Impact Evaluation
of the Mayer Hashi II Project in Bangladesh

August 2019

ABSTRACT

The USAID-supported Mayer Hashi Phase II (MH-II) project, implemented during October 2013 through September 2018 aimed to increase the use of effective family planning (FP) and reproductive health services, with a focus on the informed and voluntary use of long-acting reversible contraceptives (LARCs) and permanent methods (PMs). This external impact evaluation was conducted by MEASURE Evaluation to determine the impact of the MH-II project on LARC and PM use at the population level. The evaluation used household, provider, and facility surveys conducted in 2015 and 2017 in early (Phase I) and late (Phase III) implementation districts supplemented by qualitative interviews with district family planning managers in 2017 to contextualize results.

There were no increases in LARC and PM use or in intention to use LARCs and PMs at the population level in Mayer Hashi Phase I or Phase III program areas by 2017. The percentage of providers who were trained in LARCs and PMs and PPFP increased notably in both Phase I and Phase III areas, but changes in intermediate outcomes hypothesized along the program pathway were not realized. Contextual analysis identified chronic system weaknesses in provision of LARCs and PMs outside of the scope of the MH-II project and persistent low demand for LARCs and PMs as impediments to widespread increases in the use of LARCs and PMs. Future programs focusing on LARCs and PMs need to consider these larger system constraints in their design and in setting their expected outcomes. They also need to further engage the private sector given its growing role in health care.

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EVALUATION

Impact Evaluation of the Mayer Hashi II Project in Bangladesh

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August 2019

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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. This report was prepared independently by MEASURE Evaluation's Mizanur Rahman (team leader), Siân Curtis, Rashida E-Ijdi, Moinuddin Haider, Ali Imam, Ali Ahmed, and Shelah Bloom. TRE-19-18; ISBN: 978-1-64232-122-7

ACKNOWLEDGMENTS

We would like to thank a large number of people and organizations that assisted and supported the Mayer Hashi II impact evaluation. We express our profound appreciation to the community women and household members who kindly participated in the surveys. We thank the service providers of the Directorate General of Family Planning (DGFP), Directorate General of Health Services (DGHS), and participating nongovernmental organizations (NGOs) and the private sector who participated in the facility and provider surveys. We appreciate their willingness to patiently respond to questions of a sensitive nature. We thank the Upazilla-level managers of DGFP and DGHS for their generous assistance in the provider survey.

We appreciate the support of the team members of the Mayer Hashi II project of EngenderHealth and the team leaders, Dr. Abu Jamil Faisel and Dr. Bushra Abbasi. They provided all the information and documents necessary to understand the project interventions and their modalities as well as helped us understand the project contexts at the facilities and in communities. They provided very useful feedback to the questionnaires that were used in the surveys, especially the provider survey.

Mitra and Associates conducted the surveys highly efficiently and professionally, including high quality data processing and data editing and cleaning. The development of appropriate data collection tools was possible due to their expert and diligent efforts in questionnaire revision and pretesting. We thank Mr. S.N. Mitra and Mr. Shahidul Islam for their expert organization and management of data collection, processing, and management. We also thank Professor Nitai Chakraborty for his expert help in the women's survey sample selection and data processing, and Dr. Aiko Hattori and Dr. Gustavo Angeles for their assistance, advice, and review of quantitative data analysis.

We extend appreciation to Dr. Samina Chowdhury, project management specialist at the U.S. Agency for International Development (USAID)/Office of Population, Health, Nutrition and Education (PHNE) in Dhaka for her support during the evaluation. Brenda Doe provided useful insights in the evaluation design.

The USAID Mission in Dhaka provided financial support for this evaluation. We are grateful for the continued assistance, support, and encouragement of Dr. Kanta Jamil, USAID's senior monitoring, evaluation, and research advisor, in this evaluation. She provided insightful and substantive comments and suggestions at different stages of the evaluation which strengthened the evaluation design and sharpened the interpretation of the findings.

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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	Directorate General of Family Planning
EH/MH	EngenderHealth/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

EXECUTIVE SUMMARY

Evaluation Purpose

The Mayer Hashi II (MH-II) project is a follow-on project to the previous Mayer Hashi (MH-I) project. MH-II was initially awarded to EngenderHealth for the period October 2013 to September 2017, but was subsequently extended to September 2018. The project's overall objective is "to increase use of effective family planning (FP) and reproductive health (RH) services, with **a focus on the informed and voluntary use of long-acting reversible contraceptives (LARCs), and permanent methods (PMs).**" The MH-II project aimed to deliver effective, high-quality FP services nationally, to increase demand for FP, particularly for lLARCs and PMs, and to support an enabling environment to advance access to LARCs and PMs and other FP and reproductive health services. Long-acting reversible contraceptives include IUD and implants and permanent methods include male and female sterilization (EngenderHealth 2014).

The U.S. Agency for International Development (USAID)/Bangladesh requested an external impact evaluation of the MH-II project to determine the impact of the project on the use of LARCs and PMs among married women in Bangladesh. The primary evaluation questions addressed by this evaluation are:

- Has use of LARCs and PMs changed among married women of reproductive age (MWRA) in Bangladesh in MH-II areas? How much has intention to use LARCs and PM increased among MWRA?
- Are increases in use of LARCs and PMs and intention to use LARCs and PMs among MWRA greater in districts exposed to MH-II interventions for longer periods of time compared to districts with shorter time exposure to MH-II interventions? Are intermediate outcomes among providers and MWRA greater in districts exposed to interventions for longer periods of time compared to districts with shorter times? Are changes in intermediate outcomes associated with increases in use of and intention to use LARCs and PMs?

This evaluation is not a comprehensive evaluation of all activities of MH-II. In particular, the scope of the questions does not cover the policy work that MH-II has done with the Government of Bangladesh or work it has done related to types of contraceptives other than LARCs and PMs, such as on injectables. The results of this evaluation will be used by USAID/Bangladesh and its partners to inform future family planning programs, particularly those related to use of LARCs and PMs.

Background

The MH-II model was grounded in the Supply-Enabling Environment-Demand (SEED) programming model (EngenderHealth, 2011; USAID, 2014). It was designed to apply a range of approaches, which can be grouped broadly into the following types of activities: use of mobile teams to provide LARC and PM services; training of providers from public, private, and NGO sectors; strengthening quality assurance through facility visits and checklists; strengthening commodity security mechanisms; limited behavior change communication (BCC) activities such as client leaflets and posters and provider job aids; and policy and system level activities to influence the regulatory environment and increase access to LARCs and PMs, including rollout of revised national clinical guidelines for LARCs and PMs.

MH-II interventions were implemented in three phases: 20 districts in project year 1 or Phase I, 18 districts in project year 2 or Phase II, and 26 districts in project year 3 or Phase III, although 8 districts were subsequently dropped from Phase III. Interventions were implemented in Phase I districts in Year 1 (October 2013–September 2014) of the MH-II project and interventions were implemented in Phase III districts in Year 3 (October 2015–September 2016).

Methods

The overarching design for the MH-II impact evaluation is based on a modified difference-in-differences (DID) approach, supplemented with a theory-based analysis that examines changes in indicators on the pathway to outcomes of interest. A population-based household survey and a health facility survey were conducted in June–October 2015 and in April–July 2017. In addition, in-depth qualitative interviews were conducted with District FP managers in 2017 to further contextualize results. However, the phase-in design of MH-II permitted an adapted DID approach that compares outcomes in Phase I districts, which were exposed to MH-II interventions for the full period of the project, with those in Phase III districts, where interventions were introduced in Year 3 of the project.

The 2015 household survey used a stratified multi-stage sampling design to obtain a representative sample of households and currently married women age 13–49 from Phase I and Phase III districts. All currently married women age 13–49 in selected households were invited to participate in the household survey. The 2017 household survey was conducted in the same primary sampling units (PSUs) as the 2015 household survey but a new sample of households was drawn within each PSU. The women's questionnaire covered background characteristics, a summary reproductive history, knowledge and use of contraceptive methods including attitudes towards LARC/PMs, discussion of LARC/PMs and postpartum family planning (PPFP) for women with a birth in the three years before the survey.

The sample for the 2015 facility readiness survey was drawn from the facilities serving the selected PSUs for the household survey and included public, private, and NGO facilities. The sample of health service providers for the provider survey was drawn from health service providers within selected facilities. The 2017 survey returned to the same facilities interviewed for the 2015 survey. The facility readiness questionnaire collected information such as availability of essential supplies, availability of trained staff, and exposure to MH-II interventions at the facility level. The provider questionnaire collected information on their readiness to provide LARC/PM services, their knowledge, skills, and practice in LARC/PM service provision, and on their exposure to MH-II interventions.

In-depth interviews (IDIs) were conducted with district level FP managers under the Directorate General of Family Planning (DGFP). In total, nine IDIs with three types of district level managers from eight districts were conducted. The IDIs covered various aspects of LARC/PM service provision and awareness and opinions of MH-II interventions. The analysis identified themes and subthemes, using deductive and inductive codes.

Quantitative analysis included descriptive frequencies and cross-tabulations for primary outcomes (contraceptive use, LARC/PM use, contraceptive use among young recently married women, PPFP counseling and uptake, and intention to use LARC/PM in the future) and for intermediate outcomes (provider training, quality of care, BCC) along the program pathway. Comparisons are presented between 2015 and 2017 for Phase I and Phase III areas. The impact analysis used a modified regression-based DID model which was fitted for the primary outcome of interest, current use of a LARC/PM among currently married women. The model was fitted as a multinomial logit model with three categories for the outcome variable: no use of contraception, use of a LARC/PM, and use of another method.

Evaluation Limitations

The evaluation design was constrained by a number of practical considerations and features of the MH-II implementation. First, there were no areas that could serve as comparison areas due to the planned national implementation of the project. Second, the selection of districts for each implementation phase was not done randomly so there could be both observed and unobserved differences between early-phase and later-phase districts that could also affect change in their outcomes. Third, the MH-II project had been operating for about 18 months before the first round of data were collected in 2015 so the 2015 results are not true baseline information. The 2017 data collection was conducted less than two years after the first round of data collection in 2015 and approximately 12 months before the extended end date of the MH-II project. This means that change is assessed over a relatively short period of time and only over about half of the full length of the project. The potential impact of these limitations on the evaluation findings were assessed through a variety of additional analyses and comparisons with external data and the overall conclusions were found to be robust to these limitations.

Key Findings

Table S1 summarizes selected outcome and intermediate indicators along the program pathway from the Mayer Hashi II evaluation surveys. Table S2 summarizes the findings against the primary evaluation questions. Based on household, provider, and facility surveys conducted in 2015 and 2017, we found the following:

- There was an increase in the coverage of provider training in both Phase I and Phase III districts between 2015 and 2017, but there was little evidence that it changed provider practice related to LARC/PM service delivery in either Phase I or Phase III districts.
- Women's exposure to information on LARC/PM was low and it did not change over time in either area. Intention to use LARC/PM in the next 12 months was low and did not increase over the evaluation period in either area. After the mid-term evaluation of MH-II in March–May 2016, the MH-II project focused almost exclusively on strengthening supply side factors (e.g., through provider training and facility visits) and policy environment related to long-acting and permanent methods (LAPM).
- In the PPFP interventions, only a few women were offered postpartum IUD or tubectomy at the time of facility delivery, and this outcome was similar in Phase I and Phase III districts and in 2015 and 2017. Among women who delivered in a facility (public or private) fewer than one-in-five were offered a LARC/PM following delivery in either Phase I or Phase III districts and there was little change over time. Around one-in-four to one-in-five of those who were offered a method in a facility accepted the method.
- To contextualize the findings we examined a number of systemic factors that were outside the scope of the MH-II project but that could affect outcomes at the population level. The analysis of facility readiness to provide each LARC/PM showed that, although facility readiness to provide LARC/PM increased somewhat between 2015 and 2017 in Phase I areas, no more than 50% of each type of facility included in the facility survey had all equipment and supplies to provide each method according to national guidelines.
- The qualitative IDIs with district FP managers also highlighted systemic problems of inconsistent supervision practices and extensive staff vacancies within the health system that hinder provision of high quality services.

Overall, the use of LARC/PM among CMWRA did not change significantly between 2015 and 2017 in either Phase I or Phase III areas. The difference-in-differences model for use of LARC/PM found no statistically significant effect of the phase of the MH-II program on LARC/PM use ($p=0.243$). In Bangladesh, the use of LARC/PM declined from 11.4% in 1994 to 7.2% in 2004. It took another 10 years for LAPM to increase from 7.2% to 8.1% in 2014. In this environment, the evaluation period was short to observe significant change in use of LARC/PM.

Table S1. Selected outcome and intermediate indicators on the program pathway in Phase I and Phase III areas, 2015 and 2017 Mayer Hashi II surveys

	Phase I		Phase III	
	2015	2017	2015	2017
Population outcomes				
% CMWRA using a LARC and PM	8.5	9.1	9.2	8.9
% women under 25 and married for less than two years using a LARC and PM	1.5	1.3	1.0	0.9
% women with a birth in the 18 months before the survey in a health facility who adopted an IUD or tubectomy	5.1	5.5	4.7	4.1
% CMWRA who are not using a method, do not want to have any more children or are unsure if they want more children who intend to use a LARC and PM in next 12 months	3.1	2.5	2.9	2.0
Provider training				
% of MO-MCHs who have received training on LARCs and PMs	23.5	48.9	6.5	52.6
% of FWV who have received training on LARCs and PMs	26.2	59.4	25.7	57.7
% of MO-MCHs who have received training on PPFP	11.8	23.9	5.2	24.7
% of MO-MCHs who have received training on PPFP	15.0	29.7	13.1	28.0
Quality of care				
% CWRA who are using a LARC and PM who report they received counseling on side effects when they received their method	25.7	29.5	25.3	32.0
% women with a birth in the 18 months before the survey in a health facility who were offered postpartum IUD or tubectomy	15.5	16.5	16.0	13.0
% of MO-MCH reporting that they ensured that a client has full information on implant before acceptance	21.2	33.0	24.7	25.8
% of MO-MCH reporting that they explain side effects of tubectomy during pre-counseling	82.4	78.4	76.6	75.3
% of FWVs reporting that client understood key points of counseling before accepting IUD	14.5	4.3	15.1	2.9
Quality of care – facility readiness (contextual factor – not MH-II intervention)				
% of UHCs/MCWCs having required equipment and supplies for providing tubectomy	36.4	33.8	42.6	37.1
% of UHCs/MCWCs having required equipment and supplies for providing non-scalpel vasectomies (NSV)	34.7	32.2	35.5	37.8
% of UHCs/MCWCs having required equipment and supplies for providing implants	14.0	4.1	19.1	15.4
% of FWCs having required equipment and supplies for providing IUD	1.9	20.0	7.6	1.8
Behavior change communication				
% CMWRA who heard/saw/read about LARC/PM in last six months	37.2	29.8	35.5	36.7
% CMWRA who know that tubectomy can be provided at the time of a Cesarean section	64.4	69.5	63.4	66.8
% CMWRA who know that an IUD can be provided at the time of a normal delivery	12.9	12.2	13.6	11.8
% of UHC/MCWCs that had sufficient leaflets on LARC/PM for clients	37.2	57.9	39.0	49.7
% of FWCs that had sufficient leaflets on LARC/PM for clients	28.2	46.5	31.9	37.7

Table S2. Summary of key findings against primary evaluation questions

Primary Evaluation Question	Key Findings
How much has use of LARCs and PMs increased among CMWRA over the life of MH-II? How much has intention to use LARCs and PMs increased?	• Phase I districts were exposed to MH-II interventions starting January 2014 and Phase III districts starting October 2015. There has been no change in LARC/PM use among CMWRA in either Phase I or Phase III areas between 2015 and 2017. LARC/PM Use among young recently married women has also not changed and is negligible. • Analysis of external data (NIPORT 2014; NIPORT 2016; DGFP 2017) do not indicate that the LARC/PM use rate changed in Phase I districts between 2014 (when MH-II interventions started) and 2015 (when the first survey for this evaluation was conducted). • Intention to use LARC/PMs has not increased in either Phase I or Phase III areas between 2015 and 2017.
Are increases in use of and intention to use LARCs and PMs greater in districts exposed to MH-II interventions for longer periods of time compared to shorter periods of time?	• The lack of change in LARC/PM use or intention to use LARC/PM is similar in both Phase I and Phase III areas so is not associated with duration of exposure to MH-II interventions.
Is the duration of exposure to MH-II interventions associated with increases in intermediate outcomes among providers and women? Are changes in intermediate outcomes associated with increases in the use of and intention to use LARC/PM?	• There are no systematic differences in trends in intermediate outcomes (provider training, quality of care, BCC) between Phase I and Phase III areas suggesting that changes in intermediate outcomes are not associated with duration of exposure to MH-II interventions. • There were increases in trained providers in both areas and some increase in the availability of BCC materials in facilities in Phase I areas. There were few other systematic changes in other intermediate outcomes, however.

Recommendations

Table S3 presents recommendations following from the findings of this evaluation.

Table S3. Evidence and recommendations

Finding	Recommendation
Chronic system weakness	• Develop and test effective innovative systems approaches in 1–2 pilot districts for scale-up[1] • Test innovative approaches to engage the private sector
Low demand for LARCs and PMs	• In-depth research to understand barriers to LARC and PM demand and choice dynamics • Redesign and expand BCC strategies and approaches
Increasing facility delivery is an opportunity for PPFP but many women still deliver at home; High missed opportunities to counsel women on PPFP in the public sector; Most of the increase in facility delivery is in the private sector	• Continue efforts to increase facility deliveries • Strengthen interventions to promote counseling of all women who deliver in the public sector on PPFP • DGHS provides PP methods independent of DGFP • Engage private providers and OB/GYNs • Develop and test effective ANC counseling on PPFP in the private sector

Conclusion

There were no increases in LARC and PM use or in intention to use LARCs and PMs at the population level in Mayer Hashi Phase I or Phase III program areas during the period examined by this evaluation. The percentage of providers that were trained in LARCs and PMs and PPFP increased notably in both Phase I and Phase III areas but changes in intermediate outcomes hypothesized along the program pathway were not realized. Contextual analysis identified chronic system weaknesses in provision of LARCs and PMs outside of the scope of the MH-II project and persistent low demand for LARCs and PMs as impediments to a widespread increase in the use of LARCs and PMs. Future programs focusing on LARCs and PMs need to consider these larger system constraints in their design and in setting their expected outcomes. They also need to further engage the private sector given its growing role in health care in Bangladesh.

[1] MH-II adapted its approach in Year 5, including working in three districts to test new approaches.

1. INTRODUCTION

1.1. Evaluation Purpose

The Mayer Hashi II (MH-II) project is a follow-on project to the previous Mayer Hashi (MH-I) project. MH-II was initially awarded to EngenderHealth for the period October 2013 to September 2017, but was subsequently extended to September 2018. The project's overall objective is "to increase use of effective family planning (FP) and reproductive health (RH) services, with **a focus on the informed and voluntary use of long-acting reversible contraceptives (LARCs), and permanent methods (PMs).**" The MH-II project aimed to deliver effective, high-quality FP services nationally, to increase demand for FP, particularly for LARCs and PMs, and to support an enabling environment to advance access to LARCs and PMs and other FP and reproductive health services. Long-acting reversible contraceptives include IUD and implants and permanent methods include male and female sterilization (EngenderHealth 2014).

The U.S. Agency for International Development (USAID)/Bangladesh requested an external impact evaluation of the MH-II project to determine the impact of the project on the use of LARCs and PMs among married women in Bangladesh. The primary evaluation questions addressed by this evaluation are:

- Has use of LARCs and PMs changed among married women of reproductive age (MWRA) in Bangladesh in MH-II areas? How much has intention to use LARCs and PMs increased among MWRA?
- Are increases in use of LARCs and PMs, and intention to use LARCS and PMs, among MWRA greater in districts exposed to MH-II interventions for longer periods of time compared to districts with shorter time exposure to MH-II interventions? Are intermediate outcomes among providers and MWRA greater in districts exposed to interventions for longer periods of time compared to districts with shorter times? Are changes in intermediate outcomes associated with increases in use of and intention to use LARCs and PMs?

This evaluation is not a comprehensive evaluation of all activities of MH-II. In particular, the scope of the questions does not cover the policy work that MH-II has done with the Government of Bangladesh (GOB) or work it has done related to types of contraceptives other than LARCs and PMs, such as on injectables. The results of this evaluation will be used by USAID/Bangladesh and its partners to inform future family planning programs, particularly those related to use of LARCs and PMs.

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; gender equality has been achieved in primary and secondary school enrollment; and malarial deaths have been reduced (General Economics Division, 2015).

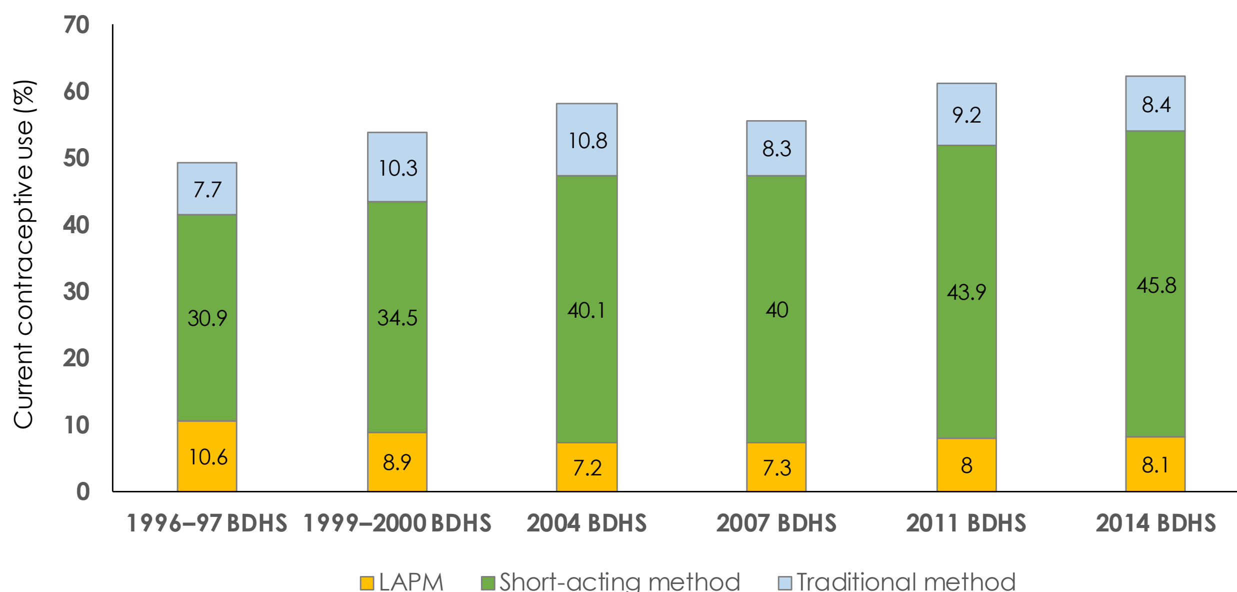
Bangladesh is one of the most densely populated countries in the world, with a high rate of population growth. Since its independence in 1971, one development goal has been to reduce fertility to replacement level to achieve sustainable population growth. Recognizing voluntary FP as a priority approach, the GOB, in close collaboration with development partners, has strengthened efforts to improve access to FP and RH 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% in the 1970s to 62.4% in 2014; while the total fertility rate (TFR) has declined from 6.3 births per woman in the early 1970s to 2.3 births per woman in 2009–2011 and 2012–2014 (NIPORT, 2016).

However, fertility has declined unevenly across geographic areas and populations. 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). Fertility levels also varied by women's socioeconomic status; women in lower wealth quintiles or those with low educational attainment had higher fertility than their wealthier or highly educated counterparts (NIPORT, 2016). As a result, fertility at the national level remained slightly above replacement.

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

Although a high proportion of CMWRA desire to limit childbearing (63%), their contraceptive use was mostly reliant on short-acting methods, including oral contraceptive pills, injectables, and condoms (NIPORT, 2016). Figure 1.1 shows the total CPR since the 1990s, broken down by three categories of FP methods: LARCs and PMs including intrauterine devices (IUDs), implants, and female or male sterilizations; short-acting modern methods including oral contraceptive pills (OCPs), condoms, and injectables; and traditional methods which included periodic abstinence and withdrawal. Although the national CPR has increased from 49% to 62% among CMWRA, this was largely the result of a substantial increase in women using short-acting modern methods (from 31% to 46%). The level of LARC/PM use decreased from 10.6% in 1996/1997 to 7.2% in 2004 and has since increased only slightly, to 8.1% in 2014.

Figure 1.1. National trends in current contraceptive use by method, BDHS surveys from 1996–97 through 2014



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) were based on currently married women ages 10–49; estimates from the three latest BDHSs (2007, 2011, and 2014) were based on currently married women ages 15–49.

The low use of long-acting and permanent methods (LAPMs) highlights a potential gap between fertility preferences and FP practices among couples. LAPMs are effective for an extended period and require minimum action, if any, from users; and because of their low maintenance, LAPMs 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 MH-II project was awarded to EngenderHealth in September 2013. It was initially planned to run from October 1, 2013 to September 30, 2017 and to cover all 64 districts of the country. The overall objective of MH-II was to increase the use of effective FP and reproductive health services, with a focus on the informed and voluntary use of LARCs and PMs. In contrast to MH-I, MH-II increased attention on urban areas and slums, and gave new emphasis to private-sector provision of LARCs. Particular attention was also given to postpartum FP (PPFP), and to young married couples to delay first birth.

MH-II defined 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 and PMs increased
  - Training, support, and performance improvement mechanisms institutionalized
- Demand for FP services, especially LARCs and 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 was grounded in the Supply-Enabling Environment-Demand (SEED) Programming Model (EngenderHealth, 2011; USAID, 2014). It was initially 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 providers in the GOB, NGOs, and private sector in LARCs and PMs through training centers and training of trainers at the district level. This activity included training on service provision, but also on supervision and quality assurance processes.
- Collaboration with the GOB, NGOs, and other private providers to increase availability of LARCs and PMs through training of providers, as noted above, and health systems strengthening including:
  - Strengthening quality assurance and family planning compliance through facility visits with the government quality assurance teams (MH-II developed quality assessment procedures including checklists), and

- Strengthening commodity/contraceptive security mechanisms—e.g., garment factory healthcare outlets had easy, routine access to contraceptive supplies from the government, through a memorandum of understanding (MOU) between DGFP and the Bangladesh Garment Manufacturers and Exporters Association (BGMEA).

- Application of a BCC strategy that included community-level BCC activities, and BCC materials at clinics, such as leaflets, posters, and job aids for providers. The activity also included both provider and satisfied client champions; target audiences included potential female clients, men, and community leaders.
- 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 included collaboration with the GOB to update and rollout clinical guidelines for LARCs and PMs.

One feature of the planned interventions was that MH-II would do little or no direct service provision (except through mobile teams). The model was 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 aimed at making policies more supportive of LARCs and PMs and improving underlying systems, such as logistics, potentially affect the entire system.

The MH-II project was originally designed to operate in all 64 districts of Bangladesh. MH-II activities were introduced at different times (i.e., phased in) across districts. In Year 1 (Phase I), MH-II worked in 20 districts in three divisions. In Year 2 (Phase II), the project expanded to an additional 18 districts. In the third year (Phase III), the project was expected to expand to the remaining 26 districts; however eight districts were dropped from Phase III following the MH-II mid-project evaluation (Figure 1.2). After the mid-project evaluation, the MH-II project focused almost exclusively on strengthening the supply side (availability) and policy environment and did not undertake community-level BCC activities and community mobilization including advocacy.

The Phase I districts were purposively selected to include a range of contraceptive prevalence rates (CPRs) and rates of LARCs and PMs use (high-, medium-, and low-performing districts). Other factors also influenced the decision of where to work first, such as whether the area 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 were as follows:

- Districts with a shortage of skilled providers
- Districts with a high CPR but low use of LARCs and 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 and PMs
- Districts with NGOs to scale-up interventions for young married couples

The 2010 Bangladesh Maternal Mortality and Health Care Survey (BMMS) provides estimates of LARCs and PMs use among CMWRA at the district level. The proportion of CMWRA using LARCs and PMs in districts where MH-II was active during Phases I, II, and III, was 6.6 percent, 6.2 percent, and 6.6 percent, respectively, so the LARC and PM use in the districts targeted for the three phases was comparable in 2010.

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

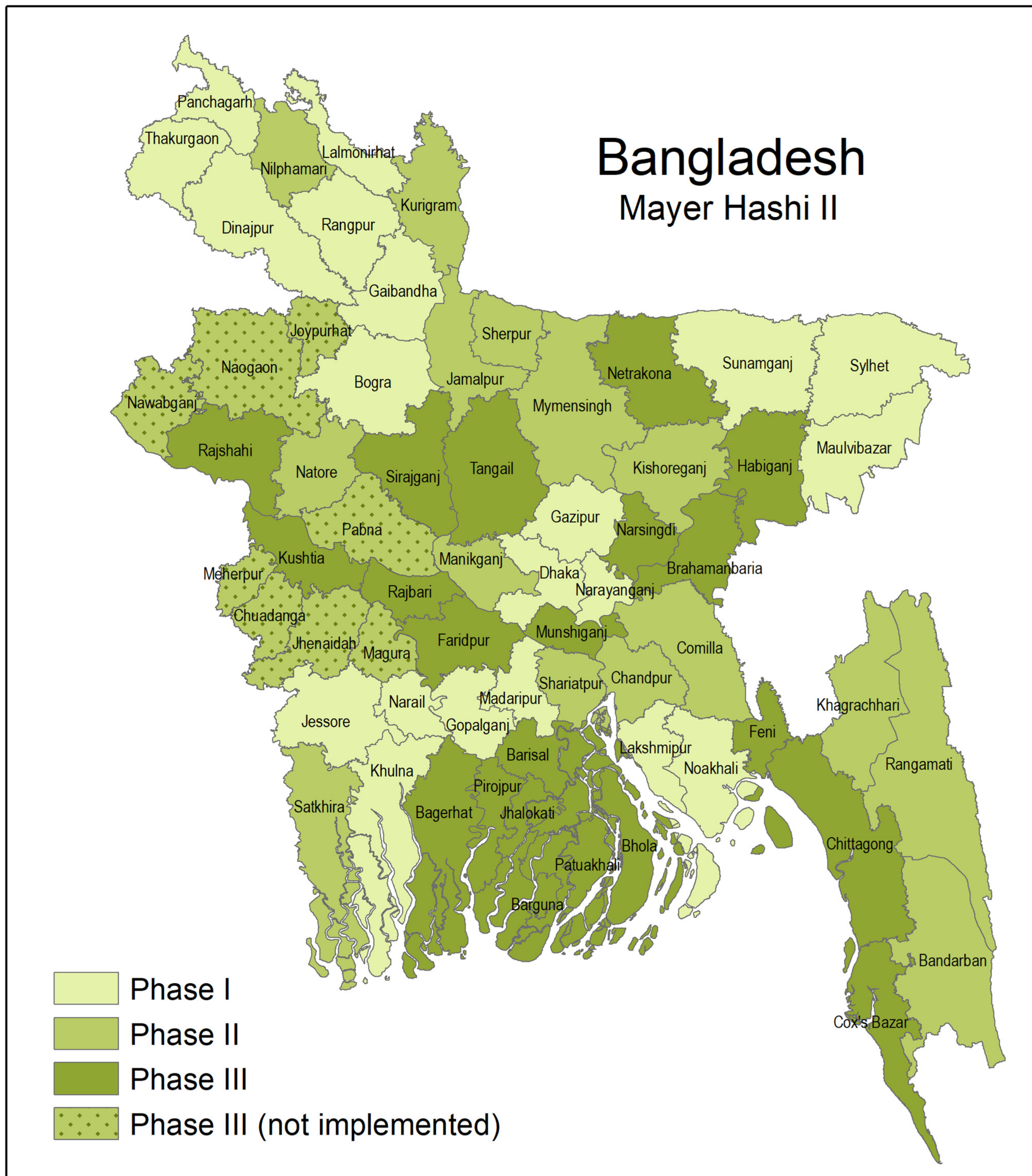
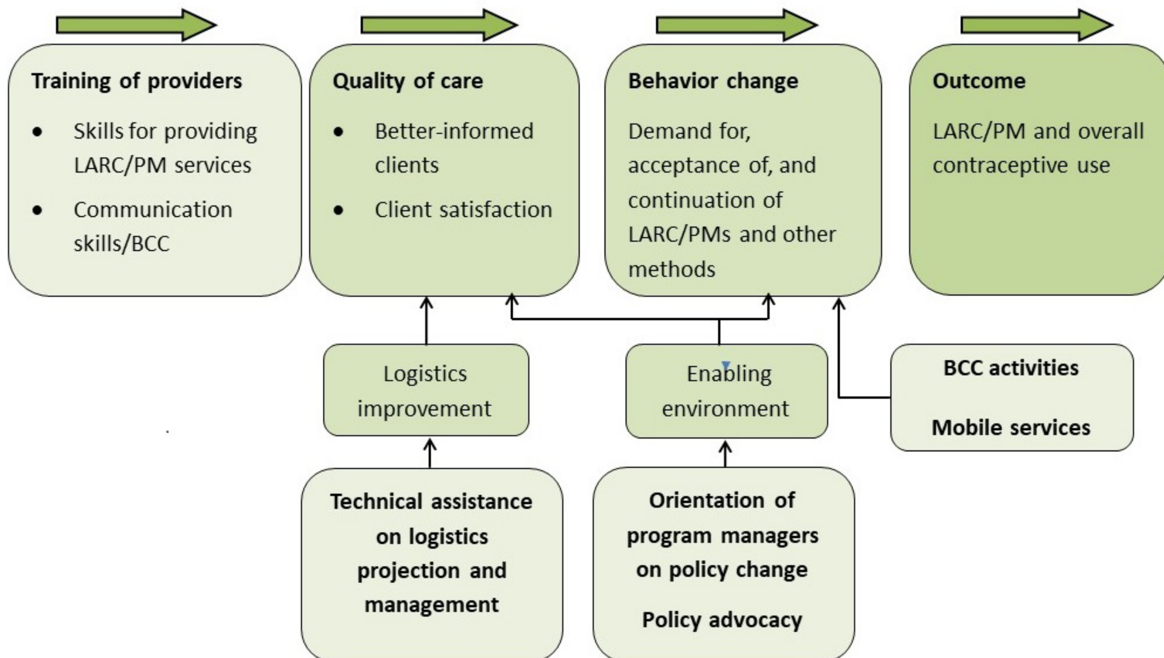


Figure 1.3 presents the pathways through which MH-II interventions are thought to influence contraceptive behavior. The primary goal of the project was to improve access to and use of LARC and PM services. Training of providers in the public, NGO, and private sectors combined with other kinds of logistical and systems support were expected to increase both access to and quality of LARCs and PMs and other FP services. Increased access to services combined with increased client satisfaction and BCC strategies were expected to generate greater demand for LARCs and PMs, and thus increase the use of LARCs and PMs. In addition, it was hypothesized that increasing access to and quality of LARC and PM services would have a greater impact on their use in relatively higher-performing districts (at baseline), due to the higher initial demand for these methods in those areas (Rahman, 2014).

Figure 1.3. Theoretical framework of pathways through which MH-II interventions may influence contraceptive behavior



2. METHODS

2.1. Evaluation Design

The overarching design for the MH-II impact evaluation is based on a modified DID approach, supplemented with a theory-based analysis that examines changes in indicators on the pathway to outcomes of interest. A population-based household survey and a health facility survey were conducted in 2015 and in 2017. In addition, in-depth qualitative interviews were conducted with District FP managers in 2017 to further contextualize results.

The DID method compares 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. The identification of comparison areas for this evaluation was challenging. There were no districts or areas within districts that were not expected to be exposed to MH-II, because the project was originally designed to operate in all 64 districts. Although there were areas that did not receive some components of the project, they could not be used as comparison areas because they differed systematically from the intervention areas in their service environments,[2] or because the geographic operation plan was not determined prior to the 2015 survey.[3] However, the phase-in design of MH-II implied that districts would differ in their lengths of exposure to the project. Therefore, an adapted DID approach is used that compares outcomes in Phase I districts, which were exposed to MH-II interventions for the full period of the project, with those in Phase III districts, where interventions were introduced in Year 3 of the project.[4]

2.2. Quantitative Survey

2.2.1. Evaluation Household and Women's 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. The 2015 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. The sampling frame was developed for each survey domain from the 2011 Bangladesh Population and Housing Census. Mohollas (in urban areas) and mouzas (in rural areas) served as primary sampling units (PSUs) in each survey domain. In each selected PSU, a household listing was conducted to construct a sampling frame to select households. An average of 30 households per PSU were randomly selected. All currently married women age 13–49 in the selected households were invited to participate in the household survey. The 2017 household survey was conducted in the same PSUs as the 2015 household survey. A new household listing was conducted in each PSU for the 2017 survey and a new sample of households was selected from the listed households.

[2] For instance, training on PPFP was only done in upazillas that had emergency obstetric care services, implying that some upazillas within districts would 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 received the rolled-out PPFP training.
[3] The exact rollout of some activities at the facility and client level was not totally within the control of MH-II because they operated through other partners that provide services directly (e.g., NGOs, private-sector doctors, and the GOB) and made decisions about how and where to rollout 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 would only have been operating for one year in Phase II districts at the time of the 2017 survey. Given the cascade nature of many of the interventions, one year was expected to be too short a period to expect to see large impact at the population level, so we determined that including Phase II districts would likely add little additional information on program impact.

The household questionnaire included a listing of 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. 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 questionnaire was administered to all currently married women age 13–49 in the selected households and covered background characteristics, a summary reproductive history, knowledge and use of contraceptive methods including attitudes towards LARCs and PMs, and discussion of LARCs and PMs and PPFP for women with a birth since 2012 (in the 2015 survey) or since 2014 (in the 2017 survey). The 2017 survey instruments can be found in Appendix C.[5]

Data collection for all surveys was implemented by Mitra and Associates, a research firm based in Dhaka. Fieldwork for the 2015 household survey took place between June 23 and October 12, 2015. Fieldwork for the 2017 household survey was conducted between April 18 and July 16, 2017. Quality control officers from Mitra and Associates provided continuous oversight of fieldwork and staff from MEASURE Evaluation conducted additional 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. Editing and coding of data were done at the Dhaka central office of Mitra and Associates and all data were double entered.

2.2.2. Facility Readiness and Provider Surveys

The sample for the 2015 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. For each selected household survey cluster the facility 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 in the manner detailed below.

- For a selected FWC, respondents were the family welfare visitors (FWVs) of that FWC, the SACMO (if posted in the FWC), and the FWA serving the village where the FWC was located.
- For a NGO clinic, a paramedic was interviewed.
- For 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 sub-assistant 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 Mayer Hashi II training.

The 2017 survey returned to the same facilities interviewed for the 2015 survey. If a facility had closed since the 2015 survey, a new facility of the same type was selected to replace it when available; 17 NGO clinics, five private clinics, and one private medical college hospital were replaced.

The facility readiness questionnaire was administered through face-to-face interviews with key informants at health facilities. The questionnaire collected 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. 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

[5] The 2015 and 2017 survey instruments were almost the same; only a few minor changes were made in 2017. The 2015 instruments can be found in Rahman, Curtis, and Haider, 2014.

items for each type of provider interviewed to reflect their different responsibilities. The questionnaire collected information on their readiness to provide LARC and PM services and their knowledge, skills, and practice in LARC and PM service provision, and on their exposure to MH-II interventions.

Fieldwork for the 2015 facility survey took place between June 23, 2015, and October 12, 2015. Field work for the 2017 facility surveys was conducted from April 24, 2017 to July 25, 2017. Field quality control procedures were similar to those used for the household survey. Editing and coding of data were done at the Dhaka central office of Mitra and Associates and all data were double entered.

2.2.3. Survey Response Rates

Tables 2.1, 2.2, and 2.3 present the results of the interviews with households and women, health facilities, and health service providers, respectively, for Phase I and III areas in 2015 and 2017. A total of 11,582 households were successfully interviewed in 2015 (5,761 in Phase I areas and 5,821 in Phase III areas) and 11,646 households were successfully interviewed in 2017 (5,796 in Phase I areas and 5,850 in Phase III areas). Household response rates were around 99%. From these households, 10,711 currently married women age 13–49 were successfully interviewed in 2015 (5,301 in Phase I areas and 5,410 in Phase III areas) and 10,696 women were interviewed in 2017 (5,235 in Phase I areas and 5,461 in Phase III areas). The response rates for currently married women ranged from 94.4% in Phase I and Phase III areas in 2015 to 96.5% in Phase III areas in 2017. The principle reason for nonresponse among individual women was women's absence at the time of the interview visit.

A total of 769 health facilities were successfully interviewed in 2015 (376 in Phase I areas and 393 in Phase III areas), and 751 health facilities were successfully interviewed in 2017 (359 in Phase I areas and 392 in Phase III areas). The response rates for the facility survey ranged from 81.2% in Phase I areas in 2015 to 97.8% in Phase III areas in 2017. In the interviewed health facilities, 1,863 providers were successfully interviewed in 2015 (903 in Phase I areas and 960 in Phase III areas) and 1,951 providers were successfully interviewed in 2017 (953 in Phase I areas and 998 in Phase III areas). The response rates for the provider surveys ranged from 90.7% in Phase I areas in 2015 to 94.8% in Phase I areas in 2017. The principal reason for nonresponse among providers was their unavailability at the time of the interview visit.

Table 2.1. Results of interviews with households and women

Numbers and response rates of households and women, Phase I and Phase III areas, 2015 and 2017 Mayer Hashi II surveys.

	Phase I		Phase III	
	2015	2017	2015	2017
Households				
Households selected	6,000	6,000	6,000	6,000
Household occupied	5,832	5,832	5,865	5,866
Household interviewed	5,761	5,796	5,821	5,850
Household response rate (%)[1]	98.8	99.4	99.2	99.7
Currently married women age 13–49 years				
Eligible women selected	5,616	5,465	5,730	5,660
Eligible women interviewed	5,301	5,235	5,410	5,461
Eligible women response rate (%)	94.4	95.8	94.4	96.5

[1] Households interviewed/households occupied

Table 2.2. Results of interviews with health facilities by type of facility

Number and response rate of health facilities by types of facilities, Phase I and Phase III areas, 2015 and 2017 MH-II surveys.

	Phase I		Phase III	
	2015	2017	2015	2017
Facility selected: by facility type				
DH/MCH	27	19	29	24
UHC/MCWC	141	122	165	143
FWC	119	102	138	116
Private/NGO	168	143	132	111
Rural dispensary	5	5	9	7
Unknown	3	0	1	0
Total	463	391	474	401
Facility interviewed: by facility type				
DH/MCH	21	19	24	24
UHC/MCWC	121	121	141	143
FWC	103	99	119	114
Private/NGO	126	116	102	104
Rural dispensary	5	4	7	7
Unknown	0	0	0	0
Total	376	359	393	392
Facility response rate: by facility type				
DH/MCH	77.8	100.0	82.8	100.0
UHC/MCWC	85.8	99.2	85.5	100.0
FWC	86.6	97.1	86.2	98.3
Private/NGO	75.0	81.1	77.3	93.7
Rural dispensary	100.0	80.0	77.8	100.0
Unknown	0.0	-	0.0	-
Total	81.2	91.8	82.9	97.8

Abbreviations: MCWC = maternal and child welfare center

Table 2.3. Results of interviews with health service providers

Number and response rate of providers by types of providers, Phase I and Phase III areas, 2015 and 2017 MH-II survey.

