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

**Basic/background 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 interview was conducted | 1. Health Facility2. Health Post |  |
|  |  | 3. Home |  |
|  |  | 4. Community | | \_\_\_ | |
|  |  | 5. Other (Specify) \_\_\_\_\_\_\_\_\_ |  |
| **G** | First name of the father/ family members  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Background Characteristics** |   |   |
| **001** | Identification number |  | | \_\_\_ |\_\_\_|\_\_\_| |
| **002** | Record Date of Interview | DD/MM/YY | | \_\_\_ |\_\_\_|\_\_\_| |
| **003** | Record the time interview started | Hours|Minutes | | \_\_ \_\_ |\_\_ \_\_|  |
| **004** | Record the time interview completed | Hours|Minutes | | \_\_ \_\_ |\_\_ \_\_|  |
| **005** | Place of residence: | 1. Urban |  |
|  |  | 2. Rural | | \_\_\_ | |
|  |  | 3. Other (Specify)  |  |
| **005a** | Years of working in the post | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_ | |
|  |  |  |  |
| **006** | Marital status | 1. Never married |  |
|  |  | 2. Married |  |
|  |  | 3. Living together | | \_\_\_ | |
|  |  | 4. Divorced/separated |  |
|  |  | 5. Widowed |  |
| **009** | Have you ever attended school? | 1. Yes0. No | | \_\_\_ | |
|  |  |  |  |
| **010** | What is the highest level of school you attended? | 1. Primary2. Secondary |  |
|  |  | 3. Technical/vocational | | \_\_\_ | |
|  |  | 4. Higher |  |
| **011** | Year of experience  | in years | | \_\_ \_\_ | |
| **012** | Profession | 1. Pediatrician |  |
|  |  | 2. General Practitioner  |  |
|  |  | 3. Sales and services |  |
|  |  | 4. Skilled manual | | \_\_\_ | |
|  |  | 5. Unskilled manual  |  |
|  |  | 6. Agriculture  |  |
|  |  | 7. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_ |  |
| **013** | In what month and year were you born? | Day|Month|Year | | \_\_ \_\_ |\_\_ \_\_|\_\_ \_\_| |
| **014** | How old were you at your last birthday?  | Age in complete years | | \_\_ \_\_ | |
|  | ***Compare and correct 013 and/or 014 if inconsistent. Probe using local calendar/historical events.*** |  |  |
| **015** | Tape recording number  |  | | \_\_ \_\_ |\_\_ \_\_|\_\_ \_\_| |

Years of experience of the heath worker\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of health facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position of the health worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Checklist for health facility for care of low birth weight babies**

1. **Staffing, Equipment, Infrastructure, Medicine, Supplies and Job Aids**

| **CHARACHTERISTICS** | **RESPONSE** | **COMMENT** |
| --- | --- | --- |
| **PART I: HOSPITAL STAFFING** |  |  |
| **Interviewer: ask head of Hospital for the information below**  |
| **1** | **Currently**, how many of each of the following staff works in MNH unit of this Hospital? |   |  |
| a |  Pediatrician |   |  |
| b |  MSc in Pediatrics and child health |   |  |
| c |  Obstetrician |   |  |
| d | General Practitioner |   |  |
| e | Midwife |   |  |
| f | Health officer |   |  |
| g | Nurse |  |  |
| **PART II: KMC UNIT** |  |
| **Furnished KMC unit** |  |  |
| **1** | Does the hospital have KMC unit? **Observe** | 1=Yes 2=No |  |
| **2** | **If YES for Q.1,**Is the KMC unit furnished with following materials and equipment? **Observe** |  |  |
| a | Room can accommodate 2-4 beds | 1=Yes 2=No |  |
| b | # of rooms for KMC | \_\_\_\_\_\_\_\_\_\_ rooms |  |
| c | Room well illuminated | 1=Yes 2=No |  |
| d | Closable windows | 1=Yes 2=No |  |
| e | Side cupboard | 1=Yes 2=No |  |
| f | Head adjustable bed | 1=Yes 2=No |  |
| g | # of functional beds (with mattresses) in the room |  |  |
| h | Total #mattresses |  |  |
| i | Enough pillows (two or more) per bed | 1=Yes 2=No |  |
| j | Bed sheets per bed | 1=Yes 2=No |  |
| k | Adult blanket per bed | 1=Yes 2=No |  |
| l | Baby blanket per bed | 1=Yes 2=No |  |
| m | Easy chair in room | 1=Yes 2=No |  |
| n | Privacy curtains between beds | 1=Yes 2=No |  |
| o | Within easy reach toilet | 1=Yes 2=No |  |
| p | Toilet is functional on day of survey | 1=Yes 2=No |  |
| q | Within easy reach bathroom bath tub/shower | 1=Yes 2=No |  |
| r | The bath tub/shower is functional on day of survey | 1=Yes 2=No |  |
| s | Running water and soap in bath room | 1=Yes 2=No |  |
| t | Running water and soap in bathroom is available on day of survey | 1=Yes 2=No |  |
| u | Alternative power source (generator/solar power) | 1=Yes 2=No |  |
| v | Alternative power source available on day of survey | 1=Yes 2=No |  |
| w | Dust bin in KMC room | 1=Yes 2=No |  |
| x | Refrigerator (functional) in KMC room | 1=Yes 2=No |  |
| y | AV aids (TV and CD player) in KMC room | 1=Yes 2=No |  |
| z | AV aids (TV/CD player) was functional on day of survey | 1=Yes 2=No |  |
| aa | KMC guide/protocol on unit **(specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 1=Yes 2=No |  |
| ab | Does hospital provide all meals for the mothers? | 1=Yes 2=No |  |
| **ac** | Mothers have access to a washing facility, to wash hers and her child's clothes | 1=Yes 2=No |  |
| **ad** | Is there room available for expansion of KMC if needed? **Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 1=Yes 2=No |  |
| **ae** | How does the hospital dispose of material wastes from the KMC room? **Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| **Part III: Equipment and Supplies** |  |  |
| **1** | Does the facility have infant digital weighing scale at the delivery room/KMC unit/NICU/OR? **Observe** |  1=Yes 2=No |  |
| **2** | Check functionality of available scales by weighing IV fluids **Answer code: 1= Functional, 2=Not functional, 3 = NA** |
| **3** | Does the facility have the following equipment available on the day of the survey? **Observe and check if present or yes then check Functionality. Answer code: 1= Functional, 2=Not functional, 3 = NA** |
| a | Radiant heater  |  |  |
| b | Incubator | 1=Yes 2=No | 1= F,2 =NF,3= NA |
| c | Oxygen cylinder | 1=Yes 2=No | 1= F,2 =NF,3= NA |
| d | Oxygen concentrator | 1=Yes 2=No | 1= F,2 =NF,3= NA |
| e | Room thermometer | 1=Yes 2=No | 1= F,2 =NF,3= NA |
| f | Mercury clinical thermometer | 1=Yes 2=No | 1= F,2 =NF,3= NA |
| g | Digital thermometer  | 1=Yes 2=No | 1= F,2 =NF,3= NA |
| h | Pediatrics stethoscope | 1=Yes 2=No | 1= F,2 =NF,3= NA |
