48% of interviewed mothers initiated breastfeeding within an hour, 11% within 2-24 hrs. of birth while 26% started after 1-3 days and another 15% after 3 days of child birth.

5.4 Pre-lacteal Feeding to Child

Mothers were asked whether they gave anything to child other than mothers milk within 3 days of child birth. About 52% of stated that they had given pre-lacteal feeds to child. The multiple responses show that 96% gave milk other than mother's milk, Janam Ghutti (17%), Honey (15%), Sweet water (13%) and plain water (12%). Forty eight percent did not give any pre-lacteal feed to the child. The pre-lacteal feed was given by mothers with the help of spoon (79%), cotton (15%) and bottle (13%). The frequency of pre-lacteal feed was more than 5 times (20%), four times (14%), three times (9%), two times (4%) and once (3%).

5.5 Duration of Breastfeeding

Mothers were also asked to give information on duration of breastfeeding to their child at a time. The responses show that 75% of mothers breastfed their child for less than 10 minutes, 16% for about 10 minutes and 7% for about 15 minutes. However, 2% of them did not breastfeed their child till the date of interview of the women.

5.6 Need for help/support felt during breastfeeding and type of support received

Mothers were asked to give information of any support / help required and if yes, from whom. The responses show that 96% of them did not require any help to breastfeed their child. Only four mothers sought help (3 from ASHA and one from doctor). The type of support provided to these four was how to put nipple in mouth of child (1), correct positioning of child during breastfeeding (2), advised to give expressed milk (1) and support provided in feeding the child since it was caesarian delivery(1).

6. Problems Faced in breastfeeding

6.1 Insufficient Supply of Milk

Mothers having a child less than 3 months of age were asked whether they faced any problem such as insufficient milk or child not taking milk and crying. The responses show that 86% of them had no such problem in breastfeeding the child. Eleven mothers faced problem of insufficient supply of breastmilk which they perceived was due to weak health, elder daughter was breastfeeding till late pregnancy, did not drink milk during / after delivery. Problems of these six mothers were resolved after discussing with ASHA but problem of 5 mothers for insufficient supply of milk were not solved. The reasons reported were either because they did not discuss with anybody or no proper diet during pregnancy or milk in chest dried up due to injections for operation.

6.2 Crying of Child while taking milk

Another 3 mothers who had reported that child was not taking milk and crying, their problem could not be solved because two of them did not discuss the problem with anybody and one mother had discussed it with the doctor but the doctor was not able to resolve the problem immediately.

7. Additional Information on IYCF requested by mothers

The mothers were asked during the survey whether they would like to receive any more information on appropriate breastfeeding, type of information and from whom. These responses were analyzed and are discussed in this section.

7.1 Type of information desired by mothers

Mothers were asked whether they need any additional information on breastfeeding. The responses shows that only 26% of them desired to have more information from ASHA (21), ANM (19), Doctor (4) and AWW (2). The information desired was correct positioning during breastfeeding (9), pre-lacteal feeding (8), how to keep child healthy (6), diet to infant with breastfeeding (4), and duration of breastfeeding and Immunization schedule (4). However, 5 of them did not specify the type of help sought by them from frontline workers etc.

8. Quality of training on IYCF

During the survey 3 ANMs and 10 ASHAs were interviewed. They were asked a series of questions relating to training received, type of counseling provided to women during pregnancy and who have recently delivered, type of problems faced by mothers in breastfeeding the child

and counseling provided in overcoming these problems, reasons for insufficient supply of breastmilk and related counseling given as well as reasons for child not taking breastmilk and crying. Besides, they were asked about the situation in which expressed milk is given to the child, action taken in case mother complaints of having flat or inverted nipple / sore nipples, nipple fissure and in case of engorgement. In the end, they were enquired whether they feel confident in resolving problems of breastfeeding and if no, what type of support was required.

In addition, trainers such as Doctors / Staff nurse, Training Officer and Civil Surgeon were contacted to know their perception about quality of training imparted, problems encountered and suggestions for better conduction of such training courses in near future. All these aspects have been analyzed and discussed in this section.

8.1 Knowledge of ANM

8.1.1 Training Received

In all 3 ANMs trained were interviewed in Ferozeshah, Mamdot and Kossoana blocks. Two had good knowledge about breastfeeding techniques, exclusive breastfeeding, initiation and its advantages but one of them could not tell much about these aspects. She reported exclusive breastfeeding upto 4 months and then put the child on supplementary food. All of them know that water should not be given along with breastfeeding and breastfeeding is complete nutrition and protect children from diseases and infection.

8.1.2 Type of counseling given to women during pregnancy & who have recently delivered

All ANMs advise the women to initiate breastfeeding within one hour after delivery.

About pre-lacteal feed, all the ANMs told that they advice the women not to give plain water, honey and sugar to the baby. The reason stated was that the child may not develop immunity. However, two ANMs said that baby may get infection if given pre-lacteal feed.

8.1.3 Type of problems faced by mothers in breastfeeding

(a) Problems generally faced

The type of problems generally reported by mothers to ANMs were insufficient breastmilk, small nipples, child not taking feed properly, swelling in nipples and mother could not feed child due to operation etc.

(b) Problems of Insufficient supply of breastmilk and counseling provided

All ANMs were not aware about reasons for insufficient breastmilk. According to them tension to mother or not taking balanced diet is the reason for insufficient breastmilk. They advised mothers on how to breastfeed child to improve the quantity of milk in breast.

(c) Problem of child crying and not taking breast milk

All ANMs interviewed were of the view that pain in abdomen was the main reason for child crying and not taking milk and two of them referred the child to doctors while one of them advised for proper breastfeeding and keep the child dry.

8.1.4 Action taken by ANM on mother's complaints of flat or inverted nipple, sore nipples & fissure and in engorgement

(a) Flat or inverted nipples

In case mother complained of difficulty in feeding due to flat or inverted nipples, all ANMs told that they use pump to extract the milk. However, 2 ANMs said that they advice the mothers to extract the milk by pressing the nipple with hands. One ANM said that she will first of all examine the problem and then take the decision.

(b) Sore nipple and nipple fissure

All ANMs were asked what they do if a mother complains of having sore nipple and nipple fissure. In such cases the action reported were use of own milk to cure sore nipple and fissure (2), advice to apply soframycine (2) and to extract milk by hand and feed the child (2).

8.1.5 Feel confident in resolving problems of breastfeeding

On the whole it could be inferred that ANMs still lack in knowledge of IYCF especially on problem solving relating to inverted nipples, sore and fissure nipples and full breast etc., and need refresher training from time to time.

8.2 Knowledge of ASHA

8.2.1 Training Received

In all 10 ASHA's were interviewed and they mainly reported the contents of training as:-

- Breastfeeding the child
- Only breastmilk upto 6 months
- No water upto 6 month of breastfeeding
- Breastfeeding within an hour
- Complementary feeding after 6 months

Other areas reported by few of them were:-

- Cleanliness
- Immunization schedule
- Home visiting
- Delivery at Govt. Hospital, and
- No pre-lacteal feed (reported by only one ASHA)

8.2.2 Type of counseling given to women during pregnancy and after delivery

Counseling is restricted to advantages of exclusive breast-feeding and initiation of breastfeeding. Problems mostly faced by them were related to child unable to take feed (5) mother's illness (2) and insufficient breastmilk (2). In order to overcome there problems they advised frequent breastfeeding or take out breastmilk for feeding. The reason for insufficient breastmilk was reported to be weakness and lack of interest in feeding by few of them. In order to increase the supply of breastmilk they advised mothers for more frequent feeding and proper balanced diet.

