**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. Amhara  3. 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 | | | | |  | |  |  | |  |