**FORM 3A: INTERVIEW GUIDE FOR EXIT INTERVIEW WITH MOTHERS (ADOPTERS & NON-ADOPTERS)ADMINISTERED AT THE TIME OF DISCHARGE**

**Basic information**

Interviewer name and code

Date of interview

Name and Code of the KMC Facility

Mother’s name

Woman ID

Child ID

Admission Number

Mother’s age

Mother’s literacy level

Religion

Date of birth of the baby

Time of birth of baby

Sex of the baby

Weight of the baby at birth

Place of delivery

Type of delivery

Date of discharge

1. Did you give KMC to your baby? [Probe: What is KMC, probe for SSC and breastfeeding]
2. If YES What was your overall experience? Good, Not sure, Bad.
3. Tell us about what you liked most about KMC.
4. Tell us about what you did not like about KMC.
5. How long after birth did you begin KMC?
6. Did you know about KMC before you came to this facility?
7. If YES, how did you hear about KMC and what did you know about KMC?
8. Who advised/encouraged you to initate KMC from those within the facility?
9. Were you explained the benefits of KMC? Who explained them to you?
10. Can you tell us what you were told about the benefits of KMC?
11. Were you convinced of the benefits that was told to you?
12. What did your family members/mother/mother-in-law, husband think about KMC?
13. Who from within them encouraged you to provide KMC and who did not? Could you tell us why?
14. Did anyone else provide KMC? Who? Why?
15. How long did you provide KMC every day and for how long in days? [duration/day with reasons]
16. Were you supported by the health staff in providing KMC?
17. What benefits did you experience?
18. What challenges did you encounter?
19. What are you feeding your baby since birth
20. What could be done to improve the duration of KMC?
21. What advise have you been given on continuing KMC at home?
22. How confident are you that you will be able to provide KMC at home?
23. In your assessment what do you think other mothers feel about KMC?
24. Do you have any other questions on KMC?