

**Evaluation Report of the Proshanti Healthy Living  
Centre in Juri, Moulvibazar, Bangladesh  
February 2019**

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## **B. List of Acronyms**

AMTSL	AMTSL – Active Management of Third Stage of Labor
ANC	Antenatal Care
BMHS	Bangladesh Maternal Health Strategy
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CNCP	Comprehensive Newborn Care Package
DGFP	Directorate General of family Planning
EOC	Essential Obstetric Care
FGD	Focus Group Discussion
FP	Family Planning
GOB	Government of Bangladesh
LARC	Long Acting Reversible Contraceptives
MH	Maternal Health
NGO	Non-government Organization
PNC	Postnatal care
PM	Permanent Methods
PPFP	Postpartum Family Planning
SB	Still Birth
SBCC	Social Behavioral Change Communication
SOP	Standard Operating Procedure
ToR	Terms of References
UK	United Kingdom
UP	Union Parishad
USG	Ultrasonography
WHO	World Health Organization

### **C. Acknowledgement**

I want to express my appreciation to the beneficiaries and their family members, community members, pregnant women and Proshanti Midwives, including the Project Coordinator, for their cordial support throughout the evaluation process. I would also like to thank the clinic staff who have given their space for this service and assisted me in my evaluation. I am also grateful to the participants of the Focus Group Discussion (FGD) who provided me with an understanding of the situation and an overall impression of Proshanti and its challenges and opportunities to serve the underserved community of Juri Upazila. The views, recommendations, challenges provided in this report are entirely the views of the Consultant who performed this evaluation and not necessarily the views of Proshanti UK.

#### **D. Executive Summary**

Proshanti UK is working in Juri Upazila to develop the maternity care by providing better training of midwives so that more women can benefit from this service. Proshanti can expand its work to support and ensure a continuation of care for underserved pregnant women from hard to reach areas. The objective of the evaluation is to provide an overview of the successes and failures of the project, as well as its impact. The relevance, effectiveness and efficiency of project management and complementarity with other relevant projects at government, NGO and private levels in the area will also be assessed.

The methodology and design for the evaluation was developed by consultants with input from Proshanti UK, which includes data collection through a semi structured questionnaire and focus group discussions including data analysis.

People are well aware of Proshanti's work in serving the poor in the community. Though some could not fully recall postnatal care visits, they could recount details on antenatal care and delivery care. Proshanti provides quality services and supplementary food to ensure nutrition of pregnant women, but stakeholders felt that it badly needed an ambulance service, especially to treat high-risk and complicated cases. It is apparent that Proshanti has gained a positive reputation in the local community for their high-quality care.

Though Proshanti provides quality ANC and normal delivery services, trends are increasing compared to previous years, but updated knowledge is required to provide services to prevent complications such as still-births. Proshanti's midwives could benefit from updated knowledge about the Partograph and immediate newborn care. The proportion of CS deliveries is in alignment with the WHO standard. The Postpartum Family planning service data is not at all encouraging. Midwives do not have updated knowledge on PFP and require training on Family Planning Methods and PFP Counseling. There is mention of counseling components in each ANC visit but Proshanti's midwives do not have information and knowledge of this to a WHO standard.

Midwives are not prepared for emergency management and complications; they know how to fill up a Partograph but they are lacking updated information on filling this out. There is a lack of knowledge on the Active Management of the Third stage of Labor (AMTSL) and a lack of updated information on immediate management of newborn. Proshanti needs to expand its services to have increased coverage of hard to reach areas to provide good quality services. It can collaborate with private clinics where it is presently working, use that clinic space, manage assisted vaginal delivery, provide more SBCC materials and needs to think for future sustainability.

#### **E. Objective of the evaluation**

The objective of the evaluation is to provide an overview of the successes and failures and impact of the project over the last five years. This includes a qualitative description of services provided and the views of patients and other stakeholders. It is further to assess the relevance, effectiveness and efficiency of project management and complementarity with other relevant projects at government, NGO and private levels in the area.

#### **F. Methodology and approaches**

The methodology and design was developed by consultants with input from Proshanti UK. The evaluation was completed within a short period of time (from 15-17th February 2019). The approaches included:

1. Data collection done by interview through a semi structured questionnaire. Information was collected from beneficiaries, family and community members as well as informal observations during field visits.
2. Focus group discussions with key stakeholders.
3. Data analysis.

## **G. Key findings:**

### **1. Findings from FGD**

Ten stakeholders participated in the FGD, including the local elite, female leaders, housewives and in-laws of patients. People are well aware of Proshanti's work in serving the poor in the community. Though some could not recall postnatal care visits, they could recount details on antenatal care and delivery care. The midwives visited all ANC clients and followed up on them through regular mobile phone contact with every patient. People generally believed Proshanti provided a good quality service and wished to continue this for poor people. Proshanti provided supplementary food support to malnourished patients and their children. Patients also described the need for additional services such as an ambulance service. They are also not clear as to how Proshanti identifies potential clients as poor and thus qualify for Proshanti's free services. The referral system is not perceived to work as expected and it is especially difficult to refer individuals from remote areas such as tea gardens, particularly at night.

### **Findings of interview with community people**

Six members of the community were interviewed, and they are very pleased with Proshanti and their service providers. They hope Proshanti is able to expand to serve more pregnant women as the current need exceeds Proshanti's capacity. They stressed the need for an ambulance, especially to treat high-risk and complicated cases. It is apparent that Proshanti has gained a positive reputation in the local community for their high-quality care.

### **2. Comments from Proshanti Spokesperson**

Proshanti is serving the six Unions of Juri Upazila and the Union Parishad. The number of pregnant women to receive free services has increased from 42 from its inception in 2011 to 982 in 2018. No other NGO provides a comparable service free of charge in the area. Proshanti has 36 spokespeople<sup>1</sup> who are providing voluntary services for Proshanti in their own Unions. They have spoken on:

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<sup>1</sup> Two ex-users were selected from each ward of six union of Juri Upazila to work in the community as volunteers

- Proshanti services and facilities, including promotion of the free service to their respective areas.
- Bringing pregnant women for admission in Proshanti.
- Receiving information on appropriateness of accepting any incoming patients on a case-by-case basis.
- Receiving new patients for enrolment.

