

HOUSEHOLD SURVEY

PURPOSE

A household survey was conducted at baseline to understand awareness, knowledge, attitudes, and use of the innovation among the target population. The data was used to guide scale-up strategy and to establish a baseline against which to measure scale-up progress. The survey was conducted again at endline to assess progress toward sustainable scale-up of the innovation and identify gaps.

HOW IT WAS DEVELOPED AND USED

The household survey questionnaire was based on Demographic and Health Surveys (DHS) with additional questions added for Standard Days Method® (SDM)-specific variables and outcomes. The household surveys consisted of three (3) modules – a household questionnaire, a men's questionnaire, and a women's questionnaire – with the following sub sections:

- Characteristics/Demographics
- Exposure to Media
- Reproduction (for women only: number of children and pregnancies as well as current pregnancy status)
- Contraception/Family Planning Methods (for men and women: ever and current use of family planning/contraception; for men: current and ever use as well as knowledge of pregnancy risk, fertility, and breastfeeding),
- SDM/CycleBeads® (for men and women: awareness of the method, sources of information about the method, ever and current use, reasons for discontinuation, partner involvement in method use, satisfaction with the method, maximum cost allowable for purchase of CycleBeads,

source of procurement of CycleBeads and SDM counseling)

- Fertility Preferences (for men only: attitudes towards delaying pregnancy or having future children)
- Postpartum Family Planning and Return of Menses (for women only: post-partum health seeking behavior, family planning use, LAM knowledge and attitudes)
- Marriage and Sexual Activity (for women only: cohabitation with husband/partner, rank of wife in polygamous unions, sexual intercourse)
- Gender and Empowerment (for men and women: decision-making power, couple communication on household finances and sexual relations/family planning use)
- Husband's Background and Woman's Work (for women only: husband's age, education level, and occupation; as well as woman's occupation)

IRH selected DHS questions, adapted questions to the SDM context, and harmonized the three modules with input from IRH field staff and other stakeholders. To foster survey efficiency and quality within each country, endline questionnaires did not include some of the baseline questions; some questions were eliminated that collected information only applicable at baseline, and some questions were eliminated because they were not relevant in a specific country context.

All countries conducted household surveys of women and men (couples) at least once during the scale-up period and several conducted household surveys at two points in time. IRH developed the research protocols, received IRB approval, and then worked with field-based IRH staff and research organizations to obtain local IRB approval. Local research organizations were contracted to adapt the survey

instruments to local contexts, collect and analyze data and report preliminary findings, with IRH support throughout the process.

ATTENTION TO VALUES

The household survey was a key source of information on values, measuring the core SDM innovation values explicitly and implicitly. Questions in the Gender and Empowerment, Contraception/Family Planning Methods, and SDM/CycleBeads sections addressed the values of gender equity, male involvement, and couple communication from both the male and female perspectives.

LESSONS LEARNED

- The FAM Project Monitoring Plan proposed using household surveys to measure changes between baseline and endline, as is typically done in impact evaluation. Headquarters staff supporting the surveys was focused on impact evaluation, rather than program planning and monitoring. As a result, baseline data was effectively utilized for strategy-setting in only two of the scale-up countries. A revised focus on data use early in the scale-up process is recommended to improve this situation.
- In addition, when survey data were mined for use in programs, it was apparent that much of the collected data was not needed for program purposes. For example, the detailed information collected to measure socio-economic status was complicated to analyze and never used. In retrospect, it would have been more useful to have designed the survey to provide information specific to identifying gaps in the status of scale-up from a population perspective. More rapid methods, LQAS or sentinel sites, might be more effective in supporting the scale-up process (rather than simply evaluating it).
- The comparison of baseline results (often registering 'zero') to endline proved of

limited use. Instead, focusing measurement on how much change is enough to declare achievement of the scale-up tipping point might be more useful for the purposes of scale-up MLE. Conceptualizing desired relational changes, such as comparing SDM knowledge with another well-integrated FP method at endline, rather than focusing on changes between the beginning and end of a scale-up period (the classic impact evaluation approach), might yield more useful information.

- Working with local research organizations provides the possibility of utilization of in-country knowledge and resources for implementing the study protocol and surmounting any challenges that arise during the process. The general training manuals and dummy tables for analysis that accompanied each country's household survey resource packet were useful to guide local research organizations in preparing for and later analyzing collected data. Still, unless they had worked previously with FAM, research organizations often needed extensive orientation on the innovation in order to properly execute the data collection and then analyze the data. A global survey template was used across the five countries which could be adapted to each country's context proved a useful approach to standardize critical variables facilitating later cross-country analysis.

KEY REFERENCES & RESOURCES

MEASURE DHS | <http://measuredhs.com/What-We-Do/Survey-Types/DHS.cfm> (Modules: Family Planning, Fertility and Fertility Preferences, Household and Respondent Characteristics, Maternal Health, Unmet Need, Women's Empowerment)

HOUSEHOLD SURVEY

FAM PROJECT ENDLINE: HOUSEHOLD QUESTIONNAIRE				
[NAME OF COUNTRY]				
IDENTIFICATION				
PLACE NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD NUMBER REGION LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR INT. NUMBER RESULT
INTERVIEWER'S NAME				
RESULT*				
NEXT VISIT: DATE				TOTAL NUMBER 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 TOTAL ELIGIBLE MEN LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE
LANGUAGE OF QUESTIONNAIRE 01 = ENGLISH 02 = FRENCH 03 = SPANISH 04 = HINDI	LANGUAGE OF INTERVIEW 01 = ENGLISH 02 = FRENCH 03 = SPANISH 04 = HINDI	NATIVE LANGUAGE OF RESPONDENT: 01 = ENGLISH 06 = OTHER 02 = FRENCH _____ 03 = SPANISH (SPECIFY) 04 = HINDI		TRANSLATOR USED YES..... 1 NO..... 2
SUPERVISOR NAME _____ DATE _____		FIELD EDITOR NAME _____ DATE _____		OFFICE EDITOR
				KEYED BY

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY	
				Does (NAME) usually live here?	Did (NAME) stay here last night?		MARITAL STATUS	CIRCLE LINE NUMBER OF ALL MARRIED WOMEN AGED 15-49	CIRCLE LINE NUMBER OF ALL MARRIED MEN AGE
	<p>Please give me the names of the persons above 10 years old who usually live in your household and guests of the household who stayed here last night starting with the head of the household</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-10 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p>	<p>What is (NAME'S) current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD 08 = BROTHER OR SISTER

02 = WIFE OR HUSBAND 09 = NIECE/NEPHEW BY BLOOD

03 = SON OR DAUGHTER 10 = NIECE/NEPHEW BY MARRIAGE

04 = SON-IN-LAW OR 11 = OTHER RELATIVE

 DAUGHTER-IN-LAW 12 = ADOPTED/FOSTER/

05 = GRANDCHILD STEPCHILD

06 = PARENT 13 = NOT RELATED

07 = PARENT-IN-LAW 98 = DONT KNOW

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

2A) Just to make sure that I have a complete listing

Are there any other persons such as children above 10 years old that we have not listed? YES ☐ ADD TO TABLE NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ☐ ADD TO TABLE NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐ ADD TO TABLE NO ☐

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = NIECE/NEPHEW BY BLOOD
10 = NIECE/NEPHEW BY MARRIAGE
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

HOUSEHOLD CHARACTERISTICS																								
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
101	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/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96 (SPECIFY)																						
102	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER 96 (SPECIFY)	→ 104																					
103	Do you share this toilet facility with other households or people?	YES 1 NO 2																						
104	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY ..</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO ..</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION ..</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOBILE TELEPHONE ..</td> <td>1</td> <td>2</td> </tr> <tr> <td>NON-MOBILE TELEPHONE ..</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR ..</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY ..	1	2	RADIO ..	1	2	TELEVISION ..	1	2	MOBILE TELEPHONE ..	1	2	NON-MOBILE TELEPHONE ..	1	2	REFRIGERATOR ..	1	2	
	YES	NO																						
ELECTRICITY ..	1	2																						
RADIO ..	1	2																						
TELEVISION ..	1	2																						
MOBILE TELEPHONE ..	1	2																						
NON-MOBILE TELEPHONE ..	1	2																						
REFRIGERATOR ..	1	2																						
105	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)																						

106	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
107	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER 96 (SPECIFY)	
108	MAIN MATERIAL OF THE EXTERIOR WALLS. (4) RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER 96 (SPECIFY)	
109	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>	
110	Does any member of this household own: a) A watch? b) A bicycle? c) A motorcycle or motor scooter? d) An animal-drawn cart? e) A car or truck? f) A boat with a motor?	YES NO WATCH 1 2 BICYCLE 1 2 MOTORCYCLE/SCOOTER 1 2 ANIMAL-DRAWN CART 1 2 CAR/TRUCK 1 2 BOAT WITH MOTOR 1 2	
111	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 113
112	How many hectares of agricultural land do members of this household own?	HECTARES <input type="text"/> <input type="text"/> 95 OR MORE HECTARES 95 DON'T KNOW 98	
113	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ END
114	How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. a) Cattle? b) Milk cows or bulls? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens?	CATTLE <input type="text"/> <input type="text"/> COWS/BULLS <input type="text"/> <input type="text"/> HORSES/DONKEYS/MULES <input type="text"/> <input type="text"/> GOATS <input type="text"/> <input type="text"/> SHEEP <input type="text"/> <input type="text"/> CHICKENS <input type="text"/> <input type="text"/>	

FAM PROJECT ENDLINE WOMEN'S QUESTIONNAIRE

[NAME OF COUNTRY]

IDENTIFICATION

PLACE NAME _____

CLUSTER NUMBER

HOUSEHOLD NUMBER

REGION

URBAN/RURAL (URBAN=1, RURAL=2)

LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)

NAME AND LINE NUMBER OF WOMAN _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR
INTERVIEWER'S NAME	_____	_____	_____	NAME
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS

*RESULT CODES:

1 COMPLETED 4 REFUSED 7 OTHER _____
 2 NOT AT HOME 5 PARTLY COMPLETED (SPECIFY)
 3 POSTPONED 6 INCAPACITATED

LANGUAGE OF
QUESTIONNAIRE
01 = ENGLISH
02 = FRENCH
03 = SPANISH
04 = HINDI

LANGUAGE OF INTERVIEW
01 = ENGLISH
02 = FRENCH
03 = SPANISH
04 = HINDI

NATIVE LANGUAGE OF RESPONDENT:
01 = ENGLISH 06 = OTHER
02 = FRENCH
03 = SPANISH (SPECIFY)
04 = HINDI

TRANSLATOR USED
YES..... 1
NO..... 2

SUPERVISOR

NAME _____

DATE _____

FIELD EDITOR

NAME _____

DATE _____

OFFICE
EDITOR

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KEYED BY

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SECTION 1. RESPONDENT'S BACKGROUND AND EXPOSURE TO MEDIA			
SECTION 1A: RESPONDENT'S BACKGROUND			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DONT KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW YEAR 9998	
102	How old were you at your last birthday? COMPARE AND CORRECT 101 AND/OR 102 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
103	Have you ever attended school?	YES 1 NO 2	→ 107
104	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
105	What is the highest (grade/form/year) you completed at that level?	GRADE <input type="text"/> <input type="text"/>	
106	CHECK 104: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 108
107	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
108	What is your religion?	Categories country-specific	

SECTION 1B: EXPOSURE TO MEDIA			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	Now let us talk about listening to radio, watching television, reading newspaper and use of cell phone Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	→ 111
110	Can you tell me the names of newspapers or magazines you read regularly?	Newspapers Country specific categories Magazines Country specific categories	
111	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	→ 114
112	What are the main TV channels you watch regularly?	Country specific categories	
113	What type of programs do you generally watch?	Country specific categories	
114	Do you listen to the radio almost every day, at least once a week less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	→ 117

115	What channels on the radio do you listen to?	Country specific categories	
116	What type of programs do you generally listen to?	Country specific categories	
117	In your opinion, what media should be used to communicate family planning messages? Any other? CIRCLE ALL MENTIONED	RADIO..... A TELEVISION..... B NEWSPAPERS/MAGAZINES..... C LEAFLET/HANDOUTS..... D POSTERS..... E FOLK MEDIA..... F INTERPERSONAL COMMUNICATION G CELL PHONE..... H NONE..... I OTHER..... J (SPECIFY)	
118	Do you own a cell phone?	YES..... 1 NO..... 2	→ 121
119	Can you find a cell phone to use if you want to send or receive messages?	YES..... 1 NO..... 2	→ 201
120	From where would you find one? Any other? CIRCLE ALL MENTIONED	HUSBAND..... A NEIGHBOR..... B FRIEND..... C FAMILY MEMBER..... D COMMERCIAL PLACE..... E OTHER..... F	
121	How often do you send or receive text messages with a cell phone?	NEVER..... 1 SEVERAL TIMES PER MONTH..... 2 SEVERAL TIMES PER WEEK..... 3 SEVERAL TIMES PER DAY..... 4 OTHER..... 5 (SPECIFY)	

SECTION 2. REPRODUCTION											
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask you about all the births you have during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	I would like to know about all the children you have who are alive, whether they live with you or not. Do you have any sons or daughters to whom you have who are alive?	YES 1 NO 2	→ 208								
203	How many sons do you have? And how many daughters do you have? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									→
206	SUM ANSWERS TO 203 AND 205 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
208	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 210								
209	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you want to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	→ 211								

210	<p>When did your last menstrual period start?</p> <p>ENSURE THAT ANSWERS ARE FOR FIRST DAY OF THE LAST PERIOD</p> <p>_____ (DATE, IF GIVEN)</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p> <p>NOT SURE/DON'T KNOW 5</p> <p>IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994</p> <p>BEFORE LAST BIRTH 995</p> <p>NEVER MENSTRUATE 996</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
211	<p>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<table border="1"> <tr> <td></td> <td>301</td> </tr> </table>		301						
	301										
212	<p>Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?</p> <p>READ ALL OPTIONS</p>	<p>JUST BEFORE HER PERIOD BEGINS 1</p> <p>DURING HER PERIOD 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED 3</p> <p>HALFWAY BETWEEN TWO PERIODS 4</p> <p>OTHER #</p> <p>(SPECIFY)</p> <p>DON'T KNOW #</p>									

SECTION 3. FAMILY PLANNING METHODS

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. BEGIN BY ASKING QUESTION 301. FOR EACH METHOD MENTIONED SPONTANEOUSLY CIRCLE CODE 1. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRC 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you heard of (METHOD)?	302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children. Yes 1 No 2	Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children. Yes 1 No 2	Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant. Yes 1 No 2	YES 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse. Yes 1 No 2	YES 1 NO 2
05	INJECTABLES (or Depo) Women can have an injection by a provider that stops them from becoming pregnant for one or more months. Yes 1 No 2	YES 1 NO 2
06	IMPLANTS (or NORPLANT) Women can have one or more rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years. Yes 1 No 2	YES 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse. Yes 1 No 2	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse. Yes 1 No 2	YES 1 NO 2
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse. Yes 1 No 2	YES 1 NO 2
10	FOAM OR JELLY Women can place a suppository, jelly, or in their their vagina before sexual intercourse. Yes 1 No 2	YES 1 NO 2
11	SDM (CYCLEBEADS) A woman uses a string of colored bead to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse Yes 1 No 2	YES 1 NO 2
12	LACTATIONAL AMENORRHEA METHOD (LAM) If a woman's period has not returned in the first 6 months after her baby is born, she can avoid pregnancy by only breastfeeding her baby on baby's cue, day and night Yes 1 No 2	YES 1 NO 2
13	RHYTHM: To avoid pregnancy, women do not have sexual intercourse on the days or the month they think they can get pregnant Yes 1 No 2	YES 1 NO 2
14	WITHDRAWAL Men can be careful and pull out before climax. Yes 1 No 2	YES 1 NO 2
15	EMERGENCY CONTRACEPTION as an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy Yes 1 No 2	YES 1 NO 2
16	Have you heard of any other ways or methods that women or men can use to avoid pregnancy? _____ (SPECIFY)	YES 1 NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	CHECK 302: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> </div> <div style="text-align: center;"> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> </div> </div>		→ 306
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 306
305	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
306	CHECK 302 (01): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> WOMAN NOT STERILIZED <input type="checkbox"/> </div> <div style="text-align: center;"> WOMAN STERILIZED <input type="checkbox"/> </div> </div>		→ 401
307	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NOT PREGNANT OR UNSURE <input type="checkbox"/> </div> <div style="text-align: center;"> PREGNANT <input type="checkbox"/> </div> </div>		→ 401
308	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 401
309	Which method are you using? CIRCLE ALL MENTIONED	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J SDM (CYCLEBEADS)..... M LACTATIONAL AMEN. METHOD... K RHYTHM..... L WITHDRAWAL..... N OTHER X	

SECTION 4. SDM (CYCLEBEADS) MODULE

SECTION 4. SDM (CYCLEBEADS) MODULE					
No.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
401	CHECK 301(13 (EVER HEARD OF THE SDM (CYCLEBEADS)				
	HEARD OF SDM (CYCLEBEDS) <input type="checkbox"/> HAS NOT HEARD OF THE SDM (CYCLEBEADS) <input type="checkbox"/>				500
402	How did you hear about the SDM (CycleBeads)? CIRCLE ALL MENTIONED PROBE: Anybody or anywhere else?	HEALTH TALK..... A POSTER IN HEALTH CENTER..... B POSTER IN PHARMACY..... C POSTER ELSEWHERE..... D BROCHURE/Flier..... E STREET THEATER..... F WALL PAINTING..... G LOUDSPEAKER..... H RADIO..... I TV..... J NEWSPAPER..... K MAGAZINE..... L HEALTH PROVIDER..... M COMMUNITY HEALTH WORKER..... N PHARMACIST..... O SPOUSE..... P MOTHER..... Q MOTHER IN LAW..... R SISTER..... S OTHER RELATIVE..... T FRIEND/NEIGHBOR..... U OTHER _____ X (SPECIFY) CAN'T REMEMBER..... Y DON'T KNOW..... Z			
403	Now I would like to ask you about your opinion about the SDM (CycleBeads). Please tell me if you agree, disagree with the following statements, or if you don't know				
				AGREES YES NO DK	
	A. The SDM (CycleBeads) is hard to understand	HARD TO UNDERSTAND.....	1	2	8
	B. The SDM (CycleBeads) is hard for your partner to understand	HARD FOR PARTNER TO UNDERSTAND....	1	2	8
	C. The SDM (CycleBeads) is easy to use	EASY TO USE	1	2	8
	D. The SDM (CycleBeads) is an effective method in preventing pregnancy when used correctly	EFFECTIVE.....	1	2	8
	E. The SDM (CycleBeads) is affordable	AFFORDABLE.....	1	2	8
	F. The SDM (CycleBeads) is hard to obtain	HARD TO OBTAIN.....	1	2	8
	G. Few women use SDM (CycleBeads) in your community	USED BY FEW WOMEN IN COMMUNITY..	1	2	8
	H. Use of SDM (CycleBeads) is against your religious beliefs	AGAINST MY RELIGIOUS BELIEFS.....	1	2	8
	I. The SDM (CycleBeads) is acceptable to men	ACCEPTABLE TO MEN.....	1	2	8
	J. The SDM (CycleBeads) does not have side effects	DOES NOT HAVE SIDE EFFECTS.....	1	2	8
	K. The SDM (CycleBeads) does not cause health problems	DOES NOT CAUSE HEALTH PROBLEMS....	1	2	8
	L. The SDM (CycleBeads) interferes with sexual relationships	INTERFERES WITH SEXUAL R/SHIPS.....	1	2	8

