

KANGAROO MOTHER CARE PROGRESS-MONITORING TOOL

(Version 7.0, August 2021)

Use of the tool:

- The main use of this tool is to assess progress with implementation of KMC 6-12 months after the launch of a facility-based implementation project or an introductory workshop to key health care workers.
- It can also be used for one or two years after implementation to assess progress, identify areas for quality improvement actions and getting a sense of the potential for sustainability.
- It can also be used for doing a baseline assessment before implementation or before embarking on the strengthening of a KMC programme or service.
- Health care teams in a facility can use the tool to track their own progress with implementation or the tool can be used across facilities as part of an external monitoring of progress (preferably with at least two monitors / assessors in the team).

Completion of the tool:

- The tool is flexible and questions can be added or omitted according to the specific need of the situation. The questions marked with a plus (+) contribute to the implementation progress score and should preferably not be removed.
- Always complete the questions marked with an asterisk (★), even if the health care facility does not practise KMC.
- The tool has different parts to be completed in different ways:
 - PART A pertains to information that can be collected in a discussion or interview situation with key newborn role players in the health facility as well as members of senior management.
 - PART B consists mainly of observations and information that can only be confirmed with a visit to the space(s) where newborns (especially low birth weight [LBW] and premature babies) are cared for.
 - PART C provides space for monitors / assessors to write their general impressions.
 - PART D has space for drawing floorplans to illustrate the existing arrangement of space.

HINTS FOR ORGANISING AN EXTERNAL ASSESSMENT

Organising the visit to a health facility:

- Ensure that the key role players at each facility are aware of the visit (e.g. the medical director, facility manager, head of nursing/matron, head of maternity or the neonatal unit) and that they have given at least some form of verbal permission for the visit if it is not possible to get the permission in writing in time.
- The day before the visit: confirm the visit and arrange for the time and place where the monitoring / assessment team will meet the representative(s) of the health facility.
- In arranging the visit, explain to the contact / focal person / representative who will receive the team that the team would first like to have a meeting with relevant members of management and the staff of the hospital to get an overview of the hospital's situation with regard to newborn care and the care of LBW and premature babies.

Guidelines for monitors / assessors on the day of the visit:

- Obtain permission from the facility director / manager for the following activities:

- visiting the maternity or neonatal unit and any space(s) where KMC is being practised (if applicable);
- taking photographs of the hospital set-up and of hospital staff (after receiving their verbal permission);
- reviewing records; and
- conducting an interview / a discussion with key staff to complete this tool.

Ascertain beforehand if this permission has to be in writing or whether verbal permission will be sufficient. If written permission will be required, a permission form must be developed beforehand and copies of the form should be available on the day of the visit. Have extra forms at hand, so that the person who signs the permission can have his / her own copy of the document.

- Attach baseline data to this form (if available).
- Request copies of all written documents related to KMC. If copies are not available, ask for permission to photograph the documents for record purposes.
- Ask for photocopies or samples of forms, registers and relevant material. If copies are not available, ask for permission to photograph the documents for record purposes. Be sensitive to ethical issues and patient privacy. Do not photograph records with patient names on or cover the names and any other identifying information before taking the picture.
- Use a written consent form for each mother, other caregiver and/or child to be photographed. Pictures may only be used for reporting on the project and for educational purposes, but not for commercial purposes.
- Mark each of the documents you take away with a date and the name of the hospital or health centre, where applicable.
- Each monitor/assessor fills in his/her own copy of the tool. The results are compared and consolidated afterwards on one copy of the tool, which is then marked as “FINAL”.

Instructions for completing the tool:

- Tick or cross only applicable boxes.
- Complete the “**comments**” and “**observations**” sections if something important or striking is mentioned or observed that may be informative to understanding a particular phenomenon or situation.
- Where possible, complete “**specify**”, “**describe**”, “**explain**” and “**elaborate**” where the associated response is ticked.

Definitions:

- Health care facility: Hospital, community health centre, midwife obstetric unit (MOU) or any other health care facility providing maternity services; also referred to as “the/your facility”
- Neonatal unit: Ward / Area that has at least a (heated) room where babies are cared for in cribs and/or incubators (nursery / high care / special baby unit); it can also comprise a neonatal intensive care section (NICU)
- KMC space/ward: Separate room or area in another ward allocated for mothers and babies in KMC
- Continuous KMC: Baby is carried in the KMC position \pm 24 hours per day
- Intermittent KMC: Baby is placed in the KMC position at least once or twice per day for at least 60 minutes at one time
- Sporadic KMC: Baby is placed in KMC position less than once per day

Developed by the Centre for Maternal, Fetal, Newborn and Child Health Care Strategies, 2002-2017,
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Name of progress monitor / assessor: Date:

- ★ = Questions for all health facilities, also those without KMC
- + = Items that contribute to KMC progress score

PART A: DISCUSSION WITH REPRESENTATIVES OF THE HEALTH FACILITY

★ A-1 HEALTH CARE FACILITY

★1.1 Name of facility (hospital / health centre):

★1.2 Region: District:

★1.3 Name of contact person *(If there is no KMC coordinator, write the name of the nursing manager of the maternity or neonatal ward)*:

..... Designation:

★1.4 Other informant/s:

Name	Designation
.....
.....
.....
.....

