The Kangaroo Lounge Ecosystem:
Ensuring Fidelity and Quality of Kangaroo Mother Care at Scale

A Case Profile of the work of the Community Empowerment Lab and its partners in Uttar Pradesh, India

By Jasmine Lam, Nathaniel Foote, James Radner, Aarti Kumar, Vishwajeet Kumar, and the Saving Brains Learning Platform Team
October 8, 2021

Introduction: This case profile explores how the Community Empowerment Lab (CEL) supported a "win-win-win ecosystem" that successfully scaled Kangaroo Mother Care (KMC) in the state of Uttar Pradesh, India. The profile focuses on the scaling work during the years 2016 to 2019. KMC, based on skin-to-skin contact between infant and mother, is a remarkably effective approach to improving survival of low-birthweight infants. Yet bringing KMC to scale with fidelity and quality within a large health system is a complex challenge. CEL's approach to this challenge was to engage people throughout the system – from the leadership of the Ministry of Health, to the hospitals, the physicians, the nurses and other health workers, and including, critically, mothers and families – as co-owners of the intervention, in a way that respected the contribution of each while honoring, above all, the dignity and role of each mother with her infant. A central component of the strategy was the KMC lounge, a special hospital room where mothers and those serving them became VIPs, with their humanity fully recognized. The KMC lounge provided a setting to introduce and support high-quality, sustained skin-to-skin care.

The Context: Longstanding evidence indicates that by reducing risks like hypothermia and infection, good-quality KMC improves survival of low birthweight babies; in appropriate weight ranges, a 40% reduction in mortality is achievable.[1] On that basis, providing quality KMC to 90% of such babies would save 450,000 newborn lives every year worldwide. However, in 2014 KMC coverage was only 1% globally. Even as India was one of the first countries to adopt KMC as a universal strategy, KMC coverage has remained low there. In Uttar Pradesh (UP), the most populous state in India, KMC coverage in 2014 was negligible. Every year 200,000 newborns were lost in UP, [2] so the need and opportunity to improve survival could not have been more pressing.

[1] Conde-Aguedelo A, Díaz-rossello JL. Kangaroo mother care to reduce morbidity and mortality in low birthweight infants. *Cochrane Database Syst Rev* 2016: 1–149.
[2] Ministry of Health and Family Welfare - Government of India. India Newborn Action Plan (INAP). New Delhi, 2014 https://www.newbornwhocc.org/INAP_Final.pdf.

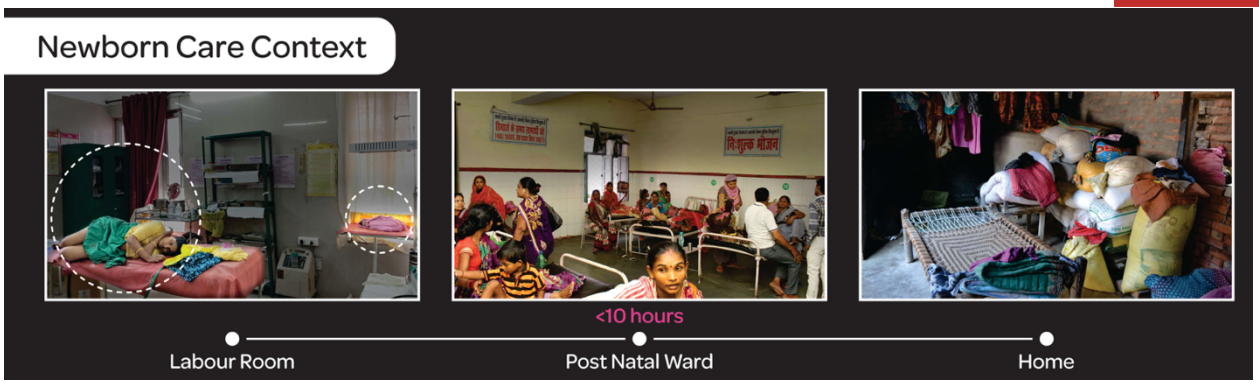


Figure 1: Newborn care context before the KMC pilot (Photo Credit: Community Empowerment Lab)

So why hadn't KMC scaled? As they began their scaling work in 2014, the CEL team identified 5 key challenges with existing scaling models that limited KMC's reach in Uttar Pradesh. First, KMC was ambiguously defined, viewed differently by different practitioners. Second, championship of KMC was typically limited to a few committed pediatricians and nurses, who, despite their dedication, could not on their own scale KMC across large health systems. Third, though mothers, with their babies, are at the center of KMC, in the society at large they are disempowered, and perceived as inferior: In hospital labour rooms, mothers and babies are frequently separated; postnatal care wards are crowded, and mothers want to leave quickly after giving birth, so there is little opportunity to work with them on KMC. Fourth, KMC was too often viewed narrowly, as a "technique," rather than broadly, as a behavior engaging the mother with her baby. Finally, the pre-existing models lacked systems to sustain and improve quality of delivery at scale. In light of these challenges, CEL asked: ***how can we design a scalable model for KMC that can reach every low birthweight baby?***

