

Kangaroo mother care

Sustainability and further development

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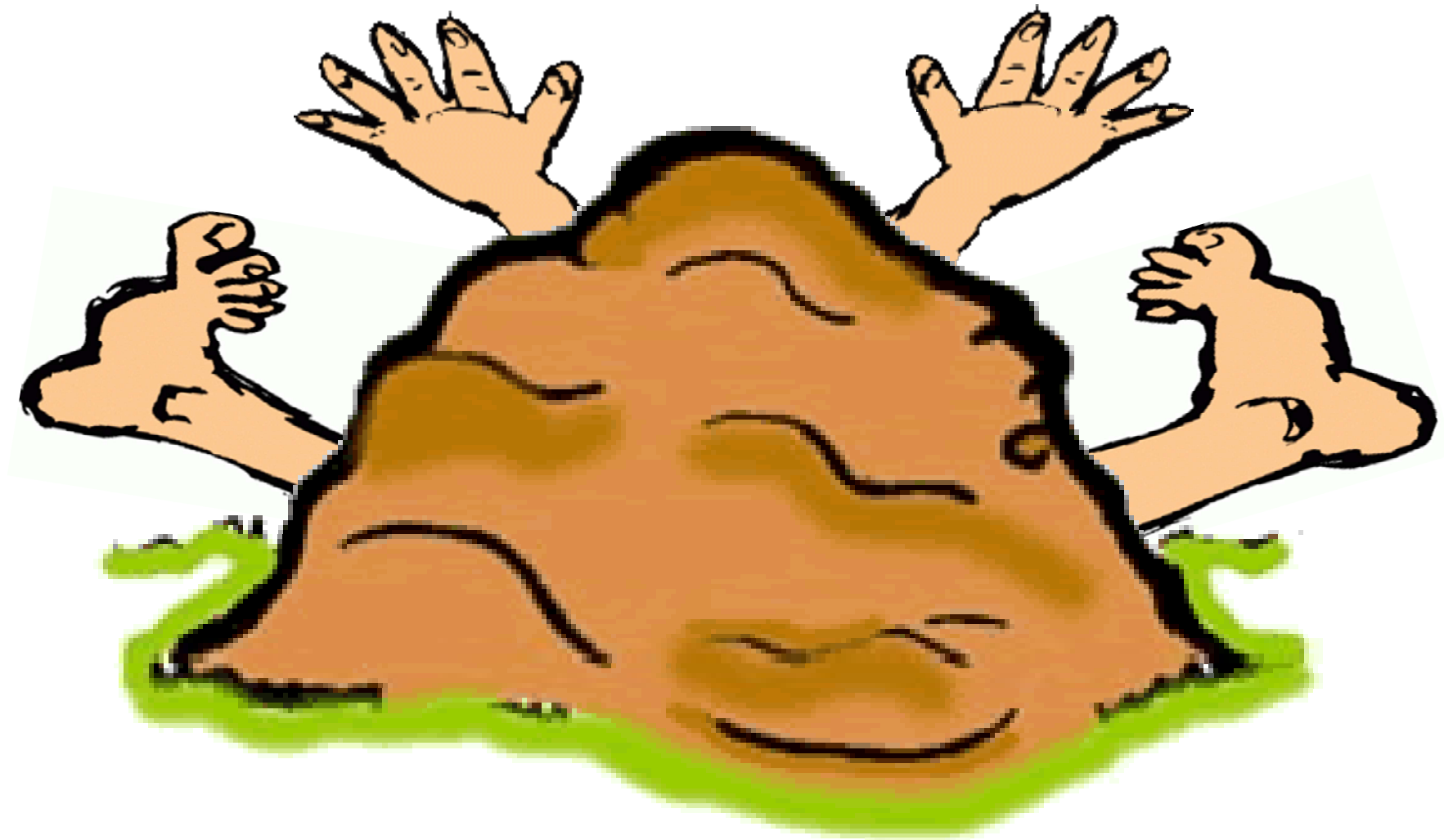


