

Lessons learned across Asia and Africa in evaluating kangaroo mother care scale-up using the six stages of implementation

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Different understandings of KMC

1. KMC practice

→ What does the kangaroo mother care method entail?

2. KMC services

→ What is needed to enable mothers, caregivers and health workers in facilities and the community to practice KMC?

3. KMC implementation

→ How should KMC practice and KMC services be implemented at different levels in the health system?

4. KMC education and training

→ How should KMC education and training be approached and conducted for all of the above?

All four to be considered in program planning & evaluation

Methodology: development of a progress-monitoring model and tool

- Measures implementation of KMC practice and services
- Qualitative research →
 - stages-of-change model and progress-monitoring tool (closed & open-ended questions)
 - measures progress with service implementation, not quality of care
- First tested in South Africa – two randomised trials & three different outreach strategies (Pattinson et al, 2005; Bergh et al 2008)

Tool application: outcomes

- An implementation progress score and other descriptive statistics per health facility: gives a visible picture on
 - status of KMC service provision in a country/province/district
OR
 - level of readiness for implementation
- Qualitative information on barriers and enablers, explaining why some facilities struggle and others excel with KMC
- Subsequent use of tool and model: other countries with a KMC scale-up process
 - Africa: Ghana, Liberia, Malawi, Mali, Nigeria, Rwanda, South Africa, Uganda
 - Asia: Bangladesh, India, Indonesia, Philippines

STAGES OF CHANGE

PRE-IMPLEMENTATION
IMPLEMENTATION
INSTITUTIONALIZATION

KMC progress-monitoring model

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

Specific progress markers for each stage

Results

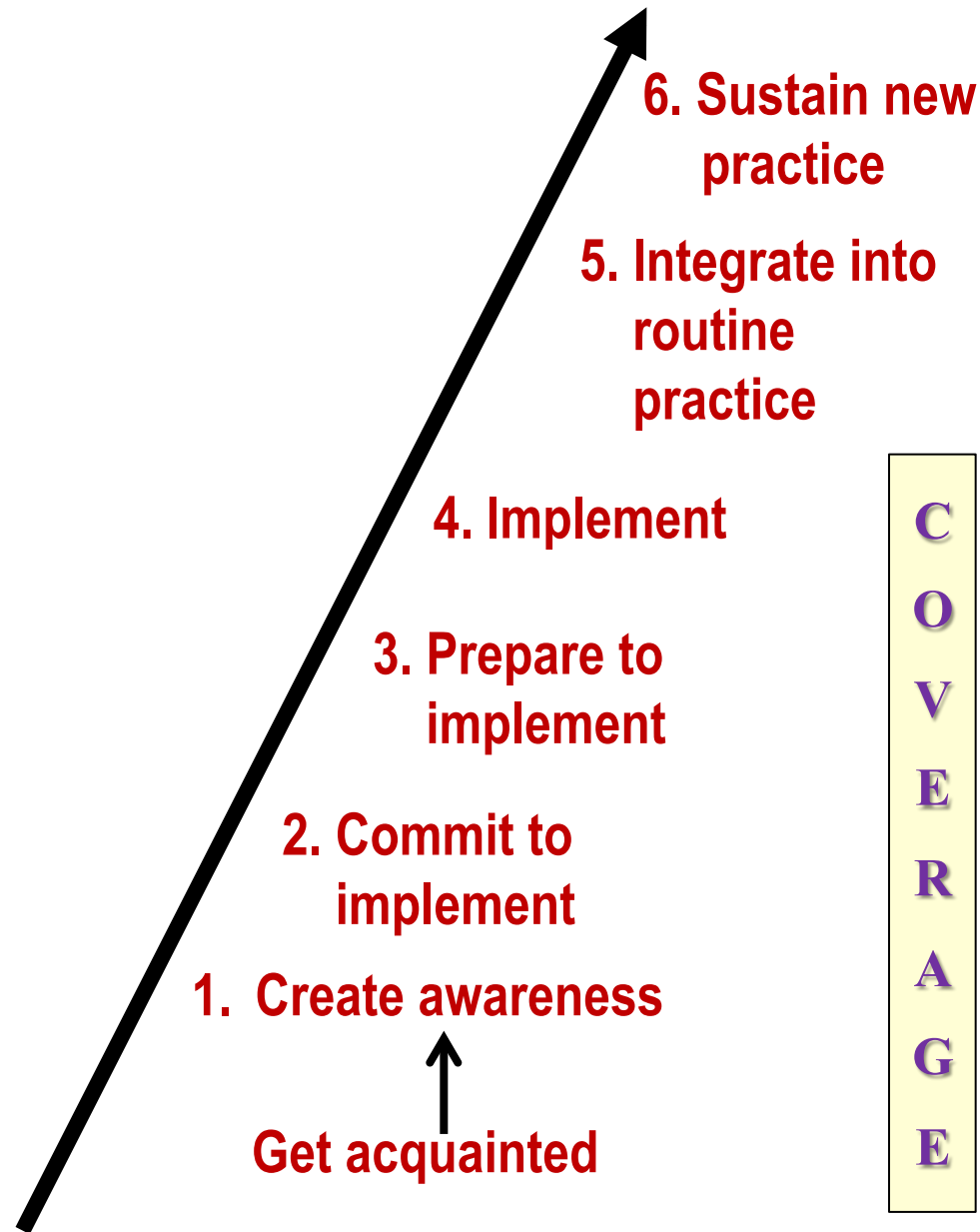
- Enablers of KMC scale-up at different stages of change identified
- Both coverage and quality should be considered
- Coverage:
 - Stakeholder readiness
 - Health system readiness
- Quality:
 - Health system level
 - Facility level
 - Individual mother-infant dyad



