

BFHI Congress 24-26 October 2016

Overview of country experiences

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Outline

- **Current coverage of the BFHI**
- **Overview of key aspects of BFHI implementation:**
 - Enabling environment
 - Funding
 - Coordination
 - Adaptations to the Ten Steps
 - Adaptations to monitoring, assessments, designation
 - Integration with other interventions/policies
 - Integration in hospital standards
 - Quality improvement initiatives
 - Designations
 - Capacity building
- **Reflection:**
 - Challenges
 - Lessons learned
 - Recommendations



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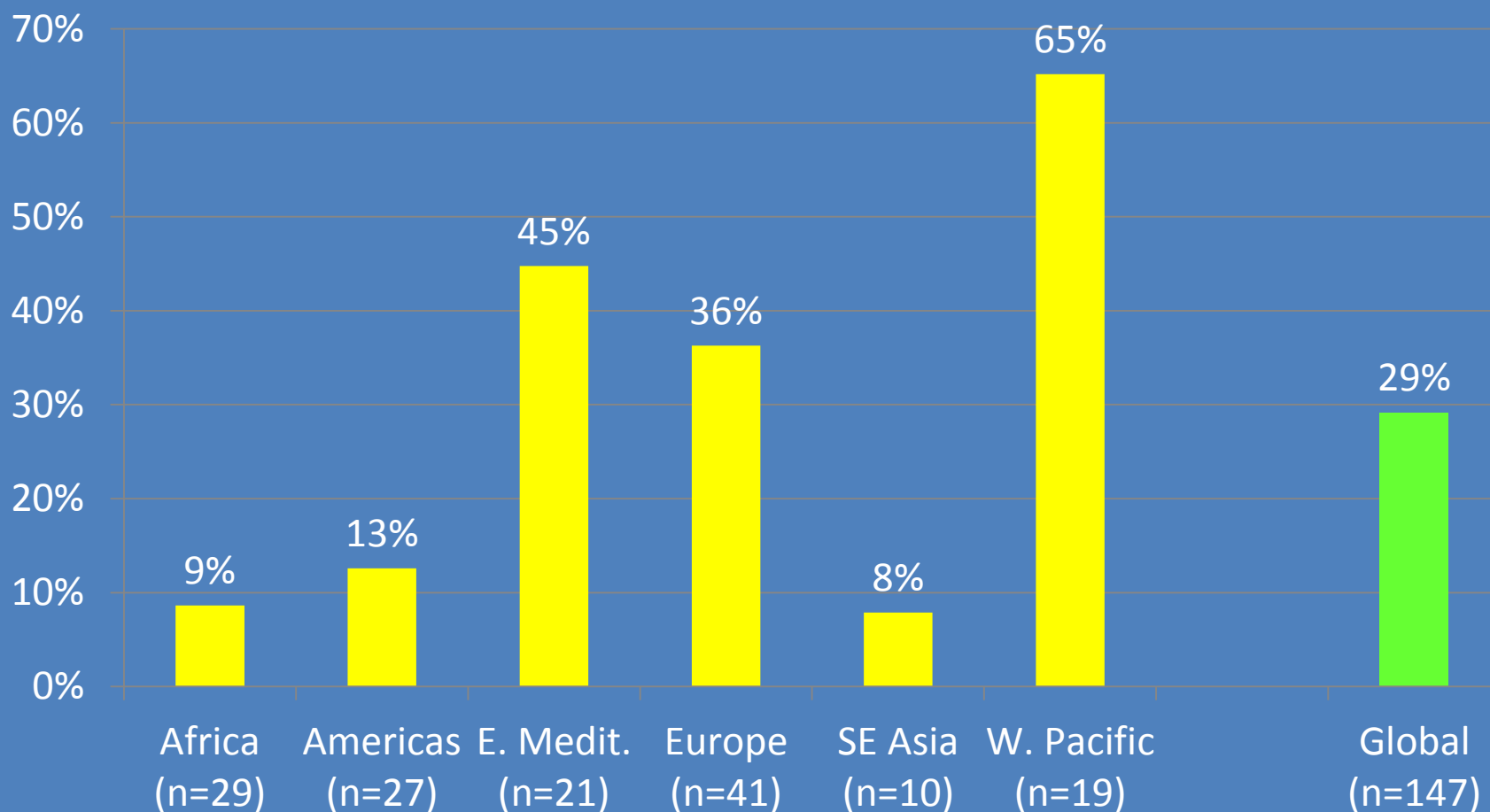
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The UNICEF logo, which consists of a stylized mother holding her child, enclosed within a laurel wreath.

Assessing current coverage

- Data available for 147 countries from several sources (cover 84% of global births)
 - WHO Global Nutrition Policy Review (2016 & 2011)
 - UNICEF Nutridash survey (2014)
 - BFHI Industrialized country network (2014)
 - World Breastfeeding Trends Initiative
 - WHO/EMRO survey (2016)
 - WHO/PAHO survey (2015)
- Definition of “currently designated” is variable

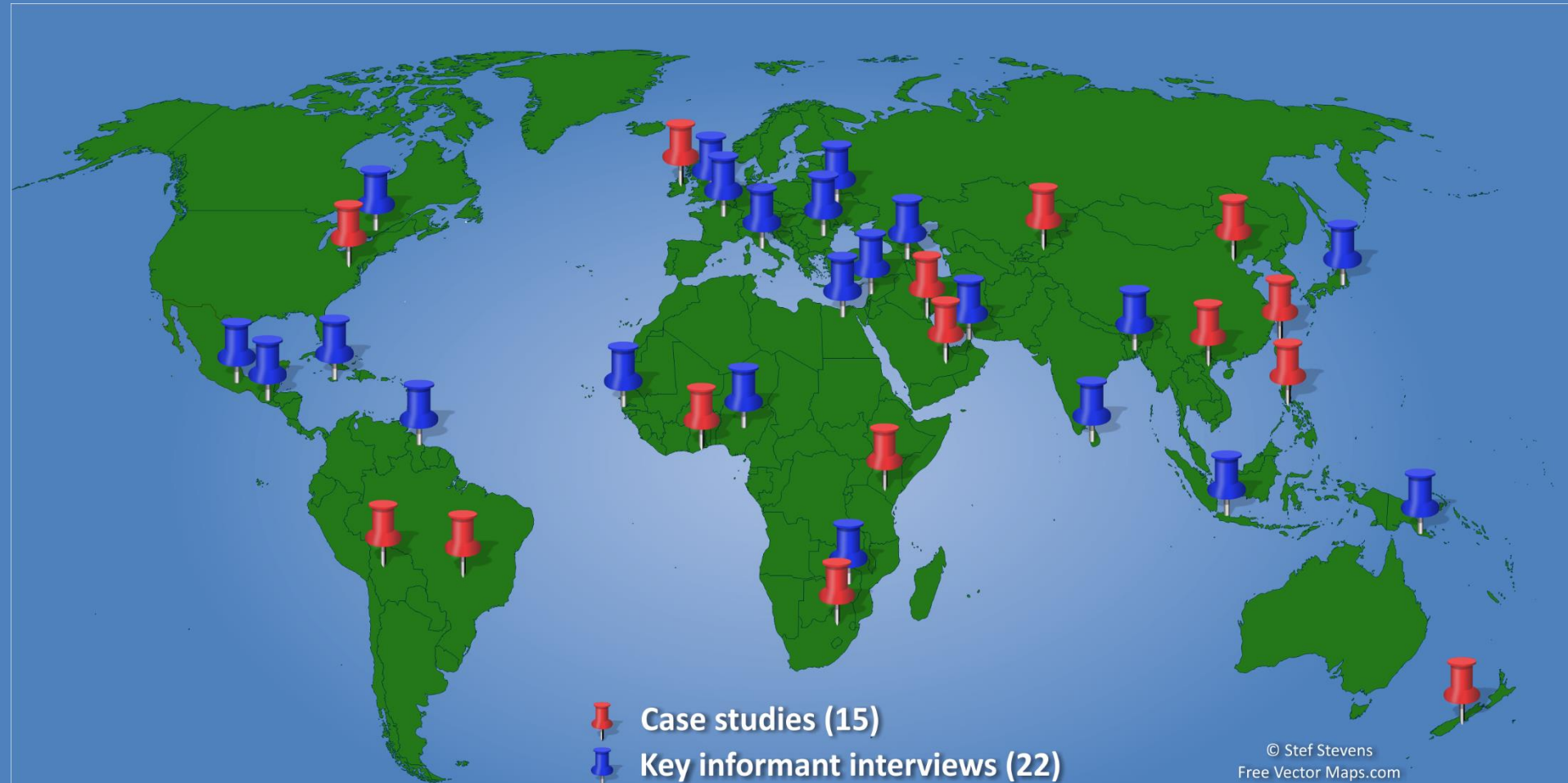
Coverage of BFHI by WHO region



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Country experiences



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Enabling environment

- BFHI often established and flourishing in enabling **policy environment**, specifically:
 - Nutrition/IYCF/Breastfeeding policy
 - International Code
 - Maternity protection
- **Social mobilization** for breastfeeding also facilitates BFHI



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Funding – main contributors

Funding mainly required for capacity building, assessments, re-assessments

Main funding sources:

