

The why, what and how of KMC program evaluation

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Outline

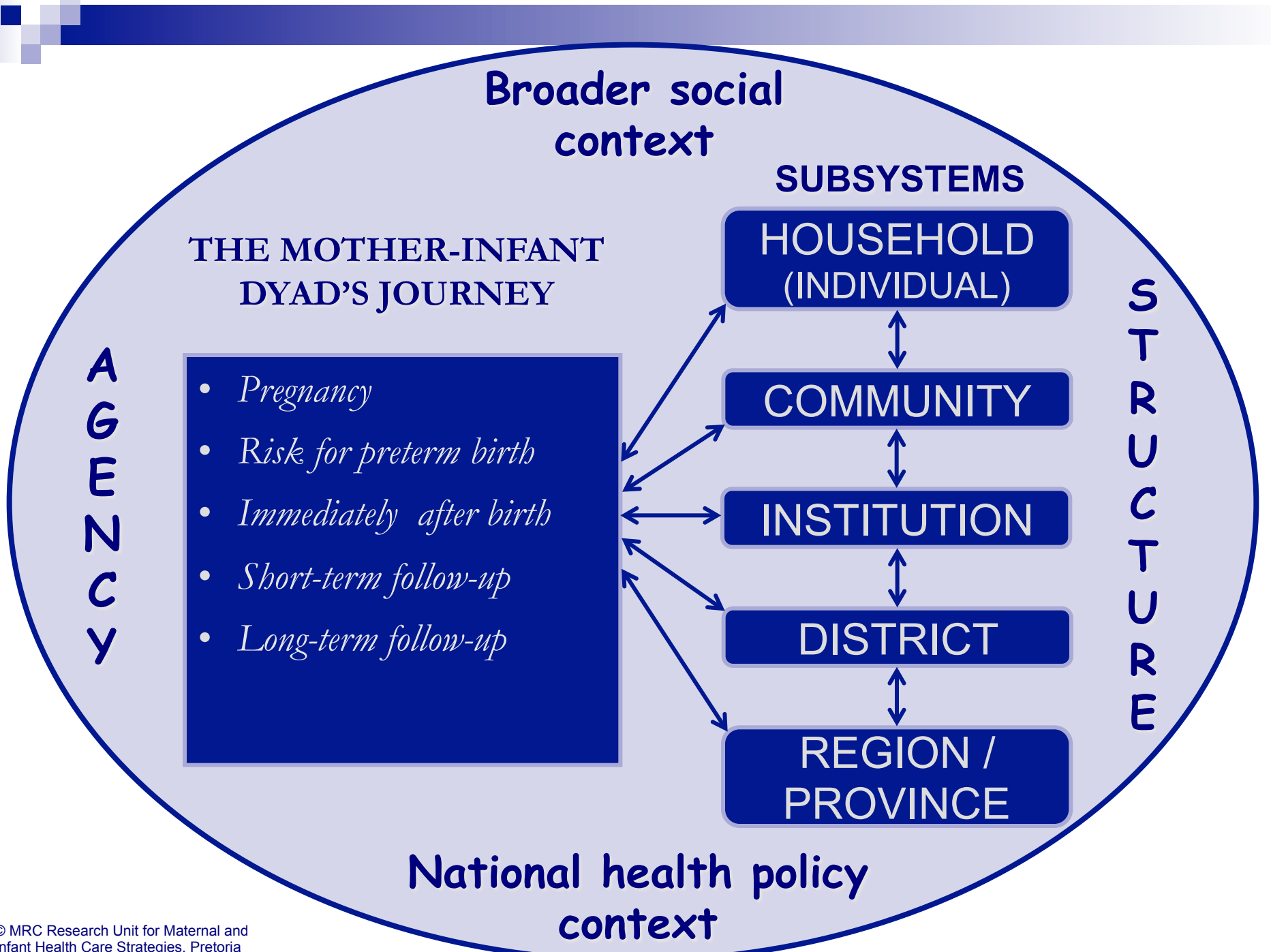
- The context of KMC program evaluation
- What is a KMC program?
- What is evaluation?
- What to evaluate in a KMC program and where?
 - Institutional level
 - Country or district level
- Making decisions





The context of KMC program evaluation

- A KMC program is executed within a broader national and social context
- For individual mothers and families KMC is a journey from conception to long-term follow-up
- A KMC program can be evaluated at different levels (subsystems) in the health system



Broader social context

THE MOTHER-INFANT DYAD'S JOURNEY

- *Pregnancy*
- *Risk for preterm birth*
- *Immediately after birth*
- *Short-term follow-up*
- *Long-term follow-up*

SUBSYSTEMS



AGENCY

RESEARCH

National health policy context



What is a KMC program?

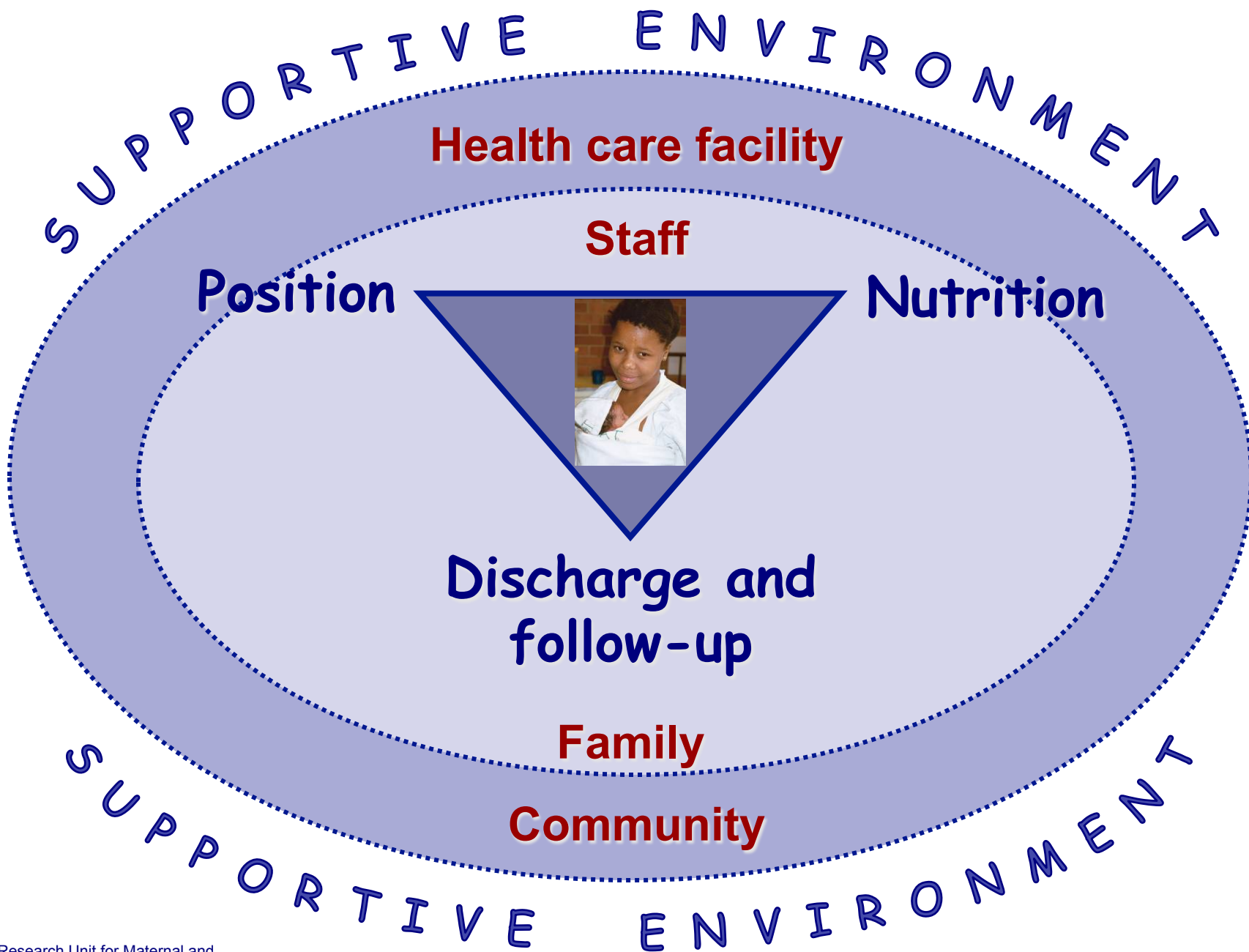
Different interpretations of what a KMC program entails:

- KMC practice (method)
- KMC services
- KMC implementation
- KMC training



Different interpretations of a KMC program

1. **KMC practice** (method) → mother-infant dyad central
Three components in a supportive environment



Different interpretations of a KMC program

- 1. KMC practice** (method) → mother-infant dyad central
Three components in a supportive environment
- 2. KMC services** → enable mothers, caregivers and health workers to practice KMC
- 3. KMC implementation** → action plan to establish KMC services in a health care facility or in a number of facilities in a particular country, region or district

4. KMC training → spans across the other three interpretations



What is a KMC program?

- A KMC program entails a combination of KMC practice and the provision of KMC services
- In order to run a KMC program effectively and efficiently, this program also needs to contain elements pertaining to education and training
- Different aspects of a KMC program and its establishment and implementation can be evaluated



What is evaluation?

- An ongoing process → monitoring and evaluation (M&E)
- The aim of M&E can be to
 - count (quantitative evaluation)
 - understand (qualitative evaluation), or
 - explain (quantitative and/or qualitative evaluation)

What to evaluate in a KMC program? – Examples

1. KMC practice

- One specific aspect of one component
- Different aspects of different components
- Interaction between different components

2. KMC services

- Different levels of the health system
- Can be linked to accreditation of neonatal services

3. KMC implementation

- Different aspects of the progress with implementation and scale up

4. KMC training

- Can be linked to pre-service and in-service education accreditation

What to evaluate where in a KMC program?

