MINISTRY OF HEALTH

BABY FRIENDLY HOSPITAL INITIATIVE EXTERNAL ASSESSMENT REPORT

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unicef

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FOREWORD

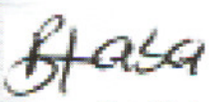
The Baby Friendly Hospital Initiative (BFHI) was launched by the World Health Organization and UNICEF in 1991 following the Innocenti Declaration of 1990. This global effort was aimed at promoting and protecting breastfeeding practices in health care facilities. Swaziland was among the countries that embraced the initiative, therefore we as Ministry of Health regard the BFHI Initiative as a critical component to the attainment of the Millennium Development Goals.

It is also estimated globaly, that malnutrition is responsible for over half of the 10.9 million deaths occurring each year in under-five children and an estimated 1.3 million result from partial or no breastfeeding. According to WHO 2000 report younger children are six times more at risk of dying if not breastfed. About two thirds of these deaths actually occur within the first year of life. The same can be said about Swaziland where the infant mortality rate stands at 85 per 1000 live births and the child mortality at 120 per 1000 live births. It is imperative to scale up high impact interventions that include infant feeding related issues.

Breastfeeding is an integral part of the reproductive process and it still remains the cornerstone to child survival and development. Swaziland still view breastfeeding as a valued cultural resource and practice and remains the ideal form of feeding children from birth to two years and beyond even in the high prevalence of HIV.

I hope that these findings and the recommendations of this study will help us focus on improving our infant and young child feeding practices through provision of quality maternal and child welfare services at our health facilities.

I therefore urge you all to implement the recommendations from the report and hope that this will contribute greatly towards the attainment of the Millennium Development Goals. I also urge all the facilities that attained the BFHI status to ensure that it is sustainable while those that failed to continue working towards this global accreditation



Bennedict Xaba
Honorable Minister of Health

CHAPTER 1

1.1 INTRODUCTION

The Baby Friendly Hospital Initiative (BFHI) was launched by the World Health Organization and UNICEF in 1991 following the Innocenti Declaration of 1990. This global effort was aimed at promoting and protecting breastfeeding practices in health care facilities. Swaziland was among the countries that embraced the initiative. By early 1992, Swaziland had established the National BFHI Task Force. BFHI training commenced in 1992 championed by the Swaziland Infant Nutrition Action Network. The first BFHI external assessment was conducted in 1994. Four facilities out of 6 attained the Baby Friendly status. In 2008, six facilities were assessed of which 50 percent of the facilities attained the BFHI status. Following these interventions, gains on child survival were noticed over the years. However, the HIV scourge which currently stands at 46.2% among pregnant women (MOH 2006) has reversed the gains in child health as there is growing evidence of the presence of HIV in breast milk, putting breastfeeding babies at risk of acquiring HIV infection.

The Swaziland Demographic and Health Survey (DHS) (2007) reported that about 87% of Swazi infants initiate breastfeeding, 67% within the first hour of their life; however, 19% of infants were reported to have received pre-lacteal feeds in the form of water or juices. Exclusive breastfeeding rates are still low (53%) at one month; and a sharp decline (17%) by six months of age. The total duration of breastfeeding is low (17 months); about 29% of infants are bottle fed by six months of age.

With regard to the health status of infants and young children, the under- five-mortality is at 105-107 per 1,000 live births. About half (53%) of the infants suffer from diarrhoea before the age of six months, the incident of diarrhoea increases with age (83.1% by 12 months) particularly to infants who are not receiving breast milk. Stunting for children under the age of five stands at 29%; wasting is at 3% among young children and 11% of children are heavy for height.

Based on the data from the DHS (2007), it was deemed necessary to assess the BFHI status in hospitals and health care centres. The Swaziland Nutrition Council in collaboration with SINAN and UNICEF conducted in-service education on safe infant feeding practices to clinical and non-clinical staff using the WHO/UNICEF training curriculum. Once Hospitals and health care centres were ready for the assessment they conducted self-assessment using The BFHI Self Appraisal Tool.

This report is based on five health care centres (Sithobela, Nhlangano, Mkhuzweni, Dvokolwako and Matsanjeni) and three hospitals (Mbabane Government, The Raleigh Fitkin Memorial (RFM) and Piggs peak hospitals) that were assessed.

