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The RESPOND Project Study Series: Contributions to Global Knowledge

Report No. 2

Community Mobilization for Postabortion Care in Kenya: Baseline Evaluation Report

Chi-Chi Undie, PhD, Population Council
Saumya RamaRao, PhD, Population Council

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Acronyms and Abbreviations

ANC	antenatal care
CHEW	community health extension worker
CHW	community health worker
COMMPAC	Community Mobilization for Postabortion Care
IPPF	International Planned Parenthood Federation
IUD	intrauterine device
MOH	Ministry of Health
NGO	nongovernmental organization
PAC	postabortion care
SWAK	Society for Women and AIDS in Kenya
TBA	traditional birth attendant
USAID	U.S. Agency for International Development

Executive Summary

Maternal health complications, including those arising from unsafe abortion and miscarriage, are a leading cause of morbidity among women in Kenya. The Rift Valley Province in particular has had the highest number of cases of abortion-related outpatient morbidity in the country since at least 2003. These realities necessitate interventions to prevent unintended or unwanted pregnancies and to ensure access to quality care for women with postabortion complications.

In response to this need, the RESPOND Project designed an intervention package aimed at increasing awareness and use of postabortion care (PAC) services[1] and improving family planning, reproductive health, and maternal health outcomes. As part of the intervention, RESPOND is working with districts and communities to: strengthen service delivery points to provide PAC services; conduct community mobilization to improve community involvement and knowledge on the prevention and treatment of PAC; build community capacity to address PAC needs; and encourage involvement of those most marginalized and most affected by postabortion complications in community action. The interventions will be carried out in selected communities in Naivasha District, Rift Valley Province, from 2010 to 2011.

This report summarizes the key results emerging from a baseline data collection exercise carried out from May to June 2010 in Naivasha District to provide a benchmark against which the RESPOND intervention may be measured during endline evaluation. The evaluation uses a quasi-experimental design with intervention and control groups covering six study sites within Naivasha District, with measurements taken at baseline and endline. The baseline data collection comprises three components—a community-based survey of approximately 600 women between the ages of 18 and 49; an inventory of all public and private health facilities in the study area (n=11); and interviews with providers working at the identified facilities.

Key Findings

There is a clear need for PAC services at the evaluation sites. Although the respondents were aware of a number of danger signs in pregnancy, a significant proportion were not aware that bleeding in the first half of pregnancy is not normal or could signify a problem. Furthermore, approximately one-third of the women experiencing bleeding had not sought care, indicating that a considerable proportion of women are unaware of the life-threatening risks they face by not seeking care.

Utilization of health services during pregnancy and delivery is limited. Despite their awareness that government health facilities are a place where maternal health services may be obtained, during their last pregnancy a significant proportion of women sought their first antenatal care (ANC) check-up in the second trimester (at 5–6 months). One-third of

[1] Throughout the intervention, PAC is referred to as "bleeding in the first half of pregnancy," given the sensitivities of talking about abortion and PAC in the Kenyan context.

respondents reported delivering at home while attended by friends or relatives rather than by a skilled birth attendant.

Knowledge of family planning is high, but actual use is significantly lower. Although practically all respondents were aware of a family planning method, fewer than 50% of the women in the study were currently using a method. Of those who were not currently using a method, about 60% desired to limit future births.

Reasons for nonuse of family planning highlight the need for the intervention. Lack of knowledge of the range of methods available, a lack of specific knowledge of individual methods, and fear of side effects were among the key reasons for nonuse of contraception. The largest percentage of respondents reported that their main reason for not using family planning was their unmarried status. A significant proportion of respondents were undecided about when they wanted to conceive again.

Exposure to community interventions in general is low. Few community interventions were known by respondents, and their knowledge of the community health extension workers and community health workers in their neighborhoods was also low.

Health facilities in Naivasha could feasibly offer PAC services. Although PAC services are currently not being offered at the surveyed health facilities (the vast majority of which are Level II health facilities), all of the facilities could potentially provide PAC services if they received some strengthening, particularly training of providers in the provision of these services.

Government health facilities are patronized by a considerable proportion of women. Women identify and seek care at government health facilities for a range of services, including bleeding in the first half of pregnancy, PAC, ANC, delivery, and family planning.

In summary, the results of the baseline survey provide a general picture of community knowledge and behaviors and the range of service options that are available. These details are relevant for honing and refining the planned interventions under the RESPOND Project. Based on the findings from the baseline evaluation, the following intervention strategies are recommended:

- Prioritizing a focus on knowledge of bleeding danger signs due to either miscarriage or unsafe abortion.
- Building on existing community knowledge of government health facilities by linking communities and health services to increase utilization of health services.
- Fostering community awareness in regard to seeking appropriate care at relevant times over the course of pregnancy.
- Strengthening facilities to offer a full range of contraceptive choices, including long-acting and permanent methods, and to offer contraceptive services to all women seeking PAC.
- Providing women who wish to avoid pregnancies with information and methods, to promote informed choice. Creating dialogue about the need and availability of family planning methods should be pursued during community-level engagement, to address the barriers to use. As a significant proportion of respondents were undecided about when they

wanted to conceive again, working to resolve this ambiguity would help to reduce the likelihood of unintended pregnancy.

- Focusing on young unmarried women (the largest percentage of whom reported not using family planning because of their unmarried status), who are also reported to have some of the highest rates of unsafe abortion in Kenya.
- Ensuring intensive community mobilization efforts in terms of inputs and reach. Given the low exposure of community residents to any type of community mobilization activity, the community mobilization intervention may require repeated sessions, so as to saturate the community. Efforts can also be made to include men in this process, as women reported that their partners were important decision makers in and supporters of their health.

Background

Deaths from unsafe abortion in developing countries represent 13% of all pregnancy-related mortality and in some countries as much as 25% of maternal deaths (Curtis, Huber, & Moss-Knight, 2010). A woman dies every eighth minute somewhere in a developing country due to complications arising from unsafe abortion and miscarriage. In Kenya, such maternal health complications are a leading cause of morbidity among women (KMOH, 2008). The Rift Valley Province, where Naivasha is located, has consistently had the highest number of cases of abortion-related outpatient morbidity in the country since at least 2003, with 10,958 such deaths in 2004 alone (KMOH, 2005). Given these staggering numbers, interventions to prevent unintended or unwanted pregnancies and to ensure access to quality care for women with postabortion complications are a public health imperative.

In response to this need, the RESPOND Project[2] designed an intervention package aimed at increasing awareness and use of postabortion care (PAC) services[3] and improving family planning, reproductive health, and maternal health outcomes. This package builds on efforts by the ACQUIRE Project (2005–2007) to address PAC and increase family planning uptake by focusing on the central role that communities can play in improving access to services. As part of this intervention, RESPOND is working with districts and communities to: strengthen service delivery points to provide PAC services; conduct community mobilization to improve community involvement and knowledge on the prevention and treatment of bleeding in the first half of pregnancy; build community capacity to address PAC needs; and encourage involvement in community action of those most marginalized and most affected by postabortion complications. The intervention package is guided by RESPOND's supply-demand-advocacy framework, with a specific focus on the first two components. The intervention will be carried out in selected communities in Naivasha District from 2010 to 2011.

Between May and June 2010, the Population Council collected baseline data in Naivasha, Rift Valley Province, Kenya, to assess the combined effectiveness of RESPOND's supply and demand interventions on community capacity to mobilize for improved family planning, reproductive health, and maternal health outcomes. The baseline comprises three components: a community-based survey of women between the ages of 18 and 49; an inventory of all public and private health facilities in the study area (n=11); and interviews with providers working in the identified facilities. This report summarizes the key results emerging from the baseline evaluation.

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[2] The RESPOND Project (Responding to the Need for Family Planning through Expanded Contraceptive Choices and Program Services) is a five-year U.S. Agency for International Development (USAID) Leader with Associates Cooperative Agreement. RESPOND is led by EngenderHealth, in partnership with six other organizations: FHI, the Futures Institute, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU/CCP), Meridian Group International, Inc., and the Population Council.

[3] Throughout the intervention, PAC is referred to as "bleeding in the first half of pregnancy," given the sensitivities of talking about abortion and PAC in the Kenyan context.

Methodology

Study Objective

The main objective of the baseline is to provide a benchmark against which changes to the supply and demand components[4] of the RESPOND intervention may be measured at the endline survey. The intervention strategy will involve the following specific activities, which will be conducted by RESPOND's service delivery team:

1. RESPOND will train service providers (primarily clinical officers, registered nurses, and registered midwives) within Ministry of Health (MOH) dispensaries (Level I) and health centers (Level II) in Naivasha in the management of complications related to miscarriage and unsafe abortion (bleeding in the first half of pregnancy), to respond comprehensively to potential demand for PAC services by community members. Providers at up to 11 participating health centers and dispensaries will be trained.
2. RESPOND will train staff from the Nakuru Branch of the Society for Women and AIDS in Kenya (SWAK) on the community action cycle and the approaches for training communities in Naivasha on the cycle. This will include building the capacity of SWAK to provide ongoing mentoring and support to MOH community health extension workers (CHEWs) and community health workers (CHWs) based in Naivasha.
3. SWAK will train Level I MOH CHEWs and CHWs to facilitate the CAC for PAC in the communities in their work areas.
4. SWAK will support trained CHEWs and CHWs in conducting community mobilization sessions in their communities.
5. SWAK will provide ongoing mentoring and support to trained CHEWs and CHWs via monthly monitoring visits and quarterly meetings with the CHEWs.

Study Design

The study used a quasi-experimental design with intervention and control groups and a baseline assessment of demand and supply issues at six study sites within Naivasha District.

Each study site is a "community unit," as defined by the MOH, which refers to areas around which the MOH organizes service provision in accordance with its Community Strategy (MOH, 2006). Six community units were selected and matched based on their similarities in regard to urban-rural distribution of the population, service coverage, socioeconomic profile, and level of economic development. Three community units were randomly selected as the intervention sites, while the remaining three units serve as control sites (Table 1, page 4). Two CHEWs serve a community unit and oversee the work carried out by 50 CHWs, who are volunteers residing within each community unit.

[4] The advocacy component of RESPOND's Supply-Demand-Advocacy Framework was not addressed as part of the baseline evaluation. This component will be addressed after the interventions are underway and during the endline phase of the evaluation, as by that time advocacy activities would have occurred.

Table 1: Community unit intervention and control sites

Intervention	Control
Karunga	Eburu
Kiambogo	Maraigushu
Longonot	Moi Ndabi

A second important aspect of the evaluation design is that it includes both service delivery points or health facilities and the communities served by them. Measurements taken at the health facilities at baseline will gauge their readiness to provide PAC services and the quality of these services. Further, measurements taken at the community level will provide information on knowledge levels in regard to danger signs in pregnancy, access to and quality of PAC services at the focus facilities, and uptake of PAC services.

At baseline, data collection involved a community-based survey, health facilities assessments, and provider interviews in all intervention and control study sites.

Community-Based Survey

The baseline community survey involved structured interviews with a total of 600 women aged 18–49 years who reside in the six community units covered by the project. Seven of the 600 interviews were incomplete and therefore discarded. This report is thus based on a sample size of 593. Although women and girls below the age of 18 have reproductive health issues, they were excluded from the sample, as the number in this particular age range would be too small to permit disaggregation during data analysis, and because of the attendant issues of obtaining consent from those below 18 years of age.

From each community unit in the intervention and control groups, individuals were sampled with probability proportional to the population size of the community unit (Table 2).

Table 2: Population sizes of community units and health facilities serving the study areas

Community unit	Population size	MOH dispensary	MOH health center	Private medical clinic	Faith-based health center
Eburu	6,798	1		1	
Karunga	12,874	1			
Kiambogo	32,450	2	1	1	
Longonot	4,722	1			1
Maraigushu	10,000	1			
Moi Ndabi	7,000	1			

In the first stage, four villages were randomly selected from each community unit. Within each selected village, every third household was visited, and within each household, only one female member aged 18–49 was identified for an individual interview. Selected households that did not have a female member who met this criterion were replaced with the next available household having such a member. For households with more than one female member aged 18–49, only one female respondent was identified for interview.

Facility Inventory

An inventory of the physical infrastructure and a review of the facility records were conducted at a total of 11 public and private health facilities in the intervention and control sites, using a tool/checklist to determine improvements/alterations or additions required to accommodate PAC services, including new supplies and equipment and the availability of commodities required for PAC and family planning. At one of the facilities (Prime Medical Care, a private health facility in Kiambogo), the inventory was only partially completed, as the proprietor (who also appears to serve as the sole medical staff) was out of town throughout the fieldwork period.

Health Provider Interviews

A short, semi-structured questionnaire was developed to assess providers' knowledge, attitudes, and practices pertaining to PAC and family planning. Attempts were made to carry out interviews with providers (doctors, clinical officers, and registered nurses) at all public and private health facilities in the study areas where PAC services are offered. This occurred at the same time as the inventory.

The survey, facility inventory, and provider interviews were administered by trained research assistants.

Data Quality

Data quality checks were carried out in multiple ways. During data collection, field supervisors did a manual check of every completed interview schedule turned in by interviewers. Interview schedules with errors were rectified by revisits to the household. Second, quality checks were built in to reduce data entry errors; Epi Info™ screens were created that only allowed in-range codes and checked for skip patterns. Third, after data entry, range checks were conducted on the data to test for in-range responses. Where relevant, data entry clerks consulted with the original interview schedules to make the appropriate corrections.

Data quality was also enhanced by using the double-entry procedure. After the first round of data entry, a special program that permits the entering of data a second time was used, and each second entry was checked against the first. Any discrepancies noted during this process were corrected.

Data Analysis

The baseline community survey data were entered in Epi Info and analyzed using Stata® software. The principal procedure for data analysis involved descriptive statistics on each variable at baseline, making comparisons between the intervention and control sites and testing whether there are any significant differences (calculated as $p<.05$).

As the facility inventory occurred at only 11 health facilities, the data collected via the facility inventory and provider tools were reviewed manually. The provider tool was to be administered only to providers at facilities where PAC services were offered.

Findings

Overview of PAC Services at Health Facilities

At baseline, the inventory data indicated that PAC services were not being offered at any of the 11 health facilities. Furthermore, at all health facilities but one (Longonot Dispensary, in Longonot Community Unit), no providers had received PAC training. Although PAC services were unavailable among the health facilities, five of the facilities had general referral mechanisms for patient emergencies, as outlined below. Table 3 also gives an indication of the type of services offered at each facility.

Table 3: Health services and referral mechanisms offered at study area health facilities, by intervention and control status*

Community	Name of Facility	Type of facility	Services offered	Referral mechanism
Community Unit: Intervention				
Karunga	Karunga Dispensary	Ministry of Health	ANC, FP, HCT, PMTCT	Patient is escorted by a health provider to a facility where required services are available.
Kiambogo	Kiambogo Dispensary	Ministry of Heath	ANC, FP, HCT, PMTCT	
Kiambogo	Kiptangwanyi Dispensary	Ministry of Health	ANC, ART, FP, HCT, PMTCT	
Kiambogo	Oljurai Health Center	Ministry of Health	ANC, FP, HCT, PMTCT	
Kiambogo	Prime Medical Care	Private	ANC, FP, HCT, HBC, PMTCT	
Longonot	Longonot Dispensary	Ministry of Health	ANC, FP, HCT, PMTCT	
Longonot	Holy Trinity Health Center	Faith-Based	ANC, HCT, PMTCT	Referral forms are available; patient is escorted to facility by a health provider.
Community Unit: Control				
Eburu	Eburu Dispensary	Ministry of Health	ANC, FP, HCT, PMTCT	Telephone communication between facilities
Eburu	Camp Brethren Medical Clinic	Private	ANC, FP, PMTCT	
Maraigushu	Maraigushu Dispensary	Ministry of Health	ANC, FP, HCT, PMTCT	
Moi Ndabi	Moi Ndabi Dispensary	Ministry of Health	ANC, FP, HCT, PMTCT	Patient is escorted to facility by a health provider

Notes: ANC=antenatal care; ART=antiretroviral therapy; FP=family planning; HBC=home-based care; HCT=home-based counseling and testing (HCT); PMTCT=prevention of mother-to-child transmission of HIV.

* Health facilities were identified from the Kenya Health Facilities List, July 28, 2009, Ministry of Health and Public Sanitation (www.publichealth.go.ke).

All 11 facilities have staff (such as nurses or clinical officers) who could provide PAC services if they were trained to do so. Although this level of staff is not present at the facilities 24 hours a day, for seven out of the 10 health facilities for which we have complete data, staff are available on call at all times after normal operating hours (Table 4).

