

Baseline Survey Facility Staff

Enter the PARTICIPANT STUDY ID

Data Collector

Date and Time of record creation - Data quality check

Baseline Survey - Latitude

Baseline Survey - Longitude

Health Facility Name

- ☐ -----MACHAKOS FACILITIES-----
☐ Mitaboni Health Centre
☐ Kaviani Health Centre
☐ Muumandu Health Centre
☐ Mutituni Health Centre
☐ Nguluni Health Centre
☐ Matungulu Health Centre
☐ Matuu District Hospital
☐ Kangundo District Hospital
☐ Mlolongo Health Centre
☐ Athi River Health Centre
☐ Ekalakala Health Centre
☐ -----KISUMU FACILITIES-----
☐ Migosi Sub County Hospital
☐ Rabuor Sub County Hospital
☐ Nyakach Sub County Hospital
☐ Kombewa Sub County Hospital
☐ Sondu Health Centre
☐ Nyangande Health Centre
☐ Masogo Sub County Hospital
☐ Katito Sub County Hospital
☐ Ahero County Hospital
☐ Nyahera Sub County Hospital
☐ -----THARAKA NITHI FACILITIES-----
☐ Chaikariga Health Centre
☐ Tunyai Health Centre
☐ Kibunga Health Centre
☐ Gatunga Health Centre
☐ Kibugua Health Centre
☐ Mpukoni Health Centre
☐ -----NASARAWA FACILITIES-----
☐ PHC Nasarawa Eggon
☐ PHC New Karu
☐ PHC Tsonhon Kasuwa
☐ PHC Karshi I
☐ PHC Agyaragu Yakubu
☐ MPHIC Baknyo
☐ PHC Akruha
☐ PHC Masaka
☐ PHC Lafia East
☐ PHC Doma Road, Lafia
☐ PHC I Garaku
☐ PHC Barkin Abdullahi (B.A.D)
☐ PHC Tundungwadara
☐ GH Akwanga
☐ Medical Centre, Mararaba
☐ PHC Mararaba
☐ PHC Kofar Pada
☐ PHC Mana, Emir's Palace, Lafia
☐ PHC Angwan Waje
☐ PHC Azara

County/LGA

(1 - Machakos County; 2 - Kisumu County; 3 - Tharaka Nithi County; 4 - Nasarwa (LGA))

Health Facility code

Intervention or control facility?

(1 - Intervention site; 2 - Control site)

Date of data collection/ interview

(DD-MM-YYYY)

First and Last Name of data collector

Name of service provider

(For Intervention sites only)

Phone number of service provider

(For Intervention sites only)

1. Age?

2. Sex?

- ☐ Male
☐ Female

3. Clinical/professional designation

- ☐ Midwife
☐ Nurse
☐ Physician
☐ Clinical officer or medical officer
☐ Community health extension worker (CHEW)
☐ Community health volunteer/worker (CHW/CHV)
(Check all that apply)

4. How many years have you had this designation?

5. How many years have you been providing ANC care?

THANK THE PARTICIPANT AND END THE INTERVIEW

Intervention Only: ANC providers

6. Do you currently provide ANC care?

- ☐ Yes
☐ No
(IF THE PARTICIPANT SAYS NO, END SURVEY AND THANK PARTICIPANT)

THANK THE PARTICIPANT AND END THE INTERVIEW

7. Please give me a few words to describe your feelings towards providing ANC care

8. Thinking specifically about when you provide antenatal care, do you agree, disagree or neither agree nor disagree with each of these statements?

a. I am able to provide the level of quality in antenatal care that I would like to provide.

- ☐ Agree
☐ Disagree
☐ Neither Agree or Disagree

b. During antenatal care I have enough time with my patients

- ☐ Agree
☐ Disagree
☐ Neither Agree or Disagree

c. During antenatal care I am able to answer questions in a way my patients understand

- ☐ Agree
☐ Disagree
☐ Neither Agree or Disagree

d. I feel respected by my ANC patients

- ☐ Agree
☐ Disagree
☐ Neither Agree or Disagree

e. During antenatal care there is time to teach important information about how women can keep themselves and their babies healthy

- ☐ Agree
☐ Disagree
☐ Neither Agree or Disagree

f. I would recommend to a friend to go to my clinic for antenatal care

- ☐ Agree
☐ Disagree
☐ Neither Agree or Disagree

g. Sometimes I worry that patients leave their visits with unanswered questions or confused about some things

- ☐ Agree
☐ Disagree
☐ Neither Agree or Disagree

h. I am always able to be respectful towards my patients

- ☐ Agree
☐ Disagree
☐ Neither Agree or Disagree

i. I find providing antenatal care highly satisfying

- ☐ Agree
☐ Disagree
☐ Neither Agree or Disagree

9. On a scale of 1 - 5, with 1 being extremely dissatisfied and 5 being extremely satisfied, how would you rate your current job satisfaction, specifically in relation to providing ANC care?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

10. On a scale of 1 - 5, with 1 being not at all and 5 being a lot, how much do you enjoy providing antenatal care?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

11. What are your key frustrations providing ANC care?

- ☐ Too many patients
☐ Not enough time
☐ Not enough equipment or supplies
☐ Don't know the patients
☐ Women don't come early enough
☐ Women don't return for visits
☐ Don't feel prepared/trained
☐ Other
(Check all that apply. Ask "any other frustrations?". DO NOT PROMPT)

Other specify

Feasibility

12. Do you think it's feasible to implement a group based care model in your facility?

- ☐ Yes
☐ No
☐ Not sure

For all responses: Why?

13. Do you personally want to provide group based care?

- ☐ Yes
☐ No
☐ Not sure

For all responses: Why?

Any other comments?

THANK THE PARTICIPANT AND END THE INTERVIEW