**Form 3F: Interview with District Program Managers**

**Basic information**

District/taluk subdistrict name and type

Worker name and code

Worker designation

Years of working in the post

Worker age

Sex

Place interview was conducted

Date of interview

**Introductory questions**

1. Identifying LBW babies
	1. How many LBW babies (Less than 2000gm) are registered in the past quarter in your region?
	2. What is done when they identify a LBW infant (at health facility and at home)?
	3. Do you have challenges in registering and identifying all LBW babies in your region? If yes, what are the challenges?
	4. Are there many referrals babies for KMC from home or other facilities or other regions?
2. Training on KMC
	1. Have staff in your district/taluk received training on KMC by the research project? How did they find it? Was the training adequate enough for you to give KMC to mothers+LBW babies?
	2. What do you suggest to improve the training they/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. By what age are staff on an average been able to initiate KMC?
	3. How long do mothers practice KMC?
	4. How many days do the mothers stay in the facility on an average?
4. Barriers and facilitators for KMC
	1. Would you please tell us the facilitators and barriers for KMC implementation at your administrative level?
5. How do you explain the KMC use by the mothers with LBW infants that are identified and counseled for KMC?
	1. Do all mothers with LBW infants practice KMC as per your staff recommendation/counseling? If yes, how? If No, why?
	2. How is the family supportive to KMC?
6. Further recommendations and suggestions
	1. 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. **What do you think about the availability/shortage of essential Equipments and infrastructure in the facilities under your control?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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. **What do you think about the availability/shortage of Human Resources in your region?**

|  |  |  |
| --- | --- | --- |
| **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. **What do you have to say/do regarding Knowledge-gaps regarding KMC of your facility staff?**

Type of health facility

* components of Essential Newborn Care? Describe each and what should be done for each?
* normal birth weight of a baby
* 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 a 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 a 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. **What actions could you take regarding availability of Drugs in the facilities under your control**

|  |  |  |  |
| --- | --- | --- | --- |
| **Essential drugs** | **Availability** | **Adequacy and timing of Supply** | **Remarks** |
| **Yes** | **No** |  |  |  |  |
| **Adequate** | **Inadequate** | **Timely** | **Delayed** |
| I/V fluids |  |  |  |  |  |  |  |
| Oxygen  |  |  |  |  |  |  |  |
| Antibiotics |  |  |  |  |  |  |  |
| Blood products/plasma substitutes |  |  |  |  |  |  |  |

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 |  |  |  |  |  |  |  |
| … |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |