

## ANNEX 4: HEALTH FACILITIES EXIT SURVEY

Good morning/afternoon. My name is \_\_\_\_\_ and I am working on a program evaluation of the vaccination of children in this locality. Our goal is to help improve the vaccination program in general. I would like to respectfully ask for your help in answering the questions in this survey. I know you are busy, so we will try to interview you for only a few minutes. Your participation is voluntary and anonymous. Would you be willing to answer these questions? Thank you very much.\*

**Questionnaire Serial Number**  THIS IS PRE-ASSIGNED CENTRALLY

**Date of interview**

Day |\_\_|\_\_| Month |\_\_|\_\_| Year |\_\_|\_\_|

### GEOGRAPHICAL LOCATION

State/Province/Region \_\_\_\_\_  
 District \_\_\_\_\_  
 Name of facility \_\_\_\_\_  
 Interviewer \_\_\_\_\_  
 Supervisor \_\_\_\_\_

Start time	am	pm
Hour		
Minutes		

**A. Type of service**

- 1. Public/Government service
- 2. Private
- 3. NGO
- 4. Faith-based organization
- 5. Other  Specify: \_\_\_\_\_

**B. Health facility type**

- 1. Hospital
- 2. Clinic \*
- 3. Health center

\* Includes other types of primary care facilities such as doctors' offices, dispensaries, limited-service clinics, and vaccination posts.

**C. Filter**

The child appears to be <24 months

- 1. Yes  ➔ CONTINUE (RECORD RESPONSE IN TRACKING FORM PLEASE)
- 2. No  ➔ THANK THE PERSON AND RECORD THE ENCOUNTER (TRACKING FORM)

### DATA ON THE CHILD

(IN CASE OF MORE THAN ONE CHILD, CHOOSE THE YOUNGEST CHILD)

1. Date of birth Day |\_\_|\_\_| Month |\_\_|\_\_| Year |\_\_|\_\_|  
 DK (Doesn't know) / NR (No response)

1.1 Age of child

- 1. \_\_\_\_\_ years
- 2. \_\_\_\_\_ months
- 3. \_\_\_\_\_ weeks



10. Why do you prefer to come to this health facility?

- 1. No health services in my village/town of residence
- 2. There are health services in the municipality where I live, but their treatment of patients is not good
- 3. This facility is on the way to my workplace
- 4. This facility is in the same village/town as the child's day care or school
- 5. Because this facility offers various health services
- 6. I have always brought this child here
- 7. Other  Specify: \_\_\_\_\_

11. How long have you been living in this village/town?

- 1. Always
- 2. \_\_\_\_\_ years
- 3. \_\_\_\_\_ months
- 4. \_\_\_\_\_ weeks
- 5. \_\_\_\_\_ days

12. By what means of transportation do you usually come to this facility?

- 1. Walk
- 2. Bicycle
- 3. Motorcycle
- 4. Car
- 5. Bus
- 6. Ox carts
- 7. Other  Specify: \_\_\_\_\_

13. How long does it take you to get here? \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

14. Have you heard or seen messages on vaccination in the last one month?

- 1. Yes  ➡ CONTINUE WITH QUESTION 15
- 2. No  ➡ SKIP TO QUESTION 17

15. Where/How did you hear or see the messages? (CHECK ALL THAT APPLY)

- 1. Radio
- 2. Television
- 3. Newspaper
- 4. Health facility
- 5. Telephone message
- 6. Facebook or internet
- 7. Children's school
- 8. Place of worship
- 9. During home visit by health workers/health outreaches
- 10. Community meetings
- 11. Other  Specify: \_\_\_\_\_

16. What did the message say?

\_\_\_\_\_

17. Where do you usually look for information on what vaccines your child needs? **(DO NOT READ OUT THE OPTIONS. CHECK ALL THAT APPLY)**
1. Does not seek information  ➔ SKIP TO QUESTION 18
  2. Radio
  3. Television
  4. Newspaper
  5. Internet
  6. Vaccination booklet, health passport or card
  7. Other parents/family members
  8. Children's school
  9. Church or mosque or other place of worship
  10. Health facilities
  11. During home visit by health workers/health outreaches
  12. Other  Specify: \_\_\_\_\_

