

**REPORT ON**

**TECHNICAL SUPPORT TO MALAWI ON**

**INTERNAL ASSESSMENT**

**FOR INTEGRATED BABY-FRIENDLY HOSPITAL INITIATIVE (BFHI)  
AND PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV  
IN HEALTH CARE AND COMMUNITY SERVICES**

**JANUARY 6<sup>TH</sup> - 10<sup>TH</sup> 2003**

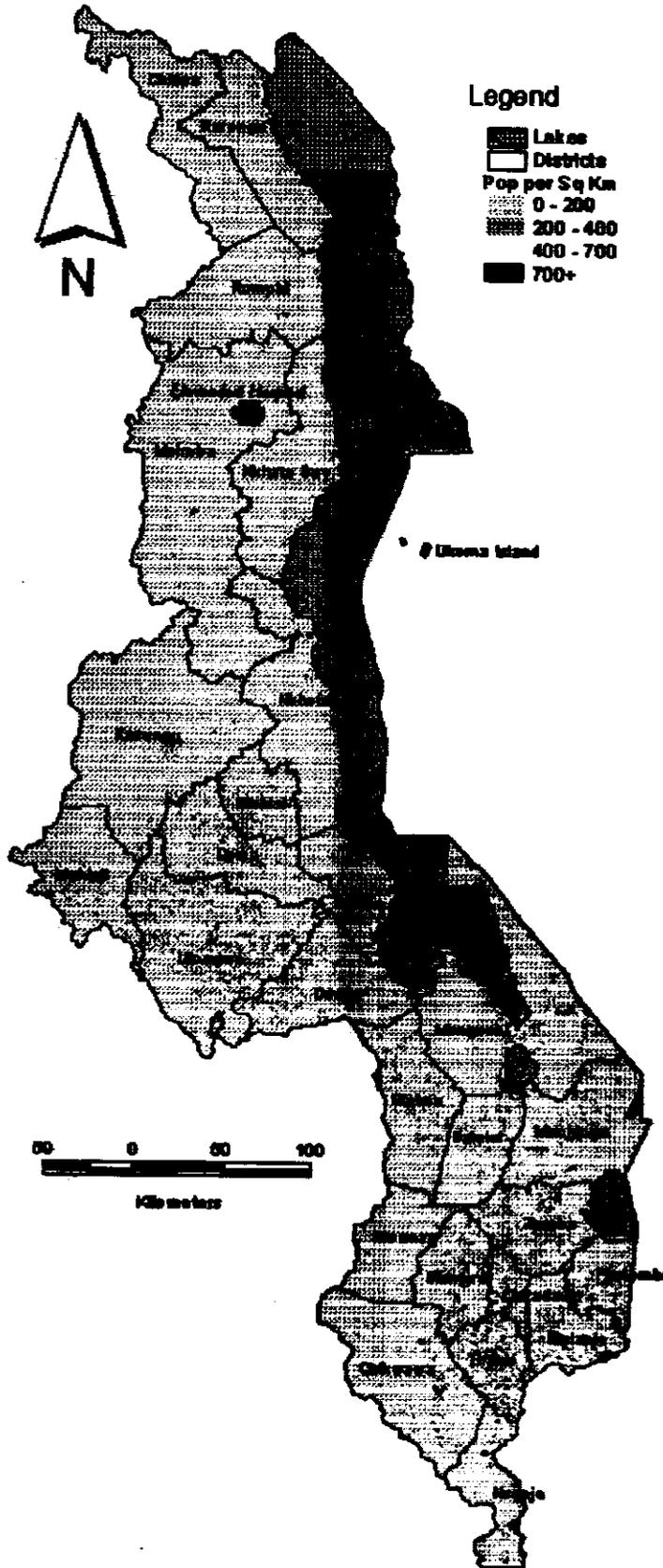
**MULANJE DISTRICT AND MISSION HOSPITAL**

**ORGANIZED BY MULANJE DISTRICT HEALTH MANAGEMENT TEAM  
FUNDED BY PROJECT HOPE CHAPS**

**BY**

**AED/LINKAGES PROJECT MALAWI**

Malawi



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- The mothers and health staff who participated in the internal assessment

## **ABBREVIATIONS AND ACRONYMS**

<b>AED</b>	<b>Academy for Educational Development</b>
<b>AIDS</b>	<b>Acquired immune deficiency syndrome</b>
<b>ANC</b>	<b>Antenatal care</b>
<b>ARM</b>	<b>Artificial rupture of membranes</b>
<b>ARV</b>	<b>Antiretroviral</b>
<b>BFHI</b>	<b>Baby-Friendly Hospital Initiative</b>
<b>BMS</b>	<b>Breastmilk substitutes</b>
<b>CHAPS</b>	<b>Community Health and Partnerships Program</b>
<b>DHMT</b>	<b>District health management team</b>
<b>EBF</b>	<b>Exclusive breastfeeding</b>
<b>FP</b>	<b>Family planning</b>
<b>HIV</b>	<b>Human immunodeficiency virus</b>
<b>IEC</b>	<b>Information, education, and communication</b>
<b>MCH</b>	<b>Maternal and child health</b>
<b>MMH</b>	<b>Mulanje Mission Hospital</b>
<b>MOHP</b>	<b>Ministry of Health and Population</b>
<b>MTCT</b>	<b>Mother-to-child-transmission of HIV</b>
<b>ORS</b>	<b>Oral rehydration salts</b>
<b>PMTCT</b>	<b>Prevention of mother-to-child-transmission of HIV</b>
<b>STI</b>	<b>Sexually transmitted infections</b>
<b>TB</b>	<b>Tuberculosis</b>
<b>TTV</b>	<b>Tetanus toxoid vaccine</b>
<b>UNICEF</b>	<b>United Nations Children Fund</b>
<b>UNAIDS</b>	<b>United Nations Program on HIV/AIDS</b>
<b>VCCT</b>	<b>Voluntary and confidential counselling and testing</b>
<b>VCT</b>	<b>Voluntary counselling and testing</b>
<b>WHO</b>	<b>World Health Organization</b>

## DEFINITION OF TERMS

**Artificial feeding:** All feeding with breastmilk substitutes, whether infant formula, dextrose/glucose water, plain water, traditional feeds such as *phala* or *dawale*, or other substances, whether given by tube, spoon, or bottle. Artificial teats or nipples include all feeding bottles, dummies, soothers and pacifiers.

**Antenatal care:** Care given to pregnant mothers before birth

**Baby-Friendly Hospital Initiative (BFHI):** A global movement spearheaded by WHO and UNICEF that aims to give every baby the best start in life by creating a health care and community environment where breastfeeding is the norm

**Core PMTCT interventions:** Interventions which directly prevent MTCT during pregnancy, labour, and delivery and during the postpartum and postnatal periods for women who are HIV infected

**Exclusive breastfeeding:** Feeding an infant on breastmilk only. No water, glucose, gripe water, cooking oil, infant formula, traditional drinks, *phala*, *dawale* and semisolids should be given to the baby unless medically indicated.

**Expanded BFHI in the context of HIV/AIDS for PMTCT:** Additional knowledge, skills and practices on PMTCT within the BFHI process

**Mother-to-child-transmission (MTCT) of HIV:** Transmission of the HIV virus from an infected mother to her child during pregnancy, labour, and delivery and postnatally through breastfeeding

**Mother support group:** A group of mothers or women (and men) in a community with different skills and abilities for transferring knowledge and skills for infant feeding, PMTCT, and other related child health, survival, growth, and development and safe motherhood advocacy activities. Networks of mother support groups support fellow women, particularly in safe breastfeeding practices, PMTCT, community and family activities, and support for mothers living with HIV/AIDS.

**Postnatal care:** Care given to women soon after birth up to 6 weeks after delivery

**Replacement feeding:** Feeding a child who is not receiving any breastmilk with a diet that provides all the nutrients that the child needs until the child is fully able to eat family foods

## **EXECUTIVE SUMMARY**

This summary report highlights the main events of the internal assessment of the integrated Baby-Friendly Hospital Initiative (BFHI) in the context of HIV/AIDS at Mulanje District and the Mission Hospitals. The assessment focused mainly on the integrated key practices, knowledge, and skills for implementing the expanded Ten Steps to Successful Breastfeeding in the context of HIV/AIDS for prevention of mother-to-child transmission (PMTCT) of HIV.

The objectives of the internal assessment were 1) to provide up-to-date information on the extent to which the global criteria for BFHI activities based on the Ten Steps to Successful Breastfeeding were implemented in these two hospitals, 2) to determine the extent to which core PMTCT interventions were integrated in the implementation process, and 3) to field test the expanded BFHI/PMTCT assessment tool.

Data collected included basic hospital census data, a hospital policy and training curriculum on infant feeding in the context of HIV/AIDS, key practices, knowledge and skills for implementing the integrated BFHI Ten Steps, and PMTCT core interventions. Key skills for PMTCT core interventions during the intrapartum, postpartum, and postnatal periods and skills in breastfeeding and replacement feeding management were observed. Further observations were made of the standards and practices in maternity wards, nurseries, maternal and child health (MCH)/family planning (FP) services, PMTCT counseling rooms and infant feeding counseling demonstration units. Records on voluntary counseling and testing (VCT), PMTCT practices, and infant feeding were examined.

Respondents included 40 health facility staff of various categories—from maternity, paediatric, female, and male medical wards. Seventy-seven women were interviewed. These included 18 mothers with normal deliveries, 6 with caesarean sections, 5 in the special care unit, 20 pregnant women, and 28 breastfeeding mothers.

The internal assessment was organized by the Mulanje District Health Management Team (DHMT) in collaboration with Project HOPE and was conducted from January 3<sup>rd</sup> to January 10<sup>th</sup>, 2003. The assessment process included preparatory meetings, data collection, preliminary analysis, and immediate feedback to the hospitals on the summary findings and recommendations. The findings of the internal assessment are presented on each of the expanded BFHI/PMTCT Ten Steps to Successful Breastfeeding.

