Observation of Interaction between Provider and Client at ANC/PNC

Project Title: Understanding opportunities and challenges of delivering maternal, infant and young child nutrition (MIYCN) services in urban maternal, newborn, and child health (MNCH) facilities in Dhaka City, Bangladesh

Q001-003 SHOULD BE FILLED BY THE DATA COLLECTION TEAM PRIOR TO THE OBSERVATION.				
FACILITY INFORMATION				
001	FACILITY CODE:	___/____/_____/		
002	UNIT CODE:	___/_____/		
003	TYPE OF FACILITY CODE:	___/_____/		
PROVIDER INFORMATION				
004	PROVIDER CODE:	___/ ___/		
	PROVIDER TYPE		Code	Remarks
		☐ Facility manager	1	
		☐ Doctor	2	
		☐ Nurse	3	
		☐ Midwife	4	
		☐ Other, (specify) _____	5	
005	SEX OF PROVIDER	☐ MALE	1	
		☐ FEMALE	2	
OBSERVATION INFORMATION				
006	DATE: Day ___/___/ Month ___/___/ Year ___/_____/___/_____/			
007	OBSERVER CODE ___/_____/			

4A.01	Observation Starting time:	_____ (HH:MM(24 hours)		
4A.02	Observation End time:	_____ (HH:MM(24 hours)		
4A.03	**Information of Pregnant Women**			
4A.03.1	No. of ANC Visit: *(Tick the appropriate box)*	☐ 1st Visit	1	
		☐ 2nd Visit	2	

		☐ 3rd Visit	3	
		☐ 4th Visit	4	
		☐ >4th Visit	5	
		☐ Not applicable	9	
4A.03.2	Age of pregnant mother (in years):	☐☐Years		

4A04	**Information During Observation**		
Note: *Carefully observe the **ANC/PNC check-up session** conducted by the provider and put a (√) in the applicable box.*			
No.	**Observation Points**	**Responses**	**Code**
4A04.1	Does the facility have space dedicated for nutrition counseling?	☐Yes	1
		☐ No	2
4A04.2	Does the health care provider **greet** the woman with respect and dignity?	☐Yes	1
		☐ No	2
4A04.3	Is the pregnant woman given any nutrition advice during ANC/PNC?	☐Yes	1
		☐ No	2
4A04.4	Does the health care provider, or another staff member, weigh and record the **WEIGHT** of the woman today?	☐Yes	1
		☐ No	2
4A04.5	Does the health care provider, or another staff member take weight according to recommended practices?	☐Yes	1
		☐ No	2

4A05	What ADVICE (S) does the health care provider provide to the woman today? Put a (√) in the applicable box		
4A05.1	To take more food	☐Yes	1

		☐ No	2
		☐ N/A	9
4A05.2	To take balanced and diverse diet	☐ Yes	1
		☐ No	2
		☐ N/A	9
4A05.3	To take animal source foods	☐ Yes	1
		☐ No	2
		☐ N/A	9
4A05.4	To take seasonal/available fruits	☐ Yes	1
		☐ No	2
		☐ N/A	9
4A05.5	To take green/coloured vegetables	☐ Yes	1
		☐ No	2
		☐ N/A	9
4A05.6	To drink more water	☐ Yes	1
		☐ No	2
		☐ N/A	9
4A05.7	To take iodized salt	☐ Yes	1
		☐ No	2
		☐ N/A	9

4A05.8	Told to visit for regular antenatal check-ups (ANC)/PNC check-ups	☐ Yes	1
		☐ No	2
		☐ N/A	9
4A05.9	Counseled to take routine iron and folic acid (IFA)	☐ Yes	1
		☐ No	2
		☐ N/A	9
4A05.10	Counseled about calcium tablet	☐ Yes	1
		☐ No	2
		☐ N/A	9
4A05.11	Told about the importance of exclusive breastfeeding for 6 months	☐ Yes	1
		☐ No	2
		☐ N/A	9
4A05.12	No prelacteals	☐ Yes	1
		☐ No	2
		☐ N/A	9
4A05.13	Initiation of breastfeeding within one hour	☐ Yes	1
		☐ No	2
		☐ N/A	9
4A05.14	Immunization	☐ Yes	1
		☐ No	2

		☐ N/A	9
4A.05.15	Provided IFA	☐ Yes	1
		☐ No	2
		☐ N/A	9
4A05.16	Provided calcium tablet	☐ Yes	1
		☐ No	2
		☐ N/A	9
4A05.17	Does the health care provider explain when to return for a follow-up visit?	☐ Yes	1
		☐ No	2
4A05.18	Does the health care provider thank the women after the ANC/PNC session?	☐ Yes	1
		☐ No	2
4A05.19	Does the delivery package include formula?	☐ Yes	1
		☐ No	2
		☐ N/A	9

*Please review the entire observation checklist for any **missing points**, fill up with (√) in appropriate box and finish the observation.*

Conclude the observation by thanking the client and health worker for participating in the observation.