Lessons learned from the introduction and expansion of Kangaroo Mother Care services in selected developing countries

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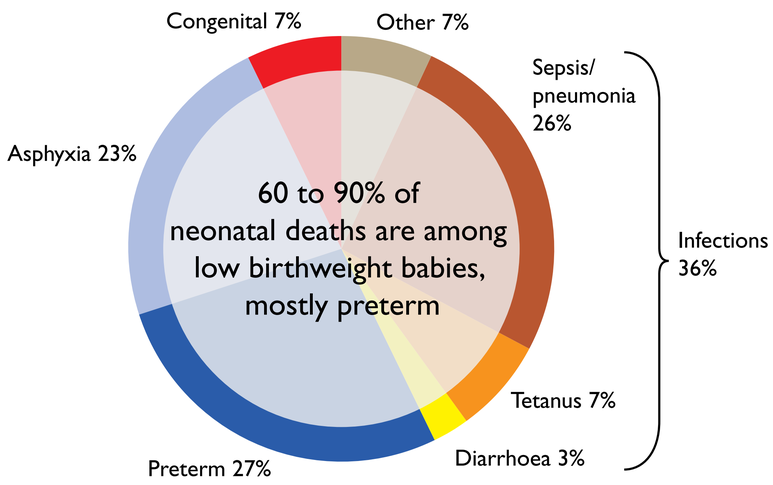
Introduction

The newborn period is risky for all babies, but especially for low birthweight newborns—most of whom are preterm. Up to 90 percent of newborn deaths are among low birthweight babies, and caring for them in low-income countries is particularly challenging. In these countries, incubators are often scarce, expensive, and hard to maintain.

An alternative is Kangaroo Mother Care (KMC), an inexpensive, evidence-based approach that improves weight gain, reduces infections, increases breastfeeding, fosters mother-baby bonding, and lowers stress in preterm newborns.

Why, then, hasn't KMC been implemented at scale in low-income countries?



Lack of Knowledge—Health providers and policymakers are either unaware or skeptical of KMC.

Lack of Policy—Countries do not have explicit policies, service guidelines, or strategies for addressing low birthweight and preterm birth as a major cause of newborn death.

Lack of Integration—KMC services are too often limited to tertiary centres with no linked peripheral sites.

Lack of Resources—Training manuals, job aids and health providers trained in KMC are scarce.

Methods

Beginning in 2002, Save the Children and ACCESS have addressed the knowledge, policy, integration and resource barriers to KMC scale-up.

1. Planned for scale-up during the design phase of KMC programming:

- Secured Ministry of Health (MOH) buy-in and ownership from the beginning
- Engaged partners (MOH, bilaterals, academia, professional bodies, private practitioners, faith-based organizations, etc.) and stakeholders involved in maternal and newborn health programming
- Hosted a KMC sensitization meeting for partners and stakeholders with objectives and outputs as follows:

KMC Sensitization Meeting

Objectives	Outputs
To provide global evidence on KMC effectiveness	Clarified concerns such as evidence for KMC effectiveness
To share current status of management of LBW babies	Achieved consensus on adoption of KMC for management of LBW babies
To share KMC experience from regional countries	Secured financial support from interested stakeholders
	Identified in-country technical resources for the adaptation of KMC materials

2. Identified local champions, such as a prominent pediatrician, to lead KMC activities

3. Secured financial support for establishing a KMC learning/training center to start up KMC services

4. Supported the development of national policy and service guidelines, including a standardized equipment and supplies list for KMC

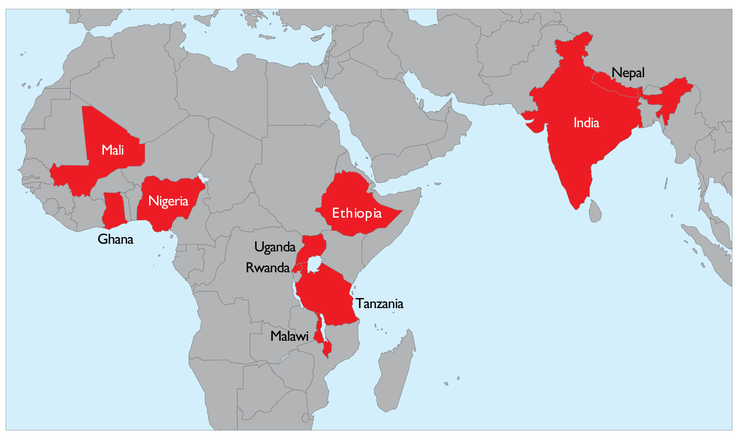
5. Developed a monitoring and evaluation framework for tracking KMC programming and results

6. Documented and disseminated results

Results

Since 2002, national governments, with partners' support, have expanded services to reach more small babies.

- Overall number of KMC centers in 10 countries increased from 3 to 46
- KMC services introduced and/or expanded in 10 countries: Ethiopia, Ghana, India, Malawi, Mali, Nepal, Nigeria, Rwanda, Tanzania and Uganda



- KMC national policy under development in 3 countries
- Standardized KMC training manual under development or in use in 10 countries
- Core team of national KMC trainers available in 10 countries

Conclusions and Recommendations

Improve Knowledge:

- Scaling up KMC should start with sensitization of MOH and professionals of the need to improve care of LBW newborns, then building their 'ownership' for KMC as the best evidence-based solution.
- Identifying local KMC 'champions' and/or forming a KMC core group are important to maintain advocacy for KMC policy and program expansion.

Support Policy Development:

- Developing national KMC policies—including standards and guidelines for institutions and professionals—helps ensure adequate resources from government and donors for KMC expansion toward scale.
- Adaptation and inclusion of KMC in pre-service curricula is key to sustain KMC at scale.

Ensure Integration:

- KMC scale-up—expansion from model facilities to other facilities—should be planned with government and partners from the beginning of single-site KMC implementation to ensure buy-in and continuation of KMC services.

Adapt Resources:

- Existing tools for KMC training, monitoring, and expansion are available, and these can be readily adapted for local situations.
- Building capacities at selected facilities can provide a mechanism to demonstrate, teach, and supervise KMC expansion to additional peripheral facilities.

Analyze and Report KMC Data:

- Setting up a separate KMC register is not sustainable without continued external support—identify a small set of indicators on KMC to be integrated into the MOH's routine HMIS system.

Work with your government and partners to scale up Kangaroo Mother Care in your country.

Additional Resources

Tools and other resources can be found in the Kangaroo Mother Care Toolkit CD in your conference packet. For more information, go to www.savethechildren.org/savenewborns or www.accesstohealth.org or email Dinah Lord at dlord@savechildren.org.

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