Name of person interviewed: _____

Facility number:

RAPID ASSESSMENT OF MALARIA DURING PREGNANCY TOOL 4: ANTENATAL CLINIC FACILITY ASSESSMENT

Interviewer name	Today's Date://
Interviewer number	Day Month Year
Facility number: Facility name:	

Instructions for the interviewer: Please administer this assessment to the manager of the health facility. Respond to each question as completely as possible and add all comments in the space provided at the end of the assessment. Please read the following paragraph to the respondent before beginning the interview:

I am here today to conduct an assessment of antenatal care facilities to learn more information regarding malaria during pregnancy. We would like to ask you several questions about the prevention of malaria during pregnancy in your facility. The information gathered will be used to _______. Your participation in this process is very important. Your responses will be kept confidential. No institution or individual will be identified by name in the final report. This assessment will not last more than 30 minutes.

We ask you to respond to each question to the best of your ability. If you have questions at any moment during the interview, do not hesitate to ask. Do you agree to participate in this assessment?

Instructions to the interviewer: *If the respondent agrees to participate in the assessment, place an « X » in the following box.*



The respondent agreed to participate in the assessment.

BACKGROUND

1.	Name of the facility:			
2.	Type of facility: Regional hospital = 1 District hospital = 2 Health center = 3 Health dispensary = 4 Other = 9 <i>(specify)</i>	[]	
3.	District:			
4.	Region:			
	Facility	number:		I

5.	Title of the respondent:	
6.	Number of years of service in the facility:	/ears
7.	Training of the respondent:[] Doctor = 1 Nurse = 2 Midwife = 3 Other = 9 (specify)	-
ASSES	SSMENT OF ANC SERVICES	
8.	Are ANC cards used in this facility?[] Yes = 1 No = 2 (SKIP TO Q11) Don't know = 98 (SKIP TO Q11)	
	If yes, are ANC cards provided free by the facility or are women required to purchase them?[] Provided by the clinic for free = 1 Provided by the clinic for a fee = 2 Used at the clinic, but woman must provide = 3 Don't know = 98	
9.	Do these cards have a place to record antimalarial drug use? Yes = 1 No = 2 Don't know = 98 <i>If yes, do the cards have a place to record (check all that apply)</i> Treatment of malaria illness Intermittent preventive treatment (IPTp) Chemoprophylaxis	
10.	If yes, Interviewer should examine at least 20 ANC cards of women in second or greater ANC visit and note how many cards have any infor recorded on antimalarial drug use ¹ [] All have antimalarial drug use information recorded = 1 Half have antimalarial drug use information recorded = 2 Fewer than half have antimalarial drug use information = 3 Other = 9 (specify): Don't know = 98	
11.	How many ANC visits are recommended in your clinic?	
	11a. Number of recommended visits: []	
	11b. Average gestational age at first ANC visit (weeks) []	weeks
	11c. Number of visits per trimester	

Facility number: _____2

First	[]
Second	[]
Third	[]

12. Actual practices in ANC services:

Interviewer: Read each practice to respondent and record appropriate response.

PRACTICE	NEVER PROVIDED	PROVIDED TO ALL WOMEN	PROVIDED TO CERTAIN WOMEN	If provided to certain women, reason why
12a. Intermittent preventive treatment				
12b. Counseling on use of ITNs				
12c. Hemoglobin test				
12d. Iron				
12e. Folate				
12f. Iron and folate (combined tablet)				
12g. Blood films				

13.	Yes = No = 2	2 <i>(SKIP TO Q15)</i> know = 98 <i>(SKIP TO Q15)</i>]
	13a.	Number of days with health education sessions/week:[]
	13b.	Is the location for these sessions adequate?[Women can sit down = 1 Certain women remain standing = 2 All women are standing, but can fit in the room = 3 The room is too full and women cannot enter into the room = 4 Other = 9 (specify):]

 $^{^{1}}$ This question could be modified if there is a way to cross-check for accuracy of information on the ANC card.

