

Bangladesh Mayer Hashi II

2015 Baseline Survey Report

August 2017

TR-17-183



Bangladesh Mayer Hashi II 2015 Baseline Survey Report

August 2017

TR-17-183

MEASURE Evaluation

University of North Carolina at Chapel Hill
400 Meadowmont Village Circle, 3rd Floor
Chapel Hill, North Carolina 27517

Phone: +1-919-445-9350 • measure@unc.edu

www.measureevaluation.org

This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement AID-OAA-L-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of USAID or the United States government. TR-17-183
ISBN: 978-1-9433-6461-9



CONTENTS

Abbreviations	ix
1. Introduction and Background	1
1.1. Purpose of the 2015 Baseline Survey	1
1.2. Country Context	1
1.3. Project Description	3
1.4. Evaluation Design	7
1.5. Evaluation Questions	9
1.6. Sample Design of 2015 MH-II Baseline Survey	10
1.6.1. Household Survey	10
1.6.2. Facility Readiness and Provider Surveys	11
1.7. Implementation of the Survey	11
1.8. Survey Instruments	11
1.8.1. Household Listing Schedule	11
1.8.2. Household and Women’s Questionnaire	12
1.8.3. Provider Questionnaire	12
1.8.4. Facility Readiness Questionnaire	12
1.9. Training and Fieldwork	13
1.9.1. Training and Fieldwork for Household Listing	13
1.9.2. Training/Pretesting and Fieldwork for the Household and Women’s Survey	13
1.9.3. Training/Pretesting and Fieldwork for the Provider/Facility Readiness Survey	13
1.10. Data Processing	13
1.11. Response Rates	13
2. Key Findings	17
2.1. Primary Outcomes	17
2.1.1. Contraceptive Use and Method Mix	17
2.1.2. Contraceptive Use among Young Married Women	18
2.1.3. Postpartum Contraceptive Counseling and Use	18
2.2. Intermediate/Process Outcomes	20
2.2.1. Provider Training	20
2.2.2. Provider Knowledge and Self-Reported Practice	23
2.2.3. Quality of Care	23
2.2.4. Behavior Change and Behavior Change Communication Activities	25
2.3. Analysis of Evaluation Design Assumptions	31
2.1.1. Timing of Baseline Data Collection	31
2.1.2. Comparability of Phase I and Phase III Areas	32
2.1.3. Parallel Trend Assumption	34
References	35
Appendix A. Additional Tables	37
Appendix A.1. Household and Women’s Survey Tables	37

Household Survey	37
Women’s Survey	40
Client-Provider Contact in the Past Six Months	41
Quality of Care	44
Knowledge of LARCs/PMs	45
Knowledge of Postpartum Family Planning	46
Method Mix	50
Source of Current Contraceptive Method	51
Postpartum Family Planning	53
Discussion of LARCs/PMs in Past Six Months	55
Intention to Use LARC/PM in Next 12 Months	55
Appendix A.2. Provider Survey Tables	56
Provider Training	57
Provider’s Knowledge and Practice: IUDs	58
Provider’s Knowledge and Practice: Implants	61
Provider’s Knowledge and Practice: Female Sterilization	64
Provider Knowledge of Postpartum Family Planning Policies	67
Appendix A.3. Facility Readiness Survey Tables	68
Services Available at Facilities	68
Quality of Care Assessment and Feedback Mechanisms.....	70
Facility Infrastructure.....	71
Behavior Change Communication Materials Available in Facilities	72
Availability of Equipment and Supplies	72
Appendix B. Balance Test Tables	75
Appendix C. Mayer Hashi II Questionnaires	79
Appendix C.1. Household and Women’s Questionnaire	79
Appendix C.2. Questionnaire for FWA, Service Promoter, and Community Health Worker ...	112
Appendix C.3. Questionnaire for FWV, SACMO, Nurse, Nurse Midwife, and Paramedic ...	126
Appendix C.4. Questionnaire for MO (MCH-FP), Medical Officer, RMO, and Clinic Manager ...	144
Appendix C.5. Questionnaire for Obstetrician/Gynecologist (OB/GYN)	162
Appendix C.6. Facility Readiness Questionnaire.....	175

Figures and Tables

Figure 1.1: Trends in current contraceptive use by method	2
Table 1.1: Trends in modern contraceptive method mix.....	3
Figure 1.2: Map of Bangladesh districts by phase of Mayer Hashi II project implementation	6
Figure 1.3: Pathways through which MH-II interventions can affect contraceptive behavior	7
Table 1.2: Mayer Hashi II key indicators.....	9
Table 1.3: Results of interviews with households and women	14
Table 1.4: Results of interviews with health facilities by type of facility.....	15
Table 1.5: Results of interviews with health service providers	16
Figure 2.1: Percentage of currently married women ages 15–49 who use contraceptive methods, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey	17
Figure 2.2: Use of contraceptive methods by women under 25 years of age who have been married for two years or less by type of contraceptive method used, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey	18
Figure 2.3A: Facility delivery, counseling, and use of postpartum family planning among women who gave birth between January 2012 and September 2013, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey	19
Figure 2.3B: Facility delivery, counseling, and use of postpartum family planning among women who have given birth since October 2013, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey	20
Figure 2.4: Percentage of providers who received training in LARCs/PMs since 2014 by type of provider, by Phase I and Phase III areas, 2015 MH-II survey	21
Figure 2.5: Percentage of providers who received training on postpartum family planning since 2014 by type of provider, by Phase I and Phase III areas, 2015 MH-II survey	22
Figure 2.6: Percentage of providers who received training on behavior change communication since 2014 by type of provider, by Phase I and Phase III areas, 2015 MH-II survey.....	22
Figure 2.7: Percentage of facilities with minimal equipment and supplies to provide LARC/PM services by facility type and method, by Phase I and Phase III areas, 2015 MH-II survey.....	24
Figure 2.8: Indicators of quality of family planning care reported among women ages 15–49 who are not pregnant and are using female sterilization, IUDs, or implants, by Phase I and Phase III areas, 2015 MH-II survey	25
Figure 2.9: Availability of various behavior change communication materials at each type of health facility, by Phase I and Phase III areas, 2015 MH-II survey	26
Figure 2.10: Percentage of married women ages 15–49 who had heard/saw/read about LARCs/PMs in the six months preceding the survey, by Phase I and Phase III areas, 2015 MH-II survey	28
Figure 2.11: Knowledge of postpartum family planning among women ages 15–49 by Phase I and Phase III areas, 2015 MH-II survey	29
Figure 2.12: Perceptions of male and female sterilization among women ages 15–49 by Phase I and Phase III areas, 2015 MH-II survey	30
Figure 2.13: Intention to use LARCs/PMs in the next 12 months among women ages 15–49 who are not pregnant, are not using LARCs/PMs, and do not want any more children or are undecided about wanting more children, by Phase I and Phase III areas, 2015 MH-II survey	30

Table 2.1: Summary results of the balance tests for similarity between Phase I and Phase III districts, 2015 MH-II survey	33
Figure 2.14: Trends in prevalence of LARC/PM use among married women ages 15–49, 2010–2015, by Phase I and Phase III districts	35

Appendix A

Table A.1.1: Household composition	37
Table A.1.2: Housing characteristics and land ownership	38
Table A.1.3: Sociodemographic characteristics	40
Table A.1.4: Client-provider contact in family planning care in the past six months	41
Table A.1.5: Family planning services received at home	42
Table A.1.6: Family planning services received at a government health facility	42
Table A.1.7: Family planning services received at a private/NGO health facility	43
Table A.1.8: Family planning services received at a satellite clinic	43
Table A.1.9: Behavior change communication materials during family planning services.....	44
Table A.1.10: Quality of family planning care	44
Table A.1.11: Knowledge of LARC/PM	45
Table A.1.12: Knowledge of postpartum family planning.....	46
Table A.1.13: Sources of knowledge of postpartum IUDs	47
Table A.1.14: Sources of knowledge of postpartum female sterilization	48
Table A.1.15: Perceptions of male and female sterilizations	49
Table A.1.16: Use of contraception by method	50
Table A.1.17: Last source of current family planning method	51
Table A.1.18: Contraceptive use by young recently married women	52
Table A.1.19: Use of postpartum family planning among women who had given birth between January 2012 and September 2013	53
Table A.1.20: Use of postpartum family planning among women who had given birth since October 2013	54
Table A.1.21: Discussion of LARCs/PMs in the past six months	55
Table A.1.22: Intention to use LARC/PM.....	55
Table A.1.23: Duration of current LARC/PM use	56
Table A.2.1: Type of respondents.....	56
Table A.2.2: Training since 2014	57
Table A.2.3: Training on behavior change communication since 2014	58
Table A.2.4: Pre-counseling elements for IUD clients	58
Table A.2.5: Conditions for accepting an IUD	59
Table A.2.6: Conditions for not accepting an IUD	59
Table A.2.7: Possible side effects of IUDs	60
Table A.2.8: Provision of care to IUD clients with excessive bleeding	60
Table A.2.9: Provision of care to IUD clients with abdominal pain	61
Table A.2.10: Pre-counseling elements for implant clients	61

Table A.2.11: Conditions for accepting an implant	62
Table A.2.12: Possible side effects of implants	62
Table A.2.13: Provision of care to implant clients with excessive bleeding	63
Table A.2.14: Provision of care to implant clients with amenorrhea.....	63
Table A.2.15: Pre-counseling for female sterilization	64
Table A.2.16: Post-counseling for female sterilization	65
Table A.2.17: Conditions for accepting female sterilization	66
Table A.2.18: Follow-up with female sterilization clients	66
Table A.2.19: Counseling at the time of follow-up with female sterilization clients	67
Table A.2.20: Awareness of government policies regarding postpartum IUDs and female sterilization	67
Table A.3.1: Types of facilities	68
Table A.3.2: Availability of LARC/PM services	68
Table A.3.3: Availability of delivery services	69
Table A.3.4: Availability of postpartum family planning services	69
Table A.3.5: Routine assessment of quality of services	70
Table A.3.6: Facility infrastructure	71
Table A.3.7: Availability of behavior change communication materials	72
Table A.3.8: Availability of basic equipment	72
Table A.3.9: Availability and functionality of operation theater	73
Table A.3.10: Availability of equipment and supplies for providing LARCs/PMs	74

Appendix B

Table B.1: Balance test results for household characteristics	75
Table B.2: Balance test results for women’s background characteristics	76
Table B.3: Balance test results for women’s knowledge and practice of reproductive health services ...	77
Table B.4: Balance test results for health providers’ characteristics and exposure to the program	78
Table B.5: Balance test results for health facilities’ characteristics	78

Abbreviations

BCC	behavior change communication
BDHS	Bangladesh Demographic and Health Survey
BMMS	Bangladesh Maternal Mortality and Health Care Survey
CMWRA	currently married women of reproductive age
CPR	contraceptive prevalence rate
DH	district hospital
DID	difference-in-differences
DGFP	director general of family planning
EH/MH	engender health/mayer hashi
FP	family planning
FWA	family welfare assistant
FWC	family welfare center
FWV	family welfare visitor
GOB	Government of Bangladesh
IUD	intrauterine device
LARC	long-acting reversible contraceptives
LAPM	long-acting and permanent method
MCH	maternal and child health
MCHo	medical college hospital
MCWC	maternal and child welfare center
M&E	monitoring and evaluation
MO	medical officer
MOHFW	Ministry of Health and Family Welfare
MWRA	married women of reproductive age
NGO	nongovernmental organization
NIPORT	National Institute of Population, Research and Training
OB/GYN	obstetrician/gynecologist
OT	operation theater
PM	permanent method
PPFP	postpartum family planning
PSU	primary sampling unit
RMO	resident medical officer
SACMO	subassistant community medical officer
SEED	Supply-Enabling Environment-Demand
UHC	upazila health complex
USAID	U.S. Agency for International Development

1. INTRODUCTION AND BACKGROUND

1.1. Purpose of the 2015 Baseline Survey

An external impact evaluation of the Mayer Hashi Phase II (MH-II) project was requested by the U.S. Agency for International Development (USAID)/Bangladesh. MH-II, which is a follow-on project to the previous Mayer Hashi (MH-I) project, was awarded to EngenderHealth in September 2013. It will be conducted between October 2013 and September 2017. The 2015 Baseline Mayer Hashi Phase II Evaluation Survey is the first of two surveys to evaluate the impact of MH-II in increasing the use of effective family planning (FP) and reproductive health services among the population in Bangladesh. The baseline survey has three main objectives. First, it is designed to provide baseline estimates of the primary and secondary outcomes in areas where MH-II initiated its activities at different times. Second, it aims to assess baseline differences in the outcomes among areas with different lengths of exposure to the project. Third, with an end-line survey planned in early 2017, the baseline survey is designed to support evaluation of project impact through a difference-in-differences (DID) approach comparing pre-post differences in outcomes between areas with different lengths of exposure to the project.

1.2. Country Context

Bangladesh has made substantial improvements in recent decades in social, economic, and health conditions, demonstrating solid progress toward achieving the United Nation's Millennium Development Goals. Poverty has been reduced; child mortality and maternal mortality have declined; school enrollment has increased, and gender equality has been achieved in primary and secondary school enrollment; and malarial deaths have been reduced (General Economics Division, 2015).

One of the most considerable transitions in Bangladesh has been observed in its fertility level. The total fertility rate has declined rapidly from 6.3 in the early 1970s to 2.3 in 2009–2011 and 2012–2014 (NIPORT, 2016). As Bangladesh is one of the most densely populated countries with a high rate of population growth, one of its development priorities since its independence has been to reduce fertility to replacement level, to achieve sustainable population growth. Recognizing voluntary FP as a priority approach, the government of Bangladesh (GOB), in close collaboration with development partners, has strengthened efforts to improve access to FP and reproductive health services throughout the country and especially among low-income populations and geographic areas. Contraceptive prevalence among currently married women of reproductive age (CMWRA) has increased substantially from 7.7 percent in the 1970s to 62.4 percent in 2014 (NIPORT, 2016).

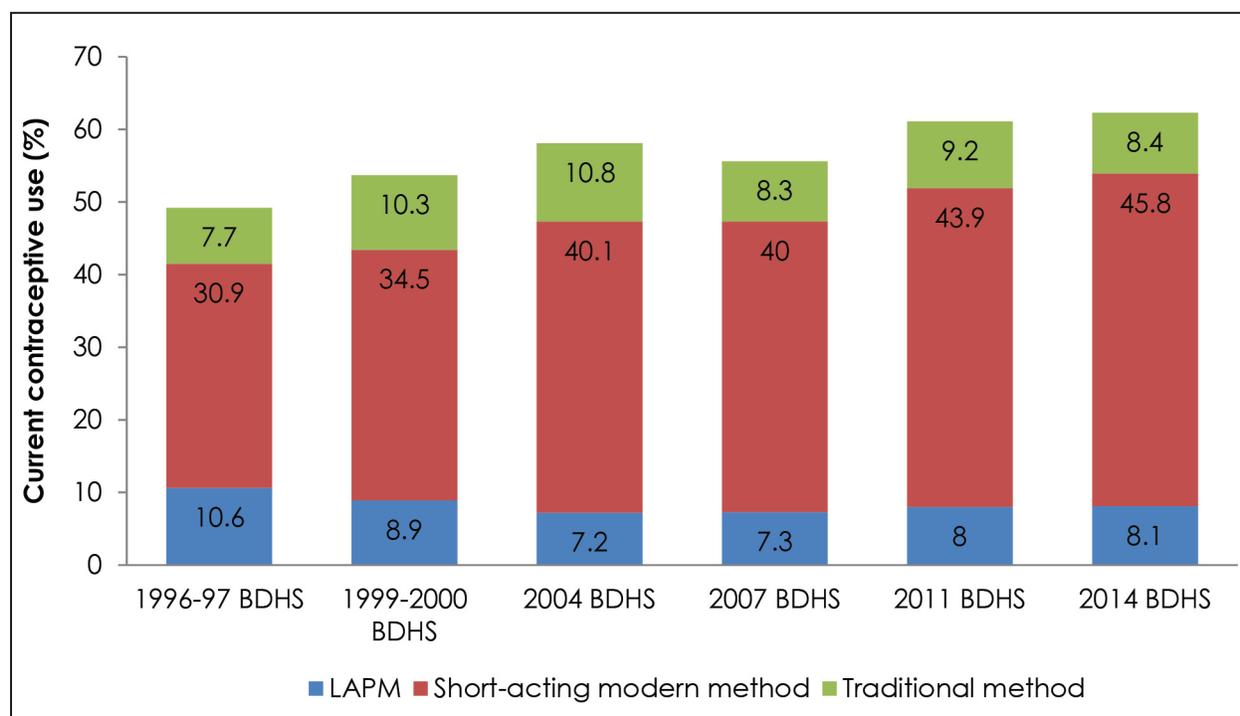
However, there has been differential fertility decline across geographic areas and populations. The latest Bangladesh Demographic and Health Surveys (BDHSs) suggest that fertility has increased slightly in Dhaka Division—the most populous division in the country—from 2.2 to 2.3 births per woman. However, in all the other divisions it remained the same or declined between the 2011 BDHS and 2014 BDHS. Fertility has remained higher in Sylhet Division (2.9 births per woman) than in other divisions where fertility approaches 2.0 births per woman (NIPORT, 2016). There are observed differentials in fertility by socio-economic status of women as well; women in lower wealth quintiles or with low educational attainment have higher fertility than their wealthier or highly educated counterparts (NIPORT, 2016). As a result, fertility remains slightly above replacement level.

Despite the decline in fertility, unintended births and unmet need for FP among women remain a concern in Bangladesh. Twelve percent of CMWRA have an unmet need for FP, which represents 16 percent of the total demand for FP (NIPORT, 2016). Approximately one-fourth of births in the five years before the 2014 BDHS were reported as mistimed or unwanted. The wanted fertility rate in 2014 was 1.6 births among women of reproductive age, which is lower (by approximately 30 percent) than the observed fertility rate of 2.3 births per woman, suggesting that some women have exceeded their fertility preferences.

Although a high proportion of CMWRA desire to limit childbearing (63%), their contraceptive use is mostly reliant on short-acting methods, including oral contraceptive pills, injectables, and condoms (NIPORT, 2016).

Figure 1.1 presents the trends in contraceptive use in the past two decades, obtained from a series of BDHSs, among CMWRA by method. The methods are long-acting and permanent methods (LAPMs) including intrauterine devices (IUDs), implants, and female or male sterilizations; short-acting modern methods including oral contraceptive pills, condoms, and injectables; and traditional methods including abstinence and withdrawal. The total rate of use for all three categories combined therefore represents the current prevalence for all contraceptive methods. Although total current contraceptive use has increased from 49 percent to 62 percent among CMWRA, the increase has resulted largely from a substantial increase in the use of short-acting modern methods (from 31 percent to 46 percent). The level of LAPM use decreased from 10.6 percent in 1996/97 to 7.2 percent in 2004 and has since increased slightly, to 8.1 percent in 2014.

Figure 1.1: Trends in current contraceptive use by method



Source: 2014 BDHS (NIPORT, 2016)

Note: The sum of contraceptive uses by method may not add up to the total contraceptive use reported in the 2014 BDHS due to rounding errors. The estimates from the three earlier BDHSs (1996-97, 1999-2000, and 2004) are based on currently married women ages 10-49; estimates from the three latest BDHSs (2007, 2011, and 2014) are based on currently married women ages 15-49.

Table 1.1 presents the trends in modern contraceptive method mix by specific short-acting method and LAPM among CMWRA. Oral contraceptive pills are the most popular method used by CMWRA (27%), followed by injectables (12%) and condoms (6%). The use of each of the short-acting methods has increased over time. Among LAPMs, female sterilization is the most commonly adopted method (5%), followed by implants (2%), male sterilization (1%), and IUDs (1%). Implants (which have been introduced relatively recently) are the only LAPM that has increased its share of contraceptive use; the use of other LAPMs has plateaued or declined. The low use of LAPMs is also reflected in low intention to use LAPMs in the future. Although 58 percent of CMWRA who are not using contraception intend to use a contraceptive method in the future, only 3 percent of them prefer to use LAPMs (NIPORT, 2016).

Table 1.1: Trends in modern contraceptive method mix

Contraceptive methods	Percentage of CMWRA currently using each method					
	1996-97 BDHS	1999-2000 BDHS	2004 BDHS	2007 BDHS	2011 BDHS	2014 BDHS
Short-acting methods						
Pills	20.8	23.0	26.2	28.5	27.2	27.0
Injectables	6.2	7.2	9.7	7.0	11.2	12.4
Condoms	3.9	4.3	4.2	4.5	5.5	6.4
LAPMs						
Female sterilization	7.6	6.7	5.2	5.0	5.0	4.6
Male sterilization	1.1	0.5	0.6	0.7	1.2	1.2
IUD	1.8	1.2	0.6	0.9	0.7	0.6
Implants	0.1	0.5	0.8	0.7	1.1	1.7

Source: 2014 BDHS (NIPORT, 2016)

Note: The estimates from the three earlier BDHSs (1996-97, 1999-2000, and 2004) are based on currently married women ages 10-49, whereas those from the three latest BDHSs (2007, 2011, and 2014) are based on currently married women ages 15-49.

The low use of LAPMs highlights a potential gap between fertility preferences and FP practices among couples. LAPMs are effective for an extended period; require minimum action, if any, from users; and because of their low maintenance, are considered cost-effective for both the health system and individual users. These characteristics make LAPMs a good option for many women who want to limit childbearing.

1.3. Project Description

The previous MH-I project aimed to increase the demand for and use of voluntary FP services with an emphasis on LAPMs and selected components of maternal health services, such as postpartum hemorrhage care. The project was conducted in 21 districts between 2009 and 2013, and provided technical assistance to the directorate general of FP (DGFP) of the Ministry of Health and Family Welfare (MOHFW) of Bangladesh.

MH-II was awarded to EngenderHealth in September 2013 and is planned to run from October 1, 2013 to September 30, 2017. The overall objective of MH-II is to increase the use of effective FP and reproductive health services, with a focus on the informed and voluntary use of long-acting reversible contraceptives (LARCs) and permanent methods (PMs). In contrast to MH-I, MH-II has increased attention on urban areas and slums, and gives new attention to private-sector provision of LARCs. In addition, there is particular attention given to postpartum FP (PPFP), and to young married couples to delay first birth.

MH-II defines three primary objectives, with corresponding secondary objectives, as follows:

- Effective and high-quality FP services delivered nationwide
 - Capacity of public and private sectors' service providers to provide LARCs/PMs increased
 - Training, support, and performance improvement mechanisms institutionalized
- Demand for FP services, especially LARCs/PMs, increased
 - Communication strategies promoting social norms for delaying, spacing, and limiting births implemented
 - Accurate knowledge of FP, especially LARCs and PMs, increased among community leaders, families, and clients
 - Client identification and referrals increased
- Supporting an enabling environment that advances access to LARCs, PMs, and other FP/reproductive health services
 - Key policy barriers to LARCs and PMs removed
 - National standards, guidelines, and policies implemented by personnel at teaching institutions and service delivery points

The MH-II model is grounded in the Supply-Enabling Environment-Demand (SEED) Programming Model (EngenderHealth, 2011; USAID, 2014). It is designed to apply a range of approaches, which can be grouped broadly into the following types of activities:

- Use of mobile teams to provide LARCs and PMs
- Training of the GOB, nongovernmental organizations (NGOs), and other private providers in LARCs and PMs through training centers and training of trainers at the district level. The activity includes training on service provision but also supervision and quality assurance processes.
- Collaboration with the GOB, NGOs, and other private providers to increase availability of LARCs and PMs. The activity includes training providers, as noted above, but also other types of support for commodities, supplies, and resources (e.g., support for satellite clinics in slum areas, support for workplace clinics, especially in the garment sector).
- Application of a comprehensive, multi-channel behavior change communication (BCC) strategy that includes mass media messages, community-level BCC activities, and BCC materials at clinics. The activity also includes both provider and satisfied client champions; target audiences include potential female clients, men, and community leaders. The activity also includes collaboration with the USAID project Strengthening Health Outcomes through the Private Sector (SHOPS) and Social Marketing Company (SMC) on communications and marketing campaigns for LARCs and PMs in the private sector.

- Adoption of various policy and system-level activities aimed at influencing the regulatory environment to make LARCs and PMs available through a wider variety of outlets, including provision of injectables by Frontline Health Workers (FHWs). The activity also includes collaboration with the GOB to update and roll out clinical guidelines for LARCs and PMs.

One feature of the planned interventions is that MH-II will do little or no direct service provision (except through mobile teams). The model is to support other stakeholders actively engaged in FP service provision—the GOB, NGOs, and private-sector entities—to provide LARCs and PMs through training, technical assistance, and provision of some kinds of material support. Second, the system-level interventions that aim to make policies more supportive of LARCs and PMs and that aim to improve underlying systems, such as logistics, will potentially affect the entire system.

Another change in the project design between MH-I and MH-II is that MH-II operates in all 64 districts in Bangladesh, whereas MH-I was focused on 21 low-performing districts. MH-II activities, however, will be introduced at different times (i.e., phased in) across districts. In Year 1 (Phase I), MH-II will work in 20 districts in three divisions. In Year 2 (Phase II), the project will expand to an additional 18 districts. In the third year (Phase III), the project plans to expand to the remaining 26 districts (**Figure 1.2**). The Phase I districts were purposively selected to include a range of contraceptive prevalence rates (CPRs) and rates of LARC/PM use (high-, medium-, and low-performing districts). Other factors also influenced the decision of which districts to work in first, such as whether they had large urban or slum populations, large concentrations of underserved groups, and the presence of training centers or medical colleges or other partners. The specific selection criteria listed in the MH-II monitoring and evaluation (M&E) plan are as follows:

- Districts with a shortage of skilled providers
- Districts with a high CPR but low use of LARCs/PMs
- Districts with geographically and ethnically marginalized populations but with NGOs that could be strengthened
- Districts with a high percentage of private-sector facilities with the potential to enhance LARCs/PMs
- Districts with NGOs to scale up interventions for young married couples

Analysis of the 2010 Bangladesh Maternal Mortality and Health Care Survey (BMMS) data shows that LARC/PM use among currently married women of reproductive age (CMWRA) was 6.6 percent, 6.2 percent, and 6.6 percent in the districts where MH-II will be active in Phase I, Phase II, and Phase III districts, respectively. This indicates that the districts for the three phases are comparable in terms of LARC/PM use.

Figure 1.2: Map of Bangladesh districts by phase of Mayer Hashi II project implementation

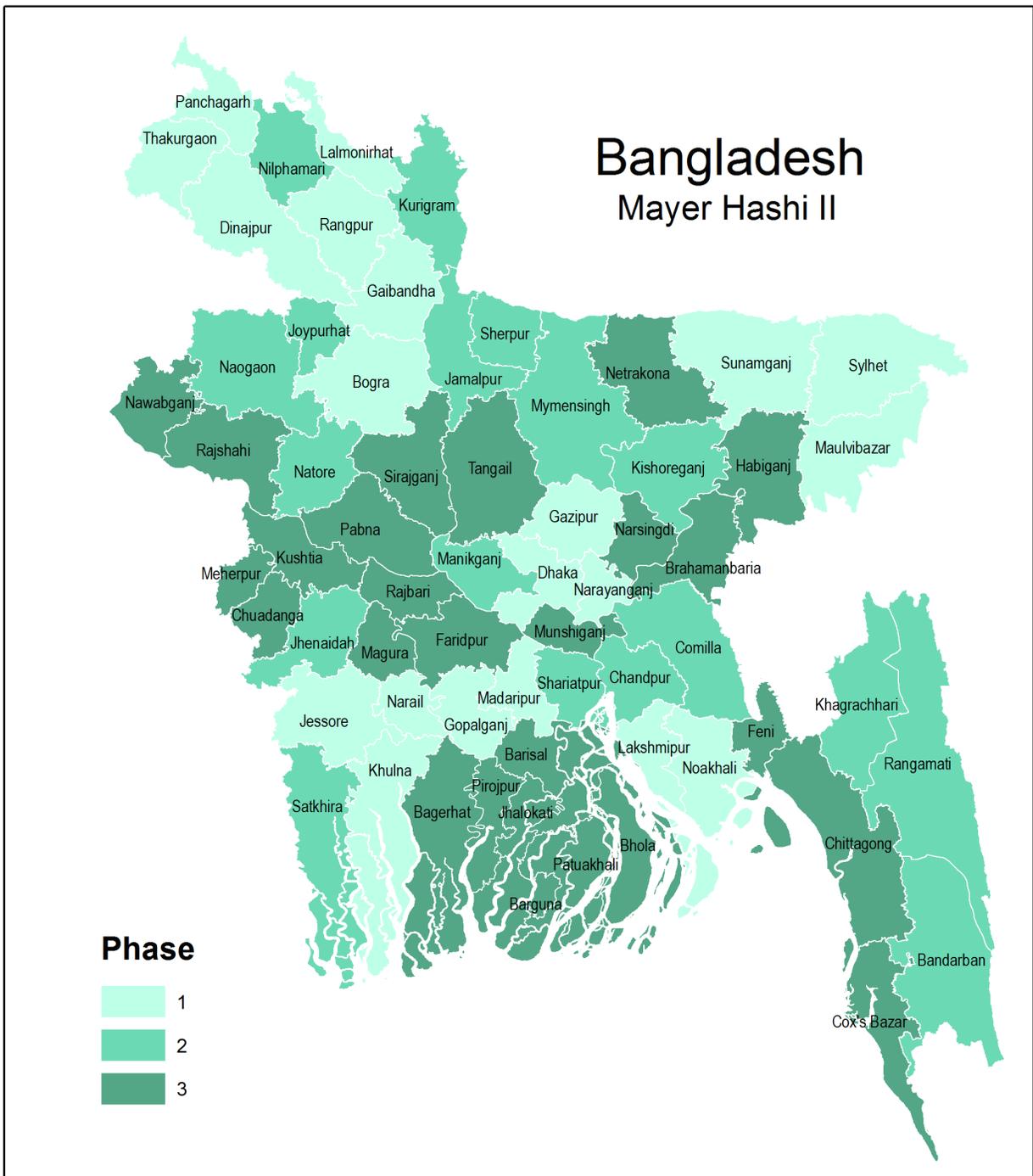
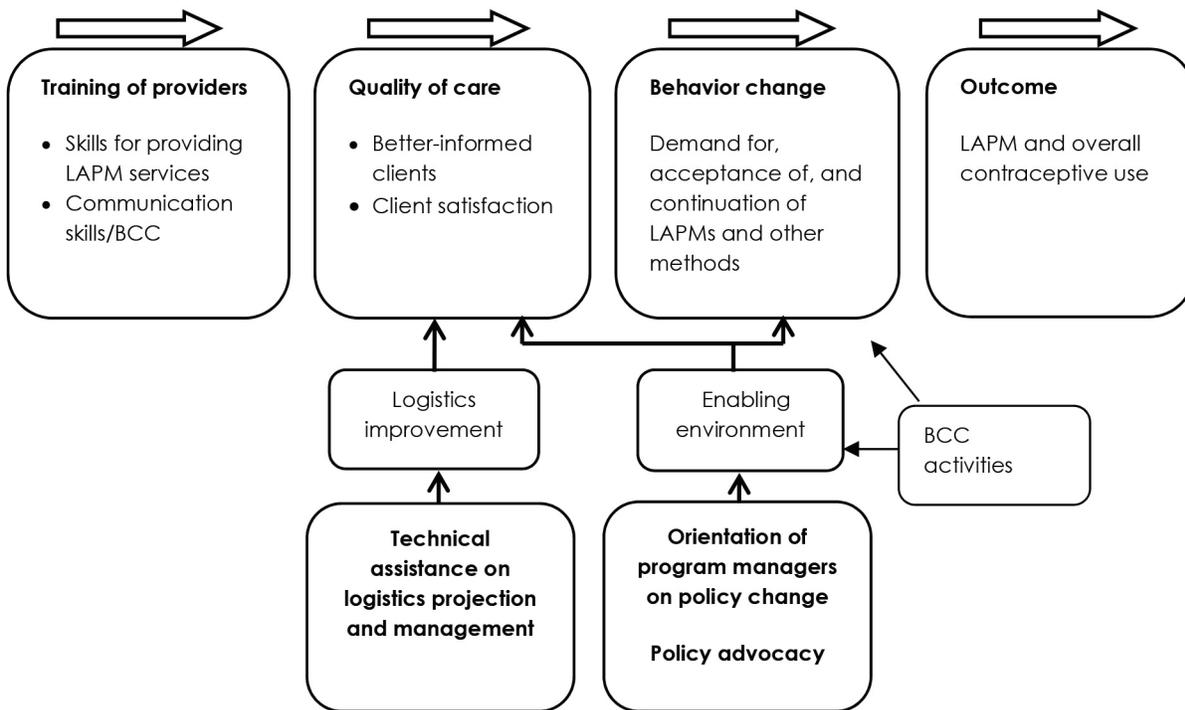


Figure 1.3 illustrates pathways through which MH-II interventions can affect contraceptive behavior with the primary goal of improving access to, and quality and use of, LARC/PM services. To improve accessibility, providers are added to the LARC/PM service delivery system; obstetricians/gynecologists (OB/GYNs) in upazila health complexes (UHCs), district hospitals (DHs), and medical colleges are trained and allowed to provide LARC/PM services. Providers in NGO clinics and private clinics are also trained on LARCs/PMs. MH-II emphasizes information provision through various channels of BCC initiatives as well as through the project’s technical assistance in the areas of policy change and logistics improvement for enhancing access to LARC/PM services. To improve quality of care, providers are trained in LARC/PM services so as to increase client satisfaction and continuation of methods. Increased access to services combined with increased client satisfaction is expected to generate greater demand for LARCs/PMs, and thus increase the use of LAPMs. In addition, it is hypothesized that increasing access to and quality of LARC/PM services will have a larger impact on the use of LARCs/PMs in relatively higher-performing districts (at baseline) due to the higher initial demand for these methods in those areas (Rahman, 2014).

Figure 1.3: Pathways through which MH-II interventions can affect contraceptive behavior



1.4. Evaluation Design

The overarching evaluation method for MH-II is based on a DID approach, which is supplemented with additional statistical analyses on relationships between intensity of exposure to interventions and outcomes of interest. DID is a quasi-experimental design adopted during the impact evaluation of MH-I. The method relies on comparing the change in outcomes between two time points in areas in which the intervention is implemented with the corresponding change in comparison areas where no intervention is implemented, thus requiring collection of baseline and end-line data in both intervention and comparison areas. The MH-II baseline survey was conducted in 2015, approximately

one and a half year after project initiation.¹ The end-line household survey is expected to be conducted in early 2017, six months before the end of project (scheduled in September 2017). The data will be collected from the same clusters at these two points in time to evaluate the extent of change in the indicators of interest across intervention and comparison areas.

The identification of comparison areas for estimating project effects requires consideration. There are no districts or areas within districts that will not be exposed to MH-II, because the project is designed to operate in all 64 districts. Although there are areas that will not receive some components of the project, they could not be used as comparison areas because they differ systematically from the intervention areas in their service environments,² or because the geographic operation plan was not determined prior to the baseline survey.³

However, the phase-in design of MH-II implies that districts will differ in their lengths of exposure to the project. The adapted DID approach proposed for MH-II will compare outcomes in Phase I districts, which will be exposed to MH-II interventions for the full period of the project, with those in Phase III districts, where interventions will be introduced in Year 3 of the project.⁴ The evaluation strategy will not be able to compare intervention districts with districts with no intervention; however, Phase III implementation districts will have had little time for the interventions to take effect, given the time needed for interventions to start having an impact at the population level. There is also likely to be variation in the intensity of implementation across districts within phases, which can potentially be measured and used to explore relationships between intervention implementation and outcomes (Victora, 2011).

The selection of districts for each implementation phase was not done randomly, implying that there are likely to be both observed and unobserved differences between early-phase and later-phase districts that could also affect change in their outcomes. Similarly, districts that implement interventions more intensively are likely to differ on both observed and unobserved characteristics when compared with districts that implement interventions less intensively. The proposed DID approach will address selection bias from observed differences by adopting a regression model including the observed characteristics as control variables. Additionally, the DID approach will address two sources of potential unobserved bias through its estimation method: time trends in the outcomes unrelated to the project, and pre-existing differences in the outcomes among districts of different phases. The estimation approach does not address time-variant unobserved differences among districts of different phases.

¹ The implications of the timing of the baseline survey compared to the project start date are discussed in Section 2.3.

² For instance, training on PPF is only done in upazillas that have emergency obstetric care services, implying that some upazillas within districts will not receive some interventions. However, these upazillas are not suitable as comparison areas because they have a systematically different service environment than the upazillas that will receive the rolled-out training.

³ The exact rollout of some activities at the facility and client level is not totally within the control of MH-II because they operate through other partners that provide services directly (e.g., NGOs, private-sector doctors, the GOB) and make decisions about how and where to roll out the MH-II interventions. Therefore, it was not possible to identify in advance any areas that would not be exposed or be exposed to only some aspects of the MH-II interventions to serve as comparison areas.

⁴ Initially, we considered a design comparing all three implementation phases (i.e., Phase I versus Phase II versus Phase III), but that would have required specifying additional sample domains, which in turn would have increased sample size considerably. Therefore, we adjusted the design to compare only Phase I and Phase III to reduce sample size and associated costs of data collection. In addition, MH-II interventions will only have been operating for one year in Phase II districts at the time of end line. Given the cascade nature of many of the interventions, one year is likely to be too short a period to expect to see significant impact at the population level, so we determined that including Phase II districts would likely add little additional information on program impact.

1.5. Evaluation Questions

This evaluation of MH-II will address three primary and three secondary questions as follows:

Primary evaluation questions

- How much has use of LARCs and PMs increased among CMWRA in Bangladesh over the life of MH-II?
- How much has intention to use LARCs and PMs increased among CMWRA?
- Are increases in use of and intention to use LARCs and PMs among CMWRA greater in districts exposed to MH-II interventions for longer periods, or in areas with greater intensity of exposure to MH-II interventions?
- Is the duration/intensity of exposure to MH-II interventions associated with increases in intermediate outcomes among providers and CMWRA? Are changes in intermediate outcomes associated with increases in use of and intention to use LARCs/PMs?

Secondary evaluation questions

- Are increases in use of and intention to use LARCs and PMs among CMWRA greater in districts in which use of LARCs/PMs was higher before the interventions?
- Are increases in use of or intention to use LARCs/PMs different in urban versus rural areas?
- How does the source of LARCs/PMs evolve over time, and is that different in urban versus rural areas? Is the market share of the private and NGO sectors as a supplier of LARCs/PMs increasing? What is the role of fieldworkers in referring for LARCs/PMs, and how does that change over time?

Table 1.2 presents the key outcome indicators collected by survey instruments in the Phase I and Phase III districts.⁵

Table 1.2: Mayer Hashi II key indicators

Indicator number	MH II-indicators
1	% of currently married women ages 15-49 who use contraception by type of contraceptive method
2	Among currently married women under 25 years of age who have been married for two years or less, % of those who adopted contraceptive methods
3	Among currently married women ages 15-49 who have given birth in the past three years, % who received PFP services (e.g., received counseling)
4	Among women ages 15-49 who are not pregnant, not using LARCs/PMs, and do not want any more children or are undecided about wanting more children, % who intend to use IUDs/implants/female sterilization within the next 12 months
5	% of currently married women ages 15-49 who heard, saw, or read about LARCs/PMs through media in the past 6 months

⁵ Note that the sample size is not powered to detect specific changes in all these indicators.

1.6. Sample Design of 2015 MH-II Baseline Survey

1.6.1. Household Survey

The household sample was powered to detect a change in LARC/PM prevalence among CMWRA at the population level from 9 percent to 12.6 percent in high-performing areas and from 7 percent to 9.8 percent in low-performing areas. These assumed changes may be ambitious for a two-year period, particularly in light of the slow growth in LARC/PM use in Bangladesh in the past. However, experience from operations research on the improvement of LARC/PM use suggests that 2.8–3.6 percentage points of increase in two years is possible.⁶

The 2015 baseline survey adopted a stratified multi-stage sampling design to obtain a representative sample of households and CMWRA from Phase I and Phase III districts, respectively. The sample was drawn from four survey domains: (1) Phase I high-performing districts, (2) Phase I low-performing districts, (3) Phase III high-performing districts, and (4) Phase III low-performing districts. This design allows for DID analysis designed to estimate the program impact, as well as potential additional analysis to examine differences in indicators by the level of LARC/PM use in districts.

The sampling frame was developed for each survey domain from the 2011 Bangladesh Population and Housing Census, which has information on the number of households at the level of mohollas (for urban areas) and mouzas (for rural areas). A multi-stage sampling design was adopted in each survey domain to conduct (1) selection of mohollas/mouzas, (2) household listings within selected mohollas/mouzas, and (3) selection of households within selected mohollas/mouzas.

Selection of mohollas/mouzas

Mohollas (in urban areas) and mouzas (in rural areas) served as primary sampling units (PSUs) in each survey domain. From each of the Phase I and Phase III domains (where the Phase I domain was comprised of the Phase I high-performing district domain and the Phase I low-performing district domain, and the Phase III domain was comprised of the Phase III high-performing district domain and the Phase III low-performing district domain), 200 PSUs were selected randomly with probability proportional to the number of households obtained from the 2011 population and household census. Mohollas/mouzas were ordered by upazillas within districts for implicit stratification in each survey domain. Then systematic sampling of mohollas/mouzas was adopted to allow for sample allocation proportional to the number of households by survey domains.

Household listing within selected mohollas/mouzas

In each selected moholla/mouza, a household listing was conducted to obtain the actual number of households in the selected PSU and to construct a sampling frame for the next stage of sampling to select households. For the purpose of the survey, a household was defined as a person or group of related and unrelated people who usually live together in the same dwelling unit(s), who have common cooking and eating arrangements, and who acknowledge one adult member as head of the household. A member of the household is any person who usually lives in the household.

⁶ This was a targeted approach to improve neonatal health and the use LARCs and PMs. icddr,b: Centre for Child and Adolescent Health 2015.

Selection of households within selected mohollas/mouzas

From each selected moholla/mouza, an average of 30 households were randomly selected through a systematic random sampling from the list of households constructed through the household listing. All CMWRAs in the selected households were invited to participate in the household survey.

1.6.2. Facility Readiness and Provider Surveys

The sample for the facility readiness survey was drawn from the facilities serving the selected PSUs for the household survey, which allows linking of the facility data and the household data. The sample of facilities, therefore, was not designed to be representative of all facilities in the Phase I and Phase III districts. The sample of facilities was determined by the selection of the clusters for the household survey. For each selected cluster, the sample included each UHC, DH, or medical college hospital for the upazilla/district in which the cluster was located. One family welfare center (FWC) or NGO clinic that serves the residents of the sample cluster was randomly selected for each cluster, and one private clinic/hospital covered under MH-II was included in the sample for each district in which a selected cluster was located.

The sample of health service providers for the provider survey was drawn from health service providers within the selected higher-level facilities (i.e., UHCs, DHs, medical college hospitals). One key health provider and one provider assisting the key provider were selected from each of the facilities. The providers from different sectors were interviewed: medical officers-maternal and child health (MO-MCHs), family welfare visitors (FWVs), and female subassistant community medical officers (SACMOs) from the public sector, physicians and paramedics from NGOs, and physicians from private clinics and mobile teams, as well as OB/GYNs from those UHCs, DHs, medical college hospitals, and private clinics that were included in the training.

The end-line survey, which is planned to be conducted in early 2017, will return to the same clusters and facilities.

1.7. Implementation of the Survey

The 2015 baseline survey was implemented by Mitra and Associates, a research firm based in Dhaka. MEASURE Evaluation, a USAID-funded project implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, provided technical assistance for the survey.

1.8. Survey Instruments

The 2015 baseline survey used five instruments: household listing schedule, household and women's questionnaire, provider questionnaire, and facility readiness questionnaire. The survey instruments were developed by MEASURE Evaluation and were reviewed by relevant stakeholders including MH-II project staff, USAID/Bangladesh, and staff at Mitra and Associates.

1.8.1. Household Listing Schedule

The household listing schedule was used to conduct household listing operations in each selected cluster to produce the sampling frame for the selection of households within the clusters.

1.8.2. Household and Women's Questionnaire

The household and women's questionnaire was designed to capture physical, demographic, and socio-demographic characteristics of the household and reproductive health and health service utilization of women through face-to-face interviews.

The household part of the questionnaire was administered to a primary household member (i.e., household head or female respondent) and was used to list all usual household members and visitors in the selected households. Basic information on each person was collected, including age, sex, marital status, and the individual's relationship to the household head. The main purpose of the household part of the questionnaire was to identify currently married women ages 13–49 for individual interviews using the women's part of the questionnaire. Additionally, information was collected about the dwelling itself, including the source of water, the type of toilet facilities, the materials used to construct the house, and ownership of various consumer goods.

The women's part of the questionnaire was administered to all currently married women ages 13–49 in the selected households, to collect information on the following topics:

- Background characteristics (e.g., age, current marital status, educational attainment, religion, exposure to mass media)
- Summary of reproductive history
- Knowledge and use of contraceptive methods, including attitudes toward LARCs/PMs
- Discussion of LARCs and PMs
- Postpartum female sterilization and IUDs from facilities (for women with a birth since 2012)

The key indicators described in **Table 1.2** were collected through the household and women's questionnaire.

1.8.3. Provider Questionnaire

The provider questionnaire was administered through face-to-face interviews with health service providers within selected health facilities. The questionnaire adopted a different set of questionnaire items for each type of provider interviewed, to reflect that they have different responsibilities.⁷ The questionnaire was designed to collect information on their readiness to provide LARC/PM services and their knowledge, skills, and practice of service provision. The questionnaire collected information on provider knowledge and practices related to LARCs/PMs and on exposure to MH-II interventions at the provider level.

1.8.4. Facility Readiness Questionnaire

The facility readiness questionnaire was administered through face-to-face interviews with key informants of health facilities. The questionnaire was designed to collect information on facility readiness to provide LARC/PM services, such as availability of essential supplies, availability of trained staff, and exposure to MH-II interventions at the facility level.

⁷ See Appendix C for the questionnaires used for the provider survey.

1.9. Training and Fieldwork

1.9.1. Training and Fieldwork for Household Listing

Training for household listing was conducted between April 8, 2015, and April 14, 2015. Fieldwork for the household listing was conducted over two months from April 15, 2015, to June 9, 2015.

1.9.2. Training/Pretesting and Fieldwork for the Household and Women's Survey

Training for data collection for the household and women's survey was conducted between May 26, 2015, and June 10, 2015. The pretest for the survey took place from May 21, 2015, to May 25, 2015, in Singair and Manikgonj Sadar Upazila. Fieldwork for the survey took place between June 11, 2015, and October 24, 2015, by deploying nine teams. Each team consisted of one male supervisor, one female editor, three female interviewers, and one field logistical assistant. In addition, six quality control officers were employed to oversee the work of the interviewing teams.

1.9.3. Training/Pretesting and Fieldwork for the Provider/Facility Readiness Survey

Training for data collection for the provider/facility readiness survey was conducted between May 26, 2015, and June 18, 2015. The pretest for the survey took place from May 21, 2015, to May 25, 2015, in Singair and Manikgonj Sadar Upazila. Fieldwork for the survey took place between June 23, 2015, and October 12, 2015, by deploying 12 interviewing teams. Each team consisted of two male interviewers. In addition, six quality control officers were employed to oversee the work of the interviewing teams.

The data collection agency Mitra and Associates had its own data-quality control mechanisms in place for fieldwork. In addition, MEASURE Evaluation staff based in Dhaka made periodic field monitoring visits. Field check tables were generated regularly during fieldwork to monitor data quality and performance of individual data collection teams. Any problems identified were shared with the data collection agency for corrective action. Debrief sessions were held at the end of each phase of fieldwork to discuss any problems encountered during data collection.

1.10. Data Processing

Editing and coding of data were done at the Dhaka central office of Mitra and Associates from June 15, 2015, to October 30, 2015. Data entry and data cleaning took place from July 6, 2015, to November 25, 2015. Data were double entered. The final dataset was delivered to MEASURE Evaluation in Dhaka on November 30, 2015.

1.11. Response Rates

Tables 1.3, 1.4, and 1.5 present the results of the interviews with households and women, health facilities, and health service providers, respectively, by Phase I and III areas. A total of 12,000 households (6,000 in Phase I and 6,000 in Phase III areas) were selected, of which 11,697 were occupied (**Table 1.3**). Of the selected households, 11,592 (96.5%) were successfully interviewed for the household survey. The principal reason for nonresponse among households was absence of household members at the time of the interview visit.

In the interviewed households, 11,346 currently married women ages 13-49 years (5,616 in Phase I and 5,730 in Phase III areas) were identified, of which 10,711 (94.4%) were successfully interviewed using the women's questionnaire. The principal reason for nonresponse among individual women was women's absence at the time of the interview visit.

A total of 937 health facilities (463 in Phase I and 474 in Phase III areas) were selected, of which 769 (82.1%) were successfully interviewed using the facility readiness questionnaire (**Table 1.4**). The principal reason for nonresponse among health facilities was unavailability of interviewees at the health facilities.

In the interviewed health facilities, 2,033 providers (996 in Phase I and 1,037 in Phase III areas) were identified, among which 1,863 (91.6%) were successfully interviewed for the provider surveys (**Table 1.5**). The principal reason for nonresponse among providers was their unavailability at the time of the interview visit.

Table 1.3: Results of interviews with households and women

Numbers and response rates of households and women, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

Measure	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Households						
Households selected	2,580	3,420	6,000	2,580	3,420	6,000
Household occupied	2,503	3,329	5,832	2,500	3,365	5,865
Household interviewed	2,475	3,286	5,761	2,476	3,345	5,821
Household response rate (%) ¹	98.9	98.7	98.8	99.0	99.4	99.2
Currently married women ages 13-49						
Eligible women selected	2,449	3,167	5,616	2,449	3,281	5,730
Eligible women interviewed	2,280	3,021	5,301	2,275	3,135	5,410
Eligible women response rate (%)	93.1	95.4	94.4	92.9	95.6	94.4

¹ Households interviewed/households occupied

Table 1.4: Results of interviews with health facilities by type of facility

Numbers and response rates of health facilities by type of facility, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

Measure	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Facilities selected						
DH/MCHo	11	16	27	15	14	29
UHC/MCWC	63	78	141	85	80	165
FWC	53	66	119	62	76	138
Private/NGO	82	86	168	73	59	132
Rural dispensary	1	4	5	5	4	9
Unknown	1	2	3	1	0	1
Total	211	252	463	241	233	474
Facilities interviewed/observed						
DH/MCHo	9	12	21	14	10	24
UHC/MCWC	60	61	121	72	69	141
FWC	47	56	103	51	68	119
Private/NGO	69	57	126	56	46	102
Rural dispensary	1	4	5	4	3	7
Unknown	0	0	0	0	0	0
Total	186	190	376	197	196	393
Facility response rate (%)						
DH/MCHo	81.8	75.0	77.8	93.3	71.4	82.8
UHC/MCWC	95.2	78.2	85.8	84.7	86.3	85.5
FWC	88.7	84.8	86.6	82.3	89.5	86.2
Private/NGO	84.1	66.3	75.0	76.7	78.0	77.3
Rural dispensary	100.0	100.0	100.0	80.0	75.0	77.8
Unknown	0.0	0.0	0.0	0.0	n.a.	0.0
Total	88.2	75.4	81.2	81.7	84.1	82.9

Abbreviations: MCWC = maternal and child welfare center.

Table 1.5: Results of interviews with health service providers

Numbers and response rates of providers by type of provider, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

Measure	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Providers selected						
MO (MCH-FP)	55	57	112	58	45	103
Medical officer	68	65	133	58	55	113
Clinic manager	1	1	2	2	5	7
FWV	107	108	215	120	131	251
SACMO	7	14	21	9	14	23
Nurse	12	11	23	19	12	31
Nurse midwife	8	4	12	10	8	18
Paramedic	48	46	94	45	34	79
FWA	48	62	110	54	71	125
Service promoter	10	4	14	7	4	11
Community health worker	3	3	6	0	0	0
OB/GYN	81	76	157	91	60	151
RMO	51	46	97	70	55	125
Total	499	497	996	543	494	1,037
Providers interviewed						
MO (MCH-FP)	40	45	85	44	33	77
Medical officer	67	59	126	55	51	106
Clinic manager	1	1	2	2	3	5
FWV	106	108	214	118	127	245
SACMO	7	14	21	9	14	23
Nurse	12	11	23	18	12	30
Nurse midwife	8	4	12	10	8	18
Paramedic	48	44	92	44	34	78
FWA	47	61	108	53	70	123
Service prompter	9	4	13	7	4	11
Community health worker	3	3	6	0	0	0
OB/GYN	64	54	118	75	50	125
RMO	51	32	83	67	52	119
Total	463	440	903	502	458	960
Provider response rate (%)						
MO (MCH-FP)	72.7	78.9	75.9	75.9	73.3	74.8
Medical officer	98.5	90.8	94.7	94.8	92.7	93.8
Clinic manager	100.0	100.0	100.0	100.0	60.0	71.4
FWV	99.1	100.0	99.5	98.3	96.9	97.6
SACMO	100.0	100.0	100.0	100.0	100.0	100.0
Nurse	100.0	100.0	100.0	94.7	100.0	96.8
Nurse midwife	100.0	100.0	100.0	100.0	100.0	100.0
Paramedic	100.0	95.7	97.9	97.8	100.0	98.7
FWA	97.9	98.4	98.2	98.1	98.6	98.4
Service prompter	90.0	100.0	92.9	100.0	100.0	100.0
Community health worker	100.0	100.0	100.0	n.a.	n.a.	n.a.
OB/GYN	79.0	71.1	75.2	82.4	83.3	82.8
RMO	100.0	69.6	85.6	95.7	94.5	95.2
Total	92.8	88.5	90.7	92.4	92.7	92.6

Abbreviations: RMO = resident medical officer; FWA= family welfare assistant

2. KEY FINDINGS

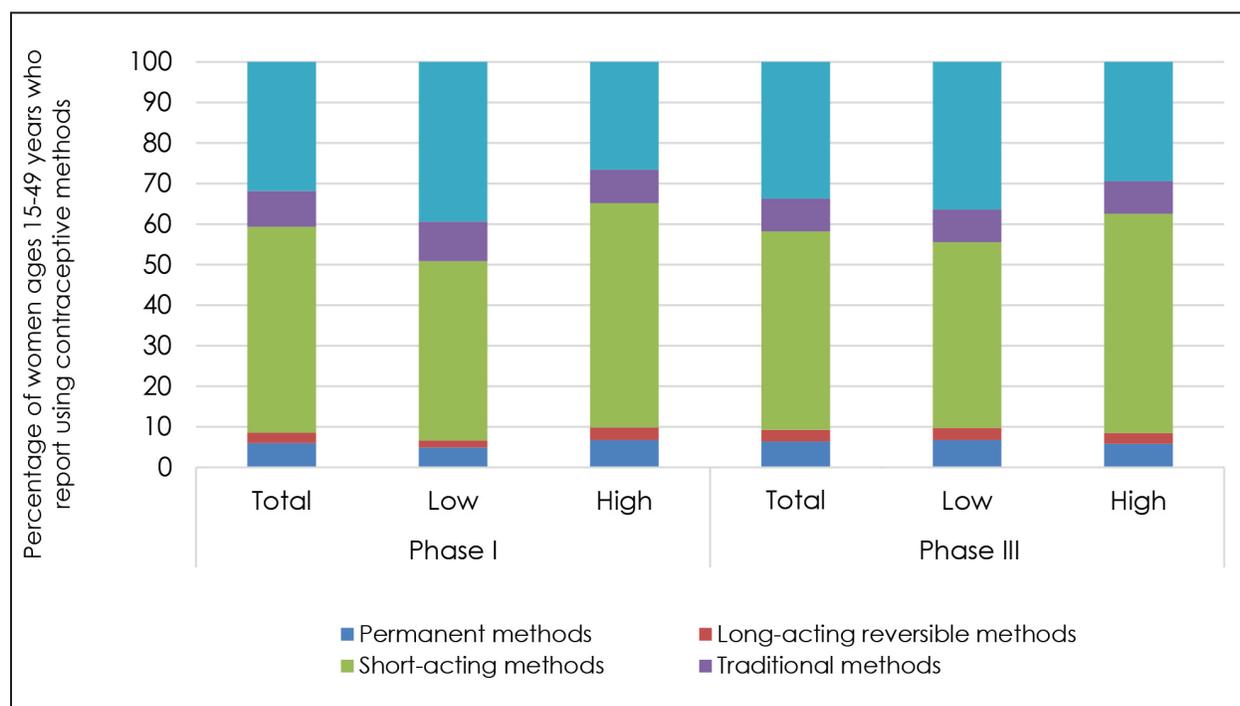
This chapter presents baseline data relevant to the evaluation questions for the key outcome indicators as well as the process indicators identified in the framework (**Figure 1.2**) in Chapter 1. In addition, results of the balance tests to check the comparability of the Phase I and Phase III areas are presented. Detailed tabulations from the baseline survey are presented in Appendix A.

2.1. Primary Outcomes

2.1.1. Contraceptive Use and Method Mix

The primary outcome of interest for the MH-II project is the use of contraceptives, especially LARCs and PMs. The majority of CMWRA use some method of FP (Table A.1.16 in Appendix A). The prevalence of contraceptive use is slightly higher in Phase I districts, at 68 percent, than it is in Phase III districts, at 66 percent (**Figure 2.1**). In both phases, low-performing areas have a lower CPR than high-performing areas. The CPR is 61 percent in low-performing areas versus 73 percent in high-performing areas in Phase I districts; similarly, it is 64 percent in low-performing areas versus 71 percent in high-performing areas in Phase III districts. The use of LARCs, including IUDs and implants, is low in both areas: 2.5 percent in Phase I districts and 2.8 percent in Phase III districts, with no substantial difference between the low- and high-performing districts. Six percent of women in Phase I districts and 6.4 percent of women in Phase III districts report using permanent contraceptives.

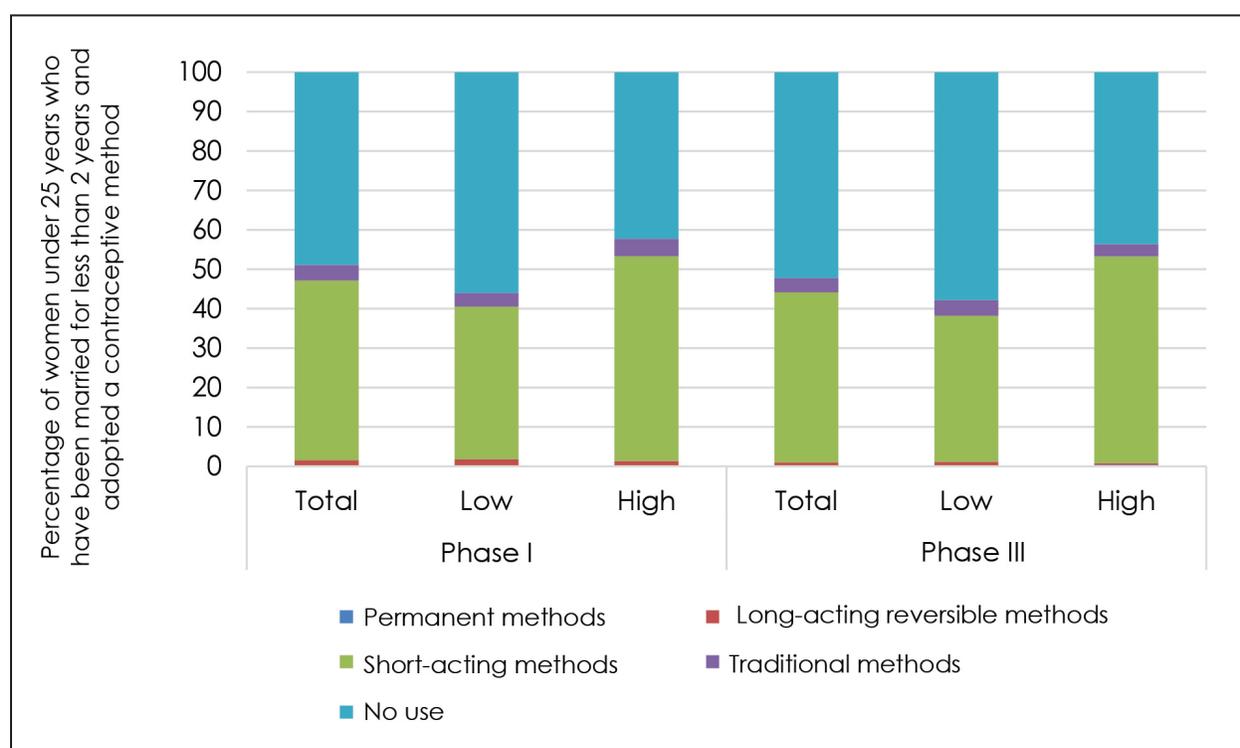
Figure 2.1: Percentage of currently married women ages 15–49 who use contraceptive methods, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey



2.1.2. Contraceptive Use among Young Married Women

A key focus population for the MH-II project is young, recently married women (Table A.1.18 in Appendix A). Among women under age 25 who have been married for less than two years, contraceptive prevalence is 51 percent in Phase I districts and 47 percent in Phase III districts (Figure 2.2). Across all groups, short-acting contraceptives are the method of choice, with 39 percent and 52 percent reporting use in low- and high-performing areas, respectively, in Phase I districts and 37 percent and 48 percent reporting use in low- and high-performing areas, respectively, in Phase III districts. Less than 2 percent of young married women across both Phase I and Phase III districts reported the use of LARCs.

Figure 2.2: Use of contraceptive methods by women under 25 years of age who have been married for two years or less by type of contraceptive method used, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey

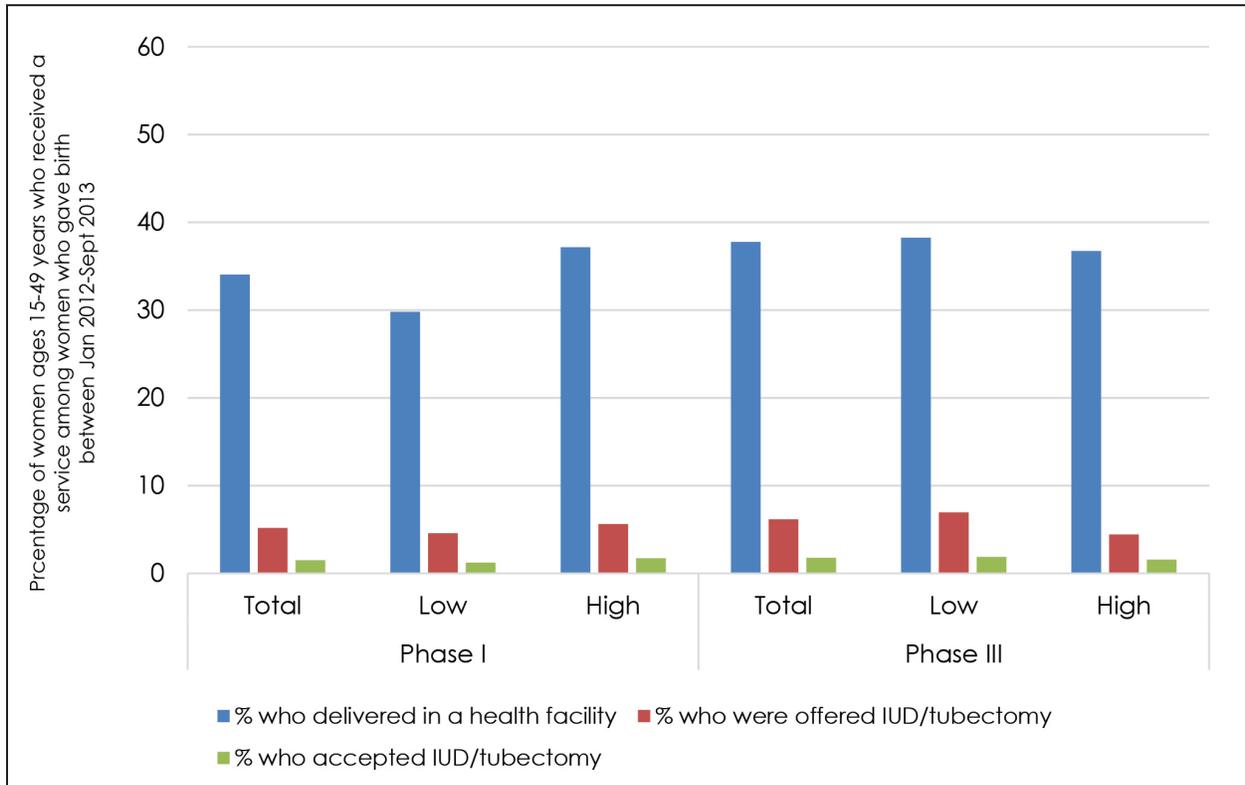


2.1.3. Postpartum Contraceptive Counseling and Use

Information on postpartum contraceptive counseling and use was collected for births in the three years before the survey, so we were able to examine postpartum contraceptive counseling and use separately for births from January 2012 to September 2013 (immediately before the start of MH-II interventions) and from October 2013 until the survey (during the first 18 months of MH-II interventions) (Tables A.1.19 and A.1.20 in Appendix A). From January 2012 to September 2013, 14 percent of women (n=738) in Phase I districts and 15 percent of women (n=758) in Phase III districts gave birth. Of these women, 34 percent in Phase I districts and 38 percent in Phase III districts gave birth in a health facility (Figure 2.3A). High-performing districts had substantially more health facility deliveries than low-performing districts in the Phase I area; not much difference was

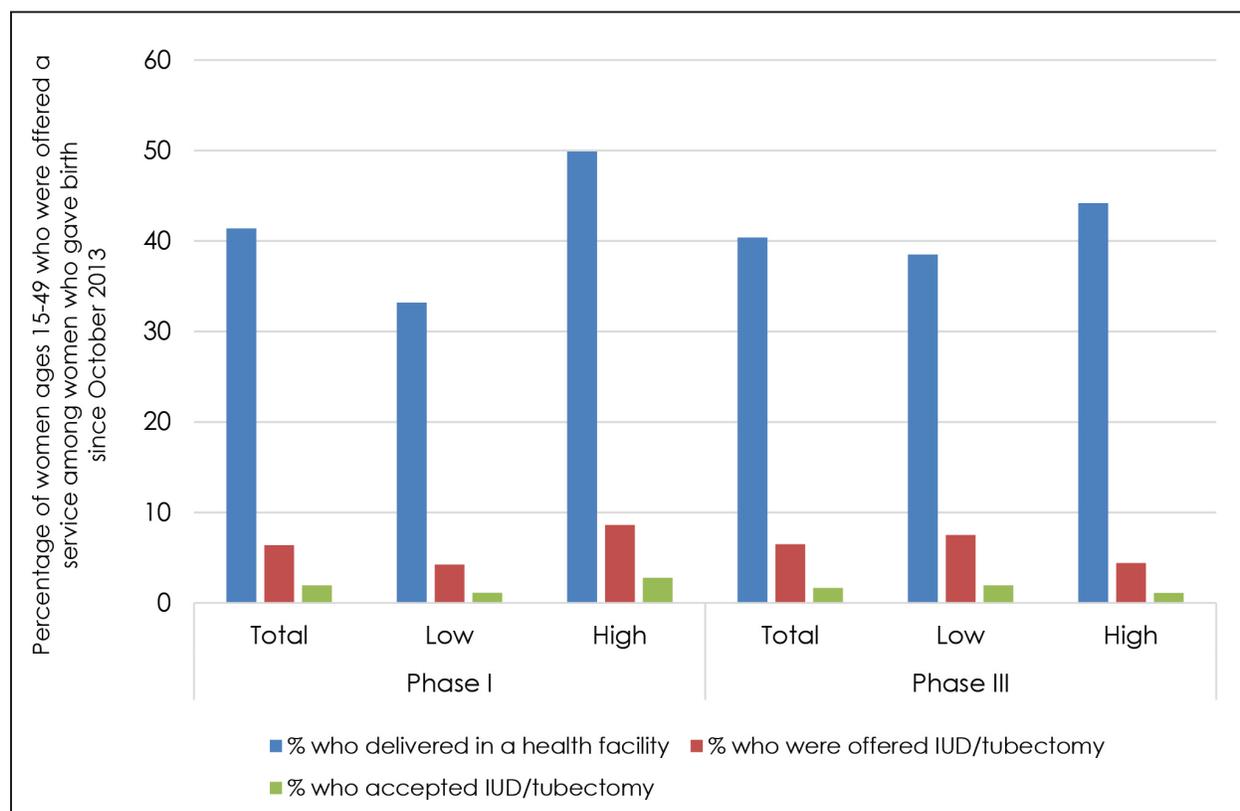
seen between high- and low-performing districts in the Phase III area. **Figure 2.3A** shows that about 5 percent of women who gave birth in Phase I districts, compared with 6 percent in Phase III districts, were offered an IUD or tubectomy. Less than 2 percent of women who gave birth across all districts accepted a postpartum IUD or tubectomy.

Figure 2.3A: Facility delivery, counseling, and use of postpartum family planning among women who gave birth between January 2012 and September 2013, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey



Among the 16 percent of women (n=844) in Phase I districts and 17 percent of women (n=868) in Phase III districts who gave birth since October 2013, around 40 percent delivered at health facilities in both Phase I and Phase III areas (**Figure 2.3B**). About 6.5 percent of women who delivered since October 2013 were offered postpartum contraceptives in both Phase I and Phase III areas. In high-performing districts in the Phase I area, the percentage of women who gave birth who were offered a postpartum IUD/tubectomy increased from 5.6 percent to 8.6 percent between the period January 2012–September 2013 and the period since October 2013. There was no notable change in low-performing areas in Phase I or Phase III districts, and less than 2 percent of women who gave birth since October 2013 across all districts accepted a postpartum contraceptive method.

Figure 2.3B: Facility delivery, counseling, and use of postpartum family planning among women who have given birth since October 2013, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey



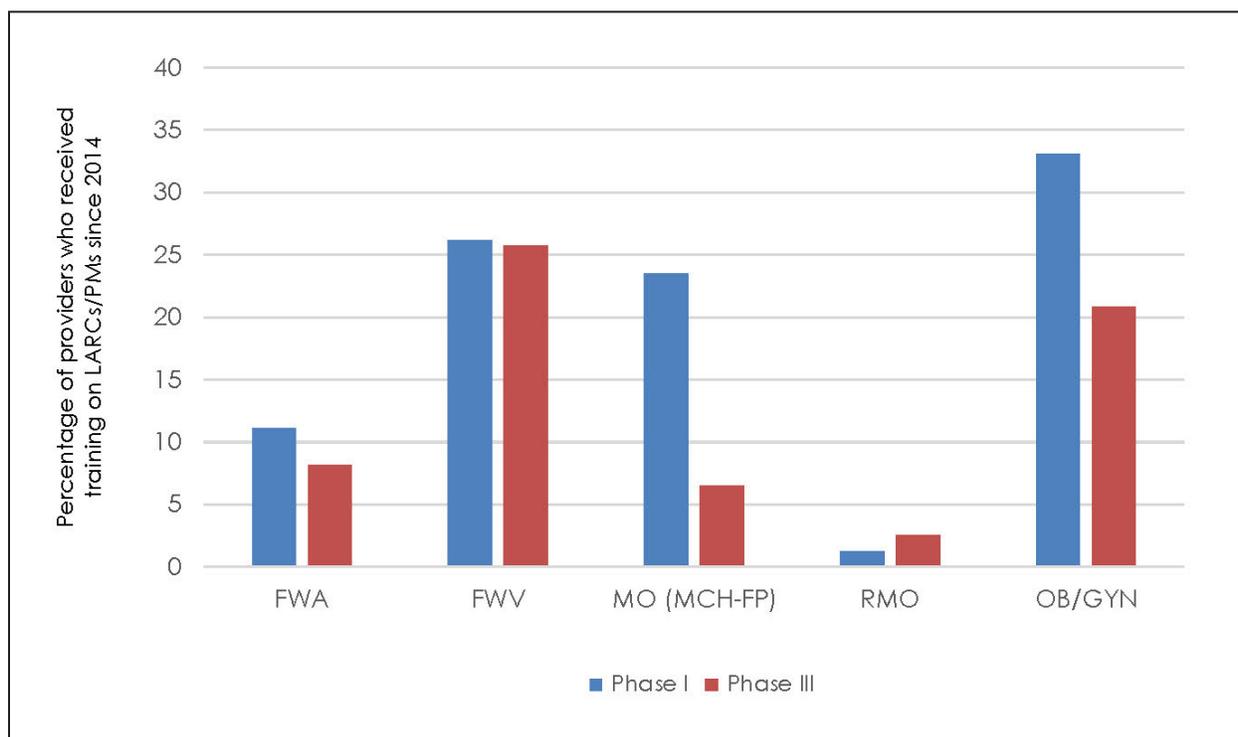
2.2. Intermediate/Process Outcomes

2.2.1. Provider Training

Training of providers in different aspects of LARCs/PMs is one of the key activities to achieve MH-II program objectives. Training of providers aims to increase their knowledge and skills on LARCs/PMs as a step toward improving the quality of care they provide for these methods.

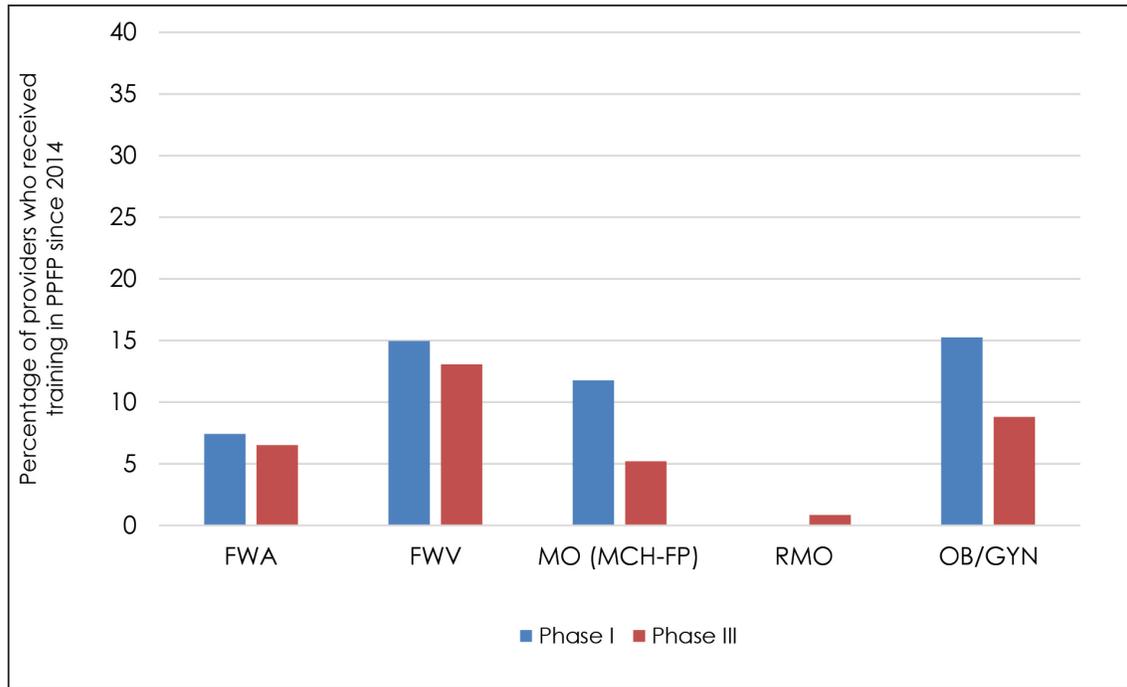
Around a quarter of surveyed FWVs (26%), MOs (24%), and OB/GYNs (33%) in Phase I districts reported having received some training on LARCs and PMs since 2014 (Figure 2.4). More variation in training was reported across types of providers in Phase III districts, where 26 percent of FWVs and 21 percent of OB/GYNs reported being trained in LARCs/PMs, but only 6 percent of MOs reported being trained. Among FWAs and RMOs, low levels of training in LARCs/PMs were reported across both intervention and comparison areas. Eleven percent of FWAs in Phase I districts and 8 percent of FWAs in Phase III districts reported being trained. Only 1 percent of RMOs in Phase I districts and 3 percent in Phase III districts reported receiving any training on LARCs/PMs. Additional details about who provided the training and which groups were involved can be found in Table A.2.2 in Appendix A.

Figure 2.4: Percentage of providers who received training in LARCs/PMs since 2014 by type of provider, by Phase I and Phase III areas, 2015 MH-II survey



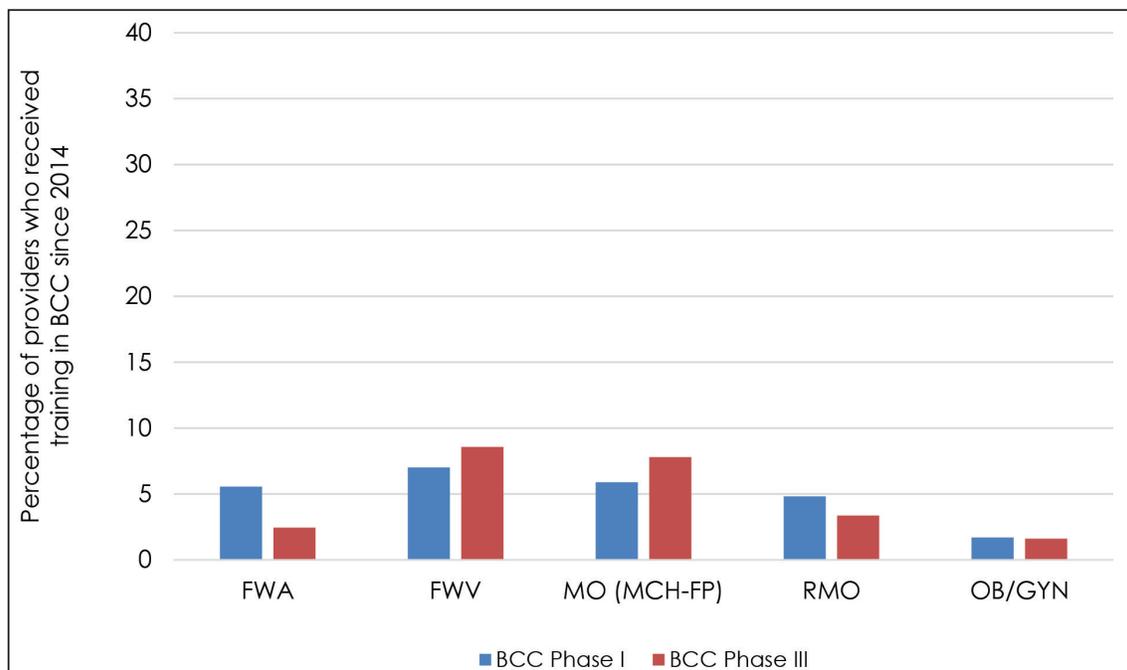
When compared with providers in Phase III districts, more providers in Phase I districts had received training in PPFPP since 2014 (**Figure 2.5**): 7 percent of FWAs, 15 percent of FWVs, 12 percent of MOs (MCH-FP), and 15 percent of OB/GYNs in Phase I districts reported receiving training in PPFPP. Comparatively, 6.5 percent of FWAs, 13 percent of FWVs, 5 percent of MOs (MCH-FP), and 9 percent of OB/GYNs in Phase III districts reported receiving any training in PPFPP. Information on the role of MH-II in the provision of training can be found in Table A.2.2 in Appendix A.

Figure 2.5: Percentage of providers who received training on postpartum family planning since 2014 by type of provider, by Phase I and Phase III areas, 2015 MH-II survey



Less than 10 percent of any providers in Phase I and Phase III districts reported receiving any training in BCC (**Figure 2.6**). Less than 2 percent of OB/GYNs reported any BCC training in all districts. FWVs reported the highest levels of BCC training among all provider groups, at 7 percent in Phase I and 8.6 percent in Phase III districts (Table A.2.3 in Appendix A).

Figure 2.6: Percentage of providers who received training on behavior change communication since 2014 by type of provider, by Phase I and Phase III areas, 2015 MH-II survey



2.2.2. Provider Knowledge and Self-Reported Practice

Providers were asked a series of questions about their knowledge and practices related to providing IUDs, implants, and female sterilization. Different types of providers were asked different questions depending on the services they were expected to offer. Tables A.2.4 to A.2.9 in Appendix A present spontaneously reported knowledge and practices for IUDs, by provider type. Similar findings are presented for implants in Tables A.2.10 to A.2.14, and for female sterilization in Tables A.2.15 to A.2.19. There was a lot of variation in the percentage of providers spontaneously mentioning each knowledge/practice response, and there were no consistent patterns in spontaneously reported knowledge and practices between Phase I and Phase III districts.⁸

Providers were also questioned about their awareness of government policies to offer IUDs and tubectomies to women immediately after a birth at the health facility (Table A.2.20 in Appendix A). Knowledge of government policies on offering IUDs immediately after a facility birth (normal or Cesarean section) was consistently higher among all types of providers in the Phase I districts than among those in the Phase III districts. The rate of awareness of the government policy on offering tubectomies following Cesarean section was more than 89 percent for all types of providers in both Phase I and Phase III districts, but providers of all types in Phase I districts were more likely than those in Phase III districts to be aware of the policy on offering tubectomies after normal facility deliveries.

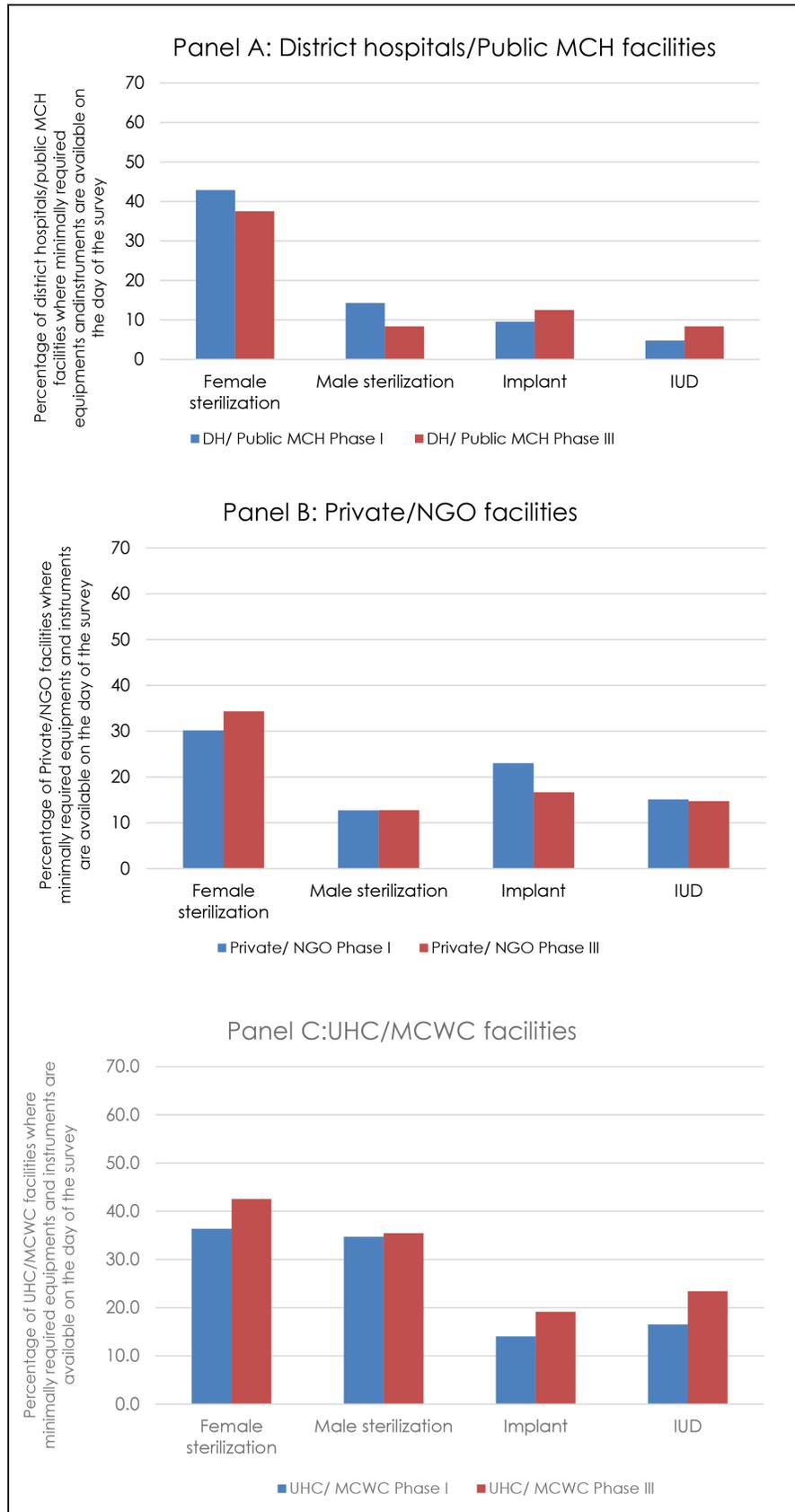
2.2.3. Quality of Care

The availability of equipment and supplies for providing LARCs/PMs was assessed in the facility readiness survey as a measure of readiness to provide high-quality LARC/PM services. Additionally, respondents to the women's questionnaire who reported that they were using a LARC/PM were asked questions about the services received at the facility where they obtained that method.

Less than 15 percent of DHs/public MCH facilities in either Phase I or Phase III districts were found to have all minimally required equipment and supplies to provide IUDs, implants, or male sterilization. Slightly more DHs/public hospitals in Phase III districts than in Phase I districts had minimally required equipment and supplies for providing implants and IUDs, while the reverse was true for male and female sterilization (**Figure 2.7, Panel A**). With the exception of equipment and supplies for providing implants in private/NGO facilities (**Figure 2.7, Panel B**), more UHCs/MCWCs (**Figure 2.7, Panel C**) and private/NGO facilities in Phase III districts than in Phase I districts were found to have minimally required equipment and supplies for providing each LARC/PM. However, readiness to provide LARCs/PMs was generally low in both Phase I and Phase III districts for all methods and types of facilities (**Figures 2.7**). Additional details on facility infrastructure and the availability of equipment and supplies can be found in Tables A.3.6 and A.3.8–A.3.10 in Appendix A).

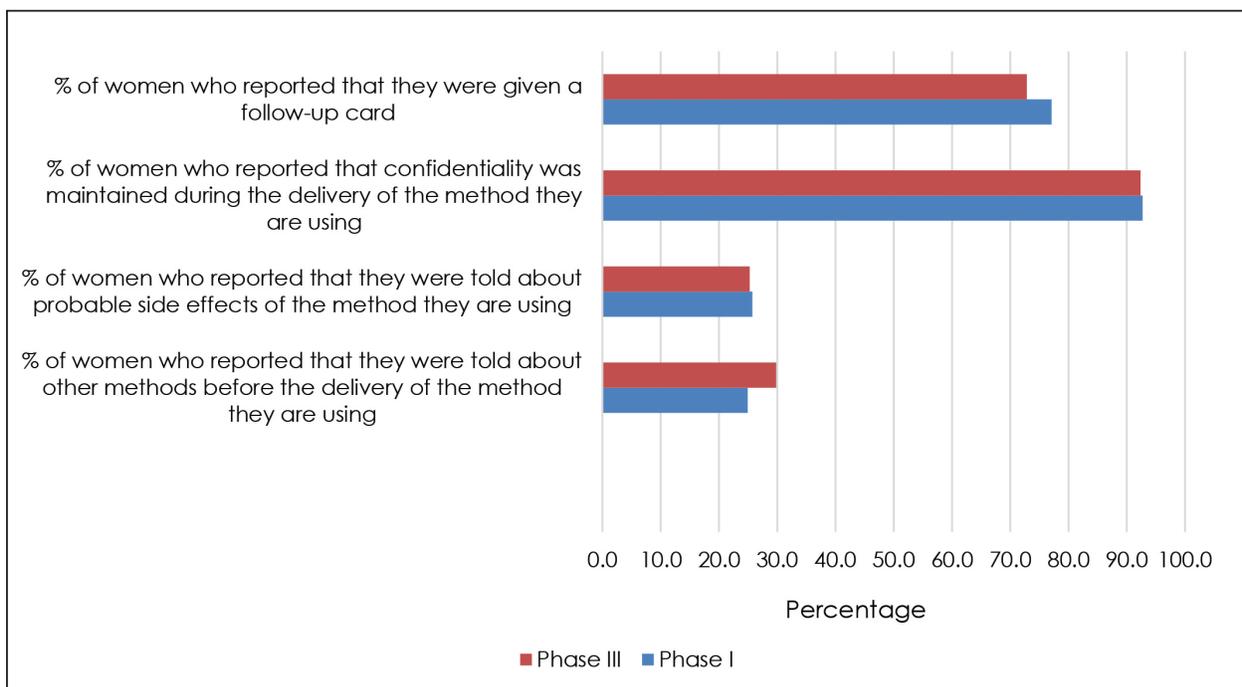
⁸ Of the 99 response/provider combinations for IUD knowledge and practice, the percentage of providers spontaneously mentioning a response was more than one percentage point higher in Phase I districts for 49 cells, more than one percentage point higher in Phase III districts for 36 cells, and within one percentage point for 14 cells. The corresponding figures for implant knowledge and practice were 26, 31, and 12 (of 69 responses/provider combinations), and for female sterilization knowledge and practice were 41, 46, and 13 (of 100 response/provider combinations).

Figure 2.7: Percentage of facilities with minimal equipment and supplies to provide LARC/PM services by facility type and method, by Phase I and Phase III areas, 2015 MH-II survey



A total of 372 women in Phase I districts and 418 women in Phase III districts reported that they were using a LARC/PM in the women’s survey. Twenty-five percent of the LARC/PM users in Phase I districts and 30 percent of the LARC/PM users in Phase III districts reported that they were told about other methods before receiving their method (**Figure 2.8**). Only a quarter of LARC/PM users in both Phase I and Phase III areas reported that they were informed about potential side effects associated with their method. However, more than 90 percent felt that their confidentiality was maintained during their counseling. Seventy-seven percent of LARC/PM users in Phase I districts and 73 percent in Phase III districts were given a follow-up card. Further breakdown by high- and low-performing areas within Phase I and Phase III districts can be found in Table A.1.10 in Appendix A.

Figure 2.8: Indicators of quality of family planning care reported among women ages 15-49 who are not pregnant and are using female sterilization, IUDs, or implants, by Phase I and Phase III areas, 2015 MH-II survey



2.2.4. Behavior Change and Behavior Change Communication Activities

Comprehensive multichannel BCC through mass-media messages, community-level BCC activities, BCC materials at clinics, and BCC job-aid support to providers is a key activity outlined by the MH-II project. The availability of BCC materials at clinics was assessed in the facility readiness survey, as well as through questions in the women’s survey about whether they had received relevant BCC materials during their visits to a health facility. Results are shown in **Figure 2.9**.

More than 90 percent of UHCs/MCWCs and FWCs in Phase I and Phase III areas had an FP-related billboard, banner, or poster. Fifty-two percent of DH/public MCHo facilities in Phase I districts and 46 percent in Phase III districts had an FP billboard, banner, or poster. DHs and public MCHo facilities had the lowest availability of informational materials such as booklets for clients (19 percent versus 21 percent in Phase I and Phase III areas) and job aids for providers (29 percent versus 37 percent). The percentage of other types of facilities with easily identifiable informational booklets

for clients varied from 35 percent in FWCs in Phase I areas to 52 percent in private/NGO clinics in Phase I areas, with no notable differences between Phase I and Phase III areas. Availability of job aids and flip charts for providers varied across other types of facilities, and was higher in Phase I districts than in Phase III districts. Further details on the availability of BCC materials can be found in Table A.3.7 in Appendix A.

Figure 2.9: Availability of various behavior change communication materials at each type of health facility, by Phase I and Phase III areas, 2015 MH-II survey

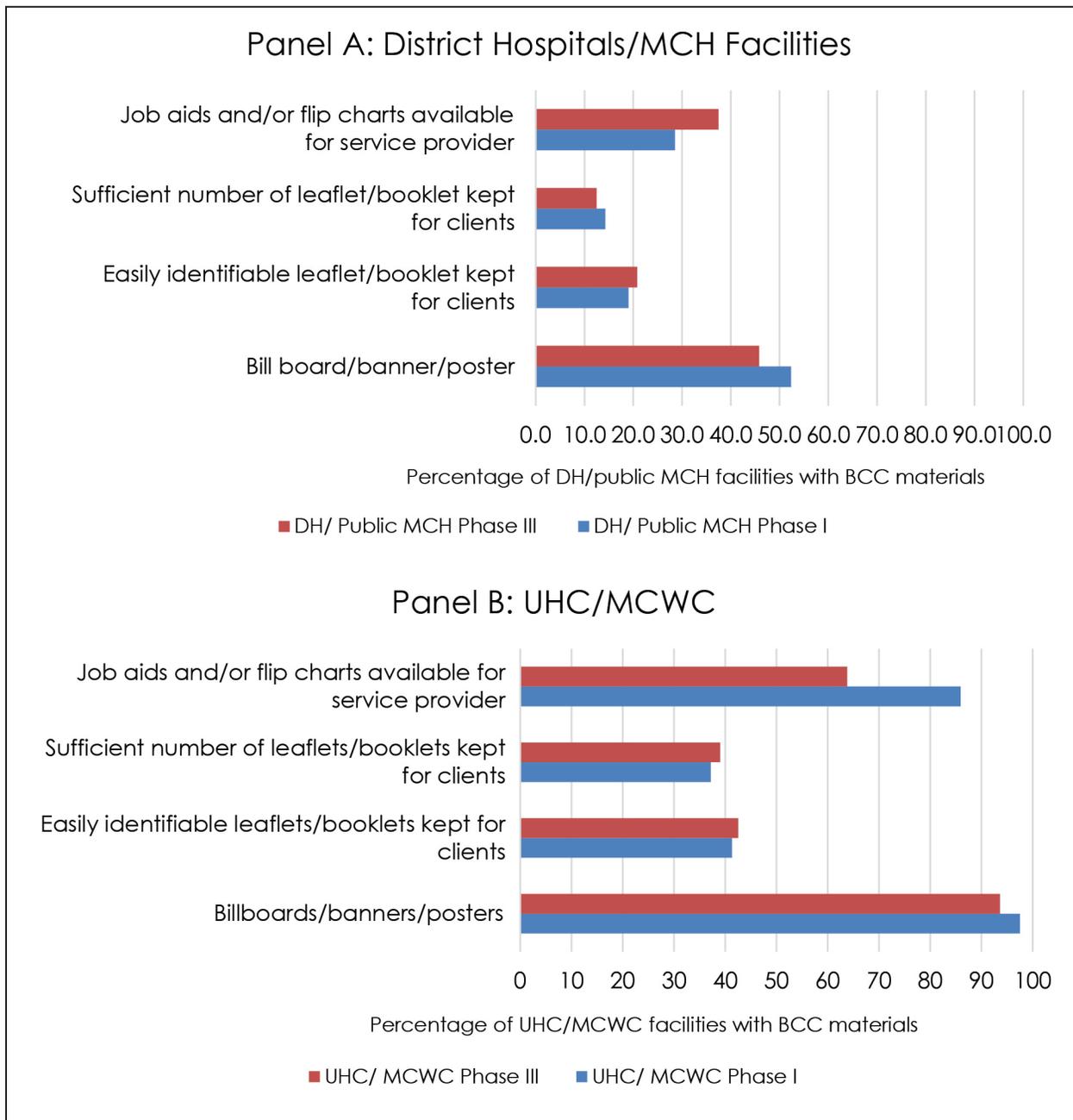
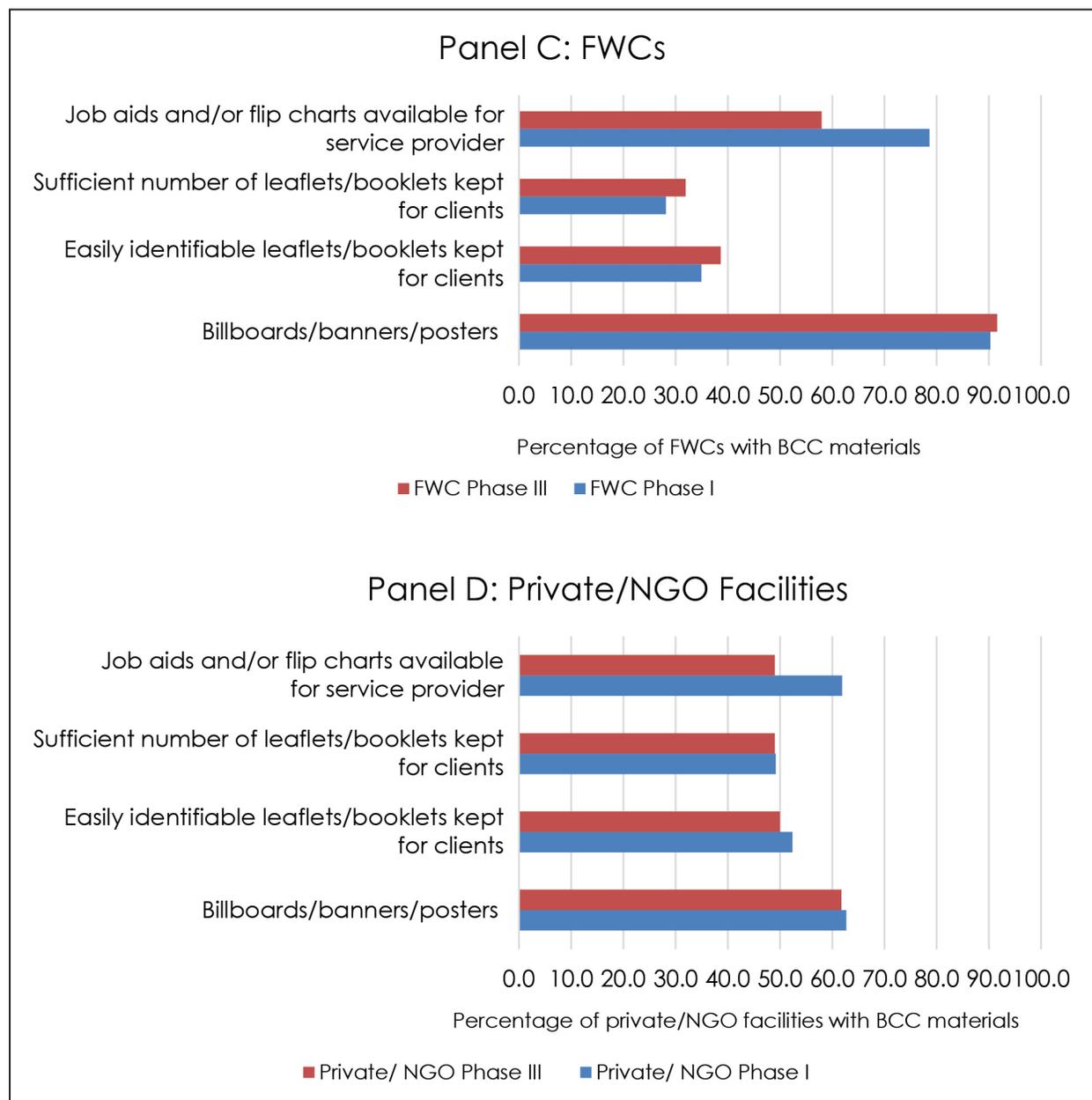


Figure 2.9: Availability of various behavior change communication materials at each type of health facility, by Phase I and Phase III areas, 2015 MH-II survey (continued)



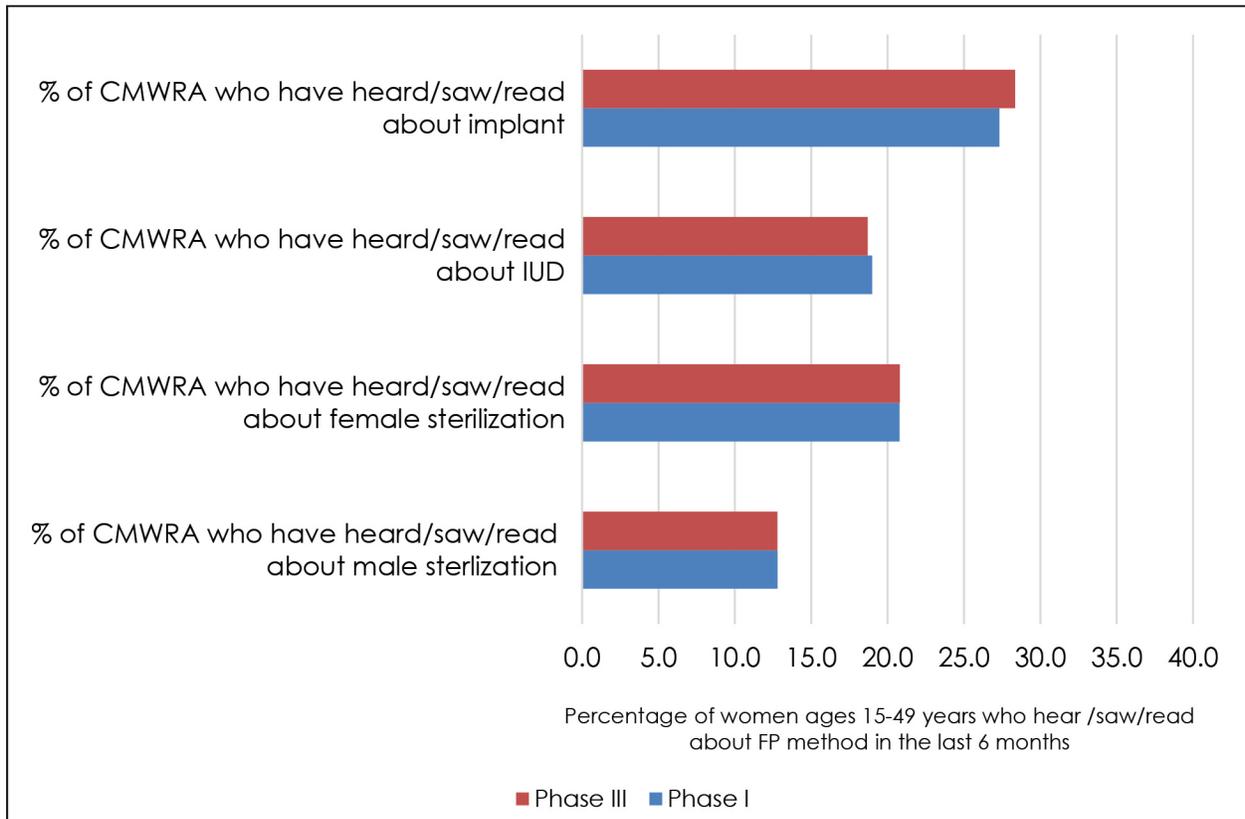
In both Phase I and Phase III areas, less than 2 percent of non-pregnant women who were not using a LARC/PM and were visited by an FP worker in the past six months reported receiving BCC materials on LARCs/PMs during the home visit. Among non-pregnant women who were not using a LARC/PM and who sought FP care at a health facility in the past six months, fewer than 3 percent in either area reported receiving BCC materials on LARCs/PMs (Table A.1.9 in Appendix A).

Nearly three-quarters of CMWRA had ever heard about male sterilization across all low- and high-performing Phase I and Phase III districts. A higher percentage—more than 90 percent—had heard about female sterilization (Table A.1.11, in Appendix A).

About 75 percent of women in both Phase I and Phase III districts reported having heard about IUDs as a contraceptive method; however, fewer women in low-performing districts reported knowledge of IUDs than did women in high-performing districts. In Phase I districts, 68 percent of women in low-performing districts versus 78 percent in high-performing districts reported IUD knowledge; in Phase III districts, 71 percent of women in low-performing districts versus 81 percent in high-performing districts reported IUD knowledge. More women reported knowledge about implants than IUDs. Ninety percent of women in Phase I districts and 88 percent of women in Phase III districts reported having heard about implants. As for IUDs, a higher percentage of women in high-performing districts than of those in low-performing districts reported knowledge of implants (Table A.1.11 in Appendix A).

Around 13 percent of women interviewed reported having heard about male sterilization as a contraceptive method in the past six months in both Phase I and Phase III areas (Figure 2.10). Similarly, around 21 percent of women reported they had heard of female sterilization in the past six months, 19 percent reported they had heard of IUDs, and around 29 percent reported they had heard of implants. There were no differences between Phase I and Phase III areas. In general, more women in high-performing districts than in low-performing districts reported having heard of each method in the past six months (Table A.1.11 in Appendix A).

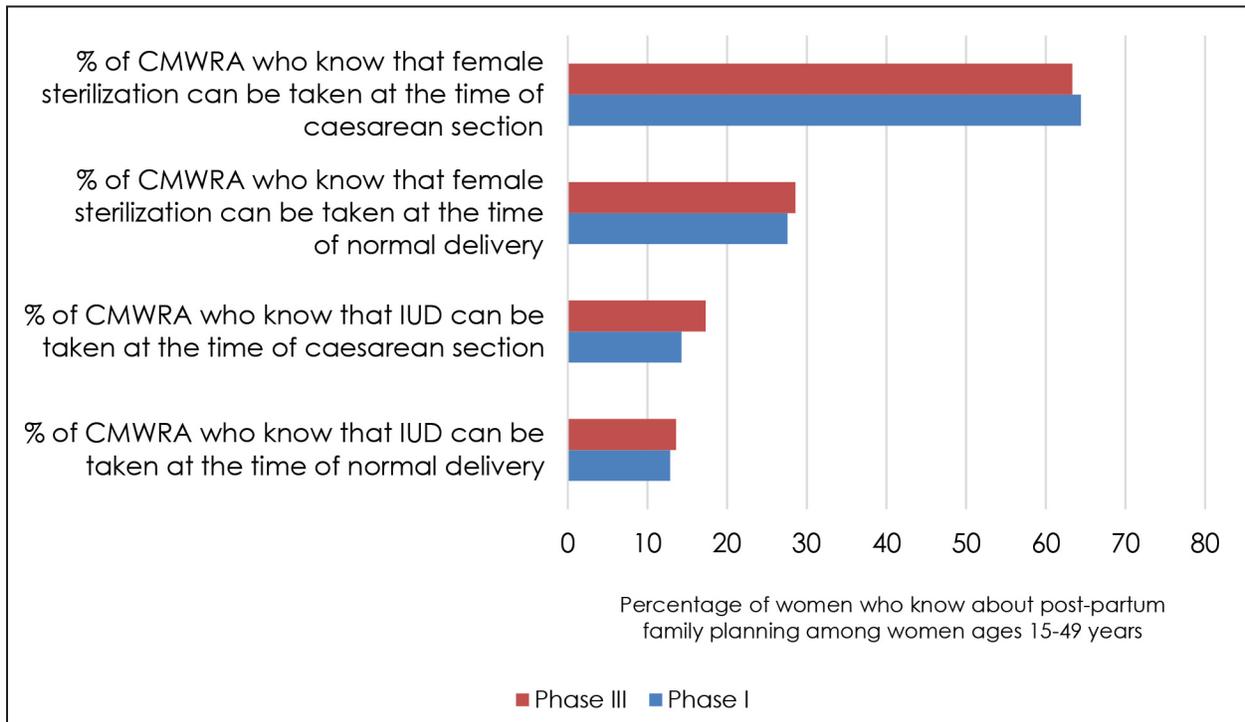
Figure 2.10: Percentage of married women ages 15–49 who had heard/saw/read about LARCs/PMs in the six months preceding the survey, by Phase I and Phase III areas, 2015 MH-II survey



Around 13 percent of women reported that they knew that IUDs can be adopted at the time of normal delivery in both Phase I and Phase III districts (**Figure 2.11** and Table A.1.12 in Appendix A). Slightly more women were aware that IUDs can be adopted at the time of a Cesarean section (14 percent in Phase I districts compared with 17 percent in Phase III areas). Family members, friends, and health providers were the primary sources of information among women who were aware of postpartum IUDs in both Phase I and Phase III areas (Table A.1.13 in Appendix A).

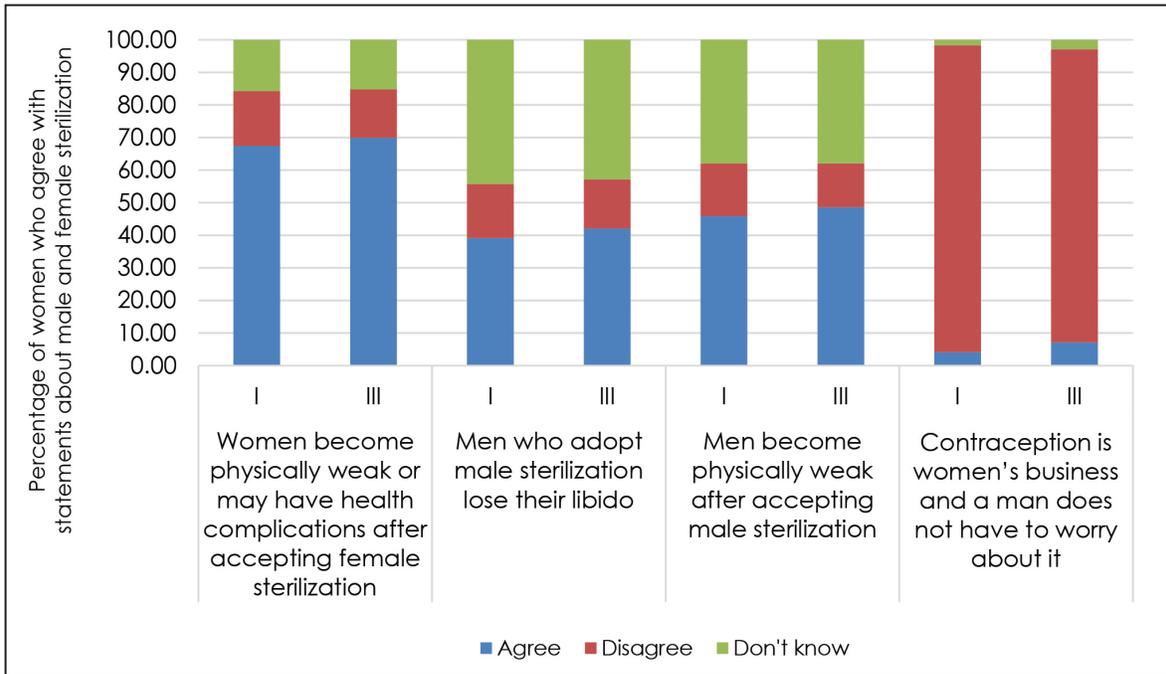
Around 28 percent of women reported that they knew that female sterilization can be adopted at the time of normal delivery in both Phase I and Phase III districts. Many more women were aware that female sterilization can be provided at the time of a Cesarean section (64 percent of women in Phase I areas and 63 percent of women in Phase III areas). Family members, friends, neighbors, and health care providers were the key sources of information; however, twice as many women reported family and friends as the source of information on postpartum sterilization than reported health providers as the source. (Table A.1.14 in Appendix A).

Figure 2.11: Knowledge of postpartum family planning among women ages 15–49 by Phase I and Phase III areas, 2015 MH-II survey



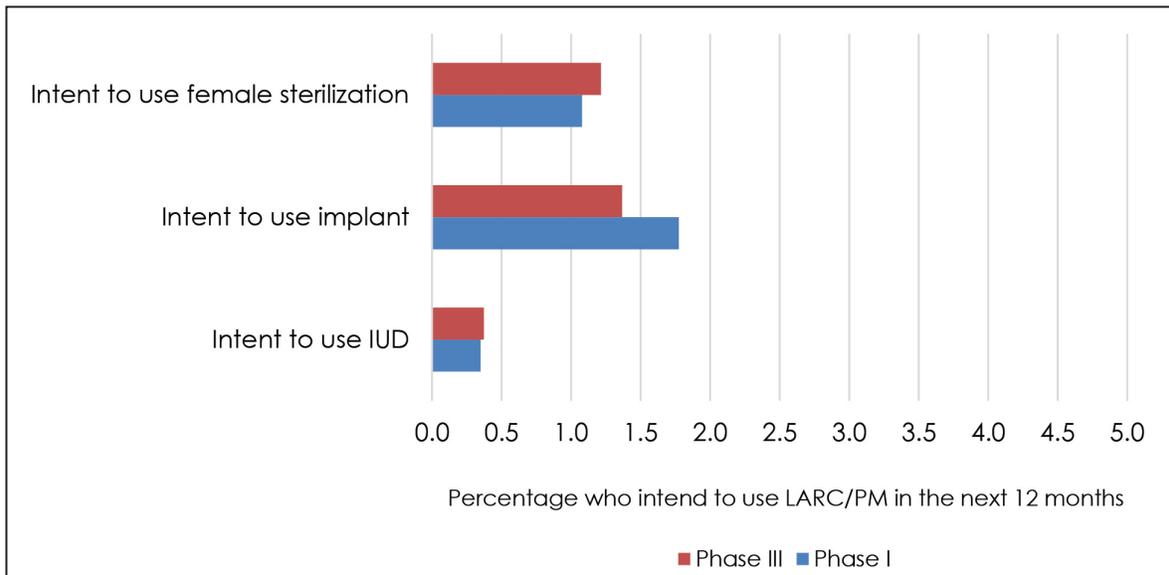
Sixty-seven percent of women in Phase I districts and 70 percent in Phase III districts believed that women become physically weak or may have other complications after having a tubectomy (**Figure 2.12**). About 46 percent of women in Phase I districts and 49 percent in Phase III districts believed that men become physically weak after a vasectomy. A higher percentage of women in Phase III districts (42%) than in Phase I districts (39%) believed that men who have a vasectomy lose their libido. Most women across both Phase I and Phase III areas disagreed that contraception is a woman’s business and a man does not have to think about it. Variations by low- and high-performing areas in Phase I and Phase III districts can be found in (Table A.1.15 in Appendix A).

Figure 2.12: Perceptions of male and female sterilization among women ages 15–49 by Phase I and Phase III areas, 2015 MH-II survey



Among married women who are not pregnant, are not using a LARC/PM, and do not want any more children or are unsure whether they want any more children, just 3 percent reported intending to use a LARC or PM in the next 12 months in both Phase I and Phase III areas. About 4 percent of these women in low-performing Phase I districts intended to use a LARC or PM, compared with 2 percent in high-performing Phase I districts and 3 percent in all Phase III districts. (Figure 2.13 and Table A.1.22 and Appendix A).

Figure 2.13: Intention to use LARCs/PMs in the next 12 months among women ages 15–49 who are not pregnant, are not using LARCs/PMs, and do not want any more children or are undecided about wanting more children, by Phase I and Phase III areas, 2015 MH-II survey



2.3. Analysis of Evaluation Design Assumptions

2.1.1. Timing of Baseline Data Collection

As noted in Section 1.4, the MH-II project had already been operating for one and a half years (since October 2013) before baseline data were collected in June–September 2015. This means that the baseline data could potentially pick up early effects of the program in Phase I districts, which could lead to underestimation of full project effects. Many activities in the first year focused on transition and start-up of the project, and therefore did not reach facilities and the population. However, the following activities had been undertaken in Phase I districts by the time of the baseline survey:

- Distribution of BCC materials to facilities in all 20 Phase I districts
- Training of GOB trainers in PFP in all 20 districts
- Initiation of follow-up visits by MH-II staff members to facilities that had received training/technical support from the project
- Involvement of individual private-sector providers and NGO providers in the 20 Phase I districts. For NGOs/the private sector, MH-II had invited providers from facilities that provide delivery services to training events with a focus on the use of postpartum and interval FP.
- Activities by mobile teams in one to two districts, with an estimated 600 clients reached
- Involvement of garment factories in Chittagong and Dhaka. These activities targeted demand generation and service provision among young married women in 25 factories.
- Continued operation in the MH-I focus districts by community health workers who had been trained in client counseling on LARCs and PMs during MH-I. Follow-up visits had been conducted to facilities that received support from MH-I.

The scale of activities at the provider and population levels was relatively modest at the time of the baseline survey. It is therefore unlikely that these activities had yet had a large impact in terms of affecting key population-level outcomes (e.g., prevalence of LARCs/PMs). The baseline household survey included questions on exposure to specific BCC materials to determine the extent of exposure at baseline, and the provider questionnaire included questions to determine whether and when providers received training related to LARCs/PMs, which allowed us to examine the degree of potential exposure to MH-II interventions in Phase I areas at baseline.

The analysis presented in Section 2.2.1 shows that MO-MCHs, OB/GYNs, and to a lesser extent, FWVs in Phase I districts were more likely to have been trained in LARCs/PMs since 2014 than those in Phase III districts. MO-MCHs and OB/GYNs were also more likely to have been trained in PFP in Phase I districts than in Phase III districts. Training was low in all areas for BCC. Knowledge of government policies on offering IUDs immediately after a facility birth (i.e., normal or Cesarean section) was consistently higher among all types of providers in the Phase I districts than in the Phase III districts, and providers of all types in Phase I districts were more likely than those in Phase III districts to be aware of the policy on offering tubectomy after a normal facility delivery (Section 2.2.2). However, there were no consistent patterns in spontaneously reported knowledge and practices between Phase I and Phase III districts (Section 2.2.2), and there were no differences between Phase I and Phase III areas in the quality of care women reported in their contact with health facilities for LARC/PM services (Section 2.2.3). There were also few differences in the availability of BCC materials in facilities in Phase I and Phase III districts, except that UHC/MCWC, FWC, and private/NGO facilities in Phase I areas were somewhat more likely to have job aids for providers available than

those in Phase III areas. Few women who had contact with a service provider for FP in the six months before the survey reported receiving BCC materials on LARCs/PMs, and there were no differences in the percentage of women who reported hearing about LARCs/PMs in the past six months between Phase I and Phase III areas (Section 2.2.4). Mass media BCC activities had not been initiated at the time of the baseline survey.

Overall, these results suggest that there is evidence of some exposure to MH-II interventions, particularly provider training, in Phase I areas before the baseline survey. However, this exposure has not yet had a measurable effect on provider behavior or women's experiences of LARC/PM services, so has not affected demand for and uptake of LARCs/PMs.

2.1.2. Comparability of Phase I and Phase III Areas

In an impact evaluation, the intervention and comparison areas should be as similar as possible to increase the likelihood that the assumptions underlying the identification of program effects hold. Phase I and Phase III areas may differ systematically due to the mechanism by which the MH-II project was rolled out geographically over time. Districts for each implementation phase were not selected randomly, implying that there are likely both observed and unobserved differences between early-implementation and later-implementation districts that could also affect changes in outcomes.

Balance tests were performed to assess the underlying assumption for the program evaluation that the Phase I and Phase III areas are comparable in their observable characteristics that might be associated with the outcomes of interest. The statistical tests using the MH-II baseline data were performed on a total of 40 indicators related to:

- Household characteristics
- Women's background characteristics
- Women's knowledge and practice of reproductive health services
- Health providers' characteristics and exposure to the program
- Health facilities' characteristics

The differences in the estimated values of the selected indicators between the Phase I and Phase III domains were examined through statistical hypothesis testing. Specifically, adjusted Wald tests for binary or numeric outcomes and Pearson's chi-squared tests for categorical outcomes were performed, with correction and adjustment for stratification, clustering, and sampling weights,⁹ to evaluate the comparability between the two domains with a statistical significance at the level of 0.05 (two-sided). The analysis was conducted in Stata 14.1 (Stata Corp LP, College Station, Texas).

Summary results are presented in **Table 2.1** for indicators for households, women, health providers, and health facilities. Complete results of the balance tests are presented in Appendix B. Overall, the Phase III domain was statistically similar to the Phase I domain for 26 (65%) of the 40 indicators tested.

⁹ Note that the data on health providers and facilities did not have sampling weights. Analysis units were therefore unweighted for indicators related to health providers or facilities.

Table 2.1: Summary results of the balance tests for similarity between Phase I and Phase III districts, 2015 MH-II survey

Indicator group	Number of indicators tested	Indicators with significant difference between Phase I and Phase III domains	
		Number	%
Household characteristics	10	5	50.0
Women's background characteristics	8	4	50.0
Women's knowledge and practice of reproductive health services	8	1	12.5
Health providers' characteristics and exposure to the program	6	3	50.0
Health facilities' characteristics	8	1	12.5
Total	40	14	35.0

For the indicators related to household characteristics, the Phase I domain was not statistically similar to the Phase III domain for 5 (50%) of the 10 indicators examined. There were statistically significant differences between the two domains for land ownership, main roof material, main wall material, main flooring material, and whether the household has a TV.

For the indicators related to women's background characteristics, the Phase I domain was not statistically similar to the Phase III domain for 4 (50%) of the 8 indicators examined. There were statistically significant differences between the two domains for total number of children ever born, wealth quintiles, whether women watch TV, and whether women cohabit with their husband.

For indicators related to women's knowledge and practice of reproductive health services, the Phase I domain was not statistically similar to the Phase III domain for 1 (12.5%) of the 8 indicators examined. There was a statistically significant difference between the two domains for whether women have heard about implants.

For indicators related to health providers' exposure to the program, the Phase I domain was not statistically similar to the Phase III domain for 3 (50%) of the 6 indicators examined. There were statistically significant differences between the two domains for training on LARCs/PMs, training on LARCs/PMs that Engender health (EH)/Mayer Hashi (MH) provided or was involved in or an EH/MH representative was present for, and training on PPF.

For indicators related to health facilities' characteristics and exposure to the program, the Phase I domain was not statistically similar to the Phase III domain for 1 (12.5%) of the 8 indicators examined. There was a statistically significant difference between the two domains for provision of delivery services.

Differences between the Phase I and Phase III domains for some indicators were expected due to the non-random selection of districts into different phases. Most notably, the districts in the Phase I domain were purposively selected to include a range of levels of CPRs and shares of LARCs/PMs (high-, medium-, and low-performing districts). Additionally, other factors influenced the decision as to which districts to introduce the program into under Phase I, including whether the districts had large urban or slum populations, large concentrations of underserved groups, and the presence of training centers or of medical colleges or other partners.

Overall, the results of the balance tests suggest a reasonable level of similarity between the Phase I and Phase III domains. Differences between the areas in provider exposure to the program reflect the fact that some activities were initiated in Phase I areas before the baseline survey was conducted, as discussed above in Section 2.3.1. The impact evaluation, which will use a DID analysis of the combined baseline and end-line data, is designed to control for time-invariant observed and unobserved differences between the Phase I and Phase III areas. The DID analysis will include relevant observed background characteristics of respondents in the statistical models in a regression form to account for their potential impact on the outcome indicators as well as on the baseline differences in outcome indicators.

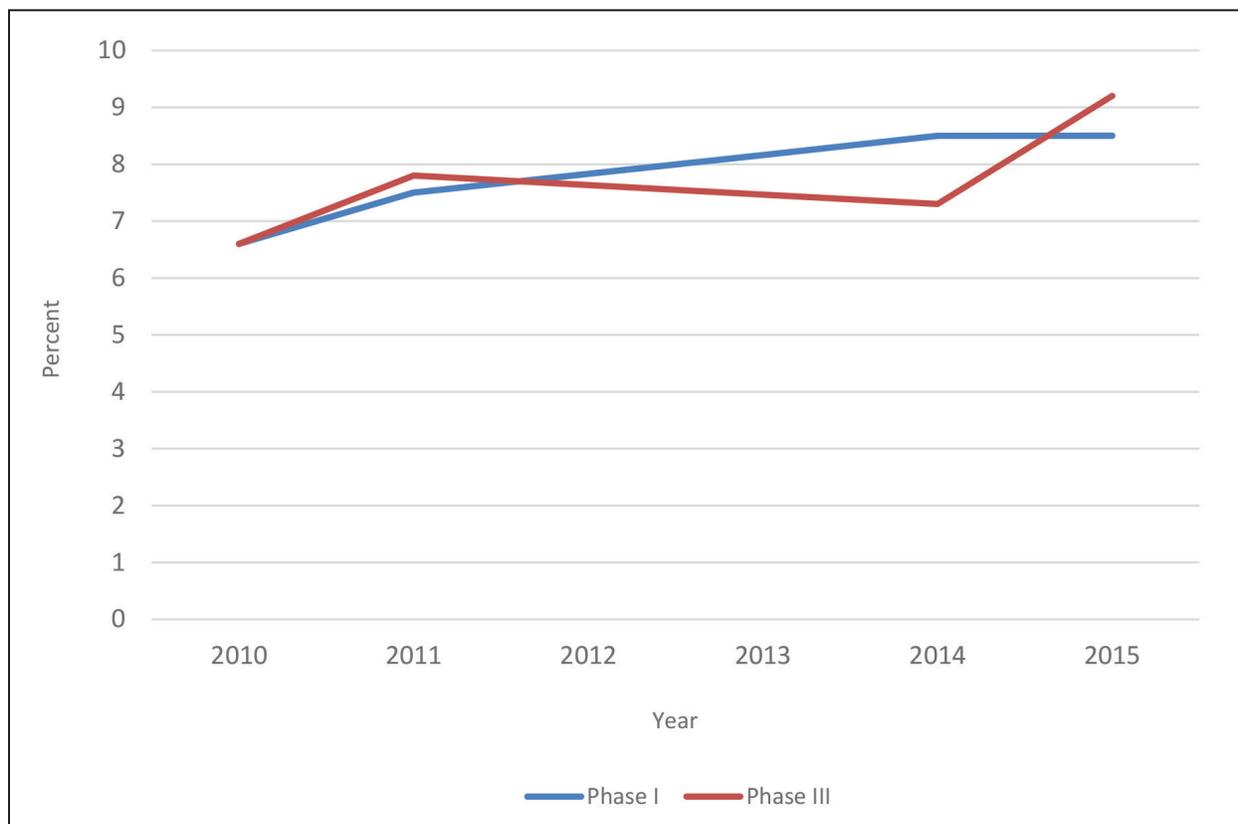
2.1.3. Parallel Trend Assumption

The primary identifying assumption for the DID analysis is the parallel trend assumption (i.e., that the trend in the outcomes of interest in a comparison area is a valid estimate of the trend in the outcomes that would have been observed in an intervention area in the absence of the intervention). There is no way to formally test this assumption. However, it is sometimes possible to examine trends in the outcomes of interest in two areas prior to the start of the intervention; similar trends in the outcomes in intervention and comparison areas prior to the intervention support the plausibility of the parallel trend assumption.

Three external data sources were used to examine the plausibility of the parallel trend assumption for this evaluation: (1) the 2010 BMMS (National Institute of Population Research and Training (NIPORT), 2012), (2) the 2011 BDHS (National Institute of Population Research and Training (NIPORT), 2013), and (3) the 2014 BDHS (National Institute of Population Research and Training (NIPORT), 2013). Trends in the main outcome of interest and in the prevalence of LARC/PM use among CMWRA were assessed in Phase I and Phase III areas prior to the start of MH-II. The external data were collected prior to the introduction of MH-II (from the 2010 BMMS and 2011 BDHS) or in the first year of MH-II (from the 2014 BDHS).

The prevalence of LARC/PM use among CMWRA was comparable between Phase I and Phase III areas at 6.6 percent in 2010. The prevalence showed an upward trend in both domains prior to the start of the MH-II project, although there was some fluctuation in Phase III areas, most likely due to sampling errors (**Figure 2.14**). The prevalence of LARC/PM use was higher in Phase III areas than in Phase I areas in 2015, although the difference was not statistically significant. These findings support the general plausibility of the parallel trend assumption. The fact that a sharp increase in LARC/PM use was not observed in Phase I districts between 2014 and 2015 also supports our assumption that the program activities initiated prior to the baseline data collection are unlikely to have had significant impacts on population outcomes by the time of the baseline survey (see also Section 2.3.1 above).

Figure 2.14: Trends in prevalence of LARC/PM use among married women ages 15–49, 2010–2015, by Phase I and Phase III districts



Sources: 2010 BMMS, 2011 BDHS, 2014 BDHS, 2015 MH-II survey.

References

EngenderHealth, 2011. *The SEED assessment guide for family planning programming*.

General Economics Division, Planning Commission, Government of the People's Republic of Bangladesh. (2015). *Millennium Development Goals: Bangladesh progress report 2015*. Dhaka, Bangladesh: General Economics Division, Planning Commission, Government of the People's Republic of Bangladesh

National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International. (2013) *Bangladesh demographic and health survey 2011*. Dhaka, Bangladesh and Calverton, Maryland: NIPORT, Mitra and Associates, and ICF International.

National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International. (2016) *Bangladesh Demographic and Health Survey 2014*. Dhaka, Bangladesh, and Rockville, Maryland: NIPORT, Mitra and Associates, and ICF International.

National Institute of Population Research and Training (NIPORT), MEASURE Evaluation, icddr,b. (2012) . *Bangladesh Maternal Mortality and Health Care Survey 201*. Dhaka, Bangladesh: NIPORT, MEASURE Evaluation, and icddr,b.

Rahman, M., Curtis, S.L., and Haider, M.M. (2014) *Impact evaluation of the Mayer Hashi program of long-acting and permanent methods of contraception in Bangladesh*. Chapel Hill, NC: MEASURE Evaluation.

USAID.(2014). *The Respond Project: Project brief*.

Victora, C. G., Black, R.E., Boerma, J.T., and Bryce, J. (2011) Measuring impact in the Millennium Development Goal era and beyond: a new approach to large-scale effectiveness evaluations. *The Lancet* 377(9759), 85-95.

APPENDIX A. ADDITIONAL TABLES

Appendix A.1. Household and Women's Survey Tables

Household Survey

Table A.1.1: Household composition

Percentage distribution of households by sex of household head and household size, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

Characteristics	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Household headship						
Male	84.6	88.6	87.0	85.7	91.7	88.0
Female	15.4	11.4	13.0	14.3	8.3	12.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of usual members						
1	1.7	2.3	2.1	1.7	1.9	1.7
2	8.3	10.6	9.7	8.2	9.6	8.7
3	17.0	20.5	19.1	18.9	21.9	20.0
4	23.1	32.2	28.5	25.0	29.3	26.6
5	20.2	18.7	19.3	20.2	18.8	19.6
6	13.0	8.9	10.5	12.1	10.2	11.4
7+	16.6	6.8	10.7	14.0	8.3	11.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Mean size of household	4.80	4.15	4.41	4.65	4.25	4.50
Number of households	2,475	3,286	5,761	2,476	3,345	5,821

Table A.1.2: Housing characteristics and land ownership

Percentage distribution of households by land ownership, housing characteristics, and selected household possessions, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

Characteristics	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Household land ownership						
Only homestead land	49.5	46.7	47.8	50.5	46.8	49.1
Only cultivable land	0.3	0.5	0.4	0.1	0.5	0.3
Both homestead and cultivatable land	45.3	45.2	45.3	45.3	49.0	46.7
No land	4.9	7.6	6.5	4.1	3.6	3.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Main roof material						
Tin	88.8	76.6	81.5	87.2	92.0	89.0
Cement/stone/bricks	10.4	20.7	16.5	10.4	7.2	9.2
Cement/ceramic tiles/tali/slate	0.8	2.7	1.9	2.4	0.8	1.8
No roof	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Main wall material						
Tin	50.2	30.4	38.3	49.1	52.0	50.2
Cement/stone/bricks	33.9	45.4	40.8	27.7	29.1	28.2
Mud/bamboo with mud/stone with mud	15.9	24.2	20.9	23.2	18.8	21.5
No wall	0.0	0.0	0.0	0.0	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Flooring material						
Earth/sand	63.4	54.3	57.9	68.6	79.4	72.7
Cement/ceramic tiles/tali/slate	36.5	44.6	41.4	30.0	20.4	26.3
Others	0.1	1.1	0.7	1.4	0.1	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Source of drinking water						
Improved source ¹	99.4	99.5	99.4	99.7	99.2	99.5
Non-improved source ²	0.6	0.5	0.6	0.3	0.8	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0

Table A.1.2: Housing characteristics and land ownership (continued)

Percentage distribution of households by land ownership, housing characteristics, and selected household possessions, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

Characteristics	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Household sanitation facility						
Flush latrine	22.6	30.9	27.6	17.3	8.7	14.0
Improved pit latrine	34.8	31.2	32.7	33.1	33.2	33.2
Open pit latrine	39.9	35.1	37.0	47.5	56.6	51.0
Bucket/hanging/bush/others latrine	2.7	2.7	2.7	2.0	1.5	1.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Household has electricity (national grid/solar)	80.4	78.8	79.4	79.2	76.0	78.0
Household has television	43.8	50.5	47.8	42.6	35.2	39.8
Household has mobile phone	93.0	92.5	92.7	93.9	91.1	92.8
Wealth quintile						
Lowest	18.4	19.6	19.1	19.8	22.8	20.9
Second	19.2	15.5	16.9	21.3	27.4	23.7
Middle	19.7	16.8	18.0	20.0	23.6	21.4
Fourth	22.6	20.4	21.3	20.3	16.4	18.8
Highest	20.1	27.8	24.7	18.6	9.9	15.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	2,475	3,286	5,761	2,476	3,345	5,821

¹ Improved sources: piped into dwelling, piped into yard/plot, piped into public tap/standpipe, tube well or borehole, protected dug well, protected spring, rain water, and bottled water.

² Non-improved sources: unprotected dug well, unprotected spring, surface water, and others.

Table A.1.3: Sociodemographic characteristics

Percentage distribution of currently married women ages 15–49, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

Background characteristics	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Age of women						
15–19	11.0	9.8	10.3	10.6	10.4	10.5
20–24	19.6	18.5	18.9	18.4	17.5	18.1
25–29	18.3	20.3	19.5	19.6	19.9	19.7
30–34	17.1	18.8	18.1	18.1	16.6	17.5
35–39	12.9	12.4	12.6	14.2	13.4	13.9
40–44	12.5	11.4	11.8	11.5	11.8	11.6
45–49	8.7	9.0	8.8	7.7	10.3	8.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of children ever born						
0	9.0	8.6	8.8	7.8	8.6	8.1
1-2	43.8	55.2	50.6	44.6	50.8	47.0
3+	47.2	36.1	40.6	47.6	40.6	44.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Education of women						
No education	21.8	24.7	23.5	23.7	25.6	24.4
Primary incomplete	19.1	19.6	19.4	19.1	19.1	19.1
Primary complete	16.1	11.8	13.6	13.3	12.7	13.1
Secondary incomplete	32.1	28.5	30.0	29.7	31.0	30.2
Secondary complete and higher	10.9	15.3	13.5	14.2	11.4	13.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Asset quintile						
Lowest	15.7	17.8	17.0	17.5	19.5	18.2
Second	18.5	15.1	16.5	20.3	27.1	22.8
Middle	19.6	17.8	18.5	20.4	24.9	22.1
Fourth	23.2	21.1	22.0	21.3	18.0	20.1
Highest	23.0	28.2	26.1	20.5	10.5	16.7
Total	100.0	100.0	100.0	100.0	100.0	100.0

Table A.1.3: Socio-demographic characteristics (continued)

Percentage distribution of currently married women ages 15–49, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

Background characteristics	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Watching television						
Don't watch	42.4	35.3	38.2	43.8	48.0	45.4
Watch but not every day	11.2	12.3	11.9	11.5	14.0	12.4
Watch almost every day	46.4	52.4	50.0	44.8	37.9	42.2
Missing	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Husband's place of living						
With respondent	88.8	96.0	93.1	85.8	95.6	89.5
Elsewhere but visited her 0–5 months ago	2.6	1.2	1.7	3.3	1.4	2.5
Elsewhere but visited her 6–11 months ago	1.5	0.6	1.0	2.2	0.8	1.6
Elsewhere but visited her 12 months or more ago	7.0	2.3	4.2	8.8	2.3	6.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	2,271	3,011	5,282	2,269	3,108	5,377

Client-Provider Contact in the Past Six Months

Table A.1.4: Client-provider contact in family planning care in the past six months

Percentage of currently married women ages 15–49 who are not currently pregnant and not using LARCs/ PMs who had contact with FP services in the six months preceding the survey, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

FP care seeking	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Was visited at home by FP workers	20.7	33.3	28.1	26.6	32.4	28.8
Sought FP care from government facilities	10.1	16.8	14.0	12.8	18.9	15.1
Sought FP care from NGO/private facilities	1.3	4.3	3.1	1.8	2.8	2.2
Sought FP care from satellite clinics	5.3	5.9	5.6	4.4	6.9	5.4
Sought FP care from any facility	14.8	24.7	20.6	18.0	26.4	21.2
Number of women	1,979	2,583	4,562	1,915	2,673	4,588

Table A.1.5: Family planning services received at home

Among women ages 15–49 who are not pregnant and not using LARCs/PMs and were visited at home by any FP workers in the past six months, percentage who received selected types of FP services, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

FP services received at home	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Counseling on female sterilization	30.3	33.2	32.3	33.2	31.4	32.4
Counseling on male sterilization	10.5	18.2	15.8	13.9	11.0	12.7
Counseling on IUDs	24.7	35.7	32.4	31.0	32.5	31.7
Counseling on implants	37.9	48.5	45.3	37.3	40.3	38.6
Counseling on injectables	23.7	22.5	22.8	26.5	26.3	26.4
Counseling on pills	29.6	19.6	22.6	23.8	20.8	22.5
Counseling on condoms	7.8	5.0	5.9	6.5	5.8	6.2
Supplied pills	24.2	29.3	27.8	36.1	28.7	32.9
Supplied condoms	2.2	3.6	3.2	3.7	5.2	4.4
Received injection	7.3	8.8	8.4	8.3	7.3	7.8
Advised to go to health center	26.7	29.1	28.4	20.4	19.0	19.8
Other services	1.0	0.3	0.5	0.6	0.2	0.4
Number of women	409	859	1,268	509	867	1,376

Table A.1.6: Family planning services received at a government health facility

Among women ages 15–49 who are not pregnant and not using LARCs/PMs and visited any government health facility in the last six months to receive FP services, percentage who received selected types of FP services, by low- and high-performance areas and Phase I and Phase III areas, the 2015 MH-II survey.

