

Impact Evaluation of the Mayer Hashi Program of Long-Acting and Permanent Methods of Contraception in Bangladesh



MEASURE Evaluation
TECHNICAL REPORT

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Impact Evaluation of the Mayer Hashi Program of Long-Acting and Permanent Methods of Contraception in Bangladesh

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The authors declare that they have no conflicts of interest.

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GLOSSARY OF ACRONYMS

ACPR	Associates for Community and Population Research
AMTSL	active management of third stage of labor
ARRR	adjusted relative-risk ratio
BMMS	Bangladesh Maternal Mortality Survey
BCC	behavior change communication
BDHS	Bangladesh Demographic and Health Survey
CPR	contraceptive prevalence rate
CMWRA	currently married women of reproductive ages
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DID	difference-in-difference
EH	EngenderHealth
FP	family planning
FPI	Family Planning Inspector
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
HPNSDP	Health, Population, and Nutrition Sector Development Program
IUD	intra-uterine device
LA	long-acting
LAPM	long-acting and permanent methods
MDGs	Millennium Development Goals
MH	Mayer Hashi
MIS	management information system
MNCH	Maternal, Newborn, and Child Health
MNH	Maternal and Newborn Health
MOHFW	Ministry of Health and Family Welfare
MO-MCH	medical officers-maternal and child health
MOU	memorandum of understanding
MR	menstruation regulation
MSI	Marie Stopes International
NGO	nongovernmental organization
NHSDP	NGO Health Service Delivery Program
NIPORT	National Institute of Population Research and Training
NSV	Non-Scalpel Vasectomy
OB/GYN	Obstetrician-Gynecologist
PM	permanent method
PPH	post-partum hemorrhage
RMO	Resident Medical Officer
SMC	Social Marketing Company
SRS	simple random sample
TFR	total fertility rate
TUFR	total unwanted fertility rate
TWFR	total wanted fertility rate
UESDS	Utilization of Essential Service Delivery Survey
UFPO	Upazilla Family Planning Officer

UHFPO Upazilla Health and Family Planning Officer
UNDAP United Nations Development Assistance Program
USAID U.S. Agency for International Development

EXECUTIVE SUMMARY

Background — The Mayer Hashi (MH) project covered 21 low-performing districts of Bangladesh to improve (a) access, quality, and use of long-acting and permanent methods (LAPM) of contraception and (b) selective maternal health services to prevent post-partum hemorrhage (PPH) through clinical and community approaches. This evaluation report focuses on the LAPM activities. The U.S. Agency for International Development (USAID)-supported MH award operated from May 2009 to September 2013, and most of the activities that directly affect the knowledge, skills, and practices of the services providers and the behavior of the clientele population began from mid-2010.

The MH LAPM interventions were aimed at increasing the demand for LAPM and improving the skills and practices of service providers in delivering high quality services. Various behavior change communication (BCC) activities including community mobilization and communication interventions were implemented to increase the demand for LAPM. Most of MH interventions involved training, refresher training and orientation on LAPM service provision of medical officers (MO-MCH), resident medical officers (RMO), obstetrician-gynecologists (OB/GYN) at the Upazilla level, Family Welfare Visitors (FWV) at the Union level and Family Welfare Assistants (FWA) at the community level. Over 22,500 persons were trained or oriented. Advocacy workshops with program managers (Upazilla Health and Family Planning Officers [UHFPO] and Upazilla Family Planning Officers [UFPO]), influential community persons, and satisfied clients of LAPM, especially non-scalpel vasectomy (NSV) clients, were conducted.

MEASURE Evaluation conducted an impact evaluation of the MH project by examining the changes that took place in the demand for and use of LAPM. The changes were compared with those in districts without MH program, allowing an impact measurement above and beyond the secular changes due to the usual government program which would be expected to happen without the inputs from MH.

Methodology — Under a “before-after and intervention-comparison” evaluation framework, six districts from the MH program districts and three other-wise comparable districts from non-program districts were selected. The evaluation design permits a difference-in-difference (DID) analysis of the project impact. Endline surveys were conducted among 5,864 currently married women of reproductive ages (CMWRA) and 627 service providers during February-May 2013. Baseline data on 32,018 CMWRA were taken from the 2010 Bangladesh Maternal Mortality Survey (BMMS) (conducted during January-August 2010) for the nine selected districts: Barisal, Patuakhali, Cox’s Bazar, Comilla, Moulvibazar, and Sunamganj are program districts and Kishoreganj, Mymensingh, and Narsingdi are non-program districts.

The program and non-program sample districts were comparable in the baseline survey in terms of LAPM use and demographic and socioeconomic background characteristics of CMWRA. At the endline in 2013, the program districts were found to have a weaker health system environment in that they had higher level of vacancy of MO-MCHs and UFPOs than the non-program districts.

Main findings — The coverage of service provider training was more common in the program districts than non-program districts: The MH Project covered all the Upazillas of program districts with training for the service providers of both the Directorate General of Family Planning (DGFP) and Directorate General of Health Services (DGHS). However, some non-program Upazillas also received similar kinds of training either from the government or other organizations. In DGFP, training recipients were MO-MCHs, FWVs, and FWAs; in DGHS, they were RMOs and

OB/GYNs. Although a large majority of the service providers in the program districts received training, knowledge and practice of quality service provision were similar in the program and non-program districts during the endline survey in 2013. This means that the training did not translate into improved knowledge or practice of providers.

The program districts provided greater access to BCC materials or products in facilities than non-program districts. Comparatively higher proportions of observed facilities were found to have bill boards/banners or posters, stock of leaflets/booklets, or job aids on LAPM in the program districts than in non-program districts.

In 2013, around 5% CMWRA who were not currently using a LAPM intended to use a LAPM in future, a comparable figure to the 2011 Bangladesh Demographic and Health Survey (BDHS). This proportion was similar in the program and non-program districts and it did not change over the project period. The LAPM use rate increased from 5.3% in 2010 to 7.4% in 2013 in program districts and from 5.0% to 8.9% in non-program districts. In the program districts, LAPM use increased by 3.5% (from 4.6% in 2010 to 8.1% in 2013) in those areas where MO-MCH vacancy was relatively low and client-worker contact was relatively high. In contrast, LAPM use increased by only 1.5% (from 5.7% to 7.2%) in those areas where vacancy of MO-MCH was high and client-worker contact was low.

Discussion — It seems that there is a break early in the pathway from training to improved provider performance to increased demand for and use of LAPM, and thus the interventions would not be expected to translate into higher practice of LAPM in program districts. It is also possible that the time between the baseline and endline surveys was not sufficient to observe any effect of service provider training and BCC activities on demand for and use of LAPM.

Larger system constraints also provide plausible explanations for the lack of program impact found in the evaluation. It was beyond the scope of work of the MH project to deal with the vacancy of LAPM providers and family planning (FP) program managers, a key supply-side factor associated with LAPM service delivery, which was higher in the MH districts than non-program districts. Most of the MH districts were selected from the eastern region that has low demand for LAPM where it might be more effective to increase the use of short-acting methods. In contrast, the western region (Khulna, Rajshahi, and Rangpur Divisions) have an environment more conducive for improving LAPM because of the couple's high demand for small families and high use of contraception and the region's relatively stronger FP programs. LAPM use was 1.42 and 1.37 times higher in the western region than in the eastern or central region. Prioritizing LAPM delivery in the low-fertility western region would lead to a more effective contraceptive method mix that would prevent unintended pregnancies associated with the use of short-acting methods. The western region had 51 menstruation regulation (MR) or abortions per 100 live births compared to only 20 in the eastern and 36 in the central region (Barisal and Dhaka Divisions).

Recommendations

- The lack of increase in LAPM in Mayer Hashi districts seems to be associated with the vacancy of MO-MCHs; this situation is unlikely to improve in near future. The alternative approaches to delivery of LAPM include the following:
 - The Upazilla-level RMOs and obstetrician-gynecology consultants who have been trained on LAPM by MH project should be encouraged to run monthly 'day-long' LAPM sessions. The UHFPO and UFPO along with community-level providers namely Family Planning Inspectors (FPI), FWVs, and FWAs should facilitate this.

- The MO-MCHs and UFPOs should take advantage of the existing MOU between DGFP and Marie Stopes International (MSI) and invite the highly skilled and experienced LAPM service providers from MSI to run regular LAPM sessions.
- Private-sector provision of LAPM should be seriously pursued and accelerated. MH project has already trained private providers. RMOs, OB/GYNs, or other specialists who do private practice should be encouraged to provide LAPM through private-sector facilities. The private sector-LAPM provision can attract clients from higher socioeconomic groups and thus minimize social stigma associated with LAPM.
- A demonstration project, by the Mayer Hashi follow-on program or other agency, can explore ways to develop an efficient privatization system.
- There is strong potential for an innovative mass media campaign to help generate demand for LAPM. Investment should be made to develop appropriate BCC approaches and modalities.
- The eastern region should receive programmatic emphasis on the service delivery of short-acting methods, namely pills, injectables, and condoms; delivery of these methods require minimal infrastructure and the methods can be relatively easily popularized among people with traditional beliefs common in that region. LAPM service delivery should be redesigned there.
- The western region with strong intensity of fertility limitation and high incidence of MR/abortion should receive priority on LAPM services. This will lead to improved contraceptive method mix leading to reduced rate of unintended pregnancy associated with method failure and early discontinuation of short-acting methods which are common in the western region. Increased LAPM use can help couples achieve their desired family size and reduce the burden of MR/abortion.

1. BACKGROUND

Mayer Hashi (MH) project with financial support from the U.S. Agency for International Development (USAID) provided technical assistance to the Directorate General of Family Planning (DGFP) of the Ministry of Health and Family Welfare (MOHFW) of Bangladesh during 2009-2013. The aim of MH was to increase the demand for and use of family planning services, especially long-acting and permanent methods (LAPM, i.e., intra-uterine device [IUD], implants, and female and male sterilizations), and some components of maternal health services, especially services dealing with post-partum hemorrhage (PPH), in 21 districts. MEASURE Evaluation with support from USAID/Bangladesh conducted an impact evaluation of the MH project by examining the changes that took place in the demand for and use of LAPM and in limited aspects of PPH prevention. (The scope of work is shown in appendix H.) The changes were compared with those in districts without MH program, allowing an impact measurement above and beyond the secular changes due to the usual government program which would be expected to happen without the inputs from MH. EngenderHealth received an award (U.S. \$12 million) from USAID on Mayer Hashi (MH) for the period from May 2009 to September 2013. According to some MH project documents (EngenderHealth 2011; EngenderHealth 2012), the project had two primary goals:

- addressing the need for family planning through the expansion of access, quality and use of long-acting and permanent methods of contraception; and
- addressing selective maternal health services to prevent post-partum hemorrhage through clinical and community approaches including Active Management of Third Stage of Labor (AMTSL) and the community-based provision of Misoprostol by utilizing the supply, demand, and advocacy service delivery model.

The MH results framework contains two strategic objectives: increase use of LAPM and improve PPH prevention practices in MH working areas.

1.1. *Family Planning and Maternal Health in Bangladesh*

Bangladesh, a South Asian country with resource-scarcity and high population density, has done extremely well in terms of social and health improvements and appreciably well in economic improvement in the recent decades. The country is almost on track in achieving most of the United Nations' Millennium Development Goals (MDGs). Literacy has improved remarkably, especially among women; there is sign of steady but consistent decline of poverty; infant and child mortality and maternal mortality have declined significantly; and fertility has reached nearly the replacement level at 2.3 births per woman during 2009-2011 (NIPORT, Mitra Associates & ORC Macro, 2013). However, problems remain in many areas: absolute poverty remains high; health inequity, though declining, remains a challenge; despite recent declines, infant, child, and maternal mortality rates remain high, especially in certain geographic areas; and the level of malnutrition of children and mothers is still one of the highest in the world (World Bank, n.d.).

The Bangladesh family planning (FP) program has been a success story in the developing world for its rapid contraceptive increase and resultant fertility decline. Although Bangladesh achieved low level of fertility (total fertility rate [TFR] of 2.3 births per woman), a high proportion of mothers (30%) report to have unintended births, and 12% of women report to have unmet need for

contraception (NIPORT et al., 2013). Although two-thirds of married women of reproductive age do not want to have any more children, i.e., want to limit childbearing, 8% of currently married women of reproductive age (CMWRA) use LAPM, such as IUD, implants, and female or male sterilizations, representing only 13% of all contraceptive users. LAPM are more appropriate for couples who want to limit childbearing, and the methods are theoretically most cost-effective. Women typically complete their family before reaching the age of 30. The unique advantage of adoption of permanent methods is that they do not have to sustain use of temporary methods, which have risks of failure and discontinuation, during their remaining 15-20 years of reproductive life. Programmatically it is better to have high use of LAPM. But it has been difficult to significantly improve the use of LAPM in the recent decades (NIPORT et al., 2013).

The trend in contraceptive use including LAPM can be seen in figure 1.1.1 contraceptive prevalence rate (CPR) has increased from nearly 20% in the early 1980s to nearly 60% in the early 2000s. The latest reported CPR was about 62% in 2013. Permanent method (PM) use (female or male sterilization) also gradually increased from around 7% in the early 1980s to around 10% in the early 1990s but declined to around 6% in the early 2000s. Among LAPM, female sterilization was the dominant method, IUD use was low (ranging between 0.6% and 2%) and is currently at 0.6%. Implant is a relatively recently introduced method and its current prevalence among CMWRA is 1%. The relative share of IUD and implants remains very low in the contraceptive method mix. The share of PM was initially high at about 40% in the 1980s but has declined to 20% in the 1990s and their current share is only 10% of the method mix. The recruitment of PM clients slowed down dramatically beginning in the early 1990s, when the annual number of PM users exiting from the reproductive ages was much larger than the new PM acceptors leading to a large deficit in the number that is required to maintain or increase the prevalence of PM.

In contrast, pill use has increased from less than 5% in the 1980s to about 15% in the 1990s to 25% in the 2000s; its current prevalence among CMWRA is 27%. Injectables use also increased from below 5% in the early 1990s to 10% in the 2000s and continues to increase. Increase in pills and injectables helped the growth of CPR while LAPM lost its popularity. In fact, table 1.1.1 shows that intention of women for using LAPM has been historically low and it has not increased in recent years. A maximum of 5% of CMWRA report that they (or their husbands for vasectomy) want to use one of the LAPM in future. The demand for LAPM remained almost unchanged over three decades. It seems that it is a huge challenge to increase the LAPM use rates.

DGFP, nongovernmental organizations (NGOs), and development partners are interested in the improvement of LAPM services remained concerned about the lack of growth of LAPM and have encouraged efforts to develop innovative interventions to increase LAPM. The MH project is a sizeable program covering 21 of 64 districts awarded by USAID to EngenderHealth to address this concern.

Maternal mortality in Bangladesh has been declining appreciably but the level still remained high, at 194 maternal deaths per 100,000 live births during 2008-2010. Over 30% of maternal deaths are due to hemorrhage, of which the majority are due to post-partum hemorrhage that occurs in the third stage of labor (NIPORT, MEASURE Evaluation & icddr, 2012). It is known that the practice of active management of third stage of labor (AMTSL) can reduce the incidence of PPH and thus reduce maternal mortality. Given that about three quarters of deliveries take place at home, widespread use of Misoprostol can lead to an effective reduction in the incidence of PPH and thus

maternal mortality. MH thus aimed at improving the practice of AMTSL at the facilities and use of Misoprostol at home delivery. Due to data limitations, this evaluation cannot effectively measure the impact of MH on maternal health and therefore we do not address this in this report.

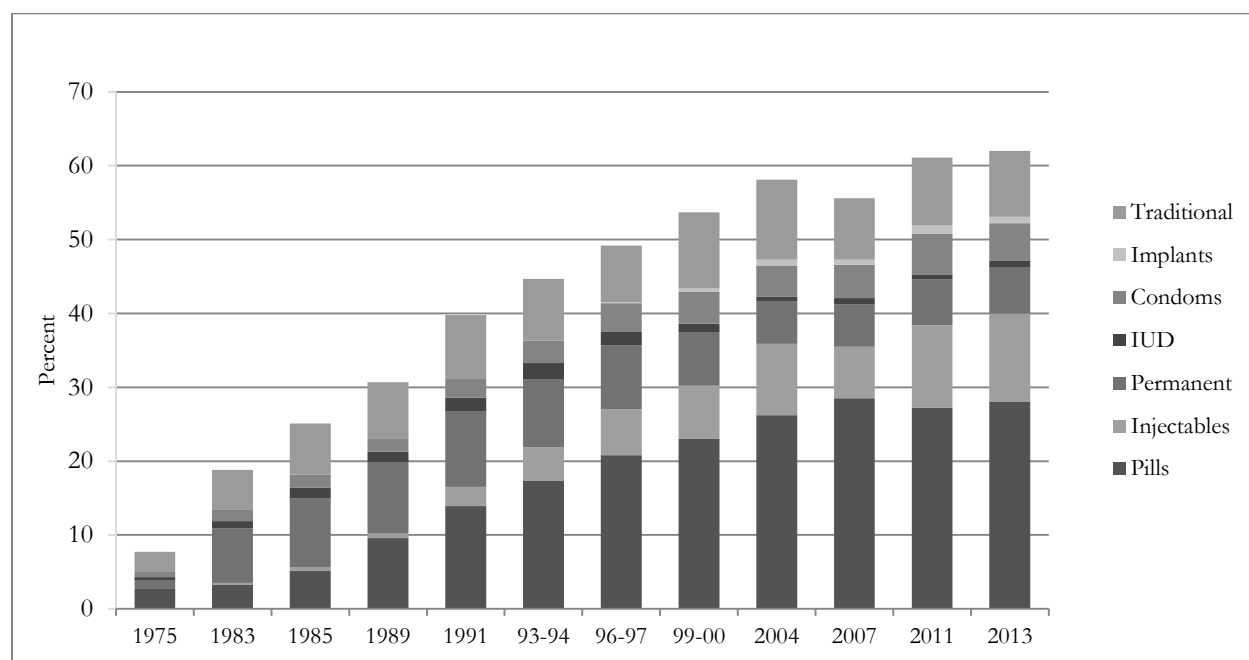


Figure 1.1.1. Trend of method-specific use rates (data from national surveys).

Sources: *BDHS 1993-94; BDHS 2007; BDHS 2011; and UESDS 2013.*

Table 1.1.1. Demand for Methods: % of CMWRA Who are Not Using Any Contraceptives and Who Intend to Use a Specific Method in Future, Bangladesh Demographic and Health Surveys

Method	1994		2007		2011	
	15-49	25-29	30-49	15-29	30-49	
Oral pills	47.0	44.1	41.3	50.4	50.9	
Injectables	20.4	14.6	16.1	19.7	18.2	
Condoms	2.5	2.2	2.6	3.7	4.8	
IUD/Implants	2.0	0.7	0.7	1.3	1.0	
Female/Male sterilization	3.1	2.2	3.2	2.4	4.0	
Traditional methods	4.0	1.2	4.1	1.3	4.6	
Unsure	21.0	35.1	32.0	21.2	16.7	
Total	100.0	100.0	100.0	100.0	100.0	

Sources: *BDHS 1993-94; BDHS 2007; and BDHS 2011*

1.2. Regional Variation in FP and Health Indicators

Geographical variation of almost all indicators of family planning, health, and nutrition remains a programmatic issue in Bangladesh; certain regions of the country have remained disadvantaged in terms of key indicators. For example, every third child was stunted in Khulna Division while every other was stunted in Sylhet Division. Under-five mortality was 45 per 1,000 in Khulna compared to 83 per 1,000 in Sylhet. Contraceptive prevalence rate was 68% in Khulna compared to just 45% in Sylhet (NIPORT et al., 2013). By and large, the eastern regions, namely Chittagong and Sylhet Divisions, are behind the rest of the country in health and family planning outcomes while the western regions, such as Khulna, Rajshahi, and Rangpur Divisions, are most advanced, leaving Barisal and Dhaka, the central regions, in between. The people in the eastern regions have a more traditional life style with higher sense of religiosity, one possible reason for high demand for fertility and low health care utilization. The region has more hard-to-reach geographical locations. The health and FP infrastructure in those locations are less developed and management is weak.

Figure 1.2.1 shows that Chittagong and Sylhet Divisions (eastern region) have the highest fertility, both wanted and unwanted; Rajshahi, Khulna, and Rangpur (western region) have the lowest. The higher wanted fertility in the eastern regions indicates higher demand for fertility than other regions. The higher unwanted fertility in the eastern region is an indication of high unmet need for contraception, or low contraceptive use. Figure 1.2.2 shows that all the districts of Bangladesh with the lowest level of contraceptive use are in one cluster of districts covering three divisions, Chittagong and Sylhet and a part of Dhaka Division.

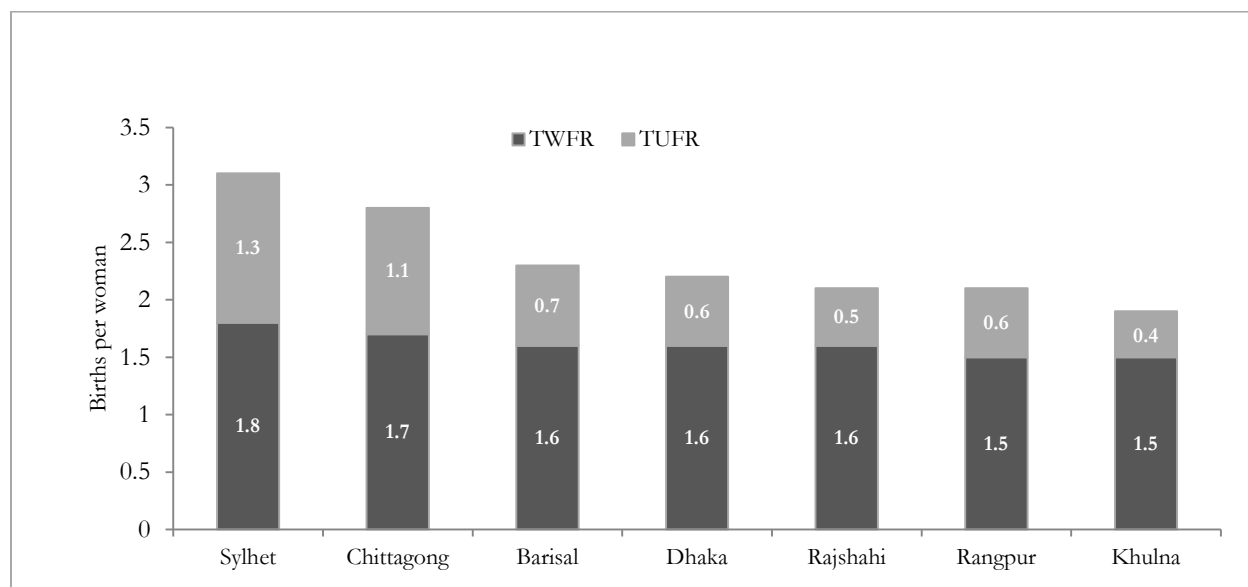


Figure 1.2.1. Total wanted (TWFR) and total unwanted (TUFR) fertility rate, by division, BDHS 2011.

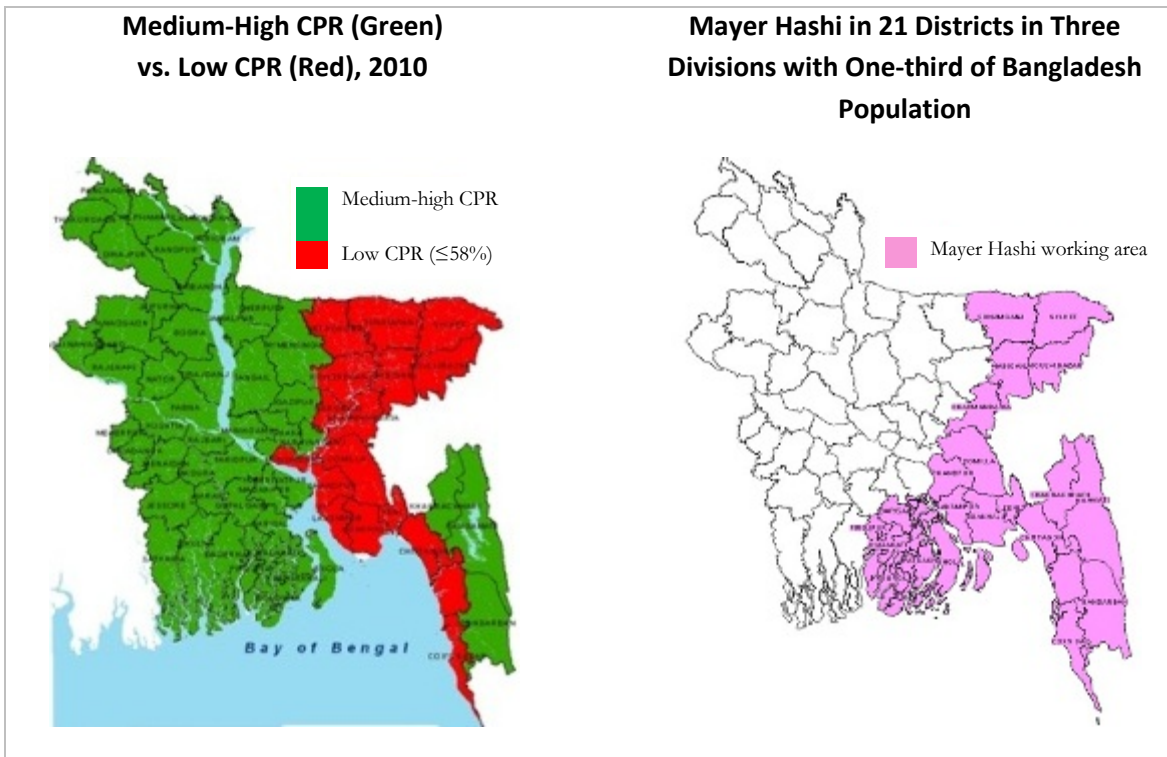


Figure 1.2.2. Bangladesh map showing the cluster of districts with low CPR (left panel) and the districts covered by Mayer Hashi program (right panel).

Under the circumstance of geographical disadvantages of certain regions, policy planners prioritize interventions for the low-performing districts. For example, the 2011-16 Health, Population, and Nutrition Sector Development Program (HPNSDP) of Bangladesh placed strong emphasis on increasing contraceptive use, especially LAPM use and improving FP and health care utilization in geographically disadvantaged regions, among other important health issues. MH interventions were assigned in the low-performing districts, as shown in figure 1.2.2. Most of the Mayer Hashi districts overlap with those with lowest level of contraceptive use (figure 1.2.2).

It seems that MH program had double challenges in terms of improving LAPM: to improve LAPM use and to improve it in low performing districts. It should be noted that increasing *contraceptive use* in Sylhet and Chittagong Divisions is itself a challenge and improving *LAPM* in the regions with high demand for fertility is another layer in the challenges.

1.3. Mayer Hashi Interventions

The main intervention of the MH project was to train service providers from community-level to Union and Upazilla-level. The project also provided orientation to community leaders and health and family planning program managers. Over 22,500 people (service providers, health and FP managers, and community leaders) received training or orientation through the MH project. Appendix B through Appendix G show lists of training/orientation topics and corresponding participants, BCC campaign plans, and policy issues addressed by MH.

1.3.1. Service Provider Training

Upazilla (sub-district) level medical officers, known as MO-MCH (medical officers-maternal and child health), provide implants, tubectomy, and NSV and supervise Family Welfare Visitors (FWV), who provide IUD at the Union level. The training topics included skills improvement of LAPM service provision, client counseling, and BCC approaches for LAPM service improvement. At the Union level, training was given to FWVs on skills improvement of IUD service provision, client counseling, and BCC approaches (interpersonal communication, community mobilization) for LAPM service improvement. At the community level, training was given to Family Welfare Assistants (FWA) on client counseling and BCC approaches for LAPM. Specifically, the FWAs are supposed to conduct courtyard meetings to popularize LAPM. One BCC activity at the community level was to organize FP and LAPM campaign through folk-song or folk theater or other cultural events in which FWAs and FWVs can play a significant role. FWVs and FWAs were trained in making projection of product requirements and smooth supply chain maintenance. The training also covered skill building and practice of active management of third stage labor (AMTSL) practice of which reduces the chance of incidence of postpartum hemorrhage. The above providers are all from DGFP.

Training on LAPM was also given to Upazilla-level service providers of the Directorate General of Health Services (DGHS). The providers included Resident Medical Officers (RMO) and Obstetrics-Gynecology (OB/GYN) consultants. Service providers from DGHS did not provide FP services including LAPM in the past. MH project facilitated a policy change so that service providers from DGHS can provide LAPM services. Training to the above providers is expected to increase the access to quality LAPM services.

1.3.2. Orientation of Program Managers and Community Leaders

Upazilla Health and Family Planning Officer (UHFPO) and Upazilla Family Planning Officers (UFPO), the Upazilla managers within DGHS and DGFP, respectively, were oriented by MH. There were two important topics covered in the UFPO and UHFPO orientation: (a) logistics projection and planning which help smooth supplies of LAPM and (b) recent policy changes in LAPM service delivery. The UFPO received orientation on BCC approaches to LAPM service improvement. The Union-level local government representatives and village leaders were included in the orientation mainly to engage them in the advocacy in favor of FP and LAPM. The inclusion of community leaders in the orientation is likely to help create community environment that encourage and motivate women and men for adopting healthy behavior.

1.3.3. Facilitation by Mayer Hashi in Policy Changes in the Service Delivery of LAPM

Mayer Hashi helped the MOHFW to bring policy changes, especially to make provision that LAPM services can be delivered independently by the service providers of DGHS and the private sector. They will be able to receive logistics required for the delivery of LAPM services without prior permission of DGFP. As noted above, MH provided training to DGHS service providers and orientation to DGHS managers. Currently MH is providing training to private-sector clinical service providers.

1.3.4. Intervention Implementation and Follow-up

The participants of the training and orientation went back to their workplace with renewed knowledge and skills with an aim of applying them in their service provision. Service providers were responsible for implementing interventions under the usual DGFP or DGHS supervisory and monitoring mechanisms. It was not in MH project's scope of work to observe or follow up how and to what extent the post-training knowledge and skills are applied by the participants of the training and orientation.

1.4. *LAPM Services in Districts without Mayer Hashi Intervention*

The FP service providers recruited through DGFP program receive the standard government training on the provision of FP methods including LAPM. They also receive training on BCC and counseling, quality of care, and other aspects of FP service provision. They also receive refresher training or orientation from time to time on these topics.

1.5. *NGOs and LAPM Services*

There are NGOs who provide services on LAPM along with their FP, maternal, newborn, and child health services. The USAID-supported NGO Health Service Delivery Program (NHSDP) serves a catchment population of over 20 million, almost equally divided in rural and urban areas, in the government-designated geographical locations spreading over all the districts of Bangladesh. NHSDP has a network of 26 local NGOs that run about 330 static clinics and 8,800 satellite clinics. All the static clinics provide IUD and implants. The static and satellite clinics have referral mechanism with the public-sector facilities that provide permanent methods although there are a few static clinics that provide female sterilization and NSV.

Marie Stopes International (MSI) has a clinic network in both rural and urban locations of Bangladesh. They provide LAPM services. Moreover, MSI has a memorandum of understanding (MOU) with DGFP to supplement the provision of LAPM in various districts, especially in the hard-to-reach and low-performing areas. They run mobile camps to deliver female and male sterilizations, as well as IUD and implants in some locations.

The *Sasthya Sebikas* of the BRAC-supported health program who sell pills and condoms at the community-level as part of their services also provide referral for LAPM clients to the public-sector facilities. There are about 90,000 *Sasthya Sebikas* across 64 districts. BRAC has 31 health centers where IUD and implants are available. Social Marketing Company (SMC) with technical assistance from EngenderHealth has just started a program to train private-sector providers on LAPM, including those from BRAC.

In sum, the major difference between the 21 MH districts and 43 other districts is that the former districts received well designed systematic, focused training on LAPM in recent years while the others did not. The MH and other districts are equally likely to receive interventions on maternal, newborn, and child health (MNCH) provided by the government, development partners, or NGOs. However, the low-performing districts are more likely to receive MNCH interventions and since most of the MH districts are low-performing, it is likely that MH districts were more exposed to MNCH and other special interventions than other districts.

The evaluation findings will show what impact the MH project had on the demand for and use of LAPM among CMWRA. It will also show to what extent and how the training influenced providers' knowledge and practice to help improve quality of care. The findings will thus help policy formulation for the government and NGO family planning programs on LAPM service improvement in Bangladesh as well as in other countries of similar settings.

2. METHODOLOGY

The evaluation is designed in such a way that it measures the changes in key outcome indicators (e.g., LAPM use rate) of the MH project over time. We consider a “before-after and intervention-comparison” evaluation framework. It measures the changes of outcomes before and after the project in intervention areas relative to those in the comparison areas. The estimation strategy uses a difference-in-differences (DID) model to quantify the impact of the program, controlling for pre-existing differences between the intervention and comparison areas. Under the assumptions of the DID – basically that the change in the outcomes in the comparison group provides a good estimate of the change that would have been observed in the intervention group in absence of the program (or parallel trend assumption) – if the relative changes are significantly greater in the project areas compared to the comparison areas, it is possible to conclude that the improvement in the outcomes were associated with the project.

2.1. Conceptual Framework of the Evaluation

Improvement in accessibility to, quality of care, and use of LAPM services was the goal of MH. Accessibility includes information provision through various channels of BCC initiatives as well as Mayer Hashi program’s technical assistance in the areas of policy change and logistics improvement. The training of providers is likely to enhance quality of care. The effect of the MH interventions described above and associated activities would be expected to generate greater demand for LAPM, and thus increase the use of LAPM. Figure 2.1.1 shows pathways through which MH interventions can affect contraceptive behavior.

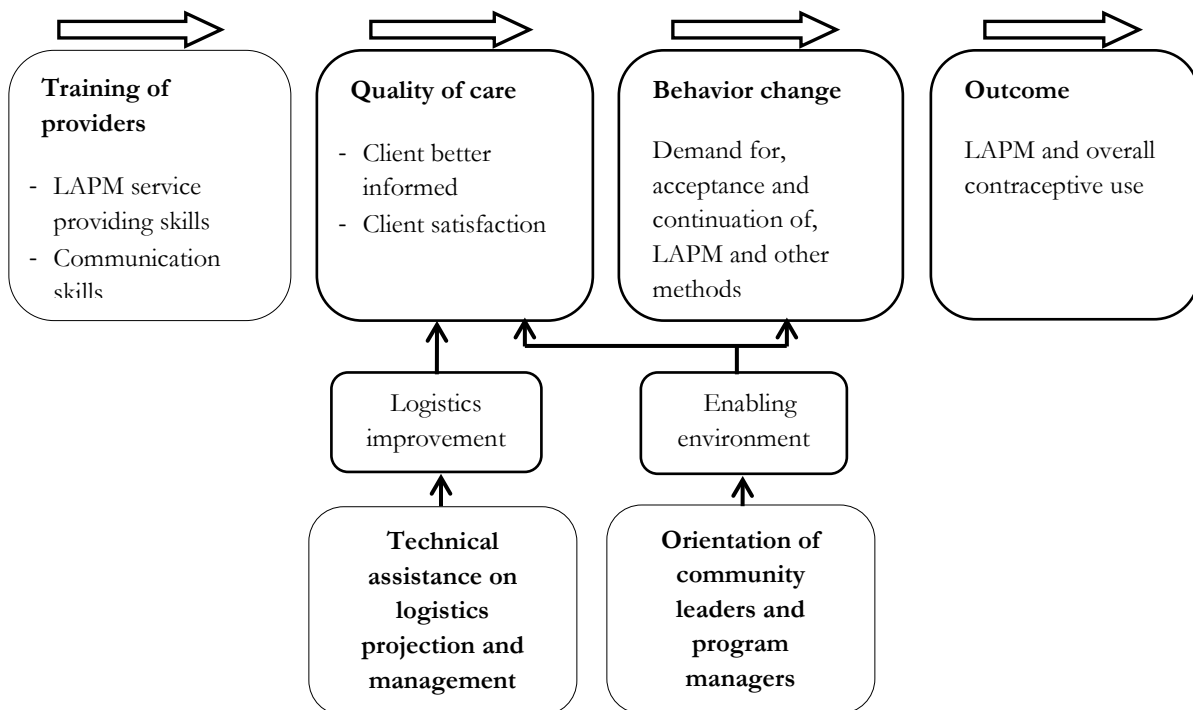


Figure 2.1.1. Pathways through which Mayer Hashi interventions can affect contraceptive behavior.

Table 2.1.1. Indicators, Based on Women’s Survey, Mayer Hashi

Indicators	Definition	Time
<i>Use of LAPM or other methods</i>		
1. % of CMWRA who are using LAPM	$[(\# \text{ of CMWRA who reported that they are using LAPM}) \div (\# \text{ of CMWRA who participated in the survey})] \times 100$	2010 2013
2. % of CMWRA who are using other methods of FP	$[(\# \text{ of CMWRA who reported that they are using other methods (pill, condom, injectables, or traditional method)}) \div (\# \text{ of CMWRA who participated in the survey})] \times 100$	2010 2013
<i>Demand for LAPM</i>		
3. % of CMWRA who intend to use LAPM in future	$[(\# \text{ of CMWRA who reported that they intend to use LAPM in future}) \div (\# \text{ of CMWRA who were non-user (lactational amenorrhea method user is treated as non-user) or user of short-acting method (pill, condom, injectables, or traditional method)})] \times 100$	2013
<i>Client-worker contact at home or facility</i>		
4. % of CMWRA who were visited by FP workers	$[(\# \text{ of CMWRA who reported that they were visited by a FP worker at their home}) \div (\# \text{ of CMWRA who participated in the survey})] \times 100$	2013
5. % of CMWRA who sought health care from facilities	$[(\# \text{ of CMWRA who sought health care from facilities}) \div (\# \text{ of CMWRA who participated in the survey})] \times 100$	2013
6. % of CMWRA who sought health or FP care from facilities	$[(\# \text{ of CMWRA who sought health or FP care from facilities}) \div (\# \text{ of CMWRA who participated in the survey})] \times 100$	2013
<i>Exposure to BCC for FP at facilities</i>		
7. % of CMWRA who noticed messages on LAPM from BCC materials/products in government facilities	$[(\# \text{ of CMWRA who reported that they noticed messages on LAPM from BCC materials/products in government facilities}) \div (\# \text{ of CMWRA who sought health or FP care from government facilities})] \times 100$	2013
8. % of CMWRA sought health or FP care from government facilities who were told about LAPM and were showed BCC materials/products on LAPM	$[(\# \text{ of CMWRA who reported that they were told about LAPM and were showed BCC materials/products on LAPM}) \div (\# \text{ of CMWRA who sought health or FP care from government facilities})] \times 100$	2013
<i>Information provision on FP methods from facilities</i>		
9. % of temporary method acceptors who were told about permanent methods	$[(\# \text{ of CMWRA who reported that they were told about permanent methods}) \div (\# \text{ of CMWRA who accepted a temporary method from government facilities})] \times 100$	2013
10. % of CMWRA who sought health care and were told about FP methods	$[(\# \text{ of CMWRA who reported that they were told about FP methods}) \div (\# \text{ of CMWRA who sought health care from government facilities})] \times 100$	2013
11. % of acceptors of injectables, IUD, or implants who were told about method side-effects	$[(\# \text{ of CMWRA who reported that they were told about method side-effects}) \div (\# \text{ of CMWRA who accepted injectables, IUD, or implants from government facilities})] \times 100$	2013
12. % of acceptors of injectables, IUD, or implants who were reminded about follow-up visits	$[(\# \text{ of CMWRA who reported that they were reminded about follow-up visits}) \div (\# \text{ of CMWRA who accepted injectables, IUD, or implants from government facilities})] \times 100$	2013
<i>Exposure to information on LAPM</i>		
13. % of CMWRA heard, saw, or read messages on LAPM	$[(\# \text{ of CMWRA who reported that they heard, saw, or read about LAPM from any source}) \div (\# \text{ of CMWRA who participated in the survey})] \times 100$	2013

Notes: For indicators 3-13, women who reported that they reached menopause, were otherwise infecund, or had a hysterectomy were excluded; indicators 4-13 refer to a time period of three months prior to the survey; and for indicator 13, sources include TV, radio, newspaper/magazine, bill board/poster, folk song/theater, courtyard meeting, health/FP worker, health facility, or friend/relative.

Table 2.1.1 shows the indicators that are used to evaluate the impact of the MH project. The definitions of the indicators are shown, including the denominators and numerators that are used for the calculation.

Table 2.1.2 illustrates the evaluation strategy on how the effects of the intervention are measured.

Table 2.1.2. Evaluation Framework, Mayer Hashi

	2010 (Before intervention or baseline)	2013 (After intervention or endline)	Change between 2010 and 2013	Rate of Change
Program districts	a_1	a_2	$a_2 - a_1$	$(a_2 - a_1) \div a_1$
Non-program districts	b_1	b_2	$b_2 - b_1$	$(b_2 - b_1) \div b_1$
Difference (Program vs. non-program)	$a_1 - b_1$	$a_2 - b_2$	$(a_2 - a_1) - (b_2 - b_1)$	$\frac{\{(a_2 - a_1) \div a_1\} - \{(b_2 - b_1) \div b_1\}}{\{(a_2 - a_1) - (b_2 - b_1)\} \div (a_1 - b_1)}$

2.2. Data and Methods

2.2.1. Baseline Data

The current evaluation design was developed in late 2012. An initial baseline survey was conducted by EngenderHealth (EH) in 2010 in six randomly selected MH program districts (Barisal, Patuakhali, Comilla, Cox’s Bazar, Moulovibazar, and Sunamganj). However, the CPR among CMWRA was found to be much higher than expected in that survey (69.1% compared to 54.2% in the same six districts in the 2010 Bangladesh Maternal Mortality Survey [BMMS] that was conducted at the same time [NIPORT, MEASURE Evaluation & icddr,b, 2012]). This difference is thought to be due to data quality problems in the list of CMWRA maintained by the FWAs in their registers used as the sampling frame for the initial baseline survey which likely resulted in under-representation of non-users of contraceptive methods in the sampling frame. The 2010 baseline survey also did not include any comparison districts.

Given the concerns over a potentially biased sampling frame in the original 2010 baseline survey, the current design uses the 2010 BMMS data as the baseline for the same six randomly selected intervention districts. The 2010 BMMS was conducted during January-August 2010 (NIPORT et al., 2012).¹ Using the 2010 BMMS data as the baseline also allows us to include three comparison districts so that the design is a quasi-experimental or “before-after and intervention-comparison” comparative design. By matching the LAPM use rate and selected socioeconomic characteristics of

¹ Details of the methodology of the 2010 BMMS can be found in the main report (NIPORT, MEASURE Evaluation & icddr,b, 2012). The purpose of the survey was to estimate maternal mortality ratio which needed a very large sample size. The sample size for every district was large enough to compare the use of LAPM and other methods between districts.

the six districts combined, we determined that Kishoreganj, Mymensingh, and Narsingdi combined had a LAPM rate comparable to that of the six selected MH program districts. As seen in figure 1.2.2 above, these three districts are low-performing as are most MH-covered districts. None of the three comparison districts are geographically contiguous to the sample program districts but they are expected to be culturally and programmatically similar.

2.2.2. Endline Data Collection

For endline, we conducted women and service provider surveys during February-May 2013. The provider survey was conducted only in 2013 so there is no baseline provider data. The data from service providers are compared between the program and non-program districts at the endline only, i.e., in 2013.

One consequence of using the 2010 BMMS as the baseline for the evaluation is that only the main outcome variables, LAPM use and other method use, are measured in both 2010 and 2013, and are thus examined in the “before-after and intervention-comparison” evaluation framework. The intermediate outcome indicators related to demand for LAPM, client-provider contact, BCC and information on FP and LAPM are only available from the 2013 survey, as shown in table 2.1.1, and are examined in an “intervention-comparison” evaluation framework at the endline only.

2.2.3. Respondents of the Surveys

There are two types of *respondents* from whom information was collected for this evaluation – CMWRA and FP service providers who were trained to enhance accessibility and quality of services.

2.3. Sample Size

In 2010, there were 22,145 and 9,893 CMWRA included in the six program districts and three non-program districts, respectively. In 2013, the respective numbers were 3,894 and 1,970 (table 2.4.1). The sample size for the CMWRA within a district was determined using the following assumptions: (a) LAPM use rate will increase from 5.4% during baseline in 2010 to 10% during endline in early 2013; (b) the confidence interval of 95% and power of 80%; (c) the design effect of 1.20; and (d) response rate of 95%². The achieved response rate for the women’s survey was 93.4%

There were 398 and 229 service providers interviewed in the program and non-program districts respectively (table 2.4.2). The sample size of service providers was primarily driven by resource considerations. The service providers of all the 90 Upazillas (subdistricts) of the nine program and non-program districts were the population of interest for the provider survey. For DGFP within an Upazilla, there is one MO-MCH and one UFPO, both of whom were included in the survey. There are six to eight Unions per Upazilla, with each of the Unions having one FWV and six FWAs. Two Unions were randomly selected per Upazilla. Within the selected Union, the lone FWV and one

² The required sample size per district with these assumptions was 665 households giving a total target sample of 5,987 households which provided 6,288 CMWRA. With a response rate of 93.4%, our effective sample was 5,864 CMWRA. A total of 34 households were selected through the simple random sample (SRS) procedure from a selected cluster of around 150 households within a Mauza or Moholla. The cluster was selected through SRS within the Mouza/Moholla. For each district, 15 Mouzas (from rural areas) and five Mohollas (from urban areas) were selected with probability proportional to size.

randomly selected FWA were interviewed. Providers from DGHS were also interviewed for each of the Upazilla: the RMO, OB/GYN, and UHFPO. The overall response rate of service providers was 77% in the program districts and 84% in the non-program districts. The response rates were low for MO-MCH and OB/GYN, primarily due to their high vacancy rates.

Table 2.4.1. Survey Districts and Sample Size of the Household Survey, Mayer Hashi

Area	Districts	Sample size	
		2010 (Jan-Aug)	2013 (Feb-May)
Program	Barisal, Patuakhali Comilla, Cox's Bazar Moulvibazar, Sunamganj	22,145	3,894
Non-program	Kishoreganj, Mymensingh, Narsingdi	9,893	1,970

Note: Response rate was 93.4%. The numbers are un-weighted.

Table 2.4.2. Sample Size of Service Provider Survey

Service Provider	Target Sample Size		Number Interviewed		Response Rate (%)	
	Program	Non-program	Program	Non-program	Program	Non-program
FWA	118	62	118	62	100	100
FWV	118	62	116	61	98	98
MO-MCH	59	31	19	19	32	61
UFPO	59	31	42	26	71	83
UH&FPO	59	31	43	29	73	95
RMO	53	28	42	22	79	79
OB/GYN	53	28	18	10	34	36
Total	519	273	398	229	77	84

2.4. Method of Data Collection

Information was collected from CMWRA and service providers through face-to-face interview. The questionnaires used in the women's survey and provider survey are shown in the appendices I and J and K respectively. The questionnaire development process included extensive review and rigorous pretesting. Data collection and processing were done by an independent and local research firm, Associates for Community and Population Research (ACPR), which has its own procedures of collection and processing of quality data. The data collectors received structured and rigorous training, including extensive field practice.

Information on the availability of BCC materials in the facilities was collected during the service provider survey by using a facility observation checklist.

2.5. Comparability of the Program and Non-program Districts

Table 2.5.1 and table 2.5.2 compare selected indicators to see to what extent the program and non-program districts are comparable.

The program districts are comparable to non-program districts in terms of LAPM use rate and CPR (table 2.5.1). They are also comparable in terms of women’s education. However, proportionately there were more urban residents in the non-program district sample than the program district sample. Demographic and socioeconomic characteristics of the CMWRA in both program and non-program districts along with their contraceptive behavior can be seen in appendix A.

Data collected on larger program environment indicators show that there were other programs of maternal, newborn, and child health interventions in both types of districts (table 2.5.2). However, it seems that program districts were more exposed to external interventions than non-program districts. Program districts seemed to have been weaker than non-program districts in terms of coverage of required service providers; in 2013 the vacancy of MO-MCHs was 51% in the program districts compared to only 19% in the non-program districts. As noted above, MO-MCHs are responsible for providing implants, female and male sterilizations.

Table 2.5.1. Comparability of the Program and Non-program Districts, at Baseline, 2010, Mayer Hashi

Indicators	Program	Non-program
<i>Reproductive health indicators</i>		
LAPM use rate (%)	5.3	4.9
CPR (%)	54.2	58.7
Mean # of children	2.9	2.9
<i>Socio-economic indicators</i>		
Women’s education		
% primary	32	31
% secondary	38	33
Religion		
% Non-Muslim	14	6
Urban-rural		
% urban	34	44

Table 2.5.2. Whether or Not Districts Have Other Programs during 2010-2013

District	MH	MNH	MNCS	MNCH	UNDAP	% vacant, 2013		
						MO	FWV	MO-MCH
<i>Program</i>								
Barisal	√					23	13	21
Patuakhali	√	√			√	17	11	60
Cox's Bazar	√	√	√		√	29	8	75
Comilla	√					3	2	70
Moulvibazar	√	√				25	1	33
Sunamganj	√	√	√		√	39	7	40
Program districts						20	6	51
<i>Non-program</i>								
Kishoreganj			√			6	28	50
Mymensingh				√		24	23	4
Narsingdi						5	16	13
Non-program districts						15	23	19

Notes: MH—Mayer Hashi; MNH—maternal and newborn health; MNCS—maternal, newborn, and child survival; MNCH—maternal, newborn, and child health; and UNDAP—United Nations Development Assistance Program.

Source: *Mayer Hashi project document.*

2.6. Data Analysis

Both bivariate and multivariate analyses are undertaken. The bivariate analysis mainly involves a comparison of the indicators shown in table 2.1.1 between program and non-program districts and between 2010 and 2013.

Multivariate analysis utilizes a multinomial logit regression model in which the dependent variable represents the choice of the contraceptive methods by women. Three categories of choice, (a) no use of contraception, (b) LAPM (IUD, implants, or female or male sterilization), or (c) other methods (pills, injectables, condoms, or traditional method), are considered. The model allows woman's competing chance (or risk) of accepting a method between one of the LAPM vs. other methods.

To determine the impact of the Mayer Hashi program on increased use of LAPM or other methods over time, we include an interaction term between the variables “Program” (representing program districts vs. non-program districts) and “Time” (representing 2010 for the baseline vs. 2013 for the endline) in the multinomial regression. If the interaction is positive and significant at least at the 5% level, we conclude that the Mayer Hashi program had an impact on the increased use of LAPM or other methods. In the regression model we also include some key independent variables such as women's age, education, and religion and household wealth quintile and residential location (rural vs. urban). In such a model, the coefficient of a variable represents the adjusted effect on the choice of method; for interpretation convenience we transform that into adjusted relative-risk ratio (ARRR).

3. RESULTS

3.1. Provider Survey

The provider survey was designed to understand the coverage of training and the improvement of knowledge and practice of LAPM provision and client counseling among the above service providers due to the training.

3.1.1. Training Coverage

The coverage of training among service providers was more common in the program districts than non-program districts. The UFPOs from the six program districts reported, based on their records, that most Upazillas were covered in the training in the areas of LAPM client segmentation and planning services, BCC and interpersonal communication, community mobilization, advocacy, and satisfied clients (table 3.1.1). The data in the table show the training coverage over the period of 2010-2012, and most Upazillas were covered by the training/orientation of FWA, FWV, and MO-MCH. In contrast, a highest of 23% of non-program Upazillas was covered for training in a given year. It may be noted that the training in the non-program districts was provided by either government or other development partners.

Table 3.1.1. Percentage of UFPOs Reporting Training/Orientation on LAPM in Their Upazillas, the 2013 Provider Survey, Mayer Hashi

Percent of UFPOs Reporting on Training/Orientation	Program Districts (n=42)			Non-program Districts (n=26)		
	2010	2011	2012	2010	2011	2012
Of FWA, FWV, or MO-MCH	50	81	69	23	15	4
On targeting and planning services for possible clients	14	26	19	12	12	4
On BCC and interpersonal communication activities	24	33	36	15	8	4
On community mobilization	21	33	33	8	8	0
Of satisfied clients	31	33	31	12	12	4

In the provider survey, individual service providers were asked if they attended the training provided by MH. In the program districts, 63% of each of MO-MCHs, FWVs, and FWAs reported that they received training on LAPM compared to 42% MO-MCHs, 23% FWVs, and 15% FWAs in the non-program districts (table 3.1.2). Twenty-eight percent of OB/GYNs and 5% of RMOs received training on LAPM in the program districts compared to no OB/GYNs or RMOs in non-program districts.

Although MH offered training to all the providers, over a third of providers did not report receiving training in LAPM in program districts. This might have happened primarily because of two things—some providers chose not to attend the training or some providers got transferred to different Upazilla after the training. It is a common phenomenon that many providers at Upazilla-level get a transfer after the training and the survey captured those who are still in place after training and those

who have replaced the transferees. The transfer is not applicable to FWAs and FWVs but they also did not have high training attendance; and the inadequate training attendance of FWAs may be due to the fact that many new FWAs have been recruited after the MH training.

Table 3.1.2. Percentage of Service Providers Who Received Training/Orientation on LAPM during January 2010 – April 2013 Months Prior to the Survey

Service provider	LAPM	
	Program	Non-Program
FWA	63	15
FWV	63	23
UFPO	62	0
MO-MCH	63	42
RMO	5	0
OB/GYN	28	0

3.1.2. BCC Activities at Facilities

For dissemination of LAPM services, MH program emphasized the availability of BCC materials such as bill boards, banners, posters, leaflets, booklets aimed at the clients. They also emphasized the availability of job aids for the providers in order to facilitate interpersonal communication with the clients. The provider survey collected information through an observation checklist from those facilities at the Upazilla and Union levels from which MO-MCHs or FWVs were interviewed. Table 3.1.3 shows that BCC materials were in relative abundance in the facilities in program districts: 86%-92% of facilities had bill boards, banners, or posters on LAPM in and around the facilities. Just over one-half of the program district facilities had a recognizable place where clients can see leaflets and booklets on LAPM which are kept for distribution to clients in the program districts, compared to only 2% in the non-program districts. In 88% of facilities in program districts the providers had job aids that can be used to provide information to clients and to counsel clients on LAPM, compared to 77% in non-program districts.

Table 3.1.3. Percentage of Facilities Having BCC Materials/Products on LAPM

BCC Materials/Products	Program (n=154)	Non-program (n=91)
Bill board/banner	86	74
Poster	92	82
Easily identifiable leaflet/booklet kept for clients	51	2
Sufficient number of leaflet/booklet kept for clients	21	2
Job aid available for service provider	88	77
Flip charts available for service provider	78	15

3.1.3. Provider Knowledge, Skills and Practices

As can be seen in the service provider questionnaire in appendix J, the provider survey had a series of questions based on which an assessment of their knowledge and practices of LAPM can be made. For brevity, we illustrate a few indicators in four key elements: pre-counseling during implant provision, post-counseling at IUD provision, post-counseling at tubectomy provision, and on the knowledge of providers on side effects of tubectomy. Results are shown in tables 3.1.4 through table 3.1.7. They give the following impression: Although a majority of the family planning service providers in the program districts have received training, it does not seem that the training has translated into consistently higher level of knowledge and improved practice compared to providers in non-program districts.

Some examples of our analysis: The level of adherence of the providers to the pre- and post-counseling protocols associated with LAPM service provision is (a) low in both the program and non-program districts and (b) similar in the two areas. The practice is better among higher level provider, as expected, such as MO-MCHs than FWVs and FWAs.

Table 3.1.4 shows that almost all the MO-MCHs and FWAs reported that they explain to the clients the advantages and disadvantages of implants. In terms of a key element of client satisfaction, it is important that the providers ensure that the decision of the clients of accepting implants (or for any method, especially for LAPM) is made after receiving full essential information about the method. When the provider was asked whether s/he ensured that a client makes her decision to accept implants was made after receiving full information, 37% of MO-MCHs (39% of FWAs and 14% of FWVs) replied in the affirmative in the program districts. This percentage was lower 26% for MO-MCHs (23% for FWAs and 7% for FWVs) in the non-program districts. The program districts were slightly better than the non-program districts measured by this indicator. FWVs had lower level of knowledge on implant than other providers, probably due to the fact that they do not perform any implant insertion. But FWVs probably screen for implant clients.

Table 3.1.4. Pre-counseling Elements for Implant Clients, Reported by Service Providers, the 2013 Provider Survey, Mayer Hashi

Percent Reporting on Elements of Pre-counseling	FWA		FWV		MO-MCH	
	Program (n=118)	Non-program (n=62)	Program (n=116)	Non-program (n=61)	Program (n=19)	Non-program (n=19)
Explaining advantages and disadvantages of implants	97	98	31	23	95	100
Ensuring that the client has made the decision after having full information	39	23	14	7	37	26

Table 3.1.5 shows an indicator at post-counseling, for IUD in this example. In response to a multiple-answer question “what would you do at the post-counseling?”, 74% of FWVs (the lone provider of IUD) mentioned that they provide the follow-up card to the clients in the program districts. Slightly more than half (54%) of FWAs, who accompany the clients for the procedure and who are supposed to play key role in enhancing the client-provider interaction, mentioned that they

provide the follow-up card to the clients in the program districts. The follow-up card for the IUD clients is an essential tool for identifying method complications and their treatment, leading to higher continuation of the method. This indicator has higher value in the non-program than program districts, but the difference is not statistically significant.

Client satisfaction is high when a client understands the key points of post-counseling of a method such as IUD. Client satisfaction is positively associated with continuation rate (Koenig, Hossain & Whittaker, 1997). IUD clients are told that in the initial months they may experience side effects and complications, which are treatable, and they should come back to the facility if they experience such side effects or complications. If this message can be effectively given to the clients, it is possible to reduce the high discontinuation of IUD in Bangladesh. In response to a multiple-answer question “What would you do at the post-counseling?”, only 9% of FWVs mentioned that they ensure that client has understood the key points of counseling in the program districts. The responses from the FWAs, even from MO-MCHs, are also very low (table 3.1.5). Similar results are found for this indicator in cases of tubectomy clients (table 3.1.6). The program and non-program districts are also similar for this indicator.

Table 3.1.5. Post-Counseling Elements in Case of IUD, Reported by Service Providers, the 2013 Provider Survey, Mayer Hashi

Percent Reporting on Elements of Post-Counseling of IUD	FWA		FWV		MO-MCH	
	Program (n=118)	Non-program (n=62)	Program (n=116)	Non-program (n=61)	Program (n=19)	Non-program (n=19)
Providing the follow-up card	54	73	74	90	58	95
Determining that the client has understood the key points of counseling	31	8	9	10	21	16

Table 3.1.6. Post-counseling for Tubectomy Clients, Reported by Service Providers, the 2013 Provider Survey, Mayer Hashi

Percent Reporting Elements of Post-Counseling of Tubectomy	FWA		FWV		MO-MCH	
	Program (n=118)	Non-program (n=62)	Program (n=116)	Non-program (n=61)	Program (n=19)	Non-program (n=19)
Providing the follow-up card	53	68	66	87	58	95
Determining that the client has understood the key points of counseling	9	3	8	15	21	26

Another element of client satisfaction is informing clients about method side effects. In a multiple-answer question “What are the probable side effects of implants?”, 68% of MO-MCHs (64% of FWAs) mentioned amenorrhea in the program districts (table 3.1.7). About three-quarters of MO-MCHs (about half of FWAs) mentioned about spotting, in the program districts. Most of these percentages were higher in the non-program districts, although not statistically significantly so.

Table 3.1.7. Probable Side Effects of Implants, Reported by Service Providers, the 2013 Provider Survey, Mayer Hashi

Percent Reporting Side Effects	FWA		FWV		MO-MCH	
	Program (n=118)	Non-program (n=62)	Program (n=116)	Non-program (n=61)	Program (n=19)	Non-program (n=19)
Amenorrhea	64	81	22	20	68	100
Spotting	47	58	22	11	74	95

3.2. Women's Survey

3.2.1. Accessibility to Services

Client-worker contact is an indicator of accessibility of services. The accessibility of FP services can be enhanced if clients who seek health care from the facility are told about FP services. Table 3.2.1 shows that, in 2013, 13% of women were visited by FP workers in the previous three months in program districts compared to 23% in the non-program districts. The level of client-worker contact was low in both types of districts, and it is significantly lower ($p < 0.001$) in the program districts than non-program districts. The CMWRA also had significantly higher contacts with service providers at facilities in the non-program districts than program districts.

Table 3.2.1. Accessibility (Client-Provider Contact) Indicators, by Program vs. Non-program, the 2013 Women's Survey, Mayer Hashi

Client-Provider Contact Indicators*	Percent		Sample size		Stat. sig.
	Program	Non-program	Program	Non-program	
% of CMWRA <i>visited</i> by FP workers in last three months	13	23	3,194	1,637	<0.001
% of CMWRA who sought <i>health care</i> from government facilities in last three months	30	44	3,117	1,544	<0.001
% of CMWRA who sought <i>health</i> or <i>FP care</i> from government facilities in last three months	44	55	3,117	1,544	<0.001

Note: * All refer to last three months.

3.2.2. Quality of Care

Quality of care of FP services can be enhanced if contraceptive clients are told about method side effects, are reminded about follow-up visits, and are told about other method options. Quality-of-care indicators refer to providing information to facility clients as shown in table 3.2.2. The percentages were low for all indicators and most of them were similar between the program and non-program districts in 2013. Only 40% and 33% of temporary method acceptors were told about permanent methods; and 38% and 49% of injectables, implants and IUD acceptors reported that they were told about method side effects, respectively, in the program and non-program districts. Only 31% and 48% of injectables, implants and IUD acceptors were reminded about the follow-up visits. The provision of reminder given to clients about follow-up services was significantly higher in the non-program than program districts.

Table 3.2.2. Information Provision on FP or LAPM through Service Providers or BCC Materials/Products at Government Health Facilities, Program vs. Non-program Districts, the 2013 Women’s Survey, Mayer Hashi

Indicators*	Percent		Stat. sig.	Sample size	
	Program	Non-program		Program	Non-program
% of temporary method acceptors who were <i>told</i> about <i>permanent methods</i>	40	33	NS	410	174
% of injectables, IUD, and implants acceptors who were <i>told</i> about method <i>side-effects</i>	38	49	NS	216	79
% of injectables, IUD, and implants acceptors who were <i>reminded</i> about <i>follow-up visits</i>	31	48	<0.05	216	79
% of CMWRA who sought health or FP care and <i>noticed messages</i> on LAPM from BCC materials/products	42	43	NS	1,369	854

Notes: * All refer to last three months.
NS=Not significant at 5% level.

3.2.3. Demand for LAPM

One way of assessing the demand for LAPM is to ask a woman whether she intends to adopt IUD, implants, or tubectomy in the near future, or her husband intends to have an NSV. However, it is shown in the Background section that few women who are not using a method and intend to use one in the future intend to adopt a LAPM (5% or below, according to BDHS 2011). Historically, also, it has remained low with no appreciable increase of the intention of using LAPM (see table 1.1.1 above).

Table 3.2.3 provides our data on women’s intention to use LAPM; in 2013, 6.4% of CMWRA in the program districts, and 5.4% in non-program districts, reported that they (or their husbands in case of NSV) intend to use LAPM in future. Looking separately at specific methods, 3.0% of CMWRA

intended to have implants and 0.8% intended to adopt IUD in the program districts (excluding current users of the method). Only 4.0% of CMWRA with two or more children intended to adopt tubectomy and only 0.2% of these women intended that their husband adopt NSV in the program districts. The pattern is similar in the non-program districts. Relatively speaking, tubectomy was the most popular followed by implants and IUD; among the women or their husbands who intended to use LAPM in future, about 63%, 47%, 13%, and 3% were in favor of future adoption of tubectomy, implants, IUD, and NSV, respectively (table 3.2.3, column 1).

Table 3.2.4 shows some indicators that reflect women’s internalization of the ways women can receive information on LAPM services from different sources. In the program districts, 29% of women reported that they read, heard, or saw messages on tubectomy, 17% on NSV, and 15% on IUD, and 22% on implants. The non-program districts were better in these indicators as four out of five indicators had greater values than program districts.

Table 3.2.3. Intention of Future Use of LAPM*, Program vs. Non-program Districts, the 2013 Women’s Survey, Mayer Hashi

Indicators	Percent		Stat. sig.	Sample Size	
	Program	Non-program		Program	Non-program
% of CMWRA with two or more children who intend to adopt female sterilization after achieving desired family size	4.0	3.0	NS	2,103	1,058
% CMWRA with two or more children who intend that the husband will adopt male sterilization after achieving desired family size	0.2	0.1	NS	2,103	1,058
% CMWRA who intend to accept IUD	0.8	0.5	NS	3,062	1,569
% CMWRA who intend to accept implant	3.0	3.0	NS	3,018	1,554
% intend to accept LAPM	6.4	5.4	NS	3,065	1,571

Notes: * Current LAPM users are excluded from the denominators of all indicators in the table.
NS=Not significant at 5% level.