8.2.3 Type of problems faced by mothers in breastfeeding and counseling provided

The main reason reported by ASHAs for child not taking breastmilk and crying was pain in stomach and they referred them to doctor for advice.

8.2.4 Action taken by ASHA on mother's complaints of flat or inverted nipples, sore nipples & nipple fissure and on engorgement

(a) Flat or inverted nipples

Their knowledge on flat or inverted nipples appears to be scanty and as such don't feel confident to give advice on breastfeeding problems.

(b) Sore nipples and nipple fissure

Their knowledge on sore nipples and nipple fissure and engorgement appears to be scanty and as such don't feel confident to give advice on breastfeeding problems.

(c) Engorgement

Their knowledge on engorgement also appears to be scanty and as such don't feel confident to give advice on breastfeeding problems.

8.3 Suggestions of Trainers and District level official

Views of Trainers' on Training

- Training of ASHAs was adequate but ANMs need more intensive training.
- More time needed for practical sessions such as confidence building and listening and learning skills was less and required more time.
- Training for ASHA and ANMs should be separate as age, education and understanding of ASHA was lower than ANM.
- Feasibility of trainers to reach the place of training in time and remain upto end of training period should be considered while making the training schedule.
- Dummy models of Breastfeeding dolls are required for teaching as lactating mothers are always not available for practical training at some places.
- All literature should be supplied in Punjabi instead of in English.

Views of District level officers on Training.

District officials were of the views that:

- Contents & duration of training were sufficient but methodology needs to be improved and flexible.
- Trainers were flexible and changed according to requirement of trainers.
- Understanding of contents of teaching was low and need improvement.
- Feedback on training of ASHA and ANM was satisfactory.
- No feedback so far on messages expected to be delivered by ASHA's and ANMs.
- Regular orientation trainings for ASHA's and ANMs.
- Proper planning and trainers availability ensured and feedback mechanism.
- Outcome indicators developed.

View of District Training Officer/CMO

Views of district training officer and chief medical officer on training of trainers, ANMs and ASHAs were ascertained on contents of training, its duration, methodology, adoptability to change, flexibility in teaching methods, environment of training place for teaching purposes, understanding of contents of training, trainees and feedback on training by trainers at their level, ANMs and ASHAs.

Both were of the views that contents, duration were sufficient but methodology needs to improved and flexible. As regards to adaptation to change and flexibility in teaching, they opined that trainers were flexible and changed according to requirement of trainees. Training environment was healthy and understanding of contents of teaching by trainers was satisfactory.

Both of them also opined that there should be refresher training programme at regular intervals for ASHAs and ANMs. Their suggestion to improve relationship between mothers, ASHAs and ANMs were:

- Timing of training should be properly planned to suit ASHAs and ANMs.
- Ensure that trainers are available during the period.
- Training material supplied should be of quality from state headquarter only.
- Feedback mechanism should be developed.
- Outcome indicators to be developed.
- IYCF activities should be through media upto village level.
- Building of 3 regional training centres in the district.
- Field training to mothers by staff for lactating and delivery mothers.
- Frequent change in in-charge of training programme should be avoided.

Tabulation of data for mothers of Infants 0-3 months old in Ferozpur district

Table 1: Percent distribution of mothers by their profile

Sr. No.	Age of Mother	No.	%
1	15-19	7	7%
2	20-24	50	50%
3	25-29	32	32%
4	30-34	8	8%
5	35-39	3	3%
	Education		
1	Illiterate	36	36%
2	Primary	33	33%
3	Middle	15	15%
4	High school	12	12%
5	Higher Secondary	4	4%
	Religion		
1	Hindu	36	36%
2	Sikh	63	63%
3	Christians	1	1%
	Caste		
1	General	86	86%
2	Scheduled Caste	14	14%
	Total (N)	100	

Table 2: Percent mothers advised on breastfeeding to the infant

Sr. No.	Advised	No.	%
1	Yes	55	55%
2	No	45	45%
	Total (N)	100	
	Source of advice to mothers on breastfeeding to infant		
1	ANM	25	45%
2	ASHA	30	55%
	Total (N)	55	

Sr. No.	Type of advice given by frontline workers to mothers about feeding the infants	No. (N=55)	%
1	Correct positioning and attachment	8	15%
2	Initiation of breastfeeding within an hour	51	93%
3	Not to give any pre-lacteal feed (Honey, sweet water, goat milk etc.)	49	89%
4	Exclusive breastfeeding to child for 6 months	52	95%
5	Not to give water along with breastmilk for 6 months	48	87%
6	Immunization	12	22%
7	About complementary feeding	1	2%
Multiple Responses. Total may exceed 100.			

Table 3: Percent mothers by how much time after birth of child started breastfeeding

Sr. No.	Time after birth	No.	%
1	Within one hour	48	48%
2	Within 2-24 hours	11	11%
3	1-3 days	26	26%
4	More than 3 days	15	15%
Total (N)		100	

Table 4: Percent mothers by whether the child was given anything to drink other than breastmilk in first three days after delivery

Sr. No.	Given anything to drink	No.	%
1	Yes	52	52%
2	No	48	48%
Total (N)		100	

Table 5: Percent mothers by type of pre-lacteal feed given to the child in the first three days after delivery

Sr. No.	Type of pre-lacteal feed given	No. (N=52)	%
1	Milk other than breastmilk	50	96%
2	Plain water	6	12%
3	Sugar or glucose water	7	13%
4	Sugar-salt water solution	1	2%
5	Medicine	1	2%
6	Honey	8	15%
7	Janam ghutti	9	17%
Multiple Responses. Total may exceed 100.			

Table 6: Percent mothers by how the pre-lacteal feed was given to the child in the first three days after delivery

Sr. No.	How the pre-lacteal feed given	No. (N=52)	%
1	Spoon	41	79%
2	Fingers	8	15%
3	Bottle	7	13%
	Multiple Responses. Total may exceed 100.		

Table 7: Percent mothers felt need of any help/support during breastfeeding

Sr. No.	Felt need	No.	%
1	Yes	4	4%
2	No	96	96%
	Total (N)	100	

Table 8: Percent mothers by type of person who provided help/support during breastfeeding

Sr. No.	Type of person	No.	
1	ASHA	3	
2	Doctors	1	
	Total (N)	4	

Table 9: Percent mothers by the type of help/support provided by frontline workers during breastfeeding

Sr. No.	Type of support provided	No. (N=4)	
1.	Correct positioning and attachment	2	
2.	How to put nipple in mouth feeding	1	
3.	Giving expressed milk to baby	1	
4.	Support in feeding the child since it was caesarian delivery	1	
	Multiple Responses.		

Table 10: Percent mothers by duration of breastfeeding the child

Sr. No.	Duration of feeding	No.	%
1	<10 minutes	75	75%
2	10 minutes	16	16%
3	15 minutes	7	7%
4	No breastfeeding	2	2%
	Total (N)	100	

Table 11: Percent mothers faced problems such as insufficient supply of milk or child crying and not taking feed

Sr. No.	Type of problem faced	No.	%
1	Insufficient supply of breastmilk	11	11%
2	Child crying and not taking feed	3	3%
3	Not faced the problem	86	86%
	Total (N)	100	

Table 12: Percent mothers desired more information on appropriate breastfeeding

Sr. No.	Mothers desired more information	No.	%
1	Yes	26	26%
2	No	74	74%
	Total (N)	100	
	Type of information desired by mothers	N=26	
1	About complementary feeding	12	46%
2	Less breastmilk	7	27%
3	Proper attachment and positioning	9	35%
4	Whether pre-lacteal feed required	8	31%
5	Why child cry during feeding	4	15%
6	Others (pain during feeding, continuation of breastfeeding duration of breastfeeding, about immunization etc.)	11	42%
7	Not specified	5	19%
	Multiple Responses. Total may exceed 100.		
	Source for additional information desired by mothers on breastfeeding		
1	ASHA	21	81%
2	ANM	19	73%
3	AWW	2	8%
4	Doctor	4	15%
5	Not specified	6	23%
	Multiple Responses. Total may exceed 100.		

Tabulation of information received from ASHA

Table 1: Problems generally faced by mothers on breastfeeding

Sr. No.	Problems faced	No. (N=10)	%
1	Less breastmilk	6	60%
2	Flat or inverted nipples	1	10%
3	No proper education for feeding	1	10%
4	Sore nipples	2	20%
5	Child is unable to take feed	2	20%
6	Illness of mother	3	30%
7	Operation	1	10%
8	No problem	1	10%
9	Could not tell anything	1	10%
	Advice given to overcome problem		
1	To feed again and again	4	40%
2	To take out milk from breast and feed child	4	40%
3	No problem	1	10%
4	Could not tell anything	1	10%
	Multiple Responses. Total may exceed 100.		

Table 2: Type of counseling done to women during pregnancy and after delivery

Sr. No.	Time after birth	No. (N=10)	%
1	Immediately after delivery	3	30%
2	Within one hour	6	60%
3	Within 24 hours	1	10%
	Pre-lacteal feed		
1	Yes	5	50%
2	No	4	40%
3	Could not explain	1	10%
	Exclusive breastfeeding		
1	Upto 6 months	10	100%
2a	Water alongwith breastfeeding	1	10%
2b	No water alongwith breastfeeding	9	90%
3	Complete nutrition	10	100%
4	Protect from problem	10	100%
5	Protect from allergy	10	100%
6	Protect from infection	10	100%
7	Both mother and child will be healthy		
	Multiple Responses. Total may exceed 100.		

Table 3: Reasons for insufficient supply of breastmilk

Sr. No.	Reasons for insufficient supply of breastmilk	No. (N=10)	%
1.	Tension	1	10%
2.	Mother may be weak, ill	4	40%
3.	Lack of balance diet	1	10%
4.	Lack of interest in feeding	2	20%
5.	Child unable to take feed	1	10%
6.	Could not specify anything	2	20%
Type of counseling given			
1.	Advice for green vegetables and milk	4	40%
2.	To feed again and again	5	50%
3.	Refer to doctor	1	10%
4.	Try to be tension free	1	10%
5.	Could not specify anything	2	20%
Multiple Responses. Total may exceed 100.			

Table 4: Reasons for child not taking milk and crying

Sr. No.	Reasons for child not taking milk and crying	No. (N=10)	%
1.	Child may be having some problem	3	30%
2.	Less breastmilk	1	10%
3.	No correct positioning and attachment and busy in talk		
4.	Mother may be having some problem in stomach	8	80%
5.	Flat or small nipple	1	10%
6.	Could not specify anything	1	10%
Type of support provided			
1.	Advise to feed again and again by proper attachment	1	10%
2.	Advise to consult doctor	9	90%
3.	Advised to visit ANM	2	20%
4.	NA	1	10%
Multiple Responses. Total may exceed 100.			

Table 5: Percent mothers by number of times pre-lacteal feed was given to the child in the first three days after delivery

Sr. No.	Situations in which expressed milk given to baby	No. (N=10)	%
1	Working mother	3	30%
2	Mother not well / can't sit or stand / operation	10	100%
3	Child is weak and cannot suck milk	1	10%
4	Premature child	1	10%
5	AIDS to mother	1	10%
6	Pain in nipples and flat nipples	2	20%
7	Could not specify anything	1	10%
	Multiple Responses. Total may exceed 100.		

Table 6: Actions taken by ASHA on mother's complaint

Sr. No.	Actions taken	No. (N=10)	%
	Flat or inverted nipples		
1.	Refer to doctor	2	20%
2.	Try to extract nipple by pressing with thumb and finger	3	30%
3.	Use pump to extract milk	2	20%
4.	Use syringe to take out nipples	2	20%
5.	Could not specify anything	2	20%
	Sore nipples and nipple fissure		
1.	Wash with hot water and apply cream	1	10%
2.	Consult doctor	7	70%
3.	Use mustard oil / ointment	1	10%
4.	Use of milk from nipples to cure after cleaning	1	10%
5.	No knowledge	1	10%
	Engorgement (Full breast)		
1.	Use pump to extract milk	3	30%
2.	Take out milk by pressing nipples by hands	3	30%
3.	Massage with hot water	1	10%
4.	To feed again and again	1	10%
5.	Refer to doctor	1	10%
6.	Use syringe to take out milk	1	10%
7.	No knowledge	1	10%
	Multiple Responses. Total may exceed 100.		

Table 7: Feel confident to resolve all breastfeeding problems

Sr. No.	Feel confident to resolve problems	No.	%
1	Yes	4	40%
2	No	6	60%
	Total (N)	10	
	Support required	N=6	
1	Consult ANM	1	17%
2	Refresher course on breastfeeding	6	100%
	Multiple Responses. Total may exceed 100.		

Assessment of Training on Infant and Young Child Feeding (IYCF) in Gurdaspur District, Punjab

**Submitted
To**

**‘Breastfeeding Promotion Network of India’
BP-33, Pitampura, New Delhi 110088**

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Contents

	Page No.
Executive Summary	i-iii
1. Background	1
2. Objectives of the Study	1
3. Area of Study	1
4. Methodology	1
5. Breastfeeding Practices as reported by Mothers	3
5.1 Profile of Mothers	3
5.2 Type of Advice Given by Frontline Workers to Mothers on Breastfeeding the Infant	3
5.3 Initiation of Breastfeeding	3
5.4 Pre-lacteal Feeding to Child	3
5.5 Duration of Breastfeeding	3
5.6 Type of Support for Breastfeeding	4
6. Problems Faced in breastfeeding	4
6.1 Insufficient Supply of Milk	4
6.2 Crying of Child while taking milk	4
7. Additional Information on IYCF requested by mothers	4
7.1 Type of information desired by mothers	4
8. Quality of training on IYCF	4
8.1 Knowledge of ANM	5
8.2 Knowledge of ASHA	6
8.3 Suggestions of Trainers and District level official	8
Annexure	
Annexure 1: Tabulation of data for mothers of Infants 0-3 months old	1-5
Annexure 2: Tabulation of information received from ASHA	6-8

Executive Summary

1. Background

Breastfeeding Promotion Network of India (BPNI) is a registered, non-profit, independent national organization with international collaboration and works towards protecting, promoting, and supporting breastfeeding and appropriate complementary feeding of infants and young children since 1991. BPNI works to protect, promote and support breastfeeding in India with the broad goal of empowering all women to breastfeed their infants exclusively for first 6 months and start adequate and appropriate complementary feeding through advocacy, training, education, information, research and social mobilization.