Communication activities are instrumental to mobilize individuals, families and communities and promote community participation. Therefore, future recommendations for the Proshanti Spokesperson will be to arrange Uthan boithak<sup>2</sup> with ANC clients and also relatives and family members to provide messages about:

- Proshanti services
- Birth preparedness
- Importance of ANC, PNC and PFP.
- Delivery by skilled birth attendants
- Referral of all complicated cases
- Nutrition need for ANC and PNC mothers

One-day orientation on those topics mentioned above need to be provided to the volunteers

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<sup>2</sup> It is one type of Behavioral Change Communication (BCC) activity where facilitator is talking to the clients, family members and relatives about the health messages in clients locality/homestead



### 3. Service data

The table below summarises the services provided by Proshanti in 2018. An equal number of patients enrolled and discharged every month.

Table 1 **At a glance patients service statistic for 2018**

Month	En\discharged	NVD/Home	NVD/Hosp	C-section	ANC	PNC	EDD follow-up	Health Edu	Investigations
Jan	12	12	2	0	55	21	200	24	115
Feb	12	11	4	3	59	24	290	18	109
Mar	14	10	5	2	49	28	275	16	87
Apr	20	11	2	0	69	26	230	17	139
May	17	11	2	1	51	24	250	18	103
Jun	10	8	0	0	49	16	190	17	83
Jul	13	14	2	3	52	26	170	20	98
Aug	20	5	0	0	53	26	240	19	109
Sep	8	12	1	4	57	20	240	22	112
Oct	13	10	1	0	61	22	270	24	110
Nov	14	18	2	3	46	24	400	23	109
Dec	18	9	2	3	65	36	300	25	137
<b>Total</b>	<b>171</b>	<b>131</b>	<b>23</b>	<b>19</b>	<b>666</b>	<b>293</b>	<b>3055</b>	<b>243</b>	<b>1311</b>

The total deliveries performed stands at 173, out of which 131 deliveries were conducted at home. 23 deliveries were conducted at clinic referred from home and 19 deliveries were conducted by Caesarean Section (CS). The CS rate was 11%. The proportion of CS delivery is in alignment with the WHO standard. Less than 50% of PNC sessions were provided to patients in comparison with ANC sessions. Proshanti should aim to the provision of PNC sessions to the level of ANC sessions.

**Fig-1: Delivery services conducted in 2018**

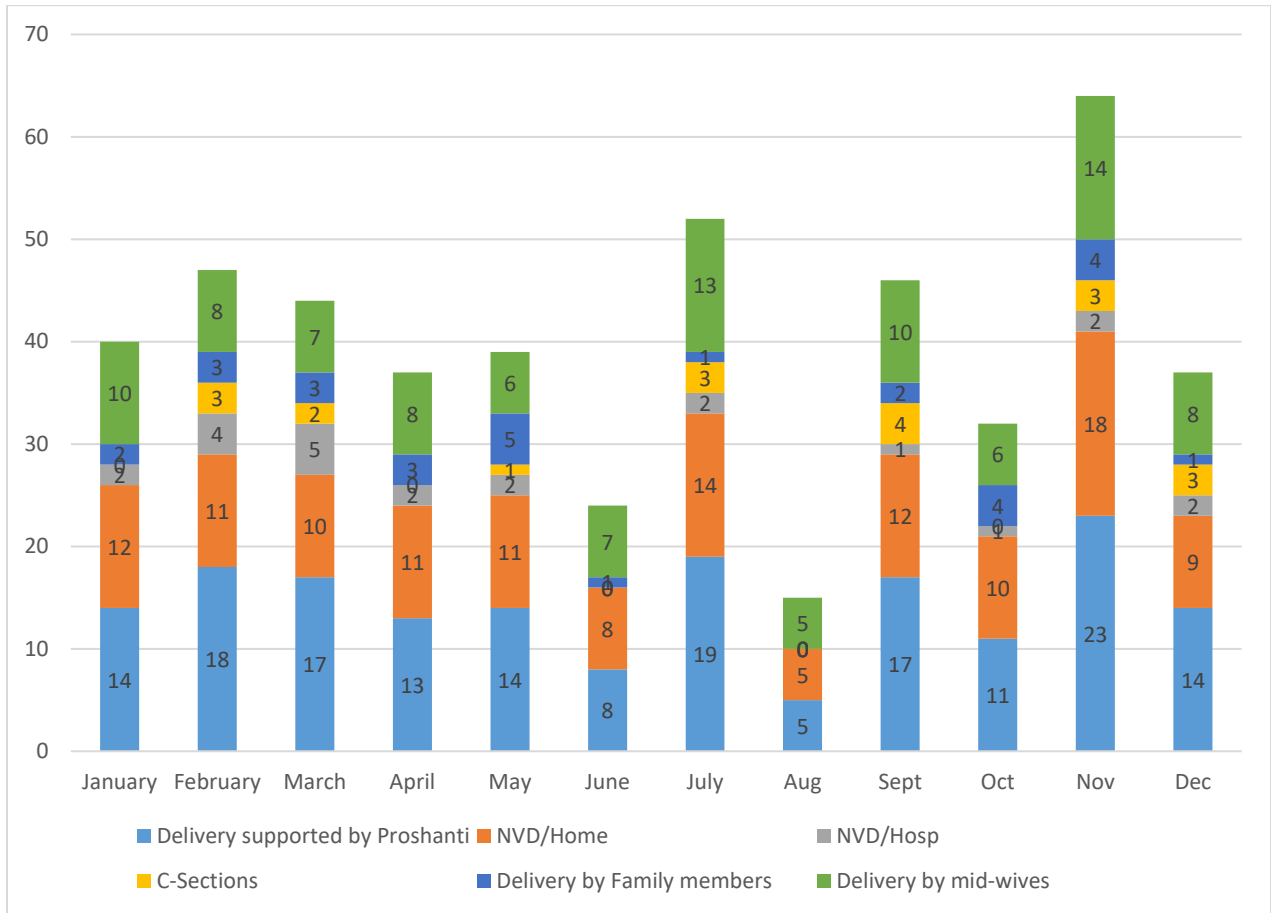
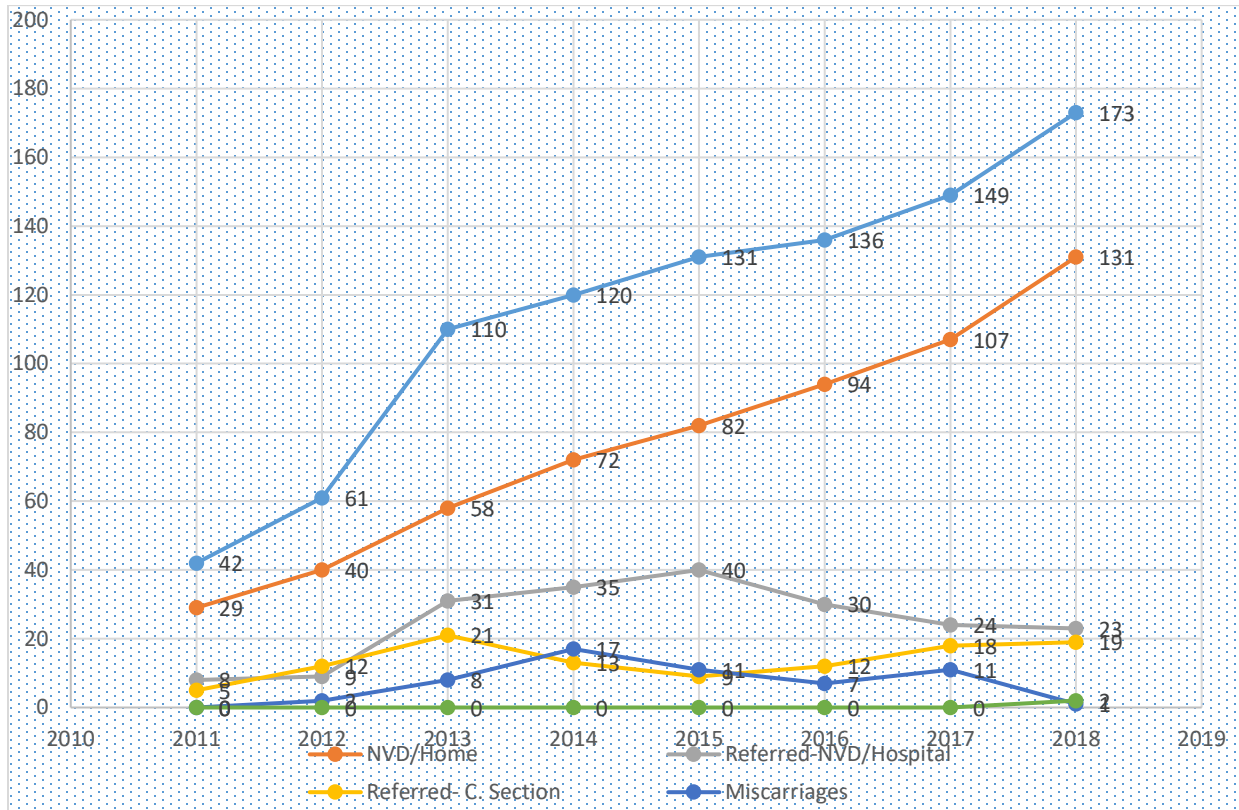


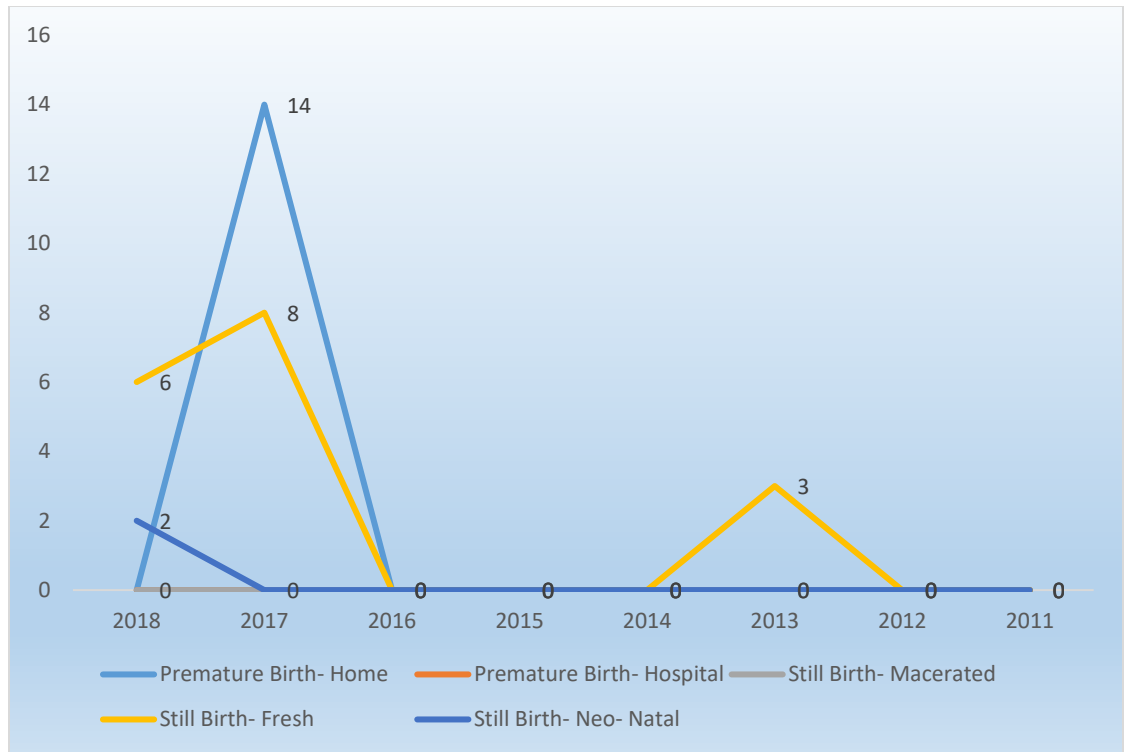
Figure 1 above shows that between 60% to 88% of deliveries were conducted at home, mostly by Proshanti midwives. It is appreciable that Proshanti midwives are skilled enough to manage the delivery at home safely. However, to avoid the risk of infection and mortality from delivery Proshanti should arrange facilitated delivery.

