



State Center of Excellence for Nutrition Interventions (SCoE4N)

Department of Pediatrics, AIIMS Raipur



IYCF

State Resource Center



Half Yearly Report

January to June 2024



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IYCF STATE RESOURCE CENTER

Background:

State Center of Excellence for Nutrition Interventions (SCoE4N), Department of Pediatrics, AIIMS Raipur is providing technical support to Department of Women and Child Development (DWCD) in the state of Chhattisgarh for implementation of Community-Based Management Malnutrition (CMAM) Program with support from UNICEF, Raipur. The program also entails a preventive domain of work which focuses on improving Infant and Young Child Feeding (IYCF) practices in the state. Hence a IYCF State Resource Center is established under the SCoE4N to work on this preventive domain. As part of the Resource Center an IYCF Skills lab is also established.

Establishment:

The IYCF State Resource Center is located in the Ground floor (School of Public Health), Medical College Building of AIIMS Raipur. Prof. (Dr.) Anil Kumar Goel, Program Director, SCoE4N has been instrumental in getting the space sanctioned for the center and it's functioning. A letter was issued by the AIIMS Director's office sanctioning this space in the month of June 2023. Alongside this the state team was executing project activities and procurement for the lab.

The office was setup by the end of July 2023 and was inaugurated Director, AIIMS Raipur on 18th August 2023. The Skill lab is equipped with full body female and infant mannequin. A fowler bed, KMC chair, breast model and various tools for demonstration is available with appropriate IEC material. IYCF State Resource Center is headed by Dr Goel. Dr Nagma Nigar Shah is the State IYCF Coordinator while Ms Dhaleshwari is the lactation Counselor. Field activities are supported by the nexus of 16 District Nutrition Coordinators (DNC) and 5 Block Nutrition Coordinators (BNC) of SCoE4N.

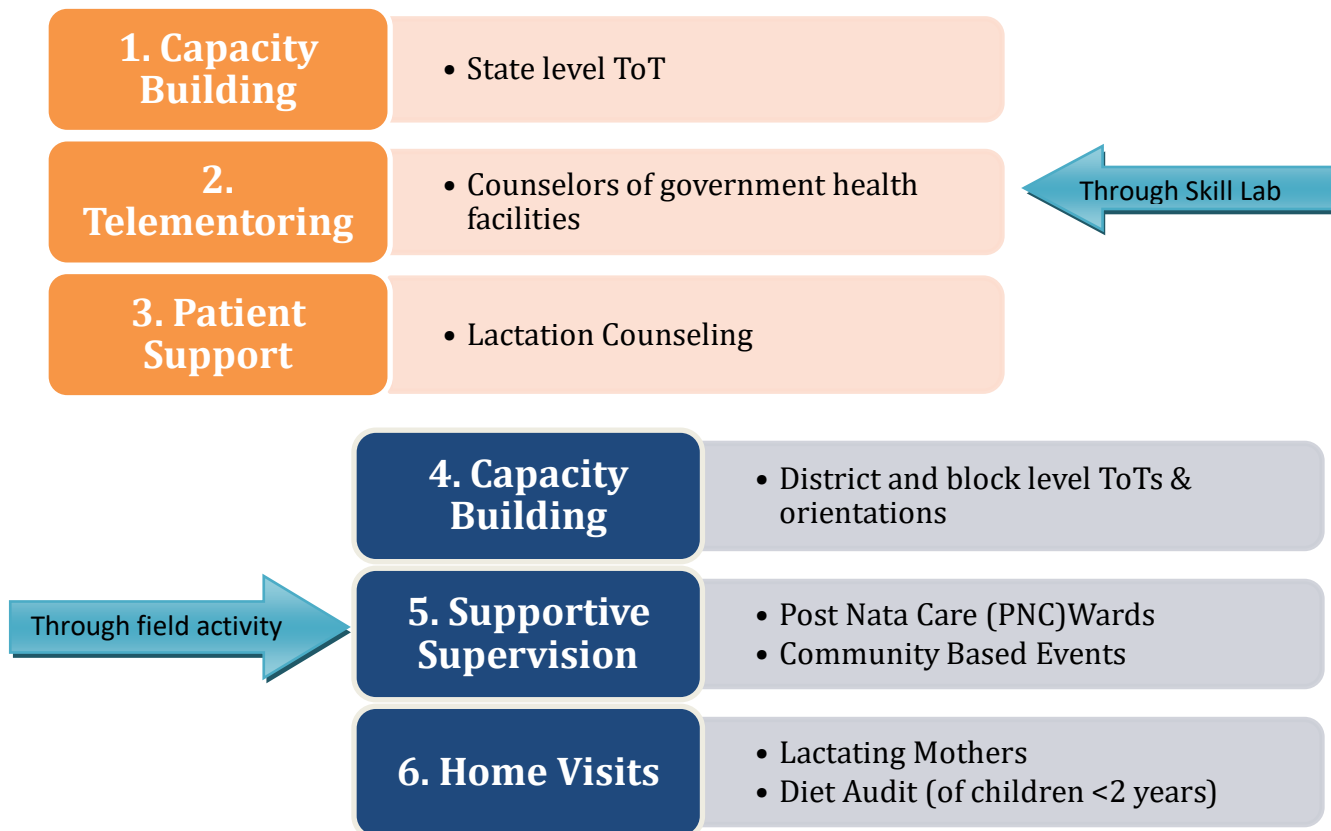


Functioning:

State level activities are conducted through IYCF Skill Lab. On field each DNC is allotted a base district and an additional; district covering 31 districts out of the 33 in the state of Chhattisgarh. Mahasamund and Mohla Manpur Ambagarh Chowki (MMAC) are the focused districts under the program. Hence it has BNCs who support the block level interventions. State and Field level activities have been ongoing since June 2023. This report presents the progress between January and June 2024.



