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 **BASICS**

BASICS HEALTHY TIMING AND SPACING OF PREGNANCY TOOLKIT

INTERVIEW WITH MEN VISITING HEALTH FACILITIES



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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 men visiting the health facility

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

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 men visiting health facility

1. Have you heard of child spacing messages from a health care provider before? Yes No
2. How do you feel about child spacing information being provided by the health care worker?
Please explain:
3. What do you like most about the child spacing message and why?
4. What do you like least about the child spacing message and why?
5. Are you currently using any child spacing method to space the births of your children? Yes
 No
If yes, which one? Please specify:
6. Is your wife or partner using any child spacing methods? Yes No
If yes, which one? Please specify:
7. Do you provide any support for your wife or partner to use child spacing method? Yes No
If yes, what form of support do you provide to her? Please specify:
8. Are you likely to encourage other men to use or support their wives to use a child spacing methods?
 Yes No
9. Do you have other opinion or comments on child spacing to share with us?

Thank You Very Much for Your Time