

Innovations for big impact: putting the pieces together to scale KMC

Thursday November 17th, 2016 KMC Forum



What is Grand Challenges Canada?

• Support Bold Ideas with Big Impact® in global health. We focus on catalyzing the scale, sustainability and impact of successful innovations.



14 and 30 million lives

will be improved by 2030.

Funded by the Government of Canada.

500,000 and 1.5 million lives

will be saved by 2030.

Fund innovators in low- and middle-income countries and Canada.



Source Widely, Scale Selectively



70Innovations Funded at TTS

5 Fund Makers

A "Fund Maker" refers to an innovation that, if successful, would drastically change the landscape of how we solve a global health problem



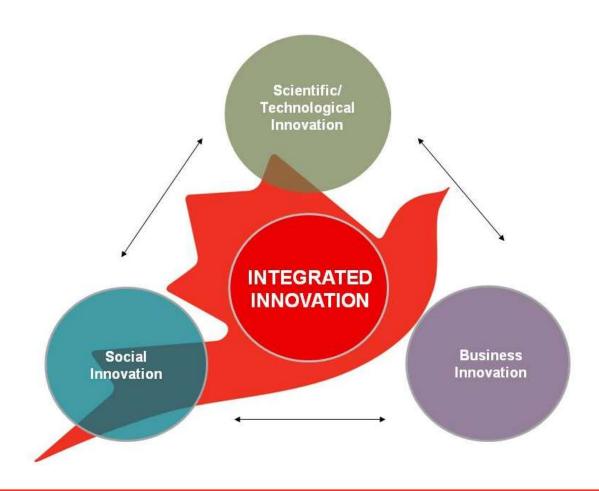
Fund Maker: Scaling Kangaroo Mother Care (Kangaroo Foundation)





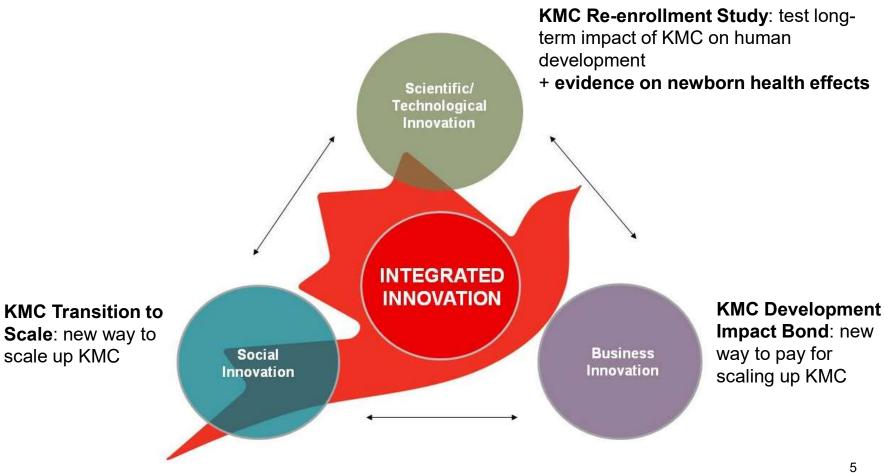


Integrated Innovation





Integrated Innovation



Re-enrollment Study



Does the protective effect of KMC for LBWs last into adulthood?

KMC has significant, long-lasting social and behavioural protective effects 20 years after the intervention.







Transition to Scale



Newborn health context in Cameroon

Extreme-North

North-West

South-West

Littoral

North

East

Adamaoua

Centre

South

South West region

- Newborn mortality: 44‰
- Home births: 17.5%
- · Absence of post-partum care: 38.4%

Littoral region

- Newborn mortality: 34‰

North region

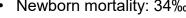
- Newborn mortality: 35%
- Home births: 68.5%
- Absence of post-partum care: 83.6%

Adamaoua region

- Newborn mortality: 41‰
- Home births: 53.7%
- Absence of post-partum care: 50.5%

Centre region

- Newborn mortality: 33%
- Home births: 27.1%
- Absence of post-partum care: 60.7%