## **1.0 INTRODUCTION**

### **1.1 Internal Assessment on Integrated BFHI**

The internal assessment on integrated BFHI and PMTCT took place at Mulanje District and Mission Hospitals, Southern Region, Malawi, from January 6<sup>th</sup> to 10<sup>th</sup>, 2003. During the year 2001/2002 the Mulanje District Health Management Team (DHMT), in collaboration with Project HOPE, adopted an integrated approach to infant feeding and HIV/AIDS counselling for prevention of mother-to-child transmission (PMTCT) of HIV. This integrated approach covers the entire spectrum of HIV/AIDS primary prevention, core interventions for PMTCT, and care and support in which infant feeding in the context of PMTCT is a major component. The infant feeding counseling is a component of the Baby-Friendly Hospital Initiative (BFHI) process.

From the integrated approach, the BFHI process has been expanded to integrate voluntary counseling and testing (VCT) of HIV and infant feeding counseling and PMTCT in maternal and child health (MCH)/family planning (FP) and community services. The BFHI process is a component of safe motherhood and child survival based on the ten steps to successful management of breastfeeding through the reproductive cycle of pregnancy, labour and delivery, and the postnatal and lactation periods.

### **1.2 Need To Integrate Infant Feeding Counselling and PMTCT**

The integrated approach to infant feeding and PMTCT arose from the need to address the dilemma of mother-to-child-transmission (MTCT) of HIV through breastfeeding. Part of the core PMTCT intervention is to promote safe infant feeding practices for HIV-positive mothers and families living with HIV, while at the same time protecting, promoting, and supporting breastfeeding among HIV-negative mothers and mothers of unknown HIV status, through the BFHI process. A major obstacle to sustaining BFHI has been the emergency of MTCT through breastfeeding. This has made health workers reluctant to support BFHI. At the same time, it has been equally difficult to suggest breastmilk substitutes (BMS) or advise HIV-positive mothers how to feed their infants safely.

To address the threat of HIV transmission through breastfeeding, the BFHI Ten Steps to Successful Breastfeeding have been expanded to integrate HIV/AIDS and PMTCT. In view of facilities' need to attain BFHI status in the context of HIV/AIDS and PMTCT, the WHO/UNICEF external assessors' manual's data collection tool was expanded to include questions and practices on PMTCT and infant feeding. Integrated BFHI and PMTCT promotes, protects, and supports appropriate safe infant feeding practices, including both breastfeeding and replacement feeding of infants who may not be breastfed for medical or social reasons. Currently in Malawi, only 13 of 48 hospitals (27%) have maternity services with a BFHI rating which has gradually gone down. The Mulanje DHMT and the Community Health and Partnerships (CHAPS) Project in partnership with Project HOPE and with technical support from the AED/LINKAGES Project initiated capacity building for the integrated BFHI and PMTCT model. The

integrated model has a 12-day (96-hour) training curriculum which covers essential components of HIV/AIDS, VCT, core PMTCT interventions, lactation, and counseling for infant feeding management, including 6 hours of clinical experience

The Mulanje DHMT serves a population of 430,653, with 99,050 women of childbearing age. The main district hospitals are Mulanje District Hospital and Mission Hospital, supported by 19 maternity centers. Mulanje District Hospital has a total bed capacity of 279, of which 27 are maternity beds and 52 beds for mothers and children. Mulanje District Hospital recorded 2,389 deliveries in 2002, with average monthly antenatal care attendance of 770. The Mission Hospital has a total bed capacity of 192, of which 70 are maternity beds and 79 for mothers and children. The total number of deliveries for 2002 was 2,523, with average antenatal attendance of 295.

Following a series of capacity building activities for various levels of staff and activities to implement the integrated BFHI process for infant feeding and HIV/AIDS counselling, the Ministry of Health and Population (MoHP) was informed of the facilities' readiness for internal assessment.

## **2.0 EXPANDED BFHI TEN STEPS TO SUCCESSFUL BREASTFEEDING IN THE CONTEXT OF HIV/AIDS FOR PMTCT**

The WHO/UNICEF BFHI Ten Steps to Successful Breastfeeding have been expanded to integrate HIV/AIDS for PMTCT and care and support of mothers and their infants as per the BFHI process. The expansion is based on UNAIDS' HIV and Infant Feeding Counseling Guidelines, the "Malawi PMTCT Handbook for Health Care Providers," and PMTCT guidelines, infant and young child nutrition policy and guidelines, and related national policies on HIV/AIDS in Malawi. Each step on breastfeeding takes into consideration a component of HIV/AIDS and PMTCT to expand on. In the internal assessment that is the subject of this report, scores were based on the existing WHO/UNICEF Ten Steps, with the integrated components of HIV/AIDS PMTCT and infant feeding.

Departmental policies mentioned in the assessment should be noted. These are sub-policies of the main hospital policy, which focuses on a specific step or specific steps addressing specific units or departments.

The following list includes the expanded BFHI Ten Steps plus the additional 3 steps in the context of PMTCT.

### **Thirteen (13) Steps to Successful Breastfeeding in the Context of HIV/AIDS**

- 1. Have a written infant feeding policy in the context of HIV/AIDS that is routinely communicated to all health care staff.**
- 2. Train all health care staff in skills necessary to implement this policy.**

3. Inform pregnant women, breastfeeding mothers, and women who come for family planning on the following:
  - Essential antenatal care to be practiced
  - Management of breastfeeding
  - Benefits and risks of artificial feeding for breastfeeding babies and of replacement feeding
  - PMTCT
  - Benefits and risks of breastfeeding for HIV-positive mothers
  - VCT for HIV services and antiretroviral (ARV) therapy where available
  - Infant feeding counseling for HIV-positive mothers
  
4. Prepare mothers for infant feeding management and practice essential obstetrical care during intrapartum, immediate postpartum, and postnatal periods in the context of HIV:
  - Establishment of mother's HIV status, use of ARVs, and traditional practices on admission
  - Establishment of infant feeding of choice for all mothers on admission
  - Essential intrapartum and immediate postpartum care for all mothers for PMTCT, regardless of HIV status
  - ARV administration as per prescription, where indicated
  - Practice of infection prevention measures
  - Maternal nutrition
  - Essential care of newborns for PMTCT
  - Skin-to-skin contact soon after birth, even for HIV-positive mothers who opt not to breastfeed
  
5. Help mothers initiate breastfeeding within ½ hour of birth.
  - Initiate breastfeeding within ½ hour of birth for HIV-negative mothers and those of unknown status and HIV-positive mothers who have chosen to breastfeed.
  - Provide ARV treatment for infants where indicated.
  - Establish skin-to-skin contact between infants and their HIV-positive mothers who opt not to breastfeed.
  
6. Show mothers how to breastfeed their newborn infants and how to maintain lactation even if they are separated from their infants and help HIV-positive mothers who opt not to breastfeed to make a replacement feeding choice and to suppress lactation.
  
7. Do not give newborn infants food or drink unless medically indicated and give infants born to HIV-positive mothers the feeding of the mother's choice, as per prescription and infant feeding guidelines.

8. Practice rooming/bedding in for all mothers, regardless of their infant feeding choice. Have HIV-positive mothers bed in and practice skin-to-skin contact without giving their infants access to the breast.
9. Encourage breastfeeding on demand for all breastfeeding mothers and infants and feed replacement feeding according to prescription and guidelines, using an open cup.
10. Give no artificial teats or pacifiers to any infants, regardless of the feeding of choice.
11. Foster the establishment of infant feeding support groups and refer mothers to them on discharge. HIV-positive mothers should be given extra support
12. Ensure that maternity services provide a conducive environment to meet the needs of both HIV-negative and -positive mothers. Confidentiality, respect, and support for HIV-positive mothers should be maintained at all times.
13. Implement the Code of Marketing of Breastmilk Substitutes within the BFHI process and PMTCT.

### **3.0 METHODOLOGY FOR INTERNAL ASSESSMENT**

The methodology for the internal assessment was based on the WHO/UNICEF Baby Friendly Hospital Initiative, Part II: External Assessors Manual (1992). The methodology included identification of hospital facilities to be assessed, preliminary arrangements, selection of the assessment team, review of interview questionnaires and summary sheets, scheduling of assessments, interventions, review of written materials, sampling, and establishment of criteria for sample selection.

#### **3.1 Preliminary Arrangements**

The Mulanje District Breastfeeding Coordinator, in collaboration with Project HOPE, informed the MoHP of the planned internal integrated BFHI and PMTCT assessment with technical support from the AED/LINKAGES Project Malawi office.

#### **3.2 Selection of Assessment Team**

With the MoHP, the AED/LINKAGES Project's Malawi office drew up a team of five assessors. The assessment team included a national BFHI assessor, AED/LINKAGES infant feeding and PMTCT trainers who are specialists in clinical lactation management, and infant feeding and clinical management in PMTCT core interventions and currently involved in implementing the integrated infant feeding and PMTCT risk reduction model from Zomba, Chikwawa, Mangochi and Thyolo district hospitals.

### **3.3 Expanded WHO/UNICEF External Assessors Data Collection Tool**

The assessment team reviewed and built consensus on the expanded interview questionnaires and summary sheets. Information on core interventions for PMTCT had been added to the questionnaires and summary sheets as an integral part of BFHI assessment.

### **3.4 Scheduling of Assessments and Data Collection**

A briefing was held with the management of hospitals to be assessed. Guidance was given on staffing and activities of departments which would be involved. A schedule of assessment was drawn up based on the briefing.

Data collection was scheduled for 5 days, from January 6<sup>th</sup> to 10<sup>th</sup>, 2003. The schedule was presented to the management. Assessors shared their tasks, and spent evening schedules on analysis of summary findings.

### **3.5 Sampling of Mothers and Health Care Providers**

Random sampling was used for the participation of respondents from the departments of targeted hospitals. The respondents included 40 maternity staff; doctors, midwives, clinical officers, nurses, and support staff working in labour and delivery, postpartum units, paediatric wards, female and male medical wards and outpatient services; 18 mothers who had had normal deliveries and 6 who had had caesarean sections; 5 mothers of babies in special care units; 20 pregnant women; and 30 breastfeeding mothers. Breastfeeding mothers were included in the expanded BFHI/PMTCT assessment for sustained exclusive breastfeeding and PMTCT of HIV through breastfeeding.