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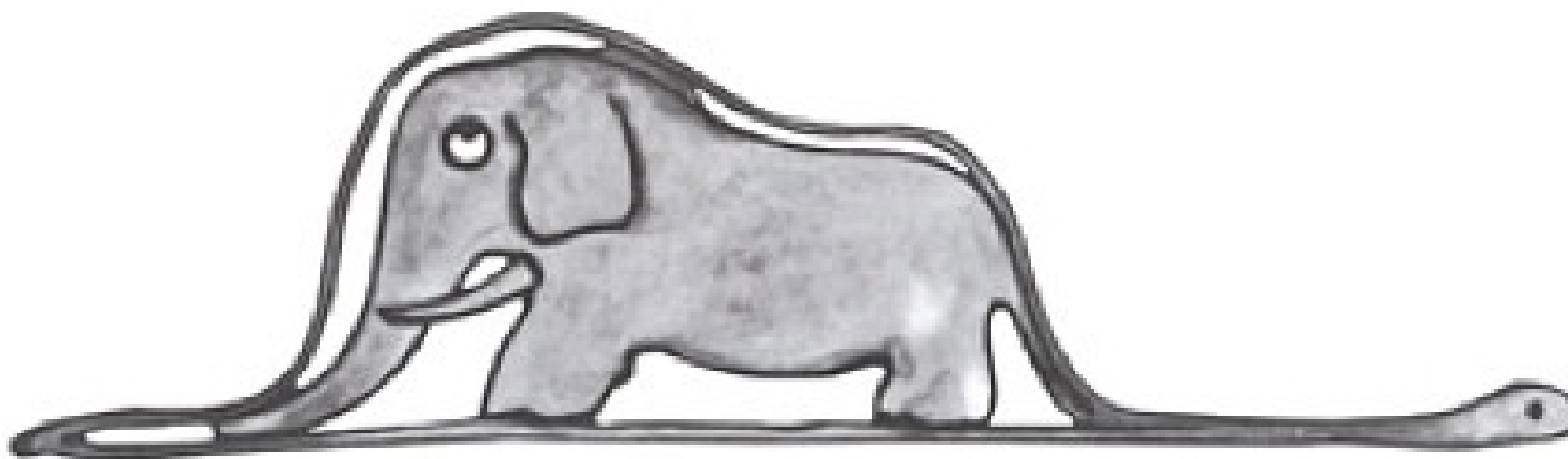
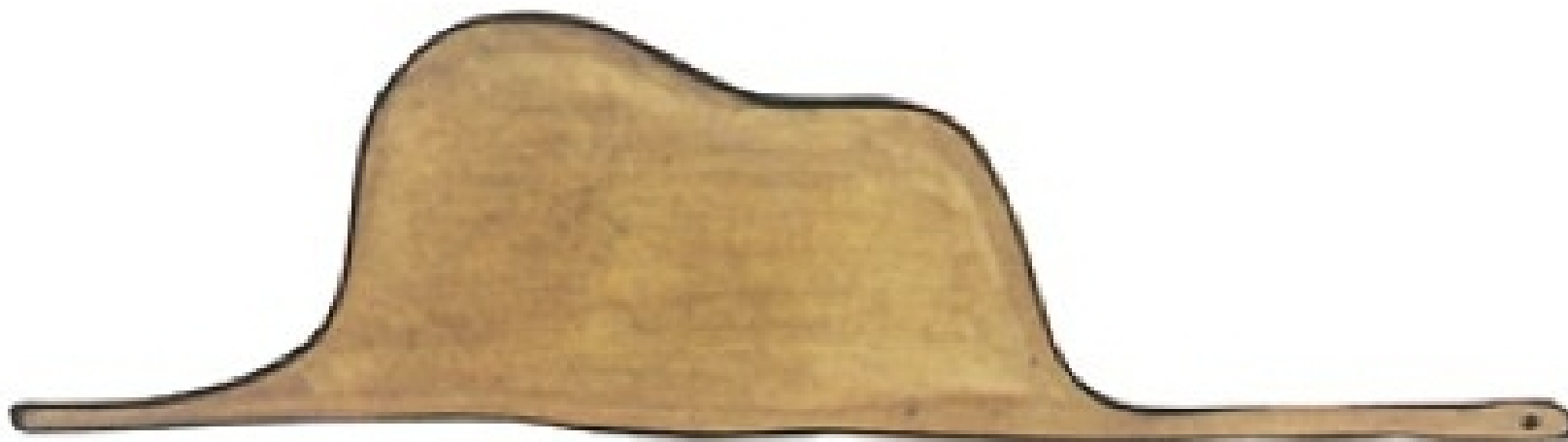
11th Congress of the International Network on Kangaroo Mother Care,
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How are you feeling today?



Or do you feel like this?



Outline

- Unpacking the construct
- What is the problem?
- Sustainability in the KMC discourse
- Conditions for achieving sustainable KMC programmes
- KMC and the Sustainable Development Goals (SDGs)
- What next? (The future)

Unpacking the construct

What does the dictionary say?

“1. the ability to be sustained, supported, upheld, or confirmed.”

(<http://www.dictionary.com/>)

What does the literature say?

“... what happened after initial implementation”

(Wiltsey Stirman et al, 2012)

What is the problem?

- Great strides have been made in KMC implementation at the level of **awareness** of its benefits
- Current global acceleration of KMC: much focus on **commitment**
 - at level of individual health care institutions
 - at country level
- Recent focus expansion KMC implementation and scale-up
 - It is possible to undertake donor-funded development projects, but what happens after that?
 - **The two-edged sword:**
 - **Nothing happens without projects and/or funding**
 - **Nothing happens after a project has ended**
- KMC kits and special wraps – KMC stops when they are finished

**This is what
we are
grappling
with**

When did sustainability appear in the KMC discourse?

- Direct and implicit
- **The first decade of scale-up (2000-2010):**
(Brazil 2nd and 3rd periods)
 - Individual health facilities (pilots)
↓
– Scale up
- **The second decade of scale-up (2011-)**

First decade of scale-up (2000-2010)

- Brazil: sustainability implicit in thinking and action
- Research on KMC implementation (1999-2002): development of a progress-monitoring model with sustainable practice at individual facility level as the final construct
- 2002-2007: progress-monitoring model used in two randomised trials on KMC implementation testing three different outreach strategies
 - timeframe (6-8 months) too short for any facilities to reach the level of sustainable practice

Original progress-monitoring model



Compatibility with other frameworks

INST.	Sustain practice	Full implementation	Refreeze	Maintenance
	Integrate into routine			
IMPLEMT.	Implement	Initial implementation	Change	Action
	Prepare to implement	Installation		Preparation
PRE-IMPL.	Commit to implement	Exploration	Unfreeze	Contemplation
	Create awareness			Pre-contemplation

(Bergh et al, 2005-2014)

(Fixsen et al, 2015)

(Lewin, 1947)

(Prochaska et al,
1980s & 1990s)

Sustainable practice progress markers for individual health facilities

- Audit figures with evidence of on-going KMC practice for at least 1 year can be provided
- Evidence of staff development policy
 - Special plan to ensure that all staff get adequate training in KMC
 - Evidence of a written plan
- Evidence of staff training (CME/in-service) (additional to facilitation in the project)
 - One or more staff members got special training in past year

Do not assume KMC is sustainable

Disjointed efforts in KMC implementation – a mantra appears in the discourse

Knowledge



- By 2000, method (well) established
- Emerging questions:

≠

Policy



- What are the important issues in implementing KMC?
- What guidelines to include in policy?

≠

Implementation



- What is needed to bring about institutional or organisational change?
- How do we measure change?