Table 3.2.4. Exposure to Information on LAPM from Any Source*, by Program vs. Non-program Districts, the 2013 Women’s Survey, Mayer Hashi

Indicators [†]	Percent		Stat. sig.
	Program (3,194)	Non-program (1,637)	
% of CMWRA who heard, saw, or read messages on female sterilization (tubectomy)	29	35	<0.001
% of CMWRA who heard, saw, or read messages on male sterilization (NSV)	17	13	<0.001
% of CMWRA who heard, saw, or read messages on IUD	15	21	<0.001
% of CMWRA who heard, saw, or read messages on implant	22	40	<0.001
% of CMWRA who heard, saw, or read messages on any LAPM	38	50	<0.001
% of CMWRA who heard, saw, or read messages on permanent methods	31	35	<0.001

Notes: *TV, radio, newspaper/magazine, bill board/poster, folk song/theater, courtyard meeting, health/FP worker, health facility, or friend/relative.
[†] All refer to last three months.

3.2.4. Contraceptive Use and LAPM Use

In this subsection, we examine the differences in contraceptive prevalence rates, LAPM use rates, and rates of use of other methods between the program and non-program districts.

In table 3.2.5, rates are shown in five panels, A-E: CPR increased in both areas between 2010 and 2013 and the relative increase was higher in the non-program than program districts. In program districts, CPR increased from 54.2% to 55.8% with an annual increase of 1% (panel A). CPR was higher in the non-program districts than program districts in 2010, and it increased from 58.7% to 62.2% in 2013 with an annual increase of 2%.

Panel B shows that, in 2010, LAPM rates were comparable but slightly higher in the program than non-program districts (5.3% vs. 5.0%). They increased in both areas, but the annual increase was greater in the non-program (28%) than program districts (14%).

Panel C shows that, in 2010, the prevalence of other short-acting methods was higher in the non-program districts than program districts. The last column shows that in both program and non-program districts, the prevalence declined slightly; the relative decline was slightly higher in the non-program (-4%) than program (-2%) districts.

Panel D shows that traditional methods increased in both program and non-program districts, with higher increase in the latter.

Table 3.2.5. CPR and LAPM Use Rate, Program and Non-program Districts, by Survey Year, Mayer Hashi

Rate (%)	Program vs. Non-program Districts	2010	2013	Change	% Annual Change*
<i>Panel A</i>					
CPR	Program	54.2	55.8	1.6	1
	Non-program	58.7	62.2	3.5	2
<i>Panel B</i>					
LAPM	Program	5.3	7.4	2.1	14
	Non-program	5.0	8.9	3.9	28
<i>Panel C</i>					
Other short-acting	Program	40.5	38.3	-2.2	-2
	Non-program	45.8	41.2	-4.6	-4
<i>Panel D</i>					
Traditional methods	Program	8.4	10.1	1.7	7
	Non-program	8.0	12.0	4.0	18
<i>Panel E</i>					
Permanent	Program	4.1	5.8	1.7	15
	Non-program	3.7	6.4	2.7	27
Long-acting	Program	1.2	1.6	0.4	12
	Non-program	1.2	2.5	1.3	39

Note: *%annual change = [(Change) ÷ 2.75] x 100, the average number of years between baseline and endline.

Panel E shows rates of long-acting (LA) and permanent methods (PM) both of which have increased over time in both types of districts, with greater increase in the non-program than program districts as seen above in Panel B. In program districts, permanent methods increased by 15% and LA methods by 12%. In the non-program districts, permanent methods increased by 27% and LA methods by 39%.

It is encouraging that increase of CPR in both the program and non-program districts was due to the increase of LAPM and traditional methods. It seems that whatever the growth of contraceptive use took place in these districts was due to the growth of LAPM. It may be noted that the BDHSs of 2007 and 2011 show a noticeable increase of injectables, implants, condoms, and NSV. But the use of pills, IUD, and tubectomy either decreased or remained the same (NIPORT et al., 2013).

We next look at the changes of LAPM and other methods over time between program and non-program districts separately for rural and urban areas (table 3.2.6). For urban areas, the relative change of LAPM between 2010 and 2013 was 32% in program districts and 28% in non-program districts, but for rural areas, LAPM increased by 40% in the program districts and by 96% in the non-program districts. These findings suggest that LAPM growth was higher in the rural areas than urban areas. The relative growth of LAPM was more than double in the rural non-program districts than rural program districts.

In table 3.2.7 we regroup the program districts into two – eastern region (Cox’s Bazar, Comilla, Moulvibazar, and Sunamganj, all in Chittagong or Sylhet Divisions) and south-central region

(Barisal and Patuakhali in Barisal Division). The non-program districts – Kishoreganj, Mymensingh, and Narsingdi – are in Dhaka Division and in the north-central region.

The eastern-region program districts had the lowest increase in LAPM (1.5%). The increase was distinctly greater, 3.5%, in the south-central program districts, which is quite close to the increase in the non-program districts. The non-program districts, which are in the north-central region, had an increase of 3.9%.

Table 3.2.6. LAPM and Other Method Use Rates (%), Urban-Rural vs. Program and Non-program Districts, by Survey Year, Mayer Hashi

	Urban			Rural		
	2010	2013	% change	2010	2013	% change
<i>LAPM</i>						
Program	5.7	7.5	32	5.3	7.4	40
Non-program	6.5	8.3	28	4.7	9.2	96
<i>Other methods</i>						
Program	54.1	52.4	-3	48.0	47.0	-2
Non-program	55.1	55.6	1	53.4	52.4	-2

Table 3.2.7. LAPM and Other Methods Use Rates, by District, by Survey Year, Mayer Hashi

District	2010		2013		Change (2013-2010)			
	LAPM	Other Method	LAPM	Other Method	LAPM		Other Method	
					District	Average	District	Average
<i>Program: eastern region</i>								
Cox's Bazar	4.9	53.3	6.4	50.6	1.5		-2.7	
Comilla	5.3	44.9	5.9	45.6	0.6	1.5	0.7	-0.1
Moulvibazar	7.6	43.1	9	42.1	1.4		-1	
Sunamganj	5.1	38.3	7.6	41.0	2.5		2.7	
<i>Program: south-central region</i>								
Barisal	4.9	57.4	9.6	53.3	4.7	3.5	-4.1	-4.3
Patuakhali	4.3	60.8	6.6	56.4	2.3		-4.4	
<i>Non-program: north-central region</i>								
Kishoreganj	5.2	51.3	10.6	52.3	5.4		1	
Mymensingh	4.7	57.3	6.8	61.7	2.1	3.9	4.4	0.9
Narsingdi	5.3	49.0	9.4	46.3	4.1		-2.7	

The change in contraceptive method mix over time may differ by women’s age. As expected, table 3.2.8 shows a positive association between the prevalence of LAPM and age but not for other methods. The absolute increase in LAPM use was also positively associated with age. The level of LAPM use was very low, below 3%, among women under 25. The LAPM prevalence increased in all age groups but the relative increase was greater among under-25 women than older women. The relative increase of both LAPM and other methods was the highest, in fact, among under-25 women. The high relative increase among women under 25 may be associated with very low prevalence among this age group. There was a slight increase of other methods among age group 25-34 in the program districts. Among older women (aged 35-49) there was a marked decrease in other methods in both program and non-program districts. Low or no increase as well as decline in other methods among women aged 25-34 and 35-49 and corresponding sizeable increase of LAPM in these age groups suggests that women may be switching from short-acting methods to LAPM. Also, some women at advanced age may have dropped using contraceptive methods. This is an indication of the success of LAPM-related activities in both the program and non-program districts. The high relative increase of LAPM in young and middle age groups may suggest that focus for recruiting LAPM clients should include middle age group (25-34), especially for IUD and implants, or even for permanent methods.

Table 3.2.8. LAPM and Other Method Use Rate (%), by Women’s Age Groups vs. Program and Non-program Districts, by Survey Year, Mayer Hashi

	Age under 25				Age 25-34				Age 35-49			
	2010	2013	D*	% change	2010	2013	D*	% change	2010	2013	D*	% change
<i>LAPM</i>												
Program	1.1	1.7	0.6	55	5.9	7.4	2.5	25	8.7	11.7	3.0	34
Non-program	1.1	2.9	1.8	164	5.3	8.9	3.6	68	8.7	13.4	4.7	54
<i>Other methods</i>												
Program	43.0	48.4	5.4	13	56.0	57.1	1.1	2	47.1	39.4	-7.7	-16
Non-program	49.6	52.0	2.4	5	59.8	59.5	-0.5	-1	51.9	48.3	-3.6	-7

Note: * D {(Difference between 2010 and 2013), i.e., D = (2013)-(2010)}

3.2.5. Multivariate Analysis

Table 3.2.9 shows the multinomial logit coefficients (two columns at the right) and their estimates of adjusted relative-risk ratios (two columns at the left) of LAPM and other method use. As mentioned in the methodology section, the ARRRs or coefficients of the first three variables describe the impact of the program. In 2010, the ARRR for program districts indicates that the likelihood of LAPM use was 0.91 times lower (not statistically significant) in non-program than program districts. In non-program districts, the likelihood of using LAPM was 1.85 times ($p < 0.001$) higher in 2013 than in 2010. In the program districts, and the likelihood was 1.23 times ($p < 0.05$) higher in 2013 than in 2010. Therefore, the increase in the likelihood of LAPM use was greater in the non-program

than program districts. It may be noted that, for LAPM, the coefficient of the interaction between Program and Time was negative (-0.32) and significant ($p < 0.05$), meaning that the increase in LAPM was significantly lower in the program districts than non-program districts.

In 2010, the likelihood of using other methods was 0.81 times lower ($p < 0.001$) in the Mayer Hashi program districts than the non-program districts. The likelihood of other method use did not increase significantly in either of the program or non-program districts between 2001 and 2013.

A visual representation of the impact of the Mayer Hashi program is depicted in figure 3.2.1. The left panel shows the actual rates of LAPM and other methods and the right panel shows ARRMs based on the multinomial model. The LAPM use rate was greater in 2013 than in 2010 in both types of districts, but the increase was higher in the non-program districts. The right panel shows a similar pattern of increase of ARRMs, i.e., ARRMs increased in both types of districts with greater increase in the non-program than program districts. For other methods, rates did not increase in either type of districts. Similarly, ARRMs were comparable in 2010 and 2013, meaning that other method use did not increase in either type of districts between the two time periods.

The associations between other independent variables and method use as described by the coefficients or ARRMs are in the expected direction (table 3.2.9). The nature of associations is different for LAPM and other methods. Both LAPM and other method use increase with age and then decline after age 39 but with steeper increase for the former. LAPM use declines with education but the opposite is true for other methods. LAPM use was lower among the richer than the poorer, but other method use was lower for some richer groups and higher for some other. The non-Muslims had 1.74 and 1.20 times higher use of LAPM and other methods than the Muslims. Both LAPM and other method use were greater in urban areas than rural areas.

We wanted to check the consistency of our survey findings of no impact of Mayer Hashi project on LAPM use with that from other data. Based on management information system (MIS) data from DGFP, appendix H shows a comparison of growth of the numbers of clients for IUD, implant, and female and male sterilizations in the MH and other districts over the period between 2007 and 2012. There were no visible differences of uptake of LAPM clients in the MH districts compared to other districts.

Finally, table 3.2.10 puts together some indicators that help to recognize a pattern of association between the change of LAPM over time and programmatic characteristics. Two distinct characteristics emerge: program strength and regional variation. The program strength includes (a) low vacancies of MO-MCH and UFPO, (b) high level of client-provider contact, and (c) high level of LAPM information dissemination; non-program districts did better than program districts (eastern and south-central regions together) on all of these counts. The indicators, by and large, were worst in the eastern region. The program districts in the south-central region were in between, but they were programmatically weaker than those in the north-central region, measured by most indicators. The south-central and eastern regions are similar in terms of some program indicators. Mayer Hashi interventions did not address the vacancy issues and the interventions did not help improve client-provider contact and information dissemination, and thus no significant impact on LAPM increase. The eastern region of the country has systematically remained disadvantaged in gaining programmatic strength as well as overcoming the socio-cultural barriers to FP in general and LAPM in particular.

Table 3.2.9. Multinomial Logit Coefficients (Right Two Columns) and the Estimates of Adjusted Relative-Risk Ratios (ARRR; Left Two Columns) of Contraceptive Method Use, Mayer Hashi evaluation, 2013 (n=37,902)

Variable	ARRR		Coefficient	
	LAPM	Other method	LAPM	Other method
<i>Program</i>				
Non-program districts	1.00	1.00	0.00	0.00
Program districts	0.91	0.80***	-0.10	-0.21***
<i>Time</i>				
Baseline (2010)	1.00	1.00	0.00	0.00
Endline (2013)	1.87***	1.07	0.63***	0.07
<i>Interaction (program × time)</i>				
Program districts X 2013	1.23*	0.77	-0.32**	-0.12
<i>Women's age</i>				
15-19	0.09***	0.41***	-2.46***	-0.90***
20-24	0.30***	0.70***	-1.21***	-0.35***
25-29	1.00	1.00	0.00	0.00
30-34	1.87***	1.34***	0.62***	0.30***
35-39	2.43***	1.52***	0.89***	0.42***
40-44	1.53***	0.89**	0.42***	-0.12**
45-49	0.99	0.31***	-0.01	-1.18***
<i>Women's education</i>				
No education	1.00	1.00	0.00	0.00
Primary incomplete	1.14*	1.28***	0.13*	0.25***
Primary complete	0.90*	1.44***	-0.11	0.36***
Secondary incomplete	0.65***	1.35***	-0.43***	0.30***
Secondary complete	0.49***	1.47***	-0.72***	0.39***
<i>Wealth quintile</i>				
Lowest	1.00	1.00	0.00	0.00
Second	0.86*	1.09*	-0.16*	0.08*
Middle	0.84*	0.97	-0.18*	-0.03
Fourth	0.83*	0.93*	-0.19*	-0.07*
Highest	0.79**	0.80***	-0.24**	-0.22***
<i>Religion</i>				
Muslim	1.00	1.00	0.00	0.00
Non-Muslim	1.74***	1.20***	0.55***	0.18***
<i>Urban-rural residence</i>				
Rural	1.00	1.00	0.00	0.00
Urban	1.32***	1.27***	0.28***	0.24***
Constant	0.14***	1.32***	-1.86***	0.26***
<i>-2Loglikelihood</i>	<i>62404.61</i>			

Notes: *p<0.05; **<0.01; and ***<0.001

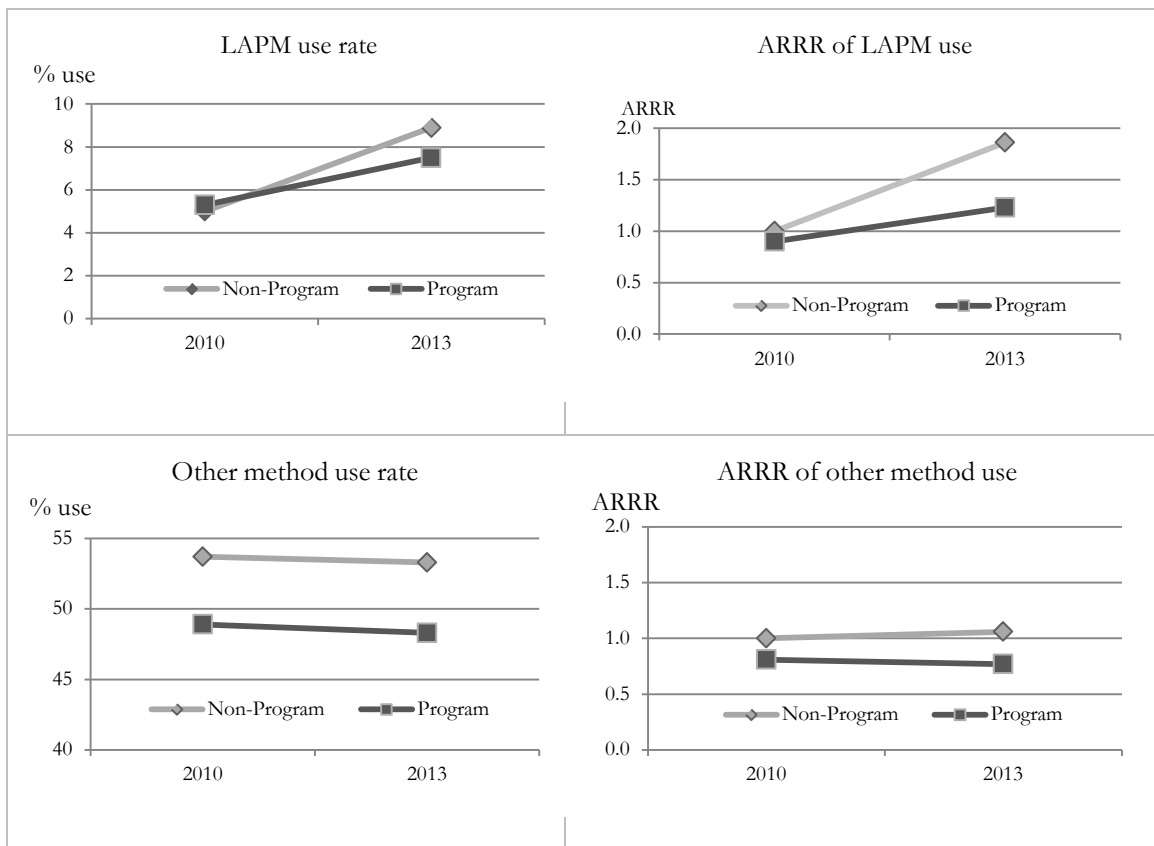


Figure 3.2.1. Rates of LAPM and other methods, by program vs. non-program districts, and by calendar year (left panel) and associated multinomial logit-based adjusted relative risk ratios (ARRR) (right panel), Mayer Hashi.

Table 3.2.10. Indicators Capturing Programmatic and Accessibility Aspects, Change in Method Use, and Program vs. Non-program Districts/Region, Mayer Hashi, 2013

Program/ Non-program (Region)	% Vacancy of UFPO*	% Vacancy of MO- MCH*	% Women Visited by FP Worker	% Women Sought Health/FP Care from Facilities	% Women Heard, Saw, or Read about LAPM	Increase in LAPM Use (%) (2013 vs. 2010)	Increase in Other Method use (%) (2013 vs. 2010)
Program districts (eastern)	36	56	13	41	38	1.5	-0.1
Program districts (south- central)	47	38	12	49	37	3.5	-4.3
Non-program districts (north- central)	10	19	23	55	50	3.9	0.9

Source: Mayer Hashi document.

4. DISCUSSION

The objective of this evaluation of the Mayer Hashi program was to understand whether there has been an improvement in the demand for and use of LAPM associated with the program. We also examined some intermediate variables in the theoretical pathway between program interventions and the demand for and use of LAPM. The evaluation adopted a quasi-experimental design in which six districts from the MH program area and three otherwise comparable districts from non-program area were selected. Data were collected in 2010, before the program fully started, and in 2013, at the end of the program. The evaluation design permits an examination of the changes in the demand for and use of LAPM that may be associated with MH program inputs above and beyond the changes that would happen in absence of the program. Additionally, data collected from service providers on their knowledge, skills and practices that may influence the quality of care of LAPM were compared between the program and non-program districts in 2013.

4.1. *Summary Findings*

Our findings show that the coverage of service provider training was higher in program than non-program districts but higher training did not necessarily translate into improved knowledge or practice. Service providers in program districts were more aware of policy changes or of new policies than providers in non-program districts, but practices hardly differed between the two areas. Demand for LAPM was very low and remained similar in program and non-program districts in 2013. The use of LAPM increased between 2010 and 2013 in both types of districts, but the rate of change was significantly lower in the program than the non-program districts. Some factors that are likely to influence couples' adoption of LAPM – FP workers' home visit, women's health or FP care utilization, and women's attention to messages on LAPM through mass media or other sources – were higher in the non-program than program districts. Notably, program districts had a higher rate of vacancy of MO-MCHs, the lone provider of implants and female and male sterilizations, than non-program districts. Also, UFPO vacancy, the Upazilla family planning manager, was higher in the program than non-program districts. Thus, the higher LAPM use in the non-program than program districts could be associated with program strength, specifically, the availability of MO-MCHs in the Upazillas.

4.2. *Possible Explanations*

There are several possible explanations for why this evaluation failed to find a positive impact of the program on most of the outcomes examined. Here we focus on four major explanations:

- Was an appropriate evaluation methodology used?
- Was there sufficient time of implementation of interventions to see program effects on higher level outcomes?
- Were proper interventions chosen to deal with the issue of LAPM?
- Were appropriate areas/districts selected for improving LAPM use?

4.2.1. Was an Appropriate Evaluation Methodology Used?

The “before-after and intervention-comparison” approach used in this evaluation to examine contraceptive behavior outcomes is the strongest evaluation design that could be used for this study. The main assumption in this evaluation design is the parallel trend assumption; i.e. that the change in the non-program districts represents what would have happened in the program districts in the absence of the program. For this assumption to be plausible, program and non-program areas need to be as similar as possible. The non-program districts were found comparable to the program districts at the baseline in terms of LAPM use and other socioeconomic background characteristics of women. However, there were proportionately more urban women in the non-program area sample at baseline; we analyzed the data separately for urban and rural areas and still found no program effects. The difference-in-difference estimator used to estimate program effect in this design controls for time invariant differences between program and non-program areas but does not control for time variant unobserved differences. We controlled for some background characteristics in the multivariate analysis but it is possible that there are other time varying differences between the program and non-program areas that affect the change in LAPM use. One potentially important difference between the program and non-program districts in 2013 was that vacancy of MO-MCHs, who provide LAPM and supervise providers who provide IUD, was markedly higher in the program than non-program districts. It is highly likely that the program vs. non-program difference of MO-MCH vacancy, observed in 2013, was similar in 2010, or at the beginning of the MH program.

We included a service provider survey in the evaluation to understand better the intermediate steps in the pathway through which the program interventions were expected to affect the outcomes of contraceptive use and LAPM use. One limitation of our service provider survey is that it only allows comparison between the program and non-program districts at the endline. As mentioned above, at the endline no noticeable differences of provider skills and practices were observed between the program and non-program districts. Given the endline-only design, it is possible that the provider skills and practices in program districts were weaker than those in non-program districts at the beginning of the MH program and that the interventions brought them up to the level of the non-program districts. However, given that the level of LAPM use at baseline was the same in program and non-program districts, it appears that any baseline differences between program and non-program areas in provider skills and practices was not associated with significant differences in the outcomes of interest. Therefore, while it is possible we are missing an effect of the training interventions on provider skills and practices with the endline-only design, this is unlikely to explain the lack of program effects on the contraceptive behavior outcomes of interest.

A significant challenge in evaluating programs that are operating at scale in real world environments is that there may be external programs in program and non-program districts which also influence the outcomes of interest (Victora et al., 2011). We found that both program and non-program districts received some maternal, newborn, and child health interventions, but it seemed that the former districts received more interventions than the latter. There are also several other providers of LAPM in both program and non-program areas.

4.2.2. Was Sufficient Time Allowed to Observe the Intervention Effects?

For the women’s survey baseline data collection took place during January-August 2010 when MH program was doing their intervention design and the endline data were collected during February-

May 2013. On an average, there was a three-year time period between the two surveys. An exposure of three years may be a reasonable time span for demand for LAPM among women to increase and translate into practice. BCC activities were a key intervention for LAPM demand generation. The mid-term evaluation of MH program indicates that the implementation of BCC interventions was substantially delayed for various reasons including the government approval of the BCC contents and modalities of implementation (EngenderHealth, 2012). While facilities in program areas were more likely than those in non-program areas to have BCC materials present in the facilities, women who used facilities were equally likely to recall seeing BCC materials in the facility in both program and non-program areas. Therefore it is possible that an optimal lag time was not reached at the endline to observe any effect of BCC activities on demand for LAPM.

Similarly, the training of service providers continued through December 2011. This leaves only one year between the end of the training and the endline data collection for program effects to occur. There are several steps between training of service providers and outcomes like women's contraceptive use. First, the training needs to lead to improvements in provider knowledge and skills, which then has to translate into improved practice, which is then expected to influence demand for and use of contraception through improved counseling and diffusion of positive experiences of clients to other women through social networks. In our analysis of steps along this program pathway, we find that the level of knowledge was no better among the service providers in the program districts than among those in the non-program districts. Therefore, it seems that there is a break early in the pathway from training to increased demand for and use of LAPM, and thus the interventions would not be expected to translate into higher practice of LAPM in program districts.

4.2.3. Were Proper Interventions Chosen to Deal with the Issue of LAPM?

To answer this question and to choose proper interventions require a review of the fundamental reasons behind the low demand for and use of LAPM in Bangladesh. The supply-side reasons are associated with the public-sector program weakness and demand-side ones are associated socio-cultural barriers. They are compounded in low-performing regions, namely the eastern part of the country, as low-performance is a consequence of program weakness and low demand associated with traditional beliefs that are common in that region. It should be noted that 80% of LAPM are provided through the public sector (NIPORT et al., 2013), although there has been a recent policy change of expanding such services through the private sector, which is yet to be put in practice. As mentioned above, most MH districts are from eastern and low-performing region. The program weakness results in poor infrastructure, poor physical-quality of services and quality of care, inadequacy of key service providers, and others. There are reports of very poor conditions of physical quality of infrastructure and equipment and service-provider presence, and thus services at the Upazilla and Union levels where LAPM are provided are of poor quality (Chaudhury & Hammer, 2004; Schuler et al 1998). In the year 2011-12, over 40% of MO-MCH positions were vacant (MOHFW, 2012a) while MO-MCHs are the lone provider of implants and female and male sterilizations for an Upazilla. Moreover, over one-fifth (22%) of MO-MCHs were found absent from their regular duties in 2011 (MOHFW, 2012b). The client-provider interactions are poor in the public-sector facilities (Schuler & Hossain, 1998; Schuler et al., 2002). The side effects and complications of LAPM acceptors are hardly addressed by the providers (Mahbub-E-Alam et al., 2009). As mentioned above, these conditions are likely to be more acute in the eastern region or the MH-covered districts.

The MH interventions aimed to improve provider knowledge and skills and client-provider interaction that lead to higher client satisfaction and demand for LAPM. The training did not appear to translate into higher knowledge, skills and practices in program areas, and the missing link in the MH program was the lack of follow-up in order to observe the training effects. One reason for this is that the ongoing supervision of the trained providers was the responsibility of the government of Bangladesh and not in the scope of MH so weaknesses in that follow up step, along with the short time interval between the end of training and the endline survey, could explain the lack of difference between program and non-program areas in knowledge, skills and practices. But they did not address the prime issue of provider vacancy, especially of MO-MCH or UFPO. High level of such vacancy remains a major health systems challenge in Bangladesh, especially in low-performing regions; DGFP has not been able to improve this situation in the last several decades. As shown in table 2.4.1, in 2013 the program districts had a vacancy rate of 51% and the non-program districts, 19%. This could explain why MH program districts did not see such large increases in LAPM use as non-program districts.

The major demand-side issues are (a) stigma among affluent and educated couples against female sterilization and vasectomy as they are perceived as “poor men’s methods,” (b) vasectomy is perceived as an unsuitable method primarily because of lack of knowledge of physiological processes of the procedure, (c) religiously inclined couples’ reluctance of considering the permanent methods as a method of fertility limitation, and (d) perceived and observed side effects or complications of IUD and implants (Mahbub-E-Alam et al., 2009). Some of these can potentially be addressed with the communication and counseling training and orientation given by Mayer Hashi to providers and community leaders and other people. We did not find any documentation at Mayer Hashi that showed the basis of BCC topic and material design and how these linked to known demand-side barriers. A systematic review of the topics and contents of the materials of LAPM BCC campaign to address these various barriers to demand for LAPM would have been useful. Moreover, the Mayer Hashi mid-term evaluation report indicated certain weakness of the project BCC approaches and contents (EngenderHealth, 2012).

4.2.4. Were Appropriate Areas/Districts Selected for Improving LAPM Use?

As mentioned above in the background section, the MH project had double challenges of improving LAPM use. Most of the districts are from the eastern region, which has both supply- and demand-side challenges of FP programs. In supply side, the eastern region is characterized by general program weakness, e.g., high vacancy and absenteeism rate of MO-MCHs and UFPOs and less-developed and poorly-maintained infrastructure at the Upazilla and below (MOHFW, 2012b). These are keys to accessibility to and quality of care of LAPM. In demand side, the eastern region is characterized by greater desired family size (NIPORT et al., 2013) and thus low demand for fertility limitation associated with peoples’ conservative outlook and greater reliance on traditional beliefs. Under this situation contraceptive demand is a kind of fragile, i.e., the intensity of demand is low in that the couples are not that determined to go for a method that needs a major decision. A woman can accept pill or injectables with an understanding that she can drop it anytime she wants if situation does not permit. Under this circumstance, demand for LAPM is likely to be low. In this region, it would be relatively easy to increase the use of short-acting methods. Emphasis on LAPM may be given at the time when contraceptive use rate increases to a moderate to high level and when couples will feel determined to limit fertility. We found that the eastern region had the lowest improvement in LAPM (table 3.2.10) which is consistent with what we have just described.

In contrast, the western region is the ripe place to emphasize LAPM because of the couple’s demand for low fertility, strong intensity of fertility limitation, high use of contraception, and greater utilization of health services (NIPORT et al., 2013). In fact the western region has been the champion of social and health development in Bangladesh. The FP programs are also relatively stronger there compared to those in other regions of the country. In fact, the likelihood of LAPM use was markedly higher in the western than other regions (1.42 and 1.37 times higher than the eastern or central region, respectively [Table 4.2.1]). It could be argued that the high-performing regions do not need an emphasis on FP programs anymore because contraceptive is already high and fertility low, at replacement level or below. However, emphasizing LAPM in the low-fertility regions would result in a more effective contraceptive method mix. Table 4.2.1 shows that there were 51 MRs or abortions per 100 live births in the western region compared to only 20 in the eastern and 36 in the central region. In 2010, about half of all MRs/abortions as well as half of abortion complications were from the western region of the country (Singh et al., 2012). (The western region’s share of live births was only 31% in that year.) One important reason for high incidence of MR or abortion is the use-failure of pills, condoms, or traditional methods, which constitute 69% of methods used by couples (NIPORT et al., 2013), and which have high use-failure (Bairagi & Rahman, 1996). Another reason is the high discontinuation of pills, injectables, and condoms (NIPORT et al., 2013). Many women, after method discontinuation, experience unintended pregnancy while they wait to start a different method or return to the same method. Increased use of LAPM in Bangladesh in general and in low-fertility regions in particular can reduce the burden of MR and abortion. The immediate priority for LAPM improvement should be in the western region.

Table 4.2.1. Use of LAPM and Other Contraceptive Methods and Incidence of Menstrual Regulation (MR) or Abortion, by Region

Region	Percent of CMWRA Using in 2011		MR or Abortions per 100 Live Births in 2010
	LAPM	Other Methods	
<i>Western:</i> Khulna, Rajshahi, and Rangpur	9.7	58.0	51
<i>Central:</i> Barisal and Dhaka	7.1	54.5	36
<i>Eastern:</i> Chittagong and Sylhet	6.9	43.0	20

Sources: NIPORT et al., 2013; Singh et al., 2012

5. LESSONS LEARNED

We can report one important evaluation lesson learned: an inclusion in the evaluation design the measurement of key of intermediate variables that capture the pathways through which the interventions are likely to influence the outcome variables. The basic MH interventions were to train or orient providers, which was expected to enhance knowledge and skills to improve quality of care that would then influence demand for and use of services. The initial evaluation design did not include measuring the change in providers' knowledge, skills, or quality of care; only measuring change in the outcomes at the population level. Consequently our design was limited to looking at providers' knowledge and behaviors only at endline. Future evaluation would benefit from including measurement of changes in the intermediate variables to better understand findings related to population outcomes. Measuring change in providers' knowledge, skills, and quality of care could be done by including a provider survey in the baseline and endline data collection.

On the post-intervention monitoring and follow-up side, it would have been a great opportunity for the MH project to have a mechanism to know how and to what extent the post-training knowledge and skills are being applied by the training/orientation participants in their work place. Such mechanism would help generate signals if there were lack in program improvement. Future intervention projects will be in advantageous position if they keep this provision.

6. RECOMMENDATIONS

Based on the findings of the evaluation, we make the following program recommendations:

- The lack of increase in LAPM in Mayer Hashi districts seems to be associated with the vacancy of MO-MCHs; this situation is unlikely to improve in near future. The following may be the alternative approaches to delivery of LAPM in this context:
 - The Upazilla-level RMOs and obstetrician-gynecology consultants who have been trained on LAPM by MH project should be encouraged to run monthly ‘day-long’ sessions on implants, tubectomy, and NSV. The UHFPO should facilitate this and the UFPO should instruct her/his community-level providers namely FPIs, FWVs, and FWAs to refer clients to the monthly sessions organized by RMOs or obstetrician-gynecology consultants.
 - The MO-MCHs and UFPOs should proactively take advantage of the existing MOU between DGFP and Marie Stopes International (MSI) and invite the highly skilled and experienced LAPM service providers from MSI to run LAPM ‘day-long’ sessions . The UFPO should ensure client referral to the session through the community-level providers.
 - Private-sector provision of LAPM should be seriously pursued and accelerated. MH project has already trained private providers. RMOs, obstetrician-gynecology consultants, or other specialists who do private practice should be encouraged to provide LAPM through private-sector facilities. The managers should instruct community-level providers to refer clients to private-sector facilities. The private sector-LAPM provision can attract clients from higher socioeconomic groups and thus minimize social stigma associated with LAPM.
 - The existing incentive system may be a barrier to privatization of LAPM delivery; it is necessary to revise the incentive system to make privatization to work. A demonstration project, by the Mayer Hashi follow-on program or other agency, can explore ways to develop an efficient privatization system.
- There is strong potential for an innovative mass media campaign to help generate demand for LAPM. Investment should be made to develop appropriate BCC approaches and modalities.
- The eastern region of the country (Chittagong and Sylhet Divisions) should receive immediate programmatic emphasis on the improvement of short-acting methods namely pills, injectables, and condoms; delivery of these methods require minimal infrastructure and the methods can be relatively easily popularized among people with traditional beliefs common in that region. This is expected to lead to rapid increase in CPR in that region, a goal of HPNSDP.
- The western region (Khulna, Rajshahi, and Rangpur Divisions) with low demand for fertility, strong intensity of family size limitation, and high incidence of MR/abortion should receive priority on the service delivery of LAPM. This is expected to lead to improved contraceptive method mix leading to reduced rate of unintended pregnancy associated with method failure and early discontinuation of short-acting methods which are common in the western region. The high rate of abortion and associated high hospital caseload of abortion complications are a burden to the health systems of Bangladesh. Increased LAPM use can help couples achieve their desired family size and reduce the burden of MR/abortion.

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Appendix A. Background Characteristics of Survey Respondents, 2010 and 2013, Mayer Hashi

Table A1: Percent of Respondents According to Their Background Characteristics

Background Characteristics	Percent				Number			
	Program		Non-program		Program		Non-program	
	2010	2013	2010	2013	2010*	2013	2010*	2013
<i>Age</i>								
<20	10.8	8.9	12.3	9.9	2,396	346	1,221	195
20-24	20.0	17.5	21.3	17.7	4,437	683	2,111	349
25-29	19.7	19.9	19.0	19.0	4,369	775	1,877	374
30-34	15.4	17.1	14.2	15.9	3,411	667	1,402	313
35-39	13.3	14.5	12.6	13.4	2,947	564	1,246	264
40-44	10.9	11.4	10.2	12.3	2,412	443	1,009	243
45-49	9.8	10.7	10.4	11.8	2,173	416	1,027	232
<i>Number of children</i>								
0	10.5	9.4	10.7	10.8	2,319	366	1,058	212
1-2	42.3	41.6	43.2	42.3	9,369	1,621	4,270	833
3-5	40.1	41.1	40.0	41.2	8,876	1,602	3,954	812
6+	7.1	7.8	6.2	5.7	1,581	305	611	113
<i>Education</i>								
No education	31.1	28.5	36.7	32.0	6,888	1,108	3,627	630
Primary incomplete	15.8	15.9	15.6	16.6	3,497	619	1,546	326
Primary complete	16.4	17.1	14.9	12.5	3,631	667	1,473	246
Secondary incomplete	25.5	27.2	24.2	28.8	5,656	1,058	2,397	567
Secondary complete+	11.2	11.4	8.6	10.2	2,473	442	850	201
<i>Wealth quintile</i>								
Lowest	19.9	21.7	21.9	17.6	4,415	844	2,162	347
Second	20.0	20.6	18.8	18.0	4,425	801	1,861	354
Middle	20.5	19.3	22.7	22.6	4,547	750	2,241	445
Fourth	20.4	18.9	21.9	21.5	4,525	736	2,164	423
Highest	19.1	19.6	14.8	20.4	4,233	763	1,465	401
<i>Religion</i>								
Muslim	86.3	89.6	94.3	96.6	19,102	3,489	9,326	1,902
Non-Muslim	13.7	10.4	5.7	3.5	3,043	405	567	68
<i>Residence</i>								
Rural	66.5	74.5	55.7	73.1	14,726	2,899	5,513	1,439
Urban	33.5	25.6	44.3	27.0	7,419	995	4,380	531
<i>Program districts</i>								
Barisal	23.8	16.3	-	-	5,272	636	-	-
Patuakhali	13.4	18.4	-	-	2,959	718	-	-
Cox's Bazar	8.5	15.8	-	-	1,878	614	-	-
Comilla	22.7	17.1	-	-	5,021	664	-	-
Moulvibazar	14.1	16.1	-	-	3,120	626	-	-
Sunamganj	17.6	16.3	-	-	3,895	636	-	-
<i>Non-program districts</i>								
Kishoreganj	-	-	28.0	32.6	-	-	2,766	642
Mymensingh	-	-	46.4	32.2	-	-	4,594	635
Narsingdi	-	-	25.6	35.2	-	-	2,533	693
Total	100.0	100.0	100.0	100.0	22,145	3,894	9,893	1,970

*Unweighted numbers but the corresponding percentages are weighted.

Table A2: Percent of Currently Married Women Using Contraceptive Methods and Long-Acting and Permanent Methods (LAPM) According to Their Background Characteristics

Background Characteristics	Program Districts				Non-program Districts			
	Any Method		LAPM		Any Method		LAPM	
	2010	2013	2010	2013	2010	2013	2010	2013
<i>Age</i>								
<20	35.4	43.1	0.3	1.2	42.0	44.1	0.6	1.5
20-24	48.8	53.6	1.6	1.9	55.7	61.0	1.4	3.7
25-29	58.4	61.6	4.6	5.4	62.9	66.6	4.7	7.2
30-34	66.5	68.1	7.7	9.8	67.9	70.6	5.9	10.9
35-39	69.4	68.4	9.3	13.5	71.3	78.8	8.4	12.9
40-44	57.5	52.8	8.6	11.3	63.0	66.3	7.4	11.1
45-49	35.9	25.7	7.9	9.6	45.1	37.5	10.4	16.4
<i>Number of living children</i>								
0	14.5	23.8	0.1	0.3	16.5	25.0	0.02	0.5
1-2	54.7	58.5	2.4	4.3	60.2	65.8	3.0	5.3
3-5	63.6	61.9	9.1	11.7	67.6	70.6	7.8	15.3
6+	53.9	48.2	7.5	10.5	62.5	45.1	7.9	6.2
<i>Education</i>								
No education	53.5	52.0	8.0	10.5	58.1	61.0	7.5	12.7
Primary incomplete	56.3	58.5	6.8	10.5	60.0	66.3	5.4	10.4
Primary complete	57.9	58.0	4.8	6.2	59.4	64.2	3.1	8.9
Secondary incomplete	50.8	56.8	2.6	4.9	57.5	59.3	2.6	5.3
Secondary complete+	56.1	55.9	2.5	3.6	61.0	65.2	2.3	5.0
<i>Wealth quintile</i>								
Lowest	56.0	60.8	6.8	9.8	55.4	65.7	5.1	11.5
Second	57.1	57.8	5.3	7.2	58.5	65.5	5.3	9.0
Middle	53.3	54.7	5.2	7.6	59.7	59.1	4.5	8.1
Fourth	52.8	53.5	4.6	6.9	61.0	58.2	4.5	9.0
Highest	51.1	51.5	4.6	5.4	60.5	63.8	5.8	7.5
<i>Religion</i>								
Muslim	53.4	55.2	5.0	7.1	58.4	61.9	5.0	8.8
Non-Muslim	59.8	61.2	8.0	10.4	66.1	70.6	5.3	13.2
<i>Residence</i>								
Rural	53.3	54.4	5.3	7.4	58.1	61.6	4.7	9.2
Urban	59.7	59.9	5.7	7.5	61.6	63.8	6.5	8.3
<i>Program districts</i>								
Barisal	62.3	62.9	4.9	9.6	-	-	-	-
Patuakhali	65.1	63.0	4.3	6.6	-	-	-	-
Cox's Bazar	58.2	57.0	4.9	6.4	-	-	-	-
Comilla	50.2	51.5	5.3	5.9	-	-	-	-
Moulvibazar	50.7	51.1	7.6	9.0	-	-	-	-
Sunamganj	43.4	48.6	5.1	7.6	-	-	-	-
<i>Non-program districts</i>								
Kishoreganj	-	-	-	-	56.5	62.9	5.2	10.6
Mymensingh	-	-	-	-	62.0	68.5	4.7	6.8
Narsingdi	-	-	-	-	54.3	55.7	5.3	9.4
Total	54.2	55.8	5.3	7.5	58.7	62.2	5.0	8.9

Appendix B. List of Mayer Hashi Project Interventions in Six Baseline Districts

SL No.	Mayer Interventions	SL #	Topics	Categories of participants attended
R1 – Service Delivery and Supply	Postpartum Family Planning (PPFP) (only in sadar upazila facilities)	1	TOT on PPFP	Associate Professor, Assistant Professor, R/S, Gynae
		2	Training on PPFP	Assistant Register, Associate Professor, Asst. Registrar (Gynae), Asstt. Surgeon, Consultant, Consultant (Gynae-Obs), Emergency Medical Officer, FWV, IMO, Jn. Consultant, Medical Officer, MO (MCH-FP), MO(Clinic), RMO, RS (Gynae), AD (CC), AFWO (MCH-FP), Assistant Nurse, Civil Surgeon, Jr. Consultant (Obs/gyn), Medical Officer, MO (DC), Senior Staff Nurse, Sr. Consultant, UFPO, UH&FPO
		3	Orientation on PPFP	2nd Year Student, 3rd Year Student, AHI, Assist. Register, Assist.Register,GU-2, Assist.RS,GU-1, Aya, CHCP, Cleaner, Clinic Manager, Cook, Driver, Emergency Medical Officer, EPI Tech, Female Nursing Attendant, FMA, FPI, FWA, FWV, Guard, Health Assistant, HI, Honorary MO,GU-2, House keeper, Intern Doctor, Intern Doctor,GU-1, Intern Doctor,GU-2, Intern Doctor,GU-3, MA, Medical Officer, MLSS, MO,GU 1, MO,GU-2, Nursing Instructor, Nursing Supervisor, Office Assistant, OT helper, Paramedic, Pharmacist, Senior Staff Nurse, Staff Nurse, Staff Reporter, Ward Boy, Ward Master
		4	Orientation on PPBTL, PPIUD and LAPM	AD (FP), Assistant Nurse, Aya, Cleaner, Consultant Surgery, Consultant (Anesthesia), Consultant (Obs/Gyn), DD (FP), FMA, FWV, Guard, Medical Officer, MLSS, MO (Clinic), MO (MCH-FP), Night Guard, Nursing Attendant, Nursing Supervisor, Pharmacist, Public Health Nurse, RMO, SACMO, Senior Staff Nurse
		5	In reach Orientation on PPFP	AFWO (MCH-FP), AHI, Assistant Nurse, Assistant Nursing Attendant, Assistant Registrar, Assistant Surgeon, Associate Professor, AUFPO, Aya, Cleaner, Clinic Assistant, Clinic Manager, Consultant (Gynae-Obs), Consultant (Surgery), Cook, Counselor, CS, Dai Nurse, Dental Surgeon, District Manager, DPHN, Driver, Electrician, EMO, Executive Clinical Service, FMA, FWV, Guard, HA, Head Assistant, Health Inspector, Herbal Assistant, HI,

SL No.	Mayer Interventions	SL #	Topics	Categories of participants attended
				Honorary Medical Officer, Indoor Medical Officer, Information Supplier, Instrument Caretaker, Intern Doctor, Jr. Consultant, Jr. Consultant (Gynae), Jr. Consultant, Eye, Jr. Consultant, Orthopedic, Jr. Health Education Officer, Junior Consultant (Med), Junior Mechanic, Lecturer, LRA, Manager, Medical Assistant, Medical Officer, MLSS, MO, MO(Clinic), MO(MCH-FP), MT (Lab), MT, EPI, Nurse, Nursing Instructor, Nursing Supervisor, Office Assistant, OT Boy, Paramedic, , Peon, Pharmacist, Program Manager, Radiographer, Reporter, Resident Medical Officer, Resident Physician, Resident Surgeon, RMO, SACMO, Senior Staff Nurse, Service Promoter, SI, SK, SMO, Staff Nurse, Staff Reporter, Statistical Assistant, Steno Typist, Store Keeper, Sweeper, Trainer, UFPA, UFPO, Ward Boy, Ward Master
		6	Demonstration of PPFPP Information during EPI Session (only in Debidwar, a special PPFPP intervention upazila in Comila district)	AHI, Aya, CHCP, Client, EPI Tech, FPI, FWA, FWV, HA, HI, Local Representative, MA, MLSS, Pharmacist, SACMO, UFPA, Volunteer
		7	Follow-up of PPFPP Activities	AHI, CHCP, EPI Tech., FPI, FWA, FWV, HA, SACMO, Sr. Staff Nurse, UFPA, AD (CC), AFWO (MCH-FP), Asstt. Professor (Gyn/Obs), Asstt. Registrar (Gynae), ATFPO, Clinic Manager, Consultant (Gynae), CS (In-charge), DCS, DD (FP), Director, Jr. Health Education Officer, Manager, MO (Clinic), MO (CS), MO (Gyn), MO (MCH-FP), Office Assistant, Project Manager, Registrar (Gyn/Obs), Reporter, RMO, Sr. Consultant, SSN, Staff Nurse, Statistical Assistant, UFPO
		8	Trainee Follow-up on PPBTL and PPIUD	AD (FP), AFWO (MCH-FP), Assistant Nurse, Consultant (Anesthesia), EOC-MO, FMA, FWV, HMO, Jr. Consultant (Obs/gyn), Jr. Consultant Surgery), Matron, MO (Clinic), MO (MCH-FP), RMO, Senior Staff Nurse, UFPO
		9	Meeting on PPFPP with Obs-Gyn and Private Practitioners (only in	Assistant Administrative Officer, Assistant Surgeon, Chief Health Officer, Clinic Manager, Consultant, Honorary Medical Officer, Medical Officer, MO (MCH-FP), Resident Medical

SL No.	Mayer Interventions	SL #	Topics	Categories of participants attended
			Debidwar, a special PPFPP intervention upazila in Comila district)	Officer, Staff Reporter
		10	Stakeholders Meeting for PPFPP (only in Debidwar, a special PPFPP intervention upazila in Comila district)	AD (CC), AD (QA), AFWO (MCH-FP), Assistant Surgeon, Associate Professor, Asstt. Professor-Gynae, AUFPO, Clinic Manager, Consultant (Anaesthesia), Consultant (Eye), Consultant (Obs/Gyn), Coordinator, Program, DC, DD (FP), Deputy Civil Surgeon, Deputy Nurse Superintendent, District Manager – Health, District Officer, EMO, Health. Educator, Jr. Consultant (Anesthesia), Jr. Consultant (Obs/gyn), Jr. Consultant (Surgery), MO (Clinic), MO (MCH-FP), MO(Diabetic), MO. SSKS, PO-MCHN, Program Officer, Project Administrator, Project co-coordinator, Project Director, Project Manager, R/S Gynae, Regional Supervisor (FPCST & QAT), RMO, Senior Staff Nurse, Sr. Consultant-Gynae, Statical Assistant, UFPO, Unite Manager, UP. Manager
		11	Coordination Meeting on PPFPP (only in Debidwar, a special PPFPP intervention upazila in Comila district)	DD (FP), Managing Director & manager of private hospital, Owner of private clinic, HA, HI, AHI, FPI, FWA, FWV, SACMO, Nursing Supervisor, AUFPO, Medical Assistant, RMO, Medical Officer, Jr. Consultant (Obs/gyn), UH&FPO, UFPO
	Other LA/PM Activities	12	VSC Standardization Training	Assistant Surgeon, Clinic Manager, Medical Officer, MO (Clinic), MO (MCH-FP), Program Officer
		13	Training on NSV Standardization	AD (CC), Medical Officer, MO (Clinic), MO (MCH-FP), Project Coordinator
		14	Training on IUD IP Counseling	AFWO (MCH-FP), Counselor, FWV, Paramedic, SACMO, Senior Staff Nurse
		15	Training on Implanon	AD (CC), DD (FP), FWV, Medical Officer, MO (Clinic), MO (FW), MO (MCH-FP), Paramedic, PM, Principal (Acting), UFPO

SL No.	Mayer Interventions	SL #	Topics	Categories of participants attended
		16	Orientation on Family Planning	Field Worker, Trainer, Trainer, Supervisor
		17	Orientation on Implanon	UFPO
		18	Orientation on LA/PM for BSPs of SMC	Non-graduate Medical Practitioner (NGMP)
		19	Orientation on Imprest Fund Management	FWV, Nurse, Office Assistant, OT Sister, UFPA
		20	Orientation on LAPM; PFP for Obs./Gyn Professionals	Assistant Professor, Assistant Surgeon, Consultant, Counselor, Jr. Consultant, MD, Medical Officer, MO (Clinic), MO (CS), MO (MCH-FP), President, RH Specialist
		21	Orientation on the Development of District Trainers' Pool	MO (Clinic), MO (MCH-FP), Assistant Surgeon, Principal, Regional Supervisor (FPCST & QAT), AD (CC)
		22	IUD, IP & Counseling Trainee Follow-up	FWV, SACMO, Counselor, SSN
		23	Coordination Meeting on access to and use of LAPM	FWV, Head Asst, SSN
		24	Follow-up and Onsite Coaching of FWVs at FWC	SACMO, EPI Tech., FPI, FWA, FWV, HI, MLSS, Aya
		25	Review & Planning Meeting (District)	Accountant, AD (CC), AFWO (MCH-FP), AUFPO, CA, CHO, Clinic Manager, Coordinator, DD (FP), Divisional Director (FP), DPO, FPI, Jr. Statistician, Manager, MLSS, MO (Clinic), MO (MCH-FP), Office Assistant, Pharmacist, PM, PO, Principal, Project Advisor, PS, Regional Supervisor (FPCST & QAT), SACMO, Steno, Superintendent, Training Officer,

SL No.	Mayer Interventions	SL #	Topics	Categories of participants attended
				UFPO
R2 – Demand Generation	BCC Activities	26	Orientation for Community Support Group (Patuakhali)	Community Support members of community clinic
		27	Orientation of BCC Campaign focused on LA/PM	FWA, FWV, HA, FPI, FO, Clinic Manager, AHI, SACMO, NGO Field Workers, CSP
		28	Orientation on Effective Communication Focusing on PPF (sadar upazilas)	FPI, FWA, FWV, HA, SACMO, AHI, AFWO (MCH-FP), CHW, Counselor, Field Coordinator, Field Supervisor, Service Provider, EWF
		29	Orientation on Effective Communication Technique to address for PEER Group (Patuakhali)	Peer for YMC Intervention
		30	Street Drama (union level)	Community People
		31	TOT on Effective Communication for PPF (sadar upazilas)	Peer for YMC Intervention
		32	TOT on Effective Communication to address YMC (Patuakhali)	Assistant Teacher, AUFPO, Head Master, Medical Officer, MO (Clinic), MO (Disease Control), UFPO, UH&FPO, Upazila Ansar-VDP Officer, Upazila Youth Development Officer

SL No.	Mayer Interventions	SL #	Topics	Categories of participants attended
		33	Training on Effective Communication for PPF (sadar upazilas)	HA, AHI, FWA, FPI, FWV, Upazilla Manager, NNP, SACMO, FPI, RHP, Clinic Manager, MA, Community Motivator, Community Nutrition Organizer, AFWO (MCH-FP), Health Motivator, Liaison Worker, Paramedic, Service Promoter, Clinical Assistant, AUFPO, UFPA
		34	Training on Effective Communication to address YMC (Patuakhali)	AHI, FWA, FWV, HA, SACMO, Counselor, FPI, LLVO, Pharmacist, RHP, Sanitary Inspector, Statistical Assistant, UFPA, Assistant Nursing Attendant, Paramedic, Medical Assistant, RHP
		35	PEER Refresher Training (Patuakhali)	Peer for YMC Intervention
R3 – Policy and Advocacy	Advocacy	36	Orientation on LAPM for Satisfied IUD Acceptors	Satisfied IUD Acceptors
		37	Orientation on LAPM for Satisfied NSV Acceptors	Satisfied NSV Acceptors
		38	Coaching Session on LAPM with Satisfied NSV Clients	Satisfied NSV Acceptors
		39	Orientation on Bottom-up Contraceptive Projection	AFPO, Aya, Field Supervisor, Field Coordinator, FPI, FWA, FWV, Health Educator, MLSS, MO, NGO worker, Night Guard, Office Asstt., Service Provider, Steno typist, UFPA, Coordinator, CSBA, RSP, Pharmacist, Program Assistant, Program Organizer, Sr. Upazila Manager, SACMO, AHI
		40	Orientation on Strengthening LAPM, Safe Delivery and PPH prevention	Upazila Chairman, UP Chairman, Commissioner, Counselor, UP Secretary, UP Member, Upazila Vice-Chairman, Female UP Member

SL No.	Mayer Interventions	SL #	Topics	Categories of participants attended
		41	Stakeholders Workshop on Population Policy	AD (CC), ADC (General), Additional Superintendent of Police, Additional District Magistrate, Advocate, Agriculture Officer, Assistant Professor, Asstt. Statistician, Asstt. Chief & PM, Bauro Chief, Ittefaq, Cashier, UP Chairman, Civil Surgeon, Clinic Manager, Clinical QA Specialist, Commissioner, Consultant (M & E), Coordinator, FPAB, Correspondent, DD (FP), DD Agri. Extension, DD&PM-CH, Deputy Commissioner, Deputy Land Reforms Commissioner, DG, DIMO, Director, Director (Planning), Director(Admin), Director, Health, Divisional Director (FP), EX. DDFP., FWA, FWV, General Secretary, Imam, Court Mosque, Lecturer, Social Welfare, Line Director, Manager(Q&D Desk), Medical Practitioner, MO (Clinic), MO (MCH-FP), MO(UPHCP-2), National Imam, NDC, Office Assistant, P.P.S, Project Manager, BAVS, President, A Local NGO, President, Kazi Samity, President, Manabadhiker Joat, President, Press Club, President, Samity, Principal, PS to Commissioner, PS to Div. Commissioner, Regional Supervisor (FPCST & QAT), SACMO, Secretary, Senior ASP, SMO, Social Worker, Superintendent of Police, Special Public Prosecutor, Sr. ASP, Staff Reporter, Steno Typist, Technician, Training Officer, TRC, UFPO, UNO, Vice President
PPH Prevention	Misoprostol (Barisal, Cox's Bazar, Comilla, Maulvibazar)	42	TOT on Misoprostol Use at community	Jr. Consultant (Obs./Gyne), Medical Officer, MO (Disease Control), RMO, UH&FPO, Consultant, MO (Obs & Gyne)
		43	Orientation on Misoprostol Use at community at District level	Jr. Consultant (Obs./Gyne), Medical Officer, MO (Disease Control), RMO, UH&FPO, Consultant, MO (Obs & Gyne)
		44	Orientation on Misoprostol Use at community at upazila level	FPI, FWA, Paramedic, AHI, Ansar Commander, Health Assistant, Lady Health Visitor, MT (EPI), RHP, Service Promoter, Statistical Assistant, UFPA, Ansar/VDP Union Leader, Vaccinator, CSP, HI, Paramedics, UFPA (Store), UFPA (Statistical), AFWO (MCH-FP), Clinic Manager, Harbal Assistant, Medical Officer, SACMO, SSN, Pharmacist, Assistant Surgeon, Clinical Aid, Dental Surgeon, FWV, Health Educator, Jr. Consultant, MA, Senior Staff Nurse,

SL No.	Mayer Interventions	SL #	Topics	Categories of participants attended
				Upazilla Manager,
		45	Orientation on Use of Misoprostol to prevent PPH for community stakeholder	Business Man, Farmer, FWA, General Secretary, Health Assistant, Head Master, Labor, Land Donor, UP Member, Respectable Person, Service Promoter, Vice Chairman, Village Doctor, Volunteer, House Wife, Teacher, Imam, Social Worker, AHI (Ret.), CNP, EPI Volunteer, President, Community Clinic, TBA, Teacher, Union Team leader, Ansa/VDP, CNO, House Wife, Journalist, Health Worker, Social Worker, UP Secretary
		46	Training on Misoprostol Use at community	FWA, AFWO, FPI, UFPA, AHI, HA, HI, Pharmacist, AUFPO, Statistician, Storekeeper, MT, EPI
	AMTSL (all districts)	47	Follow-up meeting on Misoprostol Use at Community at upazila level	AHI, HI, HA, Health Visitor, Vaccinator, FPI, FWA, RHP, FPAB, SP-FDSR, Paramedic, CSP, Volunteer, Service Promoter, Ansar/VDP Union Team Leader, Clinic Manager, UFPA
		48	TOT on AMTSL	Assistant Surgeon, DPHN, Junior Consultant (Obs/Gyn), Medical Officer, Nursing Supervisor, RMO, SSN, UH&FPO, Assistant Professor, Consultant, Consultant, NI, Asstt. Register, IMO, Register, Senior Consultant
		49	Training on AMTSL	FWV, SACMO, Assistant Surgeon, Medical Assistant, Medical Officer, SSN, Paramedic, Sr. Medical Officer, Asstt. Register, IMO, Senior Consultant, Nursing Supervisor, Nursing Instructor, DPHN, Aid Nurse, HMO, Register, MO (Disease Control), EMO, Asstt. Nurse, Intern Doctor, MO (Intern), PM
		50	Orientation on AMTSL	Medical Officer, Nursing Supervisor, Office Assistant, SSN, Statistical Assistant, Statistician, UH&FPO, Pharmacist, UFPA, UFPO, RMO, AUFPO, Steno- Report Keeper
		51	Follow Up Visit on AMTSL	FWV, MO (MCH-FP), Nursing Supervisor, SSN, Asstt. Register, MO(Clinic), Register, DPHN, MO, Dai Nurse, DNS, Jr. Consultant(Gyn), AHI, HA, HI, Paramedic, Storekeeper, Asstt. Register, Consultant (Gyn/Obs), HMO, FPI, FWA, Vaccinator, RHP

Appendix C. BCC Campaign Plan

National Campaign

Sl. No	Detail activity	Uses/Benefits	Unit
1.	TVC	One TVC highlighting LA/PM in general will be developed and will be aired in the TV channels to aware & motivate the intended audience to adopt LA/PM	2x 3 months
2.	Reality show-	To popularize the Long Acting and Permanent Method among various audiences, a six episode reality show has been proposed under the national campaign. The duration of each episode will be approximately 25 minutes with multiple short segments covering introductory section, vox pop (peoples' comments on the issue), interview with the local champions/role models, success stories/best practice, a brief fiction followed by a set of questions and answers, a song on the issue and closing remarks. Each episode will focus on each division and the shooting will take place in different locations covering both urban-rural areas, policy level officials-grassroots level service providers, male-female, middle class- low income group, and user-non-user. The show will depict the real scenario blending with entertainment to attract all categories of viewers.	2 months
3.	Poster	A Poster will be developed on LA/PM with the same positioning message and will be put on the main places throughout the country to create awareness	50,000 pc

Local Campaign

Sl. No	Detail activity	Uses/Benefits	Unit/District
1.	Organize a day long campaign launching event at local level. The event will includes:		
	Mobile music drama show	Positioning of LAPM	1
	Staging of street drama	Un packing of LAPM	
	Use of Local Cable to screen the video	Method specific information	
Provide orientation on campaign to the managers and providers (DDFP, UFPO,MOMCH, UHFPO, NGO clinic manager ...etc)	Overview of the campaign Elements of the campaign: Linking National and Local level activities Providers'/ managers roles and responsibilities in implementing the campaign Tips on How to use BCC materials	1	
Provide orientation on campaign to the provider and field worker at each of the Upazila (FWV, FWA, HA, FPI, AHI, NGO health worker)	Importance of provider's role in the campaign (client friendly attitude, clients' rights, gender) Importance of their role in promoting LAPM Tips on how to disseminate message /providing method sp. information Tips on How to use BCC materials	1/upazila	
2.	Comprehensive FP Flip Chart	A Com. FP Flip Chart will be developed on LA/PM. This Flipchart will be used as a job aid for the IPC/C of clients at facility level/home/group meeting.	

Sl. No	Detail activity	Uses/Benefits	Unit/District
3.	Roman Banner a set of 6 : on LAPM in general, IUD, NSV, Tubectomy, Implant, importance of PPF (for the facility)	A set of six Roman Banner will be developed consisting of six different messages on General LA/PM, IUD, Implant, NSV, Tubectomy and importance of PPF. These will be displayed at the facility and UNO/Upazila Parishad meeting room to aware the potential clients and local stakeholders.	
4.	Street drama with folk song followed by interactive meeting with the audience.	A Street Drama along with folk song on LA/PM with special emphasis on IUD and NSV will be developed. This drama and folk songs will be demonstrated by the local folk team/talent (for acceptance & dialects) preferably at the remote areas where usually people are less exposed.	
5.	Instructional Guidebook on interactive meeting (for the field workers FWA and HA)	A pictorial Guidebook will be developed with detail instruction /technique of conducting the interactive meeting. This guidebook will assist the field workers in facilitating a participatory discussion in a uniform manner. Having FAQ as a supportive information.	
6.	Video show on LAPM at the community through district level AV van of IEM unit. Mayer Hashi will adapt the existing TVC on NSV (developed under ACQUIRE project) and the relevant section on LA/PM from the drama serial (Enechi Surjer Hashi) developed for Smiling Sun program of NSDP and do the necessary editing for displaying through AV van . The edited clipping developed from TV talk show on Islam and FP will also be use for screening through the AV van.	A Video on LA/PM will be shown from AV Van of IEM unit in all the upazila of the intervening districts. Besides SMC mobile video van can also be use for screening the video.	

Sl. No	Detail activity	Uses/Benefits	Unit/District
7.	Screening the video in local cable network	The same Video will be placed in the local cable networks at upazila level depending on availability	2-3 times /day for three months
8.	Leaflet	A take away Leaflet will be developed on LA/PM for distributing among the audiences after IPC/C at facility/ interactive session following street drama/video show places for further reference	
9.	<p>Advocacy kit/job aid – for the local leaders and champions</p> <ul style="list-style-type: none"> - Fact sheet for the religious leaders - Pictorial card for Satisfied client of NSV - Fact sheet for the representative of local government 	<p>Facilitate the work of the local level advocate /champions. Use by the local level advocate /champions as a ready reference material during their promotional / advocacy initiatives (one to one meeting, group meeting etc) :Tips on how to disseminate message</p> <p>Providing method sp. information</p>	

Sl. No	Detail activity	Uses/Benefits	Unit/ district
1.	Launching event (same that of generic one excluding field worker orientation)	same that of generic one	1
2.	Roman Banner a set of 5 : on PPFp benefit and timing for different methods, LAM, promoting Intuitional Delivery, PPIUD,PPBTL (for the facility)	A set of 5 Roman Banner will be developed consisting of 5 different messages on PPFp benefit and timing for different methods, LAM, promoting Intuitional Delivery, PPIUD and PPBTL. These will be displayed at the facility (MCWC, UHC, FWC etc) to aware the potential clients.	
3.	Street drama with folk song on PPFp with interactive meeting.	A Street Drama along with folk song on importance of PPFp, importance of return to fertility and on timing for different methods will be developed and will be demonstrated by the local folk team/talent (for acceptance & dialects).	
4.	ANC calendar (for the ANC mother)	ANC Calendar will be developed for the pregnant mothers with the messages on importance of PPFp that help her to take decision about what method she will prefer at the post partum period. The calendar will also contain for follow up visit date and EDD. This calendar will be given from the facility to the ANC mother.	
5.	Field workers Orientation (:FWA, FPI, HA, AHI, SI, NGO, FWV)	Oriented on effective way of communication to address the PPFp issue with the target audience	

Sl. No	Detail activity	Uses/Benefits	Unit/ district	Budget
IV. Campaign and community engagement activities on YMC at Patuakhali district (6 upazilas) for 18 months				
1.	Launching event (same that of generic one excluding field worker orientation)	same that of generic one	1	82,000 Tk
2.	Comprehensive FP Flip Chart (same that will be developed for generic campaign)	Same as that of generic campaign	500	150,000 Tk
3.	Roman Banner a set of 6 : on LAPM in general, ,IUD,NSV, Tubectomy, Implant, importance of PPF (same that will be developed for generic campaign)	Same as that of generic campaign	65 set	97,500 Tk
4.	Street drama with folk song addressing the YMC with interactive meeting.	A Street Drama along with folk song addressing the YMC on healthy timing and spacing of pregnancy will be developed and will be demonstrated by the local folk team/talent (for acceptance & dialects).	3-4 /upazila	568000 Tk
5.	Instructional Guidebook on interactive meeting (same that will be developed for generic campaign)	Same as that of generic campaign	450 pc	450,00 Tk
6.	Pictorial inf. Kit for one to one /community meeting (same as that develop for PPF community meeting)	Same as that of PPF campaign	10000 pc	150,000 Tk
7.	Planning workshop (48/batch, total 96)	Involve the local stakeholders	96	140,600 Tk
8.	Orientation of field and facility based health worker	Oriented on effective way of communication to address the YMC	800	1,570,000 Tk

9.	Develop and print peer guidelines	Guide the peer to act in a planned and uniform manner	400	100000 Tk
10.	Orientation of Peer and CSG	Will assist in creating enabling environment in the community and also assist in supervising the efficient implementation of the program. The peer will act as a local level resource	400	682,400 Tk
11.	Transport cost for the peer	Transportation cost for 200 peer for 18 month to organize the community events	200	720,000 Tk
12.	Organizing community meeting/event by the peer	Involve the community	1-2 event per month/upazila	161,820 Tk
		Dev. cost: 50000 Tk/ 735.5 \$	Camp. cost: 4372320 Tk/ 64,299\$	4432320Tk/ 65035 \$

Appendix D. Information on Mymensingh, Kishoreganj, Netrokona and Narshingdi

Activities conducted by Mayer Hashi directly and DGFP with the assistance by the Mayer Hashi project

Name of district	Name of upazilas	Name of activities				Remarks
		Orientation on Bottom-up Contraceptive projection through client segmentation and local level planning that was organized by the Mayer Hashi project*		Orientation on LA/PM for satisfied NSV acceptors that was organized by the DGFP assisted by the Mayer Hashi project†		
		# of participants	Categories of participants	# of participants	Categories of participants	
Mymensingh	Bhaluka	2	MO (MCH-FP)	Not done		
	Duboura	1	Upazila Family Planning Officer (UFPO)	Not done		
	Fulbari	2	Upazila Family Planning Assistant (UFPA)	Not done		
	Fulpur	3	Pharmacist	Not done		
	Gaforgaon	3		Not done		
	Gouripur	2		Not done		
	Haluaghat	3		Not done		
	Ishwarganj	3		Not done		
	Muktagacha	3		Not done		
	Mymensingh Sadar	7		Not done		
	Nandail	4		Not done		
	Trishal	2		Not done		
Mymensingh District Total		35				
Kishoreganj	Kishoreganj Sadar	14	MO (MCH-FP)	√	Satisfied NSV Acceptors	Orientation on LA/PM for satisfied NSV acceptors program was conducted by the DGFP with the technical assistance
	Hossainpur	2	Upazila Family Planning Officer (UFPO)	√		
	Pakundia	3	Upazila Family Planning Assistant (UFPA)	√		
	Katiadi	2		√		
	Kuliarchar			√		
	Bhariab Bazar	1		√		
	Nikli			√		

* **Topic covered in Bottom-up contraceptive projection:** Mayer Hashi's system's strengthening support in this area included assistance for orientations to ensure that fieldworkers know how to conduct the contraceptive projections through client segmentation.