| i | Bag/mask (neonatal size) | 1=Yes 2=No | 1= F,2 =NF,3= NA |
| j | Cleaning agents, disinfectant (alcohol, bleach, ..) and soap | 1=Yes 2=No | 1= F,2 =NF,3= NA |
| k | Feeding cups | 1=Yes 2=No | 1= F,2 =NF,3= NA |
| l | Mother’s clothing for KMC | 1=Yes 2=No | 1= F,2 =NF,3= NA |
| m | Syringe and needle | 1=Yes 2=No | 1= F,2 =NF,3= NA |
| o | Decontamination room | 1=Yes 2=No | 1= F,2 =NF,3= NA |
| p | Pediatric size NGT (6 or 8) | 1=Yes 2=No | 1= F,2 =NF,3= NA |
| q | Infection prevention (IP) utensils | 1=Yes 2=No | 1= F,2 =NF,3= NA |
| r | Measuring tape | 1=Yes 2=No | 1= F,2 =NF,3= NA |
| s | Disposable and sterile glove | 1=Yes 2=No | 1= F,2 =NF,3= NA |
| t | Cotton and gauze,  | 1=Yes 2=No | 1= F,2 =NF,3= NA |
| u | Safety box for syringes | 1=Yes 2=No | 1= F,2 =NF,3= NA |
| v | Gown for mother | 1=Yes 2=No | 1= F,2 =NF,3= NA |
| w | Newborn clothes (diaper, cap and socks) | 1=Yes 2=No | 1= F,2 =NF,3= NA |
| x | Protective gown for HWs | 1=Yes 2=No | 1= F,2 =NF,3= NA |
| **Part IV: Medicines** |  |  |
| **1** | Does the facility have the following medicines today? **Observe *and classify as adequate or inadequate first see availability of the drug(yes or no then check its adequacy(adequate= 3, inadequate =4)******NB: adequate means enough of the item, with in the expiry date, inadequate means not enough of the item within the expiry date*** |   |  |
| a | IV fluids | 1=Yes 2=No | 3= Adequate, 4= inadequate |
| b | Pain medications | 1=Yes 2=No | 3= Adequate, 4= inadequate |
| c | Anti-allergic/ medications used in anaphylaxis | 1=Yes 2=No | 3= Adequate, 4= inadequate |
| d | IV Ampicillin & Gentamicin | 1=Yes 2=No | 3= Adequate, 4= inadequate |
| e | Diazepam/Phenobarbitone | 1=Yes 2=No | 3= Adequate, 4= inadequate |
| f | Blood products/whole blood for transfusion | 1=Yes 2=No | 3= Adequate, 4= inadequate |
| g | Vitamin K | 1=Yes 2=No | 3= Adequate, 4= inadequate |
| h | Bronchodilators (Asthalin etc.) | 1=Yes 2=No | 3= Adequate, 4= inadequate |
| i | Aminophylline | 1=Yes 2=No | 3= Adequate, 4= inadequate |
| j | Anticoagulants | 1=Yes 2=No | 3= Adequate, 4= inadequate |
| k | Dopamine | 1=Yes 2=No | 3= Adequate, 4= inadequate |
| l | Dobutamine | 1=Yes 2=No | 3= Adequate, 4= inadequate |
| m | Epinephrine | 1=Yes 2=No | 3= Adequate, 4= inadequate |
| n | Eye prophylaxis/TTC/ | 1=Yes 2=No | 3= Adequate, 4= inadequate |
| o | Insulin drip | 1=Yes 2=No | 3= Adequate, 4= inadequate |
| p | Sodium bicarbonate | 1=Yes 2=No | 3= Adequate, 4= inadequate |
| q | Dexamethasone/betamethasone | 1=Yes 2=No | 3= Adequate, 4= inadequate |
| r | Prostaglandins | 1=Yes 2=No | 3= Adequate, 4= inadequate |
| s | Chlorhexidine/ | 1=Yes 2=No | 3= Adequate, 4= inadequate |
| t | Gentian violet | 1=Yes 2=No | 3= Adequate, 4= inadequate |
| **Part V: IEC materials, Job Aids and Management Protocol** |  |  |
| **1** | Does the facility have the following job aids and forms on the day of the survey? **Observe** |   |  |
| a | KMC leaflet | 1=Yes 2=No |  |
| b | KMC eligibility criteria | 1=Yes 2=No |  |
| c | List of danger signs | 1=Yes 2=No |  |
| d | KMC posters | 1=Yes 2=No |  |
| e | KMC register | 1=Yes 2=No |  |
| f | Follow up form | 1=Yes 2=No |  |
| g | Feeding chart | 1=Yes 2=No |  |
| h | Weight monitoring chart | 1=Yes 2=No |  |
| i | Standard KMC indicators | 1=Yes 2=No |  |
| j | Display KMC performance on indicators | 1=Yes 2=No |  |
| k | KMC report form | 1=Yes 2=No |  |
| l | Counseling cards/posters | 1=Yes 2=No |  |
| m | Referral register for newborns | 1=Yes 2=No |  |
| n | Referral slip | 1=Yes 2=No |  |
| o | CD/DVD(video)/Television in KMC room | 1=Yes 2=No |  |
| p | Others (specify) |  |  |
| **PART VI: NEWBORN CARE AND KMC SERVICE** |  |  |
| **1** | Does the facility provide the following services? **verify service in provision** |   |  |
| a | CEmONC service  | 1=Yes 2=No  |  |
| b | Admission service (pediatrics) | 1=Yes 2=No |  |
