

[NAME OF COUNTRY]  
[NAME OF ORGANIZATION]

FORMATTING DATE: 01 Nov 2024  
ENGLISH LANGUAGE: 15 Oct 2024

## THE DHS PROGRAM SERVICE PROVISION ASSESSMENT

### EXIT INTERVIEW

#### FACILITY IDENTIFICATION

QUESTIONNAIRE TYPE: SICK CHILD (SC), ANC (AC), FAMILY PLANNING (FP), POSTNATAL CARE (PC) . . . . .

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FACILITY NUMBER . . . . .

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(FN1)

PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM] . . . . .

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CLIENT CODE [FROM CLIENT LISTING FORM] . . . . .

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#### INFORMATION ABOUT INTERVIEW

INTERVIEWER'S NAME: \_\_\_\_\_

INTERVIEWER'S NUMBER . . . . .

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DAY . . . . .

MONTH . . . . .

YEAR . . . . .

2	0
2	

LANGUAGE OF QUESTIONNAIRE\*\*

0	1
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LANGUAGE OF INTERVIEW\*\*

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TRANSLATOR USED  
(YES = 1, NO = 2)

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LANGUAGE OF QUESTIONNAIRE\*\*

**ENGLISH**

\*\*LANGUAGE CODES:

- 01 ENGLISH    03 LANGUAGE    05 LANGUAGE
- 02 LANGUAGE    04 LANGUAGE    06 LANGUAGE

TEAM

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NUMBER

TEAM SUPERVISOR

NAME

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NUMBER

(FN1) The provider serial number on the PNC exit cover should ONLY be filled if the country used the Labor & Delivery optional module questionnaire, otherwise leave the boxes blank.

# THE DHS PROGRAM SERVICE PROVISION ASSESSMENT

## SICK CHILD CARETAKER EXIT INTERVIEW

### ESC 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 sick child 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 your child's name or 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 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 SICK CHILD VISIT

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
S101	RECORD THE TIME THE INTERVIEW STARTED. USE 24-HOUR FORMAT	HOURS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MINUTES ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
S102	What is the name of the sick child?	NAME _____	
S103	What time did you arrive at the facility today? USE 24-HOUR FORMAT  IF THEY CAN'T GIVE AN APPROXIMATE TIME, SELECT THE CODE '98' FOR 'DON'T KNOW HOURS AND MINUTES'.	HOURS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MINUTES ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW HOURS AND MINUT. .... 98	
S104	What time did you see the provider? USE 24-HOUR FORMAT  IF THEY CAN'T GIVE AN APPROXIMATE TIME, SELECT THE CODE '98' FOR 'DON'T KNOW HOURS AND MINUTES'.	HOURS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MINUTES ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW HOURS AND MINUT. .... 98	
S105	What day, month, and year was {CHILD NAME} born?	DAY ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW DAY ..... 98  MONTH ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW MONTH ..... 98  YEAR ..... <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"/> DON'T KNOW YEAR ..... 9998	

## PREVIOUS VISITS FOR CURRENT ILLNESS

S106	Has {CHILD NAME} been brought to see a health provider or traditional healer before for this same illness?	YES, PROVIDER ..... 1 YES, TRADITIONAL HEAL ..... 2 YES, BOTH PROVIDER AND TRADITIONAL HE ..... 3 NO, SAW NO ON ..... 4	→ S112
S107	Where was {CHILD NAME} seen previously?	THIS FACILITY ..... A DIFFERENT FACILITY ..... B TRADITIONAL HEALER IN CLIENT ..... C TRADITIONAL HEALER ELSEW ..... D	
S108	CHECK S107 FOR PREVIOUS HEALTH PROVIDER VISITS:  CODE 'B' CIRCLED <input style="width: 20px; height: 20px;" type="checkbox"/> <span style="margin-left: 100px;">↓</span>	CODE 'B' NOT CIRCLED <input style="width: 20px; height: 20px;" type="checkbox"/> <span style="margin-left: 50px;">→</span>	→ S110
S109	Was {CHILD NAME} referred to this facility?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
S110	CHECK S107 FOR PREVIOUS HEALTH PROVIDER VISITS:  CODE 'A' CIRCLED <input type="checkbox"/>	CODE 'A' NOT CIRCLED <input type="checkbox"/> → S112	→ S112

S111	When did you first bring {CHILD NAME} to this facility for this same illness?	WITHIN THE PAST WEEK ..... 1 WITHIN THE PAST 2-4 WEEKS ..... 2 MORE THAN 4 WEEKS AGO ..... 3 DON'T KNOW ..... 8	
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INFORMATION PROVIDED TO CARETAKER			
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S112	Did the provider tell you what illness {CHILD NAME} has?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
S113	What would you do if {CHILD NAME} does not get completely better or becomes worse?	RETURN TO FACILITY ..... 1 GO TO OTHER FACILITY ..... 2 GO TO OTHER HEALTH WORKER OR PHARMAC. 3 GO TO TRADITIONAL HEALER ..... 4 NOTHING, JUST WAIT ..... 5 DON'T KNOW ..... 8	
S114	Did the provider tell you about any signs or symptoms you may see for which you must immediately bring the child back to a health facility?  IF YES, ASK: Can you tell me what these are?  IF NECESSARY, PROBE: Were there any serious symptoms or danger signs for which you were told to bring {CHILD NAME} back immediately?	FEVER ..... A BREATHING PROBLEMS ..... B BECOMES SICKER ..... C BLOOD IN STOOL ..... D VOMITING ..... E POOR/NOT EATING ..... F POOR/NOT DRINKING ..... G CONVULSION ..... H  OTHER _____ X (SPECIFY)  NO, NONE ..... Y DON'T KNOW ..... Z	