† **Topics covered in the orientation for satisfied NSV acceptors:** As a result of Mayer Hashi's continuous advocacy the DGFP included the *satisfied NSV acceptors* program in their Operational. It was one-day orientation curriculum for satisfied NSV clients on how to motivate potential other clients and to increase NSV uptake.

Name of district	Name of upazilas	Name of activities				Remarks
		Orientation on Bottom-up Contraceptive projection through client segmentation and local level planning that was organized by the Mayer Hashi project*		Orientation on LA/PM for satisfied NSV acceptors that was organized by the DGFP assisted by the Mayer Hashi project†		
		# of participants	Categories of participants	# of participants	Categories of participants	
	Mithamoin	1		√		from the Mayer Hashi project. But they did not provide us any participant list and also categories.
	Bajitpur	1		Not done		
	Karimganj			√		
	Tarail	2		√		
	Itna	1		√		
Kishoreganj District Total		27				
Netrokona	Aatpara	2	MO (MCH-FP)	Not done	Satisfied NSV Acceptors	
	Barhatta	2	Upazila Family Planning Officer (UFPO)	Not done		
	Durgapur	2	Upazila Family Planning Assistant (UFPA)	Not done		
	Kendua	3		Not done		
	Khaliaghuri	2		Not done		
	Kolmakanda	3		Not done		
	Modon	3		Not done		
	Mohongonj	3		Not done		
	Netrokona Sadar	7		√		
	Purbodhola	3		Not done		
Netrokona District Total		30				
Narsingdi	Belabo	3	MO (MCH-FP)	Not done	Satisfied NSV Acceptors	
	Monohordi	3	Upazila Family Planning Officer (UFPO)	Not done		
	Narsingdi Sadar	5	Upazila Family Planning Assistant (UFPA)	√		
	Polash	3		Not done		
	Raipura	2		Not done		
	Shibpur	3		Not done		
Narsingdi District Total		19				
GRAND TOTAL		111				

Appendix E. Summary of Policy Changes introduced by MH

Summary of Policy Changes introduced by Mayer Hashi project			
Sl. #	Before the policy change	After the policy change	Source
1.	Only couples with at least two living children, of whom the youngest is at least two years old, were eligible to adopt a permanent method.	A woman can accept tubectomy during a cesarean delivery of the second child. A woman or a man may accept voluntary surgical contraception if she/he has two children (without any mandatory age requirement for the last child). (Approved May 11, 2010)	Circular issued by the Director General, DGFP, Memo No. DGFP/CCSDP/Sterilization Program-54/98/Part-2/6063 Date : 24.05.2010
2.	Only family welfare visitors under the DGFP and trained NGO paramedics were authorized to insert an intrauterine device (IUD), while nurses under the Directorate General of Health Services (DGHS) or in the private sector were not allowed to do so.	DGHS staff nurses and nurses at private hospitals are permitted to provide IUD services after being trained. (Approved May 11, 2010)	Circular issued by the Director General, DGFP, Memo No. DGFP/CCSDP/Sterilization Program-54/98/Part-2/6061 Date : 23.05.2010
3.	The injectable Depo-Provera (DMPA) could be given only in the two weeks before and after the scheduled reinjection date.	The DMPA window period has been extended up to four weeks after the scheduled reinjection date. (Approved May 11, 2010)	Circular issued by the Director General, DGFP, Memo No. DGFP/CCSDP/Sterilization Program-54/98/Part-2/6062 Date : 24.05.2010
4.	Implants could only be used by women with at least one child.	Nulliparous women are allowed to accept implants. (Approved January 09, 2011)	Circular issued by the Director General, DGFP, Memo No. DGFP/CCSDP/Sterilization Program-54/98/Part-2/7841 Date : 07.02.2011
5.	Progestin-only pills were only available in the private sector.	The NTC recommended that the progestin-only pill be included in the national family planning program.	Minutes of the 59 th NTC meeting, Memo No. DGFP/MCH-S/NTC-4/138/95(Part-5)/331 Date:

Summary of Policy Changes introduced by Mayer Hashi project			
Sl. #	Before the policy change	After the policy change	Source
		(Approved February 28, 2012)	08.04.2012
6.	Sino-implant (II) was not yet available in the Bangladesh family planning program.	Sino-implant (II) can be introduced into the family planning program after successful completion of a one-year acceptability trial (to be completed in June 2012). (Approved January 09, 2011)	Minutes of the 57 th NTC meeting, Memo No. DGFP/MCH-S/NTC-4/138/95(Part-4)/74 Date: 26.01.2011
7.	There was no integrated post partum family planning services into the maternal health services in the service centers of DGHS and private sector facilities	Now integrated post partum family planning services into the maternal health services are available in the DGHS hospitals and private sector facilities	A joint circular signed by both the Directors General of the DGHS and DGFP vide Memo No. DGFP/CCSDP/Admin-47/2008/9030, Date: 28.04.2011
8.	The DGHS registered facilities either private or NGO need to be registered again from the DGFP to receive family planning commodities and funds if they want to provide family planning services	Now, the DGHS registered facilities either private or NGO do not require separate registration from the DGFP to receive family planning commodities and funds if they want to provide family planning services	A joint circular signed by both the Directors General of the DGHS and DGFP vide Memo No. DGFP/CCSDP/Admin-47/2008/9030, Date: 28.04.2011
9.	The DGFP would set annual performance benchmark on different FP methods for each district and upazila at the central level and communicate these to lower levels. Officials at these levels were encouraged to achieve these targets, but they had no influence over or ownership of them.	In June, 2010, after extensive advocacy by Mayer Hashi project, the DGFP introduced local-level projection planning for family planning methods based on client segmentation (Bottom-up contraceptive projection through client segmentation). The idea behind this projection approach is to let the community's service needs be the driving force behind the program priorities, rather than centrally derived targets.	The DGFP initiated national-level scale-up of this projection approach in June 2011 and included it in the CCSDP Operational Plan of the DGFP, 2011-2016.
10.	There was no program for distribution of Tab Misoprotol by the field workers of the DGFP to the pregnant	The DGFP approved the distribution of Tab Misoprostol by the field workers to the pregnant mothers for community-based prevention of post-	Minutes of the 56 th NTC meeting, Memo No. DGFP/MCH-S/NTC-4/138/95(Part-4)/499 Date:

Summary of Policy Changes introduced by Mayer Hashi project			
Sl. #	Before the policy change	After the policy change	Source
	mothers for community-based prevention of post-partum hemorrhage (PPH) in order to reduce maternal mortality.	partum hemorrhage during their home visitation	17.05.2010
11.	During No Scalpel Vasectomy (NSV) operation fascial interposition was not mandatory.	Fascial interposition in NSV is now mandatory to ensure greater effectivity of the procedure	DGFP included it in their NSV section of the National Family Planning Manual and in the VSC training curriculum
12.	There was no guideline/ programmatic decision for routine use of Tab Ibuprofen after IUD insertion for preventing pain and bleeding	After continuous advocacy by Mayer Hashi DGFP approved use of Tab Ibuprofen after IUD insertion for preventing pain and bleeding which will reduce the discontinuation rate	DGFP included it in their IUD section of the National Family Planning Manual and in the IUD training curriculum
13.	There was no columns and rows for PPF and use of Tab Misoprostol in the data recording and reporting system of the DGFP	Through Mayer Hashi advocacy, DGFP revised the data recording and reporting system by introducing new columns and rows for PPF activities and use Tab Misoprotol in the community	DGFP revised MIS reporting format
14.	There was no instruction to maintain temperature of Injection Oxytocin which is a drug for Active Management of Third Stage of Labor (AMTSL) for PPH prevention	Circular has been issued by the DG, Drug Administration and published in the Daily News Paper as well as circulated to all concerned about to maintain required cold chain for the drug from the production at the pharmaceuticals to the service delivery point	DG Drug Administration Circular Memo No. DA29-2/09(Part)/121B3 Date: 27.09.2012

Appendix F. Use of Service Statistics from DGFP to Explore the Probable Effects of MH Interventions

Based on data available in a DGFP website [dgfpmis.org] some indices on LAPM were calculated as follows:

Scenario I – divide the country into three groups. Group I includes all the 21 MH districts in the three Divisions, Barisal, Chittagong, and Sylhet; Group II includes all the districts of Dhaka Division; and Group III with all the districts in Khulna, Rajshahi, and Rangpur Divisions. Compare service statistics indicators between Groups I, II, and III.

Non-program districts	CPR (%) 2010	MH Program districts	CPR (%) 2010
<i>Group B</i>		<i>Group A</i>	
Kishoreganj	56.5	Barisal	62.3
Munshiganj	54.3	Patuakhali	65.1
Narshingdi	54.3	Sunamganj	50.7
<i>Group C</i>		Moulovibazar	43.4
Gazipur	60.7	Comilla	50.2
Mymensingh	62.0	Cox's Bazar	58.2
Netrokona	58.4		

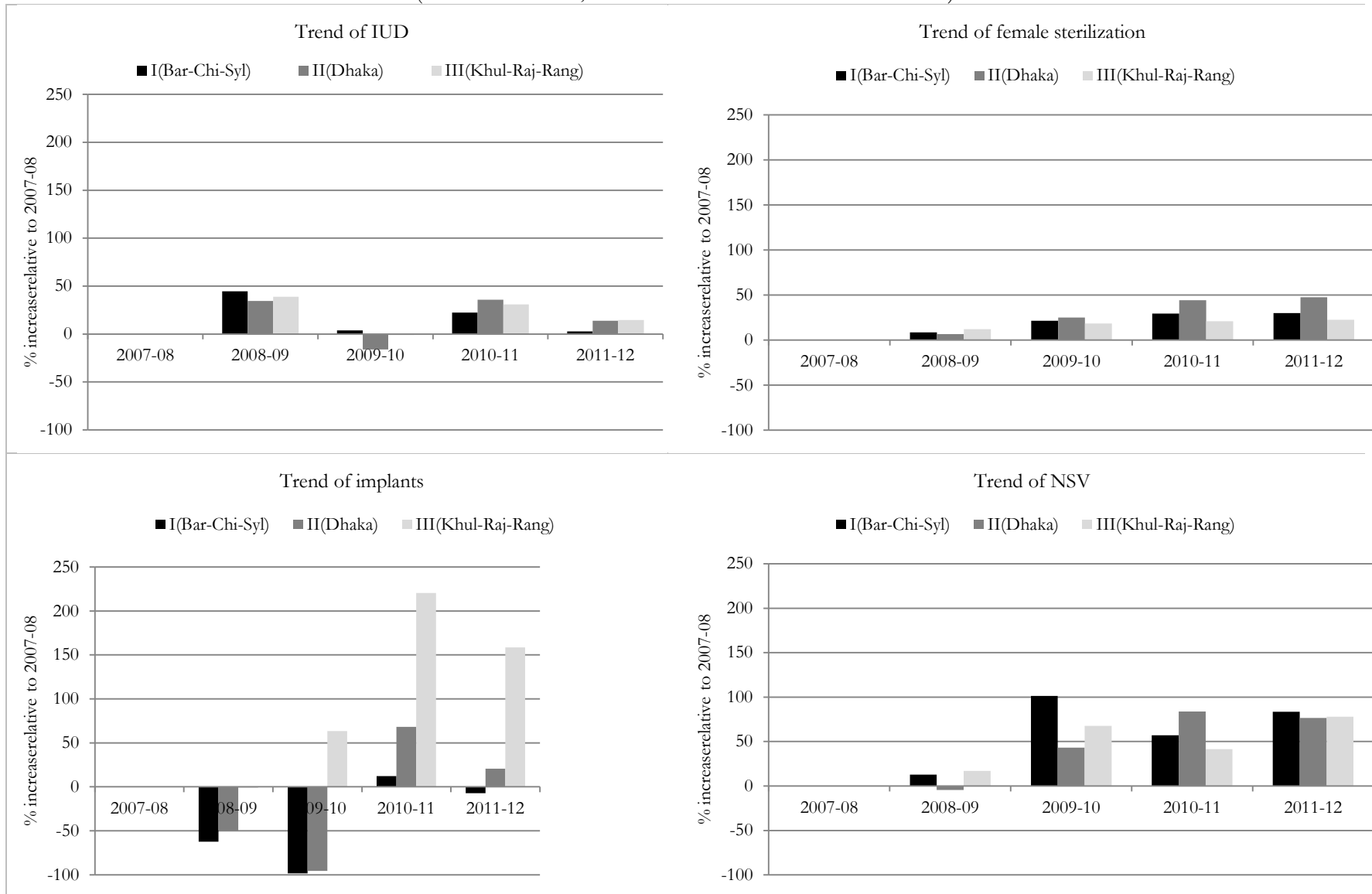
Scenario II – select six districts where MH (Comilla, Cox’s Bazar, Moulovibazar, Sunamganj, Barisal, and Patuakhali) had the baseline and call them Group A. Assign Kishoreganj, Munshiganj, and Narshingdi Districts to Group B and assign Gazipur, Mymensingh, and Netrokona Districts as Group C. Group B and Group C are from Dhaka Division. Compare service statistics indicators between Groups A, B, and C. The CPRs of the three groups obtained from BMMS 2010 are comparable as shown above.

For both scenarios, the percent increase of the number of procedures of IUD, implants, female sterilization, and NSV over time was compared between groups of districts. The base year to which the percent increase was compared was 2007-08 (i.e., July 2007 –June 2008). The implementation of MH interventions began in 2009-10. The indicators are shown in appendix F figures 1 and 2.

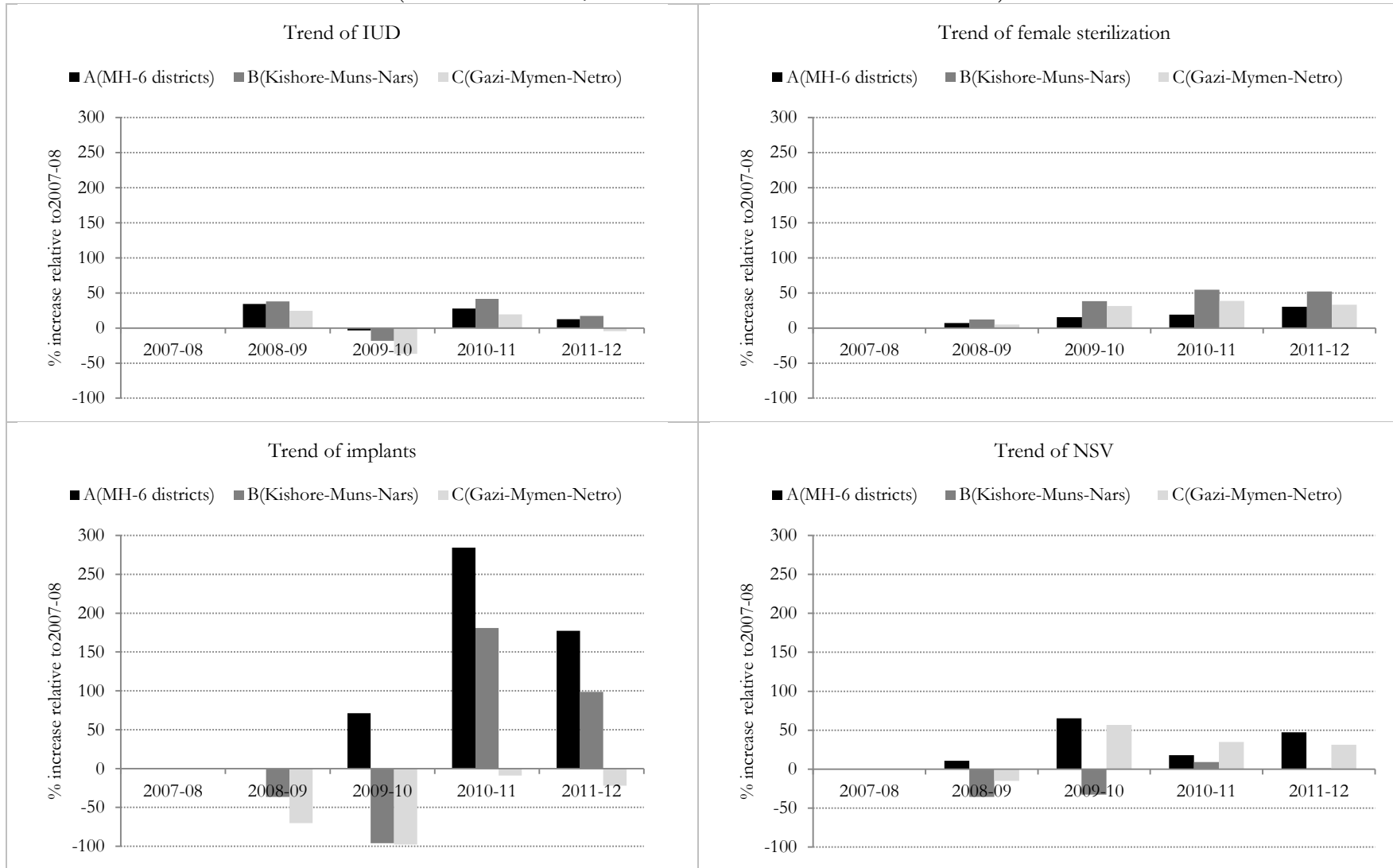
The bar diagrams in appendix F figure 1 compares the trend in IUD, implants, and female and male sterilization distributions of 21 MH districts, Dhaka Division, and Khulna-Rajshahi-Rangpur Divisions. It shows that the MH districts were almost similar to the rest of the country.

Appendix F figure 2 compares six sample MH districts with two sets of districts in Dhaka Division—Kishoreganj, Munshiganj, and Narshingdi and Gazipur, Mymensingh, and Netrokona—which had similar CPR to those in the six MH districts in 2010. Appendix F figure 2 does not appear to have noticeable differences of trends between the three groups of districts.

Appendix F Figure 1: Percent increase in the number of procedures by division and fiscal year
 (Source: DGFP MIS, Downloaded on 9 October 2012 at 11:30 am)



Appendix F Figure 2: Percent increase in the number of contraceptive procedures by group of districts and fiscal year
 (Source: DGFP MIS, Downloaded on 9 October 2012 at 11:30 am)



Appendix G. Mayer Hashi BBC Campaign Overview Slide Presentation

BCC Campaign to Improve the Uptake of Long-Acting and Permanent Methods in the Bangladesh FP Program

Mayer Hashi project – December 2012

USAID
U.S. Agency for International Development

Mayer Hashi

Process followed to develop behavior change campaign

- Review existing communication interventions on LA/PM
- Review existing BCC materials on LA/PM
- Conduct Media Preference Study
- Undertake Message Development Workshop
- Develop BCC Strategic Approach in context of National LA/PM Strategy. LA/PM campaign of Mayer Hashi project is based on this national document.

USAID
U.S. Agency for International Development

Mayer Hashi

Introduction to Mayer Hashi

- Mayer Hashi, is funded by USAID as an Associate Award under RESPOND, managed by EngenderHealth in partnership with:
 - JHU-CCP/BCCP
 - Population Council
- Implemented by DGFP and DGHS; also supports NGOs and private organizations
- Focus on 21 low performing districts of Chittagong, Sylhet and Barisal Divisions

Mayer Hashi Project Area Map

USAID
U.S. Agency for International Development

Mayer Hashi

Process Followed (2)

- Develop BCC materials for LA/PM campaign
 - Develop draft materials
 - Internal review by Mayer Hashi program staff
 - Pre-test by target audiences
 - Review and approval by IEC Technical Committee of DGFP
 - Review and approval by IEC Technical Committee of MOH&FW

USAID
U.S. Agency for International Development

Mayer Hashi

Introduction to Mayer Hashi (2)

Project Objectives:

- For Family Planning:
 - To increase the use of high quality family planning services, with a focus on the informed and voluntary use of long-acting and/or permanent contraception.
- For PPH Prevention/Maternal Health:
 - Increase proper practice of AMTSL by maternity service providers at facility level
 - Piloting and national scale-up of use of Misoprostol at the community level.
- Project follows SEED model. Focus of this presentation on demand creation component.

USAID
U.S. Agency for International Development

Mayer Hashi

Overall campaign goal and intended audiences

Goal

- To popularize Long Acting and Permanent Methods (LA/PM) of contraception as method of choice among eligible couples.

Intended audiences

- Men and women of reproductive age with at least one child
- Young married couples,
- Pregnant women, post partum women
- Satisfied users
- Decision makers and community leaders
- Service providers (facility and field)

USAID
U.S. Agency for International Development

Mayer Hashi

Campaign Strategy

- Strengthen service providers' capacity on effective communication
- Promote LA/PM at local and national level to popularize and create demand
- Mobilize the community by using existing networks and creating an enabling environment

USAID Mayer Hashi

Campaign Materials: Local level campaign

- For the Community:
 - 3 Street dramas on LA/PMs in general, for YMCs and on PFFP
 - Video documentary on LA/PMs



USAID Mayer Hashi

National Level Campaign

- TVC with LA/PM positioning message
- Reality show – 6 episodes
- Poster with LA/PM positioning message



USAID Mayer Hashi

Campaign Materials: Local level campaign

- For Clients:
 - Leaflet on LA/PMs
 - Pictorial card for Young Married Couples



USAID Mayer Hashi


Local Level Campaign

- For the community: Street drama, Video Documentary
- For clients: Leaflet, pictorial card, ANC Calendar
- For local level advocates: FP Information Sheet
- For the provider: Flip Chart and Interactive Guidebook
- For the facility: Roman Banners

USAID Mayer Hashi

Campaign Materials: Local level campaign

- Pictorial card on PFFP
- ANC calendar



USAID Mayer Hashi

Campaign Materials: Local level campaign

■ **For Advocates:**
 FP Information Sheet Ring Folder on NSV



The slide displays two campaign materials. On the left is an 'FP Information Sheet' with a blue header and a photo of a family. On the right is a 'Ring Folder on NSV' with a yellow and orange circular design and a photo of a family. Both materials feature the USAID logo and the text 'Mayer Hashi'.

USAID Mayer Hashi

Campaign Materials: Local level campaign

■ **For the facility:**
 Set of 6 Roman Banners on PPFP



The slide shows a set of six colorful Roman banners for PPFP. Each banner features a different scene related to family planning and includes text in Bengali. The USAID logo and 'Mayer Hashi' are visible at the bottom.

USAID Mayer Hashi

Campaign Materials: Local level campaign

■ **For providers & field workers:**
 Comprehensive FP Flipchart Interactive Meeting Guidebook



The slide displays two materials for providers and field workers. On the left is a 'Comprehensive FP Flipchart' with a purple background and a photo of a family. On the right is an 'Interactive Meeting Guidebook' with a green background and a photo of a group of people. Both materials feature the USAID logo and the text 'Mayer Hashi'.

USAID Mayer Hashi

Implementation Plan: Local Level Campaign

- District level launching program
- Orientation of the providers and field workers
- Distribute BCC materials
- Organize street drama
- Interactive meetings with potential clients
- Screen LA/PM documentary at the local cable network and AV vans

USAID Mayer Hashi

Campaign Materials: Local level campaign

■ **For the facility:**
 Set of 6 Roman Banners on LA/PM



The slide shows a set of six Roman banners for LA/PM. Each banner features a different scene related to family planning and includes text in Bengali. The USAID logo and 'Mayer Hashi' are visible at the bottom.

USAID Mayer Hashi

Implementation Plan: Local Level Campaign

Community mobilization activities:

- FWAs discuss LA/PM and PPFP with community members in interactive group meetings following local campaign activities
- Involvement/engagement of the union parishad and upazila parishad leaders

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Supervision and Monitoring

Developed a tracking system to monitor program outputs:

- Developed monitoring indicators
- Developed monitoring forms
- Oriented fieldworkers during communication training
- Fieldworkers collect data which is verified and signed off by their supervisors
- Mayer Hashi staff monitors program in the field and does spot checks
- Overall outcome of the campaign will be evaluated through the project online survey



Mayer Hashi

Expected Outcomes

- Increase awareness and demand for LA/PMs
- Increase couple communication about FP
- Increase number of men and women who know where to access LA/PM methods
- Increase capacity of local level advocates to create an enabling environment for LA/PMs
- Increase numbers of men and women who intend to adopt FP with emphasis on LA/PMs
- Increase number of LA/PM users



Mayer Hashi

Thank You



Mayer Hashi

*The Mayer Hashi project is funded by the United States Agency for International Development (USAID), through an Associate Award under the RESPOND LWA, managed by EngenderHealth in partnership with John Hopkins Bloomberg School of Public Health Center for Communications Programs and Population Council.



Appendix H. Scope of Work for the Impact Evaluation of the Mayer Hashi Project on the Use of Long-Action and Permanent Methods (LA/PM) of Contraception

Key evaluation points

Evaluation questions	Evaluation design	Data source	Data collection method
Do project interventions help increase the use of LAPM?	Difference-in- Difference (DID); in other words, before-after comparison between program and non-program areas	Women's survey	Household survey through face-to-face interview
Do project interventions help increase service providers' knowledge and practice of providing LAPM?	Comparison between program and non-program areas at the endline	Service provider survey	Face-to-face interview at facilities

Background

The Mayer Hashi (MH) Project has two primary goals: 1) addressing the need for family planning through the expansion of access, quality and use of long-action and permanent methods of contraception (LA/PM) and 2) addressing selective maternal health services to prevent post-partum hemorrhage (PPH) through clinical and community approaches including Active Management of Third Stage of Labor (AMSTL) and the community-based provision of Misoprostol by utilizing the Supply, Demand, and Advocacy (SDA) service delivery model. The MH Results Framework contains two strategic objectives: 1) Increase use of long-acting and permanent methods (LA/PM) methods of contraception, and 2) Promote PPH Prevention Practices in MH working areas.

MH planned an assessment of the effects of the its interventions by conducting baseline and endline surveys among women of reproductive age (MWRA) in six randomly selected districts out of 21 districts covered by the project in Barisal, Chittagong, and Sylhet Divisions. The baseline survey was conducted among 5,313 MWRA during February-May 2010. The survey provides indicators that were selected for assessing the effects of the project (see a list of indicators in Appendix A). It was planned that the endline survey will be conducted in early 2013.

MH baseline results

Contraceptive prevalence rate (CPR; any method) was found to be 69.1% in the six sample districts. The use of long-acting and permanent methods (LA/PM) was 10.1%. The CPR seems to be too high compared to that obtained from the BMMS 2010. The MH baseline was conducted during February-May 2010 and the BMMS 2010 during January-August 2010. According to the BMMS 2010, CPR in the six districts was 54.9%. The CPR from the MH baseline was about 14-percentage points higher than that of the BMMS 2010. The LA/PM use rate was 10.1% in the MH baseline. A value of 10% was assumed as LA/PM use rate to be achieved at the end of the MH project. MH assumed that LA/PM use rate was 4% at the baseline. According to

Appendix H Table1. CPR (Any method) and LAPM use rate according to Mayer Hashi 2010 and BMMS 2010

District	Mayer Hashi Baseline Survey 2010 (February-May) (N=3,717)		BMMS 2010 (January-August) (N=22,145)	
	LAPM use rate (%)	CPR (%)	LAPM use rate (%)	CPR (%)
Barisal			4.9	62.3
Patuakhali			4.3	65.1
Sunamganj			5.1	50.7
Moulvibazar			7.6	43.4
Comilla			5.3	50.2
Cox's Bazar			4.9	58.2
Total	10.1	69.1	5.3	54.2

Possible reason for the observed high CPR and LA/PM use rate for the MH districts

Such a high CPR and LA/PM use rate might have been associated with the methodology of the MH baseline survey. The sampling frame of the MH baseline survey was based on the list of the MWRA maintained by the FWAs in their registers. It is well known that the data collected by the FWAs are of questionable quality, and it is highly likely that the list of MWRA maintained by the FWAs is incomplete. The FWA registers are likely to list those MWRA who use a method, especially LA/PM use, and thus exclude the non-users of contraception. Under this scenario, the sample drawn from the list based on FWA register is likely to yield a CPR or LA/PM use rate that is higher than the actual CPR or LA/PM use rate.

Other weakness of the MH assessment design

The MH assessment design attempts to examine the changes of selected indicators between the baseline and endline. This design will fail to capture the effects of the project interventions mainly because there would be a change in the indicators because of the ongoing and regular MOHFW activities related to family planning, especially on LA/PM. The design should have aimed to identify the benefits the MH interventions have actually given to the clientele population during the project period. This could have been ideally done by considering a cluster of comparison districts, and data are collected at both baseline and endline from both the intervention and comparison districts. One may argue that there may not be comparison districts available since MH works with all the districts of the three divisions with low performance. It has been shown below that is possible to find some districts in Dhaka Division for which the LAPM use rate is comparable to that in the six districts where the baseline was conducted. For example, in Kishoreganj, Mymensingh, and Narsingdi Districts, the LAPM use was 5.0%, highly comparable to that of the six MH districts.

Appendix H Table2. CPR (Any method) and LAPM use rate according to BMMS 2010

District	CPR (%)	LAPM use rate (%)	Sample size (Un-weighted)
Kishoreganj	56.5	5.2	2766
Mymensingh	62.0	4.7	4594
Narsingdi	54.3	5.3	2533
Total	58.7	5.0	9893

Use of service statistics from DGFP to explore the probable effects of MH interventions

Based on data available in a DGFP website [dgfpmis.org] some indices on LA/PM have been calculated as follows:

Scenario I – divide the country into three groups. Group I includes all the 21 MH districts in the three Divisions, Barisal, Chittagong, and Sylhet; Group II include all the districts of Dhaka Division; and Group III with all the districts in Khulna, Rajshahi, and Rangpur Divisions. Compare service statistics indicators between Groups I, II, and III.

Scenario II – select six districts where MH had the baseline and call them Group A. Assign Kishoreganj, Munshiganj, and Narshingdi Districts to Group B and assign Gazipur, Mymensingh, and Netrokona Districts as Group C. Compare service statistics indicators between Groups A, B, and C. The CPRs of the three groups obtained from BMMS 2010 are comparable as shown above.

For both scenarios, the percent increase of the number of procedures of IUD, Implants, female sterilization, and NSV over time was compared between groups of districts. The base year to which the percent increase was compared was 2007-08 (i.e., July 2007 –June 2008). The implementation of MH interventions began in 2009-10. The indicators are shown in Figure 1 and Figure 2.

The bar diagrams in Figure 1, in which the comparison is made amongst 21 MH districts, Dhaka Division, and Khulna-Rajshahi-Rangpur Divisions, show that the trend in IUD, implants, and female sterilization service

distribution in the MH districts was almost similar to the rest of the country. But for NSV, MH districts seem to have performed better compared to the rest of the country.

A better picture is seen when the six sample MH districts are compared with Kishoreganj, Munshiganj, and Narshingdi shown in Figure 2. Performance of implants was markedly better in the six MH districts than the six districts in Dhaka Division. NSV performance is marked by year-to-year fluctuation, but on an average, it was better in the MH districts than other districts.

Evaluation Design for the MH project

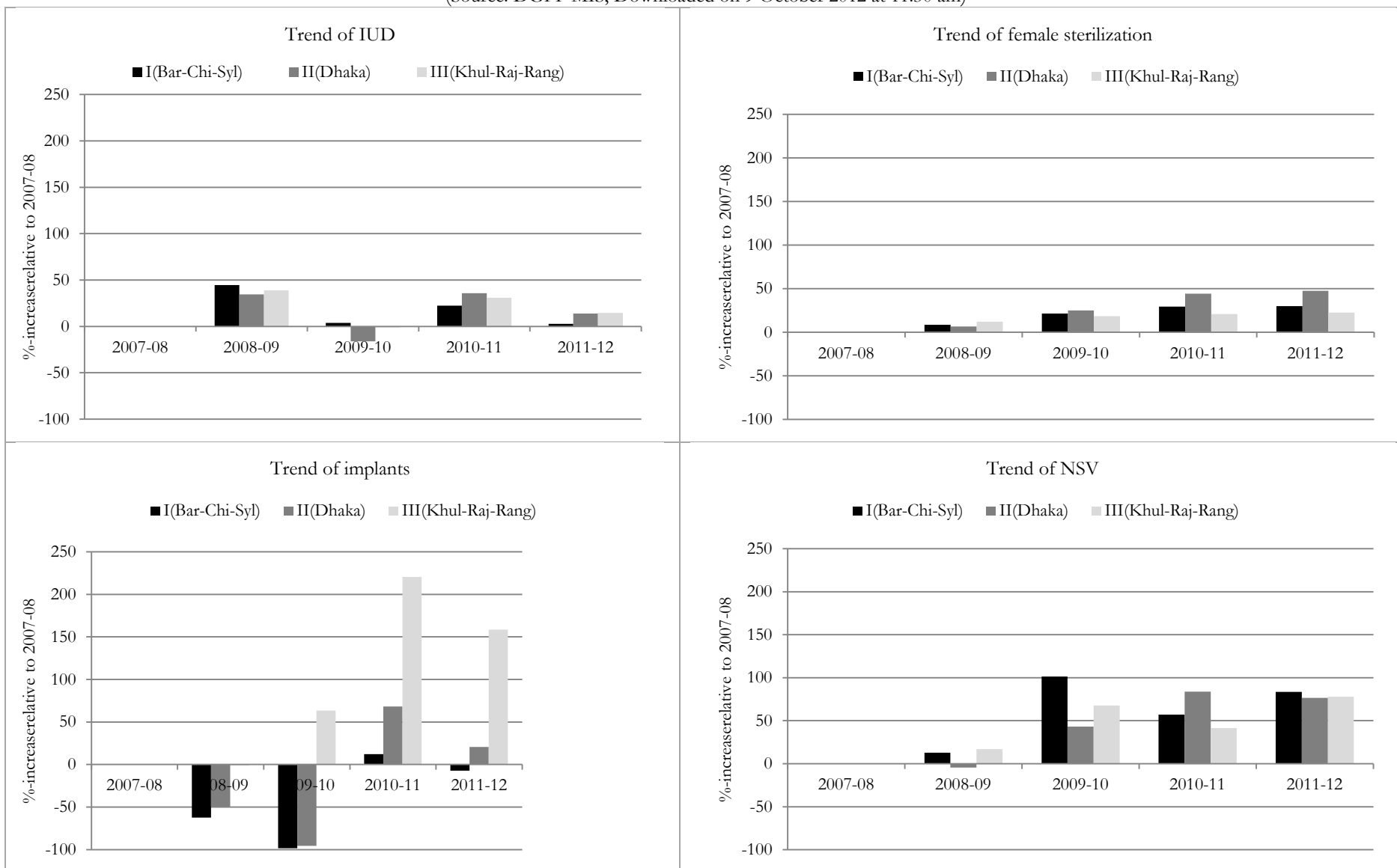
Given that the baseline CPR in the six sample districts of the MH catchment areas is exceedingly high primarily because of the limitation of the sampling frame considered in the survey, it will be very difficult to document any effect of the MH interventions. I suggest that an alternate design is used which is likely to be more appropriate for documenting the effect of the project. The salient feature of the design:

- Use the BMMS 2010 data as baseline for the six districts. The MH baseline and BMMS was conducted during February-May 2010 and January-August 2010, respectively, almost similar period of time.
- Include a cluster of three comparison districts -- Kishoreganj, Mymensingh, and Narsingdi – in the endline survey of the MH project assessment. According to the BMMS 2010, LAPM use rate in these three districts and in the six sample districts was 5.0% and 5.3%, respectively. And, CPR was 58.7% and 54.2% in the program and non-program districts, respectively. Based on these rates in 2010 and other MNHFP program indicators it can be assumed that these three districts are comparable to those of the six sample MH districts.
- Examine the relative changes in the key indicators associated with LA/PM use and the practice of PPH preventive measures over the project period between the MH districts and comparison districts.
- The sample size for the proposed design is almost comparable to that was used in the MH baseline survey. There will be an addition of samples for the three comparison districts.

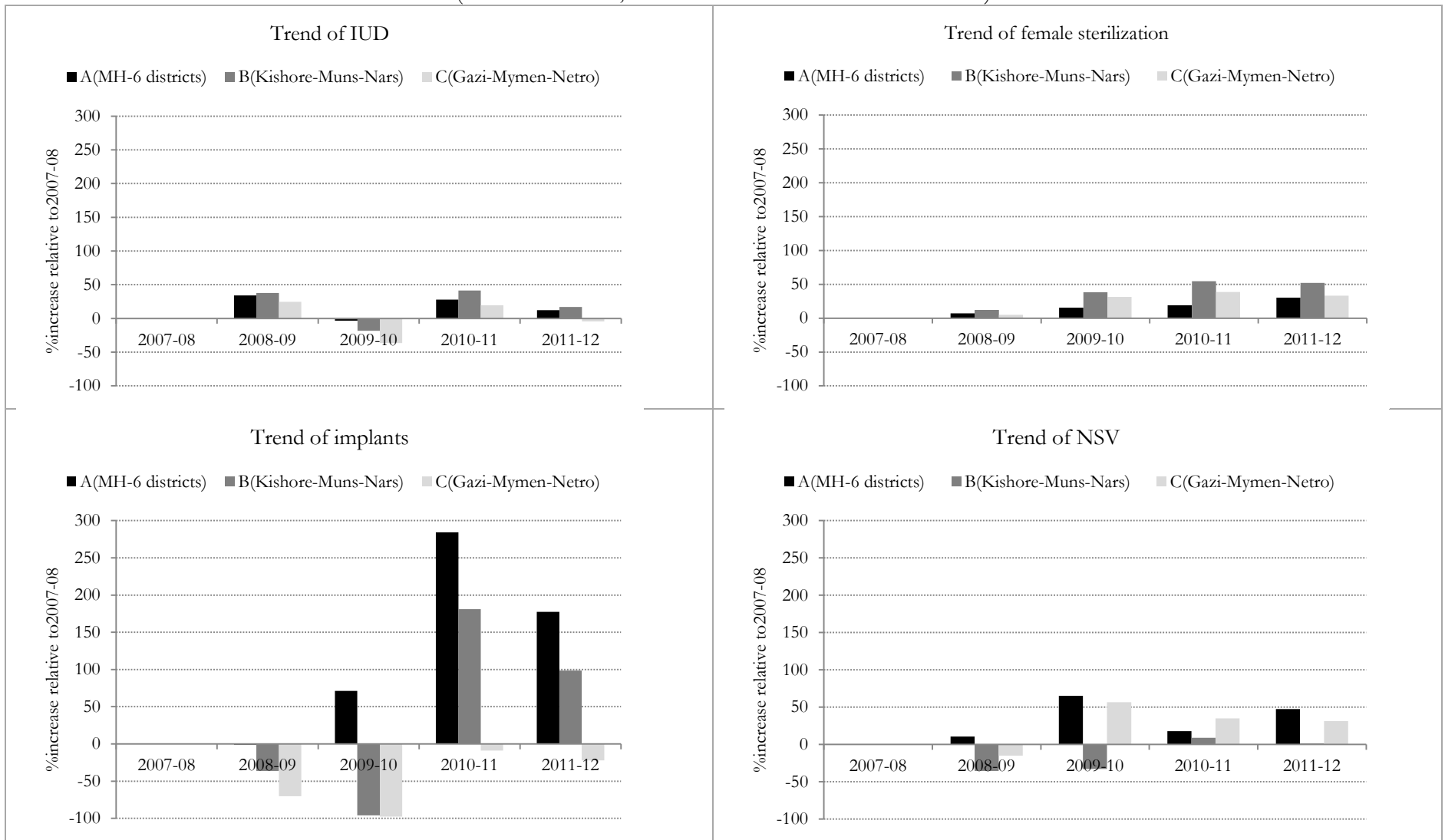
Additionally, it is proposed that a sample of service providers and their managers who participated in the training and orientation of the MH project will be interviewed. A similar number of service providers and managers will be interviewed from the three comparison districts. This will give an opportunity for the MH project to understand the extent of changes of the skills and practices among the providers and managers due to the project.

It seems that there may not be strong indicators and related information that can be obtained from the proposed survey to satisfactorily evaluate the effect of MH interventions on maternal health. Therefore, the evaluation will focus on the effects on LAPM mainly.

Appendix H Figure 1: Percent increase in the number of procedures by division and fiscal year
 (Source: DGFP MIS, Downloaded on 9 October 2012 at 11:30 am)



Appendix H Figure 2: Percent increase in the number of contraceptive procedures by group of districts and fiscal year
 (Source: DGFP MIS, Downloaded on 9 October 2012 at 11:30 am)



Scope of Work for Research Agency Assessing the effects of the Mayer Hashi Project on the use of long-action and permanent methods (LAPM) of contraception in selected districts of Bangladesh

Dates: December 15, 2012 – June 30, 2013

Carolina Population Center, The University of North Carolina shall collaborate with Research Agency (RA), Dhaka, Bangladesh on the MEASURE Evaluation study “Assessing the effects of the Mayer Hashi Project on the use of long-action and permanent methods (LAPM) of contraception in selected districts of Bangladesh” through the following:

This Scope of Work (SOW) outlines the required activities for Research Agency (RA) for the purpose of conducting the endline surveys of married women of reproductive age (aged 15-49) (MWRA) and service providers in six sample districts of Mayer Hashi Project areas of Bangladesh and in three comparison districts. This SOW aims to assess the effects of the Mayer Hashi Project on the use of long-action and permanent methods (LA/PM) of contraception in selected districts of Bangladesh. The principal objective of the surveys is to collect data from populations in the project intervention areas and in the comparison areas. These data will be used: (1) to assess changes in the indicators specified in the MH Project and (2) to evaluate the contribution of the MH project to any of these changes. A list of the MH Project indicators is shown in Appendix 2. In addition, this SOW covers an assessment of the differences of skills and practices of service providers in the provision of LAPM between the MH districts and comparison districts.

Specific Responsibilities

Research Agency (RA) will be responsible for conducting the MWRA and service provider surveys. The specific responsibilities of RA will include the following:

- Participating in questionnaire design;
- Participating in sample survey design;
- Contributing to the drawing of the sample of primary sampling units as per MEASURE Evaluation’s instruction as activities unfold;
- Following the sampling scheme as precisely as field circumstances allow;
- Conducting questionnaire pre-test and revision of survey procedures;
- Hiring and supervising field staff and supervisors;
- Conducting training of survey interviewers and supervisors;
- Preparing interviewer and supervisor manuals;
- Arranging and providing transportation and lodging as necessary for field staff;
- Conducting listing of all households in the survey areas;
- Ensuring that surveying of MWRA and service providers follows the sample framework;
- Conducting survey fieldwork;
- Collection of data through the surveys of MWRA and service providers as described below;
- Computerizing the data, including editing and cleaning the data set;
- Preparation of the basic tabulations that will be used in the preliminary report;
- Conducting all work in a timely manner to be completed by June 30, 2013.

In addition, RA will make any specific, marginal adjustments to practices and techniques for the survey requested by MEASURE Evaluation.

The surveys

1. MWRA survey: The MWRA survey will cover married women of reproductive ages (15-49) (MWRA).

The MWRA survey will collect information on the following topics:

- Household socioeconomic characteristics,
- Individual demographic and socioeconomic characteristics,
- Short reproductive history,
- Knowledge, use and sources of contraception,
- Exposure to mass media
- Decision making process on family planning

2. Service Provider survey: The providers are: MO-MCH, FWV, FPI, and FWA.

The service provider survey will collect information on the following topics:

- Individual demographic and skills characteristics of service providers,
- Training on:
 - Contraception,
 - BCC and client counseling,
 - Client management, and
 - Supervision (for FPI, FWV and MO-MCH only)
- Practice of:
 - Contraceptive provision and/or distribution,
 - BCC and client counseling of clients,
 - Client management, and
 - Supervision of staff (for FPI, FWV and MO-MCH only)

The questionnaires will be reviewed in collaboration with USAID, EngenderHealth/Dhaka, and MEASURE *Evaluation*. The survey interviewers should be female to ensure greater comfort by interviewees and to reduce non-response. Service providers should be interviewed by supervisory level interviewers.

The questionnaires will be pre-tested and reviewed in collaboration with MEASURE *Evaluation*.

Sampling

There will be two overall statistical domains: intervention areas and non-intervention comparison areas.

Within intervention areas, there will be six specific sub-domains:

- Barisal District;
- Patuakhali District;
- Sunamganj District;
- Moulvibazar District;
- Comilla District; and
- Cox's Bazar District.

Within the comparison areas, there will be three sub-domains:

- Kishoreganj District;
- Mymensingh District; and
- Narsingdi District

The specific sample sizes are shown in Table Ha 1.

Appendix H Table Ha 1. Sample size by district

District	MWRA	Service providers
Barisal	632	80
Patuakhali	632	80
Sunamganj	632	80
Moulovibazar	632	80
Comilla	632	80
Cox's Bazar	632	80
Six sample intervention districts together	3,792	480
Kishoreganj	632	80
Narsingdi	632	80
Mymensingh	632	80
Three comparison districts together	1,896	240
All	5,688	720

MWRA sample:

The women survey will be among 5,688 MWRA who will be selected from households. From each of the districts, 10 Unions will be randomly selected; two Mouzas will be randomly selected (based on PPS of the Mouza size) from each of the 10 Unions; and 31 MWRA will be selected based on SRS from each of the selected Mouzas. A list of households will be made for each of the selected Mouzas in order to make a complete list of households.

The sample size for the MWRA within a district was determined using the following assumptions: (a) LAPM use rate will increase from 5.4% during baseline in 2010 to 10% during endline in early 2013; (b) the confidence interval of 95% and power of 80%; (c) the design effect of 1.20; and (d) response rate of 95%.

Service Provider sample:

A total of around 720 service providers from the nine districts will be interviewed using a questionnaire. On an average there are 10 Upazillas in a district. One MO-MCH, two FWVs, two FPIs, and two FWAs from each Upazilla will be interviewed from the intervention and comparison districts. Each of these service providers will be randomly selected from each Upazilla in a district.

Appendix I. Mayer Hashi Endline Survey 2013 Household and Women's Questionnaire

Appendix I1. English translation of the woman questionnaire

Appendix I2. Woman questionnaire in Bangla

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

APPENDIX I 1

Mayer Hashi Endline Survey 2013

HOUSEHOLD AND WOMAN'S QUESTIONNAIRE

ASSOCIATES FOR COMMUNITY AND POPULATION RESEARCH

3/10, Block A, Lalmatia, DHAKA-1207
TELEPHONE: 9114784, 8117926, FAX: 8153321
E-MAIL: acpr@bangla.net

MEASURE Evaluation
USA
HOUSEHOLD QUESTIONNAIRE

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

Face Sheet

IDENTIFICATION																															
DIVISION..... DISTRICT..... UPAZILA/THANA..... UNION/WARD..... MOUZA/ MOHOLLA..... VILLAGE/MOHOLLA/BLOCK _____ SEGMENT NUMBER..... TYPE OF CLUSTER: RURAL 1 URBAN 2 CLUSTER NUMBER..... HOUSEHOLD NUMBER..... NAME OF THE HOUSEHOLD HEAD _____ NAME OF THE RESPONDENT _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																														

INTERVIEWER VISITS															
	1	2	3	FINAL VISIT											
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table;"><tr><td>2</td><td>0</td><td>1</td><td>3</td></tr></table> INTV. CODE <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> RESULT <table border="1" style="display: inline-table;"><tr><td> </td></tr></table>					2	0	1	3			
2	0	1	3												
INTERVIEWER'S NAME	_____	_____	_____												
RESULT*															
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <table border="1" style="display: inline-table;"><tr><td> </td></tr></table>											
TIME	_____	_____													
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)			TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>												
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY											
NAME _____ <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			NAME _____ <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>					
DATE _____	DATE _____														

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

Informed Consent for Interview (Written)

Obtain respondent's consent (Greet the respondent, and read out the following statements to respondent before asking any question).

Assalamalikum/Adab,

My name is I am from the research organization ACPR, located in Dhaka. We are conducting a survey, which aims to assess the knowledge, attitudes, and practices of couples about family planning and maternal health issues. Your opinion is very important to us as it will help the government to take policy decisions and goals related to fulfill the reproductive intentions of couples.

You have been selected for the interview to represent couples in your area. The interview will take around 30-45 minutes of your time. If you agree to participate, we will ask you some questions related to contraception and maternal health issues, and your experiences and opinion about the health care service provisions in your area.

Your participation in this interview is completely voluntary. You can refuse to respond to any question if you wish. You can also stop the interview at any time. You may ask any questions or clarifications before giving your consent for interview. You may also contact Mr. Abu Pasha Md. Shafiur Rahman, Managing Director,(Cell 01713005502) of ACPR for any questions.

You will not receive any direct benefit from the interview; however, the Government particularly Ministry of Health and Family Welfare (MOHFW) will be benefit from the study findings. There is no risks involved in your participation in this interview. You will not be paid any monetary compensation for your participation in this survey.

The interview will be conducted in a private setting. Your responses will be kept confidential. Your name will not appear in any reports. No identifying information will be reported with the data. Only the researchers will have access to your responses, which they will utilize to prepare the report. All the data will be stored in a locked and secured place.

If you do not have any question, do I have your permission to continue?

Respondent agreed 1 Respondent not agreed 2

Signature of respondent:
(If the respondent is under 18 years, guardian will sign)

Date:

Signature of Interviewer:

Date :

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

LIST OF FEMALE HOUSEHOLD MEMBERS

Now we would like some information about the female members aged 13 to 49 years who usually live in your household.

LIN E Nu mbe r.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	MARITAL STATUS	ELIGIBILITY		
	Please give me the names of the female members aged 13 to 49 years who usually live in your household.	What is the relationship of (NAME) to the head of the household?*	How old is (NAME)?	What is the current marital status of (NAME)?	CIRCLE LINE NUMBER OF ALL CURRENTLY MARRIED WOMEN (Q4=AGE 13-49 & Q5=1)		
(1)	(2)	(3)	(4)	(5)	(6)		
01		<input type="text"/>	In years <input type="text"/>	Currently married... 1 Separated/ Deserted/Widowed/ Divorced.....2 Never married3	01		
02		<input type="text"/>	In years <input type="text"/>	Currently married... 1 Separated/ Deserted/Widowed/ Divorced.....2 Never married3	02		
03		<input type="text"/>	In years <input type="text"/>	Currently married... 1 Separated/ Deserted/Widowed/ Divorced.....2 Never married3	03		
04		<input type="text"/>	In years <input type="text"/>	Currently married... 1 Separated/ Deserted/Widowed/ Divorced.....2 Never married3	04		
05		<input type="text"/>	In years <input type="text"/>	Currently married... 1 Separated/ Deserted/Widowed/ Divorced.....2 Never married3	05		
06		<input type="text"/>	In years <input type="text"/>	Currently married... 1 Separated/ Deserted/Widowed/ Divorced.....2 Never married3	06		
* CODES FOR Q.3 (RELATIONSHIP TO HEAD OF HOUSEHOLD)							
SELF	01	DAUGHTER-IN-LAW	04	MOTHER-IN-LAW	07	OTHER RELATIVE	09
WIFE	02	GRANDCHILD	05	SISTER	08	ADOPTED/FOSTER/STEPCHILD	10
DAUGHTER	03	MOTHER	06			NOT RELATED	11
07. TOTAL NUMBER OF ELIGIBLE WOMEN (CURENTLY MARRIED WOMEN AGED 13-49) (CIRCLED IN COLUMN 6)					<input type="text"/>		

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																									
08.	What is the main source of drinking water for members of your household?	PIPED WATER Piped into dwelling..... 11 Piped to yard plot 12 Public tap stand pipe 13 Tube well or borehole..... 21 DUG WELL Protected well..... 31 Unprotected well 32 WATER FROM SPRING Protected sprint..... 41 Unprotected spring 42 Rain water..... 51 Surface water (River/dam/lake/pond/ stream/canal/irrigation channel) 81 Bottled water..... 91 Other _____ 96 (Specify)																																																										
09.	What kind of toilet facility do members of your household usually use?	Flush latrine 11 Pit latrine with slab 21 Pit latrine without slab/open pit..... 22 Bucket latrine..... 31 Hanging toilet latrine 51 No facility/bush/field..... 61 → 10 Other _____ 96 (Specify)																																																										
09a.	Do you share this toilet facility with other households?	Yes 1 No 2																																																										
10.	Does your household (or any member of your household) have: Read out	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Electricity.....</td><td>1</td><td>2</td></tr> <tr><td>Radio.....</td><td>1</td><td>2</td></tr> <tr><td>Television</td><td>1</td><td>2</td></tr> <tr><td>Mobile phone.....</td><td>1</td><td>2</td></tr> <tr><td>Non-Mobile phone.....</td><td>1</td><td>2</td></tr> <tr><td>Refrigerator/Freeze.....</td><td>1</td><td>2</td></tr> <tr><td>Almirah/Wardrobe.....</td><td>1</td><td>2</td></tr> <tr><td>Table</td><td>1</td><td>2</td></tr> <tr><td>Chair</td><td>1</td><td>2</td></tr> <tr><td>Electric Fan.....</td><td>1</td><td>2</td></tr> <tr><td>Bicycle.....</td><td>1</td><td>2</td></tr> <tr><td>Motorcycle.....</td><td>1</td><td>2</td></tr> <tr><td>Animal drawn car</td><td>1</td><td>2</td></tr> <tr><td>Car/truck.....</td><td>1</td><td>2</td></tr> <tr><td>Boat with Motor.....</td><td>1</td><td>2</td></tr> <tr><td>Ricksha/van</td><td>1</td><td>2</td></tr> <tr><td>DVD/VCD Player.....</td><td>1</td><td>2</td></tr> <tr><td>Water pump</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	Television	1	2	Mobile phone.....	1	2	Non-Mobile phone.....	1	2	Refrigerator/Freeze.....	1	2	Almirah/Wardrobe.....	1	2	Table	1	2	Chair	1	2	Electric Fan.....	1	2	Bicycle.....	1	2	Motorcycle.....	1	2	Animal drawn car	1	2	Car/truck.....	1	2	Boat with Motor.....	1	2	Ricksha/van	1	2	DVD/VCD Player.....	1	2	Water pump	1	2	
	Yes	No																																																										
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The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

11.	<p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR Earth/stand 11 RUDIMENTARY FLOOR Wood planks 21 Palm/Bamboo..... 22 FINISHED FLOOR Parquet or polished wood 31 Ceramic Tiles 32 Cement..... 33 Other _____ 96 (Specify)</p>	
11a.	<p>MAIN MATERIAL OF THE ROOF.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL ROOFING No roof..... 11 Thatch/Palm/Leaf 12 RUDIMENTARY ROOFING Bamboo..... 21 Wood planks 22 Cardboard..... 23 FINISHED ROOFING Tin 31 Wood..... 32 Ceramic Tiles 33 Cement..... 34 Roofing Shingles 35 Tali 36 Other _____ 96 (Specify)</p>	
11b.	<p>MAIN MATERIAL OF THE EXTERIOR WALLS</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS No walls..... 11 Cane/Palm/Trunks..... 12 Dirt 13 RUDIMENTARY WALLS Bamboo with mud..... 21 Stone with mud 22 Plywood..... 23 Cardboard 24 FINISHED WALLS Tin 31 Cement..... 32 Stone with lime/Cement 33 Bricks 34 Wood planks/shingles 35 Other _____ 96 (Specify)</p>	

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
12.	Does this household own any livestock, herds, other farm animals, or poultry?	Yes 1 No 2	→ 13
12a.	How many of the following animals does this household own? IF NONE, ENTER '00' IF MORE THAN 95, ENETR '95' IF UNKNOWN, ENTER '98'	Cows/bulls/buffalos <input type="text"/> <input type="text"/> Goats/Sheep <input type="text"/> <input type="text"/> Chickens/Ducks <input type="text"/> <input type="text"/>	
13.	Does your household own any homestead? IF 'NO', PROBE: Does your household own homestead any other places?	Yes1 No2	
13a.	Does your household own any land (other than the homestead land)?	Yes 1 No 2	→ 14
13b.	How much land does your household own (other than the homestead land)? Amount _____ Unit _____ (Specify) <input type="text"/> <input type="text"/> ° <input type="text"/> <input type="text"/> Acres Decimals	
14.	INTERVIEWER: INTERVIEW ALL WOMEN RECORDED IN Q07 USING THE WOMAN'S QUESTIONNAIRE.		

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

Woman's Questionnaire
Face Sheet

IDENTIFICATION																																													
DIVISION..... DISTRICT..... UPAZILA/THANA..... UNION/WARD..... MOUZA/ MOHOLLA..... VILLAGE/MOHOLLA/BLOCK..... TYPE OF CLUSTER: RURAL 1 URBAN 2 CLUSTER NUMBER..... HOUSEHOLD NUMBER..... NAME AND LINE NUMBER OF ELIGIBLE RESPONDENT _____	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																																												

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	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	DAY MONTH* YEAR <table border="1" style="float: right; margin-left: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>												
INTERVIEWER <input type="checkbox"/> S RESULT**	_____	_____	_____	INT.CODE RESULT** <table border="1" style="float: right; margin-left: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>												
NEXT VISIT: DATE TIME	_____	_____		TOTAL NO. OF VISITS <table border="1" style="float: right; margin-left: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>												
**RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ 2 NOT AT HOME 5 PARTLY COMPLETED (SPECIFY) 3 POSTPONED 6 RESPONDENT INCAPACITATED																
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY												
NAME _____ <table border="1" style="float: right;"> <tr><td> </td><td> </td></tr> </table> DATE _____			NAME _____ <table border="1" style="float: right;"> <tr><td> </td><td> </td></tr> </table> DATE _____				<table border="1" style="float: right;"> <tr><td> </td><td> </td></tr> </table>			<table border="1" style="float: right;"> <tr><td> </td><td> </td></tr> </table>						

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Section 1: Respondent's Socio-Demographic Background

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101.	RECORD THE START TIME OF TAKING INTERVIEW . (according to 24 hours clock)	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Hour </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Minutes </div> </div>	
102.	Are you currently married?	Yes 1 No 2	→ Terminate interview
103.	How old are you at present?	Age (completed year)..... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
104.	How old were you when you (first) got married?	Age (completed years <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
105	Is your husband staying with you at present or is he staying elsewhere?	Staying in the household..... 1 Staying elsewhere 2	→106
105a.	How long has your husband been staying away from you?	Below one month..... 00 Months..... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
106.	Have you ever attended school/madrasha? IF YES, where?	Yes, school..... 1 Yes, madrasha..... 2 Yes, both..... 3 No 4	→106c
106a.	What is the highest class you completed at that level? (IF NO CLASS PASSED WRITE 00)	Class <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
106b	Interviewer: Check Q.106a and circle in appropriate code	Primary (00-05)..... 1 Secondary or above (06 or above) 2	→107
106c.	Can you read?	Yes 1 No 2	
106d.	Can you write?	Yes 1 No 2	
107.	What is your religion?	Islam 1 Hinduism 2 Buddhism..... 3 Christianity 4 Others..... 6 (Specify)	
108	What is your primary occupation (What kind of work do you mainly do?)	House wife 01 Farming..... 02 Agriculture laborer 03 Day laborer 04 Garment worker..... 05 House keeper/maid 06 Professional 07 Businessman 08 Handicrafts..... 09 Student..... 10 Beggar..... 11 Old/disable..... 12 Service/Salaried worker..... 13 Cattle raising/poultry 14 Others..... 96 (Specify)	

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109.	Interviewer: Check Q.106c and circle in appropriate code	Yes..... 1 No 2 No code is circled..... 3	→ 111
110.	Do you read newspaper or magazine?	Yes 1 No 2	→ 111
110a.	Do you read newspaper or magazine almost every day, at least once a week, or less than once a week?	Almost every day..... 1 At least once a week2 Less than once a week3	
111.	Do you listen to the radio?	Yes 1 No2	→ 112
111a.	Do you listen to the radio almost every day, at least once a week, or less than once a week?	Almost every day..... 1 At least once a week2 Less than once a week3	
112	Do you watch television?	Yes 1 No2	→ 113
112a.	Do you watch television almost every day, at least once a week, or less than once a week?	Almost every day..... 1 At least once a week2 Less than once a week3	
113.	Do you belong to any microcredit/IGA(Income Generating Activity) groups or an NGO?	Yes 1 No2	

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

SECTION 2: Pregnancy and Reproduction

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201.	Now, I would like to ask about all the pregnancies you have had during your lifetime. Have you ever been pregnant?	Yes 1 No 2 Currently pregnant 3	→ 202 → 205
201a	How many months pregnant are you?	Months (completed month)..... <input type="text"/>	
201b	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	Then 1 Later 2 Not at all 3	
202.	At what age did you become pregnant for the first time?	Age (in complete years)..... <input type="text"/> <input type="text"/> Don't know 97	
203.	How many living children do you have? How many sons and how many daughters? If the respondent do not have living son or daughter Write 0 in the box.	None 0 Number of sons..... <input type="text"/> Number of daughters <input type="text"/> Total..... <input type="text"/>	→ 205
204	What is the name of your youngest child?	Name: _____	
204a	How old is your youngest child?	<input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> month	
204b	What is the date of birth of your youngest child?	<input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year	
205.	CHECK 203 FOR THE NUMBER OF LIVING CHILDREN: You have Living child/children. For currently pregnant: Ask the question, excluding the child currently pregnant with (Besides, do you want any (more) child?	Yes 1 No 2 Don't know 7	→ 206
205a	(Those who have at least one child) How many more children do you want? (Those who have no child) What is the total number of children you want to have?	Number of children..... <input type="text"/>	
206.	In your opinion, who do you think should decide the number of children a couple should have?	Husband 01 Wife 02 Husband and wife together 03 Husband & wife together with family members 04 Elderly family members 05 Service provider..... 06 Other _____ 96 (Specify) Don't know 97	

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
207.	Interviewer: Check Q.201 and circle in appropriate code.	Yes.....1 No2 Currently pregnant.....3	209
208.	During your current pregnancy did you visit anyone for a medical checkup?	Yes 1 No 2	208b
208a	Whom did you visit? PROBE: Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AN RECORD ALL MENTIONED (MULTIPLE ANSWERS ARE POSSIBLE)	TRAINED HEALTH PERSONNEL Qualified Doctor A Nurse/Midwife/Paramedic B Family Welfare Visitor (FWV) C Community Skilled Birth Attendant (CSBA) D MA/SACMO E Health Assistant F OTHER HEALTH WORKER Family Welfare Assistant (FWA) G Trained TBA H Untrained TBA/traditional <i>dai</i> I Unqualified doctor J Other _____ X (Specify)	
208b	Where did you receive antenatal care for your current pregnancy? PROBE: Anywhere else? PROBE TO IDENY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE, IF A HOSPITAL, HEALTH CENTER, OR CLINI IS PUBLIC OR PRIVATE MEDICAL , WRITE THE NAME OF THE PLACE _____ NAME OF PLACE (S) (MULTIPLE ANSWERS ARE POSSIBLE)	HOME Own home A Parents' home B Other home C PUBLIC SECTOR Hospital/Medical College Hospital D Family Welfare Centre E Upazila health complex F Satellite Clinic/EPI center G Maternal and Child Welfare CentreH Community Clinic I Other _____ J (Specify) NGO SECTOR NGO static clinic K NGO satellite clinic L Other _____ M (Specify) PRIVATE MEDICAL SECTOR Private. Hospital/clinic N Doctor's (Qualified) chamber O Quack/Traditional Doctor's chamberP Pharmacy Q Other _____ X (Specify)	
208c	How many months pregnant were you when you first received antenatal care for this pregnancy?	Month..... <input type="text"/> <input type="text"/> Don't know 97	
208d	How many times did you receive antenatal care during this pregnancy?	Number <input type="text"/> <input type="text"/> Don't know 97	

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
208e	During any of your antenatal care visits, were you told about the signs of complications during delivery?	Yes 1 No 2 Don't remember..... 7	
208f.	Were you counseled about family planning during your ANC?	Yes 1 No 2 Don't remember..... 7	→ 208h
208g	During counseling, were you told about advantages/disadvantages of _____? (Method) Read out each method		
	Method	Yes	No
	a) IUD	1	2
	b) Implant	1	2
	c) Female sterilization	1	2
d) Male sterilization	1	2	7
208h	Where do you intend to have your delivery?	HOME Your home (husband's home) 01 Parents' home 02 Other home 03 PUBLIC SECTOR Govt. Hospital 04 Upazila health complex 05 Maternal and Child Welfare Centre (MCWC) 06 Other _____ 10 (Specify _____) NGO SECTOR NGO Static Clinic 15 Other _____ 16 (Specify _____) PRIVATE MED. SECTOR Private hospital/clinic 22 Other private institutions 23 Other _____ 96 (Specify _____)	
209.	Interviewer: Check Q.203 and circle in appropriate code.	Have no living children 1 Have living children..... 2	→ 213
210.	Interviewer: Write the child's name from Q.204. When you were pregnant with..... (Name of the last child),did you visit anyone for a medical checkup?	Yes 1 No 2 Don't remember..... 7	→ 210h
210a	Whom did you visit? PROBE: Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AN RECORD ALL MENTIONED (MULTIPLE ANSWERS ARE POSSIBLE)	TRAINED HEALTH PERSONNEL Qualified Doctor A Nurse/Midwife/Paramedic B Family Welfare Visitor (FWV) C Community Skilled Birth Attendant (CSBA) D MA/SACMO E Health Assistant F OTHER HEALTH WORKER Family Welfare Assistant (FWA) G Trained TBA H Untrained TBA/traditional <i>dai</i> I Unqualified doctor J Other _____ X (Specify _____)	

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
210b	<p>Where did you receive antenatal care for this pregnancy of(Name of the last child)?</p> <p>PROBE: Anywhere else?</p> <p>PROBE TO IDENY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE, IF A HOSPITAL, HEALTH CENTER, OR CLINI IS PUBLIC OR PRIVATE MEDICAL , WRITE THE NAME OF THE PLACE</p> <p>_____</p> <p>NAME OF PLACE (S)</p> <p>(MULTIPLE ANSWERS ARE POSSIBLE)</p>	<p>HOME</p> <p>Own home A</p> <p>Parents' homeB</p> <p>Other homeC</p> <p>PUBLIC SECTOR</p> <p>Hospital/Medical College Hospital D</p> <p>Family Welfare CentreE</p> <p>Upazila health complex F</p> <p>Satellite Clinic/EPI center G</p> <p>Maternal and Child Welfare CentreH</p> <p>Community ClinicI</p> <p>Other _____J</p> <p>(Specify)</p> <p>NGO SECTOR</p> <p>NGO static clinic K</p> <p>NGO satellite clinicL</p> <p>Other _____M</p> <p>(Specify)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>Private. Hospital/clinic N</p> <p>Doctor's (Qualified) chamber O</p> <p>Quack/Traditional Doctor's chamberP</p> <p>Pharmacy Q</p> <p>Other _____ X</p> <p>(Specify)</p>																
210c	<p>How many months pregnant were you when you first received antenatal care for this pregnancy of(Name of the last child)?</p>	<p>Month..... <input type="text"/> <input type="text"/></p> <p>Don't know 97</p>																
210d	<p>How many times did you receive antenatal care during this pregnancy of(Name of the last child)?</p>	<p>Number <input type="text"/> <input type="text"/></p> <p>Don't know 97</p>																
210e	<p>During any of your antenatal care visits, were you told about the signs of complications during delivery?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't remember..... 7</p>																
210f	<p>Were you counseled about family planning during your ANC or after delivery? IF YES, when?</p>	<p>Yes, during pregnancy 1</p> <p>Yes, after delivery..... 2</p> <p>Yes, during delivery 3</p> <p>Yes, during pregnancy and during/after delivery both time 4</p> <p>No5</p> <p>Don't remember.....7</p>	→ 210h															
210g	<p>During counseling, were you told about advantages/disadvantages of _____?</p> <p>(Method)</p> <p>Read out each method</p> <p>Method</p>	<table border="1"> <thead> <tr> <th data-bbox="954 1650 1078 1682">Yes</th> <th data-bbox="1078 1650 1224 1682">No</th> <th data-bbox="1224 1650 1466 1682">Don't remember</th> </tr> </thead> <tbody> <tr> <td data-bbox="997 1682 1037 1713">1</td> <td data-bbox="1135 1682 1175 1713">2</td> <td data-bbox="1338 1682 1378 1713">7</td> </tr> <tr> <td data-bbox="997 1713 1037 1745">1</td> <td data-bbox="1135 1713 1175 1745">2</td> <td data-bbox="1338 1713 1378 1745">7</td> </tr> <tr> <td data-bbox="997 1745 1037 1776">1</td> <td data-bbox="1135 1745 1175 1776">2</td> <td data-bbox="1338 1745 1378 1776">7</td> </tr> <tr> <td data-bbox="997 1776 1037 1808">1</td> <td data-bbox="1135 1776 1175 1808">2</td> <td data-bbox="1338 1776 1378 1808">7</td> </tr> </tbody> </table>	Yes	No	Don't remember	1	2	7	1	2	7	1	2	7	1	2	7	
Yes	No	Don't remember																
1	2	7																
1	2	7																
1	2	7																
1	2	7																
a)	IUD																	
b)	Implant																	
c)	Female sterilization																	
d)	Male sterilization																	

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
210h	At the time you became pregnant for(Name of the last child), did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more)children at all?	Then 1 Later 2 Not at all 3	
211.	Did you experience excessive bleeding during the post-delivery period of any of your pregnancies?	Yes 1 No 2	
212	Where did you give birth to..... (name of last child)?	HOME Your home 01 Parents' home 02 Other home 03 PUBLIC SECTOR Hospital/Medical college hospital . 04 Upazila health complex 05 Maternal and Child Welfare Centre 06 Other _____ 10 (Specify) NGO SECTOR NGO Static Clinic 15 Other _____ 16 (Specify) PRIVATE MEDICAL SECTOR Private hospital/clinic 22 Other _____ 96 (Specify)	→ 213
212a	Who decided to go to the hospital/health center for delivery of _____? (name of the last child)	Self 01 Husband 02 Husband and self together 03 Father/Mother-in-law 04 Parent 05 Sister/sister-in-law 06 Other member of husband's family .. 10 Other member of respondent's family 11 Relative(s) 12 Neighbors/friends 13 Service provider (TBA/Field worker/Dai) 14 Qualified doctor 15 Other _____ 96 (Specify) Don't know 97	
213.	What are the benefits of delivery at hospital/clinic? MULTIPLE ANSWERS POSSIBLE.	It is safe A Complications can be easily managed B Blood transfusion can be given C Cesarean section can be performed ... D Baby's health can be checked E Infusion can be given F Doctor/trained person available G Other _____ X (Specify) No benefits at all Z	

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
214	<p>Could you please tell me what are the danger signs during delivery which would require IMMEDIATE CARE from a doctor/hospital/clinic?</p> <p>MULTIPLE ANSWERS POSSIBLE.</p>	<p>Long labor (lasting more than 8 hours without progress) A Appearance of baby's hand/leg first/mal presentation B Appearance of baby's umbilical cord first..... C Excessive vaginal bleeding..... D Water broken E Convulsions/fits/faint..... F High blood pressure..... G Obstructed labour H Other _____ X (Specify) Don't know..... Y</p>	
215.	<p>Could you please tell me what are the danger signs during post-delivery period which would require IMMEDIATE CARE from a doctor/hospital/clinic?</p> <p>MULTIPLE ANSWERS POSSIBLE.</p>	<p>Excessive bleeding after delivery A Fever/Puerperal sepsis B Convulsion/Postpartum eclampsia..... C Retained placenta..... D Severe abdominal pain..... E Convulsions/fits/faint..... F High blood pressure..... G Other _____ X (Specify) Don't know Y</p>	→ 217
216.	<p>You have said that bleeding after delivery is a danger sign during the post-delivery period. Could you please tell me what you know about the consequences of such excessive vaginal bleeding (post-partum hemorrhage)?</p> <p>MULTIPLE ANSWERS POSSIBLE.</p>	<p>Become severely anemic A Can die..... B Become very much weak..... C Can't perform any work..... D Convulsion..... E Become unconscious F Other _____ X (Specify) Don't know Y</p>	
217.	<p>Do you know any way to prevent excessive post-delivery vaginal bleeding?</p>	<p>Yes 1 No 2</p>	→ 217b
217a	<p>Could you please tell me how excessive post-delivery vaginal bleeding could be prevented?</p>	<p>Using Misoprostol tablet A By having hospital delivery B By cesarean section C By injection..... D By antibiotics E Advice/ treatment from Doctor..... F Using medicine G By Kabiraji/traditional treatment..... H Other _____ X (Specify) Without doing anything Z</p>	→ 217c
217b	<p>To prevent post-delivery vaginal bleeding, a drug called Misoprostol can be taken right after delivery, have you heard about this drug?</p>	<p>Yes 1 No 2</p>	→ 222

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
217c	Where did you first hear about it?	TRAINED HEALTH PERSONNEL Doctor (Qualified) 01 Nurse/Midwife/Paramedic..... 02 Family Welfare Visitor..... 03 Community Skilled birth attendant 04 MA/SACMO 05 Health Assistant..... 06 Family Welfare Assistant 10 OTHER HEALTH WORKER Traditional birth attendant(Trained) 11 Traditional birth Attendant/Dai (Untrained)..... 12 Quack/doctor (Unqualified) 13 RELATIVES Husband..... 14 Father/mother/In-laws 15 Sisters/other relatives 16 Neighbors/friends 17 Other _____ 96 (Specify) Don't know/Not sure 97	
217d	When Misoprostol tablet should be taken?	Immediately after delivery..... 1 Other _____ 6 (Specify) Don't know 7	
217e	How many Misoprostol tablet should be taken together?	Two/three tablets at a time..... 1 Other _____ 6 (Specify) Don't know 7	
218.	Interviewer: Check Q.201 and circle in appropriate code.	Yes..... 1 No 2 Currently pregnant..... 3	220 301
219.	Do you think that you would like to use Misoprostol during this delivery?	Yes 1 No 2 Don't know 7	
220.	Interviewer: Check Q.212 and circle in appropriate code.	Any code circled in Q.212 1 No code circled in Q.212..... 2	301
221	Did you receive Misoprostol from anyone during your last delivery to prevent bleeding after delivery?	Yes 1 No 2	221c

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
221a	From whom did you obtain the Misoprostol tablets?	TRAINED HEALTH PERSONNEL Doctor (Qualified) 01 Nurse/Midwife/Paramedic..... 02 Family Welfare Visitor..... 03 Community Skilled Birth Attendant 04 MA/SACMO 05 Health Assistant..... 06 Family Welfare Assistant 10 OTHER Traditional birth attendant (Trained) 11 Traditional birth attendant (Untrained)/Dai 12 Quack/doctor (Unqualified) 13 Other _____ 96 (Specify) Don't know/Not sure 97	
221b	On which month of your pregnancy did you receive the Misoprostol tablets?	Months <input type="text"/> <input type="text"/> During delivery..... 95	
221c	Did you use Misoprostol tablet after your last delivery of(name of the last child) to prevent bleeding after delivery?	Yes 1 No 2	221g
221d	When you used Misoprostol tablet did you experience any benefit?	Yes1 No.....2 Don't know7	
221e	When you used Misoprostol tablet did you experience any side effect/physical problem?	Yes 1 No 2 Don't know 3	221g
221f	What are those side effects/physical problems? MULTIPLE ANSWERS POSSIBLE.	Shivering..... A Fever B Diarrhea/loose motion C Nausea D Vomiting E Lower abdominal pain/Cramping F Excessive bleeding G Convulsion H No bleeding..... I Other _____ X (Specify)	
221g	Would you recommend your friends/neighbors to use Misoprostol tablets?	Yes 1 No 2 Don't know 7	
Now I would like to ask some questions about complications on any of your delivery in lifetime			
222.	Did/do you have incontinence of urine after any of your delivery at all the time/dribbling of urine continuously?	Yes 1 No 2	223

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

222a	Whether was/is it through vaginal or urethral orifice?	Vagina..... 1 Urethra..... 2 Other _____ 6 (Specify) Don't remember..... 7	
No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222b	Does it come out through urethra, if pressure is applied on lower abdomen?	Yes..... 1 No 2 Don't remember..... 7	
222c	Had have your incontinence of urine manifested immediately after child birth?	Yes..... 1 No 2 Don't remember 7	
223.	Is there any history of prolonged (more than 18 hours) labour during any of your delivery?	Yes..... 1 No 2	
224.	Is there any history of still birth in your life?	Yes..... 1 No 2	
225.	Interviewer: Check Q.222, 223 and 224 and circle in appropriate code.	Code 1 is circled in any of Q.222, 223 and 224..... 1 Code 1 is not circled in any of Q.222, 223 and 224..... 2	→ 301
	Those women, who have continuous dribbling of urine per vagina, manifestation of such passage of urine per vagina commences after child birth, and have history of prolonged labour – are in fact suffering from ‘obstetric fistula’. In order to confirm the fistula as well as for additional care, all these women need further medical check-up and follow up examinations.		
226.	Are you interested to have medical check-up and follow-up examination in future by a physician regarding your health problem?	Yes..... 1 No 2	

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

Section 3: Contraception

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	The various ways or methods that a couple can use to delay or avoid a pregnancy.		
301.	Have you ever heard of the various ways or methods? (Probe and ascertain clearly that the respondent never heard of contraception)	Yes 1 No..... 2	→ 401
301a.	Can you tell me all the ways or methods that a couple can use to delay or avoid pregnancy? PROBE: Any other methods left out? MULTIPLE ANSWERS POSSIBLE.	Female sterilization..... A Male sterilization B Pill..... C IUD D Injectables E Implants F Condom..... G Safe period H Withdrawal..... I LAM..... J Progesterone only pills (Mini pills) ... K Emergency contraceptive pill L Other _____ X (Specify) Don't know Y	
302.	In your opinion, who should decide which contraceptive method a couple would use?	Husband 01 Wife 02 Husband and wife together 03 Husband & wife together with family members 04 Elderly family members..... 05 Service provider(s)..... 06 Other _____ 96 (Specify) Don't know 97	
303	Interviewer: Check Q.201 and circle in appropriate code.	Yes 1 No..... 2 Currently pregnant..... 3	→ 305
304.	Are you or your husband currently using any method to delay or avoid getting pregnant?	Yes 1 No..... 2	→ 305
304a.	Which method are you or your husband using at present? CIRCLE ALL MENTIONED. MULTIPLE ANSWERS POSSIBLE. Interviewer: If more than one method code circled in Q304a, ask the highest method in	Female sterilization..... A Male sterilization B Pill..... C IUD D Injectables E Implants F Condom..... G Safe period/Standard days method (SDM) H Withdrawal..... I LAM..... J	→ 304c → 304d

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	list of Q.304b.	Progesterone only pills (mini pills).... K Other _____ X (Specify) _____	
304b. 304c.	<p>If more than one method mentioned in Q304a, ask the highest method in list of Q.304b.</p> <p>Where did you obtain(current method) the last time?</p> <p>Where did the sterilization take place?</p> <p>PROBE: Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">NAME OF THE PLACE</p>	<p>Public Sector/Service Provider Hospital/Medical College Hospital... 01 Family Welfare Centre..... 02 Upazila Health Complex..... 03 Satellite Clinic/EPI center..... 04 Maternal & Child Welfare Centre (MCWC) 05 Family Welfare Assistant..... 06 Community Clinic..... 10 Other _____ 11 (Specify)</p> <p>NGO Sector /NGO Worker NGO Static Clinic 17 NGO Satellite Clinic 18 NGO depot holder..... 19 NGO fieldworker 20 Other _____ 21 (Specify)</p> <p>Private Medical Sector/Provider Private hospital/clinic..... 27 Doctor (Qualified)..... 28 Quack/Traditional healer 29 Pharmacy 30 Private Medical College Hospital 31</p> <p>Other source (shop)..... 37 Friend/relative 38 Other _____ 96 (Specify)</p> <p>Don't know 97</p>	
304d.	Please mention the month and year you are using the(CURRENT METHOD) interruptedly? (If you don't know for sure, you can give me your best estimate.)	<p>Month..... <input type="text"/> <input type="text"/></p> <p>Year..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
304e.	Who decided to use the family planning method that you/your husband are currently using?	<p>Husband 01 Respondent..... 02 Husband and respondent together 03 Husband & respondent together with family members 04 Elderly family members..... 05 Service provider (s)..... 06 Other _____ 96 (Specify)</p>	→ 314c
305.	Interviewer: Check code A (Female sterilization) of Q.301a and circle in appropriate code.	<p>Code A (Female sterilization) is circled 1</p> <p>Code A (Female sterilization) is not circled 2</p>	→ 306a

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	There are different methods of family planning, now I would like to ask some questions about Female and male sterilization, IUD and Implant.		
306.	Women can have an operation to stop or avoid having any more children which is called Female sterilization. Have you ever heard about the female sterilization?	Yes 1 No..... 2	→ 307
306a.	Could you please tell me the places/persons from where you can obtain the female sterilization? PROBE: Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE _____ NAME OF THE PLACE MULTIPLE ANSWERS POSSIBLE.	Public Sector/Service Provider Hospital/Medical College Hospital.... A Family Welfare Centre..... B Upazila Health Complex..... C Maternal & Child Welfare Centre (MCWC) E Camp H NGO Sector /NGO Worker NGO Static Clinic I Private Medical Sector/Provider Private hospital/clinic..... N Doctor (Qualified)..... O Private Medical College Hospital R Other _____ X (Specify) Don't know Y	
306b.	After delivery from when can female sterilization be done?	During C-section delivery..... A Within 48 hours of normal delivery... B Between 3 to 6 day after delivery C After 6 weeks of delivery if the women is not yet pregnant D During first ministration after delivery E Other _____ X (Specify) Don't know Y	
306c.	Interviewer: Check Q.203 and circle in appropriate code.	Number of children is 0 or 1 1 Number of children is 2 or more 2	→ 307
306d.	Have you ever visited any health center or service provider to know about female sterilization (advantage, disadvantage, effectiveness, source)?	Yes 1 No..... 2	
306e.	Have you ever visited any health center or service providers to female sterilize of yourself?	Yes 1 No..... 2	
307.	Interviewer: Check code B (Male sterilization) of Q.301a and circle in appropriate code.	Code B (Male sterilization) is circled 1 Code B (Male sterilization) is not circled 2	→ 308a
308.	Men can have an operation to stop or avoid pregnancy of his wife which is called Male sterilization. Have you ever heard about the male	Yes 1	

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	sterilization?	No.....2	→ 309
308a.	<p>Could you please tell me the places/persons from where one can obtain the male sterilization?</p> <p>PROBE:Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE</p> <p>_____</p> <p>NAME OF THE PLACE</p> <p>MULTIPLE ANSWERS POSSIBLE.</p>	<p>Public Sector/Service Provider</p> <p>Hospital/Medical College Hospital.... A</p> <p>Family Welfare Centre..... B</p> <p>Upazila Health Complex..... C</p> <p>Maternal & Child Welfare Centre (MCWC)E</p> <p>Camp..... H</p> <p>NGO Sector /NGO Worker</p> <p>NGO Static Clinic.....I</p> <p>Private Medical Sector/Provider</p> <p>Private hospital/clinic..... N</p> <p>Doctor (Qualified)..... O</p> <p>Private Medical College Hospital R</p> <p>Other_____ X</p> <p>(Specify)</p> <p>Don't know Y</p>	
308b.	Interviewer: Check Q.203 and circle in appropriate code.	<p>Number of children is 0 or 1 1</p> <p>Number of children is 2 or more 2</p>	→ 309
308c.	Have you or your husband ever visited any health center or service provider to know about male sterilization (advantage, disadvantage, effectiveness, source)?	<p>Yes 1</p> <p>No..... 2</p> <p>I don't know whether husband visited 7</p>	
308d.	Have your husband ever visited any health center or service provider to male sterilize of himself?	<p>Yes 1</p> <p>No..... 2</p> <p>I don't know whether husband visited 7</p>	
309.	Interviewer: Check code D of Q.301a and circle in appropriate code.	<p>Code D (IUD) is circled.....1</p> <p>Code D (IUD) is not circled 2</p>	→ 310a
	Women can have an IUD to stop or avoid having any more children.		
310.	Have you ever heard about the IUD?	<p>Yes 1</p> <p>No.....2</p>	→ 311
310a.	<p>Could you please tell me the places/persons from where you can obtain the IUD?</p> <p>PROBE: Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE</p> <p>_____</p> <p>NAME OF THE PLACE</p>	<p>Public Sector/Service Provider</p> <p>Hospital/medical college hospital A</p> <p>Family Welfare Centre..... B</p> <p>Upazila Health Complex..... C</p> <p>Satellite Clinic..... D</p> <p>Maternal & Child Welfare Centre (MCWC)E</p> <p>Community Clinic..... G</p> <p>NGO Sector /NGO Worker</p> <p>NGO Static Clinic.....I</p> <p>NGO Satellite Clinic J</p> <p>Private Medical Sector/Provider</p> <p>Private hospital/clinic..... N</p> <p>Doctor (Qualified)..... O</p> <p>Private Medical College Hospital R</p> <p>Other_____ X</p>	

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	MULTIPLE ANSWERS POSSIBLE.	(Specify) Don't know Y	
310b.	After delivery when can IUD be inserted?	Within 48 hours of normal delivery... A During C-section delivery..... B After 4 weeks of delivery C During first ministration after delivery D Other_____ X (Specify) Don't know Y	
310C.	Have you ever visited any health center or service provider to know about IUD (advantage, disadvantage, effectiveness, source)?	Yes 1 No..... 2	
310d.	Have you ever visited any health center or service provider to get IUD insertion?	Yes 1 No..... 2	
311.	Interviewer: Check code F (Implant) of Q.301a and circle in appropriate code.	Code F (Implant) is circled..... 1 Code F (Implant) is not circled..... 2	→ 312a
	Women can have an Implant to stop or avoid having any more children.		
312.	Have you ever heard about the Implant?	Yes 1 No..... 2	→ 313
312a.	Could you please tell me the places/persons from where you can obtain the Implant? PROBE: Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE _____ NAME OF THE PLACE MULTIPLE ANSWERS POSSIBLE.	Public Sector/Service Provider Hospital/medical college hospital A Family Welfare Centre..... B Upazila Health Complex..... C Maternal & Child Welfare Centre (MCWC) E Camp..... H NGO Sector /NGO Worker NGO Static Clinic I Private Medical Sector/Provider Private hospital/clinic..... N Doctor (Qualified)..... O Private Medical College Hospital R Other_____ X (Specify) Don't know Y	
312b.	After delivery when can Implant be inserted?	After 6 weeks of delivery if the woman breastfeeds..... A After 4 weeks of delivery if the woman does not breastfeed..... B During first ministration after delivery C Other_____ X (Specify) Don't know Y	
312c.	Have you visited any health center or service provider to know about implant (advantage, disadvantage, effectiveness, source)?	Yes 1 No..... 2	
312d.	Have you ever visited any health center or service provider to get implant insertion?	Yes 1 No..... 2	

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313.	<p>You have said that, you or your husband are not using any method to avoid pregnancy.</p> <p>Can you tell me why you or your husband are not using a method?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> <p>MULTIPLE ANSWERS POSSIBLE.</p>	<p>Fertility Related Issues</p> <p>Not having sex A</p> <p>Infrequent sex B</p> <p>Menopausal/hysterectomy C</p> <p>Sub-fecund/in-fecund..... D</p> <p>Postpartum amenorrhea E</p> <p>Breastfeeding F</p> <p>Fatalistic/no control G</p> <p>Want more children..... H</p> <p>Currently pregnant I</p> <p>Opposition To Use</p> <p>Respondent does not want J</p> <p>Husband oppose K</p> <p>Others oppose L</p> <p>Religious prohibition M</p> <p>Lack of Knowledge</p> <p>Does not knows any method N</p> <p>Does not know source of method..... O</p> <p>Does not know how to use method P</p> <p>Method-related reasons</p> <p>Health concerns..... Q</p> <p>Fear of side effects R</p> <p>Not available/source is too far S</p> <p>Costs too much..... T</p> <p>Inconvenient to use U</p> <p>Interferes physiological normal processes..... V</p> <p>Other _____ X</p> <p>(Specify)</p>	→ 410
314.	Do you think you or your husband will use any contraceptive method to delay or avoid pregnancy at any time in the future?	<p>Yes 1</p> <p>No..... 2</p> <p>Not sure..... 7</p>	→ 314b
314a	Which contraceptive method would you or your husband prefer to use?	<p>Female sterilization..... 01</p> <p>Male sterilization 02</p> <p>Pill..... 03</p> <p>IUD 04</p> <p>Injectables 05</p> <p>Implants 06</p> <p>Condom..... 10</p> <p>Safe period/SDM 11</p> <p>Withdrawal..... 12</p> <p>Lactational amenorrhea method (LAM) 13</p> <p>Progestrian only pills (Mini pill)..... 14</p> <p>Emergency Contraceptive Pill 15</p> <p>Other _____ 96</p> <p>(Specify)</p> <p>Don't know / Not sure..... 97</p>	→ 315
314b.	You or your husband do not intend or not sure to use any method in future, what are the main	<p>Fertility Related Issues</p> <p>Not having sex 01</p>	

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	reasons for so?	Infrequent sex 02 Menopausal/hysterectomy 03 Sub-fecund/in-fecund..... 04 Get child as many as possible 05 Want more children..... 06 Fatalistic/no control 10 Opposition To Use Respondent does not want 11 Husband oppose 12 Others oppose 13 Religious prohibition 14 Lack of Knowledge Does not knows any method 15 Does not know source of method..... 16 Does not know how to use method ... 17 Method-related reasons Health concerns..... 18 Fear of side effects 19 Not available/source is too far 20 Costs too much..... 21 Inconvenient to use 22 Interferes physiological normal processes..... 23 Other _____ 96 (Specify) _____	→ 315
314c.	Interviewer: Check code A and B (Female/Male sterilization) of Q.304a and circle in appropriate code.	Code A or B (Female/Male sterilization) is circled..... 1 Code A or B (Female/Male sterilization) is not circled 2	→ 325a
315.	Have you ever visited any government health facility for health and family planning services?	Yes 1 No..... 2	→ 316
315a.	Did you visit any government health facility for health and family planning services during last three months?	Yes 1 No..... 2	→ 315c
315b.	How many days ago you visited any government health facility for health and family planning services?	Month ago <input type="text"/> <input type="text"/> <input type="text"/>	
315c.	Which government health facility you visited last?	Public Sector/Service Provider Hospital/medical college hospital 01 Health & Family Welfare Centre 02 Upazila Health Complex..... 03 Satellite Clinic/EPI center..... 04 Maternal & Child Welfare Centre (MCWC) 05 Community clinic 06 Other _____ 96 (Specify) _____	
315d.	What are the services you received?	Accept female sterilization A	

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>(If the respondent mentions any family planning method here then check whether mentioned the same in 304a) (If the respondent does not mention family planning method here then probe whether she had received family planning service with any other services)</p> <p>MULTIPLE ANSWERS POSSIBLE.</p>	Received pill C Accept IUD.....D Received injection E Accept implants F Received condom.....G Counseling about FP method H Service of Side-effect/ complication of FP method..... I Immunizations J Child growth monitoring K Tetanus toxoid injection (TT) L Antenatal care M Delivery care.....N Post-natal care.....O Vitamin A for children..... P RTIs/STIs treatment..... Q General health care (fever, cold, diarrhea)..... R Vaginal discharge S Menstrual problem..... T Other _____ X (Specify)	→ 315g → 315g → 315i → 315o → 315h
315e.	When you had taken(Answer of 315c-method) from.....(Answer of 315d-facility) ,did they tell you it's side effect?	Yes 1 No.....2	
315f.	Did they tell you to visit the health center for ...(Answer of 315d) follow up visits even if there is no problem?	Yes 1 No.....2	
315g.	Did they tell you any other family planning method except...(Answer of 315c) from (Answer of 315d)?	Yes 1 No.....2	→ 315i → 315l
315h.	Did they tell you anything about family planning or family planning method except(Answer of 315c)?	Yes 1 No.....2	→ 315l
315i.	They told you about which contraceptive methods?	Female sterilization..... A Male sterilization B Pill..... C IUD D Injection E Implants F Condom..... G Safe period/SDM H Withdrawal..... I Lactational amenorrhea method (LAM)..... J Progestrian only pills (Mini pill)..... K Other _____ X (Specify)	→ 315l → 315l → 315l
315j.	Did the service provider use any picture/poster/flipchart/leaflet/booklet to make you understand about the(Answer of	Yes, for female sterilization..... A Yes, for male sterilization..... B Yes, for IUD C Yes, for implant D	

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	315i)? MULTIPLE ANSWERS POSSIBLE	NoE	→ 315i
315k.	What materials did the service provider use to make you understand? MULTIPLE ANSWERS POSSIBLE	PictureA PosterB Leaflet/booklet/brochure.....C Flipchart.....D BookE Other _____ X (Specify)	
315l.	Did the service provider give you any picture/poster/leaflet/booklet/brochure/flipchart/book?	Yes 1 No 2	→ 315o
315m.	What materials the service provider gave you? MULTIPLE ANSWERS POSSIBLE	Picture A Poster B Leaflet/booklet/brochure..... C Flipchart..... D Book.....E Other _____ X (Specify)	
315n.	Service provider gave you ...(Answer of 315m), Have you shown these materials to anybody? IF shown, to whom?	Husband A Friend B Relative C Neighbour D Other _____ X (Specify) None Z	
315o.	During your last visit to that ...(Answer of 315c), did you see any advertisement, picture, poster, signboard or billboard relating IUD, implant, sterilization inside or outside of the clinic?	Yes 1 No..... 2 Did not notice..... 3	
316.	Have you ever visited any private/NGO health facility for health and family planning services?	Yes 1 No..... 2	→ 317
316a.	Did you visit any private/NGO health facility for health and family planning services during last three months?	Yes 1 No..... 2	→ 316c
316b.	How many days ago you visited any private/NGO health facility for health and family planning services?	Month ago <input type="text"/> <input type="text"/> <input type="text"/>	
316c.	What are the services you received? (If the respondent mentions any family planning method here then check whether mentioned the same in 304a) (If the respondent does not mention family planning method here then probe whether she had received family planning service with any other services)	Accept female sterilization A Received pill C Accept IUD D Received injection.....E Accept implantsF Received condom..... G Counseling about FP methodH Service of Side-effect/ complication of FP method I Immunizations J	→ 316i → 316i → 316h → 316n

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	MULTIPLE ANSWERS POSSIBLE.	Child growth monitoring..... K Tetanus toxoid injection (TT)L Antenatal care M Delivery care..... N Post-natal care..... O Vitamin A for children..... P → 316f RTIs/STIs treatment..... Q General health care (fever, cold, diarrhea)..... R Vaginal discharge..... S Menstrual problem..... T Other _____ X (Specify) _____	
316d.	When you had taken(Answer of 316c)method) from this facility then did they tell you it's ...(Answer of 316c) side effect?	Yes 1 No..... 2	
316e.	Did they tell you to visit the health center for follow up visits for ...(Answer of 316c) even if there is no problem?	Yes 1 No..... 2	
316f.	Has the clinic told you any other family planning method except.... Answer. of 316c)?	Yes 1 → 316h No..... 2 → 316k	
316g.	Has the clinic told you anything about family planning or family planning method?	Yes 1 No..... 2 → 316k	
316h.	The clinic has said about which contraceptive methods? MULTIPLE ANSWERS POSSIBLE	Female sterilization..... A Male sterilization B Pill..... C → 316k IUD D Injection E → 316k Implants F Condom..... G Safe period/SDM H Withdrawal..... I → 316k Lactational amenorrhea method (LAM) J Progestrian only pills (Mini pill)..... K Other _____ X (Specify)	
316i.	Did the service provider use any picture/poster/flipchart/leaflet/booklet to make you understand about (answer of 316hy)? MULTIPLE ANSWERS POSSIBLE	Yes, for female sterilization..... A Yes, for male sterilization B Yes, for IUD C Yes, for implant D No..... E → 316k	
316j.	What materials did the service provider use to make you understand? MULTIPLE ANSWERS POSSIBLE	Picture A Poster B Leaflet/booklet/brochure..... C Flipchart..... D	

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		Book.....E Other _____ X (Specify) Don't know Y	
316k.	Did the service provider give you any picture/poster/leaflet/booklet/brochure/flipchart /book regarding family planning method?	Yes 1 No..... 2	→ 316n
316l.	What materials did the service provider gave you? MULTIPLE ANSWERS POSSIBLE	Picture A Poster B Leaflet/booklet/brochure..... C Flipchart D Book.....E Other _____ X (Specify)	
316m.	Service provider gave you ...(Answer of 316l), Have you shown these materials to anybody? IF shown, to whom?MULTIPLE ANSWERS POSSIBLE	Husband A Friend B Relative C Neighbour D Other _____ X (Specify) None.....Z	
316n.	During your last visit to that clinic, did you see any advertisement, picture, poster, signboard or billboard relating IUD, implant, sterilization inside or outside of the clinic?	Yes 1 No..... 2 Did not notice..... 3	
317.	During the last three months, did anyone visit you in your house to talk to you about family planning or to give you any contraceptive method?	Yes 1 No..... 2	→ 318
317a.	Who visited you to talk about family planning or to give you contraceptive methods? PROBE: Anyone else?	Family Welfare Assistant.....A Health AssistantB NGO workerC Other _____ X (Specify)	
317b.	(Answer. of Q317a).. counselled about or supplied t which FP method during the visit in your house?	Counsel about female sterilization.... A Counsel about pill B Counsel about IUD C Counsel about injection..... D Counsel about implantE Counsel about condom.....F Supplied pill G Supplied condom H Pushed injection.....I Advised to go to health center for _____ J (method) Other _____ X (Specify)	
317c.	Did the service provider use any ...(Answer of 317a) picture/poster/flipchart/leaflet/booklet to	Yes, for female sterilization.....A Yes, for male sterilization..... B	

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	make you understand about ... (Answer of 317b) MULTIPLE ANSWERS POSSIBLE	Yes, for IUD C Yes, for implant D No..... E	→ 317e
317d.	What materials did the service provider use to make you understand about... (Answer of 317a)? MULTIPLE ANSWERS POSSIBLE	Picture A Poster B Leaflet/booklet/brochure..... C Flipchart D Book E Other _____ X (Specify) Don't know Y	
317e.	Did the service provider...(Answer of 317a) give you any picture/poster/leaflet/booklet/brochure/flipchart /book about the family planning method....? MULTIPLE ANSWERS POSSIBLE	Yes 1 No..... 2	→ 318
317f.	What materials the service provider...(Answer of 317a) gave you? MULTIPLE ANSWERS POSSIBLE	Picture A Poster B Leaflet/booklet/brochure..... C Flipchart D Book E Other _____ X (Specify)	
317g.	Service provider...(Answer of 317a) gave you ...(Answer of 317f), Have you shown these materials to anybody? IF shown , to whom? MULTIPLE ANSWERS POSSIBLE	Husband A Friend B Relative C Neighbour D Other _____ X (Specify) None Z	
318.	Interviewer: Check Q.304a and Q314a and circle in appropriate code.	Code A or B of Q.304a is circled.....1 Code 01 or 02 of Q.314a is circled ...2 Code A or B of Q.304a and Code 01 or 02 of Q.314a is not circled.....3	→ 325a → 324
319.	Interviewer: Check Q.203 and circle in appropriate code.	Number of children is 0 or 11 Number of children is 2 or more2	→ 322
320	Do you want to have female sterilization after having the number of children you desire to have?	Yes 1 No..... 2	→ 320b

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320a.	<p>What are the reasons for not accepting female sterilization?</p> <p>MULTIPLE ANSWERS POSSIBLE.</p>	<p>Fertility Related Issues</p> <p>Not having sex A</p> <p>Infrequent sex B</p> <p>Menopausal/hysterectomy C</p> <p>Sub-fecund/in-fecund..... D</p> <p>Want as many children as possibleE</p> <p>Want more children.....F</p> <p>Fatalistic/no control G</p> <p>Opposition To Use</p> <p>Respondent does not want H</p> <p>Husband opposeI</p> <p>Others oppose J</p> <p>Religious prohibition K</p> <p>Lack of Knowledge</p> <p>Does not knows any methodL</p> <p>Does not know source of method..... M</p> <p>Does not know how to use method ... N</p> <p>Method-related reasons</p> <p>Health concerns..... O</p> <p>Fear of side effectsP</p> <p>Not available/source is too far Q</p> <p>Costs too much..... R</p> <p>Inconvenient to use S</p> <p>Interferes physiological normal processes..... T</p> <p>Other _____ X</p> <p>(Specify) _____</p>	<p>→ 321</p>
320b.	<p>After delivery from when can female sterilization be done?</p>	<p>During C-section delivery A</p> <p>Within 48 hours of normal delivery ... B</p> <p>Between 3 to 6 day after delivery C</p> <p>After 6 weeks of delivery if the women is not yet pregnant D</p> <p>During first ministration after delivery E</p> <p>Other _____ X</p> <p>(Specify) _____</p> <p>Don't know Y</p>	
320c.	<p>Have you ever visited any health center or service provider to know about female sterilization(advantage, disadvantage, effectiveness, source)?</p>	<p>Yes 1</p> <p>No..... 2</p>	
320d.	<p>Have you ever visited any health center or service providers to female sterilize of yourself?</p>	<p>Yes 1</p> <p>No..... 2</p>	
321	<p>Does your husband want to have male sterilization after having the number of children you desire to have?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>Don't know 7</p>	<p>→ 321b</p>

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321a.	<p>What are the reasons for not accepting female sterilization?</p> <p>MULTIPLE ANSWERS POSSIBLE.</p>	<p>Fertility Related Issues</p> <p>Not having sex A</p> <p>Infrequent sex B</p> <p>Menopausal/hysterectomy C</p> <p>Sub-fecund/in-fecund..... D</p> <p>Want as many children as possibleE</p> <p>Want more children.....F</p> <p>Fatalistic/no control G</p> <p>Opposition To Use</p> <p>Respondent does not want H</p> <p>Husband/partner oppose.....I</p> <p>Others oppose J</p> <p>Religious prohibition K</p> <p>Lack of Knowledge</p> <p>Does not knows any methodL</p> <p>Does not know source of method..... M</p> <p>Does not know how to use method ... N</p> <p>Method-related reasons</p> <p>Health concerns..... O</p> <p>Fear of side effectsP</p> <p>Not available/source is too far Q</p> <p>Costs too much..... R</p> <p>Inconvenient to useS</p> <p>Interferes physiological normal processes.....T</p> <p>Other _____ X (Specify)</p>	<p>→ 322</p>
321b.	<p>Have you or your husband ever visited any health center or service provider to know about male sterilization (advantage, disadvantage, effectiveness, source)?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>I don't know whether husband visited..... 7</p>	
321c.	<p>Have your husband ever visited any health center or service provider for male sterilize of himself?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>I don't know whether husband visited..... 7</p>	
322.	<p>Interviewer: Check Q.304a and Q314a and circle in appropriate code.</p>	<p>Code D (IUD) of Q.304a is circled ...1</p> <p>Code 04 (IUD) of Q.314a is circled ..2</p> <p>Code D (IUD) of Q.304a and Code 04 (IUD) of Q.314a is not circled ...3</p>	<p>→ 323</p> <p>→ 322c</p>
322a	<p>Would you like to use aIUD in the future?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>→ 322c</p>

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322b.	<p>What are the reasons for not using IUD?</p> <p>MULTIPLE ANSWERS POSSIBLE.</p>	<p>Fertility Related Issues</p> <p>Not having sex A</p> <p>Infrequent sex B</p> <p>Menopausal/hysterectomy C</p> <p>Sub-fecund/in-fecund..... D</p> <p>Want as many children as possibleE</p> <p>Want more children.....F</p> <p>Fatalistic/no control G</p> <p>Opposition To Use</p> <p>Respondent does not want H</p> <p>Husband opposeI</p> <p>Others oppose J</p> <p>Religious prohibition K</p> <p>Lack of Knowledge</p> <p>Does not knows any methodL</p> <p>Does not know source of method..... M</p> <p>Does not know how to use method ... N</p> <p>Method-related reasons</p> <p>Health concerns..... O</p> <p>Fear of side effectsP</p> <p>Not available/source is too far Q</p> <p>Costs too much..... R</p> <p>Inconvenient to use S</p> <p>Interferes physiological normal processes..... T</p> <p>Other _____ X</p> <p>(Specify) _____</p>	<p>→323</p>
322c.	<p>After delivery when can IUD be inserted?</p>	<p>Within 48 hours of normal delivery... A</p> <p>During C-section delivery..... B</p> <p>After 4 weeks of delivery C</p> <p>During first ministration after delivery D</p> <p>Other _____ X</p> <p>(Specify)</p> <p>Don't know Y</p>	
322d..	<p>Have you ever visited any health center or service provider to know about IUD (advantage, disadvantage, effectiveness, source)?</p>	<p>Yes 1</p> <p>No..... 2</p>	
322e.	<p>Have you ever visited any health center or service provider to get IUD insertion?</p>	<p>Yes 1</p> <p>No..... 2</p>	
323.	<p>Interviewer: Check Q.304a and Q314a and circle in appropriate code.</p>	<p>Code F (Implant) of Q.304a is circled..... 1 →324</p> <p>Code 06 (Implant) of Q.314a is circled 2 →323c</p> <p>Code F (Implant) of Q.304a and Code 06 (Implant) of Q.314a is not circled..... 3</p>	

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP	
323a.	Would you like to use implant in the future?	Yes	1			→ 323c	
		No.....	2				
323b.	What are the reasons for not using Implant? MULTIPLE ANSWERS POSSIBLE.	Fertility Related Issues Not having sexA Infrequent sexB Menopausal/hysterectomyC Sub-fecund/in-fecund.....D Want as many children as possibleE Want more childrenF Fatalistic/no controlG Opposition To Use Respondent does not wantH Husband oppose.....I Others opposeJ Religious prohibitionK Lack of Knowledge Does not knows any method.....L Does not know source of method.....M Does not know how to use methodN Method-related reasons Health concernsO Fear of side effects.....P Not available/source is too farQ Costs too muchR Inconvenient to useS Interferes physiological normal processes.....T Other _____X (Specify) _____					→ 324
323c.	After delivery when can Implant be inserted?	After 6 weeks of delivery if the woman breastfeeds..... A After 4 weeks of delivery if the woman does not breastfeed..... B During first ministration after delivery C Other _____ X (Specify) Don't know Y					
323d.	Have you ever visited any health center or service provider to know about implant (advantage, disadvantage, effectiveness, source)?	Yes	1				
		No.....	2				
323e.	Have you ever visited any health center or service provider to get implant insertion?	Yes	1				
		No.....	2				
324	Have you ever discussed methods of family planning with your husband or your husband with you?	Yes	1			→ 401	
		No.....	2				
324a.	How often you talked to your husband about family planning in the last three months?	More often.....	1			→ 325	
		Once or twice.....	2				
		Never.....	3				
324b	In the last three months, how often you talked to your husband or your husband with you	Methods	More often	Once or twice	Never		
		a. IUD	1	2	3		

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
	about (method)? Read out all the methods	b. Implant	1	2	3	→ 325
		c.Female sterilization	1	2	3	
		b.Male sterilization	1	2	3	
324c	When you discussed about IUD, Implant or sterilization with your husband or your husband with you, what you specifically discussed? MULTIPLE ANSWERS POSSIBLE.	Always available..... A About talking to service providerB Where it can be obtained.....C About talking to method users D Discussed to adopt LA/PME About advantages & disadvantagesF About side effects G Other _____ X (Specify)				
325.	Interviewer: Check code A and B of Q.304a and circle in appropriate code.	Code A (Female sterilization) or B (Male sterilization) is circled..... 1 Code A (Female sterilization) or B (Male sterilization) is not circled 2				→ 401
325a.	Interviewer: Check total no. of children from Q. 203 and age of youngest child from Q. 204a and then ask the Q.325a after writing in appropriate place of Q325b .					
325b.	You have ___ children and the age of the youngest child is ___ years and ___ months and you are using tubectomy or your husband is using NSV. Have you or your husband ever wished to have one or more children after given the permanent method tubectomy/NSV?	Yes 1 No.....2				→ 410
325c.	Have you or your husband ever explored the possibility of knowing something that can help to have child after given the permanent method tubectomy/NSV?	Yes 1 No.....2				
325d.	Till do you or your husband want to have one or more children?	Yes 1 No.....2				
325e.	Are you or your husband aware of a procedure for permanent method users which help them to return the capacity of childbearing?	Yes 1 No.....2				
325f	Have you or your husband ever enquired about such a procedure?	Yes 1 No.....2				
325g.	Do/did you or your husband want to have such a procedure in order to have additional child/ren?	Yes 1 No.....2				→ 410

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

Section 4:Exposure to Media

No.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
401.	Interviewer: Check Q.301 and circle in appropriate code.	Yes	1		→ 410
		No.....	2		
402	In the last three months did you hear/watch/read about Family Planning from _____(Media)? (Ask about each Media)	Media	Yes	No	
		a. RADIO	1	2	
		b. TELEVISION	1	2	
		c. NEWSPAPER OR MAGAZINE	1	2	
		d. POSTER/BILLBOARD/L EAFLET/ Brochure	1	2	
		e. COMMUNITY EVENT	1	2	
403.	In the past three months did you hear, watch and read any information about female sterilization?	Yes	1		→ 404
		No.....	2		
403a.	In the past three months where did you hear/watch/read information about female sterilization?	Mass Media Radio..... A Television B Newspaper or magazine C Poster D BillboardE Leaflet/ brochure.....F Flipchart G Community Events Street drama/folk song H Uthan Baithak (Courtyard meeting).....I One-to-one discussion..... J Film show K Clinic/Health facility.....L Other _____ X (Specify)			
404.	In the past three months did you hear, watch and read any information about male sterilization (NSV)?	Yes	1		→ 405
		No.....	2		
404a.	In the past three months where did you hear/watch/read this information?	Mass Media Radio..... A Television B Newspaper or magazine C Poster D BillboardE Leaflet/ brochure.....F Flipchart G Community Events Street drama/folk song H Uthan Baithak (Courtyard meeting).....I One-to-one discussion..... J			

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		Film show K Clinic/Health facility.....L Other _____ X (Specify)	
405.	In the past three months did you hear, watch and read any information about IUD?	Yes 1 No.....2	→ 406
405a.	In the past three months where did you hear/watch/read this information in the past three months?	Mass Media Radio..... A Television B Newspaper or magazine C Poster D BillboardE Leaflet/ brochure.....F Flipchart G Community Events Street drama/folk song H Uthan Baithak (Courtyard meeting).....I One-to-one discussion..... J Film show K Clinic/Health facility.....L Other _____ X (Specify)	
406.	In the past three months did you hear, watch and read any information about Implant?	Yes 1 No.....2	→ 407
406a.	In the past three months where did you hear/watch/read this information in the past three months?	Mass Media Radio..... A Television B Newspaper or magazine C Poster D BillboardE Leaflet/ brochure.....F Flipchart G Community Events Street drama/folk song H Uthan Baithak (Courtyard meeting).....I One-to-one discussion..... J Film show K Clinic/Health facility.....L Other _____ X (Specify)	
407.	In the past three months did you hear, watch and read any information about post partum family planning methods including Lactation amenorrhea method (LAM) (including Lactation amenorrhea method, progesterone only pill/minicon pill, post partum IUD, post partum tubectomy)?	Yes 1 No.....2	→ 408

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
407a.	Where did you hear/ watch/read this information?	Mass Media Radio..... A Television B Newspaper or magazine C Poster D BillboardE Leaflet/ brochure.....F Flipchart G Community Events Street drama/folk song H Uthan Baithak (Courtyard meeting).....I One-to-one discussion..... J Film show K Clinic/Health facility.....L Health worker at home..... M Other _____ X (Specify)																					
407b.	How frequently you have discussed with your husband about post partum family planning methods (including Lactation amenorrhea method, progesterone only pill/minicon pill, post partum IUD, post partum tubectomy) during last 3 months?	Never..... 1 Once or twice 2 More than twice 3																					
408.	<p>You know that field workers conducted <i>community events</i> in your area to create awareness among men, women, family and community members about family planning and other health issues.</p> <p>In the last three months did you attend any of the group meeting organized for health and family planning?</p>	Yes 1 No..... 2																					
408a	Did they discussed about _____? (method) (Ask about each Mea)	<table border="1"> <thead> <tr> <th data-bbox="855 1417 1096 1514">Media</th> <th data-bbox="1096 1417 1227 1514">Yes</th> <th data-bbox="1227 1417 1323 1514">No</th> <th data-bbox="1323 1417 1430 1514">Don't remember</th> </tr> </thead> <tbody> <tr> <td data-bbox="855 1514 1096 1566">IUD</td> <td data-bbox="1096 1514 1227 1566">1</td> <td data-bbox="1227 1514 1323 1566">2</td> <td data-bbox="1323 1514 1430 1566">7</td> </tr> <tr> <td data-bbox="855 1566 1096 1627">IMPL ANT</td> <td data-bbox="1096 1566 1227 1627">1</td> <td data-bbox="1227 1566 1323 1627">2</td> <td data-bbox="1323 1566 1430 1627">7</td> </tr> <tr> <td data-bbox="855 1627 1096 1751">MALE STERI LIZAT ION</td> <td data-bbox="1096 1627 1227 1751">1</td> <td data-bbox="1227 1627 1323 1751">2</td> <td data-bbox="1323 1627 1430 1751">7</td> </tr> <tr> <td data-bbox="855 1751 1096 1900">FEMA LE STERI LIZAT ION</td> <td data-bbox="1096 1751 1227 1900">1</td> <td data-bbox="1227 1751 1323 1900">2</td> <td data-bbox="1323 1751 1430 1900">7</td> </tr> </tbody> </table>	Media	Yes	No	Don't remember	IUD	1	2	7	IMPL ANT	1	2	7	MALE STERI LIZAT ION	1	2	7	FEMA LE STERI LIZAT ION	1	2	7	
Media	Yes	No	Don't remember																				
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IMPL ANT	1	2	7																				
MALE STERI LIZAT ION	1	2	7																				
FEMA LE STERI LIZAT ION	1	2	7																				

The English version of a specific question may not represent the exactly what was asked during interview. Please consult the Bengali questionnaire for knowing the exact question.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
		LAM	1	2	7	
409.	Did they discuss the importance of facility delivery to prevent bleeding after delivery (in last 3 months)?	Yes	1	2	7	
		No.....	2			
409a.	Could you recall what they said about the place of delivery (in last 3 months)? MULTIPLE ANSWERS POSSIBLE.	Use any clinic/facility for delivery	A			
		Home is not safe for delivery	B			
		Any complication can be managed at the facility	C			
		Doctors available all the time	D			
		Medicine available.....	E			
		If needed, caesarian section can be performed.....	F			
		Other.....	X			
		(Specify)				
		No discussion about place of delivery	Z			
409b.	Did they discuss about Misoprostol use to prevent bleeding after home delivery (in last 3 months)?	Yes	1			
		No.....	2			
410.	RECORD THE TIME. (according to 24 hours clock)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Hour		Minutes		
INTERVIEWERS: CHECK THE FILLED IN QUESTIONNAIRE CAREFULLY BEFORE LEAVING THE RESPONDENTS AND END YOUR INTERVIEW BY GIVING THANKS TO THE RESPONDENT.						

Appendix I 2
Mayer Hasi End-line Survey 2013

HOUSEHOLD AND WOMAN'S QUESTIONNAIRE

ASSOCIATES FOR COMMUNITY AND POPULATION RESEARCH

3/10, Block A, Lalmatia, DHAKA-1207
TELEPHONE: 9114784, 8117926, FAX: 8153321
E-MAIL: acpr@bangla.net

MEASURE Evaluation
USA

HOUSEHOLD QUESTIONNAIRE

Face Sheet

IDENTIFICATION																															
DIVISION.....	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																														
DISTRICT.....																															
UPAZILA/THANA.....																															
UNION/WARD.....																															
MOUZA/ MOHOLLA.....																															
VILLAGE/MOHOLLA/BLOCK _____																															
SEGMENT NUMBER.....																															
TYPE OF CLUSTER: RURAL 1 URBAN 2																															
CLUSTER NUMBER.....																															
HOUSEHOLD NUMBER.....																															
NAME OF THE HOUSEHOLD HEAD _____																															
NAME OF THE RESPONDENT _____																															

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">3</td></tr></table>					2	0	1	3
2	0	1	3									
INTERVIEWER'S NAME	_____	_____	_____	INTV. CODE <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>								
TIME	_____	_____										
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)			TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY								
NAME _____ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			NAME _____ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
DATE _____	DATE _____		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						

Informed Consent for Interview (Written)

সাক্ষাৎকার গ্রহনকারীর সম্মতি নিন (সাক্ষাৎকার গ্রহনকারীকে সম্ভাষণ জানিয়ে, কোন প্রশ্ন জিজ্ঞেস করার আগে উত্তরদাতাকে নিম্নের বর্ণনা পড়ে শোনান।)

আসসালামু আলাইকুম/আদাব,

আমার নাম: _____। আমি ঢাকায় অবস্থিত এ সি পি আর নামে একটি গবেষণা প্রতিষ্ঠান থেকে এসেছি। আমরা যে জরীপ করছি এর লক্ষ্য হল দম্পতিদের পরিবার পরিকল্পনা সম্পর্কে জ্ঞান, মনোভাব, ব্যবহার এবং মাতৃস্বাস্থ্য বিষয় সম্পর্কে ধারণা গ্রহণ। আপনার মতামত আমাদের কাছে অত্যন্ত গুরুত্বপূর্ণ এবং এই তথ্য দেশের স্বাস্থ্য ও পরিবার পরিকল্পনা কর্মসূচী উন্নয়নে নীতি মালা প্রনয়নে সাহায্য করবে।

আপনার এলাকার দম্পতিদের মধ্য থেকে লটারীর মাধ্যমে সাক্ষাৎকার গ্রহনের জন্য আপনাকে নির্বাচিত করা হয়েছে। আপনার সাক্ষাৎকার নেয়ার জন্য 30-45 মিনিট সময় লাগবে। আপনি যদি সাক্ষাৎকার দিতে রাজী থাকেন তাহলে আপনাকে জন্মনিয়ন্ত্রণ এবং মাতৃ স্বাস্থ্য বিষয়ে এবং আপনার এলাকার স্বাস্থ্য সেবা সম্পর্কে আপনার অভিজ্ঞতা এবং মতামত সম্পর্কে কিছু প্রশ্ন জিজ্ঞেস করব।

এই জরীপে অংশগ্রহন সম্পূর্ণভাবে আপনার ইচ্ছার উপর নির্ভরশীল। সাক্ষাৎকার গ্রহনকালে যদি আপনি কোন প্রশ্নের উত্তর দিতে না চান তাহলে উত্তর নাও দিতে পারেন। এমন কি আপনি যে কোন সময়ে সাক্ষাৎকার দেওয়া বন্ধ করে দিতে পারেন। যদি আপনার কোন প্রশ্ন থাকে বা কিছু জানতে চান আমাকে জিজ্ঞেস করতে পারেন। এছাড়াও আপনার আরও কোন প্রশ্ন থাকলে আপনি এ সি পি আর এর ম্যানেজিং ডাইরেক্টর জনাব আবু পাশা মোঃ সফিউর রহমান, (ফোনঃ 01713005502) এর সাথে যোগাযোগ করতে পারেন।

এই সাক্ষাৎকার দেয়ার জন্য আপনি সরাসরি লাভবান হবেন না তবে এই জরীপের ফলাফলে সরকার বিশেষ করে স্বাস্থ্য এবং পরিবার পরিকল্পনা মন্ত্রণালয় লাভবান হবে। এই সাক্ষাৎকারে অংশ গ্রহনে আপনার কোন ঝুঁকি নেই। এই জরীপে অংশগ্রহনের জন্য আপনাকে কোন টাকা পয়সা দেয়া হবে না।

এই সাক্ষাৎকার গোপনীয়ভাবে নেয়া হবে। আপনার দেয়া তথ্য সমূহ সম্পূর্ণভাবে গোপন রাখা হবে। কোন রিপোর্টে আপনার নাম প্রকাশ করা হবে না। আপনার দেয়া তথ্যে পরিচিতিমূলক কোন তথ্য থাকবে না। শুধুমাত্র গবেষকরাই রিপোর্ট তৈরীর কাজে আপনার উত্তর সমূহ ব্যবহার করবেন। সংগৃহীত সব তথ্য নিরাপদ স্থানে তালাবদ্ধ অবস্থায় রাখা হবে।

যদি আপনার কোন প্রশ্ন না থাকে তাহলে আমি কি এখন আপনার সাক্ষাৎকার নেওয়া শুরু করতে পারি?

