

## ANNEX 2: HEALTH FACILITY EXIT SURVEY

Good morning/afternoon. My name is \_\_\_\_\_ and I am working on a programme assessment of the vaccination of children in this locality. Our goal is to help improve the vaccination programme 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 interview you for only a few minutes. Your participation is completely voluntary and anonymous. Would you be willing to answer these questions? Thank you very much.\*

Questionnaire Serial Number

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THIS IS PRE-ASSIGNED CENTRALLY

Date of interview

Day |\_\_|\_\_| Month |\_\_|\_\_| Year |\_\_|\_\_| Interview start time:

Interview start time:

Hour |\_\_|\_\_| Minutes |\_\_|\_\_|

### GEOGRAPHICAL LOCATION

Name of interviewer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Name of health facility: \_\_\_\_\_  
Sub-county \_\_\_\_\_ County \_\_\_\_\_

#### A. Classification of this health facility

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

#### B. Type of health facility

- 1. Hospital
- 2. Clinic
- 3. Health center
- 4. Health Post

#### C. Filter

The child appears to be <24 months

- 1. Yes  ➔ CONTINUE
- 2. No  ➔ THANK THE PERSON AND MOVE ON TO THE NEXT

#### C. Filter

Caregiver has given consent to participate

- 1. Yes  ➔ CONTINUE
- 2. No  ➔ THANK THE PERSON AND MOVE ON TO THE NEXT

### SECTION 1: DATA ON THE CHILD

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

Date of birth known? 1. Yes   
Date of birth Day |\_\_|\_\_| Month |\_\_|\_\_| Year |\_\_|\_\_|  
2. No   
Age of child \_\_\_ in  months  weeks

2. Sex or Gender of child 1. Male  2. Female



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1. Yes  ➡ **CONTINUE WITH QUESTION 12**  
2. No  ➡ **SKIP TO QUESTION 13**

12. Where/how did you hear or see the message? **(DO NOT READ OUT THE OPTIONS. CHECK ALL THAT APPLY)**

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

13a. Do you feel that you know the vaccines your child needs?

1. Yes  ➡ **CONTINUE WITH QUESTION 13b**  
2. No   
3. Not sure

If YES --> 13b. Do you feel that you know WHEN the vaccines should be given?

1. Yes   
2. No   
3. Not sure

14. Has this child ever been vaccinated?

1. Yes   
2. No  ➡ **CONTINUE WITH QUESTION 14b**

If NO --> 14b. If no, why not?

1. The necessary vaccines or supplies were not available  
2. I am not in favour of vaccination  
3. My husband/the decision maker is not in favour of vaccination  
4. I have not visited the health facility on a vaccination day  
5. I did not know that the child was eligible to be vaccinated  
6. Other \_\_\_\_\_

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

1. Yes   
2. No  ➡ **SKIP TO QUESTION 17**

16. 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. Child was too old   
9. Other  Specify: \_\_\_\_\_

17. In your home, who primarily makes the decision to vaccinate the children \_\_\_\_\_

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- 1. Father
- 2. Mother
- 3. Other relatives
- 4. Consensus of father and mother
- 5. Other  Specify: \_\_\_\_\_

**SECTION 3: USE OF VACCINATION CARD/HEALTH PASSPORT AND INFORMATION ON VACCINES ADMINISTERED**

18. Does your child have a vaccination card/health passport?

- 1. Yes, and I have it with me  ➔ **GO TO QUESTION 20**
- 2. Yes, but I do not have it with me  ➔ **GO TO QUESTION 19a with Annex 3B**
- 3. No  ➔ **GO TO QUESTION 19b with Annex 3B**

19a. 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)
- 5. The card/health passport has been damaged
- 7. Because vaccination was not the reason for this visit
- 8. Other  Specify: \_\_\_\_\_

19b. Why don't you have a vaccination passport?

- 1. I lost it
- 2. I have never been given one
- 3. I don't know
- 4. Other  Specify: \_\_\_\_\_

Whenever the vaccination card or health passport is not with the caregiver today, request to complete the information in Annex 3B (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 from Annex 3B to complete the table below.**

**Remember to ALSO take a picture of the relevant pages/lines of the register. ➔ GO TO QUESTION 21**

20. Request and examine the child's vaccination card/health passport or temporary vaccination document to fill out the following table.

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

Vaccines	Date Administered, as written on the vaccination card or health passport			
	Dose 0	Dose 1	Dose 2	Dose 3
BCG		__/__/__		
Oral Polio	__/__/__	__/__/__	__/__/__	__/__/__
IPV		__/__/__		
DPT-HepB-Hib		__/__/__	__/__/__	__/__/__
Rotavirus		__/__/__	__/__/__	__/__/__
Pneumo (PCV)		__/__/__	__/__/__	__/__/__
Measles or MR		__/__/__	__/__/__	
Yellow Fever		__/__/__		

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**Note to interviewer:** What was the source of the vaccination dates?

