

# ANSH PROGRAM IMPLEMENTATION GUIDELINE

*Public version, some information and links redacted.*

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## ***Background***

Welcome to the Standardized Program Implementation Guideline for Kangaroo Mother Care (KMC). This guideline serves as a comprehensive overview of all program activities and resources. It is standardized and can be used as a reference for scaling up. This guideline is meticulously crafted to assist implementation team and administrative staff in effectively setting up and sustaining a KMC program tailored to meet the unique needs of a district hospital in Rajasthan. Our comprehensive approach encompasses every aspect of the program—from initial staff training and facility preparation to day to day activities of the coordination team. By adhering to these protocols, our aim is to ensure that every low birth and premature newborn benefits from the mortality and morbidity advantages of KMC, thereby fostering better health outcomes and enhancing the quality of neonatal care at the hospital. This guide will serve as the roadmap to implementing a successful, sustainable KMC program, grounded in the latest research and best practices tailored for resource-constrained settings.

This document and the resources attached are compiled through a collaborative effort, with contributions from implementing partners, knowledge partners, and volunteers. The design is heavily based on our learnings and experiments conducted in the two pilots in Pali and Baran districts in Rajasthan in 2024.

The implementation of this program is driven by a collaborative partnership between Ansh and a designated implementing partner. Under the supervision of Ansh, the implementing partner executes all activities detailed in this program design. Ansh plays a crucial role in the daily operations of the program and also conducts ongoing Monitoring and Evaluation to ensure effectiveness and adherence to the standards.

In addition to this guideline, the program's implementation is supported by three other critical resources:

- 1) Nursing Guideline: This document covers all healthcare-related procedures and troubleshooting aspects associated with Kangaroo Mother Care (KMC), providing nurses with detailed protocols to ensure effective implementation and problem resolution. It also includes best behavior change and counseling strategies that proved to be highly effective in our context and guidance on how to use the Ansh Application created for data collection.
- 2) M&E Guideline: This outlines Ansh's Monitoring and Evaluation Strategy, which is designed to ensure the program's effectiveness and compliance with established standards, enabling continuous improvement and accountability.
- 3) Program Coordinator Guideline: This comprehensive document is designed to provide a clear and structured approach to the responsibilities of the program coordinator of Ansh's KMC program in district hospitals of Rajasthan. The main purpose of this guideline is to support the program coordinator in completing all of her responsibilities & ensuring efficient running of the program.

**We have also used multiple online resources and guidelines:**

1. [Kangaroo Mother Care & Optimal Feeding of Low Birth Weight Infants: Operational Guidelines](#)
2. [Facility-Based Newborn Care Training Module for Doctors and Nurses](#)
3. [Family Participatory Care for Improving Newborn Health](#)
4. [Home-Based Kangaroo Mother Care](#)
5. WHO's [global position paper](#) and [implementation strategy](#)
6. [WHO Scale-up Toolkit](#)

**Our model is inspired by:**

1. Community Empowerment Lab: [A scalable health system model to achieve high coverage and quality of Kangaroo mother care in Uttar Pradesh, India](#)
2. [GiveWell incubated](#) r.i.c.e.'s work in Bahraich, Uttar Pradesh

**Research:**

1. A 2016 Cochrane review estimated that KMC reduces mortality among LBW infants by 40% at discharge or at 40–41 weeks postmenstrual age. Reduction in sepsis by 65%, hypothermia by 72%. At the latest follow-up, KMC was associated with a significantly decreased risk of mortality by **33%** and sepsis by 50% ([Cochrane Review, 2016](#)).
2. Immediate KMC (i.e. starting KMC as soon as possible after birth) for infants with a birth weight between 1.0 and 1.799 kg (i.e. meeting criteria for admission in newborn care unit) irrespective of clinical stability, decreases infant mortality by **25%** ([WHO Immediate KMC Study Group, 2021](#)).

## Pre-Set Up

As a first step towards testing the viability of a partnership between Ansh and your esteemed organization, we request you to provide us with the following:

1. Delivery Load and Low Birth Weight Prevalence of Dist./Sub-Dist/Janana Hospital you have proposed to work with. Also, check if any KMC is happening at the facility, and if so, how much and for how long per patient.
2. NMR of Dist./Sub-Dist/Janana Hospital you have proposed to work with.

