kangaroo mother care
Introduction
Neonatal mortality remains a key issue of public health concern in Kenya and currently stands at 22 per 1,000 live births. Neonatal mortality now accounts for 42% of all under 5 mortality in Kenya and 59% of under 1 (infant) mortality. The main causes of neonatal death are birth asphyxia, prematurity and infections. Prematurity accounts for 12% of all under 5 mortality in Kenya and approximately over 180,000 babies in Kenya are born prematurely every year. Additionally, 12% of all babies born in Kenya are born premature. Premature babies are at risk of death due to hypothermia, hypoglycaemia and respiratory diseases, as well as the long term consequences of preterm birth.

Kangaroo Mother Care (KMC) is the current recommended practice to care for stable preterm babies in Kenya. For babies, KMC promotes faster weight gain due to better thermoregulation and improved breastfeeding and therefore shorter hospital stay. KMC improves bonding between mother and baby and empowers mothers to play an active role in care for the newborn. KMC reduces dependency on incubators, does not require additional nursing staff and reduces cost per patient due to shorter hospital stays providing benefits for the health facility.

However, in many places in Kenya, care for small babies is predominantly hospital based and depends on the use of incubators which are in short supply. For mothers, this means spending time in hospital and away from their families and their support system. While in hospital, mothers are housed separately from their newborns and have to make 3 hourly feeding visits to the newborn units. Care of small babies requires well trained staff and specialised equipment such as incubators and respirators. Often there are inadequate staff to care for small babies and those available lack specialised skills for their care. Incubators are insufficient and commonly, babies share incubators which leads to cross-infection. Where they are available, they are often poorly maintained. Due to unreliable power, incubator temperatures fluctuate, which may cause hypo or hyperthermia. Despite having been trained on KMC as part of pre-service and in-service training, health workers believe that incubator care is superior to KMC and that KMC should only be implemented in resource poor settings. The lack of practical experience on caring for a small baby in the KMC position also hinders health workers from promoting KMC within their facilities.

KMC in Bungoma County
Save the Children has been supporting the Ministry of Health (MoH) in Bungoma County to establish KMC services since 2014, and Busia County since 2016. Save the Children has supported the establishment of KMC by conducting minor renovations of rooms provided by the county MoH for KMC, the provision of basic equipment for care of the babies, training of health care workers and the establishment of follow-up mechanisms of babies discharged to continue KMC at home. The County on the other hand has been responsible for ensuring that the KMC units are adequately staffed with sufficient medicines and commodities for care of the babies as well and food and linen for the mothers while they are admitted.

95 health care workers have been trained on KMC and this includes health managers whose support is crucial in rolling out KMC services. The project also trained community level service providers on KMC and these are crucial for follow up of mothers practicing KMC at home. Working with community staff has been useful in increasing acceptance and improving family support and involvement even at community level.

The project has also conducted sensitization sessions on KMC to 18 KMC mothers who practised KMC and these mothers are now volunteer peer support to other mothers as KMC champions. Their main role is to conduct KMC support group meetings at facility level to encourage other mothers to use KMC and they receive technical guidance from the health care workers. Working with champions has enhanced acceptance of care of the babies through KMC both at facility and community level. The result has been a drop in the proportion of babies lost to follow up. These women have become very popular and are now considered as trusted community resource persons on KMC.

The project has supported community sensitization
meetings to create awareness of the unique issues of small babies and their care options, including KMC. This has enhanced family involvement and support for the babies care while at home. It has also led to increased confidence of families and communities in the care of small babies at home and reduced the perception that small babies rarely survive. The sensitisation meetings have increase the involvement of men in the care of small babies and more men are committing to provide support to their partners around the household as she cares for the baby on KMC.

Save the Children has initially secured funding to support the set-up of 5 facilities. However, upon realising the benefits of KMC services in these facilities and its cost effectiveness, Save the Children worked with the county to identify an additional 4 facilities bringing the total to 9. A plan has now been developed between the county and Save the Children to mobilise resources to scale up KMC across the county.

During the 15 months of implementation, remarkable improvements have been realised in the management of small babies. Of 1,086 small babies born in the 9 implementing sites during this period, 726 babies (66.8%) were started on KMC. 68% of these babies have graduated from KMC while 32 babies have been lost to follow up. 4.6% (34) of the babies admitted to KMC died during the implementation period.