- Government funding
- External (donor) funding
- Facility contributions



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BFHI coordinating mechanism, key actors

- Government coordination
(BFHI among other responsibilities)
- Decentralised (government) coordination
- NGO coordination
(dedicated coordinator/coordination group)

- Most common key actors:
 - Ministry of Health
 - Selected (I)NGOs
 - Technical experts
 - UNICEF; WHO

Adaptations to the Ten Steps

- Ten Steps often **adjusted** to cover various national priorities
 - Code included in Steps
 - “Mother-friendly” interventions (only C-section reduction or comprehensive)
 - Specific national priorities in care for women & children



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Adaptations to monitoring/ external assessments, designation

- **Step-wise** approaches used to recognize different levels of effort:
 - Achieve different sets of Steps over time
 - Achieve different percentages compliance over time
- Different **thresholds** for % compliance (higher or lower than global criteria)
- Placing BFHI in the **broader community**:
community consultations; consumers' comments



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Integration of BFHI with other interventions or policies

- Embedding BFHI into broader MCH/Nutrition/Development **interventions or policies** helps ensure scale up and sustainability
- Incorporation of breastfeeding and BFHI related **indicators** in national health information systems facilitates accountability

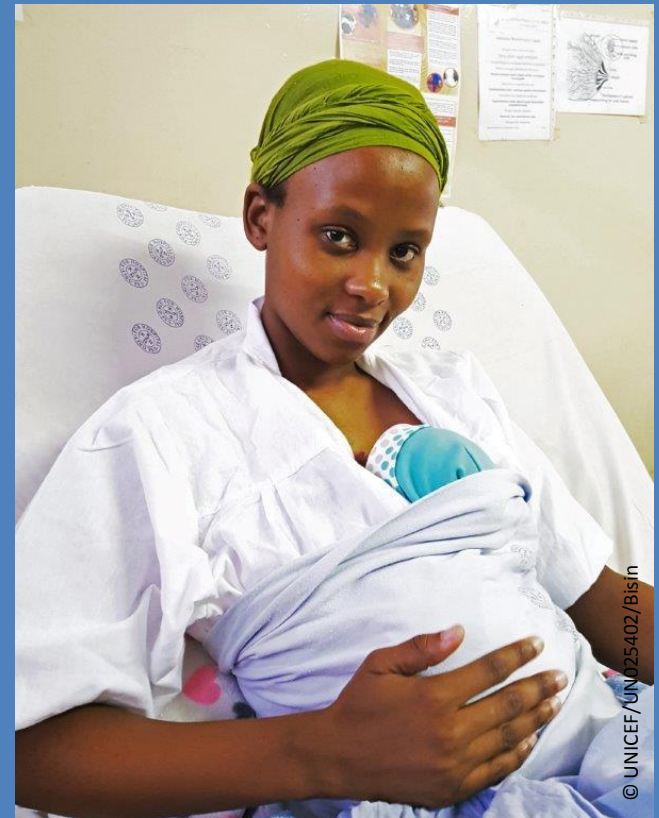


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Integration in hospital standards

- Integration of BFHI criteria into **hospital accreditation standards** to achieve scale up and sustainability
- Some adaptations of criteria required



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Quality Improvement initiatives or programmes applied to the BFHI

- Quality improvement definition: “systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups”.
- QI approaches **increasingly applied** to the BFHI – to achieve designation and maintain it

Designations



- **Designation** as Baby-friendly facility is the main incentive/recognition method for the BFHI
- Alternatives:
 - Increased **reimbursement rate** when designated
 - Reimbursements **conditional** to designation



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Capacity building

- **In-service training** main capacity building strategy for the BFHI
 - Requires investment in training of trainers
 - Staff rotation: renewed training necessary
- BFHI/breastfeeding in **pre-service training** rare or insufficient



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Challenges

- Ownership (government - external donors)
- Voluntary nature of implementation
- Maintain momentum and funding for
 - Expansion
 - Quality, after certification
- Recurrent costs
 - In-service trainings
 - (Re-)assessments
- High workload of health staff
- Challenges with specific steps (country specific)



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Lessons learned



- **Policy environment** pivotal
- **Mainstreaming** of the BFHI facilitates scale up and acceptance by facilities
- **Community support** and social mobilization important
- Certificates are not for ever (“**Expiry date**”)
- “**Champions**” can help accelerate implementation



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Recommendations for the future

- **Mainstreaming** of the BFHI
 - National policies
 - Other (MNCH) programmes & protocols
 - Health worker curricula
- Invest in health workers' **capacity**
- Ongoing **monitoring**
- Secure sustainable **funding**



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Thank you



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