Table 4: Readiness of health facilities to offer PAC services

	Camp Brethren	Eburu Dispensary	Holy Trinity Health Centre	Karunga Disensary	Kiambogo Dispensary	Kiptangwanyi Dispensary	Longonot Dispensary	Moi Ndabi Dispensary	Maraigushu Dispensary	Ol-jorai Health Centre
Nurse/clinical officer is present at facility 24 hours per day.										
Nurse/clinical officer is available on call at all times after hours.			√	√	√	√		√	√	√
Facility has staff shortages in FP services.		√	√	√	√		√	√		√
Speculum is available.	√	√		√	√	√	√	√	√	√
Piped running water is available.			√			√	√			√
Electricity is available.		√	√	√	√	√			√	
Facilities are clean.	√	√	√	√	√	√	√	√	√	√
Examination room with a barrier **or** a private examination room is available.	√ (P)	√	√	√	√	√ (P)	√ (P)	√	√ (P)	√
Spotlight source is available (flashlight/examination light).			√							
Examination couch available for gynecological exam.		√	√							
Main FP methods are available.	OC, HI	OC, EC, HI, IUD, MC, FA	FA	OC, EC, HI, MC, FC	OC, EC, HI	OC, EC, HI	OC, EC, HI, MC, FC, FA, LAM	OC, EC, HI, MC, FC, FA	OC, EC, MC, FA	OC, EC, HI, MC, FC

Note: P=private room; OC=oral contraceptives; EC=emergency contraception; HI=hormonal injectables; IUD=intrauterine device; MC=male condoms; FC=female condoms; FA=fertility awareness; LAM=lactational amenorrhea method.

In regard to the general infrastructure of these facilities, the inventory showed that all had clean facilities and six out of 10 had electricity. Six out of 10 did not have piped running water, although water was available.

In terms of equipment, items required for gynecological examinations, such as speculums, are generally available, except at Holy Trinity Health Center. Yet, Holy Trinity Health Center was the only facility to have a spotlight source (including a flashlight or examination light). Holy Trinity Health Center and Eburu Dispensary were the only facilities to have an examination couch for gynecological exams.

Except for Holy Trinity Health Center, where only fertility awareness methods of family planning are provided, the facilities generally make the pill, the emergency contraceptive pill,

and injectables available. The IUD was available only at Eburu Dispensary, and six of the 10 facilities offered the male condom.

Four of the facilities had private rooms for examining clients, while the rest had rooms that used a separating barrier to protect patients' privacy.

In summary, all of the health facilities could feasibly provide PAC services with some strengthening, particularly in the actual training of staff in the provision of these services.

Description of Study Participants

Table 5 confirms the close comparability of the intervention and control sites as far as key demographics are concerned. There were no significant differences between women in the sample from the intervention and control areas in terms of age (about 50% of the sample in both groups were between 20 and 29), education (mostly primary level), marital status, and religious affiliation. In regard to occupation, about half of respondents in the intervention and control sites (47% and 55%, respectively) were engaged in unskilled manual labor. The partners of the majority of respondents in both sites were also most likely to be engaged in unskilled manual labor (35% and 40%, respectively).

Table 5: Respondent and partner demographics

Demographic measure	Intervention		Control	
	N	%	N	%
Aged 20–29	401	45.3	192	50.5
% whose highest level of education is primary school	400	74.8	192	78.1
% married	401	79.8	192	81.3
% Catholic	401	15.2	191	19.4
%Protestant/other Christian	401	78.3	191	70.2
% employed (unskilled manual/domestic services/ agriculture)	164	47.0	87	55.2
% whose husband is self-employed (formal sector/ formal trading)	319	16.3	156	14.1
% whose husband is employed in skilled manual labor	319	6.9	156	9.6
% whose husband is employed in unskilled manual labor/domestic services	319	35.1	156	39.7

Pregnancy and Childbearing

To determine the extent of the burden of pregnancy complications within the evaluation areas, respondents were asked whether they had ever had a miscarriage, whether they had been pregnant in the last year, and, if so, what the outcome of that pregnancy was. As Table 6 (page 10) indicates, 11% of respondents in the intervention area had ever experienced a pregnancy that did not come to term, while 14% of respondents in the control areas had had the same experience.

Approximately one-third of respondents in both the intervention and the control sites were pregnant in the last year. Of these, 4% in the intervention site reported having a miscarriage, compared with more than twice this proportion (10%) in the control areas.

Table 6: Measures of pregnancy and childbearing in study areas

	Intervention		Control		Total	
	N	%	N	%	N	%
Ever had a pregnancy that did not come to term	370	11.1	178	14.0	548	12.0
Was pregnant in the past one year	356	29.8	173	34.1	529	31.2
Had a miscarriage in the past one year	95	4.2	58	10.3	153	6.5

Family Planning Knowledge

Awareness creation around family planning is a key PAC strategy aimed at preventing unintended pregnancies, and, therefore, potential pregnancy complications. Though not necessarily a panacea for behavior change, knowledge of family planning methods can prompt use and can help women make informed decisions as they protect themselves from unintended pregnancy and sexually transmitted infections (which can lead to bleeding in the first half of pregnancy or other pregnancy complications). All participants were asked whether they had heard of any methods to delay or prevent pregnancy. Out of 593 respondents, most (93% in the intervention site and 95% in the control area) had heard of a family planning method (Table 7, page 11), with the best-known methods being the pill (93% in both groups), the hormonal injection (88% in the intervention group; 90% in the control group), and the IUD (49% in the intervention group; 55% in the control group). Knowledge levels in regard to the condom and implants, respectively, were lower, at 33% and 30%, respectively, in the intervention area and 34% for both methods in the control area. Although there was low knowledge of implants in particular, the high level of knowledge about the IUD could potentially be used as an entry point to increase awareness around long-acting and permanent methods of family planning.

Government health facilities were the primary channel through which the majority of participants in the intervention and control sites (81% and 75%, respectively) had been exposed to information on family planning methods (Table 8, page 11). The radio, relatives/friends, and community members (in that order) were the other main avenues through which this kind of information was received by participants in both sites.

Table 7: Family planning knowledge

	Intervention		Control		Total	
	N	%	N	%	N	%
% who ever heard of methods to delay or prevent pregnancy	401	92.5	192	94.8	593	93.3
% who are aware of:						
Pill	371	93.2	182	93.4	553	93.3
Injectable	371	88.1	182	90.1	553	88.8
IUD	371	49.1	182	55.0	553	51.0
Condom	371	32.6	182	34.1	553	33.1
Hormonal implants	371	29.9	182	33.5	553	31.1
Female sterilization	371	14.8	182	14.3	553	14.7
Standard days method	371	12.4	182	14.8	553	13.2
Fertility awareness methods	371	6.5	182	4.4	553	5.8
Male sterilization	371	4.0	182	0.6	553	2.9
Withdrawal	371	2.4	182	2.8	553	2.5
Emergency contraception	371	3.5	182	1.1	553	2.7
Lactational amenorrhea method	371	2.7	182	1.1	553	2.2
Others	371	2.9	182	1.7	553	2.5

Table 8: Source of exposure (heard/seen/read) to information on family planning methods

	Intervention (N=371)	Control (N=182)	Total (N=553)
	%	%	%
Government health facility	81.1	74.7	79.0
Private health facility	7.6	13.7	9.6
Relative/friend	27.0	31.9	28.6
Radio/TV	30.7	31.9	31.1
Community member	22.6	23.1	22.8

Family Planning Discussion and Use

The positive impact of couple communication in regard to family planning on actual family planning use is well-documented. The importance of male involvement in family planning has also been increasingly emphasized in family planning programming. Respondents were therefore asked whether they had ever discussed with their partners using/doing something to delay or prevent pregnancy. About the same proportion of women in both study sites (57% in

the intervention group; 60% in the control group) had held such discussions with their partners. Of these, around a quarter of respondents reported that their partners did not want any more children (27% in the intervention site and 23% in the control area) (Table 9).

Table 9: Partner's desire for a (another) child

	Intervention (N=394)	Control (N=189)	Total (N=583)
	%	%	%
Husband does not want a (another) child	26.9	23.3	25.7
Husband wants a (another) child in:			
1 year or less/as soon as possible	7.1	3.7	6.0
Less than 2 years (in 13-23 months)	5.3	2.1	4.3
2–5 years	9.4	11.1	9.9
More than 5 years	7.9	12.7	9.4
Don't know	14.0	19.0	15.6
Not applicable	29.4	28.0	29.0

Near equal proportions of women (more than 60% in intervention and control areas alike) reported that their partners approve of their use of a family planning method (Table 10). Women's personal approval of family planning use was slightly higher, at more than 70% in intervention and control groups.

Table 10: Partner approval of family planning

	Intervention		Control		Total	
	N	%	N	%	N	%
Respondent reports partner approval of family planning	310	66.1	153	61.4	463	64.6
Respondent approves of family planning	370	73.5	182	70.9	552	72.6

Nearly half of all respondents said they would like to have another child in the future (44% intervention; 47% control) (Table 11, page 13); however, the majority would prefer to get pregnant again within the next 2–5 years (27% and 29% in intervention and control areas, respectively) or in more than 5 years from the time of interview (20% intervention and 26% control). A significant proportion of respondents were undecided about when they wanted to conceive again (21% intervention; 27% control).

Table 11: Respondent's desire for a (another) child

	Intervention		Control		Total	
	N	%	N	%	N	%
% of respondents who would like to have a (another) child	398	43.5	191	46.6	589	44.5
If respondent does want a (another) child, % reporting when she would like to become pregnant:						
1 year or less/as soon as possible	173	14.7	89	7.8	262	12.2
Less than 2 years (in 13–23 months)	173	14.7	89	9.7	262	12.9
2–5 years	173	27.2	89	29.1	262	27.6
More than 5 years	173	20.1	89	26.2	262	22.3
Other	173	2.7	89	0.0	262	1.7
Don't know	173	20.7	89	27.2	262	23.0

Given knowledge levels on family planning in the study communities and the respondents' fertility intentions, it is important to explore actual family planning use among the participants. Approximately the same proportion of women in the intervention (47%) and control (46%) areas reported using family planning methods currently (Table 12), with the injectable being the most commonly used method in both areas. While the injection is used by more than half of those relying on a method in the intervention and control sites, the pill (10% intervention; 13% control) and the standard days method (7% intervention; 10% control) are the second and third most commonly used methods, respectively, in both sites.

Table 12: Current use of family planning

	Intervention		Control		Total	
	N	%	N	%	N	%
% currently using family planning	343	46.9	172	45.9	515	46.6
% distribution of family planning methods currently used:						
Injectable	160	58.8	77	57.1	237	58.2
Pill	160	10.0	77	18.2	237	12.7
Standard days method	160	6.9	77	10.4	237	8.0
Female sterilization	160	6.3	77	3.9	237	5.5
IUD (Copper-T)	160	5.6	77	2.6	237	4.6
Fertility awareness method	160	4.4	77	2.6	237	3.8
Condoms	160	3.8	77	2.6	237	3.4
Lactational amenorrhea	160	0.0	77	2.6	237	0.8
Implants	160	2.5	77	0.0	237	1.7
Emergency contraception	160	0.6	77	0.0	237	0.4
Other	160	1.3	77	0.0	237	0.8

Not being married, breastfeeding, and fearing side effects (in that order) emerged as the top three reasons cited by respondents who were not currently practicing contraception as the main barriers to their use of family planning in both intervention and control groups (Table 13). Of those not currently using a family planning method, nearly three in five (58% intervention; 59% control) did not want to have another child in the future.

Table 13: Main reasons for not using family planning

	Intervention (N=182)	Control (N=92)	Total (N=274)
	%	%	%
Is not married	22.5	20.7	21.9
Is breastfeeding	17.6	17.4	17.5
Fears side effects	11.5	13.0	12.0
Is not having sex	8.2	12.0	9.5
Respondent is opposed	6.0	7.6	6.6
Husband/partner is opposed	4.4	8.7	5.8
Interferes with body's natural processes	5.0	5.4	5.1
Having infrequent sex	3.3	2.2	2.9
Religious prohibition	5.5	3.3	4.7
Is subfecund/infecund	2.2	5.4	3.3
Is menopausal/had hysterectomy	6.6	0.0	4.4
Is fatalistic	0.6	0.0	0.4
Family planning is inconvenient to use	2.2	1.1	1.8
Knows no source	0.0	2.2	0.7
Doesn't know	4.4	7.6	5.5

Knowledge and Utilization of Health Services

Access to health services, including family planning and PAC, can be hampered by a lack of awareness of sources of care. Respondents were therefore asked questions to assess their knowledge of the availability of a range of reproductive health services, including family planning, ANC, delivery care, and PAC-related services.

Most respondents indicated that the majority of people in their communities get their family planning methods from government health facilities (98% intervention; 94% control) (Table 14).

Table 14: Perceived access points for family planning methods among community members

	Intervention (N=371)	Control (N=182)	Total (N=553)
	%	%	%
Government health facility	97.6	94.0	96.4
Private health facility	15.6	30.2	20.4
Pharmacy/chemist	4.9	1.7	3.8
Traditional birth attendant (TBA)	0.0	0.6	0.2
Herbalist	3.8	4.4	4.0
Other	0.5	3.9	1.6

As their point of access to ANC, the majority of women in intervention and control sites, respectively, cited either government hospitals (41% and 53%, respectively), government health centers (50% and 39%, respectively), or dispensaries (44% and 57%, respectively) (Table 15).

Table 15: Perceived access points for ANC among community members

	Intervention (N=401)	Control (N=192)	Total (N=593)
	%	%	%
Government hospital/clinic	41.4	52.6	45.0
Government health center	50.4	39.1	46.7
Dispensary	44.4	57.3	48.6
Private hospital/clinic	8.5	10.9	9.3
TBA's home	0.0	3.1	1.0
Nowhere/they do not go	5.2	4.2	4.9
Other	0.5	0.5	0.5

In regard to delivery, while government health facilities seem to be patronized by study respondents, the community perception is that a significant proportion of women still deliver at home (33% in the intervention areas and 45% in control sites) (Table 16).

Table 16: Perceived access points for delivery care among community members

	Intervention (N=401)	Control (N=192)	Total (N=593)
	%	%	%
Government hospital/clinic	50.9	63.5	55.0
Government health center	50.6	27.6	43.2
Dispensary	31.7	26.0	29.8
Private hospital/clinic	10.2	9.4	10.0
TBA's home	0.8	4.2	1.9
At home	33.2	44.8	36.9
Other	0.5	0.5	0.5

A key concern of public health interventionists is that knowledge of the availability of health services does not necessarily translate to actual utilization. Of those in the study sample who had been pregnant during the past year, 85% in the intervention area and 79% in the control area had visited a government health facility for ANC. A significant proportion of women in both the intervention and control groups made their first ANC visit in the fifth or sixth month of pregnancy (Table 17, page 16). However, 9% of women in the intervention group and 20% of women in the control group made their first ANC visit in the third month of pregnancy, while 21% in the intervention site and 10% in the control site did so in the fourth month. Of those who attended ANC, 36% in the intervention area made four or more visits, compared with 57% in the control area ($p<.05$).

Table 17: Month of gestation at which respondents made their first ANC visit during their last or current pregnancy

Month of gestation	Intervention (N=96)	Control (N=50)	Total (N=146)
	%	%	%
0	0.0	2.0	0.7
1	1.0	0.0	0.7
2	3.1	6.0	4.1
3	9.4	20.0	13.0
4	20.8	10.0	17.1
5	20.8	30.0	24.0
6	28.1	18.0	24.7
7	13.5	14.0	13.7
8	3.1	0.0	2.1

In regard to delivery, 55% and 37% of women in the intervention and control areas, respectively, received skilled attendance the last time they had a child. Nearly one-third of women delivered at home while attended by a relative or friend, a proportion that was comparable across sites (32% and 35%) (Table 18). However, the proportion of women who reported delivering by themselves was twice as great in the control area (10%) as in the intervention site (5%).

Table 18: Attendant at last delivery

	Intervention (N=85)	Control (N=51)	Total (N=136)
	%	%	%
Doctor	12.9	3.9	9.6
Nurse/midwife	42.4	33.3	39.0
TBA	7.1	9.8	8.1
Relative/friend	31.8	35.3	33.1
No one	4.7	9.8	6.6
Other*	1.2	7.8	3.7

*$p<0.05$

Pregnancy Experiences and Complications

Knowledge of danger signs in pregnancy is integral to addressing pregnancy complications on the part of women. Respondents were asked to list the danger signs in pregnancy that they were aware of. Bleeding-related signs, severe abdominal pain, feeling ill/weakness, and severe/persistent nausea/vomiting were cited the most by respondents (Table 19, page 17).

Table 19: Percentage of respondents knowing various danger signs or complications in early pregnancy

	Intervention (N=388)	Control (N=186)	Total (N=574)
	%	%	%
Increased bleeding	32.2	43.0	35.7
Bleeding heavier than a normal period	13.4	21.0	15.9
Continued bleeding for two weeks	2.8	1.6	2.4
Severe abdominal pain	38.4	44.6	40.4
Fever	7.2	8.1	7.5
Chills	6.2	7.0	6.4
Foul-smelling vaginal discharge	3.9	6.5	4.7
Muscle aches	13.4	10.2	12.4
Tenderness to pressure in abdomen	4.6	3.2	4.2
Dizziness or fainting	15.2	20.4	16.9
Feeling ill, weakness	39.4	38.7	39.2
Persistent nausea or vomiting	42.5	42.5	42.5
Severe and constant headache	9.3	5.9	8.2
Other	16.5	18.3	17.1

Respondents were also asked about their own personal experiences with pregnancy complications—specifically, with bleeding in the first few months of pregnancy. Eleven percent of all respondents had ever experienced bleeding in the first few months of pregnancy (10% control; 13% intervention) (Table 20). Of these, nearly one-third of all respondents (30%) in the intervention and control sites combined (35% intervention, 21% control) did not seek care for this condition.