**For these two steps,** we expect you to rely on your own resources and expertise.

Before finalizing a facility, use this Cost-effectiveness analysis to check if working in a particular hospital will be highly cost-effective.

Implementation partners are required to complete the due diligence. Please refer to our roles and responsibilities to understand more broadly how the partnership will work.

We hope that this document serves as a comprehensive guide and resource for you. In case you have any questions, or feel the need for additional information or documentation feel free to reach out to Ansh Staff.

## Ansh Model

Ansh functions as a technical partner on running a direct intervention on cost-effective Kangaroo Mother Care, in district and sub-district hospitals, by partnering with organizations based in the specific district, who have the experience of and capacity to run direct implementation interventions on equitable, dignified and low-cost healthcare programs.

*What is Kangaroo Mother Care?*

*Our main intervention is Kangaroo Care, a highly cost-effective and scientifically proven intervention for saving newborn lives. Kangaroo Care has three components:*

- 1) *Skin-to-Skin Contact: Skin-to-skin contact with the mother regulates the infant's body temperature, reducing hypothermia*
- 2) *Close Monitoring: Monitoring mothers and newborns for danger signs*
- 3) *Exclusive Breastfeeding: Exclusive breastfeeding provides benefits to the infant's immune system and helps in weight gain*

Ansh's KMC Program is implemented in two variations:

### **1) KMC in the PNCs (Postnatal Care Wards)**

*What is a PNC?*

- For the purpose of this document, PNC is to include any other wards such as gynecology ward, post-operative ward (Post-Op), etc where the baby may go after delivery.
- The government guidelines state that all babies and new mothers, regardless of stability or birth weight, should stay in the hospital in these wards for at least 48 hours for observation.

Model Details

- Babies below 1800g are referred to SNCU/NICU regardless of stability according to the government guidelines, hence, the babies usually found in PNCs and eligible for our program.
- Ansh provides trained nursing professionals, who are responsible for doing rounds in these wards to identify LBW babies and register them.
- Ansh's Nurses also provide counseling on Skin-to-Skin contact, Exclusive Breastfeeding, and Danger Signs monitoring to mothers and family members (of those babies who meet Ansh's admission criteria) in the wards.
- Ansh's Criteria for Admission are:
  - PNC Ward: 2200 grams or less birth weight
  - SNCU: 2500 grams or less birth weight OR 36 weeks or less Gestational Age
- **Those babies who fit Ansh's KMC Criteria, are given skin-to-skin contact by their mothers/available family members in the PNC wards itself. The nurses also keep track of breastfeeding, and vitals and monitor the babies for danger signs.**
- We provide backrests, plastic recliner chairs, a sling, cap, mittens, and gloves as well as a temperature monitoring watch for the baby, to facilitate ease of providing Kangaroo Mother Care to the baby.

## 2) KMC in the NICUs

### *What is a NICU?*

- For the purpose of this document, NICU is to include any other intensive care units such as NICU, SNCU, FBNC etc where the baby may go after delivery, in case they need extra/intensive care.
- The government guidelines state that all babies under the weight of 1800 grams, regardless of stability, should be referred to NICU/SNCU or any other intensive care unit. No baby below the weight of 1500 grams should be discharged from these units.

### Model Details

- Ansh provides trained nursing professionals, who are responsible for doing rounds in these intensive care units to identify LBW babies and register them.
- Ansh's Nurses also provide counselling on Skin to Skin contact, exclusive Breastfeeding and Danger Signs monitoring to mothers and family members (of those babies who meet Ansh's admission criteria) in the step down wards assigned to the mother by the hospital.
- **Those babies who fit Ansh's KMC Criteria, are given skin-to-skin contact by their mothers/available family members in the NICU itself. This happens either in the breastfeeding rooms or KMC rooms of SNCU/NICU or in the SNCU/NICU itself by the warmers/incubators. The nurses also keep track of breastfeeding, vitals and monitor the babies for danger signs.**
- We provide plastic recliner chairs, a sling, cap, mittens and gloves as well as a temperature monitoring watch for the baby, to facilitate ease of providing Kangaroo Mother Care to the baby.

