

SCALING UP KANGAROO MOTHER CARE IN SUB-SAHARAN AFRICA – WHAT WORKS?

SNL and MCHIP panel

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This panel will report on the 2012 evaluation of the institutionalisation of KMC in four African countries – Rwanda, Uganda, Malawi and Mali – undertaken by Save the Children/Saving Newborn Lives (SNL) and the Maternal and Child Health Integrated Program (MCHIP). The panel will have a sequence of six activities:

1 Evaluating scale-up of KMC – methodology for cross-country comparison

This part will discuss the methodology for scoring the progress of KMC implementation in individual health care facilities and using a standard format for an evaluation visit to each facility, the use of a previously standardised and validated instrument, the scoring of implementation progress and the challenges of cross-country evaluations.

Different countries applied different sampling methods and targeted different types of health care facilities for the evaluation. Samples varied from random, to a sample of better-resourced facilities to a total or near-total sample of institutions included in training for KMC implementation. Two countries also included health centres in the sample and one country included only district hospitals.

2 KMC in Uganda – From sigiri to skin-to-skin care

3 KMC implementation in Rwanda – Converging efforts through the Ministry of Health

4 Thirteen years of KMC in Malawi – Scaling up to a continuum of facility-based and community KMC

The findings from the Uganda, Rwanda and Malawi evaluations will be summarised in short individual presentations that include an overview of the history of KMC in each country, strategies for scaling up KMC, the health care facilities providing KMC services, progress scores for KMC implementation, the nature of KMC practice, similarities and differences between health care facilities, strengths and challenges, and lessons for further institutionalisation.

5 Summary of the findings from the four countries

Most of sampled health care facilities in all four countries demonstrated some evidence of KMC practice, attaining more than 10 points out of a total score of 30. Teaching hospitals generally had the longest history of KMC practice in the countries and tended to score higher on implementation progress. Countries will also be compared with regard to the influence of the health system, policy approaches and contextual differences on the scale-up of KMC, innovative strategies used, and the universal challenges in scale-up.