≠

Sustainability

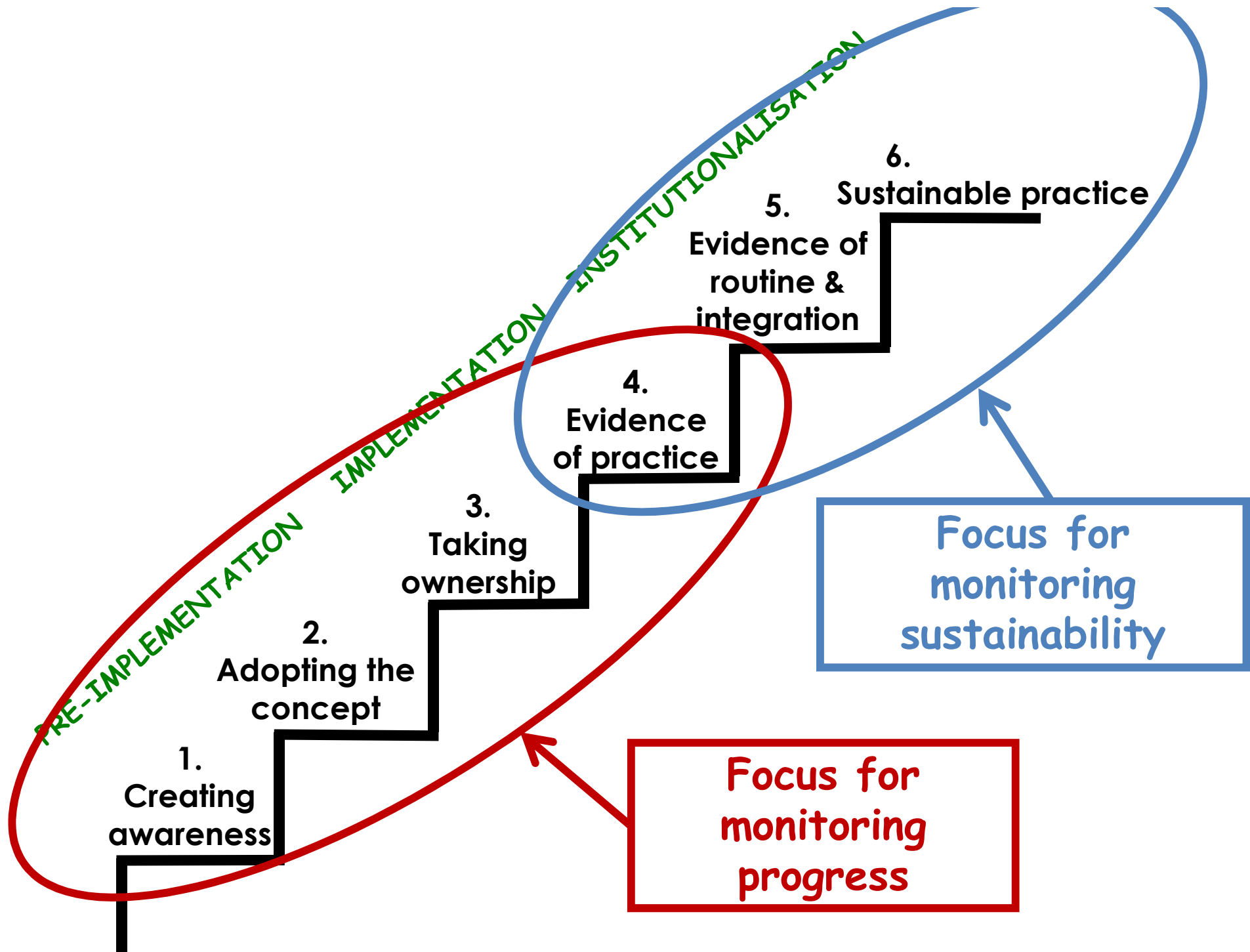


- How do we ensure KMC is sustainable?
- How do we monitor and measure sustainable practice?

Moving from progress monitoring in individual facilities to stages of change in scale up

- Renaming the progress-monitoring model: a stages-of-change framework – sustainability as a construct in the scale-up of KMC
- Recommendations in an evaluation report for Malawi (2007):

*The purpose of this evaluation was to undertake a retrospective assessment of the status and quality of KMC implementation in Malawian hospitals, with a view to making recommendations based on lessons learned for **sustainable scaling up** to more sites ...*



Implementation modalities could influence sustainability

1. Timing of implementation:

‘Big bang’ or ‘staggered’ implementation?

2. Approach to implementation:

‘Pedestal’ approach or totally integrated in essential newborn care?

3. Pathways to scale-up:

Combinations of: champion-led; project-initiated; health systems designed

Second decade of KMC scale-up (2011 –)

