

XII INTERNATIONAL CONFERENCE ON KMC Workshop and Congress

November 14-17, 2018 / Bogotá, Colombia



WORKSHOP PROGRAM

November 14, 2018

Diffusion of Kangaroo Mother Care at a Country Scale

Time	Activity	Comments
7:00-8:00	Registration	Posters and commercial stands set up(Lycra band)
Opening 8:00-8:30	The challenge: Kangaroo mother care dissemination at country scale PUJ (Rector), Facultad de Medicina (Dean), HUSI (Head), Ministry of Health, UNICEF, PAHO /OPS, OMS, Fundacion Canguro.	
8:30-9:00	Introduction of participants Workshop goal: to discuss different topics related to the implementation and scale-up of KMC at a country level to make recommendations for the way forward. Working Groups: objectives and conformation of the working groups Academic and social program	Nathalie Charpak, Juan Manuel Lozano ncharpak@gmail.com jlozanol@fiu.edu
09:00-09:30	Summary of the Trieste workshop and publication of proceedings	Anne Marie Bergh anne-marie.bergh@up.ac.za
09:30-10:15	Short-term and long- term follow-up of the effects and sequelae of premature birth: State of the art	Saroj Saigal , Pediatrician, he has been Professor of Pediatrics since 1984, and is currently Professor Emerita at McMaster. She runs the follow-up clinic of preterm infants. saigal@mcmaster.ca

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10:15-10:30	Coffee break	
10:30-17:00	Break-away in 7 working groups	
12:30-13:30	Lunch	
15:30-15:45	Coffee break	
17:00-18:00	Viewing of posters	
18:00-20:00	Side symposium: Spaces are limited. Advance registration required.	Accelerating the Scale up of Quality KMC in India: Leveraging Efforts and Investments from Nutrition and Neonatal Health

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November 15, 2018 Diffusion of Kangaroo Mother Care at a Country Scale

Time	Activity	Comments
07:00-11:00	Visit to KMC programs in Bogota (6 buses x 20 people each)	
11:00-13:00	Working groups conclude their work and prepare their reports	
13:00-14:00	Lunch	
14:00-17:00	Presentation of the 7 working group reports and discussion	
17:00-18:00	Nomination of the 3 best posters on KMC implementation and dissemination at country level for oral presentation during the congress	
19:00	Dinner	

Group	Topic	Moderators
Group 1	Selection of a minimum set of indicators to assess dissemination at country level.	-Nathalie Charpak ncharpak@gmail.com -Ornella Lincetto (OMS) lincetto@who.int -Louise-Tina Day (ENAP) Louise-Tina.Day@lshtm.ac.uk
<ul style="list-style-type: none"> Indicators of the target population: live births; number and proportion of preterm births; number and proportion of LBW infants. Perinatal mortality; early neonatal mortality (7 days); neonatal mortality (28 days); stratification according to gestational age and/or birth weight. Indicators of the target health care facilities: number and distribution of level I, level II and Level III maternity/neonatal health care facilities; number of obstetricians, pediatricians, neonatologists; number of neonatal care beds/incubators in basic, intermediate and intensive neonatal care. Milk banks? Other? Indicators of utilization of health care facilities: proportion of deliveries in health care facilities; proportion of preterm or LBW deliveries in health care facilities; proportion of high-risk home/community deliveries; proportion of referrals of high-risk newborns to neonatal care units/facilities. Indicators of overcrowding? Coverage of hospital-based KMC: proportion of health care facilities with a nominal hospital-based KMC; proportion of preterm and/or LBW infants delivered in facilities with a nominal hospital-based KMC program Indicators of KMC uptake Indicators of quality of KMC programs Potential sources of information Denominators for constructing indicators Reduction to brainstormed indicators to a minimum set. 		

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Group 2	Integrating KMC in the working objectives of non-governmental organizations, development partners and other private and public institutions	-Nicole Sirivansanti Nicole.Sirivansanti@gatesfoundation.org -Goldy Mazia (PATH) gmazia@path.org -Martha Rodriguez (Director of the Kangaroo Foundation) fundacion.canguro@gmail.com -Catalina Vasquez catavas77@gmail.com
<ul style="list-style-type: none"> • Standardization of the definition of KMC and the inclusion criteria for a KMC program • Avoiding “simplification” and “trivialization” of KMC • Best strategies to support the first implementation of a KMC program and to promote sustainability • Compiling a set of KMC manuals that are easy to access and download. 		
Group 3	Implementation of KMC in all hospitals in a country	-Adriana Montealegre montealegropomar@gmail.com -Deepa Banker dr.deepabanker@gmail.com -Maria Esterlita Uy herb_tita@yahoo.com -Maria Fernanda Cañon (Ministry of Health) mafecanon@gmail.com
<ul style="list-style-type: none"> • Best strategies for implementing KMC across a country • Basic hospital needs/requirements for KMC implementation • Levels/steps of KMC implementation to facilitate hospital level-specific adoption of KMC • Involving the community in hospital-based KMC implementation 		
Group 4	KMC transport	-Natalia Godoy nat.godoyc@gmail.com -Mantoa Mokhachane Mantoa.Mokhachane@wits.ac.za -Erika Ramirez (Ministry of Health) eramirez@minsalud.gov.co

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- Most common modes of neonatal transport used in different countries
- Challenges to neonatal transport in different countries
- Integration of KMC transport into the health system
- Best strategies to inform and convince primary health centers and first-level hospitals on the safety and superiority of KMC for transportation.
- KMC as means of transportation in remote areas (only in remote areas?)
- Training primary health care centers and first-level hospitals in KMC for transportation (including paramedics who transport neonates) Requirements?

<p>Group 5</p>	<p>Getting health ministries, academia and professional associations on board</p>	<p>-Jose Maria Solano jomasols50@gmail.com -Anne Marie Bergh anne-marie.bergh@up.ac.za -Ricardo Luque (Ministry of Health) rluque@minsalud.gov.co</p>
<ul style="list-style-type: none"> • Which professional associations to be involved in national KMC implementation • Other government agencies to engage in the implementation of KMC as a national program • Role for academic institutions in KMC implementation • Needs and best strategies to convince health ministries, academia and professional associations to adopt KMC as routine care for premature and low birth weight infants 		

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Group	Topic	Moderators
Group 6	Establishing a system of KMC follow-up to assure safety and document benefits	-Socorro De Leon-Mendoza sookeemd@yahoo.com -Juan Manuel Lozano lozanojm@gmail.com -Maria Isabel Angel marisangel1971@gmail.com -Freddy Becerra (Ministry of Health) fbecerra@minsalud.gov.co gestionspamsps@gmail.com
<ul style="list-style-type: none"> • National systems of high-risk follow-up recommended by health ministries and concerned professional organizations • Compliance with national recommendations • National systems for “tracking” KMC discharges and follow-up • Minimum requirements for scaling up a high-risk follow-up system at country level • Strategies for monitoring compliance with ambulatory KMC (hospital and patient level) • Role for community-based high-risk follow-up care of KMC discharges. • Risks and benefits of community-based ambulatory KMC. 		
Group 7	KMC for term infants	-Susan Ludington sml15@case.edu -Ana Maria Bertolotto abertolotto@javeriana.edu.co -Cielo Ríos Crios (Ministry of Health) crios@minsalud.gov.co
<ul style="list-style-type: none"> • State of art 2018 (including essential newborn care initiatives) 		