- Input
- Process
- Outcomes
- Impact

© EvR, Patient statistics, Ward 4, 2004/10/28

STATISTICS FORM
KALAFONG HOSPITAL - KANGAROO MOTHER CARE UNIT

GENERAL INFORMATION Admission Month: _____

Date of Birth: ____ / ____ / 20 (d/m/y) KMC Admission Date: ____ / ____ / 20 (d/m/y)

Hospital number: _____ Name: _____

Gender: M F Gestational age: ____ w Birth Weight _____ Kg

TRANSFER DETAILS Admission weight _____ Kg

Transferred in from HC W6 W4A PAH Other: _____

Transferred out to HC W6 W4A Date transferred out: (d/m/y) ____ / ____ / 20

Readmission Date in KMC ____ / ____ / 20 (d/m/y)

PATIENT CARE DETAILS

Retrovirus status Exposed Neg Unknown

Received Oxygen in unit? Yes No If yes until date: (d/m/y) ____ / ____ / 20

Breastfeeding? Yes No Pasteurise If no give reason: _____

IN CASE OF DEATH

Date of Death (d/m/y) ____ / ____ / 20 Death diagnosis: _____

DISCHARGE DETAILS

Discharge Date (d/m/y) ____ / ____ / 20

Skull sonar (infants < 1501g) Normal Abnormal Discharge Weight _____ Kg

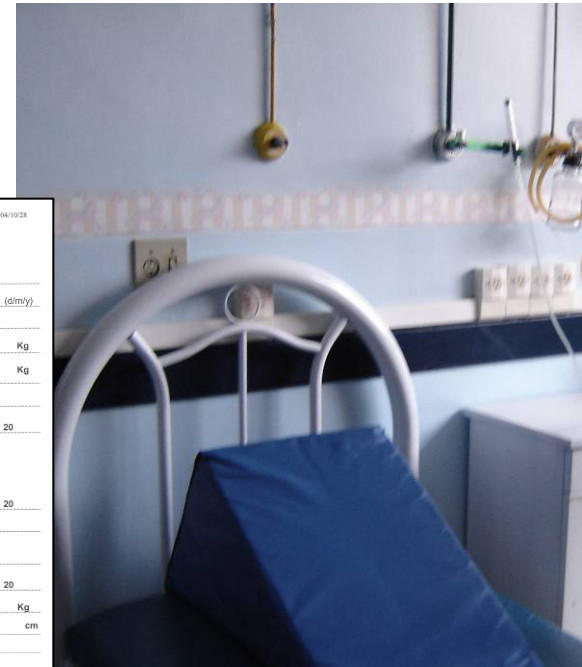
s-Phosphate (infants < 1301g) _____ cm Head circumference on discharge: _____ cm

Follow-up appointments: Eyes: _____ NICU: _____ Other: _____

Problems at discharge: _____

KMC FOLLOW UP CLINIC

Date	Weight



Where to evaluate what? – Examples

	KMC practice (people)	KMC services (system)
Input	How much KMC? (Intermittent/ Continuous)	Resources (human, equipment, infrastructure) Training
Process	How long KMC? Barriers to practice	Policies & protocols Record keeping & stats Meetings
Outcome	Survival Reduced morbidity	Number of infants receiving KMC
Impact	Long-term effects (e.g. bonding, neurodevelopment)	Neonatal mortality & morbidity rates

Where to evaluate what? – Examples

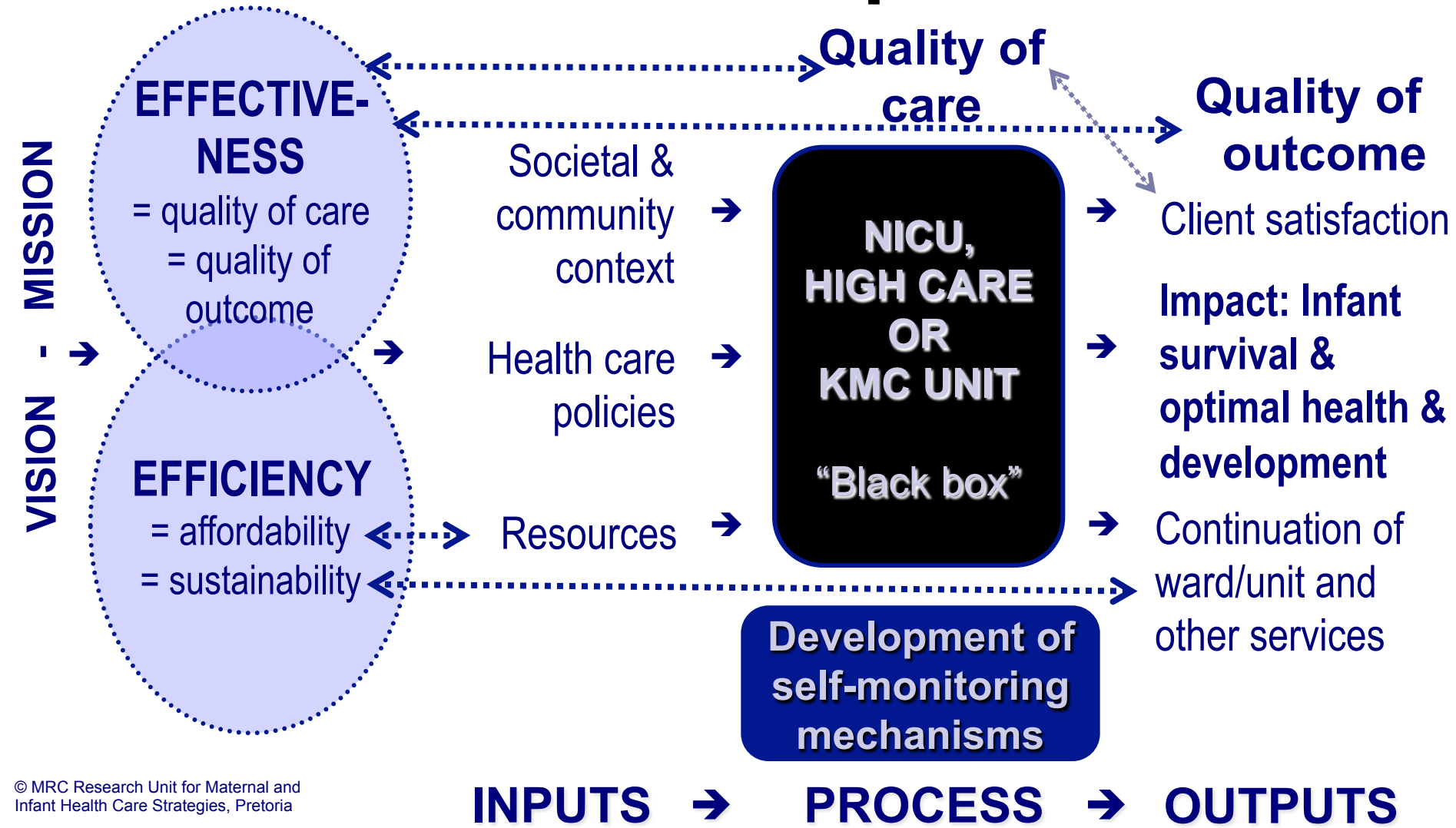
	KMC implementation	KMC training
Input	Resources	Resources
Process	Design & intervention Supportive supervision M&E program	Training strategies Pedagogy
Outcome	Coverage (institutions, population)	Number of people trained
Impact	Epidemiological indicators (e.g. mortality, morbidity, long-term health outcomes)	Use of knowledge and skills Implementation of a KMC program

