

# THE DHS PROGRAM SERVICE PROVISION ASSESSMENT SURVEY

## OBSERVATION OF ANC CONSULTATION

### 1. Facility Identification

	QTYPE <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">O</td> <td style="width: 20px; height: 20px; text-align: center;">A</td> <td style="width: 20px; height: 20px; text-align: center;">N</td> </tr> </table>	O	A	N		
O	A	N				
FACILITY NUMBER. ....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM] .....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
CLIENT CODE [FROM CLIENT LISTING FORM] .....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					

### 2. Provider Information

<u>Provider Qualification Category (COUNTRY SPECIFIC):</u> PROVIDER TYPE 1 ..... 01 PROVIDER TYPE 2 ..... 02 PROVIDER TYPE 3 ..... 03 PROVIDER TYPE 4 ..... 04 PROVIDER TYPE 5 ..... 05 PROVIDER TYPE 6 ..... 07 PROVIDER TYPE 7 ..... 08 PROVIDER TYPE 8 ..... 09 OTHER ..... 96	PROVIDER CATEGORY <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
SEX OF PROVIDER: (1=Male; 2=Female)	SEX OF PROVIDER ..... <table border="1" style="display: inline-table; border-collapse: collapse; width: 20px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>		

### 3. Information About Observation

Date: .....  Name of the observer: _____	DAY ..... <table border="1" style="display: inline-table; border-collapse: collapse;"> <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; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> YEAR ..... <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px;"></td> </tr> </table> OBSERVER CODE ..... <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					2	0	2				
2	0	2										

#### 4. Observation of Antenatal-Care Consultation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
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BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.

	<p><b>READ TO PROVIDER:</b> Hello. I am [OBSERVER]. I am representing the [IMPLEMENTING ORG]                  We are conducting a study of health facilities in [COUNTRY] with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how ANC services are provided in this facility.</p> <p>Information from this observation is confidential. Neither your name nor that of the client will be recorded. The information acquired during this observation may be used by the MOH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database.</p> <p>Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation.</p> <p>Do I have your permission to be present at this consultation?</p> <p>_____</p> <p>Interviewer's signature (Indicates respondent's willingness to participate)</p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> </tr> <tr> <td style="text-align: center; font-size: 8px;">DAY</td> <td style="text-align: center; font-size: 8px;">MONTH</td> <td colspan="3" style="text-align: center; font-size: 8px;">YEAR</td> </tr> </table>			2	0	2	DAY	MONTH	YEAR			
		2	0	2									
DAY	MONTH	YEAR											
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES ..... 1 NO ..... 2	→ END										

	<p><b>READ TO CLIENT:</b> Hello, I am _____. I am representing the [IMPLEMENTING ORG]                  We are conducting a study of health services in [COUNTRY]. I would like to be present while you are receiving services today in order to understand how ANC services are provided in this facility.</p> <p>We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, 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.</p> <p>Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me.</p> <p>After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time? Do I have your permission to be present at this consultation?</p> <p>_____</p> <p>Interviewer's signature (Indicates respondent's willingness to participate)</p>						
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES ..... 1 NO ..... 2	→ END				
102	RECORD THE TIME THE OBSERVATION STARTED ..... USE 24 HOURS FORMAT	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES ..... 1 NO ..... 2					

NO.	QUESTION / OBSERVATIONS	CODES
<b>FOR EACH OF THE GROUPS THAT FOLLOW, CIRCLE ANY ACTION TAKEN BY THE PROVIDER OR THE CLIENT. IF NO ACTION IN THE GROUP IS OBSERVED, CIRCLE "Y" FOR EACH GROUP AT THE END OF THE OBSERVATION.</b>		

### CLIENT HISTORY

104	RECORD WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT MENTIONED ANY OF THE FOLLOWING FACTS:	
01	Client's age	A
02	Medications the client is taking	B
03	Date client's last menstrual period began	C
04	Number of prior pregnancies client has had	D
05	None of the above	Y

### ASPECTS OF PRIOR PREGNANCIES

105	RECORD WHETHER THE PROVIDER OR THE CLIENT DISCUSSED ANY OF THE FOLLOWING ASPECTS OF THE CLIENT'S PRIOR PREGNANCIES:	
01	Prior stillbirth(s)	A
02	Infant(s) who died in the first week of life	B
03	Heavy bleeding, during or after delivery	C
04	Previous assisted delivery (caesarean section, ventouse/vacuum, or forceps)	D
05	Previous spontaneous abortions	E
06	Previous multiple pregnancies	F
07	Previous prolonged labor	G
08	Previous pregnancy-induced hypertension	H
09	Previous pregnancy related convulsions	I
10	High fever or infection during prior pregnancy/pregnancies	J
11	None of the above	Y