404	CHECK 302(13) (EVER USED THE SDM (CYCLEBEADS)) USED THE SDM (CYCLEBEADS) <input type="checkbox"/> DID NOT USE THE SDM (CYCLEBEADS) <input type="checkbox"/>		445
405	When you first learned to use the SDM (CycleBeads) were you given CycleBeads? SHOW CYCLEBEADS	YES..... 1 NO..... 2 DON'T KNOW..... 8	
406	When you first learned to use the SDM (CycleBeads) were you given a calendar? SHOW A CALENDAR	YES..... 1 NO..... 2 DON'T KNOW..... 8	
407	When you first learned to use the SDM (CycleBeads) were you given an insert/with information? SHOW AN INSERT	YES..... 1 NO..... 2 DON'T KNOW..... 8	
408	Were you told to keep track of your cycle lengths to be sure they were within range before using SDM (CycleBeads)?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
409	CHECK 309 (CURRENTLY USING THE SDM (CYCLEBEADS)) NOT USING SDM (CYCLEBEADS) <input type="checkbox"/> USING SDM (CYCLEBEADS) <input type="checkbox"/>		423
QUESTIONS FOR SDM (CYCLEBEADS) USERS WHO DISCONTINUED			
410	CHECK 405 (WAS GIVEN CYCLEBEADS) YES <input type="checkbox"/> NO OR DON'T KNOW <input type="checkbox"/>		413
411	SHOW AND GIVE THEM CYCLEBEADS Please show me how to use CycleBeads CIRCLE ALL SHOWN THEN PROBE BY ASKING: What else can you tell me about how to use CycleBeads?	MOVE RING TO RED BEAD FIRST DAY OF CYCLE. . . A MOVE RING ONE BEAD EACH DAY. B MOVE RING IN THE DIRECTION OF ARROW. C AVOID UNPROTECTED SEX ON WHITE BEAD DAYS. . . D UNPROTECTED SEX OK ON BROWN BEAD DAYS. . . E MARK FIRST DAY OF PERIOD ON CALENDAR. . . . F OTHER _____ X (SPECIFY) DON'T KNOW Z	
412	When you began using the SDM (CycleBeads), did you use CycleBeads to keep track of your fertile days?	YES..... 1 NO..... 2	
413	Were you using anything else to keep track of your days?	YES..... 1 NO..... 2 DON'T KNOW..... 8	415

414	What were you using?	CALENDAR 1 OTHER 2 (SPECIFY) DON'T KNOW 8	→ 416
415	CHECK 406 (WAS GIVEN CALENDAR)		
	YES <input type="checkbox"/> NO OR DON'T KNOW <input type="checkbox"/>		417
416	Please explain how you used the calendar to help track of your fertile days? RECORD ALL MENTIONED	MARK FIRST DAY OF PERIOD A MARK FERTILE DAYS 8-19 B AVOID UNPROTECTED SEX ON FERTILE DAYS C COMPARE DATE IF NOT SURE WHERE RING SHOULD BE ON CYCLEBEADS D IF MY CYCLES ARE NOT REGULAR I NEED TO USE CONDOM OR ABSTAIN E IF MY CYCLES ARE NOT REGULAR I NEED TO SEE MY PROVIDER F DID NOT USE THE CALENDAR G OTHER X (SPECIFY) DON'T KNOW Z	
417	When you were using the SDM (CycleBeads), did you ever get your period before the day you reached the dark brown bead, or after you reached the last bead?	YES 1 NO 2 DON'T KNOW 8	
418	What should a woman do if this (i.e period before dark brown bead or period after the last bead) happens twice in one year? RECORD ALL MENTIONED	CONTINUE USING METHOD A WAIT TO SEE IF IT HAPPENS AGAIN B STOP METHOD AND SEE A PROVIDER C NEEDED TO ABSTAIN OR USE CONDOM D SWITCH TO ANOTHER METHOD E OTHER X (SPECIFY) DON'T KNOW Z	
419	How long did you use the SDM (CycleBeads) before you stopped?	MONTHS <input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/> CAN'T REMEMBER 9 7 DON'T KNOW 9 8	

420	<p>Why did you stop using the SDM (CycleBeads)?</p> <p>RECORD ALL MENTIONED</p>	<p>BECAME PREGNANT A</p> <p>HAD TWO CYCLES OUT OF RANGE/</p> <p>IRREGULAR CYCLES B</p> <p>CONCERNED ABOUT EFFECTIVENESS C</p> <p>HUSBAND CONCERNED ABOUT EFFECTIVENESS . D</p> <p>DOESN'T UNDERSTAND THE METHOD E</p> <p>LOST CYCLEBEADS F</p> <p>PARTNER DISAPPROVED OF METHOD G</p> <p>INCONVENIENT/DIFFICULT TO USE H</p> <p>TOO MANY DAYS TO AVOID SEX DURING</p> <p>FERTILE DAYS I</p> <p>DESIRED PREGNANCY J</p> <p>MARITAL DISOLUTION K</p> <p>FAMILY MEMBERS DISLIKED METHOD L</p> <p>OTHER X</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW Z</p>	
421	<p>Did your husband help you use the SDM (CycleBeads)?</p>	<p>YES 1</p> <p>NO 2</p>	441
422	<p>What did your husband do to help you use the SDM (CycleBeads)?</p> <p>MARK ALL MENTIONED</p>	<p>MOVE RING ON CYCLEBEADS A</p> <p>MARK CALENDAR B</p> <p>REMINDE ME TO MOVE THE RING C</p> <p>ASK ME IF WE CAN HAVE UNPROTECTED SEX . . . D</p> <p>NOT HAVE SEX ON WHITE BEAD/FERTILE DAYS . . . E</p> <p>USE CONDOM ON WHITE BEADS/FERTILE DAYS . F</p> <p>USE WITHDRAWAL ON WHITE BEADS/FERTILE DAY G</p> <p>BUY CONDOMS H</p> <p>FOLLOW INSTRUCTIONS ON HOW TO USE METH I</p> <p>OTHER X</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW Z</p>	441
QUESTIONS FOR CURRENT SDM (CycleBeads) USERS			
423	<p>How long have you been using the SDM (CycleBeads)?</p>	<p>MONTHS. YEARS.</p> <p>CAN'T REMEMBER 9 7</p> <p>DON'T KNOW 9 8</p>	
424	<p>CHECK 405 (WAS GIVEN CYCLEBEADS)</p> <p>YES <input type="checkbox"/> NO OR DON'T KNOW <input type="checkbox"/></p>		429
424a	<p>SHOW AND GIVE THEM CYCLEBEADS</p> <p>Please show me how to use CycleBeads</p> <p>CIRCLE ALL SHOWN</p> <p>THEN PROBE BY ASKING:</p> <p>What else can you tell me about how to use CycleBeads?</p>	<p>MOVE RING TO RED BEAD FIRST DAY OF CYCLE. . . A</p> <p>A MOVE RING ONE BEAD EACH DAY. B</p> <p>MOVE RING IN THE DIRECTION OF ARROW. C</p> <p>AVOID UNPROTECTED SEX ON WHITE BEAD DAYS. . D</p> <p>UNPROTECTED SEX OK ON BROWN BEAD DAYS. . . E</p> <p>MARK FIRST DAY OF PERIOD ON CALENDAR. F</p> <p>OTHER X</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW Z</p>	

433	<p>What will you do if you get your period after the last bead?</p> <p>CIRCLE ALL MENTIONED</p>	<p>USE CONDOM A</p> <p>ABSTAIN B</p> <p>SEE MY PROVIDER C</p> <p>GET ANOTHER METHOD D</p> <p>WAIT TO SEE IF THIS HAPPENS AGAIN E</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
434	<p>What should you do if when using SDM (CycleBead you get your period before the dark brown bead or after the last bead twice in a year?</p>	<p>CONTINUE USING METHOD A</p> <p>WAIT TO SEE IF IT HAPPENS AGAIN B</p> <p>STOP METHOD AND SEE A PROVIDER C</p> <p>NEEDED TO ABSTAIN OR USE CONDOM D</p> <p>SWITCH TO ANOTHER METHOD E</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
437	<p>Does your husband help you use the SDM ? (CycleBeads)?</p>	<p>YES 1</p> <p>NO 2</p>	▼ 439
438	<p>What does your husband do to help you use the SDM (CycleBeads)?</p> <p>CIRCLE ALL MENTIONED</p>	<p>MOVE RING ON CYCLEBEADS. A</p> <p>MARK CALENDAR. B</p> <p>REMINDS ME TO MOVE THE RING. C</p> <p>ASK ME IF WE CAN HAVE UNPROTECTED SEX. D</p> <p>NOT HAVE SEX ON WHITE BEAD/FERTILE DAYS. E</p> <p>USE CONDOM ON WHITE BEADS/FERTILE DAYS. F</p> <p>USE WITHDRAWAL ON WHITE BEADS/FERTILE DAY G</p> <p>BUY CONDOM. H</p> <p>FOLLOW INSTRUCTIONS ON HOW TO USE METH I</p> <p>OTHER _____ x (SPECIFY)</p> <p>DON'T KNOW. Z</p>	
439	<p>In general, would you say you are very satisfied, somewhat satisfied, or not satisfied with the SDM (CycleBeads)?</p>	<p>VERY SATISFIED. 1</p> <p>SOMEWHAT SATISFIED. 2</p> <p>NOT SATISFIED. 3</p>	
440	<p>Do you plan to continue using the method?</p>	<p>YES. 1</p> <p>NO. 2</p> <p>DON'T KNOW. 8</p>	

QUESTIONS FOR CURRENT AND FORMER SDM (CYCLEBEADS) USERS			
441	<p>Who taught you how to use SDM (CycleBeads)?</p> <p>Anybody else?</p> <p>CIRCLE ALL MENTIONED</p>	<p>GOVERNMENT CLINIC PROVIDER..... A</p> <p>NGO CLINIC PROVIDER..... B</p> <p>PRIVATE CLINIC/DOCTOR..... C</p> <p>CBD WORKER..... D</p> <p>PHARMACIST..... E</p> <p>SPOUSE..... F</p> <p>MOTHER..... G</p> <p>MOTHER IN LAW..... H</p> <p>SISTER..... I</p> <p>OTHER RELATIVE..... L</p> <p>FRIEND/NEIGHBOR..... K</p> <p>READ AN INSERT..... L</p> <p>OTHER _____ X (SPECIFY)</p> <p>CANT REMEMBER..... Y</p> <p>DONT KNOW..... Z</p>	
442	Where did you first obtain CycleBeads?	<p>GOVERNMENT RUN CLINIC..... A</p> <p>NGO CLINIC..... B</p> <p>PRIVATE CLINIC/DOCTOR'S OFFICE..... C</p> <p>CBD..... D</p> <p>PHARMACY..... E</p> <p>SPOUSE..... F</p> <p>MOTHER..... G</p> <p>MOTHER IN LAW..... H</p> <p>SISTER..... I</p> <p>OTHER RELATIVE..... L</p> <p>FRIEND/NEIGHBOR..... K</p> <p>OTHER _____ X (SPECIFY)</p> <p>CANT REMEMBER..... Y</p> <p>DONT KNOW..... Z</p>	
443	Did you pay for CycleBeads?	<p>YES..... 1</p> <p>NO..... 2</p> <p>CANT REMEMBER..... 7</p> <p>DONT KNOW..... 8</p>	445
444	How much did you pay for CycleBeads?	<p>\$ or symbol for local currency <input type="text"/> <input type="text"/></p> <p>DONT REMEMBER..... 0 0</p>	

QUESTIONS FOR ALL WHO HEARD OF THE SDM (CycleBeads) (USERS AND NON-USERS)			
445	If you wanted to buy CycleBeads and the price was the same as the beads alone, would you buy them?	YES..... 1 NO..... 2 DON'T KNOW..... 8	448
446	If the price of CycleBeads was X+2, would you still purchase them?	YES..... 1 NO..... 2 DON'T KNOW..... 8	448
447	What would be the most you would pay for Cyclebeads?	\$ or symbol for local currency <input type="text"/> <input type="text"/> DON'T KNOW..... 0 0	
448	If you wanted to buy CycleBeads and the price was X-2 for the beads alone, would you buy them?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
449	What would be the most you would pay for Cyclebeads?	<input type="text"/> <input type="text"/> DON'T KNOW..... 0 0	
450	If you were going to purchase Cyclebeads, where would you like to find them for sale? CIRCLE ALL MENTIONED	GOVERNMENT RUN CLINIC..... A NGO CLINIC..... B PRIVATE CLINIC/DOCTOR'S OFFICE..... C CBD..... D PHARMACY..... E OTHER _____ X (SPECIFY) DON'T KNOW..... Z	
451	Have you talked about SDM (CycleBeads) with anyone?	YES..... 1 NO..... 2 DON'T KNOW..... 8	500
452	Whom did you talk about SDM (CycleBeads) with? CIRCLE ALL MENTIONED	SPOUSE..... A PROVIDER..... B MOTHER..... C MOTHER IN LAW..... D SISTER..... E ANOTHER RELATIVE..... F FRIEND/NEIGHBOR..... G OTHER _____ X (SPECIFY) CAN'T REMEMBER..... Y DON'T KNOW..... Z	

SECTION 5: LAM MESSAGES RECEIVED DURING ANTENATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
500	CHECK: 202 IF THE WOMAN HAS A LIVING BIOLOGICAL CHILD	YES..... 1 NO..... 2	→
501	What is the age of your youngest living child? NAME _____ IF MONTHS, CIRCLE 1 AND WRITE NUMBER OF MONTHS IN BOXES. IF YEARS, CIRCLE 2 AND WRITE NUMBER OF YEARS IN BOXES.	MONTHS..... 1 <input type="text"/> <input type="text"/> YEARS..... 2 <input type="text"/> <input type="text"/>	
502	CHECK 501: AGE OF YOUNGEST CHILD CHECK 208: CURRENTLY PREGNANT LESS THAN 12 MONTHS <input type="checkbox"/> OLDER THAN 12 MONTHS <input type="checkbox"/> OR CURRENTLY PREGNANT <input type="checkbox"/>		
503	Now I would like to ask a few questions about the time while you were pregnant with your youngest child (or with your current pregnancy). Did you see anyone for prenatal care while you were pregnant with (NAME) (or during your current pregnancy)?	YES..... 1 NO..... 2	→
504	Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND CIRCLE ALL PERSONS MENTIONED	DOCTOR..... A NURSE/MIDWIFE..... B AUXILIARY NURSE..... C TRADITIONAL BIRTH ATTENDANT..... D COMMUNITY HEALTH WORKER..... E OTHER _____ X SPECIFY _____	
505	During your prenatal check: a. Did the health provider tell you to feed (NAME) only breastmilk and no other foods or liquids? b. Did the health provider tell you about any family planning methods? c. Did the health provider tell you about LAM? d. Did the health provider explain that it is better for your health and the health of your baby if you wait until your baby is at least 2 years old to get pregnant again?	YES..... 1 NO..... 2 YES..... 1 NO..... 2 YES..... 1 NO..... 2 YES..... 1 NO..... 2	

SECTION 5: INFANT FEEDING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
506	<p>CHECK 501</p> <p>YOUNGEST CHILD 6 TO 24 MONTHS OF AGE <input type="checkbox"/></p> <p>YOUNGEST CHILD LESS THAN 6 MONTHS OF AGE <input type="checkbox"/></p> <p>YOUNGEST CHILD GREATER THAN 24 MONTHS <input type="checkbox"/></p>	<p>→ 511</p> <p>→ 523</p>	
507	<p>Now I would like to ask you some questions on how you routinely feed your youngest child.</p> <p>Did you ever breastfeed (NAME)?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	→
508	<p>How long after birth did you first put (NAME) to the breast?</p> <p>IF IMMEDIATELY, CIRCLE 000.</p> <p>IF LESS THAN 1 HOUR, CIRCLE 1, WRITE '00' HOURS.</p> <p>IF LESS THAN 24 HOURS, CIRCLE 1 AND WRITE NUMBER OF HOURS.</p> <p>IF DAYS, CIRCLE 2 AND WRITE NUMBER OF DAYS.</p>	<p>IMMEDIATELY..... 0 0 0</p> <p>HOURS..... 1 <input type="text"/> <input type="text"/></p> <p>DAYS..... 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW..... 9 9 8</p>	
509	<p>In the first 3 days after delivery, was (NAME) given anything to drink other than breast milk?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	→
510	<p>What was (NAME) given during that time?</p> <p>Anything else?</p> <p>CIRCLE ALL LIQUIDS MENTIONED.</p>	<p>MILK (OTHER THAN BREAST MILK)..... A</p> <p>PLAIN WATER..... B</p> <p>SUGAR OR GLUCOSE WATER..... C</p> <p>SUGAR-SALT-WATER SOLUTION..... D</p> <p>FRUIT JUICE..... E</p> <p>INFANT FORMULA..... F</p> <p>TEA/INFUSIONS..... G</p> <p>HONEY..... H</p> <p>OTHER..... X</p> <p>DON'T KNOW..... Z</p>	
511	<p>Are you still breastfeeding (NAME)?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	→
512	<p>How many months did you breastfeed (NAME)?</p>	<p>MONTHS..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW..... 9 8</p>	→

513	CHECK 501: AGE OF YOUNGEST CHILD 6 MONTHS OF AGE OR LESS <input type="checkbox"/> OLDER THAN 6 MONTHS <input type="checkbox"/>		
514	How many times did you breastfeed (NAME) from 6:00 in the morning until 10:00 in the evening yesterday? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. (ADAPT TIMES TO LOCAL CONTEXT)	NUMBER OF DAYTIME FEEDINGS. . . <input type="text"/> <input type="text"/>	
515	How many times did you breastfeed (NAME) from 10:00 in the evening until 6:00 in the morning yesterday? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. (ADAPT TIMES TO LOCAL CONTEXT)	NUMBER OF NIGHTTIME FEEDINGS. . . <input type="text"/> <input type="text"/>	
516	So, that would be (ADD 513 AND 514) total number of breastfeeds yesterday. Is that correct?	TOTAL NUMBER OF FEEDINGS. <input type="text"/> <input type="text"/>	
517	During the last month, was there any occasion when you went more than 6 hours without breastfeeding day or night?	YES. 1 NO. 2 DON'T KNOW. 8	
518	During the last month, was there any occasion when you went more than 10 hours without breastfeeding day or night?	YES. 1 NO. 2 DON'T KNOW. 8	
519	Did you feed (NAME) anything other than breastmilk yesterday? PROBE: Solid, semi-solid/mushy foods, liquids? DEVELOP COUNTRY-SPECIFIC	YES. 1 NO. 2 DON'T KNOW. 8	
520	How many times did you give (NAME) foods or liquids other than breastmilk yesterday? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES. <input type="text"/> DON'T KNOW. 8	
521	Did you breastfeed (NAME) first before giving her/him other foods or liquids?	YES. 1 NO. 2 DON'T KNOW. 8	
522	Did you breastfeed (NAME) immediately after feeding (NAME) other foods or liquids?	YES. 1 NO. 2 DON'T KNOW. 8	

SECTION 5 POSTPARTUM FAMILY PLANNING AND RETURN OF MENSES									
523	<p>Next, I would like to ask you some questions on your use of family planning after the delivery of your youngest child.</p> <p>Did you see a health provider about your health or or the health of your child after the birth of your youngest child?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	→						
524	<p>Why did you see the health provider?</p> <p>CIRCLE ALL ANSWERS MENTIONED</p> <p>Probe: WERE THERE ANY OTHER REASONS YOU WENT TO SEE THE HEALTH PROVIDER?</p>	<p>FAMILY PLANNING..... A</p> <p>CHILD IMMUNIZATION..... B</p> <p>GROWTH MONITORING..... C</p> <p>CHILD SICK..... D</p> <p>INFANT FEEDING PROBLEM/QUESTION.... E</p> <p>I WAS SICK..... F</p> <p>CHECK MY HEALTH AFTER BIRTH..... G</p> <p>OTHER _____ X</p>							
525	<p>How soon did you see a health provider after (NAME's) birth?</p> <p>IF DAYS, CIRCLE 1 AND WRITE DAYS</p> <p>IF WEEKS, CIRCLE 2 AND WRITE WEEKS</p> <p>IF MONTHS, CIRCLE 3 AND WRITE MONTHS</p> <p>IF NEVER SAW A PROVIDER CIRCLE 996</p>	<p>DAYS AFTER BIRTH 1</p> <p>WEEKS AFTER BIRTH 2</p> <p>MONTHS AFTER BIRTH 3</p> <p>NEVER SAW A PROVIDER..... 996</p>	<table border="1"> <tr> <td></td><td></td></tr> <tr> <td></td><td></td></tr> <tr> <td></td><td></td></tr> </table>						
526	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND CIRCLE ALL PERSONS MENTIONED.</p>	<p>DOCTOR..... A</p> <p>NURSE/MIDWIFE..... B</p> <p>AUXILIARY NURSE..... C</p> <p>TRADITIONAL BIRTH ATTENDANT..... D</p> <p>COMMUNITY HEALTH WORKER..... E</p> <p>OTHER _____ X</p>							

