Kangaroo Mother Care in Malawi

SUCCESSES, CHALLENGES AND OPPORTUNITIES

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Save the Children is the world's leading independent organisation for **children**

ABOUT SAVE THE CHILDREN

A global network of 30 member agencies working together to deliver programmes in over 120 countries around the world, Save the Children is the world's leading independent organisation for children. OUR VISION is to have a world in which every child attains the right to survival, protection, development and participation. Our Mission is to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives. Save the Children understands a breakthrough as a remarkable shift from the current trend and a sustainable change in the way the world treats children as experienced by the majority of affected children in the world.

We have a clear Theory of Change on how to make this happen, which is to be the ***Innovator*** and develop evidence based breakthrough solutions to problems facing children; be ***the Voice*** for and with children by advocating for best practices and policies to fulfill children's rights and to ensure that children's voices are heard (particularly those children that are marginalised or live in poverty); ***Achieve Results at Scale*** by supporting effective implementation of best practices, programmes and policies for children, leveraging our knowledge to ensure sustainable impact at scale; and ***Building Partnerships*** by collaborating with children, Civil Society Organizations (CSOs), communities, governments and private sector to share knowledge, influence others and build capacity to ensure children's rights are met.

Late in 2009, Save the Children adopted a bold and ambitious five-year global strategy (2010-2015) to achieve more for children. In addition to country level needs, the following areas of breakthroughs inspire our communications strategy, policy level engagement and prioritisation of resources:

Our Breakthroughs

CHILD HEALTH & NUTRITION: No child under five will die from preventable causes and public attitudes will not tolerate high levels of child deaths.

EDUCATION: All children can read by the time they leave primary school; and children caught up in humanitarian crises have access to quality education.

CHILD PROTECTION: All children thrive in a safe family environment and no child is placed in harmful institutions.

CHILD RIGHTS GOVERNANCE: All children, especially the poorest, benefit from greater public investment and better use of society's resources in realising their rights.

Our Values

ACCOUNTABILITY: we take personal responsibility for using our resources efficiently, achieving measurable results and being accountable to supporters, partners and most of all, children.

AMBITION: we demand more of ourselves and of our colleagues, set high goals and are committed to improving the quality of everything we do for children.

COLLABORATION: we respect and value each other, thrive on our diversity and work with partners to leverage our global strength in making a difference for children.

CREATIVITY: we are open to new ideas, embrace change and take disciplined risks to develop sustainable solutions for and with children.

INTEGRITY: we aspire to live to the highest standards of personal honesty and behavior; we never compromise our reputation and always act in the best interest of children.

KANGAROO MOTHER CARE

Globally, prematurity is the leading cause of deaths of children under 5. Deaths from prematurity, which involve babies who die from complications of being born before 37 weeks gestation, is also the leading cause of newborn death.

In Malawi, the percentage of all births which are premature stands at 18% - or 18 per 100 live births - and is one of the highest in the world. It also contributes up to 31% of all newborn deaths. Babies who survive an early birth often face the increased risk of health challenges such as breathing problems, intellectual disabilities and many other hurdles. For many families, preterm birth brings with it neonatal or infant loss, despite feasible solutions to save these babies and improves their health outcomes.

Malawi is tackling this challenge head on and has been recognized by the World Health Organization (WHO) as a champion country on handling prematurity issues such as implementing kangaroo mother care (KMC) both in facilities and at community levels, scaling up essential newborn care and CPAP use in hospitals and caring for the newborns in the community. This brief provides stories about the success of one of these interventions, KMC, which involves tying the baby skin-to-skin with the mother to provide warmth, promote breastfeeding and reduce infections.

KMC is associated with over 50% reduced risk of neonatal mortality for stable babies <2500g if started in the first week (Lawn et al. 2010) and also improves post-discharge mortality, breastfeeding, weight gain and maternal bonding (Conde-Agudelo et al. 2011).

Since KMC was introduced at Zomba Central Hospital in 1999, Malawi has successfully implemented KMC through the adoption of national guidelines, publication of a training manual and visual materials, and incorporation of these guidelines in the registered nurse midwifery curriculum. By 2013, KMC reached at least 120 health-care facilities, including almost all hospitals, with trained personnel.

HOW KANGAROO MOTHER CARE WORKS

THERMAL PROTECTION

Skin-to-skin contact provides thermal synchrony between the mother and her baby. The mother's temperature regulates her baby's temperature, raising it when cold and cooling it down when hot and maintaining it within a normal range.

NUTRITION

Exclusive breast feeding, as a component of KMC, helps to ensure a baby's nutrition.

STABILISATION OF A BABY

KMC is beneficial even to sick babies. By providing at least intermittent KMC to sick, preterm babies, a mother can help stabilise her baby. After stabilisation, a mother can start continuous Kangaroo Mother Care.

BRAIN MATURATION

Some studies have demonstrated that babies on KMC have better brain maturation with a resultant higher IQ than those in incubator care.

PREVENTION OF INFECTIONS

KMC reduces the risk of nosocomial infection due to shorter hospitalisation, fewer people handling the baby, and no shared incubator space. KMC helps reduce stress and inflammation due to the secretion of oxytocin, resulting in improved immunity, which can be enhanced even more through exclusive breastfeeding. Maintaining a baby's body temperature through KMC also reduces the likelihood of severe infection.

QUALITY OF SERVICE IN KANGAROO MOTHER CARE (KMC): THE CASE OF MULANJE MISSION HOSPITAL

While the coverage of Kangaroo Mother Care (KMC) services has increased to more facilities across the country in the past few years, quality of service remains low. However, Mulanje Mission Hospital in southern Malawi is one of the hospitals in the country that is providing quality KMC service.

Acting Principal Nursing Officer (PNO) for Mulanje Mission Hospital, Shyreen Magwira said the hospital is able to provide quality KMC services because the hospital strives to provide a good working environment for its staff.

"Nurses and other attendants in our KMC ward work hard to provide quality service because we have tried to provide a good working environment at Mulanje Mission Hospital to motivate them. We have donors who provide us with resources to make sure that the hospital has proper equipment, the environment is clean and our members of staff are properly cared for. This motivates our staff to work hard."

Because of the quality of its KMC service, the hospital has turned into a referral unit for babies born prematurely from all over the district including those born at the main Mulanje District Hospital.

"Today, we have had eight admissions in the KMC ward. At times we have up to fifteen admissions in a day but the average is eight to nine. Most of the babies are referred to us from Mulanje District Hospital, other health centres and some come from home when women deliver at home. Mulanje District Hospital does not have a KMC facility so they rely on our KMC ward."

With a catchment area of 72 villages, Mulanje Mission Hospital would ordinarily be overwhelmed by admissions in its KMC unit, but good management and resourcing means that the hospital meets its demand effectively.

Photo take by Elvis Sukali, Save the Children

"I wouldn't say that prematurity is a big problem in our catchment area but we see a lot of admissions because we serve the district hospital as well as other health centres."

The quality of service at the Mulanje Mission KMC facility has contributed to a reduction in newborn deaths in the district.

"We don't have many newborn deaths at Mulanje Mission Hospital because of this. When women who were admitted to the KMC ward with their babies are being discharged, they are followed up by the Hospital's Primary Health Care team to check the progress they are making in the communities and identify any challenges."

Mary Josefe, 18, of Ndaonesa Village in Traditional Authority Njema's area in the district is a beneficiary of the KMC intervention at Mulanje Mission Hospital. Married to Joseph Bizwick, an employee of Lujeri Tea Estate, Mary gave birth to a baby girl, Beauty at Mulanje District Hospital on 16 February 2014.