★1.5 Level of facility: *(Adapt according to each country's system. (If unsure, mark "Other" and describe in detail)*

- PHC / Community health centre
 Level 1 (District hospital)
 Level 2 (Regional hospital)
 Level 3 (Central / Tertiary / Teaching hospital)
 Other (specify):

★+1.6 Does your facility have baby-friendly status? Yes No Unsure → **If NO, go to Question 1.6.4**
 If Yes: → **If UNSURE, go to Question 2.1**

1.6.1 When did it get its status?

1.6.2 If more than 5 years ago: Has the facility ever been re-assessed? Yes No Unsure

1.6.3 Did the facility receive a plaque for its baby-friendly status? Yes No Unsure
(If YES, request to observe it later) → **Go to Question 2.1**

If No:

+1.6.4 Are you planning to become baby-friendly? Yes No Unsure

1.6.5 Comments:

★A-2 CARE OF NEWBORNS

★2.1 Where do you care for your newborns in the health facility? (*Informant/s speak/s first freely*)

.....

Mark as many as applicable:

Maternity ward Special neonatal unit (SCBU) / Neonatal intensive care unit (NICU)
 Postnatal ward Paediatric ward Other (specify)

★2.2 Do you separate inborn and outborn babies? Yes No

2.2.1 If Yes, describe:

★2.3 Does your facility care for small and sick newborn babies? Yes Sometimes No
→ If NO, go to Question 2.3.3

If Yes or Sometimes:

2.3.1 Describe:

2.3.2 What is the visitation policy for parents and other family members with a small or sick newborn in hospital? (*Also probe on babies that are critically ill if the facility provides higher levels of care and reasons for not allowing visitors*)

.....
→ Go to Question 2.4

If No:

2.3.3 Where are they referred to?
→ If NO CARE is provided for small and sick newborns, go to Question 2.6

★2.4 How often do doctors do ward rounds? (*Check baby files*)

Once per day → Every day, for all babies
 During the week, for all babies, NOT on weekends
 Only for babies with special requirements
 No set schedule Other (specify)

2.4.1 Comments:

★2.5 Do you have facilities where mothers can stay while the baby is cared for in the health facility / hospital? Yes No **→ If NO, go to Question 2.6**

If Yes: (*Mark as many as applicable*)

2.5.1 Special mothers' room Postnatal ward Other (specify)
 Outside area where people can cook and lie down

2.5.2 How far is this area from where the babies are kept?

2.5.3 Does the health facility provide meals to mothers while the babies in the health facility / hospital?
 Yes Sometimes No Unsure

(a) Comments:

★2.6 How do you deal with parents who want to take their baby from hospital against medical advice?

2.6.1 Do you have statistics on the number of babies that left against medical advice in the past year?
 Yes No Unsure

(a) *If Yes*, can you give a number or percentage?

(b) *If No*, how many or what percentage do you estimate fall in this category?

★2.7 Do you conduct perinatal death review meetings? Yes Sometimes No Unsure
➔ If NO or UNSURE, go to Question 3.1

2.7.1 *If Yes or Sometimes*, describe:
 (Probe on MPDSR if applicable/suitable)

★A-3 SKIN-TO-SKIN PRACTICES
 (Do not probe in hospitals where the labour ward and the neonatal unit are completely separated)

★3.1 How is a baby cared for in the first hour after birth in this facility? Could you explain the steps and procedures of what happens to the baby? (Let the informant/s talk freely first and make notes)

3.1.1 Skin-to-skin contact between mother and baby mentioned spontaneously? Yes No
If No: **➔ If YES, go to Question 4.1**

(a) Are any babies placed in skin-to-skin contact with their mothers during the first hour after birth?
 Yes No Unsure

(b) Comments:

A-4 HISTORY OF KMC IMPLEMENTATION

★4.1 Does your facility practise kangaroo mother care?
 Yes, currently Yes, in the past, but not currently No **➔ If NO, go to Question 4.5**

4.2 When was KMC started?

4.2.1 When stopped/interrupted (if applicable)?

4.3 Tell us more about the process that was followed. Don't know **➔ Go to Question 4.4**
 (Take notes and probe for the points below, if not mentioned)

.....

+4.3.1 Was there a specific occasion or meeting where the decision to implement KMC was taken?
 Yes No Unsure → **If NO or UNSURE, go to Question 4.4**

4.3.2 Approximate date:

4.3.3 What was the occasion?

+4.3.4 Are there *written* minutes or a report of the decision? Yes No Unsure
(If Yes, ask if it would be possible to see a copy.)

