

# Advocating for Kangaroo Mother Care in Mali

In this series, the Save the Children US Public Policy and Advocacy Department highlights some of the best advocacy practices and successes from the field.

## Background

There is a great need and demand for Save the Children's programs in Mali. The children and families of Mali continue to do without basic social services such as education, health, protection and even national identity or registration at birth. The country remains one of the world's poorest countries – ranked 168 out of 179 countries on the United Nations' 2008 Human Development Index and listed in Save the Children's 2007 State of the World's Mothers Report, as one of the most difficult places in the world to be a mother or a child. In Mali, not only is the life of a child difficult, it is also uncertain, with the seventh-highest under-five mortality rate in the world—194 per 1,000 live births<sup>1</sup>. Nearly one child in four will not survive to see their fifth birthday. Each year, 29,000 babies die in their first month of life. One quarter of these newborn deaths are directly due to prematurity, or being born too early.<sup>2</sup> Kangaroo Mother Care (KMC) is an effective and inexpensive way for mothers to care for their small babies, particularly those in areas with poor access to healthcare. A recent review has shown that KMC can reduce deaths of small babies by more than half and has been proven to be more effective than incubators for stable preterm babies.<sup>3</sup> Keeping their babies wrapped skin-to-skin at all times, mothers provide a constant source of warmth for the baby. KMC also facilitates breastfeeding and bonding. Although KMC was created more than 30 years ago, it was not put into practice in health facilities in Mali until Save the Children began addressing newborn health in its programs.

<sup>1</sup> UNICEF, Childinfo 2009. *Child Survival and health* accessed at: [http://www.childinfo.org/mortality\\_ufmrcountrydata.php](http://www.childinfo.org/mortality_ufmrcountrydata.php)

<sup>2</sup> Bryce, J. and Requejo, J. H. 2008. *Tracking Progress in Maternal, Newborn and Child Survival: The 2008 Report*. New York: UNICEF. <http://www.countdown2015mnch.org/>

<sup>3</sup> Lawn JE, Mwansa-Kambafwile J, Horta BL, Barros FC, Cousens S. 2010. 'Kangaroo mother care' to prevent neonatal deaths due to preterm birth complications. *Int J Epidemiol*: i1–i10.



*Background Assata Doumbia sits with her 11 day old baby in the KMC unit at the Gabriel Touré Hospital in Bamako. (Joshua Roberts, Save the Children)*

Save the Children launched the Saving Newborn Lives (SNL) program in Mali in 2001 to bring visibility to Mali's newborns and find solutions for improving their health and survival. When the program was first launched, Save the Children discovered that there was a prevailing belief that small babies were destined not to survive. Consequently, little or no effort was given to ensuring their survival. Managed care of small babies existed only in hospitals, which are inaccessible to most Malians. Save the Children used KMC to bring care for small babies closer to the community, where almost half of all babies are born.

## What we advocated for

In order to improve newborn health in Mali, Save the Children advocated for the Ministry of Health (MOH) to

recognize KMC as an effective intervention for LBW and preterm babies. Save the Children also advocated for the inclusion of KMC in national health care policies.



*Mothers sit together in Gabriel Touré Hospital, wrapped skin-to-skin with their newborns. (Joshua Roberts, Save the Children)*

## Process

In the first phase of the SNL program (2001-2005), the MOH endorsed the Essential Newborn Care (ENC) package as the national curriculum for newborn health. The ENC package was crafted out of the Save the Children *Care of the Newborn Reference Manual* which includes guidance for the use of KMC. While the endorsement was encouraging, KMC is a technical process requiring focused training. In order for Mali to fully implement and receive the benefits of KMC, it would need to become a part of nationally implemented health care services and associated training programs.

To move towards greater use of KMC throughout Mali, Save the Children took a number of steps to reach its advocacy goal of integrating KMC into national policy and practice. The SNL program team began by promoting facility-based KMC in Mali. Hôpital Gabriel Touré (HGT), Mali's preeminent teaching hospital in Bamako, expressed interest in establishing a KMC unit. Save the Children saw this as an opportunity to generate evidence for KMC from a prominent teaching centre that could support the integration of KMC into national policy and practice. The strategy for HGT was to develop and test a facility-based model for universal skin-to-skin care for newborns and package this model for scale up throughout Mali. The plan became a reality under the second phase of the SNL program (2006-2011).

Save the Children, in collaboration with HGT's lead neonatal specialist, Prof. Mariam Sylla Traore, worked to

promote the implementation of the KMC pilot at HGT. In order to increase the hospital management's understanding and buy-in to KMC and the proposed pilot, Save the Children organized a meeting with the HGT management team, HGT maternity and neonatal staff, and representatives from the Reproductive Health Division of the MOH, to share KMC success stories from places such as Columbia, Malawi, South Africa, and Cameroon where KMC has been shown to be an effective method to save the lives of premature babies.

The sharing of information and experiences helped convince HGT of the effectiveness of the KMC model and, as a result, the neonatology unit at HGT began to work with Save the Children to pilot a KMC unit at the hospital. Two pediatricians, a nurse, and a midwife from HGT were trained in Cameroon where facility-live KMC is well established. Additionally, two Save the Children staff members and an individual from the MOH's Reproductive Health Division conducted a KMC study visit to Rwanda, essential for giving them credibility, knowledge and confidence for technical assistance and advocacy efforts.

Interview results with HGT patients and staff showed high satisfaction with the KMC method and served as a foundation for advocacy with the Ministry of Health (MOH) for expanding KMC to other facilities. To further promote the KMC model, Save the Children participated in technical meetings at the national and sub-national level, targeting those in which newborn health was the main or related topic. Meetings such as the National Safe Motherhood Day Workshop, strategic planning for newborn health activities in Koulikoro region, and regional coordination and planning workshops in six regions of Mali, provided Save the Children with opportunities to share progress and results from HGT's KMC unit, KMC experiences from other countries and other newborn health activities in Mali.

In December of 2007, Save the Children led a KMC Advocacy Day in Bamako, to raise awareness of the opportunities of KMC in Mali. Representatives from all major partners participated, including: Group Pivot, Kenya Ciwara/CARE Mali, Gabriel Touré, Center of Research and Documentation for Child Survival (CREDOS), and representatives from the MOH in Bamako and four regions. A second KMC Advocacy Day was held in Bougouini district of Sikasso Region in July 2008. It was attended by health workers from the hospital and health centers in the district, the Mayor, radio announcers, and leaders of women's associations. The participants learned about the state of small babies in the district and the opportunities provided by KMC. As a result of these events the Regional Directors of Health for Sikasso and Ségou regions were motivated to create KMC units in their regional hospitals and sought funding from other donors

for the training of hospital staff and the provision of basic equipment for KMC and other newborn health care services.

Save the Children also successfully advocated for the integration of ENC, which includes KMC, into Mali's National Child Survival Strategy (SSE). SSE is an MOH initiative for child health funded by Unicef. Save the Children provides technical assistance for training, monitoring and evaluation. During the planning phase of the implementation plan, Ségou region was identified as the most appropriate location to start because the region was slated to be among the first to access funding and roll-out of training for SSE. Concentrating on a few districts in one region allowed for close monitoring and documenting with an aim of quickly sharing lessons learned with other districts for rapid expansion of the ENC package. Save the Children adapted materials for ENC trainings and implementation for distribution in all eight districts of the Ségou region for district level training of health workers.

Save the Children participated in four regional Coordination, Planning and Evaluation of PRODESS (CROCEP) committee meetings. giving presentations on the state of Mali's newborns. At these meetings, Save the Children also advocated for the inclusion of newborn health in regional workplans and budgets.

Throughout this process, Save the Children promoted KMC on a larger platform as a member of the national Partnership for Maternal, Newborn, and Child Health (PMNCH). The project team's participation in technical meetings gave them the opportunity to share information concerning what has been achieved by the HGT KMC unit and related newborn health activities in Mali.

## What We Achieved

Demonstrating strong technical skill, Save the Children was chosen as the technical leader for newborn health in the revision of the National Norms and Standards for Reproductive Health documents in Mali. These documents are used as reference for program implementation in Mali. Save the Children was able to include lessons learned from KMC into the revisions approved by all partners and the MOH, resulting in its inclusion in the national policy change. As a result of these advocacy activities, KMC, is now included in maternal and child healthcare policies in Mali.

As a component of the ENC package, KMC was adopted into the National Strategic Five Year Plan for Child Survival (SSE) by the MOH. Inclusion of KMC in the SSE is important as it provides a platform for implementing KMC throughout Mali.



*What We Achieved Aminata Sangaré and her baby girl, Maimouna Bagayogo, in the KMC Unit. Maimouna was born five weeks premature and weighed 2.2 pounds. (Joshua Roberts, Save the Children)*

The KMC unit at HGT has also become a major training center in KMC. Today three regional hospitals and two referral health centers in Bamako have benefited from the training at HGT. Their work is supported by Save the Children and HGT.

During the advocacy process, Save the Children also developed strong partnerships with other organizations in Mali. Save the Children provides technical assistance to the MOH, Unicef, USAID, and Group Pivot, as they work toward scaling up ENC throughout Mali. The cooperative work with these organizations helped Save the Children realize advocacy objectives, particularly with UNICEF as the funding organization of SSE.

## What We Learned

From this experience Save the Children has learned that working closely with partners and giving people leadership opportunities can make a difference in the success of a program. In particular, cultivating a relationship with key newborn health champions such as Professor Sylla and supporting her leadership made the creation of the HGT unit possible. Advocacy needs both continued momentum and distributed leadership to be effective.

*For more information on Public Policy and Advocacy Best Practices please contact Sarah Roma at [sroma@savechildren.org](mailto:sroma@savechildren.org)*



**Save the Children®**

54 Wilton Road  
Westport, Connecticut 06880  
1-800-728-3843

[www.savethechildren.org](http://www.savethechildren.org)