

Integrating and Scaling-Up Fertility Awareness-Based Methods (FAM): Delivery Points (SDPs) in Jharkhand, India

Submitted June 2013
The Institute for Reproductive Health
Georgetown University



USAID
FROM THE AMERICAN PEOPLE



© 2013. Institute for Reproductive Health, Georgetown University

Recommended Citation:

Integration and Scaling-Up Fertility Awareness-Based Methods (FAM): Findings from a Facility Assessment Survey, Jharkhand, India. June 2013. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID).

The Institute for Reproductive Health (IRH) is part of the Georgetown University Medical Center, an internationally recognized academic medical center with a three-part mission of research, teaching and patient care. IRH is a leading technical resource and learning center committed to developing and increasing the availability of effective, easy-to-use, fertility awareness-based methods (FAM) of family planning.

IRH was awarded the 5-year Fertility Awareness-Based Methods (FAM) Project by the United States Agency for International Development (USAID) in September 2007. This 5-year project aims to increase access and use of FAM within a broad range of service delivery programs using systems-oriented scaling up approaches.

This publication was made possible through support provided by the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement No. GPO-A-00-07-00003-00. The contents of this document do not necessarily reflect the views or policies of USAID or Georgetown University.

The FAM Project

Institute for Reproductive Health
Georgetown University
4301 Connecticut Avenue, N.W., Suite 310
Washington, D.C. 20008 USA

irhinfo@georgetown.edu
www.irh.org

Acknowledgements

We would like to acknowledge GfK Mode for their contributions to the development and completion of this report. We are thankful to GfK Mode staff and consultants, particularly Ms. Urmil Dosajh for her cooperation and Sabhajeet Kumar and Raj Kumar for supervising the process of carrying out the interviews which informed this report.

Table of Contents

Acronyms	i
List of Tables & Figures	i
Executive Summary.....	v
1. Introduction	1
2. Methodology and Data Collection	3
3. Household Profile.....	7
4. Service Providers	13
5. Community Health Workers (Sahiyyas)	21
6. Overall Achievements of the Project.....	31
Appendices	45

Acronyms

AHS	Annual Health Survey
ANM	Auxiliary Nurse Midwife
APHC	Additional Primary Health Center
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
CBD	Community Based Distributor
CHC	Community Health Center
CPR	Contraceptive Prevalence Rate
CS	Can't say
DK	Don't know
DLHS	District Level Household Survey
ECP	Emergency Contraceptive Pills
F.P	Family Planning
FAM	Fertility Awareness – Based Methods
GOI	Government of India
GOJ	Government of Jharkhand
HH	Household
HMIS	Health Management Information System
HSC	Health Sub Center
IPC	Inter Personal Communicator
IRH	Institute of Reproduction Health
IUD	Intrauterine Device
LAM	Lactational Amenorrhea Method
LHV	Lady Health Visitor
MHW	Male Health Worker
MO	Medical Officer
NGO	Non Governmental Organization
PHC	Primary Health Center
PPS	Probability Proportional to Size
PSU	Primary Sampling Unit
RMP	Registered Medical Practitioner
SDM	Standard Days Method
SDP	Service Delivery Point
TB	Tuberculosis
TV	Television
USAID	United States Agency for International Development
VIP	Ventilated Improved Pit

List of Tables & Figures

Table 3.1: No. of Health Facilities Assessed.....	7
Table 4.1: No. of Service Providers Interviewed by district and category of Service Provider	13
Table 5.1: No. of Sahiyyas Interviewed	21
Table 6.1: Type of Visits in which LAM is Offered.....	32
Table 6.2: What SDM Client is Told, If SDM Trained Provider is Not Available.....	33
Table 6.3: What a LAM Client is Told, if LAM Trained Provider is Not Available	33
Table 6.4: Sahiyya’s Training on SDM and LAM.....	34
Table 6.5: Supply of CycleBeads and LAM Client Cards to Sahiyyas	36
Table 6.6: Recording of SDM and LAM Clients	36
Table 6.7: SDM Service Provision	37
Table 6.8: Material Used in SDM Counseling.....	37
Table 6.9: What a Woman Should Do if She Forgets to Move the Ring.....	38
Table 6.10: Requirements a Woman Should Meet to use SDM	38
Table 6.11: Percieved Advantages of SDM	40
Table 6.12: Knowledge about Eligibility Criteria for Using LAM	41
Table 6.13: Percieved Advantages of LAM	41
Table 6.14:SDM Counseling	43
Table 6.15: Knowledge for Postpartum Eligibility to use SDM.....	43
Table 6.16: Knowledge of Conditions for Using LAM	44
Figure 1: Type of Visits in Which LAM is Offered.....	32
Figure 2: What SDM Client is told, if LAM Trained Provider is Not Available.....	33
Figure 3: What a LAM Client is Told, if LAM Trained Provider is Not Available	33
Figure 4: Sahiyya’s Training on SDM and LAM.....	34
Figure 5: Supervisory Visit in the Last 6 Months Prior to the Survey	35
Figure 6: Availability of CycleBeads and LAM Client Cards in the Stock.....	35
Figure 7: Supply of CycleBeads and LAM Client Cards to Sahiyyas.....	37
Figure 8: Material Used in SDM Counseling	37
Figure 9: Advice to a Woman if She Doesn’t Know her Cycle Length to use SDM	39
Figure 10: Use of Client Card in LAM Counseling.....	44

Integrating and Scaling-Up Fertility Awareness-Based Methods (FAM): Delivery Points (SDPs) in Jharkhand, India

Executive Summary

This executive summary outlines key outcomes of a systematic scale up of the Standard Days Method (SDM) and the Lactational Amenorrhea Method (LAM) of family planning (FP) in the populous state of Jharkhand in India, 2007-2013. In particular it focuses on the results of coordinated scale-up activities on service delivery. These activities included intensive training of various levels of providers, integrating SDM and LAM in both facility-based and community-based FP counseling and outreach, equipping facilities with client visual aids, counseling cards and other communication materials, and training in procurement to avoid stockouts of commodities. The report that follows describes the evaluation methodology and gives full results.

Background

The state of Jharkhand is home to 33 million people, most of whom live in rural areas and have little education and poor nutrition. Improving health, including reproductive health (RH) was a challenge for the government. Early childbearing and closely spaced births contributed to high infant and maternal mortality. Poor breastfeeding practices also took a toll on infants' health. The total fertility rate was among the highest in India and contraceptive use was only about 36 percent in 2006—just before scale-up began--and mostly due to female sterilization. Impressed by a pilot study implemented by Georgetown University's Institute for Reproductive Health (IRH), the Jharkhand Ministry of Health and Family Welfare (MOHFW) saw the potential for culturally acceptable methods such as SDM and LAM that could help women delay and space births. In October of 2007 the MOHFW and IRH became partners and worked together for over five years to scale up these methods; the project covered half the districts of Jharkhand, an area of 12 million people.

Training of master trainers began in November 2007 at the state level, followed by district-level training of trainers from February to June 2008. Those trainers then trained FP providers at the facility and community levels, starting in July 2008. The trainings were completed in 2009 at which time the midline facility survey took place. This report compares findings of the midline survey and the endline survey in terms of the status of SDM and LAM services and the quality of care provided by clinic-based FP providers and community health workers (sahiyyas) affiliated with the health facilities. Findings are based on interviews with program managers and facility-based and community-based health providers associated with all 176 public health facilities--district hospitals, community health centers (CHCs) and primary health centers (PHCs) in the four districts evaluated and health sub-centers (HSCs) in districts selected for the household survey (findings given in a separate report).

Health facilities results

Offering SDM and LAM. The findings are encouraging. **SDM, LAM, condoms and pills were offered at almost all the health facilities (93-98%) assessed and all health facilities had at least one trained provider to offer FP services, including at least one trained provider to offer SDM.** Nonetheless, 17% of facilities did not offer SDM during the times when other family planning services were offered due to “a lack of trained provider” and “no woman who was eligible had visited the facility seeking the method.” Given the newness of both SDM and LAM, it seems appropriate that providers bring up these methods. The percentage of health facilities that supply CycleBeads (89%) and LAM client cards (86%) increased significantly in endline from midline (65% for CycleBeads and 14% for LAM client cards).

All facilities except one had at least one trained provider to offer LAM to postpartum women. Overall, the percent of health facilities offering LAM to clients when they visit the health facility for antenatal, delivery, family planning, postpartum and child health and growth monitoring services increased significantly in the endline survey from the midline. However, 5 HSCs reported that they did not offer LAM during the times when they offered family planning services. The same reasons were given: “a lack of trained provider” and “no eligible woman visited at the health facility to seek the method.”

Almost all health facilities have affiliated sahiyyas to extend their reach to the community. Almost all of them have been trained to offer SDM and LAM and in fact do offer SDM and LAM at the community level. There was a significant increase in sahiyya’s training compared to the midline survey.

Supervision. At endline, significantly more managers and services providers reported supervisory visits to their FP unit by an official than at midline (61% and 46% respectively). On average, two supervisory visits were made in the preceding six months. **Supervisory visits included observing FP services (96%), LAM (91%) and SDM (87%)**; inquiring about FP counseling (88%), SDM (93%) and LAM (93%) counseling; examining FP registers (75%) and family planning client charts (74%) and reviewing tools, including SDM (87%), and LAM (87%). Feedback was provided during supervisory visits in 76% of health facilities and reinforcement training was provided in 59% of health facilities.

Information, education, and communication (IEC) materials are important for generating awareness of the availability of health and FP services. **Posters giving information on SDM and LAM were observed inside (71%) facilities and outside (65%)** and were clearly visible in most places. Almost half the facilities had wall displays but FP brochures and flip charts to support FP counseling were not widely available during the facility assessment.

Nearly all health facilities offered some form of health education. Managers reported that talks about FP were held weekly in over 60% of facilities and in almost 40% of facilities they were held monthly. SDM and LAM were included in almost all the facilities where talks were given.

In addition to facility-based activities, **almost all health centers provided FP education through outreach activities, such as community talks and home visits, and SDM was included in virtually all the activities.** LAM was included in 91% of home visits and 79% of community talks. Sahiyyas led the majority of the outreach activities (87%), followed by ANMs (80%) and community volunteers (21%).

Norms, protocols and commodities. In all, fewer than half the facilities (43%) reported having written norms and protocols on FP. **Of the facilities that had FP norms and protocols, almost all managers specifically mentioned the inclusion of SDM and LAM.** Because nearly all facilities offer OCs, condoms, SDM and LAM (93-98%), having commodities in stock is a major concern. Most had CycleBeads in stock (93%), condoms (91%) and oral contraceptive pills (90%) at the time of survey. But fewer than half the facilities had LAM client cards in their inventory. Almost all facilities that had CycleBeads in stock had correct inserts (99%), extra ring (99%) and correct (2013/2014) calendars (82%). **Significantly more health facilities had CycleBeads and LAM client cards in stock at the endline survey than at midline** (93% vs. 76% for CycleBeads and 49% vs. 2% for LAM client cards). There is room for improvement: in the three months preceding the survey, just over half the facilities reported stockouts of oral contraceptives and condoms and 38% had run out of CycleBeads and LAM client cards. Most facility managers reported that the procedure to procure additional supplies of was to submit a request in writing to their next-level supervisory facility.

Service provider results

All providers' knowledge and provision of SDM. Virtually all service providers were aware of SDM and most (87%) reported that they had offered SDM in the past year. Almost 80% of service providers offered SDM in the three months preceding the survey. Moreover, service providers have a sound grasp of SDM counseling points; more than 90% of all service providers, regardless of level, knew all the key instructions for SDM counseling. They were somewhat weaker on eligibility criteria for SDM use and when a woman can start the method. Only 62% providers felt that "a woman who knows the date of her last period can begin using the SDM at the start of her next period." However, 92% of providers answered correctly that if a woman meets the eligibility criteria to use SDM, but does not remember the date of her last period, she can begin using the method at the start of her next period.

A vast majority of service providers felt that SDM is easy to use and advantageous. A little over 60% of service providers felt that SDM is more effective than condoms, OCs and injectables (In fact, when practiced perfectly, SDM efficacy is just under OCs and injectables and above condoms).

All providers' knowledge and provision of LAM. Virtually all service providers were aware of LAM. Over 90% service had provided information on LAM in the past 3 months. Of these service providers, 93% reported that LAM was included in the family planning protocol of their health facility (Note: the facility assessment found only 43% of facilities had written FP protocols; the protocols may have been communicated orally). The majority of service providers identified exclusive or near exclusive breastfeeding as a criteria for LAM use (92%), followed by those who identified “the child is less than six months old” (83%) and “her menses has not yet returned after birth of the baby” (77%). Thus most providers were able to correctly identify the three LAM criteria, but only 18% highlighted the need to plan for transitioning to another method of FP suitable for postpartum women when any one of the three criteria no longer apply.

Community health workers (sahiyyas). About 85% of sahiyyas who were providing SDM counseling or services had received training on SDM and condoms. The majority also had training on oral contraceptive pills (81%), and LAM (76%). **The majority of sahiyyas felt confident in their FP knowledge and prepared to offer most methods of FP including condoms (84%), SDM (82%), OCs (81%) and LAM (75%).**

More than 80% of sahiyyas were able to correctly identify all 11 key points of information about SDM counseling and almost 60% correctly identified the guideline that a postpartum woman should have had at least four periods since the birth of her baby before starting SDM. Two-thirds knew that postpartum women whose periods had become regular were eligible for SDM; almost half stated that the time between her last two periods should have been approximately one month apart.

About two-thirds of sahiyyas include LAM messages in their home visits. Almost half included LAM in “talks during community meetings.” The majority of sahiyyas (about 75%) correctly identified “exclusive or near exclusive breastfeeding” and “her menses has not yet returned after the birth of the baby” as criteria for LAM, and slightly fewer identified “the child is less than six months old” (65%). **Unfortunately, only a few sahiyyas (12%) mentioned “the importance of counseling a woman to transition to another method when any of the three LAM criteria were no longer met.”**

Interpersonal Communicators (IPCs) and Registered Medical Practitioners (RMPs). There are two additional cadres of health workers—IPCS and RMPs. **All 10 of the IPCs and**

15 RMPs interviewed were providing advice or counseling on FP, child health and maternal health. Of them, 8 IPCs and one RMP were giving talks at community meetings or counseling on SDM and LAM. All 8 of these IPCs had received training on SDM and LAM while the RMP received training only on SDM. The majority of IPCs felt confident and well prepared to provide information on SDM. All of them used Cycle Beads and calendars as SDM counseling tools and LAM brochures and client cards.

Conclusion

Intensive activities to scale up SDM and LAM in 12 districts of Jharkhand have yielded positive results. These methods—previously unknown—are now widely available through facility-based and community-based services in a geographic area of over 12 million people. Providers at every level have been trained and feel well prepared to offer the new methods. Facility-based and community-based health education and counseling has raised awareness of SDM and LAM among couples. Use of SDM and LAM, while still low, is increasing. Capacity-building has also strengthened the health system for all FP methods and maternal and child health services, increasing the quality of care for mothers and children.

1. Introduction

1.1. Background of the Study

A six-year project was awarded in 2007 by the United States Agency for International Development (USAID) in Jharkhand under the Fertility Awareness Methods (FAM) Project. The institute for Reproductive Health (IRH) at Georgetown University has been providing technical assistance to the Government of Jharkhand to scale up the availability of FAM into family planning (FP) service delivery in public health facilities in the state. The two FAM methods included in the project are the Standard Days Method and Lactational Amenorrhea Method.

The Standard Days Methods (SDM)

SDM is a FAM that was developed and tested by IRH. It is appropriate for women with menstrual cycles that usually range between 26 and 32 days long. It identifies days 8 through 19 of the cycle as the days when the woman is most likely to get pregnant. To prevent pregnancy, the couple avoids unprotected intercourse during these days.

Most women who use SDM find CycleBeads helpful in tracking their cycles. CycleBeads, a color-coded string of beads representing the menstrual cycle, helps users identify which day of their cycle they are on, and determine whether they are on a day when they are likely to get pregnant if they have unprotected sex. It also helps users track their cycle length, to monitor continued eligibility to use the method.

The Lactational Amenorrhea Method (LAM)

Another FAM method included in the project in Jharkhand is LAM, which can be used by postpartum women. It stipulates that the woman is protected from pregnancy as long as she meets three conditions: (1) her baby is younger than six months; (2) she is breastfeeding fully or nearly fully and (3) she is still in postpartum amenorrhea.

The goal of this project was to make these two methods available in public-sector family planning programs in half the state (12 of 24 districts) and to raise awareness of these methods so that at least 40% of people in these districts have heard of SDM and LAM. The expansion of SDM and LAM proceeded in phases. First, SDM and LAM were introduced in three districts (Gumla, Chatra and Deoghar) and one block in a fourth district (Pakur) in 2008. Next, the methods were introduced in Pakur (entire district), Sahibganj, and Dumka districts beginning in March 2010. Finally, the districts of Godda, Koderma, Hazaribag, Jamtara, Khunti, and Ramgarh were added in November 2010 to bring the total to 12 districts. IRH provided technical assistance for SDM and LAM integration in a variety of areas

including capacity building, advocacy, awareness-raising, monitoring and evaluation, policy and budgetary integration, and CycleBeads procurement and logistics. This study was designed to evaluate the outcome of these scale-up efforts to date, and to guide continued program efforts. GfK MODE Pvt. Ltd. was identified to conduct this endline evaluation study of integrating these two methods into the family planning services available in health facilities in four districts of Jharkhand (Chatra, Deoghar, Dumka and Gumla).

1.2 Components of the Study

This evaluation consists of two components:

[1] Household survey

[2] Survey of Service Delivery Points (SDPs), including interviews with health workers

This report presents the findings on the second component of the study [i.e survey of Service Delivery Points (SDPs)]

1.3 A Profile of Jharkhand

Jharkhand is located in Eastern India, and was brought into existence by the Bihar Reorganization Act on November 15, 2000. Jharkhand has been divided into 24 administrative districts and has a population of 32.96 million, consisting of 16.93 million males and 16.03 million females. The sex ratio is 947 females per 1000 males. The population consists of 28% tribal people, 12% scheduled castes and 60% others. The population density of the state is 414 persons per square kilometer of land. As per the 2011 census conducted by the Government of India, the official literacy rate for the state was 67.6% (78.5% for males; 56.2% for females).

According to the Annual Health Survey (2010-11)¹, the CPR for women of reproductive age (15-49) years is approximately 48%, and there is an unmet need for family planning of 30% (16% for spacing and 14% for limiting methods). The prevailing method of family planning is female sterilization (29%), followed by oral contraceptive pills (4%). The use of traditional methods is estimated to be approximately 10%.

1.4 Objectives of the Study

All public health facilities (District hospitals, CHCs, PHCs and HSCs) were selected in the four study districts of Chatra, Deoghar, Dumka and Gumla to assess the status of SDM and LAM services, as well as the quality of care or services provided by family planning providers and

¹ Annual Health Survey (2010-11) Fact Sheet, Office of the Registrar General & Census Commissioner, Govt of India.

community health worker (called Sahiyya in Jarkhand) , affiliated with the selected health facilities. The lists of the health facilities were provided by IRH, Jharkhand.

The health facilities were surveyed to examine the availability of services, number of personnel trained who are actually providing FAM services, inclusion of FAM in record keeping systems, information systems, IEC materials and activities , as well as inventory of supplies and materials related to providing the SDM and LAM. Service provider's competency and attitudes were assessed through provider's and Sahiyya's interviews.

More specifically, the goals of the study were to assess:

- status of delivery of SDM and LAM at the public health facilities
- quality of services of these methods (SDM & LAM) provided by the service providers of the family planning services and sahiyyas.
- competency and attitudes of the service providers and sahiyyas
- inventory of supplies and materials related to the services of these methods.
- training status of the personnel working and providing family planning services at the health facilities.
- inclusion of the services in the existing record keeping systems and health management information system (HMIS), and
- the quantity and quality of IEC materials and activities related to these methods

1.5 Chapterization of the Report

The report consists of six chapters beginning with the present introduction chapter. The second chapter discusses the methodology adopted for sample selection of health facilities, service providers and sahiyyas. It also gives the coverage, and briefly describes the study tools administered for data collection. The third chapter shows results of the health facilities, while fourth and fifth chapters present the study findings pertaining to service providers and community health workers including sahiyyas, Inter Personal Communicators (IPCs) & Registered Medical Practitioners (RMPs) respectively. Chapter six compares the endline survey findings with those of the earlier survey to show how far the set goals of the Project have been achieved.

2. Methodology and Data Collection

This chapter describes the methodology adopted for the selection of target facilities/respondents (health facilities , service providers and community health workers called sahiyyas in Jharkhand) and the study tools for data collection. It also highlights the field operations plan carried out, including recruitment, training and deployment of field teams and data processing.

2.1 Survey and Sampling Design

2.2.1 Selection of service delivery points (SDPs) i.e. health facilities

Jharkhand state has a district hospital at the district level and one CHC per block, a CHC is intended to serve a population of approximately 100,000. PHCs were created to supplement the health services. A PHC serves a population of approximately 30,000 people. HSCs serve as the peripheral outpost of the public health system and one HSC is intended to serve the needs of health services for a population of 5,000.

All the districts hospitals (4), Community Health Centres (CHCs) (33), Primary Health Centres (PHCs) (48) and Health Sub Centres (HSCs) (91) serving the population in the four study districts were included in the study. The district-wise lists of the health facilities were provided by IRH/India. In addition, HSCs in the area where the household survey took place, were also included in this facility survey.

2.2.2 Selection of the respondents

Three staff members of each at PHC, CHC and District Hospital, including at least one medical officer, Auxiliary Nurse Mid Wife (ANM) at health sub centres, and four sahiyyas from each selected health facility were interviewed. If the number of existing sahiyyas attached to any health facility was less than four, then all sahiyyas were interviewed.

The respondents were selected by adopting the following approach:

- All providers at the selected PHC, CHC and District Hospital were listed and three were selected for interview by systematic random sampling. If the service providers at any health facility were less than three, all were interviewed. In many PHCs only two interviews (Medical Officer and ANM) were done, as there was no LHV posted in those PHCs. At the HSC, ANM was only interviewed. There were two ANMs in a number of HSCs. In such situations, both ANMs were interviewed.
- Four sahiyyas were selected randomly from each of the selected health facilities. If there were less than four sahiyyas attached to any health facility, all were interviewed.
- In addition to the above, 10 IPCs and 15 RMPs were also interviewed in Deoghar, where social marketing of CycleBeads had been introduced. The list of 14 IPCs and 15 RMPs was provided by the IRH/India. Four IPCs refused for interview as their contract with the project was over.

The table below shows the sample of respondents covered in the survey.

Category of respondents	Sample size covered
1. Health facilities	
- District Hospitals	4
- CHCs	33
- PHCs	48
- HSCs	91
2. Service providers	300
3. Sahiyyas	422
4. IPCs	10
5. RMPs	15

2.2 Study Tools

Three type of study instruments were used for data collection; these were:

- Facility assessment questionnaire ,
- Service provider interview questionnaire, and
- Sahiyya interview questionnaire.

The study instruments provided IRH were suitably adapted to the local context , translated into Hindi and pre-tested in local language. The tools were reviewed and finalized by IRH after their pretesting. All These tools are attached in Annexure-1. All study protocols and instruments were approved by the Georgetown University Institutional Review Board.

2.3 Recruitment and Training of Field Teams and Field Workers

2.4.1 Recruitment and training of field teams

In order to maintain uniform survey procedures across the study districts, a training manual dealing with different aspects of the survey was prepared. The manual consisted of instructions for the interviewers regarding interviewing techniques, field procedures and instructions on the method of asking each question and recording answers. It also included detailed instructions for the field supervisors in the survey. A copy of the manual was given to each member of the field team including supervisors.

A team of 12 field staff (ten investigators and two supervisors) were recruited and trained for the study. More field staff were recruited and trained than required, to make provision for dropout due to illness, poor performance or other unforeseen circumstances. All the investigators had worked earlier with GfK MODE. The two supervisors were selected from

the pool of such personnel maintained by GfK MODE to ensure accountability for quality data. The field training was conducted in two phases. In the first phase, six staff members (five investigators and one supervisor) were trained at Ranchi from 15th January to 23rd January, 2013. In the second phase, another six staff members (five investigators and one supervisor) were trained from 16th to 21st February, 2013. Both of these trainings included the training of field staff on the household survey tools also. The trainings included classroom training, mock interviews, field practice and feedback about the interview process and how to complete the questionnaires. In addition, the supervisors were given briefing about the scrutiny/editing work and back-check of completed questionnaires.

Two senior managerial level officers from GfK MODE and IRH state program officers and consultant conducted the trainings. Two teams were formed from the trainees trained in each phase of training. Each field team comprised of four investigators and one supervisor. Two senior field executives of GfK MODE supervised and monitored the complete field work. Annexure – 2 provides a list of trainees.

2.4.2 Field work and data collection

Data collection dates by district

District	Dates of conducting data collection
Deoghar	27/1/2013 to 7/3/2013
Dumka	27/1/2013 to 26/2/2013
Chatra	22/2/2013 to 7/3/2013
Gumla	22/2/2013 to 10/3/2013

2.4 Quality Assurance and Quality Control Measures

To ensure quality data, the following steps were taken:

- The supervisors recruited under the study were well experienced and had retainership arrangement with Gfk MODE ensuring their accountability for data quality.
- Supervisors back checked 15% of all completed questionnaires of all the field investigators in their teams daily.
- Supervisors reviewed and edited all completed questionnaires daily for completeness and consistency.
- The field executive, who was overall responsible to supervise and monitor the field work of his/her team, also securitized 5% of completed questionnaires randomly selected the from total during their monitoring field visits.
- Completed questionnaires were regularly received and reviewed at GfK MODE's Delhi headquarters during the fieldwork period; Gfk MODE office editors reviewed and examined the questionnaires prior to data entry.

2.5 Data Management

All completed questionnaires were reviewed by GfK MODE's Delhi headquarters staff prior to data entry. Data entry was conducted using customized software and entered by senior staff of the Analysis Division. Double entry of data was done and the two sets of data were matched. Data were fully validated through programmed checks in the software of data entry prior to analysis; any inconsistencies were verified by referring the original questionnaire.

Data processing and analysis was done using SPSS software. Prior to analysis, tabulation plans were developed, shared with and approved by IRH. Tables were generated according to the tabulation plans. The completed report was finalized in consultation with IRH.

3. Assessment of Health Facilities

3.1 Introduction

A total of 176 health facilities were assessed in the survey as shown in in Table 3.1. The evaluation collected information about the services provided at the facility, SDM & LAM training received by health providers at the facility, the roles that sahiyyas served at the facility, IEC materials and their use at the facility, norms & protocols at the facility, logistics & supplies , health information system, and the cost of family planning services. More detailed tables for this chapter are in Annexure – 3.

Table 3.1 : No. of health facilities assessed

Category of health facility	District				Total
	Deoghar	Gumla	Chatra	Dumka	
District hospitals	1	1	1	1	4
CHCs	7	11	6	9	33
PHCs	5	13	7	23	48
HSCs	30	15	22	24	91
Total	43	40	36	57	176

3.2 Training and Service Provision

Methods that require few or no commodities and do not require highly skilled providers are more likely offered at the health facility as reported by facility managers and health providers interviewed (Table 3.2, Annexure -3). SDM, LAM, condoms and pills are offered at almost all the health facilities visited (93-98%), 89% offer IUDs, 42% female sterilization and 36% offer male sterilization.

Other methods like injectables, female condoms, implants and emergency contraceptive pills are very rarely offered at the health facilities (less than 4%). More services are offered at the CHC than the PHC or HSC, while the district hospital offer more services than the CHC. Facilities in Gumla and Deoghar offer more services than Chatra and Dumka.

The majority of CHCs (55%) and PHCs (60%) offer family planning services 1-2 days per week, whereas the corresponding figures for district hospitals and HSCs are 50% and 40 % respectively. Mean number of days per week, the district hospitals and CHCs are offering family planning services is around 4 days, while it is about 3 days for PHCs and HSCs. Mean number of days per week for offering family planning services is highest in Gumla (4.7), followed by Deoghar (3.3). In Chatra and Dumka this mean is around 2 days only (Table 3.3, Annexure -3).

All health facilities had at least one trained provider to offer family planning services. All four of the district hospitals and almost all of the CHCs (97%) had two or more trained providers to offer family planning services, while 63% of PHCs and 5% HSCs had two or more trained providers (Table 3.4, Annexure -3). Mean number of trained providers per health facility was higher in CHCs (6) than in the district hospitals (4). This mean was about 2 in case of PHCs and HSCs.

All facilities had providers who had been trained to offer SDM as a family planning method. Mean number of trained providers to offer SDM was more in Dumka (3.7) than in Gumla (2.7), Deoghar (2.6) and Chatra (2.1). Thirteen health facilities (9 HSCs, 2 PHCs and 2 CHCs) reported that they did not offer SDM during the times when other family planning services were offered. The reasons were: “a lack of trained provider” and “no woman who was eligible had visited the facility seeking the method”.

All facilities except one PHC in Dumka had at least one trained provider to offer LAM as a method of postpartum family planning. Mean number of trained providers to offer LAM and SDM in the study district was very similar. Five HSCs (2 in Deoghar, 1 in Dumka and 2 in Gumla) reported that they did not offer LAM during the times when they offered family planning services. As was the case with the SDM, the reasons cited were: “a lack of trained provider” and “no eligible woman visited at the health facility to seek the method”.

Refresher training for both SDM and LAM had occurred in less than a third of the health facilities in the 12 months preceding the survey (27% in case of SDM and 31% for LAM). A greater proportion of health facilities in Dumka (37%) reported occurrence of refresher training for providers of SDM than in Deoghar (26%), Chatra (25%) and Gumla (18%). Occurrence of refresher training for providers of LAM was reported by more facilities in

Chatra (42%) and Dumka (41%) than in Deoghar (21%) and Gumla (15%) -Table 3.5, Annexure -3.

3.3 When Facilities Started Offering SDM

All district hospitals, two thirds of CHCs and 44% of PHCs began offering SDM over two years before the survey. The corresponding figure for HSCs was 35%. Most of HSCs (70%) started offering the method over a year ago. Only 8 health facilities (6 HSCs and 2 CHCs) receive referrals and these eight facilities are in Deoghar (5) and Gumla (3). None of the health facilities refers clients of SDM elsewhere. Facilities in Gumla reported offering SDM the longest, while it was more recently phased into service delivery in Dumka (Table 3.6, Annexure -3).

LAM was also integrated into service delivery over two years ago at all district hospitals and most CHCs (66%). The majority of PHCs (82%) and HSCs (71%) began offering LAM over a year ago (Table 3.7, Annexure -3).

Facilities in Gumla have been offering LAM the longest (40.5 months ago), while it was shortest in Dumka (21.5 months) compared to Chatra (31.8 months) and Deoghar (30.9 months). The maximum number of health facilities (88%) offer LAM during antenatal visits, closely followed by during delivery visits (85%), family planning visits (72%) and postpartum visits (70%).

Most health facility managers interviewed under the study reported that they ask clients who want to use SDM (86%) or LAM (91%) to return to the facility another day, if there is no trained provider available (Table 3.8, Annexure -3); Another half ask them to go to another provider or clinic (54% in case of SDM and 49% in case of LAM).

3.4 Sahiyya Affiliation Health Facilities

Managers of health facilities evaluated under the study were asked whether sahiyyas were affiliated with their facility and if yes, they were further questioned with what services sahiyyas were providing and whether SDM and LAM were a part of the package of family planning services they offered. Table 3.9 in Annexure -3 provides detailed information on all these aspects.

All health facility managers (except eight -- five PHCs, one CHC and two district hospitals) reported affiliation of sahiyya with their facility. These eight facilities without sahiyya affiliation were - one in Deoghar, five in Dumka and two in Gumla. Managers of 91% of the facilities reported that sahiyyas were associated with family planning and immunization services and 81% reported sahiyya's association with well-baby care. About a third of

managers reported that sahiyyas were involved in directly observed treatment short course (DOTS) for tuberculosis (TB) patients (36%) and providing health education (34%). Nearly all facility managers (97%) reported that sahiyyas were offering SDM and LAM at the community level. Managers of five health facilities only (two in Deoghar and three in Dumka) reported that sahiyyas were not involved with offering SDM and LAM at the community level (Table 3.9 , Annexure -3).

All facility managers reported that all or most of the sahiyyas affiliated with their health facilities had been trained to offer SDM and LAM. Table 3.10 in Annexure -3 provides the percentage of sahiyyas trained in each facility.

3.5 Management and Supervision

There had been no supervisory visit in the six months before the survey in 69 health facilities (45 HSCs, 15 PHCs, seven CHCs and two district hospitals). In the facilities that had received a supervisory visit, an average of around two visits had been made in six months preceding the survey. Among health facilities, this average varied from about two in HSCs to three in PHCs and four in CHCs and district hospitals. Across study districts this average number of visits ranged from one in Deoghar and Gumla to four in Dumka. It was three in Chatra (Table 3.11, Annexure -3).

The activities that took place during the supervisory visits included observing the delivery of family planning services (96%), LAM (91%) and SDM (87%); inquiring about family planning counseling (88%), SDM (93%) and LAM counseling (93%); examining family planning registers/books (75%) and family planning client charts (74%) and reviewing tools, including SDM (87%), LAM (87%). Feed back was provided during supervisory visits in 76 % of health facilities and reinforcement training was provided in 59 of health facilities that had supervisory visits.

3.6 IEC Placement and Availability

IEC materials are an important way of generating awareness of the availability of health and family planning services. Posters were observed inside in the buildings of 125 health facilities (71%) and were clearly visible in all except ten facilities. Information on SDM and LAM were included in posters at all the health facilities where they were clearly visible (Table 3.12, Annexure -3).

At 115 facilities (65%), posters were observed outside the buildings of the facilities; these posters were clearly visible in 103 of these facilities. Information on SDM and LAM was included in posters at 103 and 96 facilities respectively.

Other IEC materials were not widely available during the facility assessment; wall murals/displays including posters, family planning brochures/handouts and flip charts to support family-planning counseling were observed at only 47%, 9% and 2% of the health facilities respectively.

Health education activities were reported to have been undertaken at nearly all health facilities (except five HSCs, three PHCs, one CHC and two district hospitals), the managers reported that talks about family planning were provided at the facility. These talks were held weekly at 61% of facilities; at 38% of facilities they were undertaken monthly. Out of those facilities where talks were provided, SDM was included in talks in all facilities except one CHC in Dumka, while LAM was included in talks in 97% of facilities (except five - one facility in Deoghar and 4 in Dumka).

In addition to facility based health education activities, most health facilities (except 15 - one in Deoghar, 13 in Dumka and one in Gumla) provided family planning education through outreach activities, such as community talks and home visits. In all these facilities (except five - one in Deoghar, three in Dumka and one in Gumla), SDM was included in these outreach activities. SDM was included in 92% of home visits and 78% of community talks. Sahiyyas were reported to conduct the majority of the outreach activities (87%), followed by auxiliary nurse mid wives (80%) and community volunteers (21%).

LAM was included in outreach activities at all health facilities (except one PHC in Dumka). LAM was included in 91% of home visits and 79% of community talks. The majority of outreach activities associated with LAM were conducted by sahiyyas (89%), followed by ANMs (78%). 23% of outreach activities were conducted by facility-based providers (Table 3.12, Annexure -3). These providers may also be ANMs.

3.7 Norms and Protocols

In all, 75 health facilities (43%) reported to have written norms and protocols on family planning, ranging from 33% of PHCs to 67% of CHCs. Across the study districts, the proportion of such facilities varied from 28% in Deoghar to 75% in Gumla. When these 75 facilities were asked to produce the written norms and protocols, 81 % of them could show the documentations to the research teams (Table 3.13, Annexure -3). Almost all these facilities except two (one in Deoghar and one in Gumla), specifically mentioned the inclusion of SDM in the protocol; LAM was included in all but 10 of these facilities (one in Chatra, four in Deoghar, two in Dumka and three in Gumla).

When asked how managers learned that SDM and LAM are included in the family planning in their facility, about two thirds reported that they knew about it from the register (64% for SDM and 69% for LAM).

3.8 Logistics and Supply Procurement

As stated earlier, nearly all facilities provide oral contraceptive pills (93%), and condoms (95%) and most offered SDM (98%) and LAM (96%). As a part of the facility assessment, the current stock was examined to observe supplies available in the facility inventory. 90% or more had stock of CycleBeads (93%), condoms (91%) and oral contraceptive pills (90%) at the time of survey. IRH worked with district level administrators to print and provide LAM client cards to all facilities. The card contains simplified message regarding LAM that the woman can take home and serve to reinforce the three criteria, provide information, and to remind the user to return to the health facility when she is ready to transition to another method of family planning. Almost 49% of health facilities had LAM client cards in their inventory; ranging from 29% in PHCs to 100% in district hospitals. Across study districts, the percentages of such facilities varied from 39% in Dumka to 61% in Chatra. Almost all facilities that had CycleBeads in stock had correct insert (99%), extra ring (99%) and 2013 & 2014 calendars (82%).

51% of facilities reported having had a stock out of oral contraceptives and condoms in the past three months, 38% had been out of stock of CycleBeads and 37% had run out of LAM client cards (Table 3.14, Annexure -3).

Most facility managers reported that the procedure to procure additional supplies of LAM client cards (65%), CycleBeads (72%) and pills (69%) was to submit a request in writing to their next level supervisory facility (Table 3.15, Annexure -3).

All facilities except 9 (six HSCs, one PHC and two CHCs) have a system in place to record contraceptive supplies; Out of these nine facilities, four track their stock on a daily basis through their stock register (Table 3.15, Annexure -3).

Most health facilities provide CycleBeads (89%) and LAM client cards (86%) to their sahiyyas (Table 3.15, Annexure -3).

All facilities except eight (seven HSCs and one PHC) record their family planning clients in a daily register (except for one in Deoghar), including their SDM clients (Table 3.16 , Annexure -3). HSC in Deoghar record their SDM clients in the daily register; mostly by adding a separate column in the register (83%). Aggregate figures of SDM clients are recorded in a monthly form and reported to the next level in all the facilities except two (1 in Deoghar and 1 in Dumka).

LAM recording is not as institutionalized as SDM recording. Overall in 78% of health facilities, LAM clients are recorded in daily registers (Table 3.17, Annexure -3). Across study districts the proportion of such facilities that report recording LAM users varies from 32% in Deoghar to 97% in Chatra. These health facilities further reported that they usually record LAM clients in separate column (83%). All but 6 of these facilities (2 in Chatra, 3 in Deoghar and 1 in Gumla) reported that LAM users are recorded in the aggregate form monthly to report to the next level. A little over three – fourths of health facilities (76%) reported to display data on the number of family planning users by methods at their facility.

3.9 Family planning cost

All health facilities evaluated under the study reported that their family planning services were provided free of cost to clients.

4. Service Providers

4.1 Introduction

A total of 300 service family-planning providers were interviewed, comprised of doctors/medical officers (12.7%), LHVs (11.3%) and ANMs/MHWs (76%). Of these 27.7% were from Gumla and Dumka, 25.7% from Deoghar and 19% were from Chatra. Dumka and Chatra had a lower proportion of ANM/MHWs (74% each) and Deoghar (75%) than Gumla (81%). They were asked a set of questions about their SDM and LAM training, and about counseling in SDM and LAM. This chapter focuses on results of these interviews. Table 4.1 shows providers by district and category of service provider. Annexure-4 contains more detailed tables relating to this chapter.

Table 4.1: No. of service providers interviewed by district and category of service provider (Percentage)

Category of service provider	District				Total
	Deoghar	Gumla	Chatra	Dumka	
Doctors	15.6	7.2	14.0	14.5	12.7
Lady Health Visitors	9.1	12.1	12.3	12.0	11.3
ANMs/ MHWs/others	75.3	80.7	73.7	73.5	76.0
Total	100.0 (77)	100.0 (83)	100.0 (57)	100.0 (83)	100.0 (300)

Note: Figures within parentheses indicate the number of service providers interviewed

4.2 SDM Service Provision and Training

Over half of service providers (63% doctors, 53% LHVs and 50% ANM/MHWs) had been working at their current facility for the last 1-5 years; 29% of LHVs had been at the facility for ten years or more, compared to 5% of doctors and 17% of ANMs/MHWs (Table 4.2, Annexure -4). Providers interviewed had been working at that facility for an average of six years (varying from three years in Chatra to nine years in Dumka).

All but 32 service providers (seven doctors, two LHVs and 23 ANMs / MHWs) received their initial training in family planning; about half were trained 1-5 years before the survey (ranging from 45% of doctors to 50% of LHVs). Providers had received this training an average of seven years ago; six years ago for doctors, nine years ago for LHVs and seven years ago for ANM/MHWs. More than 60% of providers reported the inclusion of various family planning methods in their training with the exception of injectables. Only 10% of service providers reported inclusion of injectables in their training course. SDM and LAM were reported by 60% of service providers, whereas 73% or more service providers reported inclusion of other family planning methods.

All service providers except 5 ANMs/MHWs (one in Chatra and two each in Deoghar & Dumka) were aware of SDM.

About half of service providers (ranging from 45% in Chatra to 55% in Gumla) received their last training more than 12 months ago (Table 4.3, Annexure -4). Providers have received their last SDM training an average of about 25 months ago, ranging from two months in Deoghar to 26 months in Gumla. Providers in Deoghar had received SDM training more recently than providers in other study districts. 46 providers were never trained on SDM and five were not aware of SDM, but all of them (except 4) expressed their desire to have this training and knowledge.

About 87% reported that they had offered SDM in the past year; more by LHVs (91%) than ANMs / MHWs (88%) and doctors (76%). Almost four – fifths of service providers offered SDM in the past 3 months; ranging from 74% of doctors to 85% of LHVs. Across the study districts, more service providers in Chatra & Gumla (87-88%) reported offering SDM in the past 3 months than in Deoghar (65%) and Dumka (83%). Those service providers (59%) who did not offer SDM in the past three months cited “non-availability of CycleBeads with them” and “they did not receive any training on SDM” as the reasons for not offering SDM in the past 3 months. Among those service providers who offered SDM in past three months or had received training on SDM, most of them (89%) offered other family

planning methods besides SDM to their clients. They mostly offered condoms & pills (78% each) and IUD (68%) during the same time period.

4.3 SDM Counseling

Providers who were trained to offer SDM in the past year or who had been offering the method in the past year were questioned to assess their current knowledge of SDM eligibility criteria and key counseling points. More than 90% of service providers knew all the key instructions for SDM counseling; with no difference across the categories of service providers. On average, they reported 10.85 points for counseling out of 11. Thus, service providers have very good knowledge of SDM counseling points (Table 4.4, Annexure -4).

Service providers who had SDM training or who offered SDM in the past year were further asked a series of questions about the materials used to counsel women on SDM. Table 4.5 in Annexure – 4 provides their responses. The majority of providers used calendars as a counseling tool (94%), closely followed by CycleBeads (91%) and inserts/instructions (83%). However, about a quarter reported the use of check list or job aids to counsel women on SDM.

If a woman forgets to move the ring, 88% of providers suggest that “the woman should count the number of days that have passed since the first day of her period on a calendar”, 74% counsel her “to refer to the day marked on her calendar” and 58% ask her “to move the black ring from the red bead as many beads as counted days and place it on the right bead” (Table 4.6, Annexure -4).

While discussing cycle length and regularity requirements for a woman to use SDM, 72% of providers stated “her two periods should be a month apart” and “her period comes when she expects”, 60% reported “her cycle is usually a month long” and 56% stated “the woman and her partner should be ready to abstain or use a condom on the white bead days” (Table 4.6, Annexure -4).

On asking providers how to know if a woman meets the cycle length eligibility criteria, 75% of providers stated that they would find out if “her period comes when she expects”, “her period comes about once a month” (68%) and “woman’s two periods should be a month apart” (32%)-Table 4.6 in Annexure -4.

When service providers were asked what advice they would give to a woman who is interested in using SDM but does not know the length of her cycle, 71% of providers “ask the woman to come back when she has her period”, 50% “ask her to track her cycles”, 40% “will refuse her the method” and 34% “ask her if her period comes when expected” (Table 4.6, Annexure -4).

About 68% will offer SDM to a woman and her partner who report that “her period comes every month when she expects it”, which is in line with the service delivery protocol. However, 42% will “tell her to return when she has her period”, 29% will “tell her to track her cycles” and 19% “will refuse her the method”; with vast variation among study districts and across categories of service providers (Table 4.7, Annexure -4).

Table 4.8 in Annexure – 4 presents provider’s knowledge on SDM eligibility criteria. About 62% of providers feel that “a woman who knows the date of her last period can begin using the SDM at the start of her next period”, while 35% are of this opinion that “she can start using the method now”. This figure is highest in Deoghar (64%), followed by Gumla (54%). It was 13% in Chatra and only 1% in Dumka.

If a woman meets the requirements to use SDM, but does not remember the date of her last period, as high as 92% of providers feel that she can begin using the method at the start of her next period (Table 4.8 ,Annexure -4).

When asked what advice they would give to a woman in the meantime, the overwhelming majority of providers (97%) suggest that she should use condoms. About 80% of providers advise her that she should abstain from sex during this period (Table 4.8, Annexure -4).

Slightly over three-fifths of service providers (61%) would refuse a woman CycleBeads if she was interested in using SDM but did not remember the first day of her period; 27% would not say anything on this point and 9% would provide the woman with CycleBeads (Table 4.8,Annexure -4).

SDM as a method of family planning that depends on cycle regularity has strict guidelines for postpartum use. Almost 71% of providers correctly identified that a postpartum woman should have at least four periods since the birth of her baby, 75% stated that postpartum women whose periods had become regular were eligible to use SDM and 64% stated that the time between her last two periods should have been approximately one month apart (Table 4.8,Annexure -4).

When asked whether a woman who recently stopped using contraceptive pills can use SDM , 54% of service providers correctly stated that a woman who has recently discontinued use of oral contraceptive pills is eligible for SDM use if her cycles were regular before using the pills and she has had three menstrual cycles that came about month apart after she has stopped using pills; about a third of providers stated that a woman who has recently discontinued use of oral contraceptive pills, was eligible to use SDM, which is against the guidelines (Table 4.8,Annexure -4).

When asked how often service providers tell their clients about SDM, nearly two thirds reported doing so all the time and another 28% stated most of the time. Only six service providers said they told their clients about the SDM some of time, and eight providers did not respond. Those 6 providers who tell some of the time about SDM were further questioned as to why they do not tell clients about the method more often. Three providers cited “clients do not ask for it” as the reason , while 2 cited “disapproval of SDM” and one mentioned” lack of CycleBeads” (Table 4.9, Annexure -4).