FP services received at a government health facility	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Received information on female sterilization	21.6	27.4	25.7	20.4	14.3	17.5
Received information on IUDs	18.1	31.6	27.6	20.4	22.2	21.3
Received information on implants	25.1	39.4	35.2	24.9	21.4	23.2
Obtained pills	48.7	48.6	48.7	51.8	40.5	46.4
Obtained injectables	37.7	34.8	35.6	29.8	45.0	37.1
Obtained condoms	3.5	3.9	3.8	5.3	5.8	5.5
Obtained other services	2.5	4.4	3.8	3.3	1.6	2.5
Number of women	199	434	633	245	504	749

Table A.1.7: Family planning services received at a private/NGO health facility

Among women age 15–49 who are not pregnant and not using LARCs/PMs and visited any private/NGO health facility in the past six months to receive FP services, percentage who received selected types of FP services, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

FP services received at a private/NGO health facility	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Received information on female sterilization	(15.4)	18.0	17.6	(17.6)	17.6	17.6
Received information on IUDs	(11.5)	24.3	22.1	(11.8)	28.4	20.0
Received information on implants	(19.2)	33.3	30.9	(23.5)	33.8	28.6
Obtained pills	(42.3)	31.5	33.4	(26.5)	23.0	24.7
Obtained injectables	(34.6)	46.8	44.7	(35.3)	58.1	46.5
Obtained condoms	(7.7)	7.2	7.3	(5.9)	2.7	4.3
Obtained other services	(7.7)	5.4	5.8	(26.5)	1.4	14.1
Number of women	26	111	137	34	74	108

Note: Numbers in parentheses are based on fewer than 50 cases (weighted).

Table A.1.8: Family planning services received at a satellite clinic

Among women age 15–49 who are not pregnant and not using LARCs/PMs and visited any satellite clinic in the past six months to receive FP services, percentage who received selected types of FP services, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

FP services received at a satellite clinic	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Received information on female sterilization	14.4	17.0	16.0	17.6	10.9	14.3
Received information on IUDs	13.5	18.3	16.4	16.5	17.9	17.2
Received information on implants	30.8	23.5	26.3	22.4	21.2	21.8
Obtained pills	46.2	39.9	42.3	44.7	40.2	42.5
Obtained injectables	46.2	43.8	44.7	47.1	51.6	49.3
Obtained condoms	3.8	4.6	4.3	4.7	4.3	4.5
Other services	1.9	2.0	1.9	2.4	1.6	2.0
Number of women	104	153	257	85	184	269

Table A.1.9: Behavior change communication materials during family planning services

Among women ages 15–49 who are not pregnant and not using LARCs/PMs, percent who were given BCC materials during FP services, by place where FP services received in the past six months, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Among those who were visited at home by FP workers in the past six months:						
Given BCC materials during home visits	1.0	1.5	1.4	0.6	1.3	0.9
Number of women	409	859	1,268	509	867	1,376
Among those who sought FP care at any facility in the past six months:						
Given BCC materials during facility contact	1.7	2.7	2.4	1.7	2.4	2.1
Number of women	293	637	930	344	706	1,050

Quality of Care

Table A.1.10: Quality of family planning care

Among women ages 15–49 who are not pregnant and are using female sterilization, IUDs, or implants, percent who reported selected actions during the visit in which they received their method, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

FP actions	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Were told about other methods before the delivery of the currently used method	26.8	24.1	24.9	29.3	30.8	29.8
Were told about probable side effects of the currently used method	28.3	24.5	25.7	25.1	25.6	25.3
Confidentiality was maintained during the delivery of the currently used method	93.7	92.2	92.7	93.7	89.9	92.4
Given a follow-up card	78.7	76.3	77.1	76.4	66.1	72.8
Number of women	127	245	372	191	227	418

Knowledge of LARCs/PMs

Table A.1.11: Knowledge of LARC/PM

Percentage of women ages 15–49 who have ever heard about LARCs/PMs, and percent who have heard/saw/read about LARCs/PMs in the six months preceding the survey, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

LARCs/PMs	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Have ever heard about:						
Male sterilization	71.7	74.7	73.5	72.4	73.3	72.7
Female sterilization	94.5	95.4	95.0	93.9	93.8	93.9
IUDs	68.1	77.9	73.9	71.0	81.2	74.9
Implants	86.9	92.4	90.1	85.1	92.5	88.0
Any LARC/PM	97.8	99.0	98.5	97.2	98.2	97.6
Have heard/saw/read in the past six months about:¹						
Male sterilization	11.6	13.7	12.8	13.5	11.6	12.8
Female sterilization	19.3	21.8	20.8	21.0	20.5	20.8
IUDs	14.8	21.9	19.0	17.5	20.8	18.7
Implants	24.7	33.1	29.7	27.3	30.1	28.4
Any LARC/PM	32.1	40.7	37.2	34.5	37.2	35.5
Number of women	2,271	3,011	5,282	2,269	3,108	5,377

¹ For each method, women who have not heard of the method in the past were classified as not having heard/saw/read about the method in the past 6 months.

Knowledge of Postpartum Family Planning

Table A.1.12: Knowledge of postpartum family planning

Percentage of women ages 15–49 who know about postpartum IUDs and postpartum female sterilization, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

PPFP methods	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Knowledge about IUDs¹						
Know that IUD can be inserted at the time of normal delivery	13.4	12.5	12.9	13.0	14.7	13.6
Know that IUD can be inserted at the time of Caesarean section	14.0	14.4	14.3	16.4	18.9	17.3
Know that IUD can be inserted at the time of normal/Caesarean section delivery	16.9	18.6	17.9	19.6	23.1	20.9
Knowledge about female sterilization¹						
Know that female sterilization can be taken at the time of normal delivery	33.5	23.5	27.6	29.1	27.7	28.6
Know that female sterilization can be taken at the time of Caesarean section	64.5	64.4	64.4	62.4	65.0	63.3
Know that female sterilization can be taken at the time of normal/Caesarean section delivery	66.6	66.4	66.5	64.5	67.5	65.7
Number of women	2,271	3,011	5,282	2,269	3,108	5,377

¹ For each method, women who have not heard of the method in the past were classified as not knowing specific things about the method in subsequent questions.

Table A.1.13: Sources of knowledge of postpartum IUDs

Among women ages 15–49 with knowledge about postpartum IUDs, percentage who reported selected sources of that knowledge, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

Source of knowledge of postpartum IUDs	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Among those who know that IUD can be inserted at the time of normal delivery:						
Husband/friend/relative/neighbor	71.8	71.2	71.5	65.0	81.4	71.7
Health provider	55.7	52.8	54.1	55.8	46.3	51.9
Mass media	6.9	2.9	4.6	7.8	2.9	5.8
Community events	2.6	5.9	4.5	2.0	6.8	4.0
Other	0.0	0.3	0.2	0.3	0.0	0.2
Number of women	305	375	680	294	456	750
Among those who know that IUD can be inserted at the time of Cesarean section:						
Husband/friend/relative/neighbor	76.5	75.9	76.1	72.2	83.5	76.9
Health provider	51.1	46.9	48.6	54.4	48.9	52.1
Mass media	6.6	6.0	6.2	4.3	3.1	3.8
Community events	3.8	6.0	5.1	2.7	7.2	4.5
Other	0.9	0.2	0.5	0.5	0.0	0.3
Number of women	319	435	754	371	587	958

Table A.1.14: Sources of knowledge of postpartum female sterilization

Among women ages 15–49 with knowledge about postpartum female sterilization, percentage who reported selected sources of that knowledge, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

Source of knowledge of postpartum female sterilization	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Among those who know that female sterilization can be taken at the time of normal delivery:						
Husband/friend/relative/neighbor	82.8	77.8	80.3	76.2	85.8	79.8
Health provider	37.5	43.6	40.6	48.9	38.9	45.2
Mass media	4.1	2.1	3.1	5.3	2.4	4.2
Community events	2.0	6.6	4.3	4.1	6.4	4.9
Other	0.5	0.3	0.4	0.6	0.7	0.6
Number of women	761	708	1,469	661	861	1,522
Among those who know that female sterilization can be taken at the time of Cesarean section:						
Husband/friend/relative/neighbor	88.9	85.9	87.1	81.8	88.9	84.6
Health provider	31.5	37.7	35.2	44.2	36.5	41.2
Mass media	3.3	2.6	2.9	3.2	1.9	2.7
Community events	1.4	4.7	3.4	2.8	4.3	3.4
Other	0.4	0.1	0.2	0.6	0.0	0.4
Number of women	1,465	1,938	3,403	1,415	2,019	3,434

Table A.1.15: Perceptions of male and female sterilizations

Percentage distribution of women ages 15–49 by their opinion on statements about male and female sterilizations, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

Statements about male and female sterilization	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Women become physically weak or may have health complications after accepting female sterilization						
Agree	67.4	67.4	67.4	68.4	72.4	69.9
Disagree	16.7	16.9	16.8	15.6	13.7	14.9
Do not know	15.9	15.7	15.8	16.1	13.9	15.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Men who adopt male sterilization lose their libido						
Agree	39.3	39.0	39.1	39.6	46.0	42.0
Disagree	14.6	18.0	16.6	16.2	13.2	15.1
Do not know	46.1	43.0	44.3	44.2	40.8	42.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Men become physically weak after accepting male sterilization						
Agree	46.1	45.6	45.8	46.5	52.0	48.6
Disagree	14.4	17.3	16.1	13.9	12.7	13.5
Do not know	39.5	37.0	38.0	39.6	35.4	38.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Contraception is women's business and a man does not have to worry about it						
Agree	4.1	4.1	4.1	8.9	4.2	7.1
Disagree	94.6	94.0	94.3	86.9	95.0	90.0
Do not know	1.4	1.9	1.7	4.3	0.7	2.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	2,271	3,011	5,282	2,269	3,108	5,377

Method Mix

Table A.1.16: Use of contraception by method

Percentage of married women ages 15–49 who currently use contraceptive methods, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

Use of contraceptive methods	Phase I			Phase III		
	Low	High	Total	Low	High	Total
No use	39.4	26.6	31.8	36.4	29.4	33.7
Female sterilization	3.8	5.0	4.6	5.4	4.7	5.1
Male sterilization	1.1	1.7	1.4	1.3	1.1	1.2
IUD	0.2	0.7	0.5	0.9	0.9	0.9
Implant	1.5	2.4	2.0	2.1	1.7	1.9
Injectables	12.2	14.9	13.8	10.3	18.6	13.4
Pill	27.5	33.3	31.0	30.6	29.7	30.2
Condom	4.5	7.1	6.1	4.9	5.9	5.3
Traditional method	9.7	8.2	8.8	8.1	8.0	8.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Contraceptive prevalence (any method)	60.6	73.4	68.2	63.6	70.6	66.3
Number of women	2,271	3,011	5,282	2,269	3,108	5,377

Note: When a woman used multiple methods, only the most effective method was considered.

Source of Current Contraceptive Method

Table A.1.17: Last source of current family planning method

Percentage distribution of married women ages 15–49 who currently use FP methods by the last source of their current method, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

Source of the current FP method	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Last source of IUD among users of IUDs						
Government	-	-	(80.8)	-	(96.6)	95.7
NGO	-	-	(7.5)	-	(3.4)	4.3
Private	-	-	(11.7)	-	(0.0)	0.0
Total	-	-	(100.0)	-	(100.0)	100.0
Number of IUD users	5	21	26	21	29	50
Last source of implant among users of implants						
Government	(85.7)	94.4	91.8	(93.6)	86.5	91.3
NGO	(11.4)	4.2	6.4	(4.3)	7.7	5.4
Private	(2.9)	1.4	1.8	(2.1)	5.8	3.3
Total	(100.0)	100.0	100.0	(100.0)	100.0	100.0
Number of implant users	35	72	107	47	52	99
Last source of female sterilization among users of female sterilization						
Government	71.3	68.4	69.4	78.9	65.1	74.1
NGO	5.7	5.3	5.4	0.8	0.0	0.5
Private	23.0	26.3	25.2	19.5	34.2	24.6
Do not know	0.0	0.0	0.0	0.8	0.7	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of female sterilization users	87	152	239	123	146	269
Last source of male sterilization among users of male sterilization						
Government	-	90.0	86.7	(96.6)	(91.4)	94.8
NGO	-	0.0	5.1	(0.0)	(0.0)	0.0
Private	-	8.0	6.8	(3.4)	(0.0)	2.2
Do not know	-	2.0	1.4	(0.0)	(8.6)	3.0
Total	-	100.0	100.0	(100.0)	(100.0)	100.0
Number of male sterilization users	24	50	74	29	35	64
Last source of a short-acting method among users of a short-acting method						
Government	35.2	39.5	38.0	44.9	50.4	47.2
NGO	6.0	7.9	7.2	6.3	7.9	6.9
Private	58.9	52.5	54.7	48.8	41.6	45.8
Do not know	0.0	0.1	0.0	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of short-acting method users	1,004	1,667	2,671	1,040	1,682	2,722

Note: Numbers are suppressed if based on fewer than 25 cases (weighted). Numbers in parentheses are based on 25–49 cases (weighted).

Table A.1.18: Contraceptive use by young recently married women

Percentage distribution of women under age 25 who have been married for two years or less by type of contraceptive methods used, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

Use of contraceptive methods	Phase I			Phase III		
	Low	High	Total	Low	High	Total
No use	56.0	42.3	48.9	57.9	43.6	52.3
Female sterilization	0.0	0.0	0.0	0.0	0.0	0.0
Male sterilization	0.0	0.0	0.0	0.0	0.4	0.2
IUD	0.0	0.0	0.0	0.6	0.4	0.5
Implant	1.7	1.3	1.5	0.6	0.0	0.3
Injectables	3.9	6.2	5.1	2.2	7.7	4.4
Pill	26.3	32.6	29.6	27.0	31.3	28.7
Condom	8.6	13.2	11.0	7.9	13.5	10.1
Traditional method	3.4	4.4	3.9	3.9	3.1	3.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
CPR	44.0	57.7	51.1	42.1	56.4	47.7
Number of women under age 25 who have been married for two years or less	232	227	459	178	259	437

Note: When a woman used multiple methods, only the most effective method was considered.

Postpartum Family Planning

Table A.1.19: Use of postpartum family planning among women who had given birth between January 2012 and September 2013

Percentage of women ages 15–49 who gave birth between January 2012 and September 2013, percent distribution of those who gave birth between January 2012 and September 2013 by place of delivery, and percent of those who gave birth who were offered/accepted PFP services, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Gave birth between January 2012 and September 2013	14.5	13.6	14.0	16.5	12.4	14.9
Number of women	2,271	3,011	5,282	2,269	3,108	5,377
Among those who gave birth between January 2012 and September 2013:						
Delivered at home	70.2	62.8	66.0	61.8	63.3	62.2
Delivered at a facility	29.8	37.2	34.0	38.2	36.7	37.8
Were offered IUD/female sterilization during facility delivery	4.6	5.6	5.2	7.0	4.4	6.2
Were offered and accepted IUD/female sterilization during facility delivery	1.2	1.7	1.5	1.9	1.6	1.8
Were not offered IUD/female sterilization during facility delivery, but accepted from own interest	0.0	0.5	0.3	0.3	0.3	0.3
Number of women	329	409	738	374	384	758

Table A.1.20: Use of postpartum family planning among women who had given birth since October 2013

Percentage of women ages 15–49 who had given birth since October 2013, percent distribution of those who had given birth since October 2013 by place of delivery, and percent of those who had given birth who were offered/accepted PFP services, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Given birth since October 2013	19.8	13.1	15.8	18.2	14.6	16.9
Number of women	2,271	3,011	5,282	2,269	3,108	5,377
Among those who had given birth since October 2013:						
Delivered at home	66.8	50.1	58.6	61.5	55.8	59.6
Delivered at a facility	33.2	49.9	41.4	38.5	44.2	40.4
Were offered IUD/female sterilization during facility delivery	4.2	8.6	6.4	7.5	4.4	6.5
Were offered and accepted IUD/female sterilization during facility delivery	1.1	2.8	1.9	1.9	1.1	1.7
Were not offered IUD/female sterilization during facility delivery, but accepted from own interest	0.2	0.3	0.2	0.2	0.2	0.2
Number of women	449	395	844	413	455	868

Discussion of LARCs/PMs in Past Six Months

Table A.1.21: Discussion of LARCs/PMs in the past six months

Percentage of women ages 15–49 who discussed LARCs/PMs with their husband and other people in the six months preceding the survey, by low- and high-performance areas and Phase and Phase III areas, 2015 MH-II survey.

LARC/PM discussed with husband	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Discussed with husband:						
IUD	1.3	1.3	1.3	1.2	1.4	1.3
Implant	2.5	2.0	2.2	2.7	2.4	2.6
Female sterilization	2.1	1.7	1.9	2.0	2.6	2.2
Male sterilization	0.9	1.2	1.1	1.3	1.0	1.2
Any LARC/PM	4.8	3.9	4.3	4.7	4.3	4.5
Discussed with other people:						
IUD	7.9	17.0	13.2	9.2	16.2	11.8
Implant	12.5	25.4	20.0	14.3	21.8	17.2
Female sterilization	9.2	16.4	13.4	10.4	14.9	12.1
Male sterilization	4.4	9.6	7.4	5.8	8.5	6.8
Any LARC/PM	15.3	30.3	24.1	17.6	25.6	20.6
Number of women	2,120	2,716	4,836	2,049	2,846	4,895

Intention to Use LARC/PM in Next 12 Months

Table A.1.22: Intention to use LARC/PM

Among women ages 15–49 who are not pregnant, not using LARCs/PMs, and do not want any more children or are undecided about wanting more children, percentage who intend to use IUDs/implants/female sterilization within the next 12 months, by low- and high-performance areas, 2015 MH-II survey.

Intention to use:	Phase I			Phase III		
	Low	High	Total	Low	High	Total
IUD	0.3	0.4	0.3	0.4	0.3	0.4
Implant	2.4	1.3	1.8	1.4	1.3	1.4
Female sterilization	1.8	0.6	1.1	1.2	1.2	1.2
IUD, implant, or female sterilization	4.3	2.3	3.1	3.0	2.7	2.9
Number of women	1,370	1,798	3,168	1,362	1,891	3,253

Table A.1.23: Duration of current LARC/PM use

Percentage distribution of women ages 15–49 who are not pregnant and who currently use LARCs/PMs, by timing of adoption of current LARC/PM, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

Duration of use of current LARC/PM method	Phase I			Phase III		
	Low	High	Total	Low	High	Total
Started using LARC/PM in or after January 2014	24.5	21.4	22.4	26.4	16.4	22.9
Started using LARC/PM before 2014	75.5	78.6	77.6	73.2	83.6	76.8
Date unknown	0.0	0.0	0.0	0.5	0.0	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	151	295	446	220	262	482

Appendix A.2. Provider Survey Tables

Table A.2.1: Type of respondents

Percentage and number of providers by type, by Phase I and Phase III areas, 2015 MH-II survey.

Type of respondents	Phase I		Phase III	
	N	%	N	%
OB/GYN	118	13.1	125	13.0
RMO	83	9.2	119	12.4
MO/clinic manager	213	23.6	188	19.6
FWV/SACMO/nurse/nurse midwife/paramedic	362	40.1	394	41.0
Other ¹	127	14.1	134	14.0
Total	903	100	960	100

¹ Includes FWAs, service prompters, and community health workers.

Provider Training

Table A.2.2: Training since 2014

Percentage of providers who have received training since 2014 by type of training and training provider, by type of provider and Phase I and Phase III areas, the 2015 MH-II survey.

Training received	FWA			FWV			MO (MCH-FP)			RMO			OB/GYN		
	Phase I	Phase III	Phase I	Phase I	Phase III	Phase I	Phase I	Phase III	Phase I	Phase I	Phase III	Phase I	Phase I	Phase III	
Training on LARC/PM															
Training by any training providers	11.1	8.1	26.2	25.7	23.5	6.5	1.2	2.5	33.1	20.8					
Training provided by EH/MH	2.8	1.6	7.9	8.2	16.5	5.2	1.2	0.8	25.4	10.4					
Training where EH/MH was involved	4.6	0.0	2.3	1.2	1.2	1.3	0.0	0.0	3.4	0.8					
Training where any representative from EH/MH was present or participated	4.6	0.0	2.3	2.0	0.0	0.0	0.0	0.0	3.4	0.8					
Training provided by EH/MH, or training where EH/MH was involved, or representative from EH/MH was present	7.4	1.6	10.3	9.8	16.5	6.5	1.2	0.8	28.8	11.2					
Training on PFFP															
Training by any training providers	7.4	6.5	15.0	13.1	11.8	5.2	0.0	0.8	15.3	8.8					
Training provided by EH/MH	0.9	1.6	5.6	5.7	8.2	3.9	0.0	0.8	11.0	4.8					
Training where EH/MH was involved	2.8	0.0	0.9	0.4	1.2	1.3	0.0	0.0	0.8	0.0					
Training where any representative from EH/MH was present or participated	2.8	0.0	0.9	1.2	0.0	0.0	0.0	0.0	0.8	0.0					
Training provided by EH/MH, or training where EH/MH was involved, or representative from EH/MH was present	3.7	1.6	6.5	6.9	9.4	5.2	0.0	0.8	11.9	4.8					
Number of providers	108	123	214	245	85	77	83	119	118	125					

A.2.3: Training on behavior change communication since 2014

Percentage of providers who have received training on BCC since 2014, by type of provider and Phase I and Phase III areas, 2015 MH-II survey.

	FWA			FWV			MO (MCH-FP)			RMO			OB/GYN		
	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	
BCC training received															
Training on BCC	5.6	2.4	7.0	8.6	5.9	7.8	4.8	3.4	1.7	1.6					
Training where EH/MH was involved	4.6	0.8	3.7	3.7	2.4	2.6	0.0	0.8	0.0	1.6					
Training where any representative from EH/MH was present or participated	4.6	0.8	3.3	3.7	3.5	2.6	1.2	0.0	0.8	1.6					
Training provided by EH/MH, or training where EH/MH was involved, or representative from EH/MH was present	4.6	0.8	3.7	3.7	3.5	2.6	1.2	0.8	0.8	1.6					
Number of providers	108	123	214	245	85	77	83	119	118	125					

Provider's Knowledge and Practice: IUDs

Table A.2.4: Pre-counseling elements for IUD clients

Percentage of providers who spontaneously reported that they provide selected elements of pre-counseling services to IUD clients, by type of provider and Phase I and Phase III areas, 2015 MH-II survey.

	FWA			FWV			MO-MCH			RMO			OB/GYN		
	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	
Elements of pre-counseling for IUD clients															
Providing the follow-up card	46.3	31.7	51.4	54.7	55.3	49.4	14.5	11.8	38.1	30.4					
Determining that the client has understood the key points of counseling	6.5	8.9	14.5	15.1	11.8	5.2	4.8	3.4	7.6	6.4					
Number of providers	108	123	214	245	85	77	83	119	118	125					

Table A.2.5: Conditions for accepting an IUD

Percentage of providers who spontaneously reported conditions under which a woman can accept an IUD or can be recommended for an IUD, by type of provider and Phase I and Phase III areas, 2015 MH-II survey.

	FWA			FWV			MO-MCH			RMO			OB/GYN		
	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	
Conditions for accepting an IUD															
Have at least one living child	87.0	91.1	91.6	92.7	90.6	97.4	73.5	64.7	90.7	89.6					
Don't want a child for a long time or don't want child at all	59.3	53.7	53.7	58.4	80.0	66.2	66.3	62.2	78.8	72.8					
Cannot use a hormonal FP method (e.g., pills, implants, injectables)	20.4	40.7	36.9	40.4	52.9	51.9	33.7	42.0	50.0	49.6					
Regular menstruation	50.9	40.7	52.8	53.9	60.0	58.4	9.6	18.5	46.6	47.2					
Within first 5 days of menstruation	27.8	22.0	32.7	28.2	30.6	15.6	0.0	7.6	26.3	12.8					
Number of providers	108	123	214	245	85	77	83	119	118	125					

Table A.2.6: Conditions for not accepting an IUD

Percentage of providers who spontaneously reported conditions under which a woman cannot be recommended for IUD, by type of providers and Phase I and Phase III areas, 2015 MH-II survey.

	FWA ¹			FWV			MO-MCH ¹			RMO ¹			OB/GYN ¹		
	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	
Conditions for not accepting an IUD															
Has no child	-	-	77.6	82.0	-	-	-	-	-	-	-	-	-	-	
Has been suffering from a reproductive tract infection	-	-	82.2	88.6	-	-	-	-	-	-	-	-	-	-	
Menstruation stopped	-	-	43.9	43.7	-	-	-	-	-	-	-	-	-	-	
Pregnancy	-	-	69.2	62.0	-	-	-	-	-	-	-	-	-	-	
Irregular menstruation	-	-	56.1	58.8	-	-	-	-	-	-	-	-	-	-	
Excessive menstrual bleeding	-	-	53.3	62.9	-	-	-	-	-	-	-	-	-	-	
Chronic jaundice	-	-	18.7	15.9	-	-	-	-	-	-	-	-	-	-	
Breast cancer	-	-	14.0	9.0	-	-	-	-	-	-	-	-	-	-	
Number of providers	108	123	214	245	85	77	83	119	118	125					

¹ FWAs, MOs-MCH, RMOs, and OB/GYNs were not asked this question.

Table A.2.7: Possible side effects of IUDs

Percentage of providers who spontaneously reported possible side effects of IUDs, by type of provider and Phase I and Phase III areas, 2015 MH-II survey.

Possible side effect of IUDs	FWA			FWV ¹			MO-MCH			RMO			OB/GYN		
	Phase I	Phase III	Phase I & III	Phase I	Phase III	Phase I & III	Phase I	Phase III	Phase I & III	Phase I	Phase III	Phase I & III	Phase I	Phase III	Phase I & III
Abdominal pain	80.6	78.0	-	-	-	84.7	92.2	53.0	52.9	83.9	76.0				
Excessive bleeding between menstrual cycles	56.5	56.1	-	-	-	54.1	42.9	44.6	38.7	56.8	55.2				
Spotting	59.3	53.7	-	-	-	69.4	71.4	33.7	42.0	74.6	68.8				
Abnormal menstrual bleeding	55.6	48.8	-	-	-	67.1	59.7	36.1	41.2	53.4	59.2				
White discharge/excessive white discharge	50.0	63.4	-	-	-	48.2	61.0	21.7	22.7	41.5	43.2				
The thread of the IUD comes out	43.5	37.4	-	-	-	60.0	53.2	42.2	42.0	55.1	54.4				
Number of providers	108	123	214	245	245	85	77	83	119	118	125				

¹ FWVs were not asked this question.

Table A.2.8: Provision of care to IUD clients with excessive bleeding

Percentage of providers who reported that they will provide specific care to an IUD client with excessive bleeding, by type of provider and Phase I and Phase III areas, 2015 MH-II survey.

Type of care	FWA ¹			FWV			MO-MCH			RMO			OB/GYN		
	Phase I	Phase III	Phase I & III	Phase I	Phase III	Phase I & III	Phase I	Phase III	Phase I & III	Phase I	Phase III	Phase I & III	Phase I	Phase III	Phase I & III
Examine her to determine the reasons for excessive bleeding	-	-	66.4	72.7	87.1	85.7	68.7	73.1	85.6	85.6	85.6				
Provide treatment for bleeding	-	-	80.8	78.0	84.7	67.5	69.9	58.8	78.0	68.8	68.8				
Refer to higher level of treatment	-	-	24.3	24.1	11.8	15.6	24.1	20.2	5.1	8.0	8.0				
Remove IUD	-	-	60.3	60.8	56.5	54.5	26.5	42.9	55.9	55.9	55.2				
Number of providers	108	123	214	245	85	77	83	119	118	118	125				

¹ FWAs were not asked this question.

Table A.2.9: Provision of care to IUD clients with abdominal pain

Percentage of providers who reported that they will provide specific care to an IUD client with abdominal pain, by type of provider and Phase I and Phase III areas, 2015 MH-II survey.

Type of care	FWA ¹			FWV			MO-MCH			RMO			OB/GYN ¹		
	Phase I	Phase III	Phase I and III	Phase I	Phase III	Phase I and III	Phase I	Phase III	Phase I and III	Phase I	Phase III	Phase I and III	Phase I	Phase III	Phase I and III
Examine her to determine the probable reasons for pain	-	-	-	73.4	82.9	88.2	92.2	73.5	70.6	89.0	96.0				
Provide treatment and assure her that further services are available if needed	-	-	-	84.1	79.6	84.7	77.9	66.3	62.2	86.4	77.6				
Refer to higher level of treatment	-	-	-	16.8	23.3	8.2	13.0	19.3	21.0	9.3	8.0				
Remove IUD	-	-	-	43.5	38.8	43.5	42.9	16.9	27.7	42.4	42.4				
Number of providers	108	123		214	245	85	77	83	119	118	125				

¹ FWAs were not asked this question.

Provider's Knowledge and Practice: Implants

Table A.2.10: Pre-counseling elements for implant clients

Percentage of providers who spontaneously reported that they provide selected elements of pre-counseling services to implant clients, by type of provider and Phase I and Phase III areas, 2015 MH-II survey.

Element of pre-counseling for implant clients	FWA			FWV			MO-MCH			RMO			OB/GYN ¹		
	Phase I	Phase III	Phase I and III	Phase I	Phase III	Phase I and III	Phase I	Phase III	Phase I and III	Phase I	Phase III	Phase I and III	Phase I	Phase III	Phase I and III
Explaining advantages and disadvantages of implants	91.7	90.2		92.1	91.8	97.6	93.5	75.9	77.3	-	-				
Ensuring that the client has made the decision after having full information	13.9	13.8		24.8	19.6	21.2	24.7	6.0	5.0	-	-				
Number of providers	108	123		214	245	85	77	83	119	118	125				

¹ OB/GYNs were not asked this question.

Table A.2.1 1: Conditions for accepting an implant

Percentage of providers who spontaneously reported conditions under which a woman can accept an implant or can be recommended for an implant, by type of provider and Phase I and Phase III areas, 2015 MHII survey.

	FWA			FWV			MO-MCH			RMO			OB/GYN ¹			
	Phase I	Phase III	Phase III	Phase I	Phase III	Phase III	Phase I	Phase III	Phase III	Phase I	Phase III	Phase III	Phase I	Phase III	Phase III	
Conditions for accepting an implant																
Want to avoid pregnancy for a long time	77.8	78.0	72.0	82.4	96.5	92.2	75.9	75.6	-	-	-	-	-	-	-	-
Have no children	69.4	65.9	71.5	71.4	78.8	80.5	34.9	30.3	-	-	-	-	-	-	-	-
Menstruating regularly (i.e. she is not pregnant)	33.3	39.0	48.1	48.2	51.8	51.9	15.7	19.3	-	-	-	-	-	-	-	-
Number of providers	108	123	214	245	85	77	83	119	118	118	125					

¹ OB/GYNs were not asked this question.

Table A.2.1 2: Possible side effects of implants

Percentage of providers who spontaneously reported possible side effects of implants, by type of provider and Phase I and Phase III areas, 2015 MHII survey.

	FWA			FWV			MO-MCH			RMO			OB/GYN ¹			
	Phase I	Phase III	Phase III	Phase I	Phase III	Phase III	Phase I	Phase III	Phase III	Phase I	Phase III	Phase III	Phase I	Phase III	Phase III	
Possible side effect of implants																
Menstruation stopped	77.8	80.5	80.8	77.6	88.2	88.3	49.4	49.6	-	-	-	-	-	-	-	-
Excessive bleeding	80.6	78.0	85.5	86.5	85.9	89.6	56.6	67.2	-	-	-	-	-	-	-	-
Spotting	73.1	72.4	72.9	73.1	84.7	80.5	44.6	40.3	-	-	-	-	-	-	-	-
Weight gain	23.1	20.3	25.7	26.9	38.8	42.9	31.3	23.5	-	-	-	-	-	-	-	-
Nausea/vomiting	32.4	24.4	32.7	27.8	27.1	22.1	21.7	21.8	-	-	-	-	-	-	-	-
Depression	26.9	31.7	36.9	31.8	35.3	37.7	14.5	15.1	-	-	-	-	-	-	-	-
Pain in arm	41.7	50.4	42.5	51.8	56.5	70.1	45.8	47.9	-	-	-	-	-	-	-	-
Number of providers	108	123	214	245	85	77	83	119	118	118	125					

¹ OB/GYNs were not asked this question.

Table A.2.13: Provision of care to implant clients with excessive bleeding

Percentage of providers who reported that they will provide specific care to an implant client with excessive bleeding, by type of provider and Phase I and Phase III areas, 2015 MH-II survey.

Type of care	FWA ¹			FWV			MO-MCH			RMO			OB/GYN ¹		
	Phase I	Phase III	Phase I	Phase I	Phase III	Phase I	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I
Examine her to determine the reasons for excessive bleeding	-	-	57.9	73.9	81.2	90.9	65.1	69.7	-	-	-	-	-	-	-
Provide treatment for bleeding	-	-	83.2	76.3	82.4	75.3	65.1	53.8	-	-	-	-	-	-	-
Refer to higher level of treatment	-	-	40.2	34.3	7.1	13.0	25.3	18.5	-	-	-	-	-	-	-
Remove implant	-	-	32.7	36.3	52.9	49.4	18.1	36.1	-	-	-	-	-	-	-
Number of providers	108	123	214	245	85	77	83	119	118	125					

¹ FWAs and OB/GYNs were not asked this question.

Table A.2.14: Provision of care to implant clients with amenorrhea

Percentage of providers who reported that they will provide specific care to an implant client with amenorrhea, by type of provider and Phase I and Phase III areas, 2015 MH-II survey.

Type of care	FWA ¹			FWV			MO-MCH			RMO			OB/GYN ¹		
	Phase I	Phase III	Phase I	Phase I	Phase III	Phase I	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I
Check pregnancy	-	-	77.1	78.8	85.9	87.0	62.7	69.7	-	-	-	-	-	-	-
If she is not pregnant, counsel and reassure her that this is normal	-	-	81.8	80.0	81.2	83.1	63.9	48.7	-	-	-	-	-	-	-
Remove implant	-	-	16.4	18.8	24.7	28.6	16.9	27.7	-	-	-	-	-	-	-
Number of providers	108	123	214	245	85	77	83	119	118	125					

¹ FWAs and OB/GYNs were not asked this question.

Provider's Knowledge and Practice: Female Sterilization

Table A.2.15: Pre-counseling for female sterilization

Percentage of providers who spontaneously reported that they provide specific elements of pre-counseling to clients seeking female sterilization, by type of provider and Phase I and Phase III areas, 2015 MH-II survey.

Elements of pre-counseling	FWA			FWV			MO-MCH			RMO			OB/GYN		
	Phase I	Phase III	Phase I	Phase I	Phase III	Phase I	Phase I	Phase III	Phase I	Phase I	Phase III	Phase I	Phase I	Phase III	
Explain advantages and disadvantages of female sterilization	85.2	85.4	89.7	89.0	89.0	95.3	90.9	84.3	79.0	93.2	92.0				
Explain probable side effects, discomfort, and complications of female sterilization	61.1	61.0	59.8	73.5	82.4	76.6	50.6	64.7	78.8	79.2					
Ensure that the client does not have any health conditions unfavorable to the operation	25.9	34.1	34.1	35.5	51.8	58.4	22.9	24.4	40.7	54.4					
Ensure that the client understood the advantages and disadvantages of female sterilization before she made the decision	16.7	22.8	21.5	27.3	29.4	28.6	15.7	10.9	25.4	13.6					
Number of providers	108	123	214	245	85	77	83	119	118	125					

Table A.2.16: Post-counseling for female sterilization

Percentage of providers who spontaneously reported that they provide specific elements of post-counseling to clients who have just accepted female sterilization, by type of provider and Phase I and Phase III areas, 2015 MHII survey.

Elements of post-counseling	FWA			FWV			MO-MCH			RMO			OB/GYN		
	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	
Give her the follow-up card	53.7	37.4	48.6	52.2	60.0	46.8	21.7	19.3	39.8	30.4					
Remind her about the probable side effects and discomfort, and assure her of the follow-up	48.1	48.8	48.6	61.2	57.6	68.8	41.0	39.5	59.3	52.8					
Remind her of the procedure for follow-up	40.7	32.5	41.6	51.0	38.8	53.2	16.9	19.3	25.4	32.8					
Encourage the client to contact a service provider if there are any side effects or complications	59.3	65.0	61.7	59.6	78.8	64.9	62.7	58.0	75.4	68.8					
Remind her to take full rest for 2 days	56.5	60.2	59.8	56.7	65.9	66.2	39.8	45.4	55.1	64.0					
Encourage her to avoid heavy work or avoid lifting heavy weight for 3 weeks	66.7	69.1	71.5	66.5	76.5	76.6	49.4	44.5	72.9	69.6					
Remind her to take medications that have been given to her	32.4	37.4	40.2	39.6	47.1	50.6	13.3	25.2	44.9	34.4					
Ensure that the client understood the main points of counseling	6.5	6.5	15.9	11.4	7.1	15.6	8.4	5.9	11.0	7.2					
Number of providers	108	123	214	245	85	77	83	119	118	125					

Table A.2.17: Conditions for accepting female sterilization

Percentage of providers who spontaneously reported conditions under which a woman can accept female sterilization or can be recommended for female sterilization, by type of provider and Phase I and Phase III areas, 2015 MH-II survey.

Conditions for accepting female sterilization	FWA			FWV			MO-MCH			RMO			OB/GYN		
	Phase I	Phase III	Phase III	Phase I	Phase III	Phase III	Phase I	Phase III	Phase III	Phase I	Phase III	Phase III	Phase I	Phase III	Phase III
Do not want to have any more children and have at least one living child	62.0	68.3	65.9	65.9	69.0	69.4	69.4	74.0	67.5	59.7	67.8	66.4			
Do not want to have any more children and the age of youngest child is at least 2 years	86.1	82.1	82.7	86.5	88.2	88.2	84.4	84.4	67.5	69.7	87.3	86.4			
Have had 2 or more Caesarean sections	11.1	8.9	17.8	16.7	45.9	27.3	19.3	15.1	35.6	40.0					
Husband has agreed to female sterilization	33.3	44.7	39.7	47.3	60.0	64.9	34.9	28.6	45.8	44.8					
Number of providers	108	123	214	245	85	77	83	119	118	125					

Table A.2.18: Follow-up with female sterilization clients

Percentage of providers who reported that they or their facility follow up with female sterilization clients, and percent reporting specified follow-up times, by type of provider and Phase I and Phase III areas, 2015 MH-II survey.

Timing of follow-up ¹	FWA			FWV			MO-MCH			RMO			OB/GYN		
	Phase I	Phase III	Phase III	Phase I	Phase III	Phase III	Phase I	Phase III	Phase III	Phase I	Phase III	Phase III	Phase I	Phase III	Phase III
Follow up with female sterilization	81.5	97.6	82.7	86.1	100.0	94.8	65.1	72.3	87.3	96.0					
Do not follow up with female sterilization	18.5	2.4	17.3	13.9	0.0	5.2	34.9	27.7	12.7	4.0					
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0					
Timing of follow-up¹															
Within 3 days	23.1	16.3	3.3	1.6	10.6	2.6	1.2	4.2	5.1	4.8					
Within 7 days	76.9	78.9	79.9	71.0	83.5	88.3	20.5	34.5	66.1	72.0					
After 1 month	72.2	65.9	60.3	59.6	55.3	58.4	22.9	34.5	55.1	47.2					
2–5 months	22.2	17.1	10.3	6.9	7.1	10.4	3.6	6.7	14.4	14.4					
6–11 months	22.2	20.3	28.5	34.7	28.2	42.9	13.3	10.1	22.9	24.8					
After 1 year	25.0	12.2	19.6	20.8	18.8	23.4	7.2	8.4	14.4	16.0					
When problem arises	57.4	74.0	63.1	75.1	69.4	76.6	36.1	46.2	74.6	73.6					
Number of providers	108	123	214	245	85	77	83	119	118	125					

¹ Multiple responses allowed

Table A.2.19: Counseling at the time of follow-up with female sterilization clients

Percentage of providers who spontaneously reported that they provide specific elements of counseling to a female sterilization client at the time of follow-up, by type of provider and Phase I and Phase III areas, 2015 MH-II survey.

	FWA		FWV		MO-MCH		RMO		OB/GYN	
	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III
Elements of counseling										
Provide counseling and treatment immediately if client complains of side effects, complications, and discomfort	70.4	71.5	75.7	77.1	94.1	83.1	62.7	68.9	86.4	81.6
Refer to appropriate place if client complains of side effects, complications, or discomfort	36.1	43.9	37.9	38.8	29.4	29.9	19.3	20.2	28.0	18.4
Provide assurance that other services are available if she has no side effects, complications, or discomfort	28.7	34.1	32.7	41.2	50.6	51.9	25.3	21.8	43.2	44.8
Number of providers	108	123	214	245	85	77	83	119	118	125

Provider Knowledge of Postpartum Family Planning Policies

Table A.2.20: Awareness of government policies regarding postpartum IUDs and female sterilization

Percentage of providers who are aware of government policies regarding postpartum IUDs and female sterilization, by type of provider and Phase I and Phase III areas, 2015 MH-II survey.

	FWA		FWV		MO-MCH		RMO		OB/GYN	
	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III
Awareness of government policy that:										
IUD may be offered to those women who deliver at facilities, immediately after delivery	77.8	65.9	95.8	95.1	97.6	94.8	66.3	44.5	94.9	81.6
Female sterilization may be offered to those women who deliver at facilities, right at delivery	84.3	72.4	92.5	89.0	97.6	97.4	79.5	60.5	94.1	87.2
An IUD may be offered during a Caesarean section delivery	64.8	61.0	86.0	85.3	92.9	90.9	60.2	58.0	91.5	76.8
Female sterilization may be offered during a Caesarean section delivery	97.2	94.3	98.6	99.6	100.0	100.0	90.4	89.1	96.6	96.8
Number of providers	108	123	214	245	85	77	83	119	118	125

Appendix A.3. Facility Readiness Survey Tables

Table A.3.1: Types of facilities

Number and percentage of facilities by type, by low- and high-performance areas and Phase I and Phase III areas, 2015 MH-II survey.

Type of facilities	Phase I				Phase III			
	Low		High		Low		High	
	N	%	N	%	N	%	N	%
DH/MCHo	9	4.8	12	6.3	14	7.1	10	5.1
UHC/MCWC	60	32.3	61	32.1	72	36.5	69	35.2
FWC	47	25.3	56	29.5	51	25.9	68	34.7
Private/NGO	69	37.1	57	30.0	56	28.4	46	23.5
Rural dispensary	1	0.5	4	2.1	4	2.0	3	1.5
Total	186	100.0	190	100.0	197	100.0	196	100.0

Services Available at Facilities

Table A.3.2: Availability of LARC/PM services

Percentage of facilities where LARC/PM services are available, by facility type and Phase I and Phase III areas, 2015 MH-II survey.

Available LARC/ PM services	DH/Public MCHo		UHC/MCWC		FWC		Private/NGO	
	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III
Female sterilization	100.0	87.5	93.4	95.7	0.0	0.8	51.6	54.9
Male sterilization	4.8	4.2	92.6	95.7	0.0	0.8	13.5	6.9
Implant	9.5	4.2	94.2	96.5	1.0	2.5	27.8	14.7
IUD	61.9	37.5	100.0	100.0	97.1	99.2	69.0	55.9
Number of facilities	21	24	121	141	103	119	126	102

Table A.3.3: Availability of delivery services

Percentage of facilities where delivery services are available, by facility type and Phase I and Phase III areas, 2015 MH-II survey.

Available delivery services	DH/Public MCHO			UHC/MCWC			FWC			Private/NGO		
	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III
Does not provide delivery care	4.8	0.0	5.8	0.7	35.9	29.4	47.6	37.3				
Provides delivery care excluding Cesarean section	0.0	4.2	46.3	61.0	61.2	69.7	3.2	7.8				
Provides delivery care including Cesarean section	95.2	95.8	47.9	38.3	0.0	0.0	48.4	53.9				
Missing	0.0	0.0	0.0	0.0	2.9	0.8	0.8	1.0				
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0				
Number of facilities	21	24	121	141	103	119	126	102				

Table A.3.4: Availability of postpartum family planning services

Percentage of facilities where PFP services are available by availability of delivery services, by facility type and Phase I and Phase III areas, 2015 MH-II survey.

Available PFP services	DH/Public MCHO			UHC/MCWC			FWC			Private/NGO		
	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III
Among all facilities												
Postpartum IUD	52.4	20.8	29.8	25.5	6.8	3.4	9.5	11.8				
Postpartum female sterilization	95.2	91.7	47.1	42.6	0.0	0.0	47.6	53.9				
Number of facilities	21	24	121	141	103	119	126	102				
Among facilities that provide delivery care												
Postpartum IUD	55.0	20.8	31.6	25.7	10.6	4.8	18.2	18.8				
Postpartum female sterilization	100.0	91.7	50.0	42.9	0.0	0.0	90.9	85.9				
Number of facilities	20	24	114	140	66	84	66	64				

Quality of Care Assessment and Feedback Mechanisms

Table A.3.5: Routine assessment of quality of services

Percentage of facilities where routine quality-of-care assessment and feedback mechanisms are in place, by facility type and Phase I and Phase III areas, 2015 MH-II survey.

Availability of routine assessment and feedback of quality of care	DH/Public MCHo		UHC/MCWC		FWC		Private/NGO	
	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III
Routine assessment of quality of services is in place	85.7	95.8	100.0	99.3	96.1	99.2	95.2	96.1
Number of facilities	21.0	24.0	121.0	141.0	103.0	119.0	126.0	102.0
Among facilities that have routine assessment of quality of services								
Assessed by DGFP officer/FP clinical supervision team	27.8	39.1	62.0	65.0	51.5	48.3	37.5	28.6
Assessed internally	33.3	30.4	14.0	8.6	16.2	7.6	53.3	48.0
Assessed by other external quality control team	55.6	52.2	61.2	52.1	58.6	61.0	60.0	55.1
Written feedback from supervisor is available	38.9	34.8	65.3	71.4	74.7	76.3	68.3	48.0
Informal feedback from supervisor is available	50.0	43.5	27.3	15.7	22.2	14.4	26.7	33.7
No feedback mechanism is available	11.1	21.7	7.4	12.9	3.0	9.3	5.0	18.4
Any filled-in checklist on quality assessment is available	44.4	52.2	85.1	80.0	82.8	83.1	71.7	55.1
Number of facilities	18	23	121	140	99	118	120	98

Facility Infrastructure

Table A.3.6: Facility infrastructure

Percentage of facilities with enabling infrastructure, by type of facility and Phase I and Phase III areas, 2015 MH-II survey.

Infrastructure	DH/Public MCHO		UHC/MCWC		FWC		Private/NGO	
	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III
Toilet								
No functional toilet	0.0	0.0	1.7	2.1	10.7	8.4	0.0	0.0
Functional and clean toilet: water and soap	52.4	45.8	45.5	61.7	42.7	42.0	96.0	81.4
Functional and clean toilet: no water but soap	0.0	0.0	0.0	0.0	1.0	0.8	0.0	0.0
Functional and clean toilet: water but no soap	9.5	8.3	21.5	24.1	15.5	23.5	2.4	17.6
Functional and clean toilet: no water and no soap	0.0	0.0	2.5	0.7	2.9	4.2	0.0	0.0
Functional but unclean toilet: water and soap	9.5	12.5	4.1	1.4	2.9	6.7	0.8	0.0
Functional but unclean toilet: no water but soap	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
Functional but unclean toilet: water but no soap	28.6	33.3	24.8	9.9	4.9	7.6	0.0	0.0
Functional but unclean toilet: no water and no soap	0.0	0.0	0.0	0.0	15.5	5.9	0.0	0.0
Missing	0.0	0.0	0.0	0.0	2.9	0.8	0.8	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Audio and visual privacy								
Audio and visual privacy	81.0	70.8	81.0	82.3	76.7	80.7	92.1	90.2
Audio but not visual privacy	0.0	0.0	1.7	0.0	1.0	0.0	0.0	1.0
Visual but not audio privacy	0.0	4.2	1.7	2.1	1.9	2.5	1.6	0.0
No space with privacy	9.5	20.8	13.2	14.9	16.5	16.0	4.8	7.8
Missing	9.5	4.2	2.5	0.7	3.9	0.8	1.6	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of facilities	21	24	121	141	103	119	126	102

Behavior Change Communication Materials Available in Facilities

Table A.3.7: Availability of behavior change communication materials

Percentage of facilities with selected types of BCC materials available, by type of facility and Phase I and Phase III areas, 2015 MH-II survey.

Available BCC materials	DH/Public MCHo		UHC/MCWC		FWC		Private/NGO	
	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III
Billboard/banner/poster	52.4	45.8	97.5	93.6	90.3	91.6	62.7	61.8
Easily identifiable leaflet/booklet kept for clients	19.0	20.8	41.3	42.6	35.0	38.7	52.4	50.0
Sufficient number of leaflets/booklets kept for clients	14.3	12.5	37.2	39.0	28.2	31.9	49.2	49.0
Job aids and/or flip charts available for service provider	28.6	37.5	86.0	63.8	78.6	58.0	61.9	49.0
Number of facilities	21	24	121	141	103	119	126	102

Availability of Equipment and Supplies

Table A.3.8: Availability of basic equipment

Percentage of facilities with basic equipment for physical examination available, by type of facility and Phase I and Phase III areas, 2015 MH-II survey.

Available basic equipment	DH/Public MCHo		UHC/MCWC		FWC		Private/NGO	
	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III
Blood pressure instruments	100.0	100.0	99.2	97.9	93.2	89.9	99.2	97.1
Stethoscope	100.0	100.0	99.2	100.0	93.2	95.0	99.2	99.0
Thermometer	100.0	100.0	91.7	95.7	76.7	74.8	96.8	98.0
Height and weight scale	76.2	66.7	57.9	56.7	42.7	39.5	46.8	45.1
Gloves for provider	100.0	95.8	95.0	95.0	84.5	90.8	97.6	94.1
Number of facilities	21	24	121	141	103	119	126	102

Table A.3.9: Availability and functionality of operation theater

Percentage distribution of facilities by availability of operation theater (OT), and among facilities with an OT, percent that meet selected requirements for functionality of the OT, by type of facility and Phase I and Phase III areas, 2015 MH-II survey.

Availability and functionality of OT	DH/Public MCHO		UHC/MCWC		FWC		Private/NGO	
	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III
Availability of OT								
Separate OT is available	100.0	100.0	99.2	98.6	71.8	66.4	92.9	88.2
No OT	0.0	0.0	0.8	1.4	25.2	32.8	6.3	10.8
Missing	0.0	0.0	0.0	0.0	2.9	0.8	0.8	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of facilities	21	24	121	141	103	119	126	102
Functionality of OT among facilities with OT								
Instrument processing room close to/space in OT	85.7	100.0	70.8	74.1	16.2	29.1	72.6	77.8
Toilet adjacent to OT	28.6	50.0	34.2	37.4	48.6	58.2	35.9	35.6
Functional standard OT table	95.2	100.0	91.7	95.0	68.9	57.0	88.9	90.0
Functional OT light	100.0	100.0	64.2	69.1	9.5	3.8	63.2	75.6
Post-operative recovery area	90.5	75.0	58.3	67.6	27.0	39.2	66.7	74.4
Number of facilities	21	24	120	139	74	79	117	90
Functionality of post-operative recovery area among facilities with OT and post-operative recovery area								
Functional beds in post-operative recovery area	100.0	100.0	91.4	92.6	95.0	96.8	97.4	100.0
Functional seating arrangement in post-operative recovery area	78.9	72.2	58.6	79.8	45.0	80.6	84.6	86.6
Number of facilities	19	18	70	94	20	31	78	67

Table A.3.10: Availability of equipment and supplies for providing LARCs/PMs

Percentage of facilities where minimally required equipment and supplies for providing LARCs/PMs were available on the day of survey, by type of facility and Phase I and Phase III areas, 2015 MH-II survey.

LARC/PM	DH/Public MCHO		UHC/MCWC		FWC		Private/NGO	
	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III	Phase I	Phase III
Female sterilization ¹	42.9	37.5	36.4	42.6	1.9	1.7	30.2	34.3
Male sterilization ²	14.3	8.3	34.7	35.5	0.0	0.8	12.7	12.7
Implant ³	9.5	12.5	14.0	19.1	0.0	0.8	23.0	16.7
IUD ⁴	4.8	8.3	16.5	23.4	1.9	7.6	15.1	14.7
Any of the LARCs/PMs	47.6	41.7	49.6	52.5	2.9	8.4	42.1	46.1
Number of facilities	21	24	121	141	103	119	126	102

¹ Minimally required equipment and supplies for providing female sterilization are 4 small curved Mosquito Artery forceps, 2 long straight Medium Artery forceps, 1 Blood Pressure handle, 1 plain detecting forceps, 1 needle holder, 1 surgical scissors straight, 1 surgical scissors curved, 2 Alley's tissue forceps, 1 Babcock tissue forceps, 1 retractor, 1 sponge holding straight forceps, 1 tooth dissecting forceps, 2 large scissors for cutting gauge, 2 large scissors for cutting thread, 2 Blood Pressure machines, 2 stethoscopes, 1 weight machine, 5 gully pots, 5 kidney trays, and 5 lifters.

² Minimally required equipment and supplies for providing male sterilization are 1 ring forceps, 1 vas dissecting forceps, 1 small surgical scissors, 2 large scissors for cutting gauge, 2 large scissors for cutting thread, 2 Blood Pressure machine, 2 stethoscopes, 1 weight machine, 5 gully pots, 5 kidney trays, and 5 lifters.

³ Minimally required equipment and supplies for providing implants are 1 table to examine client, 1 rest/side table (same height as the examining table) to keep hand of the client, 1 soap for hand washing, 1 marker pen, 2 surgical drape, 1 povidon-iodine solution, 1 galipot to keep antiseptic mixture, 3 cotton balls, 1 surgical blade, 1 disposable antiseptic syringe with needle for one time use, 1 medicine for local anesthesia (1% lidocaine, without adrenalin), 1 sterile gauze, and 1 normal bandage/butterfly bandage/Band-Aid/elastomeric dressing.

⁴ Minimally required equipment and supplies for providing IUDs are 1 speculum (medium), 1 tenaculum, 1 uterine sound, 1 straight Artery forceps, 1 long placenta/kali forceps, 1 sponge holding forceps, 1 straight cutting scissors, 8 sponge cotton balls (6 wet with povidon-iodine and 2 dry), 2 povidon-iodine mixture, 1 Macintosh, 1 mask, 1 torch light, 1 draping sheet, one 0.5% chlorine mixture and red bucket with cover, 1 blue bucket for waste disposal, 1 IUD table with plastic sheet, 1 high tool for sitting, and 1 table for keeping instruments.

APPENDIX B. BALANCE TEST TABLES

Table B.1: Balance test results for household characteristics

Household characteristics	Phase I			Phase III			p value
	N	Mean	SE	N	Mean	SE	
% of households that own land	5,761	93.5	0.76	5,821	96.1	0.75	0.016*
% of households headed by a male member	5,761	87.0	0.62	5,821	88.0	0.68	0.266
% of households with "tin" as the main roof material	5,761	81.5	1.60	5,821	89.0	1.03	0.000***
% of households with "tin" as the main wall material	5,761	38.3	2.25	5,821	50.2	2.63	0.001***
% of households with "earth/sand" as the main flooring material	5,761	57.9	2.56	5,821	72.7	2.05	0.000***
% of households with improved access to improved toilet facility	5,761	99.4	0.27	5,821	99.5	0.27	0.891
% of household with electricity	5,761	79.4	1.66	5,821	78.0	1.63	0.534
% of households with a television	5,761	47.8	2.01	5,821	39.8	2.03	0.005**
% of households with a mobile phone	5,761	92.7	0.56	5,821	92.8	0.52	0.884
Number of household members	5,761	4.4	0.04	5,821	4.5	0.05	0.198

Note: * p<0.05; ** p<0.01; *** p<0.001

Table B.2: Balance test results for women's background characteristics

Women's background characteristics	Phase I			Phase III			p value
	N	Mean	SE	N	Mean	SE	
Age (years)	5,282	30.8	0.15	5,377	30.8	0.13	0.754
Total number of children ever born	5,282	2.5	0.03	5,377	2.6	0.04	0.019*
Educational attainment	5,282			5,377			0.903
% of women with no education	1,239	23.5	0.94	1,334	24.4	1.01	
% of women with incomplete primary education	1,024	19.4	0.63	1,028	19.1	0.65	
% of women with complete primary education	721	13.6	0.57	697	13.1	0.60	
% of women with incomplete secondary education	1,588	30.0	0.85	1,640	30.2	0.90	
% of women with secondary or higher education	710	13.5	0.89	678	13.2	0.94	
Wealth quintiles	5,282			5,377			0.000***
% of women in the 1st quintile (poorest)	893	17.0	1.51	1,002	18.2	1.48	
% of women in the 2nd quintile	874	16.5	1.08	1,301	22.8	1.19	
% of women in the 3rd quintile	980	18.5	0.94	1,238	22.1	0.97	
% of women in the 4th quintile	1,163	22.0	1.16	1,044	20.1	1.00	
% of women in the 5th quintile (wealthiest)	1,372	26.1	1.98	792	16.7	1.52	
% of women who are Muslim	5,282	89.0	1.57	5,377	91.0	1.78	0.403
% of women who watch TV	5,282	61.8	2.01	5,377	54.6	2.42	0.022*
% of women who live with their husband	5,282	93.1	0.64	5,377	89.5	0.87	0.001***
% of women who are currently pregnant	5,282	5.1	0.34	5,377	5.8	0.37	0.214

Note: * p<0.05; ** p<0.01; *** p<0.001

Table B.3: Balance test results for women’s knowledge and practice of reproductive health services

Women's reproductive knowledge and practices	Phase I			Phase III			p value
	N	Mean	SE	N	Mean	SE	
% of women who were visited by a fieldworker who talked about FP or gave an FP method in the past 6 months	4,562	28.1	1.67	4,588	28.8	1.45	0.734
% of women who were visited by any government health facility for FP services in the past 6 months	4,562	14.0	1.12	4,588	15.1	0.94	0.456
% of women who visited any private/ NGO health facility for FP services	4,562	3.1	0.55	4,588	2.2	0.36	0.168
% of women who have heard about female sterilization	5,282	73.5	0.98	5,377	72.7	1.12	0.602
% of women who have heard about male sterilization	5,282	95.0	0.36	5,377	93.9	0.54	0.080
% of women who have heard about IUDs	5,282	73.9	1.00	5,377	74.9	1.26	0.543
% of women who have heard about implants	5,282	90.1	0.65	5,377	88.0	0.85	0.041*
Contraceptive method mix	5,282			5,377			0.364
% of women who use PMs	313	6.0	0.47	333	6.4	0.49	
% of women who use LARCs	133	2.5	0.28	149	2.8	0.31	
% of women who use short-acting methods	2,671	50.8	0.99	2,722	49.0	0.94	
% of women who use traditional methods	468	8.8	0.45	433	8.1	0.51	
% of women not using contraceptive	1,697	31.8	0.88	1,740	33.7	0.99	

Note: * p<0.05; ** p<0.01; *** p<0.001

Table B.4: Balance test results for health providers' characteristics and exposure to the program

Health provider's characteristics	Phase I			Phase III			p value
	N	Mean	SE	N	Mean	SE	
% of providers who received training on LARCs/PMs since 2014	903	18.1	1.36	960	13.9	1.26	0.025*
% of providers who received training since the 2014 LARC/PM training that an EH/MH provided or was involved in, or that an EH/MH representative was present for	903	10.9	1.25	960	6.3	1.02	0.005**
% of providers who received training on PFP since 2014	903	10.0	1.14	960	6.9	0.95	0.038*
% of providers who received training since the 2014 PFP training that EH/MH provided or was involved in, or that an EH/MH representative was present for	903	5.9	1.00	960	3.8	0.82	0.101
% of providers who received training on BCC since 2014	903	4.9	0.73	960	4.7	0.80	0.864
% of providers who received since 2014 BCC training which EH/MH provided or was involved in, or an EH/MH representative was present	903	2.3	0.57	960	1.7	0.54	0.402

Note: * p<0.05; ** p<0.01; *** p<0.001

Table B.5: Balance test results for health facilities' characteristics

Health facility characteristics	Phase I			Phase III			p value
	N	Mean	SE	N	Mean	SE	
% of facilities where female sterilization is available	371	53.6	2.34	386	55.2	2.16	0.628
% of facilities where male sterilization is available	371	35.0	1.72	386	37.3	1.72	0.353
% of facilities where implants are available	371	41.0	1.82	386	40.2	1.77	0.748
% of facilities where IUDs are available	371	86.5	1.79	386	84.2	1.60	0.333
% of facilities where delivery services are available	367	71.4	2.29	384	80.7	1.90	0.002**
% of facilities where postpartum IUDs are available	367	18.0	2.31	384	14.8	2.13	0.318
% of facilities where postpartum female sterilization is available	367	37.3	2.79	384	35.7	2.63	0.667
% of facilities with routine quality-of-service assessment	367	97.5	0.87	383	99.0	0.52	0.166

Note: * p<0.05; ** p<0.01; *** p<0.001

APPENDIX C. MAYER HASHI II QUESTIONNAIRES

Appendix C.1. Household and Women's Questionnaire

Mayer Hashi II (II) Baseline Survey 2015

**Household and Women's Questionnaire
(English)**

Mitra and Associates

**(Centre for Research and Consultancy)
2/17 Iqbal Road, Mohammadpur
Dhaka-1207, Tel: 8118065, 9115503, Fax:9126806**

and

MEASURE Evaluation

**Carolina Population Center
University of North Carolina at Chapel Hill
USA**

**HOUSEHOLD QUESTIONNAIRE
Face Sheet**

IDENTIFICATION	
DIVISION:.....	<input type="checkbox"/>
DISTRICT:.....	<input type="checkbox"/> <input type="checkbox"/>
UPAZILA:	<input type="checkbox"/> <input type="checkbox"/>
UNION:.....	<input type="checkbox"/> <input type="checkbox"/>
MOUZA:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
VILLAGE/MOHALLAH:.....	<input type="checkbox"/> <input type="checkbox"/>
SEGMENT NUMBER	<input type="checkbox"/>
TYPE OF CLUSTER: RURAL 1 URBAN 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CLUSTER NUMBER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
HOUSEHOLD NUMBER	
NAME OF THE HOUSEHOLD HEAD.....	
NAME OF THE RESPONDENT	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY..... <input type="checkbox"/> <input type="checkbox"/>
INTERVIEWER'S NAME				MONTH..... <input type="checkbox"/> <input type="checkbox"/>
RESULT*				YEAR <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="5"/>
NEXT VISIT: DATE				INTV. CODE..... <input type="checkbox"/> <input type="checkbox"/>
TIME				RESULT
				TOTAL NO. OF VISITS..... <input type="checkbox"/> <input type="checkbox"/>

INTERVIEWER VISITS			
*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 PERSONS IN HOUSEHOLD <input type="checkbox"/> <input type="checkbox"/> TOTAL ELIGIBLE WOMEN <input type="checkbox"/> <input type="checkbox"/> LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <input type="checkbox"/> <input type="checkbox"/>	
SUPERVISOR		FIELD EDITOR	
NAME _____ <input type="checkbox"/> <input type="checkbox"/>		NAME _____ <input type="checkbox"/> <input type="checkbox"/>	
DATE _____		DATE _____	
		OFFICE EDITOR	
		<input type="checkbox"/> <input type="checkbox"/>	
		KEYED BY	
		<input type="checkbox"/> <input type="checkbox"/>	

Form 1

INFORMED CONSENT FOR HOUSEHOLD QUESTIONNAIRE

Title of Research: Mayer Hashi II (MHII) Baseline Survey 2015

Principal Investigator: S. N. Mitra

Participating Institute: Mitra and Associates

Introductory statement:

My name is _____. I have come from Mitra and Associates, a private research organization, located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct different types of surveys. We are now conducting a survey, which aims to assess the knowledge, attitude, and practices of couples about family planning and maternal health issues. The survey is paid for by the United States Agency for International Development (USAID). The survey is being coordinated by the University of North Carolina in Chapel Hill, North Carolina, USA. The data will be examined by Mitra and Associates and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. I would very much appreciate your participation in this survey.

Why the study being done?

The study will help understand the state and determinants about family planning and maternal health issues in Bangladesh.

What is involved in the study?

You have been selected as a respondent in this study. The study will collect information from the household. I would like to ask you about your household.

What will you have to do if you agree to participate?

Since, you have been selected as a respondent in this study. I shall be thankful if you provide your valuable response on certain issues. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them. The survey usually takes between 20 and 30 minutes to complete.

What are the risks and benefits of this study?

By providing information you will not have any risk what so ever, rather this will help the government and policy planners to formulate policies plan and develop health programs.

Confidentiality:

Whatever information you provide will be kept strictly confidential. It will be used for research purposes only and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?

RECORD THE TIME STARTED.	Hour.....	<input type="text"/>	<input type="text"/>
	Minute.....	<input type="text"/>	<input type="text"/>

LIST OF ALL HOUSEHOLD MEMBERS

Now we would like some information about the members who usually live in your household.

LINE NO.	USUAL RESIDENTS	SEX	AGE	MARITAL STATUS (If age 10 years or older)	ELIGIBILITY [Currently married women of age 13-49 years]
	Please give me the names of the members who usually live in your household, starting with the head of the household	Is (NAME) male or female?	How old is (NAME)? (IF LESS THAN 1 YEAR WRITE 00)	What is the current marital status of (NAME)?	Circle if Q3=1 & Q4=Age 13-49 & Q5=1
(1)	(2)	(3)	(4)	(5)	(6)
1		Female ... 1 → Male 2 ↓	In years..... <input type="text"/> <input type="text"/>	Currently married 1 → Separated/Deserted/ Widowed/Divorced ... 2] Never married 3]	1
2		Female ... 1 → Male 2 ↓	In years..... <input type="text"/> <input type="text"/>	Currently married 1 → Separated/Deserted/ Widowed/Divorced ... 2] Never married 3]	2
3		Female ... 1 → Male 2 ↓	In years..... <input type="text"/> <input type="text"/>	Currently married 1 → Separated/Deserted/ Widowed/Divorced ... 2] Never married 3]	3
4		Female ... 1 → Male 2 ↓	In years..... <input type="text"/> <input type="text"/>	Currently married 1 → Separated/Deserted/ Widowed/Divorced ... 2] Never married 3]	4
5		Female ... 1 → Male 2 ↓	In years..... <input type="text"/> <input type="text"/>	Currently married 1 → Separated/Deserted/ Widowed/Divorced ... 2] Never married 3]	5
6		Female ... 1 → Male 2 ↓	In years..... <input type="text"/> <input type="text"/>	Currently married 1 → Separated/Deserted/ Widowed/Divorced ... 2] Never married 3]	6
7		Female ... 1 → Male 2 ↓	In years..... <input type="text"/> <input type="text"/>	Currently married 1 → Separated/Deserted/ Widowed/Divorced ... 2] Never married 3]	7
8		Female ... 1 → Male 2 ↓	In years..... <input type="text"/> <input type="text"/>	Currently married 1 → Separated/Deserted/ Widowed/Divorced ... 2] Never married 3]	8
9		Female ... 1 → Male 2 ↓	In years..... <input type="text"/> <input type="text"/>	Currently married 1 → Separated/Deserted/ Widowed/Divorced ... 2] Never married 3]	9
10		Female ... 1 → Male 2 ↓	In years..... <input type="text"/> <input type="text"/>	Currently married 1 → Separated/Deserted/ Widowed/Divorced ... 2] Never married 3]	10
11		Female ... 1 → Male 2 ↓	In years..... <input type="text"/> <input type="text"/>	Currently married 1 → Separated/Deserted/ Widowed/Divorced ... 2] Never married 3]	11

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 spring 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 Other 96 (Specify)	→ 10
09a	Is this toilet shared by person(s) from other household(s)	Yes 1 No 2	
10	Does your household (or any member of your household) have:		
	Read out Electricity 1 2 Solar electricity 1 2 Radio 1 2 Television 1 2 Mobile phone 1 2 Non-Mobile phone 1 2 Refrigerator/Freezer 1 2 Almirah/Wardrobe 1 2 Electric Fan 1 2 DVD/VCD Player 1 2 Water pump 1 2 IPS generator 1 2 Air conditioner 1 2 Computer/Laptop 1 2	Yes No Electricity 1 2 Solar electricity 1 2 Radio 1 2 Television 1 2 Mobile phone 1 2 Non-Mobile phone 1 2 Refrigerator/Freezer 1 2 Almirah/Wardrobe 1 2 Electric Fan 1 2 DVD/VCD Player 1 2 Water pump 1 2 IPS generator 1 2 Air conditioner 1 2 Computer/Laptop 1 2	
11.	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR Earth/stand 11 RUDIMENTARY FLOOR Wood planks 21 Palm/Bamboo 22 FINISHED FLOOR Parquet or polished wood 31	

		Ceramic Tiles32	
		Cement33	
		Other _____ 96	
		(Specify)	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
11a.	<p>MAIN MATERIAL OF THE ROOF.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL ROOFING</p> <p>No roof 11</p> <p>Thatch/Palm Leaf 12</p> <p>Polythine 13</p> <p>RUDIMENTARY ROOFING</p> <p>Bamboo..... 21</p> <p>Wood planks..... 22</p> <p>Cardboard 23</p> <p>FINISHED ROOFING</p> <p>Tin 31</p> <p>Wood 32</p> <p>Ceramic Tiles 33</p> <p>Cement..... 34</p> <p>Roofing Shingles (Tali or slat) 35</p> <p>Other _____ 96</p> <p>(Specify)</p>	
11b.	<p>MAIN MATERIAL OF THE EXTERIOR WALLS</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>No walls..... 11</p> <p>Cane/Palm leaf/Trunks 12</p> <p>Dirt 13</p> <p>RUDIMENTARY WALLS</p> <p>Bamboo with mud..... 21</p> <p>Stone with mud..... 22</p> <p>Plywood..... 23</p> <p>Cardboard 24</p> <p>FINISHED WALLS</p> <p>Tin 31</p> <p>Cement..... 32</p> <p>Stone with lime/Cement..... 33</p> <p>Bricks 34</p> <p>Wood planks/shingles..... 35</p> <p>Other _____ 96</p> <p>(Specify)</p>	
12.	Does this household own any livestock, herds, other farm animals, or poultry?	<p>Yes 1</p> <p>No 2</p>	13
12a	<p>How many of the following animals does this household own?</p> <p>IF NONE, ENTER '00'</p> <p>IF MORE THAN 95, ENETR '95'</p> <p>IF UNKNOWN, ENTER '98'</p>	<p>Cows/bulls/buffalos <input type="checkbox"/> <input type="checkbox"/></p> <p>Goats/Sheep <input type="checkbox"/> <input type="checkbox"/></p> <p>Chickens/Ducks..... <input type="checkbox"/> <input type="checkbox"/></p>	

13.	Does your household own any homestead? IF 'NO', PROBE: Does your household own homestead any other places?	Yes..... 1 No 2	
13a.	Does your household own any land (other than the homestead land)?	Yes..... 1 No 2	
14.	INTERVIEWER: INTERVIEW ALL WOMEN RECORDED IN Q6 USING THE WOMEN'S QUESTIONNAIRE.		

Article I.

RECORD THE TIME ENDED FOR HOUSEHOLD PART	Hour.....	<input type="text"/>	<input type="text"/>
	Minute.....	<input type="text"/>	<input type="text"/>

Women's Questionnaire

Face Sheet

IDENTIFICATION	
CLUSTER NUMBER _____	□ □ □ □
HOUSEHOLD NUMBER	□ □ □
NAME AND LINE NUMBER OF ELIGIBLE RESPONDENT	□ □

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY..... □ □
INTERVIEWER'S NAME				MONTH..... □ □
RESULT*				YEAR □ 2 □ 0 □ 1 □ 5
NEXT VISIT: DATE				INTV. CODE..... □ □
TIME				RESULT..... □
*RESULT CODES:				TOTAL NO. OF VISITS..... □
1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PRTLY COMPLETED 6 RESPONDENT INCAPACITATED 7 OTHER _____ (SPECIFY)				
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR
NAME _____ □ □		NAME _____ □ □		□ □
DATE _____		DATE _____		KEYED BY
				□ □

INFORMED CONSENT FOR WOMEN'S QUESTIONNAIRE

Title of Research: Mayer Hashi II (MHII) Baseline Survey 2015 (Age 18-49 years)

Principal Investigator: S. N. Mitra

Participating Institute: Mitra and Associates

Introductory statement:

My name is _____. I have come from Mitra and Associates, a private research organization, located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct different types of surveys. We are now conducting a survey, which aims to assess the knowledge, attitude, and practices of couples about family planning and maternal health issues. The survey is paid for by the United States Agency for International Development (USAID). The survey is being coordinated by the University of North Carolina in Chapel Hill, North Carolina, USA. The data will be examined by Mitra and Associates and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. I would very much appreciate your participation in this survey.

Why the study being done?

The study will help understand the state and determinants about family planning and maternal health issues in Bangladesh.

What is involved in the study?

You have been selected as a respondent in this study. I would like to ask you some questions about yourself, including about your health.

What will you have to do if you agree to participate?

Since, you have been selected as a respondent in this study. I shall be thankful if you provide your valuable response on certain issues. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them. The survey usually takes between 30 and 45 minutes to complete.

What are the risks and benefits of this study?

By providing information you will not have any risk what so ever, rather this will help the government and policy planners to formulate policies and develop health programs.

Confidentiality:

Whatever information you provide will be kept strictly confidential. It will be used for research purposes and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?

Your participation in the study is voluntary and promises no financial benefit; however, the Government particularly the Ministry of Health and Family Planning (MOHFW) will be benefited from the study.

Right to refuse or withdraw:

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

Who do I contact if I have questions or problems?

If you wish to know more about your rights as a participant in this study you may contact the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka (Phone: 8819311, 8828396) or the Institutional Review Board (IRB) at the School of Public Health, CB # 7400, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7400, U.S.A. You can reach an IRB person through collect call, if necessary, at 001-919-966-3012. You may also call the Dhaka-based UNC MEASURE Evaluation Advisor (Phone: 01730-376458). If you have further questions regarding the nature of this study you may also contact Mitra Associates2/17, Iqbal Road, Block-A, Mohammadpur, Dhaka-1207 or (phone 02-8118065, 02-9115053). At this time, do you want to ask me anything about the survey?

May I begin the interview now? Yes 1 No 2 → END
↓

Participant's Name: _____ Signature (or thumb print): _____ Date: _____

Name of witness: _____ Signature: _____ Date: _____

Name of person obtaining consent: _____ Signature: _____ Date: _____

(Must be study investigator or individual who has been designated to obtain consent)

**INFORMED CONSENT OF HUSBAND/IN-LAWS/LEGAL GUARDIAN FOR
INTERVIEW OF WOMAN AGE 13-17 YEARS
FOR WOMEN'S QUESTIONNAIRE**

Title of Research: Mayer Hashi II (MHII) Baseline Survey 2015

Principal Investigator: S. N. Mitra

Participating Institute: Mitra and Associates

Introductory statement: My name is _____. I have come from Mitra and Associates, a private research organization, located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct different types of surveys. We are now conducting a survey, which aims to assess the knowledge, attitude, and practices of couples about family planning and maternal health issues. The survey is paid for by the United States Agency for International Development (USAID). The survey is being coordinated by the University of North Carolina in Chapel Hill, North Carolina, USA. The data will be examined by Mitra and Associates and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. I would very much appreciate your wife's/daughter-in-law's/daughter's participation in this survey.

Why the study being done?

The study will help understand the state and determinants about family planning and maternal health issues in Bangladesh.

What is involved in the study?

Your wife/daughter-in-law/daughter has been selected as respondents in this study. I would like to ask her some questions about herself, including about her health.

What will you have to do if you agree to let her participate?

Since, your wife/daughter-in-law/daughter has been selected as respondents in this study. I shall be thankful if she provide her valuable response on certain issues. If some questions cause her embarrassment or make her feel uncomfortable, she can refuse to answer them. The survey usually takes between 30 and 45 minutes to complete.

What are the risks and benefits of this study?

By providing information you and your wife/daughter-in-law/daughter will not have any risk what so ever, rather this will help the government and policy planners to formulate policies plan and develop health programs.

Confidentiality:

Whatever information your wife/daughter-in-law/daughter provide will be kept strictly confidential. It will be used for research purposes and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?

Your wife's/daughter-in-law's/daughter's participation in the study is voluntary and promises no financial benefit; however, the Government particularly Ministry of Health and Family Planning (MOHFW) will be benefited from the study.

Right to refuse or withdraw:

Participation in this survey is voluntary and your wife/daughter-in-law/daughter can choose not to answer any individual question or all of the questions. However, we hope that your wife/daughter-in-law/daughter will participate in this survey since her views are important.

Who do I contact if I have questions or problems?

If you wish to know more about your rights as a participant in this study you may contact the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka (Phone: 8819311, 8828396) or the Institutional Review Board (IRB) at the School of Public Health, CB # 7400, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7400, U.S.A. You can reach an IRB person through collect call if necessary, at 001-919-966-3012. You may also call the Dhaka-based UNC MEASURE Evaluation Advisor (Phone: 01730-376458). If you have further questions regarding the nature of this study you may also contact Mitra Associates 2/17, Iqbal Road, Block-A, Mohammadpur, Dhaka-1207 or (phone 02-8118065, 02-9115053). At this time, do you want to ask me anything about the survey?

May I begin the interview now? Yes 1 No 2 → END

Husband's/In-law's/Legal Guardian's Name: _____ Signature (or thumb print): _____ Date: _____

Name of witness: _____ Signature: _____ Date: _____

Name of person obtaining consent: _____ Signature: _____ Date: _____
(Must be study investigator or individual who has been designated to obtain consent)

ASSENT FORM FOR WOMAN AGE 13-17 YEARS FOR WOMEN'S QUESTIONNAIRE

Title of Research: Mayer Hashi II (MHII) Baseline Survey 2015

Principal Investigator: S. N. Mitra

Participating Institute: Mitra and Associates

Introductory statement:

My name is _____. I have come from Mitra and Associates, a private research organization, located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct different types of surveys. We are now conducting a survey, which aims to assess the knowledge, attitude, and practices of couples about family planning and maternal health issues. The survey is paid for by the United States Agency for International Development (USAID). The survey is being coordinated by the University of North Carolina in Chapel Hill, North Carolina, USA. The data will be examined by Mitra and Associates and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. I would very much appreciate your participation in this survey.

Why the study being done?

The study will help understand the state and determinants about family planning and maternal health issues in Bangladesh.

What is involved in the study?

You have been selected as a respondent in this study. I would like to ask you some questions about yourself, including about your health.

We have discussed this research with your Husband/In-laws/Legal Guardian and they know that we are also asking you for your agreement. If you are going to participate in the research, your Husband/In-laws/Legal Guardian also have to agree. But if you do not wish to take part in the research, you do not have to, even if your Husband/In-laws/Legal Guardian have agreed.

You may discuss anything in this form with your Husband/In-laws/Legal Guardian or friends or anyone else you feel comfortable talking to. You can decide whether to participate or not after you have talked it over. You do not have to decide immediately.

What will you have to do if you agree to participate?

Since, you have been selected as a respondent in this study. I shall be thankful if you provide your valuable response on certain issues. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them. The survey usually takes between 30 and 45 minutes to complete.

What are the risks and benefits of this study?

By providing information you will not have any risk what so ever, rather this will help the government and policy planners to formulate policies plan and develop health programs.

Confidentiality:

Whatever information you provide will be kept strictly confidential. It will be used for research purposes and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?

Your participation in the study is voluntary and promises no financial benefit.

Right to refuse or withdraw:

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

Who do I contact if I have questions or problems?

If you wish to know more about your rights as a participant in this study you may contact the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka (Phone: 8819311, 8828396) or the Institutional Review Board (IRB) at the School of Public Health, CB # 7400, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7400, U.S.A. You can reach an IRB person through collect call if necessary, at 001-919-966-3012. You may also call the Dhaka-based UNC MEASURE Evaluation Advisor (Phone: 01730-376458). If you have further questions regarding the nature of this study you may also contact Mitra Associates/17, Iqbal Road, Block-A, Mohammadpur, Dhaka-1207 or (phone 02-8118065, 02-9115053). At this time, do you want to ask me anything about the survey?

May I begin the interview now? Yes 1 No 2 → END

Participant's Name: _____ Signature (or thumb print): _____ Date: _____

Name of witness: _____ Signature: _____ Date: _____
Name of person obtaining consent: _____ Signature: _____ Date: _____
(Must be study investigator or individual who has been designated to obtain consent)

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)	Hour <input type="text"/> <input type="text"/> Minutes..... <input type="text"/> <input type="text"/>	
102	Are you currently married?	Yes 1 No 2 →	Terminate interview
103	How old are you at present?	Age (completed year) <input type="text"/> <input type="text"/>	
104	What is your religion?	Islam..... 1 Hinduism 2 Buddhism 3 Christianity 4 Others 6 (Specify)	
105	Have you ever attended school/madrasha? IF YES , where?	Yes, school..... 1 Yes, madrasha 2 Yes, both 3 No 4 →	108
106	What is the highest class you completed at that level? (IF NO CLASS PASSED WRITE 00; OTHERWISE WRITE THE HIGHEST CLASS COMPLETED)	Class <input type="text"/> <input type="text"/>	
107	Interviewer: Check Q.106 and circle in appropriate code	Primary (00-04) 1 Secondary and above (05 or above)..... 2 →	109
108	Can you read newspaper or magazine?	Yes 1 No 2 →	111
109	Do you read newspaper or magazine?	Yes 1 No 2 →	111
110	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 week 2 Less than once a week..... 3	
111	Do you listen to the radio?	Yes 1 No 2 →	113
112	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 week 2 Less than once a week..... 3	
113	Do you watch television?	Yes 1 No 2 →	115
114	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 week 2 Less than once a week..... 3	
115	Is your husband staying with you at present or is he staying elsewhere?	Staying in the household 1 → Staying elsewhere 2	118
116	How long has your husband been staying away from you?	Below one month..... 00 Months <input type="text"/> <input type="text"/>	
117	How often did he come home in the past 12 months?	Number of times <input type="text"/> <input type="text"/> Didn't come in last 12 months..... 96	

118	Check 103: If age is less than 25	If age is 25 or higher	<input type="checkbox"/> → Sec.2
119	<p>Have you been married once or more than once?</p> <p>Married once <input type="checkbox"/></p> <p>How old were you when started living with your husband?</p>	<p>Married more than once <input type="checkbox"/></p> <p>Age when started living with (current) husband</p>	<p>Age (completed year) <input type="text"/> <input type="text"/></p>

Section 2: Reproduction

201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	Yes 1 No..... 2 → 206	
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes 1 No..... 2 → 204	
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <input type="checkbox"/> <input type="checkbox"/> DAUGHTERS AT HOME <input type="checkbox"/> <input type="checkbox"/>	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	Yes 1 No..... 2 → 206	
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE..... <input type="checkbox"/> <input type="checkbox"/> DAUGHTERS ELSEWHERE . <input type="checkbox"/> <input type="checkbox"/>	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	Yes 1 No..... 2 → 208	
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	SONS DEAD <input type="checkbox"/> <input type="checkbox"/> DAUGHTERS DEAD <input type="checkbox"/> <input type="checkbox"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS..... <input type="checkbox"/> <input type="checkbox"/>	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> ↓	NO <input type="checkbox"/> ↓ PROBE AND CORRECT 201-208 AS NECESSARY	
210	CHECK 208: One or more live birth <input type="checkbox"/> ↓	No live birth <input type="checkbox"/> → 300a	
210a	May I know the name of your youngest child? Name: _____ When was (Name _____) born?	Month 1 <input type="checkbox"/> <input type="checkbox"/> Year..... 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Section 3A

Knowledge about Long-acting and Reversible Contraceptives (LARC) and Permanent Methods (PM)

Now I would like to talk about some of the family planning methods that a couple can use to delay or avoid a pregnancy. Interviewers: After completing the column A and then ask B,C,and D			
Column A (ask column wise)	Column B (ask column wise)	Column C (ask column wise)	Column D (ask column wise)
<p>300A. Women can have an operation, called female sterilization, to stop or avoid having any more children</p> <p>Have you ever heard about female sterilization?</p> <p>Yes..... 1 No..... 2 (Skip to col. B) ←</p>	<p>300B. Man can have an operation, called male sterilization, to stop or avoid having any more children.</p> <p>Have you ever heard about male sterilization?</p> <p>Yes..... 1 No..... 2 (Skip to col. C) ←</p>	<p>300C. Woman can have an IUD inserted in her uterus to avoid having children for some years of time?</p> <p>Have you ever heard about IUD?</p> <p>Yes..... 1 No..... 2 (Skip to col. D) ←</p>	<p>300D. Woman can have an implant, small tube like substance beneath her skin of an arm to avoid having children for some years?</p> <p>Have you ever heard about implants?</p> <p>Yes..... 1 No..... 2 (Skip to 300e) ←</p>
<p>300a1. Could you tell me the places/persons from where a person can obtain the method? Anywhere else?</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>300b1. Could you tell me the places/persons from where a person can obtain the method? Anywhere else?</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>300c1. Could you tell me the places/persons from where a person can obtain the method? Anywhere else?</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>300d1. Could you tell me the places/persons from where a person can obtain the method? Anywhere else?</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>NAME OF THE PLACE</p> <p>Public Sector/Service Provider District Hospital/Medical College Hospital..... A Maternal & Child Welfare Centre (MCWC)..... B Upazila Health Complex..... C Family Welfare Centre .D Camp..... E</p>	<p>NAME OF THE PLACE</p> <p>Public Sector/Service Provider District Hospital/Medical College Hospital A Maternal & Child Welfare Centre (MCWC)..... B Upazila Health Complex C Family Welfare Centre .D Camp..... E</p>	<p>NAME OF THE PLACE</p> <p>Public Sector/Service Provider District Hospital/Medical College Hospital.....A Maternal & Child Welfare Centre (MCWC)..... B Upazila Health Complex.....C Family Welfare Centre .D CampE</p>	<p>NAME OF THE PLACE</p> <p>Public Sector/Service Provider District Hospital/Medical College Hospital A Maternal & Child Welfare Centre (MCWC)..... B Upazila Health Complex C Family Welfare Centre .D Camp..... E</p>

<p>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</p>	<p>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</p>	<p>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</p>	<p>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</p>
<p>300a2. In the last six months, did you hear, see, watch, or read about the Female sterilization? Yes 1 No 2 (Skip to col. B) ←</p>	<p>300b2. In the last six months, did you hear, see, watch, or read about the Male sterilization? Yes 1 No 2 (Skip to col. C) ←</p>	<p>300c2. In the last six months, did you hear, see, watch, or read about the IUD? Yes 1 No 2 (Skip to col. D) ←</p>	<p>300d2. In the last six months, did you hear, see, watch, or read about the Implant? Yes 1 No 2 (Skip to 300e) ←</p>
<p>300a3. Where did you hear, see, watch, or read about the Female sterilization? (Probe every answer)</p> <p>People Husband A Friend/relatives/ neighbor B Health provider FP worker (field worker)C Health/FP worker (Health or FP center).... D Mass Media Radio E Television..... F Newspaper/ magazine .G Poster H Billboard I Leaflet/ brochure J Filpchart K</p> <p>Community Events Street drama/folk song . L Uthan Baithak (Courtyard meeting) M One to one discssion.... N Film show O Other _____ X (Specify)</p>	<p>300b3. Where did you hear, see, watch, or read about the Male sterilization? (Probe every answer)</p> <p>People Husband A Friend/relatives/ neighbor B Health provider FP worker (field) C Health/FP worker (Health or FP center) ... D Mass Media Radio E Television F Newspaper/ magazine .G Poster H Billboard I Leaflet/ brochure..... J Filpchart..... K</p> <p>Community Events Street drama/folk song..L Uthan Baithak (Courtyard meeting)..... M One to one discssion ... N Film show O Other _____ X (Specify)</p>	<p>300c3. Where did you hear, see, watch, or read about the IUD? (Probe every answer)</p> <p>People Husband..... A Friend/relatives/ neighbor B Health provider FP worker (field worker)C Health/FP worker (Health and FP center) .D Mass Media Radio E Television..... F Newspaper/ magazine G Poster H Billboard I Leaflet/ brochure J Filpchart K</p> <p>Community Events Street drama/folk song . L Uthan Baithak (Courtyard meeting) M One to one discssion.... N Film show O Other _____ X (Specify)</p>	<p>300d3. Where did you hear, see, watch, or read about the implant? (Probe every answer)</p> <p>People Husband A Friend/relatives/ neighbor B Health provider FP worker (field worker)C Health/FP worker (Health or FP center) ... D Mass Media Radio E Television F Newspaper/ magazine .G Poster H Billboard..... I Leaflet/ brochure..... J Filpchart..... K</p> <p>Community Events Street drama/folk song..L Uthan Baithak (Courtyard meeting)..... M One to one discssion ... N Film show O Other _____ X (Specify)</p>

300e	Check 300a: Not circled 1 in 300a <input type="checkbox"/>	<input type="checkbox"/> Circled 2 in 300a	<input type="checkbox"/> → 303j
------	---	---	---------------------------------

	(FOR THOSE WHO HEARD ABOUT TUBECTOMY)		
300f	<p>Now I would like to talk about family planning methods that are available at facilities where deliveries are conducted.</p> <p>Can a woman get female sterilization immediately after normal delivery at a facility?</p>	<p>Yes 1</p> <p>No 2</p>	→ 300h
300g	<p>Where did you hear, see/watch, or read about postpartum female sterilization services? (Probe every answer)</p>	<p>People</p> <p>Husband A</p> <p>Friend/relatives/neighbor B</p> <p>Health provider</p> <p>FP worker (field worker) C</p> <p>Health/FP worker (Health or FP center) D</p> <p>Mass Media</p> <p>Radio E</p> <p>Television F</p> <p>Newspaper or magazine G</p> <p>Poster H</p> <p>Billboard I</p> <p>Leaflet/ brochure J</p> <p>Flipchart K</p> <p>Community Events</p> <p>Street drama/folk song L</p> <p>Uthan Baithak (Courtyard meeting) M</p> <p>One-to-one discussion N</p> <p>Film show O</p> <p>Other X</p> <p>(Specify)</p>	
300h	<p>Are you aware that female sterilization can be done during C-section at a facility?</p>	<p>Yes 1</p> <p>No 2</p>	→ 300j
300i	<p>Where did you hear, see/watch, or read this information? (Probe every answer)</p>	<p>People</p> <p>Husband A</p> <p>Friend/relatives/neighbor B</p> <p>Health provider</p> <p>FP worker (field worker) C</p> <p>Health/FP worker (Health or FP center) D</p> <p>Mass Media</p> <p>Radio E</p> <p>Television F</p> <p>Newspaper or magazine G</p> <p>Poster H</p> <p>Billboard I</p> <p>Leaflet/ brochure J</p> <p>Flipchart K</p> <p>Community Events</p> <p>Street drama/folk song L</p> <p>Uthan Baithak (Courtyard meeting) M</p>	

		One-to-one discussion..... N Film show O Other _____ X (Specify)	
300j	Check 300c: Circled 2 in 300c <input type="checkbox"/> → 301 Circled 1 in 300c (FOR THOSE WHO HEARD ABOUT IUD) <input type="checkbox"/> ↓		
300k	Are you aware that an IUD can be inserted during or immediately after delivery at a facility?	Yes 1 No 2 → 300m	
300l	Where did you hear, see/watch, or read this information? (Probe every answer)	People Husband A Friend/relatives/neighbor B Health provider FP worker (field worker) C Health/FP worker (Health or FP center) D Mass Media Radio E Television F Newspaper or magazine G Poster H Billboard I Leaflet/ brochure J Flipchart K Community Events Street drama/folk song L Uthan Baithak (Courtyard meeting) M One-to-one discussion N Film show O Other _____ X (Specify)	
300m	Are you aware that an IUD can be inserted during or immediately after caesarian delivery at a facility?	Yes 1 No 2 → 301	
300n	Where did you hear, see/watch, or read this information? (Probe every answer)	People Husband A Friend/relatives/neighbor B Health provider FP worker (field worker) C Health/FP worker (Health or FP center) D Mass Media Radio E Television F Newspaper or magazine G Poster H Billboard I Leaflet/ brochure J	

		Flipchart..... K Community Events Street drama/folk song..... L Uthan Baithak (Courtyard meeting) M One-to-one discussion..... N Film show O Other _____ X (Specify)	
--	--	--	--

Section 3B:

Contraceptive Use

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Are you pregnant now?	Yes 1 No.....2 Don't know/Not sure 8	302
301a	How many months pregnant are you?	Month..... <input type="text"/> <input type="text"/>	307a
	I would like to talk about the various ways or methods that a couple can use to delay or avoid a pregnancy.		
302	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	Yes 1 No.....2	307a
303	Which method are you using at present? CIRCLE ALL MENTIONED.	Female sterilization..... A Male sterilization..... B IUD C Implants D Injectables E Pill F Condom..... G Safe period/Periodic abstinence H Withdrawal..... I Other _____ X (Specify)	305 306
304	If more than one method mentioned in Q303, ask the highest method in list of Q.303. Where did you obtain (Current method) the last time?	Public Sector/Service Provider Medical College Hospital 11 Specialized Govt. Hospital..... 12 District Hospital 13 Maternal & Child Welfare Centre (MCWC)..... 14 Upazila Health Complex 15 Health & Family Welfare Centre 16 Satellite Clinic/EPI outreach 17 Community Clinic..... 18 Family Welfare Assistant (FWA)..... 19 Other _____ 20 (Specify)	
305	Where did the sterilization take place? 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 THE NAME OF THE PLACE. _____ NAME OF THE PLACE	NGO Sector /NGO Worker NGO Static Clinic..... 21 NGO Satellite Clinic..... 22 NGO depot holder 23 NGO fieldworker..... 24 Other _____ 26 (Specify) Private Medical Sector/Provider Private hospital/clinic 31 Doctor (Qualified) 32 Private Medical College Hospital 33 Quack/Traditional healer 34 Pharmacy 35 Shop..... 36 Relative 37 Neighbours/friend 38 Other _____ 96 (Specify) Don't know..... 98	

306	Since what month and year have you been using the ---- (Current method) without stopping? (If you don't know for sure, you can give me your best estimate)	Month <input type="checkbox"/> <input type="checkbox"/> Year..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
307	Check 303: if A/B/C/D is circled (TUBECTOMY, NSV, IUD, OR IMPLANT USER) <input type="checkbox"/> → 308 if A/B/C/D is not circled <input type="checkbox"/> ↓		308
307a	Have you ever used IUD or implant since January 2011?	Yes, IUD 1 Yes, Implant 2 No..... 3 → 323	
307b	Which month and year did you accept the method?	Month <input type="checkbox"/> <input type="checkbox"/> Year..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
307c	Which month and year did you drop the method?	Month <input type="checkbox"/> <input type="checkbox"/> Year..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
307d	Why did you stop using the method?	Method-related reasons General health concerns..... A Side effects..... B Difficulty in having sex C Interfered physiological normal processes D Fertility related issues Not having sex..... E Infrequent sex..... F Menopausal/hysterectomy..... G Sub-fecund/in-fecund..... H → 323 Opposition to Use Did not like the method I Husband opposed J Others opposed K Social stigma..... L Religious prohibition..... M Other _____ X (Specify)	323
308	CHECK 303: If none of A/C/D is circled TUBECTOMY, IUD, OR IMPLANT NON USER) <input type="checkbox"/> → 323 If A/C/D is circled <input type="checkbox"/> ↓		323
	Now I would like to ask some questions about the services of the facility from where you received the method (_____) you are currently using.		
310	Before providing the method you are using, did the health provider (HP) tell you about other possible methods that can be used?	Yes 1 No..... 2	

311	Did the HP tell that you might have some side effects/ complications after the procedure?	Yes 1 No.....2	
312	Did he/she maintain privacy/confidentially during providing service?	Yes 1 No.....2	
313	Did you receive any medicine from the HP (FWV/MO-MCH)?	Yes 1 No.....2	
313a	CHECK 303: if C/D is circled <input type="checkbox"/> → 316 If A is circled (TUBECTORMY USER) <input type="checkbox"/> ↓		316
314	Where did you stay at the facility after the operation until discharge (i.e., in post-operative care)?	On a bed 1 On the floor of a room.....2 On the floor of a corridor3 Other _____ 6 (Specify)	
316	Did the HP ask you for follow-up visit?	Yes 1 No.....2	
317	Did the service provider give you follow-up card?	Yes 1 No.....2	
318	Do you think you understood everything that the provider told?	Yes 1 No.....2	
319	Did you go for a follow-up visit?	Yes 1 No.....2	
320	Did you experience any side effects?	Yes 1 No.....2	→ 323
321	What type of complication/side-effect did you face?	Stopped menstruation A Abnormal menstrual bleeding B Abdominal pain..... C Pain during intercourse..... D Infection or abnormal vaginal discharge..... E Feeling discomfort with fever and feel cold..... F Thread lose or be long or short..... G Other _____ X (Specify)	
322	What did you do for the side effects/complications?	Saw FWA/other NGO workers A Saw FWV/paramedics B Saw MOMCH C Saw NGO medical officer D Saw a private qualified doctor E Saw an unqualified doctor F Went to pharmacy G Discussed with friends/relatives..... H Others X Did nothing Z	
323	Check 301: 1 is circled (CURRENTLY PREGNANT) <input type="checkbox"/> → 356a 2 or 3 is circled <input type="checkbox"/> ↓		356a

323a	<p>Check 303: if A/B/C/D is circled (TUBECTOMY, NSV, IUD, OR IMPLANT USER) <input type="checkbox"/> → 356b</p> <p>if A/B/C/D is not circled <input type="checkbox"/> or not asked ↓</p>	
337	In last six months, have you visited any government health facility (Medical College Hospital/Specialized Govt. Hospital/District Hospital/MCWC/UHC/HDWC/CC) for family planning services?	Yes..... 1 No 2 → 343
338	What were the services you received? (IF THE RESPONDENT MENTIONS ANY FAMILY PLANNING METHOD HERE THEN CHECK WHETHER MENTIONED THE SAME IN 303) (IF THE RESPONDENT DOES NOT MENTION FAMILY PLANNING METHOD HERE THEN PROBE WHETHER SHE HAD RECEIVED FAMILY PLANNING SERVICE WITH ANY OTHER SERVICES) MULTIPLE ANSWERS POSSIBLE.	Received information on female sterilization A Received information on IUD..... B Received information on implants C Obtained pill D Obtained injectables..... E Obtained condom F Other X (Specify)
339	<p>CHECK: 338 A or B or C is circled <input type="checkbox"/> → 342</p> <p>Not circled A or B or C (PILL, INJECTABLE, OR CONDOM ACCEPTOR) ↓ <input type="checkbox"/></p>	
340	Did the provider tell you about any methods other than you accepted (mentioned in 338)?	Yes..... 1 No 2 → 342
341	Which method did the provider tell about? MULTIPLE ANSWERS POSSIBLE	Female sterilization A Male sterilization..... B IUD..... C Implant D Injectables E Pill F Condom..... G Other X (Specify)
342	Did they give you any BCC materials (picture/leaflet/booklet) for taking home?	Yes..... 1 No 2 → 343
342a	Was the poster/picture/leaflet/booklet from the Mayer Hashi project?	Yes..... 1 No 2 Don't know 8
343	In last six months have you visited any private/NGO health facility for family planning services?	Yes..... 1 No 2 → 348
344	What were the services you received? (IF THE RESPONDENT MENTIONS ANY FAMILY PLANNING METHOD HERE THEN	Received information on female sterilization A Received information on IUD..... B Received information on implants C

	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) MULTIPLE ANSWERS POSSIBLE.	Obtained pill D Obtained injectables E Obtained condom F Other _____ X (Specify)	
345	CHECK: 344 A or B or C is circled <input type="checkbox"/> → Not circled A or B or C (PILL, INJECTABLE, OR CONDOM ACCEPTOR) <input type="checkbox"/> ↓		347a
346	Did the provider tell you about any methods other than you accepted (mentioned in 344)?	Yes 1 No 2 →	347a
347	Which method did they told about? MULTIPLE ANSWERS POSSIBLE	Female sterilization A Male sterilization B IUD C Implant D Injection E Pill F Condom G Other _____ X (Specify)	
347a	Did they give you any BCC materials (picture/leaflet/booklet) for taking home?	Yes 1 No 2 →	348
347b	Was the poster/picture/leaflet/booklet from the Mayer Hashi project?	Yes 1 No 2 Don't know 8	
348	In some places, there is a clinic set up for a day or part of a day in someone's house or in a school. During the past six months, was there any such clinic in this village or Mohalla?	Yes 1 No 2 Don't know 8 →	351
349	Did you visit such temporary health/family planning clinic in the past six months for family planning services?	Yes 1 No 2 →	351
349a	What were 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) MULTIPLE ANSWERS POSSIBLE.	Received information on female sterilization A Received information on IUD B Received information on implants C Obtained pill D Obtained injectables E Obtained condom F Other _____ X (Specify)	

349B	CHECK: 349a A or B or C is circled <input type="checkbox"/> → 349e Not circled A or B or C (PILL, INJECTABLE, OR CONDOM ACCEPTOR) <input type="checkbox"/> ↓	
349c	Did the provider tell you about any methods other than you accepted (mentioned in 349a)? Yes 1 No 2 → 349e	
349d	Which method did they told about? MULTIPLE ANSWERS POSSIBLE Female sterilization A Male sterilization B IUD C Implant D Injection E Pill F Condom G Other X (Specify)	
349e	Did they give you any BCC materials (picture/leaflet/booklet) for taking home? Yes 1 No 2 → 351	
349f	Was the poster/picture/leaflet/booklet from the Mayer Hashi project? Yes 1 No 2 Don't know 8	
351	In the last 6 months, were you visited by a fieldworker who talked to you about family planning or gave you a family planning method? Yes 1 No 2 → 356b	
352	Which field worker visited you? Name: _____ PROBE: Anyone else? Name: _____ Family Welfare Assistant (FWA) A Health Assistant (HA) B NGO worker C Other X (Specify)	
353	What services were provided? Counseling on female sterilization A Counseling on male sterilization B Counseling on IUD C Counseling on implant D Counseling on injection E Counseling on pill F Counseling on condom G Supplied pill H Supplied condom I Pushed injection J Advised to go to health center for FP method K Other X (Specify)	
353a	Check 353: If A/B/C/D is not circled <input type="checkbox"/> → 355 if A/B/C/D is circled <input type="checkbox"/> ↓	
354	Did the service provider use any picture/poster/ flipchart/leaflet/booklet to make you understand about the method Yes, for female sterilization A Yes, for male sterilization B Yes, for IUD C Yes, for implant D	

	MULTIPLE ANSWERS POSSIBLE	No E	
355	Did the provider give you any materials (picture/leaflet/booklet)?	Yes 1 No 2 Can't remember 7	356b
355a	Was the poster/picture/leaflet/booklet from the Mayer Hashi project?	Yes 1 No 2 Don't know 8	

Fertility preference

356a	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	Have more child(ren) 1 No more 2 Undecided/don't know 3	358b 358a
356b	Check 303: A or B is circled <input type="checkbox"/> → A or B is not circled (FOR THOSE WHO ARE NOT USING TUBECTOMY OR NSV) <input type="checkbox"/> ↓		362
357	Now I have some questions about the future, would you like to have (a/another) child, or would you prefer not to have any more children?	Have more child(ren) 1 No more 2 Undecided/don't know 3	358b
358	Check 303: C or D is circled <input type="checkbox"/> → C or D is not circled (FOR THOSE WHO ARE NOT USING IUD OR IMPLANT) <input type="checkbox"/> ↓		362
358a	In the next one year, do you have any plan to adopt (Name of method)? IUD? Implant? Female sterilization? If circled any 'YES' then skip to 362	Yes No Unsure IUD 1 2 8 362 ← Implant 1 2 8 Female sterilization 1 2 8	359
358b	How long would you like to wait from now before the birth of (a/another) child?	Months <input type="checkbox"/> <input type="checkbox"/> Years <input type="checkbox"/> <input type="checkbox"/> Soon/Now 9993 Says she can't get pregnant 9994 Other 9996 Don't know 9998	
358c	Check 358b: If 2 is circled and the value is 01 or higher (WANT TO WAIT FOR 1 YEAR OR MORE FOR THE NEXT BIRTH) <input type="checkbox"/> ↓	Others <input type="checkbox"/> →	362
358d	Check 303: C or D is circled <input type="checkbox"/> →		362

	C or D is not circled (FOR THOSE WHO ARE NOT USING IUD OR IMPLANT)																						
358e	In the next one year, do you have any plan to adopt (Name of method)? IUD? Implant? Female sterilization? If circled any 'YES' then skip to 362	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 20%; text-align: center;">Unsure</th> </tr> </thead> <tbody> <tr> <td>IUD.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: right;">362 ←</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Implant.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Female sterilization.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	Unsure	IUD.....	1	2	8	362 ←				Implant.....	1	2	8	Female sterilization.....	1	2	8	
	Yes	No	Unsure																				
IUD.....	1	2	8																				
362 ←																							
Implant.....	1	2	8																				
Female sterilization.....	1	2	8																				
359	What are the reasons for not accepting female sterilization/IUD/implant? MULTIPLE ANSWER	<p>Method-related reasons</p> <p>General health concerns..... A</p> <p>Fear of surgery B</p> <p>Fear of post-surgery infection C</p> <p>Fear of side effects D</p> <p>Perceived side effects..... E</p> <p>Affects sexual strength F</p> <p>Affects physical strength..... G</p> <p>Not available/source is too far..... H</p> <p>Interferes physiological normal processes I</p> <p>Costs too much..... J</p> <p>Happy with the current method..... K</p> <p>Fertility related issues</p> <p>Not having sex L</p> <p>Infrequent sex M</p> <p>Menopausal/hysterectomy N</p> <p>Sub-fecund/in-fecund..... O</p> <p>Fatalistic/no control P</p> <p>Opposition to Use</p> <p>Respondent does not want..... Q</p> <p>Husband oppose R</p> <p>Others oppose S</p> <p>Social stigma..... T</p> <p>Religious prohibition U</p> <p>Lack of Knowledge</p> <p>Does not know source of sterilization..... V</p> <p>Other _____ X</p> <p style="text-align: center;">(Specify)]</p>																					
362	I will now read some statements about contraception. Please let me know if you agree or disagree with each one:	Yes..... 1																					

	<p>“Women become physically weak or may have health complications after accepting female sterilization” --are you agree with this statement?</p>	<p>Disagree2 Don't know.....3</p>	
	<p>“Men who adopt male sterilization lose their libido “--are you agree with this statement?</p>	<p>Yes1 Disagree2 Don't know.....3</p>	
	<p>“Men become physically weak after accepting male sterilization” --are you agree with this statement?</p>	<p>Yes1 Disagree2 Don't know.....3</p>	
	<p>Contraception is women's business and a man does not have to worry about it--are you agree with this statement?</p>	<p>Yes1 Disagree2 Don't know.....3</p>	

Section 4

Discussion on female or male sterilization, IUD, and implant

Now, I would like to ask some questions on your discussion about female or male sterilization, IUD, and implant.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
410	Check 303: If A or B or C or D is circled <input type="checkbox"/> If A or B or C or D is not circled or not asked <input type="checkbox"/>		501
411	In the past six months, did you discuss about female sterilization, male sterilization, IUD, or implant with your husband?	Yes1 No2	413
412	In the past six months, which method did you discuss about with your husband? (Probe every answer) Female sterilization Male sterilization IUD Implant	Female sterilization A Male sterilization B IUD C Implant..... D	
413	In the past six months, did you discuss with anybody about female sterilization, male sterilization, IUD, or implant?	Yes1 No2	501
414	In the past six months, which method did you discuss about? (Probe every answer) Female sterilization Male sterilization IUD Implant	Female sterilization A Male sterilization B IUD C Implant..... D	
415	In the past six months, who did you discuss with? (Probe every answer)	Health/FP field worker A Health provider at facility B Friend/relative/neighbor C Other X	

Section 5

Information on postpartum female sterilization and IUD available from facilities where deliveries are conducted

501	Check 210a If 2 is circled and year of birth is 2012 or later (IF THE CHILD WAS BORN IN 2012 OR LATER)	If year of birth is 2011 or before	506
	<input type="checkbox"/>	<input type="checkbox"/>	→
501a	Where was your youngest child (Name _____) born?	HOME Home (own, parents, other)01 PUBLIC SECTOR Hospital/Medical college hospital....02 Upazilla Health Complex03 Maternal and Child Welfare Centre (MCWC)04 Other _____ 10 (Specify) NGO SECTOR NGO Static Clinic15 Other _____ 16 (Specify) PRIVATE MEDICAL SECTOR Private hospital/clinic22 Other _____ 96 (Specify)	→ 506
501b	Was the child (Name _____) delivered through C-section?	Yes1 No2	503
502	In the facility were you told that IUD or female sterilization can be adopted during delivery?	IUDA Female SterilizationB NoX	→ 504
503	In the facility were you told that female sterilization can be adopted during caesarian delivery?	IUDA Female SterilizationB NoX	
504	In the facility, did you accept IUD or female sterilization?	Yes1 No2	→ 506
505	Which method did you accept?	IUD1 Female sterilization2	
506	Record the time	Hour..... <input type="text"/> <input type="text"/> Minute..... <input type="text"/> <input type="text"/>	
SAY THANK YOU AND END THE INTERVIEW			

Appendix C.2. Questionnaire for FWA, Service Promoter, and Community Health Worker

Mayer Hashi II (MH II) Baseline Survey 2015

**Questionnaire for FWA, Service Promoter, and Community Health Worker
(English)**

Mitra and Associates

(Centre for Research and Consultancy)
2/17 Iqbal Road, Mohammadpur
Dhaka-1207, Tel: 8118065, 9115503, Fax: 9126806

and

MEASURE Evaluation

Carolina Population Center
University of North Carolina at Chapel Hill

Mayer Hashi II Baseline Survey 2015
Questionnaire for FWA, Service Promoter, and Community Health Worker
Face Sheet

IDENTIFICATION				
DIVISION	□			
DISTRICT	□ □			
UPAZILA/THANA.....	□ □			
UNION/WARD	□ □			
CLUSTER	□ □ □ □			
TYPE OF SERVICE PROVIDERS 09=FWA, 10=Service promoter, 11=Community health worker	□ □			
NAME OF THE RESPONDENT _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY □ □ MONTH □ □ YEAR..... □ 2 □ 0 □ 1 □ 5
INTERVIEWER'S NAME	_____	_____	_____	INTV. CODE..... □ □
RESULT**				RESULT □
NEXT VISIT: DATE	_____	_____		TOTAL NO..... □
TIME	_____	_____		OF VISITS
**RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AVAILABLE 5 PARTLY COMPLETED 3 POSTPONED 6 OTHER _____ <div style="text-align: right;">(SPECIFY)</div>				
SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY	
NAME..... □ □	NAME □ □	□ □	□ □	
DATE _____	DATE _____			

Mayer Hashi II Baseline Survey 2015
Informed Consent for Family Planning Service Provider (FWA, Service Promoter, and
Community Health Worker) Questionnaire
(Verbal)

Title of Research: Mayer Hashi II (MHII) Baseline Survey 2015

Principal Investigator: S. N. Mitra

Participating Institute: Mitra and Associates

Introductory statement:

My name is _____. I have come from Mitra and Associates, a private research organization, located in Dhaka. To assist in the implementation of socio-development and health programs in the country, we conduct different types of surveys. We are now conducting a survey, a part of which aims to assess the knowledge, attitude, and practices of providers about IUD, implants, and female and male sterilization. The survey is paid for by the United States Agency for International Development (USAID). The survey is being coordinated by the University of North Carolina in Chapel Hill, North Carolina, USA. The data will be examined by Mitra and Associates and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. I would very much appreciate your participation in this survey.

Why the study being done?

This part of the study will help understand the state and determinants of provider knowledge and skills of long acting and reversible contraceptives (LARC) and permanent method (PM) of family planning in Bangladesh.

What is involved in the study?

You have been selected randomly for the survey. If you agree to participate, we will ask you some questions related to long acting and reversible contraceptives (LARC) and permanent method (PM) of family planning. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them. Your opinion is very important to us as it will help the government to take policy decisions to reach goals related to enabling couples to achieve their reproductive intentions. The survey usually takes between 25 and 30 minutes to complete.

What are the risks and benefits of this study?

By providing information you will not have any risk what so ever, rather this will help the government and policy planners to formulate policies and future plans leading to program improvements.

Confidentiality:

Whatever information you provide will be kept strictly confidential. It will be used for research purposes only and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?

Your participation in the study is voluntary and promises no financial benefit; however, the Government particularly the Ministry of Health and Family Welfare (MOHFW) will be benefited from the study.

Right to refuse or withdraw:

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since the information you provide will help future program planning.

Who do I contact if I have questions or problems?

If you wish to know more about your rights as a participant in this study you may contact the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka (Phone: 8819311, 8828396) or the Institutional Review Board (IRB) at the School of Public Health, CB # 7400, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7400, U.S.A. You can speak to an IRB person through "collect call" if necessary, at the phone 001-919-966-3012. You can also speak to the Dhaka-based UNC MEASURE Evaluation Advisor (Phone: 01730376458). If you have further questions regarding the nature of this study you may also contact Mitra Associates 2/17, Iqbal Road, Block-A, Mohammadpur, Dhaka-1207 or (phone 02-8118065, 02-9115053). At this time, do you want to ask me anything about the survey?

May I begin the interview now? Yes 1 No 2 → END

Name of person obtaining consent: _____ Signature: _____ Date: _____

(Must be study investigator or individual who has been designated to obtain consent)

Article II. Section 1: Background

First, I would like to ask you some background-related questions like your education and job.

	QUESTION	RESPONSE	SKIP
(i)	Starting time of interview:	Hour <input type="text"/> <input type="text"/> Minute <input type="text"/> <input type="text"/>	
(ii) 101	Would you please tell your name?	Name: _____	
(iii) 102	How old are you?	Year (in completed Years) ... <input type="text"/> <input type="text"/>	
103	What is your educational qualification?	SSS 1 HSC 2 BA/B.COM /BSC 3 MA/M.COM/MSC 3 Other 8 (Specify)	
103a	What is your job title?	FWA 1 Service Promoter (SP) 2 Community Health Worker (CHA) 3 Other 8 (Specify)	
104	How long have you been a FWA/SP/CHA? Section 2.02 (If less than 1 year write 00)	Year (in completed Years) ... <input type="text"/> <input type="text"/>	
105	How long have you been associated with this facility? Section 2.03 (If less than 1 year write 00)	Year (in completed Years) ... <input type="text"/> <input type="text"/>	

Section 2a: In-service Training on Long-acting and reversible Contraceptives (LARC) and Permanent Methods (PM)

Now I would like to ask you some questions on the in-service training, orientation, or refresher training you might have received, provided by the Government of Bangladesh and/or other organizations.
In-service training, orientation, or refresher training on LARC/PM since 2014

		IUD a	Implant b	Tubectomy c	NSV D	PPFP f
A201	Since 2014, have you received any in-service training, orientation, or refresher training on?	Yes 1 No 2 Don't know 8 (skip to A201b) ←	Yes 1 No 2 Don't know 8 (skip to A201c) ←	Yes 1 No 2 Don't know 8 (skip to A201d) ←	Yes 1 No 2 Don't know 8 (skip to A201e) ←	Yes 1 No 2 Don't know 8 (skip to sec 2b) ←
A202	In what month and year did you receive this training, orientation, or refresher training last time?	Month <input type="text"/> <input type="text"/> Year ... <input type="text"/> <input type="text"/> <input type="checkbox"/>	Month <input type="text"/> <input type="text"/> Year ... <input type="text"/> <input type="text"/> <input type="checkbox"/>	Month <input type="text"/> <input type="text"/> Year ... <input type="text"/> <input type="text"/> <input type="checkbox"/>	Month <input type="text"/> <input type="text"/> Year ... <input type="text"/> <input type="text"/> <input type="checkbox"/>	Month <input type="text"/> <input type="text"/> Year ... <input type="text"/> <input type="text"/> <input type="checkbox"/>
A203	For how many days was the training the last time you received this training, orientation, or	<input type="text"/> <input type="text"/> days (0 for less than 1 day)	<input type="text"/> <input type="text"/> days (0 for less than 1 day)	<input type="text"/> <input type="text"/> days (0 for less than 1 day)	<input type="text"/> <input type="text"/> days (0 for less than 1 day)	<input type="text"/> <input type="text"/> days (0 for less than 1 day)

	refresher training?					
		IUD	Implant	Tubectomy	NSV	PPFP
A204	Who provided the training, orientation, or refresher training the last time you received?	GoB.....1 EH/MH.....2 (skip to A201b) Other.....3 (specify) Don't know..8 (skip to A201b)	GoB.....1 EH/MH.....2 (skip to A201c) Other.....3 (specify) Don't know..8 (skip to A201c)	GoB.....1 EH/MH.....2 (skip to A201d) Other.....3 (specify) Don't know..8 (skip to A201d)	GoB.....1 EH/MH.....2 (skip to A201e) Other.....3 (specify) Don't know..8 (skip to A201e)	GoB.....1 EH/MH.....2 (Sec.2b) Other.....3 (specify) Don't know..8 (skip to Sec2b)
A205	Was Engender Health/ Mayer Hashi involved in the training	Yes 1 No 2 Don't know 8	Yes 1 No 2 Don't know 8	Yes 1 No 2 Don't know 8	Yes 1 No 2 Don't know 8	Yes 1 No 2 Don't know 8
A206	Did any person from Engender Health/ Mayer Hashi participate in or observe the training?	Yes 1 No 2 Don't know 8	Yes 1 No 2 Don't know 8	Yes 1 No 2 Don't know 8	Yes 1 No 2 Don't know 8	Yes 1 No 2 Don't know 8

Section 2b: BCC and Interpersonal Communication

Now I would like to ask you some questions on the in-service training, orientation, or refresher training you might have received on BCC and interpersonal communication, provided by the Government of Bangladesh and/or other organizations.

In-service training, orientation, or refresher training on BCC and interpersonal communication since 2014.

QUESTION		RESPONSE	SKIP
B201	Since 2014, have you ever received any training on BCC?	Yes 1 No 2	B205
B202	On what topics/areas of BCC you have received training?	Personal Counseling A Group session B Community mobilization C Other X (Specify)	
B203	In which month and year you received training on BCC?	Month <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B204	Was Mayer Hashi or <i>EngenderHealth</i> involved in the training?	Yes 1 No 2	
B204a	Was any trainer/facilitator from Mayer Hashi or <i>EngenderHealth</i> present in the training?	Yes 1 No 2 Can't remember 8	
B205	Since 2014, have you received any training, orientation, or refresher training on BCC?	Yes 1 No 2 Can't remember 8	Sec 3
B206	On what topic/areas of BCC you have received training? Multiple response	Personal Counseling A Group session B Community mobilization C Other X (Specify)	
B207	In which month and year have you received training, orientation, or refresher training on BCC?	Month <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B208	Was Mayer Hashi or <i>EngenderHealth</i> involved in the training?	Yes 1 No 2 Can't remember 8	
B208a	Was any trainer/facilitator from Mayer Hashi or <i>EngenderHealth</i> present in the training?	Yes 1 No 2 Can't remember 8	

Section 3: Respondent's Involvement on the Provision of Long-acting and Reversible Contraceptives (LARC) and Permanent Methods (PM)

[I would like to know about your involvement in the provision of LARC/PM.]

	QUESTION	RESPONSE	SKIP
301	In the community where you work, do you help couples choose or select LARC/PM as methods of contraception?	Yes1 No.....2	→ 305
302	Which methods of LARC/PM do you provide? Multiple response	IUD A Implants..... B Tubectomy..... C NSV D	
303	When was the last time you have help a client to adopt LARC/PM?	Month <input type="checkbox"/> <input type="checkbox"/> Year..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Can't remember when..... 888888	
304	Do you follow up those clients who received LARC/PM services through your help?	Yes1 No.....2	
305	Do you provide counseling to those clients of LARC/PM who experience discomfort, side effects, or complications?	Yes1 No.....2	
306	Do you help those clients of LARC/PM who experience discomfort, side effects, or complications to get services from the provider who provided the services?	Yes1 No.....2	

Section 4: Skills and Practices on Long Acting Reversible Contraceptives (LARC) and Permanent Methods (PM)

Now I want to discuss with you some issues that are considered by service providers of IUD, IMPLANT, Tubectomy and NSV. The issues are client selection, screening, pre- and post-counseling, method side effects, and others.

[INTERVIEWER: DON'T READ OUT THE ANSWERS, CIRCLE THE CODES RELATED TO THE SPONTANEOUS ANSWERS PROVIDED BY THE RESPONDENT. PROBE THOSE ANSWERS THAT ARE NOT CIRCLED IN THE SPONTANEOUS ANSWER COLUMN.]

Section 4a: Skills and Practices on IUD

QUESTION		RESPONSE			SKIP
		Sponta -neous	Prompt -ted	No/ DK	
	What are the conditions under which a woman can accept IUD or can be recommended for having an IUD?	Women who have at least 1 living child . 1	2	3	
		Women who don't want child for long time or don't want child	2	3	
		Women who can not use hormonal FP method	2	3	
		Regular menstruation	2	3	
		Within first 5 days of menstruation	2	3	
		Other _____ (Specify)	2	3	
	What are the conditions under which a woman cannot be recommended for IUD? Multiple response	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)			
		Sponta -neous	Prompt -ted	No/ DK	
	What are the probable side effects of IUD?	Abdominal pain	2	3	
		Excessive bleeding in between the two menstrual cycle	2	33	
		Spotting	2	3	
		Abnormal menstrual bleeding	2	3	
		White discharge/excessive white discharge	2	3	
		The thread of IUD come out	2	3	
		Other _____ (Specify)	2		

		Spontaneous	Prompted	No/DK	
(Pre-counseling) A woman comes to you for accepting IUD, what advice/counseling should you provide to her?	Explain advantages and disadvantages of IUD	1	2	3	
	Explain probable side effects, discomfort and complications of IUD	1	2	3	
	Assist the provider to know that the client does not have RTI or infection in reproductive organ	1	2	3	
	Ensure that the client understood the advantages and disadvantages of IUD before she made the decision	1	2	3	
	Assist the provider to find that the client is still under regular menstruation, and not pregnant	1	2	3	
	Other _____	1	2	3	
	(Specify)				

		Spontaneous	Prompted	No/DK	
(Post-counseling) What important advice/counseling should you provide to a woman who just accepted IUD?	Give her the follow-up card.....	1	2	3	
	Remind her about the probable side effects and discomfort and assure her of the follow-up	1	2	3	
	Remind her the procedure of follow-up.....	1	2	3	
	Encourage the client to contact with service provider if there is any side effects or complications	1	2	3	
	Encourage the client to check the thread.....	1	2	3	
	Advise the client to avoid sexual intercourse for 2-3 days	1	2	3	
	Ensure that the client understood the main points of counseling	1	2	3	
	Other _____	1	2	3	
	(Specify)				
Do you or your facility do follow up of IUD clients?	Yes.....	1			
	No	2			
When is the timing of follow up? Multiple response	Within 3 days.....	A			
	Within 7 days.....	B			
	After 1 month	C			
	2-5 months	D			
	6-11 months	E			
	After 1 year.....	F			
	When problem arises	G			
	Other _____	X			
(Specify)					
DK.....	Z				

		Spontaneous	Prompted	No/DK	
) What advice/counseling should you provide to a IUD user at the time of follow-up?	Counsel the client to go to the facility for routine check up	1	2	3	
	Provide counseling and treatment immediately if client complains of side effects, complications and discomfort.....	1	2	3	
	Refer to appropriate place if client complains of side effects, complications, discomfort.....	1	2	3	
	Assure for any other service if she has no side-effects, complication or discomfort.....	1	2	3	
	Other _____ (Specify)	1	2	3	

Section 4b: Skills and Practices on IMPLANT

		Spontaneous	Prompted	No/DK	
) What are the conditions under which a woman can accept IMPLANT or can be recommended for adopting IMPLANT?	Women who want to avoid pregnancy for a long time	1	2	3	
	Women who have no child	1	2	3	
	Ensure that she is still under regular menstruation, i.e., she is not pregnant....	1	2	3	
	Other _____ (Specify)	1	2	3	
) What are the probable side effects of IMPLANT?	Menstruation stopped	1	2	3	
	Excessive bleeding.....	1	2	3	
	Spotting	1	2	3	
	Weight gain	1	2	3	
	Motion of vomiting	1	2	3	
	Depression	1	2	3	
	Pain in arm	1	2	3	
	Other	1	2	3	
	(Specify)				
) (Pre-counseling) A woman comes to you for accepting IMPLANT, what advice/counseling should you provide her?	Explain advantages and disadvantages of IMPLANT	1	2	3	
	Explain probable side effects, discomfort and complications of IMPLANT.....	1	2	3	
	Ensure that the client understood the advantages and disadvantages of IMPLANT before she made the decision	1	2	3	
	Other _____ (Specify)	1	2	3	

		Spontaneous	Prompted	No/DK	
(Post-counseling) What important advice/counseling would you provide to a woman who just accepted Implant?	Give her the follow-up card.....	1	2	3	
	Remind her about the probable side effects and discomfort and assure her of the follow-up.....	1	2	3	
	Remind her the procedure of follow-up.....	1	2	3	
	Encourage the client to contact with service provider if there is any side effects or complications.....	1	2	3	
	Remind her that there may be little pain on the arm	1	2	3	
	Advise the client to avoid sexual intercourse for 2-3 days.....	1	2	3	
	Ensure that the client understood the main points of counseling.....	1	2	3	
	Other _____	1	2	3	
		(Specify)			
Do you or your facility follow-up IMPLANT clients?	Yes.....	1			
	No	2			
When is the timing of follow up? Multiple response	Within 3 days.....	A			
	Within 7 days.....	B			
	After 1 month	C			
	2-5 months	D			
	6-11 months	E			
	After 1 year.....	F			
	When problem arises	G			
	Other _____	X			
	(Specify)				
	DK.....	Z			
		Spontaneous	Prompted	No/DK	
What advice/counseling would you provide to IMPLANT client at the time of follow-up?	Provide counseling and treatment immediately if client complains of side effects, complications and discomfort.....	1	2	3	
	Refer to appropriate place if client complains of side effects, complications, discomfort	1	2	3	
	Assure for any other service if she has no side-effects, complication or discomfort.....	1	2	3	
	Other _____	1	2	3	
		(Specify)			

Section 4c: Skills and Practices on Tubectomy

QUESTION		RESPONSE			SKIP
			Spontaneous	Prompted	No/DK
403a	What are the conditions under which a woman can accept tubectomy or can be recommended for adopting tubectomy?	Women who do not want to have any more children and have at least 1 living child	1	2	3
		Women who do not want to have any more children and the age of the youngest child is at least 2 years.	1	2	3
		Women who have 2 nd time CS	1	2	3
		Husband agreed for tubectomy	1	2	3
		Other _____	1	2	3
		(Specify)			
			Spontaneous	Prompted	No/DK
403g	(Pre-counseling) A woman comes to you for accepting tubectomy, what advice/counseling should be provided to her?	Explain advantages and disadvantages of tubectomy.....	1	2	3
		Explain probable side effects, discomfort and complications of Tubectomy	1	2	3
		Ensure that the client receives the appropriate check to determine that she does not have any health conditions unfavorable to the operation	1	2	3
		Ensure that the client understood the advantages and disadvantages of tubectomy before she made the decision.....	1	2	3
		Other _____	1	2	3
		(Specify)			
			Spontaneous	Prompted	No/DK
403h	(Post-counseling) What important advice/counseling would you provide to a woman who has just accepted tubectomy?	Give her the follow-up card	1	2	3
		Remind her about the probable side effects and discomfort and assure her of the follow-up	1	2	3
		Remind her the procedure of follow-up.....	1	2	3
		Encourage the client to contact with service provider if there is any side effects or complications.....	1	2	3
		Remind her to take full rest for 2 days	1	2	3
		Encourage her to avoid heavy work or avoid lifting heavy weight for 3 weeks.....	1	2	3
		Remind her to take medications that have been given to her	1	2	3
		Ensure that the client understood the main points of counseling.....	1	2	3
		Other _____	1	2	3
		(Specify)			

403j	Do you or your facility follow up tubectomy clients?	Yes..... 1 No 2			
403k	When is the timing of follow up? Multiple response	Within 3 days..... A Within 7 days..... B After 1 month C 2-5 months D 6-11 months E After 1 year..... F When problem arises G Other _____ X (Specify) DK..... Z			
			Spontaneous	Prompted	No/DK
403l	What advice/counseling would you provide to tubectomy acceptor at the time of follow up?	Provide counseling and treatment immediately if client complains of side effects, complications and discomfort..... Refer to appropriate place if client complains of side effects, complications, discomfort..... Assure for any other service if she has no side-effects, complication or discomfort..... Other _____ (Specify)	1 1 1 1	2 2 2 2	3 3 3 3

Section 4d: Skills and Practices on NSV

			Spontaneous	Prompted	No/DK
404a	What are the conditions under which a man can accept NSV or can be recommended for having?	Man (and his wife) who do not want to have any more children and have at least 1 living child..... Man (and his wife) who do not want to have any more children and the age of the youngest child is at least 2 years..... Wife agreeable to husband having NSV Other _____ (Specify)	1 1 1 1	2 2 2 2	3 3 3 3
			Spontaneous	Prompted	No/DK
404g	(Pre-counseling) What advice/counseling should be provided to a man comes to you for accepting NSV?	Explain advantages and disadvantages of NSV Explain probable side-effects, discomfort, and complications of NSV .. Assist the provider to determine that the client does not have any health conditions unfavorable to the operation Ensure that the client understood the advantages and disadvantages of tubectomy before she made the decision Other _____ (Specify)	1 1 1 1	2 2 2 2	3 3 3 3

		Spontaneous	Prompted	No/DK	
) (Post-counseling) What important advice/counseling should be provided to a man who has just accepted NSV?	Give him the follow-up card.....	1	2	3	
	Remind him about the probable discomforts and assure him of the follow-up.....	1	2	3	
	Remind him the procedure of follow-up.....	1	2	3	
	Encourage the client to contact with service provider if there is any complications ...	1	2	3	
	Encourage him to avoid heavy work or avoid lifting heavy weight for 1 day	1	2	3	
	Remind him to use condom during sex for a period of 3 months	1	2	3	
	Ensure that the client understood the main points of counseling including the follow-up procedures.....	1	2	3	
	Other _____ (Specify)	1	2	3	
) Do you or your facility do follow-up for NSV clients?	Yes.....	1			
	No	2			
) When is the timing of follow-up? Multiple response	Within 3 days	A			
	Within 7 days	B			
	After 1 month	C			
	2-5 months	D			
	6-11 months	E			
	After 1 year	F			
	When problem arises	G			
Other _____ (Specify)	X				
	DK.....	Z			
		Spontaneous	Prompted	No/DK	
) What advice/counseling should you provide to NSV acceptor at the time of follow up?	Provide counseling and treatment immediately if client complains of side effects, complications and discomfort	1	2	3	
	Refer to appropriate place if client complains of side effects, complications, discomfort	1	2	3	
	Assure for any other service if she has no side-effects, complication or discomfort	1	2	3	
	Other _____	1	2	3	
	(Specify)				

Section 5: Postpartum IUD and Tubectomy

[Now, I would like to know on new policies or changed policies regarding family planning from you]

	QUESTION	RESPONSE	SKIP
501	Are you aware of the government policy which encourages that IUD may be offered to those women who deliver at facilities, immediately after delivery?	Yes 1 No 2	
502	Are you aware of the government policy which encourages that tubectomy may be offered to those women who deliver at facilities, right at delivery?	Yes 1 No 2	
503	Are you aware of the government policy which encourages that IUD may be offered during C-section delivery?	Yes 1 No 2	
504	Are you aware of the government policy which encourages that tubectomy may be offered during C-section delivery?	Yes 1 No 2	
505	Do you disseminate about the availability of postpartum IUD and postpartum tubectomy in your work area?	Yes 1 No 2	
506	Has any women from your work area adopted postpartum IUD from a facility in last 12 months?	Yes 1 No 2	
506a	How many?	Number of postpartum IUD..... <input type="text"/> <input type="text"/>	
507	Has any women from your work area adopted postpartum tubectomy from a facility in last 12 months?	Yes 1 No 2	
507a	How many?	Number of postpartum tubectomy..... <input type="text"/> <input type="text"/>	
508	Ending time of Interview:	Hour <input type="text"/> <input type="text"/> Minute.... <input type="text"/> <input type="text"/>	

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

**Appendix C.3. Questionnaire for FWV, SACMO, Nurse, Nurse Midwife,
and Paramedic**

Mayer Hashi II (MH II) Baseline Survey 2015

**Questionnaire for FWV, SACMO, Nurse, Nurse Midwife, and Paramedic
(English)**

Mitra and Associates

(Centre for Research and Consultancy)
2/17 Iqbal Road, Mohammadpur
Dhaka-1207, Tel: 8118065, 9115503, Fax: 9126806

and

MEASURE Evaluation

Carolina Population Center
University of North Carolina at Chapel Hill

Mayer Hashi II Baseline Survey 2015
Questionnaire for FWV, SACMO, Nurse, Nurse Midwife, and Paramedic
Face Sheet

IDENTIFICATION				
DIVISION	<input type="checkbox"/>			
DISTRICT	<input type="checkbox"/> <input type="checkbox"/>			
UPAZILA/THANA	<input type="checkbox"/> <input type="checkbox"/>			
UNION/WARD	<input type="checkbox"/> <input type="checkbox"/>			
CLUSTER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
TYPE OF SERVICE PROVIDERS 04=FWV, 05=SACMO, 06=Nurse, 07=Nurse Midwife 08=Paramedic	<input type="checkbox"/> <input type="checkbox"/>			
NAME OF THE RESPONDENT				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR..... <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 5
INTERVIEWER'S NAME	_____	_____	_____	INTV. CODE <input type="checkbox"/> <input type="checkbox"/>
RESULT**				RESULT <input type="checkbox"/>
NEXT VISIT: DATE	_____	_____		TOTAL NO..... <input type="checkbox"/>
TIME	_____	_____		OF VISITS
**RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AVAILABLE 5 PARTLY COMPLETED 3 POSTPONED 6 OTHER _____ (SPECIFY)				
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR
NAME..... <input type="checkbox"/> <input type="checkbox"/>		NAME <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
DATE _____		DATE _____		
				KEYED BY
				<input type="checkbox"/> <input type="checkbox"/>

Mayer Hashi II Baseline Survey 2015

Informed Consent for Family Planning Service Provider (FWV, SACMO, Nurse, Nurse Midwife, and Paramedic) Questionnaire (Verbal)

Title of Research: Mayer Hashi II (MHII) Baseline Survey 2015

Principal Investigator: S. N. Mitra

Participating Institute: Mitra and Associates

Introductory statement:

My name is _____. I have come from Mitra and Associates, a private research organization, located in Dhaka. To assist in the implementation of socio-development and health programs in the country, we conduct different types of surveys. We are now conducting a survey, a part of which aims to assess the knowledge, attitude, and practices of providers about IUD, implants, and female and male sterilization. The survey is paid for by the United States Agency for International Development (USAID). The survey is being coordinated by the University of North Carolina in Chapel Hill, North Carolina, USA. The data will be examined by Mitra and Associates and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. I would very much appreciate your participation in this survey.

Why the study being done?

This part of the study will help understand the state and determinants of provider knowledge and skills of long acting and reversible contraceptives (LARC) and permanent method (PM) of family planning in Bangladesh.

What is involved in the study?

You have been selected randomly for the survey. If you agree to participate, we will ask you some questions related to long acting and reversible contraceptives (LARC) and permanent method (PM) of family planning. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them. Your opinion is very important to us as it will help the government to take policy decisions to reach goals related to enabling couples to achieve their reproductive intentions. The survey usually takes between 25 and 30 minutes to complete.

What are the risks and benefits of this study?

By providing information you will not have any risk what so ever, rather this will help the government and policy planners to formulate policies and future plans leading to program improvements.

Confidentiality:

Whatever information you provide will be kept strictly confidential. It will be used for research purposes only and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?

Your participation in the study is voluntary and promises no financial benefit; however, the Government particularly the Ministry of Health and Family Welfare (MOHFW) will be benefited from the study.

Right to refuse or withdraw:

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since the information you provide will help future program planning.

Who do I contact if I have questions or problems?

If you wish to know more about your rights as a participant in this study you may contact the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka (Phone: 8819311, 8828396) or the Institutional Review Board (IRB) at the School of Public Health, CB # 7400, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7400, U.S.A. You can speak to an IRB person through "collect call" if necessary, at the phone 001-919-966-3012. You can also speak to the Dhaka-based UNC MEASURE Evaluation Advisor (Phone: 01730376458). If you have further questions regarding the nature of this study you may also contact Mitra Associates/2/17, Iqbal Road, Block-A, Mohammadpur, Dhaka-1207 or (phone 02-8118065, 02-9115053). At this time, do you want to ask me anything about the survey?

May I begin the interview now? Yes 1 No 2 → END

Name of person obtaining consent: _____ Signature: _____ Date: _____

(Must be study investigator or individual who has been designated to obtain consent)

Article III. Section 1: Background

First, I would like to ask you some background-related questions like your education and job.

	QUESTION	RESPONSE	SKIP
(i)	Starting time of interview:	Hour <input type="text"/> <input type="text"/> Minute <input type="text"/> <input type="text"/>	
(ii) 101	Would you please tell your name?	Name: _____	
(iii) 102	How old are you?	Year (in completed Years) ... <input type="text"/> <input type="text"/>	
103	What is your professional qualification?	SSS 1 HSC 2 BA/B.COM/BSC 3 MA/M.COM/MSC 4 Other _____ 8 (Specify)	
103a	What is your job title?	FWV 1 SACMO 2 Nurse 3 Nurse midwife 4 Paramedic 5 Other _____ 8 (Specify)	
104	How long have you been a FWV/SACMO/Nurse/ Nurse Midwife or Paramedic? Section 3.02 (If less than 1 year write 00)	Year (in completed Years) ... <input type="text"/> <input type="text"/>	
105	How long have you been in this facility? Section 3.03 (If less than 1 year write 00)	Year (in completed Years) ... <input type="text"/> <input type="text"/>	

Section 2a: In-service Training on Long-acting and reversible Contraceptives (LARC) and Permanent Methods (PM)

Now I would like to ask you some questions on the in-service training, orientation, or refresher training you might have received, provided by the Government of Bangladesh and/or other organizations.

In-service training, orientation, or refresher training on LARC/PM since 2014

		IUD a	Implant b	Tubectomy c	NSV d	PPFP f
A201	Since 2010, have you received any in-service training, orientation, or refresher training on?	Yes.....1 No2 Don't know.....8 (skip to A201b)↙	Yes.....1 No2 Don't know.....8 (skip to A201c)↙	Yes.....1 No2 Don't know.....8 (skip to A201d)↙	Yes1 No2 Don't know.....8 (skip to A201e)↙	Yes1 No2 Don't know.....8 (skip to sec 2b)↙
A202	In what month and year did you receive this training, orientation, or refresher training last time?	Month... □□ Year □□□□	Month... □□ Year □□□□	Month... □□ Year □□□□	Month... □□ Year □□□□	Month.. □□ Year □□□□
A203	For how many days was the training the last time you received this training, orientation, or refresher training?	□□ days (0 for less than 1 day)	□□ days (0 for less than 1 day)	□□ days (0 for less than 1 day)	□□ days (0 for less than 1 day)	□□ days (0 for less than 1 day)
A204	Who provided the training, orientation, or refresher training the last time you received?	GoB.....1 EH/MH.....2 (skip to A201b)↘ Other.....3 (specify) Don't know..8 (skip to A201b)↘	GoB.....1 EH/MH.....2 (skip to A201c)↘ Other.....3 (specify) Don't know..8 (skip to A201c)↘	GoB.....1 EH/MH.....2 (skip to A201d)↘ Other.....3 (specify) Don't know..8 (skip to A201d)↘	GoB.....1 EH/MH.....2 (skip to A201e)↘ Other.....3 (specify) Don't know..8 (skip to A201e)↘	GoB.....1 EH/MH.....2 (Sec.2b) Other.....3 (specify) Don't know..8 (skip to Sec2b)↘
A205	Was Engender Health/ Mayer Hashi involved in the training	Yes.....1 No2 Don't know.....8	Yes.....1 No2 Don't know.....8	Yes.....1 No2 Don't know.....8	Yes1 No2 Don't know.....8	Yes1 No2 Don't know.....8
A206	Did any person from Engender Health/ Mayer Hashi participate in or observe the training?	Yes.....1 No2 Don't know.....8	Yes.....1 No2 Don't know.....8	Yes.....1 No2 Don't know.....8	Yes1 No2 Don't know.....8	Yes1 No2 Don't know.....8

Section 2b: BCC and Interpersonal Communication

Now I would like to ask you some questions on the in-service training, orientation, or refresher training you might have received on BCC and interpersonal communication, provided by the Government of Bangladesh and/or other organizations.

In-service training, orientation, or refresher training on BCC and interpersonal communication since 2014.

QUESTION		RESPONSE	SKIP
B201	Since 2014 have you received any training on BCC?	Yes 1 No 2	→B205
B202	On what topics/areas of BCC you have received training?	Personal Counseling A Group session B Community mobilization C Other X (Specify)	
B203	In which month and year you received training on BCC?	Month <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B204	Was Mayer Hashi or <i>EngenderHealth</i> involved in the training?	Yes 1 No 2	
B204a	Was any trainer/facilitator from Mayer Hashi or <i>EngenderHealth</i> present in the training?	Yes 1 No 2 Can't remember 8	
B205	Since 2014 have you received any training, orientation, or refresher training on BCC?	Yes 1 No 2 Can't remember 8	→Sec 3
B206	On what topic/areas of BCC you have received training? Multiple response	Personal Counseling A Group session B Community mobilization C Other X (Specify)	
B207	In which month and year have you received training, orientation, or refresher training on BCC?	Month <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B208	Was Mayer Hashi or <i>EngenderHealth</i> involved in the training?	Yes 1 No 2 Can't remember 8	
B208a	Was any trainer/facilitator from Mayer Hashi or <i>EngenderHealth</i> present in the training?	Yes 1 No 2 Can't remember 8	

Section 3: Respondent's Involvement on the Provision of Long-acting and reversible Contraceptives (LARC) and Permanent Methods (PM)

[I would like to know about your involvement in the provision of LARC/PM.]

	QUESTION	RESPONSE	SKIP
301	Do you provide any services on LARC/PM?	Yes 1 No..... 2 →	304
302	Which methods of LARC/PM do you provide? Multiple response	IUD A Implants..... B Tubectomy..... C NSV..... D	
303	When was the last time you have done a procedure of LARC/PM?	Month <input type="text"/> <input type="text"/> Year..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Can't remember when 888888	
304	Do you provide counseling or treatment to those clients of LARC/PM who experience discomfort, side effects, or complications?	Yes 1 No..... 2	

Section 4: Skills and Practices on Long Acting Reversible Contraceptives (LARC) and Permanent Methods (PM)

Now I want to discuss with you some issues that are considered by service providers of IUD, IMPLANT, Tubectomy and NSV. The issues are client selection, screening, pre- and post-counseling, method side effects, and others.

[INTERVIEWER: DON'T READ OUT THE ANSWERS, CIRCLE THE CODES RELATED TO THE SPONTANEOUS ANSWERS PROVIDED BY THE RESPONDENT. PROBE THOSE ANSWERS THAT ARE NOT CIRCLED IN THE SPONTANEOUS ANSWER COLUMN.]

Section 4a: Skills and Practices on IUD

	QUESTION	RESPONSE	Spontaneous	Prompted	NO/DK	SKIP
	What are the conditions under which a woman can accept IUD or can be recommended for having an IUD?	Women who have at least 1 living child...	1	2	3	
		Women who don't want child for long time or don't want child	1	2	3	
		Women who can not use hormonal FP method	1	2	3	
		Regular menstruation.....	1	2	3	
		Within first 5 days of menstruation	1	2	3	
		Other _____	1	2	3	
		(Specify)				
			Spontaneous	Prompted	NO/DK	

	QUESTION	RESPONSE				SKIP
			Spontaneous	Prompted	NO/DK	
)	What are the conditions under which a woman cannot be recommended for IUD?	Women who have no childA Women who have been suffering from RTI.....B Menstruation stopped.....C Pergnancy.....D Irregular menstruationE Excessive menstrual bleeding.....F Cronic jaundiceG Breast cancer.....H Other.....X (Specify)	1	2	3	
)	What are the probable side effects of IUD? Multiple response	Abdominal painA Excessive bleeding in between the two menstrual cycle.....B Spotting.....C Abnormal menstrual bleeding.....D White discharge/excessive white dischargeE The thread of IUD come out..... F OtherX (Specify)				

	<p>An IUD client comes to you with excessive bleeding, what will you do? Multiple response</p>	<p>Examine her to know the reasons for excessive bleeding..... A Provide treatment for bleeding B Refer to higher level for treatment..... C Remove IUD D Other..... X (Specify)</p>				
	<p>An IUD client comes to you with abdominal pain, what will you do? Multiple response</p>	<p>Examine her to know the probable reasons for pain..... A Provide treatment and assure her for further service B Refer her to higher level for treatment..... C Remove IUD D Other..... X (Specify)</p>				
		Spontaneous	Prompted	NO/DK		
	<p>(Pre-counseling) A woman comes to you for accepting IUD, what advice/counseling should you provide to her?</p>	<p>Explain advantages and disadvantages of IUD Explain probable side effects, discomfort and complications of IUD Ensure that the client does not have RTI or infection in reproductive organ..... Ensure that the client understood the advantages and disadvantages of IUD before she made the decision..... Ensure that she is still under regular menstruation, and not pregnant..... Other _____ (Specify)</p>	<p>1 1 1 1 1 1</p>	<p>2 2 2 2 2 2</p>	<p>3 3 3 3 3 3</p>	

		Sponta -neous	Prompt -ted	NO/ DK	
(Post-counseling) What important advice/counseling should you provide to a woman who just accepted IUD?	Give her the follow-up card	1	2	3	
	Remind her about the probable side effects and discomfort and assure her of the follow-up	1	2	3	
	Remind her the procedure of follow-up	1	2	3	
	Encourage the client to contact with service provider if there is any side effects or complications	1	2	3	
	Encourage the client to check the thread	1	2	3	
	Advise the client to avoid sexual intercourse for 2-3 days	1	2	3	
	Ensure that the client understood the main points of counseling	1	2	3	
	Other _____ (Specify)	1	2	3	
Do you or your facility do follow up of IUD clients?	Yes	1			
	No	2			
When is the timing of follow up? Multiple response	Within 3 days	A			
	Within 7 days	B			
	After 1 month	C			
	2-5 months	D			
	6-11 months	E			
	After 1 year	F			
	When problem arises	G			
	Other _____ (Specify)	X			
DK	Z				
		Sponta -neous	Prompt -ted	NO/ DK	
What advice/counseling should you provide to a IUD user at the time of follow-up?	Provide counseling and treatment immediately if client complains of side effects, complications and discomfort	1	2	3	
	Refer to appropriate place if client complains of side effects, complications, discomfort	1	2	3	
	Assure for any other service if she has no side-effects, complication or discomfort	1	2	3	
	Other _____	1	2	3	
	(Specify)	1	2	3	

Section 4b: Skills and Practices on IMPLANT

			Sponta -neous	Prompt -ted	NO/ DK	
)	What are the conditions under which a woman can accept IMPLANT or can be recommended for adopting IMPLANT?	Women who want to avoid pregnancy for a long time Women who have no child Ensure that she is still under regular menstruation, i.e., she is not pregnant ... Other _____ (Specify)	1 1 1 1	2 2 2 2	3 3 3 3	
			Sponta -neous	Prompt -ted	NO/ DK	
)	What are the probable side effects of IMPLANT?	Menstruation stopped Excessive bleeding Spotting Weight gain Motion of vomiting Depression Pain in arm Other (Specify)	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3	
)	An IMPLANT client comes to you with excessive bleeding, what would you do? Multiple response	Examine her to know the reasons for excessive bleeding A Provide treatment for bleeding B Refer her to higher level for treatment C Remove IMPLANT D Other X (Specify)				
)	An IMPLANT client comes to you with menopause, what would you do? Multiple response	Check pregnancy A If she is not pregnant, counsel and assure that it is not a problem B Remove IMPLANT C Other X (Specify)				
			Sponta -neous	Prompt -ted	NO/ DK	
)	(Pre-counseling) A woman comes to you for accepting IMPLANT, what advice/counseling should you provide her?	Explain advantages and disadvantages of IMPLANT Explain probable side effects, discomfort and complications of IMPLANT Ensure that the client understood the advantages and disadvantages of IMPLANT before she made the decision Other _____ (Specify)	1 1 1 1	2 2 2 2	3 3 3 3	

		Sponta -neous	Prompt -ted	NO/ DK	
(Post-counseling) What important advice/counseling would you provide to a woman who just accepted Implant?	Give her the follow-up card	1	2	3	
	Remind her about the probable side effects and discomfort and assure her of the follow-up	1	2	3	
	Remind her the procedure of follow-up	1	2	3	
	Encourage the client to contact with service provider if there is any side effects or complications	1	2	3	
	Remind her that there may be little pain on the arm	1	2	3	
	Advise the client to avoid sexual intercourse for 2-3 days	1	2	3	
	Ensure that the client understood the main points of counseling	1	2	3	
	Other _____ (Specify)	1	2	3	
Do you or your facility follow-up IMPLANT clients?	Yes	1			
	No	2			
When is the timing of follow up? Multiple response	Within 3 days	A			
	Within 7 days	B			
	After 1 month	C			
	2-5 months.....	D			
	6-11 months.....	E			
	After 1 year	F			
	When problem arises.....	G			
	Other _____ (Specify)	X			
DK.....	Z				
		Sponta -neous	Prompt -ted	NO/ DK	
What advice/counseling would you provide to IMPLANT client at the time of follow-up?	Provide counseling and treatment immediately if client complains of side effects, complications and discomfort	1	2	3	
	Refer to appropriate place if client complains of side effects, complications, discomfort	1	2	3	
	Assure for any other service if she has no side-effects, complication or discomfort	1	2	3	
	Other _____	1	2	3	
	(Specify)	1	2	3	

Section 4c: Skills and Practices on Tubectomy

QUESTION		RESPONSE			SKIP
		Sponta -neous	Prompt -ted	NO/ DK	
	What are the conditions under which a woman can accept tubectomy or can be recommended for adopting tubectomy?	Women who do not want to have any more children and have at least 1 living child	1	2	3
		Women who do not want to have any more children and the age of the youngest child is at least 2 years ...	1	2	3
		Women who have 2 nd time CS.....	1	2	3
		Husband agreed for tubectomy.....	1	2	3
		Other _____ (Specify)	1	2	3
		Sponta -neous	Prompt -ted	NO/ DK	
	<i>(Pre-counseling)</i> <i>A woman comes to you for accepting tubectomy, what advice/counseling should be provided to her?</i>	Explain advantages and disadvantages of tubectomy	1	2	3
		Explain probable side effects, discomfort and complications of Tubectomy.....	1	2	3
		Ensure that the client does not have any health conditions unfavorable to the operation.....	1	2	3
		Ensure that the client understood the advantages and disadvantages of tubectomy before she made the decision	1	2	3
		Other _____ (Specify)	1	2	3
		Sponta -neous	Prompt -ted	NO/ DK	
	<i>(Post-counseling)</i> <i>What important advice/counseling would you provide to a woman who has just accepted tubectomy?</i>	Give her the follow-up card	1	2	3
		Remind her about the probable side effects and discomfort and assure her of the follow-up	1	2	3
		Remind her the procedure of follow-up	1	2	3
		Encourage the client to contact with service provider if there is any side effects or complications	1	2	3
		Remind her to take full rest for 2 days.....	1	2	3
		Encourage her to avoid heavy work or avoid lifting heavy weight for 3 weeks	1	2	3
		Remind her to take medications that have been given to her	1	2	3
		Ensure that the client understood the main points of counseling	1	2	3
		Other _____ (Specify)	1	2	3

	Do you or your facility follow up tubectomy clients?	Yes1 No.....2			
	When is the timing of follow up? Multiple response	Within 3 daysA Within 7 daysB After 1 monthC 2-5 monthsD 6-11 monthsE After 1 yearF When problem arisesG OtherX (Specify) DK.....Z			
			Spontaneous	Prompted	NO/DK
	What advice/counseling would you provide to tubectomy acceptor at the time of follow up?	Provide counseling and treatment immediately if client complains of side effects, complications and discomfort Refer to appropriate place if client complains of side effects, complications, discomfort Assure for any other service if she has no side-effects, complication or discomfort Other (Specify)	1 1 1 1	2 2 2 2	3 3 3 3

Section 4d: Skills and Practices on NSV

			Spontaneous	Prompted	NO/DK
404a	What are the conditions under which a man can accept NSV or can be recommended for having?	Men who do not want to have any more children and have at least 1 living child Men who do not want to have any more children and the age of the youngest child is at least 2 years Wife agreeable to husband having NSV Other (Specify)	1 1 1 1	2 2 2 2	3 3 3 3
			Spontaneous	Prompted	NO/DK

			Spontaneous	Prompted	NO/DK
) 404g	(Pre-counseling) What advice/counseling should be provided to a man comes to you for accepting NSV?	Explain advantages and disadvantages of NSV	1	2	3
		Explain probable side-effects, discomfort, and complications of NSV	1	2	3
		Ensure that the client does not have any health conditions unfavorable to the operation.....	1	2	3
		Ensure that the client understood the advantages and disadvantages of tubectomy before she made the decision	1	2	3
		Other _____ (Specify)	1	2	3
			Spontaneous	Prompted	NO/DK
) 404h	(Post-counseling) What important advice/counseling should be provided to a man who has just accepted NSV?	Give her the follow-up card	1	2	3
		Remind him about the probable discomforts and assure him of the follow-up	1	2	3
		Remind him the procedure of follow-up	1	2	3
		Encourage the client to contact with service provider if there is any complications	1	2	3
		Encourage her to avoid heavy work or avoid lifting heavy weight for 1 day	1	2	3
		Remind him to use condom during sex for a period of 3 months	1	2	3
		Ensure that the client understood the main points of counseling including the follow up procedures.....	1	2	3
		Other _____ (Specify)	1	2	3

	Do you or your facility do follow-up for NSV clients?	Yes 1 No..... 2			
	When is the timing of follow up? Multiple response	Within 3 days A Within 7 days B After 1 month C 2-5 months D 6-11 months E After 1 year F When problem arises..... G Other X (Specify) DK..... Z			
		Spontaneous	Promp- -ted	NO/ DK	
	What advice/counseling should you provide to NSV acceptor at the time of follow up?	Provide counseling and treatment immediately if client complains of side effects, complications and discomfort Refer to appropriate place if client complains of side effects, complications, discomfort Assure for any other service if she has no side-effects, complication or discomfort..... Other (Specify)	1 1 1 1	2 2 2	3 3 3

Section 5: Postpartum IUD and Tubectomy

[Now, I would like to know on new policies or changed policies regarding family planning from you]

	QUESTION	RESPONSE	SKIP
501	Are you aware of the government policy which encourages that IUD may be offered to those women who deliver at facilities, immediately after delivery?	Yes 1 No 2	
502	Are you aware of the government policy which encourages that tubectomy may be offered to those women who deliver at facilities, right at delivery?	Yes 1 No 2	
503	Are you aware of the government policy which encourages that IUD may be offered during C-section delivery?	Yes 1 No 2	
504	Are you aware of the government policy which encourages that tubectomy may be offered during C-section delivery?	Yes 1 No 2	
505	Do community-level providers such as FWAs (Family Welfare Assistants), service promoters, or other community workers disseminate the postpartum IUD and postpartum tubectomy information to their catchment populations?	Yes 1 No 2	
506	Do you conduct delivery at any public-sector or private-sector facility(s) in the last 6 months?	Yes 1 No 2	
507	Do you offer the postpartum IUD to your delivery clients?	Yes 1 No 2	
508	Have you performed postpartum IUD in the last 6 month?	Yes 1 No 2	

Section 6: Policy changes or new policies

[Now, I would like to discuss with you about some policies regarding family planning services from you.]

Sl. #			601a-609a. Is it being implemented?
601	DGHS staff nurses after being trained are permitted to provide IUD services?	Yes 1 No 2	Yes 1 No 2
602	Nurses at private hospitals after being trained are permitted to provide IUD services?	Yes 1 No 2	Yes 1 No 2
603	Women who have not yet given any birth of a child are allowed to accept IMPLANT?	Yes 1 No 2	Yes 1 No 2
604	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
605	Postpartum family planning services have been added in private-sector facilities?	Yes 1 No 2	Yes 1 No 2
606	The DGHS facilities do not require 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
607	The GOB-registered private or NGO facilities do not require 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
609	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
610	Ending time of Interview:	Hour Minute.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

**Appendix C.4. Questionnaire for MO (MCH-FP), Medical Officer, RMO,
and Clinic Manager**

Mayer Hashi II (MH II) Baseline Survey 2015

**Questionnaire for MO (MCH-FP), Medical Officer, RMO, and Clinic Manager
(English)**

Mitra and Associates

(Centre for Research and Consultancy)
2/17 Iqbal Road, Mohammadpur
Dhaka-1207, Tel: 8118065, 9115503, Fax: 9126806

and

MEASURE Evaluation

Carolina Population Center
University of North Carolina at Chapel Hill

Mayer Hashi II Baseline Survey 2015

Questionnaire for MO (MCH-FP), Medical Officer, and Clinic Manager

Face Sheet

IDENTIFICATION				
DIVISION	<input type="checkbox"/>			
DISTRICT	<input type="checkbox"/> <input type="checkbox"/>			
UPAZILA/THANA.....	<input type="checkbox"/> <input type="checkbox"/>			
UNION/WARD	<input type="checkbox"/> <input type="checkbox"/>			
CLUSTER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
TYPE OF SERVICE PROVIDERS 01=MO (MCH-FP), 02=Medical Officer, 03=Clinic Manager, 12=RMO	<input type="checkbox"/> <input type="checkbox"/>			
NAME OF THE RESPONDENT _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR..... <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 5
INTERVIEWER'S NAME	_____	_____	_____	INTV. CODE <input type="checkbox"/> <input type="checkbox"/>
RESULT**				RESULT <input type="checkbox"/>
NEXT VISIT: DATE	_____	_____		TOTAL NO..... <input type="checkbox"/>
TIME	_____	_____		OF VISITS
**RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AVAILABLE 5 PARTLY COMPLETED 3 POSTPONED 6 OTHER _____ <div style="text-align: right;">(SPECIFY)</div>				
SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY	
NAME..... <input type="checkbox"/> <input type="checkbox"/>	NAME <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
DATE _____	DATE _____			

Mayer Hashi II Baseline Survey 2015
Informed Consent for Family Planning Service Provider (MO_MCH-FP, Medical Officer, and
Clinic Manager) Questionnaire
(Verbal)

Title of Research: Mayer Hashi II (MHII) Baseline Survey 2015

Principal Investigator: S. N. Mitra

Participating Institute: Mitra and Associates

Introductory statement:

My name is _____. I have come from Mitra and Associates, a private research organization, located in Dhaka. To assist in the implementation of socio-development and health programs in the country, we conduct different types of surveys. We are now conducting a survey, a part of which aims to assess the knowledge and skills of providers on the provision of IUD, implants, and female and male sterilization. The survey is paid for by the United States Agency for International Development (USAID). The survey is being coordinated by the University of North Carolina in Chapel Hill, North Carolina, USA. The data will be examined by Mitra and Associates and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. I would very much appreciate your participation in this survey.

Why the study being done?

This part of the study will help understand the state and determinants of provider knowledge and skills of provision of long acting and reversible contraceptives (LARC) and permanent method (PM) of family planning in Bangladesh.

What is involved in the study?

You have been selected randomly for the survey. If you agree to participate, we will ask you some questions related to long acting and reversible contraceptives (LARC) and permanent method (PM) of family planning. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them. Your opinion is very important to us as it will help the government to take policy decisions to reach goals related to enabling couples to achieve their reproductive intentions. The survey usually takes between 25 and 30 minutes to complete.

What are the risks and benefits of this study?

By providing information you will not have any risk what so ever, rather this will help the government and policy planners to formulate policies and future plans leading to program improvements.

Confidentiality:

Whatever information you provide will be kept strictly confidential. It will be used for research purposes only and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?

Your participation in the study is voluntary and promises no financial benefit; however, the Government particularly the Ministry of Health and Family Welfare (MOHFW) will be benefited from the study.

Right to refuse or withdraw:

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since the information you provide will help future program planning.

Who do I contact if I have questions or problems?

If you wish to know more about your rights as a participant in this study you may contact the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka (Phone: 8819311, 8828396) or the Institutional Review Board (IRB) at the School of Public Health, CB # 7400, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7400, U.S.A. You can speak to an IRB person through "collect call" if necessary, at the phone 001-919-966-3012. You can also speak to the Dhaka-based UNC MEASURE Evaluation Advisor (Phone: 01730-376458). If you have further questions regarding the nature of this study you may also contact Mitra Associates2/17, Iqbal Road, Block-A, Mohammadpur, Dhaka-1207 or (phone 02-8118065, 02-9115053). At this time, do you want to ask me anything about the survey?

May I begin the interview now? Yes 1 No 2 → END

Name of person obtaining consent: _____ Signature: _____ Date: _____

(Must be study investigator or individual who has been designated to obtain consent)

Article IV. Section 1: Background

First, I would like to ask you some question on your background like your education and the job.

	QUESTION	RESPONSE	SKIP
(i)	Starting time of interview:	Hour <input type="checkbox"/> <input type="checkbox"/> Minute <input type="checkbox"/> <input type="checkbox"/>	
(ii) 101	Would you please tell your name?	Name: _____	
(iii) 102	How old are you?	Year (in completed Years).. <input type="checkbox"/> <input type="checkbox"/>	
103	What is your professional qualification?	MBBS 1 MBBS with OB/GYN training 2 MBBS with higher level training 3 Other 8 (Specify)	
103a	What is your current job title?	MO-MCH 1 MO-FW 2 MO-CC 3 Resident MO 4 MO 5 Clinic Manager 6 Other 8 (Specify)	
104	How long have you been a medical officer (MCH or FW or CC)/ medical officer/clinic manager? Section 4.02 (If less than 1 year write 00)	Year (in completed Years).. <input type="checkbox"/> <input type="checkbox"/>	
105	How long have you been in this facility? Section 4.03 (If less than 1 year write 00)	Year (in completed Years).. <input type="checkbox"/> <input type="checkbox"/>	

Section 2a. In-service Training on Long-acting and reversible Contraceptives (LARC) and Permanent Methods (PM)

Now I would like to ask you some questions on the in-service training, orientation, or refresher training on IUD, implant, tubectomy, and NSV you might have received, provided by the Government of Bangladesh and/or other organizations.

In-service training, orientation, or refresher training since 2014

		IUD	Implant	Tubectomy	NSV	PPFP
		a	b	c	d	E
A201	Since 2014, have you received any in-service training, orientation, or refresher training on?	Yes.....1 No.....2 Don't know..8 (skip to A201b) ←	Yes.....1 No.....2 Don't know..8 (skip to A201c) ←	Yes.....1 No.....2 Don't know..8 (skip to A201d) ←	Yes.....1 No.....2 Don't know..8 (skip to A201c) ←	Yes.....1 No.....2 Don't know..8 (skip to sec 2b) ←
A202	In what month and year did you receive this training,	Month.. <input type="checkbox"/> <input type="checkbox"/> Year ... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Month.. <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Month. <input type="checkbox"/> <input type="checkbox"/> Year ... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Month. <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Month. <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	orientation, or refresher training last time?					
A203	For how many days was the training the last time you received this training, orientation, or refresher training?	Days.... <input type="checkbox"/> <input type="checkbox"/> (0 for less than 1 day)	Days.... <input type="checkbox"/> <input type="checkbox"/> (0 for less than 1 day)	Days... <input type="checkbox"/> <input type="checkbox"/> (0 for less than 1 day)	Days... <input type="checkbox"/> <input type="checkbox"/> (0 for less than 1 day)	Days... <input type="checkbox"/> <input type="checkbox"/> (0 for less than 1 day)
A204	Who provided the training, orientation, or refresher training the last time you received?	GoB.....1 EH/MH.....2] ↓ (skip to A201b) Other.....3 (specify) Don't know..8 ↓ (skip to A201b)	GoB.....1 EH/MH.....2] ↓ (skip to A201c) Other.....3 (specify) Don't know..8 ↓ (skip to A201c)	GoB.....1 EH/MH.....2] ↓ (skip to A201d) Other.....3 (specify) Don't know..8 ↓ (skip to A201d)	GoB.....1 EH/MH.....2] ↓ (skip to A201e) Other.....3 (specify) Don't know..8 ↓ (skip to A201e)	GoB.....1 EH/MH.....2] ↓ (Sec.2b) Other.....3 (specify) Don't know..8 ↓ (skip to Sec2b)
A205	Was EngenderHealth/ Mayer Hashi involved in the training	Yes.....1 No.....2 Don't know...8	Yes.....1 No.....2 Don't know...8	Yes.....1 No.....2 Don't know...8	Yes.....1 No.....2 Don't know...8	Yes.....1 No.....2 Don't know...8
A206	Did any person from Engender Health/ Mayer Hashi participate in or observe the training?	Yes.....1 No.....2 Don't know..8	Yes.....1 No.....2 Don't know..8	Yes.....1 No.....2 Don't know..8	Yes.....1 No.....2 Don't know..8	Yes.....1 No.....2 Don't know..8

Section 2b: BCC and Interpersonal Communication

Now I would like to ask you some questions on the in-service training, orientation, or refresher training you might have received on BCC and interpersonal communication, provided by the Government of Bangladesh and/or other organizations.

In-service training, orientation, or refresher training on BCC and interpersonal communication since 2014

QUESTION		RESPONSE	SKIP
B201	Since 2010 have you received any TOT (Training of Trainers) on BCC?	Yes 1 No 2	2 → B205
B202	On what topic/areas of BCC you have received TOT? Multiple responses	Personal Counseling A Group session..... B Community mobilization C Other _____ X (Specify)	

QUESTION		RESPONSE	SKIP
B203	In which month and year you received TOT on BCC?	Month <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B204	Was Mayer Hashi or <i>EngenderHealth</i> involved in the TOT?	Yes 1 No 2 Don't know 8	
B204a	Was any trainer/facilitator from Mayer Hashi or <i>EngenderHealth</i> present in the TOT?	Yes 1 No 2 Don't know 8	
B205	Since 2014 have you received any training, orientation, or refresher training on BCC?	Yes 1 No 2 Can't remember 8	→ Sec 3
B206	On what topic/areas of BCC you have received training, orientation, or refresher training? Multiple responses	Personal Counseling A Group session B Community mobilization C Other X (Specify)	
B207	In which month and year have you received training, orientation, or refresher training on BCC?	Month <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B208	Was Mayer Hashi or <i>EngenderHealth</i> involved in the training, orientation, or refresher training?	Yes 1 No 2 Don't know 8	
B208a	Was any trainer/facilitator from Mayer Hashi or <i>EngenderHealth</i> present in the training, orientation, or refresher training?	Yes 1 No 2 Don't know 8	

Section 3: Respondent's Involvement on the Provision of Long-acting and reversible Contraceptives (LARC) and Permanent Methods (PM)

[I would like to know about your involvement in the provision of LARC/PM.]

QUESTION		RESPONSE	SKIP
301	Do you provide any services on LARC/PM?	Yes 1 No 2	→ 304
302	Which methods of LARC/PM do you provide? Multiple response	IUD A Implants B Tubectomy C NSV D	
303	When was the last time you have done a procedure of LARC/PM?	Month <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Can't remember when 888888	
304	Do you provide counseling or treatment to those clients of LARC/PM who experience discomfort, side effects, or complications?	Yes 1 No 2	
305	Do you supervise any provider who provides IUD?	Yes 1 No 2	→ 307

QUESTION		RESPONSE	SKIP
306	Which provider? Multiple response	Nurse or nurse midwife A FWV B SACMO..... C Paramedic..... D Other _____ X (Specify)	
307	Do you provide training on LARC to providers?	Yes 1 No 2	

Section 4: Skills and Practices on Long Acting Reversible Contraceptives (LARC) and Permanent Methods (PM)

Now I want to discuss with you some issues that are considered by service providers of IUD, IMPLANT, Tubectomy and NSV. The issues are client selection, screening, pre- and post-counseling, method side effects, and others.

[INTERVIEWER: DON'T READ OUT THE ANSWERS, CIRCLE THE CODES RELATED TO THE SPONTANEOUS ANSWERS PROVIDED BY THE RESPONDENT. PROBE THOSE ANSWERS THAT ARE NOT CIRCLED IN THE SPONTANEOUS ANSWER COLUMN.]

Section 4a: Skills and Practices on IUD

QUESTION		RESPONSE	Sponta -neous	Prompt -ted	No/ DK	SKIP
	What are the conditions under which a woman can accept IUD or can be recommended for having an IUD?	Women who have at least 1 living child . Women who don't want child for long time or don't want child Women who can not use hormonal FP method (Pill,Implant,Injection) Regular menstruation Within first 5 days of menstruation Other (Specify)	1 1 1 1 1 1	2 2 2 2 2 2	3 3 3 3 3 3	
	What are the conditions under which a woman cannot be recommended for IUD? Multiple response	Women who have no childA Women who have been suffering from RTI B Menstruation stopped C Pregnancy D Irregular menstruation..... E Excessive menstrual bleeding F Chronic jaundice G Breast cancer H Other X (Specify)				
			Sponta -neous	Prompt -ted	No/ DK	

QUESTION		RESPONSE	Sponta -neous	Prompt -ted	No/ DK	SKIP
	What are the probable side effects of IUD?	Abdominal pain..... 1 Excessive bleeding in between the two menstrual cycle 1 Spotting 1 Abnormal menstrual bleeding 1 White discharge/excessive white discharge 1 The thread of IUD come out..... 1 Other _____ 1 (Specify)	1	2	3	
	An IUD client comes to you with excessive bleeding, what will you do? Multiple response	Examine her to know the reasons for excessive bleeding A Provide treatment for bleeding B Refer to higher level for treatment C Remove IUD D Other _____ X (Specify)				
	An IUD client comes to you with abdominal pain, what will you do? Multiple response	Examine her to know the probable reasons for pain A Provide treatment and assure her for further service B Refer her to higher level for treatment C Remove IUD D Other _____ X (Specify)				
			Sponta -neous	Prompt -ted	No/ DK	
	(Pre-counseling) A woman comes to you for accepting IUD, what advice/counseling should you be provide to her?	Explain advantages and disadvantages of IUD 1 Explain probable side effects, discomfort and complications of IUD 1 Ensure that the client does not have RTI or infection in reproductive organ.... 1 Ensure that the client understood the advantages and disadvantages of IUD before she made the decision..... 1 Ensure that she is still under regular menstruation, and not pregnant..... 1 Other _____ 1 (Specify)	1	2	3	
			Sponta -neous	Prompt -ted	No/ DK	

QUESTION		RESPONSE			SKIP
			Spontaneous	Prompted	No/DK
(Post-counseling) What important advice/counseling should you provide to a woman who just accepted IUD?	Give her the follow-up card	1	2	3	
	Remind her about the probable side effects and discomfort and assure her of the follow-up	1	2	3	
	Remind her the procedure of follow-up ..	1	2	3	
	Encourage the client to contact with service provider if there is any side effects or complications	1	2	3	
	Encourage the client to check the thread	1	2	3	
	Advise the client to avoid sexual intercourse for 2-3 days	1	2	3	
	Ensure that the client understood the main points of counseling	1	2	3	
	Other _____ (Specify)	1	2	3	
Do you or your facility do follow up of IUD clients?	Yes	1			
	No	2			
When is the timing of follow up? Multiple response	Within 3 days	A			
	Within 7 days	B			
	After 1 month	C			
	2-5 months	D			
	6-11 months	E			
	After 1 year	F			
	When problem arises	G			
	Other _____ (Specify)	X			
DK	Z				
		Spontaneous	Prompted	No/DK	
What advice/counseling should you provide to a IUD user at the time of follow-up?	Provide counseling and treatment immediately if client complains of side effects, complications and discomfort	1	2	3	
	Refer to appropriate place if client complains of side effects, complications, discomfort	1	2	3	
	Assure for any other service if she has no side-effects, complication or discomfort	1	2	3	
	Other _____	1	2	3	
	(Specify)				

Section 4b: Skills and Practices on IMPLANT

QUESTION		RESPONSE			SKIP	
			Sponta -neous	Prompted	No/ DK	
	What are the conditions under which a woman can accept IMPLANT or can be recommended for adopting IMPLANT?	Women who want to avoid pregnancy for a long time..... Women who have no child Ensure that she is still under regular menstruation, i.e., she is not pregnant..... Other..... (Specify)	1 1 1 1	2 2 2 2	3 3 3 3	
	What are the probable side effects of IMPLANT?	Menstruation stopped Excessive bleeding..... Spotting Weight gain Motion of vomiting Depression Pain in arm Other..... (Specify)	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3	
	An IMPLANT client comes to you with excessive bleeding, what would you do? Multiple response	Examine her to know the reasons for excessive bleedingA Provide treatment for bleeding.....B Refer her to higher level for treatment C Remove IMPLANT..... D Other.....X (Specify)				
	An IMPLANT client comes to you with menopause, what would you do? Multiple response	Check pregnancyA If she is not pregnant, counsel and assure that it is not a problem.....B Remove IMPLANT..... C Other.....X (Specify)				
			Sponta -neous	Prompted	No/ DK	
	(Pre-counseling) A woman comes to you for accepting IMPLANT, what advice/counseling should you be provides her?	Explain advantages and disadvantages of IMPLANT Explain probable side effects, discomfort and complications of IMPLANT Ensure that the client understood the advantages and disadvantages of IMPLANT before she made the decision Other..... (Specify)	1 1 1 1	2 2 2 2	3 3 3 3	

			Spontaneous	Prompted	No/DK	
	(Post-counseling) What important advice/counseling would you provide to a woman who just accepted Implant?	Give her the follow-up card..... Remind her about the probable side effects and discomfort and assure her of the follow-up..... Remind her the procedure of follow-up... Encourage the client to contact with service provider if there is any side effects or complications..... Remind her that there may be little pain on the arm..... Advise the client to avoid sexual intercourse for 2-3 days..... Ensure that the client understood the main points of counseling..... Other..... (Specify)	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3	
	Do you or your facility follow-up IMPLANT client?	Yes.....1 No.....2				
	When is the timing of follow-up of implant clients? Multiple response	Within 3 days.....A Within 7 days.....B After 1 month.....C 2-5 months.....D 6-11 months.....E After 1 year.....F When problem arises.....G Other.....X (Specify) DK.....Z				
			Spontaneous	Prompted	No/DK	
	What advice/counseling would you provide to IMPLANT client at the time of follow-up?	Provide counseling and treatment immediately if client complains of side effects, complications and discomfort..... Refer to appropriate place if client complains of side effects, complications, discomfort..... Assure for any other service if she has no side-effects, complication or discomfort..... Other..... (Specify)	1 1 1 1	2 2 2 2	3 3 3 3	

Section 4c: Skills and Practices on Tubectomy

			Sponta -neous	Prompt -ted	No/ DK	
	What are the conditions under which a woman can accept tubectomy or can be recommended for adopting tubectomy?	Women who do not want to have any more children and have at least 1 living child.....	1	2	3	
		Women who do not want to have any more children and the age of the youngest child is at least 2 years.....	1	2	3	
		Women who have 2 nd time CS	1	2	3	
		Husband agreed for tubectomy	1	2	3	
		Other _____	1	1	3	
(Specify)						
			Sponta -neous	Prompt -ted	No/ DK	
	(Per-counseling) A woman comes to you for accepting tubectomy, what advice/counseling should be provided to her?	Explain advantages and disadvantages of tubectomy.....	1	2	3	
		Explain probable side effects, discomfort and complications of Tubectomy	1	2	3	
		Ensure that the client does not have any health conditions unfavorable to the operation	1	2	3	
		Ensure that the client understood the advantages and disadvantages of tubectomy before she made the decision.....	1	2	3	
		Other _____	1	2	3	
(Specify)						
			Sponta -neous	Prompt -ted	No/ DK	

<p>(Post-counseling) What important advice/counseling would you provide to a woman who has just accepted tubectomy?</p>	Give her the follow-up card.....	1	2	3	
	Remind her about the probable side effects and discomfort and assure her of the follow-up.....	1	2	3	
	Remind her the procedure of follow-up...	1	2	3	
	Encourage the client to contact with service provider if there is any side effects or complications.....	1	2	3	
	Remind her to take full rest for 2 days..	1	2	3	
	Encourage her to avoid heavy work or avoid lifting heavy weight for 3 weeks	1	2	3	
	Remind her to take medications that have been given to her	1	2	3	
	Ensure that the client understood the main points of counseling	1	2	3	
	Other _____ (Specify)	1	2	3	
	<p>Do you or your facility follow up tubectomy clients?</p>	Yes.....	1		
No		2			
<p>When is the timing of follow up? Multiple responses</p>	Within 3 days.....	A			
	Within 7 days.....	B			
	After 1 month	C			
	2-5 months	D			
	6-11 months	E			
	After 1 year.....	F			
	When problem arises	G			
	Other _____ (Specify)	X			
DK.....	Z				

		Sponta -neous	Prompt -ted	No/ DK	
	What advice/counseling would you provide to tubectomy acceptor at the time of follow up?	Provide counseling and treatment immediately if client complains of side effects, complications and discomfort	1	2	3
		Refer to appropriate place if client complains of side effects, complications, discomfort			
		Assure for any other service if she has no side-effects, complication or discomfort	1	2	3
		Other	1	2	3
		(Specify)			

Section 4d: Skills and Practices on NSV

QUESTION		RESPONSE	Sponta -neous	Prompt -ted	No/ DK	SKIP
	What are the conditions under which a man can accept NSV or can be recommended for having?	Men who do not want to have any more children and have at least 1 living child	1	2	3	
		Men who do not want to have any more children and the age of the youngest child is at least 2 years	1	2	3	
		Wife agreeable to husband having NSV	1	2	3	
		Other	1	2	3	
		(Specify)				
	(Pre-counseling) What advice/counseling should be provided to a man comes to you for accepting NSV,?	Explain advantages and disadvantages of NSV	1	2	3	
		Explain probable side-effects, discomfort, and complications of NSV....	1	2	3	
		Ensure that the client does not have any health conditions unfavorable to the operation	1	2	3	
		Ensure that the client understood the advantages and disadvantages of tubectomy before she made the decision	1	2	3	
		(Specify)				

		Spontaneous	Prompted	No/DK	
(Post-counseling) What important advice/counseling should be provided to a man who has just accepted NSV?	Give her the follow-up card	1	2	3	
	Remind him about the probable discomforts and assure him of the follow-up	1	2	3	
	Remind him the procedure of follow-up ..	1	2	3	
	Encourage the client to contact with service provider if there is any complications	1	2	3	
	Encourage her to avoid heavy work or avoid lifting heavy weight for 1 day	1	2	3	
	Remind him to use condom during sex for a period of 3 months	1	2	3	
	Ensure that the client understood the main points of counseling including the follow up procedures.....	1	2	3	
	Other..... (Specify)	1 1	2 2	3 3	
Do you or your facility do follow-up for NSV clients?	Yes	1			
	No	2			
When is the timing of follow-up? Multiple responses	Within 3 days	A			
	Within 7 days	B			
	After 1 month	C			
	2-5 months.....	D			
	6-11 months.....	E			
	After 1 year	F			
	When problem arises.....	G			
	Other..... (Specify)	X			
DK.....	Z				
		Spontaneous	Prompted	No/DK	
What advice/counseling should you provide to NSV acceptor at the time of follow up?	Provide counseling and treatment immediately if client complains of side effects, complications and discomfort	1	2	3	
	Refer to appropriate place if client complains of side effects, complications, discomfort	1	2	3	
	Assure for any other service if she has no side-effects, complication or discomfort	1	2	3	
	Other..... (Specify)	1	2	3	

Section 5: Postpartum IUD and Tubectomy

[Now, I would like to know on new policies or changed policies regarding family planning from you]

501	Are you aware of the government policy which encourages that IUD may be offered to those women who deliver at facilities, immediately <i>after delivery</i> ?	Yes 1 No..... 2	
502	Are you aware of the government policy which encourages that tubectomy may be offered to those women who deliver at facilities, <i>right at delivery</i> ?	Yes 1 No..... 2	
503	Are you aware of the government policy which encourages that IUD may be offered during <i>C-section</i> delivery?	Yes 1 No..... 2	
504	Are you aware of the government policy which encourages that tubectomy may be offered during <i>C-section</i> delivery?	Yes 1 No..... 2	
505	Do community-level providers such as FWAs (Family Welfare Assistants), FWVs, or others disseminate the postpartum IUD and postpartum tubectomy information to their catchment populations?	Yes 1 No..... 2	
506	Have you conducted delivery at any public-sector or private-sector facility(s) in the last 6 months?	Yes 1 No..... 2	
507	Do you offer the postpartum IUD to your delivery clients?	Yes 1 No..... 2	
508	Do you offer the postpartum tubectomy to your delivery clients?	Yes 1 No..... 2	

Section 6: Policy changes or new policies

[Now, I would like to discuss with you about some policies regarding family planning services from you.]

Sl. #			601a-609a. Is it being implemented?
601	DGHS staff nurses after being trained are permitted to provide IUD services	Yes.....1 No2 ↘	Yes 1 No..... 2
602	Nurses at private hospitals after being trained are permitted to provide IUD services	Yes.....1 No2 ↘	Yes 1 No..... 2
603	Women who have not yet given any birth of a child are allowed to accept IMPLANT	Yes.....1 No2 ↘	Yes 1 No..... 2
604	Post-partum family planning services has been added in the maternal health services and such services are available in the DGHS hospitals	Yes.....1 No2 ↘	Yes 1 No..... 2
605	Postpartum family planning services have been added in private-sector facilities	Yes.....1 No2 ↘	Yes 1 No..... 2
606	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 No2 ↘	Yes 1 No..... 2
607	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 No2 ↘	Yes 1 No..... 2
608	Fascial interposition in NSV is now mandatory to ensure greater effectiveness of the procedure	Yes.....1 No2 ↘	Yes 1 No..... 2
609	DGFP approved the use of Tab Ibuprofen after IUD insertion which will help prevent pain and bleeding among new users	Yes.....1 No2 ↘	Yes 1 No..... 2
610	Ending time of Interview:	Hour Minute	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

Appendix C.5. Questionnaire for Obstetrician/Gynecologist (OB/GYN)

Mayer Hashi II (MH II) Baseline Survey 2015

**Questionnaire for Obstetrician/Gynecologist (OB/GYN)
(English)**

Mitra and Associates

(Centre for Research and Consultancy)
2/17 Iqbal Road, Mohammadpur
Dhaka-1207, Tel: 8118065, 9115503, Fax: 9126806

and

MEASURE Evaluation

Carolina Population Center
University of North Carolina at Chapel Hill
USA

Mayer Hashi II Baseline Survey 2015

Questionnaire for Obstetrician/Gynecologist (OB/GYN)

Face Sheet

IDENTIFICATION	
DIVISION.....	<input type="checkbox"/>
DISTRICT.....	<input type="checkbox"/> <input type="checkbox"/>
UPAZILA/THANA.....	<input type="checkbox"/> <input type="checkbox"/>
UNION/WARD.....	<input type="checkbox"/> <input type="checkbox"/>
CLUSTER.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
TYPE OF SERVICE PROVIDER.....	<input type="checkbox"/> 1 <input type="checkbox"/> 2
NAME OF THE RESPONDENT _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR..... <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 5
INTERVIEWER'S NAME	_____	_____	_____	INTV. CODE <input type="checkbox"/> <input type="checkbox"/>
RESULT**				RESULT <input type="checkbox"/>
NEXT VISIT: DATE	_____	_____		TOTAL NO..... <input type="checkbox"/>
TIME	_____	_____		OF VISITS

****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 type="checkbox"/> <input type="checkbox"/>	NAME <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
DATE _____	DATE _____		

Mayer Hashi II Baseline Survey 2015
Informed Consent for Family Planning Service Provider (OB/GYN)
Questionnaire
(Verbal)

Title of Research: Mayer Hashi II (MHII) Baseline Survey 2015

Principal Investigator: S. N. Mitra

Participating Institute: Mitra and Associates

Introductory statement:

My name is _____. I have come from Mitra and Associates, a private research organization, located in Dhaka. To assist in the implementation of socio-development and health programs in the country, we conduct different types of surveys. We are now conducting a survey, a part of which aims to assess the knowledge and skills of providers about IUD, implants, and female and male sterilization. The survey is paid for by the United States Agency for International Development (USAID). The survey is being coordinated by the University of North Carolina in Chapel Hill, North Carolina, USA. The data will be examined by Mitra and Associates and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. I would very much appreciate your participation in this survey.

Why the study being done?

This part of the study will help understand the state and determinants of provider knowledge and skills of providing long acting and reversible contraceptives (LARC) and permanent methods (PM) of family planning in Bangladesh.

What is involved in the study?

You have been selected randomly for the survey. If you agree to participate, we will ask you some questions related to LARCs and permanent methods (PM) of family planning. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them. Your opinion is very important to us as it will help the government to take policy decisions to reach goals related to enabling couples to achieve their reproductive intentions. The survey usually takes between 25 and 30 minutes to complete.