### DANGER SIGNS OF CURRENT PREGNANCY

106	IN <b>COLUMN A</b> , RECORD WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT MENTIONED ANY OF THE FOLLOWING FOR CURRENT PREGNANCY. IN <b>COLUMN B</b> , RECORD WHETHER THE PROVIDER COUNSELLED ON THE DANGER SIGNS	(A) PROVIDER ASKED ABOUT OR CLIENT MENTIONED	(B) PROVIDER COUNSELLED
01	Vaginal bleeding	A	A
02	Fever	B	B
03	Headache or blurred vision	C	C
04	Swollen face or hands or extremities	D	D
05	Tiredness or breathlessness	E	E
06	Fetal movement (loss of, excessive, normal)	F	F
07	Cough or difficulty breathing for 3 weeks or longer	G	G
08	Any other symptoms or problems the client thinks might be related to this pregnancy	H	H
09	None of the above	Y	Y

NO.	QUESTION / OBSERVATIONS	CODES
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### PHYSICAL EXAMINATION

107	RECORD WHETHER THE PROVIDER PERFORMED THE FOLLOWING PROCEDURES:	
01	Take the client's blood pressure	A
02	Weigh the client	B
03	Examine conjunctiva/palms for anemia	C
04	Examine legs/feet/hands for edema	D
05	Examine for swollen glands or lymphnodes	E
06	Palpate the client's abdomen for fetal presentation	F
07	Palpate the client's abdomen for fundal height	G
08	Listen to the client's abdomen for fetal heartbeat	H
09	Conduct an ultrasound/refer client for ultrasound/look at recent ultrasound report	I
10	Examine the client's breasts	J
11	Conduct vaginal examination/exam of perineal area	K
12	Measure fundal height using tape measure	L
13	None of the above	Y

### ROUTINE TESTS

108	RECORD WHETHER THE PROVIDER A) ASKED ABOUT, B) PERFORMED OR, C) REFERRED THE CLIENT FOR THE FOLLOWING TESTS	(A) PROVIDER ASKED	(B) PROVIDER PERFORMED	(C) PROVIDER REFERRED	(D) NO ACTION TAKEN
01	Hemoglobin test	A	B	C	Y
02	Blood grouping	A	B	C	Y
03	Any urine test	A	B	C	Y
04	Syphilis test	A	B	C	Y

### HIV TESTING AND COUNSELLING

109	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING:	
01	Asked if the client knew her HIV status	A
02	Provide counseling related to HIV test	B
03	Refer for counseling related to HIV test	C
04	Perform HIV test	D
05	Refer for HIV test	E
06	None of the above	Y

NO.	QUESTION / OBSERVATIONS	CODES
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### MAINTAINING A HEALTHY PREGNANCY

110	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING ADVICE OR COUNSEL ABOUT PREPARATIONS	
01	Discussed nutrition (i.e., quantity or quality of food to eat) during the pregnancy	A
02	Informed the client about the progress of the pregnancy	B
03	Discussed the importance of at least 4 ANC visits	C
04	None of the above	Y

### IRON/ FOLATE SUPPLEMENTATION

111	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENT OR COUNSELLING:	
01	Prescribed or gave iron pills or folic acid or both	A
02	Explained the purpose of iron or folic acid	B
03	Explained how to take iron or folic-acid pills	C
04	Explained side effects of iron or folic-acid pills	D
05	None of the above	Y

### TETANUS TOXOID INJECTION

112	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENT OR COUNSELLING:	
01	Prescribed or gave a tetanus toxoid (TT) injection	A
02	Explained the purpose of the TT injection	B
03	None of the above	Y

### DEWORMING

113	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENTS	
01	Prescribed or gave Mebendazole	A
02	Explained the purpose of Mebendazole	B
03	None of the above	Y

