

**THE DHS PROGRAM SERVICE PROVISION ASSESSMENT SURVEY**

**ANC CLIENT EXIT INTERVIEW**

**FACILITY IDENTIFICATION**

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**INFORMATION ABOUT INTERVIEW**

DATE: .....  Name of the interviewer: _____	<table style="width: 100%;"> <tr> <td style="width: 70%;">DAY .....</td> <td style="width: 30%; text-align: center;"> <table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table> </td> </tr> <tr> <td>MONTH .....</td> <td style="text-align: center;"> <table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table> </td> </tr> <tr> <td>YEAR .....</td> <td style="text-align: center;"> <table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 25px; height: 25px; text-align: center;"><b>2</b></td> <td style="width: 25px; height: 25px; text-align: center;"><b>0</b></td> <td style="width: 25px; height: 25px; text-align: center;"><b>2</b></td> <td style="width: 25px; height: 25px;"></td> </tr> </table> </td> </tr> </table>	DAY .....	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>			MONTH .....	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>			YEAR .....	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 25px; height: 25px; text-align: center;"><b>2</b></td> <td style="width: 25px; height: 25px; text-align: center;"><b>0</b></td> <td style="width: 25px; height: 25px; text-align: center;"><b>2</b></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>	<b>2</b>	<b>0</b>	<b>2</b>	
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# 1. Information About Visit - ANTENATAL CARE

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO										
	<p><b>READ TO CLIENT:</b> Hello, I am _____. As my colleague mentioned, we are representing [IMPLEMENTING AGENCY]. We are conducting a study of health facilities in [COUNTRY] in order to improve the services this facility offers and would like to ask you some questions about your experiences here today.</p> <p>Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time.</p> <p>Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential.</p> <p>Do you have any questions for me? Do I have your permission to continue with the interview?</p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;"><b>2</b></td> <td style="width: 20px; height: 20px; text-align: center;"><b>0</b></td> <td style="width: 20px; height: 20px; text-align: center;"><b>2</b></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">DAY</td> <td style="text-align: center; font-size: 8px;">MONTH</td> <td colspan="3" style="text-align: center; font-size: 8px;">YEAR</td> </tr> </table>			<b>2</b>	<b>0</b>	<b>2</b>	DAY	MONTH	YEAR			
		<b>2</b>	<b>0</b>	<b>2</b>									
DAY	MONTH	YEAR											
	<p>_____ Interviewer's signature (Indicates respondent's willingness to participate)</p>												
100	May I begin the interview now?	AGREES ..... 1 CLIENT REFUSES ..... 2	→ <b>END</b>										
101	RECORD THE TIME THE INTERVIEW STARTED. USE 24-HOUR FORMAT	..... <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>											
102	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 CARD/BOOK USED ..... 3	↙ <b>106</b>										
103	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											
104	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											
105	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											
106	Have you ever been pregnant, regardless of the duration or outcome, or is this your first pregnancy?	FIRST PREGNANCY. .... 1 NOT FIRST PREGNANCY. .... 2											
107	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 ..... 1 SECOND VISIT ..... 2 THIRD VISIT ..... 3 FOURTH VISIT ..... 4 MORE THAN 4 VISITS ..... 5											

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
108	During this visit (or previous visits) did a provider give you iron pills, folic acid or iron with folic acid, or give you a prescription for them? SHOW THE CLIENT AN IRON PILL, A FOLIC ACID PILL, OR A COMBINED PILL	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. .... 4 DON'T KNOW. .... 8	┌ └→112
109	During this visit (or previous visits) has a provider explained to you how to take the iron pills?	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. .... 4 DON'T KNOW. .... 8	
110	During this visit (or previous visits) has a provider discussed with you the side effects of the iron pills?	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. .... 4 DON'T KNOW. .... 8	┌ └→112
111	Please tell me any side effects of the iron pills or that you know of.  PROBE: ANY OTHER?	NAUSEA ..... A BLACK STOOLS ..... B CONSTIPATION ..... C OTHER_____ X DON'T KNOW ..... Z	
112	During this visit (or previous visits) has a provider given you any pills to prevent you from getting malaria? The provider may have said that the pills will help keep the baby healthy. SHOW THE CLIENT TABLET OF SP-BASED DRUGS	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. .... 4 DON'T KNOW. .... 8	┌ └→114

