

### Client Exit Interview

Health Facility Name		Mother Organization		Code		Location	
Date of visit			Name of Hanan staff				

		Interview #	1	2	3	4	5
		<b>Table 11: Client Satisfaction: All Clients</b>		<i>S=Satisfied UC=Uncertain NS=Not Satisfied</i>			
<b>Client Satisfaction: Mix of ANC, PNC, and Child Health Clients</b>	11.1. How would you describe your overall satisfaction with the service you received?	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS
	11.2. How long did you wait to see the health care provider? ( <i>in minutes</i> )	-----	-----	-----	-----	-----	-----
	11.3. Are you satisfied with this waiting time?	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS
	11.4. Are you satisfied with the overall cleanliness of the health facility?	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS
	11.5. Are you satisfied with the privacy at the exam room?	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS
	11.6. Are you satisfied with the time given to you by the health provider?	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS
	11.7. Are you satisfied with the health provider attitude with you?	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS	<input type="checkbox"/> S <input type="checkbox"/> UC <input type="checkbox"/> NS
	11.8. What are the different sources from which you have obtained information on MCHN? (check all that apply):	<input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Family/Friend <input type="checkbox"/> Booklets <input type="checkbox"/> CHW <input type="checkbox"/> Clinic <input type="checkbox"/> None <input type="checkbox"/> Other (specify): _____					
			<b>Table 12: Maternal Health Care Services: Antenatal Care (ANC) Clients (2<sup>nd</sup> &amp; 3<sup>rd</sup> trimester women only)</b>				
<b>Antenatal Care Clients: Pregnant Women</b>	12.1. Were you provided and / or prescribed with folic acid and/or Iron tablets?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	12.2. If you were prescribed and/or provided with Iron Tablets, did provider explain how to minimize annoying side effects?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	12.3. Did the provider discuss danger signs in pregnancy (bleeding, severe headache, dizziness, etc.)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

### Scorecard Guidelines Part 3 – Client Exit Interview

#### General Guidelines:

1. Identify a woman of reproductive age (15-49) who is leaving the clinic.
2. Introduce yourself and ask if you can ask her few questions, which will not take more than 5 minutes. Explain that the questions are not personal and are anonymous. Though clinic staff are informed of your work, you are not part of the clinic staff and the clinic staff will not know individual responses.
3. If the woman agrees to be interviewed, determine if she fits one of the categories of interest. If not thank her and find another women:

- Pregnant women (ANC) (n=5)
- Recently delivered women (PNC) (n=5)
- Mothers of U5 children: clinic visit due to DD or ARI (n=5)
- Mother of U5 children: well-baby visit (n=5)

4. Complete interviews for five (5) women in EACH of the above categories.

**NOTE: A maximum of twenty (20) interviews may need to be completed at each clinic. However, it is possible that a recently delivered woman (within 8 weeks) may be attending clinic for her child (sick or well-baby visit), though she can also be asked the PNC questions. Thus sometimes fewer than 20 individual interviews are required. If necessary, interviews can be obtained over a 4-week period of time.**

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#### Table 11. Client Satisfaction: All Clients

► These 5 women should be comprised of a mix of the women interviewed from each of the four interview categories above. E.g., 2 ANC, 1 PNC, 1 healthy & 1 sick baby client; or 1 ANC, 2 PNC, 1 sick and 1 health baby client, etc.

11.1-11.7 Before reading the questions, ask the woman to tell you for each question whether she was Satisfied, Uncertain/no opinion, or Not satisfied.

11.8 Ask woman for all of the different sources from which she has heard information related to MCHN (maternal child health and nutrition). Read the list of choices and put a check next to each that she mentions. Specify if she mentions a source not listed. Note, after 5 interviews it is possible to have up to 5 check marks next to each source (e.g., ✓✓✓✓✓)

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#### Table 12. Maternal Health Care Services: Antenatal Care (ANC) Clients

► Randomly identify 5 women who are currently pregnant, in their 2nd or 3rd trimester, and attending clinic for ANC

12.1 Ask the woman if she was prescribed and/or provided with folic acid and/or Iron tablets. **If “no”, skip to question 12.3.**

12.2 If she was prescribed with Iron, ask if the health care provider discussed with her how to minimize the side effects associated with the Iron supplements.

12.3 Ask if provider discussed with her the possible danger signs that can occur in pregnancy. For example, bleeding, severe headache, dizziness, abdominal pain, contractions, decreased fetal movement, etc.

