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# Guidance for implementation of Kangaroo Mother Care Programs at Scale

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# Outline



- State the rationale for the development of the implementation guide
- Share the main topics in the guide
- Highlight key steps in the program design phase
- Discuss upcoming complementary tools

# Acknowledgments

Thanks to the members of the USA-based KMC technical working group and others who drafted and/or reviewed various chapters of the Implementation Guide and to the Independent Consultant, Judith Standley, who served as the Editor for the document



# Why an implementation guide?



- With few exceptions KMC has not been taken up by most countries as part of routine care for preterm births or low birth weight babies
- Individual Pediatricians have attempted to introduce KMC in their hospitals – some successful and sustained; others not so successful
- Significant improvement of preterm births survival and health would require high geographic coverage with quality facility-based KMC services --  
- necessitates a systematic introduction and expansion

*The implementation guide provides guidance to achieve this goal*

# Who should use the implementation guide?



With the goal of increase availability of, and accessibility to quality KMC services the guide is primarily for:

1. Policy-makers
2. Program Managers – Government and Non-Government Organizations

Important document for:

- Donors
- KMC Champions seeking to facilitate scale-up in their respective countries
- Professional associations

# Content of the implementation guide



- Nine short chapters:
- Introduction of KMC
- Introduction and expansion of KMC services
- Development and adaptation of KMC policy and materials
- Training service providers in KMC
- Achieving and maintaining quality of care with supportive supervision
- Increasing support for facility-based KMC through sensitization and mobilization
- Monitoring, evaluation and documentation of KMC services
- Action planning for KMC implementation and scale-up
- Available KMC resources

# Key initial program design steps (1)



- Conduct situational analysis of care for preterm births and low birth weight babies
- Visit functioning KMC sites in-country or abroad by key influential persons including potential champions
- Hold stakeholders' meeting to discuss findings and reach consensus on the way forward
- Develop an action plan with clearly defined roles and responsibilities including funding source

# Post training supportive supervision (5)



*Very crucial when implementing at scale*

- Ensure knowledge and skills are translated into practice
- Assist to make adequate space and supplies available
- Support to make mothers and other family members comfortable
- Maintenance of providers' skills
- Observe, discuss, identify and address factors limiting KMC service provision at the facility

# Community sensitization and mobilization (7)



*Essential element for a successful KMC program*

- Carrying babies in KMC position will be a new behavior in the community --not only mothers but key community influentials need to accept this behavior
- Various activities could be used:
  - Health education during antenatal period
  - Testimonies from mothers, fathers, grandmothers
  - community discussions on care for preterm births/LBW babies through women's groups and other established community structures

# Monitoring and evaluation, and documentation (7)



*Important for continued advocacy within and outside the country*

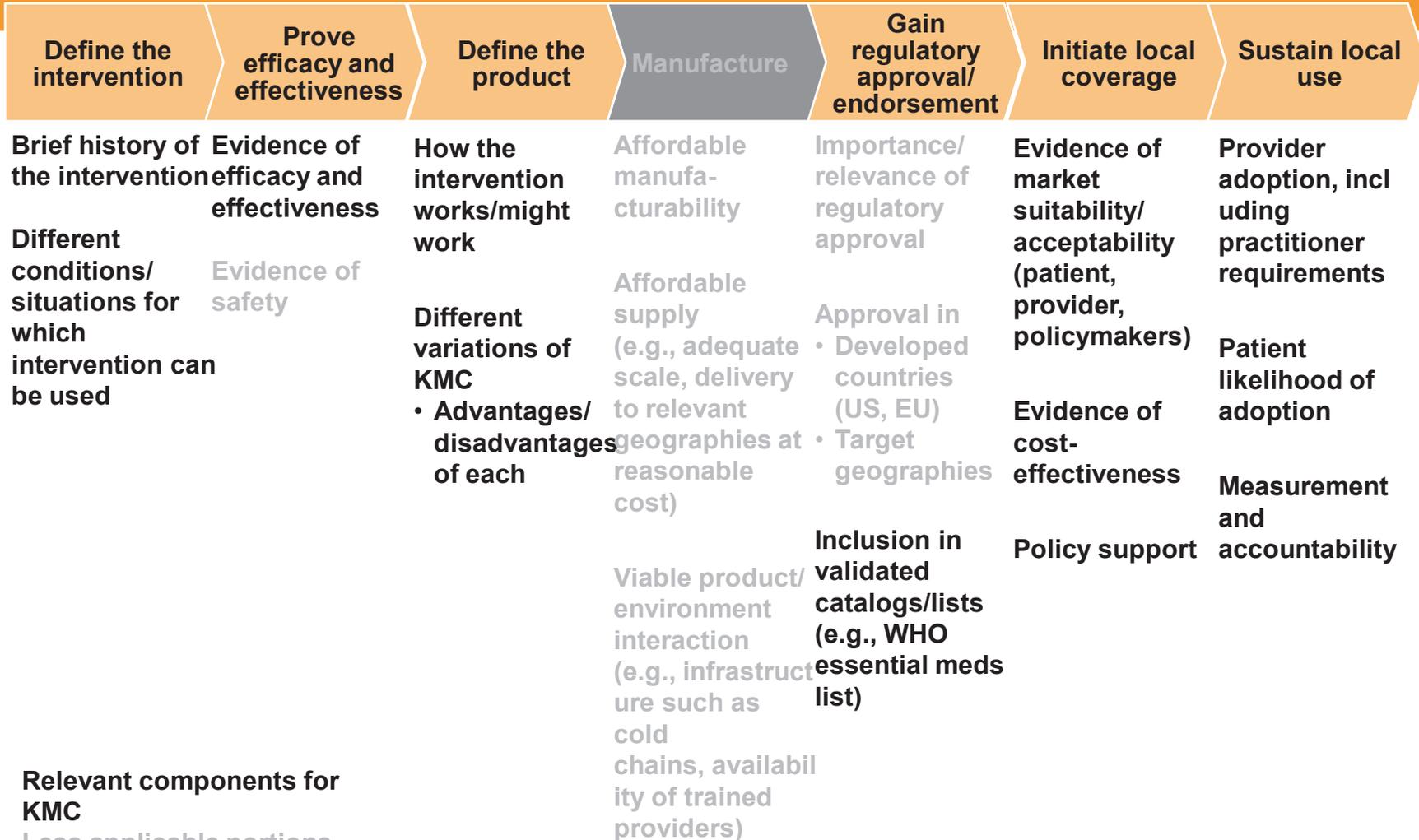
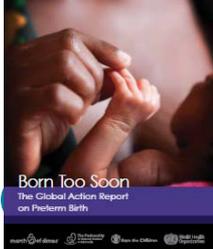
- For assessing program expansion and effectiveness
  - % of health facilities providing KMC services
  - % of PTB/LBW babies using KMC services in catchment area
  - % of PTB/LBW who received KMC and survived to discharge from the health facility
- QoC and other indicators such as number of providers trained, etc are also important

# Born too Soon: complementary tools

- New Critical Pathway Analysis framework
- Rapid Assessment tools
- Templates for countries interested in being champion or commitment countries



# Critical path analysis framework tailored for Kangaroo Mother Care

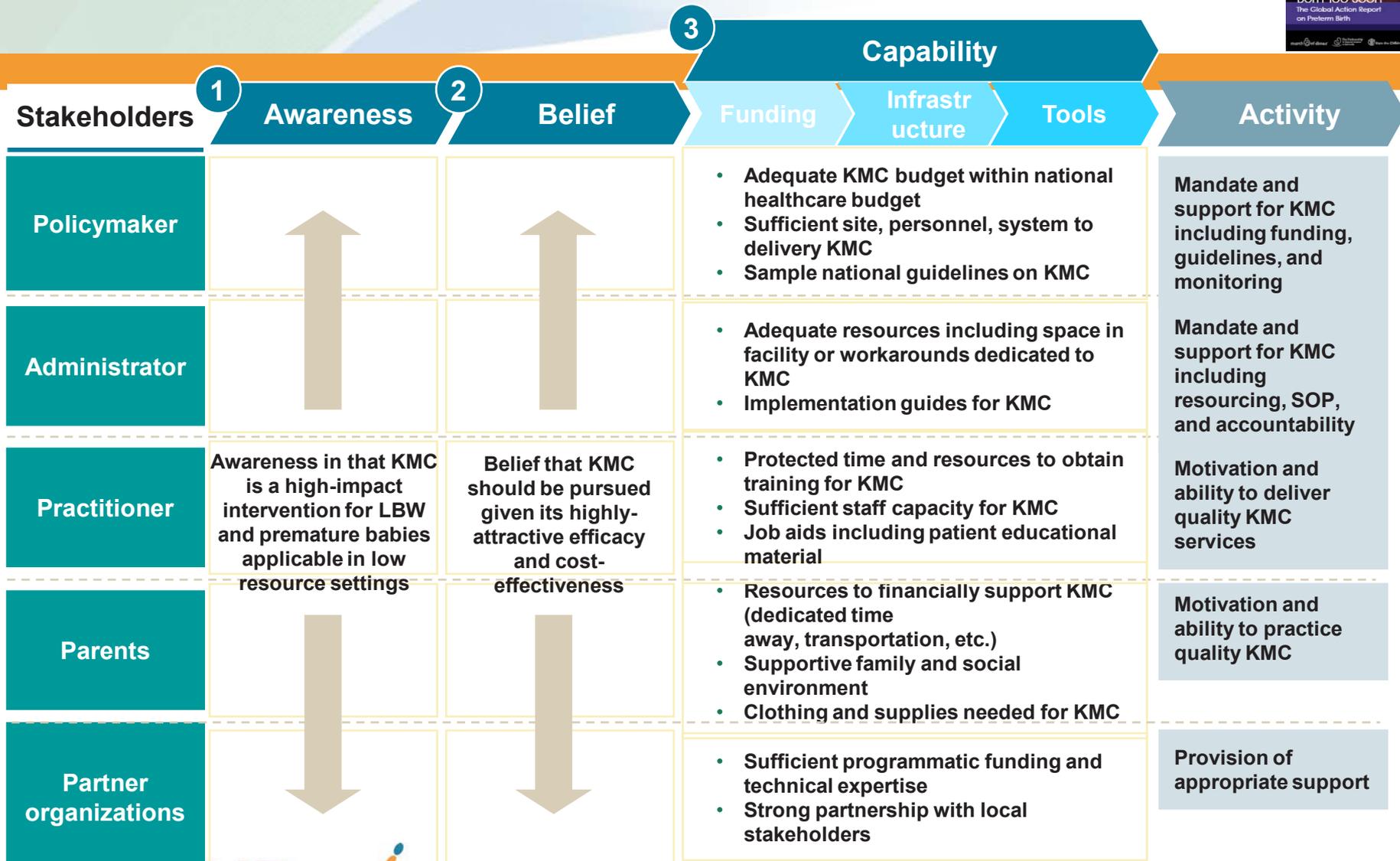
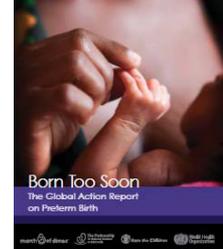


