

MEASURE Service Provision Assessment

Observation of Antenatal Care Consultation

FACILITY IDENTIFICATION

QTYPE OF _____ Name of the facility _____ Facility Location _____ Governorate _____ District _____ Code of the facility _____ 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	QTYPEOANC GOV <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> DISTRICT <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> FACILITY CODE <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> FACILITY TYPE <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> AND OPERATING AUTHORITY
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Provider Information

Provider category: 11=OB/GYN Physician ;12=Family Planning Physician; 13=Pediatrician; 14=Family physician; 15=Other physician specialist; 16=General Practitioner; 21=Nurse w/ midwifry; 22=Nurse; 23=Midwife; 24=Nurse asistant; 96=other (_____) (SPECIFY) Sex of Provider: (1= male; 2= female) Code for Provider (should be the same as that used for the Provider Interview): _____	PROVIDER CATEGORY <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> SEX OF PROVIDER..... <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> PROVIDER CODE <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>
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INFORMATION ABOUT INTERVIEW

Date: _____ Name of the interviewer _____ Time observation started: _____ ANC Client Code _____	DAY <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> MONTH <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> Y EAR <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle; text-align: center;">2</table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle; text-align: center;">0</table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle; text-align: center;">0</table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle; text-align: center;">4</table> INTERVIEWER CODE.. <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> HOUR..... <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> MINUTES <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> CLIENT CODE <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>
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Observation of Antenatal Care Consultation

100	<p>READ TO PROVIDER: Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities that provide services to women and children with the goal of finding ways to improve service delivery. I would like to observe your consultation with this woman in order to better understand how health care is provided in this country.</p> <p>This information is completely confidential. You may choose to stop the interview at any time. Do you have any questions for me?</p> <p>May I be present at this consultation?</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <p>_____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)</p> </div> <div style="width: 45%; text-align: center;"> <p>_____ DATE</p> </div> </div>		
100a	<p>PERMISSION RECEIVED FROM PROVIDER?</p>	<p>YES 1</p> <p>NO 2</p>	<p>➔ STOP</p>
	<p>READ TO WOMAN: Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities that provide services to women and children. I would like to observe your consultation with this Provider in order to better understand how health care is provided.</p> <p>This information is completely confidential and will not affect the level of care you receive here now or in the future. You may tell me to leave the consultation at any time. After the consultation, my colleague would like to talk with you about your experiences here today.</p> <p>Do you have any questions for me? May I be present at your consultation?</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <p>_____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)</p> </div> <div style="width: 45%; text-align: center;"> <p>_____ DATE</p> </div> </div>		
100b	<p>PERMISSION RECEIVED FROM CLIENT</p>	<p>YES 1</p> <p>NO 2</p>	<p>➔ STOP</p>

No	QUESTIONS	CODING CLASSIFICATION			GO TO
101	INDICATE WHETHER THIS IS THE CLIENT'S FIRST VISIT FOR ANTENATAL CARE <u>AT THIS FACILITY</u> FOR THIS PREGNANCY. IF THE PROVIDER DOES NOT ASK ABOUT OR THE CLIENT DOES NOT PROVIDE THE INFORMATION, RECORD 8 UNSURE.	YES	NO	UNSURE	
		1	2	8	
102	INDICATE IF THIS IS THE FIRST PREGNANCY FOR THE CLIENT	1	2	8	
	DOES THE PROVIDER ASK OR THE CLIENT PROVIDE THE FOLLOWING INFORMATION:				
103	CLIENT HISTORY	YES	NO	UNSURE	
	1) Client AGE?	1	2	8	
	2) Date of LAST MENSTRUAL PERIOD?	1	2	8	
	3) Number of PRIOR PREGNANCIES?	1	2	8	
	PRIOR PREGNANCY HISTORY				
	4) Any PRIOR STILLBIRTH(S)?	1	2	8	
	5) Any INFANT(S) DIED in the first week?	1	2	8	
	6) Any HEAVY BLEEDING During or after delivery with a PRIOR PREGNANCY?	1	2	8	
	7) Any PREVIOUS ASSISTED DELIVERY? (Caesarean-section, ventouse, or forceps)	1	2	8	
	8) Any PREVIOUS ABORTIONS?	1	2	8	
104	SYMPTOMS DURING THIS PREGNANCY				
	1) Any BLEEDING during this pregnancy	1	2	8	
	2) If the woman has FELT THE BABY MOVE?	1	2	8	
	3) If there are any OTHER SYMPTOMS OR PROBLEMS the woman thinks might be related to this pregnancy?	1	2	8	
	4) MEDICATIONS woman is currently taking?	1	2	8	
105	WERE ANY OF THE FOLLOWING CLIENT EXAMINATIONS OBSERVED:	YES	NO	UNSURE	
	1) Measure blood pressure?	1	2	8	
	2) Palpate abdomen for fetal presentation/ position?	1	2	8	
	3) Palpate or measure abdomen for fundal (uterine) height?	1	2	8	
	4) Listen to the client's abdomen to hear fetal heartbeat?	1	2	8	
	5) Measure weight of client?	1	2	8	
	6) Examine abdomen by sonar?	1	2	8	
	7) was a urine sample taken or laboratory examination ordered for the client?	1	2	8	
	8) was a blood sample taken or laboratory examination ordered for the client?	1	2	8	
	9) Did the provider look at client's health card either before beginning the consultation or while collecting information or examining the client?	1	2	8	