The Scalable Model & Impact: In 2016, CEL partnered with the UP government and the WHO to pilot KMC in 11 facilities in the Raebareli district. They introduced the scalable concept of the **Kangaroo Care (KMC) lounge**, a special room in the maternity ward where the mother is the VIP, feels empowered, and can practice KMC. Quality is tangible and visible in the lounge – the room is specially painted, with appropriate lighting and

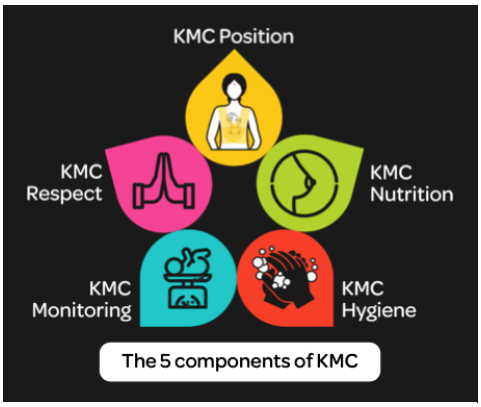


Figure 2: The Kangaroo Care Lounge: making KMC aspirational (Photo Credit: Community Empowerment Lab)

furniture; every mother and her baby are treated with the utmost respect, with access to high quality care and hygiene. The KMC lounge is inexpensive – at about $200 USD per hospital, the UP Ministry of Health comfortably supported scale-up of the lounge from its operating budget, so that the number of KMC lounges grew from 1 in 2016, to 170 in 2019.

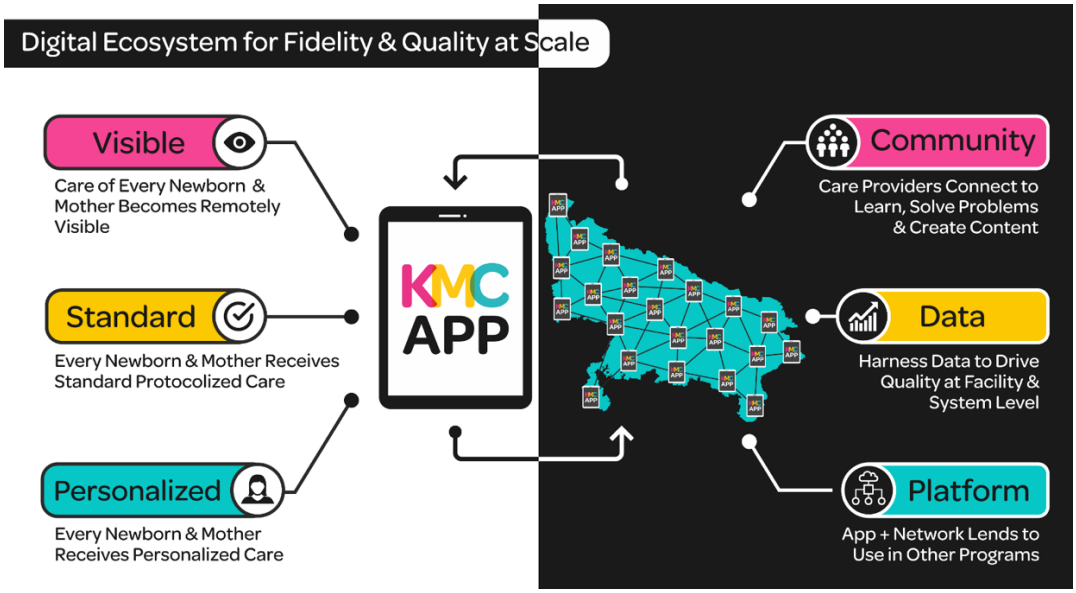
With the lounge as the initial setting – since KMC continues in the home – CEL identified 5 components of KMC:

1. **KMC Position**: >8 hours skin-to-skin contact.
2. **KMC Nutrition**: includes exclusive breastfeeding.
3. **KMC Hygiene**: ensuring hygienic practices.
4. **KMC Monitoring:** enabling fidelity and quality.
5. **KMC Respect:** fundamental to respect the mother and the baby.