Relevant components for KMC

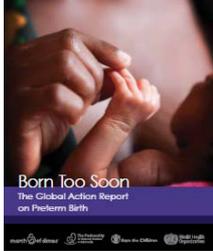
Less applicable portions



# KMC adoption involves multiple partners



# Assessment of KMC adoption utilizing new conceptual framework involves three steps



## 1 Perform rapid assessment of current KMC activity

**Rapid assessment of adoption of Kangaroo Mother Care**

**I. Policy and regulation**

- 1. Is there a national mandate that KMC be practiced in all district hospitals and above?
- 2. Is there a national guideline on KMC?
- 3. Is there sufficient funding within the healthcare budget to support KMC?
- 4. Is there a system for monitoring and evaluating KMC?

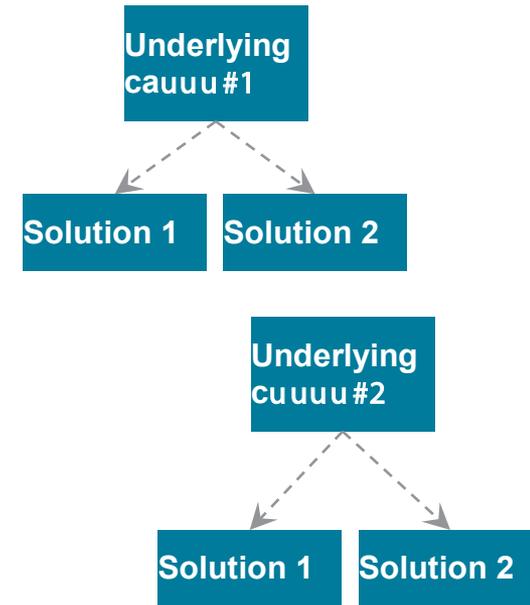
**II. Implementation and resourcing**

- 1. How well is the national mandate for KMC enforced at the facility level? -----
- 2. How many percent of healthcare facilities have allocated space for KMC? -----
- 3. How many percent of facilities report having sufficient funds for KMC? -----
- 4. Are there implementation guides available KMC? -----

## 2 Identify key barriers to adoption specific to each stakeholder

Stakeholders	1			2			3		
	Awareness	Belief	Funding	Infrastructure	Tools	Final Activity	Capability	Infrastructure	Tools
Policy maker									
Administrator		X							
Practitioner									
Parents									
Partner organization									

## 3 Analyze underlying causes and explore possible solutions



# Conclusion



Making quality KMC services available and accessible to all PTB/LBW babies has been a challenge but the tide is shifting (for the better) and we must be ready to take the right steps to seize the moment to make this intervention part of the routine package of care for newborn infants nation-wide. We have champions and numerous tools but we need to make sure we take the **CRUCIAL STEPs** at country level to get where we want to be