"I gave birth to my daughter on 16 February at Mulanje District Hospital. She was weighing 900 grams. On 18 February, I was told by doctors at Mulanje District Hospital to come to Mulanje Mission Hospital because my baby was very small."
"When we arrived, my baby was put in an incubator for two weeks. After the two weeks, I was told to start carrying her in the Kangaroo position so that she should be feeling the warmth from my body and feeding easily from my milk."

"When my baby left the incubator, she was weighing 1.1 kilogram. But since I started carrying her in the Kangaroo position and feeding her regularly she has gained weight fast and she is now weighing 1.5 kilogram."

"I am happy because I have seen my baby grow because of the kangaroo method. I will advise all mothers who give birth to small children not to waste time worrying because the kangaroo method is very effective." ■

TIYAMIKE PROVES A POINT – PREMATURITY IS NOT INABILITY

Tiyamike Nkombezi, 6 is a star in standard 2 at Blantyre Baptist School. Since she started school, she has never scored less than 90 percent in Maths and her average in all subjects has never gone below 80 percent.

Yet Tiyamike was born with a low birth weight of 1.1 kilograms, a reality which often causes uncertainty among parents about their babies' chances of survival as well as their aptitude in life after survival.

Born on 20 November 2007, Tiyamike was born both prematurely and with low birth weight according to her mother, Eliza Nkombezi.

"Tiyamike was born at 24 weeks at a private hospital in Blantyre weighing 1.1 kilograms. After her birth, Tiyamike was placed in an incubator for two weeks. However, we realized that instead of improving, Tiyamike was constantly developing fever and losing weight."

"My sister, who is a nurse in Zomba, advised us to try Kangaroo Mother Care

Photo take by Elvis Sukali, Save the Children

method. We convinced the doctors at the private hospital to discharge us. After being discharged, we went to Zomba where Tiyamike was started on KMC."

"When I started using the kangaroo method, I realized that Tiyamike was gaining between 40 to 50 grams every day because I was feeding her every two to three hours. I only stayed in the hospital for four days and was discharged on the fifth day after the doctors saw the progress she was making."

"By 18 February the following year, Tiyamike had gained 2.5 kilograms and she had started growing like any normal child. I couldn't see any difference with her friends."

"Tiyamike is currently in standard 2 at Blantyre Baptist School and she is doing very well in class. Since she started school, she has never scored less than 90 percent in Maths and her average in all subjects has never gone below 80 percent."

"What I have observed in Tiyamike's case is that when you are determined to bring the best in your baby, even if she is born small, she can grow up into a normal child and be a source of pride."

Richard Nkombezi, Tiyamike's father said the first step that led to their success was to accept that Tiyamike was born prematurely and a realization that a solution was available.

"As parents, the first thing we agreed was to accept that our child was born prematurely and we kept encouraging each other not to despair. Our hope and trust in the effectiveness of KMC worked to our advantage." ■

TOWARDS STRENGTHENING THE FACILITY TO COMMUNITY LINKAGE IN KMC PROVISION: THE CASE OF ZOMBA CENTRAL HOSPITAL

While provision of KMC at facility level is easily monitored and its quality appraisable, it often becomes difficult to track the quality of KMC at the community level and this has the potential of eating into the benefits babies register at the facility when they are discharged.

Standard practice provides that all babies born with a weight below 1.5 kilograms be admitted in a facility KMC unit until they reach 1.5 kilograms. They are then discharged to continue KMC at home with weekly visits to their nearest health centre for follow up.

Zomba Central Hospital in eastern Malawi has achieved mixed results in its pursuit for a stronger facility to community linkage. While the linkage between the central hospital and health centre is weak, a stronger link has emerged between the health centre and the community.

Sister-in-Charge at Zomba Central Hospital Hendrina Saini-Chiombeza said while follow up of babies discharged from KMC at the facility to assess their progress in the community is beneficial, there is no effective system in place due to resource constraints.

"We would like to follow the babies we discharge from the central hospital to see how they are faring in the community. The best way to do this is to link with their nearest health centres. However, due to limited resources, we don't do it all the time. What we do, is to instruct the ambulance drivers that are assigned to drop them in their villages when discharged to make sure that they drop them at their nearest health centres and ensure that they are registered by those health centres upon arrival for follow up."

However, it seems that this system is not working properly. Alefa Fikila a Community Nurse and KMC Focal Point for Nasawa Health Centre, one of the satellite service centres for Zomba Central Hospital said the lack of a proper handover mechanism for KMC cases between the central hospital and the health centre leads to loss of follow up.

"Most women who default are those that are referred back to us from the Central hospital. There is need for proper linkages with the Central hospital so that as a health centre we are able to register all cases within our catchment area that are discharged from the central hospital."

Photo take by Elvis Kabwe/Save the Children

This loss happens because most of the women discharged from the central hospital often drops off the ambulance before they reach the health centre and consequently are not registered by the health centre.

Fikila however said uptake of KMC in the catchment area of Nasawa Health Centre is high and follow up with the community is effective.

"When a low birth weight baby is delivered here, we assess him or her for complications. If they don't have complications and have a weight not less than 1.8 kilogram, we admit them here for three days during which period we teach their mother and guardians the basics of Kangaroo Mother Care. We then discharge them when we are satisfied with their level of practice of KMC after the three days and inform them to be coming to the health centre once a week for review until the baby reaches 2.5 kilograms. When the baby has complications after delivery, they are referred to Zomba Central Hospital."

"Women that deliver at home are referred to the health centre for review. They are compelled to come because in all villages there are by laws against home deliveries and when a woman delivers at home they are by virtue of the bylaws required to report at the health centre."

"Health Surveillance Assistants also help us to follow up on KMC cases during their routine home visits and this helps us to identify defaulters who are encouraged to resume KMC."

Howard Kanyenda, Senior Health Surveillance Assistant (HSA) at Nasawa Health Centre attests to this.

"When a baby is discharged from KMC at the health centre, the KMC focal point informs us. We normally have meetings every Monday with all HSAs and this provides an opportunity for getting information about the babies on KMC that have been discharged from the health centre. The HSAs follow up those babies in their homes to see the progress they are making during their routine home visits in their areas."

"During the visits, we discuss with the babies' parents about progress their baby is

making, remind them about the basics of KMC, encourage them to continue with KMC if their baby has not yet reached 2.5 kilograms and remind them to visit the health centre for review on their appointment. We particularly encourage husbands to assist their spouses with KMC."

Fikila says the progress that babies on KMC are making is there for all to see and this is providing fodder for more success of KMC at the community level.

"There is good uptake of KMC in the surrounding areas of Nasawa Health Centre because a lot of people have seen that KMC has more advantages in the management of babies that are born prematurely. When women are coming with their babies for follow up, you can see that they carry their babies in the KMC position which is encouraging."

However, with all her passion in KMC as a management strategy for babies born prematurely, Fikila has never been formally trained in KMC.

"I learnt KMC on the job as it was not part of my pre-service training and there was no opportunity for any other training for me."

Passion in KMC seems to have permeated most of the KMC providers in Zomba as Hendrina tells her own story.

"Personally I like KMC as a strategy to manage prematurity. Even if you popped in unexpectedly, you are likely going to find me in the KMC ward than any other ward in this section even though I am in-charge of all the nursery section. I feel good to see babies that are born as low as 700 milligrams gaining weight under my watch and being discharged. It gives me a feeling of success and contentment" Other challenges in the provision of KMC in Zomba are the mismatch between demand and supply of the service due to lack of adequate resources.

"Due to high levels of prematurity in Zomba, we are also experiencing the challenge of lack of space in the KMC ward. We only have ten beds in the ward and when the demand for KMC is overwhelming we usually have to put some babies on intermittent KMC or even discharge them when it is not yet time."

Photo take by Elvis Sukali, Save the Children

"The other challenge is the attitude of the babies' mothers. If they stay at the hospital for more than three weeks, they start requesting to be discharged. We are supposed to discharge premature babies when they reach 1.5 kilograms and refer them to the nearest health centre from where they are coming from."