District Level Household Survey (2007-08) shows that in Gurdaspur children breastfed within one hour of birth was 29.6% and children exclusively breastfed for 6 months was 8.8% only. In order to improve Infant and Young Child Feeding (IYCF) practices in Gurdaspur district, BPNI conducted 6 days IYCF training of middle level trainers (doctors and staff nurses) to further train frontline workers in the district. Three days training programme for frontline workers (ANM / ASHA) were organized in May/June, 2009. These workers were trained on various aspects of breastfeeding, complementary feeding, infant feeding and HIV.

In order to know the effect of training in improved counselling of mothers on IYCF by ASHAs and ANMs, assessment of training was conducted by the Y.G. Consultants & Services (P) Ltd., New Delhi in November 2009.

2. Objectives of the study and Methodology

The objectives of the study were:

- To assess the counseling services provided by Accredited Social Health Activist (ASHA) and Auxiliary Nurse Midwife (ANM) to pregnant and lactating mothers on Infant and Young Child Feeding (IYCF).
- To assess the problems faced by mothers in breastfeeding the child and how they were resolved.
- To assess feedback from district NRHM Officer-in-charge, middle level trainers, ANMs and ASHAs.

The assessment was conducted by having consultation with National Rural Health Mission (NRHM) In-charge, middle level trainers, ANMs, ASHAs and mothers (Community).

A total of 100 mothers with infant 0-3 months were interviewed in 10 villages in three blocks of the district. In addition, one ASHA from each of the sampled village and one ANM in each of the sampled blocks were interviewed for data collection.

3. Findings of the Study

Mothers

- Nearly 68 percent of mothers had received advice on breastfeeding practices. Out of them, 31 percent got advice from ASHA, 24 percent from ANM and 19 percent from both ASHA and ANM

- Among the mothers who received advice, more than four fifth mothers received the advice on exclusive breastfeeding, 63 percent about initiation of breastfeeding within an hour and 46 percent on correct positioning and attachment during breastfeeding (BF).
- About half of mothers initiated breastfeeding within one hour and only less than one-fourth initiated breastfeeding within 1-3 days after the birth of child.
- More than half of mothers gave pre-lacteal feed (something to drink to child other than breastmilk) in first three days after delivery. Half of mothers gave honey, 33 percent gave sugar and 11 percent milk other than breastmilk
- Nearly 39 percent mothers sought help/support during breastfeeding. Among them 44 percent had taken help from ASHA, 26 percent from ANM and remaining 30 percent sought help from family members and doctor. Of these mothers who sought help from ANM/ASHA, about 85 percent mothers sought help/support for proper attachment and correct positioning of child during breastfeeding while 13 percent were advised about complementary feeding.
- About three-fourth mothers did not face any problem during breastfeeding such as insufficient supply of breastmilk and child crying during breastfeeding.
- The problem of insufficient supply of breastmilk was reported by 20 mothers of which 2 sought advice from doctor and three from ASHA and their problem was resolved. Others didn't seek any advice and the problem resolved on its own after sometime.
- Four of six mothers who faced problem of child crying and not taking feed told that the problem resolved of its own and they did nothing. However, 2 mothers told that they consulted the doctor and doctor gave some medicine after which child started taking breastmilk and stopped crying.
- Nearly 57 percent mothers desired more information on appropriate breastfeeding. The information desired by mothers was on complementary feeding (32), proper attachment and positioning (21) and on exclusive breastfeeding (22). Majority of mothers desired above information from ASHA (37) and from ANM (19).

ANMs and ASHAs

- All ANMs advised the women to initiate breastfeeding within an hour and not to give any pre-lacteal feed, even water. The reasons given that child may not get immunity. Besides, mothers were advised to give their own milk for 6 months as it is a complete nutrition and protects the child against several infections.
- The main reasons for child crying and not taking breastmilk reported by ANMs were mother and child may be having problem in stomach, less breastmilk and not correct positioning and attachment. Support provided by ANMs was to feed again and consult the doctor.
- The reasons reported by ASHAs for child crying and not taking milk were child and mothers may be having some problems, less breastmilk and no correct positioning and attachment while feeding. In this regard, ASHA advised mothers to feed again and again but if the problem is not resolved, consult a doctor.
- All the ASHAs told the main reason for giving expressed milk is that mother may not be well / can't sit or stand. Working mother was the other reason of giving expressed milk.
- About the problem of flat or inverted nipples, most of ASHAs use breast pump to extract milk as well as try to extract nipple by pressing with thumb and finger.
- In case of sore nipples, use of hand to extract milk and washing with hot water and applying cream were the actions suggested by ASHAs in both the districts.
- In case of engorgement, most of the ASHAs reported using pump to extract milk and taking out milk by pressing nipples by hand.

- All ASHAs were confident in resolving breastfeeding problem.
- In case of complaints by ASHA in regard to flat or inverted nipples and in engorgement, most of ANMs in both districts told that they use pump to extract out the milk. However, in case of sore nipples, they advice to use own milk to cure sore nipple and fissure and apply some cream. Cases are also referred to doctor for treatment.
- Almost all ANMs were confident in resolving problems of breastfeeding which mother's face.
- Majority of mothers were advised by ASHA to initiate breastfeeding within an hour and continue feeding upto 6 months. Almost all ASHAs also advised mother not to give water along with breastfeeding.
- According to ASHAs, less breastmilk was the main problem generally faced by mothers. The main reasons reported by ASHAs for insufficient supply of breastmilk were lack of balanced diet, tension and mothers may be weak. In this regard, ASHAs told that they advice mothers to take green vegetables and milk and to feed again and again.
- 2-3 batches were trained by each trainer. Number of sessions and time provided for each session were quite adequate.
- The training course for both was upto the mark. It was suggested that such training programme should be conducted every year. No problem was faced in organizing the training course.

4. Recommendations

- ASHAs and ANMs reported major problems in breastfeeding faced by mothers were “insufficient supply of milk” and “child crying and not taking milk”. But their responses in solving these problems show that they are still not clear about causes and intervention required to resolve these problems. These aspects may be discussed more rigorously during training course.
- More than half of mothers gave pre-lacteal feed (something to drink to child other than breastmilk) in first three days after delivery. The pre-lacteal feed was not only given after delivery for rituals but even continued for 1-3 days in some cases. The counselling in this regard need to be more effective, especially with mothers/mother-in-laws.
- Nearly 16% mothers initiated breastfeeding within 2-24 hours and another 23% after 1-3 days. If breastfeeding is not initiated within an hour, it is obvious that colostrum is also not given to these babies. There is need for ASHAs to be proactive in counselling mothers/mother-in-laws in addition to mother for early initiation of breastfeeding and giving of colostrum to child. They need to be clearly told about benefits of giving colostrum and also disadvantages of not giving colostrum to child as well as late initiation of breastfeeding. These need to be emphasized during training.
- Refresher training may be given to ANMs and ASHAs after six months of training.
- Training of frontline workers should be done using participatory training methodology for which middle level trainers should also be trained in using participatory training methodology. This will make the training of frontline workers more effective.