TREATMENT AND CARETAKER COMFORT LEVEL			
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S115	Did the provider give or prescribe any medicines for {CHILD NAME} to take at home?	YES, GAVE MEDS ..... 1 YES, GAVE PRESCRIPTION ..... 2 GAVE MEDS AND PRESCRIPTION ..... 3 NO ..... 4 → S120	→ S120
S116	May I see all medications that {CHILD NAME} received and any prescriptions that have not yet been filled?  CIRCLE THE RESPONSE DESCRIBING THE MEDICATIONS AND PRESCRIPTIONS YOU SEE	HAS ALL MEDICATIONS ..... 1 HAS SOME MEDS, SOME UNFILLED PRESCRIPT. 2 NO MEDICATIONS SEEN, HAS PRESCRIPTIONS .. 3	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
S117 (FN1)	<p>CIRCLE IF THE CHILD RECEIVED OR WAS PRESCRIBED ANY OF THESE MEDICATIONS</p> <p>CIRCLE ALL THAT IS APPLIED</p> <p>NOTE: FIRST LINE MALARIA TREATMENT WILL BE ADAPTED FOR EACH COUNTRY USING LOCAL BRAND NAME FOR ACT</p>	<p><b>ANTIMALARIAL MEDICINE</b></p> <p>ARTEMISININ COMBINATION THERAPY (ACT) ..... A</p> <p>SP/FANSIDAR ..... B</p> <p>CHLOROQUINE ..... C</p> <p>AMODIAQUINE ..... D</p> <p>QUININE</p> <p>PILLS ..... E</p> <p>INJECTION/IV ..... F</p> <p>ARTESUNATE</p> <p>RECTAL ..... G</p> <p>INJECTION/IV ..... H</p> <p>COUNTRY SPECIFIC ..... I</p> <p>COUNTRY SPECIFIC ..... J</p> <p>OTHER ANTIMALARIAL _____ K (SPECIFY)</p> <p><b>ANTIBIOTIC DRUGS</b></p> <p>PILL/SYRUP ..... L</p> <p>INJECTION/IV ..... M</p> <p><b>OTHER DRUGS</b></p> <p>ASPIRIN ..... N</p> <p>ACETAMINOPHEN ..... O</p> <p>IBUPROFEN ..... P</p> <p>ORS ..... Q</p> <p>ZINC ..... R</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
S118	Do you know the reason that the provider gave this treatment for {CHILD NAME}?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
S119 (FN2)	<p>Do you feel comfortable that you know how much of each medication to give {CHILD NAME} each day and for how many days to give it?</p> <p>IF "2" OR "8" SEND CLIENT BACK TO PROVIDER AT THE END OF THE INTERVIEW</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>HAVEN'T GONE TO PHARMACY ..... 3</p> <p>DON'T KNOW ..... 8</p>	
S120	What did the provider tell you about feeding solid foods to {CHILD NAME} during this illness?	<p>GIVE LESS THAN USUAL ..... 1</p> <p>GIVE SAME AS USUAL ..... 2</p> <p>GIVE MORE THAN USUAL ..... 3</p> <p>GIVE NOTHING/DON'T FEED ..... 4</p> <p>NOT YET OLD ENOUGH FOR SOLID FOOD ..... 5</p> <p>DIDN'T DISCUSS ..... 6</p> <p>NOT CERTAIN/CAN'T REMEMBER ..... 8</p>	
S121	What did the provider tell you about giving fluids (or breast milk, if the child is breastfed) to {CHILD NAME} during this illness?	<p>GIVE LESS THAN USUAL ..... 1</p> <p>GIVE SAME AS USUAL ..... 2</p> <p>GIVE MORE THAN USUAL ..... 3</p> <p>GIVE NOTHING/DON'T FEED ..... 4</p> <p>DIDN'T DISCUSS ..... 6</p> <p>NOT CERTAIN/CAN'T REMEMBER ..... 8</p>	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP																		
<b>OUTCOME</b>																					
S122	<p>What was the outcome of this consultation?</p> <p>READ EACH OUTCOME OPTION AND CIRCLE CODE '1' IF YES, OR CODE '2' FOR NO.</p> <p>a) Treated and sent home b) Child referred to provider, same facility c) Child admitted, same facility d) Child sent to lab for testing e) Child referred to other facility</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) TREATED AND SENT HOME .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) CHILD REFERRED TO PROVIDER, SAME FACILITY .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) CHILD ADMITTED, SAME FACILITY .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) CHILD SENT TO LAB FOR TESTING .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) CHILD REFERRED TO OTHER FACILITY .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) TREATED AND SENT HOME .....	1	2	b) CHILD REFERRED TO PROVIDER, SAME FACILITY .....	1	2	c) CHILD ADMITTED, SAME FACILITY .....	1	2	d) CHILD SENT TO LAB FOR TESTING .....	1	2	e) CHILD REFERRED TO OTHER FACILITY .....	1	2	
	YES	NO																			
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d) CHILD SENT TO LAB FOR TESTING .....	1	2																			
e) CHILD REFERRED TO OTHER FACILITY .....	1	2																			

