

Project Title: Investigating the feasibility of Integrating FGS surveillance and intervention with the pediatric praziquantel delivery as a mother and child integrated intervention model for schistosomiasis.

TOOL 1: QUESTIONNAIRE FOR HEALTH CARE PROVIDERS.

SOCIAL DEMOGRAPHIC CHARACTERISTICS

1. Current position.....
2. Gender: a) Male b) Female
3. Duration of the current position.....

KNOWLEDGE OF FGS

1. Do you know a disease called female genital schistosomiasis? a) Yes b) No
2. If you answered YES, what are the symptoms of FGS (tick responses, multiple answers)
 - a) Haematuria
 - b) Lower abdominal pain
 - c) Lower back pain
 - d) Painful micturition
 - e) Dyspareunia
 - f) Genital itching or burning sensation.
 - g) Bleeding after intercourse or spotting
4. What are the clinical (Gynaecological) presentations of FGS (tick responses, multiple answers)
 - a) presence of sandy patches on cervix
 - b) abnormal blood vessels on the cervix
 - c) Abnormal vaginal discharge

SKILLS ON DIAGNOSIS AND MANAGEMENT OF FGS

- a) Have you ever managed FGS patients?
 1. Yes
 2. No
- b) For the last six months have you managed FGS patients?
 1. Yes
 2. No
- c) How comfortable are you to manage FGS patients?
 - a. Very comfortable (b) comfortable (c) neutral (d) uncomfortable (d) very uncomfortable
- d) Have you been trained in the management of FGS? (If responded No, skip to "I")
 1. Yes
 2. No

e) How did you receive training of FGS?

1. Academic training
2. Professional training
3. On job training

f) How do you diagnose FGS

1. Gynecological examination
2. Dipstick diagnosis of microscopic haematuria
3. Urine Microscopy for Schistosoma eggs
4. Others, specify.....

g) Have you ever used the WHO's FGS pocket atlas for healthcare professionals.

1. Yes
2. No

h) If answered YES, do you have a printout of the atlas as one of your job aid?

1. Yes
2. No

i) Does the health facility have an examination room to provide privacy during FGS examination? (If responded Yes, please visit the room for Physical confirmation)

1. Yes
2. No

AVAILABILITY OF DIAGNOSTIC TOOLS AND MEDICINES FOR FGSS

a) Are the following diagnostic tools for FGS available at your facility?		
Equipment/supply	Yes	No
1. Dipstick		
2. Microscope		
3. Speculum		
4. Lugols iodine		
5. Colposcope		
6. Urine sample collection containers		
b) For the past one month has there been any stock out of the diagnostic tools?		
1. Dipstick		
2. Microscope		
3. Speculum		
4. Lugols iodine		
5. Colposcope		
6. Urine sample collection containers		

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AVAILABILITY OF DRUGS FOR THE TREATMENT OF SCHISTOSOMIASIS

- a) Are drugs for Schistosomiasis (praziquantel) available at your facility?
1. Yes 2. No
- b) For the past one month was there stock out of praziquantel in your facility?
1. Yes 2. No

READINESS TO PROVIDE INTEGRATED FGS CARE.

If access to healthcare services for FGS is to be enhanced, integration of FGS screening and treatment with the delivery of diagnosis and treatment services for schistosomiasis infected under five children is to be considered:

- a) What is your opinion on the feasibility of providing FGS screening and treatment services among women whenever they take under five children to the clinic for the schistosomiasis diagnosis and treatment (under the test and treat approach)?
- b) Are you ready to integrate this service as part of the routine healthcare service to women of all age?
1. Yes 2. No
- c) What technical support should your facility be provided with prior to initiating the FSG diagnosis and treatment services at your health facility (List/mention)

CRITICAL GAPS AND BOTTLENECKS WHICH MAY RENDER THE FGS DIAGNOSIS AND TREATMENT SERVICES INEFFECTIVE.

Provision of healthcare services do encounter some systemic and operational challenges which we technically consider as gaps and/or bottlenecks. About integrating the delivery of FGS diagnosis and treatment services at the Primary healthcare level, what gaps/bottlenecks if not addressed may affect the implementation of the proposed integration? (List or explain)