**Work group on enablers and barriers, 14 November 2016**

Pakistan

* Very high mortality
* 1st baby on KMC died – big set-back
* 2015, 10 trained in Vietnam
	+ composed of doctors only
	+ filled out form in excel sheet
	+ after they went back they started to implement KMC

Iran

* < 5years
* prematurity – lead cause of death
* with service package for KMC distributed in hospital
* country divided in universities under the supervision of MOH
* MOH implements KMC in the country no policy
* Most hospitals are MBFHI accredited

Madagascar

* Started in 2001 by NGO, involve in maternal and child and KMC included, but did not progress
* Works in collaboration with MOH
* Skin to skin is already a tradition

Algeria

* Already have a policy since 2006, published 10 year experience in KMC, pediatricians are taught on KMC, feeding the LBW
* available administration
* initially 4 beds now doubled

Doing EENC in the DR would facilitate easier KMC

IPA can stimulate, initiate, encourage other local, national societies to start implementation

Critical Obstacles:

1. **Lack of understanding and acceptance of the benefits of KMC**
	* Change of mentality, especially for policy makers
	* Convincing authorities, nurses that KMC works
	* Lack of scientific evidence
	* involving/engaging nursing staff
	* thinking of physician, pediatricians
2. **lack of post-training evaluation, monitoring**

follow up of babies enrolled in KMC (evidence of benefits)

Key factors for effective dissemination

1. **Family factors**
	* **Engagement of fathers, other family members**
2. **Institutional factors**
	* **Training -invitational, invite other institutions to train**
	* **Managerial -Conducting seminars, demonstrate**
	* **Follow up, monitoring**

Strategize institutionalization, action plan making

teach to become better trainer, training skills in KMC

put in values in health care during training

having post training supportive supervision

report what have been done

1. **Link with other breastfeeding group**