**STANDARD OPERATING PROCEDURE/CHECKLIST**

**FORM 1C.Focus Group Discussion/In depth Interview Guide: Health workers and community health workers**

**Instructions for the moderator:**

Please read the Facilitator guide for FGD and follow the instructions given. Welcome each participant and make them feel comfortable and at ease. Show interest in their lives and what is happening in their environment. These efforts will improve quality and enrich the information collected.

At the outset, explain to the participants that their identity will not be disclosed and they can express their opinion freely. Encourage all members to participate actively, ensure them that in an FGD there is no correct or incorrect answer, it is the opinion of an individual in the group. If others do not agree, they should feel free to contradict and express their opinion.

Remember that the moderator should speak the least. Encourage all participants to speak. Be alert to encourage the shy participants to speak enough.

Do not ask leading questions.

The specific details are explained in the guide

# Theme1 : Socio-demographic and interview information

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| * 1. FGD ID:   2. FGD date:   3. FGD start time:   4. FGD end time: | * 1. Interviewer code:   2. Note taker code:   3. Translator code:   4. Tape recording number: |

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| **Respondent number** | **Age** | **PHC/Village/SC** | **Education** | **Religion** | **Caste** | **Ethnicity** | **Job title** | **Years**  **Of experience** | **Area of work** |
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# Theme 2: Identification and care of small and early babies

1. Where are babies born in their areas, home or facilities?

* Which are the common delivery facilities?
* After delivery usually when are the mother and baby discharged? Does the time of discharge vary with any associated condition of the mother or the newborn? [probe for preterm and LBW births]
* Do families comply with the discharge advice? Why?

1. What are the usual immediate and subsequent new born care practices in facilities and at home? Why are these practices followed?
2. Are babies usually weighed in a facility? What about at home? How long after birth are they usually weighed?
3. Are the weighing machines calibrated? How frequently?
4. What are the main reasons babies are not weighed for facility deliveries? For home deliveries?
5. Under what weight would a baby be considered small?

When is a baby considered to be a preterm?

1. What problems can babies born too early or small have?
2. What do you think is the best care for an early baby in the facility? What about for a small baby? **Probe:** Feeding, warmth?
3. What care is actually provided in facilities? **Probe:** Feeding, warmth?
4. What is the routine PNC home visit schedule?

* On which days of birth do the ASHAs make home visits for home delivery and facility delivery?
* When do the ASHAs come to know about a birth and how?
* For facility deliveries, when are the ASHAs informed about discharge and how?
* What motivation do ASHAs have to visit the home on the day of discharge if it is on day 2 of birth, because they are paid only for day 3 visit.
* What motivation do families have to inform about births or discharge from facilities?
* Is there any established system of linking discharge from facility with the community health workers? If yes, what is the system of establishing the continuity from facility to home?

1. Where do the ANMs in the PHC/CHC area reside? Are they local residents?

Do ANMs make home visits? If yes, when, how frequently, mandatory or optional, accompanied visits or with the ASHAs?

1. What are the challenges in providing care for small or early babies? How do you think these can be overcome?

**Theme 3: Experience with and reaction to KMC (show photographs if they haven’t heard)**

1. Have you ever heard of keeping a newborn skin to skin with the mother? **Probe:** Where? What did you hear? For whom is this done? Do you know what this is called?
2. Do you know how it is done? For how long? Where is it done (hospital / home)?
3. Do you think it is easy to practice KMC? What are the challenges? What are the enabling factors?
4. What do you think are the benefits of keeping a baby skin to skin contact like this?
5. We want to give this practice a name that people will easily understand, what would you call this? What about ‘LOCAL TERM?’.
6. Is this practice promoted in this area? **If yes:** what are the challenges? What are the most important lessons that have be learned about promoting this practice?
7. Do you think HW/CHWs have the required expertise/experience and logistics to implement this practice in this area? **Probe:**Training, space, equipment, time, supervision, administrative support etc.
8. This practice should be started at a health facility and continued at home. How do you think it can be ensured?

**Theme 4: Discharge and referral practices (HWs)**

1. When are the babies usually discharged after birth? Is the policy the same for small or early babies? How well is this policy followed? ***[If ascertained already in Theme 2, do not repeat]***
2. For what reasons would a newborn be referred to a higher facility? What is the process? How well does the referral system work?

**Theme 5: Referral of LBW and preterm babies (CHWs)**

1. For what reasons would a newborn be referred to a facility? What is the referral process? How well does the referral system work?