For each hospital, basic census data concerning the facility was obtained from senior administrative officers, while the data on integrated infant feeding and PMTCT policy and training curriculum was obtained from the responsible nursing officer of the facility. Observations were made in maternity wards, nurseries, MCH/FP services, PMTCT counselling rooms, and infant feeding counseling demonstration units. Records on VCT, PMTCT practices, and infant feeding were consulted. Key skills for care interventions during intrapartum and postpartum periods as well as key skills in lactation management and replacement feeding were observed.

### **3.6 Content Sections of Data Collection Based on WHO/UNICEF Ten Steps to Successful Breastfeeding Assessment Tool with Integrated HIV/AIDS and PMTCT Practices**

#### **Section 1. General Hospital Information**

#### **1A. Discussion with Senior Administrative Officer of the Facility**

Name of health facility: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Senior Administrative  
Officer: \_\_\_\_\_ Position: \_\_\_\_\_

**IB. General Hospital Information**

- Basic census data concerning the facility
- Interview with nursing officer responsible for the facility
- Review of written infant feeding policy which integrates breastfeeding, HIV/AIDS, and PMTCT

**Section II. Maternity Inpatient Services**

- Interview with senior nursing officer of maternity services
- Interview with 10 maternity staff members: Doctors, Midwives, Clinical Officers, Medical Assistance, Nurses and Support Staff working in labour and delivery, postpartum units, paediatric wards, female medical, male medical and OPD services.
- Interviews with 10 mothers whose deliveries were normal and 5 mothers who have had caesarean deliveries.
- Interviews with 5 mothers of babies in special care
- Observations in the maternity ward and nurseries
- Review of training curriculum

**Section III. MCH/FP Antenatal Clinic or Inpatient Services**

- Interview with senior nursing officer for antenatal services
- Interview with 10 pregnant women
- Interview with 15 breastfeeding mothers
- Observations in MCH/FP services
- Review of health education materials on infant feeding.

**4.0 PRESENTATION OF THE SUMMARY FINDINGS FOR MULANJE DISTRICT HOSPITAL BY BFHI 10 STEPS IN THE CONTEXT OF HIV/AIDS AND PMTCT**

The findings are presented according to the Ten Steps to Successful Breastfeeding in the context of HIV/AIDS. *Note:* During the assessment there were no HIV-positive mothers in maternity units, but steps suggests the possible way for the integrated approach. However recommendations are made on each step with regard to the integrated approach on what could be done if the mother with known HIV status happens to be admitted in maternity unit.

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

**Summary**

Does the hospital completely meet the Baby-Friendly criteria for Step 1?

Yes     No

**Comments**

The hospital scored the following on Step 1:

1. The hospital scored 80% on this step. To meet the criteria for a written policy, all the WHO/UNICEF 10 steps must be included to score 100%.
2. The policy integrates BFHI and PMTCT.
3. The policy addresses 8 steps.
4. The hospital has departmental policies to address specific steps.

**Improvements Needed**

1. BFHI Steps 1 and 4, which have been omitted, should be added to the current 8 steps.
2. The steps currently in the policy should be reorganized in sequence according to WHO/UNICEF's Ten Steps to Successful Breastfeeding.
3. Steps 2, 5, 6, 8, and 10 should integrate information and practices for HIV/AIDS and PMTCT.
4. The hospital should regularly debrief maternity, paediatric, and medical wards and MCH/FP departments on the infant feeding policy.
5. Hospital and departmental policies should be written in large letters and displayed in relevant areas, especially where mothers, infants, and young children are found.
6. Departmental policies should be improved as follows:
  - 6.1. Departmental policy for MCH/FP services should address pregnant and lactating women and women of childbearing age who use MCH/FP services.
  - 6.2. Departmental policy for labour and delivery should address at least 6 practices for PMTCT related to intrapartum and immediate postpartum care for mothers and babies.
  - 6.3. Departmental policy for the postnatal ward should include relevant practices on PMTCT in addition to support for infant feeding of choice.
  - 6.4. Departmental policy for paediatrics should include information on complementary feeding, family planning, and PMTCT of HIV.
  - 6.5. Departmental policy for infant feeding and PMTCT is needed in the outpatient department.
  - 6.6. Policy on male involvement should be included in reproductive health services for PMTCT.

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

**Summary**

Does the hospital adequately meet the Baby-Friendly criteria for Step 2?

Yes  No

**Comments**

The hospital scored the following on step 2:

1. The hospital scored 75% on step 2.
2. The hospital scored 100% on orientation of all staff on infant feeding and PMTCT.
3. The curriculum for integrated infant feeding and PMTCT covered the required 96 hours, which includes 6 hours of clinical experience.
4. The curriculum contents adequately cover HIV/AIDS, PMTCT core interventions, lactations and infant feeding management, counseling, and voluntary counseling and testing for HIV.
5. Out of 75% of hospital staff trained, 50% are maternity staff. To meet the Baby-Friendly criteria for this step, at least 80% of maternity staff should be trained in infant feeding management and PMTCT.

**Improvements Needed**

1. Train additional trained maternity staff to cover at least 80%.
2. Hold regular updates on integrated infant feeding and PMTCT activities.

**STEP 3 (A): Inform all pregnant women about the benefits and management of breastfeeding.**

**Summary**

Does the hospital meet the Baby-Friendly criteria for Step 3?

Yes  No

**Comments**

The hospital scored the following on Step 3:

1. 10% of mothers answered correctly on breastfeeding benefits and management. The correct answers were heard from the radio.
2. 14% of breastfeeding mothers answered correctly on benefits and management of breastfeeding.
3. 40% of pregnant mothers gave at least 2 correct answers on modes of MTCT of HIV.
4. 53% of breastfeeding mothers gave at least 2 correct answers on modes of MCTC of HIV.
5. 80% of mothers had heard a health talk on PMTCT on the day of data collection.

6. The health education schedule in the MCH/FP department did not indicate any topics on breastfeeding and HIV/AIDS.
7. A group talk observed in MCH/FP included many topics at one time (HIV/AIDS, PMTCT, exclusive breastfeeding, and infant feeding options for HIV-positive mothers).
8. The concept of integrated BFHI and PMTCT is good.
9. To meet the criteria for this step, at least 80% of pregnant mothers of 32 weeks gestation or more using this facility should confirm the benefits of breastfeeding, describe skills in management of breastfeeding, and have knowledge of PMTCT prevention.

### **Improvements Needed**

#### **a. Breastfeeding Management**

1. Identify and plan health talks in a consistent and sequential manner. Avoid overcrowding of information. Include regular health talks on HIV/AIDS and PMTCT.
2. Intensify health talks on breastfeeding management and safe breastfeeding practices.
3. Continually apprise breastfeeding mothers with infants ages 6 months and less on necessary skills to maintain lactation, such as correct positioning of the baby, attachment to the breast, and expression and storage of breastmilk.
4. Cover exclusive breastfeeding and infant feeding of choice at each under-5 visit for all infants below the age of 6 months.

#### **b. PMTCT Integration**

1. Hold regular updates for staff on integrated BFHI/PMTCT practices.
2. Conduct regular health talks on HIV/AIDS and PMTCT for mothers and women utilizing MCH/FP services.
3. Strengthen management of breastfeeding and PMTCT in the MCH/FP department.
4. Do not give group health talks on infant feeding options for HIV-positive mothers. Counseling on infant feeding options should be done by the PMTCT infant feeding counselor with mothers who have accepted positive HIV results following VCT.

**STEP 3 (B): Prepare mothers for infant feeding management and practice essential obstetric care in the context of HIV/AIDS during the intrapartum, immediate postpartum, and postnatal periods.**

**Comments**

**Labour and Delivery Ward:**

1. **Confidentiality:** The delivery area is poor, with no demarcation with curtains between beds. Mothers are too exposed for any confidential conversation or privacy for any procedures.
2. **Partograph:** Partograph records are not complete.
3. **Maternal Nutrition:** No mothers were observed being given food or drink during labour.
4. **PMTCT Procedures:** Avoiding invasive procedures, such as early ARM, and cord milking, was observed.
5. **Infection Prevention Measures:** Infection prevention measures were inadequate. No linen was available. Mothers' linen was used and not decontaminated before being handed to mothers' relatives for washing.
6. **Staffing:** Staffing was very inadequate, with only one staff in the labour and delivery ward.

**Improvements Needed**

1. Improve maternal nutrition in labour. Request relatives to bring light food or drink.
2. Improve on completion of partographs.
3. Practice infection prevention measures. Decontaminate mothers' soiled linen before relatives take them away for washing.
4. Provide curtains for confidentiality and privacy.
5. Initiate records on PMTCT procedures.
6. Work out ways to staff labour and postnatal wards.

**STEP 4: Help mothers initiate breastfeeding within a half hour of birth.**

**Summary**

Does hospital adequately meet the Baby-Friendly criteria for Step 4?

Yes  No

**Comments**

The hospital scored the following on Step 4:

1. 67% for normal deliveries on early initiation
2. 33% for caesarian section mothers
3. 100% for skin-to-skin contact in the labour ward
4. To meet the criteria for this step, 80% of mothers should be helped to initiate breastfeeding within ½ hour of birth.

#### **Recommendations**

1. Health workers must improve on early initiation in the labour ward.
2. More help should be given to caesarian section mothers after recovering from anaesthesia.
3. If there are HIV-positive mothers who have chosen replacement feeding, they should hold their babies skin-to-skin and ensure avoidance of breastfeeding.

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

#### **Summary**

Does the hospital adequately meet the Baby-Friendly criteria for Step 5?

Yes  No

#### **Comments**

The hospital scored the following on Step 5:

1. 62% of mothers were assisted by trained staff.
2. 31% of mothers were offered help on positioning and attachment.
3. The same 31% were able to demonstrate correct positions and attachment of baby to the breast.
4. 54% of mothers were shown how to express breastmilk.
5. 90% of health workers had knowledge on positioning and attachment.
6. The same 90% were able to demonstrate correctly positioning and attachment.
7. 38% of maternity staff gave adequate responses on PMTCT and infant feeding
8. To meet the criteria for his step, 80% of mothers should be helped and shown how to breastfeed.

