

BABY-FRIENDLY HOSPITAL INITIATIVE:
Revised, Updated and Expanded for
Integrated Care

SECTION 2
STRENGTHENING AND SUSTAINING
THE BABY-FRIENDLY HOSPITAL INITIATIVE:
A COURSE FOR DECISION-MAKERS



Preliminary Version for Country Implementation
August 2006

Revision of BFHI course for hospital administrators
prepared by WHO and Wellstart International, 1996



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The revision of this course was led by Randa Saadeh, Scientist at the Department of Nutrition for Health and Development and coordinated by Ann Brownlee, Clinical Professor at University of California, San Diego, as a consultant of the World Health Organization. The Course has been re-titled “Strengthening and sustaining the Baby-friendly Hospital Initiative: A course for decision-makers” and integrated with the other updated BFHI documents. Revisions of various course sessions were prepared by Ann Brownlee; Randa Saadeh at the Department of Nutrition for Health and Development at WHO; Mary Kroeger, formerly at the Academy of Education Development; and Wendelin Slusser at UCLA. Carol Guenther assisted with the design of the document layout and the development of the graphics for the slides.

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These multi-country and multi-organizational contributions were invaluable in helping to fashion a course designed to provide decision-makers with the understanding and commitment needed to encourage their health facilities to attain and sustain Baby-friendly status, thus providing the best support possible for the mothers and babies using their maternity services.

Preface for the 2005/6 BFHI materials: Revised, Updated and Expanded for Integrated Care Preliminary Version for Country Implementation

Since the Baby-friendly Hospital Initiative (BFHI) was launched by UNICEF and WHO in 1991-1992, the Initiative has grown, with more than 19,600 hospitals having been designated in 152 countries around the world over the last 15 years. During this time, a number of regional meetings offered guidance and provided opportunities for networking and feedback from dedicated country professionals involved in implementing BFHI. Two of the most recent were held in Spain, for the European region, and Botswana, for the Eastern and Southern African region. Both meetings offered recommendations for updating the Global Criteria, related assessment tools, as well as the “18 hour course,” in light of experience with BFHI since the Initiative began, the guidance provided by the new Global Strategy for Infant and Young Child Feeding, and the challenges posed by the HIV pandemic. The importance of addressing “mother-friendly care” within the Initiative was raised by a number of groups as well.

As a result of the interest and strong request for updating the BFHI package, UNICEF, in close coordination with WHO, undertook the revision of the materials in 2004-2005, with Genevieve Becker of *BEST Services* taking the lead on revision of the course and Ann Brownlee, University of California/San Diego, spearheading the revision of the assessment tools. The process included an extensive “user survey” with colleagues from many countries responding. Once the revised course and tools were drafted they were reviewed by experts worldwide and then field-tested in industrialized and developing country settings.

The current BFHI package¹ includes:

Section 1: Background and Implementation, which provides guidance on the revised processes and expansion options at the country, health facility, and community level, recognizing that the Initiative has expanded and must be mainstreamed to some extent for sustainability, and includes:

- 1.1 Country Level Implementation
- 1.2 Hospital Level Implementation
- 1.3 The Global Criteria for BFHI
- 1.4 Compliance with the International Code of Marketing of Breastmilk Substitutes
- 1.5 Baby-Friendly Expansion and Integration Options
- 1.6 Resources, References and Websites

Section 2: Strengthening and sustaining the Baby-friendly Hospital Initiative: A course for decision-makers was adapted from WHO course "Promoting breast-feeding in health facilities: A short course for administrators and policy-makers". This can be used to orient hospital decisions-makers (directors, administrators, key managers, etc.) and policy-makers to the Initiative and the positive impacts it can have and to gain their commitment to promoting and sustaining "Baby-friendly". There is a Course Guide and eight Session Plans with handouts and PowerPoint Slides. Two alternative session plans and materials for use in settings with high HIV prevalence have been included.

¹ Sections 1 through 4 are available on the UNICEF Internet at http://www.unicef.org/nutrition/index_24850.html, or by searching the UNICEF Internet site: <http://www.unicef.org> or the WHO Internet at www.who.int/nutrition

Section 3: Breastfeeding Promotion and Support in a Baby-Friendly Hospital, a 20-hour course for maternity staff, which can be used by facilities to strengthen the knowledge and skills of their staff towards successful implementation of the Ten Steps to Successful Breastfeeding. This section includes:

- 3.1 Guidelines for Course Facilitators including a Course Planning Checklist
- 3.2 Outlines of Course Sessions
- 3.3 PowerPoint Slides for the Course

Section 4: Hospital Self-Appraisal and Monitoring, which provides tools that can be used by managers and staff initially, to help determine whether their facilities are ready to apply for external assessment, and, once their facilities are designated Baby-Friendly, to monitor continued adherence to the Ten Steps. This section includes:

- 4.1 Hospital Self-Appraisal Tool
- 4.2 Guidelines and Tool for Monitoring

Section 5: External Assessment and Reassessment², which provides guidelines and tools for external assessors to use to both initially, to assess whether hospitals meet the Global Criteria and thus fully comply with the Ten Steps, and then to reassess, on a regular basis, whether they continue to maintain the required standards. This section includes:

- 5.1 Guide for Assessors
- 5.2 Hospital External Assessment Tool
- 5.3 Guidelines and Tool for External Reassessment

² Section 5: External Assessment and Reassessment, is not available for general distribution. It is only provided to the national authorities for BFHI who provide it to the assessors who are conducting the BFHI assessments and reassessment

SECTION 2

A COURSE FOR DECISION-MAKERS

Course Guide

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* Each session includes a session plan and its related handouts. The website featuring this Course contains links to the slides and transparencies for the sessions in Microsoft PowerPoint files. The slides (in colour) can be used with a laptop computer and LCD projector, if available. Alternatively, the transparencies (in black and white) can be printed out and copied on acetates and projected with an overhead projector. The transparencies are also reproduced as the first handout for each session, with 6 transparencies to a page.

Course guide

Background

Since the Baby-friendly Hospital Initiative (BFHI) was launched in 1991, it has served as a motivating force for maternity facilities around the world to implement policies and practices that support breastfeeding.

Change can be difficult and slow to bring about in some health facilities, but enlightened decision-makers can play a pivotal role in enabling the transformation needed. They know how to work with personnel and budgets, and how to initiate institutional change. Once higher level administrators and policy-makers have been sensitized to the importance of breastfeeding support in health facilities and the changes necessary to attain it, they will be more likely to encourage and support the continuing education needs of mid-level health workers.

This course is designed primarily for health facility decision-makers in countries where there is a commitment to breastfeeding at the central level, but progress is slow. The course is brief (about 10-12 hours in duration), practical, and addresses specific topics relevant to their needs, such as policies and procedures, costs and savings, and how to address common barriers to change. It complements other courses that provide the knowledge and skills needed by health workers who care for mothers and infants.

The course has been fully updated, with recent studies, new data and current websites added in whenever appropriate. Since HIV/AIDS poses such a challenge, HIV-related content that may be useful in all settings has been added into the session plans. In addition, two new alternative session plans have been developed that can be substituted for sessions 4 and 5 in settings with high HIV prevalence. These sessions give useful information on HIV and infant feeding and valuable guidance on how to best implement the Ten Steps in a way that best supports both HIV positive mothers and those whose status is negative or unknown.

The course website contains links to PowerPoint slides and transparencies for the various sessions. The slides (in colour) can be used with a laptop computer and LCD projector, if available. Alternatively, the transparencies (in black and white) can be printed out and copied on acetates and projected with an overhead projector. The transparencies are also reproduced as the first handout for each of the sessions, with 6 transparencies to a page.

Course description

The course comprises eight sessions that can be presented over a period of one-and-a-half to two days. Each session contributes to the final outcome: developing an action plan to implement the “Ten steps to successful breastfeeding”.

- **Session 1: The national infant feeding situation** enables participants to review the current infant feeding situation in their own country and addresses practices that affect breastfeeding rates.
- **Session 2: Benefits of breastfeeding** discusses the advantages of breastfeeding and disadvantages of artificial feeding.
- **Session 3: The Baby-friendly Hospital Initiative** describes the history and background of the BFHI and the related assessment process.

- **Session 4: The scientific basis for the “Ten steps to successful breastfeeding”** reviews the research that supports the policy recommendations.
- **Session 4: The scientific basis for the “Ten steps to successful breastfeeding for settings with high HIV prevalence”** is similar to Session 4, with added HIV and infant feeding content useful in these settings.
- **Session 5: Becoming Baby-friendly** examines strategies for the successful conversion and management of baby friendly health facilities and provides the opportunity for discussing barriers and potential solutions.
- **Session 5: Becoming Baby-friendly for settings with high HIV prevalence** is similar to Session 5, with added content in how to implement BFHI in these settings.
- **Session 6: Costs and savings** enables participants to examine the investment in breastfeeding promotion in their own health facilities and the savings that can be realized.
- **Session 7: Appraising policies and practices** provides the participants an opportunity to assess their own facilities by using the “Hospital Self-Appraisal Tool for the WHO/UNICEF Baby-friendly Hospital Initiative”.
- **Session 8: Developing action plans** enables participants to prepare a written plan for change in their own health facilities and programmes.

Each session is organized using the same basic format. The session cover sheet provides:

- **Objectives** for the session.
- **Duration.**
- **Teaching methods**, such as lecture, discussion, small group work, and participant presentations.
- **Preparation for the session**, such as obtaining local breastfeeding data and reviewing research studies.
- **Training materials** to be used in the session, such as summaries of studies used in the session, handouts, transparencies, and PowerPoint slides. In some cases visual aids are recommended, with information on how to obtain them.
- **References** that will assist the faculty to prepare for the session, as well as additional reading for participants who would like more information or who would like to review the original research studies.

The session outline follows the cover sheet and is arranged in a 2-column format. The left-hand column outlines the **content** to be presented. The right-hand column presents **trainer’s notes**, which provide suggestions for teaching strategies, teaching aids, and discussion points.

The course is designed to be brief and practical. All material can be covered in about 10-12 hours, not including opening and closing sessions. There is some flexibility to the course in that sessions may be shortened or expanded, depending upon the needs of a particular group and time constraints in specific situations. **Three sample agendas** for the course, provided in Annex A, illustrate how it can be conducted for varying lengths of time, depending on the time decision-makers have for this activity.

- **Sample agenda 1 (2 days)** is the recommended version, if it is possible for all participants (top-level decision-makers, policy-makers and hospital managers) to attend a full two-day event. It allows for adequate time to explore the key topics related to implementing or revitalizing BFHI that are important for decision-makers, and provides enough time for useful exercises (such as those related to “becoming Baby-friendly”) and for developing full action plans.)
- **Sample agenda 2 (1 ½ days)** has been adapted so that the first day would be for all the top-level decision-makers and hospital managers. The morning of the second day can be provided to all participants or, if the tasks of the top-level decision-makers will not allow them to stay longer, it can be attended just by the hospital managers who will be developing BFHI action plans.
- **Sample agenda 3 (one day)** has been adapted to include only a ½ day orientation for busy top-level decision-makers and a full day for hospital managers, with the additional time in the afternoon focused on developing BFHI action plans. If this shortest version of the course is selected, it will be necessary for course planners to streamline each of the sessions, choosing the content and PowerPoint slides of most relevance for their audience. If desired, this one-day version of the course can also be used with all participants staying for the entire day.

The order of the sessions can be changed if necessary to accommodate the needs of the group. In the first sample agenda, Session 1 (The national infant feeding situation) is presented first, to get participants thinking about their own situations. Some groups may need the motivation provided by Session 2 (Benefits of breastfeeding) before they can fully appreciate their own situation. The second sample agenda starts with this session, as this ordering may be best for some groups. If senior decision-makers will not stay for all of the Sessions, it is important to schedule all key informational sessions, including Session 6 (Costs and savings), before they leave. Thus, in the one-day program, Session 6 is scheduled before Session 5.

The time for opening and/or closing ceremonies is not included in the 8 -12 hour course duration estimate. Remember to consider the time such ceremonies will add to the length of the course. If one or both ceremonies are important to the success of the course, the time will be well spent. Mid-morning and mid-afternoon breaks are essential, as are question/discussion periods after each session; remember to plan for them. Other social events are optional.

Decide whether to have optional sessions. Some groups have suggested they would be interested in acquiring additional clinical information. One way to provide such information outside of a formal course is to offer optional viewing of videos, perhaps in the evening. Suggested videos are listed under the “Course materials” section of this course guide.

Course preparation

Budget

Cost issues will affect all course planning decisions and thus need to be determined early. If the decision is made to charge participants, the fee should be as low as possible while still recouping

costs. Offering continuing education credits provides added incentive for participants to pay for the programme. If hospitals are charged for sending a team, consideration can be given to allowing the chief executive to come at no charge in order to further encourage high-level participation.

If course costs are a substantial problem, consideration can be given to adjusting the selection of participants and the course schedule so participants can return home at the end of the day; however, a “residential” course, with participants remaining overnight, is preferable, as the interaction and networking among facilitators and participants “after hours” is quite valuable.

Organizing committee

It is recommended that a committee be organized to oversee course planning, implementation, and follow-up activities. Members should include those who will be involved in follow-up. The national breastfeeding or infant and young child feeding coordinator or person responsible for BFHI activities can serve as chair or facilitator.

Committee responsibilities include selection of course presenters, participants, and course site, and the planning of the schedule, protocol (ceremonies or social events), opportunities for media coverage, evaluation and follow-on activities. The committee may appoint an overall course coordinator and see that secretarial and other support services are provided. The committee should assign chairpersons and report writers for various sessions or portions of the course.

Chairpersons are responsible for serving as “master of ceremonies”, coordinating one or several session(s). They introduce the speaker(s), keep the session(s) progressing on schedule, and distribute and collect the evaluation forms.

Selection of presenters and other resource persons

Presenters for the sessions should be identified by the organizing committee. They should have appropriate credentials to be credible and convincing to the high-level participants envisioned for this course. There can be a mix of national and international faculty. It is helpful to include one or more presenters who have already taught, facilitated or attended a previous course.

The presenters can be a mix of speakers from among the facilitators who will attend the entire course and, in a few cases, outside resource persons who are scheduled just for a particular session. It is essential that the presenters be knowledgeable about specific subject areas. For example:

- **Session 1** will utilize the expertise of someone with access to the data regarding the local breastfeeding situation, such as the national breastfeeding or infant and young child feeding coordinator, a policy-maker or researcher (someone involved in a KAP study, for example). This person may present part of the session in collaboration with the facilitator.
- **Sessions 2 and 4** require a presenter with a strong scientific/medical background (either a course facilitator or outside resource person) who can discuss the research implications of the material. The presenter for session 4 should be familiar with the studies featured in the session (summaries are provided) and will need sufficient time to prepare. If the course is being given for settings with high HIV prevalence and the alternative Session 4 is being used, the presenter should also have expertise on HIV and infant feeding.
- **Session 3** provides an opportunity for the national breastfeeding or infant and young child feeding coordinator or the WHO or UNICEF representative to describe the BFHI assessment process and to give a national status report.