On asking whether the clients were interested in learning more about SDM, 4% replied in affirmative and 23% reported a mixed interest among their clients. Slightly over fourth quarter of service providers (27%) reported that women were generally not interested in learning more about the method.

Those 187 service providers (69%) who reported that their clients were interested in learning more or reported mixed interest, were further questioned as to whether most clients who expressed their interest in SDM decided to adopt the method. A little over half of providers (53%) responded that their clients decided to use SDM, while 41% stated the acceptance of the method was mixed and only 6% stated that their clients decided against it (Table 4.9, Annexure -4).

Service providers who stated that the acceptance of SDM among their clients was mixed or their clients decided against the method, were further asked what reasons their clients gave for their decision. Table 4.10 in Annexure – 4 provides such reasons. The most frequently cited reason by women was that their husband would not cooperate to avoid unprotected intercourse during the fertile period (53%), closely followed by those who stated “periods are not about a month apart”. Other reasons mentioned were: “no knowledge of the date of her last period” (38%), “period have not returned after birth of baby” (31%), “inconvenience/inability to move band daily” (24%) and “literacy status of women is very low” (22%).

4.5 Health Management Information System for SDM Users

A little over two-thirds of service providers (68%) reported that they had recorded SDM users, most of them stated that they record a woman as SDM user when “she receives CycleBeads” (94%). Two fifths of service providers reported that they record a woman as SDM user when “she is counseled and receives CycleBeads” (49%), “she visits for follow up” (44%), “she is counseled on SDM” (42%) and “she receives a calendar” (40%). Table 4.12 in Annexure - 4 provides such details.

4.6 LAM Service Provision on Training

All service providers except 13 ANMs/MHWs (three each in Chatra and Deoghar and seven in Dumka) were aware of LAM. The majority of them (53%) received training in LAM over a year before the survey; with an average of 25 months ago when they received their most recent training in LAM. This average was the longest for doctors (35 months) and lowest for ANMs / MHWs (23 months).

All those who were not aware of LAM (13) or who did not receive any training in LAM (39) were asked whether they would like to be trained in LAM. The majority of them (88%) expressed their interest in training (Table 4.13, Annexure -4).

The majority of service providers (91%) reported to have provided information in LAM in the past 3 months. Those 27 providers who did not provide information in LAM in the past three months cited “never trained in LAM” (19) and “uneducated clients” (two) as the reason. The remaining six providers did not specify a reason (Table 4.13, Annexure -4).

4.7 LAM counseling

The majority of service providers (93%) who provided information on LAM in the last 3 months reported that LAM was included in the family planning protocol of their health facility. This proportion was lowest in Dumka (88%) and highest in Gumla (98%). The majority of service providers identified exclusive or near exclusive breastfeeding as a criteria for LAM use (92%), followed by those who identified “the child is less than six months old” (83%) and “her menses has not yet returned after birth of the baby” (77%). About 18% of providers reported the importance of counseling a woman to transition to another method when any of the three criteria were no longer met. Slightly over two fifths of providers (42%) reported use of any material for counseling on LAM; they mostly used client card (36%) and about 4% reported use of provider job aid/memory card, and 1% stated use of brochure (Table 4.14, Annexure -4).

Table 4.15 in Annexure -4 presents details of provider’s responses regarding LAM counseling, including benefits of breastfeeding and exclusive breastfeeding and advices. The majority of providers reported “the importance of giving the child breast milk only” (88%), closely followed by those who stated that “the mother should breastfeed whenever the child is hungry or thirsty” (82%). Other advices cited by providers were: “continue to breastfeed when either the woman or their child is ill” (69%), and “avoid bottles and artificial nipples while breastfeeding the child “ (53%).

All providers, except one ANM/MHW in Dumka, perceived benefits to exclusively breastfeeding. As many as 88% of providers felt that “it is good for child’s growth & development”. Other benefits perceived by providers were “breastfeeding is good for health of the child (79%), “it protects children against illness and diseases” (71%), “it protects against pregnancy” (58%), “breastfeeding strengthens mother and child bonding” (50%) and “it is economical/nonformula to buy” (19%).

About three quarters of service providers advise women to immediately start using another method of family planning if she no longer meets the LAM criteria. Less than 40% of providers cited other advices like “continuing to breastfeed even if woman or her child are sick” (39%), “continuing breastfeeding (37%), “discussing the importance to waiting two years before getting pregnant again” (33%) and “explaining what other methods of family planning a breastfeeding woman can use” (23%).

About 72% of providers reported that they would suggest LAM as a method of family planning for breastfeeding women and 70% would advise condom use, while 48% would recommend IUD use (Table 4.15, Annexure -4).

When questioned about the breastfeeding advice given to HIV-positive mothers, almost 15% of providers reported that they did not meet any HIV-positive mothers, 28% did not specify anything on this point and 13% mentioned they would not tell anything to HIV-positive mothers. About 13% of providers did report that they instruct HI -positive mothers to “stop breastfeeding and use formula if safe and available, accessible and affordable to feed their baby” and 18% tell mothers to stop breastfeeding when they know they are HIV-positive and feed the baby other milk and foods”.

All service providers except 28 (four doctors, four LHVs and 20 ANMs/MHWs) reported offering antenatal care to women. Of those providers, all except two AMMs/MHWs (one each in Dumka and Gumla) reported discussing LAM during their antenatal care services. The majority of these providers reported that they told women about LAM all of the time (75%) or most of the time (22%). Table 4.16 in Annexure - 4 provides details of antenatal and postnatal care counseling.

Seven service providers who reported only informing clients about LAM some of the time stated that women do not breastfeed exclusively, five stated that is an issue of maternal and child health, four mentioned it is a temporary method and three felt that it is not effective as the reason for not informing about LAM.

All service providers except 21 (five doctors, two LHVs and 14 ANMs/ MHWs) reported offering postnatal care. Most of them (99%) discuss LAM with their clients during

postnatal care visits. Of those, all (except 2 ANMs / MHWs) offer LAM all the time (76%) or most of the time (23%). Those two ANMs/MHWs who reported discussing LAM some of the time, stated that women do not breastfeed exclusively as the reason for not informing about LAM more often.

About 94 % of service providers stated that clients are generally interested in learning more about LAM. Eight providers stated that client reception of LAM was mixed and five reported that client were not interested in learning more about LAM. These 13 providers cited that “women lacked information” (11), “women did not want or were not able to breastfeed exclusively” (4), “non – approval of the partner” (3) and “LAM is a temporary method of family planning” (3) as the reasons for women’s disinterest in learning more about LAM.

4.8 Service providers opinion about LAM

About 91% of providers perceived advantages of LAM. The most frequently quoted advantage was “it is natural method and has no side effect” (92%) , followed by “easy to use” (74%), “it is good for the mother’s health and health of the baby” (73%), “it is good for strengthening the mother – baby bonding” (66%) and “LAM is effective” (65%). Fewer providers (35%) mentioned that “it is economical / no formula to buy” (Table 4.17, Annexure -4).

Only eight providers (four doctors and four ANMs/MHWs) identified disadvantage of LAM. Of those, seven providers perceived that “it is a temporary method”, while three felt that” it is not effective” and one said “difficulty in exclusively breastfeeding” . Five providers (two doctors, one LHV and two ANMs / MHWs) found it difficult to provide information on LAM, mainly due to very poor literacy of women.

4.9 Health management information system for LAM

A little over a third of service providers (36%) reported that they have ever recorded LAM users (Table 4.18, Annexure -4). Of these, 77% stated that they record a woman as a LAM user “when she has been counseled on LAM and has received a client card/brochure” and 90% record a woman as a LAM user “when she states she breastfeeds for birth spacing”. It is good that 83% of service providers stated that a woman should be recorded as a user of LAM “when she says that she meets all the three criteria of using LAM as a family planning method”, which is the correct recording criteria.

5. Community Health Workers (Sahiyyas)

5.1 Introduction

In all, 422 sahiyyas were interviewed under the evaluation study in four study districts. The majority of them (38%) were located in Deoghar, 23% were from Dumka, 20% from Gumla and 19% were from Chatra district (Table 5.1). In addition, 10 IPCs and 15 RMPs were interviewed in Deoghar, where social marketing of CycleBeads had been introduced. Results of their interviews are presented in this chapter, with detailed result tables in Annexure -5.

Table 5.1 : No. of sahiyyas interviewed

District	No. of sahiyyas interviewed	%
Chatra	80	19.0
Deoghar	160	37.9
Dumka	98	23.2
Gumla	84	19.9
Total	422	100.0

5.2 Profile of sahiyyas

The majority of sahiyyas (47%) were younger than 30 years, ranging from 31% in Gumla to 58% in Dumka. The mean age of sahiyyas was around 31 years and in Dumka, they were slightly younger at 29 years. About 48% had completed secondary or higher education and 30% had passed middle level. Only 2% reported never having attended any school. Sahiyyas in Gumla were better educated than those in the other three districts. In Dumka, they were less educated. Slightly less than four fifths of sahiyyas were Hindu (79%), varying from 42% in Gumla to 96% in Chatra. About 12% were Muslim and small fractions were sarana (5%) and catholic (4%). All sahiyyas except two (one each in Deoghar and Dumka) were married.

About 60% of them were not doing any work other than sahiyya, ranging from 36% in Gumla to 88% in Dumka. Most of the other sahiyyas were engaged in agricultural activities (Table 5.2, Annexure - 5).

Out of 10 IPCs, eight were below 30 years, while 10 RMPs (Out of 15) were in age brackets of 30-39 years. Their average age was around 34 years (29 years for IPCs and 38 years for RMPs). All of them had at least completed secondary school examination. Most of them were Hindus and all were married. All IPCs were not doing any other work, while 10 RMPs also engaged in agriculture related activities (Table 5.2, Annexure - 5).

5.3 Sahiyya community health work

All sahiyyas (except one in Dumka) reported providing advice or counseling on family planning in the community (Table 5.3, Annexure - 5).

About 86% of sahiyyas provide information on child health and about 78% provide information on maternal health. Sahiyyas in Chatra more frequently provide all three services, with 97% providing maternal health and 91% counseling on child health. In Gumla, 46% reported providing services on maternal health. It was heartening to note that about fourth quarter did not report providing child health services in Dumka. This may have been due to the way in which this question was asked from sahiyyas as immunization was not explicitly stated.

Sahiyyas have been providing family planning services for an average of about 5 years with little variation across the study districts. They were providing information more frequently on condoms (99%), pills (99%), SDM (79%), LAM (75%) and IUD (73%). Lesser proportion of sahiyyas talk on female sterilization (37%), emergency contraception (34%), injectables (21%) and male sterilization (12%). They mostly counsel on the family planning methods in approximately the same proportion that they reported for talking on family planning methods.

About 57 % of sahiyyas each report offering of condoms and oral contraception pills. Slightly less than one – third of them (31%) report offering SDM (CycleBeads) , while one – fourth offer LAM. Only 13% offer emergency contraception and 2% offer injectables.

From the above findings, it is clear that more sahiyyas discuss SDM in communities and counsel women individually (both about 78%) than offering SDM as a method of family planning (31%). A higher proportion of sahiyyas reported offering SDM in Deoghar (46%) than their counterparts in Chatra and Gumla (26%). A lesser proportions of sahiyyas in Dumka talk and counsel on SDM than their counterparts in the other three districts. In Dumka, only 2% of sahiyyas offer SDM. Similarly, fewer sahiyyas discuss and counsel on LAM in Dumka (56%, 52%) than their counterparts in Gumla (100%, 98%), Chatra (96%, 98%) and Deoghar (63%, 65%). Only 3% of sahiyyas offer LAM in Dumka.

All IPCs and RMPs surveyed under the study were providing advice or counseling on family planning, child health and maternal health. They have been offering these services for an average of 8 years (2 years for IPCs and 12 years for RMPs). They mostly talk and counsel on pills, condoms, injectables and male sterilization. In addition, most IPCs also talk and counsel on SDM & LAM and RMPs on emergency contraception. Only one RMP talks or counsels on SDM. (Table 5.3, Annexure -5).

5.4 Sahiyya training on family planning and SDM

The sahiyyas who were providing information or services on SDM (78% of all sahiyyas) were questioned about the training they received to provide family planning information or services and how confident they feel in providing these services. Table 5.4 in Annexure – 5 provides their responses.

About 85% of sahiyyas who were providing SDM counseling or services had received training on SDM and condoms. The majority also had training on oral contraceptive pills (81%), LAM (76%) and fewer had training on emergency contraception (32%) and injectables (10%). In Gumla higher proportions of sahiyyas were trained on pills (95%), and emergency contraception (80%) than the other districts, whereas more sahiyyas were trained in IUD (74%) and injectables (24%) in Deoghar than the other three districts.

More than three fifths of sahiyyas had received refresher training on condoms (68%), SDM (67%), oral contraceptive pills (62%) and LAM (61%) in the past two years. Fewer received refresher training on IUD (22%), emergency contraception (21%) and injectables (5%). Higher proportions of sahiyyas reported to have received refresher training on SDM (87%) and LAM (85%) in Chatra than in Deoghar (79%, 65%) and Gumla (63%, 62%). Fewer than 10% of sahiyyas have received refresher training in Dumka.

The majority of sahiyyas felt confident in their F.P knowledge and were well prepared to offer most methods of family planning. More than three quarters of sahiyyas felt confident to provide condoms (84%), SDM (82%), oral contraceptive pills (81%) and LAM (75%). This indicates that properly trained community – based health workers can confidently offer SDM and LAM in their communities and definitely their time to time training could improve access to SDM and LAM along with other temporary methods of family planning in Jharkhand.

All those IPCs (8) and RMPs (1) who were providing SDM counseling or services had received training on SDM, condom, pills and injectables, while all IPCs received training on LAM also. Almost all of them felt confident and were well prepared to offer condom (9) , SDM (9) and Pills (7) (Table 5.4, Annexure – 5).

All sahiyyas in Chatra, Deoghar and Gumla (except 7 – 4 in Chatra, 2 in Deoghar and 1 in Gumla) received initial training on SDM. However in Dumka, Only 3 sahiyyas out of 45 interviewed in the district reported to have received this training. Overall, about 81% of sahiyyas, ranging from 33% in Dumka to 95% in Gumla received their training more than

one year ago (an average of 32 months) This mean varies from 16 months in Dumka to 46 months in Gumla indicating that this training was conducted much earlier in Gumla than the other three districts (Table 5.5 , Annexure - 5).

Sahiyyas had received their last SDM training an average of 13 months prior to the survey (Table 5.5, Annexure - 5). Sahiyyas in Deoghar and Dumka received this training more recently than those in Chatra and Gumla. All sahiyyas except 9 (8 in Deoghar and one in Dumka) reported that after the training the questions they received from members of their community were not difficult to answer (96%).

About 48% of sahiyyas reported that their SDM training had been conducted by IRH, followed by those who mentioned local clinical staff (41%) and 15% identified some NGO (Table 5.5 , Annexure - 5). A little less than three – fifths of sahiyyas (59%) reported their training had been a full day, it was higher in Gumla (74%) and lowest in Deoghar (45%).

All those IPCs (8) and RMPs (1) who were providing SDM counseling or services had received their first and last SDM training about an average of 20 months ago prior to the survey (20 months ago for IPCs and 24 months ago in case of RMP). Only 3 IPCs received their training 12 months ago. Out of them, 2 reported that the training was conducted by IRH and it was for a full day (Table 5.5, Annexure - 5).

5.5 Family planning supply procurement and reporting

A little over two thirds of sahiyyas (69%) reported most recently obtaining family planning supplies from the HSC, while about a quarter obtained them from additional PHC/PHC. Sahiyyas procured CycleBeads most frequently from HSC (68%), then from additional PHC/ PHC (16%) and about 6% went to CHC for obtaining CycleBeads.

About 82% of sahiyyas, ranging from 67% in Dumka to 87% in Chatra, did not have stock out of CycleBeads in the six months preceding the survey. On average, sahiyyas had one CycleBeads in stock at the time of the survey, highest in Gumla (4) and lowest in Dumka (1).

Almost three quarters of sahiyyas, ranging from 68% in Deoghar to 100% is Dumka, reported that they did not have stock outs of other family planning contraceptives at any time in the last six months prior to the survey. The majority of sahiyyas, varying from 61% in Chatra to 73% in Deoghar, had 2013 calendars (insert) with them at the time of survey (Table 5.6, Annexure - 5).

Six IPCs (out of 8) reported most recently obtaining family planning supplies from the HSC/ ANM, while the RMP received from the clinic. The same sources were reported for obtaining CycleBeads. Seven IPCs reported not to have stock out of CycleBeads in the last six months prior to the survey. All the eight IPCs and one RMP did not have stock out of other family planning contraceptive at any time in the last six months prior to the survey (Table 5.6, Annexure – 5).

About 74% of sahiyyas, ranging from 61% in Chatra to 81% in Gumla, reported preparing reports/records. About 81% of them record the SDM users in a separate column, while 17% record them under natural family planning methods (Table 5.7, Annexure - 5).

About 47% of sahiyyas, ranging from 39% in Deoghar to 54% each in Chatra and Gumla submit their reports to the HSC, while 35% submit to additional PHC/PHC (Table 5.7, Annexure - 5).

Only 3 IPCs reported preparing reports / records and all of them record the SDM users in a separate column. Out of them, 2 submit their reports to the HSC, while one submits to Addl. PHC/ PHC (Table 5.7, Annexure – 5).

5.6 SDM counseling

All sahiyyas who had SDM training were further asked a series of questions about whom they counsel (women alone, men alone or both together), what materials they give to women to take home, and what materials they use during SDM counseling. Table 5.8 in Annexure - 5 provides their responses in detail.

Almost 51% of sahiyyas counsel both men and women together, while 48% reported counseling women alone. The majority reported that they give CycleBeads (97%), calendar (92%), inserts/instructions for use (64%) and condoms (51%), with variation across the study districts. All of them (except one sahiyya in Deoghar) make use of CycleBeads during counseling, followed by calendar (92%) and insert/ instructions (67%) as tools.

Four IPCs counsel both men and women together, while four report counseling to women alone. All the eight IPCs reported that they give Cycle Beads and calendar to their clients, while 7 reported that they give condoms also to their clients. All of them use Cycle Beads and calendars as counseling tools (Table 5.8, Annexure – 5).

Sahiyyas who were trained to offer SDM were questioned to assess their current knowledge of SDM criteria and key counseling points. More than 80% of sahiyyas showed good knowledge on all key instructions of SDM counseling in all the study districts. About

82% of sahiyyas were able to correctly identify all 11 key points of information and 11% were able to identify 8-10 of the critical counseling points (Table 5.9, Annexure - 5).

All eight IPCs & one RMP were able to correctly identified all 11 key points of counseling (Table 5.9, Annexure – 5).

If a woman forgets to move the ring on CycleBeads, 92% of sahiyyas counsel her to “check the day she has marked on her calendar” and 63% each suggest that “she should count the number of days that have passed since the first day of her period on the calendar” & “she should move the black ring from the red bead as many beads as counted days and place it on the right bead” (Table 5.10, Annexure - 5).

All the eight IPCs and one RMP who were trained to offer SDM reported that they ask woman to “check the day she has marked on her calendar” and suggest her “to count the number of days that have passed since the first day of her period on the calendar” (Table 5.10, Annexure – 5).

When discussing cycle length and regularity requirements for a woman to use SDM, 64% of sahiyyas each reported that “her cycle is usually a month long” and “her two periods should be a month apart”. About 68% mentioned “her period comes when she expects” and 48% stated that “the woman and her partner should be ready to abstain or use a condom on the white bead days” (Table 5.10 , Annexure - 5).

The trained RMP to offer SDM reported that “her period comes when she expects it” and “her cycle is usually a month long”. The majority of IPCs reported that “her two periods should be a month apart” (8), “her cycle is usually a month long” (5) and “her period comes when she expect it” (4) (Table 5.10, Annexure -5).

When asking sahiyyas about how to know if a woman meets the cycle length eligibility criteria 72% of them stated that they would find out if “her period comes about once a month” ; “her period comes when she expects” (66%) and “her two periods should be a month apart” (52%)-Table 5.10 in Annexure - 5.

All the eight IPCs and one RMP stated that they would find out if “her period comes about once a month” and “her period comes when she expects it” (Table 5.10 – Annexure -5).

When sahiyyas were asked what advice they would provide to a woman who is interested in using SDM but does not know the length of her cycle, 64% “ask the woman to come back when she has her period” and “ask her if her periods come when expected” (39%). Other

advices stated by sahiyyas were “refuse her the method” (31%), “tell her to track her cycles” (25%) and “offer the method” (24%).

Advices reported by IPCs were: “tell her to track her cycles” (4), “tell her to come back when she has her period” (3), “ask her if her periods come when expected” (2) and “offer her the method” (1). The RMP trained to offer SDM reported that he “tells her to come back when she has her period” “asks her if her periods come when expected” and “tells her to track her cycles” (Table 5.10, Annexure – 5).

Almost 85% of sahiyyas will offer SDM to a woman who reports that “her period comes every month when she expects it”, which is in line with the service delivery protocol. However, 13% “will tell her to return when she has her period” and 6% would “refuse until cycle length is confirmed” (Table 5.11, Annexure - 5).

All the eight IPCs and one RMP who were trained to offer SDM reported that they would “offer her the method” (Table 5.11, Annexure – 5).

All sahiyya who had SDM training were further asked a set of questions to assess their knowledge of SDM eligibility criteria. Table 5.12 in Annexure - 5 provides their responses.

About 49% of sahiyyas feel that a woman who knows the date of her last period can begin using the SDM now. This figure was highest in Deoghar (66%) and lowest in Chatra (29%). Around 46% of sahiyyas perceive that a woman who knows the date of her last period can begin using the SDM at the start of her next period. If a woman meets the requirements to use SDM, but does not remember the date of her last period, about 91% of sahiyyas feel that she can start using the SDM at the start of her next period.

When asked what advice they would give to a woman in the meantime , the overwhelming majority of sahiyyas suggested that the woman should use condom (88%) and 52% advised that she should abstain from sex during this period.

All the 8 IPCs feel that a woman who knows the date of her last period can begin using the SDM now, while the RMP reported that a woman can begin using the method at the start of her next period. All the eight IPCs and the RMP who were trained to offer SDM feel that “a woman can start using the SDM at the start of her next period”, if she does not remember the date her last period. All of them would suggest the woman to use condom in the meantime (Table 5.12, Annexure -5).

Almost 72% of sahiyyas would refuse a woman CycleBeads if she was interested in using SDM but did not remember the first day of her last period, 13% would provide the woman with CycleBeads and 11% mentioned that it depends upon the client / situation.

All the eight IPCs and the RMP would refuse a woman Cycle Beads if she was interested in using SDM but did not remember the first day of her last period (Table 5.12, Annexure -5).

SDM as a method of family planning that depends on cycle regularity has strict guidelines for use by postpartum women. About 56% of sahiyyas correctly identified the guidelines that a postpartum woman should have had at least four periods since the birth of her baby, 65% of them stated that postpartum women whose periods had become regular were eligible for SDM and 47% identified that the time between her last two periods should have been approximately one month apart.

All the trained IPCs and the RMP to offer SDM stated that postpartum women whose periods had become regular were eligible to use the SDM (Table 5.12, Annexure – 5).

5.7 Client's interest to learn more about SDM

To the question whether sahiyya's clients are interested to learn more about SDM, about 78% of sahiyyas replied in the affirmative. Fifty sahiyyas (18%) stated that there is mixed interest among their clients and only 9 sahiyyas (3%) reported that women are generally not interested in SDM (Table 5.13, Annexure - 5).

All the eight IPCs and the RMP who were trained to offer SDM reported that women are generally interested in learning more about the SDM (Table 5.13, Annexure – 5).

Fifty nine sahiyyas (21%) who reported that their clients are not interested in learning more about SDM or they have mixed interest, were further questioned why they perceive that women do not want SDM. Table 5.14 in Annexure - 5 provides their responses.

The most frequently cited reasons were “husband would not cooperate to avoid unprotected intercourse during the fertile period” (36%) and “unawareness of the date of last period” (30%). Other reasons included “dislike having to obtain / use a condom” (25%), “inconvenience / inability to move band daily” (19%), “non –return of her period after delivery” (17%) and “cycles out of range” (15%).

5.8 Sahiyya LAM training

All sahiyyas (76%) who received training on LAM were further asked when they received the first and the last training on LAM, who provided the training and what was the duration of the training. Table 5.15 in Annexure - 5 provides such information.

More than three quarters of sahiyyas (78%) had their initial training over a year ago, ranging from 33% in Dumka to 88% in Gumla. Sahiyyas had received this training on average of 32 months ago. This average varied from 16 months ago in Dumka to 42 months ago in Gumla.

About fourth quarter of sahiyyas received their last training on LAM more than a year ago, with 40 % trained in LAM 6-12 months ago. Sahiyyas had received their last training was about an average of 13 months ago, varying from 8 months ago in Deoghar to 22 months ago in Gumla.

The majority of sahiyyas reported that their LAM training had been conducted by IRH (54%), and about 40% identified clinic staff. About 43% of sahiyyas reported that their training had been a full day or more; this was highest in Chatra (72%) and the lowest in Deoghar (17%). Almost 22% of sahiyyas reported that the duration of training was less than four hours, ranging from 5% in Gumla to 50% in Deoghar. In Dumka, only 3 sahiyyas reported to have received training in LAM.

Out of 10 IPCs interviewed, 8 had received training on LAM. They had received their first and last training about an average of 20 months ago. Not a single RMP received training on LAM. Only 3 IPCs received their training in 6-12 months ago. Out of them, 2 had been trained by IRH and only 1 IPC reported that the training was for a full day and 2 did not specify the duration of the training (Table 5.15, Annexure – 5).

5.9 LAM counseling

All sahiyyas who talk, counsel or offer LAM (76%) were asked about LAM counseling criteria they followed. The majority of sahiyyas (75%) identified “exclusive or near exclusive breastfeeding” as a criteria for LAM, but slightly lesser proportions of sahiyyas identified the other two essential criteria that “her menses has not yet returned after the birth of the baby” (73%) and “the child is less than six months old” (65%). Only a few sahiyyas (12%) mentioned “the importance of counseling a woman to transition to another method when any of the three criteria were no longer meet” (Table 5.16 , Annexure - 5).

The majority of sahiyyas (46%), ranging from 31% in Deoghar to 84% in Gumla did not use any material during LAM counseling. About 27% of sahiyyas reported use of client card during LAM counseling and 13% of sahiyyas used the brochure (Table 5.16 , Annexure - 5).

Out of 8 IPCs who talk , counsel or offer LAM, 7 each identified “her menses has not yet returned after the birth of the baby” and “the child is less than six months old” as the criteria for LAM use. The majority of IPCs reported use of brochure (7) and client card (6) during LAM counseling. One RMP who talks, counsels or offers LAM did not respond to these questions (Table 5.16 , Annexure – 5).

Table 5.17 shows sahiyyas responses regarding LAM counseling, including benefits of exclusive breastfeeding and exclusive breastfeeding advice. The majority of sahiyyas said that “the mother should breastfeed whenever the child is hungry or thirsty” (76%), “importance of giving the child breast milk only” (68%) and “the mother should continue breast feeding when either she or her child was ill” (53%). However, fewer sahiyyas (28%) advised “women to avoid bottles and artificial nipples while feeding their baby”.

All sahiyyas except 65 (6 each in Chatra & Deoghar and 53 in Dumka) perceived benefits of exclusively breast feeding. The majority of sahiyyas cited “breastfeeding is good for health of child” (67%), “breastfeeding protects against pregnancy” (62%), “breastfeeding protects children against illness and disease” (60%) and “breastfeeding is good for the child’s growth and development” (59%) as benefits of exclusively breastfeeding. Fewer mentioned “breastfeeding supports mother and child bonding” (23%) and “it is economical / no formula to buy” (3%).

About two – thirds of sahiyyas (66%) advise “woman to immediately start using another method of family planning , if she no longer meets the LAM criteria”. Between 20 and 25% advise women to “continue breast feeding”(23%), “continue to breastfeed even if the woman or her baby are sick” (20%), “discuss the importance to wait 2 years before getting pregnant again” (25%) and “explain other methods of family planning breastfeeding women can use” (20%); with vast variation across the study districts (Table 5.17 , Annexure - 5).

Seven IPCs each (out of 8) pointed out that “the mother should breastfeed whenever the child is hungry or thirsty” and “the mother should continue breastfeeding when either she or her child is ill”. The majority of IPCs cited “breastfeeding is good for health of child” (6), “breastfeeding protects against pregnancy” (7), and “breastfeeding is good for the child’s growth and development” (7). All eight IPCs suggest “woman to immediately start using

another method of family planning, if she no longer meets the LAM criteria” (Table 5.17, Annexure - 5).

On asking whether clients are interested to learn more about LAM, 73% of sahiyyas reported that clients are usually interested in learning more. Fifteen sahiyyas that client reception to LAM is mixed and only two stated that clients are not interested in LAM. These sahiyyas (17) cited that women “lacked information” (11), perceived “LAM not effective” (16) , “did not want or were not able to breastfeed exclusively” (5) and “partner’s disapproval” (3) as reasons for woman’s disinterest in LAM.

On asking what activities sahiyya undertakes in the community to inform about LAM, about two – thirds mentioned “door to door home visits to women” (66%). Fewer sahiyyas reported “talks during community meeting” (48%), “health talks” (34%) and “display of posters” (15%); with vast variation across the study districts (Table 5.18, Annexure - 5).

All the 8 IPCs who talk, counsel or offer LAM reported that clients are usually interested in learning more about LAM. All reported that they talk about LAM during community meetings and 7 stated that they do door – to – door home visits to tell women about LAM (Table 5.18, Annexure - 5).

6. Overall Achievements of the Project

6.1 Introduction

The aim of this chapter is to evaluate achievement of the Project. For this purpose, a comparison has been made between key indicators of endline and midline surveys. To see the significance of differences between indicators of endline & midline surveys, a statistical test was used as explained in the next section 6.2. This chapter has been divided into three broad sections – site assessment, service providers and sahiyyas. Results of testing statistical significance of differences between indicators (endline & midline) are discussed under these broad heads.

6.2 Statistical test for measuring differences between two sample proportions / rates

To assess the significance of differences between two proportions / rates / percentages (endline and baseline) a statistical test of equality of two proportions was used. In this test, if p_1 and p_2 are the proportions in the baseline and endline surveys based on sample sizes of n_1 and n_2 , then the test used is:

$$Z = \frac{p_2 - p_1}{\sqrt{p(1-p) [1/n_1 + 1/n_2]}} \text{ ,where}$$

$$p = \frac{n_1 p_1 + n_2 p_2}{n_1 + n_2}$$

This expression is distributed as a normal distribution. The critical value at 95% confidence level is 1.96 and at a 99% confidence level is 2.58. That is, if the computed value is greater than 1.96, the difference between two proportions is statistically significant at 95% confidence level. If the value is greater than 2.58, the difference is statistically significant at 99% confidence level. And if the value is greater than 3.29, the difference is statistically significant at a 99.9% confidence level. By contrast, if the computed value is less than 1.96, there is no statistically significant difference in the indicator values. Whatever difference is observed, it is all due to chance and not a real one.

6.3 Site assessment

Only key indicators of site assessment in the endline survey have been compared with those of the midline survey and discussed in the section.

Provision of SDM and LAM services

The managers of health facilities who reported offering LAM services were further asked during which type of visits LAM is offered to client. Overall in the study districts the percentages of health facilities offering LAM to their clients when they visit the health facility for antenatal, delivery, family planning, postpartum and child health growth / monitoring services increased significantly in the endline survey ($p < 0.001$) from the midline (Table 6.1, Figure 1).

Table 6.1: Type of visits in which LAM is offered

LAM is offered during	Midline (n=109)	Endline (n=169)	Result of the test of significance
Antenatal visit / care	60.6	88.0	p<0.001
Delivery	50.5	85.0	p<0.001
Family planning	49.5	72.0	p<0.001
Postpartum visit / care	38.5	70.0	p<0.001
Child health / growth monitoring	29.4	50.0	p<0.001

Visit Type	Midline (ML)	Endline (EL)
Antenatal visit / care	60.6	88.0
Delivery	50.5	85.0
Family planning	49.5	72.0
Postpartum visit / care	38.5	70.0
Child health / growth monitoring	29.4	50.0

The managers of health facilities, who had at least one trained provider on SDM, were further questioned “what a client who wants to use the SDM is told to do, if a trained SDM provider is not available”. The majority of them would ask the client “to return another day” (86%) or “go to another provider / clinic” (54%) in the endline survey. The corresponding figures in the midline were 13% and 12% respectively, showing there by significant increase in the endline (p<0.001) over the midline (Table 6.2, Figure 2).

Table 6.2 : What SDM client is told , if SDM trained provider is not available

If SDM trained provider is not available , then SDM client is told to ...	Midline (n=109)	Endline (n=175)	Result of the test of significance
Return another day	12.8	86.0	p<0.001
Go to another provider/ clinic	11.8	54.0	p<0.001

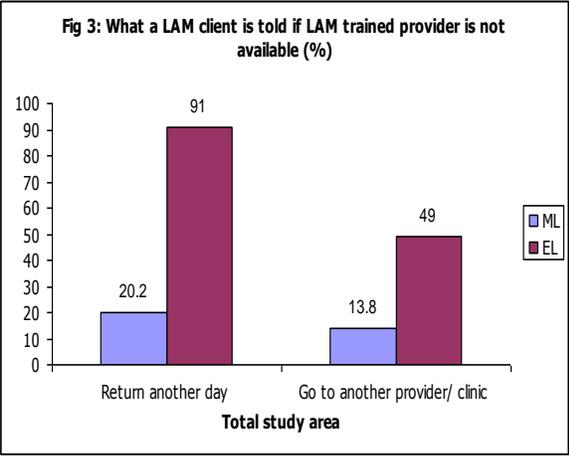
Response	Midline (ML)	Endline (EL)
Return another day	12.8	86.0
Go to another provider/ clinic	11.8	54.0

The managers of health facilities who reported offering LAM services to their clients and had at least a trained LAM provider, were further asked “what a client who wants to use the LAM is told to do , if a trained LAM provider is not available” significantly more managers would ask the client “to return another day” in the endline survey (91%) from midline (20%). Another about half of them would request the client “to go to another provider /

clinic” in the endline; significantly higher ($p < 0.001$) than the midline (14%) - Table 6.3, Figure 3.

Table 6.3: What a LAM client is told, if LAM trained provider is not available

If LAM trained provider is not available, then LAM client is told to....	Midline (n=109)	Endline (n=169)	Result of the test of significance
Return another day	20.2	91.0	$p < 0.001$
Go to another provider/ clinic	13.8	49.0	$p < 0.001$



Response	ML (%)	EL (%)
Return another day	20.2	91
Go to another provider/ clinic	13.8	49

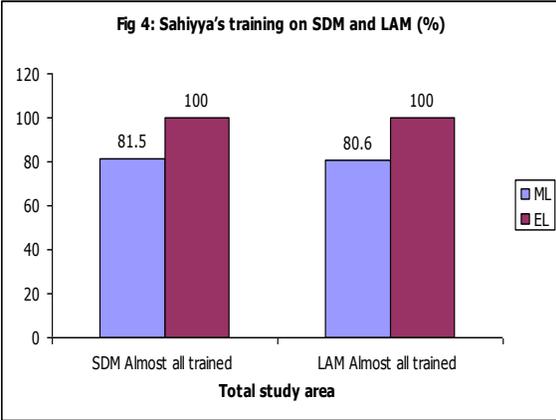
Sahiyya’s training on SDM and LAM

The managers of health facilities who had sahiyyas affiliated with their facility were asked “how many sahiyyas were trained to offer the method – “all, most, some or none”.

In the endline survey, all managers reported that all or most of the sahiyyas affiliated to their facility had received training to offer the method against a corresponding figure of about 81% in the midline, showing a significant increase in sahiyya’s training ($p < .001$) – Table 6.4, Figure 4.

Table 6.4: Sahiyya’s training on SDM and LAM

Sahiyya’s training on SDM and LAM	Midline (n=108)	Endline (n=168)	Result of the test of significance
SDM			
Almost all trained	81.5	100.0	$p < 0.001$
LAM			
Almost all trained	80.6	100.0	$p < 0.001$



Category	ML (%)	EL (%)
SDM Almost all trained	81.5	100
LAM Almost all trained	80.6	100

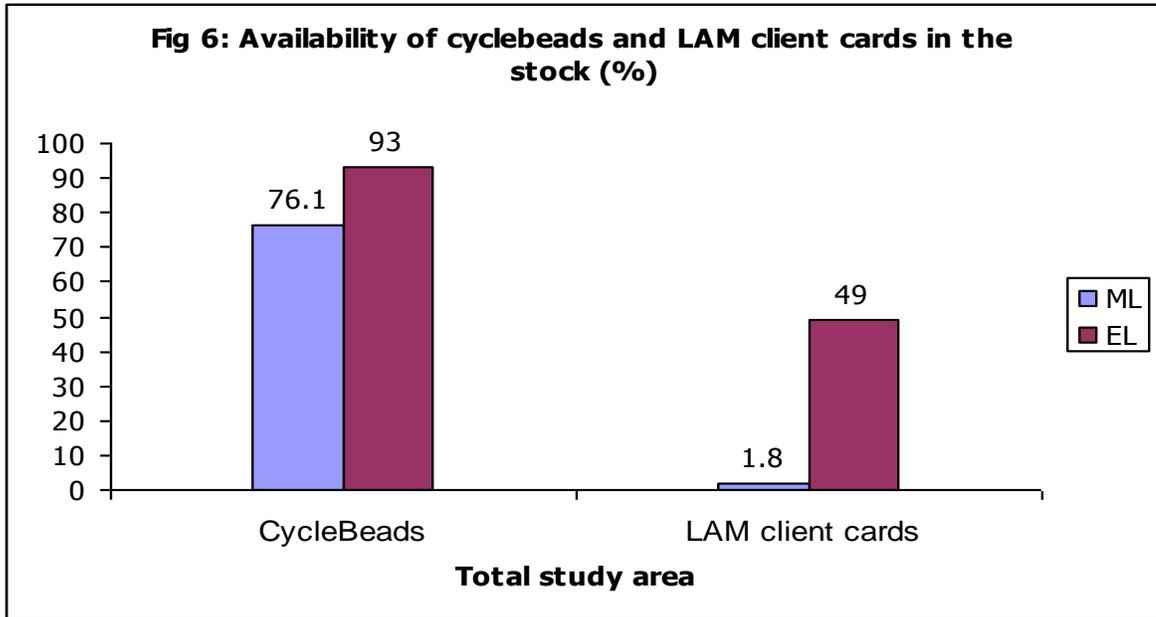
Supervisory visit in the last 6 months prior to the survey

Overall in the study districts, significantly more managers or services providers ($p < 0.05$) reported a supervisory visit to their family planning unit by some official in the endline (61%) than in midline survey (46%) - Figure 5.



Availability of CycleBeads and LAM client cards in the stock

Significantly more health facilities ($p < 0.001$) had CycleBeads (93%) and LAM client cards (49%) in stock at the endline survey than at midline (76% for CycleBeads and 2% for LAM client cards (Figure 6).



Supply of CycleBeads and LAM client cards to sahiyyas

The percentage of health facilities reported supplying of CycleBeads (89%) and LAM client cards (86%) increased significantly in endline ($p < 0.001$) from midline (65% for cycle beads and 14% for LAM client cards) (Table 6.5 , Figure 7).

Table 6.5: Supply of CycleBeads and LAM client cards to sahiyyas

Supply to sahiyyas	Midline (n=109)	Endline (n=176)	Result of the test of significance
CycleBeads	65.1	89.0	$p < 0.001$
LAM client cards	13.8	86.0	$p < 0.001$

Fig 7: Supply of cyclebeads and LAM client cards to sahiyyas (%)

Item	ML (%)	EL (%)
CycleBeads	65.1	89
LAM client cards	13.8	86

Recording of SDM and LAM clients

Significantly more health facilities ($p < 0.05$) started recording SDM clients in daily register at the endline (99%) than midline (92%), whereas no significant change was observed in case of recording LAM clients in daily register (78% in endline and 72% in midline).

The percentage of health facilities started recording SDM clients (83%) and LAM clients (83%) in a separate column in the daily register increased significantly in the endline ($p < 0.001$) from the midline (53% for SDM clients and 56% for LAM clients).

Only about one – tenth of health facilities were displaying data of family planning users by method at their health facility in the midline. The proportion of such health facilities increased significantly to 76% in endline ($p < 0.001$) (Table 6.6).

Table 6.6: Recording of SDM and LAM clients

Recording of SDM and LAM clients	Midline	Endline	Result of the test of significance
SDM clients are (n=)	104	168	p<0.05
recorded in daily register	92.3	99.0	
Separate column for (n=)	96	167	p<0.001
recording SDM clients	53.1	83.0	
LAM clients are (n=)	104	168	Non – significant
recorded in daily register	72.1	78.0	
Separate column for (n=)	75	131	p<0.001
recording LAM clients	56.0	83.0	
Display of f.p users (n=)	109	176	p<0.001
by methods	9.2	76.0	

Service providers

Only key indicators of services providers in endline have been considered and they have been compared with those of midline to assess achievement of the project and discussed in this section.

SDM service provision

In midline, about 84% of service providers reported to have provided SDM in last one year prior to the survey. Though the proportion of such providers increased to 87% in endline, but this increase is not found to be significant. Similarly no significant change has been observed in the proportions of service providers who provided SDM in the last 3 months prior to the surveys (endline & midline). About four – fifths of the services reported to have provided SDM in the last 3 months prior to the survey in both rounds (Table 6.7).

Table 6.7: SDM service provision

Provided SDM	Midline (n=170)	Endline (n=300)	Result of the test of significance
In last year prior to survey	83.5	87.0	Non – significant
In last 3 months prior to survey	81.2	80.3	Non – significant

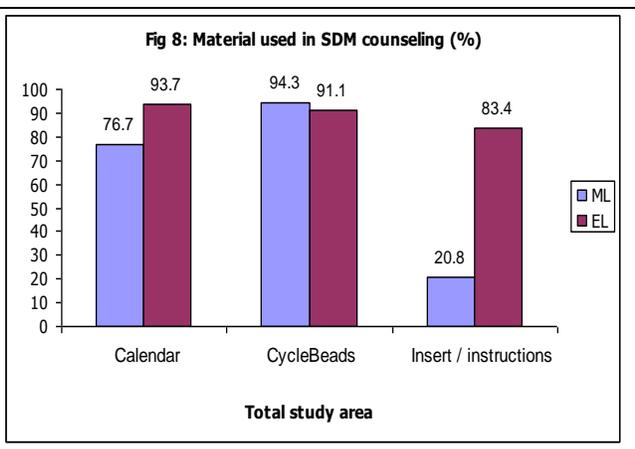
SDM counseling

A number of instructions (11) are to be told to the SDM client about how to use CycleBeads. About one – fourth of service providers reported all the instructions in midline. The proportion of such respondents increased significantly to 90% in endline (p<0.001).

Regarding material to be used in counseling, significantly more service providers started using calendar (94%) and insert / instructions (83%) in endline (p<0.001) than in midline (77% for calendar and 21% for insert / instructions). For use of CycleBeads in counseling, no change was observed between both the surveys (Table 6.8, Figure 8).

Table 6.8: Material used in SDM counseling

Material	Midline (n=159)	Endline (n=271)	Result of the test of significance
Calendar	76.7	93.7	p<0.001
CycleBeads	94.3	91.1	Non – significant
Insert / instructions	20.8	83.4	p<0.001



To assess knowledge of service providers on SDM, a set of questions were asked from them. When they were asked “what a woman should do if she forgets to move the ring”, significantly more service providers reported that they would ask the woman “to check the day she has marked on her calendar” (74%), “see the calendar and count how many days have gone by since the first day of her period” (88%) and “to move the black ring from the red bead as many beads as counted days and place it on the right bead in the CycleBeads” (58%) in endline (p<0.001) than in midline survey (40%, 77% and 23% respectively) (Table 6.9).

Table 6.9: What a woman should do if she forgets to move the ring

What a woman should do if she forgets to move the ring	Midline (n=159)	Endline (n=271)	Result of the test of significance

Check the day she has marked on her calendar	40.3	73.8	p<0.001
See the calendar and count how many days have gone by since the first day of her period	76.7	88.2	p<0.001
On the CycleBeads,move the black ring from the red bead as many beads as counted days and place it on the right bead	23.3	58.3	p<0.001

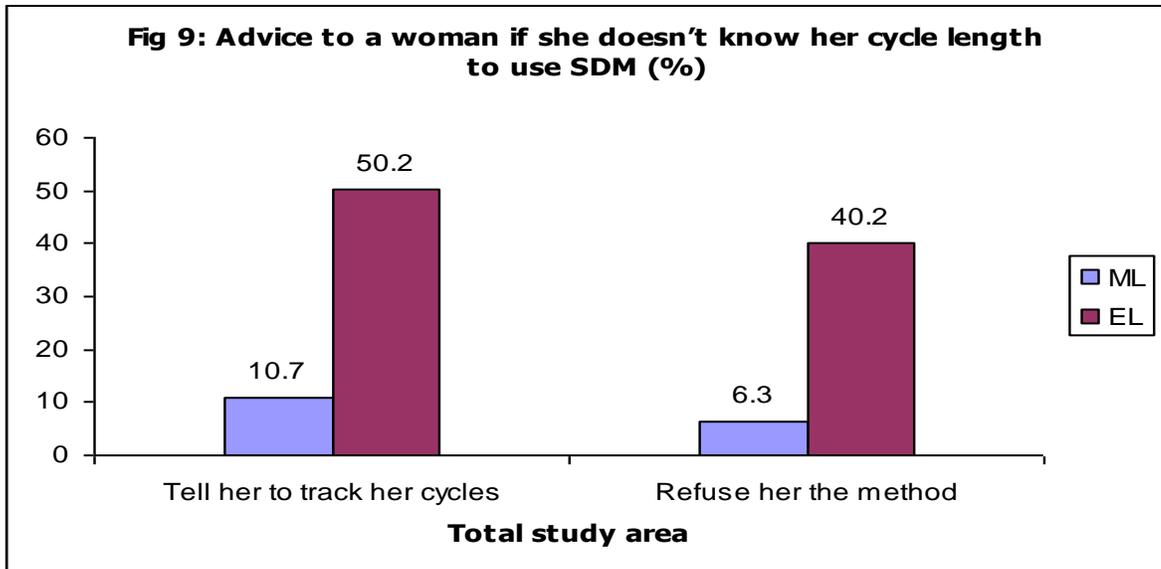
On asking what requirements a woman should meet to use SDM, significantly higher proportions of service providers said “her two periods should a month apart” (72%), “her period comes when she expects it” (72%) and “the woman & her partner should be ready to abstain or use a condom on the white bead days” (56%) in endline (p<0.001) against corresponding figures of 42%, 37% and 18% respectively in midline.

Though the requirement of “her cycle is usually a month long” was reported by lesser number of service providers in endline (60%) than in midline (66%), but this decrease was not found to be statistically significant (Table 6.10).

Table 6.10 : Requirements a woman should meet to use SDM

Requirements a woman should meet to use SDM	Midline (n=159)	Endline (n=271)	Result of the test of significance
Her cycle is usually a month long	66.0	59.8	Non - significant
Her two periods should be a month apart	42.1	72.3	p<0.001
Her period comes when she expects it	36.5	71.6	p<0.001
The woman and her partner /couple should be ready to abstain or use a condom on the white bead days	18.2	56.1	p<0.001

When service providers were asked “what advice they would give to a woman for using SDM if she does not know her cycle length” , significantly more proportions of service providers stated that they would “tell woman to track her cycles (50%) or “refuse her the method” (40%) in endline (p<0.001) than those in midline (11% and 6% respectively) (Figure 9).



Regarding to postpartum eligibility for a woman to use SDM, the proportion of service providers who reported correctly that “she has had at least 4 periods since her baby was born” increased significantly to 71% in endline ($p < 0.001$) than in midline (59%).

When service providers were asked whether a woman who recently stopped contraceptive pill can use SDM, significantly more service providers (54%) reported correctly “if her cycle were regular before using the pills and she has had 3 menstrual cycles came a month apart after she has stopped using pills” can use SDM in endline ($p < 0.001$). The corresponding figure in midline was only 6%. The percentage of service providers who started telling their clients about SDM all of the time increased significantly to 67% in endline ($p < 0.001$) from midline (28%).

Perceived advantage of SDM

The proportions of service providers who perceived advantages of SDM such as “SDM is effective” (70%), “It has no side effects / health effects” (91%), “It involves partner” (33%), “It is liked by partner” (25%), “It does not interfere with breastfeeding” (30%) and “It is not against religious beliefs” (7%) increased significantly in endline ($p < 0.001$) from midline. Still quite a good number of service providers did not report “it involves partner”, “it is liked by partner”, “it does not require any resupply”, “it does not interfere with breastfeeding” and “it is not against religious beliefs” as advantages of SDM. So, there is a need to reorient them about advantages of SDM so that they could tell to their clients during counseling (Table 6.11).

Table 6.11: Perceived advantages of SDM

Perceived advantages	Midline (n=157)	Endline (n=253)	Result of the test of significance
Easy to use	82.2	88.5	Non – significant
Effective	53.5	70.4	p<0.001
No side effects/health effects	59.2	90.5	p<0.001
Involves partner	7.0	33.2	p<0.001
Partner likes the method	2.5	25.3	p<0.001
No resupply	33.8	36.8	Non – significant
Does not interfere with breastfeeding	3.2	30.0	p<0.001
Consistent with religious beliefs	0.6	6.7	p<0.001

Time when a woman should be recorded as a SDM user

The percentage of service providers who reported that a woman should be recorded as a SDM user when she is both counseled and receives CycleBeads increased significantly to 49% in endline (p<0.001) from midline (24%).

LAM service provision

About 86% of services providers reported to have provided information about LAM in the last 3 months prior to the midline survey. Though the proportion of such providers increased to 91% in endline survey, but this increase was not found to be statistically significant.

Knowledge about eligibility criteria for using LAM

Knowledge of service providers about criteria for using LAM increased substantially in endline (p<.001) from midline. Still only about one – fifth of service providers reported that a woman should use another family planning method when she does not meet any one of the criteria (woman is fully or nearly fully breastfeeding her baby, baby is not yet 6 months old and she has not had her period yet after delivering a baby) (Table 6.12).

Table 6.12 : Knowledge about eligibility criteria for using LAM

Knowledge	Midline (n=146)	Endline (n=273)	Result of the test of significance
Woman is fully or nearly fully breastfeeding her baby	79.5	91.6	p<0.001
Baby is not yet 6 months old	66.4	82.8	p<0.001
She has not had her period yet after delivering a baby/ child	44.5	76.6	p<0.001
Will use another family planning method when any one of the criteria is no longer met	4.1	17.6	p<0.001

LAM counseling

The proportion of service providers started using client card in LAM counseling increased significantly to 36% in endline ($p<0.001$) from midline (19%). Still about two – thirds were not using client card during LAM counseling.

Significantly more proportion of services providers ($p<0.001$) started telling about LAM to their antenatal clients all of time in endline (75%) from midline (17%). Similarly, the percentage of service providers who reported telling their postnatal clients about LAM all of the time increased significantly to 76% in endline ($p<0.001$) from midline (17%). Significantly more service providers ($p<0.001$) reported their client’s interest in learning more about LAM in endline (94%) than in midline (76%).

Perceived advantages of LAM

The proportion of services providers who believed that “LAM is natural / has no side effects”, “LAM is easy to use”, “it is good for baby’s / mother’s health”, “ It is economical/ no formula to buy” had increased significantly in endline ($p<0.001$) from midline (Table 6.13).

Table 6.13 : Perceived advantages of LAM

Perceived advantages	Midline (n=146)	Endline (n=248)	Result of the test of significance
Natural/no side effects	63.7	91.9	$p<0.001$
Easy to use	54.8	73.8	$p<0.001$
Good for baby/mother’s health	48.6	73.4	$p<0.001$
Good for mother –baby bonding	19.9	65.7	$p<0.001$
Effective	26.7	64.9	$p<0.001$
Economical/no formula to buy	13.0	34.7	$p<0.001$

6.5 Sahiyyas

The section compares the findings at the endline with those of midline. Only key findings have been compared and discussed in this section.

SDM counseling

The proportion of sahiyyas started counseling among both men and women together increased significantly to 51% in endline ($p<.001$) from midline (33%).

Regarding use of material in SDM counseling, significantly more sahiyyas reported use of CycleBeads ($p<0.05$) and insertion / instructions ($p<0.001$) in the endline than in midline.

A number of instructions (11) are to be told to the client about how to use CycleBeads, only one out of 5 sahiyyas reported all the eleven instructions in midline. The proportion of such sahiyyas increased significantly to 82% in endline ($p < 0.001$).

A set of questions were asked from sahiyyas to assess their knowledge on use of SDM. When they were asked “what a woman should do if she forgets to move the ring”, significantly more sahiyyas said they would ask the woman “to check the day she has marked on her calendar (92%) and “move the black ring from the red bead as many beads as counted days and place it on the right bead” (63%) than in midline (46% and 26% respectively) .

Regarding requirements a woman should meet to use SDM, the proportions of sahiyyas who reported “her period comes when she expects it” (68%), “her cycle is usually a month long” (64%), “her two periods should be a month apart” (64%) and “the woman and her partner / couple should be ready to abstain or use a condom on the white beads days” (48%) increased significantly in endline from their corresponding figures in midline.

When sahiyyas were asked “what advices they would provide to a woman if she does not know her cycle length to use SDM”. The percentage of sahiyyas who reported that they would tell her “to come back when she has her period” and “refuse her the method” increased significantly to 64% and 31% respectively in endline ($p < .001$) than in midline (44% and 8% respectively). Even in midline, half of sahiyyas said that they would offer the method which is not in line with the guidelines for offering SDM in such a situation. The proportion of such sahiyyas reduced drastically to 24% in endline ($p < 0.001$).

The proportion of sahiyyas who reported not to give CycleBeads to a woman who does not remember her first day of last period increased substantially to 72% in endline ($p < 0.001$) from midline (57%) (Table 6.14).

Table 6.14: SDM counseling

SDM counseling	Midline (n=304)	Endline (n=286)	Result of the test of significance
SDM counseling is done among both men & women together	32.9	51.0	$p < 0.001$
Material used in SDM counseling			
CycleBeads	98.0	99.7	$p < 0.05$
Calendar	93.8	92.0	Non - significant
Insertion / instructions	22.7	66.8	$p < 0.001$
Reported all counseling instructions	20.4	81.8	$p < 0.001$
What a woman should do if she forgets to move the ring			
Check the day she has marked on her calendar	46.4	91.6	$p < 0.001$
See the calendar and count how many days have gone by since the first day of her period	63.8	63.3	Non - significant

Move the black ring from the red bead as many beads as counted days and place it on the right bead	26.0	63.3	p<0.001
Requirements a woman should meet to use SDM			
Her period comes when she expects it	31.3	67.8	p<0.001
Her cycle is usually a month long	55.3	64.0	p<0.05
Her two periods should be a month apart	47.7	64.0	p<0.001
The woman and her partner /couple should be ready to abstain or use a condom on the white bead days	18.8	48.3	p<0.001
Advice to a woman if she does not know her cycle length to use SDM			
Tell her to come back when she has her period	44.4	63.6	p<0.001
Refuse her the method	7.6	31.3	p<0.001
Offer her the method	50.3	24.5	p<0.001
Gives CycleBeads to a woman if she does not remember her first day of last period			
No	56.6	72.4	p<0.001

Knowledge of sahiyyas for postpartum eligibility to use SDM

In midline, about 61% of sahiyyas reported that a woman who has had at least 4 periods since her baby was born, can start using SDM. The proportion of such sahiyyas decreased to 56% in endline. But this decrease was not found to be significant. The proportion of sahiyyas who reported that if the time between her last 2 periods was about a month apart, she can start using SDM increased significantly to 47% in endline (p<0.001) from midline (37%) (Table 6.15).

Table 6.15: Knowledge for postpartum eligibility to use SDM

Postpartum eligibility to use SDM	Midline (n=304)	Endline (n=286)	Result of the test of significance
When she has had at least 4 periods since her baby was born	60.9	55.6	Non – significant
If the time between her last 2 periods was about a month apart	36.8	47.2	p<0.001

Recording of SDM clients

The proportion of sahiyyas who started recording of SDM clients in separate column in the daily register increased substantially to 81% in endline (p<0.001) from midline (49%).

Knowledge of sahiyyas on criteria for using LAM

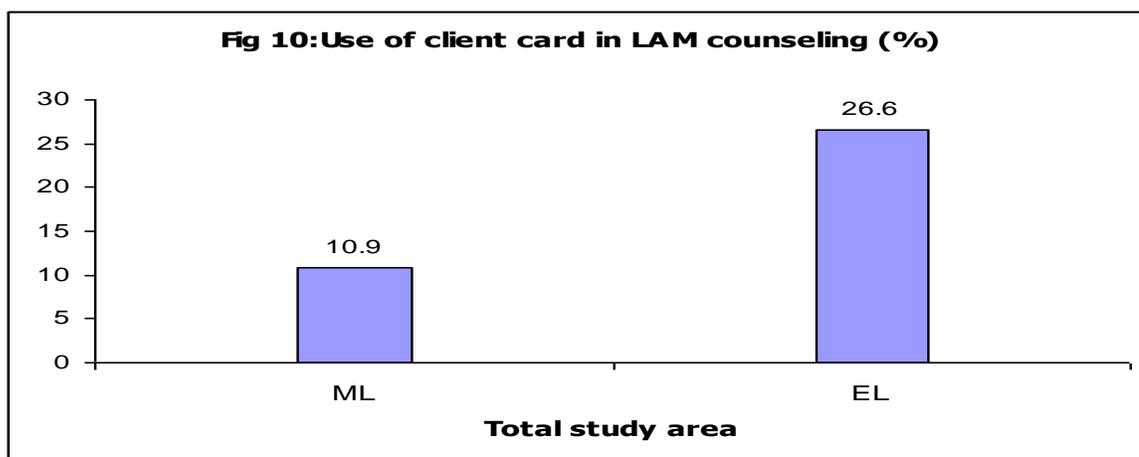
The knowledge of sahiyyas on criteria for using LAM has increased substantially in endline from midline. About 65% of sahiyyas in midline reported that “woman is fully or nearly fully breastfeeding her baby”, can use LAM. The proportion of such sahiyyas increased significantly to 75% in endline (p<0.001). Similarly the proportion of sahiyyas who

reported that “a women who has not had her period yet after delivery, can start using LAM increased significantly to 73% in endline (p<0.001) from midline (35%) (Table 6.16).

Table 6.16: Knowledge of conditions for using LAM

Knowledge	Midline (n=247)	Endline (n=323)	Result of the test of significance
Woman is fully or nearly fully breastfeeding her baby	64.8	74.9	p<0.001
She has not had her period yet after delivering a baby	35.2	73.1	p<0.001
Baby is not yet 6 months old	65.8	65.0	Non - significant
Will use another family planning method when any one of the criteria is no longer met	2.8	12.4	p<0.001

Significantly more sahiyyas started using client card in LAM counseling in endline (27%) than midline (11%) (Figure 10).



Appendix 1: Study Tools for Service Delivery Points (SDPs)

FAM PROJECT ENDLINE: PROVIDER INTERVIEW -INDIA

IDENTIFICATION

Health facility visited (name)
 भ्रमण किये गये स्वास्थ्य सुविधा का नाम

HEALTH FACILITY CODE
 स्वास्थ्य सुविधा का कोड

REGION
 इलाका

Area (URBAN=1, RURAL=2)
 क्षेत्र (1-शहरी, 2-ग्रामीण)

State: Jharkhand राज्य: झारखण्ड

District : Deogarh1 देवघर1
 जिला Gumla2 गुमला2
 Chatra3 चतरा3
 Dumka4 दमका4

Block
 प्रखण्ड

LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE
 (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)
 बड़ा शहर/छोटा शहर/नगर/प्रदेश
 1-बड़ा शहर, 2-छोटा शहर, 3-नगर, 4-प्रदेश

NAME
 नाम

PROVIDER ID
 सेवादाता पहचान पत्र

INTERVIEWER VISITS

	1	2	FINAL VISIT	
DATE दिनांक	_____	_____	अंतिम भ्रमण	
INTERVIEWER'S NAME साक्षात्कारकर्ता का नाम	_____	_____	DAY दिन	<input type="text"/> <input type="text"/>
RESULT* परिणाम	_____	_____	MONTH माह	<input type="text"/> <input type="text"/>
NEXT VISIT: DATE अगला भ्रमण दिनांक	_____	_____	YEAR वर्ष	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TIME समय	_____	_____	TOTAL NUMBER OF VISITS कुल किये गये भ्रमण का सं०	<input type="text"/>

*RESULT CODES: परिणाम कोड

1 COMPLETED	4 REFUSED	पूर्ण	4 इन्कार
2 NOT AVAILABLE	5 PARTLY COMPLETED	उपलब्ध नहीं	5 आंशिक पूर्ण
3 POSTPONED	6 OTHER (SPECIFY)	स्थागित	6 अन्य (विवरण)

TYPE OF SECTOR सेक्टर का प्रकार

1 = GOVERNMENT/PUBLIC	4 = PRIVATE	1- सरकारी/सार्वजनिक	4- प्राईवेट
2 = MISSION/FBO	6= OTHER (SPECIFY)	2-मिशन/थट	6- अन्य (विवरण)
3 = NGO		3- गेरे सरकारी संस्था	

TYPE OF HEALTH FACILITY

1 = REFERRAL HOSPITAL	61 = Health Sub Centre (HSC)	<input type="text"/>
2 = DISTRICT HOSPITAL	62 = Additional Primary Health Centre (Add (PHC)	
	63 = Primary Health Centre (PHC)	
	64 = Community Health Centre (CHC)	

3 = SUB-DISTRICT HOSPITAL

4 = RURAL HEALTH CENTER

5 = CLINIC

7 = HEALTH POST

स्वास्थ्य सुविधा का प्रकार

61 स्वास्थ्य उप केन्द्र

1- रेफरल अस्पताल

2- जिला अस्पताल

3- उप जिला अस्पताल

4- ग्रामीण स्वास्थ्य केन्द्र

5- क्लीनिक

7- चलंत स्वास्थ्य केन्द्र

62 एडिशनल प्रा० स्वास्थ्य केन्द्र

63 प्रा० स्वास्थ्य केन्द्र

64 सामुदायिक स्वास्थ्य केन्द्र

6 अन्य (विवरण)

8 नही जानते

LANGUAGE OF QUESTIONNAIRE	LANGUAGE OF INTERVIEW	NATIVE LANGUAGE OF RESPONDENT		TRANSLATOR USED
1 = ENGLISH 2 = FRENCH 3 = SPANISH 4 = HINDI प्रपत्र की भाषा 1- इंगलिश 2- फ्रेंच 3- स्पैनिश 4- हिन्दी	1 = ENGLISH 2 = FRENCH 3 = SPANISH 4 = HINDI साक्षात्कार की भाषा 1- इंगलिश 2- फ्रेंच 3- स्पैनिश 4- हिन्दी	1 = ENGLISH 2 = FRENCH 3 = SPANISH 4 = HINDI उत्तरदाता की भाषा 1- इंगलिश 2- फ्रेंच 3- स्पैनिश 4- हिन्दी	6 = OTHER (SPECIFY) 6- अन्य (विवरण)	YES..... NO..... अनुवादक से सहयोग लिया हाँ 1 नहीं 2

SUPERVISOR सुपरवाइजर	FIELD EDITOR फील्ड एडिटर	OFFICE EDITOR ऑफिस एडिटर	KEYED BY
NAME _____	NAME _____	NAME _____	NAME _____
DATE _____	DATE _____	DATE _____	DATE _____

INTRODUCTION AND INFORMED CONSENT

Namaste. My name is _____ and I am working with GfK MODE. We are conducting an end line survey about the knowledge and use of family planning methods. We would very much appreciate your participation in this survey. Several different topics will be discussed including exposure to media, knowledge of family planning methods like, SDM and LAM .This information will help the government to assess health and information needs and to better plan health services. The survey usually takes between 30 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

नमस्ते! मेरा नाम..... है और मैं जी एफ के से आया हूँ। हमलोग परिवार नियोजन के जानकारी एवं प्रयोग पर एक एन्ड लाइन सर्वे कर रहे हैं, इस सर्वे में अपनी सहभागिता को हम सराहना करते हैं। कई विभिन्न विषयों जैसे मीडिया से एक्सपोजर, परिवार नियोजन के तरीकों के बारे में जानकारी जैसे- मालाचक्र विधि और लैम विधि आदि के बारे में चर्चा की जायेगी। यह जानकारियां सरकार के लिए स्वास्थ्य और स्वास्थ्य सेवाओं हेतु बेहतर योजनाओं को बनाने में आवश्यक हैं। सामान्यतः इस सर्वे को पूरा करने में 30 से 60 मिनट का समय लगता है। आपके द्वारा दी गयी सभी जानकारियां पूरी तरह से गोपनीय रखी जायेंगी तथा किसी दूसरे व्यक्ति को नहीं दिखायी जायेंगी।

Participation in this survey is voluntary and if you choose to participate, you may withdraw at any time. However, we hope that you will take part in this survey since your participation is important.

इस सर्वे में आपकी भागीदारी स्वैच्छिक है और यदि आप इसमें भाग लेते हैं तो आप किसी भी समय भागीदारी वापस ले सकते हैं। हालांकि हम आशा करते हैं कि आप इस सर्वे में भाग लेंगे क्योंकि आपकी भागीदारी बहुत महत्वपूर्ण है।

May I begin the interview now?

क्या मैं अब साक्षात्कार शुरू कर सकता हूँ?

Signature of interviewer: _____

साक्षात्कारकर्ता का हस्ताक्षर

Date: _____

तिथि

RESPONDENT AGREES TO BE INTERVIEWED

उत्तरदाता साक्षात्कार देने के लिए सहमत है

.....1

↓

RESPONDENT DOES NOT AGREE TO BE INTERV . 2 →END

उत्तरदाता साक्षात्कार देने के लिए असहमत है

BEGIN INTERVIEW

साक्षात्कार शुरू करे

SDM SERVICE PROVISION AND TRAINING			
NO. क्रम	QUESTIONS AND FILTERS प्रश्न	CODING CATEGORIES उत्तर कोड	SKIP स्कीप
100	<p>SELECT THE DESIGNATION OF STAFF MEMBER TO BE INTERVIEWED</p> <p>स्टाफ सदस्य जिनसे इंटरव्यू/साक्षात्कार लेना है उनका पद चुने ।</p>	<p>DOCTOR/ MOIC 1 डॉक्टर/ मेडिकल ऑफिसर</p> <p>NURSE 2 नर्स</p> <p>Lady Health Vistor (LH 3 महिला स्वास्थ्य कर्मी</p> <p>ANM 4 ए0 एन0 एम0</p> <p>MHW/MPW..... 61 पुरुष स्वास्थ्य कर्मी/एम0 पी0 डब्लू0</p> <p>OTHER (specify) _____ 62 अन्य (विवरण)</p>	
	<p>First, I would like to ask you some questions on family planning and the training you received in the past.</p> <p>सबसे पहले हम आपसे परिवार नियोजन और उस प्रशिक्षण के बारे में सवाल करेंगे जो आपने लिया है।</p>		
101	<p>How long have you been working here at this facility? IF LESS THAN 1 YEAR, ENTER '00'</p> <p>आप इस स्वास्थ्य सुविधा केन्द्र में कितने समय से काम कर रहे हैं? अगर 1 वर्ष से कम है तो 00 लिखें</p>	<p>YEARS <input type="text"/> <input type="text"/></p> <p>वर्ष में</p>	
102	<p>How many years ago did you receive your initial family planning training?</p> <p>कितने वर्ष पहले आपने पहली बार परिवार नियोजन पर प्रशिक्षण लिया था?</p> <p>IF LESS THAN 1 YEAR, ENTER '00'</p> <p>अगर 1 वर्ष से कम है तो 00 लिखें</p>	<p>YEARS <input type="text"/> <input type="text"/></p> <p>वर्ष</p> <p>NEVER TRAINED 7 → 104 कभी प्रशिक्षित नहीं हुआ</p>	
103	<p>Did your initial family planning training, whether during or after school, cover the following methods:</p> <p>क्या आपके पहले परिवार नियोजन के प्रशिक्षण में निम्नलिखित विधि शामिल थी</p> <p>a) SDM (Cyclebeads)? मालाचक्र विधि</p> <p>b) LAM? लैम विधि</p> <p>c) Condoms? कण्डोम</p> <p>d) injectables? गर्भनिरोधक सूई</p> <p>e) Pills? गर्भनिरोधक गोली</p> <p>f) IUD ? कॉपर टी</p> <p>g) MALE STERILIZATION पुरुष नसबंदी</p>	<p>YES NO हाँ नहीं</p> <p>SDM 1 2 मालाचक्र</p> <p>LAM 1 2 लैम</p> <p>CONDOMS 1 2 कण्डोम</p> <p>INJECTABLES 1 2 गर्भनिरोधक सूई</p> <p>PILLS 1 2 गर्भनिरोधक गोली</p> <p>IUD 1 2 कॉपर टी</p> <p>MALE STERILIZATION 1 2 पुरुष नसबंदी</p>	
	<p>FEMALE STERILIZATION महिला नसबंदी/बंध्याकरण</p> <p>h) Other? अन्य</p>	<p>FEMALE STERILIZATION 1 2 महिला नसबंदी/बंध्याकरण</p> <p>OTHER (SPECIFY) _____ 1 2 अन्य (विवरण)</p>	

NO. क्रम	QUESTIONS AND FILTERS प्रश्न	CODING CATEGORIES उत्तर कोड	SKIP स्कीप
104	<p>Now, I would like to ask you some questions about the SDM (CycleBeads).</p> <p>अब मैं आपसे मालाचक्र विधि के बारे में कुछ प्रश्न पूछना चाहूंगा?</p> <p>Have you heard of the SDM (CycleBeads)?</p> <p>क्या आपने कभी मालाचक्र विधि के बारे में सुना है?</p>	<p>YES 1</p> <p>हाँ</p> <p>NO 2</p> <p>नहीं</p>	<p>→106</p>
105	<p>When did you receive your last training on SDM (Cyclebeads)?</p> <p>मालाचक्र विधि पर आपको आखिरी बार प्रशिक्षण कब मिला था?</p> <p>IF DAYS CIRCLE 1, AND WRITE NUMBER OF DAYS.</p> <p>IF WEEKS CIRCLE 2 AND WRITE NUMBER OF WEEKS.</p> <p>IF MONTHS CIRCLE 3 AND WRITE NUMBER OF MONTHS.</p> <p>IF YEARS CIRCLE 4 AND WRITE NUMBER OF YEARS.</p> <p>IF NEVER TRAINED, CIRCLE 995</p>	<p>DAYS 1</p> <p>दिन</p> <p>WEEKS 2</p> <p>सप्ताह</p> <p>MONTHS 3</p> <p>महीना</p> <p>YEARS 4</p> <p>वर्ष</p> <p>NEVER TRAINED 995</p> <p>कभी प्रशिक्षण नहीं हुआ</p>	<p>→107</p> <p>→107</p> <p>→107</p> <p>→107</p>
106	<p>Would you like to be trained in the SDM (Cyclebeads)?</p> <p>क्या आप मालाचक्र विधि पर प्रशिक्षण लेना चाहेंगे?</p>	<p>YES 1</p> <p>हाँ</p> <p>NO 2</p> <p>नहीं</p>	
107	<p>In the last year have you provided SDM in your health facility?</p> <p>पिछले वर्ष क्या आपने अपनी स्वास्थ्य सुविधा केन्द्र में मालाचक्र विधि (मालाचक्र) प्रदान किया था?</p>	<p>YES 1</p> <p>हाँ</p> <p>NO 2</p> <p>नहीं</p>	
108	<p>In the last 3 months have you provided SDM in your health facility?</p> <p>पिछले 3 महिनों में क्या आपने अपनी स्वास्थ्य केन्द्र में मालाचक्र विधि प्रदान किया था?</p>	<p>YES 1</p> <p>हाँ</p> <p>NO 2</p> <p>नहीं</p>	<p>→ 110</p>
109	<p>Why not?</p> <p>क्यों नहीं?</p>	<p>_____</p> <p>_____</p> <p>_____</p>	
110	<p>YES NO NOTE: IF NEVER TRAINED, CHECK NO FOR a).</p> <p>a) CHECK 105 <input type="checkbox"/> <input type="checkbox"/> UP TO 1 YEAR AGO</p> <p>b) CHECK 107 <input type="checkbox"/> <input type="checkbox"/> IF a) AND b) ARE CHECKED NO IF a) OR b) IS CHECKED</p> <p>YES --GO TO 111</p>		<p>→ 143</p>

NO. क्रम	QUESTIONS AND FILTERS प्रश्न	CODING CATEGORIES उत्तर कोड	SKIP स्कीप
111	Besides the SDM, in the last 3 months have you provided other family planning methods to clients? इन पिछले 3 महिनो में मालाचक्र विधि के अलावा आपने अन्य कोई परिवार नियोजन पद्धति लोगों को प्रदान की है?	YES 1 हाँ NO 2 नहीं	→114
112	In the last 3 months have you provided: इन पिछले 3 महिनो में, क्या आपने ---- प्रदान की है? a) Condoms? कण्डोम b) Injectables? गर्भ निरोधक सूई c) Pills? गर्भनिरोधक गोली d) IUD ? कॉपर टी e 1 MALE STERILIZATION पुरुष नसबंदी 2 FEMALE STERILIZATION महिला नसबंदी/बंध्याकरण f) Emergency Contraception? आपातकालीन गर्भनिरोधक g) Other? अन्य	YES NO हाँ नहीं CONDOMS 1 2 कण्डोम INJECTIBLES 1 2 गर्भनिरोधक सूई PILLS 1 2 गर्भनिरोधक गोली IUD 1 2 कॉपर टी MALE STERILIZATION 1 2 पुरुष नसबंदी FEMALE STERILIZATION 1 2 महिला नसबंदी/बंध्याकरण EMERGENCY CONTRACE... 1 2 आपातकालीन गर्भनिरोधक OTHER (Specify) _____ 1 2 अन्य (विवरण)	
113	Do you know if SDM is included in the family planning protocol of your health facility? क्या आप जानते हैं कि मालाचक्र विधि आपकी स्वास्थ्य केन्द्र के परिवार नियोजन नियमावली में शामिल है?	YES 1 हाँ NO 2 नहीं NOT SURE 8 निश्चित नहीं	

SDM (Cyclebeads) COUNSELING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
127	<p>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?</p> <p>महिलाओं को परिवार नियोजन पर जब सलाह देते हैं तो, क्या आप उन्हें मालाचक्र विधि के बारे में हमेशा, अधिकांश समय, कुछ समय या बहुत कम बताते हैं?</p>	<p>ALL OF THE TIME..... 1 →</p> <p>हमेशा</p> <p>MOST OF THE TIME..... 2 →</p> <p>अधिकांश समय</p> <p>SOME OF THE TIME..... 3</p> <p>कुछ समय</p> <p>RARELY..... 4</p> <p>बहुत कम समय</p>	129
128	<p>Why do you think you do not tell clients about SDM (Cyclebeads) more often?</p> <p>आप क्या सोचते हैं कि आप लोगों को अक्सर मालाचक्र विधि के बारे में नहीं बताते हैं?</p> <p>CIRCLE ALL MENTIONED बताये गये सभी विकल्प में घेरा लगायें</p>	<p>CLIENTS DON'T ASK FOR IT..... A</p> <p>लोग इस के बारे में नहीं पूछते हैं</p> <p>NOT TRAINED ON SDM (Cyclebeads)..... B</p> <p>मालाचक्र विधि पर प्रशिक्षण नहीं मिला है</p> <p>DISAPPROVE OF SDM (Cyclebeads)..... C</p> <p>मालाचक्र विधि अपनाने से मना करते हैं</p> <p>CYCLEBEADS NOT AVAILABLE..... D</p> <p>मालाचक्र उपलब्ध नहीं है</p> <p>OTHER (SPECIFY)----- X</p> <p>अन्य (विवरण)</p>	
129	<p>In general, when you tell clients about SDM (Cyclebeads) are they interested in learning more about the method?</p> <p>समान्यतः आप लोगों को मालाचक्र विधि के बारे में जब बताते हैं, तो क्या वे विधि को ज्यादा से ज्यादा सीखने में रुचि लेते हैं?</p>	<p>YES (हाँ)..... 1</p> <p>NO (नहीं)..... 2 →</p> <p>SOME ARE, SOME ARE NOT..... 3</p> <p>कुछ लेते हैं कुछ नहीं लेते हैं।</p> <p>DON'T KNOW..... 8 →</p> <p>नहीं जानते</p>	132
130	<p>After they learn more about SDM (Cyclebeads), do most clients decide to use the method?</p> <p>मालाचक्र विधि के बारे में उन्हें अधिक जानकारी मिलने के बाद क्या अधिकतर लोग विधि को इस्तेमाल करने का निर्णय लेते हैं?</p>	<p>YES (हाँ)..... 1 →</p> <p>NO (नहीं)..... 2</p> <p>SOME ARE, SOME ARE NOT..... 3</p> <p>कुछ लेते हैं कुछ नहीं लेते हैं।</p> <p>DON'T KNOW..... 8 →</p> <p>नहीं जानते</p>	132
131	<p>Why do you think some clients who express initial interest in the SDM (Cyclebeads), later decide not to adopt/use the method?</p> <p>आप क्यों सोचते हैं कि कुछ लोगों जो पहले मालाचक्र विधि में अपनी रुचि जाहिर करते हैं, पर बाद में विधि इस्तेमाल नहीं करने का निर्णय लेते हैं?</p> <p>CIRCLE ALL MENTIONED बताये गये सभी विकल्प में घेरा लगायें</p>	<p>HUSBAND WILL NOT COOPERATE..... A</p> <p>पति सहयोग नहीं करते हैं।</p> <p>CYCLEBEADS NOT AVAILABLE..... B</p> <p>मालाचक्र उपलब्ध नहीं है</p> <p>DOES NOT KNOW DATE OF LAST PERIOD..... C</p> <p>पिछले माहवारी का तिथि याद नहीं रहती है</p> <p>PERIOD HAS NOT RETURNED AFTER BIRTH..... D</p> <p>जन्म के बाद माहवारी वापस नहीं आया है</p> <p>PERIODS NOT ABOUT A MONTH APART..... E</p> <p>माह में एक बार माहवारी नहीं आता है, या माहवारी नियमित नहीं रहती</p> <p>PERCEIVED NOT EFFECTIVE..... F</p> <p>विधि असरदार नहीं है</p> <p>HAVE TO MOVE BAND DAILY..... G</p> <p>रोज रिग को बढ़ाना पड़ता है</p> <p>FAMILY DOES NOT APPROVE..... H</p> <p>परिवार की सहमति नहीं है</p> <p>FERTILE PERIOD TOO LONG..... I</p> <p>गर्भ ठहरने का दिन काफी ज्यादा है।</p> <p>DOESN'T LIKE TO ABSTAIN/USE CONDOMS..... J</p> <p>संयम रखना/कण्डोम प्रयोग करना पसन्द नहीं करते</p> <p>DON'T KNOW HOW TO USE CYCLEBEADS..... K</p> <p>मालाचक्र प्रयोग करने की विधि मालूम नहीं है</p> <p>DUE TO TIREDNESS, DONOT ABLE TO USE..... L</p> <p>थकान के कारण प्रयोग नहीं कर पाते हैं</p> <p>OTHER (SPECIFY)----- X</p> <p>अन्य (विवरण)</p> <p>DON'T KNOW नहीं जानते हैं..... Z</p>	
132	<p>Does the SDM (Cyclebeads) have any advantages?</p> <p>क्या मालाचक्र विधि के कोई लाभ हैं?</p>	<p>YES हाँ..... 1</p> <p>NO नहीं..... 2 →</p> <p>DON'T KNOW..... 8 →</p> <p>नहीं जानते</p>	134
133	<p>What are they?</p>	<p>EASY TO USE..... A</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>वे सब लाभ क्या हैं?</p> <p>CIRCLE ALL MENTIONED crk; s x; s l Hkh fodYi e ?kj k yxk; ॥ If RESPONDENT SAYS "NATURAL", ASK 'CAN YOU TELL ME MORE ABOUT WHAT YOU MEAN BY "NATURAL"?'</p> <p>यदि उत्तरदाता "प्राकृतिक" बताता है, तो पूछिये कि "प्राकृतिक" से आपका मतलब क्या है।</p>	<p>इस्तेमाल करने में आसान</p> <p>EFFECTIVE B असरदार</p> <p>NO SIDE EFFECTS/HEALTH EFFECTS. C कोई दुष्प्रभाव नहीं/स्वास्थ्य पर कोई दुष्प्रभाव नहीं</p> <p>INVOLVES PARTNER. D साथी को सम्मिलित करता है</p> <p>PARTNER LIKES THE METHOD. E साथी द्वारा इस विधि को पसन्द किया जाता है</p> <p>NO RESUPPLY. F बार बार लेने की जरूरत नहीं</p> <p>DOES NOT INTERFERE WITH BREAST-FEEDING. G स्तनपान में कोई बाधा नहीं</p> <p>CONSISTENT WITH RELIGIOUS BELIEFS. H धार्मिक मान्यताओं से सहमति है</p> <p>NONE. I कुछ नहीं</p> <p>OTHER (SPECIFY)----- X अन्य (विवरण)</p>	
134	<p>Does the SDM (Cyclebeads) have any disadvantages?</p> <p>क्या मालाचक्र विधि के कोई नुकसान हैं?</p>	<p>YES 1 हाँ</p> <p>NO 2 → 136 नहीं</p> <p>DON'T KNOW 8 → 136 नहीं जानते</p>	
135	<p>What are they?</p> <p>वे सब नुकसान क्या हैं?</p> <p>CIRCLE ALL MENTIONED crk; s x; s l Hkh fodYi e ?kj k yxk; ॥</p>	<p>DIFFICULT TO USE. A इस्तेमाल करना कठिन है।</p> <p>NOT AS EFFECTIVE AS OTHER METHODS. B अन्य विधि के तरह असरदार नहीं</p> <p>MUST HAVE CYCLES WITHIN RANGE. C सिर्फ नियमित मासिक चक्र वाली महिलाएँ प्रयोग कर सकती हैं</p> <p>DEPENDS ON PARTNER. D साथी पर निर्भरता</p> <p>INTERFERES WITH SEX/ TOO MANY WHITE BEAD DAYS. E संभोग में बाधा/सफेद मोती वाले दिनों की संख्या बहुत अधिक जब संयम रखना पड़ता है।</p> <p>NONE. F कुछ नहीं</p> <p>OTHER (SPECIFY)----- X अन्य (विवरण)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
136	Did you find any part of providing SDM (Cyclebeads) services difficult? क्या आपने मालाचक्र विधि प्रदान करने में कठिनाई महसूस किया	YES..... 1 हाँ NO 2 नहीं	138
137	What? क्या? (IF YES, WRITE 2 MAIN DIFFICULTIES)	<input type="text"/> <input type="text"/>	
138	Would you use the SDM (Cyclebeads)? क्या आप मालाचक्र विधि इस्तेमाल करेंगे?	YES..... 1 हाँ NO 2 नहीं	
139	Do you think this method is easy to use? क्या आप सोचते हैं कि यह विधि इस्तेमाल करना आसान है ?	YES..... 1 हाँ NO 2 नहीं	
140	Do you think this method is more or less effective than: क्या आप सोचते हैं कि यह विधि निचे बताई गई विधियों --- की तुलना में ज्यादा या कम असरदार है? a) Condoms? कण्डोम b) Pill? गर्भनिरोधक गोली c) Injectables? गर्भनिरोधक सूई	MORE LESS SAME DON'T KNOW अधिक कम उसी तरह नहीं जानते CONDOMS 1 2 3 8 कण्डोम PILL 1 2 3 8 गर्भ निरोधक गोली INJECTABLES 1 2 3 8 गर्भ निरोधक सूई	
Now I would like to ask you a few questions on how you record SDM (Cyclebeads) users. अब मैं आपसे कुछ प्रश्न पुछना चाहूँगा,जैसे मालाचक्र विधि इस्तेमाल करने वालों का रिकार्ड कैसे रखते है?			
141	Have you ever recorded a SDM (Cyclebeads) user? क्या आपने कभी मालाचक्र विधि इस्तेमाल करने वालों का रिकॉर्ड रखा है?	YES..... 1 हाँ NO 2 नहीं	143
142	When do you record a woman as an SDM (Cyclebeads) user? आप एक महिला को मालाचक्र विधि इस्तेमाल करने वाले के रूप में रिकॉर्ड कब रखते है? a) When she received CycleBeads जब उसे मालाचक्र मिलता है। b) When she is counseled on the SDM (Cyclebeads) जब उसे मालाचक्र विधि इस्तेमाल करने पर परामर्श मिलता है। c) When she is both counseled and receives CycleBeads जब उसे मालाचक्र विधि पर परामर्श और मालाचक्र दोनो मिलता है और वह विधि का प्रयोग करना शुरू करती है। d) When we visit a client for follow up. जब हम प्रयोगकर्ता से फॉलोअप के दौरान मिलते है। e) When she receives a calendar जब उसे एक कैलेंडर मिलता है।	YES NO हाँ नहीं a) WHEN SHE RECEIVES CYCLEBEADS..... 1 2 जब उसे मालाचक्र मिलता है। b) WHEN SHE IS COUNSELED ON SDM (Cyclebeads). 1 2 जब उसे मालाचक्र विधि इस्तेमाल करने पर परामर्श मिलता है। c) WHEN SHE IS BOTH COUNSELED AND RECEIVES CYCLEBEADS. 1 2 जब उसे मालाचक्र विधि पर परामर्श और मालाचक्र दोनो मिलता है और वह विधि का प्रयोग करना शुरू करती है। d) WHEN WE VISIT A.CLIENT FOR FOLLOW UP 1 2 जब हम प्रयोगकर्ता से फॉलोअप के दौरान मिलते है। e) WHEN SHE RECEIVES A CALENDAR. 1 2 जब उसे एक कैलेंडर मिलता है।	

LAM SERVICE PROVISION AND TRAINING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
<p align="center">Now, I would like to ask you some questions on LAM. <small>vc eš vki l s yē ds ckjs eā dñ l oky i iNuk ptkgkA</small></p>			
143	<p>Have you heard of LAM? क्या आपने लैम विधि के बारे में सुना है?</p>	<p>YES 1 हाँ NO 2 नहीं</p>	<p>→ 145</p>
144	<p>When did you receive your last training on LAM? आपको लैम विधि पर आखिरी बार प्रशिक्षण कब मिला है? 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 NEVE TRAINED, CIRCLE 995</p>	<p>DAYS..... 1 दिन <input type="text"/> <input type="text"/> → 146 WEEKS..... 2 सप्ताह <input type="text"/> <input type="text"/> → 146 MONTHS..... 3 महीना <input type="text"/> <input type="text"/> → 146 YEARS..... 4 वर्ष <input type="text"/> <input type="text"/> → 146 NEVER TRAINED..... 995 प्रशिक्षण नहीं मिला है</p>	<p>→ 146 → 146 → 146 → 146</p>
145	<p>Would you like to be trained in LAM? क्या आप लैम विधि पर प्रशिक्षित होना चाहते हैं?</p>	<p>YES 1 हाँ NO 2 नहीं</p>	
146	<p>In the last 3 months have you provided information on LAM? पिछले 3 महिनो में क्या आपने लैम विधि पर जानकारी दिया है ?</p>	<p align="center">YES NO हाँ नहीं LAM 1 2 लैम</p>	<p>if yes, 148 यदि हाँ तो 148</p>
147	<p>Why have you not been able to provide information on LAM to clients? आप महिलाओं को लैम विधि के बारे में सूचना देने में सक्षम क्यों नहीं हैं?</p>	<p>_____</p> <p>_____</p> <p>_____</p>	

LAM COUNSELING			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
148	<p>CHECK 146</p> <p>DOES NOT OFFER LAM <input type="checkbox"/></p> <p>OFFER LAM <input type="checkbox"/></p> <p>लैम विधि पर जानकारी नहीं दिया <input type="checkbox"/> →</p> <p>लैम विधि पर जानकारी दिया <input type="checkbox"/></p>		177
<p>Next, I would like to ask you some questions on how LAM counseling is provided in this health facility/clinic. अब मैं आपसे जानना चाहूँगा कि इस स्वास्थ्य केन्द्र में लैम विधि की सलाह कैसे दी जाती है।</p>			
149	<p>Do you know if LAM is included in the family planning protocol of your facility? क्या आप जानते हैं कि स्वास्थ्य केंद्र के परिवार नियोजन के नियमावली में लैम विधि शामिल है या नहीं ?</p>	<p>YES..... 1 हाँ</p> <p>NO..... 2 नहीं</p>	
150	<p>What are the conditions a woman needs to fulfill to use LAM correctly? लैम विधि का सही तरीके से उपयोग करने के लिए एक महिला को कौन सी शर्तें पूरी करने की जरूरत होती है?</p> <p>PROBE: Anything else? पूछें :कोइ अन्य चीजें</p> <p>CIRCLE ALL MENTIONED बताये गये सभी विकल्प में घेरा लगायें</p>	<p>SHE HAS NOT HAD HER PERIOD YET AFTER DELIVERING A BABY/ CHILD A बच्ची के जन्म के बाद उसकी माहवारी वापस नहीं आयी हो</p> <p>WOMAN IS FULLY OR NEARLY FULLY BREASTFEEDING HER BABY B महिला पूर्णतः या लगभग पूरी तरह बच्चे को सिर्फ स्तनपान करा रही है।</p> <p>BABY IS NOT YET 6 MONTHS OLD. C शिशु छ : माह से कम उम्र का है ।</p> <p>WILL USE ANOTHER FAMILY PLANNING METHOD WHEN ANY ONE OF THE CRITERIA IS NO LONGER MET. D उपरोक्त दिये गये शर्त में से किसी का पालन नहीं होने पर परिवार नियोजन की दूसरी विधि के बारे में बताते हैं।</p> <p>OTHER (SPECIFY)----- X अन्य (विवरण)</p> <p>DON'T KNOW..... Z नहीं जानते</p>	
151	<p>Do you use any materials to explain LAM to women? क्या आप लैम विधि वर्णन करने के लिए कोइ सामग्री का प्रयोग करते हैं?</p>	<p>YES..... 1 हाँ</p> <p>NO..... 2 → 153 नहीं</p>	
152	<p>What materials do you use? (PROBE: PLEASE SHOW ME THESE MATERIALS)</p> <p>कौन सी सामग्री आप इस्तेमाल करते हैं?</p> <p>CIRCLE ALL MENTIONED बताये गये सभी विकल्प में घेरा लगायें</p>	<p>CLIENT CARD. A सुविधा प्राप्त करने वाले लोगों को क्लार्ट कार्ड /जानकारी पर्चा</p> <p>PROVIDER JOB AID/ MEMORY CARD. B सुविधादाता के रिकार्ड बुक से</p> <p>BROCHURE..... C पर्ची / ब्रोशर</p> <p>OTHER (SPECIFY)----- X अन्य (विवरण)</p>	
153	<p>What advice do you give women about how to exclusively breastfeed? केवल स्तनपान कैसे करायें इसके बारे में आप महिलाओं को क्या सलाह देते हैं?</p> <p>PROBE: Explain CIRCLE ALL MENTIONED बताये गये सभी विकल्प में घेरा लगायें</p>	<p>BREASTFEED WHENEVER THE CHILD IS HUNGRY/THIRSTY. A बच्चा जब-जब मांग करे ,उसे स्तनपान करायें</p> <p>GIVE YOUR CHILD ONLY BREASTMILK. B अपने बच्चे को केवल स्तनपान करायें</p> <p>BREASTFEED EVEN WHEN THE CHILD OR YOU ARE SICK. C बच्चा/आप बीमार रहें तब भी स्तनपान करायें</p> <p>AVOID USING BOTTLES AND ARTIFICIAL NIPPLES. D बोतल या कृत्रिम निप्पलस से परहेज करें</p> <p>OTHER (SPECIFY)----- X अन्य (विवरण)</p>	

