

OPPORTUNITIES FOR COMMUNITY-BASED KANGAROO MOTHER CARE IN ETHIOPIA: PRELIMINARY RESULTS FROM A BASELINE HOUSEHOLD SURVEY

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Background:

Although Kangaroo Mother Care (KMC) is a proven approach for stabilized low birth weight babies in health facilities, there is little evidence of the effectiveness of KMC initiated and completed in homes and communities. In settings where the majority of births take place at home, such as in Ethiopia, communitybased strategies for reducing neonatal mortality are urgently needed. The Federal Ministry of Health in Ethiopia, in partnership with USAID's Maternal and Child Health Integrated Program, is currently conducting an evaluation of the feasibility of implementing community-based KMC delivered by Health Extension Workers (HEWs). HEWs in selected health posts will be trained to make home visits before and after delivery to counsel all women to initiate KMC soon after birth and conduct other health promotion activities. This abstract presents results from the baseline household survey for the study.

Methods:

A household survey was conducted to collect baseline measures of KMC practice and assess coverage of antenatal care and newborn care practices. Twostage cluster sampling was used and 30 census enumeration areas were selected within the catchment areas of the 10 intervention health centers in 4 regions. All households in each cluster were screened for eligible women who delivered a live baby between 1 and 7 months prior to the survey, and between 2 and 11 women were interviewed per cluster. Preliminary calculations of unadjusted indicators were conducted in Stata 11 and adjusted analyses are ongoing.

Results:

A total of 6,881 households were screened, 313 women were eligible, and 218 women were interviewed. Preliminary results indicate that 63.8% of births occurred at home. Although antenatal



