KANGAROO MOTHER CARE IMPLEMENTATION IN MADAGASCAR

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In Madagascar, it is estimated that 30% of the births, have low birth weight (LBW) and prematurity is a principal direct cause of 14% under 5deaths.The KMC initiated by AMKM team became a national Health Ministry program in 2001. From 2003, in partnership with UNICEF, Japanese association, Malagasy Health Ministry, and Office National Nutrition, a KMC UNIT is implemented in 4 Regional Madagascar University Hospital Centres, and the practice was spread at health workers centres in Regions, Districts, religious communities, private and public clinics and teaching hospitals schools.

Following a feasibility study in a centre, the activities for the Unit implementation include:

* a training of all health workers in KMC, preparation of modules for communities;
* continued formative supervision and evaluation by AMKM;
* expansion of KMC to all mother and infant health centres;
* continuous education of the different staff, mothers and families motivated is essential for having successful results; KMC can be combined with other types of neonatal trainings.
* Formative supervision and evaluation by AMKM as well as continued planning for expansion in the other mother and child centres and Regionals and Districts heath centres.

Currently, young members teams of others associations ensure the relieving crew for KMC programme successfully in the country.

The results at Befelatanana, Antananarivo, KMC reference Unit in Madagascar showed positive influences: neonatal mortality and infection rates decreasing (from 51 to 40%), better breastfeeding rates, premature or LBW babies abandoned decreasing (only 10% - statistic Health Ministry 2012).

As KMC is easy, natural, safe and low cost, with mother-babies bonding improved, it should be developed in all heath centres in our developing country.