**BRAZIL**

**I. GENERAL INFORMATION**

Population: 200.4 million

27 units (26 states + Federal District - the nation's capital)

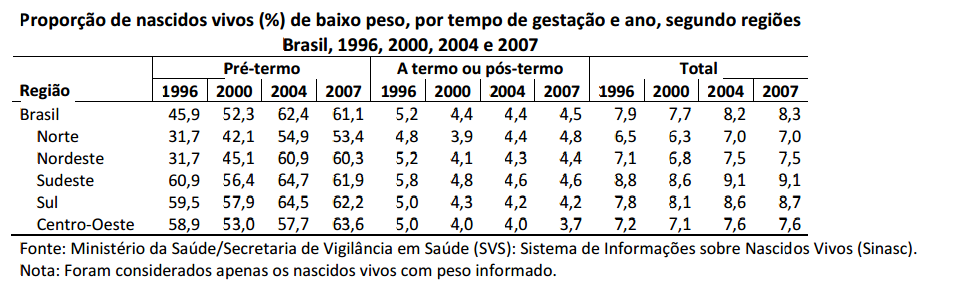
5,570 municipalities nationwide

Total live births in 2015: 3,000,930

**II. PERCENTAGE OF LOW BIRTHWEIGHT BABIES PER YEAR**

In 2015, 8.45% of low birthweight infants have been registered, corresponding

to 253,725 newborns.



**III. PERCENTAGE OF BABIES WITH ACCESS TO SOME FORM OF KMC / PERCENTAGE OF BABIES WITH ACCESS TO FULL KMC IMPLEMENTATION, INCLUDING SUSTAINED FOLLOW-UP VISITS**

There is no national survey that shows the percentage of newborns with access to some kind of Kangaroo Care or full access to the 3 steps including home visits. However, the Kangaroo Method (KM) in Brazil is a public policy since 2000 implemented in the network services that integrate the Unified Health System (SUS), funded by the government, which provides access to all Brazilians.

Health care provided by SUS follows the ordinances and other regulations that define the structure and processes of neonatal care. Since 2012 with the publication of the Ordinance GM 930, the Kangaroo Method has been funded by the government in SUS maternities, and its implementation has been progressive.

So about 70% of the population who use the public health system, are governed by the rules that determine the Kangaroo Care.

Brazil has 3,188 health facilities that reported having conducted at least one delivery in 2015, according to the Hospital Information System (SIH / SUS). Some of these are general hospitals with obstetric care sector, but about 2,000 are maternities that receive low birth weight (LBW) newborns.

In 2013, a survey with data provided by the Kangaroo monitoring system, carried out by the General Coordination of Child Health of the Ministry of Health showed data of 167 hospitals distributed in 27 national federal units. Of these, 61% had some stage of Kangaroo Method deployed and 40% had its 3 steps.

Since the publication of the Ordinance 930, 466 Intermediary Kangaroo Care new beds was qualified according to the distribution shown in the table below. The implementation of Kangaroo Care Intermediaries Unit (second stage - hospital) ensures the provision of care including kangaroo baby follow-up after hospital discharge up to 40 weeks and / or 2,500g (third stage - home).

**Distribution by Region of Intermediary Kangaroo Care Unit beds enabled and funded by the Ministry of Health after the Ordinance GM / MS Nº 930**

|  |  |
| --- | --- |
| **Region / Federal Unit - states** | **Kangaroo Units’ beds** |
| **Região Norte** | **71** |
| Rondônia | 6 |
| Acre | 9 |
| Amazonas | 43 |
| Roraima | 0 |
| Pará | 0 |
| Amapá | 0 |
| Tocantins | 13 |
| **Região Nordeste** | **205** |
| Maranhão | 28 |
| Piauí | 17 |
| Ceará | 21 |
| Rio Grande do Norte | 20 |
| Paraíba | 25 |
| Pernambuco | 7 |
| Alagoas | 8 |
| Sergipe | 27 |
| Bahia | 52 |
| **Região Sudeste** | **78** |
| Minas Gerais | 42 |
| Espírito Santo | 3 |
| Rio de Janeiro | 4 |
| São Paulo | 23 |
| **Região Sul** | **109** |
| Paraná | 11 |
| Santa Catarina | 10 |
| Rio Grande do Sul | 88 |
| **Região Centro-Oeste** | **15** |
| Mato Grosso do Sul | 9 |
| Mato Grosso | 0 |
| Goiás | 0 |
| Distrito Federal | 6 |
| **TOTAL** | **478** |

We emphasize that by determining ministerial order; the kangaroo care should be implemented and applied not only in the Kangaroo Unit, but also in all sectors that make up the Neonatal Unit (NICU and Intermediary Conventional Unit).

**IV. ANALYSIS OF ACCESS LEVELS BY SOCIOECONOMIC VARIABLES**

In Brazil there is no information on the number of newborns and families who use the Kangaroo method, there are only data on the profile of the population of women of childbearing age, SUS users who are potential beneficiaries of the KM.

Among these women 83.7% live in urban areas. Regarding the marital status, 36.7% are married; 27.3% live in a consensual union; 7.8% are separated from her husband; 25.8% were single and 1.4% report being widows. Regarding education levels, 16.1% have 1-4 years of study; 68.6% 5-11 years and 12.5% 12 years or more. There are still 3% of women with no education.

Regarding the ethnic group, according to the Live Births Information System 2015, 35.4% of women declared themselves white, 55.6% mixed race, 1% black, 1% Indian, 0.4% yellow and 4 % gave no information.

**V. DESCRIPTION OF STRATEGY AND METHOD FOR SPREADING THE KANGAROO METHOD AMONG REGIONS WITHIN THE COUNTRY AND TO INCREASE PENETRATION OF KM IN EACH REGION**

The Kangaroo method was established as a Public Health Policy by Ministerial Decree published on 5 July 2000. In the same year 5 maternities were set to be National Reference Centers on Kangaroo Method in the country. Each of these hospitals has been responsible for training other hospitals in 5 or 6 states.

Until 2008 the spread of KM happened from training courses and visits with exchanges of experiences.

In 2008, we began the STRENGTHENING PROJECT KANGAROO METHOD IN BRAZIL. This project aimed at the decentralization of the Kangaroo Method, making responsible and empowering states for the dissemination and capillarization of the MC. One maternity hospital in each state was set to be State Reference Center. The Ministry of Health and the National Reference Centers began to train tutors to minister the awareness courses in the states and to the monitoring of implementation. From 2010 this monitoring was to be done by online way.

This project has received funding for training, monitoring visits and the production of materials such as manuals, posters, guides and guidelines that are distributed throughout the country.

On May 10, 2012, Ordinance GM / MS No. 930 which establishes guidelines and goals for the organization of INTEGRAL and humanized attention to severely ill newborn or potentially severely ill newborn was published. This ordinance determines the operating rules of the Neonatal Units in Brazil. The previous ordinance only recognized and funded beds NICU and Conventional Intermediate Care Unit (CICU) and did not quote kangaroo bed. The Order 930 defines that the Neonatal Unit is comprised of NICU, CICU and Kangaroo Intermediate Care Unit (KICU) thus creating the KANGAROO BED ensuring funding and follow-up after hospital discharge until the baby reaches 2,500 grams.

The ordinance 930 also determines that STAGE 1 of Kangaroo Care should be deployed in the NICU and CICU; 2nd STEP in the KICU, and the 3rd STEP in the follow-up after hospital discharge until the baby reaches 2,500 grams. These rules went into effect immediately for all new beds to be accredited by SUS, and for existing beds deadlines and steps have been granted to be fulfilled, from which ALL neonatal units in the country, would only receive financing from SUS if Kangaroo method are used and they make available specific beds for KICU.

Still in 2012 courses for training professionals from Basic Attention have been started so that, jointly with the experts, they could help monitoring of newborns and their families at home and in Basic Health Units. Another strategy that has been used is to perform national meetings and annual state meetings in addition to regular videoconferences

National surveys have also been important strategy for the implementation of the Kangaroo Method in the country units. In 2005 research was carried out comparing the units that used the MC with the best facilities in the country and the results demonstrated the safety of the method being decisive in its acceptance. Other research has shown that the cost of a kangaroo bed is 25% lower than that of conventional intermediate care.

