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Kangaroo Mother Care Implementation Lessons

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Maternal Newborn Health

Kangaroo Mother Care

- Each year, preterm complications account for over **1 million deaths**, or **35% of all neonatal mortality**.
 - KMC can avert up to **450,000 preterm deaths** each year if near-universal coverage is achieved.
- Investment in KMC has beneficial effects beyond survival, including **healthy growth** and **development**.
 - However, *global implementation* of quality KMC for preterm newborns has not kept pace with the robust, long-standing evidence.

Kangaroo Mother Care



SUSTAINABLE DEVELOPMENT GOAL 3
Ensure healthy lives and promote well-being for all at all ages



Goal 3 Custodian Indicators

- Skilled attendance at birth
- Under-5 mortality
- Neonatal mortality

UNICEF is responsible for 8 global SDG indicators



UNICEF supports countries in generating, analyzing and using data for these indicators for all their citizens

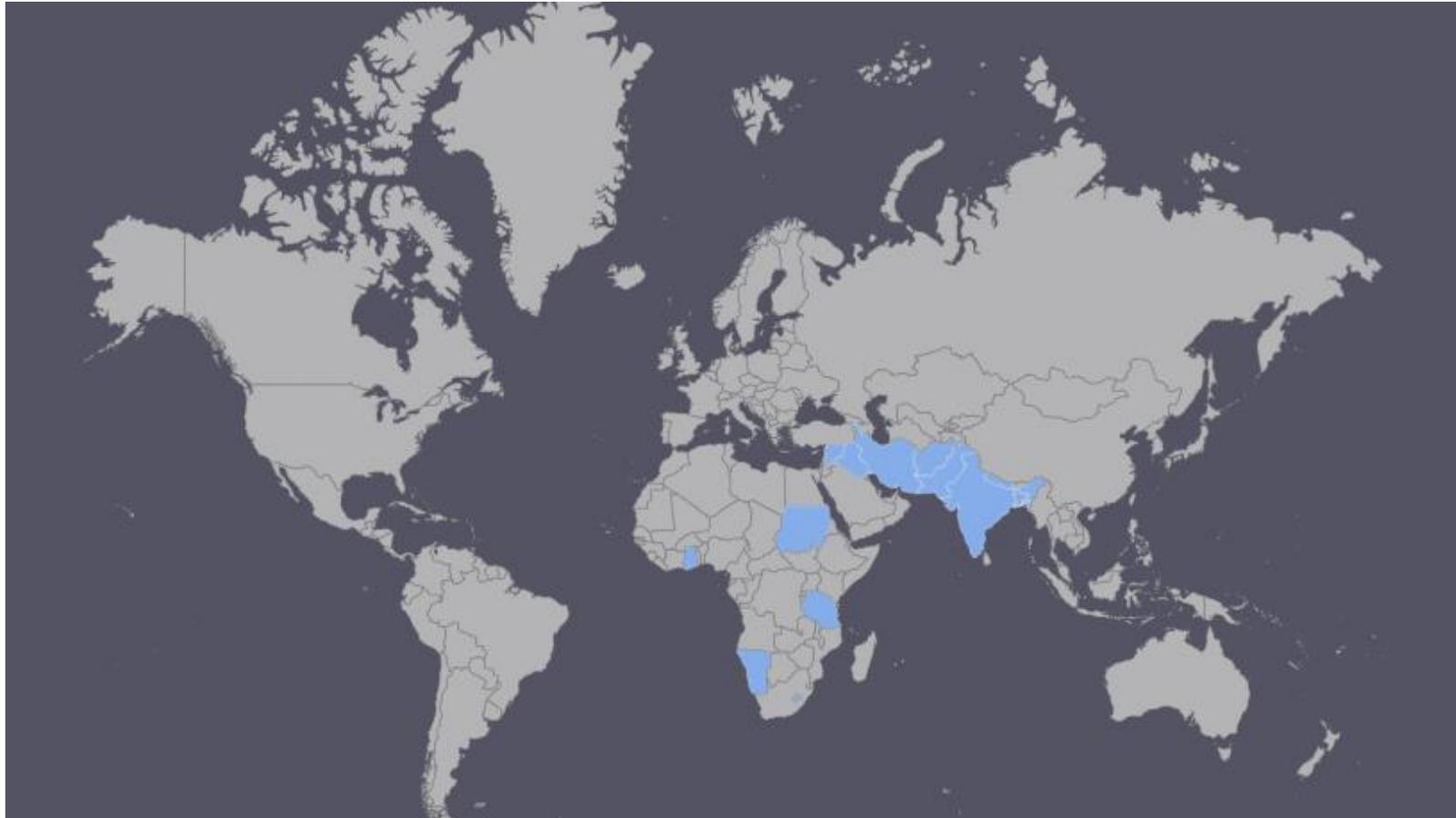
Current Groundwork

*Countries are varied in where development has been stable and where challenges have hindered effective **implementation** and **advocacy***

How many countries have national KMC policy/guideline?

