SUSTAINING THE BABY-FRIENDLY HOSPITAL INITIATIVE REQUIRES ALL HANDS ON DECK:

FINDINGS FROM A TWO-COUNTRY CASE STUDY IN MALAWI AND THE KYRGYZ REPUBLIC

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BACKGROUND

In 2018, the World Health Organization and UNICEF 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. Previously, to motivate upholding the Ten Steps, hospitals received a baby-friendly designation. The new guidance recommends a paradigm shift away from traditional facility designation to accreditation processes and institutionalization of the Ten Steps into standards of care through nine key national responsibilities for BFHI (UNICEF & WHO 2018; figure 1). Initially we analyzed two national responsibilities in each country: Malawi (responsibility 3 and 6) and the Kyrgyz Republic (responsibility 3 and 5). This study explores each country's experiences within the nine responsibilities for BFHI scale up and sustainability.

Figure 1. Nine Key National Responsibilities for BFHI

UNICEF and WHO 2018, 30

METHODS

We chose the Kyrgyz Republic and Malawi based on their BFHI commitment, USAID support, and geographic diversity (table 1). Between February and April 2021, we conducted a qualitative study of in-depth interviews with 85 key informants (Malawi: 48; Kyrgyz Republic: 37) including policy makers, stakeholders, managers, and service providers, and a desk review of published and gray literature on BFHI policy and programming documents specific to the selected national responsibilities. We sorted document groups by location, implementation level, and respondent type. Using ATLAS.ti 9, we analyzed texts from document groups using deductive and inductive codes. We identified key themes related to health professional competency, and technical assistance in Malawi and incentives and sanctions in the Kyrgyz Republic. This secondary data analysis explores the nine responsibilities extracting from the previous analysis.

Table 1. Background on the Kyrgyz Republic and the Republic of Malawi

	Kyrgyz Republic	Malawi
Land mass	199,000 sq km (76,834 sq mi)*	118,760 sq km (45,853 sq mi)+
Population	6 million*	19 million+
Exclusive breastfeeding (under 6 months)	46%1	61%+
Early initiation of breast-feeding (within one hour)	81%1	77%2
Continued breastfeeding (at 20–23 months)	22%1	71.5%+
Prevalence of facility births	100%1	91%+
At least 4 antenatal visits	82%1	51%+

* NSC, MoH, and ICF International, 2013
\+ NSO Malawi and ICF, 2017
1 NSC and UNICEF 2019
2 Nkoka et al. 2019

FINDINGS

MALAWI

Malawi has a strong policy environment and structures from the national to the facility level. They adopted BFHI in 1993. With additional resources, professional associations and regulatory bodies could monitor the quality of service delivery, identify the gaps, and provide technical assistance to health professionals and facilities. Sectors beyond nutrition should be engaged.

Photo credit: Joseph Ntwana/CARE Malawi

"[For] quality improvement [engage the] RHD (Regional Health Dept)—because most BFHI activities in facilities [fall] under it... Since most of the activities are done at ANC (antenatal care), postnatal, [and] labour ward which are…linked to RHD… [The] Dept. of Nutrition and RHD should work hand in hand."

— USAID partner

"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

THE KYRGYZ REPUBLIC

The Kyrgyz Republic has a strong policy environment. The Ministry of Health created the National BFHI Coordination Committee between 1992 and 1995 to manage hospital accreditation.

Respondents described the Mandatory Health Insurance Fund-balanced scorecard for results-based financing as the main tool for evaluating health service quality and a good way to measure the quality of support if breastfeeding indicators were included.

"For 20 years, there were financial sanctions for poor quality health care. They lost their impact on providers…, so MHIF moved to incentives…and saw motivation for improvement."

— Mandatory Health Insurance Fund (MHIF)

"Some medical universities provide pre-service training… This includes lectures and practice."

— Personal communication, implementing partner, April 27, 2022

Key Take-Away: Multi-sector engagement beyond health and nutrition is needed to scale up and sustain BFHI.