4.3.5 Who was involved in the decision-making process?

+4.4 Monitor's / Assessor's impression of recall of history of implementation
 Good recall Some recall No recall → **Go to Question 4.6**

★ +4.5 *(If KMC is not implemented yet)* Has a formal decision for starting with KMC or for resuming KMC been made yet?
 Yes No Unsure → **If NO or UNSURE, go to Question 4.6**

4.5.1 ↓ Describe: → **Go to Question 6.1**

+4.6 Did the facility do a baseline survey on the neonatal mortality and / or morbidity rates before starting with KMC?
 Yes No Unsure

4.6.1 ↓ Describe:
(Ask if a copy is readily available to see)

4.7 Did the director/manager/head of the health facility or hospital or the district health manager / head of facility sign a commitment or undertaking or agreement that s/he would ensure that KMC is implemented in the hospital?
 Yes No Unsure

4.7.1 ↓ Specify further (if necessary):

+4.8 Are there official channels through anything on KMC is reported to different levels of management on a regular basis (e.g. KMC figures, progress with implementation)? Yes No Unsure

4.8.1 ↓ Elaborate:

★ A-5 RESOURCES

★ 5.1 What is your facility's financing policy with regard to the provision of care to small and sick newborns? Who pays for what? Not applicable / Now newborn care provided

.....
 → **If KMC has not yet been implemented in the facility, go to Question 6.1**

+5.2 Did you get any allocations from the hospital or district budget to establish your KMC facility?
 Yes No Unsure

5.2.1 ↓ What was the nature of the allocation / what was the money used for?

+5.3 Did you have other sponsors? Yes No Unsure → **If NO or UNSURE, go to Question 6.1**

5.3.1 Name(s) of sponsor(s) and nature of donations:

.....
 (Also probe for donations like material, wraps, caps, furniture, paint, labour [e.g. for making the space pretty] etc from churches, or other community, volunteer or religious groupings, or individuals in the community)

★ A-6 INVOLVEMENT OF ROLE-PLAYERS

★6.1 (Let informant/s first talk freely; take notes and probe for the persons below, if they are not mentioned specifically)

If KMC is implemented:

If KMC is not yet implemented:

Who are the people in your health facility who were initially involved in starting KMC and who currently support you?

Who are the people in your health facility who be involved in getting the KMC services running and who will support you?

.....
.....
.....

★+6.2 What kind of support do/did you get from the following people:

- District health manager
- Medical director/head of facility
- Matron / Nursing service manager
- Unit manager (neonatal unit or maternity)
- Clinician (doctor / medical or clinical officer)

★+6.3 Are there other people in the hospital from whom you got/get special support?

Yes No Unsure
 ↓

6.3.1 Who and what kind of support?

★+6.4 Impressions regarding the intensity of involvement of senior management (superintendent, medical manager, CEO, nursing service manager/matron) in ensuring good newborn care and KMC services (past or future)

- A lot of involvement and/or support (moral, material, etc)
- Some involvement and/or support (moral, material, etc)
- Neutrality / Little support / Resistance

6.4.1 Justification for 6.4:

★6.5 Are mothers allowed to have a guardian (*garde malade*) to help them with caring for the baby while in hospital? Yes No Unsure
 ↓ Elaborate:

6.5.1

★A-7 STAFF ROTATIONS → If the facility is at the primary care / health centre level, go to Question 8.1

★+7.1 Are nursing staff members rotated between different wards in the hospital (e.g. between maternity, surgery, male ward, female ward, etc)? Yes No Unsure → **If NO or UNSURE, go to Question 8.1**
 If Yes:

+7.1.1 Are all or only some of the staff members rotated? All Some

7.1.2 Which of the nursing staff are rotated? Which staff are not rotated?

(a) Rotated:

(b) Not rotated:

★7.2 How often do rotations take place?

★A-8 STAFF ORIENTATION AND TRAINING

★8.1 Has any of your staff members had additional training in the breastfeeding feeding? Yes No Unsure
 ↓

8.1.1 Describe:

★8.2 Has any of your staff members had special training in the feeding of low birth weight and premature babies? Yes No Unsure
 ↓

8.2.1 Describe:

★+8.3 Has any of your staff members been trained in KMC? Yes No Unsure
 → **If NO or UNSURE, go to Question 9.1**

★If Yes:

8.3.1 How many staff members? Don't know Doctors: | _ | _ | Nurses/midwives: | _ | _ |

Others (specify) | _ | _ |

8.3.2 What kind of training did they receive and where?

(a) Stand-alone KMC Part of essential newborn care Other (specify)

↓

→ **If KMC has not yet been implemented in the facility, go to Question 9.1**

+8.4 Have you had any awareness and educational activities in your facility to introduce KMC to staff members? Yes No Unsure

↓

8.4.1 Describe:

8.5 Number of staff members trained in KMC who still work with KMC: | _ | _ | Not applicable

+8.6 Is there a special orientation programme for new staff who will work with KMC? Yes No Unsure
↓

8.6.1 Describe:

+8.7 Do you have any in-service refreshers on KMC? Yes No Unsure
↓ Describe:

8.7.1

+8.8 Any documentation seen to confirm for 8.4 and/or 8.5? Yes No Unsure

+8.9 Is there a long-term plan in the health facility or district to get all health workers trained and updated in KMC?
 Yes No Unsure

+8.9.1 Is this plan written? Yes No Unsure

8.9.2 Comments:

★ A-9 STRENGTHS AND CHALLENGES

★9.1 What are the general strengths of your facility in the provision of care?