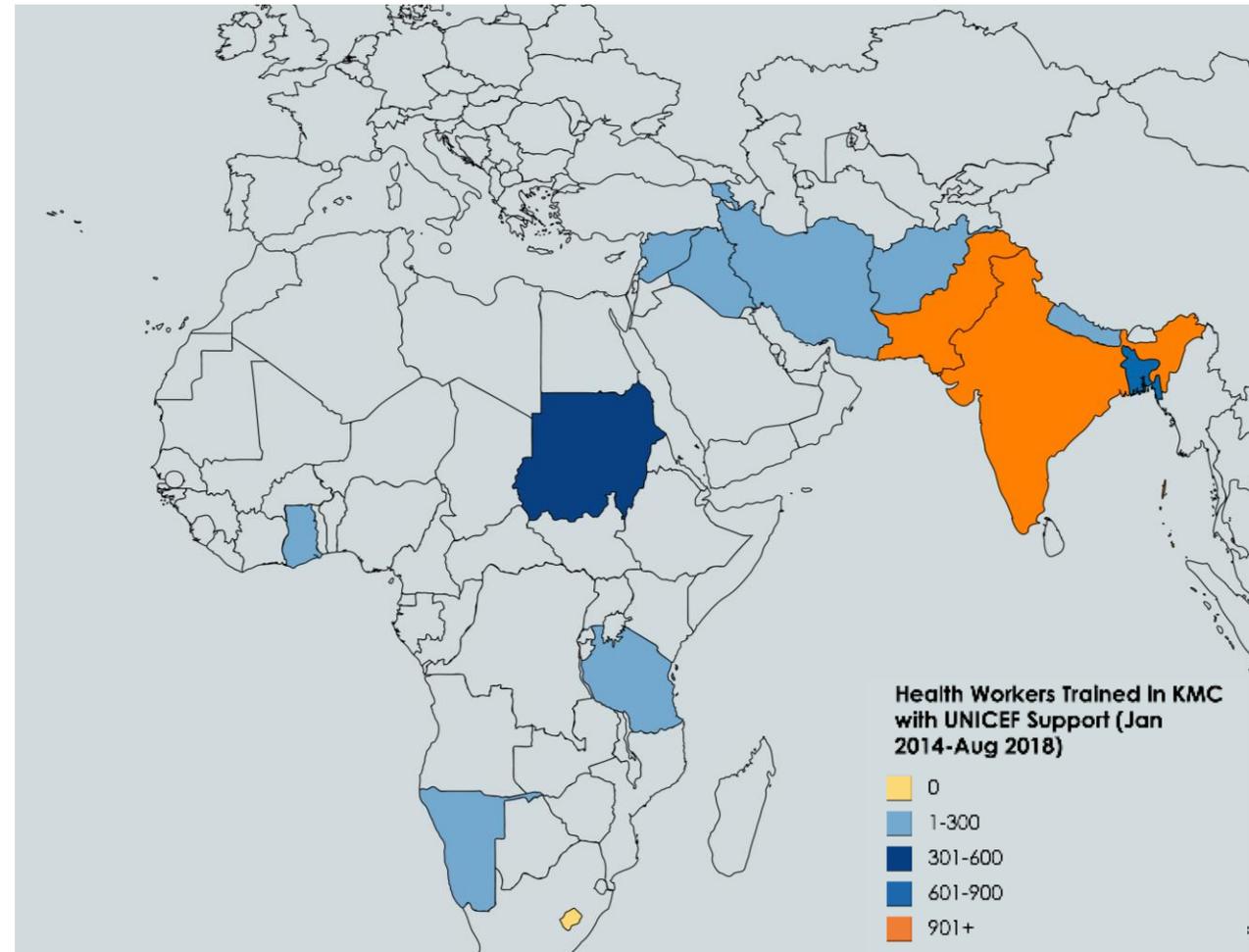
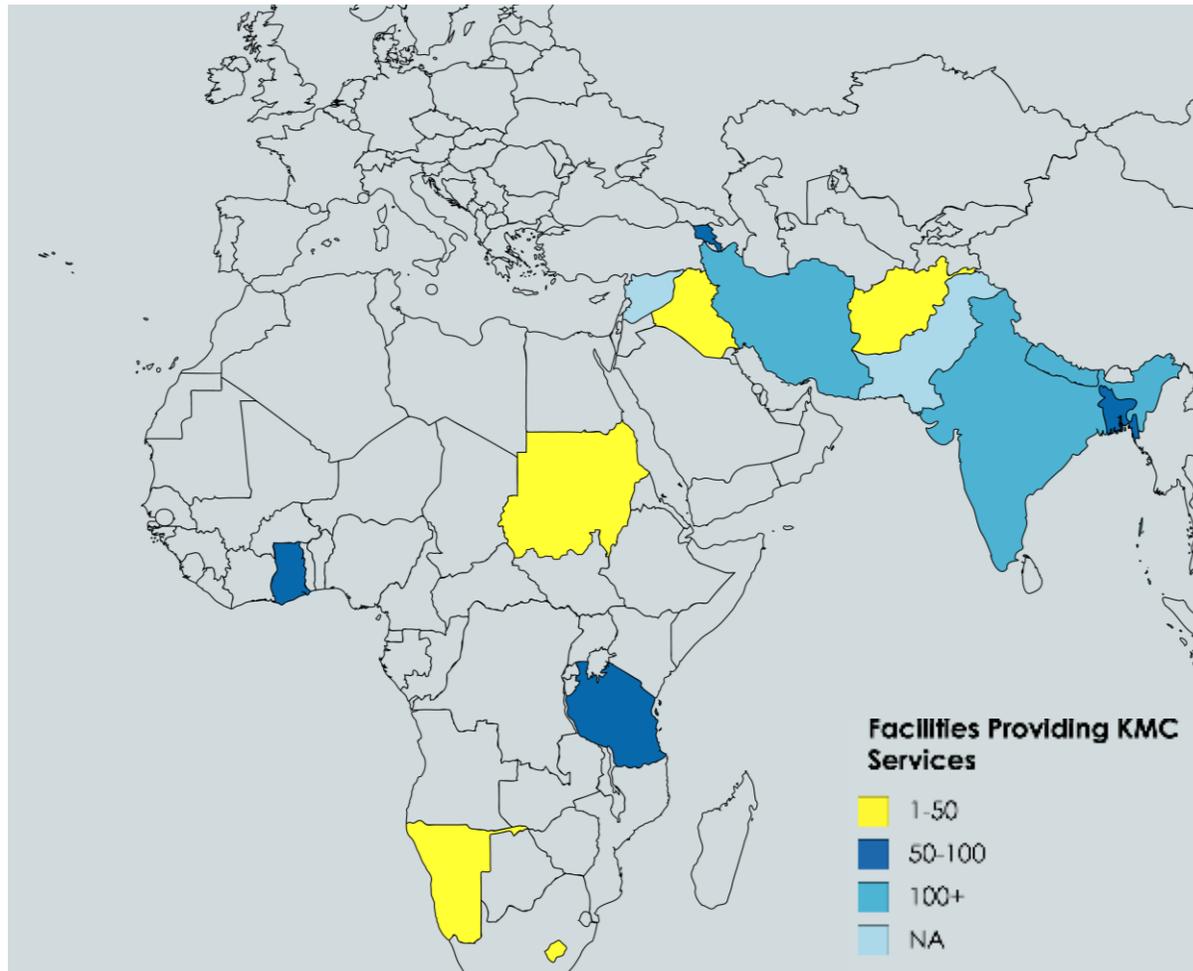
*Out of 76 countries reported to ENAP progress tracking : **26 has, 20 in process and 30 don't have***