#### **Improvements Needed**

1. Because 90% of staff has knowledge on skills, e.g., positioning and attachment, but only 31% of mothers were able to demonstrate these, staff is not implementing knowledge and skills acquired.
2. Staff should help any HIV-positive mothers in the maternity unit who have opted for replacement feeding to suppress lactation but ensure bonding and regular skin-to-skin contact with their babies.

3. The same HIV-positive mothers who opt for replacement feeding should be assisted to choose a replacement feeding and shown how to feed their infants using an open cup.

**STEP 6: Give newborn infants no food or drink other than breastmilk unless medically indicated.**

**Summary**

Does the hospital adequately meet the Baby-Friendly criteria for Step 6?

Yes  No

**Comments**

The hospital scored the following on Step 6:

1. The hospital scored 100%. There were no freezes, drinks, or formulas in the ward.
2. All postnatal mothers acknowledged giving breastmilk only to their babies.

**Improvements Needed**

1. Stress not giving newborn infants food or drink unless medically indicated, regardless of the feeding options of choice.

**STEP 7: Practice rooming in—allow mothers and infants to remain together 24 hours a day.**

**Summary**

Does the hospital adequately meet the Baby-Friendly criteria for Step 7?

Yes  No

**Comments**

The hospital scored the following on Step 7:

1. 38% of mothers who had normal deliveries had their babies stay with them.
2. 55% of both normal delivery and caesarean section mothers had their babies with them.
3. Babies who were not with their mothers were with mothers' guardians.

To meet the criteria for this step 80% of mothers should report that they have stayed with their infants day and night, except for hospital procedures.

**Improvements Needed**

1. Improve on mothers bedding in with their newborn infants in all postnatal wards: most babies were with guardians full time.
2. Explain to guardians the importance of bedding in of mothers with their babies.
3. Babies and mothers should bed or room in 24 hours, regardless of HIV status.

**STEP 8: Encourage breastfeeding on demand.**

**Summary**

Does the hospital adequately meet the Baby-Friendly criteria for Step 8?

Yes  No

**Comments**

The hospital scored 100% on this step.

**Improvements Needed**

1. Mothers should be advised to wake up their babies to be fed if the babies sleep for a long time.
2. Babies on replacement feeding should be fed using an open cup as per infant feeding guidelines prescriptions per kilogram of body weight.

**STEP 9: Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.**

**Summary**

Does the hospital adequately meet the Baby-Friendly criteria for Step 9?

Yes  No

**Comments**

The hospital scored 100% on this step.

**Recommendations**

1. Give no artificial teats or pacifiers regardless of infant feeding of choice.

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

## Summary

Does the hospital adequately meet the Baby-Friendly criteria for Step 10?

Yes  No

## Comments

The hospital scored 0% on this step.

## Recommendations

1. Form a strong community support group.
2. The community support group should have equal participation of both HIV-negative and -positive mothers, but HIV-positive mothers need extra support.

## Overall Performance of Mulanje District Hospital

Mulanje District Hospital had an overall score of 40% on Steps 6, 7, 8, and 9.

### 4.1. Strengths of Mulanje District Hospital

#### 1. Policies

- Efforts have been made to formulate a hospital infant feeding policy that address breastfeeding management, HIV/AIDS, and PMTCT.
- Departmental policies, which are sub-policies of the hospital policy, have been formulated to address specific areas of operations.
- Policies are translated into local languages.

#### 2. Training

- At least 50% of staff working in the maternity unit have had comprehensive training in the integrated infant feeding and PMTCT risk reduction model.
- All health care staff at all levels, including support staff, have received 100% orientation on infant feeding, HIV/AIDS, and PMTCT.

3. The DHMT strongly collaborates with Project HOPE and strongly supports the integrated approach to infant feeding, HIV/AIDS, and PMTCT.
4. Some IEC initiative for infant feeding and PMTCT was on display in all departments.
5. Hospital policy recognizes maternity protection.
6. The hospital is committed to becoming Baby Friendly in the context of HIV/AIDS and PMTCT.

## **4.2 Recommendations**

### **1. Policy**

- 1.1 The policy should be improved to cover all ten steps in the context of HIV
- 1.2 Steps should be clearly written in large bold letters and displayed in particularly the maternity, MCH/FP, and paediatrics areas and wherever mothers and young children are found. This applies to departmental policies as well.

### **2. Maternity Department**

- 2.1 In labour and delivery wards, PMTCT and safe motherhood procedures must be observed, including infection prevention practices, avoidance of invasive procedures, and related practices.
- 2.2 The labour ward environment should facilitate privacy and confidentiality for mothers in labour.
- 2.3 Health care providers working in the postnatal ward should practice hands-on skills for breastfeeding and infant feeding management.
- 2.4 Record keeping on PMTCT indicators using safe motherhood records should be initiated.
- 2.5 Innovative ways should be found to address staff shortages in the maternity unit to provide standard quality care and to help and support mothers to breastfeed.
- 2.6 Relatives should be involved in health education and demonstrations on breastfeeding skills while taking care not to interfere with implementation of the breastfeeding and infant feeding and PMTCT policy.

### **3. MCH/FP Department**

- 3.1 All staff working in MCH/FP should improve their knowledge of breastfeeding, HIV/AIDS, and PMTCT and be competent in hands-on skills necessary for management of breastfeeding and related infant feeding practices.
- 3.2 Advocacy for VCT should be intensified for both pregnant and lactating mothers. Even in the absence of ARVs for PMTCT, a lot can be done in terms of primary prevention and application of core interventions in PMTCT. There is need to develop a strategy to reach pregnant women for VCT.
- 3.3 All staff should help and support breastfeeding mothers to exclusively breastfeed their infants for the first 6 months of life and thereafter continue to breastfeed up to 2 years and beyond, with timely, adequate, and appropriate complementary feeds.

- 3.4 Efforts should be made to prevent STIs and HIV through promoting condom use and early health-seeking behaviour among pregnant and breastfeeding mothers.
- 3.5 Health education talks should include breastfeeding management, HIV/AIDS, and PMTCT.
- 3.6 All women of childbearing age attending MCH/FP services should have access to VCT services.
- 3.7 Counseling rooms for VCT should be conducive to individual and couple counseling services for PMTCT.
- 3.8 Male involvement should be encouraged in reproductive health services.

#### **4. Paediatric Department and Female Medical Wards**

- 4.1 Breastfeeding management should be strengthened and improved in paediatric wards and female medical and out patient departments. This means attention to breastfeeding wherever mothers and babies are found.
- 4.2 Exclusive breastfeeding should be intensified for infants 6 months old and under, and timely introduction of adequate and appropriate complementary feeding with continued breastfeeding should be promoted for infants 6 months old and above.
- 4.3 Information should be provided on HIV/AIDS and PMTCT.

#### **5. Exclusive Breastfeeding**

- 5.1 There is a need to understand the definition of exclusive breastfeeding and how to support exclusive breastfeeding for all mothers with infants 6 months old and under.
- 5.2 Exclusive breastfeeding should be recorded at each MCH visit. This is critical, especially for HIV-positive mothers who may opt to breastfeed.

#### **6. PMTCT Records**

- 6.1 Using the safe motherhood record, there is a need to include key PMTCT records such as HIV status using a code, number of invasive procedures, artificial rupture of membranes (ARM), and infant feeding of choice.
- 6.2 These records should be reviewed for improvements of PMTCT activities

#### **7. IEC Materials**

- 7.1 There is an urgent and great need to develop IEC materials on infant feeding, HIV/AIDS, and PMTCT for display and for mothers and clients attending MCH/FP services to take away with them.

### 4.3 Way Forward for Mulanje District Hospital

1. Need for hospital self appraisal on integrated infant feeding and PMTCT within four (4) months (May 2003)
2. External assessment from MOHP, UNICEF, and WHO within 6 months after the internal assessment (June/July 2003)

### 5.0 PRESENTATION OF SUMMARY FINDINGS FOR MULANJE MISSION HOSPITAL BY BFHI TEN STEPS IN THE CONTEXT OF HIV/AIDS AND PMTCT

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

#### Summary

Does the hospital completely meet the Baby-Friendly criteria for Step 1?

Yes  No

#### Comments

The hospital scored the following on Step 1:

1. The hospital has a policy and scored 40% on this step.
2. The policy address steps 2, 3, 6, and 9. To meet the criteria for a written policy, all the WHO/UNICEF Ten Steps to Successful Breastfeeding must be included.
3. The policy integrates BFHI and PMTCT.

#### Improvements Needed

1. The policy statements should be organized in sequence according to WHO/UNICEF's Ten Steps to Successful Breastfeeding.
2. The policy should include missing steps 1, 4, 5, 7, 8, and 10 to cover all the Ten Steps and integrated PMTCT.
3. The hospital should develop departmental policies as sub-sets of the overall hospital policy to address specific policy directives for specific departments.
4. The policy should be displayed in all departments and translated into the local language.

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

#### Summary

Does the hospital completely meet the Baby-Friendly criteria for Step 2?

Yes  No

## **Comments**

The hospital scores the following on Step 2:

1. The hospital scored 70% on this step.
2. 30% of the 70% trained are maternity staff.
3. The hospital scored 100% on orientation of all staff on the training.
4. The curriculum for integrated infant feeding and PMTCT training covered 96 hours, including 6 hours of clinical experience.
5. Curriculum content covers adequate basic HIV/AIDS, PMTCT core interventions, lactation and infant feeding management and counseling, and voluntary counseling and testing for HIV.

## **Improvements Needed**

1. An additional 50% of maternity staff need to be trained to meet the 80% required for this step.
2. The hospital should hold regular meetings for briefing and updates on infant feeding and PMTCT.

**STEP 3 (A):** Inform pregnant mothers about the benefits and management of breastfeeding.

## **Summary**

Does the hospital meet the Baby-Friendly criteria for Step 3(A)?