On the whole the performance of facilities was average. Usually for a facility to be certified baby friendly it must completely meet the global criteria at 80% on all the steps.

1.2 JUSTIFICATION

The health of Swazi infants is at risk due to the introduction of pre-lacteal feeds, low exclusive breastfeeding rate and early cessation of breastfeeding. The increasing number of mothers testing HIV positive and avoiding to offer HIV contaminated milk to their infants may further complicate this situation. Additionally, there may be mixed messages given to mothers by health care providers.

In an effort to meet the Millennium Developmental Goal (MDG) 4, which aims at reducing child mortality rate by half in 2015, the Ministry of Health recommits itself in efforts, which promote child health. It is from this standpoint that the Ministry of Health, the Nutrition Council, and WHO/UNICEF have embarked on this exercise, to evaluate BFHI status in selected health care facilities.

1.3 OBJECTIVES

The overall objectives of the external assessment was to assess mothers' knowledge on safe infant feeding practices and further evaluate the support given to mothers during pregnancy, labour and pueperium.

1.3.1 Specific objectives

The specific objective of the assessment was to:

1. Review the current infant and young child feeding practices in selected health care facilities.
2. Identify gaps in the provision of care and feeding of infants and young children as demanded by the global criteria in health care facilities and in the communities.
3. Determine opportunities and existing challenges related to infant and young child feeding and further make recommendations in line with the MDGs and other child survival programmes.
4. Evaluate infant and young child feeding practices in the context of HIV/AIDS and related programmes.

1.3.2 Steps externally assessed

In the current assessment not all the steps currently recommended by the Global Criteria for BFHI were assessed because national preparations did not include one of the step included in the WHO/UNICEF Training and Assessment tools. The one that was not assessed is the Mother friendly care:

STEP 1: Have written breastfeeding policy that is routinely communicated to all health care staff.

STEP 2: Train all health care staff in skills necessary to implement the policy.

STEP 3: Inform all pregnant mothers about the benefits and management of breastfeeding.

STEP 4: Help mothers initiate breastfeeding within half an hour of birth (SKIN TO SKIN)

STEP 5: Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants

STEP 6: Give newborn infants no food or drink other than breast milk unless medically indicated

STEP 7: Practice rooming in; allow mothers and infants to remain together for 24 hours a day

STEP 8: Encourage breast-feeding on demand

STEP 9: Give no artificial teats or pacifiers (ALSO CALLED DUMMIES OR SOOTHERS) to breast-feeding infants

STEP 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital or clinic.

STEP 11: Code compliance

STEP 12: HIV and Infant Feeding

1.4 METHODOLOGY

A triangulation method was used to collect data; this included:

- Face to face interview with senior administrative members (senior medical officer or /and the matron of the institution; clinical and non-clinical staff.
- Interview with pregnant mothers in the antenatal department, postnatal wards and special baby care wards.
- Observations were conducted in order to monitor practices, which conformed to BFHI in the antenatal, delivery, postnatal and neonatal units. Also display of policies and educational materials from baby milk manufactures and distributors in the hospitals were observed.
- A review of training curriculum or any records related to training of staff in BFHI; policy documents or guidelines related to code compliance in the labour wards, delivery rooms, post natal wards and baby care units were examined.

1.5 SAMPLING AND SAMPLE SIZES

A systematic random sampling approach was used to select eligible respondents. The sample included clinical and non-clinical staff members on duty, mothers in antenatal clinic, labour wards and the postnatal wards. The sample sizes in this assessment conformed to the standard size recommended for BFHI external assessment.

1.6 INCLUSION AND EXCLUSION CRITERIA

In order to obtain quality data it was important to set criteria for selecting respondents.

1.6.1 Clinical and non-clinical staff members

The interview was directed to staff members who were in contact with mothers and young children (staff members working in maternal and child health units, maternity ward, pediatric wards and community health departments). Qualifying staff members were those who had worked for at least six (6) months in the unit, either in full time, part- time or temporally employment. The exclusion criterion were those clinical members who had no contact with mothers and young children and/or newly assigned/employed in the unit.

1.6.2 Pregnant women

Those who qualified to be interviewed were those who had attended antenatal care for more than two visits, and their pregnancy was beyond 32 weeks, and in a stable condition. The exclusion criterion were new antenatal clients or those whose gestational period was below 32 weeks and experiencing pregnancy complications.

