MEASURE Service Provision Assessment

Exit Interview for Antenatal Care Client

FACILITY IDENTIFICATION

QTYPE OF_____	QTYPE ..... XANC
Name of the facility_____	
Facility Location_____	
Governorate _____.....	GOV .....
District _____.....	DISTRICT.....
Code of the facility	FACILITY CODE
Type of Health Facility and Operating Authority Governmental: 11 = General Hospital 21=MCH Center 12=District Hospital 22=Rural health unit 13= Fever Hospital 23=Urban health unit 14= Complimentary 24=Health Office 25=Mobile Unit 26=Other Non-Governmental: 31 =CSI 32= EFPA 33=other non-governmental	FACILITY TYPE ..... AND OPERATING AUTHORITY

INFORMATION ABOUT INTERVIEW

Date:_____	DAY.....
	MONTH.....
	YEAR…… 2 0 0 4
Name of the interviewer_____	INTERVIEWER CODE..
Time observation started: _____	HOUR.....
	MINUTES.....
ANC Client Code _____	CLIENT CODE.....

Exit Interview for Antenatal Care Clients

Section 1. Visit Information

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	INTERVIEWER: INTRODUCE YOURSELF TO THE CLIENT Hello. In order to improve the services offered by this facility, we would like to know about your experience here. All the information given to me will be kept strictly confidential and future care that you receive at this facility will in no way be affected by your participation or non-participation in this interview. You can refuse to answer any question and may stop the interview at any time. Do you have any questions for me at this time? Do I have your agreement to participate? _____ _____ INTERVIEWER'S SIGNATURE DATE (Indicates respondent's willingness to participate)		
100	May I begin the interview?	CLIENT AGREES ..... 1 CLIENT REFUSES 2	 ➔STOP
101	Is this your first pregnancy?	YES ..... 1 NO 2	
102	Is this your first antenatal visit at this facility for this pregnancy?	YES ..... 1 NO 2	
103	How many months pregnant are you?	WEEKS ..... ☐☐	
104	During this, (or previous) visits, were you given or prescribed iron pills/folic acid? (SHOW THE IFA PILL)	YES, THIS VISIT ..... A YES, PREVIOUS VISIT ..... B NO ..... Y DON'T KNOW ..... Z	 ➔107 ➔107
105	During this (or previous) visits, has a Provider explained how to take the Iron pills?	YES, THIS VISIT ..... A YES, PREVIOUS VISIT ..... B NO ..... Y DON'T KNOW ..... Z	
106	ASK TO SEE THE IRON PILLS	SAW DRUGS ..... 1 SAW PRESCRIPTION ..... 2 NO DRUG OR PRESCRIPTION 3	
107	During this (or previous) visits, has a provider asked you about whether you received tetanus toxoid or not?	YES ,THIS VISIT ..... A YES, PREVIOUS VISIT ..... B NO ..... Y DON'T KNOW ..... Z	
108	Have you ever received a tetanus toxoid injection? IF YES, How many times in total during your lifetime have you received a tetanus toxoid injection? THIS MAY BE FROM THIS FACILITY OR ELSEWHERE)	ONCE ..... 1 TWICE ..... 2 THREE OR FOUR ..... 3 FIVE OR MORE ..... 4 NEVER ..... 5 DON'T KNOW 8	
109	Was your urine checked today?	YES ..... 1 NO 2	
110	During this (or previous) visits has a Provider talked with you about any signs of that warn of problems with the pregnancy?	YES, THIS VISIT ..... A YES, PREVIOUS VISIT ..... B NO ..... Y DON'T KNOW ..... Z	 ➔113 ➔113

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
111	What warning signs or symptoms have been mentioned? (CIRCLE ALL THOSE MENTIONED.) PROBE: Anything else?	BLEEDING ..... A FEVER ..... B SWOLLEN FACE/HAND ..... C TIREDNESS/BREATHLESSNESS D HEADACHE/BLURRED VISION .... E OTHER_____X (SPECIFY)	
112	What did the Provider advise you to do if you experienced any of the warning signs? CIRCLE ALL MENTIONED	SEEK CARE AT THE FACILITY .... A DECREASE ACTIVITY ..... B CHANGE DIET ..... C OTHER_____... X (SPECIFY)	
113	During this (or previous) visits has a Provider given you advice on the importance of exclusive breastfeeding, i.e. about give your baby nothing apart from breast milk?	YES, THIS VISIT ..... A YES, PREVIOUS VISIT ..... B NO ..... Y DON'T KNOW ..... Z	 ➔115 ➔115
114	For how many months, did the provider recommend that you breastfeed exclusively?	MONTHS..... ☐☐ DON'T KNOW 98	
115	During this or previous visits did a provider discuss family planning methods or birth spacing methods for use after this birth?	YES, THIS VISIT ..... A YES, PREVIOUS VISIT ..... B NO ..... Y DON'T KNOW ..... Z	
116	During this or previous visits, did the Provider talk to you about where you plan to delivery?	YES, THIS VISIT ..... A YES, PREVIOUS VISIT ..... B NO ..... Y DON'T KNOW ..... Z	
117	Have you decided where you will have your delivery? IF YES, PROBE FOR WHETHER THE PLAN IS TO DELIVER IN A FACILITY OR AT HOME.	AT THIS HEALTH FACILITY ..... 1 AT OTHER HEALTH FACILITY ... 2 IN A PRIVATE HOME ..... 3 DON'T KNOW 8	
118	During this (or previous) visits has a Provider discussed supplies you should have at home or other preparations you should make for the delivery?	YES, THIS VISIT ..... A YES, PREVIOUS VISIT ..... B NO ..... Y DON'T KNOW ..... Z	 ➔120 ➔120
119	ASK CLIENT TO MENTION SOME OF THE SUPPLIES OR PREPARATIONS FOR DELIVERY WHICH HAVE BEEN MENTIONED. CIRCLE ALL THAT APPLY. PROBE: Are there any other items? Anything else you have been advised to prepare before delivery?	SOAP ..... A STERILE BLADE ..... B SCISSOR ..... C TIES FOR UMIBILICAL CORD .... D PLASTIC FOR UNDER WOMAN E PLAN FOR TRANSPORTATION TO FACILITY ..... F OTHER_____... X (SPECIFY)	
120	ASK TO SEE THE CLIENTS ANC CARD AND INDICATE IF THERE IS A NOTE INDICATING ANY FINDINGS FROM THE EXAMINATION TODAY?	YES, FINDINGS RECORDED ..... 1 YES, CARD, FINDINGS NOT RECORDED ..... 2 NO CARD ..... 3 DON'T KNOW 8	 ➔201 ➔201
121	CHECK THE ANC CARD OR TETANUS IMMUNIZATION CARD AND INDICATE IF THERE IS ANY NOTE OR RECORD OF THE WOMAN HAVING RECEIVED TETANUS TOXOID	YES, 1 TIME ..... 1 YES, 2 OR MORE TIMES ..... 2 PRESCRIBED TODAY ..... 3 NO ..... 4 DON'T KNOW 8	

Section 2. Client Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Now I am going to ask you some questions about the services today. I would like to have your honest opinion about the things that we will talk about. This will help us to improve the maternal health services.		
201	How long did you wait between the time you first arrived at this facility and the time a Provider saw you for the consultation?	MINUTES..... ☐☐☐ SAW PROVIDER IMMEDIATELY..... 000 DON'T KNOW..... 998	

202 Often people can identify particular issues that they either don't like or feel are problems that may affect whether they are satisfied with the health services they receive. Can you name any issues that you think were problems with your experience here at this facility today? FOR EACH ISSUE THE RESPONDENT IDENTIFIES ASK: Do you consider this a big problem or a minor problem? WHEN THE RESPONDENT CAN NO LONGER NAME ISSUES, PROBE FOR EACH ISSUE LISTED BELOW THAT WAS NOT MENTIONED. Now I want to ask you about a few other issues that other clients have identified. As I mention each one, please tell me if any of these were problems for you today, and if so, if they were big or small problems