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

20b. Please review the entire maternal and child health booklet and indicate which recording areas are available and which ones have been filled. A recording area is considered filled or marked if ANY **deliberate** mark or information is included. If it is unclear whether there are deliberate markings or recorded information, perhaps due to damage to the document, then mark that you are unsure. **CHECK ALL THAT APPLY**

	Recording area available?		➔	Recording area marked?		
	No	Yes		No	Yes	Unsure
a) Child background information	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Vaccination history	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Vitamin A	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Growth monitoring chart	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Early eye or vision problems	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Newborn child delivery	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Not applicable (Document is not an official country-issued booklet)	<input type="checkbox"/>					

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

- 1. Yes
- 2. No



**SKIP TO QUESTION 23**

22. Did you encounter difficulty getting it replaced?

- 1. Yes
- 2. No

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

**(DO NOT READ OUT THE OPTIONS. CHECK ALL THAT APPLY)**

- 1. To know what vaccines the child has had and which ones are missing
- 2. Birth certificate and/or identification
- 3. Overall health record and growth monitoring
- 4. Record and remind for return visit dates
- 5. Other  Specify: \_\_\_\_\_
- 6. Don't Know/No Response

**SECTION 4: TODAY'S VACCINATION**

24. 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 26**



**SKIP TO QUESTION 25**

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

- 1. Yes
- 2. No

26. Was your child vaccinated here today?

\_\_\_\_\_

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1. Yes  → **SKIP TO QUESTION 29**  
2. No

**27. Why was your child not vaccinated today?**

**FIRST LISTEN TO THE REASONS GIVEN BY THE CAREGIVER AND THEN TRY TO CHOOSE ONE OPTION FROM BLOCK A, B, OR**  
*Please DO NOT read the options out loud*

**BLOCK A: REASONS RELATED TO THE HEALTH WORKERS**

- A1. The doctor/nurse said that the child was not eligible for vaccination today   
A2. The health worker who saw us did not tell me about vaccinating the child today   
A3. The doctor/nurse said that the child could not be vaccinated because s/he was sick

**IF BECAUSE OF ILLNESS, WHAT TYPE OF DISEASE OR TREATMENT DID THE CHILD RECEIVE TODAY?**

1. Minor illnesses such as mild fever, cold, cough, or diarrhoea   
2. Major illnesses requiring admission, such as severe pneumonia or severe malaria   
3. Other illnesses such as intestinal parasitosis, malnutrition, anaemia, dehydration, urinary tract infection   
4. Child is taking medications:  Write down generic name \_\_\_\_\_  
5. HIV or AIDS   
6. Other  Specify: \_\_\_\_\_

**BLOCK B: REASONS RELATED TO THE CAREGIVER**

- B1. This child is already fully vaccinated for his/her age   
B2. The last time the child was vaccinated, he/she got sick or had a reaction   
B3. My religion doesn't permit vaccination or I don't believe in vaccines   
B4. Vaccination was not the purpose of this visit   
B5. I don't trust the health workers/the vaccines in this health facility   
B6. I forgot to take my child to the vaccination area   
B7. I didn't have time today to wait for vaccination   
B8. Other  Specify: \_\_\_\_\_

**BLOCK C: REASONS RELATED TO THE HEALTH FACILITY (LOGISTICS & ORGANIZATION)**

1. There were no vaccines in the health facility today   
2. There were no syringes or other vaccination supplies   
3. Today 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. Other  Specify: \_\_\_\_\_

28. [Note to interviewer: Ask only if caregiver reported child was eligible for vaccination but was not vaccinated today]

If your child was eligible for vaccination but was not vaccinated today, did the health worker refer you to or inform you where you can receive the missing vaccine doses?

1. Yes   
2. No

→ **SKIP TO QUESTION 39**

**SECTION 5: QUALITY OF THE VACCINATION SERVICE**

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

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

1. Yes   
2. No

31. Today, did they tell you the date of the next vaccination appointment?

1. Yes   
2. No  ➔ **SKIP TO QUESTION 33**

32. Today, did they write down for you the date of the next vaccination appointment?

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 mention? (choose all that apply)

- |                                                 |                                      |
|-------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Pain at injection site | <input type="checkbox"/> Vomiting    |
| <input type="checkbox"/> Fever                  | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Rash                   |                                      |
| <input type="checkbox"/> Diarrhea               |                                      |

35. Did you receive information today on what you should do if the child has reactions or side effects 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 were you satisfied with the service? (CHECK ALL THAT APPLY)

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. The necessary vaccines and supplies were available  ➔ **SKIP TO QUESTION 39**  
5. Other  Specify: \_\_\_\_\_ ➔ **SKIP TO QUESTION 39**

38. Why were you NOT satisfied? (CHECK ALL THAT APPLY)

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. The necessary vaccines or supplies were not available   
6. Other  Specify: \_\_\_\_\_

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

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1. Yes   
2. No

39b. What type of health facility asked you to pay?

1. Public   
2. Private   
3. Don't know

40a. Have you ever been asked to pay for a health card/passport for a child?

1. Yes   
2. No

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

1. Public   
2. Private   
3. Don't know

**SECTION 6: 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 healthy   
3. To cure/heal diseases   
4. They don't do any good   
5. Not sure what they are for   
6. Other  Specify: \_\_\_\_\_

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

1. Yes  2. No

43. What suggestions do you have to improve vaccination services? **(CHECK ALL THAT APPLY; Please DO NOT read out the options)**

1. There should be more vaccination personnel   
2. There should be less of a wait   
3. Hours and days when vaccination services 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. Vaccines should always be in stock   
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. More outreach services   
9. Other  Specify: \_\_\_\_\_   
10. None   
11. Don't know

**Interviewer:** Thank the interviewee and note the time when the interview ended. Read the following statement:



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**"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."**

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

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

1. Form is complete and accurate (skip patterns adequately observed)
2. There are no errors or inconsistencies on the form

  

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

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

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