Methodology

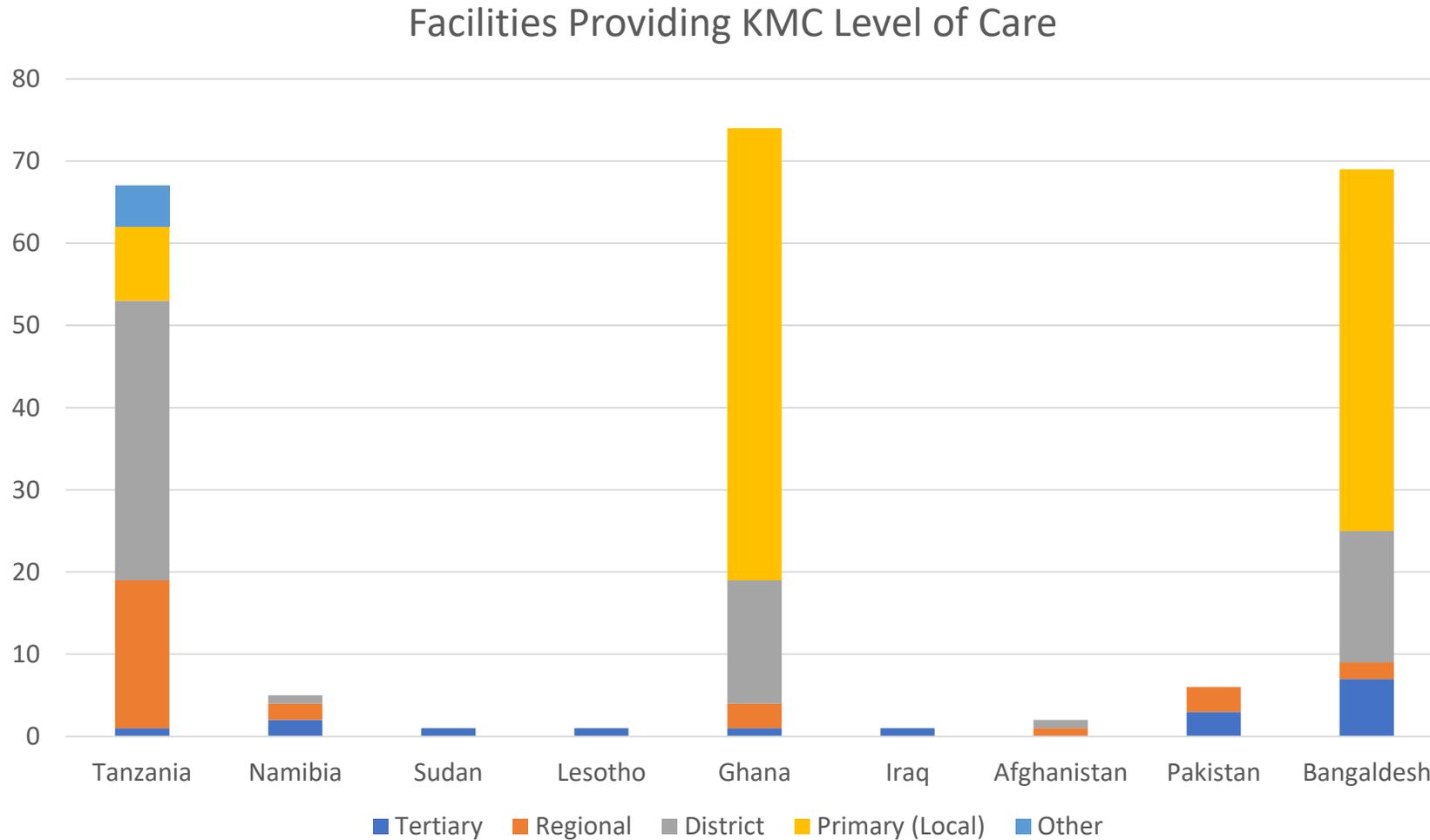


Data collection tool was developed, pretested and disseminated to all UNICEF regional offices offices