.....
.....
.....

★9.2 What are the general challenges in your facility in the provision of care?

.....
.....
.....

(Probe on power supply, water, infection control if not mentioned spontaneously)

★9.3 *(Informant/s talk freely; take notes)*

If KMC is implemented:

What do you think are the strengths in your facility that helped you with KMC implementation?

If KMC is not yet implemented:

What do you think are the strengths in your facility that can help you with KMC implementation?

.....
.....
.....

★9.4 (Informant/s talk freely; take notes)

If KMC is implemented:

What are your challenges with KMC implementation and sustaining practice?

.....

.....

.....

If KMC is not yet implemented:

What do you think are the challenges, barriers or obstacles to KMC implementation?

PART B: OBSERVATIONS IN THE MATERNITY / NEONATAL / KMC WARDS

Draw floor plans on a separate sheet(s) of maternity, neonatal unit, paediatric and/or postnatal wards where newborn babies are being cared for. Indicate specifically:

- Where sick and small newborns are accommodated (e.g. show where incubators, warmers, etc are situated)
- Where resuscitation equipment is stored
- Where hand-washing facilities are available

B-10 NEONATAL CARE

★10.1 Is there a special care baby unit / neonatal unit for small and/or sick newborns? (It can be a cubicle in another ward) (Reminder: draw floor plan) Yes No → **If NO, go to Question 10.1.8**

If Yes:

10.1.1 Number of babies currently in nursery/neonatal unit: |_|_|

10.1.2 Is there a *written* infection control policy? Yes No Unsure

10.1.3 What hand washing facilities and cleaning agents are available? (Also indicate where the washbasin or water tank is on the floor plan and describe its condition. Check if mothers have separate washing facilities. Probe on reliability of running water, if available)

.....

.....

(a) Is there a hand washing / cleaning guideline posted on the wall?

Yes No Unsure

↓ Describe further:

.....

(b) What are mothers taught on handwashing?

.....

(c) Identify if there is a mother present who still expresses breastmilk. Ask her the following:

Can you tell me what you do when you prepare yourself for expressing breastmilk?

.....

10.1.4 Other infection control measures in unit (e.g. aprons, hats, special shoes)?

10.1.5 Are there dedicated cleaners for this unit? Yes No Unsure

10.1.6 How often is the ward cleaned? (Can also describe how it is being done)

10.1.7 Impression on functionality of the neonatal unit:
 (a) Maintenance: Good Average Poor
 (b) Cleanliness: Good Average Poor

(c) Comments

→ Go to Question 10.2

IF NO SPECIAL BABY CARE UNIT OR NICU:

10.1.8 Which babies are referred?

10.1.9 Where are they referred to?

10.1.10 Where are the babies remaining cared for? (Mark as many as applicable)
 Maternity ward Postnatal ward Paediatric ward Other (specify)
 ↓

(a) Comments on infection control in this/these are/s:

★ 10.2 Types of neonatal care available: (Mark as many as applicable. Probe for inborn and outborn, if applicable)
 Oxygen Resuscitation (bag and mask) Bubble CPAP Phototherapy
 Incubator *Number in working order: |_|_|* Warm cribs/cots
 Radiant warmer *Number in working order: |_|_|* Ordinary cribs/cots (heated room)
 Other (specify) Ordinary cribs/cots (non-heated room)

★ 10.3 Comments on the functionality of equipment: (Are they working? What are the maintenance challenges?)

→ If OXYGEN is NOT AVAILABLE, go to Question 11.1

★ 10.4 If oxygen is available, which babies get oxygen and how is it administered?

→ If KMC has not yet been implemented in the facility, go to Question 12.1

B-11 KANGAROO MOTHER CARE SPACES

11.1 In how many spaces in the health facility is KMC practised? One Two Three More than 3

11.1.1 List all the spaces (and make sure they are all visited):

.....

11.2 Who decides when a baby is ready to be initiated on any form of KMC?
(Informant/s talk first before ticking or probing)

-
- Doctor(s) only Nurses only
- Mostly doctor(s), sometimes nurses Always a joint decision doctors and nurses
- According to ward protocol Other (specify)
-

11.3 What eligibility criteria do you use to decide if a baby can start with any form of skin-to-skin care (KMC)?

-
- Baby should be stable *(Probe what is considered stable without listing the items below)*
- Baby off oxygen Baby off IV lines
- Baby's breathing is stabilised Baby's heartbeat is stabilised
- No respiratory distress with or without O₂ or bCPAP
(Respiratory distress = > 60 breaths/min; apnoea; chest retractions)
- Good flexed position
- Other (specify)
- Baby has reached a certain weight (specify) grams
- Baby has reached a certain gestational age (specify) weeks
- Baby is feeding well (gavage, breast, cup, etc)

11.3.1 Eligibility criteria are available in writing Yes No Unsure

11.4 On average, for how many hours per day are babies in the KMC position?
 Minimum: |_|_| hours Maximum: |_|_| hours

11.4.1 Comments:

.....

(Listen if informant/s spontaneously report/s of individual cases to illustrate the range of hours; check if the same range of hours there is more than one space where KMC is practised.)

Special space for (potential) continuous KMC:

+11.5 Is there a ward or special area in another ward allocated where mothers have their own beds and can practise continuous KMC any time of the day or night, if they wish to? Yes No → **If No, go to Question 11.6**
 If Yes:

- 11.5.1 Nature of the available space?
- Separate ward / unit Space / Corner in another ward
- ↓ Where?
- Postnatal ward Paediatric ward Other (specify)

- 11.5.2 Impression on functionality of KMC room:
 (a) Maintenance: Good Average Poor
 (b) Cleanliness: Good Average Poor
 (c) Comments
- 11.5.3 Number of KMC beds: |_|_|
- 11.5.4 Number of mother-baby pairs enrolled for KMC at the moment (i.e. how many KMC beds occupied?): |_|_|
- +11.5.5 Number of mothers having babies in KMC position at time of walk-through: |_|_|
 (Must have been observed in person)
- +11.5.6 Ask for records of the last few babies that went through KMC.
 Records could be provided Yes No
 (a) If Yes, is there any evidence of KMC practised in records? Yes No
 ↓
 Describe:
- +11.5.7 Are there any cribs in the KMC space / ward? Yes No
 (a) ↓ Describe what they are used for

- 11.5.8 Is there a specific staff member(s) allocated to look after the babies in KMC?
 Yes No Unsure → If NO, go to Question (b)
 → If UNSURE, go to Question 11.6
 (a) If Yes, describe:
 (b) If No, how do you ensure that there is sufficient supervision for the KMC babies?

Intermittent KMC in a neonatal unit/corner (including NICU, where applicable)

- +11.6 Is intermittent KMC practised in the nursery, neonatal unit and/or NICU?
 Yes No → If NO, go to Question 11.8
 If Yes:
 +11.6.1 Are there fixed times of the days that mothers practise intermittent KMC?
 Yes Sometimes Not really No
 → If NOT REALLY or NO, go to Question 11.6.3
 (a) If Yes or Sometimes, describe:

- +11.6.2 Is there a written programme available for the times when KMC is supposed to be practised?
 Yes No Unsure (If Yes, try to see a copy)

+11.6.3 Are the times / occasions when a baby gets intermittent KMC recorded somewhere?
 Yes No Unsure
 ↓ Describe:
 (a) (Try to get a copy)

+11.7 Number of babies currently receiving intermittent KMC: |_|_|

+11.7.1 Verification: Observed – number: |_|_| Verified from mothers (specify)
 Verified from records – number: |_|_| ↓

+11.7.2 If no baby currently in KMC, request the records of the last babies that received KMC.

(a) Records could be provided Yes No
 (b) Is there any evidence of KMC practised in records? Yes No
 ↓ Describe:

11.8 Where do mothers sit with their babies in the kangaroo position? (Mark as many as applicable)
 By the incubator By the cot In the breastfeeding room In a special room
 Other (specify)

Other practical issues:

11.9 How are babies tied in the KMC position? (Mark as many as applicable)
 Not tied Local cloth Kalafong thari Special triangle and blouse
 Other (specify) Draw sheets Towels Square cloth with bands
 ↓

+11.10 Equipment, furniture or facilities are available in the KMC space(s)?
 Low beds Hospital beds with wheels Head rests or pillows for mothers to lean against
 Chairs (describe) Other (specify)
 ↓ ↓

11.11 Are any mothers or LBW babies *excluded* from being initiated on KMC before discharge from the facility?
 Yes No Unsure → If NO or UNSURE, go to Question 12.1

11.11.1 If Yes, which mothers or babies?
 (Mark as many as applicable; specify further as needed) (Let informant/s first talk freely)

.....
 None HIV+ mothers Mothers with another infectious disease
 Outborn babies Babies below a certain weight (specify) grams
 Babies above a certain weight (specify) Other (specify)
 ↓ ↓
 grams

★ B-12 FEEDING AND WEIGHT MONITORING

★ 12.1 Is there a place near or at the hospital where the mothers can stay / lodge while their babies are in the neonatal unit / nursery (before they start with KMC or if they do intermittent KMC, if KMC is practised)?

