**5A - KMC Unit record evaluation form:** To be filled by PL team member after 24 hrs of admission in KMC unit **(7AM – 7AM previous 24 hrs)**

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| **Sr. No.** | **Basic details** | | **SSC** | | | | | | | **Feeding** | | | | | |
|  | **Baby details**  **( ID )** |  | **Source:** | Date of data collection | Age at initiation (In hrs) | Given by Mother | Duration | Given by other (Specify) | Duration | Age at initiation (In hrs) | EBF | Frequency | Top Milk | Type of Milk | Frequency |
| **DOB** |  | **IS Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Birth Weight** |  |
| **DOA in KMC Unit** |  | **Facility staff** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Weight on admission** |  |
| **Today`s weight** |  | **PL Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Previous day weight** |  |
| **Remarks / Additional information** (If No EBF / Shorter or longer duration of SSC) | | | | | | | | | | | | | | | |
|  | **Baby details**  **( ID )** |  | **Reported By:** | Date of data collection | Age at initiation (In hrs) | Given by Mother | Duration | Given by other (Specify) | Duration | Age at initiation (In hrs) | EBF | Frequency | Top Milk | Type of Milk | Frequency |
| **DOB** |  | **IS Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Birth Weight** |  |
| **DOA in KMC Unit** |  | **Facility staff** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Weight on admission** |  |
| **Today`s weight** |  | **PL Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Previous day weight** |  |
| **Remarks / Additional information** (If No EBF / Shorter or longer duration of SSC) | | | | | | | | | | | | | | | |
|  | **Baby details**  **( ID )** |  | **Reported By:** | Date of data collection | Age at initiation (In hrs) | Given by Mother | Duration | Given by other (Specify) | Duration | Age at initiation (In hrs) | EBF | Frequency | Top Milk | Type of Milk | Frequency |
| **DOB** |  | **IS Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Birth Weight** |  |
| **DOA in KMC Unit** |  | **Facility staff** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Weight on admission** |  |
| **Today`s weight** |  | **PL Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Previous day weight** |  |
| **Remarks / Additional information** (If No EBF / Shorter or longer duration of SSC) | | | | | | | | | | | | | | | |

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| **Sr. No.** | **Basic details** | | **SSC** | | | | | | | **Feeding** | | | | | |
|  | **Baby details**  **( ID )** |  | **Source:** | Date of data collection | Age at initiation (In hrs) | Given by Mother | Duration | Given by other (Specify) | Duration | Age at initiation (In hrs) | EBF | Frequency | Top Milk | Type of Milk | Frequency |
| **DOB** |  | **IS Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Birth Weight** |  |
| **DOA in KMC Unit** |  | **Facility staff** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Weight on admission** |  |
| **Today`s weight** |  | **PL Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Previous day weight** |  |
| **Remarks / Additional information** (If No EBF / Shorter or longer duration of SSC) | | | | | | | | | | | | | | | |
|  | **Baby details**  **( ID )** |  | **Reported By:** | Date of data collection | Age at initiation (In hrs) | Given by Mother | Duration | Given by other (Specify) | Duration | Age at initiation (In hrs) | EBF | Frequency | Top Milk | Type of Milk | Frequency |
| **DOB** |  | **IS Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Birth Weight** |  |
| **DOA in KMC Unit** |  | **Facility staff** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Weight on admission** |  |
| **Today`s weight** |  | **PL Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Previous day weight** |  |
| **Remarks / Additional information** (If No EBF / Shorter or longer duration of SSC) | | | | | | | | | | | | | | | |
|  | **Baby details**  **( ID )** |  | **Reported By:** | Date of data collection | Age at initiation (In hrs) | Given by Mother | Duration | Given by other (Specify) | Duration | Age at initiation (In hrs) | EBF | Frequency | Top Milk | Type of Milk | Frequency |
| **DOB** |  | **IS Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Birth Weight** |  |
| **DOA in KMC Unit** |  | **Facility staff** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Weight on admission** |  |
| **Today`s weight** |  | **PL Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Previous day weight** |  |
| **Remarks / Additional information** (If No EBF / Shorter or longer duration of SSC) | | | | | | | | | | | | | | | |

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| **Sr. No.** | **Basic details** | | **SSC** | | | | | | | **Feeding** | | | | | |
|  | **Baby details**  **( ID )** |  | **Source:** | Date of data collection | Age at initiation (In hrs) | Given by Mother | Duration | Given by other (Specify) | Duration | Age at initiation (In hrs) | EBF | Frequency | Top Milk | Type of Milk | Frequency |
| **DOB** |  | **IS Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Birth Weight** |  |
| **DOA in KMC Unit** |  | **Facility staff** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Weight on admission** |  |
| **Today`s weight** |  | **PL Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Previous day weight** |  |
| **Remarks / Additional information** (If No EBF / Shorter or longer duration of SSC) | | | | | | | | | | | | | | | |
|  | **Baby details**  **( ID )** |  | **Reported By:** | Date of data collection | Age at initiation (In hrs) | Given by Mother | Duration | Given by other (Specify) | Duration | Age at initiation (In hrs) | EBF | Frequency | Top Milk | Type of Milk | Frequency |
| **DOB** |  | **IS Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Birth Weight** |  |
| **DOA in KMC Unit** |  | **Facility staff** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Weight on admission** |  |
| **Today`s weight** |  | **PL Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Previous day weight** |  |
| **Remarks / Additional information** (If No EBF / Shorter or longer duration of SSC) | | | | | | | | | | | | | | | |
|  | **Baby details**  **( ID )** |  | **Reported By:** | Date of data collection | Age at initiation (In hrs) | Given by Mother | Duration | Given by other (Specify) | Duration | Age at initiation (In hrs) | EBF | Frequency | Top Milk | Type of Milk | Frequency |
| **DOB** |  | **IS Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Birth Weight** |  |
| **DOA in KMC Unit** |  | **Facility staff** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Weight on admission** |  |
| **Today`s weight** |  | **PL Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Previous day weight** |  |
| **Remarks / Additional information** (If No EBF / Shorter or longer duration of SSC) | | | | | | | | | | | | | | | |

**5B- KMC Unit record evaluation form:** To be filled by PL team member at the time of discharge from KMC unit **(7AM – 7AM previous 24 hrs)**

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| **Sr. No.** | **Basic details** | | **SSC** | | | | | | | **Feeding** | | | | | |
|  | **Baby details**  **( ID )** |  | **Reported By:** | Date of data collection | Age at initiation (In hrs) | Given by Mother | Duration | Given by other (Specify) | Duration | Age at initiation (In hrs) | EBF | Frequency | Top Milk | Type of Milk | Frequency |
| **DOB** |  | **IS Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Birth Weight** |  |
| **DOA in KMC Unit** |  | **Facility staff** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Weight on admission** |  |
| **Today`s weight** |  | **PL Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Previous day weight** |  |
| **Remarks / Additional information** (If No EBF / Shorter or longer duration of SSC) | | | | | | | | | | | | | | | |
|  | **Baby details**  **( ID )** |  | **Reported By:** | Date of data collection | Age at initiation (In hrs) | Given by Mother | Duration | Given by other (Specify) | Duration | Age at initiation (In hrs) | EBF | Frequency | Top Milk | Type of Milk | Frequency |
| **DOB** |  | **IS Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Birth Weight** |  |
| **DOA in KMC Unit** |  | **Facility staff** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Weight on admission** |  |
| **Today`s weight** |  | **PL Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Previous day weight** |  |
| **Remarks / Additional information** (If No EBF / Shorter or longer duration of SSC) | | | | | | | | | | | | | | | |
|  | **Baby details**  **( ID )** |  | **Reported By:** | Date of data collection | Age at initiation (In hrs) | Given by Mother | Duration | Given by other (Specify) | Duration | Age at initiation (In hrs) | EBF | Frequency | Top Milk | Type of Milk | Frequency |
| **DOB** |  | **IS Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Birth Weight** |  |
| **DOA in KMC Unit** |  | **Facility staff** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Weight on admission** |  |
| **Today`s weight** |  | **PL Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Previous day weight** |  |
| **Remarks / Additional information** (If No EBF / Shorter or longer duration of SSC) | | | | | | | | | | | | | | | |

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| **Sr. No.** | **Basic details** | | **SSC** | | | | | | | **Feeding** | | | | | |
|  | **Baby details**  **( ID )** |  | **Reported By:** | Date of data collection | Age at initiation (In hrs) | Given by Mother | Duration | Given by other (Specify) | Duration | Age at initiation (In hrs) | EBF | Frequency | Top Milk | Type of Milk | Frequency |
| **DOB** |  | **IS Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Birth Weight** |  |
| **DOA in KMC Unit** |  | **Facility staff** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Weight on admission** |  |
| **Today`s weight** |  | **PL Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Previous day weight** |  |
| **Remarks / Additional information** (If No EBF / Shorter or longer duration of SSC) | | | | | | | | | | | | | | | |
|  | **Baby details**  **( ID )** |  | **Reported By:** | Date of data collection | Age at initiation (In hrs) | Given by Mother | Duration | Given by other (Specify) | Duration | Age at initiation (In hrs) | EBF | Frequency | Top Milk | Type of Milk | Frequency |
| **DOB** |  | **IS Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Birth Weight** |  |
| **DOA in KMC Unit** |  | **Facility staff** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Weight on admission** |  |
| **Today`s weight** |  | **PL Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Previous day weight** |  |
| **Remarks / Additional information** (If No EBF / Shorter or longer duration of SSC) | | | | | | | | | | | | | | | |
|  | **Baby details**  **( ID )** |  | **Reported By:** | Date of data collection | Age at initiation (In hrs) | Given by Mother | Duration | Given by other (Specify) | Duration | Age at initiation (In hrs) | EBF | Frequency | Top Milk | Type of Milk | Frequency |
| **DOB** |  | **IS Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Birth Weight** |  |
| **DOA in KMC Unit** |  | **Facility staff** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Weight on admission** |  |
| **Today`s weight** |  | **PL Team** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Previous day weight** |  |
| **Remarks / Additional information** (If No EBF / Shorter or longer duration of SSC) | | | | | | | | | | | | | | | |

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| **Monthly Report** | | | | |
| **Name of KMC Facility** | |  | | |
| **Period of data collection** | **From:** | | **To:** | |
| **Submitted by:** | **Name:** | | **Code:** | |
| Total No. of babies admitted | | | |  |
| Total no. of babies whose information taken after 24 hrs of admission | | | |  |
| Total No. of babies discharged | | | |  |
| Total no. of babies whose information collected at the time of discharge | | | |  |
| **Remarks / Additional information** | | | | |