| c | NICU service | 1=Yes 2=No |  |
| d | Newborn corner | 1=Yes 2=No |  |
| e | Perform neonatal resuscitation | 1=Yes 2=No |  |
| f | Check baby vital sign regularly | 1=Yes 2=No |  |
|  | If vital sign is checked, how often?\_\_\_\_\_\_\_\_\_\_ |  |  |
| g | KMC service | 1=Yes 2=No | If the answer to **item g** is No why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NB: If the answer to item g is No the rest of the response (**item h-l**)will be NA |
| h | Initial counseling on KMC | 1=Yes 2=No |
| i | Routine education about KMC | 1=Yes 2=No |
| j | Demonstration and support on KMC positioning | 1=Yes 2=No |
| k | Counseling at discharge for home care | 1=Yes 2=No |
| l | Demonstrate and support mothers on SSC | 1=Yes 2=No |
| m | What is the average duration of SSC you recommend for LBW per day? **(hours)\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| n | For how many days do you recommend KMC for LBW baby?  |  |  |
| o | Demonstrate and support mothers on BF  | 1=Yes 2=No |  |
| p | Baseline weight measurement is done? | 1=Yes 2=No |  |
| q | How often is weight measured? **(per day)\_\_\_\_\_\_\_\_** |  |  |
| **PART VII: KMC SERVICE FOLLOW UP** |  |  |
| **1** | Does the facility provide the following KMC services? **Verify service provision** |   |  |
| a | Follow up in the KMC unit | 1=Yes 2=No  |  |
| b | HF keeps physical address of babies | 1=Yes 2=No |  |
| c | Assigns staffs by catchment area | 1=Yes 2=No |  |
| d | Conducts home visit after discharge | 1=Yes 2=No |  |
|  | If YES (home visit), how often? |  |  |
| e | All discharged babies are appropriately recorded in the follow up forms | 1=Yes 2=No |  |
| f | Links the woman with catchment HC/HP | 1=Yes 2=No |  |
| g | Update records after follow up | 1=Yes 2=No |  |
| h | Follow the # of hours the mother was on SSC | 1=Yes 2=No |  |
| i | Follow frequency of BF | 1=Yes 2=No |  |
| j | Conduct Periodic inventory of KMC service | 1=Yes 2=No |  |
| k | **If YES Q. i,** specify the interval |  |  |
| l | Takes weight during follow up period | 1=Yes 2=No |  |
|  |  |  |  |
| **PART VIII: SUPPORTIVE SUPERVISION AND PERFORMANCE MONITORING** |  |
| **1** | Does the hospital have a functional Performance Monitoring Team (PMT)/Quality improvement team?If no, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1=Yes 2=No |  |
| **2** | Who are the members of the PMT? Describe their responsibilities |  |  |
| **3** | Does the hospital implement improvement work?If No why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1=Yes 2=No |  |
| **4** | **If yes to Q.1:** Do you review your performance regularly? **Check records** | 1=Yes 2=No |  |
| a | How often do you review the performance? |  |  |
| b | Was newborn care an agenda item in one of the reviews in the past yearIf No why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1=Yes 2=No |  |
| c | Was KMC an agenda item in one of the reviews in the past yearIf No why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1=Yes 2=No |  |
| d | **If YES Q.c**, could you share or remember some of the issues discussed |  |  |
| **5** | In the past 3 months, has the hospital PMT performed the following |   |  |
| a | Prepared a quarterly plan and put targets including for KMC | 1=Yes 2=No |  |
| b | Discussed performance, targets, and ways to achieve KMC targets  | 1=Yes 2=No |  |
| c | Observed staff record keeping and reporting | 1=Yes 2=No |  |
| d | Checked the NICU and KMC records/registers for consistency and completeness  | 1=Yes 2=No |  |
| e | Provided feedback to the nurses and other staffs | 1=Yes 2=No |  |
| **6** | Have you conducted a review and planning meeting with your catchment area health centers in the last 3 months? | 1=Yes 2=No |  |
| **7** | Does the QI team have a regular meeting for reviewing and planning in the last 3 months?  |  |  |

1. **In-depth Interview with health worker at Hospital**

1. What are the **Components of Essential Newborn care**? (Response options listed below are components of ENC. Circle each response that the person being interviewed spontaneously mentions)

1. Deliver the baby on the mother’s abdomen
2. Dry the baby’s body with a dry warm cloth, wrap the baby in another dry worm cloth and cover the baby’s head
3. Assess breathing and color, and if not breathing, gasping or if there are less than 30 breath/min, then resuscitate the baby
4. Tie and cut the baby’s cord (if the baby needs resuscitation tie and cut the cord immediately but if not wait for 3-7 minutes before tying and cutting the cord
5. Place the baby in skin-to-skin contact with the mother, cover with warm cloth and initiation breast feeding
6. Give eye care while the baby is held by its mother
7. Give the baby Vit K 1mg IM
8. Weigh the baby

i) Assess and classify (danger signs)

j) Other specify \_\_\_\_\_\_\_\_\_\_\_\_\_If the respondent mentions components of ENC not included in the list a-i above, write the responses here. The responses will be used to generate a coded list of response options.)

1. What is the **birth weight** range of a full term healthy baby?

From \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ grams

1. What are the **weight cut-offs for a LBW baby**, one **who** **requires KMC at a hospital**?

 Below \_\_\_\_\_\_\_\_\_\_\_\_ grams

4. What are the **Main** **Components of KMC**? (The response options listed below are components of KMC. Circle each response that the person being interviewed spontaneously mentions)

1. Skin-to-skin contact
2. Exclusive breast milk feeding
3. Early discharge and follow up
4. Others, specify \_\_\_\_\_\_\_\_\_\_ (If the respondent mentions a component of KMC that is not included in the list a-c above, write the responses here. The responses will be used to generate a coded list of response options.)

5. What are the **steps in Kangaroo positioning skin-to-skin**? (The response options listed below are steps of positioning for skin-to-skin care. Circle each response that the person being interviewed spontaneously mentions).

1. Dress the baby in sock, nappy and cap
2. Place the baby between the mother breasts
3. Secure the baby on to the mother ‘s chest with cloth
4. Put a blanket or shawl on top for additional warmth
5. Instruct the mother to put on a front –open top: a top opens at the front to allow the face, chest, abdomen, arms and legs of the baby to remain in continuous skin-to- skin contact with the mother chest and abdomen
6. Instruct the mother to keep the baby upright when walking or sitting
7. Advise the mother to keep the baby in continuous skin-to-skin contact 24hrs a day
8. Advise the mother to sleep in half sitting position in order to maintain the baby in vertical position
9. Others specify\_\_\_\_\_\_\_\_\_\_(If the respondent mentions a step not included in the list a-h above, write the responses here. The responses will be used to generate a coded list of response options.)

6. What are **Routine assessments** of a baby who is on KMC?(The response options listed below are routine assessments made for a baby who is on KMC. Circle each response that the person being interviewed spontaneously mentions).

1. Assess the baby at least once per shift
2. Discus mother’s observations(activity, breathing, color, temperature )
3. Perform a limited physical exam
4. Review temperature, weight, intake(frequency, volume, tolerance), output(wet diapers, stools)
5. Decide if the baby is well and unwell
6. Act based on the finding of the assessment/diagnosis
7. Others specify\_\_\_\_\_\_\_\_\_\_(If the respondent mentions a step not included in the list a-f above, write the responses here. The responses will be used to generate a coded list of response options.)

7. What are the **Benefits** **of KMC**?(Response options listed below are benefits of KMC. Circle each response that the person being interviewed spontaneously mentions)

1. Baby kept warm 24 hrs as mother is the best incubator
2. Breathing becomes regular as it reduces apnea, reduces oxygen requirement and facilitates physiological stability
3. Infections are reduced due to decreased exposure
4. Early discharge from the health facility
5. Increased alertness and quiet sleep
6. Better breastfeeding and weight gain due to reduced energy expenditure.
7. Others specify\_\_\_\_\_\_\_\_\_\_(If the respondent mentions benefits of KMC that is not included in the list a-f above, write the responses here. The responses will be used to generate a coded list of response options)

8. What are the **Criteria for initiating a mother and baby on KMC**?(Response options listed below are common criteria for initiating a mother and baby on KMC. Circle each response that the person being interviewed spontaneously mentions)

1. Willingness of the mother to do KMC
2. Baby should be in a stable condition(No major illness present such as sepsis, pneumonia, meningitis, respiratory distress and convulsion ,baby who been started on antibiotics for suspected infection can start KMC as soon as they are stable, intermittent KMC can be used until the baby is fully stable)
3. Babies under phototherapy may be evaluated to receive intermittent KMC
4. Other specify\_\_\_\_\_\_\_\_\_\_\_(If the respondent mentions benefits of KMC that is not included in the list a-c above, write the responses here. The responses will be used to generate a coded list of response options)

9. For how many hours per day is it recommended that a mother do KMC?

# Hours \_\_\_\_\_\_\_ per day

10. What kinds of **additional things** are done for KMC when a mother has **LBW twins** (compared with having only one baby)? (Response options listed below are common things that can be done to help a mother with twins do KMC. Circle each response that the person being interviewed spontaneously mentions)

a. The other baby is held by other family member/grand mother

b. The mother will hold baby skin to skin one at a time and then take turn

etc.

