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

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| **Questionnaire for the interview with community health workers (CHWs)** |

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

**SECTION 1: ELEMENTS D’IDENTIFICATION**

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| **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 (HEALTH BOX) | ­­ |
| DATE DE L’INTERVIEW | DD MM Year  ­­ |
| INTERVIEW START TIME | HH MIN |
| INTERVIEW END TIME | HH MIN |
| CODE OF THE INVESTIGATOR | ­­ |

**MAINTENANCE VISITS**

|  |  |  |  |
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| **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: BACKGROUND**

I would now like to ask you a few questions about your background (age, education, marital status).

| **#** | **QUESTIONS AND FILTERS** | **CODING** | **SWITCH TO** |
| --- | --- | --- | --- |
| 201 | How old were you on your last birthday? | Age in completed years |  |
| 202 | Gender of the CHW Community Health Worker? | Masculine 1  Feminine 2 |  |
| 203 | What is your current marital status? | Married 1  Widow/widower 2  Divorced 3  Separated/disunited 4  Single (never married) 5  Prefer not to say anything 6 |  |
| 204 | What is the highest academic level you have reached? | Never attended school 0  Primary 1  Middle school (middle education) 2  High school (secondary education) 3  University (higher education) 4  Prefer not to say anything 98 |  |
| 205 | Are you involved in work other than health and child protection? | Yes 1  No 2  Prefer not to say anything 3 | 207 |
| 206 | What is the nature of your work? | Farmer/Farmer 1  Agricultural worker/labourer 2  Freelancer 3  Private service 4  Other (specify) 6  Prefer not to say 7 |  |
| 207 | How long have you been working as a CSA? | 1. # Number of years 2. # Number of months   *Prefer not to say anything 998*  *Less than a month 000*  *Less than a year 000* |  |
| 208 | How did you get selected as a CSA?  *Several possible answers.* | Appointment by the community leader Has  Self-nomination with request to the community manager B  Maintenance C  Written test D  Other (specify) E  Prefer not to say Y |  |
| 209 | What motivated you to become an ASC?  *Several possible answers.* | Personal experience of healthcare challenges Has  Previous positive experiences with health care B  Recognition of the need for accessible health care C  Interest in health care learning D  Influence of family or community members E  Career development or salary F  Desire to help others G  Personal development H  Professional Development I  Other (specify) X  Prefers not to comment Y |  |
| 210 | On average, how much do you earn as an ASC per month? | Monthly amount  *No amount 0000*  *Prefers not to comment 9998* | 301 |
| 212 | What is the nature of your contract as a community health worker? | Volunteering 1  Contractual 2  Based on profit-sharing 3  Other (specify)\_\_\_\_\_\_\_ 8 |  |

**SECTION 3: POLARIZATION ZONE AND COMMUNITY PROFILE**

I would now like to ask you a few questions about your work, your area of polarization, and the profile of the community you work for.

| **#** | **QUESTIONS AND FILTERS** | **CODING** | **SWITCH TO** |
| --- | --- | --- | --- |
| 301 | What is the size of the population in your polarization area?  put 0000 if you don't remember | Population totale |  |
| 302 | What is the total number of households in your polarization area?  Put 999 if you don't know | Total number of households |  |
| 303 | Is there another community health worker working in your polarization area? | Yes 1  No 2 | 305 |
| 304 | In total, how many other CSAs are working in your polarization area? | Number of CSAs |  |
| 304a | How many households are covered by services provided by you or other CHWs in your polarization area? | Total number of households |  |
| 305 | What is the distance (in Km) between your home and the home? | Distance (in kms.)  *If less than one km 00* |  |
| 306 | What is the main means of transport you use to get to the furthest home? | Personal vehicle 1  Transport public 2  Walking 3 |  |
| 307 | How long (in minutes) does it take to reach the furthest household? | Minute |  |
| 308 | Do you live in your polarization zone? | Yes 1  Not 2 | 310 |
| 309 | What is the distance (in Km) that separates you from your polarization zone | Distance in km  *If less than one km 00* |  |
| 310 | How would you describe the socio-economic status of your area of polarization (perception)? | Low 1  Medium 2  High 3  Unsure/Prefer not to comment 4 |  |
| 311 | Which of these health facilities are available in your polarization area? | Hôpital public 1  Public Health Centre 2  Private Hospital 3  Private Clinic 4  Pharmacy/medication depot 5  Traditional Healer/Practitioner 6  Other (please specify) 7  Don't know 8 |  |
| 312 | What is the distance (in km) between the nearest health care centre and your polarisation zone? | Distance (in km)  *If less than one km 00* |  |
| 313 | In your opinion, how accessible are health facilities in your area of polarization? | Very accessible 1  Sometimes accessible 2  Not very accessible 3  Not accessible at all 4 |  |
| 314 | In your opinion, what are the main factors that influence family planning practices in your polarization area? | Religious beliefs Has  Traditional customs B  Decision-making power C  Family Dynamics D  Socio-economic factors E  Access to Information F  Other (please specify) G  Uncertain Z |  |

**SECTION 4: ROLES AND RESPONSIBILITIES**

I would now like to ask you a few questions about your role and responsibilities in family planning and maternal and child health services.

