

Focus Group Discussion Guide on Malaria in Pregnancy for Use with Community-based Providers

Date:	Name of Facilitator:
County/sub-county:	Name of Note-taker:
Number of participants:	Gender of participants: Female: _____ Male: _____

Facilitator notes:

- Before beginning, the facilitator should get signed consent forms from everyone who will be participating.
- When ready to begin, the facilitator should tell the participant(s): Hello, my name is _____ and I work with the Impact Malaria project. Thank you for taking the time to speak with us today. I wanted to take some time to talk to you today about your experiences with regard to malaria in pregnancy services. My colleague, _____ is here to assist me by taking notes. Your participation in today's discussion is voluntary. You can choose to leave at any time. You will not lose any benefits if you do not participate. You will also not gain any additional benefits if you do participate. Everything we discuss here is confidential. Nothing that you say will be linked to your name. The discussion should take no more than 2 hours. Before we begin, do you have any questions?
- Respond to all questions, then ask, would you like to continue?
- Excuse anyone who does not wish to continue, and then begin the discussion.

I. Service delivery overview

1. What malaria in pregnancy prevention and treatment services are currently offered in this community, in general? Who provides the services?
2. What is the role of CHVs in providing malaria in pregnancy-related prevention and treatment information and services?
3. How are CHVs selected? What are the criteria that someone must fulfill to be a CHV?
4. What is the training like for CHVs?
5. What is the supervision like for CHVs?
6. Do you feel like you have the knowledge, skills, and resources to provide information about malaria in pregnancy services, including the use of IPTp? Why or why not?

II. Client practices

1. At what month of pregnancy do most women go for their first ANC visit? Why do you think this is? (Probe for family-related reasons, socio-cultural reasons, reasons related to the services themselves.)
2. Do most women attend ANC services alone or with someone else? If it is someone else, who usually accompanies them? Why do you think this is?
3. What do you think most women in your community know about malaria in pregnancy? What are the gaps in their knowledge?
4. Where do most women get their information about malaria in pregnancy? (Probe for media channels, people, etc)
5. Do women know about IPTp during pregnancy?
 - a. What are some reasons why pregnant women would take IPTp as counseled during pregnancy?
 - b. What are some reasons why pregnant would NOT take IPTp as counseled during pregnancy?

III. Service delivery practices

1. Do health providers at the facilities in this community offer IPTp for pregnant women?
 - a. What are some of the barriers to health providers offering IPTp in the community?
 - b. What would make it easier for health providers to offer IPTp in the community?
2. Do health providers at the facilities in this community reliably offer mosquito nets to pregnant clients on their first visit?
 - a. What are some of the barriers to pregnant women sleeping under a mosquito net every night in the community?
 - b. What would make it easier for pregnant women sleeping under a mosquito net every night in the community?
3. What is the interaction like between facility-based and community-based health workers/volunteers here? In what ways could it be improved?