Scaling up Kangaroo Mother Care in Rwanda:

Result from an Evaluation of Kangaroo Mother Care Services in Rwanda

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Background

- In Rwanda neonatal mortality is still high at 27/1000 (DHS, 2010).
- Low birth weight and prematurity are major contributing causes.
- To address this issue the Ministry of Health in collaboration with partners initiated and scaled up the KMC intervention.

KMC scale-up process

- Training of 59 national trainers
- Training of 442 health care providers from 30 district hospitals
- Development of national KMC guidelines
- Inclusion of KMC protocols in national standardized neonatal protocols
- Integration of KMC in training packages of essential newborn care, Emergency Obstetrics & Neonatal Care as well maternal community health workers
- Provision of KMC equipment,
- Supportive supervision

Aim of the assessment

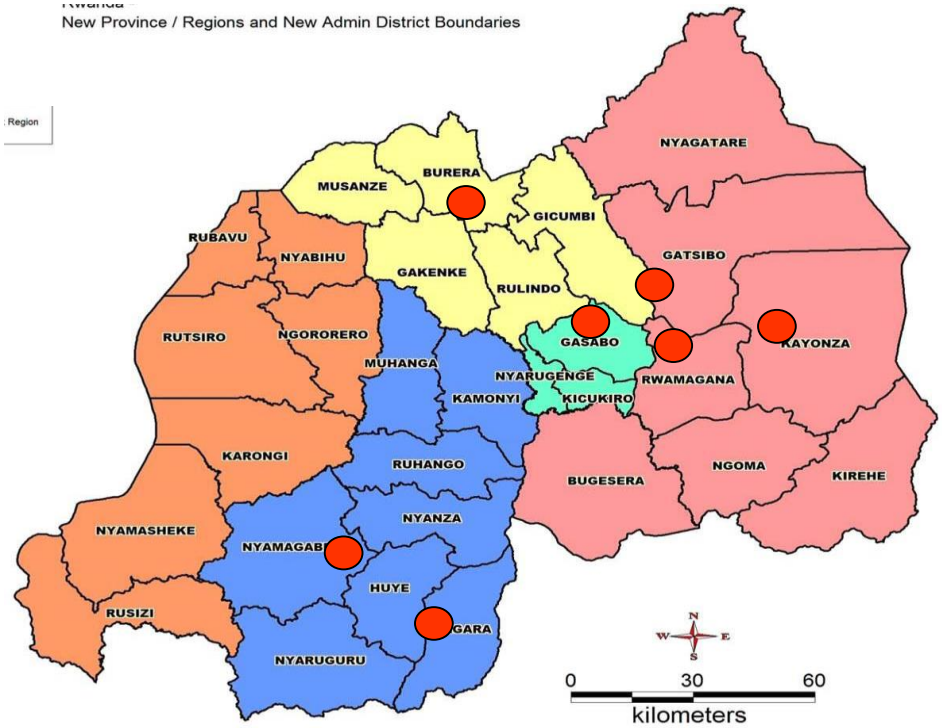
- The aim of this assessment was to provide a systematic ‘snapshot’ of the implementation status of facility-based KMC services in Rwanda to inform further roll-out of KMC and other health system interventions.

Evaluation approach

- Two data collection methods:
  - Evaluation of KMC services in hospitals (institutional evaluation)
  - Individual interviews with key role-players and partners
- Institutional evaluation:
  - Information to health facilities regarding the evaluation
  - Two consent forms – in-charge and informants
  - Evaluation tool – quantitative and qualitative information collected
- Use of a model developed for measuring progress in the implementation of KMC
- Data collection was conducted during the period 7 to 15 May, 2012

Sampling

Convenience sample of 7 district hospitals



Map adapted from:
http://www.usaid.gov/rw/our_work/district/districts_main.html

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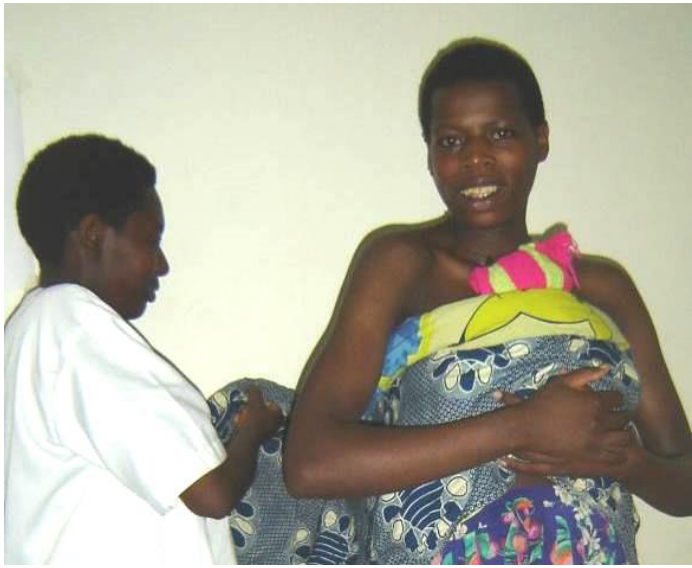
Results

Introduction of KMC and current practice

- 30 out of 43 hospitals had KMC services
- All 7 hospitals reported practising continuous KMC (>18 hours/day)
- Very little intermittent KMC – not documented
- Estimates of adherence to follow-up: <50-100%



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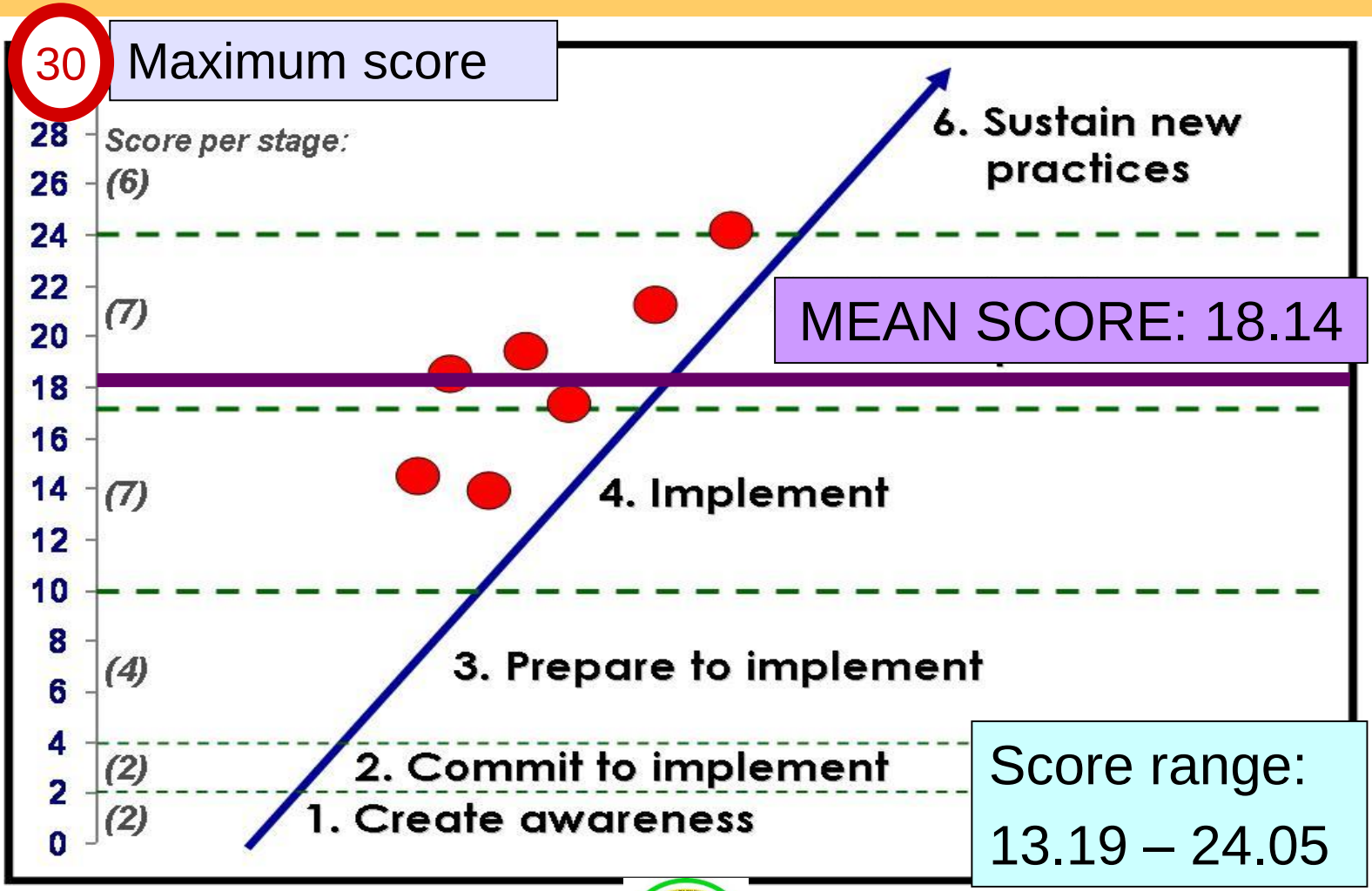
Progress with implementation



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Overall strengths

- Convergence of scale up of newborn care projects in the Ministry of Health
- Strong mechanisms for health strengthening and health services utilization including
- Champions driving the process at different levels (MoH, partners, health care facilities)
- KMC appears to be well accepted by mothers and families if the rationale for the method has been explained to them adequately

Gaps and challenges

- Scaling up of KMC not moving as fast as it could
- Leadership for KMC not strong in all district hospitals
- Neonatal care providers in some hospitals do not have a good understanding of KMC and what it entails (especially continuous KMC)
- Lack of strong ambulatory care after discharge from hospital and systematic links between hospitals and health centres in providing a continuum of care for LBW babies

Conclusion

- KMC has generally been accepted as an important component to be integrated into strategies for improving newborn survival.

- The implementation of KMC has taken root and has a good chance of becoming or remaining sustainable at some district hospitals.

Recommendations

- Continue to ensure that KMC is advocated as an essential newborn care intervention that is included (by name and special indicators) in budgets and strategic plans at all levels
- Continue training at different levels and in different programs
- Strengthen follow-up care of LBW babies in the community

Thank you for your attention


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