| ANC Element (Composite)       | Input Indicators                      | Input Variables (Items)                                                                 |
|-------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------|
| Readiness                     | ANC Structural Requirements           | operational equipment sterilization unit, operational laboratory unit, operational pharmacy/dispensary operational |
|                               | ANC Staff & Equipment                 | at least 2 qualified ANC providers, functional blood pressure device, functional thermometer |
|                               | ANC Medications & Supplies            | sulfadoxine-pyrimethamine tablets in stock, Tetanus vaccine (TT) in stock, iron folate OR iron PLUS folate tablets in stock, insecticide-treated bednets in stock |
|                               | ANC Diagnostic Tests                  | rapid hemoglobin tests in stock, urine protein testing strips in stock, rapid HIV tests in stock, rapid RPR tests in stock |

| Screening first visit cases   | ANC-focused History                   | Obstetric History                                                                   |
|                               |                                       | date of first day LMP assessed, previous pregnancies (gestations) assessed, previous uncomplicated pregnancies/deliveries assessed, previous c-sections assessed, previous premature birth assessed, previous stillbirths assessed, previous miscarriages assessed |
|                               |                                       | Pregnancy History                                                                    |
|                               |                                       | occurrence of bleeding assessed, occurrence of abdominal pain assessed, occurrence of breathing difficulties assessed, occurrence of headache/blurred visions assessed, occurrence of convulsion assessed, occurrence of nausea/vomiting assessed |
|                               |                                       | Medical History                                                                      |
|                               |                                       | pre-existing hypertension assessed, pre-existing diabetes assessed, history of TB assessed, history of STIs assessed, HIV status assessed |
|                               |                                       | Medico-Social History                                                                |
|                               |                                       | medication use assessed, mental health / stress assessed, exposure to domestic violence assessed |
|                               | ANC-focused Exam                      | Vital Sign Assessment                                                               |
|                               |                                       | blood pressure checked, other vital signs (pulse OR temperature OR respiratory rate), fetal heart rate checked |
|                               |                                       | Physical Examination                                                                |
|                               |                                       | conjunctiva checked for anemia, lower extremities checked for edema, abdomen/uterus checked, hand hygiene performed prior to exam |
|                               |                                       | Diagnostic Testing                                                                 |
|                               |                                       | HIV test initiated (if unknown status), blood test for RPR (syphilis) initiated, hemoglobin level checked |

| Screening follow-up cases     | ANC-focused History                   | Obstetric History                                                                   |
|                               |                                       | antenatal record reviewed for previously documented obstetric history |
|                               |                                       | Pregnancy History                                                                    |
|                               |                                       | occurrence of bleeding assessed, occurrence of abdominal pain assessed, occurrence of breathing difficulties assessed, occurrence of headache/blurred visions assessed, occurrence of convulsion assessed, occurrence of nausea/vomiting assessed |
|                               |                                       | Medico-Social History                                                                |
|                               |                                       | medication use assessed, mental health / stress assessed |
### ANC-focused Exam

| Vital Sign Assessment | Exposure to domestic violence assessed |
|-----------------------|----------------------------------------|
| Blood pressure checked |
| Other vital signs (pulse OR temperature OR respiratory rate) |
| Fetal heart rate checked |

| Physical Examination | Conjunctiva checked for anemia |
|----------------------|-------------------------------|
| Lower extremities checked for edema |
| Abdomen/uterus checked |
| Hand hygiene performed prior to exam |

### Prevention first visit cases

| Prescription or administration | Iron folate prescription |
|--------------------------------|-------------------------|
| Patient instructed on follow-up iron folate refill |
| IPTp correctly administered in respect to trimester |
| Patient instructed on follow-up IPTp treatment |
| TT administered (once status checked) |
| Insecticide-treated bednet handed out |

### Prevention follow-up cases

| Prescription or administration | Iron folate prescription |
|--------------------------------|-------------------------|
| Patient instructed on follow-up iron folate refill |
| IPTp correctly administered in respect to trimester |
| Patient instructed on follow-up IPTp treatment |
| TT administered (once status checked) |

### Information & Education

| Info/Education related to pregnancy | Results of examination/testing explained or discussed |
|-------------------------------------|------------------------------------------------------|
| Patient is given opportunity for questions |
| Education on safety / social support |
| Education on diet & nutrition |
| Education on use of insecticide-treated bednet |
| Education on health seeking in respect to danger signs |

| Info/Education related to birth | Education on birth companion |
|--------------------------------|-------------------------------|
| Education on birth & emergency preparedness plan |
| Education on breastfeeding |
| Education on postpartum family planning |