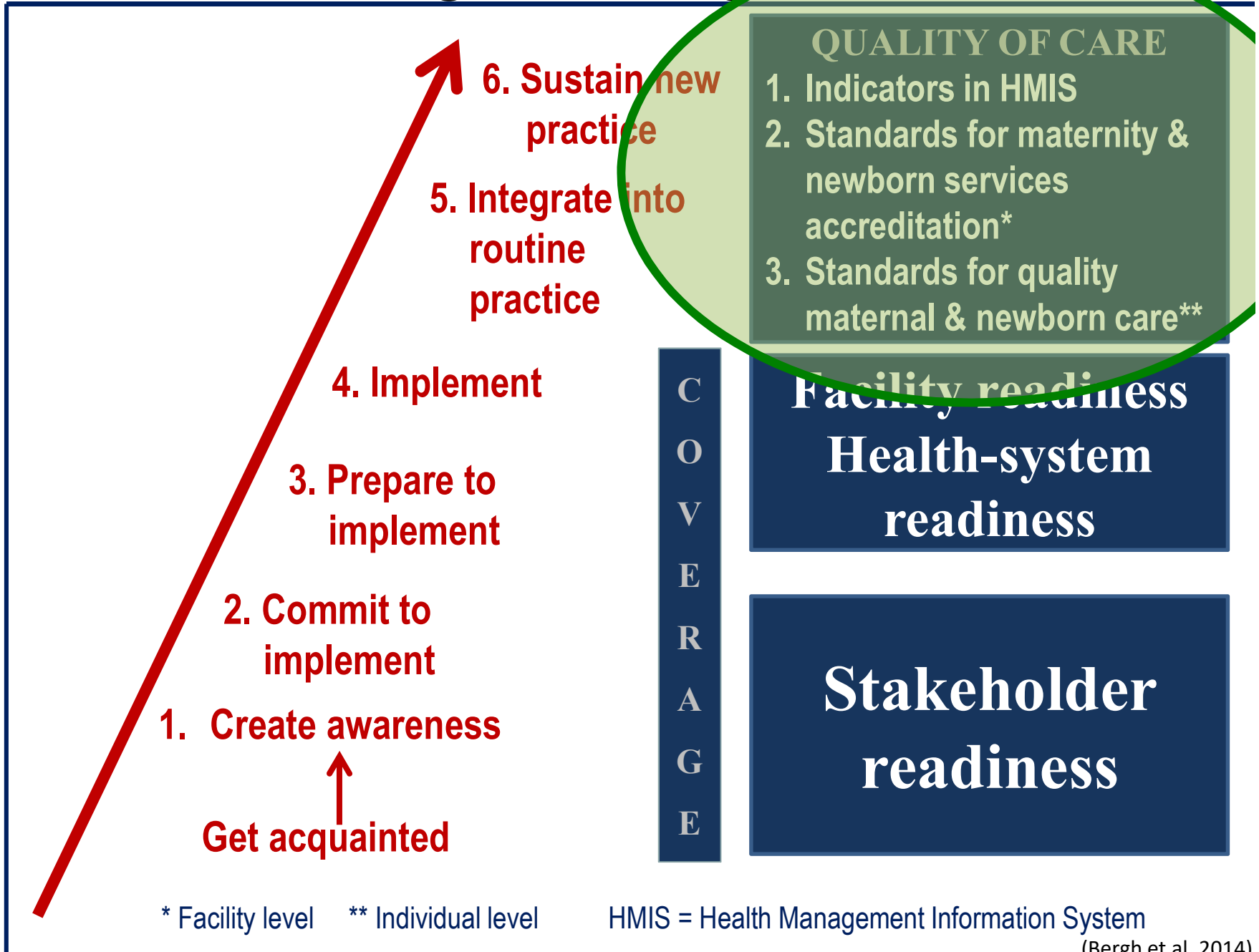
- **Brazil: 4th period: Consolidation**
- Global stimulus for accelerated scale-up
 - Born too soon; Istanbul declaration; ENAP; etc
- Asia KMC 5-country “deep-dive” (2013)
 - Countries mapped out on their progress with scaling up KMC beyond implementation in individual institutions
 - Linkage with
 - coverage and quality
 - health systems building blocks
- What is “sustainable KMC scale-up”?

Stages of change

INSTITUTIONAL-
ISATION

IMPLEMEN-
TATION

PRE-IMPLEMEN-
TATION



* Facility level ** Individual level

HMIS = Health Management Information System

(Bergh et al, 2014)

Expanding the construct of sustainability for the future

- Learning networks
- Mentorships
- QI tools

INSTITUTIONALISATION PHASE

- Stage 5:
Integrate KMC
into routine
practice



- Quality improvement initiatives
- All levels of health system
- MMR activities & audit

- Stage 6:
Sustain KMC
practice



- Health management information systems
- Newborn care metrics (e.g. ENAP)

Conditions for getting to sustainable KMC programmes

- Programmes relate to:
 - KMC practice (method) – individual mother-infant dyads and aggregates
 - KMC services – health system



- Choices between a rock and a hard place

Choices ...

