

Guidance for Operationalizing the Maternal Infant Young Child and Adolescent Nutrition (MIYCAN) Guidelines

July 2021





# **BABY-FRIENDLY HEALTH FACILITY INITIATIVE**

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# Preface

It is estimated that over 820,000 deaths among children under the age of 5 years could be prevented worldwide every year if all children were adequately breastfed. Optimal breastfeeding has numerous benefits such as promoting brain development, reducing the risk of obesity in children, and protecting women against breast and ovarian cancer as well as diabetes. However, inadequate breastfeeding practices in Uganda continue to significantly impair the health, development and survival of infants, children and mothers.

The first few hours and days of a newborn baby's life constitute the critical period for establishing lactation and for providing mothers with the support they need to successfully breastfeed. Consequently, health facilities that offer maternity and newborn services have a unique role in providing new mothers and babies with timely and appropriate support as well as the encouragement they need to successfully breastfeed.

In 1992, the Ministry of Health launched the Baby-Friendly Hospital Initiative (BFHI) as one of the strategies for improving optimal breastfeeding in Uganda. The global level Ten Steps to Successful Breastfeeding were adapted into 16 Requirements, which formed the basis for implementation of BFHI in the country. In 2019 the Maternal Infant Young Child and Adolescent Nutrition (MIYCAN) working group facilitated and supported a consultative and participatory process that led to further refinement into the current 14 Requirements. These Baby Friendly Health Facility Initiative Guidance for Operationalising the MIYCAN Guidelines in Uganda were developed in line with the 2018 WHO/UNICEF BFHI Implementation Guidance and adapted to the national and local context. It is the expectation of the Ministry of Health that this document will provide the framework and renewed stimulus for protecting, promoting and supporting breastfeeding in Uganda.

This document will prove useful to the development and implementing partners at national, district and sub-district levels, to protect, promote and support breastfeeding. It will also be an excellent resource to guide implementation by the different categories of public, private and civil society actors within the maternal, newborn, child and adolescent health platform. I hereby call upon all the key stakeholders in maternal, infant, young child and adolescent health and nutrition to make use of this important resource.

Dr. Henry G. Mwebesa DIRECTOR GENERAL HEALTH SERVICES MINISTRY OF HEALTH

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We hereby extend sincere gratitude towards the many health facilities' administrators and health workers who have implemented the BFHI in Uganda over the past 30 years. Their hard work and passion for the health of mothers and babies has strengthened the initiative throughout the country.

Finally, the Ministry of Health is specifically grateful to IBFAN Uganda for conducting the technical review, proof-reading and formatting of the document. The Ministry is also grateful to UNICEF and USAID supported MCHN Activity for the financial and technical support that made the up-dating and printing of this document possible.

# **Abbreviations**

ANC	Antenatal Care
ART	Antiretroviral Therapy
BFHI	Baby Friendly Hospital Initiative (global)
BFHI	Baby Friendly Health-facility Initiative (Uganda)
CME	Continuing Medical Education
COVID-19	Corona Virus Disease of 2019
DHO	District Health Officer
EID	Early Infant Diagnosis (of HIV)
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
IBFAN	International Baby Food Action Network
IYCF	Infant and Young Child Feeding
MCH	Maternal and Child Health
MIYCAN	Maternal Infant Young Child and Adolescent Nutrition
MOH	Ministry of Health
OPD	Out-Patients' Department
PNC	Postnatal Care
QI	Quality Improvement
SDGs	Sustainable Development Goals
SOPs	Standard Operating Procedures
ТВ	Tuberculosis
UDHS	Uganda Demographic and Health Survey
UNAP	Uganda Nutrition Action Plan
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VHT	Village Health Team
WHO	World Health Organisation
WIT	Work Improvement Team

# **Executive Summary**

Optimal breastfeeding is among the pillars for child survival and development, with additional benefits to the mother, family, community and the nation at large. Health facilities that provide maternity and newborn services play a critical role in preparing the mother during pregnancy and providing appropriate support as well as encouragement for her to successfully breastfeed. The Ministry of Health in 1992 adapted the Baby-Friendly Hospital Initiative in order to widely implement the practices for protecting, promoting and supporting breastfeeding.

These revised BFHI Guidance for Operationalising of the MIYCAN Guidelines are aligned to the global BFHI Implementation Guidance published in 2018 and contributes towards attainment of the national and global nutrition targets. It is intended to provide the basis for the different stakeholders at national, regional, district and sub-district levels to plan, implement and monitor interventions for protecting, promoting and supporting breastfeeding.

The Ministry of Health has adapted 14 BFHI Requirements (from the WHO/UNICEF Ten Steps to Successful Breastfeeding) to be followed by health facilities that provide maternal and newborn services so that they can be designated "Baby-Friendly". The Requirements are sub-divided into two, namely:

- A. The Critical Management/ Administrative Procedures to support breastfeeding, which provide an enabling environment for sustainable implementation within the health facility comprising of four Requirements:
  - (i) Comply with the Regulations on Marketing of Infant and Young Child Foods;
  - (ii) Have written health facility SOPs;
  - (iii) Establish on-going monitoring for BFHI; and
  - (iv) Ensure staff competence and skills to support breastfeeding.
- B. The Key Clinical Practices that delineate the standards for individual care of mothers and infants, which include evidence-based interventions to support mothers to successfully breastfeed comprising of ten Requirements:
  - Discuss importance and management of breastfeeding with pregnant women;
  - (vi) Facilitate immediate and uninterrupted skin-to-skin contact;
  - (vii) Support mothers to maintain breastfeeding and manage common difficulties;
  - (viii) Do not provide breastfed newborn babies any other food or fluids;
  - (ix) Enable mothers and their infants to remain together and practice rooming-in;
  - (x) Support mothers to recognize and respond to infants' feeding demand;

- (xi) Counsel mothers on risks of feeding bottles, teats and pacifiers;
- (xii) Coordinate discharge to facilitate timely access to on-going support and care;
- (xiii) Counsel and support mothers on infant feeding in context of infectious diseases; and
- (xiv) Provide mother-friendly care to sustain breastfeeding.

Implementation of BFHI begins with orientation of the District Health Management Team to ensure overall leadership, effective coordination and prioritisation of activities within the district health plans. It is followed by sensitisation of the health facility management and staff, which leads to the initial appraisal and benchmarking. Sustained implementation of BFHI comes as a result of capacity building and continuous quality improvement based on the BFHI standards. The BFHI accreditation process begins during sensitization of the managers and decision-makers of the health facility, to obtain their "buy-in" and to formally declare their commitment through a written letter to the Ministry of Health. Thereafter, the health facility leadership establish a Work Improvement Team who spearhead the process of conducting the initial BFHI self-appraisal using the standard Self-Appraisal and Monitoring Tool.

The documented status and gaps in performance in relation to the 14 BFHI Requirements forms the basis for developing a plan of action that will be submitted to the district alongside the letter of commitment. This opens the way for the next important activity of building the capacity of service providers at the health facility. The trained staff then spearhead integration of BFHI into existing quality improvement activities, implement the plan and use the indicators to measure their progress.

The health facility team conduct regular self-appraisal and monitoring exercises on a monthly basis as they benefit from a series of mentorship and support supervision visits from the district. Evaluation is conducted ideally within a period of three to six months from the baseline assessment to document performance and readiness to invite the Internal Assessment Team from the Ministry of Health. Internal assessment confirms readiness and paves way to conduct the external assessment, which leads to certification as a "Baby-Friendly" health facility, valid for a period of five years. However, the health facility will continue to conduct quarterly self-appraisal and monitoring exercises to maintain the BFHI standards throughout the period of validity. If the health facility does not meet the national benchmark from external assessment, they are awarded a Certificate of Commitment and supported to make the necessary changes prior to re-assessment within a period of three to six months.

# 1. Introduction

Breastfeeding is the biological norm for human beings and is critical for achieving global goals on nutrition, health and survival, economic growth and environmental sustainability. The 2020 Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) Guidelines recommend initiating breastfeeding within the first hour after birth, exclusive breastfeeding for the first 6 months of life and continued breastfeeding up to two years or beyond. It also recommends introducing safe and adequate complementary foods from the age of six months<sup>1</sup>. Immediate and uninterrupted skin-to-skin contact and initiation of breastfeeding within the first hour after birth are important for the establishment of breastfeeding, and for overall neonatal and child survival and development. Studies have shown that when compared to newborn babies who were put to the breast within the first hour after birth, the risk of dying in the first 28 days of life is 33% higher among those who initiated one day or longer after birth<sup>2</sup>. Box 1 highlights the recommended breastfeeding practices that contribute towards the prevention of child mortality and morbidity.

#### Box 1: Recommended Breastfeeding Practices for Child Survival

The Ministry of Health in Uganda recommends (MIYCAN Guidelines 2020):

- 1. Breastfeeding be initiated within the first hour after birth;
- 2. Exclusive Breastfeeding for the first six months of life; and
- 3. Continued breastfeeding, with timely, safe, and adequate complementary foods, up to two years or beyond.

To protect, promote and support breastfeeding the following should be practiced:

- Early and uninterrupted skin-to-skin contact between mothers and infants, regardless of method of delivery, as soon as possible after birth for at least 60 minutes;
- Initiation of breastfeeding within the first hour of birth; and
- Kangaroo mother care which involves early, continuous, and prolonged skinto-skin contact between the mother and the baby, particularly for preterm and low-birth weight babies.

<sup>&</sup>lt;sup>1</sup> Ministry of Health (2020). Maternal Infant Young Child and Adolescent Nutrition Guidelines.

<sup>&</sup>lt;sup>2</sup> Smith ER et al (2017). Delayed breastfeeding initiation and infant survival: a systematic review and meta-analysis.

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Inadequate breastfeeding practices impair the health, development and survival of infants, children and mothers, consequently improving these practices could save lives. For instance, nearly half of diarrhoea episodes and one third of respiratory infections are attributed to inadequate breastfeeding practices. Longer breastfeeding is associated with a 13% reduction in the likelihood of overweight and/or prevalence of obesity and a 35% reduction in the incidence of type 2 diabetes<sup>3</sup>. The 2016 Uganda Demographic Health Survey (UDHS 2016) reported that up to 90% of Ugandan children are breastfed within one day of birth while 66% are breastfed within one hour of birth<sup>4</sup>. The report highlights that 66% of children under 6 months are exclusively breastfed and 43% of infants continue to breastfeed up to the recommended two years of age.

In order to address the problem of sub-optimal breastfeeding practices, Uganda in 1992 adapted the global guidance on Baby-Friendly Hospital Initiative<sup>5</sup> (BFHI). The aim was to implement practices that protect, promote and support breastfeeding, by ensuring that all maternity facilities become centres of breastfeeding support. The current BFHI Guidance for Operationalising of the MIYCAN Guidelines have been updated based on the global 2018 BFHI Guidance document<sup>6</sup>.

# 2. The Scope and Intended Users

The Baby-Friendly Health Facility Initiative Guidance document has been developed in line with the recommendations and directions of the Uganda MIYCAN Guidelines and Action Plan released in 2020. In addition, they were aligned to the global recommendations of the WHO/UNICEF Baby Friendly Hospital Initiative, Implementation Guidance published in 2018. This document is meant to support the health workers in both public and private health facilities who provide maternity and newborn care services, to offer mothers and newborn babies timely and appropriate care during their stay at the facility.

The core purpose of this document is to provide the framework for mothers and newborn babies to receive timely and appropriate care during their stay in a facility offering antenatal

<sup>&</sup>lt;sup>3</sup> Victora CG et al (2016). Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect.

<sup>&</sup>lt;sup>4</sup> Uganda Bureau of Statistics (UBOS) and ICF. 2018. Uganda Demographic and Health Survey 2016. <sup>5</sup> WHO and UNICEF launched the Baby-Friendly Hospital Initiative (BFHI) and encouraged countries to adapt to the local situation. Uganda opted to adapt it to "Baby-Friendly Health facility Initiative (BFHI)" out of recognition of the importance of health facilities other than hospitals in provision of maternity and newborn services.

<sup>&</sup>lt;sup>6</sup> World Health Organization (2018). Implementation Guidance: Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services - the revised Baby-Friendly Hospital Initiative.

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care, maternity and newborn services. It includes the establishment of optimal feeding of newborn babies, which promotes their health and development. Given the proven importance of breastfeeding, this Guidance will create a conducive environment to protect, promote, and support breastfeeding, while enabling timely and appropriate care and feeding of the newborn babies who are not breastfed. At the same time, considerations around relevant infectious diseases and outbreaks are also reflected in line with national guidelines and standards.

This BFHI Guidance will provide the standards that enable national and district level health teams to establish baby friendly health facilities and thus ensure the protection, promotion, and support of recommended breastfeeding practices. Nevertheless, it is of paramount importance that the BFHI is implemented within a broader context of support for breastfeeding in families, communities and the workplace. The following are the target users of this document:

- 1. National and district health teams;
- 2. Hospital managers (public and private sector);
- 3. Health facility in-charges (public and private sector);
- 4. Health facility providing maternity services (public and private sector);
- 5. Health workers providing MIYCAN services (public and private sector); and
- 6. Agencies and organizations supporting/ implementing MIYCAN related programmes and projects.

# 3. **BFHI Progress and Challenges in Uganda**

## **3.1: PROGRESS IN BFHI IMPLEMENTATION**

The first few hours and days of a newborn baby's life constitute the critical period for establishing lactation and for providing mothers with the support they need to successfully breastfeed. Started globally in 1991, the Baby-friendly Hospital Initiative (BFHI) helped to motivate facilities providing maternity and newborn services worldwide to better support breastfeeding. At the global level, BFHI is based on the Ten Steps to Successful Breastfeeding and focuses on providing optimal clinical care for new mothers and their infants. There is substantial evidence that implementing the Ten Steps significantly improves breastfeeding rates.

Uganda in 1992, initiated and launched the Baby Friendly Health Facility Initiative (BFHI) in response to the declining breastfeeding rates in the country. The Country adapted the global BFHI steps to come up with 16 Requirements, which were further refined in 2020 to

align to the WHO/UNICEF Recommendations of 2018. The process of supporting health facilities to attain BFHI status started in 1995 though only two external assessments were conducted and only 17 health facilities were designated baby friendly at that time. Despite the documented effectiveness in contributing to reduction of infant morbidity and mortality, assessments conducted by Ministry of Health and partners between 2005 and 2018 covered only 142 out of the 1,229 health facilities that provide maternity services in the country. Out of those assessed for BFHI status, 66 were certified as baby friendly. Further still, the facilities that were designated as Baby-Friendly have not been provided with adequate monitoring and support to be able to maintain this status (Health Sector Annual Performance Reports).

# 4. The BFHI Requirements in Uganda

## **4.1: INTRODUCTION**

To guide and support implementation of the Baby Friendly Health-facility Initiative, the Ministry of Health adapted fourteen (14) Requirements to be followed by the health facilities that provide maternity, newborn and young child care services. The BFHI Requirements are in line with the WHO/UNICEF 2018 Ten Steps to Successful Breastfeeding.

Within the context of this BFHI Guidance, maternal, newborn and young child-care where the BFHI Requirements are applicable primarily relate to following three service areas:

- a) Antenatal Care: Refers to care provided during pregnancy, from conception of the baby till labour is established. The relevant BFHI Requirements for SOPs under antenatal care include: 1, 2, 3, 4, 5, 11, 13 and 14.
- b) **Maternity Care:** Refers to care provided from the time the women go into labour till six hours after delivery of the baby. The relevant BFHI Requirements for SOPs under maternity care include: 1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 13 and 14
- c) **Postnatal Care:** Refers to the care provided to mother and baby from 6 hours after delivery to 6 months of baby's age. The relevant BFHI Requirements for SOPs under postnatal care include: 1, 2, 3, 4, 7, 8, 9, 10, 11, 12, 13 and 14.

Nevertheless, SOPs for BFHI Requirements will be relevant at all the service delivery points and relevant services for the primary target groups, namely: pregnant women, breastfeeding mothers and infants under the age of six months.

There are 14 BFHI Requirements for Uganda, summarised in the Box 2:

Box 2: The 14 BFHI Requirements for Uganda					
A. Critical Management/ Administrative Procedures					
Requirement 1: Comply with the Regulations on Marketing of Infant and Young Child Foods.					
Requirement 2: Have written health facility BFHI Standard Operating Procedures (SOPs) that is routinely communicated to all health care providers and parents.					
Requirement 3: Establish on-going monitoring for BFHI.					
Requirement 4: Ensure that staff have sufficient knowledge, competence, and skills to support breastfeeding.					
B. Key Clinical Practices					
<b>Requirement 5:</b> Discuss the importance and management of breastfeeding with pregnant women and their families/ partners.					
<b>Requirement 6:</b> Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding within one hour after birth.					
Requirement 7: Support mothers to maintain breastfeeding and manage common difficulties.					
Requirement 8: Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.					
<b>Requirement 9:</b> Enable mothers and their infants to remain together and practice rooming-in and bedding-in 24 hours a day.					
Requirement 10: Support mothers to recognize and respond to their infants' feeding demand.					
Requirement 11: Counsel mothers on the risks of feeding bottles, artificial teats or pacifiers also called dummies or soothers to infants.					
Requirement 12: Coordinate discharge so that parents and their infants have timely access to on-going support and care.					
Requirement 13: Counsel and support mothers on infant feeding in context of infectious diseases.					
Requirement 14: Provide Mother-friendly care to sustain breastfeeding.					

## 4.2: **BFHI IMPLEMENTATION**

Each of the 14 BFHI Requirements contributes towards the protection, promotion and support of breastfeeding and infant and young child feeding. It is important for all health facility staff to be fully aware of all the BFHI Requirements and how they affect the mother, baby and breastfeeding as a whole.

To be designated Baby-Friendly, health facilities providing maternal, newborn, infant and

young child care services need to adhere to the 14 BFHI Requirements, categorised as:

- (i) The Critical Management/ Administrative Procedures to support breastfeeding, which provide an enabling environment for sustainable implementation within the facility; and
- (ii) The Key Clinical Practices that delineate the standards for individual care of mothers and infants, which include evidence-based interventions to support mothers to successfully breastfeed.

## 4.2.1 Critical Management/Administrative Procedures

Health facilities providing maternal, newborn, infant and young child care services need to adopt and maintain four critical management procedures that are enshrined in the first-four BFHI Requirements. This is important to ensure universal and sustained application of the remaining ten BFHI Requirements that fall under the Key Clinical Practices.

### Requirement 1: Comply with the Regulations on Marketing of Infant and Young Child Foods.

Families are vulnerable to the marketing of breast milk substitutes especially during antenatal, perinatal and postnatal period while they make decisions about infant feeding. Regulations protect families from commercial pressures and health professionals from commercial influences that could affect their professional activities and judgement. Full compliance with the Regulations is important for health because promotion of breast milk substitutes is among the main factors that undermine breastfeeding. Health facilities providing maternal, newborn, infant and young child care services should:

- i. Have a copy of the Regulations at each of the service delivery points within the maternal, newborn and child health platform;
- Not allow employees of manufacturers/ distributors of breast milk substitutes, bottles, teats, or pacifiers to educate and give written materials to pregnant women or mothers or their partners or family members or caretakers;
- iii. Not give free samples of infant formula to mothers for use within the facility or to take home;
- Not accept free gifts, literature, aprons, materials or equipment, money, sponsorship or support for in-service education or events from manufacturers or distributors of products within the scope of the Regulations;
- v. Not allow staff to engage in any promotion, or permit display of products or items with logos of products covered under the scope of the Regulations such as breast milk

substitutes, bottles, teats, or pacifiers within the health facility;

- vi. Not allow pictures of infants or other pictures idealizing artificial feeding on the labels of equipment or related products within the health facility;
- vii. Only acquire any breast milk substitutes, feeding bottles or teats through normal procurement channels and not receive free or subsidized supplies;
- viii. Report any violation of the Regulations to the relevant authorities (DHO office, Nutrition Division, Ministry of Health) using the recommended tool (Appendix 8.1); and
- ix. Avoid *conflicts of interest*<sup>7</sup> with companies that market foods for infants and young children.