Table 20: Percentage of respondents who experienced bleeding in the first few months of pregnancy and percentage who sought care

	Intervention		Control		Total	
	N	%	N	%	N	%
Ever experienced bleeding in first few months of pregnancy	378	9.8	180	13.3	558	10.9
Did not seek care for bleeding and other complications	37	35.1	24	20.8	61	29.5

As with other health services, overall, the majority of respondents were aware of government health facilities as sites where care for bleeding in the first few months of pregnancy could be sought (Table 21, page 18). However, while none of the respondents in the intervention sites reported that they sought care specifically at a government dispensary, dispensaries were the selected care site for bleeding in the first few months of pregnancy for 47% of respondents in the control areas (Table 22, page 18). Furthermore, in the intervention sites, 30% of respondents sought care within private health facilities, compared with none in the control areas. This is despite the fact that both intervention and control sites are home to one private health facility and an almost similar number of government dispensaries (four in the

intervention area and three in the control area). Additionally, there is one government health center in the intervention site, but none in the control area.

Table 21: Percentage knowing where to access care in case of bleeding in early pregnancy

	Intervention (N=401)	Control (N=192)	Total (N=593)
	%	%	%
Government hospital/clinic	51.6	64.1	55.6
Government health center	54.1	34.9	47.9
Dispensary	40.1	46.9	42.3
Private hospital/clinic	14.5	14.6	14.5
TBA	1.3	0.0	0.8
CHW	0.3	0.5	0.3
Herbalist	1.3	3.1	1.9
Friend	1.5	1.6	1.5
Other	0.3	1.6	0.7

Table 22: Place where care was sought for bleeding in early pregnancy

	Intervention (N=23)	Control (N=19)	Total (N=42)
	%	%	%
Government hospital/clinic	52.2	47.4	50.0
Government health center	26.1	0.0	14.3
Dispensary	0.0	47.4	21.4
Private hospital/clinic	30.4	0.0	16.7

A considerable percentage of participants sought services for bleeding in the first half of pregnancy outside their communities and at distances that required the use of transportation (63% in the intervention areas; 42% in the control areas) (Table 23). Only 13% of respondents in the intervention site sought services within their own communities and within walking distance, compared with 26% in the control site.

Table 23: Mode of transportation to place where care was sought for bleeding in early pregnancy

	Intervention (N=24)	Control (N=19)	Total (N=43)
	%	%	%
Within community, at walking distance	12.5	26.3	18.6
Within community, but need transportation	20.8	31.6	25.6
Outside community, at walking distance	4.2	0.0	2.3
Outside community, need transportation	62.5	42.1	53.5

The largest proportion of respondents in both the intervention and control sites travelled one to two hours to obtain services for bleeding in the first half of pregnancy (65% in the intervention area; 37% in the control area), with about one-third spending anywhere from KSH 50–100 on transportation (31% and 35%, respectively) and a considerable proportion spending KSH 100–500 on services, including drugs and supplies (60% and 32%, respectively). Women reported being supported by their partners in various ways to obtain PAC services. The main form of support in both intervention and control areas involved the provision of money to cover the cost of services (Table 24); however, partners were also noted to have played a role in accompanying respondents, giving them permission to go for health care, and providing transportation.

Table 24: Partner support for obtaining PAC services

	Intervention (N=19)	Control (N=19)	Total (N=38)
	%	%	%
Gave permission to go	47.4	15.8	31.6
Provided transportation	31.6	21.1	26.3
Provided money	84.2	68.4	76.3
Accompanied respondent	36.8	52.6	44.7
Other	10.5	5.3	7.9

Half of all those in the intervention and control areas who sought services for bleeding in the first half of pregnancy did so in the company of their husband (50% and 49%, respectively). Of these, respondents who were accompanied by an additional individual were most likely to be in the company of a friend or neighbor (21% and 20%), followed by being in the company of their mother (17% and 12% control).

For women who did not seek care for bleeding in the first few months of pregnancy, about one-third of respondents in the intervention and control sites combined did not think that this symptom during pregnancy was a serious enough problem for them to seek care or thought it was normal and thus did not see a need to seek care (Table 25). Concern about costs deterred approximately one in five respondents in both study settings combined from seeking care for the same condition.

Table 25: Reasons for not seeking care for bleeding in early pregnancy

	Intervention (N=12)	Control (N=4)	Total (N=16)
Did not know where to go	1	0	1
Lacked transportation	1	1	2
Was afraid it would cost too much	2	1	3
Husband was opposed	0	1	1
Thought it was normal/not serious	4	1	5
Facility is very far	1	0	1
Was not sure she was pregnant	1	0	1

Perceptions of Quality of Care for Bleeding in the First Half of Pregnancy

According to the International Planned Parenthood Federation, good quality health care, from the perspective of clients, has been shown to enhance both client satisfaction and utilization of services. Furthermore, it enhances job satisfaction on the part of providers, giving them an incentive to work more effectively. The combination of these in a PAC setting can lead to greater sustainability of PAC services (IPPF, 2010). To explore perceptions of quality of care among respondents who sought care for bleeding in the first half of pregnancy, interviewers posed questions to the respondents around issues such as comfort, privacy, and clarity of the information given by the provider.

Findings indicate that virtually all of the respondents who sought care at a health facility for bleeding in the first half of pregnancy were offered pain medication by their providers (100% in the intervention areas; 95% in the control areas).

There were variations in the amount of time for which respondents in the intervention and control areas reported having to wait to see a provider when they visited a facility for treatment of bleeding in the first half of pregnancy. Some respondents in the intervention and control areas (21% and 42%, respectively) reported having to wait more than one and one-half hours (Table 26). Thirteen percent of those in the intervention area reported having to wait for one to one and a half hours to see a provider, compared to none in the control area. A number of respondents also indicated that they did not have to wait at all (21% and 32%).

Table 26: Waiting period before being seen by provider

	Intervention (N=24)	Control (N=19)	Total (N=43)
	%	%	%
More than 1.5 hours	20.8	42.1	30.2
1–1.5 hours	12.5	0.0	7.0
30–59 minutes	4.2	0.0	2.3
1–29 minutes	41.7	21.1	32.6
Did not have to wait	20.8	31.6	25.6
Other	0.0	5.3	2.3

The vast majority of the participants who had sought care for bleeding in the first half of pregnancy were of the opinion that they were accorded enough privacy during their visit (89% in the intervention areas; 88% in the control areas); that the provider's explanation of the procedure to be performed was clear (99% and 72%); that they were treated well by the provider (99% and 89%); and that they were treated well by other health facility staff (85% and 84%). Similar proportions of respondents in the intervention and control sites (75% and 74%, respectively) had recommended the health facility they sought services at to someone else.

When asked to spontaneously recall the kind of information providers gave them upon discharge, the participants were least likely to mention issues of family planning (4% in the intervention areas; 5% in the control areas) and return to fertility (8% and 5%) (Table 27, page 21). On the other hand, information on the need to rest, the return date for a check-up, and nutrition were more likely to be mentioned without probing.

Table 27: Information received upon discharge

	Intervention (N=24)	Control (N=19)	Total (N=43)
	%	%	%
Return to fertility	8.3	5.3	7.0
Family planning	4.2	5.3	4.7
Nutrition	20.8	15.8	18.6
The need to rest	62.5	36.8	51.2
The date of return visit for check-up	45.8	36.8	41.9
Self-care and danger signs	16.7	31.6	23.3
Other	0.0	36.8	16.3

However, in regard to the more direct question of whether respondents adopted a family planning method prior to discharge, we looked at the experiences of the 11 women who had experienced a pregnancy loss due to complications (four from the intervention site and seven from the control area). Two of the four women at the intervention site who sought care for bleeding had a skilled health professional speak to them about family planning methods, as was the case with two of the seven women from the control areas. As these are respondent reports, it is not clear whether providers had followed a prescribed model of providing care for women reporting bleeding. Nevertheless, of those who spoke with a skilled health professional about family planning methods, one of the two women in the control areas accepted a method, while none of their peers in the intervention areas left with a method.

Exposure to Community Interventions

Community empowerment through community awareness and mobilization forms an important part of PAC programs, particularly as PAC service delivery is decentralized to lower levels of the health system (USAID, 2004). The role of CHEWs and CHWs in heightening community awareness and mobilization is therefore critical for the success and sustainability of any PAC intervention in the Kenyan context.

A series of questions on exposure to community interventions was posed to respondents to assess their level of engagement with any such interventions, and with CHEWs and CHWs, who will play an important role in RESPOND's community mobilization intervention. As expected (particularly, given that the RESPOND interventions had not begun at the time of data collection), exposure levels to community interventions in general, and to community interventions around bleeding in the first few months of pregnancy in particular, were generally low in both study areas.

About half of the respondents did not know of any CHEWs or CHWs at all (52% in the intervention sites; 43% in the control sites) (Table 28, page 22). This was also expected, as the MOH's Community Strategy, which involves continuous engagement with CHEWs and CHWs, is still nascent. Of those that were acquainted with any CHEWs or CHWs, more participants knew of CHWs only, as opposed to CHEWs (37% and 35%).

Table 28: Knowledge of CHEWs or CHWs

	Intervention		Control		Total	
	(N=401)	%	(N=192)	%	(N=593)	%
Know some CHEWs only	12	3.0	20	10.4	32	5.4
Know some CHWs only	147	36.7	68	35.4	215	36.3
Know some CHEWs and CHWs	33	8.2	22	11.5	55	9.3
Do not know of any CHEWs or CHWs	209	52.1	82	42.7	291	49.1
Total	401	100.0	192	100.0	593	100.0

Fewer than 10% of respondents in both sites had ever participated in any meeting that was sponsored by a nongovernmental organization (NGO) or a community group and that focused on bleeding in the first half of pregnancy (Table 29). Knowledge about any information campaign in the community about health care for women experiencing this problem was negligible (2% in the intervention area and 3% in the control group).

Table 29: Participation in NGO/community group meetings/ activities or CHW meetings/activities focused on bleeding in the first half of pregnancy in the past year

	Intervention		Control		Total	
	N	%	N	%	N	%
Have participated in the past year in any NGO/community group meetings/ activities focused on bleeding in the first half of pregnancy	173	9.3	89	7.9	262	8.8
Have participated in the past year in any CHW meetings/activities focused on bleeding in the first half of pregnancy	401	6.7	192	2.1	593	5.2

Summary of Key Messages

The baseline evaluation yields key findings that are relevant for the intervention to be implemented. The baseline provided a general picture of community knowledge and behaviors and of the range of service options that are available. These details will be useful for honing and refining the intervention, or any specific component of the latter, such as the community action cycle. For example, given the low exposure of community residents to any type of community mobilization activity, the community action cycle for PAC may require repeated sessions so as to saturate the community. Key messages follow.

- There is a clear need for PAC services in the evaluation sites. Although women are aware of a number of danger signs in pregnancy, a significant proportion of women are not aware that bleeding in the first half of pregnancy is not normal or could signify a problem. Furthermore, approximately one-third of the women experiencing bleeding had not sought care, indicating a significant proportion of women who are unaware of the life-threatening risks they face by not seeking care. This lack of knowledge about the danger signs of bleeding, due either to miscarriage or to unsafe abortion, merits attention and must be prioritized in the intervention.
- A significant proportion of respondents were undecided about when they wanted to conceive again (21% in the intervention group; 27% in the control group). Working to resolve this ambiguity would be an important step, as indecision can lead to unintended pregnancy.
- Exposure to community interventions in general is low. Knowledge of CHEWs and CHWs is also low, although more respondents tended to know CHWs. Community mobilization efforts will have to be intensive in terms of inputs and will have to widely cover the intervention communities. Efforts can also be made to include men in the community action cycle, as women reported that their partners were important decision makers and supporters of their health.
- Utilization of health services during pregnancy and delivery is limited. For example, a significant proportion of women sought their first ANC check-up in the second trimester (at 5–6 months); one-third of respondents reported delivering at home attended by friends or relatives. The intervention should focus on building community awareness in regard to seeking appropriate care at relevant times over the course of pregnancy.
- Women identify and seek care at government health facilities for a range of services, including bleeding in the first half of pregnancy, PAC, ANC, delivery, and family planning. Linking communities and health services will be an important strategy to increase utilization of health services.
- While knowledge of family planning is high, actual use is significantly lower. Lack of knowledge of the range of methods available, lack of specific knowledge of individual methods, and fear of side effects are some key reasons for nonuse. Facilities serving the intervention sites should be strengthened to offer a full range of choices, including long-acting methods, and referrals for permanent methods where possible, and to offer contraceptive services to all women seeking PAC.

- In addition, the large percentage of women who are not using a family planning method but who desire to limit future births (approximately 60% in both intervention and control areas) demonstrates significant unmet need. Women that wish to avoid pregnancies should be provided with information and methods such that they can make an informed choice. Creating dialogue about the need and availability of family planning methods should be pursued during community-level engagement, to address the barriers to use.
- The largest percentage of respondents (intervention and control) reported that their main reason for not using family planning was because they were not married. Efforts should be made to focus on these young unmarried women who are also reported to have some of the highest rates of unsafe abortion in Kenya.

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Appendixes

Appendix A: Baseline Community Survey Instrument

Population Council

SERIAL NUMBER

INTERVIEW WOMEN (18-49) IN NAIVASHA DISTRICT
COMMUNITY MOBILIZATION FOR POST-ABORTION CARE (COMMPAC) PROJECT

IDENTIFICATION

COMMUNITY UNIT……

VILLAGE ……

INTERVIEW DATE ……..

NAME OF INTERVIEWER……

RESULT CODES

1=COMPLETED	4=POSTPONED	7=PARTLY COMPLETED
2=NOT AT HOME	5=RESPONDENT REFUSED	8=INCAPACITATED
3=AWAY FOR EXTENDED PERIOD	6=HUSBAND/PARENT REFUSED	9= OTHER (SPECIFY)……

LANGUAGE USED IN INTERVIEW 1=KISWAHILI 2=ENGLISH 3=OTHER (SPECIFY) ……	……
DATA EDITOR SIGNATURE AND DATE…… DATA ENTRY SIGNATURE AND DATE……	…… ……

Version. May 24, 2010

Informed Consent Form for Survey Participants

(Community Post-Abortion Care Project [COMMPAC])
RESPOND/Population Council
Evaluation of the Replication of the Community Post-Abortion Care Model in Kenya

Habari ya asubuhi/mchana. Jina langu ni **[Name].** Ninafanya kazi na Shirika la Population Council kwa utafiti kuhusu kuvuja damu katika miezi ya kwanza nusu ya uja uzito katika wanawake wa jamii hii. Tuna mahojiano na mazungumzo na watu wa jamii hii, watu kutoka Wizara ya Afya na wahudumu wa afya kutoka kwa kituo cha afya/zahanati kilichoko hapa ili tupate/tukusanye maoni kuhusu swala/jambo hili.

Purpose of the study: Madhumuni ya utafiti huu ni kuhakikisha ya kwamba wanawake katika jamii hii wanaweza kupata huduma wanazohitaji wanapovuja damu katika miezi ya kwanza nusu ya uja uzito. Tungependa kupata/kutafuta habari kuhusu jambo hili na kuitumia kuboresha jinsi huduma za afya zinavyotolewa kwa wanawake wanaopitia mambo haya na kuelimisha jamii kuhusu jambo hili. Wewe ni mmoja wa kati ya wanawake zaidi ya mia sita ambao wamechaguliwa kushiriki katika utafiti huu.

Maoni yako na uzoefu wako ni muhimu katika kutusaidia kuelewa mahitaji ya wanawake ambao wamekumbana na kuvuja damu katika miezi ya kwanza nusu ya uja uzito ama kwa wale ambao watakumbana nayo siku zijazo. Maoni yako na uzoefu wako pia utasaidia kuhakikisha ya kwamba watu wanaoanzisha miradi na huduma za kushughulukia hili swala wanapata habari iliyo kamili/kweli. Kwa hivyo, tutashukuru kupata usaidizi kutoka kwako. Ukiamua kushiriki katika utafiti huu, nitakuwa na mahojiano pamoja na wewe. Nitakuuliza maswali kuhusu unachojua kuhusu zile huduma za afya zilizoko hapa ambazo hutoa matibabu kwa kuvuja damu katika miezi ya kwanza nusu ya uja uzito pamoja na uzoefu wako na wa wanawake wengine katika jamii hii wa kutumia huduma hizi. Pia, nitakuuliza maswali kuhusu uja uzito, kupanga uzazi, kujifungua watoto na kushiriki kwako katika shughuli za ki-afya katika jamii.

Discomfort and risk: Kuna madhara machache kwako ukishiriki katika mradi huu. Unaweza kutojihisi/kutojisikia kuwa huru ukijibu maswali kadhaa ambayo yanaweza kuonekana kuwa ya kibinafsi na yanayokuingilia sana kwa undani. Lakini, kushiriki kwako katika mradi huu ni kwa hiari yako/kujitolea kabisa. Si lazima ujibu maswali yoyote ambayo hujihisi/hujisikii kuwa huru nayo. Utakuwa na uhuru wa kumuuliza mhoji kusitisha mahojiano usipojisikia kuwa huru, au kukataa kujibu maswali yoyote yatakayokufanya kutojihisi/kutojisikia kuwa huru. Pia, uamuzi wako wa kushiriki au kutoshiriki katika utafiti huu hautaadhiri kwa vyovyote vile uwezo wako wa kupata huduma za afya unazohitaji.

Benefits and compensation: Mradi huu unalenga kuboresha maisha ya wanawake katika jamii hii, kwa kuhakikisha ya kwamba wanaweza kutumia kwa urahisi zaidi huduma katika vituo vya afya vilivyoko hapa; ikiwa watakumbana na kuvuja damu katika miezi ya kwanza nusu ya uja uzito. Tunakuuliza utupatie wakati wako kwa kushiriki katika kikao kimoja cha mahojiano. Hautapokea chochote kwa kushiriki katika mahojiano haya.

Duration of participation: Tunatarajia kwamba mahojiano haya yatachukua muda wa saa moja.
Confidentiality: Mahojiano haya yatakuwa ya siri kabisa. Hakuna mtu yeyote atakayeonyeshwa majibu yako. Jina lako litaandikwa tu kwa fomu ya kukubali kushiriki katika utafiti, ambayo itawekwa kando na majibu kutoka kwa mahojiano. Majibu yako yataunganishwa pamoja na majibu ya wanawake wengine mia sita ambao wataulizwa maswali sawa na wewe, na hakuna yeyote atakayeweza kutambua majibu yako. Habari tutakayopata itatumika kwa kazi iliyodhamiriwa peke yake na itatumiwa tu na watafiti wanaohusika katika mradi huu peke yao. Ili kuhakikisha kwamba hakuna yeyote mwingine atakayeweza kutumia habari utakazotupatia, karatasi ya orodha ya maswali tutakayotumia kuandikia majibu yako ya mahojiano itahifadhiwa katika kabati iliyofungwa, huko Population Council.

Who to call in case of a need: **Shida zozote zikitokea kuhusiana/kulingana na utafiti huu au ukiwa na maswali yoyote kuhusu kushiriki kwako katika mradi huu, tafadhali wasiliana na Chi-Chi Undie, Population Council Tel:020-2713480-3 au KEMRI/National Ethical Review Committee Tel:020-2722541.**

Pengine sasa, una maswali ya kuniuliza. Nitajibu kwa ukweli/uaminifu maswali yote uliyonayo. Nisipokuwa na habari unayohitaji; nitakuelezea hivyo na ukitaka, nitajaribu kukutafutia jawabu. Una maswali yoyote?

(If yes, note the questions) 1. Yes 2. No

(Answer the questions).

Ningependa kusisitiza kwamba kushiriki kwako katika utafiti huu ni kwa hiari yako kabisa. Si lazima ushiriki kama hutaki. Ikiwa hutaki kujibu swali lolote, una uhuru wa kukataa kufanya hivyo wakati wowote. Pia, uko na uhuru wa kujiondoa kwenye utafiti huu wakati wowote. Uamuzi wa kushiriki au kutoshiriki katika utafiti huu au kujibu maswali fulani hautaadhiri uwezo wako wa kutumia huduma zozote za afya au kupata usaidizi wowote utakaohitaji. Chochote utakachoamua ni sawa/ni kwa hiari yako na hutapata shida yoyote ukiamua kujiondoa au kukataa kuongea na mimi.

- ***Je, unakubali kushiriki katika zoezi hili?***

1= YES & WILLING TO SIGN **(OBTAIN SIGNATURE, OR MARK IF NON-LITERATE)**
2= YES, BUT PREFER NOT TO SIGN **(DO NOT ASK FOR SIGNATURE)**
3= NO **(END INTERVIEW)**

_____ _____
Interviewee's signature Date

_____ _____
Interviewer's signature Date

SECTION B: BACKGROUND CHARACTERISTICS

I would like to ask you some questions about yourself. *Ningependa kuuliza maswali kukuhusu.*

Q No.	Questions and filters	Responses and codes
B1	How old are you now? *Una umri wa miaka mingapi kwa sasa?*	Completed Years ..... __|__
B2	What is the highest level of education you have completed? *Umekamilisha kiwango kipi cha elimu?*	No education ..... 1 Primary incomplete..... 2 Primary complete..... 3 Secondary incomplete..... 4 Secondary complete..... 5 College/Tertiary incomplete ..... 6 College/Tertiary complete..... 7 Other **[specify]**..... 77
B3	Are you currently married? *Je, umeolewa kwa sasa?*	Yes..... 1 No.....**[go to B7]** 2
B4	How old is your husband? *Mume wako ana umri wa miaka mingapi?*	Completed Years ..... __|__ Don't know..... 98
B5	What is the highest level of education that your husband has completed? *Je, mume wako amekamilisha kiwango kipi cha elimu?*	No education..... 1 Primary incomplete..... 2 Primary complete..... 3 Secondary incomplete..... 4 Secondary complete..... 5 College/Tertiary incomplete ..... 6 College/Tertiary complete..... 7 Other **[specify]**..... 77
B6	What is your husband's **main** occupation? *Mume wako hufanya kazi gani sanasana?*	Unemployed, looking for work..... 01 Unemployed, not looking for work..... 02 Work in informal sector (e.g., hawker)..... 03 Self-employed (formal sector/formal trading) ..... 04 Employed (professional/technical/managerial)..... 05 Employed (clerical, sales, services) ..... 06 Employed (skilled manual) ..... 07 Employed (unskilled manual/domestic services/ agriculture..... 08 Sick/disabled and unable to work..... 09 Casual skilled..... 10 Casual labor ..... 11 Student ..... 12 **Other [specify]**..... 77
B7	Do you do any work other than household work? *Je, wewe hufanya kazi nyingine yoyote kando na kazi ya nyumba?*	Yes..... 1 No ..... **[go to B9]**..... 2

Q No.	Questions and filters	Responses and codes
B8	What is your **main** occupation? *Wewe hufanya kazi gani sanasana?*	Unemployed, looking for work ..... 01 Unemployed, not looking for work ..... 02 Work in informal sector (e.g., hawker) ..... 03 Self-employed (formal sector/formal trading) ..... 04 Employed (professional/technical/managerial) ..... 05 Employed (clerical, sales, services) ..... 06 Employed (skilled manual) ..... 07 Employed (unskilled manual/domestic services/ agriculture ..... 08 Sick/disabled and unable to work ..... 09 Casual skilled ..... 10 Casual labor ..... 11 Student ..... 12 **Other [specify]** 77
B9	What is your religion? *Dini yako ni gani?*	Catholic ..... 01 Protestant/Other Christian ..... 02 Muslim ..... 03 Traditional African Religion ..... 04 Not religious ..... 05 Other **[specify]** 77

B10	**Now I will list some household items.** Please tell me which of these you have in your house: ***Nitakusomea baadhi ya vitu vya nyumbani***. *Tafadhali nielezee vile ambavyo uko navyo*:	
a	Radio/Tape recorder *Redio/tepu rekoda*	Yes ..... 1 No 2
b	Television *Televisheni/runinga*	Yes ..... 1 No 2
c	VCR/VCD/DVD	Yes ..... 1 No 2
d	Refrigerator *Friji/jokofu*	Yes ..... 1 No 2
e	Bicycle *Baisikeli*	Yes ..... 1 No 2
f	Motorcycle *Pikipiki*	Yes ..... 1 No 2
g	Land line (home phone) *Simu ya land line(simu ya nyumbani)*	Yes ..... 1 No 2
h	Mobile phone **[ask: Do you have your own mobile phone?]** *Simu ya mkononi/rununu* ***[ask: Je, uko na simu yako ya mkononi?]***	Yes ..... 1 No 2

Q No.	Questions and filters	Responses and codes
B11	Who owns the house you live in? *Ni nani anayemiliki nyumba unayoishi?*	Self ..... 01 Husband ..... 02 Joint (Husband & Self) ..... 03 Parents ..... 04 In-laws ..... 05 Friend/ Neighbor ..... 06 Relatives ..... 07 Landlord ..... 08 Employer (i.e., living in staff quarters) ..... 09 **Other [specify]** 77
B12	How long have you lived in this community? *Je, umeishi katika jamii hii kwa muda upi?*	No. of years …….. ..... __|__
B13	Are you likely to continue living in this community for the next one year? *Je, huenda ukaendelea kuishi katika jamii hii kwa muda wa mwaka mmoja ujao?*	Yes ..... 1 No ..... 2 Not sure 3
B14	How many people usually reside and share a cooking pot with you in this house? *Watu wangapi wanaoishi ndani ya nyumba hii na mnapika nao?*	No. of people ..... __|__

SECTION C: PREGNANCY and CHILDBEARING

Now, I would like to ask you some questions about all your pregnancies and the children you have given birth to.

Sasa ningependa kukuuliza maswali kuhusu uzazi.

Q No.	Questions and filters	Responses and codes
C1	Have you ever been pregnant? *Je, ushawahi kuwa mja mzito?*	Yes ..... 1 No ..... **[go to D1]**……..2
C2	Are you currently pregnant? *Je, wewe ni mja mzito kwa sasa?*	Yes ..... 1 No ..... **[go to C5]**……..2
C3	How many months pregnant are you? *Je, una mimba ya miezi mingapi?*	No. of months .....__|__
C4	Is this your first pregnancy? *Je, hii ndio mimba yako ya kwanza?*	Yes……..**[go to C12]**..... 1 No ..... ……..2
C5	How many living children do you have? *Je, una watoto wangapi walio hai?*	No. of living children.....__|__
C6	Unfortunately, some women lose children after they are born. Has this ever happened to you? *Kwa bahati mbaya, wanawake wengine huwapoteza watoto baada ya kujifungua. Je, jambo hili limeshawahi kukutendekea?*	Yes ..... 1 No……**[go to C8]**…..……..……...2
C7	How many of your children have died? *Ni watoto wangapi wako ambao wamefariki/wameaga dunia?*	No. of children that died .....__|__
C8	Have you ever had a pregnancy which did not come to term? *Je, umeshawahi kuwa na mimba ambayo ilitoka?*	Yes ..... 1 No……**[go to C10]**...……..……...2
C9	How many times has this happened? *Jambo hili limetendeka/limefanyika mara ngapi?*	No. of times.....__|__
C10	Have you ever had any pregnancy where, unfortunately, the child was born stillborn (i.e., without breathing?) *Je, umeshawahi kuwa na mimba ambayo; kwa bahati mbaya, mtoto alizaliwa kama amefariki?*	Yes ..... 1 No……**[go to C12]**...……..……...2
C11	How many times has this happened? *Jambo hili limetendeka/limefanyika mara ngapi?*	No. of times .....__|__
C12	So, let's see now: Am I correct in saying that you have given birth to _____ children? *Sasa, wacha tuone: Je, niko sawa nikisema kwamba umejifungua (jumla ya) watoto _____?* ▪ **Add C5 ('No. of living children') to C7 ('No. of children that died'), then record the total ['Total children born (live births)].**	Total children born (live births) .....__|__

Q No.	Questions and filters	Responses and codes
	Check C4. If this is respondent's first pregnancy, go to C15.	
C13	Were you pregnant in the last one year? *Je, ulikuwa mja mzito katika muda wa mwaka mmoja uliopita?*	Yes ..... 1 No ..... **[go to D1]**……....2
C14	What was the outcome of the pregnancy? *Je, matokeo ya mimba hiyo yalikuwa yapi?*	Still pregnant ..... 01 Live birth ..... 02 Still birth ..... 03 Did not come to term 04
C15	**Calculate and fill out Total Pregnancies (do not ask)** **[add C5+ C7 + C9 +C11 to find the Total Number of Pregnancies]**	Total Number of Pregnancies __|__

SECTION D: FAMILY PLANNING KNOWLEDGE

Now I would like to ask some questions about family planning – that is, methods people use to prevent/delay pregnancy.
Ningependa kuuliza maswali kuhusu upangaji uzazi. Yaani, kuzuia au kuchelewesha uja uzito.

Q No.	Questions and filters	Responses and codes		
D1	Have you ever heard about any methods to prevent or delay pregnancy? *Je, umewahi kusikia kuhusu njia zozote za kuzuia au kuchelewesha mimba?*	Yes .... 1 No,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,**[go to D11]** 2		
D2	Which methods of contraception are you aware of? *Je, unafahamu njia zipi za kuzuia mimba?* ▪ **Do not read out answers.** ▪ **After respondent answers, probe by asking : 'Any others ?'** ▪ **Circle all options mentioned by respondent** ▪ **If respondent does not know, mark '2' for all**	**M=MENTIONED** **NM=NOT MENTIONED**		
		M	**NM**	
A	Pill: a pill taken every day by women	1	2	
B	IUD (Copper T): a loop or coil placed inside women by a doctor	1	2	
C	Injections: an injection which stops women from becoming pregnant for several months	1	2	
D	Condom: a rubber sheath put on men's penis during sexual intercourse	1	2	
E	Implants: women can have small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	1	2	
F	Withdrawal: men can be careful and pull out before ejaculation	1	2	
G	Female Sterilization: an operation for women to avoid having any more children	1	2	
H	Male Sterilization: an operation for men to avoid having any more children	1	2	
I	Emergency Contraceptive: Women can take pills or have an IUD inserted up to five days after unprotected sexual intercourse to avoid becoming pregnant.	1	2	
J	Lactational Amen. Method: women can avoid pregnancy by exclusively breastfeeding their baby (no other foods or liquids) if the woman's menses have not returned and the baby is less than 6 months old.	1	2	

Q No.	Questions and filters	Responses and codes		
K	Standard Days Method: Use colored beads to keep track of menstrual cycle and only have sexual intercourse on the "safe" days when the woman is unlikely to be fertile.	1	2	
L	Fertility awareness methods (Rhythm, Periodic Abstinence): Avoid having sexual intercourse on the days of the month woman is likely to get pregnant	1	2	
M	Other: **ask respondent to describe:** _____	1	2	

Q No.	Questions and filters	Responses and codes
D3	From which sources of information have you heard/seen/ read about family planning? *Je, umesikia au kuona au kusoma kuhusu njia za upangaji uzazi na nikupitia njia zipi?* ▪ **Do not read out answers.** ▪ **Circle all mentioned.**	Govt. health facility.....01 Pvt. health facility .....02 Pharmacy/Chemist.....03 CBO/NGO/FBO.....04 TBA.....06 Husband .....07 Relative/ friend .....08 Radio/TV.....09 Newspaper.....10 Poster.....11 CHW.....12 Community member.....13 Other **[Specify]** 77
D4	In this community, where do people go to get family planning methods? *Katika jamii hii, watu huenda wapi kupata njia za kupanga uzazi?* ▪ **Circle all mentioned.**	Govt. health facility.....01 Pvt. health facility .....02 Pharmacy/Chemist.....03 CBO/NGO/FBO.....04 TBA.....06 Herbalist .....07 Other **[Specify]** 77
D5	Overall, do you approve of the idea of contraceptives (meaning family planning) or disapprove? *Kwa ujumla, unaunga mkono matumizi ya njia za kuzuia mimba (yaani kupanga uzazi) ama unapinga?*	Approve .....01 Neither approve nor disapprove .....02 Oppose.....03 Don't know/can't say 98
	Check B3. If not married, go to D7.	
D6	Overall, does your husband approve of the idea of contraceptives, (meaning family planning) or disapprove? *Kwa ujumla, mume wako anaunga mkono matumizi ya njia za kuzuia mimba (yaani kupanga uzazi) ama anapinga?*	Approve .....01 Neither approve nor disapprove.....02 Oppose.....03 Don't know/can't say 98
D7	**Check C2. If respondent is currently pregnant, go to D11.**	

Q No.	Questions and filters	Responses and codes
D8	Are you currently using any form of family planning? *Je, unatumia njia yoyote ya kupanga uzazi kwa wakati huu?*	Yes.....01 No ..... **[go to D10]**……..02
D9	What family planning method(s) are you currently using? *Je, unatumia njia zipi za kupanga uzazi kwa wakati huu?* Anything else? *Njia nyingine?* ▪ **Circle only one option – except for those using double protection – i.e., condoms plus another method.** ▪ **<u>After circling option, skip to D12</u>.**	Pills.....01 IUD (Copper T).....02 Injection.....03 Condoms.....04 Implants.....05 Fertility awareness method.....06 Withdrawal.....07 Female sterilization.....08 Male sterilization.....09 Emergency contraceptive.....10 Lactational amen. method.....11 Standard days method.....12 Other **[Specify]**.....77
D10	What are the reasons you are not currently using a family planning method? *Ni kwa sababu gani hautumii njia yoyote ya kupanga uzazi kwa sasa?* ▪ **Circle all mentioned.**	Not married.....01 *FERTILITY-RELATED REASONS* Not having sex.....02 Infrequent sex.....03 Menopausal/hysterectomy.....04 Subfecund/infecund.....05 Breastfeeding.....06 Fatalistic.....07 *OPPOSITION TO USE* Respondent opposed.....08 Husband/partner opposed.....09 Others opposed.....10 Religious prohibition.....11 *LACK OF KNOWLEDGE* Knows no method.....12 Knows no source.....13 *METHOD-RELATED REASONS* Health concerns.....14 Fear of side effects.....15 Lack of access/too far.....16 Costs too much.....17 Inconvenient to use.....18 Interferes with body's natural processes.....19 Don't know.....98 Other **[Specify]**.....77
D11	Do you think you will use a family planning method in the future? *Je, unafikiria kuwa utatumia njia ya kupanga uzazi siku za usoni/baadaye?*	Yes..... No .....……..
Check C1 to verify if respondent has ever been pregnant. **Check C2 to verify if respondent is currently pregnant.**		
D12	Would you like to have a/another child in the future? *Je, ungependa kupata mtoto/watoto mwingine siku za usoni/baadaye?* **If woman is currently pregnant:** After this pregnancy, would you like to have another child? *Je, ungependa kupata mtoto mwingine baada ya hii mimba*	Yes..... 1 No .....**[go to D14]**……..2 Unsure..... 3

