**Report of Handholding Visit to Facilities by Specialists**

 Date: Facility Name:

|  |  |  |
| --- | --- | --- |
| **Staff nurse name** **(SNCU)** | **Attendance during visit (fully present/partly present/absent)** | **Participation in KMC-related activities** |
|  | Yes /NO | Yes /NO |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**No of specialists seen**

|  |  |  |
| --- | --- | --- |
| **Doctor name (**Specialists) | **Attendance during visit (fully present/partly present/absent)** | **Participation in KMC-related activities** |
|  | Yes /NO | Yes /NO |
|  |  |  |
|  |  |  |
| 4. |  |  |

**Facility report:-**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Component** |  | **Provider** | **System** | **Client** |
|  |  | **Knowledge, Skills, Attitude and Practice** | **Infrastructure, Supply chain & Referral**  | **Knowledge and Behaviour** |
| **Weigh every new born accurately** | **Strengths** |  |  |  |
| **Gaps** |  |  |  |
| **Manage sick newborns as per standards** | **Strengths** |  |  |  |
| **Gaps** |  |  |  |
| **Initiate KMC for all stable & eligible newborns** | **Strengths** |  |  |  |
| **Gaps** |  |  |  |
| **Maintain and monitor KMC till discharge** | **Strengths** |  |  |  |
| **Gaps** |  |  |  |
| **Handover to FLW for continuation of KMC at home** | **Strengths** |  |  |  |
| **Gaps** |  |  |  |

|  |  |
| --- | --- |
| **Name of the facility** |  **Areas for Improvements**  |
|  |  |

**Other general points**: