



USAID
FROM THE AMERICAN PEOPLE

 **BASICS**

BASICS HEALTHY TIMING AND SPACING OF PREGNANCY TOOLKIT

EXIT INTERVIEW FOR CONTRACEPTIVE USERS



U.S. Agency for International Development
Bureau for Global Health
Office of Health, Infectious
Diseases and Nutrition
Ronald Reagan Building
1300 Pennsylvania Ave., NW
Washington, D.C. 20523
Tel: (202) 712-0000
Email: globalhealth@phnip.com
www.usaid.gov/our_work/global_health

BASICS
4245 N. Fairfax Dr., Suite 850
Arlington, VA 22203
Tel: (703) 312-6800
Fax: (703) 312-6900
Email: basics@basics.org
www.basics.org

Support for this publication was provided by the USAID Bureau for Global Health

BASICS (Basic Support for Institutionalizing Child Survival) is a global project to assist developing countries in reducing infant and child mortality through the implementation of proven health interventions. BASICS is funded by the U.S. Agency for International Development (contract no. GHA-I-00-04-00002-00) and implemented by the Partnership for Child Health Care, Inc., comprised of the Academy for Educational Development, John Snow, Inc., and Management Sciences for Health. Subcontractors include the Manoff Group, Inc., the Program for Appropriate Technology in Health, and Save the Children Federation, Inc.



Rapid Facility Functionality Assessment for Integration of Health Timing and Spacing of Pregnancy in Child Health Programs

Exit Interview for Contraceptive Users at the Health Facilities

Date of Assessment:

Facility Name:.....

Name of sub District:..... Name of District:.....

Type of Facility: Hospital Community Health Center Health Post Others

Assessment Team (Name of Interviewers):

Name of Interviewee(s)

Facility Contact Person: _____ Phone:

General

Ask to speak with the District Health Program Officer, Midwife or person in charge health facility who is present today.

Introduce yourself, briefly explain the purpose of your visit and ask if she/he would be willing to answer few questions about healthy timing and spacing of pregnancy and family planning services in the facility.

Hello. My name is _____. My colleagues and I are here on behalf of the Ministry of Health and TAIS project to conduct a joint rapid assessment to learn more about your services in birth healthy timing and spacing of pregnancy and family planning. The information you provide is very important and valuable to us and will be used for the intended purpose. The information will be kept anonymous and will not be used as an assessment relating to your career. If you agree to participate we will need about _____ minutes to complete our questionnaire. We do appreciate your time and responses.

THANK YOU

CONTRACEPTIVE USER EXIT INTERVIEW (satisfaction with services)

Facility name:	Name of sub-district:	Name of district:
Type of facility (enter H=hospital; CHC=community health center; HP=health post): <i>For CHC identify level</i>		
Team code:		
Date today:		

We are conducting a survey of family planning services provided in this area, and would be grateful if you would take a few minutes to answer some questions. We will not record your name, and your answers will be held in strict confidence.

Contents		Yes	No
1	Do you think that the time for consultation at this health facility is appropriate with your demand?		
2	Do you think that the waiting time is reasonable?		
3	Does the healthcare worker spend enough time with you?		
4	Do you feel satisfied with the comfort and cleanliness of the waiting place?		
5	Do you feel satisfied with the comfort and cleanliness of the consultation room or of the room for procedure?		
6	Do you believe that the healthcare workers will keep secret for you?		
7	During service, does the healthcare worker treat you politely and respect you?		
8	Does the healthcare worker permit you to ask question?		
9	Do you feel comfortable discussing your problems with the healthcare worker?		
10	Have you been examined or given counseling in a private place?		
11	Do you feel satisfied with the competence of the healthcare worker during the solving of your problem?		
12	Do you feel satisfied with the given information?		
13	Is there any information that is difficult to understand?		
14.	Do you receive the measure that you want?		
15	Did you have to pay for any family planning method that you received from the health facility?		

Assessment: *Meet the requirements when achieving 14 points "Yes"*

15. What is the thing in this facility that you like the most?

.....

16. According to you, what should this facility do to improve the quality of examination and treatment?

.....