Yes  No

## **Comments**

The hospital scored the following on Step 3:

1. The hospital score 0% on step 3
2. 0% of mothers answered adequately on benefits of breastfeeding and breastfeeding management.
3. 10% of pregnant mothers gave at least 2 correct answers on modes of MTCT of HIV.
4. 20% of breastfeeding mothers gave at least 2 correct answers on modes of MTCT of HIV.
5. The health education schedule for October to December showed health talks on breastfeeding, HIV/AIDS, and PMTCT. However, in spite of the health talks, mothers were not able to give correct answers on breastfeeding or mother-to-child transmission of HIV.
6. A health talk observed on available modern family planning method also highlighted condom use as primary prevention of STIs and subsequently HIV/AIDS.

### **Improvements Needed**

1. Intensify health education on HIV/AIDS and PMTCT.
2. Intensify health education on breastfeeding management, including demonstrations on correct positioning and attachment of babies to the breast and hand expression of breastmilk.
3. Include lactation ammenorrhoea method (LAM) for the first 6 months as a family planning method in first 6 months following child birth in family planning talks and services.
4. Highlight condom use as double protection for HIV prevention for all women attending MCH/FP services, such as pregnant women, breastfeeding mothers, and mothers in the "resting phase" before their next pregnancy.
5. Find innovative ways to intensify motivation for VCT for both pregnant and breastfeeding mothers.
6. Regularly update staff on the BFHI/PMTCT integration practices.

**STEP 3 (B): Prepare mothers for infant feeding management and practice essential obstetrical care during intrapartum, immediate postpartum, and postnatal care in the context of HIV/AIDS.**

### **Comments**

1. **Maternal nutrition:** Adequate
2. **Confidentiality:** Good: The hospital has curtains around each delivery bed.
3. **Partograph:** Good: Records were adequately recorded
4. **PMTCT procedures:** Well done: ARM, episiotomies, cold milking and decontamination were strictly observed.

### **Improvements Needed**

1. Staff need hands-on skills in management of breastfeeding. They need to practice to become competent.
2. A shortage of staff was noted. The hospital should consider innovative ways to involve other staff, e.g., from the MCH/FP unit, to help mothers breastfeed.

**STEP 4: Help mothers initiate breastfeeding within a half hour of birth.**

### **Summary**

Does the hospital adequately meet the Baby-Friendly criteria for Step 4?

Yes  No

### **Comments**

The hospital scored the following on Step 4:

1. 50% of mothers with normal deliveries were helped to initiate breastfeeding within a half an hour of birth.
2. 33% of mothers who had caesarean sections were helped to initiate breastfeeding soon after they were able to respond.
3. 88% of mothers with normal deliveries were given their babies to hold with skin-to-skin contact within a half hour of birth.
4. There is a kangaroo care practice for low birthweight babies.
5. There was no continued practice of skin-to-skin contact with mothers in the postnatal ward for either normal deliveries or caesarean sections.
6. The hospital scored 50% on this step. To meet the criteria for this step, 80% of mothers with normal deliveries should be helped to initiate breastfeeding within a half hour.

### **Improvements Needed**

1. Improve early initiation in the labour ward and early initiation for caesarian section mothers as soon as they recover from anaesthesia, unless there are medical indications.
2. Give extra attention to caesarian section mothers.
3. Improve skin-to-skin contact in the postnatal ward for all mothers, including HIV-positive mothers.
4. Allow HIV-positive mothers of known status in maternity units who opt for replacement feeding to hold their babies skin to skin, ensuring avoidance of breastfeeding.

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

### **Summary**

Does the hospital adequately meet Baby-Friendly criteria for Step 5?

Yes    No

### **Comments**

The hospital scored the following on Step 5:

1. 55% of mothers were offered help to breastfeed their babies within 6 hours after delivery. To meet the Baby-Friendly Hospital criteria, at least 80% of mothers should confirm that within 6 hours of birth they were shown and helped to breastfeed.
2. 64% of mothers were shown how to correctly position and attach their babies to the breast.
3. 36% of mothers demonstrated correct positioning and attachment of their own babies to the breast.

4. 9% of mother were shown or given information on expression of breastmilk.
5. 82% of staff reported that they teach mothers correct positioning and attachment of babies to the breast, but only 55% of the same staff were able to demonstrate correct positioning and attachment of babies to the mothers on the wards.
6. 70% of the staff reported that they teach mothers how to express breastmilk manually, and 60% were able to demonstrate an acceptable technique for expressing breastmilk manually.
7. Of mothers with babies in the special care unit, 20% reported that they had been helped to initiate lactation, 80% reported that they were shown expression of breastmilk, but only 0% reported that were told to express breastmilk 6 times in 24 hours.

### **Improvements Needed**

1. Staff need to improve hands-on skills in correct positioning and attachment of the infant to the breast and hand expression of breastmilk for breastfeeding.
2. Staff should offer help to at least 80% of mothers for breastfeeding with 6 hours of delivery.
3. 64% of mothers were shown how to correctly position and attach their babies to the breast, but only 36% demonstrated this skill correctly. There is a need to regularly spot check on all mothers for skills in management of breastfeeding.
4. Staff should teach mothers hand expression of breastmilk.
5. Participation of families should be invited in kangaroo care.

**Note:** HIV-positive mothers who have opted for replacement feeding should be:

- Helped and supported to suppress lactation.
- Helped, shown, and supported to make the infant feeding of choice as per prescription and infant feeding guidelines.
- Helped and shown how to feed their babies using an open cup.

**STEP 6: Do not give newborn infants food or drink other than breastmilk unless medically indicated.**

### **Summary**

Does the hospital adequately meet Baby-Friendly criteria for Step 6?

Yes  No

### **Comments**

The hospital scored the following on Step 6:

1. The hospital scored 100%.
2. All postnatal mothers had knowledge of giving their babies breastmilk only.

### **Improvements Needed**

1. Watch out for traditional drinks such as dawale and phala, as the majority of babies are with relatives who might give anything to babies to drink.
2. Do not give newborn infants any food or drink unless medically indicated. This also applies to infants who are on replacement feeding, such as orphans or infants born to HIV-positive mothers who opt not to breastfeed.

### **STEP 7: Practice rooming in, allowing mothers and infants to remain together 24 hours a day**

#### **Summary**

Does the hospital meet the Baby-Friendly criteria for Step 7?

Yes  No

#### **Comments**

The hospital scored the following on Step 7:

1. 38% of mothers who had had normal deliveries had their babies stay with them.
2. 55% of both normal delivery and caesarean section mothers had their babies with them.
3. Babies who were not with their mothers were with mothers' guardians.
4. To meet the criteria for this step 80% of mothers should report that they have stayed with their infants day and night except for hospital procedures.

### **Improvements Needed**

1. Improve on mothers bedding in with their newborn infants in all postnatal wards.
2. Explain to guardians the importance of mothers bedding in with their babies.

### **STEP 8: Encourage breastfeeding on demand.**

#### **Summary**

Does the hospital adequately meet the Baby-Friendly criteria for Step 8?

Yes  No

#### **Comments**

The hospital scored 100% on Step 8.

### Recommendations

1. Mothers should be advised to wake up their babies to be fed if the babies sleep for a long time.
2. Babies on replacement feeding should be fed using an open cup as per infant feeding guidelines prescriptions per kilogram of body weight.

**STEP 9: Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.**

### Summary

Does the hospital adequately meet the Baby-Friendly criteria for Step 9?

Yes  No

### Comments

The hospital scored 100% on Step 9.

### Recommendations

1. Give no artificial teats or pacifiers regardless of infant feeding of choice.

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

### Summary

Does the hospital adequately meet the Baby-Friendly criteria for Step 10?

Yes  No

### Comments

1. The hospital scored 0% on this step.

### Improvements Needed

1. Form a strong community support group.
2. The community support group should support equally both HIV-negative and -positive mothers, although HIV-positive mothers need extra support.

The Mulanje Mission Hospital's overall score was 30% on Steps 6, 8 and 9.

## **5.1 Strengths of Mulanje Mission Hospital**

1. Efforts have been made to formulate a hospital policy on infant feeding that integrates breastfeeding management, HIV/AIDS, PMTCT, IEC, and involvement of relatives.
2. The hospital has a kangaroo unit which will need to be strengthened.
3. There is a nutrition unit for infant feeding demonstration which strictly observes the Code of Marketing of Breast-milk Substitutes.
4. Infants on replacement feeding are fed using an open cup or cup and spoon.
5. A good VCT structure for PMTCT is in place.
6. The hospital is very committed to becoming Baby Friendly in the context of HIV/AIDS.

## **5.2 Recommendations**

### **Policy**

- The Hospital Policy on Breastfeeding and PMTCT must be clearly written in large letters and displayed in all areas, particularly the maternity, MCH/FP, and paediatric units and wherever mothers and young children are found. This applies also to departmental policies.
- Policies must be translated into local languages.
- Each of the Ten Steps policy statements should address HIV/AIDS and PMTCT.

### **MCH/FP Department**

- **Advocacy for PMTCT Risk Reduction**

Advocacy for VCT for HIV must be intensified for both pregnant and lactating women. Even without ARVs, a lot can be done in terms of primary prevention and application of core interventions in PMTCT. There is a need to develop a strategy to reach pregnant women for VCT.

- **Support for Lactating Mothers and Advocacy for VCT for All Women Attending MCH/FP Services**

- Lactating mothers need to be supported and their health appraised in management of breastfeeding, prevention of STIs, and condom use for PMTCT. The majority of MTCT of new HIV infection (29%–30%) occurs through breastfeeding.
- All women attending MCH/FP services should be encouraged to be tested for HIV for their own health and for PMTCT.

- The hospital should be gender sensitive to involve males in the reproductive health services for infant feeding, PMTCT, and safe motherhood.

### **Paediatric and Female Medical Wards**

- Breastfeeding management should be strengthened and improved in paediatric wards and female medical wards and outpatient departments, wherever babies and mothers are found.

