

Appendix H: Knowledge and attitudes of health care providers toward reproductive health services, selected questions

Table H1. DRC and South Sudan: mean reproductive health knowledge scores among health care providers*¹ (n=31)

	DRC (n=13)	South Sudan (n=18)
<p>1. For a woman in labor, what observations do you make as you monitor her progress?</p> <ul style="list-style-type: none"> a. Fetal heartbeat b. Color of amniotic fluid c. Degree of molding d. Dilatation of the cervix e. Descent of the head f. Uterine contractions g. Maternal blood pressure h. Maternal temperature i. Maternal pulse 	5.21 / 9	6.33 / 9
<p>2. When a woman arrives at the facility with heavy bleeding or develops severe bleeding after giving birth, what do you look for?</p> <ul style="list-style-type: none"> a. Signs of shock (dizziness, low blood pressure) b. Amount of external blood c. Signs of anemia d. Damage to the genital tract e. Whether the uterus is contracted f. Retained products or retained placenta g. Full bladder 	2.93 / 7	3.44 / 7
<p>3. When a woman develops heavy bleeding after delivery, what do you do?</p> <ul style="list-style-type: none"> a. Massage the fundus b. Give ergometrine or oxytocin (intravenous (IV) or intramuscular) c. Begin IV fluids d. Empty full bladder e. Take blood for hemoglobin and cross-matching f. Examine woman for lacerations g. Manually remove retained products h. Refer 	2.71 / 8	3.5 / 8
<p>4. When a woman who just gave birth has not delivered the placenta, what do you do?</p> <ul style="list-style-type: none"> a. Empty the bladder b. Check for signs of separation of placenta before controlled cord traction c. Give or repeat oxytocin d. Do manual removal of the placenta e. Administer IV fluids f. Monitor vital signs for shock and act g. Check that uterus is well contracted h. Determine blood type and cross-match i. Prepare operating theater j. Refer 	3 / 10	2.44 / 10

<p>5. The last time you delivered a baby, what immediate care did you give the newborn?</p> <ol style="list-style-type: none"> Clean the baby's mouth before the shoulder comes out Clean the baby's mouth, face, and nose Ensure the baby is breathing Ensure the baby is dry Observe for color Ensure baby is kept warm (skin-to-skin) Administer prophylaxis for the eyes Weigh the baby Care for the umbilical cord Initiate breastfeeding within the first 30 minutes Evaluate/examine newborn within the first hour 	<p>5 / 11</p>	<p>6.78 / 11</p>
<p>6. What are the signs and symptoms of infection, or sepsis, in the newborn?</p> <ol style="list-style-type: none"> Less movement (poor muscle tone) Poor or no breastfeeding Hypothermia or hyperthermia Restlessness or irritability Difficulty breathing or fast breathing Deep jaundice Severe abdominal distention 	<p>3.14 / 7</p>	<p>2.89 / 7</p>
<p>7. When a newborn weighs less than 2.5kgs, what special care do you provide?</p> <ol style="list-style-type: none"> Make sure the baby is warm (skin-to-skin/kangaroo technique) Provide extra support to the mother to establish breastfeeding Monitor ability to breastfeed Monitor baby for the first 24 hours Ensure infection prevention 	<p>1.64 / 5</p>	<p>3.17 / 5</p>
<p>8. Which FP methods can a woman use immediately post-partum?</p> <ol style="list-style-type: none"> IUD Tubal ligation Condoms Lactational Amenorrhea Method 	<p>1.43 / 4</p>	<p>1 / 4</p>
<p>9. Which FP methods can a woman who is breastfeeding begin using 6 weeks after delivery?</p> <ol style="list-style-type: none"> IUD Tubal ligation Condoms Progestin-only pills 	<p>2.07 / 4</p>	<p>1.39 / 4</p>
<p>10. When you counsel a woman for FP, what do you do/discuss?</p> <ol style="list-style-type: none"> Ask whether she has used FP before Ask about her reproductive goals Check for medical complications Tell her about dual protection Tell her about all FP methods 	<p>2 / 5</p>	<p>2.17 / 5</p>

<p>11. What are the immediate complications of an unsafe abortion?</p> <ul style="list-style-type: none"> a. Sepsis b. Bleeding c. Genital injuries d. Abdominal injuries e. Shock 	2.71 / 5	3 / 5
<p>12. When you see a woman with complications from an unsafe or incomplete abortion, what do you do?</p> <ul style="list-style-type: none"> a. Do a vaginal exam b. Assess vaginal bleeding c. Assess vital signs d. Begin IV fluids e. Begin antibiotics f. Do (manual/electric) vacuum aspiration g. Do dilatation with curettage or evacuation h. Provide misoprostol i. Provide counseling j. Refer 	3.93 / 10	4.06 / 10
<p>13. What information do you give patients who were treated for an incomplete or unsafe abortion?</p> <ul style="list-style-type: none"> a. Information on how to prevent STIs/HIV b. Information about when a woman can conceive again c. Counseling on family planning and services d. Refer for FP or provide FP methods e. Information on social support f. Information about the consequences of an unsafe abortion 	2 / 6	2.39 / 6
<p>14. What do you do when someone presents with signs of an STI?</p> <ul style="list-style-type: none"> a. Diagnose and provide antibiotics according to the syndromic approach b. Counsel on contact tracing c. Explain how to use and provide condoms d. Counsel on HIV and offer VCT e. Refer 	2.43 / 5	2.83 / 5
<p>15. When a woman presents after a rape, what do you do?</p> <ul style="list-style-type: none"> a. Encourage her to report to police b. Facilitate filling out the police report c. Take history and do an examination d. Take forensic evidence e. Counsel for pre- and post-HIV testing f. Counsel about pregnancy prevention g. Provide emergency contraception h. Provide post-exposure prophylaxis for HIV i. Provide antibiotics to prevent STIs j. Request that she do urine, vaginal smear/swabs, and/or blood exams k. Refer 	4.71 / 11	4.28 / 11

*Scores are out of the total possible score for each item, which is based on a pre-defined list of essential steps for delivering good quality care.

¹ Due to challenges in data management, means from Burkina Faso could not be calculated. Instead, the descriptive summaries of providers' responses were analyzed.

Table H2. DRC and South Sudan: mean reproductive health attitude scores among health care providers*¹ (n=31)

	DRC (n=13)	South Sudan (n=18)
1. Visiting a health facility to check on a pregnancy's progress is a good idea for a pregnant woman.	3.86	3.94
2. Delivering a baby at a health facility is safer than delivering a baby at home.	3.93	3.89
3. Within the couple, both the wife and the husband should have equal say in important decisions.	3.43	3.61
4. The more children a mother has, the more respected she is in the community.	2.43	3.28
5. Men should be responsible for choosing how many children their wife/wives will have.	2.79	3.28
6. Family planning should be available to every woman who wants to use a method.	3.36	3.67
7. A woman should be able to obtain a family planning method without her husband's presence.	2.57	2.72
8. IUDs can be a good method for women who have no children.	2.07	2.06
9. Adolescent, unmarried girls should be allowed to obtain family planning if they want.	3.14	3.22
10. Young unmarried men and women need to know how to prevent pregnancies.	3.57	3.61
11. Young unmarried women should be required to get their parents' consent in order to receive a family planning method.	2.86	3
12. Young unmarried men and women should be educated about sex and reproduction	3.86	3.61

*All scores are based on Likert scale responses to each statement: strongly agree (4), agree (3), disagree (2), and strongly disagree (1). Statements 4, 5, and 11 were reverse coded. All items are scored out of a total possible score of 4 with higher means signalling attitudes that promote equitable and good quality RH services.

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