 -- Other specify \_\_\_\_(If the respondent mentions other things to help a mother with twins do KMC that is not included in the list a-? above, write the responses here. The responses will be used to generate a coded list of response options)

11. What kinds of things are done **differently for KMC** when a mother has had **a caesarean section** (compared with a normal vaginal birth)? (Response options listed below are common things that can be done to help a mother who has had a Caesarean section do KMC. Circle each response that the person being interviewed spontaneously mentions)

a. The baby will stay at NICU until the mother recovered from the anesthesia/pain

b. The family member/grandmother helps the mother to hold baby skin to skin

d. Other specify \_\_\_\_(If the respondent mentions other things to help a mother who has had a Caesarean section do KMC that is not included in the list a-? above, write the responses here. The responses will be used to generate a coded list of response options)

12. What kinds of things that **can be done** to help a family do KMC when **the mother dies**?(Response options listed below are common things that can be done to help a family do KMC if the mother dies. Circle each response that the person being interviewed spontaneously mentions)

a. The baby stays in NICU until the family is ready to accept the baby

b. The family/grandmother put the baby the skin to skin

d. Other specify \_\_\_\_(If the respondent mentions other things to help a family not included in the list a-? above, write the responses here. The responses will be used to generate a coded list of response options)

13. What are the **criteria for discharging** a LBW baby from the hospital?(Response options listed below are common criteria for discharging a LBW baby from the hospital. Circle each response that the person being interviewed spontaneously mentions)

1. Breathing is normal
2. Temperature is stable(36.5-37.5c ) in a normal environment
3. Weight gain is adequate over 3 consecutive days
4. Mother and baby have demonstrated successful breast feeding or alternate methods of feeding
5. Mother and family are confident they can care for the baby
6. Postnatal is arranged for mother and baby(twice a week until 2000gms and once a week until 2500gms

g) Other specify \_\_\_\_(If the respondent mentions other criteria that are not included in the list a-f above, write the responses here. The responses will be used to generate a coded list of response options)

14. What is the **ideal food** for LBW babies?

1. Breast milk
2. Other specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_(If the respondent mentions foods other than breast milk, write the responses here. The responses will be used to generate a coded list of response options)
[

15. **Why is this food ideal/Reason**?(Response options listed below are reasons that the breast milk is ideal. Circle each response that the person being interviewed spontaneously mentions)

1. Protects against illnesses and enhances the baby’s immune system (antibodies)
2. Superior rates of weight gain
3. Reduced incidence of hypoglycemia
4. Less dehydration
5. Reduced incidence of diarrhea and vomiting
6. Gastric emptying is faster with breast milk
7. Breastfed babies score higher on IQ tests.
8. Other specify \_\_\_\_\_\_\_\_\_\_\_If the respondent mentions other reasons that are not included in the list a-g above, write the responses here. The responses will be used to generate a coded list of response options)

16. What do you understand by the idea **“stable”** LBW baby?(Response options listed below are characteristics of a stable LBW baby. Circle each response that the person being interviewed spontaneously mentions)

a. Weight of the baby is less than 2000gm

b. Baby able to breathe normally

c. Baby able to breast feed/suck

d. no major illness present

d. Other specify \_\_\_\_(If the respondent mentions characteristics of a stable baby not included in the list a-? above, write the responses here. The responses will be used to generate a coded list of response options)

17. Describe the most **important advice** to give a mother who is **breastfeeding her LBW baby**?(Response options listed below are important kinds of advice to a mother who is breastfeeding a LBW baby. Circle each response that the person being interviewed spontaneously mentions)

* 1. The correct position and attachment for breastfeeding;
	2. How to hold her baby: – hold the baby’s head and body straight; – make the baby face her breast, the baby’s nose opposite her nipple; – hold the baby’s body close to her body; – support the baby’s whole body, not just the neck and shoulders;
	3. Help her baby to attach: – touch her baby’s lips with her nipple; – wait until her baby’s mouth is wide open; – move her baby quickly onto her breast, aiming the infant’s lower lip well below the nipple;
	4. Other specify \_\_\_\_(If the respondent mentions other kinds of advice not included in the list a-c above, write the responses here. The responses will be used to generate a coded list of response options)

18.What is the **special support** commonly needed for a mother who is **attempting to breast feed her LBW baby**?(Response options listed below are common kinds of special support a mother who is breastfeeding a LBW baby needs. Circle each response that the person being interviewed spontaneously mentions)

