Implementing the Baby Friendly HF Initiative (BFHI) in Kampala, Uganda: USAID Maternal Child Health and Nutrition Activity's journey and achievements

The USAID Maternal Child Health and Nutrition (USAID MCHN) Activity

The USAID MCHN Activity is a five-year program (January 2020 to December 2024) funded by USAID/Uganda to improve maternal, newborn, child health and nutrition (MCHN) outcomes in Uganda. This is achieved through provision of targeted technical support at national and subnational levels to (1) develop and rollout MCHN strategies, and high-impact practices and interventions; (2) strengthen coordination and cooperation within and between Government of Uganda (GoU) sectors; and (3) increase the use of data for planning, decision making and learning. The Activity also supports improved delivery of MCH and Nutrition services in Kampala particularly for the urban poor, through strengthened service delivery systems in the public and private sectors. The MCHN Activity closely collaborates with government of Uganda (GoU) structures at all levels, private sector entities, other USAID-supported Activities, and development partners to both support and leverage their efforts to improve MCHN outcomes in Uganda.

The MCHN Activity is implemented by a consortium led by FHI 360 that includes EnCompass LLC, Makerere University School for Public Health, Save the Children, and the Uganda Healthcare Federation.

Image 1: A health worker demonstrates support for a mother to breastfeed soon after birth (Photo Credit: Davis Guma, FHI 360)

Introduction

Breastfeeding is a cornerstone of child survival and provides lifelong health benefits for babies and women. It is a central part of the 2030 Agenda for Sustainable Development Goals (SDGs) and has been linked to many of these SDGs. The Ministry of Health (MOH) Uganda, the United Nations Children's Fund (UNICEF), and the World Health Organization (WHO) recommend initiation of breastfeeding within the first hour of birth, exclusive breastfeeding for the first six months of life, and continued breastfeeding up to two years or beyond, together with safe and adequate complementary foods. In recognition of these best practices, WHO and UNICEF launched the Baby Friendly Hospital Initiative (BFHI) in 1991 to protect, promote, and support breastfeeding and enable timely and appropriate care and feeding of newborns who are not breastfed in health facilities (HFs) providing maternity services. The BFHI is centered around the Ten Steps to Successful Breastfeeding which outlines the optimal clinical care procedures HFs can use as a framework to support mothers and their infants. Given the substantial evidence that shows that the Ten Steps significantly improves breastfeeding rates, the BFHI motivates HFs to achieve a *Baby-Friendly* accreditation by meeting the minimum requirements for each of the Ten Steps through an assessment process. Globally, more than 150 countries have implemented BFHI.

Baby Friendly HF Initiative in Uganda

BFHI was launched in 1992 by the MOH Uganda and is spearheaded by the Uganda Lactation Management Education Team to institutionalize breastfeeding as a standard of care by educating health workers on the importance of breastfeeding and providing conducive environments at HFs. Despite improvements in national rates for exclusive breastfeeding (55%, 63%, and 66% from the Uganda Demographic and Health Survey (UDHS) 2006, 2011, and 2016 respectively) and initiation of breastfeeding within one hour of birth (42.2%, 52.5%, and 66% from UDHS 2006, 2011, and 2016 respectively), in urban Kampala EIBF rates were lower than the national rates and did not change over the same period (53.6% and 52.5% from UDHS 2006 and UDHS 2011, respectively). BFHI assessments conducted by the MOH and partners between 2005 and 2018 covered only 142 out of the 1,229 health facilities that provide maternity services and only 66 (46%) were designated as *Baby-Friendly*. This included two health facilities in Kampala (St Francis Nsambya Hospital and Mulago National Referral Hospital).

In 2020, MOH Uganda revitalized the BFHI by aligning the original Ten Steps to WHO/UNICEF's 2018 revisions to produce an updated list of 14 Requirements (Box 1) and positioned BFHI as a key component of the Maternal, Infant, Young Child and Adolescent Strategy (MIYCAN 2021-2025). Under this national strategy, health facilities offering maternity and newborn services are responsible for providing timely and appropriate care for mothers and newborn babies using the MIYCAN guidelines, BFHI implementation and mentorship guides, and BFHI Standard Operating Procedures.