### **Exclusive Breastfeeding**

- There is need to understand the definition of exclusive breastfeeding and how to support exclusive breastfeeding for all mothers with infants 6 months old and under.
- There is a need to record exclusive breastfeeding at each MCH visit.

### **PMTCT Records**

- Using the safe motherhood record, there is a need to include key PMTCT records such as HIV status using a code, number of invasive procedures, ARM, and the infant feeding of choice.
- These should be reviewed regularly for improvement of PMTCT activities.

### **IEC Materials**

- There is need to develop IEC materials for display and for taking home by mothers in all departments where mothers and young children are found.

## **5.3 Way Forward for Mulanje Mission Hospital**

- Hospital self-appraisal on integrated BFHI, HIV/AIDS, and PMTCT within 4 months (May/June 2003)
- External assessment from MOHP/UNICEF and WHO within 6 months (June/July 2003) after the internal assessment

## **6.0. RECOMMENDATIONS FOR MULANJE DISTRICT HOSPITAL AND MULANJE MISSION HOSPITAL**

### **6.1 Active Implementation**

Although several trainings have been conducted, there has been no time for implementation. Management should ensure that time is allocated for active implementation

## **6.2 Guidelines for integration**

The concept for integration has been grasped, however health care providers need guidelines for integration. Hospital and departmental policies are important in establishing guidelines for integration. They should be translated into local language and displayed in areas where everybody can see

## **6.3 Supervision and Mentorship**

Health care workers need to be regularly supervised on procedures and skills necessary for implementation. Hands on skills in obstetric care, breastfeeding and replacement feeding management. This also applies to health education talks and advocacy in VCT for PMTCT.

## **6.4 Availability/accessibility of counselors**

Work out mechanisms to ensuring that counselors for VCT/PMTCT and infant feeding are accessible in the counseling venues on daily basis.

## **6.5 Availability of HIV test kits**

Follow-up on ensuring of adequate supplies of HIV test kits to meet with demand being advocated for.

## **6.6 Regular updates on Infant Feeding and PMTCT activities**

Hold regular updates for staff on current issues in the infant feeding, PMTCT and other safe motherhood and child survival information.

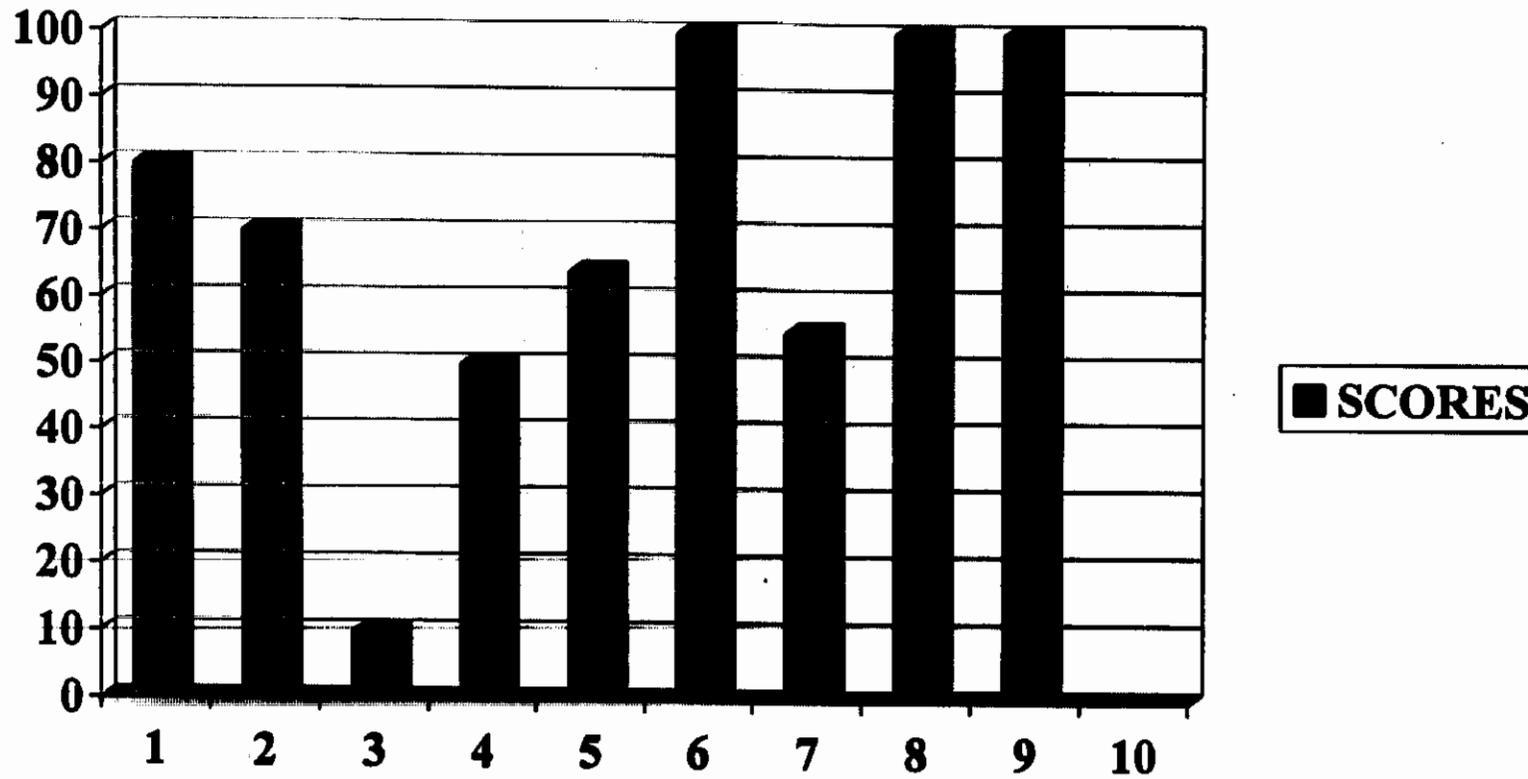
## **6.7 Hospital Self Appraisal on the BFHI/PMTCT**

The hospitals should conduct self appraisals on BFHI/PMTCT activities

## **7.0 ANNEXES**

### 7.1 Mulanje District Hospital Integrated BFHI: 10 Steps Summary

**Key: Step 1 = 100% SCORE**  
**Rest of steps = 80% and above**  
**Critical steps = 1, 3, 6, 9, 10**



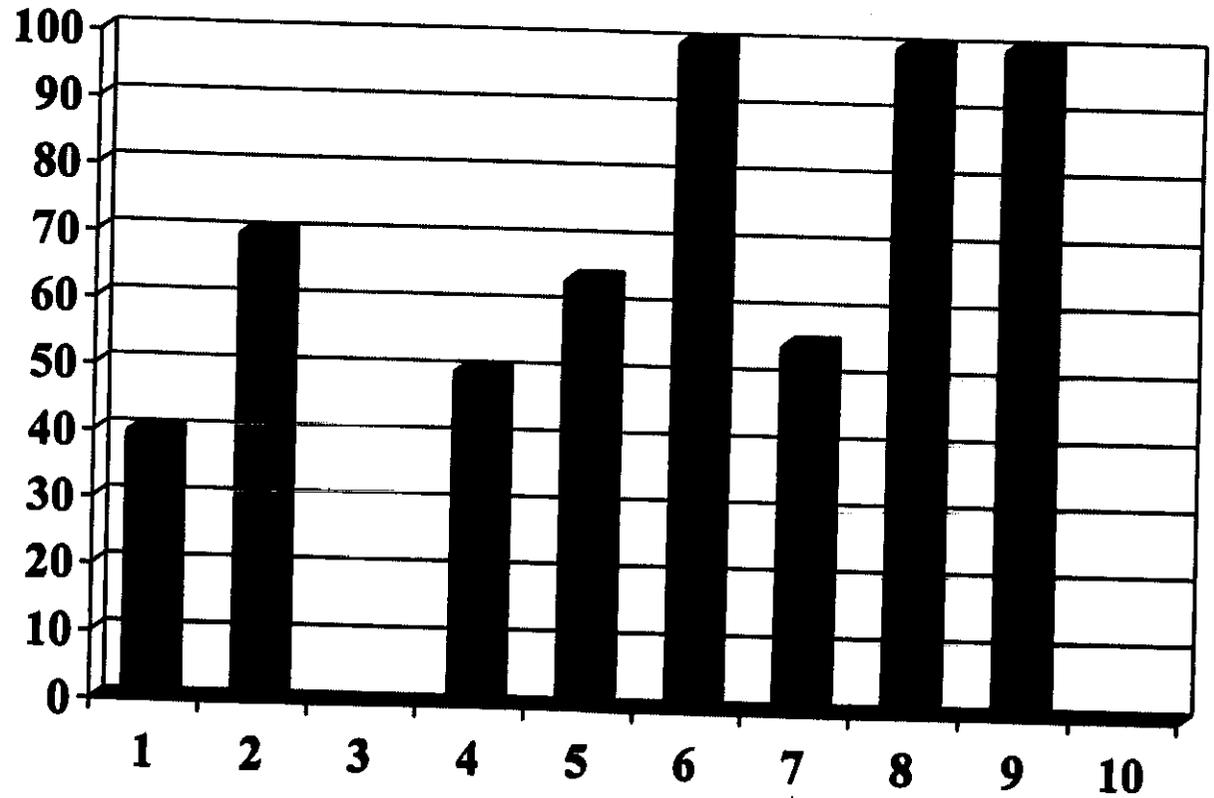
7.2 **Mulanje Mission Hospital: Summary Results of Integrated BFHI/PMTCT**

**Key:**

**Step 1 = 100% score**

**Rest of steps = 80% and above**

**Critical steps 1,3,6,9, 10**



**7.3 Mulanje District Hospital Baby-Friendly Hospital Initiative Policy, 2002**

1. Babies born at Mulanje District Hospital should be put to the breast within a half hour of birth, unless the mother has opted not to breastfeed. Babies born through caesarean section should be put to the breast as soon as the mother is awake.
2. Newborn infants should be given no feeds or drinks other than breastmilk unless medically indicated or unless the mother has opted for replacement feeding after VCCT.
3. All women attending the antenatal clinic at Mulanje District Hospital should be informed of the benefits and management of breastfeeding.
4. Every new member of staff should be oriented to the Mulanje District BFHI policy within the first week of their reporting for duties.
5. All breastfeeding mothers at Mulanje District Hospital must be helped to properly attach and position their babies to the breast.
6. All antenatal mothers should be given health education on the importance of VCCT and PMTCT.
7. Bonding, rooming in, and bedding in should be encouraged for all mothers who deliver their babies at Mulanje District Hospital or bring their babies for treatment.
8. No artificial teats, pacifiers, dummies, soothers, or feeding bottles should be given to babies, nor should these items be found within the hospital premises of Mulanje District.
9. All female employees of Mulanje District Hospital should have 90 days maternity leave for a viable baby combined with annual leave. Mothers should be encouraged to bring their babies thereafter for breastfeeding while on duty.
10. All donated items, e.g., breastmilk substitutes, targeting children under 6 months old must be scrutinized by the BFHI task force before they are received and distributed.
11. All breastfeeding mothers should be referred to breastfeeding support groups in the nearest clinic or community on discharge.