1. Nipple stimulation prior to feeding
2. Attention to positioning and supporting head
3. Attention to proper attachment
4. Early licking and practice at breast
5. Manual expression of drops of breast milk on to the nipple
6. Awaking baby when changing to opposite breast
7. Other specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(If the respondent mentions other kinds of special support not included in the list a-f above, write the responses here. The responses will be used to generate a coded list of response options)

19. What are **signs of good positioning** during breastfeeding a LBW baby?(Response options listed below are signs of good positioning breastfeeding a LBW baby. Circle each response that the person being interviewed spontaneously mentions)

1. Baby’s ear, shoulder and hip should be straight
2. Baby’s face should be facing the breast with nose opposite nipple
3. Baby’s body should be held close to mother
4. Baby’s whole body should be supported
5. Other specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_(If the respondent mentions other signs of good positioning for breastfeeding not included in the list a-d above, write the responses here. The responses will be used to generate a coded list of response options)

20. What are **signs of good nipple** **attachment** during breastfeeding?(Response options listed below are signs of good nipple attachment for breastfeeding. Circle each response that the person being interviewed spontaneously mentions)

a) Chin touching breast

b) Mouth wide open

c) Lower lip turned outward

d) More areola visible above than below the mouth

e) Sucks are slow and deep, sometimes pausing

f) Other specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(If the respondent mentions other signs of good nipple attachment not included in the list a-d above, write the responses here. The responses will be used to generate a coded list of response options)

21. What are **signs that the baby is** **sucking adequately**? (Response options listed below are signs that the baby is sucking adequately. Circle each response that the person being interviewed spontaneously mentions)

1. Baby may or may not take long pauses in between sucks
2. Baby sucks slowly and deeply
3. Other specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(If the respondent mentions other signs of adequate sucking not included in the list a-b above, write the responses here. The responses will be used to generate a coded list of response options)

22. What should be done if mother’s milk has not yet come in (**when mother breast milk not established well**)?(Response options listed below are things that can be done to help the mother begin to breastfeed. Circle each response that the person being interviewed spontaneously mentions)

1. Support mother milk production
2. Ensure mother has adequate nutrition, increase fluid intake
3. Encourage time at breast during skin to skin care and reassess readiness to breastfeed daily
4. Teach mother to express breast milk every 3 hours
5. Other specify­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(If the respondent mentions other actions not included in the list a-d above, write the responses here. The responses will be used to generate a coded list of response options)

23. What are some **alternative methods** **of feeding** breast milk when direct breastfeeding is not possible**?** (Response options listed below are common alternative methods of feeding breast milk to a LBW baby. Circle each response that the person being interviewed spontaneously mentions)

1. Cup feeding for babies who are able to swallow but not able to feed adequately from breast
2. Naso-gastric tube feeding If the baby cannot cup feed adequately,
3. Other specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(If the respondent mentions other actions not included in the list a-b above, write the responses here. The responses will be used to generate a coded list of response options)

24. What are **the factors that obligate the mother to put her baby in** **alternative feeding**? (Response options listed below are common factors that alternative methods of feeding breast milk to a LBW baby depend. Circle each response that the person being interviewed spontaneously mentions)

* 1. If the baby able to swallow but not able to feed
	2. If the baby can not to feed
	3. Other specify \_\_\_\_\_\_\_\_(If the respondent mentions factors not included in the list a-b above, write the responses here. The responses will be used to generate a coded list of response options)

25. What **precautions** should be taken when feeding the LBW baby **using a cup**? (Response options listed below are common precautions for cup feeding breast milk to a LBW baby. Circle each response that the person being interviewed spontaneously mentions)

1. Position the baby semi upright
2. Rest the cup lightly on the baby lower lip touching the outer, upper lip
3. Tip the cup to milk reaches the baby’s lip
4. To avoid chocking, no cough or turn blue, do not pour milk into the mouth
5. Allow the baby to take small amount frequently
6. Burp the baby after feeding
7. Other specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(If the respondent mentions precautions not included in the list a-f above, write the responses here. The responses will be used to generate a coded list of response options)

26. Can you describe the **expected weight gain pattern** of a newborn from the time of birth? (Probe for loss of weight in first few days of birth, the time point when baby regain birth weight and the rate of weight gain. Response options listed below is a common pattern of weight gain in the newborn. Circle each response that the person being interviewed spontaneously mentions)

1. May lose up to 10% of weight in the first 10days
2. Gain up to 15 grams /kg daily after weight loss
3. Shows steady weight gain on a growth chart
4. Other specify\_\_\_\_\_\_\_\_\_\_\_\_\_(If the respondent mentions precautions not included in the list a-c above, write the responses here. The responses will be used to generate a coded list of response options)