<b>Post Natal Care Clients: Recently Delivered</b>	<b>Table 13: Maternal Health Care Services: Post Natal Care (PNC) Clients/Recently Delivered Mothers (within 8 weeks of delivery)</b>					
	13.1. Were you informed about the importance of two returning for PNC while you were still pregnant?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	13.2. Were you informed about the importance of <i>two</i> PNC visits at an ANC or any PNC visit?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	13.3. Were you informed about complications that necessitate seeking medical advice?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Well-Baby Clients: Growth Monitoring &amp; Nutrition</b>	<b>Table 14: Child Health Care Services: Mothers of Well-Baby Clients between 6 and 60 months</b>					
	14.1. Were you given any verbal and / or printed information on child feeding practices, iron or vitamin A supplementation?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	14.2. Were you prescribed and / or provided with vitamin A/D drops or capsules for your child at this or at any other visit in the last 6 months?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a
	14.3. If your child's weight and/or height were measured, were you informed about the growth status of your child?  How old is your child (in months)?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a -----	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a -----	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a -----	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a -----	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a -----
<b>Sick-Baby Clients: Acute Respiratory Infection &amp; Diarrheal Diseases</b>	<b>Table 15: Child Health Care Services: Diarrheal Diseases (DD) (only if clinic visit due to DD)</b>					
	15.1. Were you instructed how to administer ORS?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	15.2. Were you counseled on the need to increase fluids (breast milk, soup, water) for your sick child?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<b>Table 16: Child Health Care Services: Acute Respiratory Infections (ARI) (only if clinic visit due to ARI)</b>					
	16.1. Were you asked if your coughing child has ear problems (pain, discharge, tenderness or swelling)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Table 17: Child Health Care Services: (answer if clinic visit due to <u>either</u> DD <u>or</u> ARI)</b>						
17.1. Were you advised to return to the clinic if your child becomes sicker (e.g., DD: develops blood in stool, drinks poorly; ARI: develops fast/rapid breathing, etc)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

## Scorecard Guidelines Part 3 – Client Exit Interview

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Table 13. Post Natal Care (PNC) Clients/Recently Delivered Mothers

► Randomly identify 5 women who recently delivered (within the past 8 weeks from interview date), regardless of reason for visit (PNC, sick or well baby visit)

13.1 Ask if she was informed about the importance of receiving PNC while she was pregnant

13.2 Ask if she was informed about the importance of *two* PNC visits, during ANC or any PNC visit

13.3 Ask if she was told about any complications that would necessitate seeking medical advice (e.g., fever, bleeding, breast engorgement, etc)

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Table 14. Child Health Care Services: Mothers of Well Baby Clients between the age of 6 and 60 months

► Randomly identify 5 women who are attending clinic for a well baby visit (e.g., immunizations, nutrition, growth monitoring), AND whose child is aged between 6 months and 5 years of age. If more than one child, choose youngest.

14.1. Ask if she was given any information, verbal or printed, on nutrition (e.g., feeding practices, iron or vitamin A supplementation, etc).

14.2. Ask if she was prescribed and/or provided with Vitamin A capsules or drops for her child at this visit or at any visit in the last 6 months

Please indicate N/A for clinics that don't prescribed and / or provided with vitamin A/D drops

14.3. Ask and record the child's age.

If height and/or weight measured, ask mother if she was informed by provider about the child's growth status compared to averages. Record n/a if neither height or weight measured at this visit.

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Tables 15-17. Child Health Care Services: Diarrheal Disease (DD) and Acute Respiratory Infection (ARI)

► Randomly identify 5 women who are attending clinic because their child has *either diarrhea and/or acute respiratory infection*.

**For mothers whose visit is due to a child with diarrheal disease (DD):**

15.1 Ask if she was taught how to administer oral rehydration solution (ORS) to her child

15.2. Ask if the mother was counseled about increasing a sick child's fluid intake (breast milk, soup, water, etc)

**For mothers whose visit is due to a child with acute respiratory disease (ARI):**

16.1. Ask if she was asked by the provider if her child who is coughing or having difficulty breathing has any ear problems and/or was asked about relevant symptoms such as pain, discharge, tenderness or swelling

**Ask all mothers, where attendance is due to either DD or ARI**

17.1. Ask if the mother was advised to return to clinic if her child becomes sicker. For example, the child develops blood in stool, fever, drinks poorly, develops fast/rapid breathing, fever, etc

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