**Fig 2: Delivery statistics from inception till 2018**



Assessing the trends of delivery services, shows an upward trend from 42 in 2011 to 173 in 2018. Additionally, delivery services by Proshanti midwives increased from 29 to 131 in this period. Referrals from home to the referral clinic rose from 8 to 23 in this same period. The referrals increased from 31 in 2013 to 40 in 2015 and then decreased over time until 2018.

**Fig 3: Still Births in Proshanti intervention area**

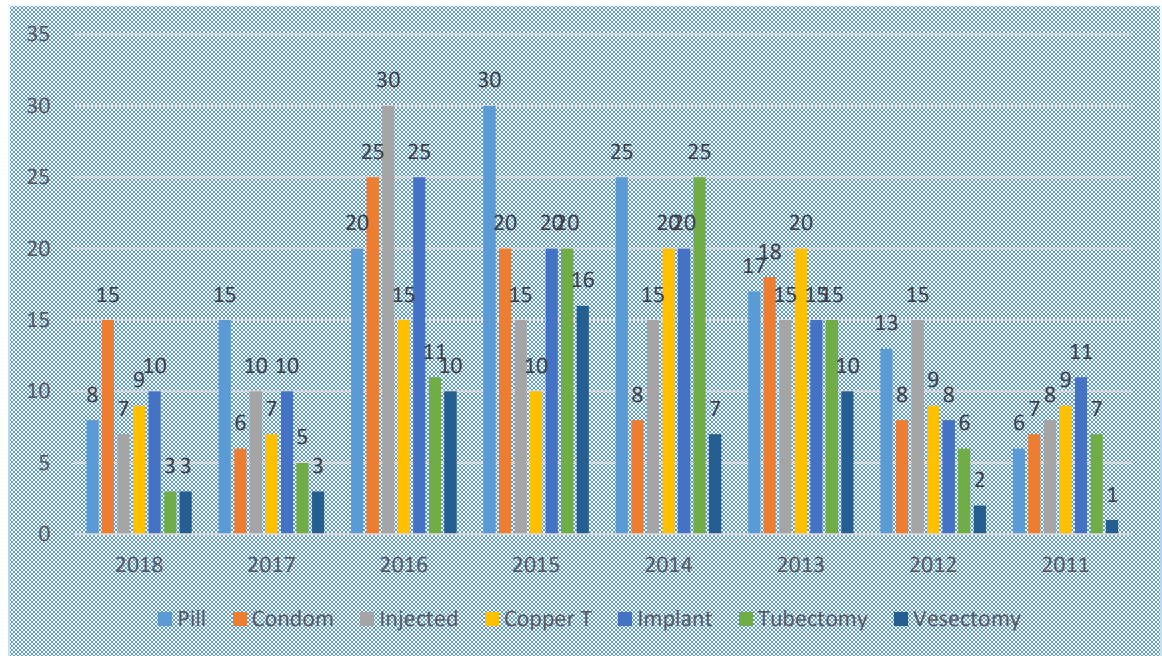


The total premature deliveries stood at 14 and total still births at 17. All were fresh still-births<sup>3</sup>; none were macerated<sup>4</sup>. Most still births occurred in 2017 (8), which has slightly reduced in 2018 (6). This suggests midwives may need refresher training on ANC, PNC and labour room care, including immediate newborn care protocol to ensure quality Maternal Health (MH) services.

<sup>3</sup> Fresh still birth is death of foetus during the process of labor which shows no signs of life after birth and indicates poor quality of intrapartum care

<sup>4</sup> Macerated still birth includes all the changes which occurs in a foetus that shows no signs of life retained in uterus after death

**Fig 4: Post Partum Family Planning services**



The Postpartum Family planning service data is not at all encouraging which reflect in fig 4. Midwives do not have updated knowledge on PFP and require training on Family Planning Methods and PFP Counseling. Whilst performances were good in 2015 and 2016, they dropped in 2017 and 2018. Midwives had good liaison with local DGFP offices and performances shown here may be through the referral of FP clients and the FP Methods they received. Proshanti should do more to communicate with local DGFP offices to get FP logistics (particularly the Short Acting FP methods). Once the midwives are trained on Long Acting Reversible Contraceptives (LARC), they can advise on the use of Long Acting Methods as and when necessary. The adjacent clinic can also be equipped to provide both Short Acting and Long Acting Reversible Contraceptives (LARC) including Permanent Methods (PM). SBCC materials on FP Methods can be collected from local DGFP offices.

## **H. Observation**

Proshanti staff visit antenatal mothers and conduct deliveries at home but do not visit PNC cases. This could be attributed to limited supervision and inadequate accountability. ANC provided by the Midwives were observed. The following observations were noted:

- A lack of updated technical information like components of quality ANC services.
- Lack of updated knowledge on counseling components of at-least four ANC visits as recommended by WHO.
- Midwives should more confident for emergency management and complications.
- Midwives should know how to fill up Partograph, but they are lacking updated information on when to start filling the Partograph.
- Lack of updated knowledge on Active Management of the Third stage of Labor (AMTSL).
- Lack of updated knowledge on immediate management of newborn

## **I. Discussion**

No other agency, including the GOB, addresses the needs of the poorest in the region by providing the full continuum of care free of cost. Through its work, the Proshanti project has not only been accepted but relied upon by the local community. Though a significant number of locals are aware of Proshanti's project activities, many locals in more remote locations remain unaware. The absence of any maternal deaths under Proshanti's care indicates that Proshanti is effectively providing maternal & newborn health care services that either match or improve on the national average. Nevertheless, the prevailing deaths of newborns indicate the direct need for greater training on newborn management by the midwives. All Midwives are confident and committed to perform their activities and very much known by the community. Community people value them and all of them are very much acceptable to the community they serve.

Strengthening postnatal care intervention is also crucial to avoid deaths happening during the postnatal period. Currently, Proshanti staff lack updated knowledge on Postpartum Family Planning (PPFP) which includes a family planning counseling package to prevent unplanned and unintended pregnancy. No information materials on PPFP are currently available. Increasing the

availability of PFP services will help to reduce the number of unwanted pregnancies and maternal and infant deaths that could result from these pregnancies and thus increasing the health and survival prospects of women and infants<sup>5</sup>.

Proshanti is providing supplementary food support to the pregnant women. It is a very good initiative and unusual in comparison to other NGOs working in the maternal health field. Proshanti can collaborate with nutrition projects working in Bangladesh in order to get more ideas about alternative options of nutrition supplementation and implement these in Proshanti's practice

### **Recommendations**

Proshanti is addressing the needs of the poorest in the hard to reach area by providing the maternal health care services free of cost which is in alignment with the Bangladesh Maternal Health Strategy 2015-2030 (BMHS) under certain guiding principles. The strategy particularly stated to prioritize hard to reach areas to ensure participation of the disadvantaged and marginalized groups and Proshanti is addressing that activity. BMHS also stressed to ensure access to evidence based maternal and neonatal health care for women with full integration of services, ensure continuum of care including quality of maternal health services, engage and empower community. Proshanti also has a partnership with a private clinic to foster partnership to complement, supplement, integrate and filling service gaps which is also in alignment with BMHS 2015-2030<sup>6</sup>. Keeping all those into consideration, followings are the recommendations:

- **Technical:**

- a. Updated information related to Maternal Health services need to be provided to the Service Providers. Information such as Quality Antenatal Care, Labour and delivery care, Postnatal care and Postpartum Family Planning service including immediate newborn care is essential information that must be provided. Service Providers need to follow the Standard Operating Procedures (SOP) of Maternal Health and need to ensure continuum of care including quality services for all hard to reach pregnant mothers.

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<sup>5</sup> Maternal Health Standard Operating Procedures (SOP) Volume 1, P-37

<sup>6</sup> Bangladesh National Strategy for Maternal Health, P31-32

b. The labour room of the clinic where Proshanti staff are located can be used for referring labouring women who require augmentation of labour.

c. Postpartum Hemorrhage (PPH) Kit and Eclamptic kit should be kept ready for the management of two major obstetric complications at the clinic where midwives are referring cases of obstetric complications.

▪ **Training:**

a. Training on ANC, PNC and Labor room protocol including attachment with district hospital to observe all three types of services including updated interventions.

b. Refresher training on Partograph need to be arranged for all three Midwives

c. Comprehensive Newborn Care Package (CNCP).

d. Postnatal Counseling.

e. Family Planning/Postpartum Family Planning (PPFP) service and counselling.

▪ **Social and behavioral Change Communication (SBCC)**

• Need SBCC materials:

a. Flip Chart on Maternal Health.

b. Poster on danger signs.

c. Birth Planning Card.

d. Different Posters on three delays, different FP Methods, Active Management of Third Stage of Labor (AMTSL), TIAHRT Poster etc.

e. Saf Kotha<sup>7</sup>.

f. Materials on CNCP.

g. Emergency Obstetric Care.

h. Plastic pack for ANC card.

- Videos can be displayed in the Proshanti project office where ANC and PNC services are provided so that pregnant women coming for services will receive information on different aspects of maternal health care.

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<sup>7</sup> It is a booklet produced by the Government on maternal and neonatal health



- Sessions for ANC clients can be arranged to inform all pregnant mothers on the importance of at least 4 ANC visits, 4 PNC visits, the importance of Exclusive Breast Feeding (EBF), delayed bathing of newborn, care for the pregnant mother herself, nutrition, family planning etc.
- Proshanti Spokesperson can be used as volunteers to arrange Uthan boithak with ANC clients to convey the services Proshanti provides, the importance of ANC, deliveries carried out by skilled birth attendants and to raise mass awareness on maternal health at the community including on the PNC and the PFP.

- **Record keeping and recording**

Proshanti staff can communicate with GOB counterparts to collect ANC, Delivery and PNC Registers including Family Planning Register so that the reporting can be done and sent to DGHS and DGFP. Ultimately, the Proshanti contribution can be reflected onto the GOB system and visibility of Proshanti will increase day by day.

- **Project Management**

- a. Service statistics need to be displayed in Proshanti's office.
- b. Proshanti need to appoint a field coordinator for supervision and monitoring of field level activities to ensure quality maternity services and also to maintain collaboration with GOB and other counterparts in that locality.
- c. A recording and reporting system, such as quarterly report, needs to be introduced to continuously identify constraints of Proshanti's services and initiate plans to address these constraints in a timely manner.

- **Networking and promotion of Proshanti**

- a. The visibility of Proshanti needs to be increased. Local government and government counterparts as well as the community must become more aware of the service Proshanti provides and the good work it has been doing.

- b. Proshanti's activities can be shared in national or international conferences, can be published in international journals for visibility and could attract local and international donors.
- c. Coordinators need to be proactive in coordinating with local government counterparts, referral hospitals and other NGOs working on Maternal Health.
- d. Need to introduce Proshanti by arranging meeting by calling local elites and community people to inform them about Proshanti activity.

- **Sustainability**

- a. Ambulance as a referral arrangement must be established. Women with obstetric complications can be referred to the appropriate Comprehensive Emergency Obstetric and Newborn Care (CEmONC) facility when it is needed. Additionally, from the sustainability point of view, that ambulance can be used for rental purpose for other patients also who need referral to recur the salary of driver as well as the maintenance cost of the ambulance.
- b. Provision of USG services by Proshanti may be an option for future financial sustainability.