| **#** | **QUESTIONS AND FILTERS** | | **CODING** | | **SWITCH TO** |
| --- | --- | --- | --- | --- | --- |
| 401 | What are the main areas of health services you provide as a CHW?  *Several possible answers* | | Family planning Has  Maternal, newborn and child health B  HIV C  Tuberculosis D  Malaria E  Non-communicable diseases F  Nutrition G  Water, sanitation and hygiene H  Gender issues I  Microfinance J  Other (to be specified) X | |  |
| 402 | What are the specific activities you carry out in the field of family planning?  *Several possible answers* | | Establish a list of potential users of the OP Has  Provide information on different methods of contraception B  Advise the woman about the side effects of the methods C  Advise the woman to continue using the method D  Advise women on methods based on their eligibility for the method E  Talk to women about their reproductive intentions F  Advise women on the choice of their method G  Advising families to delay the age of marriage H  Counselling young or newly married couples to delay the age of first motherhood I  Distributing contraceptives J  Provide information on where, when, and how to access alternative methods K  Refer women to a health centre in case of complications L  Health Benefits of Family Planning M  Economic Benefits of Family Planning N  Other (specify) X  Not applicable Y | |  |
| 403 | What specific activities do you carry out in the field of maternal and child health?  *Several possible answers* | | Informing the community about health services Has  Connecting the community to the healthcare facility B  Advise women on compliance with the 8 ANCs  Inform the woman and family about preparing for childbirth D  Informing the woman and family about preparing for complications of childbirth E  Supporting pregnant women who need to be hospitalized F  Counselling women on childbirth care G  Inform the woman and family of postnatal examinations H  Educating the community about childhood immunization  Mobilizing beneficiaries (for ANC or childhood immunization) I  Provide basic help (such as ORS-Zinc, Iron and Folic Acid tablets, etc.) J  Home Visiting for Newborn Care (HBNC) K  Maintain client files (women/children) L  Other (specify) X  Not applicable Y | |  |
| **I would now like to ask you a few questions about the work, including the amount of time you spend in the field.** | | | | | |
| 404 | On average, how many hours per day do you spend on your activities as a CSA? | | Hours | |  |
| 405 | Do you conduct one-on-one home visits and group meetings/sessions in your community/polarization area? | | Only individual home visits 1  Only meetings/group sessions 2  Both 3 | |  |
| 406a | How many individual x household visits have you made in the last month in which you discussed FP topics?  *If No save '00'* | **Areas** | **1. Visits to individual households** | **2. Group Meetings/Sessions**  **(Ask if 405=2 OR 3)** |  |
| a. FP  b. Antenatal care  c. Soins postnatals  d. Childhood Immunization  e. Neonatal care at home  f. Nutrition  g. Personal hygiene |  |  |
| 406b | How many Meetings/Group Sessions have you conducted in the past few months in which you have discussed FP topics? | a. FP  b. Antenatal care  c. Soins postnatals  d. Childhood Immunization  e. Neonatal care at home  f. Nutrition  g. Personal hygiene |  |  |  |
| 407 | Do you have any work tools or information, education and communication materials to use in your daily work? | | Yes 1  No 2 | | 501 |
| 408 | Do you use or refer to these work aids or information, education and communication materials in your routine work? | | Yes 1  No 2 | |  |

**SECTION 5: TRAINING AND SUPERVISION**

I would now like to ask you about the training and supervision you have received in family planning and maternal, newborn and child health.

| **#** | **QUESTIONS ET FILTERS** | **CODING** | **SWITCH TO** |
| --- | --- | --- | --- |
| 501 | Have you received training for your duties/duties as a CSA? | Yes, during the financial year 1  Yes, before exercise 2  Yes, both (initial training/continuing education) 3  None 4 | 505 |
| 502 | What were the topics covered during the training?  *Several possible answers* | Family planning  Genital Infections/Sexually Transmitted Infections B  Childbirth care C  Preparation for childbirth D  Antenatal care E  Soins postnatals F  Immunisation G  Health and nutrition H  Personal hygiene  Adolescent Health J  HIV K  Tuberculosis L  Malaria M  Non-communicable disease N  Other (specify) X |  |
| 503a | When was the last training? | Month Year  *Can't remember the month 98*  *Can't remember the year 9998* |  |
| 503b | How many days did the last training take place? | Duration of the training  *Don't remember 98* |  |
| 504 | On a scale of 1 to 5, how satisfied are you with the content of the training and its applicability in your work? | Very satisfied 1  Satisfied 2  Neutral 3  Unsatisfied 4  Very dissatisfied 5  Not applicable (did not participate in training) 8 |  |
| 504a | According to national guidelines, how many training modules do you need to complete as a CSA? | Number of training modules  *Don't know 98* | 505 |
| 504b | How many training modules have you completed? | Number of training modules  *Don't know 98* |  |
| **I would now like to ask you a few questions about the supervision you receive in the performance of your duties.** | | | |
| 505 | Do you have a supervisor or someone else who monitors your work? | Yes 1  Not 2 | 601 |
| 506 | How often do you meet with your line manager? | Daily 1  Weekly 2  Once every two weeks 3  Once a month 4  Occasionally (less than once a month) 5  Only when necessary 6  Other (specify) 96 |  |
| 507 | Where do you usually meet your supervisor? | On the ground 1  Healthcare Facility 2  Vaccination site 3  Meeting around post 4  Training session 5  Other (specify) 6 |  |
| 508 | During your meetings with your supervisor, did they perform any of the following?  ***[Yes=1; No=2]***  ***[Ask for each item one by one]*** | 1. Verifies the accuracy of your log and reports 2. Observes you during home visits 3. Provides you with direct feedback on your performance 4. Provides you with technical resources and information to help you learn and do your job better 5. Helps you solve any problems or difficulties you are facing |  |
| 509 | Has your supervisor visited you in the field in the past month? | Yes 1  No 2 | 511 |
| 510 | When was the last time you met your line manager? | Number of months |  |
| 511 | During your last meeting with your supervisor, did they take any of the following actions?  ***[Yes=1; No=2]***  ***[Ask for each item one by one]*** | 1. Verified the accuracy of your registry and reports 2. Observed during home visits 3. Provide you with direct feedback on your performance 4. Provide you with technical resources and information to help you learn and do your job better 1 2 5. To help you solve any problems or difficulties you are facing 1 2 |  |