*\*For more information on Ansh refer to our [website](#).*

# Set Up

## 1) Facility Assessment

A thorough assessment of the facility needs to be conducted by the implementing partner to ensure readiness for program implementation. Through the facility assessment, we aim to establish

- a) Total number of rooms we need to be working in (PostNatal Wards, Post Operative Wards, and Intensive Care Units (NICUs/SNCUs)
- b) Total number of deliveries and prevalence of low birth weight (for hiring and inventory)
- c) Information on the protocols of the hospitals and key contacts

## 2) Budget and Inventory

- a) Prepare a list of essential inventory items required for program implementation based on facility assessment, including weighing machines, flipbooks, and other IEC materials.
- b) Estimate the number of babies per month and the expected number of nurses to be hired.

Get the budget approved by Ansh.

## 3) Hiring

Our program requires hiring one program coordinator and a team of nurses (the number of nurses is dependent on the size of the hospital and the prevalence of LBW infants).

We prioritise hiring nurses locally and ensure that all nurses are of the same medical designation (Auxiliary Nurse Midwife or ANM) and have at least 1 to 2 years of relevant experience.

For program coordinators, we prioritize hiring from the same state as hiring within the same district is rarely ever feasible. Experience in management, senior nursing, Bachelor in Nursing, or Public Health background is prioritised. Experience in maternal and newborn health care is preferable.

Program Coordinator should ideally join a week before the program start date. Nurses should join on from the day of training, so before the program start date.

We provide full details for our standardize Hiring Process and follow this Outline:

1. Job Description in English & Hindi
2. Application Form
3. Screening Call
4. Test Task with predefined Scoring System
5. Final Interview
6. Reference Check

## 4) Human Resource Management

The implementing staff is onboarded by the implementing partner, who also takes care of the paperwork and legal necessities for such staff. Please share your policy manual with Ansh.

Ansh's has a Policy Manual for KMC nursing staff. This covers policies for implementing staff which are unique to the KMC programs and are derived on the basis of the requirements of Ansh's KMC programs and implementing partner's existing policies. This also includes procedures to be used for setting the shifts (i.e. a roster) and leave policy for the nurses. The hospital should be staffed with KMC nurses 24 hours a day and 7 days a week, including public holidays.

Ansh's Standards of Care document acts as a guide to understand the expectation of standard of care that Ansh has for its KMC program.

Ansh provides a WhatsApp AI Chat Bot for Nurses and Mothers to assist them with any questions around KMC, breastfeeding and danger signs in written, voice and video format.

### 5) Set up of the facility + Program Coordinator Onboarding

a) Set up the furniture, equipment, and stocks procured.

The implementation partner is responsible for the set up of the KMC facilities including, but not limited to, nursing desks and chairs, KMC chairs in the designated rooms, weighing machines on stable surfaces, IEC materials, portable projector, and inventory in a cupboard with a lock. We provide a Checklist of Printables for Set Up + Running.

b) There are multiple nurses per shift in the hospital, and we acquire tablets for data collection and phone follow-ups. These tablets need to be set up with Ansh Application, working SIM cards with internet connection, and other offline resources like videos on KMC and monitoring of danger signs.

c) The program coordinator is responsible for ensuring that all the nurses set up Ansh's KMC bot on their personal whatsapp, so that the nurse can refer to it whenever they need support.

### 6) Hospital Orientation and Introduction

Ideally, arrange an induction session with all key hospital personnel and staff to inform them about the program objectives and implementation plan. **This should happen before the in-person training.** The Program Coordinator and nurses should also attend the orientation.

In case an induction is not possible, the program coordinator team should go to each key personnel and staff, hand them an introductory pamphlet with the information on the program, and introduce the program and its objectives.

Key Hospital Staff to be informed: Paediatricians, Gynecologists, lactation counsellors, Yashoda Maas, cleaners, PNC nurses, SNCU nurses, PNC and SNCU in charge, Matron of the hospital.

### 7) Healthcare Worker Training

Training of the nurses will be arranged by Ansh and will cover the nursing guideline booklet. Ansh has an in-house trainer that will be training all the nurses in the facilities, will help nurses with troubleshooting, and hold regular online weekly counselling sessions.

The implementation partners should prepare these for the training of nurses:

- ☐ A conference room, preferably in the hospital as that would be free of cost
- ☐ Food arrangements for the staff

- ☐ Ensure that the training space has power back up, so training is not interrupted
- ☐ Decide on a place within the room where laptop, projector, chairs etc can be set up effectively
- ☐ Invitations to important government stakeholders to inaugurate the program/training
- ☐ Item availability as mentioned in the session plans

***After the in person training, Ansh's team members will stay on the site to support with initial implementation, specifically with counseling and KMC practices.***