

## INFANT AND YOUNG CHILD FEEDING CLIENT EXIT INTERVIEWS GENERAL GUIDELINES

### GETTING STARTED

1. Randomly identify a pregnant woman (e.g., every third one) or a mother/caregiver of a baby 0-24 months (e.g., every third) who is ready to leave the maternal and child health and nutrition clinic.
2. Introduce yourself and ask if you can ask her a few questions, which will not take many minutes. Explain that the questions are not personal and are anonymous. Explain: Clinic staff are aware that we are gathering data today, but we are not part of the clinic staff, and staff will not be told your responses.
3. If the woman agrees to be interviewed, determine if she fits in one of the categories of interest: pregnant woman (receiving antenatal care) or mother of a baby 0-24 months. If not, thank her and find another woman.
4. Ask the woman if she received any counseling from a health worker today about how to feed her baby or solve any problems she might be having with feeding her baby. If no, thank the woman for her time and end the interview. If yes, continue with question 1.
5. Complete interviews for no less than five pregnant women and five mothers with children 0-24 months of age. Note that one sheet can be used per three respondents to minimize paperwork.

### SECTION 1: ALL CLIENTS

#### 1a. What was the purpose of your visit today?

*For this question, probe for a specific answer; “health care for my child” is not specific enough.*

*Examples of specific answers include breastfeeding assistance, immunization, under-five clinic, antenatal care, etc.*

#### 1b. Were you counseled on infant and young child feeding in a group, one on one with a health worker, or both?

*Tick all that apply.*

#### 1c. What type of health worker provided infant and young child feeding counseling to you today?

*Tick all that apply. If the woman is not sure of the designation of the health worker who counseled her, tick “Not sure.”*

#### 1d. If you participated in a group health talk, how long did the discussion last?

*This question might be difficult for the woman to answer; do your best to get a specific numerical answer. If she says, “I don’t know,” you can ask if the time seemed long or short. Then, ask about specific time periods based on her response (e.g., less than 2 minutes, 3-5 minutes, more than 5 minutes, 5-10 minutes, etc.). Use your best judgment to determine a specific number of minutes to record.*

#### 1e. If you received one-on-one counseling, how long did the conversation last?

*This question might be difficult for the woman to answer; do your best to get a specific numerical answer. If she says, “I don’t know,” you can ask if the time seemed long or short. Then, ask about specific time periods based on her response (e.g., less than 2 minutes, 3-5 minutes, more than 5 minutes, 5-10 minutes, etc.). Use your best judgment to determine a specific number of minutes to record.*

## **SECTION 2: PREGNANT WOMEN**

*This section is for pregnant women only.*

**2a.-2b. Did you discuss how you plan to feed your baby (infant feeding plans)? If yes, what did the health worker tell you?**

*Ask for a yes or no answer to the first question. For question 2b, write the specific message from the health worker. It should be a phrase, not just “breastfeeding information.”*

## **SECTION 3: MOTHERS/CAREGIVERS OF CHILDREN 0-24 MONTHS**

*This section is only for mothers/caregivers of children 0-24 months of age. (Interviewer to translate the age in months.)*

**3b. Was your child’s under-five card reviewed?**

*Ask for a yes or no answer to this question. Ask the mother if you can see her card.*

**3c. If no, why was it not reviewed?**

*Ask for reasons why the card was not reviewed. Ask probing questions if necessary.*

**3d. Did the health worker discuss the progress of your child’s growth with you?**

*Ask for a yes or no answer to this question.*

**3e. If yes, what did the health worker tell you?**

*This should be a specific response; i.e., a comment about the child’s growth curve.*

**3f. Did the health worker talk to you about how to feed your baby? Or about breastfeeding?**

*Ask for a yes or no answer to this question.*

**3g. If yes, what did the health worker tell you?**

*This should be a specific message or phrase.*

**NOTE: Items 3h and 3i are not meant to be read aloud. Quickly review the child’s card and note if the counseling message was responsive to the child’s status.**

## **SECTION 4: COUNSELING MESSAGES**

*This section is for all clients.*

**4a.-4e. To help make sure you understood the messages given during counseling, did the health worker...?**

*These are all yes or no questions. If the woman indicates she cannot remember, tick “No.”*

**4f.-4g. If yes, when is your next visit? What is the purpose of your next visit?**

*These are follow-up questions to 4e.*

**4h. What is the most important message you received during counseling about feeding your baby?**

*This answer should be very specific. “Breastfeeding” or “complementary feeding” is not detailed enough. Example of a clear message: “Give the baby only breastmilk for the first six months.”*

## **SECTION 5: CLIENT SATISFACTION**

*This section is for all clients.*

**5a.-5b. You mentioned that the purpose of today's visit was to \_\_\_\_ (from question 1a). Were you satisfied?**

*End the statement with the response to question 1a, and ask: Were you satisfied? Whether the response is yes or no, ask why or why not.*

