



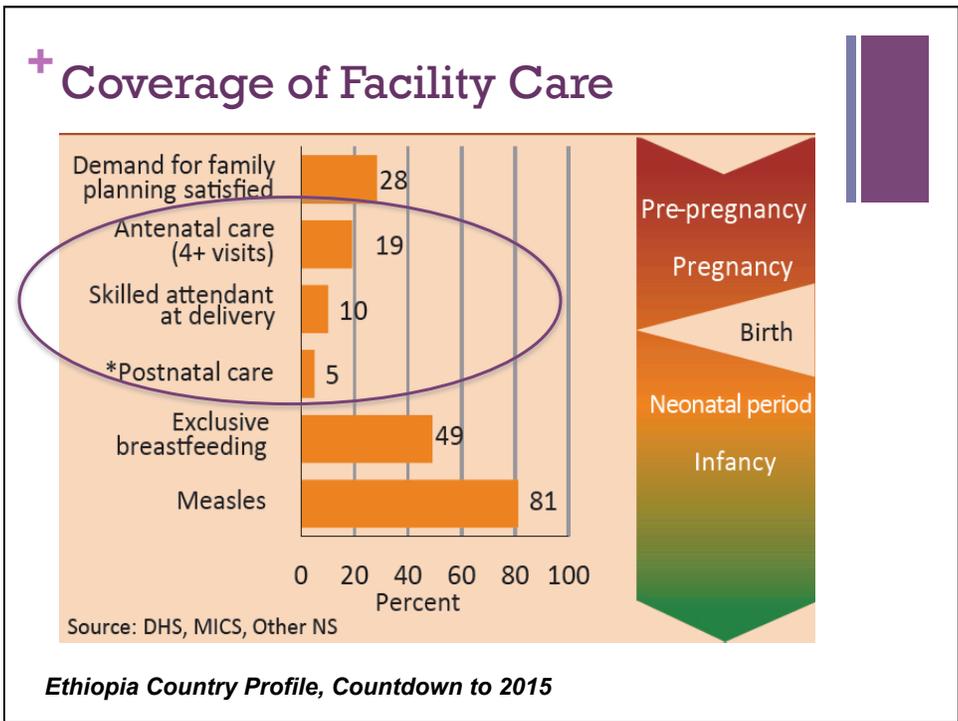
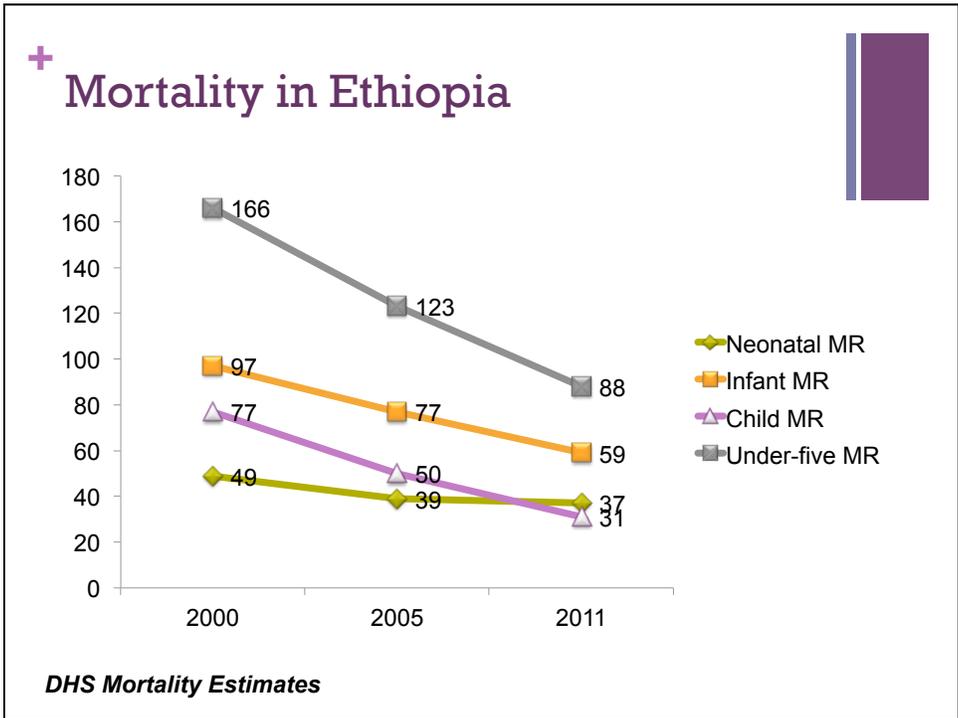
Opportunities for Community-Based Kangaroo Mother Care in Ethiopia: Results from a Baseline Household Survey

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- Community KMC (C-KMC) Approach
- Pilot and assessment of C-KMC in Ethiopia
- Baseline household survey design
- Results on newborn thermal care, breastfeeding, and skin-to-skin
- Recommendations for the pilot
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- Recommendations for C-KMC research agenda

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+ Community KMC Approach

- Potential strategy for improving use of KMC among LBW infants born at home
- Limited evidence on CKMC
 - STS as part of a community newborn *package* in Uttar Pradesh, India—50%+ mortality reduction (Darmstadt, 2006; Kumar, 2008)
 - Cluster-randomized trial of CKMC in Bangladesh—no mortality reduction (Sloan, 2008)

+ Ethiopia C-KMC Pilot

- In partnership with the Ethiopian Federal Ministry of Health, the USAID Maternal and Child Health Integrated Program (MCHIP) is piloting a package of community-based newborn health messages, including the promotion of Kangaroo Mother Care, in 4 Regions.
- MCHIP is evaluating this pilot, with a focus on assessing the strength of implementation of the pilot CKMC intervention in Ethiopia and the feasibility of scaling up CKMC nationally.

+ Pilot CKMC Program

- Health Extension Workers
 - Make home visits:
 - ANC: 3 visits
 - PNC: Day 1, 3, and 7
 - Counsel on **universal** KMC
 - Support exclusive breastfeeding
 - Assess newborns for danger signs and refer
- Health Development Army
 - Educated on KMC and essential newborn care
 - Mobilize community



+ Evaluation Components

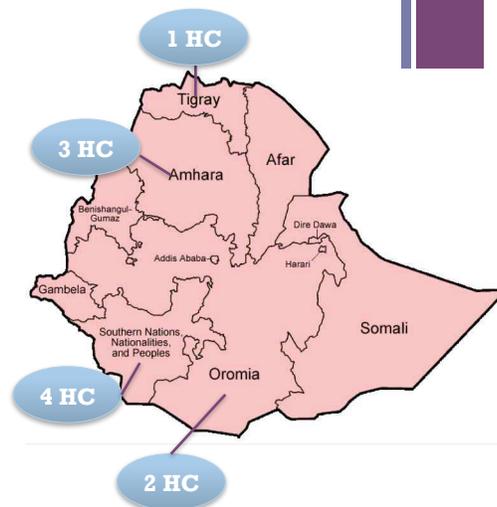
Component	Timing
<i>Baseline:</i> <ul style="list-style-type: none"> • Household Survey • Immediate Post-Training HEW Skills Assessment 	<ul style="list-style-type: none"> • January 2012 • May 2012
<i>Midline:</i> <ul style="list-style-type: none"> • Qualitative data on program implementation and barriers • HEW Skills Assessment 	<ul style="list-style-type: none"> • September 2012
<i>Endline:</i> <ul style="list-style-type: none"> • Household survey • Qualitative data on program compliance and barriers 	<ul style="list-style-type: none"> • September 2013

+ Objectives of the Baseline Survey

- To provide baseline measures of indicators relevant to the evaluation of the CKMC pilot, including:
 - Antenatal and postnatal care provided by HEWs
 - Thermal care
 - Breastfeeding
 - Adoption of skin-to-skin contact

+ Survey Design

- Two-stage cluster sampling within the catchment areas of 10 intervention health centers
- Sample size of 215 calculated to detect 20% change in behaviors
- Women who had live birth within the past 1 to 7 months



+ Data collection

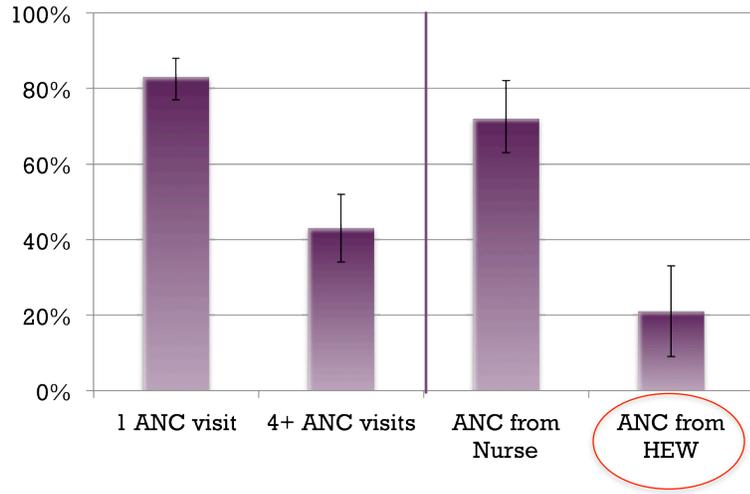
- Data collection between Jan 4 to 27, 2012
- 21 interviewers (DHS trained) & six supervisors
- 6,881 households screened
- Eligible sample achieved: 218
- *Challenge:* lower than expected fertility rates in Amharra, so oversampled in other areas