- Yes No Unsure Not applicable* (*e.g. community health centre)

→ If NO or UNSURE, go to Question 12.1.4
→ If NOT APPLICABLE, go to Question 12.2

If Yes:

12.1.1 Which mothers stay at the hospital? All mothers Some mothers (specify)



.....

12.1.2 Describe where the mothers stay:

12.1.3 How far is the place from the neonatal unit / nursery?

If No or Unsure:

12.1.4 What are the reason(s) why mothers don't have a place to stay at the hospital?

.....

★ +12.2 Is it possible for mothers to come for *all* feeding sessions at night? Yes No Unsure

12.2.1 What happens if a mother cannot / does not come for all the feeds?

.....

12.2.2 *If Yes*, how many mothers actually come for all feeding sessions?

★ 12.3 What is your policy on exclusive breastfeeding?

12.3.1 Impressions on the practice of exclusive breastfeeding:

- Nearly always Sometimes Seldom

★ 12.4 Do you also use infant formula (or another breastmilk substitute)? Yes No Unsure

→ If NO or UNSURE, go to Question 12.5

If Yes:

12.4.1 What are the criteria for using formula/breastmilk substitutes? (*Informant/s talk/s freely*)

.....

(Mark as many as applicable)

- Mother is not always available Mother does not produce enough milk
 Baby does not gain weight sufficiently Mother is HIV positive
 Other (specify)

.....

12.4.2 Who provides the formula? (*Mark as many as applicable*)

- Health facility / Hospital (explain) Family has to buy it (explain)



.....

Other (specify)

12.4.3 Who mixes the formula in the hospital and where? *(If there is a milk kitchen, request to see it)*

.....

★+12.5 Is there a *written* feeding policy or protocol for babies in the neonatal ward / nursery and (where applicable) in the KMC space? Yes No Unsure



+12.5.1 A copy observed? Yes No

★ 12.6 How often are babies fed?

★+12.7 Are there job aids for feeding available in the neonatal ward / nursery and (where applicable) in the KMC space? (e.g. a table with volumes and frequencies) Yes No Unsure



+12.7.1 Copy observed? Yes No

★ 12.8 Feeding records: *(Request to see the records of babies)*

+12.8.1 Are there regular recordings of *each* feed for *each* baby? Yes No Unsure

→ **If NO or UNSURE, go to Question 12.9**

12.8.2 What is recorded for each feed? *(Mark as many as applicable)*

- Time of feed
- Volume of feed
- Type of feed (EBM, formula etc)
- Nurse's notes
- Doctor's notes
- Other (specify)

★ 12.9 What utensils and devices are used to feed expressed breastmilk (EBM)? *(Mark as many as applicable)*

- Cups
- Spoons
- Syringes
- Nasogastric tubes
- Orogastric tubes
- Other (specify)
- Breast pumps

★ 12.10 Do you have a refrigerator for storing expressed breastmilk (EBM)?

- Yes
- No
- Unsure

12.10.1 ↓ Describe:

.....

(Also probe on challenges with the cold chain)

★ 12.11 When is direct feeding at the breast introduced? *(Informant/s first talk/s freely)* Unsure

.....

12.11.1 Which of the following criteria do you use for introducing feeding directly at the breast?

(Mark as many as applicable)

- While baby is still on tube/gavage feeding
 - Only after oral feeding has started (e.g. cup, syringe, spoon)
 - Only when baby reaches a certain weight Specify weight |__|__|__| grams
 - Only when baby reaches a certain gestational age Specify age: |__|__| weeks gestational age
 - Other (specify)
-

★ 12.12 Records of weight:

12.12.1 Are all babies weighed regularly? Yes No Unsure

→ **If NO or UNSURE, go to Question 12.13**

If Yes:

(a) How often are they weighed?

- Once every day Every two days Three times per week

Other (specify)

12.11.2 How and where is the weight recorded? (Mark as many as applicable)

- Individual baby's record sheet Special weight book Ward register

Other (specify)

★ 12.13 Scale(s):

12.13.1 Type of scale: (Mark as many as applicable)

- Manual Digital Other (specify)

(a) Are the scale(s) functional? Yes No Unsure

Comments:

12.13.2 Increments:

(a) Manual:

- 5 grams 10 grams 50 grams Other (specify)

(b) Digital:

- 5 grams 10 grams 50 grams Other (specify)

★ B-13 RECORDS IN USE

★ 13.1 Which babies have a separate record for themselves? (Mark as many as applicable)

- No babies All babies Sick babies Small babies (LBW & prem)



13.1.1 Is the baby recorded in the mother's file? Yes No Unsure

★ 13.2 What is recorded for all or some babies?

