

Multimedia Appendix 3

CHECKLIST: FACILITY CAPACITY FOR PROVISION OF ANC SERVICES

Date Interviewer Initials Location.....

Health Facility Name.....

	Yes	No	Irregular
Equipment and Resources			
Microscope			
Gloves and other disposables like cotton swabs			
Urine specimen bottles			
Sphygmomanometer + Stethoscope			
Pinnards Stethoscope			
Dipsticks for urinary protein and glucose			
Weight scale			
Height scale			
Measuring tape			
Transportation support for emergency referral			
Ultrasound			
ITNs for new registrants			
Electricity (<i>is it regular? is there backup for emergencies? What kind?</i>)			
Drugs/Medication			
Nifedipine			
MgSo ₄			
Diazepam			
Tetanus Toxoid			
Antimalarial			
Folic Acid tablets			
Iron tablets			
Which of these do you have full capacity to diagnose in this HF? <i>If no, where do patients go for tests? Are tests free? If no, how much?</i>			
Pregnancy Test			
Rhesus Incompatibility			
Pre-eclampsia / Eclampsia			
Anaemia			
Gestational diabetes			
Malaria			
Urinary tract Infection			
Which of these do you have the capacity to manage in this health facility?			
Pre-eclampsia / Eclampsia			
Anaemia			
Gestational diabetes			
Malaria			
Urinary tract Infection			
Do you have the capacity to take deliveries in health facility? At all times of the day and night?			