- **Supervision, Monitoring and Evaluation**

- a. Technical supervision of the field level activities is crucial in order to ensure quality implementation of maternal health service.
- b. System should be in place for following up of referred patients by Proshanti.
- c. Indicators to measure performances should be set by Project

- **Other**

- a. Name of the project should be changed to '**Proshanti Maternity Services**' or an almost a similar title which indicates the scale of Proshanti's services rather than focusing only on ante-natal care.

**FGD Guideline (Community people)**

1. How much do you know about proshanti UK project?
2. What services they are providing in your area?
3. Do they serve the poor community people of your locality?
4. How do they address the health need of the poor people of your community?
5. Who are the beneficiaries of this project?
6. If yes, how the target group actually getting the right services?
7. How the ordinary local people perceive Proshanti UK and its project including services (ANC, Delivery & PNC)?
8. For further expansion of the maternal and newborn health services - what additional services do you think to be provided from this project?
9. Do the poor people are getting free services from this project? How the project identifies poor people?
10. Do they offer any services to the underserved group (i.e. tea garden workers, tribal communities, poor women)?
11. How the referral system is working in the project area?
12. What are the challenges/risks you foresee if project will expand its services? In your opinion, how to address those issues/ challenges?
13. Any suggestions for further expansion.

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**Client ID:**

Annexure 2

**PROSHANTI UK**

**Antenatal Care Observation Checklist**

**A. Information about observation**

Observer's Name and ID: _____	<input type="checkbox"/> <input type="checkbox"/>	Date: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> dd mm yy	
<b><u>Starting time</u></b> of observation	<input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/> hh : mm	<b><u>Ending time</u></b> of observation	<input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/> hh : mm

**B. Information about facility identification:**

Name and code of facility: _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Address of the facility:	District: _____	<input type="checkbox"/> <input type="checkbox"/>
Upazila: _____ <input type="checkbox"/> <input type="checkbox"/>	Union: _____	<input type="checkbox"/> <input type="checkbox"/>
Village: _____ <input type="checkbox"/> <input type="checkbox"/>	Ward No: Ka/ Kha/ Ga/ Gha	<input type="checkbox"/> <input type="checkbox"/>
Type of the facility:	Upazila Health Complex UH&FWC Community Clinic (CC) ..... Others (specify): _____	1 2 3

**SECTION TO BE FILLED BY PHYSICIAN**

**C. Information about service provider**

Name of the service provider: _____		<input type="checkbox"/>	<input type="checkbox"/>
Designation of health service provider	Consultant .....	1	
	Medical officer .....	2	
	Nurse .....	3	
	FWV .....	4	
	SACMO.....	5	
	Others(specify):_____	9	
Sex of the provider	Male.....	1	
	Female .....	2	

### Getting ready

Q01	Prepare the necessary equipment	Yes .....	1
		No .....	2
Q02	Provider <b>GREETED</b> the woman with respect as she entered the ANC room	Yes .....	1
		No .....	2
Q03	Tell the woman (and her companion) what is going to be done	Yes .....	1
		No .....	2
Q04	Provider listened to her attentively	Yes .....	1
		No .....	2
Q05	Provider responded to client's questions and concerns	Yes .....	1
		No .....	2

### Observation of ANC session:

Take consent from the provider as well as the pregnant woman. Then closely observe all the activities performed by the providers and fill up the following according to the observation

#### i. Client history

<i>Record whether the provider asked about (or the client mentioned) any of the following facts</i>		
H01	Women's <b>AGE</b>	A
H02	<b>LAST MENSTRUAL PERIOD</b> (LMP) of the woman	B
H03	Number of <b>PRIOR PREGNANCY</b> (ies)	C
H04	<b>DURATION</b> of current pregnancy	D
H05	Any prior <b>ANTENATAL VISIT/CHECK-UP(s)</b> during current pregnancy	E
H06	History of <b>ILLNESS</b> (allergy, TB, hypertension, diabetes, asthma, heart disease, goitre, Hepatitis etc)	F
H06A	Have you had any problems in breastfeeding, if this is not the women's first child?	G
H07	History of <b>MEDICINE</b> use (iron, folic acid, vitamin, calcium, anti-hypertensive etc)	H
H08	History of <b>TT</b> vaccination	I
H08A	H/O of taking FP Methods	J
H09	None of the above	Y

#### ii. Aspects of prior pregnancies

<i>Record whether the provider asked about ( or the client discussed) any of the following aspects of the client's prior pregnancies</i>			
P00. Did provider ask the mother if she has any previous pregnancy?	Yes	1	
	No	2	→D00
If client has previous pregnancy, check: P00.1. Did the provider ask if the client had any problem in her previous pregnancy?	Yes	1	
	No	2	
Which problem did the woman mention? (circle all mentioned)			
P01	High <b>FEVER</b> or infection during prior pregnancy/pregnancies		A
P02	Previous pregnancy-induced <b>HYPERTENSION</b>		B
P03	Previous pregnancy related <b>CONVULSIONS</b>		C
P04	Previous <b>MULTIPLE PREGNANCIES</b>		D
P05	Previous <b>PROLONGED LABOUR</b>		E
P05A	Previous UTI		F
P06	Previous <b>ASSISTED DELIVERY</b> (caesarean section, ventouse, or forceps)		G
P06A	Previous bleeding during pregnancy (any Abortion, Ectopic Pregnancy, Molar pregnancy etc.)		H
P07	Heavy <b>BLEEDING</b> , during or after delivery		I
P08	Prior <b>PRETERM</b> Labour		J
P09	Prior <b>STILLBIRTH(s)</b>		K
P10	Previous spontaneous <b>ABORTIONS</b>		L
P11	<b>INFANT'S DEATH</b> within 1 <sup>st</sup> week of life		M
P12	Others		N
P13	None of the above		Y

