# ONSITE FACILITY ASSESSMENT – SEMI STRUCTURED INTERVIEW QUESTIONAIRE WITH HEALTH CARE PROVIDERS - PAEDIATRICIAN

Instructions for the interviewers:

Dear Friends,
Follow the instructions in the schedule:

- Write the responses in the blank boxes provided
- Ask additional questions as and when required (as per the probes)

**Pause after each question for response and then ask the next question.**

**Preamble (this should be read aloud verbatim by all interviewers):**

I am delighted to interact with you for this study entitled '**Rapid Assessment of Knowledge & Practices regarding Maternal, Infant and Young Child Nutrition (MIYCN) among Obstetricians and Pediatricians working in Private Health Care Establishments**'.
Thank you for agreeing to participate and offer your valuable time. This study is being conducted by IAPSM in collaboration with FOGSI & IAP and funded by Alive & Thrive (FHI360). Our objective is to assess the awareness and practices, regarding MIYCN among the private obstetric practitioners. This will help recommend potential interventions to enhance the practice of MIYCN in private establishments. We would request you to share your experiences so that we could have a closer understanding of the MIYCN practices in the Private Health care facilities. All the information collected as part of this study will be kept confidential and presented as collective anonymized results. These will not be linked to individuals or institutions.

## PROFILE of PEDIATRICIAN:

1 Highest educational qualification: a. MD (Peds) b. DNB (Peds) c. DCH

2 Current place of working: City/Town……..

District……

State……

**SCREENING OF PEDIATRICIAN**

1. Age in completed years: ……..
2. Are you currently an active member of IAP?
3. Are you the provider specialist pediatrician unique recipient to whom the original onsite invitation to participate was addressed? a.Yes b.No

**PROFILE OF FACILITY WHERE YOU ARE WORKING;**

| | | |
|---|---|---|
| 1. | Type of facility based on ownership: (multiple responses allowed) | Private……..……<br>Trust/Mission/Faith-based…….<br>Government/public ……..<br>Other (specify) _____ |
| 2. | Type of facility based on services provided: (Hospital associated with Medical colleges should not be included) | a) Single practitioner clinic…….<br>b) Polyclinic……<br>c) Nursing home ……<br>d) Multispecialty Hospital……. |
| 3. | If working in multiple places which is the working place of prominence (options given in Q4) | |
| For the below questions provide information for working place of your prominence i.e. where you give your maximum time: | | |
| 4. | What type of services are provided | a) ANC services….Y/N<br>b) Delivery (normal delivery and basic emergency obstetric care)…….. Y/N<br>c) Delivery with comprehensive emergency obstetric care… Y/N<br>d) Newborn care services…… Y/N<br>e) Surgical services including caesarean section…. Y/N<br>f) Child immunization services……. Y/N<br>g) Preventative & curative care services for under 5 children….. Y/N<br>h) Nutrition related services…. Y/N<br>i) Counselling services….. Y/N |
| 5. | On an average how many patients attended your facility in last one month | a) Pediatrics OPD…..<br>b) Pediatric IPD<br>c) Normal Delivery…..<br>d) Caesarean delivery…..<br>e) Immunization OPD |
| 6. | Number of Health Care staff in your hospital/Facility | a) Obstetrician_____<br>b) Pediatrician_____<br>c) Nurses_____<br>d) Dieticians_____<br>e) Counsellors_____ |

**GENERAL ASSESSMENT OF THE HEALTH SYSTEM TO DELIVER INFANT YOUNG CHILD NUTRITION SERVICES**

1. How much is nutrition important / integral part of Maternal and child health? (elaborate on the response)

   a) Very Important  b) Less Important  c) Not important at all  d) Can't say

   (elaborate on reason for the response or for any other response)

2. Are you aware of any IYCN policy or guideline for the health service providers?
   a). Yes  b). No

3. What is your level of agreement with the following statement– The IYCN (Infant and Young Child Nutrition) policy and guideline is applicable for Indian Private Health care settings along with for public health system?
   a). Strongly Agree  b). Agree  c). Disagree  d). Strongly Disagree  e). Can't say

   (elaborate on reason for the response or for any other response)

4. Do your hospital/facility follows any Infant and Young Child Nutrition/Feeding (IYCF) Policy/ standard operating protocol?
   a). Yes  b). No.  c) Not available

12 a) If Yes describes.

Probing questions

a). What protocols are followed?
b). Who has recommended those protocols?
c). Who are the staffs that these protocols are applicable for?
d). Any other responses

12 b) If no probe for reasons for not following any protocols?

Probing questions

a). See whether they are aware of such protocols? Are not trained on IYCN aspects
b). Aware but considers that this is not important part of their service delivery?
c). Do not have dedicated lactation or nutrition consultant or staff for this?
d). Do not have time to talk on nutrition aspects
e). Any other response

5. Is nutritional counseling a part of your or hospitals delivery of infant and child health services?
   a). Yes  b). No.