Uses of evaluation results depend on the purpose of the evaluation

Subsystem levels	Purpose	Use
Higher levels	Trends in public health	Health policy & planning
Lower levels	Quality assurance	Improving clinical practice

The diagram illustrates the relationship between subsystem levels, purpose, and use. It is structured as a table with three columns: Subsystem levels, Purpose, and Use. The top row defines the columns. The second row shows 'Higher levels' leading to 'Trends in public health' and 'Health policy & planning'. The third row shows 'Lower levels' leading to 'Quality assurance' and 'Improving clinical practice'. Bidirectional arrows connect the 'Higher levels' and 'Lower levels' rows, indicating interaction between them.

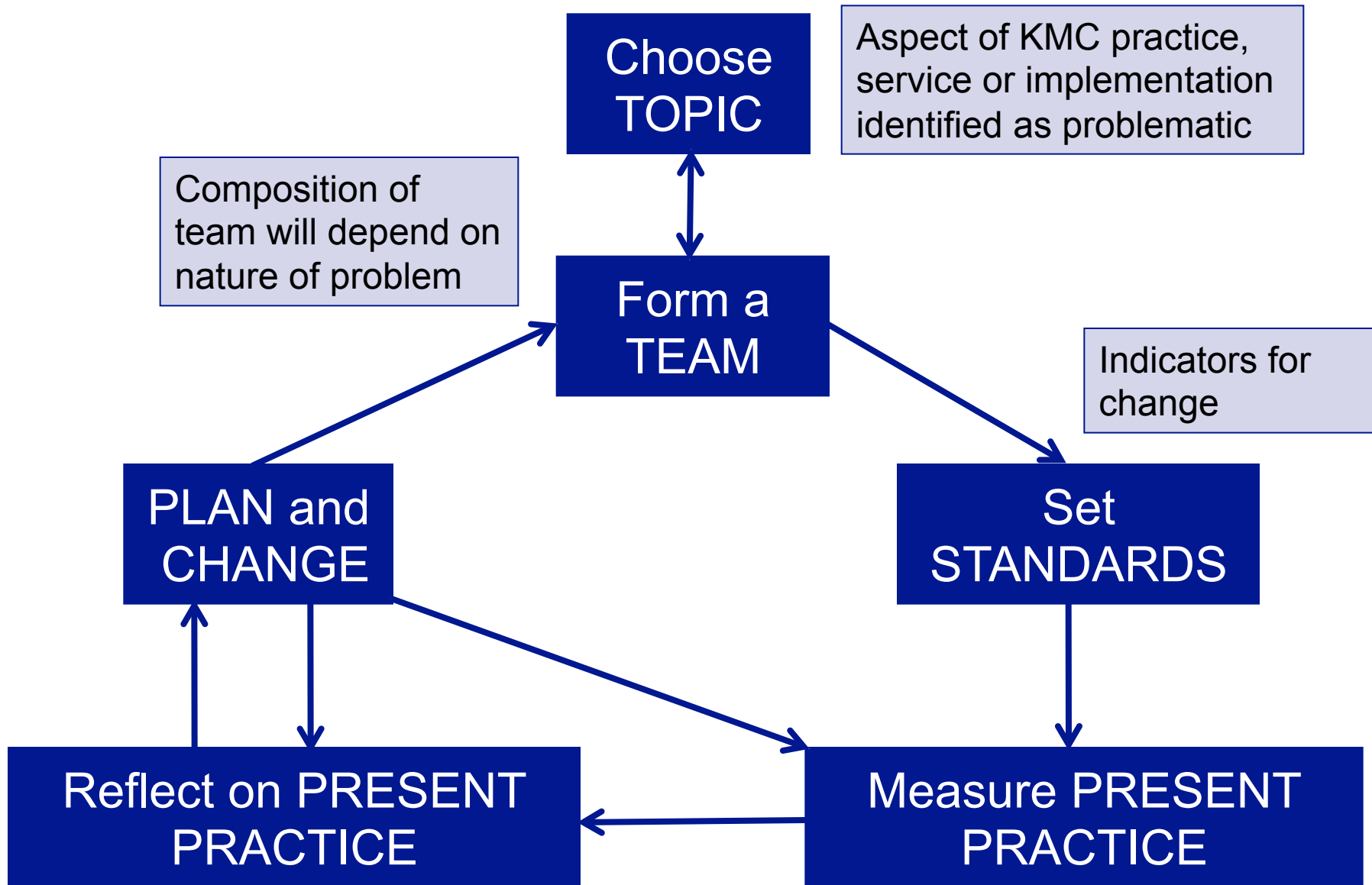
Continuous facility self-evaluation & self-improvement