18. How would you assess your level of information on vaccines or information on the need for vaccination?
1. Fairly adequate
  2. Adequate
  3. Inadequate

19. Has this child ever been vaccinated?
1. Yes
  2. No

19.1 Have you ever requested vaccination service for this child and been refused?

1. Yes
2. No  ➔ SKIP TO QUESTION 20

19.2 If so, why didn't they vaccinate the child?

1. The doctor or nurse said it couldn't be done because the child was sick
2. There were no vaccines, or there were no syringes or some other supply needed for vaccination
3. It was not a vaccination day
4. The vaccination area was closed
5. The person in charge of vaccination was not there
6. We didn't have the vaccination card/passport
7. The hours for vaccination are limited
8. Other  Specify: \_\_\_\_\_

20. In your home, who makes the decision to vaccinate the children
1. Father
  2. Mother
  3. Other relatives
  4. Consensus of father and mother
  5. Other  Specify: \_\_\_\_\_

**USE OF VACCINATION CARD/HEALTH PASSPORT AND INFORMATION ON VACCINES ADMINISTERED**

21. Does your child have a vaccination card/health passport?
1. Yes, and I have it with me  ➔ GO TO QUESTION 22
  2. Yes, but I do not have it with me  ➔ GO TO QUESTION 21.1
  3. No  ➔ GO TO QUESTION 21.1

21.1 Whenever the vaccination card or health passport is not with the caregiver today, request to complete the information in Annex 7 (Health Facility Register Follow-Up Form). Assure them that this information will only be used to match the records in the health facility register.

**At the end of all the interviews, use the information in Annex 7 to complete Table 22.**

**Remember to ALSO take a picture of the relevant pages/lines of the register. ➡ GO TO 23**

22. Request and examine the child's vaccination card/health passport or temporary vaccination document to fill out the following table. ➡ THEN GO TO QUESTION 24

**22.1 Remember to take pictures of all the completed pages on the health passport/card**

**Table 22**

What vaccines has this child received?	A.			B.	C.	
	Dates of all doses given			Reminder	Vaccine given, BUT date illegible	
	DAY	MONTH	YEAR		YES	NO
1. BCG	_ _	_ _	_ _	At birth	<input type="checkbox"/>	<input type="checkbox"/>
2. OPV0	_ _	_ _	_ _	0 - 14 days	<input type="checkbox"/>	<input type="checkbox"/>
3. OPV1	_ _	_ _	_ _	At 6 weeks	<input type="checkbox"/>	<input type="checkbox"/>
4. Rota1	_ _	_ _	_ _	At 6 weeks	<input type="checkbox"/>	<input type="checkbox"/>
5. Penta1/DPT1	_ _	_ _	_ _	At 6 weeks	<input type="checkbox"/>	<input type="checkbox"/>
6. PCV1	_ _	_ _	_ _	At 6 weeks	<input type="checkbox"/>	<input type="checkbox"/>
7. OPV2	_ _	_ _	_ _	At 10 weeks	<input type="checkbox"/>	<input type="checkbox"/>
8. Rota2	_ _	_ _	_ _	At 10 weeks	<input type="checkbox"/>	<input type="checkbox"/>
9. Penta2/DPT2	_ _	_ _	_ _	At 10 weeks	<input type="checkbox"/>	<input type="checkbox"/>
10. PCV2	_ _	_ _	_ _	At 10 weeks	<input type="checkbox"/>	<input type="checkbox"/>
11. OPV3	_ _	_ _	_ _	At 14 weeks	<input type="checkbox"/>	<input type="checkbox"/>
12. Penta3/DPT3	_ _	_ _	_ _	At 14 weeks	<input type="checkbox"/>	<input type="checkbox"/>
13. PCV3	_ _	_ _	_ _	At 14 weeks	<input type="checkbox"/>	<input type="checkbox"/>
14. IPV	_ _	_ _	_ _	At 14 weeks	<input type="checkbox"/>	<input type="checkbox"/>
15. Measles1	_ _	_ _	_ _	At 9 - 11 months	<input type="checkbox"/>	<input type="checkbox"/>
16. Yellow fever	_ _	_ _	_ _	At 9 - 11 months	<input type="checkbox"/>	<input type="checkbox"/>
17. Measles2	_ _	_ _	_ _	At 15 - 23 months	<input type="checkbox"/>	<input type="checkbox"/>