(Image Credit: Community Empowerment Lab)

With this model in mind, CEL created a range of tools to support KMC nurses working on the front line of KMC service. CEL developed care protocols, posters, counseling materials, and quality improvement checklists, and brought the support system together in a special KMC mobile app. The KMC app, co-developed with nurses and pediatricians, guides the nurse through the KMC workflow with checklists, protocols, assessments, and nudges to standardize and personalize care for every newborn and mother. Data generated by the app, track care and quality, enabling real-time monitoring to sustain and improve quality at both the facility and health systems levels. In addition, the app facilitates a learning community where care providers can connect to one another to share insights and solve problems.



(Image Credit: Community Empowerment Lab)

Effective Scaling through Stakeholders: With the core elements of the KMC model in place, the program saw extraordinary success in scale-up within its target district. When the pilot began in 2016, there were no KMC services available in the 11 district facilities; by the end of the pilot period in 2019, KMC was initiated in 93.3% of <2,000g infants. A key to this extraordinary growth was engagement and co-ownership of all stakeholders, including mother and babies, community members, nurses and physicians, hospital leaders and administrators, and the UP Ministry of Health. While the KMC lounge is designed with the mother and baby at the centre, the KMC ecosystem as a whole aligns and brings value to all stakeholders, each of whom contributes to delivering, sustaining and scaling KMC. For each stakeholder, CEL carefully developed a value proposition that would resonate – "creating gains and reducing pains," as CEL put it – and shared credit, so that each stakeholder would win. The 5 perspectives listed below provide insight into CEL's success in scaling through stakeholders.

I'm not at the centre: CEL never saw itself as the centre of the KMC intervention. They intentionally "disowned" KMC and took a systems view where all stakeholders were aligned as co-owners. CEL saw the role that the media could play in generating support and reinforcing ownership of the initiative at both the community and political levels, by honoring the contribution of each stakeholder. For example, widely published success stories highlighted the Health Minister's role in leading KMC. Meanwhile, nurse training workshops invited community stakeholders to inaugurate KMC nurses and hand them KMC certificates, and other community and spiritual events also featured KMC. The KMC system thrived with centre stage taken not by CEL, but by other leading stakeholders, ultimately to the benefit of the most important stakeholders of all, the mothers and their children.

Understanding the motivations of stakeholders: The CEL team was intentional in identifying each stakeholder's underlying motivations and constraints, and they used that understanding, to develop for each stakeholder, a unique value proposition to accelerate scaling KMC. For example, the Minister of Health in UP had expressed her concern about infant mortality in the state, with UP regularly last among Indian states in newborn survival. Having understood this concern, CEL was able to engage with her around KMC as a vital way to improve UP state's newborn survival rate.

Value socially undervalued stakeholders: CEL went beyond a purely technical approach and creatively tapped human and social value, in particular by valuing mothers and the low-status health workers who serve them. KMC has been around for 40 years but has been historically seen as largely a technical intervention. However, CEL encouraged an alternative perspective that placed *respect* at core of the work. In KMC lounges, mothers who were

typically disempowered and socially undervalued, are treated like VIPs. This had a cascading effect on the KMC nurses who were caring for the mothers, who are in turn respected and empowered, both in the lounge and the entire training and process, including the KMC app. Valuing the most vulnerable and raising their position, recentered and reinvigorated the entire KMC system.