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
113	Were you asked to swallow the pills while still in the facility and in the presence of a provider?	YES. .... 1 NO. .... 2	
114	During this visit (or a previous visit) did a provider advise you to use mosquito net that has been treated with an insecticide?	YES, THIS VISIT ONLY. .... 1 YES, THIS & PREVIOUS VISIT. .... 2 YES PREVIOUS VISIT ONLY. .... 3 NO. .... 4 DON'T KNOW. .... 8	
115	During this visit (or a previous visit) did a provider offer you a mosquito net that has been treated with an insecticide <i>free of charge</i> ?	YES, THIS VISIT ONLY. .... 1 YES, THIS & PREVIOUS VISIT. .... 2 YES PREVIOUS VISIT ONLY. .... 3 NO. .... 4 DON'T KNOW. .... 8	→117
116	During this visit (or a previous visit) did a provider offer to <i>sell</i> you a mosquito net that has been treated with an insecticide or recommend a place to buy one?	YES, THIS VISIT ONLY. .... 1 YES, THIS & PREVIOUS VISIT. .... 2 YES PREVIOUS VISIT ONLY. .... 3 NO. .... 4 DON'T KNOW. .... 8	
117	During this visit (or previous visits) has a provider talked to you about nutrition or what is good for you to be eating during your pregnancy?	YES, THIS VISIT ONLY. .... 1 YES, THIS & PREVIOUS VISIT. .... 2 YES PREVIOUS VISIT ONLY. .... 3 NO. .... 4 DON'T KNOW. .... 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
118	<p>Please tell me any signs of complications or danger signs of pregnancy that you know of. I am referring to anything that could be an indication of a problem or complication with the pregnancy, or anything that could negatively affect the pregnancy.</p> <p>CIRCLE ALL RESPONSES CLIENT MENTIONS. YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS GIVEN ON RIGHT (E.G., "ANYTHING ELSE?")</p>	<p>VAGINAL BLEEDING. . . . . A  FEVER. . . . . B  SWOLLEN FACE OR HAND  OR EXTREMITIES. . . . . C  TIREDNESS OR  BREATHLESSNESS. . . . . D  HEADACHE OR  BLURRED VISION. . . . . E  SEIZURES/CONVULSIONS. . . . . F  REDUCED OR ABSENCE  OF FETAL MOVEMENT. . . . . G  PREMATURE RUPTURE OF  MEMBRANES . . . . . H  COUGH OR DIFFICULTY  BREATHING FOR 3 WEEKS  OR LONGER. . . . . I  OTHER (SPECIFY). . . . . X  DON'T KNOW ANY. . . . . Z</p>	<p>→ 120</p>
119	<p>During this visit or previous visits, has a provider talked with you about any signs that should warn you of problems or complications with the pregnancy?</p>	<p>YES, THIS VISIT ONLY. . . . . 1  YES, THIS &amp; PREVIOUS VISIT. . . . . 2  YES PREVIOUS VISIT ONLY. . . . . 3  NO. . . . . 4  DON'T KNOW. . . . . 8</p>	
120	<p>What did the provider advise you to do if you experienced any of the signs of complications?</p> <p>CIRCLE LETTER FOR ALL COURSES OF ACTION THE CLIENT MENTIONS. PROBE WITHOUT USING SPECIFIC ANSWERS.</p>	<p>SEEK CARE AT A FACILITY. . . . . A  REDUCE PHYSICAL ACTIVITY. . . . . B  CHANGE DIET. . . . . C  OTHER _____ X  (SPECIFY)  PROVIDER DID NOT ADVISE. . . . . Y</p>	
121	<p>During this visit (or previous visits) has a provider discussed things you should have in preparation for this delivery? This may include planning in case of emergency, things you should bring to a facility, or things you should prepare at home for this delivery.</p>	<p>YES, THIS VISIT ONLY. . . . . 1  YES, THIS &amp; PREVIOUS VISIT. . . . . 2  YES PREVIOUS VISIT ONLY. . . . . 3  NO. . . . . 4  DON'T KNOW ANY. . . . . 8</p>	
122	<p>Please tell me some of the things you know of that you should have in preparation for the delivery.</p> <p>CIRCLE ALL RESPONSES YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS GIVEN ON RIGHT (E.G., "ANYTHING ELSE?")</p>	<p>EMERGENCY TRANSPORT. . . . . A  MONEY. . . . . B  DISINFECTANT. . . . . C  CLEAN BLADE OR  SCISSORS TO CUT CORD. . . . . D  GLOVES. . . . . E  CORD TIE/CLEAN STRING. . . . . F  OTHER _____ X  DON'T KNOW . . . . . Z</p>	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
123	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	
124	During this visit (or previous visits) did a provider talk to you about where you plan to deliver your baby?	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT. .... 2 YES PREVIOUS VISIT ONLY. .... 3 NO..... 4 DON'T KNOW..... 8	
125	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	
126	Do you know any complications during or immediately following childbirth?  IF YES: What danger signs do you know?	EXCESSIVE BLEEDING..... A FEVER..... B GENITAL INJURIES..... C NO..... Y	
127	During this visit (or previous visits) has a provider given you advice on the importance of exclusively breastfeeding—that is, about giving your baby nothing apart from breast milk for a specific period of time?	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT. .... 2 YES PREVIOUS VISIT ONLY. .... 3 NO..... 4 DON'T KNOW..... 8	→ 129
128	For how many months did the provider recommend that you exclusively breastfeed, that is, that you do not give your baby any fluids or food in addition to breast milk?	BETWEEN 4 TO 6 MONTHS..... 1 6 MONTHS..... 2 OTHER..... 6 DON'T KNOW ..... 8	
129	During this visit (or previous visits) did a provider talk with you about using family planning after the birth of your baby?	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT. .... 2 YES PREVIOUS VISIT ONLY. .... 3 NO..... 4 DON'T KNOW..... 8	