No	QUESTIONS	CODING CLASSIFICATION			GO TO		
	WERE ANY OF THE FOLLOWING TREATMENTS OR COUNSELING PROVIDED:						
106	TREATMENTS	YES	NO	UNSURE			
	1) Prescribe or give iron pills and/or folic acid (IFA)?	1	2→107	8→107			
	2) Explain the purpose of iron/folic?	1	2	8			
	3) Explain how to take iron/folic pills?	1	2	8			
107	1) Prescribe or give tetanus toxoid (TT) injection?	1	2→108	8→108			
	2) Explain the purpose of TT injection?	1	2	8			
108	ADVICE OR COUNSEL ABOUT PREGNANCY						
	1) Quantity and quality of food to eat during pregnancy?	1	2	8			
	2) Mention the following signs and symptoms as risk factors for which the woman should return to the facility?						
	a) Vaginal bleeding?	1	2	8			
	b) Fever?	1	2	8			
	c) Excessive tiredness or breathlessness?	1	2	8			
	d) Swollen hands and face?	1	2	8			
	e) Severe headache or blurred vision?	1	2	8			
	3) Inform the client about the progress of the pregnancy?	1	2	8			
109	DOES THE PROVIDER PROVIDE ADVISE OR COUNSEL ABOUT DELIVERY OR INFANT CARE						
	1) Ask the client where she will deliver?	1	2	8			
	2) Counsel the client to use a skilled health worker during delivery?	1	2	8			
	3) Discuss with client about items to have on hand at home, for delivery?	1	2	8			
110	Advise exclusive breastfeeding for up to 6 months?	1	2	8			
111	Discuss birth control/ family planning, for after delivery?	1	2	8			
112	Ask if the client has any questions and encourage questions?	1	2	8			
113	Use any visual aids during consultation?	1	2	8			
114	Did the Provider write on the woman's health card?	YES1 NO2 NO HEALTH CARD3 DON'T KNOW8					
115	Did the provider discuss when the woman should return for her next visit?	YES1 NO2 DON'T KNOW8					
116	HOW MANY WEEKS PREGNANT IS THE CLIENT? ASK PROVIDER IF THIS QUESTION WAS NOT ASKED DURING CONSULTATION	WEEK OF PREGNANCY <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> DON'T KNOW98					

No	QUESTIONS	CODING CLASSIFICATION	GO TO								
117	OUTCOME OF CONSULTATION	CLIENT SENT HOME1 CLIENT REFERRED (TO LAB OR OTHER PROVIDER) AT SAME FACILITY2 CLIENT ADMITTED TO SAME FACILITY3 CLIENT REFERRED TO OTHER FACILITY4 DON'T KNOW8									
118	RECORD TIME CONSULTATION ENDED	HOUR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
119	OBSERVER COMMENTS:										