Self-monitoring mechanisms for health care facilities

- How can we adapt existing recordkeeping documents to include KMC data?
 - Be mindful of a proliferation of new forms
- 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

The quality improvement cycle



Country evaluation of a KMC program

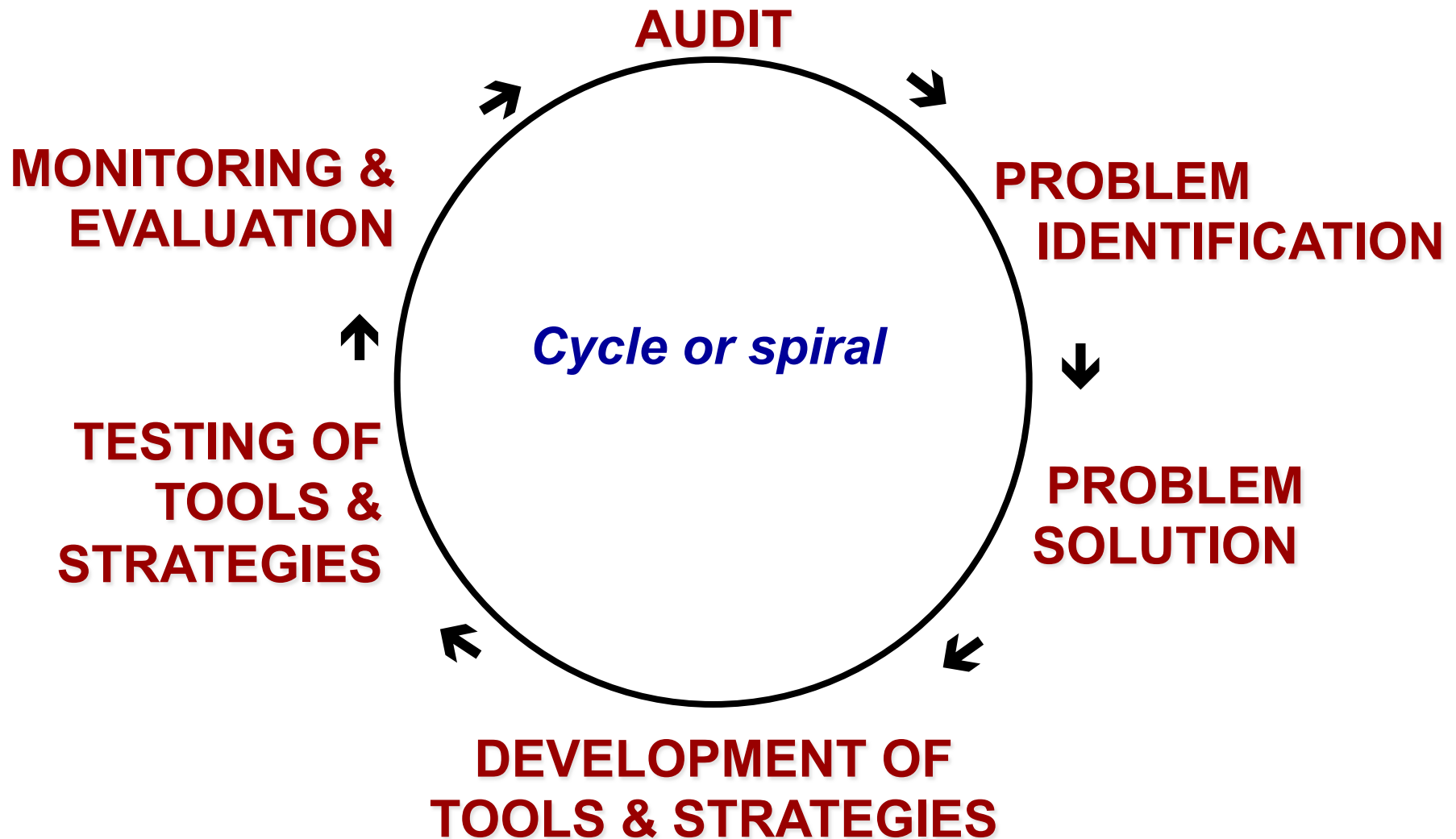
- Sometimes difficult to use impact indicators such as mortality for KMC effect – other programs running simultaneously
- Measurements:
 - Measuring **QUALITY OF CARE** → should be part of evaluation of neonatal care in general (e.g. accreditation of services)
 - Monitoring **PROGRESS WITH IMPLEMENTATION** of KMC services → stages-of-change model – based on facility assessments