Box 1. Uganda's 14 Requirements for Successful Breastfeeding

Critical management procedures

1. Comply with the Regulations on Marketing of Infant and Young Child Foods
2. Have written HF policy and Standard Operating Procedures (SOPs) that are routinely communicated to all health care providers and parents.
3. Establish ongoing monitoring for BFHI.
4. Ensure that staff have sufficient knowledge, competence, and skills to support breastfeeding.

Ten clinical competencies

5. Discuss the importance and management of breastfeeding with pregnant women and their families and partners (antenatal care)
6. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding within one hour after birth (care at birth)
7. Support mothers to maintain breastfeeding and manage the common difficulties.
8. Do not provide breastfed newborn babies any food or fluids other than breast milk, unless medically indicated (exclusive breastfeeding)
9. Enable mothers and their infants to remain together and practice rooming-in and bedding in 24 hours a day.
10. Support mothers to recognize and respond to the infants' feeding demand (responsive feeding)
11. Counsel mothers on the risks of feeding bottles, artificial teats, or pacifiers, also called dummies or soothers to infants.
12. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.
13. Counsel and support mothers on infant feeding in the context of infectious diseases.
14. Provide mother-friendly care to sustain breastfeeding.

USAID MCHN's Journey of BFHI Implementation in Kampala

The United States Agency for International Development (USAID) Maternal and Child Health and Nutrition (MCHN) Activity implemented by FHI 360 and its partners and in collaboration with the MOH, Kampala Capital City Authority (KCCA), and International Baby Food Action Network (IBFAN-Uganda) provided technical and logistical support towards the implementation of BFHI in health facilities offering maternity services in Kampala City.

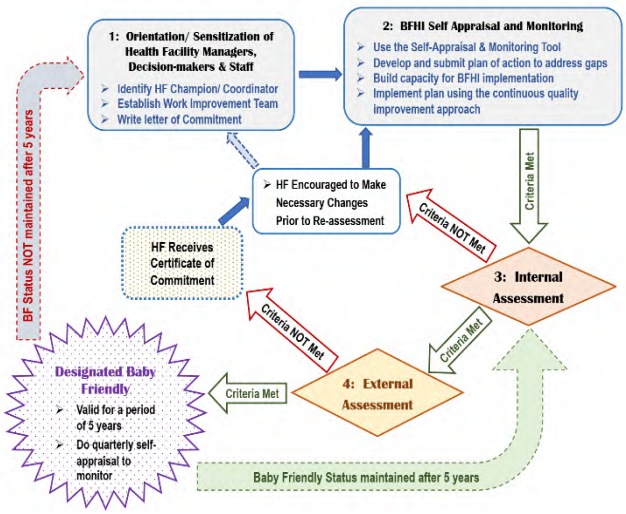


Figure 1. MOH Uganda BFHI implementation flow chart

USAID MCHN implemented BFHI according to the MOH five-step process to support HFs in implementing positive breastfeeding practices and achieving *Baby-Friendly* accreditation (Figure 1). These steps include: 1) a baseline assessment for facilities interested in BFHI implementation; 2) facility engagement; 3) capacity building; 4) internal assessment; and 5) external assessment.

Site Selection and Baseline Assessment (2020)

USAID MCHN identified 29 high-volume and equity-focused health facilities in Kampala across managing authority and levels of care[1] to undergo baseline assessment to establish eligibility and baseline implementation of BFHI Requirements. Facilities were assessed on whether they offered antenatal, delivery/intrapartum, and postnatal care services (eligibility) and implementation of the 14 BFHI requirements (Box 1) to inform the development of facility-specific action plans. See Box 2 for the tool and assessors used at baseline. The baseline results indicate that 27 of the 29 facilities offered maternity services, and none met the threshold for *Baby-friendly* status at baseline. Box 3 summarizes key findings and recommendations.