**22.2 What was the source of the information in Table 22**

- 1. Vaccination card/health passport
- 2. Temporary vaccination document
- 3. Health facility register

23. Could you tell us why you do not have the vaccination card/health passport with you today?

- 1. It is at the nursery school/day care center
- 2. I left it at home (because I forgot to bring it)
- 3. I left it home (because I didn't know it was important to bring it along)
- 4. I lost it
- 5. The card/health passport has been damaged
- 6. I have never been given one ➡ SKIP TO QUESTION 26
- 7. Because vaccination was not the reason for this visit
- 8. Other  Specify: \_\_\_\_\_

24. Have you ever lost a vaccination card/health passport for this child?

1. Yes   
 2. No



**SKIP TO QUESTION 26**

25. Did you encounter difficulty getting it replaced?

1. Yes   
 2. No

26. Could you tell me what purpose the vaccination card/health passport serves?

1. To know what vaccines the child has had and which ones  
 are missing   
 2. Other  Specify: \_\_\_\_\_  
 3. Don't Know/No Response

27. During today's visit, did the personnel/staff ask you for the child's vaccination card/health passport?

1. Yes   
 2. No



**SKIP TO QUESTION 28**



**SKIP TO QUESTION 27b**

27b. If No, did they ask for the vaccination status of the child?

1. Yes   
 2. No

**TODAY'S VACCINATION**

28. Was your child vaccinated here today?

1. Yes   
 2. No



**SKIP TO QUESTION 35**

29. **Why didn't they vaccinate the child?** (Please DO NOT read the options)

**FIRST LISTEN TO THE REASONS GIVEN BY THE CAREGIVER AND THEN TRY TO CHOOSE THE RIGHT OPTION FROM BLOCK A, B OR C BELOW**

**A. REASONS RELATED TO THE HEALTH WORKERS**

1. The doctor/nurse said that the child is already vaccinated, or has had the complete series, or is not due for a vaccine at this time   
 2. The health workers did not ask me   
 3. The doctor/nurse said that the child could not be vaccinated because he/she was sick and treated today

**Type of disease or treatment received today (check all that apply)**

1. Cold and/or cough   
 2. Diarrhea   
 3. Intestinal parasitosis   
 4. Pneumonia   
 5. Malnutrition and/or anemia   
 6. Mild fever   
 7. Low birth weight   
 8. Dehydration   
 9. Child is taking medications:  Write down generic name \_\_\_\_\_  
 10. Urinary tract infection   
 11. Other  Specify: \_\_\_\_\_

**Interviewer: IF THE REASONS CITED BY THE INTERVIEWEE REFER TO BLOCK A ABOVE, ➔ SKIP TO QUESTION 39**

**B. REASONS RELATED TO THE CAREGIVER**

1. The last time the child was vaccinated, he/she got sick or had a reaction.
2. My religion doesn't permit it.
3. Negative experiences of a family member or acquaintances.
4. I don't trust the health facility's vaccines
5. I don't trust personnel of the health facilities
6. I forgot
7. Vaccines can cause some disease or discomfort
8. I don't have time
9. Vaccines are not necessary, or I don't believe in vaccines
10. The child has completed the series
11. Vaccination was not the purpose of this visit
12. Other  Specify: \_\_\_\_\_

**Interviewer: IF THE REASONS CITED BY THE INTERVIEWEE REFER TO BLOCK B ABOVE, SKIP TO QUESTION 39** ➔

**C. REASONS RELATED TO THE HEALTH FACILITY'S LOGISTICS & ORGANIZATION**

1. There were no vaccines
2. There were no syringes, or other vaccination supplies were missing
3. It is not a vaccination day in this health facility
4. The vaccination area was closed
5. The person in charge of vaccinations was not there
6. There would have been a long wait
7. The staff treated us badly
8. The hours for vaccination are limited
9. Other  Specify: \_\_\_\_\_

**Interviewer: IF THE REASONS CITED BY THE INTERVIEWEE REFER TO BLOCK C ABOVE, SKIP TO QUESTION 39** ➔

30. How long did you wait today for your child to be vaccinated? Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_

**QUALITY OF THE VACCINATION SERVICE**

31. Did they tell you today what vaccines they gave the child?

1. Yes
2. No

32. Did they tell you today the date of the next vaccination appointment and write it in the vaccination card/health passport?

