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 **BASICS**

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

## **INTERVIEW WITH CARETAKERS**



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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.



## Rapid Facility Functionality Assessment of Family Planning Services for Integration of Health Timing and Spacing of Pregnancy within Child Health Programs.

For interviews with mothers/parents who brought children for treatment at IMCI, Immunization, MCH clinic at the health facility

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 a client on family planning method that visited the FP clinic 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

**Identify mother/male/caregiver with child who had visited a health facility. Introduce yourself and state the purpose of your questions to her.**

Ask of her/his Age range:  < 20 years  20-29 years  30-39 years  > 39 years

1. What service points did you attend today for your child health or your health problem? Check as many as apply  ANC  PMTCT  MCH  Family Planning  Post Partum clinic

Nutrition Clinic  Immunization clinic  IMCI Clinic  Others

2. Did the health care worker talk to you about benefits of birth spacing today? Yes  No

Comments:

3. How do you feel about the health care provider giving you information on how to space your child? Please explain:

4. Would you like to receive information on child spacing from the health care provider during your visit to this health facility?  Yes  No

5. When do you want the information on child spacing to be provided to you when you are in the immunization clinic?

- a.  During group talk before immunization starts
- b.  When my child is receiving the immunization
- c.  After my child has been immunized

6. Can you name two benefits of birth spacing? Yes  No

If yes, which ones. Please list? -----

7. Can you name at least two methods of spacing birth: Yes  No

If yes, which methods. Please list?-----

8. Can you state the adequate birth interval after a normal delivery of a live birth? \_\_\_\_\_

9. Did you receive any family planning method today? Yes  No

If yes which one? \_\_\_\_\_ If not, please give reasons

10. Are you on any family planning method? Yes  No

If yes, for how long have you been on it?

11. Did you have to pay anything money to receive family planning at the health center? Yes  No

12. Can you identify where to go for family planning and birth spacing services ? Yes  No

Comments:

13. Were you satisfied with the message and or service you had received for family planning today? Yes  No  N/A

14. Will you recommend the birth spacing/family planning service you have received to another woman/person? Yes  No  N/A

Thank you very much for your time.