

THE DHS PROGRAM SERVICE PROVISION ASSESSMENT

ANTENATAL CARE CLIENT EXIT INTERVIEW

FACILITY IDENTIFICATION

QTYPE **EAC**

FACILITY NUMBER

PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]

CLIENT CODE [FROM CLIENT LISTING FORM]

INFORMATION ABOUT INTERVIEW

DATE

DAY

MONTH

YEAR **202**

INTERVIEWER'S NAME: _____

INTERVIEWER'S NUMBER

LANGUAGE OF QUESTIONNAIRE**

LANGUAGE OF INTERVIEW**

NATIVE LANGUAGE OF RESPONDENT**

TRANSLATOR USED (YES = 1, NO = 2)

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH 03 LANGUAGE 05 LANGUAGE
02 LANGUAGE 04 LANGUAGE 06 LANGUAGE

TEAM

NUMBER

TEAM SUPERVISOR

NAME
NUMBER

THE DHS PROGRAM SERVICE PROVISION ASSESSMENT SURVEY

ANTENATAL CARE EXIT INTERVIEW

INTRODUCTION AND CONSENT

READ THE FOLLOWING CONSENT STATEMENT

Good day! My name is _____. We are here on behalf of the [IMPLEMENTING AGENCY] conducting a survey of health facilities to assist the government in knowing more about health services in [COUNTRY].

This facility was selected to participate in the study. I would like to ask you some questions about your experiences here today to better understand how ANC services are provided in this facility. These questions usually take about 10-15 minutes.

We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. Information from this interview is confidential and will not be shared with anyone other than members of our survey team. The information acquired during this interview may be used by the [IMPLEMENTING AGENCY], other organizations or researchers, for planning service improvements or further studies of services.

Neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.

Please know that the decision to participate in this interview is completely voluntary and that your decision will not affect the services you receive. If at any point you would prefer to end the interview please feel free to tell me. There is no penalty for refusing to participate, however, we hope you will choose to participate.

In case you need more information about the survey, you may contact the in-charge manager of this health facility.

Do you have any questions for me at this time?

Do I have your permission to interview you?

SIGNATURE OF INTERVIEWER _____

DATE

DAY		
MONTH		
YEAR	2	0
	2	

CLIENT AGREES
TO BE INTERVIEWED . . . 1

CLIENT DOES NOT AGREE
TO BE INTERVIEWED 2 → END

1. INFORMATION ABOUT VISIT - ANTENATAL CARE

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP				
101	RECORD THE TIME THE INTERVIEW STARTED. USE 24-HOUR FORMAT.	HOURS	<table border="1" style="border-collapse: collapse; width: 40px; height: 40px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
		MINUTES					
102	What time did you arrive at the facility today? IF CLIENT DOESN'T KNOW THE EXACT TIME, ASK HER TO APPROXIMATE. IF SHE CAN'T GIVE AN APPROXIMATE TIME, USE 'DON'T KNOW'.	HOURS	<table border="1" style="border-collapse: collapse; width: 40px; height: 40px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
		MINUTES					
		DON'T KNOW 9998					
103	What time did you see the provider? IF SHE DOESN'T KNOW THE EXACT TIME, ASK HER TO APPROXIMATE. IF SHE CAN'T GIVE AN APPROXIMATE TIME, USE 'DON'T KNOW'.	HOURS	<table border="1" style="border-collapse: collapse; width: 40px; height: 40px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
		MINUTES					
		DON'T KNOW 9998					
104	Do you have an antenatal care card/book, or a vaccination card or TT card with you today? IF YES: ASK TO SEE THE CARD/BOOK.	YES 1 NO, CARD KEPT WITH FACILITY 2 NO, LEFT CARD/BOOK AT HOME 3 NO CARD/BOOK USED AT THIS FACILITY 4	<table border="1" style="border-collapse: collapse; width: 20px; height: 20px;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>				
105	CHECK THE ANC CARD, BOOK, OR TT CARD OR VACCINATION CARD. INDICATE WHETHER THERE IS ANY NOTE OR RECORD OF THE CLIENT HAVING RECEIVED TETANUS TOXOID.	YES, 1 TIME 1 YES, 2 TIMES 2 YES, 3 OR MORE TIMES 3 NO RECORD 4	<table border="1" style="border-collapse: collapse; width: 20px; height: 20px;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>				

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
106	HOW MANY WEEKS PREGNANT IS THE CLIENT, ACCORDING TO THE ANC CARD, OR BOOK?	# OF WEEKS <input type="text"/> <input type="text"/> NOT AVAILABLE 95	
107	DOES THE CARD INDICATE THE CLIENT HAS RECEIVED IPT? IF YES INDICATE NUMBER OF DOSES	YES, 1 DOSE 1 YES, 2 DOSES 2 YES, 3 DOSES 3 YES, 4 DOSES 4 NO 5	
108 (FN1)	Have you received any doses of the COVID19 vaccine? [COUNTRY SPECIFIC] IF YES: How many doses?	YES, 1 DOSE 1 YES, 2 OR MORE DOSES 2 NO 3	
109	Have you ever been pregnant, regardless of the duration or outcome, or is this your first pregnancy?	FIRST PREGNANCY 1 NOT FIRST PREGNANCY 2	
110	Is this your first antenatal visit at this facility for this pregnancy? IF THIS IS NOT THE 1ST VISIT, ASK: How many times have you visited this antenatal clinic for this pregnancy?	FIRST VISIT 00 # OF VISITS <input type="text"/> <input type="text"/>	
111	Have you had antenatal care at any other facilities for this pregnancy?	YES 1 NO 2 DON'T KNOW 8	→ 113 → 113
112	How many antenatal care visits have you had at other health facilities?	# OF VISITS <input type="text"/> <input type="text"/>	
A provider may have talked with you about things to do in preparation for delivery. One of those things is having enough money to pay for transportation or any unplanned costs of delivery.			
113	Do you have money set aside for the delivery? IF YES, ASK: Do you think you have enough?	YES, ENOUGH 1 YES, BUT NOT ENOUGH 2 NO 3	
114	Have you decided where you will go for the delivery of your baby? IF YES PROBE FOR WHETHER THE PLAN IS TO DELIVER IN A FACILITY OR AT HOME	AT THIS HEALTH FACILITY 1 OTHER HEALTH FACILITY 2 AT HOME 3 AT TBA's HOME 4 OTHER LOCATION 6 NO/DON'T KNOW 8	→ 201 → 116 → 201
115	What is the main reason you do not plan to deliver at this facility? IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON	INCONVENIENT OPERATING LOCATION (ACCESS OR TRANSPORTATION) 01 BAD REPUTATION 02 BAD PREVIOUS EXPERIENCE AT THE FACILITY 03 NO MEDICINE 04 PREFERS TO REMAIN 05 IT IS MORE EXPENSIVE 06 WAS REFERRED TO OTHER FACILITY 07 FACILITY DOESN'T PROVIDE DELIVERY SERVICES 08 OTHER 09 DON'T KNOW 96 98	→ 201
116	What is the main reason you do not plan to deliver at a facility? IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON	INCONVENIENT OPERATING LOCATION (ACCESS OR TRANSPORTATION) 01 DELIVERING AT FACILITY IS UNNECESSARY FOR CHILDBIRTH 02 BAD PREVIOUS EXPERIENCE AT HEALTH FACILITIES 03 AFRAID OF BEING CUT 04 LACK OF PRIVACY AT FACILITIES 05 COST 06 LACK OF SUPPORTIVE ATTENDANCE AT FACILITY 07 OTHERS MADE THE DECISION FOR 08 OTHER 09 DON'T KNOW 96 98	

2. ANTENATAL EXPERIENCE OF CARE

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
	Thank you for answering my questions about your antenatal care. Now I am going to ask you about specific services that you received in your antenatal care visit today. I know some of these are difficult to remember, so it is ok if you don't remember, but do try to tell me what you remember as it will be very useful in checking the quality of antenatal care provided in the facilities around here.		
201	Thinking about your antenatal care visit today:		
01	Did you feel the doctors, nurses or other staff treated you with respect? IF YES, PROBE : Would you say this was all the time, most of the time, or a few times?	YES, ALL OF THE TIME 1 YES, MOST OF THE TIME 2 YES, A FEW TIMES 3 NO, NEVER 4 DON'T KNOW/CAN'T REMEMBER 8	
02	Did you feel the doctors, nurses or other staff treated you in a friendly manner? IF YES, PROBE : Would you say this was all the time, most of the time, or a few times?	YES, ALL OF THE TIME 1 YES, MOST OF THE TIME 2 YES, A FEW TIMES 3 NO, NEVER 4 DON'T KNOW/CAN'T REMEMBER 8	
03	Did you feel you could discuss your problems with the doctors, nurses or other providers, without others not involved in your care overhearing your conversations? IF YES, PROBE : Would you say this was all the time, most of the time, or a few times?	YES, ALL OF THE TIME 1 YES, MOST OF THE TIME 2 YES, A FEW TIMES 3 NO, NEVER 4 DON'T KNOW/CAN'T REMEMBER 8	
04	Did you feel you understood the purpose of any tests you were asked to do? IF YES, PROBE : Would you say this was all the time, most of the time, or a few times? IF CLIENT SAYS THEY DID NOT HAVE ANY TESTS, CIRCLE 9	YES, ALL OF THE TIME 1 YES, MOST OF THE TIME 2 YES, A FEW TIMES 3 NO, NEVER 4 DON'T KNOW/CAN'T REMEMBER 8 NOT APPLICABLE 9	
05	Did you feel you understood the purpose of any medicines you were given? IF YES, PROBE : Would you say this was all the time, most of the time, or a few times? IF CLIENT SAYS THEY DID NOT HAVE ANY MEDICINES, CIRCLE 9	YES, ALL OF THE TIME 1 YES, MOST OF THE TIME 2 YES, A FEW TIMES 3 NO, NEVER 4 DON'T KNOW/CAN'T REMEMBER 8 NOT APPLICABLE 9	
06	Did you feel you could ask the doctors, nurses or other staff at the facility any questions you had? IF YES, PROBE : Would you say this was all the time, most of the time, or a few times?	YES, ALL OF THE TIME 1 YES, MOST OF THE TIME 2 YES, A FEW TIMES 3 NO, NEVER 4 DON'T KNOW/CAN'T REMEMBER 8	
07	Did the doctors, nurses or other staff at the facility ask you if you had any questions ? IF YES, PROBE : Would you say this was all the time, most of the time, or a few times?	YES, ALL OF THE TIME 1 YES, MOST OF THE TIME 2 YES, A FEW TIMES 3 NO, NEVER 4 DON'T KNOW/CAN'T REMEMBER 8	
08	Did you feel the health facility environment, including the washrooms were clean? IF YES, PROBE : Would you say this was all the time, most of the time, or a few times?	YES, ALL OF THE TIME 1 YES, MOST OF THE TIME 2 YES, A FEW TIMES 3 NO, NEVER 4 DON'T KNOW/CAN'T REMEMBER 8	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
09	<p>Did you feel that during private exams (such as vaginal exams) that occurred during your consultation, no other clients or patients at the facility could see you?</p> <p>IF YES, PROBE: Would you say this was all the time, most of the time, or a few times?</p> <p>IF CLIENT SAYS THEY DID NOT HAVE ANY PRIVATE EXAMS, CIRCLE 9</p>	<p>YES, ALL OF THE TIME 1</p> <p>YES, MOST OF THE TIME 2</p> <p>YES, A FEW TIMES 3</p> <p>NO, NEVER 4</p> <p>DON'T KNOW/CAN'T REMEMBER 8</p> <p>NOT APPLICABLE 9</p>	
10	<p>Did the doctors, nurses, or other health care providers involve you in decisions about your care?</p> <p>IF YES, PROBE: Would you say this was all the time, most of the time, or a few times?</p> <p>IF CLIENT SAYS THEY DID NOT MAKE ANY DECISIONS, CIRCLE 9</p>	<p>YES, ALL OF THE TIME 1</p> <p>YES, MOST OF THE TIME 2</p> <p>YES, A FEW TIMES 3</p> <p>NO, NEVER 4</p> <p>DON'T KNOW/CAN'T REMEMBER 8</p> <p>NOT APPLICABLE 9</p>	
11	<p>Would you say you were treated differently because of any personal attribute, like your age, marital status, number of children, your education, wealth, or something like that?</p> <p>IF YES, PROBE: Would you say this was all the time, most of the time, or a few times?</p>	<p>YES, ALL OF THE TIME 1</p> <p>YES, MOST OF THE TIME 2</p> <p>YES, A FEW TIMES 3</p> <p>NO, NEVER 4</p> <p>DON'T KNOW/CAN'T REMEMBER 8</p>	
12	<p>Did you feel like you were treated roughly, for instance were you pushed, beaten, slapped, pinched, physically restrained or gagged, or physically mistreated in any other way?</p> <p>IF YES, PROBE: Would you say this was all the time, most of the time, or a few times?</p>	<p>YES, ALL OF THE TIME 1</p> <p>YES, MOST OF THE TIME 2</p> <p>YES, A FEW TIMES 3</p> <p>NO, NEVER 4</p> <p>DON'T KNOW/CAN'T REMEMBER 8</p>	
13	<p>Did you feel the doctors, nurses or other healthcare providers shouted at you, scolded you, insulted, threatened, talked to you rudely, or verbally mistreated you in any other way?</p> <p>IF YES, PROBE: Would you say this was all the time, most of the time, or a few times?</p>	<p>YES, ALL OF THE TIME 1</p> <p>YES, MOST OF THE TIME 2</p> <p>YES, A FEW TIMES 3</p> <p>NO, NEVER 4</p> <p>DON'T KNOW/CAN'T REMEMBER 8</p>	

3. ACCESS TO CARE

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
	<p>Thank you for answering my questions about your antenatal care experience. Now I am going to ask you a few questions about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were major or minor problems for you.</p>		
301	<p>Was the time you waited to see a provider a problem?</p> <p>IF YES, PROBE: Would you say this was a major problem or a minor problem?</p>	<p>YES, MAJOR PROBLEM 1</p> <p>YES, MINOR PROBLEM 2</p> <p>NO, NOT A PROBLEM 3</p> <p>DON'T KNOW 8</p>	
302	<p>Were the hours of service at this facility, that is when the facility opens and closes, a problem?</p> <p>IF YES, PROBE: Would you say this was a major problem or a minor problem?</p>	<p>YES, MAJOR PROBLEM 1</p> <p>YES, MINOR PROBLEM 2</p> <p>NO, NOT A PROBLEM 3</p> <p>DON'T KNOW 8</p>	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
303	Were the number of days services are available to you at this facility a problem? IF YES, PROBE: Would you say this was a major problem or a minor problem?	YES, MAJOR PROBLEM 1 YES, MINOR PROBLEM 2 NO, NOT A PROBLEM 3 DON'T KNOW 8	
304	Was the cost for services or treatments at this facility a problem? IF YES, PROBE: Would you say this was a major problem or a minor problem?	YES, MAJOR PROBLEM 1 YES, MINOR PROBLEM 2 NO, NOT A PROBLEM 3 DON'T KNOW 8	
305	Is this the closest health facility to your home?	YES 1 NO 2 DON'T KNOW 8	→ 401 → 401
306	What was the main reason you did not go to the facility nearest to your home? IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING HOURS 01 BAD REPUTATION 02 DON'T LIKE PERSONNEL 03 NO MEDICINE 04 PREFERS TO REMAIN ANONYMOUS 05 IT IS MORE EXPENSIVE 06 WAS REFERRED 07 SERVICE NOT OFFERED AT FACILITY NEAREST TO HOME 08 OTHER 96 DON'T KNOW 98	

4. ANTENATAL CLIENT PERSONAL CHARACTERISTICS

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
Thank you for answering my questions about your experience at this facility. My final questions are about yourself.			
401	How old were you at your last birthday?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
402	Have you ever attended school?	YES 1 NO 2	→ 404
403 (FN2)	What is the highest level of school you attended: primary, secondary or higher? [COUNTRY SPECIFIC]	PRIMARY 1 SECONDARY 2 HIGHER 3	
404	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	
405	RECORD THE TIME THE INTERVIEW ENDED	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!			
Interviewer's comments:			

ANTENATAL CARE CLIENT EXIT INTERVIEW: FOOTNOTES

(FN1) Revise the name and required dosage of the COVID-19 vaccine according to the local health guidelines

(FN2) Revise according to the local educational system