+ Result: Description of Sample

Characteristic	%
Age	
15 to 19	0.04
20 to 29	0.58
30 or over	0.38
Education	
None	0.42
1 to 4 years	0.20
5 to 8 years	0.20
Nine years or over	0.18
Religion	
Orthodox	0.38
Protestant	0.30
Muslim	0.32

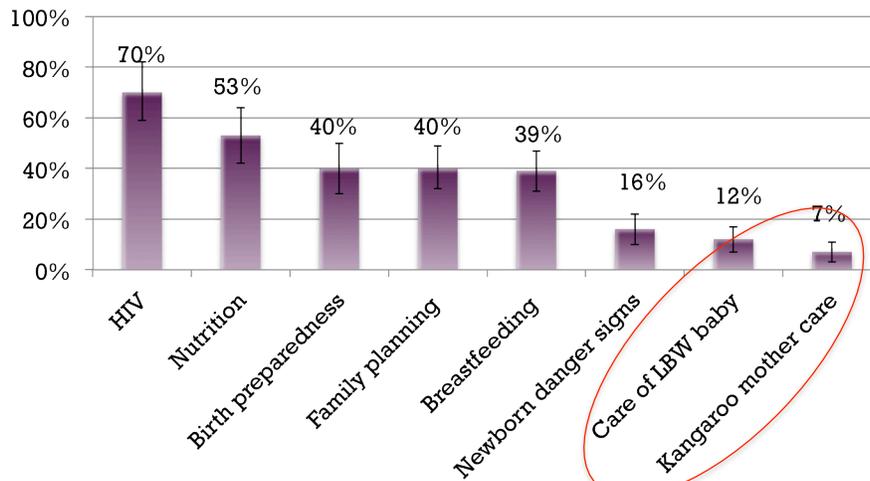
+ Antenatal Care

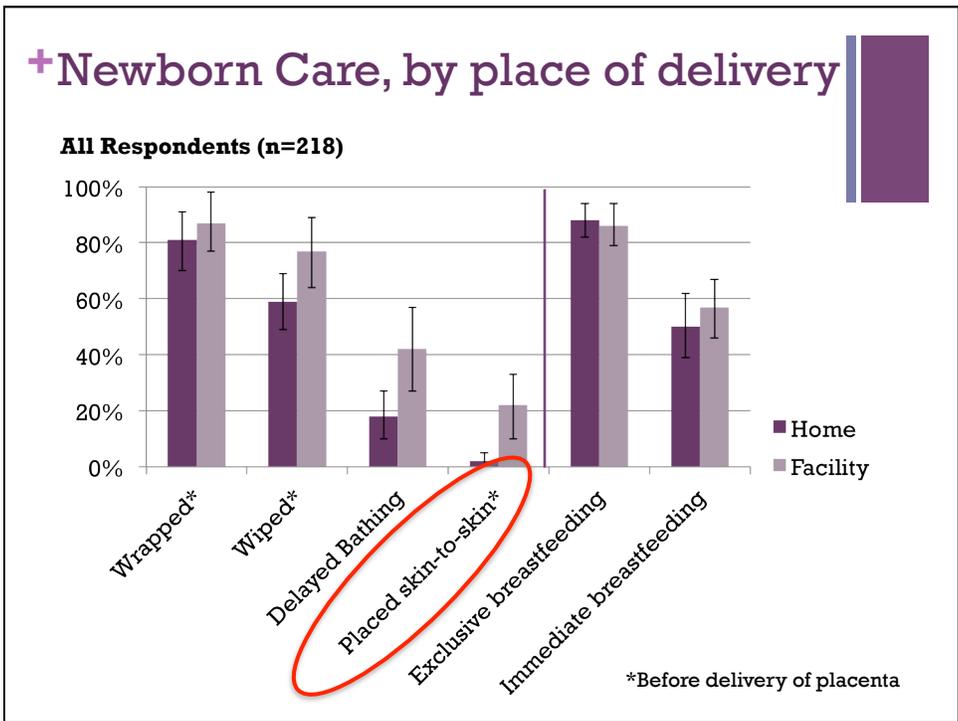
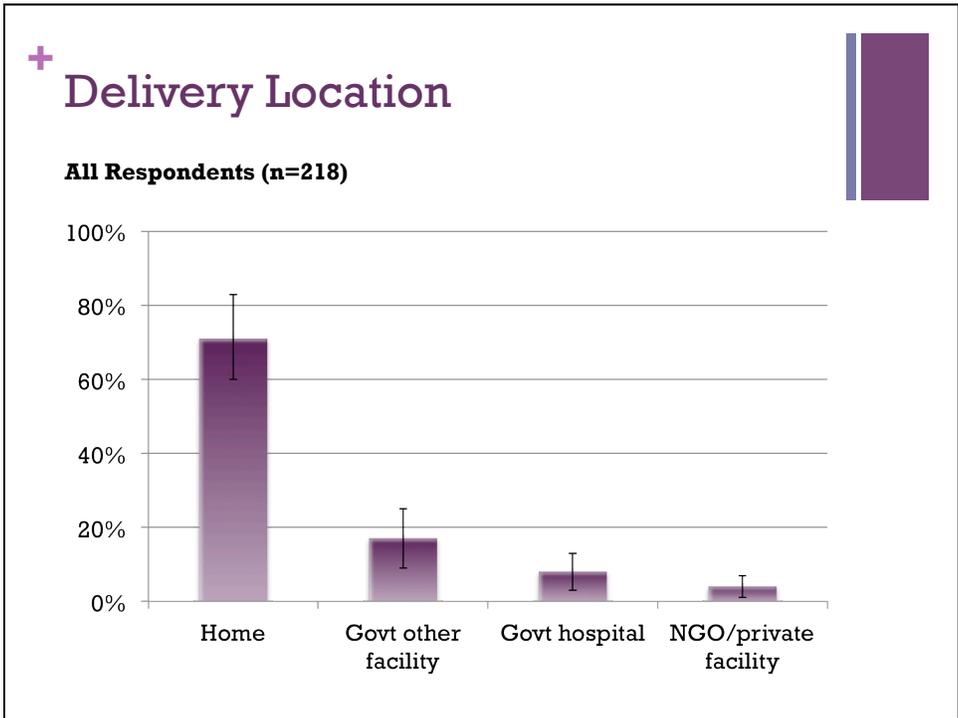
All Respondents (n=218)



