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| **Post Facility Information Sheet** |
| **Name of Area** |  | **Date** |  |
|  |
|  | **Woman Name** | **Woman Name** | **Woman Name** | **Woman Name** | **Woman Name** | **Woman Name** |
|  | **Woman ID** | **Woman ID** | **Woman ID** | **Woman ID** | **Woman ID** | **Woman ID** |
| **Visit details** | **Name of Village / Area visited by study team** |  |  |  |  |  |  |
| **Day of visit(1st,2nd,3rd,6th,14th,21st day of Discharge)** |  |  |  |  |  |  |
| **Due date of visit** |  |  |  |  |  |  |
| **Date of visiting** |  |  |  |  |  |  |
| **Observed / Facilitated by (mention study team member)** |  |  |  |  |  |  |
| **Home Counselling** | **Visited by ASHA (Yes / No)****Specify reason if not visited by ASHA** |  |  |  |  |  |  |
| **Counselled & supported by ASHA (as reported or observed) / due for counselling** |  |  |  |  |  |  |
| **Duration of Counselling (In Minutes:****as reported or observed)** |  |  |  |  |  |  |
| **Father / Family member present at the time of counselling (Yes/No). If yes, specify** |  |  |  |  |  |  |
|  |
| **Counselling Content for Community Health Workers** | **SSC Technique** |  |  |  |  |  |  |
| **SSC Duration, Benefits , Skin to Skin contact** |  |  |  |  |  |  |
| **How to give SSC at Home** |  |  |  |  |  |  |
| **Breast feeding Technique** |  |  |  |  |  |  |
| **Exclusive Breast Feeding** |  |  |  |  |  |  |
| **Breast feeding benefits** (Effective thermal control, Increased breastfeeding rates, Early discharge, Less morbidities such as apnoea and infection, Less stress, Better infant bonding) |  |  |  |  |  |  |
| **Duration, Frequency** |  |  |  |  |  |  |
| **Breastfeeding during SSC** |  |  |  |  |  |  |
| **Prelacteal feed** |  |  |  |  |  |  |
| **Diet of Mother** |  |  |  |  |  |  |
| **Family Support** |  |  |  |  |  |  |
| **Sanitation & Hygiene Practices** |  |  |  |  |  |  |
| **Danger Signs of neonate illness** |  |  |  |  |  |  |
| **Referral System (When & How)** |  |  |  |  |  |  |
| **Follow Up Visit in KMC Unit****(Only at Discharge)** |  |  |  |  |  |  |

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| **Additional Information / Key Points** |
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| **Issues** | **Action Taken** | **Outcome** |
|  |  |  |