KMC as part of accreditation for neonatal care

- Example from KwaZulu-Natal, South Africa
- Different criteria for different hospital levels
- KMC beds (function) as a percentage of neonatal beds (level 1 & 2 hospitals = 33%)
- KMC unit as a work space – minimum and maximum number of beds per cubicle, surface space per bed, ablution criteria, lounge, furniture, availability of pouches & hats

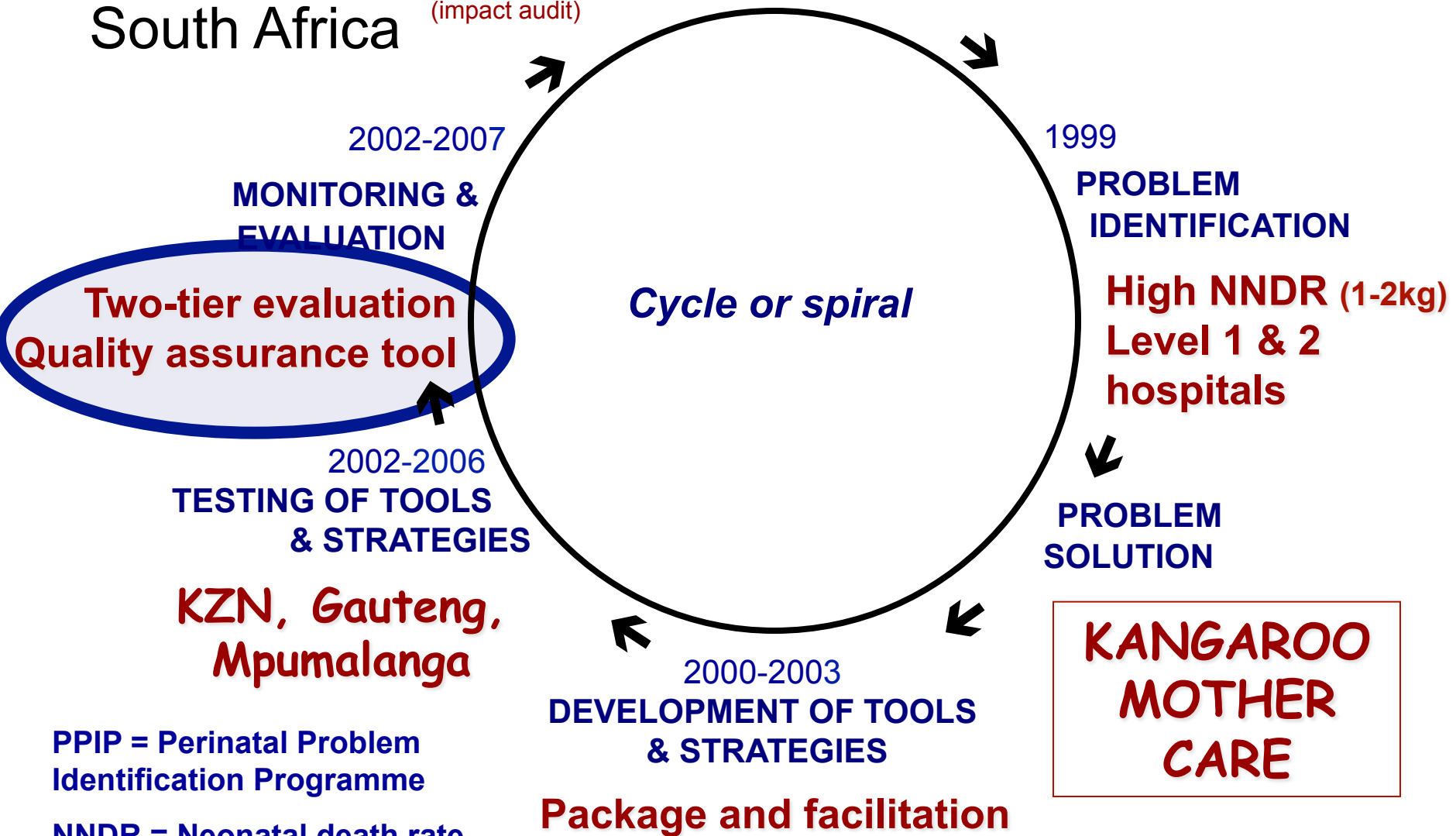


Finding solutions



Example from South Africa

PIIP 2005/6 **AUDIT** 1999 **PIIP**
(impact audit)



