No Data Element 1 Is the baby stable to do KMC?	Response	Paper N°	Data Element Religion of the M	ion for the Kanga	he Kangai
1 Is the baby stable to do KMC? 2 Start date of KMC (SDK)	□ Yes	15	15 Religion of the Mother	☐ Christain	22 LMP
3 Date of Delivery			(Tick the answer)	Muslim	23 EDD 24 ATCD of Premature
⁴ Date of entry into the Hospital					25 Number children < 5years
5 Last Name/ First Name of baby				☐ Animiste	26 Number of Pregnancies
6 Sex of the baby					27 Number of premature Pregnancies
7 Last/First name of Mother				nristain	28 Number of ANC
8 Age of the Mother					29 Number of echography
9 Tel. N° of the Mother		16	Name of the father		30 Post Natal Test
10 Marital status of the Mother	Single	17	Tel. N° of the Father		31 Rubella**
(Tick the answer)	Married	18	18 Profession of the Father	Single	32 TOXO**
	A couple		(Tick the answer)	- d.	
	□ No Data			Non	35 Hépatite B**
11 Profession of the Mother	Salary			ata	
					GS 🗆 A
(Tick the answer)	☐ Self Employment	19	Educational Level of the Father	Primary	37 (Tick the answer) \square B
	1				
	□ Not employed		(Tick the answer)	Secondary	38 RH**
	Student			☐ Tertiary	39 CMV **
	□ Housewife			Non	40 Alb**
12 Educational Level of the Mother	Primary			□ No Data	41 Sugar**
(Tick the answer)	□ Secondary	20	20 Stay in same city with HF		42 FBS
	☐ Tertiary	21	Time travel between home and		43 Other Pathologies
	Non	!	hospital (in hours)		44 HTA*
	□ No Data	22		☐ Midwife ☐ General Practitioner ☐ Gvneacologiste	45 Maternal Fever*
		72		Single Eastur	An Dorona*
13 Qaurter were Mother lives		- !	(Tick the answer)	□ Twins	47 RProM*
14 Ethnic of the Mother			C	☐ Triplet	48 PP*
		1		0	AD WAT*

			64	63	62	61	60	59	58	57	56	7.		55		54	53	52	51	50
Legend* (Expected Response) Yes No	Date & Signature	Form Filled By : KMC Nurse/ KMC Doctor	Entry Diagnosis	FENTON/ WHO	What method is used in calculating the gestational age (Tick the answer)	Gestational Age at Birth	Thoracic Perimeter	Cranial Perimeter (cm)	Brachial Perimeter (cm)	H (Height) (cm)	-	Weight at hirth (g)		55 APGAR SCORE		Place of delivery	Route of Delivery	Iron Adminstered*	IPT *	VAT*
		tor		Weight Height Cranial Perimter	□ Ballard □ LMP □ Echography								At 10 MIN	At 5 MIN	At 1 MIN					
			16	15	14	13	12	11	10	9	c	x	7	6	5	4	ω	2	1	N _o
Legend** (Expected Response) Not done No data	Date & Signature	Form reviewed by: Data Entry clerk	Number of days of Hospitalization	Number of days in Incubator	Maternal Diet (Tick the answer)	FENTON/WHO	GERD*	Number of transfusion *	Apnea*	Cyanose*	raitur	Palour *	Phototherapy*	Jaundice *	ATB*	Number of Oxygenation days	Number of day (s) Resuscitation	Gestational age at discharge	How did the patient get out of the hospital?	Data Element
N (Negative) P (Positive)		lerk 			□ BF(Exclusive Breastfeeding) □ AM (Artificial Milk) □ AM & BF □ A (Articial food, other than milk)														☐ With Medical Advice ☐ Against Medical Advice ☐ Others	Response
			33	32	31	30	29	28 E	27	26 C	25 H	24 /	23	22 C	21 V	20 ii	19 S	18 f	17 B	N _o
	Fondation Rangourou				No. of g / kg / day at discharge	If the child is dead,date of death	If the child is alive, discharge date	Diagnosis of the baby's death	Is the mother Death or Alive	Cranial Permiter at discharge	Height at discharge	Age of direct feeding	State of the baby at discharge	Diagnosis during hospitalization	Number of days spent in the KMC ward	Number of days spent in the incubator room	Age gestationnel Maturation Succion	Number of days after direct feeding	Baby's weight at discharge (g)	No Data Element
	ngourou				7 9 8								☐ Stable ☐ Unstable ☐ Others							Response

Polio 0 Vaccine Dates | Chronological Age | Corrected Age Date of birth Age at exit of KMC Weaning age Date Tetanos 1
Hepath 1
Act Hib 1
Rota Virus 1 Polio 1 Diph 1 Coq 1 Pneumo 13 1 Vaccine Weight Date Height Diph 2
Coq 2
Tetanos 2
Hepath 2
Act Hib 2
Rota Virus 2
Pneumo 13 2 Vaccine PC Date Form for KMC Follow up ambulatory care (1/2) Diph 3
Coq 3
Tetanos 3
Hepath 3
Act Hib 3
Rota Virus 3
Pneumo 13 3 PB olio 3 Vaccine Food Date Sulvi Vaccinal Vit A a 6 mois
Vit A a 12 mois
Vit A a 18 mois
Vit A a 24 mois Vaccine g/kg/j T°C Date Typhim Pneumo 23 Meningo AC VAR
VAA
ROR
Tetraxim
Act Hib Vaccine **Clinical Examination** Date

						Form	for KMC Fo	llow un a	Form for KMC Follow up ambulatory care (2/2)		
Weaning Age	Age								1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Age at e	Age at exit from KMC										
Date of birth	birth										
Dates	Chronological age	Corrected age	Weight Height	leight PC	PB	Food	g/kg/day	T°c	Clinical Examination		
		1					-				3
				1							
						* * * * * * * * * * * * * * * * * * *					**************************************
. ~											1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

			ı		15	14	13	12	11	10	9	00		7		6	5	4	(L)	2	_	S/N	
BE 9 AM	breastfeeding)	gend* (Expe	Date & Signature	Form Filled By : KMC Nurse/ KMC Doctor	Why?	14 Re-Hospitalization	Others	Test de Griffiths (QD)	Test Infanib**	10 Medicine***	Pathology	(at 40 weeks)	Age of exit from KMC	baby? (at 40weeks	Who came with the	6 Food type	Crainial Perimeter	4 Weight	3 Height	Corrected Age	1 Chronological Age	Data Element	
	AM (Artificial Milk)	sponse)	Signature	lurse/ KMC Doctor	,																	DATE:	Discharge - 40 Weeks
	Normal	Legend** (Expected Response)									7											DATE:	40 Weeks - 3 Months
	Abnormal	ponse)	Date & Signature	Form reviewed by: Data Entry clerk					8													DATE:	3 Months - 6 Months
1	Multivitamines	Legend*** (Expected Response)		Entry clerk																		DATE:	6 Months - 9 Months
:	Iron	onse)		ı																		DATE:	9 Months - 12 Months