Overall training in the district has been of good quality.

Assessment of Training on Infant and Young Child Feeding (IYCF) in Ferozpur and Gurdaspur Districts, Punjab

1. Background

Breastfeeding Promotion Network of India (BPNI) is a registered, non-profit, independent national organization with international collaboration and works towards protecting, promoting, and supporting breastfeeding and appropriate complementary feeding of infants and young children since 1991. BPNI works to protect, promote and support breastfeeding in India with the broad goal of empowering all women to breastfeed their infants exclusively for first 6 months and start adequate and appropriate complementary feeding through advocacy, training, education, information, research and social mobilization.

District Level Household Survey (2007-08) shows that in Gurdaspur district, children breastfed within one hour of birth was 29.6% and children exclusively breastfed for 6 months was 8.8% only. In view of the above, BPNI tried to strengthen the breastfeeding practices in Gurdaspur district by training middle level trainers (doctors and staff nurses) to further train frontline workers in the district. Therefore, three days training programme for frontline workers (ANM / ASHA) were organized in May/June, 2009. These workers were trained on various aspects of breastfeeding such as importance of breastfeeding / exclusive breastfeeding, diet during pregnancy and lactation, correct positioning and attachment for feeding, problems during breastfeeding, expressing breast milk, complementary feeding for infants and young children etc. After a gap of about 4 months, it was desired to assess the IYCF training in this district.

2. Objectives of the Study

The objectives of the study were:

- a. To assess the counseling services provided by ASHA and ANM to pregnant and lactating mothers on IYCF.
- b. To assess the problems faced by mothers in breastfeeding the child and how they were resolved.
- c. To assess feedback from district NRHM Officer-in-charge, middle level trainers, ANMs and ASHAs

3. Area of Study

The study was conducted in Gurdaspur district in Nov. 2009 where BPNI trained the middle level trainers who further trained frontline workers for strengthening the breastfeeding practices.

4. Methodology

The assessment was conducted by having consultation with NRHM In-charge, middle level trainers, ANMs, ASHAs and mothers (Community).

Sampling Design

In order to assess the impact of training imparted to ASHA and ANM on IYCF, a multistage sampling design was adopted. At first stage, 3 blocks were selected randomly from the total

blocks of the district. The blocks selected in Gurdaspur district were Naushra, Maja Singh and Behrampur. Next to this, 3-4 villages were selected from each block randomly. Thus, in all 10 villages were selected from each district.

At third stage, mothers who have delivered a child within last 3 months were selected from the sampled villages. The information for such households was obtained from ANM / AWWs. Thus, a total sample of 100 mothers with a child between 0-3 months (assuming 9-10 children per village) were covered to assess the initiation of breastfeeding practices and the support provided by ASHA and ANM. If 10 mothers with a child less than 3 months were not available in the sampled village, the gap was filled from adjoining village.

Besides, one ANM and ASHA from each sampled village was interviewed to assess the counseling services provided by them relating to IYCF, problems solving of mothers with problems in breastfeeding the child and problems faced by them in resolving such issues as well as counseling mothers on IYCF.

In addition, trainers such as doctor/staff nurse were interviewed to understand their perceptions about quality of training, adequacy of training for problem solving and any suggestions to improve the training methodology/effectiveness of training.

Further, NRHM in-charge of the district were contacted to know their views for improving the performance of ANM/ASHA in the district for better implementation of infant and young child feeding practices.

Sample achieved in both districts:

	No.
Villages	10
Mothers with child 0 - 3 months	100
ANM	3
ASHA	10
Trainers (Dr/staff nurse)	3
In-Charge NRHM	1

Instrument for Data Collection

The following instruments were used for collection of data:

- (i) Interview schedule for trainers
- (ii) Interview schedule for mothers with children (0-3 months old)
- (iii) Interview schedule for ANM and ASHA.

Data Collection

Data collection work was started in the first week of Nov, 09 and was completed within a span of 7 days. Local female field investigator was recruited and trained for collecting information from mothers of infants 0-3 months.

The other categories of persons such as ANM, ASHA, middle level trainers and NRHM-In-Charge were interviewed by the Supervisor/consultant.

5. Breastfeeding Practices as reported by Mothers

During the survey information was collected from mothers having children less than 3 months about the type of advice given by frontline workers on breastfeeding the infant, time of initiation of breastfeeding, pre-lacteal feeding, type of support provided by frontline workers for breastfeeding and duration of breast feedings. These aspects were analyzed and are discussed in this section. The responses of mothers are presented in Tables 1-14 (Annexure-I).

5.1 Profile of Mothers

A total of 100 mothers with infants 0-3 months were interviewed. About 9 percent infants were less than one month old and the rest 91 percent were of 1-3 months old.

Majority of mothers (83%) were in the age group (20-29) years. A little less than one-fourth mothers (23%) were illiterate, about 26 percent had studied up to high school and 19 percent up to higher secondary level. Majority of respondents were either Sikh or Hindu. Only 22 percent were Christians. Nearly 35 percent belonged to Scheduled Caste and 24 percent were from backward caste.

5.2 Type of Advice Given by Frontline Workers to Mothers on Breastfeeding the Infant

Nearly 68 percent mothers informed that they received advice on IYCF. Of them, 31 percent were advised by ASHA, 24 percent by ANM and 19 percent by both ASHA & ANM. Mother in law / Sister in law / Doctor were the source of information for 26 percent mothers.

On enquiring about type of advice given by frontline workers, more than fourth-fifth mothers (81%) were advised on exclusive breastfeeding for 6 months, while 63 percent were told about initiation of breastfeeding within an hour. However, 49 percent mothers were advised not to give even water along with breastmilk for 6 months. Correct positioning and attachment as a advice for feeding the child was reported by 46 percent mothers

5.3 Initiation of Breastfeeding

More than half of mothers (52%) started breastfeeding within an hour, 16 percent within 2-24 hours and 23 percent within 1-3 days after the birth of the child.

5.4 Pre-lacteal Feeding to Child

During survey, all the mothers with child less than 3 months were also asked whether they gave child anything to drink other than breast milk within the first three days after delivery. More than half of mothers (54 percent) reported in affirmative. Among them, about 50 percent gave honey, 33 percent sugar, 11 percent milk other than breastmilk and 9 percent gave sugar-salt water solution.

5.5 Duration of Breastfeeding

Nearly half of mothers (50%) breastfeed the child for 10 minutes, 38 percent for 15 minutes and 5 percent for 20 minutes. However, another 5 percent mothers told that they breastfeed the child for more than 20 minutes.

5.6 Type of Support for Breastfeeding

Information was also collected from mothers about whether they felt any need for help / support during breastfeeding and if yes, from whom. In response, 39 percent of mothers reported in affirmative. Among them, 44 percent had sought help from ASHA and 26 percent from ANM. Mother in law / Sister in law provided support to 18 percent mothers.