13c. Themes covered that are relevant to malaria:

14.	Are visual aids used during these sessions?[] Yes = 1 No = 2 Don't know = 98	
	14a. <i>If Yes,</i> Are there materials that women can take home with them?[] Yes = 1 No = 2 Don't know = 98	
15.	Are there any job aids related to malaria during pregnancy available for the health-care workers (for example, wall posters, laminated sheets)?[Yes = 1 If yes, specify:]
	No = 2 Don't know = 98	
16.	How do the women usually obtain their antimalarial drugs?[Directly from the ANC (by the health provider) = 1 From the pharmacy on site at the ANC after getting a prescription from the provider = 2 Having a prescription filled elsewhere = 3 Other = 9 (SPECIFY) Don't know = 98]
17.	Quantities of medicines available at facility:	

Note the estimated number of boxes of pills or containers present. (If pregnant women's medicines are stored together with medicines for all other patients, note the total number. If pregnant women's medicines are stored separately, note the number set aside for pregnant women.)

18. Number of stock-outs: (Collect the following information from facility records)

Facility number: ____ ____ ____

4

	months*	months*	
18a.Iron			
18b.Folate			
18c.Iron/folate			
18d.Chloroquine			
18e.Proguanil			
18f. Quinine			
18g.Sulfadoxine-pyrimethamine (SP)			
18h.Hemoglobin tests			
18i.Materials for blood films			
18j.Other (specify):			

*If 6 months is not feasible, could specify 3 months.

19. Facility Equipment: Present and working =1 Present but not working = 2 Not present = 3

19a.Thermometer [19b. Alcohol [19c. Gloves [19d.Cotton [19e.Glass slides [19f. Lancets [19g. Microscope [
199. Microscope[19h. Giemsa and staining equipment[19i. Hemoglobin measuring supplies[19j. Clean water[19k. Cups to drink from[

MALARIA DURING PREGNANCY

20.	If malaria prophylaxis is recommended, does the clinic have a the national protocol?	writte]	n copy of
	If yes, 20a. Can the respondent show you the written protocol? Yes = 1 No = 2 Don't know = 98	[]
	20b. Treatment recommended in the protocol: Chloroquine treatment dose then once per week = 1 Two doses of SP = 2 None = 3 Other = 9 (specify):	[]

]]]]]]]

]

21.	Are insecticide-treated mosquito nets (ITNs) available for distribution or sale in your facility? [] Yes = 1
	No = 2 (SKIP TO Q22) Don't know = 98 (SKIP TO Q22) If Yes:
	21a. Approximate cost to the ANC client of one ITN
	21b. Average number of ITNs distributed/sold per month:[]
22.	Are re-impregnation kits available for distribution or sale in your facility? [] Yes =1 No = 2 (SKIP TO Q23) Don't know = 98 (SKIP TO Q23) If yes
	22a. Approximate cost of one re-impregnation kit (to the ANC client)?:
	22b. Average number of kits distributed/sold per month[]
23.	If ITNs are not available directly for sale, are vouchers/coupons distributed to women? Yes=1 No=2 Don't know=98
	<i>If Yes:</i> 23a. How much is the voucher/coupon worth?
COST 24.	TS OF ANC SERVICES Do women pay for ANC services?
	<pre>24a. If women pay for ANC services, what is the schedule of payments?</pre>
	24b. How much do they pay? per

25. Please indicate in the table below what women pay for each of the following medications:

Medicines/Vaccinations/	Cost to the woman	If purchased at the
Laboratory	Free = 0	facility, cost (per
	Included in cost of ANC	quantity)
	services = 1	(For example, 10
	Purchase at pharmacy	packets for US\$1)
	part of the facility $= 2$	

Facility number: ____ ___

6

	Purchase elsewhere = 3 Not available = 4	
25a. Iron		
25b. Folate		
25c. Iron/Folate		
25c. Chloroquine (treatment)		
25d. Chloroquine (chemoprophylaxis)		
25e. SP (treatment)		
25f. SP (IPTp)		
25g. Other antimalarial drug for treatment (specify):		
25h. Other antimalarial drug for prevention (specify):		

26. Which of the following information is routinely collected each month and forwarded on to the district health management team? (*Check all that apply*)

26a. Number of first antenatal clinic consultations	
26b. Number of repeat antenatal clinic consultations	
26c. Number of tetanus toxoid vaccinations delivered	
26d. Number of 1 st dose of IPTp delivered	
26e. Number of 2 nd dose of IPTp delivered	
26f. Number of chemoprophylaxis doses delivered	
26g. Number of ITNs sold and distributed	

Thank the respondent for his or her time!

INTERVIEWER COMMENTS:

(Please note any additional observations in the following space):

Facility number: ____ ___ ___

7