

may be necessary to determine what percentages of pregnant women and mothers using the antenatal and delivery services in maternity facilities are HIV positive. It is suggested that if a maternity facility has a prevalence of more than 20% HIV positive clients, and/or has a PMTCT<sup>13</sup> programme, this component of the assessment should be required. If prevalence is over 10%, the use of this component is strongly advised. National decision-makers in countries with high HIV prevalence may decide to include additional HIV-related criteria and questions, depending on their needs.

The *Global Criteria*, *Self-Appraisal Tool* and *Hospital External Assessment Tool* all have HIV-related items added in such a way that they can be included or not, depending on the need. The HIV and Infant Feeding criteria are listed separately in the *Global Criteria*. The questions related to HIV in both the *Self-Appraisal* and the various interviews in the *Assessment Tool* are either presented in separate sections or at the end of the respective interviews. There is a separate Summary Sheet in the *Assessment Tool* to display the HIV-related results.

A handout that provides guidance for “Applying the Ten Steps in facilities with high HIV prevalence” is attached as Annex 1 of Section 1.2.

### **The Baby-friendly Hospital designation process**

The BFHI is initiated at national level, with the BFHI national authority and coordination group, UNICEF, WHO, breastfeeding, nutrition and other health groups, and others interested parties as catalysts. The *Global Criteria* and *Self-Appraisal Tool* are available to all who are interested in accessing it on the UNICEF website. UNICEF and WHO will encourage the national authorities and BFHI coordination groups to access it and encourage health facilities to join or continue to participate in the Initiative. For details on country level implementation, please read Section 1.1 of this document.

At the facility level the assessment and designation process includes a number of steps, with facilities following differing paths, depending on the outcomes at various stages of the process. Once a facility has used the *Self-Appraisal Tool* to conduct a “self assessment” of whether it meets baby-friendly standards and has studied the *Global Criteria* to determine whether an external assessment is likely to give the same results, it will decide whether or not it is ready for external assessment.

If the facility determines that it is ready for external assessment in some countries the next step would be an optional or required pre-assessment visit during which an outside consultant explores the readiness of the hospital for a full assessment, using the *Self-Appraisal Tool* and *Global Criteria*. This could be done through an on site visit or by means of an extensive telephone interview/survey, if travel costs are prohibitive. This can be a quite useful intermediate step, as many hospitals overrate their compliance with the *Global Criteria* and this type of visit, followed by working on any further improvements needed, can save a lot of time, money, and anguish both for the hospital and the national BFHI coordination group.

If a facility has used the *Self-Appraisal Tool*, studied the *Global Criteria*, and received feedback during a pre-assessment visit or telephone interview, if scheduled, and determined that it does not yet meet the BFHI standards and recognizes its need for improvement, it should analyse its deficiencies and develop plans to address them. This may include scheduling the 20-hour course (presented in Section 3 of these BFHI

<sup>13</sup> Prevention of mother-to-child-transmission (of HIV/AIDS).