### Requirement 2: Have written health facility BFHI Standard Operating Procedures that are routinely communicated to all health care providers and parents.

It is a requirement that health-care providers follow the established policies that drive practices and hence clinical practices in the BFHI Requirements shall be incorporated into Standard Operating Procedures (SOPs) at the health facility. The aim is to ensure that appropriate care is equitably provided to all mothers and babies, but not dependent on the preferences of each care provider. The written SOPs when applied will result in clients receiving consistent, evidence-based care, and are an essential tool for staff accountability. The SOPs sustain practices over time and communicate a standard set of expectations for all the health workers. Health facilities providing maternal, newborn, infant and young child care services should:

- Use the national MIYCAN Guidelines to develop BFHI SOPs on how each of the clinical and care practices are to be implemented and applied consistently to all mothers, as part of the routine in the relevant areas where mothers and babies are cared for (e.g. MCH, OPD, ART, and others);
- ii. Ensure that the BFHI SOPs are simplified, clearly understood and routinely communicated to health care providers/ staff;
- iii. Develop key messages for clients, parents, and caregivers to enable them to know the type of care they expect to receive;

<sup>&</sup>lt;sup>7</sup> **Conflict of Interest** refers to a situation in which a person is in a position to derive personal benefit from actions or decisions made in their official capacity.

- Provide information on artificial feeding to mothers who opt not to breastfeed, including that on labels, which explains the benefits of breastfeeding, the costs and dangers associated with artificial feeding; and
- v. Display the BFHI SOPs at all relevant areas of the facility accessed by pregnant women, mothers, and their families.

#### Requirement 3: Establish on-going monitoring for BFHI.

Recording and monitoring of the clinical practices related to breastfeeding shall be incorporated into the routine quality-improvement/ monitoring systems. The Work Improvement Team that coordinates the BFHI-related activities within a facility will review progress every 3 months (quarterly). However, monthly reviews will be conducted during the concentrated periods of quality improvement. The purpose of the review is to continually track values of the indicators, determine whether established targets are met, and if not, plan and implement the corrective actions. The health facilities providing maternal, newborn, infant and young child care services should:

- i. Have a functional Work Improvement Team (WIT) for BFHI with clear roles and responsibilities (Appendix 8.2) that reports on a monthly basis to the health facility Quality Improvement Committee.
- ii. Ensure the staff members meet regularly (monthly) to review their own BFHI clinical practices and decide on the processes or actions to be changed; and analyse progress over time;
- iii. Conduct quarterly self-appraisal for monitoring BFHI implementation using the national BFHI Self-Appraisal and Monitoring Tool; (Appendix 8.3);
- iv. Submit regular reports of the BFHI self-appraisal through the established channels; and
- v. Involve the managers, administrators and heads of departments in implementation of BFHI.

# Requirement 4: Ensure that staff have sufficient knowledge, competence, and skills to support breastfeeding.

Staff at the health facility should have the requisite knowledge, competence and skills to carry out timely and appropriate care for breastfeeding mothers. This calls for appropriate training for the health staff to develop effective skills, give consistent messages, and implement established standards. Capacity building will be through pre-service training and formal on-job training courses focusing on practical skills (each staff is required to have had at least three hours of clinical exposure on observing and assisting breastfeeding,

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counselling on breastfeeding and complementary feeding with pregnant women and breastfeeding mothers). Additional support from coaching and mentoring the health workers through Continuous Professional Development/ Continued Medical Education using the national MIYCAN training package. The health facilities providing maternal, newborn, infant and young child care services should ensure that the staff:

- i. Get orientation on the Regulations and about BFHI implementation in a health facility;
- ii. Use listening, learning and confidence-building skills to counsel and support the mothers;
- iii. Can provide counselling to pregnant women and breastfeeding mothers and explain about the optimal pattern of breastfeeding;
- iv. Can help a mother to initiate breastfeeding within the first hour after birth, and with support to position and attach the baby for breastfeeding;
- v. Can support a mother to express her breast milk and feed her baby with a cup;
- vi. Can support a mother to breastfeed a low birth weight or sick baby;
- vii. Are able to counsel a mother with breastfeeding challenges e.g. thinks she does not have enough milk, baby cries frequently and baby refusing to breastfeed; and
- viii. Can counsel a mother about her health and help with common breast conditions e.g. flat or inverted nipples, engorged breasts, sore or cracked nipples and mastitis.

### 4.2.2: Key Clinical Practices

This section highlights the remaining 10 BFHI Requirements linked to the clinical practices and based on Uganda's adaptation of the revised WHO Guidance 2018.

### Requirement 5: Discuss the importance and management of breastfeeding with pregnant women and their families/partners.

All pregnant women should have basic and practical information about breastfeeding, in order to make informed decisions. Pregnancy is a key time to inform women about the importance of breastfeeding, support their decision-making and pave the way for their understanding of the maternity care practices that facilitate its success. Mothers also need to be informed that birth practices have a significant impact on the establishment of breastfeeding. Where feasible, other available options can be utilised to deliver breastfeeding information to the mothers e.g., social media, audio-visual etc. Health facilities providing maternal, newborn, infant and young child care services should educate

and/ or counsel pregnant women and their families/ partners on:

- i. Benefits and importance of breastfeeding;
- ii. Importance of immediate and sustained skin-to-skin contact;
- iii. Importance of early initiation of breastfeeding;
- iv. Importance of rooming-in and bedding-in;
- v. Basics of good positioning and attachment; and
- vi. Recognition of feeding cues.

### Requirement 6: Facilitate immediate and un-interrupted skin-to-skin contact and support mothers to initiate breastfeeding within one hour after birth.

Immediate and un-interrupted skin to skin contact facilitates the newborn baby's natural behaviour to slowly crawl towards the breast as part of the rooting reflex, prevents hypothermia, and facilitates bondage. Early initiation of breastfeeding quickly triggers production and release of breast milk. Immediate skin-to-skin care and initiation of breastfeeding is feasible following a caesarean section with local anaesthesia (epidural). After a caesarean section with general anaesthesia, skin-to-skin contact and initiation of breastfeeding can begin immediately after birth and continue when the mother is sufficiently alert to hold the infant.

Mothers or infants who are medically unstable following delivery may need to delay the initiation of breastfeeding. However, even if mothers are not able to initiate breastfeeding during one hour after birth, they should still be supported to provide skin-to-skin contact and to breastfeed as soon as they are able. Health facilities providing maternal, newborn and infant and young child care services should:

- i. Place babies' skin-to-skin with their mothers (with no cloth between them) immediately after birth, regardless of method of delivery and sustain un-interrupted contact for at least 60 minutes;
- ii. Support all mothers to initiate breastfeeding as soon as possible after birth, preferably within one hour after birth;
- iii. Support mothers to position and attach their babies on the breast for effective suckling;
- Show mothers how to recognize when their babies are ready to breastfeed and offer help as needed;

- v. Continue monitoring the mother and baby to ensure that breastfeeding has been fully established before discharge;
- vi. Ensure that all newborn babies receive prophylactic vitamin K, tetracycline eye ointment immediately on delivery; and
- vii. Support mothers with babies in special care including preterm and low birth weight babies to hold their babies' skin-to-skin and initiate breastfeeding:
  - Help those with babies who can suckle to position and attach for breastfeeding; and
  - Help those with babies who cannot suckle well to express breast milk and feed by cup, spoon or nasogastric tube.

# Requirement 7: Support mothers to maintain breastfeeding and manage common difficulties.

All mothers need continuous practical support in learning how to breastfeed, with even some experienced ones encountering new challenges with breastfeeding a newborn. Early adjustments to position and attachment can prevent breastfeeding problems at a later time, while frequent coaching and support helps to build maternal confidence. Practical support includes providing emotional and motivational support, imparting information, as well as teaching concrete skills to enable mothers to breastfeed successfully. The health facilities providing maternal, newborn and infant and young child care services should:

- i. Discuss and assist the mother with questions or problems related to breastfeeding to build confidence in her ability to breastfeed;
- ii. Provide all mothers with individualized attention, with the following categories of mothers receiving extra support:
  - First-time mothers or those who have not breastfed before;
  - Mothers delivering by caesarean section;
  - Mothers of preterm infants;
  - Mothers with multiple births;
  - Teenage mothers; and
  - Mothers working away from home.
- iii. Check on mother and baby within six hours after transfer from the labour ward to ensure that there is proper positioning and attachment for effective suckling;
- iv. Establish a functional breastfeeding/ IYCF counselling corner with following interventions (Appendix 8.4):

- o Counsel on successful and sustained breastfeeding;
- Manage breast conditions;
- Counsel and support mothers to introduce adequate, safe and appropriate complementary foods at six months of the infant's age; and
- Promote and monitor child growth and development.
- v. Practically demonstrate to the mother how to position and attach the baby to the breast, so as to stimulate the production of breast milk;
- vi. Educate mothers on how to prevent breast conditions such as engorged breasts, cracked and sore nipples, blocked ducts and mastitis;
- vii. Help mothers to manage breast conditions such as inverted nipples, engorged breasts, cracked and sore nipples, blocked ducts and mastitis;
- viii. Show mothers how to express breast milk and how to feed using a cup as a means of maintaining lactation in the event that the mother is temporarily separated from their infants; and
- ix. Teach mothers and/or caregivers who opt to use breast milk substitutes how to safely prepare and feed the baby by cup. Inform mothers on how to maintain clean and safe utensils used to feed the baby. It also applies in situations where the mother has died.

