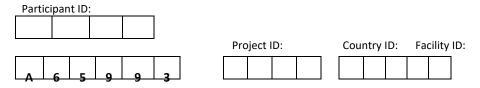
ANC PROVIDER SCREENING QUESTIONNAIRE (SCR)



Instructions: Observe and report findings from the health facility.

- 1. MoH policy on FGM posted on the wall?
 - \Box Yes

□ No

1a. If yes, is it placed where health care providers can see/read it e.g. bulletin board?

- □ Yes
- □ No
- 2. Are there FGM prevention posters on the wall of the waiting room? $\ \square$ ${\rm Yes}$

□ No

2a. If yes, is it placed in place where ANC clients can see it \Box Yes

- □ No
- 3. Is there WHO FGM Clinical Handbook in the ANC consultation room? \Box ${\rm Yes}$

□ No

3a. If yes, is it placed where ANC provider can see /use it?
□ Yes
□ No

4. Is there FGM ABCD guide in ANC consultation room?

 \Box Yes

🗆 No

4a. If yes, is it placed where ANC provider can see /use it

 \Box Yes \Box

No

Instructions: Assess health facility factors that may facilitate/constrain intervention delivery by reviewing health facility administrative records and notes and by meeting with the health facility manager.

- 5. Number of ANC providers _____
- 6. Average number of ANC clients per month_____
- 7. Number of ANC providers trained on PCC on FGM prevention

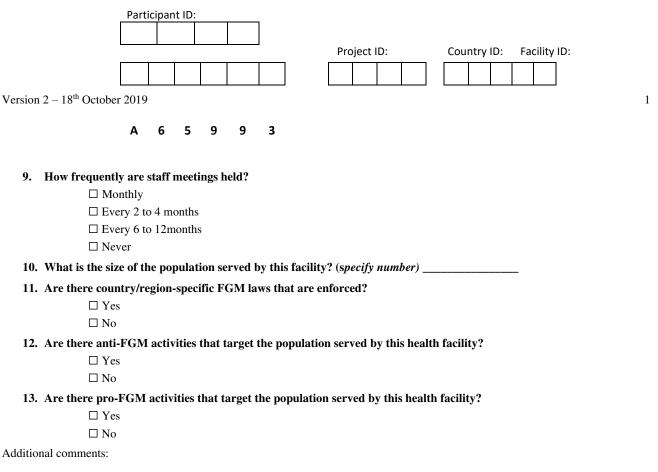
□ All (specify number trained): _____

□ Some (specify number trained): _____

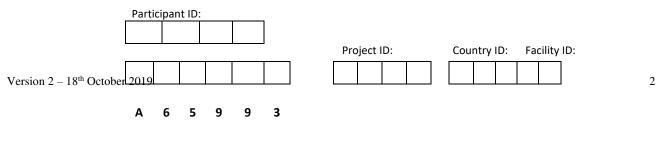
□ None

8. Indicate the number of MoH supervisory visits to the clinic in the past year_____

ANC PROVIDER SCREENING QUESTIONNAIRE (SCR)



ANC PROVIDER SCREENING QUESTIONNAIRE (SCR)



- 1. What is your age? _____
- 2. What is your sex?
 - 1. □ Female
 - 2. □ Male

3. What is your religion?

- 1. 🗆 Muslim
- 2. Christian
- 3. \Box Other
- 4. □ None
- 5. \Box Refused

4. What is your occupation/designation?

- 2.
 □ Nurse
- 3. Other, specify _____

5. What is the highest education level of education you achieved?

- 2. 🗆 Diploma
- 3. \Box Bachelors
- 4. \Box Masters or above

6. For how many years have you been working in your field? ____

7. During you clinical training, did you receive any formal training on female genital mutilation?

- 1. \Box Yes.
- 2. \Box No. Go to section B
- 3. \Box I don't know. Go to section B
- 8. When did you receive the training?
 - 1. During my studies (pre-service training)

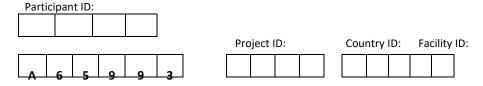
 - 3. □ Both
 - 4. \Box I don't know
 - 7. \Box Not applicable

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ANC PROVIDER SCREENING QUESTIONNAIRE (SCR)

Participant ID:		
	Project ID: Country ID: Facility I	D:
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Data Collector ID:	Date:	
Signature:	Day Month Year	

ANC PROVIDER SCREENING QUESTIONNAIRE (SCR)



9. What was the format of the training? (Check all that apply)

- 1. Classroom lessons
- 2. \Box Workshops
- 3. Digital format (E-learning videos; smart phone app)
- 4. \Box During clinical practice under supervision of a mentor
- 5. \Box Other, specify _
- 7. \Box Not applicable

