Interview with the Health Facility Manager

Project Title: Understanding opportunities and challenges of delivering maternal, infant and young child nutrition (MIYCN) services in urban maternal, newborn, and child health (MNCH) facilities in Dhaka City, Bangladesh

THE INFORMATION IN Q001-005 SHOULD BE PRE-FILLED BY THE DATA COLLECTION TEAM PRIOR TO THE INTERVIEW.		
001	FACILITY CODE:	____/____/_____/
002	UNIT CODE:	___/_____/
003	TYPE OF FACILITY CODE:	___/_____/
004	Day: __ /__ / Month: ___/__ / Year: ___/___/___/_____ /	
005	Interview code: ___/_____/	

INTRODUCTION

Introduce yourself by saying, *"We are talking with facility managers to learn about health facility characteristics in Dhaka City."*

Q#	Question	Answer	Code	Remarks
006	Record whether permission was received from the respondent.	Yes	1	
		No	2	→END
007	Position of the respondent	☐ Facility manager	1	
		☐ Doctor	2	
		☐ Nurse	3	
		☐ Midwife	4	
		☐ Other (SPECIFY)_____	5	
008	How many years have you been working in this facility?	☐☐		

HEALTH FACILITY CHARACTERISTICS				
I would like to ask you first about the overall facility organization and availability of services.				
Q#	**Question**	**Answer**	**Code**	**Remarks**
101	Who is the managing authority of this health facility?	☐ Government	1	

		☐ Urban Primary Health Care Services Delivery Project (UPHCSDP)-Non-governmental Organization (NGO)	2	
		☐ NGO	3	
		☐ Private for profit	4	
		☐ Other (SPECIFY) _____	5	
102	What is the catchment population for your facility? IF THE RESPONDENT DOES NOT KNOW, RECORD '8888888' IN THE BOXES PROVIDED.	POPULATION ☐☐☐☐☐☐☐		
103	What is catchment area to be covered by the facility?	_____ _____ _____ _____		

HEALTH & NUTRITION SERVICES				
Now I am interested to know more about the health and nutrition services provided in this facility.				
Q#	**Question**	**Answer**	**Code**	**Remarks**
104	What types of health and nutrition services for children are provided in this facility?			
	Immunization [1]	☐ Yes	1	
		☐ No	2	
		☐ Don't Know (DK)	8	
		☐ No Response (NR)	9	
	Pediatric care-sick child care [2]	☐ Yes	1	
		☐ No	2	

		☐ DK	8	
		☐ NR	9	
	Neonatal care [3]	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
	Nutritional assessment [4]	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
	Growth monitoring and promotion [5]	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
	Counseling on early initiation of breastfeeding [6]	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
	Counseling on exclusive breastfeeding [7]	☐ Yes	1	
		☐ No	2	

		☐ DK	8	
		☐ NR	9	
	Counseling on timely introduction of complementary feeding [8]	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
	Counseling on dietary diversity of complementary feeding [9]	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
	Distribution of Micronutrient supplementation e.g. micronutrient powder (MNP)/vitamin A capsule [10]	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
	Management for severe acute malnutrition (SAM) [11]	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
	Management for moderate acute malnutrition (MAM) [12]	☐ Yes	1	
		☐ No	2	

		☐ DK	8	
		☐ NR	9	
	Other (PLEASE SPECIFY) [13] _____ _____ _____ _____ _____ _____	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
105	What type of **maternal health and nutrition services** are provided in this facility?			
	Antenatal care (ANC) services [1]	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
	Pregnancy body weight monitoring [2]	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
	Distribution of iron folic acid (IFA) supplements [3]	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
	Distribution of calcium supplements [4]	☐ Yes	1	
		☐ No	2	

		☐ DK	8	
		☐ NR	9	
	Counseling on IFA supplementation [5]	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
	Counseling on calcium supplementation [6]	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
	Counselling on maternal diet [7]	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
	Counselling on adequate weight gain [8]	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
	Counselling on early breastfeeding [9]	☐ Yes	1	
		☐ No	2	

		☐ DK	8	
		☐ NR	9	
	Nutrition counseling [10]	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
	Other (PLEASE SPECIFY) [11] _____ _____ _____ _____ _____ _____	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
106	Does this facility provide **group education** on nutrition to pregnant women or mothers/caregivers of children <2 years? IF YES, ASK: Could you describe the format and content of the group education provided? IF NO, ASK: How can it be implemented in this facility? _____ _____ _____ _____ _____ _____	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
107	Does this facility counsel clients **(to pregnant women) individually** on nutrition? IF YES, ASK: Could you describe the format and content of the individual counseling provided? IF NO, ASK: How can it be implemented in this facility?? _____ _____ _____	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	

	_____ _____ _____			
108	Does this facility counsel clients (**to mothers/caregivers of children <2 years) individually** on nutrition? IF YES, ASK: Could you describe the format and content of the individual counseling provided? IF NO, ASK: How can it be implemented in this facility?? _____ _____ _____ _____ _____ _____	☐ Yes ☐ No ☐ DK ☐ NR	1 2 8 9	
109	Does this facility **engage community workers/volunteers in and/or outside facilities** as part of the care system? IF YES, ASK: Could you describe how you engage them? IF NO, ASK: How can it be implemented in this facility? _____ _____ _____ _____ _____ _____	☐ Yes ☐ No ☐ DK ☐ NR	1 2 8 9	→ 111 → 111 → 111
110	Do the community workers/volunteers **provide nutrition services**? IF YES, ASK: Could you describe the services provided? IF NO, ASK: How can it be implemented in this facility? _____ _____ _____ _____ _____ _____	☐ Yes ☐ No ☐ DK ☐ NR	1 2 8 9	
111	Do **government or NGO social services refer clients** to this facility? IF YES, ASK: When or why?	☐ Yes ☐ No	1 2	

	IF NO, ASK: How can it be implemented in this facility? _____ _____ _____ _____ _____ _____	☐ DK	8	
		☐ NR	9	
112	Do **community workers/volunteers** refer clients to this facility? IF YES, ASK: When or why? IF NO, ASK: How can it be implemented in this facility? _____ _____ _____ _____ _____ _____	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
113	Does this facility have a **system for referring clients to any other facility and/or community-based services**? If yes, then what are the types of Community-based support services included? IF NO, ASK: How can it be implemented in this facility? _____ _____ _____ _____ _____ _____	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
114	Is this facility involved with any community health and nutrition support group? IF YES, ASK: Who are they? What is the relationship? IF NO, ASK: which existing support groups can be potential partners for MIYCN services? _____ _____ _____	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
115	Does this facility use any media (mass media, social or mobile) for	☐ Yes	1	

	social mobilization and communication on maternal, infant, and young child nutrition (MIYCN)? IF YES, ASK: Could you please explain? IF NO, ASK: have you thought of ways that media can be used for social mobilization And communication on MIYCN? _____ _____ _____ _____ _____ _____	☐ No	2	
		☐ DK	8	
		☐ NR	9	

PROTOCOLS				
Now I am going to ask you about various national guidelines and protocols available at this facility. I would like to see as many of these as I can.				
READ THE NAME OF EACH GUIDELINE/PROTOCOL LISTED. RECORD WHETHER THE SPECIFIC VERSION OF THE GUIDELINE/ PROTOCOL IS OBSERVED, REPORTED BUT NOT SEEN, NOT AVAILABLE, OR IF THE RESPONDENT DOES NOT KNOW. IF YES, OBSERVED OR NOT, ASK THE RESPONDENT IF IT IS BEING USED. IF YES, ASK HOW AND IF NOT, ASK WHY NOT. TICK THE APPROPRIATE BOX				
Q#	**Question**	**Answer**	**Code**	**Remarks**
116.1	Do you have the **Baby-Friendly Hospital Initiative (BFHI) [2012-16] Guidelines**? IF YES, ASK: Can I see a copy of it?	☐ Yes, observed	1	
		☐ Yes, not observed	2	
		☐ No	3	→ 116.4
		☐ DK	8	→ 116.4
		☐ NR	9	→ 116.4

116.2	Is it being implemented or used in this facility?	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
116.3	IF YES, ASK: Could you explain how? IF NO, ASK: Can you describe how adopting it could be feasible in this facility??	_____ _____		
116.4	Do you have the **Infant and Young Child Feeding (IYCF) [2007] Policy**? IF YES, ASK: Can I see a copy of it?	☐ Yes, observed	1	
		☐ Yes, not observed	2	
		☐ No	3	→ 116.7
		☐ DK	8	→ 116.7
		☐ NR	9	→ 116.7

116.5	Is it being implemented or used in this facility?	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
116.6	IF YES, ASK: Could you explain how? IF NO, ASK: Can you describe how adopting it could be feasible in this facility?	_____ _____		
116.7	Do you have the **Infant and Young Child Feeding (IYCF) [2011-12] Manual**? IF YES, ASK: Can I see a copy of it?	☐ Yes, observed	1	
		☐ Yes, not observed	2	
		☐ No	3	→ 116.10
		☐ DK	8	→ 116.10
		☐ NR	9	→ 116.10
116.8	Is it being implemented or used in this facility?	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
116.9	IF YES, ASK: Could you explain how? IF NO, ASK: Can you describe how adopting it could be feasible in this facility?	_____ _____		
116.10		☐ Yes, observed	1	