+13.2.1 Impressions of the quality of data captured in records

- Excellent Average (only minimum requirements) Poor

(a) Justification for 13.2.1:

★ 13.3 Frequency of doctors' ward rounds confirmed from files:

- Once per day → Every day, for all babies
- During the week, for all babies, NOT on weekends
- Only for babies with special requirements No set schedule

13.3.1 Comments:

➔ If KMC has not yet been implemented in the facility, go to Question 15.1

- +13.4 What kinds of general records are being used **for recording KMC information**? (Mark all applicable)
- No KMC information is recorded Special form for every single KMC baby (e.g. as part of file)
- Special KMC register or collective record kept for all babies who receive(d) KMC
- Official register provided by the Ministry / Health Directorate
- Doctor's notes Nurse's notes Discharge scoring sheet
- Discharge letter *with information on KMC* Road to health chart / booklet *with information on KMC*
- Other (specify):

- +13.5 Can figures be calculated on how many babies received KMC in a particular period (e.g. 1 month, 3 months)?
- Yes No Unsure Not applicable / No KMC information recorded
- If NO or UNSURE or NOT APPLICABLE, go to Question 13.6**
- If Yes:*
- +13.5.1 Can it be calculated, how many hours per day a baby received KMC? Yes No Unsure
- +13.5.2 Can it be calculated, for how many days a baby received KMC? Yes No Unsure
- +13.6 Can audit figures or statistics for *at least one year* be provided containing evidence of sustained KMC practice? Yes No Unsure
- (E.g. how many babies went through KMC, how many babies in each LBW category, average/mean birth weight, average/mean discharge weight, average/mean number of days babies spent in hospital, survival rate [number and percentage])
- 13.6.1 Comments:

B-14 KMC EDUCATION AND COUNSELLING

- +14.1 Is there a written checklist for all the procedures to go through and/or points for counselling when a mother and her baby are initiated on KMC or are admitted to the KMC space? Yes No Unsure
- ↓ Describe:
- 14.1.1
- ★+14.2 Written and audio-visual information on KMC and breastfeeding is available for mothers?
- | | |
|--|---|
| <input type="checkbox"/> Posters (specify)
↓
..... | <input type="checkbox"/> Brochures / Information sheets (specify)
↓
..... |
| <input type="checkbox"/> Video/DVD (specify)
↓
..... | <input type="checkbox"/> Counselling cards (specify)
↓
..... |
| <input type="checkbox"/> Others (specify)
..... | |

★B-15 DOCUMENTS

- ★+15.1 Are there special vision and mission statements for the neonatal unit / nursery / maternity (under which KMC is practised)? Yes No Unsure **→ If NO or UNSURE, go to Question 15.2**
- +15.1.1 *If Yes*, do any of these statements mention KMC? Yes No Unsure
- ↓ Describe:
- (a)

★ 15.2 Any *written* policies, guidelines, protocols or SOPs for newborn care in general?
 Yes No Unsure
 ↓ Describe:

15.2.1

★ +15.3 Any *written* policies, guidelines, protocols or SOPs for the care of small and sick newborns?
 Yes No Unsure
 ↓ Describe:

15.3.1

+15.4 Any *written* policies, guidelines, protocols or SOPs regarding the practice of KMC?
 Yes No Unsure → **If NO or UNSURE, go to Question 16.1**

If Yes:

15.4.1 Integrated in 15.2 or 15.3 Stand-alone document(s)

15.4.2 Describe:

.....

★ B-16 REFERRALS, DISCHARGE AND FOLLOW-UP

★ 16.1 Who decides when a LBW baby is ready for discharge?
 Doctor(s) only Nurses only
 Mostly doctor(s), sometimes nurses Always a joint decision doctors and nurses
 According to ward protocol Other (specify)

★ 16.2 What criteria are used to decide if a baby is ready to be discharged?
(Informant/s first talk freely before probing points below)

Baby has reached certain weight (specify) Baby gains weight consistently (specify)
 ↓ ↓

Mother is willing to continue KMC Other (specify)
 ↓

.....

★ +16.3 Do you use a special discharge scoring sheet to help with the discharge decision?
 Yes No Unsure

★ +16.4 Does your facility / hospital provide a follow-up services for preterm / LBW / KMC babies followed-up after discharge?
 Yes No Unsure → **If NO or UNSURE, go to Question 16.4.2**

If Yes:

16.4.1 Where are these babies followed up? (Mark all that are applicable)
 KMC room / ward Neonatal unit Maternity
 At outpatients department (OPD)
 Type of OPD: General/Polyclinic Paediatric
 Other (specify)

..... → **Go to Question 16.5**

If No:

16.4.2 Where are the preterm / LBW /KMC babies followed-up after discharge?

..... → **Go to Question 16.9**

★+16.5 Is there a *written* protocol for follow-up of preterm / low birth weight babies in your facility?

Yes No Unsure



16.5.1 Copy of protocol observed? Yes No

★+16.6 Are records kept of follow-up visits? Yes No Unsure



16.6.1 Copy of record(s) observed? Yes No

★ 16.7 Until what weight or age are preterm / low birth weight babies followed up in your facility?