Activities:



1. CAPACITY BUILDING (STATE LEVEL):

Till June 2024, a total of 214 participants were trained on IYCF through state level training of trainers. These included 30 Medical officers/Pediatricians, 57 Counselors, 65 staff nurses and few other participants. State team provided training support for district level training of Medical Officers (MOs), Community Health Officers (CHOs) and Staff Nurses under “Mother’s Absolute Affection” (MAA) program in the district of Mahasamund, MMAC, Balodabazar and Surguja.

2. TELE-MENTORING:

Tele-mentoring of counselors (who are trained by SCoE4N on IYCF) is done to support them to initiate and sustain lactation counseling, to monitor the IYCF practices at facility level and to strengthen these practices at the facility and eventually in the districts. It is being conducted through IYCF Skill lab. Monthly schedule for Tele-mentoring session is shared with counselors. Report on findings is prepared on monthly basis and shared with stakeholders. Major findings from these sessions (Jan-June 2024) are as follows:

Month	Tele-Mentoring sessions done	Mothers counseled during sessions
January	19	20
February	30	20
March	26	20
April	29	24
May	24	10
June	23	14
Total	151	108



1. Most of the counselors started providing regular lactation counseling to mothers in the PNC ward. Some of them also provide counseling to families whose children are admitted to Special Newborn Care Unit and Nutrition Rehabilitation Centers.
2. It is observed that the delivery load at Community Health Centers (CHC) is less hence better counseling is delivered. And instances of pre lacteal feeds and top feed have been rare. Counseling at some of the District Hospitals (DHs) is observed to be infrequent and less focused.
3. Some counselors informed that they have high work load. They look after multiple programs; they do family planning counseling & procedures and Antenatal Care (ANC) counseling along with lactation counseling. (For instance counselors from CHC Bori, District Durg, DH Surajpur and DH Balodabazar)
4. Connectivity poses as a big setback while doing Tele-mentoring.
5. Knowledge of counselors on Kangaroo Mother Care (KMC) was found to be the poorest among other topics.
6. Counselors from Dantewada, Kondagaon, Bastar and Bijapur mentioned about language barrier. However they take help from Mitanin/Staff Nurses/other patients.
7. Counselor from CHC Mohla has told that he will not be able to participate in Tele-mentoring sessions. He has informed his supervisor at CHC regarding the same.
8. Quite many counselors were not attending the sessions regularly. However this situation improved gradually
9. The most common issues identified is the apprehension of insufficient milk, and usage of top feed without any medical indication/prescription.

Action Taken

- Discussion on topics like KMC, Hunger Cues and Milk Expression done during the sessions.
- Review of MAA program done by the Child Health Division, Department of Health & Family Welfare on 24th April with focus on Tele-mentoring findings
- Supportive supervision done in the focused districts (MMAC and Mahasamund) at following facilities
 - DH Mahasamund
 - CHC Mohla
 - CHC Manpur
 - CHC Pithora and CHC Basna also visited however Tele-mentoring is not at these facilities

Way Ahead

- Plan to initiate the concept of “Counselor of the Month” in order to motivate the counselors and recognize their efforts. Counselors who have been regular in attending the Tele-mentoring sessions and have been providing regular lactation counseling will be selected.
- Garner support from DNCs to identify lacunae and develop plan to overcome the challenges
- On site orientation of Staff Nurses will be done as required.
- Identify trained staff nurses who can be included in Tele-mentoring



3. PATIENT SUPPORT

Comprehensive counseling services are provided under IYCF State Resource Center, SCoE4N. Pregnant women at the ANC ward, AIIMS Raipur are motivated for early initiation of breastfeeding and counseled on benefits of exclusive breastfeeding. Counseling continues in the PNC ward to keep supporting the mother for exclusive breastfeeding, KMC and Milk Expression. This certainly helps them to resolve breastfeeding related issues. Families attending immunization clinic or Pediatric Out Patient or Inpatient Department are referred to office for counseling upon identification of inappropriate weight gain or any feeding issues. Following table presents the month wise data of these counseling sessions.

Counseling Services						
Month	PNC Ward			ANC Ward	Office	
	No. of mothers given interpersonal counseling	Total counseling conducted	No. of mothers counseled through group sessions (Average value)	No. of mothers counseled	ANC Counseling done	IYCF Counseling done
January	53	54	120			15
February	33	128	120			33
March	68	182	120	158	0	54
April	22	139	120	263	0	45
May	59	167	120	378	0	34
June	46	174	120	352	4	38
Total	281	844	720	1151	4	291

4. CAPACITY BUILDING (DISTRICT/BLOCK LEVEL):

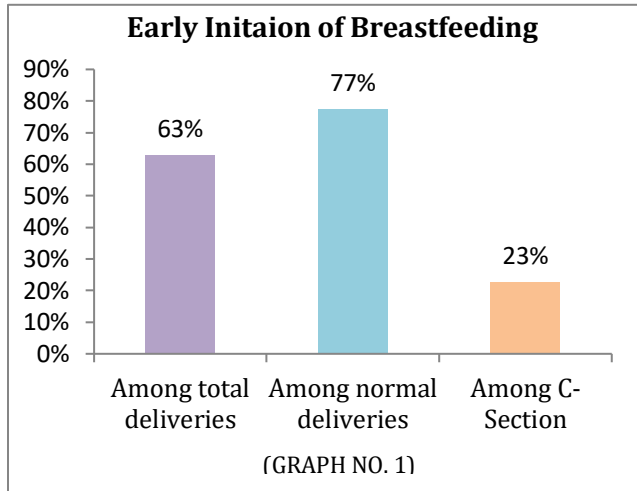
Till June 2024 following participants have been trained at district and block level trainings/orientations, covering a total of 11689 participants from the Department of Women and Child Development and 10948 participants from Health Department.

Department	Participants	No. of participants trained
WCD	DPO	14
	CDPO	79
	Supervisor	587
	AWW	11009
Health	MO	204
	Supervisor (Male)	94
	Supervisor (Female)	118
	RHO (F)/ANM	793
	CHO	398
	RHO (M)	4666
	Mitanin	4675



5. SUPPORTIVE SUPERVISION:

PNC Ward visit



A total 196 visits were done between January and June 2024 at DH, CHCs & few Primary Health Centers. A total of 685 mothers admitted in the PNC wards were interviewed. Status of early initiation of breastfeeding (as informed by others) is presented in the graph no 1.

93% of the facilities have a functional weighing scale whereas 97% facilities were found to be taking weight of newborns immediately after birth. During these 106 facilities had Low birth weight newborn/s whereas at 76 of these KMC was supported.

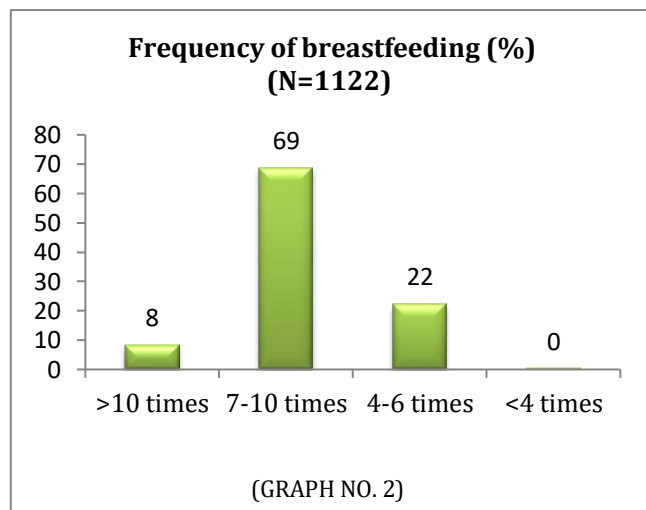
Community Based Events (CBEs)

CBEs at Anganwadi Centers were interrupted due to fund related issues. 25 CBEs monitored between January to June 2024.

6. HOME VISITS:

Lactating mothers

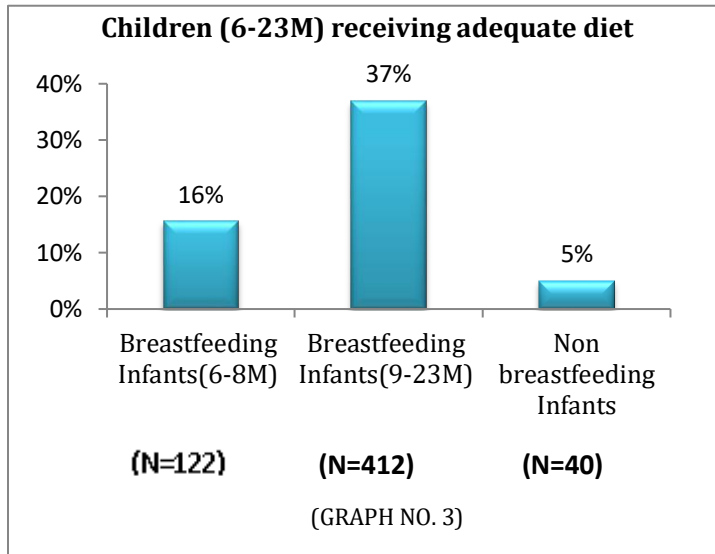
A total of 1122 lactating mothers were interviewed between January and June 2024. Following graph presents the demographic details. 98% of 0 to 6 months children were receiving breastfeeding. 90% of children were found to be on exclusive breastfeeding, whereas 10% were given some food/liquid items. A total 94 % of these children were breastfed at night. Frequency of breastfeeding of children is shown in graph no.2 where 30% of the children are not receiving the recommended 8 to 10 times of breastfeeding. Out of this 30, 8% of the children received more than 10 times which could also be an indicator of provision of only foremilk with shorter duration of each feed.



Distribution of Take Home Ration at Anganwadi Centers appears to be regular however the consumption of it remains an issue.



Diet Audit (of children <2 years)



A total of 574 households with children in the age group 6 to 23 months were visited between January and June. It was observed that 46% of the children had timely initiation of complementary feeding (after completion of 6 months of age). 38% had delayed initiation while 16% had early initiation of complementary feeding. Looking at the adequacy of meals it was noted that there has been improvement as compared to NFHS-5 data. However it is still very low. Status of children receiving adequate diet is presented in graph no.3.

Percent of children receiving Vitamin A is observed as high as 98%. However issue with supply of Iron Folic Acid (IFA) syrup (under the biweekly regime) is observed, where only 68% of families reported that they regularly receive and provide IFA syrup to their children.

Action Points based on supportive supervision and home visits:

1. Advocacy and support to health facilities on early initiation of breastfeeding
2. Repeated dialogue with health officials on promoting KMC and discouraging formula feeds
3. Advocate for timely counseling on breastfeeding of mothers delivery at health facilities
4. Strengthen breastfeeding counseling by Anganwadi Workers/Mitanin/any other frontline workers through training and hand holding during visits
5. Behavior Change Communication (BCC) to bring in change in the following
 - a. Timely initiation of complementary feeding (rice eating ceremony) of infants
 - b. Diet diversity
6. Advocacy for regularization & strengthening of CBEs which act as a platform for such BCC
7. Advocate for regular supply of IFA syrup and monitoring of its distribution by Mitanin

Separate report on lactating mothers and diet audit data is attached as annexure.



Success Story:

It's enough for both!!

BACKGROUND:



A 1st time mother named Anju Verma had twin (boy & girl) delivery through C-section on 24th August 2023 at AIIMS Raipur. Birth weight of baby boy was 2.5kg and baby girl was 2.1kg and were breastfed within 1 hour of delivery. No pre-lacteal feed was given. Mother was breastfeeding both babies. However the family had doubts about sufficiency of breast milk for both babies. Parents were planning on providing bottle feed. They were sent to office for counseling.

INTERVENTION & FOLLOW-UP:

Our lactation counselor, Ms Dhaleshwari Sahu counseled the family on benefits of breastfeeding and disadvantages of bottle feed. She informed the family about sufficiency of breast milk and how to check it. Mother was supported to learn correct breastfeeding position. Family was asked to revisit the office for follow up. Family visited SMART Unit a couple of times with their children and a few more rounds of counseling were done on optimal breastfeeding practices and growth monitoring. During all their visits it was found that mother was exclusively breastfeeding both babies. Parents were happy that both their children were on breastfeed.

During the last follow up on 19th March 2024, counseling on complementary feeding was done. Special attention was given on diet diversity, iron rich food preparation and hygiene. Parents were informed about community level service of Anganwadi Centers. They can avail its "Ready to Use" take home ration scheme to ensure continued nutrition to the babies along with mother and participate in the monthly weight monitoring activity to keep an eye on the growth status of the twins.





A quick glance on how counseling is crucial!!

At the PNC ward, AIIMS Raipur, a mother named Jamila was not able to properly breastfeed the baby. She had complaint of flat nipples. During the visit of our lactation counsellor, she was counseled on benefits of breastfeeding and supported on correct attachment. She was also informed about the syringe suction method and nipple puller if the problem persists.

She felt motivated after the counseling. She fed the baby frequently with correct attachment. Baby latched on to the breast properly. In spite of flat nipples mother never gave any top feed and the issue was resolved in 2 days even without usage of syringe.



Komal Verma delivered at AIIMS Raipur. She had complaint of cracked nipples and had pain while breastfeeding the baby. During the visit of our lactation counselor, it was found that she was breastfeeding her baby with poor attachment which led to cracks in her nipples. She was given counseling and an ointment was prescribed. Later she got discharged.



After a few days she came to office for a follow up visit with the same complaint. She had blood oozing out of the cracked nipples. She was counseled again. During discussion the counselor came to know that she has been rubbing the nipple repeatedly thinking the ointment might get inside baby's mouth and cause harm. She was counseled about the right way to apply ointment and advised to apply her breast milk (hind milk) on the nipples. After this she started gently wiping the nipples and applying her own breast milk on to the cracks. In a few days the issue was resolved and mother continued breastfeeding the baby without any pain.

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Inward No. 49/
Date 12/09/24
Sign. H.C.