## 2. SICK CHILD EXPERIENCE OF CARE

SINS2	<p>Thank you for answering my questions about the care {CHILD NAME} received today. Now I am going to ask you about specific services that your child received in this visit to the health facility 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 sick child care provided in the facilities around here.</p>		
S201	<p>Thinking about your visit with {CHILD NAME} today, did you feel the doctors, nurses or other staff treated you and {CHILD NAME} with respect?</p> <p>IF YES, ASK: Would you say this was all the time, most of the time, or a few times?</p>	<p>YES, ALL OF THE TIME .....</p> <p>YES, MOST OF THE TIME .....</p> <p>YES, A FEW TIMES .....</p> <p>NO, NEVER .....</p> <p>DON'T KNOW/CAN'T REMEMBER .....</p> <p style="text-align: right;">1 2 3 4 8</p>	
S202	<p>Thinking about your visit with {CHILD NAME} today, did you feel the doctors, nurses or other staff treated you and {CHILD NAME} in a friendly manner?</p> <p>IF YES, ASK: Would you say this was all the time, most of the time, or a few times?</p>	<p>YES, ALL OF THE TIME .....</p> <p>YES, MOST OF THE TIME .....</p> <p>YES, A FEW TIMES .....</p> <p>NO, NEVER .....</p> <p>DON'T KNOW/CAN'T REMEMBER .....</p> <p style="text-align: right;">1 2 3 4 8</p>	
S203	<p>Thinking about your visit with {CHILD NAME} today, 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?</p> <p>IF YES, ASK: Would you say this was all the time, most of the time, or a few times?</p>	<p>YES, ALL OF THE TIME .....</p> <p>YES, MOST OF THE TIME .....</p> <p>YES, A FEW TIMES .....</p> <p>NO, NEVER .....</p> <p>DON'T KNOW/CAN'T REMEMBER .....</p> <p style="text-align: right;">1 2 3 4 8</p>	
S204	<p>Thinking about your visit with {CHILD NAME} today, did you feel that during your consultation, no other clients or patients in the facility could see you?</p> <p>IF YES, ASK: Would you say this was all the time, most of the time, or a few times?</p>	<p>YES, ALL OF THE TIME .....</p> <p>YES, MOST OF THE TIME .....</p> <p>YES, A FEW TIMES .....</p> <p>NO, NEVER .....</p> <p>DON'T KNOW/CAN'T REMEMBER .....</p> <p style="text-align: right;">1 2 3 4 8</p>	
S205	<p>Thinking about your visit with {CHILD NAME} today, 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, ASK: Would you say this was all the time, most of the time, or a few times?</p>	<p>YES, ALL OF THE TIME .....</p> <p>YES, MOST OF THE TIME .....</p> <p>YES, A FEW TIMES .....</p> <p>NO, NEVER .....</p> <p>DON'T KNOW/CAN'T REMEMBER .....</p> <p style="text-align: right;">1 2 3 4 8</p>	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
S206	<p>Thinking about your visit with {CHILD NAME} today, did you feel you understood the purpose of any tests you were asked to do?</p> <p>IF YES, ASK: Would you say this was all the time, most of the time, or a few times?</p> <p>IF CLIENT SAYS THEY DIDN'T HAVE ANY TESTS, 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>	
S207	<p>Thinking about your visit with {CHILD NAME} today, did you feel you understood the purpose of any medicines you were given?</p> <p>IF YES, ASK: Would you say this was all the time, most of the time, or a few times?</p> <p>IF CLIENT SAYS THEY WEREN'T GIVEN ANY MEDICINES, 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>	
S208	<p>Thinking about your visit with {CHILD NAME} today, did you feel you could ask the doctors, nurses or other staff at the facility any questions you had?</p> <p>IF YES, ASK: 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>	
S209	<p>Thinking about your visit with {CHILD NAME} today, did you feel the health facility environment, including the washrooms were clean?</p> <p>IF YES, ASK: 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>	
S210	<p>Thinking about your visit with {CHILD NAME} today, did the doctors, nurses, or other health care providers involve you in decisions about {CHILD NAME}'s care?</p> <p>IF YES, ASK: 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>	
S211	<p>Thinking about your visit with {CHILD NAME} today, did you feel you were able to discuss any problems or concerns you had with the health staff?</p> <p>IF YES, ASK: 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>	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
S212	<p>Thinking about your visit with {CHILD NAME} today, did you feel your concerns were taken seriously by the health staff?</p> <p>IF YES, ASK: 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>	
S213	<p>Thinking about your visit with {CHILD NAME} today, did you feel like you or {CHILD NAME} 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, ASK: 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>	
S214	<p>Thinking about your visit with {CHILD NAME} today, did you feel the doctors, nurses or other healthcare providers shouted at you, scolded you, insulted, threatened or talked to you rudely?</p> <p>IF YES, ASK: 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>	
S215	GO TO SECTION 3 - 300		

(FN1) Coding categories to be developed locally and revised based on the pretest. All antimalarials commonly used in the country should be included in the response categories. Common brand names for medicine, such as Coartem, Malaron, Artemether–Lumefantrine or Artesunate–Amodiaquine, should be added to the response categories for Artemisinin-based combination treatments (ACTs) as appropriate.

(FN2) Check the procedure in each country as to whether the provider should give instruction or pharmacist.



# THE DHS PROGRAM SERVICE PROVISION ASSESSMENT

## EARLY POSTNATAL CARE EXIT INTERVIEW

### EPC 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 delivery 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 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 DELIVERY

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP								
P101	RECORD THE TIME THE INTERVIEW STARTED. USE 24-HOUR FORMAT	HOURS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><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 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><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>									
P102	Did you plan to deliver your baby in this facility?	YES ..... 1 NO, HAD PROBLEM DURING DELIVERY AT HOM . . . 2 NO, CAME AFTER A DELIVERY AT HOM . . . . . 3 NO, OTHER REASON . . . . . 4	→P106								
P103	Did you plan to deliver your baby at another health facility?	YES ..... 1 NO ..... 2	→P105								
P104	What was the main reason you did not plan to deliver at a facility?  IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING HOURS . . . . . 01 LOCATION (ACCESS OR TRANSPORTATIC . . . . . 02 DELIVERING AT FACILITY IS UNNECESSARY FOR CHILDBIRTH . . . . . 03 BAD PREVIOUS EXPERIENCE AT HEALTH FACILITIES . . . . . 04 AFRAID OF BEING CUT . . . . . 05 LACK OF PRIVACY AT FACILITIES . . . . . 06 COST . . . . . 07 LACK OF SUPPORTIVE ATTENDANCE AT FACIL . . . 08 OTHERS MADE THE DECISION FOR ME . . . . . 09 OTHER _____ 96 (SPECIFY) DON'T KNOW . . . . . 98	→P106    →P106    →P106    →P106    →P106    →P106								
P105	What was the main reason you did not plan to deliver at this facility?  IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING H . . . . . 01 LOCATION (ACCESS OR TRANSPORTATIC . . . . . 02 BAD REPUTATION . . . . . 03 BAD PREVIOUS EXPERIENCE AT THIS FACIL . . . . 04 FACILITY DOES NOT HAVE MEDICIN . . . . . 05 PREFERS REMAIN ANONYMOL . . . . . 06 IT IS MORE EXPENSIVE . . . . . 07 WAS REFERRED TO OTHER FACILIT . . . . . 08 OTHER _____ 96 (SPECIFY) DON'T KNOW . . . . . 98									
P106	What day and month was your baby born?	DAY ..... <table border="1" style="display: inline-table; vertical-align: middle;"><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> MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><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>									
P107	What time was your baby born?  IF WOMAN DOES NOT KNOW THE HOUR AND MINUTE OF BIRTH, PROBE FOR AT LEAST THE HOUR AND NOTE 00 FOR MINUTES	HOURS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>  MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									

NO.	QUESTIONS	CODING CLASSIFICATION				SKIP	
P108	<p>Now I am going to ask you some questions about how you were treated during your time at this facility for childbirth.</p> <p>During (labor/child birth/after birth) did you want to have someone other than facility staff, such as a family member or friend in the room to support you?</p> <p>IF YES, ASK: Were you able to have that person with you during (labor/child birth/after birth)?</p>	(A) WANTED		(B) HAD			
		YES	NO	YES	NO		
	1) During labor	1 → B	2 → P108-2	1	2		
	2) During childbirth	1 → B	2 → P108-3	1	2		
	3) After birth until the time of discharge	1 → B	2 → P109	1	2		
P109	After your baby was born, were you and your baby separated for more than one hour at any one time?	YES .....	1				
		NO .....	2				
		DON'T KNOW .....	8				
P110	After your baby was born, did your baby receive any other liquids or foods other than breast milk?	YES .....	1				
		NO .....	2				
		DON'T KNOW .....	8				
P111	Before you were discharged from the facility for this delivery, did any health care provider in this facility talk with you about taking care of yourself and/or your baby after delivery?	YES .....	1				
		NO .....	2			→ P201	
P112	<p>What topics did the provider talk with you about?</p> <p>READ EACH TOPIC AND RECORD THE CLIENT'S ANSWER</p> <p>a) Using family planning after the birth of your baby to prevent unwanted pregnancy or to space your next birth</p> <p>b) Exclusive breastfeeding, that is not giving your baby any fluids or food in addition to breast milk</p> <p>c) Where to access breastfeeding support in the community</p> <p>d) Signs that the baby has had enough to eat</p> <p>e) Signs that the baby is hungry</p> <p>f) Dangers of using feeding bottles, teats, and pacifiers</p> <p>g) Nutrition, or what is good for you to be eating after having your baby</p> <p>h) The importance of taking iron or iron and folic acid tablets after having your baby</p> <p>i) What to do if you feel sad or depressed after giving birth</p> <p>j) Signs and symptoms for mother to check for which you must immediately come back to the facility</p> <p>k) Signs and symptoms for the baby to check for which you must immediately bring the baby back</p> <p>l) Registering the birth of your baby</p> <p>m) Vaccinating your baby</p> <p>n) How to engage and play with your baby</p> <p>o) When to visit a health facility to check the health for you or the baby after discharge</p>	<p>YES NO</p> <p>a) USING FAMILY PLANNING AFTER THE BIRTH .....</p> <p>b) EXCLUSIVE BREASTFEEDING .....</p> <p>c) ACCESS BREASTFEEDING SUPPORT ..</p> <p>d) SIGNS ENOUGH TO EAT .....</p> <p>e) SIGNS THAT THE BABY IS HUNGF .....</p> <p>f) DANGERS OF BOTTLES, TEATS, PACIFIERS .....</p> <p>g) NUTRITION FOR YOU .....</p> <p>h) IRON CONTAINING TABLETS AFTI .....</p> <p>i) WHAT TO DO IF SAD OR DEPRESSE ..</p> <p>j) CHECK SIGNS/SYMPTOMS FOR MOTHER .....</p> <p>k) CHECK SIGNS/SYMPTOMS FOR BAB ..</p> <p>l) REGISTERING THE BIRTH .....</p> <p>m) VACCINATING YOUR BAE .....</p> <p>n) ENGAGE AND PLAY WITH YOUR BAE ..</p> <p>o) WHEN TO VISIT A HEALTH FACILITY TO CHECK .....</p>					

