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 **BASICS**

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

## **INTERVIEW WITH HEALTH CARE PROVIDERS**



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## Assessment Guide

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

For interviews with Health Care Workers or Coordinators at Antenatal Care (ANC), PMTCT, MCH, IMCI, Immunization Clinics at health facilities in the communities.

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 purpose of improving standard of care for family planning services in health facilities. 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

## **Key Questions for Health Care Providers at Antenatal Care (ANC), MCH, IMCI, and Immunization Services**

1. Do mothers request information on child spacing from you at this Clinic?  Yes  No
  
2. What would you do to mothers that request birth spacing information or methods at ANC clinics? Please explain:
  
  
  
  
3. Do you talk to mother, pregnant women and guardians about birth spacing at this clinic?  Yes  No  
Please give reasons for your response:
  
  
  
  
4. Would you like to talk to mother on birth spacing during your clinic?  Yes  No
  
  
  
  
5. Would you counsel a young mother with 1 or 2 children on birth spacing at this clinic?  Yes  No
  
  
  
  
6. Do you refer mothers/couples to FP clinic for birth spacing needs?  Yes  No
  
  
  
  
7. Will you be willing to provide child spacing messages to mothers and parents who attend this clinic?  Yes  No
  
  
  
  
8. Will you be willing to be trained on how to give child spacing messages to mother that bring their children to be seen at your clinic?
  
  
  
  
9. What are the 3-5 priorities you would like addressed to support birth spacing and family planning services in your facility?
  
  
  
  
10. Do you have any other concerns regarding giving child spacing messages at the clinic? Please explain:

**Thank You for Your Time**