

Title: Evolution of an Implementation model for Kangaroo mother care and lessons learnt in a district in Southern India

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Abstract :

A WHO-BMGF multi-site multi country implementation study is ongoing since 2016 in India and Ethiopia, the aim of which is to achieve $\geq 80\%$ coverage of KMC for all babies < 2000 gms. One of the seven sites in this multi-centric study is Koppal district, an “underserved, high priority” district in Karnataka, India. The implementation research at Koppal is led by three partners: the research wing of a medical college, a quasi governmental organization – the Karnataka Health Promotion Trust and the government of Karnataka. This paper entails the process model of implementing KMC in a district and aims to document experience, learning and evidence in arriving at the model. The model focussed on identifying LBW infants, initiating KMC after stabilization in facility and handover to community front line workers. It had 3 key areas of intervention : pre-facility, facility and post facility. The Koppal model has focused on onsite nurse mentoring, specialist hand holding visits , the AKKA model, foster KMC and quality improvement principles to improve facility based KMC. In addition, human centric design principles are utilised to improve buy in from the parents. The pre and postfacility interventions was focussed on the ASHA worker. They used family level microplanning tools, did daily home visits and supported KMC in the community. Mass media and local cultural fairs promoted the community awareness of KMC. The model was implemented phase wise to cover the entire district with a population of 1.6 million.