527	<p>After (NAME) was born:</p> <p>a. Did the health provider tell you to feed (NAME) only breastmilk and no other foods or liquids?</p> <p>b. Did the health provider tell you about any family planning methods?</p> <p>c. Did the health provider tell you about LAM?</p> <p>d. Did the health provider explain that it is better for you health and the health of your baby if you wait until your baby is at least 2 years old to get pregnant again?</p>	<p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p>									
528	Did you use a method of family planning?	<p>YES..... 1 NO..... 2</p>	→								
529	<p>If no, why not?</p> <p>RECORD ALL THAT APPLY</p>	<p>NOT MENSTRUATING..... A NOT SEXUALLY ACTIVE..... B DON'T WANT TO INTERFERE WITH BREASTFEEDING..... C AFRAID OF SIDE EFFECTS..... D CANNOT AFFORD/TOO EXPENSIVE..... E NOT AVAILABLE..... F OTHER..... X DON'T KNOW..... Z</p>	→								
530	<p>How old was (NAME) when you started using a family planning method?</p> <p>IF DAYS, CIRCLE 1 AND WRITE DAYS IF WEEKS, CIRCLE 2 AND WRITE WEEKS IF MONTHS, CIRCLE 3 AND WRITE MONTHS IF YEARS, CIRCLE 4 AND WRITE YEARS</p>	<p>DAYS 1 WEEKS 2 MONTHS 3 YEARS 4</p> <p>HAVE NOT USED A FAMILY PLANNING METHOD..... 996</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
531	<p>What method of family planning did you use?</p> <p>PROBE: DID YOU USE ANYTHING ELSE?</p> <p>CIRCLE ALL ANSWERS MENTIONED</p>	<p>FEMALE STERILIZATION..... A MALE STERILIZATION..... B IUD..... C INJECTABLES..... D IMPLANTS..... E CONDOM..... F FEMALE CONDOM..... G DIAPHRAGM..... H FOAM/JELLY..... I LAM..... J RHYTHM..... K STANDARD DAYS METHOD (CYCLBEADS)..... L WITHDRAWAL..... M PILLS (COMBINED HORMONES)..... N PILL (PROGESTIN ONLY)..... O OTHER..... X (SPECIFY)</p>									

532	Has your menstrual period returned since the birth of (NAME)?	YES..... 1 NO..... 2	
533	<p>After birth, when did your last menstrual period start?</p> <p>DO NOT COUNT BLEEDING WITHIN THE FIRST 8 WEEKS POSTPARTUM.</p> <p>_____ (DATE, IF GIVEN)</p> <p>PROBE: USE A LOCAL CALENDAR AND USE EVENTS OR HOLIDAYS IN THE COMMUNITY TO HELP WOMEN REMEMBER THE DATE</p> <p>IF DAYS, CIRCLE 1 AND WRITE DAYS IF WEEKS, CIRCLE 2 AND WRITE WEEKS IF MONTHS, CIRCLE 3 AND WRITE MONTHS IF YEARS, CIRCLE 4 AND WRITE YEARS</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p> <p>IN MENOPAUSE/HAS HAD HYSTERECTOMY 994</p> <p>BEFORE LAST BIRTH.....995</p> <p>NEVER MENSTRUATED.....996</p>	
SECTION 5 LAM KNOWLEDGE AND ATTITUDES			
534	Do you think a woman who is breastfeeding can become pregnant?	YES..... 1 NO..... 2 DON'T KNOW 8	
535	Do you think a woman can become pregnant before her menstrual period returns, after she had a baby?	YES..... 1 NO..... 2 DON'T KNOW 8	
536	<p>CHECK 301(11)</p> <p>HEARD OF LAM <input type="checkbox"/> HAS NOT HEARD OF LAM <input type="checkbox"/></p>		
537	<p>I would like to ask you some questions on LAM and hear some of your opinions about LAM, as well.</p> <p>How did you first hear about LAM?</p> <p>CIRCLE ALL RESPONSES MENTIONED</p>	<p>HEALTH TALK IN COMMUNITY/STREET THEATRE A POSTER IN HEALTH CENTER..... B POSTER IN PHARMACY..... C POSTER ELSEWHERE..... D BROCHURE/FLIER..... E WALL PAINTING F RADIO..... G TELEVISION..... H HEALTH PROVIDER AT HEALTH CENTER/CLINIC. I HEALTH PROVIDER AT MATERNITY WARD /LABOR AND DELIVERY..... J COMMUNITY HEALTH WORKERS..... K PHARMACIST..... L SPOUSE..... M MOTHER..... N MOTHER IN LAW..... O RELATIVE..... P FRIEND/NEIGHBOR..... Q CAN'T REMEMBER..... R DON'T KNOW..... Z OTHER s (SPECIFY)</p>	

538	<p>Please tell me what you know about LAM</p> <p>PROBE: Anything else?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>LAM PROTECTS AGAINST PREGNANCY / LAM IS EFFECTIVE. A</p> <p>LAM LASTS UNTIL CHILD IS 6 MONTHS OF A B</p> <p>I MUST BREASTFEED MY BABY WHENEVER MY BABY IS HUNGRY. C</p> <p>ONLY GIVE THE BABY BREASTMILK. D</p> <p>DO NOT GIVE THE BABY OTHER FOODS OR LIQUIDS E</p> <p>LAM IS BREASTFEEDING. F</p> <p>LAM PREVENTS RETURN OF MY MENSTRUAL PERIOD G</p> <p>I NEED TO CHANGE TO ANOTHER METHOD WHEN LAM NO LONGER WORKS FOR ME H</p> <p>LAM HAS NO SIDE EFFECTS. I</p> <p>LAM IS NATURAL J</p> <p>LAM IS AFFORDABLE/ NO FORMULA TO BUY K</p> <p>OTHER _____ X</p> <p>OTHER _____ Y</p>																																													
539	<p>If a woman is breastfeeding to prevent pregnancy, when do you think breastfeeding will no longer work for her?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>BABY IS 6 MONTHS OLD. A</p> <p>WHEN MENSTRUAL PERIOD RETURNS. B</p> <p>WHEN SHE GIVES THE BABY OTHER FOODS AND LIQUIDS. C</p> <p>WHEN SHE STOPS BREASTFEEDING. D</p> <p>OTHER _____ X</p> <p>DON'T KNOW. Z</p>																																													
540	<p>Now I would like to ask you about your opinion about LAM.</p> <p>Please tell me if you agree or disagree with the following statements, or if you don't know.</p> <p>a LAM is low cost for my family.</p> <p>b LAM can be used by women that do not have enough food to eat.</p> <p>c LAM is difficult to use.</p> <p>d LAM is accepted by women in this community.</p> <p>e LAM is an effective method to prevent pregnancy.</p> <p>f LAM goes against religious beliefs.</p> <p>g LAM is beneficial for the health of my child.</p> <p>h LAM is beneficial for my health.</p> <p>i LAM interferes with my sexual life.</p> <p>j LAM provides time for women to think about another method of contraception.</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>LOW COST. 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>NOT ENOUGH TO EAT. 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DIFFICULT TO USE. 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>ACCEPTED 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>EFFECTIVE METHOD. 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>AGAINST RELIGION. 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>HEALTH OF CHILD. 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>MY HEALTH. 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>INTERFERES SEX. 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>THINK OF OTHER METHOD. . . 1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	LOW COST. 1	2	8		NOT ENOUGH TO EAT. 1	2	8		DIFFICULT TO USE. 1	2	8		ACCEPTED 1	2	8		EFFECTIVE METHOD. 1	2	8		AGAINST RELIGION. 1	2	8		HEALTH OF CHILD. 1	2	8		MY HEALTH. 1	2	8		INTERFERES SEX. 1	2	8		THINK OF OTHER METHOD. . . 1	2	8		
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SECTION 6 MARRIAGE AND SEXUAL ACTIVITY			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD 00.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
602	Is your husband/partner living with you now or is he staying elsewhere?	LIVING TOGETHER. 1 STAYING ELSEWHERE. 2	
603	COUNTRIES WHERE POLYGAMY/ MULTIPLE WIVES Besides yourself, does your husband/partner have other wives or does he live with other women as if married?	YES. 1 NO. 2 DON'T KNOW. 8	<input type="checkbox"/> 606
604	Including yourself, in total, how many wives or partners does your husband live with now as if married?	Total number of wives and live-in partners DON'T KNOW. 9 8	
605	Are you the first, second,wife?	RANK. <input type="text"/> <input type="text"/> DON'T KNOW. 9 8	
606	When was the last time you had sexual intercourse? days, weeks, months or years ago? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO. 1 <input type="text"/> <input type="text"/> WEEKS AGO. 2 <input type="text"/> <input type="text"/> MONTHS AGO. 3 <input type="text"/> <input type="text"/> YEARS AGO. 4 <input type="text"/> <input type="text"/> DON'T KNOW. 9 9 8	

SECTION 8: HUSBAND'S BACKGROUND AND WOMAN'S WORK			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
802	Did your husband/partner ever attend school?	YES 1 NO 2	→ 805
803	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8	→ 805
804	What was the highest (grade/form/year) he completed at that level?	YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW 98	
805	What is your husband's/partner's occupation That is, what kind of work does he mainly do?	AGRICULTURE..... 1 LABORER/INDUSTRY/TECHNICAL... 2 SALES (STREET, MARKET)..... 3 SALES (SHOP)..... 4 SERVICES..... 5 PROFESSIONAL/ADMINISTRATIVE... 6 OTHER 7 (SPECIFY) _____	
806	Aside from your housework, are you currently working?	YES 1 NO 2	→ 901
807	What is your occupation. That is, what kind of work do you mainly do?	AGRICULTURE..... 1 LABORER/INDUSTRY/TECHNICAL... 2 SALES (STREET, MARKET)..... 3 SALES (SHOP)..... 4 SERVICES..... 5 PROFESSIONAL/ADMINISTRATIVE... 6 OTHER 7 (SPECIFY) _____	
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES 1 NO 2	

SECTION 7. FERTILITY PREFERENCES			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>CHECK 309/309A:</p> <p>NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/></p>		→ 801
702	<p>CHECK 208</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any children?</p> <p>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?</p>	<p>HAVE (A/ANOTHER) CHILD. 1</p> <p>NO MORE/NONE. 2</p> <p>SAYS SHE CAN'T GET PREGNANT 3</p> <p>UNDECIDED. 4</p> <p>DONT KNOW 5</p>	→ 801
703	<p>CHECK 208</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS..... 1 <input type="text"/></p> <p>YEARS 2 <input type="text"/></p> <p>SOON/NOW 993</p> <p>SAYS SHE CAN'T GET PREGNANT 994</p> <p>OTHER 996</p> <p>(SPECIFY)</p> <p>DONT KNOW..... 998</p>	skips deleted

FAM PROJECT ENDLINE MEN'S QUESTIONNAIRE

[NAME OF COUNTRY]

IDENTIFICATION

PLACE NAME _____

CLUSTER NUMBER

HOUSEHOLD NUMBER

REGION

URBAN/RURAL (URBAN=1, RURAL=2)

LARGE CITY/SMALL CITY/TOWN/COUNTRYSII

(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)

NAME AND LINE OF MAN _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR
INTERVIEWER'S NAME	_____	_____	_____	NAME
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS

*RESULT CODES:

- | | |
|---------------|--------------------|
| 1 COMPLETED | 4 REFUSED |
| 2 NOT AT HOME | 5 PARTLY COMPLETED |
| 3 POSTPONED | 6 OTHER |

(SPECIFY) _____

LANGUAGE OF
QUESTIONNAIRE

01 = ENGLISH
02 = FRENCH
03 = SPANISH
04 = HINDI

LANGUAGE OF INTERVIEW

01 = ENGLISH
02 = FRENCH
03 = SPANISH
04 = HINDI

NATIVE LANGUAGE OF RESPONDENT:

01 = ENGLISH 06 = OTHER
02 = FRENCH
03 = SPANISH (SPECIFY)
04 = HINDI

TRANSLATOR USED

YES..... 1
NO..... 2

SUPERVISOR

NAME _____

DATE _____

--	--

FIELD EDITOR

NAME _____

DATE _____

--	--

OFFICE
EDITOR

--	--

KEYED BY

--	--

SECTION 1. RESPONDENT'S BACKGROUND AND EXPOSURE TO MEDIA**SECTION 1A: RESPONDENT'S BACKGROUND**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	Now I would like to ask a few questions about yourself Are you currently married or living with a partner as if married?	YES 1 NO 2	→ END
102	Do you have one wife/partner or more than one wife/partner? IF ONLY ONE WIFE, RECORD '01'. IF MORE THAN ONE, ASK: How many wives do you currently have?	NUMBER OF WIVES/ PARTNERS	
103	How old is your partner/wife (s) _____ (NAME) _____ (NAME) _____ (NAME) _____ (NAME) IF NO PARTNER/WIFE 15-49 YRS END INTERVIEW	AGE AGE AGE AGE	
104	In what month and year were you born?	MONTH DONT KNOW MONTH 8 YEAR DONT KNOW YEAR 8	
105	How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT. DONT KNOW.....	AGE IN COMPLETED YEARS 8	
106	Have you ever attended school?	YES 1 NO 2	→ 110
107	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
108	What is the highest (grade/form/year) you completed at that level?	GRADE/FORM/YEAR.....	

109	CHECK 107: PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> OR HIGHER <input type="checkbox"/> → GO TO 111		
110	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
111	Are you currently working?	YES 1 NO 2	→ 113
112	What is your occupation, that is, what kind of work do you mainly do?	AGRICULTURE 1 LABORER/INDUSTRY/TECHNICAL 2 SALES (STREET, MARKET) 3 SALES (SHOP) 4 SERVICES 5 PROFESSIONAL/ADMINISTRATIVE 6 OTHER 7	
113	What is your religion?	Categories country-specific	
SECTION 1B: EXPOSURE TO MEDIA			
114	Now let us talk about listening to radio, watching television, reading newspaper and use of cell phone Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	→ 116
115	Can you tell me the names of newspapers or magazines you read regularly?	Newspapers Country specific categories Magazines Country specific categories	
116	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	→ 119
117	What are the main TV channels you watch regularly?	Country specific categories	
118	What type of programs do you generally watch?	Country specific categories	
119	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	→ 122

120	What channels on the radio do you listen to?	Country specific categories	
121	What type of programs do you generally listen to?	Country specific categories	
122	In your opinion, what media should be used to communicate family planning messages? Any other? CIRCLE ALL MENTIONED	RADIO A TELEVISION..... B NEWSPAPERS/MAGAZINES..... C LEAFLET/HANDOUTS D POSTERS E FOLK MEDIA..... F INTERPERSONAL COMMUNICATION G CELL PHONE..... H NONE I OTHER J (*SPECIFY)	
123	Do you own a cell phone?	YES 1 NO 2	→ 126
124	Can you find a cell phone to use if you need to send or receive messages?	YES..... 1 NO..... 2	→ 201
125	From where would you find one? Any other? CIRCLE ALL MENTIONED	WIFE..... A NEIGHBOUR..... B FRIEND..... C FAMILY MEMBER..... D COMMERCIAL PLACE..... E OTHER..... F	
126	How often do you send or receive text messages with a cell phone?	NEVER 1 SEVERAL TIMES PER MONTH 2 SEVERAL TIMES PER WEEK 3 SEVERAL TIMES PER DAY..... 4 OTHER 5 (SPECIFY)	

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. BEGIN BY ASKING QUESTION 301. FOR EACH METHOD MENTIONED SPONTANEOUSLY, CIRCLE CODE 1. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 2 CIRCLED, ASK 302 IF APPLICABLE

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
U1	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2	
U2	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2	Have you ever had an operation to avoid having any more children? YES 1 NO 2
U3	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
U4	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	
U5	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
U6	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
U7	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	YES 1 NO 2
U8	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
U9	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES 1 NO 2	
U10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before sexual intercourse.	YES 1 NO 2	
U11	SJM (CYCLOBEADS) A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse	YES 1 NO 2	YES 1 NO 2 DON'T KNOW 8
U12	LACTATIONAL AMENORRHEA METHOD (LAM) If a woman's period has not returned in the first 6 months after her baby is born, she can avoid pregnancy by only breastfeeding her baby on baby's cue, day and night	YES 1 NO 2	
U13	RHYTHM: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant	YES 1 NO 2	YES 1 NO 2 DON'T KNOW 8
U14	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2	YES 1 NO 2
U15	EMERGENCY CONTRACEPTION as an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy	YES 1 NO 2	
U16	Any other method?	YES 1 _____ (SPECIFY) (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain YES 1 when a woman is more likely to become pregnant if she NO 2 sexual relations? DON'T KNOW..... 8		→ 305
304	Is this time just before her period begins, during her perio JUST BEFORE HER PERIOD right after her period has ended, or halfway between two BEGINS..... 01 periods, when she is on white beads, in days 8-19 of cyc DURING HER PERIOD..... 02 when she notices secretions? RIGHT AFTER HER PERIOD HAS ENDED 03 HALFWAY BETWEEN TWO PERIODS..... 04 OTHER 96 (SPECIFY) DON'T KNOW..... 98		
305	Do you think that a woman who is breastfeeding her bc YES 1 become pregnant? NO 2 DEPENDS 3 DON'T KNOW..... 8		
306	CHECK 302: NOT A SINGLE AT LEAST ONE "YES" <input type="checkbox"/> "YES" <input type="checkbox"/> (NEVER USED) (EVER USED)		→ 310
307	Have you and your wife/wives ever used anything or tr YES 1 in any way to delay or avoid getting pregnant? NO 2		→ 401
308	What have you used or done? CORRECT 302 AND 307 (AND 301 IF NECESSARY).		

309	CHECK 302 (02): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> MAN NOT STERILIZED <input type="checkbox"/> </div> <div style="text-align: center;"> MAN STERILIZED <input type="checkbox"/> </div> </div>		401
310	Are you and your wife/wives currently doing something to using any method to delay or avoid getting pregnant?	YES 1 NO 2	401
311	Which method are you using? CIRCLE ALL MENTIONED	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDO G FEMALE CONDO H DIAPHRAG I FOAM/JELLY J LACTATIONAL AMEN. METH K RHYTHM L SDM (CYCLEBEADS) M WITHDRAWAL N OTHER X (SPECIFY)	

SECTION 4. SDM (CYCLEBEADS) MODULE			
No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	<p>CHECK 301((EVER HEARD OF THE SDM (CYCLEBEADS)</p> <p>HEARD OF SDM <input type="checkbox"/> HAS NOT HEARD <input type="checkbox"/></p> <p>(CYCLEBEDS) OF THE SDM (CYCLEBEADS)</p>		501
402	<p>How did you hear about the SDM (CycleBeads)?</p> <p>CIRCLE ALL MENTIONED</p> <p>PROBE: Anybody or anywhere else?</p>	<p>HEALTH TALK. A</p> <p>POSTER IN HEALTH CENTER. B</p> <p>POSTER IN PHARMACY. C</p> <p>POSTER ELSEWHERE. D</p> <p>BROCHURE/FLIER. E</p> <p>STREET THEATER. F</p> <p>WALL PAINTING. G</p> <p>LOUDSPEAKER. H</p> <p>RADIO. I</p> <p>TV. J</p> <p>NEWSPAPER. K</p> <p>MAGAZINE. L</p> <p>HEALTH PROVIDER. M</p> <p>COMMUNITY HEALTH WORKER. N</p> <p>PHARMACIST. O</p> <p>SPOUSE. P</p> <p>MOTHER. Q</p> <p>MOTHER IN LAW. R</p> <p>SISTER. S</p> <p>OTHER RELATIVE. T</p> <p>FRIEND/NEIGHBOR. U</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>CAN'T REMEMBER. Y</p> <p>DON'T KNOW. Z</p>	

403	Now I would like to ask you about your opinion about the SDM (CycleBeads). Please tell me if you agree, disagree with the following statements, or if you don't know		AGREES YES NO DK		
	A. The SDM (CycleBeads) is hard [for man] to understand	HARD TO UNDERSTAND.	1	2	8
	B. The SDM (CycleBeads) is hard for your partner to understand	HARD FOR PARTNER TO UNDERSTAND.	1	2	8
	C. The SDM (CycleBeads) is easy to use	EASY TO USE.	1	2	8
	D. The SDM (CycleBeads) is an effective method in preventing pregnancy when used correctly	EFFECTIVE.	1	2	8
	E. The SDM (CycleBeads) is affordable	AFFORDABLE.	1	2	8
	F. The SDM (CycleBeads) is hard to obtain	HARD TO OBTAIN.	1	2	8
	G. Few couples use SDM (CycleBeads) in your community	USED BY FEW COUPLES IN COMMUNITY.	1	2	8
	H. Use of SDM (CycleBeads) is against your religious beliefs	AGAINST MY RELIGIOUS BELIEFS.	1	2	8
	I. The SDM (CycleBeads) is acceptable to men	ACCEPTABLE TO MEN.	1	2	8
	J. The SDM (CycleBeads) does not have side effects	DOES NOT HAVE SIDE EFFECTS.	1	2	8
	K. The SDM (CycleBeads) does not cause health problems	DOES NOT CAUSE HEALTH PROBLEMS.	1	2	8
	L. The SDM (CycleBeads) interferes with sexual relationships	INTERFERES WITH SEXUAL R/SHIPS.	1	2	8

404	CHECK 302(13) (EVER USED THE SDM (CYCLEBEADS))		
	USED THE SDM (CYCLEBEADS) <input type="checkbox"/> DID NOT USE THE SDM (CYCLEBEADS) <input type="checkbox"/>		445
409	CHECK 309 (CURRENTLY USING THE SDM (CYCLEBEADS))		
	NOT USING SDM (CYCLEBEADS) <input type="checkbox"/> USING SDM (CYCLEBEADS) <input type="checkbox"/>		423
	QUESTIONS FOR SDM (CYCLEBEADS) USERS WHO DISCONTINUED		
411	SHOW AND GIVE THEM CYCLEBEADS Please show me how a couple can use CycleBeads CIRCLE ALL SHOWN THEN PROBE BY ASKING: What else can you tell me about how to use CycleBeads?	MOVE RING TO RED BEAD FIRST DAY OF CYCLE. A MOVE RING ONE BEAD EACH DAY. B MOVE RING IN THE DIRECTION OF ARROW. C AVOID UNPROTECTED SEX ON WHITE BEAD DAYS. D UNPROTECTED SEX OK ON BROWN BEAD DAYS. E MARK FIRST DAY OF PERIOD ON CALENDAR. F OTHER _____ X (SPECIFY) DON'T KNOW Z	
418	What should a woman who uses the SDM (CycleBeads) do if she gets her period before the day she reach brown bead or period the last bead twice in one RECORD ALL MENTIONED	CONTINUE USING METHOD A WAIT TO SEE IF IT HAPPENS AGAIN B STOP METHOD AND SEE A PROVIDER C NEEDS TO ABSTAIN OR USE CONDOM D SWITCH TO ANOTHER METHOD E OTHER _____ X (SPECIFY) DON'T KNOW Z	
419	How long did you use the SDM (CycleBeads) before stopped?	MONTHS <input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/> CAN'T REMEMBER 9 7 DON'T KNOW 9 8	

420	<p>Why did you stop using the SDM (CycleBeads)?</p> <p>RECORD ALL MENTIONED</p>	<p>WIFE BECAME PREGNANT A</p> <p>WIFE HAD TWO CYCLES OUT OF RANGE/ IRREGULAR CYCLES B</p> <p>CONCERNED ABOUT EFFECTIVENESS C</p> <p>WIFE CONCERNED ABOUT EFFECTIVENESS D</p> <p>DOESN'T UNDERSTAND THE METHOD E</p> <p>LOST CYCLEBEADS F</p> <p>DISAPPROVE OF METHOD G</p> <p>INCONVENIENT/DIFFICULT TO USE H</p> <p>TOO MANY DAYS TO AVOID SEX DURING FERTILE DAYS I</p> <p>DESIRED PREGNANCY J</p> <p>MARITAL DISOLUTION K</p> <p>FAMILY MEMBERS DISLIKED METHOD L</p> <p>OTHER X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
421	<p>Did you do anything to help your wife use the SDM (CycleBeads)?</p>	<p>YES 1</p> <p>NO 2</p>	→ 445
422	<p>What did you do to help your wife use the SDM (CycleBeads)?</p> <p>MARK ALL MENTIONED</p>	<p>MOVE RING ON CYCLEBEADS A</p> <p>MARK CALENDAR B</p> <p>REMIND HER TO MOVE THE RING C</p> <p>ASK HER IF WE CAN HAVE UNPROTECTED SEX D</p> <p>NOT HAVE SEX ON WHITE BEAD/FERTILE DAYS E</p> <p>USE CONDOM ON WHITE BEADS/FERTILE DAYS F</p> <p>USE WITHDRAWAL ON WHITE BEADS/FERTILE DAYS ... G</p> <p>BUY CONDOMS H</p> <p>FOLLOW INSTRUCTIONS ON HOW TO USE METHOD.. I</p> <p>OTHER X (SPECIFY)</p> <p>DON'T KNOW Z</p>	all to 445
QUESTIONS FOR CURRENT SDM (CycleBeads) USERS			
423	<p>How long have you been using the SDM (CycleBeads)?</p>	<p>MONTHS..... <input type="text"/> <input type="text"/> YEARS..... <input type="text"/> <input type="text"/></p> <p>CAN'T REMEMBER 9 7</p> <p>DON'T KNOW 9 8</p>	
424a	<p>SHOW AND GIVE THEM CYCLEBEADS</p> <p>Please show me how a couple can use CycleBeads</p> <p>CIRCLE ALL SHOWN THEN PROBE BY ASKING: What else can you tell me about how to use CycleBeads?</p>	<p>MOVE RING TO RED BEAD FIRST DAY OF CYCLE..... A</p> <p>MOVE RING ONE BEAD EACH DAY..... B</p> <p>MOVE RING IN THE DIRECTION OF ARROW..... C</p> <p>AVOID UNPROTECTED SEX ON WHITE BEAD DAYS..... D</p> <p>UNPROTECTED SEX OK ON BROWN BEAD DAYS..... E</p> <p>MARK FIRST DAY OF PERIOD ON CALENDAR..... F</p> <p>OTHER X (SPECIFY)</p> <p>DON'T KNOW Z</p>	

434	What should a woman who uses the SDM (CycleBeads) do if she gets her period before the day she reach brown bead or after the last bead twice in one year? CIRCLE ALL MENTIONED	CONTINUE USING THE METHOD A WAIT TO SEE IF IT HAPPENS AGAIN B STOP AND SEE A PROVIDER C NEED TO ABSTAIN OR USE CONDOM D SWITCH TO ANOTHER METHOD EE OTHER _____ XX (SPECIFY) DON'T KNOW ZZ	
437	Do you help your wife use the SDM (CycleBeads)?	YES 1 NO 2	→ 439
438	What do you do to help your wife use the SDM (CycleBeads)? CIRCLE ALL MENTIONED	MOVE RING ON CYCLEBEADS..... A MARK CALENDAR..... B REMINDS HER TO MOVE THE RING..... C ASK HER IF WE CAN HAVE UNPROTECTED SEX..... D NOT HAVE SEX ON WHITE BEAD/FERTILE DAYS..... E USE CONDOM ON WHITE BEADS/FERTILE DAYS..... F USE WITHDRAWAL ON WHITE BEADS/FERTILE DAYS.... G BUY CONDOM..... H FOLLOW INSTRUCTIONS ON HOW TO USE METHOD... I OTHER _____ X (SPECIFY) DON'T KNOW..... Z	
439	In general, would you say you are very satisfied, somewhat satisfied, or not satisfied with the SDM (CycleBeads)?	VERY SATISFIED..... 1 SOMEWHAT SATISFIED..... 2 NOT SATISFIED..... 8	
440	Do you plan to continue using the method?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
	QUESTIONS FOR ALL WHO HEARD OF THE SDM (CycleBeads) (USERS AND NON-USERS)		
445	If you wanted to buy CycleBeads and the price was the same as the beads alone, would you buy them?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 448
446	If the price of CyceBeads was X+2, would you still purchase them?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 448

		\$ or symbol for local currency	<div style="border: 1px solid black; width: 60px; height: 30px; margin-left: auto;"></div>	
447	What would be the most you would pay for Cyclebeads?	DONT KNOW.....	0 0	
448	If you wanted to buy CycleBeads and the price was \$1.00 for the beads alone, would you buy them?	YES..... NO..... DONT KNOW.....	1 2 8	
449	What would be the most you would pay for Cyclebeads?		<div style="border: 1px solid black; width: 60px; height: 30px; margin-left: auto;"></div>	
		DONT KNOW	0 0	
450	If you were going to purchase Cyclebeads, where would you like to find them for sale? CIRCLE ALL MENTIONED	GOVERNMENT RUN CLINIC..... NGO CLINIC..... PRIVATE CLINIC/DOCTOR'S OFFICE..... CBD..... PHARMACY..... OTHER _____ X (SPECIFY) DONT KNOW..... Z	A B C D E	
451	Have you talked about SDM (CycleBeads) with anyone?	YES..... NO..... DONT KNOW.....	1 2 8	} → 501
452	Whom did you talk about SDM (CycleBeads) with? CIRCLE ALL MENTIONED	SPOUSE..... PROVIDER..... MOTHER..... MOTHER IN LAW..... SISTER..... ANOTHER RELATIVE..... FRIEND/NEIGHBOR..... OTHER _____ X (SPECIFY) CAN'T REMEMBER..... Y DONT KNOW..... Z	A B C D E F G	

SECTION 5: FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	(Is your wife/partner/Are any of your wives/partners) currently pregnant?	YES 1 NO 2 UNSURE 3	
502	CHECK 501: YES, WIFE/WIVES/ <input type="checkbox"/> PREGNANT NO WIFE/PARTNER <input type="checkbox"/> PREGNANT OR UNSURE Now I have some questions about the future. After the child(ren) your wife/wives/partner(s) is/are expecting now or would you prefer not to have any more children at all? Now I have some questions for the future. Would you like to have (a/another) child or would you prefer not to have any (more) children at all?	HAVE A/ANOTHER CHILD 1 NO MORE/NONE 2 WIFE/WIVES INFECUND/STERILIZED 3 UNDECIDED/DON'T KNC 8	→ 504 → 601 → 504
503	How long would you like to wait from now before the birth of (a/another) child ?	MONTHS 1 YEARS 2 SOON/NOW 993 OTHER 996 (SPECIFY) DON'T KNOW 998	
504	In the next few weeks, if you discovered that your wife/partner was pregnant, would that be a big problem, a small problem or no problem for you?	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3	
505	CHECK 311: USING A FAMILY PLANNING METHOD? NO, <input type="checkbox"/> NOT CURRENTLY USING YES, <input type="checkbox"/> CURRENTLY USING		→ 601
506	Do you think you will use a family planning method to delay or avoid pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW 8	

SECTION 6: GENDER AND EMPOWERMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
601	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:	HUS- BAND	WIFE	BOTH EQUAL- LY	DON'T KNOW, DEPENDS	
	a) making large household purchases?	a)	1	2	3	8
	b) making small daily household purchases?	b)	1	2	3	8
	c) deciding when to visit family, friends or relatives?	c)	1	2	3	8
	d) deciding what to do with the money the wife earns for her work?	d)	1	2	3	8
	e) deciding how many children to have and when to have them?	e)	1	2	3	8
602	Sometimes a husband is annoyed or angered by things that his wife/partner does. In your opinion, is a husband justified in hitting or beating his wife in the following situations...	YES	NO		DON'T KNOW, DEPENDS	
	a) If she leaves the house without telling him?	a)	1	2		8
	b) If she neglects the children?	b)	1	2		8
	c) If she argues with him?	c)	1	2		8
	d) If she refuses to have sex with him?	d)	1	2		8
	e) If she burns the food?	e)	1	2		8
603	When a wife knows her husband has a sexually transmitted disease, is she justified in asking that he use a condom?	YES	NO	DON'T KNOW.....	1 2 8	
604	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband if...	YES	NO		DON'T KNOW, DEPENDS	
	a) She is tired and not in the mood?	a)	1	2		8
	b) She has recently given birth?	b)	1	2		8
	c) She knows her husband has sex with other women?	c)	1	2		8
	d) She knows her husband has a sexually transmitted disease	d)	1	2		8
	e) She is on her fertile days and does not want to get pregnant	e)	1	2		8
605	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...	YES	NO		DON'T KNOW, DEPENDS	
	a) Get angry and reprimand her?	a)	1	2		8
	b) Refuse to give her money or other means of financial support?	b)	1	2		8
	c) Use force and have sex with her even if she doesn't want to?	c)	1	2		8
	d) Go and have sex with another woman?	d)	1	2		8

606	<p>Would you say that using family planning is mainly a woman's decision, mainly a man's decision, another person in the household's decision, or should be decided jointly by the man and woman?</p>	<p>MAINLY WOMAN'S 1 MAINLY MAN'S 2 JOINT DECISION 3 ANOTHER FAMILY MEMBER 4 OTHER 5 (SPECIFY)</p>	
607	<p>Now I want to ask you about your wife's/partner's views on family planning.</p> <p>Do you think that your wife/partner approves or disapproves of couples using a family planning method to avoid pregnancy?</p>	<p>APPROVES 1 DISAPPROVES 2 DON'T KNOW 3</p>	
608	<p>How often have you talked to your wife/partner about family planning in the past year?</p>	<p>NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3</p>	
609	<p>CHECK 302</p> <p>NEITHER <input type="checkbox"/> HE OR SHE <input type="checkbox"/> STERILIZED STERILIZED</p>		END
610	<p>Do you think your wife/partner wants the same number of children that you want, or does she want more or fewer than you want?</p>	<p>SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 4</p>	

FACILITY ASSESSMENT TOOL

PURPOSE

The facility assessment tool serves to collect information on access to and availability of Standard Days Method® (SDM) system-wide in order to assess the status of SDM integration and service quality. It allowed IRH and the scale-up resource team to track the pace of scale-up and identify areas where specific interventions were needed or strategies needed to be adjusted.

HOW IT WAS DEVELOPED AND USED

The facility assessment tool was born out of the need to properly measure the multiple, complex dimensions of integration of an innovation into a health system, including service quality, commodities and supply chain, provider knowledge and performance, raising awareness of the innovation, and overall health systems strengthening and advocacy into a comprehensive yet simple tool. The tool was developed by combining principles from EngenderHealth's Supply-Enabling Environment-Demand (SEED) Assessment Guide for Family Planning Programming along with questions and formats from various Service Provision Assessments.

The tool was applied at the beginning and towards the end of the scale-up period in a random sample of service delivery points in intervention areas to allow for generalization of findings. Data were collected by a research organization contracted to undertake the assessment on behalf of IRH.

The tool has three components: 1) a brief interview with facility managers to gauge whether SDM services are offered and to verify

that SDM is included in record keeping and information systems; 2) knowledge questions and observation (using a checklist) of the provider explaining to the interviewer how to use SDM/CycleBeads®¹ (not discussed here; see Provider Interview Tool for details); and 3) an audit to assess availability of CycleBeads and IEC materials which include SDM.

Results from the facility assessment were used along with other information, such as stock-out reports, to triangulate service delivery and supervision data related to facility capacity to offer quality SDM services. The baseline/midline findings revealed whether SDM services were affected by systemic issues such as stock outs or poor service quality, and allowed resource organizations to follow up with corrective actions as needed. At endline, the results provided a system-wide assessment of the extent of quality SDM service-provision within a family planning program.

The tool contained eight modules with specific scale-up indicators as listed below:

Section 1: Training and service provision (See Provider Interview Tool)

- Extent of method integration into provider service delivery (offering method at facility)
- Number of providers with capacity to offer method

Section 2: Community health workers (CHW)

- Extent of method integration into CHW service delivery
- Number of CHWs with capacity to offer method

¹ Because the Provider Interview Tool was applied by the same interviewer conducting the facility assessment, it is mentioned here. The compendium treats it as a separate tool, however, to allow more flexibility by organizations or program managers who may choose to use it independently of the provider interview tool.

Section 3: Management and supervision

- Extent of method integration into supervision system

Section 4: Information, Education & Communication (IEC)

- Degree of inclusion of method in IEC materials at facility
- Degree of inclusion of method in IEC activities at facility and/or community level

Section 5: Norms and protocols

- Degree of inclusion of method in facility protocols

Section 6: Logistics and supplies

- Availability of the commodity in facility stock
- Inclusion of the commodity in the facility tracking system

Section 7: Health monitoring information systems (HMIS)

- Level of inclusion of method in HMIS daily register
- Level of inclusion of method's clients in aggregate monthly form
- Level of inclusion of method in user data displayed at facility

Section 8: Costs

- Price at which clients are willing to purchase CycleBeads

IRH defined what constituted SDM services capacity and selected the indicators above to measure different aspects of capacity. Each innovation would need to develop definitions of service capacity and develop indicators accordingly. The tool can easily be adapted to assess integration and service quality for any family planning method.

VALUES

The facility assessment tool helped to monitor the extent to which values inherent in the SDM innovation, such as quality of services and informed choice, were maintained during

scale-up. The tool assessed availability and quality of counseling and services for all methods, rather than SDM only, in order to provide a comparison (e.g. is SDM as available as oral contraceptives?) and to monitor fidelity to the value of expanded choice to a range of FP options.

LESSONS LEARNED

- It is essential to share assessment results with user organizations, such as the Ministry of Health, in a timely manner in order to facilitate collective efforts to address identified weaknesses in service provision.
- Careful definition of indicators is critical. For example, one indicator of availability was simply asking the head of the service facility if the method was available. We found the answer to that question not always valid as s/he may say SDM was available while there were no CycleBeads in stock or no providers were trained to offer the method.
- Often, identified areas of weakness were FP-program related, such as overall commodity stock outs, rather than SDM-specific issues. Effective sharing of SDM integration results often resulted in actions to strengthen FP programs more generally.
- The timing of the facility assessments determines their usefulness. While baseline and midline results provided actionable data for program improvement, the endline data served primarily to assess the success of the scale-up effort.
- The sampling strategy in most countries (representative at the national level, but not by supervision area) limited the usefulness of the data for program improvement. Periodic data collection with smaller samples pegged to supervision areas might yield more useful data.