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
<b>2. DELIVERY EXPERIENCE OF CARE</b>			
PINS2	Thank you for answering my questions about your delivery. Now I am going to ask you some more questions about specific aspects of your delivery experience. 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 labor and delivery care provided in this facility.		
P201	<p>Did the doctors, nurses or other healthcare providers call you by your name?</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 REMEMBE ..... 8</p>	
P202	<p>Did the doctors, nurses or other staff treat you with respect?</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 REMEMBE ..... 8</p>	
P203	<p>Did the doctors, nurses or other staff at the facility treat you in a friendly manner?</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 REMEMBE ..... 8</p>	
P204	<p>During examinations in the labor room, were you covered up with a cloth or blanket or screened with a curtain so that you did not feel exposed?</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 REMEMBE ..... 8</p>	
P205	<p>Did you feel like the doctors, nurses or other staff at the facility involved 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 REMEMBE ..... 8</p> <p>NOT APPLICABLE ..... 9</p>	
P206	<p>Did the doctors, nurses or other staff at the facility ask your permission or consent before doing examinations and procedures on you?</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 REMEMBE ..... 8</p>	
P207	<p>During the delivery, did you feel like you were able to be in the position of your choice?</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 REMEMBE ..... 8</p>	
P208	<p>Did the doctors and nurses explain to you why they were carrying out examinations or procedures?</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 REMEMBE ..... 8</p>	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
P209	<p>Did the doctors and nurses explain to you why they were giving you any medicine?</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 RECEIVE ANY MEDICINE: 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 REMEMBE ..... 8</p> <p>NOT APPLICABLE ..... 9</p>	
P210	<p>Did you feel you could ask the doctors, nurses or other staff at the facility any questions you had?</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 REMEMBE ..... 8</p>	
P211	<p>Did the doctors and nurses at the facility talk to you about how you were feeling?</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 REMEMBE ..... 8</p>	
P212	<p>When you needed help, did you feel the doctors, nurses or other staff at the facility paid attention?</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 REMEMBE ..... 8</p>	
P213	<p>Did you feel the doctors, nurses or other staff at the facility took the best care of you?</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 REMEMBE ..... 8</p>	
P214	<p>Did you feel the health facility environment, including the washrooms were clean?</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 REMEMBE ..... 8</p>	
P215	<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 REMEMBE ..... 8</p>	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
P216	<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 REMEMBE ..... 8</p>	
P217	<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 REMEMBE ..... 8</p>	
P218	GO TO SECTION 3 - 300		

# THE DHS PROGRAM SERVICE PROVISION ASSESSMENT

## FAMILY PLANNING CLIENT EXIT INTERVIEW

### EFP 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 family planning 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 incharge manager of this health facility.

Do you have any questions for me at this time?

Do I have your permission 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 FAMILY PLANNING VISIT

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP								
F101	RECORD THE TIME THE INTERVIEW STARTED. USE 24-HOUR FORMAT.	HOURS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><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 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><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>									
F102	What time did you arrive at the facility today? USE 24-HOUR FORMAT.  IF CLIENT DOESN'T KNOW THE EXACT TIME, ASK HER TO APPROXIMATE. IF SHE CAN'T GIVE AN APPROXIMATE TIME, SELECT THE CODE '98' FOR 'DON'T KNOW HOURS AND MINUTES'.	HOURS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><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 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><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> DON'T KNOW HOURS AND MINUT ..... 98									
F103	What time did you see the provider? USE 24-HOUR FORMAT.  IF CLIENT DOESN'T KNOW THE EXACT TIME, ASK HER TO APPROXIMATE. IF SHE CAN'T GIVE AN APPROXIMATE TIME, SELECT THE CODE '98' FOR 'DON'T KNOW HOURS AND MINUTES'.	HOURS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><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 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><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> DON'T KNOW HOURS AND MINUT ..... 98									
F104	Just before coming to this facility today, were you taking any steps or using any methods to prevent a pregnancy?	YES ..... 1 NO ..... 2	→ F110								
F105	What method were you (last) using?  PROBE	COMBINED ORAL PILL ..... A PROGESTIN-ONLY ORAL PILL ..... B ORAL PILL (TYPE UNSPECIFIED) ..... C COMBINED INJECTABLE (MONTH ..... D PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY) INTRAMUSCULAR ( DMPA-IM) ..... E PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY) SUBCUTANEOUS (DMPA-SC) ..... F MALE CONDOM ..... G FEMALE CONDOM ..... H IUD ..... I IMPLAN' ..... J EMERGENCY CONTRACEPTIVE P ..... K FERTILITY AWARENESS METHODS SUCH AS STANDARD DAYS METHOD (SDM) ... L MALE STERILIZATION (VASECTOMY) ..... M FEMALE STERILIZATION (TUBAL LIGATION) .... N LACTATIONAL AMENORRHE ..... O SPERMICIDE ..... P DIAPHRAGM ..... Q WITHDRAWAL ..... R OTHER MODERN ..... X OTHER TRADITIONAL ..... Y									
F106	Have you been having (did you have) any problems with the method?	YES ..... 1 NO ..... 2									
F107	What was the outcome of this visit—did you decide to continue (restart) the same method or to switch methods?	CONTINUE WITH OR RESTART SAME METHC. .... 1 SWITCH METHOD ..... 2 STOP USING METHOD (DUE TO PROBLEMS) .... 3 STOP USING METHOD (ELECTIVE-NO PROBLEM. 4	→ F201								
F108	Had you thought about switching methods before you came here today?	YES ..... 1 NO ..... 2	→ F113								



NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
F109	Had you thought about what family planning method you wanted to switch to before you came here today?	YES ..... 1 NO ..... 2	→ F112 → F113
F110	Had you thought about starting to use a method of family planning before you came here today?	YES ..... 1 NO ..... 2	→ F113
F111	Had you thought about what family planning method you wanted to use before you came here today?	YES ..... 1 NO ..... 2	→ F113
F112	What method or methods were you thinking about?  IF WOMAN MENTIONS MULTIPLE METHODS, CIRCLE AS MANY AS SHE MENTIONS	COMBINED ORAL PILL ..... A PROGESTIN-ONLY ORAL PILL ..... B ORAL PILL (TYPE UNSPECIFIED) ..... C COMBINED INJECTABLE (MONTHLY) ..... D PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY) INTRAMUSCULAR ( DMPA-IM) ..... E PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY) SUBCUTANEOUS (DMPA-SC) ..... F MALE CONDOM ..... G FEMALE CONDOM ..... H IUD ..... I IMPLAN ..... J EMERGENCY CONTRACEPTIVE PILL ..... K FERTILITY AWARENESS METHODS SUCH AS STANDARD DAYS METHOD (SDM) ..... L MALE STERILIZATION (VASECTOMY) ..... M FEMALE STERILIZATION (TUBAL LIGATION) ..... N LACTATIONAL AMENORRHEA ..... O SPERMICIDE ..... P DIAPHRAGM ..... Q WITHDRAWAL ..... R OTHER MODERN ..... X OTHER TRADITIONAL ..... Y	
F113	What family planning method did you receive?  IF THE CLIENT IS CONTINUING WITH A PRIOR METHOD AND DID NOT RECEIVE ANY METHOD DURING THIS VISIT, CIRCLE "Y"  CHECK PACKET OR PRESCRIPTION TO CONFIRM TYPE OF PILL OR INJECTION	COMBINED ORAL PILL ..... A PROGESTIN-ONLY ORAL PILL ..... B ORAL PILL (TYPE UNSPECIFIED) ..... C COMBINED INJECTABLE (MONTHLY) ..... D PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY) INTRAMUSCULAR (DMPA-IM) ..... E PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY) SUBCUTANEOUS (DMPA-SC) ..... F MALE CONDOM ..... G FEMALE CONDOM ..... H IUD ..... I IMPLANT ..... J EMERGENCY CONTRACEPTIVE PILL ..... K FERTILITY AWARENESS METHODS SUCH AS STANDARD DAYS METHOD (SDM) ..... L MALE STERILIZATION (VASECTOMY) ..... M FEMALE STERILIZATION (TUBAL LIGATION) ..... N LACTATIONAL AMENORRHEA ..... O SPERMICIDE ..... P DIAPHRAGM ..... Q  OTHER MODERN ..... X  CONTINUING WITH METHOD IN F105 ..... Y NO METHOD ..... Z	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
F114	<p>What family planning method did you get a prescription or referral for?</p> <p>IF THE CLIENT IS CONTINUING WITH A PRIOR METHOD AND DID NOT RECEIVE A PRESCRIPTION OR REFERRAL DURING THIS VISIT, CIRCLE "Y"</p> <p>CHECK PACKET OR PRESCRIPTION TO CONFIRM TYPE OF PILL OR INJECTION</p>	COMBINED ORAL PILL ..... A PROGESTIN-ONLY ORAL PILL ..... B ORAL PILL (TYPE UNSPECIFIED) ..... C COMBINED INJECTABLE (MONTHLY) ..... D PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY) INTRAMUSCULAR (DMPA-IM) ..... E PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY) SUBCUTANEOUS (DMPA-SC) ..... F MALE CONDOM ..... G FEMALE CONDOM ..... H IUD ..... I IMPLANT ..... J EMERGENCY CONTRACEPTIVE PILL ..... K FERTILITY AWARENESS METHODS SUCH AS STANDARD DAYS METHOD (SDM) ..... L MALE STERILIZATION (VASECTOMY) ..... M FEMALE STERILIZATION (TUBAL LIGATION) ..... N LACTATIONAL AMENORRHEA ..... O SPERMICIDE ..... P DIAPHRAGM ..... Q  OTHER MODERN ..... X  CONTINUING WITH METHOD IN F105 ..... Y NO METHOD ..... Z	

## 2. FAMILY PLANNING EXPERIENCE OF CARE

F201	<p>Thank you for answering my questions about your family planning consultation. Now I am going to ask you about specific services that you received in your family planning 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 family planning provided in the facilities around here.</p> <p>During your consultation today, did the provider:</p>		
01	Ask about whether you would like to have a/another child?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
02	Ask about when you would like to have a/another child?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
03	Ask about your previous family planning experience?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
04	Ask about your family planning method preference?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
05	Talk about possible side effects or problems with the method you selected?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
06	Tell you what to do if you experience any side effects or problems with the method you selected?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
07	Talk about warning signs associated with the method you selected?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
08	Talk about the possibility of switching to another method if the method you selected was not suitable?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
F202	Did you feel that during your consultation, no other clients or patients at the facility could see you?  IF YES, PROBE: Would you say 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	
F203	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 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	
F204	Did the doctors, nurses or other staff treat you with respect?  IF YES, PROBE: Would you say 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	
F205	Did the doctors, nurses or other staff at the facility treat you in a friendly manner?  IF YES, PROBE: Would you say 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	
F206	Did you feel the health facility environment, including the washrooms were clean?  IF YES, PROBE: Would you say 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	
F207	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 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	
F208	Did you feel like the doctors, nurses or other staff at the facility involved you in decisions about your care?  IF YES, PROBE: Would you say all the time, most of the time, or a few times?  IF CLIENT SAYS THEY DID NOT MAKE ANY DECISIONS, 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	
F209	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?  IF YES, PROBE: Would you say 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
F210	<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 all the time, most of the time, or a few times?</p>	<p>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</p>	
F211	<p>Did you feel the doctors, nurses or other healthcare providers shouted at you, scolded you, insulted, threatened or talked to you rudely?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p>	<p>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</p>	
F212	<p>Did you feel that you received all of the information you wanted to know about your options for contraceptive methods?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p>	<p>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</p>	
F213	<p>During your consultation today, did the provider strongly recommend one method over others?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p>	<p>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</p>	
F214	GO TO SECTION 3 - 300		