Picture: Anne-Marie Bergh

STAGES OF CHANGE

INSTITUTIONAL-
ISATION
IMPLEMEN-
TATION
PRE-IMPLEMEN-
TATION



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QUALITY

1. Indicators in HMIS
2. Standards for newborn services accreditation*
3. Standards for quality newborn care**

Health-system readiness

Stakeholder readiness

* Facility level ** Individual level HMIS = Health Management Information System

(Bergh et al, 2014a & 2005; Belizán et al, 2011)

**Selection of actions
required for each stage
of change**

Stakeholder readiness (Stage 1)

1. Create awareness

- Sensitise of politicians, policy makers, health officials, health workers and end users across different levels
- Advocacy: use existing forums and meetings across all levels for initial orientation in the problems to be addressed and how KMC can make a difference
- Collect baseline data

Stakeholder readiness (Stage 2)

2. Commit to implement and expand a KMC program at different levels in a particular geographic area

- High-level buy-in from government and donors
– political will
- Well-defined country-led scale-up strategies
(Could include development of KMC guidelines)
- Solicit commitment from leaders and managers at different levels in country/
province/region

Health system readiness (Stage 3)

3. Prepare to implement a KMC program

(Practical aspects to get the services up and running at all levels of the system)

- Describe roles and responsibilities of different partners and role-players
 - Embed KMC from the onset in the health system
 - job descriptions & performance indicators (health workers & management)
 - Committed leadership across levels (identify and use ‘champions’)

Health system readiness (Stage 3)

3. Prepare to implement a KMC programme (cont.)

- Business plans for expansion process and maintenance of quality of LBW/preterm services at all levels
 - Identify other commitments and support required (e.g. human resources, financial, capital/material)
- Choose appropriate multidisciplinary orientation and training models across levels
 - Integration with other training programmes?
Temporary stand-alone sessions? Etc.
 - Include allied/rehab staff

Health system readiness (Stage 4)

4. Implement the KMC program

- Document
 - Process of KMC implementation and expansion at all levels
 - Improvements as a result of KMC implementation (e.g. commodities, service, referral, transport, morbidity and mortality)
- Continue orientation and training (pre- and in-service; onsite refreshers) – resources from existing budgets
- Regular feedback on progress with implementation of KMC services through official channels

Quality of care (Stage 5)

5. Integrate KMC into routine practice

- All of the following in place and well developed:
 - KMC components (position/skin-to-skin practice, feeding and follow-up)
 - General management and care of the LBW/ preterm infant (SOPs & proper recordkeeping)
 - KMC included in quality-improvement activities (e.g. morbidity and mortality reviews)
 - Supportive supervision across all levels in place (integrated in newborn care structures)

Quality of care (Stage 5)

5. Integrate KMC into routine practice (cont.)

- Across all levels there should be regular
 - Feedback and response to changes, outcomes and impact resulting from KMC implementation
 - Assessment of and accountability for quality of KMC-related data
- Continued
 - Commitment and ownership by all role-players
 - Support for KMC leaders
 - KMC refreshers and orientation of new staff

Quality of care (Stage 6)

6. Sustain KMC

(Long-term data collection, analysis and dissemination of results)

- KMC included in
 - Health management information system
 - Newborn accreditation standards
- Audit figures available for KMC for at least 1-2 years
- Long-term strategic planning in place to continually improve KMC services

Conclusion

- Foundation for getting health system ready for implementation: intensive stakeholder preparation at all levels, including health workers and community
- Progress markers can be used as agenda points in planning for action
- The stages-of-change model has been applied for understanding scale-up of other maternal and newborn interventions
(e.g. perinatal audit; EmONC; PMTCT/HIV care)



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