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| **Basic evaluation of family planning in Senegal** |

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| **Questionnaire for the interview with doctors** |

**SECTION 1: IDENTIFICATION DATA AND INTERVIEW DETAILS**

|  |  |
| --- | --- |
| **IDENTIFICATION** | **CODE** |
| NAME OF REGION\_ | ­­ |
| NAME OF THE DEPARTMENT | ­­ |
| DISTRICT NAME | ­­ |
| TYPE DE STRUCTURE (EPS = 1 ; CS = 2) |  |
| SI EPS (EPS1 = 1 ; EPS2 = 2 ; EPS3 = 2) |  |
| SI CS (CS1 = 1 ; CS2 = 2) |  |
| TYPE OF LOCATION (RURAL = 1 URBAN = 2) |  |
| NAME OF THE INSTITUTION | ­­ |
| DATE DE L’INTERVIEW | DD MM Year  ­­ |
| INTERVIEW START TIME | HH MIN |
| INTERVIEW END TIME | HH MIN |
| CODE OF THE INVESTIGATOR | ­­ |

**MAINTENANCE VISITS**

|  |  |  |  |
| --- | --- | --- | --- |
| **VISITS BY THE INVESTIGATOR** | | | |
|  | **1** | **2** | **FINAL VISITS** |
| DATE  INVESTIGATOR CODE  RESULT\*  EQUESTRIOUS TIME | DAY  MONTH  YEAR  CODE  CODE RESULTAT  TOTAL DURATION HR MIN | DAY  MONTH  YEAR  CODE  CODE RESULTAT  DUREE TOTALE HR MIN | DAY  MONTH  YEAR  CODE  CODE RESULTAT  DUREE TOTALE HR MIN |
| NEXT VISIT  DATE  HOUR | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | TOTAL NUMBER OF VISITS |
| \***CODE RESULTS:**  1. COMPLETE 4. PARTIALLY COMPLETE  2. POSTPONED 5. THE SELECTED RESPONDENT WAS ABSENT  3. REFUSAL 6. OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_ | | | |

**SECTION 2: GENERAL CHARACTERISTICS**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **QUESTIONS AND FILTERS** | **CODING** | **SWITCH TO** |
| 201 | Gender of respondent | **Masculine 1**  **Female 2** |  |
| 202 | How old were you on your last birthday? | Age in completed years |  |
| 203 | What is your socio-professional category? | Gynaecologist 1  Doctor from another specialty 2  Non-specialist doctor 3  Hospital interns 4  Trainee Doctor 5 |  |
| 204 | How long have you been in the current position? | 1. # Number of years 2. # Number of months   *Prefer not to say anything 998*  *Less than a month 000*  *Less than a year 000* |  |
| 205 | How long have you been working in this health facility ? | 1. # Number of years 2. # Number of months   *Prefer not to say anything 998*  *Less than a month 000*  *Less than a year 000* |  |
| 205a | Outside of this health facility, do you also work/provide health services in another health facility? | Yes another health facility Public 1  Yes another health facility /Private Clinic 2  No 3 |  |
| 206 | What is the highest degree obtained? | Doctorate 1  SOME 2  Other (specify) |  |
| 207 | During your period of service, have you ever provided MNCH services? | Yes 1  Not 2 | 217 |
| 208 | How long have you been providing MNCH services ? | MM AAAA  *Prefer not to say anything 998*  *Less than a month 000*  *Less than a year 000* |  |
| 209 | Have you ever provided MNCH services in this health facility? | Yes 1  Not 2 | 217 |
| 210 | How long have you been providing SMNI services in this health facility? | MM AAYY  *Prefer not to say anything 998*  *Less than a month 000*  *Less than a year 000* |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **211** | **212** | **213** | **214** | **215** | **216** |
| **SMNI Service Offering** | **Have you ever provided services to [NAME: SERVICE]?** | **In the past 12 months, have you provided any**  **[NAME OF SERVICE ]?** | **What is the reason why you do not provide the service of [NAME: METHOD]?** | **Have you received on-the-job training, refresher training, mentorship (on-site/off-site) in [NAME: METHOD]?** | **Has the training, continuing education, refresher training, mentoring taken place in the last 24 months or more than 24 months ago?** |
|  | *Yes = 1*  *No = 2* | *Yes = 1*  *No = 2* | *Not confident = 1*  *No customers = 2*  *Not interested = 3*  *Other=6* | *Formation continue = A*  *Refresher Training = B*  *Mentorship = C*  *None = Z* | *Yes, in the last 24 months = 1*  *Yes, more than 24 months ago = 2* |
| 1. Preparation for childbirth and preparation for complications | Yes = 1  No = 2  214 | Yes = 1  No = 2  214 | 1 2 3 6 | ABCZ  (211b) | 1 2 |
| 1. Detection of high-risk pregnancies and appropriate referral | Yes = 1  No = 2  214 | Yes = 1  No = 2  214 | 1 2 3 6 | ABCZ  (211c) | 1 2 |
| 1. Management of severe anemia with sucrose iron | Yes = 1  Not = 2  214 | Yes = 1  Not = 2  214 | 1 2 3 6 | ABCZ  (211d) | 1 2 |
| 1. Partogram | Yes = 1  Not = 2  214 | Yes = 1  Not = 2  214 | 1 2 3 6 | ABCZ  (217) | 1 2 |

|  |  |  |  |
| --- | --- | --- | --- |
| 217 | During your tour of duty, have you ever provided family planning services? | Yes 1  Not 2 | **601** |
| 21 8 | How long have you been providing family planning services? | MM AAAA  *Prefer not to say anything 998*  *Less than a month 000*  *Less than a year 000* |  |
| 219 | Have you ever provided family planning services in this health facility? | Yes 1  Not 2 | **221** |
| 220 | How long have you been providing family planning services in this health facility? | MM AAAA  *Prefer not to say anything 998*  *Less than a month 000*  *Less than a year 000* |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 221 | Have you received on-the-job training or refresher training on any of the following topics [READ TOPIC]?  IF YES: Did the training or refresher take place within the last 24 months or more than 24 months ago? | **Yes, at**  **in the last 24 months** | **Yes**  **over 24 months ago** | **Not** |  |
|  | 1. General advice on family planning? | 1 | 2 | 3 |  |
|  | 1. Advice on the side effects of family planning and how to manage them? | 1 | 2 | 3 |  |
|  | 1. Family planning for HIV-positive people? | 1 | 2 | 3 |  |
|  | 1. Postpartum family planning advice? | 1 | 2 | 3 |  |
|  | 1. Family planning advice after an abortion? | 1 | 2 | 3 |  |

|  |
| --- |
| **Now, I'd like to ask you about the family planning services you offer and the associated trainings** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **222** | **223** | **224** | **225** | **226** | **227** | **228** | **229** |
| **Family planning methods** | **Do you know this method?** | **Have you ever provided service/support on [NAME: METHOD]?** | **In the past 12 months, have you provided any service/assistance on**  **[METHOD NAME]?** | **In the past month, how many customers have you served/assisted on [METHOD NAME]?** | **What is the reason why you are not providing the [NAME: METHOD] service?** | **Have you received any continuing education, refresher training, mentorship (on-site/off-site) in [NAME: METHOD]** | **Has the training, continuing education, refresher training, mentoring taken place in the last 24 months or more than 24 months ago?** |
|  | *Yes = 1*  *No = 2* | *Yes = 1*  *No = 2* | *Yes = 1*  *No = 2* | *Number of clients/beneficiaries* | *Not confident = 1*  *No customers = 2*  *Not interested = 3*  *Other=6* | *In service = A*  *Refresher = B*  *Mentorat = C*  *None = Z* | *Yes, in the last 24 = 1*  *Yes, more than 24 months ago = 2* |
| 1. IUD | Yes = 1  No = 2  **(b)** | Yes = 1  No = 2  **227** | Yes = 1  No = 2  **227** |  | 1 2 3 6 | ABCZ    **(b)** | 1 2 |
| 1. Injectable | Yes = 1  No = 2  **(c)** | Yes = 1  No = 2  **227** | Yes = 1  No = 2  **227** |  | 1 2 3 6 | ABCZ    **(c)** | 1 2 |
| 1. Male condom | Yes = 1  Not = 2  **(d)** | Yes = 1  Not = 2  **227** | Yes = 1  Not = 2  **227** |  | 1 2 3 6 | ABCZ    **(d)** | 1 2 |
| 1. Female condom | Yes = 1  Not = 2  **(e)** | Yes = 1  Not = 2  **227** | Yes = 1  Not = 2  **227** |  | 1 2 3 6 | ABCZ    **(e)** | 1 2 |
| 1. Contraception d’urgence | Yes = 1  Not = 2  **(F)** | Yes = 1  Not = 2  **227** | Yes = 1  Not = 2  **227** |  | 1 2 3 6 | ABCZ    **(f)** | 1 2 |
| 1. Pills | Yes = 1  Not = 2  **(g)** | Yes = 1  Not = 2  **227** | Yes = 1  Not = 2  **227** |  | 1 2 3 6 | ABCZ    **(g)** | 1 2 |
| 1. Implants | Yes = 1  Not = 2  **(h)** | Yes = 1  Not = 2  **227** | Yes = 1  Not = 2  **227** |  | 1 2 3 6 | ABCZ    **(h)** | 1 2 |
| 1. Female sterilization (tubal ligation) | Yes = 1  No = 2  **(I)** | Yes = 1  Not = 2  **227** | Yes = 1  Not = 2  **227** |  | 1 2 3 6 | ABCZ    **(i)** | 1 2 |
| 1. Male Sterilization/ Vasectomy | Yes = 1  No = 2  **(j)** | Yes = 1  No = 2  **227** | Yes = 1  No = 2  **227** |  | 1 2 3 6 | ABCZ    **(j)** | 1 2 |
| 1. Exclusive Breastfeeding (MAMA) | Yes = 1  No = 2  **( k )** | Yes = 1  No = 2  **227** | Yes = 1  No = 2  **227** |  | 1 2 3 6 | ABCZ  **(301)** | 1 2 |