In 2015, the Ministry of Health invested R$ 229,128,75.00 on funding beds of Kangaroo units and from 2008 to 2016 more than R$ 4,000,000.00 were invested in the Strengthening Project, as shown in the table below.

**STRENGTHENING PROJECT KANGAROO METHOD**

|  |  |
| --- | --- |
| Ministry of Health funding per year | Value |
| 2008 | R$ 516.912,00 |
| 2009 | R$ 520.520,00 |
| 2010 | R$ 507.474,00 |
| 2011 | R$ 691.298,34 |
| 2012 | R$ 1.105.264,82 |
| 2013 | R$ 1.638.451,36 |
| 2014 | R$ 536.521,67 |
| 2015 | R$ 368.651,66 |
| 2016 | R$ 232.285,00 |
| **Total** | **R$ 6.117.378,85** |

**VI. OBSERVATIONS AND INSIGHTS REGARDING THE OBSTACLES AND LEVERAGE POINTS FOR ACHIEVING SPREAD AND PENETRATION**

During the Third National Meeting on the Kangaroo Mother Care in Brazil, held in September 2013 in Brasilia, focal groups with representatives from 80 hospitals including 5 National Centers and Reference State Centers of KM on the challenges and sustainability for the implementation of kangaroo method in Brazil were conducted.

Responses were categorized by issues related to Team; Father, Mother & Family and Managers:

**Difficulties related to TEAM in the hospital stage:**

• Resistance of some professionals

• Insufficient number of professionals in shifts

• Problems related to the work process: lack of team coordination, turnover and variety of employment contracts

• Physical and emotional wear of professionals due to overwork

**Difficulties related to TEAM in home stage:**

• Lack of interaction of hospital staff with the Basic Attention team

• Difficulties in performing home visits and active search

**Difficulties related to FATHER, MOTHER and FAMILY in the hospital stage:**

• Socio-economic problems, including lack of social support network

• Psychoaffective questions

• Institutional routines that hinder the participation of parents and family

• Still inadequate physical structure for parents to stay

**Difficulties related to FATHER, MOTHER and FAMILY in home stage:**

• adherence difficulties of parents to return and continuity of care

• Wear with prolonged hospitalization

**Difficulties related to MANAGERS in the hospital stage:**

• KMC Unknowing

• Low involvement

• Discontinuity and turnover of management

**Regarding how to build sustainability for the Kangaroo method and how to tackle the difficulties identified, the following suggestions were raised:**

• Include the Kangaroo method in undergraduate curriculum to decrease resistance and prepare future professionals

• Intensify awareness courses in teaching hospitals to involve teachers

• Train more tutors

• Involve managers

• Involve post-graduate students in the production of knowledge of the Kangaroo method

• To improve the link between the Primary Care and Maternity

• Valuing Fatherhood

**VII. KEY PRIORITIES TO INCREASE SPREAD, PENETRATION AND LEADERSHIP AND INVESTMENT REQUIREMENTS**

Planning the next steps to move forward and increase the spread and penetration of Kangaroo Care in Brazil:

• Monitoring the implementation of the 3 stages of the Kangaroo Method in reference centers;

• Conducting semi-annual Web conferences with tutors, coordinators, state managers of KM and managers of primary attention care;

• Encouraging the implementation of the 3 stages of the Kangaroo Method in all maternity hospitals through video conferencing, e-mail, digital platform and in-person visits in 27 Federative Units with the support of each State Reference Centers from the elaboration of an action plan performed with the health teams;

• To promote and monitor the Kangaroo courses in Hospital Care and Primary Care (PC) in the 27 Federal Units;

• Raising the status of Kangaroo Unit beds and foster the establishment of 914 new beds in the SUS, in all regions of the country;

• Encourage follow-up of infants after hospital discharge with guarantee of the maintenance of kangaroo position.

• Reprint and distribute the following publications: Technical Manual of Kangaroo Method and Guidance for KM in PC: Shared care;

• Conduct training workshops to strengthen the KM in teaching hospitals.