### Complications of current pregnancy

D00. Did provider ask the mother if she has any problem in this pregnancy?		Yes	1	
		No	2	
<i>In column A, record if provider asked about or the client mentioned any of the following for current pregnancy. In column B, record if provider counselled on the danger signs</i>		<b>(A) Provider <u>ASKED</u> or Client <u>MENTIONED</u></b>	<b>(B) Provider <u>COUNSELLED</u></b>	
D01	Vaginal bleeding	A	A	
D02	Severe anaemia	B	B	
D03	Convulsion	C	C	
D04	Excessive fever	D	D	
D05	Severe Headache	E	E	
D06	Blurring of vision	F	F	
D07	Swelling of hand or feet or face	G	G	
D08	Foul smelling vaginal discharge	H	H	
D09	Diminished movement of fetus	I	I	
D10	High blood pressure	J	J	
D11	Premature Rapture of Membranes	K	K	
D12	Diabetes in pregnancy	L	L	
D13	Accidental fall	M	M	
D14	Others (specify) _____	N	N	
D15	None of the above	Y	Y	

### iii. Physical examination

<i>Record whether the provider performed the following procedures</i>				
E00	Provider sought <b>PERMISSION</b> before examination	<b>Yes</b>	<b>No</b>	
E01	<b>EXPLAINS</b> the examination to the pregnant woman	1	2	
E01A	<b>Help her on to the examination table</b>	1	2	
E02	<b>WASH HANDS</b> with soap or use sanitizer prior to examination	1	2	
E03	Measure the <b>WEIGHT</b>	1	2	
E04	Measure the <b>HEIGHT</b>	1	2	
E05	Examine the <b>PULSE</b>	1	2	
E06	Measure the <b>BLOOD PRESSURE</b>	1	2	
E06A	Measure the <b>BLOOD PRESSURE while the woman is seated and relaxed</b>	1	2	
E07	Examine the EYE (conjunctiva) or PALM for <b>ANEMIA</b>	1	2	
E08	Examine the EYE (sclera) or tongue for <b>JAUNDICE</b>	1	2	
E09	Examine hand or feet or leg for <b>EDEMA</b>	1	2	
E10	Examine the abdomen	1	2	
E11	Examine the abdomen for <b>FETAL PRESENTATION</b>	1	2	
E11A	Measure the <b>UTERINE HEIGHT</b>	1	2	
E12	Listen to the abdomen for <b>FETAL HEART BEAT</b>	1	2	
E12A	Visually inspect the breast	1	2	
E12B	Explain the steps of breast examination to the woman	1	2	

E13	Examine the woman's <b>BREAST</b>	1	2
E14	Examine the perineal area	1	2
E15	None of the above	1	2

**iv. Routine test**

<i>Record whether the provider A) Asked about B) Performed or C) Referred for the following test</i>		(A) Provider <b>ASKED</b>	(B) Provider <b>PERFORME D</b>	(C) Provider <b>REFERRED</b>	(D) <b>NO action taken</b>	(E) <b>Not applicable</b>
T01	<b>PREGNANCY</b> test	A	B	C	D	E
T02	Blood test for <b>HAEMOGLOBIN</b>	A	B	C	D	E
T03	Blood <b>GROUPING AND TYPING</b>	A	B	C	D	E
T04	Blood test for <b>VDRL</b>	A	B	C	D	E
T05	Blood test for <b>HBsAg</b>	A	B	C	D	E
T06	Urine test for <b>ALBUMIN</b>	A	B	C	D	E
T07	Urine test for <b>GLUCOSE</b>	A	B	C	D	E
T08	<b>ULTRASONOGRAM</b>	A	B	C	D	E

**v. Provision of medicine**

<i>Record whether the provider gave the woman any of the following medicine</i>				
		Provided	Explained how to use	Explained side effects
M01	Provided <b>IRON-FOLATE TABLET (IFA)</b> until next visit	1	2	3
M02	Provided <b>CALCIUM</b> tablet	1	2	3
M03	Provided <b>VITAMINS</b>	1	2	3
M04	Provided <b>MISOPROSTOL</b> for use if delivered at home ( <b>only in third trimester</b> )	1	2	3
M04A	Provided <b>7.15 Chlorhexidine</b> for use if delivered at home ( <b>only in third trimester</b> )	1	2	3
M05	Provided <b>OTHER</b> medication	1	2	3

**vi. General Counselling**

<i>Record whether the provider gave the woman any of the following advices or counselling</i>		
C01	Advised to take <b>REST</b> for at least 2 hours during daytime	A
C02	Advised to take extra food/ <b>NUTRITIOUS FOOD</b>	B
C03	Advised to take seasonal/available <b>FRUITS</b>	C
C04	Advised to take green/colored <b>VEGETABLES</b>	D
C05	Advised to drink <b>MORE WATER</b>	E
C06	Advised to take <b>IODIZED SALT</b>	F
C10	Advised/Prescribed to take <b>TETANUS TOXOID (TT) VACCINE</b>	J
C11	Explained the purpose of the <b>TT vaccine</b>	K
C12	Advised to maintain <b>PERSONAL HYGIENE</b>	L
C13	Advised to avoid <b>HEAVY WORK</b>	M
C14	Discuss the risks of <b>HARMFUL PRACTICES</b> (drinking alcohol, smoking tobacco)	N



C15	Advised to <b>AVOID COITUS</b> in first and last trimester	O
C16	Discussed <b>FAMILY PLANNING</b> options immediately after delivery (Post Partum)	P
C17	Discussed the importance of completing <b>FOUR (4) ANC VISITS</b>	Q
C18	Advised when to <b>RE-VISIT</b>	R
C19	Advised to seek expert care if any of the <b>DANGER SIGNS</b> occurs	S
C20	None of the above	Y