**SECTION 3: KNOWLEDGE AND PRACTICES REPORTED ON MODERN FAMILY PLANNING METHODS**

| **#** | **QUESTIONS AND FILTERS** | | **CODING** | | | **SWITCH TO** |
| --- | --- | --- | --- | --- | --- | --- |
| **301** | **CHECK: Q224(a), Q224(b) and Q224(c)**  **IF code '1' in Q224 (a) IUD** | | **OTHERWISE GO TO** | | | **317** |
| 302 | What **sociodemographic/fertility information do you collect**  from new clients who visit the facility for an IUD?  *[Multiple choice. Record all the information mentioned. If the "does not collect any information" option is mentioned, none of the other options should be circled.]* | | Age Has  Matrimonial situation B  Profession C  Religion D  Level of education E  Number of children alive................................. F  Age of youngest child G  Desire for additional children H  Other (specify) X  Doesn't collect any information O | | |  |
| 303 | What **menstrual history** do you collect from new clients who visit the health facility for an IUD?  *[Multiple choices. Record all responses. If the answer is "does not collect any information", none of the other options should be circled.]* | | Date of the last menstrual period Has  Menstrual cycle length B  Length of the period C  Flow Quantity D  Painful periods E  Regularity of the period F  Bleeding between periods G  Other (specify) X  Doesn't collect any information O | | |  |
| 304 | What **obstetric history** do you collect from new clients who visit the health facility for an IUD?  *[Multiple choice. Record all the information mentioned. If the "does not collect any information" option is mentioned, none of the other options should be circled.]* | | Current pregnancy status Has  Number of live births B  Number of Normal Deliveries C  Number of caesarean deliveries D  Number of abortions E  Date of last delivery/abortion (as applicable) F  History of abnormal pregnancy (ectopic/vesicular) G  Other (specify) X  Doesn't collect any information O | | |  |
| 305 | Do you collect information on the current state of breastfeeding? | | Yes 1  No 2 | | |  |
| 306 | What **contraceptive history** do you collect from new clients who visit the health facility for an IUD?  *[Multiple choice. Record all the information mentioned. If the "does not collect any information" option is mentioned, none of the other options should be circled.]* | | Past Experiences with Family Planning Methods Has  Last Method Used B  Causes of Shutdown C  Other (specify) X  Doesn't collect any information O | | |  |
| 307 | What **reproductive, sexual and medical-surgical histories** do you collect from new clients who visit the health facility for an IUD?  *[Multiple choice. Record all the information mentioned. If the "does not collect any information" option is mentioned, none of the other options should be circled.]* | | History of illness, if any Has  History of previous uterine surgery B  History of pelvic inflammatory disease C  History of trophoblastic disease D  History of Pelvic Tuberculosis E  History of genital cancer F  Women's tetanus vaccination status G  Current Medications H  Symptoms of’IST /HIV I  Unexplained vaginal bleeding J  Any complaints of abnormal vaginal discharge K  Post-coital bleeding............... J  Surgery............................................................ Abdominal/pelvic H.........................L  Other (specify) X  Doesn't collect any information O | | |  |
| 308 | What information do you provide to women before adopting the IUD?  *[Multiple choice. Record all the information mentioned. If the option "provides no information" is mentioned, none of the other options should be circled.]* | | Has About other available methods Has  The decision to insert an IUD is voluntary B  It is a method that is reversible in the long term C  It will not affect sexual pleasure D  It will not affect strength or ability E  It is a method effective F  Side effects and complications G  He can be withdrawn at any time H  Inform about follow-up visits I  Inform about Tests to be carried out J  Will not protect against STIs and HIV/AIDS K  Other (specify) X  Doesn't provide any information O | | |  |
| 309 | What clinical check-ups do you think you do before an IUD is inserted?  *[Multiple choice. Record all the information mentioned. If the option "do not do any examination" is mentioned, none of the other options should be circled.]* | | General Review Has  Physical examination B  Gynaecological examination C  Other (specify) X  Don't do any reviews Y | | |  |
| 310 | What lab tests do you think you order for a client before inserting an IUD?  *[Multiple choice. Record all the information mentioned. If the option "do not prescribe any tests" is mentioned, none of the other options should be circled.]* | | Blood test Has  Urine test for sugar B  Pregnancy test C  Other (specify) X  Do not prescribe any tests O | | |  |
| 311 | Under what conditions should nurses not insert an IUD and should they instead refer to a general practitioner or specialist?  *[Multiple choice. Record all the information mentioned. If the "don't know" option is mentioned, none of the other options should be circled.]* | | Gave birth within the last four weeks Has  Unexplained vaginal bleeding B  Cancer of the genitals C  Trophoblastic disease D  HIV-positive client not taking ARVs E  Genital infection F  Enlarged uterus , irregular, soft and not mobile G  The movement of the cervix is painful H  Pelvic tenderness or mass in adenexa I  Ulcer of the vagina and cervix J  Cysts , polyps of the vagina and cervix K  Foul-smelling discharge L  Anatomical abnormality of the uterine cavity M  Bleeding between periods/after sex N  Caesarean section Previous O  Previous Unpleasant Experience P  Other (specify) X  I don't I don't know Z | | |  |
| 312 | How long do you keep a client at the facility after an IUD is inserted? | | Release ........................ immediately 1  Less than an hour.............................. 2  Overnight stay required..................... 3  Don't know............................................. 4  Other (specify) ................................. 7  Not knowing .................................... 8 | | |  |
| 313 | What instructions do you give to IUD clients before they are discharged?  *[Multiple choice. Record all the information mentioned. If the "*Do not give instructions*" option is mentioned, none of the other options should be circled.]* | | Insertion of an IUD can lead to changes in the cycle menstrual Has  Go to a facility for a check-up if you have problems with periods or are pregnant . B  Abdominal pain or pain during sex C  Unusual vaginal infections or discharge D  Malaise, fever, chills E  Trouble Rules-related F  Should visit the facility after 3, 6 months G  Other (specify) X  Does not give instructions O | | |  |
| 314 | What are the side effects of using the IUD that you inform customers about?  *[Multiple choice. Record all the information mentioned. If the "*Do not inform customers*" option is mentioned, none of the other options should be circled.]* | | Menstrual irregularities/ Has  Abdominal discomfort/cramps B  Unusual vaginal infections or discharge C  Heavy bleeding D  Other (specify) X  Not not informing customers O | | |  |
| 315 | What monitoring mechanism do you/the health facility have, i.e., how do you/the health facility ensure that IUD clients receive follow-up services at the scheduled time?  *[Multiple choice. Record all the information mentioned. If the "*I don't know*" option is mentioned, none of the other options should be circled.]* | | Phone calls are made to remind customers  Follow-up date Has  The CSA come to their homes for a follow-up visit B  CSAs remind customers of the  Follow-up date C  Write the follow-up date on the appointment card D  Other (specify) X  No follow-up mechanism O  I don't know Z | | |  |
| 316 | Knowledge and practice  I will now read a few statements. Tell me if they are true or false.   1. The immediate post-placental period is the best time for the woman to have an IUD inserted. 2. A woman whose diabetes is controlled can have an IUD inserted. 3. IUDs can be safely inserted into a client with STIs 4. IUDs cannot be given to clients with severe anemia. 5. An IUD may be given to a woman with HIV/AIDS. 6. A woman can have an IUD inserted at any time within 12 days of starting menstrual bleeding 7. Slight bleeding between menstrual periods is common during the first 3 to 6 months of IUD use. It's not harmful and they usually decrease over time. 8. The IUD should only be removed after the start of salpingitis treatment if the user wishes to remove it. A follow-up visit after the first menstrual period or 3 to 6 weeks after IUD insertion is sufficient. 9. The IUD can be used as emergency contraception within five days of unprotected sex. 10. A woman can have an IUD inserted within the first 12 days after a surgical abortion 11. A woman can have an IUD inserted after 15 days of medical abortion (making sure the uterine cavity is empty) 12. Women with submucosal fibroids can have an IUD inserted 13. Women whose partners have a history of penile discharge can have an IUD inserted. 14. The client should contact the provider if menstrual bleeding is increased twice in quantity and/or twice in duration after IUD insertion. 15. Measuring the length of the uterus is a critical step in the IUD insertion procedure 16. The tape measure should be used to measure the length of the uterus when inserting an IUD 17. After a surgical abortion, it is recommended that an appropriate antiseptic (e.g., povidone-iodine or chlohexidine) be applied twice or more times to the cervix and vagina starting with the cervical canal before the IUD is inserted. 18. Touchless loading of the IUD prevents the introduction of infection during the insertion procedure. 19. The WHO diagram for eligibility criteria is used to verify the client's eligibility for the IUD 20. Some IUDs are approved for 10 years of use after insertion | | **True**  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1 | | **False**  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2 |  |
| I will now read a situation to you. Tell me what you would do under the same circumstances. | | | | | | |
| 316aa | **Scenario** : FATOU, a 32-year-old woman, is considering using an intrauterine device (IUD) for long-term contraception.  **Question**: What should the doctor tell Sarah about the intrauterine device (IUD)? | | Its effectiveness only for nulliparous women 1  The need for frequent replacements 2  The risk of infertility after ablation 3  **Its high efficiency and low maintenance 4** | | |  |
| **317** | **CHECK: Q22 4 ( b )**  **SI code '1' to Q22 4 ( b ) Injectable** | | **OTHERWISE GO TO** | | | **3 29** |
| 318 | What **socio-demographic/fertility-related**  information do you collect from new clients who visit the health facility to receive injectables?  *[Multiple choice, save all mentioned, if "*Collects no information*" is reported, none of the other options should be circled]* | | Age A  Matrimonial situation B  Profession C  Religion D  Level of education E  Number of children Living F  Age of youngest child G  Desire for additional children H  Other (specify) X  Doesn't collect any information O | | |  |
| 319 | What **obstetric history** do you collect from new clients who visit the health facility for Injectable?  *[Multiple choice, save all mentioned, if "*Collects no information*" is reported, none of the other options should be circled]* | | Current pregnancy status Has  Number of live births B  Number of Normal Deliveries C  Number of caesarean deliveries D  Number of abortions E  Date of last delivery/abortion (as applicable) F  History of abnormal pregnancy (ectopic/vesicular) G  Other (specify) X  Doesn't collect any information O | | |  |
| 320 | Do you collect information on the current status of breastfeeding? | | Yes 1  No 2 | | |  |
| 321 | What **contraceptive history** do you collect from new clients who visit the health facility to receive an injectable ?  *[Multiple choice, save all mentioned, if "*Collects no information*" is reported, none of the other options should be circled]* | | Past Experiences with Family Planning Methods Has  Last Method Used B  Causes of Shutdown C  Other (specify) X  Doesn't collect any information O | | |  |
| 322 | What **menstrual history** do you collect from new clients who visit the health facility to obtain injectables?  *[Multiple choice, save all mentioned, if "*Collects no information*" is reported, none of the other options should be circled]* | | Date of the last menstrual period Has  Menstrual cycle length B  Length of the period C  Flow Quantity D  Caesarean Deliveries E  Regularity of the period F  Bleeding between periods G  Past Experiences with Family Planning Methods H  Last Method Used I  Causes of Shutdown J  Other (specify) X  Doesn't collect any information O | | |  |
| 323 | What **medical history** do you collect from new clients who visit the health facility to receive injectables ?  *[Multiple choice, save all mentioned, if "*Collects no information*" is reported, none of the other options should be circled]* | | Long-standing uncontrolled diabetes Has  Uncontrolled diabetes with nephropathy, neuropathy, and retinopathy B  High blood pressure> 160/100 mm hg C  Breast Cancer D  Severe hepatic cirrhosis E  Liver tumor (hepatocellular adenoma, malignant hepatoma) F  Cardiovascular diseases G  Deep vein thrombosis/acute pulmonary embolism H  STROKE I  Systemic Lupus Erythematosus J  Unexplained vaginal bleeding K  Known allergy to progesterone/injection components L  Current Medications M  Symptômes d’IST N  Other (specify) X  Doesn't collect any information O | | |  |
| 324 | What tests do you do before giving injectables ?  *[Multiple choice, save all mentioned, if "*Does no exam*" is reported, none of the other options should be circled]* | | General Physical Examination (BP, weight, pulse, temperature, respiratory rate, pallor, nutritional status) Has  Routine abdominal examination B  Other (specify) X  Don't do any reviews Y | | |  |
| 325 | What information do you give to clients before administering injectables ?  *[Multiple choice, save all mentioned, if "*Gives no information*" is reported, none of the other options should be circled]* | | Inform about other available methods Has  The decision to take injectables is voluntary B  The method is the reversible method C  It does not affect sexual pleasure D  Does not interfere with sexual intercourse E  Inform about the delay and The return to fertility F  His Body changes and its complications G  Examinations to be done H  Follow-up visits I  It will not protect against STIs  and HIV/AIDS J  Other (specify) X  Not Gives No information O | | |  |
| 326 | What advice do you give to a woman after taking an injectable contraceptive?  *[Multiple choice, save all mentioned, if "*I don't know*" is reported, none of the other options should be circled]* | | Coming for the next injection after 3 months Has  Stay 5-10 minutes after receiving  Injection B  Do not massage the injection site C  Do not apply hot fomentation D  Expect menstrual changes and don't  s'inquiéter indûment E  Immediate effect if administered between "day 1" and "day 7" of menstruation F  Assure the client that she must go to the establishment  if she has a problem G  Assure the client that she must go to the establishment  if she wants another method H  Other (specify) X  I don't know Z | | |  |
| 327 | What follow-up mechanism do you/the facility have, i.e., how do you/the facility ensure that injectable contraceptive clients receive follow-up services at the scheduled time?  *[Multiple choice, save all mentioned, if "*No follow-up mechanism*" is reported, none of the other options should be circled]* | | Phone calls are made to remind customers of the follow-up date Has  CHWs visit home for follow-up visit B  CSOs remind clients of the follow-up date C  Write the follow-up date on the prescription D  Discuss if it has any side effects E  Other (specify) X  No follow-up mechanism O | | |  |
| 328 | **Knowledge and practice**  **I will now read a few statements. Tell me if they are true or false.**   1. The injectable has a grace period of one month after the expiry date 2. A pelvic examination is required before administration of Injectable 3. The injectable can be given immediately or within seven days of a surgical abortion 4. The injectable can be given after the age of 45 5. Return to fertility after discontinuation of injectable DMPA takes 12 months after the last injection 6. Injectable drug protects against HIV and STIs 7. If the injectable is administered beyond the 7th day of the menstrual cycle, condoms should be advised as a backup solution for one week. 8. The injectable method can be administered subcutaneously 9. It is recommended that weight and BP be regained at each subsequent dose. 10. The injectable injection should be refrigerated 11. Hand hygiene should be done after administration 12. The injectable can be given to clients with breast cancer 13. The injectable can be given to clients with cervical cancer 14. The injectable may be given to clients with BP > 160/100 mm Hg. 15. The injectable has an effect on bone mineral density 16. Injectable treatment can be started immediately if the woman is breastfeeding 17. The injectable causes intermenstrual bleeding or menorrhagia. 18. The injectable causes weight gain. 19. If the bleeding is twice as long and twice as heavy, heavy medical intervention is necessary. 20. Needles after use should be disposed of in the garbage can. 21. Recapping the used needle should be mandatory | | **True**  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1 | | **False**  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2 |  |
| **329** | **CHECK: Q22 4 (g)**  **SI code "1" to Q22 4 (g) Implants** | | **OTHERWISE GO TO** | | | **342** |
| 330 | **What socio-demographic/fertility-related information**  do you collect from new clients who visit the facility for implants?  *[Multiple choice. Record all mentioned. If "*Collects no information*" is reported, none of the other options should be circled.]* | | Age A  Matrimonial situation B  Profession C  Religion D  Level of education And  Number of children Living F  Age of youngest child G  Desire for additional children H  Other (specify) X  Doesn't collect any information O | | |  |
| 331 | What **menstrual history** do you collect from new clients who visit the health facility for implants?  *[Multiple choice. Record all mentioned. If "*Collects no information*" is reported, none of the other options should be circled.]* | | Date of the last menstrual period Has  Menstrual cycle length B  Length of the period C  Flow quantity D  Caesarean Deliveries E  Regularity of the period F  Bleeding between periods G  Other (specify) X  Doesn't collect any information O | | |  |
| 332 | What **obstetric history** do you collect from new clients who visit the facility for implants?  *[Multiple choice. Record all mentioned. If "*Collects no information*" is reported, none of the other options should be circled.]* | | Current pregnancy status Has  Number of live births B  Number of Normal Deliveries C  Number of caesarean deliveries D  Number of abortions E  Date of last delivery/abortion (as applicable) F  History of abnormal pregnancy  (ectopic/vesicular) G  Other (specify) X  Doesn't collect any information O | | |  |
| 333 | What contraceptive history information do you collect from new clients who visit the facility for implants?  *[Multiple choice. Record all mentioned. If "*Collects no information*" is reported, none of the other options should be circled.]* | | Past Experiences with Family Planning Methods Has  Last Method Used B  Causes of Shutdown C  Other (specify) X  Doesn't collect any information O | | |  |
| 334 | What **medical history** do you collect from new clients who visit the health facility for implants?  *[Multiple choice. Record all mentioned. If "*Collects no information*" is reported, none of the other options should be circled.]* | | Breast Cancer Has  Severe liver disease (cirrhosis, malignant hepatoma, hepatocellular adenoma) B  STROKE C  Systemic Lupus Erythematosus D  Deep Vein Trombose acute E  vaginal unexplained F  Current Medications G  Symptômes d’IST H  Other (specify) X  Doesn't collect any information O | | |  |
| 335 | What information do you give to the client before placing implants?  *[Multiple choice. Record all mentioned. If "*Gives no information*" is reported, none of the other options should be circled.]* | | Inform about other available methods Has  The decision to place implants is voluntary B  Inform about the effectiveness of the method C  The method is the reversible method D  It does not affect sexual pleasure E  Does not interfere with sexual intercourse F  Informing about the return to fertility G  Side effects and complications H  Tests to be done I  Examinations to be done J  Follow-up visits K  It will not protect against STIs  and HIV/AIDS L  Other (specify) X  Gives no information O | | |  |
| 336 | What tests do you do before placing implants?  *[Multiple choice. Record all mentioned. If "*Doesn't do any reviews*" is reported, none of the other options should be circled.]* | | General Physical Examination (body weight, pallor, pulse, blood pressure, respiratory rate, temperature, nutritional status and pedal edema) Has  Exam of Being B  Other (specify) X  Don't do any reviews Y | | |  |
