

COMMUNITY- BASED IMPLEMENTATION OF KANGAROO MOTHER CARE, COMMUNITY CASE MANAGEMENT FOR LOW BIRTH WEIGHT NEWBORNS

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A Struggle to Save Lives

Indonesia has a national mortality rate of 11.1% (499.500 of every 4.5 million births) for low birth weight (LBW) newborns, with a mortality rate 35 times higher than that of newborns with normal birth weight (over 2500 grams). As 43.2% of babies are born at home, assisted by village midwives (51.9%) or Traditional Birth Attendants (TBAs) (40.2%), it is important that both village midwives and TBAs are capable of identifying and managing small babies at home and are able to pass this information on to families caring for LBW newborns, using community-based Kangaroo Mother Care.

The 3-year, USAID funded, Indonesian Maternal & Child Health Integrated Program (MCHIP), running from 2010 to 2012, has implemented an expanded use of life saving approaches through Community Case Management (CCM) named Community Kangaroo Mother Care (CKMC). The program teaches simple and low-cost methods for preventing mortality in LBW newborns. For example, the most common causes of deaths in LBW newborns is hypothermia, which can be prevented by keeping the baby in skin to skin contact with the mother's or surrogate's chest. CKMC is caring for stable low birth weight babies at home with follow-up from the health centre (puskesmas) and referral of unstable babies (LBW with danger signs and major illness) to a health centre or hospital. Mutual referral systems between hospitals, the District Health Office, health centers and communities had been introduced in MCHIP areas.

In Bireuen District, A total of 192 people (27 TBAs, 99 cadres and 66 village midwives) were trained in caring for LBW newborns. From June 2011 to May 2012, in the six sub-districts where CCM has been run, out of 749 live births, 50 (6.68%) were identified as LBW and 9 (18%) of these were referred to a health facility. 47 of these 50 newborns received CKMC and fully recovered.

CCM-CKMC as the low cost community-based practice intervention has been shown to greatly reduce newborn morbidity and mortality, it is strongly recommended that it be replicated nationwide through training cadre and TBA profusely in these simple, low-tech and low-cost methods. However, one weakness of the system that is still to be strengthened is the commitment of all parties for example, the often incomplete recording and reporting for CCM on birthing, postnatal visits, case findings and treatment. MCHIP will continue to improve this through CCM supervisor supportive supervision on completing and compiling forms.