### Requirement 8: Do not provide breastfed newborn babies any food or fluids other than breast milk, unless medically indicated.

Feeding newborn babies on any foods or fluids other than breast milk will interfere with the production and establishment of breast milk because of less suckling at the breast, which leads to reduced stimulation for breast milk production. Newborn babies who are fed other foods or fluids (supplementation) will suckle less vigorously at the breast and thus inefficiently stimulate milk production. This tends to create a cycle of insufficient milk and supplementation that leads to breastfeeding failure. The health facilities providing maternal, newborn and infant and young child care services should:

- i. Counsel mothers of newborn babies on the dangers of pre-lacteal feeds and inform them of the benefits of colostrum;
- ii. Counsel mothers of newborn babies on the importance of exclusive breastfeeding and inform them about the dangers of mixed feeding; and
- iii. Show mothers how to maintain continuous milk supply and ensure that the infant can suckle and transfer milk from the breast.

# Requirement 9: Enable mothers and their infants to remain together and practice rooming-in and bedding-in 24 hours a day.

In order for a mother to easily recognize and respond to the baby's feeding needs, she should be placed together with her infant all the time. It is important for all health facilities to have in place provisions that enable mothers and their infants to remain together throughout the day and night. Health facilities providing maternal, newborn and infant and young child care services should:

- i. Counsel mothers on the benefits of rooming-in and bedding-in;
- ii. Keep mothers and babies together in the same bed, immediately after birth, or from the time when the mother is able to respond to the infant, until discharge;
- iii. Support mothers with infants of low birth weight, very low birth weight and special needs to practice Kangaroo Mother Care;
- iv. Only separate babies from their mothers for justifiable medical and safety reasons and in such cases, efforts should be made for the mother to recuperate postpartum with her infant, or to have no restrictions for visiting her infant:
  - Provide adequate space for mothers to express milk preferably near their preterm or sick babies, when they get separated to allow adequate treatment and observation;
- v. Not allow baby cots in the postnatal ward except in special circumstances; and
- vi. Accommodate recovering caesarean section mothers in the same room with their babies and provide practical support to position the baby to breastfeed.

# Requirement 10: Support mothers to recognize and respond to their infants' feeding demand.

Successful breastfeeding involves recognizing and responding to an infant's display of hunger, the feeding cues and readiness to feed. It is recommended for mothers to breastfeed whenever the infant is hungry or as often as the infant wants. Responsive feeding (also called on-demand or baby-led feeding) means the baby is not restricted on the number of times and length of the feed. Scheduled feeding is not recommended since it prescribes a pre-determined, and usually time-restricted, frequency and schedule of feeds. It is better for a mother to feed the baby earlier, since crying is a late cue and optimal positioning, and attachment are more difficult when an infant is in distress. The health facilities providing maternal, newborn and infant and young child care services should:

i. Train mothers how to recognize that their infant wants to feed and to understand that the more frequently a baby is fed, the more breast milk is produced;

- ii. Support mothers to recognize and respond to their infants' demands for feeding, closeness, and comfort as this enables them to build a caring, nurturing relationship with their infants and increase confidence in breastfeeding;
- iii. Inform mothers on the benefits of demand feeding (whenever baby or mother feel like feeding) and show mothers how to wake the baby for feeding in situations where they sleep for more than 3 hours (tap in the sole of the foot, reduce extra covering); and
- iv. Support the mother to continue feeding her baby in response to the feeding cues in situations where mother and baby are not in the same room for medical reasons (e.g. preterm or sick infant/ mother).

# Requirement 11: Counsel mothers on risks of feeding bottles, artificial teats or pacifiers (dummies or soothers) to infants.

It is paramount to counsel mothers on the risks of using pacifiers or feeding bottles and teats since they may interfere with the normal breastfeeding process and require high level of hygiene. Use of feeding bottles, teats, pacifiers/ soothers are associated with poor oral formation, poor hygiene and they interfere with recognition of the infant's feeding cues as well as with maternal milk production, and thus lead to breastfeeding difficulties if their use is prolonged. The health facilities providing maternal, newborn and infant and young child care services should:

- i. Counsel both mothers and caregivers about the risks associated with using feeding bottles, teats and the use of pacifiers;
- ii. Teach mothers how to use cups and spoons to feed infants on expressed breast milk (or a breast milk substitute where medically indicated);
- iii. Teach mothers and caregivers how to ensure appropriate hygiene in cleaning of the feeding utensils; and
- iv. Not promote the sale and use of feeding bottles, teats or pacifiers in any part of the health facility.

# Requirement 12: Coordinate discharge so that parents and their infants have timely access to on-going support and care.

Health facilities need to provide appropriate referrals and linkage to ensure that mothers and babies are seen by a health worker or a member of the Village Health Team/ community health resource persons within 6 days after birth and again in the second week, to assess the feeding situation. Health facilities providing maternal, newborn and infant and young child care services should:

i. Discuss with mothers on discharge how they will breastfeed their babies at home and

where they can get the necessary support when required;

- ii. Ensure that all newborn babies receive BCG and Polio "0" vaccines before discharge from the health facility;
- Encourage mothers to see a health care worker or skilled breastfeeding support person in the community soon after discharge (preferably within 6 days) who can assess how they are doing in feeding their babies and give any support needed;
- iv. Establish a functional system of discharge referral linkage and follow-up support for mothers after they are discharged through early postnatal visits, telephone calls/ sms/ social media, existing community structures (family support groups, care groups, peer/mentor mothers, VHT and others);
- Provide contacts and addresses for the community support structures to mothers for support, in case of questions, doubts or difficulties, however, this should not substitute for active follow-up care by a skilled professional;
- vi. Promote and monitor child growth and development:
  - Issue a correctly filled in Child Health Card/ Mother's Passport for each newborn to the mother before discharge from the maternity ward;
  - Monitor growth and development for the first 2 years of the child's life (refer to Growth Monitoring and Promotion Manual).
  - Counsel, educate and support mothers, fathers, caretakers and families to introduce adequate, safe and appropriate locally available complementary foods at six months of infant's age; and
  - Conduct food demonstration sessions and show mothers how to prepare nutritious feeds using the locally available foods within their communities;
- vii. Discharge or link mothers to an established community structure for continuum of care.

### Requirement 13: Educate/ Counsel and Support Mothers on Infant Feeding in the context of Infectious Diseases.

The Ministry of Health has developed guidelines on feeding children in the context of infectious diseases including HIV, TB, Ebola, Hepatitis B & Hepatitis C, COVID-19 and other diseases. The detailed information that relate to specific infectious diseases shall be obtained from the relevant guidelines, which will be regularly updated. It is important to note that each individual situation shall be critically evaluated to inform the decision-making process. The health facilities providing maternal, newborn and infant and young child care services should:

- Counsel and support all mothers suspected or confirmed to be infected with HIV, Hepatitis B, Hepatitis C or COVID-19 to initiate breastfeeding within the first hour after birth, except where it is not recommended for medical reasons;
- Counsel and support all mothers suspected or confirmed to be infected with HIV, Hepatitis B, Hepatitis C or COVID-19 to exclusively breastfeed their infants for the first 6 months of life except when it is not feasible due to medical reasons;
- iii. Counsel and support all mothers living with HIV on adherence to ART while they continue breastfeeding until the infant is 12 months of age;
- iv. Counsel and support mothers positive for the Ebola virus to stop breastfeeding and initiate the use of replacement feeds (refer to Ebola guidelines); and
- v. Strengthen linkages with existing programmes and clinics where complementary services can be accessed e.g. EID clinics for HIV exposed children.

#### Requirement 14: Provide Mother-friendly Care to sustain Breastfeeding.

Women and newborn babies should be treated with respect, their dignity maintained, and their privacy respected. "Mother-friendly" care practices at the time of birth and immediate postnatal period are important for the mother's own wellbeing and help to facilitate successful breastfeeding. Women should not be exposed to unnecessary or harmful practices (i.e. without a medical indication) such as episiotomy, instrumental vaginal childbirth and caesarean section. They should also be allowed to have a birth companion of their choice. Health facilities providing maternal, newborn and infant and young child care services should:

- i. Utilise trained and skilled service providers who adhere to the SOPs to offer antenatal, perinatal and postnatal care to clients;
- ii. Promote practices that may help a woman to initiate breastfeeding soon after birth such as: emotional support during labour and delivery, light foods and fluids during early labour and early mother-baby contact;
- iii. Avoid practices that may hinder early mother and baby contact such as wrapping the baby tightly after birth and separating the mother and baby after birth;
- iv. Encourage women to come with their spouses/ partners/ companions of their choice for maternity services;
- v. Keep mother-baby pairs for at least 24 hours after delivery to monitor the mother and child and ensure that breastfeeding is successfully established before discharge; and
- vi. Inform mothers on the medications that affect breastfeeding (Appendix 8.5).

# 5. Implementing and Sustaining BFHI

A sustainable BFHI programme will involve institutionalisation in the existing health care delivery system and integration within the other on-going health care programmes and services. The district health team shall ensure ownership, provide strategic leadership and coordination for BFHI implementation at the district level. The health facility management shall make necessary changes in the clinical care practices to create a supportive breastfeeding environment. The main objective is for all pregnant women, breastfeeding mothers and infants to receive timely, evidence-based care and services that are appropriate to their needs.

## 5.1: INITIATING BFHI IMPLEMENTATION

### 5.1.1: Orient the District Health Management Team

Leadership at district level and coordination of the BFHI implementation shall be through the District Health Management Team (DHMT). An orientation meeting shall be conducted to involve the DHO, the Assistant DHOs, the Health Sub-District (HSD) in-charges, the MCH focal persons at the HSD level and Implementing Partners. Technical support will be coordinated by the Ministry of Health, to identify experts who understand the intricacies of BFHI planning and implementation. The aim is to share information on importance and benefits of BFHI implementation so that it can be prioritized in the district activities. The DHMT shall assign the responsibility for coordination of BFHI to one officer, preferably the ADHO (MCH), since the activities primarily target pregnant women, breastfeeding mothers and infants up to the age of six months.

