FORM 5. Caregiver Exit Interviews

***Instructions****: Meet at least 3 mothers/parents/caregivers bringing their child for vaccination services. If no vaccination services that day and time permits - go into the community to find caregivers of children under 24 months of age. Request the participation of the caregiver. Explain that this interview is for improving the immunization program in the country. If the caregiver refuses to participate, move on to another one.*

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| Interviewer | Date |
| District | Health Facility |

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|  | **Question** | **Caregiver 1** | **Caregiver 2** | **Caregiver 3** | **Caregiver 4** | **Caregiver 5** |
|  | What services did you receive today? | 🞎Vaccination  🞎Growth monitoring  🞎Curative care  🞎Other | 🞎Vaccination  🞎Growth monitoring  🞎Curative care  🞎Other | 🞎Vaccination  🞎Growth monitoring  🞎Curative care  🞎Other | 🞎Vaccination  🞎Growth monitoring  🞎Curative care  🞎Other | 🞎Vaccination  🞎Growth monitoring  🞎Curative care  🞎Other |
|  | Do you have child’s health vaccination card? *(check)* | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No |
|  | Is the child up to date on vaccinations? *(check card)* | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No |
|  | Is it difficult to reach the health facility? | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No |
|  | Do you have any concerns about the vaccine? | 🞎Yes 🞎No 🞎Don’t know | 🞎Yes 🞎No 🞎Don’t know | 🞎Yes 🞎No 🞎Don’t know | 🞎Yes 🞎No 🞎Don’t know | 🞎Yes 🞎No 🞎Don’t know |
|  | Do you believe vaccines protect your child from disease? | 🞎Yes 🞎No 🞎Don’t know | 🞎Yes 🞎No 🞎Don’t know | 🞎Yes 🞎No 🞎Don’t know | 🞎Yes 🞎No 🞎Don’t know | 🞎Yes 🞎No 🞎Don’t know |
|  | Have you ever refused vaccinations for your child? | 🞎Yes 🞎No 🞎Don’t know | 🞎Yes 🞎No 🞎Don’t know | 🞎Yes 🞎No 🞎Don’t know | 🞎Yes 🞎No 🞎Don’t know | 🞎Yes 🞎No 🞎Don’t know |
|  | Do you know when to bring child for next vaccination? | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No | 🞎Yes 🞎No |
|  | Were you ever turned away for any vaccination and told to come back later? | 🞎Yes 🞎No  If Yes, specify:  🞎Too few kids  🞎Staff not available  🞎Child not correct age  🞎Child was too ill  🞎No vaccine  🞎Other | 🞎Yes 🞎No  If Yes, specify:  🞎Too few kids  🞎Staff not available  🞎Child not correct age  🞎Child was too ill  🞎No vaccine  🞎Other | 🞎Yes 🞎No  If Yes, specify:  🞎Too few kids  🞎Staff not available  🞎Child not correct age  🞎Child was too ill  🞎No vaccine  🞎Other | 🞎Yes 🞎No  If Yes, specify:  🞎Too few kids  🞎Staff not available  🞎Child not correct age  🞎Child was too ill  🞎No vaccine  🞎Other | 🞎Yes 🞎No  If Yes, specify:  🞎Too few kids  🞎Staff not available  🞎Child not correct age  🞎Child was too ill  🞎No vaccine  🞎Other |
|  | How do you hear about immunization services? | 🞎Radio/TV/poster  🞎Community groups  🞎Village volunteers  🞎Health worker/nurse  🞎phone message  🞎Family  🞎 Friends  🞎Other | 🞎Radio/TV/poster  🞎Community groups  🞎Village volunteers  🞎Health worker/nurse  🞎phone message  🞎Family  🞎 Friends  🞎Other | 🞎Radio/TV/poster  🞎Community groups  🞎Village volunteers  🞎Health worker/nurse  🞎phone message  🞎Family  🞎 Friends  🞎Other | 🞎Radio/TV/poster  🞎Community groups  🞎Village volunteers  🞎Health worker/nurse  🞎phone message  🞎Family  🞎 Friends  🞎Other | 🞎Radio/TV/poster  🞎Community groups  🞎Village volunteers  🞎Health worker/nurse  🞎phone message  🞎Family  🞎 Friends  🞎Other |
|  | If you had another baby today, would you want your baby to get all recommended vaccinations? | 🞎Yes 🞎No 🞎Don’t know | 🞎Yes 🞎No 🞎Don’t know | 🞎Yes 🞎No 🞎Don’t know | 🞎Yes 🞎No 🞎Don’t know | 🞎Yes 🞎No 🞎Don’t know |
|  | In general, are you satisfied with vaccinations services? | 🞎Yes 🞎No If No, why? | 🞎Yes 🞎No If No, why? | 🞎Yes 🞎No If No, why? | 🞎Yes 🞎No If No, why? | 🞎Yes 🞎No If No, why? |
|  | What are your suggestions for improvement? |  |  |  |  |  |