27. Do you know how to insert and feed through intra-gastric tube/NG tube?

* 1. Yes
	2. No

28. Have you done this before?

* 1. Yes
	2. No

29. What are the steps for **NG tube insertion**?(Response options listed below are steps for NG tube insertion for feeding a LBW baby. Circle each response that the person being interviewed spontaneously mentions)

1. Wash hands.
2. Select correct size tube (5 or 6 French).
3. Measure length of tube to be inserted from tip of nose to earlobe to half way between tip of breast bone and umbilicus.
4. Put a mark on tube at measured length.
5. Lubricate the tube with expressed milk.
6. Insert the tube gently through nostril to the mark.
7. Confirm proper placement of the tube:
* Inject 2 mL of air while listening for the sound of air entering the stomach and
* Withdraw air from the stomach and look for small amounts of gastric fluid
1. Tape tube to the skin close to the nose.
2. Note depth of insertion using mark on tube and record in chart.

30. What are the steps in **NG tube removal**?(Response options listed below steps for removing the NG tube. Circle each response that the person being interviewed spontaneously mentions)

a. Pinch the tube to close and withdraw rapidly.

b. Have a suction device available to remove milk or secretions in the throat.

31. What should be included at **admission counseling to KMC**?(Response options listed below are points to be included during admission counseling to a mother who has a less than 2000gm baby. Circle each response that the person being interviewed spontaneously mentions)

1. Give information on the three basic needs of babies. (Warmth, food, love).
2. Ask whether they know about KMC, if yes what do they know?
3. Explain KMC, inform which babies need KMC.
4. Advantages and disadvantages of KMC.
5. How is KMC done? Demonstrate and let them practice.
6. How long KMC can be done?
7. What are the challenges and solutions?

32. What should be included **during discharge counseling** from KMC Hospital? ?(Response options listed below are points to be included during discharge from the hospital. Circle each response that the person being interviewed spontaneously mentions)

1. Ask mothers and family members about their stay at the KMC unit, problems faced and ensure that they will continue KMC at home.
2. Discuss continuing KMC in relation to performing other necessary tasks at home.
3. Ensure that the mother and family members are aware of general cares needed by the baby, feeding, cleanliness, cord care, immunization and recognition of the danger signs and action to be taken.
4. Discuss and suggest on how to handle negative situations related to KMC.
5. Explain the importance of follow-up visits, inform when and where to go for follow-up visits
6. Explain when KMC can be discontinued
7. Thank mothers and the family members for all their support in successfully caring for the baby.
8. Encourage them to become role models for others needing similar care within their communities.
9. Discuss on family planning including.

33. What **Discharge advice** should you give to the mother about caring for her LBW baby at home? Response options listed below reflect common advice give to mothers caring for LBW babies at home. Circle each response that the person being interviewed spontaneously mentions)

1. Prevent infection with hand washing and clean surroundings
2. Keep the baby warm
3. Breast feed every 2-3 hrs
4. Assess the baby for any changes or danger signs and seek care if necessary
5. Return to the health facility for weighing and immunization
6. Others specify\_\_\_\_\_\_\_\_\_\_(If the respondent mentions advice not included in the list a-e above, write the responses here. The responses will be used to generate a coded list of response options)

34. What is the ***Criteria for Readmission*** after the baby is discharged from the Hospital?(Response options the criteria for readmission of a LBW baby. Circle each response that the person being interviewed spontaneously mentions)

1. The baby is losing weight
2. The baby gained less than 15grams/kg/per day over a period of two weeks
3. The baby is sick
4. The baby is having sign of major infection
5. The baby is not sucking breast milk
6. The mother is not doing KMC method for a baby who is less 2000 grams
7. The mother is sick-unable to continue KMC at home

35. What are the reasons for **Discontinuation** **of KMC?** (Response options listed below are reason for discontinuation of KMC. Circle each response that the person being interviewed spontaneously mentions)

1. The baby reaches weight 2500 grams
2. The mother has no desire to continue KMC for a baby who is less than 2000 grams even with additional counseling
3. The mother sick or unable to provide KMC
4. The baby dos not tolerate KMC: that is, if the baby is very active and not content with the KMC position
5. The baby is sick
6. Transport

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Availability of transport | Type of transport | Is it available 24\*7 | Helpline Number | Remarks |
| Hospital | YesNo | 1.Ambulance2.office car3.public car/rental car4.Bajaj |  |  |  |

1. Basic support services

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