



SCALING UP OF KMC SERVICES IN KENYA

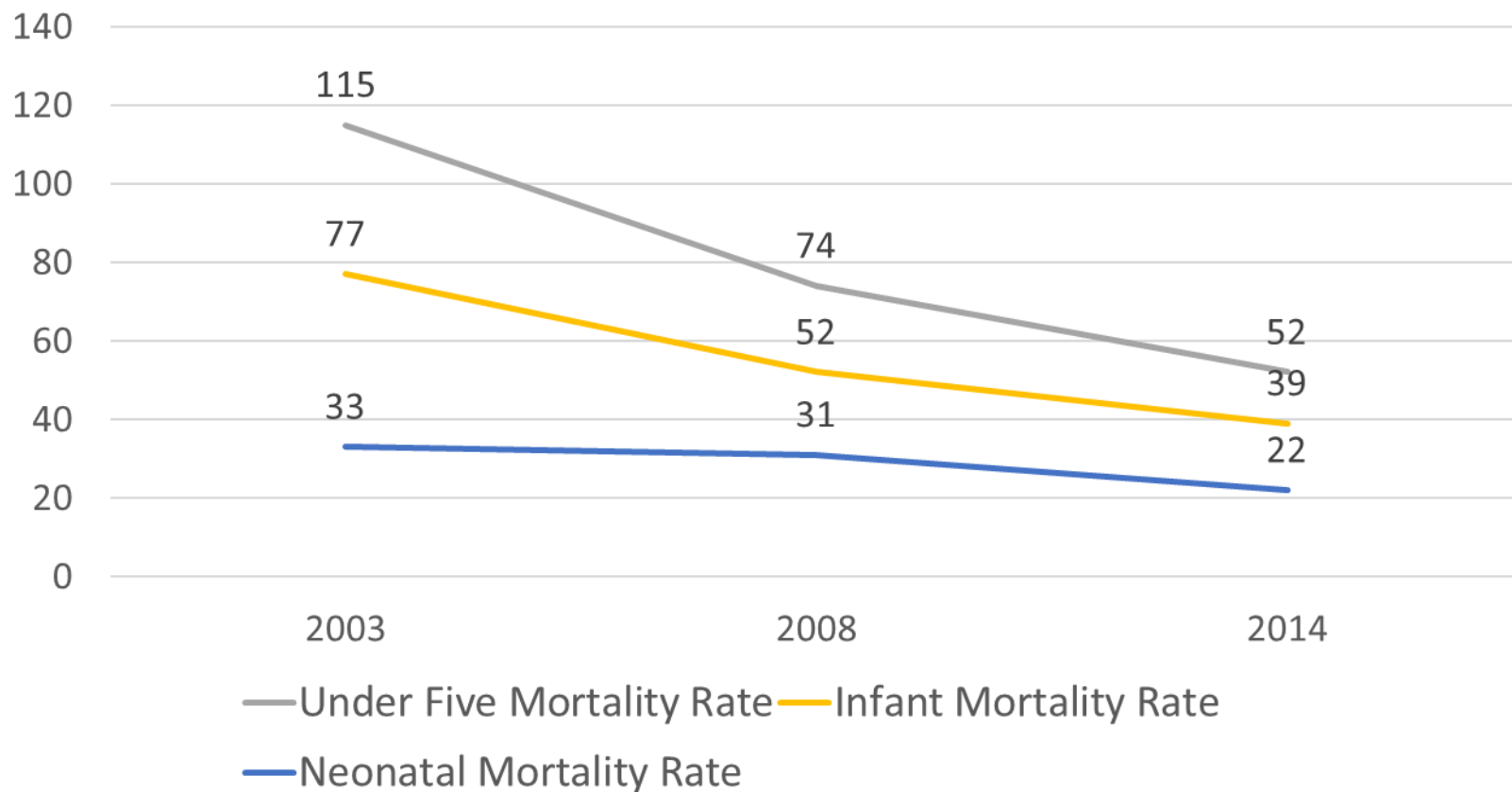
NEONATAL CHILD AND ADOLESCENT HEALTH UNIT
DIVISION OF FAMILY HEALTH
DEPARTMENT OF PREVENTIVE AND PROMOTIVE HEALTH
MINISTRY OF HEALTH, NATIONAL