+ ANC Counseling Messages

Respondents receiving routine ANC (n=184)





+ Other findings

- Almost no existing coverage of postnatal home visits by HEWs (2%)
- Of 41 newborns perceived to be small by mothers, 8 were put in STS position
 - Only 4 started STS immediately after birth
 - Of the 8 babies in STS:
 - 6 practiced STS for less than a quarter of the day
 - 2 practiced STS for half the day (only day or night)
 - No babies were kept in STS for 24-hour period

+ Summary of Baseline Results

- There is currently very little program activity for promotion of Kangaroo Mother Care and care of low birth weight babies
- The majority of births take place at home, so community level is a good intervention point for care of newborns and low birth weight babies
- Health extension workers are not currently making home visits to most pregnant women and newborns, although some mothers receive ANC from HEWs at the health post
- Several newborn care practices can be improved for home births, especially: skin-to-skin care, delayed bathing, and immediate breastfeeding

+ Recommendations

Pilot in Ethiopia

- Monitor HEWs ability to identify pregnant women and make home visits, as most HEWs are not already doing this, and they have many responsibilities
- Engage facility providers and community volunteers in promoting KMC
- Include counseling on other thermal care and newborn care practices

+ Program Implementation Progress

ENC (KMC, HBB) Established

- 2- 4 providers per HC trained on ENC:
 - Module I: ENC, HBB, PNC
 - Module II: Care for LBW babies including KMC
 - Module III: Infection in newborns
- ENC/KMC equipment and supplies provided
- Support and follow up provided



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+ Program Implementation Progress

Facility/Health Center KMC (10 Health centers)

- 3,337 mothers counseled on KMC during ANC visit
- 1,402 mothers counseled on and initiated KMC during delivery services
- Challenge: Data quality issue

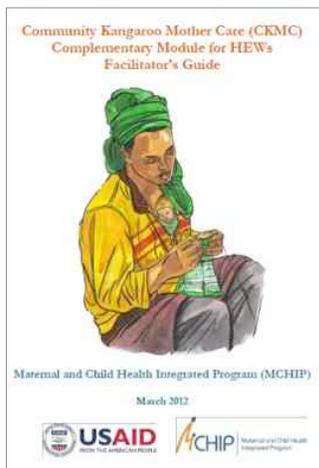


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+ Program Implementation Progress

Community Based KMC

- 2 – 3 HEWs supervisors provided ToT on CKMC
- Other health center staffs were orientated on CKMC
- 171 HEWs trained on CKMC
- 6,532 1-to-5 Health Development Army leaders working with HEWs orientated on CKMC



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+ Recommendations

Future Agenda for CKMC

- Trial of effectiveness of CKMC on reducing newborn mortality
- Understand and develop strategies for addressing barriers to practicing KMC at home
- Assess the ability of routine community-based health worker programs to achieve high coverage and quality

Thank you!

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