

**ID.**

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**A. SOCIAL-DEMOGRAPHIC INFORMATION INFORMATION**

**A1.** What is your

1. Province.....
2. District .....
3. District Hospital .....
4. Health center.....

**A2.** How old are you (Years)?.....

**A3.** Sex

1.  Male
2.  Female

**A4.** Are you?

1.  Midwife?
2.  Nurse)?
3.  Auxiliary nurse?
4.  Other, specify. ....

**A5.** When was the last time that you attended to a pregnant woman at an ANC Clinic? **Tick one best response. If the respondent has never attended antenatal care client, thank her and close the interview**

1. <input type="radio"/>	It has never happened
2. <input type="radio"/>	In the past week
3. <input type="radio"/>	In the past Month
4. <input type="radio"/>	In the past 6 months
5. <input type="radio"/>	6 Months ago or longer

**A6.** How many years of experience in your current position?

1. <input type="radio"/>	Less than 1 year
2. <input type="radio"/>	1-3 years
3. <input type="radio"/>	4-6 years
4. <input type="radio"/>	Over 6 years

**A7.**What is the highest level of education you have completed?

1. <input type="radio"/>	A2 (last 3years of secondary school in nursing sciences)
2. <input type="radio"/>	A1 A1 (3years of training after secondary school)
3. <input type="radio"/>	A0 (4years of training after secondary school)
4. <input type="radio"/>	Other, specify.....
<b>B. IN-SERVICE TRAINING</b>	
<b>B1.a.</b> Have you been invited to any in-service training sessions in ANC services during the past 2 years? <b>(If no jump to B6)</b>	
1. <input type="radio"/>	Yes
2. <input type="radio"/>	No
<b>B1.b.</b> If yes, have you attended any in-service training sessions in ANC services during the past 2 years? <b>(If no jump to B6)</b>	
1. <input type="radio"/>	Yes
2. <input type="radio"/>	No, I have not attended any training

<b>B2.</b> How many times have you been to ANC in-service training in the past year (1 year ago now)? Number of times.....	
<b>B3.</b> What were the themes in the in-service training session/s that you have attended? <b>(More than one answer possible)</b>	
1. <input type="radio"/>	How to receive the client in ANC clinic and take history (a kind reception)
2. <input type="radio"/>	Physical examination of the client (Observe, e.g skin coloration, jaundice, gait, edema etc.. and taking the vital signs (measuring body temperature, BP, Heart rate, Respiratory rate....)
3. <input type="radio"/>	How to manage clients who are victims of sexual violence
4. <input type="radio"/>	How to manage ANC data
5. <input type="radio"/>	Focalized antenatal care (FANC) [How to sensitize women to continuously consult for ANC]
6. <input type="radio"/>	Warning signs of pregnancy complications
7. <input type="radio"/>	Family Planning
8. <input type="radio"/>	Sexually transmitted diseases (HIV/AIDS, syphilis, gonorrhoea, chlamydia etc.)
9. <input type="radio"/>	Other, specify .....
<b>B4.</b> Did the in-service training improve your ANC service delivery	
1. <input type="radio"/>	Yes
2. <input type="radio"/>	No
<b>B5.a.</b> When you received ANC training, did it include hands on practical training?	
1. <input type="radio"/>	Yes
2. <input type="radio"/>	No
<b>B5.b.</b> If yes, what kind of practical training? <b>( More than one response possible)</b>	
1. <input type="radio"/>	General assessment of pregnant woman)

2. <input type="radio"/>	Estimating gestational age from the fundal height measurement
3. <input type="radio"/>	Diagnosing pregnancy
4. <input type="radio"/>	Assessing the fetus (Position of the fetus, fetal heartbeats etc.)
5. <input type="radio"/>	Diagnosing disorders of pregnancy (High/Low Blood Pressure, Anemia etc.)
6. <input type="radio"/>	Other, specify.....
<b>B6.</b> When was the last time you received training in ANC?	
1. <input type="radio"/>	In the past week
2. <input type="radio"/>	In the past month
3. <input type="radio"/>	In the past 6 months
4. <input type="radio"/>	In the past year
5. <input type="radio"/>	In the past 5 years
6. <input type="radio"/>	5 years ago or longer
7. <input type="radio"/>	Do not remember
8. <input type="radio"/>	I have never received training in ANC
<b>C. WORK FEEDBACK</b>	
<b>C1.a.</b> Do you receive feedback on your work performance from your superior or colleagues?	
1. <input type="radio"/>	Yes
2. <input type="radio"/>	No
<b>C1.b.</b> If yes, how many times have you received feedback on your work performance in the past year?	
1. <input type="radio"/>	Once
2. <input type="radio"/>	2 times
3. <input type="radio"/>	3 times
4. <input type="radio"/>	4 times or more
<b>D. CLIENT INFORMATION AND EDUCATION MATERIAL FOR CLIENTs</b>	
<b>D1.a.</b> What type of client information, education and communication materials for antenatal care are available here?	
1. <input type="radio"/>	None
2. <input type="radio"/>	Posters
3. <input type="radio"/>	Cards
4. <input type="radio"/>	Take-home leaflets
5. <input type="radio"/>	Other,specify.....
<b>D1.b.</b> If available, what is the their content?	
1. <input type="radio"/>	On warning signs of complications of pregnancy
2. <input type="radio"/>	On Family planning
3. <input type="radio"/>	On Sexually transmitted diseases/HIV/AIDS
4. <input type="radio"/>	On postpartum and newborn care
5. <input type="radio"/>	On Breast Feeding
6. <input type="radio"/>	On Maternal and antenatal nutrition

7. <input type="radio"/>	Other, specify
<b>D2.</b> Are any antenatal care information, education and communication activities targeted at men?	
1. <input type="radio"/>	Yes, there are some specifically for men
2. <input type="radio"/>	No, there is none specifically for men
3. <input type="radio"/>	Yes, together with wife when he accompanies her to ANC clinic
4. <input type="radio"/>	Don't know
<b>E. ANC SERVICES</b>	
<b>E1.</b> How often are antenatal care services provided in this health center?	
1. <input type="radio"/>	Every day apart from weekends
2. <input type="radio"/>	2 days per week
3. <input type="radio"/>	3 days per week
4. <input type="radio"/>	4 days or more per week
<b>E2.</b> Does it ever happen that you contact the CHW in the villages and ask him/her to send the pregnant women to the ANC clinic?	
1. <input type="radio"/>	Yes
2. <input type="radio"/>	No
<b>E3.</b> How many minutes on average does a consultation with a pregnant woman take?	
Number minutes.....	
<b>E4.a.</b> After an ANC consultation, do you tell the woman a date for the next visit to pay to the ANC clinic? <b>(If 1 or 6 jump to E.5)</b>	
1. <input type="radio"/>	Always tells her
2. <input type="radio"/>	Often
3. <input type="radio"/>	Sometimes
4. <input type="radio"/>	Never
5. <input type="radio"/>	We write the date on his card that she takes home
6. <input type="radio"/>	We tell her and write the date on his card that she takes home
<b>E.4.b.</b> If not always, when do you give the pregnant woman a set time for the next visit?	
1. <input type="radio"/>	When the woman asks for it
2. <input type="radio"/>	Only when I suspect a complicated pregnancy
3. <input type="radio"/>	If the woman had a complicated pregnancy earlier
4. <input type="radio"/>	When a woman has done 4 visits and has a normal pregnancy
5. <input type="radio"/>	Other reason, specify .....
<b>E.5.</b> How many visits should a pregnant woman at least pay to the ANC during the course of her pregnancy if it is normal and with no complications?	
1. <input type="radio"/>	1
2. <input type="radio"/>	2
3. <input type="radio"/>	3
4. <input type="radio"/>	4
5. <input type="radio"/>	4 or more
6. <input type="radio"/>	I don't know
<b>E6.</b> What symptoms and warning signs of pregnancy would prompt you to refer a woman to a hospital? <b>Do not Read out list. You may tick more than one option/Tick as many responses as possible</b>	
1. <input type="radio"/>	Previous C-Section Scars

2. <input type="radio"/>	Previous stillbirth
3. <input type="radio"/>	Hypertension/Hypotension
4. <input type="radio"/>	Visual disturbances
5. <input type="radio"/>	Headache
6. <input type="radio"/>	Swelling
7. <input type="radio"/>	Fits
8. <input type="radio"/>	Fever
9. <input type="radio"/>	Severe Abdominal Pain
10. <input type="radio"/>	Anaemia
11. <input type="radio"/>	Pallor
12. <input type="radio"/>	Fatigue
13. <input type="radio"/>	Breathlessness
14. <input type="radio"/>	Cessation of fetal movements
15. <input type="radio"/>	Abnormal Lie/Position of Fetus
16. <input type="radio"/>	Foul smelling discharge
17. <input type="radio"/>	Light bleeding/spotting
18. <input type="radio"/>	Hemorrhage/Heavy bleeding
19. <input type="radio"/>	Multiple pregnancy/large abdomen
20. <input type="radio"/>	Exposure to violence
21. <input type="radio"/>	Pre-eclampsia
22. <input type="radio"/>	Nausea and vomiting
23. <input type="radio"/>	Diabetes
24. <input type="radio"/>	Diarrhoea
25. <input type="radio"/>	Other,specify.....

**E7. What kind of advice and information do you give to pregnant women attending the ANC? Do not Read out list. Tick as many responses as possible**

1. <input type="radio"/>	Advice and information about diet and nutrition
2. <input type="radio"/>	Discuss the place of birth
3. <input type="radio"/>	Discuss with the woman what to do if there is a problem during pregnancy like bleeding convulsions or fits
4. <input type="radio"/>	Discus children spacing or family planning (contraceptives)
5. <input type="radio"/>	Discuss Sexually transmitted diseases and HIV/AIDS
6. <input type="radio"/>	Give advice and information on how to take care of the newborn
7. <input type="radio"/>	Discuss exposure to violence during the pregnancy or before
8. <input type="radio"/>	Other-specify

**F. VIOLENCE**

**F1. Have you ever encountered a pregnant woman in the clinic exposed to violence from her husband/partner?**

1. <input type="radio"/>	Yes
2. <input type="radio"/>	No
3. <input type="radio"/>	Don't Know/I don't remember

**F2. Have you ever encountered a pregnant woman in the clinic exposed to violence from any other family member or friend?**

1. <input type="radio"/>	Yes
2. <input type="radio"/>	No
3. <input type="radio"/>	Don't Know/I don't remember

**F3. Have you ever been trained in how to manage a pregnant woman who has been exposed to violence in**

the ANC clinic?	
1. <input type="radio"/>	Yes
2. <input type="radio"/>	No
3. <input type="radio"/>	Don't Know/I don't remember
<b>F4.</b> What would you do if a pregnant woman tells you that she is exposed to violence? (Tick as many responses as mentioned)	
1. <input type="radio"/>	Talk to her and let her tell her story
2. <input type="radio"/>	Ask her to come back within 1-2 weeks
3. <input type="radio"/>	Refer her to a district hospital
4. <input type="radio"/>	Advice her to seek care at a shelter (One Stop (One Stop clinic)
5. <input type="radio"/>	Suggest that she brings her husband/partner to the next visit
6. <input type="radio"/>	Suggest that she leaves her husband/partner
7. <input type="radio"/>	Any other advice .....
<b>F5.</b> Is parental or spousal consent required for any ANC visits for adolescents?	
1. <input type="radio"/>	Yes
2. <input type="radio"/>	No
3. <input type="radio"/>	Don't know
<b>G. EQUIPMENT</b>	
<b>G1.</b> Which equipment that you require for ANC is available? (Read, Observe Tick)	
1. <input type="radio"/>	Armoire
2. <input type="radio"/>	Balance pèse personne avec toise
3. <input type="radio"/>	Bassin réiforme (haricot)
4. <input type="radio"/>	Toise drawn on the wall
5. <input type="radio"/>	Bureau
6. <input type="radio"/>	Boite à coton
7. <input type="radio"/>	Mettre luban
8. <input type="radio"/>	Intebe (3)
9. <input type="radio"/>	Chariot de soins
10. <input type="radio"/>	Cupule inox
11. <input type="radio"/>	Détecteur de pouls fœtal et gel
12. <input type="radio"/>	Escabeau 2 marches
13. <input type="radio"/>	Kit DIU
14. <input type="radio"/>	Kit spéculum vaginal
15. <input type="radio"/>	Paravent
16. <input type="radio"/>	Pisette (2)
17. <input type="radio"/>	Seau à pédale
18. <input type="radio"/>	Stéthoscope
19. <input type="radio"/>	Stéthoscope de Pinard
20. <input type="radio"/>	Table d'examen gynécologique
21. <input type="radio"/>	Tambour à compresses
22. <input type="radio"/>	Tensiomètre
23. <input type="radio"/>	Plateau à instruments
24. <input type="radio"/>	Gravidometre
25. <input type="radio"/>	Other,specify.....
<b>H. WORK ENVIRONMENT AND OWN SKILLS</b>	
<b>H1.</b> In your opinion, what are the three greatest problems facing the ANC services in this facility? What do you think are the solutions for these problems?	

Problems	Solutions
1. Insufficient health workers	1. Recrute more health workers
2. Not enough required skills	2. Regular training
3. Lack of equipment	3. Acquire more equipment
4. Other, specify...	4. Other, specify...

**H2.** Which are the 3 most important things that you need to improve as regards your own knowledge and skills?

1. <input type="radio"/>	Further eduction
2. <input type="radio"/>	In- service training
3. <input type="radio"/>	Salary Increase
4. <input type="radio"/>	Other

**ID**

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**Separate temperate**

**A. CHECK LIST FOR ANC REGISTERS (Choose 5 Files randomly/Health center from all files of past one year)**

**B. SOCIAL-DEMOGRAPHIC INFORMATION INFORMATION**

**A1.** What is your

5. Province.....
6. District .....
7. District Hospital .....
8. Health center.....

**B.1.** How many ANC Visits are recorded?

Number of Recorded visits .....

**B.2.** Is the expected date of delivery calculated?

1.  Yes

2.  No

**B.3.** Is the gestational age at the first visit recorded?

1.  Yes

2. <input type="radio"/>	No
<b>B4</b>	What was the gestational age at the first visit Number of weeks .....
<b>B.5. Was maternal weight measured and recorded at each visit?</b>	
1. <input type="radio"/>	During 1 <sup>st</sup> visit
2. <input type="radio"/>	During 2 <sup>nd</sup> visit
3. <input type="radio"/>	During 3 <sup>rd</sup> visit
4. <input type="radio"/>	During 4th visit
5. <input type="radio"/>	Never
<b>B.6. Was blood pressure measured and recorded at each visit?</b>	
1. <input type="radio"/>	During 1 <sup>st</sup> visit
2. <input type="radio"/>	During 2 <sup>nd</sup> visit
3. <input type="radio"/>	During 3 <sup>rd</sup> visit
4. <input type="radio"/>	During 4th visit
5. <input type="radio"/>	Never
<b>B.7. Is the fetal heartbeats readings recorded?</b>	
1. <input type="radio"/>	During 1 <sup>st</sup> visit
2. <input type="radio"/>	During 2 <sup>nd</sup> visit
3. <input type="radio"/>	During 3 <sup>rd</sup> visit
4. <input type="radio"/>	During 4th visit
5. <input type="radio"/>	Never
<b>B.8. Is proteinuria measured and recorded?</b>	
1. <input type="radio"/>	During 1 <sup>st</sup> visit
2. <input type="radio"/>	During 2 <sup>nd</sup> visit
3. <input type="radio"/>	During 3 <sup>rd</sup> visit
4. <input type="radio"/>	During 4th visit
5. <input type="radio"/>	Never
<b>B.9. Are the results of Hemoglobin tests recorded for each visit?</b>	
1. <input type="radio"/>	During 1 <sup>st</sup> visit
2. <input type="radio"/>	During 2 <sup>nd</sup> visit
3. <input type="radio"/>	During 3 <sup>rd</sup> visit
4. <input type="radio"/>	During 4th visit
5. <input type="radio"/>	Never
<b>B.10. Is Blood Sugar recorded?</b>	
1. <input type="radio"/>	During 1 <sup>st</sup> visit
2. <input type="radio"/>	During 2 <sup>nd</sup> visit
3. <input type="radio"/>	During 3 <sup>rd</sup> visit
4. <input type="radio"/>	During 4th visit
5. <input type="radio"/>	Never
<b>B.11. Is number of pregnancies/Gravida (Number of previous pregnancies including the current pregnancy) recorded?</b>	
1. <input type="radio"/>	Yes
2. <input type="radio"/>	No
<b>B.12. Are the results of syphilis test recorded?</b>	
1. <input type="radio"/>	Yes



2. <input type="radio"/>	No
<b>B.13.</b> Is provision of iron supplementation recorded?	
1. <input type="radio"/>	Yes
2. <input type="radio"/>	No
<b>B.14.</b> Is provision of malaria prophylaxis (Super net) recorded?	
1. <input type="radio"/>	Yes
2. <input type="radio"/>	No
<b>B.15.</b> Is HIV test recorded?	
1. <input type="radio"/>	Yes
2. <input type="radio"/>	No
<b>B.16.</b> Was tetanus Immunization given?	
1. <input type="radio"/>	Yes
2. <input type="radio"/>	No
3. <input type="radio"/>	No, she received it during previous pregnancy/ies
<b>B.17.</b> Is there any note on violence ongoing in the home?	
1. <input type="radio"/>	Yes
2. <input type="radio"/>	No
<b>B.18.</b> Were Antihelmintic given	
	Yes
	No