1.6.3 Post natal women

The inclusion criteria were women who were in a stable condition, having delivered either vaginally, by Caesarean section or per assisted delivery, with no complications and had given birth at least 6 hours previously or were ready to go home (exit interviews). Exclusion criterion were women who had no live babies and in an unstable condition.

1.6.4 Infants in special care unit

The inclusion criterion were those infants who were in a stable condition, admitted in the unit 6 hours or beyond. The exclusion criteria were infants who were sick, newly admitted in the unit and / or orphaned.

1.7 METHOD OF DATA COLLECTION

A standard UNICEF/WHO tool was used to collect data. A minimum of two days was spent in each health care facility, and assessors were working in pairs in order to limit any biases that might occur during the assessment.

In each health care facility, the Nursing Officer in- Charge and senior medical officer or the Hospital Administrator were briefed about the purpose of the assessments and this was followed by assessments. Immediately after completion of the exercise, a rapid interpretation of results was made and the management and staff were immediately debriefed on the findings.

1.8 ASSESSMENT TOOL

The UNICEF/WHO tool was used; "Mother-friendly care" was the only item that was not assessed due to limitation in the labour ward.

1.9 DATA PROCESSING AND ANALYSIS

Completed forms were handed over to the lead consultant for safekeeping. Analysis was done at the end of each day in order to identify gaps in the data and rectify accordingly. Data was analyzed manually following the guideline set by WHO/UNICEF for compiling and analyzing results. The computer package for analyses was also used for verification.

1.10 RELIABILITY, VALIDITY AND TRANSFERABILITY

The tool used was designed by UNICEF/WHO and is used globally for BFHI assessments, so the tool was accepted as valid and reliable. Additionally, the triangulation method used to collect data ensured that the information gathered was from different sources (clinical and non-clinical staff, mothers in antenatal and postnatal wards, special care units for infant care, observations in strategic areas as well as data from hospital records). Further, the Assessors were trained by internationally recognised BFHI consultants before going out for the assessment. The same consultants monitored and supervised the whole assessment. Thus the results were accepted as valid and reliable.

1.11 ETHICAL ISSUES

Ethical issues such as informed consent, confidentiality, and avoidance of harm when dealing with human subjects were observed. The Ministry of Health cleared the study; respondents were assured of confidentiality and anonymity.

1.12 Limitations

The following limitations were identified:

1. Data was not available in some health care facilities, records were not fully capturing the information required by the assessors.

2. In health care centres, there was a low delivery rate, thus respondents were slightly lower than the recommended population by WHO/UNICEF. The national external assessors agreed to accredit the hospitals irregardless of these limitations.

CHAPTER 2
FINDINGS

2.1 BACKGROUND INFORMATION ON THE HEALTH FACILITIES

Background information and characteristics of the health care facilities is reflected in Table 1:

Table 1: Background Data For Health Facilities Assessed

Health Facility	Type of Health Facility	Maternity capacity	Number of deliveries 2008	Number of staff	Number of Staff trained in IYCF
Sithobela Health Center	Health centre	8 beds	156	23	8
Piggs Peak Government Hospital	Regional hospital	8 beds	1956	77	10
Mbabane Government Hospital	National referral	40 beds	3597	261	14
RFM Mission Hospital	Regional hospital	38 beds	8 627	41	32
Dvokolwako Health Center	Health centre	6 beds	242		All
Mkhuzweni Health Center	Health centre	6 beds	537	63	63
Matsanjeni Health Center	Health centre	39 beds	344	50	
Nhlangano Health Center	Health centre	40 beds	600	56	

1. Sithobela Health Centre

Achievements

1. Sithobela Health centre has embraced the BFHI concept; and has passed Step 1,2,4,5,6,7,8,9,10,Code and HIV.

2. Safe infant feeding posters were visible in relevant areas.

3. The infant feeding policy has been drafted and translated in the local language.

4. Relevant infant feeding leaflets were distributed to mothers.

5. Sithobela has a variety of non clinical staff (Expect client, Mother to mother, Rural Health Motivators, HIV counsellors, orderlies etc).