KEY REFERENCES & RESOURCES

EngenderHealth | 2011. *The SEED assessment guide for family planning programming*:
<http://www.engenderhealth.org/files/pubs/family-planning/seed-model/seed-assessment-guide-for-family-planning-programming-english.pdf>

MEASURE DHS | Service Provision Assessment Surveys: <http://www.measuredhs.com/What-We-Do/Survey-Types/SPA.cfm>

Population Council | 1989. *Situation Analysis: Pinpointing problems in family planning service delivery*:
<http://www.popcouncil.org/what/technicalservices/SA.asp>

FACILITY ASSESSMENT TOOL

FAM PROJECT SITE ASSESSMENT ENDLINE

INTERVIEWER: WHEN YOU ASK THE CONSENT OF THE HEALTH FACILITY SUPERVISOR, ASK THE SUPERVISOR TO HELP YOU IDENTIFY WHICH PERSONS WOULD BE APPROPRIATE/HAVE THE EXPERIENCE OR KNOWLEDGE TO ANSWER EACH OF THE SECTIONS

SECTION	NAME	ROLE/TITLE
1. TRAINING AND SERVICE PROVISION		
2. COMMUNITY HEALTH WORKERS		
3. MANAGEMENT AND SUPERVISION		
4. INFORMATION, EDUCATION AND COMMUNICATION		
5. NORMS AND PROTOCOLS		
6. LOGISTICS/SUPPLIES		
7. HEALTH MONITORING INFORMATION SYSTEMS		
8. COST		

INTERVIEW THE RELEVANT PERSONS THAT CAN ANSWER THE QUESTIONS TO THESE MODULES

CONSENT WILL BE REQUESTED OF EACH RESPONDENT

FAM PROJECT ENDLINE: SITE ASSESSMENT

[NAME OF COUNTRY]

IDENTIFICATION

NAME OF HEALTH FACILITY VISITED: _____

HEALTH FACILITY CODE

REGION

URBAN/RURAL (URBAN=1, RURAL=2)

LARGE CITY/SMALL CITY/TOWN/COUNTRYSID

(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR
INTERVIEWER'S NAME	_____	_____	_____	NAME
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS

*RESULT CODES:

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

(SPECIFY)

TYPE OF SECTOR

- | | |
|-----------------------|-----------------|
| 1 = GOVERNMENT/PUBLIC | 4 = PRIVATE |
| 2 = MISSION/FBO | 6 = OTHER _____ |
| 3 = NGO | |

TYPE OF HEALTH FACILITY

- | | |
|---------------------------|-----------------|
| 1 = REFERRAL HOSPITAL | 5 = CLINIC |
| 2 = DISTRICT HOSPITAL | 7 = HEALTH POST |
| 3 = SUB-DISTRICT HOSPITAL | 6 = OTHER _____ |
| 4 = RURAL HEALTH CENTER | |

LANGUAGE OF QUESTIONNAIRE

- 1 = ENGLISH
2 = FRENCH
3 = SPANISH
4 = HINDI

LANGUAGE OF INTERVIEW

- 1 = ENGLISH
2 = FRENCH
3 = SPANISH
4 = HINDI

NATIVE LANGUAGE OF RESPONDENT:

- | | |
|-------------|-----------|
| 1 = ENGLISH | 6 = OTHER |
| 2 = FRENCH | _____ |
| 3 = SPANISH | (SPECIFY) |
| 4 = HINDI | |

TRANSLATOR USED

- YES..... 1
NO..... 2

SUPERVISOR

NAME _____

DATE _____

FIELD EDITOR

NAME _____

DATE _____

OFFICE EDITOR

--	--

KEYED BY

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SECTION 1: TRAINING AND SERVICE PROVISION			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	TITLE OF RESPONDANT FOR SECTION	_____ <input type="checkbox"/>	
100	Are family planning services available to clients at this facility?	YES 1 NO 2	→ END
101	What family planning methods does this facility offer? READ ALL AND CIRCLE THOSE MENTIONED	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDO/ G FEMALE CONDOM H DIAPHRAG/ I FOAM/JELL J LAM K SDM (CYCLEBEADS) M OTHER X (SPECIFY)	
102	Typically, how many days per week are family planning services offered?	DAYS PER WEEK <input type="checkbox"/>	
103	Is this the only unit where family planning is offered in this facility?	YES 1 NO 2	→ 105
104	If not, please tell us which other unit/section of the facility provides family planning?	_____ <input type="checkbox"/>	
<p>PLEASE ASK THE FOLLOWING QUESTIONS ABOUT THE PAID STAFF IN THIS FACILITY IF YOU DON'T KNOW, WRITE 86 AS THE ANSWER.</p>			
105	How many providers have been trained to offer family planning services?	NUMBER OF PROVIDERS <input type="checkbox"/>	
106	How many providers have been trained to offer SDM (CycleBeads)?	NUMBER OF PROVIDERS <input type="checkbox"/>	
107	Have providers received refresher training on the SDM (CycleBeads) in the last 1 year?	YES 1 NO 2 NO SDM (CYCLEBEADS) OFFERED 3	

PLANNING
MONITORING & SUPERVISION
EVALUATION

108	CHECK 101: SDM NOT OFFERED <input type="checkbox"/> SDM OFFERED <input type="checkbox"/>	110
109	CHECK 106: AT LEAST ONE PROVIDER TRAINED ON SDM <input type="checkbox"/> NO PROVIDERS TRAINED ON SDM <input type="checkbox"/>	END
110	How long ago did this facility start offering the SDM (CycleBeads)?	YEARS <input type="text"/> <input type="text"/> MONTHS <input type="text"/> <input type="text"/> DONT KNOW 8
111	During those days you offer family planning, are there days when SDM (CycleBeads) is not offered?	YES 1 NO 2 → 113
112	Why is SDM (CycleBeads) not offered every other day family planning services are offered?	NO TRAINED PROVIDER AVAILABLE 1 NO ELIGIBLE WOMEN VIS 2 NOT OFFERED BY PROVIDERS 3 OTHER 6 (SPECIFY)
113	Do you ever receive referrals for SDM (CycleBeads)?	YES 1 NO 2 → 115 DONT KNOW 8
114	From where does your facility receive referrals? Any other place? CIRCLE ALL MENTIONED	REFERRAL HOSPITAL A DISTRICT HOSPITAL B SUB-DISTRICT HOSPITAL C RURAL HEALTH CENTER D CLINIC E HEALTH POST F PHARMACY G CBD OR COMMUNITY OUTREACH H FAITH-BASED ORGANIZATION (FBO) I OTHER X (SPECIFY)
115	Do you refer clients for SDM (CycleBeads) services elsewhere?	YES 1 NO 2 → 118
116	Why?	_____ _____
117	Where do you refer clients for SDM (CycleBeads) services? Any other place? CIRCLE ALL MENTIONED	REFERRAL HOSPITAL A DISTRICT HOSPITAL B SUB-DISTRICT HOSPITAL C RURAL HEALTH CENTER D CLINIC E HEALTH POST F PHARMACY G CBD OR COMMUNITY OUTREACH H FAITH-BASED ORGANIZATION (FBO) I

SECTION 2: COMMUNITY HEALTH WORKERS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	TITLE OF RESPONDANT FOR SECTION	<input type="text"/>	
201	Are there any community health workers affiliated with this facility?	YES..... 1 NO..... 2	→ 301
202	What type of services do Community Health Workers (CHW) associated with your facility offer? CIRCLE ALL MENTIONED Any other service?	FAMILY PLANNING..... A IMMUNIZATION..... B WELL-BABY CARE..... C TB DOTS..... D HEALTH EDUCATION..... E OTHER..... X (SPECIFY)	
203	Is SDM (CycleBeads) part of the package of family planning services offered by CHWs?	YES..... 1 NO..... 2	→ 205
204	If not part of the package, why not?	CHWs HAVE NOT BEEN TRAINED.... 1 SDM HAS NOT BEEN INTRODUCED... 2 DO NOT HAVE CYCLEBEADS..... 3 OTHER..... 6 (SPECIFY)	
205	How many staff or CHWs have been trained to offer SDM (CycleBeads): all, most, some, or none?	ALL..... 1 MOST..... 2 SOME..... 3 NONE..... 4	→ 207 → 207
206	Please explain. _____ _____	<input type="text"/>	
207	Is LAM part of the package of family planning services offered by CHWs?	YES..... 1 NO..... 2	
208	How many staff or CHWs have been trained to offer LAM all, most, some, or none?	ALL..... 1 MOST..... 2 SOME..... 3 NONE..... 4	→ 301 → 301
209	Please explain. _____ _____	<input type="text"/>	

SECTION 3: MANAGEMENT AND SUPERVISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																								
	TITLE OF RESPONDANT FOR SECTION	_____ <input type="text"/>																																																									
301	How many times in the last 6 months has a supervisor come to the family planning unit for supervisory purposes?	NUMBER OF TIMES: <input type="text"/> <input type="text"/> NOT ONCE. 0 0	→ 401																																																								
302	When visiting the facility, which of the following does the supervisor do: READ ACTIVITIES BELOW, CIRCLE 1 FOR YES, 2 FOR NO, 3 FOR SOMETIMES a. Observe delivery of family planning services? b. Is SDM (CycleBeads) observed? c. Is LAM observed? d. Asks about family planning counseling? e. Does he/she ask about SDM (CycleBeads) counseling? f. Does he/she ask about LAM counseling? g. Examines family planning registers/books? h. Examines family planning client charts? i. Uses tool to supervise providers? j. Is SDM (CycleBeads) included on the tool? k. Is LAM included on the tool? l. Provides feedback? m. Provides reinforcement training?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>SOME-DK TIMES</th> </tr> </thead> <tbody> <tr> <td>OBSERVES</td> <td>1</td> <td>2</td> <td>3 8</td> </tr> <tr> <td>SDM (CBs)</td> <td>1</td> <td>2</td> <td>3 8</td> </tr> <tr> <td>LAM</td> <td>1</td> <td>2</td> <td>3 8</td> </tr> <tr> <td>ASKS</td> <td>1</td> <td>2</td> <td>3 8</td> </tr> <tr> <td>SDM (CBs)</td> <td>1</td> <td>2</td> <td>3 8</td> </tr> <tr> <td>LAM</td> <td>1</td> <td>2</td> <td>3 8</td> </tr> <tr> <td>REGISTERS</td> <td>1</td> <td>2</td> <td>3 8</td> </tr> <tr> <td>CLIENT CHARTS ...</td> <td>1</td> <td>2</td> <td>3 8</td> </tr> <tr> <td>SUPERVISE TOOL</td> <td>1</td> <td>2</td> <td>3 8</td> </tr> <tr> <td>SDM (CBs)</td> <td>1</td> <td>2</td> <td>3 8</td> </tr> <tr> <td>LAM</td> <td>1</td> <td>2</td> <td>3 8</td> </tr> <tr> <td>FEEDBACK</td> <td>1</td> <td>2</td> <td>3 8</td> </tr> <tr> <td>REINFORCEMENT</td> <td>1</td> <td>2</td> <td>3 8</td> </tr> </tbody> </table>		YES	NO	SOME-DK TIMES	OBSERVES	1	2	3 8	SDM (CBs)	1	2	3 8	LAM	1	2	3 8	ASKS	1	2	3 8	SDM (CBs)	1	2	3 8	LAM	1	2	3 8	REGISTERS	1	2	3 8	CLIENT CHARTS ...	1	2	3 8	SUPERVISE TOOL	1	2	3 8	SDM (CBs)	1	2	3 8	LAM	1	2	3 8	FEEDBACK	1	2	3 8	REINFORCEMENT	1	2	3 8	
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SECTION 4: INFORMATION, EDUCATION AND COMMUNICATION (IEC)																																													
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																										
	TITLE OF RESPONDANT FOR SECTION	<input type="text"/>																																											
401	<p>QUESTIONS 401-404 ARE BASED ON OBSERVATION</p> <p>CIRCLE ALL THAT APPLY</p> <p>SIGN/POSTER ANNOUNCING FP SERVICES:</p> <p> INSIDE THE BUILDING</p> <p> OUTSIDE THE BUILDING</p> <p>WALL MURALS/DISPLAYS (INCLUDING POSTERS)</p> <p>FAMILY PLANNING BROCHURES/HANDOUTS</p> <p>FLIP CHART TO SUPPORT FAMILY PLANNING COUNSELLING.</p> <p><small>*Clearly visible means that posters are logically placed, in a non-cluttered environment and not blocked by other print materials</small></p>	<p>Available Clearly Includes Includes Visible SDM (CBs) LAM</p> <p>SIGN INSIDE A B C D</p> <p>SIGN OUTSIDE A B C D</p> <p>DISPLAYS A B C D</p> <p>BROCHURES A B C D</p> <p>FLIP CHART A B C D</p>																																											
402	OBSERVE IF THERE IS A SIGN/POSTER STATING COST OF FAMILY PLANNING SERVICES.	<p>YES 1</p> <p>NO 2</p>	→ 404																																										
403	IF COSTS OF EACH METHOD ARE INCLUDED ON THE SIGN/POSTER, PLEASE WRITE THEM HERE.	<table border="1"> <thead> <tr> <th></th> <th>UNIT</th> <th>COST</th> </tr> </thead> <tbody> <tr><td>FEMALE STERILIZATION ...</td><td></td><td></td></tr> <tr><td>MALE STERILIZATION</td><td></td><td></td></tr> <tr><td>PILL</td><td></td><td></td></tr> <tr><td>IUD</td><td></td><td></td></tr> <tr><td>INJECTABLES</td><td></td><td></td></tr> <tr><td>IMPANTS</td><td></td><td></td></tr> <tr><td>CONDOM</td><td></td><td></td></tr> <tr><td>FEMALE CONDOM</td><td></td><td></td></tr> <tr><td>DIAPHRAGM</td><td></td><td></td></tr> <tr><td>FOAM/JELLY</td><td></td><td></td></tr> <tr><td>LAM</td><td></td><td></td></tr> <tr><td>SDM (CYCLEBEADS)</td><td></td><td></td></tr> <tr><td>OTHER</td><td></td><td></td></tr> </tbody> </table>		UNIT	COST	FEMALE STERILIZATION ...			MALE STERILIZATION			PILL			IUD			INJECTABLES			IMPANTS			CONDOM			FEMALE CONDOM			DIAPHRAGM			FOAM/JELLY			LAM			SDM (CYCLEBEADS)			OTHER			
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404	WHICH OF THE FOLLOWING SDM POSTERS ARE CLEARLY VISIBLE AT THIS FACILITY?	DEVELOP ACCORDING TO LOCAL CONTEXT COLLAPSE INTO ONE LIST , OBSERVATION																																											
ASK THE FOLLOWING (405-414):																																													
405	Are talks on family planning provided at this facility?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 409																																										
406	How often are these talks held?	<p>EVERY WEEK 1</p> <p>EVERY MONTH 2</p> <p>EVERY 3 MONTHS 3</p> <p>ONCE A YEAR 4</p> <p>OTHER 6</p> <p>SPECIFY</p>																																											

407	Is SDM included in the talks?	YES 1 NO 2 DON'T KNOW 8	
408	Is LAM included in the talks?	YES 1 NO 2 DON'T KNOW 8	
409	Does the facility provide family planning education through outreach activities such as community talks and home visits?	YES 1 NO 2 DON'T KNOW 8	→ 501
410	Is the SDM (CycleBeads) included?	YES 1 NO 2 DON'T KNOW 8	→ 413
411	What outreach activities include SDM (CycleBeads)? Any other activity? RECORD ALL MENTIONED.	COMMUNITY TALKS A HOME VISITS B LOUD SPEAKER C HEALTH FAIRS D RADIO SPOTS/TALKS E STREET THEATER F OTHER _____ X (SPECIFY)	
412	Who conducts these activities? RECORD ALL MENTIONED.	COMMUNITY HEALTH WORKER! A COMMUNITY VOLUNTEERS B FACILITY BASED PROVIDERS C CURRENT USERS D MIDWIVES E NGO EXTENSIONIST! F OTHER _____ X (SPECIFY)	
413	Is LAM included in outreach activities?	YES 1 NO 2 DON'T KNOW 8	→ 501
414	What outreach activities include LAM? Any other activity? RECORD ALL MENTIONED.	COMMUNITY TALKS A HOME VISITS B LOUD SPEAKER C HEALTH FAIRS D RADIO SPOTS/TALKS E STREET THEATER F OTHER _____ X (SPECIFY)	
415	Who conducts these activities? RECORD ALL MENTIONED.	COMMUNITY HEALTH WORKER! A COMMUNITY VOLUNTEERS B FACILITY BASED PROVIDERS C CURRENT USERS D MIDWIVES E NGO EXTENSIONIST! F OTHER _____ X (SPECIFY)	

SECTION 5: NORMS AND PROTOCOLS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	TITLE OF RESPONDANT FOR SECTION	<input type="text"/>	
501	Does the facility have written norms and protocols?	YES 1 NO 2 → 601 DON'T KNOW 8 → 601	
502	Can I see a copy of FP protocol or norms CHECK YES OR NO IF PROTOCOLS OR NORMS ARE AVAILABLE	YES AVAILABLE 1 NOT AVAILABLE 2 CAN'T FIND A COPY 8	
503	Is SDM (CycleBeads) included in the family planning protocol of your facility?	YES 1 NO 2 → 505	
504	How do you know SDM (CycleBeads) is included in the protocol?	<input type="text"/>	
505	Is LAM included in the family planning or other protocols of your facility?	YES 1 NO 2 → 601	
506	How do you know LAM is included in the protocol?	<input type="text"/>	

SECTION 6. LOGISTICS AND SUPPLIES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	TITLE OF RESPONDANT FOR SECTION	<div style="border: 1px solid black; width: 150px; height: 20px; margin-left: 50px;"></div>	
601	CHECK Q. 101 AND MARK METHODS THAT ARE PROVIDED IN THE FACILITY	PILL C CONDOM! G SDM (CYCLEBEADS) M	
602	IF THE METHOD IS PROVIDED, CHECK IF IT IS AVAILABLE IN INVENTORY	PILL C CONDOM! G SDM (CYCLEBEADS) M	
603	ASK TO SEE THEIR CYCLEBEADS INVENTORY AND OBSERVE THE FOLLOWING: a. CORRECT INSERT? (HAVE ONE AVAILABLE TO COMPARE) SPECIFY _____ (LITERACY, LANGUAGE, ETC) b. EXTRA RING IN PACKAGE? c. ARE THIS YEAR'S (2012) AND NEXT YEAR'S (2013) CALENDARS IN THE PACKAGE?	YES 1 NO 2 CYCLEBEADS NOT SEEN/ NO STOCK 3 YES 1 NO 2 CYCLEBEADS NOT SEEN/ NO STOCK 3 YES 1 NO 2 CYCLEBEADS NOT SEEN/ NO STOCK 3	
604	Has there been any stock outs in the last 3 months of any of CycleBeads, condoms, or pills?	PILL C CONDOM! G SDM (CYCLEBEADS) M	
605	Does your facility have a system for recording contraceptive supplies?	YES 1 NO 2	→ 609
606	How do you track supplies?	<div style="border: 1px solid black; width: 150px; height: 20px; margin-left: 50px;"></div>	
607	Which methods are included in the tracking system: CycleBeads, condoms, pills, injectables, foam/jelly or any other?	PILL C INJECTABLES E CONDOM! G FOAM/JELLY J SDM (CYCLEBEADS) M OTHER _____ X (SPECIFY)	

608	Which methods have been added to the tracking system in the last three months: CycleBeads, condoms, pills, or any other?	PILL C INJECTABLES E CONDOM! G FOAM/JELLY J SDM (CYCLEBEADS) M OTHER _____ X (SPECIFY)	
609	ASK TO SEE THE CARD/REGISTER AND RECORD THE NUMBER OF EACH SUPPLY IN STOCK.	PILLS <input type="text"/> INJECTABLES <input type="text"/> CONDOM! <input type="text"/> CYCLEBEADS <input type="text"/>	
610	When you need more CycleBeads, how do you order them? _____	<input type="text"/>	
611	When you need more pills, how do you order them? _____	<input type="text"/>	
612	Do you supply CycleBeads to CHWs or community-based organizations?	YES 1 NO 2	

SECTION 7 HEALTH MONITORING INFORMATION SYSTEMS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	TITLE OF RESPONDANT FOR SECTION	_____ <input type="checkbox"/>	
701	Are family planning clients recorded in the daily register?	YES 1 NO 2	→ 710
702	Are SDM (CycleBeads) clients recorded in the daily register?	YES 1 NO 2	→ 706
703	How are SDM (CycleBeads) clients recorded in the daily register?	SEPARATE COLUMN FOR SI. . . 1 CODED UNDER NATURAL 2 SEPARATE FORM 3 WRITTEN IN MARGIN 4 OTHER 6 (SPECIFY)	
704	AFTER ASKING Q703, OBSERVE HOW IT IS DONE ASK TO SEE THE REGISTER/BOOK.	SEPARATE COLUMN FOR SDM .. 1 CODED UNDER NATURAL 2 SEPARATE FORM 3 WRITTEN IN MARG 4 OTHER 6 (SPECIFY)	
705	Are SDM (CycleBeads) clients recorded in the aggregate (monthly) form that is used to report to the next level?	YES 1 NO 2	
706	Are LAM clients recorded in the daily register?	YES 1 NO 2	→ 710
707	How are LAM clients recorded in the daily register?	SEPARATE COLUMN FOR SDM .. 1 CODED UNDER NATURAL 2 SEPARATE FORM 3 WRITTEN IN MARG 4 OTHER 6 (SPECIFY)	
708	AFTER ASKING Q707, OBSERVE HOW IT IS DONE ASK TO SEE THE REGISTER/BOOK.	SEPARATE COLUMN FOR SI. . . 1 CODED UNDER NATURAL 2 SEPARATE FORM 3 WRITTEN IN MARG 4 OTHER 6 (SPECIFY)	
709	Are LAM clients recorded in the aggregate (monthly) form that is used to report to the next level?	YES 1 NO 2	
710	Does the facility display data on the number of FP users in the facility? a. Is it broken down by method? b. Are SDM (CYCLEBEADS) users displayed? c. Are LAM users displayed?	YES 1 NO 2 YES 1 NO 2 YES 1 NO 2 YES 1 NO 2	→ 801 → 801

SECTION 8: COST			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	TITLE OF RESPONDANT FOR SECTION	_____ <input type="checkbox"/>	
801	Does the facility charge for family planning visits?	YES 1 NO 2	→ 803
802	If so, how much is each visit?	COST PER VISIT <input type="text"/> <input type="text"/> <input type="text"/>	
803	For which of the following methods does the facility charge for supplying: CycleBeads, condoms, pills, injectables, any other?	CYCLEBEADS A CONDOMS B PILLS C INJECTABLES D OTHER X (SPECIFY)	
804	How much does the facility charge for CycleBeads?	CYCLEBEADS <input type="text"/> <input type="text"/> <input type="text"/>	
805	How much does the facility charge for Condoms?	CONDOMS <input type="text"/> <input type="text"/> <input type="text"/>	
806	How much does the facility charge for Pills?	PILLS <input type="text"/> <input type="text"/> <input type="text"/>	

PROVIDER INTERVIEW GUIDE

PURPOSE

The Provider Interview Guide assesses the quality of offering the innovation in a service setting by collecting information on a provider's prior training, provider knowledge, and experiences offering the innovation in relation to similar services. When compiled, the results provide information on the quality of services provided during scale-up, such as the percentage of providers correctly offering the innovation in a given district.

HOW IT WAS DEVELOPED AND USED

IRH selected relevant questions from the Measure DHS Service Provision Assessment (SPA) tool and added Standard Days Method® (SDM)-specific questions.

The provider interview was administered twice in most countries: at baseline or midline, and at endline, as part of a full scale facility assessment on SDM (see Facility Assessment Tool). Service delivery sites were randomly selected to allow for later generalization of findings. Interviewers randomly selected a family planning provider to interview. The provider interview is a stand-alone module that can be administered to providers without also conducting a full-scale facility assessment.

The results provided useful planning information at baseline and midline, identifying geographic areas where service quality was low and required additional attention to supervision and training. One question allowed for assessment of provider bias against SDM, which was shared with the resource team to develop strategies to remedy the situation. Baseline data also allowed for refinement of benchmarking relating to the extent of trained providers and extent of service delivery points offering SDM.

Endline data measured gaps in the quality of services and was used for advocacy purposes.

VALUES

The tool's construction represents the value of quality services (its main aim) but also collects information related to informed choice. Providers are asked about other methods in addition to SDM, and are asked indirectly about bias towards SDM which could potentially affect informed consent.

LESSONS LEARNED

- It would have been useful to apply the provider interview tool at multiple points during the scale-up process, to gather data on whether service quality was changing during scale-up and to allow sufficient time to act to resolve quality issues.
- Ideally this tool would be applied to samples of providers which correspond to supervision/managerial areas, so the data could be fed back into programs.
- Adding an innovation to existing services can mean more work for providers. Some providers may not immediately embrace or appreciate the value of the innovation. Thus, it is important to include one or two questions relating to innovation bias, so that additional studies can be conducted to understand the bases of bias and actions can be taken to address the root cause on a systems level.
- Look for other studies being conducted that may provide information useful to the scale-up process. Other organizations may conduct SPAs during the scale-up phase, which may eliminate the need for special or additional data collection efforts.



PLANNING

MONITORING &
SUPERVISION

EVALUATION

KEY REFERENCES & RESOURCES

Measure DHS | *Service Provision Assessment (SPA)*. <http://www.measuredhs.com/What-We-Do/Survey-Types/SPA.cfm>

PROVIDER INTERVIEW GUIDE

FAM PROJECT ENDLINE: PROVIDER INTERVIEW				
[NAME OF COUNTRY]				
IDENTIFICATION				
Health facility visited (name) _____ HEALTH FACILITY CODE..... REGION..... URBAN/RURAL (URBAN=1, RURAL=2)..... LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE..... (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4) NAME..... PROVIDER ID.....	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; flex-direction: column; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>			
INTERVIEWER VISITS				
	1	2		FINAL VISIT
DATE	_____	_____		DAY <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
INTERVIEWER'S NAME	_____	_____		MONTH
RESULT*	_____	_____		YEAR <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OR VISITS <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AVAILABLE 5 PARTLY COMPLETED 3 POSTPONED 6 OTHER _____ <div style="text-align: right;">(SPECIFY)</div>				
TYPE OF SECTOR 1 = GOVERNMENT/PUBLIC 4 = PRIVATE 2 = MISSION/FBO 6= OTHER _____ 3 = NGO (SPECIFY)				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
TYPE OF HEALTH FACILITY 1 = REFERRAL HOSPITAL 5 = CLINIC 2 = DISTRICT HOSPITAL 7 = HEALTH POST 3 = SUB-DISTRICT HOSPITAL 6= OTHER _____ 4 = RURAL HEALTH CENTER (SPECIFY) 8 = DON'T KNOW				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
LANGUAGE OF QUESTIONNAIRE 1 = ENGLISH 2 = FRENCH 3 = SPANISH 4 = HINDI	LANGUAGE OF INTERVIEW 1 = ENGLISH 2 = FRENCH 3 = SPANISH 4 = HINDI	NATIVE LANGUAGE OF RESPONDENT: 1 = ENGLISH 6 = OTHER 2 = FRENCH 3 = SPANISH (SPECIFY) 4 = HINDI		TRANSLATOR USED YES..... 1 NO..... 2
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR
NAME _____		NAME _____		
DATE _____		DATE _____		

SDM SERVICE PROVISION AND TRAINING			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	SELECT THE DESIGNATION OF STAFF MEMBER TO BE INTERVIEWED	DOCTOR 1 NURSE 2 NURSE AUXILARY 3 MIDWIFE 4 OTHER 6 (SPECIFY)	
101	First, I would like to ask you some questions on family planning and the training you received in the past. How long have you been working here at this facility? IF LESS THAN 1 YEAR, ENTER '00'	YEARS <input type="text"/> <input type="text"/>	
102	How many years ago did you receive your initial family planning training? IF LESS THAN 1 YEAR, ENTER '00'	YEARS <input type="text"/> <input type="text"/> NEVER TRAINED 7	104
103	Did your initial family planning training, whether during or after school, cover the following methods: a) SDM (Cyclebeads)? b) Information on LAM? c) Condoms? d) injectables? e) Pills? f) IUD ? g) Sterilization? h) Other?	YES NO SDM 1 2 LAM 1 2 CONDOMS 1 2 INJECTABLES 1 2 PILLS 1 2 IUD 1 2 STERILIZATION 1 2 OTHER 1 2 (SPECIFY)	
104	Now, I would like to ask you some questions about the SDM (CycleBeads). Have you heard of the SDM (CycleBeads)?	YES 1 NO 2	106
105	When did you receive your last training on SDM (Cyclebeads)? IF DAYS CIRCLE 1, AND WRITE NUMBER OF DAYS. IF WEEKS CIRCLE 2 AND WRITE NUMBER OF WEEKS. IF MONTHS CIRCLE 3 AND WRITE NUMBER OF MONTHS. IF YEARS CIRCLE 4 AND WRITE NUMBER OF YEARS. IF NEVER TRAINED, CIRCLE 995	DAYS 1 <input type="text"/> <input type="text"/> → 107 WEEKS 2 <input type="text"/> <input type="text"/> → 107 MONTHS 3 <input type="text"/> <input type="text"/> → 107 YEARS 4 <input type="text"/> <input type="text"/> → 107 NEVER TRAINED 995	
106	Would you like to be trained in the SDM (Cyclebeads)?	YES 1 NO 2	
107	In the last year have you provided SDM in your health facility?	YES 1 NO 2	
108	In the last 3 months have you provided SDM in your health facility?	YES 1 NO 2	110
109	Why not? <input type="text"/> <input type="text"/> <input type="text"/>	

110	<p>YES NO</p> <p>a) CHECK 105 TRAINING IN SDM UP TO 1 YEAR AGO <input type="checkbox"/> <input type="checkbox"/></p> <p>b) CHECK 107 OFFERING SDM <input type="checkbox"/> <input type="checkbox"/></p> <p>IF a) OR b) IS CHECKED YES --GO TO 111</p> <p>NOTE: IF NEVER TRAINED, CHECK NO FOR a).</p> <p>IF a) AND b) ARE CHECKED NO</p>		→ 143
111	Besides the SDM, in the last 3 months have you provided family planning methods to clients?	<p>YES 1</p> <p>NO 2</p>	→ 114
112	In the last 3 months have you provided:	<p>YES NO</p> <p>a) Condoms? CONDOMS 1 2</p> <p>b) Injectables? INJECTIBLES 1 2</p> <p>c) Pills? PILLS 1 2</p> <p>d) IUD ? IUD 1 2</p> <p>e) Sterilization? STERILIZATION 1 2</p> <p>f) Emergency Contraception? EMERGENCY CONTRACEPTION .. 1 2</p> <p>g) Other? OTHER 1 2 (SPECIFY)</p>	
113	Do you know if SDM is included in the family planning protocol of your health facility?	<p>YES 1</p> <p>NO 2</p> <p>NOT SURE 8</p>	

SDM (Cyclebeads) COUNSELING			
No	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	<p>I would like to ask you some questions on how you counsel women on the SDM (Cyclebeads) in this health facility/clinic.</p> <p>Please explain to me how you would teach a woman to use SDM (Cyclebeads).</p> <p>OFFER CYCLEBEADS TO SUPPORT THE EXPLANATION AND ASK THE PROVIDER TO GET MATERIALS NEEDED FOR COUNSELING.</p> <p>MARK 1 (YES) ON THE ITEMS MENTIONED BY THE PROVIDER AND 2 (NO) ON THOSE NOT MENTIONED.)</p> <p>a. CycleBeads represent the menstrual cycle</p> <p>b. On the first day of your period, move the ring to the RED bead</p> <p>c. Mark the first day of your period on your calendar</p> <p>d. Move the ring to the next bead every day</p> <p>e. Always move the ring in the direction of the arrow</p> <p>f. During the white bead days, you can get pregnant</p> <p>g. Abstain from sex or use a condom on white bead days</p> <p>h. During the brown bead days, a pregnancy is not likely</p> <p>i. At the start of your next period, move the ring to the red bead</p> <p>j. If your period starts before the ring is on the dark brown bead, your cycle is too short to use this method</p> <p>k. If your period does not start the day after you put the ring on the last brown bead, your cycle is too long for this method</p>	<p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p>	
115	<p>OBSERVE THE MATERIALS THAT THE PROVIDER USES TO COUNSEL ON SDM (Cyclebeads).</p> <p>CIRCLE ALL MATERIALS USED TO COUNSEL ON SDM (Cyclebeads)</p>	<p>CYCLEBEADS A</p> <p>CALENDAR B</p> <p>INSERT/INSTRUCTIONS C</p> <p>CHECKLIST/JOB AIDS D</p> <p>FLIPCHART E</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
Now, I will ask you more questions about counseling clients on SDM (CycleBeads). You may have already answered some of these questions but I will ask them again.			
116	<p>What should a woman do if she does not remember whether or not she has moved the ring?</p> <p>CIRCLE ALL MENTIONED</p>	<p>CHECK THE DAY SHE HAS MARKED ON HER CALENDAR. A</p> <p>COUNT HOW MANY DAYS HAVE GONE BY SINCE THE FIRST DAY OF HER PERIOD. B</p> <p>MOVE THE RING AS MANY BEADS AS COUNTED DAYS SINCE THE BEGINNING OF HER PERIOD. C</p> <p>NONE OF THE ABOVE. D</p> <p>DONT KNOW. Z</p>	
117	<p>What requirements must a woman meet to use SDM (Cyclebeads)?</p> <p>CIRCLE ALL MENTIONED</p>	<p>HER CYCLE IS USUALLY 26 to 32 DAYS LONG. A</p> <p>HER PERIOD COMES ABOUT ONCE A MONTH. B</p> <p>HER PERIOD COMES WHEN SHE EXPECTS ... C</p> <p>THE WOMAN AND HER PARTNER CAN ABSTAIN OR USE A CONDOM ON THE DAYS SHE CAN PREGNANT. D</p> <p>NONE OF THE ABOVE. E</p> <p>DONT KNOW. Z</p>	

	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	<p>How do you know if a woman's cycle is the right length to use SDM (Cyclebeads)?</p> <p>Anything else?</p> <p>CIRCLE ALL MENTIONED</p>	<p>HER PERIOD COMES ABOUT ONCE A MONTH. A</p> <p>HER PERIOD COMES WHEN SHE EXPECTS IT. B</p> <p>YOU CALCULATED THE NUMBER OF DAYS BETWEEN THE FIRST DAY OF HER LAST PERIOD AND THE DAY SHE EXPECTS HER NEXT PERIOD TO BE ABOUT A MONTH APART. . . C</p> <p>NONE OF THE ABOVE. D</p> <p>DONT KNOW. Z</p>	
119	<p>What would you advise a woman who wants to use SDM (Cyclebeads) but does not know the length of her cycle?</p> <p>CIRCLE ALL MENTIONED</p>	<p>OFFER HER THE METHOD. A</p> <p>REFUSE HER THE METHOD. B</p> <p>TELL HER TO COME BACK WHEN SHE HAS HER PERIOD. C</p> <p>TELL HER TO TRACK HER CYCLES D</p> <p>ASK HER IF HER PERIODS COME WHEN EXPECTED. E</p> <p>ASK HER IF HER PERIODS COME ABOUT ONCE A MONTH. F</p> <p>REFER HER TO A HEALTH FACILITY G</p> <p>OTHER _____ X (SPECIFY)</p> <p>DONT KNOW. Z</p>	
120	<p>What do you do if she says that her periods come generally around the date expected every month?</p>	<p>OFFER HER THE METHOD. A</p> <p>REFUSE HER THE METHOD. B</p> <p>TELL HER TO RETURN WHEN SHE HAS HER PERIOD. C</p> <p>TELL HER TO TRACK HER CYCLES. D</p> <p>REFER HER TO THE HEALTH FACILITY. E</p> <p>OTHER _____ X (SPECIFY)</p>	
121	<p>If a woman meets the requirements for using SDM (CycleBeads) and remembers the date of her last period, when can she start using SDM (CycleBeads)?</p>	<p>IMMEDIATELY. 1</p> <p>AT THE START OF HER NEXT PERIOD. 2</p> <p>DONT KNOW. 8</p>	
122	<p>If a woman meets the requirements for using SDM (CycleBeads) and does NOT remember the date of her last period, when can she start using SDM (CycleBeads)?</p>	<p>IMMEDIATELY. 1</p> <p>AT THE START OF HER NEXT PERIOD. 2</p> <p>DONT KNOW. 8</p>	<p>→ 124</p> <p>→ 124</p>
123	<p>What do you advise her to do in the meantime?</p> <p>CIRCLE ALL MENTIONED</p>	<p>USE A CONDOM. A</p> <p>ABSTAIN. B</p> <p>USE A BARRIER METHOD. C</p> <p>OTHER _____ X (SPECIFY)</p> <p>DONT KNOW. Z</p>	
124	<p>If a woman meets the requirements for using SDM (Cyclebeads), but does not remember the first day of her last period, do you give her a set of CycleBeads?</p>	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS ON CLIENT/SITUATION. 3</p> <p>DONT KNOW. 8</p>	

	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125	<p>When can a woman who is breastfeeding or postpartum start using SDM (CycleBeads)?</p> <p>CIRCLE ALL MENTIONED</p>	<p>WHEN SHE HAS HAD AT LEAST 4 PERIODS SINCE HER BABY WAS BORN. A</p> <p>IF THE TIME BETWEEN HER LAST 2 PERIODS WAS ABOUT A MONTH APART. B</p> <p>WHEN HER PERIODS ARE REGULAR C</p> <p>NONE OF THE ABOVE. D</p> <p>DONT KNOW. Z</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
126	<p>Can a woman who recently used hormonal contraceptives use SDM (CycleBeads)?</p> <p>If RESPONDENT SAYS "YES", ASK "CAN YOU TELL ME MORE ABOUT THAT?"</p>	<p>YES. 1</p> <p>YES, IF HER CYCLES WERE BETWEEN 26-32 DAYS BEFORE USING THE HORMONAL. 2</p> <p>NO. 3</p> <p>DONT KNOW. 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
127	When counseling women on family planning, do you tell them about SDM (Cyclebeads) all of the time, most of the time, some of the time, or rarely?	ALL OF THE TIME. 1 MOST OF THE TIME. 2 SOME OF THE TIME. 3 RARELY. 4	129 129
128	Why do you think you do not tell clients about SDM (Cyclebeads) more often? CIRCLE ALL MENTIONED	CLIENTS DON'T ASK FOR IT. A NOT TRAINED ON SDM (Cyclebeads). B DISAPPROVE OF SDM (Cyclebeads). C CYCLEBEADS NOT AVAILABLE. D OTHER _____ X (SPECIFY)	
129	In general, when you tell clients about SDM (Cyclebeads) are they interested in learning more about the method?	YES 1 NO 2 SOME ARE, SOME ARE NOT 3 DON'T KNOW. 8	132 132
130	After they learn more about SDM (Cyclebeads), do most clients decide to use the method?	YES 1 NO 2 SOME DO, SOME DO NOT 3 DON'T KNOW. 8	132 132
131	Why do you think some clients who express initial interest in the SDM (Cyclebeads), later decide not to adopt/use the method? CIRCLE ALL MENTIONED	HUSBAND WILL NOT COOPERATE. A CYCLEBEADS NOT AVAILABLE. B DOES NOT KNOW DATE OF LAST PERIOD. C PERIOD HAS NOT RETURNED AFTER BIRTH. D PERIODS NOT ABOUT A MONTH APART. E PERCEIVED NOT EFFECTIVE. F HAVE TO MOVE BAND DAILY. G FAMILY DOES NOT APPROVE. H FERTILE PERIOD TOO LONG. I DOESN'T LIKE TO ABSTAIN/USE CONDOMS. J OTHER _____ X (SPECIFY) DON'T KNOW. Z	
132	Does the SDM (Cyclebeads) have any advantages?	YES 1 NO 2 DON'T KNOW. 8	134 134
133	What are they? CIRCLE ALL MENTIONED If RESPONDENT SAYS "NATURAL", ASK "CAN YOU TELL ME MORE ABOUT WHAT YOU MEAN BY "NATURAL"?"	EASY TO USE. A EFFECTIVE B NO SIDE EFFECTS/HEALTH EFFECTS. C INVOLVES PARTNER. D PARTNER LIKES THE METHOD. E NO RESUPPLY. F DOES NOT INTERFERE WITH BREAST-FEEDING. G CONSISTENT WITH RELIGIOUS BELIEFS. H NONE. I OTHER _____ X (SPECIFY)	
134	Does the SDM (Cyclebeads) have any disadvantages?	YES 1 NO 2 DON'T KNOW. 8	136 136
135	What are they? CIRCLE ALL MENTIONED	DIFFICULT TO USE. A NOT AS EFFECTIVE AS OTHER METHODS. B MUST HAVE CYCLES WITHIN RANGE. C DEPENDS ON PARTNER. D INTERFERES WITH SEX/ TOO MANY WHITE BEAD DAYS. E NONE. F OTHER _____ X (SPECIFY)	
136	Did you find any part of providing SDM (Cyclebeads) services difficult?	YES. 1 NO. 2	138

137	What? (IF YES, WRITE 2 MAIN DIFFICULTIES)	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>		<input type="checkbox"/> <input type="checkbox"/>
138	Would you use the SDM (Cyclebeads)?	YES..... 1 NO..... 2		
139	Do you think this method is easy to use?	YES..... 1 NO..... 2		
140	Do you think this method is more or less effective than:	<div style="text-align: center;"> MORE LESS SAME DON'T KNOW </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <div style="width: 40%;"> a) Condoms? b) Pill? c) Injectables? </div> <div style="width: 50%;"> <div style="display: flex; justify-content: space-between; padding: 2px;"> CONDOMS 1 2 3 8 </div> <div style="display: flex; justify-content: space-between; padding: 2px;"> PILL 1 2 3 8 </div> <div style="display: flex; justify-content: space-between; padding: 2px;"> INJECTABLES 1 2 3 8 </div> </div> </div>		
141	Now I would like to ask you a few questions on how you record SDM (Cyclebeads) users. Have you ever recorded a SDM (Cyclebeads) user?	YES..... 1 NO..... 2	→ 143	
142	When do you record a woman as an SDM (Cyclebeads) user?	<div style="text-align: right; font-weight: bold; margin-bottom: 5px;">YES NO</div> <div style="display: flex; justify-content: space-between; padding: 2px;"> a) When she received CycleBeads WHEN SHE RECEIVES CYCLEBEADS..... 1 2 </div> <div style="display: flex; justify-content: space-between; padding: 2px;"> b) When she is counseled on the SDM (Cyclebeads) WHEN SHE IS COUNSELED ON SDM (Cyclebeads)... 1 2 </div> <div style="display: flex; justify-content: space-between; padding: 2px;"> c) When she is both counseled and receives CycleBeads WHEN SHE IS BOTH COUNSELED AND RECEIVES CYCLEBEADS..... 1 2 </div> <div style="display: flex; justify-content: space-between; padding: 2px;"> d) When she returns for a follow-up visit WHEN SHE RETURNS FOR A FOLLOW-UP VISIT..... 1 2 </div> <div style="display: flex; justify-content: space-between; padding: 2px;"> e) When she receives a calendar WHEN SHE RECEIVES A CALENDAR..... 1 2 </div>		

LAM SERVICE PROVISION AND TRAINING			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
143	Now, I would like to ask you some questions on LAM. Have you heard of LAM?	YES 1 NO 2	→ 145
144	When did you receive your last training on LAM? IF DAYS CIRCLE 1, AND WRITE NUMBER OF DAYS. IF WEEKS CIRCLE 2 AND WRITE NUMBER OF WEEKS. IF MONTHS CIRCLE 3 AND WRITE NUMBER OF MONTHS. IF YEARS CIRCLE 3 AND WRITE NUMBER OF YEARS. IF NEVE TRAINED, CIRCLE 995	DAYS..... 1 <input type="text"/> <input type="text"/> → 146 WEEKS..... 2 <input type="text"/> <input type="text"/> → 146 MONTHS..... 3 <input type="text"/> <input type="text"/> → 146 YEARS..... 4 <input type="text"/> <input type="text"/> → 146 NEVER TRAINED..... 995	
145	Would you like to be trained in LAM?	YES 1 NO 2	
146	In the last 3 months have you provided information on LAM?	YES NO LAM 1 2	if yes, 148
147	Why have you not been able to provide information on LAM to clients?	<input type="text"/> <input type="text"/> <input type="text"/>	

LAM COUNSELING			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
148	CHECK 146 OFFER LAM <input type="checkbox"/> DOES NOT OFFER LAM <input type="checkbox"/>		177
149	Next, I would like to ask you some questions on how LAM counseling is provided in this health facility/clinic. Do you know if LAM is included in the family planning protocol of your facility?	YES..... 1 NO..... 2	
150	What are the conditions a woman needs to fulfill to use LAM correctly? PROBE: Anything else? CIRCLE ALL MENTIONED	SHE HAS NOT HAD HER PERIOD YET..... A WOMAN IS FULLY OR NEARLY FULLY BREASTFEEDING HER BABY..... B BABY IS NOT YET 6 MONTHS OLD..... C WILL USE ANOTHER FAMILY PLANNING METHOD WHEN ANY ONE OF THE CRITERIA IS NO LONGER MET..... D OTHER..... X (SPECIFY) DON'T KNOW..... Z	
151	Do you use any materials to explain LAM to women?	YES..... 1 NO..... 2	153
152	What materials do you use? (PROBE: PLEASE SHOW ME THESE MATERIALS) CIRCLE ALL MENTIONED	CLIENT CARD..... A PROVIDER JOB AID/ MEMORY CARD..... B BROCHURE..... C OTHER..... X (SPECIFY)	
153	What advice do you give women about how to exclusively breastfeed? PROBE: Explain CIRCLE ALL MENTIONED	BREASTFEED WHENEVER THE CHILD IS HUNGRY/THIRSTY..... A GIVE YOUR CHILD ONLY BREASTMILK..... B BREASTFEED EVEN WHEN THE CHILD OR YOU ARE SICK..... C AVOID USING BOTTLES AND ARTIFICIAL NIPPLES..... D OTHER..... X (SPECIFY)	
154	Are there benefits to exclusive breastfeeding?	YES..... 1 NO..... 2	156
155	What do you tell women about the benefits of breastfeeding? CIRCLE ALL MENTIONED	BREASTFEEDING IS GOOD FOR THE CHILD'S GROWTH AND DEVELOPMENT..... A BREASTFEEDING IS GOOD FOR HEALTH OF CHILD..... B BREASTFEEDING PROTECTS CHILDREN AGAINST ILLNESS AND DISEASE..... C BREASTFEEDING PROTECTS AGAINST PREGNANCY..... D BREASTFEEDING SUPPORT MOTHER-CHILD BONDING..... E ECONOMICAL/NO FORMULA TO BUY..... F OTHER..... X (SPECIFY) DON'T KNOW..... Z	

156	<p>What advice do you give women who no longer meet the LAM criteria?</p> <p>CIRCLE ALL MENTIONED</p>	<p>IMMEDIATELY USE ANOTHER METHOD. A</p> <p>CONTINUE TO BREASTFEED. B</p> <p>CONTINUE TO BREASTFEED EVEN IF YOU OR YOUR CHILD ARE SICK. C</p> <p>DISCUSS THE IMPORTANCE TO WAIT 2 YEARS BEFORE GETTING PREGNANT AGAIN. D</p> <p>EXPLAIN WHAT OTHER METHODS OF FAMILY PLANNING BREASTFEEDING WOMEN CAN USE. E</p> <p>NO ADVICE. F</p> <p>OTHER _____ X (SPECIFY)</p>	
157	<p>What family planning methods are recommended for breastfeeding women?</p> <p>CIRCLE ALL MENTIONED</p>	<p>FEMALE STERILIZATION. A</p> <p>MALE STERILIZATION. B</p> <p>IUD. C</p> <p>INJECTABLES. D</p> <p>IMPLANTS. E</p> <p>CONDOM. F</p> <p>FEMALE CONDOM. G</p> <p>DIAHRAGM. H</p> <p>FOAM/JELLY. I</p> <p>LACTATIONAL AMEN. METHOD. J</p> <p>RHYTHM. K</p> <p>STANDARD DAYS METHOD. L</p> <p>WITHDRAWAL. M</p> <p>EMERGENCY CONTRACEPTION. N</p> <p>PILL (COMBINED HORMONES). O</p> <p>PILL (PROGESTIN ONLY). P</p> <p>OTHER _____ X (SPECIFY)</p>	
158	<p>What advice do you give HIV-positive women about breastfeeding?</p> <p>CIRCLE ALL MENTIONED</p>	<p>BREASTFEED EXCLUSIVELY FOR 3-6 MONTHS. A</p> <p>BREASTFEED EXCLUSIVELY FOR 6 MONTHS. B</p> <p>DO NOT BREASTFEED, USE FORMULA WHEN SAFE, AVAILABLE, ACCESSIBLE, AND AFFORDABLE. C</p> <p>WHEN YOUR BABY IS 6 MONTHS OLD, WEAN RIGHT AWAY AND DO NOT CONTINUE TO BREASTFEED. D</p> <p>STOP BREASTFEEDING WHEN YOU KNOW YOUR STATUS AND GIVE BABY OTHER MILK AND FOODS. E</p> <p>NONE. F</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW. Z</p>	

LAM COUNSELING AND HMIS			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
159	Do you offer antenatal care? OFFER ANTENATAL CARE <input type="checkbox"/> DOES NOT OFFER ANTENATAL CARE <input type="checkbox"/>		163
160	Do you offer LAM during antenatal care? OFFER LAM DURING ANTENATAL CARE <input type="checkbox"/> DOES NOT OFFER LAM DURING ANTENATAL CARE <input type="checkbox"/>		163
161	When counseling women on family planning during antenatal care, do you tell them about LAM all of the time, most of the time, some of the time, or rarely?	ALL OF THE TIME. 1 MOST OF THE TIME. 2 SOME OF THE TIME. 3 RARELY. 4	163 163
162	Why don't you discuss LAM with your clients more often during antenatal care? CIRCLE ALL MENTIONED	DON'T THINK LAM IS EFFECTIVE. A ONLY TEMPORARY. B WOMEN DON'T BREASTFEED EXCLUSIVELY. C LAM IS A MATERNAL/CHILD HEALTH ISSUE. D NOT TRAINED TO EXPLAIN LAM. E NO TIME TO EXPLAIN LAM. F OTHER (SPECIFY) X	
163	Do you offer postnatal care? OFFER POSTNATAL CARE <input type="checkbox"/> DOES NOT OFFER POSTNATAL CARE <input type="checkbox"/>		169
164	Do you offer LAM during postnatal care? OFFER LAM DURING POSTNATAL CARE <input type="checkbox"/> DOES NOT OFFER LAM DURING POSTNATAL CARE <input type="checkbox"/>		169
165	When counseling women on family planning during postnatal care, do you tell them about LAM all of the time, most of the time, some of the time, or rarely?	ALL OF THE TIME. 1 MOST OF THE TIME. 2 SOME OF THE TIME. 3 RARELY. 4	167 167
166	Why don't you discuss LAM with your clients more often during postnatal care? CIRCLE ALL MENTIONED	DON'T THINK LAM IS EFFECTIVE. A ONLY TEMPORARY. B WOMEN DON'T BREASTFEED EXCLUSIVELY. C LAM IS A MATERNAL/CHILD HEALTH ISSUE. D NOT TRAINED TO EXPLAIN LAM. E NO TIME TO EXPLAIN LAM. F OTHER (SPECIFY) X	
167	When you tell clients about LAM, are they usually interested in learning more about the method?	YES. 1 NO. 2 SOME ARE, SOME ARE NOT. 3 DON'T KNOW. 8	169 169
168	Why do you think some women don't want to use LAM? CIRCLE ALL MENTIONED	LACK OF INFORMATION. A MOTHER/MOTHER-IN-LAW/FAMILY DOES NOT APPROVE. B PARTNER DOES NOT APPROVE. C CANNOT/DOES NOT WANT TO BREASTFEED EXCLUSIVELY. D PERCEIVED NOT EFFECTIVE. E TEMPORARY METHOD. F OTHER (SPECIFY) X DON'T KNOW Z	
169	Does LAM have any advantages?	YES. 1 NO 2 DON'T KNOW. 8	1/1 1/1

170	What are they? CIRCLE ALL MENTIONED	NATURAL/NO SIDE EFFECTS A EASY TO USE B EFFECTIVE C GOOD FOR BABY/MOTHER'S HEALTH .. D GOOD FOR MOTHER-BABY BONDING... E ECONOMICAL/ NO FORMULA TO BUY .. F OTHER _____ X (SPECIFY)	
171	Does LAM have any disadvantages?	YES..... 1 NO 2 → 173 DON'T KNOW..... 8 → 173	
172	What are they? CIRCLE ALL MENTIONED	NOT OFFERED A DIFFICULT TO BREASTFEED EXCLUSIVELY. B NOT EFFECTIVE C TEMPORARY D OTHER _____ X (SPECIFY)	
173	Have you found any part of providing LAM services difficult?	YES..... 1 NO..... 2 → 175	
174	What? (WRITE 2 MAIN DIFFICULTIES)	_____ _____ _____	<input type="text"/> <input type="text"/>
175	Now, I would like to end the interview with a few questions on how you record LAM users. Have you ever recorded a LAM user?	YES..... 1 NO..... 2 → 177	
176	When do you record a woman as a LAM user? READ THE OPTIONS BELOW AND CIRCLE YES/NO.	<div style="text-align: right;">Y N</div> a) When she states she breastfeeds for birth spacing WHEN SHE STATES SHE BREASTFEEDS FOR BIRTH SPACING..... 1 2 b) When her menstrual period has not returned WHEN HER MENSTRUAL PERIOD HAS NOT RETURNED..... 1 2 c) When she is fully or nearly fully breastfeeding WHEN SHE IS FULLY OR NEARLY FULLY BREASTFEEDING..... 1 2 d) When her child is less than 6 months old WHEN HER CHILD IS LESS THAN 6 MONTHS OLD..... 1 2 e) When she states she is breastfeeding WHEN SHE STATES SHE IS BREASTFEEDING..... 1 2 f) When she has been counseled on LAM WHEN SHE HAS BEEN COUNSELED ON LAM..... 1 2 g) When she has been counseled on LAM and received a client card/brochure WHEN SHE HAS BEEN COUNSELED ON LAM AND RECEIVED A CLIENT CARD/ BROCHURE..... 1 2 h) When she says she is using LAM WHEN SHE SAYS SHE IS USING LAM.. 1 2 i) Other OTHER _____ 6 (SPECIFY)	
177	THANK YOU FOR YOUR TIME. END THE INTERVIEW		

STAKEHOLDER IN-DEPTH INTERVIEW GUIDE

PURPOSE

The Stakeholder In-Depth Interview Guide contributes to understanding the scale-up process by asking key stakeholders to evaluate what has been achieved in scale-up, understand their perspectives regarding expansion and integration of the innovation, factors and environmental forces that have influenced scale-up, and identify actions needed to support the innovation and its expansion.

Stakeholders were individuals who had some involvement with SDM scale-up, including representatives of the MOH/government, bilateral projects, USAID implementing agencies, donors and multi-lateral organizations, professional associations and civil society organizations including FBOs, local NGOs, and women's rights organizations.

HOW IT WAS DEVELOPED AND USED

The ExpandNet framework elements were used to develop questions to gather opinions and perceptions of stakeholders and shed light on what had been achieved in scale-up. The interview focused on topics related to institutionalization of the innovation, the reasons for progress (or lack thereof) including environmental forces, and recommendations for next steps. IRH field staff identified a range of key organizations involved in family planning, and invited individuals who were influential in family planning and SDM scale-up to participate in an interview to discuss the scale-up process. In each country, a consultant familiar with SDM scale-up was hired to conduct interviews using the in-depth interview guide.

Nine to eighteen stakeholders—not necessarily the same people—were interviewed in each country at baseline and at endline. Interviewers compiled results of all the interviews and analyzed trends in responses.

Baseline study results informed or reinforced strategic planning decisions. Endline study results were particularly useful in understanding the current environment and what needed to be done to ensure that scale-up was sustained. Across countries, study results contributed to identifying common determinants of scale-up, particularly political and environmental forces, and issues going forward.

LESSONS LEARNED

- It is important to interview a diverse group of stakeholders, including those who are not supportive of the innovation. This allows for comparison of different perspectives on the innovation's value and role in the system.
- The baseline instrument did not work as well as expected. It was not sufficiently focused on seeking respondent's analysis of environmental and system factors that could influence scale-up. The tool was significantly revised for the endline, and included visual aids (in particular benchmark tables and maps) that could be shared with interviewees to encourage system-oriented reflections.
- The most effective approach to the interview proved to be organizing the discussion guide according to a systems framework and beginning by sharing a brief overview of the ExpandNet framework and

a snapshot of scale-up progress using the benchmark tables as a visual aid.

- The type of in-depth interview guide – thematic and open-ended – required skilled interviewers with agile probing skills. Interviewers needed to be conversant with scale-up concepts and the particular innovation in order to elicit relevant, detailed information. Interviewers had to be perceived as unbiased so that stakeholders felt comfortable sharing negative perceptions of the innovation or the scale-up process. Individuals directly involved in the innovation scale-up would likely not be good candidates for this task.

VALUES

The individuals interviewed were key decision-makers and leaders in family planning, their

values and opinions towards SDM as well as their analysis of institutional values and opinions provided information that could be used to assess how leader and organizational values may have contributed to the success or failure of SDM scale-up process and outcomes. Information obtained from these interviews offered insight into the relative importance that the innovation's core values played in convincing government ministries, health organizations, and service providers of the contribution of adding the innovation to their programs.

KEY REFERENCES & RESOURCES

World Health Organization/ExpandNet, 2010. Nine steps for developing a scale-up strategy. http://whqlibdoc.who.int/publications/2010/9789241500319_eng.pdf

STAKEHOLDER IN-DEPTH INTERVIEW GUIDE

Background: *[Describe implementing/resource organization, project, and scale-up phase.]*

In order to assess the integration of *[innovation]* into family planning and reproductive health services in *[focus countries/countries/area of implementation]*, *[organization]* is collecting data through *[list applicable data sources – ie, household surveys, facility assessments and stakeholder interviews and frequency]*. Results will be used to make changes in integration strategies and focus, capture lessons learned, measure project accomplishments and impact, and report to the governments of project countries and to *[donor, other interested parties(if applicable)]*.

Purpose: To evaluate what *[organization]* has achieved in scaling up *[innovation]*, understand stakeholders' perspectives regarding *[innovation]* scale-up, contribute to understanding the process of scale-up, and identify actions to be taken to support expanded, sustained services.

Objectives:

1. Understand stakeholders' views/definitions of scale-up and in particular *[innovation]* scale-up
2. Determine stakeholders' perspective of extent of success/failure of *[innovation]* scale-up and their analysis of factors that have affected scale-up success/failure
3. Determine stakeholders' current commitment to and attitudes toward *[innovation]*; evaluate changes, and cause of changes, in stakeholder attitudes regarding *[innovation]* and integrating it into their program.
4. Determine what remains to be accomplished for *[innovation]* scale-up and who will do it
5. Educate stakeholders in what *[organization]* has accomplished regarding *[innovation]* scale-up

Preparation: The interviewer should be familiar with each individual interviewee's background and degree/type of involvement in the scale-up process, position, and knowledge of scale-up. Apply this information to personalize the questions.

Interview Materials:

- Benchmark tables
- Logframe inputs/outputs
- Map of *[innovation]* coverage in the interviewee's country over time (if available)

Potential types of interviewees:

- Policymakers
- Representatives of technical assistance and donor agencies
- Representatives of private for-profit provider networks
- Program managers, including managers in capacity building
- Association of pharmacists or service providers (in some countries)

In-Depth Interview Guide

Name of Person Interviewed: _____

Title: _____

Institution/Organization: _____

Date of Interview: _____

Person conducting the interview: _____

READ THE FOLLOWING GREETING BEFORE BEGINNING THE INTERVIEW:

Hello, my name is _____. I am representing [organization]. As you may know, [organization] is working to introduce [innovation] into family planning services. We are conducting a study to document the process of introducing [innovation] in your country. As part of this study, I would like to ask you some questions about scaling up family planning innovations like [innovation] into reproductive health and family planning services in general, and integration of [innovation] specifically. This interview should take approximately 45 minutes to an hour. Your participation is entirely voluntary; there is no penalty to you if you decide not to participate. You only need to respond to those questions you wish to answer and you may stop the interview at any time. We will include your ideas in our report, but we will not use your name, and will take care that your comments cannot be attributed to you.

Please read the informed consent form. (Allow respondent time to read consent form)

Do you have any questions? Do you agree to participate in the interview? (Ask respondent to sign consent form)

May I tape record our conversation?

MAJOR THEMES, QUESTIONS AND PROBES:

1. Understanding of Scale-Up

All governments use scale-up models, whether they are written or implicit, to help integrate a best practice into their programs or to help expand access to a best practice in a systematic way.