Despite these challenges, KMC seems to have taken a foothold in Zomba.

"From my experience working in the nursery at Zomba Central Hospital since 2011, I have observed that most mothers with premature babies prefer KMC to having their babies in an incubator. The attachment that they experience with their babies when they start KMC gives them certainty about their babies' survival than having their babies' in an artificial enclosure where they don't have ready access to them at all times."

Incidences of prematurity in Zomba are mostly high at the peak of the rainy season in January and February when malaria cases are at peak according to Hendrina and Alefa.

STAKEHOLDER COLLABORATION IMPROVES KMC SERVICE PROVISION: THE CASE OF MACHINGA DISTRICT HOSPITAL

Strong collaboration among partners has been attributed to the success of KMC at Machinga District Hospital.

KMC Focal Point for Machinga District Hospital, Euphrasia Mpakiza said such collaboration has improved the availability of resources for KMC at the hospital and increased the survival rate of babies born prematurely.

"There are a lot of successes that we are achieving at Machinga District Hospital in relation to newborn health. No babies are dying due to prematurity or low birth weight when they are admitted in our KMC ward. They are all discharged alive."

"There is good working relationship with the District Safe Motherhood Coordinator. She is very helpful with KMC and this strengthens the quality of our KMC."

"We also receive good support from SSDI who facilitate that all coordinators at the District Hospital go for monthly integrated supervision missions. The supervision missions to communities and health centres are very important because they provide an opportunity to follow up on babies that we have discharged from the District Hospital and identify challenges in the communities."

"SSDI also supports us with equipment such as weighing scales and feeding cups which helps in the implementation of KMC."

Photo take by Elvis Sukali, Save the Children

"I have also observed that there is a strong male involvement in KMC at the community level and this is further promoting the use of KMC as a strategy to manage babies born prematurely or with low birth weight."

"Women admitted in our KMC ward rarely abscond because most have seen how KMC is saving babies born prematurely."

"Save the Children is also contributing to the success of KMC at Machinga District Hospital by providing materials and organizing annual review meetings where we learn a lot."

"The Reproductive Health Unit also visits us frequently and this makes it possible to tell them the challenges we are facing and provide an opportunity for resolving such challenges."

"All coordinators at Machinga District Hospital participate in the annual district investment planning process and this provides an opportunity for our issues to be included in annual district plans."

FROM DESPERATION TO JOY: HOW KMC SWUNG HEATRIGHT'S FORTUNES

When Christopher Mashamba's wife gave birth to their baby girl, Heatright in 2013, disappointment and not joy which is the hallmark of child birth, was the emotion that prevailed. Reason—Heatright was born prematurely.

Heatright was born on 30th June 2013 at Machinga District Hospital through caesarian section. She was born with a weight of 1.7 kilograms. She was admitted into the KMC ward on the same day and was discharged on 13th July 2013 with a weight of 1.88 kilograms. She was referred to Nsanama Health Centre where she was immediately registered into the community KMC programme. She was discharged from KMC on 27th August 2013 with a weight of 3.5 kilograms.

"When Heatright was born, I was very disappointed to see that she was very small and premature. I was so sad when the nurses gave me the baby and started asking myself, why me?"

"I stayed in the KMC ward at Machinga District Hospital for two weeks. When we were discharged, the nurses advised us to continue keeping the baby in the KMC position all the time at home."

Mrs. Mashamba said she got a lot of support from nurses at the nearby Nsanama Health Centre and that strengthened her resolve to raise Heatright into a normal baby.

"The nurses at Nsanama Health Centre were also very helpful. I followed all the advice they gave me and look now, Heatright has grown into a bouncy baby that we are all very proud of."