	Phase I		Phase III	
	2015	2017	2015	2017
Provider selected				
MO (MCH-FP)	112	110	103	123
Medical officer	133	122	113	111
Clinic manager	2	4	7	15
FWV	215	214	251	242
SACMO	21	27	23	30
Nurse	23	38	31	41
Nurse midwife	12	12	18	10
Paramedic	94	89	79	75
FWA	110	109	125	134
Service promoter	14	41	11	28
Community health worker	6	5	0	0
Obs/Gynecologist	157	127	151	119
RMO	97	107	125	135
Total	996	1,005	1,037	1,063
Provider interviewed				
MO (MCH-FP)	85	88	77	97
Medical officer	126	114	106	104
Clinic manager	2	3	5	14
FWV	214	212	245	239
SACMO	21	27	23	29
Nurse	23	38	30	41
Nurse midwife	12	12	18	10
Paramedic	92	89	78	74
FWA	108	109	123	132
Service prompter	13	40	11	28
Community health worker	6	5	0	0
Obs/Gynecologist	118	115	125	104
RMO	83	101	119	126
Total	903	953	960	998

Table 2.3. Results of interviews with health service providers (continued)

	Phase I		Phase III	
	2015	2017	2015	2017
Provider response rate (%)				
MO (MCH-FP)	75.9	80.0	74.8	78.9
Medical officer	94.7	93.4	93.8	93.7
Clinic manager	100.0	75.0	71.4	93.3
FWV	99.5	99.1	97.6	98.8
SACMO	100.0	100.0	100.0	96.7
Nurse	100.0	100.0	96.8	100.0
Nurse midwife	100.0	100.0	100.0	100.0
Paramedic	97.9	100.0	98.7	98.7
FWA	98.2	100.0	98.4	98.5
Service prompter	92.9	97.6	100.0	100.0
Community health worker	100.0	100.0	n.a.	-
Obs/Gynecologist	75.2	90.6	82.8	87.4
RMO	85.6	94.4	95.2	93.3
Total	90.7	94.8	92.6	93.9

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

2.2.4. Data Analysis

Quantitative data analysis was conducted in Stata 13.1 (Stata Corp LP, College Station, Texas). Analysis included descriptive frequencies and cross-tabulations for primary outcomes (contraceptive use, LARC and PM use, contraceptive use among young recently married women, PPFP counseling and uptake, intention to use LARCs and PMs in the future) and for intermediate outcomes along the program pathway (provider training quality of care, BCC). Comparisons are presented between 2015 and 2017 for Phase I and Phase III areas. Indicators are reported mainly as percentages and are weighted using the sampling weights. The impact analysis uses a modified regression-based DID model which is fitted for the primary outcome of interest: current use of a LARC/PM among currently married women. The model was fitted as a multinomial logit model with three categories for the outcome variable: no use of contraception, use of a LARC or PM, and use of another method (pill, condom, injectable, or traditional). The model included controls for several covariates: age, education, wealth quintile, religion, area of residence, and whether the woman watched TV every day or not. Survey year, intervention phase, and an interaction between the two are included in the model. The primary parameter of interest is the interaction term. A significant interaction between survey year and program phase indicates that the trend in the outcome is significantly different in the two program areas; also indicating a potential impact of the length of exposure to MH-II interventions on LARC and PM use.

Table 2.4 summarizes key MH-II outcome indicators that were collected in this evaluation for 2015 and 2017 for Phase I and Phase III areas.[6]

[6] The sample size is not powered to detect changes in all these indicators.

Table 2.4. Mayer Hashi II key outcome indicators collected by survey instruments in the Phase I and Phase III districts

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 PPFP services (e.g., received counseling)
4	Among women ages 15–49 who are not pregnant, not using LARCs and 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 six months

2.2.5. Strengths and Limitations

Strengths

A strength of this evaluation is that it triangulates multiple types of evidence to assess the impact of the MH-II project on use of LARCs and PMs rather than relying on a single approach. Specifically, it uses a statistical counterfactual approach (DID) and a theory-based approach to examine change along the program pathway to assess plausible program impact, and qualitative methods to contextualize quantitative findings. The mixed method approaches allow the evaluation to assess not only whether change occurred in the primary outcome of interest, but also provides insights into why change did or did not occur. A multi-faceted approach is helpful when working in a "real-world" situation where all evaluation designs have strengths and limitations (Stern, et al., 2012).

Limitations

The evaluation design was constrained by a number of practical considerations and features of the MH-II implementation. First, as described above, there were no areas that could serve as comparison areas due to the planned national implementation of the project. The analysis is therefore limited to comparing outcomes in areas that received project implementations early and were exposed to them for a longer period of time (Phase I) and those that received interventions later and were exposed for a shorter period of time (Phase III). The selection of districts for each implementation phase was not done randomly, so there could be both observed and unobserved differences between early-phase and later-phase districts that could also affect change in their outcomes. The DID approach addresses selection bias from observed differences by adopting a regression model including observed characteristics as control variables. Additionally, the DID approach addresses two sources of potential unobserved bias through its estimation method: time trends in the outcomes unrelated to the project, and time-invariant unobserved differences in the outcomes among districts of different phases. However, it rests on a parallel trend assumption that the trend in the outcome of interest would be the same in the two implementation areas in the absence of the program.

The MH-II project had been operating for about 18 months before the first round of data were collected in 2015. This means that the 2015 data could pick up early effects of the program in Phase I districts. However, analysis of available external data (NIPORT 2014; NIPORT 2016; DGFP MIS) indicate no change in LARC and PM use in Phase I districts between 2014 and 2015 (see Appendix B). The 2017 data collection was conducted approximately 12 months before the extended end date of the MH-II project and less than two years after the first round of data collection. This means that change is assessed over a relatively short period of time and only over about one-half of the full length of the project in Phase I areas.

All questionnaires were based on existing standard survey instruments where they existed and were pretested. However, obtaining accurate information on provider behavior was challenging. Self-reported questions on provider knowledge and practice suffer from several limitations and do not necessarily reflect actual behavior (Tumlinson, et al., 2014). These limitations should be considered when interpreting data from those questions.

These limitations and their implications for interpretation of the results are discussed in detail in Appendix B.

2.2.6. Qualitative Methods

The aim of the qualitative component of the evaluation was to provide contextual information on MH-II program implementation and provision of LARC and PM services to aid interpretation of the main quantitative findings. IDIs were conducted with district-level FP managers under the DGFP. In total, nine IDIs with three types of district level managers from eight districts were conducted: seven Deputy Directors of Family Planning (DDFPs), one Additional Director of Clinical Contraceptives (ADCC), and one Family Planning Clinical Supervision Team (FP-CST). Managers were purposively selected from four low-performing districts and four high-performing districts.

The IDIs covered supply, enabling environment, and demand related to PPFP service provision, knowledge and involvement in the design of MH-II interventions, opinions on training activities, challenges to health system strengthening, and mobile service delivery teams. Respondents were also asked to describe any achievements in LARC and PM uptake in the past few years, and to provide recommendations for future programs.

Interviews were conducted in Bangla in June–August 2017. All interviews were digitally recorded. The interviews were transcribed in Bangla for analysis and selected quotes to support themes were translated into English. The transcribed files were imported into a matrix table to facilitate analysis of the qualitative data. The analysis identified themes and subthemes, using deductive and inductive codes.

3. RESULTS

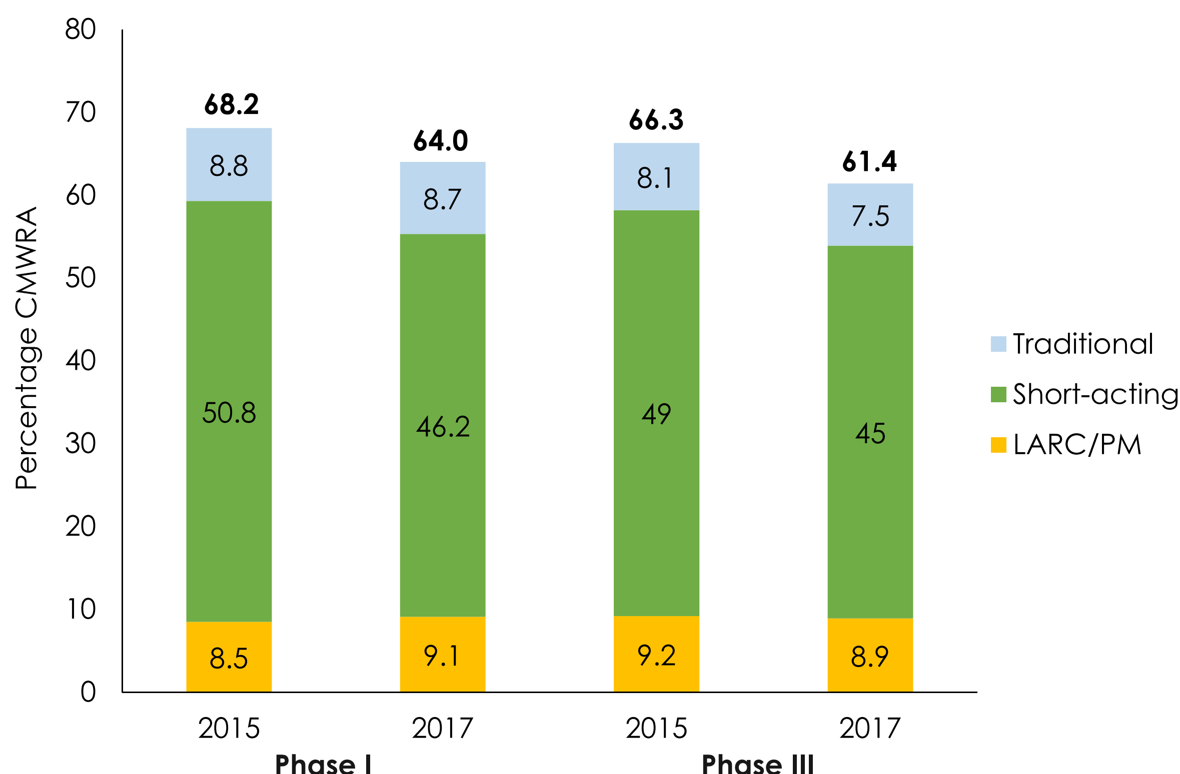
This chapter presents analysis to address the three primary evaluation questions described previously. Additional tables based on the 2015 and 2017 surveys are presented in Appendix A. Tables that correspond to the figures are cited in the results narrative.

3.1. Primary Outcomes

3.1.1. Contraceptive Use and Method-Mix

Contraceptive use among CMWRA, particularly use of LARCs and PMs, was the primary outcome of interest for MH-II. Figure 3.1 (Table A.1.15) depicts the percentage of CMWRA who were using any method of FP at the 2015 and 2017 surveys, and in the Phase I and III program areas. Over 60% of CMWRA use any method of FP. Contraceptive prevalence was slightly higher in 2015 than in 2017 in both Phase I and III areas, at 68% and 64% percent, and 66% and 61%, respectively. In both areas, the reduction in CPR was due mainly to a drop in the use of short-acting methods. Use of LARCs and PMs remained the same over time at around 9%, as did use of individual LARC and PM methods (Table A.1.15).

Figure 3.1. Percentage of currently married women ages 15–49 using contraceptive methods, by Phase I and Phase III areas, 2015 and 2017 Mayer Hashi II surveys

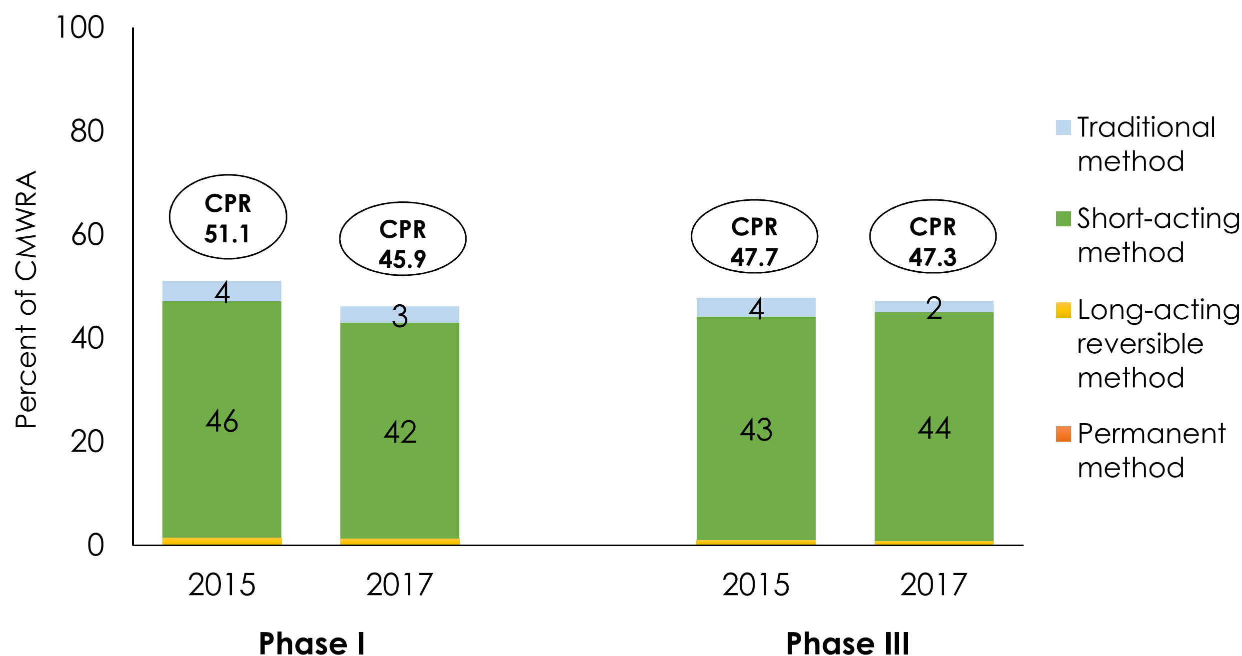


The difference-in-differences model for use of LARCs and PMs found no statistically significant effect of the phase of the MH-II program on LARC and PM use (p=0.243) (Table A.5.1). The marginal probabilities calculated from the DID model show no significant change in LARC and PM use in either Phase I or Phase III areas after controlling for background characteristics but a significant decrease in use of short-acting methods and corresponding significant increase in use of no method in both areas (Table A.5.2).

3.1.2. Contraceptive Use among Young Recently Married Women

Contraceptive use among young recently married couples was a focus of the MH-II project. About half of these women were using contraceptives in both Phase I and Phase III districts, shown below in Figure 3.2 (Table A.1.17). As observed for all CMWRA, the CPR was slightly lower in the 2017 survey than in the 2015 survey in both Phase I and Phase III districts. The vast majority of these women used short-acting methods, with only 1% using LARCs, and no use of PMs.

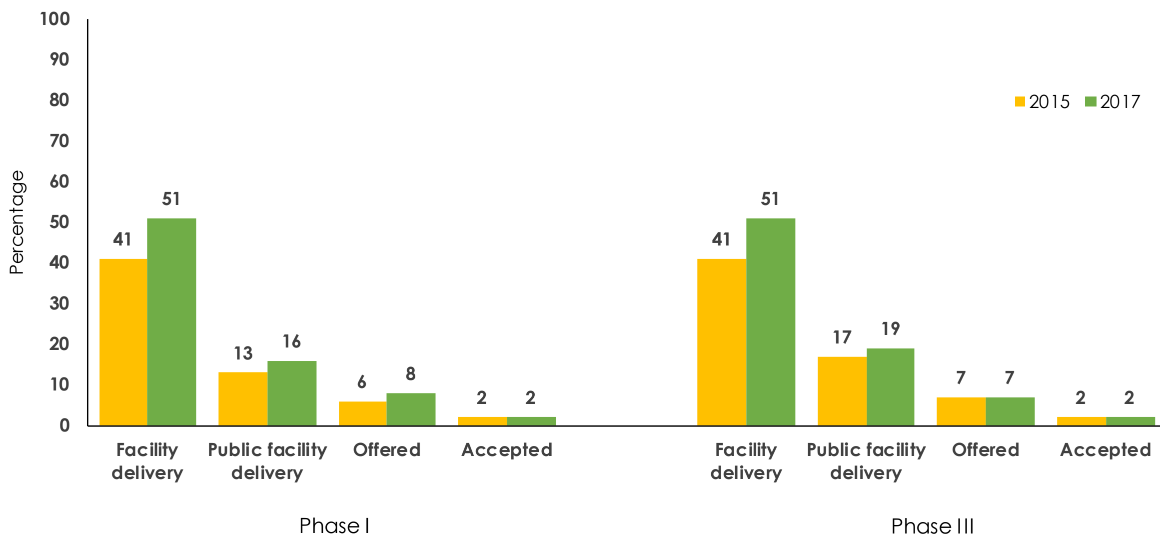
Figure 3.2. Proportion of women under age 25 married within the last two years who use contraceptives, by type of contraceptive method used, and Phase I and Phase III areas, 2015 and 2017 Mayer Hashi II surveys



3.1.3. Postpartum Contraceptive Counseling and Use

The MH-II project also focused on increasing counseling and uptake of PPFP among women delivering in a health facility, public or private. As shown in Figure 3.3A, among women who had given birth between October 2013 and August 2015 and between October 2015 and July 2017, facility delivery increased in both Phase I and Phase III districts by about 10 percentage points from 2015–2017; most of these deliveries were in private facilities. There was a slight increase in the proportion of women offered IUD or tubectomy postpartum in Phase I areas, but the total PPFP uptake was low, at 2–3% in both Phase I and Phase II areas, with no notable difference between the areas (Table A.1.18).

Figure 3.3A. Among women who gave birth between October 2013 and August 2015 and between October 2015 and July 2017, the proportions who delivered in a facility, were counseled for PPFP, and accepted PPFP, by Phase I and Phase III areas, 2015 and 2017 Mayer Hashi II surveys



The MH-II project focused its PPFP interventions in health facilities. Figure 3.3B focuses only on women who delivered in a health facility (public or private) in the 18 months before each survey. Of these women, the percentage who were counseled about PPFP stayed around 16–17% in Phase I areas and decreased from 16% to 13% in Phase III areas. Among women who delivered in a health facility and were offered PPFP, the percentage who accepted decreased from 30% to 21% in Phase I areas and stayed around 25% in Phase III areas. The number of cases on which these percentages are based is small, however. (Further breakdown of PPFP offer and acceptance by public and private facilities was not done because of the small number of cases.)

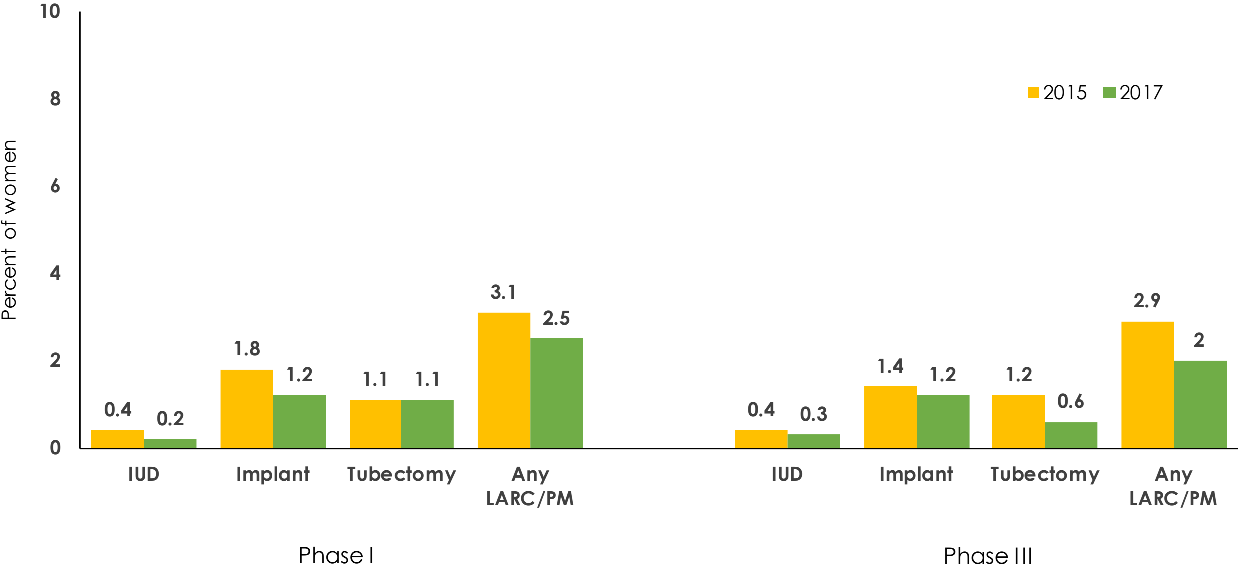
Figure 3.3B. Among women who delivered in a public health facility between October 2013 and August 2015 and between October 2015 and July 2017, the proportion who were counseled for PPFP, and among those who were counseled in a public facility, the proportion that accepted PPFP, by Phase I and Phase III areas, 2015 and 2017 Mayer Hashi II surveys

* Among those who were counseled on PPFP.

3.1.4. Intention to Use LARCs and PMs in the Future

Intention to use LARCs and PMs in the next 12 months is a measure of future demand for LARCs and PMs and is another primary outcome for the MH-II project. The MH-II surveys measured this intention among women ages 15–49 who were not pregnant, not using LARCs and PMs, and did not want any more children, or were undecided about wanting more children. The results are shown in Figure 3.4 (Table A.1.20). Overall, the percentage of women who said they intended to use any of the LARC and PM methods in the next 12 months was very low, below 5%. This indicator decreased slightly from 2015 to 2017 for each method, and for any LARCs and PMs. There was very little difference between Phase I and Phase III areas.

Figure 3.4. Among women ages 15–49 who are not pregnant, not using LARCs and PMs, and do not want more children (or are undecided about wanting more children), the proportion who intend to use LARCs and PMs in the next 12 months, by Phase I and Phase III areas, 2015 and 2017 Mayer Hashi II surveys



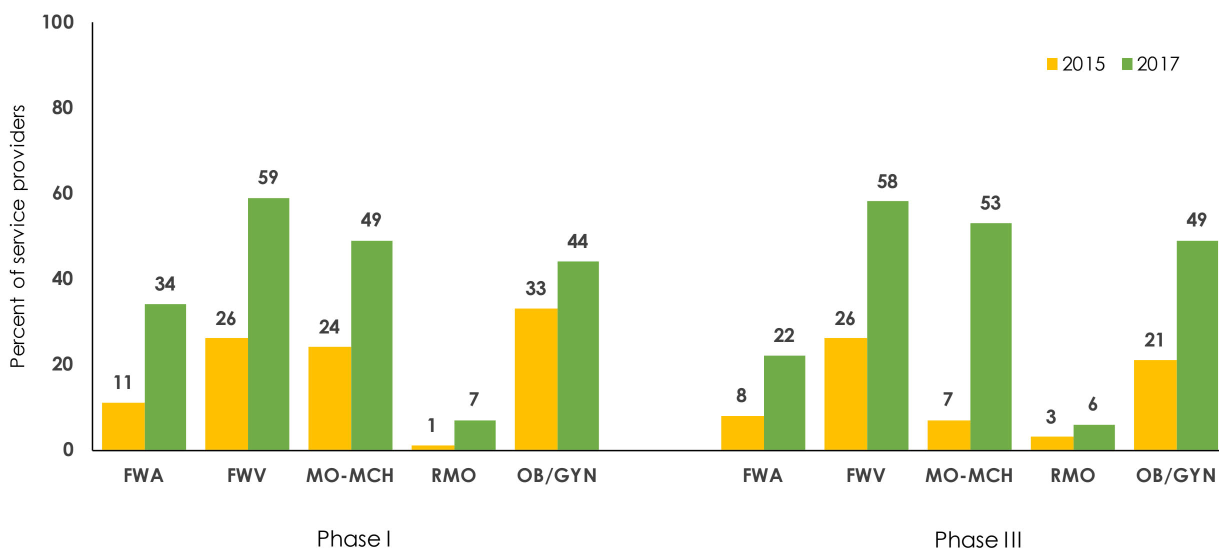
3.2. Intermediate Outcomes

In this section we discuss findings along the MH-II program pathway to better understand and contextualize the outcome level findings. We also present select qualitative results to further contextualize the findings.

3.2.1. Provider Training

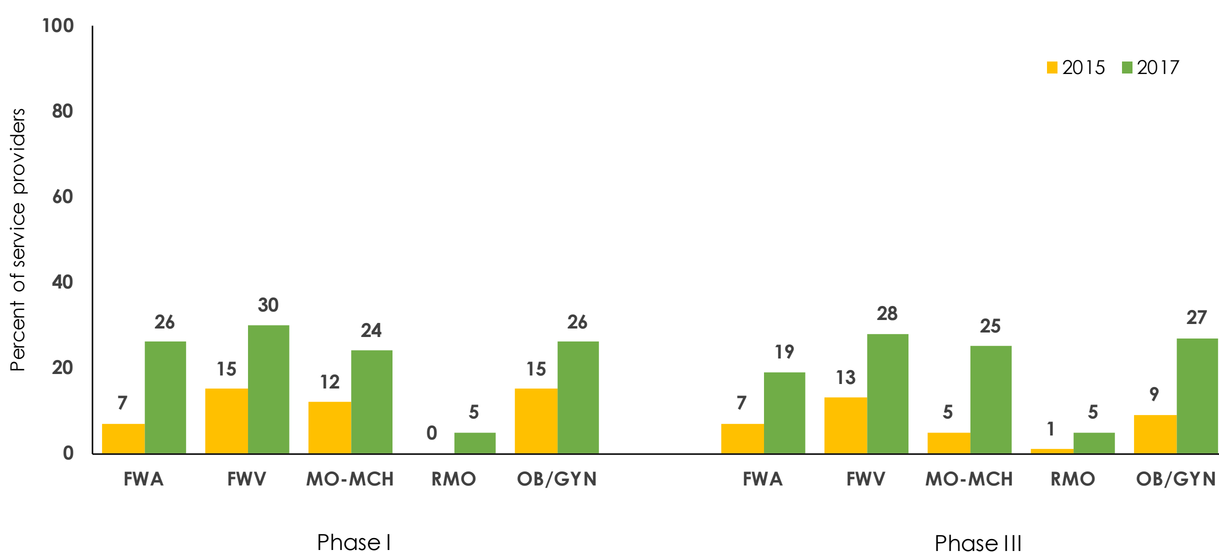
Provider training to increase the availability of and access to LARC/PMs was a key activity of MH-II. Figure 3.5 (Tables A.2.2 and A.2.3) shows the percentages of different types of service providers who were trained in LARCs and PMs since 2014. Many more providers were trained in 2017 compared with 2015, with a similar pattern observed for both Phase I and Phase III districts.

Figure 3.5. Percentage of providers who received training in LARCs and PMs since 2014, by type of provider, Phase I and Phase III areas, 2015 and 2017 Mayer Hashi II surveys



The percentage of providers who received training on PPFP is shown in Figure 3.6 (Tables A.2.2 and A.2.3), by type of provider. There was a sharp increase for all provider types between 2015 and 2017, and the increases were similar for both Phase I and Phase III districts. Fewer providers were trained in PPFP than in LARCs and PMs. In 2017, about one-quarter of all provider types had received training in PPFP in both Phase I and Phase III districts.

Figure 3.6. Percent of providers who received training on postpartum family planning since 2014 by types of providers, Phase I and Phase III areas, 2015 and 2017 Mayer Hashi II surveys



3.2.2. Qualitative Findings on Provider Training

For a training program to achieve its aim of increasing capacity, attention needs to be given to the process of selecting the appropriate trainees. The qualitative IDIs explored the involvement of district FP managers in selection of trainees and the use of needs assessments to plan trainings.

More than half of DDFPs stated that they were involved in trainee selection. DDFPs suggested participants and arranged for the training to take place. Overall, there was ample opportunity to be involved with the process of participant selection of the training. One informant said:

> *"Basically we select (the staffs) who will take part in the training. They (MH-II) only gave us number of participants and then we selected the relevant persons on the basis of staffs' strength and weakness."*
> *(Acting Deputy Director, Family Planning [DDFP])*

Another informant mentioned a different experience:

> *"Most of the time they (MH-II) do the participant selection by consultation with us (district family planning managers), but in some cases they also did all the selection process by their own."*
> *(Assistant Director Clinical Contraception [ADCC])*

Other informants (three-out-of-nine) said that they were not involved in the participant selection. These informants were not aware specifically of MH-II trainings. One informant said that he was not informed about the total process of participant selection of the MH-II training. They stated that trainees were selected by the highest FP authorities for any type of training. The central level directorate office sent a list of people to participate at the district level, demonstrating a top down process of participant selection. According to one informant:

> *"Actually, the trainings, which are run either by the government or by MH-II, have designed by the (family planning) directorate…or they (directly) tell the name of the group to whom they want to give training. We had nothing but to support the training by that plan." (Acting DDFP)*

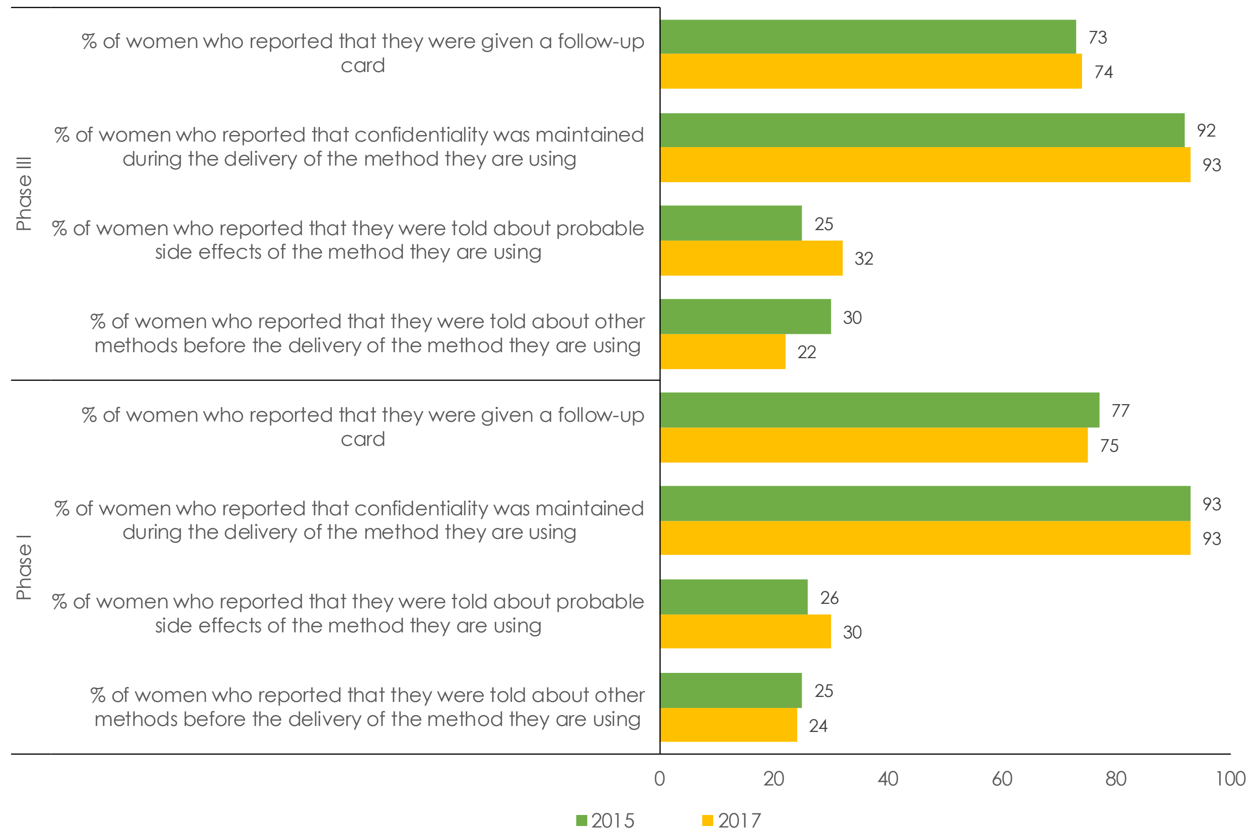
Only two of nine informants said that a needs assessment based on the skills of service providers was conducted. Priority was given to newly recruited staff. One informant mentioned that FWVs with small children and pregnant staff were not selected for training. Other informants (three-out-of-nine) mentioned that there was no needs assessment for training in their areas. Informants also mentioned different criteria as the basis of the needs assessment that was conducted. These findings suggest that needs assessments were not consistently conducted across sites, and when they were conducted, there was a lack of standardization of criteria used. One informant stated:

> *"…they finalized the program before (selecting the trainees) so there was no opportunity to add any new subject. We did what they told. We did not do any new things." (DDFP)*

3.2.3. Quality of Care

In theory, the MH-II program provider training is expected to lead to improved quality of care and more informed, satisfied clients. Quality of care was measured by facility-, provider-, and user-based indicators. User-based indicators of quality are shown in Figure 3.7. High percentages of LARC and PM users reported that they felt confidentiality was maintained (92–93% of women), and the majority reported they were given follow-up cards (73–77% of women) in both Phase I and Phase III areas. There was little change between 2015 and 2017. The percentage of LARC and PM users who reported that they were told about method side effects was four to seven percentage points higher in 2017 than in 2015 in Phase I and Phase III areas. In Phase III areas, the percentage of LARC and PM users who reported they were told of other methods before receiving their current method decreased from 30% in 2015 to 22% in 2017. Overall, there was little difference in these indicators of quality of care between Phase I and Phase III areas, and between 2015 and 2017 in either area (Table A.1.10).

Figure 3.7. Percentage of women ages 15–49 who were not pregnant and were using female sterilization, IUDs, or implants, reporting on quality of family planning care indicators, Phase I and Phase III areas, 2015 and 2017 Mayer Hashi II surveys



Tables A.2.4A to A.2.20B in Appendix A provide various indicators of provider self-reported knowledge and practice related to LARC/PMs by type of provider. Overall, there are few systematic patterns across these tables in either Phase I or Phase III areas. The percentage of providers spontaneously reporting selected pre-counseling elements for implant clients has generally increased in both areas (Tables A.2.10A and A.2.10B), as has the percentage of providers spontaneously reporting various elements of counseling of female sterilization clients at follow-up (Tables A.2.19A and A.2.19B). However, the percentage of providers spontaneously reporting elements of post-counseling for female sterilization clients generally declined in both Phase I and Phase III areas (Tables A.2.16A–B).

3.2.4. Qualitative Findings on Supervision and Use of Checklists

Training follow-up and supportive supervision are critical to translating training into behaviors that support quality of care. These functions were not within the scope of MH-II but are part of the functions of the GOB—according to the district level managers, a routine supervision mechanism was implemented by government officials. Five-out-of-nine informants stated that training follow-up was done on their own.

> *"We have our own follow-up system. Without the existing system of the department there is nothing….to see it differently." (DDFP)*

All informants spoke about a checklist in the government system. When asked whether or not the checklists were used properly, answers varied. Some informants (three-out-of-ten) said that although there was checklist, it was not used properly, or not everyone used it. One informant added that due to the lack of directorate level monitoring, the checklists were not being used properly. According to him:

> *"We have checklist, a very nice checklist. But many do not use this checklist…lack of supervision and monitoring is the reason behind nonuse of checklist. I cannot be said more than this [expressing fear to say something*

sensitive]. Only if a person from secretariat, if a deputy comes at the field, then there will be started earthquake [tried to indicate seriousness]. At that moment the providers will be busy to bring out papers, checklist. So, they [supervisors] must have to come, that is the main." (Acting DDFP)

Another informant, a doctor, said that the extended checklist takes a lot of their time, making it difficult to use. According to him:

"Being a doctor, I may say that, now the checklist that has been made has become very big. Now it is my word, though it not good to say, often doctors have to give service of ligation, vasectomy, or have to monitor these, it will take full one day for a doctor to fill up this checklist at field. They have also many duties there. Every day, that I have done a ligation, next I have two NSV to do, then what would I do going to field, then hurriedly, nothing could be done properly according to this checklist. It takes time to fill up the checklist properly." (ADCC)

Staffing levels can provide problems for effective supervision, as explained by one informant:

"No...not sufficient. An FPCST-QAT has 5–9 districts for supervision...Now, there are seven districts under a FPCST…350 FWCs. In this situation, one FPCSAT-QAT is not sufficient. The numbers of district that have been given is unrealistic." (ADCC)

Generally, systems were in place for follow-up and supervision to assure that the training provide was put into practice. However, actual implementation of these supervision practices varied.

3.2.5. System Factors Affecting Quality of Care: Facility Readiness

The MH-II project did not work directly on facility infrastructure to support provision of LARC and PM services but the readiness of facilities to provide LARC and PM services is a contextual factor that influences the ability of MH-II training and other interventions to affect quality of care and LARC and PM demand and use. Figures 3.8A and 3.8B show the percentage of health facilities that had the minimal equipment and supplies necessary to provide LARCs and PMs, by method. In the Phase I areas, there was generally an increase in readiness to provide all LARCs and PMs between 2015 and 2017—with the highest increase seen for IUDs, and then implants. Changes in readiness to provide LARCs and PMs were generally less pronounced in Phase III areas. However, no more than 50% of any type of facility had all equipment and supplies to provide each LARC and PM in either area (Tables A.3.10A and A.3.10B).

Figure 3.8A. Percentage of facilities where minimally required equipment and supplies to provide LARC and PM services were available on the day of survey, by method and facility type, in Phase I areas, 2015 and 2017 Mayer Hashi II surveys

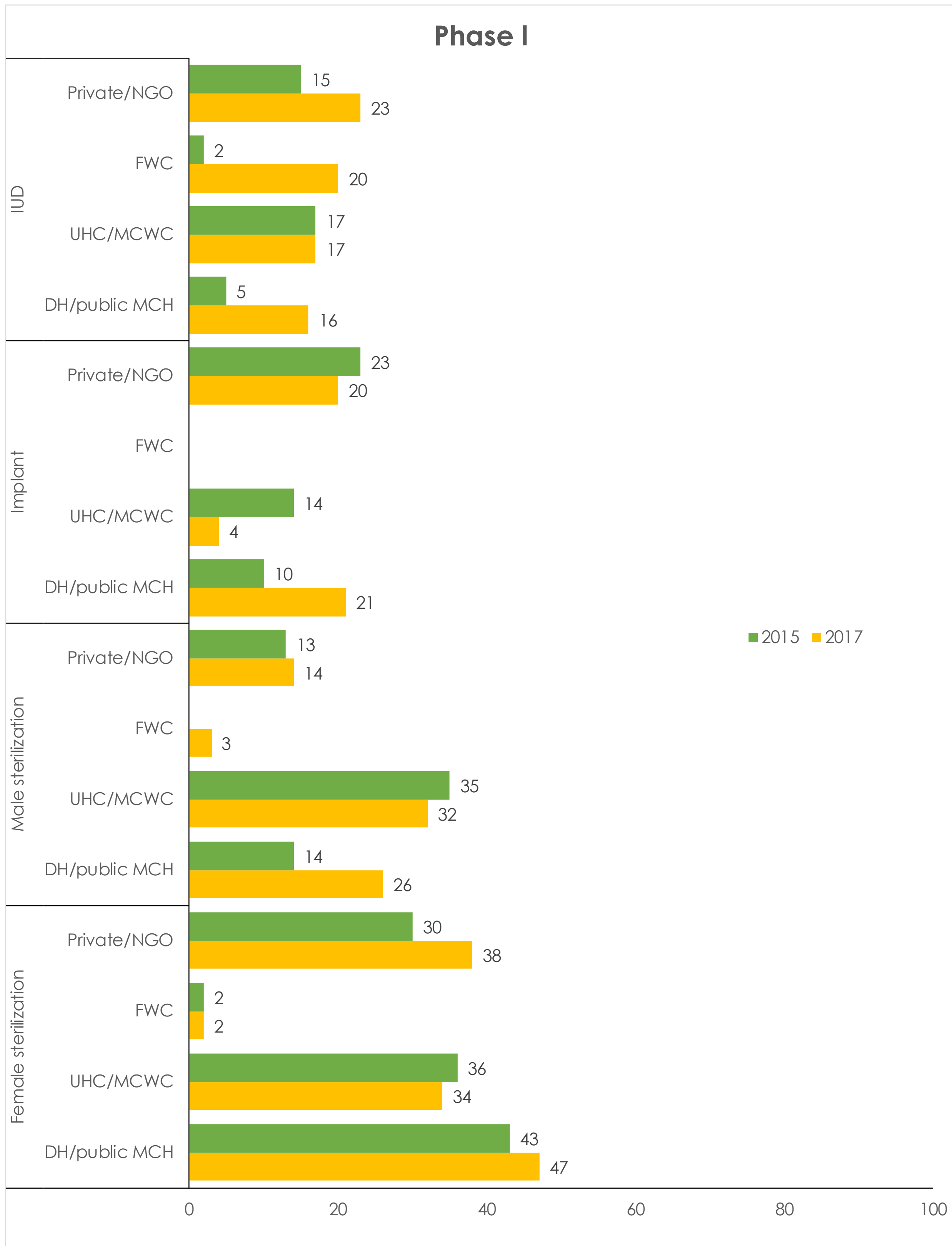
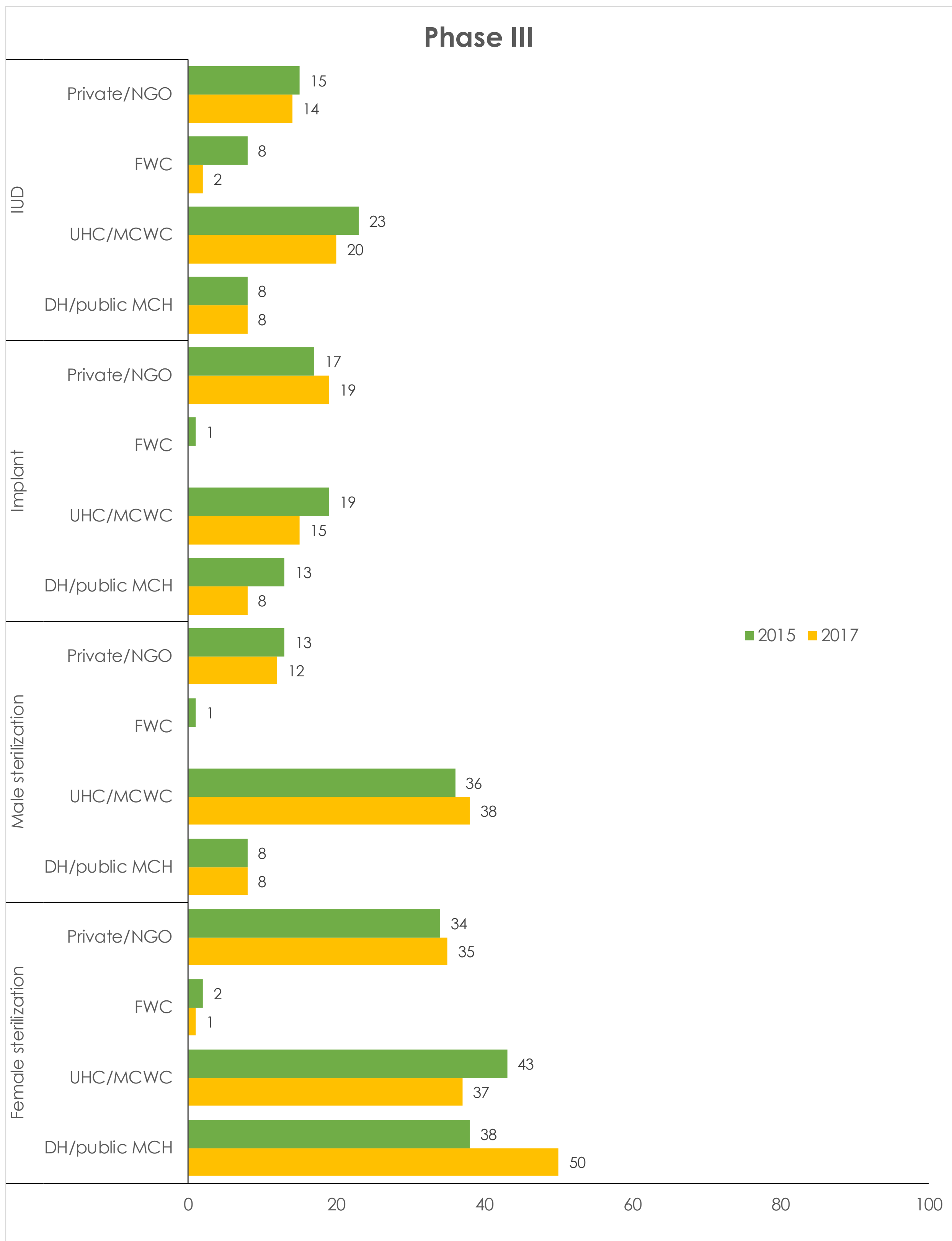


Figure 3.8B. Percent of facilities where minimally required equipment and supplies to provide LARC and PM services were available on the day of survey, by method and facility type, in Phase III areas, in 2015 and 2017 Mayer Hashi II surveys



3.2.6. System Factors Affecting Quality of Care: Staff Vacancies

Another external system factor that influences quality of care for LARC and PM services is facility staffing. All informants in the qualitative IDIs stated that the problem of vacant positions is extreme. There are vacant posts for most of the positions needed for FP—and especially LARCs and PMs—service delivery. And, recruitment to fill the vacant posts is fraught with difficulty due to lengthy national level administrative processes.

> *"We have total 342 sanctioned posts for FWA but at present we have 270 workers; we have 72 vacant posts. We advertised three times in 2014, 2015, and 2017. But still the recruitment process is not done." (Acting DDFP)*

> *"As the new recruitment process is always lengthy and it does not happen regularly. So if our 10 people go to retirement then there may be recruited six people. So still there remains four people gap. In this way, the gap has turned to a big human resource gap now." (Acting DDFP)*

> *"Vacancy! ...This is a national issue. It is not possible by us (district level authority) to recruit against the sanctioned posts. It has some administrative problems. This administrative problem hinders the required recruitment." (Acting DDFP)*

Another issue raised by informants was the recruitment of new, unskilled providers. One informant stated that there were some FWAs who were recruited from 2012 to 2014, meaning that they had only two or three years of experience and were still in the training process. They had not yet developed expertise to provide high quality care.

> *"But the problem is that…most of them (FWA) are newly recruited…they are on training process or do not have training yet." (DDFP)*

> *"There is some recruitment recently. But as they are new, it needs a special training to do that. Though they are doctor they need to do a registration after taking training. Then he can perform this task. After performing the task needs some time to develop the skill." (DDFP)*

Some informants mentioned that an unclear, lengthy promotion process, conflicts between doctors and non-doctor staff, and disagreements between the field level workers and visitors work to create a lack of job satisfaction in the FP sector. These dynamics push employees to try and transfer to other sectors.

> *"After then…family planning own doctors were recruited as per their demand but there was no career ladder built for them. As a result they remain at the same position that they had been recruited. They don't have job satisfaction. As a result many don't want to come at that place. Even they come, but when they see that they don't have job satisfaction there, don't have career ladder then they go to another job by switching over it." (Acting DDFP)*

3.2.7. Behavior Change Communication (BCC)

3.2.7.1. Availability of BCC Materials in Facilities

As noted in Section 1.3, most BCC activities were cut from the MH-II project following the mid-project evaluation. One of the BCC activities that was implemented was the distribution of leaflets and posters for clients and job aids for providers. The types of BCC materials that were available at each type of facility at the time of the survey in both Phase I and Phase III areas are shown in Figures 3.9A and 3.9B (Tables A.3.8A and A.3.8B). In Phase I areas, there was generally little change between the 2015 and 2017 surveys, although the availability of a sufficient number and easily identifiable leaflets for clients increased notably in FWCs and UHC/MCWCs. Fewer district hospitals/public MCH facilities had all types of BCC materials than other facility types. In general, more Phase I area facilities had BCC materials than Phase III area facilities in 2017 for each type of facility. In Phase III areas, there was generally an increase between 2015 and 2017 in the percentage of facilities with each type of BCC material available for UHC/MCWCs and FWCs but a decrease among district hospitals/public MCHs and private/NGO facilities.

Figure 3.9A. Percentage of facilities with various BCC materials available at each type of health facility, Phase I areas, 2015 and 2017 Mayer Hashi II surveys

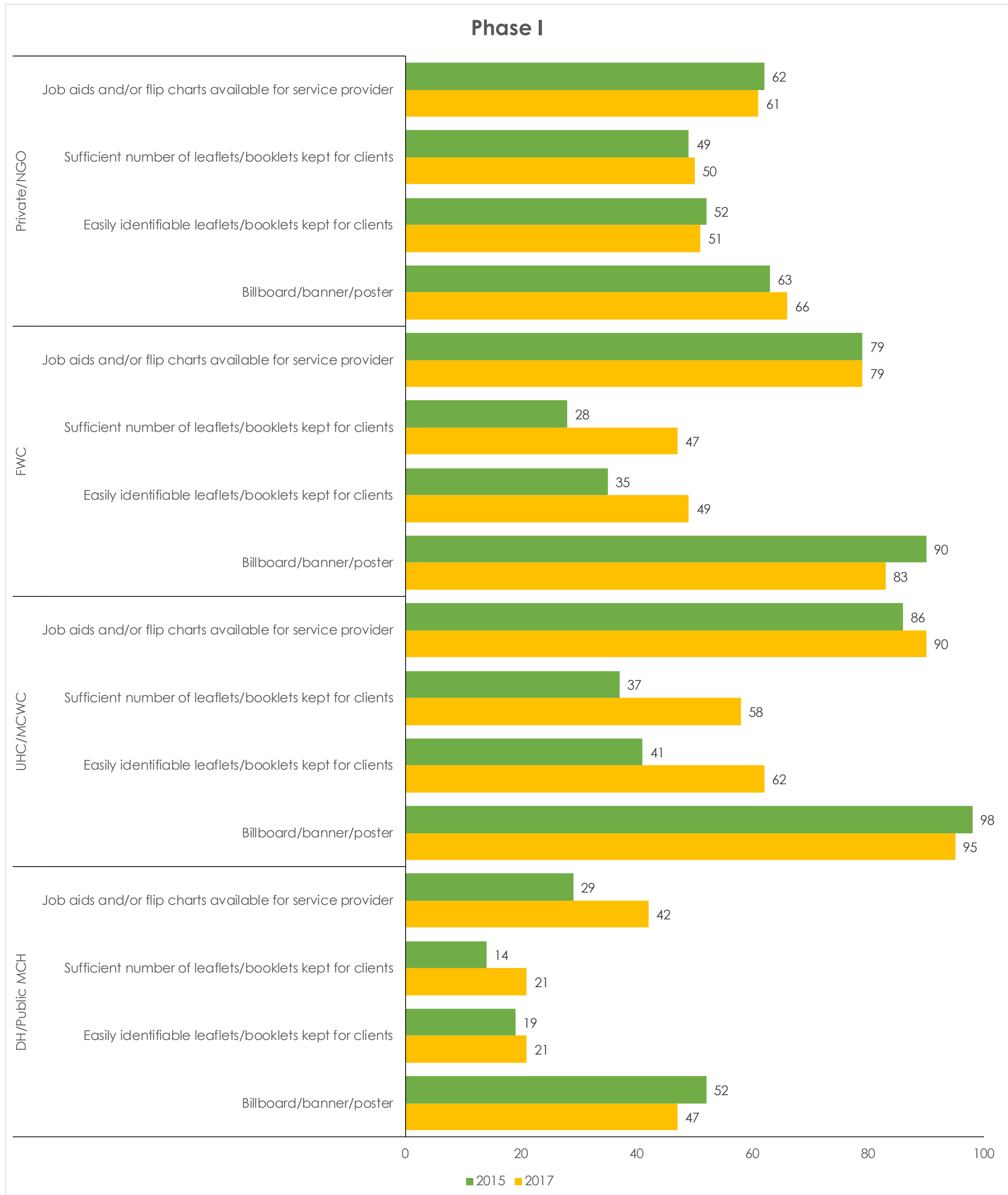
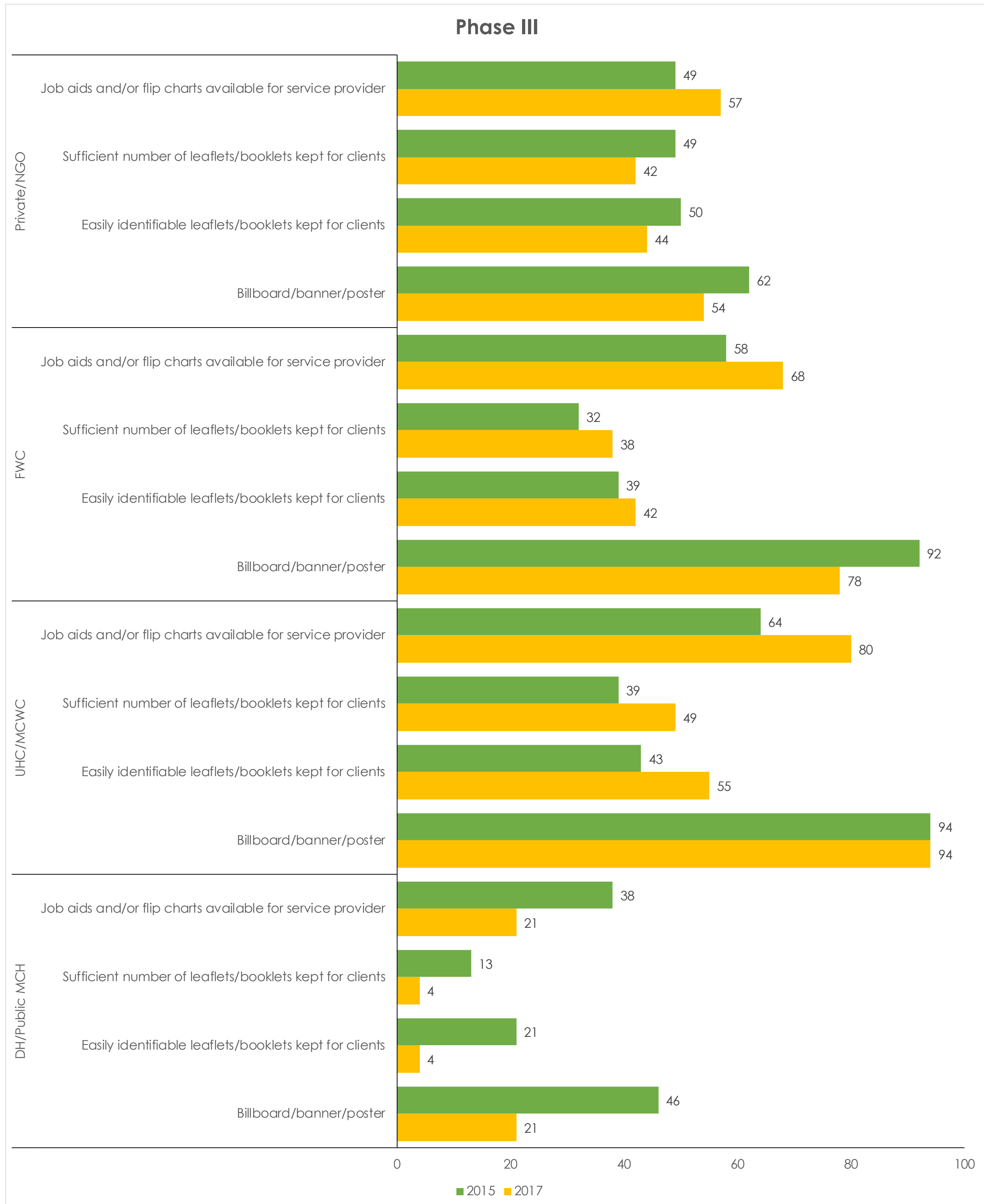


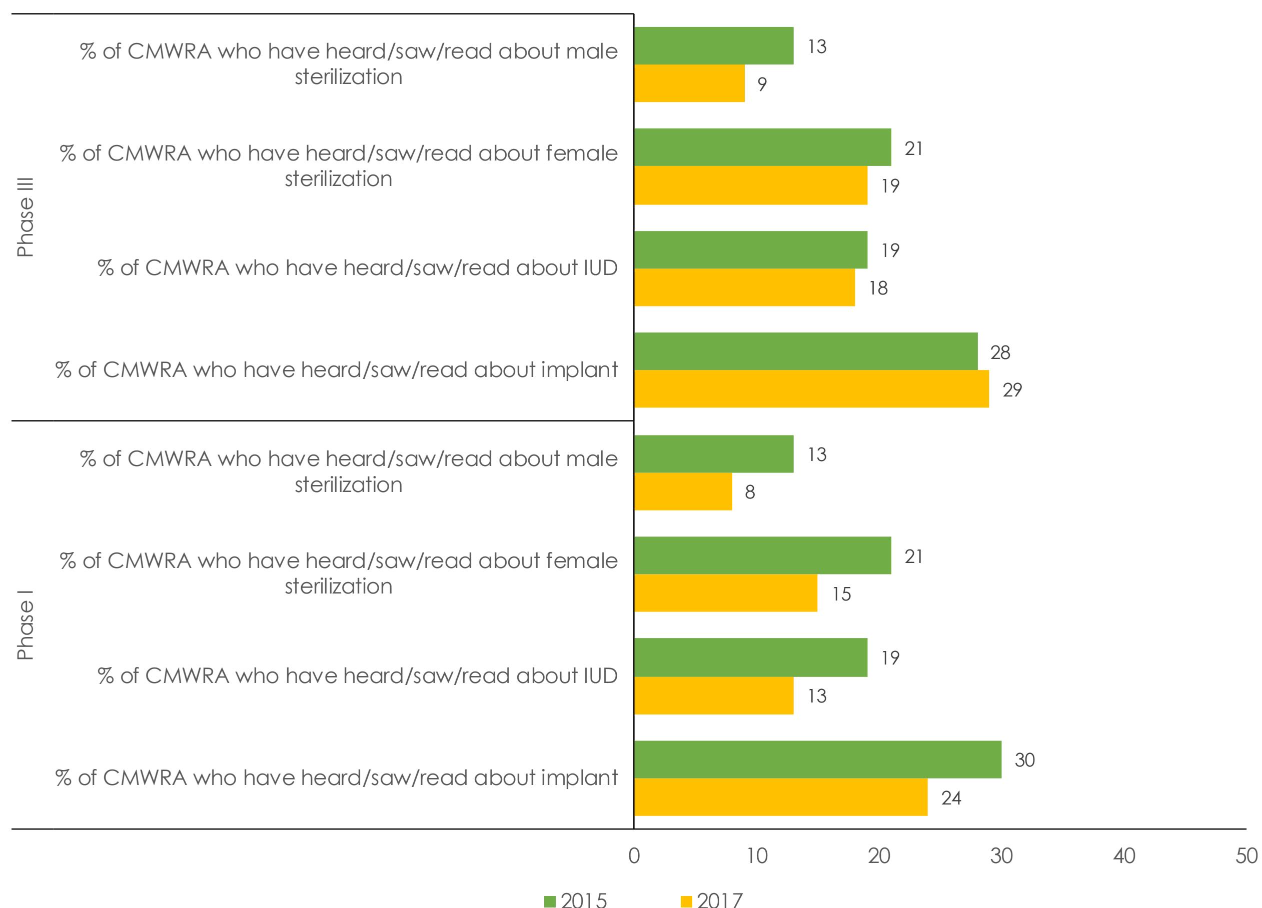
Figure 3.9B. Percentage of facilities with various BCC materials available at each type of health facility, Phase III areas, 2015 and 2017 Mayer Hashi II survey



3.2.7.2. Exposure of Women to LARC/PM BCC Messages

Figure 3.10 (Table A.1.11) shows the percentage of CMWRA who reported being exposed to BCC materials pertaining to LARCs and PMs, through any media, in the past six months. In both Phase I and Phase III areas, less than one-third of women had heard, seen, or read about each LARC and PM. Women were less likely to have been exposed to materials about male sterilization than other methods, and most likely to have heard, seen, or read about implants. In Phase I areas, slightly fewer women reported that they had heard, seen, or read materials on LARCs and PMs in the past six months in 2017 than in 2015. In the Phase III areas, there was little change in the percentage of women reporting being exposed by these materials between 2015 and 2017.

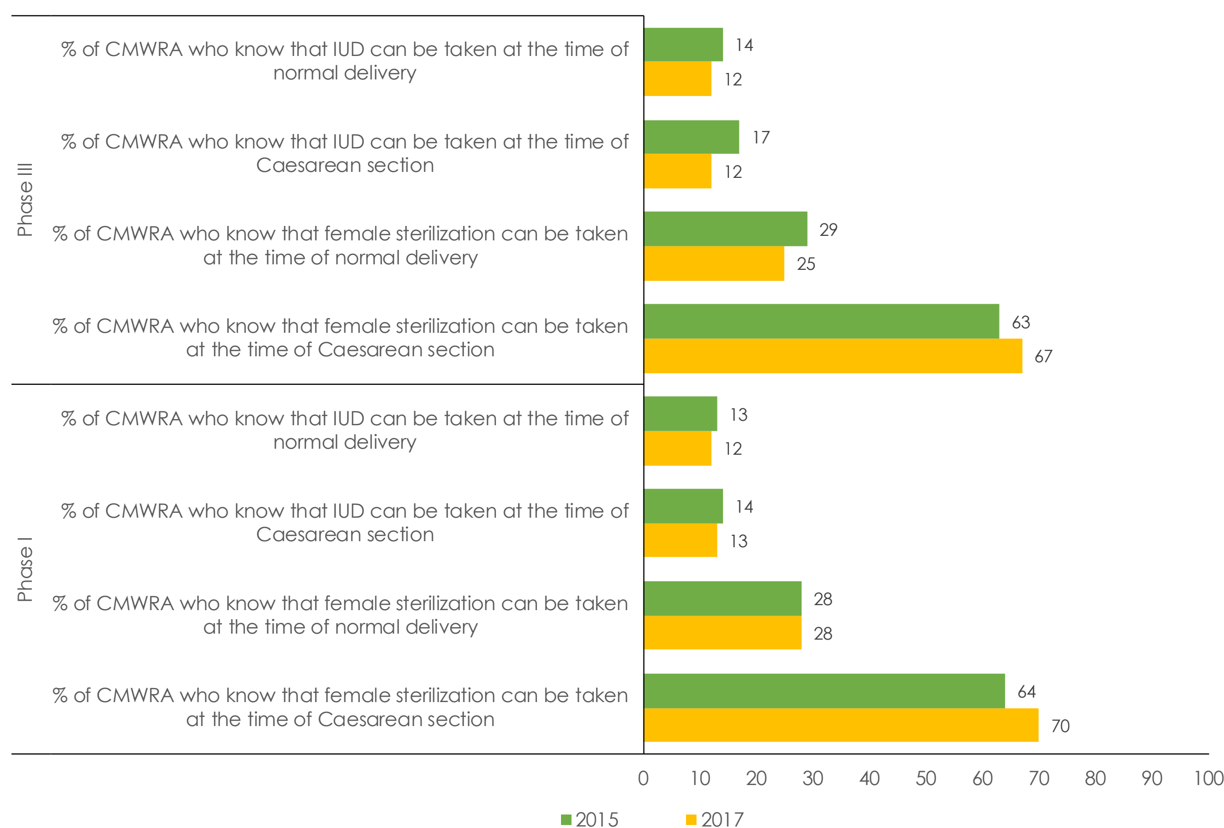
Figure 3.10. Proportion of married women ages 15–49 who had heard/saw/read about LARCs and PMs in the six months preceding the survey, by Phase I and Phase III areas, 2015 and 2017 Mayer Hashi II surveys



3.2.7.3. Knowledge of PPFP among CMWRA

One focus for MH-II BCC activities was to increase awareness of PPFP among CMWRA. Women were asked if they knew that female sterilization could be performed, and the IUD implanted after both normal delivery, and C-section delivery (Figure 3.11 and Table A.1.12). The majority of women in both Phase I and Phase III areas knew that female sterilization could be performed after a C-section, and this percentage went up slightly from 2015 to 2017 in both areas. Fewer women knew that sterilization could be performed after a normal delivery—this percentage remained unchanged in Phase III areas, and decreased slightly in Phase I areas. A much lower percentage of CMWRA were aware that an IUD can be inserted after either kind of birth. There was little change in this percentage between 2015 and 2017, and little difference between the Phase I and Phase III areas in either year.

Figure 3.11. Proportion of married women ages 15–49 who demonstrated knowledge about postpartum family planning, by Phase I and Phase III areas, 2015 and 2017 Mayer Hashi II surveys



4. DISCUSSION

The MH-II project aimed to deliver effective, high quality FP services nationally to increase demand for FP, particularly for LARCs and PMs, and to support an enabling environment to advance access to LARCs and PMs, as well as other FP and reproductive health services. This impact evaluation aimed to assess the population-level impact of the project on use of LARCs and PMs and on intention to use LARCs and PMs. It also examined intermediate outcomes along the program pathway and used qualitative interviews to better understand and contextualize population-level outcome findings. The key findings of the evaluation against the primary evaluation questions are summarized in Table 4.1.

Table 4.1. Summary of key findings

Primary Evaluation Question	Key Findings
How much has use of LARCs and PMs increased among CMWRA over the life of MH-II? How much has intention to use LARCs and PMs increased?	• Phase I districts were exposed to MH-II interventions starting January 2014 and Phase III districts starting October 2015. There has been no change in LARC and PM use among CMWRA in either Phase I or Phase III areas between 2015 and 2017. LARC and PM use among young recently married women has also not changed and is negligible. • Analysis of external data (NIPORT 2014; NIPORT 2016; DGFP 2017) do not indicate that the LARC/PM use rate changed in Phase I districts between 2014 (when MH-II interventions started) and 2015 (when the first survey for this evaluation was conducted). • Intention to use LARCs and PMs has not increased in either Phase I or Phase III areas between 2015 and 2017.
Are increases in use of and intention to use LARCs and PMs greater in districts exposed to MH-II interventions for longer periods of time compared to shorter periods of time?	• The lack of change in LARC and PM use or intention to use LARCs and PMs is similar in both Phase I and Phase III areas so is not associated with duration of exposure to MH-II interventions.
Is the duration of exposure to MH-II interventions associated with increases in intermediate outcomes among providers and women? Are changes in intermediate outcomes associated with increases in the use of and intention to use LARCs and PMs?	• There are no systematic differences in trends in intermediate outcomes (provider training, quality of care, BCC) between Phase I and Phase III areas, suggesting that changes in intermediate outcomes are not associated with duration of exposure to MH-II interventions. • There were increases in trained providers in both areas and some increase in the availability of BCC materials in facilities in Phase I areas. There were few other systematic changes in other intermediate outcomes, however.

Overall the evaluation found no change in LARC and PM use among CMWRA at the population level in either Phase I or Phase III areas. There was also no increase in intention to use LARCs and PMs among women ages 15–49 who were not pregnant, not using LARCs/PMs, and did not want any more children, or were undecided about wanting more children in either area. The MH-II project had a particular focus on women under 25 who had been married less than two years; LARC and PM use among these women did not increase and was less than 1% in 2017 in both Phase I and Phase III areas.

The MH-II Project Development Hypothesis (EngenderHealth 2014) identifies the following (simplified) pathways through which the project can affect LARC and PM use:

- Training of providers will lead to improved practice and higher quality services
- Higher quality services will increase demand for and use of services
- Clients will have greater access to BCC information and counseling about LARCs and PMs, leading to higher intention to use LARCs and PMs, and thus use of services (although BCC activities were scaled-back significantly)

Our analysis of intermediate outcomes along the program pathway shows that: (a) the percentage of providers trained in LARCs and PMs and PPFP increased in both Phase I and Phase III areas; (b) there were few consistent changes in quality of care indicators reported by women who were current users of LARCs and PMs or in self-reported LARC and PM knowledge and practice indicators among providers; (c) BCC materials availability increased at facilities, particularly in Phase I areas, but women reported low exposure to LARC and PM messages in the past six months; and (d) there was no increase in demand for LARCs and PMs as indicated by the intention to use LARCs and PMs in the future or current use. Thus, the changes in intermediate outcomes hypothesized along the program pathway were not realized, at least not at a scale that can be detected at the population level.

To further contextualize the findings, we examined a number of systemic factors that were outside the scope of the MH-II project but that could affect outcomes at the population level. The analysis of facility readiness to provide each LARC and PM showed that no more than 50% of each type of facility included in the facility survey had all equipment and supplies to provide each method according to national guidelines. In addition, qualitative IDIs with district FP managers highlighted the well-known problem of extensive staff vacancies within the health system that hinder provision of high quality services.[7] The long-term trend in national CPR and method-mix shows that the majority of the method-mix continues to be short-acting methods with low and stagnant LARC and PM use among CMWRA (NIPORT, 2016). This historical pattern, combined with low intention to use LARCs and PMs in the future among CMWRA, point to strong social norms supporting short-acting methods, which are increasingly obtained in pharmacies—especially in urban areas (NIPORT, icddr,b, and MEASURE Evaluation, 2015). In this context of chronic health system constraints to the provision of LARCs and PMs and persistent low demand for LARCs and PMs, generating significant increases in LARC and PM use at the population level in a relatively short time period is likely to be difficult.

Another area of focus for MH-II was working with public sector health facilities to provide training on PPFP, specifically postpartum IUD insertion and tubal ligation. Our results show an increase in the percentage of providers trained in PPFP. Less than one-in-five women with a recent delivery in a public health facility received PPFP counseling in Phase I and Phase III areas, but among women who were counseled in public facilities, between 20% and 30% accepted a postpartum IUD or tubal ligation, which suggests there is potential for PPFP counseling to increase uptake of these methods. However, this translates to only around 2% of all women with a recent delivery adopting a LARC or PM following PPFP counseling, because less than 20% of women with a recent birth delivered in a public health facility and were therefore potentially exposed to the MH-II PPFP counseling. The percentage of women with a recent birth who delivered in a health facility increased between 2015 and 2017, and is increasing nationally (NIPORT, et al., 2017) but most of the increase was in deliveries in the private sector.

[7] Quantifying the extent to which different components of the health system contribute to LARC and PM use was beyond the scope of this evaluation.

This impact evaluation raised a number of design challenges due to the national scope of the MH-II project and the timing of data collection in relation to the timing of interventions. The resulting limitations to the evaluation design are described briefly in the methods section and the potential implications of these limitations for our findings are analyzed in Appendix B. Although the primary impact analysis strategy was a modified DID approach, we built in a number of other options to allow analysis of the robustness of the evaluation findings to the limitations of the modified DID approach in this case. The evaluation findings do not rest solely on the modified DID approach. The modified DID analysis, descriptive trend analysis of outcomes in both Phase I and Phase III areas, trend analysis in Phase III districts only where interventions had not begun in 2015, analysis of longer term trends in LARC and PM use from a variety of data sources, and the theory-based descriptive analysis that assesses change across the program theory of change all point to the same conclusion that the MH-II project did not have an impact on population level use of LARCs and PMs. Our findings are also consistent with the findings of the MH-II mid-term evaluation which identified a number of impediments to achieving population level impact on LARC and PM use (USAID, 2016), and with the findings of the impact evaluation of the MH-I program, which used a similar program theory and approach (Rahman, Haider, and Curtis, 2016).

This evaluation is an impact evaluation and not a performance evaluation. As such, it does not evaluate the implementation of the MH-II project. Further, this evaluation does not evaluate the work of the MH-II project on FP policy. The MH-II mid-term evaluation addresses salient features of both implementation and the policy work of MH-II (USAID, 2016). A project can be implemented fully as planned and meet all benchmarks successfully yet a desired impact at the population level may not be achieved. This can happen for a number of reasons. For example, critical assumptions in the program theory may not hold in practice or may not hold in a particular context, other contextual or external factors may affect project impact, there may be gaps in the program theory and assumptions, or the scale and/or timeline of the project may not be sufficient to achieve the desired population level change. The purpose of an impact evaluation is to promote and inform discussion of strategic issues related to program theory, assumptions, and context, with the ultimate goal of learning from experience to adapt and improve future programs.

5. RECOMMENDATIONS

This evaluation identified chronic health system weaknesses in staffing and readiness to provide LARC and PM services, the growing use of the private sector for health services, and the persistent low demand for LARCs and PMs among CMWRA as important external contextual factors that likely contributed to the lack of impact of the MH-II project on population-level use of LARCs and PMs. These findings have implications for the most strategic role for future programs focusing on LARCs and PMs in this environment and for appropriate and realistic outcomes to set for such programs in the short to medium term. Table 5.1 summarizes recommendations following from the findings of this evaluation.

Table 5.1. Evidence and recommendations

Finding	Recommendation
Chronic system weakness	• Develop and test effective innovative systems approaches in 1–2 pilot districts for scale-up[8] • Test innovative approaches to engage the private sector
Low demand for LARCs and PMs	• In-depth research to understand barriers to LARC and PM demand and choice dynamics • Redesign and expand BCC strategies and approaches
Increasing facility delivery is an opportunity for PPFP but many women still deliver at home; High missed opportunities to counsel women on PPFP in the public sector; Most of the increase in facility delivery is in the private sector	• Continue efforts to increase facility deliveries • Strengthen interventions to promote counseling of all women who deliver in the public sector on PPFP • DGHS provides PP methods independent of DGFP • Engage private providers and OB/GYNs • Develop and test effective ANC counseling on PPFP in the private sector

It is not likely to be realistic for an individual project to be able to address chronic health systems weaknesses (e.g., widespread vacancies and systemic barriers to recruitment, gaps in supervision, lack of readiness of facilities to provide LARCs and PMs) without larger system change, which typically takes time. One potential role for future projects in the shorter term could be to develop and test innovative systems approaches that address multiple system bottlenecks in provision of LARCs and PMs in a small number of districts that can then serve as models for other districts. Such models could include the use of systems methods to identify new leverage points in the system for intervention. Technical assistance and advocacy to strengthen management of the health system at the central level could also be considered to compliment the model testing work and create an enabling environment to replicate successful models. Women and their partners already address chronic weaknesses in the public health sector by using the private health sector so models also need to address innovative ways to engage the private sector in the provision of LARCs and PMs. Evaluation of these interventions should be tightly linked to the program theory of change and likely will need to focus on incremental change in intermediate system outcomes or in pilot districts rather than widespread population-based change in the use of LARCs and PMs.

[8] MH-II adapted its approach in Year 5, including working in three districts to test new approaches.

Widespread population-based BCC regarding LARCs and PMs was not included in the MH-II project. Demand for LARCs and PMs is low and remains a constraint to widespread uptake of these methods, so more attention to demand-side barriers to choice of these methods is needed if the goal is to increase LARC and PM use at the population level. Qualitative research to understand method choice dynamics and barriers to LARC and PM use would be useful to test current assumptions about barriers to demand, and to design expanded BCC activities.

The postpartum period provides an important opportunity to counsel women on LARCs and PMs as part of comprehensive postpartum contraceptive options. The proportion of women delivering in health facilities is rising rapidly, providing increasing opportunities to provide PPFP counseling and postpartum LARC and PM services, but many women still deliver at home so sustained efforts to increase facility delivery remain important. In the public sector, where MH-II interventions focused, DGHS provides delivery care but DGHS providers often see family planning as the responsibility of DGFP and not their responsibility. DGHS needs to be able to provide PPFP independent of DGFP as part of its delivery care functions to address the high level of missed opportunities to counsel women on PPFP found among women delivering in public facilities. Most of the recent increase in facility delivery is in the private sector, so it is important that PPFP interventions include the private sector. There are a number of constraints to engaging private delivery care providers in PPFP so strategies for the private sector will need to be different from those in the public sector. However, given that fertility is low in Bangladesh, only a small fraction of women are postpartum at any given time so this needs to be kept in mind when assessing the potential population-level reach of PPFP interventions.

6. CONCLUSION

There were no increases in LARC and PM use or in intention to use LARCs and PMs at the population level in Mayer Hashi Phase I or Phase III program areas during the period examined by this evaluation. The percentage of providers that were trained in LARCs and PMs and PPFP increased notably in both Phase I and Phase III areas, but changes in intermediate outcomes hypothesized along the program pathway were not realized. Contextual analysis identified chronic system weaknesses in provision of LARCs and PMs outside of the scope of the MH-II project and persistent low demand for LARCs and PMs as impediments to widespread increases in the use of LARCs and PMs. Future programs focusing on LARCs and PMs need to consider these larger system constraints in their design and in setting their expected outcomes. They also need to further engage the private sector given its growing role in health care in Bangladesh.

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APPENDIX A. ADDITIONAL TABLES

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

Household Survey

Table A.1.1. Household composition

Percentage distribution households by sex of household head and household size, by low and high-performance areas and Phase I and Phase III areas, in 2015 and 2017 Mayer Hashi II surveys

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
Characteristics	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Household headship												
Male	84.6	81.5	88.6	86.1	87.0	84.2	85.7	79.3	91.8	86.2	88.0	81.9
Female	15.4	18.5	11.4	14.0	13.0	15.8	14.3	20.7	8.3	13.8	12.0	18.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of usual household members												
1	1.7	1.9	2.3	2.8	2.1	2.5	1.7	2.2	1.9	2.2	1.7	2.2
2	8.3	11.1	10.6	12.9	9.7	12.2	8.2	10.5	9.6	13.2	8.7	11.6
3	17.0	19.0	20.5	23.2	19.1	21.5	18.9	19.3	21.9	23.1	20.0	20.8
4	23.1	25.9	32.2	28.1	28.5	27.2	25.0	25.2	29.3	28.9	26.6	26.6
5	20.2	18.1	18.7	18.1	19.3	18.1	20.2	20.6	18.8	17.5	19.7	19.5
6	13.0	10.6	8.9	8.8	10.5	9.5	12.1	10.4	10.2	8.2	11.4	9.6
7+	16.6	13.3	6.8	6.2	10.7	9.1	14.0	11.7	8.3	6.9	11.8	9.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean size of household	**4.8**	**4.5**	**4.2**	**4.0**	**4.4**	**4.2**	**4.7**	**4.4**	**4.3**	**4.1**	**4.5**	**4.2**
Number of households	**2,475**	**2,505**	**3,286**	**3,291**	**5,761**	**5,796**	**2,476**	**2,511**	**3,345**	**3,339**	**5,821**	**5,850**

Table A.1.2. Housing characteristics and land ownership

Percentage distribution of households by socioeconomic characteristics (land ownership, housing characteristics, and selected household possessions) and by low and high-performance area and Phase I and Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
Characteristics	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Household land owning												
Only homestead land	49.5	45.6	46.7	43.7	47.9	44.4	50.5	47.6	46.9	42.8	49.1	45.8
Only cultivable land	0.3	1.3	0.5	1.0	0.4	1.1	0.1	0.5	0.5	0.6	0.3	0.5
Both homestead and cultivable land	45.3	46.8	45.2	45.3	45.3	45.9	45.3	46.3	49.0	51.0	46.7	48.1
No land	4.9	6.4	7.6	10.0	6.5	8.6	4.1	5.6	3.6	5.7	3.9	5.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Main roof materials												
Tin	88.8	87.4	76.6	75.8	81.5	80.5	87.2	85.2	92.0	90.1	89.0	87.0
Cement/ceramic tiles/tali/slate	10.4	12.1	20.7	22.2	16.5	18.1	10.4	13.4	7.2	9.4	9.2	11.9
Other (thatch/palm leaf/wood polythine/bamboo/cardboard)	0.9	0.5	2.7	2.0	1.9	1.4	2.4	1.5	0.8	0.5	1.8	1.1
No roof	0.0	0.0	0.0	0.0	0.0	0.0	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	100.0	100.0	100.0	100.0	100.0	100.0
Main wall materials												
Tin	50.2	50.7	30.4	31.5	38.3	39.3	49.1	49.5	52.0	53.5	50.2	51.1
Cement (with plaster)/stone/brick	33.9	37.8	45.4	50.3	40.8	45.3	27.7	31.0	29.1	31.8	28.2	31.3
Jute stick/cane/palm/trunks/ bamboo/mud/ stone with mud/ cardboard/wood planks	15.9	11.5	24.2	18.1	20.9	15.5	23.2	19.4	18.8	14.7	21.5	17.6
No wall	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.1	0.0	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

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

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
Characteristics	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Flooring materials												
Earth/sand	63.4	59.6	54.3	49.6	57.9	53.6	68.6	63.1	79.4	75.6	72.8	67.8
Cement/ceramic tiles	36.5	40.2	44.6	49.6	41.4	45.8	30.0	35.7	20.5	24.2	26.3	31.4
Other (wood planks/parquet/ polished wood/palm/bamboo)	0.1	0.2	1.1	0.9	0.7	0.6	1.4	1.2	0.1	0.2	0.9	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Source of drinking water												
Improved source[1]	99.4	98.9	99.5	98.7	99.4	98.8	99.7	98.9	99.2	99.5	99.5	99.1
Non-Improved source[2]	0.6	1.1	0.6	1.3	0.6	1.2	0.3	1.1	0.8	0.5	0.5	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Household sanitation facility												
Flush latrine	22.6	30.0	31.0	41.9	27.6	37.1	17.3	25.9	8.7	14.4	14.0	21.6
Improved pit latrine	34.8	33.1	31.2	28.9	32.7	30.6	33.1	33.4	33.2	34.0	33.2	33.6
Open pit latrine	39.9	35.5	35.1	26.8	37.0	30.3	47.5	39.5	56.6	50.9	51.0	43.8
Bucket/hanging/bush/other latrine	2.7	1.5	2.7	2.5	2.7	2.1	2.0	1.2	1.5	0.8	1.8	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Does the household members share the toilet facility												
Yes	36.0	35.7	45.2	45.1	41.5	41.3	30.1	29.8	30.8	30.4	30.4	30.1
No	64.1	64.3	54.8	54.9	58.5	58.7	69.9	70.2	69.2	69.6	69.6	70.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

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

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
Characteristics	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Household has electricity (national grid/solar)												
Electricity (national grid) only	66.1	72.9	74.5	80.8	71.2	77.6	68.1	76.3	62.4	70.0	65.9	73.9
Solar only	12.8	10.7	3.9	4.4	7.4	6.9	9.3	8.6	12.9	14.0	10.7	10.7
Both electricity and solar	1.5	7.6	0.4	2.7	0.9	4.7	1.9	5.0	0.7	4.4	1.5	4.8
Neither electricity nor solar	19.6	8.9	21.2	12.2	20.6	10.9	20.8	10.1	24.0	11.6	22.0	10.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Household has television												
Yes	43.8	47.5	50.5	54.6	47.8	51.7	42.6	45.4	35.3	40.8	39.8	43.6
No	56.2	52.5	49.5	45.4	52.2	48.3	57.4	54.6	64.8	59.2	60.2	56.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Household has mobile phone												
Yes	93.0	96.6	92.5	94.6	92.7	95.4	93.9	95.9	91.1	93.7	92.8	95.0
No	7.0	3.4	7.5	5.4	7.3	4.6	6.1	4.1	8.9	6.3	7.2	5.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Wealth quintile												
Lowest	18.4	18.1	19.6	19.8	19.1	19.1	19.8	19.5	22.8	23.2	20.9	20.9
Second	19.2	18.6	15.5	14.9	16.9	16.4	21.3	21.1	27.4	27.9	23.7	23.7
Middle	19.7	20.6	16.8	16.6	18.0	18.2	20.0	19.8	23.6	24.8	21.4	21.7
Fourth	22.6	22.6	20.4	22.0	21.3	22.2	20.3	21.2	16.4	13.2	18.8	18.1
Highest	20.1	20.2	27.8	26.7	24.7	24.1	18.6	18.5	9.9	10.9	15.3	15.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	**2,475**	**2,505**	**3,286**	**3,291**	**5,761**	**5,796**	**2,476**	**2,511**	**3,345**	**3,339**	**5,821**	**5,850**

[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, in 2015 and 2017 Mayer Hashi II surveys.

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
Background characteristics	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Age of women												
15–19	11.0	11.0	9.8	9.4	10.3	10.1	10.6	8.9	10.4	10.6	10.5	9.5
20–24	19.6	19.1	18.5	17.2	18.9	18.0	18.4	18.1	17.5	15.8	18.1	17.2
25–29	18.3	19.6	20.3	19.7	19.5	19.7	19.6	19.4	19.9	17.9	19.7	18.8
30–34	17.1	16.3	18.8	18.6	18.1	17.6	18.1	17.9	16.6	18.3	17.5	18.0
35–39	12.9	14.1	12.4	14.7	12.6	14.4	14.2	13.9	13.4	14.9	13.9	14.3
40–44	12.5	10.0	11.4	10.7	11.8	10.4	11.5	11.6	11.8	11.7	11.6	11.6
45–49	8.7	10.0	9.0	9.8	8.9	9.9	7.7	10.3	10.3	10.8	8.7	10.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of children ever born												
0	9.0	10.7	8.6	8.7	8.8	9.5	7.8	8.3	8.6	8.2	8.1	8.3
1–2	43.8	45.7	55.2	55.2	50.6	51.3	44.6	46.3	50.8	53.9	47.0	49.1
3+	47.2	43.6	36.1	36.1	40.7	39.2	47.6	45.4	40.6	37.9	44.9	42.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Education of women												
No education	21.8	16.5	24.7	18.2	23.5	17.5	23.7	16.6	25.6	18.1	24.4	17.2
Primary incomplete	19.1	21.2	19.6	21.1	19.4	21.1	19.1	20.8	19.1	23.7	19.1	21.9
Primary complete	16.1	14.9	11.8	11.9	13.6	13.1	13.3	13.6	12.7	12.7	13.1	13.3
Secondary incomplete	32.1	33.2	28.5	31.6	30.0	32.3	29.8	32.3	31.1	31.5	30.2	32.0
Secondary complete and higher	10.9	14.3	15.3	17.3	13.5	16.0	14.2	16.7	11.4	13.9	13.2	15.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table A.1.3. Sociodemographic characteristics (continued)

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
Background characteristics	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Wealth quintile												
Lowest	15.7	15.1	17.8	16.4	17.0	15.9	17.5	17.0	19.5	19.5	18.2	17.9
Second	18.5	17.6	15.1	15.5	16.5	16.4	20.3	20.4	27.1	28.1	22.9	23.3
Middle	19.6	20.2	17.8	17.1	18.5	18.4	20.5	20.1	24.9	26.0	22.1	22.3
Fourth	23.3	24.3	21.1	22.6	22.0	23.3	21.3	22.2	18.0	14.3	20.1	19.3
Highest	23.0	22.8	28.2	28.4	26.1	26.1	20.5	20.4	10.5	12.2	16.7	17.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Watching television												
Don't watch	42.4	39.6	35.3	31.0	38.2	34.6	43.8	41.2	48.0	46.1	45.4	43.0
Watch but not everyday	11.2	12.7	12.3	11.9	11.9	12.2	11.5	12.2	14.1	12.3	12.5	12.2
Watch almost everyday	46.4	47.6	52.4	57.2	50.0	53.2	44.8	46.6	37.9	41.6	42.2	44.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Husband's place of living												
With respondent	88.8	80.0	96.0	89.8	93.1	85.7	85.8	77.4	95.6	86.7	89.5	80.8
Elsewhere but visited her 0–5 months ago	2.6	1.5	1.2	1.5	1.8	1.5	3.3	1.5	1.4	1.2	2.5	1.4
Elsewhere but visited her 6–11 months ago	1.5	1.4	0.6	0.5	1.0	0.9	2.2	1.0	0.8	0.9	1.7	1.0
Elsewhere but visited her 12 months or more ago	7.1	17.1	2.3	8.2	4.2	11.9	8.8	20.1	2.3	11.2	6.3	16.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	2,271	2,301	3,011	2,921	5,282	5,222	2,269	2,393	3,108	3,054	5,377	5,447

Clint-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 area and Phase I and Phase III areas, in 2015 and 2017 Mayer Hashi II surveys

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
FP care seeking	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Was visited at home by FP workers	20.7	13.2	33.3	17.3	28.1	15.6	26.6	16.7	32.4	21.0	28.8	18.3
Sought FP care from government facilities	10.1	7.9	16.8	7.2	14.0	7.5	12.8	9.0	18.9	9.9	15.1	9.3
Sought FP care from NGO/Private facilities	1.3	1.4	4.3	3.0	3.1	2.3	1.8	1.4	2.8	1.3	2.2	1.4
Sought FP care from satellite clinics	5.3	4.8	5.9	4.0	5.7	4.4	4.4	6.0	6.9	7.3	5.4	6.4
Sought FP care from any facilities	14.8	13.4	24.7	13.5	20.6	13.4	18.0	15.3	26.4	17.7	21.2	16.2
Number of women	**1,979**	**1,965**	**2,583**	**2,479**	**4,562**	**4,444**	**1,915**	**2,052**	**2,673**	**2,645**	**4,588**	**4,697**

Table A.1.5. Family planning services received at home

Among currently married 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, in 2015 and 2017 Mayer Hashi II surveys.