- How do you understand scale-up? What do you understand scale-up to be?

[Organization] used the ExpandNet framework to guide, plan and evaluate [innovation] scale-up efforts with partners. Under the ExpandNet framework, scale-up is defined as deliberate efforts to increase the impact of tested health service innovations to benefit more people and foster sustainable policy and program development. (Revise this paragraph as necessary to reflect the scale-up model chosen.)

(Show participant ExpandNet framework and explain different components.) According to this approach, the innovation would be the interventions or best practices that are being

scaled up. The resource team refers to the individuals or organizations that will promote and facilitate wider use of the innovation. The user organization refers to the organizations that will adopt or implement the innovation. The environment refers to the conditions that affect scale-up, such as political, economic and social factors. The scale-up strategy is made up of different types of scale-up, such as political and geographical expansion, dissemination approaches, organizational processes, resource mobilization, and monitoring and evaluation. *(Revise this paragraph as necessary to reflect the scale-up model chosen.)*

- Have you seen this model before? Do you think a model like this is helpful? Why?
- What do you consider indicators of successful scale-up?

2. Scale-Up Process & Extent To Which Scale-Up Principles Were Applied

- Can you describe how [innovation] scale-up was operationalized in your program/organization? What has worked well? What hasn't worked well?
 - To what degree was a model/strategic approach to planning applied? Describe.
 - How does it differ from other work you're doing in expanding programs?
 - Who has been involved? How has that changed?
 - In what way, if at all, would you say the process contributed to systems strengthening?
 - Are you familiar with any data/evidence of [innovation] scale-up? For example, [mention data collected- .i.e, quality assurance data, midline assessment results, service statistics, Most Significant Change (MSC) stories]. To what extent has the evidence/data collected around [innovation] been used to support scale-up?
- There are many external factors that may influence [innovation] scale-up activities within the larger political-social environment and among the different organizations involved. Are there any external factors that have influenced [innovation] scale-up in the last four years?
 - How have political environment and government transitions played a role?
 - What has been the participation of various actors in this process? Have there been any champions that have played a significant role? If so, please describe.
 - How has the concept of human or reproductive rights played a role? To what extent, if any, do you think the work around [innovation] has involved gender equity? *[Revise or add questions that address values of the innovation.]*
 - How has [organization] helped to make this happen?
 - What could have been done differently?

3. Degree Of [Innovation] Scale-Up in the Country and Organization

[Show and explain Benchmarks Summary Table (see (link to Benchmarks)) by indicator.]
Take a moment to look at these scale-up benchmarks. Tell me what catches your attention.

*[Probe by elements of Benchmark Progress Summary (**For program managers and representatives of private organizations**):*

- In regards to provision of family planning methods, to what degree has [innovation] been fully integrated into your organization/programs? Why is that? Why not?

- Is [innovation] included as part of your program/organization's method mix/service offerings?
- Are providers trained to counsel on [innovation]? What type of providers are best suited to offer the [innovation]? What are providers' perceptions regarding [innovation] efficacy? Does [innovation] integration affect or influence the overall family planning training for providers?
- Is [innovation] included in your program/organization's logistics system?
- Is the [innovation] included in the HMIS and reporting systems of your program/organization?
- Is [innovation] included in your program/organization's plans and budget?
- Is [innovation] included in your program/organization's materials and activities to increase awareness of family planning methods/demand? Do you think enough awareness has been generated about this method? If not, what do you think is needed to create greater awareness?
- What role do provider attitudes play?
- Why do you think scale-up has been successful in some areas more than others?

[Probe by elements of Benchmark Progress Summary (**For policymakers and representatives of donor and cooperating agencies**):

- In regards to [innovation] inclusion in family planning initiatives and programs, to what degree has [innovation] been fully integrated into your organization's initiatives/programs? Why is that? Why not?
 - Would you say the [innovation] is included in the country's key policies, norms and guidelines? If not, why not?
 - Is [innovation] included in the country's procurement system? If not, why not?
 - Is [innovation] being included in the country's national health surveys? If not, why not?
 - What role do provider attitudes play? Does [innovation] integration affect or influence the overall family planning training for providers?
 - Why do you think scale-up has been successful in some areas more than others?

4. Specific Questions Regarding [Innovation]

- To what degree is [innovation] consistent with your program/organization's current priorities in reproductive health and family planning?
 - What do you think are the benefits that [innovation] brings to RH/FP programs in your country? Does it also bring any disadvantages? Please describe.
 - What is the effect of adding [innovation] to the method mix?
 - Is scale-up of [innovation] an effective way of working with FP programs outside of the public sector or at community level? How?
 - Because of your involvement with [innovation] scale-up, has your perception of scale-up changed? In what way?

5. Next Steps

- What is needed to complete [innovation] scale-up in your country? What is needed to sustain what has been achieved?

MOST SIGNIFICANT CHANGE STORY COLLECTION FORM

PURPOSE

The *Most Significant Change (MSC)* technique¹ is an inductive, indicator-free, participatory evaluation method that complements deductive methods. Initially developed to evaluate social-change programs operating within complex community systems, IRH adapted MSC techniques for use in evaluating changes within complex health systems.

Three domains were defined for MSC collection:

- changes in the lives of Standard Days Method® (SDM) users;
- changes noted by service providers since SDM introduction; and
- changes detected by program managers since SDM was integrated into their programs.

This methodology was an important tool to assess whether values inherent in the innovation remained when SDM was offered at scale. By allowing respondents to describe phenomena that they valued, MSC uncovered scale-up effects not detected by quantitative evaluation data, and intangible aspects of SDM scale-up such as advocacy, champions, leadership, gender equity and informed choice, among others.



HOW IT WAS DEVELOPED AND USED

The MSC process involves (1) the collection of significant change stories at the field level, and (2) the systematic selection of the most significant of these stories by panels of designated stakeholders and project staff. IRH followed *The 'Most Significant Change' (MSC) Technique Guide*, developed by Dart and Davies, to develop and implement the MSC Methodology in the five scale-up countries. Three domains of change were established prior to story collection to facilitate later analysis by category of change, while a fourth category, 'any other significant change' was added later to capture unexpected significant changes recounted by storytellers.

MSC story collection occurred once in each country, in the latter years of the scale-up process, to provide information on impact of widespread availability of SDM. If used to

¹ Dart, J. and Davis, R. 2003. "A Diagonal, Story-Based Evaluation Tool: The Most Significant Change Technique". *American Journal of Evaluation* 24(2): 137-155.

evaluate the impact of other innovations, domains of change would need to be established as well as relevant questions.

IRH held sensitization meetings with stakeholders and partner organizations to introduce them to the MSC methodology and solicit their participation in the MSC process.

Organizations that agreed to participate were invited to an MSC training session, and asked to collect at least 12 stories using the following questions designed to solicit stories of significant change:

KEY QUESTIONS GUIDING REFLECTION ON MOST SIGNIFICANT CHANGES

For program managers and technical partners in charge of FP programs:

What was the most significant change that has occurred in your organization since the introduction (the innovation) in your FP programs? Why is this significant?

For providers:

What was the most significant change that has occurred in the work/services that you offer since the introduction of (the innovation)? Why is this significant?

For FP users/beneficiaries:

What was the most significant change that you noticed in the quality of your life since you have started using (the innovation)? Why do you say this?

The questions were included in a simple, four-question format that interviewers used to collect story information from program managers, providers, and users. Over several months, partner organizations, including NGOs and

Ministries of Health, collected a designated number of MSC stories from SDM users, providers, and program managers. Stories were collected following ethical guidelines including informed consent from participants, full disclosure of why stories are being collected and how they would be used, and confirmation that anyone or any group that is mentioned in a story consented to their name being used.



Staff then wrote in narrative form the stories of significant change, based on the interviews and information collected on the forms. Stories were brief; no more than one or two pages.

The first level of participatory story selection was completed by staff (a story selection committee) within each organization, who selected the most significant story/stories in each domain of change. The second level of participatory story selection was completed by a multi-organization committee composed mostly of scale-up partners at the regional or national level. This committee reviewed MSC stories from all organizations, and selected the

most significant stories in each domain. At both levels of story selection, participants were asked to decide, 'among all these significant changes, what do you think was the most significant change, and why?' Discussions and debates and eventual selection of one or two stories in each domain forced participants to clarify significance or impact, often relating to how SDM was valued by users, providers, and managers.

Decisions and the processes used at each level for story selection were documented. The final group of selected stories, along with the reasons why they were chosen, was presented to IRH, who shared stories with other stakeholders at country level. IRH created a booklet of [MSC stories](#) across countries that was shared with global audiences.

VALUES

MSC stories provided a platform for SDM users, providers, and program managers to explain how SDM contributed to changes – positive or negative- in their personal or professional lives. In most cases, these changes reflected how SDM was valued from different perspectives. The stories and related values served to reaffirm the core values inherent in the innovation (such as male involvement, improved couple communication, women's empowerment) as well as the values related to expanding method mix and providing new options to people seeking FP.

LESSONS LEARNED

- Participation in MSC reinforced stakeholder and partner commitments to expanding FP choice and supporting the scale-up process. Stakeholders who actively participated in collecting and selecting stories received first-hand evidence of how an additional FP option can be valued, that

is, make a difference in the lives of women and couples, providers and managers. The stories allowed various actors to claim success for the positive changes reported and were used in advocacy efforts to demonstrate benefits and acknowledge challenges of expanding SDM.

- Significant efforts were required in some countries to persuade scale-up partners to use the MSC methodology, particularly in contexts where FP program M&E is defined by target-driven objectives with limited value given to a qualitative approach.
- Given the varying social and health systems contexts in different countries, participatory approaches needed to be adjusted. Program managers in one country were reluctant to share their stories, either because the process of collecting personal accounts from program managers was unorthodox or because they felt that they did not have anything "significant" to contribute. Program managers in another country felt it inappropriate to be collecting stories, and IRH supervisors had to conduct interviews for later review with program managers.
- It might be a good idea to add a new domain of story collection for community-based providers. Some selection committees found it difficult to evaluate provider stories among community-level and clinic-level providers because of the vast differences of service delivery in these settings.
- Story-collection approaches were unfamiliar to many participants and struck them as "awkward" at first. Training was needed to practice collecting information in story format and to translate collected information in a story narrative format. In retrospect, it would have been better to record stories using digital recorders to facilitate transcription and the creation of a written story.

- Smaller organizations, lacking computer access and/or skills in word processing,

wrote stories in longhand, which necessitated back-and-forth discussions with IRH to make stories available electronically. In one country, many stories were hand-written and illegible. The MOH decided to vote for the top stories using only stories that were typed, a decision which excluded half of all collected user and provider stories.

- Because of widespread use of 'success' stories in international FP, it is important to emphasize throughout the MSC process that an MSC story is not the same as a FP success story, and that one measure of a quality MSC process is that negative significant stories are collected as well as positive ones. This is particularly important during the story selection phase.

KEY REFERENCES & RESOURCES

Davies, R. & Dart, J. 2005. *The Most Significant Change (MSC) Technique: A Guide to Its Use*. <http://www.mande.co.uk/docs/MSCGuide.pdf> Accessed 9 August 2013

Dart, J.J. 1999a. "The Tale Behind The Performance Story Approach." *Evaluation News and Comment*: 8, No.1, pp 12–13. <http://www.clearhorizon.com.au/wp-content/uploads/2011/08/evalcomment.pdf>

Dart, J.J. 1999b. "A Story Approach For Monitoring Change In An Agricultural Extension Project." Proceedings of the Association for Qualitative Research (AQR), International Conference, Melbourne, AQR. www.latrobe.edu.au/www/aqr/offer/papers/JDart.htm

Using Most Significant Change Methodology to Evaluate Impact of a Health Innovation in Four Countries. May 2013. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID).

MOST SIGNIFICANT CHANGE STORY COLLECTION FORM

[Organization] and *[Partner/Ministry]* would like to capture stories of significant change that may have resulted from the work in the introduction and expansion of *[innovation]* in family planning programs in *[location]*. This will help us improve our efforts and enable us to celebrate the successes together.

The stories and information collected from these interviews will be used for a number of purposes including:

- to identify areas that need improvement;
- to learn what has already been achieved;
- to help understand what is important to the people of *[location]*; and
- to acknowledge and publicize what has already been achieved.

CONTACT DETAILS

Name of storyteller* _____

Category: (tick one)

User/community member ____

Provider/health worker ____

Program manager ____

Other (list) ____

Sex of storyteller: (tick one) Male ____ Female ____

Name of person recording story _____

District: _____ Block: _____

Date _____

** If they wish to remain anonymous, do not record their name or contact details—just write job title or category – ie, service provider, user, MOH official, or some similar description.*

CONFIDENTIALITY

We may wish to use your story for reporting to our partners, or sharing with other people in the region.

Do you (the storyteller):

Allow us to write down your story and share it with others? (tick one) Yes ___ No ___

Would you like to have your name on the story? (tick one) Yes ___ No ___

Would you like to have your photo on the story? (tick one) Yes ___ No ___

QUESTIONS

1. Tell me about how you learned about [innovation] and how you got involved with [innovation].

2. Please take a few minutes to think about all the changes that have happened this past year.

For users and community members:

Changes related to using the [innovation]

For providers / health workers:

Changes related to including the [innovation] in your services

For program managers:

Changes related to including the [innovation] in your program

Pause here to allow the story teller to think about all the changes.



3. From your point of view, describe a story that best illustrates the most significant change that you have experienced as a result of [innovation] being offered in your program or community or being used in your personal life.

4. Why is this story significant for you?

Domain of story (tick one):

- ☐ **Domain #1:** User perspective on *[innovation]*
- ☐ **Domain #2:** Provider perspective on *[innovation]*
- ☐ **Domain #3:** Program perspective on *[innovation]*
- ☐ **Domain #4:** Other

BUILDING INNOVATION-COMPETENT ORGANIZATIONS: ORGANIZATIONAL CAPACITY ASSESSMENT TOOL (OCAT)

PURPOSE

To regularly assess changing organizational capacity to the point where an organization or institution was deemed 'Innovation competent.'

A key aim during the scale-up process is to transfer capacity to other organizations, preferably local ones that remain in-country over the long term. IRH's goal was to create 'Standard Days Method® (SDM)-competent' organizations, in a given technical or management area, with an understanding that once competency was built and responsibility transferred for specific activities, IRH could focus capacity building on a new round of resource and user organizations that were not yet SDM-competent.

For example, IRH's technical assistance to PSI offices in DRC, Mali, and Rwanda helped these country-level PSIs to become SDM-competent and graduate from technical assistance. By mid-point in the scale-up phase IRH no longer had active TA partnerships; PSI could handle training, promotion, and procurement with little support from IRH. In the early scale-up years, IRH's technical assistance to local NGOs that wanted to add the SDM into their FP programs (e.g., IPPF affiliates in Mali and Rwanda, local NGOs in Guatemala, DRC, and India), also led to NGOs competent in service provision, training, commodity resupply, and community outreach.

The FAM Project monitored capacity building and graduation of targeted organizations over a five-year period in different SDM program areas necessary for SDM sustainability at scale.

From the Benchmark Tables we know that by the end of the scale-up phase in the five countries, 66 organizations were deemed SDM-competent and had graduated to full resource organization status.

HOW IT WAS DEVELOPED AND USED

An experiential-evidence-based approach was used by IRH to assess whether an organization should be deemed SDM-competent based on interactions with staff in different resource and user organizations. IRH staff gathered information on the capacity of organizations from a variety of sources, including discussions with management and technical staff during meetings, observations during training, and interactions during joint technical efforts to integrate SDM into materials, procurement lists, FP service delivery programs, etc. An additional information source was how often a partner requested assistance from IRH for help in achieving a specific activity.

Due to the complexity and range of SDM competencies needed during scale-up, a written Organizational Capacity Assessment Tool (OCAT) was never developed. Technical and program management competencies and related capacity-building efforts needed to be tailored to each organization. Different organizations required different capacities, depending on the role they were playing in scaling up, and whether they focused on training, social marketing, demand creation, service provision and supervision, procurement, and/or norms setting. This tool was developed through a review of the key competencies that

were deemed important for distinct types of organizations. To IRH's knowledge, the OCAT worksheet presented here is the first such worksheet developed for scaling up a new FP method.

LESSONS LEARNED

- Not all competencies (or areas of competency) need to exist in any one organization, including the MOH; some capacity areas may be externally resourced, e.g., media efforts.
- Once 'graduated' an organization remains SDM-competent or can relapse into needing technical assistance again. This is because staff, including program managers, trainers, champions, leaders, transfer or leave organizations and project/donor bases shift. Relapses also occur when the external environment changes and organizations need to adapt to remain viable. Because of this, monitoring is needed to ensure that built capacity is sustained within an organization.
- Training is a big piece of building capacity. We have learned that getting SDM into training curricula creates a foundation. Ensuring that SDM is treated equal to other FP methods during training delivery is not assured and needs to be monitored. This is especially true in an environmental context of promotion of long-acting and permanent methods.

VALUES

Conducting regular organization capacity assessments relating to innovation scale-up involves initially assessing and then monitoring how organizations (leaders, managers, trainers and norms-setting policies) value the innovation. Likewise, during the capacity-building process attention needs to be paid to ensuring organizations understand and apply the inherent values in the innovation. Organizational values will influence the scale-up process and ultimately determine scale-up outcomes.

KEY REFERENCES & RESOURCES

New Partners Initiative Technical Assistance Project (NuPITA). Building NGO Capacity to Implement High-Quality Programs Using the Organizational Capacity Assessment Tool. John Snow Inc. 2011

Fertility Awareness-Based Methods (FAM) USAID Evaluation 2011 Self Assessment. January 2011. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID).

ORGANIZATIONAL CAPACITY ASSESSMENT TOOL (OGAT) FOR INNOVATION SCALE-UP

	Yes	Partial	No	Comments
MANAGEMENT CAPACITY				
Organizations are “innovation-competent” if they have...				
✓ ability to lead or shepherd the scale-up process in collaboration with other stakeholders				
✓ policies within the organization that facilitate scale-up (e.g. support for key values, such as informed choice or gender equality)				
✓ skilled staff with experience in capacity building, advocacy, MLE or research				
✓ capacity and motivation to do policy and advocacy for the innovation				
✓ MIS and reporting systems that include the innovation				
✓ MLE system that addresses innovation				
✓ an efficient supervision structure for the innovation				

	Yes	Partial	No	Comments
TECHNICAL CAPACITY				
Organizations are 'innovation competent' if they have the ability to...				
In-service Training				
✓ prepare accurate training plans and materials specific to the innovation				
✓ deliver training, including counseling practicum and use of case study materials				
✓ evaluate training participants' knowledge; apply evaluation findings to improve performance				
Service delivery supervision				
✓ observe and assess skills of provider performance				
✓ provide supportive feedback to improve performance and address potential biases				
✓ undertake whole-site supervision: systematic monitoring of commodity availability and stock out history, availability of IEC materials, correct recording of services (e.g. FP users)				

	Yes	Partial	No	Comments
Monitoring, learning & evaluation				
✓ compile and use service statistics data to track expansion progress, identify issues and make mid-course adjustments				
✓ apply evaluation tools, compile findings, and use findings to monitor quality of services and/or use				
Health workforce education institutions (Pre-service training)				
✓ apply knowledge underlying the innovation (ex. the biological basis for SDM effectiveness and mode of action)				
✓ identify and utilize technical resources related to innovation				
Organizations developing and distributing IEC materials and implementing mass media campaigns				
✓ integrate technically correct and appealing images and messages related to innovation into print materials				
✓ develop technically correct and appealing messages for mass media applications				
Organizations involved in commodity procurement				
✓ Ability to make realistic commodity projections, using the NUMs guide or historical data				



	Yes	Partial	No	Comments
Organizations using social marketing to increase access of FP products				
✓ Ability to develop creative briefs that accurately reflect innovation and correct misconceptions				
✓ Ability to develop messaging based on formative research findings				
✓ Ability to develop media spots to promote sales				
Development of sales strategy for a new method/SDM				
✓ determine market price based on willingness-to-pay studies				
✓ support new product expansion using strategies such as deploying retail promoters to promote sales to retailers				