IYCF Practices Half Yearly Report (January to June 2024)



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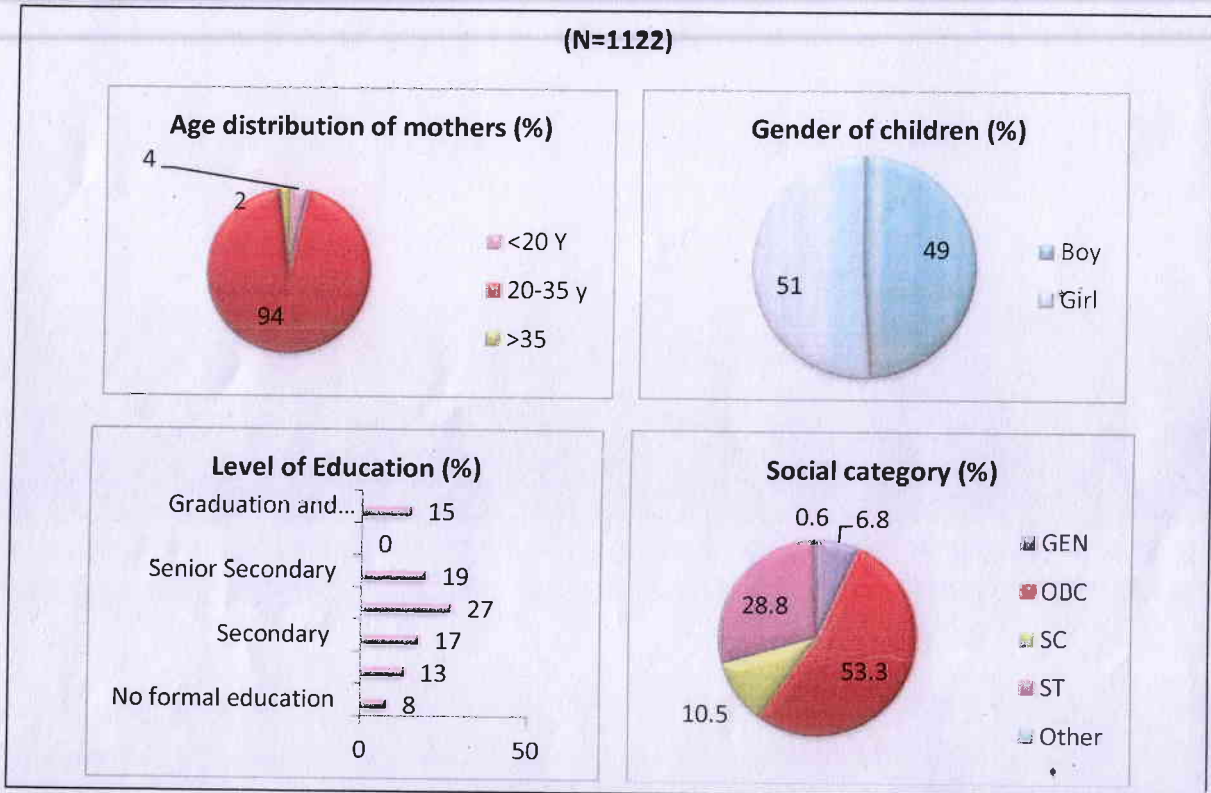


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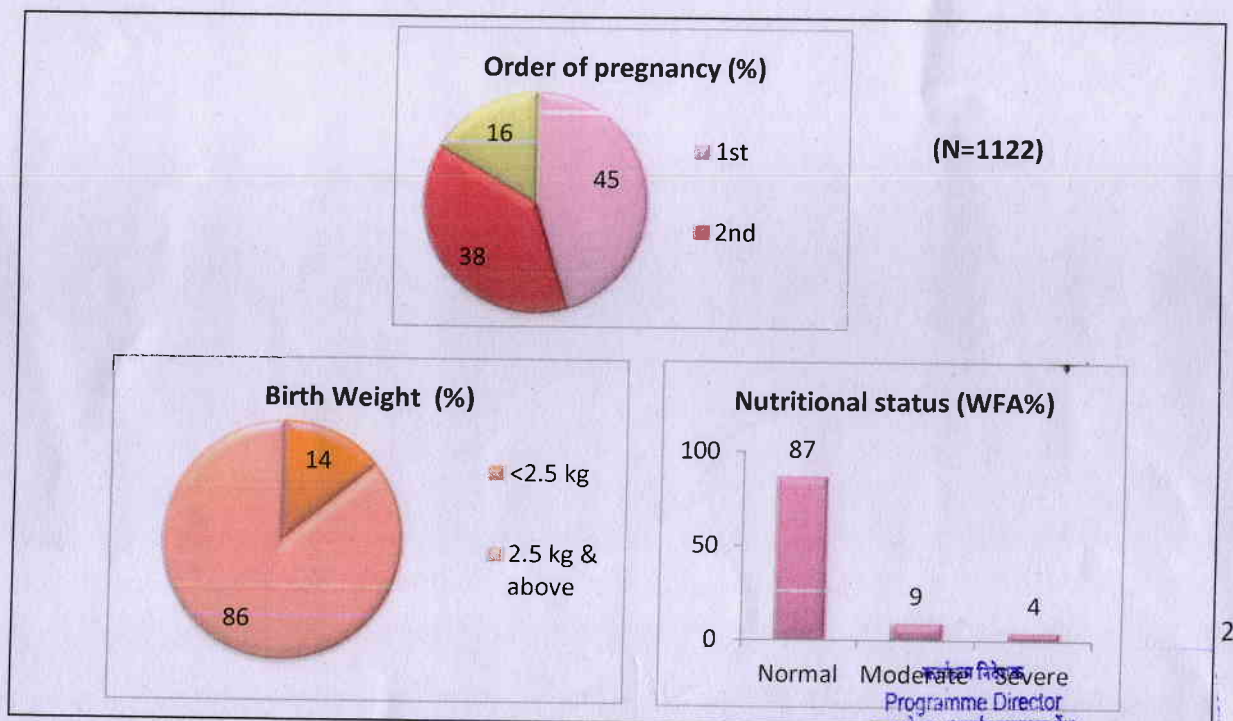
Key findings

Lactating Mothers:

A total of 1122 lactating mothers were interviewed. Following graph presents the demographic details. 45% of the mothers contacted were in the early pregnancy age group while a 2% of them were above 35 years of age. Hence a total of 67% of the mothers were in high risk pregnancy group (as per age).