Box 2. Baseline Assessment

Tool: Digital World Health Organization BFHI Self-Appraisal Tool

Foci:
- Facility leadership
- Maternity unit bed capacity
- Special neonatal care unit/area
- Antenatal care service delivery
- Breastfeeding support
- Quality assurance
- Neonatal feeding practices
- HIV services

Assessors: IBFAN Uganda and MOH

Box 3. Findings and recommendations from the baseline assessment

Findings	Key Recommendations
Key findings: • None of the health facilities (0/29) met the Baby-Friendly status of BFHI pass marks of 85% for hospitals, 83% for HC IV, and 82% for HC III. • Only 24% (7/29) of the health facilities provided breastfeeding support to clients (requirement 7) and scored average on Requirements 3 and 4. • None of the health facilities (0/29) conducted BFHI data monitoring and management to track the effectiveness of breastfeeding interventions. **Additional findings:**	• Sensitize the managers of the health facilities on the MoH policies and guidelines on infant and young child feeding, the regulation of breastmilk substitutes, and the Baby Friendly HF Initiative • Distribute copies of policies, guidelines, standards, and regulations on Breastfeeding, Infant and Young Child Feeding, and maternal nutrition • Train HF managers and health service providers (Nurses/Midwives, Doctors, attached to the Maternal

[1] 9 public, 13 private-for-profit [PFP], 7 private-not-for-profit [PNFP]; 17 hospital, 7 HC IV; 4 HC III; 1 HC II

○ None of the health facilities had policies/regulations on the marketing of breastmilk substitutes and did not comply with the Regulations. ○ Health facilities could not implement the recommended Mother-friendly and postnatal care practices mainly due to inadequate knowledge and skills of health workers. ○ Most health workers were not trained in optimal breastfeeding and child-feeding practices and were less competent to support mothers in initiating breastfeeding. ○ Early Breastfeeding initiation depended on the mode of delivery; babies delivered by cesarean section were taken to the Special Care Unit and reunited with their mothers after one hour of birth. ○ Newborn babies were given prelacteal feeds (water and glucose) when mothers complained of having no breast milk. ○ Poor data capture, recording in the registers, and flow to the health management information system (HMIS) to inform utilization for decision-making on improved feeding practices of babies.	and Child Health departments to improve effective and capacitated implementation of baby and mother-friendly practices. • Train Internal mentors (Facility-based), to lead the BFHI work improvement team (WIT) and organize regular BFHI self-appraisals, provide feedback on gaps, and identify quality improvement change. • Conduct regular BFHI mentorship/coaching (Internal and external) for improved service delivery at the health facilities. • Establish regular monitoring and supervision mechanisms to provide an opportunity for checks on health workers' competencies and application of the BFHI. • Support development and/or distribution of IEC materials (audio-visual) for health workers and clients played on TV screens at the facility waiting areas. • Build capacity in data management and monitoring of data capture, reporting, and flow using the HMIS tools.

Facility Engagement (2021)

USAID MCHN program sought the buy-in of HF leadership to implement BFHI. USAID MCHN program staff engaged HF managers by disseminating the baseline assessment findings and sensitizing them on the importance of BFHI to infant and young child feeding; 21 out of the 27 eligible health facilities expressed intention to achieve *Baby-Friendly* status over the project period. An additional HF was added later to the sites receiving technical assistance on BFHI after it expressed the intention to achieve *Baby-Friendly status* as well. In total, USAID MCHN supported 22 health facilities to develop facility-based policies and contextualized action plans based on the identified gaps that included: capacity building of service providers, formation of Work Improvement Teams (WITs), regular self-appraisal, and mentorships in preparation for internal and external assessments.

Capacity Building (2021 – 2023)

Online training of HF managers

The initial capacity-building activity was training of HF managers so they could enact management procedures and provide staff oversight for BFHI implementation. USAID MCHN supported HF managers responsible for ANC, maternity, PNC, and/or pediatric wards from 22 supported sites to undergo a BFHI e-learning course[2]. Box 4 summarizes the details of the course. Of the 27 trainees who took part in the course, 10 received certificates of completion with merit scoring ≥90%, 9 received certificates of completion scoring between 80-89%, 8 received certificates of participation with scores between 40-79%, and 9 dropped out. USAID MCHN continued supporting all the sites towards BFHI implementation regardless of the HF manager scores.

Box 4. BFHI e-learning course

Adapted Material: WHO/UNICEF Baby Friendly Hospital Initiative Training Course for Maternity Staff

Course Delivery Methods
- Zoom classes
- Interactive discussions with facilitators
- Individual and group assignments

Length: 6 weeks

Facilitators: IBFAN Uganda, IBFAN Africa, and MOH

[2] USAID MCHN utilized e-learning to reach HF managers during COVID-19 lockdown (2021). Higher levels of care or high-volume facilities registered 2-3 managers to undergo the course, and lower levels of care registered 1 manager to undergo the course

Training BFHI peer mentors

Box 5. BFHI Peer Mentor Training

Adapted Material: Uganda MOH BFHI Training and the MOH BFHI Mentorship Guide

Course Delivery Methods
- Interactive lectures
- Brainstorming
- Discussions
- Onsite practical support

Length: 5 days training, 6 months mentorship

The second capacity-building activity was the development of BFHI peer mentors so they could champion the practice of BFHI, provide onsite support to fellow frontline health workers, lead the facility's continuous quality improvement activities, and conduct self-appraisals to monitor the facility's progress towards *Baby-Friendly* status. HF managers selected 41 health workers to undergo a 5-day training and 6-month mentorship to become BFHI peer mentors. See Box 5 for details of the peer mentor training and mentorship. Higher levels of care or high-volume facilities registered 2-4 health workers to undergo training, and lower levels of care registered one health worker to undergo the training. Overall, 32 health workers completed the training; trained cadres included nutritionists (5%), medical officers (12%), and nurses/midwives from ANC, labor, and PNC wards (83%).

Continuous capacity strengthening of health workers from ANC, labor, and PNC wards

Additional capacity-building activities included onsite training to equip 193 frontline health workers on the knowledge of BFHI-related practices and counseling skills using the Uganda MOH BFHI Training, provision of BFHI implementation guides and job-aides to the 22 supported sites, and onsite mentorship of 169 health workers from 2022 to 2023. External trainers and mentors from the MOH and IBFAN Uganda utilized interactive lectures, practical demonstrations on successful breastfeeding and infant feeding, and onsite coaching and mentorship to build the capacity of frontline health workers for BFHI implementation. External mentors from the MOH and IBFAN Uganda used clinical practices to evaluate the individual provider skills and implemented a series of internal assessments to prepare the supported sites for external assessments.

Image 2. Onsite BFHI mentorship of health workers at Nakasero Hospital in 2023 (Photo Credit: Dr Stella Nambooze, Nakasero hospital)

Continuous Quality Improvement (2021-2023)

Larger health facilities formed Work Improvement Teams (WIT)[3] led by the facility-based BFHI peer mentors. The WITs reviewed self-appraisal results, identified gaps, developed corresponding action plans/quality improvement projects to address these gaps, and documented their changes. At selected health facilities (referral hospitals), USAID MCHN's Quality Improvement team supported the WITs in identifying gaps through root-cause analyses, forming relevant change objectives, action plans, and documentation.

Self-Appraisals, Internal Assessments, and External Assessments (2021-2024)

Peer mentors carried out quarterly self-appraisals and MOH and IBFAN assessors carried out internal and external assessments on whether a facility achieved *Baby-Friendly* accreditation. The internal and external assessments were an iterative process: health facilities had the option to participate in more than one assessment, particularly if they did not achieve the minimum score needed to qualify for the external assessment or achieve accreditation. Refer to Box 6 for more information on the dates, tools, and results of these assessments.

Box 6. Additional information on self-appraisal, internal assessment, and external assessment

Process	Scoring	Results
Self-Appraisal: From the time of inception in 2021, and being done every quarter by each participating HF		
• Conducted by HF WIT comprising of BFHI Peer Mentor and facility CQI whose responsibility is to coordinate, implement, and monitor BFHI-related activities and practices • The self-appraisal tool is used to make initial appraisal and for continuous monitoring of the practices in support of IYCF before internal assessment and after being designated baby-friendly • Results of the self-appraisals submitted to the MoH through the district for Internal Assessment	• The tool evaluates how the HF practices measure up to the 14 Requirements for successful IYCF • Each Requirement has a list of questions about the implementation of the Requirement that are ticked as Yes = 1 and No = 0; each tick per requirement is counted for Total Points • "No" response reflects the gaps that require prioritization in the plan of action to be addressed before HF can be considered for Internal Assessment • HF scoring 80% and above is considered ready for Internal Assessment.	• 22 HFs were eligible for internal assessments following acceptable performance during 2 quarterly self-appraisals
Internal Assessment: August 2022; July 2023 and March 2024		
• Conducted by district and regional IBFAN Uganda and MOH assessors • The internal assessment tool was used to determine whether selected HF could attain target scores for each of the 14 Requirements, paving the way for External Assessment	• Data collected via HMIS reporting on clinical practice indicators, material review (e.g., copy of Infant Feeding Policy and other SOPs), observations, and interviews with clinical staff members, pregnant women, and mothers who have recently given birth • Meeting 7 or more requirements out of 14 qualified HFs to participate in external assessment	• 22 HFs participated in the three internal assessments: • 8 HF participated in 1; 11 HF participated in 2; and 2 HF participated in 3 assessments. • 17 qualified for external assessments
External Assessment: August 2023 and March 2024. HFs that did not pass in 2023 participated again in 2024		