Expected outputs:

- $\circ$  District Health Management Team knowledgeable on BFHI implementation;
- o BFHI prioritised within the District Health Plan and activities;
- ADHO (MCH) assigned as the focal person to coordinate and be accountable for BFHI implementation in the district;
- Workplan for implementation of BFHI in the district adopted and supported by the Implementing Partners; and
- District targets for BFHI implementation set and the progress regularly monitored.

## 5.1.2: Sensitise the Health Facility Team

On basis of the district plan and under coordination of the ADHO (MCH), teams constituted from among the Implementing Partners, district and HSD officers shall conduct sensitisation

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for the selected health facility managers and staff. Priority will be given to the health workers who provide services to pregnant women, breastfeeding mothers and infants up to the age of six months. The aim is to sensitise and support the health facility to establish a coordination, implementation and monitoring structure for BFHI. A Work Improvement Team (WIT) shall be constituted, comprising of relevant officer such as: the in-charge of ANC, maternity and postnatal clinics, YCC focal person, nutrition focal person, in-charge OPD, records officer and in-charge paediatric ward. One officer shall be assigned the responsibility for coordination and held accountable for BFHI implementation at the health facility.

Expected outputs:

- Health facility team knowledgeable on BFHI implementation at that level;
- o Health facility BFHI coordinator identified and assigned responsibility;
- Work Improvement Team constituted and assigned responsibility; and
- Letter of commitment written by the health facility in-charge/ manager, expressing interest to be designated as a baby-friendly facility.

## 5.1.3: Conduct the Initial (Baseline) Appraisal

The Health Facility Work Improvement Team shall utilise the standard Self-Appraisal and Monitoring Tool to conduct a baseline appraisal and document the performance. Where feasible, the appraisal shall be conducted with technical support from the Health Sub-district and/or Implementing Partners. The identified gaps shall be prioritised and used to develop a workplan for capacity building and continuous quality improvement.

Expected Outputs:

- Documentation of the baseline status, gaps in performance and workplan developed to address the gaps; and
- Request to the District, through the Health Sub-District for capacity building based on the identified and prioritised needs.

## 5.2: SUSTAINING BFHI IMPLEMENTATION

### 5.2.1: Build Capacity for BFHI Implementation

On basis of the prioritised capacity gaps from the Health Facility WIT, the district shall mobilise financial and technical resources, including from the Implementing Partners, to support the capacity building at health facility level. The aim is to ensure that all relevant staff have adequate knowledge, competence and skills to implement recommended practices for protection, promotion and support of breastfeeding. Possible approaches

include use of electronic or online courses, granting staff time to undertake self-study courses, mentorship and on-job training. The latter will provide opportunity for face-to-face interaction and one-to-one learning and competency-based assessment.

Expected Outputs:

- Adequate knowledge, competence and skills among the staff to implement the recommended BFHI practices and procedures; and
- Health facility managers have adequate understanding to enable them guide and oversee BFHI implementation.

## 5.2.2: Implement the Health Facility Workplan

Utilising the continuous quality improvement approach, the Work Improvement Team shall spearhead the process of implementing the workplan. They will conduct quarterly appraisals to document the progress towards attainment of the BFHI standards and submit reports to the district through the HSD. The aim is to ensure that timely care is being provided to pregnant women, breastfeeding mothers and infants under the age of six months in line with the BFHI guidelines and quality standards. When ready, the health facility shall request the district for monitors from outside the facility to validate the results. This will provide opportunity to objectively identify any existing gaps in care and non-compliance with the BFHI standards.

Expected Outputs:

- Adequate internal monitoring mechanisms based upon the Self-Appraisal and Monitoring Tool and the standard BFHI indicators; and
- Report of the health facility's readiness for BFHI Internal Assessment.

# 6. **BFHI Accreditation in Uganda**

## 6.1: THE PROCESS OF ATTAINING BFHI ACCREDITATION

The recommended process that a health facility needs to go through in order to attain BFHI accreditation is summarised and presented in Figure 1.

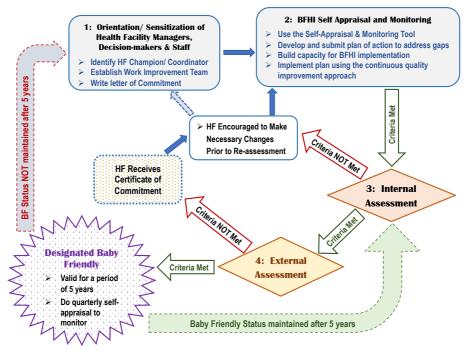


Figure 1: BFHI Implementation Flow-Chart in Uganda

- 1. BFHI implementation commences with sensitization of the managers, decision-makers and orientation of health facility staff to obtain "buy-in" and confirm their formal intention to achieve Baby-Friendly status over the set/ agreed period of time. The important activities will include:
  - Identifying a champion or coordinator at the health facility responsible for coordinating BFHI implementation;
  - Establishing a Work Improvement Team (WIT) that will be responsible for BFHI implementation at the health facility using continuous quality improvement approaches; and
  - $_{\odot}$   $\,$  Writing a formal letter to the District through the Health Sub-District, to express

their commitment towards BFHI implementation.

- The BFHI Work Improvement Team will lead the process of conducting the initial health facility BFHI self-appraisal using the standardised Self-Appraisal and Monitoring Tool (see Appendix 7.2), to document the status and performance in relation to the 14 BFHI Requirements.
  - The WIT develops a plan of action based on the identified gaps and how these will be addressed by the team (Template in Appendix 7.2, Section C).
    - $_{\odot}$  The plan of action is submitted by WIT to the managers and decision-makers; and
    - The managers and decision makers at the health facility submit approved plan of action alongside the statement of readiness to implement BFHI (to the district for those facilities under district jurisdiction and the Ministry of Health for Regional referral Hospitals);
  - With the commitment and involvement of the MOH, managers and decision makers, activities are carried out to build the capacity of service providers in terms of knowledge and skills for BFHI implementation;
  - The WIT spearheads the integration of BFHI into existing Quality Improvement (QI) teams and develop an implementation plan to effect and monitor improvement;
  - The health facility implements the plan and uses the key indicators (Section 6.2) to measure progress in line with the national recommendations while adopting the quality improvement approach to raise the quality standards;
  - The health facility team conduct regular self-appraisal and monitoring exercises, initially on a monthly basis; and
  - The Ministry of Health and Districts integrate BFHI into existing mentorship and support supervision visits to the health facilities during the implementation period.
- 3. Internal Assessment is conducted ideally within a period of 9-12 months from the orientation time and is based upon the health facility first conducting an evaluation of the BFHI status on basis of the planned objectives and set targets. The aim is to determine their readiness for verification by the Internal Assessment Team from the Ministry of Health:
  - The mentorship and support supervision teams shall recommend health facilities to MOH through the DHO for internal assessment;
  - If the facility attains the recommended scores from the internal assessment, the Internal Assessment Team recommends it for external assessment; and
  - The health facilities that have not met the criteria for internal assessment are supported to improve and make the necessary changes in preparation for re-

evaluation for internal assessment after three months.

- 4. External Assessment is carried out by an independent team (External Assessment Team-TORs in Annex...) that is specifically constituted by the Ministry of Health Nutrition Technical Working Group to conduct the exercise. The health facility should have obtained the minimum scores from the internal assessment exercise and officially communicated their readiness for the external assessment exercise. External assessment of the health facility is conducted within a period of three months following declaration of its readiness from the internal assessment.
  - If the facility does not meet the national benchmark from the external assessment, they are encouraged and supported to make necessary changes prior to re-assessment, ideally within a period of three to six months. However, the health facility is awarded a *Certificate of Commitment* (sample in Appendix 7.3.a) in recognition of the commitment towards BFHI accreditation;
  - If the facility meets the national criteria from the external assessment, it is accredited as a "Baby-Friendly Health Facility" (certificate sample in Appendix 7.3.b):
    - This accreditation status is valid for five years after which the process of assessment for BFHI accreditation is repeated;
    - Self-appraisal is a continuous process, done on a quarterly basis even after the facility has been designated baby-friendly to monitor performance and ensure that the health facility maintain their status; and
    - A health facility that maintains the baby-friendly status over the five years is immediately eligible for Internal Assessment. A health facility that does NOT maintain the baby-friendly status begins the process again from orientation/ sensitisation of the facility team.

## 6.2: USING THE SELF-APPRAISAL AND MONITORING TOOL

### 6.2.1: Introduction

The Self-Appraisal and Monitoring Tool has been developed for use by health facilities that provide maternal, newborn and infant and young child care services to evaluate how their current practices measure up to the Fourteen Requirements to Successful Infant and Young Child Feeding.

The Tool permits the BFHI Work Improvement Team in a health facility to make the initial appraisal and for continuous monitoring of the practices in support of infant and young child feeding. Completion of the initial self-appraisal constitutes the first stage of the process and forms the basis for development of a plan of action to address the identified gaps and challenges. Part A is for collection of the health facility data and

Part B for documenting performance in relation to the 14 BFHI Requirements.

The Work Improvement Team should coordinate the process of conducting the selfappraisals and monitoring of performance as well as all further activities, including arranging for training, if needed, and addressing the identified gaps. The self-appraisal and monitoring is a continuous improvement process before internal assessment and even after being designated "Baby-Friendly".

## 6.2.2: Instructions for Completing the Tool

- Fill in the details of contact persons and selected statistics of the health facility as required under Part A of the Tool;
- Go through each Requirement in Part B of the Tool and tick either YES or NO as applicable, in response to the questions about implementation of the Requirement;
- Count the number of ticks under YES or NO and put the figures in the row for Total Points for each Requirement.

