**Information on private Health Facilities**

**General Information**

1. Name of the hospital\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address ( landmark and under which PHC area it comes):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Catchment population \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Is there a SNCU/NBSU/NCC available (mention whatever of these is present)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. If response to Q.4 is YES, total number of beds (in SNCU/NBSU/NCC) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |
| --- | --- | --- |
| **Delivery practices** | | **Response(s)- wherever possible, collect data from records** |
| Number of deliveries per month | |  |
| Number of LBW/preterm babies born in the facility per month | <2500 grams |  |
| <2000 grams |  |
| Number of LBW/preterm babies (<2000 grams) referred to the facility per month | |  |
| Number of LBW/preterm babies (<2000 grams) referred from the facility per month | |  |
| Common places from where referrals are received | |  |
| Common places to where referrals are made | |  |
| **Infrastructure and Logistics** | |  |
| Availability of SNCUs/ NBSU | |  |
| Number of beds in SNCUs/NBSU, if any of these two is present | |  |
| **Birth weight measurement** | |  |
| Is a digital weighing scale present in the labour room/OT | |  |
| Are the weighing scale calibrated using standard weights; If YES, when was the last calibration done (DD/MM/YY) | |  |
| Are the staff nurses trained in appropriate birth weight measurement | |  |
| Observe how birth weight is taken by the nurses/health personnel and report your observation | |  |
| **KMC unit** | |  |
| Is KMC practiced in the health facility | |  |
| If YES, who initiates the baby on KMC and whether the health personnel is trained in KMC | |  |

**Willingness to refer the LBW baby (<2000grams) to the nearest health facility with KMC unit functioning**

1. Is the health facility willing to refer the LBW baby to District hospital/CHC with KMC unit, for initiation on KMC

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1. If Yes, what are the motivating factors to do so?

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1. IF NO, what are the reasons for the same?

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1. What are the additional inputs, if provided to the health facility, will make them willing to refer the low birth weight babies to the District hospital/CHC with functioning KMC

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**Contact number of key person(s) in the health facility**

|  |  |  |
| --- | --- | --- |
| **Key contact person** | **Designation** | **Phone number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Name of the data collector:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_