

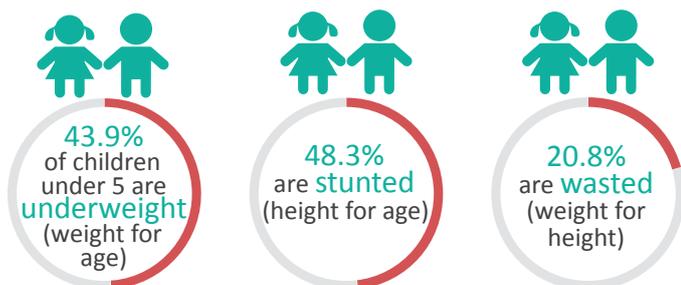
# Infant and Young Child Feeding (IYCF) Counselling Centres in Bihar: A Program Brief to Inform Scale-Up



An IYCF counselling centre is a private area within a health facility for counselling pregnant women and mothers of children under 2. The centres have one certified IYCF counsellor and are outfitted with all the essential equipment and aids required for anthropometric measurements and IYCF counselling. For pregnant women in their third trimester, the IYCF counsellor discusses and promotes early initiation and exclusive breastfeeding. She also provides support in the delivery room in initiating breastfeeding, within one hour after birth. The counsellor also counsels on timely introduction of complementary feeding and provides information on age - appropriate frequency, consistency and diversity of foods to be given to children.

## BACKGROUND

Good nutrition in the first 1,000 days of life is critical to enabling children to develop their mental and physical capacity that leads to healthier and more productive lives. Undernutrition, including foetal growth restriction, suboptimum breastfeeding, stunting, wasting, and deficiencies of vitamin A and zinc, cause 45% of child deaths worldwide, resulting in 3.1 million deaths annually (Lancet 2013). According to the National Family Health Survey (NFHS)-4 study (2015-2016), child malnutrition in the state of Bihar is the third highest in India. It is estimated that:



To help address undernutrition across India, in 2013 the National Health Mission (NHM) under the Ministry of Health and Family Welfare (MoHFW) developed guidelines for Enhancing Optimal Infant and Young Child Feeding Practices. Subsequently, an action plan<sup>1</sup> was developed that requires the provision of IYCF counseling at all government health facilities where deliveries take place. The guidelines also mention that facilities with high caseloads of deliveries should have a dedicated IYCF counselor.

With support from UNICEF, the State Health Society, Bihar (SHSB) decided to establish IYCF-Counselling Centres (IYCF-CC) in medical college and hospital, district hospitals, and first referral units in locations that have a high caseload

<sup>1</sup>Guidelines for Enhancing Optimal Infant and Young Child Feeding Practices (<http://nrhm.gov.in/nrhm-components/rmnch-a/child-health-immunization/child-health/guidelines.html>).

of deliveries, as per NHM guidelines. These IYCF-CCs were initiated in the High Priority Districts<sup>2</sup> (HPDs), and IYCF-CC counsellors were hired and trained on IYCF and interpersonal skills. Mid-level trainers from UNICEF provided supportive supervision to reinforce capacities of these counsellors.

The initiative was piloted in Gaya district, and IYCF-CCs were established in June 2014. The model was subsequently scaled up to the other nine HPDs of Bihar between December 2014 and March 2015. While all the 24 centres in Gaya have a dedicated IYCF counsellor, the other nine districts draw on the services of the existing Reproductive, Maternal, Newborn and Child Health Plus Adolescents (RMNCH+A) counsellors and Mamta<sup>3</sup> workers to provide IYCF counselling. All the counsellors and Mamtas were provided similar training on IYCF.

With the experience and learnings of IYCF-CCs in Gaya and other HPDs, Bihar state is considering enhancing the role of these centres and scaling up the IYCF-CCs to other districts as per IYCF guidelines from the NHM. To determine the feasibility of scaling up these centres in other districts of Bihar state, Alive & Thrive conducted an assessment of the quality of services provided at these IYCF-CCs in May 2016. The study evaluated Specifically, the assessment focused on the availability of necessary infrastructure and equipment and job aids, demand for the services in these centres, quality of counselling provided, and knowledge and skills level of the counsellors to effectively counsel on IYCF practices. The assessment also captured clients' perspective on the quality of the services they received, and their knowledge, attitude, and practices of IYCF behaviours.

This program brief presents the findings from the assessment, summarises the challenges and quality of IYCF provided, and concludes with a set of recommendations to scale up IYCF-CCs in other states.

## ASSESSMENT METHODOLOGY

This study used both qualitative and quantitative research methods. Observations, facility assessments, and counsellor interviews were conducted in 12 health facilities in Araria, Gaya, Patna, and Purnia districts. Health facilities included medical colleges, district hospitals, first referral units, and primary health centres.

A total of 650 women including mothers of children under 2 years of age and pregnant women who had received services from counselling centres (across 13 health facilities in the district of Araria, Gaya, Jamui, and Purnia) in the past three months were tracked and interviewed.

<sup>2</sup>To ensure equitable health care and to bring about sharper improvements in health outcomes, the bottom 25% of the districts in every State, according to the ranking of districts based on composite health index, have been identified as High Priority Districts (HPDs) by the Ministry of Health and Family Welfare.

<sup>3</sup>Mamta workers are trained female health staff hired on contract and deputed to the government hospitals' maternity wards to take care of new-borns and their mothers.

## CURRENT SITUATION: IYCF COUNSELLING CENTRES



### IYCF counsellor profile

- In all the districts, counsellors are graduates or hold higher level degrees with relevant work experience. In Gaya district, the counsellors have been recruited through a local NGO; the counsellors in other districts were already in post and their roles were expanded from an initial focus on family planning to include RMNCH+A including IYCF counselling. All the counsellors have received training on counselling around Maternal, Infant and Young Child Nutrition (MIYCN).
- The primary responsibilities of the counsellors include counselling clients on IYCF when they visit the Out Patient Department (OPD) based centres, maintaining records, and compiling monthly reports. In some cases, based on the location of IYCF-CC, they also counsel women in delivery wards and visit clients in the wards.

### KNOWLEDGE AND PRACTICE OF WOMEN WHO ATTEND COUNSELING SERVICES

- Knowledge and practice of women attending the IYCF was positive for IYCF, and women reported a high degree of self-efficacy.
- Clients could recall key messages and had a good understanding about early initiation of breastfeeding and exclusive breastfeeding.
- While awareness of early initiation of breastfeeding, pre-lacteals, and exclusive breastfeeding exists, awareness on correct techniques of breastfeeding was less pronounced.
- The mean age of introduction of complementary feeding was reported as after seven months. Dietary diversity was sub-optimal among children, though some mothers of children 6-24 months reported receiving information on food diversity.
- Nearly half the mothers reported a decrease in the quantity of intake in a child's diet during illness, despite the advice from the counsellors to continue normal feeding.
- Most women understood the importance of hand washing with soap at key times (e.g. after using the toilet, before preparing food and feeding the child).



### IYCF-CC demand and referral

- Most centres tend to be busy with a steady flow of clients (barring those in low performing district, which have fewer visitors). Clients visit the facility primarily for immunization sessions, where they are referred



to the IYCF-CC by the nurse or doctor in the OPD, vaccination room or from antenatal care (ANC) OPD. More women visit the counselling centres in the health facilities where they are referred, either during the antenatal check-ups or immunization session.

### IYCF-CC infrastructure, equipment, and job aids

- Most counselling centres have basic infrastructure, equipment, and job aids in place. Some centres have inadequate space for displaying posters, and are small and poorly ventilated. Most of the counsellors have access to job aids, although these are not used consistently by all the counsellors.
- External signage to the centre is often missing, causing a missed opportunity for directing clients to the centre. Where signage is in place, it is often in English (rather than Hindi), which many of the mothers cannot read.
- Some of the small IYCF-CCs do not have a waiting area, which leaves clients crowded into the IYCF-CC, causing a lack of privacy during counselling sessions.

### Quality of services

- Quality varies across different centres; the quality of counselling sessions in Gaya is much better than those in other districts. This may be because the counsellors are specifically recruited for these centres.
- In all districts, all observed counselling sessions were “advice” sessions – mostly a one-way communication from the counsellor to the client.
- Record keeping varies across centres. IYCF-CC reporting registers are in place and complete in Gaya and Patna centres; however in Araria and Purnia, the RMNCH+A counsellors use other registers and primarily record family planning counselling.
- The majority of respondents were satisfied with the overall counselling session and counsellor’s skills, and found the advice useful. Mothers reported that they received new information from the counselling session.
- However, the proportion of mothers reporting any changes in practice in IYCF behaviours as a result of attending the counselling session was notably low.

## RECOMMENDATIONS FOR SCALE-UP

Based on the findings from this assessment, the following actions are recommended if IYCF counselling centres are to be scaled up in other districts and states in India. These recommendations may help in streamlining the services of the IYCF counselling centres and lead to more efficacious systems and support.

### 1 Strengthening the role of counsellors for quality IYCF counselling

In the HPDs other than Gaya, IYCF counselling has been added to the role of the RMNCH+A counsellor, who tend to focus mainly on family planning counselling. While they received one-time training on IYCF, there was no consistent follow-up supportive supervision; as a result, we found inconsistencies in the provision of IYCF counselling services. Further, most of the communication between client and counsellor was found to be more of advice rather than counselling; communication was often one-way, and specific needs and concerns were not identified or addressed.