### MALARIA

114	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENT OR COUNSELLING:	
01	Gave malaria prophylaxis medicine (SP) to client during the consultation	A
02	Prescribed malaria prophylaxis medicine (SP) to client to obtain elsewhere	B
03	Explained the purpose of the preventive treatment with anti-malaria medicine	C
04	Explained how to take the anti-malaria medicine	D
05	Explained possible side effects of the anti-malaria medicine	E
06	Provided ITN to client as part of consultation or instructed client where to obtain ITN	F
07	Explicitly explained importance of using ITN to client	G
	<b>DIRECT OBSERVATION:</b>	
08	Dose of IPT is taken in presence of provider (DOT) as part of consultation	H
09	Importance of further doses of IPT explained	I
10	None of the above	Y

### PREPARATION FOR DELIVERY

115	RECORD WHETHER THE PROVIDER ADVISED OR COUNSELLED ABOUT DELIVERY IN ANY OF THE FOLLOWING WAYS:	
01	Asked the client where she will deliver	A
02	Advised the client to prepare for delivery (e.g. set aside money, arrange for emergency transportation)	B
03	Advised the client to use a skilled health worker for delivery	C
04	Advise the client what items to have in hands in case of emergency and it's importance (e.g., blade)	D
05	None of the above	Y

NO.	QUESTION / OBSERVATIONS	CODES
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### NEWBORN AND POSTPARTUM RECOMMENDATIONS

116	RECORD WHETHER THE PROVIDER ADVISED OR COUNSELLED ABOUT NEWBORN OR POSTPARTUM CARE IN ANY OF THE FOLLOWING WAYS:	
01	Discussed care for the newborn (i.e., warmth, hygiene and cord care)	A
02	Discussed early initiation and prolonged breastfeeding	B
03	Discussed exclusive breastfeeding	C
04	Discussed importance of vaccination for the newborn	D
05	Discussed family planning options for after delivery	E
06	None of the above	Y

### OVERALL OBSERVATIONS OF INTERACTION

117	RECORD WHETHER THE PROVIDER ASKED IF THE CLIENT HAD ANY QUESTIONS AND ENCOURAGED QUESTIONS.	YES, ASKED QUESTIONS. . . . . 1 NO, DID NOT ASK QUESTIONS. . . . . 2	
118	RECORD WHETHER THE PROVIDER USED ANY VISUAL AIDS FOR HEALTH EDUCATION OR COUNSELLING DURING THE CONSULTATION.	YES, USED VISUAL AIDS. . . . . 1 NO AIDS USED. . . . . 2	
119	RECORD WHETHER THE PROVIDER LOOKED AT THE CLIENT'S ANC CARD (EITHER BEFORE BEGINNING THE EXAM, WHILE COLLECTING INFORMATION OR EXAMINING THE CLIENT).	YES, LOOKED AT CARD. . . . . 1 NO, DID NOT LOOK AT CARD. . . . . 2 NO HEALTH CARD USED. . . . . 3	→ 121
120	RECORD WHETHER THE PROVIDER WROTE ON THE CLIENT'S HEALTH CARD.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8	
121	RECORD THE OUTCOME OF THE CONSULTATION.  [RECORD THE OUTCOME AT THE TIME THE OBSERVATION CONCLUDED]	CLIENT GOES HOME. . . . . 1 CLIENT REFERRED (TO LAB OR OTHER PROVIDER) AT SAME FACILITY. . . . . 2 CLIENT ADMITTED TO SAME FACILITY. . . . . 3 CLIENT REFERRED TO OTHER FACILITY. . . . . 4	

### QUESTIONS TO ANC PROVIDER

ASK THE PROVIDER THE FOLLOWING QUESTIONS AND VERIFY IN THE ANC REGISTER OR ON CLIENT'S ANC CARD			
122	How many weeks pregnant is the client?	WEEKS OF PREGNANCY . . . . . <input type="text"/> <input type="text"/>	
123	Is this the client's 1st, 2nd, 3rd, 4th or 5th visit for antenatal care <b>at this facility for this pregnancy?</b>	FIRST VISIT. . . . . 1 SECOND VISIT. . . . . 2 THIRD VISIT. . . . . 3 FOURTH VISIT. . . . . 4 FIFTH OR MORE VISIT. . . . . 5 DON'T KNOW. . . . . 8	
124	Has the client had a previous pregnancy, regardless of the duration or outcome of that pregnancy, or is this the client's first pregnancy?	FIRST PREGNANCY. . . . . 1 NOT FIRST PREGNANCY. . . . . 2 DON'T KNOW. . . . . 8	
125	RECORD THE TIME THE OBSERVATION ENDED. . . . .	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
<b>Observer's comments:</b>			