

REVIEW OF KANGAROO MOTHER CARE IN INDONESIA 1997-2014

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Save the Children



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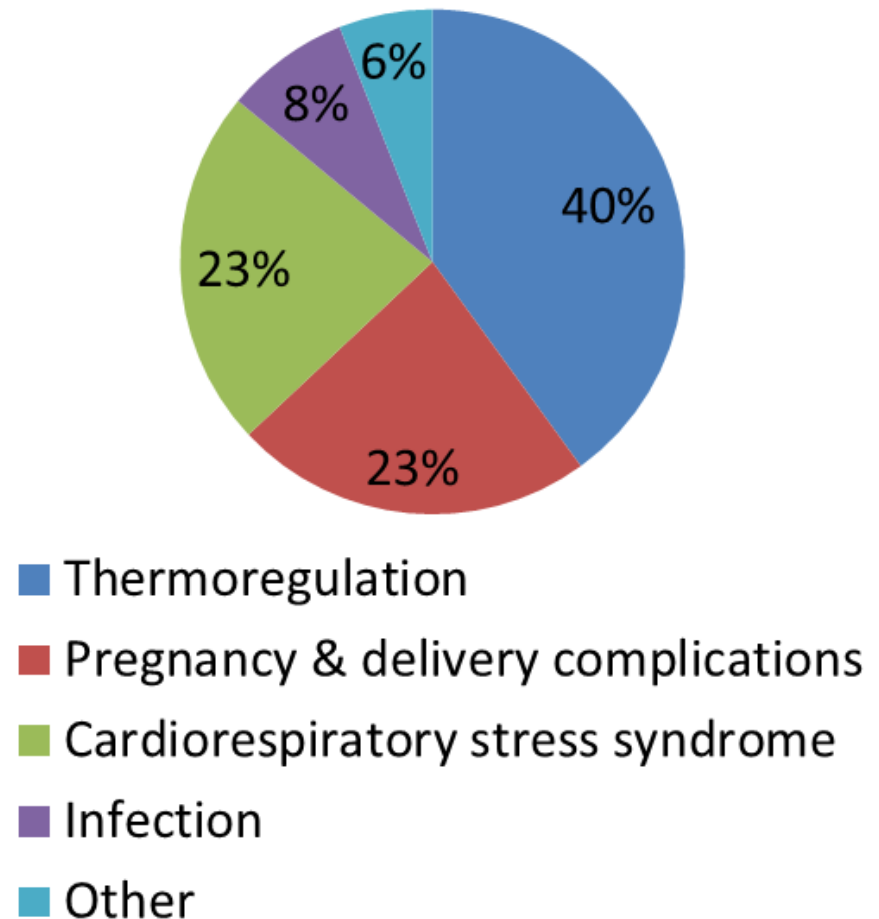
USAID
FROM THE AMERICAN PEOPLE

CHILD MORTALITY IN INDONESIA

- U5MR: 31/1000 live births
- IMR: 26 /1000 live births
- NMR: 15/1000 live births

(UNICEF, 2013)