Photo take by Elvis Sukali, Save the Children

"All of us were disappointed to see that our baby was born very small. However, we agreed to do all we could to make sure that she survives. I supported my wife by carrying Heatright in the KMC position when she was doing other household chores and I was always there to make sure that we save the life of our baby."

Today, Heatright is growing up nicely and the initial emotion of fear and disappointment has been replaced with faces that beam with pride, joy and expectation.

"I will advise families that give birth to babies with low birth weight or those that are born prematurely to use the kangaroo method because I have seen the wonders that this method can do to babies."

"I would like to encourage all men to support their wives with KMC because I have seen how it works. The husband should be in the forefront to encourage their wives because with team work all things are possible."

The Mashamba family comes from Mjoho Village, Traditional Authority Nsanama in Machinga District.

MANAGEMENT SUPPORT KEY TO KMC SUCCESS: THE CASE OF NTCHEU DISTRICT HOSPITAL

While success of KMC is attributable to the passion and hard work of providers in KMC units in Zomba district and collaboration among partners at district level in Machinga, hospital management support is emerging as a key factor at Ntcheu District Hospital.

Hannah Namakhwa, a nurse/midwife technician and KMC Focal Point at Ntcheu District Hospital hails the management of the hospital for the success of KMC at the facility.

"Management of Ntcheu District Hospital supports the implementation of KMC very much. For instance, previously we had a small room with four beds for KMC.

Photo take by Elvis Sukali, Save the Children

But after requesting management, they renovated one of the bigger rooms and designated it a KMC ward with six beds."

Management support at the hospital transcends the frontiers of provision of hardware elements to include 'software' aspects of KMC service provision in particular and newborn health as a whole.

"Management also provides support for internal training of staff in KMC. Most of the nurses in our health centres have been trained in KMC. Management also provides support for neonatal death audits which is an important activity to review what causes newborn deaths at the facility and how to correct the situation."

Management is providing this support in the backdrop of limited resource availability that is often advanced as the reason behind low prioritisation of KMC elsewhere.