OUTLINE OF THE PRESENTATION

- * Introduction
- * Burden of premature births in Kenya
- * Status of kangaroo Mother Care in Kenya

Trends of Childhood Mortality in Kenya

(Deaths per 1000 live births, Source: KDHS)



Premature births in Kenya

- * Kenya is ranked No. 15 globally with highest number of prematurity out of 188 countries
- * **183,600** preterm are born every year
- * Contributing to **12% of** under 5 mortality
- * Prematurity /LBW accounts for **25-30%** neonatal deaths

Preterm deaths in Kenya

Neonatal mortality has decreased in Kenya in the last decade, but more work is still needed to meet the vision 2030 target of 12/1000.

8,303

is the number of preterm babies who die within their first month of life every year.

Trends in neonatal death rate (per 1000 live births)

1999-2003

35

2004 - 2008

31

2010 - 2014

22



REPUBLIC OF KENYA



MINISTRY OF HEALTH

26

preterm babies die daily in Kenya.



Neonate

is defined as infant in the first 28 days after birth.

12

2030 goal

KANGAROO MOTHER CARE

- * High impact low cost intervention for management of low birth weight and premature newborns
- * Kangaroo Mother care" - can save 50% of these d
- * Kenya : Roll out since 2014



ESTABLISHMENT OF KMC IN KENYA

Where and How did start ?

- Process started with invitation of a team of expert from Malawi in 2014
- Team attended a stakeholders meeting on KMC
- * The first TOTs were trained (Nairobi and Bungoma County with support from UNICEF and Save the Children).
- * These TOTs went back to establish 1st KMC units in Bungoma and Nairobi County
- * There was need to have KMC clinical implementation guideline

CURRENT STATUS OF KMC

- * Newborn Working Group is an advocate for KMC
- * Country wide sensitization and advocacy on KMC
 - * Conferences (KPA, Midwives)
 - * Newborn forums
 - * County forums
- * Facility assessment for KMC preparedness done in 27 counties
 - * 30 counties have identified facilities for KMC implementation

Skin to skin for the win

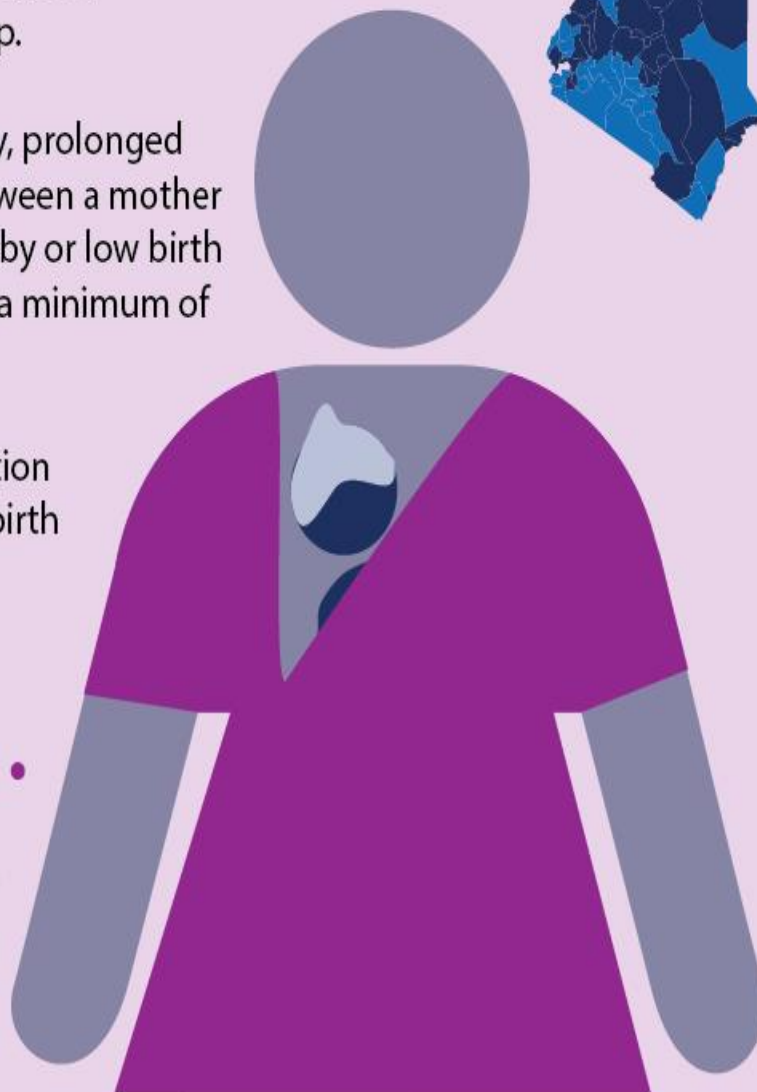
Preterm and low birth weight babies need extra care to keep warm and develop.