#### RECOMMENDATIONS

- ▶ Appoint a dedicated counsellor to ensure consistency and quality in the IYCF counselling. In centres where the RMNCH+A counsellors provide IYCF counselling, their knowledge and skills need to be strengthened through follow up trainings and on-site support to deliver maternal nutrition, breastfeeding and complementary feeding counselling. Trainings need to focus on building counselling techniques along with technical skills to address and provide hands-on support for various breastfeeding difficulties.

### 2 Strengthening infrastructure facilities and visibility of the IYCF-CC

Some of the centres lacked adequate infrastructure facility and proper signage. The absence of comfortable seating arrangement for waiting clients caused a lack of privacy during counselling sessions. This affected the quality of counselling as counsellors were unable to identify and address specific needs of the clients. In addition, very few mothers were given demonstrations on proper positioning and attachment for breastfeeding by the counsellor due to lack of privacy. Privacy between the client and the counsellor is critical during the counselling sessions to identify and address specific personal needs and issues, if any.

#### RECOMMENDATIONS

- ▶ Design the counselling centres with a consideration for privacy and adequate space for comfortable seating for waiting mothers.

- To increase visibility and access to the centres, clearly mark them in a language that is understandable by clients. Co-branding with slogan/logo of other related ongoing programs of the State has shown to further enhance access to the centres.

### 3 Identifying priorities and focused approach

The location of the counselling centres (near the labour ward or the paediatric ward) often determines the timing and nature of the counselling referral (i.e. for early initiation of breastfeeding (EIBF), exclusive breastfeeding (EBF), or for complementary feeding). Assessment data shows that less than one-fourth of the clients who were recommended to IYCF-CCs actually attended, and clients across categories reported visiting the counselling centre twice on an average. The quality of the counselling was found to be inconsistent in high case load sites and counsellors cited challenges such as excess workload, difficulty in influencing the clients due to non-involvement of family members, and lack of awareness in the community to be able to effectively counsel on all IYCF behaviours.



#### RECOMMENDATIONS

##### FOCUS ON PROMOTION OF EARLY INITIATION OF BREASTFEEDING AND EXCLUSIVE BREASTFEEDING

- ▶ The IYCF counsellors are trained to promote and counsel for all MIYCN related behaviours. However, a more focused approach to IYCF counselling is recommended at the facility level with the counsellors responsible for promoting two components: early initiation of breastfeeding and exclusive breastfeeding, especially in medical colleges and other high volume facilities. The other components of the MIYCN package should be handled at the community level by community health workers, and can be reinforced by these counsellors.

##### SHIFT TO A “WHOLE SITE” APPROACH

- ▶ The promotion of exclusive breastfeeding should adopt a “whole site” approach that focuses on strengthening the capacity and knowledge of hospital/facility staff. Doctors, delivery room

staff, and other nurses should be trained on early initiation and exclusive breastfeeding to ensure EIBF and optimal EBF during patient interactions. The counsellor can reinforce these behaviours, which would lead to multiple high intensity contacts influencing behaviour change.

### 4 Strengthening the post-delivery continuum of care through stronger community linkages, policy advocacy, and a mass media strategy

According to most of the IYCF-CC counsellors, only half of the clients followed their advice; a key barrier for practicing these behaviours was a lack of support at home. Our study found that limited family involvement results from a lack of time, husbands working far away, and the perception by husbands and fathers that they cannot contribute much to help change behaviors. Also, our study found that communities could be doing more to improve awareness and understanding among pregnant and lactating mothers of MIYCN behaviors and utilization of IYCF services. There were no established referral mechanisms between the IYCF-CCs and frontline workers, specifically ASHAs and AWWs.



#### RECOMMENDATIONS

- ▶ Stronger links need to be established between the delivery centres/IYCF-CC and frontline workers (ANMs, ASHA, AWW) to ensure more involvement of family members and community. This will help ensure that the continuum of care is followed, and that support for breastfeeding and complementary feeding is provided at the household level. These linkages could be piloted in one or two districts in collaboration with partners and medical colleges.
- ▶ Couple the above with a policy advocacy and a marketing/mass media strategy to create greater visibility of IYCF-CC and promote optimal MIYCN.

By engaging policy makers, program leaders, and healthcare providers, we can help improve the future growth, development, educational achievement, productivity, and economic status of children. When mothers have the support and resources they need, to make the best feeding choices, countries get the human resources they need for a prosperous future.

