**OBSERVATION CHECK LIST**

**Observation checklist of mothers and caregivers who provided KMC to a preterm or LBW baby.**

**The main focus areas of observation are; maternal KMC practice, family support, health workers activities and record review (duration registration). The observation will be made 3 to 4 times in the working hours, each observation takes 45 minutes.**

**Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ KMC site …………………..**

|  |  |  |  |
| --- | --- | --- | --- |
| Observation unit | Observation variables | Response | Remark |
| Mother | Baby on KMC | Yes  No |  |
| KMC position is appropriate | 1. Yes  2. No |  |
| If baby is not on KMC, most likely reasons for not baby is on KMC | 1. Baby is on breast feeding 2. Mother is eating 3. Mother or baby on medication   Other, if any (to be interviewed at the end of the day) …………… | Response to if any ………………………… |
| Estimated duration that baby is on KMC/ day | …………………………………… |  |
| Family members /attendant/ | Attendant is available | Yes  No |  |
| Baby on KMC by attendants | Yes  No |  |
| KMC position is appropriate | 1. Yes  2. No |  |
| If baby is not on KMC, most likely reasons for baby is not on KMC by attendant | If any reason …………………………………. |  |
| Estimated duration that baby is on KMC | ……………………………………….. |  |
| Health workers/ nurses/ | Regular visit according to standard | Yes  No |  |
| Advice provided for mother who is not on KMC | Yes  No |  |
| Condition of advising | Quick (only information delivering)  Detailed and supplied with demonstration (positioning baby on KMC ) |  |
| Record book review (duration registraion) | Is there registration | 1. Yes 2. No |  |
| Duration of registration | ……………. |  |
| Time of registration | …………………. |  |
| Who registers duration | 1. Mother 2. Attendant 3. Nurse |  |

Observer name …………………………………….. Signature ………………………….

Date ……………………………………………….