

# Title

## CREATING AN ENABLING ENVIRONMENT FOR BABY-FRIENDLY HOSPITAL INITIATIVE: TWO COUNTRY CASE STUDY OF MALAWI AND THE KYRGYZ REPUBLIC

# Authors

Altrena Mukuria Ashe,<sup>1</sup> Nazgul Abazbekova,<sup>1</sup> Kanji Nyambo,<sup>2</sup> Malia Uyehara,<sup>1</sup> Charlotte Block,<sup>1</sup> Alyssa Klein,<sup>1</sup> Janet Guta,<sup>3</sup> and Jeniece Alvey<sup>4</sup>

# Affiliation

<sup>1</sup>USAID Advancing Nutrition, <sup>2</sup>Independent Consultant, <sup>3</sup>Ministry of Health, Malawi, <sup>4</sup>the Public Health Institute/USAID Global Health Technical Professionals



22ND IUNS-ICN INTERNATIONAL CONGRESS OF NUTRITION IN TOKYO, JAPAN  
DECEMBER 6-11, 2022

## Poster No. PAB(T3)-30

### KEY TAKE-AWAY

**Institutionalizing BFHI requires engagement of stakeholders beyond health and nutrition service delivery.**

### BACKGROUND AND OBJECTIVES

In 2018, the World Health Organization and UNICEF significantly changed the implementation guidance of the Baby-Friendly Hospital Initiative (BFHI) to facilitate the integration of the Ten Steps to Successful Breastfeeding into the standards of prenatal, maternity, and newborn care. Since the introduction of BFHI in 1991, improved hospital practices resulted in effectively increasing rates of early initiation and exclusive breastfeeding and in some countries, breastfeeding duration. To motivate upholding the Ten Steps, hospitals received a baby-friendly designation. With a paradigm shift away from external certification and individual public recognition, creating an enabling environment beyond the health system is required to institutionalize BFHI. The objective of this poster is to share country experiences building an enabling environment in line with the 2018 guidance for BFHI in Malawi and the Kyrgyz Republic.



Credit: SPRING Project

### METHODS

We chose the Kyrgyz Republic and Malawi based on their level of BFHI implementation, USAID support, and geographical diversity. Between February and April 2021, we conducted a qualitative study of in-depth interviews of 85 key informants (Malawi: 48; Kyrgyz Republic: 37) including policy makers, stakeholders, managers, and service providers. We included desk reviews of published and grey literature on BFHI programming, and national plans, policy, and program implementation documents specific to the selected national responsibilities (Malawi: technical assistance; Kyrgyz Republic: incentives and sanctions). We sorted interviews into document groups, districts, implementation level, and respondent type; in Malawi, we also included strong and weak BFHI implementation. Using ATLAS.ti 9, we analyzed texts from document groups using deductive and inductive codes based on the research questions and each country's data.

### RESULTS

#### THE KYRGYZ REPUBLIC

The Kyrgyz Republic has a strong policy environment. In lieu of certification, financial incentives motivate health facilities and are more effective than sanctions.

**“MHIF applied financial sanctions for poor quality medical care for 20 years; however, the numbers did not change for better and there was no interest on the part of facility administration... Therefore, the MHIF has moved from sanctions to incentives. We have seen that incentives are much better... We started to see changes in motivation for improvement.”**

— Mandatory Health Insurance Fund

**“[The] country is committed to BFHI at a very early stage from independence [1991]... We have a law on [marketing of] Breast Milk Substitutes.”**

— Program manager

#### MALAWI



Credit: USAID PhotoShare

Malawi has a strong policy environment. The Ministry of Health adopted BFHI in 1993. In lieu of external certification, given additional resources, professional associations and regulatory bodies could monitor the quality of service delivery, identify the gaps, and provide technical assistance and guidance to health professionals and facilities.

**“For now, we have not done that [but could], we have not provided technical assistance [or] monitoring for BFHI.”**

— Professional association

**“What is involved in the BFHI is what we regulate... It is part of pediatrics and child health care. If a facility doesn't meet the requirements..., we [can] enforce those standards.”**

—Regulatory body

### CONCLUSIONS

This study found strong policy environments and mechanisms with the potential to scale up and sustain BFHI in both countries. However, the coronavirus disease of 2019 pandemic has further constrained financial and human resources. To reach universal coverage and sustain BFHI requires support for the enabling environment (i.e., financing, communication and advocacy, and national monitoring). We need to engage regulatory bodies, professional associations, financial institutions, and national and regional authorities, among others.

For more information: see [advancingnutrition.org/breastfeeding](https://advancingnutrition.org/breastfeeding)



USAID ADVANCING NUTRITION

This poster was produced for the U. S. Agency for International Development. It was prepared under the terms of contract 7200AA18C00070 awarded to JSI Research & Training Institute, Inc. The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the U.S. Government.