

**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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A	6	5	9	9	3
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Project ID:

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Country ID: Facility 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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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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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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ANC PROVIDER SCREENING QUESTIONNAIRE (SCR)

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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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ANC PROVIDER QUESTIONNAIRE (HCP)

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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

A 6 5 9 9 3

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

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)

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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
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:

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

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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

Version 2 – 6th November 2019 1 FIRST ANC CLIENT EXIT QUESTIONNAIRE (EXT)

Country ID:

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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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