**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  | YesNo  |  |
| KMC position is appropriate  | 1. Yes2. 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  | YesNo  |  |
| KMC position is appropriate  | 1. Yes2. 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 ……………………………………………….