	Do you have **Guideline on distribution of Vitamin-A**? IF YES, ASK: Can I see a copy of it?	☐ Yes, not observed	2	
		☐ No	3	→ 116.13
		☐ DK	8	→ 116.13
		☐ NR	9	→ 116.13
116.11	Are they being used in this facility?	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
116.12	IF YES, ASK: Could you explain how? IF NO, ASK: Can you describe how adopting it could be feasible in this facility?	_____ _____		
116.13	Do you have the **Guidelines for management of SAM**? IF YES, ASK: Can I see a copy of it?	☐ Yes, observed	1	
		☐ Yes, not observed	2	
		☐ No	3	→ 116.16
		☐ DK	8	→ 116.16
		☐ NR	9	→ 116.16
116.14	Is it being implemented or used in this facility?	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	

116.15	IF YES, ASK: Could you explain how? IF NO, ASK: Can you describe how adopting it could be feasible in this facility?	_____ _____		
116.16	Do you have the **Guidelines for management of MAM**? IF YES, ASK: Can I see a copy of it?	☐ Yes, observed	1	
		☐ Yes, not observed	2	
		☐ No	3	→ 116.19
		☐ DK	8	→ 116.19
		☐ NR	9	→ 116.19
116.17	Is it being implemented or used in this facility?	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
116.18	IF YES, ASK: Could you explain how? IF NO, ASK: Can you describe how adopting it could be feasible in this facility?	_____ _____		
116.19	Do you have the **Guideline for distribution of IFA**? IF YES, ASK: Can I see a copy of it?	☐ Yes, observed	1	
		☐ Yes, not observed	2	
		☐ No	3	→ 116.22
		☐ DK	8	→ 116.22
		☐ NR	9	→ 116.22

116.20	Is it being implemented or used in this facility?	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
116.21	IF YES, ASK: Could you explain how? IF NO, ASK: Can you describe how adopting it could be feasible in this facility?	_____ _____		
116.22	Do you have the **Guideline for distribution of calcium supplementation**? IF YES, ASK: Can I see a copy of it?	☐ Yes, observed	1	
		☐ Yes, not observed	2	
		☐ No	3	→ 116.25
		☐ DK	8	→ 116.25
		☐ NR	9	→ 116.25
116.23	Is it being implemented or used in this facility?	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
116.24	IF YES, ASK: Could you explain how? IF NO, ASK: Can you describe how adopting it could be feasible in this facility?	_____ _____		
116.25	Do you have the **Basic Nutrition Training Guideline**?	☐ Yes, observed	1	

	IF YES, ASK: Can I see a copy of it?	☐ Yes, not observed	2	
		☐ No	3	→ 116.28
		☐ DK	8	→ 116.28
		☐ NR	9	→ 116.28
116.26	Is it being implemented or used in this facility?	☐ Yes	1	
		☐ No	2	
		☐ DK	8	
		☐ NR	9	
116.27	IF YES, ASK: Could you explain how? IF NO, ASK: Can you describe how adopting it could be feasible in this facility?	_____ _____		
116.28	Are there **any other tools and/or guidelines** being implemented or used for nutrition services available in this facility? Can I see a copy of these?	☐ Yes, observed	1	
		☐ Yes, not observed	2	
		☐ No	3	→ 117
		☐ DK	8	→ 117
		☐ NR	9	→ 117
116.29	RECORD TITLE: _____ _____ RECORD YEAR: __/__/__/__/ IF YEAR IS UNKNOWN, RECORD '9999' IN THE SPACE PROVIDED.	☐ OBSERVED	1	
		☐ NOT OBSERVED	2	

116.30	IF YES, ASK: Could you explain how? IF NO, ASK: Can you describe how adopting it could be feasible in this facility?	_____ _____		
116.31	RECORD TITLE: _____ _____ RECORD YEAR: __/__/__/__/ IF YEAR IS UNKNOWN, RECORD '9999' IN THE SPACE PROVIDED.	☐ OBSERVED ☐ NOT OBSERVED	1 2	
116.32	IF YES, ASK: Could you explain how? IF NO, ASK: Could you explain why not?	_____ _____		

HUMAN RESOURCES

Now I am interested in asking you questions about human resources and human resource management.

117 First, I would like to ask you about the **number of each type/cadre of health care provider** at this facility. I am only interested in health care providers who are employed by this health facility. This also includes volunteers or seconded staff.

A. READ THE PROVIDER TYPE (CADRE), THEN ASK: How many [PROVIDER TYPE] are assigned to the [UNIT NAME] unit?

   RECORD THE NUMBER OF PROVIDERS IN THE SPACE PROVIDED. IF THE RESPONDENT DOES NOT KNOW, RECORD '99'.