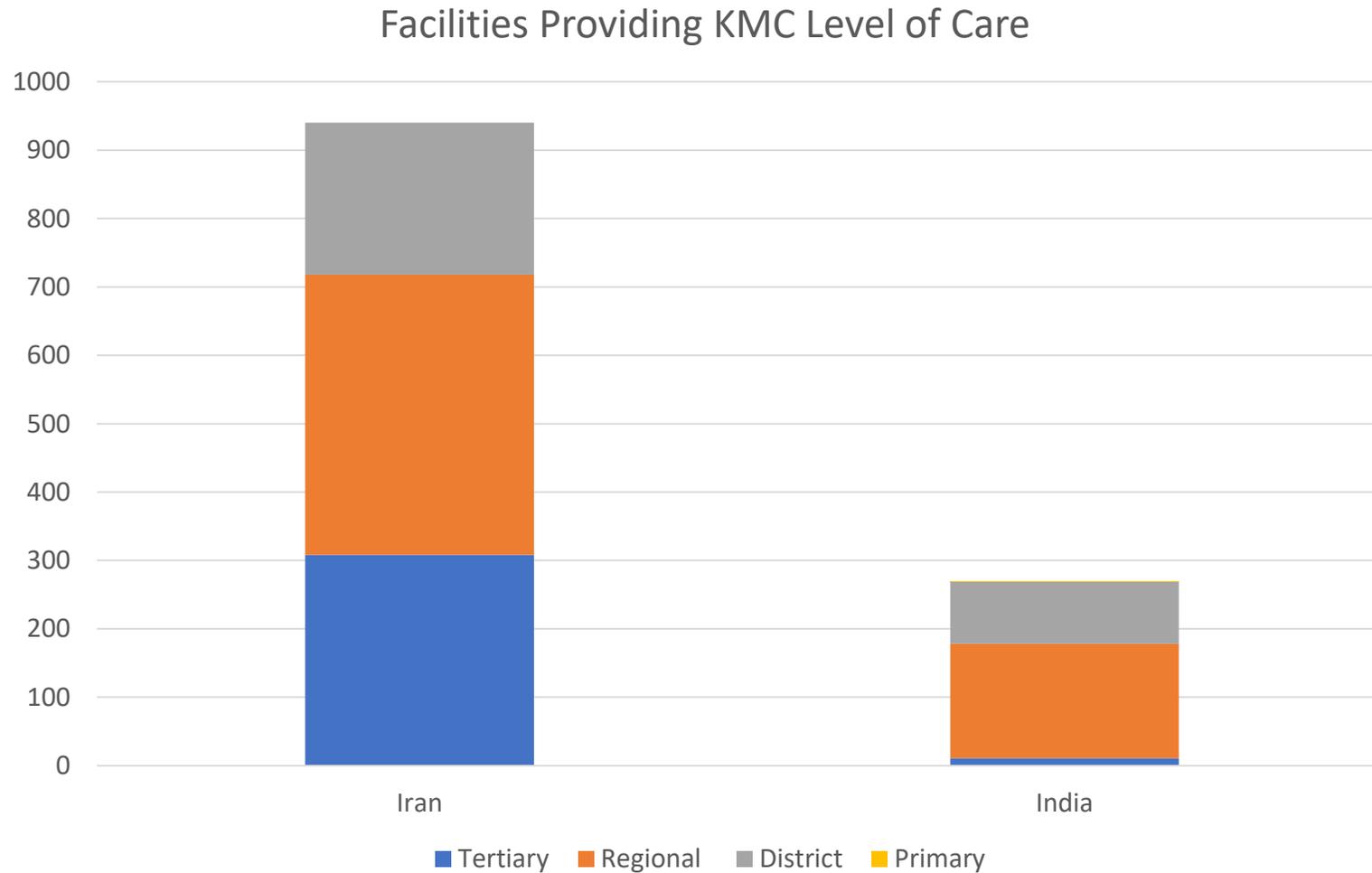
Health Delivery and Workforce



Facilities and Levels of Care

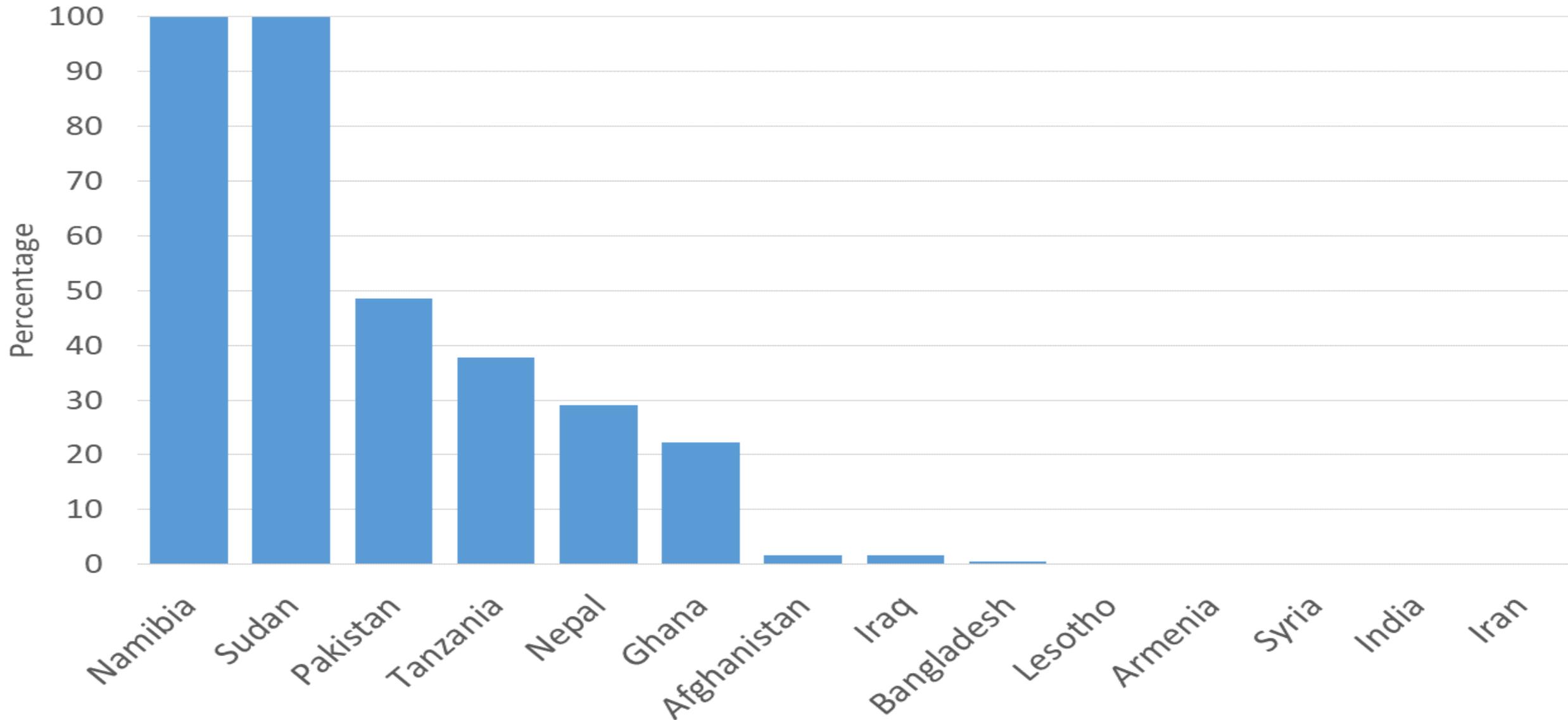


Facilities and Levels of Care



Health Information

Data for health facilities that have been supported by UNICEF with KMC implementation for the period of 1 Jan to 31 Dec 2017



Country Examples

Lesotho

Implemented KMC in one hospital completely internally and organically. From the bottom up, followed by a national response

Syria

The humanitarian crisis undermines implementation attempts in Syria and emphasizes a need for integration of KMC in all emergency newborn care responses

India

Following nationwide implementation, the national guideline on KMC prioritizes a detailed operational plan to scale up KMC, beginning with district hospitals and subsequent expansion to lower levels and home KMC

Iran

All NICUs and special care units are currently implementing KMC services. Remaining challenges include national monitoring and evaluation program for KMC

Lesotho



Queen Mamohato Memorial Hospital Maseru, Lesotho

- Launched KMC within hospital without presence of national guidelines
 - Healthcare provider initiated
- The country is adapting the essential new born care package and conducted a ToT in September 2018
 - The package will guide service delivery moving forward
 - Plan to introduce KMC in all 16 public hospitals starting March 2019

Syria

Civil War & MNH

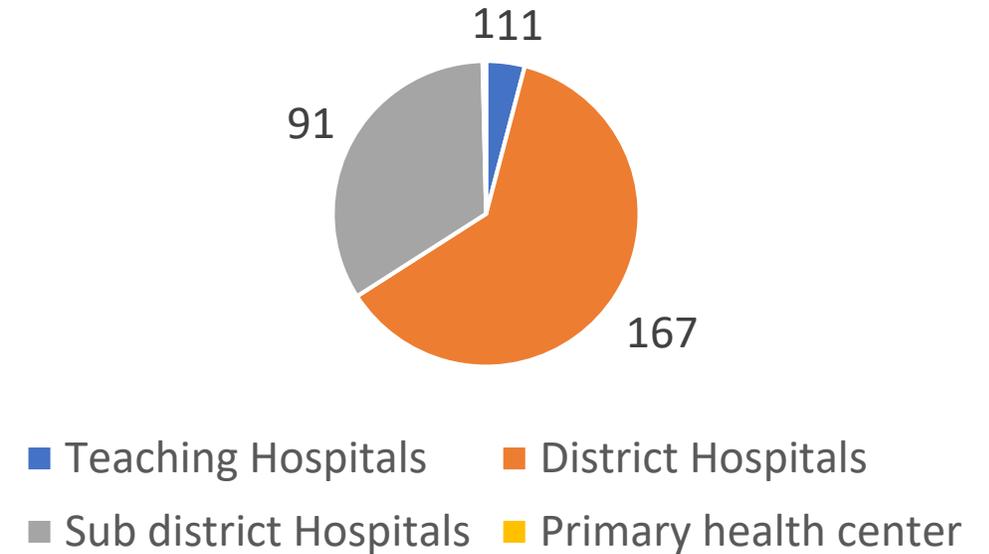
- Ministry of Health decision makers are not yet convinced that KMC is a priority at this stage of the Syrian crisis
 - No further policy changes or legislation have been made at this stage



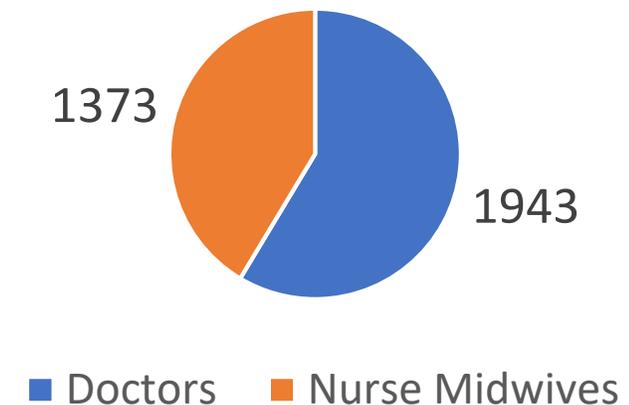
India

- National Guidelines for KMC were released in September 2014
 - KMC services are expected to be provided at all facilities providing delivery services and fulfil the minimum facility readiness requirements
- The National RMNCHA Communication Strategy, MNH Toolkit and other documents on MNH clearly indicate KMC as one of the strategies to reduce newborn mortality

Facilities providing KMC services



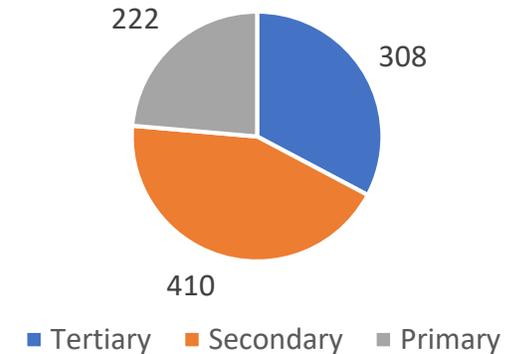
Health workers trained in KMC



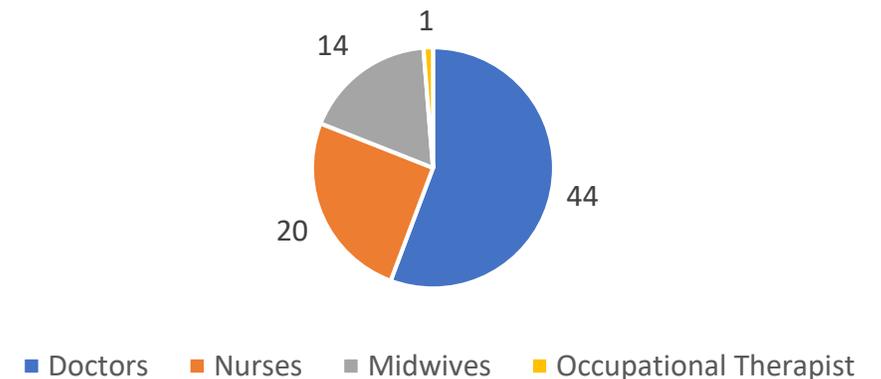
Iran

- KMC program was notified formally as a nationwide program in 2012
 - All NICUs and special care units are currently implementing KMC services
- National Society of Neonatology aids MoH in KMC programming and revising KMC service package
- National Health Budget includes a budget line for KMC
 - KMC indicators are included in the national HMIS

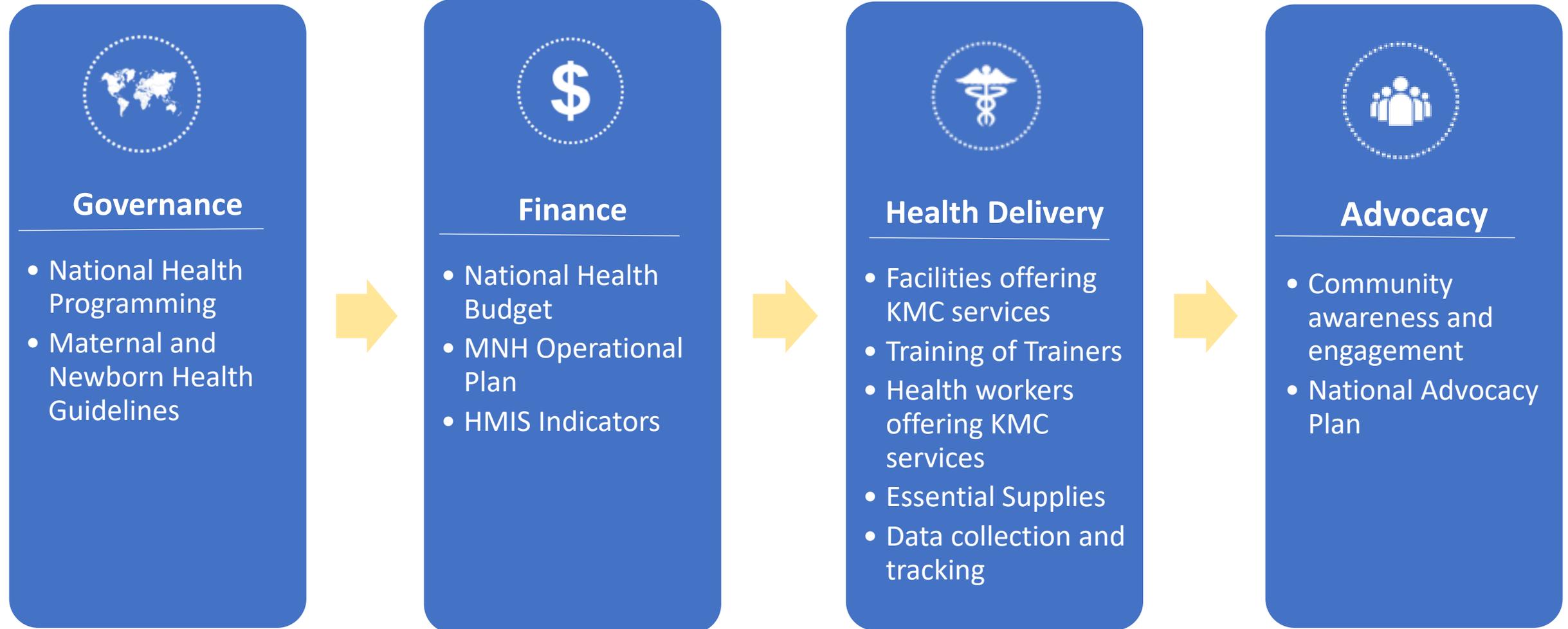
Facilities providing KMC services



Health Workers Trained in KMC



Levels of Implementation



UNICEF Support - Leadership and Governance



UNICEF has supported national newborn health programming in developing/updating national KMC guidelines in almost all the reporting countries that have or are developing KMC services into their national MNH programs

In governance, national Ministries of Health are leading the momentum for partnership and KMC implementation

All responding countries, if not already implemented, have a plan for national implementation within the next 5 years

UNICEF Support - Health Financing



KMC is often incorporated into RMNCH plans in national budget and is not specified with separate budget lines

Reports state that despite the presence of national guidelines, there is little funding available for commodities and supplies and practitioners mostly depend on donor funding and support

UNICEF Supplies - Essential Supplies



With or without UNICEF support, minimum KMC supplies are generally specified in MNH national plans

However, gaps are noted in availability of specifically assigned KMC wards

UNICEF has supported countries in equipment procurement, development and distribution of specific promotional materials, training accessories, and establishing or upgrading KMC units

UNICEF Support - Community Engagement and Advocacy



Many countries do not have a national advocacy plan that includes KMC promotion in place

KMC tends to fall within broader RMNCH advocacy plans

Community acceptance remains a challenge to implementation

Social mobilization and awareness about the importance of KMC is needed in every country

Challenges

Despite widespread national level consideration, sustained implementation seems to be the most pressing challenge to KMC service

Lack of specific budget line means limited financial resources

Advocacy and Awareness

- Lack of community awareness mandates partners working at community level and/or managing male involvement projects

Challenges

Inconsistent and incomplete data

- KMC indicators are rarely included in the national HMIS
- Lack of a reasonable national monitoring and evaluation program for KMC
- Inadequate data on implementation and for decision making

Collaboration of national, public, and private partners to develop data collection methods that can be practically implemented and tracked is critically needed

Continuing Support

Capacity building of health care workers and community health workers

- Development of more SBCC material for community level
- Increased funding to increase KMC coverage and documentation in country
- Scale up of KMC – ToT and supply procurement

“When health staff are well trained, they put up their best thus improving the survival rate. Parents are ready to accept referral to the KMC units because they see small babies surviving. It is expensive to do KMC in terms of staff time and client resources.”

