



USAID
FROM THE AMERICAN PEOPLE

 **BASICS**

BASICS HEALTHY TIMING AND SPACING OF PREGNANCY TOOLKIT

HEALTH FACILITY INTERVIEW GUIDE



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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.



Health Facility Interview Guide

Introduction

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. We would like to learn more about your services related to child spacing and family planning. The information you provide us is very important and valuable, and will help to inform the Ministry of Health, policy makers and other key stakeholders in family planning. We do appreciate your time and responses.

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. This work has been done through advocacy, strengthening child health policies in child spacing, capacity building of health care providers, program implementation, supervision and monitoring of child spacing in selected districts. We are now trying to assess how successful we have been at this work, and some areas for improvement in the future.

Please respond to the following questions to the best of your knowledge and understanding of child spacing and family planning services at your facility or Organization.

Name of health facility:	Date of Interview:...../...../.....
Sub-district/municipality/Zone:	Name of Interviewer:
District:	Designation:
Country:	Region:

Selected Basics Information about your Health Facility

Population of catchment area (adult +children)....._____

Population of children under 5 years of age_____

Number of women of reproductive age in your catchment area....._____

Number of children accessing IMCI Services at your facility....._____

Type of facility	<input type="checkbox"/> Hospital <input type="checkbox"/> Community Health Center <input type="checkbox"/> Health Post <input type="checkbox"/> Mobile Clinic
Type of Site	<input type="checkbox"/> Public (Government) <input type="checkbox"/> Private (FBO) <input type="checkbox"/> Others (specify:)
Location of Facility	<input type="checkbox"/> Urban <input type="checkbox"/> Semi-Urban <input type="checkbox"/> Rural <input type="checkbox"/> Others: (specify).
1. What health care services are provided at your facility for mother and child	<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.
2. What types of birth spacing and family planning services do you provide at your facility: <input type="checkbox"/>	<input type="checkbox"/> Natural Family Planning/ Fertility Awareness Methods <input type="checkbox"/> Lactation Amenorrhea Method (LAM) <input type="checkbox"/> Barrier Methods: <input type="checkbox"/> Male Condoms <input type="checkbox"/> Female Condoms <input type="checkbox"/> <input type="checkbox"/> Diaphragms <input type="checkbox"/> Cervical Caps <input type="checkbox"/> Spermicides <input type="checkbox"/> Hormonal Methods <input type="checkbox"/> Combined Oral Pills <input type="checkbox"/> Progestin Only Pills <input type="checkbox"/> Combination Injectables <input type="checkbox"/> Implants <input type="checkbox"/> Intrauterine Devise <input type="checkbox"/> Permanent Methods <input type="checkbox"/> Tubectomy (BTL)

	<input type="checkbox"/> Vasectomy <input type="checkbox"/> Others: Please specify <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. What services points do you utilize to provide birth spacing and family planning information and or services at your facility? <i>Check as many as apply</i>	

2. Clinical staff trained on Child Spacing/ Family Planning (CS/FP)? (You can skip this section if already collected during supervision visit for child spacing)

Clinical staff	Total at post	Available staff against post	Number of clinical staff trained in counseling skills and or clinical skills in CS/FP	Number of staff competent to provide all methods including IUD and Implant insertion/removal	# staff received refresher training on CS/FP	Number of clinical staff supported by follow-up after training
Doctor						
Nurse						
Midwife						
Others						

Basic Child Spacing and FP Statistics at your Health Facility

FP Data (From FP Register)	2007				2008				2009			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of clients counseled												
Number of clinical staff (nurses/midwives) trained on CS/FP												
Number of PSF trained on CS												
Number of new users												
Total number of clients												
FP Methods Used at the facility												
NFP												
Condom												
COC												
POP												
Injectables												
IUD												
Implants												
Tubectomy												
Vasectomy												

Advocacy on child spacing and family planning

1. Did you participate or conduct any advocacy (mobilization, socialization) meetings on child spacing or family planning in the last 2 years? a. If yes please tell us what actually took place-the date, organized by who, average participants etc b. Was there any thing from the meeting you found useful for your FP programs? Please explain c. Did the meeting influence or affect the way you carry	
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out child spacing and FP programs?	
2. In conducting the advocacy, mobilization/socialization meeting what worked well or did not work well during the sessions?(E.g. what did people like or ask the most questions about) Please explain.	

B. Integration or Implemented child spacing and family planning with other health services in your facility or sub-district.

<p>1. Have you integrated child spacing or family panning into any of your health services? Please explain (Prompting: If no response suggest integration at IMCI, ANC, PNC, Immunization, nutrition, and others)</p> <p>a. Into which of your programs were they integrated into? (E.g. Like ANC) Please list</p> <p>b. Where there any specific benefits or consequences of the integration and implementation of child spacing and FP services? Please explain</p> <p>c. What did not work well and why? (And what could be improved?)</p>	
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<p>2. What aspects of child spacing or FP did you receive training on? (E.g. counseling, clinical skills, IEC, advocacy, socialization, mobilization and others) Please specify</p> <p>a. In any of your other training have you received child spacing messages in the last 2 years? (E.g. IMCI, , Immunization, etc) Please explain.</p>	
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<p>3. What kind of activities in child spacing and family planning are you involved in?</p> <p>a. Please explain (and how often?)</p>	
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<p>4. Do you use any tools to help you communicate birth spacing and family planning messages to your clients? Please list (Prompting: E.g FP flip chart, counseling card, or FP demonstration)</p>	
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<p>5. Do you and your colleagues agree with integrating messages of child spacing and family planning services in MCH?. Please explain</p> <p>a. Have you observed any change in attitude of health providers as a result of introducing birth spacing into child health programs in the last year? Please describe</p>	
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<p>6. Have received any feedback from your clients regarding your child spacing/family planning services? Please explain</p> <p>a. Any feedback from men?</p>	
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<p>7. Has the demand for child spacing and family planning services changed in the last one year? Please explain.</p>	
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<p>9. Do you supervise people on child spacing/family planning?</p>	
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<p>If yes how many times a year?</p> <p>b. Have you been supervised in child spacing/FP in the past years?</p> <p>If yes how many times a year?</p>	
<p>10. How do you report your child spacing and FP activities?</p> <p>If yes, Please explain (E.g. how often, at what level, by who and to whom)?</p>	
<p>11. Can you respond to all the requests you get for child spacing FP services?</p> <p>a. Are there any constraints in providing these services? Please explain</p> <p>b. How did you resolve this problem/constraint? Please explain.</p>	
<p>12. What other aspects of the child spacing/FP services program will require further improvement?</p> <p>And how can this be carried out? Please explain</p>	

E. Partnership and Collaboration in birth spacing and Family Planning	
<p>1. Which partners did you work with in child spacing and family planning in the last year? (E.g. PSFs, teachers, NGOs, religious,)</p> <p>a. What did you do with them?</p> <p>b. Where there any advantages or disadvantages working with these partners?</p> <p>c. Where there any lessons learned by this collaboration?</p>	

Others (Use Additional Papers where necessary)

1. What other information would you like to share with us regarding your experience in implementing child spacing and family planning at this health facility?

2. What are the challenges you experience providing child spacing and family planning services at this facility? Please explain.

3. What are the lessons learned and best practices that you could recommend to others implementing child spacing and family planning services?

4. What do you see as the best way forward regarding the integration and implementation of birth spacing and family planning services into maternal and child health programs. Please explain.

THANK YOU VERY MUCH FOR YOUR TIME