# FORM 1C. Focus Group Discussion Guide: Health workers and Health Extension Workers (HEWs)

# Socio-demographic and interview information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Item**  | **Options** | **Response** |  |
|  | **Identification**  |  |  |   |
| **A** | Region  | 1. Tigray |  |  |
|  |  | 2. Amhara | | \_\_\_ | |  |
|  |  | 3. Oromia |  |  |
|  |  | 4. SNNP |  |  |
| **B**  | Zone Code |  | | \_\_\_ |\_\_\_| |  |
| **C** | Woreda Code  |  | | \_\_\_ |\_\_\_|\_\_\_| |  |
| **D**  | Kebele Code |  | |\_\_\_|\_\_\_|\_\_\_|\_\_\_ |  |
| **E**  | Household Number  |  | | \_\_\_ |\_\_\_|\_\_\_| |  |
| **F** | Place FGD was conducted | 1. Health Facility |  |  |
|  |  | 2. Health Post |  |  |
|  |  | 3. Home  | | \_\_\_ | |  |
|  |  | 4. Community |  |  |
|  |  | 5. Other (Specify) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | **Background Characteristics** | **FGD Participants**  |   |   |
|  |  | **P1 P2 P3 P4 P5 P6 P7 P8**  |
| **007** | Respondent gender.  | | \_\_\_ | | \_\_\_ | | \_\_\_ | | \_\_\_ | | \_\_\_ || \_\_\_ | | \_\_\_ | | \_\_\_ | |
|  | ***1. Female*** |  |  |  |
|  | ***2. Male*** |  |  |  |
| **008** | How old were you at your last birthday? | | \_\_\_ | | \_\_\_ | | \_\_\_ | | \_\_\_ | | \_\_\_ || \_\_\_ | | \_\_\_ | | \_\_\_ | |
|  | ***Record age in complete years*** |  |  |  |
| **009** | What is your current marital status? | | \_\_\_ | | \_\_\_ | | \_\_\_ | | \_\_\_ | | \_\_\_ || \_\_\_ | | \_\_\_ | | \_\_\_ | |
|  | ***1. Married*** |  |  |  |
|  | ***2. Formerly Married (divorced, widowed, separated)*** |  |  |  |
|  | ***3. Never Married*** |  |  |  |
| **010** | What is the highest level of school you attended? | | \_\_\_ | | \_\_\_ | | \_\_\_ | | \_\_\_ | | \_\_\_ || \_\_\_ | | \_\_\_ | | \_\_\_ | |
|  | ***\_\_\_\_\_\_ years*** |  |  |  |
|  | ***13. Technical/vocational certificate*** |  |  |  |
|  | ***14. University/college diploma*** |  |  |  |
|  | ***15. University/college BSC and above******If completed <1 year, record '00'.*** |  |  |  |
| **011** | What is your profession? | | \_\_\_ | | \_\_\_ | | \_\_\_ | | \_\_\_ | | \_\_\_ || \_\_\_ | | \_\_\_ | | \_\_\_ | |
|  | ***1. Physicians*** |  |  |  |
|  | ***2. Midwife*** |  |  |  |
|  | ***3. Nurse, HO,***  |  |  |  |
|  | ***4. HEW*** |  |  |  |
|  | ***5. Other (Specify)*** |  |  |  |
| **012** | Place where you are working? | | \_\_\_ | | \_\_\_ | | \_\_\_ | | \_\_\_ | | \_\_\_ || \_\_\_ | | \_\_\_ | | \_\_\_ | |
|  | ***1. Hospital*** |  |  |  |
|  | ***2. Health center*** |  |  |  |
|  | ***3. Health post*** |  |  |  |
| **013** | For how long you have been working in the health facility? | | \_\_\_ | | \_\_\_ | | \_\_\_ | | \_\_\_ | | \_\_\_ || \_\_\_ | | \_\_\_ | | \_\_\_ | |
| **014** | Interviewer code: |  | **| \_\_ \_\_ |\_\_ \_\_|**  |  |
| **015** | Note taker code: |  | | \_\_ \_\_ |\_\_ \_\_|  |  |
| **016** | Translator code: |  | | \_\_\_ |\_\_\_|\_\_\_| |  |
| **017** | Tape recorder code:  |  | | \_\_\_ |\_\_\_|\_\_\_| |  |
| **018** | Record the time discussion started | Hours|Minutes | | \_\_ \_\_ |\_\_ \_\_|  |  |
| **019** | Record the time discussion completed | Hours|Minutes | | \_\_ \_\_ |\_\_ \_\_|  |  |
| **020** | Record Date of Interview | DD/MM/YY | | \_\_\_ |\_\_\_|\_\_\_| |  |
|  |  |  |  |  |

