



Centre for Health Development - Eastern Visayas
Family Health Cluster

Basic Emergency Obstetric and Newborn Care (BEmONC)

Supportive Supervision at RHU/DHC - Check list 4: Client satisfaction and Mother and Child Book

Facility:		Date:					
		Client 1			Client 2		
Client Satisfaction		Yes	No	Not sure	Yes	No	Not sure
1	I received the care or service I came for.						
2	I was greeted and treated well by all the staff						
3	The service was prompt. I did not wait that long before someone attended to me						
4	The facility is clean and orderly						
5	The health staff respected my privacy						
6	The health care provider explained very well my condition and I understood well.						
7	The advice and instructions given me were completely clear and I understood well.						
8	I am sure that all information concerning myself is treated as confidential						
9	I felt free to ask questions or express my fear.						
10	I have confidence in the staff's ability to care for me.						
Care during labor		Yes	No	Not sure	Yes	No	Not sure
1	Did you have a baby here? If so, please answer the following.						
2	During my delivery, my privacy was protected						
3	During my labor, I was encouraged to drink and eat.						
4	During my labor, I was encouraged to move about.						
5	I want to come back again for the next one						
Mother and Child Book /Home based maternal record		Yes	No		Yes	No	
1	Do you have your Mother and Child Book or HBMR with you now? If she says no, go to Q. 5						
2	(Ask her to show it) Recording is satisfactory						
3	Has a CHT member discussed with her the contents of MC Book?						
4	Birth and emergency plan filled up completely (in the MC Book or attached to HBMR)						
5	If the answer is no, ask why she has no MCB or HBMR with her today. Write down the reason. (the corresponding letter) Reasons (Write down the letter) a. not given b. was not aware to bring c. forgotten d. lost e. other (specify)						
How can the staff of this health center improve their services? (Client's opinion) Refer to where she answered 'not sure' or 'no'.							
Client 1:				Client 2:			

Assessment: Count the number of Yes among two clients. For Q 2, if non of them had their babies in this facility, no need to fill.

Use this if only ONE client was interviewed

	V.Poor	Poor	Good	V.Good
1 Client's satisfaction	0-3	3-6	7-8	9-10
2 Care during labor (If applicable for both clients, use here)	0-1	2-3	4	5
3 MC Book or HBMR and Birth plan (Q.1-4 only)	0-1	2	3	4

Use this when Two clients were interviewed

1 Client's satisfaction	0-5	6-11	12-17	18-20
2 Care during labor (If applicable for both clients, use here)	0-2	4-6	7-8	9-10
3 MC Book or HBMR and Birth plan (Q.1-4 only)	0-2	3-5	6-7	8

Recommendations

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Supervisor: