

MODULE 3:

EXIT INTERVIEW - CLIENTS' PERCEPTION AND APPRAISAL OF COST FOR FP SERVICES

NOTE

Please inform the respondent that;

- You are not a staff member of the SDP but here to talk to ask their opinion about the services they have just received
- Although the staff of the SDP have been informed about, and have given permission for the exercise; they will not be told anything that the respondent says
- The questions are not personal and his/her name or particulars will not be recorded
- His/her response will not be used against anybody
- He/she may refuse to answer any question or choose to stop the interview at any time. However, you hope he/she will answer the questions, which will be useful to improve on the services that are provided.
- If he/she has any questions about the study he/she can ask at this stage

The interviewer can then ask client, if he/she agrees to proceed with the interview. Once the consent of the interviewee has been obtained, then the interviewer can proceed with the interview.

2016 SURVEY ON REPRODUCTIVE HEALTH PRODUCTS AND SERVICES

PERCEPTION OF FAMILY PLANNING SERVICES AND EVALUATION OF THEIR COST BY CUSTOMERS

SECTION 0 : GENERAL INFORMATION

A - IDENTIFICATION DE L'ETABLISSEMENT (EN MAJUSCULE)

| | | |
|------|--|------|
| C001 | NAME OF THE HF _____ | |
| C002 | SEQUENTIAL NUMBER OF THE HEALTH FACILITY _____ | □□□□ |
| C003 | REGION : _____ | □□ |
| C004 | DIVISION : _____ | □□ |
| C005 | SUB DIVISION : _____ | □□□□ |
| C006 | HEALTH DISTRICT : _____ | □□□□ |
| C007 | HEALTH AREA : _____ | □□ |
| C008 | IMPLANTATION ZONE <i>1=Urban 2=Rural</i> | □ |

B - IDENTIFICATION OF THE CUSTOMER

| | | |
|------|------------------------------------|----|
| C009 | CUSTOMER'S NAME _____ | |
| C010 | CUSTOMER'S SEQUENTIAL NUMBER _____ | □□ |

C - INFORMATION ON DATA COLLECTION

| | | |
|------|--|------------|
| C011 | INTERVIEWER : _____ | □□ |
| C012 | SUPERVISOR : _____ | □□ |
| C013 | DATE OF SURVEY : _____ | □□\□□\2016 |
| C014 | RÉSULT OF DATA COLLECTION : _____ <i>01=Filled 3=Partially filled 05=Incapacitated 96=Other (Specify)</i> <i>02=Deferred 4=Refused</i> | □□ |

D - INFORMATION ON DATA ENTRY

| | | |
|------|------------------------------|------------|
| C015 | DATA ENTRY SUPERVISOR: _____ | □ |
| C016 | DATA ENTRY CLERK : _____ | □ |
| C017 | DATE OF DATA ENTRY: _____ | □□\□□\2016 |

CONSENT AFTER INFORMATION

Good Morning. My name is _____ and I work for the National Institute of Statistics (NIS). We are presently carrying out in collaboration with the Ministry of Public Health, a nationwide study on reproductive health products and services. We would like you to participate in this study. The interview usually lasts between 20 to 25 minutes

In this study, we would like to ask you some questions on your perceptions and the evaluation of the cost of family planning services. All the information you provide will remain strictly confidential and will not be given to anyone apart from those involved in the study. Participation in this study is completely voluntary. If I ask a question you do not wish to answer, you should let me know and I will move to the next question, or you can stop the interview at any time. However, we hope you will agree to participate in this survey since your opinion is particularly important.

Have you got any questions on the survey?

Can I begin the interview now?