154	<p>Are there benefits to exclusive breastfeeding? क्या केवल स्तनपान कराने के लाभ हैं?</p>	<p>YES हों 1 NO 2 नहीं</p>	156
155	<p>What do you tell women about the benefits of breastfeeding? आप महिलाओं को स्तनपान कराने के लाभ के बारे में क्या बताते हैं? CIRCLE ALL MENTIONED बताये गये सभी विकल्प में घेरा लगायें</p>	<p>BREASTFEEDING IS GOOD FOR THE CHILD'S GROWTH AND DEVELOPMENT. A बच्चे के वृद्धि एवं विकास के लिए स्तनपान कराना अच्छा होता है BREASTFEEDING IS GOOD FOR HEALTH OF CHILD B बच्चे के स्वास्थ्य के लिए स्तनपान कराना अच्छा होता है BREASTFEEDING PROTECTS CHILDREN AGAINST ILLNESS AND DISEASE. C स्तनपान, बच्चे में बीमारी एवं रोग से बचाव करता है BREASTFEEDING PROTECTS AGAINST PREGNANCY. D स्तनपान, गर्भ ठहरने से बचाव करता है BREASTFEEDING STRENGTHENS MOTHER AND CHILD BONDING. E स्तनपान, बच्चे एवं माँ के संबंध को मजबूत करता है ECONOMICAL/NO FORMULA TO BUY. F मुफ्त/खरीदने की आवश्यकता नहीं OTHER (SPECIFY)----- X अन्य (विवरण) DON'T KNOW. Z नहीं जानते</p>	
156	<p>What advice do you give women who no longer meet the LAM criteria? आप उन महिलाओं को क्या सलाह देते हैं जो लैम विधि के शर्तों को पूरा नहीं करती हैं? CIRCLE ALL MENTIONED बताये गये सभी विकल्प में घेरा लगायें</p>	<p>IMMEDIATELY USE ANOTHER METHOD. A तुरन्त दूसरी विधि इस्तेमाल करें। CONTINUE TO BREASTFEED. B स्तनपान जारी रखें। CONTINUE TO BREASTFEED EVEN IF YOU OR YOUR CHILD ARE SICK. C यदि आप या आपका बच्चा बीमार हो तो भी स्तनपान जारी रखें DISCUSS THE IMPORTANCE TO WAIT 2 YEARS BEFORE GETTING PREGNANT AGAIN. D पुनः गर्भ धारण करने के बीच दो साल के अन्तराल के महत्व के बारे में समझाते हैं। EXPLAIN WHAT OTHER METHODS OF FAMILY PLANNING BREASTFEEDING WOMEN CAN USE. E स्तनपान कराने वाली महिलायें और कौन सी परिवार नियोजन विधि का इस्तेमाल कर सकती हैं, इसके बारे में बताते हैं। NO ADVICE F कोई सलाह नहीं देते हैं। OTHER (SPECIFY)----- X अन्य (विवरण)</p>	
157	<p>What family planning methods are recommended for breastfeeding women? कौन सी परिवार नियोजन विधि स्तनपान कराने वाली महिलाओं को बताया जाता है? CIRCLE ALL MENTIONED बताये गये सभी विकल्प में घेरा लगायें</p>	<p>FEMALE STERILIZATION. A स्त्री नसबंदी/बंध्याकरण MALE STERILIZATION. B पुरुष नसबंदी IUD C कॉपर टी INJECTABLES D गर्भ निरोधक सूई IMPLANTS E इम्प्लान्ट CONDOM F कण्डोम FEMALE CONDOM G महिला कण्डोम DIAPHRAGM H डायफ्राम</p>	

		FOAM/JELLY I फोम/जेली LACTATIONAL AMEN. METHOD J लैम विधि RHYTHM K प्राकृतिक विधि STANDARD DAYS METHOD. L मालाचक्र विधि WITHDRAWAL M स्खलन EMERGENCY CONTRACEPTION. N आपातकालीन गर्भनिरोधक PILL (COMBINED HORMONES). O गर्भ निरोधक गोली (मिश्रित हार्मोनयुक्त) PILL (PROGESTIN ONLY). P गर्भ निरोधक गोली (केवल प्रोजेस्टीन) OTHER (SPECIFY)----- X अन्य (विवरण)	
158	<p>What advice do you give HIV-positive women about breastfeeding?</p> <p>आप एच.आइ.वी. पॉजिटिव महिला को स्तनपान कराने के बारे में क्या सलाह देते हैं?</p> <p>CIRCLE ALL MENTIONED बताये गये सभी विकल्प में घेरा लगायें</p>	BREASTFEED EXCLUSIVELY FOR 3-6 MONTHS. A 3 से 6 माह तक केवल स्तनपान BREASTFEED EXCLUSIVELY FOR 6 MONTHS B 6 माह तक केवल स्तनपान DO NOT BREASTFEED, USE FORMULA WHEN SAFE, AVAILABLE, ACCESSIBLE, AND AFFORDABLE. C स्तनपान नहीं कराये। सुरक्षित, उपलब्ध, पहुँच के अन्दर, वहन करने योग्य पंय पदार्थ / फार्मूला इस्तेमाल करें। WHEN YOUR BABY IS 6 MONTHS OLD, WEAN RIGHT AWAY AND DO NOT CONTINUE TO BREASTFEED. D जब आपका बच्चा 6 माह का हो जाये, तुरन्त बच्चे को स्तनपान छोड़ायें तथा स्तनपान जारी नहीं रखें। STOP BREASTFEEDING WHEN YOU KNOW YOUR STATUS AND GIVE BABY OTHER MILK AND FOODS. E जब आप को अपनी स्थिति के बारे में पता चले तो स्तनपान रोक कर बच्चे को अन्य दूध तथा भोजन दें। DID NOT MEET HIV PATIENTS F एच0 आई0 वी0 रोगी से नहीं मिले हैं। NONE G कुछ नहीं OTHER (SPECIFY)----- X अन्य (विवरण) DON'T KNOW. Z नहीं जानते	

LAM COUNSELING AND HMIS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
159	<p>Do you offer antenatal care? क्या आप प्रसव पूर्व देखभाल प्रदान करते हैं?</p> <p>OFFER ANTENATAL CARE <input type="checkbox"/> DOES NOT OFFER ANTENATAL CARE <input type="checkbox"/></p>		163
160	<p>Do you discuss about LAM during antenatal care? क्या आप प्रसव पूर्व देखभाल के दौरान लैम विधि पर बातचीत करते हैं?</p> <p>OFFER LAM DURING ANTENATAL CARE <input type="checkbox"/> DOES NOT OFFER LAM DURING ANTENATAL CARE <input type="checkbox"/></p> <p>प्रसव पूर्व देखभाल के दौरान लैम विधि के बारे में जानकारी देते हैं ?</p>		163
161	<p>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? आप महिलाओं को परिवार नियोजन पर प्रसव पूर्व देखभाल के दौरान जब सलाह देते हैं तो, क्या आप लैम विधि के बारे में हमेशा, अधिकतर वक्त, कुछ वक्त या बहुत कम बताते हैं?</p>	<p>ALL OF THE TIME. सारा वक्त 1</p> <p>MOST OF THE TIME. अधिकतर वक्त 2</p> <p>SOME OF THE TIME. कुछ वक्त 3</p> <p>RARELY. बहुत कम 4</p>	163 163
162	<p>Why don't you discuss LAM with your clients more often during antenatal care? आप महिलाओं से प्रसव पूर्व गर्भावस्था के दौरान लैम विधि की चर्चा क्यों नहीं करते हैं?</p> <p>CIRCLE ALL MENTIONED बताये गये सभी विकल्प में घेरा लगायें</p>	<p>DON'T THINK LAM IS EFFECTIVE. A लैम विधि को असरदार नहीं समझते</p> <p>ONLY TEMPORARY. B लैम अस्थाई विधि हैं।</p> <p>WOMEN DON'T BREASTFEED EXCLUSIVELY. C महिलायें केवल स्तनपान नहीं कराती हैं</p> <p>LAM IS A MATERNAL/CHILD HEALTH ISSUE. D लैम एक मातृत्व/शिशु स्वास्थ्य संबंधित जानकारी हैं ना कि परिवार नियोजन</p> <p>NOT TRAINED TO EXPLAIN LAM. E लैम विधि बताने के बारे में प्रशिक्षण नहीं मिला है।</p> <p>NO TIME TO EXPLAIN LAM. F लैम विधि बताने के लिए समय नहीं है।</p> <p>OTHER (SPECIFY)----- X अन्य (विवरण)</p>	
163	<p>Do you offer postnatal care? क्या आप प्रसव के बाद की देखभाल प्रदान करते हैं?</p> <p>OFFER POSTNATAL CARE <input type="checkbox"/> DOES NOT OFFER POSTNATAL CARE <input type="checkbox"/></p>		169
164	<p>Do you offer LAM during postnatal care? क्या आप प्रसव के बाद की देखभाल के दौरान लैम विधि प्रदान करते हैं?</p> <p>OFFER LAM DURING POSTNATAL CARE <input type="checkbox"/> DOES NOT OFFER LAM DURING POSTNATAL CARE <input type="checkbox"/></p>		169
165	<p>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? जब आप महिलाओं को परिवार नियोजन की सलाह देते हैं तो प्रसव के बाद की देखभाल के दौरान क्या आप लैम विधि पर हमेशा, अधिकांश समय, कुछ समय या बहुत कम बताते हैं?</p>	<p>ALL OF THE TIME. सारा वक्त 1</p> <p>MOST OF THE TIME. अधिकतर वक्त 2</p> <p>SOME OF THE TIME. कुछ वक्त 3</p> <p>RARELY. बहुत कम 4</p>	167 167
166	<p>Why don't you discuss LAM with your clients more often during postnatal care? आप प्रसव के बाद महिलाओं से लैम विधि की चर्चा क्यों नहीं करते हैं?</p> <p>CIRCLE ALL MENTIONED बताये गये सभी विकल्प में घेरा लगायें</p>	<p>DON'T THINK LAM IS EFFECTIVE. A लैम विधि को असरदार नहीं समझते</p> <p>ONLY TEMPORARY. B अस्थाई विधि हैं।</p> <p>WOMEN DON'T BREASTFEED EXCLUSIVELY. C महिलायें केवल स्तनपान नहीं कराती हैं</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		LAM IS A MATERNAL/CHILD HEALTH ISSUE. D लैम एक मातृत्व/शिशु स्वास्थ्य संबंधित जानकारी है ना कि परिवार नियोजन NOT TRAINED TO EXPLAIN LAM. E लैम विधि बताने के बारे में प्रशिक्षण नहीं मिला है। NO TIME TO EXPLAIN LAM. F लैम विधि बताने के लिए समय नहीं है। OTHER (SPECIFY)----- X अन्य (विवरण)	
167	When you tell clients about LAM, are they usually interested in learning more about the method? जब आप महिलाओं को लैम विधि के बारे में बताते हैं तो क्या वे हमेशा ज्यादा सीखने में रूची लेती हैं?	YES. 1 हाँ NO 2 नहीं SOME ARE, SOME ARE NOT. 3 कुछ लेते हैं कुछ नहीं लेते हैं। DON'T KNOW. 8 नहीं जानते	→ 169 → 169
168	Why do you think some women don't want to use LAM? आपके विचार से वे कौन से कारण हैं जिनकी वजह से महिलायें लैम विधि का प्रयोग नहीं करना चाहती? CIRCLE ALL MENTIONED crk; s x; s l Hkh fodYi e ?kj k yxk; ;	LACK OF INFORMATION. A जानकारी की कमी MOTHER/MOTHER-IN-LAW/FAMILY DOES NOT APPROVE. B माँ/सास/ परिवार की सहमति नहीं है PARTNER DOES NOT APPROVE. C साथी की सहमति नहीं है CANNOT/DOES NOT WANT TO BREAST-FEED EXCLUSIVELY. D केवल स्तनपान करा पाना संभव नहीं केवल स्तनपान कराना नहीं चाहती PERCEIVED NOT EFFECTIVE. E विधि असरदार नहीं है TEMPORARY METHOD. F अस्थायी विधि है। OTHER (SPECIFY) ----- X अन्य (विवरण) DON'T KNOW <u>Z</u> नहीं जानते	
169	Does LAM have any advantages? क्या लैम विधि के कोई फायदे/लाभ हैं?	YESहाँ. 1 NOनहीं 2 DON'T KNOW 8 नहीं जानते	→ 171 → 171
170	What are they? वे फायदे क्या हैं? CIRCLE ALL MENTIONED crk; s x; s l Hkh fodYi e ?kj k yxk; ;	NATURAL/NO SIDE EFFECTS A प्राकृतिक/कोई दुष्प्रभाव नहीं है EASY TO USE B प्रयोग में आसान EFFECTIVE C असरदार GOOD FOR BABY/MOTHER' S HEALTH D बच्चे/माँ के स्वास्थ्य के लिए अच्छा GOOD FOR MOTHER-BABY BONDING. E बच्चे/माँ के संबंध के लिए अच्छा ECONOMICAL/ NO FORMULA TO BUY F मुफ्त/खरीदने की आवश्यकता नहीं,पहुँच के अंदर OTHER (SPECIFY)----- X अन्य (विवरण)	
171	Does LAM have any disadvantages? क्या लैम विधि के कोई नुकसान हैं?	YESहाँ. 1 NOनहीं 2 DON'T KNOW नहीं जानते हैं । 8	→ 173 → 173
172	What are they? वे क्या हैं? CIRCLE ALL MENTIONED	DIFFICULT TO BREASTFEED EXCLUSIVELY B सिर्फ स्तनपान कराना कठिन है NOT EFFECTIVE C असरदार नहीं	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	crk; s x; s l Hkh todYI e?kyk yxk; 1	TEMPORARY D अस्थायी विधि है। OTHER (SPECIFY)----- X अन्य (विवरण)	
173	Have you found any part of providing LAM services difficult? क्या आपको लैम विधि से जुड़ी सेवाएँ प्रदान करने में कोई कठिनाई आई है?	YESहाँ 1 NOनहीं 2	→ 175
174	What? (WRITE 2 MAIN DIFFICULTIES) क्या? कृपया दो मुख्य कठिनाइयाँ लिखें	_____ _____	<input type="text"/> <input type="text"/>
<p>Now, I would like to end the interview with a few questions on how you record LAM users. अब मैं आपसे लैम विधि इस्तेमाल करने वालों को रिकार्ड कैसे रखा जाता है उसके बारे में जानकारी लेकर साक्षात्कार समाप्त करना चाहूँगा।</p>			
175	Have you ever recorded a LAM user? क्या आपने कभी किसी लैम विधि इस्तेमाल करने वालों का रिकॉर्ड रखा है?	YESहाँ 1 NO 2 नहीं	→ 177
176	When do you record a woman as a LAM user? READ THE OPTIONS BELOW AND CIRCLE YES/NO. आप एक महिला का लैम विधि इस्तेमाल करने वाले के रूप में विवरण कब रखते हैं? दिये गये विकल्पों को पढ़ें और हाँ या न में घेड़ा लगाएँ। a) When she states she breastfeeds for birth spacing जब वह बताती है कि वह बच्चों में अन्तर रखने के लिए स्तनपान कराती है। b) When her menstrual period has not returned जब प्रसव के बाद उसकी माहवारी वापस नहीं आई हो। c) When she is fully or nearly fully breastfeeding जब वह पूरी तरह या लगभग पूरी तरह स्तनपान कराती है। d) When her child is less than 6 months old जब उनका बच्चा 6 माहिनें से छोटा हो। e) When she states she is breastfeeding जब वह बताती है कि वह स्तनपान करा रही है। f) When she has been counseled on LAM जब उन्हें लैम विधि पर परामर्श मिला हो। g) When she has been counseled on LAM and received a client card/brochure जब उन्हें लैम विधि पर परामर्श और ग्राहक कार्ड/जानकारी पत्र/विवरणी/पची मिला। h) When she says she is using LAM जब वह बताती है कि वह लैम विधि इस्तेमाल कर रही है। i) When she says she meets all the three criteria of LAM and using it as a faamily planning method जब वह कहती है कि वह लैम विधि की तीनों शर्तों को पूरा करती है और लैम विधि का पालन परिवार नियोजन की विधि के रूप में कर रही है j) Other अन्य	<p style="text-align: right;">Y N</p> <p>WHEN SHE STATES SHE BREASTFEEDS FOR BIRTH SPACING. 1 2 जब वह बताती है कि वह बच्चों में अन्तर रखने के लिए स्तनपान कराती है।</p> <p>WHEN HER MENSTRUAL PERIOD HAS NOT RETURNED. 1 2 जब प्रसव के बाद उसकी माहवारी वापस नहीं आई हो।</p> <p>WHEN SHE IS FULLY OR NEARLY FULLY BREASTFEEDING. 1 2 जब वह पूरी तरह से स्तनपान कराती है।</p> <p>WHEN HER CHILD IS LESS THAN 6 MONTHS OLD. 1 2 जब उनका बच्चा 6 माहिनें से छोटा हो।</p> <p>WHEN SHE STATES SHE IS BREASTFEEDING. 1 2 जब वह बताती है कि वह स्तनपान करा रही है।</p> <p>WHEN SHE HAS BEEN COUNSELED ON LAM. 1 2 जब उन्हें लैम विधि पर परामर्श मिला हो।</p> <p>WHEN SHE HAS BEEN COUNSELED ON LAM AND RECEIVED A CLIENT CARD/ BROCHURE. 1 2 जब उन्हें लैम विधि पर परामर्श और ग्राहक कार्ड/ जानकारी पत्र / विवरणी/पची मिला।</p> <p>WHEN SHE SAYS SHE IS USING LAM. ... 1 2 जब वह बताती है कि वह लैम विधि इस्तेमाल कर रही है।</p> <p>जब वह कहती है कि वह लैम विधि की ... तीनों शर्तों को पूरा करती है और लैम विधि का पालन परिवार नियोजन की विधि के रूप में कर रही है</p> <p>OTHER (SPECIFY)----- 6 अन्य (विवरण)</p>	
<p style="text-align: center;">THANK YOU FOR YOUR TIME. END THE INTERVIEW समय देने के लिए धन्यवाद। साक्षात्कार समाप्त</p>			

FAM PROJECT ENDLINE: ACCREDITED SOCIAL HEALTH ACTIVIST (ASHA) QUESTIONNAIRE -INDIA

IDENTIFICATION

Sub Centre to which ASHA is attached (Sub center code)

--	--

सहिया जिस उपकेन्द्र से जुड़ी है (उपकेन्द्र का कोड)

PROVINCE

State : Jharkhand

राज्य झारखण्ड

DISTRICT : Deogarh1 देवघर1

--	--

जिला : Gumla.....2 गुमला2

Chatra.....3 चतरा3

Dumka.....4 दुमका4

COMMUNE

--	--

Block प्रखण्ड :

VILLAGE गाँव

NAME AND ID OF (ASHA).....

सहिया का नाम और पहचान कार्ड

INTERVIEWER VISITS

	1	2	3	FINAL VISIT अन्तिम भ्रमण
DATE दिनांक	_____	_____	_____	DAY दिन MONTH माह YEAR वर्ष 2 0 1 3
INTERVIEWER'S NAME साक्षात्कारकर्ता का नाम	_____	_____	_____	NAME नाम
RESULT* परिणाम	_____	_____	_____	RESULT परिणाम
NEXT VISIT: DATE अगला भ्रमण दिनांक TIME समय	_____	_____		TOTAL NUMBER OF VISITS कुल किये गये भ्रमण का सं0

***RESULT CODES:**

परिणाम कोड

- | | | | |
|-----------------|--------------------|---------------|----------------|
| 1 COMPLETED | 4 REFUSED | 1 पूर्ण | 4 इन्कार |
| 2 NOT AVAILABLE | 5 PARTLY COMPLETED | 2 उपलब्ध नहीं | 5 आंशिक पूर्ण |
| 3 POSTPONED | 6 OTHER (SPECIFY) | 3 स्थागित | 6 अन्य (विवरण) |

ASHA/CBD ASSOCIATED/AFFILIATED WITH A HEALTH FACILITY

सहिया स्वास्थ्य सेवा केन्द्र से मान्यता प्राप्त है

- 1 = YES हाँ
0 = NO नहीं

--

TYPE OF SECTOR OF FACILITY (MARK ALL THAT APPLY) सेक्टर का प्रकार

- 1 = GOVERNMENT/PUBLIC 4 = PRIVATE
1- सरकारी / सार्वजनिक 4- प्राईवेट
2 = MISSION/FBO 6: OTHER (SPECIFY)
2-मिशन/ अस्पताल
3 = NGO 6-अन्य (विवरण)
3- गैर सरकारी संस्था

--

LANGUAGE OF QUESTIONNAIRE 1 = ENGLISH 2 = FRENCH 3 = SPANISH 4 = HINDI प्रपत्र की भाषा 1- इंग्लिश 2- फ्रेंच 3- स्पैनिश 4- हिन्दी	LANGUAGE OF INTERVIEWER 1 = ENGLISH 2 = FRENCH 3 = SPANISH 4 = HINDI साक्षात्कार की भाषा 1- इंग्लिश 2- फ्रेंच 3- स्पैनिश 4- हिन्दी	NATIVE LANGUAGE OF RESPONDENT: 1 = ENGLISH 6 = OTHER (SPECIFY) 2 = FRENCH 3 = SPANISH 6- अन्य (विवरण) 4 = HINDI उत्तरदाता की भाषा 1- इंग्लिश 2- फ्रेंच 3- स्पैनिश 4- हिन्दी	TRANSLATOR USED YES..... 1 NO..... 2 अनुवादक से सहयोग लिया हाँ 1 नहीं 2
SUPERVISOR सुपरवाइजर NAME _____ DATE _____	FIELD EDITOR फील्ड एडिटर NAME _____ DATE _____	OFFICE EDITOR ऑफिस एडिटर NAME _____ DATE _____	KEYED BY NAME _____ DATE _____
INTRODUCTION AND INFORMED CONSENT			
<p>Namaste. My name is _____ and I am working with GfK MODE. We are conducting an endline survey about the knowledge and use of family planning methods. We would very much appreciate your participation in this survey. Several different topics will be discussed including exposure to media, knowledge of family planning methods like, SDM and LAM. This information will help the government to assess health and information needs and to better plan health services. The survey usually takes between 30 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p>			
<p>नमस्ते! मेरा नाम..... है और मैं जी एफ के से आयी हूँ। हमलोग परिवार नियोजन के प्रयोग पर एक एन्ड लाइन सर्वे कर रहे हैं। इस सर्वे में हम आपकी साहभागिता की सराहना करते हैं। कई विषय टॉपिक्स जैसे मीडिया से एक्सपोजर, परिवार नियोजन के तरीकों के बारे में जानकारी जैसे- मालाचक्र विधि और लैम विधि आदि के बारे में चर्चा की जायेगी। यह जानकारियाँ सरकार के लिए स्वास्थ्य और स्वास्थ्य सेवाओं हेतु बेहतर योजनाओं को बनाने में आवश्यक हैं। सामान्यतः इस सर्वे को पूरा करने में 30-40 मिनट का समय लगता है। आपके द्वारा दी गयी सभी जानकारियाँ पूरी तरह से गोपनीय रखी जायेंगी तथा किसी दूसरे व्यक्ति को नहीं दिखायी जायेंगी।</p>			
<p>Participation in this survey is voluntary and if you choose to participate, you may withdraw at any time. However, we hope that you will take part in this survey since your participation is important. इस सर्वे में आपकी भागीदारी स्वैच्छिक है और यदि आप इसमें भाग लेती हैं तो आप किसी भी समय भागीदारी वापस ले सकती हैं। हालांकि हम आशा करते हैं कि आप इस सर्वे में भाग लेंगी क्योंकि आपकी भागीदारी बहुत महत्वपूर्ण है।</p>			
<p>May I begin the interview now? क्या मैं अब साक्षात्कार शुरू कर सकती हूँ?</p>			
Signature of interviewer: _____ साक्षात्कारकर्ता का हस्ताक्षर		Date: _____ तिथि	
RESPONDENT AGREES TO BE INTERVIEWED . . 1 उत्तरदाता साक्षात्कार देने के लिए सहमत है		RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . 2 → END उत्तरदाता साक्षात्कार देने के लिए असहमत है	
BEGIN INTERVIEW साक्षात्कार शुरू करें			

SECTION 1: PROFILE OF ASHA AND FAMILY PLANNING SERVICES			
NO.		CODING CATEGORIES	SKIP
100	RECORD THE SEX OF THE RESPONDENT उत्तरदाता का लिंग दर्ज करें।	MALE पुरुष 1 FEMALE महिला 2	
101	First, I would like to ask you a little about yourself. In what month and year were you born? पहले मैं थोड़ा आपके बारे में जानना चाहूँगा, किस महीने और किस वर्ष में आपका जन्म हुआ था?	MONTH महीना <input type="text"/> <input type="text"/> DON'T KNOW MON' 98 महीना नहीं जानते हैं YEAR वर्ष <input type="text"/> <input type="text"/> DON'T KNOW YEAF 9998 वर्ष नहीं जानते हैं	
102	How old were you at your last birthday? अपने पिछले जन्मदिन पर आप कितने वर्ष की थीं? COMPARE AND CORRECT 101 AND/OR 102 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> उम्र पूर्ण वर्षों में	
103	Have you ever attended school? क्या आप कभी स्कूल गयी थीं?	YES हाँ 1 NO नहीं 2	→ 106
104	What is the highest level of school you attended? आपकी स्कूली शिक्षा का उच्चतम स्तर क्या है?	PRIMARY प्राथमिक 1 SECONDARY माध्यमिक 2 HIGHER उच्चतर 3	
105	What is the highest (grade/form/year) you completed at that level? उस स्तर पर आपने क्या उच्चतम (ग्रेड/रूप/वर्ष) पूरा किया है?	GRADE श्रेणी <input type="text"/> <input type="text"/>	
106	What is your religion? आपका धर्म कौन सा है?	CATHOLIC कैथोलिक 1 PROTESTAN' प्रोटेस्टेंट 2 MUSLIM मुस्लिम 3 HINDU हिन्दू 4 TRADITIONAL पारंपरिक 5 NONE कोई नहीं 7 OTHER (SPECIFY RELIGION)--- अन्य धर्म स्पष्ट करें 6	
107	Are you married or living with a partner as if married? क्या आप शादीशुदा हैं ?	YES हाँ 1 NO नहीं 2	
108	Do you do any other work besides working as a ASHA ? If so, what? क्या आप सहिया के रूप में काम करने के अलावा कोई अन्य काम करती यदि हां तो कौन सा काम करती हैं?	AGRICULTURE कृषि 1 LABORER/INDUSTRY/TECHNIC मजदूर/कारखाना/तकनीकी 2 SALES (STREET, MARKET) बिक्री, (स्ट्रीट,मार्केट) 3 SALES (SHOP) बिक्री (दुकान) 4 SERVICES नौकरी 5 PROFESSIONAL/ADMINISTRAT व्यवसायी/प्रशासनिक 7 OTHER (SPECIFY)----- अन्य (स्पष्ट करें) 6 NONE 9 कोई नहीं	
	Now, I would like to ask you about your training and experience, especially in family planning.		

NO.		CODING CATEGORIES	SKIP				
109	<p>अब मैं आपसे आपके प्रशिक्षण और अनुभव के बारे में बात करना चाहूँगा, विशेष तौर पर परिवार नियोजन के उपर।</p> <p>In what health areas do you provide advice/counseling to your community?</p> <p>स्वास्थ्य के किस क्षेत्र में आप अपने समुदाय को सलाह प्रदान करती हैं?</p> <p>CIRCLE ALL THAT APPLY बताये गये सभी विकल्प में घेरा लगायें</p> <p>IF 'FAMILY PLANNING' NOT CIRCLED, END INTERVIEW</p> <p>अगर परिवार नियोजन पर सहिया परामर्श नहीं देती है</p> <p>l k{kkRdkj l eklr djA</p>	<p>FAMILY PLANNING परिवार नियोजन A</p> <p>MATERNAL HEALTH मातृत्व स्वास्थ्य B</p> <p>CHILD HEALTH शिशु स्वास्थ्य C</p> <p>OTHER (SPECIFY)----- X</p> <p>अन्य (विवरण) _____</p> <p>_____</p> <p>_____</p>	<p>→ if not circled, END</p>				
110	<p>How many years have you been offering family planning services?</p> <p>आप कितने वर्षों से परिवार नियोजन सेवाएँ प्रदान कर रही हैं?</p> <p>If less than one year, write number of months in boxes यदि एक वर्ष से कम है तो महीनों की संख्या बाँक्स में लिखें</p> <p>IF '00' MONTHS, END INTERVIEW</p> <p>अगर महिनो की संख्या शून्य हैं तो साक्षात्कार का अंत करें।</p>	<p>YEARS वर्ष</p> <table border="1" data-bbox="1177 568 1265 763"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>MONTHS महीने</p>					<p>→ if 00, END</p>
111	<p>Do you talk to your community about any of the following family planning methods:</p> <p>क्या आप अपने समुदाय में निम्नलिखित में से किसी भी परिवार नियोजन विधियों पर बातें करती हैं?</p> <p>a) Pills? गर्भनिरोधक</p> <p>b) Condoms? कॉन्डोम</p> <p>c) Injectables गर्भनिरोधक</p> <p>d) LAM? लैम विधि</p> <p>e) SDM (CycleBeads)? मालाचक्र विधि</p> <p>f) Emergency Contraception? आपात कालीन गर्भनिरोधक गोली</p> <p>fa IUD कॉपर-टी</p> <p>g) Other methods? अन्य विधियाँ</p> <p>CIRCLE ALL THAT APPLY बताये गये सभी विकल्प में घेरा लगायें</p>	<p>PILLS गर्भनिरोधक गोली C</p> <p>CONDOMS कण्डोम G</p> <p>INJECTABLES गर्भनिरोधक सूई E</p> <p>LAM लैम विधि K</p> <p>SDM (CYCLEBEAD)..... M</p> <p>मालाचक्र विधि</p> <p>EMERGENCY CONTRACEP... O</p> <p>आपात कालीन गर्भनिरोधक गोली</p> <p>IUD कॉपर-टी..... 61</p> <p>OTHER (SPECIFY) _____ X</p> <p>अन्य (विवरण) _____</p>					
112	<p>Do you counsel people in your community about any of the following methods:</p> <p>क्या आप अपने समुदाय में निम्नलिखित में से किसी भी परिवार नियोजन विधियों पर सलाह देती हैं?</p> <p>a) Pills? गर्भनिरोधक</p> <p>b) Condoms? कॉन्डोम</p> <p>c) Injectables गर्भनिरोधक सूई</p> <p>d) LAM? लैम विधि</p> <p>e) SDM (CycleBeads)? मालाचक्र विधि</p> <p>f) Emergency Contraception आपात कालीन गर्भनिरोधक गोली</p> <p>fa IUD कॉपर-टी</p> <p>g) Other methods? अन्य विधियाँ</p> <p>CIRCLE ALL THAT APPLY बताये गये सभी विकल्प में घेरा लगायें</p>	<p>PILLS गर्भनिरोधक गोली C</p> <p>CONDOMS कण्डोम G</p> <p>INJECTABLES गर्भनिरोधक E</p> <p>LAM लैम विधि K</p> <p>SDM (CYCLEBEAD)..... M</p> <p>मालाचक्र विधि</p> <p>EMERGENCY CONTRACEP... O</p> <p>आपात कालीन गर्भनिरोधक गोली</p> <p>IUD कॉपर-टी..... 61</p> <p>OTHER (SPECIFY) _____ X</p> <p>अन्य (विवरण) _____</p>					
113	<p>Have you sold any of the following methods?</p> <p>क्या आपने निम्नलिखित में से किसी भी परिवार नियोजन</p>						

NO.		CODING CATEGORIES	SKIP
	<p>विधियों का बिक्री किया है ?</p> <p>a) Pills? गर्भनिरोधक b) Condoms? कॉन्डोम c) Injectables गर्भनिरोधक सूई d) LAM? लैम विधि e) SDM (CycleBeads)? मालाचक्र विधि</p> <p>f) Emergency Contraception आपात कालीन गर्भनिरोधक गोली fa IUD कॉपर-टी g) Other method अन्य विधियाँ</p> <p>CIRCLE ALL THAT APPLY</p> <p>बताये गये सभी विकल्प में घेरा लगायें</p>	<p>PILLS गर्भनिरोधक गोली C CONDOMS कण्डोम G INJECTABLES गर्भनिरोधक सूई E LAM लैम विधि K SDM (CYCLEBEAD) M मालाचक्र विधि EMERGENCY CONTRACEPTION आपात कालीन गर्भनिरोधक गोली IUD कॉपर-टी..... 61 OTHER (SPECIFY) X अन्य (विवरण)</p>	
114	<p>CHECK 111e, 112e, 113e SDM SERVICES NO SDM SERVICES continue to 115</p>		600
115	<p>Have you received any training to provide information or services on _____ ? क्या आपको सूचना या सेवायें प्रदान करने के लिए इनमें से किन-किन परिवार नियोजन विधियों पर प्रशिक्षण मिला है?</p> <p>a) Pills? गर्भनिरोधक b) Condoms? कॉन्डोम c) Injectables गर्भनिरोधक सूई d) LAM? लैम विधि e) SDM (CycleBeads)? मालाचक्र विधि f) Emergency Contraception आपात कालीन गर्भनिरोधक गोली fa IUD कॉपर-टी g) Other method अन्य विधियाँ</p> <p>CIRCLE ALL THAT APPLY</p> <p>बताये गये सभी विकल्प में घेरा लगायें</p>	<p>PILLS गर्भनिरोधक गोली C CONDOMS कण्डोम G INJECTABLES गर्भनिरोधक सूई E LAM लैम विधि K SDM (CYCLEBEAD) M मालाचक्र विधि EMERGENCY CONTRACEPTION आपात कालीन गर्भनिरोधक IUD कॉपर-टी..... 61 OTHER (SPECIFY) X अन्य (विवरण)</p>	
116	<p>On which of the following methods have you had a refresher training in the last 2 years? REFER TO Q. 115 AND ONLY LIST THOSE TRAINED ON निम्नलिखित में से किन विधियों पर आपने पिछले 2 वर्षों में रिफ्रेशर प्रशिक्षण प्राप्त किया है?</p> <p>a) Pills? गर्भनिरोधक b) Condoms? कण्डोम c) Injectables गर्भनिरोधक सूई d) LAM? लैम विधि e) SDM (CycleBeads)? मालाचक्र विधि f) Emergency Contraception? आपात कालीन गर्भनिरोधक गोली fa IUD कॉपर-टी g) Other method अन्य विधियाँ</p>	<p>PILLS गर्भनिरोधक गोली C CONDOMS कण्डोम G INJECTABLES गर्भनिरोधक E LAM लैम विधि K SDM (CYCLEBEAD) M मालाचक्र विधि EMERGENCY CONTRACEPTION आपात कालीन गर्भनिरोधक गोली IUD कॉपर-टी..... 61 OTHER (SPECIFY) X अन्य (विवरण)</p>	
117	<p>Do you feel well prepared, prepared, or not prepared to counsel people on: क्या आप महसूस करते हैं कि आप लोगों को —सलाह देने के लिए पूरी तरह तैयार हैं सिर्फ तैयार है या तैयार नहीं हैं? REFER TO Q. 115 AND ONLY LIST THOSE TRAINED</p>	<p>WELL NOT NA</p>	

NO.	ON THE FOLLOWING METHODS	CODING CATEGORIES		SKIP
		PREPARED	PREPARED	
a) Pills? गर्भनिरोधक	PILLS गर्भनिरोधक गोली	1	3	4
b) Condoms? कण्डोम	CONDOMS कण्डोम	1	3	4
c) Injectables गर्भनिरोधक सूई	INJECTABLES गर्भनिरोधक सूई	1	3	4
d) LAM? लैम विधि	LAM लैम विधि	1	3	4
e) SDM (CycleBeads)? मालाचक्र विधि	SDM(CycleBeads) मालाचक्र विधि	1	3	4
f) Emergency Contraception आपात कालीन गर्भनिरोधक गोली	E.C. आपात कालीन गर्भनिरोधक गोली	1	3	4
fa IUD कॉपर-टी	IUD कॉपर-टी	1	3	4
g) Other method अन्य विधियाँ	OTHER (SPECIFY) अन्य (विवरण) _____	1	3	4
CIRCLE ALL THAT APPLY बताये गये सभी विकल्प में घेरा लगाये				

SECTION 2: TRAINING ON SDM (CYCLEBEADS)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
200	<p>CHECK 115e</p> <p>TRAINED ON SDM <input type="checkbox"/> NOT TRAINED ON SDM <input type="checkbox"/></p> <p>मालाचक्र विधि पर प्रशिक्षित है <input type="checkbox"/> मालाचक्र विधि पर प्रशिक्षित नहीं है <input type="checkbox"/></p> <p>continue to 201</p>		600
201	<p>When did you first receive training on SDM (CycleBeads)?</p> <p>आपने मालाचक्र विधि पर पहली बार प्रशिक्षण कब लिया था?</p> <p>IF LESS THAN 1 YEAR, WRITE NUMBER OF MONTHS II BOXES.</p> <p>यदि एक वर्ष से कम है तो महीनो की संख्या बाक्स में लिखे</p>	<p>YEARS वर्ष <input type="text"/> <input type="text"/></p> <p>MONTHS महीने <input type="text"/> <input type="text"/></p>	
202	<p>When did you last receive training on the SDM (CycleBeads)?</p> <p>आपने मालाचक्र विधि पर आखिरी बार प्रशिक्षण कब लिया था?</p> <p>IF LESS THAN 1 YEAR, WRITE NUMBER OF MONTHS II BOXES.</p> <p>यदि एक वर्ष से कम है तो महीनो की संख्या बाक्स में लिखे</p>	<p>YEARS वर्ष <input type="text"/> <input type="text"/></p> <p>MONTHS महीने <input type="text"/> <input type="text"/></p>	
203	<p>CHECK 201 AND 202</p> <p>TRAINED IN LAST YEAR <input type="checkbox"/> MORE THAN ONE YEAR SINCE LAST TRAINING <input type="checkbox"/></p> <p>पिछले वर्ष प्रशिक्षण प्राप्त किया <input type="checkbox"/> अंतिम प्रशिक्षण लिए हुए 1 वर्ष से अधिक हो गया <input type="checkbox"/></p>		206
204	<p>Who trained you the first time on the SDM (CycleBeads)?</p> <p>आपको मालाचक्र विधि पर पहली बार प्रशिक्षण किसने दिया था?</p> <p>CIRCLE ALL THAT APPLY</p> <p>बताये गये सभी विकल्प में घेरा लगायें</p>	<p>MINISTRY OF HEALTH A स्वास्थ्य मंत्रालय</p> <p>CLINIC STAFF IN YOUR AREA B आपके क्षेत्र के स्वास्थ्य कर्मचारी</p> <p>NGO C एन० जी० ओ०</p> <p>IRH D आई० आर० एच०</p> <p>OTHER (SPECIFY) X अन्य (विवरण)</p> <p>DON'T KNOW Z नहीं जानते</p>	
205	<p>How long was the training you first received for SDM (CycleBeads) ?</p> <p>कितने अवधि का प्रशिक्षण आपको पहली बार मालाचक्र विधि (मालाचक्र) पर मिला था?</p> <p>NOTE: 1/2 DAY = 4 HOURS</p>	<p>LESS THAN 4 HOURS 1</p> <p>1/2 DAY 2</p> <p>FULL DAY 3</p> <p>1 1/2 DAY 4</p> <p>2 DAYS 5</p> <p>OTHER (SPECIFY) 6</p> <p>DON'T KNOW 8</p>	
206	<p>Are there questions people ask you on SDM (CycleBeads) that you have difficulty answering?</p> <p>क्या मालाचक्र पर आधारित कुछ ऐसे प्रश्न हैं जो लोग आपसे पूछते हैं और जिसका जबाब देने में आपको कठिनाई होती है?</p>	<p>YES हों 1</p> <p>NO नहीं 2</p>	300
207	<p>Which ones?</p> <p>कौन से प्रश्न?</p>	<p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p>	

SECTION 3: FP METHOD SUPPLY AND RECORDING USERS							
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
300	The last time that you needed more family planning method supplies, such as pills, where did you go? पिछली बार जब आपको और परिवार नियोजन की विधि जैसे गर्भनिरोधक गोली की आपूर्ति की जरूरत हुई तो आप कहाँ गईं/कहाँ निवेदन किया ?	CLINIC क्लिनिक 1 ORGANIZATION/NGO संस्थान/एनजीओ 2 REGIONAL MINISTRY OFFICE 3 क्षेत्रीय मंत्रालय कार्यालय NOWHERE कहीं नहीं 4 HSC/ANM उपस्वास्थ्य केन्द्र/एएनएम..... 61 Add. PHC 62 अतिरिक्त प्राथमिक स्वास्थ्य केन्द्र. PHC प्राथमिक स्वास्थ्य केन्द्र..... 63 CHC सामुदायिक स्वास्थ्य केन्द्र..... 64 OTHER (SPECIFY) 7 अन्य (विवरण)					
301	The last time that you needed more CycleBeads, where did you go? पिछली बार जब आपको और मालाचक्र की जरूरत हुई तो आप कहाँ गयी थीं/कहाँ निवेदन किया ?	CLINIC क्लिनिक 1 ORGANIZATION/NGO संस्थान/एनजीओ 2 REGIONAL MINISTRY OFFICE 3 क्षेत्रीय मंत्रालय कार्यालय NOWHERE कहीं नहीं 4 HSC/ANM उपस्वास्थ्य केन्द्र/एएनएम..... 61 Add. PHC 62 अतिरिक्त प्राथमिक स्वास्थ्य केन्द्र. PHC प्राथमिक स्वास्थ्य केन्द्र..... 63 CHC सामुदायिक स्वास्थ्य केन्द्र..... 64 DON'T NEED MORE CYCLEBEADS..... 65 ज्यादा मालाचक्र की जरूरत नहीं PROVIDER IS NOT AVAILABLE TO DISTRIBUTE CYCLEBEADS 66 सेवाप्रदाता मालाचक्र देने के लिए उपलब्ध नहीं OTHER (SPECIFY) 7 अन्य (विवरण)					
302	During the last six months, has there been any time when you did not have CycleBeads to give your clients? पिछले 6 महीनों के दौरान क्या कोई समय ऐसा था जब आपको किसी ब्लाइट को देने के लिए मालाचक्र उपलब्ध नहीं था?	YES हाँ 1 NO नहीं 2 DO NOT REMEMBER.....3 याद नहीं है	→ 304 → 304				
303	Why not? Please explain. क्यों नहीं, कृपया वर्णन करें।	_____					
304	During the last six months, did you run out of any other method? पिछले 6 महीनों में क्या कभी किसी और गर्भनिरोधक विधि की कमी हुई ?	YES हाँ 1 NO नहीं 2					
305	How many CycleBeads do you have right now? IF NONE, WRITE 000 IN BOXES. अभी आपके पास कितने मालाचक्र उपलब्ध हैं? अगर शून्य है तो बाक्स में 000 लिखें।	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> _____					
306	Do you have 2013 calendars (inserts) right now? क्या अभी आपके पास 2013 का कैलेंडर है?	YES हाँ 1 NO नहीं 2					
307	Do you prepare reports of your family planning activities? क्या आप अपने परिवार नियोजन गतिविधियों का रिपोर्ट तैयार करती हैं?	YES हाँ 1 NO नहीं 2	→ 400				
308	What do you report? आप क्या दर्ज/रिपोर्ट करती हैं? <i>IF THE RESPONDENT HAS A REPORT WITH HER/HIM, CIRCLE WHAT IS RECORDED</i> CIRCLE ALL THAT APPLY बताये गये सभी विकल्प में घेरा लगायें	NUMBER OF NEW USERS PER MONTH प्रतिमाह नए परिवार नियोजन के ब्लाइट की संख्या A TOTAL NUMBER OF USERS इस्तेमाल करने वालों की कुल संख्या B NUMBER OF AWARENESS-RAISING ACTIVITIES जानकारी को बढ़ाने वाली गतिविधियों की संख्या C NUMBER OF HOME VISITS DONE गृह भ्रमण की संख्या D NUMBER OF REFERRALS दूसरे जगह भेजे जाने वालों की संख्या E NUMBER OF METHODS SOLD OR DISTRIBUTED विधि को लोगों को बेचा गया या वितरित किया गया F					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
309	<p>How are SDM clients recorded?</p> <p>मालाचक्र विधि के क्लाइंट को किस प्रकार से रिपोर्ट किया गया है?</p>	<p>SEPARATE COLUMN FOR SDM 1 मालाचक्र विधि के लिए अलग कॉलम</p> <p>CODED UNDER NATURAL FP 2 प्राकृतिक परिवार नियोजन विधि के अंतर्गत रखा जाता है</p> <p>SEPARATE FORM 3 अलग फॉर्म में रखा जाता है</p> <p>WRITTEN IN MARGIN 4 मार्जिन में लिखते हैं</p> <p>NO ENTRY FOR SDM USERS..... 61 मालाचक्र विधि इस्तेमाल करने वालों को रिपोर्ट नहीं करते हैं</p> <p>OTHER (SPECIFY) 6 अन्य (विवरण)</p>		
310	<p>To whom do you give this information? आप किसे/कहाँ यह सारी सूचना जमा करती हैं? आप किसे/कहाँ यह सारी सूचना जमा करती है ?</p> <p>CIRCLE ALL THAT APPLY बताये गये सभी विकल्प में घेरा लगायें</p>	<p>CLINIC STAFF क्लिनिक कर्मचारी A</p> <p>ORGANIZATION संस्थान B</p> <p>REGIONAL MINISTRY OFFICE C क्षेत्रीय मंत्रालय कार्यालय</p> <p>HSC DA स्वास्थ्य उपकेन्द्र</p> <p>Add. PHC..... DB अतिरिक्त प्राथमिक स्वास्थ्य केन्द्र</p> <p>PHC प्राथमिक स्वास्थ्य केन्द्र..... DC</p> <p>CHC सामुदायिक स्वास्थ्य केन्द्र.....</p> <p>OTHER (SPECIFY) X अन्य (विवरण)</p>		