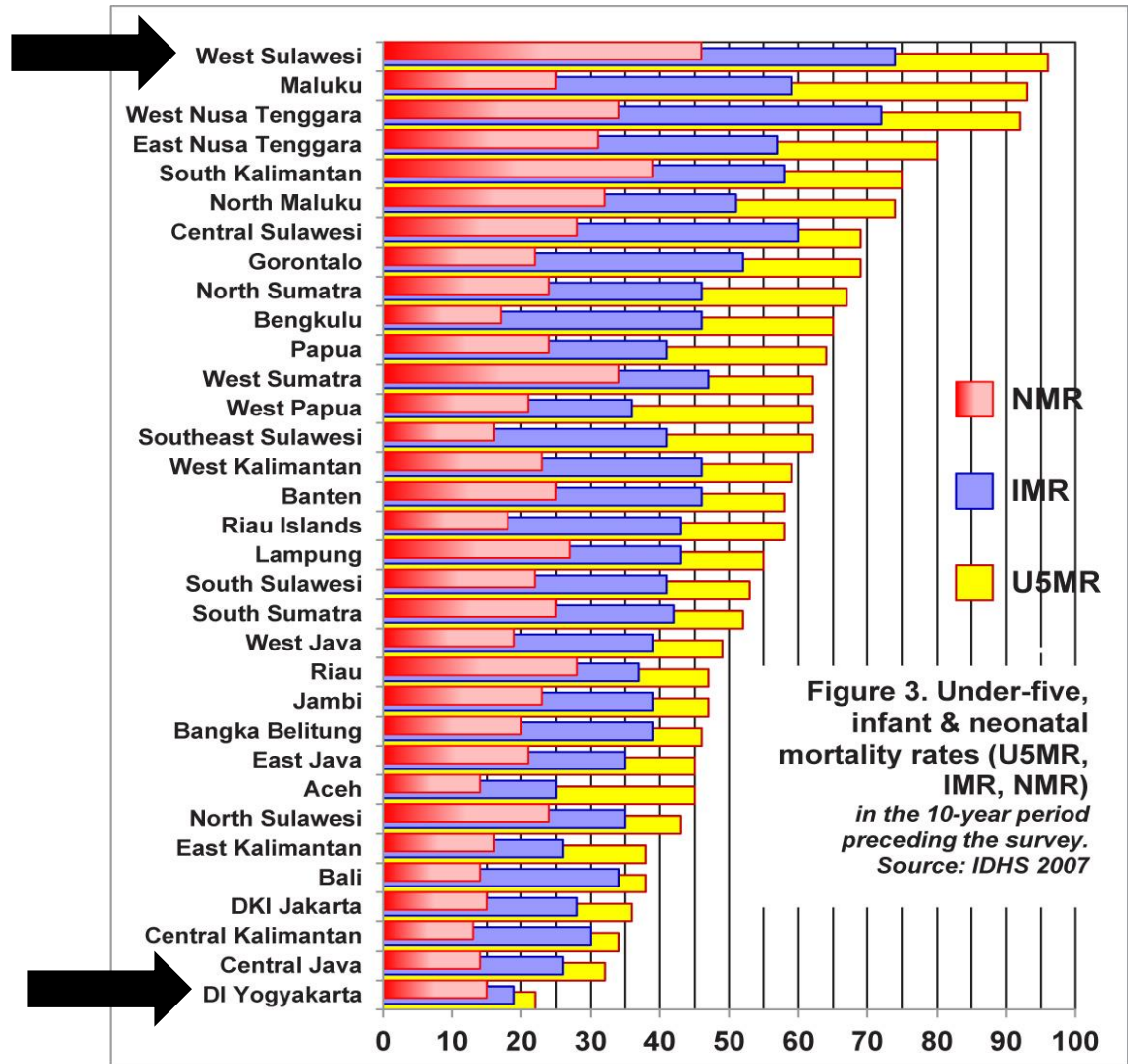
Causes early neonatal deaths



(Basic Health Survey, 2007)

CHILD MORTALITY IN INDONESIA

- Wide disparity in under-five, infant and neonatal mortality rates across provinces



METHOD

- Document review (1997-2013):
 - Government documents; training materials; IEC & BBC materials; media reports
 - Project reports; meeting & conference presentations
 - Scientific work: dissertations and theses; journal articles; surveys
- Findings discussed with government & non-government stakeholders & health professional organizations

MILESTONES IN THE DIFFUSION OF KMC IN INDONESIA

YEAR	EVENTS
1997	KMC training for health professionals initiated (PERINASIA)
1998	<ul style="list-style-type: none">■ Participation in 2nd International KMC Workshop (Bogota, Colombia)■ 1st implementation of KMC in hospital
2000	2 nd hospital starts implementation
2008	<ul style="list-style-type: none">■ KMC study visit to South Africa (team of staff from Ministry of Health and 3 teaching hospitals)■ KMC service established in 3 teaching hospitals■ Update of guideline for management of LBW by MoH to include KMC

