

Assessment of baby-friendly status of health facilities in Butaleja District, Uganda

A summary of a study on Baby Friendly Health Facility Initiative in a rural district in Uganda



The World Health Organization (WHO) and United Nations Children's Emergency Fund (UNICEF) in 1991 launched the Baby Friendly Health Facility Initiative (BFHI) as a strategy in response to declines in breastfeeding rates worldwide.¹ The BFHI aims at implementing practices that protect, promote and support breastfeeding. It seeks to provide mothers and babies with a good start for breastfeeding, hence increasing the likelihood that babies will be breastfed exclusively for the first six months before they are given appropriate complementary foods while breastfeeding continues for two years or beyond.^{2,4}

BFHI provides guidelines for optimising support for breastfeeding in facilities that offer services for mothers and babies through implementing the global ten steps to successful breastfeeding.^{5,6} The global ten steps include: existence of a model breastfeeding policy, staff competency assessment, prenatal breastfeeding education, early initiation of breastfeeding, teaching breastfeeding techniques, limited supplementation of breastfeeding infants, rooming-in, teaching feeding cues, limited use of pacifiers, and post-discharge support.⁵

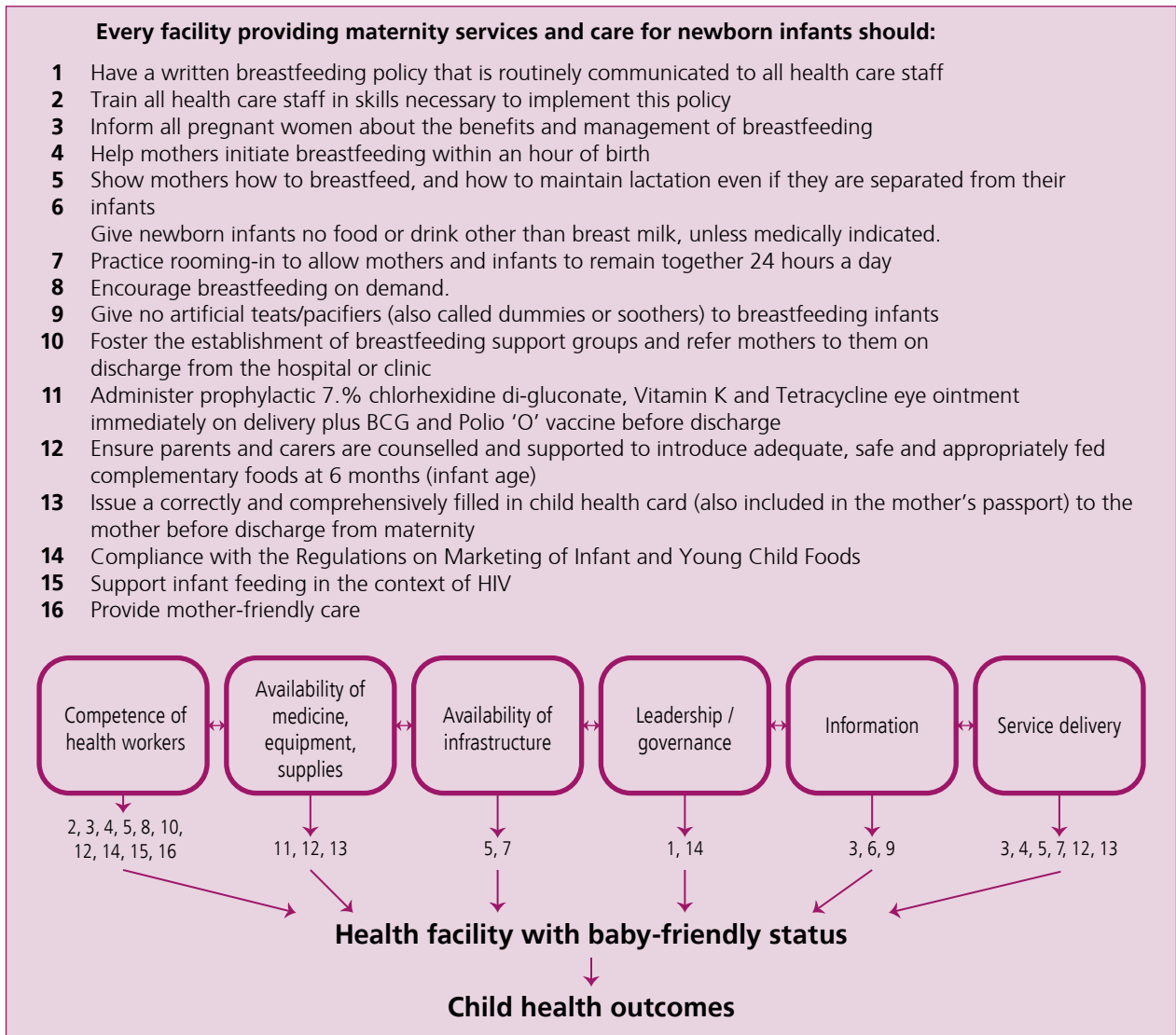
Although WHO and UNICEF recommend regular (after 3-5 years) assessment of health facilities for the baby friendly status,^{7,8} limited data exists about the baby-friendly status of health facilities in Uganda.

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A study aimed at assessing the baby friendly status of health facilities was conducted in Butaleja district, one of the rural districts in Uganda. It was a descriptive cross-sectional study design was used. Data was collected using an adapted and modified Ministry of Health BFHI assessment tool, pretested semi structured questionnaires, key informant interview guide and health facility checklists from 14 health facilities that conduct deliveries in Butaleja district. A total of 82 staff and 196 mothers were interviewed as well as observed. Key informant interviews were conducted with the District Health Officer and Assistant District Health Officer – Maternal Child Health.

The results showed that 3 of the 14 health facilities scored above 90%, with the best-performing health facility scoring 92.5%. The rest scored above 70% for baby friendly status. All the 14 facilities had well baby observation areas, only one of these facilities had a nursery space and a special care unit. The average score for infrastructural requirements, availability of medicine, supplies and equipment across facilities were 80%, 74%, 80% and 83% respectively. About 49.6% (133/268) of the health workers caring for pregnant women, mothers, and infants in 13 health facilities had been trained in BFHI, with only two facilities having trained staff on breastfeeding promotion and support within six months of commencing work. Functionality of the BFHI committees and the provision of support supervision to health workers were identified as

Figure 1: The 16 BFHI requirements for a health facility to be designated baby-friendly



key facilitators for the success of BFHI while the individual attitudes of mothers and health workers as well as cultural beliefs were the barriers to achieving baby friendliness.

The majority of the health facilities had basic infrastructure, medicine, equipment and medical supplies required to achieve the baby friendly status. However, gaps were identified in utilisation of medicines, and competency of health workers to provide baby friendly services at the health facilities. Areas of particular challenge were the few numbers of staff trained and the training not covering all 16 requirements to successful Infant and young child feeding. This implies that health facilities are not providing mothers and babies with a good start for breastfeeding thereby reducing the likelihood that babies will breastfeed exclusively for the first six months. There is therefore need for the district and other stakeholders in health to provide a quality training covering all sixteen requirements to successful Infant and young child feeding to health workers with a possibility of exploring alternative strategies especially those that address financial constraints. Health workers also need to create awareness to care takers about the need to administer medicines.

In conclusion, all health facilities in Butaleja district were baby friendly (overall facility scores of 70% and above) however more needs to be done to address the identified gaps.

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