SECTION 4: COUNSELING CLIENTS AND INFORMING ON THE SDM (CYCLEBEADS)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
<p align="center">Now I would like to ask you questions specifically relating to how you tell people about SDM (CycleBeads) आप लोगों को मालाचक्र विधि के बारे में कैसे बताती हैं अब मैं खास करके उसके उपर सवाल पूछना चाहूंगा।</p>			
400	Most often, do you provide counseling to: women alone, men alone, or both together? अक्सर आप अकेले महिलाओं को, अकेले पुरुषों को या दम्पति को एक साथ परामर्श देती हैं? CIRCLE ALL THAT APPLY बताये गये सभी विकल्प में घेरा लगायें	WOMEN ALONE अकेले महिलाओं को 1 MEN ALONE अकेले पुरुषों को 2 BOTH MEN AND WOMEN TOGETHER 3 दम्पति (पति-पत्नी) दोनों को एक साथ	
401	What materials do you give to women who decide to use SDM (CycleBeads) to take home? जो महिलायें मालाचक्र विधि को अपनाना चाहती हैं उन महिलाओं को आप क्या-क्या वस्तुएँ देती हैं? CIRCLE ALL THAT APPLY बताये गये सभी विकल्प में घेरा लगायें	CYCLEBEADS मालाचक्र A CALENDAR कैलेंडर B INSERT/INSTRUCTIONS FOR USE C निर्देश/संबंधित पर्ची CONDOMS कण्डोम D EMERGENCY CONTRACEPTION E आपात कालीन गर्भनिरोधक गोली NONE F कोई नहीं OTHER (SPECIFY) X अन्य (विवरण)	
402	What materials do you use to counsel people on the SDM (CycleBeads)? मालाचक्र विधि के बारे में परामर्श देने के लिए आप किन वस्तुओं का इस्तेमाल करती हैं? CIRCLE ALL THAT APPLY बताये गये सभी विकल्प में घेरा लगायें	CYCLEBEADS मालाचक्र A CALENDAR कैलेंडर B INSERT/INSTRUCTIONS FOR USE C निर्देश/संबंधित पर्ची CHECKLIST/JOB AIDS D चेक लिस्ट/जॉब एड/कामिक बुक FLIPCHART फ्लिप चार्ट E NONE F कोई नहीं OTHER (SPECIFY) X अन्य (विवरण)	
403	What activities do you do personally to inform the community about SDM (CycleBeads)? आप ब्यक्तिगत रूप से समुदाय को मालाचक्र के बारे में सूचना देने के लिए कौन सा कार्य करती हैं? a) Put up posters? पोस्टर लगाते हैं b) Hand out pamphlets? पर्चियाँ बाँटकर c) Make murals/displays? प्रदर्शनी/कैम्प के समय d) Give health talks? स्वास्थ्य संबंधी बातें बताकर e) Talk at fairs/festivals? त्योहारों/मेलों में बातें करके f) Talk during community meetings? समुदाय के साथ बैठक में भी एच एन डी g) Talk during religious meetings/through religious leaders? धार्मिक मुलाकातों के दौरान बातें करके/ धार्मिक नेताओं के द्वारा h) Do home visits/door-to-door? घर-घर जाकर i) Other? अन्य CIRCLE ALL THAT APPLY बताये गये सभी विकल्प में घेरा लगायें	PUT UP POSTERS पोस्टर लगाते हैं A HAND OUT PAMPHLETS पर्चियाँ बाँटकर B MAKE MURALS/DISPLAYS C प्रदर्शनी/कैम्प के समय GIVE HEALTH TALKS D स्वास्थ्य संबंधी बातें बताकर TALK AT FAIRS E त्योहारों/मेलों में बातें करके TALK DURING COMMUNITY MEETINGS F समुदाय के साथ बैठक में भी एच एन डी TALK DURING RELIGIOUS MEETINGS/ THROUGH RELIGIOUS LEADER! G धार्मिक मुलाकातों के दौरान बातें करके/ धार्मिक नेताओं के द्वारा DO HOME VISITS/DOOR-TO-DOOR . . . H घर-घर जाकर OTHER (SPECIFY) X अन्य (विवरण)	

SECTION 5: KNOWLEDGE OF THE ASHA ON THE SDM (CycleBeads)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
500	<p>Now, I would like to learn about how ASHA like you counsel clients on the SDM. अब मैं सीखना चाहता हूँ कि आप जैसी सहिष्णु किस प्रकार महिला को मालाचक्र पर सलाह देती हैं? Please pretend that I would like to use the method and meet the requirements. Explain to me how to use SDM (CycleBeads).</p> <p>यह मान लें कि मैं मालाचक्र प्रयोग करने के लिए सारी आवश्यकताएँ पूरी करती हूँ और इसका प्रयोग करने के लिए इच्छुक हूँ (ASK THE ASHA TO GET ANY OTHER MATERIALS NECESSARY THAT THEY USE DURING COUNSELING SESSIONS MARK 1 (YES) ON THE ITEMS MENTIONED BY THE CHW AND 2 (NO) ON THOSE NOT MENTIONED.)</p> <p>a. CycleBeads represent the menstrual cycle. मालाचक्र महिला के मासिक चक्र को दर्शाता है</p> <p>b. On the first day of period, move the black ring in the direction of the arrow and place it on the red bead. माहवारी के पहले दिन काले रिंग को तीर के निशान के तरफ से लाल मोती पर चढ़ायें।</p> <p>c. Also mark the same date on the calendar. साथ ही कैलेंडर पर उसी तारीख पर गोला बनायें।</p> <p>d. Move the ring to the next bead every day even on the days of your period. हर दिन काले रिंग को अगले मोती पर चढ़ाये,उन दिनों में भी जब माहवारी चल रही हो।</p> <p>e. Always move the ring in the direction of the arrow. हमेशा काले रिंग को तीर की दिशा में आगे बढ़ाये।</p> <p>f. Abstain from sex or use a condom during intercourse when the black ring is on white bead . जिन दिनों काला रिंग सफेद मोती पर रहेगा,उन दिनों संयम रखें या संभोग के दौरान कण्डोम का प्रयोग करें।</p> <p>g. Abstain from sex or use a condom on the white bead days. सफेद मोती वाले दिनों के दौरान पति-पत्नी संयम रखें या कण्डोम का प्रयोग करें।</p> <p>h. During the days when black ring is on the brown beads , pregnancy is unlikely. जिन दिनों काला रिंग भूरे मोतियों पर रहेगा,उन दिनों गर्भधारण की संभावना ना के बराबर होती है।</p> <p>i. At the start of the next period,again place the black ring on red bead, leaving some brown beads जिस दिन अगली माहवारी शुरू हो,बचे हुए भूरे मोतियों को छोड़ कर काले रिंग को लाल मोती पर चढ़ायें।</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 यदि आपकी माहवारी गाढ़े भूरे मोती के पहले शुरू हो जाती है तो आपका मासिक चक्र इस विधि के प्रयोग के लिए छोटा है।</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 यदि आपकी माहवारी आखिरी भूरे मोती पर काला बँड पहुँचने के बाद भी नहीं आए तो आपका मासिक चक्र, इस विधि के प्रयोग के लिए लम्बा है।</p>	<p>YES हाँ 1</p> <p>NO नहीं 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	<p>OBSERVE THE MATERIALS THAT THE PROVIDER USES TO COUNSEL ON SDM (CYCLEBEADS). उन वस्तुओं को देखें जिन्हें सेवा प्रदान करने वाले मालाचक्र विधि पर सलाह देने के काम में प्रयोग करते हैं?</p> <p>CIRCLE ALL MATERIALS USED FOR COUNSELING बताये गये सभी विकल्प में घेरा लगायें</p>	<p>CYCLEBEADS मालाचक्र A CALENDAR कैलेंडर B INSERT/INSTRUCTION निर्देश C CHECKLIST/JOB AIDS D चेक लिस्ट /जॉब एड FLIPCHART फ्लिप चार्ट E OTHER (SPECIFY) X अन्य (विवरण)</p>	
502	<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.</p> <p>अब मैं आपसे मालाचक्र विधि के बारे में लोगों को कैसे सलाह देती हूँ इस बारे में कुछ और सवाल पूछना चाहूँगा। हो सकता आपने कुछ सवालों का उत्तर पहले ही दे दिया है। लेकिन मैं दुबारा उन्हें पूछूँगा।</p> <p>What should a woman do if she does not remember whether or not she has moved the ring? एक महिला को क्या करना चाहिए यदि उसे याद न हो कि उसने काला रिंग बढ़ाया है या नहीं?</p> <p>CIRCLE ALL MENTIONED बताये गये सभी विकल्प में घेरा लगायें</p>	<p>CHECK THE DAY SHE HAS MARKED ON HER CALENDAR. A कैलेंडर देखकर यह जाँच करे की उसकी मासिक किस तारीख को शुरू हुई थी। SEE THE CALENDAR AND COUNT HOW MANY DAYS HAVE GONE BY SINCE THE FIRST DAY OF HER PERIOD..... B कैलेंडर देख कर गिनती कर लें कि माह वारी के पहले दिन से कितने दिन बीत चुके हैं। IN THE CYCLEBEADS, MOVE THE BLACK RING FROM THE RED BEAD AS MANY BEADS AS COUNTED DAYS AND PLACE IT ON THE RIGHT BEAD. C मालाचक्र पर लाल मोती से शुरू करते हुए उतने ही मोती गिनकर काला रिंग सही मोती पर चढ़ा दें। NONE OF THE ABOVE. D इनमें से कोई नहीं DON'T KNOW. Z नहीं जानते OTHER (SPECIFY) X अन्य (विवरण)</p>	
503	<p>What requirements must a woman meet to use SDM (CycleBeads)? एक महिला को मालाचक्र विधि के प्रयोग के लिए कौन सी आवश्यकताओं/शर्तों की पूर्ति करनी होती है।</p> <p>CIRCLE ALL MENTIONED बताये गये सभी विकल्प में घेरा लगायें</p>	<p>HER CYCLE IS USUALLY A MONTH LONG. A उसका मासिक चक्र लगभग 1 माह का होना चाहिये HER TWO PERIODS SHOULD BE A MONTH APART B उसकी दो माहवारी के बीच में एक महीने का अंतर होना चाहिये। HER PERIOD COMES WHEN SHE EXPECTS IT C उसकी माहवारी उसके उम्मीद पर आनी चाहिये THE WOMAN AND HER PARTNER /COUPLE SHOULD BE READY TO ABSTAIN OR USE A CONDOM ON THE WHITE BEAD DAYS D सफेद मोती वाले दिनों में पति-पत्नी संयम बरतें या कण्डोम के प्रयोग के लिए राजी हों। NONE OF THE ABOVE. E इनमें से कोई नहीं DON'T KNOW. Z नहीं जानते OTHER (SPECIFY) X अन्य (विवरण)</p>	
504	<p>How do you know if a woman's cycle is the right length to use SDM (CycleBeads)? आप कैसे जानते हैं कि मालाचक्र विधि इस्तेमाल करने के लिए एक महिला की मासिक चक्र की अवधि सही है? Anything else? और कुछ</p> <p>CIRCLE ALL MENTIONED बताये गये सभी विकल्प में घेरा लगायें</p>	<p>HER PERIOD COMES ABOUT ONCE A MONTH. A उसका माहवारी महीने में 1 बार आना चाहिये HER PERIOD COMES WHEN SHE EXPECTS IT. B उसकी माहवारी हर महीने उसकी उम्मीद पर आनी चाहिए HER TWO PERIODS SHOULD BE A MONTH APART C उसकी दो माहवारी के बीच में एक महीने का अंतर होना चाहिये। NONE OF THE ABOVE. D इनमें से कोई नहीं DON'T KNOW. X नहीं जानते OTHER (SPECIFY) Z अन्य (विवरण)</p>	
505	<p>What would you advise a woman who wants to use SDM (Cyclebeads) but does not know the length of her cycle?</p>	<p>OFFER HER THE METHOD. A विधि का प्रयोग करने का सलाह दिया जाता है</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>आप एक महिला को क्या सलाह देते हैं जो मालाचक्र विधि इस्तेमाल करना चाहती हैं लेकिन अपनी मासिक चक्र की अवधि नहीं जानती हैं?</p> <p>CIRCLE ALL MENTIONED</p> <p>बताये गये सभी विकल्प में घेरा लगायें</p>	<p>REFUSE HER THE METHOD. B</p> <p>विधि का प्रयोग करने का सलाह नहीं दिया जाता है</p> <p>TELL HER TO COME BACK WHEN SHE HAS HER PERIOD. C</p> <p>उसके अगले माहवारी होने पर उसे वापस आने को कहा जाता है।</p> <p>TELL HER TO TRACK HER CYCLES D</p> <p>उसे अपने मासिक चक्र की अवधि/लंबाई का पता लगाने को कहा जाता है</p> <p>ASK HER IF HER PERIODS COME WHEN EXPECTED. E</p> <p>उससे पुछते हैं की क्या उसकी माहवारी तब ही शुरू होती है जब उसकी उम्मीद होती है।</p> <p>ASK HER IF HER PERIODS COME ABOUT ONCE A MONTH. F</p> <p>उससे पुछते हैं की उसकी माहवारी औसतन महिने में एक बार आती है।</p> <p>REFER HER TO A HEALTH FACILITY G</p> <p>उसे अन्य स्वास्थ्य सुविधा केन्द्र में भेजा जाता है।</p> <p>WHEN DID YOUR LAST PERIOD COME.....H</p> <p>पिछली माहवारी कब शुरू हुई थी</p> <p>OTHER (SPECIFY) X</p> <p>अन्य (विवरण)</p> <p>DON'T KNOW..... Z</p> <p>नहीं जानते</p>	
506	<p>What do you do if she says that her periods come generally around the date expected every month?</p> <p>आप क्या करते हैं यदि वे यह कहती हैं कि उनका माहवारी सामान्यतः प्रत्येक महीने के लगभग अनुमानित दिन को आता है?</p>	<p>OFFER HER THE METI 1</p> <p>विधि का प्रयोग करने का सलाह दिया जाता है</p> <p>REFUSE HER THE METI 2</p> <p>विधि का प्रयोग करने का सलाह नहीं दिया जाता है</p> <p>TELL HER TO RETURN WHEN SHE HAS HER PERIOD..... 3</p> <p>उसके अगले माहवारी होने पर उसे वापस आने को कहा जाता है।</p> <p>TELL HER TO TRACK HER C..... 4</p> <p>उसे अपने मासिक चक्र की अवधि/लंबाई पता लगाने को कहा जाता है</p> <p>REFER HER TO THE HEALTH.F..... 5</p> <p>उसे अन्य स्वास्थ्य सुविधा केन्द्र में भेजा जाता है।</p> <p>OTHER (SPECIFY) 6</p> <p>अन्य (विवरण)</p>	
507	<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>यदि एक महिला मालाचक्र विधि इस्तेमाल करने की आवश्यकताओं को पूरा करती है और उसे अपने पिछले माहवारी की तारीख याद है तो वह कब मालाचक्र विधि प्रयोग करना शुरू कर सकती है?</p>	<p>IMMEDIATELY..... 1</p> <p>तुरन्त</p> <p>AT THE START OF HER NEXT PERIOD..... 2</p> <p>उसके अगले मासिक धर्म/माहवारी के प्रारम्भ में</p> <p>DON'T KNOW..... 8</p> <p>नहीं जानते</p>	
508	<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>यदि एक महिला मालाचक्र विधि इस्तेमाल करने की आवश्यकताओं को पूरा करती है और उसे अपने पिछले माहवारी की तारीख याद नहीं है तो वह कब मालाचक्र विधि प्रयोग करना शुरू कर सकती है?</p>	<p>IMMEDIATELY..... 1</p> <p>तुरन्त</p> <p>AT THE START OF HER NEXT PERIOD..... 2</p> <p>उसके अगले माहवारी के प्रारम्भ में</p> <p>DON'T KNOW..... 8</p> <p>नहीं जानते</p>	<p>→ 510</p> <p>→ 510</p>
509	<p>What do you advise her to do in the meantime?</p> <p>आप इस बीच में उन्हे क्या करने की सलाह देती हैं?</p> <p>CIRCLE ALL THAT APPLY</p> <p>बताये गये सभी विकल्प में घेरा लगायें</p>	<p>USE A CONDOM A</p> <p>कण्डोम का प्रयोग</p> <p>ABSTAIN B</p> <p>संभोग से बचने का सलाह/संयम रखना</p> <p>USE A BARRIER METHC C</p> <p>अन्य गर्भ निरोधक विधि का प्रयोग</p> <p>OTHER (SPECIFY) X</p> <p>अन्य (विवरण)</p> <p>DON'T KNOW..... Z</p> <p>नहीं जानते</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	<p>If a woman meets the requirements for using SDM, but does not remember the first day of her last period, do you give her a set of CycleBeads?</p> <p>यदि एक महिला मालाचक्र विधि इस्तेमाल करने की आवश्यकताओं को पूरा करती है लेकिन उसे अपना पिछले माहवारी का पहला दिन याद नहीं है तो क्या आप उसे मालाचक्र देंगी</p>	<p>YES हैं 1</p> <p>NO. नहीं 2</p> <p>DEPENDS ON CLIENT/SITUATION. 3</p> <p>ब्लॉट की स्थिति के अनुसार</p> <p>DON'T KNOW. 8</p> <p>नहीं जानते</p>	
511	<p>When can a woman who is breastfeeding or postpartum start using SDM (CycleBeads)?</p> <p>प्रसव के बाद स्तनपान कराती महिला कब मालाचक्र का प्रयोग शुरू कर सकती है?</p> <p>CIRCLE ALL MENTIONED</p> <p>बताये गये सभी विकल्प में घेरा लगायें</p>	<p>WHEN SHE HAS HAD AT LEAST 4 PERIODS SINCE HER BABY WAS BORN. A</p> <p>उसके बच्चे के जन्म के बाद कम से कम उसकी चार माहवारी आ चुका हो।</p> <p>IF THE TIME BETWEEN HER LAST 2 PERIODS WAS ABOUT A MONTH APART. B</p> <p>उसके आखिरी दो माहवारी के बीच लगभग एक महीने का अंतर हो।</p> <p>WHEN HER PERIODS ARE REGULAR. C</p> <p>जब उसकी माहवारी नियमित हो।</p> <p>NONE OF THE ABOVE. D</p> <p>इनमें से कोई नहीं</p> <p>OTHER (SPECIFY) X</p> <p>अन्य (विवरण)</p> <p>DON'T KNOW. Z</p> <p>नहीं जानते</p>	
512	<p>When you tell women about SDM (CycleBeads), are they interested in learning more about the method?</p> <p>जब आप महिलाओं को मालाचक्र विधि के बारे में बताती हैं तो क्या वे इसके बारे में और जानकारी लेने के लिए इच्छुक होती हैं?</p>	<p>YES हैं 1</p> <p>NO. नहीं 2</p> <p>SOME ARE, SOME ARE NOT. 3</p> <p>कुछ होती है, कुछ नहीं होती</p> <p>DON'T KNOW. 8</p> <p>नहीं जानते</p>	<p>→ 600</p> <p>→ 600</p>
513	<p>Are there any reasons why you think women don't want SDM (CycleBeads)?</p> <p>आपके विचार से वे कौन से कारण हैं जिसके लिए महिलाएँ मालाचक्र विधि प्रयोग नहीं करना चाहतीं</p> <p>CIRCLE ALL MENTIONED</p> <p>बताये गये सभी विकल्प में घेरा लगायें</p>	<p>HUSBAND WILL NOT COOPERATE. A</p> <p>पति सहयोग नहीं करते हैं।</p> <p>CYCLEBEADS NOT AVAILABLE. B</p> <p>मालाचक्र उपलब्ध नहीं है</p> <p>DOES NOT KNOW DATE OF LAST PERIOD. C</p> <p>पिछले माहवारी की तिथि याद नहीं है</p> <p>PERIOD HAS NOT RETURNED AFTER BIRTH. D</p> <p>प्रसव के बाद माहवारी वापस नहीं आयी है</p> <p>PERIODS NOT ABOUT A MONTH APART. E</p> <p>दो माहवारी के बीच में एक महीने का अंतर नहीं होना</p> <p>PERCEIVED NOT EFFECTIVE. F</p> <p>विधि असरदार नहीं है</p> <p>HAVE TO MOVE BAND DAILY. G</p> <p>रोज रिंग को बदलना पड़ता है</p> <p>FAMILY DOES NOT APPROVE. H</p> <p>परिवार की सहमति नहीं है</p> <p>FERTILE PERIOD TOO LONG. I</p> <p>गर्भ ढहरने का दिन काफी ज्यादा है।</p> <p>DOESN'T LIKE TO ABSTAIN/USE CONDOMS. J</p> <p>संयम रखने के लिए इच्छुक नहीं/कण्डोम प्रयोग करना पसन्द नहीं करते</p> <p>OTHER (SPECIFY) X</p> <p>अन्य (विवरण)</p> <p>DON'T KNOW Z</p> <p>नहीं जानते</p>	

SECTION 6: KNOWLEDGE OF THE ASHA, COUNSELING CLIENTS, AND INFORMING ON LAM

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
600	CHECK 115d TRAINED ON LAM <input type="checkbox"/> NOT TRAINED ON LAM <input type="checkbox"/> continue to 601 ↓		END								
601	How long ago did you first receive training on LAM? आपने लैम विधि पर पहली बार कितने समय पहले प्रशिक्षण लिया? IF LESS THAN 1 YEAR, WRITE NUMBER OF MONTHS IN BOXES. यदि एक वर्ष से कम है तो महीनो की संख्या बाक्स में लिखे	YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> वर्ष MONTHS .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> महीना DO NOT REMEMBER..... 998 याद नहीं									
602	How long ago did you last receive training on LAM? आपने कितने समय पहले आखरी बार लैम विधि पर प्रशिक्षण लिया है? IF LESS THAN 1 YEAR, WRITE NUMBER OF MONTHS IN BOXES. यदि एक वर्ष से कम है तो महीनो की संख्या बाक्स में लिखे	YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> वर्ष MONTHS .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> महीना DO NOT REMEMBER..... 998 याद नहीं									
603	CHECK 601 and 602 TRAINED IN LAST YEAR <input type="checkbox"/> MORE THAN ONE YEAR SINCE LAST TRAINING <input type="checkbox"/>		606								
604	Who trained you the first time on the LAM? आपको पहली बार लैम विधि पर प्रशिक्षण किसने दिया है? CIRCLE ALL THAT APPLY बताये गये सभी विकल्प में घेरा लगायें	MINISTRY OF HEALTH A स्वास्थ्य मंत्रालय CLINIC STAFF IN YOUR AREA B आपके क्षेत्र के स्वास्थ्य कर्मचारी NGO C एनओ जीओ औओ IRH D आईओ आरओ एचओ OTHER (SPECIFY) X अन्य (विवरण) DON'T KNOW Z नहीं जानते									
605	How long was the training you received for LAM? लैम विधि का प्रशिक्षण कितनी अवधि का था? Note: 1/2 day = 4 hours	LESS THAN 4 HOURS 1 चार घंटे से कम 1/2 DAY 2 आधा दिन FULL DAY 3 पूरा दिन 1 1/2 DAY 4 डेढ दिन 2 DAYS 5 दो दिन OTHER (SPECIFY) 6 अन्य (विवरण) DON'T KNOW 8 नहीं जानते									
606	Are there questions people ask you on LAM that you have difficulty answering? क्या लोग आपसे लैम विधि पर आघारित प्रश्नों को पूछते हैं, जिसे आपको बताने में कठनाई होती है?	YES 1 हाँ NO 2 नहीं	→ 608								

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	Which ones? कौन से प्रश्न	<hr/> <hr/> <hr/> <hr/>	
608	CHECK 111d, 112d, 113d LAM SERVICES <input type="checkbox"/> NO LAM SERVICES <input type="checkbox"/>		END
609	What are the conditions a woman needs to fulfill to use LAM correctly? लैम विधि का इस्तेमाल सही तरीके से करने के लिए एक महिला को कौन सी शर्तें / आवश्यकताएँ पूरी करने की जरूरत होती हैं? CIRCLE ALL MENTIONED बताये गये सभी विकल्प में घेरा लगायें PROBE: Anything else? पूछें अन्य कोई	SHE HAS NOT HAD HER PERIOD YET. A अभी तक उसका मासिक वापस नहीं आया है / प्रसव के बाद उसकी माहवारी / मासिकधम नहीं आयी है। WOMAN IS FULLY OR NEARLY FULLY BREASTFEEDING HER BABY. B महिला बच्चे को सिर्फ स्तनपान करा रही है BABY IS NOT YET 6 MONTHS OLD. C बच्चा अभी तक 6 महीने का नहीं हुआ है। WILL USE ANOTHER FAMILY PLANNING METHOD WHEN ANY ONE OF THE CRITERIA IS NO LONGER MET. D उपरोक्त दिये गये शर्त में से किसी का पालन नहीं होने पर परिवार नियोजन की दूसरी विधि के बारे में बताते हैं। OTHER (SPECIFY) X अन्य (विवरण) DON'T KNOW Z नहीं जानते	
610	Do you use any materials to explain LAM to women? क्या आप कोई सामग्री महिलाओं को लैम विधि के बारे में जानकारी देने करने के लिए इस्तेमाल करती हैं?	YES 1 हाँ NO 2 नहीं	612
611	If so, what materials do you use? यदि हाँ तो कौन सी वस्तु आप इस्तेमाल करती हैं? (Probe: please show me these materials) पूछे कृपया मुझे उन चीजों को दिखाएँ CIRCLE ALL MENTIONED बताये गये सभी विकल्प में घेरा लगायें	CLIENT CARD. A जानकारी पत्र PROVIDER JOB AID/ MEMORY CARD. B सेवा प्रदाता जॉब कार्ड। BROCHURE. C पर्ची / क्लार्ट कार्ड OTHER (SPECIFY) X अन्य (विवरण)	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	<p>What advice do you give women about how to exclusively breastfeed? केवल स्तनपान कैसे करायें इसके बारे में आप महिलाओं को क्या सलाह देती हैं? PROBE: Explain</p> <p>CIRCLE ALL MENTIONED बताये गये सभी विकल्प में घेरा लगायें</p>	<p>BREASTFEED WHENEVER THE CHILD IS HUNGRY/THIRSTY. A बच्चा जब-जब मांग करे ,उसे स्तनपान करायें</p> <p>GIVE YOUR CHILD ONLY BREASTMILK. B अपने बच्चे को केवल स्तनपान करायें</p> <p>BREASTFEED EVEN WHEN THE CHILD OR YOU ARE SICK C बच्चा/आप बीमार रहें तब भी स्तनपान करायें</p> <p>AVOID USING BOTTLES AND ARTIFICIAL NIPPLES D बोतल या कृत्रिम निप्पलस से परहेज करें</p> <p>OTHER (SPECIFY) X अन्य (विवरण)</p>	
613	<p>Are there benefits to exclusive breastfeeding? क्या केवल स्तनपान कराने के लाभ हैं?</p>	<p>YES. 1 हाँ</p> <p>NO. 2 नहीं</p>	→ 615
614	<p>What do you tell women about the benefits of breastfeeding? आप महिलाओं को स्तनपान कराने के लाभ के बारे में क्या बताती हैं?</p> <p>CIRCLE ALL MENTIONED बताये गये सभी विकल्प में घेरा लगायें</p>	<p>BREASTFEEDING IS GOOD FOR THE CHILD'S GROWTH AND DEVELOPMENT. A बच्चे के वृद्धि एवं विकास के लिए स्तनपान कराना अच्छा होता है</p> <p>BREASTFEEDING IS GOOD FOR HEALTH OF CHILD B बच्चे के स्वास्थ्य के लिए स्तनपान कराना अच्छा होता है</p> <p>BREASTFEEDING PROTECTS CHILDREN AGAINST ILLNESS AND DISEASE. C स्तनपान, बच्चे में बीमारी एवं रोग से बचाव करता है</p> <p>BREASTFEEDING PROTECTS AGAINST PREGNANCY D स्तनपान, गर्भ ठहरने से बचाव करता है</p> <p>BREASTFEEDING SUPPORT MOTHER-CHILD BONDING E स्तनपान, बच्चे एवं माँ के संबंध को मजबूत करता है</p> <p>ECONOMICAL/NO FORMULA TO BUY. F मुफ्त/खरीदने की आवश्यकता नहीं</p> <p>OTHER (SPECIFY) X अन्य (विवरण)</p>	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615	<p>What advice do you give women who no longer meet the LAM criteria?</p> <p>आप उन महिलाओं को क्या सलाह देती हैं जो लैम विधि के शर्तों को पूरा नहीं करती हैं?</p> <p>CIRCLE ALL MENTIONED बताये गये सभी विकल्प में घेरा लगायें</p>	<p>IMMEDIATELY USE ANOTHER METHOD. A तुरन्त दूसरी विधि इस्तेमाल करें।</p> <p>CONTINUE TO BREASTFEED. B स्तनपान जारी रखें।</p> <p>CONTINUE TO BREASTFEED EVEN IF YOU OR YOUR CHILD ARE SICK C यदि आप या आपका बच्चा बीमार हो तो भी स्तनपान जारी रखें</p> <p>DISCUSS THE IMPORTANCE TO WAIT 2 YEARS BEFORE GETTING PREGNANT AGAIN. D पुनः गर्भ धारण करने के बीच दो साल के अन्तराल के महत्व के बारे में समझाते हैं।</p> <p>EXPLAIN WHAT OTHER METHODS OF FAMILY PLANNING BREASTFEEDING WOMEN CAN USE. E स्तनपान कराने वाली महिलायें और कौन सी परिवार नियोजन विधि का इस्तेमाल कर सकती है, इसके बारे में बताते हैं।</p> <p>NO ADVICE F कोई सलाह नहीं देते हैं।</p> <p>OTHER (SPECIFY) X अन्य (विवरण)</p>	
616	<p>When you tell women about LAM, are they interested in learning more about the method?</p> <p>जब आप महिलाओं को लैम विधि के बारे में बताती हैं तो क्या वे इसके बारे में और जानकारी लेने के लिए इच्छुक होती हैं?</p>	<p>YES. 1 हाँ</p> <p>NO. 2 नहीं</p> <p>SOME ARE, SOME ARE NOT. 3 कुछ होती है कुछ नहीं होती</p> <p>DON'T KNOW. 8 नहीं जानते</p>	<p>→ 618</p> <p>→ 618</p>
617	<p>Why do you think some women don't want to use LAM?</p> <p>आपके विचार से वे कौन से कारण हैं जो महिलायें लैम विधि का प्रयोग नहीं करना चाहती हैं?</p> <p>CIRCLE ALL MENTIONED बताये गये सभी विकल्प में घेरा लगायें</p>	<p>LACK OF INFORMATION. A जानकारी की कमी</p> <p>MOTHER/MOTHER-IN-LAW/FAMILY DOES NOT APPROVE. B माँ/सास/ परिवार की सहमति नहीं है</p> <p>PARTNER DOES NOT APPROVE. C साथी की सहमति नहीं है</p> <p>CANNOT/DOES NOT WANT TO BREAST-FEED EXCLUSIVELY. D केवल स्तनपान नहीं करा सकती/ केवल स्तनपान कराना नहीं चाहती</p> <p>PERCEIVED NOT EFFECTIVE. E विधि को प्रभावकारी नहीं मानते हैं</p> <p>TEMPORARY METHOD. F अस्थायी विधि</p> <p>OTHER (SPECIFY) X अन्य (विवरण)</p> <p>DON'T KNOW Z नहीं जानते</p>	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
618	<p>What activities do you do to inform the community about LAM? CIRCLE ALL THAT APPLY आप व्यक्तिगत रूप से समुदाय को लैम विधि के बारे में सूचना देने के लिए कौन सा कार्य करती हैं?</p> <p>a) Put up posters? पोस्टर लगाते हैं</p> <p>b) Hand out pamphlets? पर्चियां बांटकर</p> <p>c) Make murals/displays? प्रदर्शनी के द्वारा</p> <p>d) Give health talks? स्वास्थ्य संबंधी बातें बताकर</p> <p>e) Talk at fairs/festivals? त्योहारों/मेलों में बातें करके</p> <p>f) Talk during community meetings? समुदाय के साथ बैठक में</p> <p>g) Talk during religious meetings/through religious leaders? धार्मिक मुलाकातों के दौरान बातें करके/ धार्मिक नेताओं के द्वारा</p> <p>h) Do home visits/door-to-door? घर-घर जाकर</p> <p>i) Other? अन्य</p> <p>CIRCLE ALL MENTIONED बताये गये सभी विकल्प में घेरा लगायें</p>	<p>PUT UP POSTERS पोस्टर लगाते हैं A</p> <p>HAND OUT PAMPHLETS पर्चियां बांटकर B</p> <p>MAKE MURALS/DISPLAYS C प्रदर्शनी के द्वारा</p> <p>GIVE HEALTH TALKS D स्वास्थ्य संबंधी बातें बताकर</p> <p>TALK AT FAIRS E त्योहारों/मेलों में बातें करके</p> <p>TALK DURING COMMUNITY MEETINGS F समुदाय के साथ बैठक में</p> <p>TALK DURING RELIGIOUS MEETINGS/ THROUGH RELIGIOUS LEADERS G धार्मिक मुलाकातों के दौरान बातें करके/ धार्मिक नेताओं के द्वारा</p> <p>DO HOME VISITS/DOOR-TO-DOOR ... H घर-घर जाकर</p> <p>OTHER (SPECIFY) X अन्य (विवरण)</p>	
<p>Thank you for your time and end the interview आपका समय देने के लिए धन्यवाद और साक्षात्कार समाप्त करें।</p>			

FAM PROJECT SITE ASSESSMENT

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

सर्वेकर्ता जब आप पर्यवेक्षक से बात करे तो यह सुनिश्चित कर लें कि ऐसे कौन से व्यक्ति/सेवादाता है, जो अपने अनुभव एवं जानकारी के आधार पर संबंधित मांग की सही सही उत्तर दे सकते हैं। संबंधित मांग के लिए उत्तर/साक्षात्कार उसी व्यक्ति की सहायता से लें।

SECTION सेक्शन	NAME नाम	ROLE/TITLE पदनाम
1. TRAINING AND SERVICE PROVISION प्रशिक्षण एवं सेवा प्रबंध	_____	_____
2. COMMUNITY HEALTH WORKERS कम्यूनिटी हेल्थ वर्कर	_____	_____
3. MANAGEMENT AND SUPERVISION प्रबंधन एवं निरीक्षण	_____	_____
4. INFORMATION, EDUCATION AND COMMUNICATION आई० ई० सी०	_____	_____
5. NORMS AND PROTOCOLS मानक एवं विज्ञप्ति/नियमावली	_____	_____
6. LOGISTICS/SUPPLIES तंत्र एवं आपूर्ति	_____	_____
7. HEALTH MONITORING INFORMATION SYSTEMS स्वास्थ्य निरीक्षण सूचना तंत्र	_____	_____
8. COST रोकड़/राशि	_____	_____

INTERVIEW THE RELEVANT PERSONS THAT CAN ANSWER THE QUESTIONS TO THESE MODULES
सभी सेक्शन के लिए संबंधित उत्तरदाता से साक्षात्कार लें।

CONSENT WILL BE REQUESTED OF EACH RESPONDENT
उत्तरदाता से सहयोग/सहमति के लिए आग्रह करें।

FAM PROJECT ENDLINE: SITE ASSESSMENT - INDIA

IDENTIFICATION

प्रपत्र पहचान कोड

NAME OF HEALTH FACILITY VISITED:

भ्रमण किये गये स्वास्थ्य सुविधा का नाम

HEALTH FACILITY CODE

स्वास्थ्य सुविधा का कोड

REGION

इलाका

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

क्षेत्र (1-शहरी, 2-ग्रामीण)

LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE (2)

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

बड़ा शहर/छोटा शहर/नगर/प्रदेश (2)

1-बड़ा शहर, 2-छोटा शहर, 3-नगर, 4-प्रदेश

State : Jharkhand

राज्य: झारखण्ड

District : Deogarh.....1

Gumla.....2

Chatra.....3

Dumka.....4

जिला : देवघर.....1

गुमला.....2

चतरा.....3

दुमका.....4

Block :

प्रखण्ड :

--	--	--	--

--	--	--	--

--

--

--

--

--

--	--

INTERVIEWER VISITS

सर्वेकर्ता द्वारा भ्रमण की जानकारी

	1	2	3	FINAL VISIT अन्तिम भ्रमण												
	1	2	3													
DATE दिनांक	_____	_____	_____	DAY दिन MONTH माह YEAR वर्ष NAME नाम RESULT परिणाम												
INTERVIEWER'S NAME साक्षात्कारकर्ता का नाम	_____	_____	_____	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>					2	0	1	3				
2	0	1	3													
RESULT* परिणाम	_____	_____	_____	<table border="1" style="width: 30px; height: 30px;"> <tr> <td style="width: 100%;"></td> </tr> </table>												
NEXT VISIT: DATE अगला भ्रमण दिनांक	_____	_____		TOTAL NUMBER OF VISITS कुल किये गये भ्रमण का सं०												
TIME समय	_____	_____			<table border="1" style="width: 30px; height: 30px;"> <tr> <td style="width: 100%;"></td> </tr> </table>											

*RESULT CODES:

परिणाम कोड

1 COMPLETED

4 REFUSED

1 पूर्ण

4 इन्कार

2 NOT AVAILABLE

5 PARTLY COMPLETED

2 उपलब्ध नहीं

5 आंशिक पूर्ण

3 POSTPONED

6 OTHER (SPECIFY)

3 स्थागित

6 अन्य (विवरण)

TYPE OF SECTOR		सेक्टर का प्रकार		
1 = GOVERNMENT/PUBLIC	4 = PRIVATE	1- सरकारी/सार्वजनिक	4- प्राईवेट	
2 = MISSION/FBO	6 = OTHER _____	2-मिशन/धट	6- अन्य _____	
3 = NGO		3- गेर सरकारी संस्था		
TYPE OF HEALTH FACILITY		स्वास्थ्य सुविधा का प्रकार		
1 = REFERRAL HOSPITAL	5 = CLINIC	1- रेफरल अस्पताल	5- क्लीनिक	
2 = DISTRICT HOSPITAL	7 = HEALTH POST	2- जिला अस्पताल	7- चलंत स्वास्थ्य केन्द्र	
3 = SUB-DISTRICT HOSPITAL	61 = Health Sub Centre (HSC)	3- उप जिला अस्पताल	61 = स्वास्थ्य उप केन्द्र (HSC)	
4 = RURAL HEALTH CENTER	62 = Additional PHC	4- ग्रामीण स्वास्थ्य केन्द्र	62 = एडिशनल प्रा0 स्वास्थ्य केन्द्र (PHC)	
	63 = Primary Health Centre (PHC)		63 = प्रा0 स्वास्थ्य केन्द्र (PHC)	
	64 = Community Health Centre (CHC)		64 = कम्युनिटी हेल्थ सेन्टर (CHC)	
	6 = OTHER (SPECIFY) _____		6 :अन्य (विवरण)	
LANGUAGE OF QUESTIONNAIRE	LANGUAGE OF INTERVIEW	NATIVE LANGUAGE OF RESPONDENT:		TRANSLATOR USED
1 = ENGLISH	1 = ENGLISH	1 = ENGLISH	6 = OTHER (SPECIFY) _____	YES..... 1
2 = FRENCH	2 = FRENCH	2 = FRENCH		NO..... 2
3 = SPANISH	3 = SPANISH	3 = SPANISH		
4 = HINDI	4 = HINDI	4 = HINDI		
प्रपत्र की भाषा	साक्षात्कार की भाषा	उत्तरदाता की भाषा		अनुवादक से सहयोग लिया
1- इंगलिश	1- इंगलिश	1- इंगलिश	6 अन्य (विवरण) _____	हाँ 1
2- फ्रेंच	2- फ्रेंच	2- फ्रेंच		नहीं 2
3- स्पैनिश	3- स्पैनिश	3- स्पैनिश		
4- हिन्दी	4- हिन्दी	4- हिन्दी		
SUPERVISOR	FIELD EDITOR	OFFICE EDITOR ऑफिस एडिटर	KEYED BY	
सुपरवाइजर	फील्ड एडिटर		NAME	
NAME	NAME	NAME	DATE	
DATE	DATE	DATE		

SECTION 1: TRAINING AND SERVICE PROVISION

सेक्शन-1 प्रशिक्षण एवं सेवा प्रबंध

NO. क्रम	QUESTIONS AND FILTERS प्रश्न	CODING CATEGORIES उत्तर कोड	SKIP स्कीप
	TITLE OF RESPONDANT FOR SECTION इस सेक्शन के लिए उत्तरदाता का पदनाम	<input type="text"/>	
100	Are family planning services available to clients at this facility? क्या इस सुविधा केन्द्र में लोगों के लिए परिवार नियोजन की सुविधाएँ उपलब्ध हैं?	YES <u>हाँ</u> 1 NO <u>नहीं</u> 2	→ END
101	What family planning methods does this facility offer? किस-किस प्रकार की सेवा इस स्वास्थ्य केन्द्र से प्रदान की जाती है? परिवार नियोजन संबंधित किस-किस प्रकार की सेवा इस स्वास्थ्य केन्द्र में प्रदान की जाती है? READ ALL AND CIRCLE THOSE MENTIONED पढ़ें एवं बताये गये विकल्प में घेरा लगायें	FEMALE STERILIZATION A स्त्री नसबंदी/बंधाकरण MALE STERILIZATION B पुरुष नसबंदी PILL C गर्भ निरोधक गोली IUD D कॉपर टी INJECTABLES E गर्भ निरोधक सूई IMPLANTS F इम्प्लान्ट CONDOM G कण्डोम FEMALE CONDOM H महिला कण्डोम DIAPHRAGM I डायफ्राम FOAM/JELLY J फोम/जेली LAM K लैम विधि SDM (CYCLEBEADS) M मालाचक्र विधि OTHER (SPECIFY)----- X अन्य (विवरण)	
102	Typically, how many days per week are family planning services offered? सामान्यतः सप्ताह में कितने दिन परिवार नियोजन से जुड़ी सेवा लोगो को प्रदान की जाती है?	DAYS PER WEEK दिन प्रति सप्ताह..... <input type="text"/>	
103	Is this the only unit where family planning is offered in this facility? इस केन्द्र में क्या यह एक मात्र यूनिट है जहाँ लोगों को परिवार नियोजन सेवा प्रदान की जाती है?	YES <u>हाँ</u> 1 NO <u>नहीं</u> 2	→ 105
104	If not, please tell us which other unit/section of the facility provides family planning? यदि नहीं तो, कृपया बतायें, अन्य कौन-कौन से यूनिट हैं, जहाँ परिवार नियोजन सेवा उपलब्ध है?	<input type="text"/>	

PLEASE ASK THE FOLLOWING QUESTIONS ABOUT THE PAID STAFF IN THIS FACILITY

IF YOU DON'T KNOW, WRITE 86 AS THE ANSWER.

कृपया सेवा से संबंधित निम्नलिखित प्रश्नों को नियोजित कार्यकर्ता से पूछें।

यदि नहीं जानते हैं तो उत्तर के लिए कोड 86 का प्रयोग करें।

NO. क्रम	QUESTIONS AND FILTERS प्रश्न	CODING CATEGORIES उत्तर कोड	SKIP स्कीप
105	How many providers have been trained to offer family planning services? परिवार नियोजन से जुड़ी सेवा प्रदान करने के लिए कितने सेवाप्रदाता को प्रशिक्षित किया गया है?	NUMBER OF PROVIDERS सेवादाता की संख्या <input type="text"/> <input type="text"/>	
106	How many providers have been trained to offer SDM (CycleBeads)? मालाचक्र विधि से संबंधित सेवा प्रदान करने के लिए कितने सेवाप्रदाता को प्रशिक्षित किया गया है?	NUMBER OF PROVIDERS सेवादाता की संख्या <input type="text"/> <input type="text"/>	
107	Have providers received refresher training on the SDM (CycleBeads) in the last 1 year? मालाचक्र विधि सेवा प्रदान करने के लिए पिछले एक वर्ष में क्या सेवादाताओं को कोई रिफ्रेशर प्रशिक्षण मिला है ?	YES हाँ 1 NO नहीं 2 NO SDM (CYCLEBEADS) OFFERED 3 मालाचक्र विधि की सेवा उपलब्ध नहीं है	
108	CHECK 101: SDM NOT OFFERED चेक 101: मालाचक्र विधि सुविधा उपलब्ध नहीं <input type="checkbox"/>	SDM OFFERED मालाचक्र विधि सुविधा उपलब्ध <input type="checkbox"/>	→ 110
109	CHECK 106: AT LEAST ONE PROVIDER TRAINED ON SDM चेक 106 : कम से कम एक सेवाप्रदाता मालाचक्र विधि के लिए प्रशिक्षित <input type="checkbox"/>	NO PROVIDERS TRAINED ON SDM कोई सेवाप्रदाता मालाचक्र विधि के लिए प्रशिक्षित नहीं <input type="checkbox"/>	→ 119
110	How long ago did this facility start offering the SDM (CycleBeads)?	YEARS वर्ष <input type="text"/> <input type="text"/> MONTHS महीना.. <input type="text"/> <input type="text"/> DON'T KNOW नहीं जानते/याद नहीं 8	
111	During those days you offer family planning, are there days when SDM (CycleBeads) is not offered? जिन दिनों आप परिवार नियोजन के बारे में बताते हैं तो क्या उनमें से कोई ऐसे भी दिन हैं जब आप मालाचक्र विधि के बारे में नहीं बताते हैं?	YES हाँ 1 NO नहीं 2	→ 113
112	Why is SDM (CycleBeads) not offered every other day family planning services are offered? परिवार नियोजन से संबंधित सेवा प्रदान किए जाने वाले दिनों में मालाचक्र विधि से जुड़ी सेवा क्यों नहीं दी जाती है?	NO TRAINED PROVIDER AVAILABLE 1 प्रशिक्षित सेवाप्रदाता उपलब्ध नहीं NO ELIGIBLE WOMEN VI: 2 उपयुक्त वह महिलाएं जो मालाचक्र के लिए नहीं आती थीं NOT OFFERED BY PROVIDERS 3 सेवा उपलब्ध नहीं OTHER (SPECIFY) 6 अन्य(विवरण)	
113	Do you ever receive referrals for SDM (CycleBeads)? क्या आप ने कभी मालाचक्र विधि के लिए रेफरल केस प्राप्त किया है?	YES हाँ 1 NO नहीं 2 DON'T KNOW नहीं जानते 8	} 115
114	From where does your facility receive referrals? आपके सुविधा केन्द्र को रेफरेल केस कहाँ से प्राप्त होता है?	REFERRAL HOSPITAL A रेफरल अस्पताल DISTRICT HOSPITAL B जिला अस्पताल SUB-DISTRICT HOSPITAL C उप-जिला अस्पताल RURAL HEALTH CENTER D	

NO. क्रम	QUESTIONS AND FILTERS प्रश्न	CODING CATEGORIES उत्तर कोड	SKIP स्कीप
	<p>Any other place? कोई अन्य जगह</p> <p>CIRCLE ALL MENTIONED</p> <p>बताये गये विकल्प में घेरा लगायें</p>	<p>ग्रामीण स्वास्थ्य केन्द्र CLINIC. E क्लिनिक HEALTH POST F स्वास्थ्य केन्द्र PHARMACY G दवाखाना CBD OR COMMUNITY OUTREACH H सी0बी0डी0 या सामुदायिक केन्द्र FAITH-BASED ORGANIZATION (FBO) I फैथ बेस्ड आरगनाईजेशन Health Sub Centre (HSC).....DA स्वास्थ्य उप केन्द्र Additional PHC.....DB एडिशनल प्राथमिक स्वास्थ्य केन्द्र Primary Health Centre (PHC).....DC प्रा0 स्वास्थ्य केन्द्र Community Health Centre (CHC)..... DD कम्यूनिटी हेल्थ सेन्टर AWW..... DE ऑगनबाड़ी कार्यकर्ता Sahiyaa..... DF सहिया OTHER (SPECIFY)_____ X अन्य(विवरण)</p>	
115	<p>Do you refer clients for SDM (CycleBeads) services elsewhere? क्या आप लोगों को मालाचक्र विधि से संबंधित सेवा के लिए कहीं रेफर करते हैं ?</p>	<p>YES हाँ 1 NO नहीं 2</p>	→ 118
116	<p>Why? क्यों?</p>	<p>_____</p>	
117	<p>Where do you refer clients for SDM (CycleBeads) services? आप लोगों को मालाचक्र विधि से संबंधित सेवा के लिए कहाँ रेफर करते हैं?</p> <p>Any other place? कोई अन्य जगह</p> <p>CIRCLE ALL MENTIONED</p> <p>बताये गये विकल्प में घेरा लगायें</p>	<p>REFERRAL HOSPITAL A रेफरल अस्पताल DISTRICT HOSPITAL B जिला अस्पताल SUB-DISTRICT HOSPITAL C उप-जिला अस्पताल RURAL HEALTH CENTER D ग्रामीण स्वास्थ्य केन्द्र CLINIC. E क्लिनिक HEALTH POST F स्वास्थ्य केन्द्र PHARMACY G दवाखाना CBD OR COMMUNITY OUTREACH H सी0बी0डी0 या सामुदायिक केन्द्र FAITH-BASED ORGANIZATION (FBO) I फैथ बेस्ड आरगनाईजेशन Health Sub Centre (HSC).....DA स्वास्थ्य उप केन्द्र</p>	

NO. क्रम	QUESTIONS AND FILTERS प्रश्न	CODING CATEGORIES उत्तर कोड	SKIP स्कीप
		Additional PHC.....DB एडिशनल प्राथमिक स्वास्थ्य केन्द्र Primary Health Centre (PHC).....DC प्रा0 स्वास्थ्य केन्द्र Community Health Centre (CHC)..... DD कम्यूनिटी हेल्थ सेन्टर AWW..... DE ऑगनबाड़ी कार्यकर्ता Sahiyaa..... DF सहिया OTHER (SPECIFY)..... X अन्य(विवरण)	
118	If a trained SDM (CycleBead) provider is not available, what is a client who wants to use the SDM told to do? यदि प्रशिक्षित मालाचक्र विधि सेवाप्रदाता उपलब्ध नहीं हो तो , ऐसे लोगों को जो मालाचक्र विधि सेवा लेना चाहते हैं उन्हें क्या कहा जाता है? CIRCLE ALL MENTIONED बताये गये सभी विकल्प में घेरा लगायें	RETURN ANOTHER DAY A दूसरे दिन आने को कहते हैं GO TO ANOTHER PROVIDER/CLINIC B अन्य सेवाप्रदाता के पास भेजा जाता है Centre has been closed in the absence of providers C सेवाप्रदाता कि अनुपस्थिति में सुविधा केन्द्र बंद रहता है। OTHER (SPECIFY)..... X अन्य(विवरण)..... Don't Know DZ नहीं जानते	
119	CHECK 101: LAM OFFERED LAM NOT OFFERED चेक 101 : <input type="checkbox"/> <input type="checkbox"/> लैम विधि कि सुविधा उपलब्ध लैम विधि कि सुविधा उपलब्ध नहीं		201
120	How many providers have been trained to offer LAM? लैम विधि से जुड़ी सेवा प्रदान करने के लिए कितने सेवाप्रदाता को प्रशिक्षित किया गया है?	NUMBER OF PROVIDERS सेवाप्रदाता की संख्या	
121	Have providers received refresher training on LAM in the last 1 year? लैम विधि सेवा प्रदान करने के लिए, पिछले एक वर्ष में क्या सेवादाताओं को कोई रिफ्रेशर प्रशिक्षण मिला है?	YES हाँ 1 NO नहीं 2	
122	How long ago did this facility start offering LAM? इस सुविधा केन्द्र ने कितने समय पहले लैम विधि से संबंधित सेवा प्रदान करना प्रारम्भ किया है?	YEARS वर्ष MONTHS महीना .. DON'T KNOW 8 नहीं जानते	
123	During which types of visits is LAM offered in this facility? लैम विधि की सुविधा किस प्रकार के भ्रमण के दौरान दी जाती है? Any other type of visit? किसी अन्य प्रकार का भ्रमण CIRCLE ALL MENTIONED बताये गये विकल्प में घेरा लगायें	CHILD HEALTH/GROWTH MONITORING A शिशु स्वास्थ्य विकास अध्ययन ANTENATAL CARE B प्रसव पूर्व जाँच DELIVERY C प्रसव FAMILY PLANNING D परिवार नियोजन POSTPARTUM VISITS/CARE E प्रसव पश्चात जाँच OTHER (SPECIFY)..... X अन्य(विवरण)	

NO. क्रम	QUESTIONS AND FILTERS प्रश्न	CODING CATEGORIES उत्तर कोड	SKIP स्कीप
124	<p>During those days you offer family planning, are there days when LAM is not offered? जिन दिनों आप परिवार नियोजन के बारे में परामर्श और सुविधा देते हैं तो क्या उनमें से कोई ऐसे भी दिन है जब आप लैम विधि के बारे में नहीं बताते हैं?</p>	<p>YES हाँ 1 NO नहीं 2 DON'T KNOW 8 नहीं जानते</p>	<p>126</p>
125	<p>Why is LAM not offered every other day family planning services are offered? परिवार नियोजन से संबंधित सेवा प्रदान किए जाने वाले दिनों में लैम विधि से जुड़ी सेवा क्यों नहीं दी जाती है?</p>	<p>NO TRAINED PROVIDER AVAILABLE 1 प्रशिक्षित सेवादाता उपलब्ध नहीं NO ELIGIBLE WOMEN VISIT..... 2 उपयुक्त वह महिलाएं जो मालाचक्र के लिए नहीं आती थीं NOT OFFERED BY PROVIDERS..... 3 प्रबंधन के द्वारा सेवा उपलब्ध नहीं Providers are not trained.....4 सेवादाता प्रशिक्षित नहीं Providers are not interested to provide this service 5 सेवाप्रदाता यह सेवा देने को इच्छुक नहीं Providers are not providing this service..... 6 सेवाप्रदाता द्वारा यह सेवा उपलब्ध नहीं OTHER (SPECIFY)..... 7 अन्य(विवरण)</p>	
126	<p>If a trained LAM provider is not available, what is a client who comes for LAM told to do? यदि प्रशिक्षित लैम विधि सेवाप्रदाता उपलब्ध नहीं हो तो, ऐसे लोगो को जो लैम विधि सेवा लेना चाहते हैं उन्हें क्या कहा जाता है? Circle All Mentioned बताये गये विकल्प में घेरा लगायें</p>	<p>RETURN ANOTHER DAY A दूसरे दिन आने को कहते हैं GO TO ANOTHER PROVIDER/CLINIC B अन्य सेवाप्रदाता के पास भेजा जाता है OTHER (SPECIFY)..... X अन्य(विवरण) DON'T KNOW Z नहीं जानते</p>	

SECTION 2: ASHAs			
सेक्शन-2 सहिया कार्यकर्ता			
NO. क्रम	QUESTIONS AND FILTERS प्रश्न	CODING CATEGORIES उत्तर कोड	SKIP स्कीप
	TITLE OF RESPONDANT FOR SECTION इस सेक्शन के लिए उत्तरदाता का पदनाम		
201	Are there any ASHA affiliated with this facility? क्या कोई सहिया कार्यकर्ता इस सुविधा केन्द्र से जुड़ी हुई है?	YES हों..... 1 NO नहीं..... 2	→ 301
202	What type of services do Accredited Social Health Activist (ASHA) associated with your facility offer? इस सुविधा केन्द्र से जुड़ी सहिया सामान्यतः किस प्रकार की सहायता देती है ? Any other service? कोई अन्य सेवा CIRCLE ALL MENTIONED बताये गये विकल्प में घेरा लगायें	FAMILY PLANNING..... A परिवार नियोजन IMMUNIZATION B टीकाकरण WELL-BABY CARE C शिशु देखभाल TB DOTS D टी0 बी0 / डॉट्स HEALTH EDUCATION E स्वास्थ्य शिक्षा OTHER (SPECIFY)..... X अन्य (विवरण)	
203	Is SDM (CycleBeads) part of the package of family planning services offered by ASHAs? क्या मालाचक्र विधि / सहिया द्वारा दिए गए परिवार नियोजन कि सेवा का भाग है?	YES हों..... 1 NO नहीं..... 2	→ 205
204	If not part of the package, why not? यदि मालाचक्र विधि परिवार नियोजन की सेवा का भाग नहीं है तो क्यों नहीं हैं ?	ASHAs HAVE NOT BEEN TRAINED..... 1 सहिया प्रशिक्षित नहीं हैं SDM HAS NOT BEEN INTRODUCED .. 2 मालाचक्र विधि सेवा प्रारम्भ नहीं की गई है DO NOT HAVE CYCLEBEADS 3 मालाचक्र उपलब्ध नहीं है OTHER (SPECIFY)..... 6 अन्य (विवरण)	
205	How many ASHAs have been trained to offer SDM (CycleBeads): all, most, some, or none? मालाचक्र विधि की सुविधा प्रदान करने के लिए कितनी सहिया प्रशिक्षित है?	ALL..... 1 सभी सहिया MOST..... 2 अधिकांश सहिया () SOME..... 3 कुछ सहिया () NONE..... 4 कोई नहीं	} 207
206	Please explain. कृपया विवरण दें		
207	Is LAM part of the package of family planning services offered by ASHAs? क्या लैम विधि सहिया द्वारा दिए गए परिवार नियोजन की सेवा का भाग है?	YES हों..... 1 NO नहीं..... 2	
208	How many ASHAs have been trained to offer LAM: all, most, some, or none? लैम विधि सुविधा प्रदान करने के लिए कितनी सहिया का प्रशिक्षण हुआ है?	ALL..... 1 सभी सहिया MOST..... 2 अधिकांश सहिया () SOME..... 3 कुछ सहिया () NONE..... 4 कोई नहीं	} 301
209	Please explain. कृपया विवरण दें		

SECTION 3: MANAGEMENT AND SUPERVISION

सेक्शन-3 प्रबंधन एवं निरीक्षण

NO. क्रम	QUESTIONS AND FILTERS प्रश्न	CODING CATEGORIES उत्तर कोड				SKIP स्कीप																																																																																																																																										
	TITLE OF RESPONDANT FOR SECTION इस सेक्शन के लिए उत्तरदाता का पदनाम																																																																																																																																															
301	How many times in the last 6 months has a supervisor come to the family planning unit for supervisory purposes? पिछले 6 महीनों में, परिवार नियोजन यूनिट के पर्यवेक्षक ने निरीक्षण के उद्देश्य से कितनी बार भ्रमण किया है?	NUMBER OF TIMES भ्रमण की संख्या <input type="text"/> <input type="text"/> NOT ONCE 0 0 एक बार भी नहीं 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 भ्रमण के समय: इनमें से पर्यवेक्षक क्या-क्या करते पाये गये? नीच लिखे गतिविधि को पढ़ कर घेरा लगायें हाँ के लिए-1, नहीं के लिए-2, कभी कभी के लिए-3 a. Observe delivery of family planning services? परिवार नियोजन सेवा दिए जाने का अवलोकन किया? b. Is SDM (CycleBeads) observed? क्या मालाचक्र विधि सेवा का अवलोकन किया? c. Is LAM observed? क्या लैम विधि सेवा का अवलोकन किया? d. Asks about family planning counseling? परिवार नियोजन परामर्श के बारे में पूछा? e. Does he/she ask about SDM (CycleBeads) counseling? मालाचक्र विधि से जुड़े परामर्श के बारे में पूछा? f. Does he/she ask about LAM counseling? लैम विधि से जुड़े परामर्श के बारे में पूछा? g. Examines family planning registers/books? परिवार नियोजन रजिस्टर का निरीक्षण किया? h. Examines family planning client charts? परिवार नियोजन प्रयोगकर्ता के सूची का निरीक्षण किया? i. supervise the tools used by the providers? उपयोग में आने वाले सामग्री का निरीक्षण? j. Is SDM (CycleBeads) included on the tool? क्या मालाचक्र विधि सुपरवाईजर टूल में शामिल है? k. Is LAM included on the tool? क्या लैम विधि सुपरवाईजर टूल में शामिल है? l. Provides feedback? क्या पर्यवेक्षक परिवार नियोजन संबंधित फीडबैक देता है? m. Provides reinforcement training? सेवाप्रदाताओं की कार्यकुशलता प्रशिक्षण?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>SOME-TIMES</th> <th>DK</th> </tr> <tr> <th></th> <th>हाँ</th> <th>नहीं</th> <th>कभी कभी</th> <th>नहीं जानते</th> </tr> </thead> <tbody> <tr> <td>OBSERVES</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>अवलोकन</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SDM (CBs)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>मालाचक्र</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LAM</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>लैम</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ASKS</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>परामर्श</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SDM (CBs)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>मालाचक्र</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LAM</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>लैम</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>REGISTERS</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>रजिस्टर</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CLIENT CHARTS ...</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>क्लाईन्ट सूची</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SUPERVISE TOOL</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>सामग्री निरीक्षण</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SDM (CBs)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>मालाचक्र</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LAM</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>लैम</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>FEEDBACK</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>फीडबैक</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>REINFORCEMENT</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>सुदृढ़ीकरण</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	SOME-TIMES	DK		हाँ	नहीं	कभी कभी	नहीं जानते	OBSERVES	1	2	3	8	अवलोकन					SDM (CBs)	1	2	3	8	मालाचक्र					LAM	1	2	3	8	लैम					ASKS	1	2	3	8	परामर्श					SDM (CBs)	1	2	3	8	मालाचक्र					LAM	1	2	3	8	लैम					REGISTERS	1	2	3	8	रजिस्टर					CLIENT CHARTS ...	1	2	3	8	क्लाईन्ट सूची					SUPERVISE TOOL	1	2	3	8	सामग्री निरीक्षण					SDM (CBs)	1	2	3	8	मालाचक्र					LAM	1	2	3	8	लैम					FEEDBACK	1	2	3	8	फीडबैक					REINFORCEMENT	1	2	3	8	सुदृढ़ीकरण						
	YES	NO	SOME-TIMES	DK																																																																																																																																												
	हाँ	नहीं	कभी कभी	नहीं जानते																																																																																																																																												
OBSERVES	1	2	3	8																																																																																																																																												
अवलोकन																																																																																																																																																
SDM (CBs)	1	2	3	8																																																																																																																																												
मालाचक्र																																																																																																																																																
LAM	1	2	3	8																																																																																																																																												
लैम																																																																																																																																																
ASKS	1	2	3	8																																																																																																																																												
परामर्श																																																																																																																																																
SDM (CBs)	1	2	3	8																																																																																																																																												
मालाचक्र																																																																																																																																																
LAM	1	2	3	8																																																																																																																																												
लैम																																																																																																																																																
REGISTERS	1	2	3	8																																																																																																																																												
रजिस्टर																																																																																																																																																
CLIENT CHARTS ...	1	2	3	8																																																																																																																																												
क्लाईन्ट सूची																																																																																																																																																
SUPERVISE TOOL	1	2	3	8																																																																																																																																												
सामग्री निरीक्षण																																																																																																																																																
SDM (CBs)	1	2	3	8																																																																																																																																												
मालाचक्र																																																																																																																																																
LAM	1	2	3	8																																																																																																																																												
लैम																																																																																																																																																
FEEDBACK	1	2	3	8																																																																																																																																												
फीडबैक																																																																																																																																																
REINFORCEMENT	1	2	3	8																																																																																																																																												
सुदृढ़ीकरण																																																																																																																																																

SECTION 4: INFORMATION, EDUCATION AND COMMUNICATION (IEC)

सेक्शन-4 आई0 ई0 सी0 सामग्री

NO. क्रम	QUESTIONS AND FILTERS प्रश्न	CODING CATEGORIES उत्तर कोड	SKIP स्कीप																																										
<p>TITLE OF RESPONDANT FOR SECTION इस सेक्शन के लिए उत्तरदाता का पदनाम</p> <p>QUESTIONS 401-404 ARE BASED ON OBSERVATION प्रश्न 401से 404 अवलोकण पर आधारित है</p>																																													
401	<p>CIRCLE ALL THAT APPLY बताये गये विकल्प में घेरा लगायें</p> <p>SIGN/POSTER ANNOUNCING FP SERVICES: परिवार नियोजन से संबंधित चिन्ह/विज्ञापन/पोस्टर</p> <p>INSIDE THE BUILDING भवन के अन्दर/भीतर</p> <p>OUTSIDE THE BUILDING भवन के बाहर</p> <p>WALL MURALS/DISPLAYS (INCLUDING POSTERS) दिवाल लेखन पेंटिंग/पोस्टर/बैनर</p> <p>FAMILY PLANNING BROCHURES/HANDOUTS परिवार नियोजन पर्चा/हैन्डआउट</p> <p>FLIP CHART TO SUPPORT FAMILY PLANNING COUNSELLING. परिवार नियोजन परामर्श के लिए पत्तीप चार्ट</p> <p>*Clearly visible means that posters are logically placed, in a non-cluttered environment and not blocked by other print materials <i>स्पष्ट प्रदर्शन से तात्पर्य प्रतीकों का सही स्थान पर प्रदर्शित होना तथा किसी अन्य प्रतीक से छिपा हुआ नहीं हो।</i></p>	<table border="1"> <thead> <tr> <th></th> <th>Available उपलब्ध</th> <th>Clearly Visible स्पष्ट प्रदर्शित</th> <th>Includes SDM (CBs) मालाचक्र के साथ</th> <th>Includes LAM लैम के साथ</th> </tr> </thead> <tbody> <tr> <td>SIGN INSIDE विज्ञापन अन्दर</td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> </tr> <tr> <td>SIGN OUTSIDE विज्ञापन बाहर</td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> </tr> <tr> <td>DISPLAYS पोस्टर</td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> </tr> <tr> <td>BROCHURES पर्चा/हैन्डआउट</td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> </tr> <tr> <td>FLIP CHART पत्तीप चार्ट</td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> </tr> </tbody> </table>		Available उपलब्ध	Clearly Visible स्पष्ट प्रदर्शित	Includes SDM (CBs) मालाचक्र के साथ	Includes LAM लैम के साथ	SIGN INSIDE विज्ञापन अन्दर	A	B	C	D	SIGN OUTSIDE विज्ञापन बाहर	A	B	C	D	DISPLAYS पोस्टर	A	B	C	D	BROCHURES पर्चा/हैन्डआउट	A	B	C	D	FLIP CHART पत्तीप चार्ट	A	B	C	D													
	Available उपलब्ध	Clearly Visible स्पष्ट प्रदर्शित	Includes SDM (CBs) मालाचक्र के साथ	Includes LAM लैम के साथ																																									
SIGN INSIDE विज्ञापन अन्दर	A	B	C	D																																									
SIGN OUTSIDE विज्ञापन बाहर	A	B	C	D																																									
DISPLAYS पोस्टर	A	B	C	D																																									
BROCHURES पर्चा/हैन्डआउट	A	B	C	D																																									
FLIP CHART पत्तीप चार्ट	A	B	C	D																																									
402	<p>OBSERVE/ASK IF THERE IS A SIGN/POSTER STATING WHETHER FP SERVICES ARE AVAILABLE FOR A COSTS OR FREE OPTION? जाँच करें/पूछें कि ऐसा कोई चिह्न या पोस्टर है जिस पर यह दर्शाया गया है कि परिवार नियोजन की सुविधा मुफ्त में उपलब्ध है या उसके लिए शुल्क देना पड़ता है?</p>	<p>1 - FREE मुफ्त</p> <p>2 - COST शुल्क</p>	<p>→ 403B</p> <p>→ 403A</p>																																										
403	<p>A- IF FP SERVICES (METHODS) ARE AVAILABLE FOR A COST PLEASE SPECIFY यदि परिवार नियोजन सेवाओं (विधि) पर शुल्क लिया जाता है तो कृपया इसके बारे में उल्लेख करें।</p> <p>B- IF FP SERVICES (METHODS) ARE AVAILABLE FOR FREE AND CLIENTS ARE GIVEN COMPENSATION PLEASE SPECIFY यदि परिवार नियोजन सेवायें (विधि) निशुल्क उपलब्ध हैं और क्लाइंट को परिवार नियोजन विधि अपनाने के लिए भुगतान दिया जाता है तो कृपया इसके बारे में उल्लेख करें।</p>	<table border="1"> <thead> <tr> <th></th> <th colspan="2">UNIT COST</th> </tr> </thead> <tbody> <tr> <td>FEMALE STERILIZATION स्त्री नसबंदी/बंध्याकरण</td> <td></td> <td></td> </tr> <tr> <td>MALE STERILIZATION पुरुष नसबंदी</td> <td></td> <td></td> </tr> <tr> <td>PILL गर्भ निरोधक गोली</td> <td></td> <td></td> </tr> <tr> <td>IUD कॉपर टी</td> <td></td> <td></td> </tr> <tr> <td>INJECTABLES गर्भनिरोधक सूई</td> <td></td> <td></td> </tr> <tr> <td>IMPANTS इंप्लांट</td> <td></td> <td></td> </tr> <tr> <td>CONDOM कण्डोम</td> <td></td> <td></td> </tr> <tr> <td>FEMALE CONDOM महिला कण्डोम</td> <td></td> <td></td> </tr> <tr> <td>DIAPHRAGM डायफ्राम</td> <td></td> <td></td> </tr> <tr> <td>FOAM/JELLY फोम/जेली</td> <td></td> <td></td> </tr> <tr> <td>LAM लैम विधि</td> <td></td> <td></td> </tr> <tr> <td>SDM (CYCLEBEADS) मालाचक्र विधि</td> <td></td> <td></td> </tr> <tr> <td>OTHER (SPECIFY) _____ अन्य (विवरण).....</td> <td></td> <td></td> </tr> </tbody> </table>		UNIT COST		FEMALE STERILIZATION स्त्री नसबंदी/बंध्याकरण			MALE STERILIZATION पुरुष नसबंदी			PILL गर्भ निरोधक गोली			IUD कॉपर टी			INJECTABLES गर्भनिरोधक सूई			IMPANTS इंप्लांट			CONDOM कण्डोम			FEMALE CONDOM महिला कण्डोम			DIAPHRAGM डायफ्राम			FOAM/JELLY फोम/जेली			LAM लैम विधि			SDM (CYCLEBEADS) मालाचक्र विधि			OTHER (SPECIFY) _____ अन्य (विवरण).....			
	UNIT COST																																												
FEMALE STERILIZATION स्त्री नसबंदी/बंध्याकरण																																													
MALE STERILIZATION पुरुष नसबंदी																																													
PILL गर्भ निरोधक गोली																																													
IUD कॉपर टी																																													
INJECTABLES गर्भनिरोधक सूई																																													
IMPANTS इंप्लांट																																													
CONDOM कण्डोम																																													
FEMALE CONDOM महिला कण्डोम																																													
DIAPHRAGM डायफ्राम																																													
FOAM/JELLY फोम/जेली																																													
LAM लैम विधि																																													
SDM (CYCLEBEADS) मालाचक्र विधि																																													
OTHER (SPECIFY) _____ अन्य (विवरण).....																																													

NO. क्रम	QUESTIONS AND FILTERS प्रश्न	CODING CATEGORIES उत्तर कोड	SKIP स्कीप
404	WHAT ARE THE SDM POSTERS ARE CLEARLY VISIBLE AT THIS FACILITY? (Write in detail) इस स्वास्थ्य केन्द्र पर मालाचक्र विधि का कौन सा पोस्टर स्पष्ट रूप से दिख रहा है? (विस्तार से लिखें)		
ASK THE FOLLOWING (405-415): निम्नलिखित के बारे में पूछें (405 से 415)			
405	Are talks on family planning provided at this facility? क्या इस स्वास्थ्य केन्द्र पर परिवार नियोजन से संबंधित चर्चा आयोजित की जाती है?	YES हाँ 1 NO नहीं 2 DON'T KNOW नहीं जानते है 8	→ 409
406	How often are these talks held? परिवार नियोजन से संबंधित चर्चा कब-कब आयोजित की जाती है?	EVERY WEEK प्रति सप्ताह 1 EVERY MONTH प्रति माह 2 EVERY 3 MONTHS प्रत्येक 3 माह पर 3 ONCE A YEAR साल में एक बार 4 OTHER (SPECIFY) 6 अन्य (विवरण)	
407	Is SDM included in the talks? क्या मालाचक्र विधि को चर्चा में शामिल किया जाता है?	YES हाँ 1 NO नहीं 2 DON'T KNOW नहीं जानते है 8	
408	Is LAM included in the talks? क्या लैम विधि को चर्चा में शामिल किया जाता है?	YES हाँ 1 NO नहीं 2 DON'T KNOW नहीं जानते है 8	
409	Does the facility provide family planning education through outreach activities such as community talks and home visits? क्या सेवादाताओं द्वारा सुविधा केन्द्र के बाहर जैसे सामुहिक सभा, घर पर जा कर/घर भ्रमण के समय लोगों को परिवार नियोजन से संबंधित जानकारी दी जाती है?	YES हाँ 1 NO नहीं 2 DON'T KNOW नहीं जानते है 8	} 501
410	Is the SDM(CycleBeads) included? क्या मालाचक्र विधि की जानकारी को भी शामिल किया जाता है?	YES हाँ 1 NO नहीं 2 DON'T KNOW नहीं जानते है 8	→ 413
411	What outreach activities include SDM (CycleBeads)? समुदाय में किन-किन गतिविधियों में मालाचक्र विधि को शामिल किया जाता है? Any other activity? कोई अन्य गतिविधि? RECORD ALL MENTIONED. बताये गये विकल्प में घेरा लगायें	COMMUNITY TALKS सामुहिक सभा A HOME VISITS घर-घर भ्रमण B LOUD SPEAKER लाउडस्पीकर C HEALTH FAIRS स्वास्थ्य मेला D RADIO SPOTS/TALKS रेडियो पहेली/खेल E STREET THEATER नुक्कड़-नाटक. F OTHER (SPECIFY) X अन्य (विवरण).....	
412	Who conducts these activities? यह गतिविधियाँ कौन संचालित करता है? RECORD ALL MENTIONED. बताये गये विकल्प में घेरा लगायें	SAHAIYA सहिया A COMMUNITY VOLUNTEERS B स्वयं सेवक FACILITY BASED PROVIDERS C सुविधा से संबंधित सेवादाता CURRENT USERS D वर्तमान में व्यवहार में लाने वाले लोग MIDWIVES नर्स E NGO EXTENSIONISTS F एन0 जी0 ओ0 कार्यकर्ता ANM ए.एन.एम DA LADY HEALTH VISITOR(LHV).....DB लेडी हेल्थ विजिटर OTHER (SPECIFY) X अन्य (विवरण)	
413	Is LAM included in outreach activities? क्या लैम विधि की जानकारी को भी शामिल किया जाता है?	YES हाँ 1 NO नहीं 2 DON'T KNOW नहीं जानते है 8	} 501

NO. क्रम	QUESTIONS AND FILTERS प्रश्न	CODING CATEGORIES उत्तर कोड	SKIP स्कीप
414	<p>What outreach activities include LAM? समुदाय में किन-किन गतिविधियों में लैम विधि को शामिल किया जाता है?</p> <p>Any other activity? कोई अन्य गतिविधि?</p> <p>RECORD ALL MENTIONED. बताये गये विकल्प में घेरा लगायें</p>	<p>COMMUNITY TALKS सामुहिक सभा A</p> <p>HOME VISITS घर भ्रमण B</p> <p>LOUD SPEAKER लाउडस्पीकर C</p> <p>HEALTH FAIRS स्वास्थ्य मेला D</p> <p>RADIO SPOTS/TALKS रेडियो पहेली/खेल E</p> <p>STREET THEATER नुक्कड़-नाटक F</p> <p>OTHER (SPECIFY) _____ X अन्य (विवरण)</p>	
415	<p>Who conducts these activities? यह गतिविधियाँ कौन संचालित करता है?</p> <p>RECORD ALL MENTIONED. बताये गये विकल्प में घेरा लगायें</p>	<p>ASHA/ SAHAIYA सहिया A</p> <p>COMMUNITY VOLUNTEERS B स्वयं सेवक</p> <p>FACILITY BASED PROVIDERS C सुविधा से संबंधित सेवादाता</p> <p>CURRENT USERS D वर्तमान में व्यवहार में लाने वाले लोग</p> <p>MIDWIVES नर्स E</p> <p>NGO EXTENSIONISTS F एन0 जी0 ओ0 कार्यकर्ता</p> <p>ANM ए.एन.एम DA</p> <p>LADY HEALTH VISITOR(LHV).....DB लेडी हेल्थ विजिटर</p> <p>OTHER (SPECIFY) _____ X अन्य (विवरण)</p>	

SECTION 5: NORMS AND PROTOCOLS

सेक्शन-5 मानक एवं विज्ञप्ति/नियमावली

NO. क्रम	QUESTIONS AND FILTERS प्रश्न	CODING CATEGORIES उत्तर कोड	SKIP स्कीप
	TITLE OF RESPONDANT FOR SECTION इस सेक्शन के लिए उत्तरदाता का पदनाम	<input type="text"/>	
501	Does the facility have written norms and protocols? क्या इस सुविधा केन्द्र के लिए कोई लिखित नियमावली अथवा मानक है?	YES हाँ 1 NO नहीं 2 DON'T KNOW नहीं जानते 8	} 601
502	Can I see a copy of FP protocol or norms CHECK YES OR NO IF PROTOCOLS OR NORMS ARE AVAILABLE क्या आप इस नियमावली/मानक की एक प्रति मुझे दिखा सकते हैं? चेक करें, यदि नियमावली बनी है तो	YES AVAILABLE हाँ, उपलब्ध है 1 NOT AVAILABLE नहीं, उपलब्ध है 2 CAN'T FIND A COPY 8 कोई प्रति दिखा नहीं पाया	
503	Is SDM (CycleBeads) included in the family planning protocol of your facility? क्या मालाचक्र विधि को आपके सुविधा केन्द्र के परिवार नियोजन नियमावली में रखा गया है?	YES हाँ 1 NO नहीं 2	→ 505
504	How do you know SDM (CycleBeads) is included in the protocol? आपको कैसे पता चला कि मालाचक्र विधि को परिवार नियोजन नियमावली में रखा गया है?	<input type="text"/>	
505	Is LAM included in the family planning or other protocols of your facility? क्या लैम विधि को आपके सुविधा केन्द्र के परिवार नियोजन या किसी अन्य की नियमावली में रखा गया है?	YES हाँ 1 NO नहीं 2	→ 601
506	How do you know LAM is included in the protocol? आपको कैसे पता चला कि लैम विधि को परिवार नियोजन या किसी अन्य की नियमावली में रखा गया है?	<input type="text"/>	

SECTION 6. LOGISTICS AND SUPPLIES

सेक्शन-6 तंत्र एवं आपूर्ति

NO. क्रम	QUESTIONS AND FILTERS प्रश्न	CODING CATEGORIES उत्तर कोड	SKIP स्कीप																										
601	<p>TITLE OF RESPONDANT FOR SECTION इस सेक्शन के लिए उत्तरदाता का पदनाम</p> <p>CHECK Q. 101 AND MARK METHODS THAT ARE PROVIDED IN THE FACILITY प्रश्न 101 चेक करें। तथा इस सुविधा केन्द्र पर दिये जा रहे सभी उपायों को चिन्हित करें।</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td>PILL गर्भ निरोधक गोली</td> <td>C</td> </tr> <tr> <td>CONDOMS कण्डोम</td> <td>G</td> </tr> <tr> <td>SDM (CYCLEBEADS)</td> <td>M</td> </tr> <tr> <td>मालाचक्र विधि</td> <td></td> </tr> <tr> <td>LAM लैम</td> <td>K</td> </tr> <tr> <td>LAM CLIENT CARD.....</td> <td>DA</td> </tr> <tr> <td>लैम क्लाइंट कार्ड</td> <td></td> </tr> </table>			PILL गर्भ निरोधक गोली	C	CONDOMS कण्डोम	G	SDM (CYCLEBEADS)	M	मालाचक्र विधि		LAM लैम	K	LAM CLIENT CARD.....	DA	लैम क्लाइंट कार्ड												
PILL गर्भ निरोधक गोली	C																												
CONDOMS कण्डोम	G																												
SDM (CYCLEBEADS)	M																												
मालाचक्र विधि																													
LAM लैम	K																												
LAM CLIENT CARD.....	DA																												
लैम क्लाइंट कार्ड																													
602	<p>IF THE METHOD IS PROVIDED, CHECK IF IT IS AVAILABLE IN INVENTORY यह जाँच करें की परिवार नियोजन सेवाएँ सुविधा केन्द्र द्वारा उपलब्ध कराई जा रही है उससे जुड़ी सामग्री सुविधा केन्द्र में उपलब्ध है? यदि इस सुविधा केन्द्र पर यह उपाय अपनाया जा रहा है तो, चेक करें कि यह इनभेन्टरी में उपलब्ध है या नहीं।</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td>PILL गर्भ निरोधक गोली</td> <td>C</td> </tr> <tr> <td>CONDOMS कण्डोम</td> <td>G</td> </tr> <tr> <td>SDM (CYCLEBEADS)</td> <td>M</td> </tr> <tr> <td>मालाचक्र विधि</td> <td></td> </tr> <tr> <td>LAM CLIENT CARD.....</td> <td>DA</td> </tr> <tr> <td>लैम क्लाइंट कार्ड</td> <td></td> </tr> </table>			PILL गर्भ निरोधक गोली	C	CONDOMS कण्डोम	G	SDM (CYCLEBEADS)	M	मालाचक्र विधि		LAM CLIENT CARD.....	DA	लैम क्लाइंट कार्ड														
PILL गर्भ निरोधक गोली	C																												
CONDOMS कण्डोम	G																												
SDM (CYCLEBEADS)	M																												
मालाचक्र विधि																													
LAM CLIENT CARD.....	DA																												
लैम क्लाइंट कार्ड																													
603	<p>ASK TO SEE THEIR CYCLEBEADS INVENTORY AND OBSERVE THE FOLLOWING: इस सुविधा केन्द्र के मालाचक्र स्टॉक को दिखाने के लिए कहें तथा निम्नलिखित का अवलोकन करें।</p> <p>a. CORRECT INSERT? (HAVE ONE AVAILABLE TO COMPARE) SPECIFY _____ (LITERACY, LANGUAGE, ETC) सही तरह से इनसर्ट (अवलोकन के लिए अपने पास एक प्रति रखें) विवरण</p> <p>b. EXTRA RING IN PACKAGE? पैकेज में अतिरिक्त काला बैंड है?</p> <p>c. ARE THIS YEAR'S (2013) AND NEXT YEAR'S (2014) CALENDARS IN THE PACKAGE? क्या इस पैकेज में वर्तमान वर्ष (2013) तथा अगला वर्ष (2014) का कैलेंडर है?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td>YES हाँ</td> <td>1</td> </tr> <tr> <td>NO नहीं</td> <td>2</td> </tr> <tr> <td>CYCLEBEADS NOT SEEN/ NO STOCK</td> <td>3</td> </tr> <tr> <td>मालाचक्र नहीं देखा/स्टॉक नहीं</td> <td></td> </tr> <tr> <td>YES हाँ</td> <td>1</td> </tr> <tr> <td>NO नहीं</td> <td>2</td> </tr> <tr> <td>CYCLEBEADS NOT SEEN/ NO STOCK</td> <td>3</td> </tr> <tr> <td>मालाचक्र नहीं देखा/स्टॉक नहीं</td> <td></td> </tr> <tr> <td>YES हाँ</td> <td>1</td> </tr> <tr> <td>NO नहीं</td> <td>2</td> </tr> <tr> <td>CYCLEBEADS NOT SEEN/ NO STOCK</td> <td>3</td> </tr> <tr> <td>मालाचक्र नहीं देखा/स्टॉक नहीं</td> <td></td> </tr> </table>			YES हाँ	1	NO नहीं	2	CYCLEBEADS NOT SEEN/ NO STOCK	3	मालाचक्र नहीं देखा/स्टॉक नहीं		YES हाँ	1	NO नहीं	2	CYCLEBEADS NOT SEEN/ NO STOCK	3	मालाचक्र नहीं देखा/स्टॉक नहीं		YES हाँ	1	NO नहीं	2	CYCLEBEADS NOT SEEN/ NO STOCK	3	मालाचक्र नहीं देखा/स्टॉक नहीं		
YES हाँ	1																												
NO नहीं	2																												
CYCLEBEADS NOT SEEN/ NO STOCK	3																												
मालाचक्र नहीं देखा/स्टॉक नहीं																													
YES हाँ	1																												
NO नहीं	2																												
CYCLEBEADS NOT SEEN/ NO STOCK	3																												
मालाचक्र नहीं देखा/स्टॉक नहीं																													
YES हाँ	1																												
NO नहीं	2																												
CYCLEBEADS NOT SEEN/ NO STOCK	3																												
मालाचक्र नहीं देखा/स्टॉक नहीं																													
604	<p>Has there been any stock outs in the last 3 months of any of CycleBeads,LAM client card, condoms, or pills? क्या पिछले 3 माह से इनमें से किसी का (मालाचक्र,लैम क्लाइंट कार्ड कॉन्डोम या गोली) का स्टॉक खत्म हुआ है?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td>PILL गर्भ निरोधक गोली</td> <td>C</td> </tr> <tr> <td>CONDOMS कण्डोम</td> <td>G</td> </tr> <tr> <td>SDM (CYCLEBEADS)</td> <td>M</td> </tr> <tr> <td>मालाचक्र विधि</td> <td></td> </tr> <tr> <td>LAM CLIENT CARD.....</td> <td>DA</td> </tr> <tr> <td>लैम क्लाइंट कार्ड</td> <td></td> </tr> </table>			PILL गर्भ निरोधक गोली	C	CONDOMS कण्डोम	G	SDM (CYCLEBEADS)	M	मालाचक्र विधि		LAM CLIENT CARD.....	DA	लैम क्लाइंट कार्ड														
PILL गर्भ निरोधक गोली	C																												
CONDOMS कण्डोम	G																												
SDM (CYCLEBEADS)	M																												
मालाचक्र विधि																													
LAM CLIENT CARD.....	DA																												
लैम क्लाइंट कार्ड																													
605	<p>Does your facility have a system for recording contraceptive supplies? क्या इस स्वास्थ्य केन्द्र पर गर्भनिरोधक विधियों की आपूर्ति का रिकार्ड करने की कोई पद्धति/प्रणाली है?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td>YES हाँ</td> <td>1</td> </tr> <tr> <td>NO नहीं</td> <td>2</td> </tr> </table>			YES हाँ	1	NO नहीं	2	→609																				
YES हाँ	1																												
NO नहीं	2																												
606	<p>How do you track supplies? आप आपूर्ति की जरूरतों का पता कैसे लगाते हैं?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>																											

NO. क्रम	QUESTIONS AND FILTERS प्रश्न	CODING CATEGORIES उत्तर कोड	SKIP स्कीप
607	<p>Which methods are included in the tracking system: CycleBeads, condoms, pills, injectables, foam/jelly or any other? आपूर्ति की आवश्यकता जानने की प्रणाली में परिवार नियोजन की किन-किन विधियों को शामिल किया गया है?</p> <p>बतायें गए विकल्प में गोला लगायें</p>	PILL गर्भ निरोधक गोली C INJECTABLES गर्भ निरोधक सूई E CONDOMS कण्डोम G FOAM/JELLY फोम/जेली J SDM (CYCLEBEADS) M मालाचक्र विधि ECP DA आपातकालीन गर्भनिरोधक गोली ... LAM CLIENT CARD..... DB लैम क्लाइंट कार्ड OTHER (SPECIFY)..... X अन्य (विवरण)	
608	<p>Which methods have been added to the tracking system in the last three months: CycleBeads, condoms, pills, or any other? आपूर्ति की आवश्यकता जानने की प्रणाली में परिवार नियोजन की किन-किन विधियों को पिछले तीन महीने के दौरान शामिल किया गया है?</p> <p>बतायें गए विकल्प में गोला लगायें</p>	PILL गर्भ निरोधक गोली C INJECTABLES गर्भ निरोधक सूई E CONDOMS कण्डोम G FOAM/JELLY फोम/जेली J SDM (CYCLEBEADS) M मालाचक्र विधि ECP DA आपातकालीन गर्भनिरोधक गोली ... LAM CLIENT CARD..... DB लैम क्लाइंट कार्ड OTHER (SPECIFY)..... X अन्य (विवरण)	
609	<p>ASK TO SEE THE CARD/REGISTER AND RECORD THE NUMBER OF EACH SUPPLY IN STOCK.</p> <p>इस सुविधा केन्द्र के स्टॉक पंजी/नोट बुक दिखाने के लिए कहे तथा पंजी की सहायता से निम्नलिखित के लिए (उपलब्ध संख्या) आपूर्ति को लिखें।</p>	PILLS गर्भनिरोधक गोली <input type="text"/> <input type="text"/> INJECTABLES गर्भनिरोधक सूई <input type="text"/> <input type="text"/> CONDOMS कण्डोम <input type="text"/> <input type="text"/> CYCLEBEADS मालाचक्र <input type="text"/> <input type="text"/> ECP आपातकालीन गर्भ निरोधक गोली ... <input type="text"/> <input type="text"/> LAM CLIENT CARD लैम क्लाइंट कार्ड. <input type="text"/> <input type="text"/>	
610	<p>a. When you need more CycleBeads, how do you order them? जब आप को और मालाचक्र की आवश्यकता होती है तो आप इसकी माँग/निवेदन कैसे करते हैं?</p> <p>b. When you need more LAM client card, how do you order them? जब आपको और लैम क्लाइंट कार्ड की आवश्यकता होती है तो आप इसकी माँग निवेदन कैसे करते हैं?</p>		
611	<p>When you need more pills, how do you order them? जब आपको और गर्भनिरोधक गोली की आवश्यकता होती है तो आप इसकी माँग/निवेदन कैसे करते हैं?</p>		
612	<p>a- Do you supply CycleBeads to ASHAs or community-based organizations/ NGO? क्या आप मालाचक्र की आपूर्ति सहिया या सामुदायिक संगठन/एन0 जी0 ओ0 को करते हैं?</p> <p>b- Do you supply LAM client card to ASHAs or community-based organizations/ NGO? क्या आप लैम क्लाइंट कार्ड की आपूर्ति सहिया या सामुदायिक संगठन/एन0 जी0 ओ0 को करते हैं?</p>	YES हाँ 1 NO नहीं 2 YES हाँ 1 NO नहीं 2	

SECTION 7 HEALTH MONITORING INFORMATION SYSTEMS

सेक्शन-7 स्वास्थ्य निरीक्षण सूचना तंत्र

NO. क्रम	QUESTIONS AND FILTERS प्रश्न	CODING CATEGORIES उत्तर कोड	SKIP स्कीप
	TITLE OF RESPONDANT FOR SECTION इस सेक्शन के लिए उत्तरदाता का पदनाम		
701	Are family planning clients recorded in the daily register? क्या परिवार नियोजन की सेवा लेने वाले लोगो का रिकार्ड नियमित रूप से रखा जाता है?	YES हाँ 1 NO नहीं 2	→ 710
702	Are SDM (CycleBeads) clients recorded in the daily register? क्या मालाचक्र विधि की सेवा वाले लोगो के लिए रिकार्ड नियमित रूप से रखा जाता है?	YES हाँ 1 NO नहीं 2	→ 706
703	How are SDM (CycleBeads) clients recorded in the daily register? मालाचक्र विधि सेवा लेने वाले लोगो का रिकॉर्ड/विवरण नियमित रूप से कैसे दर्ज किया जाता है?	SEPARATE COLUMN FOR SDM . . . 1 मालाचक्र विधि के लिए अलग कॉलम CODED UNDER NATURAL FP 2 प्राकृतिक परिवार नियोजन के अंतर्गत SEPARATE FORM 3 अलग प्रपत्र का प्रयोग कर WRITTEN IN MARGIN 4 अलग से टिप्पणी लिख कर OTHER (SPECIFY)----- 6 अन्य (विवरण)	
704	AFTER ASKING Q703, OBSERVE HOW IT IS DONE ASK TO SEE THE REGISTER/BOOK. प्रश्न 703 पूछने के बाद पंजी से देख कर स्वयं इसे सत्यापित करें। रजिस्टर दिखाने के लिए आग्रह करें।	SEPARATE COLUMN FOR SDM . . . 1 मालाचक्र विधि के लिए अलग कॉलम CODED UNDER NATURAL FP 2 प्राकृतिक परिवार नियोजन के अंतर्गत SEPARATE FORM 3 अलग प्रपत्र का प्रयोग कर WRITTEN IN MARGIN 4 अलग से टिप्पणी लिख कर OTHER (SPECIFY)----- 6 अन्य (विवरण)	
705	Are SDM (CycleBeads) clients recorded in the aggregate (monthly) form that is used to report to the next level? क्या मालाचक्र विधि सेवा लेने वाले लोगो का रिकार्ड मासिक रजिस्टर में दर्ज किया जाता है।	YES हाँ 1 NO नहीं 2	
706	Are LAM clients recorded in the daily register? क्या लैम विधि सेवा लेने वाले लोगो का रिकॉर्ड/विवरण प्रतिदिन पंजी में रखा जाता है?	YES हाँ 1 NO नहीं 2	→ 710
707	How are LAM clients recorded in the daily register? लैम विधि सेवा लेने वाले लोगो का रिकार्ड प्रतिदिन रजिस्टर में कैसे दर्ज किया जाता है ?	SEPARATE COLUMN FOR SDM . . . 1 मालाचक्र विधि के लिए अलग कॉलम CODED UNDER NATURAL FP 2 प्राकृतिक परिवार नियोजन के अंतर्गत SEPARATE FORM 3 अलग प्रपत्र का प्रयोग कर WRITTEN IN MARGIN 4 अलग से टिप्पणी लिख कर OTHER (SPECIFY)----- 6 अन्य (विवरण)	

NO. क्रम	QUESTIONS AND FILTERS प्रश्न	CODING CATEGORIES उत्तर कोड	SKIP स्कीप
708	<p>AFTER ASKING Q707, OBSERVE HOW IT IS DONE ASK TO SEE THE REGISTER/BOOK.</p> <p>प्रश्न 707 पूछने के बाद रजिस्टर से देख कर स्वयं इसे जाँचे करें पंजी दिखाने के लिए आग्रह करें।</p>	<p>SEPARATE COLUMN FOR SDM . . . 1 लैम के लिए अलग कॉलम</p> <p>CODED UNDER NATURAL FP 2 प्राकृतिक परिवार नियोजन के अंतर्गत</p> <p>SEPARATE FORM 3 अलग प्रपत्र का प्रयोग करे</p> <p>WRITTEN IN MARGIN 4 अलग से टिप्पणी लिख करे</p> <p>OTHER (SPECIFY)----- 6 अन्य (विवरण)</p>	
709	<p>Are LAM clients recorded in the aggregate (monthly) form that is used to report to the next level?</p> <p>क्या लैम विधि सेवा लेने वाले लोगों का रिकार्ड मासिक रूप में उच्च अधिकारी को भेजा जाता है?</p>	<p>YES हाँ 1</p> <p>NO नहीं 2</p>	
710	<p>Does the facility display data on the number of FP users in the facility?</p> <p>क्या इस स्वास्थ्य केन्द्र पर परिवार नियोजन सेवा लेने वाले लोगों की संख्या प्रदर्शित की गई है?</p> <p>a. Is it broken down by method? क्या इसे विभिन्न विधियों में बांटा गया है?</p> <p>b. Are SDM (CYCLEBEADS) users displayed? क्या मालाचक्र विधि सेवा लेने वाले लोगों की संख्या प्रदर्शित की गई है?</p> <p>c. Are LAM users displayed? क्या लैम विधि सेवा लेने वाले लोगों की संख्या प्रदर्शित की गई है?</p>	<p>YES हाँ 1</p> <p>NO नहीं 2</p> <p>YES हाँ 1</p> <p>NO नहीं 2</p> <p>YES हाँ 1</p> <p>NO नहीं 2</p>	<p>→ 801</p> <p>→ 801</p>

SECTION 8: COST
सेक्शन-8 रोकड़/ राशि

NO. क्रम	QUESTIONS AND FILTERS प्रश्न	CODING CATEGORIES उत्तर कोड	SKIP Ldhi
	TITLE OF RESPONDANT FOR SECTION इस सेक्शन के लिए उत्तरदाता का पदनाम	<input type="text"/>	<input type="text"/>
801	Does the facility charge for family planning visits? क्या इस स्वास्थ्य केन्द्र पर परिवार नियोजन से संबंधित भ्रमण के लिए शुल्क लिया जाता है?	YES हों 1 NO नहीं 2	→ 803
802	If so, how much is each visit? यदि हाँ तो एक बार में/प्रति भ्रमण कितना शुल्क लिया जाता है?	COST PER VISIT लागत प्रति भ्रमण ... <input type="text"/>	
803	For which of the following methods does the facility charge for supplying: CycleBeads, condoms, pills, injectables, any other? इनमें से किन किन सुविधाओं के लिए (मालाचक्र, कण्डोम गर्भनिरोधक गोली, गर्भनिरोधक सूई या अन्य) शुल्क लिया जाता है ?	CYCLEBEADS A मालाचक्र CONDOMS B कण्डोम PILLS C गर्भनिरोधक गोली INJECTABLES D गर्भनिरोधक सूई OTHER (SPECIFY)----- X अन्य (विवरण) None----- z कोई भी नहीं	
804	How much does the facility charge for CycleBeads? मालाचक्र के लिए कितना शुल्क लिया जाता है?	CYCLEBEADS. ... <input type="text"/>	
805	How much does the facility charge for Condoms? कण्डोम के लिए कितना शुल्क लिया जाता है?	CONDOMS. ... <input type="text"/>	
806	How much does the facility charge for Pills? गर्भनिरोधक गोली के लिए कितना शुल्क लिया जाता है?	PILLS.. ... <input type="text"/>	

Thank you for your interview. End the Enterview
साक्षत्कार देने के लिए धन्यवाद

Appendix 2: List of Trainees

Sr.No.	Name	Position in the team	Gender	Qualification	Years of experience
1st Phase (15/1/2013 to 23/1/2013)					
1	Raushan Tara	Investigator	Female	B.A.	6
2	Nagendra Kumar	Investigator	Male	B.com	8
3	Prahlad Kumar Lal	Supervisor	Male	B.A.	5
4	Rekha Kumari	Investigator	Female	I.A.	1
5	Santosh Kumar	Investigator	Male	B.sc	2
6	Uday Kumar	Investigator	Male	B.A.	6
2nd Phase (16/2/2013 to 21/2/2013)					
1	Afsarinisa	Investigator	Female	B.A.	8
2	Samila Kumari	Investigator	Female	B.A.	2
3	Ranjeet Kumar	Investigator	Male	B.A.	5
4	Sanjay Prasad	Investigator	Male	B.A.	1
5	Ramanuj Kumar	Supervisor	Male	B.A.	2
6	Nayanjeet Kumar	Investigator	Male	B.A.	1

Appendix 3: Tables for Chapter 3 on Site Assessment

Table 3.2: Family planning services offered at the health facility (Percentage)

Family planning methods offered in the facility* (n=)	District				Type of health facility				Total
	Chatra	Deoghar	Dumka	Gumla	HSCs	PHCs	CHCs	D.Hosps	
	36	43	57	40	91	48	33	4	176
SDM (CycleBeads)	100	98	96	100	99	98	100	75	98
LAM	100	88	98	98	95	100	97	75	96
Condom	100	95	89	100	93	98	97	100	95
Pill	97	100	88	90	90	94	100	100	93
IUD	86	81	89	100	81	96	100	100	89
Female sterilization	31	65	32	43	27	25	100	100	42
Male sterilization	31	53	23	43	20	19	100	100	36
Injectables	3	2	5	3	2	2	9	-	3
Implants	-	2	-	-	1	-	-	-	1
Female condom	-	-	2	-	-	-	-	25	1
ECP	-	2	-	-	1	-	-	-	1

*Multiple responses

Table 3.3: Number of days per week offering family planning services (Percentage)

Number of days per week offering family planning services	District				Type of health facility				Total
	Chatra	Deogarh	Dumka	Gumla	HSCs	PHCs	CHCs	D.Hosps	
(n=)	36	43	57	40	91	48	33	4	176
1-2	64	47	72	3	40	60	55	50	48
3	28	16	21	18	36	4	3	-	20
4	6	14	5	30	20	10	-	-	13
5	-	7	2	5	1	8	3	-	3
6	3	16	-	45	3	17	39	50	15
Mean	2.11	3.26	2.19	4.72	2.77	3.02	3.58	3.75	3.01

Table 3.4: No. of providers trained to offer family planning services (Percentage)

No. of providers trained to offer	District				Type of health facility				Total
	Chatra	Deogarh	Dumka	Gumla	HSCs	PHCs	CHCs	D.Hospitals	
(n=)	36	43	57	40	91	48	33	4	176
Family planning services									
1	36	35	37	33	47	38	3	-	35
2	33	35	35	38	44	40	3	50	35
3 or more	31	30	28	30	9	23	94	50	30
Mean	2.14	2.72	2.81	2.97	1.82	1.94	6	4	2.69
SDM (CycleBeads)									
1	39	40	42	33	54	38	3	-	39
2	31	35	30	35	37	44	3	25	32
3 or more	31	26	26	33	9	19	94	50	28
D/K	-	-	2	-	-	-	-	25	1
Mean	2.11	2.6	3.66	2.7	1.74	1.88	7.24	4.67	2.86
LAM (n=)	36	38	56	39	86	48	32	3	169
0	-	-	2	-	-	2	-	-	1
1	36	37	43	33	52	38	3	-	38
2	33	34	29	36	37	42	6	33	33
3 or more	31	29	23	31	9	19	88	67	28
D/K	-	-	4	-	1	-	3	-	1
Mean	2.17	2.92	3.44	2.67	1.82	1.83	7.16	4.67	2.87

Table 3.5: Receipt of refresher training by providers (Percentage)

Receipt of refresher training	District				Type of health facility				Total
	Chatra	Deogarh	Dumka	Gumla	HSCs	PHCs	CHCs	D.Hospitals	
Whether providers received refresher training on SDM (n=)									
Yes	36	43	57	40	91	48	33	4	176
No	25	26	37	18	36	13	27	-	27
	75	74	63	83	64	88	73	100	73
Whether providers received refresher training on LAM (n=)									
Yes	36	38	56	39	86	48	32	3	169
No	42	21	41	15	42	19	22	-	31
	58	79	59	85	58	81	78	100	69

Table 3.6: Provision of SDM services (Percentage)

Particulars	District				Type of health facility				Total
	Chatra	Deoghar	Dumka	Gumla	HSCs	PHCs	CHCs	D.Hospitals	
Months ago started offering SDM (CycleBeads) (n=)	36	43	56	40	91	48	33	3	175
< = 12	14	14	38	21	29	23	6	-	23
13-24	28	35	50	10	35	33	27	-	33
> 24	58	51	13	70	35	44	67	100	45
Mean	31.78	29.51	19.38	40.2	25.53	29.31	38.06	40	29.18
Don't receive referrals for SDM (n=)	36	43	56	40	91	48	33	3	175
	100	86	100	93	92	100	94	100	95
Don't send referral cases of SDM elsewhere (n=)	36	43	56	40	91	48	33	3	175
	100	100	100	100	100	100	100	100	100

Table 3.7: provision of LAM services (Percentage)

Particulars	District				Type of health facility				Total
	Chatra	Deogarh	Dumka	Gumla	HSCs	PHCs	CHCs	D.Hospitals	
Months ago started offering LAM (n=)	36	38	56	39	86	48	32	3	169
< =12	14	11	30	21	29	17	3	-	20
13-24	28	39	54	13	36	40	31	-	36
> 24	58	50	14	67	35	42	66	100	44
DK	-	-	2	-	-	2	-	-	1
Mean	31.78	30.87	21.52	40.49	25.76	30.81	40.22	40	30.18
Type of visits in which LAM is offered * (n=)	36	38	56	39	86	48	32	3	169
Antenatal care	94	82	95	79	83	94	97	67	88
Delivery	86	92	89	72	84	83	91	100	85
Family planning	75	76	80	54	65	73	88	100	72
Postpartum visits/care	81	92	36	87	67	67	78	100	70
Child health/growth monitoring	61	68	39	38	41	65	53	67	50

*Multiple responses

Table 3.8: Response to clients if service provider is not available (Percentage)

What a client who comes for.....	District				Type of health facility				Total
	Chatra	Deogarh	Dumka	Gumla	HSCs	PHCs	CHCs	D.Hospitals	
SDM client is told to do, if a trained SDM (CycleBeads) provider is not available * (n=)	36	43	56	40	91	48	33	3	175
Return another day	97	63	98	83	79	96	91	67	86
Go to another provider/clinic	75	23	91	18	53	58	52	67	54
Centre has been closed in the absence of providers	-	19	-	5	11	-	-	-	6
D/K	3	2	-	3	2	-	3	-	2
LAM client is told to do, if trained LAM provider is not available * (n=)	36	38	56	39	86	48	32	3	169
Return another day	100	79	91	92	87	94	97	67	91
Go to another provider/clinic	83	13	80	8	49	56	38	67	49
D/K	-	11	6	3	5	6	3	-	5

*Multiple responses

Table 3.9: Affiliation of sahiyyas and type of services with which sahiyyas are associated (Percentage)

Particulars	District				Type of health facility				Total
	Chatra	Deogarh	Dumka	Gumla	HSCs	PHCs	CHCs	D.Hospitals	
Whether sahiyyas are affiliated with facility (n=)	36	43	57	40	91	48	33	4	176
Yes	100	98	91	95	100	90	97	50	95
No	-	2	9	5	-	10	3	50	5
Type of services with which sahiyyas are associated* (n=)	36	42	52	38	91	43	32	2	168
Family planning	100	98	79	95	98	81	94	50	91
Immunization	100	98	81	93	98	85	91	25	91
Well-baby care	81	86	68	93	80	77	91	50	81
TB DOTS	53	47	28	20	34	40	36	25	36
Health education	50	58	18	18	36	27	39	25	34
SDM is a part of f.p services offered by sahiyyas (n=)	36	42	52	38	91	43	32	2	168
	100	95	94	100	97	98	100	50	97
LAM is a part of family planning services offered by sahiyyas (n=)	36	42	52	38	91	43	32	2	168
	100	95	94	100	96	100	97	100	97

*Multiple responses

Table 3.10: Sahiyya's training on SDM and LAM (Percentage)

Sahiyyas trained to offer	District				Type of health facility				Total
	Chatra	Deogarh	Dumka	Gumla	HSCs	PHCs	CHCs	D.Hospitals	
SDM (n=)	36	42	52	38	91	43	32	2	168
All	47	76	94	68	78	77	59	50	74
Most	53	24	6	32	22	23	41	50	26
LAM (n=)	36	42	52	38	91	43	32	2	168
All	44	79	94	66	79	77	53	50	73
Most	56	21	6	34	21	23	47	50	27

Table 3.11: Management & supervision (Percentage)

Particulars	District				Type of health facility				Total
	Chatra	Deogarh	Dumka	Gumla	HSCs	PHCs	CHCs	D.Hospitals	
Frequency of supervisory visits in the last 6 months (n=)	36	43	57	40	91	48	33	4	176
No. visit	31	60	12	63	49	31	21	50	39
Only once	8	9	2	3	7	4	3	-	5
2-3	11	14	40	20	27	25	12	-	23
4 -5	22	5	25	3	11	15	24	-	14
6+	28	12	21	13	5	25	39	50	18
Mean	3.11	1.4	3.65	1.35	1.55	3.02	3.9	4	4.5
Observed the following during supervisory visits (n=)	25	17	50	15	46	33	26	2	107
Delivery of family planning services	100	88	98	93	91	100	100	100	96
SDM	96	76	86	87	83	85	96	100	87
LAM	96	82	92	87	85	94	96	100	91
Inquired on the following (n=)	25	17	50	15	46	33	26	2	107
Family Planning counseling	100	82	82	93	91	79	92	100	88
SDM counseling	100	88	92	93	89	97	96	100	93
LAM counseling	92	88	94	93	87	97	96	100	93
Examined the following (n=)	25	17	50	15	46	33	26	2	107
Family planning registers/books	84	82	62	93	63	76	92	100	75
Family planning client charts	84	76	66	80	54	82	96	100	74
Supervised the following tools used by the providers (n=)	25	17	50	15	46	33	26	2	107
Tools	92	82	64	87	70	79	85	100	77
SDM tools	92	76	86	93	78	91	96	100	87
LAM tools	92	76	86	93	78	94	92	100	87
Provided feedback	96	65	74	60	72	73	85	100	76
Provided reinforcement training	88	35	60	33	41	73	73	50	59

Table 3.12: IEC activities for SDM (CycleBeads) and LAM (Percentage)

Particulars	District				Type of health facility				Total
	Chatra	Deogarh	Dumka	Gumla	HSCs	PHCs	CHCs	D.Hospitals	
IEC activities in the facility based on observation (n=)	36	43	57	40	91	48	33	4	176
Sign/poster announcing FP services inside the building									
Available	72	67	65	83	69	71	79	50	71
Clearly visible	72	60	56	80	64	67	73	50	65
Includes SDM	72	58	61	75	62	71	70	50	65
Includes LAM	69	60	63	70	59	71	73	50	65
Sign/poster announcing FP services outside the building									
Available	56	47	75	80	53	73	88	75	65
Clearly visible	53	37	67	78	47	67	76	75	59
Includes SDM	56	37	70	70	47	69	73	75	59
Includes LAM	50	33	65	70	43	69	64	75	55
Wall murals/displays (including posters)									
Available	64	40	30	65	53	23	67	50	47
Clearly visible	64	26	25	63	48	23	52	25	41
Includes SDM	64	26	30	55	47	23	52	25	41
Includes LAM	61	28	30	55	46	23	58	25	41
Talks provided on family planning (n=)	36	43	57	40	91	48	33	4	176
	97	86	95	95	93	94	97	50	93
Frequency of FP talks (n=)	35	37	54	38	85	45	32	2	164
Every week	86	43	76	34	65	60	53	50	61
Every month	9	57	24	66	33	40	47	50	38
Every 3 months	3	-	-	-	1	-	-	-	1
SDM included in talks(n=)	35	37	54	38	85	45	32	2	164
	100	100	98	100	100	100	97	100	99
LAM included in talks(n=)	35	37	54	38	85	45	32	2	164
	100	97	93	100	98	98	94	100	97
Provided family planning education through outreach activities (n=)	36	43	57	40	91	48	33	4	176
	100	98	77	98	95	85	91	100	91
SDM included in outreach activities (n=)	36	42	44	39	86	41	30	4	161
	100	98	93	97	97	98	97	100	97
Type of outreach activities including SDM (CycleBeads) * (n=)	36	41	41	38	83	40	29	4	156

Home visits	100	83	88	97	95	90	90	50	92
Community talks	81	71	90	71	77	80	79	75	78
Health fairs	19	2	51	50	25	35	38	50	31
Street theater	11	22	-	5	13	5	3	25	10
Loud speaker	3	2	7	-	4	5	-	-	3
Radio spots/talks	3	-	2	-	-	3	3	-	1
Agency's /persons who conducted outreach activities* (n=)	36	41	41	38	83	40	29	4	156
Sahiyya	92	93	90	71	93	85	76	50	87
ANM	67	93	73	87	87	63	83	100	80
Community volunteers	47	-	32	5	13	38	21	-	21
Facility based providers	39	2	12	24	8	40	21	-	19
NGO extensionists	25	20	7	24	11	28	31	-	19
Midwives	33	2	7	8	6	15	21	50	12
Current users	28	2	10	-	4	20	14	-	10
Lady health visitor(LHV)	8	10	2	13	2	5	28	25	8
LAM included in outreach activities (n=)	36	42	44	39	86	41	30	4	161
	100	100	96	100	100	98	100	100	99
Type of outreach activities including in LAM * (n=)	36	42	43	39	86	40	30	4	160
Home visits	100	86	84	95	95	93	80	50	91
Community talks	78	74	81	85	74	78	93	100	79
Health fairs	17	-	47	51	24	35	30	50	29
Street theater	14	24	5	8	15	5	17	-	13
Loud speaker	-	10	5	-	3	5	3	-	4
Agency's /persons who conducted outreach activities* (n=)	36	42	43	39	86	40	30	4	160
Sahiyya	92	93	93	79	94	88	80	75	89
ANM	69	93	65	85	87	65	70	75	78
Facility based providers	44	5	14	31	14	35	33	-	23
Community volunteers	50	-	28	5	12	33	27	25	20
NGO extensionists	28	21	7	23	14	25	30	-	19
Current users	31	2	14	3	5	18	23	25	12
Midwives	31	7	5	8	6	13	23	50	12
Lady health visitor (LHV)	11	12	2	10	3	8	20	50	9

*Multiple responses

Table 3.13: Norms and protocols (Percentage)

Particulars	District				Type of health facility				Total
	Chatra	Deogarh	Dumka	Gumla	HSCs	PHCs	CHCs	D.Hospitals	
Facility has written norms & protocols (n=)	36	43	57	40	91	48	33	4	176
	36	28	35	75	38	33	67	50	43
Copy of F.P. protocol & norms was available (n=)	13	12	20	30	35	16	22	2	75
	100	67	90	73	80	81	86	50	81
SDM included in the F.P. protocol (n=)	13	12	20	30	35	16	22	2	75
	100	92	100	97	94	100	100	100	97
Ways of knowing that SDM (CycleBeads) is included in the protocol (n=)	13	11	20	29	33	16	22	2	73
Shown in register	77	9	85	66	48	88	73	50	64
Supervisor	-	36	-	-	12	-	-	-	5
Training	-	27	-	-	9	-	-	-	4
Letter	-	9	-	3	-	-	5	50	3
No information	8	-	-	-	3	-	-	-	1
D/K	15	18	15	31	27	13	23	-	22
LAM included in the F.P. protocol (n=)	13	12	20	30	35	16	22	2	75
	92	67	90	90	80	88	95	100	87
Ways of knowing that LAM is included in the protocol (n=)	12	8	18	27	28	14	21	2	65
Shown in register	83	25	89	63	57	86	76	50	69
Supervisor training	-	63	-	-	18	-	-	-	8
Letter	-	13	-	4	-	-	5	50	3
No information	8	-	-	-	4	-	-	-	2
D/K	8	-	11	33	21	14	19	-	18

Table 3.14: Inventory Details (Percentage)

Particulars	District				Type of health facility				Total
	Chatra	Deogarh	Dumka	Gumla	HSCs	PHCs	CHCs	D.Hospitals	
F.P methods available in inventory *									
Pills (n=)	35	43	50	36	82	45	33	4	164
	89	86	92	94	89	98	85	75	90
Condoms (n=)	36	41	51	40	85	47	32	4	168
	86	93	96	85	87	94	97	75	91
SDM (CycleBeads) (n=)	36	42	55	40	90	47	33	3	173
	97	76	100	95	90	96	94	100	93
LAM client cards (n=)	36	38	56	39	86	48	32	3	169
	61	58	39	44	57	29	53	100	49
Correct and updated materials* (n=)	35	32	55	38	81	45	31	3	160
Correct insert	97	100	100	100	99	100	100	100	99
Extra ring	97	79	100	100	99	100	97	100	99
2013 and 2014 calendars	97	56	98	66	77	87	87	100	82
Stock-outs in last 3 months* (n=)	36	43	57	40	91	48	33	4	176
Pill	42	33	79	40	53	52	45	50	51
Condoms	42	30	82	38	54	50	45	50	51
SDM (CycleBeads)	28	33	60	23	37	38	42	25	38
LAM client card	28	35	37	48	37	35	39	25	37

*Multiple responses

Table 3.15: Tracking system of contraceptive supplies (Percentage)

Particulars	District				Type of health facility				Total
	Chatra	Deogarh	Dumka	Gumla	HS Cs	PHCs	CHCs	D.Hospitals	
Facility has system for recording contraceptive supplies (n=)	36	43	57	40	91	48	33	4	176
	94	93	100	90	93	98	94	100	95
Procedure for ordering CycleBeads when needed (n=)	36	43	57	40	91	48	33	4	176
Request orally	17	21	5	10	18	6	6	25	13
Request in writing	83	81	81	40	76	73	64	50	72
D/K	-	-	14	50	8	21	30	25	16
Procedure for ordering LAM client cards when needed (n=)	36	43	57	40	91	48	33	4	176
Request orally	17	16	5	10	14	8	6	25	11
Request in writing	72	77	70	40	67	69	58	50	65
D/K	11	9	25	50	20	23	36	25	24
Procedure for ordering the pills when needed (n=)	36	43	57	40	91	48	33	4	176
Request orally	17	19	7	10	18	6	6	25	13
Request in writing	83	79	75	38	71	71	67	25	69
D/K	-	2	18	53	11	23	27	50	18
Supply of CycleBeads given to sahiyyas / community organizations/NGOs (n=)	36	43	57	40	91	48	33	4	176
	94	93	81	93	84	96	97	75	89
Supply of LAM client cards given to sahiyyas /community organizations/NGOs (n=)	36	43	57	40	91	48	33	4	176
	94	81	81	90	78	94	97	75	86

Table 3.16: Recording process for F.P. and SDM clients (Percentage)

Particulars	District				Type of health facility				Total
	Chatra	Deogarh	Dumka	Gulmura	HSCs	PHCs	CHCs	D.Hospitals	
Family planning clients recorded in daily register (n=)	36	43	57	40	91	48	33	4	176
	94	93	95	100	92	98	100	100	95
SDM clients recorded in daily register (n=)	34	40	54	40	84	47	33	4	168
	100	98	100	100	99	100	100	100	99
Ways SDM clients recorded (observation) * (n=)	34	39	54	40	83	47	33	4	167
Separate column for SDM	94	77	94	65	81	89	82	75	83
Separate form	3	20	2	25	13	9	15	-	12
Coded under natural FP	3	-	-	7	2	2	3	-	2
Written in margin	-	-	4	-	2	-	-	-	1
Record not shown	-	3	-	3	1	-	-	25	1
SDM clients recorded in the aggregate (monthly) form to report to the next level (n=)	34	39	54	40	83	47	33	4	167
	100	97	98	100	99	100	97	100	99

*Multiple responses

Table 3.17: LAM Recording (Percentage)

Particulars	District				Type of health facility				Total
	Chattr a	Deog har	Dum ka	Gum la	HSC s	PHC s	CHC s	D.Hos ps	
LAM clients recorded in daily register (n=)	34	40	54	40	84	47	33	4	168
	97	32.	89	92	65	87	94	100	78
Ways LAM clients recorded in daily register (observation)* (n=)	33	13	48	37	55	41	31	4	131
Separate column for LAM	97	62	94	65	84	83	84	75	83
Separate form	-	38	-	16	4	10	16	-	8
Coded under natural FP	-	-	-	14	7	2	-	-	4
Written in margin	-	-	4	-	2	2	-	-	2
Record not shown	3	-	2	5	4	2	-	25	3
LAM clients recorded in the aggregate (monthly) form to report to the next level (n=)	33	13	48	37	55	41	31	4	131
	94	77	100	97	91	100	97	100	95
Displayed data on the number of family planning users by method (n=)	36	43	57	40	91	48	33	4	176
	89	79	72	68	79	75	67	100	76
SDM users displayed (n=)	32	34	41	27	72	36	22	4	134
	100	38	95	89	82	83	73	75	81
LAM users displayed (n=)	32	13	39	24	59	30	16	3	108
	97	38	92	96	83	90	100	100	88

Appendix 4: Tables for Chapter 4 On Service Providers

Table 4.2: Years since working at the facility and provider training (Percentage)

Particulars	District				Category of service provider			Total
	Chatra	Deogarh	Dumka	Gumla	Doctors	Lady Health visitors	ANMs/MHWs/others	
Years since working at this facility (n=)	57	77	83	83	38	34	228	300
< 1	36.8	22.1	7.2	8.4	23.7	5.9	17.5	17
1-5	50.9	45.5	47	63.9	63.2	52.9	50	52
6-10	7	26	9.6	12	7.9	11.8	15.4	14
> 10	5.3	6.5	36.1	15.7	5.3	29.4	17.1	17
Mean	3	5	9.42	6.37	3.32	9.15	6.27	6.22
Years ago when received initial family planning training (n=)	57	77	83	83	38	34	228	300
< 1	22.8	6.5	8.4	1.2	5.3	8.8	9.2	8.7
1-5	49.1	23.4	60.2	59	44.7	50	48.7	48.3
6-10	8.8	24.7	13.3	9.6	21.1	11.8	13.6	14.3
> 10	3.5	36.4	7.2	21.7	10.5	23.5	18.4	18
Never Trained	15.8	9.1	10.8	8.4	18.4	5.9	10.1	10.7
Mean	3.35	11.16	4.62	8.34	6.48	8.91	6.99	7.16
F.P. methods covered in training* (n=)	48	70	74	76	31	32	205	268
Condoms	100	98.6	98.6	100	100	100	99	99.3
Pills	95.8	98.6	93.2	98.7	96.8	96.9	96.6	96.6
IUD	93.8	91.4	98.6	94.7	100	96.9	93.7	94.8
Female sterilization	62.5	98.6	59.5	80.3	96.8	75	73.2	76.1
Male sterilization	68.8	91.4	55.4	76.3	93.5	75	69.8	73.1
LAM	83.3	11.4	83.8	68.4	77.4	62.5	57.6	60.4
SDM	83.3	11.4	82.4	68.4	77.4	59.4	57.6	60.1
Injectables	4.2	11.4	9.5	14.5	22.6	-	10.2	10.4

*Multiple responses

Table 4.3: SDM (CycleBeads) awareness and training (Percentage)

Particulars	District				Category of service provider			Total
	Chattr a	Deogh ar	Dumk a	Guml a	Doctor s	Lady Health visitors	ANMs/M HWs/oth ers	
Heard of SDM (CycleBeads)(n=)	57	77	83	83	38	34	228	300
	98.2	97.4	97.6	100	100	100	97.8	98.3
Months ago when received last SDM training (CycleBeads)(n=)	56	75	81	83	38	34	223	295
< 6	10.7	8.0	6.1	3.6	-	2.9	8.5	6.8
> 12	44.6	48	48.1	55.4	55.3	52.9	48	49.5
Never Trained	14.3	13.3	13.6	20.5	23.7	17.6	13.9	15.6
Mean	25.21	21.29	25.5	26.33	38.9	29.25	21.72	24.57
World like to be trained in SDM (CycleBeads)(n=)	9	12	13	17	9	6	36	51
	100	83.3	92.3	94.1	77.8	100	94.4	92.2
Provided SDM (CycleBeads)in last year (n=)	57	77	83	83	38	34	228	300
	87.7	80.5	90.4	89.2	76.3	91.2	88.2	87
Provided SDM (CycleBeads)in last 3 months (n=)	57	77	83	83	38	34	228	300
	87.7	64.9	83.1	86.7	73.7	85.3	80.7	80.3
Reasons for not providing SDM (n=)	7	27	14	11	10	5	44	59
Non - availability of SDM (CycleBeads)	14.3	37	50	18.2	20	-	40.9	33.9
Never trained	57.1	33.3	7.1	9.1	40	-	25	25.4
Womens are not interested	-	-	7.1	27.3	-	-	9.1	6.8
Staff nurse provides SDM (CycleBeads)	-	7.4	-	-	-	40	-	3.4
Sahiyya Provides SDM (CycleBeads)	-	-	-	9.1	-	-	2.3	1.7
DK/CS	28.6	22.2	35.7	36.4	40	60	22.7	28.8
Other family planning methods besides SDM provided (n=)	52	67	76	76	30	31	210	271
	88.5	92.5	80.3	96.1	100	77.4	89.5	89.3
F.P. methods provided* (n=)	46	62	61	73	30	24	188	242
Condoms	77.2	77.9	67.5	88	84.2	70.6	77.6	77.7
Pills	80.7	77.9	67.5	85.5	81.6	70.6	78.1	77.7
IUD	59.6	67.5	65.1	78.3	81.6	64.7	66.7	68.3
Female sterilization	12.3	72.7	36.1	57.8	68.4	47.1	43.4	47
Emergency contraception	7	32.5	2.4	65.1	28.9	32.4	27.6	28.3
Male sterilization	8.8	36.4	16.9	42.2	55.3	38.2	21.1	27.3
Injectables	-	9.1	1.2	1.2	18.4	-	0.9	3

SDM (CycleBeads)	46	62	61	73	30	24	188	242
included in F.P. protocol (n=)	100	100	96.7	98.6	100	91.7	99.5	98.8

*Multiple responses

Table 4.4: SDM (CycleBeads) counseling instructions (Percentage)

Key SDM instructions *	District				Category of service provider			Total
	Chatra	Deoghar	Dumka	Gumla	Doctors	Lady Health visitors	ANMs/MHWs/others	
(n=)	52	67	76	76	30	31	210	271
CycleBeads represents a woman's menstrual cycle	96.2	97	94.7	100	100	96.8	96.7	97
On the first day of period, move the black ring in the direction of the arrow and place it on the red bead.	96.2	97	90.8	100	100	96.8	95.2	95.9
Also mark the same date on the calendar	96.2	92.5	94.7	100	100	96.8	95.2	95.9
Move the ring to the next bead every day even on the days of your period.	96.2	97	93.4	100	100	96.8	96.2	96.7
Always move the ring in the direction of the arrow	96.2	95.5	94.7	100	100	96.8	96.2	96.7
During the days when black ring is on the white beads, pregnancy is most likely	96.2	95.5	92.1	100	96.7	96.8	95.7	95.9
Abstain from sex or use a condom during intercourse when the black ring is on white bead	96.2	97	94.7	100	100	96.8	96.7	97
During the days when black ring is on the brown beads, pregnancy is unlikely.	96.2	97	94.7	100	100	96.8	96.7	97
At the start of the next period, again place the black ring on red bead, leaving some brown beads	96.2	88.1	94.7	100	100	96.8	93.8	94.8
If your period starts before the ring is on the dark brown bead, your cycle is too short to use this method	96.2	83.6	93.4	100	96.7	93.5	92.9	93.4
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	96.2	82.1	92.1	98.7	93.3	93.5	91.9	92.3
No answer	3.8	3	5.3	-	-	3.2	3.3	3
No. of correct instructions reported (n=)	52	67	76	76	30	31	210	271

All	96.2	77.6	86.8	98.7	90	93.5	89	89.7
6-10	-	19.4	7.9	1.3	10	3.2	7.6	7.4
None	3.8	3	5.3	-	-	3.2	3.3	3
Mean number of correct instructions reported	11	10.54	10.88	10.99	10.87	10.93	10.83	10.85

*Multiple responses

Table 4.5: Materials used in SDM (CycleBeads) counseling (Percentage)

Material used in counseling*	District				Category of service provider			Total
	Chatra	Deoghar	Dumka	Gumla	Doctors	Lady Health visitors	ANMs/MH Ws/others	
(n=)	52	67	76	76	30	31	210	271
Calender	92.3	86.6	94.7	100	96.7	96.8	92.9	93.7
CycleBeads	84.6	89.6	88.2	100	93.3	93.5	90.5	91.1
Insert/instruction	75	82.1	76.3	97.4	83.3	83.9	83.3	83.4
Check list/job aids	53.8	23.9	9.2	21.1	26.7	25.8	24.3	24.7
Flip chart	7.7	1.5	-	1.3	-	3.2	2.4	2.2

*Multiple responses

Table 4.6: Provider knowledge of key SDM counseling points (Percentage)

<u>Key counseling points</u>	District				Category of service provider			Total
	Chatra	Deoghar	Dumka	Gumla	Doctors	Lady Health visitors	ANMs/MHWs/others	
What a woman should do if she forgets to move the ring* (n=)	52	67	76	76	30	31	210	271
Check the day she has marked on her calendar	59.6	43.3	90.8	93.4	70	71	74.8	73.8
See the calendar and count how many days have gone by since the first day of her period	94.2	89.6	92.1	78.9	96.7	80.6	88.1	88.2
On the CycleBeads,move the black ring from the red bead as many beads as counted days and place it on the right bead	63.5	16.4	69.7	80.3	63.3	58.1	57.6	58.3
Don't know	3.8	4.5	5.3	-	-	3.2	3.8	3.4
Requirements a woman should meet to use SDM * (n=)	52	67	76	76	30	31	210	271
Her cycle is usually a month long	61.5	59.7	43.4	75	53.3	61.3	60.5	59.8
Her two periods should be a month apart	86.5	55.2	76.3	73.7	86.7	54.8	72.9	72.3
Her period comes when she expects it	59.6	68.7	63.2	90.8	66.7	80.6	71	71.6
The woman and her partner /couple should be ready to abstain or use a condom on the white bead days	55.8	19.4	68.4	76.3	63.3	64.5	53.8	56.1
Don't Know	3.8	6	5.3	-	-	3.2	4.3	3.7
Ways to know that a woman has right cycle length to use SDM * (n=)	52	67	76	76	30	31	210	271
Her period comes about once a month	73.1	89.6	34.2	80.3	60	48.4	72.4	68.3
Her period comes when she expects it	86.5	58.2	86.8	69.7	100	77.4	71	74.9
Her two periods should be a month apart	25	4.5	51.3	42.1	43.3	38.7	29.5	32.1
Don't know	3.8	6	5.3	-	-	3.2	4.3	7.3
Advice to a woman if she doesn't know her cycle length to use SDM * (n=)	52	67	76	76	30	31	210	271
Tell her to come back when she has her period	78.8	55.2	63.2	86.8	86.7	64.5	69.5	70.8
Tell her to track her cycles	53.8	46.3	59.2	42.1	70	51.6	47.1	50.2
Refuse her the method	69.2	23.9	26.3	48.7	36.7	32.3	41.9	40.2
Ask her if her periods come when expected	34.6	9	55.3	34.2	56.7	25.8	31.9	33.9

<u>Key counseling points</u>	District				Category of service provider			Total
	Chatra	Deoghar	Dumka	Gumla	Doctors	Lady Health visitors	ANMs/MHWs/others	
Ask her if her periods come about once a month	17.3	7.5	9.2	30.3	26.7	6.5	16.2	16.2
Offer her the method	36.5	4.5	6.6	11.8	16.7	12.9	12.9	13.3
Don't know	3.8	4.5	5.3	1.3	-	3.2	4.3	7.3
Refer her to a health facility	3.8	-	-	1.3	3.3	-	1	1.1

*Multiple responses

Table 4.7: Provider knowledge of SDM use criteria for woman unsure of cycle length (Percentage)

What to do if periods come around the date expected every month*	District				Category of service provider			Total
	Chatra	Deogarh	Dumka	Gumla	Doctors	Lady Health visitors	ANMs/MHVs/others	
(n=)	52	67	76	76	30	31	210	271
Offer her the method	57.7	97	28.9	89.5	53.3	61.3	71.4	68.3
Tell her to return when she has her period	59.6	3	75	31.6	63.3	51.6	37.6	42.1
Tell her to track her cycles	40.4	1.5	60.5	14.5	56.7	45.2	22.9	29.2
Refuse her the method	50	-	22.4	9.2	20	25.8	17.1	18.5
Refer her to the health facility	13.5	-	3.9	-	10	9.7	1.9	3.7
Don't know	3.8	3	5.3	-	-	3.2	3.3	3

*Multiple responses

Table 4.8: Provider knowledge of SDM initiation criteria (Percentage)

Knowledge of SDM imitation criteria	District				Category of service provider			Total
	Chatra	Deoghar	Dumka	Gumla	Doctors	Lady Health visitors	ANMs/MHWs/others	
When a woman can start using SDM if she remembers the date of her last period (n=)	52	67	76	76	30	31	210	271
Immediately	13.5	68.7	1.3	53.9	40	32.3	34.8	35.1
At the start of the next period	82.7	28.4	93.4	46.1	60	64.5	61.9	62
No answer	3.8	3	5.3	-	-	3.2	3.3	3
When a woman can start using SDM if she does not remember the date of her last period (n=)	52	67	76	76	30	31	210	271
Immediately	11.5	1.5	1.3	1.3	3.3	3.2	3.3	3.3
At the start of the next period	84.6	94	90.8	97.4	93.3	90.3	92.4	92.3
Dont know	-	1.5	2.6	1.3	3.3	3.2	1	1.5
No answer	3.8	3	5.3	-	-	3.2	3.3	3
What advice do you give until then* (n=)	44	63	69	74	28	28	194	250
Use a condom	97.7	100	91.3	98.6	100	100	95.9	96.8
Abstain	97.7	33.3	97.1	91.9	92.9	82.1	77.3	79.6
Use abarier method	4.5	20.6	18.8	31.1	32.1	17.9	19.1	20.4
Dont know	-	-	-	1.4	-	-	0.5	0.4
Whether give CycleBeads if a woman does not remember first day of her last period (n=)	52	67	76	76	30	31	210	271
Yes	15.4	10.4	3.9	7.9	10	19.4	7.1	8.9
No	34.6	52.2	68.4	80.3	50	41.9	65.7	61.3
Depends on client/situation	-	4.5	2.6	3.9	-	3.2	3.3	3
Dont know	50.0	32.9	25.0	7.9	40	35.5	23.8	27
Postpartum eligibility to use SDM * (n=)	52	67	76	76	30	31	210	271
When she has had at least 4 periods since her baby was born	80.8	32.8	73.7	96.1	83.3	54.8	71.9	71.2
If the time between her last 2 periods was about a month apart	84.6	6	90.8	73.7	76.7	54.8	63.3	63.8
When her periods are regular	48.1	91	73.7	81.6	76.7	80.6	74.3	75.3
None of the above	-	3	-	1.3	-	3.2	1	1.1
Don't know	3.8	4.5	5.3	-	-	3.2	3.8	3.4
Whether a woman who recently stopped contraceptive pills can use SDM (n=)	52	67	76	76	30	31	210	271
Yes	7.7	82.1	1.3	36.8	30	41.9	31.4	32.5
Yes, if her cycles were regular before using the pills and she has had 3 menstrual cycles, came a	82.7	1.5	92.1	42.1	66.7	48.4	52.9	53.9

Knowledge of SDM imitation criteria	District				Category of service provider			Total
	Chatra	Deoghar	Dumka	Gumla	Doctors	Lady Health visitors	ANMs/MHWs/others	
month a part after she has stopped using pills								
No	5.8	9	1.3	19.7	3.3	6.5	10.5	9.2
Dont know	3.8	7.5	5.3	1.3	-	3.2	5.2	4.5

*Multiple responses

Table 4.9: Regularity in telling clients about SDM of the client's interest in learning more and client's decision to use the method it. (Percentage)

Particulars	District				Category of service provider			Total
	Chatra	Deogarh	Dumka	Gumla	Doctors	Lady Health visitors	ANMs/MHWs/others	
Regularity of telling clients about SDM (n=)	52	67	76	76	30	31	210	271
All of the time	32.7	85.1	56.6	84.2	80	77.4	63.3	66.8
Most of the time	63.5	7.5	36.8	13.2	16.7	19.4	31	28
Some of the time	-	4.5	1.3	2.6	3.3	-	2.4	2.2
No answer	3.8	3	5.3	-	-	3.2	3.3	3
Whether the client is interested in learning more about SDM (CycleBeads)(n=)	52	67	76	76	30	31	210	271
Yes	38.5	37.3	31.6	73.7	30	45.2	48.6	46.1
No	46.2	3	60.5	2.6	43.3	41.9	22.9	27.3
Some are some not	11.5	55.2	2.6	22.4	26.7	9.7	24.3	22.9
Don't know	3.8	4.5	5.3	1.3	-	3.2	4.3	3.7
Whether most clients decide to use SDM (CycleBeads)(n=)	26	62	26	73	17	17	153	187
Yes	69.2	30.6	73.1	58.9	41.2	76.5	51.6	52.9
No	7.7	8.1	-	5.5	11.8	-	5.9	5.9
Some are some not	23.1	61.3	26.9	34.2	47.1	23.5	41.8	40.6
Don't know	-	-	-	1.4	-	-	0.7	0.5

*Multiple responses

Table 4.10: Reasons of clients for deciding not to use SDM (Percentage)

Reasons for deciding not to use SDM *	District				Category of service provider			Total
	Chatra	Deogarh	Dumka	Gumla	Doctors	Lady Health visitors	ANMs/MHVs/others	
(n=)	8	43	7	29	10	4	73	87
Husband will not cooperate	75	16.3	85.7	93.1	40	50	54.8	52.9
Periods not about a month apart	50	25.6	42.9	79.3	60	75	43.8	47.1
Does not know date of last period	37.5	11.6	28.6	79.3	30	25	39.7	37.9
Period has not returned after birth	37.5	-	28.6	75.9	30	25	31.5	31
Have to move band daily	25	20.9	57.1	20.7	10	50	24.7	24.1
Uneducated women	-	44.2	-	-	40	25	19.2	21.8
Doesn't like to abstain/use condoms	12.5	9.3	14.3	24.1	20	25	13.7	14.9
Don't know how to use CycleBeads	25	18.6	-	3.4	20	-	12.3	12.6
Family does not approve	25	-	14.3	6.9	-	-	6.8	5.7
CycleBeads not available	12.5	2.3	14.3	3.4	-	-	5.5	4.6
Perceived not effective	25	2.3	-	-	-	-	4.1	3.4
Fertile period too long	-	-	-	6.9	10	-	1.4	2.3
Difficult to understand	-	2.3	-	-	10	-	-	1.1

*Multiple responses

Table 4.11: Opinion about SDM (Percentage)

Particulars	District				Category of service provider			Total
	Chatra	Deogarh	Dumka	Gumla	Doctors	Lady Health visitors	ANMs/MH Ws/others	
SDM have any advantages (n=)	52	67	76	76	30	31	210	271
	94.2	97	82.9	100	100	93.5	92.4	93.4
Advantages of SDM(CycleBeads)* (n=)	49	65	63	76	30	29	194	253
Easy to use	100	75.4	95.2	86.8	90	79.3	89.7	88.5
Effective	98	47.7	81	63.2	93.3	65.5	67.5	70.4
No side effects/health effects	89.8	80	92.1	98.7	96.7	86.2	90.2	90.5
Involves partner	73.5	10.8	41.3	19.7	60	44.8	27.3	33.2
Partner likes the method	77.6	3.1	23.8	11.8	36.7	27.6	23.2	25.3
No resupply	42.9	30.8	23.8	48.7	40	31	37.1	36.8
Does not interfere with breastfeeding	30.6	43.1	7.9	36.8	40	13.8	30.9	30
Consistent with religious beliefs	22.4	-	3.2	5.3	13.3	-	6.7	6.7
Whether would like to use the method (n=)	52	67	76	76	30	31	210	271
Yes	96.2	67.2	94.7	98.7	90	83.9	90	89.3
No	-	29.9	-	1.3	10	12.9	6.7	7.7
No answer	3.8	3	5.3	-	-	3.2	3.3	3
Think that the method is easy to use (n=)	52	67	76	76	30	31	210	271
Yes	76.9	92.5	92.1	94.7	90	90.3	90	90
No	19.2	4.5	2.6	5.3	10	6.5	6.7	7
No answer	3.8	3	5.3	-	-	3.2	3.3	3
SDM effectiveness compared to condoms (n=)	52	67	76	76	30	31	210	271
More	36.5	82.1	59.2	61.8	63.3	77.4	58.6	61.3
Less	53.8	9	30.3	25	36.7	12.9	29	28
Same	3.8	3	5.3	13.2	-	6.5	7.6	6.6
Don't know	1.9	3	-	-	-	-	1.4	1.1
No answer	3.8	3	5.3	-	-	3.2	3.3	3
SDM effectiveness compared to pills (n=)	52	67	76	76	30	31	210	271
More	59.6	91	48.7	59.2	73.3	51.6	64.8	64.2
Less	34.6	3	34.2	30.3	26.7	32.3	24.3	25.5
Same	1.9	1.5	11.8	7.9	-	12.9	6.2	6.3
Don't know	-	1.5	-	2.6	-	-	1.4	1.1
No answer	3.8	3	5.3	-	-	3.2	3.3	3
SDM effectiveness compared to injectables (n=)	52	67	76	76	30	31	210	271
More	75	92.5	50	32.9	83.3	64.5	56.7	60.5
Less	11.5	-	14.5	21.1	10	3.2	13.8	12.2

Same	1.9	1.5	14.5	2.6	3.3	3.2	6.2	5.5
Don't know	7.7	3	15.8	43.4	3.3	25.8	20	18.8
No answer	3.8	3	5.3	-	-	3.2	3.3	3

*Multiple responses

Table 4.12: Recording SDM users (Percentage)

Particulars	District				Category of service provider			Total
	Chatra	Deoghar	Dumka	Gumla	Doctors	Lady Health visitors	ANMs/MHWs/others	
Whether ever recorded a SDM user(n=)	52	67	76	76	30	31	210	271
Yes	80.8	76.1	39.5	78.9	46.7	54.8	72.4	67.5
No	15.4	20.9	55.3	21.1	53.3	41.9	24.3	29.5
No answer	3.8	3.0	5.3	-	-	3.2	3.3	3.0
SDM (CycleBeads) user is recorded when* (n=)	42	51	30	60	14	17	152	183
She receives CycleBeads	100	100	100	83.3	100	100	93.4	94.5
She is both counseled and receives CycleBeads	81	13.7	96.7	33.3	57.1	35.3	50	49.2
We visit a client for follow up	81	23.5	90	11.7	57.1	35.3	43.4	43.7
She is counseled on SDM (CycleBeads)	76.2	7.8	96.7	20	64.3	35.3	40.8	42.1
She receives a calendar	73.8	17.6	96.7	6.7	57.1	35.3	38.8	39.9

*Multiple responses

Table 4.13: LAM awareness and training (Percentage)

Particulars	District				Category of service provider			Total
	Chatra	Deoghar	Dumka	Gumla	Doctors	Lady Health visitors	ANMs/M HWs/others	
Heard of LAM (n=)	57	77	83	83	38	34	228	300
	94.7	96.1	91.6	100	100	100	94.3	95.7
Months ago received last training on LAM (n=)	54	74	76	83	38	34	215	287
< 6	11.1	4.1	5.2	2.4	2.6	2.9	6.1	5.2
6-12	24.1	29.7	32.9	25.3	23.7	26.5	29.3	28.2
> 12	53.7	51.4	53.9	53	52.6	55.9	52.6	53
Never Trained	11.1	14.9	7.9	19.3	21.1	14.7	12.1	13.6
Mean	27.21	23.57	25.33	24.81	34.83	27.41	23.21	25.1
Would like to be trained on LAM (n=)	9	14	13	16	8		39	52
	77.8	78.6	92.3	100	62.5	100	92.3	88.5
Whether provided information on LAM in the last 3 months (n=)	57	77	83	83	38	34	228	300
Yes	86	89.6	91.6	95.2	92.1	94.1	90.4	91
No	14	10.4	8.4	4.8	7.9	5.9	9.6	9

Table 4.14: LAM Counseling criteria (Percentage)

Particulars	District				Category of service provider			Total
	Chattr a	Deogh ar	Dumk a	Guml a	Doct ors	Lady Health visitors	ANMs/ MHWs/ others	
(n=)	49	69	76	79	35	32	206	273
Whether LAM is included in the family planning protocol								
Yes	91.8	95.7	88.2	97.5	91.4	93.8	93.7	93.4
No	-	1.4	-	1.3	-	-	1	0.7
No answer	8.2	2.9	11.8	1.3	8.6	6.3	5.3	5.9
Conditions for LAM use*								
Woman is fully or nearly fully breastfeeding her baby	91.8	92.8	84.2	97.5	88.6	90.6	92.2	91.6
Baby is not yet 6 months old	65.3	84.1	77.6	97.5	80	75	84.5	82.8
She has not had her period yet after delivering a baby/ child	87.8	84.1	44.7	93.7	62.9	68.8	80.1	76.6
Will use another family planning method when any one of the criteria is no longer met	36.7	7.2	7.9	24.1	28.6	15.6	16	17.6
No answer	8.2	2.9	11.8	1.3	8.6	6.3	5.3	5.9
Materials Used*								
None	55.1	53.6	69.7	51.9	48.6	46.9	61.2	57.9
Client card	36.7	43.5	18.4	46.8	42.9	46.9	33.5	36.3
Provider job aid/memory card	18.4	-	-	1.3	14.3	12.5	0.5	3.7
Brochure	4.1	-	-	1.3	2.9	6.3	-	1.1
No answer	8.2	2.9	11.8	1.3	8.6	6.3	5.3	5.9

*Multiple responses

Table 4.15: Breastfeeding advice offered by providers (Percentage)

Advices offered on	District				Category of service provider			Total
	Chatra	Deoghar	Dumka	Gumla	Doctors	Lady Health visitors	ANMs/MHWs/others	
(n=)	49	69	76	79	35	32	206	273
Exclusive breastfeeding advice*								
Breastfeed whenever the child is hungry/thirsty	91.8	88.4	53.9	96.2	68.6	71.9	85.4	81.7
Give child only breast milk	91.8	94.2	82.9	83.5	91.4	84.4	87.4	87.5
Breastfeed even when child or you are sick	73.5	73.9	63.2	67.1	82.9	46.9	69.9	68.9
Avoid using bottles and artificial nipples	61.2	50.7	21.1	81	45.7	50	54.9	53.1
Benefits of exclusive breastfeeding*								
Breastfeeding is good for the child's growth and development	89.8	89.9	76.3	94.9	82.9	87.5	88.3	87.5
Breastfeeding is good for health of child	89.8	82.6	78.9	68.4	88.6	75	77.7	78.8
Breastfeeding protects children against illness and disease	81.6	63.8	65.8	75.9	77.1	71.9	69.9	71.1
Breastfeeding protects against pregnancy	77.6	53.6	42.1	65.8	60	50	59.2	58.2
Breastfeeding strengthens mother and child bonding	53.1	52.2	26.3	67.1	48.6	56.3	48.5	49.5
Economical/no formula to buy	30.6	17.4	15.8	16.5	34.3	15.6	17	19
Advice to women who no longer meet LAM criteria*								
Immediately use another method	49	95.7	48.7	97.5	68.6	78.1	75.2	74.7
Continue to breastfeed	67.3	4.3	40.8	43	45.7	40.6	35	37
Continue to breastfeed even if you or your child are sick	65.3	-	55.3	39.2	57.1	28.1	36.9	38.5
Discuss the importance to wait 2 years before getting pregnant again	51	1.4	50	32.9	54.3	21.9	31.1	33
Explain what other methods of family planning breastfeeding women can use	34.7	4.3	23.7	31.6	25.7	21.9	22.8	23.1
No advice	-	-	7.9	1.3	-	3.1	2.9	2.6
(n=)	49	69	76	79	35	32	206	273
Methods recommended for breastfeeding women*								
LAM	87.8	62.3	80.3	62	88.6	68.8	69.4	71.8
Condom	75.5	66.7	77.6	62	80	81.3	66.5	70
IUD	65.3	8.7	73.7	46.8	54.3	43.8	47.6	48
SDM	14.3	8.7	2.6	32.9	2.9	18.8	16.5	15
Female Sterilization	34.7	5.8	2.6	16.5	14.3	15.6	12.6	13.2
Male Sterilization	24.5	1.4	1.3	13.9	22.9	12.5	6.3	9.2

Pill (combined)	18.4	14.5	5.3	2.5	5.7	3.1	10.7	9.2
Don't know	10.2	2.9	11.8	1.3	8.6	6.3	5.8	6.2
Rhythm	-	-	3.9	10.1	8.6	3.1	3.4	4
Pill (progestin only)	10.2	-	-	3.8	2.9	3.1	2.9	2.9
Female Condom	-	-	7.9	1.3	2.9	-	2.9	2.6
Injectables	2	-	1.3	3.8	2.9	3.1	1.5	1.8
Withdrawal	-	1.4	2.6	2.5	-	3.1	1.9	1.8
Implants	-	-	5.3	-	2.9	-	1.5	1.5
EC	-	-	1.3	3.8	2.9	-	1.5	1.5
Diaphragm	-	-	1.3	-	-	-	0.5	0.4
Foam/Jelly	-	1.4	-	-	-	-	0.5	0.4

Table 4.15: Breastfeeding advice offered by providers (Contd..) (Percentage)

Advices offered on	District				Category of service provider			Total
	Chatra	Deoghar	Dumka	Gumla	Doctors	Lady Health visitors	ANMs/MHWs/others	
Advice to HIV positive women*								
When your baby is 6 months old, wean right away and do not continue to breastfeed	26.5	11.6	3.9	31.6	22.9	18.8	17	17.9
Stop breastfeeding when you know your status and give baby other milk and foods	38.8	5.8	9.2	22.8	28.6	15.6	16	17.6
Did not meet HIV patients	14.3	26.1	19.7	1.3	17.1	15.6	14.6	15
Do not breastfeed, use formula when safe, available, accessible, and affordable	22.4	4.3	6.6	20.3	17.1	9.4	12.6	12.8
Breastfeed exclusively for 6 months	6.1	18.8	10.5	6.3	5.7	9.4	11.7	10.6
Breastfeed exclusively for 3-6 months	2.0	1.4	10.5	5.1	5.7	9.4	4.4	5.1
None	12.2	-	35.5	2.5	31.4	9.4	10.2	12.8
Don't know	12.3	34.8	21.0	39.3	8.6	28.2	31.5	28.2

*Multiple responses

Table 4.16: LAM counseling during ante-natal and postnatal care services (Percentage)

Particulars	District				Category of service provider			Total
	Chatra	Deoghar	Dumka	Gumla	Doctors	Lady Health visitors	ANMs/MHWs/others	
Offer antenatal care (n=)	49	69	76	79	35	32	206	273
	89.8	97.1	75.0	97.5	88.6	87.5	90.3	89.7
Offer LAM during antenatal care (n=)	44	67	57	77	31	28	186	245
	100	100	98.2	98.7	100	100	98.9	99.2
Regularity of telling antenatal clients about LAM (n=)	44	67	56	76	31	28	184	243
All of the time	63.6	92.5	71.4	69.7	87.1	85.7	71.7	75.3
Most of the time	31.8	6	21.4	30.3	6.5	10.7	26.1	21.8
Some of the time	4.5	1.5	7.1	-	6.5	3.6	2.2	2.9
Reasons for not telling antenatal clients about LAM* (n=)	2	1	4	-	2		4	7
Don't breast feed exclusively	100	-	100	-	100	100	75	85.7
MCH issue	100	-	75	-	50	100	75	71.4
Temporary	100	100	25	-	50	100	50	57.1
Don't think effective	100	100	-	-	-	100	50	42.9
Not trained	100	-	-	-	-	100	25	28.6
Offer postnatal care (n=)	49	69	76	79	35	32	206	273
	91.8	94.2	86.8	96.2	85.7	93.8	93.2	92.3
Offer LAM during postnatal care (n=)	45	65	66	76	30	30	192	252
	100	100	97	100	96.7	100	99.5	99.2
Regularity of telling postnatal clients about LAM (n=)	45	65	64	76	29	30	191	250
All of the time	66.7	95.4	75	65.8	93.1	86.7	71.7	76
Most of the time	31.1	4.6	23.4	34.2	6.9	13.3	27.2	23.2
Some of the time	2.2	-	1.6	-	-	-	1	0.8
Whether the client is interested in learning more about LAM (n=)	45	65	64	76	29	30	191	250
Yes	91.1	98.5	96.9	88.2	93.1	90	94.2	93.6
No	-	-	-	6.6	6.9	-	1.6	2
Some are some not	4.4	1.5	1.6	5.3	-	6.7	3.1	3.2
Don't know	4.4	-	1.6	-	-	3.3	1	1.2
Reasons for not using LAM by some women (n=)	2	1	1	9	2	2	9	13
Lack of information	50	-	100	100	100	100	77.8	84.6
Cannot/does not want to breast-feed exclusively	50	100	100	11.1	-	50	33.3	30.8
Partner does not approve	50	-	100	11.1	-	-	33.3	23.1
Temporary method	-	-	-	33.3	100	-	11.1	23.1

Mother/mother-in-LAW/family does not approve	-	-	100	-	-	-	11.1	7.7
Perceived not effective	-	-	100	-	-	-	11.1	7.7

*Multiple responses

Table 4.17: Opinion about LAM (Percentage)

Particulars	District				Category of service provider			Total
	Chatra	Deoghar	Dumka	Gumla	Doctors	Lady Health visitors	ANMs/MHWs/others	
LAM have any advantages (n=)	49	69	76	79	35	32	206	273
	91.8	95.7	77.6	98.7	88.6	84.4	92.2	90.8
Advantages of LAM* (n=)	45	66	59	78	31	27	190	248
Natural/no side effects	100	86.4	86.4	96.2	93.5	92.6	91.6	91.9
Easy to use	100	68.2	83.1	56.4	90.3	51.9	74.2	73.8
Good for baby/mother's health	86.7	86.4	61	64.1	90.3	77.8	70	73.4
Good for mother –baby bonding	77.8	80.3	44.1	62.8	77.4	66.7	63.7	65.7
Effective	91.1	36.4	71.2	69.2	74.2	51.9	65.3	64.9
Economical/no formula to buy	53.3	40.9	30.5	21.8	38.7	29.6	34.7	34.7

*Multiple responses

Table 4.18: Health Management Information System (HMIS) for LAM (Percentage)

Particulars	District				Category of service provider			Total
	Chatra	Deogarh	Dumka	Gumla	Doctors	Lady Health visitors	ANMs/MHWs /others	
Whether ever recorded as a LAM user (n=)	49	69	76	79	35	32	206	273
Yes	71.4	21.7	18.4	44.3	40	31.3	36.4	36.3
No	20.4	75.4	69.7	54.4	51.4	62.5	58.3	57.9
No answer	8.2	2.9	11.8	1.3	8.6	6.3	5.3	5.9
Woman recorded as a LAM user when*(n=)	35	15	14	35	14	10	75	99
She states she breastfeeds for birth spacing	100	80	100	80	100	100	86.7	89.9
Her child is less than 6 months old	100	53.3	85.7	88.6	85.7	90	86.7	86.9
She has been counseled on LAM	97.1	93.3	85.7	74.3	100	100	82.7	86.9
She is fully or nearly fully breastfeeding	94.3	60	92.9	85.7	92.9	100	82.7	85.9
When she says she meets all the three criteria of LAM	88.6	60	85.7	85.7	85.7	90	81.3	82.8
Her menstrual period has not returned	97.1	53.3	78.6	80	92.9	100	77.3	81.8
She states she is breastfeeding	97.1	40	85.7	77.1	85.7	90	77.3	79.8
She says she is using LAM	94.3	46.7	92.9	71.4	92.9	90	74.7	78.8
When she has been counseled on LAM and received a client card/ brochure	91.4	60	92.9	62.9	92.9	80	73.3	76.8

*Multiple responses

Appendix 5: Tables for Chapter 5 on Community Health Workers (Sahiyyas, IPCs and RMPs)

Table 5.2: Profile of community health workers (Percentage)

Background characteristics	District / sahiyyas				Total (sahiyyas)	IPCs	RMPs	Total (IPCs +RMPs)
	Chatra	Deogarh	Dumka	Gumla				
(n=)	80	160	98	84	422	10	15	25
Age in years								
<30	53.8	45.6	58.1	31	47.2	80	6.7	36
30-39	30	41.9	31.6	51.2	39.1	20	66.7	48
40-49	16.3	11.3	10.2	14.3	12.6	-	13.3	8
50+	-	1.3	-	3.6	1.2	-	13.3	8
Mean	30.34	31.48	29.46	34.43	31.38	29	38.1	34.4
Highest grade completed								
Never attended any school	5	0.6	5.1	-	2.4	-	-	-
Less than primary level	7.5	3.8	6.1	1.2	4.5	-	-	-
Primary completed	5	10.6	9.2	3.6	7.8	-	-	-
Above primary but below middle level	8.8	10.6	6.1	3.6	7.8	-	-	-
Middle completed but below secondary level	26.3	25.6	31.6	38.1	29.6	-	-	-
Secondary completed but below senior / higher secondary	27.5	32.5	32.7	38.1	32.7	50	26.7	36
Senior secondary / higher secondary and above	20	16.3	9.2	15.5	15.2	50	73.3	64
Religion								
Hindu	96.3	82.5	90.8	41.7	78.9	90	73.3	80
Muslim	2.5	15	1	27.4	11.8	10	20	16
Others (sarana, catholic/ protestant)	-	1.8	8.2	30.9	8.8	-	-	-
No religion	1.3	0.6	-	-	0.5	-	6.7	4
Marital status								
Married	100	99.4	99	100	99.5	100	100	100
Not Married	-	0.6	1	-	0.5	-	-	-
Type of work besides sahiyya /IPC/ RMP								
None	86.3	41.9	87.8	35.7	59.7	100	26.7	56
Agriculture	13.8	51.9	10.2	61.9	37	-	66.7	40
Others [(laborer/industry/technical, sales (street, market), sales (shop), services, professional/administrative]	-	6.2	2.0	2.4	3.2	-	6.7	4

Table 5.3: Services provided by community health workers in the community (Percentage)

Particulars	District / sahiyyas				Total (sahiyyas)	IPCs	RMPs	Total (IPCs+RMPs)
	Chatra	Deoghar	Dumka	Gumla				
Health areas in which advice / counseling is provided* (n=)	80	160	98	84	422	10	15	25
Family planning	100	100	99	100	99.8	100	100	100
Child health	91.3	85.6	75.5	94	86	100	100	100
Maternal health	97.5	78.1	87.8	46.4	77.7	100	100	100
Years since when offering family planning services (n=)	80	160	97	84	421	10	15	25
<1	-	0.6	-	-	0.2	10	-	4
1-5	87.5	74.4	57.7	84.5	75.1	90	13.3	44
6-10	12.5	25.0	42.3	15.5	24.7	-	86.6	52
Mean	3.86	4.49	4.77	4.69	4.48	1.7	12.1	7.92
Family planning methods on which talks * (n=)	80	160	97	84	421	10	15	25
Pills	96.3	100	100	100	99.3	100	100	100
Condoms	98.8	98.8	100	100	99.3	100	93.3	96
SDM (CycleBeads)	97.5	78.8	45.4	100	78.9	80	6.7	36
LAM	96.3	63.1	55.7	100	75.1	80	6.7	36
IUD	60	70	86.6	76.2	73.2	-	13.3	8
Female sterilization	15	63.1	41.2	1.2	36.6	-	-	-
Emergency contraception	41.3	14.4	16.5	83.3	33.7	20	66.7	48
Injectables	10	29.4	26.8	9.5	21.1	100	93.3	96
Male sterilization	-	31.3	-	-	11.9	100	93.3	96
Family planning methods on which counsels * (n=)	80	160	97	84	421	10	15	25
Condoms	98.8	99.4	100	97.6	99	100	93.3	96
Pills	97.5	100	100	92.9	98.1	100	100	100
SDM (CycleBeads)	98.8	78.1	44.3	98.8	78.4	80	6.7	36
IUD	66.3	71.9	87.6	73.8	74.8	-	13.3	8
LAM	97.5	65	51.5	97.6	74.6	80	6.7	36
Female sterilization	15	63.8	42.3	3.6	37.5	-	-	-
Emergency contraception	43.8	16.9	15.5	79.8	34.2	20	73.3	52
Injectables	20	30	27.8	14.3	24.5	-	-	-
Male sterilization	-	31.9	-	1.2	12.4	-	-	-
Family planning methods offer * (n=)	80	160	97	84	421	10	15	25
Pills	50	76.3	20.6	70.2	57.2	10	6.7	8
Condoms	48.8	77.5	15.5	72.6	56.8	20	6.7	12
SDM (CycleBeads)	40	46.3	2.1	26.2	30.9	10	-	4
LAM	36.3	38.1	3.1	14.3	24.9	-	-	-
Emergency contraception	18.8	3.1	-	41.7	13.1	-	6.7	4
Injectables	2.5	2.5	1	1.2	1.9	-	6.7	4
None	-	-	-	-	-	80	93.3	88

*Multiple responses

Table 5.4: Training of community health workers on family planning methods (Percentage)

Particulars	District / sahiyyas				Total (sahiyyas)	IPCs	RMPs	Total (IPCs+RMPs)
	Chatra	Deogarh	Dumka	Gumla				
(n=)	79	127	45	84	335	8	1	9
Received training to provide information or services on *								
SDM (CycleBeads)	94.9	98.4	6.7	98.8	85.4	100	100	100
Condoms	92.4	99.2	6.7	97.6	84.8	100	100	100
Pills	82.3	97.6	6.7	95.2	81.2	100	100	100
LAM	91.1	77.2	6.7	97.6	76.1	100	-	100
IUD	2.5	74	6.7	61.9	45.1	-	-	-
Emergency contraception	32.9	11.8	2.2	79.8	32.5	-	-	-
Female sterilization	1.3	61.4	-	1.2	23.9	-	-	-
Male sterilization	-	33.1	-	1.2	12.8	-	-	-
Injectables	1.3	23.6	2.2	1.2	9.9	100	100	100
Had refresher training in the last 2 years on *								
Condoms	81	82.7	6.7	64.3	67.5	25	-	22.2
SDM (CycleBeads)	87.3	78.7	6.7	63.1	67.2	12.5	-	11.1
Pills	79.7	70.1	6.7	63.1	62.1	25	-	22.2
LAM	84.8	64.6	6.7	61.9	60.9	12.5	-	11.1
IUD	1.3	35.4	4.4	28.6	21.5	-	-	-
Emergency contraception	34.2	3.9	2.2	44	20.9	-	-	-
Female sterilization	1.3	24.4	-	-	9.6	-	100	11.1
Injectables	8.9	6.3	-	3.6	5.4	25	-	22.2
Male sterilization	-	8.7	-	-	3.3	-	-	-
Well prepared to provide information / services on *								
Condoms	88.6	99.2	4.4	100	84.2	100	100	100
SDM (CycleBeads)	93.7	91.3	6.7	98.8	82.4	100	100	100

Pills	83.5	95.3	6.7	97.6	81. 2	75	100	77.8
LAM	89.9	73.2	4.4	100	74. 6	87.5	-	77.8
IUD	19	71.7	6.7	78.6	52. 2	-	-	-
Emergency contraception	46.8	14.2	2.2	94	40. 3	-	100	11.1
Injectables	7.6	9.4	-	8.3	7.5	-	-	-

*Multiple responses

Table 5.5: Training of community health workers on SDM (Percentage)

Particulars	District / sahiyyas				Total (sahiyyas)	IPCs	RMPs	Total (IPCs+RMPs)
	Chatra	Deoghar	Dumka	Gumla				
Months ago of receiving first SDM training (n=)	75	125	3	83	286	8	1	9
<3	1.3	-	-	-	0.3	-	-	-
6-12	40	14.4	66.7	4.8	18.9	37.5	-	33.3
>12	58.7	85.6	33.3	95.2	80.8	62.5	100	66.7
Mean	21.72	30.15	16	44.53	31.97	19.5	24	20
Months ago of receiving last SDM training (n=)	75	125	3	83	286	8	1	9
<3	14.7	40	-	10.8	24.5	-	-	-
3-5	10.7	9.6	33.3	10.8	10.5	-	-	-
6-12	52	32	66.7	38.6	39.5	37.5	-	33.3
>12	22.7	18.4	-	39.8	25.5	62.5	100	66.7
Mean	12.71	8.68	9.33	21.71	13.52	19.5	24	20
Agency who trained * (n=)	58	102	3	50	213	3	0	3
IRH	72.4	50	-	18	47.9	66.7	-	66.7
Clinic staff	10.3	54.9	-	50	40.8	-	-	-
Don't know	19.0	22.6	33.3	10	18.8	-	-	-
NGO	10.3	1	-	50	15	-	-	-
Ministry of health	6.9	1	66.7	8	5.2	-	-	-
No answer	-	-	-	-	-	33.3	-	33.3
Duration of training (n=)	58	102	3	50	213	3	0	3
Less than 4 hours	3.4	29.4	-	10	17.4	-	-	-
1/2 day	3.4	9.8	66.7	6	8	-	-	-
Full day	72.4	45.1	-	74.0	58.7	66.7	-	66.7
Don't remember	20.7	15.7	33.3	10	16	33.3	-	33.3

*Multiple responses

Table 5.6: Family planning supply procurement and recording (Percentage)

Particulars	District / sahiyyas				Total (sahiyyas)	IPCs	RMPs	Total (IPCs+RMPs)
	Chatra	Deoghar	Dumk	Gumla				
Last place to get f.p method supplies (n=)	75	125	3	83	286	8	1	9
HSC/ANM	57.3	76	100	68.7	69.2	75	-	66.7
Add. PHC/ PHC	32.0	20.0	-	8.4	19.6	-	-	-
CHC	6.7	1.6	-	15.7	7.0	25	-	22.2
D/K	2.7	-	-	7.2	2.7	-	-	-
Nowhere	-	1.6	-	-	0.7	-	-	-
Clinic	-	0.8	-	-	0.3	-	100	11.1
Regional Ministry Office	1.3	-	-	-	0.3	-	-	-
Last place to get more CycleBeads (n=)	75	125	3	83	286	8	1	9
HSC/ANM	61.3	68	100	72.3	67.8	75	-	66.7
Add.PHC /PHC	29.3	14.4	-	7.2	16.1	-	-	-
CHC	4.0	2.4	-	12	5.6	25	-	22.2
Don't need more cyclebeads	-	6.4	-	1.2	3.1	-	-	-
Clinic	1.3	3.2	-	-	1.7	-	100	11.1
Nowhere	-	2.4	-	1.2	1.4	-	-	-
Organization/NGO	1.3	0.8	-	-	0.7	-	-	-
Regional ministry office	-	0.8	-	-	0.3	-	-	-
Provider is not available to distribute CycleBeads	-	0.8	-	-	0.3	-	-	-
No answer	2.7	3.2	-	6	3.8	-	-	-
Whether CycleBeads stock run out in the last six months (n=)	75	125	3	83	286	8	1	9
Yes	10.7	16	33.3	8.4	12.6	12.5	-	11.1
NO	86.7	83.2	66.7	75.9	81.8	87.5	-	77.8
Don't remember	2.7	0.8	-	15.7	5.6	-	100	11.1
No. of CycleBeads currently in stock								
0	38.7	34.4	33.3	7.2	27.6	100	100	100
1	13.3	41.6	66.7	26.5	30.1	-	-	-
2	29.3	11.2	-	21.7	18.9	-	-	-
3-5	19.7	7.2	-	31.3	17.1	-	-	-
6-10	-	4.0	-	8.4	4.2	-	-	-
>10	-	3.2	-	7.2	3.5	-	-	-
Mean	1.37	1.5	0.67	3.64	2.08	0	0	0
Whether other f.p methods run out in the last six months (n=)	75	125	3	83	286	8	1	9
Yes	21.3	32	-	16.9	24.5	-	-	-
No	78.7	68	100	83.1	75.5	100	100	100
Whether has 2013 calendars (inserts) right now (n=)	75	125	3	83	286	8	1	9
Yes	61.3	72.8	66.7	57.8	65.4	-	-	-
No	38.7	27.2	33.3	42.2	34.6	100	100	100

Table 5.7: Recording process of family planning activities (Percentage)

Particulars	District / sahiyyas				Total (sahiyyas)	IPCs	RMPs	Total (IPCs+RMPs)
	Chatra	Deoghar	Dumka	Gumla				
Whether prepare reports / records (n=)	75	125	3	83	286	8	1	9
Yes	61.3	76.8	66.7	80.7	73.8	37.5	-	33.3
No	38.7	23.2	33.3	19.3	26.2	62.5	100	66.7
Ways SDM clients recorded* (n=)	46	96	2	67	211	3	0	3
Separate column for SDM	84.8	86.5	50	70.1	80.6	100	-	100
Coded under natural f.p	6.5	2.1	-	22.4	9.5	-	-	-
Separate form	8.7	-	50	-	2.4	-	-	-
Not entry for SDM users	-	10.4	-	3.0	5.7	-	-	-
Written in margin	-	-	-	1.5	0.5	-	-	-
No answer	-	1.0	-	3.0	1.4	-	-	-
Agency / officials to whom report* (n=)	46	96	2	67	211	3	0	3
HSC	54.3	38.5	50	53.7	46.9	66.7	-	66.7
Add. PHC / PHC	47.8	46.8	100	6.5	35.0	33.3	-	33.3
CHC	-	11.5	-	20.9	11.8	-	-	-
Clinic staff	4.3	11.5	-	-	6.2	-	-	-
Other	2.2	-	-	-	0.5	-	-	-
D/K	-	1	-	17.9	6.2	-	-	-

*Multiple responses

Table 5.8: SDM counseling tools (Percentage)

Particulars	District / sahiyyas				Total (sahiyyas)	IPCs	RMPs	Total (IPCs+RMPs)
	Chatra	Deoghar	Dumka	Gumla				
(n=)	75	125	3	83	286	8	1	9
Counseling about SDM								
Women alone	49.3	63.2	66.7	24.1	48.3	50	-	44.4
Men alone	1.3	-	-	1.2	0.7	-	-	-
Both men and women together	49.3	36.8	33.3	74.7	51	50	-	55.6
Type of materials given to the client *								
CycleBeads	97.3	96	100	98.8	97.2	100	-	88.9
Calendar	96	84.8	100	97.6	91.6	100	-	88.9
Insert/instructions for use	61.3	48.8	100	88	64	12.5	-	11.1
Condoms	38.7	60	100	48.2	51.4	87.5	-	77.8
Type of activities carried out to inform about SDM *								
Do home visits/door-to-door	90.7	78.4	66.7	80.7	82.2	100	-	88.9
Talk during community meetings	21.3	62.4	66.7	62.7	51.7	37.5	100	44.4
Give health talks	48	12.8	66.7	50.6	33.6	87.5	-	77.8
Put up posters	38.7	9.6	-	6	16.1	-	-	-
Talk at fairs	26.7	-	-	6	8.7	-	-	-
Hand out pamphlets	5.3	7.2	33.3	7.2	7	-	-	-
Make murals/displays	18.7	1.6	-	4.8	7	-	-	-
Talk during religious meetings/through religious leaders	12	0.8	-	6	5.2	-	-	-
Don't Know	2.7	1.6	-	1.2	1.7	-	-	-
Materials used to counsel on SDM *								
CycleBeads	100	99.2	100	100	99.7	100	100	100
Calendar	98.7	84	100	97.6	92	100	-	88.9
Insert/instructions	62.7	56.8	100	84.3	66.8	12.5	-	11.1
Checklist/job aids	17.3	1.6	-	24.1	12.2	12.5	-	11.1
Flipchart	8	0.8	-	-	2.4	12.5	-	11.1
D/K	-	0.8	-	-	0.3	-	-	-

*Multiple responses

Table 5.9: Community health workers' knowledge on key SDM counseling instructions(Percentage)

Key counseling instruction *	District / sahiyyas				Total (sahiyyas)	IPCs	RMPs	Total (IPCs+RMPs)
	Chattr a	Deogh ar	Dumk a	Guml a				
(n=)	75	125	3	83	286	8	1	9
CycleBeads represent the menstrual cycle	97.3	96	100	98.8	97.2	100	100	100
The first day of your period, move the ring to the red bead	97.3	96	100	98.8	97.2	100	100	100
Mark the first day of your period on your calendar	97.3	89.6	100	98.8	94.4	100	100	100
Move the ring to the next bead every day	96	90.4	100	98.8	94.4	100	100	100
Always move the ring in the direction of the arrow	96	92.8	100	98.8	95.5	100	100	100
During the white bead days, you can get pregnant	93.3	91.2	100	97.6	93.7	100	100	100
Abstain from sex or use a condom on the white bead days	96	92.8	100	98.8	95.5	100	100	100
During the brown bead days, a pregnancy is not likely	94.7	91.2	100	98.8	94.4	100	100	100
At the start of your next period, move the ring to the red bead	96	80.8	100	96.4	89.5	100	100	100
If your period starts before the ring is on the dark brown bead, your cycle is too short to use this method	94.7	70.4	100	96.4	84.6	100	100	100
If your period does not start the day after you put the ring on the last brown bead, your cycle is too long to use this method	94.7	71.2	100	96.4	85	100	100	100
No. of points reported correctly								
All 11	93.3	65.6	100	95.2	81.8	100	100	100
8-10	1.3	22.4	-	3.6	11.2	-	-	-
6-7	1.3	4	-	-	2.1	-	-	-
5 or less	1.3	5.6	-	-	2.8	-	-	-
No answer	2.7	2.4	-	1.2	2.1	-	-	-
Mean number of correct knowledge	10.82	9.86	11	10.91	10.43	11	11	11

*Multiple responses

Table 5.10: Community health workers' knowledge of key SDM counseling points (Percentage)

Key counseling points	District / sahiyyas				Total (sahiyyas)	IPCs	RMPs	Total (IPCs+RMPs)
	Chatra	Deoghar	Dumka	Gumla				
(n=)	75	125	3	83	286	8	1	9
What a woman should do if she forgots to move the ring *								
Check the day she has marked on her calendar	94.7	88	100	94	91.6	100	100	100
See the calendar and count how many days have gone by since the first day of her period	97.3	24	66.7	91.6	63.3	100	100	100
Move the black ring from the red bead as many beads as counted days and place it on the right bead	78.7	53.6	33.3	65.1	63.3	12.5	-	11.1
None of the above	6.7	0.8	-	1.2	2.4	-	-	-
Don't know	1.3	10.4	-	2.4	5.6	-	-	-
Requirements a woman should meet to use SDM*								
Her period comes when she expects it	73.3	55.2	33.3	83.1	67.8	50	100	55.6
Her cycle is usually a month long	85.3	60	66.7	50.6	64	62.5	100	66.7
Her two periods should be a month apart	90.7	44.8	100	67.5	64	100	-	88.9
The woman and her partner /couple should be ready to abstain or use a condom on the white bead days	72	17.6	100	71.1	48.3	-	-	-
None of the above	1.3	-	-	-	0.3	-	-	-
Don't know	1.3	12.8	-	2.4	6.6	-	-	-
Ways to know that a woman has right cycle length to use SDM *								
Her period comes about once a month	86.7	75.2	100	53	72	100	100	100
Her period comes when she expects it	74.7	51.2	100	80.7	66.4	100	100	100
Her two periods should be a month apart	82.7	28	100	59	52.1	-	-	-
None of the above	6.7	-	-	-	1.7	-	-	-
Don't know	1.3	12	-	3.6	6.6	-	-	-
Advice to a woman if she does not know her cycle length to use SDM *								
Tell her to come back when she has her period	65.3	60.8	100	65.1	63.6	37.5	100	44.4
Ask her if her periods come when expected	37.3	51.2	33.3	20.5	38.5	25	100	33.3
Refuse her the method	37.3	17.6	-	47	31.1	-	-	-
Tell her to track her cycles	36	14.4	66.7	30.1	25.2	50	100	55.6
Offer her the method	50.7	6.4	33.3	27.7	24.5	12.5	-	11.1
Ask her if her periods come about once a month	25.3	10.4	33.3	12	15	-	-	-
Don't know	1.3	10.4	-	2.4	5.6	-	-	-

Refer her to a health facility	6.7	1.6	-	3.6	3.5	-	-	-
When did your last period come	2.7	3.2	-	4.8	3.5	-	-	-

*Multiple responses

Table 5.11: Community health workers' knowledge of SDM use criteria for women unsure of cycle length (Percentage)

What to do if periods come around	District / sahiyyas	Total	IPCs	RMPs	Total
-----------------------------------	---------------------	-------	------	------	-------

the date expected every monthly *	Chatra	Deoghar	Dumka	Gumla	(sahityas)			(IPCs+RMPs)
(n=)	75	125	3	83	286	8	1	9
Offer her the method	86.7	85.6	100	83.1	85.3	100	100	100
Tell her to return when she has her period	18.7	7.2	33.3	15.7	12.9	-	-	-
Refuse her the method	12	3.2	-	4.8	5.9	-	-	-
Tell her to track her cycles	6.7	-	-	3.6	2.8	-	-	-
Refer her to the health facility	4	-	-	1.2	1.4	-	-	-
D/K	-	4.8	-	3.6	3.1	-	-	-

*Multiple responses

Table 5.12: Community health workers' knowledge of SDM initiation criteria (Percentage)

SDM initiation criteria	District / sahiyyas				Total (sahiyyas)	IPCs	RMPs	Total (IPCs+RMPs)
	Chatra	Deogar	Dumk	Gumla				
(n=)	75	125	3	83	286	8	1	9
When a woman can start using SDM if she remembers the date of her last period								
Immediately	29.3	65.6	33.3	41	48.6	100	-	88.9
At the start of her next period	68	24	66.7	57.8	45.8	-	100	11.1
Don't know	2.7	10.4	-	1.2	5.6	-	-	-
When a woman can start using SDM if she does not remember the date of her last period								
Immediately	6.7	2.4	-	-	2.8	-	-	-
At the start of her next period	92	86.4	100	95.2	90.6	100	100	100
Don't know	1.3	11.2	-	4.8	6.6	-	-	-
What does ASHA/ sahiyya advice to do in the meantime								
Use a condom	90.7	81.6	100	95.2	88.1	100	100	100
Abstain	57.3	28	100	81.9	52.1	-	-	-
Use a barrier method	8	3.2	-	28.9	11.9	-	-	-
Don't know	8	15.2	-	4.8	10.1	-	-	-
Gives CycleBeads to a woman if she does not remember her first day of last period								
Yes	18.7	15.2	-	4.8	12.9	-	-	-
No	69.3	66.4	100	83.1	72.4	100	100	100
Depends upon clients situation	10.7	12	-	10.8	11.2	-	-	-
Don't know	1.3	6.4	-	1.2	3.5	-	-	-
Postpartum eligibility to use SDM *								
When her periods are regular	61.3	75.2	66.7	54.2	65.4	100	100	100
When she has had at least 4 periods since her baby was born	68	28	100	84.3	55.6	-	-	-
If the time between her last 2 periods was about a month apart	76	17.6	100	63.9	47.2	-	-	-
None of the above	-	-	-	1.2	0.3	-	-	-
Don't know	2.7	11.2	-	1.2	5.9	-	-	-

*Multiple responses

Table 5.13 : Client's interest in learning more about SDM (Percentage)

Whether client are interested in learning more about SDM	District / sahiyyas				Total (sahiyyas)	IPCs	RMPs	Total (IPCs+RMPs)
	Chatra	Deogar	Dumka	Gumla				
(n=)	75	125	3	83	286	8	1	9
Yes	82.7	71.2	100	81.9	77.6	100	100	100
No	-	7.2	-	-	3.1	-	-	-
Some are some are not	16	19.2	-	16.9	17.5	-	-	-
Don't know	1.3	2.4	-	1.2	1.7	-	-	-

Table 5.14 : Reasons why women do not want SDM (Percentage)

Reasons why women do not want SDM *	District / sahiyyas				Total (sahiyyas)	IPCs	RMPs	Total (IPCs+RMPs)
	Chatra	Deogar	Dumka	Gumla				
(n=)	12	33	-	14	59	0	0	0
Husband will not cooperate	41.7	30.3	-	42.9	35.6	-	-	-
Does not know date of last period	25	21.2	-	57.1	30.5	-	-	-
Doesn't like to abstain/use condoms	33.3	21.2	-	28.6	25.4	-	-	-
Have to move band daily	8.3	24.2	-	14.3	18.6	-	-	-
Period has not returned after birth	16.7	3	-	50	16.9	-	-	-
Periods not about a month apart	41.7	3	-	21.4	15.3	-	-	-
CycleBeads not available	16.7	6.1	-	-	6.8	-	-	-
Family does not approve	8.3	3	-	7.1	5.1	-	-	-
Fertile period too long	8.3	3	-	7.1	5.1	-	-	-
Perceived not effective	-	3	-	-	1.7	-	-	-
Don't know	8.3	39.4	-	14.3	27.1	-	-	-

*Multiple responses

Table 5.15: Community health workers' LAM training (Percentage)

Particulars	District / sahiyyas				Total (sahiyyas)	IPCs	RMPs	Total (IPCs+RMPs)
	Chatra	Deogarh	Dumka	Gumla				
Months ago when received the first training (n=)	72	98	3	82	255	8	0	8
<3	2.8	1	-	1.2	1.6	-	-	-
6-12	36.1	16.3	66.7	11	20.8	37.5	-	37.5
>12	61.1	82.7	33.3	87.8	77.6	62.5	-	62.5
Mean	23.14	29.95	16	41.73	31.65	19.5	-	19.5
Months ago when received the last training (n=)	72	98	3	82	255	8	0	8
<3	15.3	39.8	-	11	23.1	-	-	-
3-5	12.5	12.2	33.3	11	12.2	-	-	-
6-12	54.2	32.7	33.3	36.6	40	37.5	-	37.5
>12	18.1	15.3	33.3	41.5	24.7	62.5	-	62.5
Mean	11.57	7.69	13	22.11	13.49	19.5	-	19.5
Agency who provided training first time * (n=)	59	83	2	48	192	3	0	3
IRH	76.3	56.6	-	22.9	53.6	66.7	-	66.7
Clinic staff	1.7	61.4	50	47.9	39.6	-	-	-
NGO	13.6	1.2	-	47.9	16.7	-	-	-
Ministry of health	6.8	3.6	50	8.3	6.3	-	-	-
Don't know	16.9	18.1	-	8.3	15.1	33.3	-	33.3
Duration of training (n=)	72	98	3	82	255	3	0	3
Less than 4 hours	5.6	50	-	4.9	22.4	-	-	-
1/2 day	4.2	7.1	66.7	6.1	6.7	-	-	-
Full day	72.1	17.3	-	48.7	42.8	37.5	-	37.5
Don't remember	18.1	25.5	33.3	40.2	28.2	62.5	-	62.5

*Multiple responses

Table 5.16: LAM counseling criteria (Percentage)

Particulars	District / sahiyyas				Total (sahiyyas)	IPCs	RMPs	Total (IPCs+RMPs)
	Chatra	Deogarh	Dumka	Gumla				
(n=)	80	104	55	84	323	8	1	9
Conditions for LAM use *								
Woman is fully or nearly fully breastfeeding her baby	88.8	82.7	3.6	98.8	74.9	12.5	-	11.1
She has not had her period yet after delivering a baby	85	82.7	3.6	95.2	73.1	87.5	-	77.8
Baby is not yet 6 months old	85	54.8	3.6	98.8	65	87.5	-	77.8
Will use another family planning method when any one of the criteria is no longer met	33.8	-	-	15.5	12.4	-	-	-
No answer	7.5	8.7	96.4	1.2	21.3	-	100	11.1
Materials used *								
No material	55	30.8	-	84.5	45.5	12.5	-	11.1
Client card	21.3	54.8	1.8	13.1	26.6	75	-	66.7
Brochure	30	7.7	1.8	10.7	13	87.5	-	77.8
Provider job aid/ memory card	5	1.9	1.8	1.2	2.5	12.5	-	11.1
No answer	7.5	12.5	96.4	-	22.3	-	100	11.1

*Multiple responses

Table 5.17: Breastfeeding advice offered by community health workers (Percentage)

Particulars	District / sahiyyas				Total (sahiyyas)	IPCs	RMPs	Total (IPCs+RMPs)
	Chatra	Deogarh	Dumka	Gumla				
(n=)	80	104	55	84	323	8	1	9
Exclusive breastfeed advice *								
Breastfeed whenever the child is hungry/thirsty	88.8	87.5	3.6	98.8	76.5	87.5	-	77.8
Give your child only breast milk	83.8	75	3.6	85.7	67.8	25	-	22.2
Breastfeed even when the child or you are sick	67.5	52.9	-	75	53.3	87.5	-	77.8
Avoid using bottles and artificial nipples	41.3	18.3	1.8	46.4	28.5	25	-	22.2
No answer	10	5.8	96.4	1.2	21	-	100	11.1
Benefit of exclusive breastfeeding *								
Breastfeeding is good for health of child	86.3	79.8	3.6	73.8	66.9	75	-	66.7
Breastfeeding protects against pregnancy	76.3	82.7	1.8	64.3	62.5	87.5	-	77.8
Breastfeeding protects children against illness and disease	82.5	64.4	3.6	70.2	60.1	25	-	22.2
Breastfeeding is good for the child's growth and development	81.3	51	3.6	84.5	59.1	87.5	-	77.8
Breastfeeding support mother-child bonding	36.3	14.4	1.8	33.3	22.6	-	-	-
Economical/no formula to buy	7.5	1	-	2.4	2.8	-	-	-
None	2.5	1	-	1.2	1.2	12.5	-	11.1
No answer	7.5	5.8	96.4	-	20.1	-	100	11.1
Advice for women who no longer meet LAM criteria *								
Immediately use another method	60	88.5	3.6	85.7	66.3	100	-	88.9
Discuss the importance to wait 2 years before getting pregnant again	56.3	16.3	1.8	21.4	25.1	-	-	-
Continue to breastfeed	47.5	7.7	-	32.1	22.6	-	-	-
Explain other methods of family planning breastfeeding women can use	55	6.7	3.6	15.5	20.4	12.5	-	11.1
Continue to breastfeed even if you or your child are sick	48.8	2.9	-	26.2	19.8	-	-	-
No answer	-	-	-	-	-	-	100.0	11.1

*Multiple responses

Table 5.18: LAM Counseling (Percentage)

Particulars	District / sahiyyas				Total (sahiyyas)	IPCs	RMPs	Total (IPCs+RMPs)
	Chatra	Deogarh	Dumka	Gumla				
Clients interested to know more about LAM (n=)	80	104	55	84	323	8	1	9
Yes	83.8	92.3	3.6	85.7	73.4	100	-	88.9
No	-	-	-	2.4	0.6	-	-	-
Some are some are not	7.5	-	-	10.7	4.6	-	-	-
Don't know/ no answer	8.8	7.7	96.4	1.2	21.3	-	100.0	11.1
Reasons for deciding not to use LAM * (n=)	6	-	-	11	17	0	0	0
Lack of information	33.3	-	-	81.8	64.7	-	-	-
Perceived not effective	100	-	-	-	35.3	-	-	-
Cannot/does not want to breast feed exclusively	50	-	-	18.2	29.4	-	-	-
Partner does not approve	33.3	-	-	9.1	17.6	-	-	-
Temporary method	-	-	-	18.2	11.8	-	-	-
Mother/mother-in-law/family does not approve	16.7	-	-	-	5.9	-	-	-
Don't know/ no answer	-	-	-	9.1	5.9	-	100.0	11.1
Activities undertaken to inform the community about LAM * (n=)	80	104	55	84	323	8	1	9
Door-to-door home visits	75	76.9	3.6	83.3	65.6	87.5	-	77.8
Talk during community meetings	42.5	63.5	3.6	61.9	47.7	12.5	-	11.1
Health talks	56.3	17.3	3.6	53.6	34.1	100	-	88.9
Put up posters	40	11.5	-	3.6	14.6	12.5	-	11.1
Talk at fairs	27.5	-	-	4.8	8	-	-	-
Hand out pamphlets	11.3	12.5	-	2.4	7.4	-	-	-
Make murals/displays	18.8	-	-	2.4	5.3	-	-	-
Talk during religious meetings/ through religious leaders	13.8	1.9	-	3.6	5	-	-	-
No answer	13.1	6.8	96.4	1.2	22.3	-	100	11.1

*Multiple responses