13a) If yes describe in detail

Probing questions:
(elaborate on how it is provided, when, by whom)

a) Whether this is part of services to be provided by every doctor or the interaction of clients with the nursing staff?
b) Whether there is a dedicated person/nutritionists/lactation and nutrition consultant or have deputed/capacitated the nursing staff or existing staff/junior doctor if available for this?
c) Probe to identify any best practices adopted related to IYCF counseling at the facilities
d) Any other response

13b) If no,

Probe into the reasons for not being part of their infant and child health service delivery.

6. Have you received any formal training regarding Maternal Nutrition and Infant and Young Child Nutrition? a.Yes b.No
   Probe in detail on
   a) When , from where, what was addressed
   b) Any other details

**KNOWLEDGE ASSESSMENT:**

7. How do you rate your knowledge regarding IYCF on a scale of 1 to 10 ( 1 is the least and 10 is the best)?

8. What is the guideline for initiating breastfeeding for a new born in normal vaginal delivery?
   a) Within half an hour b) Within one hour c) Within 4 hours d) Within 24 hours e) Within 2 days
   f) Don't know

9. What is the guideline for initiating breastfeeding for a new born in C-Section delivery?
   a) Within half an hour b) Within one hour c) Within 4 hours d) Within 24 hours e) Within 2 days
   f) Don't know

10. Who needs to be provided with Kangaroo Mother care?
    a) Stable new born with birth weight above 2.5 Kg b) Sick new born with birth weight above 2.5 Kg
    c) Stable new born with birth weight below 2.5 Kg d) Sick new born with birth weight below 2.5 Kg

11. Till what completed age in months should a child be given only breast milk?

12. Infants below 6 month's age need water in summer when it is hot?
    a) Strongly agree b) Agree c) Disagree d) Strongly disagree e) Can't say

13. Child should be breastfed through both breasts during every feed?
    a). Strongly agree b) Agree c) Disagree d) Strongly disagree e) Can't say

14. Incorrect attachment of baby to breast is the most common reason for lactation failure
    a) True b) False

15. Mother complaining of "no milk" is a myth
    a) Strongly agree b) Agree c) Disagree d) Strongly disagree e) Can't say

16. As per GoI or IAP guidelines Breast milk need to be continued till what age?

17. How many different types of food groups need to be included in complementary DAILY diet of 8 months old child?

**ASSESSMENT OF MIYCN SERVICE DELIVERY AS PER THE SERVICE DELIVERY CONTACT POINT**

***A) AFTER DELIVERY SERVICES:***

18. Do you or your hospital has a system for Pediatrician to attend every child born in the facility?
    Probe into
    a) Whether all new born need to be attended by Pediatrician immediately after birth
    b) If not which type of children – new born of a high-risk pregnancy with normal delivery, newborn with problems after delivery, newborn after C-section delivery etc.
    c) Any other response

19. As routine practice when is the new born initiated with breastfeeding?
    Probe details
    a) Whether newborn is put to breast immediately after birth or at least before leaving the labour room or started after the mother and child are moved to PNC ward?
    b) Whether skin to skin contact or the breast crawl technique being followed for initiating breastfeeding immediately?
    c) Probe into… routinely who is supporting mothers in initiating breastfeeding?
    d) Probe to see if pre-lacteal feeds in the form of formula feed is prescribed routinely to all newborns or only to some newborns on special conditions. If special conditions what conditions?

20. What is the practice for breastfeeding in Caesarean delivered baby?
    Probe details
    a) When is the breastfeeding initiated? Immediately on table or before shifting to PNC ward within 1 hour or after 4 hours etc.
    b) Who supports the mother in initiating breastfeeding?

21. Discuss whether rooming in after delivery is being followed or not?
    a) Whether mother and baby are kept in same room routinely after delivery until unless medically recommended?
    b) If for medical conditions – probe for which conditions mother and baby are separated?
    c) If routinely mother and baby are separated probe into reasons behind this.
    d) Whether mother and baby are kept in same bed or have separate cradle for newborn?

22. Are you aware of the Infant Milk Substitute (IMS) act?
    a). Yes b). No

30 a) If yes, can you give important details of the same?

Probe in detail on

a) Is your facility compliant with the IMS act? Has hospital policy on IMS act and displayed prominently or known to all the hospital staff.
b) Has received any training or orientation on the IMS act? Have other hospital staff also received training on this?
c) Any other response?