## 2. Client Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																																																												
<p>Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help improve services in general.</p>																																																															
201	<p>How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?</p> <p>TRY TO DETERMINE THE TIME THE CLIENT ARRIVED AT THE FACILITY AND WHEN THE FACILITY OPENS FOR SERVICES. WE ARE INTERESTED IN THE WAITING TIME FROM THE TIME THE FACILITY OFFICIALLY OPENS.</p>	<p>MINUTES . . . . . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>SAW PROVIDER IMMEDIATELY . . . . . 000 DON'T KNOW . . . . . 998</p>																																																													
202	<p>Now I am going to ask 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 <b>major</b> or <b>minor</b> problems for you.</p>																																																														
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11	1	2	3	8																																																											
203	<p>Are you a part of any prepayment plan (such as medical aid, insurance or a similar program) or institutional arrangement that pays for some or all of the services you receive at this or any other facility?</p>	<p>YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8</p>																																																													
204	<p>Were you charged, or did you pay fees for any services your received or were provided today?</p>	<p>YES . . . . . 1 NO . . . . . 2</p>	<p>→ 206</p>																																																												

205	What is the total amount you paid for all services or treatments you received at this facility today?	TOTAL AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 999998	
206	Is this the closest health facility to your home?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 208 → 208
207	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 OTHER..... 96 DON'T KNOW ..... 98	
208	In general, which of the following statements best describes your opinion of the services you either received or were provided at this facility today  READ ALL STATEMENTS, CIRCLE ONLY ONE  01) I AM <b>VERY SATISFIED</b> WITH THE SERVICES I RECEIVED IN FACILITY ..... 1 02) I AM <b>MORE OR LESS SATISFIED</b> WITH THE SERVICES I RECEIVED..... 2 03) I AM <b>NOT SATISFIED</b> WITH THE SERVICED I RECEIVED ..... 3		
209	Will you recommend this health facility to a friend or family member?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	



### 3. Client Personal Characteristics

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
<p>Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help to improve services in general.</p>			
302	How old were you at your last birthday?	AGE IN YEARS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW. .... 98	
303	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 305
304	What is the highest level of school you attended?  COUNTRY SPECIFIC	PRIMARY. ....01 SECONDARY O-LEVEL. ....02 SECONDARY A-LEVEL. ....03 VOCATIONAL TRAINING. ....04 COLLEGE (TECHNICAL). ....05 UNIVERSITY. ....06	→306
305	Do you know how to read or how to write?	YES, READ AND WRITE .. 1 YES, READ ONLY ..... 2 NO ..... 3	
306	RECORD THE TIME THE INTERVIEW ENDED	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" 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!			
<p><b>Interviewer's comments:</b></p>			