OUTLINE

- Demographic data
- KMC Roll out in Bungoma county
- Achievements
- Challenges
- Way forward
<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>1.6M</td>
</tr>
<tr>
<td>Women of reproductive age</td>
<td>384,461 (23.9%)</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>5.0%</td>
</tr>
<tr>
<td>Skilled birth attendant</td>
<td>41%</td>
</tr>
<tr>
<td>Estimated number of deliveries</td>
<td>64,352</td>
</tr>
<tr>
<td>Estimated live births</td>
<td>64,184</td>
</tr>
</tbody>
</table>
CAUSES OF NEONATAL DEATHS IN THE COUNTY

- Prematurity - 27%
- Asphyxia – 26%
- Sepsis - 7%
2014 WORLD PREMATURITY DAY

- Pledged to support establishment and roll out of facility based continuous KMC in Bungoma County
KMC IMPLEMENTATION IN BUNGOMA COUNTY

Implementation through the support of Save The Children

- 110 HCWs trained – 8 TOTs trained by Malawians
- Established 9 KMC
- Established follow up mechanism
- KMC champions model to promote peer to peer support
  - Support groups at facility level
# Beds Dedicated to KMC

<table>
<thead>
<tr>
<th>FACILITY</th>
<th>No. of beds</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bungoma CRH</td>
<td>8</td>
<td>KMC unit</td>
</tr>
<tr>
<td>Siboti H/C</td>
<td>3</td>
<td>KMC unit</td>
</tr>
<tr>
<td>Mt Elgon</td>
<td>3</td>
<td>KMC unit</td>
</tr>
<tr>
<td>Cheptais</td>
<td>2</td>
<td>KMC unit</td>
</tr>
<tr>
<td>Kopsiro</td>
<td>2</td>
<td>KMC unit</td>
</tr>
<tr>
<td>Bumula</td>
<td>2</td>
<td>Beds designated in Postnatal ward</td>
</tr>
<tr>
<td>Kimilili</td>
<td>3</td>
<td>KMC unit</td>
</tr>
<tr>
<td>Makhonge</td>
<td>2</td>
<td>KMC unit</td>
</tr>
<tr>
<td>Kabula</td>
<td>2</td>
<td>Beds designated in Postnatal ward</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>27</strong></td>
<td></td>
</tr>
</tbody>
</table>
KMC Training Practical Session at Bungoma CRH
Show casing K during the first ladies visit to Bungoma (delivery of beyond Zero)
LESSONS LEARNT

- Start
- Train HCWs—NBU/ maternity; champions
- Integration of KMC in:
  - ANC health talks—birth plan
  - Routine newborn care services
  - CHVs training curriculum
- Involvement of peers is encouraging to mothers provide KMC
CHALLENGES

- Human resource—shortage, attitude, movements
- Inadequate space and lack of reclining beds for KMC
- Complications—Phototherapy, apnoea
- Lack of supplements in facilities—Iron syrup, Vit. D
- Incubators for extreme preterm babies, unstable
- Low skilled delivery rate
WAY FORWARD

- Scale up KMC in the whole county
  - Learning opportunity for counties beginning to implement KMC
- Sensitize community on KMC to promote male involvement, continuity of care beyond the facility
- Include KMC into routine M&E systems; documenting implementation, QIT
  - KMC included in MNH supervision
- Other interventions—Chlorhexidine for cord care, CPAP at the CRH
- KMC Annual reunion
PREMATURITY

- WHO recommendations on interventions to improve preterm birth outcomes
  - Magnesium sulphate for neuro-protection
- Continuum of care- Preconception, ANC, birth and postpartum
  - Prevention of preterm birth
- Long term ability and disability assessment—follow up and research
ACKNOWLEDGEMENT

- MoH staff
- Save the children
- KMC Champions
- Parents and other care givers
THANK YOU