**Daily reporting format for Implementation Support Team**

**(To be filled by IS team Supervisor)**

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| **Date** |  | **Name of Facility** |  | | |
| **Reportable items** | | | | **Number** | |
| **In the KMC facility** | | | | | |
| Total number of deliveries in the facility | | | | | * Normal delivery-- * Caesarean-- |
| Total number of infants <2000 grams delivered in the facility | | | | |  |
| Number of infants <2000 grams admitted in SNCU | | | | | * Inborn--- * Out born--- * Referred Out--- |
| How many random observations in the KMC unit were made by study team | | | | |  |
| What were the key observations during the random visits to KMC unit (how many mothers giving KMC; whether any nurse/counsellor present) | | | | |  |
| Number of babies in KMC unit | | | | | * New admissions— * Total Babies-- |
| Number of mothers counselled on KMC at the time of admission to KMC unit | | | | |  |
| Number of fathers counselled on KMC at the time of admission to KMC unit | | | | |  |
| Was the routine counselling on KMC done (Yes/No) | | | | |  |
| How many mothers received routine counselling out of total | | | | |  |
| During routine counselling was any of the family member counselled who is primarily involved in care of New Born & Mother | | | | |  |
| Was any of the family member counselled who is primarily involved in care of New Born & Mother | | | | |  |
| How many babies were discharged / LAMA from KMC unit | | | | | * Discharged – * LAMA -- |
| Of the mothers discharged, how many were counselled for KMC at the time of discharge | | | | |  |
| During discharge counselling how many fathers / family members counselled | | | | |  |
| Duration of stay in the KMC unit (in days) (mention separately for all mothers that were discharged) | | | | | \_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_ |
| How many KMC monitoring forms were checked today for completeness | | | | |  |
| Out of the KMC monitoring forms checked, how many were found incomplete | | | | |  |
| **In community** | | | | | |
| How many mothers with infants <2kg were visited/of total mothers | | | |  | |
| How many mothers were practicing KMC at home/of the total mothers | | | |  | |
| What were the key problems and challenges faced while doing KMC at home | | | |  | |
| How many mothers were visited by ASHA at home and counselled about KMC | | | |  | |

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| **In KMC Facility** | | |
| **Issues** | **Action Taken** | **Outcome** |
|  |  |  |
| **In Community** | | |
| **Issues** | **Action Taken** | **Outcome** |
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