16.7.1 Weight: 16.7.2 Age:

★+16.8 Do you have official figures on how many babies come back for follow-up / review?

Yes No Unsure → **If NO or UNSURE, go to Question 16.8.2**

If Yes:

16.8.1 What percentage of babies are brought back for follow-up? |__|__| % to |__|__| %

→ **Go to Question 16.9**

If No:

16.8.2 What percentage of babies do you estimate are brought back for follow-up? |__|__| % to |__|__| %

★ 16.9 Do you make a special effort to communicate with a health centre to inform them of a LBW baby's discharge from hospital?

Yes (specify) For some babies No Unsure



.....

★ 16.10 Is there an official formalised system of visiting LBW babies at home after discharge from the health facility / hospital? Yes (specify) No Unsure



.....

★+16.11 Impressions regarding the quality of the follow-up system:

Well-developed (written proof could be supplied) Follow-up system non-existent
 Partly developed (no written proof but strong evidence of a well organised system)

16.11.1 Justification for 16.11:

★ 16.12 Are babies transported TO your hospital or health centre in the skin-to-skin (KMC) position?

Always Sometimes Seldom Never No experience

★+16.13 Are babies transported FROM your facility to another in the skin-to-skin (KMC) position?

Always Sometimes Seldom Never No experience

★ B-17 OBSERVATIONS OF OTHER SPACES

★ 17.1 Ablution

17.1.1 Facilities available for mothers' whose babies are hospitalised: *(Informant/s talk/s freely first)*

One central facility



Toilets (#) |__|__|

Showers (#) |__|__|

Baths (#) |__|__|

Washbasins (#) |__|__|

Different facilities

↓ Describe:

.....

.....

.....

17.1.2 Impressions of functionality (all facilities):

Maintenance: Good Average Poor

Cleanliness: Good Average Poor

Comments:

★ 17.2 Postnatal / lying-in ward (Reminder: floor plan)

17.2.1 Total number of beds in the postnatal ward/ lying-in: |__|__|

17.2.2 Which mothers stay in the postnatal ward/s? *(Mark as many as applicable)*

Postnatal mothers with their babies Antenatal mothers

Postnatal mothers with small babies in the newborn unit (premature or LBW babies)

Postnatal mothers with sick babies in the newborn unit

Mothers with children in the paediatric ward Other (specify)



.....

17.2.3 If KMC is not yet practised, would it be possible to convert a corner in the postnatal ward for continuous KMC? Yes No Unsure → **If NO or UNSURE, go to Question 17.2.4**

If Yes:

(a) Describe:

(b) What would be the minimum requirements to be fulfilled for the conversion to be successful / enable quality KMC to be practised safely?

.....

17.2.4 Impression on functionality of postnatal ward:

(a) Maintenance: Good Average Poor

(b) Cleanliness: Good Average Poor

(c) Comments

★ 17.3 Lodger facility for mothers / Mothers' room

(Reminder: floor plan)

Not applicable

(Mothers stay in another ward, e.g. postnatal ward)

17.2.1 Total number of beds in the lodger facility: |__|__|

17.2.2 Special facilities available and in *working order*. (Mark as many as applicable)
 Fridge Microwave Kettle /Boiler Lockers (for individual mothers)
 TV DVD Radio Reading material
 Other (specify)

17.2.3 Impression on functionality of lodger facility/mothers' room:
 (a) Maintenance: Good Average Poor
 (b) Cleanliness: Good Average Poor
 (c) Comments

★ B-18 INFORMAL INTERACTIONS WITH MOTHERS

★ 18.1 **Mothers with babies in the neonatal unit/ NICU:** *If there are mothers present with their babies in the neonatal unit or NICU, informally ask them on the following and write down their responses afterwards (not while talking with them)*
 Where was baby born (in facility or elsewhere)?
 Did you know your baby was going to be born early?
 Did anyone help you with the feeding of the baby? Who? How?
 Did anyone show you how to care for your baby? Who?

18.2 **Mothers with babies receiving KMC:** *If there are mothers present with their babies that receive KMC (continuous or intermittent), informally ask them on the following and write down their responses afterwards (not while talking with them)*
 Where was baby born (in facility or elsewhere)?
 Did you know your baby was going to be born early?
 Did anyone tell you about KMC at any time during your pregnancy or while in hospital? Who?
 Did anyone show you how to put your baby in the KMC position?
 Did anyone help you with the feeding of the baby? Who? How?
 Did anyone show you how to care for your baby? Who?

★PART C: QUALITATIVE IMPRESSIONS OF MONITOR / ASSESSOR

Record general impressions and possible recommendations to pass on to facility management:

General:

KMC practice (including feeding):

Documentation and protocols:

Involvement of management (different levels):

Other:

Reminders for monitor / assessor of things picked up in the course of the visit to verify and observe later during the visit or not to forget before leaving the facility:

Signature:

★ PART D: FLOOR PLANS