Kangaroo Mother Care (KMC) is early, prolonged continuous skin-to-skin contact between a mother or her surrogate and her preterm baby or low birth weight infant. It should be done for a minimum of 20 hours per day.

It is a low cost high impact intervention that saves lives of preterm and low birth weight babies.

Saving lives

A study in Ethiopia and 14 other developing countries found that KMC reduced death rates by half among stable preterm babies.



21 counties

out of 47 are implementing KMC in some of their facilities.

20 national

KMC master trainers.

119

health workers have been trained to train fellow health workers on KMC.

663

health workers have been trained at facility level to implement KMC.

REPUBLIC OF KENYA



MINISTRY OF HEALTH

To improve care & management of sick preterm / neonate

- ❖ Kenya has joined the Networks of Countries for improving Quality of Care for Maternal, Newborn & Child Health
- ❖ KMC: Clinical Implementation Guidelines for Health Workers (adopted from WHO)- launched & disseminated
- ❖ Neonatal guidelines - developed
- ❖ Basic Paediatric Protocols & PSBI Guidelines where referral is not possible
- * KMC Training Guidelines (facilitators guide, participants guide) – validated , awaiting launch & dissemination
- * Newborn register are now in place that will incorporate KMC indicators



Ministry of Health

Kangaroo Mother Care

Clinical Implementation Guidelines 2016



March 2016

CHX Cord Care

REVIEW OF EVIDENCE

- * Kenyan experts (Ministry of Health, Academia, Research NGO's) reviewed evidence to make recommendations on chlorhexidine
- * Evidence was reviewed from systematic reviews, Cochrane Review 2004 of 21 hospital studies , non-cochrane of 2003 , Randomised control trials from 5 hospital based RCTs and 3 Community RCTs

CHX UPDATES

- * It indicated that when CHX applied soon after cutting cord,
- * **it reduces infection by 68% and mortality by 23%.**
- * CHX 7.1% for cord care is available at KEMSA and other outlets.
- * More than half of the counties are using the commodity in some of their facilities

CHX GUIDELINES AND JOB AIDS



A guideline for the use of Chlorhexidine for newborn umbilical cord care in Kenya



April 2016

Annex 1: Application steps for Chlorhexidine gel to the newborn umbilical cord at time of delivery

Application steps for Chlorhexidine gel to the newborn umbilical cord at time of delivery

Use of 2% Chlorhexidine digluconate which contains 4% Chlorhexidine to prevent infection in newborns is recommended immediately after cord is cut.

1. Wash hands with soap and water for 20 seconds.
2. Open the cap and use the applicator to apply the gel to the umbilical cord.
3. Apply gel to the umbilical cord.
4. Rub the gel into the umbilical cord.

WARNING: Do not use Chlorhexidine gel on the face, eyes, ears, nose, mouth, or in the vagina.

Annex 3: Application steps for Chlorhexidine gel to the newborn umbilical cord in the immediate post delivery period

Application steps for Chlorhexidine gel to the newborn umbilical cord in the immediate post delivery period

Apply use of 2% Chlorhexidine digluconate which contains 4% Chlorhexidine to prevent infection in the newborn is recommended for 7 days or until the cord falls off.

1. Wash hands with soap and water for 20 seconds.
2. Open the cap and use the applicator to apply the gel to the umbilical cord.
3. Apply gel to the umbilical cord.
4. Rub the gel into the umbilical cord.

WARNING: Do not use Chlorhexidine gel on the face, eyes, ears, nose, mouth, or in the vagina.

Available in MOH website and as a Mobile app-
demo.kenyamedicine.info

Thank You !!!



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

* Photos courtesy of Save the Children