

**A HEALTH SYSTEMS APPROACH TO PREVENTION OF FEMALE GENITAL MUTILATION USING PERSON-CENTRED COMMUNICATION:  
IMPLEMENTATION RESEARCH PROJECT IN GUINEA, SOMALIA AND KENYA (A65993)**

**ANC PROVIDER SCREENING QUESTIONNAIRE (SCR)**

Participant ID:

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*Instructions: Observe and report findings from the health facility.*

**1. MoH policy on FGM posted on the wall?**

☐ 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? ☐ Yes**

☐ No

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

☐ Yes

☐ No

**3. Is there WHO FGM Clinical Handbook in the ANC consultation room? ☐ 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?**

☐ Yes

☐ No

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

☐ Yes ☐

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 \_\_\_\_\_**

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**A 6 5 9 9 3****9. How frequently are staff meetings held?**

- ☐ Monthly  
☐ Every 2 to 4 months  
☐ Every 6 to 12months  
☐ Never

**10. What is the size of the population served by this facility? (*specify number*) \_\_\_\_\_****11. Are there country/region-specific FGM laws that are enforced?**

- ☐ Yes  
☐ No

**12. Are there anti-FGM activities that target the population served by this health facility?**

- ☐ Yes  
☐ No

**13. Are there pro-FGM activities that target the population served by this health facility?**

- ☐ Yes  
☐ No

Additional comments:


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**A 6 5 9 9 3**

1. What is your age? \_\_\_\_\_
2. What is your sex?
  1. ☐ Female
  2. ☐ Male
3. What is your religion?
  1. ☐ Muslim
  2. ☐ Christian
  3. ☐ Other
  4. ☐ None
  5. ☐ Refused
4. What is your occupation/designation?
  1. ☐ Midwife
  2. ☐ Nurse
  3. ☐ Other, specify \_\_\_\_\_
5. What is the highest education level of education you achieved?
  1. ☐ Certificate
  2. ☐ Diploma
  3. ☐ Bachelors
  4. ☐ Masters or above
  5. ☐ Other, specify \_\_\_\_\_
6. For how many years have you been working in your field? \_\_\_\_\_
7. During your clinical training, did you receive any formal training on female genital mutilation?
  1. ☐ Yes.
  2. ☐ No. Go to section B
  3. ☐ I don't know. Go to section B
8. When did you receive the training?
  1. ☐ During my studies (pre-service training)
  2. ☐ After graduation/at work (in-service training)
  3. ☐ Both
  4. ☐ I don't know
  7. ☐ Not applicable

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

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

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

1. ☐ 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. ☐ Yes.
2. ☐ No.
3. ☐ I don't know

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**A 6 5 9 9 3**

1. Have you ever heard about female genital mutilation?
  - ☐ Yes
  - ☐ No
2. Do the women in your community undergo female genital mutilation?
  - ☐ Yes
  - ☐ No
  - ☐ 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. ☐ Don'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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iv. ☐ Type IV

v. ☐ Don'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. ☐ Don'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. ☐ Don't know

e.

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

☐ Yes

☐ 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?**

1. ☐ Yes. *If yes, please specify*.....

2. ☐ No

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**8. When you treat or attend a girl or a woman with genital mutilation, how confident are you that you have enough knowledge to provide good quality health care?** *Rate between 1 – 4*

1. ☐ Not confident at all
2. ☐ Not very confident
3. ☐ 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. ☐ Not very confident
3. ☐ Fairly confident
4. ☐ 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.**

1. ☐ Agree
2. ☐ Disagree
3. ☐ I don't know

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

1. ☐ Agree
2. ☐ Disagree
3. ☐ I don't know

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

1. ☐ Agree
2. ☐ Disagree

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3. ☐ I don't know

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

1. ☐ Agree  
2. ☐ Disagree  
3. ☐ I don't know

**14. Health care providers who perform FGM should be punished.**

1. ☐ Agree  
2. ☐ Disagree

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3. ☐ I don't know

**15. FGM is a good practice**

1. ☐ Agree  
2. ☐ Disagree  
3. ☐ I don't know

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

1. ☐ Agree  
2. ☐ Disagree  
3. ☐ I don't know

**17. FGM is a religious mandate**

1. ☐ Agree  
2. ☐ Disagree  
3. ☐ 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. ☐ Do not intend to cut her  
3. ☐ 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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1. ☐ Yes  
2. ☐ No  
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.**

1. ☐ Strongly disagree  
2. ☐ Disagree  
3. ☐ Neither agree nor disagree  
4. ☐ Agree

**A 6 5 9 9 3**

5. ☐ Strongly agree  
6. ☐ Don't know

**21. When facing difficult tasks, I am certain that I will accomplish them.**

1. ☐ Strongly disagree  
2. ☐ Disagree  
3. ☐ Neither agree nor disagree  
4. ☐ Agree  
5. ☐ Strongly agree  
6. ☐ Don't know

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

1. ☐ Strongly disagree  
2. ☐ Disagree  
3. ☐ Neither agree nor disagree

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4. ☐ Agree
5. ☐ Strongly agree
6. ☐ Don't know

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

1. ☐ Strongly disagree
2. ☐ Disagree
3. ☐ Neither agree nor disagree
4. ☐ Agree
5. ☐ Strongly agree
6. ☐ Don't know

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

1. ☐ Strongly disagree
2. ☐ Disagree
3. ☐ Neither agree nor disagree
4. ☐ Agree
5. ☐ Strongly agree

**A 6 5 9 9 3**

6. ☐ Don't know

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

1. ☐ Strongly disagree
2. ☐ Disagree
3. ☐ Neither agree nor disagree
4. ☐ Agree
5. ☐ Strongly agree
6. ☐ Don't know

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

1. ☐ Strongly disagree
2. ☐ Disagree
3. ☐ Neither agree nor disagree
4. ☐ Agree
5. ☐ Strongly agree
6. ☐ Don’t know

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

1. ☐ Strongly disagree
2. ☐ Disagree
3. ☐ Neither agree nor disagree
4. ☐ Agree
5. ☐ Strongly agree
6. ☐ Don’t know


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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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1. ☐ Always
2. ☐ Often
3. ☐ Sometimes
4. ☐ Rarely
5. ☐ Never

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

1. ☐ 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. ☐ I would not get involved
4. ☐ I don't know

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

1. ☐ Always
2. ☐ Often
3. ☐ Sometimes
4. ☐ Rarely
5. ☐ 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. ☐ Always
2. ☐ Often
3. ☐ Sometimes
4. ☐ Rarely
5. ☐ 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

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**34. I can put myself in others' shoes**

1. ☐ Always
2. ☐ Often

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3. ☐ Sometimes

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4. ☐ Rarely

5. ☐ Never

35. I let others know I understand what they say

1. ☐ Always
2. ☐ Often
3. ☐ Sometimes
4. ☐ Rarely
5. ☐ Never

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

1. ☐ Always
2. ☐ Often
3. ☐ Sometimes
4. ☐ Rarely
5. ☐ Never

37. I communicate effectively

1. ☐ Always
2. ☐ Often
3. ☐ Sometimes
4. ☐ Rarely
5. ☐ Never

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

1. ☐ Always
2. ☐ Often
3. ☐ Sometimes
4. ☐ Rarely
5. ☐ Never

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These next questions relate to your clinic setting:

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39. Have you seen the posters on FGM at the clinic?

1. ☐ 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. ☐ 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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**FIRST ANC CLIENT EXIT QUESTIONNAIRE (EXT)**

Country ID:

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1. **How old are you? (years)** \_\_\_\_\_
2. **What is your religion?**
  1. ☐ Muslim
  2. ☐ Christian
  3. ☐ Other
  4. ☐ None
  5. ☐ Refused
3. **What is the highest level of education you achieved?**
  1. ☐ None
  2. ☐ Primary
  3. ☐ Secondary
  4. ☐ University
  5. ☐ 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. ☐ Refused
5. **How supportive are you of female genital mutilation?**
  1. ☐ Strongly opposed
  2. ☐ Somewhat opposed
  3. ☐ Neutral (Neither opposed or supportive)
  4. ☐ Somewhat supportive
  5. ☐ 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. ☐ Yes
  2. ☐ No
  3. ☐ I don't know

**A HEALTH SYSTEMS APPROACH TO PREVENTION OF FEMALE GENITAL MUTILATION USING PERSON-CENTRED COMMUNICATION:  
IMPLEMENTATION RESEARCH PROJECT IN GUINEA, SOMALIA AND KENYA (A65993)**

Participant ID:

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Project ID: Facility ID:

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**7. Did the ANC provider ask if you have undergone FGM?**

1. ☐ Yes
2. ☐ No
3. ☐ I don't know

**8. Did the ANC provider explain how FGM can harm your health?**

1. ☐ Yes
2. ☐ No

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**1 FIRST ANC CLIENT EXIT QUESTIONNAIRE (EXT)**

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?**

1. ☐ Yes
2. ☐ No
3. ☐ I don't know

**11. Did the ANC provider discuss how FGM could be prevented?**

1. ☐ 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?**

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1. ☐ Yes
2. ☐ No
3. ☐ 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. ☐ I feel more supportive of FGM now as compared to before I came
3. ☐ I feel less supportive of FGM now as compared to before I came
4. ☐ I do not know
5. ☐ 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. ☐ Intend to cut her
2. ☐ Do not intend to cut her

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

1. ☐ Yes
2. ☐ No
3. ☐ I don't know

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