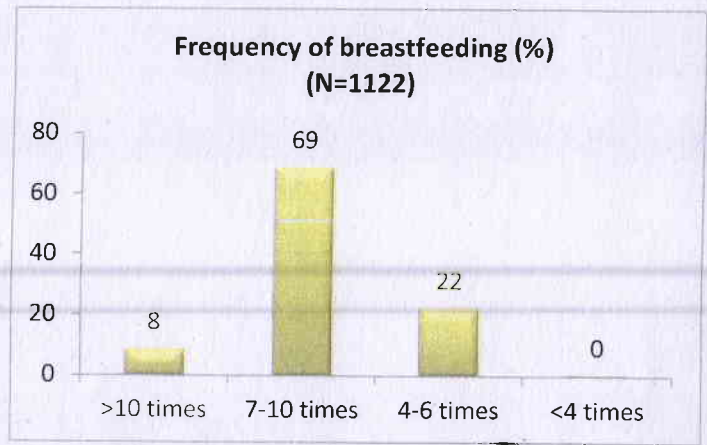


Following graphs presents some child specific findings.

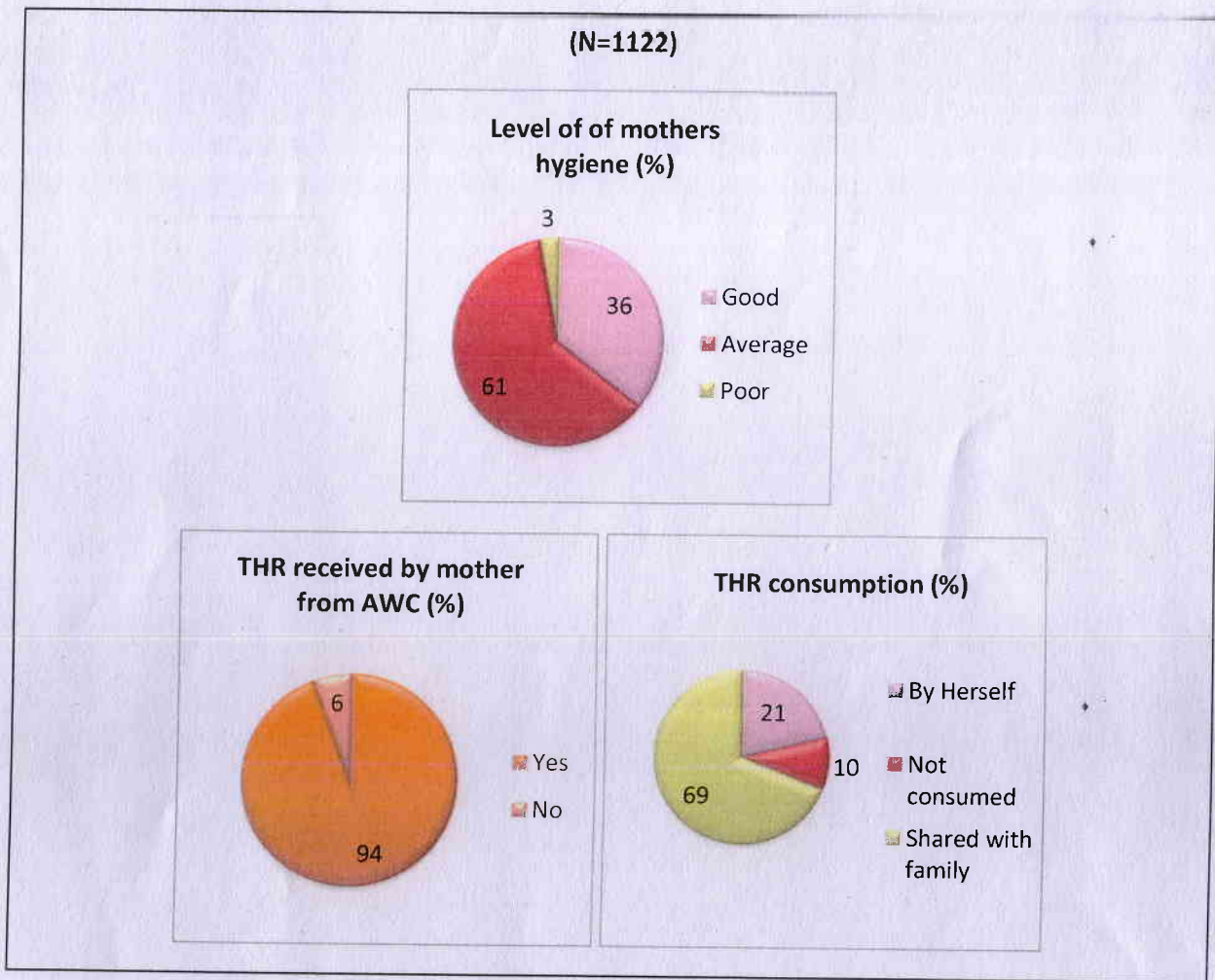


Breastfeeding related Information

98% of 0 to 6 months children were receiving breastfeeding. 90% of children were found to be on exclusive breastfeeding, whereas 10% were given some food/liquid items. A total 94 % of these children were breastfed at night. Frequency of breastfeeding of children is shown in graph where 30% of the children are not receiving the recommended 8 to 10 times of breastfeeding. Out of this 30, 8% of the children received more than 10 times which could also be an indicator of provision of only foremilk with shorter duration of each feed.

