



|   |  | Cover F                               | Page .  |          |
|---|--|---------------------------------------|---|----------|
| A1: Facility name                                   |  |                                       | A2: Facility number   |          |
|   |  |                                       |   |          |
| A3: Observer number                                 |  |                                       | A4: Today's date<br>(day/month/year)  |          |
|   |  |                                       | (day/month/year)  |          |
| PERSON IS NOT A NEW RESPONDED                       | NT, PROCEED TO A5. BEF<br>NT. ALSO MAKE SURE THA | ORE OBSERVING TH<br>AT THE PROVIDER H | A NEW RESPONDENT, OBTAIN INFORMED CONSENT BELOW. IF<br>IE CONSULTATION, MAKE SURE TO OBTAIN PERMISSION FROM<br>NOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, A  | BOTH THE |
| READ ORAL CONSENT SCRIPT TO H                       | HEALTH WORKER.                                   |                                       |   |          |
| A5: Ask health worker Do I have                     | your permission to be pr                         | resent at this cons                   | ultation?   |          |
| $\square$ Yes, consent is given $\rightarrow$ go to | o A6   |                                       |   |          |
| $\square$ No, consent is not given $\rightarrow$ o  | bservation of this health                        | n worker must <u>EN</u>               | extstyle 	e | ation.   |
| A6: Health worker line number (from staff listing)  |  |                                       | A7: Sex of health worker  |          |
| (Hom start listing)                                 |  |                                       | Male  | 1        |
|   |  |                                       | Female  | 2        |
| A8: Health worker category                          | Category 1                                       | 1                                     |   |          |
|   | Category 2                                       | 2                                     |   |          |
|   |  | 3                                     |   |          |
|   |  | 4                                     |   |          |
|   |  | 5                                     |   |          |
|   |  | 6                                     |   |          |
|   |  | 7                                     |   |          |
|   |  | 8                                     |   |          |
|   |  | 9                                     |   |          |
|   |  | 10                                    |   |          |
| READ ORAL CONSENT SCRIPT TO C                       | CLIENT.  |                                       |   |          |
| A9: Ask client Do I have your per                   | rmission to be present w                         | hile you are receiv                   | ing services today?   |          |
| $\square$ Yes, consent is given $\rightarrow$ go to | A11  |                                       |   |          |
| $\square$ No, consent is not given $\rightarrow$ o  | bservation of this client                        | must <u>END;</u> if avai              | lable, approach another client for participation.   |          |
| A11: Client code                                    |  |                                       | Start client code at 1 for each new facility visited.   |          |





| Section 1: Introduction and History Ta   | king |    |     |                  |
|--|------|----|-----|------------------|
| RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATION                         |      |    |     |                  |
| Record the time that ANC consultation started  |      |    |     |                  |
| Question   | Yes  | No | DK  | Go to            |
| A100: Did the health worker greet the client (and others present) in a friendly and                    | 1    | 0  | 8   |                  |
| respectful manner?   |      |    |     |                  |
| A101: Did the health worker introduce her/himself and title (midwife, nurse, etc.)                     | 1    | 0  | 8   |                  |
| A102: Did the health worker call the client by her appropriate name or appropriate                     | 1    | 0  | 8   |                  |
| title? A103: Did the health worker ask about or the client mention any of the following facts?         |      |    |     |                  |
| 01) Client's age   | 1    | 0  | 8   |                  |
| 02) Medication the client is taking  | 1    | 0  | 8   |                  |
| 03) Date that client's last menstrual period began   | 1    | 0  | 8   |                  |
| ,  | 1    | 0  | 8   |                  |
| 04) Prior pregnancies A104: Number of prior pregnancies (Observer: listen and record woman's number of | 1    | U  | 0   | No prior         |
| prior pregnancies; enter 0 if no previous pregnancies, enter 98 if number not mentioned)               |      |    |     | pregnancies→A106 |
| A105: Did the health worker or client discuss any of the following complications for prior             |      |    |     | programoros      |
| pregnancies?   |      |    |     |                  |
| 01) Heavy bleeding during or after delivery  | 1    | 0  | 8   |                  |
| 02) Anemia   | 1    | 0  | 8   |                  |
| 03) High blood pressure  | 1    | 0  | 8   |                  |
| 04) Convulsions  | 1    | 0  | 8   |                  |
| 05) Multiple pregnancies (twins or above)  | 1    | 0  | 8   |                  |
| 06) Prolonged labour   | 1    | 0  | 8   |                  |
| 07) C-section  | 1    | 0  | 8   |                  |
| 08) Assisted delivery (forceps, ventouse)  | 1    | 0  | 8   |                  |
| 09) Prior neonatal death (death of baby less than 1 month old)   | 1    | 0  | 8   |                  |
| 10) Prior stillbirth (baby born dead that does not breathe or cry)                                     | 1    | 0  | 8   |                  |
| 11) Prior abortion/miscarriage (loss of pregnancy)   | 1    | 0  | 8   |                  |
| A106: Did the health worker ask about or the client mention any of the following for                   |      |    |     |                  |
| current pregnancy?   |      | 0  | 0   |                  |
| 01) Vaginal bleeding 02) Fever   | 1    | 0  | 8   |                  |
| 03) Headaches or blurred vision  | 1    | 0  | 8   |                  |
| ,  | 1    | 0  | 8   |                  |
| 04) Swollen face or hands 05) Convulsions or loss of consciousness                                     | 1    | 0  | 8   |                  |
|  |      | 0  |     |                  |
| 06) Severe difficulty breathing  | 1    |    | 8   |                  |
| 07) Persistent cough for 2 weeks or longer   | 1    | 0  | 8   |                  |
| 08) Severe abdominal pain  |      |    |     |                  |
| 09) Foul smelling discharge  | 1    | 0  | 8   |                  |
| 10) Frequent or painful urination  | 1    | 0  | 8   |                  |
| 11) Whether the client has felt a decrease or stop in fetal movement                                   | 1    | 0  | 8   |                  |
| 12) If there are any other problems the client is concerned about  END OF SECTION 1.                   | 1    | U  | . 8 |                  |





|          | Section 2: Tests and Treatments   |     |    |    |  |
|----------|---|-----|----|----|--|
| Questio  | n   | Yes | No | DK | Go to  |
| A107: Di | id the health worker wash his/her hands with soap or use alcohol hand rub prior   | 1   | 0  | 8  |  |
| to exami | nation?   |     |    |    |  |
| A108: Di | id the health worker perform any of the following procedures?   |     |    |    |  |
| 01)      | Weigh the client  | 1   | 0  | 8  |  |
| 02)      | Take the client's blood pressure  | 1   | 0  | 8  | No/DK $\rightarrow$ A108_03                    |
|          | 02a) Take client's blood pressure in sitting or lateral position  | 1   | 0  | 8  |  |
|          | 02b) Take blood pressure with arm at heart level  | 1   | 0  | 8  |  |
| 03)      | Examine hands for edema   | 1   | 0  | 8  |  |
|          | Perform or refer for urine test   | 1   | 0  | 8  | No/DK→A108_05                                  |
| ,        | 04a) Test for proteinuria   | 1   | 0  | 8  | _  |
|          | 04b) Test for bacteriuria   | 1   | 0  | 8  |  |
|          | 04c) Test for glucose   | 1   | 0  | 8  |  |
| 05)      | Check for signs of anemia   | 1   | 0  | 8  |  |
|          | Perform or refer for anemia test  | 1   | 0  | 8  |  |
|          | Palpate the client's abdomen for uterine height   | 1   | 0  | 8  |  |
|          | Listen to the client's abdomen for fetal heartbeat  |     |    | 8  |  |
| /        |   | 1   | 0  |    |  |
|          | Perform or refer for a syphilis test  | 1   | 0  | 8  |  |
|          | id the health worker ask about or the client mention her HIV status?  | 1   | 0  | 8  |  |
|          | id the health worker perform, inquire about, or refer for an HIV test?  | 1   | 0  | 8  |  |
|          | client HIV positive? (Observer: listen and record answer, circle Don't Know if tus is unknown or status is not discussed) | 1   | 0  | 8  |  |
|          | id the health worker provide any counseling on HIV/PMTCT?   | 1   | 0  | 8  | No/DK→A114                                     |
|          | id the health worker provide counseling on the following HIV/PMTCT topics?  | 1   | U  | O  | NO/DIC /III4                                   |
|          |   | 1   | 0  | 8  |  |
|          | Explain the purpose of ARV prophylaxis  |     |    |    |  |
|          | Explains when to collect NVP  | 1   | 0  | 8  |  |
| ,        | Explains when to take NVP at the onset of labour  | 1   | 0  | 8  |  |
| 04)      | Explains how to take AZT at 14 weeks  | 1   | 0  | 8  |  |
| 05)      | Explains the advantages and side effects of ART   | 1   | 0  | 8  |  |
| 06)      | Explains feeding options for exposed babies   | 1   | 0  | 8  |  |
|          | Explains about importance of bringing exposed infant back for testing   | 1   | 0  | 8  |  |
|          | id the health worker refer woman to CTC?  | 1   | 0  | 8  |  |
|          | id the health worker give the client any of the following treatments?   |     |    |    |  |
| 01)      | Prescribed iron or folic acid (IFA) or both   | 1   | 0  | 8  |  |
| 02)      | Gave supply of iron or folic acid (IFA) or both   | 1   | 0  | 8  | If A115_01 AND<br>A115_02 are<br>No/DK→A115_06 |
| 03)      | Explained the purpose of iron or folic acid   | 1   | 0  | 8  |  |
|          | Explained how to take iron or folic acid pills/syrup  | 1   | 0  | 8  |  |
| 05)      | Explained side effects of iron or folic acid  | 1   | 0  | 8  |  |
| 06)      | Prescribed or gave a tetanus toxoid (TT) injection  | 1   | 0  | 8  | No/DK→A115_08                                  |
| 07)      | Explained the purpose of the TT injection   | 1   | 0  | 8  |  |
| 08)      | Prescribed or gave anti-malarial prophylaxis (SP for IPT)   | 1   | 0  | 8  | No/DK→A115_12                                  |
| 09)      | Explained the purpose of the preventative treatment with anti-malarial medication   | 1   | 0  | 8  | 10/11/1/11/0_12                                |
| 10)      | Explained how to take the anti-malarial medication  | 1   | 0  | 8  |  |
| 11)      | Explained side effects of anti-malarial medication  | 1   | 0  | 8  |  |
| 12)      | Gave voucher for ITN or gave free ITN, or ITN already purchased by client   | 1   | 0  | 8  |  |
|          | Importance of using ITN explained explicitly  | 1   | 0  | 8  |  |
| 13)      |   |     |    |    | No/DIZ A110                                    |
| 14)      | Prescribed or gave deworming medication   | 1   | 0  | 8  | No/DK→A116                                     |
| 15)      | Explained the purpose of deworming  | 1   | 0  | 8  |  |
| 16)      | Explained how to take deworming medication  | 1   | 0  | 8  |  |
| 17)      | Explained side effects of deworming medication  END OF SECTION 2  | 1   | 0  | 8  |  |





| Section 3: Counseling and Outcom  | ne   |    |    |       |
|---|------|----|----|-------|
| Question  | Yes  | No | DK | Go to |
| A116: Did the health worker inform the client about the progress of the pregnancy?  | 1    | 0  | 8  |       |
| A117: Did the health worker counsel the client in any of the following reasons to seek immediate medical care?  |      |    |    |       |
| 01) Seek immediate care if she has vaginal bleeding   | 1    | 0  | 8  |       |
| 02) If she has convulsions  | 1    | 0  | 8  |       |
| 03) If she has severe headaches with blurred vision   | 1    | 0  | 8  |       |
| 04) If she has fever and is too weak to get out of bed  | 1    | 0  | 8  |       |
| 05) If she has severe abdominal pain  | 1    | 0  | 8  |       |
| 06) If she has fast or difficult breathing  | 1    | 0  | 8  |       |
| A118: Did the health worker counsel the client in any of the following ways about birth preparation?  |      |    |    |       |
| 01) Asked the client where she will deliver   | 1    | 0  | 8  |       |
| 02) Advised the client to prepare for delivery (e.g. set aside money, arrange for emergency transportation)   | 1    | 0  | 8  |       |
| 03) Advised the client to use a skilled health worker during delivery   | 1    | 0  | 8  |       |
| 04) Discussed with client what items to have on hand at home for emergencies (e.g. sterile blade)   | 1    | 0  | 8  |       |
| A119: Did the health worker discuss nutrition and healthy eating during pregnancy?  | 1    | 0  | 8  |       |
| A120: Did the health worker discuss breastfeeding?  | 1    | 0  | 8  |       |
| A121: Did the health worker discuss family planning for use after delivery?   | 1    | 0  | 8  |       |
| A122: Did the health worker counsel on when to return for next visit?   | 1    | 0  | 8  |       |
| A123: Did the health worker ask whether the client had any questions?   | 1    | 0  | 8  |       |
| A124: Did the health worker use any visual aids for health education or counseling during the consultation?   | 1    | 0  | 8  |       |
| A125: Did the health worker speak using easy-to-understand language for the client?   | 1    | 0  | 8  |       |
| A126: Did the health worker look at the client's health card/booklet, either before beginning the consultation or while collecting information or examining the client (Observer: choose DK if no card/booklet) | 1    | 0  | 8  |       |
| A127: Did the health worker write on the client's health card? (Observer: choose DK if no card/booklet)  Record the time ANC consultation ended   | 1    | 0  | 8  |       |
|   |      |    |    |       |
| REMEMBER TO THANK CLIENT FOR THEIR PARTICIPATION IN THE STUDY   |      |    |    |       |
| AT THE END OF THE CONSULTATION, ASK THE HEALTH WORKER THE FOLLOWING QUESTIONS:  | ı    |    |    |       |
| A128: Ask the health worker how many weeks pregnant the client is (Observer: enter 98 for Don't Know)   | Codo |    |    |       |
| Question  | Code |    |    |       |
| A129: Ask the health worker whether this is the client's 1st, 2nd, 3rd, 4th, or 5th visit for antenatal care at this facility for this pregnancy  | 1    |    |    |       |
| • First visit   | 1    |    |    |       |
| • Second visit  | 2    |    |    |       |
| • Third visit   | 3    |    |    |       |
| • Fourth visit  | 4    |    |    |       |
| • Fifth or more visit   | 5    |    |    |       |
| A130: Ask the health worker whether this is a referral visit or a routine ANC visit   | -    |    |    |       |
| Referral visit  | 1    |    |    |       |
| • Routine visit A131: Ask the health worker whether this is the client's first pregnancy (Observer: circle  | 2    |    |    |       |
| that the answer to $A104\_4$ agrees with the answer to this question)  • Yes, first pregnancy   | 1    |    |    |       |
| • No  | 2    |    |    |       |
| A132: Record the outcome of the consultation (what happened at the time the observation concluded)  |      |    |    |       |
| Client goes home  | 1    |    |    | →A134 |
| Client referred (same facility)   | 2    |    |    |       |
| Client admitted (same facility)   | 3    |    |    |       |
| Client referred to other facility   | 4    |    |    |       |
| Don't Know  | 8    |    |    | →A134 |
|   |      |    |    |       |
| Page 4 of 5   |      |    |    |       |





| FND OF ANCI OPERIVATION  |
|--|
| REMEMBER TO THANK PROVIDER FOR THEIR PARTICIPATION IN THE STUDY                        |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| A134: Please comment on the quality of care provided:                                  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| A133: If client was admitted or referred, ask health worker what is client's diagnosis |
| A100 TC 1: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |