

Guide for kangaroo mother care action plans

POINTS TO CONSIDER	Actions			Date/Timeline/ Deadline	Responsible person(s)
	National	District	Facility		
Stage 1: Create awareness <ul style="list-style-type: none"> • Collect information on local and international experience that can inform implementation, improvement and expansion • Use baseline data for creating awareness of the problem(s) • Reach out to stakeholders – how will they be familiarised and motivated to get on board? • Determine stakeholders’ and health workers’ readiness and willingness to change (including political will) • Draft a plan for advocacy for KMC– Who? What? Where? When? How? • Use existing forums, meetings etc. across all levels for initial orientation in KMC / MPDSR • Identify meetings and forums where KMC should become a permanent agenda item for regular reporting on progress 					
Stage 2: Commit to implement and expand a KMC programme at different levels of the health system <ul style="list-style-type: none"> • Reach agreement among decision makers, opinion leaders and health workers to expand KMC services in the district, region or country • Spell out and solicit the commitment required from leaders and managers at different levels in the district, region or country • Identify other commitments and support required (e.g. human resources, financial, capital/material) • Describe the capacity to support sustainable KMC services at all levels • Indicate how dialogue will be conducted between healthcare users, providers, and policy makers and how the flow of information will be managed • Place KMC as a permanent agenda item on the identified meetings and forums for regular reporting on progress • Identify existing structures to harness for the promotion of KMC implementation 					

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Stage 3: Prepare to implement a KMC programme <ul style="list-style-type: none"> • Make decisions on an expansion programme with timelines (including how existing structures will be used and whether some temporary committee may be needed to get the ball rolling and oversee the initial implementation with a view to integrate within the overall newborn care and review activities) • Make decisions on initial orientation and training and training models to use (integration with other training programmes, temporary stand-alone sessions, etc.) • Draft business plans for the expansion process, for the maintenance of quality of LBW/preterm services and monitoring of outcomes via local audits and the MPDSR programme at all levels (including resource allocations from existing budgets) • Clarify the roles and responsibilities of different partners and role-players • Plan for committed leadership across levels (identify and use 'champions') • Assess preparedness of individual healthcare facilities and health networks to implement KMC and sustain practice • Prepare and motivate of health workers at facility level for compulsory activities, including job descriptions and performance agreements • Develop or review current KMC guidelines or adapt other existing guidelines and protocols to include KMC • Keep KMC as a permanent agenda item on the identified meetings and forums for regular reporting on progress • Identify other accountability measures for expansion and maintenance that should be put in place • Work on Inclusion of KMC in pre-service curricula 					

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Stage 4: Implement the KMC programme <ul style="list-style-type: none"> • Provide support for appointed leaders • Do extensive training (pre- and in-service) • Strengthen and expand clinical services and hold regular review meetings • Allocate resources for continuous orientation and training (include in existing budgets) • Document the process of KMC implementation and expansion at all levels • Record improvements as a result of KMC implementation (e.g. commodities, service, referral, transport, morbidity and mortality improvements) • Give regular feedback on progress with implementation of KMC services according to the channels identified 					
Stage 5: Integrate KMC into routine practice <ul style="list-style-type: none"> • The following should be in place: all KMC components (position/skin-to-skin practice, feeding and follow-up) and general management and care of the LBW/preterm infant, as well as referral routes – link with the recommendations emanating from MPDSR meetings, where applicable • Have supportive supervision for KMC across all levels in place (integrated in maternal and newborn care and health information systems structures) • Give regular feedback and respond to the changes, outcomes and impact resulting from KMC implementation across all levels • Assess the quality of KMC-related data regularly and include accountability measures • Demonstrate continued commitment and ownership by all role-players and support for KMC leaders • Provide continued refresher training • Provide support for essential resources for KMC to be integrated into the health system functioning 					

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Stage 6: Sustain KMC <ul style="list-style-type: none"> • Conduct and provide long-term and sustained monitoring, evaluation and feedback on the expansion and provision of KMC services at all levels • Ensure that reliable audit figures are available for at least 1-2 years • Ensure an institutional culture that promotes facility- and health-worker ownership of KMC • Provide continued support for the induction of new staff members in KMC • Ensure KMC is included in long-term strategic plans for improvement of services and care 					

Adapted from: Bergh A-M et al. What is needed for taking emergency obstetric and neonatal programmes to scale? *Best Practice & Research Clinical Obstetrics & Gynecology* (2015);¹¹ Bergh A-M et al. Measuring implementation progress in kangaroo mother care. *Acta Paediatrica* (2005);¹ Belizán M et al. Stages of change: A qualitative study on the implementation of a perinatal audit programme in South Africa. *BMC Health Services Research* (2011);⁸ and other documents of the South African Medical Research Council's Unit for Maternal and Infant Health Care Strategies.