• Home births: 6.8%

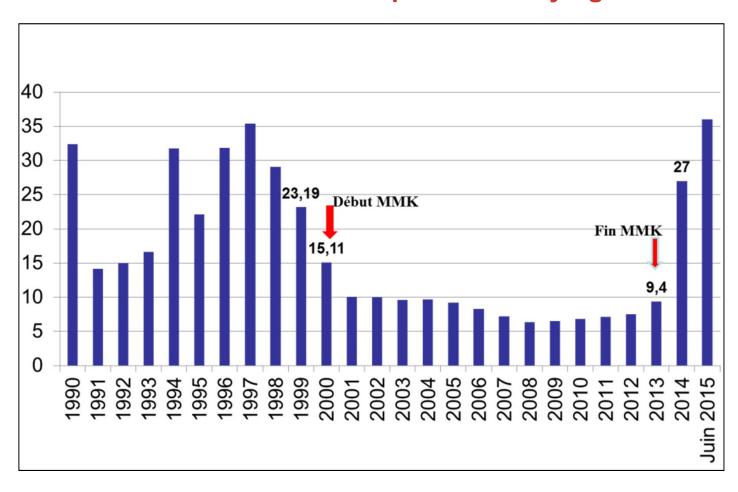
• Absence of post-partum care: 41.1%

Total neonatal deaths per year: 22,542 NMR: 31 deaths per 1,000 live births

Human potential lost: ???



Power of the individual... and the pitfalls of relying on it



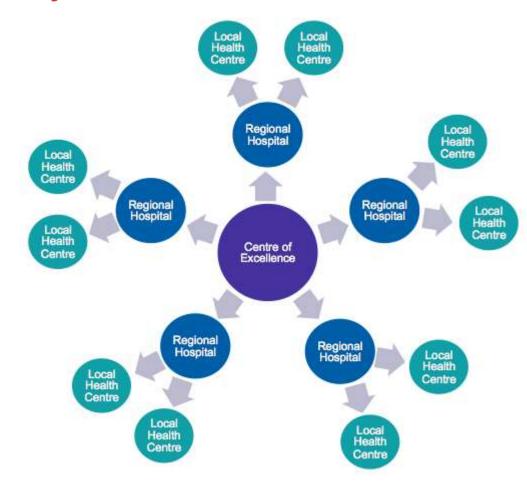
Transition to Scale



Approach to scaling quality KMC

A culturally sensitive train-the-trainer model supported by an e-learning and data tracking platform

Testing in both Cameroon and Mali



Transition to Scale



Expected outcomes

1

KMC e-learning platform developed

6,000

Caregivers access KMC education

4,000

LBW infants will access KMC

2,800

LBW infants have improved health outcomes

186

Lives of LBW infants saved

2 + 10

Centers of
Excellence +
Regional Hospitals
implementing KMC

40

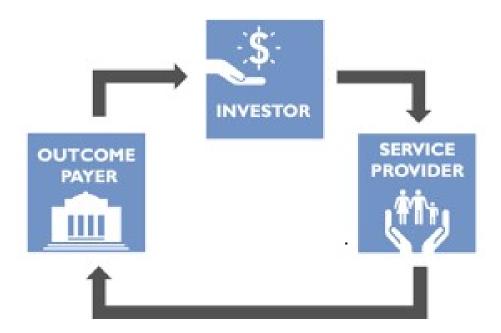
Medical staff trained on KMC





What is a Development Impact Bond (DIB)?

Outcomes-based financial instrument





Why apply a DIB to scale KMC?