		SPONTANEOUS		PROMPT			
		BIG	SMALL	BIG	SMALL	NO	DK/NA
1	Time you waited?	1	2	3	4	5	8
2	Time it takes to complete all parts of the consultation once initially seen?	1	2	3	4	5	8
3	Time it takes to receive results from tests?	1	2	3	4	5	8
4	Ability to discuss problems or concerns about your pergnancy with the health worker?	1	2	3	4	5	8
5	Amount of explanation you were given about the problem or treatment?	1	2	3	4	5	8
6	Quality of the examination and treatment provided?	1	2	3	4	5	8
7	Privacy from others seeing exam?	1	2	3	4	5	8
8	Privacy from others hearing discussion?	1	2	3	4	5	8
9	Availability of medicines at the facility?	1	2	3	4	5	8
10	The hours/days of services?	1	2	3	4	5	8
11	Cleanliness of facility?	1	2	3	4	5	8
12	How staff treated you?	1	2	3	4	5	8
13	Cost of services?	1	2	3	4	5	8
14	Other _____ (SPECIFY)	1	2			5	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
203	Do you participate in any pre-pay plan such as insurance, or other program or an institutional arrangement that provides some of the payment for services at this facility? This includes if you prepay for a package of services or if you received a discounted price or an exemption from paying. IF YES, what type of program do you participate in?	YES, HIO/SHIP ..... A YES, OTHER SYSTEM ..... B YES, PREPAY AT FACILITY FOR PACKAGE OF SERVICES ..... C YES, DISCOUNT/EXEMPT STATUS ..... D OTHER _____ ..... X (SPECIFY) NO ..... Y DON'T KNOW ..... Z	
204	What is the total amount for all staff, services, or treatments which you paid for the consultation today?* Please include any money you paid for staff services, laboratory tests, or medicines you received.	1) LAB L.E Piaster PAID NO MONEY ..... 00000 NOT APPLICABLE ..... 99995 DON'T KNOW 99998	
		2) MEDICINE OR METHOD L.E Piaster PAID NO MONEY ..... 00000 NOT APPLICABLE ..... 99995 DON'T KNOW 99998	
		3) CONSULT OR PROCEDURE L.E Piaster PAID NO MONEY ..... 00000 NOT APPLICABLE ..... 99995 DON'T KNOW 99998	
		4) OTHER L.E Piaster PAID NO MONEY ..... 00000 NOT APPLICABLE ..... 99995 DON'T KNOW 99998	
		5) TOTAL AMOUNT L.E Piaster PAID NO MONEY ..... 00000 NOT APPLICABLE ..... 99995 DON'T KNOW 99998	
205	Have you ever visited this facility before? (either as a patient or visiting or accompanying a patient?	YES ..... 1 NO 2	
206	There are many reasons people choose different health facilities for services. Can you mention some of the reasons you selected this facility for the services you sought today?	FEMALE PHYSICIAN ..... A EFFICIENCY OF THE PHYSICIANS ..... B AVAILIABIITY OF ALL SPECIALITIES ..... C AVAILABILITY OF THE SERVICE ..... D CLIENTS ARE WELL TREATED ..... E HAS THE GOLD STAR ..... F A NEAR BY FACILITY ..... G GOOD REPUTATION ..... H OTHER _____ ..... X (SPECIFY)	

Section 3. Personal Characteristics of Client

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
301	Could you tell me how old are you?	AGE IN YEARS ..... ☐☐ DON'T KNOW..... 98	
302	Have you ever attended school?	YES..... 1 NO..... 2	 ➔304
303	What is the highest level of school (certificate) you have successfully completed?	NONE..... 1 PRIMARY..... 2 PREPARATORY..... 3 SECONDARY ..... 4 ABOVE SECONDARY..... 5 UNIVERSITY ..... 6 ABOVE UNIVERSITY..... 7	 ➔306 ➔306 ➔306 ➔306 ➔306
304	Have you ever attended any literacy classes?	YES.....1 NO.....2	
305	Can you read or write?	YES, READ ONLY.....1 YES, READ AND WRITE .....2 NO.....3	
306	Are you currently employed?	YES..... 1 NO..... 2	 ➔309
307	Do you work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER..... 1 FOR SOMEONE ELSE..... 2 FOR HERSELF..... 3	
308	Do you earn your wage or salary in the form of cash or kind or both, or you don't take any?	CASH..... 1 BOTH..... 2 KIND ..... 3 NOTHING 4	
309	Do you live in a city or a village?	CITY..... 1 VILLAGE..... 2	
310	Which governorate do you live in?	_____ ☐☐	
311	TIME INTERVIEW ENDED.	HOUR ..... ☐☐ MINUTES..... ☐☐	
312	**INTERVIEWER COMMENTS**		