- DDNS, GHS-UER Ghana

Continuing Support

Support in documenting lessons learnt on KMC

- Data review
- Analysis and feedback
- Research in knowledge

Bridging gaps in implementation

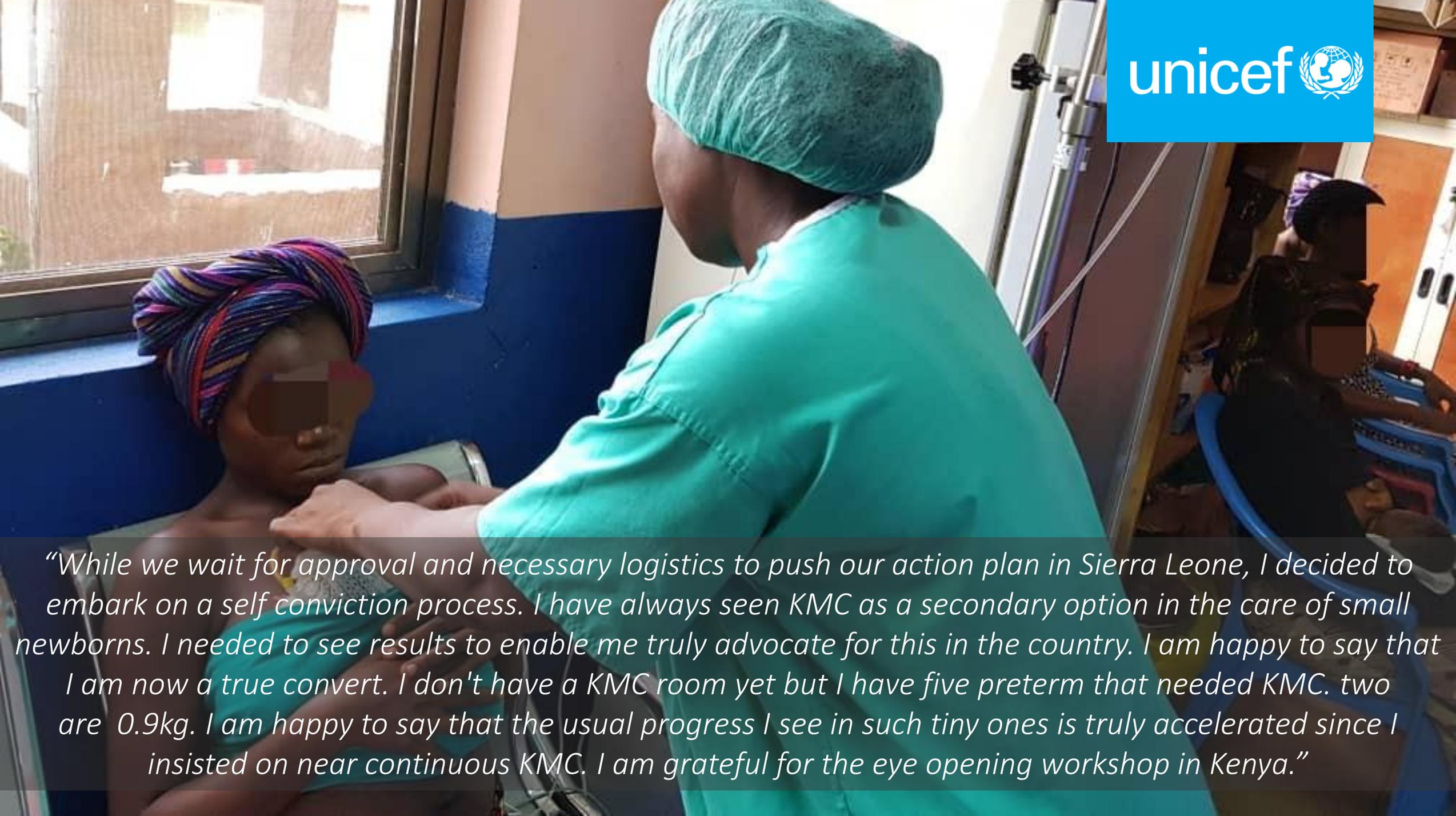
- Critical integration of KMC in overall newborn strengthening programs
- Inclusion of KMC indicators into national HIS and KMC standards/policy/guidelines
- Training that contributes to adding knowledge, changing attitude for most of the participants

Continued advocacy is necessary to outline programming, incorporate KMC indicators, push for inclusion and awareness, continue coordination with service providers and managers, appropriate budget sanction, hire and train providers and to ensure supply

Acceptance of KMC varies by culture & ethnic group, but acceptance can be facilitated among mothers and caregivers through *proper counseling* and *creating awareness* among the target population

KMC implementation is evidence that *knowledge gaps* among service providers are being duly addressed with essential newborn care and facility based training

Conclusions

A healthcare worker in green scrubs and a cap is examining a newborn baby held by a woman wearing a colorful headwrap. The scene is set in a clinical room with a window in the background.

“While we wait for approval and necessary logistics to push our action plan in Sierra Leone, I decided to embark on a self conviction process. I have always seen KMC as a secondary option in the care of small newborns. I needed to see results to enable me truly advocate for this in the country. I am happy to say that I am now a true convert. I don't have a KMC room yet but I have five preterm that needed KMC. two are 0.9kg. I am happy to say that the usual progress I see in such tiny ones is truly accelerated since I insisted on near continuous KMC. I am grateful for the eye opening workshop in Kenya.”

A close-up photograph of a newborn baby wearing a blue knit cap and a clear nasal cannula. The baby is lying on a person's chest, and their eyes are closed. The background is softly blurred.

Thank You

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