- **Session 5** should be led by a facilitator familiar with the issues involved in converting and managing “Baby-friendly” health facilities. If the alternative Session 5 for settings with high HIV prevalence is being used, the presenter should have expertise and, if possible, experience on implementing BFHI in these types of settings.
- **Session 6** should utilize an individual knowledgeable about cost and savings involved in breastfeeding promotion at the health facility level.
- **Sessions 7 and 8** should be led by a facilitator familiar with the teams attending the course and the settings from which they come and knowledgeable about program planning. The national breastfeeding or infant and young child feeding coordinator or another official who could also be assigned to follow up with the teams on implementation of their plans would be a good choice.

In the sessions requiring small group work, there should be some extra facilitators, depending upon the size of the small groups (approximately one for every five participants). Small group facilitators should have some experience with implementing the BFHI, programme planning, and working with groups.

The team of presenters needs to be arranged as far ahead as possible and their assignments made clear. Presenters should be thoroughly familiar with the curriculum guide and understand how their session(s) fit into the course as a whole.

Pre-course planning activities/session for speakers

It is essential that course sponsors and organizers meet or correspond very actively several months prior to the course. The organizing committee will need to assign teaching responsibilities and distribute session plans to faculty/facilitators several weeks before the course. Faculty will need plenty of time to become familiar with the materials and to obtain or prepare overheads or documents that describe the local situation.

Just prior to the course, a two-day session for faculty/facilitators can be held to make the final preparations needed. The agenda can be discussed and finalized, and speakers can review their responsibilities and individual session arrangements. A session-by-session discussion and/or practice session will familiarize all the faculty with the entire course so each member can see how his or her piece fits into the whole. This “walk through” will help ensure all speakers are prepared, assist in final selection of audio-visual aids and materials for audience appropriateness, and allow presenters to coordinate sessions and avoid duplication.

Selection of participants

Participants should be key decision-makers responsible for hospitals or other health facilities serving mothers and infants. The large majority of participants should be responsible for hospitals that are not yet involved in the BFHI or are unsure of the importance of supporting breastfeeding. A few can be in the “committed” category or already “Baby-friendly” to provide good models for others to follow.

Examples are:

- hospital administrator or director
- head of key department of a large hospital
- hospital manager
- provincial or district medical officer (responsible for managing one or more health facilities)

- policy-maker with responsibility for health facility policies or administration at the national or regional level

The committee should decide whether to involve participants from one type of facility, such as regional hospitals or large teaching hospitals, or whether to have a mix of representatives from public and private hospitals, large and small institutions, maternities and other maternal/child health facilities. Including representatives from different types of health facilities may contribute to livelier discussions. Budget constraints and judgments of which participants are most likely to effect change should help guide selection.

Course organizers may wish to invite several representatives from the same health facility so they can work on plans together. Experience has shown that change happens more quickly when a team of people are working towards the same goals. On the other hand, more institutions can be reached if only one representative attends from each facility.

Another decision concerns whether participants will all be from one region of the country or from the country as a whole. One advantage of inviting participants from one region is that the interaction during the course can encourage networking among the participants and their institutions in support of breastfeeding. Again, budget considerations will probably influence these decisions, as well as how many courses of this type are planned.

Groups of 15-20 people are ideal for promoting discussion during the sessions, although some countries may find it more cost-efficient to invite more participants.

Pre-course communication with participants

A high-level person within the health system, such as the minister of health, should issue **letters of invitation** in order to ensure attendance of key administrators and policy-makers who have influence and authority.

A **questionnaire** may be sent with the letter of invitation requesting the participant's name, mailing address, phone, place of work, title/job position, responsibilities, whether working in or associated with a BFHI hospital, most important challenges/problems faced in making their health facility "Baby-friendly" or supporting breastfeeding, and what is expected from the course. See Annex B for a sample questionnaire.

Participants should be requested to bring to the course **data related to infant feeding** in their local area or region. This could include rates of exclusive breastfeeding, rates of any breastfeeding, average age infants begin receiving other liquids and food (and types of food), rates of diarrhoeal disease, and KAP studies of mothers, families, and health professionals related to breastfeeding practices. This information will be helpful during discussions on the national situation (Session 1), and for use during the sessions on hospital self-appraisal (Session 7) and development of action plans (Session 8).

Consider the possibility of distributing **reading material** prior to the course, such as:

- World Health Organization (1989) Protecting, Promoting and Supporting Breast-feeding: The Special Role of Maternity Services. A Joint WHO/UNICEF Statement, Geneva: WHO.
- World Health Organization (1981) International Code of Marketing of Breast-milk Substitutes, Geneva: WHO.

- World Health Organization and UNICEF (2006) Baby-Friendly Hospital Initiative, Section 1 – 1.2 Hospital Level Implementation and 1.3 The Global Criteria for BFHI, New York, NY: UNICEF.

Emphasize in the cover letter that participants should bring the reading material with them to the course, as it will be referred to during discussions.

Course site

Site selection is important to the success of the course. The course facility needs to be attractive to senior level participants with a decision-making capacity, and yet within the budget. If possible, it should be outside the main city, so that participants can concentrate on the course without being distracted by other responsibilities. Travel time and cost of transportation are other important considerations.

The availability of support services and communication systems, such as copy machine, computer and printer, telephones, and fax greatly facilitate organizing and conducting of the course. Nevertheless, if some elements are missing, organizers should do their best to adapt to local conditions.

Appropriate audio-visual equipment and room conditions should be available for presentations (source of electricity, projectors, screens, room-darkening shades or curtains).

A number of smaller breakout rooms or areas for small group work are necessary for sessions 5 and 8. They should be easily accessible to the larger room so facilitators and participants do not waste time going from one site to the other.

Course materials

If possible, a copy of this full course guide should be provided for each facilitator who has overall responsibility for the course. All presenters need a copy of the relevant course sessions, as well as the PowerPoint file or transparencies to be used for their presentation.

The **Session Plans** and **handouts** for each of them are presented in this document, following the Course Guide. **PowerPoint files with slides and transparencies** for each of the sessions except Session 7 (which has none) can be accessed through links on the course website.

Handouts need to be duplicated for each participant. The handouts can be put in binders for each participant along with the course schedule, lists of participants and presenters, and other relevant documents. At the start of each session, presenters should refer to the documents in the participant binder that pertain to that particular session. Alternatively, handouts can be distributed at the beginning of each session, although this has been found to consume valuable time. (Worksheets or group work instructions should be passed out when they are needed.) A condensed version of the slides is included as a handout and should be copied for participants. This handout allows participants to concentrate on the session while also taking notes.

The **PowerPoint slides** can be used in settings where a laptop computer and the appropriate projector are available. The sets include slides with text, bar graphs and other data presentations and, when appropriate, photos. All the slides are in colour. Some of the slide sets include photos, which are all listed in Annex C. Slides presenting local data or local photos may, of course, be substituted or added. Presenters should sort through the presentations provided and feel free to adjust them by adding or deleting slides and substituting their own data or photos as desired.

The presenter may decide to use **overhead transparencies** when a laptop computer and the required projector to show the PowerPoint slides are not available or for sessions for which there are many locally made overheads and it is difficult to switch back and forth between the two media. The **PowerPoint transparency files** present the “slides” in black and white format suitable for printing and making into transparencies. These files do not include the coloured photo slides, as they do not reproduce well in black and white. Transparencies and slides have identical numbers so that either medium can be used.

The following booklets are considered core resources for the course. There is usually a charge for these documents. If budget permits, it would be best to have a copy for each participant.

World Health Organization (1989) *Protecting, Promoting and Supporting Breast-feeding: The Special Role of Maternity Services. A Joint WHO/UNICEF Statement*, Geneva: WHO.

World Health Organization (1981) *International Code of Marketing of Breast-milk Substitutes*, Geneva: WHO.

Both are available from:

World Health Organization Tel: [41](22) 791-2476
Distribution and Sales Fax: [41](22) 791-4857
1211 Geneva 27
SWITZERLAND

or from one of the WHO Regional Offices.

A poster of the “Ten Steps” that can be displayed in the classroom is helpful. Contact the UNICEF or BFHI office for a copy.

A slide set or video on “Baby-friendly” for the country or region where the course is being given is recommended for Session 3, if available.

The video “Delivery Self Attachment” (Dr. L. Righard’s study, 6 minutes, 1992) is recommended for Session 4. It is available from:

Geddes Productions Tel: (818) 951-2809
P.O. Box 41761 Fax: (818) 951-9960
Los Angeles, CA 90041
USA
(www.geddesproduction.com/oldweb0412/self.html)

The following are other optional videos currently available. Locally produced videos can also be used to reflect the national experience.

“Breast is Best: About Mother’s Milk, Breast-feeding and Early Contact with the Newborn” by Gro Nylander (1994), 35 minutes. Available in a number of languages from:

Health Info/Video Vital A/S Tel: [47](22) 699644
P.O. Box 5058 Majorstua Fax:(47)(22) 600789
N-0301, Oslo
NORWAY
(E-mail: health-info@videovital.no or helse-info@videovital.no)

“Hand Expressing and Cup Feeding” by Nursing Mothers’ Association of Australia (1994), 30 minutes. Available from:

Australian Breastfeeding Assoc.
Waverly Group
P.O. Box 3006
Syndal, Victoria 3149
AUSTRALIA
Tel: [61](3) 9803-9239 - Jenny
(<http://www.breastfeeding.asn.au/products/groupprojs.html#v1>)

Publications that provide additional background information can be purchased if funds are available. Presenters/facilitators may wish to use them in session preparation. They could also be made available to participants as a core library. The following are suggested as general resources:

Lawrence RA and Lawrence RM. *Breastfeeding: A Guide for the Medical Profession, Sixth Edition* St. Louis, MO: Elsevier/C.V. Mosby, Inc., 2005.

Savage-King F (1992) *Helping Mothers to Breastfeed, Revised Edition* Nairobi, Kenya: African Medical and Research Foundation, 1992. (This document is available in a number of languages.)

The educational supplies and equipment that will likely be needed for the course are noted in the following checklist.

Prepare for participants ahead of time:

- binders, folders or special bags with schedule and handouts inserted
- notebooks or paper
- name tags and place cards (stand up cardboard)
- registration forms
- necessary paperwork for “out of pocket” money, if applicable
- evaluation forms
- lists of names and contact information for presenters, facilitators, and participants

Have available during the course:

- copier, paper
- computer and printer, paper
- overhead projector, extra bulbs
- laptop computer and LCD (data video) projector for showing PowerPoint presentations, extra bulbs
- projection stand or table
- video player, monitor, videos in correct format
- extension cord(s)
- projection screen

- flip charts, flip chart stands, markers (ideally one for each small group)
- chalk and erasers if using a blackboard
- overhead transparencies and markers (if used for reporting group work)
- stapler, staples, paper clips, tape
- scissors, hole puncher
- pencils, pencil sharpener, pens
- books and other documents

Initial course activities

Registration: Distribution of name tags, folders containing course schedule, documents and handouts.

Questionnaire distribution: The questionnaire described under “Pre-course communication with participants” can be distributed and collected at the beginning of the course if it was not sent out earlier. It is best, however, to ask that it be returned earlier, as participants often arrive just before the course starts and have little time to complete forms.

Introductions: Introduction of speakers/facilitators and participants. (There should be name

Opening ceremonies: (Optional) Keep as simple and short as possible.

Evaluation and reporting

Responsibility for distribution and collection of evaluation forms and compilation of data needs to be assigned. Sample **evaluation forms** that can be used during the course are provided in Annex B. They include:

Session evaluation forms to be completed by participants and speakers. These forms may be particularly useful the first few times the course is given.

An overall course evaluation form for the end of the course. An alternative to using the final evaluation form is to schedule a brief discussion period for feedback following the last course session.

A **debriefing/evaluation meeting** for course organizers and facilitators can be held after the course is over. If additional courses of this type will be held in the future, organizers can learn from this experience in planning for the next one.

Course sponsors and the organizing committee should decide prior to the course what type of **report** is needed (its purpose and content), and should assign responsibility for report preparation and distribution. This way, those who are responsible can take notes as needed.

Follow-up

Successful implementation of action plans is usually greater if participants know they will need to submit progress reports at a later date and whether technical and financial support is possible. As budget permits, follow-up activities may be carried out following the course by either the national breastfeeding or infant and young child feeding coordinator or the BFHI coordinator. At an appropriate period after completing the course, participants can be sent letters/forms requesting progress reports and statistical data. Lessons learned can be applied to future courses for administrators and policy makers.

It will be necessary at the end of the course to announce exactly what type of monitoring/follow-up will be conducted and when, and what support will be available.

This course can play an important role in continuing the effort to assist maternity facilities to implement the “Ten steps to successful breastfeeding”. Dialogue and problem-solving among colleagues provides the motivation for initiating change. Lasting policy change leading to practices that support breastfeeding is an outcome well worth the effort.

Sample agendas for the Decision-makers Course

Sample agenda 1: Two-day version

(Note: This two-day version of the agenda is the recommended version, if it is possible for all participants (top-level decision-makers, policy-makers and hospital managers) to attend a full two-day event. It allows for adequate time to explore the key topics related to implementing or revitalizing BFHI that are important for decision-makers, and provides enough time for useful exercises (such as those related to “becoming Baby-friendly”) and for developing full action plans.)

Session #	Timing	Activity	Presenter
Day 1			
	15 minutes	Introduction	
1	45 minutes	The national infant feeding situation	
2	1 hour	Benefits of breastfeeding	
	30 minutes	<i>Break</i>	
3	1 hour	The Baby-friendly Hospital Initiative	
	1 hour	<i>Lunch</i>	
4 or 4-HIV	1 ½ hours	The scientific basis for the “Ten steps to successful breastfeeding” (generic or HIV version)	
	30 minutes	<i>Break</i>	
5 or 5-HIV	1 ½ hours	Becoming Baby-friendly (generic or HIV version) — Introduction and working groups	
5 or 5-HIV	30 minutes	Becoming Baby-friendly (generic or HIV version) — Reports from working groups	
		<i>Dinner</i>	
		Optional evening session: video and slide show	
Day 2			
6	1 to 1 ¾ hours	Costs and savings	
7	30 minutes	Appraising policies and practices — Introduction and working groups	
	15 minutes	<i>Break</i>	
8	1 to 1½ hours	Developing action plans — Working groups (health facility teams)	
	1 hour	<i>Lunch</i>	
8	1 hour	Results from self-appraisals and action planning — Team reports and discussion	
	1 hour	Wrap up discussion and feedback (May include discussion of regional coordination on BFHI or special issues related to revitalizing BFHI in the context of HIV and recommendations)	

Sample agenda 2: One-and-a-half-day version

(*Note:* This day-and-a-half version of the course has been adapted so that the first day would be for all the top-level decision-makers and hospital managers. The morning of the second day can be provided to all participants or, if the tasks of the top-level decision-makers will not allow them to stay longer, it can be attended just by the hospital managers who will be developing BFHI action plans.)