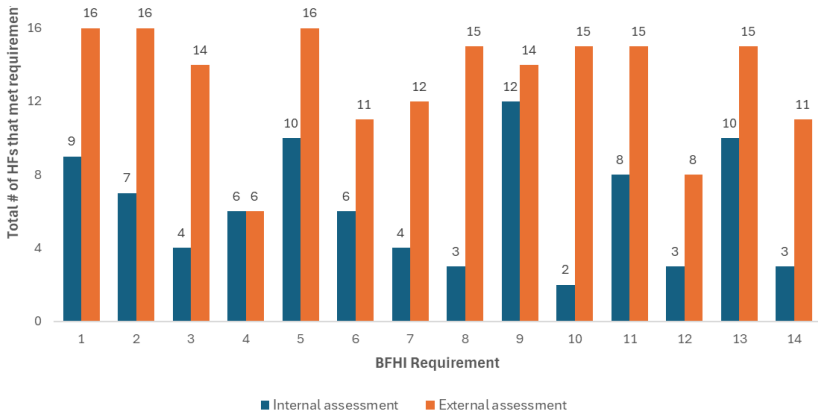
[3] Health center IIIs, IVs, and hospitals formed WITs; health center IIs did not form WITs due to limited staffing but all supported-sites implemented quality improvement projects to address identified gaps from the baseline assessment and self-appraisals.

• Conducted by district and regionally-based IBFAN Uganda and MOH assessors • Required for *Baby-Friendly* designation and nationally coordinated for quality assurance	• The external assessment tool was modified from the internal assessment tool with additional sections including HF Management and Clinical Staff • 80% of Requirements (i.e. 12/14 requirements) needed to be met, including all mandatory Requirements (1,2,3,5,6,7,8,9,10 & 11) to be designated as Baby Friendly	• Out of the 17 health facilities that participated in the External Assessment, 16 were recommended for Baby-Friendly designation. • The 16 HF included 8 hospitals and 8 Health Centers (8 Public, 3 Private for Profit, 5 private for profit)

Health facilities showed strong improvement in meeting almost all requirements during the external assessment period (Figure 2).

- Requirements 3 (BFHI monitoring), 8 (exclusive breastfeeding), and 10 (responsive feeding) showed the most dramatic improvements from internal assessment to external assessment. The improvements can be attributed to a dedicated focus on these practices through continuous quality improvement by BFHI WIT teams and routine monitoring from quarterly appraisals.
- Requirements that were most resistant to improvement included 4 (ensuring staff have sufficient knowledge, skills, and competence for breastfeeding) and 9 (enabling mothers and babies to remain together). A disaggregation of results by managing authorities (*data not shown*) revealed that the number of health facilities that met the threshold for requirement 4 did not change for public sites and declined for PFP sites. This is explained by high levels of attrition of trained staff: transfers among public sites and turnover among lower-level PFPs. For requirement 9, modest improvements were observed for public and PFP sites but no change was registered for PNFP sites. Two factors shape the consistent practice of ensuring mothers and newborns stay together: 1) many facilities feel it is necessary to allow mothers who have undergone caesarean section to rest post-operative and do not place the newborn with the mother, and 2) many mothers who have paid for labor and delivery care ("paying clients") feel entitled to decide on how care should be provided postpartum and may not accept being placed with a newborn immediately after birth.

Figure 2. Number of health facilities met requirement in the first internal assessment compared to the last external assessment.

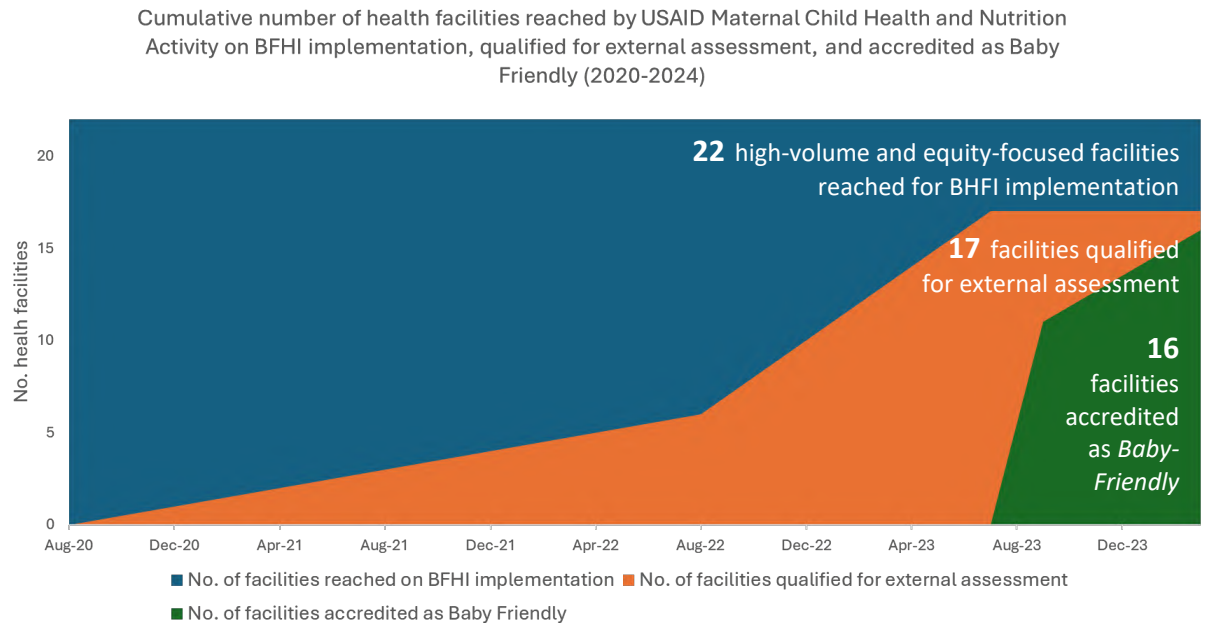


Achievements, Implementation Lessons, and Recommendations

Achievements

USAID MCHN's approaches to implement BFHI successfully resulted in an increase in the number of Baby-Friendly facilities in Kampala city from zero at baseline in August 2020 to 16 by the second external assessment in March 2024. Of the 22 health facilities reached for BFHI implementation, 17 qualified for external assessments, and 16 achieved *Baby-Friendly* status (Figure 3). The facilities with *Baby-Friendly* status are listed in Box 7.

Figure 3. Achievement Summary



Box 7. Health facilities accredited as Baby Friendly as of March 2024		
Public	Private-For-Profit	Private-Not-For-Profit
• Mulago Specialized Women and Neonatal Hospital • Kawempe National Referral Hospital • Kisugu Health Centre III • Komamboga Health Centre III • Kitebi Medical Centre III • Kiswa Health Centre III • Kawaala Health Centre IV • Kisenyi Health Centre IV	• Nakasero Hospital • International Hospital Kampala* • Kiganda Maternity Clinic (HC II)	• Martyr's Hospital Lubaga • St. Stephens Hospital Mpererwe • Holy Cross Orthodox Mission Namungoona Hospital • Milne Health Centre (HC II) • Kibuli Moslem Hospital

Implementation Lessons

Leadership and coordination

- The involvement of the HF managers/leadership is critical for ownership of the BFHI, ensuring implementation of the management procedures and clinical competencies.
- Integration and teamwork are essential as BFHI implementation involves several units (ANC, labor, and PNC wards) within the HF whose work is complementary.
- The BFHI peer mentor plays a critical role in effective coordination by serving as a link between health workers and management, and continuous quality improvement by leading the BFHI WIT and self-appraisals.

- Active participation of the MOH, IBFAN Uganda, and KCCA as external mentors ensures adherence to the national guidelines and strengthens BFHI ownership, which is critical for the program's sustainability through advocacy for its benefits to mothers and babies and resource allocation.