# Theme 1: Identification and care of small and early babies

1. Where do mothers in your catchment population deliver? At home? In health facilities? Why?
2. How are pregnant mothers and newborns (births) identified in your catchment population? What is the process? How effective is the approach? What are the challenges?
3. How long after birth do babies usually receive postnatal visit? What do you do during the postnatal visit? at home? health facility?
4. Are babies usually weighed in a facility? What about at home? How long after birth are they usually weighed?
5. How accurate do you think the weight is? Why?
6. What are the main reasons babies are not weighed for facility deliveries? For home deliveries?
7. Under what weight would a baby be considered small?
8. How do health workers know if a birth is early (preterm)? How accurate do you think the gestational age estimate is? Why?
9. What problems can babies born too early have? What about small babies?
10. What do you think is the best care for an early baby in the facility? What about for a small baby? **Probe:** Feeding, warmth?
11. What care is actually provided in facilities? **Probe:** Feeding, warmth?
12. What do you advice for a mother about small or early babies during her antenatal visit?
13. What are the challenges in providing care for small or early babies?
14. Do you have any success or achievements documented in providing care for small or early babies?

**Theme 2: Experience with and reaction to KMC**

1. Have you ever heard of keeping a small or early (preterm) baby close to mother’s body with the skin of the baby in contact with that of the mother? **Probe:** Where? What did you hear? Do you know what this is called?
2. Do you know how it is done? For how long? Where?
3. Is it easy to do it?
4. What do you think are the benefits of keeping a baby like this in the facility? Do you think there are problems with keeping the baby like this for the baby, mother, health worker? What are the problems?
5. A mother with preterm or small baby is expected to keep the baby skin-to-skin day and night and feed the baby 10 – 12 times per 24 hours through a tube that is inserted in the baby’s nose or by cup until he is able to feed from the breast. Do you think mothers can do this? Why/Why not?
6. We want to give this practice a name that people will easily understand, what would you call this? What about ‘LOCAL TERM?’
7. Is this practice promoted in this area? **If yes:** have there been any challenges? What are the most important lessons that have be learned about promoting this practice?
8. Do you think HW/HEWs have the required expertise/experience and logistics to implement this practice in this area? **Probe:** Training (specific training on KMC or KMC as part of other training), space, equipment, time, supervision, administrative support etc.
9. This practice should be started at a health facility and continued at home. How do you think we can be ensured that this practice continues at home?

**Theme 3: Site specific questions on discharge and referral (HWs)**

1. When are the babies usually discharged after birth? Is the policy the same for small or early babies? How well is this policy followed?
2. Do you visit small or early babies after discharge at home? How long after discharge? What do you do during the visit?
3. For what reasons would a newborn be referred to a higher facility (HP to HC or HC to hospital)? What is the process? How well does the referral system work?
4. Do you have linkage with HDAs/WDAs? Do HDAs/WDAs follow babies after discharge? How do HDAs/WDAs support in referral?

**Theme 4: Site specific questions on identification and referral (HEWs)**

1. How do you know a baby has been delivered (home or health facility)? On which day do they usually find out? Are there situations where you may not know if a mother in your kebele has a baby?
2. How do you know a baby born early or small baby has been delivered? Are there situations where you may not know if a mother in your kebele has a baby born early or small baby?
3. Do most women receive home visits after delivery within 48 hours, 3 days and 7 days? What are the main reasons families may not receive a visit?
4. For what reasons would a newborn be referred to a facility? What is the referral process? How well does the referral system work? What are the challenges in the referral system?

**Theme 5: Site specific questions related to optimizing the planned interventions**

1. Given the existing readiness of the health facilities what do you think should be done to effectively provide skin-to-skin care with exclusive breastfeeding for all preterm and small babies? What should be done at community level?
2. Who from the health facilities and the community should champion and lead the recommended practice? Why?