Attracts
different set of
partners,
ranging from
World Bank to
high net worth
individuals

Provides strong incentives to test and refine the KMC scaling model through rigorous performance management systems

Provides credible proof-of-concept for the KMC scaling strategy

Facilitates strong engagement from the Cameroon government



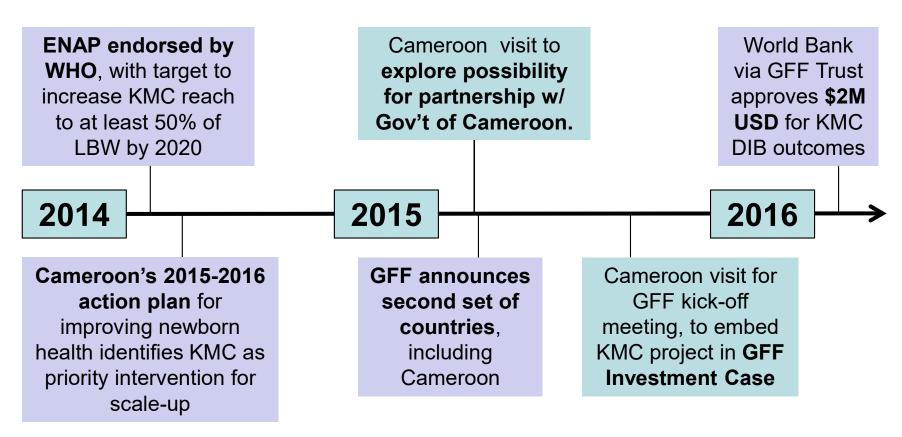








Timeline of engagement



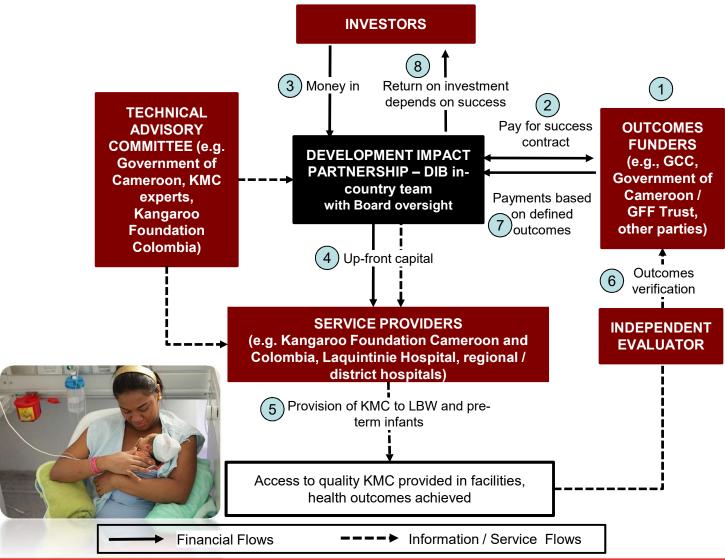


Global Financing Facility

An initiative managed by the World Bank that aims to unite resources from domestic governments, international donors and private sector actors to accelerate improvements in women and children's health based on government identified priorities, including through results-based financing.







BOLD IDEAS WITH BIG IMPACT®

15



Expected outcomes

DIB would fund:

- Rollout of KMC to 15-20
 reference, regional and district
 hospitals in ~4 districts of
 Cameroon.
- Improved health outcomes for around 4,500 LBW infants per year for 3-4 yrs.



Reduction in **mortality** for LBW infants



Weight gain velocity as an indicator of quality KMC



Increase in access to quality KMC for LBW infants



Expected outcomes



Starting point for national scale-up of KMC in Cameroon, reaching all health system tiers



Proven and replicable approach to scaling KMC in other LMICs



Proven and replicable approach for funding the scale up of KMC



APPENDIX



Proposed Metrics for DIB – draft, subject to change

Indicators to validate the progress of the project:

- # of new regional hospitals that have adequate facilities (including access to clean water and electricity) to implement KMC.
- # and % of new regional hospitals certified to implement KMC
- # and % of regional hospitals in the country prepared to train other institutions in KMC implementation.
- # of medical staff trained and # of KMC teams created during the project.
- # of newborn preterm and/or LBW infants who have been admitted to KMC unit/year.
- # of new parents of preterm and/or LBW infants who are receiving KMC education/year.
- # of policy projects which have been developed through the project.