

COMPETENCY VERIFICATION TOOLKIT

ENSURING COMPETENCY OF DIRECT CARE PROVIDERS TO IMPLEMENT THE BABY-FRIENDLY HOSPITAL INITIATIVE





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Competency verification toolkit: ensuring competency of direct care providers to implement the Baby-friendly Hospital Initiative

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INTRODUCTION

In 2018, WHO (World Health Organization) and UNICEF (United Nations Children's Fund) released new Implementation guidance for the revised Baby-friendly Hospital Initiative (BFHI) (Guidance) (1) in which revisions to the Ten Steps to Successful Breastfeeding (Ten Steps) are described. The Ten Steps serve as the foundation to the BFHI. One of the most significant revisions to the Ten Steps was made to Step 2, which now says, *"Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding"*. This reformulation of Step 2 introduced a transition in BFHI from a focus on training to a focus on competency verification.

The new BFHI Step 2 focuses on verification to ensure that direct care providers have the knowledge, competence and skills to support breastfeeding, especially during the first few days in maternity facilities. This *Competency Verification Toolkit* is designed to assist countries and health care systems to feasibly link competencies to clinical practice.

The principle and practice of competency verification are solidly established in professional and clinical services. However, the actual implementation of competency verification is rather more complex, and the details of the process are especially important. Competency verification is essentially "the test" of whether a provider can do the job accurately, sensitively and correctly. If a direct care provider cannot clearly demonstrate competence in a task, then primary or remedial education or training is required.

Section 1 describes the competency framework in which 16 specific breastfeeding management and support competencies are organized into seven unique domains.

Section 2 provides detailed information on the principle and process of competency verification; the details of verifying clinical competencies specific to BFHI and the qualifications and roles of examiners. Specific knowledge, skills and attitudes that comprise the competencies are explained.

Section 3 describes the detailed tools to be used for competency verification, including the *Competency Verification Form*, the *Examiners' Resource*, multiple-choice questions to verify knowledge, case studies that involve a comprehensive review of clinical situations, and observation tools for skills and attitudes.

Section 4 discusses opportunities to adapt the tools in the *Toolkit* for country settings.



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