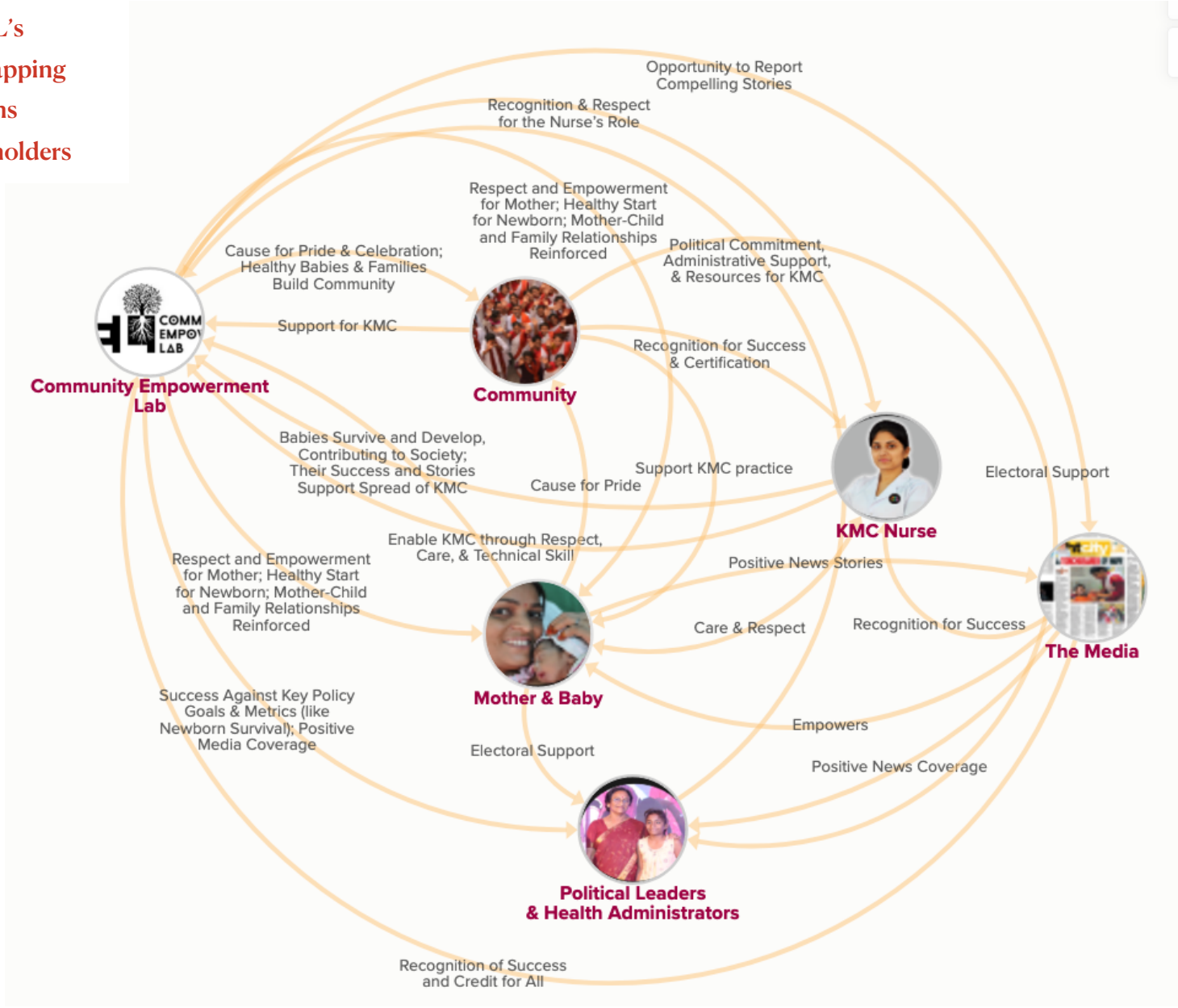
Designing a scalable approach to changing relationships: In specific, small-scale settings, program leaders can work directly to strengthen human relationships, for example mother-child interactions. But how do you do that in a way that can scale across large government or delivery systems? In CEL's case, the KMC lounge concept supported the whole set of relationships required to show respect to the mother. By embodying respect and dignity in an affordable strategy that an administrator or a political leader can commit to, the KMC lounge was a scalable way to support human relationships. In a complementary way, the newly developed KMC app provided a way to support each KMC nurse's caring relationship, incorporating both common quality standards and individual responsiveness.

Win-win-win: One way to summarize CEL's approach is to build on the common observation that "win-win" transactions, when both sides gain, are best for long-term sustainability. CEL did aim for a win-win relationship with each stakeholder, but they went beyond that in seeing the KMC initiative as a system, where the benefits were not unilateral or bilateral, but rather shared across all the stakeholders. The media stories, the KMC app, the focus on a shared goal of newborn survival, the engagement of nurses, communities and families in a way that honored each person's dignity, starting with the mother and baby in the KMC lounge – together, these generated not only a set of win-win results for different stakeholders, but what we might call a "win-win-win" for all.

Example of CEL's Value Created For and Contributed By Stakeholders

Stakeholder	Value Created for Stakeholder	Value Contributed by Stakeholder
Mother and baby	Respect and empowerment for mother; healthy start for newborn; Mother-child and family relationships reinforced	Babies survive and develop, contributing to society; their success and stories support spread of KMC
KMC Nurse	Support in carrying out job and in relationship with mother; Recognition & respect for the KMC nurse's role	Enable KMC through respect, care, & technical skill
Community	Cause for pride and celebration; Healthy babies & families build community	Recognition of nurses, support for mothers & babies
Political leaders and Health Administrators	Success against key policy goals & metrics (like newborn survival); Positive media coverage	Political commitment, administrative support, & resources for KMC
Media	Opportunity to report compelling stories	Recognition of success and credit for all

Example of CEL's Stakeholder Mapping and Connections Between Stakeholders



The work of the Saving Brains Learning Platform Team to engage with this innovation and prepare this profile was made possible by the support of Grand Challenges Canada (funded by the Government of Canada), Porticus, and the Saving Brains Partnership.

Unlocking the potential for development.

For more information about **Saving Brains** and **Grand Challenges Canada**, please visit: www.grandchallenges.ca

We extend a thank you to the **Community Empowerment Lab** for sharing their story. For more information about their work, please visit their website: https://www.community.org.in/

COMMUNITY EMPOWERMENT LAB