10. During your pre- or post- graduate training, did you receive any formal training on communication or counselling?

- 1. \Box Yes.
- 2. □ No.
- 3. 🗆 I don't know

11. During you pre or post graduate training, did you receive any formal training on person-centred care?

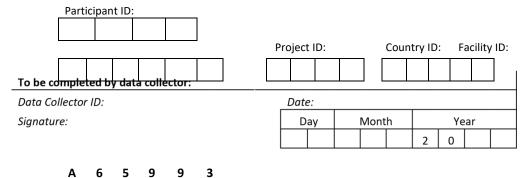
- 1. □ Yes.
- 2. □ No.
- 3. 🗆 I don't know

12. Have you ever cut the genitals of a girl (<=18 years old) for non-health reasons?

- 1. \Box Yes.
- 2. □ No.
- 3. 🗆 I don't know

Version 2 – 6th November 2019

ANC PROVIDER QUESTIONNAIRE (HCP)



- 1. Have you ever heard about female genital mutilation?
 - □ Yes
 - □ No
- 2. Do the women in your community undergo female genital mutilation?
 - □ Yes
 - □ No
 - \Box I don't know
- 3. Do you know of the WHO classification for female genital mutilation?
 - □ Yes

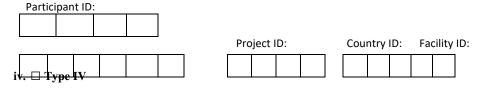
□ No. Skip to Q5

- 4. Please provide the WHO classification for the following FGM images (to include images)
 - a. IMAGE of Type III FGM to be inserted here
 - i. 🗆 Type I
 - ii. 🗆 Type II
 - iii. 🗆 Type III
 - iv. 🗆 Type IV
 - v. 🗆 nDon't know
 - b. IMAGE of Type I FGM to be inserted here
 - i. 🗆 Type I
 - ii. 🗆 Type II
 - iii. □ Type III

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ANC PROVIDER QUESTIONNAIRE (HCP)



v. 🗆 nDon't know

c. IMAGE of Type II FGM to be inserted here

- i. 🗆 Type I ii. 🗆 Type II
 - A 6 5 9 9 3
- iii. 🗆 Type III
- iv. 🗆 Type IV
- v. 🗆 nDon't know

d. IMAGE of Type III FGM to be inserted here

- i. 🗆 Type I
- ii. 🗆 Type II
- iii. 🗆 Type III
- iv. 🗆 Type IV
- v. 🗆 nDon't know
- e.

Do you know of any health complications arising from female genital mutilation?

□ Yes

5.

- □ No. Skip to Q6
- 6. Is female genital mutilation illegal in your country (specify actual study country)?
- 1. 🗆 Yes
- 2. □ No
- 3. 🗆 I don't know

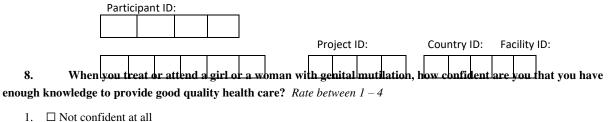
7. Are you aware of any existing WHO tools/guidance on female genital mutilation and its complications?

- 2. □ No

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- 2. \Box Not very confident
- 3. \Box Fairly confident
- 4. □ Fully confident
 - A 6 5 9 9 3

9. How confident are you in your FGM knowledge to communicate on FGM prevention?

Rate between 1-4

- 1. □ Not confident at all
- 2. \Box Not very confident
- 3. □ Fairly confident
- 4. \Box Fully confident

For each of the following statements please state if you agree/disagree or don't know.

10. A girl who has not undergone FGM is unclean.

- 2. Disagree
- 3. 🗆 I don't know

11. A girl without FGM cannot be married within her community.

- 2. Disagree
- 3. 🗆 I don't know

12. A girl who has not undergone FGM is a disgrace to her family's honour.

- 2. Disagree

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ANC PROVIDER QUESTIONNAIRE (HCP)



13. Health care providers who perform FGM are violating medical ethics.

- 2. □ Disagree
- 3. □ I don't know
- 14. Health care providers who perform FGM should be punished.
- 2. Disagree

A 6 5 9 9 3

3. 🗆 I don't know

15. FGM is a good practice

- 2. Disagree
- 3. 🗆 I don't know

16. FGM is a violation of women's and girls' rights

- 2. Disagree
- 3. 🗆 I don't know

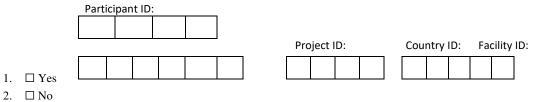
17. FGM is a religious mandate

- 2. Disagree
- 3. \Box I don't know
- 18. Pretend you had a daughter now who was at an age when cutting occurs, what would your intention to cut her be? 1.□ Intend to cut her
 - 2. \Box Do not intend to cut her
 - 3. \Box Undecided
 - 4. Refused to answer
- **19.** If a family brought their daughter to the clinic requesting genital cutting for non-health reasons, would you perform it?

