**FORM 3G: INTERVIEW WITH MOTHERS AND FAMILIES WITH BABY BORN AT HOME OR NON KMC FACILITIES, WHO DID NOT RECEIVE KMC**

1. **Do you know about KMC?**
2. If yes, then what do you know and from where do you know?
3. Did anyone refer the baby to KMC unit?
4. If yes then who and where to refer?
5. Did the person explain the reason for referral?
6. If yes, what he/she explained?
7. Did anyone counsel the mother or family members to initiate KMC?
8. If yes, then who was the person?
9. Did the mother or family members motivated after counsel?
10. If no, then what was the reason?
11. **Did your baby receive KMC?**
12. If not, explore reasons. If yes, where was KMC initiated? Who initiated? Did you practice?
13. **Are you aware of any ASHA workers in your area?**
14. If yes, who is she?
15. Did she ever visit at your home?
16. If yes, then why and how many times?
17. What did she do during visit?
18. Did she suggest anything during visit?
19. If yes, what were the suggestions?
20. **Perceptions about KMC.**