**7.4 Mulanje District Hospital: Antenatal Breastfeeding Policy, 2002**

1. All health workers should give information on the advantages of exclusive breastfeeding to all pregnant mothers.
2. All pregnant women should be informed about the sustainability of breastfeeding up to 2 years or more.
3. All health workers should discuss with antenatal mothers the dangers of breastmilk substitutes.
4. All primagravida mothers and mothers with a history of breastfeeding problems should be given special counseling on breastfeeding.

5. Health workers should discuss their past breastfeeding history with multiparous women as part of antenatal care to determine the problems encountered.
6. Health workers should conduct a full physical examination, including a breast examination, on all antenatal mothers.
7. Pregnant women should be informed of the importance of adequate nutrition during pregnancy and after delivery for their health and maintenance of lactation.
8. Traditional beliefs and practices related to pregnancy, childbirth, and lactation should be discussed with women to avoid any hindrances to successful breastfeeding.
9. All pregnant women should be taught proper positioning and attachment.
10. VCT and infant feeding counseling must be integrated into antenatal care services.
11. Preliminary prevention of STIs should be part of PMTCT.

#### **7.5 Mulanje District Hospital: Labour Ward Policy, 2002**

1. During labour, reinforce antenatal teaching pertaining to breastfeeding.
2. Avoid unnecessary invasive procedures such as:
  - 5.4 Episiotomy (unless there is an impending tear)
  - 5.5 ARM (should not be done unless the patient has been assessed that she will deliver within 4 hours)
6. Ensure that the baby is put skin to skin with mother within a half hour of birth to help initiate breastfeeding and bonding. Health worker to assess in breastfeeding
7. Ensure that mothers are able to initiate breastfeeding within a half hour after delivery.
8. Do not separate mothers and babies following normal deliveries; transfer them together to the postnatal ward.
9. Show mothers the best way to breastfeed
10. In circumstances of complications, e.g., caesarean section under general anaesthesia, encourage mother to initiate breastfeeding as soon as the mother and baby are medically indicated fit for breastfeeding.

#### **7.6 Mulanje District Hospital: Postnatal Ward Policy, 2002**

1. Give no prelacteal feeds, e.g., formula water and glucose, to the baby unless medically indicated.
2. Where prelacteal feeds are indicated, use a cup and spoon.
3. Show all pregnant women proper positioning and attachment.
4. Encourage rooming in for 24 hours.
5. Feed all infants colostrums.
6. Put no baby cots in wards.
7. Feed infants who are unable to suckle expressed breastmilk.
8. Use no artificial teats or pacifiers with the infants.

9. Encourage skin-to-skin contact between mother and baby (kangaroo care).
10. Teach mothers proper attachment and positioning.
11. Breastfeed babies on demand.
12. Teach all mothers the technique of expressing and storing breastmilk.
13. Encourage mothers with multiple births and cesarean section babies to breastfeed.
14. Give mothers with known HIV/AIDS infection special counseling on infant feeding options.
15. On discharge mothers to report promptly to a community support group (if any) or report back to the point of delivery if they have any breast or health problems.
16. Encourage mothers on maternal nutrition.

**7.7 Mulanje District Hospital: Paediatric Ward Policy for PMTCT and Infant Feeding 2002**

1. Promote breastfeeding exclusively for 6 months and sustain breastfeeding for 2 years or beyond.
2. Give sick children who are unable to suckle expressed breastmilk using a cup and spoon.
3. Give no breastfeeding substitutes, e.g., lactogen, unless medically indicated.
4. Ensure that health workers are knowledgeable on PMTCT and infant feeding.
5. Sell no freezes, Fanta, or any foods or drinks.
6. Provide health education on infant feeding to guardians.
7. Orient all staff members on this policy.

## 7.8 Mulanje District Hospital MCH/FP Health Education Talk Schedule

### Health Education Talk, December 2002

Date	Topic	Attendance	Signature
2/12/2002	HIV/AIDS		
2/12/2002	ORS preparation		
4/12/2002	Marasmus		
5/12/2002	Typhoid		
6/12/2002	Antenatal card		
9/12/2002	Malaria		
10/12/2002	Cancer		
11/12/2002	Pneumonia		
12/12/2002	TB		
13/12/2002	Khen vaccine		
16/12/2002	Preparation of likuni phala		
17/12/2002	Immunization		
18/12/2002	Iodine		
19/12/2002	Malaria		
20/12/2002	Under-5 card		
23/12/2002	Scabies		
24/12/2002	Cancer		
27/12/2002	T.T.V Card		
30/12/2002	Family planning		
31/12/2002	Groups of foods		

## **7.9 BFHI/PMTCT Policy for Mulanje Mission Hospital**

1. All members of staff should be responsible for giving information and assisting mothers or couples on this policy.
2. New members of staff should be oriented on BFHI and PMTCT.
3. All mothers should be taught the benefits of antenatal registration in the first trimester and the benefits of being delivered by a trained health personnel for PMTCT and safe motherhood.
4. All mothers should be informed of the hospital policy on breastfeeding and PMTCT of HIV.
5. All patient and guardians should receive information, education, and communication (IEC) on voluntary and confidential counselling and testing (VCCT) and MTCT and preventive measures.
6. All patients and mothers should receive IEC on the benefits and disadvantages of VCCT.
7. All patients and guardians should receive education, information, and skills on management of breastfeeding and be informed of BFHI and maternity practices.
8. All pregnant mothers should be informed about safe sex and condom use during pregnancy for PMTCT.
9. All pregnant mothers should be informed of the importance of preventing and treating sexually transmitted infections (STIs) and about PMTCT.
10. All infants less than 6 months of age should be exclusively fed on breastmilk unless medically contraindicated.
11. Artificial teats and pacifiers should not be given to the baby.
12. All sick infants who are not able to suckle effectively or too ill to breastfeed should be given expressed breastmilk by cup and spoon, and those who are able to suck should be breastfeed frequent and on demand.
13. Mothers who think they do not have enough breastmilk should be counselled on how to increase milk supply.
14. No Coca-Cola, Fanta, freezes, gripe water, tea, or water should be given to infants less than 6 months old.
15. When indicated, mothers should be counselled on relactation if their infants are less than 2 years old and have stopped breastfeeding.
16. Guardians caring for orphans less than 1 year old should be taught and encouraged to breastfeed the orphans.

## 7.10 Mulanje Mission Hospital Health Education Talk Schedule

### Health Education Talk, October 2002

Date	Topic	Attendance	Signature (Name)
01/10/02	Exclusive breastfeeding	71	
3/10/02	MTCT	84	
5/10/02	MTCT	95	
10/10/02	Exclusive breastfeeding	66	
15/10/02	Exclusive breastfeeding and MTCT	106	
15/10/02	MTCT	270	
21/10/02	Exclusive breastfeeding	199	
23/10/02	MTCT	106	
24/10/02	MTCT	110	
25/10/02	MTCT	120	
28/10/02	MTCT	130	
29/10/02	MTCT	134	
30/10/02	Scabies	92	
31/10/02	MTCT	120	
7/11/02	MTCT	120	
11/11/02	Child spacing	173	
11/11/02	Malaria	78	
11/11/02	Exclusive breastfeeding	80	
11/11/02	Exclusive breastfeeding	66	
11/11/02	MTCT	100	

### Health Education Talk, November 2002

Date	Topic	Attendance	Signature
3/11/02	MTCT	150	
4/11/02	Malaria	79	
15/11/02	Danger signs of pregnancy	130	
18/11/02	Danger signs of pregnancy	240	
19/11/02	Danger signs of pregnancy	150	
20/11/02	MTCT	150	
21/11/02	Danger signs of pregnancy	200	
22/11/02	Danger signs of pregnancy	240	
25/11/02	Danger signs of pregnancy	200	
26/11/02	PMTCT	300	
27/11/02	PMTCT	240	
28/11/02	Family	200	
29/11/02	Family planning	161	
2/12/02	Family planning	178	

2/12/02	Dangers Signs of pregnancy	200	
2/12/02	TB and AIDS	100	
2/12/02	TB and AIDS	209	
2/12/02	Cholera	54	
6/12/02	Family planning	110	

#### Health Education Talk, December 2002

Date	Topic	Attendance	Signature
7/12/02	PMTCT	110	
8/12/02	Danger signs of pregnancy	200	
9/12/02	VCT	120	
20/12/02	Reasons for coming to ANC	145	
24/12/02	Immunizations	185	
27/12/02	Danger signs of pregnancy	100	
30/12/02	Excusive breastfeeding	150	
31/12/02	Diarrhoea	200	

#### Health Education Talk, January 2003

Date	Topic	Attendance	Signature
02/01/03	Family planning	76	
3/01/03	Family planning	46	
3/01/03	Exclusive breastfeeding	200	
7/01/03	Exclusive breastfeeding	202	
8/01/03	Exclusive breastfeeding	200	

## **7.11 Mulanje Mission Hospital Training For Guardians Of Orphans At Centre For Orphans' Care**

Topics to be covered during the stay at the center:

### **1. Baby Care**

- Hygiene
- Bathing
- Clothing
- Washing

### **2. Feeding of the Baby**

- Breast feeding
- Artificial feeds
- Weaning
- Hygiene and feeding

### **3. Nutrition**

- Food groups
- Planning balanced meals for the baby
- Food preparation
- Hygiene when preparing food for the baby

### **4. Immunizations**

- What they are
- When are they given
- How and where are they given
- Side effects
- Care of baby soon after immunization

### **5. Common baby illnesses**

- Diarrhoea
- Malaria
- Pneumonia
- Malnutrition
- TB
- HIV/AIDS

**6. Preventive care**

- Use of bed nets
- Impregnation of bed nets



Episiotomies (number) 266 (percentage) 10.5  
 Caesareans (number) 133 (rate) 5.3  
 Instrument deliveries (number) 18 (percentage) \_\_\_\_\_  
 Patients receiving VCT results (number) \_\_\_\_\_ (percentage) \_\_\_\_\_  
 Artificial rupture of membranes over 4 hours (number) \_\_\_\_\_ (percentage) \_\_\_\_\_  
 Low birth weight babies (under 2500 g) (number) 367 (rate) \_\_\_\_\_  
 Babies in special care (number) \_\_\_\_\_ (rate) \_\_\_\_\_  
 Infant feeding data for deliveries (from records or staff reports)  
 Mother/infant pairs discharged in past month (number) 5 (percentage) \_\_\_\_\_  
 mother/infant pair's breastfeeding exclusively from birth to discharge in past month  
 (number) \_\_\_\_\_ (percentage) \_\_\_\_\_  
 Infants discharged in past month receiving at least one bottle feed since birth (between birth and  
 discharge) (number) \_\_\_\_\_ (percentage) \_\_\_\_\_  
 Infants discharged on replacement feeding (number) \_\_\_\_\_ (percentage) \_\_\_\_\_  
 How was the infant feeding data obtained?  
 From records     Percentages are an estimate, provided by: \_\_\_\_\_

**(Refer to BFHI External Assessors' Manual, page 16.)**

### 7.13 Hospital Data: Mulanje District Hospital

#### INTEGRATED BFHI, PMTCT, AND INFANT FEEDING ASSESSMENT

May be distributed to hospital staff in advance of assessment  
Date of assessment (day/month/year) \_\_\_\_\_

#### SECTION I HOSPITAL DATA

##### LA Hospital Data Sheet

If hospital has no nursery for normal, well newborns, write "none" in space provided.

Hospital name: Mulanje District Hospital

Address: P.O. Box 227, Mulanje

City, district, or region: Mulanje Country: Malawi

Chief hospital administrator: \_\_\_\_\_ Telephone: 01-466211

Senior Nursing Officers (or other personnel in charge):

For the facility: \_\_\_\_\_ Telephone: 01-466211

For the maternity ward: \_\_\_\_\_ Telephone: 01-466211

For the antenatal services: \_\_\_\_\_ Telephone: 01-466211

Type of hospital:  Government  Public/private (Mixed)  Private  Mission  Teaching  
 Other: \_\_\_\_\_

#### Hospital census data

Total bed capacity: \_\_\_\_\_ 279

Bed capacity in labour and delivery area 6

Bed capacity in maternity ward 27

Bed capacity in normal nursery 6

Bed capacity in special care nursery \_\_\_\_\_

Bed capacity for mothers and children in other areas 52

Delivery statistics for 2002 (year)

Total number of deliveries 2389

Episiotomies (number) 304 (percentage) 12.7

Caesareans (number) 237 (rate) \_\_\_\_\_

Instrument deliveries (number) 35 (percentage) 1.3

Patients receiving VCT results (number) \_\_\_\_\_ (percentage) \_\_\_\_\_

Artificial rupture of membranes over 4 hours (number) 42 (percentage) 1.7

Low birth weight babies (under 2500 g) (number) 311 (rate) \_\_\_\_\_

Babies in special care (number) 28 (rate) \_\_\_\_\_

**Infant feeding data for deliveries (from records or staff reports)**

Mother/infant pairs discharged in past month (number) 204 (percentage) 8.5

mother/infant pair's breastfeeding exclusively from birth to discharge in past month  
(number) 186 (percentage) \_\_\_\_\_

Infants discharged in past month receiving at least one bottle feed since birth (between birth and discharge)  
(number) \_\_\_\_\_ (percentage) \_\_\_\_\_

Infants discharged on replacement feeding (number) \_\_\_\_\_ (percentage) \_\_\_\_\_

How was the infant feeding data obtained?

From records       Percentages are an estimate, provided by: \_\_\_\_\_

**(Refer to BFHI External Assessors' Manual, page 16.)**

## **5.14 Letter on Internal Assessment**

**Ref. No: MJDH/MCH**

**District Health Officer  
Mulanje District Hospital  
P.O. Box 227  
MULANJE**

**27<sup>th</sup> December 2002**

**Secretary for Health and Population  
P.O. Box 30377  
Capital City  
LILONGWE 3**

**(ATT: NATIONAL BREASTFEEDING COORDINATOR)**

**CC: Programme Manager  
Project HOPE  
CHAPS Programme  
P.O. Box 378  
MULANJE**

**CC: LINKAGES Country Advisor**

**CC: District CHAPS Coordinator  
Mulanje District Hospital  
P.O Box 227  
MULANJE**

Dear Sir/Madam,

### **INTERNAL ASSESSMENT ON BABY-FRIENDLY HOSPITAL INITIATIVE INTEGRATED WITH PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV/AIDS**

This letter intends to inform you about the internal assessment on the Baby-Friendly Hospital Initiative integrated with prevention of mother-to-child transmission of HIV/AIDS and infant feeding in the following hospitals: Mulanje District Hospital, Mulanje Mission Hospital, and Holy Family Hospital.

The activity will be done with support from Project HOPE and the LINKAGES Project Malawi office.

This letter is therefore meant to ask your office for any technical assistance in conducting this activity. The assessment is planned from 6<sup>th</sup>-10<sup>th</sup> January, 2003.

Looking forward to your response.

Thank you.

**Leah Msowoya  
For: District Health Officer**

### **7.15 Internal Assessment Team**

**Ms. Nellie Nkhupela – National BFHI Assessor, District Nursing Officer, Zomba**

**Dr. Noor Alide – District Health Officer, Chikwawa District**

**Ms. Hilda Gausi – BFHI/PMTCT trainer, Senior Nursing Sister, Thyolo District**

**Ms. Jean Kayamba – BFHI/PMTCT Trainer, District Breastfeeding Coordinator,  
Mangochi District**

**Ms. Mwate Chintu – Resident Advisor, AED/LINKAGES Project, Malawi**

## 7.16 Assessment Schedule

**INTERNAL ASSESSMENT SCHEDULE  
INTEGRATED BABY-FRIENDLY HOSPITAL INITIATIVE (BFHI) AND  
PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) OF HIV  
MULANJE DISTRICT  
JANUARY 6<sup>TH</sup> – 10<sup>TH</sup>, 2003**

### **A. MULANJE DISTRICT HOSPITAL**

**Sunday, January 5<sup>th</sup>, 2003**

- 18:30–19:00 - Briefing with administrative staff
- 19:00–19:30 - Assessment logistics with the assessment team

**Monday, January 6<sup>th</sup>, 2003**

- 08:30–10:00 - Data collection from staff members  
- Data collection from postnatal mothers  
- Data collection from labour and delivery ward
- 10:00–10:30 - **TEA BREAK**
- 10:30–12:30 - Data Collection continued
- 12:30–14:00 - **LUNCH BREAK**
- 14:00–16:00 - Data collection continued
- 16:00–16:30 - **TEA BREAK**
- 16:30–19:00 - Data analysis
- 19:00 – 20:00 - **Dinner**
- 20:00–21:30 - Data analysis continued
- 21:30 - **END OF DAY**

**Tuesday January 7<sup>th</sup>, 2003**

- 07:30–10:00 - Data collection in MCH/FP and other relevant services
- 10:00–10:30 - **TEA BREAK**

10:30–12:30 - Data collection continued  
 12:30–14:00 - **LUNCH BREAK**  
 14:00–16:00 - Data collection continued  
 16:00–16:30 - **TEA BREAK**  
 16:30–19:00 - Data entry  
 19:00–20:00 - **DINNER**  
 20:00–22:00 - Data analysis  
 22:00 - **END OF DAY**

**Wednesday, January 8<sup>th</sup>, 2003**

08:00–10:00 - Data analysis continued  
 10:00–10:30 - **TEA BREAK**  
 10:30–11:30 - Presentation of the findings to management  
 11:30–12:30 - Discussions and recommendations/way forward  
 12:30 – 14:00 - **LUNCH**  
 14:00 – 16:00 - Briefing with the management  
 - Data collection from staff members  
 - Data collection from postnatal ward  
 - Data collection from labour and delivery ward  
 16:00–16:30 - **TEA BREAK**  
 16:30–19:00 - Data collection in labour ward  
 19:00–19:30 - **DINNER**  
 19:30–21:30 - Data analysis continued  
 21:30 - **END OF DAY**

**Thursday, January 9<sup>th</sup>, 2003**

07:30–10:00 - Data collection continued  
10:00–10:30 - **TEA BREAK**  
10:30–12:30 - Data collection continued  
12:30–14:00 - **LUNCH BREAK**  
14:00–16:00 - Data collection continued  
16:00–16:30 - **TEA BREAK**  
16:30–19:00 - Data entry  
19:00–20:00 - **DINNER**  
20:00–22:00 - Data analysis  
22:00 - **END OF DAY**

**Friday, January 10<sup>th</sup>, 2003**

08:00–10:00 - Finalization of data analysis  
10:00–10:30 - **TEA BREAK**  
10:30–11:30 - Presentation of findings to the management  
11:30–12:30 - Discussion and recommendations  
- Declaration of integrated BFHI/PMTCT status