**Form 3D: Interview with KMC Facility Health Workers**

**Basic information**

Facility name and type

Worker name and code

Worker designation

If nurse: NSSK/ SBA training

Years of working in the post

Worker age

Sex

Marital status

Place interview was conducted

Date of interview

1. Identifying LBW babies
	1. How many LBW babies did you register in the past quarter (less than 2000gm)?
	2. What do you do when you identify an LBW infant (at health facility and at home)?
	3. Do you have challenges in registering and identifying all LBW babies in your facility? If yes, what are the challenges?
	4. Are you getting babies referred for KMC from home or other facilities?
2. Training on KMC
	1. Have you received training on KMC? Was the training adequate enough for you to give KMC to mothers with LBW infants?
	2. What do you suggest to improve about the training you received?
3. Knowledge and practice of KMC (question to be asked at the beginning of the study)
	1. What do we mean by KMC? What are the components/elements of KMC?
	2. Have you ever provided KMC to LBWs infants before?
	3. If yes, when? For how many eligible infants?
	4. If no, why?
	5. How long do mothers practice KMC?
4. Barriers and facilitators for KMC
	1. Would you please tell us the facilitators and barriers for KMC implementation at your health facility?
5. How do you explain the KMC use to the mothers with LBW infants that you identified and counseled for KMC?
	1. Do all mothers with LBW infants practice KMC as per your recommendation/counseling? If yes, how? If no, why not?
	2. Are the families supportive to KMC?
6. Further recommendations and suggestions
	1. What would you like to suggest to improve KMC use for mothers with identified LBWs at the facility?

**Checklist for health facility for care of low birth weight babies (Indian criteria)**

Name of facility: Type of facility:

1. **Equipments and infrastructure**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No** | **Heads with description** | **Essential** | **Desirable** | **Availability** | **Provision for maintenance** |
| **Yes** | **No** | **Yes** | **No** |
|  **A. infrastructure: total 1500 square feet; i.e. 140 Sq M: 120 square feet for each bed (120x8 = 960 square feet) and rest will use as ancillary area, toilet, bathing & hand washing area** |
|  | Renovation orMinor civil work |    |  |  |  |  |  |
| **B. Furniture** |
|  | Beds semi-reclining |  |  |  |  |  |  |
|  | Easy chairs (reclining with foot support) |  |  |  |  |  |  |
|  | Storage space/locker for mothers |  |  |  |  |  |  |
|  | Office chairs |  |  |  |  |  |  |
| **C. Furnishing** |
|  | Mattress |  |  |  |  |  |  |
|  | Pillows |  |  |  |  |  |  |
|  | Bedsheets |  |  |  |  |  |  |
|  | Adult blanket |  |  |  |  |  |  |
|  | Baby blanket |  |  |  |  |  |  |
|  | Mobile screen |  |  |  |  |  |  |
|  | Dustbins |  |  |  |  |  |  |
|  | Refrigerator (165L-230L) |  |  |  |  |  |  |
|  | AV aids (Television & CD player) |  |  |  |  |  |  |
| **D. Equipment** |
|  | Bag & Mask (Size0&1) |  |  |  |  |  |  |
|  | Digital Weighing machine |  |  |  |  |  |  |
|  | Paediatric stethoscope |  |  |  |  |  |  |
|  | Digital & Room thermometers |  |  |  |  |  |  |
|  | Heater (Radiant/air blower) |  |  |  |  |  |  |
|  | Oxygen cylinder & Oxygen hoods |  |  |  |  |  |  |
|  | Training mannequins etc |  |  |  |  |  |  |
|  | Feeding equipment(Tubes, Katoris & Spoons) |  |  |  |  |  |  |
|  | Clothes for newborns(Disposable Diapers, Cap & Socks) |  |  |  |  |  |  |
|  | Gowns for Mothers |  |  |  |  |  |  |
|  | Soap & other cleaning agents |  |  |  |  |  |  |
|  | Emergency medicines, cotton, gauge |  |  |  |  |  |  |
|  | Record registers/ case sheets |  |  |  |  |  |  |

1. **Human Resources**

|  |  |  |
| --- | --- | --- |
| **Manpower** | **Existing number(s)** | **Qualification(s)/Training** |
| Paediatrician |  |  |
| Medical officer |  |  |
| Nurse-midwife (staff nurse) |  |  |
| Laboratory Technician |  |  |
| Health Educator |  |  |
| Radiographer |  |  |
| Ward boys/ nursing orderly |  |  |
| Dietician |  |  |
| Driver |  |  |

1. **Transport**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Availability of transport** | **Type of transport** | **Is it available 24\*7?** | **Any concession for SC/ST and BPL card holders** | **Helpline Number** | **Remarks** |
|  | 1.2.3.4.5. |  |  |  |  |

1. **Basic support services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Is the supply 24\*7****with or without back up?** | **Is a complaint box available?** | **Is the troubleshooting mechanism in place?** | **Remarks** |
| **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| **Water supply** |  |  |  |  |  |  |  |
| **Electricity supply** |  |  |  |  |  |  |  |