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
FP services received at home	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Counseling on female sterilization	30.3	34.6	33.2	24.8	32.3	28.3	33.2	33.9	31.4	29.4	32.4	32.0
Counseling on male sterilization	10.5	11.9	18.2	12.6	15.9	12.4	14.0	17.8	11.0	12.5	12.7	15.6
Counseling on IUD	24.7	31.5	35.7	27.6	32.4	29.0	31.0	31.3	32.5	34.7	31.7	32.7
Counseling on Implant	37.9	43.9	48.5	40.4	45.3	41.6	37.3	39.8	40.3	42.1	38.6	40.7
Counseling on Injection	23.7	18.5	22.5	26.4	22.9	23.6	26.5	19.9	26.3	18.2	26.4	19.2
Counseling on pill	29.6	25.4	19.6	29.4	22.6	28.0	23.8	20.2	20.8	18.4	22.5	19.4
Counseling on condom	7.8	9.6	5.0	9.1	5.9	9.3	6.5	9.4	5.8	8.5	6.2	9.0
Supplied pill	24.2	29.6	29.3	37.6	27.8	34.8	36.2	42.1	28.7	34.7	32.9	38.9
Supplied condom	2.2	6.2	3.6	4.9	3.2	5.4	3.7	5.3	5.2	6.3	4.4	5.7
Received injection	7.3	8.9	8.9	13.6	8.4	11.9	8.3	7.9	7.3	10.1	7.8	8.8
Advised to go to health center	26.7	6.2	29.1	13.6	28.4	10.9	20.4	7.0	19.0	14.1	19.8	10.0
Other services	1.0	0.0	0.4	0.0	0.5	0.0	0.6	0.0	0.2	0.7	0.4	0.3
Number of women	**409**	**260**	**859**	**428**	**1,268**	**688**	**509**	**342**	**867**	**554**	**1,376**	**896**

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

Among currently married women ages 15–49 who are not pregnant and not using LARCs/PMs and were visited at 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, in 2015 and 2017 Mayer Hashi II surveys.

FP services received at a government health facility	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Received information on female sterilization	21.6	13.6	27.4	11.8	25.7	12.6	20.4	19.6	14.3	20.9	17.5	20.1
Received information on IUDs	18.1	13.6	31.6	14.6	27.6	14.1	20.4	17.4	22.2	21.7	21.3	19.1
Received information on Implants	25.1	21.9	39.4	18.0	35.2	19.7	24.9	22.8	21.4	22.4	23.2	22.7
Obtained pills	48.7	50.3	48.6	48.3	48.7	49.2	51.8	52.7	40.5	39.2	46.4	47.4
Obtained injections	37.7	36.8	34.8	42.1	35.7	39.8	29.8	32.1	45.0	44.9	37.1	37.1
Obtained condoms	3.5	1.3	3.9	1.7	3.8	1.5	5.3	5.4	5.8	7.2	5.5	6.1
Other services	2.5	3.2	4.4	1.1	3.8	2.1	3.3	5.4	1.6	4.6	2.5	5.1
Number of women	**199**	**155**	**434**	**178**	**633**	**333**	**245**	**184**	**504**	**263**	**749**	**447**

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

Among currently married women ages 15–49 who are not pregnant and not using LARCs/PMs and were visited at private/NGO 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, in 2015 and 2017 Mayer Hashi II surveys.

FP services received at private/NGO health facility	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
	2015	2017	2015	2017	2015	2017	2015	2007	2015	2017	2015	2017
Received information on female sterilization	(15.4)	(14.8)	18.0	16.0	17.6	15.7	(17.7)	(32.1)	17.6	(14.3)	17.6	25.7
Received information on IUD	(11.5)	(11.1)	24.3	21.3	22.1	18.8	(11.8)	(21.4)	28.4	(20)	20.0	20.9
Received information on Implant	(19.2)	(22.2)	33.3	21.3	30.9	21.6	(23.5)	(28.6)	33.8	(31.4)	28.6	29.6
Obtained pill	(42.3)	(18.5)	31.5	21.3	33.4	20.6	(26.5)	(21.4)	23.0	(14.3)	24.8	18.8
Obtained injection	(34.6)	(70.4)	46.9	56.0	44.7	59.5	(35.3)	(57.1)	58.1	(65.7)	46.5	60.3
Obtained condom	(7.7)	0.0	7.2	8.0	7.3	6.0	(5.9)	0.0	2.7	(2.9)	4.3	1.0
Other services	(7.7)	(3.7)	5.4	2.7	5.8	2.9	(26.5)	(10.7)	1.4	(2.9)	14.1	7.9
Number of women	**26**	**27**	**111**	**75**	**137**	**102**	**34**	**28**	**74**	**35**	**108**	**63**

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

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

Among currently married women ages 15–49 who are not pregnant and not using LARCs/PMs and were visited at any satellite clinic 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, in 2015 and 2017 Mayer Hashi II surveys.

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
FP services received at satellite clinic	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Received information on female sterilization	14.4	9.6	17.0	15.0	16.0	12.5	17.7	14.8	10.9	15.6	14.3	15.1
Received information on IUD	13.5	12.8	18.3	18.0	16.5	15.6	16.5	13.9	17.9	17.2	17.2	15.3
Received information on Implant	30.8	12.8	23.5	26.0	26.3	19.9	22.4	20.5	21.2	24.0	21.8	21.9
Obtained pill	46.2	47.9	39.9	42.0	42.3	44.7	44.7	42.6	40.2	44.8	42.5	43.5
Obtained injection	46.2	46.8	43.8	48.0	44.7	47.5	47.1	47.5	51.6	44.3	49.3	46.2
Obtained condom	3.9	2.1	4.6	5.0	4.3	3.7	4.7	1.6	4.4	4.2	4.5	2.7
Other services	1.9	0.0	2.0	1.0	2.0	0.5	2.4	4.9	1.6	1.0	2.0	3.3
Number of women	**104**	**94**	**153**	**100**	**257**	**194**	**85**	**122**	**184**	**192**	**269**	**314**

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

Among currently married women ages 15–49 who are not pregnant and not using LARCs/PMs, percent who were given BCC materials during FP services, by the place where FP services were received in the past six months, by low and high-performance areas and Phase I and Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
Distribution of BCC materials	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Among those who were visited at home by FP workers in the past six months												
Given BCC materials during home visits	1.0	1.2	1.5	1.9	1.4	1.6	0.6	1.8	1.3	2.4	0.9	2.0
Number of women	**409**	**260**	**859**	**428**	**1,268**	**688**	**509**	**342**	**867**	**554**	**1,376**	**896**
Among those who sought FP care at any facility in the past six months												
Given BCC materials during facility contact	1.7	1.5	2.7	3.3	2.4	2.6	1.7	2.6	2.4	2.8	2.1	2.6
Number of women	**293**	**263**	**637**	**334**	**930**	**597**	**344**	**314**	**706**	**468**	**1,050**	**782**

Table A.1.10. Quality of family planning care

Among currently married women ages 15–49 who are not pregnant and are using female sterilization, IUD, or Implant, percent who reported selected actions during the visit in which they received their methods, by low and high-performance areas and Phase I and Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
FP actions	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Were told about other methods before the delivery of the current used method	26.8	24.1	24.1	23.9	25.0	24.0	29.3	18.6	30.8	27.9	29.9	22.1
Were told about probable side effects of the currently used method	28.4	33.6	24.5	27.5	25.7	29.5	25.1	27.7	25.6	39.0	25.3	32.0
Confidentiality was maintained during the delivery of the currently used method	93.7	92.7	92.2	92.9	92.7	92.9	93.7	92.6	89.9	92.8	92.4	92.7
Given a follow-up card	78.7	73.0	76.3	75.7	77.1	74.8	76.4	74.5	66.1	72.1	72.9	73.6
Number of women – unweighted	**127**	**137**	**245**	**255**	**372**	**392**	**191**	**188**	**227**	**251**	**418**	**439**

Table A.1.11. Knowledge of LARCs and PMs

Percentage of women ages 15–49 who have ever heard about LARCs/PMs, and 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, in 2015 and 2017 Mayer Hashi II surveys.

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
LARCs/PMs	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Have ever heard about:												
Male sterilization	71.7	75.5	74.7	80.5	73.5	78.4	72.4	78.9	73.3	73.9	72.7	77.1
Female sterilization	94.5	94.5	95.4	95.8	95.0	95.3	93.9	96.7	93.8	94.2	93.9	95.8
IUD	68.1	70.5	77.9	77.0	73.9	74.3	71.0	76.6	81.2	80.2	74.9	77.9
Implant	86.9	91.1	92.4	94.8	90.1	93.2	85.2	92.5	92.5	92.5	88.0	92.5
Any LARC/PM	97.8	98.2	99.0	99.4	98.5	98.9	97.2	98.7	98.2	98.5	97.6	98.6
Have heard/saw/read in the last six months about:[1]												
Male sterilization	11.6	9.2	13.7	7.2	12.8	8.0	13.5	9.2	11.6	9.4	12.8	9.3
Female sterilization	19.3	16.8	21.8	13.8	20.8	15.1	21.0	19.4	20.5	18.6	20.8	19.1
IUD	14.8	13.5	21.9	13.2	19.0	13.3	17.5	17.2	20.8	19.8	18.7	18.2
Implant	24.7	23.6	33.2	24.2	29.7	24.0	27.3	28.2	30.1	30.6	28.4	29.1
Any LARC/PM	32.1	29.9	40.7	29.7	37.2	29.8	34.5	35.5	37.2	38.7	35.5	36.7
Number of women	**2,271**	**2,301**	**3,011**	**2,921**	**5,282**	**5,222**	**2,269**	**2,393**	**3,108**	**3,054**	**5,377**	**5,447**

[1] For each method, women who had never heard of the method in the past were classified as not having heard/saw/read about the method in the last six months.

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, in 2015 and 2017 Mayer Hashi II surveys.

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
PPFP methods	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Knowledge about IUD[1]												
Know that IUD can be inserted at the time of normal delivery	13.4	9.4	12.5	14.2	12.9	12.2	13.0	12.8	14.7	10.0	13.6	11.8
Know that IUD can be inserted at the time of Caesarean section	14.1	9.9	14.5	15.4	14.3	13.1	16.4	12.8	18.9	9.8	17.3	11.7
Know that IUD can be inserted at the time of normal/Caesarean section delivery	16.9	13.5	18.6	19.4	17.9	16.9	19.6	17.0	23.1	14.6	20.9	16.1
Knowledge about female sterilization[1]												
Know that female sterilization can be taken at the time of normal delivery	33.5	23.5	23.5	30.3	27.6	27.5	29.1	28.8	27.7	18.0	28.6	24.9
Know that female sterilization can be taken at the time of Caesarean section	64.5	66.8	64.4	71.5	64.4	69.5	62.4	69.0	65.0	63.0	63.4	66.8
Know that female sterilization can be taken at the time of normal/Caesarean section delivery	66.6	69.8	66.4	74.4	66.5	72.5	64.5	71.8	67.5	65.4	65.7	69.4
Number of women	**2,271**	**2,301**	**3,011**	**2,921**	**5,282**	**5,222**	**2,269**	**2,393**	**3,108**	**3,054**	**5,377**	**5,447**

[1] For each method, women who had 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, in 2015 and 2017 Mayer Hashi II surveys.

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
Sources of knowledge of postpartum IUDs	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Among those who know that IUD can be inserted at the time of normal delivery												
Husband/friend/relative/neighbor	71.8	67.1	71.2	74.0	71.5	71.8	65.0	72.2	81.4	74.8	71.7	73.0
Health provider (any)	55.7	47.7	52.8	49.6	54.1	49.0	55.8	47.7	46.3	48.5	51.9	48.0
Mass media	6.9	2.8	2.9	3.4	4.6	3.2	7.8	4.9	2.9	2.3	5.8	4.1
Community events	2.6	3.2	5.9	2.7	4.5	2.8	2.0	3.9	6.8	6.9	4.0	4.9
Other	0.0	1.4	0.3	0.7	0.2	0.9	0.3	0.0	0.0	0.7	0.2	0.2
Number of women	**305**	**216**	**375**	**415**	**680**	**631**	**294**	**306**	**456**	**305**	**750**	**611**
Among those who know that IUD can be inserted at the time of Caesarean section												
Husband/friend/relative/neighbor	76.5	72.8	75.9	80.2	76.1	77.9	72.2	74.5	83.5	75.6	76.9	74.8
Health provider (any)	51.1	46.1	46.9	45.4	48.6	45.6	54.5	46.4	48.9	43.8	52.2	45.6
Mass media	6.6	4.0	6.0	3.1	6.2	3.4	4.3	4.6	3.1	2.0	3.8	3.8
Community events	3.8	4.8	6.0	1.8	5.1	2.7	2.7	5.6	7.2	7.7	4.5	6.2
Other	0.9	0.4	0.2	1.3	0.5	1.1	0.5	0.3	0.0	1.0	0.3	0.5
Number of women	**319**	**228**	**435**	**449**	**754**	**677**	**371**	**306**	**587**	**299**	**958**	**605**

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, in Mayer Hashi II 2015 and 2017 surveys.

Sources of knowledge of postpartum female sterilization	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Among those who know that female sterilization can be inserted at the time of normal delivery												
Husband/friend/relative/neighbor	82.8	79.1	77.8	81.7	80.3	80.8	76.3	77.5	85.8	75.9	79.8	77.1
Health provider (any)	37.5	36.1	43.6	42.6	40.6	40.3	48.9	38.7	38.9	40.1	45.2	39.1
Mass media	4.1	2.8	2.1	3.3	3.1	3.1	5.3	2.8	2.4	1.8	4.3	2.5
Community events	2.0	6.3	6.6	2.9	4.3	4.1	4.1	5.1	6.4	6.0	4.9	5.3
Other	0.5	0.7	0.3	0.6	0.4	0.6	0.6	0.6	0.7	0.7	0.6	0.6
Number of women	**761**	**540**	**708**	**885**	**1,469**	**1,425**	**661**	**690**	**861**	**551**	**1,522**	**1,241**
Among those who know that female sterilization can be inserted at the time of Caesarean section												
Husband/friend/relative/neighbor	88.9	85.8	85.9	87.7	87.1	86.9	81.8	86.9	88.9	85.2	84.6	86.3
Health provider (any)	31.5	28.7	37.7	29.8	35.2	29.3	44.2	27.6	36.5	28.1	41.2	27.8
Mass media	3.3	2.0	2.6	1.4	2.9	1.6	3.2	1.6	1.9	0.8	2.7	1.3
Community events	1.4	4.4	4.8	2.6	3.4	3.3	2.8	3.5	4.3	5.8	3.4	4.3
Other	0.4	0.3	0.1	0.1	0.2	0.2	0.6	0.2	0.1	0.4	0.4	0.2
Number of women	**1,465**	**1,537**	**1,938**	**2,087**	**3,403**	**3,624**	**1,415**	**1,652**	**2,019**	**1,925**	**3,434**	**3,577**

Table A.1.15. Use of contraception by method

Percentage distribution of married women ages 15–49 who currently use contraceptive methods, by low and high-performance areas and Phase I and Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
Use of contraceptive methods	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
No use	39.4	42.1	26.6	31.7	31.8	36.0	36.4	40.5	29.4	35.3	33.8	38.6
Female sterilization	3.8	4.0	5.1	5.5	4.6	4.9	5.4	4.7	4.7	5.2	5.2	4.9
Male sterilization	1.1	1.2	1.7	1.8	1.4	1.6	1.3	1.1	1.1	0.6	1.2	0.9
IUD	0.2	0.5	0.7	0.7	0.5	0.6	0.9	1.0	0.9	0.8	0.9	0.9
Implant	1.5	1.4	2.4	2.5	2.0	2.1	2.1	2.1	1.7	2.2	1.9	2.1
LARCs/PMs	**6.7**	**7.2**	**9.8**	**10.5**	**8.5**	**9.1**	**9.7**	**8.9**	**8.4**	**8.8**	**9.2**	**8.9**
Injectables	12.2	11.2	14.9	12.5	13.8	12.0	10.3	9.1	18.6	15.7	13.4	11.5
Pill	27.5	24.6	33.3	28.3	31.0	26.8	30.6	27.8	29.7	24.8	30.3	26.7
Condom	4.5	6.0	7.1	8.4	6.1	7.4	4.9	6.5	5.9	7.4	5.3	6.8
Short acting methods	**44.2**	**41.8**	**55.4**	**49.2**	**50.8**	**46.2**	**45.8**	**43.4**	**54.1**	**47.9**	**49.0**	**45.0**
Traditional method	9.7	8.9	8.2	8.6	8.8	8.7	8.1	7.2	8.0	8.0	8.1	7.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Contraceptive prevalence rate (CPR) (any method)	**60.6**	**57.9**	**73.4**	**68.3**	**68.2**	**64.0**	**63.6**	**59.5**	**70.6**	**64.7**	**66.3**	**61.4**
Number of women	2,271	2,301	3,011	2,921	5,282	5,222	2,269	2,393	3,108	3,054	5,377	5,447

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

Source of Current Contraceptive Method

Table A.1.16. Last source of current family planning method

Percentage 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, in 2015 and 2017 Mayer Hashi II surveys.

Sources of the current FP method	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Last source of IUD among users of IUDs												
Government	-	-	-	-	(80.8)	(68.8)	-	(100)	(96.6)	-	96.0	(95.8)
NGOs	-	-	-	-	(7.7)	(21.9)	-	(0)	(3.5)	-	4.0	(2.1)
Private	-	-	-	-	(11.5)	(9.4)	-	(0)	(0)	-	0.0	(2.1)
Total	-	-	-	-	(100)	(100)	-	(100)	(100)	-	100.0	(100)
Number of IUD users	5	12	21	20	26	32	21	25	29	23	50	48
Last source of Implant among users of Implants												
Government	(85.7)	(90.9)	94.4	85.1	91.6	86.9	(93.6)	88.0	86.5	89.7	89.9	89.0
NGOs	(11.4)	(9.1)	4.2	13.5	6.5	12.2	(4.3)	10.0	7.7	8.8	6.1	9.3
Private	(2.9)	(0)	1.4	1.4	1.9	0.9	(2.1)	2.0	5.8	1.5	4.0	1.7
Total	(100)	(100)	100.0	100.0	100.0	100.0	(100)	100.0	100.0	100.0	100.0	100.0
Number of Implant users	35	33	72	74	107	107	47	50	52	68	99	118
Last source of female sterilization among users of female sterilization												
Government	71.3	58.7	68.4	68.9	69.5	65.2	78.9	73.5	65.1	61.3	71.4	66.3
NGOs	5.8	8.7	5.3	7.5	5.4	7.9	0.8	1.8	0.0	3.8	0.4	2.9
Private	23.0	32.6	26.3	23.6	25.1	26.9	19.5	24.8	34.3	35.0	27.5	30.8
Do not know	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.7	0.0	0.7	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of female sterilization users	87	92	152	161	239	253	123	113	146	160	269	273

Table A.1.16. Last source of current family planning method (continued)

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
Sources of the current FP method	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Last source of male sterilization among users of male sterilization												
Government	.	(92.9)	90.0	76.9	86.5	82.5	(96.6)	(100)	(91.4)	.	93.8	(97.8)
NGOs	.	(3.6)	0.0	7.7	5.4	6.3	(0)	(0)	(0)	.	0.0	(0)
Private	.	(0)	8.0	7.7	6.8	5.0	(3.5)	(0)	(0)	.	1.6	(0)
Do not know	.	(3.6)	2.0	7.7	1.4	6.3	(0)	(0)	(8.6)	.	4.7	(2.2)
Total	.	(100)	100.0	100.0	100.0	100.0	(100)	(100)	(100)	.	100.0	(100)
Number of male sterilization users	24	28	50	52	74	80	29	26	35	19	64	45
Last source of a short-acting method among users of a short-acting method												
Government	35.2	31.8	39.5	33.0	37.9	32.5	44.9	43.0	50.4	43.4	48.3	43.2
NGOs	6.0	4.6	7.9	6.2	7.2	5.5	6.3	3.9	7.9	6.6	7.3	5.5
Private	58.9	63.1	52.5	60.7	54.9	61.7	48.8	53.2	41.6	49.9	44.3	51.2
Do not know	0.0	0.5	0.1	0.1	0.0	0.3	0.1	0.0	0.1	0.1	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of short-acting method users	1,004	962	1,667	1,438	2,671	2,400	1,040	1,038	1,682	1,462	2,722	2,500

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

Table A.1.17. Use of contraception by young, recently married women by method

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, in 2015 and 2017 Mayer Hashi II surveys.

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
Use of contraceptive methods	**Base**	**End**	**Base**	**End**	**Base**	**End**	**Base**	**End**	**Base**	**End**	**Base**	**End**
No use	56.0	63.9	42.3	44.9	48.9	54.1	57.9	56.0	43.6	46.2	52.3	52.8
Female sterilization	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Male sterilization	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	0.1	0.0
IUD	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.5	0.4	0.0	0.5	0.3
Implant	1.7	0.8	1.3	1.7	1.5	1.3	0.6	0.5	0.0	0.9	0.3	0.6
LARC/PMs	**1.7**	**0.8**	**1.3**	**1.7**	**1.5**	**1.3**	**1.2**	**1.0**	**0.8**	**0.9**	**1.0**	**0.9**
Injectables	3.9	4.5	6.2	6.8	5.1	5.7	2.3	4.6	7.7	9.4	4.4	6.2
Pill	26.3	21.7	32.6	28.6	29.6	25.3	27.0	21.3	31.3	26.5	28.7	23.0
Condom	8.6	6.2	13.2	15.0	11.0	10.7	7.9	15.3	13.5	14.1	10.1	14.9
Short-acting methods	**38.8**	**32.4**	**52.0**	**50.4**	**45.7**	**41.7**	**37.2**	**41.2**	**52.5**	**50.0**	**43.2**	**44.1**
Traditional method	3.5	2.9	4.4	3.0	3.9	2.9	3.9	1.9	3.1	3.0	3.6	2.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Contraceptive prevalence rate (CPR) (any method)	**44.0**	**36.1**	**57.7**	**55.1**	**51.1**	**45.9**	**42.1**	**44.0**	**56.4**	**53.9**	**47.7**	**47.3**
Number of women under age 25 who have been married for two years or less	232	244	227	234	459	478	178	216	259	234	437	450

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

Additional Note: Currently pregnant are non-users; exclude inconsistent age in q119.

Table A.1.18. Use of postpartum family planning among women who had given birth between October 2013 and August 2015, and between October 2015 and July 2017

Percentage of women ages 15–49 who had given birth between October 2013 and August 2015 and between October 2015 and July 2017, by place of delivery; and percent of those who had given birth that were offered/accepted PPFP services, by low and high-performance areas and Phase I and Phase III areas, in 2015 and 2017 Mayer Hashi II surveyss.

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Given birth between October 2013 and August 2015 and between October 2015 and July 2017	19.8	16.2	13.1	12.8	15.8	14.2	18.2	16.4	14.6	13.5	16.9	15.3
Number of women	2,271	2,301	3,011	2,921	5,282	5,222	2,269	2,393	3,108	3,054	5,377	5,447
Among those who had given birth between October 2013 and August 2015 and between October 2015 and July 2017												
Delivered at home	66.8	54.2	50.1	44.4	58.6	49.0	61.2	47.7	55.8	52.6	59.4	49.3
Delivered at facility	33.2	45.8	49.9	55.6	41.4	51.0	38.8	52.3	44.2	47.5	40.6	50.7
Were offered IUD/female sterilization during facility delivery	4.2	6.4	8.6	10.2	6.4	8.4	7.5	7.1	4.4	5.6	6.5	6.6
Were offered and accepted IUD/female sterilization during facility delivery	1.1	1.6	2.8	1.9	1.9	1.8	1.9	1.5	1.1	1.7	1.7	1.6
Were not offered IUD/female sterilization during facility delivery, but accepted from own interest	0.2	0.3	0.3	1.6	0.2	1.0	0.2	0.0	0.2	1.5	0.2	0.5
Number of women	449	373	395	374	844	747	415	392	457	411	872	803

Discussion of LARCs and PMs in the Past Six Months

Table A.1.19. Discussion of LARCs and 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 I and Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
LARCs/PMs discussed with husband	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Discussed with husband												
IUD	1.3	1.0	1.3	1.5	1.3	1.3	1.2	1.4	1.4	1.6	1.3	1.5
Implant	2.5	2.1	2.0	2.5	2.2	2.4	2.7	2.9	2.4	3.1	2.6	2.9
Female sterilization	2.1	2.3	1.7	1.9	1.9	2.1	2.0	1.9	2.6	1.7	2.2	1.8
Male sterilization	0.9	1.3	1.2	1.4	1.1	1.4	1.3	1.3	1.0	1.3	1.2	1.3
Any LARC/PM	**4.8**	**4.0**	**3.9**	**4.1**	**4.3**	**4.1**	**4.7**	**4.4**	**4.3**	**4.5**	**4.5**	**4.4**
Discussed with other people												
IUD	7.9	11.2	17.0	11.5	13.2	11.4	9.2	13.7	16.2	17.4	11.9	15.0
Implant	12.5	18.3	25.4	20.9	20.0	19.8	14.3	23.0	21.8	24.7	17.2	23.6
Female sterilization	9.2	13.0	16.4	11.8	13.4	12.3	10.4	14.3	14.9	15.0	12.2	14.5
Male sterilization	4.4	5.8	9.6	5.1	7.4	5.4	5.8	6.6	8.5	7.0	6.8	6.7
Any LARC/PM	**15.3**	**22.5**	**30.3**	**25.7**	**24.1**	**24.3**	**17.6**	**27.9**	**25.6**	**31.1**	**20.7**	**29.1**
Number of women	2,120	2,136	2,716	2,614	4,836	4,750	2,049	2,179	2,846	2,784	4,895	4,963

Intention to Use LARCs and PMs in Next 12 Months

Table A.1.20. Intention to use LARCs and PMs

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 and Phase I and Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
Intend to use:	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
IUD	0.3	0.2	0.4	0.2	0.4	0.2	0.4	0.2	0.3	0.4	0.4	0.3
Implant	2.4	1.4	1.3	1.1	1.8	1.2	1.4	1.3	1.3	1.0	1.4	1.2
Female sterilization	1.8	1.2	0.6	1.1	1.1	1.1	1.3	0.7	1.2	0.4	1.2	0.6
IUD, implant, or female sterilization	4.3	2.6	2.3	2.4	3.1	2.5	3.0	2.1	2.8	1.7	2.9	2.0
Number of women	1,370	1,329	1,798	1,699	3,168	3,028	1,362	1,403	1,891	1,831	3,253	3,234

Table A.1.23. Duration of current LARC and PMs use

Percentage distribution of women ages 15–49 who are not pregnant and who currently use LARCs/PMs, by timing of adoption of current LARCs/PMs, by low and high-performance areas and Phase I and Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
Duration of use of current LARC/PM	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Started using LARC/PM in or after January 2014	24.5	21.2	21.4	21.5	22.4	21.4	26.4	22.9	16.4	19.6	22.9	21.7
Started using LARC/PM before 2015	75.5	78.8	78.6	78.5	77.6	78.6	73.2	77.1	83.6	80.4	76.8	78.3
Date unknown	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.3	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	151	165	295	307	446	472	220	214	262	270	482	484

Appendix A.2. Provider Survey Tables

Table A.2.1A. Type of respondents

Percent and number of providers by type, by Phase I and Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

	Phase I				Phase III			
	Number		Percent		Number		Percent	
Type of respondents	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
MO-MCH[1]	85	88	9.4	9.2	77	97	8.0	9.7
OBS/GYN	118	115	13.1	12.1	125	104	13.0	10.4
RMO	83	101	9.2	10.6	119	126	12.4	12.6
Medical officer/clinic manager	128	117	14.2	12.3	111	118	11.6	11.8
FWV/SACMO/nurse/nurse midwife/ paramedic	362	378	40.1	39.7	394	393	41.0	39.4
Other[2]	127	154	14.1	16.2	134	160	14.0	16.0
Total	**903**	**953**	**100.0**	**100.0**	**960**	**998**	**100.0**	**100.0**

[1] MO-MCH was merged with medical officer/clinic manager category in 2015; it is separated in 2017.

[2] Includes FWA, service prompter, and community health worker.

Table A.2.1B. Results of interviews with health service providers

Number and response rate of providers by types of providers, by low- and high-performance areas and Phase I and Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
Measure	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Provider selected												
MO-MCH	55	51	57	59	112	110	58	64	45	59	103	123
Medical officer	68	77	65	45	133	122	58	73	55	38	113	111
Clinic manager	1	3	1	1	2	4	2	7	5	8	7	15
FWV	107	109	108	105	215	214	120	119	131	123	251	242
SACMO	7	12	14	15	21	27	9	8	14	22	23	30
Nurse	12	24	11	14	23	38	19	20	12	21	31	41
Nurse midwife	8	6	4	6	12	12	10	5	8	5	18	10
Paramedic	48	54	46	35	94	89	45	47	34	28	79	75
FWA	48	52	62	57	110	109	54	63	71	71	125	134
Service promoter	10	24	4	17	14	41	7	15	4	13	11	28
Community health worker	3	2	3	3	6	5	0	0	0	0	0	0
OB/GYN	81	77	76	50	157	127	91	68	60	51	151	119
RMO	51	49	46	58	97	107	70	72	55	63	125	135
Total	**499**	**540**	**497**	**465**	**996**	**1,005**	**543**	**561**	**494**	**502**	**1,037**	**1,063**
Provider interviewed												
MO-MCH	40	37	45	51	85	88	44	52	33	45	77	97
Medical officer	67	74	59	40	126	114	55	70	51	34	106	104
Clinic manager	1	2	1	1	2	3	2	7	3	7	5	14
FWV	106	109	108	103	214	212	118	118	127	121	245	239
SACMO	7	12	14	15	21	27	9	8	14	21	23	29
Nurse	12	24	11	14	23	38	18	20	12	21	30	41
Nurse midwife	8	6	4	6	12	12	10	5	8	5	18	10
Paramedic	48	54	44	35	92	89	44	47	34	27	78	74
FWA	47	52	61	57	108	109	53	62	70	70	123	132
Service prompter	9	23	4	17	13	40	7	15	4	13	11	28
Community health worker	3	2	3	3	6	5	0	0	0	0	0	0
OB/GYN	64	68	54	47	118	115	75	62	50	42	125	104
RMO	51	46	32	55	83	101	67	67	52	59	119	126
Total	**463**	**509**	**440**	**444**	**903**	**953**	**502**	**533**	**458**	**465**	**960**	**998**

Table A.2.1B. Results of interviews with health service providers (continued)

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
Measure	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Provider response rate (%)												
MO-MCH	72.7	72.5	78.9	86.4	75.9	80.0	75.9	81.3	73.3	76.3	74.8	78.9
Medical officer	98.5	96.1	90.8	88.9	94.7	93.4	94.8	95.9	92.7	89.5	93.8	93.7
Clinic manager	100.0	66.7	100.0	100.0	100.0	75.0	100.0	100.0	60.0	87.5	71.4	93.3
FWV	99.1	100.0	100.0	98.1	99.5	99.1	98.3	99.2	96.9	98.4	97.6	98.8
SACMO	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	95.5	100.0	96.7
Nurse	100.0	100.0	100.0	100.0	100.0	100.0	94.7	100.0	100.0	100.0	96.8	100.0
Nurse midwife	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Paramedic	100.0	100.0	95.7	100.0	97.9	100.0	97.8	100.0	100.0	96.4	98.7	98.7
FWA	97.9	100.0	98.4	100.0	98.2	100.0	98.1	98.4	98.6	98.6	98.4	98.5
Service prompter	90.0	95.8	100.0	100.0	92.9	97.6	100.0	100.0	100.0	100.0	100.0	100.0
Community health worker	100.0	100.0	100.0	100.0	100.0	100.0	n.a.	-	n.a.	-	n.a.	-
OB/GYN	79.0	88.3	71.1	94.0	75.2	90.6	82.4	91.2	83.3	82.4	82.8	87.4
RMO	100.0	93.9	69.6	94.8	85.6	94.4	95.7	93.1	94.5	93.7	95.2	93.3
Total	**92.8**	**94.3**	**88.5**	**95.5**	**90.7**	**94.8**	**92.4**	**95.0**	**92.7**	**92.6**	**92.6**	**93.9**

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

Table A.2.2. Training since 2014, Phase I areas

Percentage of providers who received training since 2014 by types of training and training providers in Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

	FWA		FWV		MO (MCH-FP)		RMO		OB/GYN	
Training received	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Training on LARC/PM										
Training by any training providers	11.1	33.9	26.2	59.4	23.5	48.9	1.2	6.9	33.1	44.4
Training provided by EH/MH	2.8	9.2	7.9	24.5	16.5	21.6	1.2	3.0	25.4	27.8
Training where EH/MH was involved	4.6	1.8	2.3	2.8	1.2	10.3	0.0	0.0	3.4	3.5
Training where any representative from EH/MH was present or participated	4.6	0.9	2.3	4.3	0.0	10.2	0.0	1.0	3.4	2.6
Training provided by EH/MH, or training where EH/MH was involved or representative from EH/MH was present	7.4	11.0	10.3	28.3	16.5	29.6	1.2	4.0	28.8	31.3
Training on postpartum FP										
Training by any training providers	7.4	25.7	15.0	29.7*	11.8	23.9*	0.0	5.0	15.3	26.1*
Training provided by EH/MH	0.9	6.4	5.6	13.2	8.2	8.0	0.0	1.0	11.0	14.8
Training where EH/MH was involved	2.8	1.8	0.9	0.9	1.2	5.7	0.0	0.0	0.8	1.7
Training where any representative from EH/MH was present or participated	2.8	0.9	0.9	0.9	0.0	5.7	0.0	1.0	0.8	1.7
Training provided by EH/MH, or training where EH/MH was involved or representative from EH/MH was present	3.7	8.3	6.5	14.2	9.4	13.6	0.0	2.0	11.9	16.5
Number of providers	**108**	**109**	**214**	**212**	**85**	**88**	**83**	**101**	**118**	**115**

Note: In the 2017 survey, one FWV, one MOMCH, and one OB/GYN could not remember whether they received the training.

Table A.2.3. Training since 2014, Phase III areas

Percent of providers who received training since 2014 by types of training and training providers in Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

Training received	FWA		FWV		MO (MCH-FP)		RMO		OB/GYN	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Training on LARC/PM										
Training by any training providers	8.1	22.0	25.7	57.7	6.5	52.6	2.5	5.6	20.8	49.0
Training provided by EH/MH	1.6	1.5	8.2	13.0	5.2	23.7	0.8	0.8	10.4	27.9
Training where EH/MH was involved	0.0	3.0	1.2	8.4	1.3	3.1	0.0	1.6	0.8	3.9
Training where any representative from EH/MH was present or participated	0.0	2.3	2.0	8.0	0.0	3.1	0.0	0.8	0.8	3.9
Training provided by EH/MH, or training where EH/MH was involved or representative from EH/MH was present	1.6	4.6	9.8	21.3	6.5	26.8	0.8	2.4	11.2	30.8
Training on postpartum FP										
Training by any training providers	6.5	18.9*	13.1	28.0	5.2	24.7*	0.8	4.5	8.8	26.9
Training provided by EH/MH	1.6	1.5	5.7	6.7	3.9	10.3	0.8	0.8	4.8	11.5
Training where EH/MH was involved	0.0	2.3	0.4	4.2	1.3	1.0	0.0	1.6	0.0	3.9
Training where any representative from EH/MH was present or participated	0.0	2.3	1.2	4.2	0.0	0.0	0.0	0.8	0.0	3.9
Training provided by EH/MH, or training where EH/MH was involved or representative from EH/MH was present	1.6	3.8	6.9	11.7	5.2	11.3	0.8	2.4	4.8	15.4
Number of providers	**123**	**132**	**245**	**239**	**77**	**97**	**119**	**126**	**125**	**104**

Note: *In the 2017 survey, four FWAs and one MOMCH could not remember whether they received the training.

Table A.2.4A. Post-counseling elements for IUD clients, Phase I areas

Percentage of providers who spontaneously reported that they provide selected elements of post-counseling services to IUD clients, by type of providers in Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

	FWA		FWV		MO-MCH		RMO		OB/GYN	
Elements of post-counseling for IUD clients	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Providing the follow-up card	46.3	41.3	51.4	55.2	55.3	43.2	14.5	12.9	38.1	28.7
Determining that the client has understood the key points of counseling	6.5	2.8	14.5	4.3	11.8	6.8	4.8	4.0	7.6	11.3
Number of providers	**108**	**109**	**214**	**212**	**85**	**88**	**83**	**101**	**118**	**115**

Table A.2.4B. Post-counseling elements for IUD clients, Phase IIII areas

Percentage of providers who reported spontaneously that they provide selected elements of post-counseling services to IUD clients, by types of providers in Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

	FWA		FWV		MO-MCH		RMO		OB/GYN	
Elements of post-counseling for IUD clients	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Providing the follow-up card	31.7	37.1	54.7	54.0	49.4	44.3	11.8	13.5	30.4	22.1
Determining that the client has understood the key points of counseling	8.9	0.8	15.1	2.9	5.2	4.1	3.4	9.5	6.4	7.7
Number of providers	**123**	**132**	**245**	**239**	**77**	**97**	**119**	**126**	**125**	**104**

Table A.2.5A. Conditions for accepting an IUD, Phase I areas

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 in Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

	FWA		FWV		MO-MCH		RMO		OB/GYN	
Conditions for accepting IUD	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Have at least one living child	87.0	86.2	91.6	90.1	90.6	78.4	73.5	47.5	90.7	72.2
Don't want a child for a long time or don't want child at all	59.3	56.9	53.7	50.5	80.0	67.1	66.3	59.4	78.8	68.7
Cannot use a hormonal FP method (e.g., pill, implant, injection)	20.4	45.0	36.9	56.6	52.9	71.6	33.7	57.4	50.0	73.0
Regular menstruation	50.9	55.1	52.8	51.9	60.0	42.1	9.6	19.8	46.6	40.0
Within first five days of menstruation	27.8	17.4	32.7	27.4	30.6	13.6	0.0	2.0	26.3	19.1
Number of providers	**108**	**109**	**214**	**212**	**85**	**88**	**83**	**101**	**118**	**115**

Table A.2.5B. Conditions for accepting an IUD, Phase III areas

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 in Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

	FWA		FWV		MO-MCH		RMO		OB/GYN	
Conditions for accepting IUD	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Have at least one living child	91.1	84.1	92.7	81.2	97.4	76.3	64.7	47.6	89.6	70.2
Don't want child for long time or don't want child at all	53.7	54.6	58.4	52.3	66.2	58.8	62.2	65.1	72.8	71.2
Cannot use hormonal FP method (e.g., pill, implant, injection)	40.7	47.7	40.4	56.5	51.9	65.0	42.0	49.2	49.6	62.5
Regular menstruation	40.7	47.7	53.9	46.0	58.4	42.3	18.5	9.5	47.2	33.7
Within first five days of menstruation	22.0	16.7	28.2	19.3	15.6	12.4	7.6	5.6	12.8	26.9
Number of providers	**123**	**132**	**245**	**239**	**77**	**97**	**119**	**126**	**125**	**104**

Table A.2.6A. Conditions for not accepting an IUD, Phase I areas

Percentage of providers who spontaneously reported conditions under which a woman cannot be recommended for IUD, by type of providers in Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

Conditions for not accepting IUD	FWA[1]		FWV		MO-MCH[1]		RMO[1]		OB/GYN[1]	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Has no child	-	-	77.6	61.3	-	-	-	-	-	-
Has been suffering from reproductive tract infection	-	-	82.2	83.5	-	-	-	-	-	-
Menstruation stopped	-	-	43.9	37.7	-	-	-	-	-	-
Pregnancy	-	-	69.2	69.3	-	-	-	-	-	-
Irregular menstruation	-	-	56.1	50.0	-	-	-	-	-	-
Excessive menstrual bleeding	-	-	53.3	58.0	-	-	-	-	-	-
Chronic jaundice	-	-	18.7	22.2	-	-	-	-	-	-
Breast cancer	-	-	14.0	9.4	-	-	-	-	-	-
Number of providers	**108**	**109**	**214**	**212**	**85**	**88**	**83**	**101**	**118**	**115**

[1] FWA, MO-MCH, RMO, and OB/GYN were not asked this question.

Table A.2.6B. Conditions for not accepting IUD, Phase III areas

Percentage of providers who spontaneously reported conditions under which a woman cannot be recommended for IUD, by type of providers in Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

Conditions for not accepting IUD	FWA[1]		FWV		MO-MCH[1]		RMO[1]		OB/GYN[1]	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Women who have no child	-	-	82.0	65.3	-	-	-	-	-	-
Women who have been suffering from RTI	-	-	88.6	82.9	-	-	-	-	-	-
Menstruation stopped	-	-	43.7	38.5	-	-	-	-	-	-
Pregnancy	-	-	62.0	67.8	-	-	-	-	-	-
Irregular menstruation	-	-	58.8	48.1	-	-	-	-	-	-
Excessive menstrual bleeding	-	-	62.9	49.0	-	-	-	-	-	-
Chronic jaundice	-	-	15.9	14.2	-	-	-	-	-	-
Breast cancer	-	-	9.0	5.9	-	-	-	-	-	-
Number of providers	**123**	**132**	**245**	**239**	**77**	**97**	**119**	**126**	**125**	**104**

[1] FWA, MO-MCH, RMO, and OB/GYN were not asked this question.

Table A.2.7A. Possible side effects of IUDs, Phase I areas

Percentage of providers who spontaneously reported possible side effects of IUDs, by type of providers in Phase I areas, 2015 and 2017 Mayer Hashi II surveys.

	FWA		FWV[1]		MO-MCH		RMO		OB/GYN	
Possible side effect of IUD	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Abdominal pain	80.6	88.1	-	93.9	84.7	90.9	53.0	73.3	83.9	87.8
Excessive bleeding in between menstrual cycles	56.5	35.8	-	39.6	54.1	30.7	44.6	11.9	56.8	37.4
Spotting	59.3	52.3	-	70.8	69.4	76.1	33.7	69.3	74.6	81.7
Abnormal menstrual bleeding	55.6	43.1	-	48.1	67.1	45.5	36.1	23.8	53.4	41.7
White discharge/excessive white discharge	50.0	55.1	-	58.0	48.2	43.2	21.7	19.8	41.5	39.1
The thread of IUD comes out	43.5	41.3	-	56.6	60.0	50.0	42.2	49.5	55.1	60.0
Number of providers	**108**	**109**	**214**	**212**	**85**	**88**	**83**	**101**	**118**	**115**

[1] FWV were not asked these questions in the 2015 MH-II surveys.

Table A.2.7B. Possible side effects of IUDs, Phase III areas

Percentage of providers who spontaneously reported possible side effects of IUDs, by type of providers in Phase III areas, 2015 and 2017 Mayer Hashi II surveys.

	FWA		FWV[1]		MO-MCH		RMO		OB/GYN	
Possible side effect of IUD	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Abdominal pain	78.0	87.1	-	91.6	92.2	87.6	52.9	65.9	76.0	84.6
Excessive bleeding in between menstrual cycles	56.1	34.9	-	42.3	42.9	36.1	38.7	23.8	55.2	34.6
Spotting	53.7	65.9	-	73.2	71.4	74.2	42.0	57.9	68.8	77.8
Abnormal menstrual bleeding	48.8	40.9	-	41.8	59.7	47.4	41.2	23.8	59.2	54.8
White discharge/excessive white discharge	63.4	51.5	-	49.0	61.0	28.9	22.7	27.9	43.2	42.3
The thread of IUD comes out	37.4	43.9	-	45.6	53.2	45.4	42.0	41.3	54.4	51.9
Number of providers	**123**	**132**	**245**	**239**	**77**	**97**	**119**	**126**	**125**	**104**

[1] FWV were not asked these questions in the 2015 MH-II surveys.

Table A.2.8A. Provision of care to IUD clients with excessive bleeding, Phase I areas

Percentage of providers who reported that they will provide specific care to an IUD client with excessive bleeding, by type of providers in Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

	FWA[1]		FWV		MO-MCH		RMO		OB/GYN	
Types of care	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Examine her to determine the reasons for excessive bleeding	-	-	66.4	72.6	87.1	87.5	68.7	68.3	85.6	82.6
Provide treatment for bleeding	-	-	80.8	87.7	84.7	85.2	69.9	73.3	78.0	74.8
Refer to higher level of treatment	-	-	24.3	41.0	11.8	18.2	24.1	27.7	5.1	13.9
Remove IUD	-	-	60.3	45.8	56.5	50.0	26.5	33.7	55.9	60.8
Number of providers	**108**	**109**	**214**	**212**	**85**	**88**	**83**	**101**	**118**	**115**

[1] FWA were not asked this question.

Table A.2.8B. Provision of care to IUD clients with excessive bleeding, Phase III areas

Percentage of providers who reported that they will provide specific care to an IUD client with excessive bleeding, by type of providers in Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

	FWA[1]		FWV		MO-MCH		RMO		OB/GYN	
Types of care	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Examine her to determine the reasons for excessive bleeding	-	-	72.7	69.9	85.7	85.6	73.1	65.1	85.6	79.8
Provide treatment for bleeding	-	-	78.0	85.4	67.5	81.4	58.8	65.9	68.8	87.5
Refer to higher level of treatment	-	-	24.1	25.1	15.6	14.4	20.2	23.0	8.0	7.7
Remove IUD	-	-	60.8	37.7	54.5	39.2	42.9	33.3	55.2	49.0
Number of providers	**123**	**132**	**245**	**239**	**77**	**97**	**119**	**126**	**125**	**104**

[1] FWA were not asked this question.

Table A.2.9A. Provision of care to IUD clients with abdominal pain, Phase I areas

Percentage of providers who reported that they will provide specific care to an IUD client with abdominal pain, by type of provider in Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

Types of care	FWA[1]		FWV		MO-MCH		RMO		OB/GYN	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Examine her to determine the probable reasons for pain	-	-	73.4	78.3	88.2	92.1	73.5	82.2	89.0	89.6
Provide treatment and assure to her further services are available if needed	-	-	84.1	77.4	84.7	86.4	66.3	62.4	86.4	81.7
Refer to higher level of treatment	-	-	16.8	19.3	8.2	21.6	19.3	25.7	9.3	20.0
Remove IUD	-	-	43.5	20.3	43.5	31.8	16.9	23.8	42.4	36.5
Number of providers	**108**	**109**	**214**	**212**	**85**	**88**	**83**	**101**	**118**	**115**

[1] FWA were not asked this question.

Table A.2.9B. Provision of care to IUD clients with abdominal pain, Phase III areas

Percentage of providers who reported that they will provide specific care to an IUD client with abdominal pain, by type of provider in Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

Types of care	FWA[1]		FWV		MO-MCH		RMO		OB/GYN	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Examine her to determine the probable reasons for pain	-	-	82.9	69.0	92.2	86.6	70.6	76.2	96.0	87.5
Provide treatment and assure to her further services are available if needed	-	-	79.6	74.9	77.9	90.7	62.2	61.1	77.6	88.5
Refer to higher level of treatment	-	-	23.3	13.0	13.0	9.3	21.0	27.0	8.0	7.7
Remove IUD	-	-	38.8	12.1	42.9	21.7	27.7	19.8	42.4	44.2
Number of providers	**123**	**132**	**245**	**239**	**77**	**97**	**119**	**126**	**125**	**104**

[1] FWA were not asked this question.

Provider's Knowledge and Practice: Implants

Table A.2.10A. Pre-counseling elements for implant clients, Phase I areas

Percentage of providers who spontaneously reported that they provide selected elements of pre-counseling services to implant clients, by types of providers in Phase I areas, 2015 and 2017 Mayer Hashi II surveys.

Elements of pre-counseling for implant clients	FWA		FWV		MO-MCH		RMO		OB/GYN[1]	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Explaining advantages and disadvantages of implants	91.7	95.4	92.1	96.7	97.6	97.7	75.9	92.1	-	-
Ensuring that the client has made the decision after having full information	13.9	24.8	24.8	31.1	21.2	33.0	6.0	18.8	-	-
Number of providers	**108**	**109**	**214**	**212**	**85**	**88**	**83**	**101**	**118**	**115**

[1] OB/GYN were not asked this question.

Table A.2.10B. Pre-counseling elements for implant clients, Phase III areas

Percentage of providers who spontaneously reported that they provide selected elements of pre-counseling services to implant clients, by types of providers in Phase III areas, 2015 and 2017 Mayer Hashi II surveys.

Elements of pre-counseling for implant clients	FWA		FWV		MO-MCH		RMO		OB/GYN[1]	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Explaining advantages and disadvantages of implants	90.2	93.2	91.8	93.7	93.5	86.6	77.3	81.8	-	-
Ensuring that the client has made the decision after having full information	13.8	21.2	19.6	19.3	24.7	25.8	5.0	15.9	-	-
Number of providers	**123**	**132**	**245**	**239**	**77**	**97**	**119**	**126**	**125**	**104**

[1] OB/GYN were not asked this question.

Table A.2.11A. Conditions for accepting implant, Phase I areas

Percentage of providers who spontaneously reported conditions under which a woman can accept an implant or can be recommended for implant, by type of provider in Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

Conditions for accepting implant	FWA		FWV		MO-MCH		RMO		OB/GYN[1]	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Want to avoid pregnancy for a long time	77.8	76.2	72.0	79.7	96.5	88.6	75.9	86.1	-	-
Have no children	69.4	64.2	71.5	71.2	78.8	75.0	34.9	38.6	-	-
Menstruating regularly (i.e., she is not pregnant)	33.3	32.1	48.1	43.4	51.8	37.5	15.7	27.7	-	-
Number of providers	**108**	**109**	**214**	**212**	**85**	**88**	**83**	**101**	**118**	**115**

[1] OB/GYN were not asked this question.

Table A.2.11B. Conditions for accepting implant, Phase III areas

Percentage of providers who spontaneously reported conditions under which a woman can accept an implant or can be recommended for implant, by type of provider in Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

Conditions for accepting implant	FWA		FWV		MO-MCH		RMO		OB/GYN[1]	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Want to avoid pregnancy for a long time	78.0	71.2	82.4	75.3	92.2	78.4	75.6	79.4	-	-
Have no children	65.9	59.9	71.4	63.6	80.5	76.3	30.3	39.7	-	-
Menstruating regularly (i.e. she is not pregnant)	39.0	33.3	48.2	31.8	51.9	32.0	19.3	18.3	-	-
Number of providers	**123**	**132**	**245**	**239**	**77**	**97**	**119**	**126**	**125**	**104**

[1] OB/GYN were not asked this question.

Table A.2.12A. Possible side effects of implants, Phase I areas

Percentage of providers who spontaneously reported possible side effects of implants, by type of providers in Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

Possible side effect of implant	FWA		FWV		MO-MCH		RMO		OB/GYN[1]	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Menstruation stopped	77.8	82.6	80.8	80.7	88.2	73.9	49.4	51.5	-	-
Excessive bleeding	80.6	64.2	85.5	73.1	85.9	73.9	56.6	41.6	-	-
Spotting	73.1	64.2	72.9	75.9	84.7	79.6	44.6	70.3	-	-
Weight gain	23.1	40.4	25.7	34.9	38.8	39.8	31.3	27.7	-	-
Nausea/vomiting	32.4	24.8	32.7	25.9	27.1	35.2	21.7	19.8	-	-
Depression	26.9	21.2	36.9	33.0	35.3	34.1	14.5	23.8	-	-
Pain in arm	41.7	45.9	42.5	50.5	56.5	54.6	45.8	45.5	-	-
Number of providers	**108**	**109**	**214**	**212**	**85**	**88**	**83**	**101**	**118**	**115**

[1] OB/GYN were not asked this question.

Table A.2.12B. Possible side effects of implants, Phase III areas

Percentage of providers who spontaneously reported possible side effects of implants, by type of providers in Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

	FWA		FWV		MO-MCH		RMO		OB/GYN[1]	
Possible side effect of implant	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Menstruation stopped	80.5	74.2	77.6	77.4	88.3	72.2	49.6	46.0	-	-
Excessive bleeding	78.0	71.2	86.5	68.6	89.6	82.5	67.2	47.6	-	-
Spotting	72.4	61.4	73.1	74.9	80.5	67.0	40.3	53.2	-	-
Weight gain	20.3	33.3	26.9	35.6	42.9	52.6	23.5	27.8	-	-
Nausea/vomiting	24.4	22.7	27.8	22.2	22.1	23.7	21.8	12.7	-	-
Depression	31.7	25.0	31.8	28.9	37.7	33.0	15.1	20.6	-	-
Pain in arm	50.4	53.0	51.8	44.4	70.1	43.3	47.9	46.8	-	-
Number of providers	**123**	**132**	**245**	**239**	**77**	**97**	**119**	**126**	**125**	**104**

[1] OB/GYN were not asked this question.

Table A.2.13A. Provision of care to implant clients with excessive bleeding, Phase I areas

Percentage of providers who reported that they will provide specific care to an implant client with excessive bleeding, by types of providers in Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

	FWA[1]		FWV		MO-MCH		RMO		OB/GYN[1]	
Types of care	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Examine her to determine the reasons for excessive bleeding	-	-	57.9	65.1	81.2	84.1	65.1	63.4	-	-
Provide treatment for bleeding	-	-	83.2	85.4	82.4	88.6	65.1	78.2	-	-
Refer to higher level of treatment	-	-	40.2	46.7	7.1	14.8	25.3	23.8	-	-
Remove implant	-	-	32.7	20.8	52.9	51.1	18.1	31.7	-	-
Number of providers	**108**	**109**	**214**	**212**	**85**	**88**	**83**	**101**	**118**	**115**

[1] FWA and OB/GYN were not asked this question.

Table A.2.13B. Provision of care to implant clients with excessive bleeding, Phase III areas

Percentage of providers who reported that they will provide specific care to an implant client with excessive bleeding, by types of providers in Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

	FWA[1]		FWV		MO-MCH		RMO		OB/GYN[1]	
Types of care	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Examine her to determine the reasons for excessive bleeding	-	-	73.9	60.7	90.9	81.4	69.7	65.1	-	-
Provide treatment for bleeding	-	-	76.3	78.2	75.3	86.6	53.8	71.4	-	-
Refer to higher level of treatment	-	-	34.3	31.4	13.0	12.4	18.5	23.8	-	-
Remove implant	-	-	36.3	17.6	49.4	39.2	36.1	19.8	-	-
Number of providers	**123**	**132**	**245**	**239**	**77**	**97**	**119**	**126**	**125**	**104**

[1] FWA and OB/GYN were not asked this question.

Table A.2.14A. Provision of care to implant clients with amenorrhea, Phase I areas

Percentage of providers who reported that they will provide specific care to an implant client with amenorrhea, by types of providers in Phase I areas, 2015 and 2017 Mayer Hashi II surveys.

	FWA[1]		FWV		MO-MCH		RMO		OB/GYN[1]	
Types of care	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Check pregnancy	-	-	77.1	70.3	85.9	83.0	62.7	61.4	-	-
If she is not pregnant, counsel and reassure that this is normal	-	-	81.8	89.6	81.2	87.5	63.9	68.3	-	-
Remove implant	-	-	16.4	15.1	24.7	25.0	16.9	22.8	-	-
Number of providers	**108**	**109**	**214**	**212**	**85**	**88**	**83**	**101**	**118**	**115**

[1] FWA and OB/GYN were not asked this question.

Table A.2.14B. Provision of care to implant clients with amenorrhea, Phase III areas

Percentage of providers who reported that they will provide specific care to an implant client with amenorrhea, by types of providers in Phase III areas, 2015 and 2017 Mayer Hashi II surveys.

	FWA[1]		FWV		MO-MCH		RMO		OB/GYN[1]	
Types of care	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Check pregnancy	-	-	78.8	58.2	87.0	63.9	69.7	54.0	-	-
If she is not pregnant, counsel and reassure that this is normal	-	-	80.0	89.1	83.1	92.8	48.7	66.7	-	-
Remove implant	-	-	18.8	13.0	28.6	13.4	27.7	22.2	-	-
Number of providers	**123**	**132**	**245**	**239**	**77**	**97**	**119**	**126**	**125**	**104**

[1] FWA and OB/GYN were not asked this question.

Provider's Knowledge and Practice: Female Sterilization

Table A.2.15A. Pre-counseling for female sterilization, Phase I areas

Percentage of providers who spontaneously reported that they provide specific elements of pre-counseling to clients seeking female sterilization, by types of providers in Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

	FWA		FWV		MO-MCH		RMO		OB/GYN	
Elements of pre-counseling	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Explain advantages and disadvantages of female sterilization	85.2	98.2	89.7	94.8	95.3	89.3	84.3	92.1	93.2	95.7
Explain probable side effects, discomfort, and complications of female sterilization	61.1	70.6	59.8	76.9	82.4	78.4	50.6	59.4	78.8	83.5
Ensure that the client does not have any health conditions unfavorable to the operation	25.9	35.8	34.1	51.4	51.8	51.1	22.9	33.7	40.7	48.7
Ensure that the client understood the advantages and disadvantages of female sterilization before she made the decision	16.7	20.2	21.5	26.4	29.4	31.8	15.7	12.9	25.4	18.3
Number of providers	**108**	**109**	**214**	**212**	**85**	**88**	**83**	**101**	**118**	**115**

Table A.2.15B. Pre-counseling for female sterilization, Phase III areas

Percentage of providers who spontaneously reported that they provide specific elements of pre-counseling to clients seeking female sterilization, by types of providers in Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

	FWA		FWV		MO-MCH		RMO		OB/GYN	
Elements of pre-counseling	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Explain advantages and disadvantages of female sterilization	85.4	94.7	89.0	92.5	90.9	87.6	79.0	80.2	92.0	86.5
Explain probable side effects, discomfort, and complications of female sterilization	61.0	72.0	73.5	74.1	76.6	75.3	64.7	65.1	79.2	87.5
Ensure that the client does not have any health conditions unfavorable to the operation	34.1	28.8	35.5	35.6	58.4	49.5	24.4	26.2	54.4	44.2
Ensure that the client understood the advantages and disadvantages of female sterilization before she made the decision	22.8	24.2	27.3	21.3	28.6	30.9	10.9	19.8	13.6	33.7
Number of providers	**123**	**132**	**245**	**239**	**77**	**97**	**119**	**126**	**125**	**104**

Table A.2.16A. Post-counseling for female sterilization, Phase I areas

Percentage of providers who spontaneously reported that they provide specific elements of post-counseling to clients who have just accepted female sterilization, by types of providers in Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

	FWA		FWV		MO-MCH		RMO		OB/GYN	
Elements of post-counseling	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Give her the follow-up card	53.7	34.9	48.6	40.1	60.0	40.9	21.7	12.9	39.8	25.2
Remind her about the probable side effects and discomfort and assure her of the follow-up	48.1	50.5	48.6	59.0	57.6	61.4	41.0	43.6	59.3	76.5
Remind her the procedure for follow-up	40.7	21.1	41.6	31.6	38.8	31.8	16.9	14.9	25.4	23.5
Encourage the client to contact a service provider if there are any side effects or complications	59.3	57.8	61.7	57.1	78.8	64.8	62.7	48.5	75.4	63.5
Remind her to take full rest for two days	56.5	37.6	59.8	39.2	65.9	40.9	39.8	30.7	55.1	37.4
Encourage her to avoid heavy work or avoid lifting heavy weight for three weeks	66.7	58.7	71.5	59.0	76.5	54.5	49.4	52.5	72.9	56.5
Remind her to take medications that have been given to her	32.4	49.5	40.2	47.2	47.1	36.4	13.3	26.7	44.9	36.5
Ensure that the client understood the main points of counseling	6.5	3.7	15.9	2.4	7.1	5.7	8.4	12.9	11.0	7.0
Number of providers	**108**	**109**	**214**	**212**	**85**	**88**	**83**	**101**	**118**	**115**

Table A.2.16B. Post-counseling for female sterilization, Phase III areas

Percentage of providers who spontaneously reported that they provide specific elements of post-counseling to clients who have just accepted female sterilization, by types of providers in Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

Elements of post-counseling	FWA 2015	FWA 2017	FWV 2015	FWV 2017	MO-MCH 2015	MO-MCH 2017	RMO 2015	RMO 2017	OB/GYN 2015	OB/GYN 2017
Give her the follow-up card	37.4	33.3	52.2	43.9	46.8	41.2	19.3	12.7	30.4	26.9
Remind her about the probable side effects and discomfort and assure her of the follow-up	48.8	53.0	61.2	58.2	68.8	63.9	39.5	42.9	52.8	59.6
Remind her the procedure for follow-up	32.5	15.9	51.0	27.2	53.2	28.9	19.3	14.3	32.8	31.7
Encourage the client to contact a service provider if there are any side effects or complications	65.0	52.3	59.6	50.2	64.9	54.6	58.0	55.6	68.8	64.4
Remind her to take full rest for two days	60.2	34.8	56.7	36.8	66.2	43.3	45.4	39.7	64.0	41.3
Encourage her to avoid heavy work or avoid lifting heavy weight for three weeks	69.1	61.4	66.5	51.0	76.6	52.6	44.5	45.2	69.6	54.8
Remind her to take medications that have been given to her	37.4	36.4	39.6	36.8	50.6	42.3	25.2	30.2	34.4	38.5
Ensure that the client understood the main points of counseling	6.5	3.8	11.4	2.9	15.6	8.2	5.9	12.7	7.2	4.8
Number of providers	**123**	**132**	**245**	**239**	**77**	**97**	**119**	**126**	**125**	**104**

Table A.2.17A. Conditions for accepting female sterilization, Phase I areas

Percent of providers who spontaneously reported conditions under which a woman can accept female sterilization or can be recommended for female sterilization, by types of providers in Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

Conditions for accepting female sterilization	FWA 2015	FWA 2017	FWV 2015	FWV 2017	MO-MCH 2015	MO-MCH 2017	RMO 2015	RMO 2017	OB/GYN 2015	OB/GYN 2017
Women who do not want to have any more children and have at least one living child	62.0	70.6	65.9	31.6	69.4	39.8	67.5	27.7	67.8	31.3
Women who do not want to have any more children and the age of youngest child is at least two years	86.1	29.4	82.7	62.7	88.2	61.4	67.5	43.6	87.3	68.7
Women who have had two or more Caesarean sections	11.1	64.2	17.8	26.9	45.9	35.2	19.3	20.8	35.6	50.4
Husband has agreed to female sterilization	33.3	19.3	39.7	62.3	60.0	51.1	34.9	48.5	45.8	52.2
Number of providers	**108**	**109**	**214**	**212**	**85**	**88**	**83**	**101**	**118**	**115**

Table A.2.17B. Conditions for accepting female sterilization, Phase III areas

Percent of providers who spontaneously reportedconditions under which a woman can accept female sterilization or can be recommended for female sterilization, by types of providers in Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

Conditions for accepting female sterilization	FWA		FWV		MO-MCH		RMO		OB/GYN	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Women who do not want to have any more children and have at least one living child	68.3	70.5	69.0	32.2	74.0	43.3	59.7	37.3	66.4	33.7
Women who do not want to have any more children and the age of youngest child is at least two years	82.1	29.5	86.5	55.2	84.4	58.8	69.7	40.5	86.4	70.2
Women who have had two or more Caesarean sections	8.9	53.0	16.7	20.9	27.3	36.1	15.1	30.2	40.0	51.0
Husband has agreed to female sterilization	44.7	15.2	47.3	56.1	64.9	48.5	28.6	36.5	44.8	60.6
Number of providers	**123**	**132**	**245**	**239**	**77**	**97**	**119**	**126**	**125**	**104**

Table A.2.18A. Follow-up with female sterilization clients, Phase I areas

Percentage of providers who reported that they or their facility follow-up female sterilization clients, and percent reporting specified follow-up times, by types of providers and Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

	FWA		FWV		MO-MCH		RMO		OB/GYN	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Follow-up with female sterilization	81.5	94.5	82.7	88.2	100.0	93.2	65.1	72.3	87.3	91.3
Do not follow-up with female sterilization	18.5	5.5	17.3	11.8	0.0	6.8	34.9	27.7	12.7	8.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Timing of follow-up[1]										
Within 3 days	23.1	23.9	3.3	2.4	10.6	9.1	1.2	6.9	5.1	6.1
Within 7 days	76.9	84.4	79.9	71.2	83.5	68.2	20.5	29.7	66.1	67.8
After 1 month	72.2	71.6	60.3	63.2	55.3	62.5	22.9	27.7	55.1	53.0
2–5 months	22.2	20.2	10.3	7.5	7.1	9.1	3.6	6.9	14.4	12.2
6–11 months	22.2	32.1	28.5	38.2	28.2	43.2	13.3	11.9	22.9	25.2
After 1 year	25.0	27.5	19.6	29.2	18.8	30.7	7.2	7.9	14.4	20.0
When problem arises	57.4	56.0	63.1	61.3	69.4	55.7	36.1	46.5	74.6	65.2
Number of providers	**108**	**109**	**214**	**212**	**85**	**88**	**83**	**101**	**118**	**115**

[1] Multiple responses allowed.

Table A.2.18B. Follow-up with female sterilization clients, Phase III areas

Percentage of providers who reported that they or their facility follow-up female sterilization clients, and percent reporting specified follow-up times, by types of providers and Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

	FWA		FWV		MO-MCH		RMO		OB/GYN	
	2015	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Follow-up with female sterilization	97.6	87.9	86.1	83.3	94.8	96.9	72.3	65.9	96.0	94.2
Do not follow-up with female sterilization	2.4	12.1	13.9	16.7	5.2	3.1	27.7	34.1	4.0	5.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Timing of follow-up[1]										
Within 3 days	16.3	18.2	1.6	5.9	2.6	8.2	4.2	5.6	4.8	4.8
Within 7 days	78.9	78.8	71.0	73.6	88.3	78.4	34.5	40.5	72.0	70.2
After 1 month	65.9	70.5	59.6	59.0	58.4	64.9	34.5	33.3	47.2	68.3
2–5 months	17.1	15.2	6.9	9.2	10.4	11.3	6.7	4.8	14.4	11.5
6–11 months	20.3	18.9	34.7	29.7	42.9	34.0	10.1	11.9	24.8	27.9
After 1 year	12.2	12.1	20.8	25.9	23.4	26.8	8.4	7.1	16.0	15.4
When problem arises	74.0	56.8	75.1	59.8	76.6	58.8	46.2	44.4	73.6	66.3
Number of providers	**123**	**132**	**245**	**239**	**77**	**97**	**119**	**126**	**125**	**104**

[1] Multiple responses allowed.

Table A.2.19A. Counseling at the time of follow-up with female sterilization clients, Phase I areas

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 types of providers in Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

	FWA		FWV		MO-MCH		RMO		OB/GYN	
Elements of counseling	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Provide counseling and treatment immediately if client complains of side effects, complications, and discomfort	70.4	86.2	75.7	91.0	94.1	89.8	62.7	75.2	86.4	95.7
Refer to appropriate place if client complains of side effects, complications, and discomfort	36.1	57.8	37.9	50.9	29.4	36.4	19.3	28.7	28.0	27.0
Assure for any other service if she has no side effects, complications, or discomfort	28.7	43.1	32.7	46.2	50.6	59.1	25.3	37.6	43.2	65.2
Number of providers	**108**	**109**	**214**	**212**	**85**	**88**	**83**	**101**	**118**	**115**

Table A.2.19B. Counseling at the time of follow-up with female sterilization clients, Phase III areas

Percent of providers who spontaneously reported that they provide specific elements of counseling to a female sterilization client at the time of follow-up, by types of providers in Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

	FWA		FWV		MO-MCH		RMO		OB/GYN	
Elements of counseling	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Provide counseling and treatment immediately if client complains of side effects, complications, and discomfort	71.5	71.2	77.1	82.8	83.1	85.6	68.9	70.6	81.6	87.5
Refer to appropriate place if client complains of side effects, complications, and discomfort	43.9	37.9	38.8	36.0	29.9	24.7	20.2	20.6	18.4	31.7
Assure for any other service if she has no side effects, complications, or discomfort	34.1	53.0	41.2	45.2	51.9	62.9	21.8	38.1	44.8	63.5
Number of providers	**123**	**132**	**245**	**239**	**77**	**97**	**119**	**126**	**125**	**104**

Table A.2.20A. Awareness of government policies regarding postpartum IUD and female sterilization, Phase I areas

Percentage of providers who are aware of government policies regarding postpartum IUDs and female sterilization, by types of providers in Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

	FWA		FWV		MO-MCH		RMO		OB/GYN	
Awareness of government policy that:	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
IUD may be offered to those women who deliver at facilities, immediately after delivery	77.8	96.3	95.8	99.1	97.6	97.7	66.3	71.3	94.9	94.8
Female sterilization may be offered to those women who deliver at facilities, right at delivery	84.3	98.2	92.5	97.6	97.6	96.6	79.5	76.2	94.1	92.2
An IUD may be offered during Caesarean section delivery	64.8	91.7	86.0	98.1	92.9	92.0	60.2	71.3	91.5	97.4
Female sterilization may be offered during a Caesarean section delivery	97.2	99.1	98.6	99.1	100.0	97.7	90.4	87.1	96.6	99.1
Number of providers	**108**	**109**	**214**	**212**	**85**	**88**	**83**	**101**	**118**	**115**

Table A.2.20B. Awareness of government policies regarding postpartum IUD and female sterilization, Phase III areas

Percentage of providers who are aware of government policies regarding postpartum IUDs and female sterilization, by types of providers in Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

	FWA		FWV		MO-MCH		RMO		OB/GYN	
Awareness of government policy that:	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
IUD may be offered to those women who deliver at facilities, immediately after delivery	65.9	93.9	95.1	98.7	94.8	96.9	44.5	65.1	81.6	92.3
Female sterilization may be offered to those women who deliver at facilities, right at delivery	72.4	91.7	89.0	94.6	97.4	96.9	60.5	72.2	87.2	92.3
An IUD may be offered during Caesarean section delivery	61.0	84.8	85.3	96.2	90.9	92.8	58.0	65.9	76.8	90.4
Female sterilization may be offered during a Caesarean section delivery	94.3	94.7	99.6	98.7	100.0	95.9	89.1	81.0	96.8	98.1
Number of providers	**123**	**132**	**245**	**239**	**77**	**97**	**119**	**126**	**125**	**104**

Appendix A.3. Facility Readiness Survey Tables

Table A.3.1A. Types of facilities, Phase I areas

Number and percent of facilities by types, by low- and high-performance areas and Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

	Low				High			
	N		%		N		%	
Type of facilities	2015	2017	2015	2017	2015	2017	2015	2017
DH/MCH	9	9	4.8	5.0	12	10	6.3	5.6
UHC/MCWC	60	60	32.3	33.3	61	61	32.1	34.1
FWC	47	47	25.3	26.1	56	52	29.5	29.1
Private/NGO	69	63	37.1	35.0	57	53	30.0	29.6
Rural dispensary	1	1	0.5	0.6	4	3	2.1	1.7
Total	**186**	**180**	**100.0**	**100.0**	**190**	**190**	**100.0**	**100.0**

Table A.3.1B. Types of facilities, Phase III areas

Number and percent of facilities by types, by low- and high-performance areas and Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

	Low				High			
	N		%		N		%	
Type of facilities	2015	2017	2015	2017	2015	2017	2015	2017
DH/MCH	14	14	7.1	7.1	10	10	5.1	5.1
UHC/MCWC	72	73	36.5	37.1	69	70	35.2	35.9
FWC	51	49	25.9	24.9	68	65	34.7	33.3
Private/NGO	56	57	28.4	28.9	46	47	23.5	24.1
Rural dispensary	4	4	2.0	2.0	3	3	1.5	1.5
Total	**197**	**197**	**100.0**	**100.0**	**196**	**196**	**100.0**	**100.0**

Table A.3.2. Results of the interviews with health facilities by types of facilities

Number and response rate of health facilities by types of facilities, by low- and high-performance areas and Phase I and Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
Characteristics	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Facility interviewed/observed												
Facility selected: by facility type												
DH/MCH	11	9	16	10	27	19	15	14	14	10	29	24
UHC/MCWC	63	60	78	62	141	122	85	73	80	70	165	143
FWC	53	47	66	55	119	102	62	50	76	66	138	116
Private/NGO	82	80	86	63	168	143	73	62	59	49	132	111
Rural dispensary	1	1	4	4	5	5	5	4	4	3	9	7
Unknown	1	0	2	0	3	0	1	0	0	0	1	0
Total	**211**	**197**	**252**	**194**	**463**	**391**	**241**	**203**	**233**	**198**	**474**	**401**
Facility interviewed/observed: by facility type												
DH/MCH	9	9	12	10	21	19	14	14	10	10	24	24
UHC/MCWC	60	60	61	61	121	121	72	73	69	70	141	143
FWC	47	47	56	52	103	99	51	49	68	65	119	114
Private/NGO	69	63	57	53	126	116	56	57	46	47	102	104
Rural dispensary	1	1	4	3	5	4	4	4	3	3	7	7
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	**186**	**180**	**190**	**179**	**376**	**359**	**197**	**197**	**196**	**195**	**393**	**392**
Facility response rate: by facility type												
DH/MCH	81.8	100.0	75.0	100.0	77.8	100.0	93.3	100.0	71.4		82.8	100.0
UHC/MCWC	95.2	100.0	78.2	98.4	85.8	99.2	84.7	100.0	86.3	100.0	85.5	100.0
FWC	88.7	100.0	84.8	94.5	86.6	97.1	82.3	98.0	89.5	100.0	86.2	98.3
Private/NGO	84.1	78.8	66.3	84.1	75.0	81.1	76.7	91.9	78.0	98.5	77.3	93.7
Rural dispensary	100.0	100.0	100.0	75.0	100.0	80.0	80.0	100.0	75.0	95.9	77.8	100.0
Unknown	0.0	-	0.0	-	0.0	-	0.0	-	n.a.	100.0	0.0	-
Total	**88.2**	**91.4**	**75.4**	**92.3**	**81.2**	**91.8**	**81.7**	**97.0**	**84.1**	**-**	**82.9**	**97.8**

Services Available at Facilities

Table A.3.3A. Availability of LARC and PM services, Phase I areas

Percentage of facilities where LARC and PM services are available, by facility types in Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

Available LARC and PM services	DH/Public MCH		UHC/MCWC		FWC		Private/NGO	
	2015	2017	2015	2017	2015	2017	2015	2017
Female sterilization	100.0	94.7	93.4	93.4	0.0	2.0	51.6	51.7
Male sterilization	4.8	5.3	92.6	93.4	0.0	2.0	13.5	12.1
Implant	9.5	10.5	94.2	94.2	1.0	2.0	27.8	26.7
IUD	61.9	52.6	100.0	100.0	97.1	95.0	69.0	65.5
Number of facilities	**21**	**19**	**121**	**121**	**103**	**99**	**126**	**116**

Table A.3.3B. Availability of LARC and PM services, Phase III areas

Percentage of facilities where LARC and PM services are available, by facility types in Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

Available LARC and PM services	DH/Public MCH		UHC/MCWC		FWC		Private/NGO	
	2015	2017	2015	2017	2015	2017	2015	2017
Female sterilization	87.5	100.0	95.7	94.4	0.8	0.9	54.9	50.0
Male sterilization	4.2	4.2	95.7	94.4	0.8	0.9	6.9	4.9
Implant	4.2	8.3	96.5	96.5	2.5	0.9	14.7	19.2
IUD	37.5	41.7	100.0	99.3	99.2	94.7	55.9	63.5
Number of facilities	**24**	**24**	**141**	**143**	**119**	**114**	**102**	**104**

Table A.3.4A. Availability of delivery services, Phase I areas

Percentage of facilities where delivery services are available, by facility types in Phase I areas, 2015 and 2017 Mayer Hashi II surveys.

Available delivery services	DH/Public MCH		UHC/MCWC		FWC		Private/NGO	
	2015	2017	2015	2017	2015	2017	2015	2017
Does not provide delivery care	4.8	0.0	5.8	3.3	35.9	40.4	47.6	40.5
Provides delivery care excluding C-section	0.0	0.0	46.3	47.1	61.2	54.6	3.2	8.6
Provides delivery care including C-section	95.2	94.7	47.9	49.6	0.0	0.0	48.4	50.0
Missing	0.0	5.3	0.0	0.0	2.9	5.1	0.8	0.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number of facilities	**21**	**19**	**121**	**121**	**103**	**99**	**126**	**116**

Table A.3.4B. Availability of delivery services, Phase III areas

Percentage of facilities where delivery services are available, by facility types in Phase III areas, 2015 and 2017 Mayer Hashi II surveys.

Available delivery services	DH/Public MCH		UHC/MCWC		FWC		Private/NGO	
	2015	2017	2015	2017	2015	2017	2015	2017
Does not provide delivery care	0.0	4.2	0.7	4.9	29.4	27.2	37.3	36.5
Provides delivery care excluding C-section	4.2	0.0	61.0	58.7	69.7	67.5	7.8	11.5
Provides delivery care including C-section	95.8	95.8	38.3	35.7	0.0	0.0	53.9	51.0
Missing	0.0	0.0	0.0	0.7	0.8	5.3	1.0	1.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number of facilities	**24**	**23**	**141**	**143**	**119**	**114**	**102**	**104**

Table A.3.5A. Availability of postpartum family planning services, Phase I areas

Percentage of facilities where postpartum FP services are available by availability of delivery services, by facility types in Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

Available postpartum FP services	DH/Public MCH		UHC/MCWC		FWC		Private/NGO	
	2015	2017	2015	2017	2015	2017	2015	2017
Among all facilities								
Postpartum IUD	52.4	36.8	29.8	52.1	6.8	17.2	9.5	19.0
Postpartum female sterilization	95.2	94.7	47.1	60.3	0.0	2.0	47.6	49.1
Number of facilities	**21**	**19**	**121**	**121**	**103**	**99**	**126**	**116**
Among facilities that provide delivery care								
Postpartum IUD	55.0	38.9	31.6	52.1	10.6	18.1	18.2	19.1
Postpartum female sterilization	100.0	100.0	50.0	60.3	0.0	2.1	90.9	49.6
Number of facilities	**20**	**18**	**114**	**121**	**66**	**94**	**66**	**115**

Table A.3.5B. Availability of postpartum family planning services, Phase III areas

Percentage of facilities where postpartum FP services are available by availability of delivery services, by facility types in Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

Available postpartum FP services	DH/Public MCH		UHC/MCWC		FWC		Private/NGO	
	2015	2017	2015	2017	2015	2017	2015	2017
Among all facilities								
Postpartum IUD	20.8	45.8	25.5	43.4	3.4	22.8	11.8	19.2
Postpartum female sterilization	91.7	95.8	42.6	44.1	0.0	0.0	53.9	51.0
Number of facilities	**24**	**24**	**141**	**143**	**119**	**114**	**102**	**104**
Among facilities that provide delivery care								
Postpartum IUD	20.8	45.8	25.7	43.7	4.8	24.1	18.8	19.4
Postpartum female sterilization	91.7	95.8	42.9	44.4	0.0	0.0	85.9	51.5
Number of facilities	**24**	**24**	**140**	**142**	**84**	**108**	**64**	**103**

Table A.3.6A. Routine assessment of quality of services, Phase I areas

Percentage of facilities where routine quality of care assessment and feedback mechanisms are in place, by facility types in Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

	DH/ Public MCH		UHC/ MCWC		FWC		Private/ NGO	
Availability of routine assessment and feedback of quality of care	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Routine assessment of quality of service is in place	85.7	94.7	100.0	100.0	96.1	93.9	95.2	92.2
Number of facilities	**21**	**19**	**121**	**121**	**103**	**99**	**126**	**116**
Among facilities that have routine assessment of quality of service								
Assessed by DGFP Officer/FP clinical supervision team	27.8	38.9	62.0	41.3	51.5	15.1	37.5	10.3
Assessed internally	33.3	11.1	14.0	10.7	16.2	5.4	53.3	53.3
Assessed by other external quality control team	55.6	88.9	61.2	98.4	58.6	93.6	60.0	81.3
Written feedback from supervisor is available	38.9	50.0	65.3	80.2	74.7	82.8	68.3	58.9
Informal feedback from supervisor is available	50.0	33.3	27.3	14.1	22.2	11.8	26.7	24.3
No feedback mechanism is available	11.1	16.7	7.4	5.8	3.0	5.4	5.0	16.8
Any filled-in checklist on quality assessment is available	44.4	44.4	85.1	87.6	82.8	89.3	71.7	64.5
Number of facilities	**18**	**18**	**121**	**121**	**99**	**93**	**120**	**107**

Table A.3.6B. Routine assessment of quality of services, Phase III areas

Percentage of facilities where routine quality of care assessment and feedback mechanisms are in place, by facility types in Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

	DH/ Public MCH		UHC/ MCWC		FWC		Private/ NGO	
Availability of routine assessment and feedback of quality of care	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Routine assessment of quality of service is in place	95.8	87.5	99.3	99.3	99.2	91.2	96.1	92.3
Number of facilities	**24**	**24**	**141**	**143**	**119**	**114**	**102**	**104**
Among facilities that have routine assessment of quality of service								
Assessed by DGFP Officer/FP clinical supervision team	39.1	19.1	65.0	45.8	48.3	17.3	28.6	9.4
Assessed internally	30.4	23.8	8.6	18.3	7.6	22.1	48.0	51.0
Assessed by other external quality control team	52.2	85.7	52.1	93.7	61.0	93.3	55.1	85.4
Written feedback from supervisor is available	34.8	38.1	71.4	77.5	76.3	81.7	48.0	64.6
Informal feedback from supervisor is available	43.5	47.6	15.7	16.2	14.4	12.5	33.7	28.1
No feedback mechanism is available	21.7	14.3	12.9	6.3	9.3	5.8	18.4	7.3
Any filled-in checklist on quality assessment is available	52.2	47.6	80.0	90.9	83.1	92.3	55.1	70.8
Number of facilities	**23**	**21**	**140**	**142**	**118**	**104**	**120**	**96**

Table A.3.7A. Facility infrastructure, Phase I areas

Percent of facilities with enabling infrastructure, by types of facility in Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

	DH/ Public MCH		UHC/ MCWC		FWC		Private/ NGO	
Infrastructure	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Toilet								
No functional toilet	0.0	0.0	1.7	6.6	10.7	9.1	0.0	0.0
Functional and clean toilet: water and soap	52.4	47.4	45.5	59.5	42.7	38.4	96.0	87.9
Functional and clean toilet: no water but soap	0.0	15.8	0.0	12.4	1.0	16.2	0.0	8.6
Functional and clean toilet: water but no soap	9.5	10.5	21.5	4.1	15.5	2.0	2.4	1.7
Functional and clean toilet: no water and no soap	0.0	10.5	2.5	9.1	2.9	9.4	0.0	0.0
Functional but unclean toilet: water and soap	9.5	5.3	4.1	0.8	2.9	4.0	0.8	0.0
Functional but unclean toilet: no water but soap	0.0	0.0	0.0	0.0	1.0	2.0	0.0	0.0
Functional but unclean toilet: water but no soap	28.6	0.0	24.8	0.8	4.9	0.0	0.0	0.0
Functional but unclean toilet: no water and no soap	0.0	5.3	0.0	6.6	15.5	14.1	0.0	0.9
Missing	0.0	5.3	0.0	0.0	2.9	5.1	0.8	0.9
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	52.6	81.0	65.3	76.7	48.5	92.1	92.2
Audio but not visual privacy	0.0	5.3	1.7	1.7	1.0	8.1	0.0	0.9
Visual but not audio privacy	0.0	0.0	1.7	7.4	1.9	10.1	1.6	0.0
No space with privacy	9.5	36.8	13.2	25.6	16.5	28.3	4.8	6.0
Missing	9.5	5.3	2.5	0.0	3.9	5.1	1.6	0.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number of facilities	**21**	**19**	**121**	**121**	**103**	**99**	**126**	**116**

Table A.3.7B. Facility infrastructure, Phase III areas

Percent of facilities with enabling infrastructure, by types of facility in Phase III areas in 2015 and 2017 Mayer Hashi II surveys.

	DH/ Public MCH		UHC/ MCWC		FWC		Private/ NGO	
Infrastructure	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Toilet								
No functional toilet	0.0	0.0	2.1	2.8	8.4	9.7	0.0	0.0
Functional and clean toilet: water and soap	45.8	45.8	61.7	69.9	42.0	36.8	81.4	92.3
Functional and clean toilet: no water but soap	0.0	8.3	0.0	7.0	0.8	18.4	0.0	6.7
Functional and clean toilet: water but no soap	8.3	8.3	24.1	3.5	23.5	4.4	17.6	0.0
Functional and clean toilet: no water and no soap	0.0	12.5	0.7	7.7	4.2	9.7	0.0	0.0
Functional but unclean toilet: water and soap	12.5	4.2	1.4	2.1	6.7	2.6	0.0	0.0
Functional but unclean toilet: no water but soap	0.0	0.0	0.0	0.7	0.0	5.3	0.0	0.0
Functional but unclean toilet: water but no soap	33.3	0.0	9.9	2.1	7.6	1.8	0.0	0.0
Functional but unclean toilet: no water and no soap	0.0	20.8	0.0	3.5	5.9	6.1	0.0	0.0
Missing	0.0	0.0	0.0	0.7	0.8	5.3	1.0	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	70.8	70.8	82.3	58.7	80.7	50.0	90.2	84.6
Audio but not visual privacy	0.0	0.0	0.0	2.8	0.0	7.9	1.0	2.9
Visual but not audio privacy	4.2	16.7	2.1	13.3	2.5	9.7	0.0	3.9
No space with privacy	20.8	12.5	14.9	24.5	16.0	27.2	7.8	7.7
Missing	4.2	0.0	0.7	0.7	0.8	5.3	1.0	1.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number of facilities	**24**	**24**	**141**	**143**	**119**	**114**	**102**	**104**

Behavior Change Communication Materials Available in Facilities

Table A.3.8A. Availability of behavior change communication materials, Phase I areas

Percentage of facilities with selected types of BCC materials available, by types of facilities in Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

Available BCC materials	DH/Public MCH		UHC/MCWC		FWC		Private/NGO	
	2015	2017	2015	2017	2015	2017	2015	2017
Billboard/banner/poster	52.4	47.4	97.5	95.0	90.3	82.8	62.7	65.5
Easily identifiable leaflet/ booklet kept for clients	19.0	21.1	41.3	62.0	35.0	48.5	52.4	50.9
Sufficient number of leaflet/ booklet kept for clients	14.3	21.1	37.2	57.9	28.2	46.5	49.2	50.0
Job aids and/or flip charts available for service provider	28.6	42.1	86.0	90.1	78.6	78.8	61.9	61.2
Missing	0.0	5.3	0.0	0.0	2.9	5.1	0.8	0.9
Number of facilities	**21**	**19**	**121**	**121**	**103**	**99**	**126**	**116**

Table A.3.8B. Availability of behavior change communication materials, Phase III areas

Percentage of facilities with selected types of BCC materials available, by types of facilities in Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

Available BCC materials	DH/Public MCH		UHC/MCWC		FWC		Private/NGO	
	2015	2017	2015	2017	2015	2017	2015	2017
Billboard/banner/poster	45.8	20.8	93.6	93.7	91.6	78.1	61.8	53.9
Easily identifiable leaflet/ booklet kept for clients	20.8	4.2	42.6	55.2	38.7	42.1	50.0	44.2
Sufficient number of leaflet/ booklet kept for clients	12.5	4.2	39.0	49.7	31.9	37.7	49.0	42.3
Job aids and/or flip charts available for service provider	37.5	20.8	63.8	80.4	58.0	67.5	49.0	56.7
Missing	0.0	0.0	0.0	0.7	0.8	5.3	1.0	1.0
Number of facilities	**24**	**24**	**141**	**143**	**119**	**114**	**102**	**104**

Availability of Equipment and Supplies

Table A.3.9A. Availability of basic equipment, Phase I areas

Percent of facilities with basic equipment for physical examination available, by types of facilities in Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

	DH/Public MCH		UHC/MCWC		FWC		Private/NGO	
Available basic equipment	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Blood pressure instruments	100.0	94.7	99.2	100.0	93.2	92.9	99.2	99.1
Stethoscope	100.0	94.7	99.2	100.0	93.2	90.9	99.2	99.1
Thermometer	100.0	89.5	91.7	95.0	76.7	67.7	96.8	97.4
Height and weight scale	76.2	84.2	57.9	62.0	42.7	41.4	46.8	62.1
Gloves for provider	100.0	94.7	95.0	96.7	84.5	87.9	97.6	99.1
Missing	0.0	5.3	0.0	0.0	2.9	5.1	0.8	0.9
Number of facilities	**21**	**19**	**121**	**121**	**103**	**99**	**126**	**116**

Table A.3.9B. Availability of basic equipment, Phase III areas

Percent of facilities with basic equipment for physical examination available, by types of facilities in Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

	DH/Public MCH		UHC/ MCWC		FWC		Private/NGO	
Available basic equipment	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Blood pressure instruments	100.0	100.0	97.9	96.5	89.9	86.0	97.1	98.1
Stethoscope	100.0	100.0	100.0	99.3	95.0	88.6	99.0	99.0
Thermometer	100.0	100.0	95.7	92.3	74.8	71.9	98.0	98.1
Height and weight scale	66.7	58.3	56.7	53.9	39.5	34.0	45.1	52.9
Gloves for provider	95.8	100.0	95.0	98.6	90.8	86.8	94.1	94.2
Missing	0.0	0.0	0.0	0.7	0.8	5.3	1.0	1.0
Number of facilities	**24**	**24**	**141**	**143**	**119**	**114**	**102**	**104**

Table A.3.10A. Availability and functionality of operation theatre, Phase I areas

Percentage distribution of facilities by availability of OT, and among facilities with an OT, percent that meet selected requirements for functionality of the OT, by types of facility in Phase I areas, in 2015 and 2017 Mayer Hashi II surveys.