Session #	Timing	Activity	Presenter
Day 1			
	15 minutes	Introduction	
2	1 hour	Benefits of breastfeeding	
1	45 minutes	The national infant feeding situation	
	30 minutes	<i>Break</i>	
3	1 hour	The Baby-friendly Hospital Initiative	
	1 hour	<i>Lunch</i>	
4 or 4-HIV	1 hour	The scientific basis for the “Ten steps to successful breastfeeding” (generic or HIV version)	
5 or 5-HIV	30 minutes	Becoming Baby-friendly (generic or HIV version) — Introduction and working groups	
	15 minutes	<i>Break</i>	
5 or 5-HIV	30 minutes	Becoming Baby-friendly (generic or HIV version) — Reports from working groups	
6	1 hour	Costs and savings	
		<i>Dinner</i>	
		Optional evening session: video and slide show	
Day 2			
7	30 minutes	Appraising policies and practices — Introduction and working groups	
	15 minutes	<i>Break</i>	
8	1 ¼ hours	Developing action plans — Working groups (health facility teams)	
8	1 hour	Results from self appraisals and action planning — Team reports and discussion	
	15 minutes	Wrap up discussion and feedback	

Sample agenda 3: One-day version

(Note: This one-day version of the course has been adapted to include only a ½ day orientation for busy top-level decision-makers and a full day for hospital managers, with the additional time in the afternoon focused on developing BFHI action plans. If this shortest version of the course is selected, it will be necessary for course planners to streamline each of the sessions, choosing the content and PowerPoint slides of most relevance for their audience. If desired, this one-day version of the course can also be used with all participants staying for the entire day.)

Session #	Timing	Activity	Presenter
	15 minutes	Introduction	
2	30 minutes	Benefits of breastfeeding	
1	30 minutes	The national infant feeding situation	
3	30 minutes	The Baby-friendly Hospital Initiative	
	30 minutes	<i>Break</i>	
4 or 4-HIV	45 minutes	The scientific basis for the “Ten steps to successful breastfeeding” (generic or HIV version)	
6	45 minutes	Costs and savings	
	30 minutes	Discussion concerning key strategies for action plans	
	1 hour	<i>Lunch</i>	
7	30 minutes	Appraising policies and practices — Introduction and working groups	
5 or 5-HIV	30 minutes	Becoming Baby-friendly (generic or HIV version) — Introduction and working groups	
5 or 5-HIV	30 minutes	Becoming Baby-friendly (generic or HIV version) — Reports from working groups	
8	1 ¼ hours	Developing action plans — Working groups (health facility teams) – <i>with coffee/tea available</i>	
8	45 minutes	Results from self appraisals and action planning — Team reports and discussion	
	15 minutes	Wrap up discussion and feedback	

Strengthening and sustaining the Baby-friendly Hospital Initiative: A course for decision-makers

Pre-course questionnaire

Name: _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail address: _____

Title/Position: _____

Institution: _____

Key responsibilities: _____

Date: _____

Please answer these questions before the course begins:

1. What is the status of your health facility, concerning “Baby-friendly” designation?
(Please check one of the following:)
 - Has not been involved at all with the “Baby-friendly Hospital Initiative”
 - Has not yet decided whether to become “Baby-friendly”
 - Has received a “Certificate of Commitment” to work to become “Baby-friendly”
 - Has been officially designated as “Baby-friendly”
 - I’m not associated with a health facility (Please skip to Question 5)
2. Please list and describe any positive changes that have been made at your health facility to support breastfeeding.

3. What are the most important difficulties/challenges your facility still faces in supporting breastfeeding?

Please list and describe at least 3 difficulties.

4. How could this course be most useful in helping you address these difficulties/ challenges and in assisting your facility(ies) to fully support breastfeeding?