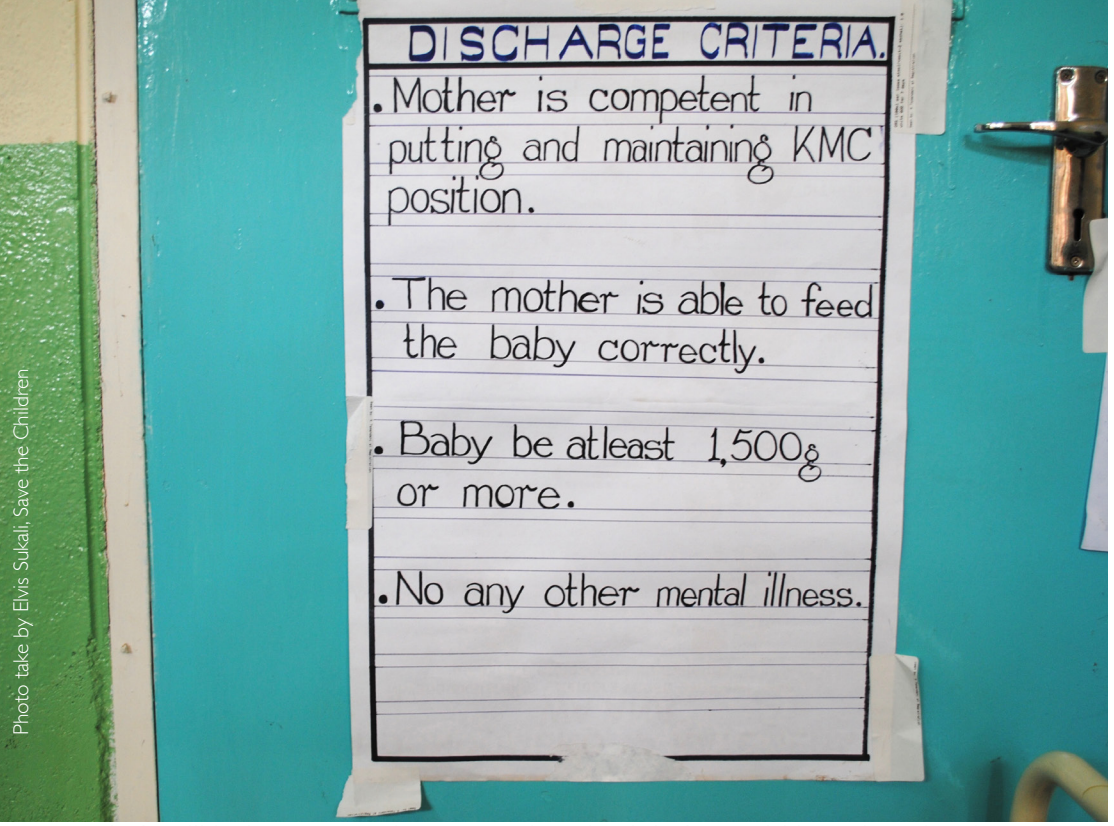

Photo take by Elvis Sukali, Save the Children

"We still lack some equipment such as beds. We would have loved to have more beds in the ward so that we can admit all babies that need KMC other than discharging others for community KMC before they have reached the advisable weight for discharge. We are also short of feeding cups and as you can see, we don't have video equipment in the ward to provide entertainment to the women."

This support coupled by the success rate of KMC as a strategy has propped up the image of KMC and led to its acceptability in Ntcheu.

"Most women are interested in KMC and we have very few women absconding. I have noticed that most of the women who abscond are from across the border in Mozambique."

Namakhwa says that most premature babies in the district are born at the beginning of the year, in January and February when incidences of malaria are high.

INTERMITTENT KMC AND COMMUNITY FOLLOW-UP BEST PRACTICE: THE CASE OF CHIMWEMWE M'BEREKI AND BWAILA HOSPITAL

To address the problem of limited space in KMC units, Bwaila Hospital is promoting the use of Intermittent KMC to increase coverage of service.

KMC Focal Point at Bwaila Hospital Madalitso Luhanga said intermittent KMC has the advantage of reaching out to more children where resources are limited.

"One of the methods that we are using here at Bwaila Hospital is intermittent KMC. This is interrupted skin to skin contact for a mother and her low weight baby less than 1,000 grams. The method is used depending on the condition of the baby. When the condition of the baby stabilizes, the mother is encouraged to switch to continuous KMC."

"At times intermittent KMC is even done for babies that are stable when we don't have enough space in the KMC ward because we normally have a lot of low birth weight babies at the hospital and we can only admit ten babies at a time in our KMC ward. When we have more babies to be admitted than our capacity, we put those babies that have stabilized on intermittent KMC. When they are discharged, they are advised to be doing continuous KMC at home."

Luhanga said due to limited resources, Bwaila Hospital does not do regular community follow up of babies discharged from the hospital's KMC unit. However, she said this is not cause for worry for them as they rely on a local NGO, Chimwemwe M'bereki (Joyful Motherhood), which is doing community follow up.

"As a hospital we don't have a strong linkage with the community in terms of KMC. However, there is a local NGO, Chimwemwe M'bereki which we work with on community follow up of KMC babies. This organization looks after sick mothers, sick newborns and orphaned babies. They also follow up into the community all babies that are born here with a weight less than 2kg."

Photo take by Elvis Sukali, Save the Children

When a mother with a low birth weight baby is discharged at the hospital, she is referred to the NGO offices which are located within the hospital premises. The NGO registers the baby for follow up.

"The collaboration we enjoy with Chimwemwe M'bereki has made our work easier because as an NGO, it provides resources to its staff for follow up of the babies in the community. In some cases, when a mother dies after giving birth, the NGO follows up the baby."

Elizabeth Nampinga, a nurse at Chimwemwe M'bereki says her organization is working hard to make sure those babies born prematurely or whose mothers die during or just after giving birth survive.

Elizabeth visited two twins, Jessie and Jessica Khozi in their homestead in Mwagalamula Village, Traditional Authority Chadza, in Lilongwe District on 7th April 2014. They were born on 2nd April at Bwaila Hospital in Lilongwe. Jessie, the first born was born with a weight of 2kg while Jessica was born with a weight of 1.55kg. Their mother died after giving birth due to excessive hemorrhage. They were discharged from Bwaila Hospital on 4 April.

They were initially put on intermittent KMC and referred to Mitundu Health Centre which is their nearest clinic. Jessie is being cared for through KMC by her aunt, Grace Khozi, wife to brother of the babies' father. Jessica is being cared through KMC by her aunt, Gertrude Khozi, sister to the babies' father.

"This is the first follow up visit for the twins after they were discharged. We do the first visit a few days after the baby is discharged. We visit them again two weeks after the first visit and thereafter we visit them once a month for twelve months. During this visit, I have advised their grandmother to make sure that the babies go for routine check at Mitundu Health Centre once every week. But I have emphasized that Jessica should be taken to the health centre for review this Friday because her weight is less than 1.8 kg."

Elizabeth says the intervention by Chimwemwe M'bereki is helping to save lives of babies born prematurely.

MOBILE PHONES FOLLOW UP AS A KMC BEST PRACTICE: THE CASE OF DOWA DISTRICT HOSPITAL

Dowa District Hospital piloted the use of mobile phones to follow up babies discharged on Kangaroo Mother Care (KMC) from the hospital into the community. The arrangement, supported by Save the Children through the Saving Newborn Lives (SNL) initiative, proved to be a success and a best practice in the facility-community linkage according to KMC Focal Person at the hospital, Monica Mwale.

"In the past we were using mobile phones to follow up babies discharged from the hospital. After discharging a low birth weight baby for community KMC, we were calling the Health Surveillance Assistants responsible for the village the babies' parents come from, informing them that we have discharged a baby to continue KMC in the village, so they should follow them up."

Photo take by: Elvis Sukali, Save the Children

"We would call the HSAs the following day to find out if they visited the babies. We would call them again after four days and after seven days to check on the progress of the baby. Our interest was to see if the baby was gaining weight and if they had any danger signs."

Mwale said the HSAs had a form where they were recording the weight of the baby and other vital signs such as temperature. If a baby had danger signs, the HSAs would call the hospital informing them about the condition and the baby would be referred back to the hospital.

"When a baby reached 2.5 kg by the time the HSA visits on day seven and they don't have any danger signs, the baby would be discharged on KMC and the HSA would bring the form to us."

However, due to the phasing out of the SNL funding after the expiry of the implementation period, the use of mobile phones for community follow up was discontinued at Dowa District Hospital. This has led to a decline in the level of follow up of babies discharged from the hospital on KMC.

"Without following up the babies in the community, we don't know the progress the babies are making on community KMC. Our desire is to follow them up immediately and track their progress."

Bernard Mizeki, Senior Health Surveillance Assistant (SHSA) for Dowa District Hospital says the discontinuance of the use of mobile phones in follow up of babies discharged on KMC has made follow up difficult in a district with more than 420 HSAs.

"When we were using mobile phones, the follow up was easier and there was a strong linkage between the hospital and the community."

"Most HSAs stay far away in the communities and it is difficult for them to know that a baby requiring follow up has arrived in their catchment area without being informed by us. For instance, in Dowa, we have 425 HSAs and it was easier to communicate with them through mobile phones about babies requiring follow up in their areas than to visit each of them."

QUICK FACTS ABOUT KMC

Since the first KMC ward was established in 1999, this life-saving technique has expanded throughout the country to 120 facilities with trained personnel in 2013.

Routine pre-service education of doctors and nurse-midwives in Malawi now includes KMC.

The Ministry of Health, with support from partners, is working to develop and test innovative approaches to accelerate KMC coverage and improve the quality of facility-based services.

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