MILESTONES IN THE DIFFUSION OF KMC IN INDONESIA

YEAR	EVENTS
2009	<ul style="list-style-type: none">▪ Formation of National KMC Task Force Team▪ Update of Mother-Baby-Friendly Hospital certification criteria to include KMC (MoH)▪ MoH conducted KMC training in about 100 hospitals
2011	<ul style="list-style-type: none">▪ 3 more public hospitals start KMC implementation▪ Standards for Hospital Accreditation updated – KMC services included in the Comprehensive Emergency Obstetric and Neonatal Care (CEONC) criteria
2014	<ul style="list-style-type: none">▪ MoH launches 5-year plan: Indonesia Newborn Action Plan (INAP) – KMC an integrated component

UPTAKE AND PROVISION OF KMC SERVICES IN HOSPITAL

- ❑ No official data on actual number of hospitals implementing KMC
 - 21 hospitals reported implementation of KMC to consultant , BUT ... no documentation to confirm

- ❑ PERINASIA (2012) survey:
 - Questionnaire to 500 KMC training alumni (response 81)
 - In-depth assessment 6 hospitals

UPTAKE AND PROVISION OF KMC SERVICES IN HOSPITAL – BARRIERS

Main types of barriers identified in survey:

- **Management:** lack of coordination
- **Facility:** unavailability of NICU or designated KMC ward; lack of IEC materials
- **Personnel:** no pediatrician; staff shortages; poor KMC knowledge
- **Mother & family perspective:** lack of awareness; anxiety/not confident to continue KMC at home; stigmatization

STATE OF KMC IMPLEMENTATION IN INDONESIA (THE STAGES OF CHANGE MODEL)

STAGE	DESCRIPTION
1. Create awareness	Individuals trained – no systematic follow-up
2. Commit to implement	KMC included in different health service policies – extent of commitment not clear
3. Prepare to implement	Recently adopted Indonesia's Newborn Action Plan (INAP) includes KMC
4. Implement	Not yet on level of wide-scale implementation
5. Integrate into routine practice	KMC incorporated in hospital accreditation system – indicators still unclear
6. Sustain routine practice	No evidence on a national scale yet No monitoring of KMC statistics of individual facilities

RESEARCH ON KMC IN INDONESIA

27 published and unpublished studies identified (1993-2013)

- Very small number
- Mostly published in *Paediatrica Indonesia* – not included in international indexes → not accessible for global audience

TOPICS

Feasibility and acceptance of KMC in rural communities

Efficiency and cost effectiveness of KMC

Safety of KMC

Effect of KMC on premature infants' health (sleep pattern, weight gain and thermoregulation)

Effect of KMC on mothers' wellbeing

Factors contributing to the continuation of KMC post hospital discharge

Enabling and barrier factors of KMC service implementation in hospitals

THE WAY FORWARD

Policy Environment:

- Build and strengthen inter-sectoral collaborations for KMC support
- Improve supervision and monitoring of policy implementation
- Systematic advocacy plan for KMC implementation – target decision makers at all government levels
- Elaborate indicators for KMC implementation in the hospital accreditation system

Dissemination of Knowledge and Skills:

- Integrate KMC training in different in-service training programs
- Invest more to integrate KMC in pre-service training



THE WAY FORWARD

Uptake and Provision of KMC Service:

- Strengthen implementation and documentation of KMC services in hospitals
- Develop and institutionalize supportive supervision systems in all scale-up efforts
- Step-up promotion through mass-media (radio, TV, posters) to increase public awareness on KMC services
- Facilitate knowledge-sharing events to disseminate evidence of and lessons learned in KMC implementation

KMC Research:

- Improve availability and quality of data
- Improve national and local KMC research capacity



Photos courtesy of PERINASIA

THANK YOU
