**FORM 1E: Formative Research: Kangaroo Mother Care (KMC) Health System Assessment for Health Center and Hospital**

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|  | **Item** | **Option** | **Response** |
| **I** | **Identification** |  |  |
| 1 | Region | 1. Tigray 2. Amhara3. Oromia  4. SNNP | | \_\_\_ | |
| 2 | Health Facility Type  | 1. Health Center 2. Hospital |  |
| 3 | Zone Code |   | | \_\_\_ |\_\_\_| |
| 4 | Woreda Code |   | | \_\_\_ |\_\_\_|\_\_\_| |
| 5 | Health Facility Code |   | | \_\_\_ |\_\_\_|\_\_\_|\_\_\_| |
| 6 | Date of Interview | DD/MM/YY | | \_\_\_ |\_\_\_|\_\_\_| |
| 7 | Time interview started | Hours|Minutes | | \_\_ \_\_ |\_\_ \_\_|  |
| 8 | Time interview completed | Hours|Minutes | | \_\_ \_\_ |\_\_ \_\_|  |
|  | **Item** | **Response** |  | **Item** | **Response** |
| **I** | **Demographic Information** |
| 1 | Total Population |   | 6 | Estimated pregnancy |  |
| 2 | Total number of HHs |   | 7 | Estimated delivery |  |
| 3 | Under 5 children |   | 8 | Estimated LBW baby |  |
| 4 | Under 1 year children |   | 9 | # of catchment HPs |  |
| 5 | Under 1 month Children |   |  |  |  |
| **II** | **Human Resource** |  |
| 1 | # of Pediatricians |   | 7 | # of SMSs in the HC |  |
| 2 | # of Obstetrician |  | 8 | Is there HEWs supervisor? | 1=Yes 2=No |
| 3 | # General Practitioner  |  | 9 | Is there HMIS focal person? | 1=Yes 2=No |
| 4 | # of Midwives |   | 10 | Is there PMT? | 1=Yes 2=No |
| 5 | # of Health Officers |  | 11 | Is the PMT functional? | 1=Yes 2=No |
| 6 | # of Nurses |  |  |  |  |
| **III** | **Training** |  |  |  |  |
| 1 | **Do the HWs receive training on KMC/KMC specific training?** | 1=Yes 2=No | 2 | **Do the HWs receive training on KMC/with other program?** | 1=Yes 2=No |
| a | # of HWs trained |  | a | # of HWs trained |  |
| b | Where was it conducted? |  | b | Where was it conducted? |  |
| c | Who trained them? |   | c | Who trained them? |  |
| d | When was the training?  |   | d | When was the training?  |  |
| e | For how long was it provided? |   | e | For how long was it provided? |  |
| f | Were you supplied with training manuals? Other documents? Recording tools? |  | f | Were you supplied with training manuals? Other documents? Recording tools? |  |
| g |  # of LBW/preterm babies identified during the training |  | g |  # of LBW/preterm babies identified during the training |  |
| h |  # of LBW/preterm babies received KMC in the training |  | h |  # of LBW/preterm babies received KMC in the training |  |
| i |  # of LBW/preterm babies followed? |  | i |  # of LBW/preterm babies followed? |  |
| **IV** | **Furnished KMC Unit (observe)** |
| 1 | **Does the HC/Hospital** |  **1=Yes 2=No** |  |   | **1=Yes 2=No** |
| a | Room that can accommodate 2-4 beds |  | l | Alternative power source (generator or solar power) |  |
| b | Room well illuminated |  | m | Mattress |  |
| c | Closable windows |  | n | Enough pillow (two or more) |  |
| d | Head adjustable bed |  | o | Bed sheets |  |
| e | Side cupboard |  | p | Adult blanket |  |
| f | Easy chairs |  | q | Baby blanket |  |
| g | Office chairs |  | r | Dust bin |  |
| h | Privacy curtains |  | s | Refrigerator |  |
| i | Within easy reach toilet |  | t | AV aids (TV and CD player) |  |
| j | Bath room/shower |  | u | Standard KMC guide/Protocol |  |
| k | Running water and soap |  |  |  |  |
| **V** | **Equipment and supplies (Observe)** |
| **1** | **Does the HC/Hospital has** |  **1=Yes 2=No** |  |   | **1=Yes 2=No** |
| a | Weighing scale (Infant) |  | l | Pediatric size NGT  |  |
| b | Radiant heater |  | m | Syringe and needle |  |
| c | Incubator |  | n | Infusion pump |  |
| d | Oxygen cylinder |  | o | IP utensils |  |
| e | Oxygen concentrator |  | p | Disposable and sterile glove |  |
| f | Room Thermometer |  | q | Cotton and gauze |  |
| g | Low reading thermometer |  | r | Measuring tape |  |
| h | Pediatrics Stethoscope |  | s | Safety box |  |
| i | Bag/mask |  | t | Gown for mother |  |