**SECTION 6: KNOWLEDGE AND ATTITUDES TOWARDS FAMILY PLANNING**

| **KNOWLEDGE ABOUT FAMILY PLANNING**  **I would now like to ask you a few questions about timing, spacing pregnancies, and family planning methods.** | | | |
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| **#** | **QUESTIONS AND FILTERS** | **CODING** | **SWITCH TO** |
| 601 | In your opinion, what is the appropriate age for a woman to get pregnant for the first time? | Entering in completed years  *No appropriate age 95*  *Don't know 98* |  |
| 602 | What do you think are the health benefits for a woman if she gets pregnant at the appropriate age you mentioned ?  *Several choices possible.* | Reduced risk of pregnancy complications Has  Reduced risk of induced abortion B  Reduced risk of miscarriage C  Better nutritional status D  Reduced risk of anemia E  Better physical health F  Better mental health G  Other (Specify) X  Don't know Z |  |
| 603 | In your opinion, what should be the minimum spacing between two consecutive births (in months)? | Write in full months  *Don't know 98* |  |
| 604 | In your opinion, what are the benefits of birth spacing for a woman?  *Several choices possible.* | Reduced risk of pregnancy complications Has  Reduced risk maternal deaths B  Reduced risk induced abortion C  Reduced risk miscarriage D  Reduced risk anemia E  Allows two years of breastfeeding as recommended F  Better nutritional status G  Better physical health G  Better mental health G  Other (Specify) X  Don't know Z |  |
| 605 | In your opinion, what health benefit(s) will a child have if births are spaced out?  *Several choices possible.* | Reduced risk neonatal death C  Better growth Has  Better nutritional status B  Decreased incidence of anaemia C  Better chance of survival D  Better attention from the mother E  Reduced risk neonatal death F  Other (Specify) X  Don't know Z |  |
| 606 | How long do you think a woman should wait after a spontaneous or induced abortion to get pregnant again? | Write in months  *Don't know 98* |  |
| 607 | What do you think are the benefits for women of waiting instead of getting pregnant immediately after an abortion?  *Several choices possible.* | Reduced risk of pregnancy complications Has  Reduced risk of maternal death B  Reduced risk of miscarriage D  Reduced risk of anemia (weakness) E  Other (Specify) X  Don't know Z |  |
| 608 | What about the following statement: "A woman is more likely to get pregnant if she has sex on certain days of her menstrual cycle?" Is it true or false? | True 1  False **2**  Don't know **8** | 610 |
| 609 | What is the period of the menstrual cycle when the chances of getting pregnant are the highest? | 7 days before the start of your period 1  Up to 7 days after the start of your period 2  From the 8th to the 20th day after menstruation 3  Don't know 8 |  |

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| **I would now like to ask you a few questions about the different modern methods of family planning: where did you hear about these methods, how are they used, what are their advantages and disadvantages? We will ask the questions separately for each of the methods.** |

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| 610 | What contraceptive methods have you heard of?  *Several choices possible.*  **Listen and Check (Don't Suggest)**  **Of course you have mentioned certain methods, haven't you also heard of these other methods?** | **Methods** | | **Yes** | **Not reported** | **No after incentive** | |
| DUI | | 1 | 2 | 3 | |
| Injectable | | 1 | 2 | 3 | |
| Condoms (Male) | | 1 | 2 | 3 | |
| Condoms (Female) | | 1 | 2 | 3 | |
| Contraception d’urgence | | 1 | 2 | 3 | |
| Pills | | 1 | 2 | 3 | |
| Implants | | 1 | 2 | 3 | |
| Female sterilization | | 1 | 2 | 3 | |
| Male sterilization | | 1 | 2 | 3 | |
| Exclusive breastfeeding | | 1 | 2 | 3 | |
| Fixed Day Method | | 1 | 2 | 3 | |
| 610b | What are the preferred contraceptive methods in your workplace/locality?  *Several choices possible.* | | Pills A  Injectable B  Male condom C  Female condom D  Contraceptions d’urgence And  SAYS F  Implants G  Female sterilization (tubal ligation) H  Male Sterilization/Vasectomy I  Exclusive Breastfeeding (MAMA) J  Fixed Day Method (MJF) K  Other (specify) X | | | |  |