1. Yes
2. No

33. Did you receive information today on the reactions or side effects that can occur following vaccination?

1. Yes
2. No

➔ **SKIP TO QUESTION 36**

34. If so, what did they tell you? \_\_\_\_\_

35. Did you receive information today on what you should do if the child has reactions or side affects to the vaccines?

1. Yes
2. No

36. Are you satisfied with the service provided today?

- 1. Yes
- 2. No

➔ SKIP TO QUESTION 38

37. Why?

- 1. Immediate attention  ➔ SKIP TO QUESTION 39
- 2. Friendly treatment by staff  ➔ SKIP TO QUESTION 39
- 3. No charge for service  ➔ SKIP TO QUESTION 39
- 4. Other  Specify: \_\_\_\_\_ ➔ SKIP TO QUESTION 39

38. Why were you NOT satisfied?

- 1. Had to wait a long time
- 2. The staff was discourteous
- 3. The language that the health workers use is not clear
- 4. They did not explain what vaccines they had given the child
- 5. Other  Specify: \_\_\_\_\_

39. Have you ever been asked to pay for vaccines given to a child?

- 1. Yes
- 2. No

➔ SKIP TO QUESTION 41

40. What type of health facility asked you to pay?

- 1. Public
- 2. Private
- 3. DK

**REASONS TO VACCINATE CHILDREN**

41. Could you tell me the purpose of vaccines? (CHECK ALL THAT APPLY)

**Please DO NOT read out the options**

- 1. To prevent diseases
- 2. So children will grow up health
- 3. To cure/heal diseases
- 4. They don't do any good
- 5. Not sure what they're for
- 6. Other  Specify: \_\_\_\_\_

42. What diseases do vaccines prevent? (CHECK ALL THAT APPLY)

**Please DO NOT read out the options**

- 1. Tuberculosis
- 2. Hepatitis
- 3. Poliomyelitis or polio
- 4. Diphtheria
- 5. Whooping cough or pertussis
- 6. Tetanus
- 7. Pneumonia
- 8. Meningitis
- 9. Diarrhea
- 10. Influenza
- 11. Measles
- 12. Rubella
- 13. Mumps



Health Facility Exit Survey - WHO/AFRO

- 14. Yellow fever
- 15. Cancer  Specify: \_\_\_\_\_
- 16. Other  Specify: \_\_\_\_\_
- 17. None
- 18. DK

43. Do you think your child could get diseases if you don't vaccinate him/her?

- 1. Yes
- 2. No
- 3. DK

44. What suggestions do you have to improve vaccination services? **(CHECK ALL THAT APPLY)**

- 1. There should be more vaccination personnel
- 2. There should be less of a wait
- 3. Hours and days when vaccinations are available should not be limited
- 4. Vaccination should remain free
- 5. The treatment of the public, and of the children being vaccinated, should be friendlier
- 6. The health center should always have vaccines
- 7. They should provide information on the vaccines that are being given, on the diseases that they prevent, and on the reactions that they produce.
- 8. Other  Specify: \_\_\_\_\_
- 9. None
- 10. DK

**Interviewer:** Thank the interviewee and note the time when the interview was concluded. Read the following statement: "Remember that vaccination is a right for all people. Demand this right and remember to bring your child's vaccination card to the health facility each time you visit the centre for any reason."

Ending time: Hour: |\_\_|\_\_| Minutes: |\_\_|\_\_|

Interviewer's remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supervisor:** Please check the completed form for accuracy and completeness

- 1. Form is complete and accurate (skip patterns adequately observed)
- 2. Errors or inconsistencies on the form

Supervisor's remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's full name: \_\_\_\_\_  
Supervisor's signature: \_\_\_\_\_