PIIP = Perinatal Problem Identification Programme

NNDR = Neonatal death rate

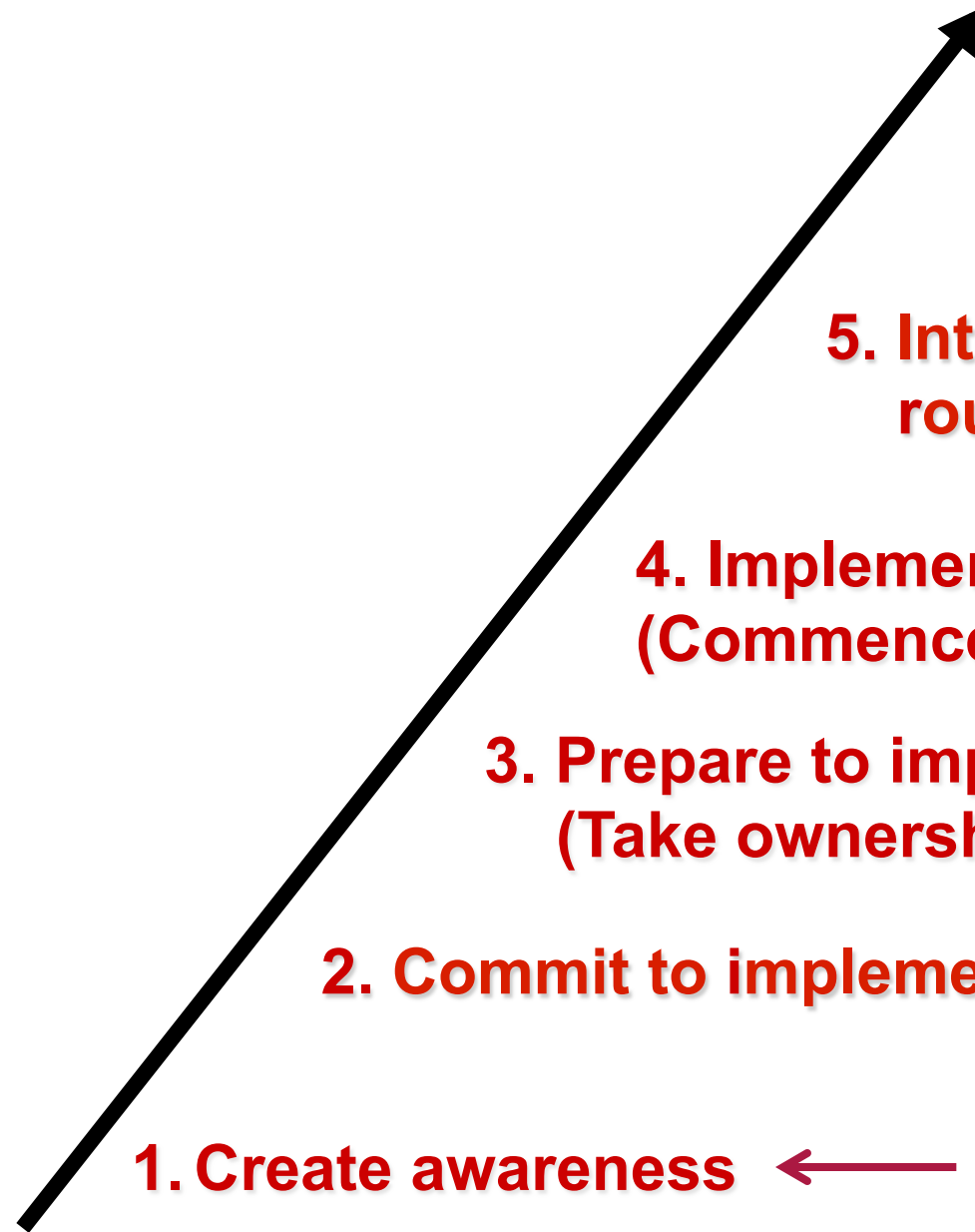
KZN = KwaZulu-Natal

Monitoring progress with facility-based KMC implementation

1. Health care facility
2. Neonatal & kangaroo mother care
3. Skin-to-skin practices
4. History of KMC implementation
5. Involvement of role-players
6. Resources
7. Continuous KMC
8. Intermittent KMC
9. Feeding and weight monitoring
10. Records in use for KMC information
10. KMC education
11. Documents
12. Referrals, discharge and follow-up
13. Staff orientation and training
14. Staff rotations
15. Strengths and challenges
16. Mothers
17. General observations and impressions