উত্তরদাতা উত্তর দিতে রাজী হয়েছেন.....	1	উত্তরদাতা উত্তর দিতে রাজী হন নি.....	2
	<input type="checkbox"/>	সাক্ষাৎকার	<input type="checkbox"/>
			বন্ধ করুন

উত্তরদাতার স্বাক্ষরঃ

তারিখঃ

(উত্তরদাতার বয়স ১৮ বৎসরের কম হলে অভিভাবকের স্বাক্ষর নিন)

সাক্ষাৎকার গ্রহনকারীর স্বাক্ষরঃ

তারিখঃ

List of Female Household Members

আপনার খানায় সাধারণতঃ যে সব মেয়ে/মহিলা বসবাস করেন, যাদের বয়স বর্তমানে ১৩ থেকে ৪৯ বৎসর, তাদের সম্বন্ধে আমি এখন কিছু জানতে চাই।

লাইন নম্বর	সাধারণতঃ বসবাসকারী মহিলা সদস্য	খানা প্রধানের সাথে সম্পর্ক	বয়স	বৈবাহিক অবস্থা	সাক্ষাৎকার গ্রহণের যোগ্য
	আপনার খানায় সাধারণতঃ ১৩ থেকে ৪৯ বৎসর বয়সের যে সব মেয়ে/মহিলা বসবাস করেন, দয়া করে তাদের নাম বলুন।	খানা প্রধানের সাথে _____ এর (নাম) সম্পর্ক কি?*	এর বয়স কত? (নাম) (পূর্ণ বছরে)	এর বর্তমান বৈবাহিক (নাম) অবস্থা কি?	13-49 বছরের বর্তমানে বিবাহিতা সকল মহিলাদের লাইন নং বৃত্তায়িত করুন। (Q4 = 13-49 এবং Q5=1)
(01)	(02)	(03)	(04)	(05)	(06)
01		<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> বৎসর	বর্তমানে বিবাহিতা 1 বিধবা/বিচ্ছিন্না/পরিত্যক্তা/ তালাকপ্রাপ্তা 2 কখনও বিয়ে হয়নি 3	01
02		<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> বৎসর	বর্তমানে বিবাহিতা 1 বিধবা/বিচ্ছিন্না/পরিত্যক্তা/ তালাকপ্রাপ্তা 2 কখনও বিয়ে হয়নি 3	02
03		<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> বৎসর	বর্তমানে বিবাহিতা 1 বিধবা/বিচ্ছিন্না/পরিত্যক্তা/ তালাকপ্রাপ্তা 2 কখনও বিয়ে হয়নি 3	03
04		<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> বৎসর	বর্তমানে বিবাহিতা 1 বিধবা/বিচ্ছিন্না/পরিত্যক্তা/ তালাকপ্রাপ্তা 2 কখনও বিয়ে হয়নি 3	04
05		<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> বৎসর	বর্তমানে বিবাহিতা 1 বিধবা/বিচ্ছিন্না/পরিত্যক্তা/ তালাকপ্রাপ্তা 2 কখনও বিয়ে হয়নি 3	05
06		<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> বৎসর	বর্তমানে বিবাহিতা 1 বিধবা/বিচ্ছিন্না/পরিত্যক্তা/ তালাকপ্রাপ্তা 2 কখনও বিয়ে হয়নি 3	06

*** CODE FOR Q3 (খানা প্রধানের সাথে সম্পর্ক):**

খানা প্রধান = 01 মেয়ে = 03 নাতনী = 05 শাশুড়ী = 07 অন্যান্য আত্মীয়স্বজন = 09 কোন সম্পর্ক নেই = 11
স্ত্রী = 02 ছেলের বউ = 04 মা = 06 বোন = 08 পালিত সন্তান/সৎ সন্তান = 10

07. 06 নং কলামে বৃত্তায়িত মোট লাইন নম্বরের সংখ্যা বা যোগ্য উত্তরদাতার (১৩-৪৯ বৎসর বয়সের বর্তমানে বিবাহিতা মহিলা) সংখ্যা

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																									
08.	আপনার খানার সদস্যদের খাবার পানির প্রধান উৎস কি?	পাইপের পানিঃ ঘরের মধ্যে পাইপের পানি.....11 বাড়ীর চত্বরে/আঙ্গিনায় পাইপ.....12 সরকারী (পাবলিক) ট্যাপ/স্থায়ী পাইপ.....13 টিউবওয়েল (নলকূপ).....21 কূপ/হাঁদারাঃ সংরক্ষিত কূপ/হাঁদারা.....31 অসংরক্ষিত কূপ/হাঁদারা.....32 ঝরণার পানিঃ সংরক্ষিত ঝরণার পানি.....41 অসংরক্ষিত ঝরণার পানি.....42 বৃষ্টির পানি.....51 ভূ-পৃষ্ঠের পানি (নদী, খাল, পুকুর, লেক).....81 বোতলের পানি.....91 অন্যান্য.....96 (নির্দিষ্ট করুন)																																																										
09.	আপনার খানার সদস্যরা সাধারণতঃ কোন্ ধরনের পায়খানা ব্যবহার করেন?	ফ্লাস ল্যাট্রিন.....11 পিট ল্যাট্রিন (স্ল্যাবসহ).....21 পিট ল্যাট্রিন (স্ল্যাববিহীন)/খোলা গর্ত.....22 বাকেট ল্যাট্রিন.....31 খোলা/ঝুলন্ত ল্যাট্রিন.....51 ল্যাট্রিন নাই/বোপ-বাড়/মাঠ.....61 → 10 অন্যান্য.....96 (নির্দিষ্ট করুন)																																																										
09a.	অন্য খানার সাথে ভাগাভাগি করে আপনারা এই পায়খানা ব্যবহার করেন কি?	হ্যাঁ.....1 না.....2																																																										
10.	আপনার খানায় (বা খানার কোন সদস্যের) _____ (জিনিস) আছে কি? (প্রত্যেকটি সম্বন্ধে জিজ্ঞেস করুন)	<table border="1"> <thead> <tr> <th>জিনিস</th> <th>হ্যাঁ</th> <th>না</th> </tr> </thead> <tbody> <tr><td>বিদ্যুৎ.....</td><td>1</td><td>2</td></tr> <tr><td>রেডিও.....</td><td>1</td><td>2</td></tr> <tr><td>টেলিভিশন.....</td><td>1</td><td>2</td></tr> <tr><td>মোবাইল ফোন.....</td><td>1</td><td>2</td></tr> <tr><td>টেলিফোন.....</td><td>1</td><td>2</td></tr> <tr><td>রেফ্রিজারেটর/ফ্রিজ.....</td><td>1</td><td>2</td></tr> <tr><td>আলমিরা/ওয়ার্ডরোব.....</td><td>1</td><td>2</td></tr> <tr><td>টেবিল.....</td><td>1</td><td>2</td></tr> <tr><td>চেয়ার.....</td><td>1</td><td>2</td></tr> <tr><td>বৈদ্যুতিক ফ্যান/পাখা.....</td><td>1</td><td>2</td></tr> <tr><td>বাইসাইকেল.....</td><td>1</td><td>2</td></tr> <tr><td>মটর সাইকেল/স্কুটার/টেম্পু/সি এন জি.....</td><td>1</td><td>2</td></tr> <tr><td>পশু চালিত গাড়ি.....</td><td>1</td><td>2</td></tr> <tr><td>কারট্রাক/বাস/মাইক্রোবাস.....</td><td>1</td><td>2</td></tr> <tr><td>ইঞ্জিন চালিত নৌকা/ট্রলার.....</td><td>1</td><td>2</td></tr> <tr><td>রিম্বা/ভ্যান.....</td><td>1</td><td>2</td></tr> <tr><td>ডিভিডি/ভিসিডি প্লেয়ার.....</td><td>1</td><td>2</td></tr> <tr><td>পানির পাম্প.....</td><td>1</td><td>2</td></tr> </tbody> </table>	জিনিস	হ্যাঁ	না	বিদ্যুৎ.....	1	2	রেডিও.....	1	2	টেলিভিশন.....	1	2	মোবাইল ফোন.....	1	2	টেলিফোন.....	1	2	রেফ্রিজারেটর/ফ্রিজ.....	1	2	আলমিরা/ওয়ার্ডরোব.....	1	2	টেবিল.....	1	2	চেয়ার.....	1	2	বৈদ্যুতিক ফ্যান/পাখা.....	1	2	বাইসাইকেল.....	1	2	মটর সাইকেল/স্কুটার/টেম্পু/সি এন জি.....	1	2	পশু চালিত গাড়ি.....	1	2	কারট্রাক/বাস/মাইক্রোবাস.....	1	2	ইঞ্জিন চালিত নৌকা/ট্রলার.....	1	2	রিম্বা/ভ্যান.....	1	2	ডিভিডি/ভিসিডি প্লেয়ার.....	1	2	পানির পাম্প.....	1	2	
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No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
11.	বসত ঘরের মেঝের প্রধান নির্মাণ-সামগ্রী (দেখে লিপিবদ্ধ করুন)	কাঁচা মেঝেঃ মাটি/বালু 11 প্রাথমিক পর্যায়ের মেঝেঃ কাঠের তক্তা..... 21 তাল গাছ/বাঁশ..... 22 পরিপূর্ণ মেঝেঃ নঁকশা কাটা কাঠের পাটাতন/পালিশকৃত কাঠ 31 সিরামিক টাইলস/মোজাইক 32 সিমেন্ট 33 অন্যান্য 96 (নির্দিষ্ট করুন)	
11a.	বসত ঘরের ছাদের প্রধান নির্মাণ-সামগ্রী (দেখে লিপিবদ্ধ করুন)	স্বাভাবিক ছাদঃ ছাদ নেই.....11 খড়/ছন/তাল পাতা.....12 কাঁচা ছাদঃ বাঁশ21 কাঠের তক্তা22 কার্ডবোর্ড23 পরিপূর্ণ ছাদঃ টিন31 কাঠ.....32 সিরামিক টাইলস33 সিমেন্ট34 কাঠ/কাঠের তক্তা35 টালি36 অন্যান্য96 (নির্দিষ্ট করুন)	
11b.	বসত ঘরের দেয়ালের প্রধান নির্মাণ-সামগ্রী (দেখে লিপিবদ্ধ করুন)	স্বাভাবিক দেয়ালঃ দেয়াল নাই11 পাটকাঠি/তাল গাছ/গাছের গুড়ি/ছন12 মাটি13 প্রাথমিক পর্যায়ের দেয়ালঃ মাটিসহ বাঁশ21 মাটিসহ পাথর22 প্লাইউড23 কার্ডবোর্ড24 পরিপূর্ণ দেয়ালঃ টিন31 সিমেন্ট (প্লাস্টারসহ).....32 চুনা পাথর/সিমেন্ট33 ইট (প্লাস্টার ছাড়া)34 কাঠের তক্তা/জোড়া দেয়া কাঠের তক্তা35 অন্যান্য96 (নির্দিষ্ট করুন)	
12.	আপনার বা আপনার খানার কোন সদস্যের গৃহপালিত পশু যেমনঃ	হ্যাঁ..... 1	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	গরু মহিষ, ছাগল-ভেড়া, হাঁসমুরগী ইত্যাদি আছে কি?	না2→	13
12a.	আপনাদের বা আপনার খানার কোন সদস্যের কতগুলো _____ (প্রাণী) আছে? (প্রত্যেকটি প্রাণী সম্পর্কে জিজ্ঞেস করুন) যদি না থাকে তাহলে বক্সে 00 লিখুন। যদি 95 এর বেশী হয়, তাহলে বক্সে 95 লিখুন। যদি 'না' জানেন তাহলে বক্সে 98 লিখুন।	গরু/ষাঁড়/মহিষ ছাগল/ভেড়া মুরগি/হাঁস	
13.	আপনার খানার বসতভিটা আছে কি? যদি 'না' হয় ধোব করুন, আপনার খানার অন্য কোথাও বসতভিটা আছে কি?	হ্যাঁ.....1 না2	
13a.	(খানার বসতভিটা ছাড়া) আপনাদের কোন জমি আছে কি?	হ্যাঁ.....1 না2→	14
13b.	(বসতভিটা ছাড়া) কি পরিমাণ জমি আছে ? পরিমাণ: _____ একক: _____ (নির্দিষ্ট করুন)	পরিমাণ একক শতাংশ	
14.	সাক্ষাৎকার গ্রহনকারীঃ প্রশ্ন 07 এর বক্সে যতজন যোগ্য উত্তরদাতা আছে তাদের প্রত্যেকের জন্য Woman Questionnaire (মহিলা প্রশ্নমালা) এ আলাদা আলাদা সাক্ষাৎকার নিন।		

Woman's Questionnaire Face Sheet

IDENTIFICATION	
DIVISION..... DISTRICT..... UPAZILA/THANA..... UNION/ WARD..... MOUZA/ MOHOLLA..... VILLAGE/MOHOLLA/BLOCK _____ TYPE OF CLUSTER: RURAL 1 URBAN 2 CLUSTER NUMBER..... HOUSEHOLD NUMBER..... NAME AND LINE NUMBER OF ELIGIBLE RESPONDENT _____	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: top; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: top; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: top; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: top; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: top; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: top; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: top; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: top; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: top; margin: 0 auto;"></div>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY _____ MONTH* _____ YEAR _____
INTERVIEWER'S NAME	_____	_____	_____	INT.CODE _____ RESULT** _____
RESULT**	_____	_____	_____	RESULT** _____
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS
TIME	_____	_____		_____
**RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ 2 NOT AT HOME 5 PARTLY COMPLETED (SPECIFY) 3 POSTPONED 6 RESPONDENT INCAPACITATED				
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY
NAME _____ <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block; vertical-align: middle;"></div>	NAME _____ <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block; vertical-align: middle;"></div>		_____ <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block; vertical-align: middle;"></div>	_____ <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block; vertical-align: middle;"></div>
DATE _____	DATE _____			

Section 1: Respondent's Socio-Demographic Background

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101.	সাক্ষাৎকার গ্রহণ শুরুর সময় লিপিবদ্ধ করুন। (24 ঘন্টা ঘড়ির হিসাবে)	<input type="text"/> <input type="text"/> ঘন্টা <input type="text"/> <input type="text"/> মিনিট	
102.	আপনি কি বর্তমানে বিবাহিত?	হ্যাঁ.....1 না2	→ সাক্ষাৎকার বন্ধ করুন
103.	বর্তমানে আপনার বয়স কত বৎসর?	বৎসর (পূর্ণ বৎসরে) <input type="text"/> <input type="text"/>	
104.	কত বৎসর বয়সে আপনার (প্রথম) বিয়ে হয়েছে?	বৎসর (পূর্ণ বৎসরে) <input type="text"/> <input type="text"/>	
105.	আপনার স্বামী বর্তমানে আপনার সাথে বসবাস করছেন না-কি অন্য কোথাও বসবাস করছেন?	আমার সাথেই বসবাস করছেন1 অন্যত্র বসবাস করছেন.....2	→ 106
105a.	কতদিন থেকে আপনার স্বামী অন্য কোথাও বসবাস করছেন?	এক মাসের কম.....00 মাস <input type="text"/> <input type="text"/>	
106.	আপনি কি কখনও স্কুলে/মাদ্রাসায় পড়াশুনা করেছেন? হ্যাঁ হলে, কোথায় পড়াশুনা করেছেন?	হ্যাঁ, স্কুল1 হ্যাঁ, মাদ্রাসা2 হ্যাঁ, উভয়ই.....3 না4	→ 106c
106a.	আপনি সর্বোচ্চ কোন ক্লাস পাশ করেছেন? (কোন ক্লাস পাশ না করলে 00 লিখুন)	ক্লাস <input type="text"/> <input type="text"/>	
106b.	সাক্ষাৎকারগ্রহণকারীঃ প্রশ্ন 106a দেখুন এবং সঠিক কোড বৃত্তায়িত করুন।	প্রাথমিক (00-05)1 মাধ্যমিক বা তার উপরে (06 বা তার বেশি)2	→ 107
106c.	আপনি কি পড়তে পারেন?	হ্যাঁ.....1 না2	
106d.	আপনি কি লিখতে পারেন?	হ্যাঁ.....1 না2	
107.	আপনার ধর্ম কি?	ইসলাম1 হিন্দু2 বৌদ্ধ3 খ্রীষ্টান4 অন্যান্য6 (নির্দিষ্ট করুন)	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108.	আপনার প্রধান পেশা কি (আপনি প্রধানতঃ কি ধরনের কাজ করেন) ?	গৃহিণী01 কৃষিজীবী.....02 কৃষি শ্রমিক03 দিন মজুর.....04 গার্মেন্টস কর্মী.....05 গৃহপরিচারিকা/কাজের লোক.....06 পেশাজীবী07 ব্যবসা08 হস্ত শিল্প09 ছাত্রী.....10 ভিক্ষুক11 বৃদ্ধা/অক্ষম12 চাকুরী/বেতনভুক্ত কর্মী.....13 পশু পালন/ হাঁস মুরগী পালন.....14 অন্যান্য96 (নির্দিষ্ট করুন)	
109.	সাক্ষাৎকারগ্রহনকারীঃ প্রশ্ন 106c দেখুন এবং সঠিক কোড বৃত্তায়িত করুন।	হ্যাঁ1 না.....2 → 111 কোন কোড বৃত্তায়িত নেই.....3	
110.	আপনি কি সংবাদপত্র বা ম্যাগাজিন পড়েন?	হ্যাঁ.....1 না2 → 111	
110a.	আপনি কি সংবাদপত্র বা ম্যাগাজিন প্রায় প্রতিদিন পড়েন, না-কি সপ্তাহে অন্তত একবার, না-কি সপ্তাহে একবারেরও কম পড়েন?	প্রায় প্রতিদিন.....1 সপ্তাহে কমপক্ষে একবার2 সপ্তাহে একবারেরও কম.....3	
111.	আপনি কি রেডিও শুনেন?	হ্যাঁ.....1 না2 → 112	
111a.	আপনি কি প্রতিদিন রেডিও শুনেন, না-কি সপ্তাহে অন্তত একবার, না-কি সপ্তাহে একবারেরও কম রেডিও শুনেন?	প্রায় প্রতিদিন.....1 সপ্তাহে কমপক্ষে একবার2 সপ্তাহে একবারেরও কম.....3	
112.	আপনি কি টেলিভিশন দেখেন?	হ্যাঁ.....1 না2 → 113	
112a.	আপনি কি প্রতিদিন টেলিভিশন দেখেন, না-কি সপ্তাহে অন্তত একবার, না-কি সপ্তাহে একবারেরও কম টেলিভিশন দেখেন?	প্রায় প্রতিদিন.....1 সপ্তাহে কমপক্ষে একবার2 সপ্তাহে একবারেরও কম.....3	
113.	আপনি কি কোন ক্ষুদ্র ঋণ প্রকল্প/আয় বৃদ্ধিমূলক গ্রুপের বা এন জি ও এর সদস্য?	হ্যাঁ.....1 না2	

Section 2: Pregnancy and Reproduction

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201.	সারা জীবনে আপনি যে কয়বার গর্ভবতী হয়েছেন সেই গর্ভ সম্পর্কে এখন আমি আপনাকে কিছু প্রশ্ন জিজ্ঞাসা করতে চাই। আপনি কি কখনও গর্ভবতী হয়েছেন?	হ্যাঁ 1 না 2 বর্তমানে গর্ভবতী 3	→ 202 → 205
201a.	আপনি কত মাসের গর্ভবতী?	মাস(পূর্ণ মাসে) <input type="text"/>	
201b.	যে সময়ে আপনি গর্ভবতী হয়েছেন আপনি কি তখনই গর্ভবতী হতে চেয়েছিলেন না অপেক্ষা করে পরে কোন সময়ে গর্ভবতী হতে চেয়েছিলেন নাকি একেবারেই আর কোন সন্তান নিতে চাননি?	তখনই চেয়েছিলাম 1 অপেক্ষা করে পরবর্তী সময়ে নিতে চেয়েছিলাম 2 আর কোন সন্তান নিতে চাইনি 3	
202.	কত বৎসর বয়সে আপনি প্রথম গর্ভবতী হয়েছেন/হয়েছিলেন?	বৎসর (পূর্ণ বৎসরে) <input type="text"/> <input type="text"/> জানি না 97	
203.	বর্তমানে আপনার জীবিত ছেলে মেয়ে কয়জন? তাদের মধ্যে ছেলে কয়জন এবং মেয়ে কয়জন? (জীবিত ছেলে বা মেয়ে না থাকলে বক্সে 0 লিখুন)	জীবিত ছেলেমেয়ে নাই 0 ছেলের সংখ্যা <input type="text"/> মেয়ের সংখ্যা <input type="text"/> মোট <input type="text"/>	→ 205
204.	আপনার সবচাইতে ছোট বাচ্চার নাম কি?	নামঃ	
204a.	আপনার সবচাইতে ছোট বাচ্চার বয়স কত?	<input type="text"/> <input type="text"/> বৎসর <input type="text"/> <input type="text"/> মাস	
204b.	আপনার সব চাইতে ছোট বাচ্চা কোন্ সালের কোন্ মাসে জন্মগ্রহণ করেছিল?	<input type="text"/> <input type="text"/> মাস <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> সাল	
205.	সাক্ষাৎকারগ্রহণকারীঃ জীবিত সন্তানের সংখ্যার জন্য প্রশ্ন 203 দেখুন : আপনার _____ জন জীবিত সন্তান আছে। (বাচ্চা) (বর্তমানে গর্ভবতীদের ক্ষেত্রে গর্ভের বাচ্চা বাদ দিয়ে জিজ্ঞেস করুন) (এ ছাড়াও) আপনি কি (আরও) সন্তান চান?	হ্যাঁ 1 না 2 জানি না 7	→ 206
205a.	(যাদের অন্তত ১ টি সন্তান আছে) আপনি আর কয়টি সন্তান চান? (যাদের কোন সন্তান নাই) আপনি মোট কয়টি সন্তান চান?	সন্তান সংখ্যা <input type="text"/>	
206.	আপনার মতে কোন স্বামী-স্ত্রী কয়জন বাচ্চা নিবে সে ব্যাপারে কার সিদ্ধান্ত নেয়া উচিত?	স্বামী 01 স্ত্রী 02 স্বামী এবং স্ত্রী একত্রে 03 স্বামী এবং স্ত্রী একত্রে পরিবারের সদস্যদের সাথে 04 পরিবারের বয়োজ্যেষ্ঠ সদস্য 05 সেবা প্রদানকারী 06	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		অন্যান্য _____ 96 (নির্দিষ্ট করুন)	
		জানি না 97	
207.	সাক্ষাৎকারগ্রহনকারীঃ প্রশ্ন 201 দেখুন এবং সঠিক কোড বৃত্তায়িত করুন।	হ্যাঁ 1 না 2 বর্তমানে গর্ভবতী 3	→209
208.	বর্তমান গর্ভাবস্থায় আপনি গর্ভকালীন মেডিকেল চেক-আপের জন্য কাউকে দেখিয়েছেন কি?	হ্যাঁ 1 না 2	→ 208h
208a.	আপনি কাকে দেখিয়েছেন? থোব করুনঃ আরও কাউকে? প্রত্যেক ব্যক্তিকে চিহ্নিত করার জন্য থোব করুন এবং সব উত্তরের কোড বৃত্তায়িত করুন। (একাধিক উত্তর হতে পারে)	প্রশিক্ষণপ্রাপ্ত স্বাস্থ্যকর্মী পাশ করা ডাক্তার A নার্স/মিডওয়াইফ/প্যারামেডিক B পরিবার কল্যাণ পরিদর্শিকা (FWV) C কমিউনিটি ফ্লুইড বার্থ এটেন্টডেন্ট (CSBA)... D এম এ/SACMO E স্বাস্থ্য সহকারী..... F অন্যান্য স্বাস্থ্যকর্মী পরিবার কল্যাণ সহকারী (FWA)..... G প্রশিক্ষণপ্রাপ্ত দাই (TTBA)..... H সনাতন দাই (Dai) I পাশ না করা ডাক্তার J অন্যান্য _____ X (নির্দিষ্ট করুন)	
208b.	গর্ভকালীন মেডিকেল চেক-আপ আপনি কোথায় করিয়েছেন ? থোব করুনঃ আরও কোথায়? থোব করে নিশ্চিত হোন কি ধরনের উৎসে গিয়েছিলেন এবং সঠিক কোড বৃত্তায়িত করুন। যদি হাসপাতাল, স্বাস্থ্য কেন্দ্র, ক্লিনিক সরকারী না বেসরকারী/প্রাইভেট এটা সঠিকভাবে নির্ণয় করতে না পারেন তবে স্থানের নাম লিখুন। _____ (স্থানের নাম) (একাধিক উত্তর হতে পারে)	বাড়ী নিজের বাড়ী A বাবার বাড়ী..... B অন্যের বাড়ী..... C সরকারী প্রতিষ্ঠান হাসপাতাল/মেডিকেল কলেজ হাসপাতাল D পরিবার কল্যাণ কেন্দ্র E উপজেলা স্বাস্থ্য কমপ্লেক্স F স্যাটেলাইট ক্লিনিক/ই পি আই কেন্দ্র/টাকা কেন্দ্র G মাতৃসদন(MCWC) H কমিউনিটি ক্লিনিক I অন্যান্য _____ J (নির্দিষ্ট করুন) এনজিও প্রতিষ্ঠান এন জি ও স্ট্যাটিক ক্লিনিক K এন জি ও স্যাটেলাইট ক্লিনিক L অন্যান্য _____ M (নির্দিষ্ট করুন) প্রাইভেট মেডিকেল প্রতিষ্ঠান প্রাইভেট হাসপাতাল/ক্লিনিক N পাশ করা ডাক্তারের চেম্বার O কোয়াক/পাশ না করা ডাক্তারের চেম্বার P ফার্মেসী Q অন্যান্য _____ X	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
		(নির্দিষ্ট করুন)		
208c.	এই গর্ভের সময় আপনি যখন প্রথম মেডিকেল চেক-আপ করান, তখন আপনি কয় মাসের গর্ভবতী ছিলেন?	মাস <input type="text"/> <input type="text"/> জানি না.....97		
208d.	আপনার এই গর্ভকালীন সময়ে কয়বার মেডিকেল চেক-আপ করিয়েছেন?	সংখ্যা..... <input type="text"/> <input type="text"/> জানি না 97		
208e.	আপনার গর্ভকালীন যে কোন মেডিকেল চেক আপের সময় কখনও ডেলিভারীর সময়ের সমস্যা/জটিলতার লক্ষণ সম্পর্কে বলেছিল কি?	হ্যাঁ 1 না 2 মনে নাই 7		
208f.	এই গর্ভকালীন মেডিকেল চেক আপের সময় কেউ আপনাকে পরিবার পরিকল্পনা সম্পর্কে পরামর্শ দিয়েছিল কি?	হ্যাঁ 1 না 2 মনে নাই 7	→ 208h	
208g.	পরিবার পরিকল্পনা সম্পর্কে পরামর্শ দেয়ার সময় _____ (পদ্ধতি) এর সুবিধা/অসুবিধা সম্পর্কে বলেছিল কি? (প্রত্যেকটি পদ্ধতি সম্পর্কে জিজ্ঞেস করুন)			
	পদ্ধতি	হ্যাঁ	না	মনে নাই
	a) আই ইউ ডি	1	2	7
	b) ইমপ্ল্যান্ট	1	2	7
	c) মহিলা বন্ধ্যাকরণ	1	2	7
	d) পুরুষ বন্ধ্যাকরণ	1	2	7
208h.	আপনার ডেলিভারী কোথায় করানোর ইচ্ছা?	বাড়ী নিজের বাড়ী (স্বামীর বাড়ী).....01 বাবার বাড়ী02 অন্যের বাড়ী03 সরকারী প্রতিষ্ঠান সরকারী হাসপাতাল04 উপজেলা স্বাস্থ্য কমপ্লেক্স05 মাতৃসদন (MCWC)06 অন্যান্য 10 (নির্দিষ্ট করুন) এন জি ও সেন্টর এন জি ও স্ট্যাটিক ক্লিনিক15 অন্যান্য16 (নির্দিষ্ট করুন) প্রাইভেট মেডিকেল সেন্টর প্রাইভেট হাসপাতাল/ক্লিনিক22 অন্যান্য প্রাইভেট প্রতিষ্ঠান23 অন্যান্য96 (নির্দিষ্ট করুন)		
209.	সাক্ষাৎকার গ্রহণকারীঃ প্রশ্ন 203 দেখুন এবং সঠিক কোড বৃত্তায়িত করুন।	জীবিত ছেলে মেয়ে নাই..... 1 জীবিত ছেলে মেয়ে আছে 2	→ 213	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
210.	সাক্ষাৎকারগ্রহনকারীঃ প্রশ্ন 204 হতে বাচ্চার নাম লিখুন । যখন আপনার পেটে ছিল, তখন আপনি গর্ভকালীন (সর্বশেষ বাচ্চার নাম) মেডিকেল চেক-আপের জন্য কাউকে দেখিয়েছিলেন কি?	হ্যাঁ.....1 না2 মনে নাই.....7	→210h
210a.	আপনি কাকে দেখিয়েছিলেন? থোব করণঃ আরও কাউকে? প্রত্যেক ব্যক্তিকে চিহ্নিত করার জন্য থোব করণ এবং সব উত্তরের কোড বৃত্তায়িত করণ । (একাধিক উত্তর হতে পারে)	প্রশিক্ষণপ্রাপ্ত স্বাস্থ্যকর্মী পাশ করা ডাক্তার A নার্স/মিডওয়াইফ/প্যারামেডিক B পরিবার কল্যাণ পরিদর্শিকা (FWV) C কমিউনিটি স্কিন্ড বার্থ এটেন্টডেন্ট (CSBA)... D এম এ/SACMO E স্বাস্থ্য সহকারী..... F অন্যান্য স্বাস্থ্যকর্মী পরিবার কল্যাণ সহকারী (FWA) G প্রশিক্ষণপ্রাপ্ত দাই (TTBA)..... H সনাতন দাই (Dai) I পাশ না করা ডাক্তার J অন্যান্য X (নির্দিষ্ট করণ)	
210b.	পেটে থাকাকালীন সময়ে আপনি গর্ভকালীন (সর্বশেষ বাচ্চার নাম) মেডিকেল চেক-আপ কোথায় করিয়েছিলেন? থোব করণঃ আরও কোথায়? থোব করে নিশ্চিত হোন কি ধরনের উৎসে গিয়েছিলেন এবং সঠিক কোড বৃত্তায়িত করণ । যদি হাসপাতাল, স্বাস্থ্য কেন্দ্র, ক্লিনিক সরকারী না বেসরকারী/প্রাইভেট এটা সঠিকভাবে নির্ণয় করতে না পারেন তবে স্থানের নাম লিখুন । (স্থানের নাম) (একাধিক উত্তর হতে পারে)	বাড়ী নিজের বাড়ী A বাবার বাড়ী..... B অন্যের বাড়ী..... C সরকারী প্রতিষ্ঠান হাসপাতাল/মেডিকেল কলেজ হাসপাতাল D পরিবার কল্যাণ কেন্দ্র E উপজেলা স্বাস্থ্য কমপ্লেক্স F স্যাটেলাইট ক্লিনিক/ই পি আই কেন্দ্র/টাকা কেন্দ্র G মাতৃসদন(MCWC) H কমিউনিটি ক্লিনিক I অন্যান্য J (নির্দিষ্ট করণ) এনজিও প্রতিষ্ঠান এন জি ও স্ট্যাটিক ক্লিনিক K এন জি ও স্যাটেলাইট ক্লিনিক L অন্যান্য M (নির্দিষ্ট করণ) প্রাইভেট মেডিকেল প্রতিষ্ঠান প্রাইভেট হাসপাতাল/ক্লিনিক N পাশ করা ডাক্তারের চেম্বার O কোয়াক/পাশ না করা ডাক্তারের চেম্বার P ফার্মেসী Q অন্যান্য X (নির্দিষ্ট করণ)	
210c.	পেটে থাকাকালীন সময়ে আপনি যখন (সর্বশেষ বাচ্চার নাম) প্রথম মেডিকেল চেক-আপ করান, তখন আপনি কয় মাসের	মাস জানি না/মনে নাই..... 97	

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	গর্ভবতী ছিলেন?		
210d.	_____ পেটে থাকাকালীন সময়ে আপনি (সর্বশেষ বাচ্চার নাম) কয়বার মেডিকেল চেক-আপ করিয়েছিলেন?	সংখ্যা <input type="text"/> জানি না.....97	
210e.	এই মেডিকেল চেক আপের সময় কখনও ডেলিভারীর সময়ের সমস্যা/জটিলতার লক্ষণ সম্পর্কে বলেছিল কি?	হ্যাঁ.....1 না2 মনে নাই.....7	
210f.	এই মেডিকেল চেক আপের সময় বা ডেলিভারীর পর কেউ আপনাকে পরিবার পরিকল্পনা সম্পর্কে পরামর্শ দিয়েছিল কি? পরামর্শ দিয়ে থাকলে, কখন দিয়েছিল?	হ্যাঁ, গর্ভাবস্থায়.....1 হ্যাঁ, ডেলিভারীর পর.....2 হ্যাঁ, ডেলিভারীর সময়.....3 হ্যাঁ, গর্ভাবস্থায় এবং ডেলিভারীর সময়/পর উভয় সময়.....4 না5 মনে নাই7	→ 210h
210g.	পরিবার পরিকল্পনা সম্পর্কে পরামর্শ দেয়ার সময় _____ (পদ্ধতি) এর সুবিধা/অসুবিধা সম্পর্কে বলেছিল কি? (প্রত্যেকটি পদ্ধতি সম্পর্কে জিজ্ঞেস করুন)		
	পদ্ধতি	হ্যাঁ	না
a)	আই ইউ ডি	1	2
b)	ইমপ্ল্যান্ট	1	2
c)	মহিলা বন্ধ্যাকরণ	1	2
d)	পুরুষ বন্ধ্যাকরণ	1	2
210h.	_____ যে সময় আপনার পেটে (গর্ভে) আসে তখনই (সর্বশেষ বাচ্চার নাম) কি আপনি গর্ভবতী হতে চেয়েছিলেন, না অপেক্ষা করে পরে কোন সময়ে গর্ভবতী হতে চেয়েছিলেন নাকি একেবারেই আর কোন সন্তান নিতে চাননি?	তখনই চেয়েছিলাম1 অপেক্ষা করে পরবর্তী সময়ে নিতে চেয়েছিলাম.....2 কোন সন্তান নিতে চাই নি3	
211.	আপনার (কোন) ডেলিভারীর পরে অতিরিক্ত রক্তস্রাব হয়েছিল কি?	হ্যাঁ1 না2	
212.	_____ এর জন্ম কোথায় হয়েছিল? (সর্বশেষ বাচ্চার নাম)	বাড়ী নিজের বাড়ী01 বাবার বাড়ী.....02 অন্যের বাড়ী.....03 সরকারী প্রতিষ্ঠান হাসপাতাল/মেডিকেল কলেজ হাসপাতাল.....04 উপজেলা স্বাস্থ্য কমপ্লেক্স.....05 মাতৃসদন (MCWC).....06 অন্যান্য10 (নির্দিষ্ট করুন) এন জি ও প্রতিষ্ঠান এন জি ও স্ট্যাটিক ক্লিনিক.....15 অন্যান্য16 (নির্দিষ্ট করুন)	→ 213

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		প্রাইভেট মেডিকেল প্রতিষ্ঠান প্রাইভেট হাসপাতাল/ক্লিনিক 22 অন্যান্য 96 (নির্দিষ্ট করুন)	
212a.	_____ এর জন্মের জন্য হাসপাতালে/স্বাস্থ্য কেন্দ্রে (সর্বশেষ বাচ্চার নাম) যাওয়ার ব্যাপারে কে সিদ্ধান্ত নিয়েছিল?	নিজে 01 স্বামী 02 স্বামী এবং নিজে একত্রে 03 শ্বশুর/শাশুড়ী 04 বাবা/মা 05 বোন/ননদ 06 স্বামীর পরিবারের অন্য সদস্য 10 উত্তরদাতার পরিবারের অন্য সদস্য 11 আত্মীয় 12 প্রতিবেশী/বন্ধু 13 সেবাপ্রদানকারী (টিবিএ/মাঠকর্মী/দাই) 14 পাশকরা ডাক্তার 15 অন্যান্য 96 (নির্দিষ্ট করুন) জানি না 97	
213.	হাসপাতালে/ক্লিনিকে বা স্বাস্থ্য কেন্দ্রে ডেলিভারী করানোর সুবিধাগুলো কি কি? (একাধিক উত্তর হতে পারে)	নিরাপদ A জটিলতা/সমস্যা হলে সহজেই ব্যবস্থা নেয়া যায় B রক্ত দেয়া যায় C সিজারিয়ান অপারেশন করা যায় D নবজাতকের স্বাস্থ্য পরীক্ষা করা যায় E শিরায় পানি জাতীয় কিছু দেয়া যায় F ডাক্তার/প্রশিক্ষণ প্রাপ্ত ব্যক্তি পাওয়া যায় G অন্যান্য X (নির্দিষ্ট করুন) কোন সুবিধা নেই Z	
214.	ডেলিভারীর সময় কি কি সমস্যা/জটিলতা দেখা দিলে তাড়াতাড়ি ডাক্তারের কাছে/হাসপাতালে/ক্লিনিকে নিয়ে যাওয়া প্রয়োজন? (একাধিক উত্তর হতে পারে)	দীর্ঘ প্রসব ব্যথা (অগ্রগতি ছাড়া ৮ ঘন্টার অধিক ব্যথা) A শিশুর হাত/পা আগে বের হয়ে আসা/ অবস্থান ঠিক না থাকলে B শিশুর কর্ড/নাড়ী আগে বের হয়ে আসা C যোনী পথে অতিরিক্ত রক্তস্রাব D পানি ভাঙ্গলে E খিঁচুনি/ফিট/অজ্ঞান F উচ্চ রক্তচাপ G বাধাগ্রস্থ প্রসব H	

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		অন্যান্য _____ X (নির্দিষ্ট করুন) জানি না Y	
215.	ডেলিভারীর পরে কি কি সমস্যা/জটিলতা দেখা দিলে তাড়াতাড়ি ডাক্তারের কাছে/হাসপাতালে/ক্লিনিকে নিয়ে যাওয়া প্রয়োজন? (একাধিক উত্তর হতে পারে)	ডেলিভারীর পর অতিরিক্ত রক্তস্রাব/রক্তক্ষরণ .. A জ্বর/প্রসব সংক্রান্ত সংক্রমণ B খিঁচুনী/প্রসবোত্তর একলামশিয়া C জরায়ুর মধ্যে গর্ভফুল থেকে যাওয়া/ফুল না পড়া D তলপেটে প্রচণ্ড ব্যাথা E খিঁচুনী/ফিট/অজ্ঞান F উচ্চ রক্তচাপ G অন্যান্য _____ X (নির্দিষ্ট করুন) জানি না Y	→ 217
216.	আপনি বললেন যে ডেলিভারীর পরে অতিরিক্ত রক্তস্রাব হওয়া প্রসব পরবর্তী সময়ের একটি বিপদ চিহ্ন। আপনি কি বলবেন যোনীপথে অতিরিক্ত রক্তস্রাব হলে এর ফলে কি হতে পারে? (একাধিক উত্তর হতে পারে)	তীব্র রক্ত স্বল্পতা হতে পারে A মারা যেতে পারে B অনেক দুর্বল হতে পারে C কোন কাজ করতে পারে না D খিঁচুনী E অচেতন হতে পারে F অন্যান্য _____ X (নির্দিষ্ট করুন) জানি না Y	
217.	আপনি কি জানেন ডেলিভারীর পরে যোনীপথে অতিরিক্ত রক্তস্রাব না হওয়ার জন্য কি করা যেতে পারে?	হ্যাঁ 1 না 2	→ 217b
217a.	ডেলিভারীর পরে যোনীপথে অতিরিক্ত রক্তস্রাব না হওয়ার জন্য কি করা যেতে পারে?	মিসোথ্রোস্টোল ট্যাবলেট ব্যবহার করে A হাসপাতালে ডেলিভারী করিয়ে B সিজারিয়ান অপারেশন করে C ইনজেকশন দিয়ে D এন্টিবায়োটিক দিয়ে E ডাক্তারের পরামর্শ নিয়ে/চিকিৎসা করিয়ে F ঔষধ ব্যবহার করে G কবিরাজ/সনাতন চিকিৎসা করিয়ে H অন্যান্য _____ X (নির্দিষ্ট করুন) কিছুই না করে Z	→ 217c
217b.	ডেলিভারীর পরে অতিরিক্ত রক্তস্রাব না হওয়ার জন্য ডেলিভারীর ঠিক পরে মিসোথ্রোস্টোল নামের একটি ট্যাবলেট খেতে হয়, আপনি কি এই ট্যাবলেট সম্পর্কে শুনেছেন?	হ্যাঁ 1 না 2	→ 222

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
217c	আপনি সর্ব প্রথম কোথায় এই মিসোপ্রোস্টোল ট্যাবলেটের নাম শুনেছেন?	প্রশিক্ষণপ্রাপ্ত স্বাস্থ্যকর্মী পাশ করা ডাক্তার 01 নার্স/মিডওয়াইফ/প্যারামেডিক 02 পরিবার কল্যাণ পরিদর্শিকা (FWV) 03 কমিউনিটি স্কিল্ড বার্থ এটেন্টডেন্ট (CSBA) . 04 এম এ/SACMO 05 স্বাস্থ্য সহকারী 06 পরিবার কল্যাণ সহকারী (FWA) 10 অন্যান্য স্বাস্থ্যকর্মী প্রশিক্ষণপ্রাপ্ত দাই (TTBA) 11 সনাতন দাই (Dai) 12 কোয়াক/পাশ না করা ডাক্তার 13 আত্মীয় স্বামী 14 বাবা/মা/শ্বশুর/শাশুড়ী 15 বোন/অন্যান্য আত্মীয় 16 প্রতিবেশী/বন্ধু 17 অন্যান্য _____ 96 <small>(নির্দিষ্ট করুন)</small> জানি না/অনিশ্চিত 97	
217d.	মিসোপ্রোস্টোল ট্যাবলেট কখন খেতে হয়?	ডেলিভারীর পর পর 1 অন্যান্য _____ 6 <small>(নির্দিষ্ট করুন)</small> জানি না 7	
217e	মিসোপ্রোস্টোল ট্যাবলেট এক সাথে কয়টি খেতে হয়?	২/৩টি ট্যাবলেট এক সাথে 1 অন্যান্য _____ 6 <small>(নির্দিষ্ট করুন)</small> জানি না 7	
218.	সাক্ষাৎকারগ্রহনকারীঃ প্রশ্ন 201 দেখুন এবং সঠিক কোড বৃত্তায়িত করুন।	হ্যাঁ 1 → না 2 → বর্তমানে গর্ভবতী 3	220 301
219.	এই ডেলিভারীর সময়ে আপনি মিসোপ্রোস্টোল ট্যাবলেট ব্যবহার করবেন বলে চিন্তা করেছেন কি?	হ্যাঁ..... 1 না 2 জানি না 7	
220.	সাক্ষাৎকারগ্রহনকারীঃ প্রশ্ন 212 দেখুন এবং সঠিক কোড বৃত্তায়িত করুন।	212 প্রশ্নে কোন কোড বৃত্তায়িত আছে 1 212 প্রশ্নে কোন কোড বৃত্তায়িত নেই..2 →	301
221.	সর্বশেষ ডেলিভারীর পর রক্তস্রাব না হওয়ার জন্য/প্রতিরোধের জন্য কেউ আপনাকে মিসোপ্রোস্টোল ট্যাবলেট দিয়েছিল কি?	হ্যাঁ..... 1 না 2 →	221c
221a.	মিসোপ্রোস্টোল ট্যাবলেট আপনাকে কে দিয়েছিল?	প্রশিক্ষণপ্রাপ্ত স্বাস্থ্যকর্মী পাশ করা ডাক্তার 01 নার্স/মিডওয়াইফ/প্যারামেডিক 02 পরিবার কল্যাণ পরিদর্শিকা (FWV) 03 কমিউনিটি স্কিল্ড বার্থ এটেন্টডেন্ট (CSBA).. 04 এম এ/সাকমো 05 স্বাস্থ্য সহকারী..... 06 পরিবার কল্যাণ সহকারী (FWA) 10	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		অন্যান্য স্বাস্থ্যকর্মী প্রশিক্ষণপ্রাপ্ত দাই (TTBA)..... 11 সনাতন দাই (Dai) 12 কোয়াক/পাশ না করা ডাক্তার 13 অন্যান্য _____ 96 <small>(নির্দিষ্ট করুন)</small> জানি না/মনে নেই 97	
221b.	গর্ভের কত মাসের সময় আপনি মিসোপ্রোস্টোল ট্যাবলেট পেয়েছিলেন? উত্তরদাতা নিশ্চিত করে বলতে না পারলে আনুমানিকভাবে বলতে বলুন।	মাস <input type="text"/> <input type="text"/> ডেলিভারীর সময়95	
221c.	_____ এর জন্মের পর রক্তস্রাব না হওয়ার <small>(সর্বশেষ বাচ্চার নাম)</small> জন্ম/প্রতিরোধের জন্য মিসোপ্রোস্টোল ট্যাবলেট খেয়েছিলেন কি?	হ্যাঁ.....1 না2 → 221g	
221d.	মিসোপ্রোস্টোল ট্যাবলেট খাওয়ার ফলে আপনার কোন উপকার হয়েছে কি?	হ্যাঁ.....1 না2 বলতে পারি না.....7	
221e.	মিসোপ্রোস্টোল ট্যাবলেট খাওয়ার ফলে আপনার কোন পার্শ্বপ্রতিক্রিয়া বা শারিরিক সমস্যা হয়েছিল কি?	হ্যাঁ.....1 না2 → 221g জানি না7	
221f.	কি কি পার্শ্বপ্রতিক্রিয়া/শারিরিক সমস্যা হয়েছিল? (একাধিক উত্তর হতে পারে)	কাঁপুনি A জ্বর B ডায়রিয়া/পাতলা পায়খানা C বমি বমি ভাব D বমি E তলপেটে ব্যথা/পেশী সংকোচন F অতিরিক্ত রক্তস্রাব G খিঁচুনি H কোন রক্তস্রাব হয়নি I অন্যান্য _____ X <small>(নির্দিষ্ট করুন)</small>	
221g.	আপনার বন্ধুদের/প্রতিবেশীদের মিসোপ্রোস্টোল ট্যাবলেট খাওয়ার জন্য বলবেন কি?	হ্যাঁ.....1 না2 জানি না7	
	আপনার সারা জীবনে যে কয়টি ডেলিভারী হয়েছে সেই ডেলিভারীর সময়ে আপনার কোন অসুবিধা হয়েছে কিনা এখন আমি সে সম্পর্কে কিছু প্রশ্ন জিজ্ঞেস করব।		
222.	আপনার যে কয়টি ডেলিভারী হয়েছে তার মধ্যে কোন ডেলিভারীর পরে আপনার কি সারাক্ষণ প্রস্রাব হত বা হচ্ছে অর্থাৎ প্রস্রাব ধরে (নিয়ন্ত্রণে) রাখতে পারতেন/পারেন না বা ফোঁটা ফোঁটা প্রস্রাব হত/হয়?	হ্যাঁ.....1 না2 → 223	
222a.	এই প্রস্রাব যোনীপথে না-কি মূত্রনালীর মুখ দিয়ে হত/হয়?	যোনী পথে1 মূত্রনালীর মুখ2	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		অন্যান্য _____ 6 (নির্দিষ্ট করুন)	
		বলতে পারি না/মনে নাই 7	
222b.	তলপেটে চাপ দিলে কি মূত্রনালীর মুখ দিয়ে প্রস্রাব হত/হয়?	হ্যাঁ.....1 না2 মনে নাই.....7	
222c.	আপনার যে সারাক্ষণ প্রস্রাব হত/হয় বা প্রস্রাব ধরে (নিয়ন্ত্রণে) রাখতে পারতেন/পারেন না এটা কি আপনি বাচ্চা জন্মের পর পরই বুঝতে পেরেছিলেন?	হ্যাঁ.....1 না2 মনে নাই.....7	
223.	আপনার যে কয়টি ডেলিভারী হয়েছে তার মধ্যে কোন ডেলিভারীর সময় দীর্ঘ প্রসব বেদনা (১৮ ঘন্টার অধিক) হয়েছিল কি?	হ্যাঁ.....1 না2	
224.	আপনার কি কখনও মৃত বাচ্চা হয়েছিল?	হ্যাঁ.....1 না2	
225.	সাক্ষাৎকারগ্রহনকারীঃ প্রশ্ন 222, 223 এবং 224 দেখুন এবং সঠিক কোড বৃত্তায়িত করুন।	প্রশ্ন 222, 223 এবং 224 এর যে কোনটিতে কোড 1 বৃত্তায়িত1 প্রশ্ন 222, 223 এবং 224 এর কোনটিতেই কোড 1 বৃত্তায়িত নেই2	→ 301
	ভূমিকাঃ যে সব মহিলার যোনীপথে সারাক্ষণ ফোঁটা ফোঁটা প্রস্রাব ঝরে, বাচ্চার জন্মের পর যোনীপথে এ ধরনের প্রস্রাব বের হওয়া শুরু হলে এবং দীর্ঘস্থায়ী প্রসব বেদনার ইতিহাস থাকলে তারা Obstetric ফিস্টুলায় ভুগছেন। ফিস্টুলার বিষয়ে নিশ্চিত হয়ে অতিরিক্ত সেবায়ত্নের জন্য এই সব মহিলাদের আরও মেডিকেল চেক আপ এবং ফলো আপ পরীক্ষার প্রয়োজন।		
226.	আপনার এই স্বাস্থ্য সমস্যার জন্য ভবিষ্যতে ডাক্তারের দ্বারা মেডিকেল চেক আপ এবং ফলো আপ পরীক্ষা করার জন্য আপনি কি আগ্রহী?	হ্যাঁ.....1 না2	

Section 3: Contraception

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301.	বিভিন্ন ধরনের ব্যবস্থা বা পদ্ধতি আছে যা ব্যবহার করে স্বামী-স্ত্রী ছেলে মেয়ে হওয়া দেরী করাতে বা বন্ধ রাখতে পারেন। আপনি এ সকল ব্যবস্থা বা পদ্ধতি সম্পর্কে কখনও শুনেছেন কি? (উত্তরদাতা পরিবার পরিকল্পনা পদ্ধতি সম্পর্কে না শুনেলে ভাল করে প্রোব করুন)	হ্যাঁ 1 না 2	401
301a.	আপনি কি বলবেন কি কি ব্যবস্থা বা পদ্ধতি ব্যবহার করে স্বামী-স্ত্রী ছেলে মেয়ে হওয়া দেরী করাতে বা বন্ধ রাখতে পারেন? প্রোব করুনঃ আরও কোনও পদ্ধতি। (একাধিক উত্তর হতে পারে)	মহিলা বন্ধ্যাকরণ A পুরুষ বন্ধ্যাকরণ B খাবার বড়ি C আই ইউ ডি D ইনজেকশন E ইমপ্লান্ট F কনডম G নিরাপদ কাল/দিন গননা H প্রত্যাহার I বাচ্চাকে বুকের দুধ খাওয়ানো J প্রজেস্টেরণ সমৃদ্ধ খাবার বড়ি (মিনি পিল) K জরুরী গর্ভনিরোধক খাবার বড়ি L অন্যান্য X (নির্দিষ্ট করুন) জানি না Y	
302.	আপনার মতে স্বামী-স্ত্রী পরিবার পরিকল্পনার কোন্ পদ্ধতি ব্যবহার করবে সে ব্যাপারে কার সিদ্ধান্ত নেয়া উচিত?	স্বামী 01 স্ত্রী 02 স্বামী এবং স্ত্রী একত্রে 03 স্বামী এবং স্ত্রী একত্রে পরিবারের সদস্যদের সাথে 04 পরিবারের বয়োজ্যেষ্ঠ সদস্য 05 সেবা প্রদানকারীরা 06 অন্যান্য 96 (নির্দিষ্ট করুন) জানি না 97	
303.	সাক্ষাৎকার গ্রহণকারীঃ প্রশ্ন 201 দেখুন এবং সঠিক কোড বৃত্তায়িত করুন।	হ্যাঁ 1 না 2 বর্তমানে গর্ভবতী 3	305
304.	আপনি বা আপনার স্বামী বর্তমানে বাচ্চা না হওয়ার জন্য বা বন্ধ রাখার জন্য কোন পদ্ধতি ব্যবহার করছেন কি?	হ্যাঁ 1 না 2	305

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304a.	<p>আপনি বা আপনার স্বামী বর্তমানে কি পদ্ধতি ব্যবহার করছেন?</p> <p>সবগুলো উত্তরের কোড বৃত্তায়িত করুন।</p> <p>(একাধিক উত্তর হতে পারে)</p> <p>সাক্ষাৎকারগ্রহনকারীঃ 304a প্রশ্নে একাধিক কোড বৃত্তায়িত হলে তালিকার শীর্ষে উল্লেখিত পদ্ধতি সম্পর্কে প্রশ্ন 304b জিজ্ঞেস করুন।</p>	<p>মহিলা বন্ধ্যাকরণ.....A</p> <p>পুরুষ বন্ধ্যাকরণ.....B</p> <p>খাবার বড়ি.....C</p> <p>আই ইউ ডি.....D</p> <p>ইনজেকশন.....E</p> <p>ইমপ্লান্ট.....F</p> <p>কনডম.....G</p> <p>নিরাপদ কাল/দিন গননা.....H</p> <p>প্রত্যাহার.....I</p> <p>বাচ্চাকে বুকের দুধ খাওয়ানো.....J</p> <p>প্রজেস্টেরণ সমৃদ্ধ খাবার বড়ি (মিনি পিল).....K</p> <p>অন্যান্য.....X</p> <p>(নির্দিষ্ট করুন)</p>	<p>304c</p> <p>304d</p>
304b.	<p>সাক্ষাৎকারগ্রহনকারীঃ 304a প্রশ্নে একাধিক কোড বৃত্তায়িত হলে তালিকার শীর্ষে উল্লেখিত পদ্ধতি</p> <p>সর্বশেষবার, কোথা থেকে/কার কাছ থেকে _____ (বর্তমান পদ্ধতি)</p> <p>নিয়েছিলেন?</p>	<p>সরকারী প্রতিষ্ঠান/সেবা প্রদানকারী</p> <p>হাসপাতাল/মেডিকেল কলেজ হাসপাতাল..... 01</p> <p>পরিবার কল্যাণ কেন্দ্র (FWC)..... 02</p> <p>উপজেলা স্বাস্থ্য কমপ্লেক্স(UHC)..... 03</p> <p>স্যাটেলাইট কেন্দ্র/ই পি আই কেন্দ্র..... 04</p> <p>মাতৃসদন(MCWC)..... 05</p> <p>পরিবার কল্যাণ সহকারী (FWA)..... 06</p> <p>কম্যুনিটি ক্লিনিক..... 10</p> <p>অন্যান্য..... 11</p> <p>(নির্দিষ্ট করুন)</p>	
304c.	<p>কোথা থেকে বন্ধ্যাকরণ অপারেশন করিয়েছিলেন?</p> <p>প্রোব করুনঃ অন্য কোথাও থেকে?</p> <p>প্রোব করে নিশ্চিত হোন কি ধরনের উৎসে গিয়েছিলেন এবং সঠিক কোড বৃত্তায়িত করুন।</p> <p>যদি হাসপাতাল, স্বাস্থ্য কেন্দ্র, ক্লিনিক সরকারী না বেসরকারী/প্রাইভেট এটা সঠিকভাবে নির্ণয় করতে না পারেন তবে স্থানের নাম লিখুন।</p> <p>_____</p> <p>(স্থানের নাম)</p>	<p>এনজিও প্রতিষ্ঠান/এন জিও কর্মী</p> <p>এন জি ও স্ট্যাটিক ক্লিনিক..... 17</p> <p>এন জি ও স্যাটেলাইট ক্লিনিক..... 18</p> <p>এন জি ও ডিপোহোল্ডার..... 19</p> <p>এন জি ও মাঠকর্মী..... 20</p> <p>অন্যান্য..... 21</p> <p>(নির্দিষ্ট করুন)</p> <p>প্রাইভেট মেডিকেল প্রতিষ্ঠান/সেবা প্রদানকারী</p> <p>প্রাইভেট হাসপাতাল/ ক্লিনিক..... 27</p> <p>ডাক্তার (পাশ করা)..... 28</p> <p>কোয়াক/সনাতন চিকিৎসক..... 29</p> <p>ফার্মেসী..... 30</p> <p>প্রাইভেট মেডিকেল কলেজ হাসপাতাল..... 31</p> <p>অন্যান্য উৎস (দোকান)..... 37</p> <p>বন্ধু/আত্মীয়..... 38</p> <p>অন্যান্য..... 96</p> <p>(নির্দিষ্ট করুন)</p> <p>জানি না..... 97</p>	
304d.	<p>কোন বছরের কোন মাস থেকে আপনি _____ (বর্তমান পদ্ধতি)</p> <p>একটানা ব্যবহার করছেন?</p>	<p>মাস.....</p> <p>সাল.....</p>	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	(নিশ্চিতভাবে বলতে না পারলে সর্বোচ্চ অনুমানের ভিত্তিতে বলুন।)		
304e.	বর্তমানে আপনি/আপনার স্বামী যে _____ ব্যবহার (বর্তমান পদ্ধতি) করছেন সেটার ব্যাপারে কে সিদ্ধান্ত নিয়েছিল?	স্বামী..... 01 উত্তরদাতা..... 02 স্বামী এবং উত্তরদাতা একত্রে..... 03 স্বামী এবং উত্তরদাতা একত্রে পরিবারের সদস্যদের সাথে..... 04 পরিবারের ব্যয়োজ্যেষ্ঠ সদস্য..... 05 সেবা প্রদানকারীরা..... 06 অন্যান্য _____ 96 (নির্দিষ্ট করুন)	314c
305.	সাক্ষাৎকারগ্রহণকারীঃ প্রশ্ন 301a এর কোড A (মহিলা বন্ধ্যাকরণ) দেখুন এবং সঠিক কোড বৃত্তায়িত করুন।	কোড A (মহিলা বন্ধ্যাকরণ) বৃত্তায়িত 1 কোড A (মহিলা বন্ধ্যাকরণ) বৃত্তায়িত নেই 2	306a
306.	পরিবার পরিকল্পনার বিভিন্ন পদ্ধতি আছে, এখন আমি আপনাকে মহিলা এবং পুরুষ বন্ধ্যাকরণ, আই ইউ ডি এবং ইমপ্ল্যান্ট সম্পর্কে কিছু প্রশ্ন জিজ্ঞেস করব। কোন মহিলা ইচ্ছে করলে অপারেশন করিয়ে বাচ্চা হওয়া বন্ধ রাখতে পারেন যা মহিলা বন্ধ্যাকরণ নামে পরিচিত। আপনি কি কখনও মহিলা বন্ধ্যাকরণ সম্পর্কে শুনেছেন?	হ্যাঁ..... 1 না..... 2	307
306a.	আপনি আমাকে বলবেন কি মহিলা বন্ধ্যাকরণ কোথা থেকে/কার কাছ থেকে করা যায় ? থোব করুনঃ অন্য কোথাও থেকে? থোব করে নিশ্চিত হোন কি ধরনের উৎসে গিয়েছিলেন এবং সঠিক কোড বৃত্তায়িত করুন। যদি হাসপাতাল, স্বাস্থ্য কেন্দ্র, ক্লিনিক সরকারী না বেসরকারী/প্রাইভেট এটা সঠিকভাবে নির্ণয় করতে না পারেন তবে স্থানের নাম লিখুন। _____ (স্থানের নাম) (একাধিক উত্তর হতে পারে)	সরকারী প্রতিষ্ঠান/সেবা প্রদানকারী হাসপাতাল/মেডিকেল কলেজ হাসপাতাল.....A পরিবার কল্যাণ কেন্দ্র (FWC)B উপজেলা স্বাস্থ্য কমপ্লেক্স (UHC).....C মাতৃসদন (MCWC).....E ক্যাম্প.....H এনজিও প্রতিষ্ঠান এন জি ও স্ট্যাটিক ক্লিনিক.....I প্রাইভেট মেডিকেল প্রতিষ্ঠান/সেবা প্রদানকারী প্রাইভেট হাসপাতাল/ ক্লিনিকN ডাক্তার (পাশ করা)O প্রাইভেট মেডিকেল কলেজ হাসপাতালR অন্যান্য _____X (নির্দিষ্ট করুন) জানি না.....Y	
306b.	ডেলিভারীর কতদিন পর মহিলা বন্ধ্যাকরণ করা যায়?	সিজারিয়ান অপারেশন করার সময়.....A নরমাল (স্বাভাবিক) ডেলিভারী হওয়ার ৪৮ ঘন্টার মধ্যে.....B ডেলিভারী হওয়ার ৩ থেকে ৬ দিনের মধ্যে.....C ডেলিভারী হওয়ার ৬ সপ্তাহ পরে, যদি মহিলা গর্ভবতী না হন.....D ডেলিভারী হওয়ার পর প্রথম মাসিকের সময়.....E	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		অন্যান্য _____X (নির্দিষ্ট করুন) জানি নাY	
306c.	সাক্ষাৎকারগ্রহনকারীঃ প্রশ্ন 203 দেখুন এবং সঠিক কোড বৃত্তায়িত করুন।	ছেলে মেয়ের সংখ্যা 0 বা 1.....1 ছেলে মেয়ের সংখ্যা 2 বা তার অধিক .2	▶ 307
306d.	আপনি কি কখনও মহিলা বন্ধ্যাকরণ সম্পর্কে জানার জন্য (সুবিধা, অসুবিধা, কার্যকারিতা, কোথায় পাওয়া যাবে) কোন স্বাস্থ্য কেন্দ্রে বা সেবা প্রদানকারীর কাছে গিয়েছিলেন?	হ্যাঁ 1 না 2	
306e.	আপনি কি কখনও মহিলা বন্ধ্যাকরণ করার জন্য কোন স্বাস্থ্য কেন্দ্রে বা কোন সেবা প্রদানকারীর কাছে গিয়েছিলেন?	হ্যাঁ 1 না 2	
307.	সাক্ষাৎকারগ্রহনকারীঃ প্রশ্ন 301a এর কোড B (পুরুষ বন্ধ্যাকরণ) দেখুন এবং সঠিক কোড বৃত্তায়িত করুন।	কোড B (পুরুষ বন্ধ্যাকরণ) বৃত্তায়িত 1 কোড B (পুরুষ বন্ধ্যাকরণ) বৃত্তায়িত নেই 2	▶ 308a
308.	কোন পুরুষ ইচ্ছে করলে তার অপারেশন করিয়ে স্ত্রীর বাচ্চা হওয়া বন্ধ রাখতে পারেন যা পুরুষ বন্ধ্যাকরণ নামে পরিচিত। আপনি কি কখনও পুরুষ বন্ধ্যাকরণ সম্পর্কে শুনেছেন?	হ্যাঁ 1 না 2	▶ 309
308a.	আপনি আমাকে বলবেন কি পুরুষ বন্ধ্যাকরণ কোথা থেকে/কার কাছ থেকে করা যায়? প্রোব করুনঃ অন্য কোথাও থেকে? প্রোব করে নিশ্চিত হোন কি ধরনের উৎসে গিয়েছিলেন এবং সঠিক কোড বৃত্তায়িত করুন। যদি হাসপাতাল, স্বাস্থ্য কেন্দ্র, ক্লিনিক সরকারী না বেসরকারী/প্রাইভেট এটা সঠিকভাবে নির্ণয় করতে না পারেন তবে স্থানের নাম লিখুন। _____ (স্থানের নাম) (একাধিক উত্তর হতে পারে)	সরকারী প্রতিষ্ঠান/সেবা প্রদানকারী হাসপাতাল/মেডিকেল কলেজ হাসপাতালA পরিবার কল্যাণ কেন্দ্র (FWC)B উপজেলা স্বাস্থ্য কমপ্লেক্স (UHC)C মাতৃসদন (MCWC)E ক্যাম্পH এনজিও প্রতিষ্ঠান এন জি ও স্ট্যাটিক ক্লিনিকI প্রাইভেট মেডিকেল প্রতিষ্ঠান/সেবা প্রদানকারী প্রাইভেট হাসপাতাল/ ক্লিনিকN ডাক্তার (পাশ করা)O প্রাইভেট মেডিকেল কলেজ হাসপাতালR অন্যান্য _____X (নির্দিষ্ট করুন) জানি নাY	
308b.	সাক্ষাৎকারগ্রহনকারীঃ প্রশ্ন 203 দেখুন এবং সঠিক কোড বৃত্তায়িত করুন।	ছেলে মেয়ের সংখ্যা 0 বা 1.....1 ছেলে মেয়ের সংখ্যা 2 বা তার অধিক 2	▶ 309
308c.	আপনি বা আপনার স্বামী কি কখনও পুরুষ বন্ধ্যাকরণ সম্পর্কে জানার জন্য (সুবিধা, অসুবিধা, কার্যকারিতা, কোথায় পাওয়া যাবে) কোন স্বাস্থ্য কেন্দ্রে বা সেবা প্রদানকারীর কাছে গিয়েছিলেন?	হ্যাঁ 1 না 2 স্বামী গিয়েছিল কিনা জানি না 7	
308d.	আপনার স্বামী কি কখনও পুরুষ বন্ধ্যাকরণ করার জন্য কোন স্বাস্থ্য কেন্দ্রে বা কোন সেবা প্রদানকারীর কাছে গিয়েছিলেন?	হ্যাঁ 1 না 2 স্বামী গিয়েছিল কিনা জানি না 7	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
309.	সাক্ষাৎকারগ্রহনকারীঃ ধাপ 301a এর কোড D (আই ইউ ডি) দেখুন এবং সঠিক কোড বৃত্তায়িত করুন।	কোড D (আই ইউ ডি) বৃত্তায়িত 1 কোড D (আই ইউ ডি) বৃত্তায়িত নেই 2	310a
310.	কোন মহিলা ইচ্ছে করলে আই ইউ ডি পড়ে বাচ্চা হওয়া দেবী করতে বা বন্ধ রাখতে পারেন। আপনি কি কখনও আই ইউ ডি সম্পর্কে শুনেছেন?	হ্যাঁ 1 না 2	311
310a.	আপনি আমাকে বলবেন কি আই ইউ ডি কোথা থেকে/কার কাছ থেকে নিতে পারেন? ধোব করুনঃ অন্য কোথাও থেকে? ধোব করে নিশ্চিত হোন কি ধরনের উৎসে গিয়েছিলেন এবং সঠিক কোড বৃত্তায়িত করুন। যদি হাসপাতাল, স্বাস্থ্য কেন্দ্র, ক্লিনিক সরকারী না বেসরকারী/প্রাইভেট এটা সঠিকভাবে নির্ণয় করতে না পারেন তবে স্থানের নাম লিখুন। _____ (স্থানের নাম) (একাধিক উত্তর হতে পারে)	সরকারী প্রতিষ্ঠান/সেবা প্রদানকারী হাসপাতাল/মেডিকেল কলেজ হাসপাতাল A পরিবার কল্যাণ কেন্দ্র (FWC) B উপজেলা স্বাস্থ্য কমপ্লেক্স (UHC) C স্যাটেলাইট কেন্দ্র D মাতৃসদন (MCWC) E কমিউনিটি ক্লিনিক G এনজিও প্রতিষ্ঠান/এন জিও কর্মী এন জি ও স্ট্যাটিক ক্লিনিক I এন জি ও স্যাটেলাইট ক্লিনিক J প্রাইভেট মেডিকেল প্রতিষ্ঠান/সেবা প্রদানকারী প্রাইভেট হাসপাতাল/ ক্লিনিক N ডাক্তার (পাশ করা) O প্রাইভেট মেডিকেল কলেজ হাসপাতাল R অন্যান্য X (নির্দিষ্ট করুন) জানি না Y	
310b.	ডেলিভারীর কতদিন পর আই ইউ ডি পরা যায়?	নরমাল (স্বাভাবিক) ডেলিভারী হওয়ার ৪৮ ঘন্টার মধ্যে A সিজারিয়ান অপারেশন করার সময় B ডেলিভারী হওয়ার ৪ সপ্তাহ পর C ডেলিভারীর পর প্রথম মাসিক হওয়ার পর D অন্যান্য X (নির্দিষ্ট করুন) জানি না Y	
310c	আপনি কি কখনও আই ইউ ডি সম্পর্কে জানার জন্য (সুবিধা, অসুবিধা, কার্যকারিতা, কোথায় পাওয়া যাবে) কোন স্বাস্থ্য কেন্দ্রে বা সেবা প্রদানকারীর কাছে গিয়েছিলেন?	হ্যাঁ 1 না 2	
310d.	আপনি কি কখনও আই ইউ ডি পরার জন্য কোন স্বাস্থ্য কেন্দ্রে বা কোন সেবা প্রদানকারীর কাছে গিয়েছিলেন?	হ্যাঁ 1 না 2	
311.	সাক্ষাৎকারগ্রহনকারীঃ ধাপ 301a এর কোড F (ইমপ্ল্যান্ট) দেখুন এবং সঠিক কোড বৃত্তায়িত করুন।	কোড F (ইমপ্ল্যান্ট) বৃত্তায়িত 1 কোড F (ইমপ্ল্যান্ট) বৃত্তায়িত নেই 2	312a
312.	কোন মহিলা ইচ্ছে করলে বাহুতে ইমপ্ল্যান্ট পড়ে বাচ্চা হওয়া দেবী করতে বা বন্ধ রাখতে পারেন। আপনি কি কখনও ইমপ্ল্যান্ট সম্পর্কে শুনেছেন?	হ্যাঁ 1 না 2	313
312a.	আপনি আমাকে বলবেন কি ইমপ্ল্যান্ট কোথা থেকে/কার কাছ থেকে নিতে পারেন? ধোব করুনঃ অন্য কোথাও থেকে?	সরকারী প্রতিষ্ঠান/সেবা প্রদানকারী হাসপাতাল/মেডিকেল কলেজ হাসপাতাল A পরিবার কল্যাণ কেন্দ্র (FWC) B	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>ধোব করে নিশ্চিত হোন কি ধরনের উৎসে গিয়েছিলেন এবং সঠিক কোড বৃত্তায়িত করুন।</p> <p>যদি হাসপাতাল, স্বাস্থ্য কেন্দ্র, ক্লিনিক সরকারী না বেসরকারী/প্রাইভেট এটা সঠিকভাবে নির্ণয় করতে না পারেন তবে স্থানের নাম লিখুন।</p> <p>_____ (স্থানের নাম)</p> <p>(একাধিক উত্তর হতে পারে)</p>	<p>উপজেলা স্বাস্থ্য কমপ্লেক্স (UHC).....C</p> <p>মাতৃসদন (MCWC).....E</p> <p>ক্যাম্প.....H</p> <p>এনজিও প্রতিষ্ঠান</p> <p>এন জি ও স্ট্যাটিক ক্লিনিক.....I</p> <p>প্রাইভেট মেডিকেল প্রতিষ্ঠান/সেবা প্রদানকারী</p> <p>প্রাইভেট হাসপাতাল/ ক্লিনিক.....N</p> <p>ডাক্তার (পাশ করা).....O</p> <p>প্রাইভেট মেডিকেল কলেজ হাসপাতাল.....R</p> <p>অন্যান্য.....X</p> <p>(নির্দিষ্ট করুন)</p> <p>জানি না.....Y</p>	
312b.	ডেলিভারীর কতদিন পর ইমপ্ল্যান্ট পরা যায়?	<p>ডেলিভারী হওয়ার ৬ সপ্তাহ পর, যদি মহিলা বাচ্চাকে বুকের দুধ খাওয়ায়.....A</p> <p>ডেলিভারী হওয়ার ৪ সপ্তাহের মধ্যে, যদি মহিলা বাচ্চাকে বুকের দুধ না খাওয়ায়.....B</p> <p>ডেলিভারীর পর প্রথম মাসিক হওয়ার পর.....C</p> <p>অন্যান্য.....X</p> <p>(নির্দিষ্ট করুন)</p> <p>জানি না.....Y</p>	
312c.	আপনি কি কখনও ইমপ্ল্যান্ট সম্পর্কে জানার জন্য (সুবিধা, অসুবিধা, কার্যকারিতা, কোথায় পাওয়া যাবে) কোন স্বাস্থ্য কেন্দ্রে বা সেবা প্রদানকারীর কাছে গিয়েছিলেন?	<p>হ্যাঁ.....1</p> <p>না.....2</p>	
312d.	আপনি কি কখনও ইমপ্ল্যান্ট নেয়ার জন্য কোন স্বাস্থ্য কেন্দ্রে বা কোন সেবা প্রদানকারীর কাছে গিয়েছিলেন?	<p>হ্যাঁ.....1</p> <p>না.....2</p>	
313.	<p>আপনি বলেছেন বাচ্চা না হওয়ার জন্য আপনি বা আপনার স্বামী পরিবার পরিকল্পনার কোন পদ্ধতি ব্যবহার করছেন না।</p> <p>আপনি বলবেন কি কেন আপনি বা আপনার স্বামী পরিবার পরিকল্পনার কোন পদ্ধতি ব্যবহার করছেন না?</p> <p>ধোব করুন আরও কোন কারণ?</p> <p>যতগুলো কারণ বলবে সবগুলোর কোড বৃত্তায়িত করুন।</p> <p>(একাধিক উত্তর হতে পারে)</p>	<p>যৌন উর্বরতা সম্পর্কিত কারণ</p> <p>যৌন মিলন হয় না.....A</p> <p>খুব কমই যৌন মিলন হয়.....B</p> <p>মাসিক বন্ধ/জরায়ু ফেলে দেওয়া হয়েছে.....C</p> <p>সন্তান জন্মদানে অক্ষম.....D</p> <p>প্রসবোত্তর বন্ধ্যাত্ব.....E</p> <p>বাচ্চা বুকের দুধ খায়.....F</p> <p>ভাগ্যে বিশ্বাসী.....G</p> <p>আরও বাচ্চা চাই.....H</p> <p>বর্তমানে গর্ভবতী.....I</p> <p>ব্যবহারে বিরোধিতা</p> <p>উত্তরদাতা পছন্দ করেন না.....J</p> <p>স্বামী পছন্দ করেন না.....K</p> <p>অন্যরা পছন্দ করেন না.....L</p> <p>ধর্মীয় বাধা.....M</p> <p>জ্ঞানের অভাব</p> <p>কোন পদ্ধতির কথা জানেন না.....N</p> <p>পদ্ধতি পাওয়ার উৎস সম্পর্কে জানেন না.....O</p> <p>পদ্ধতি কিভাবে ব্যবহার করতে হয় জানেন না.....P</p> <p>পদ্ধতি সম্পর্কিত কারণ</p>	410