On enquiring about the type of help / support provided, more than four –fifths mothers (85%) sought help about correct positioning and attachment for feeding the baby, while 13 percent were told about complementary feeding. Only 5 percent mothers each said that they were advised to initiate breastfeeding within an hour and to feed the infant again and again, respectively.

6. Problems Faced in breastfeeding

6.1 Insufficient Supply of Milk

A large number of mothers (74%) did not face any problem during breastfeeding. Only 20 mothers reported problem of insufficient supply of breastmilk. Those reported insufficient supply of breast milk as a problem, were further asked what they did to resolve it. Majority of mothers (15 out of 20), said that they did nothing and problem resolved itself and there was a proper flow of milk. However, 3 out of 5 mothers consulted ASHA and 2 consulted doctor who advised them to feed again & again and the problem was resolved.

6.2 Crying of Child while taking milk

Only six mothers reported the problem of child not taking breast milk and crying during breastfeeding. Of these, only two mothers consulted doctor who gave some medicine after which child started taking breast milk and stopped crying during feeding. Others didn't consult any one and the problem resolved itself subsequently.

7. Additional Information on IYCF requested by mothers

The mothers were asked during the survey whether they would like to receive any more information on appropriate breastfeeding, type of information and from whom. These responses were analyzed and are discussed in this section.

7.1 Type of information desired by mothers

More than half of mothers (57%) desired more information on appropriate breastfeeding. Of these, 56 percent wanted more information on complementary feeding and 39 percent on exclusive breastfeeding. However, more than one-third mothers (37%) desired information on proper attachment and positioning of child while feeding. Only 12 percent mothers wanted information relating to insufficient breast milk.

These mothers were further asked from whom they would like to receive more information on breastfeeding. More than three-fifths mothers (65%) desired information from ASHA, and 33 percent from ANM, Doctor as the source for information was desired by only 9 percent mothers.

8. Quality of training on IYCF

During the survey 3 ANMs and 10 ASHAs from sampled villages were interviewed. They were asked a series of questions relating to training received, type of counseling provided to women

during pregnancy and who have recently delivered, type of problems faced by mothers in breastfeeding the child and counseling provided in overcoming these problems, reasons for insufficient supply of breastmilk and related counseling given as well as reasons for child not taking breastmilk and crying. Besides, they were asked about the situation in which expressed milk is given to the child, action taken in case mother complaints of having flat or inverted nipple / sore nipples, nipple fissure and in case of engorgement. In the end, they were enquired whether they feel confident in resolving problems of breastfeeding and if no, what type of support was required.

In addition, trainers such as Doctors / Staff nurse and NRHM in charge were contacted to know their perception about quality of training imparted, problems encountered and suggestions for better conduction of such training courses in near future. All these aspects have been analyzed and discussed in this section.

8.1 Knowledge of ANM

8.1.1 Training Received

All the 5 ANMs interviewed reported to have received 3 days training on IYCF in May/June, 2009. When asked about the contents of training, it was reported as importance of breastfeeding / exclusive breastfeeding, complementary feeding, how to breastfeed, correct positioning and attachment, problems during breastfeeding, advantages of exclusive breastfeeding, about pre-lacteal feed, continuation of breastfeeding for 2 years and vaccination.

8.1.2 Type of counseling given to women during pregnancy & who have recently delivered

In regard to exclusive breastfeeding, all the ANMs told that they ask the mothers to give their own milk for 6 months and even water should not be given during that period. They also tell the women that their milk is complete nutrition, protects the child against several infections, particularly from diarrhoea. Only 3 out of 5 ANMs could say that exclusive breastfeeding protects their baby from respiratory and allergy problems.

Besides, 2 out of 5 ANMs told that they also counsel women about correct positioning and attachment while feeding as well as about continuation of breastfeeding for 2 years as the chances of pregnancy are reduced.

8.1.3 Type of problems faced by mothers in breastfeeding

(a) Problems generally faced

Majority of ANMs told that mothers generally face problems of less milk and proper way of feeding. In regard to these problems, almost all the ANMs advice mothers about correct positioning and attachment while feeding. However, 2 out of 5 ANMs said that they advice mothers for good diet and one ANM told that she advised mothers for feeding the child again and again.

(b) Problems of Insufficient supply of breastmilk and counseling provided

The main reasons of insufficient supply of breast milk reported by ANMs were - no proper diet (3), mothers who don't feed (2) and due to some internal problem (1). However, one ANM could not specify the reason. All the ANMs were further asked about the type of counseling provided to overcome such problems. Most of ANMs (3) told that they advice the mothers to have green

vegetables and milk. However, two of them told that they advice the mothers to feed again and again. In case of internal problem, she is asked to consult the Doctor.

(c) Problem of child crying and not taking breast milk

Most of ANMs (3) reported the main reason of child not taking breast milk and crying is that mothers have no knowledge of feeding. The other reasons reported were - child has some infection in mouth (2), child not well (1), size of nipple is large (1), pain in stomach (1) and sore and inverted nipple.

To overcome such problems, most of the ANMs advice mothers to feed again & again (3) and consult doctor if child is not well (3). However, one ANM told that advice is given to mother to take out milk by hand and feed the child.

8.1.4 Type of situations when expressed milk is given to baby

All the ANMs were asked under what situations expressed milk is given to baby. The situations reported in order were Caesarian case (4), child is ill and cannot suck (3), mother in service, mother ill and mother having full breast (one each).

8.1.5 Action taken by ANM on mother's complaints of flat or inverted nipple, sore nipples & fissure and in engorgement

(a) Flat or inverted nipples

Regarding action taken by ANM's on cases referred to them for inverted nipples, sore nipple / fissure nipple and engorgement, two of them advised for use of pump / syringe to take out milk from full breast.

(b) Sore nipple and nipple fissure

In case mother complained of difficulty for sore nipple and fissure in nipple, ANMs referred to doctor for treatment while one of them did not mention anything for these problems.

(c) Engorgement (Full breast)

In such cases, most of the ANMs (4) reported that they clean the breast with hot water and by pressing take out the milk. The other modes reported were use of pump for extracting milk (3) and advice the mothers to feed again and again (1).

8.1.6 Feel confident in resolving problems of breastfeeding

All the ANMs were asked whether they feel confident in resolving problems of breastfeeding. All reported in affirmative. However, in case of acute problems, they reported of consulting LHV and Doctor.

8.2 Knowledge of ASHA

8.2.1 Training Received

All the 10 ASHAs interviewed told that they had received 3 days training on IYCF in May/June, 2009. These workers when asked about the contents of training, almost all the ASHAs could recall the sessions covered during the training such as importance of breastfeeding, exclusive and complementary breastfeeding, breastfeeding for 2 years, correct positioning & attachment during feeding, vaccination to be given to children, problems in breastfeeding and how to overcome, about pre-lacteal feeding, mother milk is less expensive than bottle feeding.

8.2.2 Type of counseling given to women during pregnancy and after delivery

All the 10 ASHA's told that during counseling they advice the women to initiate breastfeeding within one hour. Besides, two ASHAs informed that they also advice women for proper wrapping as well as about proper positioning and attachment of child during feeding.