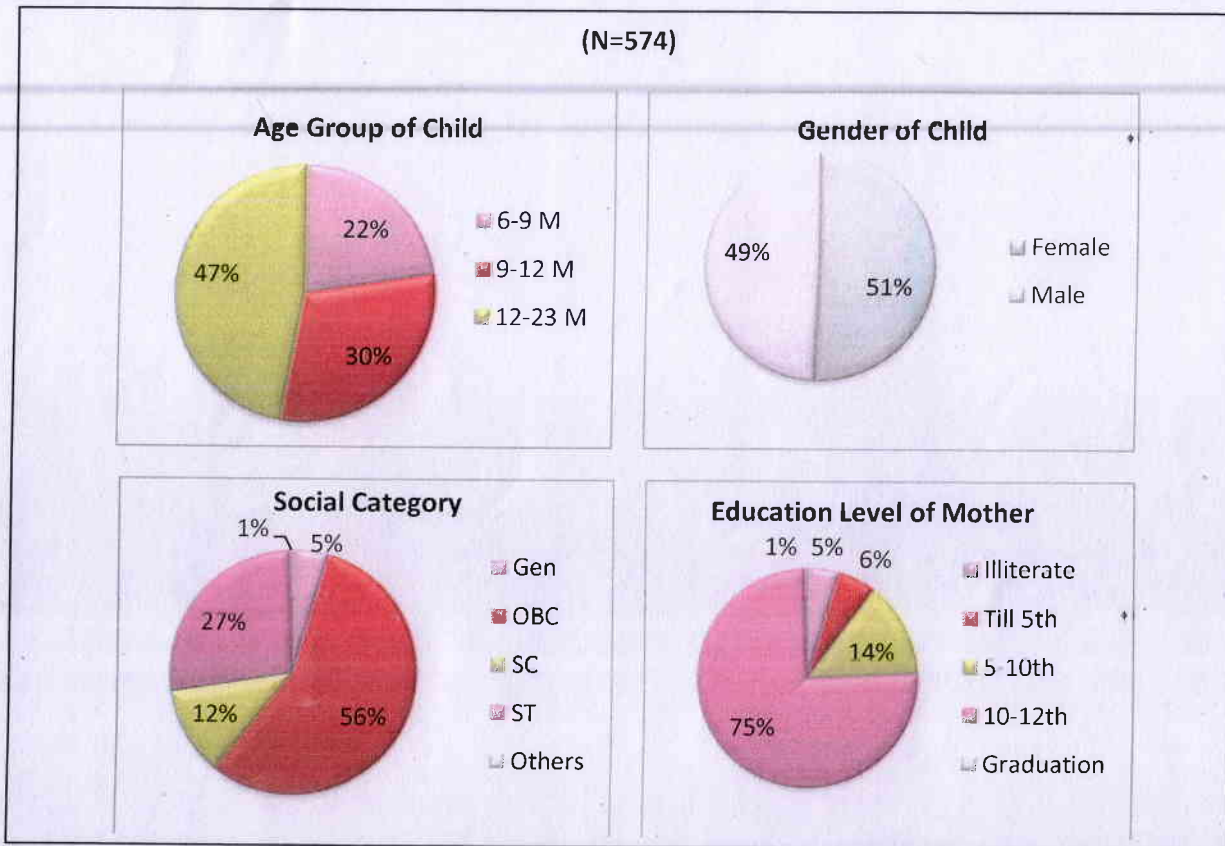


Information specific to lactating mothers is presented in the in the graphs below. Distribution of Take Home Ration (THR) at Anganwadi Centers (AWC) appears to be regular however the consumption of it remains an issue.