5. Please list any (other) expectations you have of this course.

Date: _____

Place: _____

Discipline of
respondent: _____

Strengthening and sustaining the Baby-friendly Hospital Initiative: A course for decision-makers

Participant's form for evaluating course sessions

Session Title: _____

1. The **time allotted** to the session was:

Too short About right Too long

2. **Relevance of the content** in assisting participants in making their health facilities “baby friendly”:

Extremely relevant Somewhat relevant Not very relevant Not at all relevant

Suggestions for improving the relevance of the session:

3. The **quality of the teaching** was:

Very high Somewhat high Somewhat low Very low

Suggestions for improving the quality of the teaching:

4. Other comments and suggestions for improving the session:

Date: _____

Place: _____

Name: _____

**Strengthening and sustaining the Baby-friendly Hospital Initiative:
A course for decision-makers**

Observer's form for evaluating course sessions

Session Title: _____

1. The **time allotted** to the session was:

Too short About right Too long

2. **Relevance of the content** in assisting the participants in making their health facilities “Baby friendly”:

Extremely relevant Somewhat relevant Not very relevant Not at all relevant

Suggestions for improving the relevance of the session:

3. The **technical level** of the content of the session, considering the types of participants, was:

Appropriate Needs adjustment. Please describe how:

4. The **quality of the teaching** was:

Very high Somewhat high Somewhat low Very low

Suggestions for improving the quality of the teaching:

5. The **teaching methods** used in the session were:

Appropriate Need adjustment

Suggestions for adjusting/improving the teaching methods:

6. The **interest level of the participants** in the session was:

Very high Somewhat high Somewhat low Very low

Suggestions for increasing the interest level:

7. The success of the session (in your opinion) **in motivating and convincing the participants of the need for change**:

Very high Somewhat high Somewhat low Very low

Suggestions for improving the success of the session in motivating and convincing participants of the need for change:

8. Suggestions for improving the session before the next time the course is given:

Strengthening and sustaining the Baby-friendly Hospital Initiative: A course for decision-makers

End of course evaluation questionnaire

1. Please indicate any actions you plan to take related to the “Baby-friendly Hospital Initiative” on completion of this course:

2. Please list any changes you plan to make to improve how your health facility or organization supports breastfeeding:

3. How useful, in general, was this course in helping you with the difficulties/challenges your facility or organization faces in supporting breastfeeding:

Very useful Somewhat useful Not very useful Not at all useful

Please describe:

4. Please indicate your opinion concerning the length/duration of the course:

Too short About right Too long

What adjustments in the duration of the course would you suggest, if any?

5. What did you like best about the course?

6. What did you like least about the course?

7. What suggestions do you have for improving the course in the future?

Course for decision-makers photo slide inventory

Photographs to supplement session 2 (optional):

- 2a** Breast milk protects against infection. The older, thinner child on the left, who was weaned from the breast early and given human milk substitutes, has been in the hospital several times and is malnourished. The younger sibling, who has been fully breastfed, is healthy and growing normally (Philippines).
- 2b** Breast milk is a dynamic fluid that changes to meet the infant's needs (illustrates the changing appearance of breast milk over time).
- 2c** Foremilk differs from hindmilk, which has a higher fat content.
- 2d** This baby, fed human milk substitutes, has been hospitalized for severe diarrhoea.
- 2e** Allergies are less common in exclusively breastfed babies. This child, whose family had a strong history of allergy, was given formula twice in the hospital nursery; she developed atopic dermatitis in spite of being fully breastfed.
- 2f** Breastfeeding helps mother and baby to bond (new parents gazing at newborn at breast).
- 2g** Mother breastfeeding baby (benefits for the mother)
- 2h** Smiling mother and well-nourished, happy infant (illustrates optimal growth and development).

Photographs to supplement session 4 (optional)

- 4a** Baby holding the booklet, *Protecting, promoting and supporting breast-feeding*, Thailand (can be used as an introduction to the session).
- 4b** Health professionals consulting a written policy during “on the job” training, USA (Step 1).
- 4c** Health professionals attending a classroom session, Philippines (Step 2).
- 4d** Group discussion during training, Jordan (Step 2)
- 4e** Group antenatal class, Indonesia (Step 3).
- 4f** Antenatal breastfeeding counselling, USA (Step 3)
- 4g** Early initiation of breastfeeding, with nurse helping (Step 4)
- 4h,i,j** Three photos illustrating how a baby will find the mother’s nipple and begin to suck on his own, if time is allowed for this process (Step 4)
- 4k** Show how to breastfeed, nurse helping, USA (Step 5)
- 4l** Show how to breastfeed, nurse helping, China (Step 5)
- 4m** Hand expression into a cup (Step 5)
- 4n** No food or drink other than breast-milk -- bottles of water, and formula (Step 6)
- 4o** Give no food or drink, with nurse giving bottle (Step 6)
- 4p** Rooming-in, Thailand (Step 7)
- 4q** Rooming-in, Philippines (Step 7)
- 4r** Feed on demand, China (Step 8)
- 4s** Feed on demand, Thailand (Step 8)
- 4t** No artificial teats/nipples – sample teats (Step 9)
- 4u** No pacifiers, dummies, or soothers – sample pacifiers (Step 9)
- 4v** Cup-feeding expressed breast milk (Step 9)
- 4w** Mother support, home visit, USA (Step 10)
- 4x** Mother support group, health center, Thailand (Step 10)
- 4y** Mother support group, Ghana (Step 10)
- 4z** Community support, “Breastfeeding motivators”, Swaziland (Step 10)