About pre-lacteal feed, 9 out of 10 ASHAs told that they advice women not to give honey, sugar etc. However, four ASHAs said they advice women not to go for bottle feeding. There was no response from 2 ASHAs. The main reason stated by 7 ASHA's regarding not giving pre-lacteal feed was that child may get infection. Another 3 said that child may have diarrhoea and vomiting.

In regard to exclusive breastfeeding, all the ASHAs said that they advice women for exclusive breastfeeding for 6 months and not to give water along with breastfeeding. They also tell mothers that their breastmilk has complete nutrition and protect the child from infection such as diarrhoea & vomiting. The other benefits told by ASHAs were protection from respiratory problems (4), no allergy (2) and both mothers and child will be healthy (2).

8.2.3 Type of problems faced by mothers in breastfeeding and counseling provided

(a) Problems generally faced

Majority of ASHAs (8) told that mothers generally face problems of less breastmilk. The other problems told were flat or inverted nipple and no proper education for feeding (one ASHA each). Only one ASHA said that she had not come across any problem.

To overcome these problems, all the 10 ASHA said they advice mothers to feed again and again. However, 2 were for applying massage on the back and one for washing the nipple.

(b) Problems of insufficient supply of breastmilk

All the ASHAs were asked about the reasons for insufficient supply of breastmilk. The main reason reported by 6 ASHAs was lack of balanced diet. The other reasons told were - less feeding (3), tension, no proper attachment and mother may be weak (one ASHA each).

About the counseling provided to resolve such issues, majority of ASHAs (7) said that they advice mothers to eat green vegetables and take milk. The other type of counseling reported were feeding again and again (4), taking more meals (1) and try to be free of tension (1).

(c) Problems of child crying and not taking breast milk

Majority of ASHAs (6) told the main reason of child not taking breastmilk and crying as 'the child may be having some problem / infection'. No correct positioning and attachment and busy in talks could be the other reason for child not taking breastmilk (5). The other reasons reported were less breastmilk (4) and child may be having fever (1).

All the ASHA's were further asked about the type of support provided to mothers in regard to above problems. Majority of ASHAs (9) said they advice mothers to feed again and again by proper attachment. The others support reported were 'be particular while feeding', 'taking out of milk by hand and give to child' and 'consult the Doctor if child continues to cry' (one each).

8.2.4 Type of situation when expressed milk is given to baby

All the ASHA's were also enquired about the situations when expressed milk is given to baby. In response, majority of ASHAs (5) reported that in caesarian cases expressed milk is given, followed by when mother is working (4) and mother is not well (3). The other situations reported were mother can't sit and stand (2) and child is weak and can't suck milk (2).

8.2.5 Action taken by ASHA on mother's complaints of flat or inverted nipples, sore nipples & nipple fissure and on engorgement

(a) Flat or inverted nipples

All the ASHA's were asked what do they do if a mother complaints of flat or inverted nipples. In response, almost all ASHAs (9) told that they would use pump to extract milk. However, one ASHA said that she would advice mother to extract milk by pressing the nipple with thumb and fingers.

(b) Sore nipples and nipple fissure

In case mother complain of having sore nipples and nipple fissure, the action / advice given by ASHA's to mothers were to use own hand to extract out milk and give to child (3), wash nipple with hot water and apply cream (2), consult doctor, use mustard oil and feed properly (one each). However, 3 ASHA's had no knowledge and did not respond.

(c) Engorgement

All the ASHA's were also asked what do they do in case of engorgement? In response, about half of ASHAs said they would use pump to extract out the milk and other half said that they would advice mothers to take out milk by pressing nipple with hands. The other advice / action reported were try to feed again and again (2) and do massage with hot water (1). However, one ASHA had no knowledge and did not reply.

8.2.6 Feel confident in resolving problems of breastfeeding

In the end, all the ASHA's were asked whether they feel confident in resolving problems of breastfeeding which mothers face. In response, all reported in affirmative. However, in case of seriousness, half (5) said they would consult ANM, two would refer to doctor and the remaining three told that they would not require any support.

8.3 Suggestions of Trainers and District level official

During the survey, 3 trainers – one from each block and NRHM in-charge were enquired about their impression regarding training imparted to ANM and ASHA, problems faced in organizing training and suggestions for better conduction of such courses in near future. Their responses are discussed here under.

Views of Trainers' on Training

In all 3 trainers - one medical officer and 2 staff nurses were interviewed. Their observations about training programme are presented below:

- In all 2-3 batches were trained by each trainer.
- All reported that number of sessions and time provided for each session were quite adequate.
- All the trainers told that ANM and ASHA require the same training. The training course for both was upto the mark and sufficient.

- None reported facing any problem during training programme as good literature was provided.
- Such training programme should be conducted each year as it would refresh their knowledge and newly appointed staff would be benefited. Seminars at short interval were also suggested to update their knowledge.

Views of In-charge NRHM

- Training course for frontline workers (ANM / ASHA) on Infant and Young Child Feeding Counseling was well organized.
- No Problem was faced in organizing the training course on IYCF for frontline workers.
- Review of training was desired at an interval of one year.

Tabulation of data for mothers of Infants 0-3 months old

Table 1: Percent distribution of mothers by their profile

Sr. No.	Age of Mother	No.	%
1	15-19	5	5%
2	20-24	42	42%
3	25-29	41	41%
4	30-34	10	10%
5	35-39	2	2%
	Education		
1	Illiterate	23	23%
2	Primary	16	16%
3	Middle	14	14%
4	High school	26	26%
5	Higher Secondary	19	19%
6	Above Higher Secondary	2	2%
	Religion		
1	Hindu	38	38%
2	Sikh	40	40%
3	Christians	22	22%
	Caste		
1	General	41	41%
2	Scheduled Caste	35	35%
3	Backward Caste	24	24%
	Total (N)	100	

Table 2: Percent mothers advised on breastfeeding to the infant

Sr. No.	Advised	No.	%
1	Yes	68	68%
2	No	32	32%
	Total (N)	100	
	Type of frontline workers advised mothers on breastfeeding to infant		
1	ANM	16	24%
2	ASHA	21	31%
3	Both (ANM & ASHA)	13	19%
4	Others (mother-in-law, sister-in-law, doctor)	18	26%
	Total (N)	68	

Sr. No.	Type of advice given by frontline workers to mothers about feeding the infants	No. (N=68)	%
1	Correct positioning and attachment	31	46%
2	Initiation of breastfeeding within an hour	43	63%
3	Not to give any pre-lacteal feed (Honey, sweet water, goat milk etc.)	18	26%
4	Exclusive breastfeeding to child for 6 months	55	81%
5	Not to give water along with breastmilk for 6 months	33	49%
6	Immunization		
7	About complementary feeding	17	25%
	Multiple Responses. Total may exceed 100		

Table 3: Percent mothers by how much time after birth of child started breastfeeding

Sr. No.	Time after birth	No.	%
1	Within one hour	52	52%
2	Within 2-24 hours	16	16%
4	1-3 days	23	23%
5	More than 3 days	8	8%
6	Only bottle feeding	1	1%
	Total (N)	100	

Table 4: Percent mothers by whether the child was given anything to drink other than breastmilk in first three days after delivery

Sr. No.	Given anything to drink	No.	%
1	Yes	54	54%
2	No	46	46%
	Total (N)	100	

Table 5: Percent mothers by type of pre-lacteal feed given to the child in the first three days after delivery

