3. *Encourage a professional organization or professional network to include BFHI in its mandate*. For example, in Australia, the professional society of nurse-midwifery is the BCG and is responsible for assessments. This could be with or without government support. BFHI could, logically, be the responsibility of any health profession that serves mothers and newborns and could designate, with National Authority oversight. This model would appear to offer enhanced quality control; however, some professional societies do not have the structural or fiscal base to take on this task.
4. *Establish a system whereby facilities assess each other and help each other to achieve designation status*. This model reduces the burden and the costs for the central authority, in that there only need be spot checks as to ongoing status, and would lessen the load for the BDC. However, with this reduced direct oversight, there may be a risk of collusion or other biases.
5. *Allow one professional organisation or other NGO, independent of the National Authority, to take responsibility for designation.* This approach, similar to 3, above, without oversight, reduces the costs for governments and allows independence in assessment, but it may lead to breeches in quality assurance and may result in conflict of interest, e.g., if the NGO also provides and charges for training, charges for preparation for assessment, and charges for helping the facility to improve if they fail the assessment may be practicing with inherent conflict of interest. In some settings, charges for the assessments may be prohibitive for smaller facilities or those in poorer settings. This last option is currently functioning in many countries. If selected, there are modifications (6 and 7, below) that could provide checks and balances for this approach.
6. *Allow any interested professional organization or NGO to apply to the National Authority for the right to coordinate the designation process (BCG) or to serve as a designating committee (BDC).* One or more NGOs could be approved by the National Authority to create a network of BDCs or carry out the assessments and designations themselves, depending on the number of facilities and the capacity of the NGO. The National Authority would be the organization that oversees this and grants the designations. There is a possibility of competition between NGOs that could be minimized by regional responsibility and careful oversight (see 7 below).
7. *Allow any interested professional organization or NGO to apply to the National Authority for the right to coordinate the designation process (BCG) or to serve as a designating committee (BDC) for a specific region of the country.* This approach is similar to 5 and 6 above, however, it includes aspects of oversight while reducing the possibility of inappropriate competitive activities. This approach may present a greater administrative burden for the National Authority.
8. While not ideal, *UNICEF country offices may assist* this function for a very limited period of time until the National Authority and BCG are established.

Many other constructs are possible, but each should be examined for sustainability, cost containment and insurance of oversight or checks and balances to ensure ongoing quality.

Regardless of the approach selected, it is essential that all necessary measures are taken to avoid a) any compromise to the high standards required for BFHI accreditation and b) any conflict of interest. Particular care should be taken where the national authority has given the BFHI designation group responsibility for delivering or monitoring standards of clinical care, or for delivering general health professional education and/or for