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		স্বাস্থ্য সম্পর্কিত উদ্বেগQ পার্শ্বপ্রতিক্রিয়ার ভয়R সহজপ্রাপ্য নয়/অনেক দূরেS দাম অত্যন্ত বেশীT ব্যবহারে অসুবিধাU শরীরের স্বাভাবিক প্রক্রিয়ায় বাধার সৃষ্টি করেV অন্যান্যX <small>(নির্দিষ্ট করেন)</small>	
314.	আপনার যাতে বাচ্চা না হয় বা বাচ্চা দেরীতে হয় সেজন্য ভবিষ্যতে কখনও আপনি বা আপনার স্বামী পরিবার পরিকল্পনার কোন পদ্ধতি ব্যবহার করবেন বলে মনে করেন কি?	হ্যাঁ 1 না 2 অনিশ্চিত 7	→314b

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314a.	যখন আপনারা পদ্ধতি ব্যবহার করবেন, তখন আপনারা কোন পদ্ধতি নিতে চাইবেন?	মহিলা বন্ধ্যাকরণ.....01 পুরুষ বন্ধ্যাকরণ.....02 খাবার বড়ি.....03 আই ইউ ডি.....04 ইনজেকশন.....05 ইমপ্লান্ট.....06 কনডম.....07 নিরাপদ কাল/দিন গননা.....11 প্রত্যাহার.....12 বাচ্চাকে বুকের দুধ খাওয়ানো.....13 প্রজেস্টেরন সমৃদ্ধ খাবার বড়ি (মিনি পিল).....14 জরুরী গর্ভনিরোধক খাবার বড়ি.....15 অন্যান্য.....96 <small>(নির্দিষ্ট করুন)</small> জানি না/অনিশ্চিত.....97	→315
314b.	আপনি বা আপনার স্বামী যে ভবিষ্যতে কখনও পরিবার পরিকল্পনার কোন পদ্ধতি ব্যবহার করতে চান না বা ব্যবহার করবেন কি-না সে ব্যাপারে নিশ্চিত নন এর প্রধান কারণ কি?	জন উর্বরতা সম্পর্কিত কারণ যৌন মিলন হয় না.....01 খুব কমই যৌন মিলন হয়.....02 মাসিক বন্ধ/জরায়ু ফেলে দেওয়া হয়েছে.....03 সন্তান জন্মদানে অক্ষম.....04 যতগুলো সন্তান হবে ততগুলোই নিব.....05 আরও বাচ্চা চাই.....06 ভাগ্যে বিশ্বাসী.....10 ব্যবহারে বিরোধিতা উত্তরদাতা পছন্দ করেন না.....11 স্বামী পছন্দ করেন না.....12 অন্যরা পছন্দ করেন না.....13 ধর্মীয় বাধা.....14 জ্ঞানের অভাব কোন পদ্ধতির কথা জানেন না.....15 পদ্ধতি পাওয়ার উৎস সম্পর্কে জানেন না.....16 পদ্ধতি কিভাবে ব্যবহার করতে হয় জানেন না.....17 পদ্ধতি সম্পর্কিত কারণ স্বাস্থ্য সম্পর্কিত উদ্বেগ.....18 পার্শ্ব-প্রতিক্রিয়ার ভয়.....19 সহজপ্রাপ্য নয়/অনেক দূরে.....20 দাম অত্যন্ত বেশী.....21 ব্যবহারে অসুবিধা.....22 শরীরের স্বাভাবিক প্রক্রিয়ায় বাধার সৃষ্টি করে.....23 অন্যান্য.....96 <small>(নির্দিষ্ট করুন)</small>	→315

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314c.	সাক্ষাৎকারগ্রহনকারীঃ প্রশ্ন 304a এর কোড A এবং B (মহিলা/পুরুষ বন্ধ্যাকরণ) দেখুন এবং সঠিক কোড বৃত্তায়িত করুন।	কোড A অথবা B (মহিলা/পুরুষ বন্ধ্যাকরণ) বৃত্তায়িত 1 কোড A অথবা B (মহিলা/পুরুষ বন্ধ্যাকরণ) বৃত্তায়িত নেই..... 2	325a
315.	স্বাস্থ্য ও পরিবার পরিকল্পনার সেবা নেয়ার জন্য আপনি কখনও কোন সরকারী স্বাস্থ্য কেন্দ্রে গিয়েছিলেন কি?	হ্যাঁ..... 1 না..... 2	316
315a.	গত ৩ মাসের মধ্যে স্বাস্থ্য এবং পরিবার পরিকল্পনার সেবা নেয়ার জন্য আপনি কোন সরকারী স্বাস্থ্য কেন্দ্রে গিয়েছিলেন কি?	হ্যাঁ..... 1 না..... 2	315c
315b.	স্বাস্থ্য ও পরিবার পরিকল্পনার সেবা নেয়ার জন্য সর্বশেষ কতদিন আগে আপনি কোন সরকারী স্বাস্থ্য কেন্দ্রে গিয়েছিলেন?	মাস আগে <input type="text"/> <input type="text"/> <input type="text"/>	
315c.	সর্বশেষ আপনি কোন সরকারী স্বাস্থ্য কেন্দ্রে গিয়েছিলেন?	সরকারী স্বাস্থ্যকেন্দ্রঃ হাসপাতাল/মেডিকেল কলেজ হাসপাতাল 01 স্বাস্থ্য ও পরিবার কল্যাণ কেন্দ্র (H&FWC) 02 উপজেলা স্বাস্থ্য কমপ্লেক্স 03 স্যাটেলাইট ক্লিনিক/ই পি আই কেন্দ্র 04 মাতৃসদন (MCWC) 05 কম্যুনিটি ক্লিনিক 06 অন্যান্য 96 (নির্দিষ্ট করুন)	
315d.	_____ থেকে আপনি কি কি সেবা নিয়েছিলেন? (315c এর উত্তর) (উত্তরদাতা পরিবার পরিকল্পনার কোন পদ্ধতির কথা বললে প্রশ্ন 304a এর সাথে মিলিয়ে দেখুন একই কি না) (উত্তরদাতা পরিবার পরিকল্পনা পদ্ধতির উল্লেখ না করলে ধোঁব করুন অন্য কোন সেবার সাথে পরিবার পরিকল্পনা পদ্ধতি নিয়েছে কি না) (একাধিক উত্তর হতে পারে)	মহিলা বন্ধ্যাকরণ নিয়েছি..... A খাবার বড়ি নিয়েছি..... C আই ইউ ডি নিয়েছি..... D ইনজেকশন নিয়েছি E ইমপ্লান্ট নিয়েছি F কনডম নিয়েছি G পরিবার পরিকল্পনা পদ্ধতি সম্পর্কে পরামর্শ..... H পরিবার পরিকল্পনা পদ্ধতির পার্শ্ব প্রতিক্রিয়া/ জটিলতার সেবা I টীকা J বাচ্চার শ্বোথ মনিটরিং..... K টিটেনাস টক্সাইড ইনজেকশন (টিটি)..... L গর্ভকালীন সেবা M প্রসব সেবা N প্রসবোত্তর সেবা..... O বাচ্চার জন্য ভিটামিন এ P RTI/STI এর চিকিৎসা Q সাধারণ স্বাস্থ্য সেবা (জ্বর, ঠাণ্ডা, ডায়রিয়া) R যোনীপথে কিছু বের হওয়া..... S মাসিকের সমস্যা T অন্যান্য X (নির্দিষ্ট করুন)	315g 315g 315i 315o 315h

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
315e.	আপনি যখন _____ থেকে _____ নিয়েছেন, (315c এর উত্তর) (315d এর উত্তর) তখন আপনাকে _____ এর পার্শ্ব প্রতিক্রিয়া সম্পর্কে (315d এর উত্তর) কিছু বলেছিল কি ?	হ্যাঁ..... 1 না..... 2	
315f.	আপনাকে _____ এর ফলোআপ ভিজিট সম্পর্কে বা সমস্যা (315d এর উত্তর) হোক বা না হোক স্বাস্থ্য কেন্দ্রে আসতে হবে এরকম কিছু বলেছিল কি?	হ্যাঁ..... 1 না..... 2	
315g	এই _____ থেকে আপনাকে _____ ছাড়া অন্য (315c এর উত্তর) (315d এর উত্তর) কোন পরিবার পরিকল্পনা পদ্ধতি সম্পর্কে কিছু বলেছে কি?	হ্যাঁ..... 1 না..... 2	→ 315i → 315l
315h	এই _____ থেকে আপনাকে পরিবার পরিকল্পনা সম্পর্কে বা (315c এর উত্তর) পরিবার পরিকল্পনার কোন পদ্ধতি সম্পর্কে কিছু বলেছে কি?	হ্যাঁ..... 1 না..... 2	→ 315l
315i.	আপনাকে কোন্ কোন্ পরিবার পরিকল্পনা পদ্ধতি সম্পর্কে বলেছে?	মহিলা বন্ধ্যাকরণ..... A পুরুষ বন্ধ্যাকরণ..... B খাবার বড়ি..... C আই ইউ ডি..... D ইনজেকশন..... E ইমপ্লান্ট..... F কনডম..... G নিরাপদ কাল/দিন গননা..... H প্রত্যাহার..... I বাচ্চাকে বুকের দুধ খাওয়ানো..... J প্রজেস্টেরণ সমৃদ্ধ খাবার বড়ি (মিনি পিল)..... K অন্যান্য _____..... X (নির্দিষ্ট করুন)	→ 315l → 315l → 315l
315j.	_____ সম্পর্কে বোঝানোর জন্য সেবাপ্রদানকারী (315i এর উত্তর) ছবি/পোস্টার/ফিলিপচার্ট/লিফলেট/বুকলেট ব্যবহার করেছিলেন কি? (একাধিক উত্তর হতে পারে)	হ্যাঁ, মহিলা বন্ধ্যাকরণের জন্য..... A হ্যাঁ, পুরুষ বন্ধ্যাকরণের জন্য..... B হ্যাঁ, আই ইউ ডি র জন্য..... C হ্যাঁ, ইমপ্ল্যান্টের জন্য..... D না..... E	→ 315l
315k.	আপনাকে বোঝানোর জন্য সেবাপ্রদানকারী কি কি উপকরণ ব্যবহার করেছিলেন? (একাধিক উত্তর হতে পারে)	ছবি..... A পোস্টার..... B লিফলেট/বুকলেট/ব্রশিউর..... C ফিলিপচার্ট..... D বই..... E অন্যান্য _____..... X (নির্দিষ্ট করুন)	
315l.	সেবাপ্রদানকারী আপনাকে পরিবার পরিকল্পনা পদ্ধতি সম্পর্কে কোন ছবি, পোস্টার, লিফলেট, বুকলেট, ব্রশিউর, ফিলিপচার্ট, বই দিয়েছিলেন কি?	হ্যাঁ..... 1 না..... 2	→ 315o
315m.	সেবাপ্রদানকারী আপনাকে কি কি দিয়েছিলেন? (একাধিক উত্তর হতে পারে)	ছবি..... A পোস্টার..... B লিফলেট/বুকলেট/ব্রশিউর..... C ফিলিপচার্ট..... D বই..... E অন্যান্য _____..... X	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		(নির্দিষ্ট করুন)	
315n	সেবাপ্রদানকারী আপনাকে যে _____ দিয়েছিলেন তা (315m এর উত্তর) আপনি কাউকে দেখিয়েছিলেন কি? দেখিয়ে থাকলে, কাকে কাকে দেখিয়েছিলেন? (একাধিক উত্তর হতে পারে)	স্বামী A বন্ধু/বান্ধব B আত্মীয়-স্বজন C প্রতিবেশী D অন্যান্য _____ X (নির্দিষ্ট করুন) কাউকে দেখাই নি Z	
315o.	সর্বশেষ আপনি যখন _____ গিয়েছিলেন, তখন ক্লিনিকের মধ্যে (315c এর উত্তর) কোথাও বা ক্লিনিকের বাইরে কোথাও আই ইউ ডি, ইমপ্ল্যান্ট, বন্ধ্যাকরণ সম্পর্কে কোন বিজ্ঞাপন, ছবি, পোস্টার, সাইনবোর্ড বা বিলবোর্ড দেখেছেন কি?	হ্যাঁ 1 না 2 খেয়াল করিনি 3	
316.	স্বাস্থ্য ও পরিবার পরিকল্পনার সেবা নেয়ার জন্য আপনি কখনও কোন প্লাইভেট/বেসরকারী/এন জি ও স্বাস্থ্য কেন্দ্রে গিয়েছিলেন কি?	হ্যাঁ 1 না 2	→317
316a.	গত ৩ মাসের মধ্যে স্বাস্থ্য এবং পরিবার পরিকল্পনার সেবা নেয়ার জন্য আপনি কোন প্লাইভেট/বেসরকারী/এন জি ও স্বাস্থ্য কেন্দ্রে গিয়েছিলেন কি?	হ্যাঁ 1 না 2	→316c
316b.	স্বাস্থ্য ও পরিবার পরিকল্পনার সেবা নেয়ার জন্য কতদিন আগে আপনি কোন প্লাইভেট/বেসরকারী/এন জি ও স্বাস্থ্য কেন্দ্রে গিয়েছিলেন?	মাস আগে <input type="text"/>	
316c.	ঐ স্বাস্থ্য কেন্দ্র থেকে আপনি কি কি সেবা নিয়েছিলেন? (উত্তরদাতা পরিবার পরিকল্পনার কোন পদ্ধতির কথা বললে প্রশ্ন 304a এর সাথে মিলিয়ে দেখুন একই কি না) (উত্তরদাতা পরিবার পরিকল্পনা পদ্ধতির উল্লেখ না করলে ধোঁব করুন অন্য কোন সেবার সাথে পরিবার পরিকল্পনা পদ্ধতি নিয়েছে কি না) (একাধিক উত্তর হতে পারে)	মহিলা বন্ধ্যাকরণ নিয়েছি A খাবার বড়ি নিয়েছি C আই ইউ ডি নিয়েছি D ইনজেকশন নিয়েছি E ইমপ্ল্যান্ট নিয়েছি F কনডম নিয়েছি G পরিবার পরিকল্পনা পদ্ধতি সম্পর্কে পরামর্শ H পরিবার পরিকল্পনা পদ্ধতির পার্শ্ব প্রতিক্রিয়া/ জটিলতার সেবা I টীকা J বাচ্চার গ্রোথ মনিটরিং K টিটেনাস টক্সাইড ইনজেকশন (টিটি) L গর্ভকালীন সেবা M প্রসব সেবা N প্রসবোত্তর সেবা O বাচ্চার জন্য ভিটামিন এ P RTI/STI এর চিকিৎসা Q সাধারণ স্বাস্থ্য সেবা (জ্বর, ঠান্ডা, ডায়রিয়া) R যোনীপথে কিছু বের হওয়া S মাসিকের সমস্যা T অন্যান্য _____ X (নির্দিষ্ট করুন)	→316i →316i →316h →316n →316f
316d.	আপনি যখন এখান থেকে _____ নিয়েছেন তখন আপনাকে (316c এর উত্তর)	হ্যাঁ 1	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	এর পার্শ্ব প্রতিক্রিয়া সম্পর্কে কিছু বলেছিল কি? (316c এর উত্তর)	না..... 2	
316e.	আপনাকে _____ এর ফলোআপ ভিজিট সম্পর্কে বা সমস্যা (316cএর উত্তর) হোক বা না হোক স্বাস্থ্য কেন্দ্রে আসতে হবে এরকম কিছু বলেছিল কি?	হ্যাঁ..... 1 না..... 2	
316f	এখান থেকে আপনাকে _____ ছাড়া অন্য কোন (316eএর উত্তর) পরিবার পরিকল্পনার পদ্ধতি সম্পর্কে কিছু বলেছে কি?	হ্যাঁ..... 1 না..... 2	→316h →316k
316g	এখান থেকে আপনাকে পরিবার পরিকল্পনা সম্পর্কে বা পরিবার পরিকল্পনার কোন পদ্ধতি সম্পর্কে কিছু বলেছে কি?	হ্যাঁ..... 1 না..... 2	→316k
316h.	আপনাকে কোন্ কোন্ পরিবার পরিকল্পনা পদ্ধতি সম্পর্কে বলেছে?	মহিলা বন্ধ্যাকরণ..... A পুরুষ বন্ধ্যাকরণ..... B খাবার বড়ি..... C আই ইউ ডি..... D ইনজেকশন..... E ইমপ্লান্ট..... F কনডম..... G নিরাপদ কাল/দিন গননা..... H প্রত্যাহার..... I বাচ্চাকে বুকের দুধ খাওয়ানো..... J প্রজেস্টেরন সমৃদ্ধ খাবার বড়ি (মিনি পিল)..... K অন্যান্য _____..... X (নির্দিষ্ট করুন)	→316k →316k →316k
316i.	_____ সম্পর্কে বোঝানোর জন্য সেবাপ্রদানকারী (316h এর উত্তর) ছবি/পোস্টার/ফিলিপচার্ট/লিফলেট/বুকলেট ব্যবহার করেছিলেন কি? (একাধিক উত্তর হতে পারে)	হ্যাঁ, মহিলা বন্ধ্যাকরণের জন্য..... A হ্যাঁ, পুরুষ বন্ধ্যাকরণের জন্য..... B হ্যাঁ, আই ইউ ডি র জন্য..... C হ্যাঁ, ইমপ্ল্যান্টের জন্য..... D না..... E	→316k
316j.	আপনাকে বোঝানোর জন্য সেবাপ্রদানকারী কি কি উপকরণ ব্যবহার করেছিলেন? (একাধিক উত্তর হতে পারে)	ছবি..... A পোস্টার..... B লিফলেট/বুকলেট/ব্রশিউর..... C ফিলিপচার্ট..... D বই..... E অন্যান্য _____..... X (নির্দিষ্ট করুন) জানি না..... Y	
316k.	সেবাপ্রদানকারী আপনাকে পরিবার পরিকল্পনা পদ্ধতি সম্পর্কে কোন ছবি, পোস্টার, লিফলেট, বুকলেট, ব্রশিউর, ফিলিপচার্ট, বই দিয়েছিলেন কি?	হ্যাঁ..... 1 না..... 2	→316n
316l.	সেবাপ্রদানকারী আপনাকে কি কি দিয়েছিলেন? (একাধিক উত্তর হতে পারে)	ছবি..... A পোস্টার..... B লিফলেট/বুকলেট/ব্রশিউর..... C ফিলিপচার্ট..... D বই..... E	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		অন্যান্য _____ X (নির্দিষ্ট করুন)	
316m.	সেবাপ্রদানকারী আপনাকে যে _____ দিয়েছিলেন তা (316l এর উত্তর) আপনি কাউকে দেখিয়েছিলেন কি? দেখিয়ে থাকলে, কাকে কাকে দেখিয়েছিলেন? (একাধিক উত্তর হতে পারে)	স্বামী A বন্ধু/বান্ধব B আত্মীয়-স্বজন C প্রতিবেশী D অন্যান্য _____ X (নির্দিষ্ট করুন) কাউকে দেখাই নি Z	
316n.	সর্বশেষ আপনি যখন ঐ স্বাস্থ্য কেন্দ্রে গিয়েছিলেন, তখন ক্লিনিকের মধ্যে কোথাও বা ক্লিনিকের বাইরে কোথাও আই ইউ ডি, ইমপ্ল্যান্ট, বন্ধ্যাকরণ সম্পর্কে কোন বিজ্ঞাপন, ছবি, পোস্টার, সাইনবোর্ড, বিলবোর্ড দেখেছেন কি?	হ্যাঁ 1 না 2 খেয়াল করিনি 3	
317.	গত ৩ মাসের মধ্যে আপনার সাথে পরিবার পরিকল্পনা সম্পর্কে পরামর্শ দেয়ার জন্য বা পরিবার পরিকল্পনা পদ্ধতি দেয়ার জন্য কেউ আপনার বাড়ীতে এসেছিল কি?	হ্যাঁ 1 না 2	318
317a.	পরিবার পরিকল্পনা সম্পর্কে পরামর্শ দিতে বা পদ্ধতি দেয়ার জন্য আপনার বাড়ীতে কে এসেছিল? ধোঁব করুনঃ আরও কেউ?	পরিবার কল্যাণ সহকারী (FWA) A স্বাস্থ্য সহকারী B এন জি ও কর্মী C অন্যান্য _____ X (নির্দিষ্ট করুন)	
317b.	_____ আপনার বাড়ীতে এসে কোন্ কোন্ (317a এর উত্তর) পদ্ধতি সম্পর্কে পরামর্শ দিয়েছে বা কি পদ্ধতি দিয়েছে? (পরামর্শ হল পদ্ধতি কোথায় পাওয়া যাবে, ব্যবহার বিধি, সুবিধা, অসুবিধা প্রভৃতি সম্পর্কে বলা)	মহিলা বন্ধ্যাকরণ সম্পর্কে পরামর্শ দিয়েছে A খাবার বড়ি সম্পর্কে পরামর্শ দিয়েছে B আই ইউ ডি সম্পর্কে পরামর্শ দিয়েছে C ইনজেকশন সম্পর্কে পরামর্শ দিয়েছে D ইমপ্ল্যান্ট সম্পর্কে পরামর্শ দিয়েছে E কনডম সম্পর্কে পরামর্শ দিয়েছে F খাবার বড়ি দিয়েছে G কনডম দিয়েছে H ইনজেকশন দিয়েছে I _____ নেয়ার জন্য স্বাস্থ্য কেন্দ্রে (পদ্ধতির নাম) যেতে বলেছে J অন্যান্য _____ X (নির্দিষ্ট করুন)	
317c.	_____ সম্পর্কে বোঝানোর জন্য _____ (317b এর উত্তর) (317a এর উত্তর) ছবি/পোস্টার/ফিলিপচার্ট/লিফলেট/বুকলেট ব্যবহার করেছিলেন কি? (একাধিক উত্তর হতে পারে)	হ্যাঁ, মহিলা বন্ধ্যাকরণের জন্য A হ্যাঁ, পুরুষ বন্ধ্যাকরণের জন্য B হ্যাঁ, আই ইউ ডি র জন্য C হ্যাঁ, ইমপ্ল্যান্টের জন্য D না E	317e
317d.	আপনাকে বোঝানোর জন্য _____ কি কি উপকরণ (317a এর উত্তর) ব্যবহার করেছিলেন? (একাধিক উত্তর হতে পারে)	ছবি A পোস্টার B লিফলেট/বুকলেট/ব্রশিউর C ফিলিপচার্ট D বই E অন্যান্য _____ X	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		(নির্দিষ্ট করুন) জানি না Y	
317e.	_____ আপনাকে পরিবার পরিকল্পনা পদ্ধতি সম্পর্কে কোন ছবি, (317aএর উত্তর) পোস্টার, লিফলেট, বুকলেট, ব্রশিউর, ফিলিপচার্ট, বই দিয়েছিলেন কি?	হ্যাঁ..... 1 না..... 2	→ 318
317f.	_____ আপনাকে কি কি দিয়েছিলেন? (317aএর উত্তর) (একাধিক উত্তর হতে পারে)	ছবি..... A পোস্টার B লিফলেট/বুকলেট/ব্রশিউর C ফিলিপচার্ট D বই E অন্যান্য X (নির্দিষ্ট করুন)	
317g	_____ আপনাকে যে _____ দিয়েছিলেন তা (317aএর উত্তর) (317fএর উত্তর) আপনি কাউকে দেখিয়েছিলেন কি? দেখিয়ে থাকলে, কাকে কাকে দেখিয়েছিলেন ? (একাধিক উত্তর হতে পারে)	স্বামী A বন্ধু/বান্ধব B আত্মীয়-স্বজন C প্রতিবেশী D অন্যান্য X (নির্দিষ্ট করুন) কাউকে দেখাই নি Z	
318.	সাক্ষাৎকারগ্রহনকারীঃ প্রশ্ন 304a এবং প্রশ্ন 314a দেখুন এবং সঠিক কোড বৃত্তায়িত করুন।	304a প্রশ্নে কোড A বা B বৃত্তায়িত 1 314a প্রশ্নে কোড 01 বা 02 বৃত্তায়িত 2 304a প্রশ্নে কোড A বা B এবং 314a প্রশ্নে কোড 01 বা 02 কোনটাই বৃত্তায়িত নেই .3	→ 325a → 324
319.	সাক্ষাৎকারগ্রহনকারীঃ প্রশ্ন 203 দেখুন এবং সঠিক কোড বৃত্তায়িত করুন।	ছেলে মেয়ের সংখ্যা 0 বা 1..... 1 ছেলে মেয়ের সংখ্যা 2 বা তার অধিক 2	→ 322
320.	আপনারা যে কয়টি সন্তান চান সেই কয়টি সন্তান জন্ম দেবার পর আপনি মহিলা বন্ধ্যাকরণ করতে চান কি?	হ্যাঁ..... 1 না..... 2	→ 320b
320a.	কি কারণে আপনি মহিলা বন্ধ্যাকরণ করতে চান না? (একাধিক উত্তর হতে পারে)	যৌন উর্বরতা সম্পর্কিত কারণ যৌন মিলন হয় না A খুব কমই যৌন মিলন হয় B মাসিক বন্ধ/জরায়ু ফেলে দেওয়া হয়েছে C সন্তান জন্মদানে অক্ষম D যতগুলো সন্তান হবে ততগুলোই নিব E আরও বাচ্চা চাই F ভাগ্যে বিশ্বাসী G ব্যবহারে বিরোধিতা উত্তরদাতা পছন্দ করেন না H স্বামী পছন্দ করেন না I অন্যরা পছন্দ করেন না J ধর্মীয় বাধা K জ্ঞানের অভাব কোন পদ্ধতির কথা জানেন না L পদ্ধতি পাওয়ার উৎস সম্পর্কে জানেন না M পদ্ধতি কিভাবে ব্যবহার করতে হয় জানেন না N পদ্ধতি সম্পর্কিত কারণ স্বাস্থ্য সম্পর্কিত উদ্বেগ O পার্শ্ব-প্রতিক্রিয়ার ভয় P	→ 321

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		সহজপ্রাপ্য নয়/অনেক দূরে..... Q দাম অত্যন্ত বেশী..... R ব্যবহারে অসুবিধা..... S শরীরের স্বাভাবিক প্রক্রিয়ায় বাধার সৃষ্টি করে T অন্যান্য _____ X (নির্দিষ্ট করুন)	
320b.	ডেলিভারীর কতদিন পর মহিলা বন্ধ্যাকরণ করা যায়?	সিজারিয়ান অপারেশন করার সময় A নরমাল (স্বাভাবিক) ডেলিভারী হওয়ার ৪৮ ঘন্টার মধ্যে..... B ডেলিভারী হওয়ার ৩ থেকে ৬ দিনের মধ্যে..... C ডেলিভারী হওয়ার ৬ সপ্তাহ পরে, যদি মহিলা গর্ভবতী না হন D ডেলিভারী হওয়ার পর প্রথম মাসিকের সময় E অন্যান্য _____ X (নির্দিষ্ট করুন) জানি না Y	
320c.	আপনি কি কখনও মহিলা বন্ধ্যাকরণ সম্পর্কে জানার জন্য (সুবিধা, অসুবিধা, কার্যকারিতা, কোথায় পাওয়া যাবে) কোন স্বাস্থ্য কেন্দ্রে বা সেবা প্রদানকারীর কাছে গিয়েছিলেন?	হ্যাঁ 1 না 2	
320d.	আপনি কি কখনও মহিলা বন্ধ্যাকরণ করার জন্য কোন স্বাস্থ্য কেন্দ্রে বা কোন সেবা প্রদানকারীর কাছে গিয়েছিলেন?	হ্যাঁ 1 না 2	
321.	আপনারা যে কয়টি সন্তান চান সেই কয়টি সন্তান জন্ম দেবার পর আপনার স্বামী ভবিষ্যতে পুরুষ বন্ধ্যাকরণ করতে চান কি?	হ্যাঁ 1 না 2 জানি না..... 7	▶ 321b
321a.	কি কারণে আপনার স্বামী পুরুষ বন্ধ্যাকরণ করতে চান না? (একাধিক উত্তর হতে পারে)	যৌন উর্বরতা সম্পর্কিত কারণ যৌন মিলন হয় না..... A খুব কমই যৌন মিলন হয় B মাসিক বন্ধ/জরায়ু ফেলে দেওয়া হয়েছে..... C সন্তান জন্মদানে অক্ষম D যতগুলো সন্তান হবে ততগুলোই নিব E আরও বাচ্চা চাই F ভাগ্যে বিশ্বাসী..... G ব্যবহারে বিরোধিতা উত্তরদাতা পছন্দ করেন না H স্বামী পছন্দ করেন না I অন্যরা পছন্দ করেন না J ধর্মীয় বাধা..... K জ্ঞানের অভাব কোন পদ্ধতির কথা জানেন না L পদ্ধতি পাওয়ার উৎস সম্পর্কে জানেন না..... M পদ্ধতি কিভাবে ব্যবহার করতে হয় জানেন না N পদ্ধতি সম্পর্কিত কারণ স্বাস্থ্য সম্পর্কিত উদ্বেগ O পার্শ্ব-প্রতিক্রিয়ার ভয় P সহজপ্রাপ্য নয়/অনেক দূরে..... Q দাম অত্যন্ত বেশী..... R	▶ 322

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		ব্যবহারে অসুবিধা..... S শরীরের স্বাভাবিক প্রক্রিয়ায় বাধার সৃষ্টি করে T অন্যান্য _____ X (নির্দিষ্ট করুন) জানি না Y	
321b.	আপনি বা আপনার স্বামী কি কখনও পুরুষ বন্ধ্যাকরণ সম্পর্কে জানার জন্য (সুবিধা, অসুবিধা, কার্যকারিতা, কোথায় পাওয়া যাবে) কোন স্বাস্থ্য কেন্দ্রে বা সেবা প্রদানকারীর কাছে গিয়েছিলেন?	হ্যাঁ 1 না 2 স্বামী গিয়েছিল কিনা জানি না 7	
321c.	আপনার স্বামী কি কখনও পুরুষ বন্ধ্যাকরণ করার জন্য কোন স্বাস্থ্য কেন্দ্রে বা কোন সেবা প্রদানকারীর কাছে গিয়েছিলেন?	হ্যাঁ 1 না 2 স্বামী গিয়েছিল কিনা জানি না 7	
322.	সাক্ষাৎকারগ্রহনকারীঃ প্রশ্ন 304a এবং 314a দেখুন এবং সঠিক কোড বৃত্তায়িত করুন।	304a প্রশ্নে কোড D (আই ইউ ডি) বৃত্তায়িত 1 314a প্রশ্নে কোড 04 (আই ইউ ডি) বৃত্তায়িত 2 304a প্রশ্নে কোড D (আই ইউ ডি) বা 314a প্রশ্নে কোড 04 (আই ইউ ডি) বৃত্তায়িত নেই..... 3	→ 323 322c
322a.	আপনি ভবিষ্যতে আই ইউ ডি ব্যবহার করতে চান কি?	হ্যাঁ 1 না 2	→ 322c
322b.	কি কারণে আপনি আই ইউ ডি ব্যবহার করতে চান না? (একাধিক উত্তর হতে পারে)	যৌন উর্বরতা সম্পর্কিত কারণ যৌন মিলন হয় না A খুব কমই যৌন মিলন হয় B মাসিক বন্ধ/জরায়ু ফেলে দেওয়া হয়েছে C সন্তান জন্মদানে অক্ষম D যতগুলো সন্তান হবে ততগুলোই নিব E আরও বাচ্চা চাই F ভাগ্যে বিশ্বাসী G ব্যবহারে বিরোধিতা উত্তরদাতা পছন্দ করেন না H স্বামী পছন্দ করেন না I অন্যরা পছন্দ করেন না J ধর্মীয় বাধা K জ্ঞানের অভাব কোন পদ্ধতির কথা জানেন না L পদ্ধতি পাওয়ার উৎস সম্পর্কে জানেন না M পদ্ধতি কিভাবে ব্যবহার করতে হয় জানেন না N পদ্ধতি সম্পর্কিত কারণ স্বাস্থ্য সম্পর্কিত উদ্বেগ O পার্শ্ব-প্রতিক্রিয়ার ভয় P সহজপ্রাপ্য নয়/অনেক দূরে Q	→ 323

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		দাম অত্যন্ত বেশী..... R ব্যবহারে অসুবিধা..... S শরীরের স্বাভাবিক প্রক্রিয়ায় বাধার সৃষ্টি করে T অন্যান্য _____ X (নির্দিষ্ট করুন)	
322c.	ডেলিভারীর কতদিন পর আই ইউ ডি পরা যায়?	নরমাল (স্বাভাবিক) ডেলিভারী হওয়ার ৪৮ ঘন্টার মধ্যে A সিজারিয়ান অপারেশন করার সময় B ডেলিভারী হওয়ার ৪ সপ্তাহ পর C ডেলিভারীর পর প্রথম মাসিক হওয়ার পর D অন্যান্য _____ X (নির্দিষ্ট করুন) জানি না Y	
322d.	আপনি কি কখনও আই ইউ ডি সম্পর্কে জানার জন্য (সুবিধা, অসুবিধা, কার্যকারিতা, কোথায় পাওয়া যাবে) কোন স্বাস্থ্য কেন্দ্রে বা সেবা প্রদানকারীর কাছে গিয়েছিলেন?	হ্যাঁ 1 না 2	
322e.	আপনি কি কখনও আই ইউ ডি পরার জন্য কোন স্বাস্থ্য কেন্দ্রে বা কোন সেবা প্রদানকারীর কাছে গিয়েছিলেন?	হ্যাঁ 1 না 2	
323.	সাক্ষাৎকারগ্রহনকারীঃ প্রশ্ন 304a এবং 314a দেখুন এবং সঠিক কোড বৃত্তায়িত করুন।	304a প্রশ্নে কোড F (ইমপ্ল্যান্ট) বৃত্তায়িত ..1 314a প্রশ্নে কোড 06 (ইমপ্ল্যান্ট) বৃত্তায়িত 2 304a প্রশ্নে কোড F (ইমপ্ল্যান্ট) বা 314a প্রশ্নে কোড 06 (ইমপ্ল্যান্ট) বৃত্তায়িত নেই 3	→ 324 → 323c
323a.	আপনি ভবিষ্যতে ইমপ্ল্যান্ট ব্যবহার করতে চান কি?	হ্যাঁ 1 না 2	→ 323c
323b.	কি কারণে আপনি ইমপ্ল্যান্ট ব্যবহার করতে চান না? (একাধিক উত্তর হতে পারে)	যৌন উর্বরতা সম্পর্কিত কারণ যৌন মিলন হয় না A খুব কমই যৌন মিলন হয় B মাসিক বন্ধ/জরায়ু ফেলে দেওয়া হয়েছে C সন্তান জন্মদানে অক্ষম D যতগুলো সন্তান হবে ততগুলোই নিব E আরও বাচ্চা চাই F ভাগ্যে বিশ্বাসী G ব্যবহারে বিরোধিতা উত্তরদাতা পছন্দ করেন না H স্বামী পছন্দ করেন না I অন্যরা পছন্দ করেন না J ধর্মীয় বাধা K জ্ঞানের অভাব কোন পদ্ধতির কথা জানেন না L পদ্ধতি পাওয়ার উৎস সম্পর্কে জানেন না M পদ্ধতি কিভাবে ব্যবহার করতে হয় জানেন না N পদ্ধতি সম্পর্কিত কারণ স্বাস্থ্য সম্পর্কিত উদ্বেগ O পার্শ্ব-প্রতিক্রিয়ার ভয় P সহজপ্রাপ্য নয়/অনেক দূরে Q দাম অত্যন্ত বেশী R ব্যবহারে অসুবিধা S শরীরের স্বাভাবিক প্রক্রিয়ায় বাধার সৃষ্টি করে T	→ 324

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
		অন্যান্য _____ X (নির্দিষ্ট করুন) _____																					
323c.	ডেলিভারীর কতদিন পর ইমপ্ল্যান্ট পরা যায়?	ডেলিভারী হওয়ার ৬ সপ্তাহ পর, যদি মহিলা বাচ্চাকে বুকের দুধ খাওয়ায় A ডেলিভারী হওয়ার ৪ সপ্তাহের মধ্যে, যদি মহিলা বাচ্চাকে বুকের দুধ না খাওয়ায় B ডেলিভারীর পর প্রথম মাসিক হওয়ার পর C অন্যান্য _____ X (নির্দিষ্ট করুন) _____ জানি না Y																					
323d.	আপনি কি কখনও ইমপ্ল্যান্ট সম্পর্কে জানার জন্য (সুবিধা, অসুবিধা, কার্যকারিতা, কোথায় পাওয়া যাবে) কোন স্বাস্থ্য কেন্দ্রে বা সেবা প্রদানকারীর কাছে গিয়েছিলেন?	হ্যাঁ 1 না 2																					
323e.	আপনি কি কখনও ইমপ্ল্যান্ট নেয়ার জন্য কোন স্বাস্থ্য কেন্দ্রে বা কোন সেবা প্রদানকারীর কাছে গিয়েছিলেন?	হ্যাঁ 1 না 2																					
324.	আপনার স্বামীর সাথে আপনি বা স্বামী আপনার সাথে কখনও পরিবার পরিকল্পনার পদ্ধতি সম্পর্কে আলোচনা করেছেন কি?	হ্যাঁ 1 না 2	→ 401																				
324a.	গত ৩ মাসের মধ্যে পরিবার পরিকল্পনা সম্পর্কে আপনাদের কত ঘন ঘন আলোচনা হয়েছে?	প্রায়ই 1 এক বার বা দুই বার 2 কখনই না 3	→ 325																				
324b.	গত ৩ মাসে আপনার স্বামীর সাথে আপনার বা স্বামীর আপনার সাথে _____ সম্পর্কে কত ঘন ঘন আলোচনা হয়েছে? (পদ্ধতি) (প্রত্যেকটি পদ্ধতি সম্পর্কে জিজ্ঞেস করুন)	<table border="1"> <thead> <tr> <th>পদ্ধতি</th> <th>প্রায়ই</th> <th>১/২ বার</th> <th>কখনই না</th> </tr> </thead> <tbody> <tr> <td>a. আই ইউ ডি</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b. ইমপ্ল্যান্ট</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c. মহিলা বন্ধ্যাকরণ</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d. পুরুষ বন্ধ্যাকরণ</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	পদ্ধতি	প্রায়ই	১/২ বার	কখনই না	a. আই ইউ ডি	1	2	3	b. ইমপ্ল্যান্ট	1	2	3	c. মহিলা বন্ধ্যাকরণ	1	2	3	d. পুরুষ বন্ধ্যাকরণ	1	2	3	→ 325
পদ্ধতি	প্রায়ই	১/২ বার	কখনই না																				
a. আই ইউ ডি	1	2	3																				
b. ইমপ্ল্যান্ট	1	2	3																				
c. মহিলা বন্ধ্যাকরণ	1	2	3																				
d. পুরুষ বন্ধ্যাকরণ	1	2	3																				
324c.	আই ইউ ডি, ইমপ্ল্যান্ট বা বন্ধ্যাকরণ সম্পর্কে সুনির্দিষ্ট কি কি বিষয়ে আপনার স্বামীর সাথে অথবা আপনার স্বামী আপনার সাথে আলোচনা করেছেন? (একাধিক উত্তর হতে পারে)	সব সময় পাওয়া যায় A সেবাপ্রদানকারীর সাথে কথা বলা প্রসঙ্গে B কোথায় পাওয়া যায় C পদ্ধতি ব্যবহারকারীর সাথে কথা প্রসঙ্গে D দীর্ঘ মেয়াদি/স্থায়ী পদ্ধতি গ্রহন সম্পর্কে E সুবিধা অসুবিধা সম্পর্কে F পার্শ্ব প্রতিক্রিয়া সম্পর্কে G অন্যান্য _____ X (নির্দিষ্ট করুন)																					
325.	সাক্ষাৎকারগ্রহনকারীঃ প্রশ্ন 304a এর কোড A এবং B দেখুন এবং সঠিক কোড বৃত্তায়িত করুন।	কোড A (মহিলা বন্ধ্যাকরণ) বা কোড B (পুরুষ বন্ধ্যাকরণ) বৃত্তায়িত 1 কোড A বা কোড B বৃত্তায়িত নেই 2	→ 401																				
325a.	সাক্ষাৎকারগ্রহনকারীঃ প্রশ্ন 203 থেকে মোট ছেলেমেয়ের সংখ্যা দেখুন এবং প্রশ্ন 204a থেকে ছোট বাচ্চার বয়স দেখুন অতঃপর প্রশ্ন 325b এর নির্ধারিত স্থানে লিখে 325b প্রশ্নটি জিজ্ঞেস করুন।																						
325b.	আপনার _____ জন ছেলেমেয়ে আছে এবং ছোট (ছেলেমেয়ের সংখ্যা) বাচ্চার বয়স _____ বৎসর _____ মাস, এবং আপনি মহিলা বন্ধ্যাকরণ/আপনার স্বামী পুরুষ বন্ধ্যাকরণ করিয়েছেন। বন্ধ্যাকরণ অপারেশন করার পর আপনার বা আপনার স্বামীর কখনও কি আবারও বাচ্চা নেয়ার ইচ্ছা হয়েছে?	হ্যাঁ 1 না 2	→ 410																				

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325c.	বন্ধ্যাকরণ অপারেশন করার পর আবারও বাচ্চা নেয়ার জন্য আপনি বা আপনার স্বামী কি কখনও কিছু জানার চেষ্টা করেছেন?	হ্যাঁ 1 না 2	
325d.	আপনার বা আপনার স্বামীর কি এখনও বাচ্চা নেয়ার ইচ্ছা আছে?	হ্যাঁ 1 না 2	
325e.	বন্ধ্যাকরণ অপারেশন গ্রহনকারীদের আবারও বাচ্চা নিতে সাহায্য করতে পারে এ ধরনের কোন ব্যবস্থা সম্পর্কে আপনি বা আপনার স্বামী জানেন কি?	হ্যাঁ 1 না 2	
325f.	আপনি বা আপনার স্বামী এ ধরনের কোন ব্যবস্থা সম্পর্কে কখনও খোঁজ করেছেন কি?	হ্যাঁ 1 না 2	
325g.	আপনি বা আপনার স্বামী নিজেরা এ ধরনের ব্যবস্থা নিতে চেয়েছেন/ চান কি?	হ্যাঁ 1 না 2	→ 410

Section 4: Exposure to Media

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
401.	সাক্ষাৎকারগ্রহনকারীঃ প্রশ্ন 301 দেখুন এবং সঠিক কোড বৃত্তায়িত করুন।	হ্যাঁ..... 1 না 2	→ 410																		
402.	গত ৩ মাসে আপনি _____ পরিবার পরিকল্পনা সম্পর্কে (গন মাধ্যম) শুনেছেন/দেখেছেন/পড়েছেন? (প্রত্যেকটি গনমাধ্যম সম্পর্কে জিজ্ঞেস করুন)	<table border="1"> <thead> <tr> <th>গন মাধ্যম</th> <th>হ্যাঁ</th> <th>না</th> </tr> </thead> <tbody> <tr> <td>a. রেডিওতে</td> <td>1</td> <td>2</td> </tr> <tr> <td>b. টিভিতে</td> <td>1</td> <td>2</td> </tr> <tr> <td>c. সংবাদপত্রে বা ম্যাগাজিনে</td> <td>1</td> <td>2</td> </tr> <tr> <td>d. পোস্টারে/ বিলবোর্ডে/ লিফলেটে/ব্রশিউরে</td> <td>1</td> <td>2</td> </tr> <tr> <td>e. এলাকার অনুষ্ঠানে</td> <td>1</td> <td>2</td> </tr> </tbody> </table>	গন মাধ্যম	হ্যাঁ	না	a. রেডিওতে	1	2	b. টিভিতে	1	2	c. সংবাদপত্রে বা ম্যাগাজিনে	1	2	d. পোস্টারে/ বিলবোর্ডে/ লিফলেটে/ব্রশিউরে	1	2	e. এলাকার অনুষ্ঠানে	1	2	
গন মাধ্যম	হ্যাঁ	না																			
a. রেডিওতে	1	2																			
b. টিভিতে	1	2																			
c. সংবাদপত্রে বা ম্যাগাজিনে	1	2																			
d. পোস্টারে/ বিলবোর্ডে/ লিফলেটে/ব্রশিউরে	1	2																			
e. এলাকার অনুষ্ঠানে	1	2																			
403.	গত ৩ মাসে মহিলা বন্ধাকরণ সম্পর্কে আপনি কোন তথ্য শুনেছেন, দেখেছেন বা পড়েছেন কি?	হ্যাঁ 1 না 2	→ 404																		
403a.	গত ৩ মাসে মহিলা বন্ধাকরণ সম্পর্কে আপনি কোন তথ্য কোথায় শুনেছেন/দেখেছেন/পড়েছেন?	গন মাধ্যম রেডিও A টিভি B সংবাদপত্র বা ম্যাগাজিন C পোস্টার D বিলবোর্ড E লিফলেট/ব্রশিয়র F ফিলিপচার্ট G এলাকার অনুষ্ঠান পথ নাটক/ফোক গান H উঠান বৈঠক I এক জনের সাথে একজনের আলোচনা J সিনেমা প্রদর্শন K ক্লিনিক/স্বাস্থ্য কেন্দ্র L অন্যান্য _____ X (নির্দিষ্ট করুন)																			
404.	গত ৩ মাসে পুরুষ বন্ধাকরণ সম্পর্কে আপনি কোন তথ্য শুনেছেন, দেখেছেন বা পড়েছেন কি?	হ্যাঁ 1 না 2	→ 405																		
404a.	গত ৩ মাসে পুরুষ বন্ধাকরণ সম্পর্কে আপনি কোন তথ্য কোথায় শুনেছেন/দেখেছেন/পড়েছেন?	গন মাধ্যম রেডিও A টিভি B সংবাদপত্র বা ম্যাগাজিন C পোস্টার D বিলবোর্ড E লিফলেট/ব্রশিয়র F ফিলিপচার্ট G এলাকার অনুষ্ঠান পথ নাটক/ফোক গান H উঠান বৈঠক I এক জনের সাথে একজনের আলোচনা J সিনেমা প্রদর্শন K ক্লিনিক/স্বাস্থ্য কেন্দ্র L অন্যান্য _____ X (নির্দিষ্ট করুন)																			

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
405.	গত ৩ মাসে আই ইউ ডি সম্পর্কে আপনি কোন তথ্য শুনেছেন, দেখেছেন বা পড়েছেন কি?	হ্যাঁ 1 না 2	→ 406
405a.	গত ৩ মাসে আই ইউ ডি সম্পর্কে আপনি কোন তথ্য কোথায় শুনেছেন/দেখেছেন/পড়েছেন?	গণ মাধ্যম রেডিও A টিভি B সংবাদপত্র বা ম্যাগাজিন C পোস্টার D বিলবোর্ড E লিফলেট/ব্রশিয়র F ফিলিপচার্ট G এলাকার অনুষ্ঠান পথ নাটক/ফোক গান H উঠান বৈঠক I এক জনের সাথে একজনের আলোচনা J সিনেমা প্রদর্শন K ক্লিনিক/স্বাস্থ্য কেন্দ্র L অন্যান্য _____ X (নির্দিষ্ট করুন)	
406.	গত ৩ মাসে ইমপ্ল্যান্ট সম্পর্কে আপনি কোন তথ্য শুনেছেন, দেখেছেন বা পড়েছেন কি?	হ্যাঁ 1 না 2	→ 407
406a.	গত ৩ মাসে ইমপ্ল্যান্ট সম্পর্কে আপনি কোন তথ্য কোথায় শুনেছেন/দেখেছেন/পড়েছেন?	গণ মাধ্যম রেডিও A টিভি B সংবাদপত্র বা ম্যাগাজিন C পোস্টার D বিলবোর্ড E লিফলেট/ব্রশিয়র F ফিলিপচার্ট G এলাকার অনুষ্ঠান পথ নাটক/ফোক গান H উঠান বৈঠক I এক জনের সাথে একজনের আলোচনা J সিনেমা প্রদর্শন K ক্লিনিক/স্বাস্থ্য কেন্দ্র L অন্যান্য _____ X (নির্দিষ্ট করুন)	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
407.	গত ৩ মাসে বাচ্চাকে বুকের দুধ খাওয়ানো পদ্ধতি সহ প্রসবোত্তর পরিবার পরিকল্পনা পদ্ধতি (বাচ্চাকে বুকের দুধ খাওয়ানো, প্রজেস্টরেন খাবার বড়ি/মিনি পিল, প্রসবোত্তর আই ইউ ডি, প্রসবোত্তর বন্ধ্যাকরণ) সম্পর্কে আপনি কোন তথ্য শুনেছেন, দেখেছেন বা পড়েছেন কি?	হ্যাঁ 1 না 2	408																				
407a.	এই তথ্য আপনি কোথায় শুনেছেন/দেখেছেন/পড়েছেন?	গন মাধ্যম রেডিও A টিভি B সংবাদপত্র বা ম্যাগাজিন C পোস্টার D বিলবোর্ড E লিফলেট/ব্রশিয়র F ফিলিপচার্ট G এলাকার অনুষ্ঠান পথ নাটক/ফোক গান H উঠান বৈঠক I এক জনের সাথে একজনের আলোচনা J সিনেমা প্রদর্শন K ক্লিনিক/স্বাস্থ্য কেন্দ্র L স্বাস্থ্য কর্মী বাড়ীতে M অন্যান্য X (দিগন্ত করুন) অনিশ্চিত Y																					
407b.	গত ৩ মাসে আপনার স্বামীর সাথে কত ঘন ঘন প্রসবোত্তর পরিবার পরিকল্পনা পদ্ধতি (বাচ্চাকে বুকের দুধ খাওয়ানো, প্রজেস্টরেন খাবার বড়ি/মিনি পিল, প্রসবোত্তর আই ইউ ডি, প্রসবোত্তর বন্ধ্যাকরণ) সম্পর্কে আলোচনা করেছেন?	কখনই না 1 এক বার বা দুই বার 2 দুইবারের অধিক 3																					
408.	আপনি হয়ত জানেন যে আপনার এলাকার পুরুষ, মহিলা, পরিবার এবং কমিউনিটি সদস্যদের পরিবার পরিকল্পনা এবং অন্যান্য স্বাস্থ্য বিষয়ে সচেতনতা তৈরীর জন্য মাঠকর্মীরা বিভিন্ন ধরনের অনুষ্ঠান করেন। গত ৩ মাসে স্বাস্থ্য এবং পরিবার পরিকল্পনা সম্পর্কিত কোন গ্রুপ মিটিং এ আপনি উপস্থিত ছিলেন কি?	হ্যাঁ 1 না 2	410																				
408a.	এই গ্রুপ মিটিং এ কি _____ সম্পর্কে আলোচনা করা হয়েছিল? (পদ্ধতি) (ধৃত্যেকটি পদ্ধতি সম্পর্কে জিজ্ঞেস করুন)	<table border="1"> <thead> <tr> <th>পদ্ধতি</th> <th>হ্যাঁ</th> <th>না</th> <th>মনে নেই</th> </tr> </thead> <tbody> <tr> <td>আই ইউ ডি</td> <td>1</td> <td>2</td> <td>7</td> </tr> <tr> <td>ইমপ্ল্যান্ট</td> <td>1</td> <td>2</td> <td>7</td> </tr> <tr> <td>পুরুষ বন্ধ্যাকরণ</td> <td>1</td> <td>2</td> <td>7</td> </tr> <tr> <td>মহিলা বন্ধ্যাকরণ</td> <td>1</td> <td>2</td> <td>7</td> </tr> </tbody> </table>	পদ্ধতি	হ্যাঁ	না	মনে নেই	আই ইউ ডি	1	2	7	ইমপ্ল্যান্ট	1	2	7	পুরুষ বন্ধ্যাকরণ	1	2	7	মহিলা বন্ধ্যাকরণ	1	2	7	
পদ্ধতি	হ্যাঁ	না	মনে নেই																				
আই ইউ ডি	1	2	7																				
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মহিলা বন্ধ্যাকরণ	1	2	7																				

No.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
		বাচ্চাকে বুকের দুধ খাওয়ানো	1	2	7	
409.	ডেলিভারীর পরে অতিরিক্ত রক্তস্রাব না হওয়ার জন্য ডাক্তারের কাছে/হাসপাতালে/ক্লিনিকে ডেলিভারীর প্রয়োজনীয়তা সম্পর্কে তারা আলোচনা করেছিল কি?	হ্যাঁ	1	না	2	
409a.	আপনি কি মনে করতে পারেন তারা ডেলিভারীর স্থান সম্পর্কে কি বলেছেন? (একাধিক উত্তর হতে পারে)	ডেলিভারীর জন্য কোন ক্লিনিক/স্বাস্থ্য কেন্দ্র ব্যবহার করতে	A	বাড়ীতে ডেলিভারী নিরাপদ নয়	B	
		কোন সমস্যা/জটিলতা হলে স্বাস্থ্য কেন্দ্রে ব্যবস্থা করা যায়	C	সব সময় ডাক্তার পাওয়া যায়	D	
		ঔষধ পাওয়া যায়	E	প্রয়োজনে সিজারিয়ান অপারেশন করা যায়	F	
		অন্যান্য _____	X	(নির্দিষ্ট করুন)		
		ডেলিভারীর স্থান সম্পর্কে আলোচনা করেনি ...	Z			
409b.	বাড়ীতে ডেলিভারীর পর অতিরিক্ত রক্তস্রাব না হওয়ার জন্য মিসোপ্রোস্টোল ট্যাবলেট ব্যবহারের জন্য আলোচনা করেছিল কি?	হ্যাঁ	1	না	2	
410.	সময় রেকর্ড করুন (24 ঘন্টা ঘড়ির হিসাবে)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		ঘন্টা		মিনিট		
	সাক্ষাৎকারগ্রহনকারী: উত্তরদাতার কাছ থেকে বিদায় নেয়ার পূর্বে প্রশ্নমালাটি ভাল করে পরীক্ষা করে দেখুন। অতঃপর উত্তরদাতাকে ধন্যবাদ জানিয়ে সাক্ষাৎকার শেষ করুন।					

Appendix J. Survey Questionnaires

Appendix J1. English version of the MO-MCH questionnaire

Appendix J2. English version of the FWV questionnaire

Appendix J3. English version of the FWA questionnaire

Appendix J4. English version of the RMO questionnaire

Appendix J5. English version of the OB/GYN questionnaire

Appendix J6. English version of the UFPO questionnaire

Appendix J7. English version of the UHFPO questionnaire

Appendix J 1

Questionnaire for MO (MCH-FP)

Face Sheet

IDENTIFICATION									
DIVISION..... DISTRICT..... UPAZILA/THANA..... UNION/WARD..... NAME OF THE RESPONDENT _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								

INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				
INTERVIEWER'S NAME	_____	_____	_____	MONTH* <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				
RESULT**				YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				
NEXT VISIT: DATE	_____	_____		CODE <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				
TIME	_____	_____		RESULT** <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				
				TOTAL NO. OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				

**RESULT CODES:

1 COMPLETED	4 REFUSED
2 NOT AVAILABLE	5 PARTLY COMPLETED
3 POSTPONED	6 OTHER _____

(SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY																
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				
DATE _____	DATE _____																		

Informed Consent for Interview (Verbal)

Obtain respondent's consent (Greet the respondent, and read out the following statements to respondent before asking any question).

Assalamualikum/Adab,

My name is I am from the research organization ACPR, located in Dhaka. We are conducting a survey on the project Mayer Hashi for an international NGO, *Engenderhealth*. The results of this survey are helpful for MOHFW to improve the quality of family planning and maternal health services. We want to ask you some questions about health and family planning services which you provided. Your opinion is very important to us as it will help the government to take policy decisions and goals related to fulfill the reproductive intentions of couples.

You have been selected randomly for the data collection. If you agree to participate, we will ask you some questions related to long acting and permanent method of family planning and active management of third stage of labour which you are provided. The interview will take around 20-25 minutes of your time.

Your participation in this survey is completely voluntary. You can refuse to respond to any question if you wish. You can also stop the interview at any time. You may ask any questions or clarifications before giving your consent for interview. You may also contact Mr. Abu Pasha Md. Shafiur Rahman, Managing Director, (Cell 01713005502) of ACPR for any questions.

You will not receive any direct benefit from the interview; however, the Government particularly Ministry of Health and Family Welfare (MOHFW) will be benefit from the study findings. There is no risk involved in your participation in this interview. You will not be paid any monetary compensation for your participation in this survey.

The interview will be conducted in a private setting. Your responses will be kept confidential. Your name will not appear in any reports. No identifying information will be reported with the data. When the results published, you will have not identified by your office staff what information you provided. Only the researchers will have access to your responses, which they will utilize to prepare the report. All the data will be stored in a locked and secured place.

If you do not have any question, do I have your permission to continue?

Respondent agreed 1 Respondent not agreed 2

Statement of Interviewer:

I am under signed; explain to the respondent objectives of the interview and procedure and risk of the participation and benefit of the survey to understand. I provide my address to contact me for any question arises to him/her. I am undertaking that respondent agreed to interview voluntarily.

Signature of Interviewer:

Date

Section 1: Background and Training

Now, I would like to ask you some question on your background and training, orientation and re-fresher training received in service, which are provided by Government of Bangladesh and others organizations.

Instruction for Data Collectors: If, three days or more received training on specific topics or subjects that is training, one day or two days training received on specific topics or subjects that is orientation and one day or few hours training received that is re-fresher training.

QUESTION		RESPONSE	SKIP														
	Starting time of interview:	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <p style="text-align: center;">Hour minute</p>															
101	Would you please tell your name?	Name: _____															
102	How old are you?	Year (in completed Years)..... <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>															
103	What is your educational qualification?	MBBS or higher 1 Other _____ 6 (Specify)															
104	How long have you been in this service? (If less than 1 year write 00)	Year (in completed Years)..... <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>															
105	How long have you been engaged in this health center/area? (If less than 1 year write 00)	Year (in completed Years)..... <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>															
106	Have you received any 3 days or more training on LA/PM care?	Yes 1 No 2	→ 110														
107	On what methods of LA/PM you have received training?	IUD A Implants B Tubectomy C NSV D Other _____ X (Specify)															
108	(The methods code circled in Q. 107 ask about these methods in Q. 108) How many days ago did you receive training on _____? (Answer of Q. 107) (If less than 1 month write 00)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name of methods</th> <th style="text-align: left; border-bottom: 1px solid black;">Months ago</th> </tr> </thead> <tbody> <tr> <td>IUD</td> <td><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div></td> </tr> <tr> <td>IMPLANT</td> <td><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div></td> </tr> <tr> <td>Tubectomy</td> <td><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div></td> </tr> <tr> <td>NSV</td> <td><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div></td> </tr> <tr> <td>Other _____</td> <td><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div></td> </tr> <tr> <td style="text-align: center;">(Specify)</td> <td></td> </tr> </tbody> </table>	Name of methods	Months ago	IUD	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	IMPLANT	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	Tubectomy	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	NSV	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	Other _____	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	(Specify)		
Name of methods	Months ago																
IUD	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>																
IMPLANT	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>																
Tubectomy	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>																
NSV	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>																
Other _____	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>																
(Specify)																	
108a	Have you received training on methods at the same time in same training?	Yes 1 No 2															

QUESTION		RESPONSE	SKIP
109	Did any training (here or any other) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes 1 No 2	
109a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the training (here or any other)?	Yes 1 No 2	
110	Have you received any 1 or 2 days orientation on LA/PM care?	Yes 1 No 2	→ 114
111	On what methods of LA/PM you have received orientation?	IUD A Implants B Tubectomy C NSV D Other _____ X (Specify)	
112	(The methods code circled in Q. 111 ask about these methods in Q. 112) How many days ago did you receive orientation on _____? (Answer of Q. 111) (If less than 1 month write 00) (Orientation: 1 or 2 days training received on specific topics)	<u>Name of methods</u> <u>Months ago</u> IUD <input type="text"/> <input type="text"/> IMPLANT <input type="text"/> <input type="text"/> Tubectomy <input type="text"/> <input type="text"/> NSV <input type="text"/> <input type="text"/> Other _____ <input type="text"/> <input type="text"/> (Specify)	
112a	Have you received orientation/training on methods at the same time in same orientation/training?	Yes 1 No 2	
113	Did any orientation (here or any other) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes 1 No 2	
113a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the orientation (here or any other) session?	Yes 1 No 2	
114	Have you received any 1 day or few hours' refresher training on LA/PM care?	Yes 1 No 2	→ 118
115	On what methods of LA/PM you have received refresher training?	IUD A Implants B Tubectomy C NSV D Other _____ X (Specify)	
116	(The methods code circled in Q. 115 ask about these methods in Q. 116) How many days ago did you receive refresher training on _____?	<u>Name of methods</u> <u>Months ago</u> IUD <input type="text"/> <input type="text"/> IMPLANT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

QUESTION		RESPONSE	SKIP
	(Answer of Q. 115) (If less than 1 month write 00)	Tubectomy <input type="text"/> <input type="text"/> NSV <input type="text"/> <input type="text"/> Other _____ (Specify)	
116a	Have you received refresher training on methods at the same time in same training?	Yes..... 1 No 2	
117	Did any refresher training (here or any other) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes..... 1 No 2	
117a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the refresher training (here or any other)?	Yes..... 1 No 2	
118	[AMTSL (Active Management of third Stage of Labor) to prevent post-partum hemorrhage] Have you received any 3 or more days training or 1 or 2 days orientation on AMTSL?	Yes, 3 or more days training..... 1 Yes, 1 or 2 days orientation 2 No 3	→ 201
119	How many months ago you received 3 or more days training or 1 day or 2 days orientation of on AMTSL? (If less than 1 month write 00) (If no write 00)	<u>Months ago</u> 3 or more days training..... <input type="text"/> <input type="text"/> 1 or 2 days orientation <input type="text"/> <input type="text"/>	
120	Did any 3 or more days training or 1 or 2 days orientation on AMTSL provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes..... 1 No 2	
120a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in 3 days or more training or 1 day or 2 days orientation on AMTSL?	Yes..... 1 No 2	

Section 2: BCC and Interpersonal Communication

[If, three days or more received training on specific topics or subjects that is training, one or two days training received on specific topics or subjects that is orientation and one day or few hours training received that is re-fresher training.]

QUESTION		RESPONSE	SKIP
201	Have you received any TOT (Training of Trainers) on BCC?	Yes..... 1 No 2	→ 205
202	On what topic/areas of BCC you have received TOT?	Personal CounselingA Group sessionB Community mobilization.....C Other _____X (Specify)	
203	How long ago have you received TOT on BCC? (IF LESS THAN 1 MONTH WRITE 00)	Month ago..... <input type="text"/> <input type="text"/> <input type="text"/>	

QUESTION		RESPONSE	SKIP
204	Did any TOT (here or other places) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes..... 1 No 2	
204a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the TOT?	Yes..... 1 No 2	
205	Have you received any 3 or more days training on BCC?	Yes..... 1 No 2	➔ 209
206	On what topic/areas of BCC you have received 3 or more days training?	Personal CounselingA Group sessionB Community mobilization.....C Other _____X (Specify)	
207	How long ago have you received training on BCC? (If less than 1 month write 00)	Month ago..... <input type="text"/> <input type="text"/> <input type="text"/>	
208	Did any training (here or other places) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes..... 1 No 2	
208a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the training (here or other places)?	Yes..... 1 No 2	
209	Have you received any 1 or 2 days orientation on BCC?	Yes..... 1 No 2	➔ 213
210	On what topic/areas of BCC you have received orientation?	Personal CounselingA Group sessionB Community mobilization.....C Other _____X (Specify)	
211	How long ago have you received orientation on BCC? (If less than 1 month write 00)	Month ago..... <input type="text"/> <input type="text"/> <input type="text"/>	
212	Did any orientation (here or any other) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes..... 1 No 2	
212a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the orientation (here or other places) session?	Yes..... 1 No 2	
213	Have you received any 1 day or few hours' refresher training on BCC?	Yes..... 1 No 2	-801
214	On what topics you have received refresher training?	Personal CounselingA Group sessionB Community mobilization.....C Other _____X (Specify)	
215	How long ago have you received refresher training on BCC? (If less than 1 month write 00)	Month ago..... <input type="text"/> <input type="text"/> <input type="text"/>	
216	Did any refresher training (here or any other) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes..... 1 No 2	

QUESTION		RESPONSE	SKIP
216a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the refresher training (here or other places)?	Yes..... 1 No 2	

Section 3: Service delivery data

- Collect the following information for the period January to December 2012

1. Collect the information from the record of office of MO-MCH or UFPO
2. Collect the information from MIS form 4, which preserved in Upazila Family Planning Office

[Collect the information from January to December 2012 and write it in the box and the information is not available then circle the code '999']

No	Question	IMPLANT	Tubectomy	NSV
301.	# of _____ clients referred to (methods name) this upazila	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information..... 999	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information..... 999	# of client. <input type="text"/> <input type="text"/> <input type="text"/> No information 999
302.	# of _____ clients screened (methods name) in this upazila	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information..... 999	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information..... 999	# of client. <input type="text"/> <input type="text"/> <input type="text"/> No information 999
303.	# of screened _____ clients (methods name) who were recommended for medication before accepting method in this upazila	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information..... 999	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information..... 999	# of client. <input type="text"/> <input type="text"/> <input type="text"/> No information 999
304.	# of screened _____ clients (methods name) who were recommended for medication before accepting method and actually took the medicine in this upazila	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information..... 999	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information..... 999	# of client. <input type="text"/> <input type="text"/> <input type="text"/> No information 999
305	# of _____ clients who were (methods name) accepted method in this upazila	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information..... 999	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information..... 999	# of client. <input type="text"/> <input type="text"/> <input type="text"/> No information 999
306	# of _____ acceptors who (methods name) were followed up in this upazila	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information..... 999	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information..... 999	# of client. <input type="text"/> <input type="text"/> <input type="text"/> No information 999
307	# of _____ acceptors who (methods name) have come to treatment/advice for side-effects in this upazila	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information..... 999	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information..... 999	# of client. <input type="text"/> <input type="text"/> <input type="text"/> No information 999
308	# of _____ acceptors who (methods name) provided counseling/advice for side-effects in this upazila	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information..... 999	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information..... 999	# of client. <input type="text"/> <input type="text"/> <input type="text"/> No information 999

No	Question	IMPLANT	Tubectomy	NSV
309	# of _____ acceptors who (methods name) have received treatment from this upazila	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information..... 999	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information..... 999	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information.....999
310	# of _____ acceptors who (methods name) are referred to higher level for side-effects management in this upazila	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information..... 999	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information..... 999	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information.....999
311	# of _____ acceptors who (methods name) are removed method in this upazila	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information..... 999		

Section 4: Skills and Practices on LA/PM (Long Acting/Permanent Method)

Now I want to discuss with you some issues, the service providers are conscious about these at the time of providing IUD, IMPLANT, Tubectomy and NSV. Such as client selection, screening, side effects of method etc.

Interviewer: Don't read out the answer, circle the code of answers which respondent is provided.

Section 4a: Skills and Practices on IUD

QUESTION	RESPONSE	SKIP
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QUESTION		RESPONSE	SKIP
401a	What are the conditions, the woman accept IUD or recommend for providing IUD?	Women who have at least 1 living child.....A Women who don't want child for long time or don't want childB Women who breast feed their child.....C Women who can not use hormonal FP method.....D Regular menstruation.....E Within first 5 days of menstruationF Other _____X (Specify)	
401b	What are the conditions, the woman should not be provided IUD for birth control?	Women who have no childA Women who have been suffering from RTI.....B Menstruation stoppedC PregnancyD Irregular menstruationE Excessive menstrual bleeding.....F Cronic jaundice.....G Breast cancerH Other _____X (Specify)	
401c	What are the probable side-effects of IUD?	Abdominal painA Excessive bleeding in between the two menstrual cycle.....B Spotting.....C Abnormal menstrual bleedingD White discharge/excessive white discharge.....E The thread of IUD come out.....F Other _____X (Specify)	
401d	After accepting IUD, a woman come to you with excessive bleeding, what have you done?	According to manual examine to know reasons for excessive bleedingA Treatment for bleedingB Reffer to higher level for treatmentC Remove IUD.....D Other _____X (Specify)	
401f.	After accepting IUD, a woman come to you with abdominal pain, what have you done?	Want to know probable reasons for pain A According to manual provide treatment and assure for further service.....B Reffered to higher level for treatmentC Remove IUD.....D Other _____X (Specify)	

QUESTION		RESPONSE	SKIP
401g	(Pre-counseling) A woman comes to you for accepting IUD, what advice/counseling should you be provides her?	Explain advantages and dis-advantages of IUDA Explain probable side-effects, discomfort and complication of IUDB Determine that client have no RTI Infection in reproductive organC Determine that before decide to accept IUD client think it well.....D Regular menstruationE Other _____X (Specify)	
401h	(Post-counseling) After accepts IUD, what important advice/ counseling should you be provides to a woman?	Provide follow-up card.....A Probable side-effects, recall discomfort and assure for follow-upB Recall short-term probable discomfort and assure for follow-upC Recall the procedure of follow-up.....D Encourage client to contact with service provider if arise side-effects/complicationE Encourage client to check the thread..... F First 2/3 days no sex with husbandG Determine that client understand main issues of counseling.....H Other _____X (Specify)	
401i	Are the follow-up of IUD clients' compulsory?	Yes 1 No 2	
401j	Do you follow-up IUD client?	Yes 1 No 2	
401k	When shall be follow-up?	Within 3 days.....A Within 7 days.....B After 1 monthC After 6 months.....D After 1 year.....E Any problem arises.....F Other _____X (Specify)	
401l	What advice/counseling should you be provides to IUD user at the time of follow-up?	To provide counseling and manage treatment immediately if client suffered from side-effects, complication, discomfort or referred to appropriate place.....A Assure for any other service if she has no side-effects, complication or discomfortB Other _____X (Specify)	

Section 4b: Skills and Practices on IMPLANT

QUESTION		RESPONSE	SKIP
402a	What are the conditions, the woman accept IMPLANT or recommended for providing IMPLANT?	New coupleA Women who have at least 1 living childB Women who want to protect birth for long timeC Women who breast feed their child.....D Women can use who has no childE Regular menstruationF Other _____.....X (Specify)	
402c	What are the probable side-effects of IMPLANT?	Menstruation stoppedA Excessive bleedingB SpottingC Weight gainD Motion of vomitingE DepressionF Pain in armG Other _____.....X (Specify)	
402d	After accepting IMPLANT, a woman comes to you with excessive bleeding, what should you be done?	According to manual examine to know reasons for excessive bleedingA Treatment for bleedingB Reffer to higher level for treatmentC Remove IMPLANTD Other _____.....X (Specify)	
402e	After accepting IMPLANT, a woman comes to you with menopause, what should you be done?	Check pregnancyA If she is not pregnant, counseling and assure that it is not problemB Remove IMPLANTC Other _____.....X (Specify)	
402g	(Pre-counseling) A woman comes to you for accepting IMPLANT, what advice/counseling should you be provides her?	Explain advantages and dis-advantages of IMPLANTA Explain probable side-effects, discomfort and complication of IMPLANTB Determine that client has no RTI Infection in reproductive organC Determine that before decide to accept IMPLANT client think it wellD Other _____.....X (Specify)	
402h	(Post-counseling) After accept IMPLANT, what inportant advice/ counseling should be provides to a woman?	Provide follow-up cardA Probable side-effects, recall discomfort and assure for follow-upB Recall short-term probable discomfort and assure for follow-upC Recall the procedure of follow-upD Encourage client to contact with service provider if arise side-effects/complicationE First 2/3 days, no sex with husbandF First 2/3 days, feel little painG Determine that client understand main issues of counselingH Other _____.....X (Specify)	

QUESTION		RESPONSE	SKIP
402i	Are the follow-up of IMPLANT clients' compulsory?	Yes..... 1 No 2	
402j	Do you follow-up IMPLANT client?	Yes..... 1 No 2	
402k	When shall be follow-up?	Within 3 days.....A Within 7 days.....B After 1 monthC After 6 months.....D After 1 year.....E Any problem arises.....F Other.....X (Specify)	
402l	What advice/counseling should you be provides to IMPLANT acceptor at the time of follow-up?	To provide counseling and manage treatment immediately if client suffered from side-effects, complication, discomfort or referred to appropriate place.....A Assure for any other service if she has no side-effects, complication or discomfortB Other.....X (Specify)	

Section 4c: Skills and Practices on Tubectomy

QUESTION		RESPONSE	SKIP
403a	What are the conditions, the woman accept Tubectomy or recommended for providing Tubectomy to birth control?	Women who have at least 2 living children ..A Age of youngest child, at least 2 years.....B Women who have 2 nd time CSC Women who never want child.....D Husband agreed for tubectomyE Other.....X (Specify)	
403b	What are the conditions, the woman should not be accept Tubectomy for birth control?	Women who have not at least 2 living children and want more childrenA Menopause.....B Husband disagreed.....C Other.....X (Specify)	
403g	(Per-counseling) A woman comes to you for accepting tubectomy, what advice/counseling should be provides her?	Explain advantages and dis-advantages of tubectomyA Explain probable side-effects, discomfort and complication of TubectomyB Determine that client have no RTI Infection in reproductive organC Determine that before decide to accept tubectomy, client think it well.....D Other.....X (Specify)	

QUESTION		RESPONSE	SKIP
403h	(Post-counseling) After accept tubectomy, what important advice/counseling should be provides to a woman?	Provide follow-up card.....A Probable side-effects, recall discomfort and assure for follow-up.....B Recall short-term probable side-effects, discomfort and assure for follow-upC Recall the procedure of follow-up.....D Encourage client to contact with service provider if arise side-effects/complications...E Rest for 7 days..... F No heavy work for 7 daysG No shoks on the place of operationH Determine that client understand main issues of counseling..... I Other _____X (Specify)	
403i	Are the follow-up of tubectomy clients' compulsory?	Yes..... 1 No 2	
403j	Do you follow-up tubectomy client?	Yes..... 1 No 2	
403k	When shall be follow-up?	Within 3 days.....A Within 7 days.....B After 1 monthC After 6 monthD After 1 year..... E Any problem arises..... F Other _____X (Specify)	
403l	What advice/counseling should you be provides to tubectomy acceptor at the time of follow-up?	To provide counseling and manage treatment immediatly if client suffered from side-effects, complication, discomfort or referred to appropriate place.....A Assure for any other service if she has no side-effects, complication and discomfort....B Other _____X (Specify)	

Section 4d: Skills and Practices on NSV

QUESTION		RESPONSE	SKIP
404a	What are the conditions, the man accept NSV or recommended for providing NSV to birth control?	Men who have at least 2 living children.....A Men who never want childB Other _____X (Specify)	
404b	What are the conditions, the man should not be accept NSV for birth control?	Men who have not at least 2 living Children and want more childrenA Wife disagreedB Other _____X (Specify)	

QUESTION		RESPONSE	SKIP
404g	(Pre-counseling) A man comes to you for accepting NSV, what advice/ counseling should be provides him?	Explain advantages and dis-advantages of NSVA Explain probable side-effects, discomfort and complication of NSVB Determine that client have no RTI Infection in reproductive organC Determine that before decide to accept NSV, client think it well.....D Other_____X (Specify)	
404h	(Post-counseling) After accept NSV, what inportant advice/ counseling should be provides to a man?	Provide follow-up cardA Probable side-effects, recall discomfort and assure for follow-up.....B Recall short-term probable side-effects, discomfort and assure for follow-upC Recall the procedure of follow-upD Encurraged client to contact with service provider if arise side-effects/complications...E Pain in testicle F Rest for 7 days.....G No heavy work for 7 daysH Determine that client understand main issues of counseling..... I Other_____X (Specify)	
404i	Are the follow-up of NSV clients' compulsory?	Yes 1 No 2	
404j	Do you follow-up NSV client?	Yes 1 No 2	
404k	When shall be follow-up?	Within 3 days.....A Within 7 days.....B After 1 monthC After 6 monthD After 1 year.....E Any problem arises..... F Other_____X (Specify)	
404l	What advice/counseling should you be provides to NSV acceptor at the time of follow-up?	To provide counseling and immediate treatment if client suffered from side-effects, discomfort or Referred to appropriate place for treatment.....A Assure for any other services if he has no side-effects and discomfortB No heavy workC Other_____X (Specify)	

Section 4e: Question on fertility return (recanalization)

QUESTION		RESPONSE	SKIP
405a	Have there been any permanent method users who approached you for information about the possibility of fertility return?	Yes 1 No..... 2	
405b	Roughly, how many permanent method users approached you for such information in the past 12 months?	# of Persons <input type="text"/>	
405c	Are you aware of a procedure that can help re-establish fertility after having a permanent method?	Yes 1 No..... 2	
405d	Do you know under which circumstances a permanent method user can obtain a re-canalization free of charge in the National Family Planning Program?	All children died after adopting the permanent methodA All children became disabled after adopting the permanent methodB Permanent method user had another marriage after adopting the method.....C Other _____X (Specify) Don't know Y	
405e	Roughly, how many permanent method users who adhere to these criteria approached you for recanalization in the past 12 months?	# of Persons <input type="text"/>	

Section 5: Knowledge, Skills and Practices on Active Mangement of the third Stage of Labor (AMTSL)

AMTSL protect excessive bleeding. Now I want to know about your opinion about skills and practice on AMTSL.

Instruction for Data Collectors: In col. 1, provide the possible responses. Don't read out the responses. Sponteniously provided reponse codes are circled in col. 2. Then read out those reponses which are not provided spontaniously and circled the code of yes or no. For those responses ask the question no. 501a which code circled in col. 2 or yes code of col. 3.

501	What are the Active Management of Third Stage of Labour?		(Which are not circled in col 2, ask these issues) Do you aware about _____? (issues)	501a. Are you practicing _____? (answer of 501)
	(1)	(2)	(3)	(4)
a.	After delivery check abdomen by hand and confirmed that no more children in the uterus	A	Yes..... 1 No..... 2 ↘	Yes 1 No 2
b.	If, no child in the uterus, 10 units (2 ampul) of Oxytocin injection pushed on muscle of thai within 1 minute after delivery	B	Yes..... 1 ↓ No 2 ↘	Yes 1 No 2

501	What are the Active Management of Third Stage of Labour?		(Which are not circled in col 2, ask these issues) Do you aware about _____? (issues)	501a. Are you practicing _____? (answer of 501)
	(1)	(2)	(3)	(4)
c.	Clamp the cord of placenta near perinium by artery forcep and after stop the bit of artery or after 2/3 minute of delivery cut the cord of placenta	C	Yes..... 1 No..... 2 ↓	Yes 1 No 2
d.	After contracted uterus, the cord of placenta pull slowly continuing opposite pressure on uterus (Never pull the cord without opposite pressure on uterus)	D	Yes..... 1 No..... 2 ↓	Yes 1 No 2
e.	After came out the placenta, massage uterus by hand up to the abdomen is contracted and determined that there is no excessive bleeding on the way of vagina	E	Yes..... 1 No..... 2 ↓	Yes 1 No 2
f.	Perfectly examine that whether complete placenta cameout and should see that whether all labial of placenta is present or not. (Any part of labial remaining in uterus, it will not be contracted and may excessive bleeding after delivery)	F	Yes..... 1 No..... 2 ↓	Yes 1 No 2
g.	Perfectly examine that whether complete membraine have or not.	G	Yes..... 1 No..... 2 ↓	Yes 1 No 2
h.	Observe that there is any injured on the way of vagina or perinium and take necessary action and wear a pad or cloth on cervix.	H	Yes..... 1 ↓ No..... 2 ↓	Yes 1 No 2
i.	Don't know	Y		

Section 6: Policy changes or new policies

[Now, I would like to know on new policies or changed polociies regarding family planning and selected maternal health care from you]

Sl. #	Are you aware about _____? (Policy)		601a-617a. Is it being implemwnted?
601	If first and second child alive, a woman can accept tubectomy (permanent family planning method for women) during the cesarean section of second child	Yes1 No.....2 ↓	Yes.....1 No2
602	A woman or a man may accept voluntary surgical contraception if she/he has two children (without any mandatory age requirement for the last child)	Yes1 No.....2 ↓	Yes.....1 No2
603	DGHS staff nurses after being trained are permitted to provide IUD services	Yes1 ↓ No.....2 ↓	Yes.....1 No2
604	Nurses at private hospitals after being trained are permitted to provide IUD services	Yes1 ↓ No.....2 ↓	Yes.....1 No2

Sl. #	Are you aware about _____? (Policy)		601a-617a. Is it being implemewnted?
605	According to previous rules, DMPA window period was two weeks after the scheduled reinjection date, now it has been extended up to four weeks.	Yes1 No.....2	Yes.....1 No2
606	Women who have not yet given any birth of a child are allowed to accept IMPLANT	Yes1 No.....2	Yes.....1 No2
607	A high level national committee has recommended that the progestin-only pill be included in the national family planning program	Yes1 No.....2	Yes.....1 No2
608	Post-partum family planning services has been added in the maternal health services and such services are available in the DGHS hospitals	Yes1 No.....2	Yes.....1 No2
609	Postpartum family planning services have been added in private-sector facilities	Yes1 No.....2	Yes.....1 No2
610	The DGHS facilities have not required separate registration from DGFP to receive family planning commodities and funds if they want to provide family planning services	Yes1 No.....2	Yes.....1 No2
611	The GOB-registered private or NGO facilities have not required separate registration from the DGFP to receive family planning commodities and funds if they want to provide family planning services	Yes1 No.....2	Yes.....1 No2
612	DGFP has introduced local-level projection planning for family planning methods based on client segmentation. FWAs set their targets based on their own projection	Yes1 No.....2	Yes.....1 No2
613	To prevent post-partum hemorrhage, Tab Misoprostol can be used. DGFP approved the distribution of Tab Misoprostol by the field workers to the pregnant mothers during their home visits.	Yes1 No.....2	Yes.....1 No2
614	Fascial interposition in NSV is now mandatory to ensure greater effectiveness of the procedure	Yes1 No.....2	Yes.....1 No2
615	DGFP approved the use of Tab Ibuprofen after IUD insertion which will help prevent pain and bleeding among new users	Yes1 No.....2	Yes.....1 No2
616	DGFP revised the data recording and reporting form by introducing new columns and rows for post-partum family planning activities and use Tab Misoprostol in the community	Yes1 No.....2	Yes.....1 No2
617	Confirm the cold-chain system from production place to service delivery point of the injection 'Oxytocin' (used for prevention of post-partum hemorrhage).	Yes1 No.....2	Yes.....1 No2
	Ending time of Interview:	<input type="text"/> <input type="text"/> Hour	<input type="text"/> <input type="text"/> Minute

Now, I am ending the interview here, if have you any question then you can ask me. Thank you for cooperate us providing important information.

Appendix J 2
Questionnaire for FWV
Face Sheet

IDENTIFICATION	
DIVISION..... DISTRICT..... UPAZILA/THANA..... UNION/WARD..... NAME OF THE RESPONDENT _____	<div style="border: 1px solid black; width: 60px; height: 60px; margin: auto; display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE _____ INTERVIEWER'S NAME _____ RESULT** _____	_____	_____	_____	DAY _____ MONTH* _____ YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> CODE _____ RESULT** _____
NEXT VISIT: DATE _____ TIME _____	_____	_____		TOTAL NO. OF VISITS <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>

**RESULT CODES:

1 COMPLETED	4 REFUSED
2 NOT AVAILABLE	5 PARTLY COMPLETED
3 POSTPONED	6 OTHER _____

(SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> DATE _____	NAME _____ <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> DATE _____	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>

**Informed Consent for Interview
(Verbal)**

Obtain respondent's consent (Greet the respondent, and read out the following statements to respondent before asking any question).

Assalamualikum/Adab,

My name is I am from the research organization ACPR, located in Dhaka. We are conducting a survey on the project Mayer Hashi for an international NGO, *Engenderhealth*. The results of this survey are helpful for MOHFW to improve the quality of family planning and maternal health services. We want to ask you some questions about health and family planning services which you provided. Your opinion is very important to us as it will help the government to take policy decisions and goals related to fulfill the reproductive intentions of couples.

You have been selected randomly for the data collection. If you agree to participate, we will ask you some questions related to long acting and permanent method of family planning and active management of third stage of labour which you are provided. The interview will take around 20-25 minutes of your time.

Your participation in this survey is completely voluntary. You can refuse to respond to any question if you wish. You can also stop the interview at any time. You may ask any questions or clarifications before giving your consent for interview. You may also contact Mr. Abu Pasha Md. Shafiur Rahman, Managing Director, (Cell 01713005502) of ACPR for any questions.

You will not receive any direct benefit from the interview; however, the Government particularly Ministry of Health and Family Welfare (MOHFW) will be benefit from the study findings. There is no risk involved in your participation in this interview. You will not be paid any monetary compensation for your participation in this survey.

The interview will be conducted in a private setting. Your responses will be kept confidential. Your name will not appear in any reports. No identifying information will be reported with the data. When the results published, you will have not identified by your office staff what information you provided. Only the researchers will have access to your responses, which they will utilize to prepare the report. All the data will be stored in a locked and secured place.

If you do not have any question, do I have your permission to continue?

Respondent agreed..... 1 2
Respondent not agreed..... 1 2

Statement of Interviewer:

I am under signed; explain to the respondent objectives of the interview and procedure and risk of the participation and benefit of the survey to understand. I provide my address to contact me for any question arises to him/her. I am undertaking that respondent agreed to interview voluntarily.

Signature of Interviewer:

Date

Section 1: Background and Training

Now, I would like to ask you some question on your background and training, orientation and re-fresher training received in service, which are provided by Government of Bangladesh and others organizations.

Instruction for Data Collectors: If, three or more days received training on specific topics or subjects that is training, one or two days training received on specific topics or subjects that is orientation and one day or few hours training received that is re-fresher training.

QUESTION		RESPONSE	SKIP														
	Starting time of interview:	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <p style="text-align: center; margin-top: 5px;">Hour minute</p>															
101	Would you please tell your name?	Name: _____															
102	How old are you?	Year (in completed Years) <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>															
103	What is your educational qualification?	FWV training1 Other _____6 (Specify)															
104	How long have you been in this service? (If less than 1 year write 00)	Year (in completed Years) <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>															
105	How long have you been engaged in this health center? (If less than 1 year write 00)	Year (in completed Years) <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>															
106	Have you received any 3 or more days training on LA/PM care?	Yes1 No2	→110														
107	On what methods of LA/PM you have received 3 or more days training?	IUDA ImplantsB TubectomyC NSVD Other _____X (Specify)															
108	(The methods code circled in Q. 107 ask about these methods in Q. 108) How many days ago did you receive training on _____? (Answer of Q. 107) (If less than 1 month write 00)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name of methods</th> <th style="text-align: left;">Months ago</th> </tr> </thead> <tbody> <tr> <td>IUD</td> <td><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div></td> </tr> <tr> <td>IMPLANT</td> <td><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div></td> </tr> <tr> <td>Tubectomy</td> <td><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div></td> </tr> <tr> <td>NSV</td> <td><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div></td> </tr> <tr> <td>Other _____</td> <td><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div></td> </tr> <tr> <td colspan="2" style="text-align: center;">(Specify)</td> </tr> </tbody> </table>	Name of methods	Months ago	IUD	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	IMPLANT	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	Tubectomy	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	NSV	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	Other _____	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	(Specify)		
Name of methods	Months ago																
IUD	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>																
IMPLANT	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>																
Tubectomy	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>																
NSV	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>																
Other _____	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>																
(Specify)																	
108a	Have you received training on methods at the same time in same training?	Yes1 No2															
109	Did any training (here or any other) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes1 No2															

QUESTION		RESPONSE	SKIP										
109a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the training (here or any other)?	Yes1 No2											
110	Have you received any 1 or 2 days orientation on LA/PM care?	Yes1 No2	→114										
111	On what methods of LA/PM you have received orientation?	IUDA ImplantsB TubectomyC NSVD OtherX (Specify)											
112	(The methods code circled in Q. 111 ask about these methods in Q. 112) How many days ago did you receive orientation on _____? (Answer of Q. 111) (If less than 1 month write 00) (Orientation: 1 or 2 days training received on specific topics)	Name of methods Months ago IUD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> IMPLANT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Tubectomy <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NSV <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Other _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (Specify)											
112a	Have you received orientation/training on methods at the same time in same orientation/training?	Yes1 No2											
113	Did any orientation (here or other places) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes1 No2											
113a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the orientation session?	Yes1 No2											
114	Have you received any 1 day or few hours' refresher training on LA/PM care?	Yes1 No2	→118										
115	On what methods of LA/PM you have received refresher training?	IUDA ImplantsB TubectomyC NSVD OtherX (Specify)											
116	(The methods code circled in Q. 115 ask about these methods in Q. 116) How many days ago did you receive refresher training on _____? (Answer of Q. 115) (If less than 1 month write 00)	Name of methods Months ago IUD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> IMPLANT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Tubectomy <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NSV <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Other _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (Specify)											
116a	Have you received refresher training on methods at the same time in same training?	Yes1 No2											
117	Did any refresher training (here or other places) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes1 No2											

QUESTION		RESPONSE	SKIP
117a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the refresher training (here or other places)?	Yes1 No2	
118	[AMTSL (Active Management of third Stage of Labor) to prevent post-partum hemorrhage] Have you received any 3 or more days training or 1 or 2 days orientation on AMTSL?	Yes, 3 or more days training1 Yes, 1 or 2 days orientation2 No3	→ 201
119	How many months ago you received 3 or more days training or 1 day or 2 days orientation of on AMTSL? (If less than 1 month write 00) (If no write 00)	Months ago 3 or more days training 1 or 2 days orientation	
120	Did any 3 or more days training or 1 or 2 days orientation on AMTSL provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes1 No2	
120a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in 3 or more days training or 1 or 2 days orientation on AMTSL?	Yes1 No2	

Section 2: BCC and Interpersonal Communication

[If, three or more days received training on specific topics or subjects that is training, one day or two days training received on specific topics or subjects that is orientation and one day or few hours training received that is re-fresher training.]

QUESTION		RESPONSE	SKIP
201	Have you received any 3 or more days training on BCC except basic training?	Yes1 No2	→ 205
202	On what topic/areas of BCC you have received 3 or more days training?	Personal CounselingA Group session..... B Community mobilization C Other _____X (Specify)	
203	How long ago have you received training on BCC? (If less than 1 month write 00)	Month ago.....	
204	Did any training (here or other places) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes1 No2	
204a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the training (here or other places)?	Yes1 No2	
205	Have you received any 1 or 2 days orientation on BCC?	Yes1 No2	→ 209
206	On what topic/areas of BCC you have received orientation?	Personal CounselingA Group session..... B Community mobilization C Other _____X (Specify)	
207	How long ago have you received orientation on BCC? (If less than 1 month write 00)	Month ago.....	
208	Did any orientation (here or any other) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes1 No2	

QUESTION		RESPONSE	SKIP
208a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the orientation (here or other places) session?	Yes1 No2	
209	Have you received any 1 day or few hours' refresher training on BCC?	Yes1 No2	→ 301
210	On what topics you have received refresher training?	Personal CounselingA Group session..... B Community mobilization C Other _____X (Specify)	
211	How long ago have you received refresher training on BCC? (If less than 1 month write 00)	Month ago <input type="text"/> <input type="text"/> <input type="text"/>	
212	Did any refresher training (here or any other) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes1 No2	
212a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the refresher training (here or other places)?	Yes1 No2	

Section 3: Service delivery data

- Collect the following information for the period January to December 2012
- Collect the information from IUD Register
- Collect the information from MIS form 3, which maintained by FWV

(Collect the information from January to December 2012 and write it in the box and the information is not available then circle the code '999')

QUESTION		RESPONSE	SKIP
301	# of IUD clients screened in this health center	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information available 999	
302	# of screened IUD clients in this health center who were recommended for medication before accepting method	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information available 999	
303	# of screened clients in this health center who were recommended for medication before accepting method and actually took the medicine	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information available 999	
304	# of clients who were accepted IUD from this health center	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information available 999	
305	# of IUD acceptors who were followed up from this health center	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information available 999	
306	# of IUD acceptors who received treatment/advice for side effects from this health center	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information available 999	

QUESTION		RESPONSE	SKIP
307	# of IUD acceptors who are provided counseling/ advice for side-effects from this health center	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information available 999	
308	# of IUD acceptors who have received treatment for side-effects from this health center	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information available 999	
309	# of IUD acceptors who are referred to higher level for side-effects management from this health center	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information available 999	
310	# of IUD acceptors who are removed IUD from this health center	# of client <input type="text"/> <input type="text"/> <input type="text"/> No information available 999	

Section 4: Skills and Practices on LA/PM (Long Acting/Permanent Method)

Now I want to discuss with you some issues, the service providers are conscious about these at the time of providing IMPLANT, Tubectomy and NSV. Such as client selection, screening, side effects of method etc.

Interviewer: Don't read out the answer, circle the code of answers which respondent is provided.

Section 4a: Skills and Practices on IUD

QUESTION		RESPONSE	SKIP
401a	What are the conditions, the woman accept IUD or recommend for providing IUD?	Women who have at least 1 living child A Women who don't want child for long time or don't want child..... B Women who breast feed their child C Women who don't use hormonal FP method D Regular menstruation E Within first 5 days of menstruation F Other _____ X (Specify)	
401b	What are the conditions, the woman should not be provided IUD for birth control?	Women who have no child A Women who have been suffering from RTI B Menstruation stopped..... C Pergnancy..... D Irregular menstruation..... E Excessive menstrual bleeding F Cronic jaundice G Breast cancer H Other _____ X (Specify)	

QUESTION		RESPONSE	SKIP
401c	What are the probable side-effects of IUD?	Abdominal pain..... A Excessive bleeding in between the two menstrual cycle B Spotting C Abnormal menstrual bleeding D White discharge/excessive white discharge E The thread of IUD come out F Other _____ X (Specify)	
401d	After accepting IUD, a woman come to you with excessive bleeding, what have you done?	According to manual examine to know reasons for excessive bleeding..... A Treatment for bleeding..... B Reffer to higher level for treatment C Remove IUD D Other _____ X (Specify)	
401f.	After accepting IUD, a woman come to you with abdominal pain, what have you done?	Want to know probable reasons for pain A According to manual provide treatment and assure for further service..... B Reffered to higher level for treatment.... C Remove IUD D Other _____ X (Specify)	
401g	(Pre-counseling) A woman comes to you for accepting IUD, what advice/counseling should you be provides her?	Explain advantages and dis-advantages of IUD..... A Explain probable side-effects, discomfort and complication of IUD B Determine that client have no RTI Infection in reproductive organ..... C Determine that before decide to accept IUD client think it well D Regular menstruation E Other _____ X (Specify)	
401h	(Post-counseling) After accepts IUD, what inportant advice/ counseling should you be provides to a woman?	Provide follow-up card A Probable side-effects, recall discomfort and assure for follow-up B Recall short-term probable discomfort and assure for follow-up C Recall the procedure of follow-up D Encourage client to contact with service provider if arise side-effects/complication.... E Encourage client to check the thread F First 2/3 days no sex with husband G Determine that client understand main issues of counseling H Other _____ X (Specify)	
401i	Are the follow-up of IUD clients' compulsory?	Yes 1 No 2	
401j	Do you follow-up IUD client?	Yes 1 No 2	

QUESTION		RESPONSE	SKIP
401k	When shall be follow-up?	Within 3 days A Within 7 days B After 1 month..... C After 6 months D After 1 yearE Any problem arises F Other_____ X (Specify)	
401l	What advice/counseling should you be provides to IUD user at the time of follow-up?	To provide counseling and manage treatment immediately if client suffered from side-effects, complication, discomfort or reffered to appropriate place..... A Assure for any other service if she has no side-effects, complication or discomfort..... B Other_____ X (Specify)	

Section 4b: Skills and Practices on IMPLANT

QUESTION		RESPONSE	SKIP
402a	What are the conditions, the woman accept IMPLANT or recommended for providing IMPLANT?	New couple A Women who have at least 1 living child..... B Women who want to protect birth for long time C Women who breast feed their child D Women can use who has no child..... E Regular menstruation..... F Other_____ X (Specify)	
402c	What are the probable side-effects of IMPLANT?	Menstruation stopped A Excessive bleeding B Spotting..... C Weight gain D Motion of vomiting..... E Depression F Pain in arm..... G Other_____ X (Specify)	
402d	After accepting IMPLANT, a woman comes to you with excessive bleeding, what should you be done?	According to manual examine to know reasons for excessive bleeding..... A Treatment for bleeding B Reffer to higher level for treatment C Remove IMPLANT D Other_____ X (Specify)	
402e	After accepting IMPLANT, a woman comes to you with menupose, what should you be done?	Check pregnancy A If she is not pregnant, counseling and assure that it is not problem..... B Remove IMPLANT C Other_____ X (Specify)	

QUESTION		RESPONSE	SKIP
402g	(Pre-counseling) A woman comes to you for accepting IMPLANT, what advice/counseling should you be provides her?	Explain advantages and dis-advantages of IMPLANT A Explain probable side-effects, discomfort and complication of IMPLANT..... B Determine that client has no RTI Infection in reproductive organ..... C Determine that before decide to accept IMPLANT client think it well D Other _____ X (Specify)	
402h	(Post-counseling) After accept IMPLANT, what inportant advice/ counseling should be provides to a woman?	Provide follow-up card A Probable side-effects, recall discomfort and assure for follow-up B Recall short-term probable discomfort and assure for follow-up C Recall the procedure of follow-up D Encourage client to contact with service provider if arise side-effects/complication.... E First 2/3 days, no sex with husband F First 2/3 days, feel little pain G Determine that client understand main issues of counseling H Other _____ X (Specify)	
402i	Are the follow-up of IMPLANT clients' compulsory?	Yes 1 No 2	
402j	Do you follow-up IMPLANT client?	Yes 1 No 2	
402k	When shall be follow-up?	Within 3 days A Within 7 days B After 1 month C After 6 months D After 1 year E Any problem arises F Other _____ X (Specify)	
402l	What advice/counseling should you be provides to IMPLANT acceptor at the time of follow-up?	To provide counseling and manage treatment immediatly if client suffered from side-effects, complication, discomfort or reffered to appropriate place A Assure for any other service if she has no side-effects, complication or discomfort..... B Other _____ X (Specify)	

Section 4c: Skills and Practices on Tubectomy

QUESTION		RESPONSE	SKIP
403a	What are the conditions, the woman accept Tubectomy or recommended for providing Tubectomy to birth control?	Women who have at least 2 living children.. A Age of youngest child, at least 2 years B Women who have 2 nd time CS..... C Women who never want child D Husband agreed for tubectomy E Other _____ X (Specify)	
403b	What are the physical conditions, the woman should not be accept Tubectomy for birth control?	Women who have not at least 2 living children and want more children..... A Menopause B Husband disagreed C Other _____ X (Specify)	
403g	(Per-counseling) A woman comes to you for accepting tubectomy, what advice/counseling should be provides her?	Explain advantages and dis-advantages of tubectomy A Explain probable side-effects, discomfort and complication of Tubectomy B Determine that client have no RTI Infection in reproductive organ..... C Determine that before decide to accept tubectomy, client think it well D Other _____ X (Specify)	
403h	(Post-counseling) After accept tubectomy, what important advice/counseling should be provides to a woman?	Provide follow-up card A Probable side-effects, recall discomfort and assure for follow-up B Recall short-term probable side-effects, discomfort and assure for follow-up C Recall the procedure of follow-up D Encourage client to contact with service provider if arise side-effects/complications .. E Rest for 7 days F No heavy work for 7 days..... G No shoks on the place of operation..... H Determine that client understand main issues of counseling I Other _____ X (Specify)	
403i	Are the follow-up of tubectomy clients' compulsory?	Yes 1 No 2	
403j	Do you follow-up tubectomy client?	Yes 1 No 2	
403k	When shall be follow-up?	Within 3 days A Within 7 days B After 1 month..... C After 6 month..... D After 1 year E Any problem arises F Other _____ X (Specify)	

QUESTION		RESPONSE	SKIP
4031	What advice/counseling should you be provides to tubectomy acceptor at the time of follow-up?	To provide counseling and manage treatment immediately if client suffered from side-effects, complication, discomfort or referred to appropriate place..... A Assure for any other service if she has no side-effects, complication and discomfort B Other_____ X (Specify)	

Section 4d: Skills and Practices on NSV

QUESTION		RESPONSE	SKIP
404a	What are the conditions, the man accept NSV or recommended for providing NSV to birth control?	Man who have at least 2 living children A Man who never want child B Other_____ X (Specify)	
404b	What are the conditions, the man should not be accept NSV for birth control?	Men who have not at least 2 living Children and want more children..... A Wife disagreed..... B Other_____ X (Specify)	
404g	(Pre-counseling) A man comes to you for accepting NSV, what advice/counseling should be provides him?	Explain advantages and dis-advantages of NSV A Explain probable side-effects, discomfort and complication of NSV B Determine that client have no RTI Infection in reproductive organ..... C Determine that before decide to accept NSV, client think it well D Other_____ X (Specify)	
404h	(Post-counseling) After accept NSV, what inportant advice/ counseling should be provides to a man?	Provide follow-up card A Probable side-effects, recall discomfort and assure for follow-up B Recall short-term probable side-effects, discomfort and assure for follow-up C Recall the procedure of follow-up D Encurraged client to contact with service provider if arise side-effects/complications .. E Pain in testicle..... F Rest for 3 days G No heavy work for 7 days..... H Determine that client understand main issues of counseling I Other_____ X (Specify)	
404i	Are the follow-up of NSV clients' compulsory?	Yes 1 No 2	
404j	Do you follow-up NSV client?	Yes 1 No 2	

QUESTION		RESPONSE	SKIP
404k	When shall be follow-up?	Within 3 days A Within 7 days B After 1 month..... C After 6 month..... D After 1 yearE Any problem arises F Other _____ X (Specify)	
404l	What advice/counseling should you be provides to NSV acceptor at the time of follow-up?	To provide counseling and immediate treatment if client suffered from side-effects, discomfort or Referred to appropriate place for treatment A Assure for any other services if he has no side-effects and discomfort..... B No heavy work..... C Other _____ X (Specify)	

Section 4e: Question on fertility return (recanalization)

QUESTION		RESPONSE	SKIP
405a	Have there been any permanent method users who approached you for information about the possibility of fertility return?	Yes..... 1 No 2	
405b	Roughly, how many permanent method users approached you for such information in the past 12 months?	# of Persons..... <input type="text"/> <input type="text"/>	
405c	Are you aware of a procedure that can help re-establish fertility after having a permanent method?	Yes..... 1 No 2	
405d	Do you know under which circumstances a permanent method user can obtain a re-canalization free of charge in the National Family Planning Program?	All children died after adopting the permanent method A All children became disabled after adopting the permanent method..... B Permanent method user had another marriage after adopting the method C Other _____ X (Specify) Don't know Y	
405e	Roughly, how many permanent method users who adhere to these criteria approached you for recanalization in the past 12 months?	# of Persons..... <input type="text"/> <input type="text"/>	

Section 5: Knowledge, Skills and Practices on Active Mangement of the third Stage of Labor (AMTSL)

AMTSL protect excessive bleeding. Now I want to know about your opinion about skills and practice on AMTSL.

Instruction for Data Collectors: In col. 1, provide the possible responses. Don't read out the responses. Sponteniously provided reponse codes are circled in col. 2. Then read out those reponses which are not provided spontaniously and circled the code of yes or no. For those responses ask the question no. 501a which code circled in col. 2 or Yes code of col. 3.

501	What are the Active Management of Third Stage of Labour?		(Which are not circled in col 2, ask these issues) Do you aware about _____? (issues)	501a. Are you practicing _____? (answer of 501)
	(1)	(2)	(3)	(4)
a.	After delivery check abdomen by hand and confirmed that no more children in the uterus	A	Yes1 No.....2 ↘	Yes 1 no..... 2
b.	If, no child in the uterus, 10 units (2 ampul) of Oxytocin injection pushed on muscle of thigh within 1 minute after delivery	B	Yes1 ↓ No.....2 ↘	Yes 1 no..... 2
c.	Clamp the cord of placenta near perinium by artery forcep and after stop the bit of artery or after 2/3 minute of delivery cut the cord of placenta	C	Yes1 No.....2 ↘	Yes 1 no..... 2
d.	After contracted uterus, the cord of placenta pull slowly continuing opposite pressure on uterus (Never pull the cord without opposite pressure on uterus)	D	Yes1 No.....2 ↘	Yes 1 no..... 2
e.	After came out the placenta, massage uterus by hand up to the abdomen is contracted and determined that there is no excessive bleeding on the way of vagina	E	Yes1 No.....2 ↘	Yes 1 no..... 2
f.	Perfectly examine that whether complete placenta cameout and should see that whether all labial of placenta is present or not. (Any part of labial remaining in uterus, it will not be contracted and may excessive bleeding after delivery)	F	Yes1 No.....2 ↘	Yes 1 no..... 2
g.	Perfectly examine that whether complete membrane have or not.	G	Yes1 No.....2 ↘	Yes 1 no..... 2
h.	Observe that there is any injured on the way of vagina or perinium and take necessary action and wear a pad or cloth on cervix.	H	Yes1 ↓ No.....2 ↘	Yes 1 no..... 2
i.	Don't know	Y		

Section 6: Policy changes or new policies

[Now, I would like to know on new policies or changed policies regarding family planning and selected maternal health care from you]

Sl. #	Are you aware about _____? (Policy) (Read out the policies)		601b-617b. Is it being implemewnted?
601	If first and second child alive, a woman can accept tubectomy (permanent family planning method for women) during the cesarean section of second child	Yes 1 No 2 ↓	Yes 1 No 2
602	A woman or a man may accept voluntary surgical contraception if she/he has two children (without any mandatory age requirement for the last child)	Yes 1 No 2 ↓	Yes 1 No 2
603	DGHS staff nurses after being trained are permitted to provide IUD services	Yes 1 ↓ No 2 ↓	Yes 1 No 2
604	Nurses at private hospitals after being trained are permitted to provide IUD services	Yes 1 ↓ No 2 ↓	Yes 1 No 2
605	According to previous rules, DMPA window period was two weeks after the scheduled reinjection date, now it has been extended up to four weeks.	Yes 1 ↓ No 2 ↓	Yes 1 No 2
606	Women who have not yet given any birth of a child are allowed to accept IMPLANT	Yes 1 ↓ No 2 ↓	Yes 1 No 2
607	A high level national committee has recommended that the progestin-only pill be included in the national family planning program	Yes 1 ↓ No 2 ↓	Yes 1 No 2
608	Post-partum family planning services has been added in the maternal health services and such services are available in the DGHS hospitals	Yes 1 ↓ No 2 ↓	Yes 1 No 2
609	Postpartum family planning services have been added in private-sector facilities	Yes 1 ↓ No 2 ↓	Yes 1 No 2
610	The DGHS facilities have not required separate registration from DGFP to receive family planning commodities and funds if they want to provide family planning services	Yes 1 ↓ No 2 ↓	Yes 1 No 2
611	The GOB-registered private or NGO facilities have not required separate registration from the DGFP to receive family planning commodities and funds if they want to provide family planning services	Yes 1 No 2 ↓	Yes 1 No 2
612	DGFP has introduced local-level projection planning for family planning methods based on client segmentation. FWAs set their targets based on their own projection	Yes 1 No 2 ↓	Yes 1 No 2
613	To prevent post-partum hemorrhage, Tab Misoprostol can be used. DGFP approved the distribution of Tab Misoprostol by the field workers to the pregnant mothers during their home visits.	Yes 1 No 2 ↓	Yes 1 No 2
615	DGFP approved the use of Tab Ibuprofen after IUD insertion which will help prevent pain and bleeding among new users	Yes 1 No 2 ↓	Yes 1 No 2
616	DGFP revised the data recording and reporting form by introducing new columns and rows for post-partum family planning activities and use Tab Misoprostol in the community	Yes 1 ↓ No 2 ↓	Yes 1 No 2
617	Confirm the cold-chain system from production place to service delivery point of the injection 'Oxytocin' (used for prevention of post-partum hemorrhage).	Yes 1 No 2 ↓	Yes 1 No 2
	Ending time of Interview:	<input type="text"/> <input type="text"/> Hour	<input type="text"/> <input type="text"/> Minute

Now, I am ending the interview here, if have you any question then you can ask me. Thank you for cooperate us providing important information.

Appendix J 3

Questionnaire for FWA

Face Sheet

IDENTIFICATION											
DIVISION.....	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>										
DISTRICT.....											
UPAZILA/THANA.....											
UNION/WARD.....											
NAME OF THE RESPONDENT _____											
UNIT NUMBER OF RWA _____	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>										

INTERVIEWER VISITS															
	1	2	3	FINAL VISIT											
DATE INTERVIEWER'S NAME RESULT**	_____	_____	_____	DAY <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH* <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> CODE <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> RESULT** <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
NEXT VISIT: DATE TIME	_____	_____		TOTAL NO. OF VISITS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>											

**RESULT CODES:

1 COMPLETED	4 REFUSED
2 NOT AVAILABLE	5 PARTLY COMPLETED
3 POSTPONED	6 OTHER _____

(SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			NAME _____ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
DATE _____	DATE _____										

**Informed Consent for Interview
(Verbal)**

Obtain respondent's consent (Greet the respondent, and read out the following statements to respondent before asking any question).

Assalamualikum/Adab,

My name is I am from the research organization ACPR, located in Dhaka. We are conducting a survey on the project Mayer Hashi for an international NGO, *Engenderhealth*. The results of this survey are helpful for MOHFW to improve the quality of family planning and maternal health services. We want to ask you some questions about health and family planning services which you provided. Your opinion is very important to us as it will help the government to take policy decisions and goals related to fulfill the reproductive intentions of couples.

You have been selected randomly for the data collection. If you agree to participate, we will ask you some questions related to long acting and permanent method of family planning and active management of third stage of labour which you are provided. The interview will take around 20-25 minutes of your time.

Your participation in this survey is completely voluntary. You can refuse to respond to any question if you wish. You can also stop the interview at any time. You may ask any questions or clarifications before giving your consent for interview. You may also contact Mr. Abu Pasha Md. Shafiur Rahman, Managing Director, (Cell 01713005502) of ACPR for any questions.

You will not receive any direct benefit from the interview; however, the Government particularly Ministry of Health and Family Welfare (MOHFW) will be benefit from the study findings. There is no risk involved in your participation in this interview. You will not be paid any monetary compensation for your participation in this survey.

The interview will be conducted in a private setting. Your responses will be kept confidential. Your name will not appear in any reports. No identifying information will be reported with the data. When the results published, you will have not identified by your office staff what information you provided. Only the researchers will have access to your responses, which they will utilize to prepare the report. All the data will be stored in a locked and secured place.

If you do not have any question, do I have your permission to continue?

Respondent agreed..... 1 2
Respondent not agreed..... 1 2

Statement of Interviewer:

I am under signed; explain to the respondent objectives of the interview and procedure and risk of the participation and benefit of the survey to understand. I provide my address to contact me for any question arises to him/her. I am undertaking that respondent agreed to interview voluntarily.

Signature of Interviewer:

Date

Section 1: Background and Training

Now, I would like to ask you some question on your background and training, orientation and re-fresher training received in service, which are provided by Government of Bangladesh and others organizations.

Instruction for Data Collectors: If, three days or more received training on specific topics or subjects that is training, one day or two days training received on specific topics or subjects that is orientation and one day or few hours training received that is re-fresher training.

QUESTION		RESPONSE	SKIP												
	Starting time of interview:	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <p style="text-align: center;">Hour minute</p>													
101	Would you please tell your name?	Name: _____													
102	How old are you?	Year (in completed Years) <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>													
103	What is your educational qualification?	SSC 1 HSC..... 2 B A/BSc/B Com..... 3 M A/MSc/Mcom..... 4 Other 6 (Specify)													
104	How long have you been in this service? (If less than 1 year write 00)	Year (in completed Years) <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>													
105	How long have you been engaged in this area? (If less than 1 year write 00)	Year (in completed Years) <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>													
106	Have you received any 3 or more days training on LA/PM care?	Yes 1 No 2	→ 110												
107	On what methods of LA/PM you have received 3 or more days training?	IUD A Implants B Tubectomy C NSV D Other X (Specify)													
108	(The methods code circled in Q. 107 ask about these methods in Q. 108) How many days ago did you receive training on _____? (Answer of Q. 107) (If less than 1 month write 00)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name of methods</th> <th style="text-align: left; border-bottom: 1px solid black;">Months ago</th> </tr> </thead> <tbody> <tr> <td>IUD</td> <td><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div></td> </tr> <tr> <td>IMPLANT</td> <td><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div></td> </tr> <tr> <td>Tubectomy</td> <td><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div></td> </tr> <tr> <td>NSV</td> <td><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div></td> </tr> <tr> <td>Other _____</td> <td><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div></td> </tr> </tbody> </table> <p style="text-align: center;">(Specify)</p>	Name of methods	Months ago	IUD	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	IMPLANT	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	Tubectomy	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	NSV	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	Other _____	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	
Name of methods	Months ago														
IUD	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>														
IMPLANT	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>														
Tubectomy	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>														
NSV	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>														
Other _____	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>														
108a	Have you received training on methods at the same time in same training?	Yes 1 No 2													
109	Did any training (here or any other) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes 1 No 2													

QUESTION		RESPONSE	SKIP
109a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the training (here or any other) session?	Yes 1 No 2	
110	Have you received any 1 or 2 days orientation on LA/PM care?	Yes 1 No 2	→114
111	On what methods of LA/PM you have received orientation?	IUDA ImplantsB TubectomyC NSVD OtherX (Specify)	
112	(The methods code circled in Q. 111 ask about these methods in Q. 112) How many days ago did you receive orientation on _____? (Answer of Q. 111) (If less than 1 month write 00) (Orientation: 1 or 2 days training received on specific topics)	<u>Name of methods</u> <u>Months ago</u> IUD <input type="text"/> <input type="text"/> IMPLANT <input type="text"/> <input type="text"/> Tubectomy <input type="text"/> <input type="text"/> NSV <input type="text"/> <input type="text"/> Other _____ <input type="text"/> <input type="text"/> (Specify)	
112a	Have you received orientation/training on methods at the same time in same orientation/training?	Yes 1 No 2	
113	Did any orientation (here or other) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes 1 No 2	
113a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the orientation (here or other) session?	Yes 1 No 2	
114	Have you received any 1 day or few hours' refresher training on LA/PM care?	Yes 1 No 2	→118
115	On what methods of LA/PM you have received refresher training?	IUDA ImplantsB TubectomyC NSVD OtherX (Specify)	
116	(The methods code circled in Q. 115 ask about these methods in Q. 116) How many days ago did you receive refresher training on _____? (Answer of Q. 115) (If less than 1 month write 00)	<u>Name of methods</u> <u>Months ago</u> IUD <input type="text"/> <input type="text"/> IMPLANT <input type="text"/> <input type="text"/> Tubectomy <input type="text"/> <input type="text"/> NSV <input type="text"/> <input type="text"/> Other _____ <input type="text"/> <input type="text"/> (Specify)	
116a	Have you received refresher training on methods at the same time in same training?	Yes 1 No 2	

QUESTION		RESPONSE	SKIP
117	Did any refresher training (here or other) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes 1 No 2	
117a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the refresher training (here or other)?	Yes 1 No 2	
118	[AMTSL (Active Management of third Stage of Labor) to prevent post-partum hemorrhage] Have you received any 3 or more days training or 1 or 2 days orientation on AMTSL?	Yes, 3 or more days training 1 Yes, 1 or 2 days orientation 2 No 3	→ 201
119	How many months ago you received 3 or more days training or 1 day or 2 days orientation of on AMTSL? (If less than 1 month write 00) (If no write 00)	<p style="text-align: right;"><u>Months ago</u></p> 3 or more days training <input type="text"/> <input type="text"/> 1 or 2 days orientation <input type="text"/> <input type="text"/>	
120	Did any 3 or more days training or 1 or 2 days orientation on AMTSL provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes 1 No 2	
120a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in 3 days or more training or 1 day or 2 days orientation on AMTSL?	Yes 1 No 2	

Section 2: BCC and Interpersonal Communication

[If, three days or more received training on specific topics or subjects that is training, one day or two days training received on specific topics or subjects that is orientation and one day or few hours training received that is re-fresher training.]

QUESTION		RESPONSE	SKIP
201	Have you received any 3 or more days training on BCC except basic training?	Yes1 No2	→ 205
202	On what topic/areas of BCC you have received 3 or more days training?	Personal CounselingA Group session.....B Community mobilizationC Other _____X (Specify)	
203	How long ago have you received training on BCC? (If less than 1 month write 00)	Month ago <input type="text"/> <input type="text"/> <input type="text"/>	
204	Did any training (here or other) provide the support of Mayer Hashi or <i>Engenderhaelth</i> ?	Yes1 No2	
204a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the training (here or other)?	Yes1 No2	
205	Have you received any 1 or 2 days orientation on BCC?	Yes1 No2	→ 209

QUESTION		RESPONSE	SKIP
206	On what topic/areas of BCC you have received orientation?	Personal CounselingA Group session.....B Community mobilizationC Other _____X (Specify)	
207	How long ago have you received orientation on BCC? (If less than 1 month write 00)	Month ago..... <input type="text"/> <input type="text"/> <input type="text"/>	
208	Did any orientation (here or any other) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes1 No2	
208a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the orientation (here or any other) session?	Yes1 No2	
209	Have you received any 1 day or few hours' refresher training on BCC?	Yes1 No2	→ 301
210	On what topics you have received refresher training?	Personal CounselingA Group session.....B Community mobilizationC Other _____X (Specify)	
211	How long ago have you received refresher training on BCC? (If less than 1 month write 00)	Month ago..... <input type="text"/> <input type="text"/> <input type="text"/>	
212	Did any refresher training (here or any other) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes1 No2	
212a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the refresher training (here or any other)?	Yes1 No2	

Section 3: Service delivery data

- Collect the following information for the period January to December 2012

Source of information:

- Collect the information from FWA Register
- Collect the information from MIS form 1

(Collect the information from January to December 2012 and write it in the box and the information is not available then circle the code '99')

QUESTION		IUD	IMPLANT	Tubectomy	NSV
301	# of eligible clients for _____ (methods name)	# of client. <input type="text"/> <input type="text"/> No information..99	# of client. <input type="text"/> <input type="text"/> No information..99	# of client <input type="text"/> <input type="text"/> No information..99	# of client <input type="text"/> <input type="text"/> No information..99
303	# of referred clients for _____ (methods name)	# of client. <input type="text"/> <input type="text"/> No information..99	# of client. <input type="text"/> <input type="text"/> No information..99	# of client <input type="text"/> <input type="text"/> No information..99	# of client <input type="text"/> <input type="text"/> No information..99

QUESTION		IUD	IMPLANT	Tubectomy	NSV
304	# of _____ acceptor (methods name)	# of client. <input type="text"/> <input type="text"/> No information..99	# of client . <input type="text"/> <input type="text"/> No information..99	# of client <input type="text"/> <input type="text"/> No information..99	# of client <input type="text"/> <input type="text"/> No information..99
305	# of _____ acceptors (methods name) who were followed up	# of client. <input type="text"/> <input type="text"/> No information..99	# of client . <input type="text"/> <input type="text"/> No information..99	# of client <input type="text"/> <input type="text"/> No information..99	# of client <input type="text"/> <input type="text"/> No information..99
306	# of _____ acceptors (methods name) who reported side effects	# of client. <input type="text"/> <input type="text"/> No information..99	# of client . <input type="text"/> <input type="text"/> No information..99	# of client <input type="text"/> <input type="text"/> No information..99	# of client <input type="text"/> <input type="text"/> No information..99
308	# of _____ acceptors (methods name) who are referred to higher level for side-effects management/treatment	# of client. <input type="text"/> <input type="text"/> No information..99	# of client . <input type="text"/> <input type="text"/> No information..99	# of client <input type="text"/> <input type="text"/> No information..99	# of client <input type="text"/> <input type="text"/> No information..99

QUESTION		RESPONSE	SKIP
309	How many pregnant women were identified in your working area from January to December 2012?	# of pregnant women <input type="text"/> <input type="text"/> <input type="text"/> No information.....999	
310	(Tab Misoprostol can be used to prevent post-partum hemorrhage.) How many pregnant women have you distributed Tab Misoprostol in your working area from January to December 2012?	# of pregnant women <input type="text"/> <input type="text"/> <input type="text"/> No information.....999	

Section 4: BCC activities

Now, I want to know about BCC activities which you are doing to promote LA/PM.

QUESTION		RESPONSE	SKIP
401a	What BCC activities do you do during home visit to promote IUD?	Information provided by inter personal communication A Group meeting/discussion B Acceptors identify for refer C Follow-up the acceptors..... D Other _____ X (Specify) Nothing Y	
401b	What BCC activities do you do during your work at satellite clinic to promote IUD?	Information provided by inter personal communication A Group meeting/discussion B Acceptors identify for refer C Follow-up the acceptors..... D Other _____ X (Specify) Nothing Y	

QUESTION		RESPONSE	SKIP
401c	What BCC activities do you do during your work at community clinic to promote IUD?	Information provided by inter-personal communication A Group meeting/discussion B Acceptors identify for refer C Follow-up the acceptors..... D Other _____ X (Specify) Nothing Y No community clinic in working area Z	
401d	What BCC activities do you do to promote IUD except the work of home visit, satellite clinic and community clinic?	Client screening A Participate community activities..... B Accompany the clients..... C Follow-up the acceptors..... D Accompany the acceptors when receives service for complication from higher level... E Other _____ X (Specify) Nothing Y	
401e	What BCC materials do you use during IUD promotion activities?	Flipchart..... A Leaflet..... B Booklet C Flash card..... D Other _____ X (Specify)	
402a	What BCC activities do you do during home visit to promote IMPLANT?	Information provided by inter personal communication A Group meeting/discussion B Acceptors identify for refer C Follow-up the acceptors..... D Other _____ X (Specify) Nothing Y	
402b	What BCC activities do you do during your work at satellite clinic to promote the method, IMPLANT?	Information provided by inter personal communication A Group meeting/discussion B Acceptors identify for refer C Follow-up the acceptors..... D Other _____ X (Specify) Nothing Y	
402c	What BCC activities do you do during your work at community clinic to promote IMPLANT?	Information provided by inter personal communication A Group meeting/discussion B Acceptors identify for refer C Follow-up the acceptors..... D Other _____ X (Specify) Nothing to do Y No community clinic in working area Z	
402d	What BCC activities do you do to promote IMPLANT except the work of home visit, satellite clinic and community clinic?	Client screening A Participate community activities..... B Accompany the clients..... C Follow-up the acceptors..... D Accompany the acceptors when receives service for complication from higher level... E Other _____ X (Specify) Nothing Y	

QUESTION		RESPONSE	SKIP
402e	What BCC materials do you use during IMPLANT promotion activities?	Flipchart..... A Leaflet..... B Booklet C Flash card..... D Other_____ X (Specify)	
403a	What BCC activities do you do during home visit to promote Tubectomy?	Information provided by inter personal communication A Group meeting/discussion B Acceptors identify for refer C Follow-up the acceptors..... D Other_____ X (Specify) Nothing Y	
403b	What BCC activities do you do during your work at satellite clinic to promote Tubectomy?	Information provided by inter personal communication..... A Group meeting/discussion B Acceptors identify for refer C Follow-up the acceptors D Other_____ X (Specify) Nothing Y	
403c	What BCC activities do you do during your work at community clinic to promote Tubectomy?	Information provided by inter personal communication A Group meeting/discussion B Acceptors identify for refer C Follow-up the acceptors..... D Other_____ X (Specify) Nothing Y No community clinic in working area Z	
403d	What BCC activities do you do to promote Tubectomy except the work of home visit, satellite clinic and community clinic?	Client screening A Participate community activities..... B Accompany the clients..... C Follow-up the acceptors..... D Accompany the acceptors when receives service for complication from higher level... E Other_____ X (Specify) Nothing Y	
403d	What BCC materials do you use during Tubectomy promotion activities?	Flipchart..... A Leaflet..... B Booklet C Flash card..... D Other_____ X (Specify)	
404a	What BCC activities do you do during home visit to promote NSV?	Information provided by inter personal communication A Group meeting/discussion B Acceptors identify for refer C Follow-up the acceptors..... D Other_____ X (Specify) Nothing Y	

QUESTION		RESPONSE	SKIP
404b	What BCC activities do you do during your work at satellite clinic to promote NSV?	Information provided by inter personal communication A Group meeting/discussion B Acceptors identify for refer C Follow-up the acceptors..... D Other _____ X (Specify) Nothing/No male client come to SC Y	
404c	What BCC activities do you do during your work at community clinic to promote NSV?	Information provided by inter personal communication A Group meeting/discussion B Acceptors identify for refer C Follow-up the acceptors..... D Other _____ X (Specify) Nothing Y No community clinic in working area Z	
404d	What BCC activities do you do to promote NSV except the work of home visit, satellite clinic and community clinic?	Client screening A Participate community activities..... B Accompany the clients..... C Follow-up the acceptors..... D Accompany the acceptors when receives service for complication from higher level... E Other _____ X (Specify) Nothing Y	
404e	What BCC materials do you use during NSV promotion activities?	Flipchart..... A Leaflet..... B Booklet C Flash card..... D Other _____ X (Specify)	

Section 5: Supervision and monitoring

QUESTION		RESPONSE	SKIP
501a	What role does FPI play to help your activities to promote IUD?	Help to organize group meeting..... A Help community mobilization B Provide guidance for BCC C Help the acceptors for different reasons D Help for motivation to the client.....E Other _____ X (Specify) Nothing Y	
501b	What role does FWV play to help your activities to promote IUD?	Provide guidance for counseling..... A Provide guidance to identify clients..... B Motivation/advice given to clients..... C Other _____ X (Specify) Nothing Y	

QUESTION		RESPONSE	SKIP
502a	What role does FPI play to help your activities to promote IMPLANT?	Help to organize group meeting..... A Help community mobilization B Provide guidance for BCC C Help the acceptors for different reasons D Help for motivation to the client.....E Other _____ X (Specify) Nothing Y	
503b	What role does FWV play to help your activities to promote IMPLANT?	Provide guidance for counseling..... A Provide guidance to identify clients..... B Motivation/advice given to clients..... C Other _____ X (Specify) Nothing Y	
503a	What role does FPI play to help your activities to promote Tubectomy?	Help to organize group meeting..... A Help community mobilization B Provide guidance for BCC C Help the acceptors for different reasons D Help for motivation to the client.....E Other _____ X (Specify) Nothing Y	
503b	What role does FWV play to help your activities to promote Tubectomy?	Provide guidance for counseling..... A Provide guidance to identify clients..... B Motivation/advice given to clients..... C Other _____ X (Specify) Nothing Y	
504a	What role does FPI play to help your activities to promote NSV?	Help to organize group meeting..... A Help community mobilization B Provide guidance for BCC C Help the acceptors for different reasons D Help for motivation to the client.....E Other _____ X (Specify) Nothing Y	
504b	What role does FWV play to help your activities to promote NSV?	Provide guidance for counseling..... A Provide guidance to identify clients..... B Motivation/advice given to clients..... C Other _____ X (Specify) Nothing Y	

Section 6: Skills and Practices on LA/PM (Long Acting/Permanent Method)

Now I want to discuss with you some issues, the service providers are concious about these at the time of providing IUD, IMPLANT, Tubectomy and NSV. Such as client selection, screening, side effects of method etc.

Interviewer: Don't read out the answer, circle the code of answers which respondent is provided.