INTERVIEWER'S SIGNATURE: _____ DATE _____

RESPONDENT AGREES TO ANSWER1 RESPONDENT REFUSES TO ANSWER 2 →END



**Commodity Security Branch, Technical Division, UNFPA
UNFPA Supplies**

SECTION 14:EXIT INTERVIEW - CLIENTS' PERCEPTION

[To be administered to clients at SDPs offering FP services (indicating 'Yes' to Item 008 above)]

| | |
|--|---|
| 14.1 Respondents Background | |
| 083 Age | / / |
| 084 Sex <i>(Tick only one option)</i> | Male 1 <input type="checkbox"/> Female 2 <input type="checkbox"/> |
| 085 Marital status <i>(Tick only one option)</i> | Never Married or never in union 1 <input type="checkbox"/> Currently Married or in Union 2 <input type="checkbox"/> Formerly Married (Divorced/separated/widowed)3 <input type="checkbox"/> |
| 086 Level of Education <i>(Tick only one option)</i> | No Education 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Secondary and higher level3 <input type="checkbox"/> |
| 087 How often do you visit this SDP for FP services? <i>(Tick only one option)</i> | Once a month 1 <input type="checkbox"/> Once every 2 months 2 <input type="checkbox"/> Once every 3 months 3 <input type="checkbox"/> Others (please specify) 4 <input type="checkbox"/> |
| 14.2 Provider adherence to technical aspects | |
| 088 Were you provided with the family planning method of your choice at this SDP? <i>(Tick only one option)</i> | Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> |
| 089 Did the family service provider take your preference and wishes into consideration in deciding on the family planning method you received? <i>(Tick only one option)</i> | Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> |
| 090 Did the health worker teach you how to use the family planning method? <i>(Tick only one option)</i> | Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> |
| 091 Were you told about the common side effects of the family planning method? <i>(Tick only one option)</i> | Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> |
| 092 Did the health worker inform you about what you can do regarding the side effects of the family planning method should they occur? <i>(Tick only one option)</i> | Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> |
| 093 Did the health worker inform you about any serious complications that can occur, as a result of using the family planning method, for which you should come back to the SDP should such occur? <i>(Tick only one option)</i> | Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> |
| 094 Were you given any date when you should come back for check-up and/or additional supplies? <i>(Tick only one option)</i> | Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> |
| 14.3 Organizational aspect | |
| 095 In your opinion did you wait too long for the service to be provided to you? <i>(Tick only one option)</i> | Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> |
| 096 Are you satisfied with the cleanliness of the health facility? <i>(Tick only one option)</i> | Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> |
| 097 Are you satisfied with the privacy at the exam room? <i>(Tick only one option)</i> | Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> |
| 098 Are you satisfied with the time that was allotted to your case by the health care provider? <i>(Tick only one option)</i> | Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> |
| 14.4 Interpersonal aspect | |
| 099 Did staff at the health facility treat you with courtesy and respect? <i>(Tick only one option)</i> | Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> |
| 0100 Did any of the health service providers force you to accept or insisted that you should accept the family planning method that you received today? <i>(Tick only one option)</i> | Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> |
| 0101 Are you satisfied with the attitude of the health provider towards you generally? <i>(Tick only one option)</i> | Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> |
| 14.5 Outcome aspect | |
| 0102 Are you satisfied with the service you received? <i>(Tick only one option)</i> | Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> |
| 0103 Will you continue visiting this SDP in future? <i>(Tick only one option)</i> | Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> |
| 0104 Would you recommend your relatives or friends to come to this clinic? <i>(Tick only one option)</i> | Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> |

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SECTION 15: EXIT INTERVIEW – CLIENTS’ APPRAISAL OF COST FOR FP SERVICES
[To be administered to clients at SDPs offering FP services (indicating ‘Yes’ to Item 008 above)]