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| ***Check 610: if a = 1 or 2 Ask 611 – 619***  ***Otherwise go to 620*** | | | |
| 611 | You said you've heard of IUDs. What are the advantages of using this method?  What else?  *Several choices possible.* | It's effective Has  It's reversible B  It is immediately reversible without delay in the return to fertility C  Only initial follow-up is required D  Does not interfere with sexual intercourse E  No effects on breast milk production F  There is no need to purchase supplies G  Can be used as an emergency contraceptive method when inserted within five days of unprotected sex H  It is a long-acting method (5/10 years) I  Can be used as a limiting method J  Lower risk of side effects than other reversible methods K  Other (Specify) X |  |
| 612 | What are the problems that customers face when using **IUDs ?**  *Several choices possible.* | Weakness (Effectiveness) Has  Method failure (pregnancy) B  Increased risk of infection C  Reduced sensations/pleasure of sexual intercourse  Discomfort during sexual intercourse D  Genital malformations in the unborn baby E  Infertility F  Excessive bleeding G  Abdominal pain H  Other (Specify) X  Causes no problems Y  Don't know Z |  |
| 613 | What are the health conditions and situations in which a woman should not use an **IUD ?**  *Several choices possible.* | Woman who has never become pregnant Has  Very anemic woman B  Woman at risk of STIs C  Tubal infections D  Uterine infections E  Infection after childbirth F  Ectopic pregnancy G  Women who complain of bleeding and pain during menstruation H  Women with many children I  Woman who had a caesarean section J  Other (Specify) X  Don't know Z |  |
| 614 | In your opinion, is this method suitable for delaying the first birth? | Yes 1  No 2  Don't know 8 |  |
| 615 | In your opinion, is this method suitable for maintaining the interval between two births? | Yes 1  No 2  Don't know 8 |  |
| 616 | Do you think that light bleeding after **IUD** insertion is normal? | Yes 1  No 2  Don't know 8 |  |
| 617 | In your opinion, when is the most recommended time to insert an **IUD into a woman ?**  *Several choices possible.*  *Correct and put only one possible choice since the title stipulates THE moment* | Within the first 12 days of the menstrual cycle Has  Within 48 hours of delivery B  After six weeks postpartum C  Within 12 days of an abortion D  Other (Specify) X  Don't know Z |  |
| 618 | Who do you think can insert an **IUD ?**  *Several choices possible.* | Any doctor Has  Gynaecologist B  Midwives C  Trained nurse D  CSA E  Matron F  Other (Specify) X  Don't know Z |  |
| 619 | What do you say to a woman to check if the DUI is in place?  *Several choices possible.* | Wash your hands Has  Crouch down and feel the wire with your fingers B  Remove finger and wash hands again C  Other (Specify) X  Don't know Z |  |
| **Check 610, if f=1 or 2 Ask 620-624**  **otherwise go to 625** | | | |
| 620 | Can you tell us how often the pills are used ? | Every day 1  Weekly 2  Both 3  Don't know 8 |  |
| 621 | What are the problems that women may face during/after taking a **pill** ?  *Several choices possible.* | Reduced milk production Has  Reduced work capacity B  Nausea C  Headaches D  Swelling of the legs E  Disruption of the menstrual cycle F  Weakness G  Bloating/acidity H  Weight gain I  Weight loss J  Frigidity/Low Libido K  Other (Specify) X  No problem Y  Don't know Z |  |
| 622 | What are the health situations for which taking **pills** in women could be dangerous?  *Several choices possible.* | Woman with jaundice Has  Woman who has had a celebrity stroke B  Paralyzed woman C  Woman with Heart Disease D  Woman with high blood pressure E  Other (Specify) X  Don't know Z |  |
| 623 | Do you think that pills can be advised to the breastfeeding woman? | Yes 1  No 2  Don't know 8 |  |
| 624 | In your opinion, when should a woman start taking the **pill**?  *Several choices possible.* | First day of the menstrual cycle Has  Within five days of the start of the menstrual cycle B  Last day of the menstrual cycle C  Anytime D  Other (Specify) X  Don't know Z |  |

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| **Check 610: if c,d = 1 or 2 then Ask 625-631; otherwise go to 632** | | | |
| 625 | To be effective, when should **condoms** be used? | With every sexual intercourse 1  Other answer 6  Don't know 8 |  |
| 626 | How many times can you use a **condom** during sex? | Once 1  Twice 2  More than twice 3  Don't know 8 |  |
| 627 | What are the benefits of using a **condom** ?  *Several choices possible.* | Preventing pregnancy Has  Safety against sexual infections B  Preventing HIV C  Readily available D  Cheapest method E  Easy to use F  Other (Specify) X  Don't know Z |  |
| 628 | What are some problems that a client may face when using a **condom** ?  *Several choices possible.* | Reduced sexual pleasure Has  Allergies B  Method Failed C  Affect rules D  Problem of eliminating condom use E  Other (Specify) X  No problem Y  Don't know Z |  |
| 629 | In your opinion, is this method suitable for delaying the first birth? | Yes 1  No 2  Don't know 8 |  |
| 630 | In your opinion, is this method suitable for maintaining the interval between two births? | Yes 1  No 2  Don't know 8 |  |
| 631 | In your opinion, is this method suitable for birth control? | Yes 1  No 2  Don't know 8 |  |

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| **Check 610: if b=1 or 2 then ask for 632-638; otherwise go to 639** | | | |
| 632 | Suppose a woman wants to use an **injectable product**. In your opinion, when should she take her first dose of injectable product?  *Several choices possible.* | Within the first seven days of the menstrual cycle Has  Within the first seven days after the abortion B  After six weeks of delivery (if breastfeeding) C  Immediately after giving birth (if not breastfeeding) D  Other (Specify) X  Don't know Z |  |
| 633 | In your opinion, what are the benefits of using **injectable** contraceptives or why a woman should use this method?  *Several choices possible.* | Highly effective and safe Has  Convenient and easy to use B  Works for 3 months with a one-month grace period C  Completely reversible D  Private and confidential method E  Does not interfere with sexual intercourse F  Suitable for breastfeeding women G  Useful for the immediate postpartum period (in women who are not breastfeeding) H  Can be used after abortion I  Can be used at any age J  Usable for low-parity women K  Reduces menstrual cramps L  Reduces the risk of ovarian and uterine cancer M  Other (Specify) X  Don't know Z |  |
| 634 | What are some issues that a client may face after being given an **injectable** ?  *Several choices possible.* | Headaches Has  Irregular menstruation B  Irregular bleeding C  Prolonged bleeding during menstruation D  Heavy bleeding during menstruation E  Amenorrhea F  Weight gain G  White discharge H  Other (Specify) X  No problem Y  Don't know Z |  |
| 635 | In your opinion, is this method suitable for delaying the first birth? | Yes 1  No 2  Don't know 8 |  |
| 636 | In your opinion, is this method suitable for maintaining the interval between two births? | Yes 1  No 2  Don't know 8 |  |
| 637 | In your opinion, is this method suitable for birth control? | Yes 1  No 2  Don't know 8 |  |
| 638 | After the first injectable contraceptive, how many months should the next dose be given? | Number of months.................................................1  Don't know 98 |  |
| **Check 610: if g=1 or 2; Ask 639-646**  **otherwise go to 647** | | | |
| 639 | In your opinion, what are the benefits of using implants or why a woman should use this method?  *Several choices possible.* | Effective and safe Has  Convenient and easy to use B  Does not require daily or monthly dosing C  Completely reversible D  A private and confidential method E  Does not interfere with sexual intercourse F  Other (Specify) X  Don't know Z |  |
| 640 | What are the problems that a client may face after an implant has been inserted ?  *Several choices possible.* | Irregular menstruation Has  Irregular bleeding B  Prolonged bleeding during menstruation C  Heavy bleeding during menstruation D  Amenorrhea E  Abdominal pain F  Weight change G  Breast tenderness H  Other (Specify) X  No problem Y  Don't know Z |  |
| 641 | How long is the period of effectiveness of **implants** in preventing pregnancy? | 3-5 years 1  Other answers 6  Don't know 8 |  |
| 642 | Do you know where the **implants** should be inserted? | Upper arm 1  Other answers 6  Don't know 8 |  |
| 643 | In your opinion, who can perform **implants**?  *Several choices possible.* | Any doctor Has  Gynaecologist B  Midwives C  Trained nurse D  CSA E  Matrons F  Other (Specify) X  Don't know Z |  |
| 644 | In your opinion, is this method suitable for delaying the first birth? | Yes 1  No 2  Don't know 8 |  |
| 645 | In your opinion, is this method suitable for maintaining the interval between two births? | Yes 1  No 2  Don't know 8 |  |
| 646 | In your opinion, is this method suitable for birth control? | Yes 1  Not 2  Don't know 8 |  |
| **Check 610: if e=1 or 2 then ask for 657-663;**  **otherwise go to 664** | | | |
| 657 | Did you know that emergency contraception can be taken shortly after unprotected sex? | Yes 1  Not 2 | 660 |
| 658 | What is the maximum number of hours after unprotected sex for emergency contraception (EC) to be taken?  **[SAVE NUMBER OF HOURS]** | Number of hours  *Don't know 98* |  |
| 659 | Do you think that an UC may have been effective even though the woman became pregnant? | Yes 1  Not 2 |  |
| 660 | Do you think UC can be used as a regular method of contraception? | Yes 1  Not 2  Don't know 8 |  |
| 661 | In your opinion, is this method suitable for delaying the first birth? | Yes 1  Not 2  Don't know 8 |  |
| 662 | In your opinion, is this method suitable for maintaining the interval between two births? | Yes 1  No 2  Don't know 8 |  |
| 663 | In your opinion, is this method suitable for birth control? | Yes 1  No 2  Don't know 8 |  |

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| **Check 610: if h=1 or 2 then ask for 664-666**  **otherwise go to 667** | | | |
| 664 | In your opinion, what are the benefits of adopting female sterilization or why a woman should use this method?  *Several choices possible.* | Single procedure Has  No other method will be required B  Definitive (no more children) C  Simple procedure D  Readily available E  Other (Specify) X  No advantages Y  Don't know Z |  |
| 665 | What are the issues a client may face during or after a female sterilization, including the postpartum/postabortion procedure  *Several choices possible.* | Bleeding from the surgical site Has  Saignement vaginal B  Infection C  Pus discharge from the wound D  Wound dehiscence E  Method Failed F  Gonflement abdominal G  Intestinal injury/perforation H  Bladder injuries I  Fever J  Vomit K  Other (Presicer) X  No problem Y  Don't know Z |  |
| 666 | In your opinion, is this method suitable for birth control? | Yes 1  No 2  Don't know 8 |  |

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| **Check 610: if i=1 or 2 then ask for 667-669;**  **otherwise go to 670** | | | |
| 667 | In your opinion, what are the benefits of adopting sterilization or why a woman should use this method?  *Several choices possible.* | Single procedure Has  No other contraception is needed B  More children after use C  Simple procedure D  Readily available E  Other (Specify) X  No advantages Y  Don't know Z |  |
| 668 | What are the problems a client may face during or after a male sterilization  *Several choices possible.* | Reduces sexual pleasure Has  Reduces work capacity B  Method Failed C  Weakness D  Weight Gain E  Grastrite/acidity F  Bloating G  Other (Specify) X  No problem Y  Don't know Z |  |
| 669 | In your opinion, is this method suitable for birth control? | Yes 1  No 2  Don't know 8 |  |
| **I would now like to hear your views on the importance of using family planning methods.** | | | |
| 670 | Why do you think it is important for women and couples to use contraceptive methods?  *Several choices possible.* | Limiting family sizes Has  Spacing births B  Preventing unwanted pregnancies C  Preventing abortions D  Reduced risk of maternal death E  Reduced risk of neonatal death F  Reduced risk of preterm birth G  Reduced risk of low birth weight H  Lower risk of having a small-for-gestational-age child I  Financial benefits J  Better Raising Children K  Ensuring women's reproductive rights L  Other (specify) X |  |

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| **ATTITUDE TOWARDS FAMILY PLANNING**  **I will now read you some statements: Quote your answers such as "Strongly disagree", "Disagree", "Neither agree nor disagree", "Agree" and "Strongly agree".** | | | | | | |
| 671 | **DECLARATIONS** | **Strongly disagree** | **Disagree** | **Neutral** | **All right** | **Totally agree** |
| a. | It is important to talk about contraceptive methods, regardless of gender. | 1 | 2 | 3 | 4 | 5 |
| b. | Information on family planning should only be given to those who explicitly request it. | 1 | 2 | 3 | 4 | 5 |
| c. | FP counselling should be provided to unmarried boys and girls. | 1 | 2 | 3 | 4 | 5 |
| d. | The use of contraceptive methods is important for women/men of childbearing age. | 1 | 2 | 3 | 4 | 5 |
| and. | Family planning knowledge will increase premarital sex. | 1 | 2 | 3 | 4 | 5 |
| f. | Contraceptives affect the sexual desire of the partner. | 1 | 2 | 3 | 4 | 5 |
| g. | Contraceptive methods have a negative impact on the practice of religion. | 1 | 2 | 3 | 4 | 5 |
| h. | Contraceptives affect women's daily activities. | 1 | 2 | 3 | 4 | 5 |
| i. | Family planning education should be included in the curriculum of educational institutions. | 1 | 2 | 3 | 4 | 5 |

**SECTION 7: MATERNAL AND CHILD HEALTH KNOWLEDGE AND ATTITUDES**

I would now like to ask you a few questions about your knowledge of maternal and child health practices.

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| **KNOWLEDGE OF MATERNAL AND CHILD HEALTH** | | | |
| **Q NO** | **QUESTIONS AND FILTERS** | **CODING** | **SWITCH TO** |
| 701 | What tests should a pregnant woman have during pregnancy?  *Several possible answers.* | Urine test A  Blood test B  Blood pressure measurement C  Weight measurement D  Examen de l'abdomen E  Echography F  Other (specify) X |  |
| 702 | What is the minimum number of check-ups that a pregnant woman should have during her pregnancy? | Number of controls  Don't know 98 |  |
| 703 | In which month of pregnancy should a pregnant woman ideally have her first antenatal visit? | First trimester 1  Other answers 6  Don't know 8 |  |
| 704 | In which month of pregnancy should a pregnant woman have her second antenatal visit? | Between the 4th and 6th months 1  Other answers 6  Don't know 8 |  |
| 705 | In what month of pregnancy should a pregnant woman have her third prenatal visit? | Month 8 1  Other answers 6  Don't know 8 |  |
| 706 | How many doses of tetanus toxoid should be injected into a pregnant woman? | Number of doses  Don't know 98 |  |
| 707 | How many days should a pregnant woman take iron and folic acid tablets or syrup? | Number of days  Don't know 98 |  |
| 708 | What are the warning signs during pregnancy that indicate that a woman needs to see a medical professional?  *Several possible answers.* | Severe headache/high blood pressure Has  Vision trouble B  Swelling of the ankles/swelling of the face C  Easy-going D  High fever E  Vaginal bleeding F  Foul-smelling vaginal discharge G  Jaundice H  Anaemia I  Other (specify) X  Don't know Z |  |
| 709 | What are the essential preparations a woman needs to make for a safe delivery?  *Several possible answers.* | Identify a hospital/midwife qualified for childbirth Has  Arrange transportation B  Save money for childbirth costs C  Identify a referral health facility to go to in case of an emergency D  Identifying someone to donate blood E  Other (specify) X  Don't know Z |  |
| 710 | What are the warning signs during labor or delivery that indicate that a woman needs to go to the hospital or doctor?  *Several possible answers.* | Baby in abnormal position Has  Absence or/less movement of the fetus B  Excessive vaginal bleeding C  Prolonged work D  Obstruction of work E  Slots F  Excessive vaginal bleeding G  Delay in Expulsion of the Placenta/Retention of the Placenta H  Other (specify) X  Don't know Z |  |
| 711 | Should a woman be examined after childbirth even if she feels well? | Yes 1  No 2  Don't know 8 | 714 |
| 712 | How long after giving birth should a woman have her first medical exam? | Within hours/two days 1  Other answers 6  Don't know 8 |  |
| 713 | What is the minimum number of check-ups a woman must have in the six weeks after giving birth? | Number of controls  Don't know 98 |  |
| 714 | What are the examinations to be carried out during postnatal check-ups for women?  *Several possible answers.* | Temperature control Has  Blood pressure control B  Vaginal bleeding control C  Examination of breast problems D  Other (specify) X  None Y  Don't know Z |  |
| 715 | What examinations should be carried out during postnatal check-ups of the newborn?  *Several possible answers.* | Temperature control Has  Umbilical cord control B  Eye Control C  Member Control D  Breastfeeding control E  Breastfeeding position and fixation F  Urine count control G  Weight Control H  Other (specify) X  No Y |  |
| 716 | What are the warning signs after childbirth that a woman should see a healthcare provider?  *Several possible answers.* | Heavy bleeding Has  High fever B  Malodorant vaginal pertes C  Leaks D  Other (specify) X  Don't know Z |  |
| 717 | When should you give breast milk to a newborn? | Immediately after birth (within one hour) 1  Other answers 6  Don't know 8 |  |
| 718 | Should a newborn be given the yellowish milk that flows from the mother's breast after childbirth? | Yes 1  No 2  Don't know 8 |  |
| 719 | How long should a newborn be exclusively breastfed? | 6 months 1  Other answers 6  Don't know 8 |  |
| 720 | How do you clean a newborn?  *Several possible answers.* | Wipe and pack Has  Bathing B  Other (specify) X  Don't know Z |  |
| 721 | How should the umbilical stump be cared for?  *Several possible answers.* | Keep the cord clean and dry Has  Apply a healing substance B  Other (specify) X  Don't know Z |  |
| 722 | What are the warning signs in the first few weeks after delivery that indicate that a newborn should be taken to a doctor?  *Several possible answers.* | The baby is not breathing Has  Rapid breathing B  Fever C  Poor sucking or feeding/Breastfeeding D  The baby becomes drowsy/unconscious E  The baby has not had a bowel movement or urinated within 24 hours F  Cordon ombilical infecté G  Diarrhoea H  Pneumonia/chest attack I  Jaundice J  Other (specify) X  Don't know Z |  |
| 723 | When should you offer complementary foods to an infant? | 6 months of age 1  Other answers 6  Don't know 8 |  |
| 724 | How many doses of BCG vaccine should a newborn be given? | Only one 1  Other answers 6  Don't know 8 |  |
| 725 | At what age should a newborn be vaccinated with BCG? | At birth 1  Other answers 6  Don't know 8 |  |
| 726 | How many doses of oral polio vaccine should be given to a newborn? | 4 doses 1  Other answers 6  Don't know 8 |  |
| 727 | At what age should a newborn receive the first dose of oral polio vaccine? | At birth 1  Other answers 6  Don't know 8 |  |
| 728 | At what age should a newborn receive the second dose of oral polio vaccine? | 6 weeks 1  Other answers 6  Don't know 8 |  |
| 729 | How many doses of DPT vaccine should be given to a newborn? | 3 doses 1  Other answers 6  Don't know 8 |  |
| 730 | At what age should a newborn receive the first dose of DPT vaccine? | 6 weeks 1  Other answers 6  Don't know 8 |  |
| 731 | How many doses of measles vaccine should a newborn be given? | One dose 1  Other answers 6  Don't know 8 |  |