Section 6a: Skills and Practices on IUD

QUESTION		RESPONSE	SKIP
601a	What are the conditions, the woman accept IUD or recommend for providing IUD?	Women who have at least 1 living child A Women who don't want child for long time or don't want child..... B Women who breast feed their child C Women who don't use hormonal FP method..... D Regular menstruation.....E Within first 5 days of menstruation F Other _____ X (Specify)	
601b	What are the conditions, the woman should not be provided IUD for birth control?	Women who have no child A Women who have been suffering from RTI . B Menstruation stopped C Pregnancy D Irregular menstruation E Excessive menstrual bleeding.....F Cronic jaundice.....G Breast cancer.....H Other _____ X (Specify)	
601c	What are the probable side-effects of IUD?	Abdominal pain A Excessive bleeding in between the two menstrual cycle B Spotting..... C Abnormal menstrual bleeding..... D White discharge/excessive white discharge E The thread of IUD come out F Other _____ X (Specify)	
601d	After accepting IUD, a woman come to you with excessive bleeding, what have you done?	According to manual examine to know reasons for excessive bleeding.....A Treatment for bleeding B Reffer to higher level for treatment..... C Remove IUD D Other _____ X (Specify)	
601f.	After accepting IUD, a woman come to you with abdominal pain, what have you done?	Want to know probable reasons for pain A According to manual provide treatment and assure for further service B Reffered to higher level for treatment..... C Remove IUD..... D Other _____ X (Specify)	

QUESTION		RESPONSE	SKIP
601g	(Pre-counseling) A woman comes to you for accepting IUD, what advice/counseling should you be provides her?	Explain advantages and dis-advantages of IUD..... A Explain probable side-effects, discomfort and complecation of IUD..... B Determine that client have no RTI Infection in reproductive organ..... C Determine that before decide to accept IUD client think it well D Regular menstruation E Other_____ X (Specify)	
601h	(Post-counseling) After accepts IUD, what inportant advice/ counseling should you be provides to a woman?	Provide follow-up card..... A Probable side-effects, recall discomfort and assure for follow-up B Recall short-term probable discomfort and assure for follow-up C Recall the procedure of follow-up..... D Encourage client to contact with service provider if arise side-effects/complecation..... E Encourage client to check the thread..... F First 2/3 days no sex with husband G Determine that client understand main issues of counseling H Other_____ X (Specify)	
601i	Are the follow-up of IUD clients' compulsory?	Yes 1 No 2	
601j	Do you follow-up IUD client?	Yes 1 No 2	
601k	When shall be follow-up?	Within 3 days..... A Within 7 days..... B After 1 month..... C After 6 months D After 1 year E Any problem arises F Other_____ X (Specify)	
601l	What advice/counseling should you be provides to IUD user at the time of follow-up?	To provide counseling and manage treatment immediatly if client suffered from side-effects, complication, discomfort or referred to appropriate place..... A Assure for any other service if she has no side-effects, complication and discomfort B Other_____ X (Specify)	

Section 6b: Skills and Practices on IMPLANT

QUESTION		RESPONSE	SKIP
602a	What are the conditions, the woman accept IMPLANT or recommended for providing IMPLANT?	New couple A Women who have at least 1 living child B Women who want to protect birth for long time C Women who breast feed their child D Women can use who have no child E Regular menstruation..... F Other_____ X (Specify)	

QUESTION		RESPONSE	SKIP
602c	What are the probable side-effects of IMPLANT?	Menstruation stopped A Excessive bleeding B Spotting..... C Weight gain D Motion of vomiting..... E Depression F Pain in arm..... G Other _____ X (Specify)	
602d	After accepting IMPLANT, a woman comes to you with excessive bleeding, what should you be done?	According to manual examine to know reasons for excessive bleeding..... A Treatment for bleeding B Refer to higher level for treatment C Remove IMPLANT D Other _____ X (Specify)	
602e	After accepting IMPLANT, a woman comes to you with menopause, what should you be done?	Check pregnancy A If she is not pregnant, counseling and assure that it is not problem B Remove IMPLANT C Other _____ X (Specify)	
602g	(Pre-counseling) A woman comes to you for accepting IMPLANT, what advice/counseling should you be provides her?	Explain advantages and dis-advantages of IMPLANT A Explain probable side-effects, discomfort and complication of IMPLANT..... B Determine that client has no RTI Infection in reproductive organ C Determine that before decide to accept IMPLANT client think it well D Other _____ X (Specify)	
602h	(Post-counseling) After accept IMPANT, what inportant advice/ counseling should be provides to a woman?	Provide follow-up card A Probable side-effects, recall discomfort and assure for follow-up..... B Recall short-term probable discomfort and assure for follow-up..... C Recall the procedure of follow-up D Encourage client to contact with service provider if arise side-effects/complication.... E First 2/3 days, no sex with husband..... F First 2/3 days, feel little pain G Determine that client understand main issues of counseling H Other _____ X (Specify)	
602i	Are the follow-up of IMPLANT clients' compulsory?	Yes 1 No 2	
602j	Do you follow-up IMPLANT client?	Yes 1 No 2	

QUESTION		RESPONSE	SKIP
602k	When shall be follow-up?	Within 3 days..... A Within 7 days..... B After 1 month..... C After 6 months..... D After 1 year..... E Any problem arises..... F Other..... X (Specify)	
602l	What advice/counseling should you be provides to IMPLANT acceptor at the time of follow-up?	To provide counseling and manage treatment immediately if client suffered from side-effects, complication, discomfort or referred to appropriate place..... A Assure for any other service if she has no side-effects, complication and discomfort B Other..... X (Specify)	

Section 6c: Skills and Practices on Tubectomy

QUESTION		RESPONSE	SKIP
603a	What are the conditions, the woman accept Tubectomy or recommended for providing Tubectomy to birth control?	Women who have at least 2 living children.. A Age of youngest child, at least 2 years B Women who have 2 nd time CS..... C Women who never want child D Husband agreed for tubectomy E Other..... X (Specify)	
603b	What are the physical conditions, the woman should not be accept Tubectomy for birth control?	Women who have not at least 2 living children and want more children A Menopause..... B Husband disagreed..... C Other..... X (Specify)	
603g	(Per-counseling) A woman comes to you for accepting tubectomy, what advice/counseling should be provides her?	Explain advantages and dis-advantages of tubectomy A Explain probable side-effects, discomfort and complication of Tubectomy B Determine that client have no RTI Infection in reproductive organ..... C Determine that befor decide to accept tubectomy, client think it well D Other..... X (Specify)	
603h	(Post-counseling) After accept tubectomy, what inportant advice/counseling should be provides to a woman?	Provide follow-up card A Probable side-effects, recall discomfort and assure for follow-up B Recall short-term probable side-effects, discomfort and assure for follow-up..... C Recall the procedure of follow-up D Encourage client to contact with service provider if arise side-effects/complications .. E Rest for 7 days F No heavy work for 7 days..... G No shoks on the place of operation..... H Determine that client understand main issues of counseling I Other..... X (Specify)	

QUESTION		RESPONSE	SKIP
603i	Are the follow-up of tubectomy clients' compulsory?	Yes 1 No 2	
603j	Do you follow-up tubectomy client?	Yes 1 No 2	
603k	When shall be follow-up?	Within 3 days A Within 7 days B After 1 month..... C After 6 month..... D After 1 year E Any problem arises F Other_____ X (Specify)	
603l	What advice/counseling should you be provides to tubectomy acceptor at the time of follow-up?	To provide counseling and manage treatment immediately if client suffered from side-effects, complication, discomfort or referred to appropriate place..... A Assure for any other service if she has no side-effects, complication and discomfort B Other_____ X (Specify)	

Section 6d: Skills and Practices on NSV

QUESTION		RESPONSE	SKIP
604a	What are the conditions, the man accept NSV or recommended for providing NSV to birth control?	Men who have at least 2 living children A Men who never want child B Other_____ X (Specify)	
604b	What are the conditions, the man should not be accept NSV for birth control?	Men who have not at least 2 living Children and want more children..... A Wife disagreed..... B Other_____ X (Specify)	
604g	(Pre-counseling) A man comes to you for accepting NSV, what advice/ counseling should be provides him?	Explain advantages and dis-advantages of NSV A Explain probable side-effects, discomfort and complication of NSV B Determine that client have no RTI Infection in reproductive organ..... C Determine that before decide to accept NSV, client think it well D Other_____ X (Specify)	

QUESTION		RESPONSE	SKIP
604h	(Post-counseling) After accept NSV, what important advice/ counseling should be provides to a man?	Provide follow-up card A Probable side-effects, recall discomfort and assure for follow-up B Recall short-term probable side-effects, discomfort and assure for follow-up C Recall the procedure of follow-up D Encouraged client to contact with service provider if arise side-effects/complications.. E Pain in testicle.....F Rest for 7 days G No heavy work for 7 days..... H Determine that client understand main issues of counselingI Other_____ X (Specify)	
604i	Are the follow-up of NSV clients' compulsory?	Yes 1 No 2	
604j	Do you follow-up NSV client?	Yes 1 No 2	
604k	When shall be follow-up?	Within 3 days A Within 7 days B After 1 month..... C After 6 month..... D After 1 yearE Any problem arises F Other_____ X (Specify)	
604l	What advice/counseling should you be provides to NSV acceptor at the time of follow-up?	To provide counseling and immediate treatment if client suffered from side-effects, discomfort or Referred to appropriate place for treatment A Assure for any other services if he has no side-effects and discomfort..... B No heavy work..... C Other_____ X (Specify)	

Section 6e: Question on fertility return (recanalization)

QUESTION		RESPONSE	SKIP
605a	Have there been any permanent method users who approached you for information about the possibility of fertility return?	Yes..... 1 No 2	→ 701
605b	Roughly, how many permanent method users approached you for such information in the past 12 months?	# of Persons..... <input type="text"/> <input type="text"/>	
605c	Are you aware of a procedure that can help re-establish fertility after having a permanent method?	Yes..... 1 No 2	
605d	Do you know under which circumstances a permanent method user can obtain a re-canalization free of charge in the National Family Planning Program?	All children died after adopting the permanent method A All children became disabled after adopting the permanent method..... B Permanent method user had another marriage after adopting the method C Other X (Specify) Don't know Y	
605e	Roughly, how many permanent method users who adhere to these criteria approached you for recanalization in the past 12 months?	# of Persons..... <input type="text"/> <input type="text"/>	

Section 7: Policy changes or new policies

[Now, I would like to know on new or changed policies regarding family planning and selected maternal health care from you]

Sl. #	Are you aware about ____? (Policy) (Read out the policies)		701a-711a. Is it being implemented?
701	If first and second child alive, a woman can accept tubectomy (permanent family planning method for women) during the cesarean section of second child	Yes 1 No 2 ↓	Yes 1 No 2
702	A woman or a man may accept voluntary surgical contraception if she/he has two children (without any mandatory age requirement for the last child)	Yes 1 No 2 ↓	Yes 1 No 2
703	DGHS staff nurses after being trained are permitted to provide IUD services	Yes 1 ↓ No 2 ↓	Yes 1 No 2
704	Nurses at private hospitals after being trained are permitted to provide IUD services	Yes 1 ↓ No 2 ↓	Yes 1 No 2
705	According to previous rules, DMPA window period was two weeks after the scheduled reinjection date, now it has been extended up to four weeks.	Yes 1 ↓ No 2 ↓	Yes 1 No 2
706	Women who have not yet given any birth of a child are allowed to accept IMPLANT	Yes 1 ↓ No 2 ↓	Yes 1 No 2
707	Post-partum family planning services has been added in the maternal health services and such services are available in the DGHS hospitals	Yes 1 ↓ No 2 ↓	Yes 1 No 2
708	Postpartum family planning services have been added in private-sector facilities	Yes 1 ↓ No 2 ↓	Yes 1 No 2

Sl. #	Are you aware about _____? (Policy) (Read out the policies)		701a-711a. Is it being implewnted?
709	DGFP has introduced local-level projection planning for family planning methods based on client segmentation. FWAs set their targets based on their own projection	Yes 1 No 2 ↘ ↓	Yes 1 No 2
710	To prevent post-partum hemorrhage, Tab Misoprostol can be used. DGFP approved the distribution of Tab Misoprostol by the field workers to the pregnant mothers during their home visits.	Yes 1 No 2 ↘ ↓	Yes 1 No 2
711	DGFP revised the data recording and reporting form by introducing new columns and rows for post-partum family planning activities and use Tab Misoprostol in the community	Yes 1 No 2 ↘ ↓	Yes 1 No 2
	Ending time of Interview:	<input type="text"/> <input type="text"/> Hour	<input type="text"/> <input type="text"/> Minute

Now, I am ending the interview here, if have you any question then you can ask me. Thank you for cooperate us providing important information.

Appendix J 4 Questionnaire for RMO

Face Sheet

IDENTIFICATION									
DIVISION..... DISTRICT..... UPAZILA/THANA..... UNION/WARD..... NAME OF THE RESPONDENT _____	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								

INTERVIEWER VISITS						
	1	2	3	FINAL VISIT		
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
INTERVIEWER'S NAME	_____	_____	_____	MONTH* <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
RESULT**	_____	_____	_____	YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
NEXT VISIT: DATE	_____	_____		CODE <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
TIME	_____	_____		RESULT** <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
	_____	_____		TOTAL NO. OF VISITS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		

****RESULT CODES:**

1 COMPLETED	4 REFUSED
2 NOT AVAILABLE	5 PARTLY COMPLETED
3 POSTPONED	6 OTHER _____

(SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			NAME _____ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
DATE _____	DATE _____										

**Informed Consent for Interview
(Verbal)**

Obtain respondent's consent (Greet the respondent, and read out the following statements to respondent before asking any question).

Assalamualikum/Adab,

My name is I am from the research organization ACPR, located in Dhaka. We are conducting a survey on the project Mayer Hashi for an international NGO, *Engenderhealth*. The results of this survey are helpful for MOHFW to improve the quality of family planning and maternal health services. We want to ask you some questions about health and family planning services which you provided. Your opinion is very important to us as it will help the government to take policy decisions and goals related to fulfill the reproductive intentions of couples.


You have been selected randomly for the data collection. If you agree to participate, we will ask you some questions related to long acting and permanent method of family planning and active management of third stage of labour which you are provided. The interview will take around 20-25 minutes of your time.

Your participation in this survey is completely voluntary. You can refuse to respond to any question if you wish. You can also stop the interview at any time. You may ask any questions or clarifications before giving your consent for interview. You may also contact Mr. Abu Pasha Md. Shafiur Rahman, Managing Director, (Cell 01713005502) of ACPR for any questions.

You will not receive any direct benefit from the interview; however, the Government particularly Ministry of Health and Family Welfare (MOHFW) will be benefit from the study findings. There is no risk involved in your participation in this interview. You will not be paid any monetary compensation for your participation in this survey.

The interview will be conducted in a private setting. Your responses will be kept confidential. Your name will not appear in any reports. No identifying information will be reported with the data. When the results published, you will have not identified by your office staff what information you provided. Only the researchers will have access to your responses, which they will utilize to prepare the report. All the data will be stored in a locked and secured place.

If you do not have any question, do I have your permission to continue?

Respondent agreed 1  Respondent not agreed 2

Statement of Interviewer:

I am under signed; explain to the respondent objectives of the interview and procedure and risk of the participation and benefit of the survey to understand. I provide my address to contact me for any question arises to him/her. I am undertaking that respondent agreed to interview voluntarily.

Signature of Interviewer:

Date

Section 1: Background and Training

Now, I would like to ask you some question on your background and training, orientation and re-fresher training received in service, which are provided by Government of Bangladesh and others organizations.

Instruction for Data Collectors: If, three days or more received training on specific topics or subjects that is training, one day or two days training received on specific topics or subjects that is orientation and one day or few hours training received that is re-fresher training.

QUESTION		RESPONSE	SKIP														
	Starting time of interview:	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <p style="text-align: center; margin-top: 5px;">Hour minute</p>															
101	Would you please tell your name?	Name: _____															
102	How old are you?	Year (in completed Years)..... <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>															
103	What is your educational qualification?	MBBS or higher 1 Other _____ 6 (Specify)															
104	How long have you been in this service? (If less than 1 year write 00)	Year (in completed Years)..... <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>															
105	How long have you been engaged in this health center? (If less than 1 year write 00)	Year (in completed Years)..... <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>															
106	Have you received any 3 days or more training on LA/PM care?	Yes 1 No 2	→ 110														
107	On what methods of LA/PM you have received training?	IUD A Implants B Tubectomy C NSV D Other _____ X (Specify)															
108	(The methods code circled in Q. 107 ask about these methods in Q. 108) How many days ago did you receive training on _____? (Answer of Q. 107) (If less than 1 month write 00)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name of methods</th> <th style="text-align: right; border-bottom: 1px solid black;">Months ago</th> </tr> </thead> <tbody> <tr> <td>IUD</td> <td style="text-align: right;"><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div></td> </tr> <tr> <td>IMPLANT</td> <td style="text-align: right;"><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div></td> </tr> <tr> <td>Tubectomy</td> <td style="text-align: right;"><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div></td> </tr> <tr> <td>NSV</td> <td style="text-align: right;"><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div></td> </tr> <tr> <td>Other _____</td> <td style="text-align: right;"><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div></td> </tr> <tr> <td style="text-align: center;">(Specify)</td> <td></td> </tr> </tbody> </table>	Name of methods	Months ago	IUD	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	IMPLANT	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	Tubectomy	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	NSV	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	Other _____	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	(Specify)		
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(Specify)																	
108a	Have you received training on methods at the same time in same training?	Yes 1 No 2															
109	Did any training (here or any other) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes 1 No 2															

QUESTION		RESPONSE	SKIP
109a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the training (here or any other)?	Yes..... 1 No..... 2	
110	Have you received any 1 or 2 days orientation on LA/PM care?	Yes..... 1 No..... 2	→ 114
111	On what methods of LA/PM you have received orientation?	IUD.....A Implants.....B Tubectomy.....C NSV.....D Other_____X (Specify)	
112	(The methods code circled in Q. 111 ask about these methods in Q. 112) How many days ago did you receive orientation on _____? (Answer of Q. 111) (If less than 1 month write 00) (Orientation: 1 or 2 days training received on specific topics)	<u>Name of methods</u> <u>Months ago</u> IUD <input type="text"/> <input type="text"/> IMPLANT <input type="text"/> <input type="text"/> Tubectomy <input type="text"/> <input type="text"/> NSV <input type="text"/> <input type="text"/> Other_____ <input type="text"/> <input type="text"/> (Specify)	
112a	Have you received orientation/training on methods at the same time in same orientation/training?	Yes..... 1 No..... 2	
113	Did any orientation (here or any other) provide the support of Mayer Hashi or <i>Engenderhaelth</i> ?	Yes..... 1 No..... 2	
113a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the orientation (here or any other) session?	Yes..... 1 No..... 2	
114	Have you received any 1 day or few hours' refresher training on LA/PM care?	Yes..... 1 No..... 2	→ 118
115	On what methods of LA/PM you have received refresher training?	IUD.....A Implants.....B Tubectomy.....C NSV.....D Other_____X (Specify)	
116	(The methods code circled in Q. 115 ask about these methods in Q. 116) How many days ago did you receive refresher training on _____? (Answer of Q. 115) (If less than 1 month write 00)	<u>Name of methods</u> <u>Months ago</u> IUD <input type="text"/> <input type="text"/> IMPLANT <input type="text"/> <input type="text"/> Tubectomy <input type="text"/> <input type="text"/> NSV <input type="text"/> <input type="text"/> Other_____ <input type="text"/> <input type="text"/> (Specify)	

QUESTION		RESPONSE	SKIP
116a	Have you received refresher training on methods at the same time in same training?	Yes..... 1 No..... 2	
117	Did any refresher training (here or any other) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes..... 1 No..... 2	
117a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the refresher training (here or any other)?	Yes..... 1 No..... 2	
118	[AMTSL (Active Management of third Stage of Labor) to prevent post-partum hemorrhage] Have you received any 3 or more days training or 1 or 2 days orientation on AMTSL?	Yes, 3 or more days training..... 1 Yes, 1 or 2 days orientation..... 2 No..... 3	→ 201
119	How many months ago you received 3 or more days training or 1 day or 2 days orientation of on AMTSL? (If less than 1 month write 00) (If no write 00)	<u>Months ago</u> 3 or more days training..... <input type="text"/> <input type="text"/> 1 or 2 days orientation..... <input type="text"/> <input type="text"/>	
120	Did any 3 or more days training or 1 or 2 days orientation on AMTSL provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes..... 1 No..... 2	
120a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in 3 days or more training or 1 day or 2 days orientation on AMTSL?	Yes..... 1 No..... 2	

Section 2: BCC and Interpersonal Communication

[If, three days or more received training on specific topics or subjects that is training, one or two days training received on specific topics or subjects that is orientation and one day or few hours training received that is re-fresher training.]

QUESTION		RESPONSE	SKIP
201	Have you received any TOT (Training of Trainers) on BCC?	Yes..... 1 No..... 2	→ 205
202	On what topic/areas of BCC you have received TOT?	Personal CounselingA Group sessionB Community mobilization.....C Other _____.....X (Specify)	
203	How long ago have you received TOT on BCC? (If less than 1 month write 00)	Month ago..... <input type="text"/> <input type="text"/> <input type="text"/>	
204	Did any TOT (here or other places) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes..... 1 No..... 2	
204a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the TOT?	Yes..... 1 No..... 2	
205	Have you received any 3 or more days training on BCC?	Yes..... 1 No..... 2	→ 209

QUESTION		RESPONSE	SKIP
206	On what topic/areas of BCC you have received 3 or more days training?	Personal CounselingA Group sessionB Community mobilization.....C Other.....X (Specify)	
207	How long ago have you received training on BCC? (If less than 1 month write 00)	Month ago..... <input type="text"/> <input type="text"/> <input type="text"/>	
208	Did any training (here or other places) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes 1 No 2	
208a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the training (here or other places)?	Yes 1 No 2	
209	Have you received any 1 or 2 days orientation on BCC?	Yes 1 No 2	→ 213
210	On what topic/areas of BCC you have received orientation?	Personal CounselingA Group sessionB Community mobilization.....C Other.....X (Specify)	
211	How long ago have you received orientation on BCC? (If less than 1 month write 00)	Month ago..... <input type="text"/> <input type="text"/> <input type="text"/>	
212	Did any orientation (here or any other) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes 1 No 2	
212a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the orientation (here or other places) session?	Yes 1 No 2	
213	Have you received any 1 day or few hours' refresher training on BCC?	Yes 1 No 2	→ 301
214	On what topics you have received refresher training?	Personal CounselingA Group sessionB Community mobilization.....C Other.....X (Specify)	
215	How long ago have you received refresher training on BCC? (If less than 1 month write 00)	Month ago..... <input type="text"/> <input type="text"/> <input type="text"/>	
216	Did any refresher training (here or any other) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes 1 No 2	
216a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the refresher training (here or other places)?	Yes 1 No 2	

Section 3: Knowledge, Skills and Practices on Active Management of the third Stage of Labor (AMTSL)

AMTSL protect excessive bleeding. Now I want to know about your opinion about skills and practice on AMTSL.

Instruction for Interviewer: In col. 1, provide the possible responses. Don't read out the responses. Spontaneously provided response codes are circled in col. 2. Then read out those responses which are not provided spontaneously and circled the code of yes or no. For those responses ask the question no. 301a which code circled in col. 2 or yes code of col. 3.

301	What are the Active Management of Third Stage of Labour?		(Which are not circled in col 2, ask these issues) Do you aware about _____? (issues)	301a. Are you practicing _____? (answer of 301)
	(1)	(2)	(3)	(4)
a.	After delivery check abdomen by hand and confirmed that no more children in the uterus	A	Yes 1 No 2 ↘	Yes 1 No 2
b.	If, no child in the uterus, 10 units (2 ampul) of Oxytocin injection pushed on muscle of thigh within 1 minute after delivery	B	Yes 1 ↓ No 2 ↘	Yes 1 No 2
c.	Clamp the cord of placenta near perinium by artery forcep and after stop the bit of artery or after 2/3 minute of delivery cut the cord of placenta	C	Yes 1 ↓ No 2 ↘	Yes 1 No 2
d.	After contracted uterus, the cord of placenta pull slowly continuing opposite pressure on uterus (Never pull the cord without opposite pressure on uterus)	D	Yes 1 No 2 ↘	Yes 1 No 2
e.	After came out the placenta, massage uterus by hand up to the abdomen is contracted and determined that there is no excessive bleeding on the way of vagina	E	Yes 1 No 2 ↘	Yes 1 No 2
f.	Perfectly examine that whether complete placenta came out and should see that whether all lobes of placenta is present or not. (Any part of lobes remaining in uterus, it will not be contracted and may excessive bleeding after delivery)	F	Yes 1 No 2 ↘	Yes 1 No 2
g.	Perfectly examine that whether complete membranes have or not.	G	Yes 1 No 2 ↘	Yes 1 No 2
h.	Observe that there is any injury on the way of vagina or perinium and take necessary action and wear a pad or cloth on cervix.	H	Yes 1 ↓ No 2 ↘	Yes 1 No 2
i.	Don't know	Y		

Section 4: Policy changes or new policies

[Now, I would like to know on new policies or changed policies regarding family planning and selected maternal health care from you]

Sl. #	Are you aware about _____? (Policy)		401a-417a. Is it being implemented?
401	If first and second child alive, a woman can accept tubectomy (permanent family planning method for women) during the cesarean section of second child		Yes 1 No 2 ↘
402	A woman or a man may accept voluntary surgical contraception if she/he has two children (without any mandatory age requirement for the last child)		Yes 1 No 2 ↘

Sl. #	Are you aware about _____? (Policy)		401a-417a. Is it being implemewnted?
403	DGHS staff nurses after being trained are permitted to provide IUD services	Yes1 No.....2	Yes.....1 No2
404	Nurses at private hospitals after being trained are permitted to provide IUD services	Yes1 No.....2	Yes.....1 No2
405	According to previous rules, DMPA window period was two weeks after the scheduled reinjection date, now it has been extended up to four weeks.	Yes1 No.....2	Yes.....1 No2
406	Women who have not yet given any birth of a child are allowed to accept IMPLANT	Yes1 No.....2	Yes.....1 No2
407	A high level national committee has recommended that the progestin-only pill be included in the national family planning program	Yes1 No.....2	Yes.....1 No2
408	Post-partum family planning services has been added in the maternal health services and such services are available in the DGHS hospitals	Yes1 No.....2	Yes.....1 No2
409	Postpartum family planning services have been added in private-sector facilities	Yes1 No.....2	Yes.....1 No2
410	The DGHS facilities have not required separate registration from DGFP to receive family planning commodities and funds if they want to provide family planning services	Yes1 No.....2	Yes.....1 No2
411	The GOB-registered private or NGO facilities have not required separate registration from the DGFP to receive family planning commodities and funds if they want to provide family planning services	Yes1 No.....2	Yes.....1 No2
412	DGFP has introduced local-level projection planning for family planning methods based on client segmentation. FWAs set their targets based on their own projection	Yes1 No.....2	Yes.....1 No2
413	To prevent post-partum hemorrhage, Tab Misoprostol can be used. DGFP approved the distribution of Tab Misoprostol by the field workers to the pregnant mothers during their home visits.	Yes1 No.....2	Yes.....1 No2
414	Fascial interposition in NSV is now mandatory to ensure greater effectiveness of the procedure	Yes1 No.....2	Yes.....1 No2
415	DGFP approved the use of Tab Ibuprofen after IUD insertion which will help prevent pain and bleeding among new users	Yes1 No.....2	Yes.....1 No2
416	DGFP revised the data recording and reporting form by introducing new columns and rows for post-partum family planning activities and use Tab Misoprostol in the community	Yes1 No.....2	Yes.....1 No2
417	Confirm the cold-chain system from production place to service delivery point of the injection 'Oxytocin' (used for prevention of post-partum hemorrhage).	Yes1 No.....2	Yes.....1 No2
	Ending time of Interview:	<input type="text"/> <input type="text"/> Hour	<input type="text"/> <input type="text"/> Minute

Now, I am ending the interview here, if have you any question then you can ask me. Thank you for cooperate us providing important information.

Appendix J 5
Questionnaire for OB/GYN
Face Sheet

IDENTIFICATION								
DIVISION.....	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>							
DISTRICT.....								
UPAZILA/THANA.....								
UNION/WARD.....								
NAME OF THE RESPONDENT _____								

INTERVIEWER VISITS							
	1	2	3	FINAL VISIT			
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
INTERVIEWER'S NAME	_____	_____	_____	MONTH* <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
RESULT**	_____	_____	_____	YEAR <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
	_____	_____	_____	CODE <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
	_____	_____	_____	RESULT** <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>			
NEXT VISIT: DATE	_____	_____	_____	TOTAL NO. OF VISITS <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>			
TIME	_____	_____	_____	_____			

**RESULT CODES:

1 COMPLETED	4 REFUSED
2 NOT AVAILABLE	5 PARTLY COMPLETED
3 POSTPONED	6 OTHER _____

(SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____ <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			NAME _____ <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
DATE _____	DATE _____										

**Informed Consent for Interview
(Verbal)**

Obtain respondent's consent (Greet the respondent, and read out the following statements to respondent before asking any question).

Assalamualikum/Adab,

My name is I am from the research organization ACPR, located in Dhaka. We are conducting a survey on the project Mayer Hashi for an international NGO, *Engenderhealth*. The results of this survey are helpful for MOHFW to improve the quality of family planning and maternal health services. We want to ask you some questions about health and family planning services which you provided. Your opinion is very important to us as it will help the government to take policy decisions and goals related to fulfill the reproductive intentions of couples.


You have been selected randomly for the data collection. If you agree to participate, we will ask you some questions related to long acting and permanent method of family planning and active management of third stage of labour which you are provided. The interview will take around 20-25 minutes of your time.

Your participation in this survey is completely voluntary. You can refuse to respond to any question if you wish. You can also stop the interview at any time. You may ask any questions or clarifications before giving your consent for interview. You may also contact Mr. Abu Pasha Md. Shafiur Rahman, Managing Director, (Cell 01713005502) of ACPR for any questions.

You will not receive any direct benefit from the interview; however, the Government particularly Ministry of Health and Family Welfare (MOHFW) will be benefit from the study findings. There is no risk involved in your participation in this interview. You will not be paid any monetary compensation for your participation in this survey.

The interview will be conducted in a private setting. Your responses will be kept confidential. Your name will not appear in any reports. No identifying information will be reported with the data. When the results published, you will have not identified by your office staff what information you provided. Only the researchers will have access to your responses, which they will utilize to prepare the report. All the data will be stored in a locked and secured place.

If you do not have any question, do I have your permission to continue?

Respondent agreed 1  Respondent not agreed 2

Statement of Interviewer:

I am under signed; explain to the respondent objectives of the interview and procedure and risk of the participation and benefit of the survey to understand. I provide my address to contact me for any question arises to him/her. I am undertaking that respondent agreed to interview voluntarily.

Signature of Interviewer:

Date

Section 1: Background and Training

Now, I would like to ask you some question on your background and training, orientation and re-fresher training received in service, which are provided by Government of Bangladesh and others organizations.

Instruction for Data Collectors: If, three days or more received training on specific topics or subjects that is training, one day or two days training received on specific topics or subjects that is orientation and one day or few hours training received that is re-fresher training.

QUESTION		RESPONSE	SKIP														
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101	Would you please tell your name?	Name: _____															
102	How old are you?	Year (in completed Years)..... <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>															
103	What is your educational qualification?	MBBS or higher 1 Other _____ 6 (Specify)															
104	How long have you been in this service? (If less than 1 year write 00)	Year (in completed Years)..... <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>															
105	How long have you been engaged in this health center? (If less than 1 year write 00)	Year (in completed Years)..... <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>															
106	Have you received any 3 days or more training on LA/PM care?	Yes 1 No 2	→ 110														
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QUESTION		RESPONSE	SKIP
109a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the training (here or any other)?	Yes..... 1 No..... 2	
110	Have you received any 1 or 2 days orientation on LA/PM care?	Yes..... 1 No..... 2	→ 114
111	On what methods of LA/PM you have received orientation?	IUD.....A Implants.....B Tubectomy.....C NSV.....D Other_____X (Specify)	
112	(The methods code circled in Q. 111 ask about these methods in Q. 112) How many days ago did you receive orientation on _____? (Answer of Q. 111) (If less than 1 month write 00) (Orientation: 1 or 2 days training received on specific topics)	<u>Name of methods</u> <u>Months ago</u> IUD <input type="text"/> <input type="text"/> IMPLANT <input type="text"/> <input type="text"/> Tubectomy <input type="text"/> <input type="text"/> NSV <input type="text"/> <input type="text"/> Other_____ <input type="text"/> <input type="text"/> (Specify)	
112a	Have you received orientation/training on methods at the same time in same orientation/training?	Yes..... 1 No..... 2	
113	Did any orientation (here or any other) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes..... 1 No..... 2	
113a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the orientation (here or any other) session?	Yes..... 1 No..... 2	
114	Have you received any 1 day or few hours' refresher training on LA/PM care?	Yes..... 1 No..... 2	→ 118
115	On what methods of LA/PM you have received refresher training?	IUD.....A Implants.....B Tubectomy.....C NSV.....D Other_____X (Specify)	
116	(The methods code circled in Q. 115 ask about these methods in Q. 116) How many days ago did you receive refresher training on _____? (Answer of Q. 115) (If less than 1 month write 00)	<u>Name of methods</u> <u>Months ago</u> IUD <input type="text"/> <input type="text"/> IMPLANT <input type="text"/> <input type="text"/> Tubectomy <input type="text"/> <input type="text"/> NSV <input type="text"/> <input type="text"/> Other_____ <input type="text"/> <input type="text"/> (Specify)	

QUESTION		RESPONSE	SKIP
116a	Have you received refresher training on methods at the same time in same training?	Yes..... 1 No..... 2	
117	Did any refresher training (here or any other) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes..... 1 No..... 2	
117a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the refresher training (here or any other)?	Yes..... 1 No..... 2	
118	[AMTSL (Active Management of third Stage of Labor) to prevent post-partum hemorrhage] Have you received any 3 or more days training or 1 or 2 days orientation on AMTSL?	Yes, 3 or more days training..... 1 Yes, 1 or 2 days orientation..... 2 No..... 3	→ 201
119	How many months ago you received 3 or more days training or 1 day or 2 days orientation of on AMTSL? (If less than 1 month write 00) (If no write 00)	<u>Months ago</u> 3 or more days training..... <input type="text"/> <input type="text"/> 1 or 2 days orientation..... <input type="text"/> <input type="text"/>	
120	Did any 3 or more days training or 1 or 2 days orientation on AMTSL provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes..... 1 No..... 2	
120a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in 3 days or more training or 1 day or 2 days orientation on AMTSL?	Yes..... 1 No..... 2	

Section 2: BCC and Interpersonal Communication

[If, three days or more received training on specific topics or subjects that is training, one or two days training received on specific topics or subjects that is orientation and one day or few hours training received that is re-fresher training.]

QUESTION		RESPONSE	SKIP
201	Have you received any TOT (Training of Trainers) on BCC?	Yes..... 1 No..... 2	→ 205
202	On what topic/areas of BCC you have received TOT?	Personal CounselingA Group sessionB Community mobilization.....C Other _____.....X (Specify)	
203	How long ago have you received TOT on BCC? (IF LESS THAN 1 MONTH WRITE 00)	Month ago..... <input type="text"/> <input type="text"/> <input type="text"/>	
204	Did any TOT (here or other places) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes..... 1 No..... 2	
204a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the TOT?	Yes..... 1 No..... 2	
205	Have you received any 3 or more days training on BCC?	Yes..... 1 No..... 2	→ 209

QUESTION		RESPONSE	SKIP
206	On what topic/areas of BCC you have received 3 or more days training?	Personal CounselingA Group sessionB Community mobilization.....C Other_____X (Specify)	
207	How long ago have you received training on BCC? (If less than 1 month write 00)	Month ago..... <input type="text"/> <input type="text"/> <input type="text"/>	
208	Did any training (here or other places) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes 1 No 2	
208a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the training (here or other places)?	Yes 1 No 2	
209	Have you received any 1 or 2 days orientation on BCC?	Yes 1 No 2	→ 213
210	On what topic/areas of BCC you have received orientation?	Personal CounselingA Group sessionB Community mobilization.....C Other_____X (Specify)	
211	How long ago have you received orientation on BCC? (If less than 1 month write 00)	Month ago..... <input type="text"/> <input type="text"/> <input type="text"/>	
212	Did any orientation (here or any other) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes 1 No 2	
212a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the orientation (here or other places) session?	Yes 1 No 2	
213	Have you received any 1 day or few hours' refresher training on BCC?	Yes 1 No 2	→ 301
214	On what topics you have received refresher training?	Personal CounselingA Group sessionB Community mobilization.....C Other_____X (Specify)	
215	How long ago have you received refresher training on BCC? (If less than 1 month write 00)	Month ago..... <input type="text"/> <input type="text"/> <input type="text"/>	
216	Did any refresher training (here or any other) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes 1 No 2	
216a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the refresher training (here or other places)?	Yes 1 No 2	

Section 3: Knowledge, Skills and Practices on Active Mangement of the third Stage of Labor (AMTSL)

AMTSL protect excessive bleeding. Now I want to know about your opinion about skills and practice on AMTSL.

Instruction for Interviewer: In col. 1, provide the possible responses. Don't read out the responses. Sponteniously provided reponse codes are circled in col. 2. Then read out those reponses which are not provided spontaniously and circled the code of yes or no. For those responses ask the question no. 301a which code circled in col. 2 or yes code of col. 3.

301	What are the Active Management of Third Stage of Labour?		(Which are not circled in col 2, ask these issues) Do you aware about _____? (issues)	301a. Are you practicing _____? (answer of 301)
	(1)	(2)	(3)	(4)
a.	After delivery check abdomen by hand and confirmed that no more children in the uterus	A	Yes 1 No 2 ↘	Yes 1 No 2
b.	If, no child in the uterus, 10 units (2 ampul) of Oxytocin injection pushed on muscle of thai within 1 minute after delivery	B	Yes 1 ↓ No 2 ↘	Yes 1 No 2
c.	Clamp the cord of placenta near perinium by artery forcep and after stop the bit of artery or after 2/3 minute of delivery cut the cord of placenta	C	Yes 1 ↓ No 2 ↘	Yes 1 No 2
d.	After contracted uterus, the cord of placenta pull slowly continuing opposite pressure on uterus (Never pull the cord without opposite pressure on uterus)	D	Yes 1 No 2 ↘	Yes 1 No 2
e.	After came out the placenta, massage uterus by hand up to the abdomen is contracted and determined that there is no excessive bleeding on the way of vagina	E	Yes 1 No 2 ↘	Yes 1 No 2
f.	Perfectly examine that whether complete placenta cameout and should see that whether all labial of placenta is present or not. (Any part of labial remaining in uterus, it will not be contracted and may excessive bleeding after delivery)	F	Yes 1 No 2 ↘	Yes 1 No 2
g.	Perfectly examine that whether complete membraine have or not.	G	Yes 1 No 2 ↘	Yes 1 No 2
h.	Observe that there is any injured on the way of vagina or perinium and take necessary action and wear a pad or cloth on cervix.	H	Yes 1 ↓ No 2 ↘	Yes 1 No 2
i.	Don't know	Y		

Section 4: Policy changes or new policies

[Now, I would like to know on new policies or changed polocios regarding family planning and selected maternal health care from you]

Sl. #	Are you aware about _____? (Policy)		401a-417a. Is it being implemwnted?
401	If first and second child alive, a woman can accept tubectomy (permanent family planning method for women) during the cesarean section of second child		Yes 1 No 2 ↘

Sl. #	Are you aware about _____? (Policy)		401a-417a. Is it being implemewnted?
402	A woman or a man may accept voluntary surgical contraception if she/he has two children (without any mandatory age requirement for the last child)	Yes1 No.....2	Yes.....1 No2
403	DGHS staff nurses after being trained are permitted to provide IUD services	Yes1 No.....2	Yes.....1 No2
404	Nurses at private hospitals after being trained are permitted to provide IUD services	Yes1 No.....2	Yes.....1 No2
405	According to previous rules, DMPA window period was two weeks after the scheduled reinjection date, now it has been extended up to four weeks.	Yes1 No.....2	Yes.....1 No2
406	Women who have not yet given any birth of a child are allowed to accept IMPLANT	Yes1 No.....2	Yes.....1 No2
407	A high level national committee has recommended that the progestin-only pill be included in the national family planning program	Yes1 No.....2	Yes.....1 No2
408	Post-partum family planning services has been added in the maternal health services and such services are available in the DGHS hospitals	Yes1 No.....2	Yes.....1 No2
409	Postpartum family planning services have been added in private-sector facilities	Yes1 No.....2	Yes.....1 No2
410	The DGHS facilities have not required separate registration from DGFP to receive family planning commodities and funds if they want to provide family planning services	Yes1 No.....2	Yes.....1 No2
411	The GOB-registered private or NGO facilities have not required separate registration from the DGFP to receive family planning commodities and funds if they want to provide family planning services	Yes1 No.....2	Yes.....1 No2
412	DGFP has introduced local-level projection planning for family planning methods based on client segmentation. FWAs set their targets based on their own projection	Yes1 No.....2	Yes.....1 No2
413	To prevent post-partum hemorrhage, Tab Misoprostol can be used. DGFP approved the distribution of Tab Misoprostol by the field workers to the pregnant mothers during their home visits.	Yes1 No.....2	Yes.....1 No2
414	Fascial interposition in NSV is now mandatory to ensure greater effectiveness of the procedure	Yes1 No.....2	Yes.....1 No2
415	DGFP approved the use of Tab Ibuprofen after IUD insertion which will help prevent pain and bleeding among new users	Yes1 No.....2	Yes.....1 No2
416	DGFP revised the data recording and reporting form by introducing new columns and rows for post-partum family planning activities and use Tab Misoprostol in the community	Yes1 No.....2	Yes.....1 No2
417	Confirm the cold-chain system from production place to service delivery point of the injection 'Oxytocin' (used for prevention of post-partum hemorrhage).	Yes1 No.....2	Yes.....1 No2
	Ending time of Interview:	<input type="text"/> <input type="text"/> Hour	<input type="text"/> <input type="text"/> Minute

Now, I am ending the interview here, if have you any question then you can ask me. Thank you for cooperate us providing important information.

Appendix J 6

Questionnaire for UFPO Face Sheet

IDENTIFICATION							
DIVISION.....	<table border="1" style="width: 60px; height: 60px; border-collapse: collapse;"> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> </table>						
DISTRICT.....							
UPAZILA/THANA.....							
NAME OF THE RESPONDENT _____							

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> MONTH* <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> YEAR <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> CODE <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> RESULT** <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>
INTERVIEWER'S NAME	_____	_____	_____	
RESULT**				
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>
TIME	_____	_____		

**RESULT CODES:

1 COMPLETED	4 REFUSED
2 NOT AVAILABLE	5 PARTLY COMPLETED
3 POSTPONED	6 OTHER _____

(SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	NAME _____ <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>
DATE _____	DATE _____		

Informed Consent for Interview (Verbal)

Obtain respondent's consent (Greet the respondent, and read out the following statements to respondent before asking any question).

Assalamualikum/Adab,

My name is I am from the research organization ACPR, located in Dhaka. We are conducting a survey on the project Mayer Hashi for an international NGO, *Engenderhealth*. The results of this survey are helpful for MOHFW to improve the quality of family planning and maternal health services. We want to ask you some questions about health and family planning services which you provided. Your opinion is very important to us as it will help the government to take policy decisions and goals related to fulfill the reproductive intentions of couples.


You have been selected randomly for the data collection. If you agree to participate, we will ask you some questions related to long acting and permanent method of family planning and active management of third stage of labour which you are provided. The interview will take around 20-25 minutes of your time.

Your participation in this survey is completely voluntary. You can refuse to respond to any question if you wish. You can also stop the interview at any time. You may ask any questions or clarifications before giving your consent for interview. You may also contact Mr. Abu Pasha Md. Shafiur Rahman, Managing Director, (Cell 01713005502) of ACPR for any questions.

You will not receive any direct benefit from the interview; however, the Government particularly Ministry of Health and Family Welfare (MOHFW) will be benefit from the study findings. There is no risk involved in your participation in this interview. You will not be paid any monetary compensation for your participation in this survey.

The interview will be conducted in a private setting. Your responses will be kept confidential. Your name will not appear in any reports. No identifying information will be reported with the data. When the results published, you will have not identified by your office staff what information you provided. Only the researchers will have access to your responses, which they will utilize to prepare the report. All the data will be stored in a locked and secured place.

If you do not have any question, do I have your permission to continue?

Respondent agreed 1  Respondent not agreed 2

Statement of Interviewer:

I am under signed; explain to the respondent objectives of the interview and procedure and risk of the participation and benefit of the survey to understand. I provide my address to contact me for any question arises to him/her. I am undertaking that respondent agreed to interview voluntarily.

Signature of Interviewer:

Date

Section 1: Background and Training

Now, I would like to ask you some question on your background and training, orientation and re-fresher training received in service, which are provided by Government of Bangladesh and others organizations.

Instruction for Data Collectors: If, three days or more received training on specific topics or subjects that is training, one day or two days training received on specific topics or subjects that is orientation and one day or few hours training received that is re-fresher training.

QUESTION		RESPONSE	SKIP														
	Starting time of interview:	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <p style="text-align: center; margin-top: 5px;">Hour minute</p>															
101	Would you please tell your name?	Name: _____															
102	How old are you?	Year (in completed Years) <input style="width: 30px; height: 20px;" type="text"/>															
103	What is your educational qualification?	MBBS or higher1 MA/MSC/MCom2 BA/BSC/BCom3 Other6 (Specify)															
104	How long have you been in this service? (If less than 1 year write 00)	Year (in completed Years) <input style="width: 30px; height: 20px;" type="text"/>															
105	How long have you been engaged in this area? (If less than 1 year write 00)	Year (in completed Years) <input style="width: 30px; height: 20px;" type="text"/>															
106	Have you received any 3 days or more training on LA/PM care?	Yes1 No2	→ 110														
107	On what methods of LA/PM you have received 3 days or more training?	IUD.....A Implants.....B Tubectomy.....C NSV.....D Other.....X (Specify)															
108	(The methods code circled in Q. 107 ask about these methods in Q. 108) How many days ago did you receive training on _____? (Answer of Q. 107) (If less than 1 month write 00)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name of methods</th> <th style="text-align: right; border-bottom: 1px solid black;">Months ago</th> </tr> </thead> <tbody> <tr> <td>IUD</td> <td style="text-align: right;"><input style="width: 30px; height: 20px;" type="text"/></td> </tr> <tr> <td>IMPLANT</td> <td style="text-align: right;"><input style="width: 30px; height: 20px;" type="text"/></td> </tr> <tr> <td>Tubectomy</td> <td style="text-align: right;"><input style="width: 30px; height: 20px;" type="text"/></td> </tr> <tr> <td>NSV</td> <td style="text-align: right;"><input style="width: 30px; height: 20px;" type="text"/></td> </tr> <tr> <td>Other _____</td> <td style="text-align: right;"><input style="width: 30px; height: 20px;" type="text"/></td> </tr> <tr> <td style="text-align: center;">(Specify)</td> <td></td> </tr> </tbody> </table>	Name of methods	Months ago	IUD	<input style="width: 30px; height: 20px;" type="text"/>	IMPLANT	<input style="width: 30px; height: 20px;" type="text"/>	Tubectomy	<input style="width: 30px; height: 20px;" type="text"/>	NSV	<input style="width: 30px; height: 20px;" type="text"/>	Other _____	<input style="width: 30px; height: 20px;" type="text"/>	(Specify)		
Name of methods	Months ago																
IUD	<input style="width: 30px; height: 20px;" type="text"/>																
IMPLANT	<input style="width: 30px; height: 20px;" type="text"/>																
Tubectomy	<input style="width: 30px; height: 20px;" type="text"/>																
NSV	<input style="width: 30px; height: 20px;" type="text"/>																
Other _____	<input style="width: 30px; height: 20px;" type="text"/>																
(Specify)																	
108a	Have you received training on methods at the same time in same training?	Yes1 No2															

QUESTION		RESPONSE	SKIP
109	Did any training (here or any other) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes 1 No 2	
109a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the training (here or any other) session?	Yes 1 No 2	
110	Have you received any 1 or 2 days orientation on LA/PM care?	Yes 1 No 2	→114
111	On what methods of LA/PM you have received orientation?	IUD..... A Implants..... B Tubectomy..... C NSV..... D Other..... X (Specify)	
112	(The methods code circled in Q. 111 ask about these methods in Q. 112) How many days ago did you receive orientation on _____? (Answer of Q. 111) (If less than 1 month write 00) (Orientation: 1 or 2 days training received on specific topics)	<u>Name of methods</u> <u>Months ago</u> IUD <input type="text"/> <input type="text"/> IMPLANT <input type="text"/> <input type="text"/> Tubectomy <input type="text"/> <input type="text"/> NSV <input type="text"/> <input type="text"/> Other _____ <input type="text"/> <input type="text"/> (Specify)	
112a	Have you received orientation/training on methods at the same time in same orientation/training?	Yes 1 No 2	
113	Did any orientation (here or other places) provide the support of Mayer Hashi or <i>Engenderhaelth</i> ?	Yes 1 No 2	
113a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the orientation session?	Yes 1 No 2	
114	Have you received any 1 day or few hours' refresher training on LA/PM care?	Yes 1 No 2	→118
115	On what methods of LA/PM you have received refresher training?	IUD A Implants B Tubectomy C NSV D Other..... X (Specify)	
116	(The methods code circled in Q. 115 ask about these methods in Q. 116) How many days ago did you receive refresher training on _____? (Answer of Q. 115) (If less than 1 month write 00)	<u>Name of methods</u> <u>Months ago</u> IUD <input type="text"/> <input type="text"/> IMPLANT <input type="text"/> <input type="text"/> Tubectomy <input type="text"/> <input type="text"/> NSV <input type="text"/> <input type="text"/> Other _____ <input type="text"/> <input type="text"/> (Specify)	

QUESTION		RESPONSE	SKIP
116a	Have you received refresher training on methods at the same time in same training?	Yes 1 No.....2	
117	Did any refresher training (here or other places) provide the support of Mayer Hashi or <i>Engenderhealth</i> ?	Yes 1 No.....2	
117a	Was any trainer/facilitator of Mayer Hashi or <i>Engenderhealth</i> present in the refresher training?	Yes 1 No.....2	

Section 2: Now, I want to know interventions program of long acting/permanent method in the upazila, such as training, BCC activities, community mobilization, and camp on permanent method etc. These are provided by the support of Bangladesh Government, *Engenderhealth* and UNFPA. At first I like to talk about the program of Bangladesh Government.

Section 2a: Improve the performance of LA/PM by the support of Bangladesh Government, except other organizations (such as *Engenderhealth*, UNFP)

No.	Had any _____ done in ____ in your upazila? (activities) (year)	2009	2010	2011	2012
201a	Training of FWAs on LA/PM	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
202a	Training of FWVs on LA/PM	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
203a	Training of MO-MCHs on LA/PM	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
204a	Program on improve the quality of LA/PM	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
205a	Training on monitoring and supervision of LA/PM	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
206a	Training on determination the target of possible clients of LA/PM and planning	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
207a	BCC and interpersonal communication activities for LA/PM	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
208a	Community mobilization for LA/PM	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
209a	Camps on LA/PM	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
210a	Training for satisfied clients of LA/PM	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2

Section 2b: Improve the performance of LA/PM by the support of Engenderhealth

No.	Had any _____ done in ____ in your upazila? (activities) (year)	2009	2010	2011	2012
201b	Training of FWAs on LA/PM	Yes 1 No 2	Yes1 No2	Yes.....1 No.....2	Yes 1 No..... 2
202b	Training of FWVs on LA/PM	Yes 1 No 2	Yes1 No2	Yes.....1 No.....2	Yes 1 No..... 2
203b	Training of MO-MCHs on LA/PM	Yes 1 No 2	Yes1 No2	Yes.....1 No.....2	Yes 1 No..... 2
204b	Program on improve the quality of	Yes 1 No 2	Yes1 No2	Yes.....1 No.....2	Yes 1 No..... 2
205b	Training on monitoring and supervision of LA/PM	Yes 1 No 2	Yes1 No2	Yes.....1 No.....2	Yes 1 No..... 2
206b	Training on determination the target of possible clients of LA/PM and planning	Yes 1 No 2	Yes1 No2	Yes.....1 No.....2	Yes 1 No..... 2
207b	BCC and interpersonal communication activities for LA/PM	Yes 1 No 2	Yes1 No2	Yes.....1 No.....2	Yes 1 No..... 2
208b	Community mobilization for LA/PM	Yes 1 No 2	Yes1 No2	Yes.....1 No.....2	Yes 1 No..... 2
209b	Camps on LA/PM	Yes 1 No 2	Yes1 No2	Yes.....1 No.....2	Yes 1 No..... 2
210b	Training for satisfied clients of LA/PM	Yes 1 No 2	Yes1 No2	Yes.....1 No.....2	Yes 1 No..... 2

Section 2c: Improve the performance of LA/PM by the support of UNFP

No.	Had any _____ done in ____ in your upazila? (activities) (year)	2009	2010	2011	2012
201c	Training of FWAs on LA/PM	Yes 1 No 2	Yes1 No2	Yes.....1 No.....2	Yes 1 No..... 2
202c	Training of FWVs on LA/PM	Yes 1 No 2	Yes1 No2	Yes.....1 No.....2	Yes 1 No..... 2
203c	Training of MO-MCHs on LA/PM	Yes 1 No 2	Yes1 No2	Yes.....1 No.....2	Yes 1 No..... 2
204c	Program on improve the quality of	Yes 1 No 2	Yes1 No2	Yes.....1 No.....2	Yes 1 No..... 2
205c	Training on monitoring and supervision of LA/PM	Yes 1 No 2	Yes1 No2	Yes.....1 No.....2	Yes 1 No..... 2
206c	Training on determination the target of possible clients of LA/PM and planning	Yes 1 No 2	Yes1 No2	Yes.....1 No.....2	Yes 1 No..... 2

No.	Had any _____ done in _____ in your upazila? (activities) (year)	2009	2010	2011	2012
207c	BCC and interpersonal communication activities for LA/PM	Yes 1 No 2	Yes1 No2	Yes..... 1 No.....2	Yes 1 No..... 2
208c	Community mobilization for LA/PM	Yes 1 No 2	Yes1 No2	Yes..... 1 No.....2	Yes 1 No..... 2
209c	Camps on LA/PM	Yes 1 No 2	Yes1 No2	Yes..... 1 No.....2	Yes 1 No..... 2
210c	Training for satisfied clients of LA/PM	Yes 1 No 2	Yes1 No2	Yes..... 1 No.....2	Yes 1 No..... 2

Section 3: Policy changes or new policies

[Now, I would like to know on new policies or changed policies regarding family planning and selected maternal health care from you]

Sl. #	Are you aware about _____? (Policy)		301a-317a. Is it being implemented?
301	If first and second child alive, a woman can accept tubectomy (permanent family planning method for women) during the cesarean section of second child	Yes 1 No.....2	Yes 1 No..... 2
302	A woman or a man may accept voluntary surgical contraception if she/he has two children (without any mandatory age requirement for the last child)	Yes 1 No.....2	Yes 1 No..... 2
303	DGHS staff nurses after being trained are permitted to provide IUD services	Yes 1 No.....2	Yes 1 No..... 2
304	Nurses at private hospitals after being trained are permitted to provide IUD services	Yes 1 No.....2	Yes 1 No..... 2
305	According to previous rules, DMPA window period was two weeks after the scheduled reinjection date, now it has been extended up to four weeks.	Yes 1 No.....2	Yes 1 No..... 2
306	Women who have not yet given any birth of a child are allowed to accept IMPLANT	Yes 1 No.....2	Yes 1 No..... 2
307	A high level national committee has recommended that the progestin-only pill be included in the national family planning program	Yes 1 No.....2	Yes 1 No..... 2
308	Post-partum family planning services has been added in the maternal health services and such services are available in the DGHS hospitals	Yes 1 No.....2	Yes 1 No..... 2
309	Postpartum family planning services have been added in private-sector facilities	Yes 1 No.....2	Yes 1 No..... 2
310	The DGHS facilities have not required separate registration from DGFP to receive family planning commodities and funds if they want to provide family planning services	Yes 1 No.....2	Yes 1 No..... 2
311	The GOB-registered private or NGO facilities have not required separate registration from the DGFP to receive family planning commodities and funds if they want to provide family planning	Yes 1 No.....2	Yes 1 No..... 2

Sl. #	Are you aware about _____? (Policy)		301a-317a. Is it being implemented?
	services		
312	DGFP has introduced local-level projection planning for family planning methods based on client segmentation. FWAs set their targets based on their own projection	Yes 1 No.....2 ↓	Yes 1 No..... 2
313	To prevent post-partum hemorrhage, Tab Misoprostol can be used. DGFP approved the distribution of Tab Misoprostol by the field workers to the pregnant mothers during their home visits.	Yes 1 No.....2 ↓	Yes 1 No..... 2
314	Fascial interposition in NSV is now mandatory to ensure greater effectiveness of the procedure	Yes 1 No.....2 ↓	Yes 1 No..... 2
315	DGFP approved the use of Tab Ibuprofen after IUD insertion which will help prevent pain and bleeding among new users	Yes 1 ↓ No.....2 ↓	Yes 1 No..... 2
316	DGFP revised the data recording and reporting form by introducing new columns and rows for post-partum family planning activities and use Tab Misoprostol in the community	Yes 1 ↓ No.....2 ↓	Yes 1 No..... 2
317	Confirm the cold-chain system from production place to service delivery point of the injection 'Oxytocin' (used for prevention of post-partum hemorrhage).	Yes 1 No.....2 ↓	Yes 1 No..... 2
	Ending time of Interview:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		Hour	Minute

Now, I am ending the interview here, if have you any question then you can ask me. Thank you for cooperate us providing important information.

Appendix J 7
Questionnaire for UHFPO
Face Sheet

IDENTIFICATION									
DIVISION.....	<table border="1" style="width: 50px; height: 50px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
DISTRICT.....									
UPAZILA/THANA.....									
NAME OF THE RESPONDENT _____									

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"> </table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"> </table> MONTH* <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"> </table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"> </table> YEAR <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"> </table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"> </table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"> </table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"> </table> CODE <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"> </table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"> </table> RESULT** <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"> </table>
INTERVIEWER'S NAME	_____	_____	_____	
RESULT**				
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"> </table>
TIME	_____	_____		

**RESULT CODES:

1 COMPLETED	4 REFUSED
2 NOT AVAILABLE	5 PARTLY COMPLETED
3 POSTPONED	6 OTHER _____

(SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"> </table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"> </table>	NAME _____ <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"> </table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"> </table>	<table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"> </table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"> </table>	<table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"> </table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"> </table>
DATE _____	DATE _____		

Informed Consent for Interview (Verbal)

Obtain respondent's consent (Greet the respondent, and read out the following statements to respondent before asking any question).

Assalamualikum/Adab,

My name is I am from the research organization ACPR, located in Dhaka. We are conducting a survey on the project Mayer Hashi for an international NGO, *Engenderhealth*. The results of this survey are helpful for MOHFW to improve the quality of family planning and maternal health services. We want to ask you some questions about health and family planning services which you provided. Your opinion is very important to us as it will help the government to take policy decisions and goals related to fulfill the reproductive intentions of couples.

You have been selected randomly for the data collection. If you agree to participate, we will ask you some questions related to long acting and permanent method of family planning and active management of third stage of labour which you are provided. The interview will take around 10-15 minutes of your time.

Your participation in this survey is completely voluntary. You can refuse to respond to any question if you wish. You can also stop the interview at any time. You may ask any questions or clarifications before giving your consent for interview. You may also contact Mr. Abu Pasha Md. Shafiur Rahman, Managing Director, (Cell 01713005502) of ACPR for any questions.

You will not receive any direct benefit from the interview; however, the Government particularly Ministry of Health and Family Welfare (MOHFW) will be benefit from the study findings. There is no risk involved in your participation in this interview. You will not be paid any monetary compensation for your participation in this survey.

The interview will be conducted in a private setting. Your responses will be kept confidential. Your name will not appear in any reports. No identifying information will be reported with the data. When the results published, you will have not identified by your office staff what information you provided. Only the researchers will have access to your responses, which they will utilize to prepare the report. All the data will be stored in a locked and secured place.

If you do not have any question, do I have your permission to continue?

Respondent agreed 1 2
Respondent not agreed

Statement of Interviewer:

I am under signed; explain to the respondent objectives of the interview and procedure and risk of the participation and benefit of the survey to understand. I provide my address to contact me for any question arises to him/her. I am undertaking that respondent agreed to interview voluntarily.

Signature of Interviewer:

Date

Section 1: Policy changes or new policies

[Now, I would like to know on new policies or changed policies regarding family planning and selected maternal health care from you]

Sl. #	Are you aware about _____? (Policy)		101a-117a. Is it being implemewnted?
101	If first and second child alive, a woman can accept tubectomy (permanent family planning method for women) during the cesarean section of second child	Yes 1 No.....2 ↓	Yes 1 No..... 2
102	A woman or a man may accept voluntary surgical contraception if she/he has two children (without any mandatory age requirement for the last child)	Yes 1 No.....2 ↓	Yes 1 No..... 2
103	DGHS staff nurses after being trained are permitted to provide IUD services	Yes 1 No.....2 ↓	Yes 1 No..... 2
104	Nurses at private hospitals after being trained are permitted to provide IUD services	Yes 1 ↓ No.....2 ↓	Yes 1 No..... 2
105	According to previous rules, DMPA window period was two weeks after the scheduled reinjection date, now it has been extended up to four weeks.	Yes 1 ↓ No.....2 ↓	Yes 1 No..... 2
106	Women who have not yet given any birth of a child are allowed to accept IMPLANT	Yes 1 No.....2 ↓	Yes 1 No..... 2
107	A high level national committee has recommended that the progestin-only pill be included in the national family planning program	Yes 1 ↓ No.....2 ↓	Yes 1 No..... 2
108	Post-partum family planning services has been added in the maternal health services and such services are available in the DGHS hospitals	Yes 1 ↓ No.....2 ↓	Yes 1 No..... 2
109	Postpartum family planning services have been added in private-sector facilities	Yes 1 ↓ No.....2 ↓	Yes 1 No..... 2
110	The DGHS facilities have not required separate registration from DGFP to receive family planning commodities and funds if they want to provide family planning services	Yes 1 ↓ No.....2 ↓	Yes 1 No..... 2
111	The GOB-registered private or NGO facilities have not required separate registration from the DGFP to receive family planning commodities and funds if they want to provide family planning services	Yes 1 No.....2 ↓	Yes 1 No..... 2
112	DGFP has introduced local-level projection planning for family planning methods based on client segmentation. FWAs set their targets based on their own projection	Yes 1 No.....2 ↓	Yes 1 No..... 2
113	To prevent post-partum hemorrhage, Tab Misoprostol can be used. DGFP approved the distribution of Tab Misoprostol by the field workers to the pregnant mothers during their home visits.	Yes 1 No.....2 ↓	Yes 1 No..... 2
114	Fascial interposition in NSV is now mandatory to ensure greater effectiveness of the procedure	Yes 1 No.....2 ↓	Yes 1 No..... 2
115	DGFP approved the use of Tab Ibuprofen after IUD insertion which will help prevent pain and bleeding among new users	Yes 1 ↓ No.....2 ↓	Yes 1 No..... 2
116	DGFP revised the data recording and reporting form by introducing new columns and rows for post-partum family planning activities and use Tab Misoprostol in the community	Yes 1 ↓ No.....2 ↓	Yes 1 No..... 2

Sl. #	Are you aware about _____? (Policy)		101a-117a. Is it being implemewnted?
117	Confirm the cold-chain system from production place to service delivery point of the injection 'Oxytocin' (used for prevention of post-partum hemorrhage).	Yes 1 No.....2	Yes 1 No..... 2
	Ending time of Interview:	<input type="text"/> <input type="text"/> Hour	<input type="text"/> <input type="text"/> Minute

Now, I am ending the interview here, if have you any question then you can ask me. Thank you for cooperate us providing important information.

Appendix K. Observstion Checklist of BCC Materials in MO-MCH Office or FWC

Appendix K

Observstion Checklist of BCC Materials in MO-MCH office or FWC

IDENTIFICATION						
DIVISION.....	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>					
DISTRICT.....						
UPAZILA/THANA.....						
UNION/WARD.....						
TYPE OF THE FACILITY MO-MCH office 1 FWC 2						

OBSERVER VISITS															
	1	2	3	FINAL VISIT											
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH* <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> CODE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> RESULT** <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>											
OBSERVER'S NAME	_____	_____	_____												
RESULT**	_____	_____	_____	_____											
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>											
TIME	_____	_____		_____											
**RESULT CODES: 1 COMPLETED 2 INCOMPLETED 7 OTHER _____ (SPECIFY)															
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR											
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
DATE _____		DATE _____		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
				KEYED BY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											

Section 1: Observation Checklist for BCC materials at the facility

(Fill one observation checklist per facility)

Observer: Observe the BCC materials at office of MO-MCH or FWC and fill in the checklist.

#	Question	IUD	IMPLANT	Tubectomy	NSV	More than one method in one material
1	Billboard(s)/ banner(s) in the premise of MO-MCH office or FWC	Yes..... 1 No..... 2	Yes 1 No 2	Yes..... 1 No..... 2	Yes 1 No..... 2	Yes 1 No 2
2	Poster(s) at different places in the facility	Yes..... 1 No..... 2	Yes 1 No 2	Yes..... 1 No..... 2	Yes 1 No..... 2	Yes 1 No 2
3	Leaflets/Booklets are kept in easily visible places	Yes..... 1 No..... 2	Yes 1 No 2	Yes..... 1 No..... 2	Yes 1 No..... 2	Yes 1 No 2
4	Quantity of leaflet/booklets	Few 1 Little more 2 Sufficient. 3	Few 1 Little more 2 Sufficient. 3	Few 1 Little more 2 Sufficient. 3	Few..... 1 Little more 2 Sufficient. 3	Few 1 Little more 2 Sufficient. 3
5	Any type of leaflets/ booklets demonstrates for service recipient or visitor?	Yes..... 1 No..... 2	Yes 1 No 2	Yes..... 1 No..... 2	Yes 1 No..... 2	Yes 1 No 2
6	Any Job-aid for the service provider	Yes..... 1 No..... 2	Yes 1 No 2	Yes..... 1 No..... 2	Yes 1 No..... 2	Yes 1 No 2
7	What types of job-aid are available, please observe [Devices or tools (such as instruction cards, memory joggers, wall charts) which help an individual to receive the information quickly and perform the task appropriately.)	Flip chart A Wallchart B BookletC OthersX	Flip chart A Wallchart B Booklet.... C Others..... X	Flip chart A Wallchart B BookletC OthersX	Flip chart A Wallchart B Booklet.... C Others..... X	Flip chart A Wallchart B Booklet.... C Others..... X

MEASURE Evaluation

Carolina Population Center
400 Meadowmont Village Circle, 3rd Floor
Chapel Hill, NC 27517

<http://www.cpc.unc.edu/measure/>