B. NEXT ASK: Does [PROVIDER TYPE] usually provide nutrition services in this facility? EXPLAIN: By nutrition services, **I mean assessment of nutritional status, nutrition counseling, nutrition support, and/or referral to nutrition support services.**

   RECORD THE NUMBER OF PROVIDERS THAT USUALLY PROVIDE NUTRITION SERVICES IN THE SPACE PROVIDED. IF THE RESPONDENT DOES NOT KNOW, RECORD '99'.

C. FINALLY, ASK: Has [PROVIDER TYPE] been trained in the past three year to provide nutrition services in this facility? EXPLAIN: By training**, I mean pre-service or in-service training.**

   RECORD THE NUMBER OF PROVIDERS THAT HAVE BEEN TRAINED IN PROVIDING NUTRITION SERVICES IN THE SPACE PROVIDED. IF THE RESPONDENT DOES NOT KNOW, RECORD '99'.

Provider Type / Cadre		A. How many [PROVIDER TYPE] are assigned to the [UNIT NAME] unit?			B. How many [PROVIDER TYPE] usually provide nutrition services in the [UNIT NAME] unit?			C. How many [PROVIDER TYPE] have been trained in the past 3 year to provide nutrition services in the [UNIT NAME] unit?		
		(a) ANC/Postnatal Care (PNC)	(b) Pediatric	(c) Immunization	(a) ANC/PNC	(b) Pediatric	(c) Immunization	(a) ANC/PNC	(b) Pediatric	(c) Immunization
117.1	PEDIATRICIAN									
117.2	OBSTETRICIAN-GYNECOLOGIST (OB/GYN)									
117.3	GENERAL PHYSICIAN									
117.4	NURSE									
117.5	MIDWIFE									
117.6	NURSING ASSISTANT, AID, AUXILLIARY, PARAMEDIC									
117.7	NUTRITIONIST									
117.8	HEALTH EDUCATOR /COUNSELOR (ANC/PNC/IYCF/FAMILY PLANNING (FP))									
117.9	BREASTFEEDING COUNSELOR									
117.10	COMMUNITY HEALTH WORKER									
117.11	VOLUNTEER									

117.12 Can you describe how adopting the provision of nutrition services by certain cadres...could be feasible in this facility?

_____

_____

_____

_____

MENTORING / COACHING				
Now I would like to ask you about mentoring or coaching conducted in this facility. *(Tick the appropriate box)*				
118	Are health care providers ever mentored/ coached on the provision of nutrition services at this facility?	☐ Yes	1	
		☐ No	2	
		☐ DK	8	→ 120
		☐ NR	9	→ 120
119	IF YES, ASK: Could you describe the mentoring/coaching provided? IF NO, ASK: Why not? _____ _____ _____			

SUPERVISION & FEEDBACK				
Next, I would like to ask you about any supervision of health care providers that is conducted in this facility. *(Tick the appropriate box)*				
Q#	**Question**	**Answer**	**Code**	**Remarks**
120	Is there any supervision mechanism on the nutrition service providers in this facility?	☐ Yes	1	
		☐ No	2	
		☐ DK	8	→ 122
		☐ NR	9	→ 122
121	IF YES, ASK: Would you please explain the **structure and the mechanism** of supervision? IF NO, ASK: Why not? **(PROBE ABOUT USE OF ANY CHECKLIST)** _____ _____			
122	Is feedback (either positive or negative) provided to nutrition service providers based on the supervision?	☐ Yes	1	
		☐ No	2	

		☐ DK	8	
		☐ NR	9	

HMIS AND USE OF DATA				
Now I would like to understand any systems in place to manage information. *(Tick the appropriate box)*				
123	Does the facility maintain regular data collection or record keeping for MIYCN services?	☐ Yes	1	
		☐ No	2	
		☐ DK	8	→ 125
		☐ NR	9	→ 125
124	IF YES, ASK: Could you describe how? IF NO, ASK: Are there any plan to do this in future? _____			
125	Does the facility review those data or records regularly?	☐ Yes	1	
		☐ No	2	
		☐ DK	8	→ 127
		☐ NR	9	→ 127
126	IF YES, ASK: Could you describe how? IF NO, ASK: Can you describe how adopting MIYCN data review is feasible in this facility? _____			
127	Does the facility take decisions after reviewing those data or reports regularly?	☐ Yes	1	
		☐ No	2	
		☐ DK	8	→ END
		☐ NR	9	→END

128	IF YES, ASK: Could you describe how? IF NO, ASK: Can you describe how adopting MIYCN data review for decision making is feasible in this facility?

Conclude the interview by thanking the respondent for his/her time and for sharing about the health facility.