**Form 3E: Interview with Community Health Workers and Health Workers at small facilities**

**Basic information**

PHC

Village

Facility name and type

Worker name and code

Worker designation

Years of working in the post

Worker age

Sex

Marital status

Place interview was conducted

Date of interview

Literacy level

**Introductory questions**

1. Birth registration and identification of LBW infants

* Registration and reaching births (only for CHW)
  + How many births have your registered in the past one year?
  + How to do you reach and register new born babies?
  + Usually how long after birth are you able to register
  + Do you have a registration format? Can I see it?
  + Do you have challenges in reaching and registering newborn babies on the date of birth? ( both at health facility and home) If yes, what are the challenges?
* Identifying LBW babies
  + How many LBW babies did you register in the past one-year (Less than 2000gm)
  + What do you do when you identify a LBW infant (at health facility and at home)?
  + Do you have challenges in registering and identifying all LBW babies in your area? If yes, what are the challenges?

1. Knowledge and practice of KMC (question to be asked at the beginning of the study)
   * What do we mean by KMC? What are the components/elements of KMC?
   * Have you ever provided KMC to LBWs infants before?
   * If yes, when? For how many eligible infants?
   * If No, why?
   * Have you referred babies to KMC facility?
2. Training on KMC

* Have you received training on KMC by the research project? How did you find it? Was the training adequate enough for you to give KMC to mothers with LBW infants?
* What do you suggest to improve the training you received?

1. Barriers and facilitators for KMC

* Would you please tell us the facilitators and barriers for KMC implementation at your health post or at home?
* How do you explain the KMC use by the mothers with LBW infants that you identified and counseled for KMC? (for CHW)
  + Do all mothers with LBW infants practice KMC as per your recommendation/counseling? If yes, how? If No, why?

1. Further recommendations and suggestions

* What would you like to suggest for improving KMC use by mothers with identified mothers with LBWs at home and/or facility?

**Checklist for health facility for care of LBW babies (Indian criteria)**

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 or Minor civil work |  |  |  |  |  |  |
| **B. Furniture** | | | | | | | |
|  | Beds semi-reclining |  |  |  |  |  |  |
|  | Easy chairs (reclining with foot support) |  |  |  |  |  |  |
|  | Storage space/locker for mothers |  |  |  |  |  |  |
|  | Office chairs |  |  |  |  |  |  |
| **C. Furnishing** | | | | | | | |
|  | Mattress |  |  |  |  |  |  |
|  | Pillows |  |  |  |  |  |  |
|  | Bed sheets |  |  |  |  |  |  |
|  | Adult blanket |  |  |  |  |  |  |
|  | Baby blanket |  |  |  |  |  |  |
|  | Mobile screen |  |  |  |  |  |  |
|  | Dust bins |  |  |  |  |  |  |
|  | Refrigerator (165L - 230L) |  |  |  |  |  |  |
|  | AV aids (Television & CD player) |  |  |  |  |  |  |
| **D. Equipment** | | | | | | | |
|  | Bag & Mask (Size 0 & 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. **Knowledge of facility staff**

Name

Age

Sex

Designation

Years of experience

Type of health facility

* What are the components of Essential Newborn Care? Describe each and what should be done for each?
* What is the normal birth weight of a baby?
* What is KMC
  + What are the components of KMC?
  + What are the benefits of KMC?
  + Who needs KMC?
  + What is done to provide KMC and how? How long is KMC recommended – each day and total number of days (Observe workers assisting mother to do KMC if possible) (Probe for clothing, position)?
  + What should be done for twins, caesarean section, mother’s death etc.
* When is an LBW baby discharged form hospital?
* Feeding of LBW babies
  + What is the ideal food for LBW babies and why?
* What is done to breastfeed a
  + Stable baby?
  + Unstable baby?
  + What do you understand by stable, unstable baby?
* Describe appropriate breastfeeding, position, attachment and sucking.
* What should be done if mother’s milk is not available
* What are the alternative methods of feeding when direct breastfeeding is not possible; does this depend on any factor- what are these?
* How often and how much should an LBW baby be fed? Can you specify how fluid requirement is calculated by weight of the baby?
* What is done for babies <1200gms?
* What are the recommendations for micronutrients supplementation
  + Vitamin D
  + Iron
  + Calcium
  + Phosphorus
* Can you describe the weight gain from birth (Probe for loss of weight in first few days of birth, time point when baby regain birth weight and rate of weight gain)
* What precautions should be taken to spoon feed, feed with paladai and cup feeding
* Do you know how to insert and feed through intra-gastric lube? Have you done this before?

1. **Drugs (check inventory of the paediatric/KMC ward in the facility)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Essential drugs** | **Availability** | | **Adequacy and timing of Supply** | | | | **Remarks** |
| **Yes** | **No** |  |  |  |  |
| **Adequate** | **Inadequate** | **Timely** | **Delayed** |
| I/V fluids |  |  |  |  |  |  |  |
| Oxygen |  |  |  |  |  |  |  |
| Pain medications |  |  |  |  |  |  |  |
| Anti-allergic/ Medications used in anaphylaxis |  |  |  |  |  |  |  |
| Antibiotics |  |  |  |  |  |  |  |
| Anticonvulsants/ anti-epileptics |  |  |  |  |  |  |  |
| Blood products/plasma substitutes |  |  |  |  |  |  |  |
| Vitamin K |  |  |  |  |  |  |  |
| Gentian violet |  |  |  |  |  |  |  |
| Bronchodilators (Asthalin etc.) |  |  |  |  |  |  |  |
| Aminophylline/ caffeine |  |  |  |  |  |  |  |
| Anticoagulants |  |  |  |  |  |  |  |
| Anticonvulsants |  |  |  |  |  |  |  |
| Dopamine |  |  |  |  |  |  |  |
| Dobutamine |  |  |  |  |  |  |  |
| Epinephrine |  |  |  |  |  |  |  |
| Eye prophylaxis |  |  |  |  |  |  |  |
| Insulin drip |  |  |  |  |  |  |  |
| Sodium bicarbonate |  |  |  |  |  |  |  |
| Prostaglandins |  |  |  |  |  |  |  |
| Steroids |  |  |  |  |  |  |  |

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** |
| **CHC** | **Yes**  **No** | 1.  2.  3.  4.  5. |  |  |  |  |
| **District Hospital** | **Yes**  **No** | 1.  2.  3.  4.  5. |  |  |  |  |
| **Private Nursing Homes** | **Yes**  **No** | 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 | CHC |  |  |  |  |  |  |  |
| District Hospital |  |  |  |  |  |  |  |
| Pvt. nursing home |  |  |  |  |  |  |  |
| Electricity supply | PHC/Subcenter |  |  |  |  |  |  |  |
| … |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |