

**THE DHS PROGRAM SERVICE PROVISION ASSESSMENT**

**EARLY POSTNATAL CLIENT EXIT INTERVIEW**

**FACILITY IDENTIFICATION**

QTYPE ..... **E P C**

FACILITY NUMBER .....

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

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

**INFORMATION ABOUT INTERVIEW**

DATE ..... DAY .....

MONTH .....

YEAR ..... **2 0 2**

INTERVIEWER'S NAME: \_\_\_\_\_ INTERVIEWER'S NUMBER .....

LANGUAGE OF QUESTIONNAIRE\*\*  LANGUAGE OF INTERVIEW\*\*  NATIVE LANGUAGE OF RESPONDENT\*\*  TRANSLATOR USED (YES = 1, NO = 2)

LANGUAGE OF QUESTIONNAIRE\*\* **ENGLISH** \*\*LANGUAGE CODES:  
01 ENGLISH 03 LANGUAGE 05 LANGUAGE  
02 LANGUAGE 04 LANGUAGE 06 LANGUAGE

TEAM  NUMBER

TEAM SUPERVISOR \_\_\_\_\_ NAME  NUMBER

# THE DHS PROGRAM SERVICE PROVISION ASSESSMENT

## EARLY POSTNATAL CARE EXIT INTERVIEW

### 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								
101	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>									
102	Did you plan to deliver your baby in this facility?	YES ..... 1 NO, HAD PROBLEM DURING DELIVERY AT HOME ..... 2 NO, CAME AFTER A DELIVERY AT HOME ..... 3 NO, OTHER REASON ..... 4	→ 106								
103	Did you plan to deliver your baby at another health facility?	YES ..... 1 NO ..... 2	→ 105								
104	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 ..... 01 LOCATION (ACCESS OR TRANSPORTATION) ..... 02 DELIVERING AT FACILITY IS UNECESSARY 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 FACILITY ..... 08 OTHERS MADE THE DECISION FOR ME ..... 09 OTHER ..... 96 DON'T KNOW ..... 98	→ 106								
105	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 ..... 01 LOCATION (ACCESS OR TRANSPORTATION) ..... 02 BAD REPUTATION ..... 03 BAD PREVIOUS EXPERIENCE AT THIS FACILITY ..... 04 FACILITY DOES NOT HAVE MEDICINE ..... 05 PREFERS REMAIN ANONYMOUS ..... 06 IT IS MORE EXPENSIVE ..... 07 WAS REFERRED TO OTHER FACILITY ..... 08 OTHER ..... 96 DON'T KNOW ..... 98									
106	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>									
107	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
108	<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 outside of 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 → 108b	1	2	
	2) During childbirth	1 → B	2 → 108c	1	2	
	3) After birth until the time of discharge	1 → B	2 → 109	1	2	
109	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			
110	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			
111	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			→ 201
112	<p>What topics did the provider talk with you about?</p> <p>READ EACH TOPIC AND RECORD THE CLIENT'S ANSWER</p>					
	a) Using family planning after the birth of your baby to prevent unwanted pregnancy or to space your next birth	a) USING FAMILY PLANNING AFTER THE BIRTH ..	1	YES	NO	
				2		
	b) Exclusive breastfeeding, that is not giving your baby any fluids or food in addition to breast milk	b) EXCLUSIVE BREASTFEEDING .....	1			
				2		
	c) Where to access breastfeeding support in the community	c) ACCESS BREASTFEEDING SUPPORT .....	1			
				2		
	d) Signs that the baby has had enough to eat	d) SIGNS ENOUGH TO EAT .....	1			
				2		
	e) Signs that the baby is hungry	e) SIGNS THAT THE BABY IS HUNGRY .....	1			
				2		
	f) Dangers of using feeding bottles, teats, and pacifiers	f) DANGERS OF BOTTLES, TEATS, PACIFIERS .....	1			
				2		
	g) Nutrition, or what is good for you to be eating after having your baby	g) NUTRITION FOR YOU .....	1			
				2		
	h) The importance of taking iron folic acid tablets after having your baby	h) FOLIC ACID TABLETS AFTER BIRTH .....	1			
				2		
	i) What to do if you feel sad or depressed after giving birth	i) WHAT TO DO IF SAD OR DEPRESSED .....	1			
				2		
	j) Signs and symptoms for mother to check for which you must immediately come back to the facility	j) CHECK SIGNS/SYMPOMS FOR MOTHER .....	1			
				2		
	k) Signs and symptoms for the baby to check for which you must immediately bring the baby back	k) CHECK SIGNS/SYMPOMS FOR BABY .....	1			
				2		
	l) Registering the birth of your baby	l) REGISTERING THE BIRTH .....	1			
				2		
	m) Vaccinating your baby	m) VACCINATING YOUR BABY .....	1			
				2		
	n) How to engage and play with your baby	n) ENGAGE AND PLAY WITH YOUR BABY .....	1			
				2		
	o) When to visit a health facility to check the health for you and the baby after discharge	o) WHEN TO VISIT A HEALTH FACILITY TO CHECK .....	1			
				2		

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
<b>2. DELIVERY EXPERIENCE OF CARE</b>			
NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
	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.		
201	Did the doctors, nurses or other healthcare providers call you by your name?  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	
202	Did the doctors, nurses or other staff treat 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	
203	Did the doctors, nurses or other staff at the facility treat 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	
204	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?  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	
205	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 this was 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	
206	Did the doctors, nurses or other staff at the facility ask your permission/consent before doing examinations and procedures on you?  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	
207	During the delivery, did you feel like you were able to be in the position of your choice?  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	
208	Did the doctors and nurses explain to you why they were carrying out examinations or procedures?  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	
209	Did the doctors and nurses explain to you why they were giving you any medicine?  IF YES, PROBE: Would you say this was all the time, most of the time, or a few times?  IF CLIENT SAYS THEY DID NOT RECEIVE ANY MEDICINE: 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	
210	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 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
211	<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 REMEMBER ..... 8</p>	
212	<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 REMEMBER ..... 8</p>	
213	<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 REMEMBER ..... 8</p>	
214	<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 REMEMBER ..... 8</p>	
215	<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>	
216	<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>	
217	<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>	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
<b>3. ACCESS TO CARE</b>			
NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
	Thank you for answering my questions about your delivery experience. 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 today, and if so, whether they were <b>major</b> or <b>minor</b> problems for you.		
301	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	
302	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	
303	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	
304	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	
305	Is this the closest health facility to your home?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 401  → 401
306	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 DON'T KNOW ..... 98	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
<b>4. DELIVERY CLIENT PERSONAL CHARACTERISTICS</b>			
NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
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 <b>(FN1)</b>	What is the highest level of school you attended: primary, secondary or higher? [COUNTRY SPECIFIC]	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3	
404	How many times have you given birth, before this delivery?  IF NONE WRITE 00.  PROBE: PLEASE INCLUDE STILLBIRTHS OR ANY CHILDREN WHO WERE BORN ALIVE BUT LATER DIED.	NUMBER OF BIRTHS ..... <input type="text"/> <input type="text"/>	
405	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A MAN ..... 2 NO, NOT IN UNION ..... 3	
406	RECORD THE TIME THE INTERVIEW ENDED	HOURS ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
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>			



EARLY POSTNATAL CLIENT EXIT INTERVIEW: FOOTNOTES

(FN1) Revise according to the local educational system