### 6.2.3: Results Interpretation and Taking Action

- All questions under each Requirement that attract "YES" response reflect the appropriate practices that require to be consolidated and enhanced;
- All questions under each Requirement that attract "NO" response reflect the gaps or challenges that require prioritization in the plan of action. These should be addressed before the health facility can be considered ready for Internal Assessment;
- Results of the self-appraisal should be shared among the health facility staff and with the district health office. The findings from these appraisals should feed into the mentorship and support supervision activities for the health facility;
- If improvements in knowledge and practices among the service providers are required, training should be arranged for the health facility staff.

## 6.3: THE UGANDA BFHI STANDARDS

The standards related to the Baby-Friendly Health Facility Initiative in the country are summarised in Table 1.

#### Table 1: The National BFHI Standards

BEOUDENENT	STANDARD	DEFINITION		
REQUIREMENT		NUMERATOR	DENOMINATOR	PRIMARY SOURCE
	Existence of a document that describes how the health facility abides by the Regulations <sup>8</sup>			Review of infant feeding policy
1	≥80% of health professionals providing antenatal, delivery, newborn, infant and young child care who can explain at least two elements of the Regulations	No. of health professionals who can explain 2 elements of the Regulations	No. of health professionals who provide ANC, delivery, newborn infant and young child care interviewed	Interviews with clinical staff
2	Existence of written infant feeding SOPs that address implementation of all the Requirements of BFHI			Review of infant feeding policy
	≥80% of clinical staff who provide antenatal, delivery, newborn, infant	No. of clinical staff who can explain 2 elements of BFHI	No. of clinical staff who provide ANC, delivery,	Interviews with clinical staff

<sup>&</sup>lt;sup>8</sup> Abiding by the Regulations include procurement of breastmilk substitutes through established channels, not displaying products with names or logos of companies that produce items covered under the Regulations, not accepting support or gifts from producers or distributors of products covered by the Regulations, and not giving samples of breast milk substitutes, feeding bottles or teats to mothers

	Standard	DEFINITION		
REQUIREMENT		NUMERATOR	DENOMINATOR	PRIMARY SOURCE
	and young child care can explain at least two elements of the infant feeding policy that influence their role in the facility	that influence their role in the health facility	newborn infant and young child care interviewed	
3	Existence of a protocol for an on- going monitoring and data management system to comply with the key clinical practices			Documentation of protocol
	≥80% of health professionals who provide antenatal, delivery, newborn, infant and young child care report they have received pre-service or in- service training on breastfeeding during the previous 2 years	No. of health professionals who have received pre- service or in-service training on breastfeeding during previous two years	No. of health professionals who provide ANC, delivery, newborn, infant and young child care services interviewed	Interviews with clinical staff
4	≥80% of health professionals who provide antenatal, delivery, newborn, infant and young child care are able to correctly answer three out of four questions on breastfeeding knowledge and skills to support breastfeeding	No. of health professionals who correctly answered 3 out of 4 questions on breastfeeding knowledge and skills	No. of health professionals who provide ANC, delivery, newborn, infant and young child care services interviewed	Interviews with clinical staff

REQUIREMENT	Standard	DEFINITION		PRIMARY SOURCE
REQUIREMENT		NUMERATOR	DENOMINATOR	PRIMARY SOURCE
5	≥80% of mothers of preterm and term infants who received antenatal care at the facility were given counselling on breastfeeding	No. of women who received antenatal counselling on breastfeeding	No. of women who received at least two antenatal care services and were interviewed	Interviews with mothers of preterm and term infants Clinical records
6	≥80% of mothers of term infants report that babies were placed in skin- to-skin contact with them immediately or within 5 minutes after birth and that this contact lasted 1 hour or more	No. of mothers of term infants placed skin-to-skin contact with them immediately or within 5 minutes after birth for duration of 1 hour or more	No. of mothers of term infants at the health facility who were interviewed	Interviews of mothers of term infants Clinical records
	≥80% of term infants were put to the breast within 1 hour after birth [sentinel indicator]	No. of mothers whose babies were put to the breast within 1 hour after birth	No. of mothers of term infants at the health facility who were interviewed	Clinical Records Interviews with mothers of term infants
7	≥80% of breastfeeding mothers of term infants are able to demonstrate how to position their baby for breastfeeding and that the baby can suckle and transfer milk	No. of mothers able to demonstrate how to position their baby for breastfeeding and that the baby can suckle and transfer milk	No. of breastfeeding mothers of term infants at the health facility who were interviewed	Interviews with mothers of term infants
	≥80% of breastfeeding mothers of term infants can describe at least two indicators of whether a breastfed baby consumes adequate milk	No. of mothers of term infants who can describe at least 2 indicators of whether a breastfed baby consumes adequate milk	No. of breastfeeding mothers of term infants at the health facility who were interviewed	Interviews with mothers of term infants

REQUIREMENT	Standard	DEFINITION		
REQUIREMENT		NUMERATOR	DENOMINATOR	PRIMARY SOURCE
	≥80% of mothers of breastfed preterm and term infants can correctly demonstrate or describe how to express breast milk	No. of mothers who can correctly demonstrate or describe how to express breast milk	No. of mothers of breastfed preterm and term infants at the health facility who were interviewed	Interviews with mothers of preterm and term infants
8	≥80% of infants (preterm and term) received only breast milk throughout their stay at the facility [sentinel indicator]	No. of term infants who received only breast milk throughout their stay at the health facility	No. of mothers of preterm and term infants at the health facility who were interviewed	Clinical Records Interviews with mothers of preterm and term infants
9	≥80% of mothers of term infants report that their babies stayed with them since birth, without separation lasting for more than one hour	No. of mothers whose infants stayed with them from birth, without separation lasting for more than one hour	No. of mothers of term infants at the health facility who were interviewed	Interviews with mothers of term infants Clinical records
10	≥80% of breastfeeding mothers of term infants can describe at least two feeding cues	No. of mothers who can describe two feeding cues	No. of mothers of term infants who were interviewed at the health facility	Interviews with mothers of term infants
11	$\geq$ 80% of breastfeeding mothers of preterm and term infants report having been taught about the risks of using feeding bottles, teats and pacifiers	No. of mothers who have been taught about the risks of using feeding bottles, teats and pacifiers	No. of mothers of preterm and term babies who were interviewed at the health facility	Interviews with mothers of preterm and term infants

REQUIREMENT	Standard	Defin	NITION	PRIMARY SOURCE	
REQUIREMENT	STANDARD	NUMERATOR	DENOMINATOR	PRIMARY SOURCE	
12	informed them where they can access where they can access		Interviews with mothers of preterm and term infants		
13	≥80% of mothers living with HIV report that a staff has counselled them on the importance of adherence to ART while continuing to breastfeed until their infant is 12 months old	No. of mothers living with HIV who were counselled by the staff on adherence to ART and duration of breastfeeding	No. of mothers living with HIV who were interviewed at the health facility	Interviews with mothers of HIV exposed infants	
13	importance of continuing to breastfeed importance of continuing to		No. of mothers of preterm and term infants who were interviewed at the health facility	Interviews with mothers of preterm and term infants	
14	No. of mothers who report No. of mothers of preterm and		Interviews with mothers of preterm and term infants		

# 7. Monitoring and Evaluation

### 7.1: INTRODUCTION

Monitoring and evaluation will be done at Ministry of Health, district local government and also partner level to ensure that implementation of the BFHI is proceeding well and that the desired results are being achieved and documented. The indicators for monitoring and evaluation of BFHI were adapted from the 2018 WHO/UNICEF BFHI Implementation Guidance. They are aligned to the Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) Guidelines. They are also aligned to indicators for the Uganda Nutrition Action Plan (UNAP) 3 as well as to the Sustainable Development Goals (SDGs).

The health facility managers are encouraged to ensure that the BFHI indicators are tracked using the available Health Management Information System (HMIS) and that activities are integrated into the routine Quality Improvement System at the health facility.

The BFHI Work Improvement Team (WIT) shall act together with the health facility quality improvement structures in place to ensure that the programme is monitored and the situation-specific progress, realized during the monthly self-appraisals that inform decision-making at implementation level.

### 7.2: BFHI INDICATORS

Successful implementation of the Baby-Friendly Health Facility Initiative with attainment of the set national standards is expected to contribute towards attainment of outcomes spelt out within the MIYCAN Guidelines. Therefore, the adapted MIYCAN indicators shall be used for monitoring and evaluating implementation of BFHI service delivery (Table 2).

Three categories of indicators:

- I. Global Nutrition Monitoring Framework Indicators
  - The two indicators are aligned to the global level reporting on nutrition interventions and can be used to compare performance across different geographical areas and countries.
- II. Clinical Practice Indicators
  - Refer to eight indicators, seven of which are aligned to selected BFHI standards. They form the basis for computation of the eighth indicator, which monitors overall compliance and is an alternative BFHI coverage indicator.
- III. BFHI Programmatic Output Indicators
  - Refer to four indicators that measure specific aspects of BFHI programming.