Areas needing improvements

1. The facility failed Step 3, pregnant mothers were unable to recall basic information presented or discussed with them on at least two out of three topics. This aspect need to be improved; protocols for antenatal education should be developed, also individual health education should be strengthened.
2. There is need to harmonise information related to safe infant feeding through training. Additionally, there is need to monitor and evaluate the service provided by these partners.
3. There is need to re-train staff on the responsibility of the facility to adhere to the Code for marketing breast milk substitutes in the light of HIV and AIDS.
4. Mothers who were HIV positive were well aware of issues related to HIV and infant feeding; it is important to educate all mothers on HIV issues as mothers in the childbearing age are at risk of acquiring the infection.

2. Piggs Peak Government Hospital

Achievements

1. Piggs peak hospital has made efforts in grasping BFHI concepts; the hospital has made improvement in most steps compared to the 2008 BFHI assessment.

2. A mother who had a baby in special care unit practised kangaroo care; there is need to strengthen this practice to all mothers.

3. The facility has passed step 1,2,3,4,6,7,8,9,10, code and HIV.

Areas needing improvements

1. The hospital failed Step 5; mothers were not shown how to express breast milk and maintain lactation even though they were breastfeeding well. This gap in patient education may impact negatively to breastfeeding practices, as mothers may not be able to maintain lactation when they are separated from their infants. All breastfeeding mothers should master the skill of milk expression in order to maintain lactation when they are away from their infants.

2. Training on HIV, infant feeding and Code of marketing breast milk substitutes must be re-enforced to all health workers in contact with mothers.

3. Mbabane Government Hospital

Achievements

1. Mbabane has embraced BFHI concepts; management and staff supported the initiative; despite structural constrain as the maternity ward was refurbished.

2. Mother support group among pre-term mothers were developed and supported by staff.

3. Training was conducted to clinical and non-clinical staff, however the medical staff had not received in-service training on BFHI.

4. Mbabane has done well on Step 1,2,4,5,6,7,8,9,10,the Code and HIV, the facility did not pass step 3 which relates to information given to pregnant mothers about the benefits and management of breastfeeding. Mothers were unable to recall basic information presented or discussed with them on at least two out of three topics. Mothers indicated that they were arriving late for antenatal care after the health talk was given. There is need therefore to re-schedule health education and to strengthen individual education on BFHI, HIV and other related activities.

Areas needing improvements

1. The facility needs to strengthen community support group and follow up pregnant and lactating mothers.

2. IEC material on safe infant and young child feeding must be distributed to all mothers in order to re-enforce breastfeeding practices.

3. Training should be directed to all health care professionals in contact with mothers and infants.

4. Raleigh fitkin Memorial Hospital

Major achievements

1. There was a well coordinated in-service department, hence training coverage was good.
2. Good documentation on trainings was witnessed – who was trained, on what topics were they trained, when did the training take place and who trained them.
3. Clinical and non-clinical staff displayed high level of knowledge of infant and young child feeding practices.
4. There was good display of IEC materials (breast feeding policy, information on breast feeding, IEC discouraging the use of feeding bottles and dummies, etc. All these IEC materials were in locally acceptable languages (ie both SiSwati and English).
5. The facility had a very good compliance with the code as all the steps required for full compliance for the code were fully implemented.
6. The facility fostered the establishment of breastfeeding support groups and routinely referred mothers to them for support after discharge.
7. Due the well coordinated in-service program and the ongoing quality improvement exercise the IYCF has been well integrated into the facilities routine services and not seen as a vertical program. This is particularly important to ensure sustainability.

Improvement required

1. Set aside and equip space for preparing and demonstrating breast milk substitute to mothers who are not breastfeeding
2. Continuous monitoring of non clinical staff who provide counselling and support to mothers
3. Develop strategy to strengthen linkages with local support groups

Recommendations

1. There is need to strengthen infant and young child feeding education and counselling to pregnant women, especially those who tested negative for HIV

5. Dvokolwako Health Centre

Major achievements

1. Training coverage good; targeted all staff
2. Good display of policy and IEC
3. All staff knowledgeable of IYCF
4. Even though no births were observed all the mothers interviewed attested skin to skin was practised and encouraged even in the PP ward.
5. Good space for demonstrating preparation of breast milk substitutes

Improvement required

1. Continuous monitoring of non clinical staff who provide counselling and support to mothers
2. To improve documentation on trainings done in the facility
3. Develop strategy to strengthen linkages with local support groups
4. Make available protocols or standards related to breastfeeding and infant feeding that are in line with BFHI standards and evidence based