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**Our approach to ensuring sustainable access to quality KMC services in Bungoma County**

Save the Children programming in Kenya utilises a 3-pronged approach to ensure buy-in and sustainability:

- Working with communities to create sustainable demand for quality services
- Working with county department of health to improve human and institutional capacity to provide quality services
- Working with the department of health at county and national environment to advocate for an enabling policy and resource environment to provide quality services.

The diagram below shows how this approach has been employed in implementing KMC in Bungoma County:

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![Diagram showing the approach to KMC implementation in Bungoma County](https://via.placeholder.com/150)
Case Studies

Mother saves premature baby through Kangaroo Mother Care

Linda is a 27 year old lady from Namorio Sub-County in Bungoma County. She had one unsuccessful delivery; her baby died after staying in the incubator for 14 days. In May 2015, her third born child was delivered prematurely on her way to hospital. She was just six months into her pregnancy and seeing how small the baby was, she wanted to throw it away. She was encouraged by other mothers to take the baby to hospital for a check-up and was told that the baby would survive. Linda was admitted into the Kangaroo Mother Care ward of Kapsokwony Hospital in Bungoma County for 21 days. Her baby survived and was discharged weighing 2.1Kgs. The baby is 11 months now and growing strong.

Linda says: “This is my third child. I delivered my first baby at 7 months in hospital weighing 2.1kg and it stayed in incubator for fourteen days and died. I got pregnant again and delivered my second baby at nine months. I delivered this third child on the way to hospital at six months. My pregnancy was okay from the first month to the sixth month. But one day in the sixth month, I started feeling pains and decided to walk to hospital because I could not access any motorbike since I live very far from the hospital.”

“I delivered this baby on the way to the clinic. It was too small and I wanted to throw it away because of my past experience. I imagined how I was hospitalized with my first born baby, how I stayed with the first born child for 14 days yet I had delivered at 2.1Kg and the child died. I knew that this child would not survive because it was smaller than the first one; I knew this was a loss,” says Linda

Linda adds: “It is some mothers on the way who told me that going to the hospital was good, and that I should proceed and not throw away the baby. They said the baby would survive if taken to hospital.”

Linda says she went to Kapsokwony Hospital in Bungoma County where she was assisted: “The nurses told me about Kangaroo Mother Care and how it would help my baby. My baby was put on KMC for 21 days and was discharged when she was at 2.1Kg.”

“KMC saved my baby’s life,” says KMC Champion

Esther, a 33 year-old mother of three children, is a KMC champion. After benefiting from KMC she has become a mentor to mothers in her community and at the KMC ward in Bungoma district hospital.

Esther says: “I gave birth to my first born at 9 months without any problem. The second born came at 8 months and one week, she was 2.33 kgs. Too small compared to the first born, but I just covered her very warmly at home and hoped that the warmth will help her survive. Some people said she would die but I continued covering her completely to give her a lot of warmth. Indeed she survived, and is now 13 years old.

“I gave birth to my third born Grace Bahati when my pregnancy was just 29 weeks. She was 1.4kgs and reduced to 1.25 kgs after two days. I had lost all hope as the baby was so tiny and I knew that this baby would die. KMC was introduced around this time and I was taught about it. Initially it was not easy to adopt the kangaroo care, but I noticed the baby was gaining weight fast and but I was determined to see my baby survive.” says Esther

I stayed in hospital for 14 days. All the while putting my baby close to me on my chest, the kangaroo style. We were many mothers in the KMC ward so rather than wait for the baby to weigh 2kgs, I had to be discharged when the baby weighed 1.5kgs

At home, I continued with KMC as I was determined to ensure that the baby added atleast one gram every time I came to the clinic. My eldest daughter helped me continue with KMC when I was busy. I showed her how to carry the baby kangaroo style and explained to her the benefits of KMC. It was also good for her to bond with the baby.

Esther, who works as a casual labourer at Bungoma district hospital says: “My baby is now 11kgs she is 1 year and 6 months, she is walking and even learning to talk. She is my miracle baby! KMC saved my baby’s life and I never hesitate to encourage mothers. In our community, the death of underweight babies has really reduced. I have become a mentor and KMC champion, after my daily chores cleaning the facility, I always come to the KMC ward, I talk to the mothers and encourage them, giving them my example.”
Mother changes baby’s diaper as she prepares to put the baby on KMC.

Nurse helps mother to tie the baby in KMC position.

Ensuring baby is in a comfortable KMC position.

Nurse in KMC ward checks to confirm that mother and baby are comfortable.

Mother relaxed with baby in KMC position.

 Mothers relaxed in the KMC ward.