**KMC MENTORS WEEKLY PERFORMANCE REPORT**

Name of Health facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reporting period: From \_\_/\_\_/\_\_\_to \_\_/\_\_/\_\_\_

Name of facility mentor compiled the report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sig.\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many babies have been on KMC in last Week ? \_\_\_\_\_\_\_\_\_
2. Number of New babies admitted to KMC unit this week? \_\_\_\_\_\_\_\_\_\_
3. Total Number of babies on KMC this week(until compiling this report) \_\_\_\_\_\_\_\_\_\_

**4. Duration of KMC by each baby?**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of baby | Day 1 | | Day 2 | | Day 3 | | Day 4 | | Day 5 | | Day 6 | | Day 7 | |
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Baby 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Baby 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Baby 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Baby 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Baby 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Baby 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. Were there any babies discharged from the unit during reporting period? Yes\_\_\_ No \_\_\_\_(√)
2. If yes, what was the duration on KMC? (in days) \_\_\_\_\_\_\_\_
3. Which discharge criteria were fulfilled? (Write for each baby)

|  |  |
| --- | --- |
| **Baby identifier** | **Criteria fulfilled** |
| Baby 1 |  |
| Baby 2 |  |
| Baby 3 |  |
| Baby 4 |  |
| Baby 5 |  |
| Baby 6 |  |
| Baby 7 |  |

1. What problems were faced?(please be specific)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Mention actions taken to address the problems\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Action plan for next week.