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| **ATTITUDE TOWARDS MATERNAL AND NEWBORN HEALTH**  **I will now read you some statements: Quote your answers: "Strongly disagree", "Disagree", "Neither agree nor disagree", "Agree" and "Strongly agree".** | | | | | | |
| 732 | **STATEMENTS** | **Totally agree** | **Totally agree** | **Totally agree** | **Totally agree** | **Totally agree** |
| a. | It is not necessary for the husband/partner to accompany his wife during pre- and postnatal consultation visits. | 1 | 2 | 3 | 4 | 5 |
| b. | A woman must plan in advance where she will give birth. | 1 | 2 | 3 | 4 | 5 |
| c. | A woman should plan in advance how she will get to the place of delivery. | 1 | 2 | 3 | 4 | 5 |
| d. | It is not necessary for a husband/partner to accompany his wife during the birth. | 1 | 2 | 3 | 4 | 5 |
| and. | Giving birth in the hospital is beneficial for both the baby and the mother. | 1 | 2 | 3 | 4 | 5 |
| f. | There is a need to give advice to women who have just given birth on how to care for the newborn. | 1 | 2 | 3 | 4 | 5 |
| g. | In case of ailments, home remedies and herbal treatments are more effective than medical help. | 1 | 2 | 3 | 4 | 5 |
| h. | Childbirth is a woman's business. Husbands/partners don't have much to contribute to it. | 1 | 2 | 3 | 4 | 5 |
| i. | Vaccines given to children are useless. | 1 | 2 | 3 | 4 | 5 |
| j. | Children are getting too many types of vaccines. | 1 | 2 | 3 | 4 | 5 |
| k. | Parents/guardians should have the right to refuse vaccinations. | 1 | 2 | 3 | 4 | 5 |
| l. | Vaccination of children should be made compulsory. | 1 | 2 | 3 | 4 | 5 |

**SECTION 8 : SERVICES FOURNIS**

I would now like to ask you a few questions about the services you have provided over the past few months in your area of polarization.

| **#** | **QUESTIONS AND FILTERS** | | | | | **CODING** | | | | | **SWITCH TO** |
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| 801 | Mention the number of beneficiaries contacted, counselled, referred, followed up, or who have contacted you for family planning and maternal and newborn health services in the past few months in your area of coverage. **IF THERE IS NO BENEFICIARY, WRITE '00' (check the CHW register if there is one, otherwise ask the CSA). Add a code for if the CSA doesn't know** | | | | | | | | | |  |
|  | **Types of Beneficiaries** | **Types of services** | | | | | | | | | |
| **1. How many people have been contacted?** | | **2. How many people have been advised?** | | | **3. How many people have been referred?** | | **4. How many people were followed?** | **5. How many people have contacted you?** | |
| Indiv. | Group | Indiv. | Group | | Indiv. | Group | Indiv. | Indiv. | |
| has. | Eligible men (for FP) |  |  |  |  | |  |  |  |  | |
| b. | Eligible women (for FP) |  |  |  |  | |  |  |  |  | |
| c. | Pregnant women (for ANC) |  |  |  |  | |  |  |  |  | |
| d. | Women who have given birth (for ANC) |  |  |  |  | |  |  |  |  | |
| e. | Children under 5 years of age (for vaccination or health issues) |  |  |  |  | |  |  |  |  | |

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| **I would now like to know whether the beneficiaries have been supplied in your area of intervention.** | | | | | | |
| 802 | Have you received any supplies? If so, how much do you currently have? Have you run out of supplies in the last three months? | **Supplies** | **1. Have you received?**  *[1-Yes,  2-No]* | **2. How much do you currently own?**  *[Save 98 if you don't remember]* | **3. Have you run out of provisions in the last 3 months?**  *[1-Yes,  2-No]* |  |
| has. Oral contraceptive strips |  |  |  |
| b. Emergency contraceptive packages |  |  |  |
| c. Male condom packets |  |  |  |
| d. Female condom packets |  |  |  |
| e. Iron and Folic Acid Tablets |  |  |  |
| f. Calcium tablets |  |  |  |
| g. Albendazole tablets |  |  |  |
| h. Zinc tablets |  |  |  |
| i. Vitamin A a syrup |  |  |  |
| j. Paracetamol tablets |  |  |  |
| k. Paracetamol syrup |  |  |  |
| l. ORS in sachets |  |  |  |

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| 803 | Do you have equipment that allows you to provide more efficient services ? | Yes 1  No 2 | 805 |
| 804 | What functional equipment do you have?  *Several possible answers.* | Balance Has  Stethoscope B  Blood pressure measuring instrument C  Thermometer D  Glucometer E  Hemoglobin Meter F  Other (specify)) X |  |
| 805 | Have you provided contraceptive methods to eligible women/couples in your community in the past few months ? | Yes 1  Not 2 | 807 |
| 806 | What contraceptive method did you provide?  *Several possible answers.* | Oral contraceptive pills A  Emergency contraceptive pills B  Condoms C  Other (specify) X |  |
| 807 | Have you mobilized eligible women/couples to the health center for other long-term contraceptive methods? | Yes 1  Not 2 | 809 |
| 808 | What long-term contraceptive method have you mobilized for?  *Several possible answers.* | SAYS A  Implants B  Injectable C  Sterilization D  Other (specify) X |  |
| 809 | Have you provided essential help to pregnant women in the past month? | Yes 1  Not 2 |  |
| 810 | Have you provided essential assistance, such as choosing a contraceptive to delay the first pregnancy, accompanying you to a health centre, developing a childbirth preparation plan, arranging transport to and from the birth? to women who have just given birth in the past month? | Yes 1  Not 2 | END |
| 811 | What specific help did you provide?  *Several possible answers.* | SRO A  Iron and folic acid pills B    Albendazole tablets D  Nutrition kit And  Other (specify) X |  |

INVESTIGATOR'S OBSERVATIONS