| j | Cleaning agents, disinfectant (alcohol, bleach, ..) and soap |  | u | Newborn clothes (diaper, cap and socks) |  |
| k | Feeding cups |  | v | Protective gown for HWs |  |
| **VI** | **Medicines** |
| **1** | **Does the HC/Hospital has** |  **1=Yes 2=No** |  |   | **1=Yes 2=No** |
| a | I/V fluids |  | k | Aminophylline/ caffeine |  |
| b | Oxygen  |  | l | Anticoagulants |  |
| c | Pain medications |  | m | Dopamine |  |
| d | Anti-allergic/ Medications used in anaphylaxis |  | n | Dobutamine |  |
| e | Antibiotics |  | o | Epinephrine |  |
| f | Anticonvulsants/ anti-epileptics |  | p | Eye prophylaxis |  |
| g | Blood products/plasma substitutes |  | q | Insulin drip |  |
| h | Vitamin K |  | r | Sodium bicarbonate |  |
| i | Gentian violet |  | s | Prostaglandins |  |
| j | Bronchodilators (Asthalin etc.) |  | t | Steroids |  |
| **VII** | **KMC Service** |
| **1** | **Does the HC/Hospital provide**  |  **1=Yes 2=No** |  |   | **1=Yes 2=No** |
| a | BEmONC/CEmONC service |  | h | Perform neonatal resuscitation |  |
| b | Admission service (pediatrics) |  | i | Check baby vital sign regularly |  |
| c | NICU service |  | j | Support on KMC positioning |  |
| d | Newborn corner |  | k | Counseling at discharge  |  |
| e | KMC service |  | l | Demonstrate and support mothers on STS |  |
| f | Initial counseling on KMC |  | m | Demonstrate and support mothers on BF  |  |
| g | Routine education about KMC |  |  |  |  |
| **VIII** | **KMC service follow up** |
| **1** | **Does the HC/Hospital provide**  |  **1=Yes 2=No** |  |   | **1=Yes 2=No** |
| a | Follow up in the KMC unit |  | f | Update records after follow up |  |
| b | HF keep physical address of babies |  | g | Follow the # of hours the mother was on STS |  |
| c | Assign staffs by catchment |  | h | Follow frequency of BF |  |
| d | Conduct home visit after discharge |  | i | Conduct Periodic inventory of KMC service |  |
| e | Linking the woman with catchment HP |  |  |  |  |
| **IX** | **IEC materials, Management Protocol, Documentation and Reporting** |
|  | **The HC/Hospital has** |  **1=Yes 2=No** |  |   | **1=Yes 2=No** |
| A | KMC leaflet |  | g | Feeding chart |  |
| B | KMC eligibility criteria |  | h | Weight monitoring chart |  |
| C | List of danger signs |  | i | Standard KMC indicators |  |
| D | KMC posters |  | j | Display KMC performance |  |
| E | KMC register |  | k | KMC report |  |
| F | Follow up form |  |  |  |  |
| **X** | **Last three months performance** |
|  | **Indicators** | **June** | **July** | **August** | **Remark** |
| a | # of pregnant women identified |  |  |  |  |
| b | # of identified PW who received KMC info during ANC |  |  |  |  |
| c | # of women with ANC I |  |  |  |  |
| d | # of women with >= 4 ANC |  |  |  |  |
| e | # of PW supplemented with Iron |  |  |  |  |
| f | # of births attended at the health facility |  |  |  |  |
| g | # of live born babies who were weighed at birth |  |  |  |  |
| h | # of babies identified as <2000g from those weighed |  |  |  |  |
| I | # of babies with <2000g weight who were referred from home or non-KMC facility  |  |  |  |  |
| j | # of newborns <2,000g born in the KMC facility who were initiated KMC |  |  |  |  |
| k | # of newborns <2,000g who were referred from non-KMC facility and who were initiated on KMC  |  |  |  |  |
| l | # of newborns <2,000g who were referred to NICU  |  |  |  |  |
| m | # of newborns on whom KMC was initiated who are monitored by facility nurses according to protocol |  |  |  |  |
| n | # of newborns discharged according to criteria |  |  |  |  |
| o | # of newborns left against medical advice |  |  |  |  |
| p | # of newborns referred out |  |  |  |  |
| q | # of newborns died before discharge |  |  |  |  |
| r | Duration of stay in facility |  |  |  |  |
| s | # of newborns discharged from facility receiving KMC who received follow-up per protocol (either at facility or in community by HEW |  |  |  |  |
| t | # of health worker supervisors KMC mentoring HEWs in catchment area |  |  |  |  |