

## MEASURE Service Provision Assessment

### Exit Interview for Antenatal Care Client

#### FACILITY IDENTIFICATION

Name of the facility _____ Facility Location _____ Code of the facility ..... Type of Health Facility *: (1 = Referral hospital; 2 = Hospital; 3= Health center; 4 = Health post; 6 = Other _____)..... Operating Authority*: 10= Government; 20 = Non-governmental organization 30 = Private for profit 96 = Other _____)	FACILITY CODE..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  FACILITY TYPE ..... <input type="text"/> <input type="text"/>  OPERATING AUTHORITY .... <input type="text"/> <input type="text"/>
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#### INFORMATION ABOUT INTERVIEW

Date: _____  Name of the interviewer _____ Time observation started:  ANC Client Code	DAY ..... <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER CODE.. <input type="text"/> <input type="text"/> HOUR..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/> CLIENT CODE ..... <input type="text"/> <input type="text"/> <input type="text"/>
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\*Use country-specific categories.

## EXIT INTERVIEW FOR ANTENATAL CARE CLIENT

### Consent (100-100a)

### Weeks pregnant (101)

This provides background information for the service provided as the relevance of some specific information and tests is dependent on the stage of pregnancy.

### First pregnancy (101a)

This provides background information for the services provided as the relevance of some specific information sharing is dependent on whether there has been a prior pregnancy or not.

### First antenatal visit (102)

This provides background information to determine which services are relevant for this visit.

### Medications and explanations (103-108)

These questions are asked to ascertain whether the client knows what medications she has and whether she believes she was instructed on how to take them. The responses allow her to answer for prior visits since if this is not the first visit, the medications and explanations might have been provided earlier. Negative responses might indicate that she has forgotten medications and information received, that she did not know what medications she received and did not understand the explanations, or that she never received these medications and explanations either during this or prior visits. These responses will be compared with information from the observation questionnaire for the same client.

### Warning signs during pregnancy (109-111)

These questions are asked to ascertain whether the client perceived that she received this counseling at any time. Negative responses might indicate that she has forgotten information she received, that she did not understand the information provided, or that this information was never shared with her during this or prior visits. These responses will be compared with information from the observation questionnaire for the same client. It is understood that positive responses, where there is no verification that the information was imparted by the facility, may indicate knowledge received from a source outside the facility or from prior experience.



Advice received (112-114)

These questions are asked to ascertain whether the client perceives that she has received advice about nutrition and about exclusive breastfeeding at any time. Negative responses might indicate that she has forgotten information she received, that she did not understand the information provided, or that this information was never shared with her during this or prior visits. These responses will be compared with information from the observation questionnaire for the same client. It is understood that positive responses, where there is no verification that the information was imparted by the facility, may indicate knowledge received from a source outside the facility or from prior experience.

Preparations for delivery (115-118)

These questions are asked to ascertain whether the client perceives that she has received advice about preparations for delivery at any time. Negative responses might indicate that she has forgotten information she received earlier, that she did not understand the information provided earlier, or that this information was never shared with her during prior visits or this visit. These responses will be compared with information from the observation questionnaire for the same client. It is understood that positive responses, where there is no verification that the information was imparted by the facility, may indicate knowledge received from a source outside the facility or from prior experience.

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
110	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)	
111	What did the Provider advise you to do if you experienced any of the warning signs?  RECIRD ALL MENTIONED	SEEK CARE AT THE FACILITY .... A DECREASE ACTIVITY ..... B CHANGE DIET ..... C OTHER _____ .. X  (SPECIFY)	
112	During this or previous visits has a Provider talked to you about what to eat during your pregnancy?	YES, THIS VISIT ..... A YES, PREVIOUS VISIT ..... B NO ..... Y DON'T KNOW ..... Z	
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 ..... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	
115	During this or previous visits, did the Provider talk to you about where you plan to delivery?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
116	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	
117	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 ..... 1 NO ..... 2	→201
118	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)	

## CLIENT SATISFACTION

### Waiting time (201)

Waiting a long time to see a provider is a common complaint in almost all health care settings. This question attempts to provide an objective number to the length of time the client waited.

### Issues that affect satisfaction (202)

Commonly identified causes of dissatisfaction with health services are listed to ascertain how relevant these problems are to the client at this facility. This will provide information to health planners who are interested in improving client utilization and satisfaction.

### Financing of health services (203-204)

As a simple means of identifying whether out-of-pocket payment for the facility being assessed is relevant for client utilization, the participation of the client in any program that may have decreased the out-of-pocket payment for this visit, and the total amount of money paid out-of-pocket for this visit, are determined. If this information indicates that cost may be a factor influencing utilization of the service, a detailed module may be required for subsequent follow-up.

## Section 2. Client Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GOTO					
	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 antenatal health services.							
201	How long did you wait between the time you first arrived at this facility and the time you saw a Provider for the consultation?	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> <td style="width: 20px; height: 20px;"></td> </tr> </table>  SAW PROVIDER IMMEDIATELY..... 000 DON'T KNOW ..... 998						
	Now I am going to ask about some common problems clients have at health facilities. 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.							
202		<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">BIG</td> <td style="text-align: center;">SMALL</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> </table>		BIG	SMALL	NO	DK	
	BIG	SMALL	NO	DK				
	A) Time you waited?	WAIT ..... 1    2    3    8						
	B) Ability to discuss problems or concerns about your pregnancy with the Provider?	DISCUSS PROBLEMS ..... 1    2    3    8						
	C) Amount of explanation about the problem or treatment?	EXPLAIN PROBLEM/TX .... 1    2    3    8						
	D) Quality of the examination and treatment provided?	QUALITY EXAM/TREATMENT ..... 1    2    3    8						
	E) Privacy from others seeing exam?	VISUAL PRIVACY ..... 1    2    3    8						
	F) Privacy from others hearing discussion?	AUDITORY PRIVACY ..... 1    2    3    8						
	G) Availability of medicines at the facility?	AVAILABLE MEDICINES ..... 1    2    3    8						
	H) The hours of services?	HOURS SERVICE ..... 1    2    3    8						
	I) Cleanliness of facility?	FACILITY CLEANLINESS .... 1    2    3    8						
	J) How staff treated you?	HOW TREATED ... 1    2    3    8						
	K) Any problem today which I did not mention?	_____ ..... 1    2    3    8 (specify)						
203	Are you a part of 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?	YES..... 1 NO..... 2						

Financing of health services (203-204)

As a simple means of identifying whether out-of-pocket payment for the facility being assessed is relevant for client utilization, the participation of the client in any program that may have decreased the out-of-pocket payment for this visit, and the total amount of money paid out-of-pocket for this visit, are determined. If this information indicates that cost may be a factor influencing utilization of the service, a detailed module may be required for subsequent follow-up.

Prior use (205)

Prior exposure to the facility may influence responses to the client satisfaction questions. This will be considered when analyzing the responses.

**PERSONAL CHARACTERISTICS OF CLIENT**

These questions are asked to provide background information on characteristics of the respondents that might influence their responses.

Age and education level both may affect experience, understanding, and knowledge related to use of health services, signs and symptoms of illness, and comfort level in interacting with the providers and the interviewers.

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
204	What is the total amount for all staff, services, or treatments which you paid for services today? Please include any money you paid for staff services, laboratory tests, or medicines you received.	TOTAL AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PAID NO MONEY ..... 000000 DON'T KNOW ..... 999998	
205	Have you ever visited this facility before?(either as a patient or visiting or accompanying a patient?)	YES..... 1 NO..... 2	

### Section 3. Personal Characteristics of Client

301	How old were you at your last birthday?	AGE IN YEARS..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
302	Have you ever attended school?	YES..... 1 NO..... 2	→306
303	What is the highest level of school you attended?*	PRIMARY..... 1 MIDDLE ..... 2 SECONDARY ..... 3 HIGHER..... 4	
304	What is the highest grade you completed at that level?	GRADE ..... <input type="text"/> <input type="text"/>	
305	TIME INTERVIEW ENDED.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
306	<b>INTERVIEWER COMMENTS</b>		