#### Table 2: Indicators for Monitoring BFHI

Indicator	Definition	Primary Source
Global Nutrition Monitorin	ng Framework Indicators	
<ol> <li>Exclusive breastfeeding in infants age &lt;6 months</li> </ol>	The percentage of infants aged 0–5 months who received only breast milk during the previous day	Household surveys e.g., MICS, UDHS
II. Births In Baby friendly facilities ("BFHI coverage")	The percentage of births occurring in facilities that have been designated as "Baby friendly" or have "passed" external assessment (as per the national programme) within the past 5 years	Reports on programme implementation National database
Clinical Practice Indicator	'S	
i. Antenatal counselling	Percentage of mothers of who received antenatal counselling on breastfeeding	Household surveys e.g., MICS, UDHS HMIS, Health facility surveys, Exit interviews
ii. Early skin-to-skin contact	Percentage of mothers who had skin-to-skin contact with their baby immediately or within 5 minutes after birth that lasted 1 hour or more	Household surveys e.g., MICS, UDHS HMIS, Health facility surveys, Exit interviews
iii. Early initiation of breastfeeding	Percentage of mothers who put their infant to the breast within one hour after birth	Household surveys e.g., MICS, UDHS HMIS, Health facility surveys, Exit interviews
i∨. Support with breastfeeding	Percentage of mothers who received support with learning to breastfeed after delivery	Household surveys e.g., MICS, UDHS HMIS, Health facility surveys, Exit interviews
v. Exclusive breastfeeding	Percentage of mothers reporting that their infants received only breast milk throughout their stay at a facility	Household surveys e.g., MICS, UDHS HMIS, Health facility surveys, Exit interviews

Indi	cator	Definition	Primary Source
vi.	Rooming-in	Percentage of mothers whose babies stayed with them since birth, without separation lasting for more than 1 hour	Household surveys e.g., MICS, UDHS HMIS, Health facility surveys, Exit interviews
vii.	Referral to community support	Percentage of mothers who report that they were informed where they can access breastfeeding support in their community	Household surveys e.g., MICS, UDHS HMIS, Health facility surveys, Exit interviews
viii.	Overall compliance with BFHI standards (alternative BFHI coverage indicator)	Percentage of mothers answering affirmatively on at least 6 of the above 7 practices	Household surveys e.g., MICS, UDHS HMIS, Health facility surveys, Exit interviews
BFł	I Programmatic Outpo	ut Indicators	
1.	Regulation of BFHI standards	Percentage of districts with SOPs on Baby-friendly standards	Reports
2.	Pre-service training on the BFHI standards	Percentage of newly graduated health professionals who received training on the updated BFHI standards	Reports
3.	In-service training on the BFHI standards	Percentage of practicing health professionals who received in- service training on the updated BFHI standards	Reports
4.	On-going operation of the external assessment process	Percentage of facilities providing maternity and newborn services that have completed an external assessment in the past 3–5 years	Reports

## 8. Appendices

### 8.1: REGULATIONS ON MARKETING OF INFANT AND YOUNG CHILD FOODS MONITORING FORM

Regulations		Date:		_/_/	(dd/mm/yyyy)		
Monitoring Form	Ref:	District		Institution:	Form#		
Have you noticed any company practic							
Foods? If so help us collect information	by comp	being this lor	m anu	senaing or deliverin	g it to .		
Nutrition Division, Ministry of Health							
Plot 6, Lourdel Road, Kampala Telephone: general line (+256) 417-712260							
				Free: 0800 100066	(+256) 417-712260		
				Box 7272, Kampala			
				il: nutritiondivision@			
Website: www.health.go.ug							
Name:							
Address:							
Email:							
The above information is necessary to	enable I	Ministry of Hea	alth doi	uble-check the infor	nation you have given,		
if necess	ary. You	r identity will l	be kept	confidential.			
Description of code/Regulation viola	tion (alo				e "when where whe		
what and how"	tion (pie			suons, especially in	e when, where, who,		
1. Short description							
		-			- ,		
2. When was the violation observed?	(uu/mi	<i>«уууу)</i>					
3. Where? (place, city and country).							
(for newspapers and periodicals, p	olease in	dicate the na	me and	I date of publication)	).		
4. Who is violating the Code/Regulation and How?							
Company	Company Brand Type of product <sup>1</sup> Type of violation <sup>2</sup>						

<sup>1</sup>**Type of product**: **A**. Infant Formula, **B**. Follow-up formula, **C**. Complementary food, **D**. Bottle & Teat, **E**. Other *(specify)* 

<sup>2</sup>Type of violation: A Advertisement, B. Commercial promotion in health facilities, C. Company contact with mothers, D. Donation of products to health facilities, E. Free sample, F. Gift to health worker, C. Gift to mother, H. Inadequate labelling, I. promotion in shops, J. Sponsorship, K. Other (please explain, use other sheet if necessary)

If specimen or picture is attached, tick here

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5. Observation / Details (please use another sheet of paper if necessary):

This form is to be returned to Ministry of Health, Nutrition Division by post or via email as a MS Word, PDF, or JPEG file. Code violations/violations of the Regulations can be submitted electronically to

- nutritiondivision@gmail.com
- Where possible, include actual specimen, photographs or scanned images of code violations with your form
- Specimen should be properly marked and matched to the appropriate form if you send more than one report.

### 8.2: ROLES OF THE WORK IMPROVEMENT COMMITTEE

#### (a) Technical Guidance:

- Provide BFHI technical guidance to relevant departments at the health facility, including planning committees through incorporating support for breastfeeding and BFHI principles into ongoing services at the health facility;
- Ensure proper planning for BFHI and quality of service delivery;
- Identify capacity strengthening needs and ensure that health workers are trained on BFHI.
- Oversee standards and legislation to protect optimal infant and young child feeding by ensuring that health workers and health facility adheres to the Regulations on marketing of infant and young child foods

#### (b) Coordination:

- Provide a platform through which individuals or focal persons from relevant departments - MCH, OPD, ART share information and build consensus on how best to address BFHI related challenges;
- Identify ways on use of available resources for BFHI implementation;
- Harmonise the implementation of BFHI activities in the health facility; and
- Identify and build partnerships with partners who can contribute to health facility BFHI goals and objectives to sustain BFHI implementation

#### (c) Monitoring and Reporting:

- Conduct joint monitoring and support supervision visits to respective departments to provide oversight to BFHI implementation;
- Submit quarterly self-appraisal reports to the Quality Improvement Committee, subsequently to districts and MoH; and
- Evaluate health service data on breastfeeding initiation of breastfeeding and exclusive breastfeeding for the health facility
- Ensure reporting requirements capture progress on BFHI activities and on the progress on implementation of activities in the BFHI plan of action.

#### (d) Planning, Budgeting, and Resource Mobilisation:

- Ensure integration and alignment of BFHI activities in the Health Facility annual work plans, and budgets; and
- Mobilise internal and external resources from local revenues, partners, and through proposal development to address resource gaps.

#### (e) Advocacy and Social Mobilisation:

- Conduct advocacy to raise awareness of breastfeeding and IYCF among the Managers and/or administrators;
- Identify and work with breastfeeding champions to support advocacy efforts; and
- Utilise available platforms such as the media, community dialogue meetings (barazas), and community outreach to carry out raise awareness on breastfeeding.

#### Roles of the BFHI Coordinator

The BFHI coordinator will provide the following services:

- i. Act as Secretary to the WIT meetings;
- ii. Ensure that the BFHI plan of action is aligned to the Health Facility workplan;
- iii. Compile and share BFHI reports on a quarterly basis; and
- iv. Function as a link between WIT and Quality Assurance Committee

### 8.3: BFHI SELF-APPRAISAL & MONITORING TOOL

#### A. HEALTH FACILITY DATA SHEET

District:	HSD	Health Fa	acility:
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Date of Self-Appraisal: \_\_\_\_\_

	Names	
Health Facility In- Charge	Phone	
	Email	
	Names	
BFHI Coordinator	Phone	
	Email	

#### **B. THE BFHI REQUIREMENTS**

Note: Each requirement is scored against indicated points. A score is represented by a "Yes" or a "No" for each question and carries 1 mark.

		YES	NO	Comments		
Requi	Requirement 1: Comply with the Regulations on Marketing of Infant and Young Child Foods					
1.1.	Does the health facility have a copy of the Regulations on Marketing Infant and Young child Foods?					
1.2.	Does the health facility prohibit giving pregnant women, mothers and their families any education or marketing materials, free samples or gift packs that include prescribed products, equipment or coupons for use in the facility or to take home?					
1.3.	Are health workers encouraged to decline free gifts, literature, aprons, materials or equipment, money, sponsorship or support for in-service education or events from manufacturers/ distributors of products within scope of the Regulations?					

		YES	NO	Comments
1.4.	Does the health facility prohibit display of pictures, labels, branded items or equipment from manufacturers or distributors of products within the scope of the Regulations on Marketing Infant and Young Child Foods?			
1.5.	Does the health facility decline any offer of free/ subsidized supplies of breast milk substitutes and feeding equipment and only utilise normal procurement channels for prescribed products <sup>9</sup> ?			
	TOTAL POINTS FOR REQUIREMENT 1			
Requi	rement 2: Have written facility BFHI Standard Operati routinely communicated to all health care p			
2.1	Has the health facility developed BFHI SOPs on how each clinical and care practice is implemented and consistently applied that is clearly displayed at all the service delivery points?			
2.2	Has the health facility developed key messages for clients, parents and caregivers to enable them know the type of care to expect?			
2.3	Does the health facility provide to mothers who opt not to breastfeed, information on the benefits of breastfeeding and dangers associated with artificial feeding?			
	TOTAL POINTS FOR REQUIREMENT 2			
Requi	rement 3: Establish on-going monitoring for BFHI			
3.1	Does the health facility have a functional BFHI Work Improvement Team with clear TOR that reports monthly to the Quality Improvement Committee?			
3.2	Do the facility staff meet at least once a month to review BFHI clinical practices and decide on actions to be taken?			
3.3	Does the health facility conduct quarterly self-appraisals for monitoring BFHI implementation using the Appraisal and Monitoring Tool and submit the reports?			

<sup>&</sup>lt;sup>9</sup> Prescribed products (Scope of the Regulations) include (a) Infant formula, (b) follow-up formula/ follow-on milk; (c) Growing-up milk; (d) complementary foods (baby soya, millet flour, maize flour, sorghum flour; nkejje powder), (e) feeding bottles, (g) feeding teats, (h) pacifiers, (i) cups with spouts, (j) nipple shields, (k) sterilizing solution for cleaning bottles, (l) any other milk and milk products for children 0 <36 months; and (m) any other food or liquid (such as cereal, jarred food, infant tea, juice and mineral water).