Recommendations

1. Consider developing and distributing to mothers printed materials on how and where they can find help on feeding their babies when they return home
2. strengthen infant and young child feeding education and counselling to pregnant women

6. Emkhuzweni Health Centre

Major achievements

1. Good coverage on training and adequate documentation
2. Policy and other IEC well displayed in the facility
3. Both clinical and non-clinical staff displayed good knowledge on IYCF
4. Facility code compliant
5. Good space for demonstrating preparation of breast milk substitutes

Improvement required

1. Continuous monitoring of non clinical staff who provide counselling and support to mothers
2. To improve documentation on trainings done in the facility
3. Develop strategy to strengthen linkages with local support groups
4. Make available protocols or standards related to breastfeeding and infant feeding that are in line with BFHI standards and evidence based

Recommendations

1. Consider developing and distributing to mothers printed materials on how and where they can find help on feeding their babies when they return home
2. strengthen infant and young child feeding education and counselling to pregnant women

7. Nhlangano Health Centre

Achievements

1. The facility passed 10 out of 12 steps, and failed only two steps. These were steps 4, and 5.
   a) Place babies on skin-to-skin contact with their mothers following birth for at least an hour and encourage mothers to recognize when their babies are ready to breastfeed offering help if needed.

   b) Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.

2. Health centre has a written breastfeeding policy that is routinely communicated to all health care staff. It is in both official languages.

Improvements Required

1. A room for special care exists but needs equipment and capacitating the staff for it to be functional.

2. There is need to practice the skills of breast-milk expression so that all mothers are taught the skill

3. Babies are given immediately to mothers but skin-to-skin practice in terms of duration – (60mins) must be emphasized.

4. Flyers need to include more information on referrals and nearest place to get assistance.

Recommendations

1. Train health workers on breast milk expression.

2. Health workers must emphasize the skin-to-skin practice as part of ANC, and PNC.

3. Mothers should be assisted with the first feed.

4. RHM training on infant feeding needs to be up scaled.

5. There is a need to continue with in-service training on IYCF to cover all clinical staff.

8. Matsanjeni Health Centre

Major achievements

1. The facility only passed 7 steps and failed 5.
2. As this was the first time, the facility was being assessed, this is seen as a great achievement.
3. The failed steps are steps 3,4,5,8 and HIV testing.
   a) Inform all pregnant women about the benefits and management of breastfeeding.
   b) Place babies on skin-to-skin contact with their mothers following birth for at least an hour and encourage mothers to recognize when their babies are ready to breastfeed offering help if needed.
   c) Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
   d) Encourage breastfeeding on demand.

4. Printed information is provided

5. The babies are given immediately to mothers.

6. Mothers are taught on Breastfeeding management.

Improvements Required

1. A standard pack on infant feeding needs to be available for staff to talk about.

2. Provide enough time for mothers to practice skin-to-skin.

3. Mothers need to be taught hand expression

4. Mothers need to be taught on hunger cues

5. Mothers need to be told the importance of testing

Recommendations

1. Need for more training and emphasis on skin-to-skin.

2. There is a need to strengthen in-service training on IYCF in the context of MTCT.

Summary Results

Health facility	1	2	3	4	5	6	7	8	9	10	Code	HIV	Score	Category
Piggs Peak Government hospital	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	11	92 %
Mbabane Government hspital	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	11	92 %
Raleigh Fitkin Memorial Hospital	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	11	92 %
Nhlangano health centre	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	10	83 %
Matsanjeni health centre	Y	Y	N	N	N	Y	Y	N	Y	Y	Y	N	7	58 %
Dvokolwako health centre	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	83 %
Mkhuzweni health centre	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	11	92 %
Sithobela health centre	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	11	92 %

Y – Yes (passed the step)
N – No (did not pass the step)

General comments

All the facilities were committed to BFHI and must be congratulated for the effort demonstrated. Generally, all the regional hospitals did exceedingly well in eleven out of twelve steps. Some health centres missed up to three steps; this being the first time health care centres were assessed, the assessors recommend that the health centres that attained a low mark be re-assessed before the end of year (2009).

Areas Needing Improvements

1. There is urgent need to harmonise messages given by health care providers to mothers regarding the duration of exclusive breastfeeding particularly to mothers who are HIV positive. Training of health care providers should aim at addressing knowledge gap that seem to exist among community support groups.

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