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# **BASICS HEALTHY TIMING AND SPACING OF PREGNANCY TOOLKIT**

## **CLIENT EXIT INTERVIEW**



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## CLIENT EXIT INTERVIEW AT HEALTH FACILITY

### Introduction

*(Identify mother/father, woman/man/caregiver with child who had visited a health facility. Introduce yourself and state the purpose of your questions to her. )*

Hello. My name is \_\_\_\_\_. My colleagues and I are here on behalf of MOH and USAID/BASICS, to conduct a joint evaluation on healthy timing and spacing of pregnancy activities. USAID/BASICS, in collaboration with the MOH/MCH and child health partners has championed the integration of healthy timing and spacing of pregnancy within child health programs at national, district and health facility levels.

We are now trying to assess how successful we have been at this work, and some areas for improvement in the future. So we would like to learn more about your experience receiving information and services on birth spacing and family planning in this facility. The information you provide us is confidential, very important and valuable, and will help to inform the Ministry of Health, policy makers and other key stakeholders in family planning.

Please respond to the following questions to the best of your knowledge and understanding and we do appreciate your time and responses.

Group by 3 key categories!

Facilitators Guide:

At the end of this interview, we would like to be able to answer three salient questions:

1. What child health platform was used by the healthcare provider to deliver information and services on birth spacing and family planning to client on the day of survey?
2. What was the content of the message provided to the client?
3. Does the client know the recommended birth interval after child birth and where to go for services

(THANK CLIENT FOR HER TIME AT THE END OF THE INTERVIEW)

Name of Facility:	Date of Interview:...../...../.....
Name of Interviewee:	Designation of Interviewee:
District:	Country

1. Please could you tell me how old you are?	<input type="checkbox"/> < 20 years <input type="checkbox"/> 20-29 years <input type="checkbox"/> 30-39 years <input type="checkbox"/> > 39 years
2. What service points did you attend today for your health or child health problem? Check as many as apply	<input type="checkbox"/> ANC <input type="checkbox"/> PMTCT <input type="checkbox"/> MCH <input type="checkbox"/> Family Planning <input type="checkbox"/> Post Partum clinic <input type="checkbox"/> Nutrition Clinic <input type="checkbox"/> Immunization clinic <input type="checkbox"/> IMCI Clinic <input type="checkbox"/> Ward/Admission <input type="checkbox"/> Pharmacy <input type="checkbox"/> Laboratory <input type="checkbox"/> Others: Please specify.
3. Did you receive any information about child spacing or family planning today?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>a. If yes, was it provided to you or you had to request for it from the health provider.</p> <p>b. What were the main things she talked to you about child spacing and family planning? Please list</p>	
<p>4. Can you tell me any benefits of practicing child spacing and family planning? Please list:</p>	
<p>5. What methods of child spacing and family planning do you know of? Please specify</p>	
<p>6. <u>Could you tell me the recommended birth interval after a normal delivery of a live birth?</u></p>	
<p>7. Are you presently using any child spacing or <u>family planning method</u>?* <u>Please give reason for your answer</u></p> <p>a. <u>If yes, how long have you been on this method?</u></p> <p>b. Did you receive any family planning method today? Please give reasons</p> <p>* See follow up questions next page if client is any family planning methods</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Reasons:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Reasons:</p>
<p>8. Do you know where you can go to receive child spacing or family planning services? Please list</p>	<p>Places where I can receive birth spacing and family planning services include:</p> <p>1.</p> <p>2.</p>
<p>9. Were you satisfied with the information and/or service on child spacing or family planning services you received today? Please give reasons for your response</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Reasons:</p>
<p>10. Will you recommend the child spacing/family planning service you have received to another woman/person?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>
<p>11. When do you want the information on child spacing to be provided to you when you are at the health facility?</p>	<p>a. <input type="checkbox"/> During group talk before the clinic starts</p> <p>b. <input type="checkbox"/> When my child is being attended to by the nurse or healthcare provider</p> <p>c. <input type="checkbox"/> After my child has seen by a healthcare provider</p> <p>d. <input type="checkbox"/> Depends on the health provider</p> <p>e. <input type="checkbox"/> At Other times</p>

**If client is on any FP method on question #7, please ask the following follow-on questions to determine her knowledge of the method she is using:**

### **Calendar Method**

- How long do you need to know your menstrual cycle before using calendar method? (6 months)
- What type of cycles must you have? (regular cycles)

### **Standard Days Beads**

- How long is your period of abstinence after your menses if you are using SDM (19 days)
- What do the brown/white beads mean? (Abstinence/Infertile time-can have intercourse)
- What do you have to do everyday: (Shift the ring)

### **Breast Feeding (Lactation Amenorrhoea Method-LAM)**

- What do you need to do when using exclusive breastfeeding as child spacing method? (Frequently breastfeed all night and day, do not give your baby to others to breast feed, and do not give supplementary feeds)
- How long can you use breast feeding as a child spacing method? ( 6 months)
- If you see your period before 6 months, what do you need to do? (need to go to the clinic to discuss other methods you can use with the midwife as LAM is no longer an effective method if you commence your periods/menses)

### **Depo**

- How often do you need to come for your injections? ( every 3 months)
- Can you breastfeed while on Depo? (Yes)
- If you take Depo for 5 years, can you become pregnant immediately after you have stopped the method? (No, it takes 6 months – 1 year before the effect of Depo wears off from your body)

### **Pills**

- What is the most important thing for you to do if you want to use this method ( need to take the pill daily at the a specific time)
- What will you do if you forget to take your pill for one day? ( take it as soon as you remember)
- What do you need to do if you forget to take your pills for a few days? (I need to use a condom or choose another method)
- Can you get pregnant if you forget to take your pill? (Yes)

### **Implants**

- Where do you go if you want to use implants? (clinic)
- Do you need to pay for implants? (it is a free service)
- For how long is an implant effective? (3-5 years)

### **IUD**

- For how long is an IUD used? (10 years)
- What is an IUD made of? (plastic)
- Where is the IUD placed? (in the uterus)

### **Tubectomy**

- Can you use tubectomy as a method of child spacing? (No. It is for limiting pregnancies)
- What if I can't mind, can tubectomy be reversed? (Yes, but chances of getting pregnant after that are very limited)

### **Vasectomy**

- Can you still be able to father a child soon after vasectomy? (Yes, especially within the first three months after the procedure)
- What can you use to prevent fathering a child within three months of the procedure? (Use condoms)