| | | | |
|---|---|---|--|
| 15.1 Family Planning service payment | | | |
| 0105 For today’s visit did you pay to receive any family planning service? <i>(Tick only one option) - (If yes then continue with 0106, but if no please skip to 0107)</i> | | Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> | |
| 0106 If you paid for anything today please how much did you pay for the following items(amount in local currency)? <i>(Indicate for ALL that apply)</i> | | | |
| Card 1 <input type="checkbox"/> /_____/ | Laboratory test/x-ray 2 <input type="checkbox"/> /_____/ | Contraceptive received from service provider 3 <input type="checkbox"/> /_____/ | |
| Contraceptive purchased from pharmacy 4 <input type="checkbox"/> /_____/ | Consultation fee 5 <input type="checkbox"/> /_____/ | Others (please specify) 6 <input type="checkbox"/> /_____/ | |
| 15.2 Travel cost | | | |
| 0107 What was the <u>main</u> mode of transportation for you to travel from your place of residence to this SDP? <i>(Tick only one option)</i> | | | |
| Walked 1 <input type="checkbox"/> | Bicycle 2 <input type="checkbox"/> | Motorcycle 3 <input type="checkbox"/> | |
| Bus/taxi 4 <input type="checkbox"/> | Private vehicle 5 <input type="checkbox"/> | Others (please specify) 6 <input type="checkbox"/> /_____/ | |
| 0108 What distance did you travel from your place of residence to this SDP /_____/1 Kilometers <input type="checkbox"/> 2 Mile <input type="checkbox"/> <i>(Tick only one option)</i> | | | |
| 0109A How much did it cost you to travel from your residence to this SDP /_____/ (amount in local currency) | | | |
| 0109B How much will it cost you to travel from your this SDP back to your residence /_____/ (amount in local currency) | | | |
| 15.3 Family Planning time spent and cost | | | |
| 0110 How long did it take for you to travel from your place of residence to this SDP today /_____/ Hours ; /_____/ Minutes | | | |
| 0111 How long did it take for you to get the service at this SDP (time it took between your arrival at this SDP and the time you got the service today) /_____/ Hours ; /_____/ Minutes | | | |
| 0112 How long will it take you to travel back to your place of residence/_____/ Hours ; /_____/ Minutes | | | |
| 0113 What is the main thing you would have been doing during the time you have been here receiving FP services at this SDP today? <i>(Tick only one option)</i> 00=No activity/leisure go to 0117 <input type="checkbox"/> | | | |
| Household chores 1 <input type="checkbox"/> | Working on household farm 2 <input type="checkbox"/> | Selling in the market/trading 3 <input type="checkbox"/> | Employed as unskilled labourer 4 <input type="checkbox"/> |
| Employed as skilled labourer 5 <input type="checkbox"/> | Clerical or professional work 6 <input type="checkbox"/> | Others (please specify) 7 <input type="checkbox"/> | |
| 0114 From the activity you referred to in 013, who took over this activity? <i>(Tick only one option)</i> | | | |
| Family member 1 <input type="checkbox"/> | Co-worker 2 <input type="checkbox"/> | Nobody 3 <input type="checkbox"/> | Other (please specify) 4 <input type="checkbox"/> |
| 0115 Did you have to pay the person who took over the activity on your behalf? <i>(Tick only one option)</i> | | Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> | |
| 0116 If yes please indicate or estimate the monetary value of the payment? <i>(Tick only one option)</i> | | /_____/ (amount in local currency) | |
| 15.4 Financing for FP | | | |
| 0117 Please indicate the where you obtain the resources to pay for the cost of FP services you have received today? <i>(Tick ALL the options that apply) - Please refer only to payments mentioned under 106-(service payment)</i> | | | |
| Paid for by myself 1 <input type="checkbox"/> | Spouse (husband or wife) 2 <input type="checkbox"/> | Family Members other than spouse (husband or wife) 3 <input type="checkbox"/> | Others (please specify) 4 <input type="checkbox"/> |
| 0118 Please indicate the amount for each of the sources mentioned in 0117 for payment for the cost of FP services you have received today? <i>(Indicate for ALL the options that apply)– Indicate with reference to payments mentioned under 0106 service payment</i> | | | |
| Paid for by myself 1 <input type="checkbox"/> /_____/ (amount in local currency) | Spouse (husband or wife) 2 <input type="checkbox"/> /_____/ (amount in local currency) | Family Members other than spouse (husband or wife) 3 <input type="checkbox"/> /_____/ (amount in local currency) | Others (please specify) 4 <input type="checkbox"/> /_____/ (amount in local currency) |

NOTE:
At this stage;
1) Inform him/her that the interview has ended, and
2) Thank the interviewer for his/her time and for the information provided