



**Sustaining the Baby-Friendly
Hospital Initiative (BFHI)
Requires All Hands On Deck:
Findings from A Two-Country
Case Study in Malawi and the
Kyrgyz Republic**

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- The study was produced with support from the U.S. Agency for International Development (USAID contract number 7200AA18C00070; USAID Advancing Nutrition).
- The opinions herein are those of the authors and do not necessarily reflect the views of the US Agency for International Development or the US Government

Learning Objectives

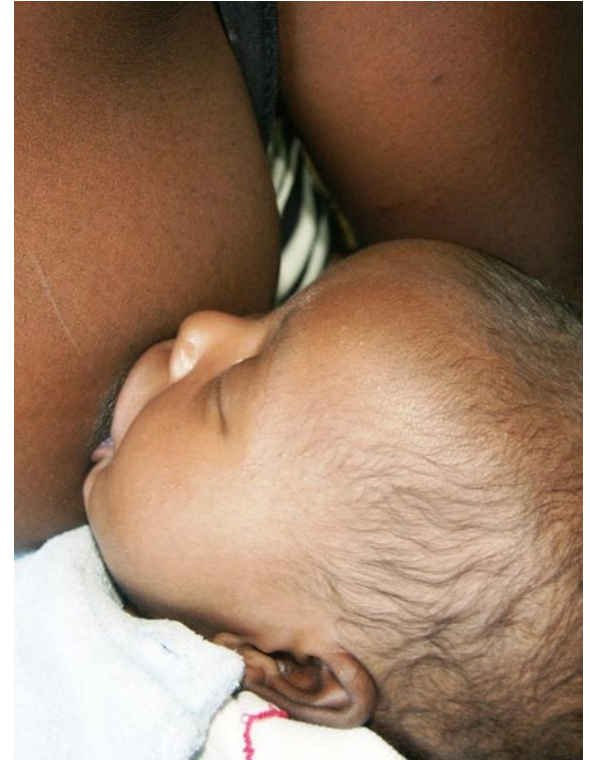
- Express a global perspective of BFHI implementation.
- Identify the key aspects of scaling up and sustainability for BFHI.
- Recognize the need for multisectoral engagement for BFHI sustainability.
- Examine the challenges facing low and medium income (LMIC) countries for BFHI implementation.



Sustaining the Baby-Friendly Hospital Initiative (BFHI) Requires All Hands On Deck: Findings from A Two-Country Case Study in Malawi and the Kyrgyz Republic

August 13–15, 2023
ILCA 2023 Annual Conference

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World Health Organization/UNICEF Guidelines



(UNICEF & WHO 2018, 30)

Nine National Responsibilities

Universal Coverage

1. Establish or strengthen a national breastfeeding coordination body
2. Integrate the Ten Steps into relevant national policy document and professional standards of care
3. Ensure the competency of health professionals and managers in implementation of the Ten Steps
4. Utilize external assessment systems to regularly evaluate adherence to the Ten Steps
5. Develop and implement incentives for compliance and/or sanctions for non-compliance with the Ten Steps
6. Provide technical assistance to facilities that are making changes to adopt the Ten Steps

Sustainability

7. Monitor implementation of the initiative
8. Advocate for the BFHI to relevant audiences
9. Identify and allocate sufficient resources to ensure the ongoing funding of the initiative

Research Questions

What efforts have governments made to achieve universal coverage and sustainability of BFHI with regards to the national responsibilities?

	Key BFHI National Responsibilities	Malawi	Kyrgyz Republic
3	Ensure the competency of health professional sand managers in implementation of the Ten Steps	X	X
5	Develop and implementation incentives for compliance and/or sanctions for non-compliance with the Ten Steps		X
6	Provide technical assistance to facilities that are making changes to adopt the Ten Steps.	X	
7	National monitoring	X	X
8	Communication and advocacy	X	X
9	Financing	X	X