Sr. No.	Type of pre-lacteal feed given	No. (N=54)	%
1	Milk other than breastmilk	6	11%
2	Plain water	1	2%
3	Sugar or glucose water	18	33%
4	Sugar-salt water solution	5	9%
5	Medicine	1	2%
6	Honey	27	50%
7	Janam ghutti	3	6%
8	Tea	1	2%
Multiple Responses. Total may exceed 100			

Table 6: Percent mothers by how the pre-lacteal feed was given to the child in the first three days after delivery

Sr. No.	Type of pre-lacteal feed given	No.	%
1	Spoon	18	33%
2	Fingers	30	56%
3	Bottle	6	11%
Total (N)		54	

Table 7: Percent mothers felt need of any help/support during breastfeeding

Sr. No.	Felt need	No.	%
1	Yes	39	39%
2	No	61	61%
Total (N)		100	

Table 8: Percent mothers by type of person who provided help/support during breastfeeding

Sr. No.	Type of person	No. (N=39)	%
1	Family members (sister-in-law, Mother-in-law, Mother)	10	26%
2	Dai	1	3%
3	ASHA	17	44%
4	ANM	10	26%
5	Doctors	2	5%
Multiple Responses. Total may exceed 100			

Table 9: Percent mothers by the type of help/support provided by frontline workers during breastfeeding

Sr. No.	Type of support provided	No. (N=39)	%
1	Correct positioning and attachment	33	85%
2	How to put nipple in mouth feeding	5	13%
3	Complementary Feeding	5	13%
4	Initiation of breastfeeding within an hour	2	5%
5	Feeding infant again and again	2	5%
6	Exclusive Breastfeeding	1	3%
Multiple Responses. Total may exceed 100			

Table 10: Percent mothers by duration of breastfeeding the child

Sr. No.	Duration of feeding	No.	%
1.	10 minutes	50	50%
2.	15 minutes	38	38%
3.	20 minutes	5	5%
4.	More than 20 minutes	5	5%
5.	No breastfeeding	2	2%
Total (N)		100	

Table 11: Percent mothers faced problems such as insufficient supply of milk or child crying and not taking feed

Sr. No.	Type of problem faced	No. (N=100)	%
1.	Insufficient supply of breastmilk	20	20%
2.	Child crying and not taking feed	6	6%
3.	Not faced the problem	74	74%
Total (N)		100	

Table 12: Percent mothers desired more information on appropriate breastfeeding

Sr. No.	Mothers desired more information	No.	%
1	Yes	57	57%
2	No	43	43%
	Total (N)	100	
	Type of information desired by mothers	N=57	
1	About complementary feeding	32	56%
2	Less breastmilk	7	12%
3	Proper attachment and positioning	21	37%
4	About exclusive breastfeeding	22	39%
5	Others (pain during feeding, continuation of breastfeeding duration of breastfeeding, about immunization etc.)	4	7%
	Multiple Responses. Total may exceed 100		
	Source for additional information desired by mothers on breastfeeding		
1	ASHA	37	65%
2	ANM	19	33%
3	Doctor	5	9%
	Multiple Responses. Total may exceed 100		

Tabulation of information received from ASHA

Table 1: Problems generally faced by mothers on breastfeeding

Sr. No.	Problems faced	No. (N=40)	%
1	Less breastmilk	8	80%
2	Flat or inverted nipples	1	10%
3	No proper education for feeding	1	10%
4	No problem	1	10%
	Multiple Responses. Total may exceed 100		
	Advice given to overcome problem	N=10	
1	To feed again and again	10	100%
2	Apply massage on the back	2	20%
3	To wash the nipple	1	10%
	Multiple Responses. Total may exceed 100		

Table 2: Type of counseling done to women during pregnancy and after delivery

Sr. No.	Time after birth	No. (N=10)	%
1	Within one hour	10	100%
	Pre-lacteal feed		
1	Yes		
2	No	10	100%
3	Could not explain		
	Exclusive breastfeeding		
1	Upto 6 months	10	100%
2a	Water along with breastfeeding	-	-
2b	No water alongwith breastfeeding	10	100%
3	Complete nutrition	10	100%
4	Protect from respiratory problem	4	40%
5	Protect from allergy	2	20%
6	Protect from infection	10	100%
7	Both mother and child will be healthy	2	20%
	Multiple Responses. Total may exceed 100		

Table 3: Reasons for insufficient supply of breastmilk

Sr. No.	Reasons for insufficient supply of breastmilk	No. (N=10)	%
1	Tension	1	10%
2	No proper attachment	1	10%
3	Mother may be weak, ill	1	10%
4	Lack of balance diet	6	60%
5	Less feeding	3	30%
	Multiple Responses. Total may exceed 100		
	Type of counseling given		
1	Advice to mother to eat green vegetables and take milk	7	70%
2	To feed again and again	4	40%
3	Take more meals	1	10%
4	Try to be tension free	1	10%
	Multiple Responses. Total may exceed 100		

Table 4: Reasons for child not taking milk and crying

Sr. No.	Reasons for child not taking milk and crying	No. (N=10)	%
1	Child may be having some problem	6	60%
2	Less breastmilk	4	40%
3	No correct positioning and attachment and busy in talk	5	50%
4	Mother may be having some problem in stomach	1	10%
	Multiple Responses. Total may exceed 100		
	Type of support provided		
1	Advise to feed again and again by proper attachment	9	90%
2	Advise to be particular during feeding	1	10%
3	Advise to take out milk from hand and give to child	1	10%
4	Advise to consult doctor	1	10%
	Multiple Responses. Total may exceed 100		

Table 5: Percent mothers by number of times pre-lacteal feed was given to the child in the first three days after delivery

Sr. No.	Situations in which expressed milk given to baby	No. (N=10)	%
1	Working mother	4	40%
2	Mother not well / can't sit or stand / operation	10	100%
3	Child is weak and cannot suck milk	2	20%
	Multiple Responses. Total may exceed 100		

Table 6: Actions taken by ASHA on mother's complaint

Sr. No.	Actions taken	No. (N=10)	%
	Flat or inverted nipples		
1.	Try to extract nipple by pressing with thumb and finger	1	10%
2.	Use pump to extract milk	9	90%
	Sore nipples and nipple fissure		
1.	Use hand to extract milk and give to child	3	30%
2.	Wash with hot water and apply cream	2	20%
3.	Consult doctor	1	10%
4.	Use mustard oil / ointment	1	10%
5.	Not fed properly	1	10%
6.	No knowledge	3	30%
	Multiple Responses. Total may exceed 100		
	Engorgement (Full breast)		
1.	Use pump to extract milk	5	50%
2.	Take out milk by pressing nipples by hands	5	50%
3.	Massage with hot water	1	10%
4.	To feed again and again	2	20%
5.	No knowledge	1	10%
	Multiple Responses. Total may exceed 100		

Table 7: Feel confident to resolve all breastfeeding problems

Sr. No.	Feel confident to resolve problems	No. (N=10)	%
1	Yes		
2	No	10	100%
	Support required		
1	Consult ANM	5	50%
2	Consult doctor	2	20%
3	No support required	3	30%
	Total (N)	10	