Exit Interview with Caregiver of Infant/Young Child Leaving the Health Facility

Project Title: Understanding opportunities and challenges of delivering maternal, infant and young child nutrition (MIYCN) services in urban maternal, newborn, and child health (MNCH) facilities in Dhaka City, Bangladesh

INTRODUCTION

Introduce yourself by saying, *"We are talking to caregivers to learn about their experience in the health facility."* Tick the appropriate box.

Q#	Question	Answer	Code	Remarks
Q1	How old is your child? [*Verify date of birth*]	_____/_____/ months		
Q2	Why did you bring your child to the health facility today?	☐ Sick child visit	1	
		☐ Immunization	2	
		☐ Counseling about growth or feeding	3	
		☐ Other, specify: _____ _____ _____ _____	4	

OVERALL VISIT

Q#	Question	Answer	Code	Remarks
Q3	Would you like to tell me about your visit with the health care provider today?	☐ Yes	1	
		☐ No	2	
		☐ No response	9	
Q4	Did the service provider mention anything related to feeding of your child?	☐ Yes	1	
		☐ No	2	
		☐ Don't remember	8	

		☐ No response	9	
Q5	Did the service provider mention anything related to growth of your child?	☐ Yes	1	
		☐ No	2	
		☐ Don't remember	8	
		☐ No response	9	
Q6	Did the service provider mention anything related to multiple micronutrient powder (MMNP)?	☐ Yes	1	
		☐ No	2	
		☐ Don't remember	8	
		☐ No response	9	

ANTHROPOMETRIC MEASURMENTS AND EXPLANATION OF GROWTH

"Now let's talk about your child's growth." (Tick the appropriate box)

Q#	Question	Answer	Code	Remarks
Q7	Was your child weighed today?	☐ Yes	1	
		☐ No	2	
		☐ Don't remember	8	
		☐ No response	9	
Q8	Was your child's length measured today?	☐ Yes	1	
		☐ No	2	
		☐ Don't remember	8	
		☐ No response	9	

Q9	Did the health care provider talk to you about your child's weight or length?	☐ Yes	1	
		☐ No	2	
		☐ Don't remember	8	
		☐ No response	9	
Q10	Did the health care provider use the growth card or other aid when explaining your child's growth?	☐ Yes	1	
		☐ No	2	
		☐ Don't remember	8	
		☐ No response	9	

NUTRITION CONTENT DELIVERED/RECEIVED

"Next, let's talk about your child and feeding." (Tick the appropriate box)

Q#	Question	Answer	Code	Remarks
Q11	Did the health care provider ask any questions about breastfeeding your child?	☐ Yes	1	
		☐ No	2	
		☐ Don't remember	8	
		☐ No response	9	
Q12	Did the health care provider give you any advice today about feeding your child?	☐ Yes	1	
		☐ No	2	
		☐ Don't remember	8	
		☐ No response	9	
Q13	Now, a couple of specific questions about feeding. Did the health care provider talk about what types of foods to feed your child?	☐ Yes	1	
		☐ No	2	

		☐ Don't remember	8	
		☐ No response	9	
Q14	Did the health care provider talk with you about frequency of feeding your child?	☐ Yes	1	
		☐ No	2	
		☐ Don't remember	8	
		☐ No response	9	
Q15	Did the health care provider talk with you regarding feeding your child during illness?	☐ Yes	1	
		☐ No	2	
		☐ Don't remember	8	
		☐ No response	9	
Q16	Did the health care provider talk with you about how to interact with your child to help him/her eat?	☐ Yes	1	
		☐ No	2	
		☐ Don't remember	8	
		☐ No response	9	
Q17	Did you receive MMNP (multiple micronutrient powder) to give to your child today?	☐ Yes	1	
		☐ No	2	
		☐ Don't remember	8	
		☐ No response	9	
USE of Job AID				
Q18	Did the health care provider use any aids (e.g. flipcharts, posters, educational materials, etc.) when talking to you about feeding your child?	☐ Yes	1	
		☐ No	2	

		☐ Don't remember	8	
		☐ No response	9	

SATISFACTION

"Finally, I'd like to ask about how you were treated during the visit." (Tick the appropriate box)

SATISFACTION WITH SERVICES: (1 is the worst score and 5 is the best score) (Tick the appropriate box)						
Q#	**Satisfaction**	**1**	**2**	**3**	**4**	**5**
Q19_1	How long do you have to wait to visit the doctor after you come to this facility?	☐ Too long	☐ Somewhat long	☐ Neither long nor short	☐ Somewhat short	☐ Very short
Q19_2	How would you rate the waiting area of the facility?	☐ Very bad	☐ Bad	☐ Average	☐ Good	☐ Very good
Q19_3	How would you rate the advice of the doctor?	☐ Very bad	☐ Bad	☐ Average	☐ Good	☐ Very good
Q19_4	Did you get any opportunity to ask questions to the health care provider?	☐ None	☐ Not much	☐ Average	☐ Some	☐ Plenty
Q19_5	Do you feel that you were treated with respect?	☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree
Q19_6	Would you return to this facility?	☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree
Q19_7	Would you recommend a loved one visit this health facility to receive services?	☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

Q20. What suggestions do you have to improve these visits-- to best work with the health care provider—to promote a good child health and nutrition?

_____

_____

_____

_____

_____

Then code to 1=yes, if has a suggestion, 2=no suggestion

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Conclude the interview by thanking the respondent for his/her time and for sharing about the health facility visit.