**Group workshop on enablers and barriers, 14 November 2016**

**Vietnam + Colombia**

(Nathaniel Foote reporter)

Our discussions focused primarily on Vietnam as a case example to highlight the barriers, explore the underlying root causes and identify enablers.

History/Context:

* Two practitioner champions established KMC in two large, ‘CoE’ hospitals, but without much support from above
* Government has since become increasingly supportive and has now expressed commitment to national KMC implementation:
	+ 2009 – National Policy Guidelines
	+ 2014 – National Policy Directives
	+ Several recent policy directives just issued

Current Barriers (from perspective of two of the largest hospitals implementing KMC):

* Staff: very high staffing ratios for nurses/midwives; turnover of key MD specialists trained in KMC
* Space: no space for KMC wards or for place for mothers in/near unit where incubators are located

Deeper issue:

* Financing mechanisms: health insurance reimburses for incubators, but not for KMC

Other issues:

* Formula companies with significant influence with doctors/professionals
* Rapidly rising rate of C-sections: now 40-50% in many hospitals and up to 70% in private hospitals

Systemic View of Enablers:

1. ***Advocacy*** to build stronger government support/commitment
	1. ***Data*** – e.g., # LBW infants; % covered by KMC; global quality framework for mothers and newborns
	2. Linkage between KMC for LBW infants and improved results on stunting, health and cognitive development: strong ***economic case for KMC***
2. Leading to ***commitment from senior levels of the Health Ministry***, resulting in:
	1. Policy and guidelines that establish ***hospital standards and accreditation*** related to KMC implementation and stronger ***measurement and accountability*** (current standards have no enforcement mechanism)
	2. Improved funding and/or changes to ***reimburse for KMC care***
	3. Investment to create 3 designated hospitals (South, Middle, North) as ***true Centers of Excellence***, ***including funding*** for their role in training and supporting other hospitals and professionals
	4. Greater coordination and support across levels in the healthcare system (tertiary, secondary, and primary) for ***stronger district hospital implementation*** and improved follow-up
3. ***Open the neonatal units*** to allow 24 X 7 access to mothers. Training and supporting the mothers enables both better care and a practical solution to the high ratio of mothers to staff; but this requires…
4. ***Professional training and accreditation*** for all of the professional disciplines in contact with the mothers to enable them to teach, coach, and support the mothers in KMC.