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Methodology

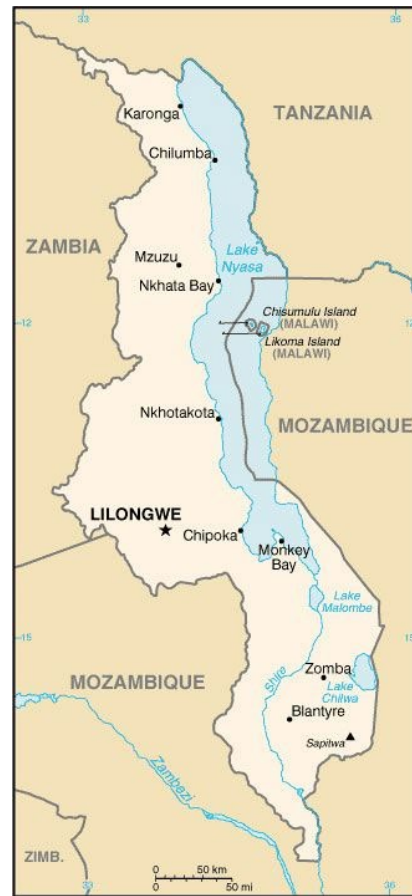


Methodology

- Qualitative, two-country study
- Study areas: Two regions in each country



Kyrgyz Republic



Republic of Malawi

Methodology

- Desk review: policies, operational guidance, curricula, tools, etc.
- 85 key informant interviews



Key Informants	Malawi	Kyrgyz Republic
Policymakers and regulatory bodies/mandatory health insurance fund	6	12
Professional associations	1	2
Health professional training institutions	2	2
Stakeholders: USAID, UNICEF, World Health Organization, Christian Health Association of Malawi, Organized Network of Services for Everyone's Health, Health Policy Plus	6	6
Zonal (5) and district (6) managers	11	
Facility administrators	9	4
Service providers	12	12
Total	47	38



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Findings



Nine National Responsibilities

	Malawi	Kyrgyz Republic
Universal Coverage		
1. Leadership and Coordination	Strong structures	Strong structures
2. Policies and Professional Standards	Strong structures	Strong structures
3. Health Professional Competency Building	Some structures in place; operating at old standards with some in roads into new recommendations	Some structures in place; operating at old standards with some in roads into new recommendations
4. External Assessment	There is potential that needs strong advocacy and commitment to move these towards full compliance with new guidelines	There is potential that needs strong advocacy and commitment to move these towards full compliance with new guidelines
5. Incentives and Sanctions	There is potential that needs strong advocacy and commitment to move these towards full compliance with new guidelines	Some structures in place; operating at old standards with some in roads into new recommendations
6. Technical Assistance	Some structures in place; operating at old standards with some in roads into new recommendations	NI
Sustainability		
7. National Monitoring	There is potential that needs strong advocacy and commitment to move these towards full compliance with new guidelines	There is potential that needs strong advocacy and commitment to move these towards full compliance with new guidelines
8. Communications and Advocacy	There is potential that needs strong advocacy and commitment to move these towards full compliance with new guidelines	NI
9. Financing	There is potential that needs strong advocacy and commitment to move these towards full compliance with new guidelines	There is potential that needs strong advocacy and commitment to move these towards full compliance with new guidelines

Legend

-  Strong structures
-  Some structures in place; operating at old standards with some in roads into new recommendations
-  There is potential that needs strong advocacy and commitment to move these towards full compliance with new guidelines
-  No information (NI)

Malawi

Engage other departments and organizations beyond nutrition:

“[For] quality improvement [engage the] RHD (Regional Health Dept)—because most BFHI activities in facilities [fall] under it. Strengthening coordination will make BFHI a success. Since most of the activities are done at [antenatal care] ANC, postnatal, [and] labour ward which are very much linked to RHD. [The] Dept. of Nutrition and RHD should work hand in hand.” — *USAID implementing partner*



Joseph Ntswana, CARE/Malawi

“The major barrier is outdated curriculum...We have...good collaboration with the training institutions, we train the academia but we find that the following year they have moved so we [they] need to keep being updated...” — *National manager*

PHOTO: CARE/USAID 2018

Kyrgyz Republic

Incentives are more effective than sanctions.

“For 20 years, there were financial sanctions for poor quality health care. They lost their impact on providers for improving the quality of medical services, so MHIF moved to incentives instead and saw motivation for improvement.”

— *Mandatory Health Insurance Fund (MHIF)*

Pre-service training is not universal.

“Some medical universities provide pre-service training. This includes lectures and practice.”

— *Personal communication, USAID implementing partner, April 27, 2022*



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Conclusions

Integrating BFHI into standards of care requires a multi-sectoral approach:

- Reproductive, maternal, and newborn health should fully incorporate the Ten Steps.
- Sustainability calls for education (curricula and pre-service training) and finance sectors, and regulatory bodies can monitor the quality of implementation.
- Communication and advocacy is needed for policymakers and managers if national policy implementation is to reach all levels.

These countries have national-level policies and strong implementation structures. However, they have limited monitoring and evaluation, resources, and multi-sectoral engagement beyond the health system.

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This presentation is made possible by the generous support of the American people through 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.



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