STAGES OF CHANGE

INSTITUTIONALIS-
ATION
IMPLEMENT-
ATION
PRE-IMPLEMENT-
ATION



1. Create awareness ← **Get acquainted**

2. Commit to implement

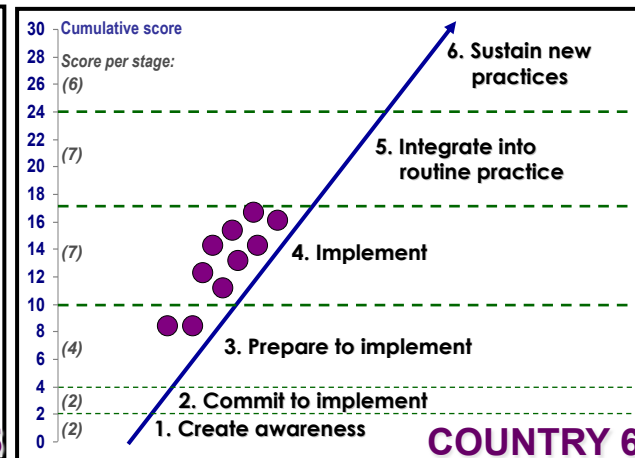
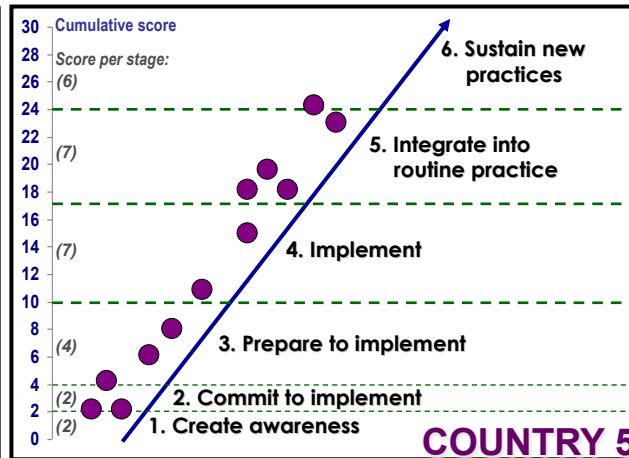
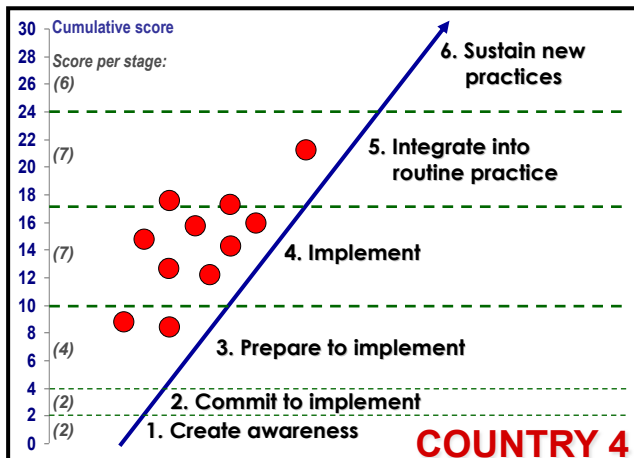
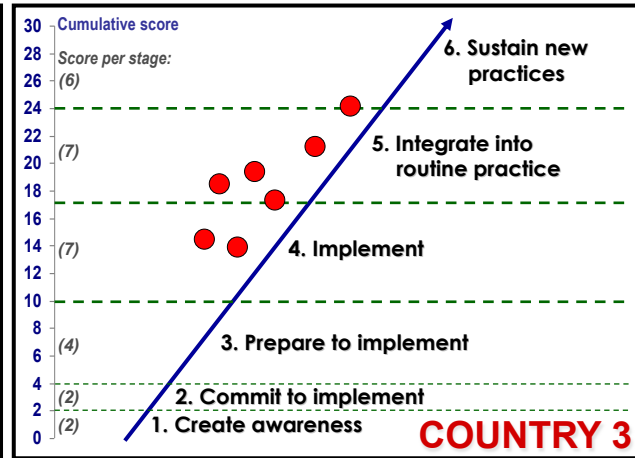
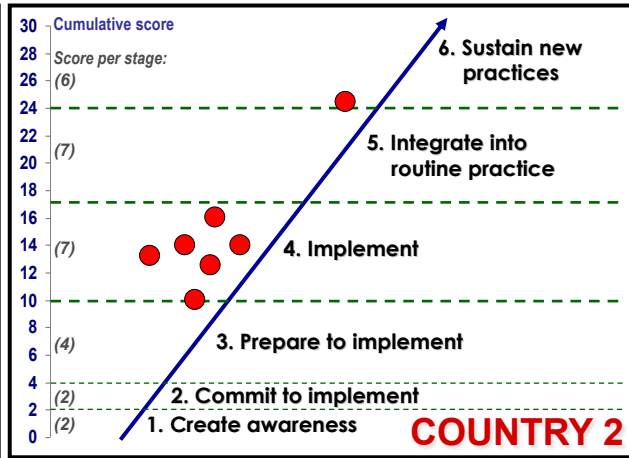
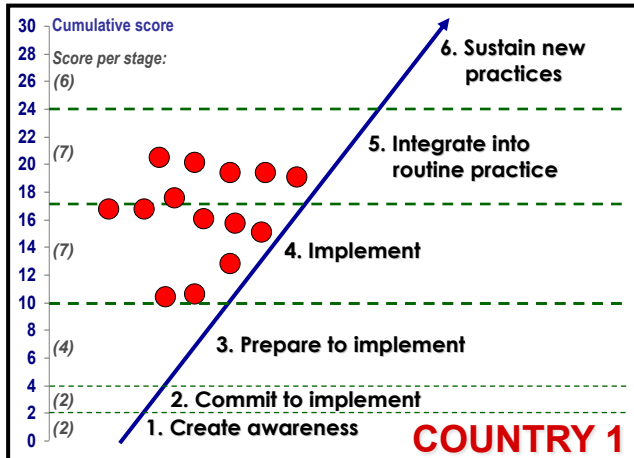
**3. Prepare to implement
(Take ownership)**

**4. Implement
(Commence practice)**

**5. Integrate into
routine practice**

**6. Sustain new
practices**

Presenting progress scores



Making decisions

- What can and should be evaluated?
- Who should evaluate what?
- Where should the evaluation happen?
- When and how often should the evaluation happen?
- How should the evaluation be done?
- How much should be directed from the top and how much should organically develop from below?
- What indicators will be used for evaluation?
- How will we **use** the results of the evaluation?

Thank you