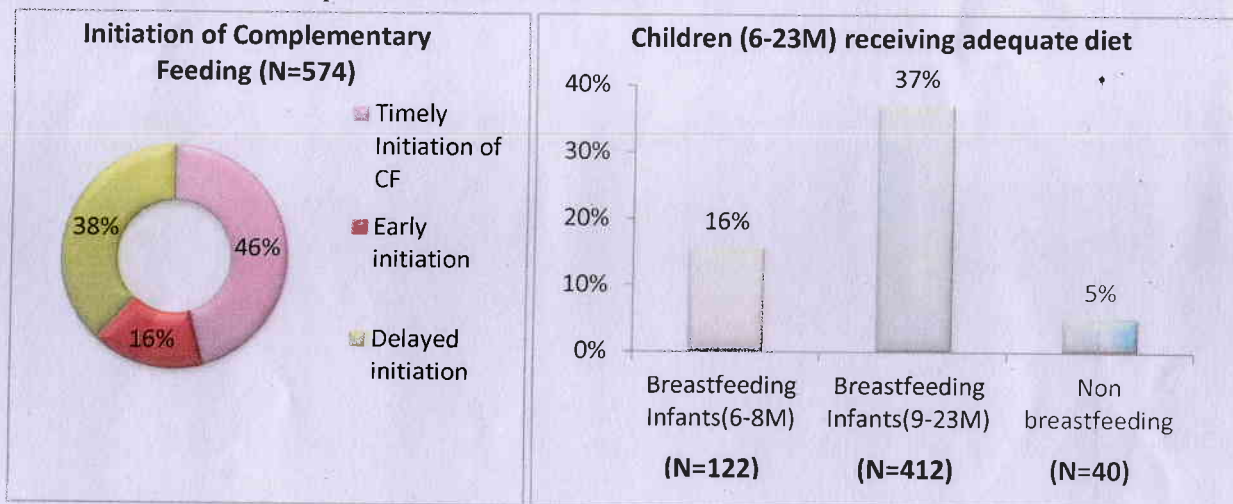


Diet Audit

A total of 574 households with children in the age group 6 to 23 months were visited. Following graph represents the demographic information.

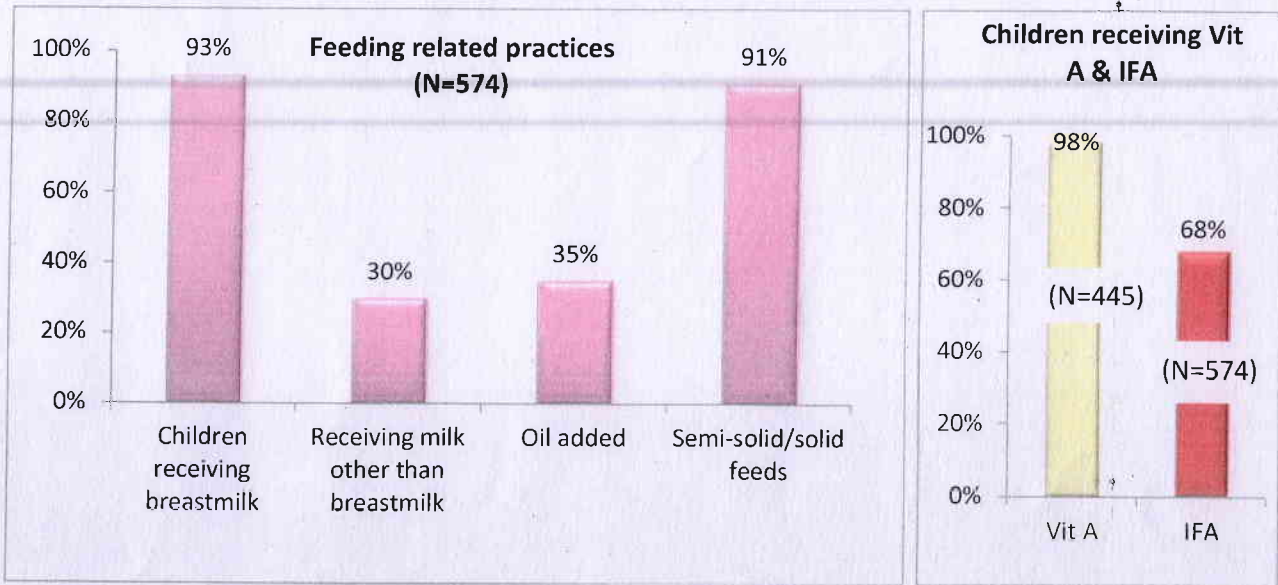


It was observed that roughly half of the children had timely initiation of complementary feeding (after completion of 6 months of age) rest of the children had untimed initiation where more of delayed initiation observed than early initiation. Looking at the adequacy of meals it was noted that there has been improvement as compared to NFHS-5 data.




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Consumption of milk (other than breast milk) is found to be low. Addition of oil on top of feeds is also very low. Percent of children receiving Vitamin A is observed as high as 98%. However issue with supply of Iron Folic Acid (IFA) syrup (under the biweekly regime) is observed, where only 68% of families reported that they regularly receive and provide IFA syrup to their children.



Action Points

1. Strengthen breastfeeding counseling by Anganwadi Workers/Mitanins / any other frontline workers on following points
 - a. Frequency of breastfeeds (8 to 10 times a day)
 - b. Provision of both foremilk and hind milk to the breastfeeding babies by ensuring longer feeds (20 to 25 minutes from each breast)
2. Behavior Change Communication (BCC) through Community Based Events (CBEs) to bring in change in the following
 - a. Timely initiation of complementary feeding (rice eating ceremony) of infants
 - b. Consumption of THR by only the person who is receiving it (either pregnant woman, lactating mother or children between 6 months to 2 years of age)
 - c. Inclusion of milk and milk based products
 - d. Adding oil to cooked food given to children
3. Strengthening of CBEs which act as a platform for such BCC through focused and need based counseling sessions.
4. Regular supply of IFA syrup and monitoring of its distribution by Mitanins.

AK
 (29/12/2024)

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