		YES	NO	Comments
3.4	Does the health facility involve the managers, administrators and heads of units/ departments in the implementation of BFHI?			
	TOTAL POINTS FOR REQUIREMENT 3			
Requi	rement 4: Ensure that staff have sufficient knowledge support breastfeeding	e, compo	etence a	and skills to
4.1	Have the health workers at this facility received any training that addresses the Regulations and BFHI?			
4.2	Can health workers educate and support a mother to initiate breastfeeding within the first hour after birth; and to support with positioning and attachment?			
4.3	Can the health workers support a mother to express breast milk and to feed her baby with a cup, spoon or nasogastric tube?			
4.4	Can the health workers support a mother to breastfeed a baby with low birth weight or a sick baby?			
4.5	Can the health workers counsel and help a mother with a health challenge or common breast problem?			
	TOTAL POINTS FOR REQUIREMENT 4			
Requi	rement 5: Discuss the importance and management or pregnant women and their families/ partner		tfeeding	g with
5.1	Do the staff at this health facility educate/ counsel pregnant women on the benefits and importance of proper breastfeeding?			
5.2	Do the staff at this health facility counsel pregnant women on importance of immediate and sustained skin-to-skin contact?			
5.3	Do the staff at this health facility counsel pregnant women on importance of rooming-in and bedding-in?			
5.4	Do the staff at this health facility counsel pregnant women on the basics of good positioning and attachment?			
5.5	Do the staff at this health facility counsel pregnant women on recognition of feeding cues ( <i>signs that your baby is</i> <i>ready to feed</i> )?			
	TOTAL POINTS FOR REQUIREMENT 5			

		YES	NO	Comments		
Requi	Requirement 6: Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding within one hour after birth					
6.1	Do the health workers place all babies on uninterrupted skin-to-skin contact with their mothers immediately after birth for at least 60 minutes?					
6.2	Do the health workers support all mothers to initiate breastfeeding within the first hour after birth of the baby?					
6.3	Do the health workers support mothers to position and attach their babies on the breast for effective suckling?					
6.4	Do the health workers show and support mothers to recognize when their babies are ready to breast feed?					
6.5	Do health workers at this facility monitor and support mothers to ensure that breastfeeding is fully established before being discharged?					
6.6	Do health workers at this facility ensure that the baby has received vitamin K and tetracycline eye ointment after delivery?					
	TOTAL POINTS FOR REQUIREMENT 6					
Requi	rement 7: Support mothers to maintain breastfeeding difficulties	and ma	anage c	ommon		
7.1	Do the health workers provide individualized attention to each mother and build their confidence to breastfeed?					
7.2	Do the health workers at this facility check on postpartum mothers immediately and within six hours after birth for proper positioning and attachment?					
7.3	Do the health workers practically demonstrate to the mother how to correctly position and attach her baby to the breast?					
7.4	Do the health workers teach the mothers how to prevent and manage the common breast conditions?					
7.5	Do the health workers practically show mothers how to express breast milk and how to feed the baby using a cup or spoon?					

		YES	NO	Comments
7.6	Do the health workers teach mothers/ caregivers who opt to use breast milk substitutes how to safely prepare and feed the baby by cup; and how to maintain clean and safe utensils?			
7.7	Does the health facility have a functional breastfeeding corner, room or clinic where mothers with breastfeeding challenges can get counselling and support?			
	TOTAL POINTS FOR REQUIREMENT 7			
Requir	rement 8: Do not provide breastfed newborn babies a breast milk, unless medically indicated	iny food	l or fluid	ds other than
8.1	Are the mothers of newborn babies counselled on the dangers of pre-lacteal feeds and informed about the benefits of colostrum?			
8.2	Are the mothers of newborn babies counselled on the importance of exclusive breastfeeding and informed about dangers of mixed feeding?			
8.3	Are the mothers of newborn babies shown how to maintain continuous milk supply and to ensure that the infant is able to suckle and transfer milk from the breast?			
	TOTAL POINTS FOR REQUIREMENT 8			
Requir	rement 9: Enable mothers and their infants to remain rooming-in and bedding-in 24 hours a day	togethe	er and p	ractice
9.1	Do the health workers counsel mothers on benefits of rooming-in and bedding-in; and routinely keep the mother and baby in same bed until discharge?			
9.2	Do the health workers support mothers of infants with low-birth weight to practice Kangaroo Mother Care"			
9.3	Are babies only separated from their mothers for justifiable medical reasons, with no restrictions for visiting the baby?			
9.4	Are baby cots prohibited in the postnatal wards at this health facility under normal circumstances?			
9.5	Are mothers recovering from caesarean section accommodated in the same room with their babies and given practical breastfeeding support?			
	TOTAL POINTS FOR REQUIREMENT 9			

			YES	NO	Comments
Requi	rement 10:	Support mothers to recognize and respond demand	l to theii	<sup>,</sup> babies	' feeding
10.1	Do health workers teach mothers how to recognize that their baby wants to feed and about the relationship between feeding frequency and milk production?				
10.2		thers supported to recognize and respond to s' demands for feeding, closeness and			
10.3		vorkers inform mothers on benefits of demand support them to practice feeding in response			
	TOTAL POIN	TS FOR REQUIREMENT 10			
Requi	rement 11:	Counsel mothers on risks of feeding bottle (dummies or soothers) to babies	s, artific	ial teat	s or pacifiers
11.1	Are mothers and caregivers counselled about the risks associated with use of feeding bottles, teats and pacifiers?				
11.2		workers teach and support mothers and/or now to use cups and spoons to feed babies?			
11.3		vorkers teach mothers and caregivers how to iene in cleaning and storing of the feeding			
11.4		th workers at this facility desist from promoting d use of feeding bottles, teats and pacifiers?			
	TOTAL POIN	TS FOR REQUIREMENT 11			
Requi	rement 12:	Coordinate discharge so that parents and t access to on-going support and care	heir bak	oies hav	e timely
12.1		vorkers discuss with mothers at discharge on ill breastfeed their babies at home and about t support?			
12.2		th workers ensure that babies are vaccinated g discharged?			
12.3		nothers encouraged to see a community erson (e.g. trained VHT) within six days after			

		YES	NO	Comments		
12.4	Has the health facility established a functional discharge – referral linkage with the community and follow up support for the mothers?					
12.5	Do the health workers at this facility routinely provide services to promote child growth and development?					
	TOTAL POINTS FOR REQUIREMENT 12					
Requii	Requirement 13: Counsel and support mothers on infant feeding in the context of infectious diseases					
13.1	Do health workers counsel and support all mothers with infectious disease to initiate breastfeeding within the 1 <sup>st</sup> hour after birth except where medically contraindicated?					
13.2	Do health workers counsel and support all mothers with infectious disease to exclusively breastfeed for first six months except where medically contraindicated?					
13.3	Are all mothers living with HIV counselled and supported on adherence to ART while they exclusively breastfeed and continue breastfeeding infant until age of 12 months?					
13.4	Does the health facility have functional referral linkages with existing programmes and clinics that provide specialised services?					
	TOTAL POINTS FOR REQUIREMENT 13					
Requirement 14: Provide mother-friendly care to sustain breastfeeding						
14.1	Do the health workers at this facility promote practices that help women initiate breastfeeding soon after birth (e.g. emotional support, light foods and fluids, early mother-baby contact)?					
14.2	Do the health workers at this facility encourage women to come with their spouses/ partners or companions of their choice for maternity services?					
14.3	Does the health facility keep mother-baby pairs for at least 24 hours after delivery before discharge?					
14.4	Do health workers inform mothers about medicines contraindicated during breastfeeding?					
	TOTAL POINTS FOR REQUIREMENT 14					

### C. Health Facility BFHI Action Plan

Requirement	Gap Identified	Action to be Taken	Responsible

### 8.4: FUNCTIONS OF A LACTATION MANAGEMENT CLINIC

- 1. To anticipate, identify and attend to mothers and babies who develop or are likely to develop lactation problems e.g. primigravida, multiple pregnancies, diabetes, preterm deliveries, and babies born by caesarean section;
- 2. To attend to feeding problems of babies refereed from maternity units and other referrals including those of lower health units, General Practitioners, self-referrals;
- 3. To provide day facilities for mothers and babies who are referred from within and outside the hospital with feeding problems;
- To organize and coordinate breastfeeding promotion activities along with the Unit responsible for Health Education in the hospital and support the catchment area of the health facilities in such activities;
- To ensure in collaboration with the unit responsible for Health Education in the health facility that mothers who receive antenatal care from the facility are knowledgeable and confident about breastfeeding;
- 6. To assist the in-service training programmes on breastfeeding counselling, baby friendly health facility initiative and infant and young child feeding;
- 7. If the Lactation Management Clinic is functioning alongside the Young Child Clinic, it can provide complementary feeding support activities as well; and
- 8. To maintain records on IYCF support in the LMC.

### 8.5: MEDICINES CONTRAINDICATED DURING BREASTFEEDING

- Sedating psycho-therapeutic drugs, anti-epileptic drugs, opiods and their combinations. These may cause side effects such as drowsiness and respiratory depression and are better avoided if a safer alternative is available;
- Radioactive iodine-131 is better avoided given that safer alternatives are available – a mother can resume breastfeeding about two months after receiving this substance;
- Excessive use of topical iodine or iodophors e.g. povidone-iodine, especially on open wounds or mucous membranes can result in thyroid suppression or electrolyte abnormalities in the breastfed infant and should be avoided; and
- Cytotoxic chemotherapy requires that a mother stops breastfeeding during the period of therapy.

### **8.6: BFHI CERTIFICATES**



### **8.7: Resource Materials**

- 1. Baby Friendly Health Facility Initiative Facilitators Training Manual
- 2. Baby Friendly Health Facility Initiative Participants Training Manual
- 3. Foods and Drugs (Marketing of Infant and Young Child Foods) Regulations, 1997
- 4. Protecting Infant Health A Health Workers' Guide to the Foods and Drugs (Marketing of Infant and Young Child Foods) Regulations
- 5. Maternal Infant and Young Child Feeding and Adolescent Nutrition Guidelines
- 6. Infant and Young Child Feeding Counselling Flipchart
- 7. Maternal, Infant and Young Child Feeding Brochures
- 8. Maternal Infant and Young Child Feeding and Adolescent Nutrition Health Facility Training Package (Facilitator and Participant Manuals)