Opportunities and Challenges for Implementation of KMC

Findings from the 'deep dive' in Bangladesh




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Bangladesh Context

- Reduction U5 & infant mortality rate: significant progress
- Slower progress in reduction of neonatal mortality
- 'Child Survival Call for Action' (2013) by MOH&FW – 4 key newborn interventions
- KMC planned to be introduced as a new initiative and to be scaled up at national level
- No public health facility practice KMC
- Facility based KMC:

    -LAMB integrated rural health & development, Dinajpur

    -Matlab Hospital, icddr,b

    -Dhaka Shishu Hospital: very recent

Process of Policy Adoption of Four Newborn Health Interventions

Jun-Jul 12

Bangladesh's Commitment and Promise Renewed to "Child Survival Call to Action"
June 14-15 2012, in Washington, D.C.

NTWC on NBH starts functioning

Major causes of newborn health come to the focus

Sept 12

survive & thrive

Consultation on prioritizing intervention on prematurity & observation of WPD

Nov 12

Observation of World Prematurity Day

Sensitization of policy makers

Participation of BD team in Global KMC Conference

Mar 13

1st Joint International Congress & Scientific Session jointly organized by BNF/BPS

Theme: Born too soon - together we care

Apr13

NEWBORN 2013 Global Newborn Health Conference Johannesburg, South Africa April 15-18

May 13

National Workshop

NTWC recommended for 4 key newborn interventions for national scale up and for national campaign

July 13

Policy Adoption By NCC

APR Declaration Includes 4 key NB interventions

Oct 13

Formation of 4 TWG for development of guidelines and SOPs on 4 key newborn interventions

Series of Consultations
National Technical Working Committee

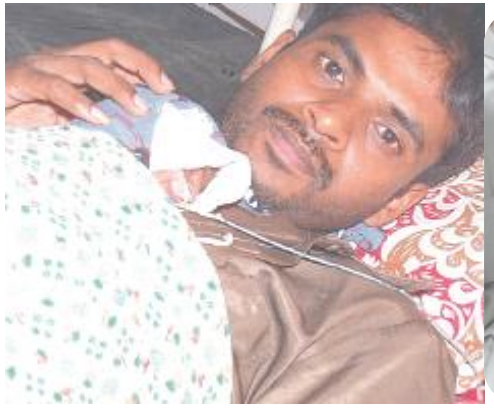
Bottleneck analysis

KMC deep dive

Newborn situation analysis

National Core Committee on Newborn Health – Decision on KMC

Introduction and national scale-up of KMC (at the facility with its continuation in community)



So far in 2014:

- Team of professionals trained in KMC from Mumbai, India
- Technical Sub-Group on KMC developed national KMC guidelines

Opportunities for KMC Implementation

- Positive policy environment & higher level political commitment
- Professional agencies committed to support KMC implementation
- National guidelines in place
- Encouraging experience from new KMC services at Dhaka Shishu hospital
- National level tertiary health facilities are interested in implementing KMC
- Director General of Health Services plans to implement KMC in one district with technical support from Saving Newborn Lives
- A pool of KMC trainers is formed
- Health managers and key service providers sensitized

Stakeholder Analysis: Findings

Stakeholders	Characteristics				
	Knowledge/ Awareness	Interest in KMC	Influence/ Power	Personal Stand	Potential impact as actor
GoB/Policy makers	Moderate	High	High	Very interested	Influential role
Professionals	High	High	Moderate	Very interested	Materials develop-ment & training
Private sector activists	High	High	Low	Very interested	Training
Development workers / donors	High	High	Moderate	Very interested	Influential role
District & sub-district service providers	Very low	Moderate	Moderate	Interested	Continue service

Challenges: Supply-side Barriers

Health work force • *Shortage health workers Vacant posts* • *No dedicated KMC workforce* • *Lack of training* • *Placement after training* • *Few experts on KMC* ***Infrastructure and financing*** • *Space* • *Privacy* • *Equipment* • *Capital & recurrent investment*	**Strengthen plan on introducing and scaling up KMC** **Comprehensive coverage of KMC services** • Access to KMC services • Coverage and continuity (sustainability) • Quality and person centeredness • Co-ordination of local area health services networks **Changing mindset of health care providers**

Challenges: Demand-side Barriers

- KMC continuation in community
- Lack of knowledge
- Conservative cultural context
- Low socio-economic conditions
- Humid weather

Conclusion

- Strong commitment of stakeholders should be utilized
- Holistic plan needed to scale-up KMC
- Critical areas for consideration
  - Skilled health workforce with special training
  - Staff motivation
  - Staff availability round the clock
  - KMC in pre-service and postgraduate curricula of health professionals


Thank You