| 337 | What instructions and advice do you give to a woman after receiving implants?  *[Multiple choice. Record all mentioned. If "*I don't know*" is flagged, none of the other options should be circled.]* | | Reassure her that once the effect of the local anesthesia wears off, she may experience some discomfort or pain at the insertion site. This is common and will go away without treatment. ONE  Stay in the facility for at least 15 to 20 minutes after implant insertion B  Keep the insertion site dry for 5 days to prevent infection C  Remove the outer dressing after 2 days and the inner dressing after 5 days when the  The wound is healed D  Avoid repeatedly touching the insertion site or applying unusual pressure to the site, including carrying heavy weights for 5 days. E  Expect menstrual changes and don't  s'inquiéter indûment F  If the puncture site becomes inflamed (red with increased heat or sensitivity) or if there is pus at the site, return to the health facility G  The implant will protect her from pregnancy for 3 years, after which she must have it removed H  Advisor for 6-week follow-up visits  and 3 months I  Assure the client that she must go to the establishment  if she has a problem J  Explain what details are available in the implant card and all the necessary information written on it. K  Other (specify) X  I don't know Z | | |  |
| 338 | Do you inform clients of possible complications after implant placement? | | Yes 1  No 2 | | | 340 |
| 339 | What are the possible complications for which the client must return to the establishment immediately?  *[Multiple choice. Record all mentioned. If "*I don't know*" is flagged, none of the other options should be circled.]* | | Pain/discharge from the insertion site Has  The expulsion of the implant or implant cannot be felt or if its tip is visible in the arm B  Severe lower abdominal pain C  Migraine D  Repeated severe headaches and blurred vision E  Prolonged/heavy bleeding, i.e. bleeding for eight days or more or twice as much as normal F  Delayed menstrual period after several months of regular cycles G  Other (specify) X  I don't know Z | | |  |
| 340 | What instructions and advice do you give to a woman after implant removal?  Any other questions?  *[Multiple choice. Record all mentioned. If "*Gives no instructions*" is reported, none of the other options should be circled.]* | | Keep the area dry and clean for at least 5 days Has  Remove the outer bandage after 2 days and the inner bandage after 5 days B  There may be bruising, swelling, or tenderness at the insertion site for a few days. C  Routine work can be done immediately. Avoid touching or applying unusual pressure to the site repeatedly, including when carrying heavy loads D  After healing, the area can be touched and washed with normal pressure E  Other (specify) X  Gives no instructions Z | | |  |
| 341 | **Knowledge and practice**  **I will now read a few statements. Tell me if they are true or false.**   1. Implants provide 3 to 5 years of protection against unwanted pregnancy depending on the type of implant 2. The implant must be inserted under the skin of the non-dominant arm 3. Restoration to fertility after implant removal takes 12 months 4. The implant cannot be inserted in a woman with prolonged rupture of the membrane 5. The implant can be given to a woman after postpartum hemorrhage 6. The implant becomes effective within 48 hours after insertion 7. The implant has an effect on bone mineral density 8. The implant must be removed by a qualified healthcare provider 9. Implants are among the most effective methods and have a long-lasting effect. 10. Implants should not be inserted into a woman who is breastfeeding a baby younger than 6 weeks of age. 11. Implants should not be inserted if a woman has a serious illness, infection, or tumor in the liver 12. Implants should not be inserted into a woman with breast cancer . 13. Implants should not be inserted into a woman who currently has a blood clot in the deep veins of the legs or lungs. 14. Implants do not move to other parts of the body. 15. A woman who has chosen implants should be informed about what happens during insertion. 16. The removed stem and contaminated items (compress, cotton and other items) should be disposed of in the garbage can. 17. The client should be referred to a higher institution if the stem is not palpable or deeply palpable. 18. The implant can be located by two-dimensional X-ray | | **True**  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1 | | **False**  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2 |  |
| I will now read a situation to you. Tell me what you would do under the same circumstances. | | | | | | |
| 341aa | **Scenario** : Jessica, a 28-year-old woman, comes to the clinic for a contraceptive implant.  **Question:** What is the crucial step that the nurse must take before inserting the contraceptive implant? | | Skip the counseling session as the procedure is simple 1  Ask the patient about any allergies or reactions to previous implants  **2**  Scheduling insertion without verifying the patient's identity 3  Providing the implant without explaining potential side effects 4 | | |  |
| **342** | | **CHECK: Q22 4 ( j ), Q 224 ( k ) and Q22 4 ( l )**  **IF code "1" in Q22 4 ( h)**  **Q22 4 ( h) Sterilization** | **OTHERWISE GO TO** | | | **359** |
| 343 | | What **socio-demographic/fertility-related information**  do you collect from new clients who visit the female spay/neuter facility?  *[Multiple choice. Record all responses. If the answer is "does not* collect *any information", none of the other options should be circled.]* | Age Has  Matrimonial situation B  Profession C  Religion D  Level of education E  Number of children Living F  Age of youngest child G  Desire for additional children H  Other (specify) X  Doesn't collect any information O | | |  |
| 344 | | What is the menstrual history you collect from new clients who visit the health facility for sterilization?  *[Multiple choice. Record all responses. If the answer is "does not* collect *any information", none of the other options should be circled.]* | Date of the last menstrual period Has  Menstrual cycle length B  Length of the period C  Flow Quantity D  Caesarean Deliveries E  Regularity of the period F  Bleeding between periods G  Other (specify) X  Doesn't collect any information O | | |  |
| 345 | | What **obstetrical history** do you collect from new clients who visit the facility for sterilization?  *[Multiple choice. Record all responses. If the answer is "does not* collect *any information", none of the other options should be circled.]* | Current pregnancy status Has  Number of live births B  Number of Normal Deliveries C  Number of Caesarean Deliveries D  Number of abortions E  Date of last delivery/abortion (as applicable) F  History of abnormal pregnancy  (ectopic/vesicular) G  Other (specify) X  Doesn't collect any information O | | |  |
| 346 | | What information about **contraceptive history** do you collect from new clients who visit the health facility for implants?  *[Multiple choice. Record all responses. If the answer is "does not* collect *any information", none of the other options should be circled.]* | Past Experiences with Family Planning Methods Has  Last Method Used B  Causes of Shutdown C  Other (specify) X  Doesn't collect any information O | | |  |
| 347 | | What are the medical conditions that require a careful approach to surgery in a routine setting?  *[Multiple choice. Record all responses. If the answer is "I don't know", none of the other options should be circled.]* | Anterior Abdominal/Pelvic Surgery Has  Obesity B  MT Controlled C  Uncomplicated heart disease D  History of high blood pressure E  History of stroke (stroke) F  History of Deep Vein Thrombosis/Pulmonary Embolism G  Epilepsy H  Depressive disorders I  Current breast cancer J  Uterine fibroids K  Salpingitis without subsequent pregnancy L  Simple diabetes M  Hypothyroïdie N  Mild cirrhosis and tumor O  Kidney diseases P  Hémoglobinopathies Q  HIV R  Other (specify) X  I don't know O | | |  |
| 348 | | Under what medical conditions should female sterilization be performed by an experienced surgeon in a facility with general anesthesia and medical assistance?  *[Multiple choice. Record all responses. If the answer is "I don't know", none of the other options should be circled.]* | TA edge (> 160/100 mm Hg) Has  Complicated heart disease B  Clotting disorders  Chronic lung disease D  Endometriosis E  Tuberculose pelvienne F  Fixed uterus due to previous surgery or infection G  Abdominal wall/umbilical hernia H  Postpartum or post-abortion uterine rupture/perforation I  Complications associated with diabetes J  Hyperthyroïdie K  Severe cirrhosis L  AIDS M  Other (specify) X  I don't know O | | |  |
| 349 | | What information do you provide to the customer before the sterilization operation?  *[Multiple choice. Record all mentioned. If "provide no information" is reported, none of the other options should be circled.]* | Inform the client about the different methods of  contraception Has  It is a surgical procedure B  It is an ongoing procedure C  Pre- and Post-Surgery Procedures D  The decision to opt for sterilization is  voluntarily......... E  Does not interfere with sexual intercourse F  It will not affect sexual performance G  This will not affect the ability to perform normal daily tasks.  Daily tasks H  Side effects and complications I  Tests to be done J  Examinations to be done K  Follow-up visits L  It will not protect against STIs  and HIV/AIDS M  Other (specify) X  Do not provide any information O | | |  |
| 350 | | In your opinion, what clinical assessment should be carried out before female sterilization?  *[Multiple choice. Record all responses. If the answer is "I don't know", none of the other options should be circled.]* | General Review Has  Physical examination B  Gynaecological examination C  Other (specify) X  Don't do any reviews Y | | |  |
| 351 | | In your opinion, what laboratory tests do you prescribe for the client before female sterilization?  *[Multiple choice. Record all responses. If the answer is "*Do not prescribe any tests*", none of the other options should be circled.]* | Blood test for hemoglobin Has  Urinalysis for sugar and albumin B  Pregnancy test C  Other (specify) X  Do not prescribe any tests O | | |  |
| 352 | | How long should a client stay in the health facility after female sterilization? | Less than four hours 1  4 to 6 hours 2  7 to 9 hours 3  More than 9 hours 4  Other (specify) 5 | | |  |
| 353 | | What post-procedural examinations do you perform before dismissing a sterilized client?  *[Multiple choice. Record all responses. If the answer is "*None*", none of the other options should be circled.]* | Examine the stability of vital signs Has  Check if she's fully awake B  Ask her if she urinated C  Check the incision area D  Other (specify) X  None O | | |  |
| 354 | | What instructions do you give to customers before they leave the health facility?  *[Multiple choice. Write down all the answers. If the option "gives no instructions" is mentioned, none of the other options should be circled.]* | Rest for the rest of the day Has  Resume light duty after 48 hours B  Resume full activity after 2 weeks C  Keep the incision area clean and dry D  Do not open the bandage E  Bathing after 24 hours of surgery F  Medication Instructions G  Must report to the clinic/doctor in case of complications H  I should visit the establishment for a check-up on the 7th Th day.  Visit to the establishment in case of absence of the period J  Other (specify) X  Gives no instructions Y | | |  |
| 355 | | Do you inform clients of possible complications they may encounter after sterilization? | Yes 1  No 2 | | | **3 57** |
| 356 | | What are the possible complications you are asking about?  *[Multiple choice. Record all mentioned. If "Don't inquire about" is flagged, none of the other options should be circled.]* | Pus of the incision area Has  Bleeding from the incision area B  Wound dehiscence C  Gonflement abdominal D  Intestinal injury/perforation E  Bladder injury F  Fever G  Excessive pain H  Other (specify) X  Do not’informs not about it Y | | |  |
| 357 | | What is the follow-up mechanism that you or the facility has, that is, how do you ensure that women who are sterilized receive follow-up services on the scheduled date?  *[Multiple choice. Record all mentioned. If "I don't know" is flagged, none of the other options should be circled.]* | Phone calls are made to remind customers  Follow-up date Has  CHWs visit their homes for a follow-up visit B  CSOs remind clients of the following.  Update C  Write the follow-up date on the prescription D  Other (specify) X  No follow-up mechanism O  I don't know Z | | |  |
| 358 | | **I will now read a few statements. Tell me if they are true or false.**   1. The postpartum period is the best time for a woman to be sterilized. 2. Female sterilization should not be combined with surgical abortion. 3. Sterilization cannot be performed on women with hemoglobin levels below 7 g/dL. 4. It is acceptable to perform sterilization on a client with an STI. 5. HIV testing is mandatory before sterilization. 6. The presence of anesthesiologists is necessary for the sterilization procedure. 7. The presence of a family member with the woman is necessary for sterilization. 8. The husband's consent is mandatory for women to be sterilized. 9. One overnight stay is required for laparoscopic sterilization. 10. The sterilization procedure should be deferred in women with an Hb > 7 g/dl 11. The sterilization procedure should be deferred in a woman who is between 8 and 42 postpartum. 12. The sterilization procedure should not be deferred in a woman who has had a pregnancy with severe eclampsia or pre-eclampsia. 13. The sterilization procedure should not be deferred in a woman with hamalinear trophoblastic disease. 14. The sterilization procedure should not be deferred in a woman who currently has purulent cervicitis, chlamydia, or gonorrhea. 15. The sterilization procedure should be discontinued in a woman who currently has gallbladder disease. 16. The subumbilical approach is appropriate in postpartum sterilization 17. Identification of the tube during a mini-turn procedure should be performed with a babcock forceps. 18. There is a risk of injury to a full bladder during the procedure | **True**  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1 | **False**  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2 | |  |
| I will now read a situation to you. Tell me what you would do under the same circumstances. | | | | | | |
| 358aa | | **Scenario** : Soukey, a 40-year-old woman, expresses her interest in permanent contraception.  **Question** : What information does the doctor need to provide to Lisa about spaying? | It can be easily reversed 1  It is less effective than other contraceptive methods 2  This requires surgery for both men and women  **3**  It offers protection against sexually transmitted infections (STIs) 4 | | |  |
| **359** | | **VÉRIFIER: Q22 4 ( i )**  **SI code '1' in Q22 4 ( i ) Male sterilization** | **OTHERWISE GO TO** | | | **401** |
| 360 | | What **sociodemographic/fertility-related information do you** collect from new clients who visit the health facility for male sterilization?  *Multiple choice. Record all responses. If the "Collect no information" option is mentioned, none of the other options should be circled.]* | Age A  Matrimonial situation B  Profession C  Religion D  Level of education E  Number of children alive................................. F  Age of youngest child G  Desire for additional children H  Other (specify) X  Doesn't collect any information O | | |  |
| 361 | | When a new client comes in for male sterilization, what is the **reproductive history** you collect from them?  *[Multiple choice. Record all responses. If the "Collect no information" option is mentioned, none of the other options should be circled.]* | Past Experiences with Family Planning Methods Has  Last Method Used B  Causes of Shutdown C  Woman's last period D  History of spousal sterilization E  Other (specify) X  Doesn't collect any information O | | |  |
| 362 | | What medical **history** do you collect from new customers who come to the facility for male sterilization?  *[Multiple choice. Record all responses. If the "Collect no information" option is mentioned, none of the other options should be circled.]* | Acute febrile illness Has  Diabetes controlled B  Bleeding disorders C  Sexual problems D  Mental disorders E  Taking Medication Currently F  Other (specify) X  Doesn't collect any information O | | |  |
| 363 | | What clinical examinations do you perform before a male sterilization procedure?  *[Multiple choice. Record all responses. If the "Do not review" option is mentioned, none of the other options should be circled.]* | Pulse rate Has  Blood pressure B  Body temperature C  Penis Examination D  Testicular examination E  Examen du scrotum F  General and nutritional status G  Other (specify) X  Don't do any reviews Y | | |  |
| 364 | | What information should be shared with the client before performing a male sterilization?  *[Multiple choice. Record all responses. If the "Do nothing" option is mentioned, none of the other options should be circled.]* | Inform the client about the different methods of contraception Has  The decision to opt for Male sterilization is voluntary B  Inform about the procedures before and after the  surgery C  It is an ongoing procedure D  Does not interfere with sexual intercourse E  It will not affect strength or ability F  Reversal is possible, but success is not possible.’is not guaranteed G  It is a surgical procedure that presents a risk of complications H  Side effects and complications I  After a vasectomy, it is necessary to use a backup solution  Contraceptive method for 3 months J  Tests to be done K  Examinations to be done L  Must come and fetch of the semen after 1 month M  Must come and fetch of the sperm after 3 months N  It will not protect against STIs \ and HIV/AIDS O  Other (specify) X  Does nothing Y | | |  |
| 365 | | What lab tests do you order for the client before the male sterilization procedure? | Urinalysis for sugar and albumin 1  Other (specify) 7  Don't prescribe anything 8 | | |  |
| 366 | | How long do you keep the customer in the establishment after the operation? | Less than 30 minutes 1  30 - 45 minutes 2  45 min to 1h 3  More than 1 hour 4  I don't know 8 | | |  |
| 367 | | What tests do you perform before letting the client out of male sterilization?  *[Multiple choice. Grade all the exams mentioned. If the option "does not review" is mentioned, none of the other options should be circled.]* | Vital Signs Has  Examine the stability of the signs of the vial (client alert  and outpatient B  Other (specify) X  Don't do any reviews Y | | |  |
| 368 | | What instructions do you give to customers before they leave?  *[Multiple choice. Record all mentioned. If "gives no instructions" is reported, none of the other options should be circled.]* | Tight underwear should be worn Has  Rest the rest of the day B  Resume light duty after 48 hours C  Full activity resumption after 1 week J  Take medication as advised E  Keep the incision area clean and dry F  Do not open dressings G  Bathing after 24 hours of surgery H  I need to report any complications to the clinic/doctor .  Must go to the establishment for a check on the 7th Th day J  Visit to the establishment for semen analysis after 3 months K  Inform the client that they are not becoming infertile  immediately after the operation L  Use a condom or other method of birth control  for the next 3 months until the semen analysis shows no semen M  Other (specify) X  Gives no instructions Y | | |  |
| 369 | | Do you inform customers about post-operative complications of male sterilization ? | Yes 1  No 2 | | | 3 72 |
| 370 | | What are the possible complications that you inform them about?  *[Multiple choice. Write down all the answers. If the answer is "do not inform", none of the other options should be circled.]* | Excessive pain Has  Fainting B  Fever C  Bleeding D  Increased size of the scrotum E  Pus discharge from the operated site F  Other (specify) X  Not informing Y | | |  |
| 371 | | What are the health issues that the client may face during/after the male sterilization procedure?  *[Multiple choice. Record all the problems mentioned. If "I don't know" is mentioned, none of the other options should be circled]* | Scrotal tissue swelling, bruising, and pain Has  Infection B  Hematoma C  No health problems D  Other (specify) X  I don't know Z | | |  |
| 372 | | In your opinion, does this method of male sterilization protect against HIV and STIs? | Yes 1  No 2  I don't know 8 | | |  |
| 373 | | What is the monitoring mechanism that you or the facility has, that is, how do you or the facility ensure that people who have undergone male sterilization receive follow-up services on the scheduled date?  *[Multiple choice. Record all the problems mentioned. If "I don't know" is mentioned, none of the other options should be circled]* | Phone calls are made to remind customers  Follow-up date Has  CHWs visit their homes for a follow-up visit B  CSAs remind customers of the  Follow-up date C  Write the follow-up date on the prescription D  Other (specify) X  No follow-up mechanism O  I don't know Z | | |  |
| 374 | | **Knowledge and practice**  I will now read a few statements. Tell me if they are true or false.   1. If the client has an STI, male sterilization of that client can be performed immediately. 2. HIV testing is mandatory before male sterilization 3. The presence of anesthesiologists is necessary for the male sterilization procedure 4. The presence of a family member with men is necessary for male sterilization 5. The consent of the wife is required for a man to undergo male sterilization 6. One overnight stay is required for male sterilization 7. Male sterilization is considered successful only after the semen analysis shows a zero sperm count 8. The condom should be used for each sexual act for three to six months after male sterilization. | **True**  1  1  1  1  1  1  1  1 | | **False**  2  2  2  2  2  2  2  2 |  |