Capacity building and sustaining learning gains

- USAID MCHN adopted different learning approaches to reach health workers working in different contexts with training, coaching, and mentoring.
    - *Offsite training* was a suitable approach for health workers at higher-level facilities (health center IV, hospitals, and referral hospitals); however, this was not feasible for lower-level facilities (health center IIs and IIIs) due to difficulty in gathering adequate numbers of health workers to be trained, time to train, and high staff turnover. USAID MCHN provided *onsite coaching, mentorship, and continued medical education* to all sites but more frequently at the lower-level sites to bridge the gap.
    - It was difficult to get sufficient time for hands-on mentorship at high-volume health facilities (public or private). In response, USAID MCHN scheduled additional *peer-to-peer learning sessions* and made *IEC materials* available to support them.
    - USAID MCHN utilized virtual training during the COVID-19 lockdown. This was hampered by the availability of internet data, a steady connection, and limited hands-on practical sessions. The course was more suitable for managers who had access to steady internet and did not need hands-on support.
- Many times only nurses and midwives participated in the BFHI mentorship exercises; other health service providers were too busy or did not appreciate mentorship/refresher training as a necessity. Facility leadership is needed to ensure diverse cadres, including nutritionists and medical doctors, actively take part in building their BFHI competencies.
- BFHI WIT is key to sustain learning gains and the CQI team's work should be better aligned to the existing HF Quality Improvement Framework. For example, the BFHI WIT report should be incorporated with the facility's quality improvement report to high-level management.
- USAID MCHN provided platforms for inter-facility sharing and learning on implementation challenges and solutions through organized webinars and the Nutrition Community of Practice, which contributed to improvement in BFHI indicators. These e-learning platforms are important to sustaining learning gains and can reach many health workers at a much lower cost.

BFHI self-appraisals, internal, and external assessments

- Digitalizing the assessment tools aids in ease, accuracy, and efficiency in their implementation. The BFHI Self Appraisal, Internal Assessment, and External Assessment tools were digitized using Kobo® with automated scoring to enable health facilities to easily conduct assessments, reduce human errors in scoring, and increase efficiency in scoring and reporting of the results to the MOH.
- The BFHI Self Appraisal, Internal Assessment, and External Assessment tools should be revised and standardized for lower-level health facilities (e.g., health center IIs) to ensure only relevant requirements are assessed and adjust for the available number of clients to be interviewed.
- The internal and external assessments involve client interviews to understand their experience of care. Access to clients for the assessments was especially challenging in private health facilities. Going forward, it will be helpful for the private health facilities to inform clients on potential invitation from the MOH and partners to understand their experience of care and obtain informed consent for willing clients.

- USAID MCHN and supported health facilities found the MOH 5-step process of *Baby-friendly* accreditation to be arduous (too many assessments, time-consuming, and very costly to undergo repeated internal and external assessments). Consider simplifying the process of accreditation by supporting health facilities with internal mentorship and going directly to external assessment.

Recommendations

1. Early and active involvement of HF leadership, managers of ANC, Labor, and PNC wards, and BFHI peer mentors are critical to effective BFHI coordination, oversight, and implementation.
2. Active engagement of national, regional, and district stakeholders is important to successfully implement and sustain BFHI.
3. Apply fit-for-purpose learning approaches to effectively reach health workers working in different contexts. Consider blending online learning to understand the 14 BFHI requirements and onsite mentorship to support acquisition of quality counselling skills as a more cost-effective approach to capacity building.
4. Promote continuous quality improvement and inter-facility experience sharing and learning to sustain training gains.
5. Utilize digitized BFHI Self Appraisal, Internal Assessment, and External Assessment tools to make scoring and reporting easy for health workers.
6. Revise and standardize the BFHI Self Appraisal, Internal Assessment, and External Assessment tools for lower-level health facilities.
7. Simplify the process of Baby-friendly accreditation. This resonates with the concern expressed by participants of the WHO Africa Regional Office, UNICEF, and partners' BFHI workshop in Nairobi, Kenya, on 12 –15 February 2024[4] that only two of 42 countries in Africa have >50% of births in baby friendly health facilities, and follow-up action for WHO and UNICEF to revise the BFHI external assessment tool.

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