23. Who and how the breastfeeding support is provided to mothers and their family members in the Post Natal care ward in your hospital

Probe in details

a) Whether during rounds of Pediatricians, Obstetricians or nursing staff mothers and family members are informed and provided supports for attachments and positioning?
b) Whether if Lactation consultant available supports for breastfeeding in PNC wards/
c) How are the difficulties to mothers in breastfeeding addressed?
d) Is there a protocol for discharge counselling and whether issues around breastfeeding at home discussed? Who provides discharge counselling?
d) Any other

24. Whose main responsibility it is in your facility for ensuring breastfeeding before the mother and child are discharged

a) Pediatrician
b) Obstetrician
c) Nursing staff
d) Lactation counsellor
e) Probe for details on any other responses

25. What services do you provide for the babies with Low Birth Weight babies?

Probe in detail

a) The service delivery protocols followed for LBW babies?
b) Whether Kangaroo Mother Care (KMC) is being provided? Criteria for providing KMC? Have dedicated space and trained staff to provide Kangaroo Mother care?
b) Any other response

**SERVICES DURING FOLLOW-UP VISITS AT IMMUNIZATION OPD OR SICK CHILD OPD AFTER DISCHARGE FROM HOSPITAL/FACILITY**

26. What is the system of follow up visits of children after discharge in your hospital?
    Probe in details on
    a) What is the Frequency and days of follow-up visit schedule followed by hospital?
    b) What are the areas/issues – health or nutrition, that you consider during the follow up visits?
    c) Any reminders – SMS, emails or telephonic or any other mechanisms of reminders being sent to patients?
    d) Any other response

27. What are the services being provided during the follow up visits?
    Probe in detail on
    a) Whether assessment of child's growth, breastfeeding and child nutrition is being done?
    b) Whether appropriate education or counselling is part of the follow up services?

28. What is the status of Immunization/vaccination services being provided?
    Probe in detail on
    a) What are the vaccinations days? Daily, or alternate day, bi-weekly, once in week on fixed days etc.

29. What services are provided to children and their parents during their Immunization visits?
    Probe in detail
    a) Whether any other services are provided apart from vaccination/immunization?
    b) Assessment of child's growth, nutrition status, breastfeeding and complementary feeding Practices as appropriate being done?
    c) Education and counseling on right, adequate and age appropriate breastfeeding and Complementary feeding practices?
    d) Any other response

30. Apart from management of sickness do you provide nutrition related services to the sick child attending your OPD?
    Probe in detail on
    a) Does assessment of nutrition and feeding practices being done for a sick child?
    b) Whether education and counseling on right, adequate and age appropriate breastfeeding and complementary feeding practices for sick child is being done on routine basis?

**COUNSELLING SERVICES:**

31. Do you have dedicated Lactation or nutrition counsellor?
    a) Yes b) No

39 a) If yes

Probe in details on

a) Counselling provided one to one or in group in the hospital setting?

b) What are the responsibilities undertaken by this dedicated nutrition or lactation counsellor?

c) What type of cases are referred to this counsellor? All or only those with difficulties with breastfeeding or problems with initiation and continuation of complementary feeding?

d) Is there dedicated space and infrastructure for providing counselling services?

e) Is this counselling provided with fee for service? What is the minimal acceptable fee for such counselling services?

f) How is the receptivity and response of the parents on this counselling services?

**SYSTEM SUPPORT FOR PROVIDING IYCF SERVICES**

32. Is there any system/mechanism in your hospital to upgrade knowledge of the hospital staff?
    Probe into

    a) Whether any training orientation programs are organized for the hospital staff on various health topics? Or depute/send staff for training? What is the frequency of such training programs?

    b) Have any training or orientation to hospital staff been in recent past done on Infant and Young Child Nutrition and Infant Milk Substitute act?

33. Are their clearly defined and well-articulated service delivery protocols for providing Infant and Young Child Nutrition Services at different contact points?
    Probe in

    42 a) Labour Room Protocols – a). Yes b). No

    42 b) OT Protocols – a). Yes b). No

    42 c) Postnatal Care protocols – a). Yes b). No

    42 d) Immunization OPD – a). Yes b). No

    42 e) Pediatric OPD – a). Yes b). No

34. What is the record keeping system on provision of services?
    Probe in detail on

    a) How are the records of the services being maintained? What are those systems – manual registers/computers etc.

    b) Are Infant and Young Child nutrition related indicators included in the patient record system?

35. What kind of conducive environment you have in your health facility to promote IYCN? Probe in detail on
    a) Infrastructure ,
    b) Administration willingness ,
    c) Dedicated/ trained staff / human resource, displays, demonstrations etc.?

36. At personal front what are challenges/barriers preventing you from providing IYCF services?

37. What are hospital systems related challenges/barriers according to you preventing you from providing IYCF services?

38. What are some of the key recommendation from your side so that IYCF services can be provided effectively?

**ADD ON INFORMATION ABOUT SYSTEM SUPPORT/ COUNSELLING SERVICES FOR PROVIDING IYCF SERVICES**

Probe in details from observations as appropriate and needed to meet study objectives. For example, if observed that space is inadequate for counseling on one to one basis ask: the extent to which this is an obstacle; individual practice to overcome this obstacle; and system change needed to overcome?