CONCLUSION

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. Regulatory bodies can monitor the quality of implementation. Policymakers and advocates must disseminate national policies that support institutionalizing BFHI. These countries have strong national-level policies and implementation structures with potential for multi-sectoral engagement. However, they have limited monitoring and evaluation, and financial and material resources.

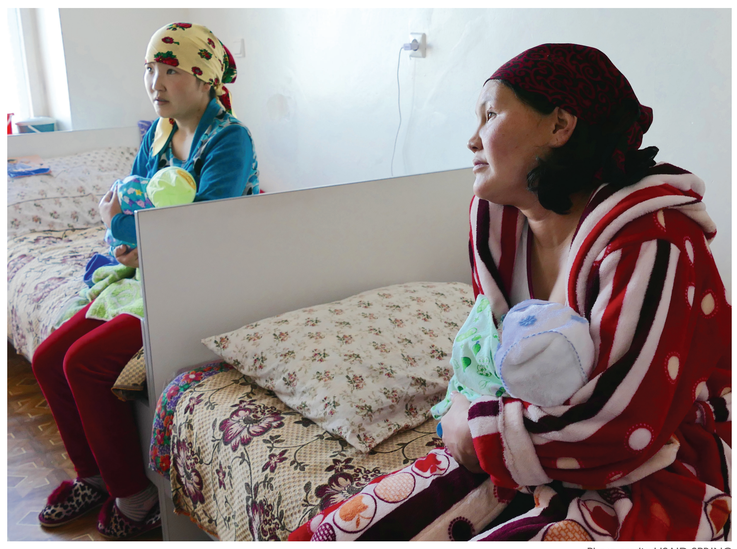

Photo credit: USAID SPRING

REFERENCES

Klein, A., C. Block, A. Makismov, S. Okenov, J. Alvey, and A.G. Mukuria-Ashe. 2023. "Building the Competency of Health Professionals in the Kyrgyz Republic for the Baby-Friendly Hospital Initiative." *Maternal & Child Nutrition.* e13506. https://doi.org/10.1111/mcn.13506

Mukuria-Ashe, A., K. Nyambo,, M. Uyehara, and J. Alvey. n.d. "Building the Competency of Health Professionals in Malawi for the Baby-Friendly Hospital Initiative." [Manuscript submitted for publication]

Mukuria-Ashe, A., A. Klein, C. Block, K. Nyambo, M. Uyehara, G. Mtengowadula, G. Nyirongo, et al. 2022. "Implementing the UNICEF/WHO 2018 Baby-Friendly Hospital Initiative National Responsibilities: A Qualitative Two-Country Case Study." *Maternal & Child Nutrition.* 19(1): e13422. https://doi.org/10.1111/mcn.13422

NSC (National Statistical Committee of the Kyrgyz Republic), Ministry of Health [Kyrgyz Republic], and ICF International. (2013). *Kyrgyz Republic Demographic and Health Survey 2012.* Bishkek, Kyrgyz Republic and Calverton, MD, USA: NSC, MOH, and ICF International.

Nkoka, O., P.A.M. Ntenda, V. Kanje, E.B. Milanzi, and A. Arora. 2019. "Determinants of Timely Initiation of Breast Milk and Exclusive Breastfeeding in Malawi: A Population-Based Cross-Sectional Study. *International Breastfeeding Journal,* 14(37). https://doi.org/10.1186/s13006-019-0232-y

NSC (National Statistical Committee) of the Kyrgyz Republic and UNICEF. (2019). *Kyrgyzstan Multiple Indicator Cluster Survey 2018: Survey Findings Report.* Bishkek, Kyrgyz Republic: National Statistical Committee of the Kyrgyz Republic and UNICEF.

NSO (National Statistical Office) [Malawi] and ICF. 2017. *Malawi Demographic and Health Survey 2015–16.* Lilongwe, Malawi and Calverton, MD, USA: NSO and ICF.

UNICEF (United Nations Children's Fund) and WHO (World Health Organization). 2018. *Implementation Guidance: Protecting, Promoting and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services: The Revised Baby-Friendly Hospital Initiative.* Geneva: World Health Organization.

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