**vii. Counselling on Birth, neonate and emergency preparedness (BNEP)**

<i>Record whether the provider gave the woman any of the following advice or counselling on BNEP</i>		
B01	Asked the woman where she will <b>DELIVER</b>	A
B02	Discussed the <b>BENEFITS</b> of Facility Delivery	B
B03	Assisted her to identify a <b>SKILLED HEALTH PROVIDER</b> for delivery	C
B04	Advised the woman to attend a <b>SKILLED HEALTH PROVIDER</b> for delivery	D
B05	Told about importance of arranging <b>VEHICLE/TRANSPORT</b> ready before delivery	E
B06	Told to <b>DEPOSIT MONEY</b> for emergency	F
B07	Told to do <b>BLOOD GROUPING</b> of the woman	G
B08	Told to identify <b>BLOOD DONOR</b>	H
B09	Told to use <b>SAFE DELIVERY KIT</b> if decided to have home delivery	I
B09A	Told to consume <b>MISOPROSTOL</b> soon after delivery if delivery happens at home	J
B011	None of the above	Y

**viii. Counseling on Immediate Newborn care**

<i>Record if provider advised or counselled about immediate newborn care in any of the following ways</i>		
N01	<b>THERMAL CARE</b> of newborn i.e. keeping the baby warm, drying and wrapping	A
N02	<b>DELAYED BATHING</b> (72 hours after delivery)	B
N03	<b>EARLY INITIATION</b> of breastfeeding (within 1 hour of delivery)	C
N04	<b>EXCLUSIVE</b> breastfeeding for 6 months	D
N05	Care of <b>UMBILICAL CORD</b> including single application of Chlorohexidine	E
N06	Importance of <b>VACCINATION</b> for the newborn	F
N07	Counselled on at least one <b>DANGER SIGNS OF NEONATE</b>	G
N08	None of the above	Y

**ix. Observation of the provider-patient interaction:**

<i>Based on your overall observation of the provider-patient interaction please answer the following</i>			
Q01	Provider <b>ALLOWED/ GAVE CHANCE</b> to woman to talk about her problem	Yes .....	1
		No .....	2
Q02	<b>LISTENED</b> to the client when she talked	Yes .....	1
		No .....	2
Q03	Provider <b>RESPONDED</b> to client's queries/concerns	Yes .....	1
		No .....	2
Q03A	Informed the patient about the <b>PROGRESS</b> of the pregnancy	Yes .....	1
		No .....	2
Q04	Provider used any <b>VISUAL AIDS</b> for health education or counselling during the consultation	Yes .....	1
		No .....	2
Q05	Use of a <b>HEALTH CARD/ ANC CARD</b> by the provider	Wrote on the previous card .....	1
		No ANC card was used .....	2
		Provided a new card .....	3
Q06	<b>AUDIO PRIVACY</b> from having others listen to the conversations	Yes .....	1
		No .....	2
Q07	<b>VISUAL PRIVACY</b> from having others see the procedures	Yes .....	1
		No .....	2

Q08	The room was <b>QUIET</b> (noise around was less) enough to hear the provider	Yes ..... 1 No ..... 2
Q09	The room had enough <b>LIGHTS</b> for both the provider and client to be able to see	Yes ..... 1 No ..... 2
Q10	Provider kept <b>EYE CONTACT</b> with the client	Yes ..... 1 No ..... 2
Q11	Sitting arrangement was <b>COMFORTABLE</b> for the patient during this session	Yes ..... 1 No ..... 2
Q13	Provider <b>RE-CHECKS</b> client's understanding (feedback)	Yes ..... 1 No ..... 2
Q14	Provider asked If the client had any <b>QUESTIONS</b>	Yes ..... 1 No ..... 2
Q14A	Provider <b>INFORMED/TOLD</b> client about her present health condition	Yes ..... 1 No ..... 2
Q14B	Provider <b>ASSURED</b> the client about her health condition	Yes ..... 1 No ..... 2
Q15	Provider <b>EXPLAINED THE SCHEDULE (TIME AND PLACE)</b> for the next visit	Yes ..... 1 No ..... 2
Q15A	Provider <b>ASKED CLIENT IF SHE HAD ANY QUERY</b>	Yes ..... 1 No ..... 2
Q16	Provider <b>ANSWERED ALL QUERIES</b> of client	Yes ..... 1 No ..... 2 Sometimes ..... 3 Never ..... 4 Client did not have any query ..... 5
Q16A	Provider <b>THANKS</b> the woman and her family for coming	Yes ..... 1 No ..... 2
Q17	How was <b>OVERALL COMMUNICATION</b> between provider and woman	Courteous..... 1 Rushed ..... 2 Harsh..... 3
Q18	How did <b>WOMAN FEEL</b> talking to the provider?	Happy ..... 1 Indifferent ..... 2 Timid/scared ..... 3
Q19	<b>OUTCOME</b> of the ANC session (Record the outcome at the time when observation was concluded)	Goes home ..... 1 Referred to lab or other provider in same facility..... 2 Referred to other facility ..... 3
<b>IN CASE OF REFERRAL:</b>		
Q20	Provider <b>EXPLAINED REASONS</b> of referral	Yes ..... 1 No ..... 2
Q21	<b>REASONS</b> of referral	For delivery..... A

		For investigation.....	B
		For next ANC .....	C
		For consultation .....	D
		Others (specify).....	X
		Did not mention .....	Y
Q22	Provider told <b>WHERE</b> to go	Yes .....	1
		No .....	2
Q23	Type of <b>REFERRED</b> facility	Public .....	1
		Private .....	2
		NGO .....	3

**Information about the pregnant woman:**

*Verify in the ANC register or on woman's ANC card or ask health care provider,  
Record "98" for Age, Duration of pregnancy, Para, Gravida, LMP or EDD if the response is "Don't know" (If  
necessary, confirm the information after the session)*

Name and Reg.no: \_\_\_\_\_

Age of the woman	<input type="text"/> <input type="text"/> years	Duration of pregnancy	<input type="text"/> <input type="text"/> weeks
Is this the patient's 1st, 2nd, 3rd, 4th or more ANC visit for the current pregnancy		1st visit .....	1
		2nd visit.....	2
		3rd visit.....	3
		4th or more visit.....	4
		Don't know.....	8
Para (Total Live birth and Still birth)	<input type="text"/> <input type="text"/>	LMP	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd mm yy
Gravida (Total Conception)	<input type="text"/> <input type="text"/>	EDD	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd mm yy

**Recheck all the relevant fields, record the end time and complete**