- Sustainable KMC programmes are dependent on overcoming barriers to implementation and scale-up
- Major barriers
 - 1. Professional will
 - 2. Political will

} **From passionate professionals in the institution to committed functionaries in the health system**
- KMC must be seen as part of the total newborn care package BUT ... how to find the balance between
 - a silo approach
 - KMC disappearing in a sea of other demands
- Preserving health workers' small-newborn care skills set:
 - Little demand for or access to facility-based deliveries
 - Referral policies → low case load of preterm babies at lower level facilities
 - Staff rotations

Self-monitoring mechanisms for individual health care institutions

- How can we adapt existing recordkeeping documents to include KMC data? Be mindful of
 - a proliferation of new forms
 - electronic registers incompatible with existing software used in the health system
- What is worthwhile to report on, to whom and where?
 - Management (process of implementation; KMC uptake and coverage)
 - Use of existing meeting structures (e.g. perinatal morbidity and mortality or other audit meetings)
 - Report to higher levels of the health systems – often useful when KMC services are systematically expanded
- Reporting should be institutionalised

Health systems strengthening – examples from South Africa

- Strong leadership from Minister of Health – KMC included as a target in South Africa's SDG commitments to the UN:

*Implement strategies to ensure safe delivery and a reduction in neonatal mortality, including access to skilled health workers and **ensure implementation of kangaroo mother care in all public hospitals***



Accountability – no room for hiding!

- Provincial initiatives: KMC as part of neonatal accreditation of health facilities
- Re-engineering of primary health care – 2012: new cadre of district clinical specialist teams – see poster 3

KMC and the SDGs



- KMC sustainability should be seen in the broader context of development sustainability
- Going beyond the clinical and public health discourses in KMC
- More focus needed on human rights (respectful care) and equity discourses
- Sustainability of KMC practice for individual mother-infant dyads and KMC services in the health system means engaging with specific targets in all 17 SDGs

What next? Focus on ...

- Clinical practice:
 - quality of care
 - accountability
 - supportive supervision
- Health systems strengthening:
 - Build on the current international initiatives – KMC Acceleration, Every Newborn Action Plan, etc
 - Facility-facility and facility-community linkages (Rwanda)
 - Harnessing health insurance schemes
- Sustaining and strengthening the neurodevelopmental gains from KMC in the broader context of early child development

Focus on research

“Clearer definitions and research that is guided by the conceptual literature on sustainability are critical to the development of the research in the area. Further efforts to characterize the phenomenon and the factors that influence it will enhance the quality of future research. Careful consideration must also be given to interactions among influences at multiple levels, as well as issues such as fidelity, modification, and changes in implementation over time. While prospective and experimental designs are needed, there is also an important role for qualitative research in efforts to understand the phenomenon, refine hypotheses, and develop strategies to promote sustainment.”

(Wiltsey Stirman et al, 2012)

A final word from you ...

- Think about three things that you can do to promote sustainability of KMC in the place where you are
- Talk to your neighbour about what you are going to do about these three things



**We look forward to hear from you
at the next KMC congress what
you have achieved**

References

- Belizán M, Bergh AM, Cilliers C, et al. (2011). Stages of change: A qualitative study on the implementation of a perinatal audit programme in South Africa. *BMC Health Services Research* 11:243.
- Bergh A-M, Arsalo I, Malan AF, et al. (2005). Measuring implementation progress in kangaroo mother care. *Acta Paediatrica* 94:1102-1108.
- Bergh A-M, Hoque DME, Udani R, et al. (2014). The implementation and scale up of facility-based kangaroo mother care in five Asian countries. Unpublished report, MCHIP/Save the Children.
- Bergh AM, van Rooyen E, Lawn J, et al. (2008). Retrospective evaluation of kangaroo mother care practices in Malawian hospitals, July - August 2007 (report). Lilongwe: Malawi Ministry of Health.
- Bergh A-M, Van Rooyen E, Pattinson RC. (2008). 'On-site' versus 'off-site' facilitation: a randomised trial of outreach strategies for scaling up kangaroo mother care. *Human Resources for Health* 6:13.
- Fixsen D, Blase K, Metz A, Van Dyke M. (2015). Implementation science. In Wright JD (ed), *International encyclopedia of the social & behavioral sciences* (2nd ed), Vol 11, pp 695–702. Oxford: Elsevier.
- Pattinson RC, Arsalo I, Bergh AM, Malan AF, Patrick M, Phillips N. (2005). Implementation of kangaroo mother care: a randomized trial of two outreach strategies. *Acta Paediatr* 94(7): 924-927.
- Prochaska J, DiClemente C. (1983). Stages and processes of self-change of smoking: toward an integrative model of change. *Journal of Consultative Clinical Psychology* 51: 390–95.
- Prochaska JO, Velicer WF: The transtheoretical model of health behavior change. *American Journal of Health Promotion* 1997, 12:38-48.
- Wiltsey Stirman S, Kimberly J, Cook N, et al. The sustainability of new programs and innovations: a review of the empirical literature and recommendations for future research. *Implement Sci.* 2012; 7:17.