# THE DHS PROGRAM SERVICE PROVISION ASSESSMENT

## ANTENATAL CARE EXIT INTERVIEW

### EAN 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
A101	RECORD THE TIME THE INTERVIEW STARTED. USE 24-HOUR FORMAT.	HOURS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MINUTES ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
A102	What time did you arrive at the facility today?  USE 24-HOUR FORMAT. IF CLIENT DOESN'T KNOW THE EXACT TIME, ASK HER TO APPROXIMATE. IF SHE CAN'T GIVE AN APPROXIMATE TIME, SELECT THE CODE '98' FOR 'DON'T KNOW HOURS AND MINUTES'.	HOURS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MINUTES ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW HOURS AND MINUT ..... 98	
A103	What time did you see the provider?  USE 24-HOUR FORMAT. IF SHE DOESN'T KNOW THE EXACT TIME, ASK HER TO APPROXIMATE. IF SHE CAN'T GIVE AN APPROXIMATE TIME, SELECT THE CODE '98' FOR 'DON'T KNOW HOURS AND MINUTES'.	HOURS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MINUTES ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW HOURS AND MINUT ..... 98	
A104	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 LOST CARD/NO CARD/BOOK USED AT THIS FACILITY ..... 4	} → A106
A105	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 TIMES ..... 3 YES, 4 TIMES ..... 4 Yes, 5 TIMES ..... 5 YES, 6 TIMES OR MOF ..... 6 NO RECOF. .... 7	
A106 <b>(FN1)</b>	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	
A107	Have you ever been pregnant, regardless of the duration or outcome, or is this your first pregnancy?	FIRST PREGNANCY ..... 1 NOT FIRST PREGNANCY ..... 2	
A108A	Is this your first antenatal visit at this facility for this pregnancy?	YES, FIRST VISIT ..... 1 NO ..... 2	} → A109
A108B	How many times have you visited this antenatal clinic for this pregnancy?	# OF VISITS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
A109	Have you had antenatal care at any other facilities for this pregnancy?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	} → A111
A110	How many antenatal care visits have you had at other health facilities?	# OF VISITS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
A1NS1	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.		

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
A111	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	
A112	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 SPECIFY NO/DON'T KNOW ..... 8	→ A201 → A114 → A201
A113	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 HOURS ..... 01 LOCATION (ACCESS OR TRANSPORTATION) ..... 02 BAD REPUTATION ..... 03 BAD PREVIOUS EXPERIENCE AT THE FACILITY . 04 NO MEDICINE ..... 05 PREFERS TO REMAIN ANONYMOUS ..... 06 IT IS MORE EXPENSIVE ..... 07 WAS REFERRED TO OTHER FACILITY ..... 08 FACILITY DOESN'T PROVIDE DELIVERY SERVIC. 09 OTHER _____ 96 SPECIFY DON'T KNOW ..... 98	→ A201
A114	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 HOURS ..... 01 LOCATION (ACCESS OR TRANSPORTATIC ..... 02 DELIVERING AT FACILITY IS UNNECESSARY FOR CHILDBIRTH ..... 03 BAD PREVIOUS EXPERIENCE AT HEALTH FACILITIES ..... 04 AFRAID OF BEING CUT ..... 05 LACK OF PRIVACY AT FACILITIES ..... 06 COST ..... 07 LACK OF SUPPORTIVE ATTENDANCE AT FACIL . 08 OTHERS MADE THE DECISION FOR ME . 09 OTHER _____ 96 SPECIFY DON'T KNOW ..... 98	

## 2. ANTENATAL EXPERIENCE OF CARE

AINS2	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.		
A201	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	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
03	<p>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?</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  YES, MOST OF THE TIME ..... 2  YES, A FEW TIMES ..... 3  NO, NEVER ..... 4  DON'T KNOW/CAN'T REMEMBER ..... 8</p>	
04	<p>Did you feel you understood the purpose of any tests you were asked to do?</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 TESTS, CIRCLE 9</p>	<p>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 APPLICABL ..... 9</p>	
05	<p>Did you feel you understood the purpose of any medicines you were given?</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 MEDICINES, CIRCLE 9</p>	<p>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 APPLICABL ..... 9</p>	
06	<p>Did you feel you could ask the doctors, nurses or other staff at the facility any questions you had?</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  YES, MOST OF THE TIME ..... 2  YES, A FEW TIMES ..... 3  NO, NEVER ..... 4  DON'T KNOW/CAN'T REMEMBER ..... 8</p>	
07	<p>Did the doctors, nurses or other staff at the facility ask you if you had any questions?</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  YES, MOST OF THE TIME ..... 2  YES, A FEW TIMES ..... 3  NO, NEVER ..... 4  DON'T KNOW/CAN'T REMEMBER ..... 8</p>	
08	<p>Did you feel the health facility environment, including the washrooms were clean?</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  YES, MOST OF THE TIME ..... 2  YES, A FEW TIMES ..... 3  NO, NEVER ..... 4  DON'T KNOW/CAN'T REMEMBER ..... 8</p>	
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  YES, MOST OF THE TIME ..... 2  YES, A FEW TIMES ..... 3  NO, NEVER ..... 4  DON'T KNOW/CAN'T REMEMBER ..... 8  NOT APPLICABL ..... 9</p>	



NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
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>	
A202	GO TO SECTION 3 - 300		

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

### 3. ACCESS TO CARE

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
300	CHECK COVER FOR TYPE OF EXIT INTERVIEW:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">EPC <input type="checkbox"/> ↓</div> <div style="text-align: center;">ESC, EAC, EFP <input type="checkbox"/></div> </div>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">ESC, EAC, EFP <input type="checkbox"/></div> <div style="text-align: center;">→ INS4</div> </div>	
INS3	Thank you for answering my questions about your delivery experience. Now I am going to ask you a few questions about when you first reached the health facility to give birth to your child.		
301	What time did you arrive at the facility to give birth to your child? USE 24-HOUR FORMAT  IF THEY DON'T KNOW THE EXACT TIME, ASK THEM TO APPROXIMATE. IF THEY CAN'T GIVE AN APPROXIMATE TIME, SELECT THE CODE '98' FOR 'DON'T KNOW HOURS AND MINUTES'	HOURS ..... <input style="width: 40px; height: 20px;" type="text"/> MINUTE ..... <input style="width: 40px; height: 20px;" type="text"/>  DON'T KNOW HOURS AND MINUTES ..... 98	
302	What time were you first seen by a provider? USE 24-HOUR FORMAT  IF THEY DON'T KNOW THE EXACT TIME, ASK THEM TO APPROXIMATE. IF THEY CAN'T GIVE AN APPROXIMATE TIME, SELECT THE CODE '98' FOR 'DON'T KNOW HOURS AND MINUTES'	HOURS ..... <input style="width: 40px; height: 20px;" type="text"/> MINUTES ..... <input style="width: 40px; height: 20px;" type="text"/>  DON'T KNOW HOURS AND MINUTES ..... 98	
303	What time did you get a bed in the facility? USE 24-HOUR FORMAT  IF THEY DON'T KNOW THE EXACT TIME, ASK THEM TO APPROXIMATE. IF THEY CAN'T GIVE AN APPROXIMATE TIME, SELECT THE CODE '98' FOR 'DON'T KNOW HOURS AND MINUTES'. IF THEY DID NOT HAVE A BED AT THE FACILITY, USE THE CODE '95' FOR "NO BED".	HOURS ..... <input style="width: 40px; height: 20px;" type="text"/> MINUTE ..... <input style="width: 40px; height: 20px;" type="text"/>  DON'T KNOW HOUR AND MINUTES ..... 98 NO BED ..... 95	
INS4	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 when you arrived at the facility, and if so, whether they were major or minor problems for you.		
304	Was the time you waited to see a provider 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	Were the hours of service at this facility, that is when the facility opens and closes, 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	
306	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	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
307	CHECK COVER FOR TYPE OF EXIT INTERVIEW:  EPC <input type="checkbox"/> ↓	ESC, EAC, EFF <input type="checkbox"/>	→ 309
INS5	Now I am going to ask you a question about your experience after giving birth this time. For this question, please think about the time you have spent in the facility since the birth of your baby on [DATE]. As I read the question, please tell me whether it was a problem for you, and if so, whether it was a major or a minor problem for you.		
308	After the delivery of your baby and before you were discharged, was the time you waited to see a health provider for a maternal postnatal check, or any other health reason, 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	
INS6	For the next questions, I want to ask a few questions about this entire delivery experience at this facility.		
309	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	
310	Is this the closest health facility to your home?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ INS7 → INS7
311	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 SPECIFY _____ DON'T KNOW ..... 98	
<b>4. CLIENT PERSONAL CHARACTERISTICS</b>			
INS7	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 (FN1)	What is the highest level of school you attended: primary, secondary or higher? [COUNTRY SPECIFIC]	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
404	CHECK COVER FOR TYPE OF EXIT INTERVIEW:  EPC <input type="checkbox"/>	EAC <input type="checkbox"/> → 408 EFP <input type="checkbox"/> → 406 ESC <input type="checkbox"/> → 407	
405	How many times have you given birth, before this delivery?  IF NONE ENTER 00.  PROBE: PLEASE INCLUDE STILLBIRTHS OR ANY CHILDREN WHO WERE BORN ALIVE BUT LATER DIED.	NUMBER OF BIRTH ..... <input type="text"/> <input type="text"/> → 408	
406	How many times have you been pregnant?  IF NONE, ENTER "00"	NUMBER OF PREGNANCIES ..... <input type="text"/> <input type="text"/> → 408	
407	What is your relationship to {CHILD NAME}?	MOTHER/ STEP MOTHER ..... 01 FATHER/ STEP FATHER ..... 02 BROTHER/MALE COUSIN ..... 03 SISTER/FEMALE COUSIN ..... 04 AUNT ..... 05 UNCLE ..... 06 GRANDMOTHER ..... 07 GRANDFATHER ..... 08 OTHER RELATIVE FEMALE ..... 09 OTHER RELATIVE MALE ..... 10 NON RELATIVE FEMALE ..... 11 NON RELATIVE MALE ..... 12	
408	Are you currently married or living together with a (man/woman) as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A MAN/WOMAN ..... 2 NO, NOT IN UNION ..... 3	
409	RECORD THE TIME THE INTERVIEW ENDED	HOURS ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
INS8	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!		
<b>INTERVIEWER'S COMMENTS:</b>			

(FN1) Revise according to the local educational system.