**SECTION 4: ATTITUDES TOWARD FAMILY PLANNING**

| **#** | **QUESTIONS AND FILTERS** | **CODING** | | | | | **SWITCH TO** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Now, I would like to know your opinion on family planning services.** | | | | | | | |
| 401 | I will now read you a few statements. Please tell me if you strongly agree, agree, disagree, strongly disagree or neutral with each statement:   1. Family planning services must be accessible to all, regardless of their socioeconomic status 2. Family planning is an essential component of comprehensive health care 3. Family planning helps improve maternal and child health outcomes 4. Family planning services should include counseling on a wide range of contraceptive methods 5. Promoting family planning can help reduce poverty and promote economic development 6. Comprehensive family planning services should include education and counseling on reproductive health and sexual well-being. 7. Improving access to a wide range of contraceptive options can help individuals and couples make informed choices about their reproductive future. 8. It is important for health care providers to encourage open communication among partners regarding family planning decisions. 9. Male partners should also be informed of their role in family planning decision-making. 10. Family planning services must be inclusive and accessible to all, regardless of marital status. 11. It is important to discuss the return to fertility in postpartum women 12. It is important to discuss the return to fertility in women after an abortion. | **Totally agree**  1  1  1  1  1  1  1  1  1  1  1  1 | **All right**  2  2  2  2  2  2  2  2  2  2  2  2 | **Neutral**  3  3  3  3  3  3  3  3  3  3  3  3 | **I disagree**  4  4  4  4  4  4  4  4  4  4  4  4 | **Strongly disagree**  5  5  5  5  5  5  5  5  5  5  5  5 |  |
| **Now, I'd like to know your opinion on specific methods of family planning.** | | | | | | | |
| 402 | **CHECK: Q22 4 (a), Q22 4 (b) and Q22 4 (c)**  **IF code " 1 " in Q 224 (a) IUD** | **OTHERWISE GO TO** | | | | | **404** |
| 403 | I will now read you a few statements. Please tell me if you strongly agree, agree, disagree, strongly disagree or neutral with the statement:   1. Intrauterine devices (IUDs) should be available to all women who want long-term contraception, regardless of age. 2. IUDs can be provided to single women 3. IUDs can be provided to women who have reconstituted their families 4. IUDs can be provided to nulliparous women 5. The IUD has a negative impact on future fertility 6. Women with side effects/menstrual changes related to IUD use should be switched to another method. 7. Spousal consent is required before this method is provided 8. Healthcare providers should address common misconceptions and concerns about intrauterine devices (IUDs) during counseling sessions. 9. Intrauterine devices (IUDs) should be promoted as a first-line contraceptive option for people seeking highly effective long-term contraception 10. The provider is in the best position to decide which method the customer should use 11. A woman who is certain that she wants extended spacing between children is a good candidate for the IUD. 12. A woman who is certain that she wants extended spacing between children is a good candidate for the IUD. | Totally agree  1  1  1  1  1  1  1  1  1  1  1  1 | All right  2  2  2  2  2  2  2  2  2  2  2  2 | Neutral  3  3  3  3  3  3  3  3  3  3  3  3 | disagree  4  4  4  4  4  4  4  4  4  4  4  4 | Strongly disagree  5  5  5  5  5  5  5  5  5  5  5  5 |  |
| 404 | **CHECK: Q22 4 (b)**  **Code IF ' 1 ' in Q22 4 (b) Injectables** | **OTHERWISE GO TO** | | | | | **406** |
| 405 | Now, I will read some statements. Please tell me if you strongly agree, agree, disagree, strongly disagree or neutral with the statement:  :   1. Injectable contraceptives should be available to all women who want long-term contraception, regardless of age. 2. Injectable contraceptives can be provided to single women 3. Injectable contraceptives to be offered to women who have reconstituted their families 4. Injectable contraceptives to be offered to nulliparous women 5. Injectables have a negative impact on future fertility 6. Women with menstrual changes following the use of injectable products should switch to another method 7. Spousal consent is required before this method is provided 8. Healthcare providers should address common misconceptions and concerns about injectable contraceptives during counseling sessions. 9. Injectable contraceptives should be encouraged as a first-line contraceptive option for people seeking highly effective long-term contraception. 10. Provide training and education to patients on injectable contraceptive self-administration techniques, such as appropriate injection sites and schedules | Totally agree  1  1  1  1  1  1  1  1  1  1 | All right  2  2  2  2  2  2  2  2  2  2 | Neutral  3  3  3  3  3  3  3  3  3  3 | disagree  4  4  4  4  4  4  4  4  4  4 | Strongly disagree  5  5  5  5  5  5  5  5  5  5 |  |
| 406 | **CHECK: Q22 4 (g)**  **SI code ' 1 ' in Q22 4 (g) Implants** | **OTHERWISE GO TO** | | | | | **408** |
| 407 | Now, I will read some statements. Please tell me if you strongly agree, agree, disagree, strongly disagree or neutral with the statement:   1. Implants should be available to all women who want long-term contraception, regardless of age. 2. Implants can be provided to single women 3. Implants can be provided to women who have reconstituted their families 4. Implants can be provided to nulliparous women 5. Implants have a negative impact on future fertility 6. Women with menstrual changes following the use of implants should switch to another method. 7. Spousal consent is required before this method is provided 8. Healthcare providers should address common misconceptions and concerns about implants during counseling sessions. 9. Implants should be encouraged as a first-line contraceptive option for people seeking highly effective long-term contraception. 10. Provide training and education to patients on contraceptive implant self-management techniques, such as checking for implant presence | **Totally agree**  1  1  1  1  1  1  1  1  1  1 | All right  2  2  2  2  2  2  2  2  2  2 | Neutral  3  3  3  3  3  3  3  3  3  3 | disagree  4  4  4  4  4  4  4  4  4  4 | **Strongly disagree**  5  5  5  5  5  5  5  5  5  5 |  |
| 408 | **CHECK: Q22 4 ( f )**  **SI code ' 1 ' in Q22 4 (f) pill** | **OTHERWISE GO TO** | | | | | **410** |
| 409 | Now, I will read some statements. Please tell me if you strongly agree, agree, disagree, strongly disagree or neutral with the statement:   1. Can the pill be provided to single women? 2. Can the pill be provided to women who have reconstituted their families? 3. Can the pill be provided to nulliparous women? 4. Is the consent of the spouse mandatory before this method is made available? 5. Should the pill be easily accessible to individuals as a means of preventing unwanted pregnancies? 6. It is important to provide advice on the correct use and potential side effects of the pill. | **Totally agree**  1  1  1  1  1  1 | All right  2  2  2  2  2  2 | Neutral  3  3  3  3  3  3 | <disagree  4  4  4  4  4  4 | **Strongly disagree**  5  5  5  5  5  5 |  |
| I will now read a situation to you. Tell me what you would do under the same circumstances. | | | | | | | |
| 409aa | **Scenario** : A 30-year-old woman named Maria is prescribed birth control pills for birth control purposes. She cares about not forgetting to take them daily.  **Question** : How should the nurse address Maria's concerns about not forgetting to take her birth control pills? | Suggest that they switch to a other contraceptive method 1  Advise him to take two tablets both if she forgets a dose 2  Offering strategies such as setting reminders or using pill boxes  **3**  Dismissing concerns as routine and not proposing solutions 4 | | | | |  |
| 410 | **CHECK: Q22 4 ( e)**  **SI code '1' in Q22 4(e) emergency contraception**  **(CU)** | **OTHERWISE GO TO** | | | | | **412** |
| 411 | Now, I will read some statements. Please tell me if you strongly agree, agree, disagree, strongly disagree or neutral with the statement:   1. UC can be provided to single women 2. UC can be provided to nulliparous women 3. Spouse's consent is required before the UC is provided 4. Repeated use of UC, especially in adolescents, will promote promiscuity 5. UC/should be readily available to individuals as a means of preventing unwanted pregnancies 6. It is important to provide guidance on the correct use and potential side effects of UC. | **Totally agree**  1  1  1  1  1  1 | All right  2  2  2  2  2  2 | Neutral  3  3  3  3  3  3 | disagree  4  4  4  4  4  4 | **Strongly disagree**  5  5  5  5  5  5 |  |
| I will now read a situation to you. Tell me what you would do under the same circumstances. | | | | | | | |
| 411aa | **Scenario:** Emily, a 19-year-old student, shows up at the clinic to ask for emergency contraception after a condom breaks during sex with her partner.  **Question:** What information does the nurse need to provide to Emily during the emergency contraception consultation? | Instructions for applying a patch contraceptif 1  Effectiveness Education methods of knowing fertility 2  Tips for taking emergency contraception within 72 hours of unprotected sex  **3**  Recommendation to use emergency contraception as a regular form of contraception 4 | | | | |  |
| 412 | **VÉRIFIER: Q22 4 (h), Q22 4 (i)**  **IF code " 1 " in Q22 4 (d) Female condom**  **Q22 4 (c) Male condom** | **OTHERWISE GO TO** | | | | | **414** |
| 413 | Now, I will read some statements. Please tell me if you strongly agree, agree, disagree, strongly disagree or neutral with the statement:   1. A condom can be provided to single women 2. A condom can be provided to nulliparous women 3. The provision of condoms for adolescents will encourage promiscuity 4. Condoms are the best contraceptive for teenagers 5. Condoms should be promoted as a dual-use method to prevent both unwanted pregnancies and sexually transmitted infections (STIs). | **Totally agree**  1  1  1  1  1 | All right  2  2  2  2  2 | Neutral  3  3  3  3  3 | Disagree  4  4  4  4  4 | Strongly disagree  5  5  5  5  5 |  |
| I will now read a situation to you. Tell me what you would do under the same circumstances. | | | | | | | |
| 413aa | **Scenario** : Ndeye, a 22-year-old woman, wants to know more about barrier contraceptive methods.  **Question** : What method can the nurse recommend to Ndeye as a barrier method of contraception? | Pills 1  Condoms  **2**  Intrauterine devices (IUDs) 3  Injectable contraceptives 4 | | | | |  |
| 414 | **CHECK: Q22 4 ( j ), Q22 4 ( k ) and Q22 4 ( l )**  **IF code " 1 " in Q22 4 ( h)**  **Q22 4 ( l ) Sterilization feminine** | **OTHERWISE GO TO** | | | | | **416** |
| 415 | Now, I will read some statements. Please tell me if you strongly agree, agree, disagree, strongly disagree or neutral with the statement:   1. Healthcare providers should ensure informed consent and provide comprehensive guidance before proceeding with female sterilization procedures. 2. The consent of the spouse is required before proceeding with female sterilization 3. Female sterilization services should be offered to women who have reached the desired family size or who do not wish to have children. 4. Female sterilization services should be offered to women who have reached the desired family size in the immediate postpartum period. 5. Female sterilization services should be determined according to the sex of the living children. 6. Female sterilization should not be offered to women with only one child. 7. Female sterilization should not be offered to young women who do not have sons 8. It is the responsibility of women to adopt a family planning method. 9. The provider is in the best position to decide whether a client should undergo female sterilization. | **Totally agree**  1  1  1  1  1  1  1  1 | All right  2  2  2  2  2  2  2  2 | Neutral  3  3  3  3  3  3  3  3 | disagree  4  4  4  4  4  4  4  4 | **Strongly disagree**  5  5  5  5  5  5  5  5 |  |
| 416 | **VÉRIFIER: Q22 4 ( i )**  **IF encode ' 1 ' in Q22 4 ( i ) male sterilization** | **OTHERWISE GO TO** | | | | | **501** |
| 417 | Now, I will read some statements. Please tell me if you strongly agree, agree, disagree, strongly disagree or neutral with the statement:   1. Should no-scalpel vasectomy (VNS) be promoted as a first-line contraceptive option for people seeking long-term contraception? 2. Men become weaker after vasectomy 3. Vasectomy causes impotence in men 4. Men should not have vasectomy because family planning is solely the responsibility of women. 5. The personal information of a person undergoing sterilization must be kept confidential. | **Totally agree**  1  1  1  1  1 | All right  2  2  2  2  2 | Neutral  3  3  3  3  3 | disagree  4  4  4  4  4 | Strongly disagree  5  5  5  5  5 |  |

**SECTION 5: KNOWLEDGE OF MNIS SERVICES**

|  |  |  |  |
| --- | --- | --- | --- |
| **QN** | **QUESTIONS AND FILTERS** | **RESPONSE CODE** | **JUMP** |
|  | **CHECK: Q207**  **SI code '1' in Q207** | **, OTHERWISE GO TO** | **End of the tool** |
|  | **Now, I'd like to ask you a few questions about the signs of maternal danger, the initial management of obstetric cases, and the preparations in the labour room.** | |  |
| 501 | What are the danger signs for which a pregnant woman should be assessed on arrival for delivery?  Nothing else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Severe headaches Has  Blurred vision B  Crises/convulsions C  Blood pressure≥ 140/90 mmHg D  Saignement vaginal E  Temperature> 38°C F  Fetid discharge from the vagina G  Heart Rate<120 bpm or >160 bpm H  Severe abdominal pain I  History of heart or severe disease  J  Difficulty breathing K  Other **[ Specify]** X  I don't know O |  |
| 502 | What is a rapid initial assessment?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Measurement of maternal pulse Has  Maternal BP measurement B  Measurement of maternal temperature C  Maternal respiratory rate measurement  D  Fetal heart rate measurement E  Saturation F  Other **[ Specify]** X  I don't know O |  |
| 503 | The third trimester ultrasound is the best for calculating gestational age. **Is this statement true or false?** | True 1  False 2  I don't know 8 |  |
|  | **Now, I would like to ask questions/know about anemia and its management** | |  |
| 504 | What is the treatment for very severe maternal anaemia (Hb < 7.0 g/dl)? | Transfusion sanguine 1  Other [specify] 7  I don't know 8 |  |
| 505 | What is the appropriate dose for the administration of iron-sucrose S? | A dose of 200 mg in 100 ml of normal saline every other day 1  Other **[specify]** 7  I don't know 8 |  |
| 506 | What is the route of administration of sucrose iron? | Perfusion Intraveineuse 1  Oral 2  Other **specify]** 7  I don't know 8 |  |
| 507 | Oral iron should be discontinued during the administration of sucrose iron. **Is this statement true or false?** | True 1  False 2  I don't know 8 |  |
| 508 | What is the maximum dose of sucrose iron that can be given to an anaemic woman in divided doses | 1000 mg 1  2000 mg 2  Other **specify]** 7  I don't know 8 |  |
| 509 | Sucrose iron requires a test dose to check for allergy. **Is this statement true or false?** | True 1  False 2  I don't know 8 |  |
| 510 | Sucrose iron can be administered to pregnant women (Hb up to 9 g%) after 32 weeks of pregnancy. **Is this statement true or false?** | True 1  False 2  I don't know 8 |  |
| 511 | Blood transfusion is better than haematocyte transfusion in cases of very severe anaemia. True/False. **Is this statement true or false?** | True 1  False 2  I don't know 8 |  |
| 512 | Sucrose iron can be prescribed to postnatal women with severe anaemia before discharge. **Is this statement true or false?** | True 1  False 2  I don't know 8 |  |
|  | **Now, I would like to ask questions related to dystocia and its management** | |  |
| 513 | We can wait 2 hours for a normal delivery once the partograph crosses the line of action. **Is this statement true or false?** | True 1  False 2  I don't know 8 |  |
| 514 | The only way to resolve a case of obstructed labor is by cesarean section. **Is this statement true or false?** | True 1  False 2  I don't know 8 |  |
| 515 | Fetopelvic disproportion is synonymous with dystocia. **Is this statement true or false?** | True 1  False 2  I don't know 8 |  |
| 516 | What is the most common maternal complication of dystocia? | Uterine rupture 1  Other **[specify]** 7  I don't know 8 |  |
|  | **Now, I would like to ask questions related to the extended work and its management** | |  |
| 517 | Prolonged labor, for whatever reason, can be delivered by augmentation with oxytocin. **Is this statement true or false?** | True 1  False 2  I don't know 8 |  |
| 518 | Cerebropelvic disproportion may not occur in multiparous women. **Is this statement true or false?** | True 1  False 2  I don't know 8 |  |
|  | **Now, I would ask questions related to gestational hypertension** | |  |
| 519 | Treatment of gestational hypertension should only be initiated when diastolic blood pressure is 100 mmHg or higher? | True 1  False 2  I don't know 8 |  |
| 520 | What is the treatment for gestational hypertension (diastolic BP <110 mmHg)?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Nifedipine Tablet 5-10 mg Has  Labetalol 100 mg tablet B  Other **[Specify]**  X  I don't know O | **523**  **524** |
| 521 | What is the appropriate route for administering Tab. Nifedipine? | Orally 1  Other **[specify]**  7  I don't know 8 |  |
| 522 | **CHECK Q520**  **SI Q520=B** | **OTHER** | **524** |
| 523 | What is the appropriate route and dose to/administer Labetalol?  (TA diastolique > 110 mmHg) ? | Bolus IV (dose 20 mg) 1  Other **[specify]**  7  I don't know 8 |  |
|  | **Now, I would ask a few questions related to pre-eclampsia/mild/severe eclampsia.** | |  |
| 524 | What are the signs/symptoms of severe pre-eclampsia?    Nothing else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | TA ≥ 160/110 mmHg Has  Proteinuria (> 3+) B  Severe headache C  Blurred vision D  Severe epigastric pain E  Oliguria F  High BP ≥ 140/90 mmHg and ≤ 160/110 mmHg and one of the danger signs mentioned above G  Other **[Specify]**  X  I don't know O |  |
| 525 | What is the main treatment for severe pre-eclampsia? | Inj Magnesium Sulfate 50% w/v 5 g with 1 ml of Xylocaine 2% IM deep in each buttock and 4 g 20% w/v IV slow (total 14 g) 1  Other **[specify]**  7  I don't know 8 |  |
| 526 | A pregnant woman with severe pre-eclampsia and whose fetus is alive between 24 and 34 weeks should receive injections. Dexamethasone 6 mg before delivery. Is this statement true or false? | True 1  False 2  I don't know 8 |  |
| 527 | A pregnant woman with severe pre-eclampsia must give birth within 24 hours. Is this statement true or false? | True 1  False 2  I don't know 8 |  |
| 528 | What are the components (medications) of eclampsia management?  Nothing else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Inj Labétalol 20 mg IV bolus Has  Inj Magnesium Sulfate 50% w/v 5 g with 1 mL Xylocaine 2% IM deep in each buttock and 4 g 20% w/v IV slow (total 14 g) B  Oxygen C  Gag D  Catheterization E  Intravenous Normal Saline F  Left side position G  Other **[Specify]**  X  I don't know O |  |
| 529 | What are the signs of magnesium sulfate toxicity?  Nothing else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Reduced/absent deep tendon reflexes Has  Urine output less than 30 ml/h B  Respiratory rate< 16/min C  Other **[Specify]**  X  I don't know O |  |
| 530 | inject Antidote. Calcium gluconate should be given to cases of severe pre-eclampsia/eclampsia who are under injection. Treatment with magnesium sulphate when their respiratory rate becomes <16/min. Is this statement true or false? | True 1  False 2  I don't know 8 |  |
| 531 | In case of MgSO4 toxicity, what is the appropriate dose of injectable calcium gluconate? | 10% solution, 1 g slow IV  10 minutes 1  Other **[specify]**  7  I don't know 8 |  |
| 532 | What is an extra dose of MgSO4? | 2 g of 20% MgSO4 slow IV if seizures recur within 30 minutes of the loading dose 1  Other **[specify]**  7  I don't know 8 |  |
|  | **Now, I would like to talk about antepartum hemorrhage and its management.** | |  |
| 533 | What are the signs of a ruptured uterus?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Sudden disappearance of pain during labour Has  Loss of uterine contour B  Palpable fetal parts C  Abdominal tenderness D  Absence of fetal heart sounds E  Fresh bleeding from the vagina F  Other **[Specify]**  X  I don't know O |  |
| 534 | Bleeding from placenta previa is painless, fresh and red. Is this statement true or false? | True 1  False 2  I don't know 8 |  |
| 535 | What are the steps in the management of a case of antepartum hemorrhage in a pregnant woman?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Collect blood for grouping and cross-matching  Start RL/normal saline IV fluids Has  Insert the catheter de Foley B  Give oxygen 6 to 8 L/min with a mask or pins C  Measuring vital signs D  Provide Warmth E  Organize transportation to refer to the higher health facility F  Arrange a blood donor G  Keep Women ASBL H  Give antibiotics (ampicillin/metronidazole/  gentamicine) en cas de suspicion de rupture I  Giving prenatal corticosteroids to the live fetus at 24 to 34 weeks J  Other **[Specify]**  X  I don't know O |  |
|  | **Now, I'd like to ask about puerperal sepsis, signs/symptoms, causes, and management.** | |  |
| 536 | What antibiotics should be administered for the management of puerperal sepsis?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Ampicilline (ou Ampicilline + Cloxacilline) Has  Métronidazole B  Gentamicine C  Other **[Specify]**  X  I don't know O |  |
|  | **Now, I'd love to hear from you about preterm labor, true/fake labor pain, its signs and symptoms, and how to manage it.** | |  |
| 537 | How is preterm labour diagnosed?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Regular uterine contractions ( ≥ 4 in 20 min or ≥ 8 in 1 hour) Has  Cervical dilation of 1 cm or more ............ B  Other **[Specify]**  X  I don't know O |  |
| 538 | What is the gestational age to administer prenatal corticosteroids? | B/w gestation 24 and 34 weeks 1  Other **[specify]**  7  I don't know 8 |  |
| 539 | In your opinion, what is the role of the tocolytic?    Nothing else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | To stop uterine contraction Has  To postpone premature delivery B  Other **[Specify]**  X  I don't know O |  |
| 540 | What is the management of chorioamnionitis? | Antibiotics 1  Other **[specify]**  7  I don't know 8 |  |
| 541 | A vaginal examination should be performed to confirm rupture of membranes prior to labor. Is this statement true or false? | True 1  False 2  I don't know 8 |  |
| 542 | What are the steps of management before referral in the event of rupture of membranes before labour during a full-term pregnancy?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Arrange transportation to the higher-level health facility Has  Give antibiotics (Ampicillin/Metronidazole/Gentamicin) if membranes rupture >12 hours without work or >18 hours with work B  Other **[Specify]**  X  I don't know O |  |
| 543 | What are the steps for managing premature rupture of membranes before fever-free labor?  Nothing else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Organize transport and the higher-level health facility Has  Giving Erythromycin antibiotics B  Give prenatal corticosteroids in case of gestation age is 24 to 34 weeks C  Other **[Specify]**  X  I don't know O | 545 |
| 544 | What is the appropriate dose of erythromycin? | Dose 250 mg / 6 heures 1  Other **[specify]**  7  I don't know 8 |  |
|  | **Now, I'd like to ask questions related to Postpartum Hemorrhage and its management.** | |  |
| 545 | What are the steps in the management of a case of Postpartum Hemorrhage?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Call for help Has  Check vital signs B  Infuse the first line IV of NS/RL C  Infuse RL Second Line IV with  injection d'ocytocine 20 UI dans 1L…… D  Catheterization E  Administer 6-8 L oxygen with a mask or pins F  Taking blood for grouping and cross-matching G  Administer a slow IV tranexamic acid injection 1 g H  Monitor vital signs every 15 Minutes  Other **[Specify]**  X  I don't know O |  |
| 546 | What sutures can be surgically applied to the uterus in case of refractory postpartum atonic hemorrhage?  Nothing else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | B-Lynch Has  Haymans B.  C  Other **[Specify]**  X  I don't know O |  |
| 547 | What uterotonic medications should be stored in the refrigerator?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Inj. Oxytocine Has  Inj. Carboprost B  Other **[Specify]**  X  I don't know O |  |
| 548 | What is the contraindication to the use of Inj Ergometrine for Postpartum Hemorrhage?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | High BP Has  Severe anemia B  Heart disease C  Other **[Specify]**  X  I don't know O |  |
| 549 | What is the contraindication to the use of Inj Carboprost in Postpartum Hemorrhage? | Asthma 1  Other **[specify]**  7  I don't know 8 |  |
| 550 | What degree of perineal tear still needs repair? | 3 Th and 4 Th degree 1  Other **[specify]**  7  I don't know 8 |  |
| 551 | The retained placenta should only be removed under anesthesia. Is this statement true or false? | True 1  False 2  I don't know 8 |  |
| 552 | A drip of oxytocin should be started in case of uterine inversion before repositioning in OT. Is this statement true or false? | True 1  False 2  I don't know 8 |  |
| 553 | How to manage the case of retention of placental tissue inside the uterus?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Inj. ocytocine 10 UI IM  if not administered during GATPA Has  IV NS/RL with 20 IU oxytocin injectable in 1 L  @ 40-60 drops/min B  Removal of placenta pieces with  MVA/Electric Intrauterine Suction/Swab Holder C  Administer 1 broad-spectrum dose  antibiotics D  Other **[Specify]**  X  I don't know O |  |
| 554 | When is the placenta said to be retained? | When not delivered more than 30 minutes after the baby is delivered 1  Other **[specify]**  7  I don't know 8 |  |
| 555 | Vaginal compaction should be performed for cases of postpartum atonic hemorrhage referred to the superior center. **Is this statement true or false?** | True 1  False 2  I don't know 8 |  |
|  | **Now, I would like to ask questions related to labour monitoring using the partograph, induction of labour and GATPA.** | |  |
| 556 | What information is plotted every 30 minutes on the partograph?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Maternal pulse Has  Fetal heart rate B  Uterine contractions C  Amniotic fluid color D  Other **[Specify]**  X  I don't know O |  |
| 557 | What information is plotted every 4 hours on the partograph?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Dilatation cervicale Has  Blood pressure B  Other **[Specify]**  X  I don't know O |  |
| 558 | How will you identify a case of prolonged labor from the partograph readings? | Cervical dilation line drawn through the  Alert line 1  Other **[specify]**  7  I don't know 8 |  |
| 559 | Episiotomy is mandatory for all primiparous deliveries. **Is this statement true or false?** | True 1  False 2 |  |
| 560 | What are the contraindications to induction of labour?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Cerebropelvic disproportion Has  Misrepresentation B  Placenta praevia C  Pregnancy after classic caesarean section D  Pregnancy with active genital herpes E  Other **[Specify]**  X  I don't know O |  |
| 561 | What are the components of Bishop's score?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Cervical Clearance Has  Cervical dilation B  Coherence C  Post D  Head descent E  Other **[Specify]**  X  I don't know O |  |
| 562 | How can pre-induction cervical ripening be performed?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Membrane stripping Has  Prostaglandins E2 gel B  Foley catheter C  Other **[Specify]**  X  I don't know O |  |
| 563 | The best drug for medical augmentation is drip oxytocin. **Is this statement true or false?** | True 1  False 2  I don't know O |  |
| 564 | What is a good contraction? | 3 contractions in 10 minutes each lasting more than 40 seconds1  Other **[specify]**  7  I don't know 8 |  |
| 565 | What is the starting dose of oxytocin for induction/increase of labor? | IU in 500 ml of Ringer Lactate or normal saline 1  Other **[specify]**  7  I don't know 8 |  |
|  | **Now, I would like to ask questions related to normal birth with episiotomy.** | |  |
| 566 | When should an episiotomy be performed?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Complicated vaginal delivery  like the breech Has  Assisted vaginal delivery as forceps and aspirator. B  Scars due to a poorly sutured episiotomy/perineal tear C  Other **[Specify]**  X  I don't know O |  |
| 567 | When should an episiotomy be performed?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | The perineum is thinned Has  3-4 cm of the baby's head is visible during a contraction B  Other **[Specify]**  X  I don't know O |  |
| 568 | What is the concentration of xylocaine used for episiotomy? | 1% 1  Other **[specify]**  7  I don't know 8 |  |
| 569 | Polyglycolic sutures are preferred over chrome-plated catgut for their tensile strength for episiotomy repair. Is this statement true or false? | True 1  False 2  I don't know O |  |
| 570 | The suture for episiotomy repair should be 2-0. Is this statement true or false? | True 1  False 2 |  |
| 571 | Where should the repair of an episiotomy start? | 1 cm above the top 1  Other **[specify]**  7  I don't know 8 |  |
|  | **Now, I'd like to ask about forceps delivery.** | |  |
| 572 | What are the indications for a forceps delivery?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Fetal distress in the 2nd stage  of work Has  Cord prolapse B  Maternal distress in the 2nd stage of labour C  2nd prolonged stage> 3 hours in primi and > 2 hours in multigravida. D  Other **[Specify]**  X  I don't know O |  |
| 573 | What are the prerequisites for using exit forceps?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | The bladder and rectum must be empty Has  Membranes must be ruptured B  The sagittal suture should be on the midline C  The cervix should be fully dilated D  The head should be bulging at the perineum E  Other **[Specify]**  X  I don't know O |  |
| 574 | What are the signs of a forceps failure?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | The fetal head does not move forward with each pull Has  The fetus is not delivered after 2 tractions B  Other **[Specify]**  X  I don't know O |  |
| 575 | Forceps failure is an indication for caesarean section. **Is this statement true or false?** | True 1  False 2 |  |
| 576 | Written consent must be obtained prior to the application of forceps. Is this statement true or false? | True 1  False 2 |  |
| 577 | Cephalhematoma after forceps requires only observation and usually disappears within 3 to 4 weeks. **Is this statement true or false?** | True 1  False 2 |  |
|  | **Now, I'd like to ask some questions related to suction cup extraction.** | |  |
| 578 | What are the contraindications to suction cup extraction?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Presentation without a summit Has  Macrosomia B  Premature baby C  Intrauterine death D  Other **[Specify]**  X  I don't know O |  |
| 579 | Where to place the center of the suction cup cup? | At the point of flexion and 3 cm in front of the posterior fontanelle. 1  Other **[specify]**  7  I don't know 8 |  |
| 580 | What should be the maximum vacuum pressure? | 0.8 kg/cm² 1  Other **[specify]**  7  I don't know 8 |  |
|  | **Now, I'd like to ask about breech birth.** | |  |
| 581 | Meconium is not a sign of fetal distress during breech birth. Is this statement true or false? | True 1  False 2 |  |
| 582 | What are the indications for caesarean section in the event of a breech seat?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Double-leg presentation Has  Small pool B  Very large fetuses C  Previous caesarean section D  Other **[Specify]**  X  I don't know O |  |
| 583 | All fetuses in the transverse position must be delivered by caesarean section, regardless of whether the fetus is alive or dead. Is this statement true or false? | True 1  False 2 |  |
|  | **Now, I'd like to ask some questions related to shoulder dystocia** | |  |
| 584 | What are the risk factors for shoulder dystocia?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Controlled diabetes Has  Obesity B  Post-maturity C  Excessive weight gain during pregnancy D  Other **specify]**  X  I don't know O |  |
| 585 | What is the common maneuver in shoulder dystocia? | Mc Robert's maneuver 1  Other **[specify]**  7  I don't know 8 |  |
|  | **Now, I'd like to ask questions related to newborn care** | |  |
| 586 | What are the components of essential newborn care?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Place the newborn on the mother's belly Has  Dry and cover the newborn with a preheated towel.............................. B  Delayed cord tightening and cutting between 1 and 3 min C  Provide skin-to-skin care on the mother's chest for 1 hour J  Early initiation of breastfeeding in less than an hour  Weigh the baby after 1 hour E  Provide Vit K1 injections according to body weight after 1 hour F  Other **[Specify]**  X  I don't know O |  |
| 587 | Can you tell me what steps you would take immediately if the newborn is not breathing or crying at birth?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Cut the cord immediately Has  Place on a warming table B  Provide Warmth C  Position baby with the neck slightly extended using a shoulder roll D  Vacuum mouth and nose if necessary E  Drying, stimulating and repositioning F  Other **[Specify]**  X  I don't know O |  |
| 588 | Can you tell me the steps you would take if the newborn is not breathing/crying after 30 seconds of following the above steps? | Provide ventilation with bag and mask 1  Other **[specify]**  7  I don't know 8 |  |
|  | **Now, I'd like to ask a few questions about neonatal asphyxia and its management.** | |  |
| 589 | Why does birth asphyxiation occur? | The newborn is deprived of oxygen  during the birth process 1  Other **[specify]**  7  I don't know 8 |  |
| 590 | What are the intrapartum factors that can lead to asphyxia of the newborn?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Poor presentation Has  Assisted vaginal delivery B  Fetal heart rate<120 or >160 per minute C  Maternal Magnesium Therapy D  Shoulder dystocia E  Unsupervised work........................................ F  Prolonged or obstructed labour...................... G  Maternal General Anesthesia H  Chorioamnionite I  Meconium-coloured liqueur J  Cordon ombilical prolapsus K  Preterm labour.............................................. L  Other **[Specify]**  X  I don't know Yes |  |
| 591 | How to manage a premature baby?    What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | Immediate drying Has  Provides warmth through skin-to-skin care B  Maintain the temperature of the work room C  Warm resuscitation D  Delay the bath E  Early onset of breastfeeding F  Kangaroo Maternal Care (KMC) G  Hot Chain During Reference H  Other **[Specify]**  X  I don't know O |  |
|  | **Now, I'd like to talk about postpartum care.** | |  |
| 592 | Exhaustion, crying, and helplessness are normal during the postpartum period and do not require special attention. Is this statement true or false? | True 1  False 2 |  |
| 593 | What is the most effective antibiotic for mastitis? | Cp Ampicillin 500 mg 4 times daily or Tab 1 Erythromycin 250 mg three times daily2  Other **[specify]**  7  I don't know 8 |  |
| 594 | What is the sign that the baby is breastfeeding properly?  What else?  [MULTIPLE CHOICE. WRITE DOWN ALL THE ANSWERS. IF THE "DON'T KNOW" OPTION IS MENTIONED, NONE OF THE OTHER OPTIONS SHOULD BE CIRCLED.] | He urinates 6 to 8 times a day and sleeps 2 to 3 hours after each feeding. ONE  Gain weight adequately B  Other **[Specify]**  X  I don't know O |  |
| 595 | What should be the minimum weight of the baby to start Kangaroo Mother care? | Less than 2,500 g 1  Other **[specify]**  7  I don't know 8 |  |

**SECTION 6: ATTITUDES TOWARDS RESPECTFUL MATERNITY CARE (MHRC)**

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|  | **NOW, I'D LIKE TO KNOW THE ATTITUDE TOWARDS RESPECTFUL MATERNITY CARE (MHRC)** | | | |  |
| 601 | I will now read a few statements about the elements of respectful maternity care. Can you tell me if this statement is true or false?   1. It is important to ensure women's privacy during examinations and procedures, as well as to protect the confidentiality of their medical information. 2. Women should be allowed to have a chosen companion (such as a partner, family member, or carer) present during labor and delivery to provide emotional support and advocacy. 3. Unnecessary medical interventions, such as routine episiotomies, continuous fetal monitoring, and elective cesarean sections, should be avoided unless medically justified and with informed consent. 4. Women should be informed of all examinations and procedures 5. Women should not be subjected to physical or verbal violence 6. Uterine pressure should be applied if the mother is exhausted and unable to push the baby outwards. 7. An increase in oxytocin injection should be performed in all cases during stage 1 of labour. | True  1  1  1  1  1  1  1 | False  2  2  2  2  2  2  2 | I don't know  3  3  3  3  3  3  3 |  |

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| INTERVIEWERS' OBSERVATIONS |