What are the risks and benefits of this study?

By providing information you will not have any risk what so ever, rather this will help the government and policy planners to formulate policies and future plans leading to program improvements.

Confidentiality:

Whatever information you provide will be kept strictly confidential. It will be used for research purposes only and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?

Your participation in the study is voluntary and promises no financial benefit; however, the Government particularly the Ministry of Health and Family Welfare (MOHFW) will be benefited from the study.

Right to refuse or withdraw:

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since the information you provide will help future program planning.

Who do I contact if I have questions or problems?

If you wish to know more about your rights as a participant in this study you may contact the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka (Phone: 8819311, 8828396) or the Institutional Review Board (IRB) at the School of Public Health, CB # 7400, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7400, U.S.A. You can speak to an IRB person through "collect call" if necessary, at the phone 001-919-966-3012. You can also speak to the Dhaka-based UNC MEASURE Evaluation Advisor (Phone: 01730376458). If you have further questions regarding the nature of this study you may also contact Mitra Associates 2/17, Iqbal Road, Block-A, Mohammadpur, Dhaka-1207 or (phone 02-8118065, 02-9115053). At this time, do you want to ask me anything about the survey?

May I begin the interview now? Yes 1 No 2 → END

Name of person obtaining consent: _____ Signature: _____ Date: _____

(Must be study investigator or individual who has been designated to obtain consent)

Article V. Section 1: Background

First, I would like to ask you some question on your background like your education and job.

QUESTION		RESPONSE	SKIP
	Starting time of interview:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hour minute	
101	Would you please tell your name?	Name: _____	
102	How old are you?	Year (in completed Years)..... <input type="text"/> <input type="text"/>	
103	What is your professional qualification?	MBBS..... 1 MBBS with OB/GYN training 2 MBBS with higher level training..... 3 Other _____ 8 (Specify)	
103a	What is your current job title?	OB/GYN..... 1 Other _____ 8 (Specify)	
104	How long have you been a Obstetrician/ Gynecologist (OB/GYN)? (If less than 1 year write 00)	Year (in completed Years).... <input type="text"/> <input type="text"/>	
105	How long have you been in this facility? Section 5.02 (If less than 1 year write 00)	Year (in completed Years)..... <input type="text"/> <input type="text"/>	

Section 2a. In-service Training on Long-acting and reversible Contraceptives (LARC) and Permanent Methods (PM)

Now I would like to ask you some questions on the in-service training, orientation, or refresher training you might have received, provided by the Government of Bangladesh and/or other organizations.

In-service training, orientation, or refresher training on LARC/PM since 2014

		IUD	Implant	Tubectomy	NSV	PPFP
		a	b	c	d	f
A201	Since 2010, have you received any in-service training, orientation, or refresher training on?	Yes 1 No 2 Don't know .. 8 (skip to 201b)	Yes..... 1 No 2 Don't know .. 8 (skip to 201c)	Yes 1 No 2 Don't know .. 8 (skip to 201d)	Yes 1 No 2 Don't know .. 8 (skip to 201e)	Yes 1 No 2 Don't know .. 8 (skip to sec 2b)

A202	In what month and year did you receive this training, orientation, or refresher training last time?	Month.... <input type="checkbox"/> <input type="checkbox"/> Year... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Month.... <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Month... <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Month . <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Month ... <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
A203	For how many days was the training the last time you received this training, orientation, or refresher training?	<input type="checkbox"/> <input type="checkbox"/> days (0 for less than 1 day)	<input type="checkbox"/> <input type="checkbox"/> days (0 for less than 1 day)	<input type="checkbox"/> <input type="checkbox"/> days (0 for less than 1 day)	<input type="checkbox"/> <input type="checkbox"/> days (0 for less than 1 day)	<input type="checkbox"/> <input type="checkbox"/> days (0 for less than 1 day)
A204	Who provided the training, orientation, or refresher training the last time you received?	GoB.....1 EH/MH.....2 ↓ (skip to A201b) Other.....3 (specify) Don't know..8 ↓ (skip to A201b) ↓	GoB.....1 EH/MH.....2 ↓ (skip to A201c) Other.....3 (specify) Don't know..8 ↓ (skip to A201c) ↓	GoB.....1 EH/MH.....2 ↓ (skip to A201d) Other.....3 (specify) Don't know..8 ↓ (skip to A201d) ↓	GoB.....1 EH/MH.....2 ↓ (skip to A201e) Other.....3 (specify) Don't know..8 ↓ (skip to A201e) ↓	GoB.....1 EH/MH.....2 ↓ (Sec.2b) Other.....3 (specify) Don't know..8 ↓ (skip to Sec2b) ↓
A205	Was Engender Health/ Mayer Hashi involved in the training	Yes 1 No 2 Don't know... 8	Yes..... 1 No 2 Don't know ... 8	Yes 1 No 2 Don't know ... 8	Yes 1 No 2 Don't know . 8	Yes 1 No 2 Don't know... 8
A206	Did any person from Engender Health/Mayer Hashi participate in or observe the training?	Yes 1 No 2 Don't know... 8	Yes..... 1 No 2 Don't know ... 8	Yes 1 No 2 Don't know ... 8	Yes 1 No 2 Don't know . 8	Yes 1 No 2 Don't know... 8

Section 2b: BCC and Interpersonal Communication

Now I would like to ask you some questions on the in-service training, orientation, or refresher training you might have received on BCC and interpersonal communication, provided by the Government of Bangladesh and/or other organizations.

In-service training, orientation, or refresher training on BCC and interpersonal communication since 2014.

B201	Since 2014 have you received any TOT (Training of Trainers) on BCC?	Yes 1 No 2	→ B205
B202	On what topic/areas of BCC you have received TOT? Multiple responses	Personal Counseling A Group session B Community mobilization C Other X (Specify)	
B203	In which month and year you received TOT on BCC?	Month <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B204	Was Mayer Hashi or <i>EngenderHealth</i> involved in the TOT?	Yes 1 No 2 Don't know 8	
B204a	Was any trainer/facilitator from Mayer Hashi or <i>EngenderHealth</i> present in the TOT?	Yes 1 No 2 Don't know 8	
B205	Since 2014 have you received any training, orientation, or refresher training on BCC?	Yes 1 No 2 Can't remember 8	→ Sec 3
B206	On what topic/areas of BCC you have received training, orientation, or refresher training? Multiple response	Personal Counseling A Group session B Community mobilization C Other X (Specify)	
B207	In which month and year have you received training, orientation, or refresher training on BCC?	Month <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B208	Was Mayer Hashi or <i>Engender Health</i> involved in the training, orientation, or refresher training?	Yes 1 No 2 Don't know 8	
B208a	Was any trainer/facilitator from Mayer Hashi or <i>EngenderHealth</i> present in the training, orientation, or refresher training?	Yes 1 No 2 Don't know 8	

Section 3: Respondent's Involvement on the Provision of Long-acting and reversible Contraceptives (LARC) and Permanent Methods (PM)

[I would like to know about your involvement in the provision of LARC/PM.]

QUESTION		RESPONSE	SKIP
301	Do you provide any services on LARC/PM?	Yes 1 No 2 →	304
302	Which methods of LARC/PM do you provide? Multiple response	IUD A Implants B Tubectomy C NSV D	
303	When was the last time you have done a procedure of LARC/PM?	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Can't remember when 888888	
304	Do you provide counseling or treatment to those clients of LARC/PM who experience discomfort, side effects, or complications?	Yes 1 No 2	

Section 4: Skills and Practices on Long Acting Reversible Contraceptives (LARC) and Permanent Methods (PM)

Now I want to discuss with you some issues that are considered by service providers of IUD, IMPLANT, Tubectomy and NSV. The issues are client selection, screening, pre- and post-counseling, method side effects, and others.

[INTERVIEWER: DON'T READ OUT THE ANSWERS, CIRCLE THE CODES RELATED TO THE SPONTANEOUS ANSWERS PROVIDED BY THE RESPONDENT. PROBE THOSE ANSWERS THAT ARE NOT CIRCLED IN THE SPONTANEOUS ANSWER COLUMN.]

Section 4a: Skills and Practices on IUD

	QUESTION	RESPONSE			No/DK	SKIP
		Spontaneous	Prompted			
	What are the conditions under which a woman can accept IUD or can be recommended for having an IUD?	Women who have at least 1 living child Women who don't want child for long time or don't want child	1 1	2 2	3 3	
		Women who can not use hormonal FP method	1	2	3	
		Regular menstruation	1	2	3	
		Within first 5 days of menstruation	1	2	3	
		Other _____ (Specify)	1	2	3	
	What are the conditions under which a woman cannot be recommended for IUD? Multiple response	Women who have no child Women who have been suffering from RTI..... Menstruation stopped Pregnancy Irregular menstruation..... Excessive menstrual bleeding Cronic jaundice Breast cancer..... Other _____ (Specify)		A B C D E F G H X		
			Spontaneous	Prompted	No/DK	
	What are the probable side effects of IUD?	Abdominal pain..... Excessive bleeding in between the two menstrual cycle..... Spotting Abnormal menstrual bleeding	1 1 1 1	2 2 2 2	3 3 3 3	
		White discharge/excessive white discharge..... The thread of IUD come out..... Other _____ (Specify)	1 1 1	2 2 2	3 3 3	

401d	An IUD client comes to you with excessive bleeding, what will you do? Multiple response	Examine her to know the reasons for excessive bleeding..... A Provide treatment for bleeding..... B Refer to higher level for treatment C Remove IUD..... D Other _____ X (Specify)			
401f.	An IUD client comes to you with abdominal pain, what will you do? Multiple response	Examine her to know the probable reasons for pain. A Provide treatment and assure her for further service B Refer her to higher level for treatment C Remove IUD..... D Other _____ X (Specify)			
			Spontaneous	Prompted	No/DK
401g	(Pre-counseling) A woman comes to you for accepting IUD, what advice/counseling should you be provide to her?	Explain advantages and disadvantages of IUD Explain probable side effects, discomfort and complications of IUD . Ensure that the client does not have RTI or infection in reproductive organ..... Ensure that the client understood the advantages and disadvantages of IUD before she made the decision..... Ensure that she is still under regular menstruation, and not pregnant..... Other _____ (Specify)	1 1 1 1 1 1	2 2 2 2 2 2	3 3 3 3 3 3
			Spontaneous	Prompted	No/DK
401h	(Post-counseling) What important advice/counseling should you provide to a woman who just accepted IUD?	Give her the follow-up card..... Remind her about the probable side effects and discomfort and assure her of the follow-up..... Remind her the procedure of follow-up..... Encourage the client to contact with service provider if there is any side effects or complications Encourage the client to check the thread..... Advise the client to avoid sexual intercourse for 2-3 days..... Ensure that the client understood the main points of counseling Other _____ (Specify)	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3

) 401i	Is it compulsory to follow up to IUD clients?	Yes.....1 No2			
) 401j	Do you or your facility do follow up to IUD clients?	Yes.....1 No2			
) 401k	When is the timing of follow up? Multiple responses	Within 3 days..... A Within 7 days..... B After 1 month C 2-5 months D 6-11 months E After 1 year..... F When problem arises G Other _____ X (Specify) DK.....Z			
			Spontaneous	Prompted	No/DK
) 401l	What advice/counseling should you provide to a IUD user at the time of follow-up?	Provide counseling and treatment immediately if client complains of side effects, complications and discomfort..... Refer to appropriate place if client complains of side effects, complications, discomfort Assure for any other service if she has no side-effects, complication or discomfort..... Other _____ (Specify)	1 1 1 1	2 2 2 2	3 3 3 3

Section 4c: Skills and Practices on Tubectomy

			Spontaneous	Prompted	No/DK	
403a	What are the conditions under which a woman can accept tubectomy or can be recommended for adopting tubectomy?	Women who do not want to have any more children and have at least 1 living child Women who do not want to have any more children and the age of the youngest child is at least 2 years Women who have 2 nd time CS Husband agreed for tubectomy Other..... (Specify)	1 1 1 1 1	2 2 2 2 2	3 3 3 3 3	
403g	(Pre-counseling) A woman comes to you for accepting tubectomy, what advice/counseling should be provided to her?	Explain advantages and disadvantages of tubectomy Explain probable side effects, discomfort and complications of Tubectomy..... Ensure that the client does not have any health conditions unfavorable to the operation..... Ensure that the client understood the advantages and disadvantages of tubectomy before she made the decision..... Other..... (Specify)	1 1 1 1 1	2 2 2 2 2	3 3 3 3 3	
403h	(Post-counseling) What important advice/counseling would you provide to a woman who has just accepted tubectomy?	Give her the follow-up card Remind her about the probable side effects and discomfort and assure her of the follow-up..... Remind her the procedure of follow-up..... Encourage the client to contact with service provider if there is any side effects or complications..... Remind her to take full rest for 2 days Encourage her to avoid heavy work or avoid lifting heavy weight for 3 weeks..... Remind her to take medications that have been given to her Ensure that the client understood the main points of counseling..... Other..... (Specify)	1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3	

	Do you or your facility follow up tubectomy clients?	Yes..... 1 No 2			
	When is the timing of follow up? Multiple responses	Within 3 days A Within 7 days B After 1 month C 2-5 months D 6-11 months E After 1 year F When problem arises G Other _____ X (Specify) DK..... Z			
			Spontaneous	Prompted	No/DK
	What advice/counseling would you provide to tubectomy acceptor at the time of follow up?	Provide counseling and treatment immediately if client complains of side effects, complications and discomfort Refer to appropriate place if client complains of side effects, complications, discomfort Assure for any other service if she has no side-effects, complication or discomfort Other _____ (Specify)	1	2	3
			1	2	3
			1	2	3
			1	2	3

Section 5: Postpartum IUD and Tubectomy

[Now, I would like to know about postpartum family planning from you.]

Sl. #	Questions		
501	Are you aware of the government policy which encourages that IUD may be offered to those women who deliver at facilities, immediately after delivery?	Yes 1 No 2	
502	Are you aware of the government policy which encourages that tubectomy may be offered to those women who deliver at facilities, right at delivery?	Yes 1 No 2	
503	Are you aware of the government policy which encourages that IUD may be offered during C-section delivery?	Yes 1 No 2	
504	Are you aware of the government policy which encourages that tubectomy may be offered during C-section delivery?	Yes 1 No 2	
505	Do community-level providers such as FWAs (Family Welfare Assistants), FWVs, or others disseminate the postpartum IUD and postpartum tubectomy information to their catchment populations?	Yes 1 No 2	
506	Have you conducted delivery at any public-sector or private-sector facility(s) in the last 6 months?	Yes 1 No 2	
507	Do you offer the postpartum IUD to your delivery clients?	Yes 1 No 2	

Sl. #	Questions		
508	Do you offer the postpartum tubectomy to your delivery clients?	Yes..... 1 No..... 2	
509	Have you performed postpartum IUD or postpartum tubectomy or both in the last 6 months?	Yes..... 1 No..... 2	

Section 6: Policy changes or new policies

[Now, I would like to discuss with you about some policies regarding family planning services from you.]

Sl. #			601a-609a. Is it being implemented?
601	DGHS staff nurses after being trained are permitted to provide IUD services	Yes..... 1 No..... 2	Yes 1 No..... 2
602	Nurses at private hospitals after being trained are permitted to provide IUD services	Yes..... 1 No..... 2	Yes 1 No..... 2
603	Women who have not yet given any birth of a child are allowed to accept IMPLANT	Yes..... 1 No..... 2	Yes 1 No..... 2
604	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
605	Postpartum family planning services have been added in private-sector facilities	Yes..... 1 No..... 2	Yes 1 No..... 2
606	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
607	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
608	Fascial interposition in NSV is now mandatory to ensure greater effectiveness of the procedure	Yes..... 1 No..... 2	Yes 1 No..... 2
609	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
610	Ending time of Interview:	Hour <input type="text"/> <input type="text"/> Minute <input type="text"/> <input type="text"/>	

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

Appendix C.6. Facility Readiness Questionnaire

Mayer Hashi II (MH II) Baseline Survey 2015

**Facility Readiness Questionnaire
(English)**

Mitra and Associates

(Centre for Research and Consultancy)

2/17 Iqbal Road, Mohammadpur

Dhaka-1207, Tel: 8118065, 9115503, Fax:9126806

and

MEASURE Evaluation

Carolina Population Center

University of North Carolina at Chapel Hill

USA

Facility Readiness Questionnaire

Face Sheet

IDENTIFICATION	
DIVISION.....	<input type="checkbox"/>
DISTRICT.....	<input type="checkbox"/> <input type="checkbox"/>
UPAZILA/THANA	<input type="checkbox"/> <input type="checkbox"/>
UNION/WARD.....	<input type="checkbox"/> <input type="checkbox"/>
CLUSTER.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
TYPE OF THE FACILITY:	<input type="checkbox"/> <input type="checkbox"/>
1=District Hospital, 2=Medical College Hospital, 3=MCWC, 4=UHC, 5=UHFWC, 6=NGO Clinic, 7=Private Clinic,8=UPHCP, RD=9, 10=Private medical college	
NAME OF THE RESPONDENT _____	

IDENTIFICATION			
SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME <input type="checkbox"/> <input type="checkbox"/>	NAME <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
DATE _____	DATE _____		

Mayer Hashi II Baseline Survey 2015
Informed Consent for Facility Readiness Questionnaire
(Verbal)

Title of Research: Mayer Hashi II (MHII) Baseline Survey 2015

Principal Investigator: S. N. Mitra

Participating Institute: Mitra and Associates

Introductory statement:

My name is _____. I have come from Mitra and Associates, a private research organization, located in Dhaka. To assist in the implementation of socio-development and health programs in the country, we conduct different types of surveys. We are now conducting a survey, a part of which aims to assess the facility readiness for providing IUD, implants, and female and male sterilization. The survey is paid for by the United States Agency for International Development (USAID). The survey is being coordinated by the University of North Carolina in Chapel Hill, North Carolina, USA. The data will be examined by Mitra and Associates and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. I would very much appreciate your participation in this survey.

Why the study being done?

This part of the study will help understand the state and determinants of facility readiness for providing IUD, implants, and female and male sterilization in Bangladesh.

What is involved in the study?

This part of the study will collect information from this facility. You have been selected as a key informant for data collection from this facility. I would like to ask you some questions about your facility as a way of better understanding how to serve the population and to get a picture of services availability specially IUD, implants, and female and male sterilization methods. The survey usually takes between 50 and 60 minutes to complete.

What are the risks and benefits of this study?

By providing information you will not have any risk what so ever, rather this will help the government and policy planners to formulate policies and future plans leading to program improvement.

Confidentiality:

Whatever information you provide will be kept strictly confidential. It will be used for research purposes only and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?

Your participation in the study is voluntary and promises no financial benefit; however, the Government particularly Ministry of Health and Family Planning (MOHFW) will be benefited from the study.

Right to refuse or withdraw:

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since the information will help future program planning.

Who do I contact if I have questions or problems?

If you wish to know more about your rights as a participant in this study you may contact the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka (Phone: 8819311, 8828396) or the Institutional Review Board (IRB) at the School of Public Health, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7400, U.S.A. You can speak to an IRB person through "collect call" if necessary at the phone number 001-919-966-3012. You can also speak to the Dhaka-based UNC MEASURE Evaluation Advisor at the Phone: 01730-376458. If you have further questions regarding the nature of this study you may also contact Mitra Associates 2/17, Iqbal Road, Block-A, Mohammadpur, Dhaka-1207 or (phone 02-8118065, 02-9115053). At this time, do you want to ask me anything about the survey?

May I begin the interview now? Yes 1 No 2 → END

Name of person obtaining consent: _____ Signature: _____ Date: _____

(Must be study investigator or individual who has been designated to obtain consent)

Starting Time

Hours.....

 Minutes.....

--

Instructions for interviewer:

- Please identify a key informant for data collection from the facility. Request the head of the facility or his/her representative to designate a key informant for the interview.
- Collect data through (a) person-to-person interview with the key informant, (b) direct observation of the facility rooms, equipment, and supplies, and (c) observation of facility records (such as service statistics, logbook, and forms).
- Request the key informant to show you the locations and rooms to be observed for filling up different sections of the questionnaire.
- In case of Upazilla Health Complex, District Hospital, or medical college hospital, locate (with the help of the key informant) the places or rooms where Long-acting and reversible Contraceptives (LARC) and Permanent Methods (PM) are served and records are available. Then, collect information through interview or observation.]

Name of the key informant: _____ Name of the second informant : _____

Designation of the key informant: _____ Designation of the second informant: _____

A: Information on service availability (TO BE COLLECTED FROM THE KEY INFORMANT)

Availability of Family Planning Services			
A1	What Family Planning (FP) methods are provided from the facility?	NSV A Female sterilization B Implant C IUD D Injectables E Pills F Condoms G No methods delivered X	If none of A-D is circled end data collection.

A2	Does the facility provide NSV, female sterilization (FS), implant (Impl), or IUD in any particular day/days of the week or month?	<table border="1"> <thead> <tr> <th></th> <th>NSV</th> <th>FS</th> <th>Impl.</th> <th>IUD</th> </tr> </thead> <tbody> <tr> <td>Every working day</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>2 days/week</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>1 day/week</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>2 days/month</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> </tr> <tr> <td>1 day/month</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> </tr> <tr> <td>Other</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> </tr> <tr> <td>No service</td> <td>7</td> <td>7</td> <td>7</td> <td>7</td> </tr> </tbody> </table>		NSV	FS	Impl.	IUD	Every working day	1	1	1	1	2 days/week	2	2	2	2	1 day/week	3	3	3	3	2 days/month	4	4	4	4	1 day/month	5	5	5	5	Other	6	6	6	6	No service	7	7	7	7	
	NSV	FS	Impl.	IUD																																							
Every working day	1	1	1	1																																							
2 days/week	2	2	2	2																																							
1 day/week	3	3	3	3																																							
2 days/month	4	4	4	4																																							
1 day/month	5	5	5	5																																							
Other	6	6	6	6																																							
No service	7	7	7	7																																							
A3	<p>When was the latest date NSV, female sterilization, implant, or/and IUD was provided? (THE KEY INFORMANT MAY CONSULT FACILITY RECORD TO FIND DATES)</p> <p>Write '98' if not provide any methods in the facility</p>	<table border="1"> <thead> <tr> <th></th> <th>NSV</th> <th>FS</th> <th>Impl.</th> <th>IUD</th> </tr> </thead> <tbody> <tr> <td>Day</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Month</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Year</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NA</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NSV	FS	Impl.	IUD	Day					Month					Year					NA																				
	NSV	FS	Impl.	IUD																																							
Day																																											
Month																																											
Year																																											
NA																																											
A4	Does the facility provide the government permissible reimbursement for wage compensation and food/transport allowances to NSV, female sterilization, implant, and IUD clients?	<p>Yes..... 1</p> <p>No.....2</p>																																									
A5	Does the facility provide additional incentive payments for any services beyond permissible reimbursement of compensation or allowances?	<table border="1"> <thead> <tr> <th></th> <th>NSV</th> <th>FS</th> <th>Impl.</th> <th>IUD</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>NA</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> </tr> </tbody> </table>		NSV	FS	Impl.	IUD	Yes	1	1	1	1	No	2	2	2	2	NA	8	8	8	8																					
	NSV	FS	Impl.	IUD																																							
Yes	1	1	1	1																																							
No	2	2	2	2																																							
NA	8	8	8	8																																							

A6	Does the facility charge any fee for NSV, female sterilization, implant and IUD?	<table border="1"> <thead> <tr> <th></th> <th>NSV</th> <th>FS</th> <th>Impl.</th> <th>IUD</th> </tr> </thead> <tbody> <tr> <td>Yes, fixed fee</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>Yes, scaled fee</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>No fee</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>NA</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> </tr> </tbody> </table>		NSV	FS	Impl.	IUD	Yes, fixed fee	1	1	1	1	Yes, scaled fee	1	1	1	1	No fee	2	2	2	2	NA	8	8	8	8	
	NSV	FS	Impl.	IUD																								
Yes, fixed fee	1	1	1	1																								
Yes, scaled fee	1	1	1	1																								
No fee	2	2	2	2																								
NA	8	8	8	8																								
Management /supervision / quality improvement																												
A7	Does the facility have any written or unwritten regulation that could limit clients' access to all or some FP services	Yes, written regulation1 Yes, unwritten regulation2 No.....3																										
A8	Is there any mechanism at the facility to assess the quality of service	Yes1 No.....2 →	Skip to Sec B																									
A8a	What is that mechanism? Anything else?	DGFP-officer/Family Planning Clinical Supervision Team..... A Other external quality team visits..... B Internal quality team C Other _____ X (Specify)																										
A8b	Is the mechanism occurs in regular interval or not?	Yes1 No.....2 →	A9																									
A8c	How frequently does this happen?	Monthly.....1 Quarterly.....2 Six monthly.....3 More than six month4 Other _____ 7 → (Specify)																										

A9	Is there any filled-in checklist on the assessment of quality of service for the period of last time (mentioned in A8c)?	Yes 1 (INTERVIEWER: COLLECT ONE SUCH FILLED-IN CHECKLIST FOR YOUR RECORD.) No..... 2	A10
A9A	Are they recorded the quality assessment information of service on the check list/visit book during the last visit?	Yes 1 No..... 2	
A10	Is there any feedback from the supervisor? (DETERMINE THIS FROM THE CHECKLIST)	Yes, written feedback 1 Yes, verbal feedback 2 No..... 3	

B. Information on service providers involved in the provision, supervision, or mobilization of LARC/PM services (TO BE COLLECTED FROM THE KEY INFORMANT)

	Provider designation	# of sanctioned post	# of provider(s) available	# of provider(s) at work today
B1	OB/GYN	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B2	Resident medical officer (RMO)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B3	Medical officer (MCH)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B4	Medical officer (CC-FW)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B5	Medical officer (applicable for NGO or private clinic)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B6	Clinic manager (applicable for NGO or private clinic)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B7	Nurse (involved in FP work)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B8	FWV	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B9	SACMO/MA	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B10	Paramedic (applicable for NGO or private clinic)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B11	FWA/NGO Field Worker (applicable for NGO/FWC)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B12	Aya (involved in FP work)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B13	Cleaner/sweeper (involved in FP work)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

C. Provision of postpartum female sterilization or IUD (TO BE COLLECTED FROM THE KEY INFORMANT)

C1	Does the facility provide delivery care?	Yes 1 No 2	→ Next section
C2	Is IUD service offered at delivery?	Yes 1 No 2	→
C3	Is female sterilization offered at delivery?	Yes 1 No 2	
C4	Does the facility provide C-section?	Yes 1 No 2	Next section
C5	Is IUD service offered during or after C-section?	Yes 1 No 2	
C6	Is female sterilization offered after C-section?	Yes 1 No 2	

D. Facility characteristics (INFORMATION TO BE COLLECTED THROUGH OBSERVATION)

No.	QUESTIONS	Coding Categories	
D1	Are there any signs or directions available in the neighborhood or outside of the facility which help to locate the facility?	Yes 1 No 2	
D2	Does the facility have signboard that is visible?	Yes 1 No 2	
D3	Is there any client/visitor waiting room, area, or space in the facility?	Yes 1 No 2	→ D5
D4	Is there any visible sign that indicates the waiting room, area, or space?	Yes 1 No 2	
D5	Is there a Citizen Charter displayed in the facility?	Yes 1 No 2	
D6	Is there a list of services available in the facility	Yes 1 No 2	
D7	Is there a price-list of services	Yes 1 No 2	
D8	Are performance statistics (Monthly/Yearly) of the facility displayed?	Yes 1 No 2	
D9	Are comprehensive FP wall-charts are displayed in the clients waiting/counseling room? (May be multiple responses)	In waiting room..... A In counseling room..... B Both room D No where E	
D10	Is there a box/place where clients/patients can drop notes/letters with their comments/suggestions	Yes 1 No 2	→ E1
D11	Is the box/place easily visible?	Yes 1 No 2	

E. Availability of BCC materials (INFORMATION TO BE COLLECTED THROUGH OBSERVATION)

#	Question	IUD	Implants	Female sterilization	Male sterilization	More than one method in

						one material
E1	Are there any billboard(s)/ banner(s) in the premise of the facility?	Yes.....1 No2	Yes.....1 No2	Yes 1 No..... 2	Yes.....1 No2	Yes 1 No 2
E2	Are there any posters at the facility?	Yes.....1 No2	Yes.....1 No2	Yes 1 No..... 2	Yes.....1 No2	Yes 1 No 2
E3	Are there any leaflets/booklets are kept in easily visible places?	Yes.....1 No2 E5 ←	Yes.....1 No2 E5 ←	Yes 1 No..... 2 E5 ←	Yes.....1 No2 E5 ←	Yes 1 No 2 E5 ←
E4	Are the clients/visitors allowed to take the leaflets/booklets with them?	Yes.....1 No2	Yes.....1 No2	Yes 1 No..... 2	Yes.....1 No2	Yes 1 No 2
E5	Are there any job-aids which are used by the service provider?	Yes.....1 No2 E7 ←	Yes.....1 No2 E7 ←	Yes 1 No..... 2 E7 ←	Yes.....1 No2 E7 ←	Yes 1 No 2 E7 ←
E6	Circle the job-aid that you observed. (Devices or tools (such as instruction cards, memory joggers, wall charts) that allow an individual to quickly access the information he or she needs to perform a task.)	Flip chart ... A Wall chart ... B Booklet C Others..D NA.....E	Flip chart A Wall chart B Booklet .C Others..D NA.....E	Flip chart A Wall chart B Booklet .C Others..D NA.....E	Flip chart A Wall chart B Booklet .C Others..D NA.....E	Flip chart A Wall chart B Booklet .C Others..D NA.....E
E7	Any materials from Mayer Hashi? (Code '8' if none of 'Yes' circled in E1 to E5)	Yes.....1 No2 NA.....8	Yes.....1 No2 NA.....8	Yes 1 No..... 2 NA 8	Yes.....1 No2 NA.....8	Yes 1 No 2 NA..... 8

F. Enabling infrastructure (INFORMATION TO BE COLLECTED THROUGH OBSERVATION)			
	QUESTIONS F3-F7 RELATE TO TOILET FOR CLIENTS		

F3	Is there a functional toilet for clients?	Yes 1 → F4 No 2 → F8 Yes, locked 3
F3a	Does the authority of the health facility open the locks for clients, if needed?	Yes 1 No 2
F4	Is the toilet clean?	Yes 1 No 2 →
F5	Is there piped/tap water or running water for hand washing?	Yes 1 No 2
F6	Is there water in bucket/drum/etc. for hand washing?	Yes 1 No 2
F7	Is there a soap/liquid soap at hand washing place?	Yes 1 No 2
F8	Is there a space with privacy for counseling	Yes 1 No 2 → F9
F8a	Is it possible to maintain privacy during counseling?	Yes 1 No 2 → F9
F8b	What type of privacy is maintained for counseling?	Audio and visual privacy 1 Audio privacy 2 Visual privacy 3
FOR OPERATION THEATRE (OT) AND RELATED LOCATIONS		
F9	Is there a pre-operative preparation room?	Has pre-operative room 1 Has room but name is different (for multiple use) 2 No room 3 → F11a
F10	Does the pre-operative preparation room have sufficient space?	Congested 1 Comfortable only for one person 2 Comfortable for two person 3 Enough space 4
F11	How is the lighting condition of the pre-operative preparation room?	Low visibility 1 Visible 2 Bright 3

F11a	Is there a changing room adjacent to OT?	Yes 1 No 2	
F12	Is there a separate Operation Theater (OT)?	Yes 1 No 2	
F14	Is there an instrument processing room/space close to OT?	Yes 1 No 2	
F15	Is there any toilet adjacent to OT?	Yes 1 No 2	
F16	Is there a functional standard OT table in the OT?	Yes 1 No 2	
F17	Is there a functional OT light in the OT?	Yes, Standard 1 Alternative light system, not standard 2 No 3	
F18	Is there a post-operative recovery area?	Yes 1 No 2	→ G1
F19	Are there any functional beds in the post-operative recovery area?	Yes 1 No 2	
F20	Are there functional seating arrangements in the post-operative recovery area?	Yes 1 No 2	
G. Equipment and Supplies (INFORMATION TO BE COLLECTED THROUGH OBSERVATION)			
G1	Does the facility have <i>basic equipment</i> for a physical exam (BP Instrument, Stethoscope, Thermometer, Height & weight scale, etc)?	BP Instrument A Stethoscope B Thermometer C Height & weight scale D Height scale (traditional) E Weight scale only F Gloves for service providers G None H	

Equipment and supplies required for physical/pelvic/simple laboratory examinations (general or OT)

(INTERVIEWER: PLEASE NOTE YOUR OBSERVATIONS IN THE DESIGNATED COLUMNS)

(INFORMATION TO BE COLLECTED THROUGH OBSERVATION)

	Name of Items	Min. No. required	No. found at facility	No. working (or in good condition)	Remark
G2.1	OT Table	1			
G2.2	OT light	1			
G2.3	Instrument Trolley	1			
G2.4	Autoclave	1			
G2.5	Sterilizer drum	4			
G2.6	Autoclave test tape	1			
G2.7	Instruments for PV exam	3 sets			
G2.7.1	I. Kuskos bi-valve Vaginal Speculum	1(3)			
G2.7.2	II. Kidney tray	1(3)			
G2.7.3	III. Gully pot	1(3)			
G2.8.	Surgical Apparel	20 sets			
G2.8.1	I. Makantchos (Gown)	5			
G2.8.2	II. Surgeon's or assistant's Gown	20			
G2.8.3	III. Tubectomy Sheet	20			
G2.8.4	IV. Vasectomy Sheet	20			
G2.8.5	V. Trolley Sheet	20			
G2.8.6	VI. Draw sheet	20			
G2.8.7	VII. Mask	20			
G2.8.7a	VIII. Cap	20			
G2.8.8	IX. Gloves cover	20			
G2.8.9	X. OT sandal	5			

H. NSV instrument kits (INFORMATION TO BE COLLECTED THROUGH OBSERVATION)

	Name of Items	Min. No. required	No. found at facility	No. working (or in good condition)	Remark
H1	NSV Kit	6			
	<i>Contents of NSV kit</i>				
H1.1	Ring forceps	1 (6)			
H1.2	Vas dissecting forceps	1 (6)			
H1.3	Small surgical scissor	1 (6)			

I. **Functional tubectomy kits** (INFORMATION TO BE COLLECTED THROUGH OBSERVATION)

	Name of Items	Min. No. required	No. found at facility	No. working (or in good condition)	Remark
I1	Tubectomy Kit	10			
	<i>Contents of the kit</i>				
I1.1	Small curved Mosquito Artery forceps	4 (40)			
I1.2	Long straight Medium Artery forceps	2 (20)			
I1.2a	BP Handle	1 (10)			
I1.2b	Plain Detecting Forceps	1 (10)			
I1.3	Needle Holder	1 (10)			
I1.4	Surgical scissors straight	1 (10)			
I1.5	Surgical scissors curve	1 (10)			
I1.7	Alley's tissue forceps	2 (20)			
I1.8	Babcock tissue forceps	1 (10)			
I1.9	Retractor	1 (10)			
I1.10	Sponge holding straight forceps	1 (10)			
I1.11	Tooth dissecting forceps	1 (10)			
I1.12	Other instruments Functional for NSV and Tubectomy				
I1.12.1	Large scissors for cutting gauge	2			
I1.12.2	Large scissors for cutting thread	2			
I1.12.3	BP machine	2			
I1.12.4	Stethoscope	2			
I1.12.5	Weight machine	1			
I1.12.6	Gully pot	5			
I1.12.7	Kidney tray	5			
I1.12.8	Lifter	5			

J. Functional Implant kits (INFORMATION TO BE COLLECTED THROUGH OBSERVATION)

	Name of Items	Min. No. required	No. found at facility	No. working (or in good condition)	Remark
J1	Implant				
J1.1	Table to examine client	1			
J1.2	Rest/Side Table (same height of the examining table) to keep hand of client	1			
J1.3	Soap for hand washing	1			
J1.4	Marker pen	1			
J1.6	Surgical drape	2			
J1.7	Povidon-iodine solution	1			
J1.8	Galipot to keep Anti septic mixture	1			
J1.9	Cotton balls	3-5			
J1.10	Surgical blade	1			
J1.11	Disposable anti septic syringe with needle for one time use	1			
J1.12	Medicine for Local anesthesia (1% lidocaen, without adrenalin)	1			
J1.13	Sterile Gauze	1			
J1.14	Normal bandage/butter fly bandage/ Band aid/ Elastomeric dressing	1			

K. Functional IUD kits (INFORMATION TO BE COLLECTED THROUGH OBSERVATION)

	Name of Items	Min. No. required	No. found at facility	No. working (or in good condition)	Remark
K1	IUD (in antiseptic packet)				
K1.1	Speculum (medium)	1			
K1.2	Tenaculum	1			
K1.3	Uterine sound	1			
K1.5	Straight Artery forceps	1			
K1.6	Long placenta/kali forceps	1			
K1.7	Sponge holding forceps	1			
K1.8	Straight Cutting Scissor	1			
K1.9	Sponge cotton ball (6 wet with povidon-iodine and 2 dry)	8			
K1.11	Povidon Iodine mixture	2			
K1.12	Macintosh	1			
K1.12a	Mask	1			
K1.13	Torch light	1			
K1.14	Draping sheet	1			
K1.15	0.5% chlorine mixture and red bucket with cover	1			
K1.16	Blue bucket for waste disposal	1			
K1.17	IUD table with plastic sheet	1			
K1.18	High tool for sitting	1			
K1.19	Table for keeping instruments	1			

L. Basic necessary supplies and equipment to manage emergencies at the operation theater
(INFORMATION TO BE COLLECTED THROUGH OBSERVATION)

	Name of Items	Min. No. required	No. found at facility	No. working (or in good condition)	Remark
L1	Consumable Equipment				
L1.1	Oxygen Therapy Unit	1 set			
L1.2	Oxygen cylinder	2			
L1.3	Cylinder Stand	2			
L1.4	Therapy set Pressure meter, flow meter, control valve, Mask-tube, water bottle	1 set			
L1.5	Airway Tube (3 diff. size)	1 set			
L1.6	Suction Machine (Electric and Manual)	1			
L1.6a	MR Syringes/ Catheter	1			
L1.7	AMBU bag	1			
L1.8	Emergency torchlight	1			
L1.9	Metallic catheter	2			
L1.10	Laparotomy Set (Venesection kit with vein flow)	1			
L1.11	Non-Consumable Equipment				
L1.11.1	Atraumatic Catgut 0	5			
L1.11.2	Ryle's tube	2			
L1.11.3	Foley's catheter	2			
L1.11.4	Rubber catheter	2			
L2.	Medicines and supplies			Expired drug? Yes No	
L2.1	Inj. Naloxone injection (0.4 mg/ml)	3 Amp		1 2	

L2.2	Inj. Epinephrine (adrenaline 1:1000 mixture) 1 mg/ml injection	2 Amp		1	2
L2.3	Inj. Hydrocortisone (100mg)	2 Amp		1	2
L2.4	Inj. Promethazine (25mg/ml)	2 Amp		1	2
L2.5	Inf. DNS 5% Dextrose in normal saline (500ml bag)	3 Bag		1	2
L2.6	Inf. Normal Saline(500ml bag)	2 Bag		1	2
L2.7	Inj. Diazepam (10 mg/ml)	2 Amp		1	2
L2.8	Inj. Calcium Gluconate injection 10% (10 ml/ample)	5 Amp		1	2
L2.9	Inj. Sodi-bi-carbonate injection (25ml/ample)	5 Amp		1	2
L2.10	Inj. Aminophylline injection (250mh/10ml)	5 Amp		1	2
L2.11	Inj. Atropine injection (0.6 mg/ml)	5 Amp		1	2
L2.12	Inj. Physostigmine injection (1mg/ml)	5 Amp		1	2
L2.13	IV canola /Butterfly needle set	5 sets		1	2
L2.14	Disposable Syringes (2ml, 5 ml, 10 ml, 50 ml)	2 sets each		1	2

M. Infection prevention (IP) practice (TO BE OBSERVED AND RECORDED)

[IN CASE OF UPAZILA HEALTH COMPLEX, DISTRICT HOSPITAL, OR MEDICAL COLLEGE HOSPITAL, FIND FROM THE KEY INFORMANT THE FACILITY OF PART OF THE FACILITY WHERE LAPM ARE SERVED. THEN, COLLECT INFORMATION THROUGH INTERVIEW OR OBSERVATION.]

M0	Are there any Infection prevention (IP) protocol charts or IP posters to guide staff	Yes 1 No 2	
----	--	---------------------------	--

Sl. #	IP Steps	Yes	No	Remarks
	Hand Washing for facility staff			

M1	Does the facility have provision of hand washing	1	2 → M5	
M2	Does the facility have running water supply or storage of water	1	2	
M3	Does the facility have soap	1	2	
M4	Does the facility have antiseptic for hand-rub	1	2	
	Gloving			
M5	Are there <i>examination</i> gloves kept in autoclave drum?	1	2	
M6	Are the decontaminated examination gloves kept in boxes?			
M7	Are there utility gloves kept in autoclave drum?	1	2	
M8	Are the decontaminated <i>utility</i> gloves kept in boxes?			
M9	Are any gloves recycled here in this facility	1	2	
	Decontamination			
M10	Is there any document describing protocol for decontamination?	1	2	
M11	Is there at least one bucket for the purpose of decontamination?	1	2-->M13	
M12	Does the bucket have a cover?	1	2	
M13	Are there any handle(s) for stirring the materials to be decontaminated?	1	2	
M14	Are there any mugs?	1	2	
M15	Are there any weighing/measuring devices?	1	2	
M16	Is there bleaching powder solution for decontamination?	1	2	
M17	Is there 0.5% chlorine powder solution for decontamination?	1	2	
	Cleaning			
M18	Is detergent available?	1	2	
	Sterilization and High Level Disinfection			
M19	Is there a functional autoclave for sterilizing instruments?	1	2	

M20	Is there a functional electric sterilizer?	1	2	
M21	Is there a functional saucepan that is used for instrument sterilization?	1	2	
	House keeping			
M22	Are there disinfectant solutions used for cleaning floor sink and examination table?	1	2	
	Storage			
M23	Is there a designated storage area?	1	2-->M26	
M24	Is the storage area clean?	1	2	
M25	Is the storage area dry?	1	2	
M26	Are instruments stored in HLD/boiled container?	1	2	
	Waste management			
MA1	Is there a dedicated place for storage of waste materials	1	2-->MA4	
MA2	Is the waste-storage site properly labeled?	1	2	
MA3	Is the waste-storage site fenced and out of animal or children?	1	2	
MA4	Is there a BLACK bin for collection of general wastes?			
MA5	Is there a RED bin for collection of sharp wastes?	1	2	
MA6	Is there a YELLOW bin for collection of infectious wastes?	1	2	
MA7	Are all the bins covered?	1	2	
MA8	Does any of the bins contain mixture of wastes (i.e., infectious waste, sharp waste, or general wastes kept together in a bin)?	1	2	
MA9	Is there any spillage of wastes on the ground?			
MA10	Are sharp objects disposed in non-penetrable container?	1	2	
MA11	Are there leak-proof containers for decontaminating soiled instruments?	1	2	
MA12	Is there a functional waste-disposal system?	1	2	

MA13	Are there protective gears for waste handlers in the facility store? (To be observed in the storage area)			
MA14	Is there an incinerator for burning of wastes	1	2	

N. CLIENT RECORD REVIEW (INFORMATION TO BE COLLECTED THROUGH OBSERVATION)
 (i: SELECT 5 RECORDS OF EACH OF NSV, FEMALE STERILIZATION, IMPLANT AND IUD. THEY SHOULD BE THE LATEST DELIVERED METHODS/PROCEDURES. NUMBER THEM FROM 1 TO 5. FOR THE ANSWER BOX 'Y N 8' CIRCLE 'Y' IF THE ANSWER IS YES, CIRCLE 'N' IF THE ANSWER IS 'NO' AND CIRCLE '8' IN CASE OF 'NOT APPLICABLE. FOR THE ANSWER BOX IS BLANK, WRITE THE COMPLETED PROCEDURE NUMBERS IN THIS BOX. DO NOT LEAVE BLANK. WRITE 8 OR 88 IN CASE OF 'NOT APPLICABLE.

	Female sterilization					Male sterilization				
	1	2	3	4	5	1	2	3	4	5
N1	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8
N2										
N3	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8
N4										
N4a	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8
N4b	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8
N4c	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8
N4d	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8
N5	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8	YN 8
N6										
N7										
N8										
N9										
N10										
N10a										
N10b										
N10c										
N10d										
N10e										
N10f										
N10g										
	1	2	3	4	5	1	2	3	4	5

O. Service delivery data from the facility (INFORMATION TO BE COLLECTED THROUGH OBSERVATION)

COLLECT THE FOLLOWING INFORMATION FOR THE PERIOD JANUARY TO DECEMBER 2014 FOR THIS FACILITY
 [WRITE THE INFORMATION IN THE BOX, AND CIRCLE THE CODE '999'/9999, IF INFORMATION IS NOT AVAILABLE OR '888'/8888' FOR NOT APPLICABLE

No	Question	IUD	Implant	Tubectomy	NSV
O1	# of clients referred to this facility for _____ (methods name)	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888
O2	# of clients who accepted method _____ (methods name) from this facility	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888
O2a	# of clients who were referred to other facilities for _____ (methods name)	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888
O3	# of _____ acceptors who were followed up from this facility (methods name)	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888
O4	# of _____ acceptors who received treatment on side effects or complications from this facility (methods name)	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888

No	Question	IUD	Implant	Tubectomy	NSV
O5	# of _____ acceptors who (methods name) were referred from this facility to higher level for side effects or complications	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888
O6	# of _____ acceptors (methods name) Whose methods are removed in this facility	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888	# of clients <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No information 9999 Not applicable 8888		
	Ending time			Hours..... Minutes.....	

SAY THANK YOU AND END THE INTERVIEW

This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement AID-OAA-L-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of USAID or the United States government. TR-17-183; ISBN: 978-1-9433-6461-9

MEASURE Evaluation

University of North Carolina at Chapel Hill
400 Meadowmont Village Circle, 3rd Floor
Chapel Hill, North Carolina 27517
Phone: +1-919-445-9350 • measure@unc.edu
www.measureevaluation.org