Availability and functionality of operation theatre	DH/Public MCH		UHC/MCWC		FWC		Private/NGO	
	2015	2017	2015	2017	2015	2017	2015	2017
Availability of OT								
Separate OT is available	100.0	94.7	99.2	96.7	71.8	40.4	92.9	82.8
No OT	0.0	0.0	0.8	3.3	25.2	54.6	6.3	16.4
Missing	0.0	5.3	0.0	0.0	2.9	5.1	0.8	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of facilities	**21**	**19**	**121**	**121**	**103**	**99**	**126**	**116**
Functionality of OT among facilities with OT								
Instrument processing room close to/space in OT	85.7	96.9	70.8	83.8	16.2	40.0	72.6	96.9
Toilet adjacent to OT	28.6	66.7	34.2	53.9	48.6	62.5	35.9	66.7
Functional standard OT table	95.2	91.7	91.7	90.6	68.9	57.5	88.9	91.7
Functional OT light	100.0	74.0	64.2	63.3	9.5	5.0	63.2	74.0
Post-operative recovery area	90.5	83.3	58.3	73.5	27.0	52.5	66.7	83.3
Number of facilities	**21**	**96**	**120**	**117**	**74**	**40**	**117**	**96**
Functionality of post-operative recovery area among facilities with OT and post-operative recovery area								
Functional beds in post-operative recovery area	100.0	98.8	91.4	94.2	95.0	90.5	97.4	98.8
Functional seating arrangement in post-operative recovery area	78.9	92.5	58.6	88.4	45.0	76.2	84.6	92.5
Number of facilities	**19**	**80**	**70**	**86**	**20**	**21**	**78**	**80**

Table A.3.10B. Availability and functionality of operation theatre, Phase III areas

Percentage distribution of facilities by availability of OT, and among facilities with an OT, percent that meet selected requirements for functionality of the OT, by types of facility in Phase III areas, in 2015 and 2017 Mayer Hashi II surveys.

Availability and functionality of operation theatre	DH/Public MCH		UHC/MCWC		FWC		Private/NGO	
	2015	2017	2015	2017	2015	2017	2015	2017
Availability of OT								
Separate OT is available	100.0	100.0	98.6	96.5	66.4	47.4	88.2	87.5
No OT	0.0	0.0	1.4	2.8	32.8	47.4	10.8	11.5
Missing	0.0	0.0	0.0	0.7	0.8	5.3	1.0	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of facilities	**24**	**24**	**141**	**143**	**119**	**114**	**102**	**104**
Functionality of OT among facilities with OT								
Instrument processing room close to/space in OT	100.0	96.7	74.1	88.4	29.1	51.9	77.8	96.7
Toilet adjacent to OT	50.0	72.5	37.4	63.0	58.2	64.8	35.6	72.5
Functional standard OT table	100.0	92.3	95.0	94.2	57.0	66.7	90.0	92.3
Functional OT light	100.0	76.9	69.1	73.9	3.8	5.6	75.6	76.9
Post-operative recovery area	75.0	75.8	67.6	71.0	39.2	38.9	74.4	75.8
Number of facilities	**24**	**91**	**139**	**138**	**79**	**54**	**90**	**91**
Functionality of post-operative recovery area among facilities with OT and post-operative recovery area								
Functional beds in post-operative recovery area	100.0	98.6	92.6	94.9	96.8	95.2	100.0	98.6
Functional seating arrangement in post-operative recovery area	72.2	92.8	79.8	84.7	80.6	61.9	86.6	92.8
Number of facilities	**18**	**69**	**94**	**98**	**31**	**21**	**67**	**69**

Table A.3.11A. Availability of equipment and supplies for providing LARCs and PMs, Phase I areas

Percent of facilities where minimally required equipment and supplies for providing LARCs and PMs are available on the day of survey, by types of facilities in Phase I areas, 2015 and 2017 Mayer Hashi II surveys.

	DH/Public MCH		UHC/MCWC		FWC		Private/NGO	
LARC/PM methods	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Female sterilization[1]	42.9	47.4	36.4	33.8	1.9	2.0	30.2	37.9
Male sterilization[2]	14.3	26.3	34.7	32.2	0.0	3.0	12.7	13.8
Implant[3]	9.5	21.1	14.0	4.1	0.0	0.0	23.0	19.8
IUD[4]	4.8	15.8	16.5	16.5	1.9	20.	15.1	23.3
Any of the LARC/PM methods	47.6	52.6	49.6	43.0	2.9	6.1	42.1	55.2
Missing	-	5.3	-	0.0	-	5.1	-	0.9
Number of facilities	**21**	**19**	**121**	**121**	**103**	**99**	**126**	**116**

[1] Minimally required equipment and supplies for providing female sterilization are: 4 small curved Mosquito Artery forceps, 2 long straight medium Artery forceps, 1 BP Handle, 1 plain detecting forceps, 1 needle holder, 1 surgical scissors straight, 1 surgical scissors curve, 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 BP machine, 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 scissor, 2 large scissors for cutting gauge, 2 large scissors for cutting thread, 2 BP machine, 2 stethoscope, 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 of the examining table) to keep hand of client, 1 soap for hand washing, 1 marker pen, 2 surgical drapes, 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% lidocaen, without adrenalin), 1 sterile gauze and 1 normal bandage/butter fly 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 scissor, 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, 1 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.

Table A.3.11B. Availability of equipment and supplies for providing LARCs and PMs, Phase III areas

Percent of facilities where minimally required equipment and supplies for providing LARCs and PMs are available on the day of survey, by types of facilities in Phase III areas, 2015 and 2017 Mayer Hashi II surveys.

	DH/Public MCH		UHC/MCWC		FWC		Private/NGO	
LARC/PM methods	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Female sterilization[1]	37.5	50.0	42.6	37.1	1.7	0.9	34.3	34.6
Male sterilization[2]	8.3	8.3	35.5	37.8	0.8	0.0	12.7	11.5
Implant[3]	12.5	8.3	19.1	15.4	0.8	0.0	16.7	19.2
IUD[4]	8.3	8.3	23.4	20.3	7.6	1.8	14.7	14.4
Any of the LARC/PM methods	41.7	50.0	52.5	51.1	8.4	2.6	46.1	49.0
Missing	-	0.0	-	0.7	-	5.3	-	1.0
Number of facilities	**24**	**24**	**141**	**143**	**119**	**114**	**102**	**104**

[1] Minimally required equipment and supplies for providing female sterilization are: 4 small curved Mosquito Artery forceps, 2 long straight medium Artery forceps, 1 BP Handle, 1 plain detecting forceps, 1 needle holder, 1 surgical scissors straight, 1 surgical scissors curve, 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 BP machine, 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 scissor, 2 large scissors for cutting gauge, 2 large scissors for cutting thread, 2 BP machine, 2 stethoscope, 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 of the examining table) to keep hand of client, 1 soap for hand washing, 1 marker pen, 2 surgical drapes, 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% lidocaen, without adrenalin), 1 sterile gauze and 1 normal bandage/butter fly 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 scissor, 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, 1 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 A.4. Summary of MH-II Key Indicators

Table A.4.1. Summary of key indicators by phase, and low versus high performing areas, 2015 and 2017 Mayer Hashi II surveys

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
Indicator	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Indicator 1: Percent of currently married women ages 15–49 who use contraception by type of contraceptive method												
CPR	**60.6**	**57.9**	**73.4**	**68.3**	**68.2**	**64.0**	**63.6**	**59.5**	**70.6**	**64.7**	**66.3**	**61.4**
Male sterilization	1.1	1.2	1.7	1.8	1.4	1.6	1.3	1.1	1.1	0.6	1.2	0.9
Female sterilization	3.8	4.0	5.1	5.5	4.6	4.9	5.4	4.7	4.7	5.2	5.2	4.9
IUD	0.2	0.5	0.7	0.7	0.5	0.6	0.9	1.0	0.9	0.8	0.9	0.9
Implant	1.5	1.4	2.4	2.5	2.0	2.1	2.1	2.1	1.7	2.2	1.9	2.1
Short-acting method	44.2	41.8	55.4	49.2	50.8	46.2	45.8	43.4	54.1	47.9	49.0	45.0
Traditional method	9.7	8.9	8.2	8.6	8.8	8.7	8.1	7.2	8.0	8.0	8.1	7.5
No use	39.4	42.1	26.6	31.7	31.8	36.0	36.4	40.5	29.4	35.3	33.8	38.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	**2,271**	**2,301**	**3,011**	**2,921**	**5,282**	**5,222**	**2,269**	**2,393**	**3,108**	**3,054**	**5,377**	**5,447**
Indicator 2: Among currently married women under 25 years of age who have been married for two years or less, percent of those who adopted contraceptive methods												
CPR	**42.9**	**36.9**	**57.4**	**55.2**	**50.4**	**46.3**	**42.9**	**44.3**	**55.9**	**53.1**	**48.3**	**47.3**
Male sterilization	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	0.1	0.0
Female sterilization	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
IUD	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.4	0.0	0.5	0.3
Implant	1.7	0.8	1.3	1.7	1.5	1.3	0.5	0.5	0.0	0.8	0.3	0.6
Short-acting method	37.8	33.4	51.9	50.3	45.2	42.0	38.1	41.6	52.4	49.4	43.9	44.2
No use	57.1	63.1	42.6	44.8	49.6	53.7	57.1	55.7	44.1	46.9	51.7	52.7
Traditional method	3.4	2.8	4.2	3.4	3.8	3.1	3.8	1.8	2.8	2.9	3.4	2.2
Number of women under age 25 who have been married for two years or less	**238**	**252**	**237**	**239**	**475**	**491**	**184**	**219**	**286**	**245**	**470**	**464**
Indicator 3: Among currently married women ages 15–49 who have given birth in the past three years, percent who received PPFP services												
Women given birth since October 2013	19.8	16.2	13.1	12.8	15.8	14.2	18.2	16.4	14.6	13.5	16.9	15.3
Number of women	**2,271**	**2,301**	**3,011**	**2,921**	**5,282**	**5,222**	**2,269**	**2,393**	**3,108**	**3,054**	**5,377**	**5,447**

Table A.4.1. Summary of key indicators by phase, and low versus high performing areas, 2015 and 2017 Mayer Hashi II surveys (continued)

	Phase I						Phase III					
	Low		High		Total		Low		High		Total	
Indicator	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Among those who had given birth since October 2013:												
Delivered at home	66.8	54.2	50.1	44.4	58.6	49.0	61.2	47.7	55.8	52.6	59.4	49.3
Delivered at facility	33.2	45.8	49.9	55.6	41.4	51.0	38.8	52.3	44.2	47.5	40.6	50.7
Were offered IUD/female sterilization during facility delivery	4.2	6.4	8.6	10.2	6.4	8.4	7.5	7.1	4.4	5.6	6.5	6.6
Were offered and accepted IUD/female sterilization during facility delivery	1.1	1.6	2.8	1.9	1.9	1.8	1.9	1.5	1.1	1.7	1.7	1.6
Were not offered IUD/female sterilization during facility delivery, but accepted from own interest	0.2	0.3	0.3	1.6	0.2	1.0	0.2	0.0	0.2	1.5	0.2	0.5
Number of women	**449**	**373**	**395**	**374**	**844**	**747**	**415**	**392**	**457**	**411**	**872**	**803**
Indicator 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, percent who intend to use IUDs/implants/female sterilization within the next 12 months												
IUD	0.3	0.2	0.4	0.2	0.4	0.2	0.4	0.2	0.3	0.4	0.4	0.3
Implant	2.4	1.4	1.3	1.1	1.8	1.2	1.4	1.3	1.3	1.0	1.4	1.2
Female sterilization	1.8	1.2	0.6	1.1	1.1	1.1	1.3	0.7	1.2	0.4	1.2	0.6
IUD, implant, or female sterilization	4.3	2.6	2.3	2.4	3.1	2.5	3.0	2.1	2.8	1.7	2.9	2.0
Number of women	**1,370**	**1,329**	**1,798**	**1,699**	**3,168**	**3,028**	**1,362**	**1,403**	**1,891**	**1,831**	**3,253**	**3,234**
Indicator 5: Percent of currently married women ages 15–49 who heard, saw, or read about LARCs/PMs through media in the past 6 months												
Male sterilization	11.6	9.2	13.7	7.2	12.8	8.0	13.5	9.2	11.6	9.4	12.8	9.3
Female sterilization	19.3	16.8	21.8	13.8	20.8	15.1	21.0	19.4	20.5	18.6	20.8	19.1
IUD	14.8	13.5	21.9	13.2	19.0	13.3	17.5	17.2	20.8	19.8	18.7	18.2
Implant	24.7	23.6	33.2	24.2	29.7	24.0	27.3	28.2	30.1	30.6	28.4	29.1
Any LARC/PM	32.1	29.9	40.7	29.7	37.2	29.8	34.5	35.5	37.2	38.7	35.5	36.7
Number of women	**2,271**	**2,301**	**3,011**	**2,921**	**5,282**	**5,222**	**2,269**	**2,393**	**3,108**	**3,054**	**5,377**	**5,447**

Appendix A.5. Difference-in-Differences Model Results

Table A.5.1. Multinomial logit coefficient estimates and estimated program (interaction) effect for LARC and PM use and other method use, Mayer Hashi II evaluation (N=21,327)

	LARC/PMs			Other methods		
	coefficient	SE	p-value	coefficient	SE	p-value
Phase (ref: Phase III)	-0.002	0.107	0.983	0.117	0.065	0.072
Year 2017 (ref: 2015)	-0.191	0.078	0.014	-0.232	0.045	0.000
Phase X year	0.134	0.115	0.243	0.011	0.064	0.865
Age in years(ref: 25–29)						
<20	-1.842	0.209	0.000	-0.587	0.064	0.000
20–24	-0.706	0.118	0.000	-0.286	0.049	0.000
30–34	0.477	0.097	0.000	0.180	0.054	0.001
35–39	0.816	0.106	0.000	0.209	0.067	0.002
40–44	0.353	0.113	0.002	-0.288	0.068	0.000
45–49	-0.391	0.120	0.001	-1.275	0.074	0.000
Education (ref: no education)						
Primary incomplete	0.084	0.084	0.321	0.166	0.057	0.004
Primary complete	-0.269	0.110	0.014	0.160	0.063	0.011
Secondary incomplete	-0.403	0.096	0.000	0.071	0.061	0.248
Secondary complete or higher	-1.106	0.136	0.000	0.091	0.068	0.185
Wealth quintile (ref: lowest)						
Second	-0.316	0.092	0.001	-0.138	0.055	0.013
Middle	-0.739	0.110	0.000	-0.286	0.065	0.000
Fourth	-0.999	0.127	0.000	-0.525	0.072	0.000
Highest	-1.306	0.150	0.000	-0.751	0.084	0.000
Religion (Ref: Muslim)						
Non-Muslim	0.720	0.134	0.000	0.288	0.088	0.001
Area of residence (Ref: rural)						
Urban	0.392	0.106	0.000	0.318	0.071	0.000
TV watching (ref: never watch)						
Not everyday	0.595	0.094	0.000	0.014	0.057	0.806
Everyday	0.571	0.092	0.000	0.195	0.051	0.000
Constant	-0.922	0.130	0.000	0.823	0.080	0.000
Phase effect[1]						
Interaction effect	0.010	0.008	0.209	-0.003	0.014	0.815

[1] Estimated from predicted probabilities of LARC/PM use or other method use obtained from model for each program area by survey year combination, in line with the difference-in-differences approach to estimate program impact.

Table A.5.2. Marginal probabilities (%) of contraceptive method use from multinomial logit model estimates, Mayer Hashi II evaluation (N=21,327)

	Phase I		Phase III	
Contraceptive use	**2015**	**2017**	**2015**	**2017**
LARC/PM	8.6	9.2	9.2	8.8
Short-acting method	59.7	54.8*	57.0	52.4*
No method	31.7	36.0*	33.8	38.8*
Total	100	100	100	100

*Statistically significant difference from corresponding 2015 marginal probability.

APPENDIX B. ANALYSIS OF STUDY LIMITATIONS

The methods section describes a number of practical considerations and features of the MH-II implementation that constrained the evaluation design. In this appendix we assess a number of limitations of the evaluation design and their implications for the robustness of the evaluation findings.

Exposure to MH-II Interventions in Phase I Districts in 2015

The MH-II project had already been operating for one and a half years (since October 2013) before the first round of data were collected for the evaluation in June–September 2015. This means that the 2015 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 2015 survey:

- Distribution of BCC materials to facilities in all 20 Phase I districts
- Training of GOB trainers in PPFP 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 provided 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 2015 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 2015 household survey included questions on exposure to specific BCC materials 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 in 2015.

The analysis presented in section 3 and Appendix A shows that in 2015 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 PPFP in Phase I districts than in Phase III districts (Figures 3.5 and 3.6). 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 in 2015, 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 (Tables A.2.20A and A.2.20B). However, there were no consistent patterns in spontaneously reported knowledge and practices between providers in Phase I and Phase III districts in 2015 (Appendix tables A.2.4 to A.2.19B), and there were no consistent 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 in 2015 (Figure 3.8). There were also few differences in the availability of BCC materials in facilities in Phase I and Phase III districts in 2015, 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.

Overall, these results suggest that there is evidence of some exposure to MH-II interventions, particularly in provider training, in Phase I areas before the 2015 survey. However, this exposure does not appear to have had consistent measurable effects on provider behavior or women's experiences of LARC/PM services by 2015 so was unlikely to have affected demand for and uptake of LARCs/PMs substantially in Phase I districts by 2015.

Change in LARC and PM Use between 2013 and 2015

We can further explore whether there were any changes in LARC/PM use at the population level in Phase I areas between the start of the MH-II project in 2013 and the first round of evaluations surveys in 2015 by examining external historical data on contraceptive use in Bangladesh. The following external surveys were examined: 1) the 2010 BMMS (National Institute of Population Research and Training [NIPORT], 2012); (2) the 2011 BDHS (NIPORT, 2013); (3) the 2013 Utilization of Essential Services Delivery Survey (UESD) (NIPORT, 2014); and (4) the 2014 BDHS (NIPORT, 2016). Figure B.1 shows trends in the main outcome of interest, percentage of CMWRA using a LARC/PM, from these surveys for Phase I and Phase III areas, alongside the estimates from the 2015 and 2017 MH-II evaluation surveys. The start dates of Phase I and Phase III activities are also shown on the figure for reference. This analysis shows that LARC/PM use among CMWRA has changed very little since 2010; the percentage of CMWRA currently using a LARC/PM has stayed around 8.5% since 2013 in Phase I areas.

The prevalence of LARC/PM among CMWRA in Phase III areas increased from around seven percent in 2013 and 2014 to around 9 percent in the 2015 evaluation survey, but there were no MH-II interventions in Phase III areas during this period.

The government service statistics for the nation also show that there was no increase in the total number of LARC/PM acceptors in the country in the four years MH-II interventions were implemented during 2013–2017 (Figure B.2). In addition, the MH-II mid-project evaluation team showed that, for 38 districts where MH-II interventions were in place, CYP served during the first 27 months of the project did not increase, rather it dropped (USAID, 2016). The drop in CYP was substantial for tubectomy and NSV and comparatively low for IUD. However, CYP increased for implants and injectables—but that increase did not compensate for the decline for other methods.

This triangulation of external data indicates that there were no increases in LARC/PM use in Phase I areas that were missed by the 2015 evaluation survey and confirm the evaluation findings that LARC/PM use did not increase at the population level during the implementation of the MH-II project through 2017.

Figure B.1. Trends in LARC/PM use among currently married women ages 15–49 in MH-II Phase I and Phase III districts, 2010–2017

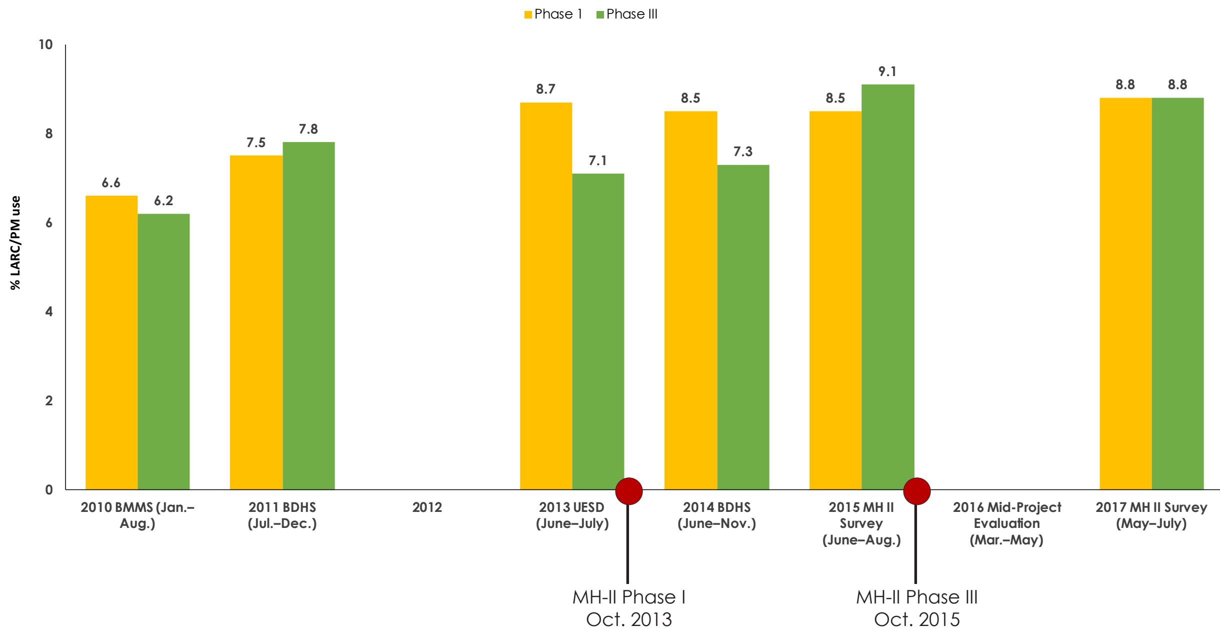
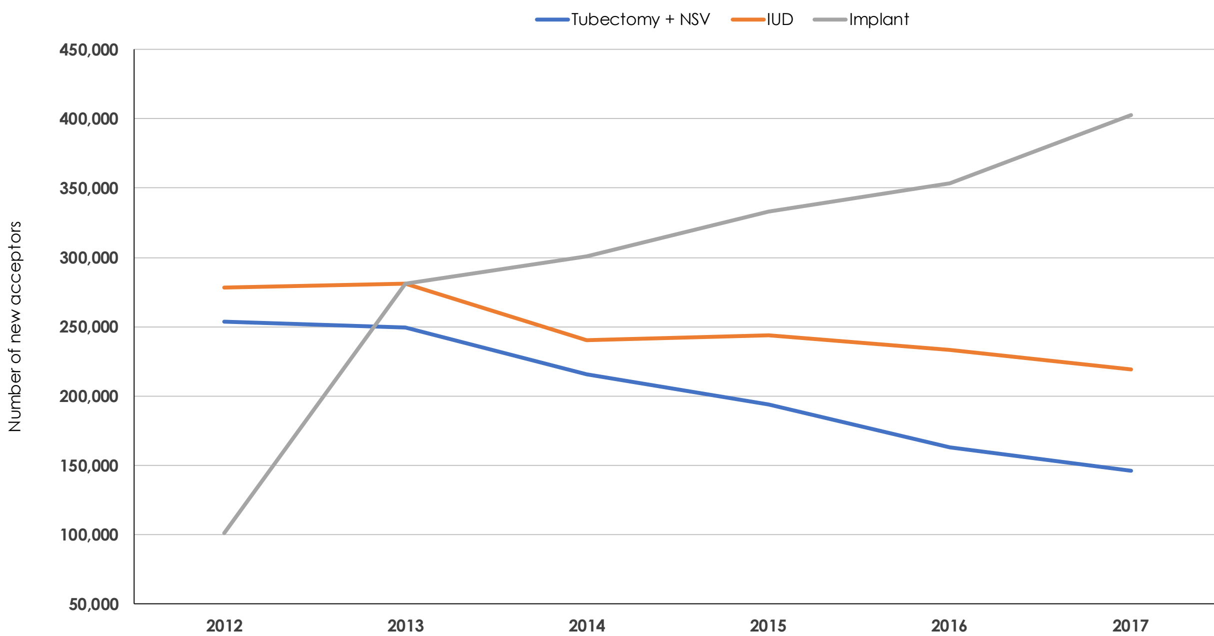


Figure B.2. Annual number of new acceptors of LARCs and PMs in Bangladesh by fiscal year, 2012–2017, DGFP



Comparability of Phase I and Phase III Areas

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 on the 2015 survey data 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; and
- 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, USA). Summary results of the balance tests are presented in Table B.1 for indicators for households, women, health providers, and health facilities.[10]

[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.

[10] Full results of the balance tests can be found in MEASURE Evaluation (2017) at https://www.measureevaluation.org/resources/publications/tr-17-183.

Table B.1. Summary results of 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 five (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 had 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 four (50%) of the eight indicators examined. There were statistically significant differences between the two domains for total number of children ever born, wealth quintiles, whether women watched TV, and whether women cohabited 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 one (12.5%) of the eight indicators examined. There was a statistically significant difference between the two domains for whether women had 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 three (50%) of the six indicators examined. There were statistically significant differences between the two domains for training on LARCs/PMs, training on LARCs/PMs that EngenderHealth/Mayer Hashi provided or was involved in or an EH/MH representative was present for, and training on PPFP.

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 one (12.5%) of the eight 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. The DID model used to statistically assess program impact on LARC/PM use controls for time-invariant observed and unobserved differences between the Phase I and Phase III areas. The DID analysis included several 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 differences in outcome indicators in 2015.

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 two areas prior to the intervention support the plausibility of the parallel trend assumption.

Figure B.1 allows us to examine the plausibility of the parallel trend assumption for this evaluation. 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. 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.

Conclusion

The overall conclusion from this analysis of the limitations of the quantitative evaluation design is that the primary evaluation's conclusion that there was no increase in LARC/PM in MH-II program areas and therefore there is no association between length of exposure to MH-II interventions and LARC/PM use are robust to these limitations.

APPENDIX C. MAYER HASHI II IMPACT EVALUATION 2017 QUESTIONNAIRES

Appendix C.1. Household and Women Questionnaires

Mayer Hashi II (MH II) Survey 2017

Household and Woman's Questionnaire
(English)

Mitra and Associates
(Centre for Research and Consultancy)
Commercial Plot #35 (Floor 3rd–5th), Main Road #01,
Section-10, SenparaPorbota, Mirpur, Dhaka-1216
Tel: 9025410, 9025412, Fax: 9025420

and

MEASURE Evaluation
Carolina Population Center
University of North Carolina at Chapel Hill
USA

HOUSEHOLD QUESTIONNAIRE

Face Sheet

IDENTIFICATION	
DIVISION:..	☐
DISTRICT:..	☐☐
UPAZILA:..	☐☐
UNION:..	☐☐
MOUZA:..	☐☐☐
VILLAGE/MOHALLAH:..	☐☐
SEGMENT NUMBER..	☐
TYPE OF CLUSTER: RURAL 1 URBAN 2..	☐☐☐☐
CLUSTER NUMBER..	☐☐☐
HOUSEHOLD NUMBER..	
NAME OF THE HOUSEHOLD HEAD..	
NAME OF THE RESPONDENT	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE INTERVIEWER'S NAME RESULT*				DAY ....☐☐ MONTH....................☐☐ YEAR........... .... 2 0 1 7 .... INTV. CODE....................☐☐ RESULT ....☐
NEXT VISIT: DATE TIME				TOTAL NO. OF 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 ....☐☐ TOTAL ELIGIBLE WOMEN....................☐☐ LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE....................☐☐

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME ______________ ☐☐ DATE ______________	NAME ______________ ☐☐ DATE ______________	☐☐	☐☐

Form 1

INFORMED CONSENTFOR HOUSEHOLD QUESTIONNAIRE

Title of Research: Mayer Hashi II (MHII) Endline Survey 2017
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 about 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?
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), University of North Carolina at Chapel Hill, 720 Martin Luther King Jr., Blvd., Bldg. 385, 2nd Floor, Chapel Hill, NC 27599-7097 USA.You can reach an IRB person through collect call if necessary, at 001-919-966-3012. You may also call the Dhaka-based MEASURE Evaluation Advisor (Phone: 01730376458). If you have further questions regarding the nature of this study you may also contact Mitra and Associates Commercial Plot # 35 (Floor 3rd–5th), Main Road # 01, Section-10, SenparaPorbota, Mirpur, Dhaka-1216 Tel: 9025410, 9025412.

At this time, do you want to ask me anything about the survey?

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

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)

RECORD THE TIME STARTED.	Hour........ ☐☐ Minute........ ☐☐

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	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

	the head of the household				
(1)	(2)	(3)	(4)	(5)	(6)
1		Female .... 1 Male 2	In years.................... ☐☐	Currently married .... 1 Separated/Deserted/ Widowed/Divorced............ 2 Never married...................... 3	1
2		Female .... 1 Male 2	In years.................... ☐☐	Currently married .... 1 Separated/Deserted/ Widowed/Divorced............ 2 Never married...................... 3	2
3		Female .... 1 Male 2	In years.................... ☐☐	Currently married .... 1 Separated/Deserted/ Widowed/Divorced............ 2 Never married...................... 3	3
4		Female .... 1 Male 2	In years.................... ☐☐	Currently married .... 1 Separated/Deserted/ Widowed/Divorced............ 2 Never married...................... 3	4
5		Female .... 1 Male 2	In years.................... ☐☐	Currently married .... 1 Separated/Deserted/ Widowed/Divorced............ 2 Never married...................... 3	5
6		Female .... 1 Male 2	In years.................... ☐☐	Currently married .... 1 Separated/Deserted/ Widowed/Divorced............ 2 Never married...................... 3	6
7		Female .... 1 Male 2	In years.................... ☐☐	Currently married .... 1 Separated/Deserted/ Widowed/Divorced............ 2 Never married...................... 3	7
8		Female .... 1 Male 2	In years.................... ☐☐	Currently married .... 1 Separated/Deserted/ Widowed/Divorced............ 2 Never married...................... 3	8
9		Female .... 1 Male 2	In years.................... ☐☐	Currently married .... 1 Separated/Deserted/ Widowed/Divorced............ 2 Never married...................... 3	9
10		Female .... 1 Male 2	In years.................... ☐☐	Currently married .... 1 Separated/Deserted/ Widowed/Divorced............ 2 Never married...................... 3	10
11		Female .... 1 Male 2	In years.................... ☐☐	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 outElectricity? Solar electricity? Radio? Television? Mobile phone? Non-Mobile phone? Refrigerator/Freezer? Almirah/Wardrobe? Electric Fan? DVD/VCD Player? Water pump? IPS/ generator? Air conditioner? Computer/Laptop ?	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 Tiles...................................... 32 Cement.. 33 Other ______________________ 96 (Specify)	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
11a.	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	**NATURAL ROOFING** No roof.. 11 Thatch/Palm Leaf................................. 12 Polythine.. 13 **RUDIMENTARY ROOFING** Bamboo... 21 Wood planks.. 22 Cardboard.. 23 **FINISHED ROOFING** Tin.. 31 Wood... 32 Ceramic Tiles...................................... 33 Cement.. 34 Roofing Shingles (Tali or slat).............. 35 Other ______________________ 96 (Specify)	
11b.	MAIN MATERIAL OF THE EXTERIOR WALLS RECORD OBSERVATION.	**NATURAL WALLS** No walls.. 11 Cane/Palm leaf/Trunks....................... 12 Dirt... 13 **RUDIMENTARY WALLS** Bamboo with mud................................ 21 Stone with mud.................................... 22 Plywood.. 23 Cardboard... 24	

		FINISHED WALLS Tin...........31 Cement...........32 Stone with lime/Cement...........33 Bricks...........34 Wood planks/shingles...........35 Other ______________ 96 (Specify)	
12.	Does this household own any livestock, herds, other farm animals, or poultry?	Yes...........1 No...........2	→ **13**
12a	How many of the following animals does this household own? Cows/bulls/buffalos? Goats/Sheep? Chickens/Ducks? IF NONE, ENTER '00' IF MORE THAN 95, ENETR '95' IF UNKNOWN, ENTER '98'	Cows/bulls/buffalos........... ☐☐ Goats/Sheep........... ☐☐ Chickens/Ducks........... ☐☐	
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 WOMAN'S QUESTIONNAIRE.**		

RECORD THE TIME ENDED FOR HOUSEHOLD PART	Hour........... ☐☐ Minute........... ☐☐

Woman's Questionnaire

Face Sheet

IDENTIFICATION	
CLUSTER NUMBER ______________________	□□□□
HOUSEHOLD NUMBER....................................	□□□
NAME AND LINE NUMBER OF ELIGIBLE RESPONDENT	□□

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

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME ____________ □□ DATE ______________	NAME ____________ □□ DATE ______________	□□	□□

Form 2

INFORMED CONSENT FOR WOMAN'S QUESTIONNAIRE

Title of Research: Mayer Hashi II (MHII) Endline Survey 2017 (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 about 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 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), University of North Carolina at Chapel Hill, 720 Martin Luther King Jr., Blvd., Bldg. 385, 2nd Floor, Chapel Hill, NC 27599-7097 USA. You can reach an IRB person through collect call, if necessary, at 001-919-966-3012. You may also call the Dhaka-based MEASURE Evaluation Advisor (Phone: 01730376458). If you have further questions regarding the nature of this study you may also contact Mitra and Associates Commercial Plot # 35 (Floor 3rd–5th), Main Road # 01, Section-10, SenparaPorbota, Mirpur, Dhaka-1216 Tel: 9025410, 9025412. At this time, do you want to ask me anything about the survey?

May I begin the interview now? Yes [1] ↓ END [2] →

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)

Form 3

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

Title of Research: Mayer Hashi II (MHII) Endline Survey 2017
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 about 30 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 develophealth 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), University of North Carolina at Chapel Hill, 720 Martin Luther King Jr., Blvd., Bldg. 385, 2nd Floor, Chapel Hill, NC 27599-7097 USA. You can reach an IRB person through collect call if necessary, at 001-919-966-3012. You may also call the Dhaka-based MEASURE Evaluation Advisor (Phone: 01730376458). If you have further questions regarding the nature of this study you may also contact Mitra and Associates Commercial Plot # 35 (Floor 3rd–5th), Main Road # 01, Section-10, SenparaPorbota, Mirpur, Dhaka-1216 Tel: 9025410, 9025412. At this time, do you want to ask me anything about the survey?

May I begin the interview now? Yes 1 END 2 →

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)

Form 4

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

Title of Research: Mayer Hashi II (MHII) Endline Survey 2017
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 about 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 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), University of North Carolina at Chapel Hill, 720 Martin Luther King Jr., Blvd., Bldg. 385, 2nd Floor, Chapel Hill, NC 27599-7097 USA. You can reach an IRB person through collect call if necessary, at 001-919-966-3012. You may also call the Dhaka-based MEASURE Evaluation Advisor (Phone: 01730376458). If you have further questions regarding the nature of this study you may also contact Mitra and Associates Commercial Plot # 35 (Floor 3rd–5th), Main Road # 01, Section-10, SenparaPorbota, Mirpur, Dhaka-1216 Tel: 9025410, 9025412. At this time, do you want to ask me anything about the survey?

May I begin the interview now? Yes 1 END 2

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 Background

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	**RECORD THE START TIME OF TAKING INTERVIEW.** (according to 24 hours clock)	Hour .... ☐☐ Minutes .... ☐☐	
102	Are you currently married?	Yes .... 1 No 2	Termi-nate interview
103	How old are you at present?	Age (completed year) .... ☐☐	
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 .... ☐☐	
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? **(95 or more write 95)**	Below one month .... 00 Months .... ☐☐	
117	How often did he come home in the past 12 months?	Number of times .... ☐☐ Didn't come in last 12 months 96	
118	**Check 103:** **If age is less than 25** ☐ ↓	**If age is 25 or higher** ☐ →	Sec.2
119	Have you been married once or more than once? Married once ☐ ↓ How old were you when started living with your husband? Married more than once ☐ ↓ Age when started living with (current) husband	Age (completed year) ☐☐	

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....☐☐ DAUGHTERS AT HOME....☐☐	
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....☐☐ DAUGHTERS ELSEWHERE....☐☐	
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....☐☐ DAUGHTERS DEAD....☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS....☐☐	
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 ☐ ↓	NO ☐ ↓ PROBE AND CORRECT 201-208 AS NECESSARY	
210	CHECK 208: One or more live birth ☐ ↓	No live birth ☐ →	**300a**
210a	May I know the name of your youngest child? Name:__________________ When was (Name _________) born?	Month ....☐☐ Year.... .☐☐☐☐	

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)**
300A. Women can have an operation, called female sterilization, to stop or avoid having any more children Have you ever heard about female sterilization? Yes....1 No....2 (Skip to col. B)	300B. Man can have an operation, called male sterilization, to stop or avoid having any more children. Have you ever heard about male sterilization? Yes....1 No....2 (Skip to col. C)	300C. Woman can have an IUD inserted in her uterus to avoid having children for some years of time? Have you ever heard about IUD? Yes....1 No....2 (Skip to col. D)	300D. Woman can have an implant, small tube like substance beneath her skin of an arm to avoid having children for some years? Have you ever heard about implants? Yes....1 No....2 (Skip to 300e)
300a1. Could you tell me the	**300b1.** Could you tell me the	**300c1.** Could you tell me the	**300d1.** Could you tell me the

places/persons from where a person can obtain the method? Anywhere else? 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 **Public Sector/Service Provider** District Hospital/Medical College Hospital ...... A Maternal & Child Welfare Centre (MCWC) ...... B Upazila Health Complex ...... C Union Health and Family Welfare Centre ...... D Camp/Special FP days ...... E **NGO Sector /NGO Worker** NGO Static Clinic ...... F **Private Medical Sector/Provider** Private hospital/clinic ...... G Doctor (Qualified) ...... H Private Medical College Hospital ...... I Other ____________ X (Specify) Don't know ...... Y	places/persons from where a person can obtain the method? Anywhere else? 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 **Public Sector/Service Provider** District Hospital/Medical College Hospital ...... A Maternal & Child Welfare Centre (MCWC) ...... B Upazila Health Complex ...... C Union Health and Family Welfare Centre ...... D Camp/Special FP days ...... E **NGO Sector /NGO Worker** NGO Static Clinic ...... F **Private Medical Sector/Provider** Private hospital/clinic ...... G Doctor (Qualified) ...... H Private Medical College Hospital ...... I Other ____________ X (Specify) Don't know ...... Y	places/persons from where a person can obtain the method? Anywhere else? 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 **Public Sector/Service Provider** District Hospital/Medical College Hospital ...... A Maternal & Child Welfare Centre (MCWC) ...... B Upazila Health Complex ...... C Union Health and Family Welfare Centre ...... D Camp/Special FP days ...... E **NGO Sector /NGO Worker** NGO Static Clinic ...... F **Private Medical Sector/Provider** Private hospital/clinic ...... G Doctor (Qualified) ...... H Private Medical College Hospital ...... I Other ____________ X (Specify) Don't know ...... Y	places/persons from where a person can obtain the method? Anywhere else? 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 **Public Sector/Service Provider** District Hospital/Medical College Hospital ...... A Maternal & Child Welfare Centre (MCWC) ...... B Upazila Health Complex ...... C Union Health and Family Welfare Centre ...... D Camp/Special FP days ...... E **NGO Sector /NGO Worker** NGO Static Clinic ...... F **Private Medical Sector/Provider** Private hospital/clinic ...... G Doctor (Qualified) ...... H Private Medical College Hospital ...... I Other ____________ X (Specify) Don't know ...... Y
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)	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)	300c2. In the last six months, did you hear, see, watch, or read about the IUD? Yes ...... 1 No ...... 2 (Skip to col. D)	300d2. In the last six months, did you hear, see, watch, or read about the Implant? Yes ...... 1 No ...... 2 (Skip to 300e)
300a3. Where did you hear, see, watch, or read about the Female sterilization? **(Probe every answer)** **People** Husband ...... A Friend/relatives/ neighbor ...... B **Health provider** FP field worker (govt) ...... C FP field worker (NGO) ...... D Health/FP worker at facility (govt.) ...... E Health/FP worker at (NGO) ...... F **Mass Media** Radio ...... G Television ...... H	300b3. Where did you hear, see, watch, or read about the Male sterilization? **(Probe every answer)** **People** Husband ...... A Friend/relatives/ neighbor ...... B **Health provider** FP field worker (govt) ...... C FP field worker (NGO) ...... D Health/FP worker at facility (govt.) ...... E Health/FP worker at (NGO) ...... F **Mass Media** Radio ...... G Television ...... H	300c3. Where did you hear, see, watch, or read about the IUD? **(Probe every answer)** **People** Husband ...... A Friend/relatives/ neighbor ...... B **Health provider** FP field worker (govt) ...... C FP field worker (NGO) ...... D Health/FP worker at facility (govt.) ...... E Health/FP worker at (NGO) ...... F **Mass Media** Radio ...... G	300d3. Where did you hear, see, watch, or read about the implant? **(Probe every answer)** **People** Husband ...... A Friend/relatives/ neighbor ...... B **Health provider** FP field worker (govt) ...... C FP field worker (NGO) ...... D Health/FP worker at facility (govt.) ...... E Health/FP worker at (NGO) ...... F **Mass Media** Radio ...... G

Newspaper/ magazine .... I Poster .... J Billboard ....K Leaflet/ brochure .... L Filpchart .... M **Community Events** Street drama/folk song .... N UthanBaithak (Courtyard meeting)............... O One to one disssion .... P Film show................................ Q Other ___________ X (Specify)	Newspaper/ magazine............I Poster ....J Billboard .... K Leaflet/ brochure ....L Filpchart..................................M **Community Events** Street drama/folk song..........N UthanBaithak (Courtyard meeting) ....O One to one disssion ....P Film show...............................Q Other___________ X (Specify)	Television.................................H Newspaper/ magazine .... I Poster...J Billboard..................................K Leaflet/ brochure.................... L Filpchart .... M **Community Events** Street drama/folk song..........N UthanBaithak (Courtyard meeting) ....O One to one disssion.................P Film show ....Q Other ___________ X (Specify)	Television .... H Newspaper/ magazine.............I Poster ....J Billboard .... K Leaflet/ brochure ....L Filpchart..................................M **Community Events** Street drama/folk song.......... N UthanBaithak (Courtyard meeting)............... O One to one disssion .... P Film show................................ Q Other ___________ X (Specify)
Go to Column B	**Go to Column C**	**Go to Column D**	**Go to 300e**

300e	**Check 300a:** **Circled 1 in 300a** **(FOR THOSE WHO HEARD ABOUT TUBECTOMY)** ☐ ↓	**Circled 2 in 300a** ☐ →	300j
300f	Now I would like to talk about family planning methods that are available at facilities where deliveries are conducted. Can a woman get female sterilization immediately after normal delivery at a facility?	Yes.. 1 No .... 2 →	**300h**
300g	Where did you hear, see/watch, or read about postpartum female sterilization services? (Probe every answer)	**People** Husband .... A Friend/relatives/neighbor................................ B **Health provider** Govt FP worker (field)...................................... C NGO FP worker (field) ....D FWV/SACMO/others (facility) .... E Paramedic/Nurse/Other (facility)....................F Doctors/MO/ObGyn/ MOCC/ADCC ....G **Mass Media** Radio...H Television ....I Newspaper or magazine......................................J Poster ....K Billboard ....L Leaflet/ brochure .... M Flipchart...N **Community Events** Street drama/folk song......................................O UthanBaithak (Courtyard meeting) ....P One-to-one discussion.......................................Q Film show .... R Other ______________________ X (Specify)	
300g1	Do you know that who are the providers of female sterilization at/after normal delivery?	**Health provider** ObGyn.. A MOMCH.. B MOCC/ADCC .... C RMO ....D Don't know... E Other ______________________ X (Specify)	
300h	Are you aware that female sterilization can be done during C-section at a facility?	Yes.. 1 No .... 2 →	**300j**
300i	Where did you hear, see/watch, or read this information?	**People** Husband .... A	

	(Probe every answer)	Friend/relatives/neighbor ..... B **Health provider** Govt FP worker (field) ..... C NGO FP worker (field) ..... D FWV/SACMO/others (facility) ..... E Paramedic/Nurse/Other (facility) ..... F Doctors/MO/ObGyn/ MOCC/ADCC ..... G **Mass Media** Radio ..... H Television ..... I Newspaper or magazine ..... J Poster ..... K Billboard ..... L Leaflet/ brochure ..... M Flipchart ..... N **Community Events** Street drama/folk song ..... O UthanBaithak (Courtyard meeting) ..... P One-to-one discussion ..... Q Film show ..... R Other ________ X (Specify)	
300i1	Do you know that who are the providers of female sterilization at/after C-section delivery?	**Health provider** ObGyn ..... A MOMCH ..... B MOCC/ADCC ..... C RMO ..... D Don't know ..... E Other ________ X (Specify)	
300j	**Check 300c:** **Circled 2 in 300c** **Circled 1 in 300c** **(FOR THOSE WHO HEARD ABOUT IUD)**	☐ → ☐ ↓	301
300k	Are you aware that an IUD can be inserted during or immediately after normal 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** Govt FP worker (field) ..... C NGO FP worker (field) ..... D FWV/SACMO/others (facility) ..... E Paramedic/Nurse/Other (facility) ..... F Doctors/MOMCH/ObGyn/Nurses/ MOCC/ADCC ..... G **Mass Media** Radio ..... H Television ..... I Newspaper or magazine ..... J Poster ..... K Billboard ..... L Leaflet/ brochure ..... M Flipchart ..... N **Community Events** Street drama/folk song ..... O UthanBaithak (Courtyard meeting) ..... P One-to-one discussion ..... Q Film show ..... R Other ________ X (Specify)	
300l1	Do you know that who are the providers of IUD at/after normal delivery?	**Health provider** ObGyn ..... A MOMCH ..... B MOCC/ADCC C	

		RMO ....D Don't know.... E 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	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** Govt FP worker (field).... C NGO FP worker (field) ....D FWV/SACMO/others (facility) .... E Paramedic/Nurse/Other (facility)....F Doctors/MOMCH/ObGyn/Nurses/ MOCC/ADCC ....G **Mass Media** Radio....H Television ....I Newspaper or magazine....J Poster ....K Billboard ....L Leaflet/ brochure.... M Flipchart....N **Community Events** Street drama/folk song....O UthanBaithak (Courtyard meeting) ....P One-to-one discussion....Q Film show.... R Other ______ X (Specify)	
300n1	Do you know that who are the providers of IUD at/after C-section delivery?	**Health provider** ObGyn.... A MOMCH.... B MOCC/ADCC .... C RMO ....D Don't know.... E 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.... 3	2, 3 → 302
301a	How many months pregnant are you?	Month.... ☐☐	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	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)	A, B, C → 305 H, I, X → 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? (IF ASK Q304 THEN SKIP TO Q305)	**Public Sector/Service Provider** Hospital/Medical College Hospital....11 Specialized Govt. Hospital ....12 District Hospital ....13 Maternal & Child Welfare Centre (MCWC) ....14 Upazila Health Complex....15	

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	Health & Family Welfare Centre ....16 Satellite Clinic/EPI outreach..............................17 RD/Community Clinic ....18 Family Welfare Assistant (FWA) ....19 Other ______________________________20 (Specify) **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/Pharmacist ....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 ....□□ Year ....□□□□		
306a	Who influenced you to accept the current method?	**People** Self..A Husband ....B Friend/relatives/neighbor ....C **Health provider** Govt FP worker (field).....................................D NGO FP worker (field) ....E FWV/SACMO/others (facility) ....F Paramedic/Nurse/Other (facility)...................G Doctors/MOMCH/ObGyn/ MOCC/ADCC ____________________ H Other ______________________________ X (Specify		
307	**Check 303:** **if A/B/C/D is circled** **(TUBECTOMY, NSV, IUD, OR IMPLANT USER)** □ → **if A/B/C/D is not circled** □ ↓			308
307a	Have you ever used IUD or implant since January 2011?	Yes, IUD ....A Yes, Implant...B No..C→		323
307b	Which month and year did you accept the method?	IUD Month .... □□ Year…□□□□	Implant Month ....□□ Year…□□□□	
307c	Which month and year did you drop the method?	IUD Month .... □□ Year…□□□□	Implant Month ....□□ Year…□□□□	
307d	Why did you stop using the method?	**Method-related reasons** General health concerns .... A Side effects ....B	**Method-related reasons** General health concerns ....A Side effects ....B	

99

		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 **Opposition to Use** Did not like the method ....I Husband opposed.......J Others opposed.........K Social stigma ....L Religious prohibition M Other................................X (Specify)	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 **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 /others TUBECTOMY, IUD, OR IMPLANT NON USER)** ☐ → **If A/C/D is circled (TUBECTOMY, IUD, OR IMPLANT USER)** ☐ ↓			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		
313a0	Were you requested to provide your signature/thump ring on a form/paper before providing the method?	Yes.....1 No.....2		
313a01	Did you sign/put thumb print on the form/paper?	Yes.....1 No.....2		
313a	**CHECK 303:** **if C/D is circled** ☐ → **If A is circled (TUBECTORMY USER)** ☐ ↓			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 corridor .....3 Other ______________9 (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)** □ → **2 or 3 is circled** □ ↓		356a
323a	**Check 303:** **if A/B/C/D is circled** **(TUBECTOMY, NSV, IUD, OR IMPLANT USER)** □ → **if A/B/C/D is not circled or not asked** □ ↓		356b
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	**CHECK: 338** **A or B or C is circled** □ → **Not circled A or B or C (PILL, INJECTABLE, C CONDOM ACCEPTOR)** □ ↓		342
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 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)	
345	**CHECK: 344** **A or B or C is circled** ☐ → **Not circled A or B or C** **(PILL, INJECTABLE, OR CONDOM ACCEPTOR)** ☐ ↓		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 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)	
349B	**CHECK: 349a** **A or B or C is circled** ☐ → **Not circled A or B or C** ☐ ↓		349e

	(PILL, INJECTABLE, OR CONDOM ACCEPTOR)		
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 FP 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 ☐ → if A/B/C/D is circled ☐ ↓		355
354	Did the service provider use any picture/poster/ flipchart/leaflet/booklet to make you understand about the method MULTIPLE ANSWERS POSSIBLE	Yes, for female sterilization....A Yes, for male sterilization....B Yes, for IUD....C Yes, for implant....D 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....8 →	358b 358a
356b	**Check 303:** **A or B is circled** ☐ → **A or B is not circled** **(FOR THOSE WHO ARE NOT USING** ☐ ↓		410

	TUBECTOMY OR NSV)		
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	1 → 358b
358	**Check 303:** **C or D is circled** ☐ **C or D is not circled** **(FOR THOSE WHO ARE NOT USING IUD OR IMPLANT)** ☐ ↓		C or D is circled → 410
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 410	Yes No Unsure IUD .... 1 2 8 410 ← 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 .... ☐☐ Years .... ☐☐ Soon/Now .... 93 Says she can't get pregnant .... 94 Other .... 96 Don't know 98	
358c	**Check 358b:** **If the value is 01 YEAR or higher (WANT TO WAIT FOR 1 YEAR OR MORE FOR THE NEXT BIRTH)** ☐ ↓	**Others** ☐	→ 410
358d	**Check 303:** **C or D is circled** ☐ **C or D is not circled** **(FOR THOSE WHO ARE NOT USING IUD OR IMPLANT)** ☐ ↓		C or D is circled → 410
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 410**	Yes No Unsure IUD .... 1 2 8 410 ← Implant .... 1 2 8 Female sterilization 1 2 8	
359	What are the reasons for not accepting female sterilization/IUD/implant? MULTIPLE ANSWER	**Method-related reasons** General health concerns .... A Fear of surgery .... B Fear of post-surgery infection .... C Fear of side effects .... D Perceived side effects .... E Affects sexual strength .... F Affects physical strength .... G Not available/source is too far .... H Interferes physiological normal processes .... I Costs too much .... J Happy with the current method .... K	

		Fertility related issues Not having sex....L Infrequent sex.... M Menopausal/hysterectomy....N Sub-fecund/in-fecund....O Fatalistic/no control....P **Opposition to Use** Respondent does not want....Q Husband oppose.... R Others oppose....S Social stigma .... T Religious prohibition....U **Lack of Knowledge** Does not know source of sterilization.... V Other ______ X (Specify)]	

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** ☐ **If A or B or C or D is not circled or not asked** ☐		501
411	In the past six months, did you discuss about female sterilization, male sterilization, IUD, or implant with your husband?	Yes....1 No....2	 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?	Yes ....1 No....2	 501
414	In the past six months, which method did you discuss about? (Probe every answer) Female sterilization Male sterilization IUD Implant **(Read out all methods)**	Female sterilization ....A Male sterilization ....B IUD ....C Implant.... D	
415	In the past six months, who did you discuss with? (Probe every answer)	FP field worker (Govt)....A FP field worker (NGO)....B Health/FP worker at facility (Govt)....C Health/FP worker at (NGO) .... D Friend/relative/neighbor....E Other ______ X Specify	

Section 5
Information on postpartum female sterilization and IUD available from facilities where deliveries are conducted

501	**Check 210a** **If year of birth is** **2014 or later (IF THE CHILD WAS BORN IN 2014 OR LATER)** ☐	**If year of birth is** **2013 or before** ☐	514

501a	Where was your youngest child (Name___________) born?	**HOME** Home (own, parents, other)................01 **PUBLIC SECTOR** Hospital/Medical college hospital.................02 Upazilla Health Complex ....03 Maternal and Child Welfare Centre (MCWC).04 Other ________________10 (Specify) **NGO SECTOR** NGO Static Clinic ....15 Other ________________16 (Specify) **PRIVATE MEDICAL SECTOR** Private hospital/clinic................22 Other ________________96 (Specify)	01 → 506
501b	Was the child (Name___________) delivered through C-section?	Yes................1 No 2	1 → 503
502	In the facility were you told that IUD or female sterilization can be adopted during delivery? **(If yes, which methods)**	IUD................A Female Sterilizatoin ....B No X	A, B → 504 X →
503	In the facility were you told that female sterilization can be adopted during caesarian delivery? **(If yes, which methods)**	IUD................A Female Sterilizatoin ....B No X	X →
504	In the facility, did you accept IUD or female sterilization?	Yes................1 No 2	2 → 506
505	Which method did you accept?	IUD................1 Female sterilization................2	
506	Did you see anyone for antenatal care for this pregnancy?	Yes................1 No 2	2 → 514
507	Who did you see? Anyone else? [Probe to identify each type of person and record all mentioned.] If `D' mentioned write the name of the CSBA. Name______________________ Name______________________	**HEALTH PROF** Qualified doctor................A Nurse/midwife/paramedic................B FWV................C CSBA................D MA/SACMO ....E HA ....F FWA................G Blue star Service Provider................H **OTHER PERSON** TTBA ....I UTTBA................J Unqualified doctor. ....K SasthyaKarmi(BRAC)................L NGO worker................M Other ________________ X (Specify)	
508	From where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE ______________________ NAME OF THE PLACE.	**HOME** Home................A **PUBLIC SECTOR** Hospital/Medical college ....B Specialized govt. hospital ....C District hospital. ....D MCWC................E UHC ....F H & FWC ....G Satellite clinic/EPI outreach................H CC................I Other................J (Specify) **NGO SECTOR** NGO static clinic................K NGO satellite clinic................L Other________________ M (Specify) **PVT. MEDICAL SECTOR** Pvt. Hosp/clinic ....N Qualified doctor................O Traditional doctor................P	

		Pharmacy ....Q Blue star Pharmacy....R Pvt. medical college hospital ________S Other ________ X (Specify)	
509	One can adopt family planning method at delivery or immediately after delivery During ANC visit, did anybody tell you about this?	Yes.... 1 No 2	→ 514
510	Who told you about that?	**HEALTH PROF** Qualified doctor. .... A Nurse/midwife/paramedic....B FWV.... C CSBA....D MA/SACMO.... E HA....F FWA....G Blue star Service Provider....H **OTHER PERSON** TTBA....I UTTBA....J Unqualified doctor. ....K SasthyaKarmi (BRAC) ....L NGO worker ....M Other ________ X (Specify)	
511	Which method did s/he tell about?	Female sterilization.... A Male sterilization....B IUD.... C Implants ....D Injectables .... E Pill ....F Condom ....G Other ________ X (Specify)	
512	How many months were you then at your pregnancy when you were told about the FP method?	Months.... ☐☐	
513	Did you express your willingness to adopt IUD, implant, or female sterilization at delivery or immediately after delivery?	Yes.... 1 No 2	
514	Record the time	Hour.... ☐☐ Minute.... ☐☐	
SAY THANK YOU AND END THE INTERVIEW.			

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

Mayer Hashi II (MH II) Survey 2017

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

Mitra and Associates
(Centre for Research and Consultancy)
Commercial Plot #35 (Floor 3rd–5th), Main Road #01,
Section-10, SenparaPorbota, Mirpur, Dhaka-1216
Tel: 9025410, 9025412, Fax: 9025420

and

MEASURE Evaluation
Carolina Population Center
University of North Carolina at Chapel Hill

Mayer Hashi II Endline Survey 2017
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 7
INTERVIEWER'S NAME RESULT**	.	.	.	INTV. CODE .... ☐☐ RESULT.......... ☐
NEXT VISIT: DATE TIME	. .	. .		TOTAL NO. .... ☐ 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 .... ☐☐ DATE ______________	NAME .... ☐☐ DATE ______________	☐☐	☐☐

Mayer Hashi II Endline Survey 2017
Informed Consent for Family Planning Service Provider (FWA, Service Promoter, and Community Health Worker) Questionnaire
(Verbal)

Title of Research: Mayer Hashi II (MHII) Endline Survey 2017
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), University of North Carolina at Chapel Hill, 720 Martin Luther King Jr., Blvd., Bldg. 385, 2nd Floor, Chapel Hill, NC 27599-7097 USA.You can reach an IRB person through collect call if necessary, at 001-919-966-3012. You may also call the Dhaka-based MEASURE Evaluation Advisor (Phone: 01730376458). If you have further questions regarding the nature of this study you may also contact Mitra and Associates Commercial Plot # 35 (Floor 3rd–5th), Main Road # 01, Section-10, SenparaPorbota, Mirpur, Dhaka-1216 Tel: 9025410, 9025412.

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)

Section 1: Background

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

	QUESTION	RESPONSE	SKIP
	Starting time of interview:	Hour .... ☐☐ Minute .... ☐☐	
101	*Would you please tell your name?*	Name: ____________	
102	How old are you?	Year (in completed Years) .... ☐☐	
103	What is your educational qualification?	SSS .... 1 HSC .... 2 BA/B.COM /BSC/FAZIL .... 3 MA/M.COM/MSC/KAMIL .... 3 Other ____________ 8 (Specify)	
103a	What is your job title?	FWA .... 1 Service Promoter (SP) .... 2 Community Health Worker (CHW) .... 3 Other ____________ 8 (Specify)	
104	How long have you been a FWA/SP/CHW? (If less than 1 year write 00)	Year (in completed Years) .... ☐☐	
105	How long have you been associated with this facility? (If less than 1 year write 00)	Year (in completed Years) .... ☐☐	

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 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 .... ☐☐ 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)
		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) Not remember..8 (skip to A201b)	GoB………..1 EH/MH…..…2 (skip to A201c) Other……….3 (specify) Not remember.8 (skip to A201c)	GoB………..1 EH/MH…..…2 (skip to A201d) Other……….3 (specify) Not remember..8 (skip to A201d)	GoB………..1 EH/MH…..…2 (skip to A201e) Other……….3 (specify) Not remember..8 (skip to A201e)	GoB………..1 EH/MH…..…2 (Sec.2b) Other……….3 (specify) Not remember..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/Not remember............ 8	Yes........................1 No.........................2 Don't know/Not remember 8	Yes........................1 No.........................2 Don't know/Not remember 8	Yes .... 1 No .... 2 Don't know/Not remember............ 8	Yes........................1 No ....2 Don't know/Not remember............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 .... ☐☐ Year .... ☐☐☐☐	
B204	Was Mayer Hashi or *EngenderHealth* involved in the training?	Yes .... 1 No 2	
B204a	Was any trainer/facilitator from Mayer Hashi or *EngenderHealth* present in the training?	Yes .... 1 No 2	
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?	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 .... ☐☐ Year .... ☐☐☐☐	
B208	Was Mayer Hashi or *EngenderHealth* involved in the training?	Yes .... 1 No 2	
B208a	Was any trainer/facilitator from Mayer Hashi or *EngenderHealth* present in the training?	Yes .... 1 No 2	

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?	Yes .... 1 No 2	 →305
302	Which methods of LARC/PM do you provide?	IUD .... A Implants ....B Tubectomy.. C NSV ....D	
303	When was the last time you have help a client to adopt LARC/PM?	Month........................ ☐☐ Year .... ☐☐☐☐ Can't remember when 888888	
304	Do you follow up those clients who received LARC/PM services through your help?	Yes .... 1 No 2	
305	Do you provide counseling to those clients of LARC/PM who experience discomfort, side effects, or complications?	Yes .... 1 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?	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	SKIP
401a	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 ... A Women who don't want child for long time or don't want child ... B Women who can not use hormonal FP method ... C Regular menstruation ... D Within first 5 days of menstruation ... E Other ______ X (Specify)	
401b	*What are the conditions under which a woman cannot be recommended for IUD?*	Women who have no child ... A Women who have been suffering from RTI ... B Menstruation stopped ... C Pergnancy ... D Irregular menstruation ... E Excessive menstrual bleeding ... F Cronic jaundice ... G Breast cancer ... H Other ______ X (Specify)	
401c	*What are the probable side effects of IUD?*	Abdominal pain ... A Excessive bleeding in between the two menstrual cycle ... B Spotting ... C Abnormal menstrual bleeding ... D White discharge/excessive white discharge ... E The thread of IUD come out ... F Other ______ X (Specify)	
401g	*(Pre-counseling)* *A woman comes to you for accepting IUD, what advice/counseling should you provide to her?*	Explain advantages and disadvantages of IUD ... A Explain probable side effects, discomfort and complications of IUD ... B Assist the provider to know that the client does not have RTI or infection in reproductive organ ... C Ensure that the client understood the advantages and disadvantages of IUD before she made the decision ... D Assist the provider to find that the client is still under regular menstrution, and not pregnant ... E Other ______ X (Specify)	

	QUESTION	RESPONSE	SKIP
401h	*(Post-counseling)* *What important advice/counseling should you provide to a woman who just accepted IUD?*	Give her the follow-up card ....A Remind her about the probable side effects and discomfort and assure her of the follow-up ....B Remind her the procedure of follow-up ....C Encourage the client to contact with service provider if there is any side effects or complications ....D Encourage the client to check the thread ....E Advise the client to avoid sexual intercourse for 2-3 days ....F Ensure that the client understood the main points of counseling ....G Other ___________________________________X (Specify)	
401j	*Do you or your facility do follow up of IUD clients?*	Yes .... 1 No.. 2	
401k	*When is the timing of follow up?*	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	
401l	*What advice/counseling should you provide to an IUD user at the time of follow-up?*	Counsel the client to go to the facility for routine check up.................. A Provide counseling and treatment immediately if client complains of side effects, complications and discomfort..B Refer to appropriate place if client complains of side effects, complications, discomfort.......................................C Assure for any other service if she has no side-effects, complication or discomfort. D Other.. X (Specify)	

Section 4b: Skills and Practices on IMPLANT

	QUESTION	RESPONSE	SKIP
402a	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 .... A Women who have no child....................................B Ensure that she is still under regular menstruation, i.e., she is not pregnant...C Other_________________________________ X (Specify)	
402c	What are the probable side effects of IMPLANT?	Menstruation stopped..A Excessive bleeding .... B Spotting...C Weight gain.. D Motion of vomiting..E Depression .... F Pain in arm .... G Other _________________________________ X (Specify)	
402g	*(Pre-counseling)* A woman comes to you for accepting IMPLANT, what advice/counseling should you provide her?	Explain advantages and disadvantages of IMPLANT .... A Explain probable side effects, discomfort and complications of IMPLANT..B Ensure that the client understood the advantages and disadvantages of IMPLANT before she made the decision ....C Other_________________________________ X (Specify)	
402h	*(Post-counseling)* ***What important advice/counseling would you provide to a woman who just accepted Implant?***	Give her the follow-up card .... A Remind her about the probable side effects and discomfort and assure her of the follow-up..B Remind her the procedure of follow-up ....C Encourage the client to contact with service provider if there is any side effects or complications ....D Remind her that there may be little pain on the arm...E Advise the client to avoid sexual intercourse for 2-3 days..F Ensure that the client understood the main points of counseling ....G Other_________________________________ X (Specify)	
402j	***Do you or your facility follow-up IMPLANT clients?***	Yes...1 No... 2	
	QUESTION	**RESPONSE**	**SKIP**
402k	***When is the timing of follow up?***	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	
402l	***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..A Refer to appropriate place if client complains of side effects, complications, discomfort.......................................B Assure for any other service if she has no side-effects, complication or discomfort...C Other_________________________________ X (Specify)	

Section 4c: Skills and Practices on Tubectomy

	QUESTION	RESPONSE	SKIP
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 .... A Women who do not want to have any more children and the age of the youngest child is at least 2 years .... B Women who have 2nd time CS .... C Husband agreed for tubectomy .... D Other________________ X (Specify)	
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 .... A Explain probable side effects, discomfort and complications of Tubectomy ...... B Ensure that the client receives the appropriate check to determine that she does not have any health conditions unfavorable to the operation .... C Ensure that the client understood the advantages and disadvantages of tubectomy before she made the decision .... D Other________________ X (Specify)	
403h	*(Post-counseling)* ***What important advice/counseling would you provide to a woman who has just accepted tubectomy?***	Give her the follow-up card .... A Remind her about the probable side effects and discomfort and assure her of the follow-up .... B Remind her the procedure of follow-up .... C Encourage the client to contact with service provider if there is any side effects or complications .... D Remind her to take full rest for 2 days .... E Encourage her to avoid heavy work or avoid lifting heavy weight for 3 weeks .... F Remind her to take medications that have been given to her .... G Ensure that the client understood the main points of counseling .... H Other________________ X (Specify)	

	QUESTION	RESPONSE	SKIP
403j	*Do you or your facility follow up tubectomy clients?*	Yes .... 1 No 2	
403k	*When is the timing of follow up?*	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	
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 .... A Refer to appropriate place if client complains of side effects, complications, discomfort .... B Assure for any other service if she has no side-effects, complication or discomfort .... C Other ______________ X (Specify)	

Section 4d: Skills and Practices on NSV

	QUESTION	RESPONSE	SKIP
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......A 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......B Wife agreeable to husband having NSV......C Other ______ X (Specify)	
404g	*(Pre-counseling)* What advice/counseling should be provided to a man comes to you for accepting NSV?	Explain advantages and disadvantages of NSV......A Explain probable side-effects, discomfort, and complications of NSV......B Assist the provider to determine that the client does not have any health conditions unfavorable to the operation......C Ensure that the client understood the advantages and disadvantages of tubectomy before she made the decision......D Other ______ X (Specify)	
404h	***(Post-counseling)*** ***What important advice/counseling should be provided to a man who has just accepted NSV?***	Give him the follow-up card......A Remind him about the probable discomforts and assure him of the follow-up......B Remind him the procedure of follow-up......C Encourage the client to contact with service provider if there is any complications......D Encourage him to avoid heavy work or avoid lifting heavy weight for 1 day......E Remind him to use condom during sex for a period of 3 months......F Ensure that the client understood the main points of counseling including the follow-up procedures......G Other ______ X (Specify)	
404j	***Do you or your facility do follow-up for NSV clients?***	Yes......1 No......2	

	QUESTION	RESPONSE	SKIP
404k	*When is the timing of follow-up?*	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	
404l	*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 ....A Refer to appropriate place if client complains of side effects, complications, discomfort....B Assure for any other service if she has no side-effects, complication or discomfort ....C Other ________X (Specify)	

Section 5: Postpartum IUD, Implant and Tubectomy

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

	QUESTION	RESPONSE	How did you know?	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 → Q501a. No.................................2 ↓	Q501a. Notice/circular ....A Training........................B Monthly Meeting ....C Mayer Hashi/Orientation. ... D Others ....X (Specify)	
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 → Q502a. No.................................2 ↓	Q502a. Notice/circular ....A Training........................B Monthly Meeting ....C Mayer Hashi/Orientation. ... D Others ....X (Specify)	
502a	Are you aware of the government policy which encourages that **Implant** may be offered to those women who deliver at facilities, right at delivery?	Yes................................1 → Q502aa. No.................................2 ↓	Q502aa. Notice/circular ....A Training........................B Monthly Meeting ....C Mayer Hashi/Orientation. ... D Others ....X (Specify)	
503	Are you aware of the government policy which encourages that **IUD** may be offered during C-section delivery?	Yes................................1 → Q503a. No.................................2 ↓	Q503a. Notice/circular ....A Training........................B Monthly Meeting ....C Mayer Hashi/Orientation. ... D Others ....X (Specify)	
504	Are you aware of the government policy which encourages that **tubectomy** may be offered during C-section delivery?	Yes................................1 → Q504a. No.................................2 ↓	Q504a. Notice/circular ....A Training........................B Monthly Meeting ....C Mayer Hashi .... D Others ....X (Specify)	
504a	Are you aware of the government policy which encourages that **Implant** may be offered during C-section delivery?	Yes................................1 → Q504aa. No.................................2 ↓	Q504aa. Notice/circular ....A Training........................B Monthly Meeting ....C Mayer Hashi/Orientation. ... D Others ....X (Specify)	
505	Do you disseminate about the availability of postpartum IUD, postpartum Implant and postpartum Tubectomy in you 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 → 507		
506a	How many?	Number of postpartum IUD……… ....☐☐		
507	Has any women from your work area adopted postpartum tubectomy from a facility in last 12 months?	Yes...................................1 No...................................2 → 508		
507a	How many?	Number of postpartum tubectomy..............☐☐		
508	Have any women from your work area adopted postpartum implant from a facility in last 12 months?	Yes...................................1 No...................................2 509		
508a	How many?	Number of postpartum implant....................☐☐		
509	Ending time of Interview:	Hour ....☐☐ Minute…. ....☐☐ →		

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) Survey 2017

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

Mitra and Associates
(Centre for Research and Consultancy)
Commercial Plot #35 (Floor 3rd–5th), Main Road #01,
Section-10, SenparaPorbota, Mirpur, Dhaka-1216
Tel: 9025410, 9025412
and

MEASURE Evaluation
Carolina Population Center
University of North Carolina at Chapel Hill

Mayer Hashi II Endline Survey 2017
Questionnaire for FWV, SACMO, Nurse, Nurse Midwife, and Paramedic
Face Sheet

IDENTIFICATION	
DIVISION	☐
DISTRICT	☐☐
UPAZILA/THANA	☐☐
UNION/WARD	☐☐
CLUSTER	☐☐☐☐
TYPE OF SERVICE PROVIDERS 04=FWV, 05=SACMO, 06=Nurse, 07=Nurse Midwife 08=Paramedic	☐☐
NAME OF THE RESPONDENT	

INTERVIEWER VISITS				
	1	**2**	**3**	**FINAL VISIT**
DATE INTERVIEWER'S NAME RESULT**	. .	. .	. .	DAY.................. ☐☐ MONTH .... ☐☐ YEAR .... 2 0 1 7 INTV. CODE .... ☐☐ RESULT.................. ☐
NEXT VISIT: DATE TIME	. .	. .		TOTAL NO. .... ☐ 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 .... ☐☐ DATE ______________	NAME .... ☐☐ DATE ______________	☐☐	☐☐

Mayer Hashi II Endline Survey 2017
Informed Consent for Family Planning Service Provider (FWV, SACMO, Nurse, Nurse Midwife, and Paramedic) Questionnaire
(Verbal)

Title of Research: Mayer Hashi II (MHII) Endline Survey 2017
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), University of North Carolina at Chapel Hill, 720 Martin Luther King Jr., Blvd., Bldg. 385, 2nd Floor, Chapel Hill, NC 27599-7097 USA.You can reach an IRB person through collect call if necessary, at 001-919-966-3012. You may also call the Dhaka-based MEASURE Evaluation Advisor (Phone: 01730376458). If you have further questions regarding the nature of this study you may also contact Mitra and Associates Commercial Plot # 35 (Floor 3rd–5th), Main Road # 01, Section-10, SenparaPorbota, Mirpur, Dhaka-1216 Tel: 9025410, 9025412.

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)

Section 1: Background

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

	QUESTION	RESPONSE	SKIP
	Starting time of interview:	Hour .... □□ Minute .... □□	
101	***Would you please tell your name?***	Name: ____________	
102	How old are you?	Year (in completed Years) .... □□	
103	What is your professional qualification?	SSS .... 1 HSC .... 2 BA/B.COM/BSC/FAZIL .... 3 MA/M.COM/MSC/KAMIL .... 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? (If less than 1 year write 00)	Year (in completed Years) .... □□	
105	How long have you been in this facility? (If less than 1 year write 00)	Year (in completed Years) .... □□	

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 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.......... □□ 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………..1E H/MH….…2 (skip to A201b) Other……….3 (specify) Not remember..8 (skip to A201b)	GoB………..1E H/MH….…2 (skip to A201c) Other……….3 (specify) Not remember..8 (skip to A201c)	GoB………..1E H/MH….…2 (skip to A201d) Other……….3 (specify) Not remember..8 (skip to A201d)	GoB………..1E H/MH….…2 (skip to A201e) Other……….3 (specify) Not remember..8 (skip to A201e)	GoB………..1EH /MH….…2 (Sec.2b) Other……….3 (specify) Not remember..8 (skip to Sec2b)
A205	Was Engender Health/ Mayer	Yes .... 1 No 2	Yes .... 1 No 2	Yes .... 1 No 2	Yes .... 1 No 2	Yes .... 1 No 2

	Hashi involved in the training	Don't know/ Not remember............8	Don't know/ Not remember 8	Don't know/ Not remember 8	Don't know/ Not remember 8	Don't know/ Not remember 8
A206	Did any person from Engender Health/ Mayer Hashi participate in or observe the training?	Yes ....1 No ....2 Don't know/ Not remember............8	Yes ....1 No........................2 Don't know/ Not remember 8	Yes ....1 No........................2 Don't know/ Not remember 8	Yes....................... 1 No........................ 2 Don't know/ Not remember 8	Yes........................1 No.........................2 Don't know/ Not remember 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 .... ☐☐ Year .... ☐☐☐☐	
B204	Was Mayer Hashi or *EngenderHealth* involved in the training?	Yes .... 1 No.......... 2	
B204a	Was any trainer/facilitator from Mayer Hashi or *EngenderHealth* present in the training?	Yes .... 1 No.......... 2	
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?	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 .... ☐☐ Year .... ☐☐☐☐	
B208	Was Mayer Hashi or *EngenderHealth* involved in the training?	Yes .... 1 No.......... 2	
B208a	Was any trainer/facilitator from Mayer Hashi or *EngenderHealth* present in the training?	Yes .... 1 No.......... 2	

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?	IUD .... A Implants.......... B Tubectomy .... C NSV..........D	
303	When was the last time you have done a procedure of LARC/PM?	Month .... ☐☐ Year .... ☐☐☐☐ 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	Did you use any flow chart for screening, counseling and providing IUD to a client?	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	SKIP
401a	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.. A Women who don't want child for long time or don't want child...B Women who can not use hormonal FP method .... C Regular menstruation...D Within first 5 days of menstruation...................... E Other.. X (Specify)	
401b	What are the conditions under which a woman cannot be recommended for IUD?	Women who have no child.................................... A Women who have been suffering from RTI ....B Menstruation stopped.. C Pergnancy ....D Irregular menstruation.. E Excessive menstrual bleeding.................................F Cronic jaundice...G Breast cancer...H Other .... X (Specify)	
401c	What are the probable side effects of IUD?	Abdominal pain.................……………………A Excessive bleeding in between the two menstrual cycle...B Spotting .... C Abnormal menstrual bleeding...............................D White discharge/excessive white discharge.. E The thread of IUD come out.......................... F Other ________________________________ X (Specify)	
401d	An IUD client comes to you with excessive bleeding, what will you do?	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?	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)	A → 401g B → 401f1 C, D, X → 401g
	QUESTION	RESPONSE	SKIP
401f1	What are the probable treatments bleeding/spot bleeding?	300mg ferussalphate for 1-2 months .... A Other ________________________________ X (Specify)	
401g	*(Pre-counseling)* A woman comes to you for accepting IUD, what advice/counseling should you provide to her?	Explain advantages and disadvantages of IUD.. A Explain probable side effects, discomfort and complications of IUD ....B Ensure that the client does not have RTI or infection in reproductive organ .... C Ensure that the client understood the advantages and disadvantages of IUD before she made the decision..D Ensure that she is still under regular menstrution, and not pregnant... E Other ________________________________ X (Specify)	

401h	*(Post-counseling)* ***What important advice/counseling should you provide to a woman who just accepted IUD?***	Give her the follow-up card .... A Remind her about the probable side effects and discomfort and assure her of the follow-up....................................B Remind her the procedure of follow-up .... C Encourage the client to contact with service provider if there is any side effects or complications ....D Encourage the client to check the thread .... E Advise the client to avoid sexual intercourse for 2-3 days..............................F Ensure that the client understood the main points of counseling ....G Other... X (Specify)	
401j	***Do you or your facility do follow up of IUD clients?***	Yes.. 1 No .... 2..	
401k	***When is the timing of follow up?***	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	
401l	***What advice/counseling should you provide to an IUD user at the time of follow-up?***	Provide counseling and treatment immediately if client complains of side effects, complications and discomfort .... A Refer to appropriate place if client complains of side effects, complications, discomfort ....B Assure for any other service if she has no side-effects, complication or discomfort C Other ________________________________ X (Specify)	

Section 4b: Skills and Practices on IMPLANT

	QUESTION	RESPONSE	SKIP
402a	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 ...... A Women who have no child ...... B Ensure that she is still under regular menstrution, i.e., she is not pregnant...... C Other ______ X (Specify)	
402c	What are the probable side effects of IMPLANT?	Menstruation stopped...... A Excessive bleeding ...... B Spotting...... C Weight gain ...... D Motion of vomiting...... E Depression ...... F Pain in arm ...... G Other ______ X (Specify)	
402d	An IMPLANT client comes to you with excessive bleeding, what would you do?	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)	
402e	An IMPLANT client comes to you with menopause, what would you do?	Check pregnancy ...... A If she is not pregnant, counsel and assure that it is not a problem ...... B Remove IMPLANT...... C Other ______ X (Specify)	
402g	*(Pre-counseling)* A woman comes to you for accepting IMPLANT, what advice/counseling should you provide her?	Explain advantages and disadvantages of IMPLANT ...... A Explain probable side effects, discomfort and complications of IMPLANT..... B Ensure that the client understood the advantages and disadvantages of IMPLANT before she made the decision...... C Other ______ X (Specify)	
402h	*(Post-counseling)* What important advice/counseling would you provide to a woman who just accepted Implant?	Give her the follow-up card ...... A Remind her about the probable side effects and discomfort and assure her of the follow-up...... B Remind her the procedure of follow-up ...... C Encourage the client to contact with service provider if there is any side effects or complications...... D Remind her that there may be little pain on the arm...... E Advise the client to avoid sexual intercourse for 2-3 days...... F Ensure that the client understood the main points of counseling...... G Other ______ X (Specify)	
402j	***Do you or your facility follow-up IMPLANT clients?***	Yes...... 1 No...... 2	
402k	***When is the timing of follow up?***	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	

402l	***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 .... A Refer to appropriate place if client complains of side effects, complications, discomfort.....................................B Assure for any other service if she has no side-effects, complication or discomfort C Other ________________________________ X (Specify)	

Section 4c: Skills and Practices on Tubectomy

	QUESTION	RESPONSE	SKIP
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... A Women who do not want to have any more children and the age of the youngest child is at least 2 years .... B Women who have 2nd time CS............................. C Husband agreed for tubectomy............................D Other ________________________________ X (Specify)	
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.................................. A Explain probable side effects, discomfort and complications of Tubectomy..... B Ensure that the client does not have any health conditions unfavorable to the operation .... C Ensure that the client understood the advantages and disadvantages of tubectomy before she made the decision ....D Other ________________________________ X (Specify)	
403h	***(Post-counseling)*** ***What important advice/counseling would you provide to a woman who has just accepted tubectomy?***	Give her the follow-up card .... A Remind her about the probable side effects and discomfort and assure her of the follow-up................................... B Remind her the procedure of follow-up .... C Encourage the client to contact with service provider if there is any side effects or complications..........................D Remind her to take full rest for 2 days.. E Encourage her to avoid heavy work or avoid lifting heavy weight for 3 weeks ....F Reminf her to take medications that have been given to her ....G Ensure that the client understood the main points of counseling..............................H Other ________________________________ X (Specify)	

	QUESTION	RESPONSE	SKIP
403j	Do you or your facility follow up tubectomy clients?	Yes .... 1 No 2	
403k	When is the timing of follow up?	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	
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 .... A Refer to appropriate place if client complains of side effects, complications, discomfort .... B Assure for any other service if she has no side-effects, complication or discomfort C Other ______________ X (Specify)	
	Section 4d: Skills and Practices on NSV		
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 .... A Men who do not want to have any more children and the age of the youngest child is at least 2 years .... B Wife agreeable to husband having NSV .... C Other ______________ X (Specify)	
404g	*(Pre-counseling)* What advice/counseling should be provided to a man comes to you for accepting NSV?	Explain advantages and disadvantages of NSV .... A Explain probable side-effects, discomfort, and complications of NSV .... B Ensure that the client does not have any health conditions unfavorable to the operation .... C Ensure that the client understood the advantages and disadvantages of tubectomy before she made the decision .... D Other ______________ X (Specify)	

	QUESTION	RESPONSE	SKIP
404h	*(Post-counseling)* ***What important advice/counseling should be provided to a man who has just accepted NSV?***	Give her the follow-up card .... A Remind him about the probable discomforts and assure him of the follow-up ....B Remind him the procedure of follow-up ....C Encourage the client to contact with service provider if there is any complications................D Encourage her to avoid heavy work or avoid lifting heavy weight for 1 day .... E Reminf him to use condom during sex for a period of 3 months ....F Ensure that the client understood the main points of counseling including the follow up procedures.....................G Other ________________________________ X (Specify)	
404j	***Do you or your facility do follow-up for NSV clients?***	Yes... 1 No.. 2	
404k	***When is the timing of follow up?***	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	
404l	***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... A Refer to appropriate place if client complains of side effects, complications, discomfort.............................. …..B Assure for any other service if she has no side-effects, complication or discomfort C Other ________________________________ X (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	From where did you aware about this?	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 → 501a. No .... 2 ↓	501a. Govt. notice/circular .... A Training .... B Monthly meeting .... C MH training/orientation........D Others______________ (Specify)	
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 → 502a. No .... 2 ↓	502a. Govt. notice/circular .... A Training .... B Monthly meeting .... C MH training/orientation........D Others______________ (Specify)	
502a	Are you aware of the government policy which encourages that **Implant** may be offered to those women who deliver at facilities, right at delivery?	Yes .... 1 → 502aa. No .... 2 ↓	502aa. Govt. notice/circular .... A Training .... B Monthly meeting .... C MH training/orientation........D Others______________ (Specify)	
503	Are you aware of the government policy which encourages that **IUD** may be offered during C-section delivery?	Yes .... 1 → 503a. No .... 2 ↓	503a. Govt. notice/circular .... A Training .... B Monthly meeting .... C MH training/orientation........D Others______________ (Specify)	
504	Are you aware of the government policy which encourages that **tubectomy** may be offered during C-section delivery?	Yes .... 1 → 504a. No .... 2 ↓	504a. Govt. notice/circular .... A Training .... B Monthly meeting .... C MH training/orientation........D Others______________ (Specify)	
504a	Are you aware of the government policy which encourages that **Implant** may be offered during C-section delivery?	Yes .... 1 → 504aa. No .... 2 ↓	504aa. Govt. notice/circular .... A Training .... B Monthly meeting .... C MH training/orientation........D Others______________ (Specify)	
505	Do community-level providers such as FWAs (Family Welfare Assistants), FWV, or other Field 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 → 601		
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		
508a	Do you offer the postpartum Implant 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. #			How did you know?	601-609. Is it being implemented?
601	DGHS staff nurses after being trained are permitted to provide IUD services?	Yes ....1 No...............2	601a Notice.................A Meeting ....B Instruction..........C Mayer Hashi ...... D Training..............E Others ....X (Specify)	601b Yes .... 1 No.......................... 2 DK......................... 3
602	Nurses at private hospitals after being trained are permitted to provide IUD services?	Yes ....1 No...............2	602a Notice.................A Meeting ....B Instruction..........C Mayer Hashi ...... D Training..............E Others ....X (Specify)	602b Yes .... 1 No.......................... 2 DK......................... 3
603	Women who have not yet given any birth of a child are allowed to accept IMPLANT?	Yes ....1 No...............2	603a Notice.................A Meeting ....B Instruction..........C Mayer Hashi ...... D Training..............E Others ....X (Specify)	603b Yes .... 1 No.......................... 2 DK......................... 3
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	604a Notice.................A Meeting ....B Instruction..........C Mayer Hashi ...... D Training..............E Others ....X (Specify)	604b Yes .... 1 No.......................... 2 DK......................... 3
605	Postpartum family planning services have been added in private-sector facilities?	Yes ....1 No...............2	605a Notice.................A Meeting ....B Instruction..........C Mayer Hashi ...... D Training..............E Others ....X (Specify)	605b Yes .... 1 No.......................... 2 DK......................... 3
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	606a Notice.................A Meeting ....B Instruction..........C Mayer Hashi ...... D Training..............E Others ....X (Specify)	606b Yes .... 1 No.......................... 2 DK......................... 3
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	607a Notice.................A Meeting ....B Instruction..........C Mayer Hashi ...... D Training..............E Others ....X (Specify)	607b Yes .... 1 No.......................... 2 DK......................... 3
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	609a Notice.................A Meeting ....B Instruction..........C Mayer Hashi ...... D Training..............E Others ....X (Specify)	609b Yes .... 1 No.......................... 2 DK......................... 3

Sl. #			How did you know?	601-609. Is it being implemented?
610	Ending time of Interview:	Hour .... Minute		

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) Survey 2017

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

Mitra and Associates
(Centre for Research and Consultancy)
Commercial Plot #35 (Floor 3rd–5th), Main Road #01,
Section-10, SenparaPorbota, Mirpur, Dhaka-1216
Tel: 9025410, 9025412

and

MEASURE Evaluation
Carolina Population Center
University of North Carolina at Chapel Hill

Mayer Hashi II Endline Survey 2017

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

Face Sheet

IDENTIFICATION	
DIVISION	☐
DISTRICT	☐☐
UPAZILA/THANA	☐☐
UNION/WARD	☐☐
CLUSTER	☐☐☐☐
TYPE OF SERVICE PROVIDERS 01=MO (MCH-FP), 02=Medical Officer, 03=Clinic Manager, 13=RMO	☐☐
NAME OF THE RESPONDENT ____________________	

INTERVIEWER VISITS				
	1	**2**	**3**	**FINAL VISIT**
DATE INTERVIEWER'S NAME RESULT**	. .	. .	. .	DAY.................. ☐☐ MONTH.................. ☐☐ YEAR.................. 2 0 1 7 INTV. CODE.................. ☐☐ RESULT.................. ☐
NEXT VISIT: DATE TIME	. .	. .		TOTAL NO. 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.................. ☐☐ DATE ____________	NAME.................. ☐☐ DATE ____________	☐☐	☐☐

Mayer Hashi II Endline Survey 2017

Informed Consent for Family Planning Service Provider (MO_MCH-FP, Medical Officer, and Clinic Manager) Questionnaire (Verbal)

Title of Research: Mayer Hashi II (MHII) Endline Survey 2017
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), University of North Carolina at Chapel Hill, 720 Martin Luther King Jr., Blvd., Bldg. 385, 2nd Floor, Chapel Hill, NC 27599-7097 USA.You can reach an IRB person through collect call if necessary, at 001-919-966-3012. You may also call the Dhaka-based MEASURE Evaluation Advisor (Phone: 01730376458). If you have further questions regarding the nature of this study you may also contact Mitra and Associates Commercial Plot # 35 (Floor 3rd–5th), Main Road # 01, Section-10, SenparaPorbota, Mirpur, Dhaka-1216 Tel: 9025410, 9025412.

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

Name of person obtaining consent: _______________ Signature: ___________ Date: ____________

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

Section 1: Background

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

	QUESTION	RESPONSE	SKIP
	Starting time of interview:	Hour .... ☐☐ Minute .... ☐☐	
101	*Would you please tell your name?*	Name: ____________	
102	How old are you?	Year (in completed Years)........ ☐☐	
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? (If less than 1 year write 00)	Year (in completed Years)........ ☐☐	
105	How long have you been in this facility? (If less than 1 year write 00)	Year (in completed Years)........ ☐☐	

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, 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………..1E H/MH…..…2 (skip to A201b) Other……….3 (specify) Not remember..8 (skip to A201b)	GoB………..1E H/MH…..…2 (skip to A201c) Other……….3 (specify) Not remember..8 (skip to A201c)	GoB………..1E H/MH…..…2 (skip to A201d) Other……….3 (specify) Not remember..8 (skip to A201d)	GoB………..1E H/MH…..…2 (skip to A201e) Other……….3 (specify) Not remember..8 (skip to A201e)	GoB………..1E H/MH…..…2 (Sec.2b) Other……….3 (specify) Not remember..8 (skip to Sec2b)
A205	Was EngenderHealth/ Mayer Hashi involved in the training	Yes…………1 No…….……2 Don't know/ Not remember…8	Yes…………1 No…….……2 Don't know/ Not remember…8	Yes…………1 No…….……2 Don't know/ Not remember…8	Yes…………1 No…….……2 Don't know/ Not remember…8	Yes…………1 No…….……2 Don't know/ Not remember…8
A206	Did any person from Engender Health/ Mayer Hashi participate in or observe the training?	Yes…………1 No…….……2 Don't know/ Not remember…8	Yes…………1 No…….……2 Don't know/ Not remember…8	Yes…………1 No…….……2 Don't know/ Not remember…8	Yes…………1 No…….……2 Don't know/ Not remember…8	Yes…………1 No…….……2 Don't know/ Not remember…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 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 .... ☐☐ Year .... ☐☐☐☐	
B204	Was Mayer Hashi or *EngenderHealth* involved in the TOT?	Yes........1 No........2 Don't know........8	
B204a	Was any trainer/facilitator from Mayer Hashi or *EngenderHealth* 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?	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 .... ☐☐ Year .... ☐☐☐☐	
B208	Was Mayer Hashi or *EngenderHealth* involved in the training, orientation, or refresher training?	Yes........1 No........2 Don't know........8	

	QUESTION	RESPONSE	SKIP
B208a	Was any trainer/facilitator from Mayer Hashi or *EngenderHealth* 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	 →301b
301a	Do you provide LARC/PM routinely/special day/camp?	Routinely .... A Special day .... B Camp C	→302
301b	What are the reasons (method)? a. IUD b. Implants c. Tubectomy d. NSV	IUD ______ ______ Implant ______ ______ Tubectomy ______ ______ NSV ______	304 →
302	Which methods of LARC/PM do you provide?	IUD .... A Implants .... B Tubectomy .... C NSV .... D	
303	When was the last time you have done a procedure of LARC/PM?	Month .... ☐☐ Year .... ☐☐☐☐ 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
306	Which provider?	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	SKIP
401a	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..........A Women who don't want child for long time or don't want child..........B Women who can not use hormonal FP method (Pill,Implant,Injection)..........C Regular menstruation..........D Within first 5 days of menstruation..........E Other ______________________X (Specify)	
401b	What are the conditions under which a woman cannot be recommended for IUD?	Women who have no child..........A Women who have been suffering from RTI..........B Menstruation stopped..........C Pergnancy..........D Irregular menstruation..........E Excessive menstrual bleeding..........F Cronic jaundice..........G Breast cancer..........H Other ______________________X (Specify)	
401c	What are the probable side effects of IUD?	Abdominal pain..........A Excessive bleeding in between the two menstrual cycle..........B Spotting..........C Abnormal menstrual bleeding..........D White discharge/excessive white discharge..........E The thread of IUD come out..........F Other ______________________X (Specify)	
401d	An IUD client comes to you with excessive bleeding, what will you do?	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?	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)	
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..........A Explain probable side effects, discomfort and complications of IUD..........B Ensure that the client does not have RTI or infection in reproductive organ..........C Ensure that the client understood the advantages and disadvantages of IUD before she made the decision..........D Ensure that she is still under regular menstrution, and not pregnant..........E Other ______________________X (Specify)	

401h	*(Post-counseling)* What important advice/counseling should you provide to a woman who just accepted IUD?	Give her the follow-up card .... A Remind her about the probable side effects and discomfort and assure her of the follow-up.. B Remind her the procedure of follow-up .... C Encourage the client to contact with service provider if there is any side effects or complications ....D Encourage the client to check the thread .... E Advise the client to avoid sexual intercourse for 2-3 days ....F Ensure that the client understood the main points of counseling..G Other ___________________________________X (Specify)	
401j	***Do you or your facility do follow up of IUD clients?***	Yes .... 1 No... 2	
401k	***When is the timing of follow up?***	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	
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..A Refer to appropriate place if client complains of side effects, complications, discomfort.......................................B Assure for any other service if she has no side-effects, complication or discomfort . C Other ___________________________________X (Specify)	

Section 4b: Skills and Practices on IMPLANT

	QUESTION	RESPONSE	SKIP
402a	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 .... A Women who have no child .... B Ensure that she is still under regular menstrution, i.e., she is not pregnant .... C Other ________ X (Specify)	
402c	What are the probable side effects of IMPLANT?	Menstruation stopped .... A Excessive bleeding .... B Spotting .... C Weight gain .... D Motion of vomiting .... E Depression .... F Pain in arm .... G Other ________ X (Specify)	
402d	An IMPLANT client comes to you with excessive bleeding, what would you do?	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)	
402e	An IMPLANT client comes to you with menopause, what would you do?	Check pregnancy .... A If she is not pregnant, counsel and assure that it is not a problem .... B Remove IMPLANT .... C Other ________ X (Specify)	
402g	*(Pre-counseling)* A woman comes to you for accepting IMPLANT, what advice/counseling should you be provides her?	Explain advantages and dis-advantages of IMPLANT .... A Explain probable side effects, discomfort and complications of IMPLANT .... B Ensure that the client understood the advantages and disadvantages of IMPLANT before she made the decision .... C Other ________ X (Specify)	
402h	*(Post-counseling)* ***What important advice/counseling would you provide to a woman who just accepted Implant?***	Give her the follow-up card .... A Remind her about the probable side effects and discomfort and assure her of the follow-up .... B Remind her the procedure of follow-up .... C Encourage the client to contact with service provider if there is any side effects or complications .... D Remind her that there may be little pain on the arm .... E Advise the client to avoid sexual intercourse for 2-3 days .... F Ensure that the client understood the main points of counseling .... G Other ________ X (Specify)	

	QUESTION	RESPONSE	SKIP
402j	*Do you or your facility follow-up IMPLANT client?*	Yes .... 1 No 2	
402k	*When is the timing of follow-up of implant clients?*	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	
402l	*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 .... A Refer to appropriate place if client complains of side effects, complications, discomfort .... B Assure for any other service if she has no side-effects, complication or discomfort . C Other ________ X (Specify)	

Section 4c: Skills and Practices on Tubectomy

	QUESTION	RESPONSE	SKIP
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 .... A Women who do not want to have any more children and the age of the youngest child is at least 2 years .... B Women who have 2nd time CS .... C Husband agreed for tubectomy .... D Other ______________ X (Specify)	
403g	*(Per-counseling)* A woman comes to you for accepting tubectomy, what advice/counseling should be provided to her?	Explain advantages and disadvantages of tubectomy .... A Explain probable side effects, discomfort and complications of Tubectomy...... B Ensure that the client does not have any health conditions unfavorable to the operation .... C Ensure that the client understood the advantages and disadvantages of tubectomy before she made the decision .... D Other ______________ X (Specify)	
403h	***(Post-counseling)*** ***What important advice/counseling would you provide to a woman who has just accepted tubectomy?***	Give her the follow-up card .... A Remind her about the probable side effects and discomfort and assure her of the follow-up .... B Remind her the procedure of follow-up .... C Encourage the client to contact with service provider if there is any side effects or complications .... D Remind her to take full rest for 2 days .... E Encourage her to avoid heavy work or avoid lifting heavy weight for 3 weeks .... F Reminf her to take medications that have been given to her .... G Ensure that the client understood the main points of counseling .... H Other ______________ X (Specify)	
403j	***Do you or your facility follow up tubectomy clients?***	Yes .... 1 No 2	
403k	***When is the timing of follow up?***	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	

	QUESTION	RESPONSE	SKIP
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..A Refer to appropriate place if client complains of side effects, complications, discomfort..B Assure for any other service if she has no side-effects, complication or discomfort ..C Other ___________________________________X (Specify)	

Section 4d: Skills and Practices on NSV

	QUESTION	RESPONSE	SKIP
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 ..... A Men who do not want to have any more children and the age of the youngest child is at least 2 years ..... B Wife agreeable to husband having NSV ..... C Other ________ X (Specify)	
404g	*(Pre-counseling)* What advice/counseling should be provided to a man comes to you for accepting NSV,?	Explain advantages and disadvantages of NSV ..... A Explain probable side-effects, discomfort, and complications of NSV ..... B Ensure that the client does not have any health conditions unfavorable to the operation ..... C Ensure that the client understood the advantages and disadvantages of tubectomy before she made the decision ..... D Other ________ X (Specify)	
404h	*(Post-counseling)* ***What important advice/counseling should be provided to a man who has just accepted NSV?***	Give her the follow-up card ..... A Remind him about the probable discomforts and assure him of the follow-up ..... B Remind him the procedure of follow-up ..... C Encourage the client to contact with service provider if there is any complications ..... D Encourage her to avoid heavy work or avoid lifting heavy weight for 1 day ..... E Reminf him to use condom during sex for a period of 3 months ..... F Ensure that the client understood the main points of counseling including the follow up procedures ..... G Other ________ X (Specify)	
404j	***Do you or your facility do follow-up for NSV clients?***	Yes ..... 1 No 2	
404k	***When is the timing of follow-up?***	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	
404l	***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 ..... A Refer to appropriate place if client complains of side effects, complications, discomfort ..... B Assure for any other service if she has no side-effects, complication or discomfort ..... C Other ________ X (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	From where did you aware about this?	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 → 501a No ....2 ↓	501a Govt. notice/circular.............A Training ....B Monthly meeting ....C MH training/orientation....... D Others…..………………X (Specify)	
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 → 502a No ....2 ↓	502a Govt. notice/circular.............A Training ....B Monthly meeting ....C MH training/orientation....... D Others…..………………X (Specify)	
502a	Are you aware of the government policy which encourages that **Implant** may be offered to those women who deliver at facilities, right at delivery?	Yes....................1 → 502aa No ....2 ↓	502aa Govt. notice/circular.............A Training ....B Monthly meeting ....C MH training/orientation....... D Others…..………………X (Specify)	
503	Are you aware of the government policy which encourages that **IUD** may be offered during C-section delivery?	Yes....................1 → 503a No ....2 ↓	503a Govt. notice/circular.............A Training ....B Monthly meeting ....C MH training/orientation....... D Others…..………………X (Specify)	
504	Are you aware of the government policy which encourages that **tubectomy** may be offered during C-section delivery?	Yes....................1 → 504a No ....2 ↓	504a Govt. notice/circular.............A Training ....B Monthly meeting ....C MH training/orientation....... D Others…..………………X (Specify)	
504a	Are you aware of the government policy which encourages that **Implant** may be offered during C-section delivery?	Yes....................1 → 504aa No ....2 ↓	504aa Govt. notice/circular.............A Training ....B Monthly meeting ....C MH training/orientation....... D Others…..………………X (Specify)	
505	Do community-level providers such as FWAs (Family Welfare Assistants), service promoters, or other community workers disseminate the postpartum IUD, postpartum Implant and postpartum tubectomy information to their catchment populations?	Yes......................1 No 2		
506	Have you conduct delivery at any public-sector or private-sector facility(s) in the last 6 months?	Yes......................1 No ....2 → 601		
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		
508a	Do you offer the postpartum Implant 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. #			How did you know?	601-609. Is it being implemented?
601	DGHS staff nurses after being trained are permitted to provide IUD services?	Yes.............. 1 → 601a No .... 2 ↓	601a Notice .... A Meeting................B Instruction ....C Mayer Hashi.......D	601b Yes..........................1 No ....2 DK 3

Sl. #			How did you know?	601-609. Is it being implemented?
			Training……E Others……….X (Specify)	
602	Nurses at private hospitals after being trained are permitted to provide IUD services?	Yes.............. 1 No 2	602a Notice .... A Meeting................B Instruction ....C Mayer Hashi.......D Training……E Others……….X (Specify)	602b Yes.......................... 1 No .... 2 DK 3
603	Women who have not yet given any birth of a child are allowed to accept IMPLANT?	Yes.............. 1 No 2	603a Notice .... A Meeting................B Instruction ....C Mayer Hashi.......D Training……E Others……….X (Specify)	603b Yes.......................... 1 No .... 2 DK 3
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	604a Notice .... A Meeting................B Instruction ....C Mayer Hashi.......D Training……E Others……….X (Specify)	604b Yes.......................... 1 No .... 2 DK 3
605	Postpartum family planning services have been added in private-sector facilities?	Yes.............. 1 No 2	605a Notice .... A Meeting................B Instruction ....C Mayer Hashi.......D Training……E Others……….X (Specify)	605b Yes.......................... 1 No .... 2 DK 3
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	606a Notice .... A Meeting................B Instruction ....C Mayer Hashi.......D Training……E Others……….X (Specify)	606b Yes.......................... 1 No .... 2 DK 3
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	607a Notice .... A Meeting................B Instruction ....C Mayer Hashi.......D Training……E Others……….X (Specify)	607b Yes.......................... 1 No .... 2 DK 3
608	Fascial interposition in NSV is now mandatory to ensure greater effectiveness of the procedure	Yes.............. 1 No 2	608a Notice .... A Meeting................B Instruction ....C Mayer Hashi.......D Training……E Others……….X (Specify)	608b Yes.......................... 1 No .... 2 DK 3
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	609a Notice .... A Meeting................B Instruction ....C Mayer Hashi.......D Training……E Others……….X	609b Yes.......................... 1 No .... 2 DK 3

Sl. #			How did you know?	601-609. Is it being implemented?
			(Specify)	
610	Ending time of Interview:	Hour...☐☐ Minute......................................☐☐		

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) Survey 2017

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

Mitra and Associates
(Centre for Research and Consultancy)
Commercial Plot #35 (Floor 3rd–5th), Main Road #01,
Section-10, SenparaPorbota, Mirpur, Dhaka-1216
Tel: 9025410, 9025412

and

MEASURE Evaluation
Carolina Population Center
University of North Carolina at Chapel Hill
USA

Mayer Hashi II Endline Survey 2017
Questionnaire for Obstetrician/Gynecologist (OB/GYN)
Face Sheet

IDENTIFICATION	
DIVISION	☐
DISTRICT..	☐☐
UPAZILA/THANA..................................	☐☐
UNION/WARD.....................................	☐☐
CLUSTER	☐☐☐☐
TYPE OF SERVICE PROVIDER..........................	1 2
NAME OF THE RESPONDENT ________________________	

INTERVIEWER VISITS				
	1	**2**	**3**	**FINAL VISIT**
DATE	.	.	.	DAY.............. ☐☐ MONTH.......... ☐☐ YEAR 2 0 1 7
INTERVIEWER'S NAME RESULT**	.	.	.	INTV. CODE .... ☐☐ RESULT.............. ☐
NEXT VISIT: DATE TIME	. .	. .		TOTAL NO. OF VISITS .... ☐

**RESULT CODES:
1 COMPLETED
2 NOT AVAILABLE
3 POSTPONED
4 REFUSED
5 PARTLY COMPLETED
6 OTHER______________________
(SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME .... ☐☐ DATE ______________	NAME .... ☐☐ DATE ______________	☐☐	☐☐

Mayer Hashi II Endline Survey 2017
Informed Consent for Family Planning Service Provider (OB/GYN)
Questionnaire
(Verbal)

Title of Research: Mayer Hashi II (MHII) Endline Survey 2017
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), University of North Carolina at Chapel Hill, 720 Martin Luther King Jr., Blvd., Bldg. 385, 2nd Floor, Chapel Hill, NC 27599-7097 USA.You can reach an IRB person through collect call if necessary, at 001-919-966-3012. You may also call the Dhaka-based MEASURE Evaluation Advisor (Phone:01730376458). If you have further questions regarding the nature of this study you may also contact Mitra and Associates Commercial Plot # 35 (Floor 3rd–5th), Main Road # 01, Section-10, SenparaPorbota, Mirpur, Dhaka-1216 Tel: 9025410, 9025412.

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

Name of person obtaining consent: _______________ Signature: ___________ Date: ____________

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

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:	Hour......□□ Minute......□□	
101	*Would you please tell your name?*	Name: ________________	
102	How old are you?	Year (in completed Years) ......□□	
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) ......□□	
105	How long have you been in this facility? (If less than 1 year write 00)	Year (in completed Years) ......□□	

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 2014, 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......□□ 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) Not remeber..8 (skip to A201b)	GoB………..1 EH/MH….…2 (skip to A201c) Other……….3 (specify) Not remember..8 (skip to A201c)	GoB………..1 EH/MH….…2 (skip to A201d) Other……….3 (specify) Not remember..8 (skip to A201d)	GoB………..1E H/MH….…2 (skip to A201e) Other……….3 (specify) Not remember..8 (skip to A201e)	GoB………..1 EH/MH….…2 (Sec.2b) Other……….3 (specify) Not remember..8 (skip to Sec2b)
A205	Was Engender Health/ Mayer Hashi involved in the training	Yes ......1 No ......2 Don't know/ Not remeber 8	Yes......1 No......2 Don't know/ Not remeber......8	Yes......1 No ......2 Don't know/ Not remeber 8	Yes ...... 1 No ...... 2 Don't know/ Not remeber 8	Yes......1 No ......2 Don't know/ Not remeber 8
A206	Did any person from Engender	Yes ...... 1 No 2	Yes......1 No......2	Yes......1 No 2	Yes ...... 1 No 2	Yes......1 No 2

	Health/Mayer Hashi participate in or observe the training?	Don't know/ Not remeber 8	Don't know/ Not remeber................8	Don't know/ Not remeber 8	Don't know/ Not remeber 8	Don't know/ Not remeber 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 TOT (Training of Trainers) on BCC?	Yes .... 1 No 2	 → B205
B202	On what topic/areas of BCC you have received TOT?	Personal Counseling .... A Group session .... B Community mobilization....... C Other________ X (Specify)	
B203	In which month and year you received TOT on BCC?	Month .... ☐☐ Year .... ☐☐☐☐	
B204	Was Mayer Hashi or *EngenderHealth* involved in the TOT?	Yes .... 1 No .... 2 Don't know 8	
B204a	Was any trainer/facilitator from Mayer Hashi or *EngenderHealth* 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?	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 .... ☐☐ Year .... ☐☐☐☐	
B208	Was Mayer Hashi or *Engender Health* 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 *Engender Health* 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?	IUD .... A Implants .... B Tubectomy....... C NSV .... D	
303	When was the last time you have done a procedure of LARC/PM?	Month .... ☐☐ Year....... ☐☐☐☐ 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	SKIP
401a	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 .... A Women who don't want child for long time or don't want child........B Women who can not use hormonal FP method........C Regular menstruation........D Within first 5 days of menstruation........E Other______ X (Specify)	
401b	What are the conditions under which a woman cannot be recommended for IUD?	Women who have no child........ A Women who have been suffering from RTI........B Menstruation stopped........C Pergnancy........D Irregular menstruation........E Excessive menstrual bleeding........F Cronic jaundice........G Breast cancer........H Other______ X (Specify)	
401c	What are the probable side effects of IUD?	Abdominal pain........ A Excessive bleeding in between the two menstrual cycle........B Spotting........C Abnormal menstrual bleeding........D White discharge/excessive white discharge........E The thread of IUD come out........F Other______ X (Specify)	
401d	An IUD client comes to you with excessive bleeding, what will you do?	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)	

	QUESTION	RESPONSE	SKIP
401f.	An IUD client comes to you with abdominal pain, what will you do?	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)	
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 .... A Explain probable side effects, discomfort and complications of IUD .... B Ensure that the client does not have RTI or infection in reproductive organ .... C Ensure that the client understood the advantages and disadvantages of IUD before she made the decision .... D Ensure that she is still under regular menstrution, and not pregnant .... E Other________ X (Specify)	
401h	*(Post-counseling)* ***What important advice/counseling should you provide to a woman who just accepted IUD?***	Give her the follow-up card .... A Remind her about the probable side effects and discomfort and assure her of the follow-up .... B Remind her the procedure of follow-up .... C Encourage the client to contact with service provider if there is any side effects or complications .... D Encourage the client to check the thread .... E Advise the client to avoid sexual intercourse for 2-3 days .... F Ensure that the client understood the main points of counseling .... G Other________ X (Specify)	
401i	***Is it compulsory to follow up to IUD clients?***	Yes .... 1 No 2	
401j	***Do you or your facility do follow up to IUD clients?***	Yes .... 1 No 2	

	QUESTION	RESPONSE	SKIP
401k	***When is the timing of follow up?***	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	
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 .... A Refer to appropriate place if client complains of side effects, complications, discomfort .... B Assure for any other service if she has no side-effects, complication or discomfort .... C Other________ X (Specify)	

Section 4c: Skills and Practices on Tubectomy

	QUESTION	RESPONSE	SKIP
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........ A Women who do not want to have any more children and the age of the youngest child is at least 2 years........B Women who have 2nd time CS........C Husband agreed for tubectomy........D Other__________ X (Specify)	
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........ A Explain probable side effects, discomfort and complications of Tubectomy........B Ensure that the client does not have any health conditions unfavorable to the operation........C Ensure that the client understood the advantages and disadvantages of tubectomy before she made the decision.... D Other__________ X (Specify)	
403h	*(Post-counseling)* ***What important advice/counseling would you provide to a woman who has just accepted tubectomy?***	Give her the follow-up card........ A Remind her about the probable side effects and discomfort and assure her of the follow-up........B Remind her the procedure of follow-up........C Encourage the client to contact with service provider if there is any side effects or complications........D Remind her to take full rest for 2 days........E Encourage her to avoid heavy work or avoid lifting heavy weight for 3 weeks........F Reminf her to take medications that have been given to her........G Ensure that the client understood the main points of counseling........H Other__________ X (Specify)	
403j	***Do you or your facility follow up tubectomy clients?***	Yes........ 1 No........ 2	
403k	***When is the timing of follow up?***	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	
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........ A Refer to appropriate place if client complains of side effects, complications, discomfort........B Assure for any other service if she has no side-effects, complication or discomfortC Other__________ X (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	From where did you aware about this?	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	501a Govt. notice/circular .... A Training....................................B Monthly meeting ....C MH training/orientation ....D Others…………………..X (Specify)	
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	502a Govt. notice/circular .... A Training....................................B Monthly meeting ....C MH training/orientation ....D Others…………………..X (Specify)	
502a	Are you aware of the government policy which encourages that **Implant** may be offered to those women who deliver at facilities, right at delivery?	Yes......................1 No........................2	502aa Govt. notice/circular .... A Training....................................B Monthly meeting ....C MH training/orientation ....D Others…………………..X (Specify)	
503	Are you aware of the government policy which encourages that **IUD** may be offered during C-section delivery?	Yes......................1 No........................2	503a Govt. notice/circular .... A Training....................................B Monthly meeting ....C MH training/orientation ....D Others…………………..X (Specify)	
504	Are you aware of the government policy which encourages that **tubectomy** may be offered during C-section delivery?	Yes......................1 No........................2	504a Govt. notice/circular .... A Training....................................B Monthly meeting ....C MH training/orientation ....D Others…………………..X (Specify)	
504a	Are you aware of the government policy which encourages that **Implant** may be offered during C-section delivery?	Yes......................1 No........................2	504aa Govt. notice/circular .... A Training....................................B Monthly meeting ....C MH training/orientation ....D Others…………………..X (Specify)	
505	Do community-level providers such as FWAs (Family Welfare Assistants), FWVs, or other community workers disseminate the postpartum IUD and postpartum tubectomy information to their catchment populations?	Yes......................1 No........................2		
506	Have you conduct delivery at any public-sector or private-sector facility(s) in the last 6 months?	Yes......................1 No........................2	601	
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		
508a	Do you offer the postpartum Implant 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. #			How did you know?	601-609. Is it being implemented?
601	DGHS staff nurses after being trained are permitted to provide IUD services?	Yes.............. 1 No................ 2	601a Notice .... A Meeting.............. B Instruction.......... C Mayer Hashi.......D Training……..E Others……....X (Specify)	601b. Yes..........................1 No...........................2 DK 3
602	Nurses at private hospitals after being trained are permitted to provide IUD services?	Yes.............. 1 No................ 2	602a Notice .... A Meeting.............. B Instruction.......... C Mayer Hashi.......D Training……..E Others……....X (Specify)	602b. Yes..........................1 No...........................2 DK 3
603	Women who have not yet given any birth of a child are allowed to accept IMPLANT?	Yes.............. 1 No................ 2	603a Notice .... A Meeting.............. B Instruction.......... C Mayer Hashi.......D Training……..E Others……....X (Specify)	603b. Yes..........................1 No...........................2 DK 3
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	604a Notice .... A Meeting.............. B Instruction.......... C Mayer Hashi.......D Training……..E Others……....X (Specify)	604b. Yes..........................1 No...........................2 DK 3
605	Postpartum family planning services have been added in private-sector facilities?	Yes.............. 1 No................ 2	605a Notice .... A Meeting.............. B Instruction.......... C Mayer Hashi.......D Training……..E Others……....X (Specify)	605b. Yes..........................1 No...........................2 DK 3
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	606a Notice .... A Meeting.............. B Instruction.......... C Mayer Hashi.......D Training……..E Others……....X (Specify)	606b. Yes..........................1 No...........................2 DK 3
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	607a Notice .... A Meeting.............. B Instruction.......... C Mayer Hashi.......D Training……..E Others……....X (Specify)	607b. Yes..........................1 No...........................2 DK 3
608	Fascial interposition in NSV is now mandatory to ensure greater effectiveness of the procedure	Yes.............. 1 No................ 2	608a Notice .... A Meeting.............. B Instruction.......... C Mayer Hashi.......D Training……..E Others……....X (Specify)	608b. Yes..........................1 No...........................2 DK 3
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	609a Notice .... A Meeting.............. B	609b. Yes..........................1 No...........................2

Sl. #			How did you know?	601-609. Is it being implemented?
			Instruction.......... C Mayer Hashi.......D Training……..E Others…….....X (Specify)	DK 3
610	Ending time of Interview:	Hour.. ☐☐ Minute....................................... ☐☐		

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) Survey 2017

Facility Readiness Questionnaire
(English)

Mitra and Associates
(Centre for Research and Consultancy)
Commercial Plot #35 (Floor 3rd–5th), Main Road #01,
Section-10, SenparaPorbota, Mirpur, Dhaka-1216
Tel: 9025410, 9025412, Fax: 9025420

and

MEASURE Evaluation
Carolina Population Center
University of North Carolina at Chapel Hill
USA

Facility Readiness Questionnaire
Face Sheet

IDENTIFICATION	
DIVISION	☐
DISTRICT	☐☐
UPAZILA/THANA	☐☐
UNION/WARD........	☐☐
CLUSTER	☐☐☐☐
TYPE OF THE FACILITY: .... 1=District Hospital, 2=Medical College Hospital (Govt), 3=MCWC, 4=UHC, 5=UHFWC, 6=NGO Clinic, 7=Private Clinic,8=UPHCP,9=RD,10=Private Medical College Hospital	☐☐
NAME OF THE RESPONDENT ________________	

GPS READING:	Degrees Minutes Thousandths
LATITUDE	N ☐☐☐☐☐☐☐☐
LONGITUDE........	Degrees Minutes Thousandths E ☐☐☐☐☐☐☐☐
ALTITUTE/ELEVATION........	☐☐☐
WAYPOINT	☐☐☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	.	.	.	DAY........ ☐☐ MONTH .... ☐☐ YEAR 2 0 1 7
INTERVIEWER'S NAME RESULT**	.	.	.	INTV. CODE .... ☐☐ RESULT........☐
NEXT VISIT: DATE TIME	. .	. .		TOTAL NO. OF VISITS ....☐

**RESULT CODES:	3 POSTPONED	5 PARTLY COMPLETED
1 COMPLETED 2 NOT AVAILABLE	4 REFUSED	6 OTHER____________ (SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME .... ☐☐ DATE ____________	NAME .... ☐☐ DATE ____________	☐☐	☐☐

Mayer Hashi II Endline Survey 2017
Informed Consent for Facility Readiness Questionnaire
(Verbal)

Title of Research: Mayer Hashi II (MHII) Endline Survey 2017
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 sterilizationin 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), University of North Carolina at Chapel Hill, 720 Martin Luther King Jr., Blvd., Bldg. 385, 2nd Floor, Chapel Hill, NC 27599-7097 USA.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 and Associates Commercial Plot # 35 (Floor 3rd–5th), Main Road # 01, Section-10, SenparaPorbota, Mirpur, Dhaka-1216 Tel: 9025410, 9025412.

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)

Start 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: __________________ Second informant:___________________________
Designation of the key informant:_________________ Designation of the key informant: _______________

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

<table>
<tr><th></th><th>QUESTIONS</th><th>REPONSES</th><th>CODE</th></tr>
<tr><td>A1</td><td>What Family Planning (FP) methods are provided from the facility?</td><td>NSV...A
Female sterilization ....B
Implant C
IUD ....D
Injectables ....E
Pills ....F
Condoms ....G
No methods delivered .... H</td><td>If none of A-D is circled end data collection.</td></tr>
<tr><td>A2</td><td>Does the facility provide NSV, female sterilization (FS), implant (Impl), or IUD in any particular day/days of the week or month?</td><td><table><tr><th></th><th>NSV</th><th>FS</th><th>Impl.</th><th>IUD</th></tr><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></table></td><td></td></tr>
<tr><td>A3</td><td>When was the latest date NSV, female sterilization, implant, or/and IUD was provided? (THE KEY INFORMANT MAY CONSULT FACILITY RECORD TO FIND DATES)

If not applicable write ‘98’ in NA box</td><td><table><tr><th></th><th>NSV</th><th>FS</th><th>Impl.</th><th>IUD</th></tr><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></table></td><td></td></tr>
<tr><td>A4</td><td>Does the facility provide the government permissible reimbursement for wage compensation and food/transport allowances to NSV, female sterilization, implant, and IUD clients?</td><td>Yes...1
No ....2</td><td></td></tr>
<tr><td>A5</td><td>Does the facility provide additional incentive payments for any services beyond permissible reimbursement of compensation or allowances?</td><td><table><tr><th></th><th>NSV</th><th>FS</th><th>Impl.</th><th>IUD</th></tr><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></table></td><td></td></tr>
<tr><td>A6</td><td>Does the facility charge any fee for NSV, female sterilization, implant and IUD?</td><td><table><tr><th></th><th>NSV</th><th>FS</th><th>Impl.</th><th>IUD</th></tr><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></table></td><td></td></tr>
</table>

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 regulation ....1 Yes, unwritten regulation ....2 No 3	
A8	Is there any mechanism at the facility to assess the quality of service	Yes....1 No 2	Skip to Aa1
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 Mayer Hashi DQA system ....D Other ____ X (Specify)	
A8b	Is the mechanism occur in regular interval or not?	Yes....1 No 2	A9
A8c	How frequently does this happen?	Monthly ....1 Quarterly....2 Six monthly ....3 More than six month ....4 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	

Aa: Information on special family planning day or camp (TO BE COLLECTED FROM THE KEY INFORMANT)

	QUESTIONS	REPONSES	CODE
	Special FP service day		
Aa1	Has this facility ever had any special FP service day (camp) that provides IUD, implant and sterilization services?	Yes....1 No ....2 Don't know....8	Sec. B
Aa2	How frequently does a special FP day take place at this facility?	Weekly ....1 Twice in a month ....2 Once in a month ....3 Quarterly....4 Other____6 (Specify)	
Aa3	When was the last special FP service day take place at this facility?	Days ago .... ☐☐☐ Don't know.... 998	
Aa4	What services are provided on a special FP day?	Screening ....A Counselling....B LARC/PM ....C Injectable ....D Pills....E Side effects management....F Referral ....G Removal of IUD/implant....H Other____ X (Specify)	
Aa5	Who usually provide LARC/PM services during special days?	Ob/Gyn ....A MOMCH....B MOCC ....C ADCC....D FWV/Sr. FWV/Assistant Family Welfare Officer....E SACMO....F Nurse....G	

		Mobile team of Mayer Hashi................................ H Others_____________________...........X (Specify)	
Aa6	Which agency organizes a special FP service day at this facility?	Government...1 NGO ....2 Government and NGO combined........................3 Other___________________________________6 (Specify)	

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	☐☐	☐☐	☐☐
B2	Resident medical officer (RMO)	☐☐	☐☐	☐☐
B3	Medical officer (MCH-FP)	☐☐	☐☐	☐☐
B4	Medical officer (MO-CC)	☐☐	☐☐	☐☐
B5	Medical officer (applicable for NGO or private clinic)	☐☐	☐☐	☐☐
B6	Clinic manager (applicable for NGO or private clinic)	☐☐	☐☐	☐☐
B7	Nurse (involved in FP work)	☐☐	☐☐	☐☐
B8	FWV/Senior FWV/Assistant family welfare officer	☐☐	☐☐	☐☐
B9	SACMO/MA	☐☐	☐☐	☐☐
B10	Paramedic (applicable for NGO or private clinic)	☐☐	☐☐	☐☐
B11a	FWA(applicable for FWC)	☐☐	☐☐	☐☐
B11b	NGO Field Worker (applicable for NGO)	☐☐	☐☐	☐☐
B12	Aya (involved in FP work)	☐☐	☐☐	☐☐
B13	Cleaner/sweeper (involved in FP work)	☐☐	☐☐	☐☐

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

	QUESTIONS	REPONSES	CODE
C1	Does the facility provide delivery care?	Yes...1 No ....2 →	Next section
C2	Is IUD service offerred at or after delivery ?	Yes...1 No 2	
C3	Is female sterilization offerred at or after delivery ?	Yes...1 No 2	
C3a	Is implant offerred at delivery ?	Yes...1 No 2	
C4	Does the facility provide C-section?	Yes...1 No ....2 →	Next section
C5	Is IUD service offerred at or after C-section ?	Yes...1 No 2	
C6	Is female sterilization offerred at or after C-section ?	Yes...1 No 2	
C6a	Is implant offerred at or after C-section ?	Yes...1 No 2	

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

	QUESTIONS	REPONSES	CODE
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 of the facility displayed?	Yes....1 No 2	
D8a	Does the facility have FP manual?	Yes....1 No 2	
D9	Are comprehensive FP wall-charts/TIHRT chart aredisplayed in the clients waiting/counseling room? (May be multiple responses)	In waiting room....A In counseling room....B At elsewhere....D No where....E	
D9a	Is there any FP method specific projection/target chart hanged up anywhere in the facility?	Yes....1 No 2	
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 No 2	Yes.... 1 No 2	Yes.... 1 No 2	Yes.... 1 No 2	Yes ....1 No 2
E2	Are there any posters at the facility?	Yes .... 1 No 2	Yes.... 1 No 2	Yes.... 1 No 2	Yes.... 1 No 2	Yes ....1 No 2
E3	Are there any leaflets/booklets are kept in easily visible places?	Yes .... 1 No .... 2 E5 ←	Yes.... 1 No .... 2 E5 ←	Yes.... 1 No .... 2 E5 ←	Yes.... 1 No .... 2 E5 ←	Yes ....1 No ....2 E5 ←
E4	Are the clients/visitors allowed to take the leaflets/booklets with them?	Yes .... 1 No 2	Yes.... 1 No 2	Yes.... 1 No 2	Yes.... 1 No 2	Yes ....1 No 2
E5	Are there any job-aids which are used by the service provider?	Yes .... 1 No .... 2 E7 ←	Yes.... 1 No .... 2 E7 ←	Yes.... 1 No .... 2 E7 ←	Yes.... 1 No .... 2 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 No .... 2 NA 8	Yes.... 1 No .... 2 NA.... 8	Yes.... 1 No .... 2 NA.... 8	Yes.... 1 No .... 2 NA.... 8	Yes ....1 No ....2 NA 8

	QUESTIONS	REPONSES	CODE
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 → No .... 2 → Yes, locked.... 3	F4 F8
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 Yes, 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	
F19	Are there any functional seating arrangement 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 *basic equipment* 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 Weighing scale only .... F Gloves for service providers .... G None .... H	

Equipment and supplies required for physical/pelvic/simple laboratory examinations (general or OT)
(INTERVIEWER: PLEASENOTE 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 pairs			
G2.8.9	X. OT sandal	5 pairs			

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 sets**			
	Contents of NSV kit				
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			
	Contents of the kit				
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 Roll			

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 forceps /Kally's placenta 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.	**Emergency Medicines and supplies** (Emergency kits box through observation Emergency Medicinesthrough interviews)			**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 salaine (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 decontaminated *examination* gloves kept in autoclave drum/boxes?	1	2	
M6	Are the decontaminated examination gloves kept in boxes?	1	2	
M7	Are there utility gloves kept in autoclave drum?	1	2	
M8	Are the decontaminated *utility* gloves kept in boxes?	1	2	
M9	Are any gloves recycled here in this facility	1	2	
	Decontamination			
M10	Is there any document describing protocol for decontamination? (FP manual is considered as document on decontamination protocol)	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?	1	2	
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?	1	2	
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	
	Infection prevention manual/guideline			
M15	Is there any infection prevention manual/guideline in the facility?	1	2	
M16	Is there any infection prevention pictorial hanged up anywhere at the facility?	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	Informed consent form singed and attached	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**		**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**
N2	Physical exam completed by physician **WRITE THE NUMBERS OF COMPLETED PROCEDURE, WRITE 88 FOR NOT APPLICABLE**											
N3	Client screening checked by physician	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**		**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**
N4	Medications for pain given recorded											
N4a	Inj. Pathedrine (25 mg)	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**		**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**
N4b	Inj. Pentazocin (30 mg)	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**		**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**
N4c	Inj. Atropine (0.4-0.6 mg)	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**		**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**
N4d	Inj. Pomethazine (12.5 mg)	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**		**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**
N5	Local anesthesia	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**		**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**
N6	Intra–op vital signs checked by physician **WRITE THE NUMBERS OF COMPLETED PROCEDURE, WRITE 88 FOR NOT APPLICABLE**											
N7	Post–op vital signs checked by physician **WRITE THE NUMBERS OF COMPLETED PROCEDURE, WRITE 88 FOR NOT APPLICABLE**											
N8	Procedure notes recorded **WRITE THE NUMBERS OF COMPLETED PROCEDURE, WRITE 88 FOR NOT APPLICABLE**											
N9	Discharge status recorded **WRITE THE NUMBERS OF COMPLETED PROCEDURE, WRITE 88 FOR NOT APPLICABLE**											
N10	Post-op medication given **(WRITE NUMBERS FROM N10A TO N10G)**											
N10a	Paracetamol(500 mg)											
N10b	Ibuprofen (400 mg)											
N10c	Capsule doxycycline (100 mg)											
N10d	Ciprofloxacin (500 mg)											
N10e	Antibiotic (specify)											
N10f	Antibiotic (specify)											
N10g	Diazepam (10 mg)											
		IMPLANT						**IUD**				
		1	2	3	4	5		1	2	3	4	5
N1	Physical exam completed by physician (**WRITE THE NUMBERS OF COMPLETED PROCEDURE, WRITE 88 FOR NOT APPLICABLE)**											
N2	PV Examination (**WRITE THE NUMBERS OF COMPLETED PROCEDURE, WRITE 88 FOR NOT APPLICABLE)**											

N3	Eligibility check for taking Implant/IUD	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**		**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**
N4	Informed consent form singed and attached	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**		**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**
N5	Procedure notes recorded	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**		**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**	**Y N 8**
N6	Medications for pain given recorded **(WRITE NUMBERS FROM N10A TO N10G)**											
N6a	Paracetamol(500 mg)											
N6b	Tablet Ibuprofen (400 mg)											
N6c	Iron tablet with folic acid (200 mg + 0.20 mg)											
N6d	Capsule doxycycline (100 mg)											
N6e	Cap. Ciprofloxacin (500 mg)											
N6f	Antibiotic (specify)											

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

COLLECT THE FOLLOWING INFORMATION FOR THE PERIOD JANUARY TO DECEMBER 2016 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☐☐☐☐ No information .... 9999 Not applicable...........8888	# of clients☐☐☐☐ No information .... 9999 Not applicable...........8888	# of clients☐☐☐☐ No information.....................9999 Not applicable...........8888	# of clients☐☐☐☐ No information ....9999 Not applicable...........8888
O2	# of clients who accepted method (Methods name) from this facility	# of clients .... ☐☐☐☐ No information .... 9999 Not applicable...........8888	# of clients................ ☐☐☐☐ No information .... 9999 Not applicable...........8888	# of clients ....☐☐☐☐ No information.....................9999 Not applicable...........8888	# of clients .... ☐☐☐☐ No information ....9999 Not applicable...........8888
O2a	# of clients who were referred to other facilities for _____________ (methods name)	# of clients☐☐☐☐ No information .... 9999 Not applicable...........8888	# of clients☐☐☐☐ No information .... 9999 Not applicable...........8888	# of clients☐☐☐☐ No information.....................9999 Not applicable...........8888	# of clients☐☐☐☐ No information ....9999 Not applicable...........8888
O3	# of (Methods name) acceptors who were followed up from this facility	# of clients .... ☐☐☐☐ No information .... 9999 Not applicable...........8888	# of clients................ ☐☐☐☐ No information .... 9999 Not applicable...........8888	# of clients ....☐☐☐☐ No information.....................9999 Not applicable...........8888	# of clients .... ☐☐☐☐ No information ....9999 Not applicable...........8888
O4	# of (Methods name) acceptors who received treatment on side effects or complications from this facility	# of clients .... ☐☐☐☐ No information .... 9999 Not applicable...........8888	# of clients................ ☐☐☐☐ No information .... 9999 Not applicable...........8888	# of clients ....☐☐☐☐ No information.....................9999 Not applicable...........8888	# of clients .... ☐☐☐☐ No information ....9999 Not applicable...........8888
O5	# of _________ acceptors who (methods name) were referred from this facility to higher level for side effects or complications	# of clients☐☐☐☐ No information .... 9999 Not applicable...........8888	# of clients☐☐☐☐ No information .... 9999 Not applicable...........8888	# of clients☐☐☐☐ No information.....................9999 Not applicable...........8888	# of clients☐☐☐☐ No information ....9999 Not applicable...........8888
O6	# of (Methods name) acceptors Whose methods are removed in this facility	# of clients .... ☐☐☐☐ No information .... 9999 Not applicable...........8888	# of clients................ ☐☐☐☐ No information .... 9999 Not applicable...........8888		
	Ending time			Hours ....☐☐ Minutes ....☐☐	

SAY THANK YOU AND END THE INTERVIEW

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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. This report was prepared independently by MEASURE Evaluation's Mizanur Rahman (team leader), Siân Curtis, Rashida E-Ijdi, Moinuddin Haider, Ali Imam, Ali Ahmed, and Shelah Bloom. TRE-19-18; ISBN: 978-1-64232-122-7