Q No.	Questions and filters	Responses and codes
D13	When do you want to become pregnant with a/another child **[i.e., when do you want to CONCEIVE again]**? *Ni lini ungependa kuwa mja mzito?* ***[i.e., when do you want to CONCEIVE again]****?* **If woman is currently pregnant:** After this pregnancy, when do you want to become pregnant with another child **[i.e., when do you want to CONCEIVE again]**? *Baada ya hii mimba, ni lini ungependa kuwa mja mzito?* ***[i.e., when do you want to CONCEIVE again]****?*	1 year or less/as soon as possible ..... 01 Less than 2 years..... ..02 Less than 5 years..... 03 More than 5 years ....04 Other **[specify]** ....77 Don't know..... 98
	Go to D15	
D14	What is your reason for not wanting a/another child? *Una sababu gani ya kutotaka mtoto/mtoto mwingine?*	Have enough children..... 01 Too old ....02 Health concerns re. pregnancy..... 03 Not enough financial resources..... 04 Husband doesn't want more..... 05 Other **[Specify]** 77
D15	Have you and your husband/partner ever discussed the idea of using/doing something to delay or prevent pregnancy? *Je, wewe na mume/mpenzi wako mshawahi kuzungumzia swala la kutumia/au kufanya chochote ili kuchelewesha ama kuzuia mimba?*	Yes..... 1 No ....2 N/A 99
D16	When would your husband/partner like you to become pregnant with a/another child **[i.e., when would he like you to CONCEIVE]?** *Ni lini mume/mpenzi wako angependa uwe mja mzito na mtoto/mtoto mwingine***? [i.e., when would he like you want to CONCEIVE again]**?	1 year or less/as soon as possible..... 01 Less than 2 years..... ..02 Less than 5 years..... 03 More than 5 years ....04 Husband does not want any more children ..... 05 Don't know..... 98 N/A..... .99
Check C1. If respondent has never been pregnant, go to D18.		
D17	Has there been a time in the past when you got pregnant unintentionally? *Je, kuna wakati wowote ambao ushawahi kupata mimba bila ya kutarajia?*	Yes..... 1 No 2

	Questions and filters	Responses and codes			
D18	In this community, what would be acceptable reasons why a woman may not want a pregnancy? *Katika jamii hii, ni sababu zipi zinazokubalika kwa mwanamke kutotaka/kutokubali kuwa na mimba fulani?* Any other reason? *Sababu nyingine?* ▪ **Do not read out.** ▪ **Circle all mentioned.**	**Situation**	**Yes**	**No**	
		a. Has enough children	1	2	
		b. After one child	1	2	
		c. Previous child is too young	1	2	
		d. Difficult economic condition	1	2	
		e. If the fetus is a female	1	2	
		f. Pregnancy could harm her health	1	2	
		g. Pregnancy from premarital or illicit relationship	1	2	
		h. Abnormal fetus	1	2	
		i. Woman is HIV+	1	2	
		j. Pregnancy as a result of rape	1	2	
		k. Other **[Specify]** _____	1	2	

SECTION E: KNOWLEDGE AND UTILIZATION OF HEALTH SERVICES

Now I would like us to talk about your experiences through pregnancy and delivery, the types of care you received, complications that can happen early in pregnancies, and how people manage these health issues.

Sasa ningependa tuongee kuhusu uzoefu wako wa ujauzito na kujifungua, huduma ulizopata, shida zinazowezatokea katika miezi ya kwanza ya uja uzito na vile watu hushughulikia matatizo haya ya kiafya.

E1	Where do most women in this community go to seek antenatal care (i.e., medical care to make sure a woman has a healthy pregnancy)? *Je, ni wapi wanawake wengi katika jamii hii huenda kupata/kupokea utunzi wa akinamama waja wazito?* **Probe for the <u>name</u> of the facility/place:** **_____, then circle the appropriate response code.** ▪ **Circle all mentioned.**	Govt hospital/clinic ..... 01 Govt health center ..... 02 Dispensary ..... 03 Pvt hospital/clinic .... 04 TBA's home ..... 05 Nowhere/They don't go .... 06 Other **[specify]** 77
E2	Where do most women in this community go for delivery (to give birth)? *Je, ni wapi wanawake wengi katika jamii hii huenda kujifungua?* ▪ **Circle all mentioned.**	Govt hospital/clinic ..... 01 Govt health center .... 02 Dispensary ..... 03 Pvt hospital/clinic ..... 04 TBA's home .... 06 At home .... 07 Other **[specify]** 77
E3	Where do most women in this community go for postnatal checkups (i.e., medical care after giving birth to make sure the woman is healthy)? *Je,ni wapi wanawake wengi katika jamii hii huenda kupata/kupokea utunzi wa akina mama baada ya kujifungua?* ▪ **Circle all mentioned.**	Govt hospital/clinic ..... 01 Govt health center ..... 02 Dispensary ..... 03 Pvt hospital/clinic .... 04 TBA's home ..... 05 Nowhere/They don't go .... 06 Other **[specify]** 77
E4	Where do most women in this community go for checkups for their baby? *Je, ni wapi wanawake wengi katika jamii hii huenda kupata/kupokea utunzi/uchunguzi wa watoto wao?* ▪ **Circle all mentioned.**	Govt hospital/clinic ..... 01 Govt health center ..... 02 Dispensary ..... 03 Pvt hospital/clinic .... 04 TBA's home ..... 05 Nowhere/They don't go .... 06 Other **[specify]** 77

- **Check C2 and C13. If respondent is currently pregnant (C2), ask about the current pregnancy. If respondent had been pregnant in the last one year (C13), then ask about that pregnancy.**
- **If respondent was not pregnant in the last one year, is not currently pregnant, or has never been pregnant [check C1 to confirm], go to F1.**
- **If respondent is currently pregnant, use the PRESENT TENSE to ask the remaining questions in this section.**

E5	During your **[last/current]** pregnancy, did you see anyone for antenatal care? *Je,* ***[ulipokuwa/ulivyo]*** *mja mzito [****mara ya mwisho/wakati huu****]; ulimwona mtu yeyote ili kupokea utunzi wa mama waja wazito?*	Yes..... 1 No ..... **[go to E12]**……..2
E6	Whom did you see? Anyone else? *Ulimwona nani? Nani mwingine?* ▪ **Probe for the type of person seen** ▪ **Circle all mentioned.**	Doctor ..... 01 Nurse/midwife..... ……..02 TBA..... 03 Other **[specify]**…..……...…..……..77
E7	What is the name of the closest health facility that a pregnant woman in this community can go to for care? *Katika jamii hii, ni kituo kipi cha afyakilicho karibu ambacho akina mama wajamzito huenda kupata huduma?*	Name _____
E8	Where did you receive antenatal care for your **[last/current]** pregnancy? *Je, ni wapi* ***[ulipokea/ unapopokea]*** *utunzi wa akina mama wajawazito* ***[ukiwa/ulipokuwa]*** *na* ***[hiyo/hii]*** *mimba?* Anywhere else? *Mahali pengine?* ▪ **Do not read out.** ▪ **Circle all mentioned.**	Your home ..... 01 TBA's home ..... ……..02 Other home..... 03 Govt hospital/clinic **[specify]**……..... 04 Govt health center **[specify]**..... 05 Pvt hospital/clinic **[specify]**..... 06 Other **[specify]**…..……..77
E9	How many months pregnant were you when you first received antenatal care for this pregnancy? *Ulikuwa mja mzito wa miezi mingapi, mara ya kwanza ulipopokea utunzi wa mama waja wazito kwa hiyo mimba?*	Months _____ Don't know..... 98
E10	How many times did you receive antenatal care during this pregnancy? *Ni mara ngapi ulipokea utunzi wa mama waja wazito wakati ulipokuwa na mimba hiyo?*	No. of times……__|__ Don't know..... 98
E11	What services did you receive during your antenatal care visits? *Ulipokea huduma zipi wakati wa matembezi yako ya kupata utunzi wa mama waja wazito?* Anything else? *Huduma nyingine?* **If currently pregnant:** What services have you received so far during your antenatal care visits? Anything else? *Umepokea huduma gani wakati wa matembezi yako ya kupata utunzi wa mama waja wazito? Huduma nyingine?* ▪ **Circle all mentioned.**	Check-up ..... 01 TT injections..... ……..02 Birth planning..... 03 Counseling on problems in pregnancy..... 04 Family planning ..... 05 Prevention of Mother to Child Transmission of HIV..... 06 Other **[specify]**…..……..77
	Check C2. If currently pregnant, go to F1.	

E12	Where did the delivery take place? *Ulijifungualia wapi?* **If place is hospital, health center, or clinic, write the name of the place and circle the appropriate code.** Name: _____	Respondent's home ..... TBA's home..... Other home ..... Govt. Hospital/Clinic..... Govt. Health Center ..... Private Hospital/Clinic..... Other**[specify]**.....
E13	Who assisted with the delivery of this pregnancy? *Ni nani aliyekusaidia wakati wa kujifungua mimba hiyo*?	Doctor..... Nurse/midwife ..... TBA ..... Relative/friend ..... No one ..... Other **[specify]** 77

SECTION F: EXPERIENCE OF PREGNANCY COMPLICATIONS

Q. No.	Questions	Codes
F1	Sometimes, women get pregnant when they do not want to be. Do you know of any woman who has experienced this? *Wakati mwingine, wanawake hushika mimba hata kama hawataki (kushika mimba hiyo). Je, unajua mwanamke yeyote ambaye amepitia jambo kama hili?*	Yes ..... 1 No 2
F2	Sometimes, women experience problems during pregnancy and delivery. *Wakati mwingine, wanawake hupata shida wakati wa uja uzito na wakati wa kujifungua.* Have you heard of anybody who had …: *Umeshawahi kusikia kuhusu mtu yoyote ambaye alikuwa na …:*	

		YES	NO
a	Problems of bleeding during the first few months of pregnancy?	1	2
b	Problems of bleeding in late pregnancy?	1	2
c	Problems during delivery, such as long labor?	1	2
d	Problems during delivery, such as the baby coming out feet first (breech birth)?	1	2
e	Problems of bleeding too much during delivery?	1	2
f	Problems after delivery?	1	2
g	Other **[specify]**	1	2

F3	There are some diseases that women can get through having sex with a person infected with that disease. *Kuna magonjwa mengine ambayo wanawake wanaweza kupata, kupitia kwa kufanya mapenzi na mtu ambaye ameambukizwa ugonjwa huo.* Would you say the following statement is true or false: *Unaweza kusema kuwa taarifa ifuatayo ni ukweli au uwongo:* "Having a sexually-transmitted disease can result in a woman having a miscarriage." *"Kupata ugonjwa wa zinaa unaweza kusababisha mimba kwa mwanamke kutoka/kuharibika."*	True ..... 1 False ..... 2 Don't know 98
F4	Sometimes, when a woman is pregnant, she may experience some problems that indicate the pregnancy is in danger. What danger signs or complications in early pregnancy have you heard of? *Wakati mwingine mwanamke akiwa mja mzito; anaweza kuwa na ishara fulani zinazoashiria/onyesha kwamba mimba hiyo iko hatarini, umesikia kuhusu dalili zipi za hatari au shida zinazoweza kutokea mwanzoni mwa uja uzito?* Anything else? *Kitu kingine?* ▪ **Circle all mentioned.**	Increased bleeding ..... 1 Bleeding heavier than a normal period ..... 2 Continued bleeding for 2 weeks ..... 3 Severe abdominal pain ..... 4 Fever ..... 5 Chills ..... 6 Foul-smelling vaginal discharge ..... 7 Muscle aches ..... 8 Tenderness to pressure in abdomen ..... 9 Dizziness or fainting ..... 10 Feeling ill, weakness ..... 11 Nausea or vomiting ..... 12 Severe and constant headache ..... 13 Other **[specify]**……. 77

Q. No.	Questions	Codes
F5	What are all the <u>places **or** people</u> you know of that a woman in this community can go to for help if she is experiencing bleeding in the first few months of pregnancy? Any other place? *Ni mahali gani unapojua, mwanamke katika jamii hii anaweza kuenda kupata usaidizi; ikiwa anavuja damu katika miezi ya kwanza ya uja uzito?* ▪ **Circle all mentioned.**	Govt hospital/clinic ..... 1 Govt health center ..... 2 Dispensary ..... 3 Pvt hospital/clinic ..... 4 Pharmacy/Chemist ..... 5 TBA ..... 6 CHW ..... 7 Herbalist ..... 8 Friend ..... 9 Other **[specify]** 77
	Check C1. If respondent has never been pregnant, go to G1.	
F6	Has there been a time when you were pregnant that you experienced bleeding <u>in the first few months</u> of the pregnancy? *Kuna wakati wowote ukiwa mja mzito ambapo uliwahi kuvuja damu <u>katika miezi ya kwanza</u> ya hiyo mimba?*	Yes ..... 1 No…….. **[go to G1]** 2
F7	In what year did this happen? *Jambo hili lilitendeka mwaka gani?*	Year _____
F8	During which month of the pregnancy did the bleeding occur? *Kuvuja damu kulitendeka katika mwezi upi wa hiyo mimba/uja uzito?* **If bleeding happened during more than one month, <u>circle all mentioned</u>.**	1st month ..... 1 2nd month ..... 2 3rd month ..... 3 4th month ..... 4 Other **[specify]** ..... 77 Don't know/remember ……. 98
F9	In addition to the bleeding, what other kind of complications did you experience at that time, if any? *Je, kando na kuvuja damu; ulipata shida gani zingine wakati huo?*	Severe abdominal pain ..... 1 Fever ..... 2 Chills ..... 3 Foul-smelling vaginal discharge ..... 4 Muscle aches ..... 5 Tenderness to pressure in abdomen ..... 6 Dizziness or fainting ..... 7 Feeling ill, weakness ..... 8 Nausea or vomiting ..... 9 Severe and constant headache ..... 10 Other **[specify]** 77
F10	Did you seek care for the bleeding and/or other complications? *Je, ulitafuta kupata utunzi kwa sababu ya kuvuja damu na/au shida zingine zozote?*	Yes……. ..... 1 No……. **[go to F53]** 2
F11	Where **<u>or</u>** from whom did you seek care? *Ulitafuta utunzi kutoka wapi au kwa nani?* Any other place? ▪ **Circle all mentioned.**	Govt hospital/clinic ..... 1 Govt health center ..... 2 Dispensary ..... 3 Pvt hospital/clinic ..... 4 Pharmacy/Chemist ..... 5 TBA ..... 6 CHW ..... 7 Herbalist ..... 8 Friend……. ..... 9 Other **[specify]** 77
	Check F11. If F11=9 ONLY, go to F30.	

F12	How long did you have to wait before a provider saw you? *Ulisubiri muda gani kabla ya kuhudumiwa ?*	More than 1.5 hours ..... 1 1 to 1.5 hours ..... 2 30 to 59 minutes ..... 3 1 to 29 minutes ..... 4 Did not have to wait ..... 5 Other **[specify]** 77
F13	Do you think there was enough privacy when you shared your problem with the provider? *Je, unafikiri ulikuwa mahali pa siri/faragha ya kutosha wakati ulipokuwa ukimwelezea mhudumu shida zako?*	Yes ..... 1 No ..... 2 Don't know 98
F14	What help/advice did you get from the provider? *Ulipata usaidizi/ushauri gani kutoka kwa mhudumu?* ▪ **Probe: 'Did they have to do something to fix the bleeding and/or other problems?'** ▪ **Circle all mentioned.**	Underwent a surgical procedure ..... 1 Hospitalization ..... 2 Bed rest ..... 3 Herbs/traditional medicines ..... 4 Home remedies ..... 5 Medications ..... 6 Nutritional diet ..... 7 Other **[specify]** 77
F15	Do you think the provider gave you enough time to explain your health situation? *Je, unafikiria mhudumu alikupatia muda wa kutosha wa kumwelezea kuhusu hali yako ya kiafya?*	Yes ..... 1 No ..... 2 Don't know 98
F16	Did the provider clearly explain what health care services he/she would provide? *Je, mhudumu alikuelezea kwa uwazi zile huduma za afya ambazo angekupatia?*	Yes ..... 1 No 2
F17	Did you understand the explanation? *Je, ulielewa hayo maelezo?*	Not at all ..... 1 Understood a little ..... 2 Understood well 3
F18	Did the provider offer you medication to help with pain? *Je, mhudumu alikupatia dawa za kupunguza uchungu?*	Yes ..... 1 No 2
F19	What sort of information did the provider give you upon discharge? *Je, muhudumu alikupatia habari gani alipokuruhusu kwenda nyumbani?* ▪ **Circle all mentioned.**	Information on return to fertility ..... 1 Information on Family Planning ..... 2 Information on nutrition ..... 3 Information about the need to rest ..... 4 Information on the date of return visit for check-up ..... 5 Information about self-care and danger signs ..... 6 Other **[specify]** 77
F20	Do you think you were treated well, poorly, or neither well nor poorly by the provider? *Kwa maoni yako, mhudumu wako ulihudumiwa vizuri, vibaya au si vizuri wala vibaya na?*	Well ..... 1 Poorly ..... 2 Neither well nor poorly 3
F21	During your visit to the place you went to for treatment, would you say the other staff treated you very well, so-so, poorly, or very poorly? *Wakati ulipotembelea mahali pahuduma, unaweza kusema kuwa wafanyi kazi wale wengine walikuhudumia vizuri sana, wastani, vibaya au vibaya sana?*	Very well ..... 1 So-so ..... 2 Poorly ..... 3 Very poorly ..... 4 No contact with other staff 5

F22	Do you think in addressing your problem, the provider was helpful, somewhat helpful, or not helpful at all? *Je, katika kushughulikia shida zako; unafikiria kuwa mhudumu alikusaidia, alikusaidia kiasi ama hakukusaidia kabisa?*	Helpful ..... 1 Somewhat helpful ..... 2 Not helpful at all 3
F23	Have you recommended this place to anybody else? *Je, umependekeza mahali hapa kwa mtu mwingine yoyote?*	Yes ..... 1 No 2
F24	Was this place located right in this community? *Je, mahali hapo palikuwa katika eneo la jamii hii?*	Yes ..... 1 No 2
F25	Is it within walking distance, or would some kind of transportation be needed to get there? *Je, ni mahali ambapo unaweza kutembea, au usafiri wa aina fulani unahitajika ili uweze kufika hapo?*	Within community at walking distance ..... 1 Within community but need transportation ..... 2 Outside community at walking distance ..... 3 Outside community and need transportation 4
F26	How much time would you say it took you to reach this place? *Ilikuchukua muda gani kufika mahali hapo?*	Less than 1/2 hour ..... 1 ½ hour- less than 1 hour ..... 2 1-2 hours ..... 3 More than 2 hours 4
F27	How much did you spend for the travel cost in total? *Kwa ujumla, ilikugharimu kiasi kipi cha pesa kwa usafiri?*	No cost ..... 1 Less than 50 shillings ..... 2 51-100 shillings ..... 3 101-300 shillings ..... 4 301-500 shillings ..... 5 501-1,000 shillings ..... 6 Greater than 1,000 shillings ..... 7 Don't know 98
F28	How much did you have to pay for the services, <u>including drugs and supplies</u>? *Ulilipia kiasi kipi cha pesa kwa huduma ilizo pata pamoja na dawa na kadhalika?* Remember that you may have had to buy some drugs/supplies outside the place you went to – please include this in the total amount you spent.	No cost ..... 1 Less than 100 shillings ..... 2 101-500 shillings ..... 3 501-1,000 shillings ..... 4 1,001-2000 shillings ..... 5 2001-5,000 shillings ..... 6 More than 5,000 shillings ..... 7 Paid in kind ..... 8 Don't know 98
F29	Who paid? *Ni nani aligharamia/alilipia?* ▪ **Circle all mentioned.**	Self ..... 1 Husband ..... 2 Relatives ..... 3 Friends ..... 4 Health Insurance ..... 4 Other **[specify]** 77
F30	During this time, did your husband/partner know that you were experiencing complications? *Je, kwa wakati huo; mume/mpenzi wako alikuwa anajua kwamba ulikuwa unapitia (umekumbwa na) matatizo/shida?*	Yes ..... 1 No ..... **[go to F33]** 2
F31	Did you receive support and care from him? *Je, ulipata usaidizi na utunzi kutoka kwake?*	Yes ..... 1 No 2

F32	In what way(s) did your husband/partner support or care for you during this time? *Ni kwa njia gani/zipi ambazo mume/mpenzi wako alikusaidia au kukupatia utunzi wakati huo?* ▪ **Circle all mentioned.**	Gave permission to go ..... 1 Provided transportation ..... 2 Provided money ..... 3 Accompanied respondent ..... 4 Other **[Specify]** 77
F33	**Check previous question. If F32=4, ask:** Who <u>else</u> went with you? *Mlienda/mliandamana na nani?* **If F32=any other option, or if F32 was skipped, ask:** Who went with you (to see a provider)? *Mlienda/mliandamana na nani kuenda kumwona mhudumu?* ▪ **Circle all mentioned.**	No one ..... 1 Husband/partner ..... 2 Mother-in-law ..... 3 Mother ..... 4 Sister ..... 5 Sister-in-law ..... 6 Other relative ..... 7 Friend/neighbor ..... 8 Other **[Specify]** 77
F34	During this time, did your in-laws know that you were experiencing complications? *Je, kwa wakati huo; wakwe zako walijua kwamba ulikuwa unapitia (umekumbwa na) matatizo/shida?*	Yes ..... 1 No ..... **[go to F36]** ..... 2 N/A 99
F35	Did you receive support and care from them? *Je, ulipata usaidizi na utunzi kutoka kwao?*	Yes ..... 1 No 2
F36	During this time, did your parents know that you were experiencing complications? *Je, kwa wakati huo; wazazi wako walijua kwamba ulikuwa unapitia (umekumbwa na) matatizo/shida?*	Yes ..... 1 No ..... **[go to F38]** ..... 2 N/A 99
F37	Did you receive support and care from them? *Je, ulipata usaidizi na utunzi kutoka kwao?*	Yes ..... 1 No 2
F38	Did the complications resolve? *Je, hizo shida zilitatuliwa?*	Yes ..... 1 No 2
F39	Did you have any more complications in the first half of your pregnancy? *Je, ulipata shida zingine zozote katika miezi ya kwanza nusu ya uja uzito wako?*	Yes ..... 1 No ..... **[go to F41]** 2
F40	Did the pregnancy end? *Je,ulipoteza hiyo mimba?*	Yes ..... 1 No 2
F41	At the time you discovered you were pregnant (with this particular pregnancy), did you want to get pregnant then? *Je, wakati ulipogundua kuwa wewe ni mja mzito (na hiyo mimba hasa), ulikuwa ukitaka kushika mimba wakati huo?*	Yes ..... **[go to F44]** ..... 1 No ..... 2 Don't know 98

F42	Were you using a family planning method at the time you discovered you were pregnant? *Je, ulikuwa ukitumia njia ya kupanga uzazi wakati ulipogundua kuwa wewe ni mja mzito?*	Yes……1 No……**[go to F44]**……2
F43	What is the reason that best explains how the pregnancy occurred while a family planning method was being used? *Ni sababu gani ambayo inafafanua kikamilifu/vizuri zaidi jinsi mimba ilitokea, ilhali njia ya kupanga uzazi ilikuwa ikitumika?*	Condom burst……1 Forgot to use method……2 Forgot doctor's appointment for continuation of method……3 Method unavailable at health facility……4 Other **[specify]**……77
F44	Immediately after the pregnancy ended/after the delivery, did anyone talk to you about how to avoid getting pregnant again? *Punde tu baada yakupoteza mimba / kujifungua, kuna mtu yeyote ambaye alikuzungumzia kuhusu jinsi ya kuepuka kushika mimba tena?* Anyone else? **Circle all mentioned.**	No one……..**[go to G1]**……1 Government doctor……2 Private doctor……3 Nurse……4 CHW……5 TBA……6 Family member/Friend……7 Husband……8 Other **[specify]**……77
F45	Did you seek the advice or they gave it on their own? *Je, ulitafuta huo ushauri au walikupatia tu kwa hiari yao?*	Respondent sought advice ……1 They gave it on their own ……2
F46	Did you feel they were pressuring you to use a particular method? *Je, ulihisi/ulifikiria kwamba walikuwa wanakushurutisha kutumia njia fulani?*	Yes……1 No……2
F47	Which methods did they discuss with you? *Ni njia zipi walizozungumzia na wewe?* ▪ **Circle all mentioned.**	Pills……01 IUD (Copper T)……02 Injection……03 Condom……04 Implants……05 Fertility awareness method……06 Withdrawal……07 Female sterilization……08 Male sterilization……09 Emergency contraceptive……10 Lactational amen. method……11 Standard days method……12 Other **[Specify]**……77
F48	Did you accept a family planning method(s)? *Je, ulikubali njia ya/za kupanga uzazi?*	Yes……1 No……..**[go to F52]**……2
F49	Which method(s) did you accept? *Ni njia gani/zipi ulizozikubali?* ▪ **Circle all mentioned.**	Pills……01 IUD (Copper T)……02 Injection……03 Condom……04 Implants……05 Fertility awareness method……06 Withdrawal……07 Female sterilization……08 Male sterilization……09 Emergency contraceptive……10 Lactational amen. method……11 Standard days method……12 Other **[Specify]**……77

F50	Where or from whom did you obtain this family planning method(s)? *Je, ulipata njia hii/hizi ya kupanga uzazi; kutoka wapi au kwa nani?*	Govt hospital/clinic ..... 1 Govt health center ..... 2 Dispensary ..... 3 Pvt hospital/clinic ..... 4 Pharmacy/Chemist ..... 5 TBA ..... 6 CHW ..... 7 Herbalist ..... 8 Friend ..... 9 Relative ..... 10 Other **[specify]** 77
F51	For how long did you use that/those methods after the pregnancy? *Baada ya mimba, ulitumia hiyo/hizo njia kwa muda gani?*	< 1 month ..... 01 2-6 months ..... 02 7-12 months ..... 03 >12 months 04
	Go to G1	
F52	What were the barriers that prevented you from accepting any family planning method? *Ni vizuizi/vikwazo vipi ambavyo vilikuzuia usiweze kukubali njia yoyote ya kupanga uzazi?*	Wasn't counseled about FP ..... 01 Didn't know any methods ..... 02 Didn't know how to use any methods ..... 03 Didn't want to use FP methods ..... 04 Due to side effects ..... 05 Husband did not want ..... 06 Wanted a child ..... 07 Other **[specify]** 77
	Go to G1	
F53	What is the reason why you did not seek care for the bleeding and/or other complications? *Ni kwa sababu gani haukutafuta kupata utunzi kutokana na kuvuja damu na/au shida zingine?*	Didn't know where to go ..... 1 Lack of transportation ..... 2 Was afraid it would cost too much ..... 3 Husband opposed ..... 4 Other **[specify]** 77

SECTION G: EXPOSURE TO COMMUNITY INTERVENTIONS

Now, I would like to ask you about some activities that may be going on in this community, and about how this community members work together.
Sasa ningependa kukuuliza kuhusu miradi inayo endelea katika jamii hii.

Q No.	Questions and filters	Responses and codes			
G1	When you think about this community, which group would you say is the most active in solving the community's health-related problems? *Katika jamii hii, ni akina nani ambao hufanya kazi sana/kwa wingi zaidi katika kusuluhisha/kutatua shida za kiafya?* **Read out options.** **Circle only one.**	Men ..... 01 Women ..... 02 Men and women in equal numbers ..... 03 Community Health Workers ..... 04 Health Facility Management Committees ..... 05 NGOs/CBOs ..... 06 Traditional leaders ..... 07 Young people ..... 08 Other **[specify]** 77			
G2	When this community has a health-related problem that needs to be solved, how well do the community members work together to solve it? *Je, wakati jamii hii ina shida ya kiafya inayohitaji kusuluhishwa; watu katika jamii huweza kufanya kazi pamoja kwa njia gani?*	Very well ..... 01 Well ..... 02 Not so well ..... 03 Badly ..... 04 Don't Know 98			
G3	In the last year, has this community's ability to solve its health-related problems improved, worsened, or stayed about the same? *Je, katika muda wa mwaka mmoja ambao umepita; uwezo wa jamii hii wa kutatua shida za kiafya umeimarika/umeboreshwa, umekuwa mbaya zaidi au umebakia tu vile ulivyokuwa?*	Improved ..... 01 Worsened ..... 02 Stayed about the same ..... 03 Don't Know 98			
G4	To what extent do members of this community participate …: *Watu katika jamii hii hujihusisha kwa kiwango kipi/gani…:*	Large extent	Small extent	No extent	N/A
	a. in solving problems at the health clinic/dispensary? *kutatua shida katika kituo cha afya/zahanati?*	1	2	3	99
	b. in community projects? *katika utaratibu wa kuleta jamii kushirikiana katika miradi?*	1	2	3	
	c. in addressing the problem that some women have with bleeding in the first half of pregnancy? *katika kushughulikia kuvuja damu katika miezi ya kwanza nusu ya uja uzito?*	1	2	3	

Q No.	Questions and filters	Responses and codes
G5	Is there a forum where community members can discuss their health-related concerns? *Je, kuna mpangilio wa kukutana ambapo watu katika jamii hii wanaweza kuzungumzia juu ya mambo yanayo wahusu shida zao za kiafya?*	Yes……01 No……**[go to G7]**…..……02 Don't Know……98
G6	Where can they discuss their health-related concerns? Any other forum? *Wanaweza kuzungumzia juu ya mambo yanayowahusu kiafya kutoka wapi? Kuna mahali pengine?* **Circle all mentioned.**	CHW meetings……01 Health talks……02 NGO/CBO meetings or activities……03 *Barazas*……04 Other **[specify]** ……77
G7	How much do people in this community discuss their health-related concerns in public meetings? *Je, ni kwa kiwango gani; watu katika jamii hii huzungumzia mambo yanayowahusu kiafya katika mikutano ya hadhara?*	Very much……01 Somewhat……02 Not at all……03
G8	Over the past one year in this community, are there any health issues that people formerly were unable/reluctant to discuss in public, but are now able to discuss? *Katika muda wa mwaka mmoja ambao umepita; kuna mambo yoyote ya kiafya ambayo watu hawangeweza au hawakutaka kuyazungumzia hadharani/waziwazi, lakini sasa wanaweza kuyazungumzia?*	Yes……01 No……**[go to G10]**…..……02
G9	What sensitive health issues do people now discuss in public? *Je, ni mambo gani nyeti ya kiafya ambayo watu sasa wanaweza kuyazungumzia hadharani?* ▪ **Listen to what people say first and write down.** ▪ **Then, probe on: family planning, bleeding in the first half of pregnancy, unplanned pregnancy, and circle all mentioned.**	…… …….. …….. Family planning……01 Bleeding in the first half of pregnancy ……02 Unplanned pregnancy……03
G10	Do you know any of the community health extension workers (CHEWs) or the community health workers (CHWs) in this community that meet to discuss how community health can be improved? *Je, unamfahamu yeyote kati ya wale wahudumu wa afya wa kijamii (CHEWs, CHWs) katika jamii hii ambao hukutana na kujadili jinsi afya ya jamii inaweza kuboreshwa?*	Know some of the CHEWs only……01 Know some of the CHWs only……02 Know some of the CHEWs **and** CHWs ……03 Don't know of any CHEWs/CHWs……**[go to G12]**……98

Q No.	Questions and filters	Responses and codes
G11	Has the role of CHWs increased, decreased, or remained the same in this community over the past year?	Increased ..... 01 Decreased ..... 02 Remained the Same ..... 03 Don't know 98
G12	Are you aware of any NGOs or community groups working in this community? *Je, unafahamu mashirika yoyote ya kijamii au mashirika yasiyo ya serikali [NGO]/yaliyo katika jamii hii?* **Probe: 'Any women's groups, men's groups, etc.?'**	Yes ..... 01 No……**[go to G16]** ..... 02 Don't know 98
G13	What health-related activities have the NGOs/community groups conducted in this community over the past year? Is there anything else? *Je, nishughuli zipi za kiafya zimetekelezwa na mashirika haya kwa muda wa mwaka mmoja ambao umepita? Kuna zingine?*	None ..... 01 Maternal health ..... 02 Family planning promotion ..... 03 Child health (vaccination, nutrition) ..... 04 Malaria control ..... 05 HIV ..... 06 Environmental hygiene ..... 07 Other **[specify]** 77
G14	In this community, has the role of NGOs/community groups increased, decreased, or remained the same over the past year? Je, katika jamii hii jukumu la *mashirika haya limeongezeka, limepunguka au limebakia tu vile lilivyokuwa katika muda wa mwaka mmoja ambao umepita?*	Increased ..... 01 Decreased ..... 02 Remained the Same ..... 03 Don't know 98
G15	Have you participated in any NGO/community group meeting or activity focused on bleeding in the first half of pregnancy in the past year? Je*, katika muda wa mwaka mmoja ambao umepita; umeshiriki katika shughuli yoyote ya shirika la kijamii/shirika lisilo la serikali/mhudumu wa afya ya kijamii iliyolenga kuvuja damu katika miezi ya kwanza nusu ya uja uzito?*	Yes……01 No……..... 02
G16	Have you participated in any CHW meeting or activity focused on bleeding in the first half of pregnancy in the past year?	Yes……01 No……**[go to G20]** 02
G17	About how many of such health-related meetings/activities on bleeding in the first half of pregnancy have you participated in over the past year? *Umeshiriki katika mikutano au shughuli kama ngapi hivi zinazohusu afya katika muda wa mwaka mmoja ambao umepita?*	None ..... 01 One ..... 02 Two or Three ..... 03 Four to Nine ..... 04 Ten or above 05

Q No.	Questions and filters	Responses and codes
G18	Do you think these health-related meetings/activities have resulted in improvements in this community? *Je, unafikiria kwamba hizi shughuli au mikutano za kiafya zimeleta maendeleo yoyote katika jamii hii?*	Yes……01 No……..0 2
G19	Do you think these meetings/activities have resulted in improvements in your health center/dispensary? *Je, unafikiria kwamba hizi shughuli au mikutano ya kiafya imeleta maendeleo yoyote katika kituo chenu cha afya/zahanati?*	Yes……01 No……..0 2
G20	Do you think that knowledge has increased in this community about complications in pregnancy such as bleeding in the first half of pregnancy over the past year? *Je, unafikiria kwamba elimu kuhusu shida katika uja uzito kama vile kuvuja damu katika miezi ya kwanza nusu ya uja uzito; imeongezeka katika jamii hii kwa muda wa mwaka mmoja ambao umepita?*	Yes……01 No……..0 2 Don't know 98
G21	Over the past year, do you think that community action has increased to assist women with seeking help when bleeding in pregnancy occurs? *Katika muda wa mwaka mmoja ambao umepita, unafikiria kwamba juhudi za jamii zimeongezeka katika kusaidia wanawake ambao wanatafuta usaidizi; wakati kuvuja damu katika uja uzito inapotokea?*	Yes……01 No……..0 2 Don't know 98
G22	What means of transportation has this community set aside to take its sick members, including pregnant women, to the hospital in an emergency? *Katika jamii hii, kuna njia yoyote ya kusafirisha wagonjwa; wakiwemo akina mama waja wazito kwenye hospitali wakati wa haja ya dharura?*	None ..... 01 Health facility sends ambulance ..... 02 Community taxi ..... 03 Community motorcycle ..... 04 Other **[specify]** 77
G23	Which of the following media do people in this community get their health information from? *Ni vyombo vipi vya habari, kati ya hizi; ambavyo huwapatia habari kuhusu afya katika jamii hii?* ▪ **Probe: Radio? TV? Newspapers? Brochures? Others?** ▪ **Circle all mentioned.**	Radio ..... 01 Television ..... 02 Newspapers ..... 03 Brochures/Community cards ..... 04 Other **[specify]** 77
G24	Are you aware of any information campaign in this community about health care for women who are experiencing bleeding in the first half of pregnancy? *Je, unafahamu kuhusu kampeini zozote za kuelimisha watu katika jamii hii kuhusu utunzi wa kiafya kwa wanawake ambao wanavuja damu katika miezi ya kwanza nusu ya uja uzito?*	Yes **[specify]** ……..01 No ……..02

CONCLUSION

We have now come to the end of the interview. Thank you very much for taking the time to answer our questions. Please be assured that the information you have provided will only be used for research at the Population Council. The answers you have given will be very helpful in improving services for women in communities like this one that experience bleeding in the early stages of pregnancy.

G25 I have asked you a lot of questions. Is there any question I can answer for you? *Nimekuuliza maswahili mengi. Kuna swali lolote ambalo ungependa nikujibu?*
Write down question and provide response.

_____

Appendix B: Facility Assessment Tool

Facility Assessment Tool

Evaluation of the Replication of the Community Post-Abortion Care Model in Kenya
Population Council

GREETING: Good morning. My name is _____, and I work for the Population Council. We are currently doing a study on post-abortion care in Naivasha District and the kind of services that are available for this kind of care. This is not an evaluation of this facility or of the people who give us this information. We are visiting the health facilities which serve the catchment areas around most of the MOH community units in Naivasha, and all the information you give me will be confidential. No one will know what you said. The research we are conducting will be used to improve postabortion care services and we have sought permission from the district health authorities to carry out this study. Are you willing to assist?

1. Facility identification

No.	Questions	Coding Categories	
1.1	Date of observations	_____ / _____ / _____ (Day/ Month/ Year)	
1.2	Community Unit		
1.3	Facility name		
1.4	Type of facility	Hospital	1
		Health center with maternity ward	2
		Health center without maternity ward	3
		Health post with maternity ward	4
		Health post without maternity ward	5
		Dispensary	6
		Other:	77
1.5	Result of the inventory	Complete	1
		Incomplete	2
		Refused	3
		Other:	77

2. Description of the service area

No.	Questions	Coding Categories
2.1	Catchment Population	
2.2	Number of women in reproductive age	

3. Hours of operation

No.	Question	Coding Categories	
3.1	Routinely, how many days per week is the facility open?	Days:	
3.2	What are the opening and closing hours at this facility?	Opening time _____:_____ Closing time _____:_____ (Hour : Minutes) Open 24 hours? YES	
3.3	Is this facility open on weekends?	Yes	1
		No	2 ☐3.5
3.4	What are the opening and closing hours at this facility on weekends?	Opening time _____:_____ Closing time _____:_____ (Hour : Minutes)	
3.5	Does this facility provide PAC services?	Yes	1
		No	2 ☐3.7
3.6	Does the facility provide PAC 24 hours a day?	Yes	1
		No	2
3.7	Is there a nurse or clinical officer present at the facility at all times? (24 hours/day)	Yes	1
		No	2
3.8	Is there a nurse or clinical officer available on call at all times after hours?	Yes	1
		No	2

4. Services available/Staff

No.	Questions	Coding Categories		
4.1	Do you have staff shortages in (*read 1 to 2*) services?	Yes	No	N/A
	1) PAC	1	2	99
	2) FP	1	2	
4.2	What types of staff shortages are most critical?	Medical specialists		1
		General practitioners		2
		Medical residents		3
		Medical interns		4
		Clinical officer		5
		Trained midwives		6
		Registered nurse		7
		Enrolled nurse		8
		Nursing student		9
		Social worker		10
		Other:		77

5. General infrastructure of the facility

No.	Questions	Coding Categories	
5.1	*Interviewer: Observe the conditions and infrastructure in the facility and mark whether it has the following.*	Yes	No
	1) Piped running water	1	2
	2) Electricity	1	2
	3) Working latrines/toilets for clients	1	2
	4) Working phone/short wave radio	1	2
	5) Transport vehicle in working order or standing arrangements for transport in the case of emergencies	1	2
	6) Clean facilities (e.g., the floors are swept, there is no dust in the desks)	1	2
	7) Enough chairs or benches in waiting areas	1	2
	8) Waiting area for clients where they are protected from the sun and rain	1	2

Interviewer: Check 3.5. If this facility does not offer PAC services, go to 6.2

6. Organization of PAC services

No.	Questions	Coding Categories		Go to
6.1	What uterine evacuation techniques are used in this health facility to treat postabortion clients?	Manual Vacuum Aspiration (MVA)	1	
		Electric vacuum aspiration	2	
		Dilatation and Curettage (D&C)	3	
		Other:	77	
6.2	How many providers at the facility have been trained in uterine evacuation?			
6.3	Does the facility have providers trained in uterine evacuation in the three shifts?	Yes	No	☐6.4
	Shifts are not used at this facility	1	2	
	Morning	1	2	
	Afternoon	1	2	
	Night	1	2	
6.4	Does this facility have providers trained in MVA?	Yes	1	
		No	2	
Interviewer: Check 3.5. If this facility does not offer PAC services, go to 8.1				
6.5	Does the facility have providers trained in MVA in the three shifts?	Yes	No	
	Morning	1	2	
	Afternoon	1	2	
	Night	1	2	
6.6	Can a postabortion client be discharged at any time of day?	Yes	1	
		No	2	
6.7	What is the average hospital stay for postabortion clients?	Minutes:		
		Hours:		
		Days:		

7. PAC quality

No.	Questions	Coding Categories				Go to
7.1	Which of the following services are routinely offered to postabortion clients in this facility? (By routinely, we mean offered to every client.) If a service is not routinely offered in this facility, are postabortion clients referred to a different health facility to obtain this service? *Interviewer: Read options.*					
	Service	Offered	Referred	Not offered or referred		
	FP	1	2	3		
	HIV/AIDS voluntary counseling	1	2	3		
	HIV/AIDS testing	1	2	3		
	STI screening and treatment	1	2	3		
7.2	In the cases where postabortion clients are referred elsewhere for some services, are they given a referral slip or coupon with information such as the name of the clinic to which they should go, the service they need, or any other information? *Interviewer: Ask to see a referral slip.*		Yes, form seen		1	
			Yes, form not seen		2	
			No		3	☐7.4
7.3	What information is included in the referral slip or coupon? *Interviewer: Mark all that apply.*		Name of patient		1	
			Name of referring clinic		2	
			Name of clinic where service should be provided		3	
			Services that should be received		4	
			Other:		77	
7.4	Does staff working with postabortion clients in this facility have a directory or list of referral services?		Yes		1	
			No		2	☐next section
7.5	Is this referral list easily accessible to all staff working with postabortion clients?		Yes		1	
			No		2	

8. PAC examination rooms

No.	Questions	Coding Categories		
Interviewer: Ask to see the area where women with obstetric emergencies are first examined. For the following items, check whether the item is in the area or in an adjacent room.				
8.1	Describe the setting for the examination room:	Private room		1
		Room with other people with separating barrier		2
		Room with other people and no visual barrier		3
8.2	Materials and equipment required for hand washing:	Yes	No	
	1) Clean water supply	1	2	
	2) Soap	1	2	
	3) Nail brush or stick	1	2	
	4) Clean towels	1	2	
8.3	Materials and equipment required to examine women in working order:	Yes	No	
	1) Spot light source (flashlight or examination light accepted)	1	2	
	2) Examination couch for gynecological exam	1	2	
8.4	What is the most commonly used method to sterilize/disinfect the specula/forceps?	Boiling		1
		Autoclave		2
		Heat sterilizer		3
		Use disposable only		4
		Using bleach		5
		Other:		77

Interviewer: Check 3.5. If this facility does not offer PAC services, go to 10.14

9. PAC treatment rooms and equipment

No.	QUESTIONS	CODING CATEGORIES		
Interviewer: Ask to see the area where the therapeutic procedures (D&C or MVA) take place for postabortion clients. For the following items, check whether the item is in the area or in an adjacent room.				
9.1	Describe the setting for the examination/treatment room:	Private room		1
		Room with other people with separating barrier		2
		Room with other people and no visual barrier		3
9.2	Materials and equipment required for hand washing:	Yes	No	
	(1) Clean water supply	1	2	
	(2) Soap	1	2	
	(3) Nail brush or stick	1	2	
	(4) Clean towels	1	2	
9.3	Instruments and equipment are in working order:	Yes	No	N/A
	(1) Instrument table	1	2	
	(2) Gynecological exam table	1	2	
	(3) Light	1	2	
	(4) Uterine forceps	1	2	
	(5) Ligature forces	1	2	
	(6) Speculum	1	2	
	(7) MVA instruments	1	2	99
	(8) D&C instruments	1	2	99
9.4	Drugs for pain management are available	1	2	
9.5	In this facility, are there clear procedures for re-ordering MVA equipment?	1	2 (skip to next section)	N/A (skip to next section)
9.6	What are these procedures?	_____ _____ _____ _____ _____		

10. FP services in PAC

No.	Questions	Coding Categories			Go to
10.1	Is (*read 1 to 3*) available to clients in this health facility? How many days per week are (*read 1 to 3*) services offered?	Yes	No	Days	
	1) FP counseling	1	2		
	2) Contraceptives	1	2		
	3) Antenatal care	1	2		
10.2	Do the hours of operation of FP services coincide with the hours of operation and discharge of PAC clients?	Yes. Whenever PAC clients are discharged, FP services are open.		1	
		Sometimes. There are times when postabortion clients are discharged that FP services are closed. Explain:		2	
		No. Whenever PAC clients are discharged, FP services are closed.		3	
		Other:		77	
10.3	How many providers and of which type (qualifications) are assigned to work in PAC in this facility? Of the staff involved in PAC, how many have as one of their responsibilities giving FP to PAC clients?				
	Type of staff	PAC	PAC providers that give FP to PAC clients		
	1) Medical specialists				
	2) General practitioners				
	3) Medical residents				
	4) Medical interns				
	5) Clinical officers				
	6) Trained midwives				
	7) Registered nurse				
	8) Enrolled nurse				
	9) Nursing student				
	10) Social worker				
	11) Other 1:				
	11) Other 2:				
10.4	Are there any indicators for the provision of FP services to postabortion clients systematically reviewed in the facility quality-monitoring activities (e.g., in monthly meetings)?	Yes, explain how:		1	
		No		2	
		Other:		77	

10.5	Are there any written guidelines in this facility for postabortion services? *Interviewer: Ask to see a copy of the guidelines.*	Yes, guidelines are available *Interviewer: Write name of guidelines.*	1	
		Yes, but guidelines aren't available.	2	
		No, there aren't written guidelines.	3	☐10.8
10.6	Do these guidelines or service protocols recommend that FP services (e.g., counseling) are offered to postabortion clients as a part of PAC?	Yes, explain how:	1	
		No	2	
10.7	Do these guidelines or service protocols recommend that postabortion clients be referred to FP services elsewhere?	Yes, explain how:	1	
		No	2	
		Don't know	98	
10.8	Is FP counseling routinely offered to postabortion clients in this facility? (By routinely, we mean offered to most clients.)	Yes	1	
		No	2	☐10.13
10.9	Do postabortion clients receive FP counseling before they are discharged from PAC?	Yes, explain:	1	
		No	2	
		Other, explain:	77	
10.10	Who gives FP counseling to postabortion clients? The same provider who gives them PAC or someone else?	Same provider	1	
		Someone else	2	
		Other:	77	
10.11	Where do postabortion clients receive FP counseling?	In the same area where they receive PAC	1	☐10.13
		In the FP area in this facility	2	
		Other:	77	
10.12	Why is FP counseling not provided in the same area where women receive PAC?	There is no staff available.	1	
		Staff is not trained.	2	
		The facility does not have the necessary equipment.	3	
		There is insufficient room/space.	4	
		Other:	77	

10.13	Where do postabortion clients who want to obtain a contraceptive method receive the method?	In the same area where they receive PAC	1
		In the FP area in this facility	2
		Other:	77

10.14 Which of the following contraceptive methods are available for [postabortion clients/clients in general]? Of these, which are available at any time, and which are offered on a limited schedule?

Method	Available for postabortion clients?		Available any time?	
	Yes	No	Yes	No
1) Combined oral contraceptives	1	2	1	2
2) Minipills (progestin-only pills)	1	2	1	2
3) Emergency contraceptive pills	1	2	1	2
4) Progestin-only injectables (injection every 2 or 3 months)	1	2	1	2
5) Monthly injectables	1	2	1	2
6) Combined patches	1	2	1	2
7) Combined vaginal rings	1	2	1	2
8) Jadelle implants	1	2	1	2
9) Implanon implants	1	2	1	2
10) Sinoplant (II) implants	1	2	1	2
11) IUD	1	2	1	2
12) IUS	1	2	1	2
13) Male condoms	1	2	1	2
14) Female condoms	1	2	1	2
15) Diaphragms	1	2	1	2
16) Spermicides	1	2	1	2
17) Cervical caps	1	2	1	2
18) Female sterilization	1	2	1	2
19) Vasectomy	1	2	1	2
20) Fertility awareness methods	1	2	1	2
21) Withdrawal	1	2	1	2
22) Other:	1	2	1	2

Interviewer: Check 3.5. If this facility does not offer PAC services, go to 10.17

10.15	Are postabortion clients who are interested in receiving a contraceptive method that is not available in the same area where they receive PAC routinely referred to FP services in this facility or to another place where they can get their desired method?	Yes, referred to FP services in this facility	1
		Yes, referred elsewhere (*specify*)	2
		No	3
		Other:	77

10.16	*Interviewer: Obtain the following information from the service statistics.*	Last 12 months	Last 6 months	Last month	Info not available	
	Number of PAC clients					
	Number of PAC clients who received FP counselling					
	Number of PAC clients who received a contraceptive before discharge					
	Number of PAC clients who were referred to FP services					

10.17	On the date of visit, which of the following contraceptives were available for [PAC clients/clients in general]? [INTERVIEWER HAS TO ACTUALLY CHECK TO VERIFY]	Available	Not available
	1) Combined oral contraceptives		
	2) Progestin-only pills		
	3) Emergency contraceptive pills (prepacked)		
	4) Emergency contraceptive pills (not prepacked)		
	5) Progestin-only injectables		
	6) Monthly injectables		
	7) Combined patches		
	8) Combined vaginal rings		
	9) Jadelle implants		
	10) Implanon implants		
	11) Trocar		
	12) Scalpel		
	13) Straight forceps		
	14) Local Anesthesia		
	11) IUD		
	12) Iodine		
	13) Cervical Tenaculum		
	14) Sponge Forceps		
	15) Uterine Sound		
	16) Operating Scissors		
	17) Speculum		
	12) IUS		
	13) Male condoms		
	14) Female condoms		
	17) Female sterilization		
	18) Vasectomy		

Interviewer: Check 3.5. If this facility does not offer PAC services, go to 12.1

11. Record keeping

No.	Questions	Coding Categories			
11.1	Is there a daily activity record for PAC in this facility?	Yes			1
		No			2
11.2	*Interviewer: Complete this information using the available statistics from the last 12 months.*	Last 12 months	Last 6 months	Last month	Info not available
	Number of postabortion clients treated with MVA				
	Number of postabortion clients treated with D&C				
	Number of postabortion clients treated with dilatation curage				

12. Supervision

No.	QUESTIONS	CODING CATEGORIES		GO TO
12.1	Does this facility have any system for determining clients' opinions about the health facility or services?	Yes	1	
		No	2	☐12.3
		Unsure	3	☐12.3
12.2	In the past 3 months, have any changes been made in the facility as a result of client opinion?	Yes	1	
		No	2	
12.3	Does this facility have a method for monitoring the quality of care provided to clients?	Yes	1	
		No	2	☐12.6
12.4	What is done to monitor quality of care?			
Interviewer: Check 3.5. If this facility does not offer PAC services, go to 12.6				
12.5	Are there any indicators for PAC systematically reviewed in these quality-monitoring activities?	Yes	1	
		No	2	
		Other:	77	
12.6	Who is responsible for reviewing findings and taking action relative to quality of care activities? *Interviewer: Mark all that apply.*	Individual service provision staff	1	
		Individual supervisors	2	
		Internal management/quality team	3	
		External management team	4	
		Other:	77	
12.7	When was the last time an external supervisor (someone from outside this facility) visited the facility?	Within the last 6 months	1	
		More than 6 months ago	2	☐next section
		No external supervision	3	☐next section

12.8	The last time within the last 6 months that a supervisor from outside the facility visited, did the supervisor do the following. *Interviewer: Read options and mark all that apply. Ask "Something else?"*	Check records?	1	
		Discuss problems?	2	
		Discuss policy/administrative issues?	3	
		Discuss technical protocols/ practice?	4	
		Hold an official staff meeting?	5	
		Observe individual staff providing services?	6	
		Provide service providers with updates on contraceptives?	7	
		Provide service providers with updates on post-abortion care?	8	
		Other:	77	

Interviewer: Check 3.5. If this facility does not offer PAC services, go to 14.1

13. IEC materials

No.	Questions	Coding Categories	
Interviewer: Verify that the following materials are available in the room where PAC clients receive counseling.			
13.1	Visual aids for teaching about:	Yes	No
	1) Different FP methods	1	2
	2) Model for demonstrating condom use	1	2
	3) PAC	1	2
	4) STIs	1	2
	5) HIV/AIDS	1	2
13.2	Information booklets/leaflets for clients to take home:	Yes	No
	1) Different FP methods	1	2
	2) Model for demonstrating condom use	1	2
	3) PAC	1	2
	4) STIs	1	2
	5) HIV/AIDS	1	2

14. Costs

No.	QUESTIONS
14.1	What are clients charged for obtaining the following services, commodities, tests, or procedures? *Interviewer: Ask questions 14.1 to 14.3 and register answers in the table below. If PAC services are not offered at this facility, skip the first option 'treatment of incomplete abortion.'*
14.2	Is there a waiver or exemption policy for women who cannot pay?
14.3	Who is exempted from paying these fees?

Service or commodity	14.1 Charge in local currency	14.2 Is there a waiver or exemption policy?		14.3 Who is exempted from paying these fees?
		Yes	No	
Treatment of incomplete abortion	Ksh	1	2	
FP counseling	Ksh	1	2	
Combined oral contraceptives	Ksh	1	2	
Minipills (progestin-only pills)	Ksh	1	2	
Emergency contraceptive pills	Ksh	1	2	
Progestin-only injectables (injection every 2 or 3 months)	Ksh	1	2	
Monthly injectables	Ksh	1	2	
Combined patches	Ksh	1	2	
Combined vaginal rings	Ksh	1	2	
Jadelle implants	Ksh	1	2	
Implanon implants	Ksh	1	2	
Sinoplant (II) implants	Ksh	1	2	
IUD	Ksh	1	2	
IUS	Ksh	1	2	
Male condoms	Ksh	1	2	
Female condoms	Ksh	1	2	
Diaphragms	Ksh	1	2	
Spermicides	Ksh	1	2	
Cervical caps	Ksh	1	2	
Female sterilization	Ksh	1	2	
Vasectomy	Ksh	1	2	
HIV/AIDS testing	Ksh	1	2	
Syphilis testing	Ksh	1	2	
Other STI testing	Ksh	1	2	

15. Referral System

15.1 Can you please describe the referral system that is in place for clients that may need to be referred to another facility?

Interviewer: Probe for the following and circle all mentioned:

	Yes	*No*
1) Availability of referral forms	*1*	*2*
2) Availability of emergency transportation	*1*	*2*
3) Telephone communication between health facilities	*1*	*2*
4) Patient is escorted to facility by a health provider	*1*	*2*
5) Other (specify):	*1*	*2*

Provider Interview

Evaluation of the Replication of the Community Post-Abortion Care Model in Kenya
Population Council

[TO BE ADMINISTERED ONLY AT FACILITIES THAT OFFER PAC]

INSTRUCTIONS FOR THE INTERVIEWERS: Interview all health facility staff who are responsible for providing PAC, including FP services, to PAC clients. Please interview staff at the end of the working day or during their breaks. Make it clear that you are seeking their assistance in finding ways of improving the functioning and quality of the services offered by facilities in general and are not evaluating the performance of the facility or of them individually. For each item, circle the code of the adequate response or describe, as appropriate. Read the following greeting when you meet with each provider that you will interview.

GREETING: Good morning. My name is _____, and I work for the Population Council. We are currently doing a study about the way that FP services are provided during post-abortion care in Kenya. As a part of this study, we are interviewing all health providers who participate in post-abortion care, including FP services for post-abortion women. These interviews are not to evaluate individual facilities or providers. We are visiting a number of facilities. All the information you give me will be confidential, and no one will know what you said. I will not record your name in the questionnaire, and there will be no way in which the responses you give me can be directly linked to you. They will all be confidential. The research we are conducting will be used to improve PAC services and we have sought permission from the district health authorities to carry out this study.

1. Facility identification

No.	QUESTIONS	CODING CATEGORIES	
1.1	Date of interview	_____ / _____ / _____ (Day/ Month/ Year)	
1.2	Community Unit		
1.3	Facility name		
1.4	Type of facility	Hospital	1
		Health center with maternity ward	2
		Health center without maternity ward	3
		Health post with maternity ward	4
		Health post without maternity ward	5
		Dispensary	6
		Other:	77
1.5	Result of the interview	Complete	1
		Incomplete	2
		Refused	3
		Other:	4

2. Demographics and professional experience

No.	Questions	Coding Categories	
2.1	Sex *Interviewer: Please mark.*	Male	1
		Female	2
2.2	How old are you?	Age in years:	
2.3	What is your current technical qualification?	Specialist doctor	1
		General doctor	2
		Clinical officer	3
		Intern MD student	4
		Registered nurse	5
		Enrolled nurse	6
		Nursing student	7
		Social worker	8
		Other:	77
2.4	How many years ago did you graduate with this diploma/certificate?	Years:	
2.5	How long have you been working at this facility?	Months:	
		Years:	
2.6	In which unit or department are you currently working?	Facility not divided into departments	1
		PAC	2
		FP	3
		Other	77
2.7	What services do you directly provide at this facility? *Interviewer: Mark all that apply.*	FP counseling	1
		Contraceptives	2
		Antenatal care	3
		Delivery	4
		Postpartum care	5
		Treatment of abortion complications	6
		HIV/AIDS counseling	7
		HIV/AIDS testing	8
		HIV/AIDS treatment and care	9
		STI services	10
		Child immunization	11
		Child growth monitoring	12
		Curative services for women	13
		Curative services for children	14
		Other:	77

3. Integration of PAC and FP

No.	Questions	Coding Categories				Go to
3.1	*Interviewer: (a) During your in-service professional training, have you ever received training in [read 1 to 6]? For every positive response, ask: (b) Have you received training in […] in the past year?*	(a) Ever received training		(b) Received training last year		
		Yes	No	Yes	No	
	1) Counseling/health education for postabortion clients	1	2	1	2	
	2) FP counseling techniques	1	2	1	2	
	3) FP counseling for postabortion clients	1	2	1	2	
	4) Advantages and disadvantages of different contraceptive methods	1	2	1	2	
	5) Action mechanisms of different family contraceptive methods	1	2	1	2	
	6) IUD insertions in postabortion women	1	2	1	2	
3.2	Would you say that the provision of post-abortion care services is one of the responsibilities of this health facility?	1	2			
3.3	What are the main services, information, or orientation you provide to PAC clients? *Interviewer: Mark all the relevant options.*	Comfort women			1	
		Advise on PAC and hygiene			2	
		Information about danger signs			3	
		Pain management			4	
		FP counseling			5	☐3.5
		Others:			77	
3.4	During the PAC visit, do you provide information about FP?	Yes			1	
		No			2	☐3.11
3.5	During PAC:			Yes	No	
	1) Do you counsel interested women on choosing a suitable FP method?			1	2	
	2) Do you tell women where they can obtain an FP method?			1	2	
	3) Do you inform women of how soon after PAC that they are they are risk of becoming pregnant again if they do not use a contraceptive method?			1	2	
3.6	What are the main activities you follow when talking about FP to postabortion clients? *Interviewer: Mark all the relevant options.*	Identify reproductive goals of woman.			1	
		Provide information about different contraceptive methods.			2	
		Discuss the client's contraceptive preferences.			3	
		Involve client's partner in selecting a suitable method.			4 ☐3.7	
		Help women select a suitable method.			5	

		Instruct women in how to use the selected method.	6
		Emphasize special services/considerations for young people, if applicable.	7
		Other:	8

3.7 In what specific ways do you involve men when talking about FP to PAC clients?

_____

_____

_____

3.8 *Interviewer: Explain that you will now ask the interviewee about his/her knowledge of different FP methods.*

For each one of the next methods, please tell me if you:

1) Know the method sufficiently well to counsel and provide it to a client

2) Know the method sufficiently well to counsel about it, but not to provide it

3) Know little about the method and would not feel comfortable counseling or providing it

4) Do not know the method

	Know well to counsel and provide it	Know well to counsel but not to provide it	Know little about it	Do not know it
Combined oral contraceptives	1	2	3	4
Minipills (progestin-only pills)	1	2	3	4
Emergency contraceptive pills	1	2	3	4
Progestin-only injectables	1	2	3	4
Bi-monthly injectables	1	2	3	4
Combined patches	1	2	3	4
Jadelle implants	1	2	3	4
Implanon implants	1	2	3	4
IUD	1	2	3	4
Male condoms	1	2	3	4
Female condoms	1	2	3	4
Female sterilization	1	2	3	4
Vasectomy	1	2	3	4
Fertility awareness methods	1	2	3	4
Withdrawal	1	2	3	4
Other:	1	2	3	4

3.9	Do you know of any special consideration to have in mind	No special considerations	1
		Infection should be ruled out or resolved	2

	while providing FP services to postabortion women? Which ones? *Interviewer: Mark all that apply.*	before the use of IUDs, female sterilization, and fertility awareness methods.		
		All hormonal FP methods may be started immediately.	3	
		If the case is a first-trimester abortion, return to fertility is within 14 days	4	
		Other:	5	
		Don't know	98	
3.10	According to what you know, how soon after PAC is a woman at risk of getting pregnant again? *Interviewer: Mark all the relevant options.*	Before 2 weeks if in a first-trimester abortion	1	
		Within 4 weeks in a second- or third-trimester abortion	2	
		Other:	3	
		Don't know	98	
3.11	From a medical point of view, for how long should a postabortion client wait before becoming pregnant again?	Months:		
		Weeks:		
		Other:		
		Don't know	98	
3.12	What are the main difficulties you have had in this facility in providing FP services for postabortion clients in the last 3 months?	Lack of supplies	1	
		Lack of qualified personnel	2	
		Lack of equipment	3	
		Failures in equipment	4	
		Inappropriate facilities	5	
		Do not feel sufficiently trained	6	
		Not enough time to counsel clients	7	
		Other:	8	
3.13	Are there any written guidelines in this facility for providing FP services to PAC clients?	Yes	1	
		No	2	☐3.16
		Don't know	98	☐3.16
3.14	How well do you know the guidelines for providing FP services to PAC clients?	Very well	1	
		Fairly well	2	
		Not well	3	
3.15	During the PAC visit, do you provide information about the linkages between certain STIs and miscarriage?	Yes	1	
		No	2	
3.16	What are your suggestions for improving the integration of FP with postabortion services?	Recommendations:		

4. PAC experience, knowledge, and practices

No.	Questions	Coding Categories		Go to
4.1	Are you directly involved in the clinical treatment of women with postabortion complications?	Yes	1	
		No	2	☐4.7
4.2	For how many years in total have you provided this service, including your work in other facilities?	Years: *Interviewer: If less than 1 year, record "00."*		
4.3	What types of postabortion complications are normally seen within this facility?			
4.4	What would you say is the average age of women that come to this facility for PAC services?	Average age:		
4.5	Who tends to accompany the women that come to this health facility for PAC services? *Interviewer: Mark all that apply.*	No one	1	
		Husband/partner	2	
		Friend	3	
		Relative	4	
		Other (specify)	77	
4.6	Why do you think some women delay seeking PAC services?	Stigma	1	
		Provider attitudes	2	
		Costs	3	
		Don't know where to get services	4	
		Other	77	
4.7	When are referrals offered for postabortion complications?			
4.8	Do you consider yourself competent to practice the following. *Interviewer: Read the options and mark all the relevant ones.*	MVA	1	
		Electric vacuum aspiration	2	
		D&C	3	
4.9	Which of the following methods do you personally use to treat women with incomplete abortions and abortion complications? *Interviewer: Read the options and mark all the relevant ones.*	MVA	1	
		D&C	2	
		Abortion with drugs	3	
		Other:	77	
4.10	Do you currently provide postabortion counseling or orientation to women in this facility?	Yes	1	
		No	2	☐4.13

4.11	For how many years in total have you provided this service? Please include your work at other facilities.	Years: *Interviewer: If less than 1 year, record "00."*		
4.12	What are the main components of the counseling and orientation you offer to postabortion clients? *Interviewer: Mark all that apply.*	Comfort woman	1	
		Inform about health condition	2	
		Inform about surgical procedure	3	
		Inform about post-treatment care	4	
		Information about pain management	5	
		Inform about danger signs	6	
		Counsel about FP	7	
		Counsel about STIs, HIV/AIDS	8	
		Respond to questions and concerns	9	
		Refer to other services	10	
		Other:	77	
4.13	What are the main recommendations for personal care that should be given to postabortion women? *Interviewer: Mark all relevant options.*	Avoid intense physical activity for 2 to 3 days.	1	
		The medicine they can take to relieve pain	2	
		To wash the perineum	3	
		To avoid vaginal sex until bleeding stops	4	
		Other:	77	
		Don't know	98	
4.14	What are the danger signs in the postabortion period? *Interviewer: Mark all that apply.*	Increased bleeding	1	
		Bleeding heavier than abnormal period	2	
		Continued bleeding for 2 weeks	3	
		Foul-smelling vaginal discharge	4	
		Severe abdominal pain	5	
		Fever	6	
		Chills	7	
		Muscle aches	8	
		Tenderness to pressure in the abdomen	9	
		Delay (6 weeks or more) in resuming menstrual period	10	
		Dizziness or fainting	11	
		Feeling ill, weakness	12	
		Nausea or vomiting	13	
		Severe and constant headache	14	
		Other:	77	
		Don't know	98	

4.15	What are the main difficulties you have had in this facility in treating postabortion women in the last 3 months?	Lack of supplies	1	
		Lack of qualified personnel	2	
		Lack of equipment	3	
		Failures in equipment	4	
		Inappropriate facilities	5	
		Do not feel adequately trained	6	
		Not enough time to treat clients	7	
		Other:	77	
		Don't know	98	
4.16	Does this health facility experience stock-outs of FP commodities?	Yes	1	
		No	2	
4.17	Does this health facility have guidelines for PAC?	Yes	1	
		No	2	☐next section
		Don't know	98	☐next section
4.18	How well do you know the guidelines for PAC?	Very well	1	
		Fairly well	2	
		Not well	3	

5. Suggestions for improving PAC

No.	Questions	Coding Categories		Go to
5.1	Do you have any suggestions to improve your ability to provide PAC?	Yes	1	
		No	2	☐5.3
5.2	In what domains would you like to improve or reinforce your abilities?	Uterine evacuation techniques	1	
		Counseling	2	
		Postpartum FP	3	
		Other:	77	
5.3	What would you recommend to improve PAC in this facility? *Interviewer: Mark all that apply.*	More medicines and products	1	
		Train/rotate staff	2	
		Motivate staff	3	
		More staff	4	
		Have a special area for PAC	5	
		Improve the prevention of infections	6	
		Decrease the duration of the treatment	7	
		No suggestions	8	
		Other	77	
		Don't know	98	

6. Supervision

No.	Questions	Coding Categories			Go to
6.1	In the last 6 months, has a supervisor spoken with you about or observed your PAC-related work?	Yes		1	
		No		2	☐end
6.2	How many times in the last 6 months has your PAC-related work been supervised?	Number of times:			
6.3	Did the supervisor do the following the last time she/he supervised you?		Yes	No	
	1) Check your PAC-related records		1	2	
	2) Observe your PAC-related work		1	2	
	3) Provide feedback on your PAC-related performance		1	2	
	4) Provide updates on administrative or technical issues related to your PAC work		1	2	
	5) Discuss problems you have encountered in the course of your PAC work		1	2	