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ANC PROVIDER QUESTIONNAIRE (HCP)



3. □ I don't know

Now I would like to ask you a few questions about how you solve problems that you face. Please state how much you agree or disagree with the statements that I read, , where 1=Strongly disagree; 2=Disagree; 3=Neither agree nor disagree; 4=Agree; 5=Strongly agree

20. I will be able to achieve most of the goals that I have set for myself.

- 2. Disagree
- - A 6 5 9 9 3
- 6. 🗆 Don't know
- 21. When facing difficult tasks, I am certain that I will accomplish them.

 - 2. Disagree

 - 6. 🗆 Don't know

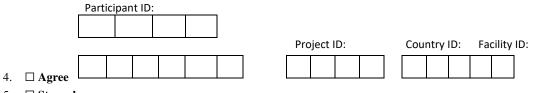
22. In general, I think that I can obtain outcomes that are important to me.

- 2. Disagree
- 3. \Box Neither agree nor disagree

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ANC PROVIDER QUESTIONNAIRE (HCP)



- 6. 🗆 Don't know

23. I believe I can succeed at most any endeavour to which I set my mind.

- 2. Disagree
- 3.
 □ Neither agree nor disagree
- 4. \Box Agree
- 6. 🗆 Don't know

24. I will be able to successfully overcome many challenges.

- 2. Disagree

A 6 5 9 9 3

6. 🗆 Don't know

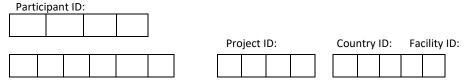
25. I am confident that I can perform effectively on many different tasks.

- 2. Disagree
- 4. 🗆 Agree
- 6. 🗆 Don't know

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ANC PROVIDER QUESTIONNAIRE (HCP)



26. Compared to other people, I can do most tasks very well.

- 2. Disagree
- 4. **□ Agree**
- 6. Don't know

27. Even when things are tough, I can perform quite well.

- 2. Disagree
- 3.
 □ Neither agree nor disagree

- 6. Don't know

A 6 5 9 9 3

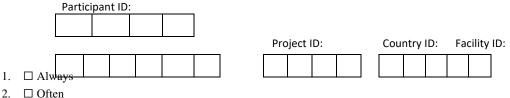
28. Would you like to receive more training related to care for women and girls with FGM?

- 1. 🗆 Yes
- 2. □ No
- 3. □ I don't know
- 29. If a pregnant woman is expected to have a girl, do you discourage her from having her daughter cut?

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ANC PROVIDER QUESTIONNAIRE (HCP)



- 3. \Box Sometimes
- 4. \Box Rarely
- 5. \Box Never

30. If you heard of or saw a colleague performing female genital mutilation, what would you do? (*Tick all that apply*)

- 1. \Box I would report him/her to the authorities
- 2. I would discuss with him/her and explain to him/her that health care providers should not perform female genital mutilation
- 3. \Box I would not get involved 4. \Box I don't know

31. How often do you look for female genital cutting/excision when performing a gynecological examination of the vulva?

- 1. \Box Always
- 2. □ Often
- 3. \Box Sometimes
- 4. 🗆 Rarely
- 5. \Box Never

32. How often do you record the female genital mutilation in the women's medical file if you are aware that she has undergone FGM?

- 1. \Box Always
- 2. 🗆 Often
- 4. □ Rarely
- 5. \Box Never

33. Would you like to receive more training on how to help patients to prevent FGM?

- 1. 🗆 Yes
- 2. □ No
- 3. 🗆 I don't know

A 6 5 9 9 3

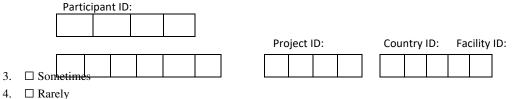
34. I can put myself in others' shoes

- 1. 🗆 Always
- 2. 🗆 Often

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ANC PROVIDER QUESTIONNAIRE (HCP)



5. \Box Never

35. I let others know I understand what they say

- 1. \Box Always
- 2. \Box Often
- 4. \Box Rarely
- 5. □ Never

36. In conversations with my colleagues, I perceive not only what they say but what they don't say

- 3. □ Sometimes
- 4. \Box Rarely
- 5. 🗆 Never

37. I communicate effectively

- 1. \Box Always
- 2. 🗆 Often
- 3. □ Sometimes
- 4. \Box Rarely
- 5. □ Never

38. I communicate with others as though they are my equals

- 2. 🗆 Often
- 3. \Box Sometimes
- 4. \Box Rarely
- 5. 🗆 Never

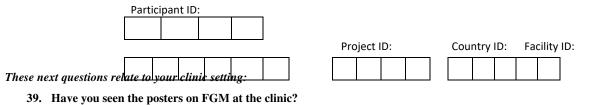
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Balde MD, et al. BMJ Open 2024; 14:e078771. doi: 10.1136/bmjopen-2023-078771

ANC PROVIDER QUESTIONNAIRE (HCP)



- 1. \Box Yes
- 2. □ No
- 3. □ I don't know
- 40. Have you referred to the clinical handbook on FGM that is available in your clinic?
 - 1. □ No
 - 2. \Box I don't know

41. Do you think it is feasible to provide FGM prevention counselling during ANC visits?

- 1. 🗆 Yes
- 2. □ No
- 3. 🗆 I don't know

Comments

-

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Balde MD, et al. BMJ Open 2024; 14:e078771. doi: 10.1136/bmjopen-2023-078771



Country ID:



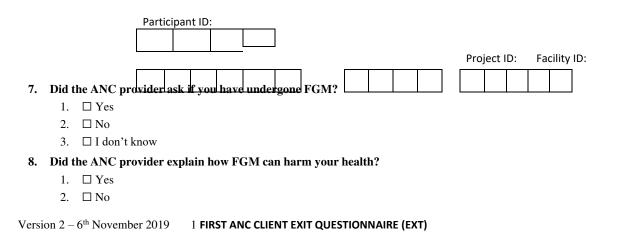
- 1. How old are you? (years)
- 2. What is your religion?

 - 2. Christian
 - 3. \Box Other
 - 4. □ None
 - 5. \Box Refused
- 3. What is the highest level of education you achieved?
 - 1. 🗆 None

 - 3. □ Secondary
 - 4. 🗆 University
 - 5. \Box Other, specify
- 4. Many women in your community have had their genitals cut when they were children, if you are comfortable telling me, can I ask if you have undergone this practice?
 - 1. 🗆 Yes
 - 2. □ No
 - 3. □ I don't know
 - 4. \Box Refused
- 5. How supportive are you of female genital mutilation?
 - 1. \Box Strongly opposed
 - 2. □ Somewhat opposed
 - 3. \Box Neutral (Neither opposed or supportive)
 - 4. \Box Somewhat supportive
 - 5. \Box Strongly supportive

The following questions relate to your visit today. During your visit today:

- 6. Did you see any FGM poster(s) in the waiting room?
 - 1. \Box Yes
 - 2. □ No
 - 3. □ I don't know



Country ID:

A 6 5 9 9 3

3. 🗆 I don't know

9. Did the ANC provider ask about your personal belief regarding FGM?

- 1. 🗆 Yes
- 2. □ No
- 3. 🗆 I don't know

10. Did the ANC provider discuss why FGM should be prevented?

- 2. □ No
- 3. □ I don't know
- 11. Did the ANC provider discuss how FGM could be prevented?
 - 1. \Box Yes
 - 2. □ No
 - 3. 🗆 I don't know

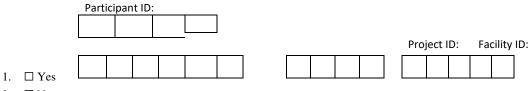
12. Did you have questions about FGM to ask the ANC provider?

- 1. 🗆 Yes
- 2. □ No
- 3. 🗆 I don't know

13. Did you feel encouraged to ask questions about FGM?

- 1. □ Yes
- 2. □ No
- 3. 🗆 I don't know

14. Are you satisfied with how FGM was addressed during your visit with your ANC provider today?



- 2. □ No
- 3. \Box I don't know

15. What do you feel about FGM now as compared to before you came to the clinic today?

- 1. □ Same, no change
- 2. $\hfill \Box$ I feel more supportive of FGM now as compared to before I came
- 3. \Box I feel less supportive of FGM now as compared to before I came
- 4. \Box I do not know
- 5. \Box Other, specify _

16. Pretend you had a daughter now who was at an age when cutting occurs, what would your intention to cut her be?

- 1. \Box Intend to cut her
- 2. \Box Do not intend to cut her

17. Do you wish/want to be active in preventing FGM?

- 1. \Box Yes
- 2. □ No
- 3. 🗆 I don't know

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