**5c. What is your overall opinion of your visit to the health facility today?**

*Ask the woman to choose one of the following answers: very satisfied, satisfied, uncertain, or not satisfied.*

**5d. What suggestions do you have for improving nutrition services at this facility?**

*Encourage the woman to be sure that her answer relates to nutrition services. General problems such as staff shortages and long waiting times are not specific to nutrition services.*

## INFANT AND YOUNG CHILD FEEDING CLIENT EXIT INTERVIEW QUESTIONNAIRE

**Health Facility:** \_\_\_\_\_ **Date of Visit:** \_\_\_\_\_  
**District:** \_\_\_\_\_ **Name of Interviewer:** \_\_\_\_\_

All Clients		Respondent 1	Respondent 2	Respondent 3
<b>1a.</b>	What was the purpose of your visit today?			
<b>1b.</b>	Were you counseled on infant and young child feeding in a group, one on one with a health worker, or both?	1 Individual 2 Group 3 Both	1 Individual 2 Group 3 Both	1 Individual 2 Group 3 Both
<b>1c.</b>	What type of health worker provided infant and young child feeding counseling to you today?	1 Nurse 2 Community health volunteer 3 Both 4 Other _____ 5 Not sure	1 Nurse 2 Community health volunteer 3 Both 4 Other _____ 5 Not sure	1 Nurse 2 Community health volunteer 3 Both 4 Other _____ 5 Not sure
<b>1d.</b>	If you participated in a group health talk, how long did the discussion last?	_____ minutes	_____ minutes	_____ minutes
<b>1e.</b>	If you received one-on-one counseling, how long did the conversation last?	_____ minutes	_____ minutes	_____ minutes

Pregnant Women		Respondent 1	Respondent 2	Respondent 3
<b>2.</b>	Are you currently pregnant?	1 Yes 0 No	1 Yes 0 No	1 Yes 0 No
<b>2a.</b>	Did you discuss how you plan to feed your baby (infant feeding plans)?	1 Yes 0 No	1 Yes 0 No	1 Yes 0 No
<b>2b.</b>	If yes, what did the health worker tell you?			

Mothers/Caregivers of Children 0-24 Mos.		Respondent 1	Respondent 2	Respondent 3
3.	Do you have a child between 0 and 24 months?	1 Yes 0 No	1 Yes 0 No	1 Yes 0 No
3a.	What is your child's age in months?	_____ months	_____ months	_____ months
3b.	Was your child's under-five card reviewed?	1 Yes 0 No	1 Yes 0 No	1 Yes 0 No
3c.	If no, why was it not reviewed?			
3d.	Did the health worker discuss the progress of your child's growth with you?	1 Yes 0 No	1 Yes 0 No	1 Yes 0 No
3e.	If yes, what did the health worker tell you?			
3f.	Did the health worker talk to you about how to feed your baby? Or about breastfeeding?	1 Yes 0 No	1 Yes 0 No	1 Yes 0 No
3g.	If yes, what did the health worker tell you?			

*The items below are not meant to be read aloud. Quickly review the child's card and note if the counseling message was responsive to the child's status.*

3h.	Mark if the counselor's message was correct based on the child's status.	1 Yes    0 No    9 N/A	1 Yes    0 No    9 N/A	1 Yes    0 No    9 N/A
3i.	If the answer is no, or not applicable, record why the message was incorrect.			

Counseling Messages (All Clients)		Respondent 1	Respondent 2	Respondent 3
<b>Did the health worker...</b>				
<b>4a.</b>	Ask questions?	1 Yes 0 No	1 Yes 0 No	1 Yes 0 No
<b>4b.</b>	Use job aids (e.g., pictures, brochures, flip charts, etc.)?	1 Yes 0 No	1 Yes 0 No	1 Yes 0 No
<b>4c.</b>	Ask you to repeat information?	1 Yes 0 No	1 Yes 0 No	1 Yes 0 No
<b>4d.</b>	Demonstrate the feeding practice?	1 Yes 0 No	1 Yes 0 No	1 Yes 0 No
<b>4e.</b>	Discuss when you should come back for your next visit?	1 Yes 0 No	1 Yes 0 No	1 Yes 0 No
<b>4f.</b>	If yes, when is your next visit?			
<b>4g.</b>	What is the purpose of your next visit?			
<b>4h.</b>	What is the most important message you received during counseling about feeding your baby?			

Client Satisfaction (All Clients)		Respondent 1	Respondent 2	Respondent 3
5a.	You mentioned that the purpose of today's visit was to _____ (from question 1a). Were you satisfied?	1 Yes 0 No	1 Yes 0 No	1 Yes 0 No
5b.	If yes, why? If no, why not?			
5c.	What is your overall opinion of your visit to the health facility today?	3 VS 2 S 1 UC 0 NS	3 VS 2 S 1 UC 0 NS	3 VS 2 S 1 UC 0 NS
5d.	What suggestions do you have for improving nutrition services at this facility?			

VS: very satisfied; S: satisfied; UC: uncertain; NS: not satisfied.

**Comments:**